

Utah's Medicaid Reform 1115 Demonstration

Project Number: 11-W-00145/8 & 21-W-0054/8

Quarterly Monitoring Report

Reporting Period: Demonstration Year: 23 (7/1/24-6/30/25)
 Demonstration Quarter: 3 (1/1/25-3/31/25)

Executive Summary

The Utah Medicaid Reform 1115 Demonstration is a statewide demonstration that gives the Utah Department of Health and Human Services (DHHS) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration was originally approved in February 2002. The Demonstration was implemented July 1, 2002, and is now in year 23. Over the years, additional programs and benefits have been authorized under the demonstration. This current demonstration has been approved through June 30, 2027.

The demonstration authorizes the following programs and benefits:

- Adult Dental- Provides dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.
- Adult Expansion (AEM)- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Employer Sponsored Insurance- Individuals in the Adult Expansion group are required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Fertility Treatment for Individuals Diagnosed with Cancer - Provides fertility preservation for eligible individuals diagnosed with cancer and requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (i.e., infertility caused by treatment for cancer).
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from other states until they reach age 26.
- Health Related Social Needs (HRSN)- Provides a defined set of HRSN services to individuals who meet qualifying criteria.
- Housing Related Services and Supports (HRSS)- Provides housing-related services and supports in the form of tenancy support, community transition, and supportive living services to TAM enrollees experiencing homelessness, food or transportation insecurity, or interpersonal violence and trauma.
- In Vitro Fertilization and Genetic Testing - Provides genetic testing services to eligible individuals, ages 18 through 35, diagnosed by a physician with a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, spinal muscular atrophy, or myotonic dystrophy.
- Intensive Stabilization Services (ISS) - Provides intensive stabilization services to Medicaid-eligible children and youth under age 21, who are in state custody, or at risk of state custody, and experiencing significant emotional and/or behavioral challenges.
- Justice Involved - Provides limited coverage of targeted services for inmates in a state prison, county jail, or juvenile justice facility for up to 90 days prior to the expected release date.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals ages 21 through

64 who receive treatment for an SMI, and who are short-term residents in facilities that meet the definition of an IMD.

- Substance Use Disorder (SUD) Residential Treatment- Covers SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid-eligible individuals.
- Targeted Adult Medicaid (TAM)- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of the monthly premium costs of employer-sponsored insurance or COBRA.
- Utah Medicaid Integrated Care (UMIC)- Allows the State to operate an integrated managed care pilot combining physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population).

Over the five-year approval period, Utah seeks to achieve the following goals:

- Provide health care coverage for low-income Utahns eligible under the demonstration who would not otherwise have access to, or be able to afford, health care coverage;
- Improve beneficiary health outcomes and quality of life;
- Lower the uninsured rate of low income Utahns;
- Provide continuity of coverage for individuals eligible under the demonstration;
- Increase access to primary care;
- Reduce uncompensated care provided by Utah hospitals;
- Reduce barriers to health care and housing, an important social determinant of health;
- Increase the utilization of preventive dental services, while reducing emergency dental procedure costs;
- Improve access to services across the continuum of care;
- Provide for better care coordination for individuals transitioning to community-based care;
- Reduce the utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically inappropriate; and
- Reduce the overdose death rate.
- Improve access to fertility preservation services for Medicaid-eligible individuals diagnosed with cancer, as well as access to in vitro fertilization (IVF) services for individuals diagnosed with certain genetic disorders.

Key Events and Operational Updates

Amendment approvals

On January 8, 2025, the State received approval from the Centers for Medicare and Medicaid Services (CMS) on two amendment requests:

- Dental Services for Medicaid-eligible Adults: Provides dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services. Prior to this approval, only individuals in the Targeted Adult Medicaid (TAM) population who were

receiving substance use disorder (SUD) treatment, or who were in the aged, blind, or disabled eligibility groups were able to receive dental services under this demonstration. Approval of this amendment was therefore accompanied by the phase out of the dental benefit that was previously limited to those groups. These dental services will still be limited to the statewide network of providers that are associated with the University of Utah School of Dentistry (UUSOD). The State will implement this demonstration on April 1, 2025.

- Health Related Social Needs: Provides a defined set of HRSN services to individuals who meet qualifying criteria. Examples of services include:
 - expanding the HRSS benefit to the Adult Expansion population and to recently incarcerated individuals;
 - adding short-term rental assistance and short-term recuperative care for Adult Expansion and TAM populations;
 - the authorization of HRSN infrastructure investments; and
 - the authorization to provide non-medical transportation (NMT) to and from HRSN services for eligible individuals.

Eligibility for HRSN services includes social and clinical risk factors and medical necessity criteria. The State plans on implementing this demonstration on July 1, 2025.

Adult Expansion

During this quarter, there were no issues or changes to this demonstration and enrollment remained steady.

Adult Expansion-Employer Sponsored Insurance¹

Below are the number of individuals who received an ESI reimbursement for each month of the demonstration quarter, as well as the total ESI expenditures.

ESI Enrollment and Total Payments Issued²	January 2025	February 2025	March 2025
Enrollment	527	534	533
Total Payments Issued	\$46,183.25	\$42,704.12	\$47,587.61

¹ Numbers reflect actual data and do not include ESI individuals who did not receive a monthly payment. This revised reporting method was first used in the DY22 Annual Report. The State will continue to use this revised reporting method in future monitoring reports.

² Data Source: MMIS, ESI Case Paid Detail Report.

ESI enrollment remained steady during this demonstration quarter. Employers are still being educated on how to correctly fill out the Employer Sponsored Insurance Form that is required before the reimbursement can be issued. During this quarter, there were no issues or changes to this demonstration.

Dental Benefits for Targeted Adults, Aged, Blind and Disabled Medicaid Individuals

Dental services for Targeted Adult Medicaid individuals undergoing substance use disorder as well as aged, blind, and disabled individuals continue to be provided through the UUSOD or its associated statewide network of providers through fee-for-service (FFS) Medicaid. These individuals can receive covered dental services as defined in Utah Administrative Rule R414-49 Dental, Oral and Maxillofacial Surgeons and Orthodontia and the Dental Oral and Maxillofacial Services provider manual. Note: This demonstration phased out with the January 8, 2025, approval of Adult Dental. The State will no longer report on this former demonstration population in future monitoring reports.

Fertility Treatment for Individuals Diagnosed with Cancer

On February 29, 2024, the State received approval of the Fertility Treatment for Individuals Diagnosed with Cancer amendment. This amendment enables the State to provide fertility preservation for eligible individuals diagnosed with cancer and requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (i.e., infertility caused by treatment for cancer). Services covered under this once per lifetime benefit include the collection and storage of eggs or sperm and coverage for cryopreservation storage. Coverage for cryopreservation storage is covered as a single payment in five-year increments. This demonstration went into effect on May 1, 2024. On June 26, 2024, the State submitted an amendment requesting authority to change the age limit requirement for this demonstration from younger than 40 years of age to younger than 50 years of age. On January 8, 2025, CMS approved this amendment request. The upper age limit for this demonstration is now 50 years of age. This change went into effect on February 1, 2025, and also adds coverage for ovarian tissue cryopreservation for pre-pubescent females. During this quarter, there were no issues or additional changes to this demonstration.

Former Foster Care Youth from Another State

As of January 1, 2023, under Section 1002 of the SUPPORT Act, states must cover former foster care youth who received Medicaid at the time they aged out of foster care, regardless of the state they lived in at the time of age-out. These changes are effective for youth who turn 18 on or after January 1, 2023. On February 2, 2023, the State submitted a state plan amendment to cover these individuals effective January 1, 2023. The State will continue to use the 1115 Demonstration to cover existing and any newly eligible individuals who had aged out of foster care (under the 1115 Demonstration authority) prior to January 1, 2023, until they reach the age of 26. The State is using a combination of system evidence to show these individuals are from another state, as well as their

date of birth, both of which will help ensure coverage properly continues. The State will plan to phase out this portion of the demonstration effective December 31, 2030.

Housing Related Services and Supports

HRSS is currently offered statewide through 16 service providers. During this demonstration quarter, the Road Home, the largest homelessness service provider in the State, became a HRSS service provider. Several additional providers have completed their enrollment and will begin providing services within the next few months. These new additions will ensure more opportunities for statewide services.

During this demonstration quarter, HRSS staff continued to provide program oversight, on-going training, and technical assistance. HRSS staff reviewed and approved 661 care plans and 132 individuals were moved into stable housing providing a total of 540 housed individuals. Staff also continued to provide program oversight, on-going training and technical assistance. Planning for the second HRSS in-person workshop planning has begun and will be held in the fall of 2025. Participants will include active service providers as well as others who are interested in becoming providers. The agenda will focus on program challenges, operations, lessons learned, program successes, and future planning. In addition, presentations from current services providers will be provided.

Additional overview presentations were provided to 18 organizations during this quarter, as well as several question-and-answer sessions. Overviews and discussion sessions were also held for two DHHS organizational units.

HRSS staff continue to participate with the National Association of Housing and Redevelopment Officials (NAHRO), the board of the Professional Development Team, and Mountain Plains NAHRO. HRSS staff conducted a breakout session during the 2025 NAHRO conference as well as the annual Connect the Dots Conference hosted by Health Choice Utah. Staff also attended the annual Utah Health Policy Project Annual Conference and continue to create opportunities to connect with other agencies across the State.

2025 continues to include a more structured monitoring/review process for long-term service providers, including more rigorous file reviews, with the number of reviewed files correlating with the numbers of individuals served by the agency under review. Nine monitoring/review sessions were provided during this demonstration quarter. The focus continues to include participant engagement, program compliance, and quality enhancement.

In Vitro Fertilization and Genetic Testing

On February 29, 2024, the State received approval of the In Vitro Fertilization (IVF) and Genetic Testing amendment. This amendment enables the State to provide genetic testing services to

eligible individuals, preimplantation genetic testing of embryos, and IVF services to eligible individuals, ages 18 through 35, diagnosed by a physician with a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, spinal muscular atrophy, or myotonic dystrophy. This demonstration went into effect on May 1, 2024. During this quarter, there were no issues or changes to this demonstration.

Intensive Stabilization Services (ISS)

During this demonstration quarter, Stabilization and Mobile Response (SMR) Administrators were able to submit the following ISS claims to Medicaid for the 1115 Demonstration.

Region Administrator	January 2025	February 2025	March 2025	Total
Northern (includes Weber, Bear River and Davis)	See below	See below	See below	See below
Weber	0	0	0	0
Bear River	0	0	0	0
Davis	0	0	0	0
Southwest	0	0	0	0
Western	0	0	0	0
Salt Lake	0	0	0	0
Eastern	0	0	0	0

SMR Administrator	Projections/goals
Northern Region Davis Behavioral Health	Davis did not bill the 1115 Demonstration for ISS during the last quarter. The administrative burden is not currently worth the payout for billing.
Northern Region Weber Human Services	Weber Human Services bills SMR services under a different Medicaid code and does not continue to need billing under the 1115 Demonstration.
Northern Region Bear River Mental Health	The Bear River SMR program manager and CFO continues to bill SMR services under different Medicaid codes. They are currently declining to participate in the 1115 Demonstration.
Southwest Region (Southwest Behavioral Health)	The Southwest region does not have plans to bill the 1115 Demonstration for the remainder of the fiscal year. They continue to state that the administration

	burden for billing is not currently worth the potential benefit of the 1115 Demonstration.
Salt Lake Region (Primary Children's):	Salt Lake Region did not utilize the 1115 Demonstration during the last quarter and does not have plans to do so for the rest of the fiscal year.
Eastern Region (Four Corners Community Behavioral Health): Finalizing SMR Administrator and subcontracting approach to serving the region. Partial Eastern Region SMR Administrator was operational in Spring 2021.	The Eastern Region had no changes during this demonstration quarter. There are no anticipated billings for the remainder of the fiscal year.
Western Region	Western region did not utilize the 1115 Demonstration during the last quarter and does not have plans to do so for the rest of the fiscal year.

Justice Involved

On January 21, 2025, the State distributed the readiness assessments statewide to all carceral facilities. From February 4 through February 14, 2025, the State then provided technical assistance on how to complete these assessments. Carceral facilities are assessed for readiness based on mandatory minimum requirements as well as their future plans to implement additional requirements. During this demonstration quarter, the State began drafting an operational guide that facilities will use to help develop and implement the program. In addition, the operational guide will include all Justice Involved policies and procedures.

SUD/SMI

The SUD/SMI quarterly report for this demonstration quarter is submitted to CMS separately. Please refer to these documents for detailed information on these demonstration populations.

Targeted Adult Medicaid

The State continues to cover the following subgroups under the Targeted Adult Medicaid (TAM) program:

- Chronically Homeless. These individuals are:
 - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months, or on at least four separate occasions totaling at least 12 months in the last three years and have a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, a chronic illness or a disability.
 - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for a total of six months within a 12-month period and have a diagnosable substance use disorder, serious mental health disorder, diagnosable developmental disability, or post-traumatic stress disorder.

- victims of domestic violence and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
- previously homeless and living in supportive housing.
- Justice Involved. These individuals need substance use or mental health treatment and:
 - have completed a substance use disorder treatment program while incarcerated in jail or prison;
 - are on probation or parole and have a serious mental illness or substance use disorder;
 - are court ordered to receive substance abuse or mental health treatment through a district or tribal court;
 - were discharged from the State Hospital and admitted to the civil unit.
- Individuals Needing Treatment. These individuals are:
 - discharged from the State Hospital due to a civil commitment; or
 - currently receiving General Assistance (GA) from DWS and have been diagnosed with substance use or a serious mental health disorder.

Agencies and providers that interact with this demonstration population continue to have interest in becoming authorized referral agencies. All TAM referrals must be completed and submitted by agencies that meet certain criteria and have been approved by the State. During this demonstration quarter, ten agencies expressed interest in becoming TAM providers. Four agencies were approved, two were denied for not meeting the required criteria, and four have not yet provided the requested information needed to determine if they can be approved as an authorized agency.

Demonstration Population III-Premium Assistance (UPP)

This program provides reimbursement for all or part of the insurance premium paid by an employee for an employer-sponsored health insurance plan or COBRA that covers the employee, their spouse and/or children. The maximum allotments are \$300 for each adult and \$180 for each child. If the employer offers dental insurance, or it is available through COBRA, families will receive an additional payment of \$20.00 for each child to pay for this coverage if the children are enrolled in the dental coverage. The actual cost of the dental insurance does not matter. If no employer-sponsored dental insurance is available, or the children are not enrolled in the employer-sponsored dental coverage, each child will receive a dental benefit through the CHIP program.

The State can increase the maximum subsidy amount through the State rulemaking authority. The State may increase the maximum premium assistance subsidy amount each subsequent fiscal year for the demonstration, subject to the appropriation of additional funding. The maximum premium reimbursement amount applicable to a particular beneficiary will not exceed the individual/family's share of premium costs. The State will need to request an amendment to the demonstration if, in the future, the State would like to decrease the maximum premium subsidy amount.

During this demonstration quarter, enrollment for this demonstration population remained stable and there were no issues or changes to this demonstration.

Utah Medicaid Integrated Care

Utah Medicaid Integrated Care (UMIC) allows the state authority to:

- Enroll 1115 demonstration populations in managed care plans;
- Create and operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population);
- Enroll individuals who are not enrolled in integrated care, in Utah's Accountable Care organizations for their physical health service delivery system, and in Prepaid Mental Health Plans (PMHP) for their behavioral health services delivery system; and,
- Receive expenditure authority to add behavioral health services authorized under the demonstration for those enrolled in managed care.

The State continues to contract with Health Choice of Utah, Select Health Community Care, Healthy U, and Molina to administer the UMIC plans. The UMIC plans operate in five of the State's urban counties; Weber, Davis, Salt Lake, Utah, and Washington and serve Medicaid expansion beneficiaries in these areas.

During this demonstration quarter, the State and the UMIC plans reviewed and worked to streamline the reimbursement process for Essential Providers that provide Additional Services to the UMIC population. In monthly meetings with the UMIC plans, participants discussed recommendations to improve care coordination between plans and providers. The plans explored various methods to coordinate case management services between providers and plans. The State also requested that each UMIC plan submit an updated contact list with key care coordinator contacts. The State will then distribute the compiled list to all plans to improve communication.

Suspension of Medicaid Benefits

The State continues to suspend benefits for incarcerated Medicaid individuals, allowing quick access to much needed Medicaid covered services as they are released from incarceration and transition back into the community.

The table below details the number of individuals in each demonstration population whose Medicaid benefits were in suspension status due to incarceration for each month of the demonstration quarter. This includes individuals who may have had benefits suspended in a prior month but remain suspended. Demonstration populations are only listed if an impacted individual was placed in suspended status.

Number of Individuals with Medicaid Suspended³

Demonstration Population	January 2025	February 2025	March 2025	Total
Adult Expansion	895	874	828	2,597
Dental- Aged	10	8	6	24
Dental-Blind/Disabled	58	63	61	182
Targeted Adult Medicaid	858	792	732	2,382
Total	1,821	1,737	1,627	5,185

Enrollment⁴

The table below details the monthly enrollment numbers for the demonstration quarter, for each demonstration group covered under the 1115 Demonstration.

Demonstration Population	January 2025	February 2025	March 2025
Adult Expansion	75,744	75,827	75,629
Aged Dental	9,340	9,353	9,392
COBRA	0	1	1
Employer-Sponsored Insurance	669	667	670
Demonstration Population III, V, VI-Premium Assistance	380	378	373
Dental-Blind/Disabled	38,561	38,480	38,413
Former Foster Care Youth	21	20	19
HRSS	165	72	48

³ Data Source: Dept. of Workforce Services Cognos Report- "401-Suspension of Benefits"

⁴ Enrollment as of May 7, 2025. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

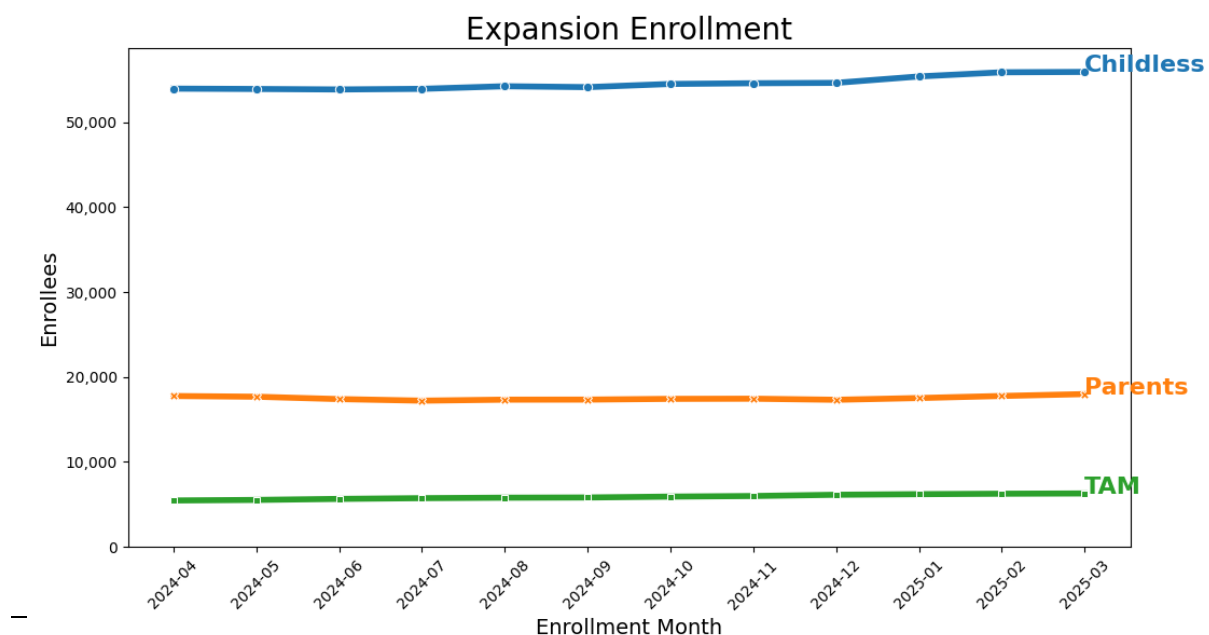
ISS	0	0	0
SMI	241	204	113
SUD	849	817	236
Targeted Adults	6,726	6,790	6,828
Targeted Adult Dental	993	1015	1004
Utah Medicaid Integrated Care	49,844	51,331	52,299

Medicaid Expansion and Targeted Adult Medicaid Enrollment

Below are detailed data on expansion enrollment by subgroup. Beginning with the DY22, quarter three monitoring report, the State began reporting Adult Expansion Expenditures in addition to Targeted Adult Medicaid Expenditures.

Expansion Enrollment by Subgroup⁵

servicemonth	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03
expansiongroup												
Childless	53,948	53,908	53,851	53,924	54,230	54,124	54,499	54,584	54,628	55,382	55,874	55,917
Parents	17,753	17,671	17,392	17,206	17,325	17,332	17,418	17,437	17,310	17,515	17,759	17,979
TAM	5,453	5,519	5,638	5,726	5,781	5,806	5,909	5,979	6,126	6,196	6,249	6,280
Total	77,154	77,098	76,881	76,856	77,336	77,262	77,826	78,000	78,064	79,093	79,882	80,176



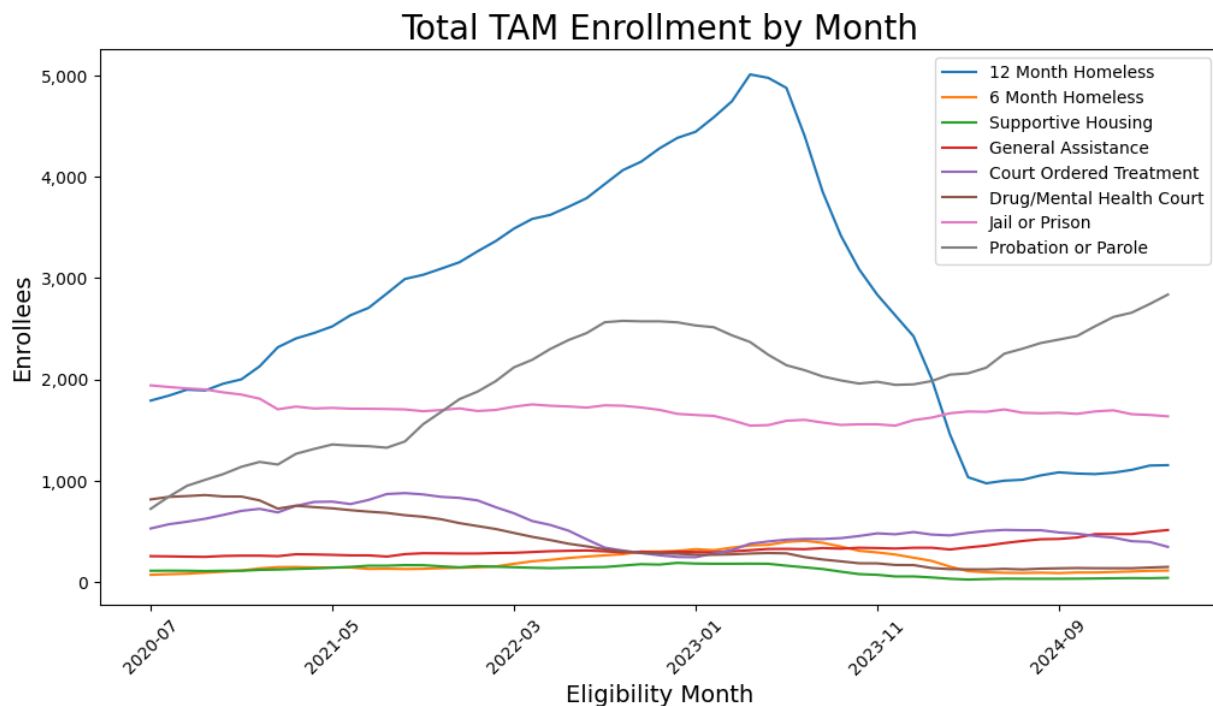
⁵ Enrollment as of May 7, 2025. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid and Substance Use Disorder Treatment

Below are detailed data on enrollment and expenditures for the TAM population. TAM individuals continue to utilize the majority of SUD residential treatment amongst Medicaid recipients.

TAM Enrollment by Month⁶

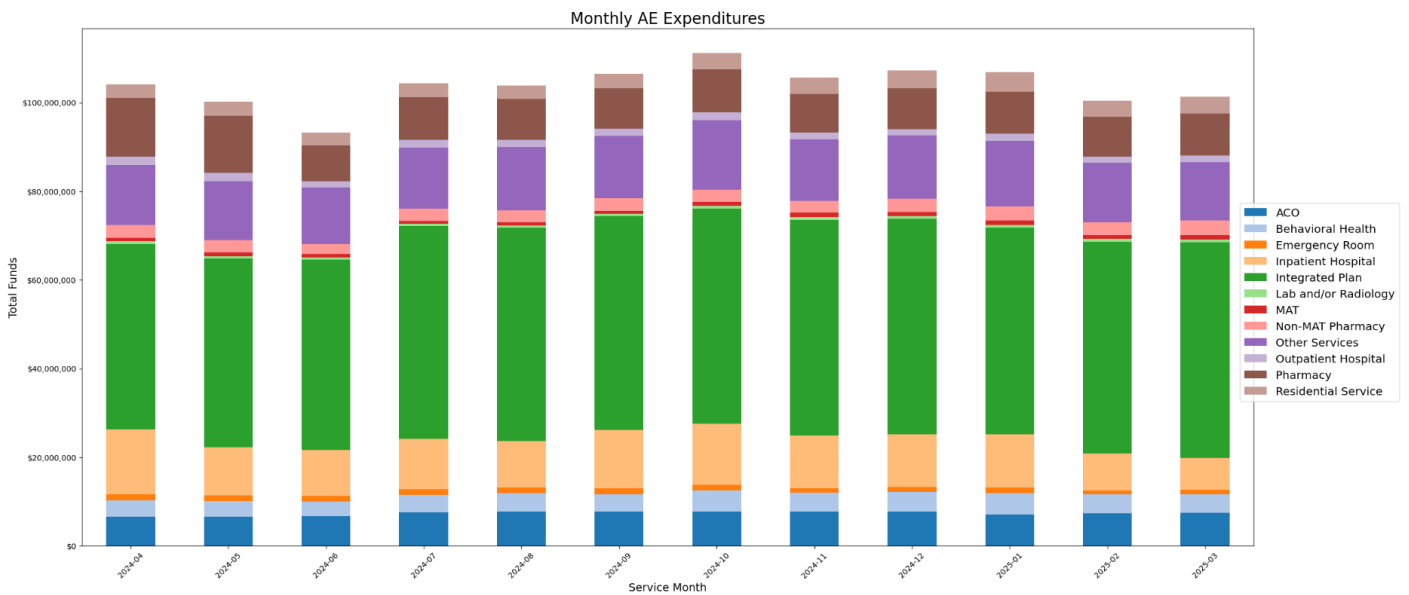
	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03
12 Month Homeless	1,011	1,054	1,084	1,072	1,067	1,081	1,108	1,151	1,155
6 Month Homeless	91	94	90	96	96	101	106	112	115
Supportive Housing	34	34	34	35	37	39	41	40	43
General Assistance	407	424	427	441	475	475	475	498	515
Court Ordered Treatment	513	513	491	479	456	440	405	397	349
Drug/Mental Health Court	126	134	137	140	138	138	138	145	151
Jail or Prison	1,672	1,667	1,672	1,661	1,685	1,696	1,658	1,650	1,637
Probation or Parole	2,304	2,360	2,394	2,429	2,526	2,617	2,659	2,745	2,838



⁶Enrollment as of May 7, 2025. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Monthly AEM Expenditures⁷

Distinct Members Served	FY 2024												FY 2025
servicemonth	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	
servicetype													
ACO	8,579	8,665	8,649	8,604	8,687	8,648	8,674	8,635	8,599	7,800	8,065	8,218	
Behavioral Health	16,327	16,066	15,726	15,546	15,525	15,245	15,357	15,159	15,292	15,715	16,425	16,531	
Emergency Room	1,677	1,526	1,544	1,571	1,573	1,535	1,497	1,363	1,350	1,507	1,251	1,258	
Inpatient Hospital	466	395	375	418	413	422	445	423	398	402	305	293	
Integrated Plan	51,042	51,797	51,876	51,885	52,030	52,051	52,202	52,430	52,191	49,825	51,267	52,265	
Lab and/or Radiology	1,711	1,703	1,698	1,708	1,748	1,622	1,863	1,819	1,826	1,916	1,868	1,953	
MAT	2,345	2,388	2,266	2,249	2,269	2,269	2,501	2,546	2,512	2,571	2,458	2,596	
Non-MAT Pharmacy	2,499	2,525	2,453	2,573	2,677	2,682	2,801	2,724	2,855	3,015	2,943	3,076	
Other Services	75,655	75,952	75,647	75,503	76,132	75,985	76,782	76,976	77,103	78,626	79,640	79,970	
Outpatient Hospital	2,099	1,893	1,700	1,747	1,855	1,804	1,994	1,712	1,662	1,970	1,790	1,856	
Pharmacy	22,947	22,580	18,279	19,227	19,425	19,247	19,646	18,120	18,632	19,600	19,104	19,913	
Residential Service	635	604	626	664	652	649	709	679	689	733	696	674	
Total	77,154	77,098	76,881	76,856	77,336	77,262	77,826	78,000	78,064	79,093	79,882	80,176	



⁷ The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service. Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.

- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.

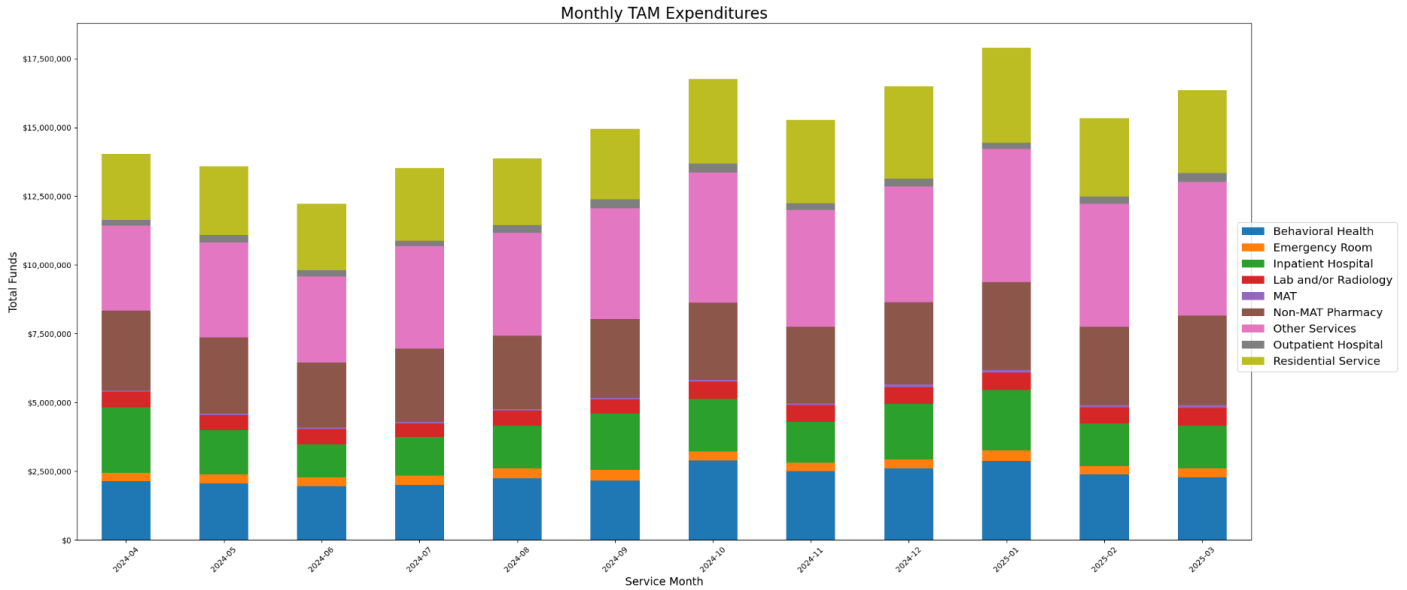
Monthly TAM Expenditures⁸

Expenditures (1,000s)	FY 2024											FY 2025	Total
servicemonth	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03	
servicetype													
Behavioral Health	\$2,128	\$2,057	\$1,947	\$1,996	\$2,240	\$2,153	\$2,885	\$2,499	\$2,601	\$2,872	\$2,387	\$2,289	\$28,054
Emergency Room	\$312	\$319	\$341	\$337	\$357	\$398	\$340	\$314	\$331	\$378	\$297	\$318	\$4,043
Inpatient Hospital	\$2,387	\$1,610	\$1,197	\$1,410	\$1,562	\$2,041	\$1,902	\$1,472	\$2,015	\$2,201	\$1,541	\$1,546	\$20,884
Lab and/or Radiology	\$570	\$555	\$538	\$485	\$532	\$518	\$639	\$614	\$610	\$638	\$591	\$639	\$6,928
MAT	\$43	\$65	\$56	\$57	\$60	\$67	\$59	\$75	\$94	\$101	\$90	\$111	\$877
Non-MAT Pharmacy	\$2,908	\$2,761	\$2,359	\$2,681	\$2,681	\$2,863	\$2,795	\$2,773	\$2,988	\$3,180	\$2,839	\$3,247	\$34,076
Other Services	\$3,085	\$3,447	\$3,136	\$3,710	\$3,730	\$4,026	\$4,744	\$4,247	\$4,223	\$4,845	\$4,489	\$4,861	\$48,544
Outpatient Hospital	\$207	\$280	\$230	\$212	\$294	\$312	\$320	\$242	\$280	\$235	\$259	\$328	\$3,200
Residential Service	\$2,385	\$2,491	\$2,422	\$2,631	\$2,426	\$2,569	\$3,067	\$3,049	\$3,348	\$3,446	\$2,840	\$3,010	\$33,683
Total	\$14,025	\$13,586	\$12,228	\$13,519	\$13,881	\$14,946	\$16,750	\$15,285	\$16,490	\$17,897	\$15,334	\$16,348	\$180,289

Distinct Members Served	FY 2024											FY 2025
servicemonth	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	2025-02	2025-03
servicetype												
Behavioral Health	1,480	1,498	1,511	1,606	1,633	1,644	1,738	1,629	1,693	1,809	1,729	1,645
Emergency Room	466	484	522	532	555	560	517	508	510	578	488	507
Inpatient Hospital	101	82	73	85	91	100	84	74	93	91	72	77
Lab and/or Radiology	1,711	1,703	1,698	1,708	1,748	1,622	1,863	1,819	1,826	1,916	1,868	1,953
MAT	176	206	211	209	213	228	223	223	241	269	261	272
Non-MAT Pharmacy	2,499	2,525	2,453	2,573	2,677	2,682	2,801	2,724	2,855	3,015	2,943	3,076
Other Services	5,397	5,454	5,554	5,678	5,726	5,746	5,842	5,931	6,051	6,134	6,176	6,227
Outpatient Hospital	441	456	413	426	502	465	536	480	488	561	551	573
Residential Service	562	544	569	611	597	585	656	620	644	677	634	621
Total	5,453	5,519	5,638	5,726	5,781	5,806	5,909	5,979	6,126	6,196	6,249	6,280

⁸ The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service. Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.

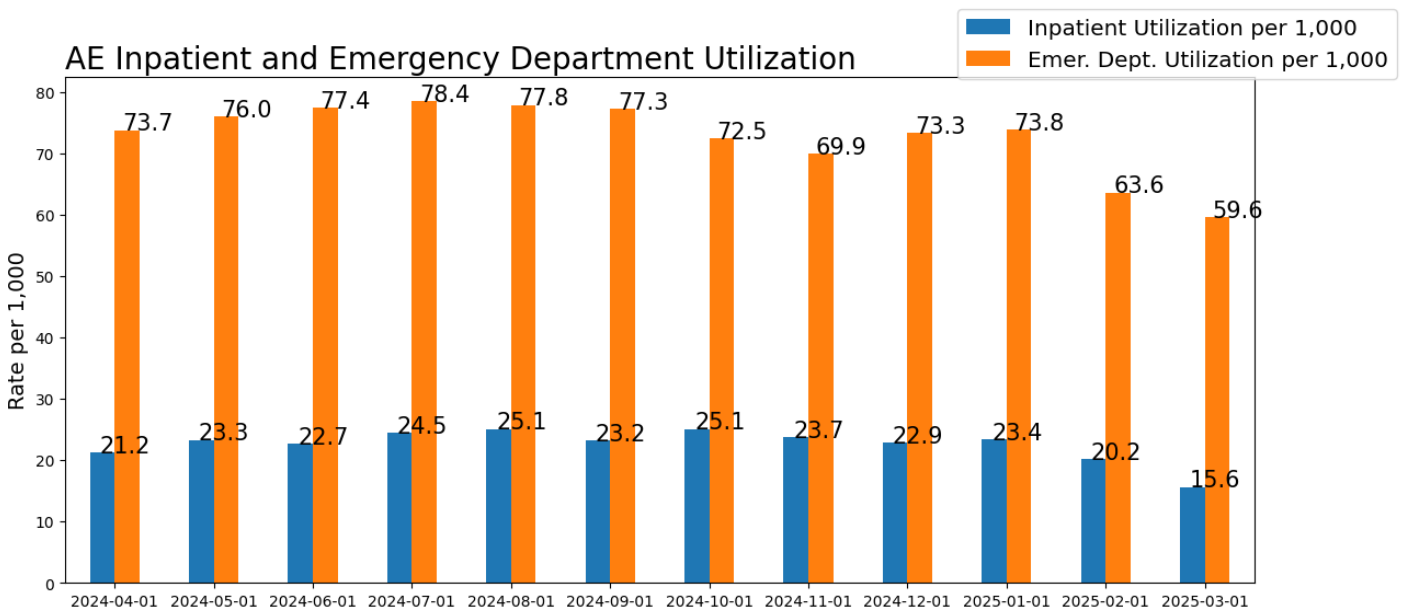
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.



The percentage for which the state submitted regular claims under TAM for the months of January 1, 2025 through March 31, 2025 is 3.52%, 3.73%, and 3.17%.

Adult Expansion inpatient and ED Utilization

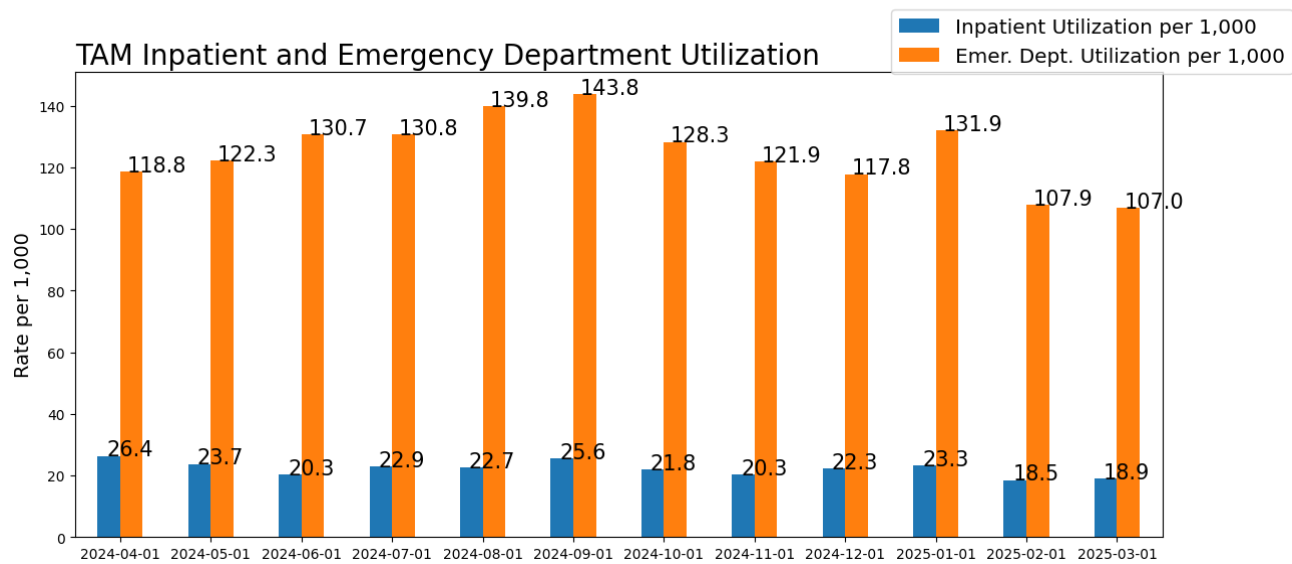
	2025-01-01	2025-02-01	2025-03-01
Members	83,164.0	83,329.0	83,199.0
Inpatient	1,945.0	1,682.0	1,299.0
Emergency Dept.	6,135.0	5,298.0	4,957.0
Inpatient Utilization per 1,000	23.4	20.2	15.6
Emer. Dept. Utilization per 1,000	73.8	63.6	59.6



TAM inpatient and ED Utilization

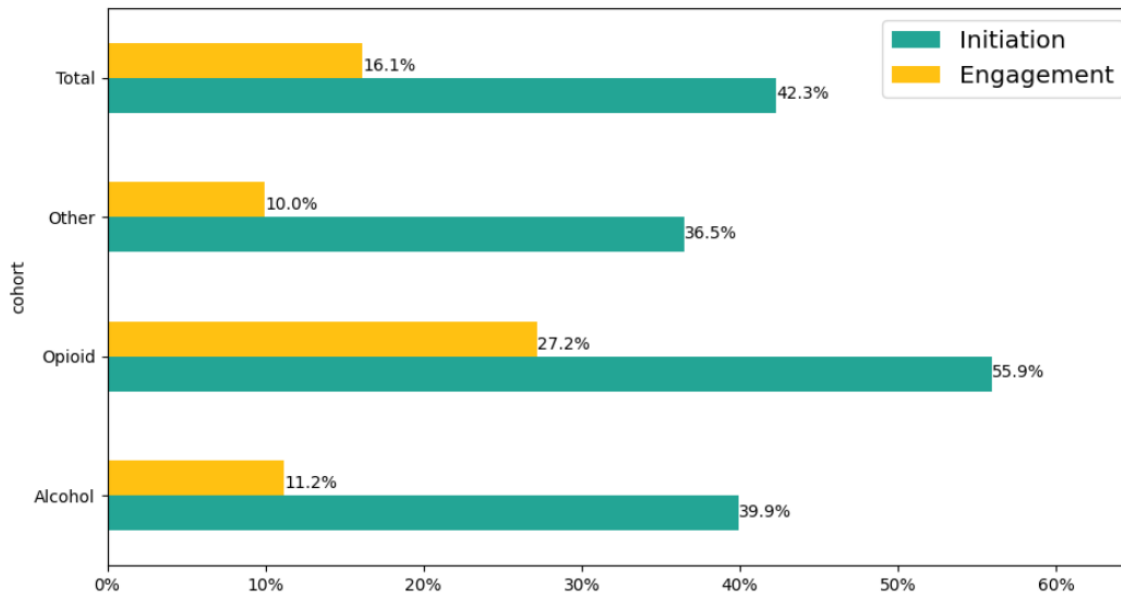
	2025-01-01	2025-02-01	2025-03-01
Members	6,730.0	6,793.0	6,832.0
Inpatient	157.0	126.0	129.0
Emergency Dept.	888.0	733.0	731.0
Inpatient Utilization per 1,000	23.3	18.5	18.9
Emer. Dept. Utilization per 1,000	131.9	107.9	107.0

TAM inpatient and ED utilization



Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members

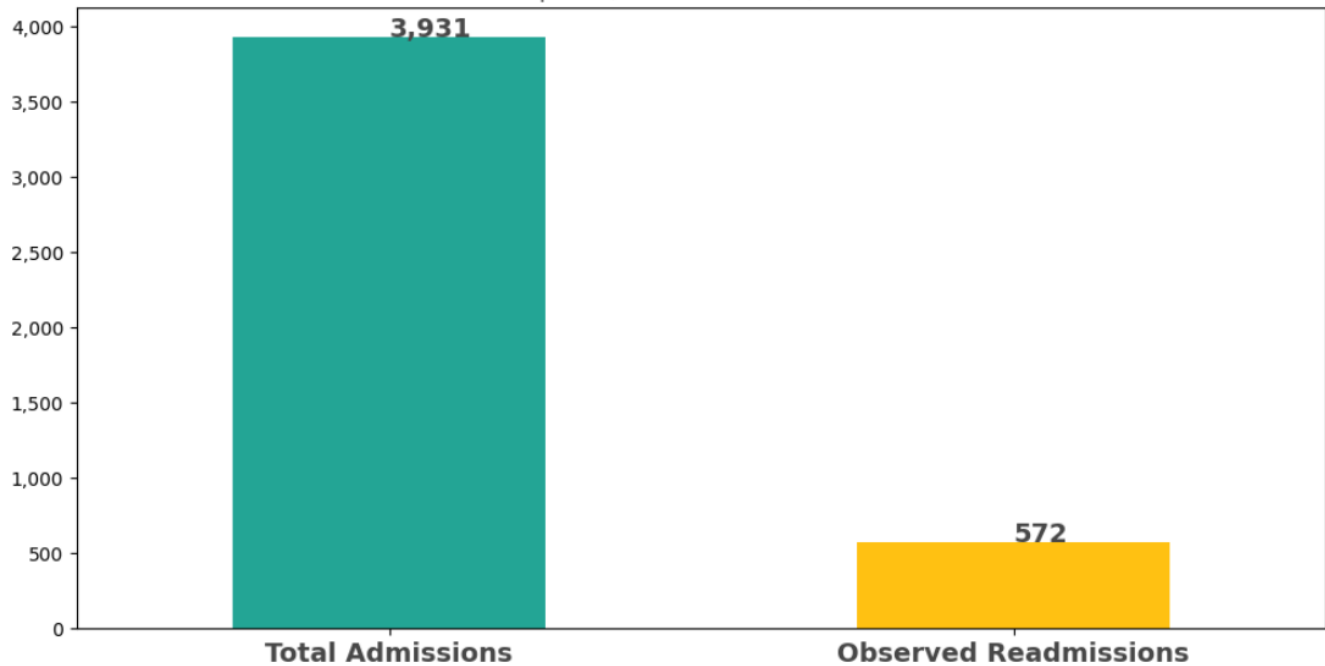
2024-04-01 - 2025-03-31



January 1, 2025 - March 31, 2025

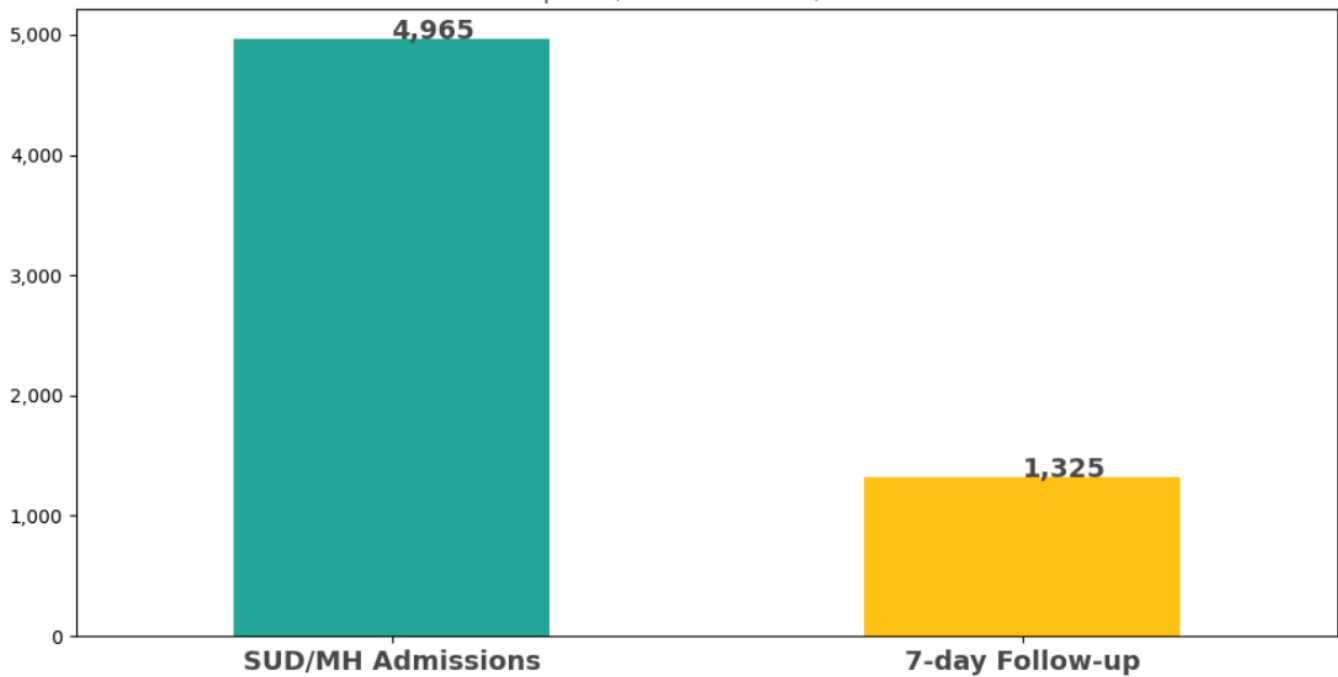
All-cause Hospital Readmission for all AE Members: 14.6%

April 01, 2024 - March 31, 2025



SUD/MH 7-day Follow-up Rate: 26.7%

April 01, 2024 - March 31, 2025



January 1, 2025 - March 31, 2025

Disenrollments

The table below identifies the number of disenrollments for this demonstration quarter, listed by demonstration population. As of DY22, Q4, the process for labeling disenrollment reasons is no longer used. Disenrollment data is now being reported by subgroups only.

Demonstration Population	January 2025	February 2025	March 2025	Total
Adult Expansion	2,575	2,071	2,391	7,037
Aged Dental	377	311	276	964
COBRA	0	0	0	0
ESI	25	29	32	86
Demonstration Population III, V, VI- Premium Assistance	16	11	21	48
Dental-Blind/ Disabled	765	677	632	2,074
Former Foster Care Youth	0	1	1	2
HRSS	1	8	1	10
ISS	0	0	0	0.
SMI	34	20	13	67
Substance Use Disorder Residential Treatment	10	13	23	46
Targeted Adults	231	243	286	760
Targeted Adult Dental	9	10	15	34
UMIC	1,239	974	1,153	3,366
Grand Total	5,292	4,379	4,852	14,523

Count of Denied Services

Denied Services	January 2025	February 2025	March 2025
FFS and managed care denials	57,865	47,883	47,486

Anticipated Changes to Enrollment

Pending Amendments

Approval of the pending amendments may influence enrollment. With the recent approval of the Justice Involved Demonstration, the State anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The State anticipates this demonstration will go into effect late Fall, 2025. The State also anticipates an increase in enrollment due to the January 8, 2025, HRSN amendment approval. The State anticipates this demonstration will go into effect in July 2025. For more information on pending amendments, refer to the "Pending Amendments" section below.

Benefits

Beginning April 1, 2025, the State anticipates a dental benefit increase due to the January 8, 2025, Dental Services for Medicaid-eligible Adults amendment approval.

The State anticipates continued growth in benefit utilization for HRSS.

Demonstration Related Appeals

There were no demonstration-related appeals for this quarter.

Grievances

Constituent Affairs Grievances

Below is a chart of grievances received from individuals to our Medicaid Constituent Affairs Representative. The calls are benefit related questions or concerns. The State began collecting this information in Demonstration Year 19, Quarter 3. Constituent affairs worked with all individuals to help resolve the issues. Data and summaries of the quarterly grievances are below. Only impacted demonstration populations are listed.

Demonstration Group	January 2025	February 2025	March 2025	Total
Adult Expansion	4	0	3	7
Aged, Blind, Disabled Dental	1	1	0	2
Total	5	1	3	9

There were nine Constituent Affairs Grievances filed during this demonstration quarter:

January:

- An AEM member did not want to use the contracted provider for a medical device. The Constituent Services Representative explained that the contracted provider must be used for Medicaid to provide coverage.
- An AEM member was trying to obtain Autism Diagnostic Testing. The provider was refusing to provide the testing due to the member being on a UMIC plan. The Constituent Services Representative contacted the provider to advise that this testing is carved out to FFS.
- An AEM member had an issue with the pharmacy they were using. The UMIC plan found a different pharmacy for the member.
- An AEM member requested that the PMHP allow them to use an outside contracted provider for mental health services. The PMHP allowed a single case agreement with an outside provider.
- An ABD dental member had an issue with the UUSOD network provider trying to bill the member for sending several sets of dentures back to the lab as they were unhappy with them. The dental provider was advised that they cannot bill the member.

February:

- An ABD dental member was being charged for a service that is covered by Medicaid. The Constituent Services Representative called the provider and advised it was a covered service. The provider refunded the member.

March:

- An AEM member who was denied a prior authorization for a prescription by a UMIC plan asked to be changed to a different UMIC plan. The member was allowed to change.
- An AEM member was having an issue filling prescriptions. The member was FFS but there was a system defect that was showing a health plan for the member. This is a known system issue. The pharmacy team called the pharmacy and allowed an override.
- An AEM member complained about non-emergency medical transportation and Modivcare. Modivcare worked with the member to resolve the issue.

Accountable Care Organization (ACO) Grievances

Below are the number of grievances reported by the managed care plans for this demonstration quarter.

Demonstration Group	January 2025	February 2025	March 2025	Total
Adult Expansion	57	57	58	172
UMIC	14	16	21	51
Total	71	73	79	223

Grievance Reasons	January 2025	February 2025	March 2025	Total
Related to outpatient services	0	0	0	0
Related to Inpatient Services	0	0	0	0
Related to coverage of outpatient prescription drugs	0	0	0	0
Related to other service types	0	0	0	0
Related to plan or provider customer service	11	11	12	34
Related to plan or provider care management/case management	0	0	0	0

January 1, 2025 - March 31, 2025

Related to access to care/services from plan or provider	10	11	10	31
Related to quality of care	0	0	0	0
Related to plan communications	2	2	2	6
Related to payment or billing issues	24	24	25	73
Related to lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals)	1	1	1	3
File for other reasons	23	24	29	76
Suspected Fraud	0	0	0	0
Total	71	73	79	223

Quality

Eligibility Determination and Processing

As an indicator of quality, the State tracks application processing timeframes to determine if medical assistance applications are processed in a timely manner. The table below indicates available data for three of the demonstration groups. Data for other demonstration groups is not available because they are related to specific benefits issued, rather than programs.

Application Processing-Average Days to Approval ⁹

Program Type	January 2025	February 2025	March 2025	Avg. Total
Adult Expansion	11.31	10.86	13.23	11.8
Targeted Adults	6.81	6.08	7.35	6.75
Premium Assistance UPP	32.82	10.8	18.43	20.68

Financial/Budget Neutrality

The budget neutrality documents for this demonstration quarter are being submitted to CMS separately. Please refer to these documents for detailed information on the State's budget neutrality.

Financial-Anticipated Changes

Due to the approval of the State's Adult Dental amendment request, the State anticipates financial changes in the upcoming months.

Annual Public Forum

The annual public forum was held on January 6, 2025, during the Medical Care Advisory Committee (MCAC) meeting. An overview of the 1115 Demonstration populations was provided. One commenter expressed concern about the State's AEM enrollment and that the number seems to drop each month and is not stable. The commenter indicated she did not expect a response but just wanted to provide the comment. No other issues or concerns were raised.

Evaluator Updates and Demonstration Evaluations

The State continues to contract with Public Consulting Group, Inc. (PCG) to evaluate the 1115 Demonstration. CMS approved the Summative Evaluation Report on November 4, 2024. This report covers the demonstration period from November 1, 2017, through June 2022.

The revised evaluation design which incorporates the Justice Involved amendment, was submitted to CMS on December 20, 2024. On February 25, 2025, the State received feedback from CMS on this report. The evaluator is currently revising the report to include this feedback. The final version will be submitted to CMS by June 1, 2025.

⁹ Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

Pending Amendment Requests

The following information summarizes the status of the State's 1115 Demonstration amendment requests. These amendment requests are pending a decision from CMS:

- Chronic Conditions Support: This amendment seeks approval from CMS to provide additional Medicaid services to FFS enrolled individuals with qualified chronic health conditions.
- Family Planning Services: This amendment seeks approval from CMS to provide family planning services to a specific population.
- Integrated Behavioral Health Services: This amendment seeks approval to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a request for proposal process.
- Long Term Services and Supports for Behaviorally Complex Individuals: This amendment seeks approval to allow individuals to provide Long Term Services and Supports to individuals with behaviorally complex conditions.
- Native American Health Amendments: Approval of this amendment will allow the State to reimburse for traditional healing services provided by a traditional healing provider in an eligible facility to Medicaid enrollees who are members of an American Indian or Alaskan Native (AI/AN) tribe.

As mentioned in previous monitoring reports, the State submitted an amendment to fulfill additional requirements of Senate Bill 96 "Medicaid Expansion Adjustments". This amendment included the following provisions, which are pending a decision from CMS:

- Lock-out from the Medicaid expansion for committing an intentional program violation.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.
- Require premiums for Adult Expansion individuals with income over 100 percent through 133 percent of the FPL.
- Require a \$10 surcharge for each non-emergent use of the emergency department after having received a warning for inappropriate use of the emergency department for Adult Expansion individuals with income over 100 percent FPL through 133 percent of the FPL.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the demonstration amendment.
- Additional flexibility for providing services through managed care for all Medicaid individuals.