Utah's Medicaid Reform 1115 Demonstration

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

Quarterly Monitoring Report

Reporting Period: Demonstration Year: 22 (7/1/23-6/30/24)
Demonstration Quarter: 2 (10/1/23-12/31/23)

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 for the Primary Care Network (PCN) program and Current Eligibles population. The Demonstration was implemented July 1, 2002, and is now in year 22. 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 Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Aged Dental-Provides state plan dental benefits to Medicaid eligible individuals age 65 and older.
- Current Eligibles/Non-Traditional Benefits- Provides a slightly reduced benefit package for adults receiving Parent/Caretaker Relative (PCR) Medicaid.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, who are blind or have disabilities.
- 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.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.
- 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.
- Intensive Stabilization Services (ISS) - Allows the state to provide 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.
- 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 a SMI, and who are short-term residents in facilities that meet the definition of an IMD.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving Substance Use Disorder (SUD) treatment.
- Targeted Adult Medicaid- 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 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.

Key Events and Operational Updates

Unwinding Effort Update

The state continues to unwind Medicaid eligibility and resume normal operations. December 2023 was month ten of Utah's unwinding process. During this demonstration quarter, the state continued to focus on course corrections to improve upon areas of concern CMS identified in their letter to the state on August 9, 2023. As a result, the state has implemented additional flexibility and strategies to address these concerns. Some of these include system automation, improvements and enhancements as well as additional staff training on error-prone areas. CMS released an updated Unwinding specification document in October 2023 requiring states to add additional data on pending reviews. The state provided this updated data to CMS on December 15, 2023.

Adult Expansion

During this quarter, the state continued to unwind eligibility for this demonstration population and resume normal operations. As a result, the state experienced a decrease in Adult Expansion enrollment during this demonstration quarter. The state expects a continued decrease in enrollment among this demonstration population until unwinding activities are complete.

Adult Expansion-Employer Sponsored Insurance

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. During this quarter, the state continued to unwind eligibility for this demonstration population and resume normal operations.

ESI Enrollment and Total Payments Issued[1]	October 2023	November 2023	December 2023
Enrollment	802	788	742
Total Payments Issued	$94,290	$94,336	$90,598

Although enrollment and payments decreased slightly from Demonstration Year 22, quarter one, the number of ESI enrollees and corresponding payments issued remained stable during this quarter, with a slight decrease in the month of December 2023.

During this quarter, the ESI team prepared for the conversion of ESI members to twelve-month continuous postpartum coverage, effective January 1, 2024. The state therefore expects to see a decrease in ESI enrollment during the next quarter.

The state continues to offer education to employers on how to correctly complete an ESI referral form.

Current Eligibles

Currently, the demonstration allows for slightly reduced benefits for Current Eligibles including by not providing 19- & 20-year-olds with early and periodic screening, diagnosis, and treatment (EPSDT) services. In 2002, the state received approval to create savings to fund Demonstration Population I,

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[1] Data Source: MMIS, ESI Case Paid Detail Report.

formerly known as Primary Care Network (PCN), or non-disabled individuals ages 19-64 with incomes at or below 95 percent of the federal poverty level (FPL) (effectively 100 percent with the five percent income disregard). However, Demonstration Population I expenditure authority expired on April 1, 2019, when the state transitioned these members to the Adult Expansion Population. With the recent demonstration renewal, Utah agreed to move this population into full state plan benefits. The state completed system changes and beneficiary notifications and successfully completed this transition on December 31, 2023.

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

Dental services for Targeted Adult Medicaid members undergoing substance use disorder as well as aged, blind and disabled individuals continue to be provided through the University of Utah School of Dentistry (UUSOD) or their associated statewide network of providers through fee-for-service Medicaid.

As stated in a previous report, preventative dental services became a covered benefit for Federally Qualified Health Centers (FQHC) beginning April 1, 2023. FQHC providers that have denied claims for preventative dental services since the launching of the state's new Medicaid management information system (PRISM) may resubmit these claims for reprocessing. In addition, beginning November 1, 2023, dental-related procedures performed in an ambulatory surgical center, or an outpatient hospital no longer require prior authorization.

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 demonstration effective December 31, 2030.

Housing Related Services and Supports

During this quarter, HRSS staff continued to provide program overviews to service providers throughout the state. Staff met with four addiction recovery providers, three of which are now offering HRSS services to eligible members. Staff continue to meet with rural community partners, including housing authorities, associations of government, Utah Community Action, and

Independent Living Centers. HRSS staff also attended conferences and community meetings this quarter to further their knowledge of eligible participants and connect with service providers.

Four new program service providers were added this quarter. Program education and in-depth training was provided to staff to ensure that enrollment, billing and payment processes are successfully implemented. Ongoing technical instruction is also being provided.

In December 2023, all service providers met with HRSS staff for an in-person program review. The meetings consisted of individual case file reviews, discussing best practices with a focus on program improvement and adjustment, and time for question-and-answer sessions with the agencies' case managers.

HRSS staff also worked to complete the enrollment of two Independent Living Centers and provided overviews to the Asian Association and The INN Between, whose focus is on housing, providing care for individuals with severe medical conditions who would otherwise be homeless, supporting those escaping human trafficking, and supporting other non-profit organizations.

Additions to the technical processes were made this quarter, allowing for increased access to program assessment related data. The Quality Improvement Strategy (QIS) is still under CMS review. The state looks forward to the feedback from CMS and is prepared to implement recommended improvements that will enhance the effectiveness of the HRSS Program.

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	October 2023	November 2023	December 2023	Total
Northern (includes Weber, Bear River and Davis)	76	50	59	185
Weber	65	31	37	133
Bear River	0	0	0	0
Davis	11	19	22	52
Southwest	0	0	0	0
Western	3	3	3	9
Eastern	0	0	0	0

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SMR Administrator	Projections/goals
Northern Region Davis Behavioral Health	Davis Behavioral Health had no changes or updates to report this quarter. Davis continues to report receiving an error when trying to submit Medicaid claims for ISS. Davis continues to bill appropriately and is working to increase services in general.
Northern Region Weber Human Services	Weber also had a downward trend in the number of clients served and is working to increase this number. Weber anticipates this increase will take place next quarter. Weber continues to report that they receive an error when submitting Medicaid claims.
Northern Region Bear River Mental Health	Bear River continues to explore the feasibility of billing the 1115 Demonstration into their current electronic medical record and billing system. Bear River did not submit any claims this quarter.
Southwest Region (Southwest Behavioral Health)	Southwest Region had no changes during this quarter. Currently, no projections for billing are available and Southwest Behavioral Health does not believe they will have the workforce or administrative capacity to bill for 1115 Demonstration ISS. Conversations around barriers are ongoing and solutions are being explored. There are no anticipated billings for the remainder of the year.
Eastern Region (Four Corners Community Behavioral Health): Subcontractor - Families First for Grand County	Eastern Region had no changes during this quarter. Currently, no available projections for billing are available and Four Corners Behavioral Health is evaluating whether delivery of the model is feasible with their current workforce and client expectations. Though still considering, Four Corners Behavioral Health does not currently believe they will have the workforce or administrative capacity to bill for 1115 Demonstration ISS. Conversations around barriers are ongoing and solutions are being explored. There are no anticipated billings for the remainder of the year.
Western Region	Western Region is now able to bill Medicaid and private insurance. Intermountain has continued to create policy and language to assure the client is not receiving bills for service copays.

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	Intermountain continues to try to increase their low numbers. Medicaid billing is up and running for both Salt Lake County and Western Region.

SUD/SMI

The SUD/SMI quarterly report for this demonstration quarter is being 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.

October 1, 2023 - December 31, 2023

During this quarter, the state continued to unwind eligibility for this demonstration population and resume normal operations. The number of TAM enrollees decreased as the unwinding process continued throughout this demonstration quarter. To help complete required reviews, the state continues to allow the eligibility agency to contact the TAM referring agency via telephone to obtain the required referral information. As a result, the state expects to see an increase in the number of completed reviews.

During this demonstration quarter, three agencies expressed interest in becoming TAM providers. The state is waiting for the requested information to determine if these agencies meet the provider requirements.

Demonstration Population III-Premium Assistance (UPP)

During this quarter, the state continued to unwind eligibility for this demonstration population and resume normal operations. Enrollment for this demonstration population remained stable this quarter. The state expected a stable or increased enrollment as members who were found to be ineligible for other Medicaid programs were moved to UPP. The state also anticipated that members who lost ESI eligibility due to increased income would enroll in UPP. However, it appears these members are remaining eligible for Adult Expansion Medicaid with ESI instead.

The state may increase the maximum premium assistance subsidy amount each subsequent fiscal year for this 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.

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 members 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.

During this quarter the state continued to unwind eligibility for this demonstration population and resume normal eligibility operations. As the unwinding process continued throughout this quarter, the number of UMIC enrollees decreased, from 63,881 members to 58,409 members.

Utah Medicaid continues to contract with Health Choice of Utah, Select Health Community Care,

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Healthy U, and Molina to administer the UMIC plans. The UMIC plans operate in five of Utah's urban counties; Weber, Davis, Salt Lake, Utah, and Washington and serve Medicaid expansion beneficiaries in these areas.

The UMIC plans and contracted providers continue to work through normal operational issues; there have been some improvements with claims processing over the last several months. To streamline providers' operations, the state has met with the plans to discuss standardization of prior authorization and the provider credentialing process. The plans have developed a standardized provider credentialing roster that all four plans will use and are currently in the process of developing a standardized policy for substance abuse and mental health residential treatment. There are no major issues or concerns to report for this demonstration quarter.

Suspension of Medicaid Benefits

The state continues to suspend benefits for incarcerated Medicaid members, 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 suspense status.

Number of Individuals with Medicaid Suspended[2]

Demonstration Population	October 2023	November 2023	December 2023	Total
Adult Expansion	984	911	790	**2,685**
Dental-Blind/Disabled	59	66	67	**192**
Targeted Adult Medicaid	1,090	932	781	**2,803**
Current Eligibles	62	68	48	**178**
Dental- Aged	8	7	6	**21**
Total	**2,203**	**1,984**	**1,692**	**5,879**

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[2] Data Source: Dept. of Workforce Services Cognos Report- "401-Suspension of Benefits"

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Enrollment[3]

The table below details the monthly enrollment numbers for the demonstration quarter, for each demonstration group covered under the 1115 Demonstration. During this quarter, the state continued to unwind eligibility and resume normal operations. As a result, the state has seen a decrease in enrollment numbers since the unwinding period began and anticipates this to continue throughout the unwinding period as members transition to other coverage options.

| Demonstration Population	October 2023	November 2023	December 2023
Adult Expansion	98,909	94,907	90,763
Aged Dental	10,380	9,910	9,551
COBRA	0	10	10
Current Eligibles-PCR	31,910	30,561	28,942
Employer-Sponsored Insurance	802	788	742
Demonstration Population III, V, VI-Premium Assistance	406	408	410
Dental-Blind/Disabled	38,808	37,861	36,936
Former Foster Care Youth	18	18	18
HRSS	2,695	2,472	2,006
ISS	2	1	0
SMI	212	202	156
SUD	789	809	680
Targeted Adults	7,530	7,254	7,031
Targeted Adult Dental	1,448	1,404	1,343
Utah Medicaid Integrated Care	63,881	60,665	58,409

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[3] Enrollment as of February 6, 2024. 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.

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Medicaid Expansion Enrollment[4,5]

Below is detailed data on expansion enrollment by subgroup.

Expansion Enrollment by Subgroup

servicemonth expansiongroup	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12
Childless Adults	87,374	88,525	89,871	90,897	88,225	84,330	78,324	73,090	69,464	66,645	64,804	63,458
Parents	36,000	36,494	36,838	36,752	32,500	29,454	27,853	26,745	25,403	23,869	22,148	20,431
TAM	9,259	9,259	9,222	9,291	9,233	9,102	8,741	8,271	7,807	7,392	7,284	6,985
Total	132,633	134,278	135,931	136,940	129,958	122,886	114,918	108,106	102,674	97,906	94,236	90,874

Expansion Enrollment

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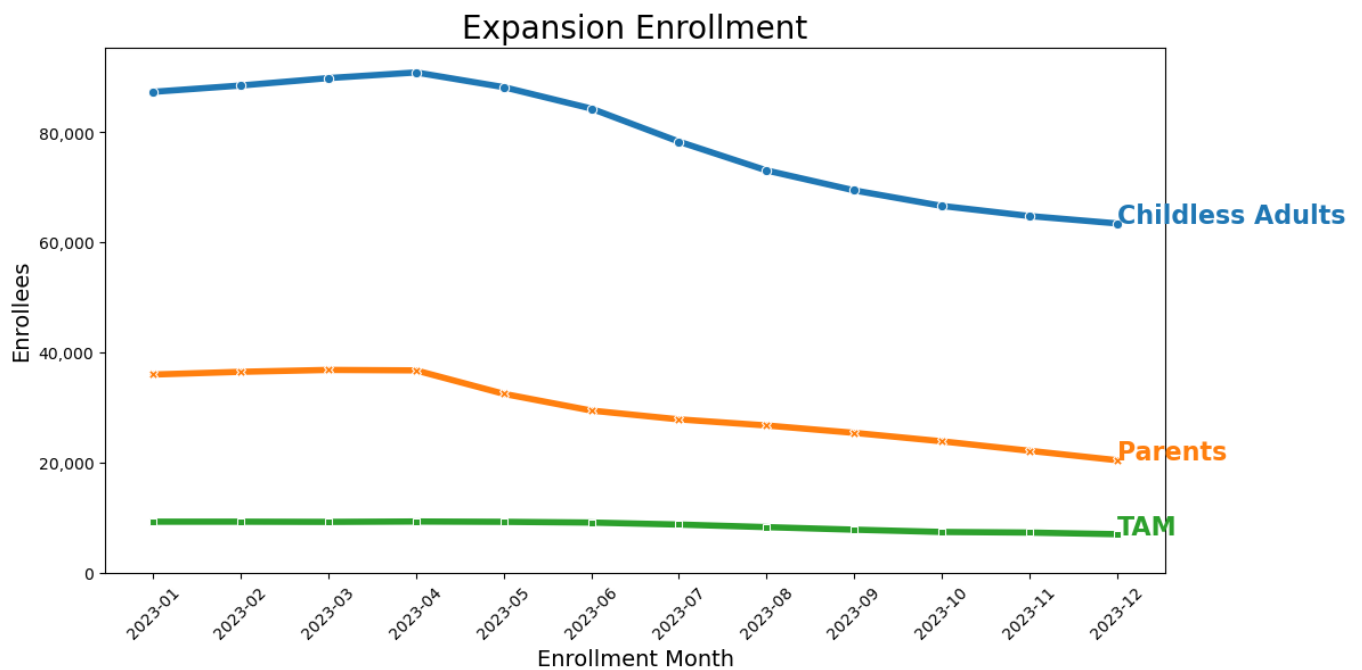
[4] Enrollment as of February 6, 2024. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

[5] The number of accepted claims has decreased since the state's new Medicaid management information system (PRISM) went live in March 2023, especially encounters where providers are working to fix any submission errors.

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Targeted Adult Medicaid and Substance Use Disorder Treatment

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

TAM Enrollment by Month[6,7]

	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12
12 Month Homeless	4,404	3,850	3,419	3,088	2,837	2,631
6 Month Homeless	408	389	352	310	294	273
Supportive Housing	147	130	104	80	73	57
General Assistance	326	337	331	340	337	332
Court Ordered Treatment	427	426	435	456	482	473
Drug/Mental Health Court	248	224	206	187	186	170
Jail or Prison	1,602	1,575	1,552	1,558	1,558	1,545
Probation or Parole	2,092	2,030	1,991	1,960	1,978	1,947

Total TAM Enrollment by Month

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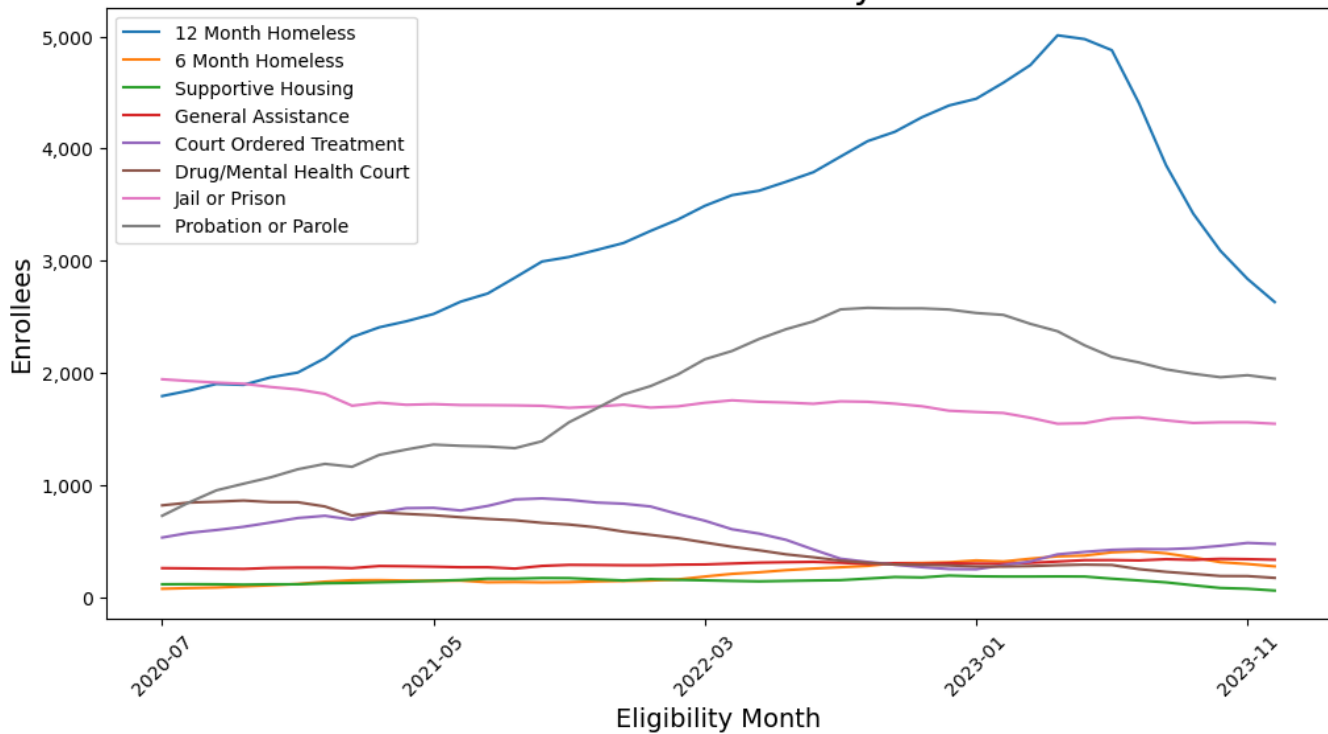
[6] The number of accepted claims has decreased since the state's new Medicaid management information system (PRISM) went live in March 2023, especially encounters where providers are working to fix any submission errors.

[7] Enrollment as of February 6, 2024. 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.

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Monthly TAM Expenditures[8]

Expenditures (1,000s)						FY 2023						FY 2024	Total
servicemonth	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	
servicetype													
Behavioral Health	$1,933	$1,710	$1,641	$1,549	$1,694	$1,652	$1,653	$1,991	$1,721	$1,897	$1,750	$1,485	$20,677
Emergency Room	$414	$359	$330	$712	$716	$579	$635	$619	$366	$260	$311	$292	$5,592
Inpatient Hospital	$2,502	$2,076	$1,420	$1,497	$1,897	$1,470	$1,820	$1,448	$1,577	$294	$271	$786	$17,058
Lab and/or Radiology	$716	$622	$525	$528	$636	$505	$536	$538	$545	$564	$562	$477	$6,753
MAT	$507	$411	$493	$466	$475	$532	$470	$577	$532	$567	$509	$469	$6,008
Non-MAT Pharmacy	$2,071	$2,031	$2,412	$2,273	$2,462	$2,382	$2,036	$2,381	$2,139	$2,247	$2,288	$2,227	$26,949
Other Services	$1,978	$1,785	$2,460	$2,345	$2,519	$2,541	$2,646	$2,936	$2,682	$2,302	$2,162	$1,730	$28,087
Outpatient Hospital	$317	$205	$217	$383	$361	$264	$264	$301	$312	$180	$261	$171	$3,236
Residential Service	$1,594	$1,856	$1,993	$2,063	$2,162	$2,164	$2,269	$2,277	$2,110	$2,243	$2,289	$2,265	$25,286
Total	$12,032	$11,054	$11,490	$11,816	$12,923	$12,090	$12,329	$13,067	$11,985	$10,556	$10,403	$9,902	$139,645

Distinct Members Served						FY 2023						FY 2024
servicemonth	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12
servicetype												
Behavioral Health	1,666	1,624	1,503	1,536	1,583	1,505	1,472	1,553	1,354	1,471	1,467	1,276
Emergency Room	605	532	556	608	630	533	551	654	580	479	468	489
Inpatient Hospital	134	124	98	104	106	102	109	93	95	14	17	43
Lab and/or Radiology	1,792	1,743	1,654	1,678	1,761	1,618	1,675	1,634	1,628	1,580	1,579	1,458
MAT	1,098	1,013	1,133	1,116	1,067	1,144	1,085	1,138	1,104	1,131	1,083	985
Non-MAT Pharmacy	2,894	2,815	3,123	3,042	3,092	3,028	2,896	2,980	2,865	2,877	2,827	2,760
Other Services	9,180	9,182	9,104	9,172	9,112	8,964	8,628	8,177	7,723	7,296	7,180	6,884
Outpatient Hospital	530	479	456	503	535	473	418	504	434	355	414	408
Residential Service	522	509	514	505	526	542	543	561	529	559	602	536
Total	9,259	9,259	9,222	9,291	9,233	9,102	8,741	8,271	7,807	7,392	7,284	6,985

[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.
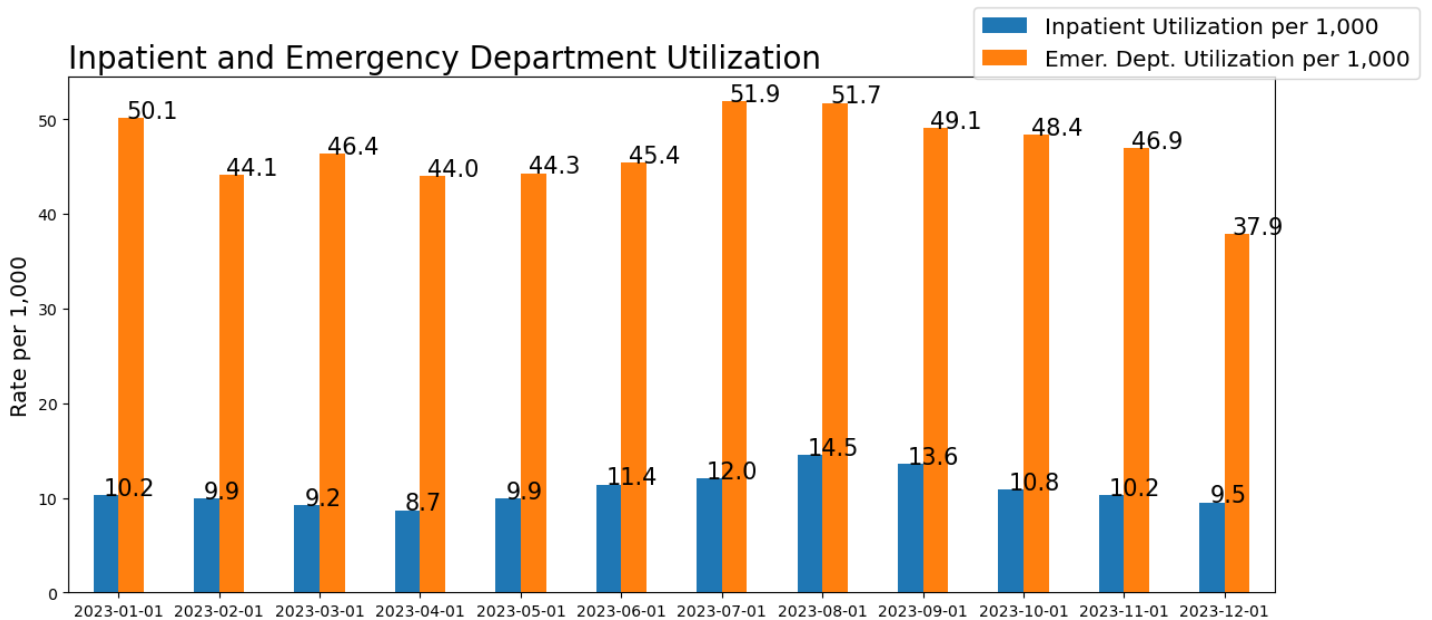
October 1, 2023 - December 31, 2023

Monthly TAM Expenditures
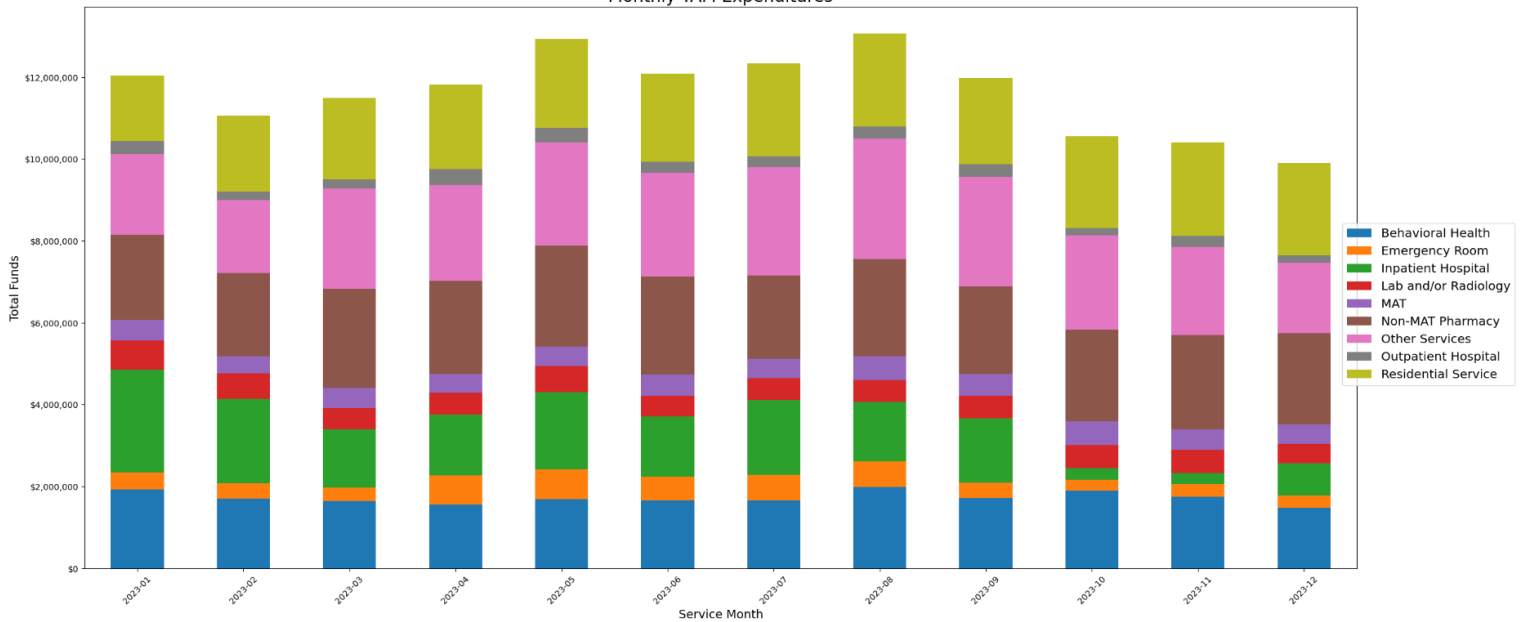
Adult Expansion Utilization

The state will continue to report specific Adult Expansion metrics in the quarterly and annual reports. For this report, the state provides inpatient utilization and emergency department utilization data as well as initiation and engagement of alcohol or other drug abuse dependence treatment, all-cause hospital readmission, and follow-up after hospitalization for mental health or SUD within seven days.

AE inpatient and ED utilization

Inpatient and Emergency Department Utilization

October 1, 2023 - December 31, 2023

|	2023-10-01	2023-11-01	2023-12-01
Members	108,073.0	103,819.0	99,270.0
Inpatient	1,171.0	1,064.0	945.0
Emergency Dept.	5,231.0	4,873.0	3,764.0
Inpatient Utilization per 1,000	10.8	10.2	9.5
Emer. Dept. Utilization per 1,000	48.4	46.9	37.9

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members
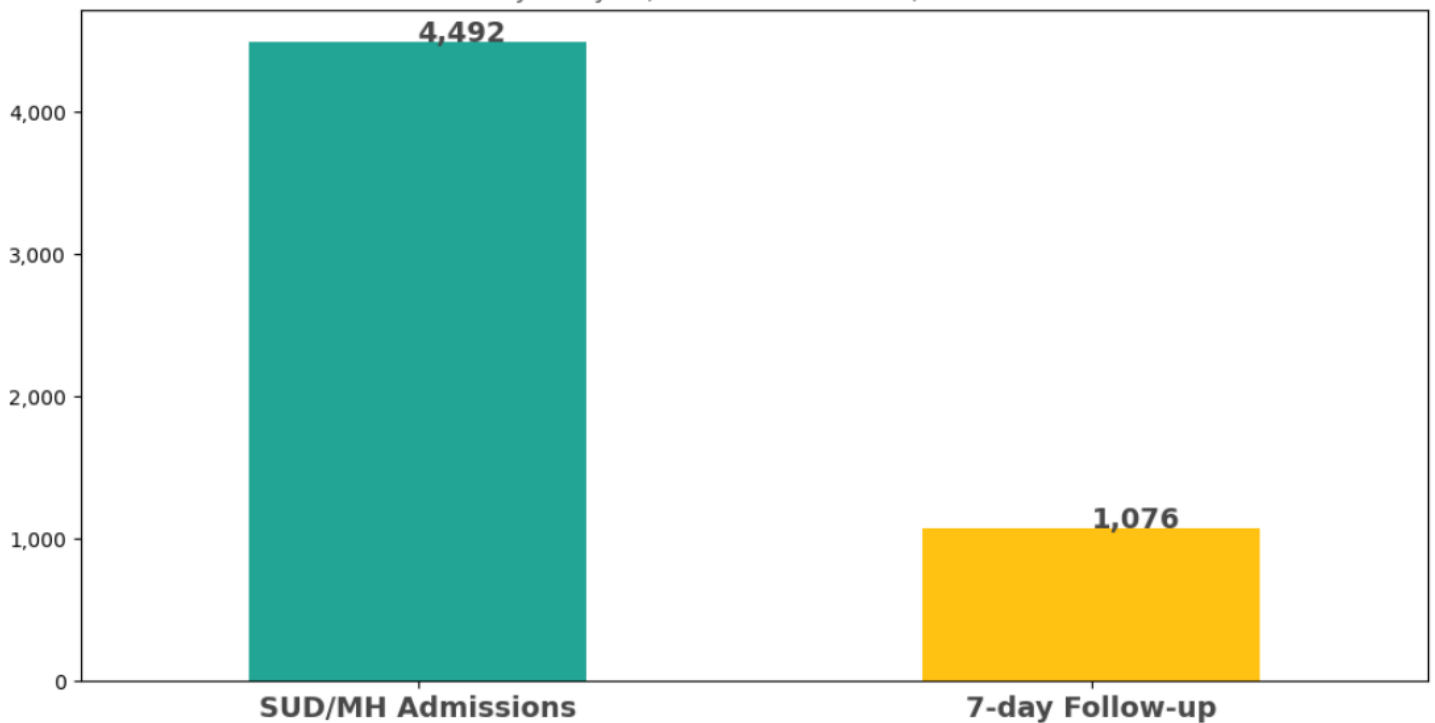### 2023-01-01 - 2023-12-31
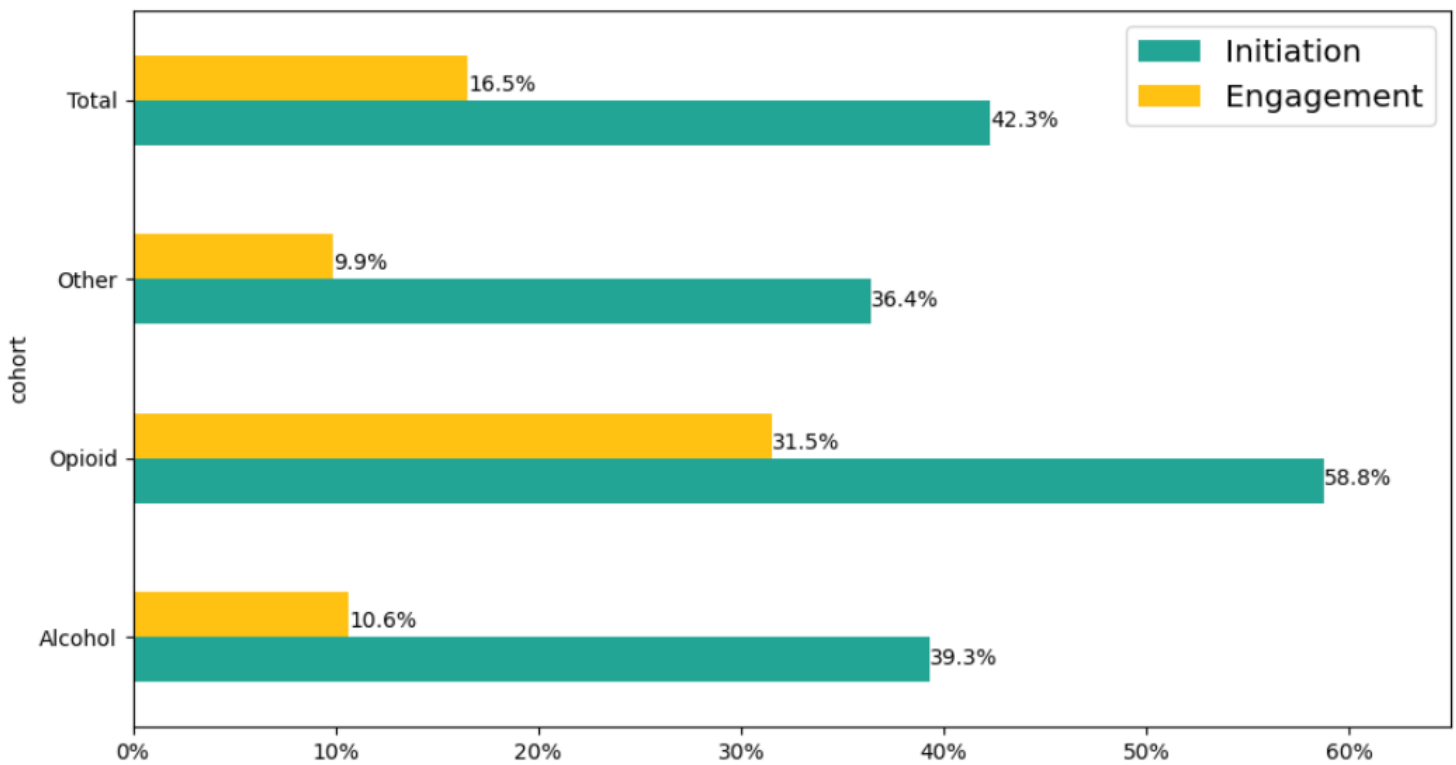
All-cause Hospital Readmission for all AE Members: 13.7%

January 01, 2023 - December 31, 2023
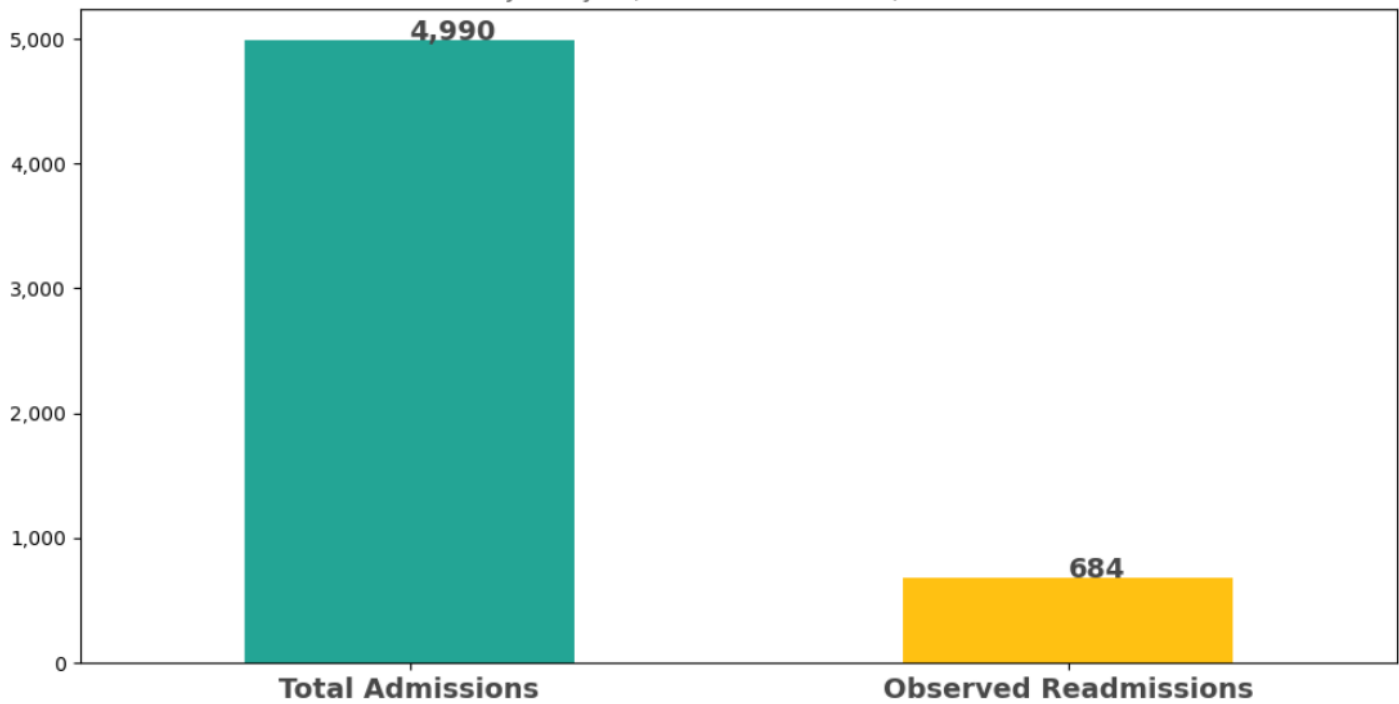
SUD/MH 7-day Follow-up Rate: 24.0%

January 01, 2023 - December 31, 2023

October 1, 2023 - December 31, 2023

Disenrollments

The state began identifying the number of disenrollments beginning in Demonstration Year 19, quarter three. The table below identifies the number of disenrollments for Demonstration Year 22, quarter two, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	October 2023	November 2023	December 2023	Total
Adult Expansion	Customer Moved Out of State	118	101	70	289
	Customer Request	96	101	70	267
	Death	0	21	29	50
	Enrolled in error	0	0	0	0
	Fails Utah residency	1	19	14	34
	Other Admin	5,241	5,308	5,366	15,915
Aged Dental	Customer Moved Out of State	6	11	11	28
	Customer Request	6	3	0	9
	Death	0	26	7	33
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	1	1	2
	Other Admin	689	665	593	1,947
Current Eligibles - PCR	Customer Moved Out of State	115	59	29	203
	Customer Request	48	30	26	104
	Death	0	2	1	3
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	13	13	26
	Other Admin	2,395	2,332	2,508	7,235
Employer	Customer Moved Out of State	3	4	0	7

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Sponsored Insurance	Customer Request	0	1	1	2
	Death	0	0	0	0
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	2	0	2
	Other Admin	43	34	41	118
Demonstration Population III, V, VI-Premium Assistance	Customer Moved Out of State	0	0	0	0
	Customer Request	2	0	0	2
	Death	0	0	0	0
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	20	33	15	68
Dental-Blind/ Disabled	Customer Moved Out of State	55	26	44	125
	Customer Request	9	3	7	19
	Death	0	13	17	30
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	13	11	24
	Other Admin	1,196	1,312	1,289	3,797
Former Foster Care Youth	Customer Moved Out of State	0	1	0	1
	Customer Request	0	0	0	0
	Death	0	0	0	0
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	0	0	0	0
HRSS	Customer Moved Out of State	0	0	0	0
	Customer Request	1	0	0	1

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	Death	0	1	0	1
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	94	143	165	402
SUD	Customer Moved Out of State	0	1	1	2
	Customer Request	0	0	1	1
	Death	0	0	0	0
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	7	8	12	27
Targeted Adults	Customer Moved Out of State	4	7	6	17
	Customer Request	3	4	1	8
	Death	0	2	4	6
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	537	432	407	1,376
Grand Total		**13,492**	**13,070**	**12,974**	**39,536**

Anticipated Changes to Enrollment

End of the Medicaid Continuous Enrollment

As previously mentioned, the state continued the comprehensive eligibility unwinding plan during this demonstration quarter. The state expects continued changes in enrollment to all state plan and demonstration eligibility groups including Adult Expansion, ESI, Current Eligibles, and TAM demonstration groups.

Adult Expansion Medicaid and ESI

As previously mentioned, the state expects to see a continued, overall decrease in AE, ESI enrollment due to the unwinding process which began March 1, 2023.

Targeted Adults

As previously mentioned, the state expects to see a continued, overall decrease in TAM enrollment due to the unwinding process which began March 1, 2023.

Pending Amendments

Approval of two pending amendments may also influence enrollment. If coverage for justice-involved individuals is approved, the state anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The state also anticipates a slight increase in enrollment if coverage for in vitro fertilization and genetic testing for Medicaid eligible individuals who have specific qualified conditions is approved. For more information on pending amendments, refer to the "Pending Amendments'' section below.

Benefits

No additional changes to benefits or utilization are currently anticipated.

Demonstration Related Appeals

Below are the demonstration related appeals for this demonstration quarter. Only impacted demonstration populations are listed.

Demonstration Group	October 2023	November 2023	December 2023	Total
Current Eligibles	2	0	2	**4**

October 1, 2023 - December 31, 2023

There were four appeals filed during quarter two. All decisions were affirmed:

October:

- One appeal was for an incomplete review.
- Another appeal was for a closed case due to not being able to locate the member.

December:

- One appeal was for an incomplete review.
- Another appeal was for income related to a trust.

Grievances

Constituent Affairs Grievances

Below is a chart of grievances received from members 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 three. 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	October 2023	November 2023	December 2023	Total
Adult Expansion	2	2	0	**4**
Aged, Blind, Disabled Dental	1	1	0	**2**
TAM	0	1	0	**1**
Total	**3**	**4**	**0**	**7**

There were six Constituent Affairs Grievances filed during quarter two:

October:

- One Adult Expansion Member had a grievance with their Integrated Health Plan. The Constituent Affairs Representative worked with the Integrated Health Plan to resolve the concern.
- Another Adult Expansion Member whose Medicare Part A, B & D ended was having trouble filling prescriptions. The Constituent Affairs Representative worked with the state's pharmacy team who then worked with the pharmacy to get the prescriptions paid.
- One Aged, Blind, Disabled Dental Member was attempting to get dentures at UUSOD but was unable to obtain them due to the member's inappropriate behavior. The member found a different provider and prior authorization will be required.

November:

- One Adult Expansion Member tried to obtain a prescription that required prior authorization. The Constituent Affairs Representative worked with the state's Office of

Managed Healthcare (OMH) who then worked with the health plan to obtain the prior authorization.

- One adult Expansion Member had a grievance with their Integrated Health Plan. The Constituent Affairs Representative worked with the state's OMH who then worked with the Integrated Health Plan to resolve the concern.
- One Aged, Blind, Disabled Member had a complaint about a UUSOD provider who pulled the wrong tooth. The member found another UUSOD network provider to complete the necessary dental work.
- One Targeted Adult Medicaid Member needed a procedure and felt the provider was not submitting prior authorization. A Health Program Representative from the state submitted a prior authorization for the procedure.

Accountable Care Organization (ACO) Grievances

Below are the number of grievances reported by the managed care plans for this demonstration quarter. With the implementation of the Medicaid Managed Care Program Annual Report (MCPAR) in 2022, the managed care plans are now reporting the grievance reason for each grievance.

Demonstration Group	October 2023	November 2023	December 2023	Total
Adult Expansion	13	6	10	29
Current Eligibles	37	32	17	86
UMIC	2	1	1	4
HRSS	2	0	1	3
Total	54	39	29	122

Grievance Reasons	October 2023	November 2023	December 2023	Total
Related to outpatient services	1	0	0	1
Related to coverage of outpatient prescription drugs	8	8	3	19
Related to other service types	3	0	1	4
Related to plan or provider customer service	1	0	0	1
Related to access to care/services from plan	0	0	0	0

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or provider				
Related to quality of care	0	0	0	**0**
Related to plan communications	0	0	0	**0**
Related to payment or billing issues	0	0	0	**0**
File for other reasons	0	0	0	**0**
Suspected Fraud	6	8	4	**18**
Related to plan or provider case/care management	33	23	19	**75**
Related to inpatient services	2	0	2	**4**
Total	**54**	**39**	**29**	**122**

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 four 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	October 2023	November 2023	December 2023	Avg. Total
Current Eligibles-PCR	8.57	9.83	9.05	**9.15**
Adult Expansion	10.58	11.70	13.56	**11.94**
Targeted Adults	7.32	9.21	10.58	**9.03**
Premium Assistance UPP	32	23.45	31.75	**29.06**

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

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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

The state anticipates a decrease in costs as the unwinding process continues, based on fewer member months.

Annual Public Forum

The state plans to hold the annual public forum during the January 2024 Medical Care Advisory Committee (MCAC) meeting. The state will report on the results of this forum in the next quarterly report.

Evaluator Updates and Demonstration Evaluations

The state submitted the Evaluation Design to CMS in July 2023 and has subsequently made modifications to the design. The final version is due to CMS by February 9, 2024. The 07/01/2017 - 06/30/2022 Summative Evaluation is currently under development and will be submitted to CMS no later than March 31, 2024.

Pending Amendment Requests

The following demonstration amendments are pending a decision from CMS:
- Adult Dental Expansion: This amendment seeks approval to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.
- Chronic Conditions Support: This amendment seeks approval to provide additional Medicaid services to fee for service enrolled individuals with qualified chronic health conditions.
- Family Planning Services: This amendment seeks approval to provide family planning services to a specific population.
- Fertility Treatment for Individuals Diagnosed with Cancer: This amendment seeks approval to expand Medicaid coverage for fertility preservation for individuals diagnosed with cancer.
- In Vitro Fertilization and Genetic Testing for Qualified Conditions: This amendment seeks approval to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.
- 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.
- Medical Respite Care: This amendment seeks approval to allow temporary medical respite care for homeless individuals covered under Adult Expansion.
- Medicaid Coverage for Justice Involved Populations: This amendment seeks approval to provide Medicaid coverage for qualified justice-involved individuals. These individuals must have a chronic physical or behavioral health condition, a mental illness as defined by Section 62A-15-602 of Utah State Code, or an opioid use disorder. If approved, Medicaid coverage will be provided in the 30-day period immediately prior to release of the incarcerated individual from a correctional facility. *Note: The state is currently revising this amendment in order to better align with CMS's recommendations. The state will submit the revised amendment in 2024.*
- UPP Premium Reimbursement Increase for Children: This amendment seeks approval to allow the state to increase the maximum reimbursement allowable for children under Utah's Premium Partnership for Health Insurance Program (UPP) from $120 per enrollee per month to a higher amount, through the state administrative rulemaking process, rather than by 1115 Demonstration amendment.

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 members 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 members 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 members.