

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: 3 (01/01/24-03/31/24)

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 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.
- 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.
- 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 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.
- 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.
- 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- 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 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

Unwinding Effort Update

The State continues to unwind Medicaid eligibility and resume normal operations. March 2024 was month thirteen of Utah's unwinding process. The unwinding process will end on April 30, 2024.

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. Some of these include system automation, improvements, and enhancements as well as additional staff training on

error-prone areas. The State is drafting an unwinding closeout report to reflect on the unwinding journey and will highlight the evolution, successes, challenges, and lessons learned.

Adult Expansion

During this demonstration quarter, the State continued to unwind eligibility for this demonstration population and resumed normal operations. As a result, the State experienced a decrease in Adult Expansion enrollment during this quarter. The State expects a continued decrease in enrollment among this demonstration population through April 2024 when unwinding activities will be complete.

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

ESI Enrollment and Total Payments Issued ²	January 2024	February 2024	March 2024
Enrollment	549	434	464
Total Payments Issued	\$71,685.67	\$57,105.27	\$60,580.88

The State expects a continued decrease in enrollment among this demonstration population through April 2024 when unwinding activities will be complete. The conversion of some ESI individuals to twelve-month continuous postpartum coverage went into effect January 1, 2024. The State continues to offer education to employers on how to correctly complete an ESI referral form.

Current Eligibles

As stated in the Demonstration Year 22, Quarter Two Monitoring Report, the State successfully moved this population into full state plan benefits on December 31, 2023. Beginning with this report, the State is no longer reporting on this former Demonstration population.

¹ The method for obtaining this data has been revised since the last quarterly monitoring report. Enrollment and payments are therefore substantially lower compared to prior monitoring reports. Numbers reflect actual data and do not include ESI individuals who did not receive a monthly payment. The State will continue to use this revised reporting method in future monitoring reports.

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

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 University of Utah School of Dentistry (UUSOD) or their associated statewide network of providers through fee-for-service Medicaid.

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. The State will implement this demonstration on May 1, 2024.

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

On February 29, 2024, the State received approval from CMS to add the following risk factors to the HRSS Demonstration in order to align eligibility with the sub-groups of the Targeted Adult Medicaid group:

- Is living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for a total of six months within a 12-month period; and has a diagnosable substance use disorder or serious mental health disorder. At the option of the State, these criteria may be expanded to include individuals with a diagnosable developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability;

- Is a victim of domestic violence and living in or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter;
- Currently on probation or parole with a serious mental illness or substance use disorder; and
- Court ordered to receive substance use or mental health treatment through a district or tribal court.

During this quarter, HRSS staff continued to provide program oversight and conducted four in-person program reviews with service providers to ensure quality of services for program participants. HRSS staff also provided six program overviews to educate interested community partners across the state. HRSS 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 the Health Policy Project Conference and the Mountain Plains National Association of Housing and Redevelopment Officials (NAHRO) Conference and the National NAHRO Conference in Washington DC where connections were made related to the HRSS Program. HRSS staff also presented at two conferences focused on Affordable Housing. A HRSS overview was also provided to four different teams at DHHS.

During this demonstration year, HRSS staff met with all services providers for an in-person program review. The meetings consisted of individual case file reviews, discussion regarding 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 for a provider whose focus is on housing and providing care for individuals with severe medical conditions who would otherwise be homeless.

HRSS is currently offered across the state through 12 service providers. Program education and in-depth training continues to be provided to participating agency staff members on a regular basis to ensure that enrollment, billing, and payment processes are successfully implemented and managed. Ongoing technical instruction is also being provided.

There are currently 177 program participants who have moved into permanent housing. During this quarter, 642 care plans were active.

Additions to the HRSS Service Provider Manual were made this quarter, allowing for increased clarity related to program criteria. The Quality Improvement Strategy (QIS) is still under CMS review.

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. The State will implement this demonstration on May 1, 2024.

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 2024	February 2024	March 2024	Total
Northern (includes Weber, Bear River and Davis)	See below	See below	See below	See below
Weber	24	43	30	97
Bear River	n/a	n/a	n/a	n/a
Davis	13	13	14	40
Southwest	n/a	n/a	n/a	n/a
Western	5	5	17	27
Salt Lake	29	47	32	108
Eastern	n/a	n/a	n/a	n/a

SMR Administrator	Projections/goals
Northern Region Davis Behavioral Health	No updates to report. Davis continues to bill under the 1115 Demonstration. The program is running smoothly, and they are billing timely and in accordance with the SMR policies and procedures.
Northern Region Weber Human Services	Weber Human Services is continuing to bill Medicaid. They have seen an increase in services this quarter and anticipate staying busy in the next quarter. They continue to bill timely and are in accordance with SMR policies and procedures.
Northern Region Bear River Mental Health	Bear River SMR program manager, billing specialist and executive director met with the State Office of Substance Use and Mental Health at the beginning of January 2024. It was determined that they are already billing SMR services under different Medicaid codes and do not want to add any

	administrative burden. They are declining to participate in the 1115 Demonstration at this time.
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 services. Conversations around barriers are ongoing and solutions are being explored. There are no anticipated billings for the remainder of the year.
Salt Lake Region (Primary Children's):	Salt Lake Region is billing Medicaid regularly and utilizing the 1115 Demonstration. They are proactive in working with the state Office of Substance Use and Mental Health and the State Medicaid office to clarify ongoing questions and policies and procedures. They have seen program growth and have a streamlined billing process.
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.	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 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 services. 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. Intermountain continues to try to increase their low numbers. They are still trying to increase service utilization in general.

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.

During this quarter, the state continued to unwind eligibility for this demonstration population and resumed normal operations. As a result, the State experienced a decrease in TAM enrollment during this quarter. The State expects a continued decrease in enrollment among this demonstration population through April 2024 when unwinding activities will be complete.

Agencies and providers that interact with this demonstration population continue to have interest in becoming authorized referring 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, five agencies expressed interest in becoming TAM providers. One agency was denied for

not meeting the required criteria, four are still being reviewed by the State, and one has not yet provided the requested information needed to determine if they can be approved as an authorized agency.

Demonstration Population III-Premium Assistance (UPP)

On February 29, 2024, the State received approval of the UPP Premium Reimbursement Increase for Children amendment. This amendment enables the State to increase the premium subsidy amount for children that would otherwise receive CHIP services under the state plan from \$120 to \$180 per month. If a plan offers dental coverage, the premium subsidy amount will increase by \$20. Additionally, the State is now able to 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, the State continued to unwind eligibility for this demonstration population and resumed normal operations. Enrollment for this demonstration population remained stable this quarter. The State expected a stable or increased enrollment as individuals who were found to be ineligible for other Medicaid programs were moved to UPP. The State also anticipated that individuals who lost ESI eligibility due to increased income would enroll in UPP. However, it appears these individuals are remaining eligible for AEM with ESI instead.

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.

During this demonstration quarter the State continued to unwind eligibility for this demonstration population and resumed normal operations. As the unwinding process continued throughout this quarter, the number of UMIC enrollees decreased from 60,250 individuals to 53,798 individuals.

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.

The UMIC plans and contracted providers continue to work through normal operational issues. Some of the plans continue to have regular meetings with behavioral health providers to address claims issues, and there has also been a decrease in claim-related complaints from providers to the State. All four plans are now using a recently implemented standardized provider credentialing roster. In an effort to decrease administrative burden for the providers and ensure consistent access to care for the members, the plans have also finalized standardized prior authorization policies to use for residential substance use disorder treatment and residential mental health treatment. The State's contracts will require the plans to implement these standardized policies by July 1, 2024. However, the State has encouraged the plans to implement these policies sooner if possible. 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 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 2024	February 2024	March 2024	Total
Adult Expansion	906	862	771	2,539
Dental- Aged	5	5	3	13
Dental-Blind/Disabled	54	61	56	171
Targeted Adult Medicaid	1,001	899	777	2,677
Total	1,966	1,827	1,607	5,400

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

Enrollment⁴

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 resumed normal operations. As a result, the State has seen a decrease in enrollment numbers since the unwinding period began and anticipates this will continue throughout the unwinding period as individuals transition to other coverage options.

Demonstration Population	January 2024	February 2024	March 2024
Adult Expansion	86,660	82,993	75,657
Aged Dental	9,388	9,120	8,835
COBRA	0	0	0
Employer-Sponsored Insurance	751	688	709
Demonstration Population III, V, VI-Premium Assistance	439	450	434
Dental-Blind/Disabled	36,481	35,937	35,306
Former Foster Care Youth	17	19	19
HRSS	2,494	2,299	1,833
ISS	1	0	0
SMI	161	96	47
SUD	839	729	107
Targeted Adults	6,752	6,426	6,278
Targeted Adult Dental	896	857	828
Utah Medicaid Integrated Care	60,250	58,671	53,798

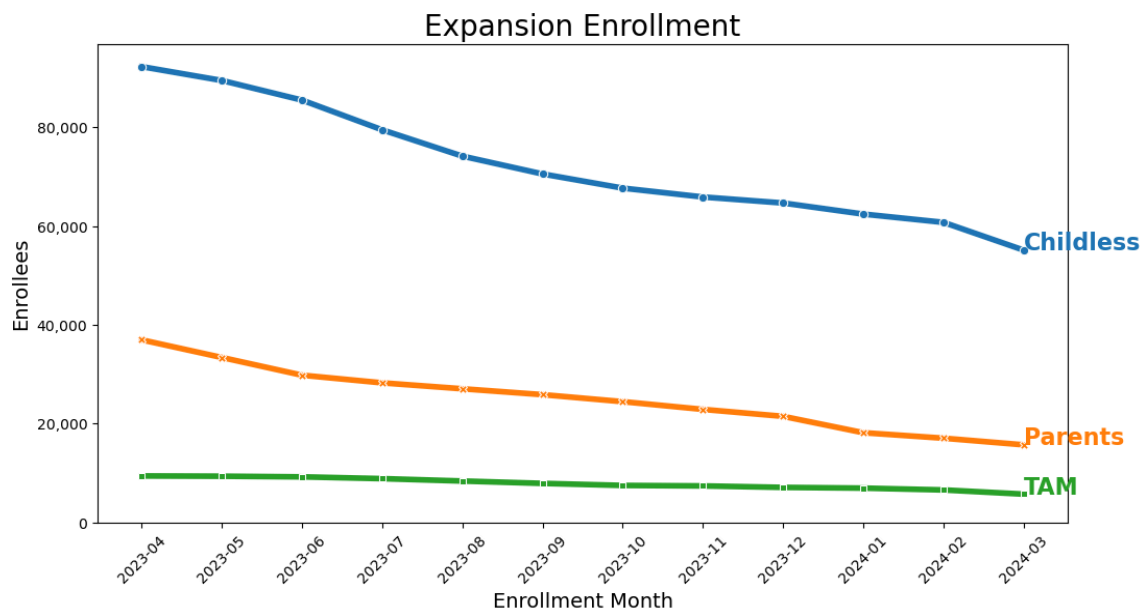
⁴ Enrollment as of May 2, 2024. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Medicaid Expansion and Targeted Adult Medicaid Enrollment⁵

Below is detailed data on expansion enrollment by subgroup. Beginning with this report, the State will begin reporting Adult Expansion Expenditures in addition to Targeted Adult Medicaid Expenditures in the quarterly and annual monitoring reports.

Expansion Enrollment by Subgroup⁶

servicemonth	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03
expansiongroup												
Childless	92,284	89,480	85,506	79,485	74,163	70,553	67,688	65,891	64,672	62,431	60,754	55,132
Parents	36,963	33,393	29,808	28,257	27,056	25,870	24,452	22,885	21,478	18,163	17,052	15,711
TAM	9,408	9,355	9,225	8,864	8,379	7,902	7,486	7,388	7,090	6,944	6,574	5,727
Total	138,655	132,228	124,539	116,606	109,598	104,325	99,626	96,164	93,240	87,538	84,380	76,570



⁵ Enrollment as of May 2, 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.

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. Data reflects the number of reimbursed services or capitation payments.

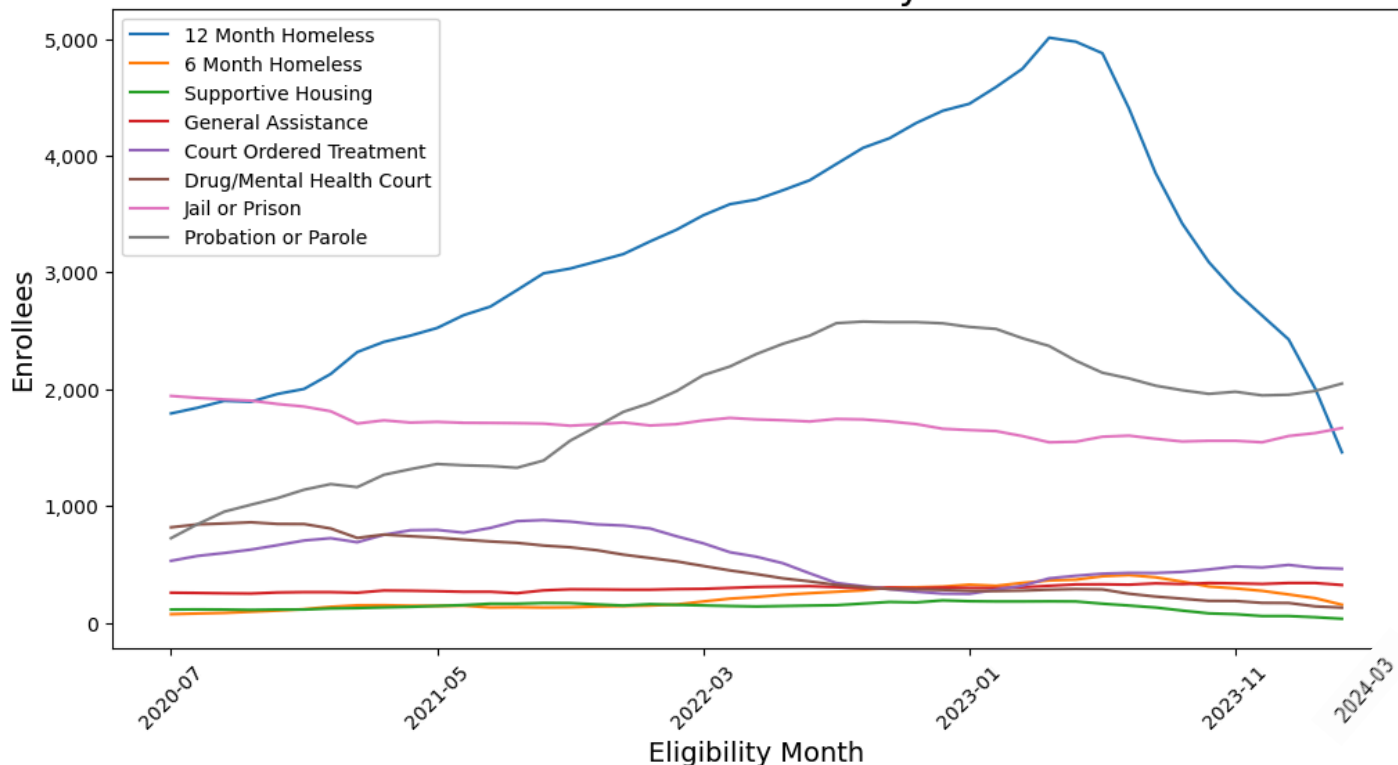
Targeted Adult Medicaid and Substance Use Disorder Treatment

Below is 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 Month^{7,8}

	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03
12 Month Homeless	4,404	3,850	3,419	3,088	2,837	2,631	2,426	2,004	1,460
6 Month Homeless	408	389	352	310	294	273	242	210	154
Supportive Housing	147	130	104	80	73	57	57	47	34
General Assistance	326	337	331	340	337	332	340	340	323
Court Ordered Treatment	427	426	435	456	482	473	495	470	462
Drug/Mental Health Court	248	224	206	187	186	170	169	140	129
Jail or Prison	1,602	1,575	1,552	1,558	1,558	1,545	1,599	1,624	1,667
Probation or Parole	2,092	2,030	1,991	1,960	1,978	1,947	1,952	1,985	2,048

Total TAM Enrollment by Month

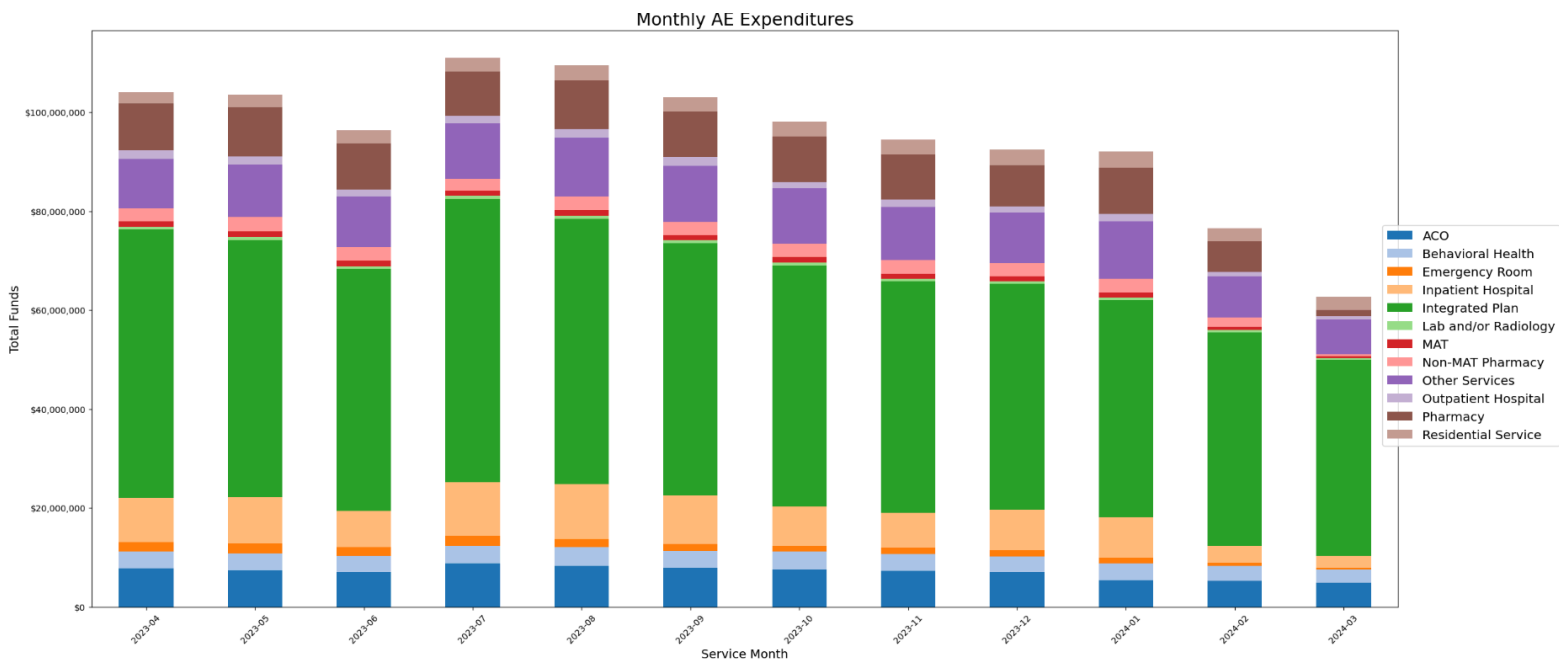


⁷ The number of accepted claims has decreased since the State's new Medicaid management information system (PRISM) went live in March 2023, especially encounters where providers are working to fix any submission errors.

⁸ Enrollment as of April 3, 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.

Monthly AE Expenditures⁹

Distinct Members Served	FY 2023												FY 2024
servicemonth	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	
servicetype													
ACO	15,502	14,497	13,469	12,553	11,721	11,093	10,529	10,017	9,608	6,485	6,329	5,688	
Behavioral Health	29,644	28,281	25,532	25,051	23,763	22,693	21,770	21,152	20,477	17,041	15,874	14,452	
Emergency Room	1,549	1,614	1,514	1,619	1,682	1,646	1,532	1,497	1,592	1,540	831	469	
Inpatient Hospital	390	417	362	423	451	439	314	276	348	369	166	133	
Integrated Plan	93,066	88,058	81,827	76,230	70,947	67,061	63,691	60,603	58,430	54,892	53,870	48,486	
Lab and/or Radiology	1,705	1,790	1,665	1,732	1,680	1,674	1,634	1,643	1,581	1,560	1,407	1,381	
MAT	3,337	3,167	3,177	3,054	3,127	2,975	2,993	2,923	2,602	2,631	2,112	981	
Non-MAT Pharmacy	3,204	3,239	3,186	3,060	3,130	3,029	3,027	2,982	2,901	2,895	2,320	874	
Other Services	103,225	100,436	96,429	89,821	84,247	80,120	76,757	74,825	73,006	83,205	83,804	76,222	
Outpatient Hospital	1,964	2,018	1,921	1,698	2,010	1,777	1,754	1,715	1,600	1,860	1,309	959	
Pharmacy	24,415	24,594	22,749	21,699	22,715	21,350	21,199	20,714	19,934	20,146	15,571	4,128	
Residential Service	552	585	606	612	662	624	641	674	633	686	635	561	
Total	138,655	132,228	124,539	116,606	109,598	104,325	99,626	96,164	93,240	87,538	84,380	76,570	



⁹ 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.

January 1, 2024 - March 31, 2024

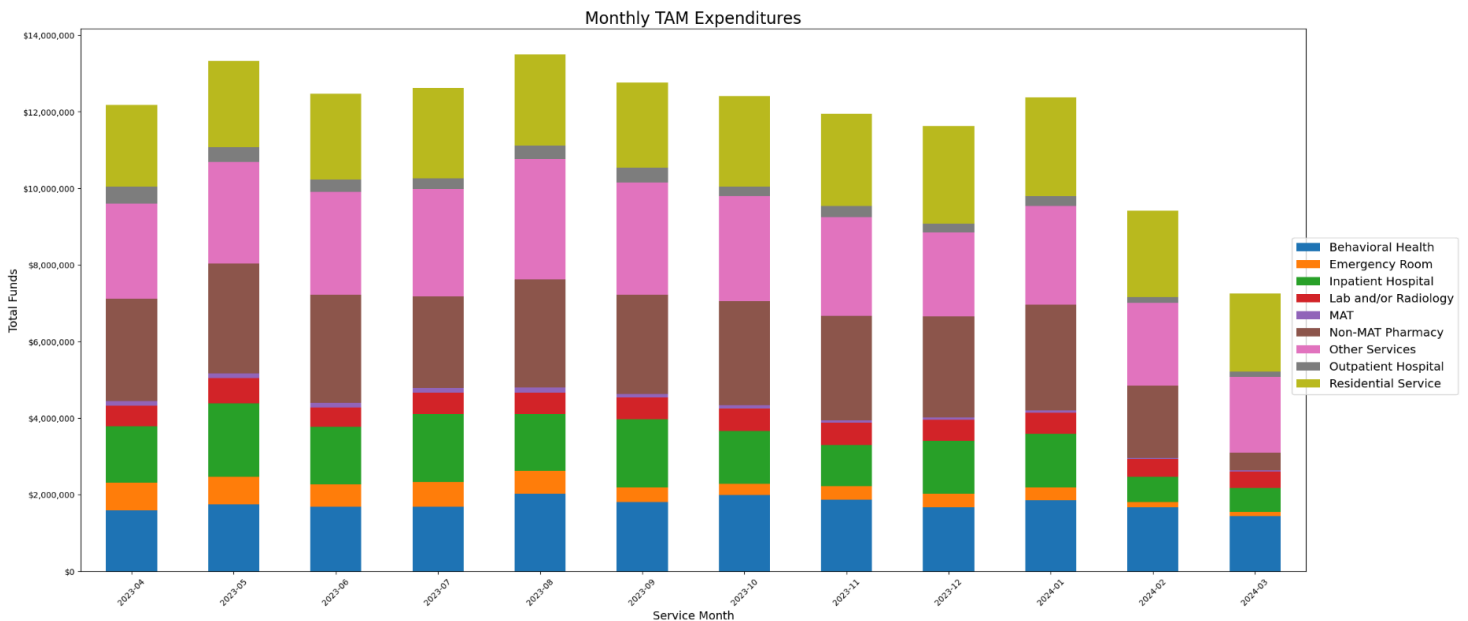
Monthly TAM Expenditures¹⁰

Expenditures (1,000s)	FY 2023											FY 2024	Total
servicemonth	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	
servicetype													
Behavioral Health	\$1,592	\$1,750	\$1,680	\$1,682	\$2,017	\$1,799	\$1,993	\$1,873	\$1,668	\$1,848	\$1,660	\$1,442	\$21,006
Emergency Room	\$717	\$723	\$580	\$646	\$594	\$387	\$292	\$342	\$348	\$335	\$151	\$103	\$5,219
Inpatient Hospital	\$1,474	\$1,917	\$1,502	\$1,774	\$1,490	\$1,787	\$1,382	\$1,079	\$1,379	\$1,405	\$651	\$626	\$16,467
Lab and/or Radiology	\$540	\$647	\$517	\$549	\$552	\$563	\$581	\$583	\$558	\$546	\$460	\$431	\$6,527
MAT	\$114	\$122	\$123	\$128	\$141	\$94	\$80	\$64	\$63	\$60	\$36	\$39	\$1,064
Non-MAT Pharmacy	\$2,669	\$2,873	\$2,813	\$2,396	\$2,820	\$2,586	\$2,730	\$2,731	\$2,639	\$2,761	\$1,878	\$454	\$29,349
Other Services	\$2,494	\$2,659	\$2,687	\$2,811	\$3,156	\$2,942	\$2,743	\$2,578	\$2,188	\$2,588	\$2,174	\$1,982	\$31,002
Outpatient Hospital	\$441	\$386	\$327	\$274	\$342	\$376	\$247	\$291	\$231	\$259	\$156	\$139	\$3,470
Residential Service	\$2,127	\$2,255	\$2,233	\$2,367	\$2,386	\$2,226	\$2,364	\$2,407	\$2,541	\$2,571	\$2,250	\$2,039	\$27,767
Total	\$12,168	\$13,330	\$12,463	\$12,626	\$13,499	\$12,759	\$12,412	\$11,950	\$11,616	\$12,375	\$9,417	\$7,255	\$141,871

Distinct Members Served	FY 2023											FY 2024	
servicemonth	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	
servicetype													
Behavioral Health	1,542	1,594	1,536	1,503	1,568	1,444	1,522	1,534	1,384	1,404	1,257	1,203	
Emergency Room	612	633	539	568	647	592	533	512	571	523	285	202	
Inpatient Hospital	108	108	105	111	95	111	76	56	75	81	36	43	
Lab and/or Radiology	1,705	1,790	1,665	1,732	1,680	1,674	1,634	1,643	1,581	1,560	1,407	1,381	
MAT	320	253	324	313	338	289	278	256	227	212	165	152	
Non-MAT Pharmacy	3,204	3,239	3,186	3,060	3,130	3,029	3,027	2,982	2,901	2,895	2,320	874	
Other Services	9,329	9,280	9,129	8,798	8,323	7,851	7,418	7,312	7,038	6,860	6,504	5,679	
Outpatient Hospital	518	550	490	433	544	450	447	438	424	459	340	290	
Residential Service	523	546	557	561	587	559	589	615	570	616	568	497	
Total	9,408	9,355	9,225	8,864	8,379	7,902	7,486	7,388	7,090	6,944	6,574	5,727	

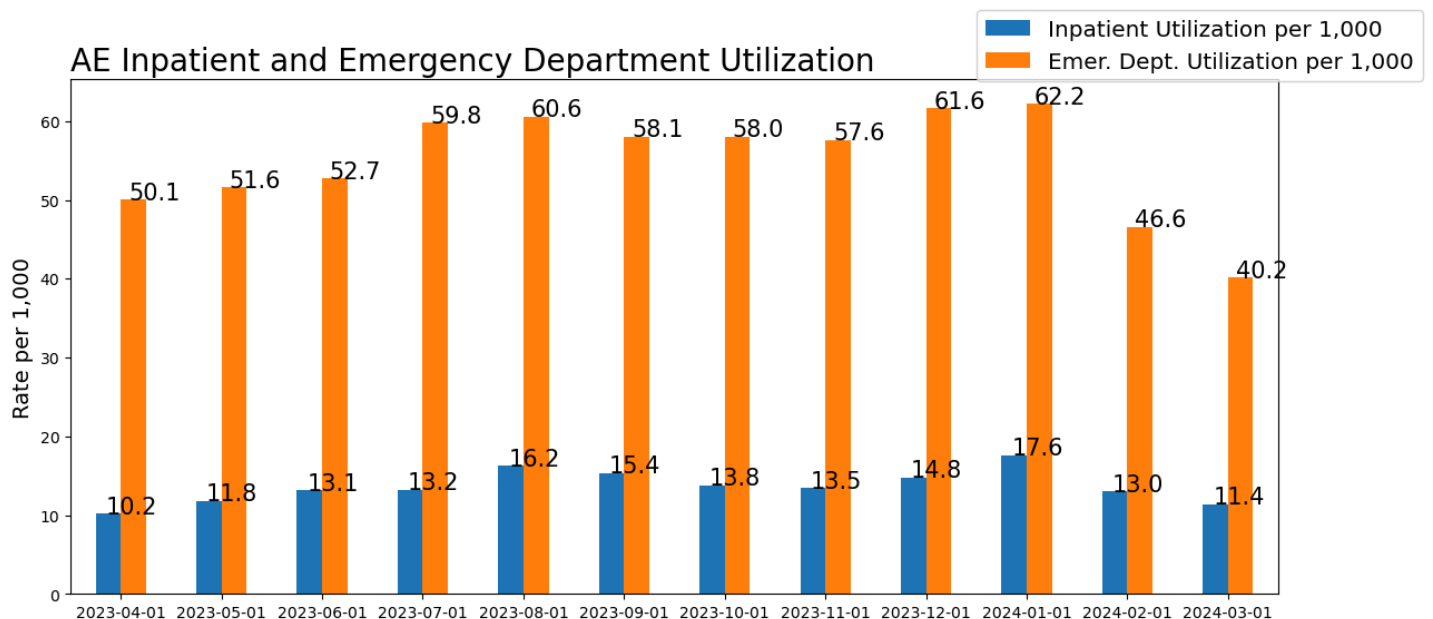
¹⁰ The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service. Monthly expenditures represent total fund payments to providers. Expenditures 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.



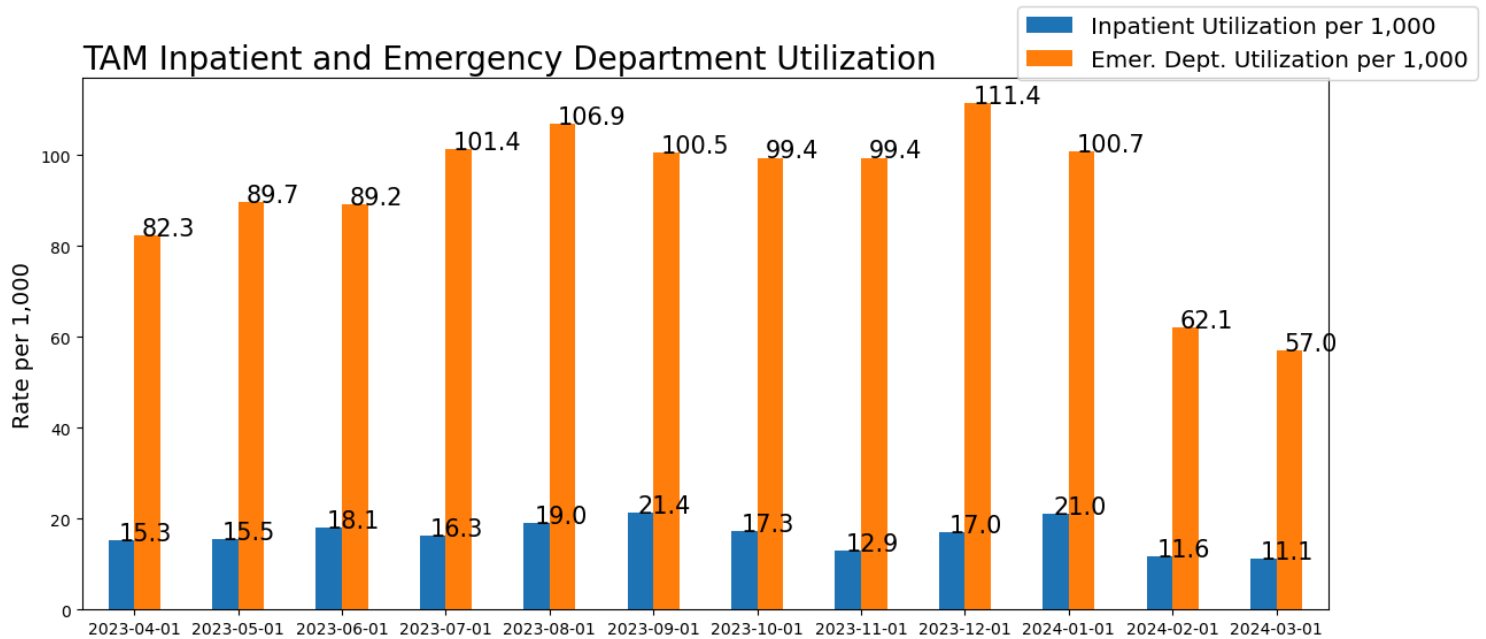
Adult Expansion and Targeted Adult Medicaid Utilization

Beginning with this report, the State will begin reporting TAM inpatient utilization and emergency department utilization data in addition to Adult Expansion Medicaid inpatient utilization and emergency department utilization data. The State will continue to report on Adult Expansion 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.



January 1, 2024 - March 31, 2024

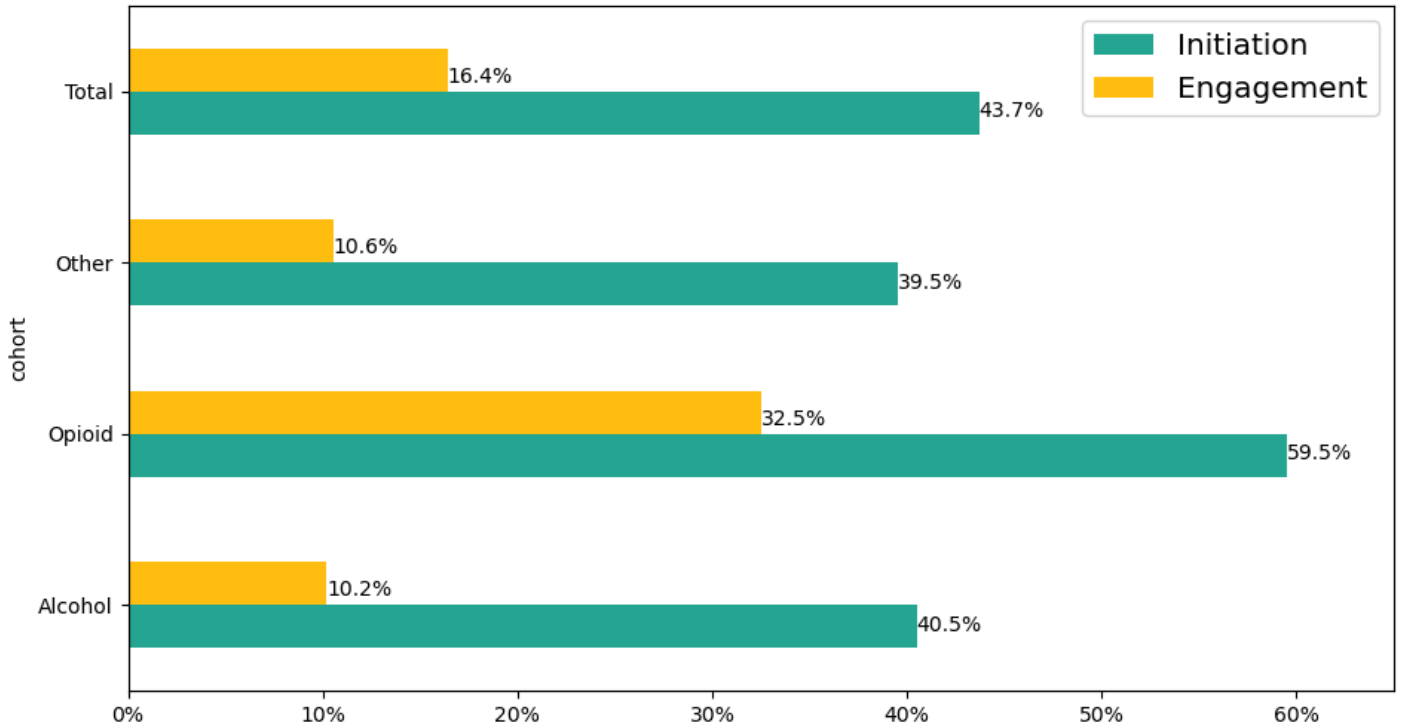
	2024-01-01	2024-02-01	2024-03-01
Members	95,049.0	90,889.0	82,800.0
Inpatient	1,674.0	1,186.0	945.0
Emergency Dept.	5,911.0	4,235.0	3,325.0
Inpatient Utilization per 1,000	17.6	13.0	11.4
Emer. Dept. Utilization per 1,000	62.2	46.6	40.2



	2024-01-01	2024-02-01	2024-03-01
Members	7,376.0	6,977.0	6,373.0
Inpatient	155.0	81.0	71.0
Emergency Dept.	743.0	433.0	363.0
Inpatient Utilization per 1,000	21.0	11.6	11.1
Emer. Dept. Utilization per 1,000	100.7	62.1	57.0

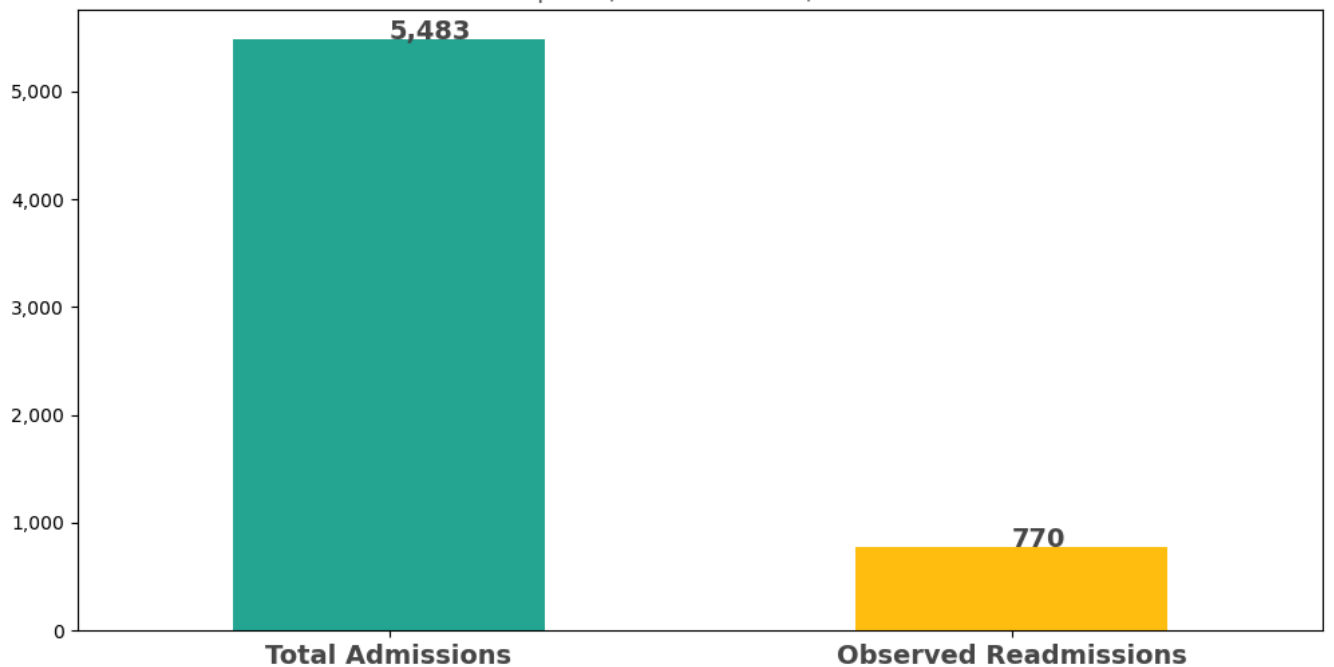
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members

2023-04-01 - 2024-03-31



All-cause Hospital Readmission for all AE Members: 14.0%

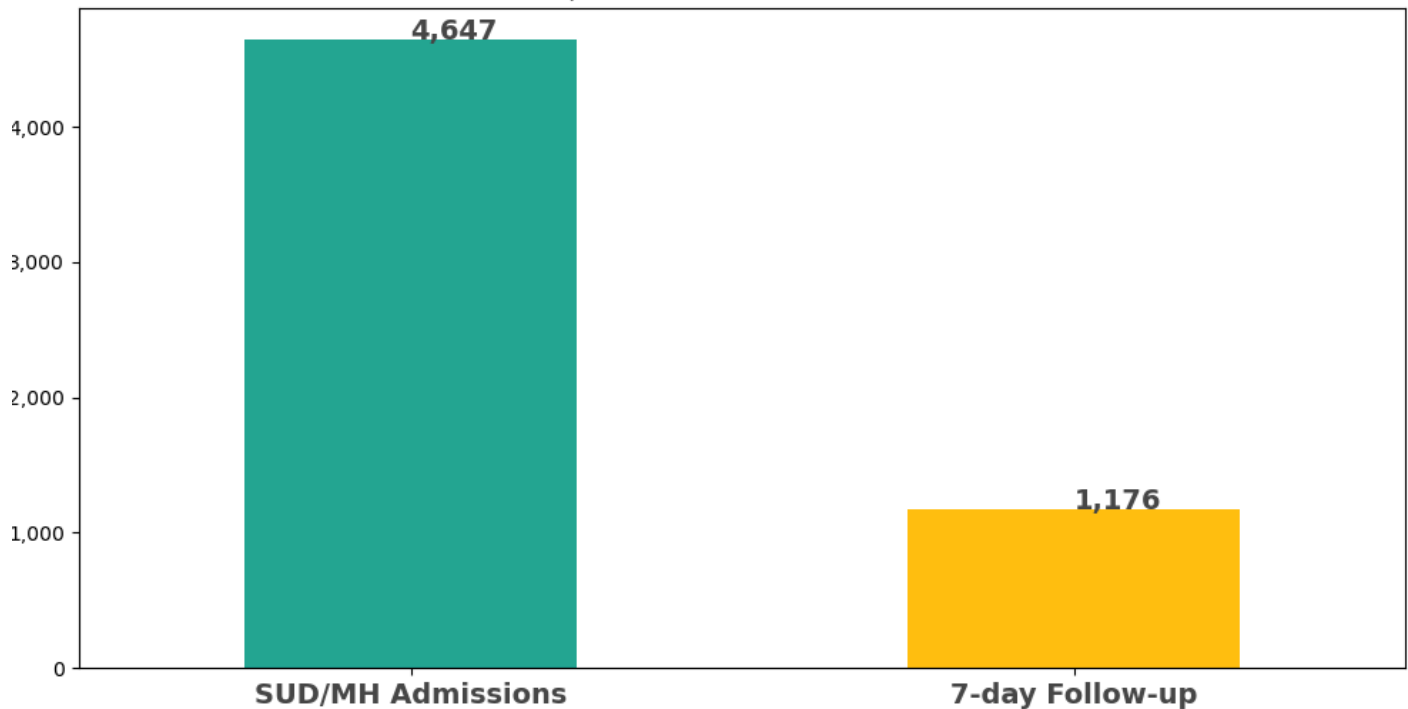
April 01, 2023 - March 31, 2024



January 1, 2024 - March 31, 2024

SUD/MH 7-day Follow-up Rate: 25.3%

April 01, 2023 - March 31, 2024



Disenrollments

The table below identifies the number of disenrollments for this demonstration quarter, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	January 2024	February 2024	March 2024	Total
Adult Expansion	Customer Moved Out of State	115	96	117	328
	Customer Request	143	119	113	375
	Death	48	96	50	194
	Enrolled in error	-	-	-	-
	Fails Utah residency	15	28	32	75
	Other Admin	9,207	6,699	10,193	26,099
Aged Dental	Customer Moved Out of State	5	4	4	13

January 1, 2024 - March 31, 2024

	Customer Request	3	-	1	4
	Death	19	28	20	67
	Enrolled in error	-	-	-	-
	Fails Utah residency	4	6	5	15
	Other Admin	630	463	556	1,649
Employer Sponsored Insurance	Customer Moved Out of State	2	1	-	3
	Customer Request	1	1	-	2
	Death	-	-	-	-
	Enrolled in error	-	-	-	-
	Fails Utah residency	-	-	1	1
	Other Admin	63	45	34	142
Demonstration Population III, V, VI-Premium Assistance	Customer Moved Out of State	-	-	-	-
	Customer Request	-	-	-	-
	Death	-	-	-	-
	Enrolled in error	-	-	-	-
	Fails Utah residency	-	-	-	-
	Other Admin	7	11	26	44
Dental-Blind/ Disabled	Customer Moved Out of State	27	28	27	82
	Customer Request	4	3	2	9
	Death	14	28	14	56
	Enrolled in error	-	-	-	-
	Fails Utah residency	17	11	19	47
	Other Admin	1,411	1,054	1,125	3,590
Former Foster Care Youth	Customer Moved Out of State	-	-	1	1
	Customer Request	-	-	-	-
	Death	-	-	-	-
	Enrolled in error	-	-	-	-

January 1, 2024 - March 31, 2024

	Fails Utah residency	-	-	-	-
	Other Admin	1	-	1	2
HRSS	Customer Moved Out of State	-	-	-	-
	Customer Request	-	-	1	1
	Death	-	1	1	2
	Enrolled in error	-	-	-	-
	Fails Utah residency	-	-	-	-
	Other Admin	120	113	107	340
Targeted Adults	Customer Moved Out of State	3	4	7	14
	Customer Request	2	5	4	11
	Death	14	14	2	30
	Enrolled in error	-	-	-	-
	Fails Utah residency	4	1	-	5
	Other Admin	445	574	757	1,776
Grand Total		12,324	9,433	13,220	34,921

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, and TAM through April 2024 when unwinding activities will be complete.

Adult Expansion Medicaid and ESI

As previously mentioned, the State expects to see a continued, overall decrease in AE and ESI enrollment through April 2024 when unwinding activities will be complete.

Targeted Adults

As previously mentioned, the State expects to see a continued, overall decrease in TAM enrollment through April 2024 when unwinding activities will be complete.

Pending Amendments

Beginning May 1, 2024, the State anticipates a slight increase in enrollment due to the February 29, 2024, approval of in vitro fertilization and genetic testing for Medicaid eligible individuals who have specific qualified conditions amendments as well as fertility treatment for individuals diagnosed with cancer. These amendments will serve individuals who are already eligible for Medicaid, but the utilization of services under the newly approved amendment will be reported as enrollment in the demonstration. In addition, the State anticipates an additional increase in enrollment if coverage for justice-involved individuals 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

There were no demonstration related appeals for this demonstration 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 2024	February 2024	March 2024	Total
Aged, Blind, Disabled Dental	3	1	0	4
UMIC	1	0	1	2
Total	4	1	1	6

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

January:

- An Aged, Blind, Disabled Dental Member was attempting to find an endodontist in the southern region of the State. The region did not have any endodontists. The Constituent Affairs Representative provided the member a referral located in a different region of the State.
- An Aged, Blind, Disabled Dental Member was trying to obtain dentures that did not fit or work. The Constituent Affairs Representative provided the member verification on how to contact another dentist to submit a prior authorization for another set of dentures.
- An Aged, Blind, Disabled Dental Member was not able to obtain a prior authorization due to having already received dentures within the previous five years. The Constituent Affairs Representative verified with the dental office that they did not provide prior dentures. The member was subsequently approved for dentures.
- A UMIC member received counseling from a provider that does not accept Medicaid. The Constituent Affairs Representative verified the provider was not a Utah Medicaid provider and asked that they notify the member as soon as possible. The provider will determine if the bill will be written off.

February:

- An Aged, Blind, Disabled Dental Member attempted to obtain dentures at a new dentist office within the UUSOD provider network. The dentist submitted a prior authorization for the service which was denied due to another dentist having already obtained a prior authorization. The Constituent Affairs Representative contacted the State's prior authorization team who determined the first dentist had canceled their prior authorization.

March:

- A UMIC member attempted to fill and pay for a prescription. The State's pharmacy team worked with the pharmacy who then billed Medicaid and reimbursed the member.

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	January 2024	February 2024	March 2024	Total
Adult Expansion	14	14	9	37
UMIC	1	2	3	6
ESI	0	1	0	1
Total	15	17	12	44

Grievance Reasons	January 2024	February 2024	March 2024	Total
Related to outpatient services	0	0	0	0
Related to Inpatient Services	0	4	0	4
Related to coverage of outpatient prescription drugs	5	8	9	22
Related to other service types	0	1	0	1
Related to plan or provider customer service	0	0	0	0
Related to plan or provider care management/case management	10	3	3	16
Related to access to care/services from plan or provider	0	0	0	0
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	0	1	0	1
Total	15	17	12	44

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 ¹¹

Program Type	January 2024	February 2024	March 2024	Avg. Total
Adult Expansion	13.73	13.99	13.60	13.77
Targeted Adults	13.73	11.58	10.62	11.98
Premium Assistance UPP	21.44	10	21.17	17.54

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 through April 30, 2024, based on fewer member months.

Annual Public Forum

The annual public forum was held on January 18, 2024, during the Medical Care Advisory Committee (MCAC) meeting. An overview of the 1115 Demonstration populations was provided. One commenter asked about the delayed reporting of data counts for certain demonstrations. The State responded that we do not have control over this as we are unable to obtain enrollment data until all claims are submitted by providers and loaded into our PRISM system. No other issues or concerns were raised.

¹¹ Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

Evaluator Updates and Demonstration Evaluations

The State submitted the final Evaluation Design to CMS in early February 2024. CMS approved the design on February 27, 2024. The state will be revising the Evaluation Design to include the two newly approved fertility amendments. Per CMS, the State's evaluation efforts for these newly approved amendments must facilitate understanding the extent to which the amendments might support reducing existing disparities in access to and quality of care and health outcomes.

The final July 2017 through June 2022 Summative Evaluation was submitted to CMS on March 29, 2024.

Pending Amendment Requests

The following information summarizes the status of the State's 1115 Demonstration amendment requests:

Medical Respite Care: In light of conversations with CMS, the State has recently evaluated the approval pathway available for Medical Respite and understands this demonstration is approvable under the Health-Related Social Needs (HRSN) framework. Therefore, the State plans to submit a HRSN specific amendment in DY22, Q4, which will include an approval request for Medical Respite. The Medical Respite request will seek approval to allow temporary medical respite care for homeless individuals covered under Adult Expansion.

On July 27, 2023, the State submitted the following amendment applications which are currently 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.
- **Family Planning Services:** This amendment seeks approval to provide family planning services to a specific population.
- **Chronic Conditions Support:** This amendment seeks approval to provide additional Medicaid services to fee for service enrolled individuals with qualified chronic health conditions.

On May 16, 2023, the State submitted the following amendment application:

- **Twelve-month Extended Postpartum:** This amendment sought approval to provide twelve months of extended Medicaid coverage for certain postpartum women. On September 8, 2023, CMS denied Utah's amendment request. As such, Utah implemented the 12-month postpartum coverage option through the State Plan Amendment. This coverage option applies 12-month postpartum coverage without regard to the way a pregnancy ends. This change became effective January 1, 2024. The State will no longer report on this amendment in future monitoring reports.

The following demonstration amendments are also pending a decision from CMS:

- **Medicaid Coverage for Justice Involved Populations:** This amendment seeks approval to provide Medicaid coverage for qualified justice-involved individuals. The State is currently

revising this amendment to better align with CMS's recommendations. The State will submit the revised amendment in 2024.

- **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.

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.