Utah's Medicaid Reform 1115 Demonstration

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

Annual Monitoring Report

Reporting Period: Demonstration Year 20 (7/1/2021-6/30/2022)

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 20. Over the years, additional programs and benefits have been authorized under the demonstration. On June 30, 2021, Utah submitted a demonstration renewal request that was approved by CMS on June 30, 2022. The current demonstration has approval through June 30, 2027. This annual monitoring report will provide information for demonstration year 20.

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.

Extension Approval Changes and Updates

Current Eligibles

Currently, the demonstration allows for slightly reduced below state plan benefits for Current Eligibles including by not providing the 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, 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, this demonstration expenditure authority expired on April 1, 2019 when the state transitioned these beneficiaries to the Adult Expansion Population. With the recent demonstration renewal, CMS is requiring the state to move this population fully into the state plan. In order to provide a transition time to handle system changes and beneficiary notifications, CMS is allowing the state until December 31, 2023 to make

this change. In addition, members of the Adult Expansion Population fall into this same provision and will have uniform, state plan benefits by December 31, 2023 as well.

Removal of Population 1 (PCN)

Since individuals who would qualify for this group are covered in the Adult Expansion Population, authority and language addressing Demonstration Population 1 (PCN) has been removed.

Name Change

CMS granted the state's request to change the name of the demonstration from "Primary Care Network" to the "Utah Medicaid Reform 1115 Demonstration."

Technical Changes

A benefit for routine patient costs for items and services furnished in connection with participation in qualifying clinical trails to the Alternate Benefit Plan has been added. In addition, the state must submit a Quality Improvement Strategy (QIS) for the Housing Related Services and Supports (HRS) amendment that was approved in March, 2022.

Key Events and Operational Updates

Adult Expansion

The state continues to see an increase in enrollment for this demonstration population. During this demonstration year, the state continued to ensure Medicaid members who were eligible at the start of the public health emergency remained eligible throughout the year.

Adult Expansion-Employer Sponsored Insurance

Due to the Families First Coronavirus Response Act, there was a steady increase in the number of Adult Expansion individuals required to purchase employer-sponsored insurance (ESI). Although the number of individuals enrolling in ESI continues to increase each month, enrollment is still not at the level the state anticipated. This could be a result of the COVID-19 pandemic, and the subsequent loss of employment (and therefore loss of ESI) of many individuals. All individuals enrolled in ESI did not lose eligibility during this demonstration year due to the public health emergency.

Below are the number of individuals who received an ESI reimbursement for the demonstration year.[1]

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[1] "Apex, ESI Case Paid Detail" report. Note: data has been updated to reflect this demonstration year's enrollment and expenses. This report will be used for future monitoring reports. Q1-Q3 reports reflect data from outdated reports.

	July '21	Aug. '21	Sept. '21	Oct. '21	Nov. '21	Dec. '21	Jan. '22	Feb. '22	March '22	April '22	May '22	June '22
ESI Enrollment	352	373	369	398	427	514	558	599	618	627	629	613
Total ESI Payments Issued	$61,591	$63,286	$65,606	$66,230	$70,600	$69,537	$70,708	$75,091	$76,227	$77,985	$79,136	$76,235

Programming changes made during this demonstration year have helped reduce the number of incorrect payments being made. In addition, case accuracy has improved since the implementation of a specialized ESI review team in December 2021. Nonetheless, these changes are still new, and more time is needed to better understand the impacts. The state continues to offer education to employers on how to correctly complete an ESI referral form.

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. These individuals can receive porcelain and porcelain-to-metal crowns as well as denture coverage. During this demonstration year, denture coverage allowing for the replacement of upper and lower dentures was changed from once per lifetime to once every five years when medically necessary. For example, a member that receives an immediate upper denture within the last five years would not be eligible for complete or partial upper dentures within the same five-year period. During this demonstration year, dental crown coverage was also expanded to the EPSDT and pregnant women populations. These populations can now also receive Silver Diamine Fluoride. In addition, EPSDT, aged, blind, disabled, TAM dental and pregnant women are now eligible to receive posterior resin-based composite restorations. The reimbursement rate for endodontics was also increased.

During this demonstration year there has been an increase in provider availability as well as outreach efforts. As a result, the state anticipates future enrollment changes.

Housing Related Services and Supports (HRSS)

On March 4, 2022, the state received approval from CMS on the Housing Related Supports and Services (HRSS) amendment application. This demonstration will provide 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. HRSS will be implemented in the fall of 2022.

Intensive Stabilization Services (ISS)

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

Region Admin- istrator	July '21	Aug '21	Sep. '21	Oct. '21	Nov. '21	Dec. '21	Jan. '22	Feb. '22	Mar. '22	Apr. '22	May '22	June '22	Total
Northern	108	232	98	32	7	5	16	22	24	94	65	16	**719**
Southwest	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Western	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Eastern	0	0	0	0	0	0	0	0	0	0	0	0	**0**

SMR Administrator	Projections/goals
Northern Region (Davis Behavioral Health)	Began billing in FY22 generating 719 billings. Beginning in FY23, the Northern Region was split between three different administrators. Billing has resumed, but volume of billings may decrease due to billing requirements outlined below*.
Southwest Region (Southwest Behavioral Health)	Due to technical delays in development with their electronic health record, the contractor was unable to begin billing; delays have been resolved, and contractor will begin billing in FY23. At this time, no available projections for billing are available and Southwest is evaluating whether delivery of the model is feasible with current workforce and client expectations. Possible billings of up to 240 in the next year.
Salt Lake Region (Primary Children's): This administrator is funded by a two-year in-kind donation from Intermountain Healthcare and therefore the provider is not billing ISS until after the donation period to avoid conflicts with procurement.	No changes. To explore billing in SFY23 following competitive RFP and award contract in the 3rd quarter of FY 2023. No estimated billings in the next annual year.

Eastern Region (Four Corners Community Behavioral Health) Finalizing SMR Administrator and subcontracting approach to serving the region. Partial Eastern Region SMR Administrator was operational in Spring 2021.	Eastern Region experienced contracting delays and substantial workforce shortages. Contracting has been successful, with sub-contracted providers expected to begin services in the next quarter to supplement service provision in the remainder of the region. Workforce shortages remain a challenge, but limited billing of the 1115 Waiver is expected in the next quarter to 6 months. Limited billings of 60-120 billings expected in the next year providing that workforce shortages are resolved and subcontracting is successful and able to meet fidelity program and HCBS requirements
Western Region	*Western Region began services in 2022, and preliminary administrative process meetings are scheduled for the next quarter to offer technical assistance to access billing. Anticipated a limited volume of billings in the Western Region due to ongoing staffing shortages to deliver services according to the HCBS requirements. Limited billings 0f 60-120 billings expected in the next year providing that workforce shortages are resolved and subcontracting is successful and able to meet fidelity program and HCBS requirements

Within the Salt Lake Region, sustainability has not been achieved within the framework originally proposed. No additional legislative appropriations were awarded for Stabilization and Mobile Response, but state general fund monies will be used to support children and youth crisis and crisis stabilization programming that is consistent with Stabilization and Mobile Response standards and the program will be pursued through a competitive RFP.

Within the Northern Region in Fall of 2021, previous ISS leadership notified the northern region program changes that would require deviation from the current crisis programming. This led to the drop in claims submission in Fall and early winter of 2021. The holidays were influential as well as strict requirements placed on services leadership felt did not meet the threshold for billing. These requirements are currently being reviewed and may change the amount of claims submitted in the future. In addition, one northern region provider experienced technical difficulties when submitted claims. This issue has since been resolved.

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 are in need of 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 demonstration year, three new TAM providers were added. Several additional agencies expressed interest in becoming future TAM providers as well. Changes were made to TAM policy to clarify when a new referral form is required and to provide clarification on the hierarchy between TAM and its sub-groups.

The state continues to monitor when agencies send outdated forms to DWS. During Q4, approximately 45 agencies were contacted to inform them outdated forms were being used. Updated training and ongoing communication continue with all TAM agencies.

Movement between TAM and Adult Expansion Medicaid poses challenges due to differences in program benefits, causing disruption in the continuity of care. This includes TAM being fee-for-service while Adult Expansion falls under managed care. Another challenge for the Adult Expansion Medicaid is the lack of dental benefits. For example, when a TAM member is in the process of receiving dental treatment and moves to Adult Expansion, a DHHS program specialist must decide whether or not to keep the member on TAM. The state is discussing ways to improve this process.

Demonstration Population III-Premium Assistance (UPP)

On July 23, 2021 the state received approval from CMS to increase the maximum premium assistance reimbursement for members enrolled in the State's Premium Partnership for Health Insurance (UPP)-approved ESI plans or continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). This amendment request was directed by HB 46. Under this amendment, the state may increase the maximum premium assistance subsidy amount each subsequent fiscal year, subject to the appropriation of additional funding. As currently approved under the demonstration, 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) was implemented on January 1, 2020, and 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 beneficiaries 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.

From July 1, 2021 to June 30, 2022, enrollment in the UMIC plans increased from 62,941 to 82,110 beneficiaries. This growth reflects the PHE guidelines to not disenroll Medicaid beneficiaries and therefore may change drastically once the PHE guidance ends.

Utah Medicaid is contracted with Health Choice of Utah, SelectHealth Community Care, 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 are no major issues or concerns to report for this demonstration year.

Suspension of Medicaid Benefits

On December 1, 2020, suspension of benefits was implemented for all Medicaid programs. When it is reported that an individual is incarcerated, the state will suspend Medicaid benefits until the individual is released from incarceration. The table below details the number of individuals in each demonstration population whose Medicaid benefits were in suspension status due to incarceration for the demonstration year. This includes individuals who may have had benefits suspended in a prior quarter, 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	Quarter 1 (Jul-Sept. '21)	Quarter 2 (Oct.-Dec '21.)	Quarter 3 (Jan.-Mar. '22)	Quarter 4 (Apr.-June '22)
Adult Expansion	2,055	2,123	2,355	2,316
Dental-Blind/Disabled	121	124	153	138
Targeted Adult Medicaid	2,258	2,258	2,698	2,622
Current Eligibles	219	226	225	226
Dental- Aged	14	18	18	22
Total	4,667	4,749	5,449	5,324

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

Enrollment[3]

The table below details the monthly enrollment numbers for each month of the demonstration year, for each demonstration group covered under the 1115 Demonstration. Adult Expansion enrollment continues to increase each month. Enrollment for the other demonstration groups remain fairly stable. However, with the implementation of employer-sponsored insurance for the Adult Expansion population, enrollment in ESI has increased each month as additional individuals are identified as having access to ESI. Enrollment numbers are shown as of 8/31/2022. Numbers reflect all retroactive enrollment up to 8/31/2022 and are subject to change with future retroactive enrollment.

Demonstration Population	July '21	Aug. '21	Sept. '21	Oct . '21	Nov. '21	Dec. '21	Jan. '22	Feb. '22	March '22	Apr. '22	May '22	June '22
Current Eligibles-PCR	36,635	37,162	37,544	37,891	38,285	38,665	39,060	39,158	39,242	39,403	39,559	39,721
Adult Expansion	90,666	92,915	95,009	97,705	100,485	103,206	106,147	107,984	109,910	112,065	113,968	115,584
Employer-Sponsored Insurance	452	475	486	520	551	565	618	643	671	697	733	753
COBRA	-	-	-	-	-	-	-	-	-	-	-	-
Targeted Adults	7,484	7,636	7,894	7,974	8,119	8,294	8,394	8,514	8,667	9,066	8,870	9,384
Targeted Adult Dental	200	199	224	271	232	218	217	233	258	286	264	262
Demonstration Population III, V, VI-Premium Assistance	226	220	217	216	212	212	208	207	205	201	194	194
Dental-Blind/Disabled	44,704	44,848	45,014	45,286	45,357	45,429	45,623	45,000	45,016	45,303	45,375	45,306

[3] Enrollment numbers are shown as of 8/31/2022. Numbers reflect all retroactive enrollment up to 8/31/2022 and are subject to change with future retroactive enrollment.

Aged Dental	363	373	359	374	377	288	373	359	451	401	410	398
Substance Use Disorder Residential Treatment	671	682	513	710	672	566	657	681	648	523	799	767
Utah Medicaid Integrated Care	62,941	64,407	65,949	67,599	69,839	71,799	73,508	75,385	77,427	78,911	80,649	82,110
ISS	3	2	4	1	1	0	1	-	-	4	3	-
SMI	57	56	25	35	35	33	51	38	35	38	22	8
Former Foster Care Youth	17	17	17	17	16	17	17	18	16	16	16	17

Expansion Enrollment by Subgoup[4]

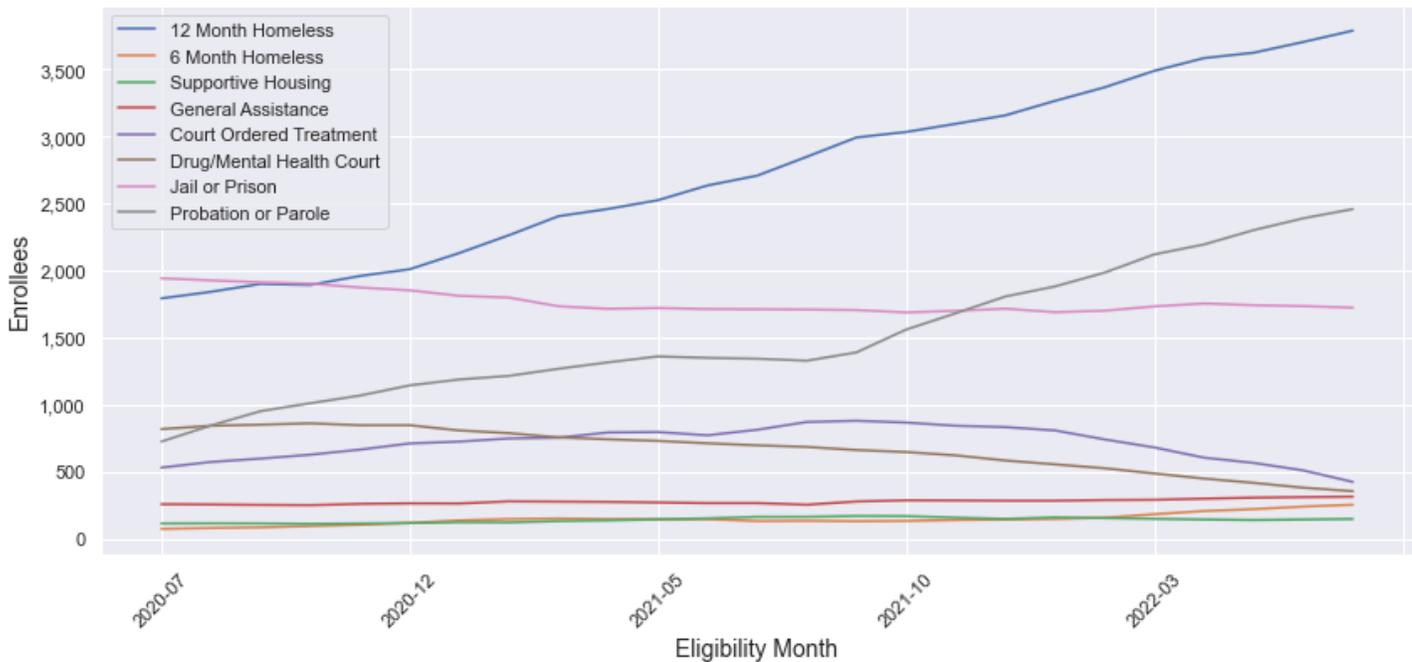| SERVICEMONTH	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06
EXPANSIONGROUP												
Childless Adults	62,488	64,070	65,678	67,092	68,783	70,688	72,628	74,040	75,427	76,500	77,712	78,955
Parents	24,816	25,303	25,852	26,642	27,554	28,318	29,046	29,673	30,408	30,959	31,558	32,018
TAM	2,021	2,060	2,068	2,065	2,063	2,061	2,063	2,067	2,071	2,030	2,000	2,013
Total	89,325	91,433	93,598	95,799	98,400	101,067	103,737	105,780	107,906	109,489	111,270	112,986

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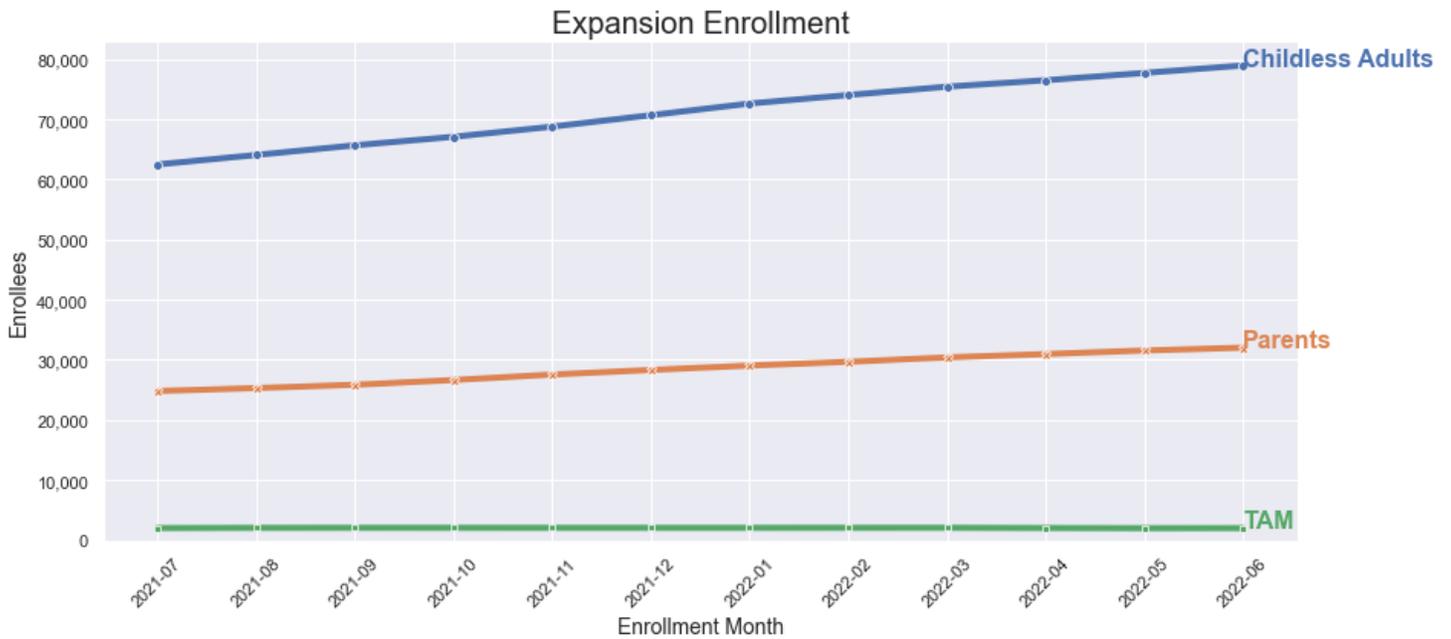
[4] Enrollment as of August 4, 2022. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid and Substance Use Disorder Treatment

Below 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. As previously stated, the increase in homelessness may be due to COVID-19 while the increase in probation/parole may be due to program improvement efforts and increased communication with TAM agencies. The decrease in court ordered treatment and drug/mental health court may be due to TAM provider's confusion on the order of hierarchy. As previously stated, during this demonstration year changes were made to policy to clarify the hierarchy between TAM and its sub-groups.

TAM Enrollment by Month[5]

	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06
12 Month Homeless	2,707	2,848	2,992	3,033	3,094	3,157	3,265	3,366	3,489	3,584	3,624	3,704
6 Month Homeless	131	133	130	132	139	143	147	156	182	206	220	239
Supportive Housing	163	163	169	168	157	147	159	153	148	143	139	143
General Assistance	265	253	277	286	285	283	283	288	290	298	306	310
Court Ordered Treatment	812	870	879	866	842	832	807	740	680	604	565	509
Drug/Mental Health Court	696	684	661	646	621	583	554	525	486	448	416	380
Jail or Prison	1,711	1,709	1,705	1,687	1,699	1,715	1,689	1,700	1,732	1,754	1,741	1,734
Probation or Parole	1,342	1,327	1,389	1,559	1,681	1,806	1,881	1,984	2,120	2,194	2,301	2,389

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[5] Enrollment as of August 4, 2022. 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 TAM Expenditures[6]

Expenditures (1,000s)												FY 2022	Total
SERVICEMONTH	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	
SERVICETYPE													
Behavioral Health	$560	$596	$612	$598	$629	$730	$644	$563	$669	$510	$525	$461	$7,098
Emergency Room	$207	$181	$172	$194	$178	$195	$188	$209	$191	$141	$173	$178	$2,208
Inpatient Hospital	$908	$635	$700	$1,074	$700	$773	$714	$1,355	$919	$810	$919	$558	$10,066
Lab and/or Radiology	$166	$180	$175	$152	$157	$160	$171	$152	$186	$144	$127	$115	$1,886
MAT	$116	$110	$122	$120	$117	$110	$114	$98	$125	$108	$86	$96	$1,322
Non-MAT Pharmacy	$368	$447	$421	$413	$471	$490	$339	$383	$541	$485	$314	$477	$5,150
Other Services	$438	$440	$368	$412	$387	$392	$398	$427	$456	$375	$307	$307	$4,708
Outpatient Hospital	$80	$95	$115	$134	$106	$134	$124	$126	$94	$128	$89	$114	$1,340
Residential Service	$463	$547	$462	$412	$526	$527	$398	$368	$444	$230	$364	$379	$5,120
Total	$3,307	$3,231	$3,149	$3,512	$3,270	$3,510	$3,089	$3,683	$3,626	$2,932	$2,905	$2,684	$38,897

Distinct Members Served												FY 2022
SERVICEMONTH	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06
SERVICETYPE												
Behavioral Health	475	481	477	474	481	531	507	498	507	430	458	430
Emergency Room	244	207	217	223	227	234	217	219	219	196	201	197
Inpatient Hospital	80	61	68	64	60	66	58	71	65	58	51	47
Lab and/or Radiology	429	449	439	424	428	440	427	385	454	395	354	348
MAT	264	267	256	276	278	284	287	255	287	243	244	241
Non-MAT Pharmacy	700	712	701	685	677	699	671	668	714	664	566	633
Other Services	1,995	2,032	2,051	2,046	2,045	2,038	2,043	2,048	2,053	2,024	1,982	1,990
Outpatient Hospital	154	177	193	155	153	150	156	156	181	150	145	144
Residential Service	150	172	142	141	168	154	136	140	155	77	138	122
Total	2,021	2,060	2,068	2,065	2,063	2,061	2,063	2,067	2,071	2,030	2,000	2,013

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[6] Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The 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.
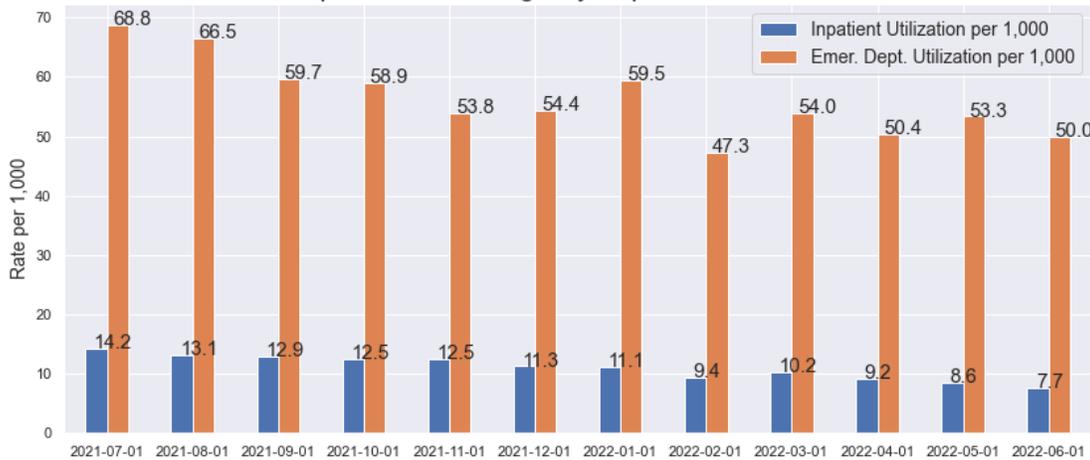
Monthly TAM Expenditures
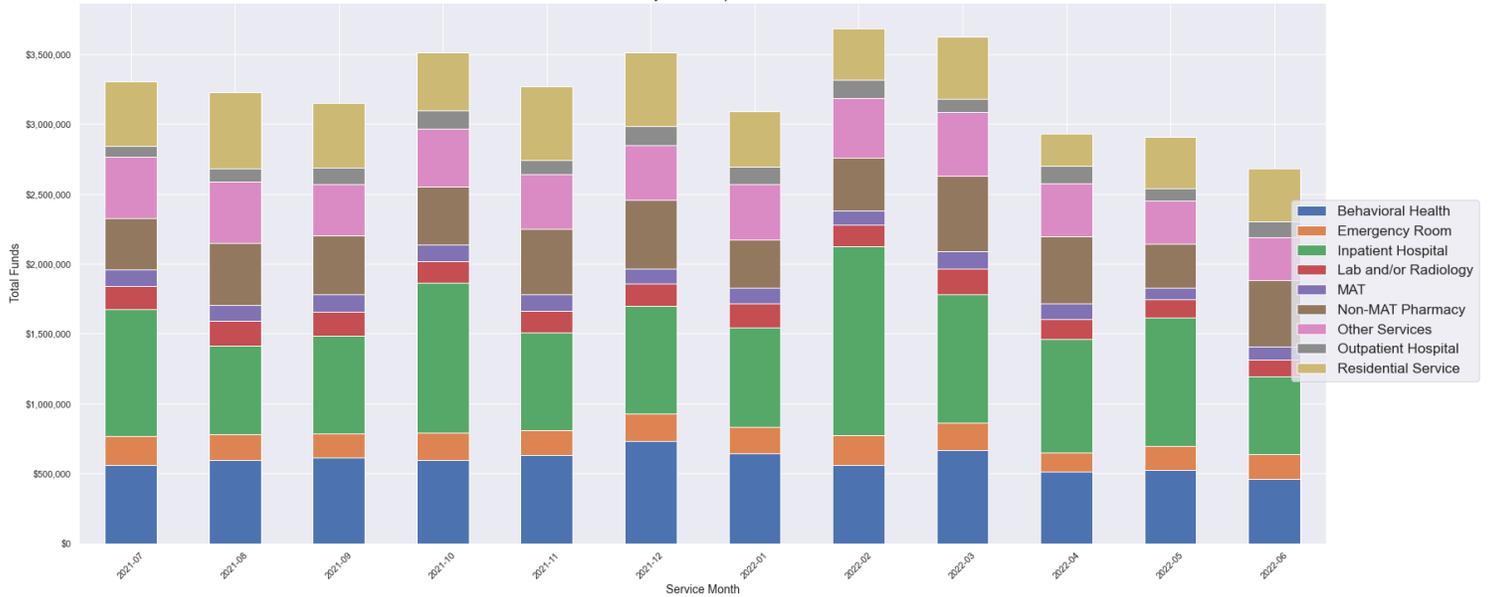
Adult Expansion Utilization

Although adult expansion enrollment numbers steadily increased during this demonstration year, the state experienced a decrease in both inpatient and emergency department utilization as shown below.

Inpatient and Emergency Department Utilization

	2021-07-01	2021-08-01	2021-09-01	2021-10-01	2021-11-01	2021-12-01	2022-01-01	2022-02-01	2022-03-01	2022-04-01	2022-05-01	2022-06-01
Members	91,241.0	93,621.0	95,841.0	98,368.0	101,235.0	104,124.0	106,922.0	108,868.0	111,001.0	112,980.0	114,860.0	116,501.0
Inpatient	1,294.0	1,223.0	1,240.0	1,230.0	1,263.0	1,172.0	1,187.0	1,022.0	1,130.0	1,041.0	986.0	895.0
Emergency Dept.	6,276.0	6,223.0	5,717.0	5,795.0	5,451.0	5,664.0	6,360.0	5,151.0	5,989.0	5,695.0	6,125.0	5,820.0
Inpatient Utilization per 1,000	14.2	13.1	12.9	12.5	12.5	11.3	11.1	9.4	10.2	9.2	8.6	7.7
Emer. Dept. Utilization per 1,000	68.8	66.5	59.7	58.9	53.8	54.4	59.5	47.3	54.0	50.4	53.3	50.0

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members (2021)
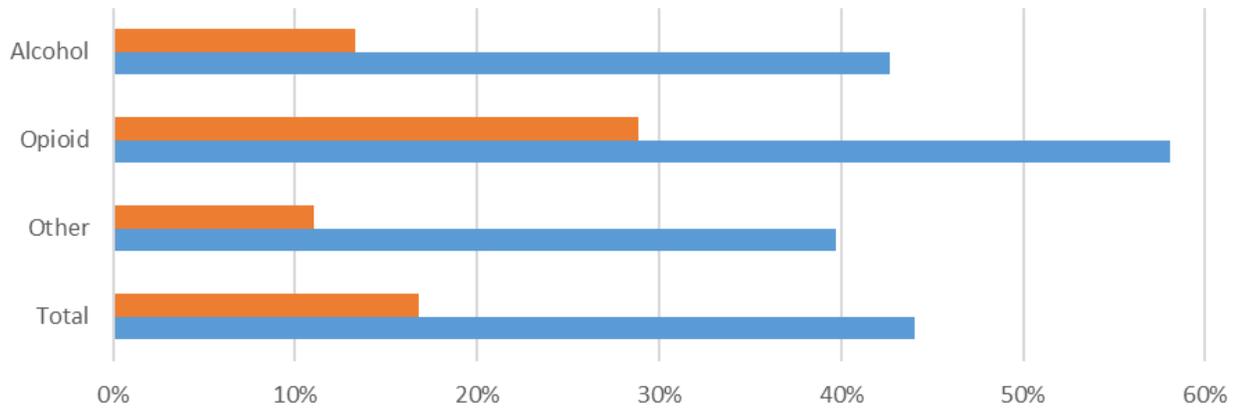
	Total	Other	Opioid	Alcohol
■ Engagement	17%	11%	29%	13%
■ Initiation	44%	40%	58%	43%

Disenrollments

The state began identifying the number of disenrollments beginning in DY19Q3. The table below identifies the number of disenrollments for quarters three and four, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	July '21	Aug. '21	Sept. '21	Oct . '21	Nov. '21	Dec. '21	Jan. '22	Feb . '22	March '22	Apr. '22	May '22	June '22
Current Eligibles - PCR	Customer Moved Out of State	148	143	142	189	111	137	109	108	132	112	108	133
	Customer Request	57	61	56	47	42	45	61	77	55	60	65	45
	Death	3	5	4	1	3	3	3	2	1	2	7	4
	Enrolled in error	3	6	5	2	3	2	5	1	7	2	3	0
	Fails Utah residency	4	6	9	4	3	4	0	2	32	0	2	0
	Request closed	3	2	1	2	2	2	2	2	1	1	3	2
	Other Admin[7]	18	16	11	12	16	18	10	20	17	25	16	12
Adult Expansion	Customer Moved Out of State	203	177	233	364	183	232	216	209	248	258	220	247
	Customer Request	132	155	152	119	114	108	181	207	175	184	170	116
	Death	41	43	35	36	28	42	50	52	50	50	44	54
	Enrolled in error	2	4	3	3	5	2	8	4	7	3	3	3

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[7] "Other Admin" closure reason is used when our system is unable to close for the proper reason. Proper notice of closure is given to the member to explain the true reason for closure.

	Fails Utah residency	0	2	0	3	4	4	0	4	58	0	0	0
	Request closed	4	3	1	3	3	2	1	4	2	1	3	3
	Other Admin	18	16	11	160	171	127	144	143	150	94	109	121
ESI	Customer Moved Out of State	3	0	4	3	3	0	1	2	0	0	1	0
	Customer Request	1	0	1	0	0	0	1	0	1	1	3	2
	Other Admin	0	0	0	0	0	0	2	5	2	0	0	0
Targeted Adults	Customer Moved Out of State	12	8	8	13	11	17	6	9	13	9	11	10
	Customer Request	5	4	3	3	1	4	4	6	1	3	3	8
	Death	7	3	3	2	8	3	7	9	3	9	10	10
	Fails Utah residency	0	0	0	0	0	1	0	0	4	0	0	0
	Enrolled in error	0	0	1	0	0	0	0	0	0	0	0	0
	Other Admin	5	4	3	7	3	3	5	7	4	3	2	4
Demonstration Population #3	Customer Moved Out of State	1	0	0	0	2	0	0	0	0	0	0	0
	Customer Request	3	4	6	4	0	1	4	3	2	2	4	0
Dental-Blind/ Disabled	Customer Moved Out of State	2	1	0	0	0	0	0	1	1	0	0	0
	Customer Request	0	0	0	0	0	0	1	0	1	0	0	0

	Death	0	0	0	0	1	0	0	0	0	0	0	0
	Fails Utah residency	0	0	0	0	0	0	0	0	0	0	0	0
	Other Admin	4	1	0	0	0	0	2	5	2	0	0	0
Aged Dental	Death	0	0	0	0	0	0	0	1	0	1	0	0
	Other Admin	0	0	1	2	0	1	1	2	0	0	1	0
Substance Use Disorder Residential Treatment	Customer Moved Out of State	1	0	0	0	1	0	0	1	0	0	0	0
	Death	0	0	0	0	0	0	1	0	0	0	0	0
	Other Admin	1	0	0	1	0	0	0	0	0	0	0	1
Former Foster Care Youth	Customer Moved Out of State	0	0	0	0	1	0	0	0	0	1	0	0
	Other Admin	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total		**681**	**664**	**693**	**980**	**719**	**758**	**825**	**886**	**969**	**824**	**788**	**775**

Anticipated Changes to Enrollment

Adult Expansion Medicaid and ESI

As previously mentioned, the state continued to see an increase in Adult Expansion enrollment due to the Families First Coronavirus Response Act. The state continues eligibility for individuals during the emergency period to receive enhanced funding. This affected Adult Expansion enrollment as the state continued eligibility for these individuals, regardless of household changes.

The ESI requirement continues to require Adult Expansion individuals to enroll in and maintain enrollment in their available ESI or they will lose eligibility. However, all individuals enrolled in ESI did not lose eligibility during this demonstration year due to the public health emergency. The state anticipates most individuals to participate due to the state reimbursing individuals for the full amount of their monthly insurance premium.

End of the Public Health Emergency

The state has developed a comprehensive eligibility unwinding plan to achieve our key objective of a smooth member transition. Our plan includes clear member communication, data transparency and a risk-based approach to prioritize members to review over the 12-month unwinding period. Until the public health emergency plan ends and the eligibility unwinding plan is in place, enrollment in Adult Expansion is expected to either remain stable or continue to steadily increase as it has during this demonstration year.

Targeted Adults

As seen in the Total TAM Enrollment by Month table, enrollment has steadily increased for several subgroups during the last few quarters. The increase in homelessness may be due to COVID-19 while the increase in probation/parole may be due to program improvement efforts and increased communication with TAM agencies.

Pending Amendments

Approval of the state's two pending amendments may also have an effect on 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.

Benefits

Benefit utilization for HRSS will begin in the fall of 2022. The state will report information on HRSS in the DY21, Q1 report. Other anticipated benefit changes include changes to dental coverage

and the expanded dental benefits outlined above.

Demonstration Related Appeals

Below are the demonstration related appeals for this demonstration year, which include appeals for quarter four. Only impacted demonstration populations are listed.

Demonstration Group	July '21	Aug. '21	Sept. '21	Oct. '21	Nov. '21	Dec. '21	Jan. '22	Feb. '22	Mar. '22	Apr. '22	May '22	June '22	Total
Adult Expansion	0	1	0	0	0	0	0	0	0	0	0	0	**1**
Current Eligibles	1	0	0	1	0	0	0	1	0	1	1	0	**5**

Quarter One Appeals

There were two appeals during quarter one. The first was specific to the Current Eligibles population where the individual failed to provide verification. The decision was affirmed. The second appeal was specific to an overpayment for an individual covered under Adult Expansion. This decision was affirmed as well.

Quarter Two Appeals

There was one demonstration related appeal this quarter specific to an overpayment for an individual covered under the Current Eligibles population. This appeal was affirmed.

Quarter Three Appeals

There was one demonstration-related appeal this quarter specific to an application denial for an individual covered under the Current Eligibles population. The decision was affirmed.

Quarter Four Appeals

There were two demonstration-related appeals this quarter specific to overpayments for individuals covered under the Current Eligibles population. One decision was affirmed and the other is still under review.

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 DY19, Q3. Constituent affairs worked with all individuals to help resolve the issues. Data and summaries of the quarterly grievances are below.

Demonstration Group	July '21	Aug. '21	Sept. '21	Oct. '21	Nov. '21	Dec. '21	Jan. '22	Feb. '22	Mar. 22	Apr. '22	May '22	June '22	**Total**
Adult Expansion	5	2	0	0	0	0	0	0	0	0	0	0	**7**
Aged, Blind and Disabled Dental	1	1	1	0	1	0	0	0	2	0	0	1	**7**
Employer Sponsored Insurance	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Current Eligibles	0	1	0	0	0	0	0	0	0	0	0	0	**1**
TAM	0	0	0	0	0	0	0	0	0	0	0	0	**0**
UMIC	0	0	0	0	1	0	0	1	0	1	1	0	**4**
Total	**6**	**4**	**1**	**0**	**2**	**0**	**0**	**1**	**2**	**1**	**2**	**1**	**20**

Quarter One Grievances

There were 11 Constituent Affairs grievances filed during quarter one:

July:
- Adult Expansion: Three members were not able to obtain prescriptions due to third party liability and not using an approved provider. One member was not able to find a specialist and one member could not access specialized care.
- Aged, Blind and Disabled Dental: One member had a complaint about UUSOD being the provider for Aged, Blind and Disabled members.

August:
- Adult Expansion: One member had a complaint about the behavioral health plan. One member was not able to find a provider.
- Aged, Blind and Disabled Dental: One member had a complaint with UUSOD and covered services.
- PCR: One member requested a health plan change outside of open enrollment.

September:
- Aged, Blind and Disabled Dental: One member tried to obtain a prior authorization for dental services and was frustrated with the process.

Quarter Two Grievances

There were two Constituent Affairs grievances filed during quarter two:

November:
- UMIC: One member had a complaint about the health plan refusing to pay for his service and requested his plan be changed. This information was sent to the health plan who followed up with the member.

- Aged, Blind and Disabled Dental: One member reported a billing issue as well as an inaccuracy on the current provider list.

Quarter Three Grievances

There were three grievances filed with Constituent Affairs during quarter three:
February:
- UMIC: One member was not able to obtain prescriptions because he was not using a specialty pharmacy. The member was educated on how to utilize pharmacy benefits.

March:
- Aged, Blind and Disabled Dental: Two members reported issues with the work completed by the dental provider. The UUSOD worked to resolve the members' concerns.

Quarter Four Grievances

There were four grievances filed with Constituent Affairs during quarter four:
April:
- UMIC: A relative of one member reported issues with provider treatment. The health plan followed up with the member who reported no issues with the treatment.

May:
- UMIC: A relative of one member filed a grievance regarding the denial of prior authorization for services. The health plan helped the member through the appeal process and prior authorization was approved.
- ESI: One member filed a grievance over an ESI payment. Their employer's health plan did not meet the qualified health plan criteria. Medicaid policy was reviewed and discussed with the member.

June:
- ABD Dental: One member reported issues with the work completed by the dental provider. The UUSOD found a different provider for the member.

Accountable Care Organization (ACO) Grievances

Below are the number of grievances reported by the managed care plans for this demonstration year. With the implementation of the Medicaid Managed Care Program Annual Report (MCPAR) in 2022, the managed care plans will begin reporting the grievance reason for each grievance. This will allow the State to report grievance reasons in a future 1115 demonstration monitoring report.

Demonstration Group	July '21	Aug. '21	Sept. '21	Oct. '21	Nov. '21	Dec. '21	Jan. '22	Feb. '22	Mar.' '22	Apr. '22	May '22	June '22	Total
Adult Expansion	17	16	13	11	15	10	10	19	23	14	13	17	**178**
Current	27	22	22	5	7	3	21	38	32	31	31	37	**276**

Eligibles													
Substance Use Disorder Residential Treatment	1	0	0	0	0	0	0	0	0	0	0	0	**1**
UMIC	13	3	9	11	14	9	1	4	0	2	4	1	**71**
Former Foster Care Youth	0	0	0	0	0	0	0	0	0	1	0	0	**1**
Total	**58**	**41**	**44**	**27**	**36**	**22**	**32**	**61**	**55**	**48**	**48**	**55**	**527**

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 [8]

Program Type	July '21	Aug. '21	Sept. '21	Oct. '21	Nov. '21	Dec. '21	Jan. '22	Feb. '22	Mar. '22	Apr. '22	May '22	June '22	Avg. Total
Current Eligibles-PCR	9.05	10.62	10.41	8.2	9.4	9.7	9.4	8.4	7.6	7.75	8.33	9.53	**9.03**
Adult Expansion	8.85	9.04	9.01	8.0	8.4	10	10	9.1	8	7.27	7.95	8.33	**8.6**
Targeted Adults	11.04	13.79	12.32	9.5	9.4	12	11.9	6.3	7.2	6.04	8.35	11.6	**9.95**
Premium Assistance UPP	N/A[9]	45	32.8	N/A	50.5	36.5	45.5	N/A	31.5	N/A	N/A	58	**25**

Financial/Budget Neutrality

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

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

[9] No approvals in the time period selected.

Financial-Anticipated Changes

The state will experience an increase in expenditures due to the expected continued increase in enrollment for Adult Expansion and dental benefits for Aged Medicaid members. The state also anticipates a continued increase in expenditures for all demonstration populations due to the continued COVID-19 public health emergency, as the state continues Medicaid eligibility for these populations, regardless of household changes (with few exceptions).

Annual Public Forum

On January 20, 2022, the state held the annual public forum during the January Medical Care Advisory Committee (MCAC) meeting. One commenter asked about the status of the state's pending demonstration renewal. No other comments were received.

Demonstration Evaluations

The state continues to contract with both Public Consulting Group, Inc. (PCG) and the University of Utah Social Research Institute (SRI) to conduct an evaluation of the following components of the state's demonstration:

PCG:

- Adult Expansion
- Employer-Sponsored Insurance Requirement (ESI)
- Utah Medicaid Integrated Care (UMIC)

SRI:

- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)
- Substance Use Disorder (SUD) Residential Treatment
- Intensive Stabilization Services (ISS)
- Aged Dental
- Targeted Adult Dental Benefits

Evaluator updates and submissions

PCG:

- PCG continues to provide preliminary data results to the state on a regular basis. PCG will submit an annual report in September 2022.

SRI:

- The revised SUD Evaluation Design was approved in October, 2021.
- The revised Interim Evaluation will be submitted in September, 2022.
- The revised Aged Dental Evaluation Design was approved in September, 2022.
- The revised ISS Evaluation Design was approved in September, 2022.
- The revised SMI Evaluation Design was approved in September, 2022.

Pending Amendment Requests

The following demonstration amendments are pending a decision from CMS:

- 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: Requests authority 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.
- 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: Requests authority to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified 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 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.