Utah's Medicaid Reform 1115 Demonstration

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

Annual Monitoring Report

Reporting Period: Demonstration Year 21 (7/1/2022-6/30/2023)

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 21. Over the years, additional programs and benefits have been authorized under the demonstration. The current demonstration has approval through June 30, 2027. This annual monitoring report will provide information for demonstration year 21.

The demonstration authorizes the following programs and benefits:
- Adult Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Aged Dental-Provides state plan dental benefits to Medicaid eligible individuals age 65 and older.
- Current Eligibles/Non-Traditional Benefits- Provides a slightly reduced benefit package for adults receiving Parent/Caretaker Relative (PCR) Medicaid.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, who are blind or have disabilities.
- Employer Sponsored Insurance- Individuals in the Adult Expansion group are required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.
- Housing Related Services and Supports (HRSS)- Provides housing related services and supports in the form of tenancy support, community transition and supportive living services to TAM enrollees experiencing homelessness, food or transportation insecurity, or interpersonal violence and trauma.
- Intensive Stabilization Services (ISS) - Allows the state to provide intensive stabilization services to Medicaid eligible children and youth under age 21, who are in state custody, or at risk of state custody, and experiencing significant emotional and/or behavioral challenges.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals ages 21 through 64 who receive treatment for a SMI, and who are short-term residents in facilities that meet the definition of an IMD.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving Substance Use Disorder (SUD) treatment.

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

Over the five-year approval period, Utah seeks to achieve the following goals:
- Provide health care coverage for low-income Utahns eligible under the demonstration who would not otherwise have access to, or be able to afford, health care coverage;
- Improve beneficiary health outcomes and quality of life;
- Lower the uninsured rate of low income Utahns;
- Provide continuity of coverage for individuals eligible under the demonstration;
- Increase access to primary care;
- Reduce uncompensated care provided by Utah hospitals;
- Reduce barriers to health care and housing, an important social determinant of health;
- Increase the utilization of preventive dental services, while reducing emergency dental procedure costs;
- Improve access to services across the continuum of care;
- Provide for better care coordination for individuals transitioning to community-based care
- Reduce the utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically inappropriate; and
- Reduce the overdose death rate.

Key Events and Operational Updates

Unwinding Effort Update
With the passage of the federal Consolidated Appropriations Act (CAA) in late December 2022, the Medicaid continuous enrollment end date was April 1, 2023. This unlinked the unwinding of the continuous eligibility rule from the Public Health Emergency (PHE). Effective March 1, 2023 the state began the process of unwinding the continuous eligibility requirement over 12 months and resumed normal operations.

PRISM System
In April 2023, Utah Medicaid replaced the Utah Medicaid Management Information System (MMIS) with a new system called Provider Reimbursement Information System for Medicaid (PRISM). After a

soft go-live in January 2023, PRISM is now fully operational. This new system is expected to improve data access for the 1115 Demonstration.

Amendment Requests

During this demonstration year, the state submitted two amendment requests to CMS. The first is the UPP Premium Reimbursement Increase for Children Amendment, submitted on April 10, 2023. Approval of this amendment would allow the state to increase the maximum reimbursement allowable for children under Utah's Premium Partnership for Health Insurance Program (UPP), from $120 per enrollee per month to a higher amount. The state will set future amounts through the state administrative rulemaking process, rather than by 1115 Demonstration amendment.

The second request is the Twelve-month Extended Postpartum Coverage Amendment, submitted on May 18, 2023. Approval of this amendment would allow the state to provide twelve months of extended Medicaid coverage for certain postpartum women. As of June 30, 2023 both amendments were pending a decision from CMS.

Adult Expansion

As stated above, the state began to unwind the continuous eligibility requirement for this population as well as the other demonstration populations beginning March 1, 2023. The process of reviewing the eligibility for all 526,682 individuals enrolled in Medicaid and CHIP began March 1 and will be completed by the end of March, 2024. The state is currently in the process of implementing several course corrections to address high call wait times and high procedural closure rates, such as: automating the ex parte renewal process in the eligibility system (currently a manual process), analyzing the procedural termination data (closures for paperwork reasons), introducing additional CMS flexibilities (including adopting several e(14) waiver flexibilities), and partnering with stakeholders, including our ACOs as well as advocates, to help assist members with the renewal process.

Adult Expansion-Employer Sponsored Insurance

During this demonstration year, there was a steady increase in the number of Adult Expansion individuals required to purchase employer-sponsored insurance (ESI). All individuals enrolled in ESI during the public health emergency were kept eligible through April 30, 2023. ESI has been running smoothly this demonstration year. Program maintenance as well as case accuracy continues to improve since the implementation of a specialized ESI review team was established in DY20.

During DY21 Q4, the biggest impact on the ESI demonstration is the eligibility unwinding process. The state anticipates shifting within the program as some members are moved to Adult Expansion Medicaid and begin to enroll in their ESI due to income changes that occurred during the PHE. In addition, some members will transition from ESI coverage to UPP. The state is working to seamlessly move these members to the appropriate program.

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

	July '22	Aug. '22	Sept. '22	Oct. '22	Nov. '22	Dec. '22	Jan. '23	Feb. '23	March '23	April '23	May '23	June '23
ESI Enrollment	676	690	750	779	808	812	873	890	863	884	839	754
Total ESI Payments Issued	$82,888	$85,313	$93,164	$97,571	$99,438	$100,782	$107,358	$108,408	$105,536	$113,074	$104,628	$96,242

Current Eligibles

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. Currently, this demonstration allows for slightly reduced state plan benefits by not providing the 19 & 20-year olds with early and periodic screening, diagnosis, and treatment (EPSDT) services. In addition, custodial parents/caretaker relatives in the Adult Expansion Population fall into this same provision.

With the June 30, 2022 demonstration renewal, CMS is requiring the state to move these populations into a full state plan benefit. 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. The state is actively working on this transition.

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 covered dental services as defined in Utah Administrative Rule R414-49 Dental, Oral and Maxillofacial Surgeons and Orthodontia as well as the Dental Oral and

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[1] Cognos, "ESI Case Paid Detail" report.

Maxillofacial Services provider manual. During this demonstration year, coverage of posterior resin-based composite restorations was opened for EPSDT, Pregnant, Aged, Blind/Disabled, and Targeted Adult Medicaid (TAM) members undergoing treatment for substance use disorder. In addition, Medicaid increased the reimbursement rate for endodontic and porcelain crown restorations. Beginning January 1, 2023 Medicaid opened coverage of dental services performed by dental hygienists independently in a public health setting. These enrolled providers may now provide select dental services to eligible Medicaid members that fall within their scope of practice.

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.

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 (HRSS)

On March 4, 2022, the state received approval from CMS on the Housing-Related Services and Supports (HRSS) amendment application. This demonstration provides HRSS 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. Throughout this demonstration year, HRSS staff have been proactive in engaging with service providers. Ongoing program training, technical assistance, specialized training, detailed program guidance, and question and answer sessions to case managers and those working on the payment process was provided. Comprehensive program overviews and discussion sessions were also provided during this demonstration year, and full presentations were given to eight service providers in different parts of the state. Two of these providers serve individuals throughout the state. Once a provider chooses to participate, HRSS staff provide in-depth training that includes program guidance, document requirements, technical instruction, and steps for successful billing and payment processes.

Beginning in DY22, each of the ten enrolled agencies will participate in an in-person meeting and file review conducted by the HRSS staff. These meetings will provide additional program and technical assistance. The goals of these meetings are to have detailed discussion regarding the growth and operation of the program as well as a forum to gather information in order to develop a "lessons learned" document for new service provider agencies. Since DY21, Q3, the program has grown from 150 to more than 230 active beneficiaries.

Plans are in place to follow-up with interested agencies throughout the early part of DY22 to offer additional training and technical assistance. HRSS staff have created a plan to continue outreach efforts in the northern parts of the state beginning In January 2024. This ongoing commitment to community engagement underscores the state's dedication to ensuring the HRSS program reaches as many TAM enrollees as possible.

A Quality Improvement Strategy (QIS) for the Housing Related Services and Supports amendment is currently under CMS review. The state looks forward to the feedback from CMS and is prepared to implement recommended improvements that will enhance the effectiveness of the HRSS program.

Intensive Stabilization Services (ISS)

During this demonstration 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 '22	Aug. '22	Sep. '22	Oct. '22	Nov. '22	Dec. '22	Jan. '23	Feb. '23	Mar. '23	Apr. '23	May '23	June '23	Total
Northern	29	27	0	177	64	9	37	7	3	25	80	67	**525**
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)	Beginning in FY23, the Northern Region was split between 3 different administrators. Billing has resumed for Davis Behavioral Health and Weber Human Services. Bear River Mental Health will continue to work with the Office of Substance Use and Mental Health to implement similar billing to Weber and Davis. However, billing for ISS is not currently in place.

Southwest Region (Southwest Behavioral Health)	Due to technical delays in development with their electronic health record, the contractor was unable to 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 member expectations.
Salt Lake Region (Primary Children's):	Intermountain Healthcare reports that billing for ISS is now permitted in their electronic record system. They intend to back bill Medicaid for members served with ISS. Intermountain was previously providing services as an in-kind donation but is now the regional contractor for stabilization services. Intermountain will start billing for ISS.
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 providing stabilization services. Limited billing of the 1115 Demonstration is expected in the next fiscal year. Four Corners has stated they plan to meet with other county ISS providers to understand how they bill for stabilization services.
Western Region	Western Region began services in 2022. Western Region reported issues with incorporating billing under the 1115 Demonstration into their current billing system. They now report this is functional and plan to back-bill medicaid for services provided in the last 6 months. Limited billings of 60-120 is expected in the next year providing that workforce shortages are resolved.

Within the Salt Lake Region, no additional legislative appropriations were awarded for Stabilization and Mobile Response, but state general fund monies were used to support children and youth crisis and stabilization programming. Through a competitive RFP, Intermountain was awarded the Stabilization and Mobile Response Contract in the Salt Lake Region. While Intermountain is fully staffed, they are still experiencing low numbers of stabilization services. Program growth and outreach will continue to be addressed in the next fiscal year. Intermountain will continue to build out billing capabilities and processes to better utilize the 1115 Demonstration. As the contract was awarded in May, no claims were filed in May, April, or June, 2023. Intermountain states they plan to back-bill for services provided after the contract was started.

Within the Northern Region, Davis Behavioral Health and Weber Human Services continued to provide ISS and bill Medicaid. As seen in the table above, the Northern Region submitted 25 claims in April, 80 in May, and 67 in June. The total number of claims for the year in the Northern Region was 525. The program saw a decrease in services from previous years. Program changes, workforce shortages, and marketing efforts will continue to be addressed to increase the number of services provided. Billing in other areas of the state will continue to be encouraged.

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 DY21, Q4, one new referring agency was added and three additional providers expressed interest in becoming a TAM referral agency. One agency did not meet the requirements and additional information has been requested from the remaining two in order to determine if they qualify.

Utah also continues to monitor the use and submission of its TAM referral forms in order to ensure they are being used by approved agencies. Utah also monitors when agencies submit outdated forms and ensures those providers are contacted and given the updated form.

As seen in the enrollment by month table, the number of TAM members continues to grow. In DY21, twenty-three organizations expressed interest in becoming a TAM referral agency. Thirteen were approved, three agencies did not meet the requirements, and seven did not follow through with providing the required information needed to determine if they qualify.

As with other demonstration populations, the state began to unwind eligibility for TAM members beginning March 1, 2023. Training was completed with eligibility staff to help increase ex parte rates. Initially, this process was shown to have limited effect on TAM renewal rates. However, other methods such as completing a collateral contact in order to obtain the required TAM referral form at review has been implemented. This alleviates the burden placed on the member to obtain a new form from the provider. This process helps increase the number of TAM members that can be reviewed through ex parte. As a result, the state has seen a recent increase in the number of completed TAM renewals. As previously stated, the state hopes with the implementation of ex parte automation this will further increase ex parte rates.

Demonstration Population III-Premium Assistance (UPP)

UPP enrollment is expected to increase as some Adult Expansion Medicaid members with ESI will lose eligibility due to increased wages.

On July 23, 2021 the state received approval from CMS to increase the maximum premium assistance reimbursement for adult members enrolled in UPP or continuation of coverage under COBRA. 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. As previously mentioned, the state submitted the "UPP Premium Reimbursement Increase for Children" amendment application to CMS on April 10, 2023. This amendment seeks to allow the state the same flexibility of increasing the maximum premium reimbursement for children enrolled in UPP to an amount set by the state through administrative rule and within CHIP allotment limits. This amendment is pending a decision from CMS.

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, 2022 to February 28, 2023, enrollment in the UMIC plans gradually increased. This growth largely reflects the PHE requirement to not disenroll Medicaid beneficiaries. However, since the eligibility unwinding process began in March, 2023, the state has seen a decrease in UMIC enrollment. The state expects a continued decrease in enrollment as the unwinding process continues.

Utah Medicaid is contracted with Health Choice of Utah, Select Health Community Care, Healthy U, and Molina to administer the UMIC plans. The UMIC plans continue to operate in five of Utah's urban counties: Weber, Davis, Salt Lake, Utah and Washington.

The UMIC plans and contracted providers continue to work through normal operational issues. During this demonstration year, there has been improvement in claims processing issues reported by providers. There are no major issues or concerns to report.

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 (July-Sept. '22)	Quarter 2 (Oct.-Dec. '22.)	Quarter 3 (Jan.-Mar. '23)	Quarter 4 (Apr.-June '23)
Adult Expansion	2,493	2,860	3,450	3,619
Dental-Blind/Disabled	188	220	282	261
Targeted Adult Medicaid	2,628	3,240	3,918	4,220
Current Eligibles	242	251	274	241
Dental- Aged	27	22	20	29
Total	**5,578**	**6,593**	**7,944**	**8,370**

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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. Many of the demonstration groups showed an increase in enrollment from July, 2022 through February, 2023 due to the PHE requirement to not disenroll Medicaid beneficiaries. However, as previously stated, the state has seen a decrease in enrollment numbers since the unwinding period began and anticipates this to continue throughout the unwinding period as members transition to other coverage options.

Demonstration Population	July '22	Aug. '22	Sept. '22	Oct . '22	Nov. '22	Dec. '22	Jan. '23	Feb. '23	March '23	Apr. '23	May '23	June '23
Current Eligibles-PCR	39,956	40,174	39,923	39,911	39,929	40,244	40,251	40,466	40,951	41,395	39,511	37,362
Adult Expansion	117,949	120,250	122,458	124,634	127,483	129,902	132,431	134,079	135,749	137,093	130,934	122,921
Employer-Sponsored Insurance	804	846	884	906	938	970	999	1,017	1,010	1,022	977	875
HRSS	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	142	177	235
COBRA	2	2	2	2	2	2	2	2	2	2	2	0
Targeted Adults	9,084	9,196	9,326	9,390	9,416	9,457	9,550	9,642	9,776	9,978	9,923	10,110
Targeted Adult Dental	274	305	295	308	290	221	338	293	277	268	258	254

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[3] Enrollment numbers are shown as of 9/6/2023. Numbers reflect all retroactive enrollment up to 9/6/2023. and are subject to change with future retroactive enrollment.

Demonstration Population III, V, VI-Premium Assistance	472	474	478	466	462	461	457	444	444	435	432	471
Dental-Blind/Disabled	46,297	46,447	46,539	46,633	46,649	46,721	46,648	46,619	46,703	46,567	45,370	43,228
Aged Dental	405	526	437	466	458	369	405	380	416	325	364	355
Utah Medicaid Integrated Care	83,116	84,239	85,524	87,311	88,937	90,446	91,892	93,645	94,348	93,526	87,427	82,614
ISS	9	13	9	2	1	1	2	2	3	4	5	0
Former Foster Care Youth	15	16	15	14	14	14	14	14	14	13	12	11
SMI	5	8	4	11	7	18	40	84	130	124	127	97
Substance Use Disorder Residential Treatment	677	718	747	725	710	672	620	553	505	499	520	166

Medicaid Expansion Enrollment

Below is detailed data on expansion enrollment by subgroup. Enrollment decreases during DY21, Q4 are likely due to unwinding of the eligibility rule from the PHE.

Expansion Enrollment by Subgroup[4]

servicemonth	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06
expansiongroup												
Childless Adults	79,219	80,767	81,909	83,153	84,378	86,613	87,381	88,526	89,880	90,896	88,154	84,151
Parents	31,674	32,227	32,701	33,615	34,481	35,243	35,935	36,435	36,765	36,680	32,306	29,165
TAM	9,050	9,186	9,310	9,353	9,376	9,139	9,258	9,252	9,217	9,280	9,225	9,075
Total	119,943	122,180	123,920	126,121	128,235	130,995	132,574	134,213	135,862	136,856	129,685	122,391
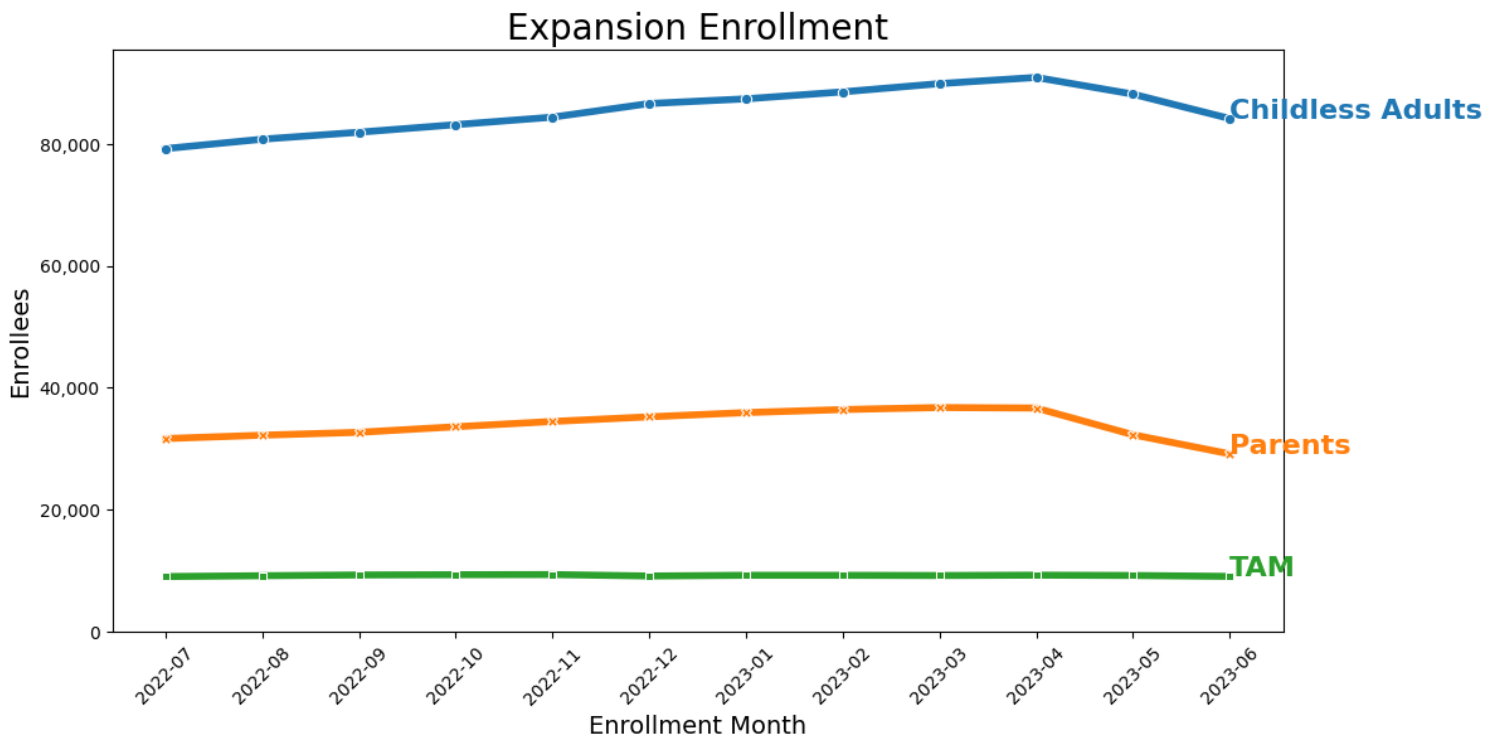
[4] Enrollment as of 8/22/23. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

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. The enrollment decrease seen in several sub-groups is likely due to the unwinding of the eligibility rule from the PHE.

TAM Enrollment by Month[5]

	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06
12 Month Homeless	3,789	3,928	4,066	4,149	4,279	4,384	4,444	4,587	4,745	5,010	4,976	4,877
6 Month Homeless	253	265	277	301	303	309	326	316	341	362	369	398
Supportive Housing	147	150	164	178	174	191	184	182	182	183	182	163
General Assistance	313	305	294	301	295	301	298	296	304	316	328	329
Court Ordered Treatment	423	341	312	288	266	249	247	283	317	380	402	420
Drug/Mental Health Court	354	324	305	289	286	281	272	271	275	283	288	285
Jail or Prison	1,723	1,745	1,741	1,724	1,701	1,661	1,650	1,641	1,598	1,545	1,550	1,593
Probation or Parole	2,458	2,565	2,579	2,574	2,574	2,564	2,533	2,516	2,436	2,370	2,244	2,141

Total TAM Enrollment by Month
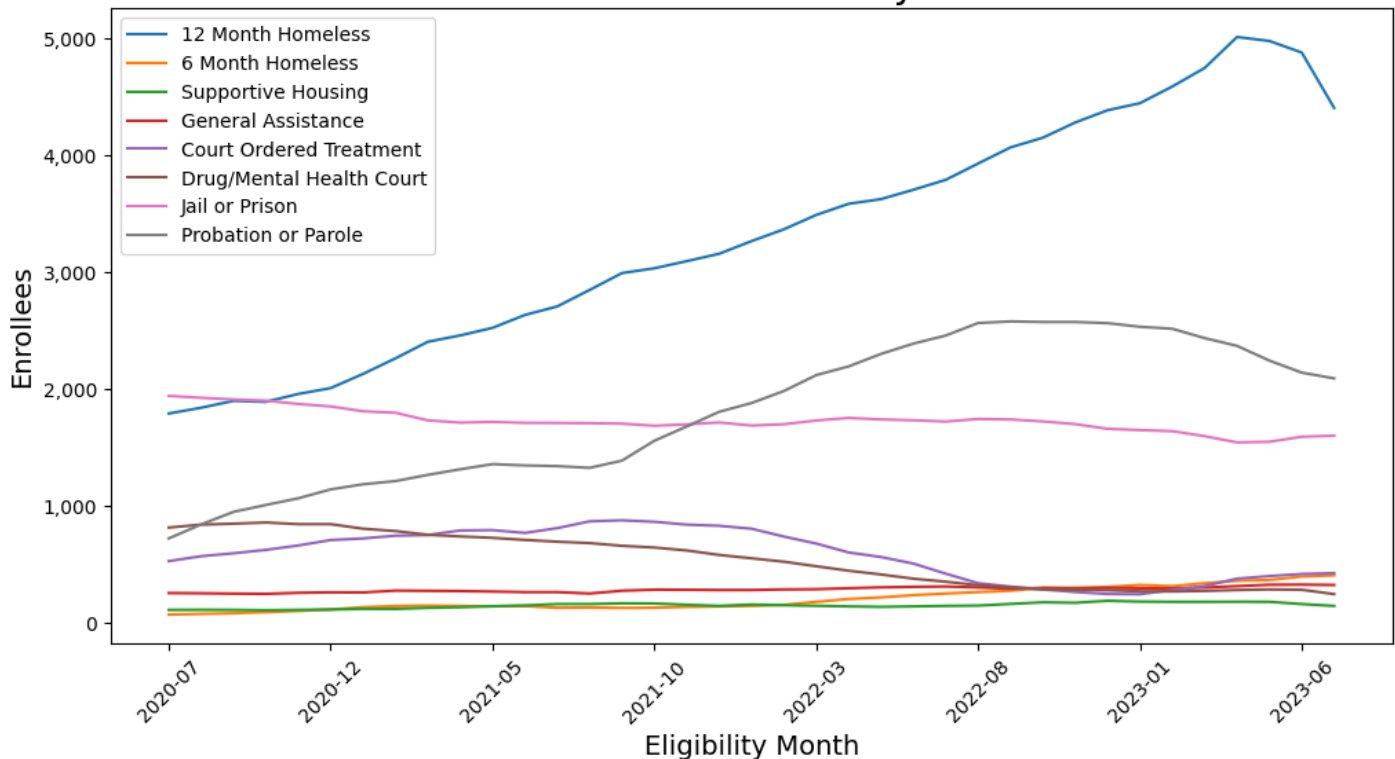
[5] Enrollment as of 8/22/23. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Monthly TAM Expenditures[6,7]

Expenditures (1,000s) servicemonth servicetype	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	FY 2023 2023-06	Total
Behavioral Health	$1,485	$1,728	$1,514	$1,673	$1,728	$1,798	$1,874	$1,633	$1,478	$1,441	$1,531	$1,432	$19,314
Emergency Room	$468	$485	$466	$431	$438	$434	$413	$351	$314	$704	$701	$536	$5,741
Inpatient Hospital	$1,438	$2,013	$2,060	$2,251	$2,578	$1,958	$2,219	$1,040	$95	$70	$74	$43	$15,839
Lab and/or Radiology	$525	$539	$507	$533	$519	$481	$673	$588	$457	$482	$588	$438	$6,331
MAT	$402	$416	$346	$443	$452	$471	$505	$410	$475	$450	$448	$513	$5,331
Non-MAT Pharmacy	$1,696	$1,869	$1,378	$1,807	$1,800	$1,911	$2,071	$2,031	$2,411	$2,269	$2,460	$2,374	$24,079
Other Services	$1,569	$1,864	$1,759	$1,813	$1,845	$1,713	$1,856	$1,508	$1,689	$1,594	$1,701	$1,654	$20,564
Outpatient Hospital	$277	$330	$339	$352	$388	$317	$301	$200	$212	$366	$331	$221	$3,631
Residential Service	$1,737	$1,895	$1,948	$2,082	$2,088	$2,176	$1,573	$1,731	$1,828	$1,952	$2,023	$2,039	$23,071
Total	$9,597	$11,139	$10,316	$11,385	$11,835	$11,260	$11,485	$9,492	$8,959	$9,327	$9,857	$9,249	$123,902

Distinct Members Served servicemonth servicetype	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	FY 2023 2023-06
Behavioral Health	1,635	1,750	1,713	1,729	1,704	1,662	1,606	1,552	1,416	1,408	1,421	1,323
Emergency Room	645	649	645	610	579	641	601	525	539	588	601	475
Inpatient Hospital	130	149	140	146	119	139	132	112	79	92	85	83
Lab and/or Radiology	1,642	1,639	1,622	1,624	1,578	1,614	1,734	1,714	1,514	1,551	1,656	1,402
MAT	933	968	875	1,018	1,027	1,065	1,097	1,010	1,099	1,076	1,015	1,099
Non-MAT Pharmacy	2,551	2,719	2,395	2,721	2,768	2,756	2,894	2,815	3,119	3,041	3,088	3,028
Other Services	8,988	9,121	9,248	9,287	9,300	9,061	9,179	9,172	9,090	9,154	9,087	8,938
Outpatient Hospital	446	509	478	480	495	467	526	471	448	499	528	439
Residential Service	465	508	512	510	516	529	517	493	477	484	499	508
Total	9,050	9,186	9,310	9,353	9,376	9,139	9,258	9,252	9,217	9,280	9,225	9,075

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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.

[7] The number of accepted claims has decreased since the state's new Medicaid management information system (PRISM) went live, especially encounters where providers are working to fix any submission errors. This has also caused February, 2023 claims (and to a lesser extent January) to decrease as the retroactive volume has decreased.

Monthly TAM Expenditures
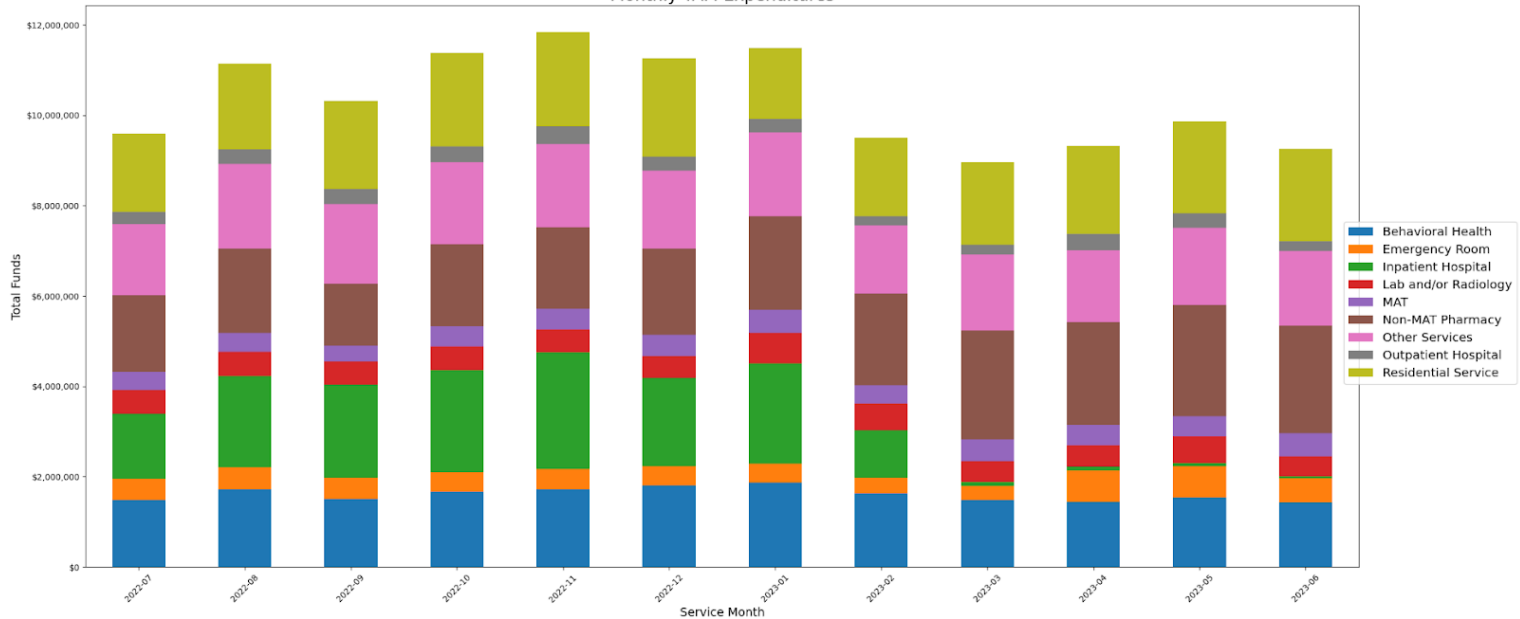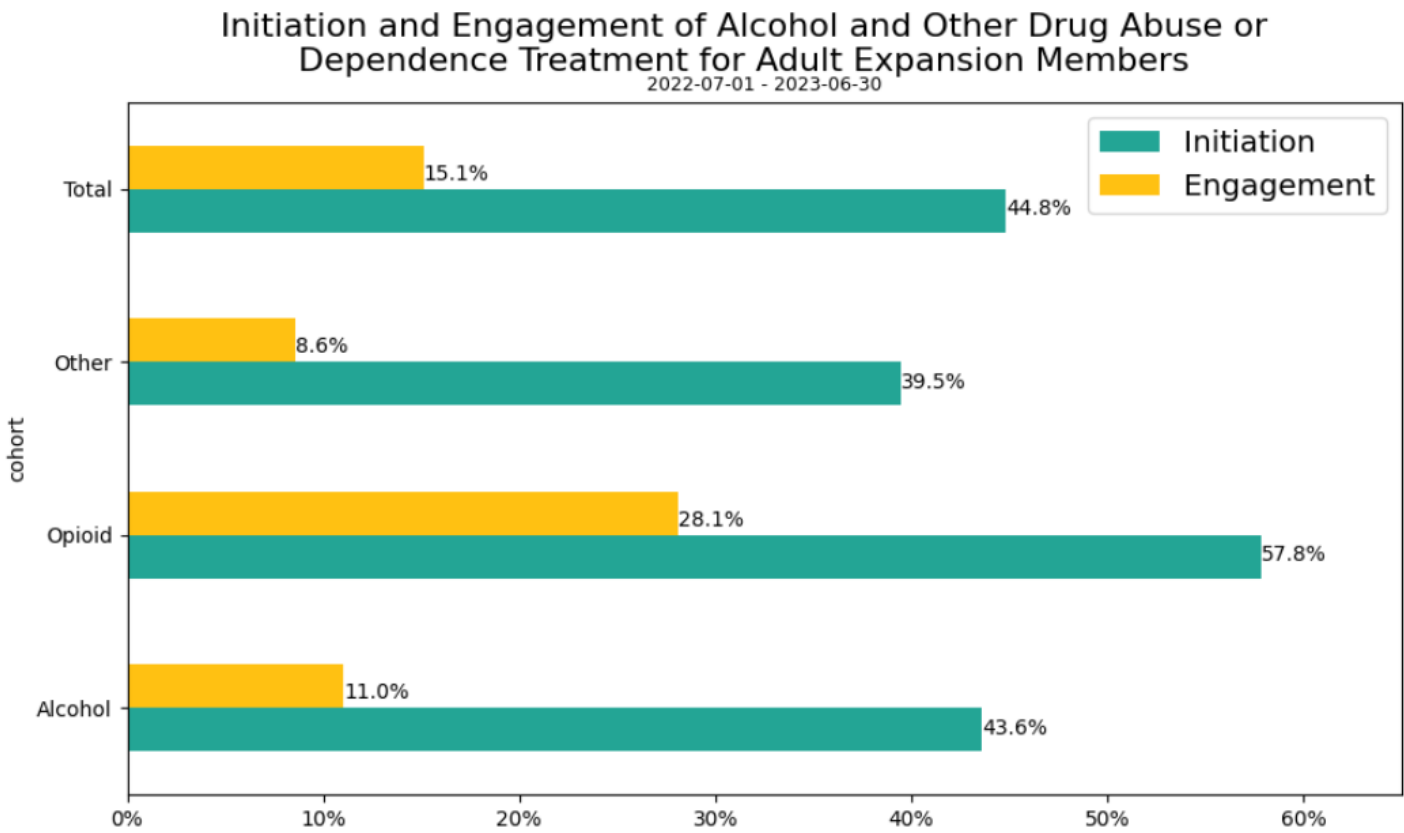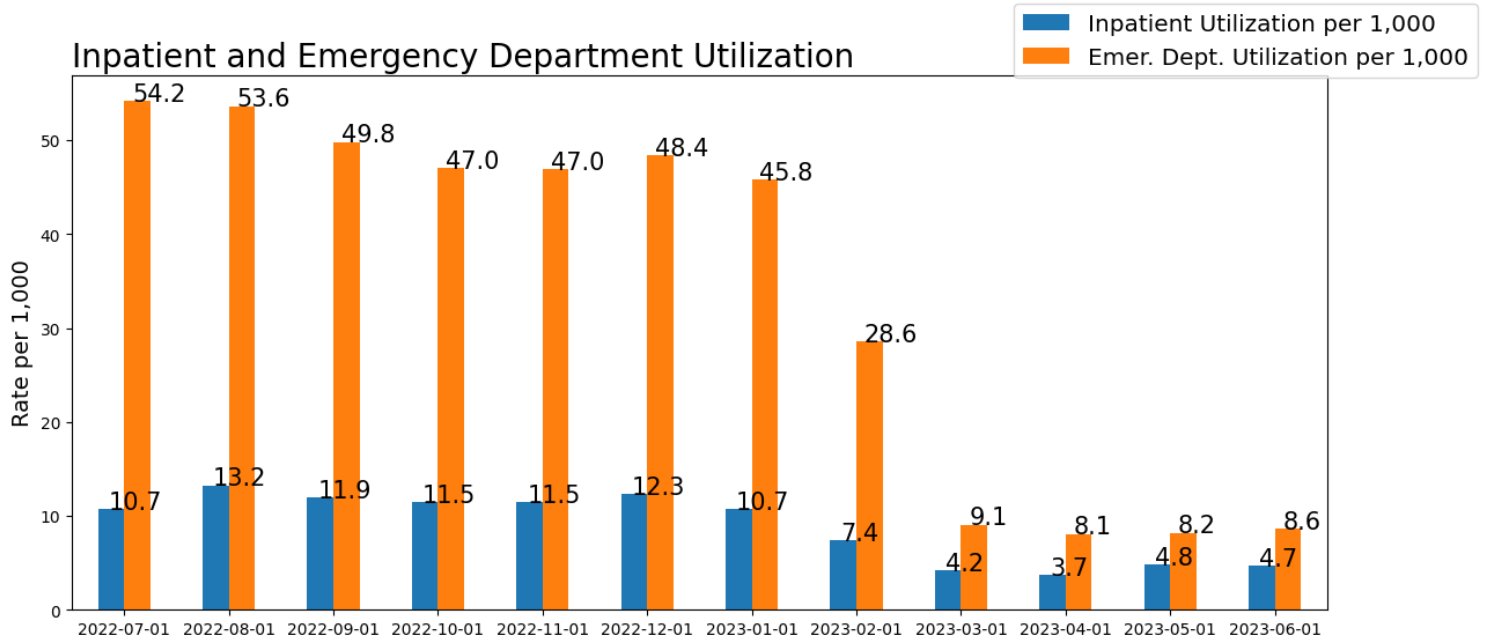
Adult Expansion Utilization

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

The state experienced a dramatic decrease in inpatient and emergency department utilization during Q3 and Q4 due to PRISM go-live. The state expects the utilization data to increase during DY22.

Adult Expansion and ED Utilization[8]

	2022-07-01	2022-08-01	2022-09-01	2022-10-01	2022-11-01	2022-12-01	2023-01-01	2023-02-01	2023-03-01	2023-04-01	2023-05-01	2023-06-01
Members	128,416.0	130,927.0	133,321.0	135,571.0	138,454.0	140,969.0	143,577.0	145,267.0	147,068.0	148,664.0	142,568.0	134,667.0
Inpatient	1,379.0	1,733.0	1,589.0	1,558.0	1,593.0	1,737.0	1,539.0	1,077.0	623.0	554.0	681.0	630.0
Emergency Dept.	6,956.0	7,020.0	6,641.0	6,374.0	6,502.0	6,823.0	6,576.0	4,153.0	1,332.0	1,203.0	1,172.0	1,162.0
Inpatient Utilization per 1,000	10.7	13.2	11.9	11.5	11.5	12.3	10.7	7.4	4.2	3.7	4.8	4.7
Emer. Dept. Utilization per 1,000	54.2	53.6	49.8	47.0	47.0	48.4	45.8	28.6	9.1	8.1	8.2	8.6

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[8]   The number of accepted claims has decreased since the state's new Medicaid management information system (PRISM) went live, especially encounters where providers are working to fix any submission errors. This has also caused February, 2023 claims (and to a lesser extent January) to decrease as the retroactive volume has decreased.

Inpatient and Emergency Department Utilization

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members
2022-07-01 - 2023-06-30

All-cause Hospital Readmission for all AE Members: 15.3%

July 01, 2022 - June 30, 2023
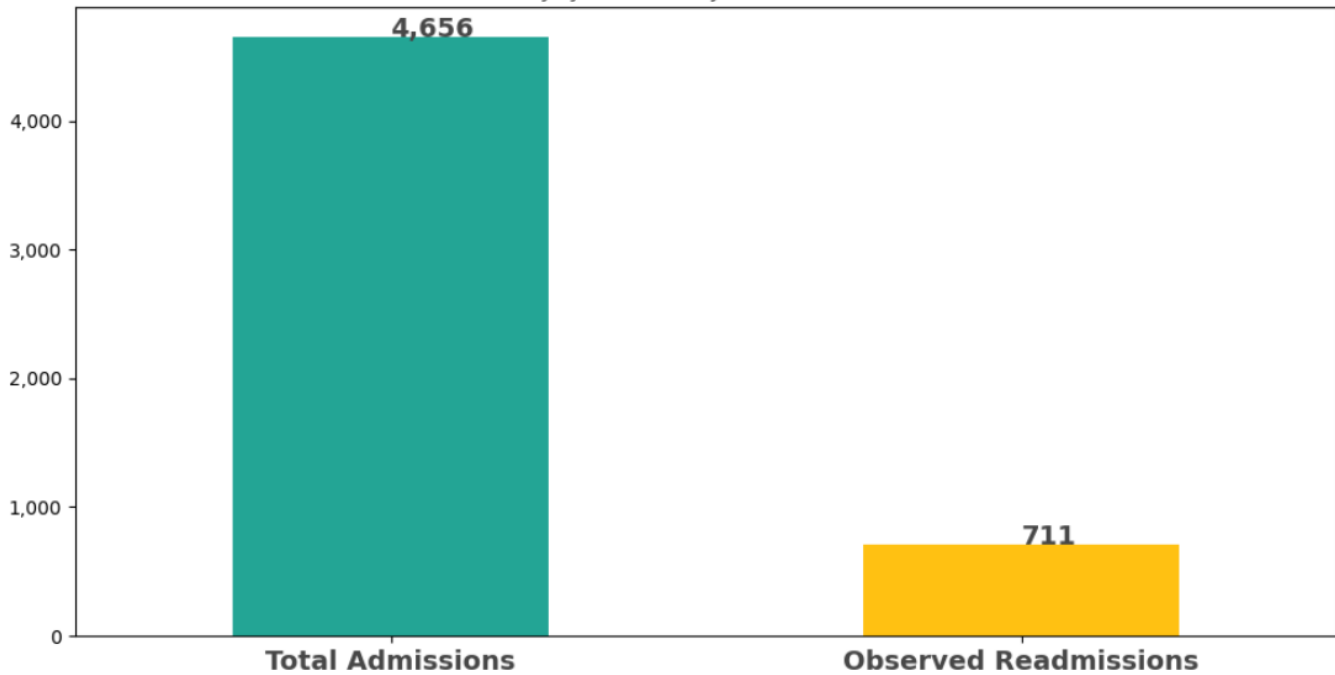
SUD/MH 7-day Follow-up Rate: 20.0%

July 01, 2022 - June 30, 2023

Disenrollments[9]

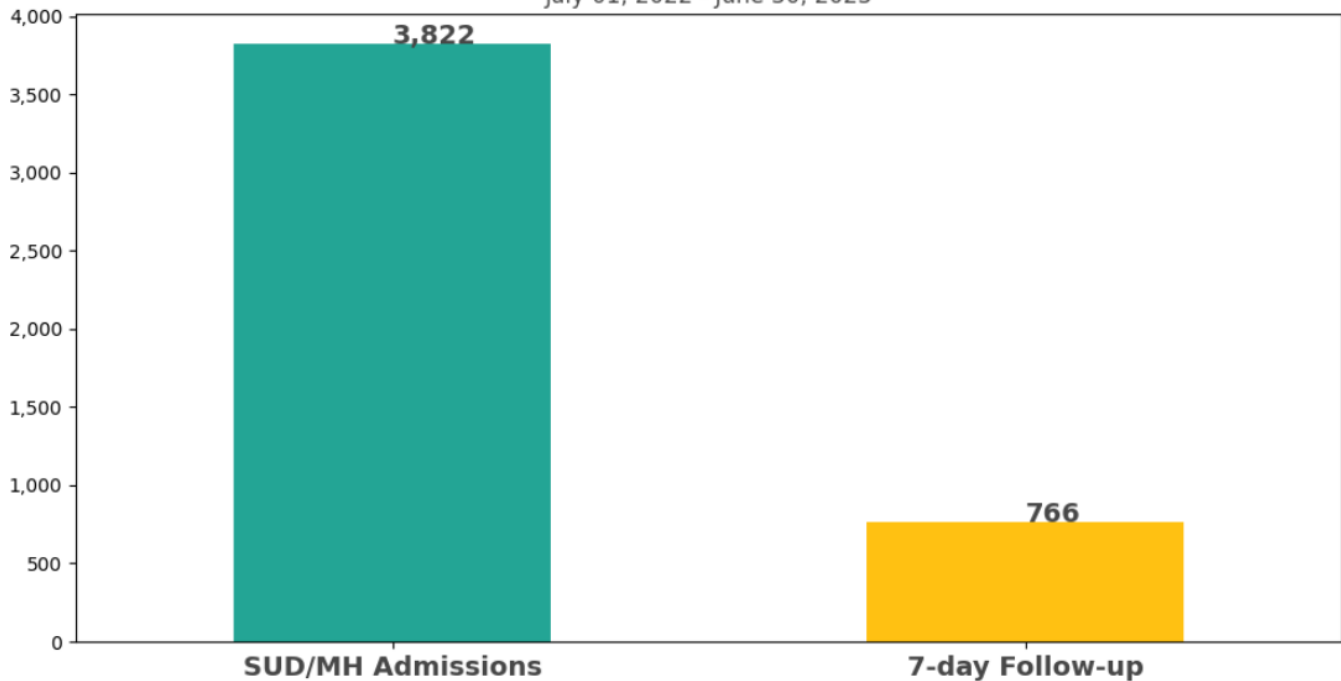The table below identifies the number of disenrollments for DY21, listed by demonstration population and disenrollment reasons. Due to the unwinding of the eligibility rule from the PHE, several demonstration populations show disproportionately higher disenrollments in more recent months (Q3 & Q4).

Demonstration Population	Reason for disenrollment	July '22	Aug. '22	Sept. '22	Oct . '22	Nov. '22	Dec. '22	Jan. '23	Feb . '23	March '23	Apr. '23	May '23	June '23
Current Eligibles - PCR	Customer Moved Out of State	170	170	255	206	182	200	156	122	102	111	103	95
	Customer Request[10]	60	69	71	54	35	54	59	53	61	52	54	78
	Death	2	1	2	6	2	3	3	4	3	2	3	6
	Enrolled in error	2	1	0	1	2	1	1	5	2	0	0	0
	Fails Utah residency	0	0	0	0	0	16	16	12	7	5	19	11
	Other Admin[11]	7	10	12	37	11	19	22	10	13	24	2,052	2,258
Adult Expansion	Customer Moved Out of State	272	367	539	588	489	542	422	405	305	292	273	235

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[9] Due to retroactive enrollment, a significant amount of data has been updated and differs from what was reported in previous (DY21) quarterly monitoring reports.

[10] "Customer request" and previously reported "Request closed" disenrollment reasons have been combined. "Customer request" data has been updated and therefore does not reflect data provided impervious (DY21) quarterly monitoring reports.

[11] "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.

	Customer Request	146	154	196	187	181	194	166	188	203	213	167	154
	Death	38	46	50	48	36	35	59	63	38	60	42	30
	Enrolled in error	3	1	3	6	3	7	6	3	6	3	0	0
	Fails Utah residency	0	0	1	0	0	42	39	30	16	32	79	54
	Other Admin	94	82	85	87	87	123	151	89	109	102	7,953	9,489
ESI	Customer Moved Out of State	3	2	1	1	3	2	1	1	0	0	0	0
	Customer Request	0	0	0	1	0	0	0	2	5	2	1	3
	Death	0	0	0	0	0	0	0	0	0	0	0	0
	Enrolled in error	0	0	0	0	0	0	0	0	0	0	0	0
	Fails Utah residency	0	0	0	0	0	0	0	0	0	0	0	0
	Other Admin	0	0	0	1	1	0	1	0	1	0	87	78
Targeted Adults	Customer Moved Out of State	13	14	24	28	33	29	30	19	22	9	9	10
	Customer Request	3	5	3	10	1	5	3	6	5	4	3	2
	Death	4	6	4	9	3	2	3	10	7	10	4	5
	Enrolled in error	0	0	0	0	0	1	1	0	0	0	0	0
	Fails Utah residency	0	0	0	0	0	2	0	0	1	2	1	3

	Other Admin	3	1	5	1	7	7	12	6	2	3	255	317
Demonstration Population #3	Customer Moved Out of State	0	0	3	0	0	0	0	0	2	0	0	0
	Customer Request	7	0	0	2	2	0	0	1	3	4	0	1
	Death	0	0	0	0	0	0	0	0	0	0	0	0
	Enrolled in error	0	0	0	0	0	0	0	0	0	0	0	0
	Fails Utah residency	0	0	0	0	0	0	0	0	0	0	0	0
	Other Admin	0	0	0	0	0	0	1	1	1	0	14	11
Dental-Blind/Disabled	Customer Moved Out of State	0	0	0	0	0	0	0	0	0	0	0	0
	Customer Request	0	0	0	0	0	0	0	0	0	0	0	0
	Death	0	0	0	0	0	0	0	0	0	0	0	0
	Enrolled in error	0	0	0	0	0	0	0	0	0	0	0	0
	Fails Utah residency	0	0	0	0	0	0	0	0	0	0	0	0
	Other Admin	0	0	0	0	0	0	0	0	0	0	0	0

Aged Dental	Customer Moved Out of State	0	0	0	0	0	1	0	0	0	0	0	0
	Customer Request	0	0	0	0	0	0	0	0	0	0	0	0
	Death	0	0	0	0	0	0	0	1	0	2	0	0
	Enrolled in error	0	0	0	0	0	0	0	0	0	0	0	0
	Fails Utah residency	0	0	0	0	0	0	0	0	0	0	0	0
	Other admin	1	2	0	0	1	0	0	0	3	1	5	5
Substance Use Disorder Residential Treatment	Customer Moved Out of State	1	0	1	0	0	0	0	0	0	1	0	0
	Customer Request	0	0	0	0	1	0	0	0	0	1	0	0
	Death	0	0	0	0	0	0	0	0	0	0	0	0
	Enrolled in error	0	0	0	0	0	0	0	0	0	0	0	0
	Fails Utah residency	0	0	0	0	0	0	0	0	0	0	0	0
	Other admin	0	0	0	0	1	1	0	0	0	1	2	1

Former Foster Care Youth	Customer Moved Out of State	0	0	1	0	0	0	0	0	0	0	0	0
	Customer Request	0	0	0	0	0	0	0	0	0	0	0	0
	Death	0	0	0	0	0	0	0	0	0	0	0	0
	Enrolled in error	0	0	0	0	0	0	0	0	0	0	0	0
	Fails Utah residency	0	0	0	0	0	0	0	0	0	0	0	0
	Other Admin	0	0	0	0	0	0	0	0	0	0	1	1
Grand Total		**829**	**931**	**1,256**	**1,273**	**1,081**	**1,286**	**1,152**	**1,031**	**917**	**936**	**11,127**	**12,847**

Anticipated Changes to Enrollment

End of the Public Health Emergency

The state continues through the comprehensive eligibility unwinding plan to achieve our key objective of a smooth member transition. As previously mentioned, the state began the process of reviewing eligibility of all 526,682 individuals enrolled in Medicaid and CHIP beginning March 1, 2023. This process will be completed by the end of March, 2024.

The state has seen a decrease in enrollment numbers since the unwinding period began and anticipates this to continue throughout the unwinding period as members transition to other coverage options including continued coverage in Medicaid, CHIP, or transitioning to other coverage options such as the federal health insurance marketplace.

Pending Amendments

Approval of the 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. If approved, the state also anticipates an increase in enrollment for twelve-month extended postpartum coverage. If coverage for in vitro fertilization and genetic testing for Medicaid eligible individuals who have specific qualified conditions is approved, the state anticipates a slight increase in enrollment as well.

Benefits

As previously mentioned, increased reimbursement rates were applied to porcelain crown dental services during this demonstration year as well as an increased reimbursement rate for endodontic services. An increase in dental provider availability as well as outreach efforts continued this demonstration year. As a result, the state anticipates future enrollment changes.

Benefit utilization for HRSS began in the fall of 2022. As previously mentioned, the program has grown from 150 enrollees to more than 400 active beneficiaries. The state anticipates continued growth in DY22.

If the Medical Respite amendment request is approved, the state anticipates an increase in benefits for the Targeted Adult Medicaid population.

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 '22	Aug. '22	Sept. '22	Oct. '22	Nov. '22	Dec. '22	Jan. '23	Feb. '23	Mar. '23	Apr. '23	May '23	June '23	Total
Adult Expansion	0	0	0	0	0	0	0	0	1	0	0	0	**1**
Current Eligibles	1	0	3	0	0	3	0	0	0	2	2	1	**12**

Quarter One Appeals

There were four appeals during this demonstration quarter, all specific to Current Eligibles. All three were related to overpayments and the decisions were all affirmed.

Quarter Two Appeals

There were three appeals during this demonstration quarter, all specific to Current Eligibles. Two were specific to overpayments, one of which was affirmed and the other was reversed. The other was specific to a denial and the decision was reversed.

Quarter Three Appeals

There was one Adult Expansion-related appeal this demonstration period. It was specific to a denial and the decision was affirmed.

Quarter Four Appeals

There were five appeals during this demonstration quarter, all specific to Current Eligibles. All were affirmed.

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 '22	Aug. '22	Sept. '22	Oct. '22	Nov. '22	Dec. '22	Jan. '23	Feb. '23	Mar. 23	Apr. '23	May '23	June '23	Total
Adult Expansion	1	1	0	0	0	0	0	1	0	0	0	0	**3**
Aged, Blind and Disabled Dental	0	0	0	1	0	1	0	0	1	0	1	1	**5**
Employer Sponsored Insurance	0	0	0	0	0	0	0	0	0	0	0	0	**0**

Current Eligibles	0	0	0	0	0	0	1	0	0	1	0	0	**2**
TAM	0	0	0	1	0	0	0	1	0	0	0	0	**2**
UMIC	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Total	**1**	**1**	**0**	**2**	**0**	**1**	**1**	**2**	**1**	**1**	**1**	**1**	**12**

Quarter One Grievances

There were two Constituent Affairs grievances filed during quarter one:

July:

- Adult Expansion: One member had a complaint regarding available transportation to and from a pharmacy. Prior authorization was obtained for the member to use covered transportation services to get to and from the pharmacy to obtain prescriptions.

August:

- Adult Expansion: One member had a complaint regarding obtaining medication assisted treatment and therapy through their assigned provider. The member was granted an agreement to seek services through an alternate provider.

Quarter Two Grievances

There were three Constituent Affairs grievances filed during quarter two:

October:

- One Aged, Blind, Disabled dental member had an issue finding an endodontist. The UUSOD is working with the member to find providers that can provide services to the member.
- One TAM member had difficulty finding supplies. The supplier was contacted and is helping obtain the needed supplies.

December:

- One Aged, Blind, Disabled dental member had an issue obtaining dentures. UUSOD is working with the member to find providers that can provide services to the member.

Quarter Three Grievances

There were four Constituent Affairs grievances filed during quarter three:

January:

- One Current Eligibles member was attempting to find a mental health prescriber. The mental health facility worked with the member to find a provider to prescribe medication.

February:

- One Adult Expansion member was not able to obtain durable medical equipment with a provider. A state policy analyst worked with the provider to resolve the issue of collection and the member was able to obtain the equipment.

- One TAM member was concerned with how a provider at a medical clinic spoke to her regarding her Medicaid coverage. The Constituent Affairs Representative contacted the clinic's office manager and relayed the member's concern. The office manager appreciated the feedback and stated training will be given to the provider.

March:

- One Aged, Blind, Disabled Dental member contacted Constituent Affairs regarding a complaint against a UUSOD network provider and dentures she received in early 2022. The Constituent Affairs Representative provided information for other UUSOD network providers where the member could obtain a new denture with a prior authorization from a new dentist.

Quarter Four Grievances

There were three grievances filed with Constituent Affairs during quarter four:

April:

- One Current Eligibles member was concerned with their ACO and being placed on the restriction program and had requested an appeal regarding the restriction. The member met the requirements to be on the restriction program.

May:

- The same member contacted Constituent Affairs regarding a complaint with the UUSOD network provider and the dentures she received. The Constituent Affairs Representative provided information for other providers in order to obtain a new denture.

June:

- The same member contacted Constituent Affairs regarding the same complaint. The same information was provided and a state program manager also spoke to the member and explained the process to obtain new dentures.

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 began reporting the grievance reason for each grievance beginning in quarter two.

Demonstration Group	July '22	Aug. '22	Sept. '22	Oct. '22	Nov. '22	Dec. '22	Jan. '23	Feb. '23	Mar. '23	Apr. '23	May '23	June '23	Total
Adult Expansion	9	14	26	11	14	29	18	16	15	23	13	15	**203**
Current Eligibles	33	39	34	28	41	37	44	38	39	26	26	37	**422**
Substance Use Disorder Residential Treatment	1	0	0	0	0	0	1	0	0	0	0	0	**2**
UMIC	0	2	3	1	0	6	2	1	0	3	1	2	**21**
Former Foster Care Youth	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Employer Sponsored Insurance	0	0	0	1	0	0	0	0	0	0	0	0	**1**
Total	**43**	**55**	**63**	**41**	**55**	**72**	**65**	**55**	**54**	**52**	**40**	**54**	**649**

Grievance Reasons	Oct. '22	Nov. '22	Dec. '22	Jan. '23	Feb. '23	Mar. '23	Apr. '23	May '23	June '23	Total
Related to outpatient services	0	0	1	0	0	0	2	1	0	**4**
Related to coverage of outpatient prescription drugs	9	12	13	14	7	3	10	9	14	**91**
Related to other service types	1	1	1	0	0	0	0	0	1	**4**
Related to plan or provider customer service	1	2	8	1	0	0	1	1	0	**14**
Related to access to care/services from plan or provider	0	1	2	1	4	4	1	1	2	**16**
Related to quality of care	0	1	2	1	0	0	0	1	0	**5**
Related to plan communications	0	0	1	1	8	3	0	0	0	**13**
Related to payment or billing issues	29	34	40	44	35	43	36	23	32	**316**
File for other reasons	1	4	4	2	1	1	2	3	5	**23**
Suspected Fraud	Not available	Not available	Not available	1	0	0	0	1	0	**2**
Total	**41**	**55**	**72**	**65**	**55**	**54**	**52**	**40**	**54**	**488**

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 [12]

Program Type	July '22	Aug. '22	Sept. '22	Oct. '22	Nov. '22	Dec. '22	Jan. '23	Feb. '23	Mar. '23	Apr. '23	May '23	June '23	Avg. Total
Current Eligibles-PCR	8.87	9.41	8.6	8.97	9.49	9.22	10	9.1	8	8.19	7.52	8.06	**8.79**
Adult Expansion	7.17	7.42	8.12	7.66	8.22	10.13	9.4	8.4	7.6	11.36	9.95	9.71	**8.76**
Targeted Adults	12.13	11.70	9.74	10.66	11.79	7.16	11.9	6.3	7.2	6.57	5.74	5.44	**8.86**
Premium Assistance UPP	40	N/A[13]	24	N/A	N/A	N/A	45.5	N/A	31.5	7.5	10.33	18.95	**25.4**

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.

Financial-Anticipated Changes

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

Annual Public Forum

The annual public forum was held on January 19, 2023 during the Medical Care Advisory Committee (MCAC) meeting. An overview of the 1115 Demonstration Populations was provided. No issues or concerns were raised.

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[12] Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"
[13] No approvals in the time period selected.

Evaluator Updates and Demonstration Evaluations

During this demonstration year, the state transitioned all demonstration evaluations to Public Consulting Group, Inc. (PCG). The amended contract was finalized in January, 2023. The contract with the University of Utah Social Research Institute (SRI) expired on February 28, 2023. PCG submitted an annual report in September, 2022. The state submitted the current demonstration Evaluation Design to CMS on March 15, 2023.

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 Targeted Adult Medicaid.
- Medicaid Coverage for Justice Involved Populations: This amendment seeks approval to provide Medicaid coverage for qualified justice-involved individuals. These individuals must have a chronic physical or behavioral health condition, a mental illness as defined by Section 62A-15-602 of Utah State Code, or an opioid use disorder. If approved, Medicaid coverage will be provided in the 30-day period immediately prior to release of the incarcerated individual from a correctional facility.
- Fertility Treatment for Individuals Diagnosed with Cancer: This amendment seeks approval to expand Medicaid coverage for fertility preservation for individuals diagnosed with cancer.
- In Vitro Fertilization and Genetic Testing for Qualified Conditions: This amendment seeks approval to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.
- Integrated Behavioral Health Services: This amendment seeks approval to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a request for proposal process.
- Long Term Services and Supports for Behaviorally Complex Individuals: This amendment seeks approval to allow individuals to provide Long Term Services and Supports to individuals with behaviorally complex conditions.
- Twelve-month Extended Postpartum Coverage for Certain Women: This amendment seeks approval to allow the state to provide twelve months of extended Medicaid coverage for certain postpartum women.
- UPP Premium Reimbursement Increase for Children: This amendment seeks approval to allow the state to increase the maximum reimbursement allowable for children under Utah's Premium Partnership for Health Insurance Program (UPP), from $120 per enrollee per month to a higher amount, through the state administrative rulemaking process, rather than by 1115 Demonstration amendment.

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

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