Utah's Medicaid Reform 1115 Demonstration

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

Quarterly Monitoring Report

Reporting Period: Demonstration Year: 22 (7/1/23-6/30/24)
                             Demonstration Quarter: 1 (7/1/23-9/30/23)

Executive Summary

The Utah Medicaid Reform 1115 Demonstration is a statewide demonstration that gives the Utah Department of Health and Human Services (DHHS) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration was originally approved in February 2002 for the Primary Care Network (PCN) program and Current Eligibles population. The Demonstration was implemented July 1, 2002, and is now in year 22. Over the years, additional programs and benefits have been authorized under the demonstration. This current demonstration has been approved through June 30, 2027.

The demonstration authorizes the following programs and benefits:

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

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

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

Key Events and Operational Updates

Unwinding Effort Update
The state continues to unwind Medicaid eligibility and resume normal operations. September 2023 was month seven of Utah's unwinding process. During this demonstration quarter, the state focused on course corrections to improve upon areas of concern CMS identified in their letter to the state on August 9, 2023. As a result, the state has implemented additional flexibility and strategies to address these concerns. Some of these include system automation, improvements and enhancements as well as additional staff training on error-prone areas.

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

July 1, 2023 -September 30, 2023

Adult Expansion-Employer Sponsored Insurance

Below are the number of individuals who received an ESI reimbursement for each month of the demonstration quarter, as well as the total ESI expenditures. During this quarter, the state continued to unwind eligibility for this demonstration population and resumed normal operations.

ESI Enrollment and Total Payments Issued[1]	July 2023	August 2023	September 2023
Enrollment	853	830	823
Total Payments Issued	$96,869.69	$97,226.16	$96,574.41

The state expected to see changes in enrollment when cases began to be reviewed after the Medicaid continuous enrollment requirement ended on April 1, 2023. However, during this demonstration quarter, the number of ESI enrollees and corresponding payments issued remained stable, with a slight decrease in the month of September 2023.

Case accuracy continues to improve due to the specialized ESI review team. The state continues to offer education to employers on how to correctly complete an ESI referral form. The number of incorrect referral forms continues to decrease as well.

Current Eligibles

Currently, the demonstration allows for slightly reduced benefits for Current Eligibles including by not providing 19- & 20-year-olds with early and periodic screening, diagnosis, and treatment (EPSDT) services. In 2002, the state received approval to create savings to fund Demonstration Population I, 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 members to the Adult Expansion Population. With the recent demonstration renewal, Utah has agreed to move this population fully into the state plan. To provide a transition time to handle system changes and beneficiary notifications, Utah is still on track and working to complete this transition by December 31, 2023. In addition, members of the Adult Expansion Population with dependent children fall into this same provision and will also have uniform, state plan benefits by December 31, 2023.

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

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.

Effective July 1, 2023, dental hygienists may receive reimbursement for dental services performed independently in a public health setting without a written agreement or general supervision of a dentist.

Historically, preventative dental services have not been a covered benefit for Federally Qualified Health Center (FQHCs) providers. In September 2023, the State Plan Amendment was revised to allow preventative dental services to be reported by FQHCs. The policy change was backdated to April 1, 2023, to allow processing of FQHC claims for preventative dental services up to the date of PRISM implementation.

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 staff continue to proactively engage with service providers throughout the state. During this demonstration quarter, staff provided comprehensive overviews of the program and held discussion sessions with several community partners and agencies focused on housing issues. Once an organization/service provider chooses to participate in the HRSS Program, an in-depth-training focused on enrollment, program guidance, technical instruction and the billing and payment processes is provided.

During this demonstration quarter, HRSS staff also held in-person program reviews with provider agencies currently serving HRSS participants. Meetings consisted of question-and-answer sessions

with case managers, individual case file reviews, and opportunities to discuss best practices with a focus on program improvement.

Currently, there are agencies in three rural areas of the state who are interested in becoming a provider. HRSS staff will continue to follow up and engage in ongoing discussions with these providers in the coming months. HRSS staff also continue to discuss program participation with two of the largest homeless services providers in Utah as well as two sober living providers.

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

Region Administrator	July 2023	August 2023	September 2023	Total
Northern (includes Weber, Bear River and Davis)	2	3	3	8
Weber	2	3	3	8
Bear River	0	0	0	0
Davis	0	0	0	0
Southwest	0	0	0	0
Western	0	0	1	1
Eastern	0	0	0	0

SMR Administrator	Projections/goals
Northern Region Davis Behavioral Health	No updates are available for this quarter but will be provided in the next quarterly monitoring report.
Northern Region Weber Human Services	Weber Human Services had issues submitting the federal claims but are working to resolve the issue. Weber also had a downward trend in the number of clients served and is working to increase this number. They anticipate this increase will take place next quarter. Weber continues to work with

July 1, 2023 -September 30, 2023

	Medicaid to be able to bill for intensive stabilizations services.
Northern Region Bear River Mental Health	Bear River continues to explore the feasibility of billing the 1115 Demonstration into their current electronic medical record and billing system. Bear River did not submit any claims this quarter.
Southwest Region (Southwest Behavioral Health)	Southwest Region had no changes during this quarter. Currently, no projections for billing are available and Southwest Behavioral Health does not believe they will have the workforce or administrative capacity to bill for 1115 Demonstration ISS services. Conversations around barriers are ongoing and solutions are being explored. There are no anticipated billings for the remainder of the year.
Salt Lake Region (Primary Children's):	Salt Lake Region reported that their billing system is up and running. However, they did not have Medicaid billings during this quarter.
Eastern Region (Four Corners Community Behavioral Health): Finalizing SMR Administrator and subcontracting approach to serving the region. Partial Eastern Region SMR Administrator was operational in Spring 2021	Eastern Region had no changes during this quarter. Currently, no available projections for billing are available and Four Corners Behavioral Health is evaluating whether delivery of the model is feasible with current workforce and client expectations. Though still considering, Four Corners Behavioral Health does not currently believe they will have the workforce or administrative capacity to bill for 1115 Demonstration ISS services. Conversations around barriers are ongoing and solutions are being explored. There are no anticipated billings for the remainder of the year.
Western Region	Western Region is now able to bill Medicaid and private insurance. Intermountain has continued to create policy and language to assure the client is not receiving bills for service copays. Intermountain continues to try to increase their low numbers.

The Salt Lake Region is now funded for SMR. To increase the number of clients and families served, Intermountain will continue to increase marketing and community outreach efforts. Intermountain has billing capacity for the 1115 Demonstration and billing will continue to be monitored throughout this fiscal year.

July 1, 2023 -September 30, 2023

SUD/SMI

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

Targeted Adult Medicaid

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

- Chronically Homeless. These individuals are:

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

- Justice Involved. These individuals need substance use or mental health treatment and:

  - have completed a substance use disorder treatment program while incarcerated in jail or prison;
  - are on probation or parole and have a serious mental illness or substance use disorder;
  - are court ordered to receive substance abuse or mental health treatment through a district or tribal court;
  - were discharged from the State Hospital and admitted to the civil unit.

- Individuals Needing Treatment. These individuals are:

  - discharged from the State Hospital due to a civil commitment; or
  - currently receiving General Assistance (GA) from DWS and have been diagnosed with substance use or a serious mental health disorder.

During this quarter, the state continued to unwind eligibility for this demonstration population and resumed normal operations. The number of TAM enrollees decreased as the unwinding process continued throughout this demonstration quarter. Because a large percentage of this demonstration population are homeless and do not have a stable mailing address, the state has observed that most case closures are attributed to failing to complete the review process. In

July 1, 2023 -September 30, 2023

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July 1, 2023 -September 30, 2023

addition, the requirement for TAM members to submit a referral form at review is one of the major contributors to case closures. To complete the number of completed reviews, the state has recently implemented modifications to the renewal process. One modification is allowing the eligibility agency to contact the TAM referring agency via telephone to obtain the required referral information. As a result, the state expects to see an increase in the number of completed reviews.

An important component of the TAM program is ensuring that only qualified agencies provide TAM referrals. This requires the state to complete a vetting process to determine if the agency meets the required criteria. During this demonstration quarter, six agencies expressed interest in becoming TAM providers. One agency has been approved and the state is waiting for requested information to determine if the remaining five meet the provider requirements.

Demonstration Population III-Premium Assistance (UPP)

During this quarter, the state continued to unwind eligibility for this demonstration population and resumed normal operations. Enrollment for this demonstration population decreased this quarter, which was unexpected as the state anticipated members who were found to be ineligible for other Medicaid programs to move to the UPP program. The state anticipated that members who lost ESI eligibility due to increased income would enroll in UPP. However, it appears these members are remaining eligible for AEM with ESI instead.

The state may increase the maximum premium assistance subsidy amount each subsequent fiscal year for this demonstration, subject to the appropriation of additional funding. The maximum premium reimbursement amount applicable to a particular beneficiary will not exceed the individual/family's share of premium costs.

Utah Medicaid Integrated Care

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

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

During this quarter, the state continued to unwind eligibility for this demonstration population and resumed normal operations. The number of UMIC enrollees decreased as the unwinding process continued throughout this demonstration quarter, from 76,631 to 67,633 members.

July 1, 2023 -September 30, 2023

Utah Medicaid continues to contract with Health Choice of Utah, Select Health Community Care, Healthy U, and Molina to administer the UMIC plans. The UMIC plans operate in five of 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. To streamline providers' operations, the state is currently discussing the standardization of prior authorization and the provider credentialing process. There are no major issues or concerns to report for this demonstration quarter.

Suspension of Medicaid Benefits

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

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

Number of Individuals with Medicaid Suspended[2]

Demonstration Population	July 2023	August 2023	September 2023	Total
Adult Expansion	1,074	983	886	**2,943**
Dental-Blind/Disabled	88	84	76	**248**
Targeted Adult Medicaid	1,276	1,123	976	**3,375**
Current Eligibles	84	75	57	**216**
Dental- Aged	10	11	10	**31**
Total	**2,532**	**2,276**	**2,005**	**6,813**

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

Demonstration Population	July 2023	August 2023	September 2023
Adult Expansion	115,617	108,651	103,161
Aged Dental	366	448	354
COBRA	0	0	0
Current Eligibles-PCR	36,363	34,899	33,294
Employer-Sponsored Insurance	853	830	823
Demonstration Population III, V, VI-Premium Assistance	412	396	395
Dental-Blind/Disabled	44,395	43,576	42,778
Former Foster Care Youth	14	16	17
HRSS	329	385	409
ISS	0	0	0
SMI	155	135	40
SUD	604	630	579
Targeted Adults	9,188	8,491	7,991
Targeted Adult Dental	250	299	264
Utah Medicaid Integrated Care	76,631	71,410	67,633

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[3] Enrollment as of November 6, 2023. 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.

July 1, 2023 -September 30, 2023

Medicaid Expansion Enrollment[4,5]

Below is detailed data on expansion enrollment by subgroup.

Expansion Enrollment by Subgroup

servicemonth expansiongroup	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09
Childless Adults	83,136	84,358	86,585	87,373	88,520	89,874	90,896	88,199	84,287	78,236	72,889	65,394
Parents	33,615	34,494	35,261	35,962	36,456	36,806	36,731	32,426	29,357	27,690	26,511	24,955
TAM	9,353	9,376	9,138	9,258	9,257	9,219	9,286	9,232	9,096	8,729	8,260	4,349
Total	126,104	128,228	130,984	132,593	134,233	135,899	136,913	129,857	122,740	114,655	107,660	94,698

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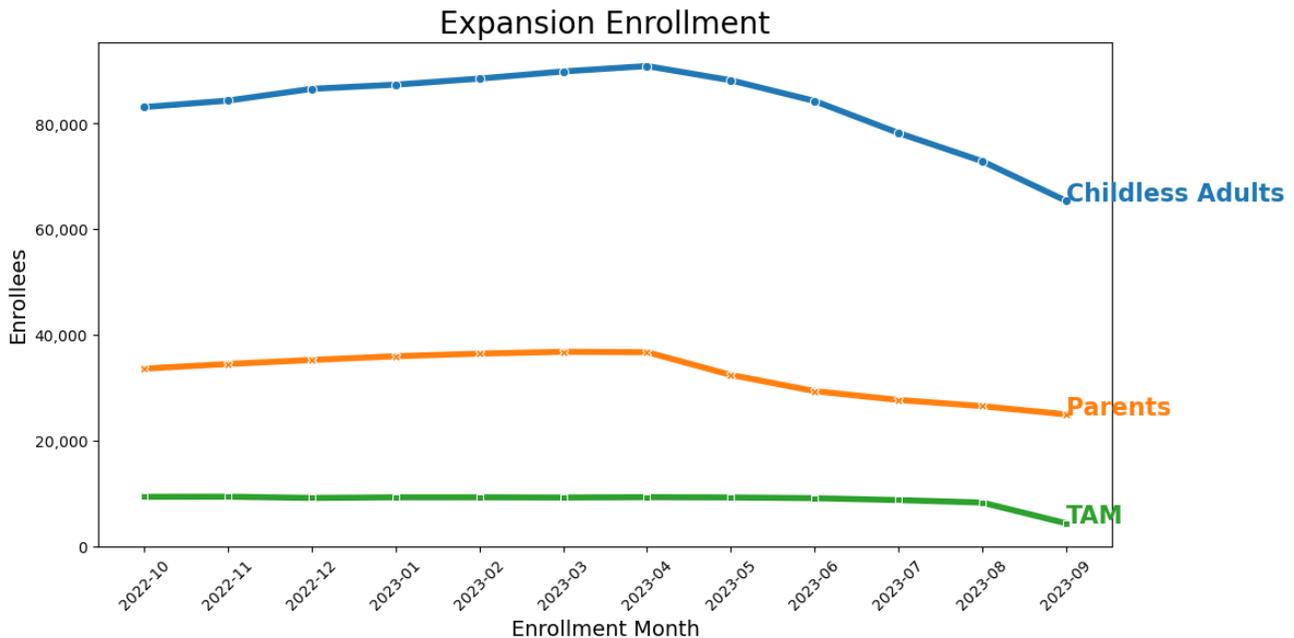
[4] Enrollment as of November 3, 2023. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

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

July 1, 2023 -September 30, 2023

Targeted Adult Medicaid and Substance Use Disorder Treatment

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

TAM Enrollment by Month[6,7]

	2023-07	2023-08	2023-09
12 Month Homeless	4,404	3,850	3,419
6 Month Homeless	408	389	352
Supportive Housing	147	130	104
General Assistance	326	337	331
Court Ordered Treatment	427	426	435
Drug/Mental Health Court	248	224	206
Jail or Prison	1,602	1,575	1,552
Probation or Parole	2,092	2,030	1,991

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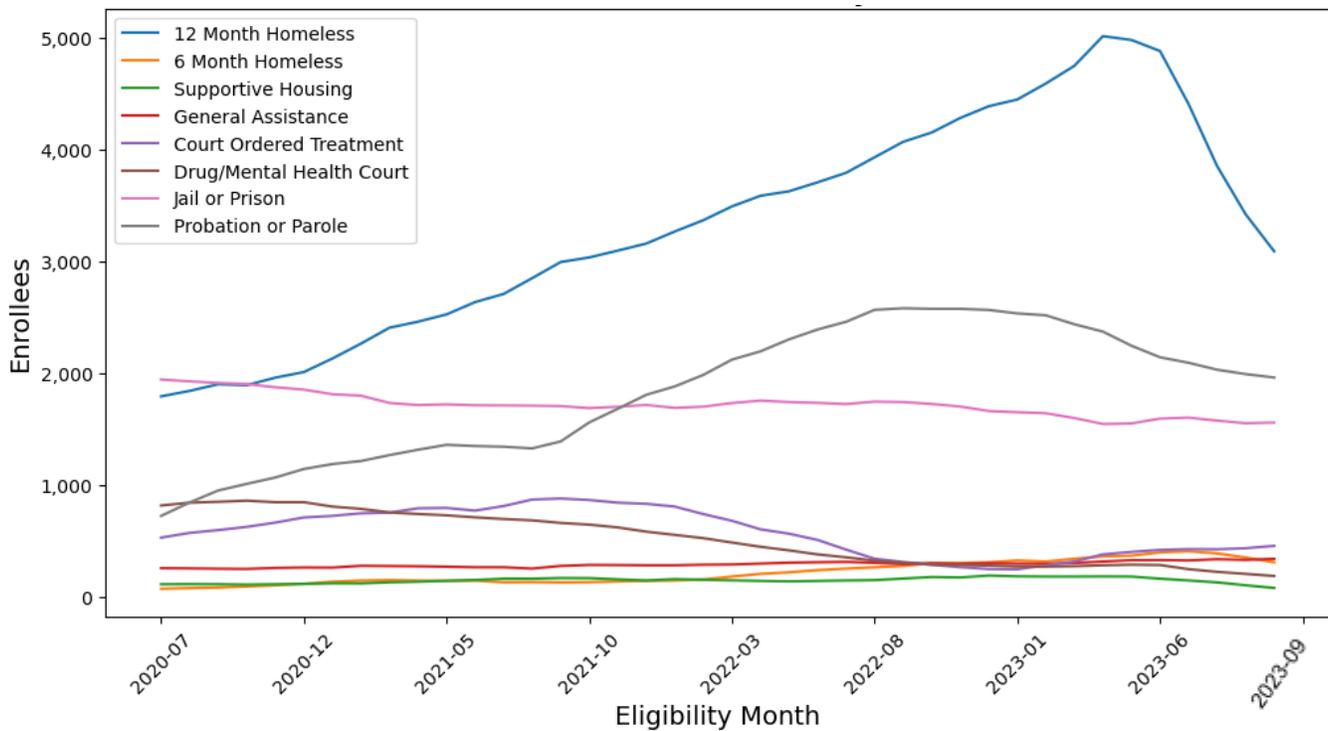
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[7] Enrollment as of November 3, 2023. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

July 1, 2023 -September 30, 2023

Monthly TAM Expenditures[8]

Expenditures (1,000s)									FY 2023			FY 2024	Total
servicemonth	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	
servicetype													
Behavioral Health	$1,685	$1,733	$1,803	$1,916	$1,699	$1,590	$1,510	$1,641	$1,612	$1,562	$1,713	$1,380	$19,843
Emergency Room	$433	$443	$436	$412	$353	$323	$714	$722	$582	$618	$595	$332	$5,964
Inpatient Hospital	$2,299	$2,693	$2,063	$2,491	$1,849	$1,130	$1,477	$1,503	$1,269	$1,345	$1,087	$1,209	$20,414
Lab and/or Radiology	$536	$524	$487	$714	$613	$495	$502	$626	$467	$411	$481	$406	$6,262
MAT	$443	$452	$471	$506	$411	$483	$454	$454	$518	$450	$420	$522	$5,584
Non-MAT Pharmacy	$1,807	$1,800	$1,911	$2,071	$2,031	$2,411	$2,272	$2,463	$2,381	$2,024	$2,436	$2,125	$25,732
Other Services	$1,883	$1,900	$1,806	$1,950	$1,738	$2,376	$2,262	$2,426	$2,372	$2,288	$2,532	$1,987	$25,520
Outpatient Hospital	$352	$392	$319	$301	$205	$215	$382	$341	$245	$265	$290	$263	$3,568
Residential Service	$2,110	$2,108	$2,188	$1,573	$1,752	$1,907	$2,023	$2,133	$2,158	$2,233	$2,215	$1,938	$24,338
Total	$11,549	$12,044	$11,485	$11,933	$10,651	$10,931	$11,596	$12,308	$11,603	$11,196	$11,768	$10,162	$137,224

Distinct Members Served									FY 2023			FY 2024
servicemonth	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09
servicetype												
Behavioral Health	1,753	1,717	1,670	1,660	1,615	1,475	1,501	1,528	1,457	1,364	1,365	1,102
Emergency Room	612	582	645	601	527	552	602	626	514	512	632	544
Inpatient Hospital	146	119	138	134	116	86	100	100	96	98	81	80
Lab and/or Radiology	1,630	1,586	1,620	1,785	1,735	1,564	1,592	1,731	1,484	1,367	1,482	1,286
MAT	1,018	1,027	1,065	1,097	1,012	1,105	1,081	1,024	1,106	1,045	860	1,069
Non-MAT Pharmacy	2,721	2,768	2,756	2,894	2,815	3,122	3,041	3,092	3,029	2,894	2,986	2,850
Other Services	9,286	9,300	9,061	9,178	9,178	9,097	9,167	9,105	8,955	8,617	8,158	2,855
Outpatient Hospital	480	495	468	527	479	455	509	541	461	412	496	403
Residential Service	517	520	532	517	501	495	497	522	541	535	551	494
Total	9,353	9,376	9,138	9,258	9,257	9,219	9,286	9,232	9,096	8,729	8,260	4,349

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[8] The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service. Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.
- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.

July 1, 2023 -September 30, 2023

Monthly TAM Expenditures
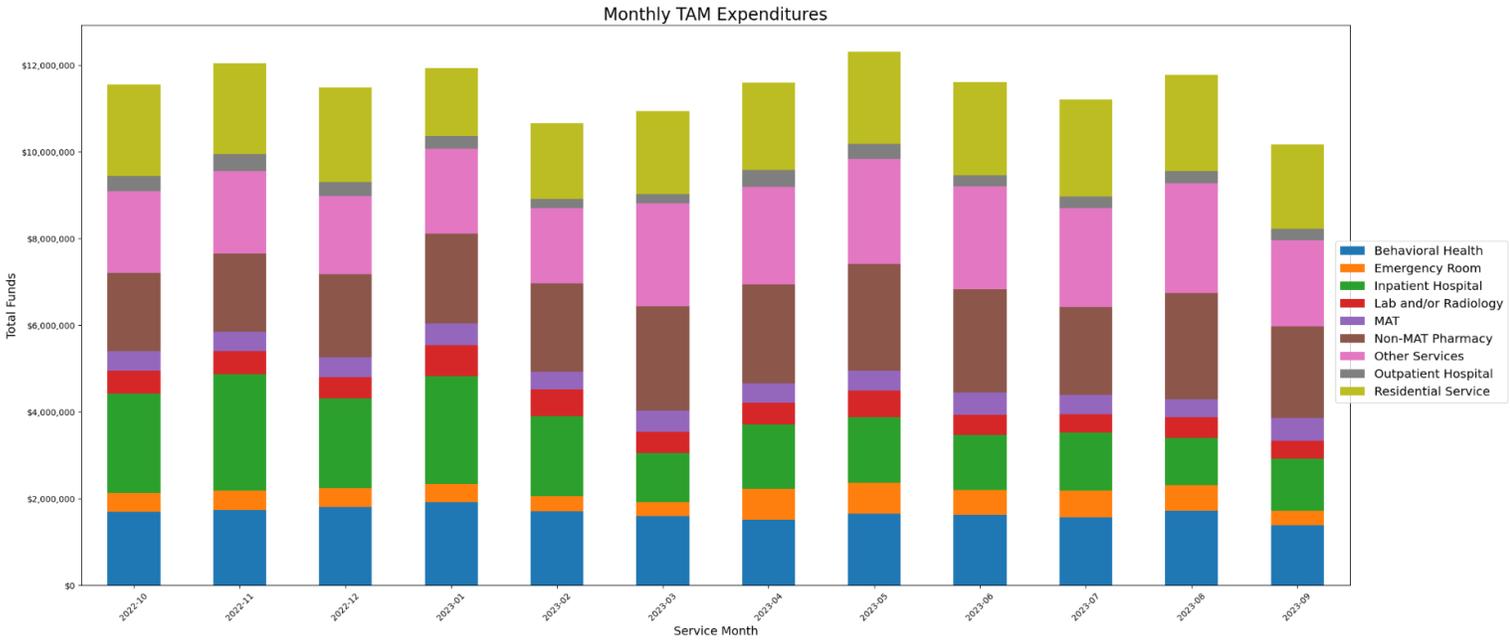
Adult Expansion Utilization

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

AE inpatient and ED utilization
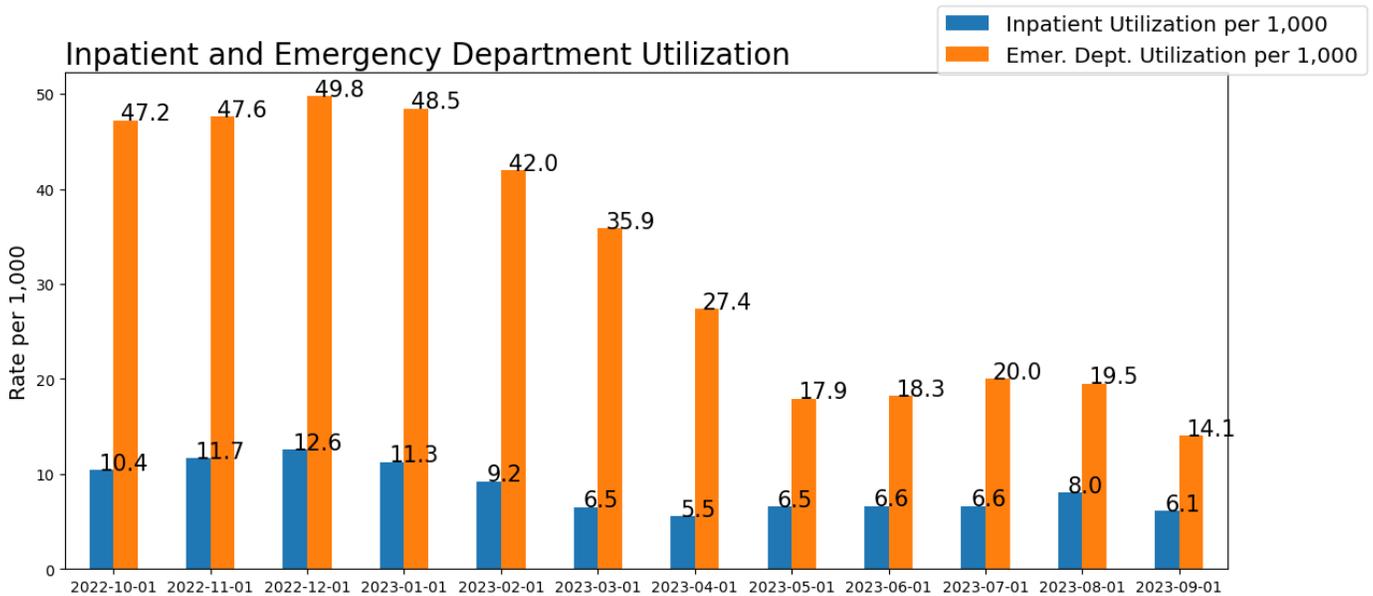
July 1, 2023 -September 30, 2023

|	2023-07-01	2023-08-01	2023-09-01
Members	126,346.0	118,706.0	112,612.0
Inpatient	838.0	954.0	689.0
Emergency Dept.	2,533.0	2,319.0	1,584.0
Inpatient Utilization per 1,000	6.6	8.0	6.1
Emer. Dept. Utilization per 1,000	20.0	19.5	14.1

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members
### 2022-10-01 - 2023-09-30
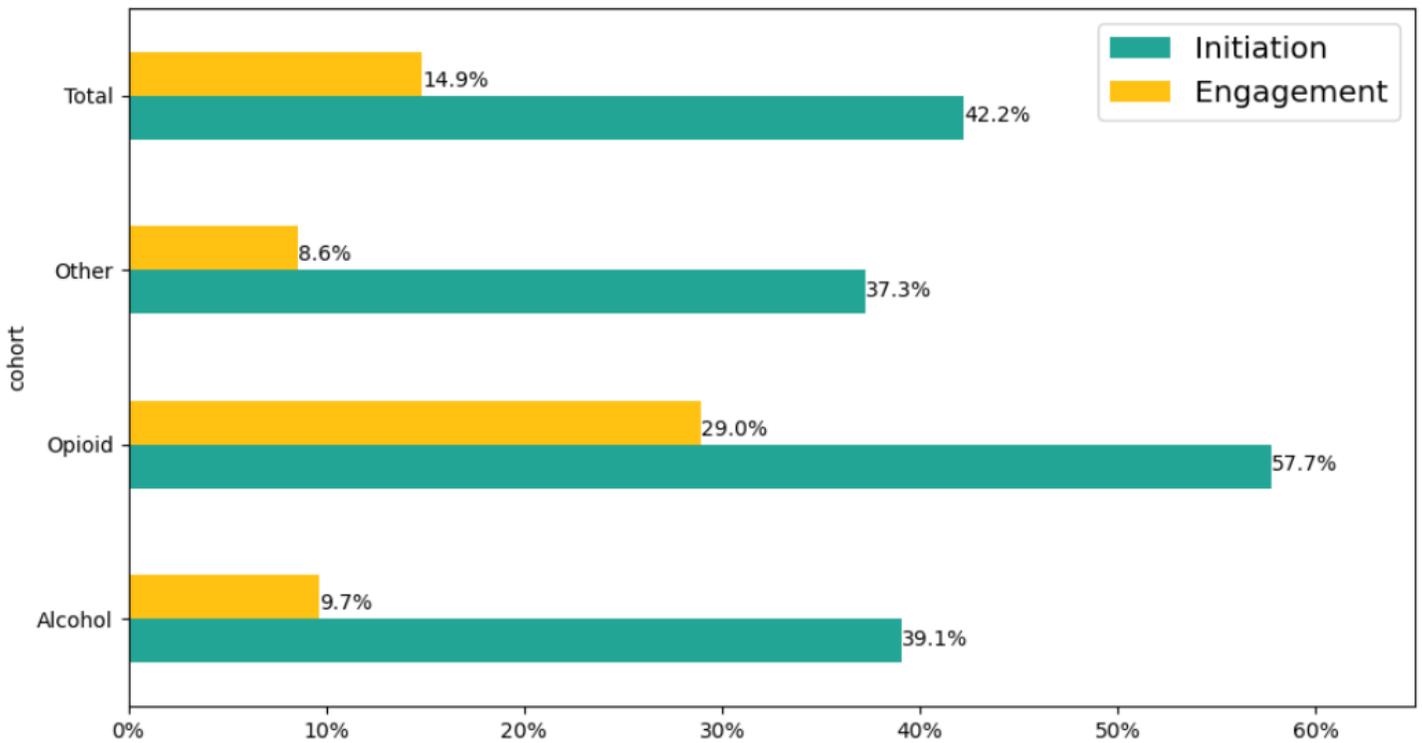
All-cause Hospital Readmission for all AE Members: 14.0%

October 01, 2022 - September 30, 2023
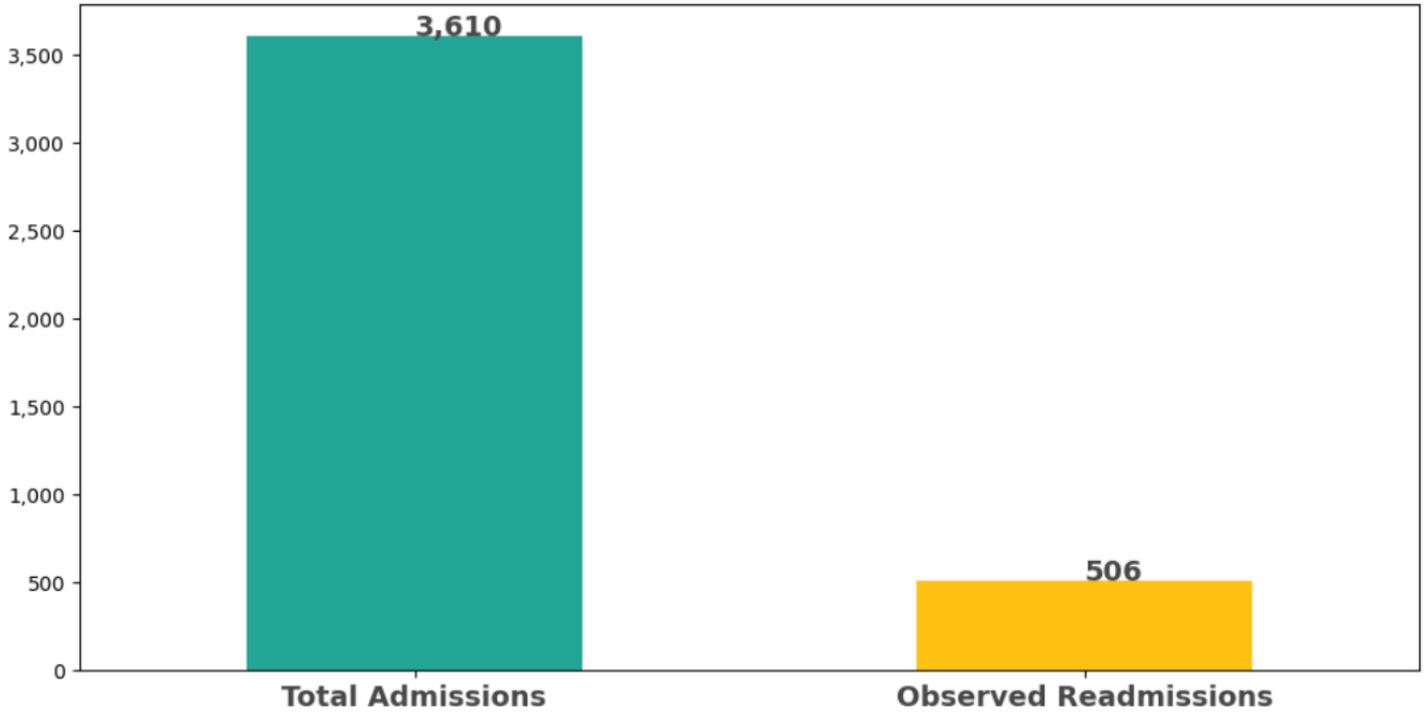
SUD/MH 7-day Follow-up Rate: 19.5%

October 01, 2022 - September 30, 2023
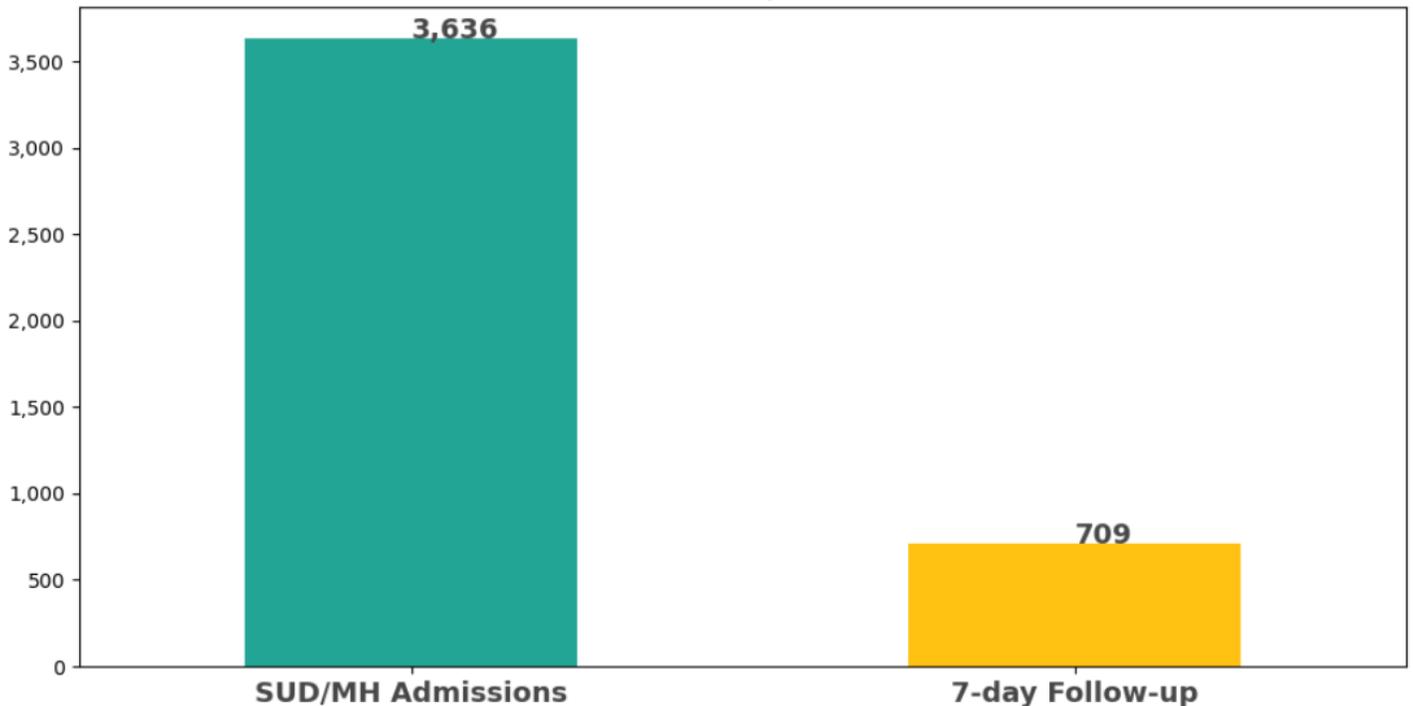
July 1, 2023 -September 30, 2023

Disenrollments

The state began identifying the number of disenrollments beginning in DY19, Q3. The table below identifies the number of disenrollments for DY22, Q1, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	July 2023	August 2023	September 2023	Total
Current Eligibles - PCR	Customer Moved Out of State	141	97	114	352
	Customer Request	46	31	47	124
	Death	9	0	0	9
	Enrolled in error	0	0	0	0
	Fails Utah residency	28	0	0	28
	Other Admin[9]	2,118	2,243	33,108	37,469
Adult Expansion	Customer Moved Out of State	223	184	176	583
	Customer Request	143	86	142	371
	Death	104	1	0	105
	Enrolled in error	0	0	0	0
	Fails Utah residency	48	0	1	49
	Other Admin	9,140	7,815	103,113	120,068
ESI	Customer Moved Out of State	1	1	3	5
	Customer Request	2	1	0	3
	Death	0	0	0	0
	Enrolled in error	0	0	0	0

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[9] " 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.

July 1, 2023 -September 30, 2023

	Fails Utah residency	0	0	0	0
	Other Admin	46	34	820	900
Targeted Adults	Customer Moved Out of State	9	9	5	23
	Customer Request	2	3	4	9
	Death	21	0	0	21
	Enrolled in error	0	0	0	0
	Fails Utah residency	2	0	0	2
	Other Admin	847	707	8,001	9,555
Demonstration Population #3	Customer Moved Out of State	0	0	0	0
	Customer Request	0	0	1	1
	Death	0	0	0	0
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	15	7	174	196
Dental-Blind/ Disabled	Customer Moved Out of State	0	0	0	0
	Customer Request	0	0	0	0
	Death	0	0	0	0
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	0	0	0	0
Aged Dental	Customer Moved Out of State	0	0	0	0
	Customer Request	0	0	0	0
	Death	0	0	0	0

July 1, 2023 -September 30, 2023

	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	0	0	0	0
Substance Use Disorder Residential Treatment	Customer Moved Out of State	0	1	0	1
	Customer Request	0	0	0	0
	Death	0	0	0	0
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	3	4	580	587
Former Foster Care Youth	Customer Moved Out of State	0	0	0	0
	Customer Request	0	0	0	0
	Death	0	0	0	0
	Enrolled in error	0	0	0	0
	Fails Utah residency	0	0	0	0
	Other Admin	0	0	0	0
Grand Total		**12,948**	**11,224**	**146,289**	**170,461**

Anticipated Changes to Enrollment

End of the Medicaid Continuous Enrollment

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

Adult Expansion Medicaid and ESI

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

Targeted Adults

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

Pending Amendments

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

Benefits

No additional changes to benefits or utilization are currently anticipated.

Demonstration Related Appeals

There were no demonstration related appeals for this demonstration quarter.

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. Only impacted demonstration populations are listed.

Demonstration Group	July 2023	August 2023	September 2023	Total
Adult Expansion	1	1	0	2
Aged, Blind, Disabled Dental	1	1	1	3
TAM	0	1	0	1
Total	2	3	1	6

There were six Constituent Affairs Grievances filed during quarter one:

July:

- One Adult Expansion Medicaid member had a grievance with their integrated health plan. The Constituent Affairs Representative worked with the Office of Managed Healthcare who then connected with the integrated health plan to resolve the concern.
- One Aged, Blind, Disabled member made an unsuccessful attempt at obtaining a new partial, lower denture. The Constituent Affairs Representative contacted UUSOD who then provided a list of providers for the member to contact. The provider then submitted a prior authorization for the denture.

August:

- One Adult Expansion Medicaid member attempted to obtain a different provider outside of a participating counseling center. The Constituent Affairs Representative helped establish communication with the counseling center who then agreed the member could find another provider through a single case agreement.
- One Aged, Blind, Disabled member had a complaint about a UUSOD provider while attempting to obtain two crowns. The Constituent Affairs Representative helped the member find another UUSOD network provider who then completed the crowns.
- One member who was pursuing TAM dental coverage contacted the Constituent Affairs Representative to explain she had been billed by UUSOD. The Constituent Affairs Representative explained the referral process and requested a referral be sent to the UUSOD coordinator to resolve the issue.

September:

- One Aged, Blind, Disabled member contacted the Constituent Affairs Representative to explain they had been referred out from UUSOD for endodontic care and were unable to reach that provider. The Constituent Affairs Representative provided the member alternate UUSOD providers as well as information about Non-Emergency Medical Transportation due to no local endodontists being available.

Accountable Care Organization (ACO) Grievances

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

Demonstration Group	July 2023	August 2023	September 2023	Total
Adult Expansion	9	7	11	27
Current Eligibles	21	17	11	49
UMIC	3	2	0	5
SUD IMD	0	0	0	0
Total	33	26	22	81

Grievance Reasons	July 2023	August 2023	September 2023	Total
Related to outpatient services	0	0	1	1
Related to coverage of outpatient prescription drugs	9	10	8	27
Related to other service types	1	0	1	2
Related to plan or provider customer service	4	1	1	6
Related to access to care/services from plan or provider	2	2	0	4
Related to quality of care	1	1	0	2
Related to plan communications	0	0	2	2
Related to payment or billing issues	8	3	2	13
File for other reasons	8	8	7	23
Suspected Fraud	0	1	0	1
Total	33	26	22	81

July 1, 2023 -September 30, 2023

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 [10]

Program Type	July 2023	August 2023	September 2023	Avg. Total
Current Eligibles-PCR	9.63	8.88	8.84	**9.12**
Adult Expansion	9.93	9.75	10.38	**10.02**
Targeted Adults	5.89	6.53	6.83	**6.42**
Premium Assistance UPP	16	14.43	24.92	**18.45**

Financial/Budget Neutrality

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

Financial-Anticipated Changes

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

Evaluator Updates and Demonstration Evaluations

The state submitted the Evaluation Design to CMS in July 2023 and has subsequently made modifications to the design. Details regarding the modifications are included in an attachment which will be submitted with this report. The final version is due to CMS by March 30, 2024.

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

July 1, 2023 -September 30, 2023

Pending Amendment Requests

The state submitted three amendment applications this demonstration quarter.

On July 27, 2023, the state submitted the following amendment applications which are currently pending a decision from CMS:

- Adult Dental Expansion: This amendment seeks approval to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.
- Family Planning Services: This amendment seeks approval to provide family planning services to a specific population.
- Chronic Conditions Support: This amendment seeks approval to provide additional Medicaid services to fee for service enrolled individuals with qualified chronic health conditions.

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

- Twelve-month Extended Postpartum: This amendment sought approval to provide twelve months of extended Medicaid coverage for certain postpartum women. On September 8, 2023, CMS denied Utah's amendment request. As such, Utah will now implement the 12-month postpartum coverage option through the State Plan Amendment. This coverage option will apply 12-month postpartum coverage without regard to the way a pregnancy ends. This change will be effective January 1, 2024.

The following demonstration amendments are also 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: 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.
- 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.