

Managed Care Program Annual Report (MCPAR) for Utah: UT Prepaid Mental Health Plan

Due date	Last edited	Edited by	Status
12/27/2025	12/23/2025	Alfonsina Jensen	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under each plan.	Submitted on 10/27/2025

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Utah
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Alfonsina (Maya) Jensen
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	mayajensen@utah.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Alfonsina Jensen
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	mayajensen@utah.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	12/23/2025

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	07/01/2024
A5b	Reporting period end date Auto-populated from report dashboard.	06/30/2025
A6	Program name Auto-populated from report dashboard.	UT Prepaid Mental Health Plan

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Bear River Mental Health Services
	Central Utah Counseling Center
	Davis Behavioral Health Services
	Four Corners Community Behavioral Health
	Healthy U Behavioral Health
	Northeastern Counseling Center
	Salt Lake County Behavioral Health Services
	Southwest Behavioral Health Center
	United Behavioral Health, Inc.
	Wasatch Behavioral Health Special Service District
	Weber Human Services


Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Utah Medicaid

Add In Lieu of Services and Settings (A.9)

 **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
ILOS name	Not answered

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	330,179
BI.2	Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	303,326

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	<p>Data validation entity</p> <p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p>Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.</p>	Other third-party vendor

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p>Payment risks between the state and plans</p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p>	<p>The Utah Office of Inspector General (UOIG) focused on several activities to identify, address, and prevent fraud, waste, and abuse within Utah's managed care plans (MCPs). Using MCP encounter data to identify areas of concern, the UOIG reviewed inpatient data to determine if a member's hospital admission met billing criteria, outpatient data to determine if evaluation and management codes were billed appropriately, and site visits to review medical records of outlier encounters. The UOIG notified the MCPs' special investigation units to recover funds, as necessary.</p>
BX.2	<p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p>State has established a hybrid system</p>
BX.3	<p>Location of contract provision stating overpayment standard</p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p>Attachment B-Special Provisions, Articles 11.1.6 and 11.1.7.</p>
BX.4	<p>Description of overpayment contract standard</p> <p>Briefly describe the overpayment standard selected in indicator B.X.2.</p>	<p>The plans may retain their overpayment recoveries. If the OIG collects the overpayment it retains its recoveries. The OIG is only responsible to make collections after the plans have had 12 months to make collections.</p>
BX.5	<p>State overpayment reporting monitoring</p> <p>Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness</p>	<p>Per PMHP contracts, Attachment B-Special Provisions 6.1.3 and 11.1.5, plans must submit quarterly overpayment reports. The state monitors these quarterly reports, including the timeliness of reporting.</p>

of reporting?
The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

BX.6	Changes in beneficiary circumstances Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	Enrollments are determined daily with the receipt of the Eligibility File from DWS. The system automatically evaluates eligibility for new enrollments or changes in enrollment and takes the appropriate action in the system. An Benefit Enrollment and Maintenance (834) file is sent to each plan daily through the clearinghouse (UHIN) based on member enrollment activity. Any deviation in the expected file or file size would prompt an email from either the Plan or UHIN to the state to confirm. The state also monitors for the complete file transmission to UHIN. In addition, an Audit 834 file is also sent monthly to each plan with a retrospective point in time roster for reconciliation purposes.
BX.7a	Changes in provider circumstances: Monitoring plans Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	Changes in provider circumstances: Metrics Does the state use a metric or indicator to assess plan reporting performance? Select one.	No
BX.8a	Federal database checks: Excluded person or entities During the state’s federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any	No

subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

BX.9a	Website posting of 5 percent or more ownership control Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	Yes
BX.9b	Website posting of 5 percent or more ownership control: Link What is the link to the website? Refer to 42 CFR 602(g)(3).	https://medicaid.utah.gov/Documents/pdfs/Ownership%20MCE.pdf
BX.10	Periodic audits If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.	1- MLR audits - click on MLR dropdown under https://medicaid.utah.gov/managed-care/ 2- Encounter Data Validation (M&S) - These audits were completed on 11/14/25. Audits will be posted on our website https://medicaid.utah.gov/managed-care/ .

Topic XIII. Prior Authorization



Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Not reporting data

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	Program contract Enter the title of the contract between the state and plans participating in the managed care program.	Utah Medicaid Contract with Prepaid Mental Health Plan (PMHP)
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	07/01/2021
C11.2	Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://medicaid.utah.gov/managed-care/
C11.3	Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Prepaid Inpatient Health Plan (PIHP)
C11.4a	Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health
C11.4b	Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	N/A
C11.5	Program enrollment Enter the average number of individuals enrolled in this managed care program per	242,767

month during the reporting year (i.e., average member months).

C1I.6

Changes to enrollment or benefits

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

Continual downstream affects of Medicaid Unwinding has contributed the most to enrollment trends.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>12.3.1 Encounter Data, Generally (E) The Contractor shall transmit Encounter Data within 30 calendar days of the service or Claim adjudication date. The Encounter Data shall represent all Encounter Claim types (professional and institutional) received and adjudicated by the Contractor.</p>

C1III.4	Financial penalties contract language Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	"12.3.1 Encounter Data, Generally (G) If the Contractor fails to transmit at least 95 percent of its Encounter Data within the timely submission standard in Article 12.3.1(E) of this attachment, the Department may require corrective action.
C1III.5	Incentives for encounter data quality Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	N/A
C1III.6	Barriers to collecting/validating encounter data Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	Utah Medicaid implemented a new MMIS system called PRISM in April 2023. During the implementation, system issues and defects were identified that prohibited the collection of encounter data timely. This was an issue with the State system, not the Managed Care Plan. Utah Medicaid has worked with the MMIS vendor to correct the issues, allowing the encounter submission process to begin and catch up on the prior periods.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p>	N/A
C1IV.2	<p>State definition of “timely” resolution for standard appeals</p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	Attachment B 8.3.4- Timeframes for Standard Appeal Resolution and Notification- (A) The Contractor shall complete each standard Appeal and provide a Notice of Appeal Resolution to the affected parties as expeditiously as the Enrollee’s health condition requires, but no later than 30 calendar days from the day the Contractor receives the Appeal request.
C1IV.3	<p>State definition of “timely” resolution for expedited appeals</p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	Attachment B 8.4.6- Timeframes for Expedited Appeal Resolution and Notification- (A) The Contractor shall complete each expedited Appeal and provide a Notice of Appeal Resolution to affected parties as expeditiously as the Enrollee’s health condition requires, but no later than 72 hours after the Contractor receives the expedited Appeal request."

C1IV.4**State definition of “timely” resolution for grievances**

Provide the state’s definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

Attachment B.8.6.4- Timeframes for Grievance Resolution and Notification- (A) The Contractor shall dispose of each Grievance and provide notice to the affected parties as expeditiously as the Enrollee’s health condition requires, but not to exceed 90 calendar days from the day the Contractor receives the Grievance."

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter "No challenges were encountered" as your response. "N/A" is not an acceptable response.</p>	<p>Prepaid Mental Health Plans (PMHPs): Nationwide, there is a shortage of behavioral health providers and Utah PMHPs also have their challenges with this issue.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>The PMHPs address the challenge of a shortage of behavioral health providers maintaining open recruitments, offering incentives for providers to relocate rural and frontier areas, offering incentives to providers who are bi-lingual, providing increased rates for specialized services (e.g., peer support, case management, etc., assessing possible recruitment of their commercial providers, reducing administrative burdens as much as possible, and by supporting providers through meetings, email blasts, etc. PMHPs also use telemedicine and may provide their own transportation to services in addition to coordinating with Medicaid's NEMT provider.</p>

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	BSS website List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	https://medicaid.utah.gov/health-program-representatives/ , https://medicaid.utah.gov/mybenefits-login/
C1IX.2	BSS auxiliary aids and services How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? 42 CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Beneficiaries are able to access support services through a variety of ways. The main access point for beneficiaries is to call our Health Program Representatives (HPRs) Monday - Friday, between 8:00 A.M. and 5:00 P.M. HPRs can receive calls in both English and Spanish. If there are other languages spoken by the beneficiaries, translators can be used in a 3 way call. Relay services can also be used for the hearing impaired. Beneficiaries are able to access their benefit information online by using the MyBenefits portal. In the MyBenefits portal, beneficiaries can see all of their coverage information, including Co-pay information, Medical plan, Dental Plan, Mental Health plan, etc. They can also request a Non-emergency transportation card through the portal. Beneficiaries can also email our HPR team at any time. The email questions and requests are answered daily by the HPR team.
C1IX.3	BSS LTSS program data How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	N/A. The managed care plans are not responsible for LTSS under the contract.
C1IX.4	State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	The State maintains goals for the telephone system. The HPR team has a set goal that the average speed of calls answered will be under 1 minute, 30 seconds. The abandonment rate for calls is to be under 6%. Calls are also monitored and reviewed for accuracy by lead workers and Supervisors.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>Does this program include MCOs?</p> <p>If “Yes”, please complete the following questions.</p>	Yes
C1XII.5	<p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p>Did the State or MCOs complete the most recent parity analysis(es)?</p>	State
C1XII.7a	<p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p>	No
C1XII.8	<p>When was the last parity analysis(es) for this program completed?</p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).</p>	02/26/2021
C1XII.9	<p>When was the last parity analysis(es) for this program</p>	02/26/2021

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	No
C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website? The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.	Yes
C1XII.12b	Provide the URL link(s). Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://medicaid.utah.gov/Documents/pdfs/Utah%20Medicaid%20Mental%20Health%20Parity%20Analysis%20-%20202-26-2021%20FINAL.pdf

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	Bear River Mental Health Services 17,086
		Central Utah Counseling Center 9,280
		Davis Behavioral Health Services 19,257
		Four Corners Community Behavioral Health 5,778
		Healthy U Behavioral Health 1,294
		Northeastern Counseling Center 11,727
		Salt Lake County Behavioral Health Services 83,622
		Southwest Behavioral Health Center 24,077
		United Behavioral Health, Inc. 7,775
		Wasatch Behavioral Health Special Service District 40,731
		Weber Human Services 22,018
D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)	Bear River Mental Health Services 5.2%
		Central Utah Counseling Center 2.8%
		Davis Behavioral Health Services 5.8%

**Four Corners Community
Behavioral Health**

1.7%

Healthy U Behavioral Health

0.4%

Northeastern Counseling Center

3.6%

**Salt Lake County Behavioral Health
Services**

25.3%

**Southwest Behavioral Health
Center**

7.3%

United Behavioral Health, Inc.

2.4%

**Wasatch Behavioral Health Special
Service District**

12.3%

Weber Human Services

6.7%

D1I.3

**Plan share of any Medicaid
managed care**

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid managed care enrollment (B.I.2)

Bear River Mental Health Services

5.6%

Central Utah Counseling Center

3.1%

Davis Behavioral Health Services

6.3%

**Four Corners Community
Behavioral Health**

1.9%

Healthy U Behavioral Health

0.4%

Northeastern Counseling Center

3.9%

**Salt Lake County Behavioral Health
Services**

27.6%

Southwest Behavioral Health Center

7.9%

United Behavioral Health, Inc.

2.6%

Wasatch Behavioral Health Special Service District

13.4%

Weber Human Services

7.3%

D1I.4: Parent

Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.

If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.

Bear River Mental Health Services

Bear River Mental Health

Central Utah Counseling Center

Central Utah Counseling Center

Davis Behavioral Health Services

Davis Behavioral Health

Four Corners Community Behavioral Health

Four Corners Community Behavioral Health Center

Healthy U Behavioral Health

Healthy U Behavioral

Northeastern Counseling Center

Northeastern Counseling Center

Salt Lake County Behavioral Health Services

Salt Lake County Behavioral Health Center

Southwest Behavioral Health Center

Southwest Behavioral Health

United Behavioral Health, Inc.

part of United Health Group

**Wasatch Behavioral Health Special
Service District**

Wasatch Behavioral Health

Weber Human Services

Weber Human Services

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	Bear River Mental Health Services 86.8%
		Central Utah Counseling Center 111.8%
		Davis Behavioral Health Services 87%
		Four Corners Community Behavioral Health 115.9%
		Healthy U Behavioral Health 70.2%
		Northeastern Counseling Center 78%
		Salt Lake County Behavioral Health Services 93.2%
		Southwest Behavioral Health Center 95.2%
		United Behavioral Health, Inc. 89.4%
		Wasatch Behavioral Health Special Service District 83.7%
		Weber Human Services 83.3%

D1II.1b	Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.	Bear River Mental Health Services Program-specific statewide
		Central Utah Counseling Center Program-specific statewide
		Davis Behavioral Health Services Program-specific statewide

Four Corners Community Behavioral Health

Program-specific statewide

Healthy U Behavioral Health

Program-specific statewide

Northeastern Counseling Center

Program-specific statewide

Salt Lake County Behavioral Health Services

Program-specific statewide

Southwest Behavioral Health Center

Program-specific statewide

United Behavioral Health, Inc.

Program-specific statewide

Wasatch Behavioral Health Special Service District

Program-specific statewide

Weber Human Services

Program-specific statewide

D1II.2**Population specific MLR description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Bear River Mental Health Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In

addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy MH MLR: 86.8%; Expansion MH MLR: 96.5% (No SUD coverage)

Central Utah Counseling Center

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 111.8%; Legacy Population SUD MLR 85.3%; Expansion Population MH MLR: 108.1%; Expansion Population SUD MLR: 59.91%

Davis Behavioral Health Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. This

PMHP does not serve expansion members as they are covered under an Integrated Care Plan. Below are the MLRs this specific PMHP: Legacy MH MLR: 87%; Legacy SUD MLR: 108.2%

Four Corners Community Behavioral Health

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 115.9%; Legacy Population SUD MLR: 120.6%; Expansion Population MH MLR: 113.5%; Expansion Population SUD MLR: 97.31%

Healthy U Behavioral Health

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific

PMHP: Legacy Population MH MLR: 70.2%;
Legacy Population SUD MLR: 83.6%;
Expansion Population MH MLR: 54.5%;
Expansion Population SUD MLR: 43.35%

Northeastern Counseling Center

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services.

These are indicated below for this specific
PMHP: Legacy Population MH MLR: 78.0%;
Legacy Population SUD MLR: 77.8%;
Expansion Population MH MLR: 75.1%;
Expansion Population SUD MLR: 97.33%

Salt Lake County Behavioral Health Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. This PMHP does not serve expansion members as they are covered under an Integrated

Care Plan. Below are the MLRs for this specific
PMHP: Legacy Population MH MLR: 93.2%;
Legacy Population SUD MLR: 117.8%

Southwest Behavioral Health Center

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 95.2%; Legacy Population SUD MLR: 68.0%; Expansion Population MH MLR: 80.2%; Expansion Population SUD MLR: 46.44%

United Behavioral Health, Inc.

Yes, separate MLR calculation for Legacy Medicaid members and separate MLR calculations for mental health (MH), and for substance use disorder (SUD) services. If the PMHP contractor also has Expansion Medicaid members, separate calculations for this population and separate MLR calculations for MH, and for SUD services. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. These are indicated below for this specific PMHP: Legacy Population MH MLR: 89.4%; Legacy Population SUD MLR: 127.2%; Expansion Population MH MLR:

95.3%; Expansion Population SUD MLR: 102.3%

Wasatch Behavioral Health Special Service District

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 83.7%; Legacy Population SUD MLR: 102.6% (no Expansion members)

Weber Human Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 83.3%; Legacy Population SUD MLR: 111.1%; Expansion Population MH MLR: non-credible (due to small population in

Morgan County); Expansion Population
SUD MLR: non-credible (due to small
population in Morgan County)

D1II.3

**MLR reporting period
discrepancies**

Does the data reported in item
D1.II.1a cover a different time
period than the MCPAR report?

Bear River Mental Health Services

Yes

Central Utah Counseling Center

Yes

Davis Behavioral Health Services

Yes

**Four Corners Community Behavioral
Health**

Yes

Healthy U Behavioral Health

Yes

Northeastern Counseling Center

Yes

**Salt Lake County Behavioral Health
Services**

Yes

Southwest Behavioral Health Center

Yes

United Behavioral Health, Inc.

Yes

**Wasatch Behavioral Health Special
Service District**

Yes

Weber Human Services

Yes

N/A

Enter the start date.

Bear River Mental Health Services

07/01/2022

Central Utah Counseling Center

07/01/2022

Davis Behavioral Health Services

07/01/2022

Four Corners Community Behavioral Health

07/01/2022

Healthy U Behavioral Health

07/01/2022

Northeastern Counseling Center

07/01/2022

Salt Lake County Behavioral Health Services

07/01/2022

Southwest Behavioral Health Center

07/01/2022

United Behavioral Health, Inc.

07/01/2022

Wasatch Behavioral Health Special Service District

07/01/2022

Weber Human Services

07/01/2022

N/A

Enter the end date.

Bear River Mental Health Services

06/30/2023

Central Utah Counseling Center

06/30/2023

Davis Behavioral Health Services

06/30/2023

Four Corners Community Behavioral Health

06/30/2023

Healthy U Behavioral Health

06/30/2023

Northeastern Counseling Center

06/30/2023

**Salt Lake County Behavioral Health
Services**

06/30/2023

Southwest Behavioral Health Center

06/30/2023

United Behavioral Health, Inc.

06/30/2023

**Wasatch Behavioral Health Special
Service District**

06/30/2023

Weber Human Services

06/30/2023

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p>Definition of timely encounter data submissions</p> <p>Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p>Bear River Mental Health Services</p> <p>To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p>Central Utah Counseling Center</p> <p>To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p>Davis Behavioral Health Services</p> <p>To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p>Four Corners Community Behavioral Health</p> <p>To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p>Healthy U Behavioral Health</p> <p>To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p>Northeastern Counseling Center</p> <p>To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p>Salt Lake County Behavioral Health Services</p> <p>To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p>Southwest Behavioral Health Center</p> <p>To be considered a timely encounter data submission, the encounter must be</p>

submitted within 30 calendar days of the service or claim adjudication date.

United Behavioral Health, Inc.

To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.

Wasatch Behavioral Health Special Service District

To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.

Weber Human Services

To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

Bear River Mental Health Services

80%

Central Utah Counseling Center

57%

Davis Behavioral Health Services

24%

Four Corners Community Behavioral Health

72%

Healthy U Behavioral Health

88%

Northeastern Counseling Center

96%

Salt Lake County Behavioral Health Services

92%

Southwest Behavioral Health Center

98%

United Behavioral Health, Inc.

75%

Wasatch Behavioral Health Special Service District

1%

Weber Human Services

2%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

Bear River Mental Health Services

77%

Central Utah Counseling Center

45%

Davis Behavioral Health Services

63%

Four Corners Community Behavioral Health

40%

Healthy U Behavioral Health

100%

Northeastern Counseling Center

61%

Salt Lake County Behavioral Health Services

84%

Southwest Behavioral Health Center

84%

United Behavioral Health, Inc.

88%

Wasatch Behavioral Health Special Service District

87%

Weber Human Services

75%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	Appeals resolved (at the plan level) Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	Bear River Mental Health Services
		4
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		1
		Four Corners Community Behavioral Health
		0
		Healthy U Behavioral Health
		3
D1IV.1a	Appeals denied Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.	Northeastern Counseling Center
		3
		Salt Lake County Behavioral Health Services
		31
		Southwest Behavioral Health Center
		0
		United Behavioral Health, Inc.
		6
		Wasatch Behavioral Health Special Service District
		64
		Weber Human Services
		9
		Bear River Mental Health Services
		4
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

3

Northeastern Counseling Center

2

Salt Lake County Behavioral Health Services

18

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

4

Wasatch Behavioral Health Special Service District

58

Weber Human Services

9

D1IV.1b

Appeals resolved in partial favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special
Service District**

1

Weber Human Services

0

D1IV.1c	Appeals resolved in favor of enrollee	Bear River Mental Health Services
	Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.	0
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		0
		Four Corners Community Behavioral Health
		0
		Healthy U Behavioral Health
		0
		Northeastern Counseling Center
		1
		Salt Lake County Behavioral Health Services
		13
		Southwest Behavioral Health Center
		0
		United Behavioral Health, Inc.
		2
		Wasatch Behavioral Health Special Service District
		5
		Weber Human Services
		0

D1IV.2	Active appeals	Bear River Mental Health Services
	Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.	0
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		0
		Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.4

**Number of critical incidents
filed during the reporting
year by (or on behalf of) an
LTSS user who previously
filed an appeal**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A". Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A". The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

**Four Corners Community Behavioral
Health**

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

**Salt Lake County Behavioral Health
Services**

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

preceded the filing of the critical incident.

D1IV.5a

Standard appeals for which timely resolution was provided

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Bear River Mental Health Services

4

Central Utah Counseling Center

0

Davis Behavioral Health Services

1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

3

Northeastern Counseling Center

3

Salt Lake County Behavioral Health Services

31

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

6

Wasatch Behavioral Health Special Service District

64

Weber Human Services

9

D1IV.5b

Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.6a **Resolved appeals related to denial of authorization or limited authorization of a service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

20

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

6

**Wasatch Behavioral Health Special
Service District**

33

Weber Human Services

0

<p>D1IV.6b</p>	<p>Resolved appeals related to reduction, suspension, or termination of a previously authorized service</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.</p>	<p>Bear River Mental Health Services</p> <p>0</p> <p>Central Utah Counseling Center</p> <p>0</p> <p>Davis Behavioral Health Services</p> <p>0</p> <p>Four Corners Community Behavioral Health</p> <p>0</p> <p>Healthy U Behavioral Health</p> <p>0</p> <p>Northeastern Counseling Center</p> <p>0</p> <p>Salt Lake County Behavioral Health Services</p> <p>0</p> <p>Southwest Behavioral Health Center</p> <p>0</p> <p>United Behavioral Health, Inc.</p> <p>0</p> <p>Wasatch Behavioral Health Special Service District</p> <p>0</p> <p>Weber Human Services</p> <p>0</p>
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<p>D1IV.6c</p>	<p>Resolved appeals related to payment denial</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.</p>	<p>Bear River Mental Health Services</p> <p>4</p> <p>Central Utah Counseling Center</p> <p>0</p> <p>Davis Behavioral Health Services</p> <p>1</p> <p>Four Corners Community Behavioral Health</p>
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0

Healthy U Behavioral Health

3

Northeastern Counseling Center

3

Salt Lake County Behavioral Health Services

11

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

25

Weber Human Services

9

D1IV.6d

Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special
Service District**

0

Weber Human Services

0

D1IV.6e

**Resolved appeals related to
lack of timely plan response
to an appeal or grievance**

Enter the total number of
appeals resolved by the plan
during the reporting year that
were related to the plan's
failure to act within the
timeframes provided at 42 CFR
§438.408(b)(1) and (2) regarding
the standard resolution of
grievances and appeals.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

**Four Corners Community Behavioral
Health**

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

**Salt Lake County Behavioral Health
Services**

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special
Service District**

0

Weber Human Services

0

D1IV.6f	<p>Resolved appeals related to plan denial of an enrollee's right to request out-of-network care</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).</p>	<p>Bear River Mental Health Services</p> <p>0</p> <p>Central Utah Counseling Center</p> <p>0</p> <p>Davis Behavioral Health Services</p> <p>0</p> <p>Four Corners Community Behavioral Health</p> <p>0</p> <p>Healthy U Behavioral Health</p> <p>0</p> <p>Northeastern Counseling Center</p> <p>0</p> <p>Salt Lake County Behavioral Health Services</p> <p>0</p> <p>Southwest Behavioral Health Center</p> <p>0</p> <p>United Behavioral Health, Inc.</p> <p>0</p> <p>Wasatch Behavioral Health Special Service District</p> <p>0</p> <p>Weber Human Services</p> <p>0</p>
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D1IV.6g	<p>Resolved appeals related to denial of an enrollee's request to dispute financial liability</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.</p>	<p>Bear River Mental Health Services</p> <p>0</p> <p>Central Utah Counseling Center</p> <p>0</p> <p>Davis Behavioral Health Services</p> <p>0</p> <p>Four Corners Community Behavioral Health</p>
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0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

**Salt Lake County Behavioral Health
Services**

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special
Service District**

6

Weber Human Services

0

Appeals by Service

Number of appeals resolved during the reporting period related to various services.
Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.	Bear River Mental Health Services N/A Central Utah Counseling Center N/A Davis Behavioral Health Services N/A Four Corners Community Behavioral Health N/A Healthy U Behavioral Health N/A Northeastern Counseling Center N/A Salt Lake County Behavioral Health Services N/A Southwest Behavioral Health Center N/A United Behavioral Health, Inc. N/A Wasatch Behavioral Health Special Service District N/A Weber Human Services N/A

D1IV.7b	Resolved appeals related to general outpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral	Bear River Mental Health Services N/A Central Utah Counseling Center N/A Davis Behavioral Health Services N/A
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health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7c

Resolved appeals related to inpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.

Bear River Mental Health Services

4

Central Utah Counseling Center

0

Davis Behavioral Health Services

1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

2

Salt Lake County Behavioral Health Services

15

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

5

**Wasatch Behavioral Health Special
Service District**

64

Weber Human Services

9

<p>D1IV.7d</p>	<p>Resolved appeals related to outpatient behavioral health services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".</p>	<p>Bear River Mental Health Services</p> <p>0</p> <p>Central Utah Counseling Center</p> <p>0</p> <p>Davis Behavioral Health Services</p> <p>0</p> <p>Four Corners Community Behavioral Health</p> <p>0</p> <p>Healthy U Behavioral Health</p> <p>3</p> <p>Northeastern Counseling Center</p> <p>1</p> <p>Salt Lake County Behavioral Health Services</p> <p>16</p> <p>Southwest Behavioral Health Center</p> <p>0</p> <p>United Behavioral Health, Inc.</p> <p>1</p> <p>Wasatch Behavioral Health Special Service District</p> <p>0</p> <p>Weber Human Services</p> <p>0</p>
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<p>D1IV.7e</p>	<p>Resolved appeals related to covered outpatient prescription drugs</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".</p>	<p>Bear River Mental Health Services</p> <p>N/A</p> <p>Central Utah Counseling Center</p> <p>N/A</p> <p>Davis Behavioral Health Services</p> <p>N/A</p> <p>Four Corners Community Behavioral Health</p>
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N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.7g

**Resolved appeals related to
long-term services and
supports (LTSS)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

**Four Corners Community Behavioral
Health**

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

**Salt Lake County Behavioral Health
Services**

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.7h	Resolved appeals related to dental services	Bear River Mental Health Services
	Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	N/A
		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
		N/A
		Four Corners Community Behavioral Health
		N/A
		Healthy U Behavioral Health
		N/A
		Northeastern Counseling Center
		N/A
		Salt Lake County Behavioral Health Services
		N/A
		Southwest Behavioral Health Center
		N/A
		United Behavioral Health, Inc.
		N/A
		Wasatch Behavioral Health Special Service District
		N/A
		Weber Human Services
		N/A

D1IV.7i	Resolved appeals related to non-emergency medical transportation (NEMT)	Bear River Mental Health Services
	Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".	N/A
		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
		N/A
		Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7k: Resolved appeals related to durable medical equipment (DME) & supplies

Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.7I:

**Resolved appeals related to
home health / hospice**

Enter the total number of
appeals resolved by the plan
during the reporting year that
were related to home health
and/or hospice. If the managed
care plan does not cover this
type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

**Four Corners Community Behavioral
Health**

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

**Salt Lake County Behavioral Health
Services**

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.7m: Resolved appeals related to emergency services / emergency department

Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter “N/A”.

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7n: Resolved appeals related to therapies

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter “N/A”.

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7o

Resolved appeals related to other service types

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.	Bear River Mental Health Services
		0
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		0
		Four Corners Community Behavioral Health
		0
		Healthy U Behavioral Health
		0
		Northeastern Counseling Center
		1
		Salt Lake County Behavioral Health Services
		4
		Southwest Behavioral Health Center
		0
		United Behavioral Health, Inc.
		1
		Wasatch Behavioral Health Special Service District
		2
		Weber Human Services
		0
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	Bear River Mental Health Services
		0
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

1

Weber Human Services

0

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special
Service District**

0

Weber Human Services

0

D1IV.8d**State Fair Hearings retracted prior to reaching a decision**

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

4

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

1

Wasatch Behavioral Health Special Service District

1

Weber Human Services

0

D1IV.9a**External Medical Reviews resulting in a favorable decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

defined and described at 42
CFR §438.402(c)(i)(B).

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

**Salt Lake County Behavioral Health
Services**

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special
Service District**

0

Weber Human Services

0

D1IV.9b

**External Medical Reviews
resulting in an adverse
decision for the enrollee**

If your state does offer an
external medical review
process, enter the total number
of external medical review
decisions rendered during the
reporting year that were
adverse to the enrollee. If your
state does not offer an external
medical review process, enter
“N/A”. External medical review is
defined and described at 42
CFR §438.402(c)(i)(B).

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

**Four Corners Community Behavioral
Health**

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

**Salt Lake County Behavioral Health
Services**

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special
Service District**

0

Weber Human Services

0

Grievances Overview

Number	Indicator	Response
D1IV.10	Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. A grievance is “resolved” when it has reached completion and been closed by the plan.	Bear River Mental Health Services
		26
		Central Utah Counseling Center
		5
		Davis Behavioral Health Services
		38
		Four Corners Community Behavioral Health
		9
		Healthy U Behavioral Health
		1
		Northeastern Counseling Center
		2
		Salt Lake County Behavioral Health Services
D1IV.11	Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	16
		Southwest Behavioral Health Center
		20
		United Behavioral Health, Inc.
		1
		Wasatch Behavioral Health Special Service District
		18
		Weber Human Services
		19
		Bear River Mental Health Services
		0
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.12

Grievances filed on behalf of LTSS users

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.13**Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.14**Number of grievances for which timely resolution was provided**

Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements

Bear River Mental Health Services

25

Central Utah Counseling Center

5

Davis Behavioral Health Services

related to the timely resolution of grievances.

38

Four Corners Community Behavioral Health

9

Healthy U Behavioral Health

1

Northeastern Counseling Center

2

Salt Lake County Behavioral Health Services

16

Southwest Behavioral Health Center

20

United Behavioral Health, Inc.

1

Wasatch Behavioral Health Special Service District

18

Weber Human Services

19

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	Resolved grievances related to general inpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”.	Bear River Mental Health Services
		N/A
		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
		N/A
		Four Corners Community Behavioral Health
		N/A
		Healthy U Behavioral Health
		N/A
D1IV.15b	Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related	Northeastern Counseling Center
		N/A
		Salt Lake County Behavioral Health Services
		N/A
		Southwest Behavioral Health Center
		N/A
		United Behavioral Health, Inc.
		N/A
		Wasatch Behavioral Health Special Service District
		N/A
D1IV.15a		Weber Human Services
		N/A
		Bear River Mental Health Services
		N/A
D1IV.15b		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
D1IV.15a		N/A

to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15c

Resolved grievances related to inpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

4

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

1

**Wasatch Behavioral Health Special
Service District**

0

Weber Human Services

0

<p>D1IV.15d</p>	<p>Resolved grievances related to outpatient behavioral health services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p>Bear River Mental Health Services</p> <p>26</p> <p>Central Utah Counseling Center</p> <p>5</p> <p>Davis Behavioral Health Services</p> <p>38</p> <p>Four Corners Community Behavioral Health</p> <p>9</p> <p>Healthy U Behavioral Health</p> <p>1</p> <p>Northeastern Counseling Center</p> <p>3</p> <p>Salt Lake County Behavioral Health Services</p> <p>13</p> <p>Southwest Behavioral Health Center</p> <p>20</p> <p>United Behavioral Health, Inc.</p> <p>0</p> <p>Wasatch Behavioral Health Special Service District</p> <p>18</p> <p>Weber Human Services</p> <p>19</p>
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<p>D1IV.15e</p>	<p>Resolved grievances related to coverage of outpatient prescription drugs</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p>Bear River Mental Health Services</p> <p>N/A</p> <p>Central Utah Counseling Center</p> <p>N/A</p> <p>Davis Behavioral Health Services</p> <p>N/A</p> <p>Four Corners Community Behavioral Health</p>
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N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.15g

**Resolved grievances related
to long-term services and
supports (LTSS)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

**Four Corners Community Behavioral
Health**

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

**Salt Lake County Behavioral Health
Services**

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.15h	Resolved grievances related to dental services	Bear River Mental Health Services
	Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	N/A
		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
		N/A
		Four Corners Community Behavioral Health
		N/A
		Healthy U Behavioral Health
		N/A
		Northeastern Counseling Center
		N/A
		Salt Lake County Behavioral Health Services
		N/A
		Southwest Behavioral Health Center
		N/A
		United Behavioral Health, Inc.
		N/A
		Wasatch Behavioral Health Special Service District
		N/A
		Weber Human Services
		N/A

D1IV.15i	Resolved grievances related to non-emergency medical transportation (NEMT)	Bear River Mental Health Services
	Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	N/A
		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
		N/A
		Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15k

Resolved grievances related to durable medical equipment (DME) & supplies

Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.15I

**Resolved grievances related
to home health / hospice**

Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

**Four Corners Community Behavioral
Health**

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

**Salt Lake County Behavioral Health
Services**

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

D1IV.15m	Resolved grievances related to emergency services / emergency department	Bear River Mental Health Services
	Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	N/A
		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
		N/A
		Four Corners Community Behavioral Health
		N/A
		Healthy U Behavioral Health
		N/A
		Northeastern Counseling Center
		N/A
		Salt Lake County Behavioral Health Services
		N/A
		Southwest Behavioral Health Center
		N/A
		United Behavioral Health, Inc.
		N/A
		Wasatch Behavioral Health Special Service District
		N/A
		Weber Human Services
		N/A

D1IV.15n	Resolved grievances related to therapies	Bear River Mental Health Services
	Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".	N/A
		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
		N/A
		Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15o

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

**Wasatch Behavioral Health Special
Service District**

N/A

Weber Human Services

N/A

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	Bear River Mental Health Services
		15
		Central Utah Counseling Center
		1
		Davis Behavioral Health Services
		7
		Four Corners Community Behavioral Health
		8
		Healthy U Behavioral Health
		0
		Northeastern Counseling Center
		1
		Salt Lake County Behavioral Health Services
		0
		Southwest Behavioral Health Center
		4
		United Behavioral Health, Inc.
		0
		Wasatch Behavioral Health Special Service District
		4
		Weber Human Services
		1

D1IV.16b	Resolved grievances related to plan or provider care management/case management Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about	Bear River Mental Health Services
		1
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services

the timeliness of an assessment or complaints about the plan or provider care or case management process.

4

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

2

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

5

Weber Human Services

0

D1IV.16c

Resolved grievances related to network adequacy or access to care/services from plan or provider

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

Bear River Mental Health Services

1

Central Utah Counseling Center

0

Davis Behavioral Health Services

6

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

**Salt Lake County Behavioral
Health Services**

1

**Southwest Behavioral Health
Center**

6

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health
Special Service District**

2

Weber Human Services

2

**D1IV.16d Resolved grievances related to
quality of care**

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

**Bear River Mental Health
Services**

7

Central Utah Counseling Center

3

Davis Behavioral Health Services

8

**Four Corners Community
Behavioral Health**

1

Healthy U Behavioral Health

1

Northeastern Counseling Center

0

**Salt Lake County Behavioral
Health Services**

15

**Southwest Behavioral Health
Center**

6

United Behavioral Health, Inc.

1

**Wasatch Behavioral Health
Special Service District**

3

Weber Human Services

10

D1IV.16e

Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Bear River Mental Health Services

1

Central Utah Counseling Center

1

Davis Behavioral Health Services

5

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

1

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health
Special Service District**

1

Weber Human Services

3

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the

Bear River Mental Health Services

0

reporting year that were filed for a reason related to payment or billing issues.

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

1

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

1

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

1

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

**Southwest Behavioral Health
Center**

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health
Special Service District**

0

Weber Human Services

0

D1IV.16i

**Resolved grievances related to lack
of timely plan response to a prior
authorization/service authorization
or appeal (including requests to
expedite or extend appeals)**

Enter the total number of grievances
resolved by the plan during the
reporting year that were filed due to a
lack of timely plan response to a
service authorization or appeal request
(including requests to expedite or
extend appeals).

**Bear River Mental Health
Services**

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

**Four Corners Community
Behavioral Health**

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

**Salt Lake County Behavioral
Health Services**

0

**Southwest Behavioral Health
Center**

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health
Special Service District**

0

		Weber Human Services
		0
D1IV.16j	Resolved grievances related to plan denial of expedited appeal Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.	Bear River Mental Health Services
		0
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		0
		Four Corners Community Behavioral Health
		0
		Healthy U Behavioral Health
		0
		Northeastern Counseling Center
		0
		Salt Lake County Behavioral Health Services
D1IV.16k	Resolved grievances filed for other reasons Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.	0
		Southwest Behavioral Health Center
		0
		United Behavioral Health, Inc.
		0
		Wasatch Behavioral Health Special Service District
		0
D1IV.16j		Weber Human Services
		0

D1IV.16k	Resolved grievances filed for other reasons Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.	Bear River Mental Health Services
		1
D1IV.16j		Central Utah Counseling Center
		0

Davis Behavioral Health Services

7

**Four Corners Community
Behavioral Health**

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

**Salt Lake County Behavioral
Health Services**

0

**Southwest Behavioral Health
Center**

1

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health
Special Service District**

3

Weber Human Services

1

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



D2.VII.1 Measure Name: FUH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - within 30 days 1 / 2

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Cross-program rate: UMIC, PMHP

D2.VII.6 Measure Set
HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description
N/A

Measure results

Bear River Mental Health Services
72.1%

Central Utah Counseling Center
86.9%

Davis Behavioral Health Services
85.8%

Four Corners Community Behavioral Health
72.4%

Healthy U Behavioral Health
87.5%

Northeastern Counseling Center
87.1%

Salt Lake County Behavioral Health Services

50.0%

Southwest Behavioral Health Center

60.3%

United Behavioral Health, Inc.

70.6%

Wasatch Behavioral Health Special Service District

84.9%

Weber Human Services

68.8%



Complete

D2.VII.1 Measure Name: FUH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - within 7 days 2 / 2

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: UMIC, PMHP, HOME

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

FUH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - within 7 days

Measure results

Bear River Mental Health Services

56.4%

Central Utah Counseling Center

73.8%

Davis Behavioral Health Services

65.0%

Four Corners Community Behavioral Health

58.6%

Healthy U Behavioral Health

62.5%

Northeastern Counseling Center

71.0%

Salt Lake County Behavioral Health Services

46.0%

Southwest Behavioral Health Center

43.4%

United Behavioral Health, Inc.

54.8%

Wasatch Behavioral Health Special Service District

69.8%

Weber Human Services

48.2%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count:

0 - No sanctions entered

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	Bear River Mental Health Services
		0.5
		Central Utah Counseling Center
		3.5
		Davis Behavioral Health Services
		3
		Four Corners Community Behavioral Health
		3
		Healthy U Behavioral Health
		23
		Northeastern Counseling Center
		1.25
		Salt Lake County Behavioral Health Services
		12
		Southwest Behavioral Health Center
		1
		United Behavioral Health, Inc.
		5
		Wasatch Behavioral Health Special Service District
		0.3
		Weber Human Services
		2
D1X.2	Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year?	Bear River Mental Health Services
		0
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

5

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

2

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

1

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special
Service District**

0

Weber Human Services

0

D1X.6

**Referral path for program
integrity referrals to the
state**

What is the referral path that
the plan uses to make program
integrity referrals to the state?
Select one.

Bear River Mental Health Services

Makes referrals to the SMA and MFCU
concurrently

Central Utah Counseling Center

Makes referrals to the SMA and MFCU
concurrently

Davis Behavioral Health Services

Makes referrals to the SMA and MFCU
concurrently

**Four Corners Community Behavioral
Health**

Makes referrals to the SMA and MFCU
concurrently

Healthy U Behavioral Health

Makes referrals to the SMA and MFCU
concurrently

Northeastern Counseling Center

Makes referrals to the SMA and MFCU
concurrently

**Salt Lake County Behavioral Health
Services**

Makes referrals to the SMA and MFCU
concurrently

Southwest Behavioral Health Center

Makes referrals to the SMA and MFCU concurrently

United Behavioral Health, Inc.

Makes referrals to the SMA and MFCU concurrently

Wasatch Behavioral Health Special Service District

Makes referrals to the SMA and MFCU concurrently

Weber Human Services

Makes referrals to the SMA and MFCU concurrently

D1X.7**Count of program integrity referrals to the state**

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

5

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

2

**Wasatch Behavioral Health Special
Service District**

0

Weber Human Services

0

**D1X.9a: Plan overpayment reporting
to the state: Start Date**

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Bear River Mental Health Services

07/01/2024

Central Utah Counseling Center

07/01/2024

Davis Behavioral Health Services

07/01/2024

**Four Corners Community Behavioral
Health**

07/01/2024

Healthy U Behavioral Health

07/01/2024

Northeastern Counseling Center

07/01/2024

**Salt Lake County Behavioral Health
Services**

07/01/2024

Southwest Behavioral Health Center

07/01/2024

United Behavioral Health, Inc.

07/01/2024

**Wasatch Behavioral Health Special
Service District**

07/01/2024

Weber Human Services

07/01/2024

**D1X.9b: Plan overpayment reporting
to the state: End Date**

What is the end date of the reporting period covered by the plan's latest overpayment

Bear River Mental Health Services

06/30/2025

Central Utah Counseling Center

06/30/2025

recovery report submitted to the state?

Davis Behavioral Health Services

06/30/2025

Four Corners Community Behavioral Health

06/30/2025

Healthy U Behavioral Health

06/30/2025

Northeastern Counseling Center

06/30/2025

Salt Lake County Behavioral Health Services

06/30/2025

Southwest Behavioral Health Center

06/30/2025

United Behavioral Health, Inc.

06/30/2025

Wasatch Behavioral Health Special Service District

06/30/2025

Weber Human Services

06/30/2025

D1X.9c: Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Bear River Mental Health Services

\$508.42

Central Utah Counseling Center

\$0

Davis Behavioral Health Services

\$7,250

Four Corners Community Behavioral Health

\$0

Healthy U Behavioral Health

\$138.56

Northeastern Counseling Center

\$476.98

Salt Lake County Behavioral Health Services

\$2,067,644.52

Southwest Behavioral Health Center

\$0

United Behavioral Health, Inc.

\$127,592.80

Wasatch Behavioral Health Special Service District

\$0

Weber Human Services

\$0

D1X.9d: Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

Bear River Mental Health Services

\$15,934,538

Central Utah Counseling Center

\$7,783,843

Davis Behavioral Health Services

\$17,705,862

Four Corners Community Behavioral Health

\$7,056,614

Healthy U Behavioral Health

\$1,432,624

Northeastern Counseling Center

\$10,100,084

Salt Lake County Behavioral Health Services

\$72,772,868

Southwest Behavioral Health Center

\$18,552,774

United Behavioral Health, Inc.

\$6,433,080

Wasatch Behavioral Health Special Service District

\$31,246,155

Weber Human Services

\$17,754,459

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Bear River Mental Health Services

Promptly when plan receives information about the change

Central Utah Counseling Center

Promptly when plan receives information about the change

Davis Behavioral Health Services

Promptly when plan receives information about the change

Four Corners Community Behavioral Health

Promptly when plan receives information about the change

Healthy U Behavioral Health

Promptly when plan receives information about the change

Northeastern Counseling Center

Promptly when plan receives information about the change

Salt Lake County Behavioral Health Services

Promptly when plan receives information about the change

Southwest Behavioral Health Center

Promptly when plan receives information about the change

United Behavioral Health, Inc.

Promptly when plan receives information about the change


**Wasatch Behavioral Health Special
Service District**

Promptly when plan receives information
about the change

Weber Human Services

Promptly when plan receives information
about the change

Topic XI: ILOS

 **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
--------	-----------	----------

D4XI.1

ILOSs offered by plan

Indicate whether this plan offered any ILOS to their enrollees.

Bear River Mental Health Services

No ILOSs were offered by this plan

Central Utah Counseling Center

No ILOSs were offered by this plan

Davis Behavioral Health Services

No ILOSs were offered by this plan

Four Corners Community Behavioral Health

No ILOSs were offered by this plan

Healthy U Behavioral Health

No ILOSs were offered by this plan

Northeastern Counseling Center

No ILOSs were offered by this plan

Salt Lake County Behavioral Health Services

No ILOSs were offered by this plan

Southwest Behavioral Health Center

No ILOSs were offered by this plan

United Behavioral Health, Inc.

No ILOSs were offered by this plan


Wasatch Behavioral Health Special Service District

No ILOSs were offered by this plan

Weber Human Services


No ILOSs were offered by this plan

Topic XIII. Prior Authorization

 **Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.**

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Not reporting data

Topic XIV. Patient Access API Usage

 **Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.**

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Not reporting data

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	Utah Medicaid State Government Entity
EIX.2	BSS entity role What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	Utah Medicaid Beneficiary Outreach

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

Number	Indicator	Response
F1	Notes (optional)	Not answered