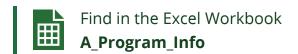
Managed Care Program Annual Report (MCPAR) for Utah: Utah Medicaid Prepaid Mental Health Plan (PMHP)

Due date	Last edited	Edited by	Status
12/27/2023	12/21/2023	Jennifer Meyer-Smart	In progress

Response
Not Selected

Point of Contact



Number	Indicator	Response
A1	State name	Utah
	Auto-populated from your account profile.	
A2a	Contact name	Jennifer Meyer-Smart
	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.	
A2b	Contact email address	jmeyersmart@utah.gov
	Enter email address. Department or program-wide email addresses ok.	
АЗа	Submitter name	Not answered
	CMS receives this data upon submission of this MCPAR report.	
A3b	Submitter email address	Not answered
	CMS receives this data upon submission of this MCPAR report.	
A4	Date of report submission	Not answered
	CMS receives this date upon submission of this MCPAR report.	

Reporting Period



Number	Indicator	Response
A5a	Reporting period start date	07/01/2022
	Auto-populated from report dashboard.	
A5b	Reporting period end date	06/30/2023
	Auto-populated from report dashboard.	
A6	Program name	Utah Medicaid Prepaid Mental Health Plan
	Auto-populated from report dashboard.	(PMHP)

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 $\underline{42}$ CFR $\underline{438.71}$. 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 Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.



Indicator	Response
BSS entity name	Utah Medicaid

Topic I. Program Characteristics and Enrollment



Number	Indicator	Response
BI.1	Statewide Medicaid enrollment	467,622
	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.	
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.	429,462

Topic III. Encounter Data Report



Number	Indicator	Response
BIII.1	Data validation entity	State Medicaid agency staff
	Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. 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.	

Topic X: Program Integrity



Number	Indicator
ITALLINCI	maicacoi

BX.1 Payment risks between the state and plans

Describe servicespecific 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.

Response

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.

BX.2 Contract standard for overpayments

Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one. State has established a hybrid system

BX.3 Location of contract provision stating overpayment standard

Describe where the overpayment standard in the previous indicator is located in plan

Attachment B-Special Provisions, Articles 11.1.6 and 11.1.7.

contracts, as required by 42 CFR 438.608(d)(1)(i).

BX.4 Description of overpayment contract standard

Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.

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.

BX.5 State overpayment reporting monitoring

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 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 pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

Per ACO 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.

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

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

payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).

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

Yes

Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.

BX.7b Changes in provider circumstances: Metrics

No

Does the state use a metric or indicator to assess plan reporting performance? Select one.

BX.8a Federal database checks: Excluded person or entities

No

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 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

Yes

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 §455.104 and required by 42 CFR 438.602(g)(3).

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).

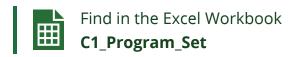
https://medicaid.utah.gov/Documents/pdfs/Ownership%20MCE.pdf

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, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).

Audits are conducted to determine the accuracy, truthfulness and completeness of the encounter and financial data submitted by the plans. The State performs quarterly encounter data reviews via email exchanges with the plans. Annual financial (MLR) examination reports can be found at medicaid.utah.gov/managed-care by clicking on the link "Medical Loss Ratio (MLR) Reports".

Topic I: Program Characteristics



Number	Indicator	Response
C1I.1	C1I.1 Program contract Enter the title of the contract between the state and plans participating in the managed care program. Utah Medicaid Contract Health Plan (PMHP)	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.	07/01/2022
C11.2	Contract URL	https://medicaid.utah.gov/managed-care/
	Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	
C1I.3	Program type	Prepaid Inpatient Health Plan (PIHP)
	What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	
C1I.4a	Special program benefits	Behavioral health
	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-forservice should not be listed here.	
C1I.4b	Variation in special benefits	N/A
	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.

C11.5 Program enrollment

Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).

341,070

C11.6 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.

The biggest impact has been due to Medicaid unwinding from the COVID public health emergency.

Topic III: Encounter Data Report



Number	Indicator	Response
C1III.1	Uses of encounter data	Rate setting
	For what purposes does the state use encounter data	Quality/performance measurement
	collected from managed care plans (MCPs)? Select one or more.	Monitoring and reporting
	Federal regulations require that states, through their contracts	Contract oversight
	with MCPs, collect and maintain sufficient enrollee encounter	Program integrity
	data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Policy making and decision support
C1III.2	Criteria/measures to evaluate MCP performance	Timeliness of initial data submissions
	What types of measures are used by the state to evaluate managed care plan	Timeliness of data corrections
		Timeliness of data certifications
	performance in encounter data submission and correction? Select one or more.	Use of correct file formats
	Federal regulations also require that states validate that	Provider ID field complete
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).	Overall data accuracy (as determined through data validation)	
C1III.3	Encounter data performance criteria contract language	Attachment B- Special Provisions- Article 12.3.1 Encounter Data, Generally
	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.	

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.

Attachment B- Special Provisions- Article 12.3.1 Encounter Data, Generally, and ; Article 14.3.2 Liquidated Damages, per Day Amounts

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 period.

The state's new MMIS system, PRISM, went live in April 2023. We are still working through issues to adequately collect and validate encounter data.

Topic IV. Appeals, State Fair Hearings & Grievances



Number	Indicator	Response
C1IV.1	State's definition of "critical incident," as used for reporting purposes in its MLTSS program	N/A
	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.	
C1IV.2	State definition of "timely" resolution for standard appeals	Attachment B 8.3.4- Timeframes for Standard Appeal Resolution and Notification- (A) The Contractor shall complete each standard
	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.	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	State definition of "timely" resolution for expedited appeals	Attachment B 8.4.6- Timeframes for Expedited Appeal Resolution and Notification- (A) The Contractor shall complete each expedited
	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.	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	Attachment B.8.6.4- Timeframes for Grievance Resolution and Notification- (A) The Contractor

shall dispose of each Grievance and provide

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.

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



Find in the Excel Workbook

C1_Program_Set

Number	Indicator	Response
C1V.1	Gaps/challenges in network adequacy What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards.	Nationwide, there is a shortage of behavioral health providers, and Utah PMHPs also have their challenges with this issue.
C1V.2	State response to gaps in network adequacy How does the state work with MCPs to address gaps in network adequacy?	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 bilingual, providing increased rates for apecialized 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. The State supports the managed care plans' efforts to address their network adequacy challenges and woks with the plans to identify other corrective measures.

Topic V. Availability, Accessibility and Network Adequacy

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Find in the Excel Workbook

C2_Program_State

Access measure total count: 6



C2.V.1 General category: General quantitative availability and accessibility standard

1/6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

Behavioral health

Frontier, Rural,

Urban

C3.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods



C2.V.1 General category: General quantitative availability and accessibility standard

2/6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

Behavioral health

Frontier, Rural,

Adult and pediatric

Urban

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

3/6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.5 Region

C2.V.6 Population

Behavioral health

Frontier, Rural,

Adult and pediatric

Urban

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually



C2.V.1 General category: General quantitative availability and accessibility standard

4/6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

Behavioral health

Frontier, Rural,

Adult and pediatric

Urban

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.1 General category: General quantitative availability and accessibility standard

5/6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Provider Saturation

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

Behavioral health

Frontier, Rural,

Adult and pediatric

Urban

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

NAV Trending

C2.V.4 Provider

C2.V.5 Region

C2.V.6 Population

Behavioral health

Frontier, Rural,

Adult and pediatric

Urban

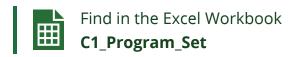
C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually

Topic IX: Beneficiary Support System (BSS)



Number	Indicator	Response
C1IX.1	Ess website List the website(s) and/or email address 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))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, inperson, 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	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	The State maintains goals for the telephone system. The HPR team has a set goal that the

What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?

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



Find in the Excel Workbook

C1_Program_Set

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure	No
	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).	

Topic I. Program Characteristics & Enrollment



Number	Indicator	Response
D1I.1	Plan enrollment	Bear River Mental Health Services
	Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	24,875
		Central Utah Counseling Center
		13,880
		Davis Behavioral Health Services
		26,426
		Four Corners Community Behavioral Health
		8,447
		Healthy U Behavioral Health
		2,145
		Northeastern Counseling Center
		17,980
		Salt Lake County Behavioral Health Services
		114,905
		Southwest Behavioral Health Center
		34,817
		United Behavioral Health, Inc.
		10,763
		Wasatch Behavioral Health Special Service District
		56,997
		Wahan Haman Candana

Weber Human Services

D11.2 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

5.3%

Central Utah Counseling Center

3%

Davis Behavioral Health Services

5.7%

Four Corners Community Behavioral Health

1.8%

Healthy U Behavioral Health

0.5%

Northeastern Counseling Center

3.8%

Salt Lake County Behavioral Health Services

24.6%

Southwest Behavioral Health Center

7.4%

United Behavioral Health, Inc.

2.3%

Wasatch Behavioral Health Special Service District

12.2%

Weber Human Services

6.4%

D1I.3 Plan share of any Medicaid managed care

Bear River Mental Health Services

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)

Central Utah Counseling Center

3.2%

Davis Behavioral Health Services

6.2%

Four Corners Community Behavioral Health

2%

Healthy U Behavioral Health

0.5%

Northeastern Counseling Center

4.2%

Salt Lake County Behavioral Health Services

26.8%

Southwest Behavioral Health Center

8.1%

United Behavioral Health, Inc.

2.5%

Wasatch Behavioral Health Special Service District

13.3%

Weber Human Services

6.9%

Topic II. Financial Performance



Number	Indicator	Response
D1II.1a	Medical Loss Ratio (MLR)	Bear River Mental Health Services
	What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual	87.5%
	Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR	Central Utah Counseling Center
		81.2%
	experience. If MLR data are not available for	Davis Behavioral Health Services
	this reporting period due to data lags, enter the MLR calculated for the most recently	88.4%
	available reporting period and indicate the reporting period in	Four Corners Community Behavioral Health
	item D1.II.3 below. See Glossary in Excel Workbook for the	85.2%
	regulatory definition of MLR.	
		Healthy U Behavioral Health
		79.5%
		Northeastern Counseling Center
		86.2%
		Salt Lake County Behavioral Health Services
		85.4%
		Southwest Behavioral Health Center
		89.3%
		United Behavioral Health, Inc.
		80%
		Wasatch Behavioral Health Special Service District
		87.5%

Weber Human Services

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

Bear River Mental Health Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid

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.

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: 87.5%; Expansion MH MLR: 91.0% (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: 81.2%; Legacy Population SUD MLR: 94.8%; Expansion Population MH MLR: 91.0%; Expansion Population SUD MLR: 91.0%

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: 88.4%; Legacy SUD MLR: 95.2%

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: 85.2%; Legacy Population SUD MLR: 160.0%; Expansion Population MH MLR: 85.0%; Expansion Population SUD MLR: 91.0%

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: 79.5%; Legacy Population SUD MLR: 21.2%; Expansion Population MH MLR: 91.0%; Expansion Population SUD MLR: 91.0%

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: 86.2%; Legacy Population SUD MLR: 97.2%; Expansion Population MH MLR: 85.0%; Expansion Population SUD MLR: 85.0%

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 this specific PMHP: Legacy Population MH MLR: 85.4%; Legacy Population SUD MLR: 76.9% (no expansion)

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: 89.3%; Legacy Population SUD MLR: 88.5%; Expansion Population MH MLR: 91.0%; Expansion Population SUD MLR: 85.0%

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: 80.0%;

Legacy Population SUD MLR: 68.4%; Expansion Population MH MLR: 85.0%; Expansion

Population SUD MLR: 85.0%

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: 87.5%; Legacy Population SUD MLR: 105.6% (no expansion)

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: 58.5%; Legacy Population SUD MLR: 113.4%; Expansion Population MH 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

Enter the start date.

Bear River Mental Health Services

Central Utah Counseling Center

07/01/2020

Davis Behavioral Health Services

07/01/2020

Four Corners Community Behavioral Health

07/01/2020

Healthy U Behavioral Health

07/01/2020

Northeastern Counseling Center

07/01/2020

Salt Lake County Behavioral Health Services

07/01/2020

Southwest Behavioral Health Center

07/01/2020

United Behavioral Health, Inc.

07/01/2020

Wasatch Behavioral Health Special Service District

07/01/2020

Weber Human Services

07/01/2020

N/A Enter the end date.

Bear River Mental Health Services

06/30/2021

Central Utah Counseling Center

06/30/2021

Davis Behavioral Health Services

06/30/2021

Four Corners Community Behavioral Health

06/30/2021

Healthy U Behavioral Health

06/30/2021

Northeastern Counseling Center

06/30/2021

Salt Lake County Behavioral Health Services

06/30/2021

Southwest Behavioral Health Center

06/30/2021

United Behavioral Health, Inc.

06/30/2021

Wasatch Behavioral Health Special Service District

06/30/2021

Weber Human Services

06/30/2021

Topic III. Encounter Data



Number

Indicator

please explain.

Response

D1III.1

Definition of timely encounter data submissions

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,

Bear River Mental Health 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.

Central Utah Counseling Center

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

Davis Behavioral Health 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.

Four Corners Community Behavioral Health

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

Healthy U Behavioral Health

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

Northeastern Counseling Center

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

Salt Lake County Behavioral Health 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.

Southwest Behavioral Health Center

To be considered a timely encounter data submission, the encounter must be 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 period) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract period 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 period.

Bear River Mental Health Services

99%

Central Utah Counseling Center

100%

Davis Behavioral Health Services

100%

Four Corners Community Behavioral Health

100%

Healthy U Behavioral Health

100%

Northeastern Counseling Center

100%

Salt Lake County Behavioral Health Services

59%

Southwest Behavioral Health Center

100%

United Behavioral Health, Inc.

2%

Wasatch Behavioral Health Special Service District

100%

Weber Human Services

100%

D1III.3 Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting period) met state requirements

Bear River Mental Health Services

100%

Central Utah Counseling Center

for HIPAA compliance? 100% If the state has not yet received encounter data submissions for the entire contract period when **Davis Behavioral Health Services** it submits this report, enter here percentage of encounter 100% data submissions that were compliant out of the proportion received from the managed **Four Corners Community Behavioral Health** care plan for the reporting period. 100% **Healthy U Behavioral Health** 100% **Northeastern Counseling Center** 100% Salt Lake County Behavioral Health Services 100% **Southwest Behavioral Health Center** 100% **United Behavioral Health, Inc.** 100% **Wasatch Behavioral Health Special Service District**

100%

100%

Weber Human Services

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1IV.1	Appeals resolved (at the plan level)	Bear River Mental Health Services N/A
	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.	
		Central Utah Counseling Center
		N/A
		Davis Behavioral Health Services
		5
		Four Corners Community Behavioral Health
		N/A
		Healthy U Behavioral Health
		16
		Nouth octour Counciling Contou
		Northeastern Counseling Center 3
		Salt Lake County Behavioral Health Services
		42
		Southwest Behavioral Health Center
		3
		United Behavioral Health, Inc.
		4
		Wasatch Behavioral Health Special Service District
		40

12

D1IV.2 Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

N/A

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

2

Weber Human Services

0

D1IV.3 Appeals filed on behalf of LTSS users

Enter the total number of N/A appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not **Central Utah Counseling Center** applicable. An LTSS user is an enrollee who N/A received at least one LTSS service at any point during the reporting year (regardless of **Davis Behavioral Health Services** whether the enrollee was actively receiving LTSS at the N/A time that the appeal was filed). **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 **Number of critical incidents Bear River Mental Health Services** filed during the reporting N/A period by (or on behalf of) an LTSS user who previously

D1IV.4 filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on

Central Utah Counseling Center

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 preceded the filing of the critical incident.

Davis Behavioral Health Services

N/A

Central Utah Counseling Center

Bear River Mental Health Services

N/A

Davis Behavioral Health Services

5

Four Corners Community Behavioral Health

Four Corners Community Behavioral Health

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.5a Standard appeals for which timely resolution was

provided

Enter the total number of standard appeals for which timely resolution was provided by plan during the reporting period.

See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

N/A

Healthy U Behavioral Health 16 **Northeastern Counseling Center** 3 **Salt Lake County Behavioral Health Services** 42 **Southwest Behavioral Health Center** 3 United Behavioral Health, Inc. 4 **Wasatch Behavioral Health Special Service** District 40 **Weber Human Services** 12 **Bear River Mental Health Services** N/A **Central Utah Counseling Center** N/A **Davis Behavioral Health Services**

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 during the reporting period.

See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

0

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

0

Northeastern Counseling Center

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

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

2

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

2

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

		0
		United Behavioral Health, Inc.
		3
		Wasatch Behavioral Health Special Service District
		26
		Weber Human Services
		3
D1IV.6b	Resolved appeals related to	Bear River Mental Health Services
	reduction, suspension, or termination of a previously authorized service	N/A
	Enter the total number of	Central Utah Counseling Center
	appeals resolved by the plan during the reporting year that	N/A
	were related to the plan's reduction, suspension, or	Davis Behavioral Health Services
termination of a previously authorized service.	0	
		Four Corners Community Behavioral Health N/A
		Healthy U Behavioral Health
		0
		Northeastern Counseling Center
		0
		Salt Lake County Behavioral Health Services
		0
		Southwest Behavioral Health Center 3
		J
		United Behavioral Health, Inc.
		0

Southwest Behavioral Health Center

Wasatch Behavioral Health Special Service District 0 **Weber Human Services** 0 Resolved appeals related to **Bear River Mental Health Services** N/A appeals resolved by the plan during the reporting year that **Central Utah Counseling Center** N/A denial, in whole or in part, of payment for a service that was **Davis Behavioral Health Services** 3 **Four Corners Community Behavioral Health** N/A **Healthy U Behavioral Health** 14 **Northeastern Counseling Center** 2 **Salt Lake County Behavioral Health Services** 30 **Southwest Behavioral Health Center** 0 **United Behavioral Health, Inc.** 1 **Wasatch Behavioral Health Special Service**

D1IV.6c

payment denial

already rendered.

Enter the total number of

were related to the plan's

Weber Human Services

District

12

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

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

N/A

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

Bear River Mental Health Services

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.

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

N/A

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

2

Weber Human Services

0

D1IV.6f Resolved appeals related to plan denial of an enrollee's right to request out-of-network care

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

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

0

(only applicable to residents of **Four Corners Community Behavioral Health** rural areas with only one MCO). N/A **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 Resolved appeals related to **Bear River Mental Health Services** denial of an enrollee's N/A request to dispute financial liability **Central Utah Counseling Center** Enter the total number of appeals resolved by the plan N/A during the reporting year that were related to the plan's denial of an enrollee's request **Davis Behavioral Health Services**

D1IV.6g

to dispute a financial liability.

0

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

Northeastern Counseling Center O Salt Lake County Behavioral Health Services O Southwest Behavioral Health Center O United Behavioral Health, Inc. O Wasatch Behavioral Health Special Service District O Weber Human Services

Topic IV. Appeals, State Fair Hearings & Grievances

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.



Find in the Excel Workbook

D1_Plan_Set

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

D1IV.7b

Weber Human Services

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

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

4

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

9

Northeastern Counseling Center

2

Salt Lake County Behavioral Health Services

16

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

4

Wasatch Behavioral Health Special Service District

40

Weber Human Services

12

D1IV.7d Resolved appeals related to outpatient behavioral health services

Bear River Mental Health Services

0

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".

Central Utah Counseling Center

0

Davis Behavioral Health Services

1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

7

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

26

Southwest Behavioral Health Center

3

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.7e Resolved appeals related to covered outpatient prescription drugs

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".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

	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
Resolved appeals related to	Bear River Mental Health Services
skilled nursing facility (SNF) services	N/A
Enter the total number of appeals resolved by the plan	Central Utah Counseling Center
during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	N/A
	Davis Behavioral Health Services
	N/A
	Four Corners Community Behavioral Health
	N/A
	Healthy U Behavioral Health

D1IV.7f

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".

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

	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
Resolved appeals related to	Bear River Mental Health Services
dental services	N/A
Enter the total number of appeals resolved by the plan	
during the reporting year that were related to dental services.	Central Utah Counseling Center
If the managed care plan does not cover dental services, enter "N/A".	N/A
TW/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

D1IV.7h

	Wasatch Behavioral Health Special Service District N/A
	Weber Human Services N/A
Resolved appeals related to non-emergency medical transportation (NEMT)	Bear River Mental Health Services N/A
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	Central Utah Counseling Center N/A
cover NEMT, enter "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

United Behavioral Health, Inc.

N/A

D1IV.7i

N/A

Weber Human Services

N/A

D1IV.7j 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-i, 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

DISTRICT

N/A

Weber Human Services

Topic IV. Appeals, State Fair Hearings & Grievances

State Fair Hearings



Number	Indicator	Response
D1IV.8a	State Fair Hearing requests	Bear River Mental Health Services
Fair He during the pla	Enter the total number of State Fair Hearing requests filed	0
	during the reporting year with the plan that issued an adverse benefit determination.	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
		1
		Southwest Behavioral Health Center
		2
		United Behavioral Health, Inc.
		0
		Wasatch Behavioral Health Special Service District
		0

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

0

Weber Human Services

0

D1IV.8c

enrollee	0
Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	Central Utah Counseling Center
	Davis Behavioral Health Services
	Four Corners Community Behavioral Health
	0 Healthy U Behavioral Health
	0
	Northeastern Counseling Center 0
	Salt Lake County Behavioral Health Services
	Southwest Behavioral Health Center
	United Behavioral Health, Inc.
	0
	Wasatch Behavioral Health Special Service District
	Weber Human Services
Chaha Fain Haanings water at	O Book Biver Mental Health Complete
State Fair Hearings retracted prior to reaching a decision Enter the total number of State Fair Hearing decisions retracted	Bear River Mental Health Services 0
(by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the	Central Utah Counseling Center 0

D1IV.8d

reporting year prior to reaching **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** 1 **Southwest Behavioral Health Center** 0 **United Behavioral Health, Inc.** 0 **Wasatch Behavioral Health Special Service** District 0 Weber Human Services 0 **Bear River Mental Health Services External Medical Reviews** resulting in a favorable N/A decision for the enrollee If your state does offer an **Central Utah Counseling Center**

D1IV.9a

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

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

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.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

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

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances Overview



Number	Indicator	Response
D1IV.10	Grievances resolved	Bear River Mental Health Services
	Enter the total number of grievances resolved by the plan	32
	during the reporting year. A grievance is "resolved" when	Central Utah Counseling Center
it has reached completion and been closed by the plan.	6	
		Davis Behavioral Health Services
		39
		Four Corners Community Behavioral Health
		24
		Healthy U Behavioral Health
		0
		Northeastern Counseling Center
		11
		Salt Lake County Behavioral Health Services
		8
		Southwest Behavioral Health Center
		1
		United Behavioral Health, Inc.
		0
		Wasatch Behavioral Health Special Service District
		21

25

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.

Bear River Mental Health Services

(

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 N/A grievances filed during the reporting year by or on behalf **Central Utah Counseling Center** of LTSS users. An LTSS user is an enrollee who N/A received at least one LTSS service at any point during the **Davis Behavioral Health Services** reporting year (regardless of whether the enrollee was N/A actively receiving LTSS at the time that the grievance was **Four Corners Community Behavioral Health** filed). If this does not apply, enter N/A. 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 **Number of critical incidents Bear River Mental Health Services** filed during the reporting N/A

D1IV.13 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

Central Utah Counseling Center

the reporting period 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

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

the critical incident.

whether the filing of the

grievance preceded the filing of

Enter the number of grievances for which timely resolution was provided by plan during the reporting period.

Bear River Mental Health Services

31

Central Utah Counseling Center

6

See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	Davis Behavioral Health Services 39
	Four Corners Community Behavioral Health
	24
	Healthy U Behavioral Health
	0
	Northeastern Counseling Center
	11
	Salt Lake County Behavioral Health Services
	8
	Southwest Behavioral Health Center
	1
	United Behavioral Health, Inc.
	0
	Wasatch Behavioral Health Special Service District
	21
	Weber Human Services
	25

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances by Service

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



Find in the Excel Workbook

D1_Plan_Set

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 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	2
District	

N/A

Weber Human Services

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, including diagnostic and laboratory services. Do not include grievances related 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".

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

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

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.15d Resolved grievances related to outpatient behavioral health services

Bear River Mental Health Services

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".

Central Utah Counseling Center

6

Davis Behavioral Health Services

39

Four Corners Community Behavioral Health

24

Healthy U Behavioral Health

0

Northeastern Counseling Center

15

Salt Lake County Behavioral Health Services

8

Southwest Behavioral Health Center

1

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

21

Weber Human Services

25

D1IV.15e Resolved grievances related to coverage of outpatient prescription drugs

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".

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 Resolved grievances related **Bear River Mental Health Services** N/A **Central Utah Counseling Center** grievances resolved by the plan during the reporting year that N/A were related to SNF services. If **Davis Behavioral Health Services** N/A **Four Corners Community Behavioral Health** N/A **Healthy U Behavioral Health**

D1IV.15f

to skilled nursing facility

Enter the total number of

the managed care plan does not cover this type of service,

(SNF) services

enter "N/A".

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 **Resolved grievances related Bear River Mental Health Services** N/A grievances resolved by the plan during the reporting year that **Central Utah Counseling Center** were related to dental services. N/A If the managed care plan does not cover this type of service, **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

D1IV.15h

to dental services

enter "N/A".

Enter the total number of

Wasatch Behavioral Health Special Service District N/A **Weber Human Services** N/A **Bear River Mental Health Services** Resolved grievances related to non-emergency medical N/A transportation (NEMT) Enter the total number of **Central Utah Counseling Center** grievances resolved by the plan during the reporting year that N/A were related to NEMT. If the managed care plan does not cover this type of service, enter **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

United Behavioral Health, Inc.

N/A

D1IV.15i

"N/A".

N/A

Weber Human Services

N/A

D1IV.15j 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-i, 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

DISTRICT

N/A

Weber Human Services

N/A

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances by Reason

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



Find in the Excel Workbook

D1_Plan_Set

Number	Indicator	Response
D1IV.16a	Resolved grievances related to plan or provider customer service	Bear River Mental Health Services
	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. O Davis Behavioral He 8 Four Corners Comm 8	Central Utah Counseling Center
		Davis Behavioral Health Services
		Four Corners Community Behavioral Health
		Healthy U Behavioral Health
		0
		Northeastern Counseling Center
		4
		Salt Lake County Behavioral Health Services
		1
		Southwest Behavioral Health Center
		0
		United Behavioral Health, Inc.

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

Bear River Mental Health Services

1

Central Utah Counseling Center

1

Davis Behavioral Health Services

3

Four Corners Community Behavioral Health

2

Healthy U Behavioral Health

0

Northeastern Counseling Center

4

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

2

Weber Human Services

D1IV.16c Resolved grievances related to 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 innetwork providers, excessive travel or wait times, or other access issues.

Bear River Mental Health Services

2

Central Utah Counseling Center

0

Davis Behavioral Health Services

5

Four Corners Community Behavioral Health

2

Healthy U Behavioral Health

0

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

2

Southwest Behavioral Health Center

1

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

15

D1IV.16d Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan

Bear River Mental Health Services

11

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.

Central Utah Counseling Center

4

Davis Behavioral Health Services

8

Four Corners Community Behavioral Health

4

Healthy U Behavioral Health

0

Northeastern Counseling Center

3

Salt Lake County Behavioral Health Services

2

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

4

Weber Human Services

5

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

Bear River Mental Health Services

5

Central Utah Counseling Center

1

Davis Behavioral Health Services

5

enrollee materials or other plan **Four Corners Community Behavioral Health** communications or to an 1 enrollee's access to or the accessibility of enrollee materials or plan **Healthy U Behavioral Health** communications. 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** 3 **Weber Human Services** 0 Resolved grievances related **Bear River Mental Health Services** to payment or billing issues 0 Enter the total number of grievances resolved by the plan during the reporting year that **Central Utah Counseling Center** were filed for a reason related 0 to payment or billing issues. **Davis Behavioral Health Services** 1

Four Corners Community Behavioral Health

0

D1IV.16f

Healthy U Behavioral Health

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

1

Southwest Behavioral Health Center

1

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

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 perpetuated 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** 0 **Bear River Mental Health Services** 0 **Central Utah Counseling Center** grievances resolved by the plan 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

D1IV.16h

Resolved grievances related

during the reporting year that

were related to abuse, neglect

Abuse/neglect/exploitation grievances include cases

involving potential or actual

to abuse, neglect or

Enter the total number of

exploitation

or exploitation.

patient harm.

United Behavioral Health, Inc. 0 **Wasatch Behavioral Health Special Service District** 1 **Weber Human Services** 0 **Bear River Mental Health Services** 0 **Central Utah Counseling Center** expedite or extend appeals) 0 **Davis Behavioral Health Services** 0 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

Resolved grievances related D1IV.16i to lack of timely plan response to a service authorization or appeal (including requests to

> 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).

Four Corners Community Behavioral Health

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

Ω

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

Resolved grievances filed for **Bear River Mental Health Services** D1IV.16k other reasons 2 Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other **Central Utah Counseling Center** than the reasons listed above. **Davis Behavioral Health Services** 8 **Four Corners Community Behavioral Health** 7 **Healthy U Behavioral Health** 0 **Northeastern Counseling Center** 2 **Salt Lake County Behavioral Health Services** 2 **Southwest Behavioral Health Center** 0 United Behavioral Health, Inc. 0 **Wasatch Behavioral Health Special Service District** 7 **Weber Human Services** 0

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.



Find in the Excel Workbook

D2_Plan_Measures

Quality & performance measure total count: 2



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, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

Bear River Mental Health Services

69.71

Central Utah Counseling Center

78.65

Davis Behavioral Health Services

88.17

Four Corners Community Behavioral Health

Healthy U Behavioral Health

60

Northeastern Counseling Center

70.31

Salt Lake County Behavioral Health Services

58.65

Southwest Behavioral Health Center

60.43

United Behavioral Health, Inc.

54.87

Wasatch Behavioral Health Special Service District

80.49

Weber Human Services

68.93



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

D2.VII.2 Measure Domain

Behavioral health care

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

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

Cross-program rate: UMIC, PMHP, HOME

0576

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

Meas	sure results
E	Bear River Mental Health Services
5	51.04
	Central Utah Counseling Center
(56.29
	Davis Behavioral Health Services
6	55.59
F	Four Corners Community Behavioral Health
2	40
	Healthy U Behavioral Health
	30
1	Northeastern Counseling Center
6	54.06
9	Salt Lake County Behavioral Health Services
2	43.79
9	Southwest Behavioral Health Center
2	45.65
ι	Jnited Behavioral Health, Inc.
	43.36
١	Wasatch Behavioral Health Special Service District
	71.95
1	Neber Human Services

FUH: Follow-Up After Emergency Department Visit for Alcohol and Other

Drug Abuse or Dependence - within 7 days

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. Include any pending or unresolved actions.

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.



Find in the Excel Workbook

D3_Plan_Sanctions

Sanction total count:

0 - No sanctions entered

Topic X. Program Integrity



Response
Response Bear River Mental Health Services 1 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 11 Southwest Behavioral Health Center 2 United Behavioral Health, Inc. 5

Weber Human Services

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

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

5

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1X.3 Ratio of opened program integrity investigations to enrollees

Bear River Mental Health Services

0:1,000

What is the ratio of program integrity investigations opened by the plan in the past year per 1,000 beneficiaries enrolled in the plan on the first day of the last month of the reporting year?

Central Utah Counseling Center

0:1,000

Davis Behavioral Health Services

0:1,000

Four Corners Community Behavioral Health

0:1,000

Healthy U Behavioral Health

0:1,000

Northeastern Counseling Center

0.05:1,000

Salt Lake County Behavioral Health Services

0.04:1,000

Southwest Behavioral Health Center

0:1,000

United Behavioral Health, Inc.

0:1,000

Wasatch Behavioral Health Special Service District

0:1,000

Weber Human Services

0:1,000

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

Four Corners Community Behavioral Health 0 **Healthy U Behavioral Health** 0 **Northeastern Counseling Center** 1 **Salt Lake County Behavioral Health Services** 2 **Southwest Behavioral Health Center** 0 **United Behavioral Health, Inc.** 0 Wasatch Behavioral Health Special Service **District** 0 **Weber Human Services** 0 **Bear River Mental Health Services** 0:1,000 **Central Utah Counseling Center** 0:1,000 **Davis Behavioral Health Services** 0:1,000 **Four Corners Community Behavioral Health** 0:1,000

Healthy U Behavioral Health

D1X.5

Ratio of resolved program

integrity investigations to

What is the ratio of program integrity investigations resolved

by the plan in the past year per

1,000 beneficiaries enrolled in the plan at the beginning of the

enrollees

reporting year?

0:1,000

Northeastern Counseling Center

0.05:1,000

Salt Lake County Behavioral Health Services

0.017:1,000

Southwest Behavioral Health Center

0:1,000

United Behavioral Health, Inc.

0:1,000

Wasatch Behavioral Health Special Service District

0:1,000

Weber Human Services

0:1,000

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 State Medicaid Agency (SMA) and MFCU concurrently

Central Utah Counseling Center

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Davis Behavioral Health Services

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Four Corners Community Behavioral Health

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Healthy U Behavioral Health

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Northeastern Counseling Center

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Salt Lake County Behavioral Health Services

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Southwest Behavioral Health Center

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

United Behavioral Health, Inc.

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Wasatch Behavioral Health Special Service District

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Weber Human Services

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

D1X.7 Count of program integrity referrals to the state

Enter the total number of program integrity referrals made during the reporting year.

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

Salt Lake County Behavioral Health Services

5

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1X.8 Ratio of program integrity referral to the state

What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.I.1) as the denominator.

Bear River Mental Health Services

0:1,000

Central Utah Counseling Center

0:1,000

Davis Behavioral Health Services

0:1,000

Four Corners Community Behavioral Health

0:1,000

Healthy U Behavioral Health

0:1,000

Northeastern Counseling Center

0.5:1,000

Salt Lake County Behavioral Health Services

0.04:1,000

Southwest Behavioral Health Center

0:1,000

United Behavioral Health, Inc.

0:1,000

Wasatch Behavioral Health Special Service District

0:1,000

Weber Human Services

0:1,000

D1X.9 Plan overpayment reporting to the state

Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, at minimum, the following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2).

Bear River Mental Health Services

SFY2023 (July 1, 2022-June 30, 2023) Amount: \$3,974.61 MLR for SFY2023 not yet available for ratio calculation.

Central Utah Counseling Center

SFY2023 None

Davis Behavioral Health Services

SFY2023 None

Four Corners Community Behavioral Health

SFY2023 None

Healthy U Behavioral Health

SFY2023 None

Northeastern Counseling Center

SFY2023 (July 1, 2022-June 30, 2023) Amount: \$555.92 MLR for SFY2023 not yet available for ratio calculation.

Salt Lake County Behavioral Health Services

SFY2023 (July 1, 2022-June 30, 2023) Amount: \$7,839.89 MLR for SFY2023 not yet available for ratio calculation.

Southwest Behavioral Health Center

SFY2023 None

United Behavioral Health, Inc.

SFY2023 (July 1, 2022-June 30, 2023) Amount: \$21,817.29 MLR for SFY2023 not yet available for ratio calculation.

Wasatch Behavioral Health Special Service District

SFY2023 None

Weber Human Services

SFY2023 None

D1X.10 Changes in beneficiary circumstances

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

Bear River Mental Health Services

Daily

Central Utah Counseling Center

Daily

Davis Behavioral Health Services

Daily

Four Corners Community Behavioral Health

Daily

Healthy U Behavioral Health

Daily

Northeastern Counseling Center

Daily

Salt Lake County Behavioral Health Services

Daily

Southwest Behavioral Health Center

Daily

United Behavioral Health, Inc.

Daily

Wasatch Behavioral Health Special Service District

Daily

Weber Human Services

Daily

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.



Find in the Excel Workbook

E_BSS_Entities

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