February 19, 2021

Elizabeth Richter  
Administrator  
Centers for Medicare and Medicaid Services (CMS)  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Administrator Richter:

I am pleased to submit an amendment to the State of Utah’s Special Terms and Conditions for the 1115 Primary Care Network (PCN) Demonstration Waiver. This amendment is a result of House Bill 6003 “Premium Subsidy Amendments”, which passed during the 2020 Sixth Special Session of the Utah State Legislature. Approval of this amendment will allow the State to increase the maximum reimbursement allowable under Utah’s Premium Partnership for Health Insurance Program (UPP), from $150 per enrollee per month, to a higher amount, through the state administrative rulemaking process, rather than by waiver amendment.

The State of Utah appreciates your consideration of this amendment request. We look forward to the continued guidance and support from CMS in administering Utah’s 1115 PCN Waiver.

Respectfully,

Emma Chacon  
Operations Director  
Medicaid and Health Financing
Utah 1115 Primary Care Network Demonstration Waiver

Amendment Request
Utah's Premium Partnership for Health Insurance (UPP)
Premium Reimbursement Increase

Demonstration Project No. 11-W-00145/8
21-W-00054/8
Contents

1115 Primary Care Network Demonstration Amendment ................................................................. 1
Section I. Program Description and Objectives .............................................................................. 1
Section II. Demonstration Eligibility .............................................................................................. 2
Section III. Demonstration Benefits and Cost Sharing Requirements ........................................... 3
Section IV. Delivery System ........................................................................................................... 3
Section V. Implementation and Enrollment in Demonstration ...................................................... 3
Section VI. Demonstration Financing and Budget Neutrality ......................................................... 3
Section VII. Proposed Waivers and Expenditure Authorities ......................................................... 4
Section VIII. Compliance with Public Notice and Tribal Consultation ......................................... 4
Section IX. Demonstration Administration ...................................................................................... 5
Attachment 1- Compliance with Budget Neutrality Requirements ................................................. 6
Attachment 2- Public Notice Requirements .................................................................................. 16
Attachment 3- Medical Care Advisory Committee- Public Hearing ............................................. 24
Attachment 4- Tribal Consultation ................................................................................................. 31
Section I. Program Description and Objectives

During the 2020 General Session, the Utah State Legislature passed, and Governor Herbert signed into law, House Bill 436 “Health and Human Services Amendments”. This legislation directed the Utah Department of Health (UDOH), Division of Medicaid and Health Care Financing (DMHF) to increase the maximum premium reimbursement amount allowable under Utah’s Premium Partnership for Health Insurance program (UPP). The UPP program is currently authorized under Utah’s 1115 demonstration waiver. Through this demonstration, working adults, their spouses, and their children up to age 26 may receive premium reimbursement if they have access to a qualified employer-sponsored insurance plan (ESI) or COBRA. The reimbursement amounts are currently capped at $150 per enrollee per month for adults, and $120 per enrollee per month for children (with an additional $20 per month for children if the plan provides dental coverage).

This amendment request seeks to allow the State to increase the maximum reimbursement amount for adults (age 19 through 64), from $150 per enrollee per month, to a higher amount, through the state administrative rulemaking process, rather than by waiver amendment. As directed by House Bill 436, the State may increase the maximum premium reimbursement amount each subsequent fiscal year to keep pace with the increase in insurance premiums costs, subject to appropriation of additional funding. For the first fiscal year of implementation, the maximum reimbursement amount will be $300 per adult enrollee per month. The State is not requesting to increase the reimbursement amount for children under age 19.

As currently approved under Utah’s 1115 demonstration waiver, the maximum premium reimbursement amount will not exceed the individual/family’s share of the costs of the premium.

Goals and Objectives

This Demonstration furthers the objectives of Title XIX of the Social Security Act by assisting demonstration eligible individuals in obtaining employer-sponsored insurance, thereby reducing the number of uninsured individuals in the State of Utah.

Currently, 51 percent of UPP eligible individuals receive the maximum reimbursement of $150 per adult per month. The State believes increasing the maximum premium reimbursement amount will allow individuals to continue to purchase much needed health insurance as the costs of health coverage rise.
Operation and Proposed Timeline
The Demonstration will continue to operate statewide. The State intends to implement the premium increase the beginning of the first month after approval, if possible. The State requests to operate the Demonstration through the end of the current waiver approval period, which is June 30, 2022.

Demonstration Hypotheses and Evaluation
With the help of an independent evaluator, the State will develop a plan for evaluating the hypothesis indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration to beneficiaries. The State will submit the evaluation plan to CMS for approval.

The State will conduct ongoing monitoring of this demonstration, and will provide information regarding monitoring activities in the required quarterly and annual monitoring reports.

The following hypotheses will be tested during the approval period:

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Anticipated Measure(s)</th>
<th>Data Sources</th>
<th>Evaluation Approach</th>
</tr>
</thead>
</table>
| The demonstration will assist previously uninsured individuals in obtaining employer-sponsored health insurance. | -Members receiving assistance obtaining employer-sponsored health insurance  
-Total costs of assistance provided to members | -Medicaid data warehouse | Independent evaluator will design quantitative and qualitative measures to include experimental or quasi-experimental comparisons |

Section II. Demonstration Eligibility
Individuals must meet the criteria for the following demonstration populations (as currently approved under the State’s 1115 demonstration waiver) to be eligible to receive the increased premium reimbursement:

- Demonstration Population III- comprised of adults age 19 through 64, their spouses, and their children age 19-26, with countable gross family incomes over 133 percent (federal poverty level) FPL up to and including 200 percent of the FPL, who are U.S. citizens/qualified non-citizen, are resident(s) of Utah, are not otherwise eligible for Medicaid, Medicare or Veterans benefits, have no other health insurance, and participate in an Utah’s Premium Partnership for health insurance-approved ESI plan where the employee’s costs to participate is at least five percent of the household’s countable income.

- Demonstration Population V- comprised of adults age 19 through 64 with countable gross family income over 133 percent FPL and up to and including 200 percent of FPL, are U.S. citizens or qualified non-citizen, are resident(s) of Utah, do not qualify for Medicaid, Medicare, or Veterans benefits, have no other health insurance, and would otherwise be eligible as a member of Demonstration Population III (except that the eligible individual or custodial parent/caretaker is
able to enroll in COBRA continuation coverage based on any qualifying event rather than a qualifying ESI plan, and that COBRA-eligibles are not subject to the requirement that an employer subsidize at least 50 percent of the premium cost for the employee’s health coverage).

Projected Enrollment
The projected enrollment for individuals in this demonstration (Demonstration groups III and V) is 380 adults per month.

Section III. Demonstration Benefits and Cost Sharing Requirements
The sole benefit provided to individuals eligible for premium assistance under this demonstration (through ESI or COBRA coverage) is assistance in paying the employee’s, individual’s, or family’s share of the monthly premium cost of qualifying insurance plans. The maximum premium assistance amount must not exceed the individuals’ share of the premium, and may not exceed the amount as will be stated in State Administrative Rule R414-320-16. This maximum monthly premium amount at the time of implementation of this amendment will be $300 per eligible adult.

Individuals eligible under this demonstration will have cost sharing requirements (including the out-of-pocket maximum) as set by their qualified ESI plan.

Section IV. Delivery System
Individuals eligible under this demonstration will receive services through the delivery systems provided by their respective qualified plan for ESI or COBRA premium assistance.

Section V. Implementation and Enrollment in Demonstration
Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment.

Section VI. Demonstration Financing and Budget Neutrality
Refer to Budget Neutrality - Attachment 1 for the State’s historical and projected expenditures for the requested period of the Demonstration.

Below is the projected enrollment and expenditures for each remaining demonstration year.

<table>
<thead>
<tr>
<th></th>
<th>DY19 (SFY 21)</th>
<th>DY 20 (SFY 22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Months</td>
<td>1,140</td>
<td>4,560</td>
</tr>
<tr>
<td>Expenditures</td>
<td>$243,250</td>
<td>$973,000</td>
</tr>
</tbody>
</table>
Section VII. Proposed Waiver and Expenditure Authority

The State requests the following proposed waivers and expenditure authority to operate the Demonstration.

<table>
<thead>
<tr>
<th>Waiver and Expenditure Authority</th>
<th>Reason and Use of Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1902(a)(34)- Retroactive Eligibility</td>
<td>To permit the State to not provide retroactive eligibility for individuals under this demonstration.</td>
</tr>
<tr>
<td>Section 1902(a)(14) Cost Sharing Requirements</td>
<td>To permit individuals affected by this demonstration, whose benefits are limited to premium assistance, to have cost sharing requirements (including the out-of-pocket maximum) as set by the individual’s qualified ESI plan.</td>
</tr>
<tr>
<td>Section 1902(a)(23)(A) Freedom of Choice</td>
<td>To enable the state to restrict freedom of choice of providers for individuals under this demonstration.</td>
</tr>
</tbody>
</table>

Expenditure Authority

The State requests expenditure authority to provide premium assistance related to providing 12 months of guaranteed eligibility to subsidize the employee’s share of the costs of the insurance premium for employer sponsored health insurance to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, and their children (age 19 through 26), who are enrolled in their parents’ employer sponsored insurance (ESI) plan, who are not otherwise eligible for Medicaid.

The State also requests expenditure authority to provide premium assistance related to providing up to a maximum of 18 months of eligibility to subsidize the employee’s share of the costs of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) premium for COBRA continuation of coverage to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 200 percent of the FPL, as well as their spouses, who are not otherwise eligible for Medicaid.

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice Process

Public Notice of the State’s request for this demonstration amendment, and notice of Public Hearing were advertised in the newspapers of widest circulation, and sent to an electronic mailing list. In addition, the abbreviated public notice was posted to the State’s Medicaid website at https://medicaid.utah.gov/1115-waiver.

Two public hearings to take public comment on this request were held. The first public hearing was held on May 21, 2020 from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing was held on May 26, 2020 from 4:30 p.m. to 5:30 p.m. Due to the COVID-19 emergency and state social distancing guidelines, both public hearings will be held via video and teleconferencing. The MCAC meeting minutes can be found in Attachment 3.

No comments were provided during the public hearings. However, three individuals asked questions regarding benefits for Adult Expansion beneficiaries, the effective date of the amendment, and budget...
concerns due to the COVID-19 emergency. The questions asked did not require any changes to the amendment.

Public Comment
The public comment period was held May 18, 2020 through June 17, 2020. No public comments were submitted to the State.

Tribal Consultation
In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions impacting Indian Tribes in the State of Utah. DMHF notified the UDOH Indian Health Liaison of the waiver amendment. As a result of this notification, DMHF began the tribal consultation process by attending the Utah Indian Health Affairs Board (UIHAB) meeting on June 12, 2020 to present this demonstration amendment. No feedback or concerns were provided. The UIHAB meeting agenda can found in Attachment 4.

Tribal Consultation Policy
The consultation process will include, but is not limited to:

- An initial meeting to present the intent and broad scope of the policy and waiver application to the UIHAB.
- Discussion at the UIHAB meeting to more fully understand the specifics and impact of the proposed policy initiation or change;
- Open meeting for all interested parties to receive information or provide comment;
- A presentation by tribal representatives of their concerns and the potential impact of the proposed policy;
- Continued meetings until concerns over intended policy have been fully discussed;
- A written response from the Department of Health to tribal leaders as to the action on, or outcome of tribal concerns.

Tribal consultation policy can be found at: [http://health.utah.gov/indianh/consultation.html](http://health.utah.gov/indianh/consultation.html).

Section IX. Demonstration Administration
Name and Title: Nate Checketts, Deputy Director, Utah Department of Health
Telephone Number: (801) 538-6689
Email Address: nchecketts@utah.gov
ATTACHMENT 1

Compliance with Budget Neutrality Requirements
### ELIGIBILITY GROUPS

<table>
<thead>
<tr>
<th>CURRENT ELIGIBLES</th>
<th>TREND RATE 1</th>
<th>MONTHS OF AGING</th>
<th>BASE YEAR</th>
<th>TREND RATE 2</th>
<th>DEMONSTRATION YEARS (DY)</th>
<th>TOTAL</th>
<th>WOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DY 15 (SFY 17)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DY 16 (SFY 18)</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>DY 17 (SFY 19)</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>DY 18 (SFY 20)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DY 19 (SFY 21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DY 20 (SFY 22)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Eligibles:**
- Parent Caretaker Relative (PCR) population 45-60% FPL: transferred to Expansion Parents effective 4/1/19

#### Demo Pop I - PCN Adults with Children

<table>
<thead>
<tr>
<th>Demo Pop I - PCN Adults with Children</th>
<th>TREND RATE 1</th>
<th>MONTHS OF AGING</th>
<th>BASE YEAR</th>
<th>TREND RATE 2</th>
<th>DEMONSTRATION YEARS (DY)</th>
<th>TOTAL</th>
<th>WOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>DY 15 (SFY 17)</td>
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<td>DY 16 (SFY 18)</td>
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<td>DY 17 (SFY 19)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DY 20 (SFY 22)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Demonstrated Populations:**
- Anticipated start date of 4/1/19
- Anticipated start date of 4/1/21

#### Targeted Adults

**Targeted Adults**
- Started 11/1/17
- Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment.

#### Dental - Targeted Adults

**Targeted Dental**
- Started 3/1/19
- Provider rates anticipated start date of 1/1/20 increase PMPM

#### System of Care

**System of Care**
- Anticipated start date of 1/1/20
### Demonstration Without Waiver (WOW) Budget Projection: Coverage Costs for Populations

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Trend Rate 1</th>
<th>Trend Rate 2</th>
<th>Demonstration Years (DY)</th>
<th>Total</th>
<th>WOW</th>
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<tbody>
<tr>
<td>PCN 1115 Waiver</td>
<td></td>
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<tr>
<td>PMPM Cost</td>
<td>5.3%</td>
<td>0</td>
<td>5.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>$2,100.00</td>
<td>$3,184.27</td>
<td>$3,353.05</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental - Blind/Disabled</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5%</td>
<td>0</td>
<td>108,000</td>
<td>$3,480</td>
</tr>
<tr>
<td>5.3%</td>
<td>0</td>
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<td>$154,384</td>
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<table>
<thead>
<tr>
<th>IVF Treatment</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
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<tr>
<td>2.5%</td>
<td>0</td>
<td>38,400</td>
<td>$3,845.58</td>
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<tr>
<td>5.3%</td>
<td>0</td>
<td></td>
<td>$15,363.66</td>
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</table>

<table>
<thead>
<tr>
<th>Former Foster</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5%</td>
<td>18</td>
<td></td>
<td>$520.00</td>
</tr>
<tr>
<td>5.3%</td>
<td>18</td>
<td></td>
<td>$535.60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Use Disorder (SUD)</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5%</td>
<td>18</td>
<td>36,313</td>
<td>$5,213.68</td>
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<tr>
<td>10%</td>
<td>10</td>
<td></td>
<td>$10,474</td>
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<tr>
<td>5.0%</td>
<td>10</td>
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<td>$16,367</td>
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<table>
<thead>
<tr>
<th>Withdrawal Management</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
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</thead>
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<tr>
<td>2.5%</td>
<td>0</td>
<td>4,218</td>
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<tr>
<td>5.0%</td>
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<td>$1,015</td>
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<table>
<thead>
<tr>
<th>Medicaid for Justice-Involved Populations</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5%</td>
<td>18</td>
<td></td>
<td>$520.00</td>
</tr>
<tr>
<td>5.0%</td>
<td>18</td>
<td></td>
<td>$535.60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Institutions for Mental Disease (IMD)</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
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<tbody>
<tr>
<td>2.5%</td>
<td>18</td>
<td></td>
<td>$520.00</td>
</tr>
<tr>
<td>5.0%</td>
<td>18</td>
<td></td>
<td>$535.60</td>
</tr>
</tbody>
</table>
### DEPARTMENT WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

<table>
<thead>
<tr>
<th>Pop Type</th>
<th>Rate 1</th>
<th>Rate 2</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
<th>Wow</th>
<th>Wow</th>
<th>Wow</th>
<th>Wow</th>
<th>Wow</th>
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<tbody>
<tr>
<td>Hypothetical</td>
<td></td>
<td></td>
<td></td>
<td>18,835</td>
<td>5.3%</td>
<td>2.5%</td>
<td>-</td>
<td>$ - $</td>
<td>$ 13,527</td>
<td>$ 14,244</td>
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<tr>
<td>Expansion Parents &lt;=100% FPL</td>
<td>Expansion</td>
<td>2.5%</td>
<td>339,828</td>
<td>5.3%</td>
<td>-</td>
<td>$ 671.61</td>
<td>$ 707.21</td>
<td>$ 744.69</td>
<td>$ 114,115,918</td>
<td>$ 246,336,326</td>
</tr>
<tr>
<td>Expansion Adults w/Out Dependent Children &lt;=100% FPL</td>
<td>Expansion</td>
<td>2.5%</td>
<td>400,373</td>
<td>5.3%</td>
<td>-</td>
<td>$ 656.90</td>
<td>$ 691.72</td>
<td>$ 728.38</td>
<td>$ 38,541,205</td>
<td>$ 85,429,087</td>
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<tr>
<td>Expansion Parents 101-133% FPL</td>
<td>Expansion</td>
<td>5.25%</td>
<td>121,473</td>
<td>5.3%</td>
<td>-</td>
<td>$ 656.90</td>
<td>$ 691.72</td>
<td>$ 728.38</td>
<td>$ 38,541,205</td>
<td>$ 85,429,087</td>
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<tr>
<td>Expansion Adults w/Out Dependent Children 101-133% FPL</td>
<td>Expansion</td>
<td>5.25%</td>
<td>384,418</td>
<td>5.3%</td>
<td>-</td>
<td>$ 920.73</td>
<td>$ 969.53</td>
<td>$ 1,020.91</td>
<td>$ 170,955,560</td>
<td>$ 378,934,111</td>
</tr>
</tbody>
</table>

* Beginning 4/1/21 UPP will reimburse client up to $300 for employer sponsored insurance

6,832,503,941
### Demonstration Years (DY)

<table>
<thead>
<tr>
<th>Current Eligible Groups</th>
<th>DEMO TREND RATE</th>
<th>DY 15</th>
<th>DY 16 (SFY 18)</th>
<th>DY 17 (SFY 19)</th>
<th>DY 18 (SFY 20)</th>
<th>DY 19 (SFY 21)</th>
<th>DY 20 (SFY 22)</th>
<th>TOTAL WW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Caretaker Relative (PCR) population 45-60% FPL</td>
<td>Medicaid</td>
<td>377,886</td>
<td>$949.03</td>
<td>399.33</td>
<td>1,052.29</td>
<td>1,108.07</td>
<td>1,166.79</td>
<td>1,228.63</td>
</tr>
<tr>
<td>Eligible Member Months</td>
<td></td>
<td>$377,886</td>
<td>364,396</td>
<td>320,957</td>
<td>319,534</td>
<td>318,076</td>
<td></td>
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</tr>
<tr>
<td>Total Expenditure</td>
<td></td>
<td>$377,812,830</td>
<td>383,420,334</td>
<td>356,641,571</td>
<td>372,830,227</td>
<td>390,798,881</td>
<td></td>
<td>1,880,303,842</td>
</tr>
</tbody>
</table>

### Demonstration Years (DY)

<table>
<thead>
<tr>
<th>Demo Pop I - PCN Adults w/Children</th>
<th>Eligible Member Months</th>
<th>104,839</th>
<th>$46.16</th>
<th>48.63</th>
<th>51.21</th>
<th>53.92</th>
<th>56.79</th>
<th>59.79</th>
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</thead>
<tbody>
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<td>Pop Type: Hypothetical</td>
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<table>
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<th>Demo Pop IV - UPP Adults with Children</th>
<th>Eligible Member Months</th>
<th>6,067</th>
<th>4.9%</th>
<th>150.08</th>
<th>158.03</th>
<th>166.41</th>
<th>175.23</th>
<th>1,166.79</th>
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</thead>
<tbody>
<tr>
<td>Pop Type: Hypothetical</td>
<td>Anticipated start date of 4/1/21</td>
<td>$1,293,029</td>
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<th>Eligible Member Months</th>
<th>70,097</th>
<th>$46.97</th>
<th>51.57</th>
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<th>57.18</th>
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<td>Pop Type: Medicaid</td>
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<table>
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<th>Demo Pop IV - UPP Childless Adults</th>
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<th>152</th>
<th>4.9%</th>
<th>187</th>
<th>72.08</th>
<th>75.90</th>
<th>79.92</th>
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<th>1,228.63</th>
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### Targeted Adults

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<tr>
<th>Eligible Member Months</th>
<th>Population criteria is expanded to include victims of domestic violence and individuals with court ordered treatment</th>
<th>2.5%</th>
<th>78,000</th>
<th>80,000</th>
<th>126,000</th>
<th>172,200</th>
<th>176,505</th>
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</thead>
<tbody>
<tr>
<td>PMPM Cost</td>
<td>$76,403,340</td>
<td>$80,452,717</td>
<td>$191,871,540</td>
<td>$276,122,333</td>
<td>$298,025,737</td>
<td></td>
<td>922,875,668</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>$76,403,340</td>
<td>$80,452,717</td>
<td>$191,871,540</td>
<td>$276,122,333</td>
<td>$298,025,737</td>
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### Dental - Targeted Adults

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<tr>
<th>Eligible Member Months</th>
<th>Porcelain crown anticipated start date of 1/1/20 increases PMPM</th>
<th>2.5%</th>
<th>-</th>
<th>12,000</th>
<th>36,900</th>
<th>37,823</th>
<th>38,768</th>
<th>38,768</th>
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<tr>
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<td>$76,403,340</td>
<td>$80,452,717</td>
<td>$191,871,540</td>
<td>$276,122,333</td>
<td>$298,025,737</td>
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<td>922,875,668</td>
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<tr>
<td>Total Expenditure</td>
<td>$76,403,340</td>
<td>$80,452,717</td>
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<td>$276,122,333</td>
<td>$298,025,737</td>
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### System of Care

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<tr>
<th>Eligible Member Months</th>
<th>Hypothetical</th>
<th>2.5%</th>
<th>-</th>
<th>12,000</th>
<th>36,900</th>
<th>37,823</th>
<th>38,768</th>
<th>38,768</th>
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<tbody>
<tr>
<td>PMPM Cost</td>
<td>$76,403,340</td>
<td>$80,452,717</td>
<td>$191,871,540</td>
<td>$276,122,333</td>
<td>$298,025,737</td>
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<td>922,875,668</td>
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<tr>
<td>Total Expenditure</td>
<td>$76,403,340</td>
<td>$80,452,717</td>
<td>$191,871,540</td>
<td>$276,122,333</td>
<td>$298,025,737</td>
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<td>922,875,668</td>
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### Notes

- **PCN 1115 Waiver**
- **DEMONSTRATION WITH WAIVER (WW All) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**

- **Targeted Adults**
  - Member months will increase when the criteria is expanded to include victims of domestic violence and individuals with court ordered treatment.
  - PMPM will increase due to adding the housing support benefit and new managed care directed payments.

- **Dental - Targeted Adults**
  - Porcelain crown anticipated start date of 1/1/20 increases PMPM.

- **System of Care**
  - Anticipated start date of 1/1/20.
### Demonstration with Waiver (WW All) Budget Projection: Coverage Costs for Populations

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>DY 15</th>
<th>DY 16 (SFY 18)</th>
<th>DY 17 (SFY 19)</th>
<th>DY 18 (SFY 20)</th>
<th>DY 19 (SFY 21)</th>
<th>DY 20 (SFY 22)</th>
<th>Total WW</th>
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<tr>
<td></td>
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<tr>
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<td>$32.38</td>
<td>$34.10</td>
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<tr>
<td>Total Expenditure</td>
<td>$1,660,500</td>
<td>$1,810,955</td>
<td>$2,062,415</td>
<td>$2,283,870</td>
<td>$2,636,528</td>
<td>$12,183,670</td>
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<td>$32.38</td>
<td>$34.10</td>
<td>$34.10</td>
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<tr>
<td>Total Expenditure</td>
<td>$1,660,500</td>
<td>$1,810,955</td>
<td>$2,062,415</td>
<td>$2,283,870</td>
<td>$2,636,528</td>
<td>$12,183,670</td>
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<td>Former Foster Care</td>
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<td>ELIGIBILITY GROUP</td>
<td>DEMO TREND RATE</td>
<td>DEMONSTRATION YEARS (DY)</td>
<td>TOTAL WW</td>
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<tr>
<td></td>
<td>DY'15</td>
<td>DY'16 (SFY'18)</td>
<td>DY'17 (SFY'19)</td>
<td>DY'18 (SFY'20)</td>
<td>DY'19 (SFY'21)</td>
<td>DY'20 (SFY'22)</td>
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<tr>
<td>Expansion Parents &lt;=100% FPL</td>
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<td>Pop Type:</td>
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<td>Expansion</td>
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<td>Pop Type:</td>
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<tr>
<td>Expansion</td>
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<tr>
<td>Eligible Member Months</td>
<td>5.25%</td>
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<tr>
<td>Pop Type:</td>
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<tr>
<td>Expansion</td>
<td></td>
<td></td>
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<tr>
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Start date of 5/1/19 (2 months of SFY'19) $ 6,632,904,348
Assumes start date of 1/1/2020 (SFY'20)
Assumes start date of 7/1/20 (SFY'21)
Anticipated start date of 1/1/21 (SFY'21); increase in member months due to approx 7,600 clients moving over from Dental - Blind/Disabled; PMPM increase due to coverage of
porcelains and crowns
Anticipated start date of 1/1/21 (SFY'21); decrease in member months as 7,600 clients move out of Dental - Aged
### Demonstration Years (DY)

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>Demo Trend Rate</th>
<th>Current Eligibles</th>
<th>Demo Pop I - PCN Adults w/Children</th>
<th>Demo Pop III/V - UPP Adults with Children</th>
<th>Demo Pop I - PCN Childless Adults</th>
<th>Demo Pop III/V - UPP Childless Adults</th>
<th>Former Targeted Adults</th>
<th>Dental - Targeted Adults</th>
<th>System of Care</th>
<th>Dental - Blind/Disabled</th>
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<tbody>
<tr>
<td></td>
<td>DY 15</td>
<td>DY 16 (SFY 18)</td>
<td>DY 17 (SFY 19)</td>
<td>DY 18 (SFY 20)</td>
<td>DY 19 (SFY 21)</td>
<td>DY 20 (SFY 22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CURRENT ELIGIBLES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eligible Member Months</td>
<td>$949.03</td>
<td>377,866</td>
<td>$999.33</td>
<td>1,052.29</td>
<td>$1,166.79</td>
<td>$1,228.63</td>
<td>$377,612,830</td>
<td>$383,420,334</td>
<td>$355,641,571</td>
</tr>
</tbody>
</table>

### Pop Type: Medicaid

#### Current Eligibles

- **Parent Caretaker Relative (PCR) population 45-60% FPL**: Transferred to Expansion Parents effective 4/1/19.

#### Demo Trend Rate

- **Demo Pop I - PCN Adults w/Children**
  - Start date: 4/1/19
  - **Eligible Member Months**: 6,067 (34.9%), 104,836 (5.9%), 70,097 (4.9%), 159 (4.9%)
  - **PMPM Cost**: $8,182 (5.3%), $111,042 (5.9%), $73,812 (4.9%), $72,08 (5.3%)
  - **Total Expenditure**: $8,182 (5.3%), $111,042 (5.9%), $73,812 (4.9%), $72,08 (5.3%)

- **Demo Pop III/V - UPP Adults with Children**
  - Start date: 4/1/21
  - **Eligible Member Months**: 2,5% (78,000), 3.5% (121,696), 5.3% (142,541)
  - **PMPM Cost**: $979.53 (5.3%), $1,031.45 (5.3%), $1,031.45 (5.3%)
  - **Total Expenditure**: $979.53 (5.3%), $1,031.45 (5.3%), $1,031.45 (5.3%)

- **Demo Pop II/V - UPP Childless Adults**
  - Start date: 3/1/19
  - **Eligible Member Months**: 2.5% (1,450), 5.3% (1,166.79)
  - **PMPM Cost**: $33.33 (5.3%), $37.27 (5.3%)
  - **Total Expenditure**: $33.33 (5.3%), $37.27 (5.3%)

- **Former Targeted Adults**
  - Start date: 11/1/17
  - **Eligible Member Months**: 2.5% (78,000), 5.3% (1,031.45)
  - **PMPM Cost**: $979.53 (5.3%), $1,031.45 (5.3%)
  - **Total Expenditure**: $979.53 (5.3%), $1,031.45 (5.3%)

- **Dental - Targeted Adults**
  - Start date: 3/1/19
  - **Eligible Member Months**: 2.5% (12,000), 5.3% (33.33)
  - **PMPM Cost**: $18,450 (5.3%), $37.27 (5.3%)
  - **Total Expenditure**: $18,450 (5.3%), $37.27 (5.3%)

- **System of Care**
  - Start date: 1/1/20
  - **Eligible Member Months**: 2.5% (720), 5.3% (1,440)
  - **PMPM Cost**: $2,100 (5.3%), $2,100 (5.3%)
  - **Total Expenditure**: $2,100 (5.3%), $2,100 (5.3%)

- **Dental - Blind/Disabled**
  - Start date: 3/1/19
  - **Eligible Member Months**: 2.5% (720), 5.3% (1,440)
  - **PMPM Cost**: $2,100 (5.3%), $2,100 (5.3%)
  - **Total Expenditure**: $2,100 (5.3%), $2,100 (5.3%)
<table>
<thead>
<tr>
<th>Pop Type</th>
<th>Eligible Member Months</th>
<th>PMPM Cost</th>
<th>Total Expenditure</th>
<th>Anticipated start date of 1/1/21</th>
<th>Anticipated start date of 1/1/20</th>
<th>Anticipated start date of 1/1/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental - Aged</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>54,000</td>
<td>156,300</td>
<td>160,206</td>
</tr>
<tr>
<td></td>
<td>4.8%</td>
<td>990.87</td>
<td>10,384</td>
<td>10,883</td>
<td>11,405</td>
<td>11,953</td>
</tr>
<tr>
<td>IVF Treatment</td>
<td>0%</td>
<td>-</td>
<td>-</td>
<td>54,000</td>
<td>156,300</td>
<td>160,206</td>
</tr>
<tr>
<td></td>
<td>4.8%</td>
<td>990.87</td>
<td>10,384</td>
<td>10,883</td>
<td>11,405</td>
<td>11,953</td>
</tr>
<tr>
<td>Former Foster Care</td>
<td>0%</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>4.8%</td>
<td>990.87</td>
<td>10,384</td>
<td>10,883</td>
<td>11,405</td>
<td>11,953</td>
</tr>
<tr>
<td>Substance Use Disorder (SUD)</td>
<td>6.9%</td>
<td>39,456</td>
<td>42,175</td>
<td>40,554</td>
<td>43,48</td>
<td>46,335</td>
</tr>
<tr>
<td></td>
<td>5.0%</td>
<td>3,321.96</td>
<td>3,488.06</td>
<td>3,662.46</td>
<td>3,845.58</td>
<td>4,037.86</td>
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<tr>
<td>Withdrawal Management</td>
<td>0.0%</td>
<td>670</td>
<td>-</td>
<td>4,018</td>
<td>4,018</td>
<td>4,018</td>
</tr>
<tr>
<td></td>
<td>5.0%</td>
<td>700.00</td>
<td>735.00</td>
<td>771.75</td>
<td>810.34</td>
<td></td>
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<tr>
<td>Medicaid for Justice-Involved Populations</td>
<td>1.75%</td>
<td>39,456</td>
<td>42,175</td>
<td>40,554</td>
<td>43,48</td>
<td>46,335</td>
</tr>
<tr>
<td></td>
<td>3.0%</td>
<td>3,321.96</td>
<td>3,488.06</td>
<td>3,662.46</td>
<td>3,845.58</td>
<td>4,037.86</td>
</tr>
<tr>
<td>Mental Health Institutions for Mental Disease (IMD)</td>
<td>2.50%</td>
<td>-</td>
<td>-</td>
<td>8,418</td>
<td>17,256</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.3%</td>
<td>-</td>
<td>-</td>
<td>640.57</td>
<td>674.52</td>
<td>710.27</td>
</tr>
<tr>
<td>Expansion Parents &lt;=100% FPL</td>
<td>2.5%</td>
<td>-</td>
<td>-</td>
<td>169,914</td>
<td>348,324</td>
<td>357,032</td>
</tr>
<tr>
<td></td>
<td>5.3%</td>
<td>-</td>
<td>-</td>
<td>640.57</td>
<td>674.52</td>
<td>710.27</td>
</tr>
<tr>
<td>Expansion Adults w/out Dependent Children &lt;=100% FPL</td>
<td>2.5%</td>
<td>-</td>
<td>-</td>
<td>169,914</td>
<td>348,324</td>
<td>357,032</td>
</tr>
<tr>
<td></td>
<td>5.3%</td>
<td>-</td>
<td>-</td>
<td>640.57</td>
<td>674.52</td>
<td>710.27</td>
</tr>
</tbody>
</table>
## DEMONSTRATION YEARS (DY)

### DEMONSTRATION WITH WAIVER (WW NONE) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

<table>
<thead>
<tr>
<th>ELIGIBILITY GROUP</th>
<th>DY 15</th>
<th>DEMO TREND RATE</th>
<th>DY 16 (SFY 18)</th>
<th>DY 17 (SFY 19)</th>
<th>DY 18 (SFY 20)</th>
<th>DY 19 (SFY 21)</th>
<th>DY 20 (SFY 22)</th>
<th>TOTAL WW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pop Type:</td>
<td>Expansion</td>
<td>2.5%</td>
<td>-7.0%</td>
<td>200,487</td>
<td>410,997</td>
<td>421,272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible Member Months</td>
<td>5.3%</td>
<td>$899.03</td>
<td>$946.68</td>
<td>$996.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMPM Cost</td>
<td>-</td>
<td>$899.03</td>
<td>$946.68</td>
<td>$996.85</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>-</td>
<td>180,242,854</td>
<td>389,081,237</td>
<td>419,945,107</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-$</td>
<td>180,242,854</td>
<td>389,081,237</td>
<td>419,945,107</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Expansion Parents 101-133% FPL | Expansion | 5.25% | -7.0% | 53,048 | 111,667 | 117,529 | | |
| Eligible Member Months | 5.3% | $625.86 | $659.03 | $693.96 | | |
| PMPM Cost | - | $625.86 | $659.03 | $693.96 | | |
| Total Expenditure | - | 33,200,871 | 73,591,888 | 81,560,602 | | |
| | -$ | 33,200,871 | 73,591,888 | 81,560,602 | | |

| Expansion Adults w/out Dependent Children 101-133% FPL | Expansion | 5.25% | -7.0% | 167,879 | 353,386 | 373,939 | | |
| Eligible Member Months | 5.3% | $882.60 | $929.37 | $978.63 | | |
| PMPM Cost | - | $882.60 | $929.37 | $978.63 | | |
| Total Expenditure | - | 148,169,813 | 328,428,021 | 363,991,028 | | |
| | -$ | 148,169,813 | 328,428,021 | 363,991,028 | | |

- **Start date of 5/1/19 (2 months of SFY19)**
- **Assumes start date of 1/1/2020 (SFY20)**
- **Assumes start date of 7/1/20 (SFY21)**
- **Anticipated start date of 1/1/21 (SFY21); increase in member months due to approx 7,600 clients moving over from Dental - Blind/Disabled; PMPM increase due to coverage of porcelain and crowns**
- **Anticipated start date of 1/1/21 (SFY21); decrease in member months as 7,600 clients move out of Dental - Aged**
Public Notice Requirements
PUBLIC NOTICE Utah 1115 Waiver Amendments

The Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss amendments to the State's 1115 Demonstration Waiver. Written comments will be accepted until March 5, 2020.

The primary purpose of this hearing is to obtain public comments on the following proposed amendments:

1. Medicaid Coverage for Justice-Involved Populations (H.B. 38)
   - This amendment will allow the State to provide Medicaid coverage to "qualified inmates" for up to 30 days before release from a corrections facility. "Qualified inmates" are defined as those who are incarcerated in a corrections facility and cannot afford health care.

2. Utah's Premium Partnership for Health Insurance (UPHI) Premium Reimbursement Increase (H.B. 436)
   - This amendment will allow the State to increase the maximum UPHI reimbursement amount for adults and children by 10 percent, to a higher amount through the state administrative rulemaking process, rather than by waiver amendment.

The public hearing will be held on March 5, 2020, at 10:00 a.m., at the Deseret News Building, 4770 S. 5600 W., West Valley City, Utah 84118. The hearing will be open to the public and will be broadcast on the internet. Written comments can be submitted through email to Medicaid.utah.gov/1115-waiver or by mail to Utah Department of Health, Division of Medicaid and Health Financing, PO Box 143106, Salt Lake City, UT 84114-3106.

SALT LAKE CITY UT 84114
ACCOUNT NAME

PUBLIC NOTICE Utah 1115 Waiver Amendments  The Utah Department of Health

SIZE
66 LINES  3 COLUMN(S)

TIMES  TOTAL COST
3  347.72

AFFIDAVIT OF PUBLICATION

AS NEWSPAPER AGENCY COMPANY, LLC dba UTAH MEDIA GROUP LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF PUBLIC NOTICE Utah 1115 Waiver Amendments  The Utah Department of Health, Division of Medicaid and Health Financing was published by THE NEWSPAPER AGENCY COMPANY, LLC dba UTAH MEDIA GROUP, AGENT FOR DESERET NEWS AND THE SALT LAKE TRIBUNE, DAILY NEWSPAPERS PRINTED IN THE ENGLISH LANGUAGE WITH GENERAL CIRCULATION IN UTAH, AND PUBLISHED IN SALT LAKE CITY, SALT LAKE COUNTY IN THE STATE OF UTAH. NOTICE IS ALSO POSTED ON UTAHLEGALS.COM ON THE SAME DAY AS THE FIRST NEWSPAPER PUBLICATION DATE AND REMAINS ON UTAHLEGALS.COM INDEFINITELY. COMPLIES WITH UTAH DIGITAL SIGNATURE ACT UTAH CODE 46-2-101; 46-3-104.

PUBLISHED ON  Start 05/18/2020  End 05/18/2020

DATE  5/21/2020

STATE OF UTAH

COUNTY OF SALT LAKE

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS 21ST DAY OF MAY IN THE YEAR 2020

BY Lenea Tapuso

NOTARY PUBLIC SIGNATURE

17
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**Department of Health:**

**Medicaid Expansion Workgroup**

**Entity:** Department of Health  
**Body:** Medicaid Expansion Workgroup  
**Subject:** Medicaid Health Care  
**Notice Title:** Utah 1115 Waiver Amendments  
**Notice Type:** Notice, Meeting  
**Event Start Date & Time:** May 21, 2020 02:00 PM  
**Event End Date & Time:** May 21, 2020 04:00 PM  

**Description/Agenda:**

PUBLIC NOTICE  
Utah 1115 Waiver Amendments

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss amendments to the State's 1115 Demonstration Waiver. The Department will also accept public comment regarding these demonstration amendments during the 30-day public comment period from May 18, 2020, through June 17, 2020.

DMHF is requesting authority to implement provisions of House Bill 38 'Substance Use and Health Care Amendments' and House Bill 436 'Health and Human Services Amendments', which passed during the 2020 Utah Legislative Session. The amendment requests include the following provisions:

**Medicaid Coverage for Justice-Involved Populations (HB 38)**  
This amendment will allow the State to provide Medicaid coverage to ‘qualified inmates’ for up to 30 days before release from a correctional facility.  
A ‘qualified inmate’ is an individual who is incarcerated in a correctional facility and has a chronic physical or behavioral health condition, a mental illness as defined in Utah State Code Section 62A-15-602, or an opioid use disorder.

**Utah’s Premium Partnership for Health Insurance (UPP) Premium Reimbursement Increase (HB 436)**  
This amendment request will allow the State to increase the maximum UPP reimbursement amount for adults (age 19 through 64), from $150 per enrollee per month, to a higher amount through the state administrative rulemaking process, rather than by waiver amendment.  
If approved, initially the maximum UPP reimbursement amount for adults will be $300 per enrollee per month.

Public Hearings:

Meeting Location:  
Video Conference  
Salt Lake City, 84116  
Map this!

Contact Information:  
Jennifer Meyer-Smart  
jmeyersmart@utah.gov (801)538-6338

Audio File Address

Subscription Options

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Options

Add this notice to calendar  
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The Department will conduct two public hearings to discuss the demonstration amendments. The dates and times are listed below. Due to the COVID-19 emergency and state social distancing guidelines, both public hearings will be held via video and teleconferencing.

Thursday, May 21, 2020, from 2:00 p.m. to 4:00 p.m., during the Medical Care Advisory Committee (MCAC) meeting.

   Video Conference: Google Hangout Meeting (only works in the Chrome web browser)
   meet.google.com/kyj-yrbk-cvv

   Or join by phone: 1-413-233-4024 (PIN: 746 045 310#)

Tuesday, May 26, 2020, from 4:30 p.m. to 5:30 p.m.

   Video Conference: Google Hangout Meeting (only works in the Chrome web browser)
   meet.google.com/ctt-dxpy-nqc

   Or join by phone: 1-318-612-0038 (PIN: 268 779 416#)

Individuals requiring an accommodation to fully participate in either meeting may contact Jennifer Meyer-Smart at jmeyersmart@utah.gov or 385-215-4735 by 5:00 p.m. on Monday, May 18, 2020.

Public Comment:
A copy of the public notice and proposed amendments are available online at:
https://medicaid.utah.gov/1115-waiver

The public may comment on the proposed amendment requests during the 30-day public comment period from May 18, 2020, through June 17, 2020.

Comments may be submitted:

Online: https://medicaid.utah.gov/1115-waiver

Email: Medicaid1115waiver@utah.gov

Mail: Utah Department of Health
Division of Medicaid and Health Financing
PO Box 143106
Salt Lake City, UT 84114-3106
Attn: Jennifer Meyer-Smart

Notice of Special Accommodations:

In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify Jennifer Meyer-Smart at 801-538-6338.

Notice of Electronic or telephone participation:

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Other Information

This notice was posted on: May 18, 2020 02:50 PM
This notice was last edited on: May 18, 2020 03:09 PM
Deadline Date: May 21, 2020 04:00 PM

Board/Committee Contacts
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Utah 1115 Waiver Amendments

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Video Conference
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Contact Information:
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jmeyersmart@utah.gov (801)538-6338

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meet.google.com/ctt-dxpy-nqc

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Other Information

This notice was posted on: May 18, 2020 02:59 PM
This notice was last edited on: May 18, 2020 03:06 PM
Deadline Date: May 26, 2020 05:30 PM
Medical Care Advisory Committee
Public Hearing
Medical Care Advisory Committee

Minutes of May 21, 2020

Participants

Committee Members (via phone)
Dr. William Cosgrove (Chair), Jessie Mandle (Vice Chair) Jenifer Lloyd, Christine Evans, Muris Prses on behalf of Dale Ownby, Brian Monsen, Adam Cohen, Dr. Robert Baird, Stephanie Burdick, Mark Ward on behalf of Michael Hales, Pete Ziegler, Mike Jensen, Ginger Phillips on behalf of Adam Montgomery, and Mary Kuzel

Committee Members Absent
Sara Carbajal-Salisbury, Joey Hanna, Mark Brasher, Gina Tuttle, and Danny Harris.

DOH Staff (via phone)
Nate Checketts, Emma Chacon, Tonya Hales, Brian Roach, Michelle Smith, Jennifer Meyer-Smart, Craig Devashrayee, Krisann Bacon, Greg Trollan, Dave Lewis, Kim Michelson, Sheila Walsh-McDonald, Tracy Barkley, Joel Hoffman, Jorge Fuentes, Sharon Steigerwalt, and Dorrie Reese.

Guest (via phone)

Public Hearing for 1115 Waiver Amendment – Jennifer Meyer-Smart:
Jennifer Meyer-Smart discussed the Public Hearing for 1115 Waiver Amendment.

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), will hold public hearings to discuss amendments to the State’s 1115 Demonstration Waiver. The Department will also accept public comment regarding these demonstration amendments during the 30-day public comment period from May 18, 2020 through June 17, 2020.

With this waiver amendment, DMHF is requesting authority to:

- Provide Medicaid coverage to an individual who is incarcerated in a correctional facility, has a chronic physical, or behavioral health condition; a mental illness, or an opioid use disorder
- Increase the maximum UPP reimbursement amount for adults (age 19 through 64), from $150 per enroll per month, to $300 per enroll per month, if approved. We estimate approximate 210 UPP eligible adults would receive this benefit per month.

The document which was presented is embedded in this document
Public Comment:

- Mark Ward asked a question: How does this square with the resolution the legislation passed asking agencies to curtail spending especially for the new and expansion items in light of the lending COVID-19 budget shortfall?

Emma Chacon response: We realize that this may not go forward, because of the action of the Executive Appropriations Committee, but the final decision has not been made, that resolution advised agencies that they should approach their to plan for their Fiscal year 2021 budget to be the same as their fiscal year 2020 budgets. If it turns out through the special session that all the funding for specific bills are rescinded then we won’t go forward submitting these waivers to CMS, or if it has already been submitted than we will withdrawal it. But in the event that funding is not rescinded for any reason we will be ready to move forward.

- Ginger Phillips who is filling in for Adam Montgomery asked question: On the 1115 Waiver, people qualifying on adult expansion who are incarcerated in the jail or prison which one of those will receive dental services?

Emma Chacon response: Currently, the adult expansion members do not have a dental benefit with the exception of 19-20-year olds under the EPSDT.

- Gina Evans, Salt Lake County emailed question: Does the waiver for the criminal justice population start July 1, 2020, the handout states January 1, 2021?

Emma Chacon response: The bill directs the state to submit a waiver by July 1, 2020. We indicated a January 1, 2021 start because we are hoping that CMS will approve this waiver amendment by that date. The effective date is the date this waiver gets approved then we will need some lead time to change systems in order to get this up and running. This date could change if we receive a faster approval date or this date could be pushed out beyond January 1, 2021 if CMS approval is delayed.

- Dr. Cosgrove asked a question: Emma can you clarify the start date if the waiver goes through for the Utah Premium Partnership?

Emma Chacon response: That would go into effect the first or second month after CMS approval.

Approval of Minutes

Dr. Robert Baird made the motion to approve the April 16, 2020 MCAC minutes. The group unanimously agreed.

New Rulemakings Information Rules/SPAs – Craig Devashrayee:

Craig Devashrayee discussed Rules/SPAs.
- R414-506: Hospital Provider Assessments (Five-Year Review)
- R414-60-5: Limitations
- R414-40: Private duty Nursing Service (Five-Year Review)
- R414-401-3: Assessment
- R414-506: Hospital Provider Assessments
- R414-517: Inpatient Hospital Provider Assessments
- R414-523: Medicaid Expansion Hospital Provider Assessments
- 20-0006-UT: COVID-19 Emergency Disaster Relief
- 20-0007-UT: Quality Improvement Incentives
- 20-0009-UT: Disaster Relief Testing Locations

The documents which were presented are embedded in this document

MCAC Rule Summary 5-21-20.pdf
MCAC SPA Summary 5-21-20.pdf
Mark Ward has a question on R414-523: Medicaid Expansion Hospital Provider Assessment- The statutory reference listed here 26-36b says that chapter for July 1, 2020, you can only do a hospital assessment if the sales tax and savings offset aren’t sufficient to pay the cost of the Medicaid expansion. Has the Department of Health conducted any kind of analysis or estimate to make that determination that those resources are not adequate?

Emma Chacon response: No the purpose of putting forth the rule is to outline the operational aspect of this assessment. We do not intend to implement this assessment in FY 2020 or FY 2021. As Craig has said the 7/1/2020 date is the earliest possible effective date, let us take this back and look into this further.

Dave Gessel: I am trying to understand that rule, and Mark makes a good point that this does not kick into effect until all the money of the sales tax are gone. Have you been directed by the legislature or have you done this on your own?

Emma Chacon response: The rule? We have not been directed by the legislature. I think this rule needs some clarification to say that it would not go into effect until it meets that criteria in the statute, we will amend that rule to make it clear.

Dave Gessel: Just a quick question on the earlier assessments adding the penalties, I thought we had that in the statute or rule for a long time are you changing the penalties or amount that hospitals pay their assessments late, or is this kind of cleanup language that references whatever the normal penalties you already have?

Emma Chacon response: We have similar language in other provider assessment rules. Since we don’t have this in rule for this assessment, we are not charging penalties. Currently we only have authority to put a hold on claims payments until the assessment payment is made. This is an attempt to make all our assessment rules consistent.

Mark Ward: Technical question on the form the total fiscal benefit describes on the $24M, which includes $12M to State Government and $12M to other person that double counts the fiscal benefit that would be derived from this, because State Government would receive $12M additional, but the other person would receive the same amount whether it would pass inactive or not.

Craig Devashrayee response: That was a broad figure that we used.

Mark Ward: It would only be true if there was a plan to make a cut in that program that was going to replace the hospital assessment. Then the other persons would receive the $12M that otherwise would not receive.

Emma Chacon response: Craig will make note of that, and he will follow-up with Mark Ward.

Mark Ward: Note that what hospitals are doing supporting public health response to the coronavirus by setting up testing sites, clearing unit for COVID-19 patients, delaying visits, and elective procedures until we have protective equipment, capacity for COVID-19 patients. We are still in the middle of that response. With potential of re-opening and with the flu season, to have a surge later on. I am wondering how future tax increase supports the hospitals while they are in the middle of that response at a great expense and loss revenue that this results from?

Emma Chacon response: Mark I don’t have an answer for your question, duly noted the point that you are making. We will take it back for further discussion.
Stephanie Burdick: Do we have any information on how Utah compares to other states when it comes to how much hospital assessments? Are they requiring hospitals to contribute in comparison?

Emma Chacon response: We could probably do that, it would take some time, just as others are being impacted by everything that is going on right now, so are we. We can see whether NAMD (National Association of State Medicaid Directors) group might already have that information that we can try to access. Every state financing structure for their programs are a little bit different. We will see what we can do. We will certainly see if that information is out there, and if we can get our hands on it to share with the group. It will be interesting for us to see that information as well.

Eligibility Enrollment Update – Michelle Smith/Muris Prses:
Michelle Smith and Muris Prses gave a presentation from both DOH and DWS regarding eligibility: The impact eligibility has had from the downturn of the economy, changes to the system to comply with the families first act/not closing cases, etc. and DWS application process timeframe, backlog?

The document which was presented is embedded in this document.

Medicaid Trends.pdf  MCAC Data.pptx

Medicaid Expansion Report – Jennifer Meyer-Smart:
Jennifer Meyer-Smart gave an update on the Medicaid Expansion Report.

The document which was presented is embedded in this document.

Expansion Report

ACO’s Outreach Campaign – Brian Monsen
Brian Monsen gave an update on the ACOs Outreach Campaign program. The campaign goes through the end of May.

Legislative Updates & Appropriations – Emma Chacon:
Emma Chacon gave an update on the Legislative bills and appropriations.

Executive Appropriations met and voted to reverse all additional appropriations that were not in the base budget bill. In addition agencies were asked to identify 2%, 5% and 10% reductions to their budgets. The budget deficit for state fiscal year 2012 is between $587 million and 1.2 billion. There has been discussion legislative fiscal analyst. We have made a conceded effort to identify areas where we are already having policy changes in the works that will save money.
Next week, Tuesday, May 26th at 1:00 and on Friday, May 29th at 8:00 Social Service Committee meeting that is when they will look at all of the proposed cuts for the Department of Workforce Services, Department of Human Services, and the Department of Health.

During the first week of June another Medicaid Consensus meeting will take place to consider the impact of COVID-19 and the downturn of the economy on the Medicaid enrollment.

Sometime in June there will be a special session to address any changes to appropriations for fiscal year 2021 which starts July 1, 2020. State agencies have been asked to look at 2%, 5% and 10% reductions. The maintenance of effort requirement to receive enhanced federal financial participation, limits what type of cuts that the state can make. We cannot make any changes to eligibility requirements or benefits that were in place as of January 1, 2020.

**Director’s Report**

**COVID-19: - Nate Checketts**

Nate Checketts discussed COVID-19. The State is moving forward with different risks levels, between orange and yellow, as we look at the COVID-19 moving forward, our numbers have been level over the past couple weeks. As you look at the number of new cases what you are seeing hospitalization and other areas. We are obviously moving into two different phases across the State of relaxing stay at home requirements and moving to less restrictive requirements where we will be watching the data very carefully for number of positive tests that are coming back with the number of cases we are finding. There are metrics built in these proposals as we move forward there are certain things move that will trigger flags if the cases start to climb again. There’s a hope that across the State as we move to warmer times and people are spending more time outdoors that the state can relax at the overall rules that we are asking people to comply with. Overall the State has not had a high level of infection across these last couple of months. As we look at the return of the flu season in the fall, we have heard that it is likely less than 5% of Utahns have been infected to date with the COVID virus, so as we come back to another potential infection 95% have not been infected.

One of the initiatives we are pursuing is to provide additional training and testing at the Nursing Facilities and Long-Term Care facilities. Although we’ve have had a significant number of deaths of individuals who reside in nursing facilities, the overall death total for the state is low. We think there is some additional work we can do there. Our Healthcare Associate infection team is going out and doing training at those facilities, another group is doing training on the appropriate use of personal protective equipment (PPE), and making sure facilities understand the best way to respond to an outbreak in their facilities.

We have pulled in staff from other areas in the Department to work specifically on the COVID response. Many of those staff will need to transition back to their previous position at some point.

**Medicaid Disaster SPA:**
Michelle Smith discussed the Medicaid Disaster SPA which was approved. The SPA will allow COVID-19 testing both the nasal swab and the antibodies to uninsured individuals who are on Medicaid/CHIP. We are building the ability to accept applications through a portal for this new COVID-19 uninsured testing group. We have three different avenues where a member can apply for this coverage: eligibility portal hospitals, Medicaid Website, and COVID-19 testing site. Available June 1, 2020.

**1135 Waiver:**
On the 1135 Waiver, we continue to have discussions with CMS about some of the requests we made in the waiver. They tell us that at some point we will receive a letter from them letting us know which items have been approved, which ones are still on hold, or which ones that are not being approved. At this time, we have not received that letter, other than the initial letter which approved a handful of items similar to what they approved for other states.

**Attachment K (HCBS):**
Most of the request have been approved, we are moving forward on them.

**Cares Act:**
Funding to provide relief to provider groups from HHS distributing those funds to providers first through their Medicare Fee-for-Service volume. All States (Medicaid agencies) were asked to provide information on all payments made to providers for 18-19-year
old’s, basically contact and direct deposit information for our providers, which we have passed onto CMS have sent to Health and Human Services (HHS). Another $20 Billion they plan on distributing to providers based on their Medicaid activity and to help cover the uninsured, those funds will go directly to the providers. CMS has been reluctant to approve additional payment arrangements through Medicaid to providers to help to mitigate the impact of COVID-19, until these other funds from the Cares Act have been distributed.

Public Hearing (1115 Waiver):
Next public hearing scheduled Tuesday, May 26th 4:30-5:30, Video Conference: Google Hangout Meeting (only works in the Chrome web browser meet.google.com/ctt-dxpy-nqc. Accept comments through online portal and email through June 17th

Other:
- Dr. Cosgrove: Governor’s Early Childhood Commission. The Early Invention Program is having problem getting reimbursed for telephone visits rather than Telemedicine visits in their home visiting programs when they are trying to bill Medicaid.

Emma Chacon response: Emma had a conversation with Noel Taxin and pointed her to the Telemedicine guidance document that we have on our Medicaid website and reassured her that telephone only was acceptable and that provider group should submit those claims to Medicaid for payment.

Adjourn
Meeting was adjourned at 4:00 pm.
ATTACHMENT 4

Tribal Consultation
Utah Indian Health Advisory Board (UIHAB) Meeting
6/12/2020
8:30 AM –10 AM
Utah Department of Health
Salt Lake City, UT  84114
(801) 538-6771 or (801) 712-9346

Meeting called by:  UIHAB
Type of meeting:  Monthly UIHAB
Facilitator:  Melissa Zito
Note taker:  Dorrie Reese

Please Review:
Medicaid Rules & SPA document(s), additional materials via presenters.

Agenda topic

8:30 AM  UIHAB Meeting
Welcome & Introductions  Jessica Sutherland, Chair
Felecita FullBear, Vice Chair

8:40 AM  Committee Updates & Medicaid Waiver Presentation
  • UT Medicaid Eligibility Policy  Jeff Nelson
  • SPA’s Medicaid & CHIP  Jennifer Meyer-Smart
  • Medicaid Waivers  Craig Devashrayee
  • Medicaid & CHIP State Plan Amendments (SPA) & Rules
  • DWS Medicaid Eligibility Operations  Jacoy Richins
  • MCAC & CHIP Advisory Committees  Mike Jensen & Ryan Ward
  • COVID-19 Materials & Update  Melissa Zito
  • GoodHealth TV update
  • Opioid Grant Update  Candace Muggerud
  • Materials Set for Printing  Jeremy Taylor & Kassie John

10:00 AM  Adjourn to join UDOH COVID-19 Coordination Call

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