



UTAH DEPARTMENT OF
HEALTH

Utah 1115 Demonstration Waiver

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

Quarterly Monitoring Report

Reporting Period

Demonstration Year: 19 (07/01/2020-06/30/21)

Demonstration Quarter: 3 (1/01/21-3/31/21)

Executive Summary

Utah's 1115 Primary Care Network (PCN) Demonstration Waiver is a statewide demonstration that gives the Utah Department of Health (UDOH) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration waiver was originally approved in February 2002 for the PCN program and Current Eligibles population. The waiver was implemented July 1, 2002, and is now in demonstration year 19. Over the years, additional programs and benefits have been authorized under the waiver. The current waiver has approval through June 2022. This monitoring report will provide information for demonstration year 19 quarter three.

The demonstration waiver authorizes the following programs and benefits:

- PCN Program- Provides a limited package of preventive and primary care benefits to adults age 19-64 (PCN was suspended on March 31, 2019 with the implementation of Adult Expansion Medicaid on April 1, 2019).
- Current Eligibles/Non-Traditional Benefits- Provides a slightly reduced benefit package for adults receiving Parent/ Caretaker Relative (PCR) Medicaid.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of monthly premium costs of employer sponsored insurance or COBRA.
- Targeted Adult Medicaid- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, with blindness or disabilities.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving SUD treatment.
- Adult Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL). Individuals in this demonstration group are required to participate in community engagement activities (if they do not meet an exemption or have good cause), and are required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Clinically Managed Residential Withdrawal Pilot- Provides expenditure authority to provide clinically managed residential withdrawal services to adult Medicaid beneficiaries, age 18 and older, who reside in Salt Lake County.
- Aged Dental-Provides state plan dental benefits to Medicaid beneficiaries age 65 and older.
- Utah Medicaid Integrated Care (UMIC)- Allows the state to operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population)
- Intensive Stabilization Services (ISS) - Allows the state to provide intensive stabilization services to Medicaid eligible children/youth under age 21 in state custody, or at risk of state custody, experiencing significant emotional and/or behavioral challenges.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals age 21 through 64 who receive treatment for a SMI, and who are short-term residents in facilities that meet the definition of an IMD.

Over the five-year approval period, Utah theorizes that the demonstration will:

- Improve the health of Utahns by increasing the number of low income individuals with access to primary care coverage, which will improve the overall well-being of the health status of Demonstration Population I enrollees (PCN enrollees).
- Not negatively impact the overall health of Current Eligibles who experience reduced benefits and increased cost sharing.
- Assist previously uninsured individuals in obtaining employer-sponsored health insurance without causing a decrease in the employer's contributions to premiums that is greater than any decrease in contributions to the overall health insurance market.
- Reduce the number of uninsured Utahns by enrolling eligible adults in the Targeted Adult Medicaid program.
- Reduce the number of non-emergent Emergency Room visits for the Targeted Adult population.
- Improve access to primary care, while also improving the health status of the Targeted Adult Population.
- Provide care that is more extensive to individuals suffering from a substance use disorder, in turn making this population healthier and more likely to remain in recovery.
- Lead to increased or sustained employment, improve beneficiaries' socio-economic status and improve health outcomes through a community engagement requirement.

Key Events and Operational Updates

Suspension of Medicaid Benefits

The state continues to experience a steady increase from quarter to quarter, in the number of Medicaid members whose benefits are suspended due to incarceration. This has allowed Medicaid members to more quickly access much needed Medicaid covered services as they are released from incarceration, and transition back into the community.

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

Number of Individuals with Medicaid Suspended

Demonstration Population	January 2021	February 2021	March 2021
Adult Expansion	588	625	629
Dental-Blind/Disabled	142	147	170
Targeted Adult Medicaid	648	636	688
Current Eligibles	51	58	68
Dental- Aged	41	45	39
Total	1,479	1,511	1,594

Adult Expansion- Employer Sponsored Insurance

The state implemented the employer-sponsored insurance (ESI) requirement for Adult Expansion members on January 1, 2020. The state has experienced a slow uptake of ESI. However, the number of individuals enrolling in ESI continues to increase each month, although not at the level the state anticipated. This could be a result of the COVID-19 pandemic, and the subsequent loss of employment (and therefore loss of ESI) of many individuals. Individuals who fail to enroll in ESI will not lose eligibility at this time due to the public health emergency. Below are the number of individuals who received an ESI reimbursement for each month of the quarter, as well as the total ESI expenditures.

	January 2021	February 2021	March 2021
ESI Enrollment	287	305	344
Total ESI Payments Issued	\$34,616.53	\$38,130.30	\$43,533.66

In February, the state revised our Employer Sponsored Insurance form that is utilized to gather employer sponsored insurance information to help us determine eligibility for CHIP, UPP and ESI. This was in effort to refine the process to gather appropriate health insurance information from the employer and applicant at the right time to facilitate enrollment and payment in CHIP, UPP, and Adult Expansion Medicaid.

Utah Medicaid Integrated Care

The state received waiver approval on December 23, 2019 to implement Utah Medicaid Integrated Care (UMIC). This was implemented on January 1, 2020. This approval allows the state authority to:

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

From January to March, enrollment in the UMIC plans increased from 50,371 to 55,304. This is consistent with the historical growth of the program. System wide payment issues that were present before have been addressed and resolved. The UMIC plans are continuing to report success with addressing beneficiaries' case management needs across both physical and behavioral health services.

Clinically Managed Residential Withdrawal Pilot (Social Detox)

The state received waiver approval in March 2019 to implement the Clinically Managed Residential Withdrawal Pilot. This pilot provides expenditure authority to provide clinically managed residential withdrawal services to Medicaid individuals, age 18 and older.

The Clinically Managed Residential Withdrawal Pilot has been implemented since May 1, 2019. The state is in the process of submitting a State Plan Amendment submitted to CMS to add this service as a State Plan service, effective April 1, 2021. The state is also working with CMS to remove this service from the Section 1115 Demonstration Waiver.

Intensive Stabilization Services (ISS)

During this quarter, January 2021-March 2021, Utah's Stabilization and Mobile Response (SMR) continued on their path of expansion and sustainability of SMR, and submitted the first round of ISS billings from SMR Administrator in the Northern Region. Additionally, during this quarter SMR was able to get funding from the legislature to fund SMR expansion into the Western Region in State Fiscal Year 2022. DHS has successfully identified and started the recruitment process for the SMR Administrator and team in the Eastern Region (which is currently funded through a SAMHSA SOC Expansion and Sustainability Grant), and they have the support of Representative Judkins, the SOC Regional Advisory Council Chair for the Western Region, to spearhead a legislative interim study to better support and align the Department's efforts to sustain SMR and High Fidelity Wraparound in Utah. Lastly, during this quarter, state partners in the Divisions of Juvenile Justice Services, have committed to the SMR Administrators, to provide the state funds to meet the state match for the ISS services billed through this current state fiscal year (SFY2021). This support ensured DHS did not have to move any existing state funds from their current structure to meet the match requirements.

Dental Benefits for Aged Medicaid Members and Porcelain Crowns

As mentioned previously, the state began providing state plan dental benefits for Medicaid eligible individuals, age 65 and older (referred to as Aged Medicaid beneficiaries) on March 1, 2020. Utilization of dental benefits continues to remain low, likely due to the COVID-19 pandemic. Shortly after implementation, the University of Utah School of Dentistry and its contracted providers, were only allowed to provide emergency only services, resulting in only 53 individuals receiving services in March. However, restrictions were lifted on May 18, 2020, and full dental services are now being provided. As indicated in the "Enrollment" section below, the number of aged individuals receiving services is slowly increasing each month.

Dental Benefits for Individuals with Blindness or Disabilities

The state received waiver approval on December 16, 2020 to change the benefit delivery system for dental benefits for individuals with blindness or disabilities. This change was implemented on January 1, 2021. Dental services for this population transitioned from the managed care plans to fee for service Medicaid, with benefits provided by the University of Utah School of Dentistry and their associated network of providers. Approval was also received to allow these individuals to receive porcelain and porcelain-to-metal crowns. The progress of these changes will be reported in future monitoring reports.

Denture Reporting Policy Update for Demonstration Populations

The Denture Policy has been updated to allow providers a pathway for reporting completion of denture services when a member has lost Medicaid eligibility prior to the completion of the multi staged denture creation process as of January 1, 2021. Policy and criteria for this reporting is found in Chapter 8-2.2 *Loss of Eligibility* of the [Dental, Oral Maxillofacial, and Orthodontia Services](#) Provider Manual.

Behavioral Health Services for Adults with Serious Mental Illness

The state also received approval on December 16, 2020 to claim federal financial participation (FFP) for payment of services to Medicaid beneficiaries, age 21 through 64, receiving inpatient psychiatric treatment or residential mental health treatment in an IMD. The state implemented this service on January 1, 2021. At this time, only three psychiatric hospitals meet the requirements to bill for these services. The state will report on the progress of this benefit in the SMI IMD quarterly monitoring report.

Pending Amendment Requests

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

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

In addition, the following waiver amendments are also pending a decision from CMS:

- UPP Premium Reimbursement Increase Amendment- requests authority to 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
- In Vitro Fertilization and Genetic Testing for Qualified Conditions- requests authority to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.
- Medicaid Coverage for Justice Involved Populations- requests authority to provide Medicaid coverage for qualified justice-involved individuals. These individuals must have a chronic physical or behavioral health condition, a mental illness as defined by Section 62A-15-602 of Utah State Code, or an opioid use disorder. If approved, Medicaid coverage will be provided in the 30-day period immediately prior to release of the incarcerated individual from a correctional facility.

Enrollment

The table below details the monthly enrollment numbers for each month of the quarter, for each demonstration group covered under the waiver. Enrollment continues to increase each month for some of the demonstration populations, likely due to the COVID-19 pandemic, as the state continues coverage for Medicaid members during the public health emergency. In addition, the state has also experienced an increase in Medicaid applications. However, other populations have stabilized.

ISS administrators began to submit ISS claims in January 2021. However, due to system issues, claims were not able to be paid, and therefore ISS enrollment is not included below. System issues were resolved on May 14, 2021 and submitted claims are being reprocessed and paid. The number of Medicaid members receiving this service will be reported in the next monitoring report.

Demonstration Population	January 2021	February 2021	March 2021
Adult Expansion	75,368	77,936	80,615
Aged Dental	219	248	335
Current Eligibles - PCR	32,068	32,839	34,474
Demonstration Population III, V, VI - Premium Assistance	551	485	574
Dental - Blind/Disabled	43,356	43,449	43,441
ESI	289	307	348
Former Foster Care Youth	16	16	15
Substance Use Disorder Residential Treatment	615	581	518
Targeted Adult Dental	1,891	1,910	1,917
Targeted Adults	6,862	6,972	7,120
UMIC	49,899	52,620	55,041
Withdrawal Management	211	231	255

Note: Enrollment numbers are shown as of 05/18/2021. Numbers reflect all retroactive enrollment up to 05/18/2021 and are subject to change with future retroactive enrollment.

Disenrollments

The table below identifies the number of disenrollments for this quarter, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	January 2021	February 2021	March 2021
Adult Expansion	Customer Moved Out of State	114	115	110
	Customer Request	105	130	115
	Death	34	30	33

	Enrolled in error	0	2	4
	Fails Utah residency	19	12	77
	Request closed	1	1	2
	Other Admin*	142	153	181
Aged Dental	Death	1	0	1
	Other Admin	0	1	1
Current Eligibles - PCR	Customer Moved Out of State	65	61	62
	Customer Request	38	44	39
	Death	3	1	1
	Enrolled in error	0	2	1
	Fails Utah residency	7	4	42
	Request closed	0	3	4
	Other Admin	10	12	37
Demonstration Population #3	Customer Moved Out of State	1	0	0
	Customer Request	5	5	5
Dental - Blind/Disabled	Customer Moved Out of State	57	0	0
	Customer Request	6	0	0
	Death	103	0	0
	Fails Utah residency	10	0	0
	Other Admin	85	0	3
ESI	Customer Moved Out of State	0	0	1

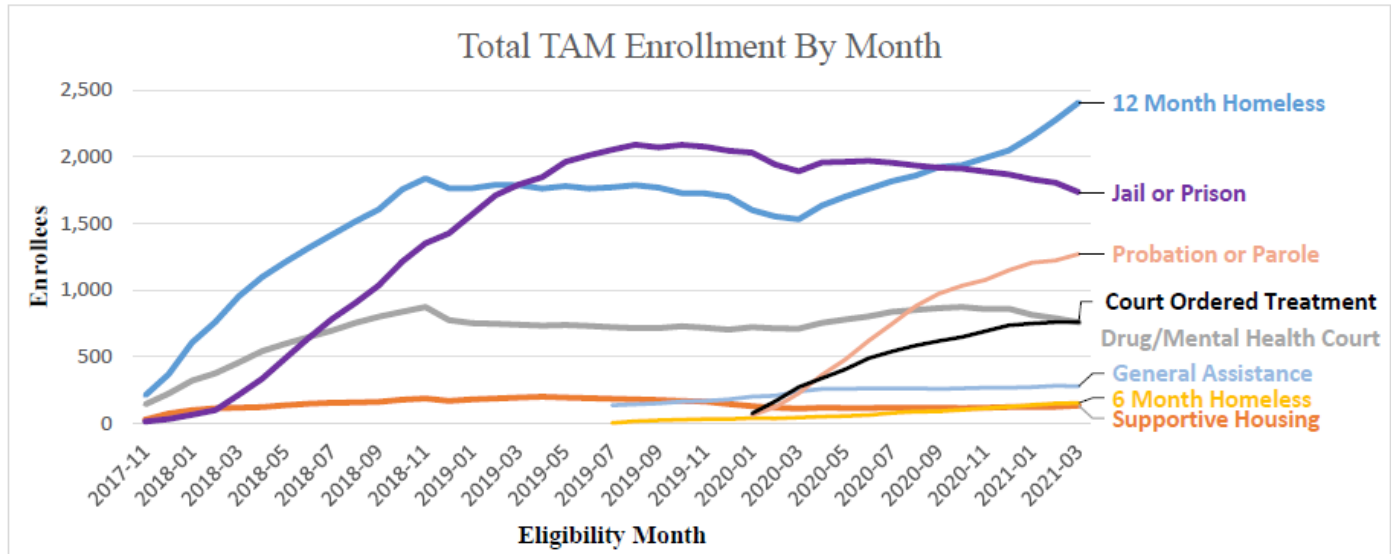
	Customer Request	0	2	0
Former Foster Care Youth	Customer Moved Out of State	0	1	0
	Other Admin	0	0	1
Substance Use Disorder Residential Treatment	Other Admin	1	0	0
Targeted Adults	Customer Moved Out of State	9	1	2
	Customer Request	3	1	0
	Death	5	2	1
	Fails Utah residency	3	0	7
	Other Admin	4	2	6
Grand Total		831	585	736

*"Other Admin" closure reason is used when our system is unable to close for the proper reason. Proper notice of closure is given to the member to explain the true reason for closure.

Targeted Adult Medicaid and Substance Use Disorder Treatment

Enrollment for Targeted Adult Medicaid continues to increase. Utilization of SUD residential treatment also indicated an increase this quarter. Below is detailed data on enrollment and expenditures for the TAM population. TAM members continue to utilize the majority of SUD residential treatment amongst Medicaid recipients.

Targeted Adult Medicaid (TAM) Enrollment by Subgroup



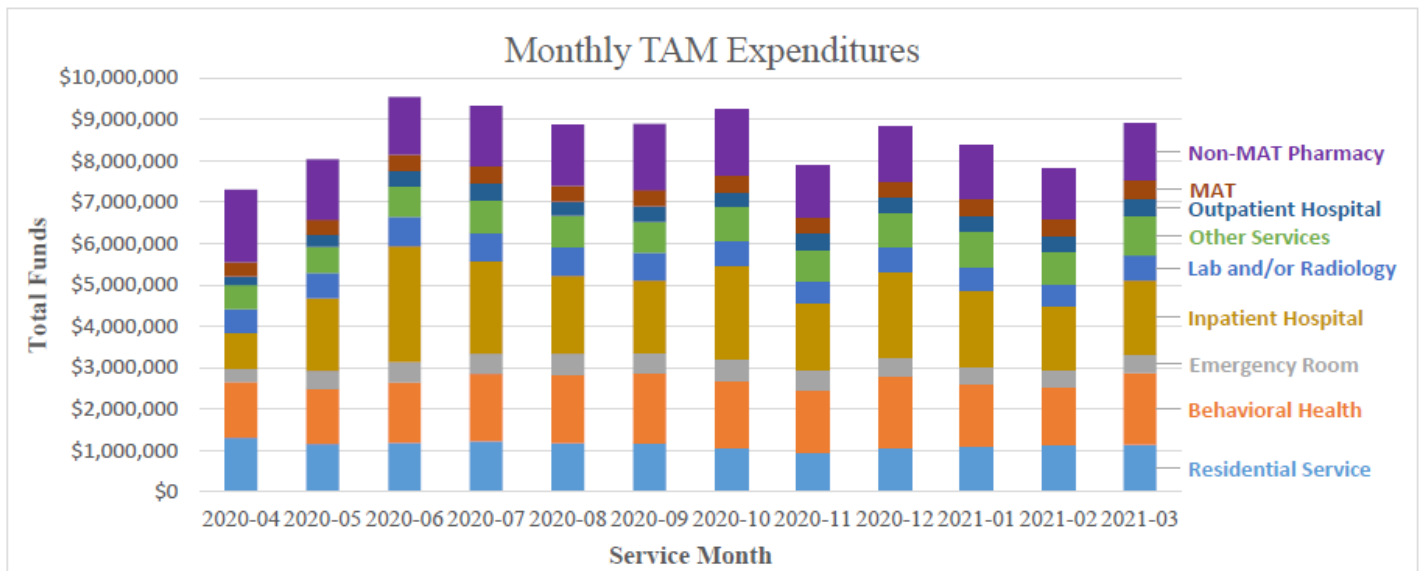
TAM Enrollment by Month

FY21 Category	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04
12 Month Homeless	1,816	1,858	1,923	1,937	1,995	2,052	2,158	2,281	2,425	2,466
6 Month Homeless	76	85	87	98	110	122	136	146	149	147
Supportive Housing	115	115	114	113	114	118	120	120	130	136
General Assistance	260	259	256	259	266	268	271	283	280	274
Court Ordered Treatmnt	538	582	615	646	688	733	750	761	769	804
Drug/Mental Health Crt	835	848	862	871	860	866	815	789	761	745
Jail or Prison	1,954	1,935	1,918	1,912	1,892	1,875	1,836	1,810	1,742	1,716
Probation or Parole	746	877	971	1,031	1,071	1,141	1,200	1,217	1,276	1,329
Total	6,340	6,559	6,745	6,867	6,995	7,175	7,286	7,408	7,533	7,617

Notes:

Enrollment as of 05/12/21. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

Targeted Adult Medicaid Reimbursements



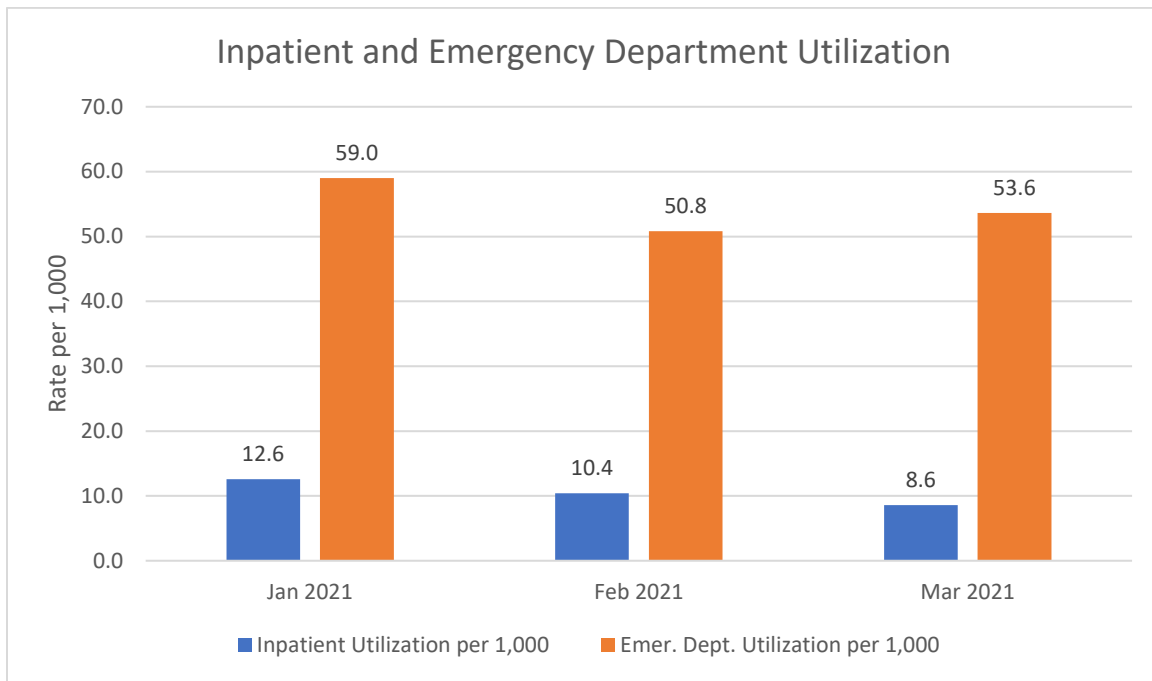
Monthly Expenditures (in 1,000's)	FY20			FY21									Total
	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	
Residential Serv.	\$1,304	\$1,156	\$1,189	\$1,215	\$1,181	\$1,166	\$1,063	\$938	\$1,053	\$1,121	\$1,130	\$1,136	\$13,651
Behavioral Health	\$1,343	\$1,323	\$1,455	\$1,631	\$1,644	\$1,691	\$1,618	\$1,524	\$1,736	\$1,477	\$1,398	\$1,731	\$18,572
Emergency Room	\$330	\$445	\$485	\$492	\$515	\$490	\$520	\$471	\$450	\$433	\$422	\$445	\$5,500
Inpatient Hospital	\$858	\$1,747	\$2,812	\$2,227	\$1,877	\$1,754	\$2,279	\$1,641	\$2,097	\$1,837	\$1,534	\$1,795	\$22,458
Lab & Radiology	\$579	\$615	\$703	\$685	\$688	\$668	\$593	\$536	\$587	\$581	\$534	\$608	\$7,379
Other Services	\$584	\$631	\$726	\$786	\$760	\$753	\$835	\$748	\$809	\$862	\$786	\$944	\$9,223
Outpatient Hosp.	\$202	\$293	\$385	\$413	\$344	\$375	\$350	\$411	\$386	\$374	\$393	\$415	\$4,340
MAT	\$352	\$365	\$390	\$416	\$388	\$393	\$380	\$376	\$401	\$415	\$398	\$451	\$4,725
Non-MAT Pharm.	\$1,747	\$1,458	\$1,401	\$1,467	\$1,478	\$1,599	\$1,580	\$1,225	\$1,306	\$1,281	\$1,192	\$1,386	\$17,119
Grand Total	\$7,300	\$8,034	\$9,545	\$9,331	\$8,876	\$8,890	\$9,218	\$7,870	\$8,826	\$8,380	\$7,787	\$8,912	\$102,968

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

Adult Expansion Utilization

As previously stated, with the implementation of Adult Expansion, the state will report specific metrics in the quarterly and annual reports. For this report, the State will report inpatient utilization and emergency department utilization. Despite an increase in enrollment, the State continues to see a decrease in both inpatient and emergency department utilization in this quarter.

In future reports, the state plans to include additional annual metrics, which may include; all cause hospital readmission, follow-up after hospitalization for mental health or SUD within 7 days, and initiation and engagement of alcohol or other drug abuse dependence treatment. Because these are annual metrics, the state plans to report these metrics in the annual monitoring report due in September.



	January 2021	February 2021	March 2021	Quarter Total
Inpatient	953	813	694	2,460
Emergency Dept.	4,470	3,978	4,336	12,784
Members	75,779	78,277	80,865	234,921

Anticipated Changes to Enrollment

Adult Expansion Medicaid

The state anticipates a continued increase in Adult Expansion enrollment as additional individuals apply for the program. The state also expects the Marketplace open enrollment period through May 15, 2021, to affect Adult Expansion enrollment, as individuals who appear to be eligible for Medicaid are referred to the State agency. In addition, due to the Families First Coronavirus Response Act, the state will continue eligibility for individuals during the emergency period, in order to receive enhanced funding. This will affect Adult Expansion enrollment as the state continues eligibility for these individuals, regardless of household changes.

Benefits

The state does not anticipate any changes to demonstration benefits in the near future, with the exception of the pending UPP amendment to increase premium payments. The state does expect to see an increase in the submitted claims for ISS as DHS continues to submit claims from prior months.

Demonstration Related Appeals and Grievances

Quarter Three Appeals

Below are the demonstration related appeal(s) for this quarter. Demonstration groups are only listed if there was an appeal for the quarter.

Demonstration Group	January 2021	February 2021	March 2021
Adult Expansion	0	0	6
Aged, Blind and Disabled Dental	1	3	2
Employer Sponsored Insurance	0	0	0
Current Eligibles	0	0	2

There are a few appeals across Demonstration groups with an increase in the month of March 2021. Six were affirmed, two denied, two remanded, two modified and two were sent for superior agency review.

Grievances

Grievances are reported by the managed care plans twice per year in November and May. The November report includes grievances for January-June, and the May reports include July-December. Due to this, the state intends to include this information in the annual monitoring report due in September.

Below is a chart of grievances received from members to our Medicaid Constituent Services Representative. The calls are benefit related questions or concerns. We will include detailed information regarding program and benefit related grievances in future reporting.

Demonstration Group	January 2021	February 2021	March 2021
Adult Expansion	5	0	3
Aged, Blind and Disabled Dental	6	1	3
Employer Sponsored Insurance		1	
Current Eligibles		1	1
UMIC	2	2	1

Quality

Eligibility Determination and Processing

As an indicator of quality, the state tracks application processing timeframes to determine if medical assistance applications are processed in a timely manner. The table below indicates available data for four of the demonstration groups. Data for other demonstration groups is not available because they are related to specific benefits issued, rather than programs.

Application Processing-Average days to Approval

Program Type	January 2021	February 2021	March 2021
Current Eligibles-PCR	10	10	9
Adult Expansion	13	11	9
Targeted Adults	10	13	10
Premium Assistance-UPP	35	36	39

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

Financial/Budget Neutrality

Refer to the "Enrollment" section above for enrollment figures for the demonstration quarter. The state is awaiting further clarification regarding the budget neutrality documents. The documents will be submitted to CMS at a later date, once clarification is received.

Financial- Anticipated Changes

As stated previously, ISS claims have recently begun to be submitted. The state expects to see an increase in expenditures as more claims are received, and DHS continues to utilize these services. The state continues to see an increase in expenditures for most waiver populations due to the COVID-19 public health emergency, as the state continues Medicaid eligibility for these populations, regardless of household changes (with few exceptions).

Annual Public Forum

The annual public forum was held on January 21, 2021 during the Medical Care Advisory Committee (MCAC) meeting. The results of the forum were reported in the last monitoring report. The next annual public forum will be held in January 2022.

Demonstration Evaluation Update

The state's third party evaluator, the University of Utah Social Research Institute (SRI), recently completed an interim evaluation of specific waiver populations for which they are contracted to complete an evaluation. The resulting interim evaluation report will be submitted with the state's renewal request to be submitted by June 30, 2021. In addition, SRI is in the process of drafting the evaluation design for the SMI IMD population, which the state plans to submit to CMS for feedback and approval in June 2021.

The state also recently contracted with Public Consulting Group, Inc. (PCG) to conduct an evaluation of the following components of the state's waiver:

- Adult Expansion
- Community Engagement Requirement

- Employer-Sponsored Insurance Requirement (ESI)
- Utah Medicaid Integrated Care (UMIC)

PCG is still in the process of conducting the evaluation and drafting the interim report for these components. The state intends to submit the interim report for Adult Expansion and ESI in the Summer of 2021. The evaluation of the community engagement requirement will not be conducted due to suspension of the requirement on April 1, 2020. In addition, PCG recently drafted the evaluation design for UMIC. The draft evaluation design has been submitted to CMS for feedback and approval.