



Utah Department of  
**Health & Human**  
Services

1VWAP7A38DC054939

## *Utah 1115 Demonstration Waiver*

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

### **Quarterly Monitoring Report**

#### **Reporting Period**

Demonstration Year: 20 (07/01/2021-06/30/22)

Demonstration Quarter: 3 (1/01/22-3/31/22)

## Executive Summary

Utah's 1115 Primary Care Network (PCN) Waiver is a statewide waiver that gives the Utah Department of Health and Human Services (DHHS) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. The 1115 waiver was originally approved in February 2002 and implemented July 1, 2002. Generally, section 1115 waivers are approved for an initial five-year period and can be extended in additional three-to-five-year increments. The current waiver is approved for a five-year period through June 30, 2022. On June 30, 2021, Utah submitted a waiver renewal request that is pending a decision from the Centers for Medicare and Medicaid Services (CMS.) If approved, the waiver will continue through June 30, 2027.

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.
- Adult Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Employer Sponsored Insurance- Individuals in the Adult Expansion group are required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Targeted Adult Medicaid- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving Substance Use Disorder (SUD) treatment.
- 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.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, who are blind or have disabilities.
- Aged Dental-Provides state plan dental benefits to Medicaid eligible individuals age 65 and older.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.
- Utah Medicaid Integrated Care (UMIC)- Allows the State to operate an integrated managed care pilot combining physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population).
- Intensive Stabilization Services (ISS) - Allows the State to provide intensive stabilization services to Medicaid eligible children and youth under age 21, who are in state custody, or at risk of state custody, and experiencing significant emotional and/or behavioral challenges.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals ages 21 through 64 who receive treatment for a SMI, and who are short-term residents in facilities that meet the definition of an IMD.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.

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 without 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 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.
- Reduce utilization and lengths of stay in emergency departments (EDs) among beneficiaries with SMI while awaiting mental health treatment in specialized settings.
- Reduce preventable readmissions to acute care hospitals and residential settings.
- Improve availability of crisis stabilization services including services made available through call centers and mobile crisis units, intensive outpatient services, as well as services provided during acute short-term stays in residential crisis stabilization programs, psychiatric hospitals, and residential treatment settings throughout the state.
- Improve access to community-based services to address the chronic mental health care needs of beneficiaries with SMI, including through increased integration of primary and behavioral health care; and
- Improve care coordination, especially continuity of care in the community following episodes of acute care in hospitals and residential treatment facilities.

## **Key Events**

### *Housing Related Services and Supports (HRSS)*

On March 4, 2022, the state received approval from CMS on the Housing Related Supports and Services (HRSS) amendment application. This demonstration will provide housing related services and supports in the form of tenancy support, community transition and supportive living services to TAM enrollees experiencing homelessness, food or transportation insecurity, or interpersonal violence and trauma. The state anticipates a HRSS implementation date of Summer or Fall, 2022.

### *Adult Expansion*

The State continues to see an increase in enrollment for this demonstration population and continues to ensure Medicaid members who were eligible at the start of the public health emergency remain eligible until the emergency ends.

### *Adult Expansion- Employer Sponsored Insurance*

All individuals enrolled in ESI did not lose eligibility during this quarter 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.

ESI Enrollment and Total Payments Issued <sup>1</sup>	January 2022	February 2022	March 2022
Enrollment	543	577	574
Total Payments Issued	\$68,923.59	\$72,190.76	\$70,775.40

The programming changes made in November 2021 have helped reduce the number of incorrect payments being made. In addition, case accuracy has improved since the implementation of a specialized ESI review team in December 2021. Nonetheless, these changes are still new, and more time is needed to better understand the impacts. The State continues to offer education to employers on how to correctly complete an ESI referral form.

### *Targeted Adult Medicaid*

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

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

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<sup>1</sup> Data Source: MMIS, ESI Case Paid Detail Report. This report has not been used in prior reporting but contains the most accurate data and will be the ESI data source moving forward.

- Justice Involved. These individuals are in need of substance use or mental health treatment and:
  - have completed a substance use disorder treatment program while incarcerated in jail or prison;
  - are on probation or parole and have a serious mental illness or substance use disorder;
  - are court ordered to receive substance abuse or mental health treatment through a district or tribal court;
  - were discharged from the State Hospital and admitted to the civil unit.
  
- Individuals Needing Treatment. These individuals are:
  - discharged from the State Hospital due to a civil commitment; or
  - currently receiving General Assistance (GA) from DWS and have been diagnosed with substance use or a serious mental health disorder.

During this quarter, one additional TAM agency was added. The State received a substantial number of TAM inquiries from DWS, applicants, and agencies, largely concerning eligibility and benefits. The State continues to monitor when agencies send outdated forms to DWS. The State met with DWS's Office of Homeless Services this quarter and agreed to share when an agency requests a referral to the Chronically Homeless group. Updated training and ongoing communication continue with all TAM agencies as well.

### *Dental Benefits for Targeted Adult, Aged, Blind and Disabled Medicaid Members*

Dental services for Targeted Adult Medicaid members undergoing substance use disorder as well as aged, blind and disabled individuals continue to be provided through the University of Utah School of Dentistry (UUSOD) or their associated statewide network of providers through fee-for-service Medicaid. These individuals can receive porcelain and porcelain-to-metal crowns as well as denture coverage. Denture coverage allows for replacing upper and lower dentures once every five years when medically necessary. For example, a member that receives an immediate upper denture within the last five years would not be eligible for complete or partial upper dentures within the same five-year period. The same example is applicable to lower dentures as well.

Enrollment remains lower than expected, likely due to the COVID-19 pandemic which may discourage members from seeking dental care. During this quarter there has been an increase in provider availability as well as outreach efforts. As a result, the State anticipates future enrollment changes.

### *Utah Medicaid Integrated Care*

Utah Medicaid Integrated Care (UMIC) was implemented on January 1, 2020, and 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 five 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 1, 2021, to March 31, 2021, enrollment in UMIC plans increased from 73,616 to 79,473. This is consistent with the recent growth of the program.

Utah Medicaid continues to contract with Health Choice Utah, SelectHealth Community Care, Healthy U, and Molina to administer the UMIC plans. The UMIC plans operate in five of Utah’s urban counties; Weber, Davis, Salt Lake, Utah, and Washington.

The integrated UMIC plans continue to allow individuals to receive care coordination from one plan that has all the member’s information. This continues to help the individual get the appropriate services, where the payers were previously unaware of the other services the individual was receiving under a different managed care plan. The UMIC plans continue to report success with addressing beneficiaries' case management needs across both physical and behavioral health services.

UMIC continues to run smoothly and there are no issues or concerns to report this quarter.

### *Intensive Stabilization Services (ISS)*

During quarter three, Stabilization and Mobile Response (SMR) Administrators were able to submit seven ISS claims to Medicaid for the 1115 Demonstration. See breakdown below:

<b>Region Administrator</b>	<b>January 2022</b>	<b>February 2022</b>	<b>March 2022</b>	<b>Total</b>
Northern	7	0	0	7
Southwest	0	0	0	0
Western	0	0	0	0
Eastern	0	0	0	0

During this quarter, the Department of Human Services (DHS) experienced staff turnover with the loss of a program director. DHS continued to work towards consolidation with the Department of Health, to create a combined Department of Health and Human Services (DHHS) on July 1, 2022. Through this transition, executive Department Leadership has determined to move the programmatic oversight duties to the newly created Division of Integrated Health, within the Office of Substance Use and Mental Health. The transition will align the program with treatment provider contracting and the State’s Medicaid Office for operational and financial support and stability. From here, the program administration will continue to prioritize the implementation of specific SMR/ISS related initiatives that will strengthen its utilization of the 1115 Demonstration Waiver and initiate a quality improvement process for such implementation. This quarterly summary will address the following items:

- Summary of efforts for continued implementation and expansion of ISS through the 1115 Demonstration Waiver
- Initiation of the Quality Improvement Process for implementation of the 1115 waiver
- A template of DHS's auditing tool for Stabilization and Mobile Response (SMR) and schedule for resumption of audits

***Continued efforts to implement and initiate ISS billing in the Southwest, Western Regions, and Northern Regions:***

- Southwest: This SMR Administrator for Southwest Region, Southwest Behavioral Health, continues to work with their executive leadership team members to identify a target date when they will be ready to participate in the 1115 Demonstration Waiver for SMR/ISS. This provider continues to report on the updating of their EHR system and is building in specific SMR provisions to support ISS billing. DHS will update CMS regarding Southwest's plans to bill for SFY23 under this demonstration through quarterly summaries. As of 5/4/2022, the SMR administration within the Southwest Region has not yet generated claims, and a quality improvement process will be initiated. Also, the provider has indicated that they will not begin billing until after next fiscal year due to EHR changes. DHHS will continue to update CMS regarding this process and progress in generating claims for billing in the next quarter.
- Western: The SMR Administrator, Intermountain HealthCare, will begin billing ISS submissions to Medicaid in SFY22 Q4. This group is finalizing plans to launch SMR services across eight counties in the Central/Western area of the state. They anticipate launching SMR services in two urban counties of the Western Region first and expanding teams to the lower six rural counties in the Western Region throughout the summer/fall of 2022. No additional changes at this time.
- Northern: DHHS completed its initial review of ISS standards of care with Northern Region's SMR Provider, Davis Behavioral Health (DBH), utilizing an audit tool created to ensure all regions are in line with the standards of care set forth by the Department of Human Services. QI measures were added to this existing tool to allow DHS to monitor how services are being administered including the review of financial accountability, treatment planning, authorization of services (including a measure to explore if a level of care assessment is being utilized), and a final component to explore if service providers meet training requirements outlined in the SMR Policy and Procedure document. As of 5/4/2022, Medicaid claims for the Northern Region continue as low-impact, and a quality improvement process will be initiated.
- Eastern: The SMR Administrator, FourCorners Behavioral Health, has not yet initiated ISS billing and a quality improvement process will be initiated.

***Initiation of the Quality Improvement Process for implementation of the 1115 waiver***

Utah has begun work on a formal quality improvement process with providers for the implementation of ISS under the 1115 waiver. This project will provide enhanced oversight, technical assistance, and accountability. Additional details on this process, and relevant updates, will be provided in Q4 of 2022.

***ISS Audits***

Due to the loss of personnel and the subsequent transition of program oversight, no additional audits were

completed in this quarter. Audits will resume in Q4 of 2022 and will use the following template of the SMR Audit Review Tool to assess performance measures from the case walkthrough:

Agency: DBH	Notes
Client ID: (random sample client ID)	Client name
Input into the system (SAFE-FAM or other input source):	Notes regarding how client connected to SMR
Triage:	Notes regarding triage
Mobile Response: <b>Level of care eligibility</b>	Notes regarding triage- specifics are noted here for authorization of services/eligibility and level of care assessment (UFACET)
Intensive Stabilization Services (ISS):  <b>Service Plan Health and Welfare</b>	Notes regarding ISS: Do case notes drive interventions from service plan? Were service requirements met? Do intensity and frequency of interventions line up with EBPs used and service plan recommendations? Looking at diagnoses to ensure services are medically necessary. Are UFACET outcomes assisting to determine if families need to be referred to ongoing Health and Welfare supports (ongoing services at clinics, providers, child welfare)?
Follow-up (Post-Stabilization):	Post stabilization notes are captured
Medicaid Billing:  <b>Financial Accountability</b>	Was service authorized appropriately: Y/N Were service requirements met from Policy and Procedure (P&P)? Y//N Billing authorized using ISS Code: Y/N- Level of service met: Y/N- ISS billing details: Review to ensure the cost of service billed does not exceed negotiated Medicaid rate

<b>Administrative Authority</b> is recorded as a part of this audit in the following ratio format:	numerator: Data reports submitted/ denominator: Data reports required
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<b>Qualified Providers</b> are recorded as: a ratio of/ how many trainings are required	numerator: how many trainings were completed by all workforce/ denominator: how many trainings are required to
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authorize SMR providers to be certified: (six trainings each)
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*Below is information regarding the ISS audit:*

No audits were completed during this quarter. Audits will resume in Q4 of FY22.

## Operational Updates

### *Suspension of Medicaid Benefits*

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

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

#### *Number of Individuals with Medicaid Suspended<sup>2</sup>*

<b>Demonstration Population</b>	<b>January 2022</b>	<b>February 2022</b>	<b>March 2022</b>
Adult Expansion	837	789	729
Dental-Blind/Disabled	49	51	53
Targeted Adult Medicaid	964	888	846
Current Eligibles	81	73	71
Dental- Aged	5	6	7
<b>Total</b>	1,936	1,807	1,706

<sup>2</sup> Data Source: Dept. of Workforce Services Cognos Report- "401-Suspension of Benefits"

## Enrollment<sup>3</sup>

The table below details the monthly enrollment numbers for each month of the quarter, for each demonstration group covered under the waiver.

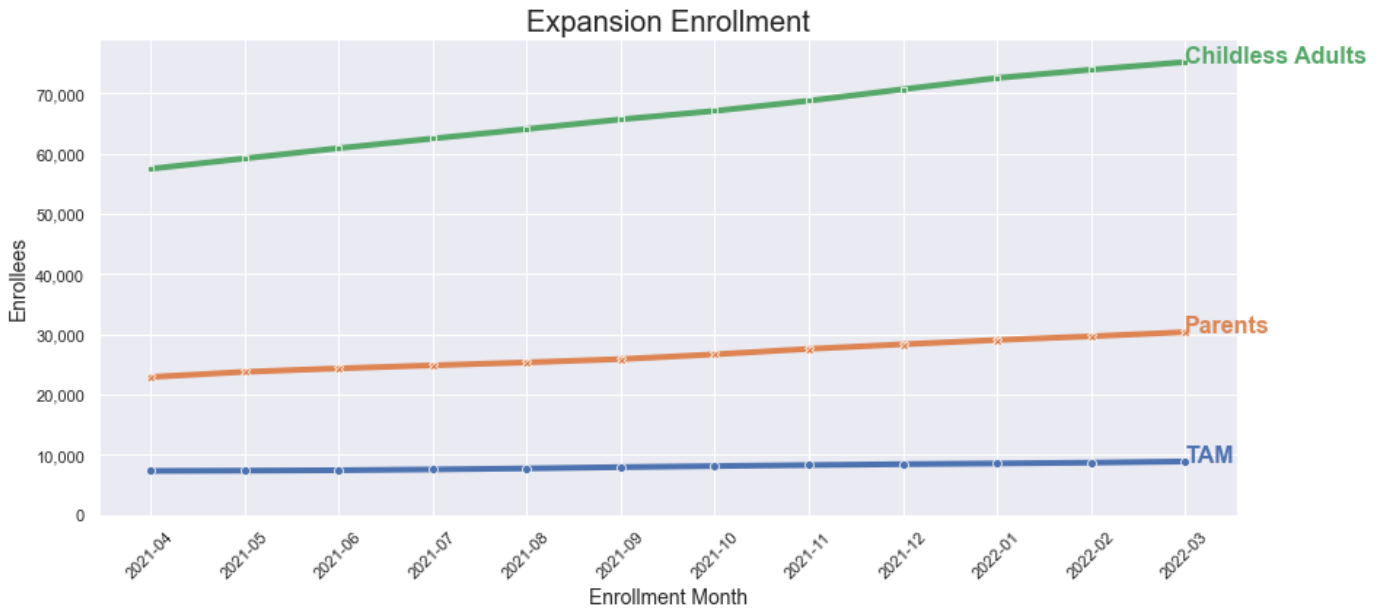
Demonstration Population	January 2022	February 2022	March 2022
Current Eligibles-PCR	39,060	39,158	39,242
Adult Expansion	106,147	107,984	109,910
Employer-Sponsored Insurance	618	643	671
COBRA	-	-	-
Targeted Adults	8,394	8,514	8,667
Targeted Adult Dental	217	233	258
Demonstration Population III, V, VI- Premium Assistance	208	207	205
Dental- Blind/Disabled	45,623	45,000	45,016
Aged Dental	373	359	451
Substance Use Disorder Residential Treatment	657	681	648
Utah Medicaid Integrated Care	73,508	75,385	77,427
ISS	1	-	-
SMI			

<sup>3</sup> Enrollment numbers are shown as of 5/17/2022. Numbers reflect all retroactive enrollment up to 5/17/2022 and are subject to change with future retroactive enrollment.

	51	38	35
Former Foster Care Youth	17	18	16

### Expansion Enrollment by Subgroup<sup>4</sup>

SERVICEMONTH	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03
<b>EXPANSIONGROUP</b>												
Childless Adults	57,453	59,173	60,876	62,475	64,062	65,667	67,074	68,757	70,665	72,536	73,921	75,191
Parents	22,872	23,727	24,304	24,810	25,301	25,844	26,634	27,541	28,306	29,020	29,634	30,327
TAM	7,271	7,318	7,390	7,523	7,686	7,906	8,080	8,246	8,397	8,519	8,647	8,845
<b>Total</b>	<b>87,596</b>	<b>90,218</b>	<b>92,570</b>	<b>94,808</b>	<b>97,049</b>	<b>99,417</b>	<b>101,788</b>	<b>104,544</b>	<b>107,368</b>	<b>110,075</b>	<b>112,202</b>	<b>114,363</b>



### Targeted Adult Medicaid and Substance Use Disorder Treatment

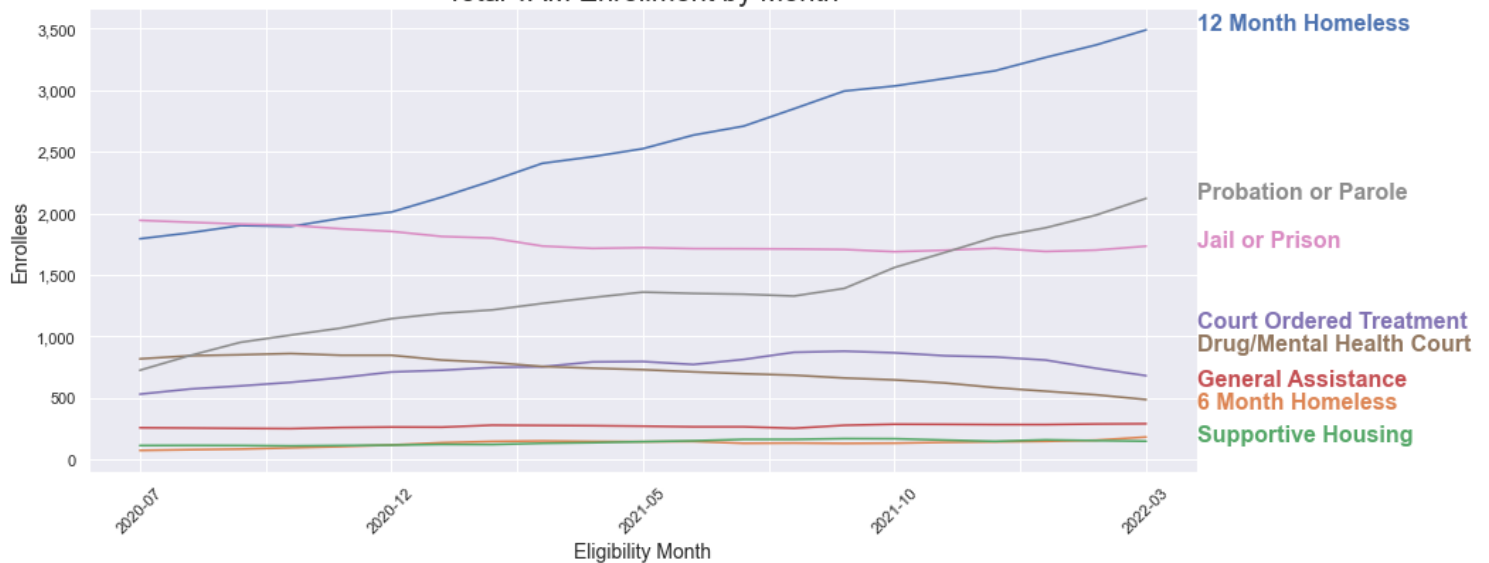
Targeted Adult Medicaid utilization of SUD residential treatment remained steady this quarter, with an increase seen in February 2022.

<sup>4</sup> Enrollment as of May 2, 2022. 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 (TAM) Enrollment by Subgroup and Enrollment by Month<sup>5</sup>

By Subgroup

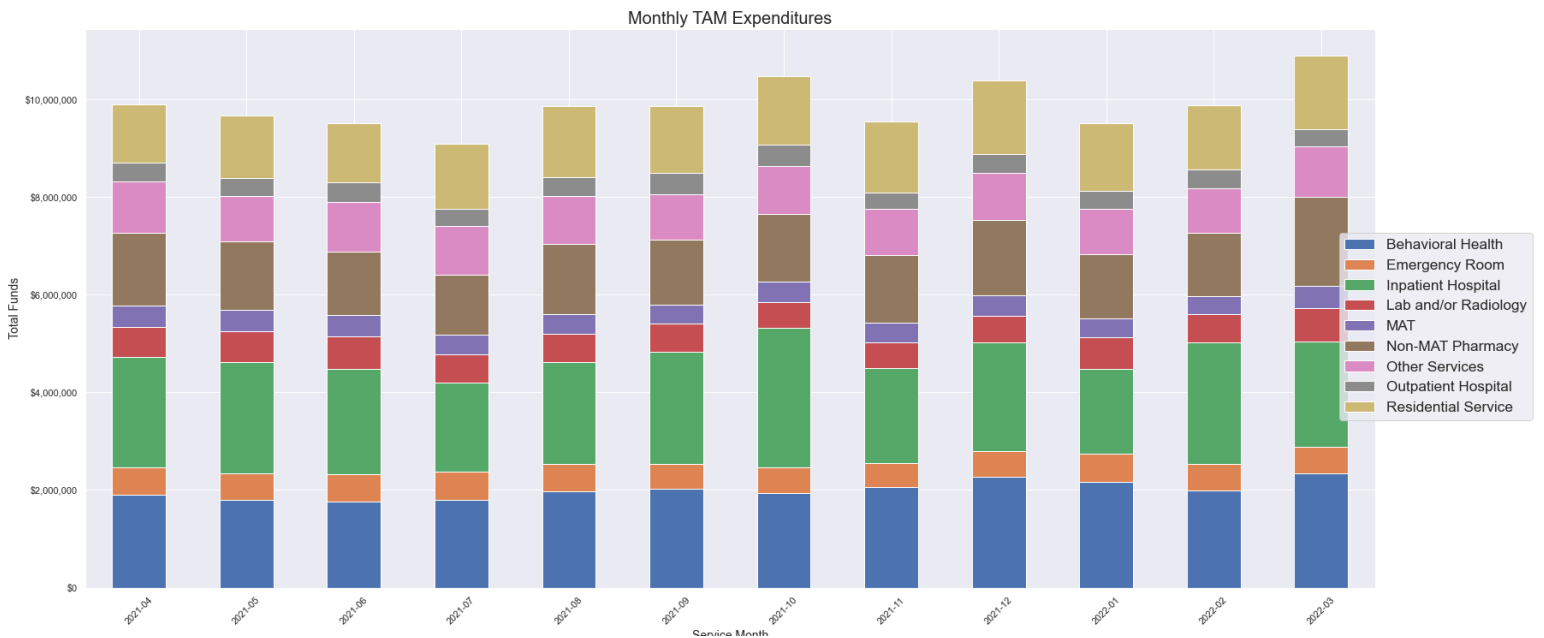
Total TAM Enrollment by Month



	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03
<b>12 Month Homeless</b>	2,707	2,848	2,992	3,033	3,094	3,157	3,265	3,366	3,489
<b>6 Month Homeless</b>	131	133	130	132	139	143	147	156	182
<b>Supportive Housing</b>	163	163	169	168	157	147	159	153	148
<b>General Assistance</b>	265	253	277	286	285	283	283	288	290
<b>Court Ordered Treatment</b>	812	870	879	866	842	832	807	740	680
<b>Drug/Mental Health Court</b>	696	684	661	646	621	583	554	525	486
<b>Jail or Prison</b>	1,711	1,709	1,705	1,687	1,699	1,715	1,689	1,700	1,732
<b>Probation or Parole</b>	1,342	1,327	1,389	1,559	1,681	1,806	1,881	1,984	2,120

<sup>5</sup> Enrollment as of May 2, 2022. 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<sup>6</sup>



Expenditures (1,000s)	FY 2021												FY 2022	Total
SERVICEMONTH	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03		
SERVICETYPE														
Behavioral Health	\$1,909	\$1,795	\$1,765	\$1,795	\$1,980	\$2,022	\$1,945	\$2,059	\$2,276	\$2,168	\$1,986	\$2,348	\$24,050	
Emergency Room	\$561	\$538	\$558	\$575	\$549	\$515	\$525	\$491	\$525	\$574	\$539	\$540	\$6,491	
Inpatient Hospital	\$2,262	\$2,283	\$2,161	\$1,830	\$2,096	\$2,299	\$2,850	\$1,943	\$2,226	\$1,741	\$2,491	\$2,148	\$26,330	
Lab and/or Radiology	\$608	\$627	\$665	\$585	\$570	\$570	\$530	\$535	\$544	\$636	\$579	\$688	\$7,138	
MAT	\$428	\$441	\$441	\$403	\$399	\$391	\$422	\$406	\$421	\$402	\$375	\$451	\$4,980	
Non-MAT Pharmacy	\$1,499	\$1,400	\$1,282	\$1,226	\$1,438	\$1,327	\$1,379	\$1,379	\$1,530	\$1,306	\$1,299	\$1,829	\$16,892	
Other Services	\$1,058	\$944	\$1,021	\$989	\$994	\$928	\$983	\$944	\$975	\$932	\$912	\$1,028	\$11,709	
Outpatient Hospital	\$377	\$368	\$404	\$362	\$387	\$433	\$443	\$338	\$379	\$358	\$381	\$363	\$4,591	
Residential Service	\$1,190	\$1,270	\$1,213	\$1,328	\$1,444	\$1,370	\$1,398	\$1,460	\$1,503	\$1,392	\$1,307	\$1,497	\$16,374	
<b>Total</b>	<b>\$9,891</b>	<b>\$9,667</b>	<b>\$9,511</b>	<b>\$9,093</b>	<b>\$9,858</b>	<b>\$9,855</b>	<b>\$10,477</b>	<b>\$9,554</b>	<b>\$10,380</b>	<b>\$9,509</b>	<b>\$9,870</b>	<b>\$10,891</b>	<b>\$118,556</b>	

- <sup>6</sup>
- 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.

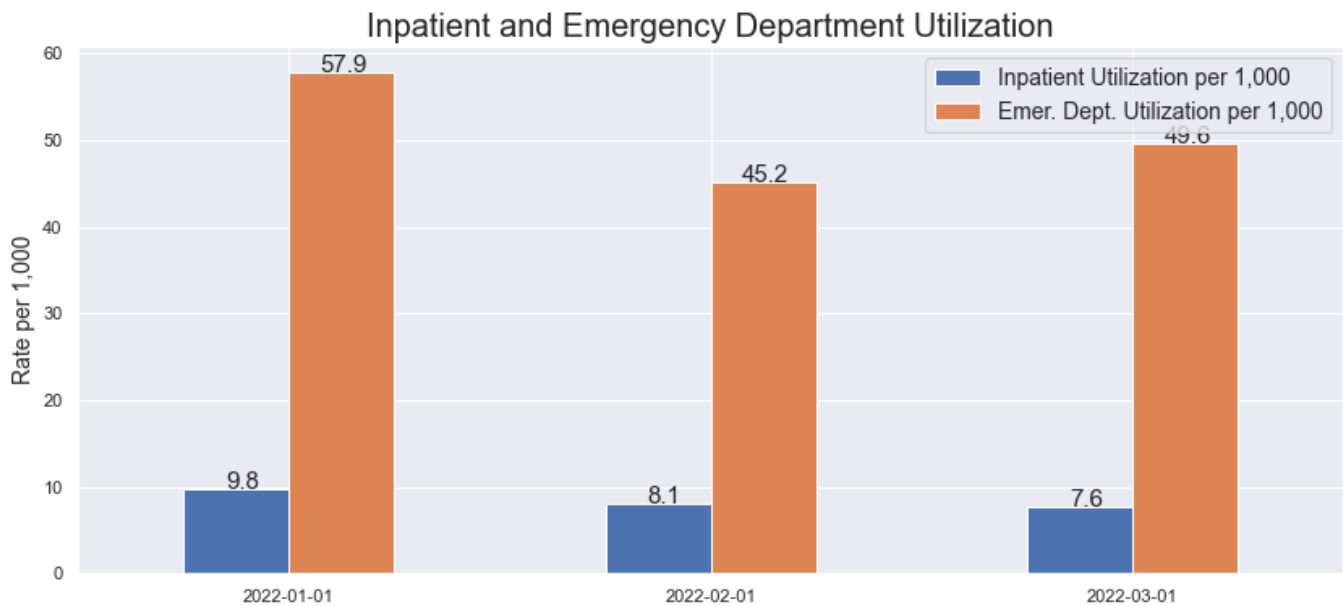
Distinct Members Served	FY 2021												FY 2022
	SERVICEMONTH	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03
SERVICETYPE													
Behavioral Health	2,006	1,913	1,842	1,771	1,907	1,896	1,938	2,006	2,126	2,008	1,948	1,892	
Emergency Room	675	668	690	703	679	663	683	658	682	724	619	702	
Inpatient Hospital	175	163	155	167	151	162	157	147	154	142	152	155	
Lab and/or Radiology	1,442	1,414	1,450	1,462	1,436	1,480	1,517	1,520	1,573	1,616	1,438	1,643	
MAT	873	850	848	843	858	827	872	870	893	917	876	924	
Non-MAT Pharmacy	2,456	2,442	2,466	2,343	2,348	2,356	2,424	2,442	2,466	2,490	2,426	2,715	
Other Services	7,186	7,244	7,323	7,431	7,599	7,830	8,009	8,164	8,325	8,442	8,589	8,782	
Outpatient Hospital	712	653	593	531	585	591	564	565	524	550	526	605	
Residential Service	446	433	441	458	480	452	470	497	459	448	469	488	
<b>Total</b>	<b>7,271</b>	<b>7,318</b>	<b>7,390</b>	<b>7,523</b>	<b>7,686</b>	<b>7,906</b>	<b>8,080</b>	<b>8,246</b>	<b>8,397</b>	<b>8,519</b>	<b>8,647</b>	<b>8,845</b>	

## Adult Expansion Utilization

The State will continue to report specific Adult Expansion metrics in the quarterly and annual reports. For this report, the State provides inpatient utilization and emergency department utilization data. The State will provide additional metrics for the annual report including 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.

The State experienced an increase in inpatient utilization from December 2021 (52.8 per 1,000) to January 2022 (57.9 per 1,000). The rate decreased in February 2022 but then increased slightly again in March, 2022.

## AE inpatient and ED utilization



	January 2022	February 2022	March 2022
<b>Members</b>	106,921	108,756	110,645
<b>Inpatient</b>	1,050	886	844
<b>Emergency Dept.</b>	6,188	4,919	5,488
<b>Inpatient Utilization per 1,000</b>	9.8	8.1	7.6
<b>Emer. Dept. Utilization per 1,000</b>	57.9	45.2	49.6

## Disenrollments

The State began identifying the number of disenrollments beginning in DY19, Q4. The table below identifies the number of disenrollments for DY20, Q3, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	January 2022	February 2022	March 2022
<b>Current Eligibles - PCR</b>	Customer Moved Out of State	109	108	132
	Customer Request	61	77	55
	Death	3	2	1
	Enrolled in error	5	1	7
	Fails Utah residency	0	2	32
	Request closed	2	2	1
	Other Admin <sup>7</sup>	10	20	17
<b>Adult Expansion</b>	Customer Moved Out of State	216	209	248
	Customer Request	181	207	175
	Death	50	52	50
	Enrolled in error	8	4	7

<sup>7</sup> "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.

	Fails Utah residency	0	4	58
	Request closed	1	4	2
	Other Admin	144	143	150
<b>ESI</b>	Customer Moved Out of State	1	2	0
	Customer Request	1	0	1
	Other Admin	2	5	2
<b>Targeted Adults</b>	Customer Moved Out of State	6	9	13
	Customer Request	4	6	1
	Death	7	9	3
	Fails Utah residency	0	0	4
	Enrolled in error	0	0	0
	Other Admin	5	7	4
<b>Demonstration Population #3</b>	Customer Moved Out of State	0	0	0
	Customer Request	4	3	2
<b>Dental-Blind/ Disabled</b>	Customer Moved Out of State	0	1	1
	Customer Request	1	0	1
	Death	0	0	0
	Fails Utah residency	0	0	0
	Other Admin	2	5	2
<b>Aged Dental</b>	Death	0	1	0
	Other Admin	1	2	0
<b>Substance Use Disorder Residential Treatment</b>	Customer Moved Out of State	0	1	0
	Death	1	0	0
	Other Admin	0	0	0
<b>Former Foster Care Youth</b>	Customer Moved Out of State	0	0	0
	Other Admin	0	0	0



<b>Grand Total</b>		823	883	966
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## Anticipated Changes to Enrollment

### *Adult Expansion Medicaid, ESI*

As previously mentioned, the State continued to see an increase in Adult Expansion enrollment due to the Families First Coronavirus Response Act. The State continues eligibility for individuals during the emergency period to receive enhanced funding. This affected Adult Expansion enrollment as the State continued eligibility for these individuals, regardless of household changes.

The State also expects that the Marketplace open enrollment period from November 1, 2021, through January 15, 2022, affected Adult Expansion enrollment as individuals who appeared to be eligible for Medicaid were referred to the State agency.

The ESI requirement continues to require Adult Expansion individuals to enroll in and maintain enrollment in their available ESI or they will lose eligibility. However, all individuals enrolled in ESI did not lose eligibility during this quarter due to the public health emergency. The State anticipates most individuals to participate due to the State reimbursing individuals for the full amount of their monthly insurance premium.

### *End of the Public Health Emergency*

The State has developed a comprehensive eligibility unwinding plan to achieve our key objective of a smooth member transition. Our plan includes clear member communication, data transparency and a risk-based approach to prioritize members to review over the 12-month unwinding period. Until the public health emergency plan ends and the eligibility unwinding plan is in place, enrollment in Adult Expansion is expected to either remain stable or continue to steadily increase as it has during this demonstration year.

### *Pending Amendments*

Approval of the State’s four pending amendments may also influence enrollment. If coverage for justice-involved individuals is approved, the State anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The State also anticipates a slight increase in enrollment if coverage for in vitro fertilization and genetic testing for Medicaid eligible individuals who have specific qualified conditions is approved. More information is provided in the “Pending Amendments” section below.

## Benefits

Aside from the HRSS demonstration benefits expected to launch in DY20Q4 or DY21Q1, no additional changes to benefits or utilization are anticipated at this time.

## Demonstration Related Appeals

Below are the demonstration-related appeals for DY20 Q3. Demonstration groups are only listed if there was an appeal for the quarter.

<b>Demonstration Group</b>	<b>January 2022</b>	<b>February 2022</b>	<b>March 2022</b>
<b>Current Eligibles</b>	0	1	0

There was one demonstration-related appeal this quarter specific to an application denial for an individual covered under the Current Eligibles population. The decision was affirmed.

## **Demonstration Related Grievances**

### *Constituent Affairs Grievances*

Below is a table of grievances received from members to our Medicaid Constituent Affairs Representative. The calls are benefit-related questions or concerns. The State began collecting this information in DY19 Q3. Demonstration groups are only listed if there was a grievance for the quarter.

<b>Demonstration Group</b>	<b>January 2022</b>	<b>February 2022</b>	<b>March 2022</b>	<b>Total</b>
<b>UMIC</b>	0	1	0	1
<b>Aged, Blind and Disabled Dental</b>	0	0	2	2
<b>Total</b>	0	1	2	3

### *Quarter Three Grievances*

There were three grievances filed with Constituent Affairs during quarter three. Constituent Affairs worked with all individuals to help resolve the issues. Below is a summary of the monthly grievances.

February:

- UMIC: One member was not able to obtain prescriptions because he was not using a specialty pharmacy. The member was educated on how to utilize pharmacy benefits.

March:

- Aged, Blind and Disabled Dental: Two members reported issues with the work completed by the dental provider. The UUSOD worked to resolve the members' concerns.

## **Accountable Care Organization (ACO) Grievances**

Below are the grievances reported by the managed care plans for quarter three. With the implementation of the Medicaid Managed Care Program Annual Report (MCPAR) in 2022, the managed care plans will begin reporting the grievance reason for each grievance. This will allow the State to report grievance reasons in a future 1115 demonstration monitoring report.

Demonstration Group	January 2022	February 2022	March 2022	Total
Adult Expansion	10	19	23	52
Current Eligibles-PCR	21	38	32	91
Substance Use Disorder Residential Treatment	0	0	0	0
UMIC	1	4	0	5

## 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<sup>8</sup>*

Program Type	January 2022	February 2022	March 2022	Average Total
Adult Expansion	10	9.1	8	9
Current Eligibles-PCR	9.4	8.4	7.6	8.5
Targeted Adults	11.9	6.3	7.2	8.5
Premium Assistance-UPP	45.5	N/A <sup>9</sup>	31.5	38.5

## Financial/Budget Neutrality

The budget neutrality documents for this demonstration quarter are being submitted to CMS separately. Please refer

<sup>8</sup> Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

<sup>9</sup> No approvals in the time period selected.

to these documents for detailed information on the State's budget neutrality.

## Financial Anticipated Changes

The State will experience an increase in expenditures due to the expected continued increase in enrollment for Adult Expansion. The State also anticipates a continued increase in expenditures for all waiver populations due to the continued COVID-19 public health emergency, as the State continues Medicaid eligibility for these populations, regardless of household changes (with few exceptions).

As previously mentioned, on July 23, 2021 the State received approval from CMS to increase the maximum premium assistance reimbursement for beneficiaries enrolled in the State's Premium Partnership for Health Insurance (UPP)-approved employer sponsored insurance (ESI) plans or continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). As seen in the ESI Enrollment and Total Payments Issued table, UPP payments have continued to steadily increase. The state estimates this trend will continue.

## Annual Public Forum

On January 20, 2022, the State held the annual public forum during the January Medical Care Advisory Committee (MCAC) meeting. One commenter asked about the status of the State's pending waiver renewal. No other comments were received.

## Legislative Update

The 2022 General Session of the Utah State Legislature was held January 18, 2022, to March 4, 2022. Two legislative actions resulted in direction for new 1115 Waiver applications. Utah will be preparing to submit applications before January 1, 2023.

## Demonstration Renewal

Utah's existing demonstration is currently approved through June 30, 2022. In June 2021, the State submitted a five-year renewal request. This request is pending a decision from CMS. If approved, the State will continue to operate the demonstration waiver through June 30, 2027.

## Demonstration Evaluations

The State continues to contract with both Public Consulting Group, Inc. (PCG) and the University of Utah Social Research Institute (SRI) to conduct an evaluation of the following components of the State's waiver:

PCG:

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

SRI:

- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)
- Substance Use Disorder (SUD) Residential Treatment
- Intensive Stabilization Services (ISS)
- Aged Dental
- Targeted Adult Dental Benefits

## Evaluator updates and submissions

### PCG:

- PCG continues to provide preliminary data results to the state on a regular basis. PCG will submit an annual report in September 2022.

### SRI:

- The Interim Evaluation was submitted in March 2022.
- The revised Aged Dental Evaluation Design was submitted in March 2022 and is awaiting approval from CMS.
- The revised ISS Evaluation Design was submitted in March 2022 and is awaiting approval from CMS.
- The revised SMI Evaluation Design was submitted in May 2022 and is awaiting approval from CMS.

## Pending Amendments

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.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.
- Require premiums for Adult Expansion beneficiaries with incomes 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 incomes 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 still pending a decision from CMS:

- Medical Respite Care: This amendment seeks approval to allow temporary medical respite care for homeless individuals covered under Adult Expansion.
- Fertility Treatment for Individuals Diagnosed with Cancer: This amendment seeks approval to expand Medicaid coverage for fertility preservation for individuals diagnosed with cancer.
- In Vitro Fertilization and Genetic Testing for Qualified Conditions- 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.