

State of Utah

Section 1115 Demonstration Amendment

Fertility Treatment for Individuals Diagnosed with Cancer

Section I. Program Description and Objectives

During the 2021 General Session of the Utah State Legislature, House Bill 192 "Fertility Treatment Amendments" was passed and signed into law by Governor Cox. This legislation requires the Utah Department of Health, Division of Medicaid and Health Financing (DMHF) to seek 1115 waiver approval from the Centers for Medicare and Medicaid Services (CMS) to expand Medicaid coverage for fertility preservation for individuals diagnosed with cancer.

Goals and Objectives

Under Section 1115 of the Social Security Act, States may implement "experimental, pilot or demonstration projects which, in the judgment of the Secretary [of Health and Human Services] is likely to assist in promoting the objectives of [Medicaid]". The State believes this demonstration is likely to promote the objectives of Medicaid by improving participant health outcomes and quality of life. Providing these services will make it possible for Medicaid eligible individuals who have been diagnosed with a form of cancer, and whose related treatment may cause a substantial risk of sterility or iatrogenic infertility (including surgery, radiation, or chemotherapy) to receive coverage for fertility preservation services.

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the proposed benefit as soon as possible after approval, but not before January 1, 2023. The State requests to operate the demonstration through the end of the extended waiver period which is pending approval by CMS. If approved, the end of the extended waiver period is June 30, 2027.

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 these demonstrations 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 hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
This demonstration will allow individuals who have been rendered infertile due to cancer treatment to preserve their ability to have children in the future.	<ul style="list-style-type: none"> Number of individuals served under this demonstration 	<ul style="list-style-type: none"> MMIS Data Warehouse 	Independent evaluator will design quantitative and qualitative measures to include quasi-experimental comparisons.

Section II. Demonstration Eligibility

Medicaid eligible individuals eligible under this demonstration must meet all of the following requirements:

1. Reached puberty up through the age of 40.
2. Diagnosed by a physician as having an active cancer diagnosis requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (infertility caused by cancer treatment).

Projected Enrollment

The projected enrollment for the demonstration population is approximately 200 to 250 members per year. Members are limited to one benefit per lifetime.

Section III. Demonstration Benefits

If approved under this demonstration, qualified Medicaid members will be eligible to receive the following services:

1. Collection and storage of eggs or sperm consistent with established medical practices or professional guidelines published by the American Society of Reproductive Medicine or the American Society of Clinical Oncology. Storage is covered as a single payment in five year increments as long as the individual is Medicaid eligible.

Section IV. Delivery System

Services for Demonstration individuals will be provided initially through fee for service (FFS). At a future date, the State may continue delivery of these services through FFS or may transition delivery of these services to managed care under 1915(b) authority or by amendment to the Demonstration.

Section V. 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 the remaining demonstration years.

	DY21 (SFY 23) (Jan-June 2023)	DY22 (SFY 24)	DY23 (SFY 25)	DY24 (SFY 26)	DY25(SFY 27)
Enrollment	119	244	250	256	262
Expenditures	\$890,750	\$1,879,000	\$1,981,800	\$2,090,200	\$2,204,600

Section VII. Proposed Waiver and Expenditure Authority

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

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the State to vary the amount, duration, and scope of services provided to individuals in the demonstration group.
Section 1902(a)(23)(A)- Freedom of Choice	To enable the State to restrict freedom of choice of providers for the population affected by this demonstration.

Expenditure Authority

The State requests expenditure authority to provide fertility preservation for an individual with an active diagnosis of cancer.

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 have been advertised in the newspapers of widest circulation, and sent to an electronic mailing list. In addition, the abbreviated public notice has been posted to the State's Medicaid website at <https://medicaid.utah.gov/1115-waiver>.

Two public hearings to take public comment on this request will be held. The first public hearing will be held on Monday, November 15, 2021 from 4:00 pm to 5:00 pm. The second public hearing will be held on Thursday, November 18, 2021, from 2:00 to 4:00 pm, during the Medical Care Advisory Committee (MCAC) meeting. Both public hearings will be held via video and teleconferencing.

Public Comment

The public comment period will be held November 1, 2021 to November 30, 2021.

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 will begin the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on November 12, 2021 to present this demonstration amendment.

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>.

Section IX. Demonstration Administration

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HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
1	DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS										
2											
3											
4	ELIGIBILITY	TREND	MONTHS	BASE YEAR	TREND	DEMONSTRATION YEARS (DY)					
5	GROUP	RATE 1	OF AGING	DY 20	RATE 2	DY 21	DY 22	DY 23	DY 24	DY 25	TOTAL
6											WOW
7	Medicaid Pop 1: Current Eligibles										
8	Pop Type:	Medicaid									
9	Eligible Member Months	2.4%		411,952	2.4%	421,674	431,626	441,812	452,239	462,912	
10	PMPM Cost	5.3%	0	\$ 1,228.63	5.3%	\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
11	Total Expenditure					\$ 545,539,764	\$ 588,012,196	\$ 633,788,109	\$ 683,129,219	\$ 736,311,768	\$ 3,186,781,056
12											
13	Hypo 2: ESI Adults w/Children (3)/ ESI Adult Children (3)/COBRA Adults with Children (5)										
14	Pop Type:	Hypothetical									
15	Eligible Member Months					5,140	5,217	5,295	5,374	5,455	
16	PMPM Cost					\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
17	Total Expenditure					\$ 6,649,503	\$ 7,106,956	\$ 7,595,879	\$ 8,118,437	\$ 8,676,945	\$ 38,147,720
18											
19	Hypo 3: Former Foster Care Youth From Another State										
20	Pop Type:	Hypothetical									
21	Eligible Member Months					165	165	165	165	165	
22	PMPM Cost					\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
23	Total Expenditure					\$ 213,468	\$ 224,782	\$ 236,696	\$ 249,240	\$ 262,450	\$ 1,186,637
24											
25	Hypo 4: Adult Expansion Pop										
26	Pop Type:	Hypothetical									
27	Eligible Member Months					1,073,480	1,089,582	1,105,926	1,122,515	1,139,353	\$ -
28	PMPM Cost					\$ 1,293.75	\$ 1,362.32	\$ 1,434.52	\$ 1,510.55	\$ 1,590.61	
29	Total Expenditure					\$ 1,388,812,259	\$ 1,484,355,598	\$ 1,586,471,841	\$ 1,695,613,172	\$ 1,812,262,880	\$ 7,967,515,750
30											
31	Hypo 5: Mandatory Employer Sponsored Insurance										
32	Pop Type:	Hypothetical									
33	Eligible Member Months					1,581	1,605	1,629	1,654	1,678	
34	PMPM Cost					\$ 266.22	\$ 280.33	\$ 295.19	\$ 310.83	\$ 327.31	
35	Total Expenditure					\$ 420,991	\$ 449,954	\$ 480,908	\$ 513,992	\$ 549,352	\$ 2,415,198
36											
37	Hypo 6: Targeted Adults										
38	Pop Type:	Hypothetical									
39	Eligible Member Months					69,937	70,637	71,343	72,057	72,777	
40	PMPM Cost					\$ 1,495.83	\$ 1,575.11	\$ 1,658.59	\$ 1,746.49	\$ 1,839.06	
41	Total Expenditure					\$ 104,614,439	\$ 111,260,595	\$ 118,328,980	\$ 125,846,420	\$ 133,841,443	\$ 593,891,878
42											
43	Hypo 7: Dental - Blind/Disabled										
44	Pop Type:	Hypothetical									
45	Eligible Member Months					484,975	492,250	499,633	507,128	514,735	
46	PMPM Cost					\$ 22.98	\$ 24.20	\$ 25.48	\$ 26.83	\$ 28.26	

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
47	Total Expenditure					\$ 11,146,349	\$ 11,913,162	\$ 12,732,728	\$ 13,608,676	\$ 14,544,885	\$ 63,945,800
48											
49	Hypo 8: Dental - Targeted Adults										
50	Pop Type:	Hypothetical									
51	Eligible Member Months					15,858	16,096	16,338	16,583	16,831	
52	PMPM Cost					\$ 40.57	\$ 42.72	\$ 44.99	\$ 47.37	\$ 49.88	
53	Total Expenditure					\$ 643,407	\$ 687,670	\$ 734,978	\$ 785,541	\$ 839,582	\$ 3,691,178
54											
55	Hypo 9: Dental - Aged										
56	Pop Type:	Hypothetical									
57	Eligible Member Months					259	263	267	271	275	
58	PMPM Cost					\$ 34.62	\$ 36.46	\$ 38.39	\$ 40.42	\$ 42.57	
59	Total Expenditure					\$ 8,961	\$ 9,578	\$ 10,237	\$ 10,941	\$ 11,693	\$ 51,410
60											
61	Hypo 10: SUD										
62	Pop Type:	Hypothetical									
63	Eligible Member Months					7,032	7,032	7,032	7,032	7,032	
64	PMPM Cost					\$4,300.67	\$4,528.61	\$4,768.62	\$5,021.36	\$5,287.49	
65	Total Expenditure					\$ 30,242,321	\$ 31,845,164	\$ 33,532,958	\$ 35,310,204	\$ 37,181,645	\$ 168,112,292
66											
67	Hypo 11: Withdrawal Management Services										
68	Pop Type:	Hypothetical									
69	Eligible Member Months					2,427	202				
70	PMPM Cost					\$ 841.16	\$ 885.74				
71	Total Expenditure					\$ 2,041,489	\$ 178,919				\$ 2,220,408
72											
73	Hypo 12: ISS Services										
74	Pop Type:	Hypothetical									
75	Eligible Member Months					1,440	1,440	1,440	1,440	1,440	
76	PMPM Cost					\$ 2,528.20	\$ 2,662.19	\$ 2,803.29	\$ 2,951.87	\$ 3,108.31	
77	Total Expenditure					\$ 3,640,609	\$ 3,833,561	\$ 4,036,739	\$ 4,250,687	\$ 4,475,973	\$ 20,237,568
78											
79	Hypo 13: Medical Respite Care										
80	Pop Type:	Hypothetical									
81	Eligible Member Months	2.4%		218		446	457	468	479	490	
82	PMPM Cost	5.3%		\$4,216		\$4,438	\$4,674	\$4,921	\$5,184	\$5,458	
83	Total Expenditure			\$918,000		\$1,979,000	\$2,134,000	\$2,301,000	\$2,482,000	\$2,676,000	\$ 11,572,000
84											
85	Hypo 14: Cancer Fertility Treatment										
86	Pop Type:	Hypothetical									
87	Eligible Member Months	2.4%				119	244	250	256	262	
88	PMPM Cost	5.3%				\$ 7,485	\$ 7,701	\$ 7,927	\$ 8,165	\$ 8,415	
89	Total Expenditure					\$ 890,750	\$ 1,879,000	\$ 1,981,800	\$ 2,090,200	\$ 2,204,600	\$ 9,046,350

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 20	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 21	DY 22	DY 23	DY 24	DY 25	
Medicaid Pop 1: Current Eligibles								
Pop Type: Medicaid								
Eligible Member								
Months	411,952	2.4%	421,674	431,626	441,812	452,239	462,912	
PMPM Cost	\$ 1,228.63	5.3%	\$ 598.94	\$ 630.69	\$ 664.12	\$ 699.32	\$ 736.38	
Total								
Expenditure			\$ 252,558,974	\$ 272,221,954	\$ 293,416,166	\$ 316,259,591	\$ 340,878,820	\$ 1,475,335,505
Medicaid Pop 2: ESI Childless Adults (3)/ COBRA Childless Adults (5) (Utah's Premium Partnership)								
Pop Type: Medicaid								
Eligible Member								
Months								
PMPM Cost					\$ -	\$ -	\$ -	
Total								
Expenditure			\$ 31,670	\$ 31,670	\$ 31,670	\$ 31,670	\$ 31,670	\$ 158,350
Hypo 2: ESI Adults w/Children (3)/ ESI Adult Children (3)/COBRA Adults with Children (5)								
Pop Type: Hypothetical								
Eligible Member								
Months								
PMPM Cost								
Total								
Expenditure			\$ 577,328	\$ 577,328	\$ 577,328	\$ 577,328	\$ 577,328	\$ 2,886,640
Hypo 3: Former Foster Care Youth From Another State								
Pop Type: Hypothetical								
Eligible Member								
Months								
PMPM Cost								
Total								
Expenditure			\$ 265,111	\$ 265,111	\$ 265,111	\$ 265,111	\$ 265,111	\$ 1,325,555
Hypo 4: Adult Expansion Pop								
Pop Type: Expansion								
Eligible Member								
Months								
PMPM Cost								
Total								
Expenditure			\$ 943,388,567	\$ 943,388,567	\$ 943,388,567	\$ 943,388,567	\$ 943,388,567	\$ 4,716,942,834
Hypo 5: Mandatory Employer Sponsored Insurance								
Pop Type: Expansion								
Eligible Member								
Months								
PMPM Cost								
Total								
Expenditure			352,697	352,697	352,697	352,697	352,697	\$ 1,763,483
Hypo 6: Targeted Adults								
Pop Type: Expansion								
Eligible Member								
Months								
PMPM Cost								
Total								
Expenditure			\$ 78,931,530	\$ 78,931,530	\$ 78,931,530	\$ 78,931,530	\$ 78,931,530	\$ 394,657,651

Hypo 7: Dental - Blind/Disabled							
Pop Type:	Expansion						
Eligible Member Months							
PMPM Cost Total							
Expenditure		\$ 8,841,309	\$ 8,841,309	\$ 8,841,309	\$ 8,841,309	\$ 8,841,309	\$ 44,206,545

Hypo 8: Dental - Targeted Adults							
Pop Type:	Expansion						
Eligible Member Months							
PMPM Cost Total							
Expenditure		\$ 404,776	\$ 404,776	\$ 404,776	\$ 404,776	\$ 404,776	\$ 2,023,880

Hypo 9: Dental - Aged							
Pop Type:	Expansion						
Eligible Member Months							
PMPM Cost Total							
Expenditure		\$ 8,501	\$ 8,628	\$ 8,758	\$ 8,889	\$ 9,022	\$ 43,797

Hypo 10: SUD							
Pop Type:	Expansion						
Eligible Member Months							
PMPM Cost Total							
Expenditure		\$ 26,561,252	\$ 26,561,252	\$ 26,561,252	\$ 26,561,252	\$ 26,561,252	\$ 132,806,260

Hypo 11: Withdrawal Management Services							
Pop Type:	Expansion						
Eligible Member Months							
PMPM Cost Total							
Expenditure		\$ 2,041,489	\$ 178,919				\$ 2,220,408

Hypo 12: ISS Services							
Pop Type:	Expansion						
Eligible Member Months							
PMPM Cost Total							
Expenditure		\$ 3,640,609	\$ 3,833,561	\$ 4,036,739	\$ 4,250,687	\$ 4,475,973	\$ 20,237,568

Hypo 13: Medical Respite Care							
Pop Type:	Expansion						
Eligible Member Months							
PMPM Cost Total							
Expenditure		\$ 1,979,000	\$ 2,134,000	\$ 2,301,000	\$ 2,482,000	\$ 2,676,000	\$ 11,572,000

Hypo 14: Cancer Fertility Treatment							
Pop Type:	Expansion						
Eligible Member Months							
PMPM Cost Total							
Expenditure		\$ 890,750	\$ 1,879,000	\$ 1,981,800	\$ 2,090,200	\$ 2,204,600	\$ 9,046,350