

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

Due date	Last edited	Edited by	Status
12/27/2024	12/23/2024	Jennifer Meyer-Smart	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	<p>State name</p> <p>Auto-populated from your account profile.</p>	Utah
A2a	<p>Contact name</p> <p>First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.</p>	Jennifer Meyer-Smart
A2b	<p>Contact email address</p> <p>Enter email address. Department or program-wide email addresses ok.</p>	jmeyersmart@utah.gov
A3a	<p>Submitter name</p> <p>CMS receives this data upon submission of this MCPAR report.</p>	Jennifer Meyer-Smart
A3b	<p>Submitter email address</p> <p>CMS receives this data upon submission of this MCPAR report.</p>	jmeyersmart@utah.gov
A4	<p>Date of report submission</p> <p>CMS receives this date upon submission of this MCPAR report.</p>	12/23/2024

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	07/01/2023
A5b	Reporting period end date Auto-populated from report dashboard.	06/30/2024
A6	Program name Auto-populated from report dashboard.	Utah Medicaid Prepaid Mental Health Plan (PMHP)

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Bear River Mental Health Services Central Utah Counseling Center Davis Behavioral Health Services Four Corners Community Behavioral Health Healthy U Behavioral Health Northeastern Counseling Center Salt Lake County Behavioral Health Services Southwest Behavioral Health Center United Behavioral Health, Inc. Wasatch Behavioral Health Special Service District Weber Human Services

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71 See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Utah Medicaid

Add In Lieu of Services and Settings (A.9)

⚠ Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on [Medicaid.gov](https://www.Medicaid.gov).

Indicator	Response
ILOS name	

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	377,710
BI.2	Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	307,499

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	Data validation entity Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	Other third-party vendor

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p data-bbox="313 107 695 178">Payment risks between the state and plans</p> <p data-bbox="313 201 727 865">Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter 'No PI activities were performed during the reporting period' as your response. 'N/A' is not an acceptable response.</p>	<p data-bbox="760 107 1356 655">The Utah Office of Inspector General (UOIG) focused on several activities to identify, address, and prevent fraud, waste, and abuse within Utah's managed care plans (MCPs). Using MCP encounter data to identify areas of concern, the UOIG reviewed inpatient data to determine if a member's hospital admission met billing criteria, outpatient data to determine if evaluation and management codes were billed appropriately, and site visits to review medical records of outlier encounters. The UOIG notified the MCPs' special investigation units to recover funds, as necessary.</p>
BX.2	<p data-bbox="313 919 617 991">Contract standard for overpayments</p> <p data-bbox="313 1014 727 1171">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p data-bbox="760 919 1247 949">State has established a hybrid system</p>
BX.3	<p data-bbox="313 1226 633 1335">Location of contract provision stating overpayment standard</p> <p data-bbox="313 1358 727 1516">Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p data-bbox="760 1226 1372 1297">Attachment B-Special Provisions, Articles 11.1.6 and 11.1.7.</p>
BX.4	<p data-bbox="313 1570 706 1642">Description of overpayment contract standard</p> <p data-bbox="313 1665 727 1915">Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.</p>	<p data-bbox="760 1570 1372 1759">The plans may retain their overpayment recoveries. If the OIG collects the overpayment it retains its recoveries. The OIG is only responsible to make collections after the plans have had 12 months to make collections.</p>
BX.5	<p data-bbox="313 1969 727 2041">State overpayment reporting monitoring</p>	<p data-bbox="760 1969 1372 2083">Per ACO contracts, Attachment B-Special Provisions 6.1.3 and 11.1.5, plans must submit quarterly overpayment reports. The state</p>

Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?

The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

monitors these quarterly reports, including the timeliness of reporting.

BX.6

Changes in beneficiary circumstances

Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).

Enrollments are determined daily with the receipt of the Eligibility File from DWS. The system automatically evaluates eligibility for new enrollments or changes in enrollment and takes the appropriate action in the system. An Benefit Enrollment and Maintenance (834) file is sent to each plan daily through the clearinghouse (UHIN) based on member enrollment activity. Any deviation in the expected file or file size would prompt an email from either the Plan or UHIN to the state to confirm. The state also monitors for the complete file transmission to UHIN. In addition, an Audit 834 file is also sent monthly to each plan with a retrospective point in time roster for reconciliation purposes.

BX.7a

Changes in provider circumstances: Monitoring plans

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

Yes

BX.7b

Changes in provider circumstances: Metrics

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

No

BX.8a

Federal database checks: Excluded person or entities

During the state's federal database checks, did the state find any person or entity excluded? Select one.
Consistent with the

No

requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

BX.9a	Website posting of 5 percent or more ownership control	Yes
	Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).	
BX.9b	Website posting of 5 percent or more ownership control: Link	https://medicaid.utah.gov/Documents/pdfs/Ownership%20MCE.pdf
	What is the link to the website? Refer to 42 CFR 602(g)(3).	
BX.10	Periodic audits	An audit is currently in process and should be completed in early 2025.
	If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter 'No such audits were conducted during the reporting year' as your response. 'N/A' is not an acceptable response.	

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<p>Program contract</p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	Utah Medicaid Contract with Prepaid Mental Health Plan (PMHP)
N/A	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	07/01/2021
C11.2	<p>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	https://medicaid.utah.gov/managed-care/
C11.3	<p>Program type</p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	Prepaid Inpatient Health Plan (PIHP)
C11.4a	<p>Special program benefits</p> <p>Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more.</p> <p>Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.</p>	Behavioral health
C11.4b	<p>Variation in special benefits</p> <p>What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.</p>	N/A
C11.5	<p>Program enrollment</p> <p>Enter the average number of individuals enrolled in this managed care program per</p>	282,546

month during the reporting year (i.e., average member months).

C11.6

Changes to enrollment or benefits

The most impactful change this year was the Medicaid unwinding completed in April 2024.

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Timeliness of data certifications</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>Attachment B- Special Provisions- Article 12.3.1 Encounter Data, Generally</p>

C1III.4	<p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.</p>	<p>Attachment B- Special Provisions- Article 12.3.1 Encounter Data, Generally, and ; Article 14.3.2 Liquidated Damages, per Day Amounts</p>
C1III.5	<p>Incentives for encounter data quality</p> <p>Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.</p>	<p>N/A</p>
C1III.6	<p>Barriers to collecting/validating encounter data</p> <p>Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter 'The state did not experience any barriers to collecting or validating encounter data during the reporting year' as your response. 'N/A' is not an acceptable response.</p>	<p>Utah Medicaid implemented a new MMIS system called PRISM in April 2023. During the implementation, system issues and defects were identified that prohibited the collection of encounter data timely. This was an issue with the State system, not the Managed Care Plan. Utah Medicaid has worked with the MMIS vendor to correct the issues, allowing the encounter submission process to begin and catch up on the prior periods.</p>

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State's definition of "critical incident", as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p>	N/A
C1IV.2	<p>State definition of "timely" resolution for standard appeals</p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>Attachment B 8.3.4- Timeframes for Standard Appeal Resolution and Notification- (A) The Contractor shall complete each standard Appeal and provide a Notice of Appeal Resolution to the affected parties as expeditiously as the Enrollee's health condition requires, but no later than 30 calendar days from the day the Contractor receives the Appeal request.</p>
C1IV.3	<p>State definition of "timely" resolution for expedited appeals</p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>Attachment B 8.4.6- Timeframes for Expedited Appeal Resolution and Notification- (A) The Contractor shall complete each expedited Appeal and provide a Notice of Appeal Resolution to affected parties as expeditiously as the Enrollee's health condition requires, but no later than 72 hours after the Contractor receives the expedited Appeal request."</p>

C1IV.4

State definition of “timely” resolution for grievances

Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

Attachment B.8.6.4- Timeframes for Grievance Resolution and Notification- (A) The Contractor shall dispose of each Grievance and provide notice to the affected parties as expeditiously as the Enrollee's health condition requires, but not to exceed 90 calendar days from the day the Contractor receives the Grievance."

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	<p data-bbox="313 107 703 180">Gaps/challenges in network adequacy</p> <p data-bbox="313 201 727 548">What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.</p>	<p data-bbox="760 107 1341 218">Nationwide, there is a shortage of behavioral health providers and Utah PMHPs also have their challenges with this issue.</p>
C1V.2	<p data-bbox="313 600 703 674">State response to gaps in network adequacy</p> <p data-bbox="313 695 703 789">How does the state work with MCPs to address gaps in network adequacy?</p>	<p data-bbox="760 600 1377 1188">The PMHPs address the challenge of a shortage of behavioral health providers maintaining open recruitments, offering incentives for providers to relocate rural and frontier areas, offering incentives to providers who are bilingual, providing increased rates for specialized services (e.g., peer support, case management, etc., assessing possible recruitment of their commercial providers, reducing administrative burdens as much as possible, and by supporting providers through meetings, email blasts, etc. PMHPs also use telemedicine and may provide their own transportation to services in addition to coordinating with Medicaid's NEMT provider.</p>

Access Measures

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

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

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



Complete

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

1 / 6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Maximum time to travel

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Frontier, Rural,
Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually



Complete

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

2 / 6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Frontier, Rural,
Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually



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

3 / 6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Frontier, Rural,
Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually



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

4 / 6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Minimum number of network providers

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Frontier, Rural,
Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually



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

5 / 6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

Provider Saturation

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Frontier, Rural,
Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually



Complete

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

6 / 6

C2.V.2 Measure standard

Network Adequacy Validation

C2.V.3 Standard type

NAV Trending

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Frontier, Rural,
Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

EQRO tableau dashboard

C2.V.8 Frequency of oversight methods

Annually


Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<p>BSS website</p> <p>List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p>	<p>https://medicaid.utah.gov/health-program-representatives/, https://medicaid.utah.gov/mybenefits-login/</p>
C1IX.2	<p>BSS auxiliary aids and services</p> <p>How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p>	<p>Beneficiaries are able to access support services through a variety of ways. The main access point for beneficiaries is to call our Health Program Representatives (HPRs) Monday - Friday, between 8:00 A.M. and 5:00 P.M. HPRs can receive calls in both English and Spanish. If there are other languages spoken by the beneficiaries, translators can be used in a 3 way call. Relay services can also be used for the hearing impaired. Beneficiaries are able to access their benefit information online by using the MyBenefits portal. In the MyBenefits portal, beneficiaries can see all of their coverage information, including Co-pay information, Medical plan, Dental Plan, Mental Health plan, etc. They can also request a Non-emergency transportation card through the portal. Beneficiaries can also email our HPR team at any time. The email questions and requests are answered daily by the HPR team.</p>
C1IX.3	<p>BSS LTSS program data</p> <p>How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).</p>	<p>N/A. The managed care plans are not responsible for LTSS under the contract.</p>
C1IX.4	<p>State evaluation of BSS entity performance</p> <p>What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p>	<p>The State maintains goals for the telephone system. The HPR team has a set goal that the average speed of calls answered will be under 1 minute, 30 seconds. The abandonment rate for calls is to be under 6%. Calls are also monitored and reviewed for accuracy by lead workers and Supervisors.</p>

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

 **Beginning December 2024, this section must be completed for programs that include MCOs**

Number	Indicator	Response
C1XII.4	Does this program include MCOs? If “Yes”, please complete the following questions.	No

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	Plan enrollment	Bear River Mental Health Services
	Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	20,404
	Central Utah Counseling Center	11,473
	Davis Behavioral Health Services	22,151
	Four Corners Community Behavioral Health	6,898
	Healthy U Behavioral Health	1,603
	Northeastern Counseling Center	14,453
	Salt Lake County Behavioral Health Services	95,956
	Southwest Behavioral Health Center	25,292
	United Behavioral Health, Inc.	8,861
Wasatch Behavioral Health Special Service District	28,310	
Weber Human Services	47,145	
D1I.2	Plan share of Medicaid	Bear River Mental Health Services
What is the plan enrollment (within the specific program) as	5.4%	

- a percentage of the state's total Medicaid enrollment?
- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid enrollment (B.I.1)

Central Utah Counseling Center

3%

Davis Behavioral Health Services

5.9%

Four Corners Community Behavioral Health

1.8%

Healthy U Behavioral Health

0.4%

Northeastern Counseling Center

3.8%

Salt Lake County Behavioral Health Services

25.4%

Southwest Behavioral Health Center

6.7%

United Behavioral Health, Inc.

2.3%

Wasatch Behavioral Health Special Service District

7.5%

Weber Human Services

12.5%

D1I.3

Plan share of any Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care

Bear River Mental Health Services

6.6%

Central Utah Counseling Center

3.7%

Davis Behavioral Health Services

7.2%

enrollment (B.I.2)

Four Corners Community Behavioral Health

2.2%

Healthy U Behavioral Health

0.5%

Northeastern Counseling Center

4.7%

Salt Lake County Behavioral Health Services

31.2%

Southwest Behavioral Health Center

8.2%

United Behavioral Health, Inc.

2.9%

**Wasatch Behavioral Health Special Service
District**

9.2%

Weber Human Services

15.3%

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	<p data-bbox="313 107 659 134">Medical Loss Ratio (MLR)</p> <p data-bbox="313 161 727 415">What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience.</p> <p data-bbox="313 422 727 793">If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.</p>	<p data-bbox="760 107 1230 134">Bear River Mental Health Services</p> <p data-bbox="760 161 837 189">91.6%</p> <p data-bbox="760 268 1198 296">Central Utah Counseling Center</p> <p data-bbox="760 323 837 350">79.6%</p> <p data-bbox="760 430 1214 457">Davis Behavioral Health Services</p> <p data-bbox="760 485 837 512">90.3%</p> <p data-bbox="760 592 1365 619">Four Corners Community Behavioral Health</p> <p data-bbox="760 646 837 674">89.8%</p> <p data-bbox="760 753 1154 781">Healthy U Behavioral Health</p> <p data-bbox="760 808 837 835">77.8%</p> <p data-bbox="760 915 1211 942">Northeastern Counseling Center</p> <p data-bbox="760 970 837 997">79.4%</p> <p data-bbox="760 1077 1365 1104">Salt Lake County Behavioral Health Services</p> <p data-bbox="760 1131 837 1159">80.2%</p> <p data-bbox="760 1239 1263 1266">Southwest Behavioral Health Center</p> <p data-bbox="760 1293 837 1320">83.6%</p> <p data-bbox="760 1400 1175 1428">United Behavioral Health, Inc.</p> <p data-bbox="760 1455 837 1482">84.7%</p> <p data-bbox="760 1562 1349 1610">Wasatch Behavioral Health Special Service District</p> <p data-bbox="760 1638 837 1665">85.4%</p> <p data-bbox="760 1745 1078 1772">Weber Human Services</p> <p data-bbox="760 1799 837 1827">76.3%</p>
D1II.1b	<p data-bbox="313 1913 594 1940">Level of aggregation</p> <p data-bbox="313 1967 711 2091">What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.</p>	<p data-bbox="760 1913 1230 1940">Bear River Mental Health Services</p> <p data-bbox="760 1967 1110 2003">Program-specific statewide</p>

As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

Central Utah Counseling Center

Program-specific statewide

Davis Behavioral Health Services

Program-specific statewide

Four Corners Community Behavioral Health

Program-specific statewide

Healthy U Behavioral Health

Program-specific statewide

Northeastern Counseling Center

Program-specific statewide

Salt Lake County Behavioral Health Services

Program-specific statewide

Southwest Behavioral Health Center

Program-specific statewide

United Behavioral Health, Inc.

Program-specific statewide

Wasatch Behavioral Health Special Service District

Program-specific statewide

Weber Human Services

Program-specific statewide

D1II.2**Population specific MLR description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Bear River Mental Health Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy MH MLR: 91.6%; Expansion MH MLR: 85.0% (No SUD coverage)

Central Utah Counseling Center

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 79.6%; Legacy Population SUD MLR 84.5%; Expansion Population MH MLR: 91.0%; Expansion Population SUD MLR: 85.0%

Davis Behavioral Health Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the

eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. This PMHP does not serve expansion members as they are covered under an Integrated Care Plan. Below are the MLRs this specific PMHP: Legacy MH MLR: 90.3%; Legacy SUD MLR: 85.4%

Four Corners Community Behavioral Health

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 89.8%; Legacy Population SUD MLR: 134.0%; Expansion Population MH MLR: 85.0%; Expansion Population SUD MLR: 91.0%

Healthy U Behavioral Health

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults

on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 77.8%; Legacy Population SUD MLR: 57.7%; Expansion Population MH MLR: 85.0%; Expansion Population SUD MLR: 85.0%

Northeastern Counseling Center

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 79.4%; Legacy Population SUD MLR: 74.8%; Expansion Population MH MLR: 85.0%; Expansion Population SUD MLR: 85.0%

Salt Lake County Behavioral Health Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to

138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. This PMHP does not serve expansion members as they are covered under an Integrated Care Plan. Below are the MLRs this specific PMHP: Legacy Population MH MLR: 80.2%; Legacy Population SUD MLR: 67.4%

Southwest Behavioral Health Center

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 83.6%; Legacy Population SUD MLR: 84.2%; Expansion Population MH MLR: 85.0%; Expansion Population SUD MLR: 85.0%

United Behavioral Health, Inc.

Yes, separate MLR calculation for Legacy Medicaid members and separate MLR calculations for mental health (MH), and for substance use disorder (SUD) services. If the PMHP contractor also has Expansion Medicaid members, separate calculations for this population and separate MLR calculations for MH, and for SUD services. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children,

earning up to 138% of the federal poverty level. These are indicated below for this specific PMHP: Legacy Population MH MLR: 84.7%; Legacy Population SUD MLR: 80.3%; Expansion Population MH MLR: 85.0%; Expansion Population SUD MLR: 85.0%

Wasatch Behavioral Health Special Service District

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 85.4%; Legacy Population SUD MLR: 85.1%

Weber Human Services

The state requires plans to submit separate MLR calculations for its Legacy Medicaid population and Expansion Medicaid population. Legacy Medicaid population includes the eligible membership groups of children 0-18, Foster Care and Subsidized Adoption, pregnant women, blind and disabled, aged, members eligible under the cancer program, and adults on Family Medicaid programs. Expansion Medicaid population includes the eligible membership limited to parents and adults without dependent children, earning up to 138% of the federal poverty level. In addition, for the Prepaid Mental Health Plans, there are also separate MLR calculations for mental health (MH) and substance use disorder (SUD) services. These are indicated below for this specific PMHP: Legacy Population MH MLR: 76.3%; Legacy Population SUD MLR: 172.4%; Expansion Population MH MLR: non-credible

(due to small population in Morgan County);
Expansion Population SUD MLR: non-credible
(due to small population in Morgan County)

D1II.3

**MLR reporting period
discrepancies**

Does the data reported in item
D1.II.1a cover a different time
period than the MCPAR report?

Bear River Mental Health Services

Yes

Central Utah Counseling Center

Yes

Davis Behavioral Health Services

Yes

Four Corners Community Behavioral Health

Yes

Healthy U Behavioral Health

Yes

Northeastern Counseling Center

Yes

Salt Lake County Behavioral Health Services

Yes

Southwest Behavioral Health Center

Yes

United Behavioral Health, Inc.

Yes

**Wasatch Behavioral Health Special Service
District**

Yes

Weber Human Services

Yes

N/A

Enter the start date.

Bear River Mental Health Services

07/01/2021

Central Utah Counseling Center

07/01/2021

Davis Behavioral Health Services

07/01/2021

Four Corners Community Behavioral Health

07/01/2021

Healthy U Behavioral Health

07/01/2021

Northeastern Counseling Center

07/01/2021

Salt Lake County Behavioral Health Services

07/01/2021

Southwest Behavioral Health Center

07/01/2021

United Behavioral Health, Inc.

07/01/2021

Wasatch Behavioral Health Special Service District

07/01/2021

Weber Human Services

07/01/2021

N/A

Enter the end date.

Bear River Mental Health Services

06/30/2022

Central Utah Counseling Center

06/30/2022

Davis Behavioral Health Services

06/30/2022

Four Corners Community Behavioral Health

06/30/2022

Healthy U Behavioral Health

06/30/2022

Northeastern Counseling Center

06/30/2022

Salt Lake County Behavioral Health Services

06/30/2022

Southwest Behavioral Health Center

06/30/2022

United Behavioral Health, Inc.

06/30/2022

**Wasatch Behavioral Health Special Service
District**

06/30/2022

Weber Human Services

06/30/2022

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p data-bbox="310 100 711 176">Definition of timely encounter data submissions</p> <p data-bbox="310 197 711 453">Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p data-bbox="760 100 1365 317">Bear River Mental Health Services To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p data-bbox="760 380 1365 596">Central Utah Counseling Center To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p data-bbox="760 659 1365 875">Davis Behavioral Health Services To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p data-bbox="760 938 1365 1155">Four Corners Community Behavioral Health To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p data-bbox="760 1218 1365 1434">Healthy U Behavioral Health To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p data-bbox="760 1497 1365 1713">Northeastern Counseling Center To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p data-bbox="760 1776 1365 1992">Salt Lake County Behavioral Health Services To be considered a timely encounter data submission, the encounter must be submitted within 30 calendar days of the service or claim adjudication date.</p> <p data-bbox="760 2055 1268 2083">Southwest Behavioral Health Center</p>

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

United Behavioral Health, Inc.

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

Wasatch Behavioral Health Special Service District

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

Weber Human Services

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

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

Bear River Mental Health Services

95%

Central Utah Counseling Center

25%

Davis Behavioral Health Services

2%

Four Corners Community Behavioral Health

97%

Healthy U Behavioral Health

29%

Northeastern Counseling Center

98%

Salt Lake County Behavioral Health Services

30%

Southwest Behavioral Health Center

100%

United Behavioral Health, Inc.

26%

Wasatch Behavioral Health Special Service District

0%

Weber Human Services

0%

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

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance?

If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

Bear River Mental Health Services

100%

Central Utah Counseling Center

76%

Davis Behavioral Health Services

81%

Four Corners Community Behavioral Health

64%

Healthy U Behavioral Health

94%

Northeastern Counseling Center

82%

Salt Lake County Behavioral Health Services

96%

Southwest Behavioral Health Center

82%

United Behavioral Health, Inc.

100%

Wasatch Behavioral Health Special Service District

80%

Weber Human Services

67%

Topic IV. Appeals, State Fair Hearings & Grievances

- ⚠ Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter "N/A".**

Appeals Overview

Number	Indicator	Response
D1IV.1	<p data-bbox="313 107 716 180">Appeals resolved (at the plan level)</p> <p data-bbox="313 205 716 317">Enter the total number of appeals resolved during the reporting year.</p> <p data-bbox="313 323 716 751">An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.</p>	<p data-bbox="760 107 1230 134">Bear River Mental Health Services</p> <p data-bbox="760 163 776 191">0</p> <p data-bbox="760 268 1198 296">Central Utah Counseling Center</p> <p data-bbox="760 325 776 352">0</p> <p data-bbox="760 430 1214 457">Davis Behavioral Health Services</p> <p data-bbox="760 487 792 514">12</p> <p data-bbox="760 592 1365 619">Four Corners Community Behavioral Health</p> <p data-bbox="760 648 776 676">0</p> <p data-bbox="760 753 1154 781">Healthy U Behavioral Health</p> <p data-bbox="760 810 776 837">4</p> <p data-bbox="760 915 1208 942">Northeastern Counseling Center</p> <p data-bbox="760 972 776 999">1</p> <p data-bbox="760 1077 1370 1104">Salt Lake County Behavioral Health Services</p> <p data-bbox="760 1134 792 1161">36</p> <p data-bbox="760 1239 1263 1266">Southwest Behavioral Health Center</p> <p data-bbox="760 1295 776 1323">0</p> <p data-bbox="760 1400 1175 1428">United Behavioral Health, Inc.</p> <p data-bbox="760 1457 776 1484">4</p> <p data-bbox="760 1562 1349 1610">Wasatch Behavioral Health Special Service District</p> <p data-bbox="760 1640 792 1667">48</p> <p data-bbox="760 1745 1078 1772">Weber Human Services</p> <p data-bbox="760 1801 792 1829">11</p>
D1IV.1a	<p data-bbox="313 1913 521 1940">Appeals denied</p> <p data-bbox="313 1969 699 2095">Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the</p>	<p data-bbox="760 1913 1230 1940">Bear River Mental Health Services</p> <p data-bbox="760 1969 776 1997">0</p>

enrollee. If you choose not to respond prior to June 2025, enter "N/A".

Central Utah Counseling Center

0

Davis Behavioral Health Services

8

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

1

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

29

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

4

Wasatch Behavioral Health Special Service District

33

Weber Human Services

7

D1IV.1b

Appeals resolved in partial favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

5

Weber Human Services

1

D1IV.1c**Appeals resolved in favor of enrollee**

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

4

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

3

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

7

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

10

Weber Human Services

3

D1IV.2

Active appeals

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

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

N/A

Weber Human Services

N/A

D1IV.5a

Standard appeals for which timely resolution was provided

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.
See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

12

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

4

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

36

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

4

Wasatch Behavioral Health Special Service District

47

Weber Human Services

11

D1IV.5b**Expedited appeals for which timely resolution was provided**

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.

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

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

1

Weber Human Services

0

D1IV.6a**Resolved appeals related to denial of authorization or limited authorization of a service**

Enter the total number of appeals resolved by the plan

Bear River Mental Health Services

0

Central Utah Counseling Center

during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.
 (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

0

Davis Behavioral Health Services

5

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

25

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

4

Wasatch Behavioral Health Special Service District

47

Weber Human Services

3

D1IV.6b

Resolved appeals related to reduction, suspension, or termination of a previously authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

1

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.6c

Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

6

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

4

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

11

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

8

D1IV.6d

Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.6e

Resolved appeals related to lack of timely plan response to an appeal or grievance

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.6f

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

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.6g Resolved appeals related to denial of an enrollee's request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

1

Weber Human Services

0

Appeals by Service

Number of appeals resolved during the reporting period related to various services.

Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	<p data-bbox="313 107 727 180">Resolved appeals related to general inpatient services</p> <p data-bbox="313 205 727 472">Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.</p> <p data-bbox="313 483 727 751">Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.</p>	<p data-bbox="760 107 1369 195">Bear River Mental Health Services N/A</p> <p data-bbox="760 268 1369 357">Central Utah Counseling Center N/A</p> <p data-bbox="760 428 1369 516">Davis Behavioral Health Services N/A</p> <p data-bbox="760 588 1369 676">Four Corners Community Behavioral Health N/A</p> <p data-bbox="760 747 1369 835">Healthy U Behavioral Health N/A</p> <p data-bbox="760 907 1369 995">Northeastern Counseling Center N/A</p> <p data-bbox="760 1066 1369 1155">Salt Lake County Behavioral Health Services N/A</p> <p data-bbox="760 1226 1369 1314">Southwest Behavioral Health Center N/A</p> <p data-bbox="760 1386 1369 1474">United Behavioral Health, Inc. N/A</p> <p data-bbox="760 1545 1369 1667">Wasatch Behavioral Health Special Service District N/A</p> <p data-bbox="760 1738 1369 1822">Weber Human Services N/A</p>
D1IV.7b	<p data-bbox="313 1913 727 1986">Resolved appeals related to general outpatient services</p> <p data-bbox="313 2007 727 2070">Enter the total number of appeals resolved by the plan</p>	<p data-bbox="760 1913 1369 2001">Bear River Mental Health Services N/A</p>

during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7c

Resolved appeals related to inpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

8

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

2

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

23

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

4

Wasatch Behavioral Health Special Service District

48

Weber Human Services

9

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

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

4

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

2

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

13

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

2

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7i

Resolved appeals related to non-emergency medical transportation (NEMT)

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.7j

Resolved appeals related to other service types

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the

Bear River Mental Health Services

0

Central Utah Counseling Center

categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

State Fair Hearings

Number	Indicator	Response
D1IV.8a	State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	Bear River Mental Health Services 0 Central Utah Counseling Center 0 Davis Behavioral Health Services 0 Four Corners Community Behavioral Health 0 Healthy U Behavioral Health 0 Northeastern Counseling Center 0 Salt Lake County Behavioral Health Services 1 Southwest Behavioral Health Center 0 United Behavioral Health, Inc. 0 Wasatch Behavioral Health Special Service District 1 Weber Human Services 0
D1IV.8b	State Fair Hearings resulting in a favorable decision for the enrollee	Bear River Mental Health Services 0

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

1

Weber Human Services

0

D1IV.8d

State Fair Hearings retracted prior to reaching a decision

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.9a

External Medical Reviews resulting in a favorable decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	<p data-bbox="310 100 592 132">Grievances resolved</p> <p data-bbox="310 159 722 394">Enter the total number of grievances resolved by the plan during the reporting year. A grievance is “resolved” when it has reached completion and been closed by the plan.</p>	<p data-bbox="760 100 1230 132">Bear River Mental Health Services</p> <p data-bbox="760 159 792 191">33</p> <p data-bbox="760 260 1198 291">Central Utah Counseling Center</p> <p data-bbox="760 319 776 350">6</p> <p data-bbox="760 420 1214 451">Davis Behavioral Health Services</p> <p data-bbox="760 478 792 510">46</p> <p data-bbox="760 579 1372 611">Four Corners Community Behavioral Health</p> <p data-bbox="760 638 792 669">14</p> <p data-bbox="760 739 1154 770">Healthy U Behavioral Health</p> <p data-bbox="760 798 776 829">0</p> <p data-bbox="760 898 1209 930">Northeastern Counseling Center</p> <p data-bbox="760 957 776 989">4</p> <p data-bbox="760 1058 1372 1089">Salt Lake County Behavioral Health Services</p> <p data-bbox="760 1117 776 1148">6</p> <p data-bbox="760 1218 1263 1249">Southwest Behavioral Health Center</p> <p data-bbox="760 1276 792 1308">14</p> <p data-bbox="760 1377 1177 1409">United Behavioral Health, Inc.</p> <p data-bbox="760 1436 776 1467">0</p> <p data-bbox="760 1537 1349 1610">Wasatch Behavioral Health Special Service District</p> <p data-bbox="760 1638 792 1669">20</p> <p data-bbox="760 1738 1079 1770">Weber Human Services</p> <p data-bbox="760 1797 792 1829">26</p>

D1IV.11

Active grievances

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

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.12

Grievances filed on behalf of LTSS users

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.

Bear River Mental Health Services

N/A

Central Utah Counseling Center

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.13

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

grievance and critical incident do not have to have been “related” to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter “N/A” in this field.

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter “N/A” in this field.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.14

Number of grievances for which timely resolution was provided

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

See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Bear River Mental Health Services

33

Central Utah Counseling Center

6

Davis Behavioral Health Services

46

Four Corners Community Behavioral Health

14

Healthy U Behavioral Health

0

Northeastern Counseling Center

4

Salt Lake County Behavioral Health Services

6

Southwest Behavioral Health Center

14

United Behavioral Health, Inc.

0

**Wasatch Behavioral Health Special Service
District**

20

Weber Human Services

26

Grievances by Service

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

Number	Indicator	Response
D1IV.15a	<p data-bbox="316 105 722 178">Resolved grievances related to general inpatient services</p> <p data-bbox="316 199 722 640">Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p data-bbox="763 105 1372 199">Bear River Mental Health Services 0</p> <p data-bbox="763 262 1372 357">Central Utah Counseling Center 0</p> <p data-bbox="763 420 1372 514">Davis Behavioral Health Services 0</p> <p data-bbox="763 577 1372 672">Four Corners Community Behavioral Health 0</p> <p data-bbox="763 735 1372 829">Healthy U Behavioral Health 0</p> <p data-bbox="763 892 1372 987">Northeastern Counseling Center 0</p> <p data-bbox="763 1050 1372 1144">Salt Lake County Behavioral Health Services 0</p> <p data-bbox="763 1207 1372 1302">Southwest Behavioral Health Center 0</p> <p data-bbox="763 1365 1372 1459">United Behavioral Health, Inc. 0</p> <p data-bbox="763 1522 1372 1617">Wasatch Behavioral Health Special Service District 0</p> <p data-bbox="763 1680 1372 1816">Weber Human Services 0</p>
D1IV.15b	<p data-bbox="316 1900 722 2016">Resolved grievances related to general outpatient services</p>	<p data-bbox="763 1900 1372 1995">Bear River Mental Health Services 0</p>

Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.15c

Resolved grievances related to inpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

0

Central Utah Counseling Center

1

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

1

Weber Human Services

0

D1IV.15d

Resolved grievances related to outpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

33

Central Utah Counseling Center

5

Davis Behavioral Health Services

46

Four Corners Community Behavioral Health

14

Healthy U Behavioral Health

0

Northeastern Counseling Center

4

Salt Lake County Behavioral Health Services

6

Southwest Behavioral Health Center

14

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

19

Weber Human Services

26

D1IV.15e

Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15h Resolved grievances related to dental services

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15i

Resolved grievances related to non-emergency medical transportation (NEMT)

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Bear River Mental Health Services

N/A

Central Utah Counseling Center

N/A

Davis Behavioral Health Services

N/A

Four Corners Community Behavioral Health

N/A

Healthy U Behavioral Health

N/A

Northeastern Counseling Center

N/A

Salt Lake County Behavioral Health Services

N/A

Southwest Behavioral Health Center

N/A

United Behavioral Health, Inc.

N/A

Wasatch Behavioral Health Special Service District

N/A

Weber Human Services

N/A

D1IV.15j

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the

Bear River Mental Health Services

0

Central Utah Counseling Center

categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	<p data-bbox="316 105 722 220">Resolved grievances related to plan or provider customer service</p> <p data-bbox="316 241 722 751">Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.</p>	<p data-bbox="763 105 1372 199">Bear River Mental Health Services 19</p> <p data-bbox="763 262 1372 357">Central Utah Counseling Center 1</p> <p data-bbox="763 420 1372 514">Davis Behavioral Health Services 7</p> <p data-bbox="763 577 1372 672">Four Corners Community Behavioral Health 4</p> <p data-bbox="763 735 1372 829">Healthy U Behavioral Health 0</p> <p data-bbox="763 892 1372 987">Northeastern Counseling Center 0</p> <p data-bbox="763 1050 1372 1144">Salt Lake County Behavioral Health Services 1</p> <p data-bbox="763 1207 1372 1302">Southwest Behavioral Health Center 7</p> <p data-bbox="763 1365 1372 1459">United Behavioral Health, Inc. 0</p> <p data-bbox="763 1522 1372 1617">Wasatch Behavioral Health Special Service District 3</p> <p data-bbox="763 1680 1372 1816">Weber Human Services 1</p>
D1IV.16b	<p data-bbox="316 1900 722 2064">Resolved grievances related to plan or provider care management/case management</p>	<p data-bbox="763 1900 1372 1995">Bear River Mental Health Services 0</p>

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

Central Utah Counseling Center

0

Davis Behavioral Health Services

3

Four Corners Community Behavioral Health

2

Healthy U Behavioral Health

0

Northeastern Counseling Center

2

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

4

D1IV.16c

Resolved grievances related to access to care/services from plan or provider

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

8

travel or wait times, or other access issues.

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

1

Southwest Behavioral Health Center

3

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

2

Weber Human Services

0

D1IV.16d

Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Bear River Mental Health Services

13

Central Utah Counseling Center

1

Davis Behavioral Health Services

6

Four Corners Community Behavioral Health

1

Healthy U Behavioral Health

0

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

2

Southwest Behavioral Health Center

2

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

7

Weber Human Services

14

D1IV.16e

Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.

Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Bear River Mental Health Services

1

Central Utah Counseling Center

4

Davis Behavioral Health Services

11

Four Corners Community Behavioral Health

2

Healthy U Behavioral Health

0

Northeastern Counseling Center

1

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

1

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

2

Weber Human Services

6

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

1

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.

Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.16h Resolved grievances related to abuse, neglect or exploitation

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.

Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

1

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.16i	Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)	Bear River Mental Health Services
		0
		Central Utah Counseling Center
		0
		Davis Behavioral Health Services
		0
		Four Corners Community Behavioral Health
		0
		Healthy U Behavioral Health
		0
Northeastern Counseling Center		
0		
Salt Lake County Behavioral Health Services		
0		
Southwest Behavioral Health Center		
0		
United Behavioral Health, Inc.		
0		
Wasatch Behavioral Health Special Service District		
0		
Weber Human Services		
0		

D1IV.16j	Resolved grievances related to plan denial of expedited appeal	Bear River Mental Health Services
		0
		Central Utah Counseling Center

were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

0

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

Four Corners Community Behavioral Health

3

Healthy U Behavioral Health

0

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

2

Southwest Behavioral Health Center

1

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

6

Weber Human Services

1

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: FUH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - within 30 days 1 / 2

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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

Cross-program rate: UMIC, PMHP

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Bear River Mental Health Services

72.94

Central Utah Counseling Center

90.70

Davis Behavioral Health Services

85.92

Four Corners Community Behavioral Health

58.18

Healthy U Behavioral Health

77.78

Northeastern Counseling Center

79.69

Salt Lake County Behavioral Health Services

65.72

Southwest Behavioral Health Center

64.03

United Behavioral Health, Inc.

60

Wasatch Behavioral Health Special Service District

86.7

Weber Human Services

75.3



Complete

D2.VII.1 Measure Name: FUH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - within 7 days 2 / 2

D2.VII.2 Measure Domain

Behavioral health care

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

0576

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

Cross-program rate: UMIC, PMHP, HOME

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

FUH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - within 7 days

Measure results

Bear River Mental Health Services

50

Central Utah Counseling Center

76.74

Davis Behavioral Health Services

60.56

Four Corners Community Behavioral Health

43.64

Healthy U Behavioral Health

44.44

Northeastern Counseling Center

64.06

Salt Lake County Behavioral Health Services

49.42

Southwest Behavioral Health Center

51.85

United Behavioral Health, Inc.

44.71

Wasatch Behavioral Health Special Service District

77.25

Weber Human Services

56.63

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count:

0 - No sanctions entered

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	<p data-bbox="310 100 711 184">Dedicated program integrity staff</p> <p data-bbox="310 195 711 394">Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).</p>	<p data-bbox="760 100 1369 205">Bear River Mental Health Services 0.5</p> <p data-bbox="760 258 1369 363">Central Utah Counseling Center 3.5</p> <p data-bbox="760 415 1369 520">Davis Behavioral Health Services 1</p> <p data-bbox="760 573 1369 678">Four Corners Community Behavioral Health 3</p> <p data-bbox="760 730 1369 835">Healthy U Behavioral Health 23</p> <p data-bbox="760 888 1369 993">Northeastern Counseling Center 0.75</p> <p data-bbox="760 1045 1369 1150">Salt Lake County Behavioral Health Services 12</p> <p data-bbox="760 1203 1369 1308">Southwest Behavioral Health Center 1</p> <p data-bbox="760 1360 1369 1465">United Behavioral Health, Inc. 5</p> <p data-bbox="760 1518 1369 1623">Wasatch Behavioral Health Special Service District 3</p> <p data-bbox="760 1675 1369 1822">Weber Human Services 2</p>
D1X.2	<p data-bbox="310 1906 711 1990">Count of opened program integrity investigations</p> <p data-bbox="310 2001 711 2074">How many program integrity investigations were opened by</p>	<p data-bbox="760 1906 1369 2011">Bear River Mental Health Services 0</p>

the plan during the reporting year?

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

2

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

6

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

2

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1X.3

Ratio of opened program integrity investigations to enrollees

What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

Bear River Mental Health Services

0:1,000

Central Utah Counseling Center

0:1,000

Davis Behavioral Health Services

0:1,000

Four Corners Community Behavioral Health

0:1,000

Healthy U Behavioral Health

1.25:1,000

Northeastern Counseling Center

0:1,000

Salt Lake County Behavioral Health Services

0.06:1,000

Southwest Behavioral Health Center

0:1,000

United Behavioral Health, Inc.

0.23:1,000

Wasatch Behavioral Health Special Service District

0:1,000

Weber Human Services

0:1,000

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

4

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

0

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1X.5**Ratio of resolved program integrity investigations to enrollees**

What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

Bear River Mental Health Services

0:1,000

Central Utah Counseling Center

0:1,000

Davis Behavioral Health Services

0:1,000

Four Corners Community Behavioral Health

0:1,000

Healthy U Behavioral Health

1.25:1,000

Northeastern Counseling Center

0:1,000

Salt Lake County Behavioral Health Services

0.04:1,000

Southwest Behavioral Health Center

0:1,000

United Behavioral Health, Inc.

0:1,000

Wasatch Behavioral Health Special Service District

0:1,000

Weber Human Services

0:1,000

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Bear River Mental Health Services

Makes referrals to the SMA and MFCU concurrently

Central Utah Counseling Center

Makes referrals to the SMA and MFCU concurrently

Davis Behavioral Health Services

Makes referrals to the SMA and MFCU concurrently

Four Corners Community Behavioral Health

Makes referrals to the SMA and MFCU concurrently

Healthy U Behavioral Health

Makes referrals to the SMA and MFCU concurrently

Northeastern Counseling Center

Makes referrals to the SMA and MFCU concurrently

Salt Lake County Behavioral Health Services

Makes referrals to the SMA and MFCU concurrently

Southwest Behavioral Health Center

Makes referrals to the SMA and MFCU concurrently

United Behavioral Health, Inc.

Makes referrals to the SMA and MFCU concurrently

Wasatch Behavioral Health Special Service District

Makes referrals to the SMA and MFCU concurrently

Weber Human Services

Makes referrals to the SMA and MFCU concurrently

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

Bear River Mental Health Services

0

Central Utah Counseling Center

0

Davis Behavioral Health Services

0

Four Corners Community Behavioral Health

0

Healthy U Behavioral Health

2

Northeastern Counseling Center

0

Salt Lake County Behavioral Health Services

6

Southwest Behavioral Health Center

0

United Behavioral Health, Inc.

2

Wasatch Behavioral Health Special Service District

0

Weber Human Services

0

D1X.8

Ratio of program integrity referral to the state

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

Bear River Mental Health Services

0:1,000

Central Utah Counseling Center

0:1,000

Davis Behavioral Health Services

0:1,000

Four Corners Community Behavioral Health

0:1,000

Healthy U Behavioral Health

1.25:1,000

Northeastern Counseling Center

0:1,000

Salt Lake County Behavioral Health Services

0.06:1,000

Southwest Behavioral Health Center

0:1,000

United Behavioral Health, Inc.

0.23:1,000

Wasatch Behavioral Health Special Service District

0:1,000

Weber Human Services

0:1,000

D1X.9a:

Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Bear River Mental Health Services

07/01/2023

Central Utah Counseling Center

07/01/2023

Davis Behavioral Health Services

07/01/2023

Four Corners Community Behavioral Health

07/01/2023

Healthy U Behavioral Health

07/01/2023

Northeastern Counseling Center

07/01/2023

Salt Lake County Behavioral Health Services

07/01/2023

Southwest Behavioral Health Center

07/01/2023

United Behavioral Health, Inc.

07/01/2023

Wasatch Behavioral Health Special Service District

07/01/2023

Weber Human Services

07/01/2023

D1X.9b:

Plan overpayment reporting to the state: End Date

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Bear River Mental Health Services

06/30/2024

Central Utah Counseling Center

06/30/2024

Davis Behavioral Health Services

06/30/2024

Four Corners Community Behavioral Health

06/30/2024

Healthy U Behavioral Health

06/30/2024

Northeastern Counseling Center

06/30/2024

Salt Lake County Behavioral Health Services

06/30/2024

Southwest Behavioral Health Center

06/30/2024

United Behavioral Health, Inc.

06/30/2024

Wasatch Behavioral Health Special Service District

06/30/2024

Weber Human Services

06/30/2024

D1X.9c:

Plan overpayment reporting to the state: Dollar amount

Bear River Mental Health Services

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

\$4,887.16

Central Utah Counseling Center

\$0

Davis Behavioral Health Services

\$4,750

Four Corners Community Behavioral Health

\$0

Healthy U Behavioral Health

\$1,740.70

Northeastern Counseling Center

\$0

Salt Lake County Behavioral Health Services

\$0

Southwest Behavioral Health Center

\$0

United Behavioral Health, Inc.

\$0

Wasatch Behavioral Health Special Service District

\$0

Weber Human Services

\$0

D1X.9d:	Plan overpayment reporting to the state: Corresponding premium revenue	Bear River Mental Health Services
		\$14,547,670.55
	What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))	Central Utah Counseling Center
		\$8,290,871.28
		Davis Behavioral Health Services
		\$18,422,013.49
		Four Corners Community Behavioral Health
		\$7,746,823.61
		Healthy U Behavioral Health
		\$16,438,067.88
		Northeastern Counseling Center
		\$9,356,182.03
		Salt Lake County Behavioral Health Services
		\$94,447,171.26
		Southwest Behavioral Health Center
		\$19,191,094.55
		United Behavioral Health, Inc.
		\$6,085,921.43
		Wasatch Behavioral Health Special Service District
		\$33,653,466.57
		Weber Human Services
		\$20,267,309.61

D1X.10	Changes in beneficiary circumstances	Bear River Mental Health Services
	Select the frequency the plan reports changes in beneficiary circumstances to the state.	Daily
		Central Utah Counseling Center

Bi-weekly

Davis Behavioral Health Services

Daily

Four Corners Community Behavioral Health

Daily

Healthy U Behavioral Health

Daily

Northeastern Counseling Center

Daily

Salt Lake County Behavioral Health Services

Daily

Southwest Behavioral Health Center

Daily

United Behavioral Health, Inc.

Daily

**Wasatch Behavioral Health Special Service
District**

Daily

Weber Human Services

Daily

Topic XI: ILOS

⚠ Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	ILOSs offered by plan Indicate whether this plan offered any ILOS to their enrollees.	Bear River Mental Health Services No ILOSs were offered by this plan Central Utah Counseling Center No ILOSs were offered by this plan Davis Behavioral Health Services No ILOSs were offered by this plan Four Corners Community Behavioral Health No ILOSs were offered by this plan Healthy U Behavioral Health No ILOSs were offered by this plan Northeastern Counseling Center No ILOSs were offered by this plan Salt Lake County Behavioral Health Services No ILOSs were offered by this plan Southwest Behavioral Health Center No ILOSs were offered by this plan United Behavioral Health, Inc. No ILOSs were offered by this plan Wasatch Behavioral Health Special Service District No ILOSs were offered by this plan Weber Human Services No ILOSs were offered by this plan

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

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