



UTAH DEPARTMENT OF  
**HEALTH**

**UTAH MEDICAL ASSISTANCE 2009**

**ANNUAL STATISTICAL REPORT OF MEDICAID  
& UTAH MEDICAL ASSISTANCE PROGRAM  
FISCAL YEAR 2009**

**Prepared By:**

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# UTAH MEDICAL ASSISTANCE

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## **Annual Statistical Report of Medicaid & Utah Medical Assistance Program Fiscal Year 2009**

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# GLOSSARY

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Aid Categories	A designation under which a person may be eligible for medical assistance.
Capitation	A reimbursement method where the contractor is paid a fixed amount (premium) per enrollee per month.
Category of Assistance	A group of aid categories consisting of clients with similar Medicaid eligibility. Examples include Aged, Blind and Disabled.
Category of Service	A group of services that are provided by a common provider. Examples include Inpatient Hospital, Outpatient Hospital and Physician Services.
DHS	Refers to the Utah Department of Human Services.
DWS	Refers to the Utah Department of Workforce Services.
Eligibles	Individuals who have been certified to participate in the Utah State Medicaid Program.
PCN	Refers to the Primary Care Network.
Participating Provider	A provider who submitted a bill to the Utah State Medicaid Program for payment during the fiscal year 2009.
Recipients (Clients)	The unduplicated number of eligibles who had paid claim activity during a specific time period. This count is unduplicated by category of service as well as in total.
Trends	A measure of the rate at which the data is changing. Trends are calculated by the least squares method based on the past twelve months of date up to and including the current month.
Unduplicated Count	Recipients who are counted only once regardless of whether they used one or more categories of service or are covered by one or more categories of assistance.
Units of Service	A measure of the medical service rendered to a client. The unit of measure of a service unit will vary with the type of claim. For example, the service unit for an inpatient hospital claim is days of stay, while the service unit for a dental claim is procedures.

# INTRODUCTION

The Utah Department of Health, Division of Medicaid and Health Financing (DMHF), through state and federal resources, provides funding for medical services to needy individuals and families throughout the State. DMHF administers the Medicaid program through Title XIX of the Social Security Act.

## ELIGIBILITY REQUIREMENTS

Client participation in the Medicaid program is dependent upon eligibility determinations made by the Department of Workforce Services (DWS), or the Department of Human Services (DHS). The following groups may qualify for aid: persons who qualify for the Family Employment Program, persons in families, pregnant women, children under 19, the disabled, the blind, the aged (over 65), women with breast or cervical cancer, and refugees (RMA). Individuals must meet certain citizenship requirements. Some undocumented individuals who meet all other program requirements may qualify for emergency medical services.

Figure 1 illustrates the Medicaid eligibility percent of poverty guideline by category of aid.

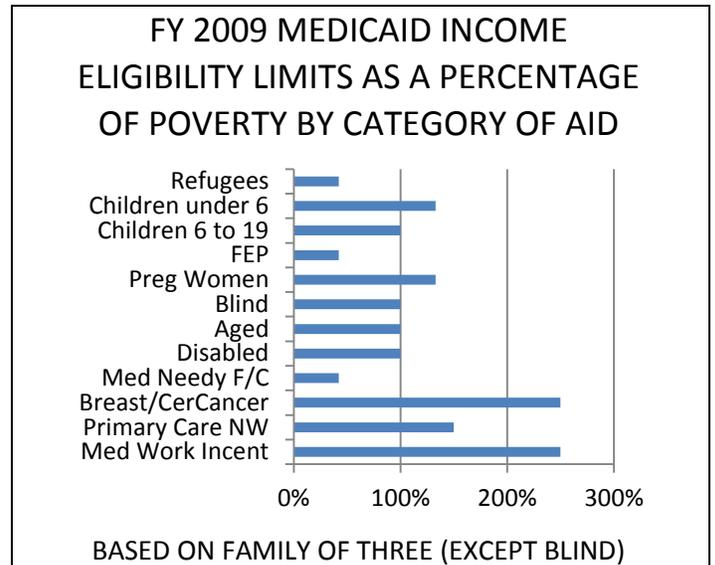


Figure 1

Figure 2 illustrates the number of individuals eligible for the Medicaid program compared to the Utah population growth for the past five fiscal years.

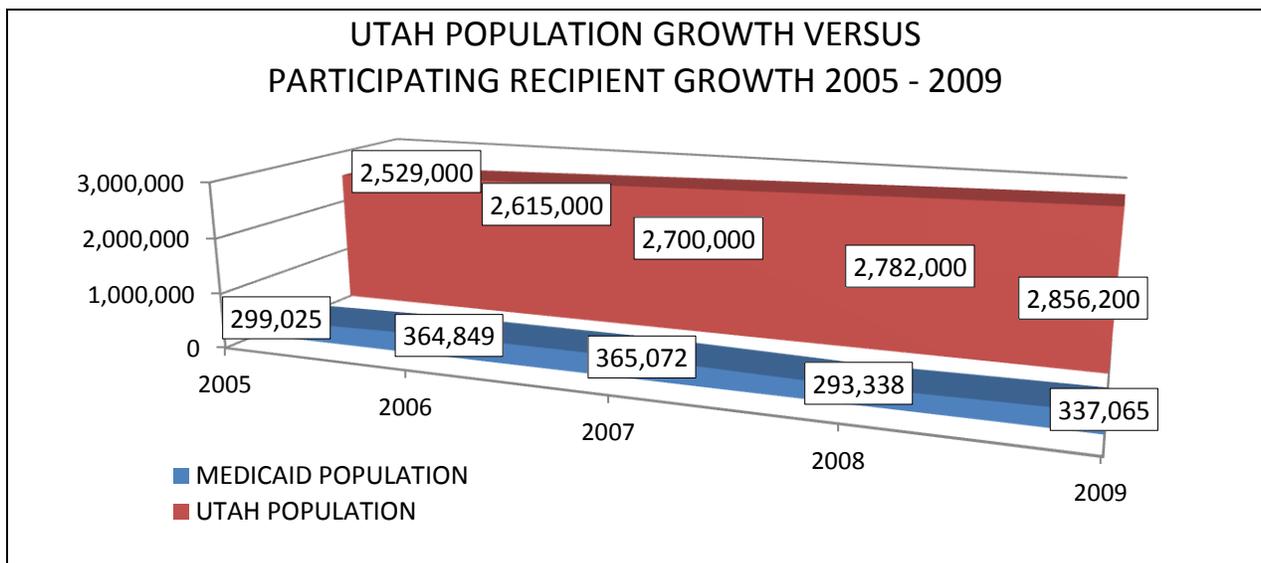


Figure 2

## MISSION STATEMENT

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The mission of the DMHF is to ensure that Utah's low-income residents have access to necessary medical care at a cost that is equitable to both the provider of the medical services and to the taxpayer. To accomplish this mission, Utah Medicaid must strive to provide necessary services to eligible low-income persons; promote the maintenance of good health by program recipients; assure that the quality of care meets community-wide standards; encourage the appropriate use of services by recipients; promote the delivery of

appropriate care by service providers; assure providers that the services they provide will be reimbursed expeditiously and adequately; and assure that services are purchased in a cost-effective manner.

## CONTACT INFORMATION

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Questions concerning any aspect of the Utah State Medicaid Program can be answered by contacting the Utah Department of Health, Division of Medicaid and Health Financing, Bureau of Financial Services, at (801) 538-6145.

# ELIGIBILITY

Eligibility determinations for the Medicaid program are made by DWS, or DHS.

Eligibility requirements for the Medicaid program are based on Title XIX of the Social Security Act. There are 30 types of Medicaid, each with varying eligibility requirements. Eligibility always considers household income. Most programs limit the assets that an individual or a family may have in order to qualify. The total number of eligibles for the Medicaid program was 338,925 in FY 2009 as compared with 293,339 in FY 2008, an increase of 22 percent. All Medicaid costs are federally matched.

## CATEGORIES OF ASSISTANCE

**Children** - Individuals under age 19

**Adults in Families which include their Children**

**Pregnant Women**

**Disabled Individuals** - Individuals who have been determined disabled by Social Security

**Aged Individuals** - Individuals age 65 of age or older

**Blind Individuals** - Individuals of any age who meet Social Security's criteria for statutory blindness

**Women with Breast of Cervical Cancer**

**Medicare Cost-Sharing Programs for those who receive Medicare**

**Primary Care Network (PCN)** - Individuals who do not meet criteria for any of the above listed groups, ages 19-64

Figure 3 illustrates FY 2009 eligible clients by category of assistance.

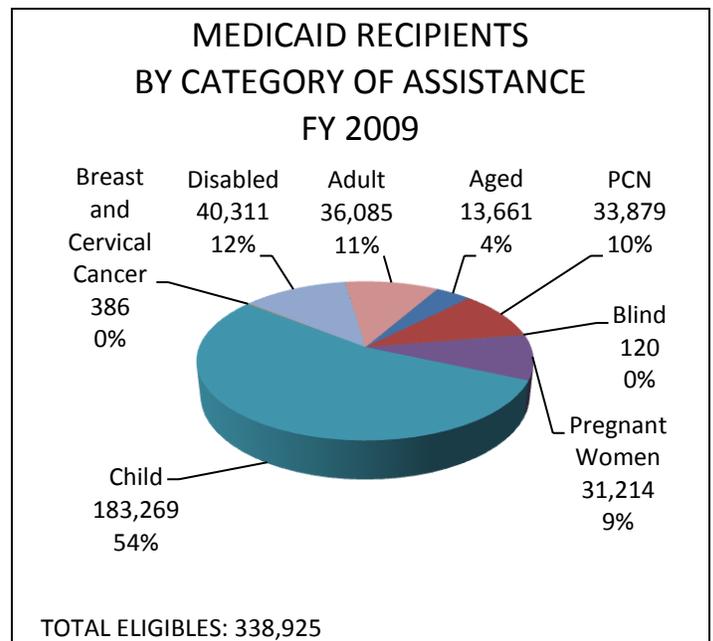


Figure 3

## MEDICAID BENEFITS

Medicaid benefits vary, from person to person, depending on differences in:

- Age
- Whether or not a person is pregnant
- Category of Assistance
- Other

Differences in benefits include:

- Undocumented individuals who do not meet citizenship requirements but meet all other eligibility requirements can qualify for coverage of emergency services
- PCN covers only primary care services
- Individuals who are not pregnant or are not a child may have co-payment or cost-sharing requirements
- Other

Figure 4 illustrates total FY 2009 Medicaid expenditures by category of assistance.

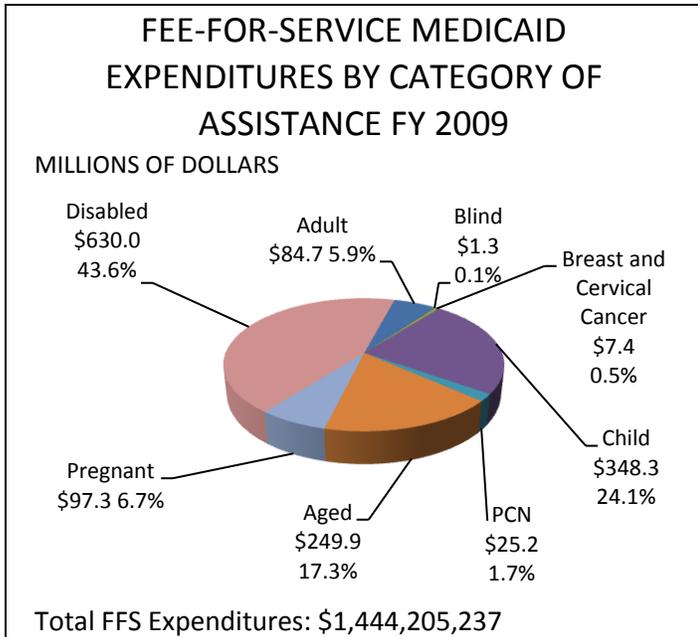


Figure 4: Fee-For-Service Medicaid Expenditures by Category of Assistance FY 2009

Income and asset tests are primary factors in determining eligibility. The Medicaid program must provide medical services to "Categorically Needy" individuals. Many categorically needy optional groups and medically needy individuals are covered in Utah as a state option. "Medically Needy" individuals have enough income to meet basic living costs, but are unable to afford vital medical care.

# CASELOAD/UTILIZATION

## UTILIZATION

The client count for Utah Medicaid was 337,065 in FY 2009 compared to 293,338 in FY 2008, an increase of 14.9 percent. The client count is an unduplicated number of clients who received one or more services. Clients may receive services in more than one category of service during a specific time period.

Number of Medicaid clients over the past five years is shown below in Figure 5.

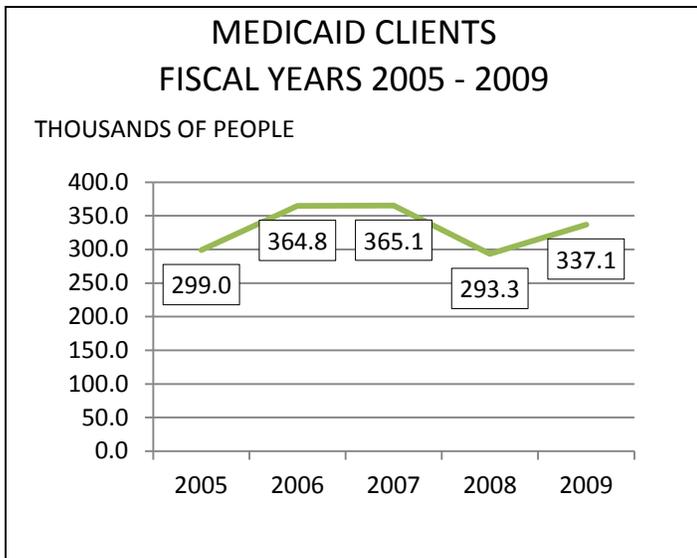


Figure 5

## EXPENDITURES

The average annual medical service expenditure per unduplicated recipient was \$5,113 in FY 2009 compared to \$5,535 in FY 2008, a decrease of -7.6 percent.

Figure 6 illustrates the total Medicaid expenditure trend for the past five years.

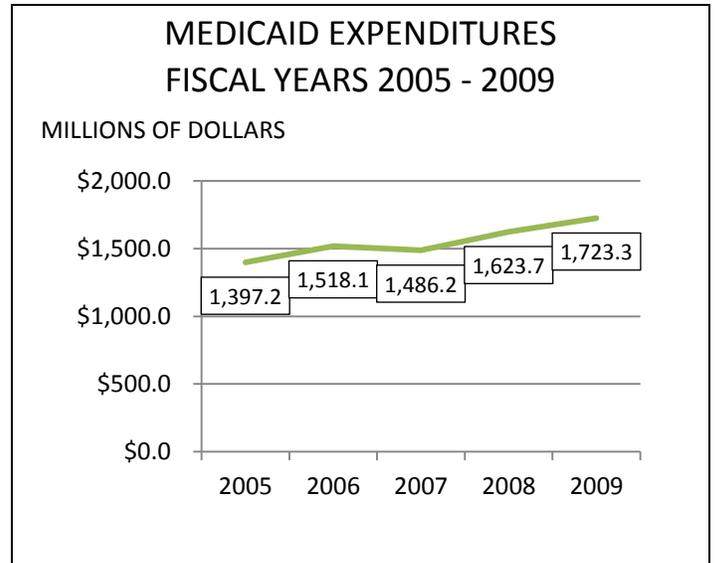


Figure 6

Expenditures incurred by clients through the Medicaid program are paid directly to licensed providers of medical care. Under federal law, participating providers must accept the reimbursement level as payment in full. Several methods are used to determine provider reimbursement, including limited fees for service, negotiated capitation rates, and a cost-based flat rate for nursing home services.

## SERVICE GROUPS

Medical services covered by the Medicaid program can be classified into seven major service groups:

**Nursing Home Care** - Provided in licensed, skilled or intermediate care facilities, including care for the mentally retarded.

**Inpatient Hospital Care** - Includes all inpatient hospital services.

**HMOs** - Provide a full range of inpatient and outpatient medical services to enrolled Medicaid clients and reimbursed based on a monthly capitation rate.

**Physicians** - All physician-related services.

**Pharmacy** - Includes all pharmaceutical services.

**Contracts** - Include mental health facilities, home and community based services, crossover claims services,

Medicare Part A and B premiums, and case management services.

**Other Care** - Includes a wide range of medical services, such as vision care, home health care, rural health clinics, and pre-natal care.

Figure 7 illustrates total FY 2009 expenditures by major service groups.

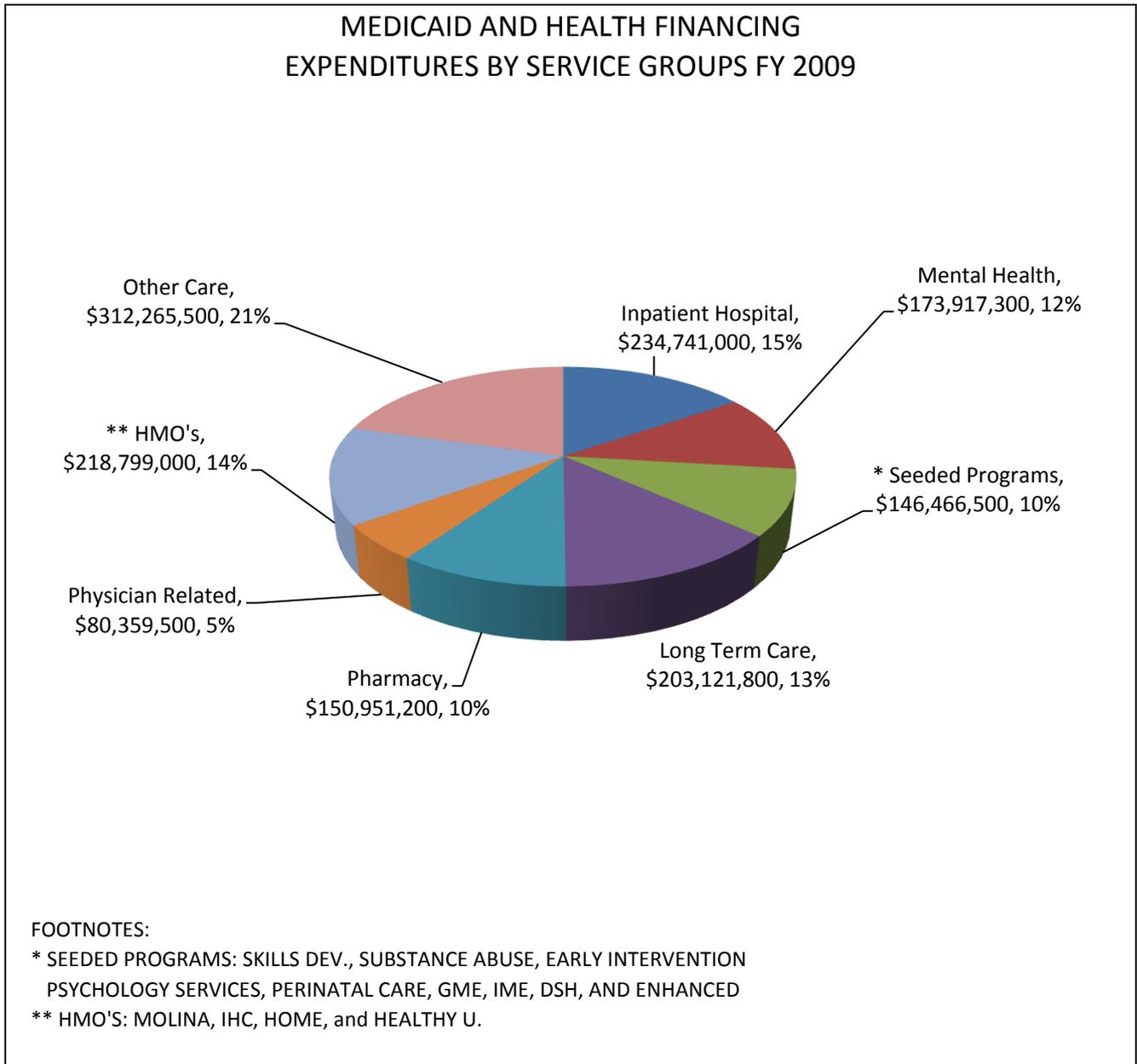


Figure 7

## MANDATORY SERVICES

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The Utah Medicaid program is required to provide the following services:

- emergency transportation
- family planning services
- federally qualified health centers
- home health services
- inpatient hospital services
- laboratory and x-ray services
- medical supplies (including specialized wheelchairs)
- outpatient hospital services
- physician services
- pregnancy-related services
- rural health clinics (RHC)
- nursing facilities
- specialized nursing
- well child care (CHEC)

## - Optional Services

Utah Medicaid provides the following optional services:

- ambulatory surgical
- case management
- dental
- dialysis
- early intervention
- emergency hospital
- eye examinations and eyeglasses
- hospice
- interpretive services
- mental health
- non-emergency transportation
- intermediate care facility/mentally retarded
- optometry
- personal care services
- pharmacy
- physical therapy
- podiatry
- occupational therapy

# MANAGED HEALTH CARE

There were 121,634 average monthly clients enrolled in Managed Health Care (MHC) in FY 2009. MHC has a 1915(b) freedom of choice waiver that requires clients living in urban counties to select a health plan as their primary provider of care. Managed Health Care has decreased the unnecessary use of many health care services. A voluntary Managed Health Care program was expanded to rural communities in FY 1988. Of clients under Managed Health Care, three percent live in rural areas and 97 percent live in urban areas. Of the clients who were eligible for Managed Health Care in Fiscal Year 2009, 93 percent in the four urban counties

were enrolled and 61 percent in the rural areas were enrolled either with a health plan or primary care provider.

Techniques used to manage health care include the following: prior authorizations, case management, post-payment reviews, the Lock-In program, the selection of a primary care physician and the HMO option mentioned above.

Figure 8 illustrates the managed health care eligible-client distribution for the past five fiscal years. These figures do not include clients receiving services in long-term care programs.

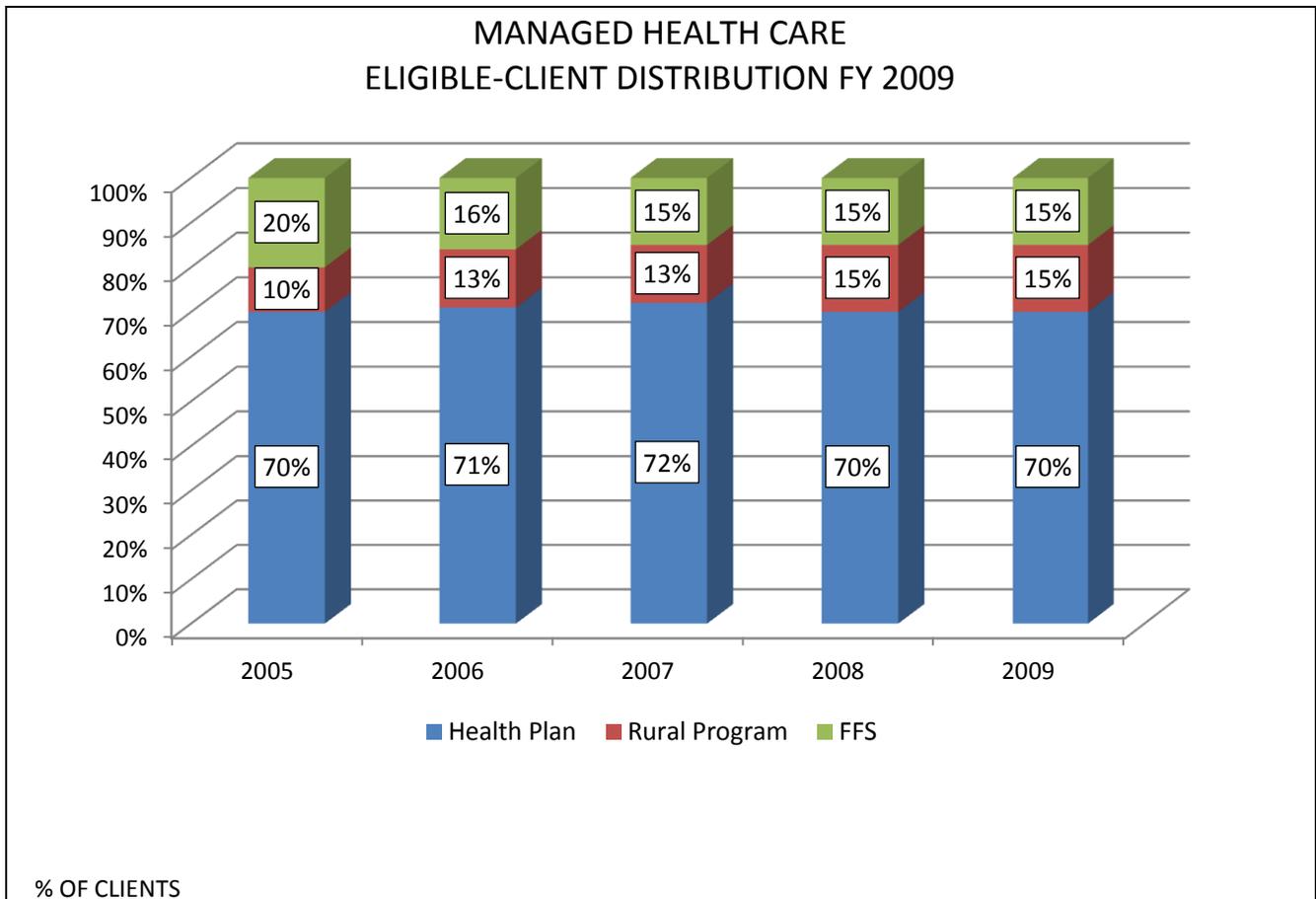


Figure 8

## CARE DELIVERED THROUGH HEALTH PLANS

HMO Care includes services provided to recipients through contracts between the DMHF and health plans. DMHF contracted with three health plans in FY 2009. The health plans provided comprehensive health care for 121,634 average monthly enrollees in FY 2009, compared with 106,580 FY 2008.

Figure 9 denotes total health plan expenditures for the past five fiscal years.

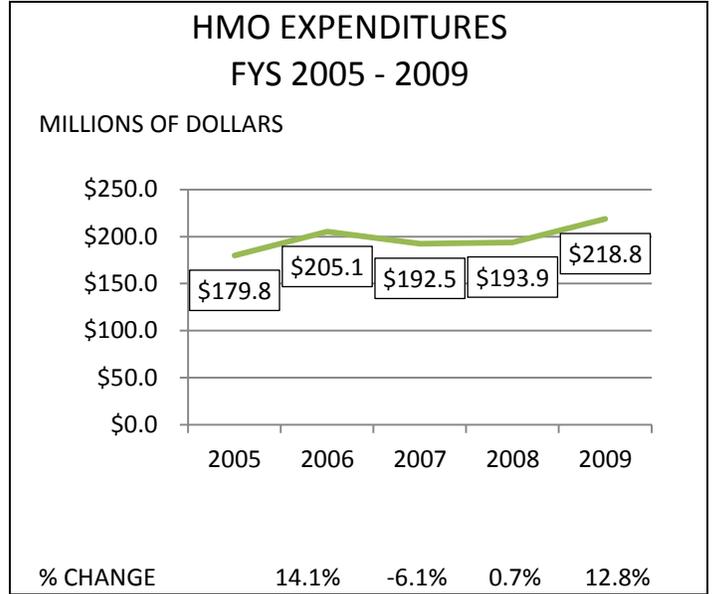


Figure 9

# LONG-TERM CARE

Long-term care (LTC) is a variety of services that help meet the needs of people with a chronic illness or disability. LTC services can be provided in home and community-based (HCBS) settings or nursing facilities. LTC accounted for 24 percent of the total Medicaid expenditures for FY 2009.

## NURSING HOME SERVICES

These services provide a full array of care on a 24-hour basis in licensed, skilled or intermediate care facilities including specialized facilities for people with intellectual disabilities (mental retardation). Services provided in the various facilities include: medical treatment to residents whose medical conditions are unstable and/or complex; medical treatment to residents whose medical conditions are stable but still require nursing care; supervision and assistance with daily living activities such as bathing, dressing and eating; and active treatment and health-related services to residents with intellectual disabilities in a supervised environment.

Figure 10 illustrates total nursing home expenditures for FY 2005 – 2009.

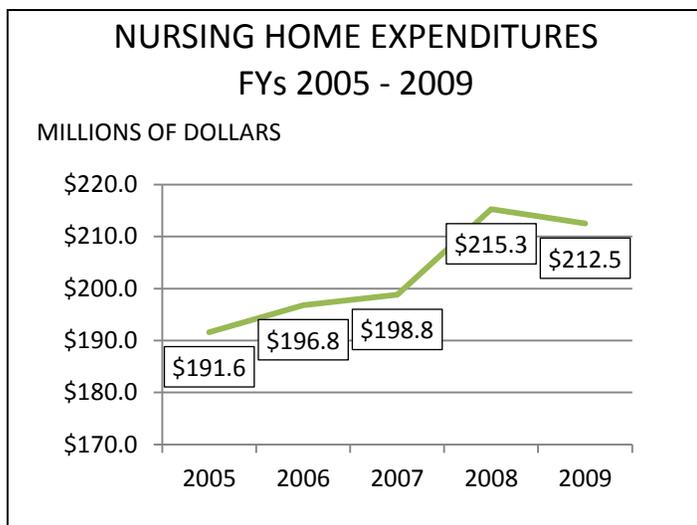


Figure 10

## HOME AND COMMUNITY-BASED SERVICES (HCBS)

These programs provide LTC services in home and community-based settings as an alternative to nursing home services. Utah currently has six HCBS waivers. The day-to-day administration and state funding of four of the HCBS waivers is provided by the Department of Human Services: Waiver for Individuals Aged 65 and Older, Waiver for Individuals with Acquired Brain Injuries, Community Supports Waiver for Individuals with Intellectual Disabilities and Other Related Conditions, and the Waiver for Individuals with Physical Disabilities. The two remaining waivers are managed and funded by the Department of Health: New Choices Waiver and Technology Dependent Waiver. The Department of Health as the Medicaid agency retains final administrative oversight for all HCBS waivers.

**Waiver for Individuals Aged 65 and Older (Aging Waiver)** – This program’s primary focus is to provide services to elderly individuals in their own homes or the home of a loved one. This program seeks to prevent or delay the need for nursing home care. The Department of Human Services, Division of Aging and Adult Services, provides for the day-to-day operation and the state funding of this program.

**Waiver for Individuals with Acquired Brain Injuries** – This program’s primary focus is to provide services to adults who have suffered acquired brain injuries. Services are provided in an individual’s own home, or for those with more complex needs, in a residential setting. This program seeks to prevent or delay the need for nursing home care. The Department of Human Services, Division of Services for People with Disabilities, provides for the day-to-day operation and the state funding of this program.

**Community Supports Waiver for Individuals with Intellectual Disabilities and Other Related Conditions –**

This program’s primary focus is to provide services to children and adults with intellectual disabilities. Services are provided in an individual’s own home, or for those with more complex needs, in a residential setting. This program seeks to prevent or delay the need for services provided in an intermediate care facility for people with mental retardation (ICF/MR). The Department of Human Services, Division of Services for People with Disabilities, provides for the day-to-day operation and the state funding of this program.

**Waiver for Individuals with Physical Disabilities –** This program’s primary focus is to provide services to adults who have physical disabilities. Services are provided in an individual’s own home or the home of a loved one. This program seeks to prevent or delay the need for nursing home care. The Department of Human Services, Division of Services for People with Disabilities, provides for the day-to-day operation and the state funding of this program.

**New Choices Waiver –** The purpose of this waiver is to assist individuals who are currently residing in nursing homes to have the option to move back into a community-based setting and receive their LTC services in that setting rather than in a nursing home.

**Technology Dependent Waiver –** This program permits the State to furnish an array of home and community-based services (in addition to Medicaid State plan services) necessary to assist technology dependent individuals with complex medical needs to live at home and avoid institutionalization. Responsibility for the day-to-day administration and operation of this waiver is shared by the Medicaid agency and the Division of Family Health and Prevention (also under the umbrella of the Single State Medicaid Agency). The Medicaid agency provides the State matching funds for this program.

Figure 11 illustrates total home and community based waiver expenditures for FY 2005 – 2009.

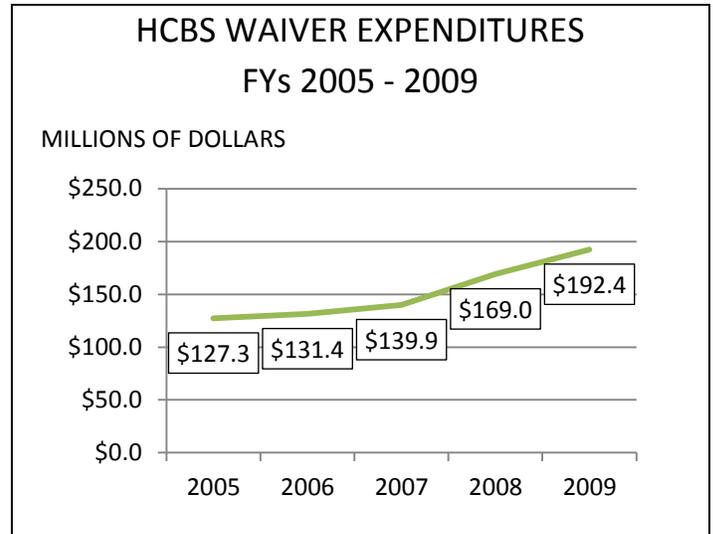


Figure 11

**DETERMINATION OF NEED**

Prior to receiving a Medicaid payment, the Agency assures that each person receiving long-term care services, whether in nursing homes or HCBS waiver programs, has had an assessment performed and has been determined to require the level-of-care provided in the long-term care program for which they are applying. Individuals are then reassessed on an annual or other routinely scheduled basis to assure the need for LTC services continues to exist.

Figure 12 shows the number of recipients who received services in HCBS waivers or received Nursing Home Services in FY 2009

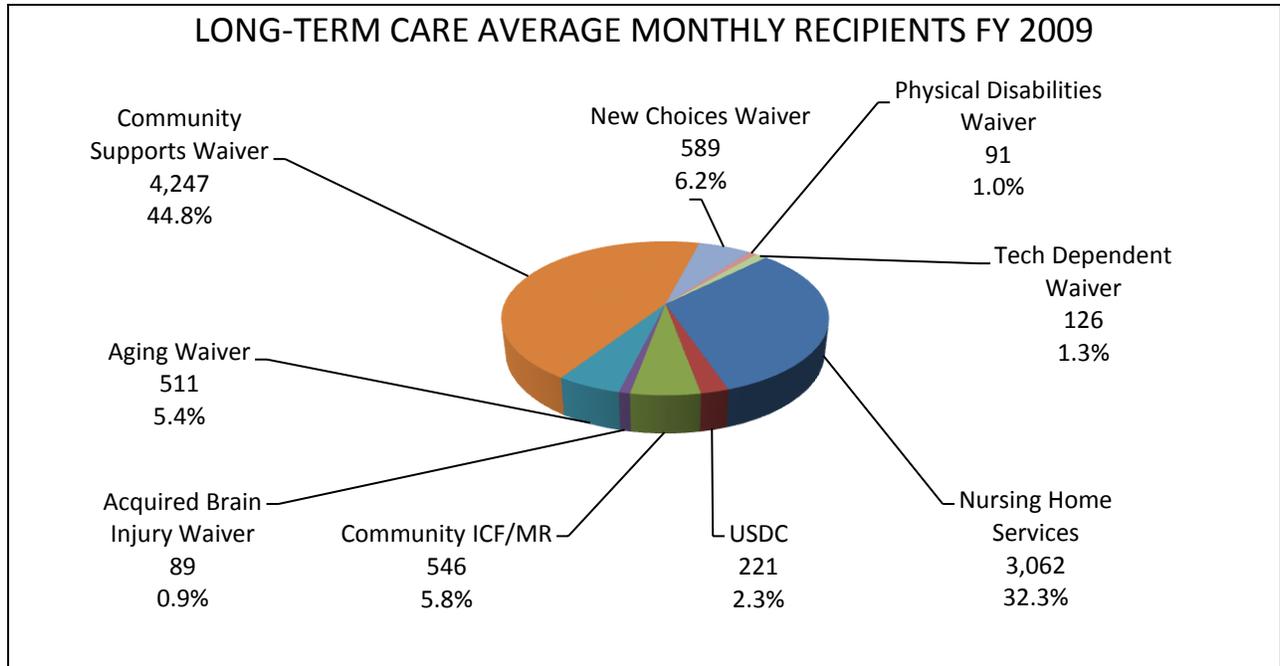


Figure 12

# ADMINISTRATION

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DMHF is responsible for the management and administration of the Medicaid program.

The administration of Medicaid is accomplished through the office of the Division Director and five bureaus. The Division Director administers and coordinates the program responsibilities delegated to develop, to maintain and to administer the Medicaid program in compliance with Title XIX of the Social Security Act, the laws of the State of Utah, and the appropriate budget. Contract development and monitoring, staff training and development, and inventory control are coordinated from the Director's office. Each bureau has the following responsibilities:

## BUREAU OF FINANCIAL SERVICES

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The objectives and responsibilities of this bureau include monitoring, coordinating and facilitating the Division's efforts to operate economical and cost-effective medical assistance programs. The bureau is responsible for coordinating and monitoring federally mandated quality control systems, including internal and external audits to monitor the Medicaid service programs, providers, and all third-party liability (TPL) activity. Budget forecasting and preparation, appropriation requests, legislative presentations, monitoring of program and administration expenditures and federal reporting are also performed by the bureau.

## BUREAU OF MANAGED HEALTH CARE

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The main objective of this bureau is to provide Medicaid clients with a choice of health care delivery programs in order to enable them to use Medicaid benefits properly.

Secondly, this bureau monitors the performance of the capitated prepaid mental health program under Medicaid.

Lastly, the bureau also operates the early periodic screening, diagnosis, and treatment (EPSDT) program that provides well-child health care.

## BUREAU OF LONG-TERM CARE

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The bureau's general responsibility is to promote quality, cost-effective long-term care services that meet the needs and preferences of Utah's low-income citizens.

## BUREAU OF MEDICAID OPERATIONS

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The bureau's main objectives are to oversee the accurate and expeditious processing of claims submitted for covered services on behalf of eligible beneficiaries and the training of providers regarding allowable Medicaid expenditures and billing practices.

The general responsibilities include processing, and adjudication of medical claims; publishing all provider manuals; and being the single point of telephone contact for information about client eligibility, claims processing, and general questions about the Medicaid program.

## BUREAU OF COVERAGE AND REIMBURSEMENT POLICY

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The general responsibilities of the bureau include policy formulation, interpretation, and implementation planning. This responsibility encompasses scope of service, eligibility, and reimbursement policy for Utah's Medicaid program and the Home and Community-Based Waiver.

In addition to implementation planning for newly adopted policy, the bureau is also responsible for short-range and long-range planning. Other functions of this bureau are utilization management, prior authorization of appropriate services, and post-payment reviews.

## BUREAU OF ELIGIBILITY POLICY

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The primary responsibility of this bureau is to oversee eligibility determinations for the Medicaid program. This includes: interpreting federal regulations and writing Medicaid eligibility policy; providing timely

disability decisions based on Social Security Disability criteria; monitoring the accuracy and timeliness of the Medicaid program by reviewing eligibility determinations under guidance from Centers for Medicare and Medicaid Services.

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## BUREAU OF ACCESS

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The bureau's general responsibility is to oversee the Children's Health Insurance Program (CHIP), PCN, and Utah's Premium Partnership for Health Insurance (UPP) program.

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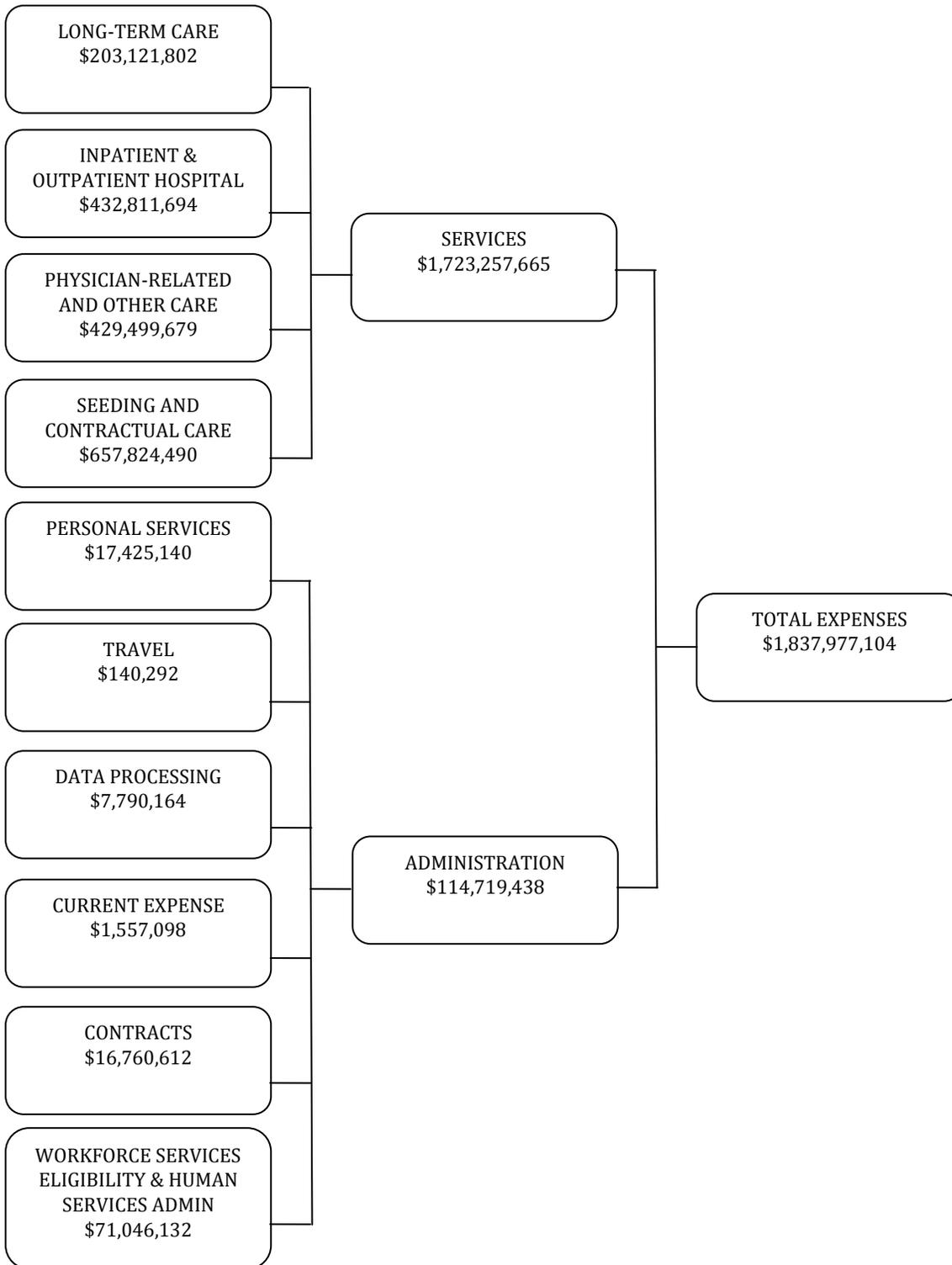
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## BUREAU OF PROGRAM INTEGRITY

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The Bureau's primary responsibilities are: 1) to ensure that the Medicaid agency has a method for identifying, investigating and collecting all provider referrals for fraud or suspected fraud cases; ensure the agency has a method of verifying with recipients whether services billed by providers were received; and ensure that all disclosure of information by providers and fiscal agents is monitored, 2) to ensure that services are sufficient in amount, duration and scope to achieve their purpose; ensure that services are medically necessary; and assess the quality of services, 3) to ensure that all services under the state plan requiring a prior authorization are completed timely and accurately and if denied, that all rights to appeal for the recipient and providers are preserved, 4) to provide for the limitation on Medicaid Contractor's liability to carry out a contract under the Medicaid Integrity Program, and 5) to ensure the Medicaid Agency has an established and accepted method for the Payment Error Rate Measurement (PERM) by the Centers for Medicare & Medicaid Services (CMS).

# Table 1: Medicaid Program Service and Administration Expenditures FY 2009



**Table 2: Medical Assistance Eligibility by Category of Assistance  
FY 2009**

	<u>TANF/OTHER</u>	<u>OOA</u>	<u>AB</u>	<u>AD</u>	<u>TOTAL</u>
<b><u>Average Monthly Eligibles</u></b>					
-					
FY 2005	171,884	9,879	63	27,256	209,082
FY 2006	169,485	10,270	68	28,902	208,725
FY 2007	157,590	10,060	85	29,469	197,204
FY 2008	154,596	10,122	83	30,192	194,993
FY 2009	176,546	10,119	82	31,423	218,170
<b><u>Less: Average Monthly Eligibles Enrolled in HMO</u></b>					
-					
FY 2005	93,872	5,390	34	14,890	114,186
FY 2006	96,116	5,824	36	16,394	118,370
FY 2007	88,022	5,619	47	16,460	110,148
FY 2008	84,507	5,532	43	16,499	106,581
FY 2009	108,906	5,921	57	21,626	136,510
<b><u>Net Average Monthly Eligibles Covered by Fee-For-Service Care</u></b>					
-					
FY 2005	78,012	4,489	29	12,366	94,896
FY 2006	73,369	4,446	32	12,508	90,355
FY 2007	69,568	4,441	38	13,009	87,056
FY 2008	70,089	4,590	40	13,693	88,412
FY 2009	67,640	4,198	25	9,797	81,660

**Table 3: Medical Assistance Payments by Category of Assistance  
FY 2009**

	<u>TANF/OTHER</u>	<u>OOA</u>	<u>AB</u>	<u>AD</u>	<u>TOTAL</u>
FY 2005	525,945,036	282,350,920	1,118,933	587,792,300	1,397,207,189
FY 2006	574,663,851	338,102,187	1,422,513	603,902,231	1,518,090,782
FY 2007	614,308,748	327,355,557	1,502,343	542,986,392	1,486,153,040
FY 2008	630,268,185	315,910,129	1,325,876	676,232,998	1,623,737,188
FY 2009	698,576,773	318,542,562	1,384,227	704,754,104	1,723,257,666

**Table 4: Participating Fee-for-Service Providers by Category of Service FY 2009**

<b>Category of Service</b>	<b>SFY 2009</b>
Inpatient Hospital Services, General	139
Outpatient Hospital	295
Long-Term Care Facilities	113
New Choices Waiver	142
Home Health Services	118
Personal Care	36
Substance Abuse Treatment Services	35
Independent Lab and/or X-Ray Services	79
Ambulatory Surgical Services	46
Contracted Mental Health Services	179
Mental Health Services	12
Rural Health Clinics	18
Kidney Dialysis	37
Pharmacy	548
Medical Supplies	481
Occupational Therapy	45
Medical Transportation	117
Specialized Nursing & Pediatrics	302
Well Child Care	591
Physician Services	3,160
Federally Qualified Health Centers	23
Dental	698
Psychologists Services	70
Physical Therapy	246
Speech and Hearing Services	95
Podiatry Services	127
Vision Care Services	266
Optical Supply Services	14
Osteopathic Services	328
QMB Services	156
Home& Community Waiver Services	183
Aging Waiver Services	145
Chiropractic Services	225
Targeted Case Management Services	2
Perinatal Care / Postnatal	28
Skills Development	30
Early Intervention	16
Buy-Out	1,392
<b>Total</b>	<b>10,537</b>
Unduplicated Participating Providers	7,428

\*State Fiscal Year = 07/01/2008 to 06/30/2009

Note: Providers may participate in more than one category of service and may be located outside of the state.

## Table 5: Medicaid Trends for Three State Fiscal Years 2007 - 2009

Category of Service	-----FY2007-----			-----FY2008-----			-----FY2009-----		
	Clients Served <u>Mo Avg.</u>	Units of <u>Service</u>	Total Dollar <u>Costs</u>	Clients Served <u>Mo Avg.</u>	Units of <u>Service</u>	Total Dollar <u>Costs</u>	Clients Served <u>Mo Avg.</u>	Units of <u>Service</u>	Total Dollar <u>Costs</u>
<b>Long-Term Care</b>									
Community IMR	532	203,138	\$29,803,334	544	201,921	\$29,991,471	548	202,792	\$40,515,743
Nursing Facility II (ICF-1)	1,277	436,026	\$56,596,796	1,194	474,719	\$58,960,320	1,326	507,954	\$61,704,884
Nursing Facility III (ICF-2)	1,787	547,503	\$60,918,727	1,327	520,288	\$66,368,512	1,272	482,350	\$61,731,954
Intensive Skilled (SNF-1)	24	114,130	\$5,320,008	37	12,335	\$7,351,046	42	17,498	\$9,040,491
Nursing Facility I (SNF-2)	370	270,146	\$12,615,822	375	370,812	\$12,747,426	793	556,973	\$10,800,873
Managed Care/New Choices	<u>171</u>	<u>7,359</u>	<u>\$17,700,327</u>	<u>774</u>	<u>303,468</u>	<u>\$18,393,182</u>	<u>630</u>	<u>482,857</u>	<u>\$19,327,858</u>
Sub-Total	4,161	1,578,302	\$182,955,014	4,251	1,883,543	\$193,811,957	4,610	2,250,424	\$203,121,802
<b>Hospital Services</b>									
Inpatient General	3,220	150,844	\$201,285,470	3,016	158,850	\$231,014,656	4,288	163,460	\$324,107,800
Outpatient	<u>13,795</u>	<u>813,395</u>	<u>\$80,843,026</u>	<u>15,536</u>	<u>916,060</u>	<u>\$90,910,671</u>	<u>17,334</u>	<u>1,065,305</u>	<u>\$108,703,895</u>
Sub-Total	17,015	964,239	\$282,128,496	18,552	1,074,910	\$321,925,327	21,622	1,228,765	\$432,811,694
<b>Physician-Related</b>									
Ambulatory Surgical	495	7,497	\$7,552,703	507	8,409	\$6,493,169	661	10,554	\$7,511,521
Case Mgt.Lock-In Fee	0	0	\$2,678,538	0	0	\$926,792	0	0	\$991,430
Pediatric/Family Nursing Svcs	632	12,563	\$498,052	1,158	23,027	\$561,532	1,115	21,937	\$517,659
Chiropractic	680	19,538	\$307,861	723	20,801	\$293,592	475	13,452	\$185,632
Crossover Claim Services	1,868	369,346	\$18,020,224	2,623	230,943	\$20,221,078	0	0	\$18,950,766
Custodial Care Services	0	0	\$0	0	0	\$0	1,055	29,892	\$161,577
Dental	10,943	603,166	\$21,309,587	13,250	730,341	\$26,777,340	14,597	880,889	\$34,283,411
Fed Qualified Health Centers	1,004	24,890	\$6,535,594	647	31,000	\$5,197,859	1,377	34,394	\$5,231,954
Home Health / Hospice	801	836,358	\$23,470,329	873	911,613	\$26,488,668	1,105	992,564	\$26,521,248
Indian Health Centers	0	0	\$4,419,529	0	0	\$6,476,591	0	0	\$6,666,361
Insurance Buy-out	0	0	\$425,215	0	0	\$389,812	102	1,362	\$477,852
Interpretive Services	0	0	\$298,241	0	0	\$340,449	0	0	\$461,836
Lab & Radiology	2,521	106,179	\$1,558,315	3,071	189,592	\$2,613,400	5,405	203,275	\$2,884,090
Medicaid Health and Dental Clinics	0	0	\$5,928,665	0	0	\$6,131,471	0	0	\$7,560,757
Medical & Optical Supplies	4,059	120,678	\$10,115,552	4,764	141,649	\$10,630,045	5,456	147,786	\$11,745,137
Medical Transportation	11,675	26,306	\$6,143,699	19,573	1,784,767	\$6,725,914	162,688	1,973,473	\$7,030,135
Medicare Part B Buy-In	24,447	293,361	\$28,471,920	24,975	299,700	\$30,246,291	0	0	\$38,953,965
Nutritional Assessment	19	336	\$5,343	0	0	\$0	0	0	\$0
Occupational Therapy	126	4206	56989	78	3976	60590	156	3,447	\$63,543
Personal Care Services	228	173849	1259698	356	271574	1356743	195	257,301	\$1,414,154

## Medicaid Trends for Three State Fiscal Years 2007 – 2009 (Cont.)

PCN Specialty Care	0	0	\$0	0	0	\$112,696	0	0	\$174,555
Perinatal Care	740	31,387	\$369,304	484	30,669	\$388,993	918	38,144	\$451,691
Pharmacy	58,510	2,451,008	\$127,981,119	68,893	2,676,524	\$129,779,631	54,651	2,362,433	\$126,840,057
Pharmacy Medicare Part D Claw Back	0	0	\$21,695,489	0	0	\$21,992,207	10,389	449,076	\$24,111,111
Physical Therapy	588	39,770	\$346,837	663	44,881	\$294,674	790	47,677	\$278,037
Physician-Related Services	36,500	1,411,314	\$65,149,823	44,523	1,721,551	\$75,111,982	48,822	1,863,411	\$86,541,829
Podiatrist	1,091	21,928	\$230,824	490	23,240	\$274,420	1,363	27,943	\$316,622
QMB Services	429	102,519	\$15,564	163	77,312	\$10,773	462	86,990	\$8,159
Renal Dialysis	115	780,083	\$1,414,472	89	603,440	\$1,095,470	247	776,701	\$2,335,011
Rural Health	783	15,200	\$1,178,553	354	20,480	\$1,306,437	987	15,026	\$1,312,544
Specialized Nursing	797	12,007	\$2,359,942	802	12,520	\$2,600,876	1,246	16,578	\$3,052,916
Speech and Audiology	400	23,238	\$454,410	225	22,633	\$485,279	387	17,108	\$478,662
Targeted Case Mgt AIDS	1	36	\$805	0	0	\$0	0	0	\$0
Tuberculosis	0	0	\$224,639	0	0	\$139,592	0	0	\$140,398
Vision Care	1,066	31,139	\$1,159,993	1,462	45,124	\$1,592,366	2,023	53,727	\$1,996,524
Covered at Work/PCN	0	0	\$110,260	0	0	\$280,004	0	0	\$319,209
Well Child	<u>6,586</u>	<u>215,403</u>	<u>\$7,682,127</u>	<u>4,035</u>	<u>227,297</u>	<u>\$8,487,896</u>	<u>8,218</u>	<u>250,706</u>	<u>\$9,529,325</u>
Sub Total	167,104	7,733,305	\$369,430,215	194,781	10,153,063	\$395,884,632	324,892	10,575,846	\$429,499,679
<b>Contractual Care</b>									
HMO Medical/Dental	110,149	1,321,788	\$192,462,607	119,659	1,435,911	\$193,872,770	120,933	2,367,737	\$224,132,946
Early Intervention	503	11,575	\$4,970,347	190	12,248	\$8,222,344	851	43,380	\$6,313,153
External Quality Review Organization	0	0	\$588,738	0	0	\$418,966	0	0	\$312,219
Psychology Services	68	3,506	\$68,811	52	4,112	\$90,026	143	5,933	\$100,098
Skills Development	951	452,676	\$14,318,280	1,186	564,922	\$15,013,058	1,137	614,905	\$18,611,945
Substance Abuse	963	1,035,562	\$7,492,306	1,327	1,327,147	\$9,112,840	1,246	1,381,029	\$10,002,592
Physician/Dental Enhanced Services	0	0	\$21,136,477	0	0	\$19,785,473	0	0	\$21,724,741
Mental Health Services	6,412	974,070	\$232,670,411	21,159	3,566,725	\$262,759,993	157,923	3,970,806	\$173,917,293
GASSP Program	0	0	\$0	0	0	\$0	0	0	\$73,656
DHS Aging Waiver	576	317,710	\$3,475,339	68	411,782	\$3,955,216	516	431,076	\$4,075,038
DHS HCBWS	3,416	7,225,863	\$127,640,142	3,701	7,828,928	\$141,832,140	4,473	8,423,926	\$155,542,236
DHS Targeted Case Mgmt	315	3,777	\$54,087	371	4,449	\$63,207	15	3,608	\$62,430
DHS (USDC)	237	84290	31349454	225	83830	38814531	221	82,469	\$25,324,287
DHS PAASAR	0	0	\$639,683	0	0	\$693,765	0	0	\$734,735
DHS Utah State Hospital	<u>49</u>	<u>23,236</u>	<u>\$14,772,663</u>	<u>57</u>	<u>27,002</u>	<u>\$17,480,943</u>	<u>301</u>	<u>29,655</u>	<u>\$16,897,121</u>
Sub Total	123,639	11,454,053	\$651,639,345	147,995	15,267,056	\$712,115,272	287,758	17,354,524	\$657,824,490
Grand Total	311,919	21,729,899	\$1,486,153,070	365,579	28,378,572	\$1,623,737,188	638,882	31,409,559	\$1,723,257,665

## Table 6: FY 2009 Medical Service Expenditures

<u>LONG -TERM CARE</u>	<u>MEDICAID</u>	<u>% OF TOTAL</u>
Community IMR	40,515,743	
Nursing Facility II (ICF-1)	61,704,884	
Nursing Facility III (ICF-2)	61,731,954	
Intensive Skilled Care (SNF-1)	9,040,491	
Nursing Facility I (SNF-2)	10,800,873	
New Choices Waiver -LTC	19,327,858	
Subtotal	203,121,802	11.8%
 <b><u>HOSPITAL CARE</u></b>		
Inpatient Hospital - General	234,740,996	
Outpatient Hospital	108,703,895	
Subtotal	343,444,891	19.9%
 <b><u>PHYSICIAN RELATED &amp; OTHER CARE SERVICES</u></b>		
Ambulatory Surgical	7,511,521	
Case Mgt. Lock-In	991,430	
Certified Pediatrics/Family Nursing	517,659	
Chiropractic	185,632	
Crossovers	18,950,766	
Custodial Care Services	161,577	
Dental/Orthodontia	34,283,411	
F. Qualified Health Centers	5,231,954	
Home Health	13,223,270	
Hospice Care Services	13,297,978	
Indian Health Centers (Non General Funds)	6,666,361	
Inpatient Hospital GME - Non Seeded	6,319,168	
Insurance Buy-Out	477,852	
Interpretive Services	461,836	
Lab and Radiology	2,884,090	
Medicaid Health and Dental Clinics	7,560,757	
Medical Supplies	11,674,829	
Medical Transportation	7,030,135	
Medicare Buy-In	38,953,965	
Occupational Therapy	63,543	
Optical Supplies	33,559	
Osteopath Services	6,182,325	
Personal Care	1,414,154	
PCN Specialty Care	174,555	
Prenatal Services	451,691	
Pharmacy	126,840,057	
Pharmacy Medicare Part D Clawback	24,111,111	
Physical Therapy	278,037	
Physician Services - General	80,359,503	
Podiatrist	316,622	

## FY 2009 Medical service expenditures (Cont.)

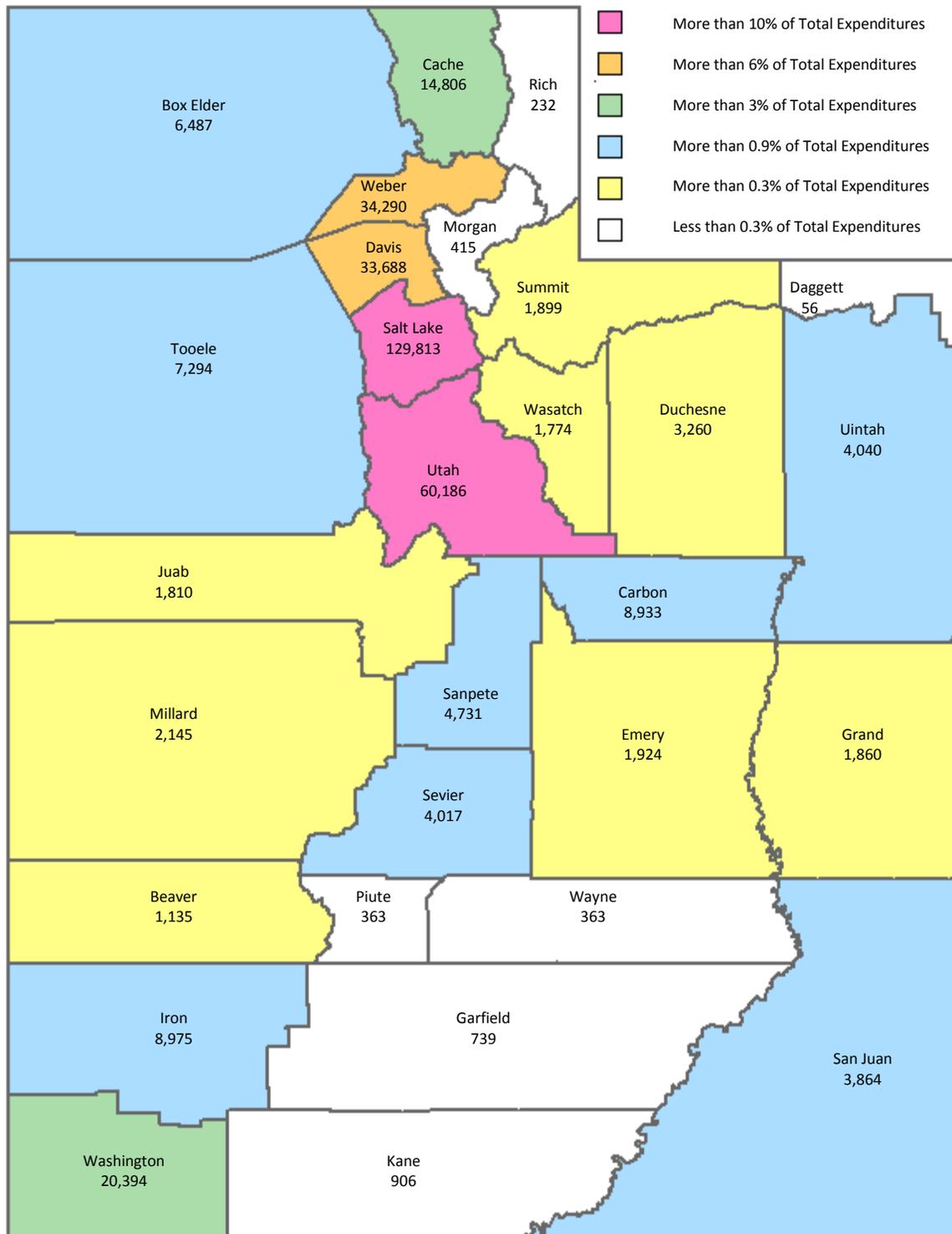
QMB Services	8,159	
Renal Dialysis	2,335,011	
Rural Health	1,312,544	
Private Duty and Specialized Nursing	3,052,916	
Rehab Review DME	36,750	
Speech and Hearing	478,662	
Tuberculosis	140,398	
Vision Care	1,996,524	
Utah Premium Partnership (UPP)	319,209	
Well Child Care (EPSDT)	9,529,325	
Subtotal	435,818,847	25.3%

### **SEEDING & CONTRACTUAL CARE**

HMOs Medical/Dental	218,799,031	
HOME - Home Health Outcome Medical Excellence	5,333,915	
Early Intervention	6,313,153	
External Quality Review Organization	312,219	
Psychology Services	100,098	
School Based Skills Development	18,611,945	
Substance Abuse	10,002,592	
Inpatient Graduate Medical Education	26,594,891	
Inpatient Indirect Medical Education	16,698,240	
Inpatient Disproportionate Share Hospital (DSH)	39,754,505	
Physician/Dental Enhanced Services	21,724,741	
Mental Health Services	173,917,293	
GASSP	73,656	
DHS Aging Waivered Services	4,075,038	
DHS Community Supports Waiver (DD/MR)	155,542,236	
DHS Targeted Case Management.	62,430	
Utah State Developmental Center (USDC)	25,324,287	
DHS PASSAR	734,735	
DHS Utah State Hospital	16,897,121	
Subtotal	740,872,125	43.0%

<b>TOTAL MEDICAL SERVICES</b>	1,723,257,666	100.0%
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# Table 7: FY 2009 Expenditures and Enrollees by County (MAP)



## Table 8: Medicaid Expenditures by County FY 2009

COUNTY	TOTAL		LONG-TERM CARE		HCBWS		INPATIENT HOSPITAL	
	PERSONS	AMOUNTS	PERSONS	AMOUNTS	PERSONS	AMOUNTS	PERSONS	AMOUNTS
BEAVER	1,135	\$5,687,466	40	\$1,104,914	8	\$59,164	145	\$2,115,085
BOX ELDER	6,487	\$25,883,540	109	\$2,999,899	91	\$2,384,185	632	\$3,401,413
CACHE	14,806	\$56,604,037	182	\$5,785,647	226	\$8,625,298	2,170	\$11,074,069
CARBON	8,933	\$28,931,539	81	\$2,451,243	98	\$3,079,013	697	\$5,528,137
DAGGETT	56	\$132,528	1	\$25,444			7	\$17,427
DAVIS	33,688	\$128,108,486	556	\$21,621,122	438	\$13,221,204	1,705	\$13,392,336
DUCHESNE	3,260	\$13,224,520	65	\$1,788,126	50	\$1,419,944	339	\$2,960,414
EMERY	1,924	\$8,081,366	39	\$1,036,701	21	\$329,406	167	\$1,587,707
GARFIELD	739	\$3,038,368	24	\$813,351	15	\$158,535	64	\$704,855
GRAND	1,860	\$9,196,841	15	\$272,518	14	\$362,829	186	\$3,948,775
IRON	8,975	\$35,631,928	115	\$2,927,307	117	\$3,830,602	866	\$6,139,262
JUAB	1,810	\$8,890,963	60	\$1,770,577	35	\$884,274	224	\$1,738,587
KANE	906	\$3,254,316	19	\$654,503	13	\$109,488	93	\$1,050,867
MILLARD	2,145	\$7,994,374	53	\$1,436,105	27	\$341,153	209	\$1,462,367
MORGAN	415	\$1,281,159	4	\$10,972	8	\$107,427	45	\$164,781
PIUTE	363	\$1,726,326	2	\$4,653			27	\$361,945
RICH	232	\$741,097	1	\$13,459	5	\$70,561	33	\$193,241
SALT LAKE	129,813	\$752,422,639	2,517	\$78,738,648	1,834	\$64,062,235	11,374	\$165,677,387
SAN JUAN	3,864	\$16,530,380	82	\$2,599,725	40	\$1,040,338	350	\$5,537,251
SANPETE	4,731	\$21,076,415	56	\$1,263,831	90	\$1,655,232	504	\$4,274,708
SEVIER	4,017	\$17,037,072	65	\$1,936,985	46	\$953,166	409	\$3,813,321
SUMMIT	1,899	\$5,839,275	5	\$75,312	36	\$701,700	362	\$2,144,907
TOOELE	7,294	\$29,603,207	75	\$2,035,745	62	\$1,084,765	650	\$6,956,578
UINTAH	4,040	\$17,470,149	74	\$2,072,484	62	\$2,548,963	484	\$3,487,304
UTAH	60,186	\$287,026,979	1,107	\$59,774,728	901	\$27,534,043	7,209	\$46,796,129
WASATCH	1,774	\$6,567,303	37	\$943,898	33	\$1,073,503	260	\$1,287,845
WASHINGTON	20,394	\$77,219,549	393	\$11,251,469	236	\$6,123,149	2,392	\$14,555,479
WAYNE	363	\$696,086	1	\$3,714	4	\$37,894	37	\$125,703
WEBER	34,290	\$153,359,758	749	\$22,853,586	393	\$13,713,454	2,686	\$20,147,156

<b>TOTAL</b>	360,399	\$1,723,257,666	6,527	\$228,266,666	4,903	\$155,511,524	34,326	\$330,645,036
<b>UNDUPLICATED NO.</b>	337,065		6,207		4,744		34,209	

## Medicaid Expenditures by County FY 2009 (Cont.)

COUNTY	OUTPATIENT HOSPITAL		PHYSICIAN SERVICES		PHARMACY SERVICES		DENTAL SERVICES	
	PERSONS	AMOUNTS	PERSONS	AMOUNTS	PERSONS	AMOUNTS	PERSONS	AMOUNTS
BEAVER	489	\$397,665	596	\$235,168	678	\$328,168	308	\$102,220
BOX ELDER	2,232	\$3,289,863	4,027	\$1,900,111	3,762	\$2,615,024	1,778	\$679,094
CACHE	5,700	\$4,835,562	9,339	\$5,254,899	8,537	\$5,400,680	4,568	\$1,264,587
CARBON	2,908	\$3,616,519	5,211	\$2,003,761	2,910	\$2,358,769	2,092	\$753,645
DAGGETT	16	\$9,864	21	\$7,944	25	\$21,901	6	\$2,093
DAVIS	4,472	\$5,603,132	10,087	\$4,509,940	15,877	\$13,327,382	7,600	\$2,490,616
DUCHESNE	1,287	\$1,316,560	1,685	\$831,320	1,666	\$1,200,361	705	\$273,083
EMERY	627	\$875,756	974	\$523,456	1,113	\$935,274	469	\$202,568
GARFIELD	295	\$203,044	350	\$100,882	409	\$306,840	196	\$68,439
GRAND	746	\$998,553	964	\$404,315	997	\$740,651	558	\$229,452
IRON	3,202	\$3,029,335	4,574	\$2,156,126	5,441	\$3,208,973	3,006	\$1,073,711
JUAB	749	\$742,209	983	\$430,875	977	\$759,278	488	\$173,821
KANE	340	\$286,202	464	\$201,424	479	\$260,957	206	\$91,482
MILLARD	904	\$976,101	1,336	\$616,205	1,223	\$873,967	566	\$163,102
MORGAN	81	\$118,257	193	\$72,400	216	\$169,576	122	\$25,164
PIUTE	151	\$107,467	221	\$56,412	232	\$175,141	118	\$38,815
RICH	77	\$54,602	98	\$57,514	116	\$75,367	38	\$13,221
SALT LAKE	24,137	\$33,713,235	49,883	\$45,474,906	69,535	\$56,331,195	36,317	\$12,537,987
SAN JUAN	753	\$853,921	1,290	\$748,008	2,013	\$895,114	289	\$145,280
SANPETE	2,056	\$2,194,468	2,868	\$1,388,525	2,829	\$2,182,216	1,329	\$492,159
SEVIER	1,777	\$2,148,899	2,278	\$1,024,684	2,448	\$1,784,686	1,216	\$423,308
SUMMIT	448	\$409,413	1,082	\$499,549	848	\$357,905	364	\$139,236
TOOELE	2,350	\$3,499,364	3,828	\$1,728,028	4,140	\$3,197,113	1,987	\$758,562
UINTAH	1,591	\$2,741,341	2,180	\$1,075,533	1,887	\$1,202,573	682	\$249,563
UTAH	14,992	\$19,162,055	31,348	\$14,816,979	32,747	\$23,092,493	16,765	\$5,973,227
WASATCH	636	\$669,667	1,099	\$479,843	964	\$445,596	458	\$147,015
WASHINGTON	6,231	\$5,980,751	9,806	\$5,528,333	10,756	\$5,921,000	6,363	\$2,325,594
WAYNE	110	\$71,719	160	\$47,819	215	\$107,929	119	\$31,404
WEBER	7,817	\$11,626,298	15,088	\$6,847,952	19,575	\$14,680,951	9,733	\$3,395,285
<b>TOTAL</b>								
87,174	\$109,531,823	162,033	\$99,022,914	192,615	\$142,957,081	98,446	\$34,263,735	
<b>UNDUPLICATED NO.</b>								
85,006		156,068		187,188		96,479		

# Medicaid Expenditures by County FY 2009 (Cont.)

COUNTY	LAB & RADIOLOGY		SUPPLIES/TRANSPORT		MENTAL HEALTH		HMO PREMIUMS	
	PERSONS	AMOUNTS	PERSONS	AMOUNTS	PERSONS	AMOUNTS	PERSONS	AMOUNTS
BEAVER	13	\$3,211	809	\$92,005	940	\$296,315	13	\$58,450
BOX ELDER	659	\$61,287	4,664	\$323,895	5,577	\$4,269,025	226	\$288,965
CACHE	1,342	\$61,107	11,257	\$782,318	12,961	\$4,692,755	230	\$130,502
CARBON	1,142	\$67,625	3,443	\$410,881	4,616	\$4,231,209		
DAGGETT	2	\$72	36	\$7,549	46	\$18,497		
DAVIS	2,884	\$228,067	21,038	\$1,225,153	30,991	\$12,666,572	22,616	\$24,491,780
DUCHESNE	43	\$1,687	2,419	\$233,611	2,892	\$1,536,619	1	\$113
EMERY	137	\$12,842	1,376	\$134,910	1,628	\$921,365		
GARFIELD	21	\$1,015	473	\$59,257	565	\$180,998	24	\$3,393
GRAND	200	\$16,447	1,257	\$102,075	1,472	\$719,019	35	\$51,580
IRON	147	\$12,073	6,536	\$429,134	7,652	\$4,693,023	1,787	\$3,219,049
JUAB	158	\$7,408	1,348	\$101,695	1,568	\$1,154,811	12	\$3,849
KANE	34	\$2,523	643	\$40,753	724	\$231,191	69	\$60,727
MILLARD	171	\$6,840	1,548	\$131,029	1,755	\$742,753	5	\$11,381
MORGAN	45	\$2,111	305	\$21,112	358	\$138,003	87	\$260,005
PIUTE	11	\$544	254	\$14,419	280	\$764,055	1	\$171
RICH	16	\$719	162	\$8,990	187	\$53,324	1	\$0
SALT LAKE	13,969	\$1,278,250	95,277	\$5,402,869	111,799	\$69,969,649	99,107	\$139,587,445
SAN JUAN	106	\$8,998	3,346	\$412,183	120	\$412,031	13	\$10,566
SANPETE	374	\$15,497	3,462	\$275,564	3,884	\$4,831,007	10	\$4,040
SEVIER	336	\$21,300	2,927	\$277,421	3,313	\$2,195,009	32	\$18,425
SUMMIT	218	\$12,630	1,338	\$101,526	1,497	\$462,927	115	\$163,498
TOOELE	941	\$67,741	5,338	\$372,750	6,385	\$3,072,423	1,521	\$3,306,246
UINTAH	66	\$6,218	3,075	\$281,324	3,608	\$1,646,743		
UTAH	8,477	\$557,562	44,530	\$3,188,298	51,752	\$30,378,084	44,971	\$20,102,068
WASATCH	148	\$7,165	1,362	\$70,970	105	\$203,531		
WASHINGTON	840	\$59,510	15,334	\$1,033,028	17,404	\$8,285,120	3,636	\$3,606,041
WAYNE	24	\$1,093	268	\$21,612	297	\$80,542	1	\$157
WEBER	4,398	\$357,613	25,119	\$1,638,603	29,769	\$14,333,117	26,241	\$23,505,320
<b>TOTAL</b>	36,922	\$2,879,154	258,944	\$17,194,938	304,145	\$173,179,716	200,754	\$218,883,770
<b>UNDUPLICATED NO.</b>	36,230		248,047		287,707		195,071	

## Medicaid Expenditures by County FY 2009 (Cont.)

COUNTY	MEDICARE BUY-IN		CROSSOVER CLAIMS		OTHER	
	PERSONS	AMOUNTS	PERSONS	AMOUNTS	PERSONS	AMOUNTS
BEAVER	126	\$185,453	218	\$92,919	643	\$616,728
BOX ELDER	458	\$665,459	525	\$370,932	2,693	\$2,634,386
CACHE	809	\$1,191,400	1,003	\$761,563	7,551	\$6,743,651
CARBON	473	\$687,351	521	\$401,996	4,071	\$3,341,390
DAGGETT	6	\$9,089	4	\$3,236	32	\$9,412
DAVIS	1,814	\$2,669,156	1,410	\$950,799	7,515	\$11,711,227
DUCHESNE	320	\$461,340	325	\$205,233	1,536	\$996,110
EMERY	169	\$248,866	176	\$107,283	1,105	\$1,165,231
GARFIELD	70	\$97,518	69	\$32,697	465	\$307,543
GRAND	169	\$249,205	159	\$91,891	908	\$1,009,531
IRON	561	\$833,908	618	\$421,592	4,577	\$3,657,834
JUAB	143	\$207,207	165	\$181,630	950	\$734,742
KANE	93	\$134,885	97	\$45,521	515	\$83,792
MILLARD	186	\$267,343	207	\$95,962	920	\$870,067
MORGAN	23	\$33,722	25	\$39,671	137	\$117,959
PIUTE	25	\$36,225	26	\$13,583	234	\$152,897
RICH	15	\$22,262	16	\$11,613	131	\$166,225
SALT LAKE	11,281	\$16,694,410	8,829	\$6,399,493	33,094	\$56,554,930
SAN JUAN	550	\$824,029	568	\$497,883	1,323	\$2,545,052
SANPETE	313	\$449,718	340	\$173,619	2,308	\$1,875,831
SEVIER	341	\$494,049	358	\$223,814	2,440	\$1,722,005
SUMMIT	88	\$129,883	97	\$56,381	967	\$584,407
TOOELE	500	\$735,209	506	\$302,065	3,090	\$2,486,616
UINTAH	308	\$455,909	309	\$251,635	1,826	\$1,450,557
UTAH	3,095	\$4,624,431	3,222	\$2,807,542	26,341	\$28,219,340
WASATCH	117	\$167,162	140	\$87,539	892	\$983,570
WASHINGTON	1,347	\$2,022,923	1,398	\$879,204	9,467	\$9,647,948
WAYNE	19	\$31,746	20	\$11,127	226	\$123,626
WEBER	2,913	\$4,324,106	2,678	\$2,117,257	11,755	\$13,819,060
<b>TOTAL</b>	26,332	\$38,953,964	24,029	\$17,635,677	127,712	\$154,331,668
<b>UNDUPLICATED NO.</b>			23,320		124,531	

## Table 9: Long-Term Care Recipients and Expenditures FY 2009

	<u>FY 2005</u>	<u>FY 2006</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
<b>Recipients*</b>					
Intermediate IMR/Com.	559	562	532	544	546
Intermediate IRM/USDC	237	202	237	225	221
Nursing Facility II (ICF-1)	1,038	793	1,277	1,194	1,330
Nursing Facility III (ICF-2)	1,233	1,046	1,787	1,327	1,274
Intensive Skilled (SNF-1)	755	497	24	37	42
Nursing Facility I (SNF-2)	238	680	370	375	787
Managed Care/New Choices	647	533	171	774	605
<b>Total</b>	<u>4,707</u>	<u>4,313</u>	<u>4,398</u>	<u>4,476</u>	<u>4,805</u>
<b>Expenditures</b>					
Intermediate IMR/Com.	\$24,410,806	\$28,034,488	\$29,803,334	\$29,991,471	\$40,515,743
Intermediate IRM/USDC	\$34,336,544	\$25,559,059	\$31,349,454	\$38,814,531	\$25,324,287
Nursing Facility II (ICF-1)	\$39,937,664	\$37,049,480	\$56,596,796	\$58,960,320	\$61,704,884
Nursing Facility III (ICF-2)	\$47,448,363	\$50,777,762	\$60,918,727	\$66,368,562	\$61,731,954
Intensive Skilled (SNF-1)	\$32,314,971	\$34,060,189	\$5,320,008	\$7,351,046	\$9,040,491
Nursing Facility I (SNF-2)	\$4,244,701	\$5,043,319	\$12,615,822	\$12,747,426	\$10,800,873
Managed Care/New Choices	\$14,124,089	\$16,271,093	\$17,700,327	\$18,393,182	\$19,327,858
<b>Total</b>	<u>\$196,817,138</u>	<u>\$196,795,390</u>	<u>\$214,304,468</u>	<u>\$232,626,488</u>	<u>\$228,446,090</u>