



OPEN MINDS

Utah Health & Human Services System Market Profile



Utah Health & Human Services Market Profile Overview

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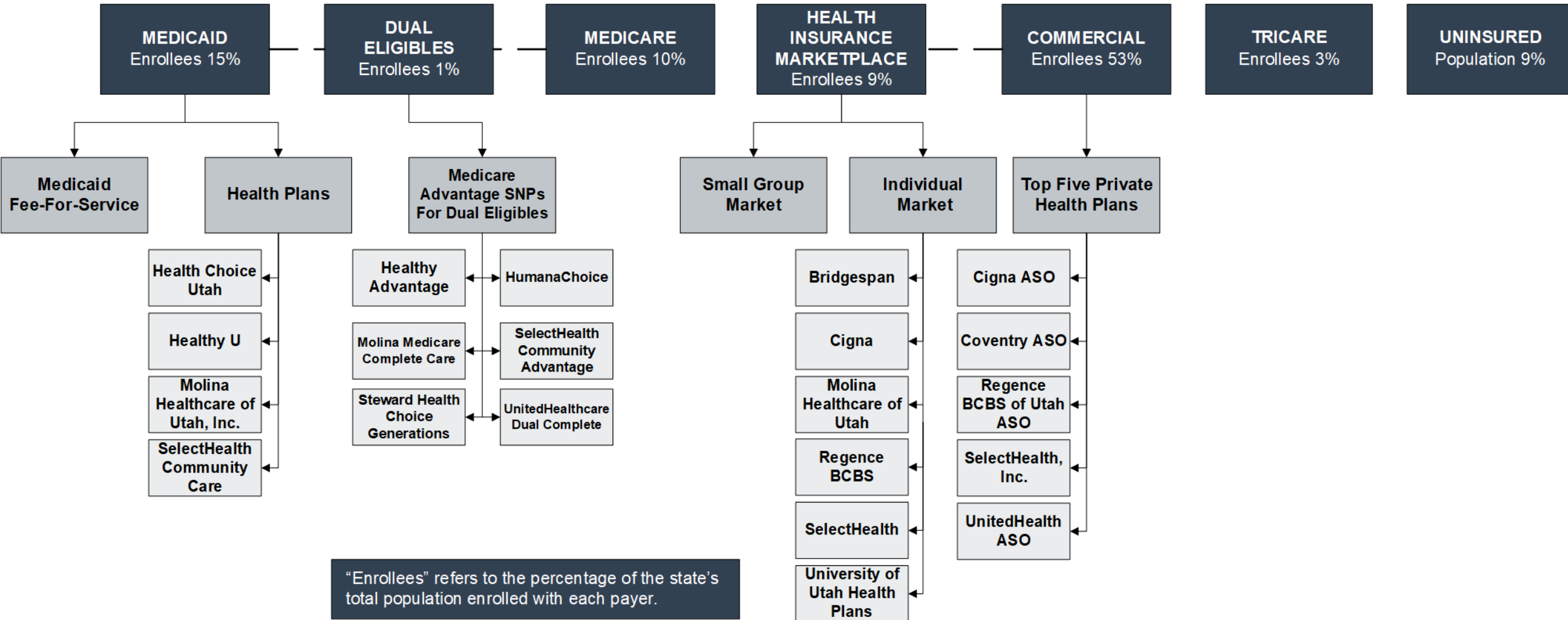
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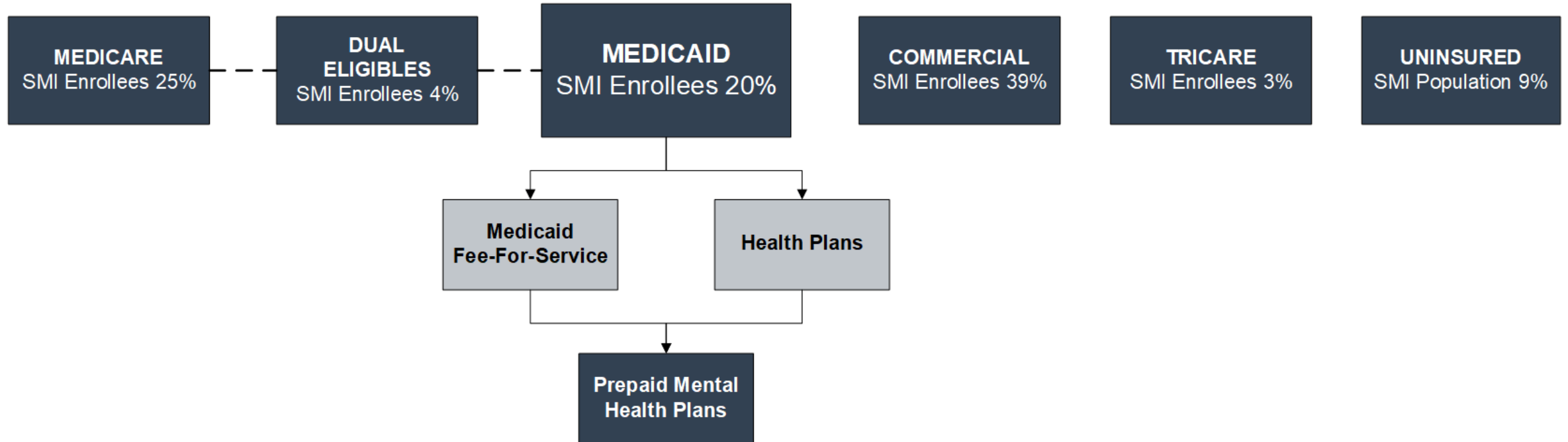
A. Executive Summary

A.1. Utah Physical Health Care Coverage by Payer

Total Utah Population- 3,337,975
 Estimated SMI Population- 189,764



A.1. Utah Behavioral Health Care Coverage by Payer



“Enrollees” refers to the percentage of the state’s total SMI population enrolled with each payer

A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Yes, the state considers its ACO program to be managed care.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state considers its health plans to be ACOs.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Utah currently operates one CCBHC.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Department of Health, Office of Primary Care and Rural Health oversees funding for physical health services for the uninsured population.

Mental Health Services

- The Department of Human Services Division of Substance Abuse and Mental Health contracts with county-operated Local Mental Health Authorities to provide mental health treatment services to the uninsured population.

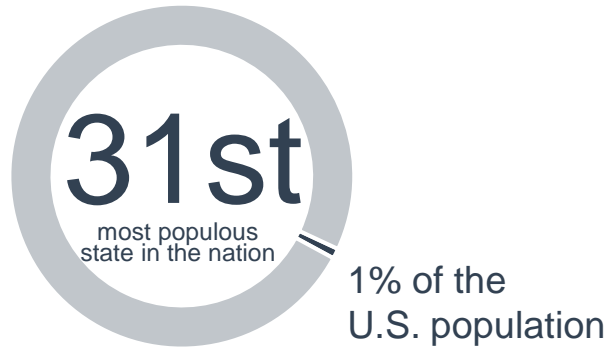
Addiction Treatment Services

- The Department of Human Services Division of Substance Abuse and Mental Health contracts with county-operated Local Substance Abuse Authorities to provide addiction treatment services to the uninsured population.

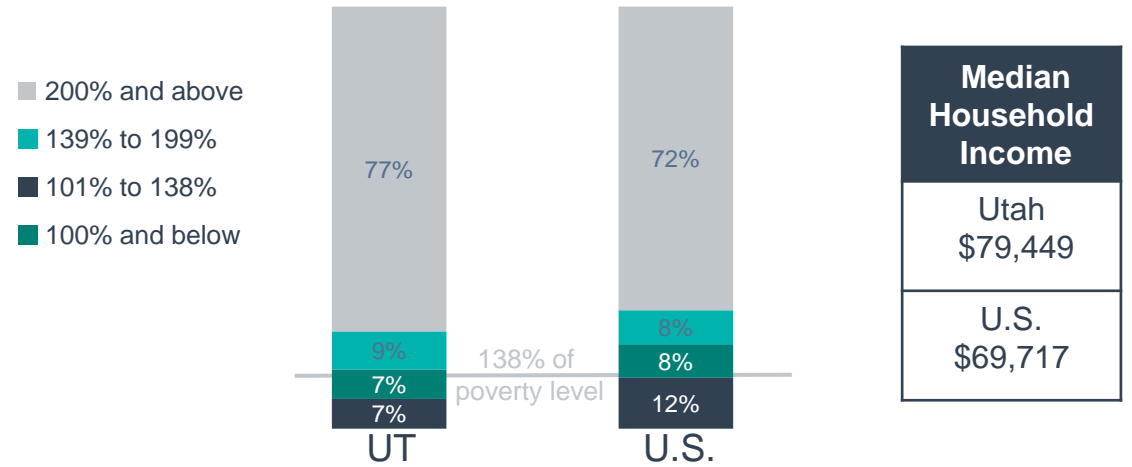
B. Utah Health Financing System Overview

B.1. Population Demographics

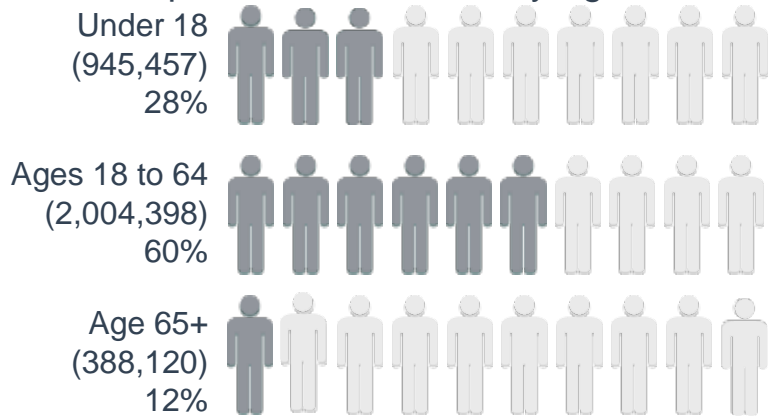
Total Utah Population- 3,337,975
 Estimated SMI Population- 189,764



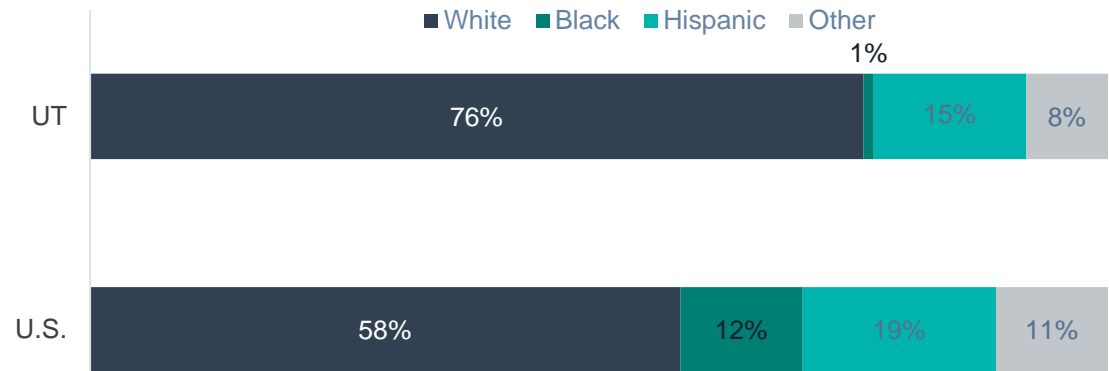
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



Utah & U.S. Racial Composition



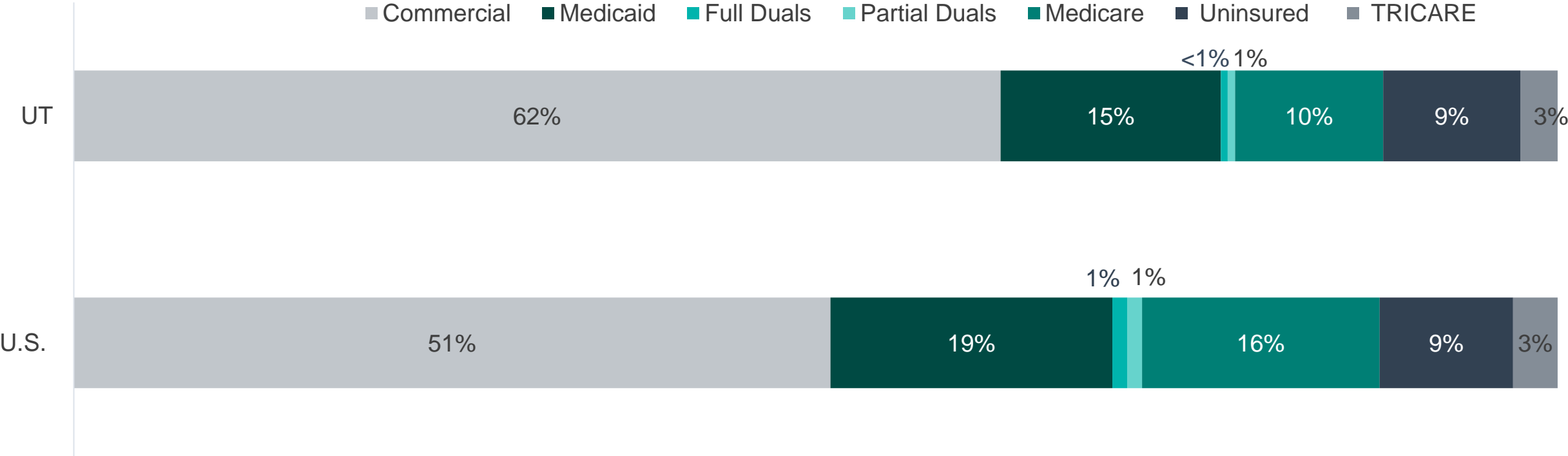
Totals may not equal 100% due to rounding

B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	Utah MSA Residents	Percent Of Population
Total MSA Population	3,010,207	91%
Salt Lake City, UT	1,263,061	38%
Ogden-Clearfield, UT	706,696	21%
Provo-Orem, UT	697,141	21%
St. George, UT	191,226	6%
Logan, UT-ID	152,083	5%

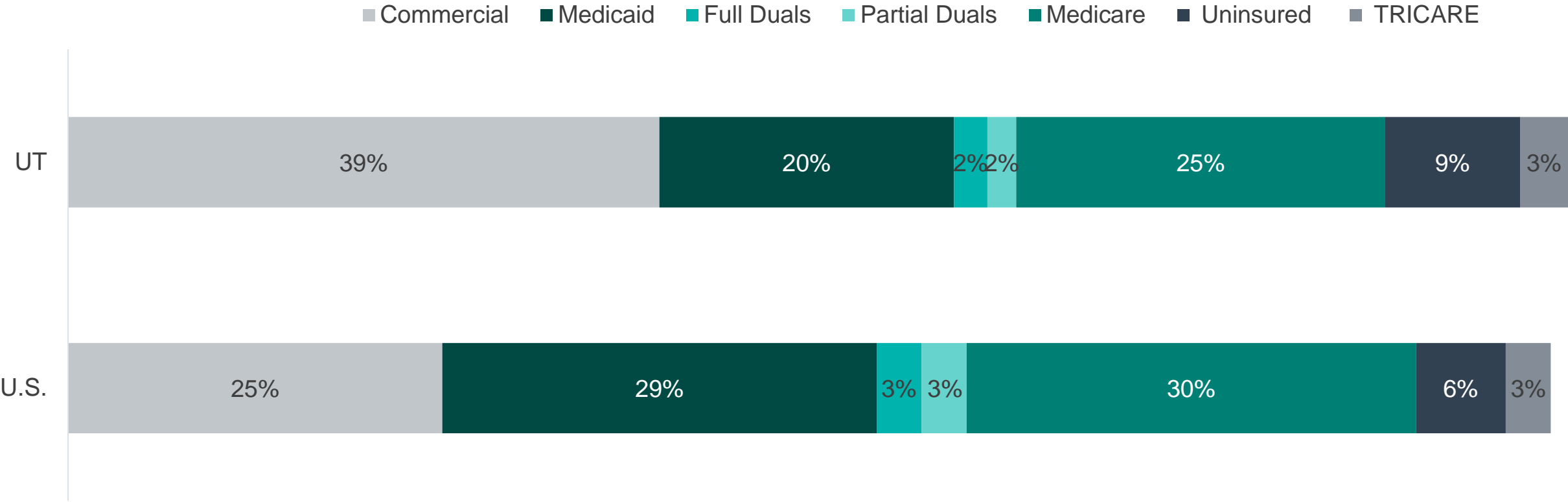


B.3. Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.4. Largest Utah Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
SelectHealth	Commercial	692,766
Regence Blue Cross Blue Shield of Utah	Commercial administrative services organization (ASO)	339,528
Medicare fee-for-service (FFS)	Medicare	231,075
Medicaid FFS	Medicaid	155,700
Cigna	Commercial ASO	136,159
Coventry	Commercial ASO	101,500
UnitedHealthcare	Commercial ASO	92,975
UnitedHealthcare of Utah	Medicare Advantage	83,974
TRICARE	Other public	80,390
University of Utah Health Plans	Commercial	60,830

* Medicaid enrollment as of March 2023; TRICARE enrollment as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

B.4. Largest Utah Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	231,075	36,972
SelectHealth	Commercial	692,766	28,403
Regence BlueCross BlueShield of Utah	Commercial ASO	339,528	13,921
UnitedHealthcare of Utah	Medicare Advantage	83,974	13,436
Medicaid FFS	Medicaid	155,700	13,390
Cigna	Commercial ASO	136,159	5,583
SelectHealth Advantage	Medicare Advantage	31,461	5,034
TRICARE	Other public	80,390	4,502
Coventry	Commercial ASO	101,500	4,162
UnitedHealthcare	Commercial ASO	92,975	3,812

* Medicaid enrollment as of March 2023; TRICARE enrollment as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace Percent	6%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier, or through an insurance broker.

2023 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Bridgespan 2. Bright Health 3. Cigna 4. Molina Healthcare of Utah 5. Regence BCBS 6. SelectHealth 7. University of Utah Health Insurance Plans

2023 Small Group Market Plans
None

B.6. Accountable Care Organizations

Medicare Shared Savings ACOs	
1.	Aledade Accountable Care 16, LLC
2.	Aledade Accountable Care 22, LLC
3.	Aledade Accountable Care 57, LLC
4.	Eastern Idaho Care Partners ACO, LLC
5.	Castell Accountable Care, LLC
6.	Physicians Accountable Care Solutions, LLC
7.	Steward National Care Network, Inc
8.	The Accountable Care Organization, Ltd
9.	Utah Physicians Quality Care (UPQC)
10.	Western Accountable Care Organization, LLC

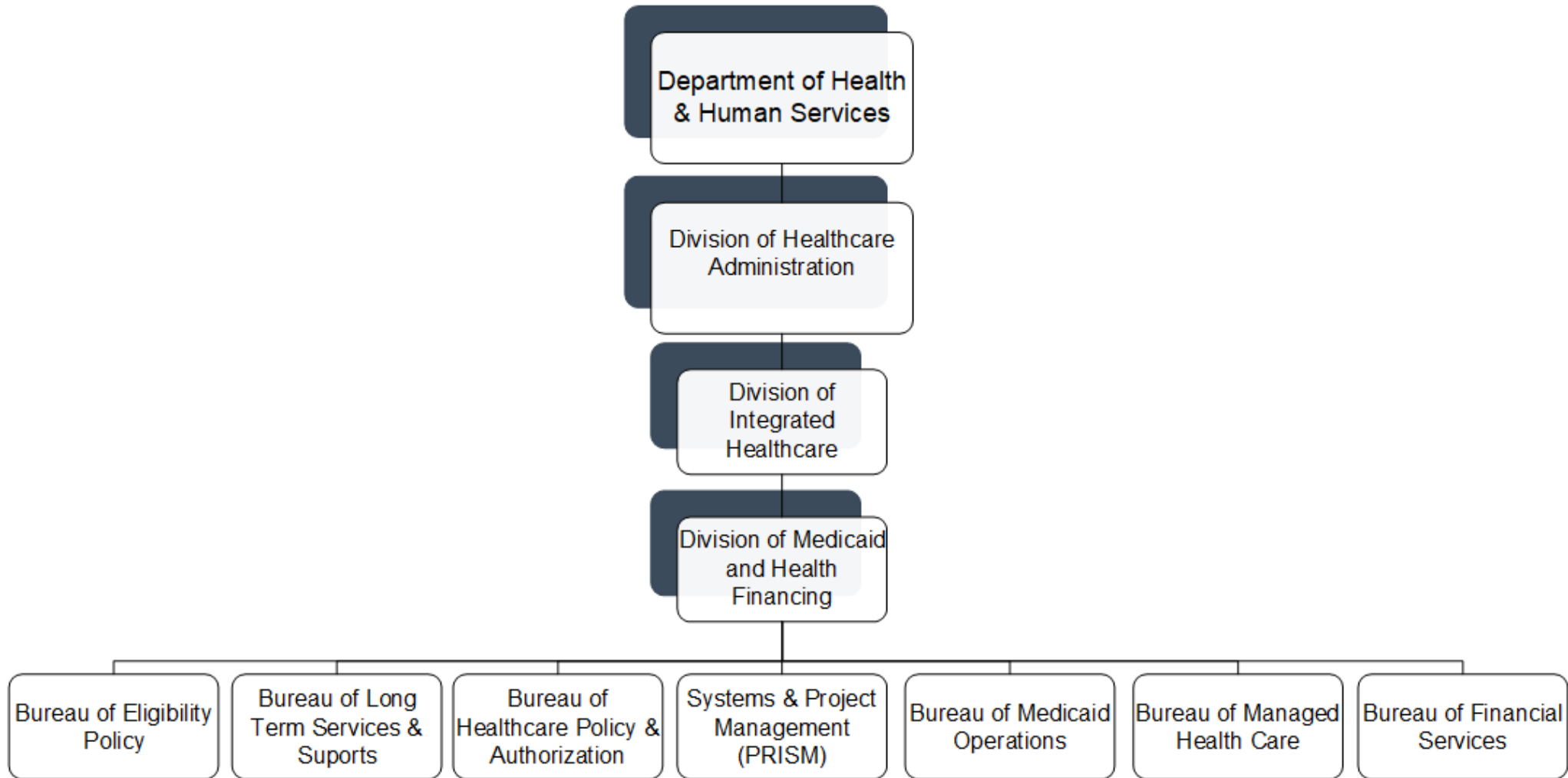
Commercial	
ACO	Commercial Insurer
Health Choice Arizona	Cigna, Humana, Regence Blue Cross Blue Shield of Utah

Next Generation Model ACOs
1. Revere Health

Medicaid ACOs
1. Health Choice of Utah
2. Healthy U
3. Molina Healthcare of Utah
4. SelectHealth Community Care

C. Medicaid Administration, Governance & Operations

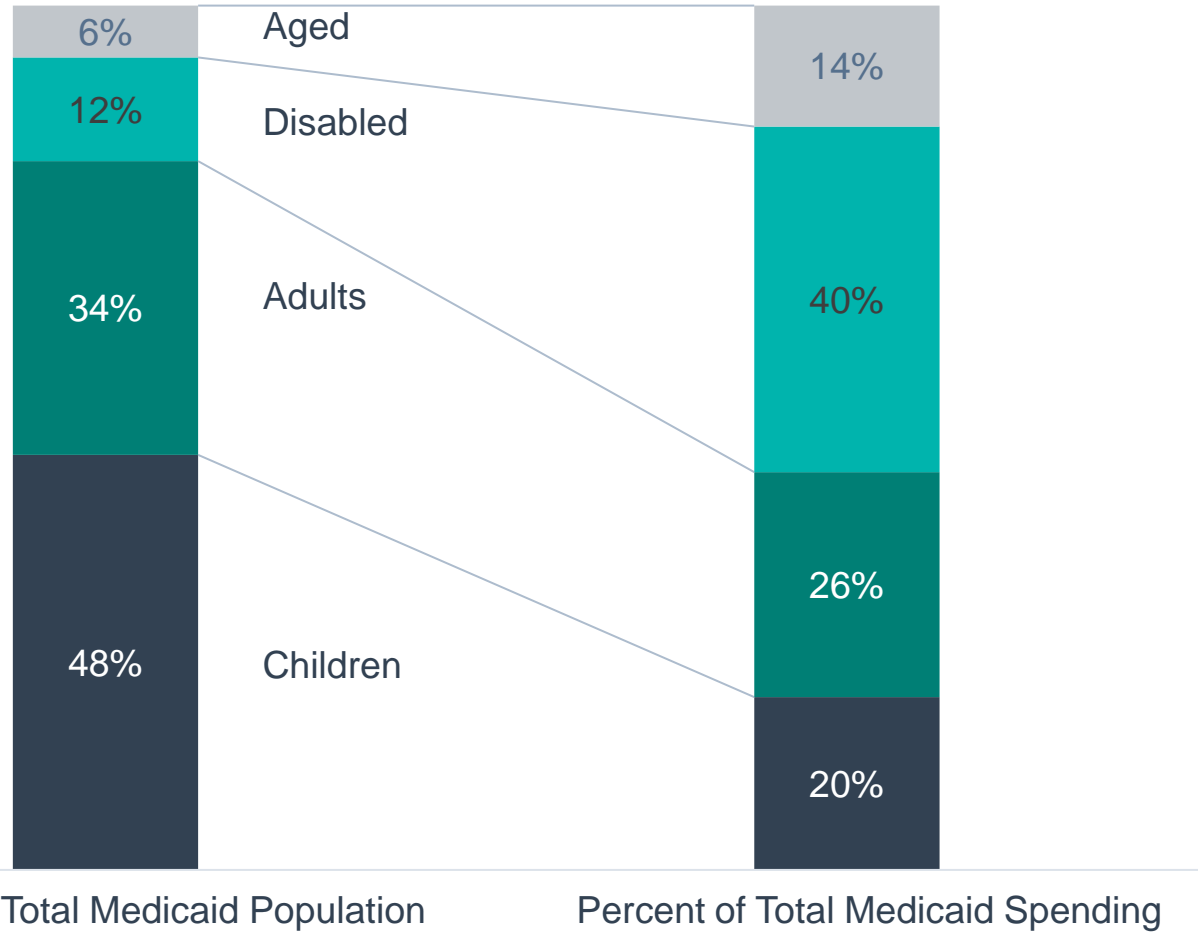
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Nathan Checketts	Executive Director, Deputy Director	Utah Department of Health (UDOH), Healthcare Administration	nchecketts@utah.gov
Tonya Hales	Assistant Division Director	UDOH, Healthcare Administration	thales@utah.gov
Jennifer Strohecker	State Medicaid Director	UDOH, Integrated Healthcare	strohecker@utah.gov
Jim Stamos	Director	UDOH, Healthcare Policy & Authorization	Not available
Greg Trollan, MC	Director	UDOH, Managed Healthcare	gtrollan@utah.gov
Shandi Adamson	Director	UDOH, Medicaid Operations	shandiadamson@utah.gov
Jason Stewart	Director	UDOH, PRISM	jasonstewart@utah.gov
Jeff Nelson	Director	UDOH, Eligibility Policy	jeffnelson@utah.gov
John Curless	Director	UDOH, Financial Services	jcurless@utah.gov
Josip Ambrenoc	Assistant Director	UDOH, Long-term Services & Supports	Not available

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2020		
	U.S.	UT
All populations	\$8,718	\$10,289
Children	\$3,495	\$4,045
Adults	\$5,461	\$8,500
Expansion adults	\$7,227	\$9,270
Blind and disabled	\$23,123	\$29,665
Aged	\$18,552	\$23,317

Based on FY 2020 data

Totals may not equal 100% due to rounding

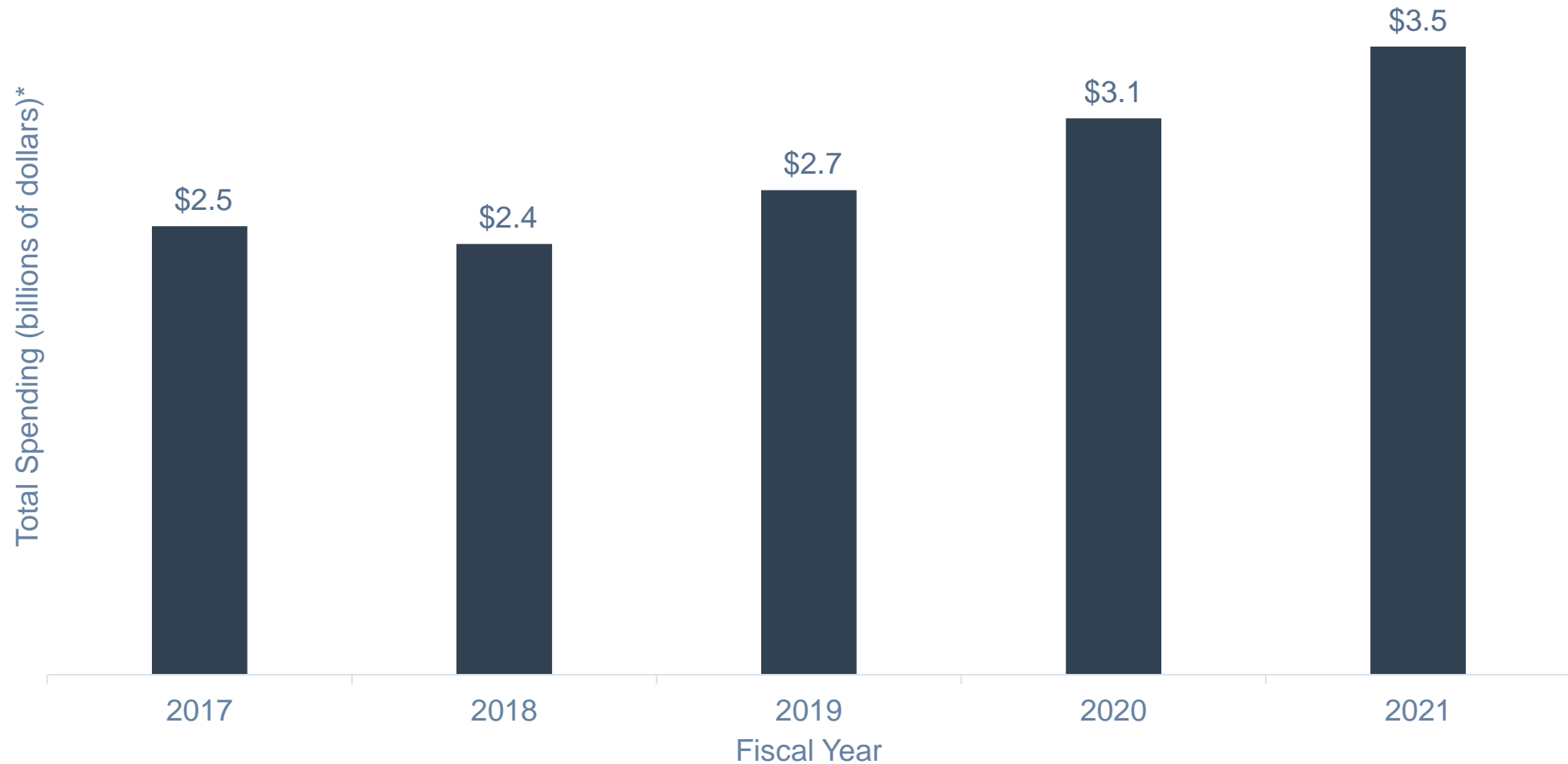
C.2. Medicaid Program Spending: Budget

Budget Item	SFY 21 Spending	Percent Of Budget
Managed care and premium assistance	\$1,702,000,000	48%
Institutional LTSS	\$472,000,000	13%
Hospital	\$455,000,000	13%
Home- and community-based LTSS	\$442,000,000	12%
Other acute	\$197,000,000	6%
Physician	\$95,000,000	3%
Drugs	\$88,000,000	2%
Medicare premiums and coinsurance	\$62,000,000	2%
Dental	\$18,000,000	1%
Clinic and health center	\$17,000,000	<1%
Other practitioner	\$10,000,000	<1%
Budget Total: \$3,558,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	72.1%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	Yes

Totals may not equal 100% due to rounding

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Utah Medicaid Expansion Characteristics	
Participating In Expansion	In December 2019, Utah’s Fallback Plan was accepted, and began implementation of Medicaid Expansion in January 2020.
Date Of Expansion	January 1, 2020
Medicaid Eligibility Income Limit For Able-Bodied Adults	138% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	Senate Bill 96
Number Of Individuals Enrolled In The Expansion Group (March 2022)	119,402
Number Of Enrollees Newly Eligible Due To Expansion	118,537
Benefits Plan For Expansion Population	The state’s ABP includes traditional health care and behavioral health benefits; but excludes dental care with the exception of emergency dental care.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Utah Optional Services

1. Podiatry services
2. Optometry services
3. Private duty nursing
4. Clinic services
5. Dental services
6. Physical and occupational therapy
7. Services for individuals with speech, hearing, and language disorders
8. Prescribed drugs
9. Dentures and prosthetic devices
10. Diagnostic, screening, and preventative services
11. Rehabilitative services
12. Services for individuals over the age of 65 in IMDs
13. Intermediate care facility services
14. Inpatient psychiatric facility services for individuals under 22
15. Case management
16. Special tuberculosis related services
17. Nursing facility services for individuals under 21 years of age
18. Personal care services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (January 2023)	155,700	304,348
SMI Enrollment	Utah does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. <i>OPEN MINDS</i> estimates 35% of the SMI population is enrolled in FFS, 65% in managed care	
Management	<ul style="list-style-type: none"> Physical health: FFS Behavioral health: Prepaid Inpatient Mental Health Plans (PMHPs) 	<ul style="list-style-type: none"> Physical health: Four ACOs Behavioral health: PMHPs
Payment Model	<ul style="list-style-type: none"> Physical health: FFS Behavioral health: Capitated rate 	Physical and behavioral health: Capitated rate
Geographic Service Area	<ul style="list-style-type: none"> Physical health: Statewide Behavioral health: Statewide except Wasatch County; PMHPs available by county 	<ul style="list-style-type: none"> Physical health: Statewide; ACOs available by county Behavioral health: Statewide except Wasatch County; PMHPs available by county

Total Medicaid: 460,048 | Total Medicaid With SMI: 39,564

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	As of January 2023: 35% in fee-for-service (FFS), 65% in managed care	
SMI population inclusion in managed care	<ul style="list-style-type: none"> Utah does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care. Estimated 35% of population in FFS, 65% in managed care 	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> Managed care is mandatory for dual eligibles residing in the mandatory managed care counties, and optional in all others. Estimated 82% of population in FFS, 18% in managed care 	
Long-term services and supports (LTSS) inclusion in managed care	The LTSS population is excluded from managed care and enrolled in FFS.	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered by the capitated Prepaid Mental Health Plans (PMHPs)	Excluded from the ACO's capitation rate, and covered by the PMHPs
Specialty behavioral health	Covered by the capitated PMHPs	Excluded from the ACO's capitation rate, and covered by the PMHPs
Pharmaceuticals	Covered FFS by the state	Mental health and addiction treatment drugs are excluded from the ACO's capitation rate and covered FFS by the state. All other drugs are included in the ACO's capitation rate.
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Yes, the state considers its ACO program to be managed care.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state considers its health plans to be ACOs.
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Utah currently operates one CCBHC

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

The state operates a mandatory managed care program in 13 counties: Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties. For individuals living outside the 13 counties enrollment in managed care is optional.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles			X
Medicaid expansion	X (rural areas)		X (non rural areas)
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> • Retroactive eligibility • Individuals in the Utah State Hospital and Developmental Hospital • Individuals in Utah’s Buyout program • Healthy Outcomes Medical Excellence (HOME) enrollees 	Individuals living in sixteen rural counties	

D.2. Medicaid FFS Program: Overview

- FFS enrollment as of January 2023 was 155,700.
- Utah gives individuals in the following sixteen counties the option to enroll in managed care or FFS: Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah, Wayne.
- In April 2019, the Utah Department of Health (UDOH) received authorization from CMS to implement Medicaid Expansion temporarily to adults up to 100% of the FPL.
 - This transition effectively ended the Primary Care Network (PCN) on March 31, 2019. PCN provided limited Medicaid benefits to parents and childless adults, aged 19 to 64, with income up to 100% of the FPL who do not otherwise qualify for Medicaid. At the end of the PCN demonstration, there were at least 17,500 members enrolled.
- In January 2020, The UDOH implemented Medicaid Expansion through their Fallback Plan waiver, allowing individuals with income up to 138% of the FPL to be eligible for Medicaid.
- Utah Medicaid is in the process of replacing the Utah Medicaid Management Information System (MMIS) with a new system called Provider Reimbursement Information System for Medicaid (PRISM). The Provider Enrollment component of PRISM was implemented in 2016 and updated in June 2020. After a soft go-live in January, PRISM went live on April 3, 2023.

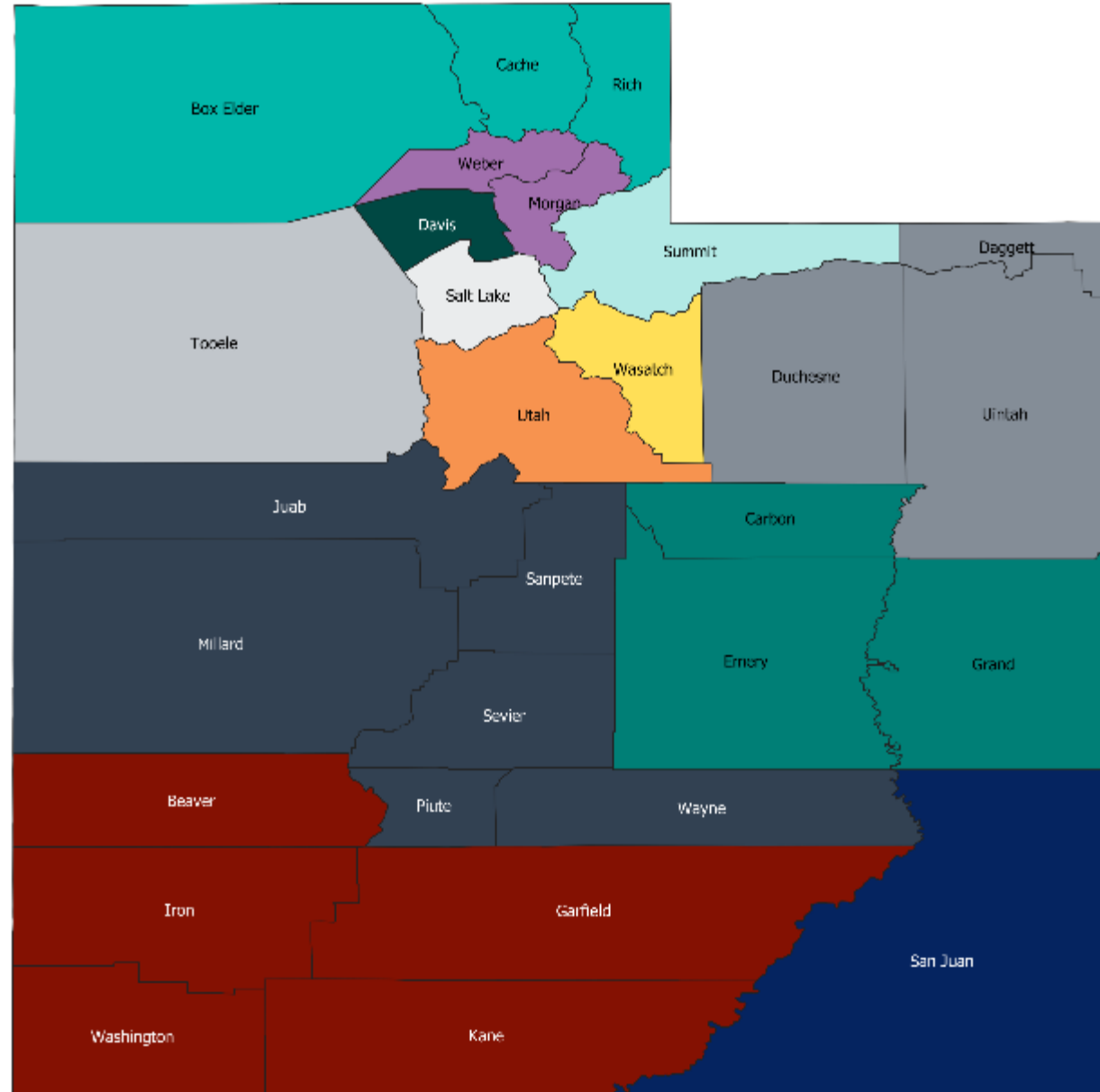
D.2. Medicaid FFS Program: Behavioral Health Overview

- Behavioral health services are the responsibility of the 11 at-risk Prepaid Mental Health Plans (PMHPs). The PMHPs are operated by the counties or their subcontractors. In addition to managing behavioral health benefits, PMHPs may also provide services.
- Beneficiaries are automatically enrolled with the PMHP serving their county of residence (see [slide 32](#)).
 - In Utah County, mental health services are provided by Wasatch Mental Health, while addiction treatment services are provided by Utah County Department of Drug and Alcohol Prevention and Treatment.
 - One county—Wasatch—does not have a PMHP. Medicaid enrollees receive behavioral health services through the FFS delivery system. This county is home to about 1% of the Medicaid population.
 - In Box Elder, Cache, and Rich counties, the PMHP—Bear River Mental Health—provides mental health services only. Addiction treatment services are provided FFS by the state.
- Some services are excluded from the PMHP's capitation rate and provided FFS by the state:
 - Services provided in a primary care setting
 - Mental health and addiction treatment pharmacy
 - Medically necessary detoxification and inpatient services for addiction treatment
 - Outpatient methadone maintenance
 - Outpatient services for foster care children
- Additionally, Native Americans and Alaska Natives may receive behavioral health services FFS from Tribal health care provider organizations, and all FFS enrollees may receive behavioral health services from FQHCs.

D.2. Medicaid FFS Program: PMHP Service Areas

PMHP	Counties Served
Bear River Mental Health Services*	Box Elder, Cache, Rich
Central Utah Counseling Center	Juab, Millard, Piute, Sanpete, Sevier, Wayne
Davis Behavioral Health	Davis
Four Corners Behavioral Health	Carbon, Emery, Grand
Northeastern Counseling Center	Daggett, Duchesne, Uintah
Salt Lake County Division of Behavioral Health/Optum Health	Salt Lake
Southwest Utah Behavioral Health Center	Beaver, Garfield, Iron, Kane, Washington
Healthy U Behavioral	Summit
Optum	Tooele
Wasatch Mental Health and Utah County Department of Drug and Alcohol Prevention and Treatment	Utah
Weber Human Services	Morgan, Weber
San Juan Counseling Center	San Juan
None; all services provided FFS by the state	Wasatch

*Mental health services only, addiction treatment is covered FFS



D.2. Medicaid FFS Program: Behavioral Health Benefits

PMHP Mental Health Services

1. Psychiatric inpatient services
2. Diagnosis, testing, assessment
3. Individual, group, and family services
4. Individual and group therapeutic behavioral services
5. Pharmacologic management
6. Skills training and development services
7. Psychosocial rehabilitative services
8. Targeted case management
9. Peer support services
10. Emergency services
11. Post-stabilization care services
12. Electroconvulsive therapy
13. 1915 (b)(3) services*
 - Psychoeducational services
 - Personal services
 - Respite care
 - Supportive living

PMHP Addiction Treatment Services

1. Outpatient services
2. Targeted case management**

FFS Mental Health & Addiction Treatment Services

1. Mental health and addiction treatment pharmacy
2. Outpatient methadone maintenance
3. Outpatient behavioral health services for foster care children
4. Services delivered by Tribal health care organizations

* 1915(b)(3) services are not included in the state plan, but are provided by the state through managed care waiver savings. These services are available for the treatment of mental health and addiction disorders, and are not available to adult family members or medically needy adults who are not pregnant, postpartum, aged, blind, or disabled.

** Targeted case management for addiction disorder is not offered for adult family members or medically needy adults who are not pregnant, postpartum, aged, blind, or disabled.

D.2. Medicaid FFS Program: SMI Population

- Utah does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of January 2023, *OPEN MINDS* estimates 35% of the SMI population was enrolled in FFS.
- The SMI population receives most behavioral health services through the PMHPs.

D.2. Medicaid FFS Program: Pharmacy Benefit



Utah FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antipsychotics, antidepressants, anticonvulsants, attention-deficit/hyperactivity disorder (ADHD) stimulants, and anxiolytics are included on the state's PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid use disorder medications are included on the pharmacy's PDL.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are included on the pharmacy's PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> Mental health and addiction treatment drugs are subject to clinical prior authorization, quantity limits, step therapy, and brand required over generic medication requirements. Non-preferred psychotropic medications, including antipsychotic injectable medications, may be administered if the physician writes "dispense as written" and submits a DAW Code 1 claim.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Utah operates the Medicaid Restriction Program for members who have four or more clinical professionals, four or more prescriptions with the possibility of abuse, six potentially addictive medications in two months, five non-emergent ER visits, or concurrent addictive prescriptions from different physicians. Members suspected of abuse are restricted to one pharmacy and one physician.

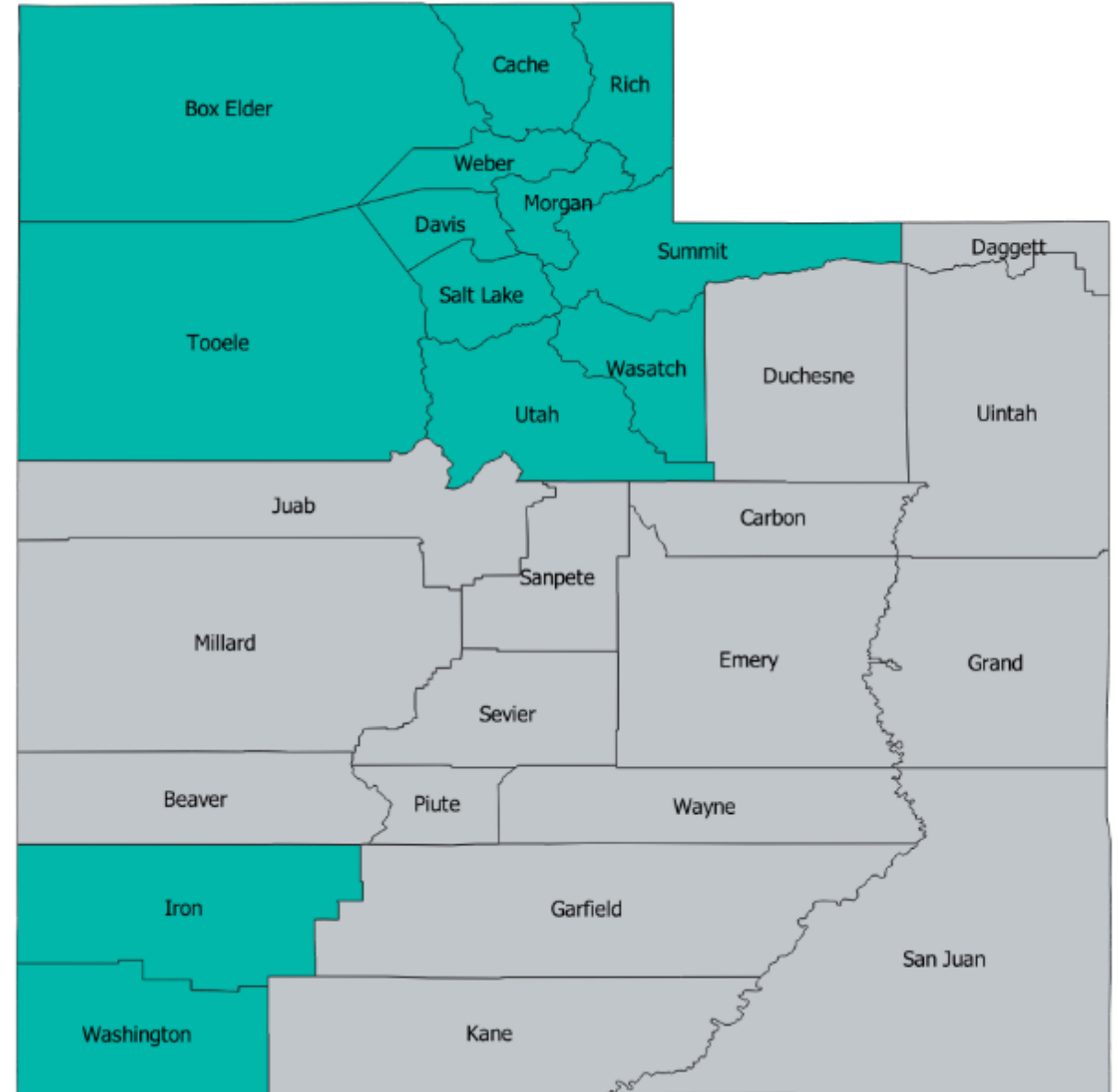
D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of January 2023 was 304,348.
- Managed care is delivered through four capitated accountable care organizations (ACOs).
 - ACOs are composed of traditional health plans and local health systems. ACOs are required to report on quality measures, but performance does not affect payment.
- The ACOs are responsible for pharmacy and physical health benefits.
 - Traditional and specialty behavioral health services are excluded from the health plan's capitation rate and provided by the PMHPs.
- ACOs are available statewide, but enrollment is mandatory only in the 13 counties that are specified in the state's 1915 (b) waiver.
 - Members in mandatory enrollment counties must choose an ACO. If they do not, one is assigned to them.
- Utah Medicaid is in the process of replacing the Utah Medicaid Management Information System (MMIS) with a new system called Provider Reimbursement Information System for Medicaid (PRISM). The Provider Enrollment component of PRISM was implemented in 2016 and updated in June 2020. After a soft go-live in January, PRISM went live on April 3, 2023.

D.3. Medicaid Managed Care Program: Utah Mandatory & Optional Managed Care Counties

Optional & Mandatory Managed Care Counties

-  Mandatory counties
-  Optional counties



D.3. Medicaid Managed Care Program: Health Plan Characteristics

Healthy U

1. Profit status: Non-profit
2. Parent company: University of Utah Health Plans
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: None
5. Enrollment share: 26%
6. Operating area: Statewide

SelectHealth Community Care

1. Profit status: Non-profit
2. Parent company: SelectHealth and Intermountain Healthcare
3. Behavioral health subcontractor: Behavioral Health Advocates.
4. Pharmacy benefits manager: SelectHealth Prescriptions
5. Enrollment share: 42%
6. Operating area: Statewide

*The PMHPs provide nearly all behavioral health services.

Molina Healthcare Of Utah

1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: CVS Caremark
5. Enrollment share: 22%
6. Operating area: Statewide

Health Choice Utah

1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None*
4. Pharmacy benefits manager: None
5. Enrollment share: 9%
6. Operating area: Statewide

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Behavioral health services provided in a primary care setting and medical detoxification provided in a facility are the responsibility of the ACOs.
- All other behavioral health services are the responsibility of the PMHPs (see [section D.2.](#)).
- Mental health and addiction treatment pharmacy is excluded from the ACO's capitation rate and covered FFS by the state. General pharmacy is the responsibility of the ACOs.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

PMHP Mental Health Services	
1.	Psychiatric inpatient services
2.	Diagnosis, testing, assessment
3.	Individual, group, and family services
4.	Individual and group therapeutic behavioral services
5.	Pharmacologic management
6.	Skills training and development services
7.	Psychosocial rehabilitative services
8.	Targeted case management
9.	Peer support services
10.	Emergency services
11.	Post-stabilization care services
12.	Electroconvulsive therapy
13.	1915 (b)(3) services*
	<ul style="list-style-type: none">• Psychoeducational services• Personal services• Respite care• Supportive living

PMHP Addiction Treatment Services	
1.	Outpatient services
2.	Targeted case management**

FFS Mental Health & Addiction Treatment Services	
1.	Mental health and addiction treatment pharmacy
2.	Outpatient methadone maintenance
3.	Outpatient behavioral health services for foster care children
4.	Services delivered by Tribal health care organizations

* 1915(b)(3) services are not included in the state plan, but are provided by the state through managed care waiver savings. These services are available for the treatment of mental health and addiction disorders, and are not available to adult family members or medically needy adults who are not pregnant, postpartum, aged, blind, or disabled.

** Targeted case management for addiction disorder is not offered for adult family members or medically needy adults who are not pregnant, postpartum, aged, blind, or disabled.

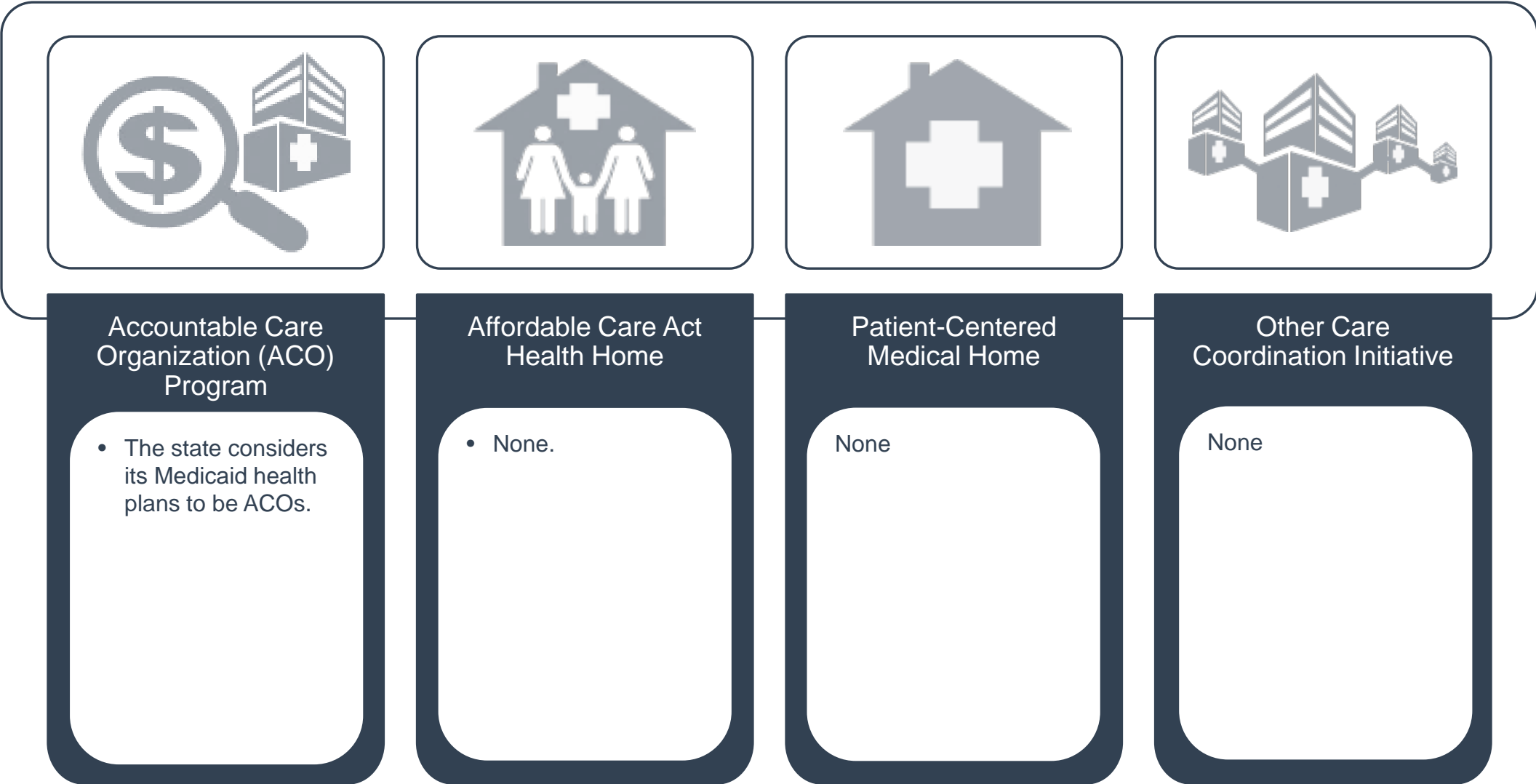
D.3. Medicaid Managed Care Program: SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- As of January 2023, *OPEN MINDS* estimates that 65% of the SMI population was enrolled in managed care.
- The SMI population receives most behavioral health services through the PMHPs.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Illinois Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plans
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"> • Yes, health plans are responsible for establishing and maintaining their own PDLs for physical health drugs. • Transplant immunosuppressive drugs, hemophilia drugs, psychotropic medications (ADHD stimulants, antipsychotics, antidepressants, anxiolytics, and anticonvulsants), and opioid use disorder medications are not included in the health plan's capitation rate, and therefore, are a Medicaid FFS benefit. • Mental health and addiction treatment drugs are included on the state's FFS PDL.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<ul style="list-style-type: none"> • Mental health and addiction treatment drugs are subject to clinical prior authorization, quantity limits, step therapy, and brand required over generic medication requirements. • Non-preferred psychotropic medications may be administered if the physician writes "dispense as written" and submits a DAW Code 1 claim.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Health plans have the option to implement their own pharmacy lock-in program.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. Medicaid Program: Demonstration Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Utah Per Capita Cap 1115 Demonstration	The State is seeking approval to implement new proposals for its Medicaid expansion.	1115	None	Pending	Pending
Utah - Prepaid Mental Health Plan (UT-02)	Authorizes the use of at-risk prepaid mental health plans to provide behavioral health services.	1915 (b)	None	07/01/2022	06/30/2027
Choice of Dental Care Delivery Program (UT-04)	Coverage of dental benefits for Medicaid eligible individuals ages 65 or older;	1915 (b)	None	01/01/2019	12/31/2023

D.5. Medicaid Program: Demonstration Waivers (cont.)

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Utah Primary Care Network	<p>Authorizes the state's limited benefit limited expansion program. It also allows the state to provide addiction treatment services in an institution for mental disease (IMD), provides dental benefits for the blind and disabled, authorizes work requirements for the expansion population, and provides coverage to former foster care youth who resided in another state.</p> <ul style="list-style-type: none"> • Approved amendments include <ul style="list-style-type: none"> • Development and operation of an integrated managed care pilot delivering physical and behavioral health services for the Adult Expansion population in five select counties; • Expansion of Utah's ACO and PMHP to eight additional counties; and • Enrollment of the Adult Expansion Population demonstration group in Medicaid. • An increase in the maximum reimbursement for each enrollee. 	1115	None	12/23/2002	06/30/2027
Choice of Health Care & Hemophilia Disease Management Program UT-01	Authorizes Utah's Medicaid managed care program and requires individuals in the state's hemophilia disease management program to enroll with one contractor for the provision of anti-hemolytic factors and disease management.	1915 (b)	None	07/01/2022	06/20/2027

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
UT Community Supports Waiver for Individuals w/ID and Other Related Conditions (0158.R06.00)	Individuals with autism or I/DD of any age	5,900	Division of Services for People with Disabilities	No
UT New Choices (0439.R02.00)	Individuals who are physically disabled or disabled in other ways ages 18 to 64, and individuals ages 65 and older	2,500	Division of Medicaid and Health Financing, Bureau of Authorization and Community-Based Services	No
UT Medically Complex Children's Waiver (1246.R00.00)	Individuals who are medically fragile ages 0 to 19	580	Division of Medicaid and Health Financing, Bureau of Authorization and Community-Based Services	No
UT Waiver for Individuals ages 65 or Older (0247.R05.00)	Individuals ages 65 and older	550	Division of Aging and Adult Services	No
UT Waiver for Technology Dependent, Medically Fragile Individuals (40183.R05.00)	Individuals who are medically fragile or technology dependent ages 0 to 20	150	Division of Family Health and Preparedness, Bureau of Children with Special Health Care Needs (CSHCN) is responsible for the day-to-day waiver administrative activities.	No
UT Community Transitions Waiver (1666.R00.00)	Individuals moving from intermediate care facilities into community-based services.	200	Division of Services for People with Disabilities	No
UT Acquired Brain Injury (0292.R04.00)	Individuals with brain injury ages 18 and older	142	Division of Services for People with Disabilities	No
UT Physical Disabilities (0331.R04.00)	Individuals who are physically disabled ages 18 to 64, and individuals ages 65 and older	105	Division of Services for People with Disabilities	No
UT Limited Supports Waiver (1886.R00.00)	Individuals with brain injury ages 18 and older, individuals with autism, intellectual disabilities and developmental disabilities.	40	Division of Services for People with Disabilities	No

D.6. Medicaid Program New Initiatives: Medicaid Expansion Delivery System

- In August 2019, the state submitted an amendment for the 1115 Primary Care Network demonstration waiver. Under the waiver amendment, the state proposed a series of initiatives to transform the financing and delivery systems for the Medicaid Expansion population. This was approved on December 23, 2019.
- The waiver amendment allows adult beneficiaries formerly enrolled in the Primary Care Network to enroll in one of the state's ACOs.
- For the Medicaid Expansion population, the state will pilot an integrated managed care model that provides physical and behavioral health services.
 - The integrated managed care model operates in the five most populous counties in the state: Weber, Davis, Salt Lake, Utah, and Washington counties.
 - Members are required to enroll in one of the four health plans to receive physical and behavioral health services under a capitated rate.
- Medicaid Expansion adults not participating in the integrated managed care model will receive their physical health through one of the health plans, and behavioral health services through the Prepaid Mental Health Plan.
- The state was approved for an expenditure authority to add behavioral benefits for individual enrolled in one of the health plans.
 - Individuals receive the same behavioral health benefits authorized under the state's 1915 (b) Prepaid Mental Health Plan waiver through the health plan.

D.6. Medicaid Program New Initiatives: HOME Program

- The HOME program is a managed care program for individuals with developmental disabilities. Services will be provided through the HOME clinic.
- HOME provides both medical and behavioral health services through a medical home model of care.
- Members may need to change their current providers and use the providers available through the HOME program's provider network.
- Members will be assigned a case manager to assist with coordination of services.

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Managed Care
Enrollment (June 2022)	20,097	17,821
Estimated SMI Enrollment	6,431	5,702
Management	<ul style="list-style-type: none"> Physical health: FFS Behavioral health: Prepaid Inpatient Mental Health Plans (PMHPs) 	<ul style="list-style-type: none"> Physical health: Four ACOs Behavioral health: PMHPs
Payment Model	<ul style="list-style-type: none"> Physical health: FFS Behavioral health: Capitated rate 	Physical and behavioral health: Capitated rate
Geographic Service Area	<ul style="list-style-type: none"> Physical Health: Statewide Behavioral Health: Statewide except Wasatch County; PMHPs available by county 	<ul style="list-style-type: none"> Physical health: Statewide; ACOs available by county Behavioral health: Statewide except Wasatch County; PMHPs available by county

Total Dual Eligible Enrollment: 37,918 | Total Dual Eligible Enrollment With SMI: 12,133

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

*Dual eligible enrollment estimated using managed care penetration rates.

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	January 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare, Inc	Medicare Advantage D-SNP	7,557	2,418
Molina Medicare Complete Care	Molina Healthcare of Utah	Medicare Advantage D-SNP	7,367	2,357
HumanaChoice	Humana, Inc	Medicare Advantage D-SNP	1,615	517
SelectHealth Medicare Dual	SelectHealth, Inc	Medicare Advantage D-SNP	758	243
Health Choice Generations	Health Choice Utah	Medicare Advantage D-SNP	710	227
Aetna Medicare Dual Preferred Plan	Aetna/ CVS	Medicare Advantage D-SNP	74	24

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of June 2022 was 37,918.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- The state operates a mandatory managed care program in 13 counties:
 - Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties.
- Dual eligible beneficiaries that reside in one of mandatory managed care counties are automatically enrolled in managed care and must select one of the four plans to receive Medicaid services. If they do not choose a health plan, one will be assigned to them.
 - All other dual eligibles have the option to receive services either FFS, managed care plans, or D-SNP plans.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Utah does not have a dual eligible demonstration with the Centers for Medicare and Medicaid Services at this time.

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

Utah does not currently operate a MLTSS program.

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (January 2023)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

* Long-Term Services & Supports

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles			X
Individuals with I/DD			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X		
Other populations	<ul style="list-style-type: none"> • Retroactive eligibility • Individuals in the Utah State Hospital and Developmental Hospital • Individuals in Utah’s Buyout program • Healthy Outcomes Medical Excellence (HOME) enrollees 	Individuals living in sixteen rural counties	

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Currently, Utah does not operate a LTSS program and does not offer specialized plans for individuals requiring their services. Individuals will receive services either from the FFS program or from their health plan.

F.3. Medicaid LTSS Program: Health Plan Characteristics

- Currently, Utah does not operate a LTSS program and does not offer specialized plans for individuals requiring their services. Individuals will receive services either from the FFS program or from their health plan.

F.4. Medicaid LTSS Program: Health Plan Benefits

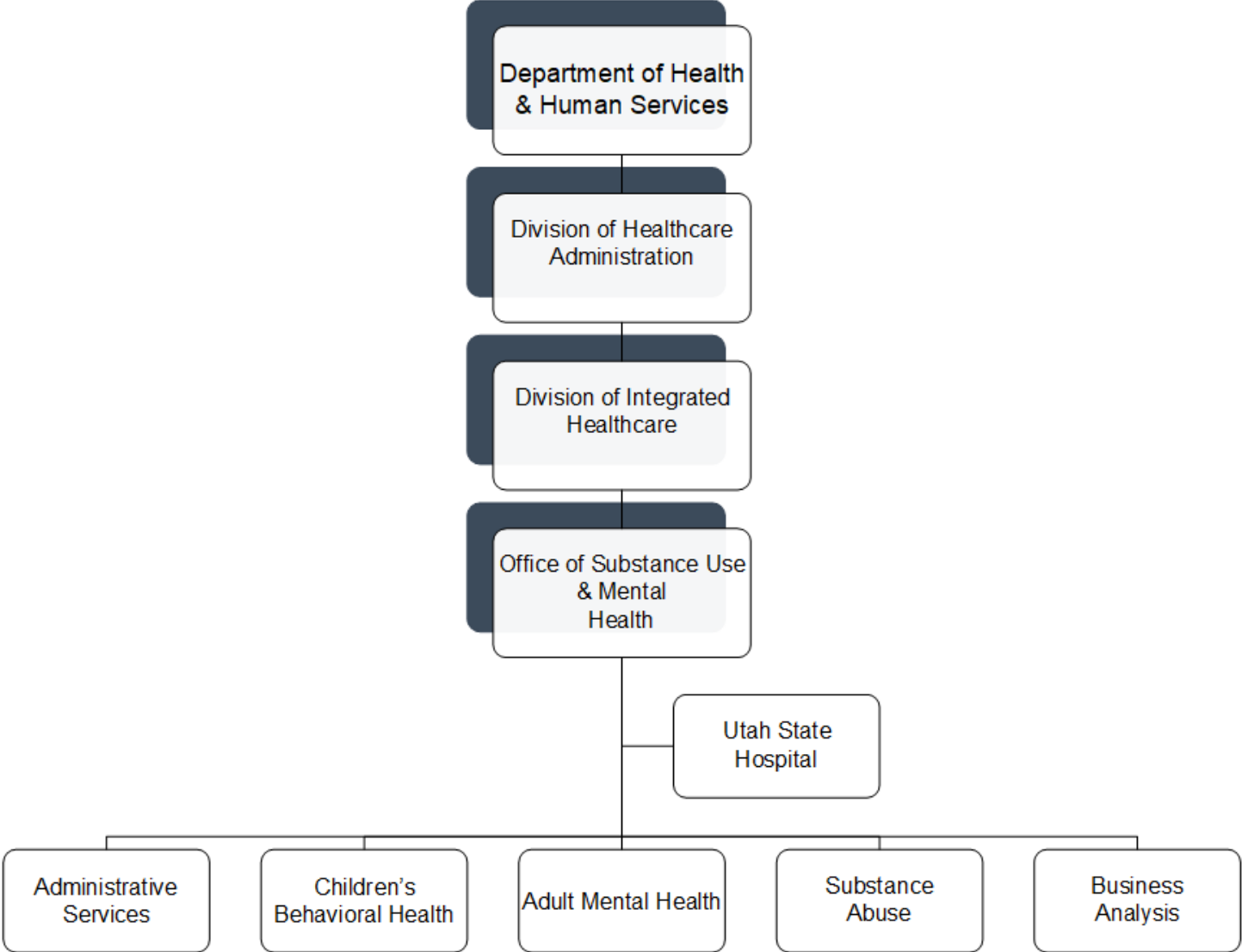
- Currently, Utah does not operate a LTSS program and does not offer specialized plans for individuals requiring their services. Individuals will receive services either from the FFS program or from their health plan.

F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- The HOME program is a managed care program for individuals with developmental disabilities. Services will be provided through the HOME clinic.
- HOME provides both medical and behavioral health services through a medical home model of care.
- Members may need to change their current providers and use the providers available through the HOME program's provider network.
- Members will be assigned a case manager to assist with coordination of services.

G. State Behavioral Health Administration & Finance System

G.1. Department Of Health & Human Services: Organization Chart



G.1. Department Of Health & Human Services: Key Leadership

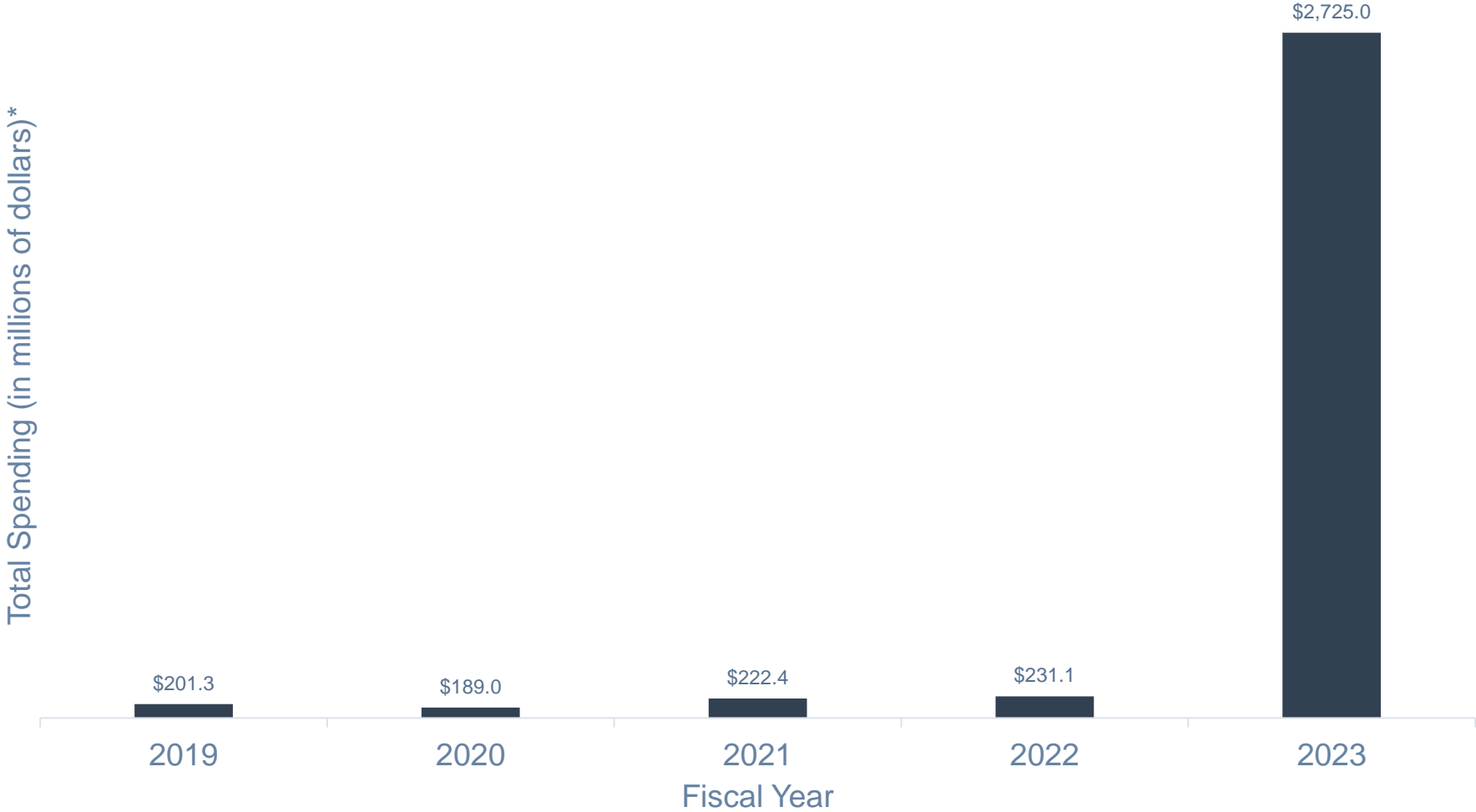
Name	Position	Department	Email
Tracy S. Gruber	Executive Director	Department of Human Services (DHS)	tgruber@utah.gov
David Litvack	Deputy Director Programs	DHS	dlitvack@utah.gov
Nate Checketts	Deputy Director Programs	DHS	nchecketts@utah.gov
Brent Kelsey	Director	DHS, Division of Substance Abuse and Mental Health (DSAMH)	bkelsey@utah.gov
Kyle Larson	Division Administrative Services Director	DSAMH, Administrative Services	klarson@utah.gov
Eric Tadehara	Assistant Director	DSAMH	etadehara@utah.gov
Amanda Alkema	Assistant Director	DSAMH	aalkema@utah.gov
Dallas Earnshaw	Superintendent	DSAMH, Utah State Hospital	dearnshaw@utah.gov

G.2. Department Of Health & Human Services: Budget

Budget Item	SFY 2023 Budget Request*	Percent Of Budget
Medicaid Other Services	\$561,568,300	21%
Medicaid Home and Community Based Services	\$462,102,300	17%
Medicaid Long Term Care Services	\$349,432,200	13%
Medicaid Hospital Services	\$320,663,900	12%
Expansion Hospital Services	\$295,502,600	11%
Medicaid Behavioral Health Services	\$237,325,200	9%
Non-Medicaid Behavioral Health Treatment & Crisis Svcs	\$201,293,600	7%
Expansion Other Services	\$128,829,400	5%
State Hospital	\$89,969,900	3%
Expansion Behavioral Health Services	\$78,899,900	3%
Budget Total: \$2,725,587,300		

* In FY 2022 the Department of Health and Department of Human Services were merged which accounts for the increase in funds. DHHS is now the single largest agency of the state.

G.2. Department Of Health & Human Services: Budget Over Time



* In FY 2022 the Department of Health and Department of Human Services were merged which accounts for the increase in funds. DHHS is now the single largest agency of the state.

G.3. State Psychiatric Institutions

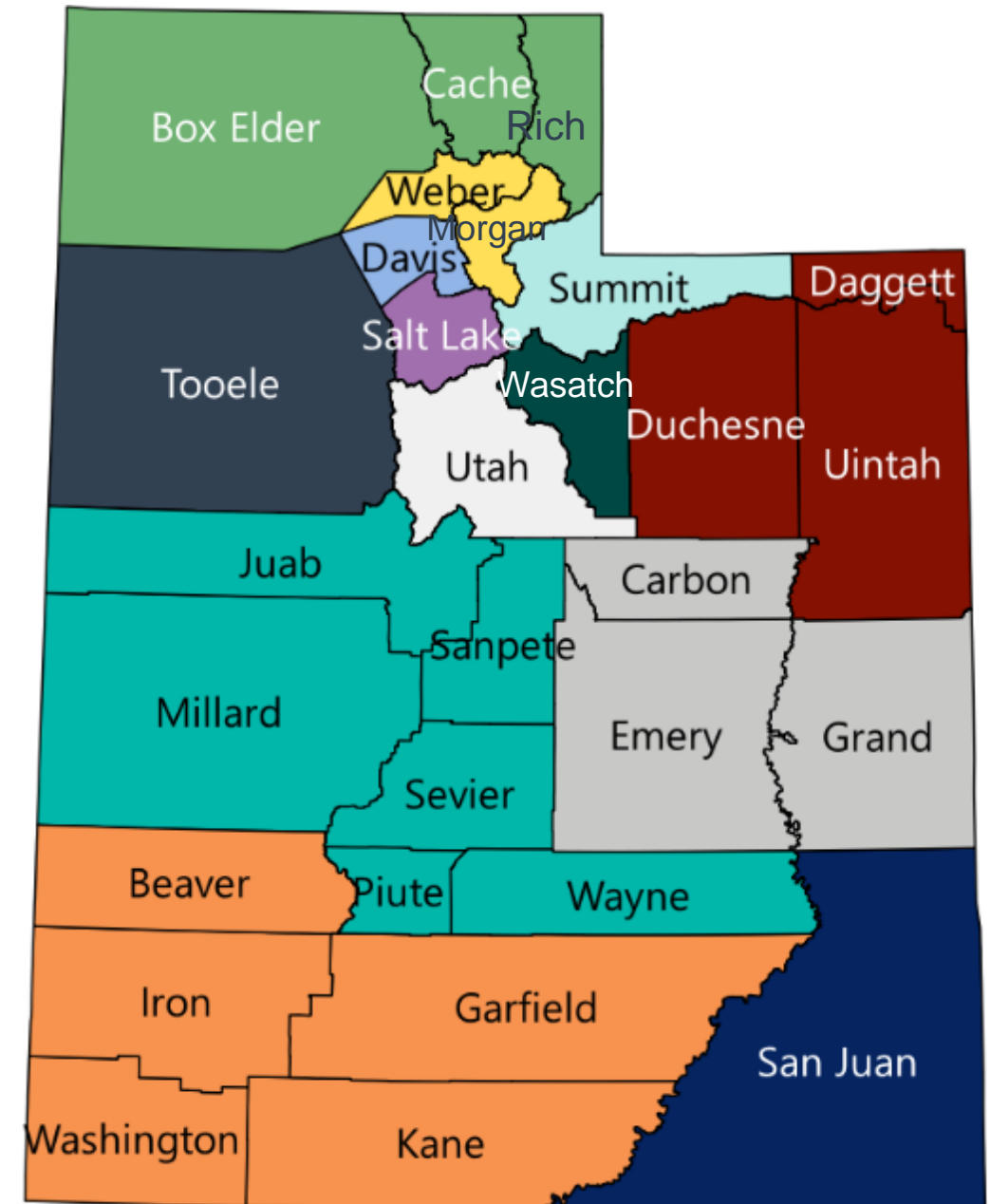
State Psychiatric Institutions		
Institution	Location	Beds
Utah State Hospital	Provo	322

G.4. Behavioral Health Safety-Net Delivery System

1. The Department of Human Services Division of Substance Abuse and Mental Health (DSAMH) contracts with 13 Local Mental Health Authorities (LMHAs) operated at the county or joint-county level to provide mental health treatment services to the uninsured population.
2. The LMHAs are financed through a combination of federal, state, and county funds. In addition to providing treatment to the safety-net population, they also serve as prepaid mental health plans (PMHP) for the Medicaid population.
 - In San Juan, the LMHA/LSAA is San Juan County; the PMHP is San Juan Counseling Center. Wasatch does not have a PMHP.
3. Available LMHA services are based on local needs; however, the LMHAs are legislatively mandated to provide the following:
 - a. Inpatient care
 - b. Residential care
 - c. Outpatient care
 - d. 24-hour crisis care
 - e. Psychotropic medication management
 - f. Psychosocial rehabilitation
 - g. Case management
 - h. Community supports
 - i. Consultation and education services
 - j. Services for the incarcerated population
4. DSAMH contracts with 13 county-operated or joint-county operated Local Substance Abuse Authorities (LSAAs) to provide addiction treatment services to the uninsured population. In most counties, the LSAA and the LMHA are the same organization. In Box Elder, Cache, Rich, and Utah counties, the LMHA and LSAA are two separate organizations.

G.4. Behavioral Health Safety-Net Delivery System: LMHA/LSAA Survey Areas

	LMHA/LSAA	Counties Served
	Bear River Mental Health Services (LMHA); Bear River Health Department (LSAA)	Box Elder, Cache, Rich
	Central Utah Counseling Center	Juab, Millard, Piute, Sanpete, Sevier, Wayne
	Davis Behavioral Health	Davis
	Four Corners Behavioral Health	Carbon, Emery, Grand
	Northeastern Counseling Center	Daggett, Duchesne, Uintah
	Salt Lake County Behavioral Health Services	Salt Lake
	San Juan Counseling Center	San Juan
	Southwest Behavioral Health Center	Beaver, Garfield, Iron, Kane, Washington
	Valley Behavioral Health, Tooele County	Tooele
	Uni Park City Clinic	Summit
	Wasatch County Family Clinic	Wasatch
	Wasatch Mental Health (LMHA); Utah County Department of Drug and Alcohol Prevention and Treatment (LSAA)	Utah
	Weber Human Services	Morgan, Weber



H. Appendices

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2019). Medicare-Medicaid Coordination Office Report to Congress. Retrieved December 2022 from https://www.cms.gov/files/document/mmco-report-congress.pdf

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2019, November 4). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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