



**OPEN MINDS**

# Utah Health & Human Services System Market Profile: 2024



# Utah Health & Human Services Market Profile Overview

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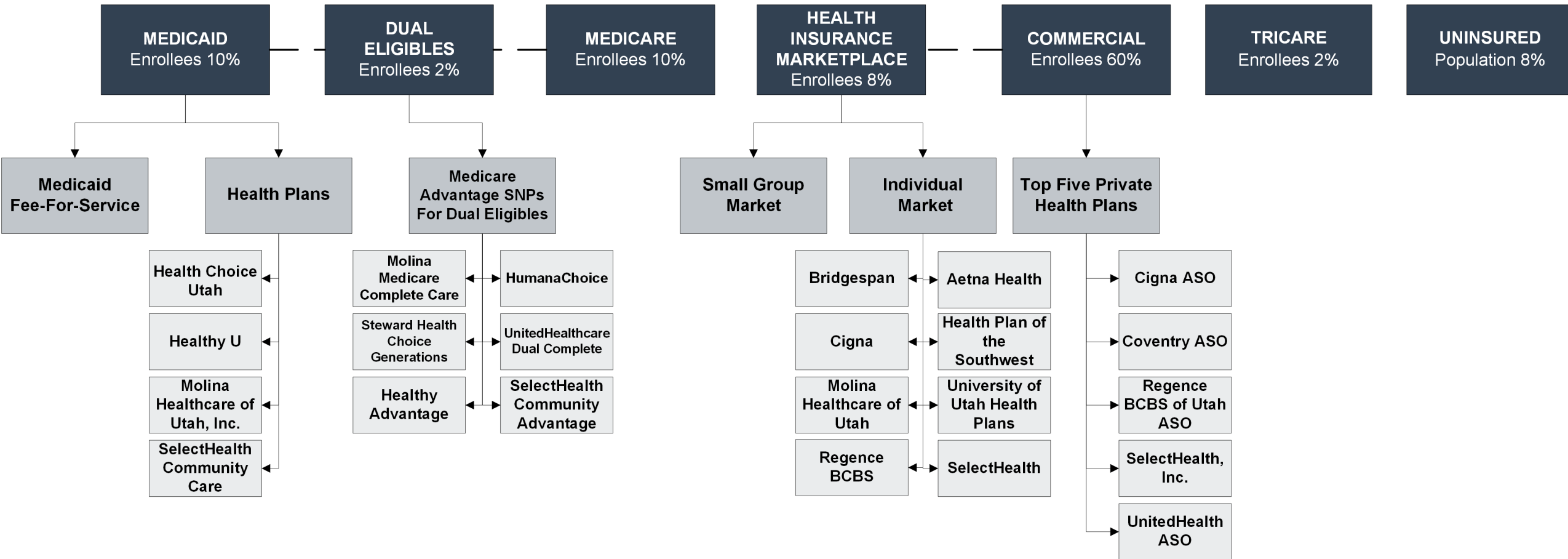
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# A. Executive Summary

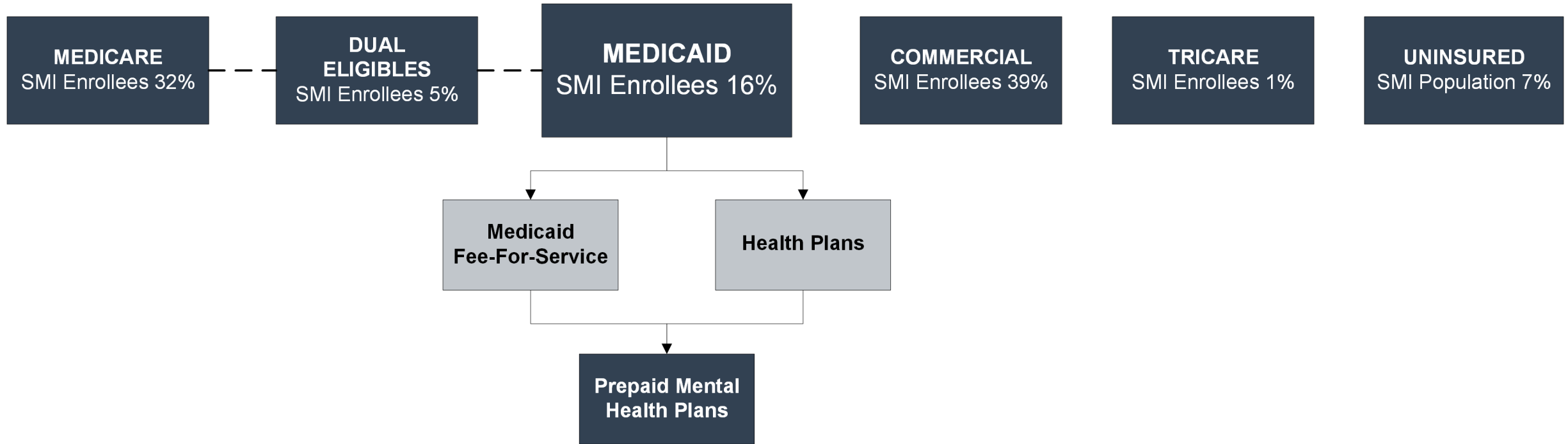
# A.1. Utah Physical Health Care Coverage by Payer

Total Utah Population- 3,380,800  
 Estimated SMI Population- 270,464



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

# 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 three CCBHCs.                        |

## 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.

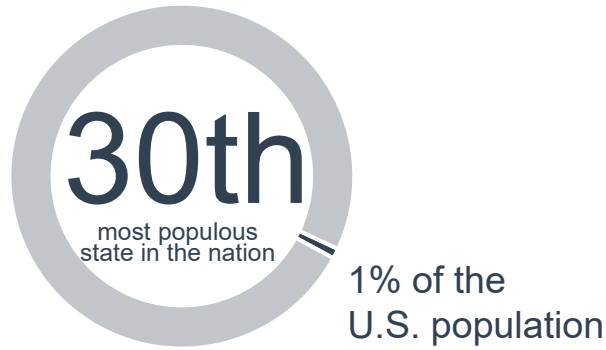
#### Addiction Treatment Services

- 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.

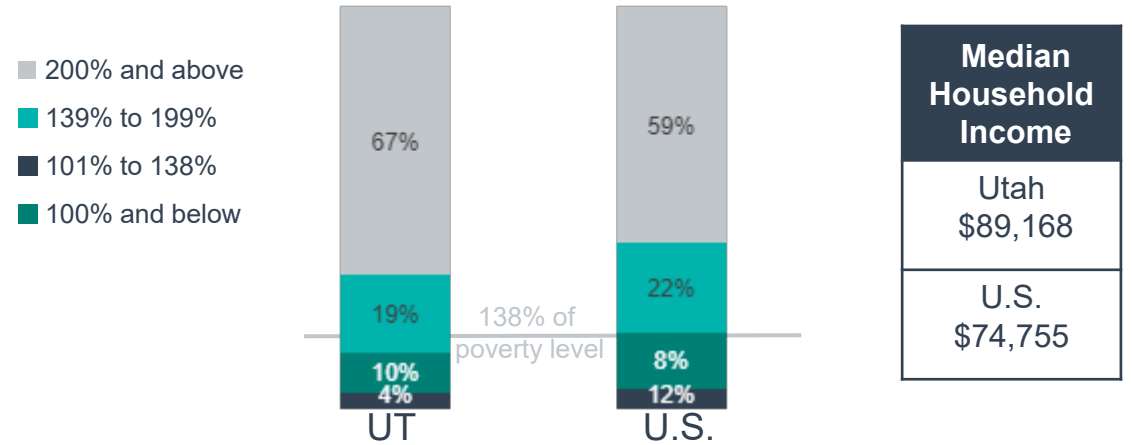
# B. Utah Health Financing System Overview

# B.1. Population Demographics

Total Utah Population- 3,380,800  
 Estimated SMI Population- 270,464



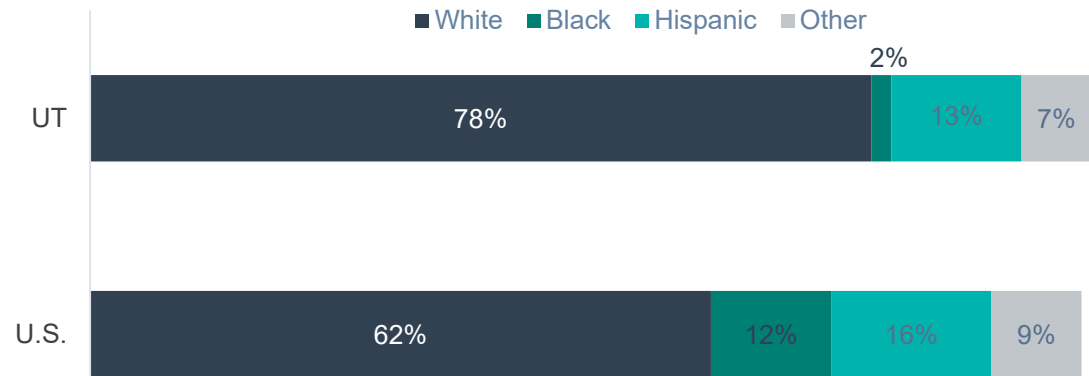
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



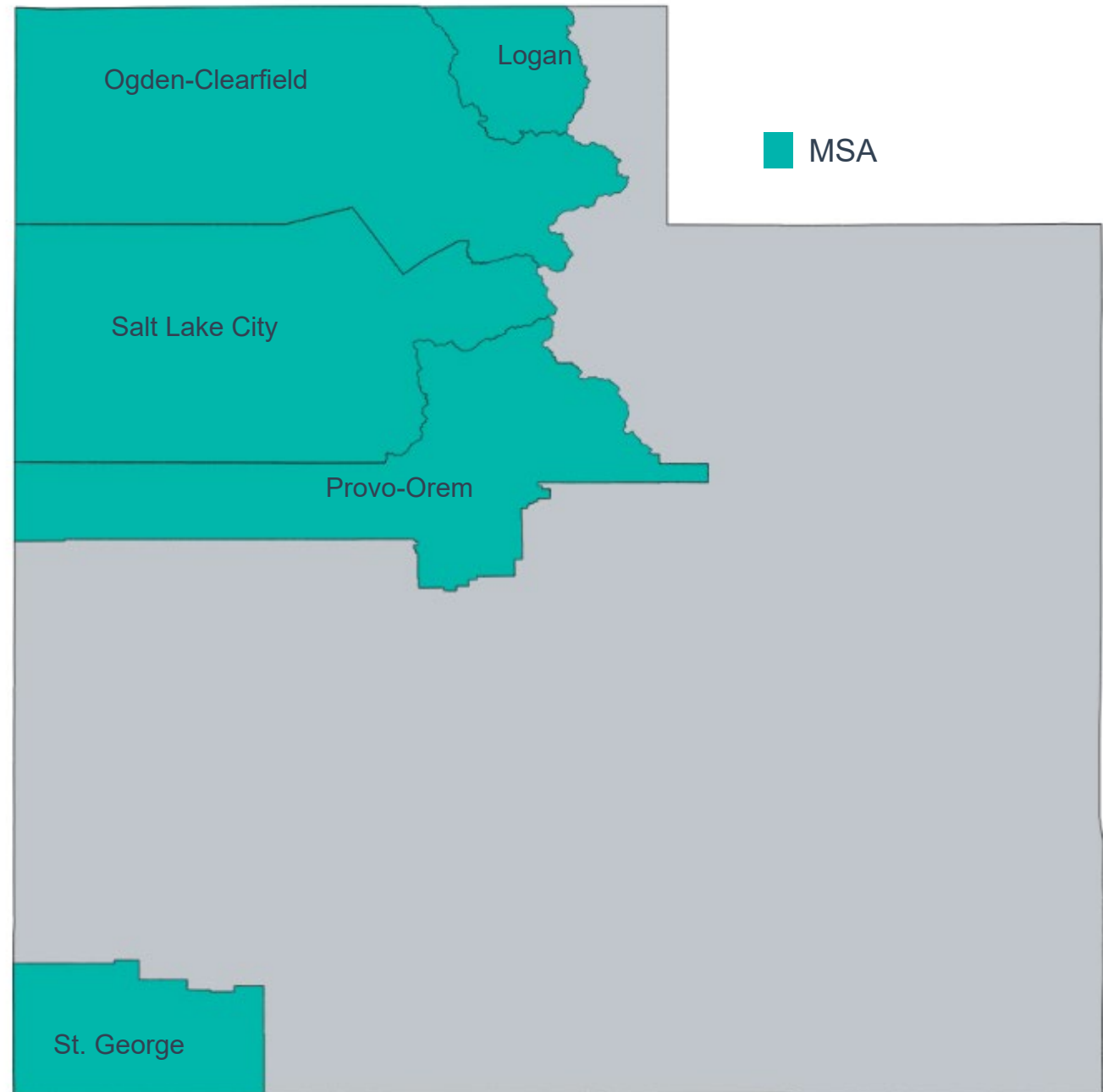
Utah & U.S. Racial Composition



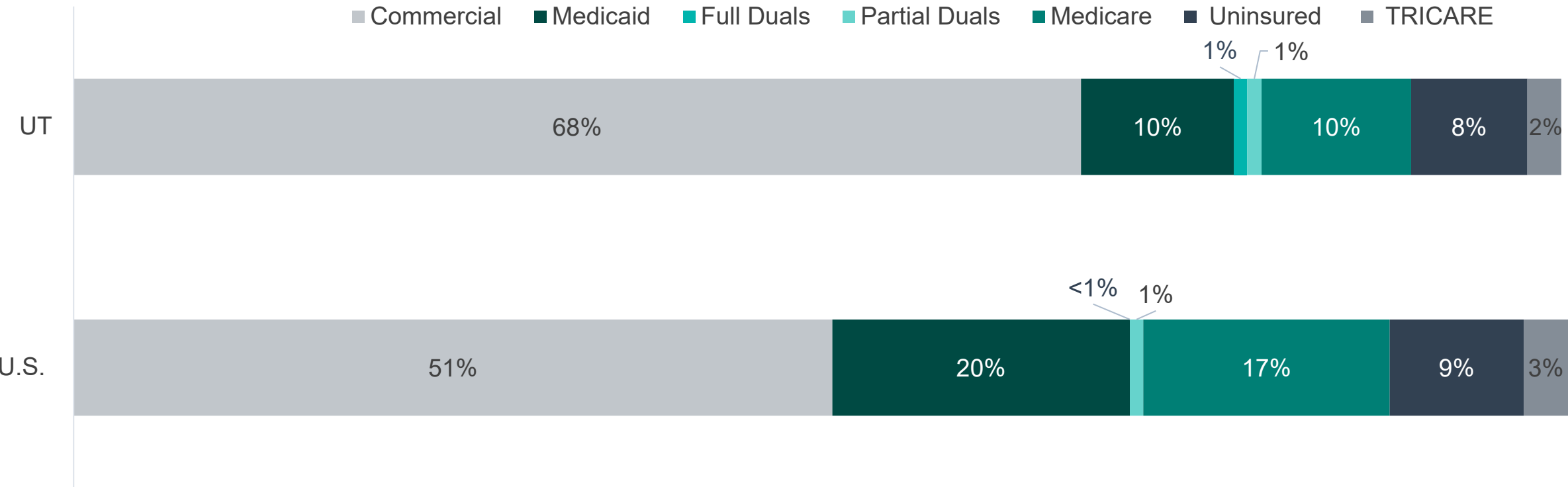
Totals may not equal 100% due to rounding

## B.2. Population Centers

| Metropolitan Statistical Areas (MSAs) |                  |                       |
|---------------------------------------|------------------|-----------------------|
| MSA                                   | MSA Residents    | Percent Of Population |
| <b>Total MSA Population</b>           | <b>3,055,370</b> | <b>90%</b>            |
| Salt Lake City, UT                    | 1,266,191        | 37%                   |
| Provo-Orem, UT                        | 715,001          | 21%                   |
| Ogden-Clearfield, UT                  | 713,839          | 21%                   |
| St. George, UT                        | 202,452          | 6%                    |
| Logan, UT-ID                          | 157,887          | 5%                    |

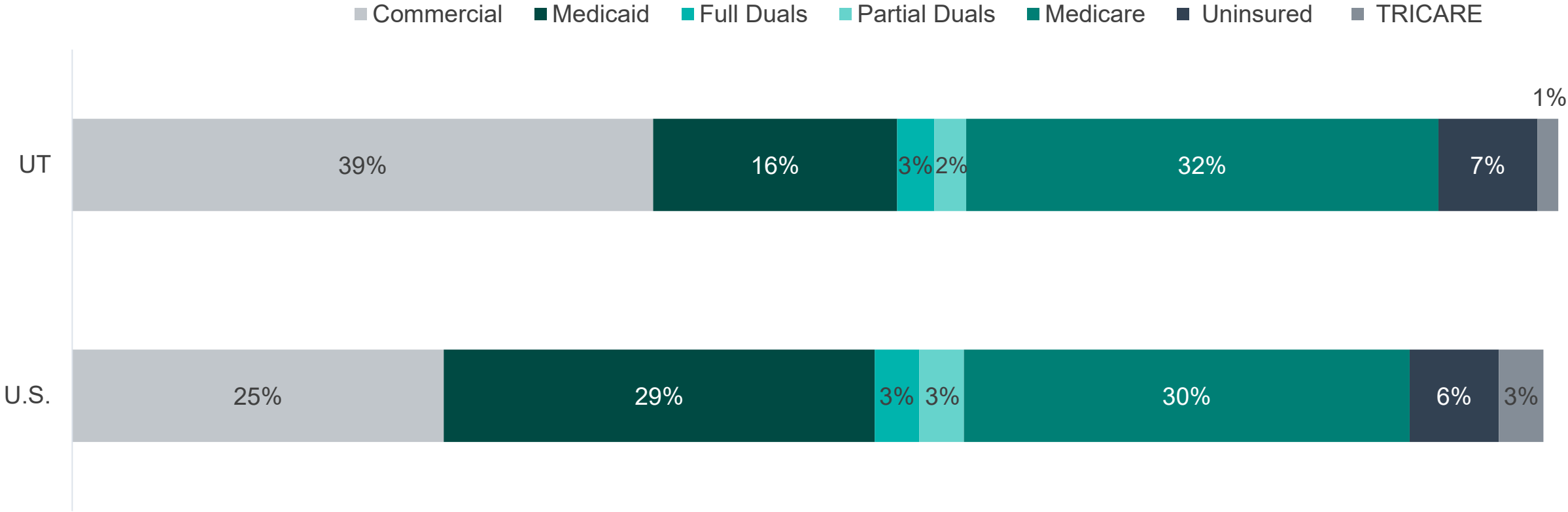


# B.3. Population Distribution By Payer: National vs. State



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  | 157,554     |
| Cigna ASO                              | Commercial ASO  | 142,359     |
| SelectHealth Community Care            | Medicaid managed care                                 | 140,765     |
| Healthy U                              | Medicaid managed care                                 | 129,085     |
| Coventry ASO                           | Commercial ASO  | 112,109     |
| UnitedHealthcare of the Rockies, Inc   | Medicare Advantage                                    | 96,742      |
| UnitedHealthcare ASO                   | Commercial ASO  | 96,075      |

\* Medicaid enrollment as of December 2023; TRICARE enrollment as of December 2023; Commercial as of December 2023; Medicare enrollment as of December 2023

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

| Plan Name                            | Plan Type             | Enrollment* | Estimated SMI Enrollment |
|--------------------------------------|-----------------------|-------------|--------------------------|
| SelectHealth                         | Commercial            | 692,766     | 29,096                   |
| UnitedHealthcare of the Rockies, Inc | Medicare Advantage    | 96,742      | 21,960                   |
| Medicare FFS                         | Medicare              | 231,075     | 19,827                   |
| Medicaid FFS                         | Medicaid              | 157,554     | 18,276                   |
| SelectHealth Community Care          | Medicare Advantage    | 140,765     | 16,329                   |
| Healthy U                            | Medicaid managed care | 129,085     | 14,974                   |
| Regence BlueCross BlueShield of Utah | Commercial            | 339,528     | 14,260                   |
| SelectHealth Advantage               | Medicare Advantage    | 43,889      | 9,963                    |
| Molina Healthcare of Utah            | Medicaid managed care | 77,530      | 8,993                    |
| Cigna ASO                            | Commercial ASO        | 142,359     | 5,979                    |

\* Medicaid enrollment as of December 2023; TRICARE enrollment as of December 2023; Commercial as of December 2023; Medicare enrollment as of December 2023

# B.5. Health Insurance Marketplace

| Health Insurance Marketplace         |  |
|--------------------------------------|--|
| Health Insurance Marketplace Percent | 8%   |
| Type of Marketplace                  | Federal  |
| Individual Enrollment Contact        | <a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>  |
|                                      | 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. |

| 2024 Individual Market Health Plans   |
|---|
| <ol style="list-style-type: none"> <li>1. Aetna Health</li> <li>2. Bridgespan</li> <li>3. Bright Health</li> <li>4. Cigna</li> <li>5. Health Plan of the Southwest</li> <li>6. Molina Healthcare of Utah</li> <li>7. Regence BCBS</li> <li>8. SelectHealth</li> <li>9. University of Utah Health Insurance Plans</li> </ol> |
| 2024 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 |

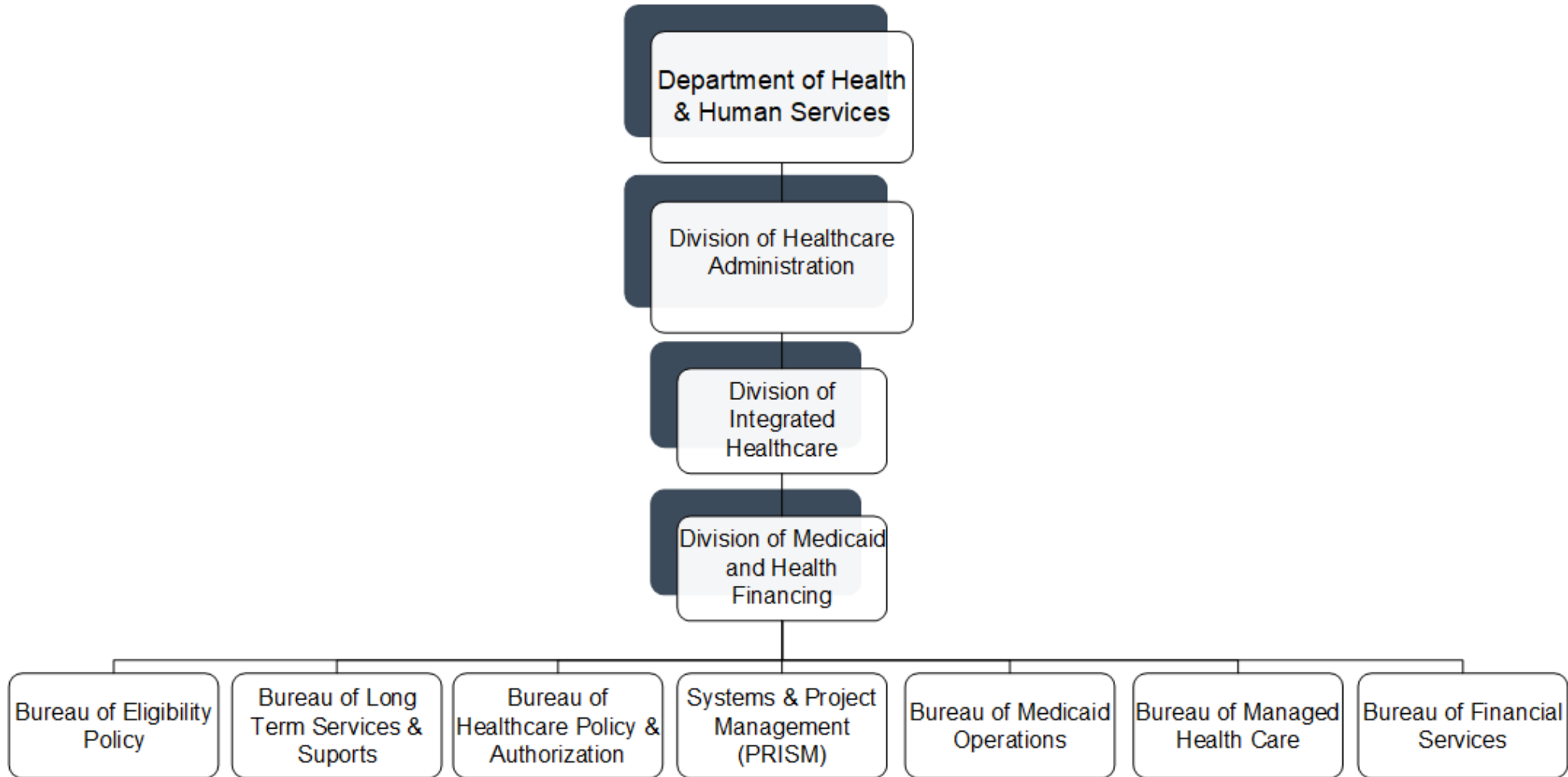
| Commercial            |  |
|-----------------------|--|
| ACO                   | Commercial Insurer                                       |
| Health Choice Arizona | Cigna, Humana, Regence<br>Blue Cross Blue Shield of Utah |

| 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

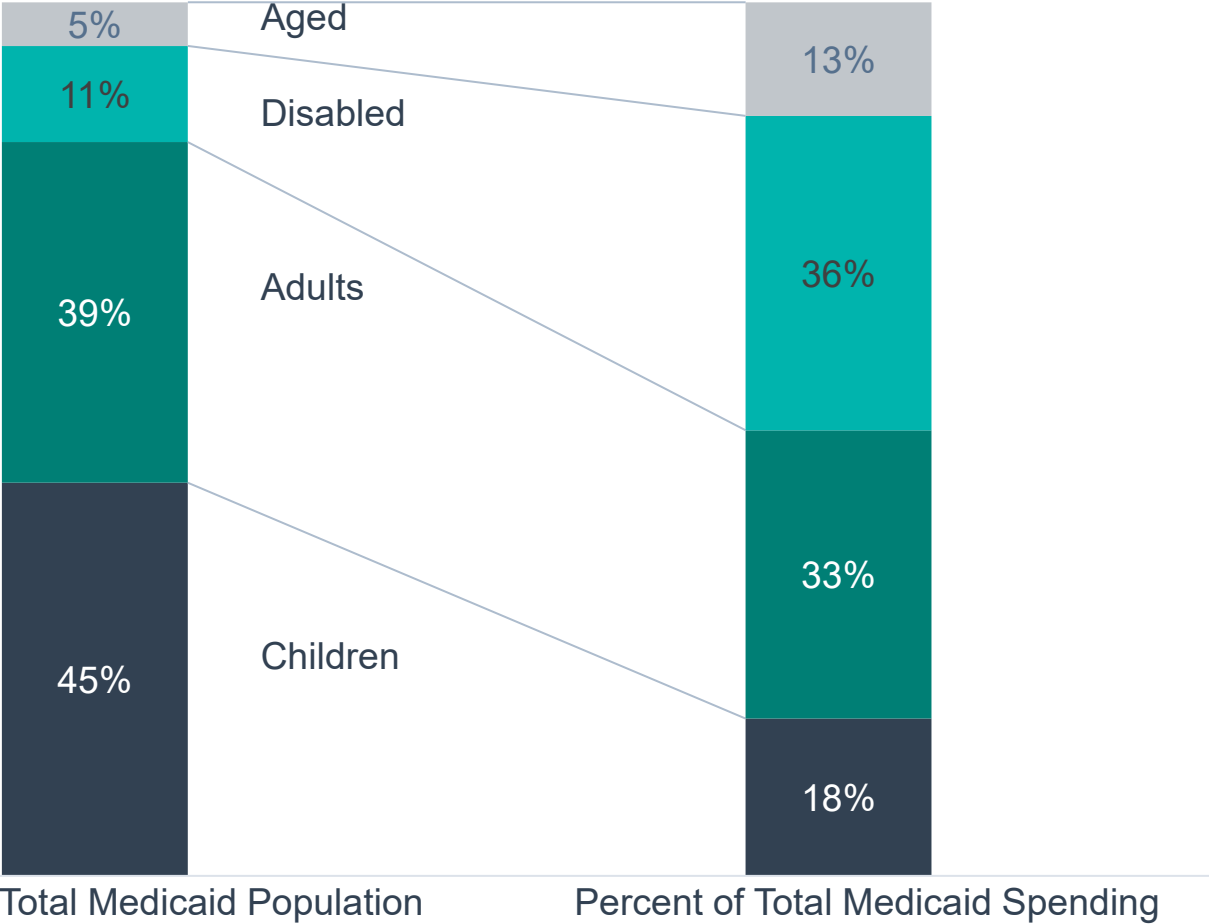
# C.1. Medicaid Governance: Organization Chart



## C.1. Medicaid Governance: Key Leadership

| Name                | Position                  | Department                              | Email                  |
|---------------------|---------------------------|---|------------------------|
| Tracy Gruber        | Executive Director        | Department of Health and Human Services | tracygruber@utah.gov   |
| Nathan Checketts    | Deputy Director           | DHHS, Healthcare Administration         | nchecketts@utah.gov    |
| Tonya Hales         | Assistant Deputy Director | Healthcare Administration               | thales@utah.gov        |
| Jennifer Strohecker | State Medicaid Director   | Integrated Healthcare                   | strohecker@utah.gov    |
| Jim Stamos          | Director                  | Healthcare Policy & Authorization       | jstamos@utah.gov       |
| Greg Trollan, MC    | Director                  | Managed Healthcare                      | gtrollan@utah.gov      |
| Shandi Adamson      | Director                  | Medicaid Operations                     | shandiadamson@utah.gov |
| Jason Stewart       | Director                  | PRISM                                   | jasonstewart@utah.gov  |
| Jeff Nelson         | Director                  | Eligibility Policy                      | jeffnelson@utah.gov    |

# C.2. Medicaid Program Spending By Eligibility Group



| Medicaid Spending Per Enrollee, FY 2021 |          |          |
|---|----------|----------|
|   | U.S.     | UT       |
| All populations                         | \$8,651  | \$8,989  |
| Children                                | \$3,584  | \$3,634  |
| Adults                                  | \$5,462  | \$6,837  |
| Expansion adults                        | \$7,486  | \$8,335  |
| Blind and disabled                      | \$23,935 | \$28,481 |
| Aged                                    | \$18,514 | \$21,669 |

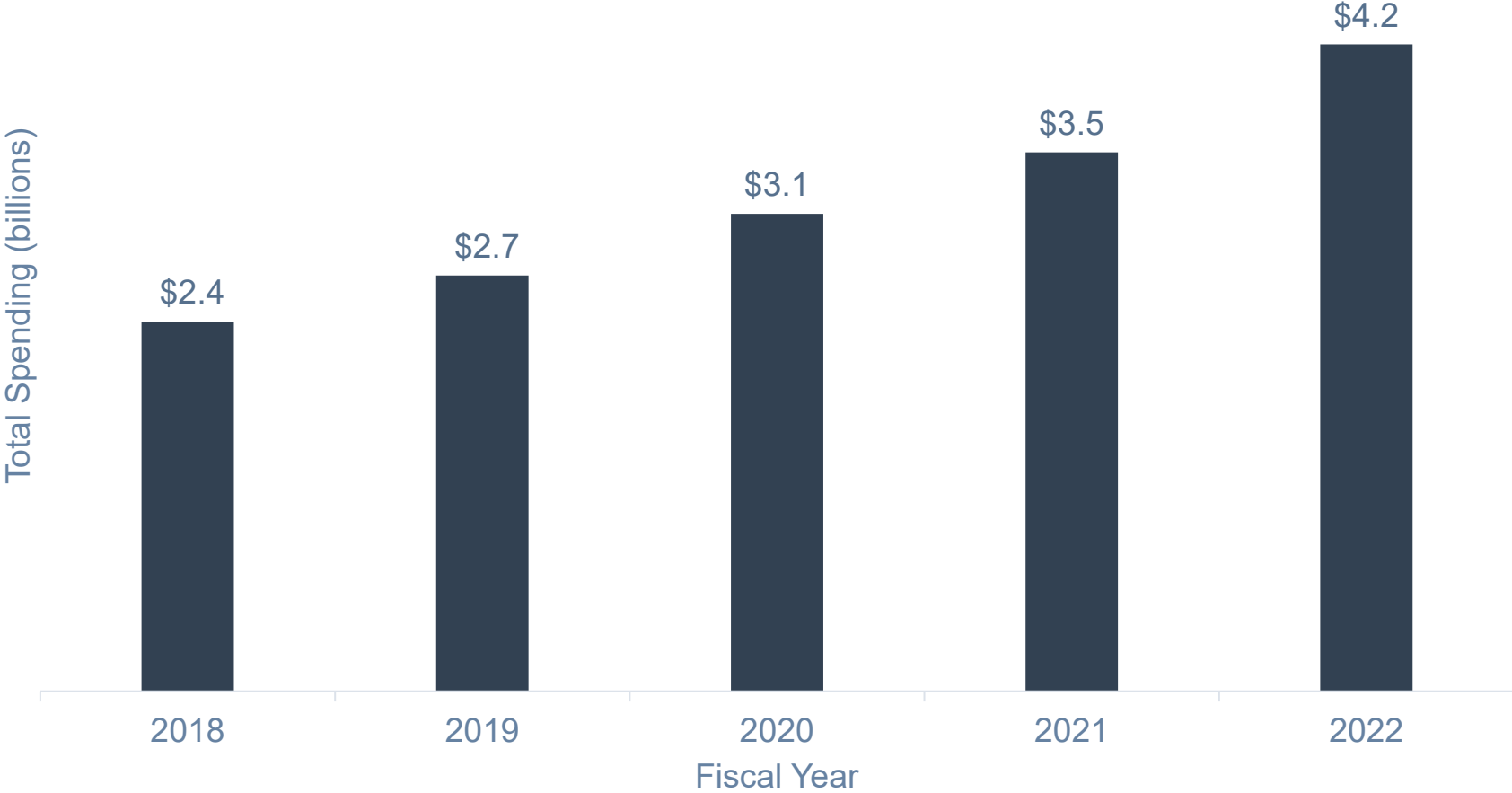
Based on FY 2021 data

## C.2. Medicaid Program Spending: Budget

| Budget Item                          | SFY 22 Spending | Percent Of Budget |
|--------------------------------------|-----------------|-------------------|
| Managed care and premium assistance  | \$2,051,000,000 | 48%               |
| Home- and community-based LTSS       | \$506,000,000   | 12%               |
| Institutional LTSS                   | \$478,000,000   | 11%               |
| Hospital                             | \$477,000,000   | 11%               |
| Other acute                          | \$363,000,000   | 9%                |
| Physician                            | \$129,000,000   | 3%                |
| Drugs                                | \$113,000,000   | 3%                |
| Medicare premiums and coinsurance    | \$71,000,000    | 2%                |
| Dental                               | \$24,000,000    | 1%                |
| Clinic and health center             | \$22,000,000    | 1%                |
| Other practitioner                   | \$14,000,000    | <1%               |
| <b>Budget Total: \$4,248,000,000</b> |                 |                   |

| Federal & County Financial Participation             |       |
|--|-------|
| FY 2024 Federal Medical Assistance Percentage (FMAP) | 65.9% |
| CY 2024 Newly Eligible FMAP (expansion population)   | 88%   |
| Counties contribute to state Medicaid share          | Yes   |

# C.2. Medicaid Program Spending: Change Over Time



## C.3. Medicaid Expansion Status

| Utah Medicaid Expansion Characteristics                                     |   |
|---|---|
| <b>Participating In Expansion</b>   | In December 2019, Utah’s Fallback Plan was accepted, and began implementation of Medicaid Expansion in January 2020.  |
| <b>Date Of Expansion</b>  | January 1, 2020   |
| <b>Medicaid Eligibility Income Limit For Able-Bodied Adults</b>             | 138% of Federal Poverty Level (FPL)<br>Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility. |
| <b>Legislation Used To Expand Medicaid</b>                                  | Senate Bill 96  |
| <b>Number Of Individuals Enrolled In The Expansion Group (October 2023)</b> | 146,131   |
| <b>Number Of Enrollees Newly Eligible Due To Expansion</b>                  | 145,220   |
| <b>Benefits Plan For Expansion Population</b>                               | The state’s ABP includes traditional health care and behavioral health benefits; but excludes dental care except for 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   |
| <b>Enrollment (March 2024)</b>  | 157,554  | 345,622   |
| <b>SMI Enrollment</b>           | Utah does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.<br><i>OPEN MINDS</i> estimates 31% of the SMI population is enrolled in FFS, 69% in managed care |   |
| <b>Management</b>               | <ul style="list-style-type: none"> <li>Physical health: FFS</li> <li>Behavioral health: Prepaid Inpatient Mental Health Plans (PMHPs)</li> </ul>   | <ul style="list-style-type: none"> <li>Physical health: Four ACOs</li> <li>Behavioral health: PMHPs</li> </ul>  |
| <b>Payment Model</b>            | <ul style="list-style-type: none"> <li>Physical health: FFS</li> <li>Behavioral health: Capitated rate</li> </ul>  | Physical and behavioral health: Capitated rate  |
| <b>Geographic Service Area</b>  | <ul style="list-style-type: none"> <li>Physical health: Statewide</li> <li>Behavioral health: Statewide except Wasatch County; PMHPs available by county</li> </ul>  | <ul style="list-style-type: none"> <li>Physical health: Statewide; ACOs available by county</li> <li>Behavioral health: Statewide except Wasatch County; PMHPs available by county</li> </ul> |

**Total Medicaid: 503,176 | Total Medicaid With SMI: 58,368**

## D.1. Medicaid System Overview

| Medicaid Financial Delivery System Enrollment                    |  |  |
|--|--|--|
| Total Medicaid population distribution                           | As of March 2024: 31% in fee-for-service (FFS), 69% in managed care  |  |
| SMI population inclusion in managed care                         | <ul style="list-style-type: none"> <li>Utah does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care.</li> <li>Estimated 31% of population in FFS, 69% in managed care</li> </ul> |  |
| Dual eligible population inclusion in managed care               | <ul style="list-style-type: none"> <li>Managed care is mandatory for dual eligibles residing in the mandatory managed care counties, and optional in all others.</li> <li>Estimated 82% of population in FFS, 18% in managed care</li> </ul>                                   |  |
| 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 three CCBHCs.                        |

# 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"> <li>• Retroactive eligibility</li> <li>• Individuals in the Utah State Hospital and Developmental Hospital</li> <li>• Individuals in Utah's Buyout program</li> <li>• Healthy Outcomes Medical Excellence (HOME) enrollees</li> </ul> | Individuals living in sixteen rural counties |                                   |

## D.2. Medicaid FFS Program: Overview

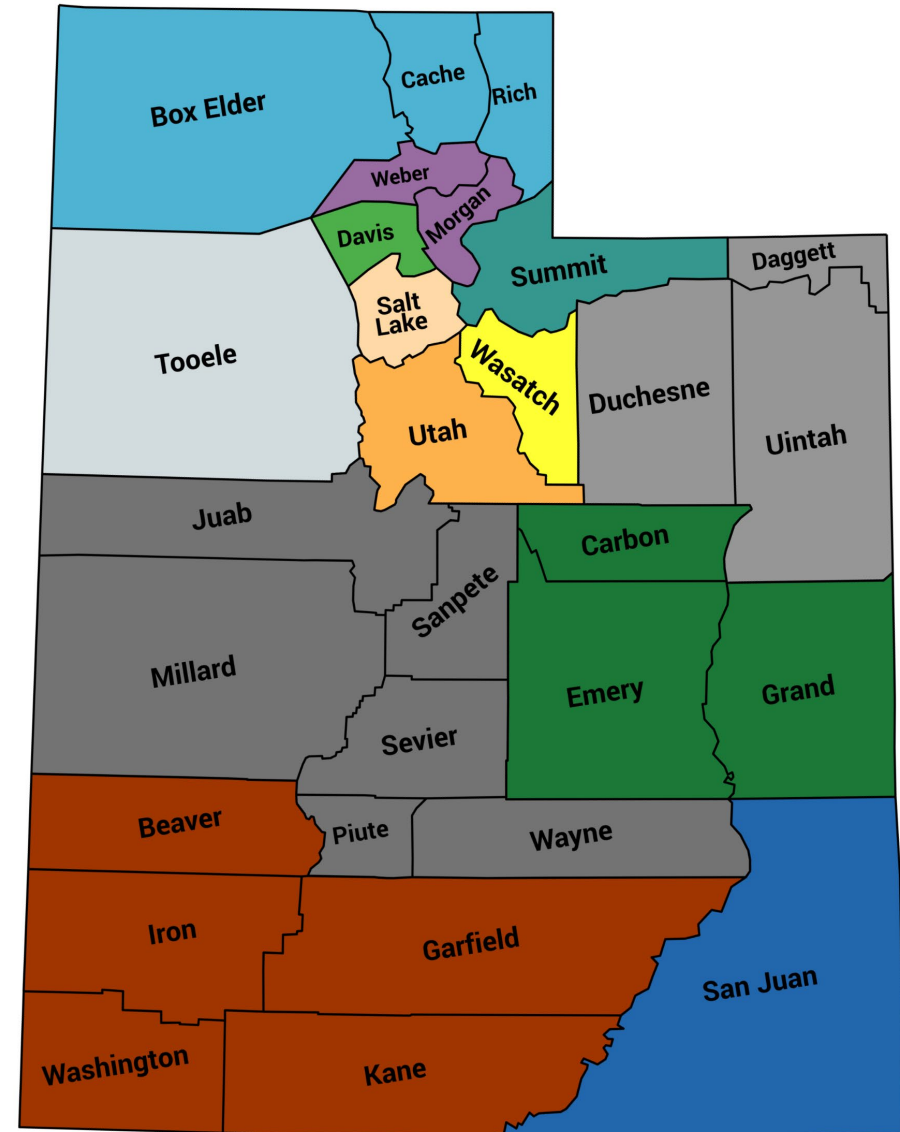
- FFS enrollment as of March 2024 was 157,554.
- Utah gives individuals in the following sixteen counties the option to enroll in managed care or FFS: Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah, Wayne.
- Utah Medicaid is in 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 Behavioral 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 Behavioral Health                                   | 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*  |
|                             | <ul style="list-style-type: none"> <li>• Psychoeducational services</li> <li>• Personal services</li> <li>• Respite care</li> <li>• Supportive living</li> </ul> |

| 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 March 2024, *OPEN MINDS* estimates 31% 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"> <li>Mental health and addiction treatment drugs are subject to clinical prior authorization, quantity limits, step therapy, and brand required over generic medication requirements.</li> <li>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.</li> </ul> |
| 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.                                    |

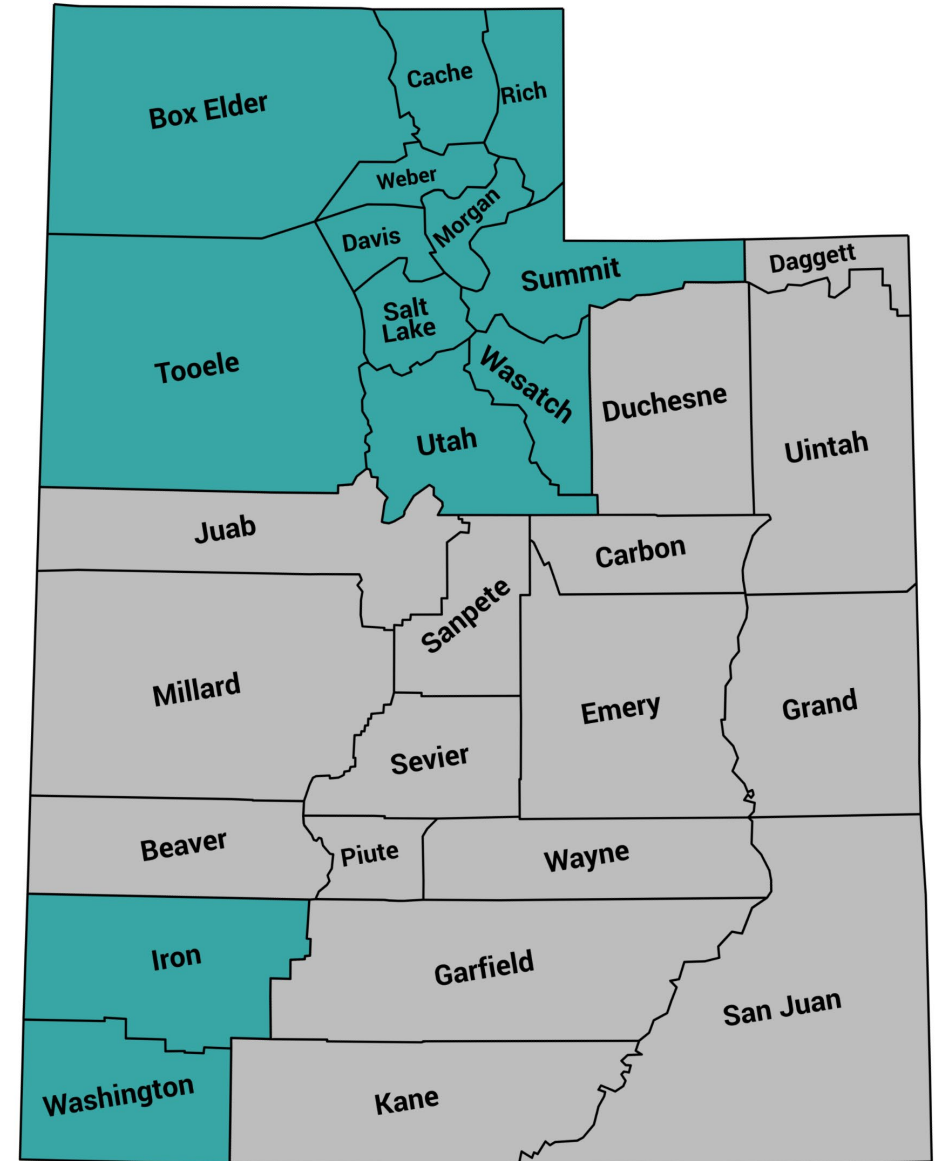
## D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of March 2024 was 345,622.
- 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 upgraded its information management system in 2023. The new Provider Reimbursement Information System for Medicaid (PRISM) system is used for functions including prior authorization, member eligibility, claims adjudication, claims payments, a member web portal, and auditing.

## 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: 34%
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: 37%
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: 21%
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: 8%
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"><li>• Psychoeducational services</li><li>• Personal services</li><li>• Respite care</li><li>• Supportive living</li></ul> |

| 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.

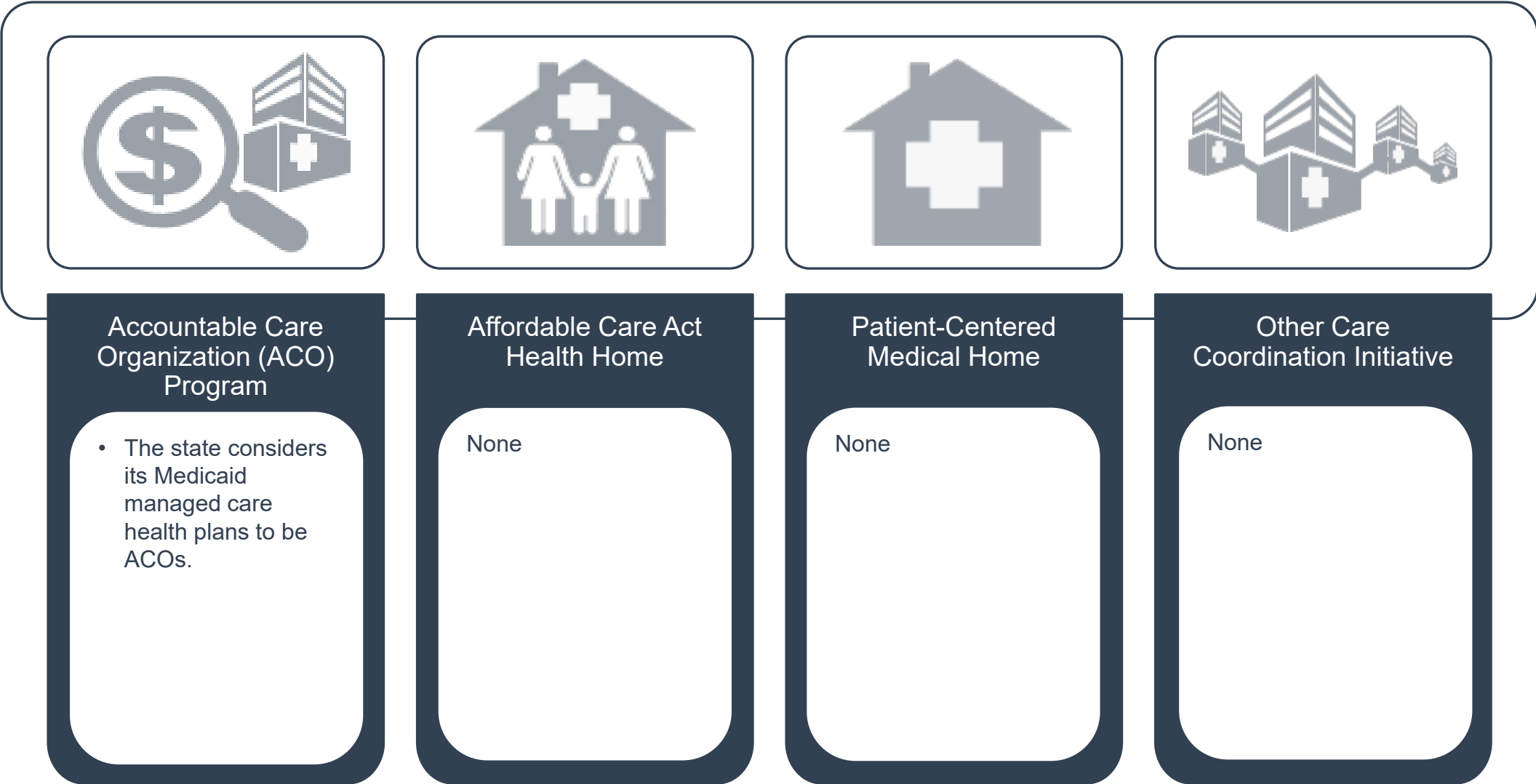
## D.3. Medicaid Managed Care Program: SMI Population

- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- As of March 2024, *OPEN MINDS* estimates that 69% 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"> <li>• Yes, health plans are responsible for establishing and maintaining their own PDLs for physical health drugs.</li> <li>• 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.</li> <li>• Mental health and addiction treatment drugs are included on the state's FFS PDL.</li> </ul> |
| 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"> <li>• Mental health and addiction treatment drugs are subject to clinical prior authorization, quantity limits, step therapy, and brand required over generic medication requirements.</li> <li>• Non-preferred psychotropic medications may be administered if the physician writes "dispense as written" and submits a DAW Code 1 claim.</li> </ul>   |
| 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-0002)      | Authorizes the use of at-risk prepaid mental health plans to provide behavioral health services. | 1915 (b)    | None           | 01/01/2024     | 06/30/2027      |
| Choice of Dental Care Delivery Program (UT-0004) | Coverage of dental benefits for Medicaid eligible individuals ages 65 or older                   | 1915 (b)    | None           | 01/01/2024     | 12/31/2028      |

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

| Waiver Title   | Waiver Description  | Waiver Type | Enrollment Cap | Effective Date | Expiration Date |
|--|---|-------------|----------------|----------------|-----------------|
| Utah Medicaid Reform 1115 Demonstration (formerly 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"> <li>• Approved amendments include <ul style="list-style-type: none"> <li>• Development and operation of an integrated managed care pilot delivering physical and behavioral health services for the Adult Expansion population in five select counties;</li> <li>• Expansion of Utah's ACO and PMHP to eight additional counties; and</li> <li>• Enrollment of the Adult Expansion Population demonstration group in Medicaid.</li> <li>• An increase in the maximum reimbursement for each enrollee.</li> </ul> </li> </ul> | 1115        | None           | 12/23/2002     | 06/30/2027      |
| Choice of Health Care & Hemophilia Disease Management Program (UT-0001)      | 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   | 2024 Enrollment Cap | Operating Unit  | Concurrent Management Authority |
|--|---|---------------------|---|---------------------------------|
| UT Community Supports Waiver for Individuals w/ID and Other Related Conditions (0158.R07.00) | Individuals with autism or I/DD of any age  | 5,900               | Division of Services for People with Disabilities   | No                              |
| UT New Choices (0439.R03.00)   | 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.R02.00)   | Individuals who are medically fragile ages 0 to 19  | 730                 | Division of Medicaid and Health Financing, Bureau of Authorization and Community-Based Services   | No                              |
| UT Waiver for Individuals ages 65 or Older (0247.R06.00)                                     | Individuals ages 65 and older   | 550                 | Division of Aging and Adult Services  | No                              |
| UT Waiver for Technology Dependent, Medically Fragile Individuals (40183.R06.00)             | 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.   | 250                 | Division of Services for People with Disabilities   | No                              |
| UT Acquired Brain Injury (0292.R05.00)   | Individuals with brain injury ages 18 and older   | 142                 | Division of Services for People with Disabilities   | No                              |
| UT Physical Disabilities (0331.R05.00)   | 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 Postpartum Care

- In March 2024, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), announced Utah's extension of comprehensive coverage for postpartum individuals for a full 12 months through Medicaid and the Children's Health Insurance Program (CHIP).
- As a result, an additional 4,000 people in Utah will be eligible for Medicaid and CHIP coverage for an entire year after pregnancy.
- The extended coverage is made possible under the American Rescue Plan, which was made permanent by the Consolidated Appropriations Act of 2023.
  - Under this option, states may extend postpartum coverage through Medicaid and CHIP from the current mandatory 60-day period to 12 months.
- Utah is the 45<sup>th</sup> state to extend Medicaid and CHIP coverage to 12 months following pregnancy.
- This option is designed to address disparities in maternal health outcomes.

# E. Medicare Financing & Service Delivery System

## E.1. Medicare Financing & Service Delivery System

| Medicare System Characteristics |   |  |
|---------------------------------|---|--|
| Characteristics                 | Traditional Medicare (FFS)  | Medicare Advantage   |
| Enrollment (December 2023)      | 231,075   | 223,602  |
| SMI Enrollment                  | <ul style="list-style-type: none"> <li>• <i>OPEN MINDS</i> estimates 49% of the population in Medicare Advantage, 51% in Traditional Medicare.</li> </ul>   |  |
| Management                      | <ul style="list-style-type: none"> <li>• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care</li> <li>• Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs</li> </ul> | <ul style="list-style-type: none"> <li>• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen</li> </ul> |
| Payment Model                   | <ul style="list-style-type: none"> <li>• Part A &amp; B cover up to 80%, remaining costs can be paid out of pocket</li> </ul>   | <ul style="list-style-type: none"> <li>• Fixed amounts paid based on health plan chosen</li> </ul>   |
| Geographic Service Area         | Statewide   | Statewide  |

**Total Medicare: 454,577 | Total Medicare With SMI: 103,211**

## E.1. Medicare Financing & Service Delivery System

| Medicare Financial Delivery System Enrollment                              |   |
|--|---|
| Total Medicare population distribution                                     | As of December 2023: 49% Medicare Advantage, 51% in traditional Medicare.       |
| SMI population inclusion in managed care                                   | Estimated 49% of population in Medicare Advantage, 51% in traditional Medicare. |
| Medicare population inclusion in Chronic special needs plan or (C-SNP).    | Utah does not offer any C-SNP plans.  |
| Medicare population inclusion in Institutional Special Needs Plan (I-SNP). | Estimated that less than 1% of population is enrolled in I-SNP plans.           |

## E.2. Medicare System: Overview

- Medicare enrollment as of December 2023 was 454,577.
- An estimated 10% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population who are enrolled in Medicare.
- *OPEN MINDS* estimates approximately 32% of the state's Medicare population has a SMI.
- In 2023, Medicare Advantage plans covered almost half of the state's total Medicare population.
  - Medicare Advantage plans are available throughout Utah in 2023, but quite a few counties have fewer than 5 plans available, while others have almost 30.
- There are currently 36 insurers offering Medigap plans in Utah.
- In 2023, 129,722 Medicare beneficiaries in Utah had stand-alone Medicare Part D prescription drug plans. But even more — 207,152 — had Part D prescription drug plans as part of their Medicare Advantage plans.
  - In 2023 in Utah, there were 23 stand-alone Medicare Part D plans available, with premiums starting at \$5.10 per month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

## E.3. Medicare ACOs

### 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

### Next Generation Model ACOs

1. Revere Health

## E.4. Medicare System: New Initiatives

- There are no new Medicare initiatives in the state currently.

# F. Dual Eligible Financing & Service Delivery System

# F.1. Dual Eligible Medicaid Financing & Service Delivery System

| Dual Eligible* Medicaid System Characteristics |   |   |
|--|---|---|
| Characteristics                                | Medicaid Fee-For-Service (FFS)  | Managed Care  |
| Enrollment (January 2024)                      | 10,113  | 19,631  |
| Estimated SMI Enrollment                       | 2,123   | 4,122   |
| Management                                     | <ul style="list-style-type: none"> <li>Physical health: FFS</li> <li>Behavioral health: Prepaid Inpatient Mental Health Plans (PMHPs)</li> </ul>                    | <ul style="list-style-type: none"> <li>Physical health: Four ACOs</li> <li>Behavioral health: PMHPs</li> </ul>  |
| Payment Model                                  | <ul style="list-style-type: none"> <li>Physical health: FFS</li> <li>Behavioral health: Capitated rate</li> </ul>   | Physical and behavioral health: Capitated rate  |
| Geographic Service Area                        | <ul style="list-style-type: none"> <li>Physical Health: Statewide</li> <li>Behavioral Health: Statewide except Wasatch County; PMHPs available by county</li> </ul> | <ul style="list-style-type: none"> <li>Physical health: Statewide; ACOs available by county</li> <li>Behavioral health: Statewide except Wasatch County; PMHPs available by county</li> </ul> |

**Total Dual Eligible Enrollment: 29,744 | Total Dual Eligible Enrollment With SMI: 6,246**

\*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.

## F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

| Health Plans                      | Parent Company              | Plan Type                | December 2023 Enrollment | Estimated SMI Enrollment |
|-----------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|
| Molina Medicare Complete Care     | Molina Healthcare of Utah   | Medicare Advantage D-SNP | 8,428                    | 1,913                    |
| UnitedHealthcare Dual Complete    | UnitedHealthcare, Inc       | Medicare Advantage D-SNP | 6,696                    | 1,520                    |
| HumanaChoice                      | Humana, Inc                 | Medicare Advantage D-SNP | 5,588                    | 1,268                    |
| Healthy Advantage                 | Molina Healthcare of Utah   | Medicare Advantage D-SNP | 2,009                    | 456                      |
| Steward Health Choice Generations | Health Choice Utah          | Medicare Advantage D-SNP | 727                      | 165                      |
| SelectHealth Community Advantage  | SelectHealth Community Care | Medicare Advantage D-SNP | 695                      | 158                      |

## F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of December 2023 was 29,744.
- 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 the 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.

## F.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 currently.

# G. Long-Term Services & Supports Financing & Service Delivery System

# G.1. LTSS Financing & Service Delivery System

Utah does not currently operate a MLTSS program.

| <b>LTSS* Medicaid System Characteristics</b> |                              |
|--|------------------------------|
| <b>Characteristics</b>                       | <b>Medicaid Managed Care</b> |
| <b>Enrollment (January 2024)</b>             | N/A                          |
| <b>Estimated SMI Enrollment</b>              | N/A                          |
| <b>Management</b>                            | N/A                          |
| <b>Payment Model</b>                         | N/A                          |
| <b>Geographic Service Area</b>               | N/A                          |

\* Long-Term Services & Supports

# G.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"> <li>• Retroactive eligibility</li> <li>• Individuals in the Utah State Hospital and Developmental Hospital</li> <li>• Individuals in Utah’s Buyout program</li> <li>• Healthy Outcomes Medical Excellence (HOME) enrollees</li> </ul> | Individuals living in sixteen rural counties |                                   |

## G.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.

## G.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.

## G.4. Medicaid LTSS Program: Health Plan Benefits

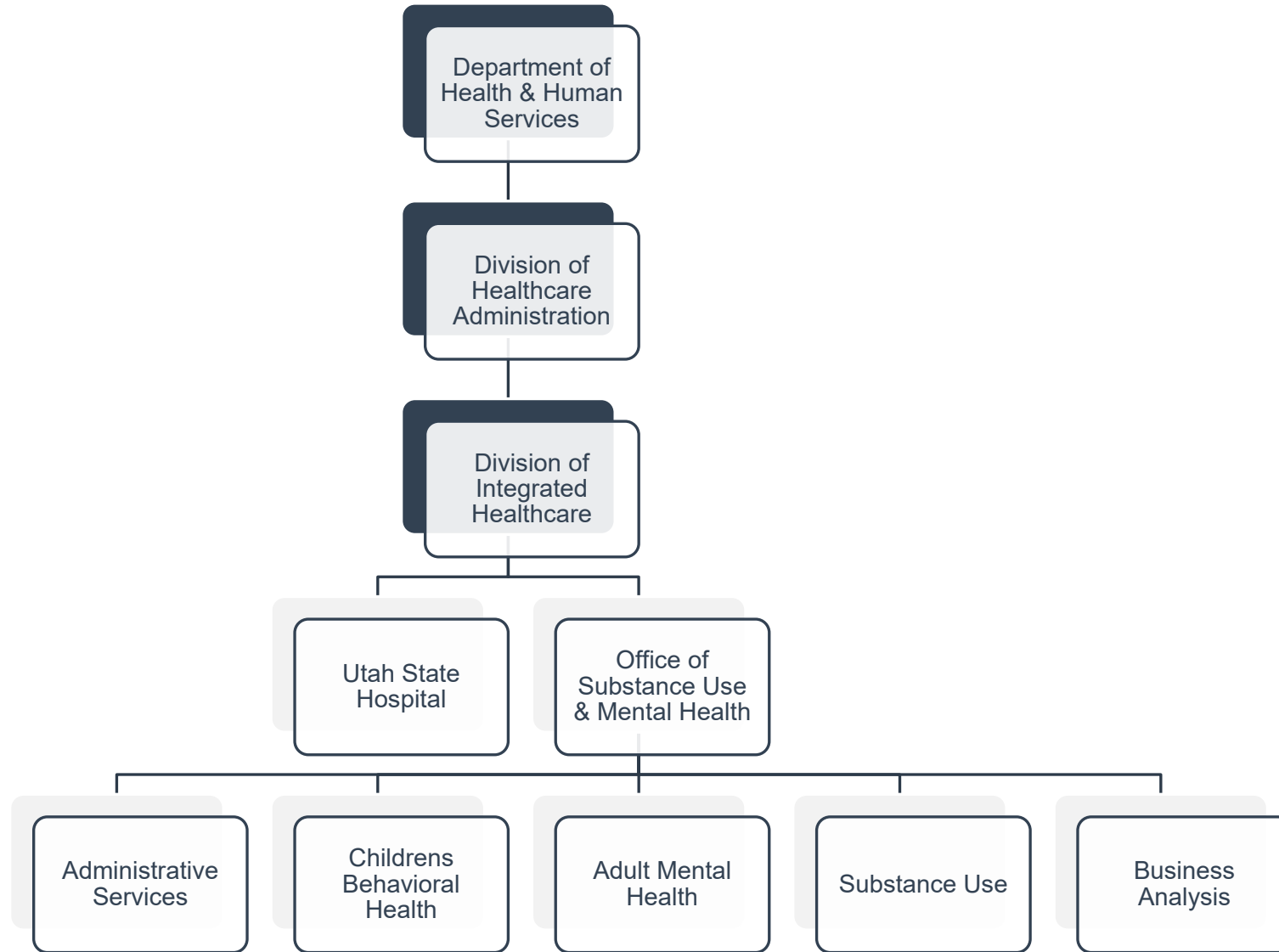
- Currently, Utah does not operate a LTSS program and does not offer specialized plans for individuals requiring their services. Individuals will receive services either from the FFS program or from their health plan.

## G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending LTSS initiatives in the state.

# H. State Behavioral Health Administration & Finance System

# H.1. Department Of Health & Human Services: Organization Chart



## H.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    |
| Nate Checketts  | Deputy Director                           | DHS, Division of Healthcare Administration                 | 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  |
| Pam Bennett     | Assistant Director                        | DSAMH  | pbennett1@utah.gov  |
| Dallas Earnshaw | Superintendent                            | DSAMH, Utah State Hospital                                 | dearnshaw@utah.gov  |

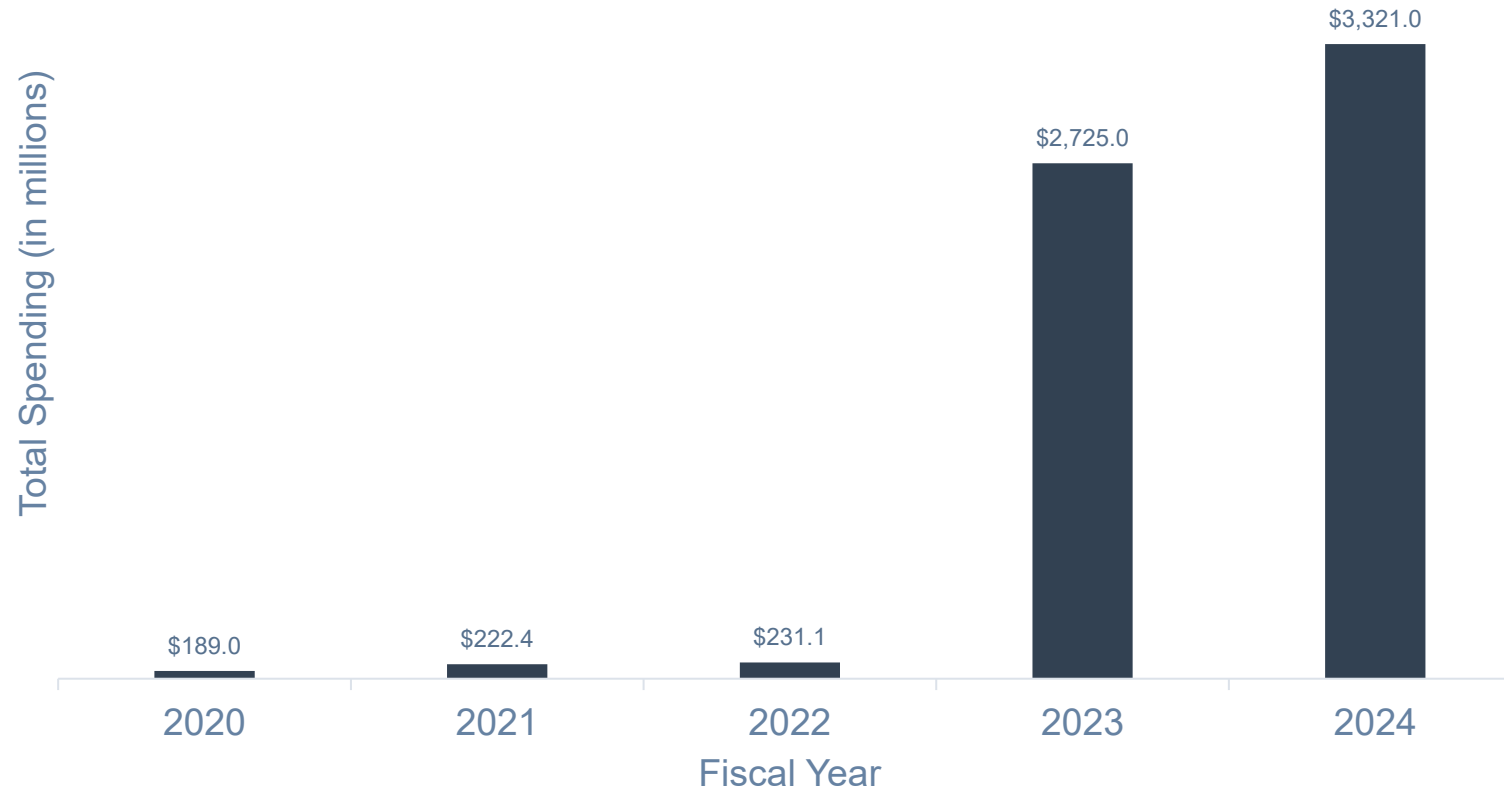
## H.2. Department Of Health & Human Services: Budget

| Budget Item  | SFY 2024 Budget Request* | Percent Of Budget |
|--|--------------------------|-------------------|
| Medicaid Other Services                                    | \$686,610,600            | 21%               |
| Medicaid Home and Community Based Services                 | \$626,326,200            | 19%               |
| Medicaid Long Term Care Services                           | \$471,204,400            | 14%               |
| Medicaid Hospital Services                                 | \$318,263,900            | 10%               |
| Expansion Hospital Services                                | \$295,502,600            | 9%                |
| Expansion Other Services                                   | \$291,029,400            | 9%                |
| Medicaid Behavioral Health Services                        | \$282,990,100            | 9%                |
| Non-Medicaid Behavioral Health Treatment & Crisis Response | \$170,163,800            | 5%                |
| State Hospital   | \$99,640,500             | 3%                |
| Expansion Behavioral Health Services                       | \$79,469,900             | 2%                |
| <b>Budget Total: \$3,321,201,400</b>                       |                          |                   |

\* 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.

Totals may not equal 100% due to rounding

## H.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.

## H.3. State Psychiatric Institutions

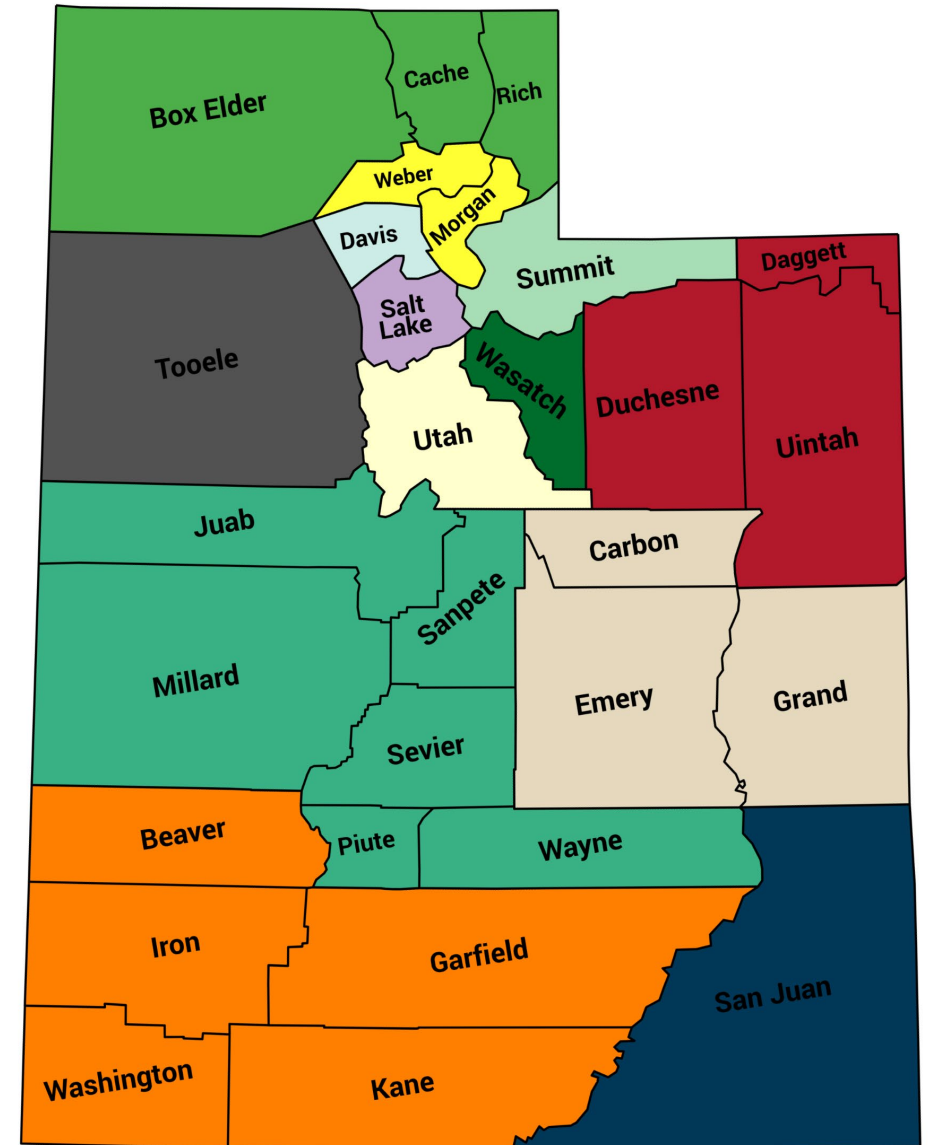
| State Psychiatric Institutions |          |      |
|--------------------------------|----------|------|
| Institution                    | Location | Beds |
| Utah State Hospital            | Provo    | 322  |

## H.4. Behavioral Health Safety-Net Delivery System

- 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.
- 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.
- 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
- 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.

# H.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.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives currently.

# I. Appendices

## I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

| Enrollment Category | Serious Mental Illness (SMI) Prevalence Estimate                              | Source  |
|---------------------|---|---|
| <b>Commercial</b>   | 4.2% of the commercially insured population over age 18                       | Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a</a> |
| <b>Medicaid</b>     | 11.6% of persons enrolled in traditional Medicaid                             | Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a</a> |
| <b>Medicare</b>     | 22.7% of persons in the Medicare population, not dually eligible for Medicaid | Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness</a>  |

## I.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 | 21% of persons in the Medicare population dually eligible for partial Medicaid benefits                        | ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from <a href="https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf">https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf</a>  |
|                                    | 16% of persons in the Medicare population dually eligible for full Medicaid benefits                           |   |
| Other Public                       | 4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system | U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from <a href="https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx">https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx</a>   |
| No Health Care Insurance           | 6.2% of uninsured persons over age 18  | Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a</a> |

## I.2. Glossary Of Terms

| Word  | Abbreviation | Definition   |
|---|--------------|--|
| <b>Alternative Benefit Plan</b>                     | 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.   |
| <b>Accountable Care Organizations</b>               | 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). |
| <b>Administrative Services Organization</b>         | 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.   |
| <b>Capitation</b>                                   |              | 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.   |
| <b>Carve-out</b>                                    |              | 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.  |
| <b>Certified Community Behavioral Health Clinic</b> | 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.   |

## I.2. Glossary Of Terms

| Word                                  | Abbreviation | Definition   |
|---------------------------------------|--------------|--|
| <b>Community Mental Health Center</b> | 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. |
| <b>Dual Eligible</b>                  |              | 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).  |
| <b>Federal Poverty Level</b>          | 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 2024, the FPL is \$14,580 for an individual and \$30,000 for a family of four.  |
| <b>Fee-For-Service</b>                | 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.   |
| <b>Health Home</b>                    |              | 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.  |

## I.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.   |

## I.2. Glossary Of Terms

| Word                                   | Abbreviation   | Definition   |
|--|----------------|--|
| <b>Medicaid</b>                        |                | 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. |
| <b>Medicaid Waiver</b>                 |                | 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.   |
| <b>Medicaid Waiver Section 1115</b>    | 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.  |
| <b>Medicaid Waiver Section 1915(b)</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.   |
| <b>Medicaid Waiver Section 1915(c)</b> | 1915(c) waiver | States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.   |
| <b>Medical Home</b>                    |                | 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.  |
| <b>Medicare</b>                        |                | 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.  |
| <b>Medicare Advantage</b>              | 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.   |

## I.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. |

## I.2. Glossary Of Terms

| Word   | Abbreviation | Definition  |
|--|--------------|---|
| <b>Primary Care Case Management</b>                  | 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.          |
| <b>Program Of All Inclusive Care For The Elderly</b> | 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.                             |
| <b>Serious Mental Illness</b>                        | 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.                                     |
| <b>Supported Employment</b>                          |              | Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.   |
| <b>Supported Housing</b>                             |              | 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. |
| <b>Value-Based Reimbursement</b>                     | 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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## H.4. State Behavioral Health Safety-Net Delivery System: LMHA/LSAA Survey

1. Utah Office of Substance Use and Mental Health. Utah's LMHA Location Map. Retrieved April 2024 from <https://sumh.utah.gov/contact/location-map/>

## H.5. Behavioral Health System: New Initiatives

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