Utah Managed Care Program Features, as of 2019 (1 of 2)

Features	UNI HOME	Transportation	Choice of Health Care Delivery
Program type	Comprehensive MCO	Non-Emergency Medical Transportation	Comprehensive MCO
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1915(a)	1902(a)(70) NEMT	1915(b)
Program start date	07/01/2011	07/12/2001	03/23/1983
Waiver expiration date (if applicable)	06/30/2021		06/30/2022
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Varies
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Varies
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Mandatory	Varies
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	Varies
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			Varies
Populations enrolled: Full Duals	Voluntary	Mandatory	Varies
Populations enrolled: Partial Duals	Voluntary		Varies
Populations enrolled: Children with Special Health Care Needs	Voluntary	Mandatory	Varies
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory

Features	UNI HOME	Transportation	Choice of Health Care Delivery
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Mandatory	Mandatory
Populations enrolled: Enrollment choice period	Other	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	No enrollment period. There is a waiting list for the program. Enrollees apply. If there is room, they are enrolled.		15-45 days. Enrollment choice date will vary depending on when the Enrollment file transaction takes place. In addition, the Enrollee will be able to change to another plan within the first 90 days of enrollment in the plan and during an annual open enrollment period.
Benefits covered: Inpatient hospital physical health	х		Х
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	Х		
Benefits covered: Outpatient hospital physical health	х		Х
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	х		
Benefits covered: Partial hospitalization	Х		Х
Benefits covered: Physician	х		х
Benefits covered: Nurse practitioner	х		х
Benefits covered: Rural health clinics and FQHCs	Х		Х
Benefits covered: Clinic services	x		х
Benefits covered: Lab and x-ray	x		х
Benefits covered: Prescription drugs	x		х
Benefits covered: Prosthetic devices	x		х
Benefits covered: EPSDT	х		х

Features	UNI HOME	Transportation	Choice of Health Care Delivery
Benefits covered: Case management	х		х
Benefits covered: SSA Section 1945- authorized health home			
Benefits covered: Health home care (services in home)	х		х
Benefits covered: Family planning	х		х
Benefits covered: Dental services (medical/surgical)			
Benefits covered: Dental (preventative or corrective)			
Benefits covered: Personal care (state plan option)			
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	х		х
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care	x		х
Benefits covered: Non-Emergency Medical Transportation		X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical centers.		Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical center.

Features	UNI HOME	Transportation	Choice of Health Care Delivery
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Service Advisory Group		Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	HOME	Logisticare Solutions	Healthy U; Molina; Health Choice; SelectHealth

Features	UNI HOME	Transportation	Choice of Health Care Delivery
Notes: Program notes	1915(a) is the operating authority. HCBS is not a covered benefit by the Uni Home program. Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Choice of Health Care Delivery, they may not also be enrolled in UNI HOME, and vice-versa.	Traditional Medicaid program are enrolled in Transportation, with the exception of those who are enrolled in a Nursing Home specific Medicaid program. Specific Native American populations are exempted from enrollment with the contracted Transportation provider by race, and zip code and/or county code. However, they are provided transportation through other means. Pregnant women are also provided transportation services. The enrollment tab did not have a category that included pregnant	enrollment, and 16 have voluntary enrollment. Mandatory enrollment is required in the following 13 counties: Box Elder, Cache, Davis, Iron, Morgan,

Utah Managed Care Program Features, as of 2019 (2 of 2)

Features	Prepaid Mental Health	Dental
Program type	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Dental only (PAHP)
Statewide or region-specific?	Based on State counties and some multi- county partnerships.	Statewide
Federal operating authority	1915(b)	1915(b)
Program start date	07/01/1991	09/01/2013
Waiver expiration date (if applicable)	06/30/2022	12/31/2023
If the program ended in 2019, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory	
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Mandatory	
Populations enrolled: Full Duals	Mandatory	Mandatory
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs	Mandatory	Mandatory
Populations enrolled: Native American/Alaskan Natives	Mandatory	Mandatory

Features	Prepaid Mental Health	Dental
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Exempt
Populations enrolled: Enrollment choice period	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		15-45 days. Enrollment choice date will vary depending on when the Enrollment file transaction takes place. In addition, the Enrollee will be able to change to another plan within the first 90 days of enrollment in the plan and during an annual open enrollment period.
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	х	
Benefits covered: Outpatient hospital physical health		
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	х	
Benefits covered: Partial hospitalization	х	
Benefits covered: Physician	х	
Benefits covered: Nurse practitioner	х	
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services	х	
Benefits covered: Lab and x-ray	х	
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT	х	

Features	Prepaid Mental Health	Dental
Benefits covered: Case management	х	
Benefits covered: SSA Section 1945- authorized health home		
Benefits covered: Health home care (services in home)		
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		X
Benefits covered: Personal care (state plan option)		
Benefits covered: HCBS waiver services		
Benefits covered: Private duty nursing		
Benefits covered: ICF-IDD		
Benefits covered: Nursing facility services		
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation		
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		
Quality assurance and improvement: HEDIS data required?	Yes	Yes
Quality assurance and improvement: CAHPS data required?	Yes	Yes

Features	Prepaid Mental Health	Dental
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Health Services Advisory Group	Health Services Advisory Group
Performance incentives: Payment bonuses/differentials to reward plans		
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics		
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Bear River Mental Health; Central Utah Mental Health; Davis Behavioral Health; Four Corners Community Behavioral Health; Northeastern Counseling; Optum Health; Southwest Behavioral Health; Valley Behavioral Health; Wasatch Mental Health; Weber Mental Health	Premier Access; MCNA Dental
Notes: Program notes	Utah Medicaid members residing in Wasatch County are not be enrolled in a PIHP or PAHP for Behavioral Health services. They will receive them via FFS Medicaid.	Pregnant women are an enrollment group covered by Dental. The only other options available to select (Low Income Adults) excluded pregnant women. Only Foster Care children are exempt from Dental PAHP enrollment. Those qualifying for subsidized adoption are mandatorily enrolled in a Dental PAHP.