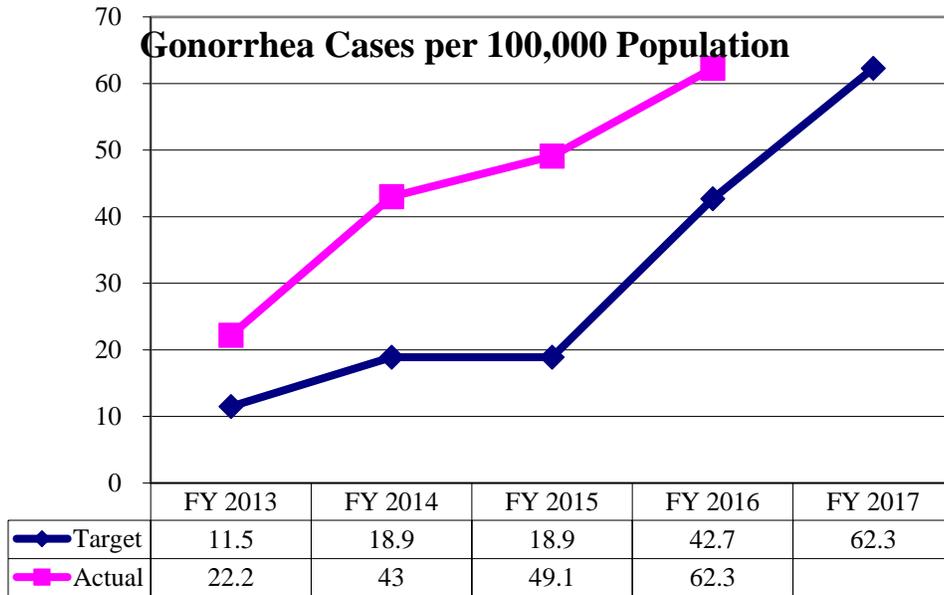
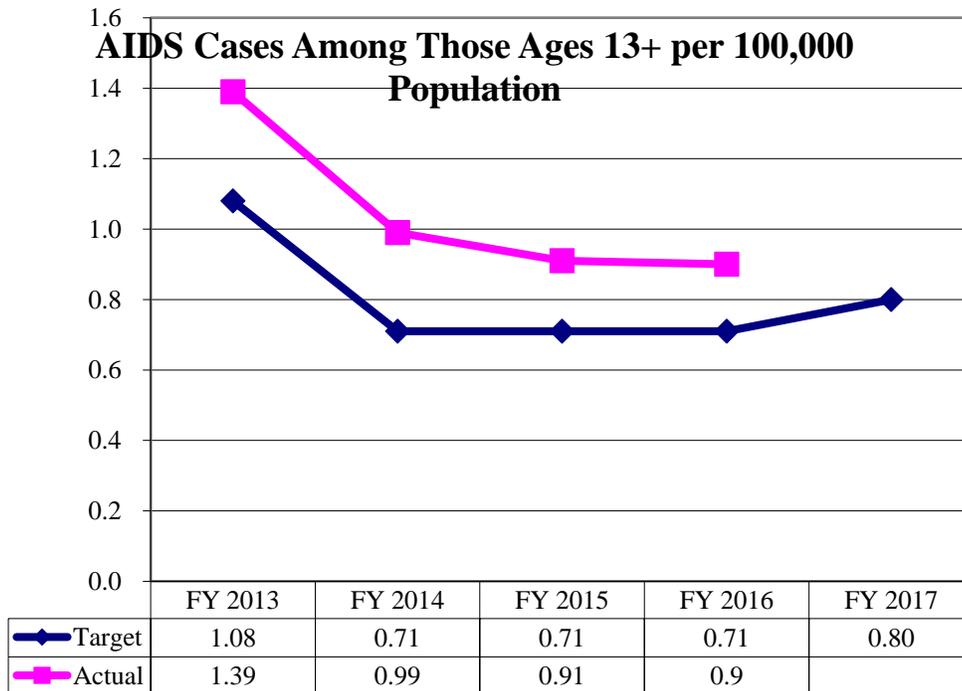


Highlight Some Performance Measure Trends – Department of Health

Disease Control and Prevention - Communicable Disease Control

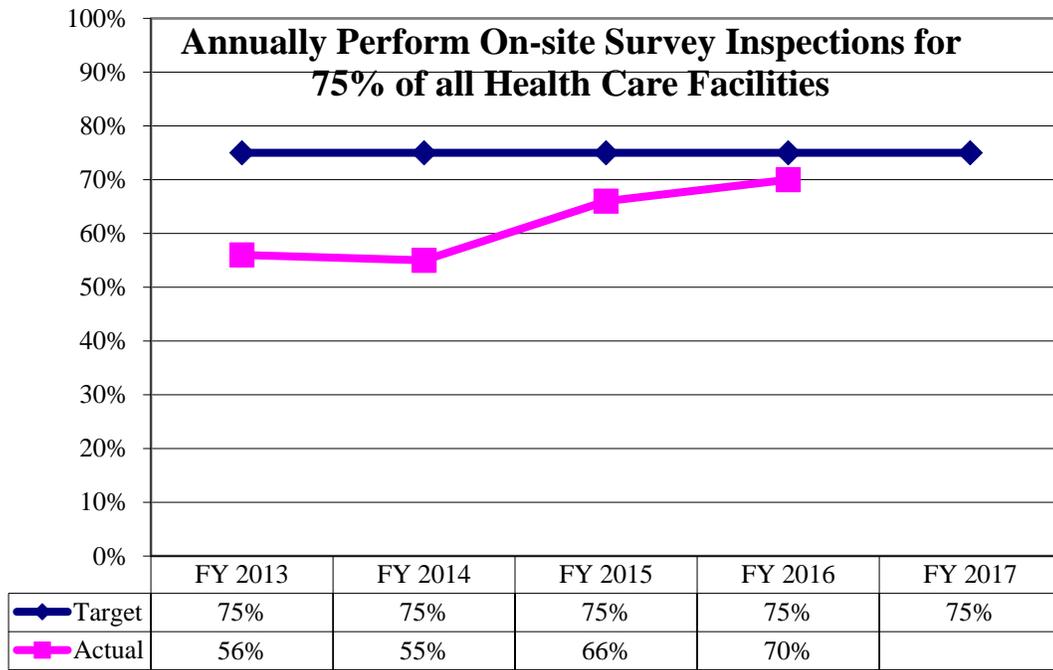


Explanation of change over 5% - Department of Health: “Rates of Gonorrhea have increased from 22.2 per 100,000 in FY2013 to 62.3 per 100,000 in FY2016, a 181% increase. UDOH is monitoring this increase and distributing surveillance updates to the LHDs. Additionally, UDOH monitors all GC cases for appropriate treatment and is conducting a case-control study to better identify risk factors for GC among Utah residents. UDOH aims to halt this increase in the gonorrhea rate in FY2017.”

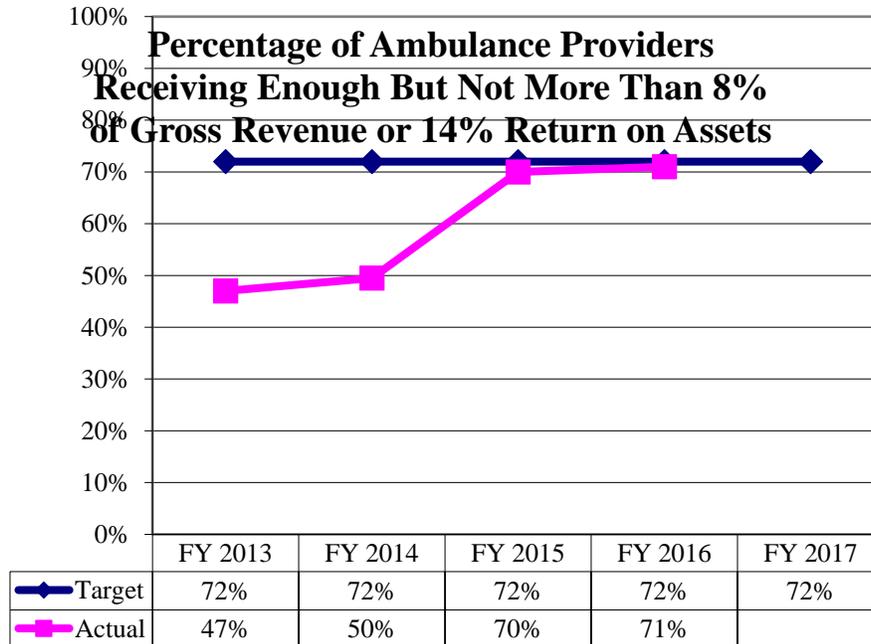


Explanation of change over 5% - Department of Health: “Rates of AIDS cases among those 13+ per 100,000 have decreased from 1.39 per 100,000 in FY2013 to 0.9 per 100,000 in FY2016. Since FY2013, there has been a steady decrease in the rate per 100,000, however it is higher than our target. Utah has excelled in efforts towards early testing and linkage to care, which helps reduce the progression of HIV disease into AIDS. We are continuing to improve upon these efforts to meet our target in the future.”

Family Health and Preparedness

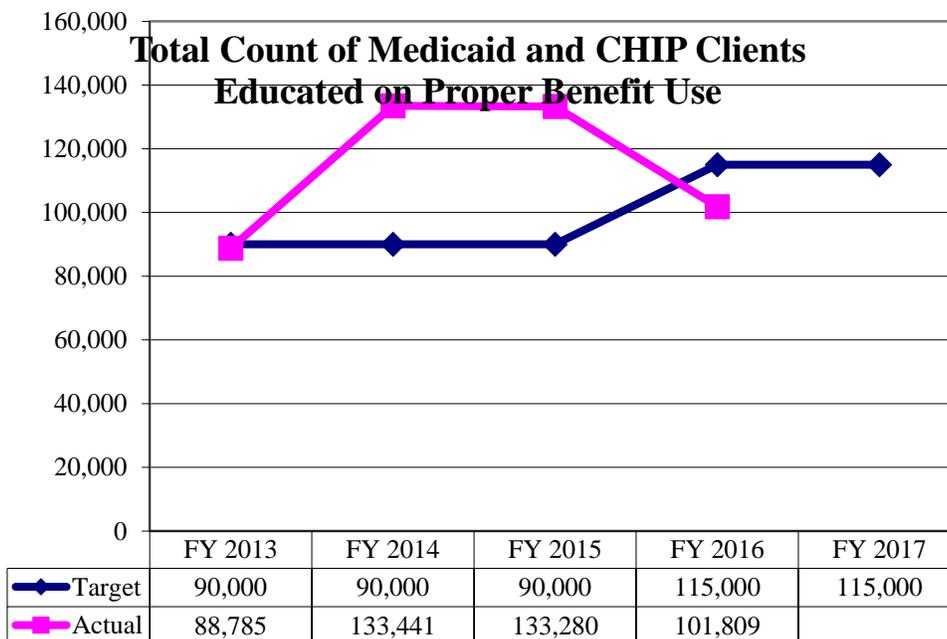


Explanation of change over 5% - Department of Health: “This performance increase is a direct result of funding increases to the Bureau, through approved building block requests and increased Federal award. We were able to hire an additional team of (4) nursing facility surveyors (funded with Federal/State Match), (1) state licensing surveyor (funded with state funding), and (2) hospice surveyors (funded with federal funding). This has allowed the Bureau to increase the number of total Health Care Facilities surveyed as well as allowed us to meet CMS Federal Survey requirements.”

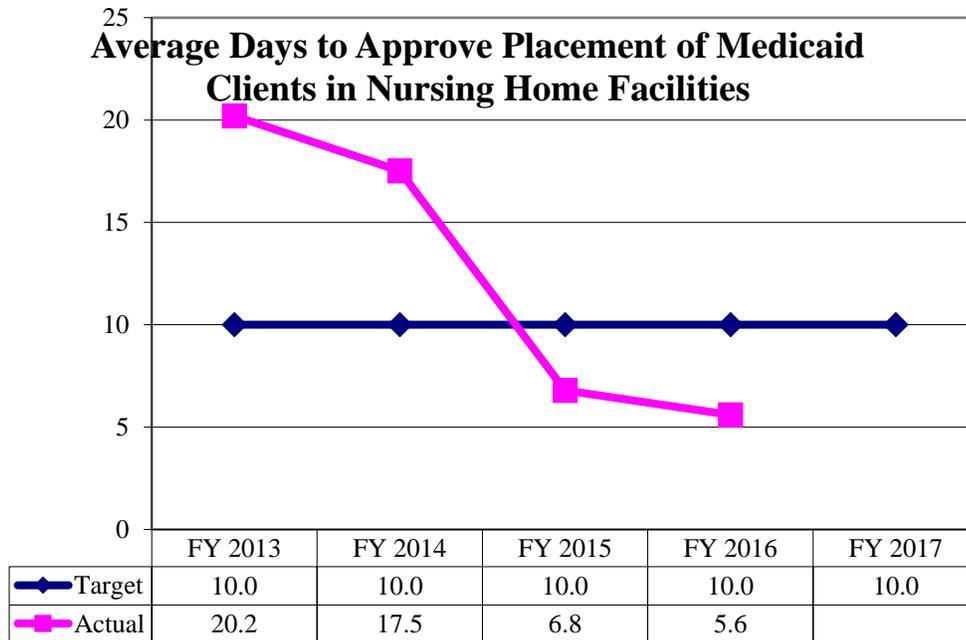


Explanation of change over 5% - Department of Health: “The reason for the increase is due to the rates collected by the providers after a rate adjustment that took effect July 1, 2015 and the passage of SB 172 that took effect July 1, 2015 which increased the Medicaid reimbursement to ambulance providers. With those two increases we are within 2% of reaching our target. The rate increase that took effect July 1, 2014. This increase was adjusted for a two-year time period since there was no rate increase on July 1, 2013, thus the effect of this increase was not realized until after FY2015.”

Medicaid and Health Financing



Explanation of change over 5% - Department of Health: "The decrease in number of educations is directly related to a change that occurred in June 2015 with how cases were assigned a health plan. Prior to the change, a member would not have a plan assigned to them. Rather, a Health Program Representatives would make at least two attempts to contact a member to select a plan. Beginning in June 2015, members now have a suggested plan that will start the following month. As a result, Health Program Representatives did not make as many outgoing calls in SFY 2016. Education volume is expected to increase in SFY 2017 due to a change in the phone system which directs more calls to the Health Program Representatives."



Explanation of change over 5% - Department of Health: "The drop seen between FY14 and FY15 reflects process improvements and adjustments made during the previous year. We are working to continually improve our ability to measure this groups performance and expect to see improvements in the future as well (though likely less dramatic than the previous year's changes)."