

Department of Health - Items Funded in FY 2019

For "LFA Comments," staff evaluated:

1. Which items may need follow up action by the Subcommittee?
2. What results may be of particular interest to the Subcommittee?

Appropriation Name	Amount (All Sources, Ongoing and One-Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
Children's Health Insurance Program (LPAA)						We recommend that the Department of Health include in future performance measure reports the building block results that could not be reported in this report.
Medicaid Consensus Buffer	\$31,500,000	Funding is sufficient to continue health coverage for eligible individuals in the Medicaid Services, Medicaid Expansion Fund, and CHIP line items. This funding will be used for state match only in the event of unanticipated program costs.	Yes	Yes	Funding sufficient.	
Future state match for CHIP	Net 0 for FY19	Funding is sufficient to continue health coverage for eligible individuals in the CHIP line item on an ongoing basis.	Yes	Yes	Funding sufficient.	
Disease Control and Prevention (LEAA)						
Reduce Medical Examiner Caseloads	\$912,000	These dedicated credits represent a significant reduction from the original building block on which the original performance measures were based. With the addition of two additional pathologists, a forensic pathology fellow (trainee) and three full-time investigators, our goal is (1) to reduce our backlog of incomplete cases (over 90 days) by 40% (1,706 at the beginning of FY18) and	-40%	-51%	We have exceeded our original target through focused work on case completion deadlines and additional staffing. Backlog at the end of FY19 was down 51% from levels at start of FY18 (over two fiscal year period).	
		(2) complete 90% of current cases within 60 days.	90%	65%	Most recent data for May 2019 show 65.2% of current cases complete within 60 days of examination.	
Alzheimer's State Plan Funding	\$250,000	1) Train 400 participants in Dementia Dialogues statewide	400	1200	Approximately 1,200 participants completed the Dementia Dialogues training	
		2) Develop a surveillance plan for Alzheimer's and Related Dementias	1	0	Data is being collected from two modules in the Behavioral Risk Factor Surveillance Survey annually and Public Health Indicator Based Information System. This data shows that the number of older adults in Utah being diagnosed with a dementia is increasing. A surveillance plan will allow for more accurate data tracking and allow for resource needs assessments.	flag for future follow up
		3) Conduct a Public Awareness Campaign	1	1	Developed a website for "Age Well" campaign. Adding new content including video testimonials, see https://agewell.health.utah.gov/ .	

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		4) Conduct 3 healthcare provider trainings statewide.	3	3	Comagine Health (formerly HealthInsight) has conducted training to over 150 medical providers representing 30 clinics statewide. These trainings focus on the importance of the Annual Wellness Visit offered by Medicare, the cognitive exam "Mini-Cog" and how to incorporate these into standard practice procedures. Comagine is also involved in implementing the Project Echo from Intermountain Healthcare for dementia care targeting primary care practices in rural areas that is	
Increased state funding for USIIS (Utah Statewide Immunization System) Program	\$230,000	1) Immunization coverage rate of children 19-35 months of age in USIIS.	80%	70%	This number represents a 0.6% increase over the previous year. The coverage rate for children age 19-25 months is calculated using vaccine records submitted to USIIS from enrolled providers. This number, compared to the National Immunization Survey estimate of 67.9+/- 6.9, is within the statistical margin of error. Our target is to capture 100% of immunizations given to children and to identify where gaps exist to improve promotion efforts to help improve the immunization coverage to 80%.	
		2) Percentage of Youth 13-15 years of age, in USIIS, with 1 dose of Tdap/Td.	80%	53%	The number of youth age 13-15 years with at least 1 dose of Tdap/Td calculated from vaccine records in USIIS was 53.11%. The estimated number percent from the National Immunization Survey was 90.9% with a 4.2% margin of error. This shows that we have a deficiency in the number of vaccine records reported to USIIS. Our efforts are focused on bringing on new providers, and implementing monitoring procedures that will help detect under reporters so we may work with those providers to improve reporting.	We recommend that the Department of Health report to the Social Services Appropriations Subcommittee by May 1, 2020 on what has been done to improve the accuracy of records in the Utah Statewide Immunization System for (1) youth for under reporting of Tdap/Td immunization, (2) adults over 65 years old for better links to death records, and (3) identifying how many medical providers are not enrolled.
		3) Percentage of adults 65 years and older, in USIIS, immunized against pneumococcal.	90%	60%	The percent of adults age 65 and older with a pneumococcal vaccine in USIIS is 59.74%. The latest census estimate for adults 65 years and older is 350,478. We have over 484,000 people greater than 65 in our system. We need to better link records in USIIS with the death database to remove persons who have died from the denominator, as well as improve estimating when a person moves out of Utah. Additionally, we need to improve reporting of adult immunizations by providers, and as we improve our monitoring procedures, we will be able to work more closely with providers to improve the completeness of their reports.	
		4) Number of vaccination records maintained in USIIS.	N/A	3.9 Million	In 2018, USIIS received 3.9 million vaccine records linked to over 1.2 million patients, which was an increase of 22% over 2017. The total number of vaccine records contained in USIIS is over 47 million and 3.9 million unique people. We connected 100 new providers to USIIS in 2018, making a total of 2,990 active providers submitted vaccine records. We are working on a way to identify the total eligible providers in Utah so we know how many are not connected. In 2018 we implemented several new software enhancements to USIIS that allow for real-time query and vaccine forecasting directly from provider EHR systems. Currently, we are working on new functionality that will allow individuals to print their own vaccine report and ways to integrate with the new Utah citizen portal.	
		1) Number of clients that received an intake assessment		22	The total number of clients that received and intake assessment was 78. The funding from the off-highway vehicle amendments is part of the total SCI/BI Rehabilitation Fund and the number shown to the left is the proportionate number attributable to these funds. The clients are seen at Neuroworks and the University of Utah Sugarhouse for SFY2019.	

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HB143 - Off-highway Vehicle Amendments	\$42,000	2) Number of physical, speech or occupational therapy services provided		1,305	The total number of physical, speech or occupational therapy services provide was 4,659. The funding from the off-highway vehicle amendments is part of the total SCI/BI Rehabilitation Fund and the number shown to the left is the proportionate number attributable to these funds. The clients are seen at Neuroworks and the University of Utah Sugarhouse for SFY2019.	
		3) Percent of clients that returned to work and/or school.		80%	The percent of clients that returned to work and/or school are from clients who were currently employed or in school at the time of their injury. This was 80% in SFY2019. The funding from the off-highway vehicle amendments is part of the total SCI/BI Rehabilitation Fund. The clients are seen at Neuroworks and the University of Utah Sugarhouse for SFY2019.	
HB25 - Cannabinoid Product Board Membership Amendments	\$61,200	By September 1, 2018, TPCP will hire a 0.5 FTE Policy Analyst to support the work of the Cannabinoid Product Board, such as gathering and synthesizing research, drafting reports, organizing and facilitating Board meetings, etc.	0.5 FTE	0.5 FTE	A 0.5 FTE Policy Analyst was hired to help support the work of the Cannabinoid Product Board. They continue to support the board and were hired and in place July 2018.	
HB399 - Opioid Abuse Prevention and Treatment Amendments	\$10,500	1) Create overall opioid pamphlet with DSAMH for distribution		Developed	An Opioid Pain Medication Pamphlet was developed with input from many key stakeholders for pharmacies to have available at the point of sale. The pamphlet can be viewed at this link: http://www.health.utah.gov/vipp/pdf/RxDrugs/OpioidPrescriptionBrochure.pdf	
		2) % of retail pharmacies that have pamphlet available at point of sale		52%	There are 516 Class A pharmacies in Utah. These include general walk-in type pharmacies such as Walmart, Smiths Drug, Walgreens, etc. We are only able to determine the pharmacies we provided the pamphlet to have available at the point of sale. We provided the pamphlet to 266 pharmacies. The rest of the pharmacies may have the required information at the point of sale as a result of them making their own pamphlet, using a different pamphlet, obtaining the pamphlet through other means besides UDOH VIPP, etc.	
		3) Number of pamphlets disseminated to retail pharmacies.		48,220	This is the number of pamphlets VIPP disseminated to 266 pharmacies in Utah to have at the point of sale.	
Family Health and Preparedness (LFAA)						
Health Care Workforce Financial Assistance Program	\$250,000	1) Percent of available funding awarded.	100%	100%	All of the state and federal funds were awarded to 12 applicants.	
		2) Total individuals served.	25,000		No data yet. Data will be complete April 2020 once two progress reports from contractors have been received	flag for future follow up
		3) Total uninsured individuals served.	5,000		No data yet. Data will be complete April 2020 once two progress reports from contractors have been received	flag for future follow up
		4) Total underserved individuals served.	7,000		No data yet. Data will be complete April 2020 once two progress reports from contractors have been received	flag for future follow up
		5) Permanence of health care provider in the underserved area (percent of providers who stay in their communities for at least five years after the completion of their service obligation).	80%		No data yet. Data will be complete April 2020 once two progress reports from contractors have been received	flag for future follow up
Increase in Inspection Staff for Health Facilities	\$150,000	1) Bring the average survey time for assisted living facilities from 40 months to 36 months.	36 months	28 months	With one extra inspector and a streamlined survey process, the time between surveys has been significantly decreased, surpassing our goal.	
		2) Bring the average survey time for personal care agencies from up to 72 months to 48 months.	48 months	36 months	With one extra inspector and changing processes to mostly use only one person to survey these agencies, this average has significantly decreased, surpassing our goal.	
Malibeh Free Clinic	\$100,000	1) Provide contract to vendor by September 30, 2018	1	1	Contract signed and approved on 8/6/2018	

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Maternal Fetal Clinic	\$100,000	2) Report on the number of new and follow up patient encounters.	1,400	2,443	3,843 total new and follow up patient encounters but only reimbursed for 1,400.	
Pediatric Trauma and Quality Improvement Network	\$250,000	1) Establish pediatric traumatic brain injury and pain management guidelines.	11/1/18	In process	Focus during the first year was traumatic brain injury. The draft guidelines were developed.	
		2) Establish state and regional benchmarks and triage guidelines for pediatric trauma and emergency care.	6/30/20	In process	1. Data collection tool developed and education given to data entry personnel. Data dictionary published 2. Dashboard developed to indicate status of each benchmark.	flag for future follow up
		3) Utilize and integrate pediatric trauma and emergency care performance improvement and patient safety meetings into the existing state performance improvement infrastructure.	6/30/20	In process and on track	Pediatric Trauma Performance Improvement Patient Safety (PIPS) structure identified for each trauma region in the State. The Pediatric PIPS will report to the State Trauma PI Committee. 1. Presentations of the proposed Pediatric PIPS structure has been presented to each Region of the State. 2. Each Region has agreed that Pediatric Trauma PIPS will be part of the existing regional meeting	flag for future follow up
		4) Establish a Pediatric Trauma and Emergency Care Network Conference.	1	1	Complete the inaugural Utah Pediatric Trauma Conference prior to end of 2019. Conference is scheduled for Friday, November 1, 2019 at the Blair Education Center in Park City. Registration has been developed and each hospital has received communication regarding the conference.	
		5) Assess compliance to state and regional triage guidelines for pediatric trauma victims.	6/30/21	ongoing	Work performed to date includes defining regional triage practices and developing triage guidelines. Presented at 26 Utah hospitals to build network. Year one was getting the network established. In future years, we will use data collected to assess compliance to guidelines.	flag for future follow up
		6) Establish benchmarks for reporting fiscal savings in year one by preventing unnecessary transfers of pediatric trauma victims.	6/30/19	complete	Data collection tool developed and education given to data entry personnel. Benchmarks established. Future years will show fiscal savings for patients from preventing unnecessary transfers.	
Increased funding for Safe Haven Program	\$25,000	By June 30, 2019, funds will be used to increase outreach marketing campaign activities by 10%.	10%	10%	An Awareness Campaign was conducted in January to February 2019 with Lamar Transit. 10 Trax Interiors (ads inside of Trax train), 3 Mural Sets (ads outside of trax train) and 10 Queens (ads on curbside of outside of bus) were placed. Lamar Advertising estimates over 3,800,000 impressions. Additionally, Maternal and Child Health staff were able to promote the law via social media regularly during 2018-2019.	
SB118 - Abortion Law Amendments	\$146,100	Department will develop an information module for release and use by January 1, 2019	1/1/19	1/1/19	Module was developed as required by legislation and implemented on January 1, 2019. https://informedconsent.health.utah.gov/	
SB150 - Utah Statewide Stroke and Cardiac Registry Act	\$98,000	Cardiac and stroke registry advisory committee meet quarterly. Meeting attendance and minutes will be documented and retained according to retention schedule.	6/30/19	complete	Once committees were established, they met monthly. The advisory committees have been instrumental in the creation of the registries as well as identifying the necessary data elements. Meeting minutes taken and retained by bureau secretary.	
		Cardiac and stroke registries to be integrated with existing sources of patient care data such as the cHIE.	6/30/19	in process	Discussion held with UHIN. Committees had discussions to use existing Get With The Guidelines registry/data for stroke. The Cardiac Arrest Registry to Enhance Survival (CARES) that is currently used has been identified as an area of improvement and can support the need for a registry.	flag for future follow up

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SB161 - Nurse Home Visiting Pay-for-success Program	\$520,000	The Department will determine performance outcome measures. These performance measures will be presented to the Executive Appropriations Committee for approval prior to implementation of the program.	N/A	N/A	During 2019 General Legislative Session funds were adjusted from Restricted Account for "Pay for Success" to ongoing General Funds for Home Visiting. Performance Measures are established for FY2020, with a baseline being the number of enrolled participants, and the target being 95% of all participants for all four measures. 1) Complete depression scales for postpartum depression, 2) Refer those scoring as depressed to appropriate mental health services, 3) Complete Ages and Stages Questionnaires, ASQ-3 and ASQ SE 2 on children in the program, 4) Refer those scoring with low development to Early Intervention.	
Medicaid and Health Financing (LGAA)						
HB42 - Medicaid Waiver for Mental Health Crisis Services	\$530,000	The number of claims or encounters submitted for an Mobile Crisis Outreach Teams (MCOT) bundled rate.	N/A	58	33 Encounters - services via accountable care organizations 25 fee-for-service claims	
HB435 - Medicaid Dental Benefits	\$129,500	1) The number of eligible individuals treated	141	128	The Department's waiver was not approved until February 1, 2019. In the shortened time frame within FY2019, the Department served 128 eligible individuals. The Department established a goal to serve 129 individuals per 1,000 eligible. 1,095 members were eligible during this time period, which would equate to a goal of 141 clients served. The Department attributes this unmet goal to the shortened time frame and expects better results in FY2020.	
		2) The count of services provided	N/A	408	The Department's waiver was not approved until February 1, 2019. In the shortened time frame within FY2019, the Department provided 408 dental services.	
HB472 - Medicaid Expansion Amendments	\$3,580,000	1) The department has applied for the necessary waiver before January 01, 2019.	Yes	Yes	The Department formally submitted the waiver application on June 22, 2018.	
		2) Eligibility is opened for adults at or below 100% of FPL to receive Medicaid services within six months of CMS waiver approval.	Yes	Yes	SB96 (2019) directed the Department to expand Medicaid to 100% FPL by April 1, 2019 ("Bridge Plan"). The waiver request submitted as directed by HB472 (2018) was used as the vehicle to obtain approval for the "Bridge Plan". The Department received approval of this Medicaid expansion waiver on March 29, 2019. The Department began enrolling individuals under this demonstration on April 1, 2019.	
		3) Number of eligible adults ages 19-64 enrolled and the related costs.	45,500 / \$3,580,000	33,265 / \$4,908,400	SB96 (2019) directed the Department to expand Medicaid to 100% FPL by April 1, 2019 ("Bridge Plan"). The waiver request submitted as directed by HB472 (2018) was used as the vehicle to obtain approval for the "Bridge Plan". Costs and counts listed here are the costs and counts related to the "Bridge Plan" in SFY 2019.	
Medicaid Services (LIAA) and Medicaid Expansion Fund						
Community Supports Waiver	\$1,654,000	1) The number of additional persons covered by the Community Supports Waiver.	32	32	Target achieved	
		2) The cost of the additional persons covered.	\$1,654,000	\$ 812,000	Costs were less than expected because people did not transition as quickly as anticipated and provider billings may not be complete because providers have up to 12 months to bill Medicaid. For these reasons, this number does not reflect the anticipated ongoing cost.	
Nursing Care Restricted Fund Increase	\$7,400,200	Nursing facility and hospice rates are increased to target \$7,400,200 total funds effective July 01, 2018.	\$7,400,200	Done	The rates were increased for FY 2019.	
		1) Number of facilities that make significant capital improvements.	None	4	The Department reimbursed facilities based on requests submitted. A low number of requests have been submitted at this time.	
		2) Percent of appropriation awarded through the capital improvements process.	None	24%	\$500,625/\$2,116,209	

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ICF-ID Property Improvement	\$641,000	(3) Accountability through reporting to the Department of Health to insure that all funds appropriated were spent on capital improvements.	N/A	N/A	The Department submitted a State Plan Amendment to allow Utah to have a Capital Improvement Incentive for these facilities. As of the fiscal year end, the above amounts were paid. During the 2019 GS, the Department was given approval to extend the program through SFY2020. That will allow the other ICF/ID facilities to complete their projects and more funds to be disbursed. A State Plan Amendment to extend the timeframe was submitted to CMS and was subsequently approved.	
Medicaid Consensus Buffer	\$40,900,000	Funding is sufficient to continue health coverage for eligible individuals in the Medicaid Services, Medicaid Expansion Fund, and CHIP line items. This funding will be used for state match only in the event of unanticipated program costs.	Yes	Yes	Funding sufficient.	
Medicaid Consensus Adjustments	\$62,716,600	The department has sufficient funding to provide Medicaid services to eligible individuals and to cover inflationary increases, FMAP changes, and other federally mandated changes.	Yes	Yes	Funding sufficient.	
HB100 - Medically Complex Children with Disabilities Waiver (MCCW) Program	\$6,770,000	1) The number of persons covered under the MCCW.	535	510	There was not an open enrollment in SFY 2019, which prevented the Division from filling all the available slots.	
		2) The cost of the Waiver program.	\$6,770,000	\$5,784,600	Same response as 1)	
		3) Over 90% of families will report that they have not incurred medical debt after six months on the waiver.	>90%	90%	Target achieved	
		4) Over 90% of families will report that they are coping well or somewhat well with caring for the child after six months on the waiver.	>90%	96%	Target achieved	
HB12 - Family Planning Services Amendments	\$270,000	The increase in the number of LARCs (long-acting reversible contraceptives) provided to women in an inpatient hospital.	N/A	2.50%	In the 6 months of revised LARC reimbursement policy, January-June 2019, the Department observed a LARC placement rate of 3.6%. The baseline rate, established in SFY 2016, was 1.1%. The Department has not set a target LARC placement rate.	
HB139 - Telepsychiatric Consultation Access Amendments	\$12,500	The number of claims or encounters submitted for these procedure codes 99358, 99446, 99447, 99448, and 99449 that were not previously covered.	100	142	The Department experienced utilization of telepsychiatric consultation services above what was originally estimated.	
HB42 - Medicaid Waiver for Mental Health Crisis Services	\$325,000	The number of claims or encounters submitted for an Mobile Crisis Outreach Teams (MCOT) bundled rate.			Same responses as above (Medicaid and Health Financing)	
HB435 - Medicaid Dental Benefits	\$776,000	1) The number of eligible individuals treated			Same responses as above (Medicaid and Health Financing)	
		2) The count of services provided			Same responses as above (Medicaid and Health Financing)	

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Children's Health Insurance Program (LPAA)						
Medicaid Buffer	\$10,700,000	The line item has sufficient appropriated funding to cover unanticipated changes in CHIP enrollment or other costs.	Yes	Yes	Funding Sufficient, buffer not used	
Disease Control and Prevention (LEAA)						
Quicker Completion of Tests for Drug-facilitated Sexual Assault	\$455,800	95% of all law enforcement cases completed within 45 days	95%	93%	Building block funding was approved during the 2019 legislative session. ~75% of the case work was performed prior to this. For Q4 of FY19 (when funding was available) 95.24 % of cases (2124 cases) were reported within 45 days w/ an average TAT of 20 days.	
Medicaid and Health Financing (LGAA)						
2019 SB 96 Medicaid Expansion Adjustments	-\$778,000	The percentage of uninsured adults in Utah's coverage gap (as measured through BRFSS (Behavioral Risk Factor Surveillance System)) is at least 2.5% lower than 2018's percentage.	-2.5%	TBD	The Department expects 2019 uninsured rates among the coverage gap population to be available late 2020.	flag for future follow up
2019 SB 11 Medicaid Dental Coverage Amendments	\$75,000	Newly eligible individuals will receive oral healthcare at a rate similar to similar populations. This rate will be at least 95 recipients per 1,000 eligible.	95	TBD	This waiver has been formally submitted to CMS and is awaiting their action as of August 14, 2019.	flag for future follow up
2019 HB 460 Medicaid Eligibility Amendments	\$190,000	The Utah Department of Health's claims payment system will correctly process 99.5% of suspended eligibility records received from the Department of Workforce Services (DWS). This correct processing will prevent inadvertent capitation payments and provider overpayments. The correct processing will also restart payments when eligibility records indicate that the suspension is over.	99.5%	TBD	The Department is working with DWS and Corrections to develop and implement a way to suspend benefits. Medicaid currently does not suspend benefits or have a systematic way to close benefits due to the lack of interfaces with jails and the prison.	flag for future follow up
Medicaid Services (LIAA)						
2019 SB 7 Medicaid ACO Selecthealth ACO Tax (Building Block AG)	\$650,000	If the Department calculates that Select Health Community Care was underpaid for its Health Insurance Fees (HIF) under the Affordable Care Act that it paid over the years, Select Health will be paid the amount of the underpayment, up to the appropriation amount.		\$0	Upon completion of a historical reconciliation of HIF amounts paid to the ACOs (accountable care organizations) as compared to the IRS tax paid, it was found that no additional monies were needed.	
Medicaid Buffer	\$9,210,000	The line item has sufficient appropriated funding to cover unanticipated changes in Medicaid enrollment or other costs.	Yes	Yes	\$1.7 million was used from the Medicaid Restricted Account.	

Appropriation Name	Amount (All Sources, Ongoing and One-Time)	Performance Measure	Target	Results	Agency Explanation of Result Compared to Target	LFA Comments
2019 HB 460 Medicaid Eligibility Amendments	\$300,000	The Utah Department of Health's claims payment system will correctly process 99.5% of suspended eligibility records received from the Department of Workforce Services. This correct processing will prevent inadvertent capitation payments and provider overpayments. The correct processing will also restart payments when eligibility records indicate that the suspension is over.	99.5%	TBD	The Department is working with DWS and Corrections to develop and implement a way to suspend benefits. Medicaid currently does not suspend benefits or have a systematic way to close benefits due to the lack of interfaces with jails and the prison.	flag for future follow up
2019 SB 96 Medicaid Expansion Adjustments	\$208,439,500	The percentage of uninsured adults in Utah's coverage gap (as measured through BRFS) is at least 2.5% lower than 2018's percentage.	-2.5%	TBD	Same answer as above (Medicaid and Health Financing)	