

# Utah Health Status Update

## KEY FINDINGS

- The expansion will extend Medicaid eligibility to Utah adults whose annual income is up to 138% of the federal poverty level. It is estimated that up to 120,000 Utah adults are eligible for the expansion program.
- Under the current 'Bridge Plan', enrollment has steadily grown with more than 40,000 adults currently enrolled as of November 2019.
- Most of the current Adult Expansion enrollees live along the Wasatch Front (73%) and are aged 26–44 (55%).

## Medicaid Expansion Update

On December 23, 2019, the Utah Department of Health (UDOH) received approval from the Centers for Medicare and Medicaid Services (CMS) to implement full Medicaid expansion in the state. The expansion will extend Medicaid eligibility to Utah adults whose annual income is up to 138% of the federal poverty level (\$17,236 for an individual or \$35,535 for a family of four). The federal government will cover 90% of the costs of these services, with the state covering the remaining 10%.

Enrollment and coverage for the newly eligible individuals will begin on January 1. It is estimated that up to 120,000 Utah adults are eligible for the expansion program.

Some newly eligible adults will be required to participate in a community engagement requirement in order to receive benefits. Exemptions from the self-sufficiency requirement will be provided for anyone who meets one of 13 exemption criteria, including those who are age 60 or older, pregnant, caring for young children, already working at least 30 hours a week, or students. Those who are subject to the community engagement requirement will need to complete an online job assessment, online training programs, and 48 job searches within the first three months of eligibility. Failure to complete this process will result in termination of benefits.

In addition, the state will require newly eligible adults to enroll in their employer-sponsored health plan if one is available. Medicaid will then cover the individual's monthly premium and other out-of-pocket expenses like co-pays and deductibles.

The waiver request for this expansion included other program components including premiums and surcharges for those more than 100% of the federal poverty level, housing supports, and penalties for intentional program violations. The CMS is still reviewing these program components and they may be added to the expansion program if the CMS approves them at a later date.

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To be eligible for the Adult Expansion Medicaid program, participants must:

- Be a Utah resident
- Be age 19 through 64
- Be a U.S. citizen or legal resident
- Meet income requirements, which vary by household size:

Family Size	Yearly	Monthly
1	\$ 17,236	\$ 1,436
2	23,335	1,944
3	29,435	2,452
4	35,535	2,961
5	41,634	3,469
6	47,734	3,977

For more information or to apply online, individuals can visit <https://medicaid.utah.gov/apply-medicaid>. Submitting an application for benefits does not guarantee coverage.

The UDOH submitted this expansion request (known as the “Fallback Plan”), at the direction of Senate Bill 96 (2019 Legislative Session), which superseded previous Medicaid expansion efforts and replaced Proposition 3 (2018 General Election).

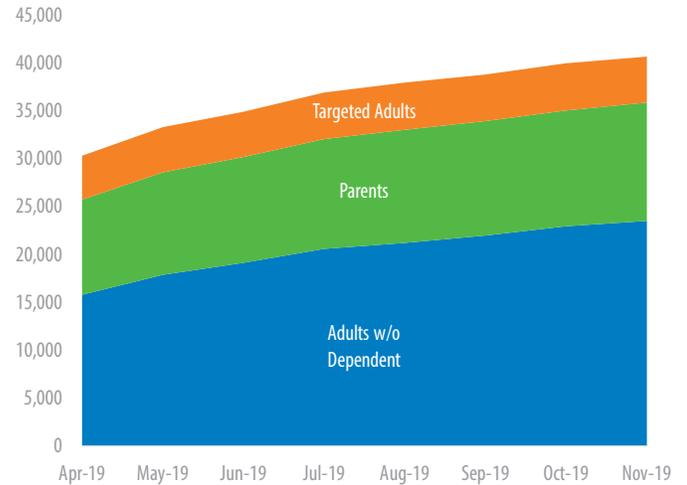
Originally, the state was approved to expand coverage to adults earning up to 100% of the federal poverty level (known as the “Bridge Plan”). This smaller-scale expansion opened enrollment on April 1, 2019 and had a 70% federal/10% state match rate.

Since the program opened enrollment in April, enrollment has steadily grown with more than 40,000 adults currently enrolled as of November 2019 (Figure 1).

Of all Adult Expansion enrollees, 55 percent are between the ages of 26–44 (Figure 2). Seventy-three percent of enrollees reside along the Wasatch Front

## Expansion Enrollment

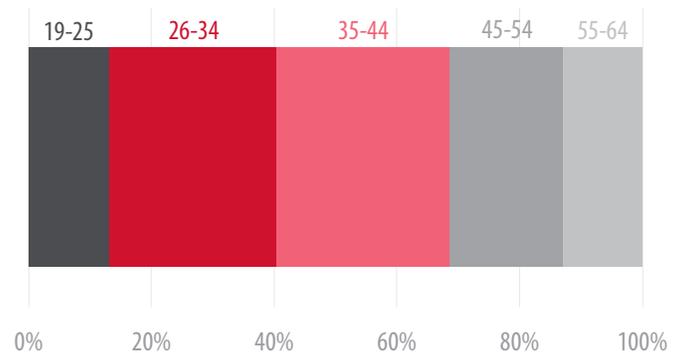
Figure 1. Enrollment has steadily grown since it opened in April 2019 with more than 40,000 adults currently enrolled as of November 2019.



\*The Targeted Adult Medicaid (TAM) program was the first expansion effort in Utah, implemented in November 2017. The program is intended specifically for low-income individuals who are chronically homeless, need substance abuse treatment, or are involved in the justice system.

## Expansion Member Ages

Figure 2. Over half of enrollees are between the ages of 26–44.

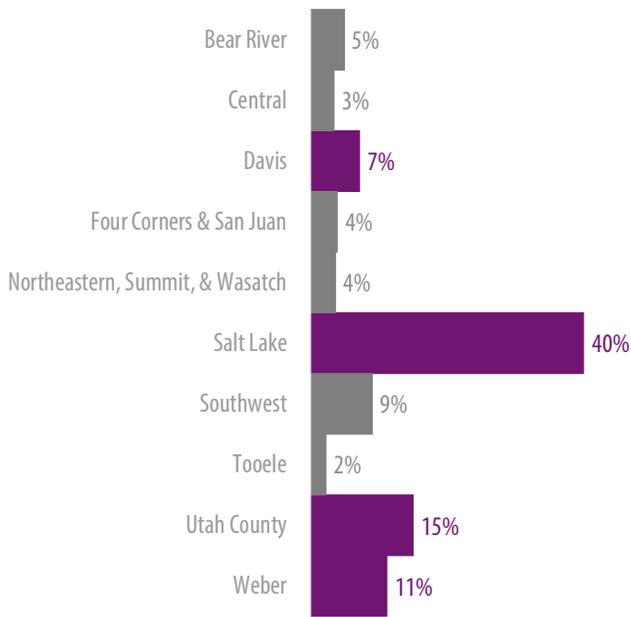


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(Salt Lake, Utah, Weber, and Davis local authorities, Figure 3). Additionally, membership gender is split nearly equally with 51 percent female and 49 percent male.

### Expansion Members by Local Authority

Figure 3. Almost three quarters of enrollees reside along the Wasatch Front (Salt Lake, Utah, Weber, and Davis local authorities).



Many new individuals are now eligible for Medicaid coverage in Utah. UDOH staff have prepared communication tools to help spread the word. Flyers, posters, and FAQs on Medicaid expansion may be downloaded at: <https://medicaid.utah.gov/expansion>.

## KEY FINDINGS

- Each year, approximately 100 newborns are diagnosed as deaf or hard-of-hearing in Utah.
- The percentage of Utah infants meeting EHDl milestones has increased and is higher than the U.S. for all three EHDl goals.
- There has been steady improvement in the percentage of out-of-hospital birthed infants screened for hearing in Utah.
- The percentage of infants lost to diagnostic follow-up decreased significantly in Utah over the past 10 years.
- Of the babies who fail both the inpatient and outpatient hearing screenings, one in four are diagnosed with permanent hearing loss.

## Early Hearing Detection & Intervention (EHDI) Ten Years of Data: 2007–2016

Each year, approximately 100 newborns are diagnosed as deaf or hard-of-hearing in Utah. This number closely aligns with the national congenital deaf or hard-of-hearing incidence rate of 2 in 1,000 births. Although these numbers may appear small, atypical hearing is one of the most frequently occurring birth conditions and the consequences of late identification can have long-term detrimental impacts on a child's development. Universal newborn hearing screening has been conducted in Utah since 1999 (state law [UCA-26-10-6](#) / Rule [R398-2](#)).

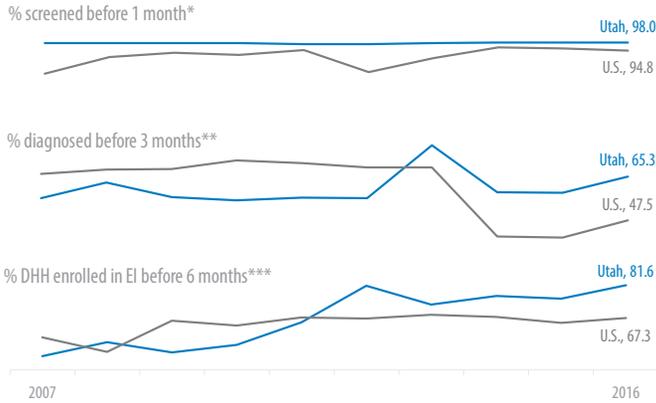
Newborn hearing screening is a “two-stage” process in Utah, meaning all babies who fail newborn hearing screening (no matter where they are born, i.e. in or out-of-hospital) undergo a second screening (a “re-screening”) no later than 14 days of age, and ideally before 10 days of age. If a baby fails this re-screening, two things are to happen: 1) a referral is made to an audiologist with expertise in testing infants for a diagnostic audiological evaluation and 2) Cytomegalovirus (CMV) PCR testing should be conducted utilizing a saliva or urine sample from the infant collected before 21 days of age due to the close association between hearing loss in children and congenital CMV infection (see state law [UCA-26-10-10/Rule R398-4](#)).

The national early hearing detection and intervention (EHDI) benchmarks for hearing screening and its necessary follow-up are known as the “1-3-6” goals—every newborn should be screened before one month of age, diagnosed before three months if they fail the screening(s), and enrolled in early intervention (EI) before six months of age if diagnosed as deaf or hard-of-hearing. There is a body of literature which demonstrates children and families experience optimal outcomes when these benchmarks are met. Staff with the Utah Department of Health EHDI program, housed within the Children with Special Healthcare Needs Bureau, have worked hard over the past several years to improve EHDI milestone attainment which are now performing better than the national average in all areas (Figure 1).

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### Milestone Data

Figure 1. The percentage of Utah infants meeting EHDl milestones has increased and is higher than the U.S. for all three goals.

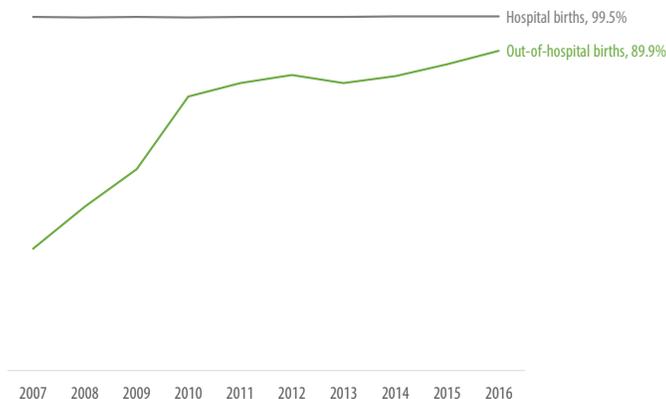


\*screened denominator is number of occurrent births  
 \*\*diagnosed denominator is number of infants who failed most recent screening  
 \*\*\*Deaf and hard-of-hearing (DHH) denominator is number of infants diagnosed with permanent hearing loss  
 Source: CDC Annual Data Early Hearing Detection and Intervention (EHDl) Program (<https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html>).

Virtually all of the newborns in Utah are screened for hearing at birth. Over a 10-year period from 2007 to 2016, 2.4% of births occurred out-of-the-hospital. There has been steady improvement in the percentage of out-of-hospital birthed infants screened for hearing in Utah (Figure 2). Another

### Screening in Hospital vs. Out-of-hospital Births

Figure 2. There has been steady improvement in the percentage of out-of-hospital birthed infants screened for hearing in Utah.



Source: HiTrack, Utah EHDl-Information System

program metric which has improved greatly has been the percentage of infants lost to diagnostic follow-up (i.e., infant failed the most recent screening but never went to an audiologist for a diagnostic evaluation). (See Table 1.)

### Lost to Follow-up for Diagnostics

Table 1. The percentage of infants lost to diagnostic follow-up has decreased significantly in Utah over the past 10 years.

Year	Hospital Births	Out-of-hospital Births
2007	81.9	81.8
2008	75.7	76.5
2009	70.5	84.4
2010	71.0	56.7
2011	52.4	74.4
2012	50.7	68.3
2013	15.0 (7.4*)	22.9 (8.6*)
2014	13.6 (4.4*)	40.0 (10.0*)
2015	11.3 (4.1*)	34.6 (3.9*)
2016	13.1 (2.4*)	29.0 (0.0*)

\*In 2013, the CDC added a new data category for the true lost to follow-up number where "Contacted but Unresponsive" has been removed. Sources: CDC Annual Data Early Hearing Detection and Intervention (EHDl) Program (<https://www.cdc.gov/ncbddd/hearingloss/ehdi-data.html>) and HiTrack, Utah EHDl-Information System

From 2007–2016, there were 526,707 infants screened for hearing loss at birth in Utah. During those 10 years, 4.5% of infants failed the first newborn hearing screening. Of those infants, 10% went on to also fail the second, or outpatient, re-screening. Of utmost importance is that of these babies who fail both the inpatient and outpatient screenings, **one in four** were diagnosed with permanent hearing loss, underscoring the critical nature of follow-up after failed screenings.

# Monthly Health Indicators

Monthly Report of Notifiable Diseases, November 2019	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis ( <i>Campylobacter</i> )	26	35	504	504	1.0
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	8	9	166	115	1.4
Hepatitis A (infectious hepatitis)	1	7	19	54	0.4
Hepatitis B, acute infections (serum hepatitis)	1	1	23	15	1.5
Influenza*	Weekly updates at <a href="http://health.utah.gov/epi/diseases/influenza">http://health.utah.gov/epi/diseases/influenza</a>				
Meningococcal Disease	0	2	3	2	1.4
Pertussis (Whooping Cough)	4	32	299	436	0.7
Salmonellosis ( <i>Salmonella</i> )	22	26	297	361	0.8
Shigellosis ( <i>Shigella</i> )	5	5	52	49	1.1
Varicella (Chickenpox)	18	21	143	201	0.7
Quarterly Report of Notifiable Diseases, 3rd Qtr 2019	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	35	34	95	95	1.0
Chlamydia	2,853	2,380	8,402	7,039	1.2
Gonorrhea	813	577	2,090	1,562	1.3
Syphilis	33	27	99	74	1.3
Tuberculosis	6	7	19	20	1.0
Medicaid Expenditures (in Millions) for the Month of November 2019	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$ 13.9	\$ 14.2	\$ 76.7	\$ 78.0	\$ (1.3)
Inpatient Hospital Services	15.5	15.0	59.7	61.1	(1.3)
Outpatient Hospital Services	3.2	3.1	17.3	18.5	(1.2)
Nursing Home Services	22.1	22.5	88.0	89.6	(1.6)
Pharmacy Services	11.5	11.3	49.3	50.8	(1.4)
Physician/Osteo Services‡	9.6	9.3	26.6	27.5	(0.9)
Medicaid Expansion Services	42.6	42.6	172.3	173.7	(1.4)
<b>TOTAL MEDICAID</b>	<b>280.4</b>	<b>282.3</b>	<b>1,253.9</b>	<b>1,256.9</b>	<b>(2.9)</b>

\* Influenza is circulating but still considered low severity across Utah. Both influenza B (58%) and influenza A (42%) are currently being detected, with the majority of influenza A viruses being H1N1 subtype. Hospitalizations have continued to increase with 54 being reported so far, which is normal for this time of year. More information and weekly reports can be found at [http://health.utah.gov/epi/diseases/influenza/surveillance/2018-2019/Utah\\_Weekly\\_Influenza\\_Report.html](http://health.utah.gov/epi/diseases/influenza/surveillance/2018-2019/Utah_Weekly_Influenza_Report.html).

† Diagnosed HIV infections, regardless of AIDS diagnosis. ‡ Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

**Notes:** Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2020 season.

# Monthly Health Indicators

Program Enrollment for the Month of November 2019	Current Month	Previous Month	% Change\$ From Previous Month	1 Year Ago	% Change\$ From 1 Year Ago
Medicaid	287,382	288,116	-0.3%	269,388	+6.7%
CHIP (Children's Health Ins. Plan)	17,123	17,217	-0.5%	18,388	-6.9%
Commercial Insurance Payments#	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change\$ From Previous Year
Medical	2018	10,355,207	\$ 3,146,492,372	\$ 303.86	-0.9%
Pharmacy	2018	8,195,234	543,507,290	66.32	+3.6%
Annual Community Health Measures	Current Data Year	Number Afflicted	Percent \ Rate	% Change\$ From Previous Year	State Rank** (1 is Best)
Obesity (Adults 18+)	2018	618,400	27.8%	+10.1%	13 (2018)
Child Obesity (Grade School Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2018	200,100	9.0%	+0.9%	1 (2018)
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.4%	+11.3%	n/a
Binge Drinking (Adults 18+)	2018	236,700	10.6%	-7.7%	1 (2018)
Influenza Immunization (Adults 65+)	2018	182,300	52.0%	-7.1%	16 (2018)
Health Insurance Coverage (Uninsured)	2018	300,300	9.5%	-3.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2018	239	7.6 / 100,000	-16.2%	14 (2017)
Drug Overdose Deaths Involving Opioids	2017	400	12.9 / 100,000	-7.2%	25 (2017)
Suicide Deaths	2018	665	21.0 / 100,000	-1.5%	46 (2017)
Unintentional Fall Deaths	2018	262	8.3 / 100,000	+14.8%	20 (2017)
Traumatic Brain Injury Deaths	2017	634	20.4 / 100,000	-8.4%	32 (2017)
Asthma Prevalence (Adults 18+)	2018	205,500	9.2%	+3.6%	21 (2018)
Diabetes Prevalence (Adults 18+)	2018	185,900	8.3%	+17.5%	12 (2018)
High Blood Pressure (Adults 18+)	2017	532,900	24.5%	+3.8%	3 (2017)
Poor Mental Health (Adults 18+)	2018	418,300	18.8%	+3.1%	20 (2018)
Coronary Heart Disease Deaths	2018	1,624	51.4 / 100,000	-5.8%	5 (2017)
All Cancer Deaths	2018	3,262	103.2 / 100,000	+1.3%	1 (2017)
Stroke Deaths	2018	919	29.1 / 100,000	+1.6%	21 (2017)
Births to Adolescents (Ages 15-17)	2018	363	4.9 / 1,000	-15.3%	10 (2018)
Early Prenatal Care	2018	35,975	76.2%	-1.0%	n/a
Infant Mortality	2018	255	5.4 / 1,000	-7.0%	24 (2017)
Childhood Immunization (4:3:1:3:3:1:4)††	2018	36,400	72.0%	+5.9%	22 (2018)

\$ Relative percent change. Percent change could be due to random variation. # Figures subject to revision as new data is processed.

\*\* State rank based on age-adjusted rates where applicable †† Data from 2018 NIS for children aged 24 months (birth year 2016).