

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

September 24, 2021

Emma Chacon  
Interim Medicaid Director  
Utah Department of Health  
P.O. Box 141000  
Salt Lake City, UT 84114-1000

Dear Ms. Chacon:

The CMS Division of Pharmacy team has reviewed Utah's State Plan Amendment (SPA) 19-0013 received in the CMS Medicaid & CHIP Operations Group on October 22, 2019. This SPA proposes to remove the contract arrangement for hemophilia disease management services that expired on December 31, 2019.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0013 is approved with an effective date of January 1, 2020. We are attaching a copy of the signed, updated CMS-179 form, as well as the pages approved for incorporation into Utah's state plan.

If you have any questions regarding this amendment, please contact Lisa Shochet at (410) 786-5445 or [lisa.shochet@cms.hhs.gov](mailto:lisa.shochet@cms.hhs.gov).

Sincerely,

John M. Coster, Ph.D., R.Ph.  
Director  
Division of Pharmacy

cc: Tonya Hales, Utah Department of Health  
Eric Grant, Utah Department of Health  
Jennifer Strohecker, Utah Department of Health  
John Curless, Utah Department of Health  
Craig Devashrayee, Utah Department of Health

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 19-0013-UT	2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2020	

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

3. FEDERAL STATUTE/REGULATION CITATION:  
  
42 CFR 440.120

7. FEDERAL BUDGET IMPACT:  
a. FFY 2020 \$0  
b. FFY 2021 \$0

3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
~~Pages 1 through 3 of ATTACHMENTS 3.1-A and 3.1-B Supplement 1-C to ATTACHMENTS 3.1-A and 3.1-B, Pages 1 through 3\*;  
Page 6 of ATTACHMENT 3.1-A\*;  
Page 5 of ATTACHMENT 3.1-B\*;  
Pages 19a, 19b, and 22g of ATTACHMENT 4.19-B.~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)  
  
~~Pages 1 through 3 of ATTACHMENTS 3.1-A and 3.1-B Supplement 1-C to ATTACHMENTS 3.1-A and 3.1-B, Pages 1 through 3\*;  
Page 6 of ATTACHMENT 3.1-A;  
Page 5 of ATTACHMENT 3.1-B;  
Pages 19a, 19b, and 22g of ATTACHMENT 4.19-B.~~

10. SUBJECT OF AMENDMENT: Hemophilia Disease Management Services

11. GOVERNOR'S REVIEW (*Check One*):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


16. RETURN TO:  
  
Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

13. TYPED NAME: Joseph K. Miner, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: October 22, 2019

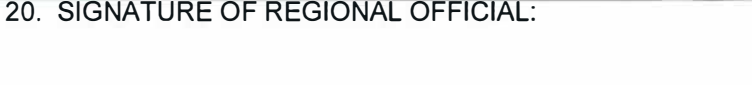
16.

17. DATE RECEIVED: October 22, 2019

18. DATE APPROVED:  
September 24, 2021

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL: Jan. 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL:  
  


21. TYPED NAME: John M. Coster, Ph.D., R.Ph.

22. TITLE: Director, Division of Pharmacy

PLAN APPROVED – ONE COPY ATTACHED

3. REMARKS \* Pen and Ink Changes made in Boxes 8 & 9 per state request on 9/14/2021

S. PRESCRIBED DRUGS (Continued)

Utah Estimated Acquisition Cost (UEAC)

The Utah EAC is the Wholesale Acquisition Cost (WAC).

Professional Dispensing Fees

The Utah Medicaid professional dispensing fees are as follows:

1. \$9.99 for urban pharmacies located in Utah;
2. \$10.15 for rural pharmacies located in Utah;
3. \$9.99 for pharmacies located in any state other than Utah; and
4. \$716.54 for hemophilia clotting factor.

Urban pharmacies are pharmacies physically located in Weber, Davis, Utah and Salt Lake counties.

Drugs Dispensed by IHS/Tribal facilities

Covered outpatient drugs dispensed by an IHS/Tribal facility to an IHS/Tribal member are reimbursed at the encounter rate in accordance with the Utah Medicaid Indian Health Services Provider Manual.

Specialty Drugs and Covered Outpatient Drugs Primarily Dispensed through the Mail

Specialty drugs and covered outpatient drugs primarily dispensed through the mail are reimbursed in the same manner as other covered outpatient drugs in accordance with the reimbursement rules of this section.

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T.N. # 19-0013

Approval Date 9/24/2021

Supersedes T.N. # 17-0002

Effective Date 1-1-20

S. PRESCRIBED DRUGS (Continued)

Covered Outpatient Drugs not Dispensed by a Retail Community Pharmacy

Covered outpatient drugs not dispensed by a retail community pharmacy are reimbursed in the same manner as other covered outpatient drugs in accordance with the reimbursement rules of this section.

Provider Administered Drugs

Covered provider administered drugs will be reimbursed according to the Average Sale Price (ASP) Drug Pricing File, published quarterly by the Centers for Medicare and Medicaid Services (CMS), for drugs that have an ASP price set by CMS.

Covered provider administered drugs for which CMS does not publish an ASP price will be reimbursed in accordance with the Utah Medicaid fee schedule published on Medicaid's Coverage and Reimbursement Code Look-up Tool.

Investigational Drugs

Investigational drugs are not covered by Utah Medicaid.

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T.N. # 19-0013

Approval Date 9/24/2021

Supersedes T.N. # 17-0002

Effective Date 1-1-20

Deleted 1-1-20

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T.N. # 19-0013

Approval Date 9/24/2021

Supersedes T.N. # 18-0007

Effective Date 1-1-20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                      UTAH

HEMOPHILIA DISEASE MANAGEMENT SERVICES

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Deleted 1-1-20

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T.N. #                      19-0013

Approval Date                      9/24/2021

Supersedes T.N. #              18-0007

Effective Date              1-1-20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                      UTAH

HEMOPHILIA DISEASE MANAGEMENT SERVICES (Continued)

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T.N. #                      19-0013

Approval Date                      9/24/2021

Supersedes T.N. #      05-019

Effective Date      1-1-20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                                  UTAH

HEMOPHILIA DISEASE MANAGEMENT SERVICES (Continued)

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Deleted 1-1-20

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T.N. #                                  19-0013

Approval Date                                  9/24/2021

Supersedes T.N. #                          18-0007

Effective Date                          1-1-20







