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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-13-023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

July 16, 2013

W. David Patton, Ph.D.
Utah Department of Health
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114

RE: Utah #13-023

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-023. This State Plan Amendment clarifies that Medicaid, as payer of last resort, utilizes third party payment methodology for crossover claims of Medicare beneficiaries.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Betty Strecker at (701) 540-4118.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT
Craig Devashrayee, UT

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

1. TRANSMITTAL NUMBER:
13-023-UT

2. STATE:
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2013

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)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(n)(1) through (3) [redacted]
~~Section 1902(a)(13)(A) of the Social Security Act~~

7. FEDERAL BUDGET IMPACT:

a. SFY 2014 \$0
b. SFY 2015 \$0

6/9/13 [redacted]

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 1 of Supplement 1 to ATTACHMENT 4.19-B

Page 3 of Supplement 1 to Attachment 4.19-B
(new page) [redacted]

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 1 of Supplement 1 to ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Crossover Payments - This amendment clarifies that Medicaid, as payor of last resort, utilizes third party payment methodology for crossover claims of Medicare beneficiaries. [redacted]

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]

13. TYPED NAME: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: May 15, 2013

16. RETURN TO:

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

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17. DATE RECEIVED

May 15, 2013

18. DATE APPROVED

July 16, 2013

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL: [redacted]

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

23. REMARKS: PLAN APPROVED - ONE COPY ATTACHED
Pen and ink changes approved by State via email 7/3/13/tjt [redacted]

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: _____

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment specified in the chart on page 2 of this supplement. Codes appearing in the chart have the meanings defined below:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters **SP**.

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in items 1 and 2 of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters **MR**.
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in items 1 and 2 of this attachment, for those groups and payments listed below and designated with the letters **NR**.
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in items 1 and 2 of this attachment (see 3. above).

TN # 13-023

Approval Date 7/16/13

Supersedes T.N. # 10-016

Effective Date 7-1-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ UTAH

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Medicaid payment for Medicare crossover claims will be limited to the patient's liability. Further, Medicaid payment for specified Medicare crossover claims will be the lower of:

(1) the allowed Medicaid payment rate less the amounts paid by Medicare and other payors; or (2) the Medicare co-insurance and deductibles.

In the event Medicaid does not have a price for codes included on a crossover claim, the Medicaid price will be 80 percent of the Medicare price.

Following is specific information relating to certain providers:

Anesthesiologists - In order to convert to Medicaid units, the Medicare units will be multiplied by 1.25 and rounded-up to the nearest integer.

Nursing Facilities - Excluding "room and board" revenue codes from this requirement: If crossover claims do not include HCPCS codes on each claim line, then Medicaid's price is 80% of the total Medicare allowed amount for that claim.

T.N. # _____ 13-023 _____

Approval Date 7/16/13

Supersedes T.N. # _____ 08-015 _____

Effective Date 7-1-13