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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-021

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 17, 2014

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

RE: Utah #14-021

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-021. This State Plan Amendment updates the effective date of rates for Clinic services to 7/1/14.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Ann Clemens at (303) 844-2125.

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:
14-021-UT

2. STATE:
Utah

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

4. PROPOSED EFFECTIVE DATE
July 1, 2014

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:

42 CFR 440.90

7. FEDERAL BUDGET IMPACT:

a. SFY 2015 \$0
b. SFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 12a, 12b, 12c, 12d, and 34 of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Pages 12a, 12b, 12c, 12d, and 34 of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Reimbursement for Clinic Services

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:



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

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: May 15, 2014

16.

16. RETURN TO:

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

17. DATE RECEIVED:

May 15, 2014

18. DATE APPROVED:

July 17, 2014

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

L. CLINIC SERVICES (Continued)

1. Dialysis Clinics -- Payment for renal dialysis is based on the established fee schedule unless a lower amount is billed. The amount billed cannot exceed usual and customary charges. Fees are based on the Medicare payment in Salt Lake County for dialysis.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2014, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

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Approval Date 7/17/14

Supersedes T.N. # 13-015

Effective Date 7-1-14

L. CLINIC SERVICES (Continued)

2. Surgical Centers -- Effective March 1, 2010, payment is based on 66.3 percent of usual and customary charges and, for specified procedure codes, a fee schedule established from professional judgment, Medicaid historical data, and discounts from Medicare rates. Effective July 1, 2010, payments will be based on a fee schedule established from professional judgment, Medicaid historical data, and discounts from Medicare rates.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2014, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

MULTIPLE AND BILATERAL PROCEDURES

The primary surgical procedure with the highest payment rate is paid based on 100% of the established Medicaid fee. The second highest payment rate is paid based on 50% of the established fee schedule. Payment for the other lower payment rates is made at 25% of the established fee schedule for multiple and bilateral procedures. When CPT modifiers are used, the rate is adjusted for CPT modifiers before the percentages are applied for multiple units billed for designated procedure codes to pay at 100% of the established Medicaid fee schedule.

T.N. # 14-021

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Effective Date 7-1-14

L. CLINIC SERVICES (Continued)

3. Alcohol and Drug Clinics -- Payment is based on the established fee schedule unless a lower amount is billed. Fees will be set based on historical payments for specific HCPCS codes.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2014, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

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L. CLINIC SERVICES (Continued)

4. Clinic Services for Physical Therapy and Occupational Therapy - Payments for physical/occupational therapy are based on the established fee schedule unless a lower amount is billed. Fees are established by discounting historical charge, by professional judgment, and by the physical therapy and occupational therapy fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2014, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

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FREESTANDING BIRTH CENTER SERVICES

Licensed Birthing Centers -- Payment is based on the established fee schedule unless a lower amount is billed. The amount billed cannot exceed usual and customary charges. Fees are based on discounted rates established for physicians.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of July 1, 2014, and are effective for services on or after that date. Fee schedule payments are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

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