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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-14-033

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

September 18, 2014

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

RE: Utah #14-033

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-033. This State Plan Amendment concerns Primary Care Physician Enhancement Payments.

Please be informed that this State Plan Amendment was approved September 16, 2014 with an effective date of April 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/

Mary Marchioni
Acting 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:
14-033-UT

2. STATE:
Utah

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

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

4. PROPOSED EFFECTIVE DATE
~~May 8, 2014~~ **April 1, 2014**
tjt

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 447.405

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 \$+7,000
b. FFY 2015 \$+16,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 4f and 4g of ATTACHMENT 4.19-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Pages 4f and 4g of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Primary Care Physician Enhancement Payments

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:


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: W. David Patton, Ph.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 30, 2014

16

17. DATE RECEIVED

June 30, 2014

18. DATE APPROVED

9/16/14

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Mary Marchioni

22. TITLE

Acting ARA, DMCHO

23. REMARKS: **PLAN APPROVED - ONE COPY ATTACHED
pen and ink change to effective date permission given in e-mail from State on 9/17/14/tjt**

1. By servicing provider, by claim line for qualifying billing codes, identify allowed units and allowed amounts through the claim system for qualifying E&M billing codes paid during the quarter.
2. By servicing provider, by claim line for qualifying billing codes, calculate the sum of the payments that would have been paid for the qualifying codes and the Medicare rate effective as of January 1 of the calendar year in which the service was incurred (Total Allowed Units x Medicare Rate).
3. By servicing provider, by claim line for qualifying billing codes, calculate the difference between step 2 and step 1 (step 2 result less step 1 result).
4. By billing provider, the sum difference calculated in step 3 will be paid after the end of each quarter.

The calculation for the 100 percent federal match will be based on the difference between the Medicare rate effective as of January 1 of the calendar year in which the service was incurred and the Medicaid rates in effect on July 1, 2009. This calculation will exclude any FFP already claimed when the base payments were made to the provider; to the extent those base payments were greater than the July 1, 2009 rate. The 2009 base rate for codes not covered in 2009 but subsequently added will be \$0.

In addition to the quarterly payments, if an audit or review reveals an overpayment or underpayment, then recoveries or additional payments will also occur.

Primary Care Services Affected by this Payment Methodology

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- This payment applies to all covered Evaluation and Management (E&M) billing codes 99201 through 99499 except the following codes for which the State did not make payment as of July 1, 2009 and will not make enhanced payments under this SPA (with the exception of coverage of Medicare Crossover claims):

99224 (1/1/11)	99340	99386	99412	99485 (1/1/13)
99225 (1/1/11)	99360	99397	99420	99486 (1/1/13)
99226 (1/1/11)	99363	99401	99429	99487 (1/1/13)
99239	99364	99402	99441	99495 (1/1/13)
99288	99374	99403	99442	99496 (1/1/13)
99315	99375	99404	99443	
99316	99377	99406	99444	
99318	99378	99407	99450	
99339	99379	99408	99455	
	99380	99409	99456	

T.N. # # 14-033

Approval Date 9/16/14

Supersedes T.N. # 13-002

Effective Date ~~5-8-14~~ 4/1/14 *tyt*

The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009:

90460 (1/1/11)	99359 (9/1/11)	99368 (9/1/11)	99466 (9/1/11)	99489 (1/1/13)
90461 (1/1/11)	99366 (9/1/11)	99387 (1/1/14)	99467 (9/1/11)	
99358 (9/1/11)	99367 (9/1/11)	99396 (1/1/14)	99488 (1/1/13)	

Physician Services – Vaccine Administration Related to VFC

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

Medicare Physician Fee Schedule rate

State regional maximum administration fee set by the Vaccines for Children program

Method of Payment

The supplemental calculation is made as follows for each qualifying provider after the end of each quarter and excludes the University of Utah Medical Group providers that are paid at the Average Commercial Rate:

1. By servicing provider, by claim line for qualifying VFC billing codes, identify allowed units and allowed amounts through the claim system for qualifying VFC billing codes paid during the quarter.
2. By servicing provider, by claim line for qualifying VFC billing codes, calculate the sum of the payments that would have been paid for the qualifying codes during the covered quarter at the state regional maximum administration fee set by the VFC program (\$20.72 from the table in the final rule) (Total Allowed Units x Current Medicare Rate).
3. By servicing provider, by claim line for qualifying VFC billing codes, calculate the difference between step 2 and step 1 (step 2 result less step 1 result).
4. By billing provider, the sum difference calculated in step 3 will be paid to providers after the end of each quarter.

T.N. # # 14-033

Approval Date 9/16/14

Supersedes T.N. # 13-002

Effective Date ~~5-8-14~~ 4/1/14 *tyt*