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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-15-0013

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

February 29, 2016

Joseph K. Miner, M.D., MSPH, Executive Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #15-0013

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0013. This State Plan Amendment updates the effective date of rates for clinic services to July 1, 2015.

The Outpatient Upper Payment Limit Demonstration (UPL) for 2015 has also been approved as a result of the SPA approval process.

Please be informed that this State Plan Amendment was approved February 29, 2016, with an effective date of July 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,



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

cc: Nathan Checketts, Acting Medicaid Director, UT
Craig Devashrayee, UT

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

1. TRANSMITTAL NUMBER:
15-0013-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
July 1, 2015

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 2016 \$0
b. SFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 12a, 12b, 12c, 12d, and 34 of ATTACHMENT 4.19-B;
Pages 1 and 2 of Attachment #9 within ATTACHMENTS 3.1-A
and 3.1-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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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;
Pages 1 and 2 of Attachment #9 within ATTACHMENTS 3.1-A
and 3.1-B.

10. SUBJECT OF AMENDMENT: Reimbursement for Clinic 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:

[Redacted Signature]

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: April 1, 2015

17. DATE RECEIVED:

April 1, 2015

18. DATE APPROVED:

February 29, 2016

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

23. REMARKS:

PLAN APPROVED - ONE COPY ATTACHED

CLINIC SERVICES

LIMITATIONS

1. End Stage Renal Dialysis

Limited to medically accepted dialysis procedures, such as peritoneal dialysis (CAPO, CCPO and IPO) or hemodialysis for outpatients receiving services in free-standing State-licensed facilities, which are also approved under Title XVIII.

2. Ambulatory Surgical Centers

Scope of service is limited to ambulatory surgical procedures which are scheduled for non-emergency conditions.

3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:

- a. that the proposed services are medically appropriate; and
- b. that the proposed services are more cost effective than alternative services.

T.N. # 15-0013

Approval Date 2/29/16

Supersedes T.N. # 12-018

Effective Date 7-1-15

CLINIC SERVICES

Deleted July 1, 2015

T.N. # 15-0013

Approval Date 2/29/16

Supersedes T.N. # 98-003

Effective Date 7-1-15

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Approval Date 2/29/16

Supersedes T.N. # 98-003

Effective Date 7-1-15

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.

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, 2015, 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/>.

T.N. # 15-0013

Approval Date 2/29/16

Supersedes T.N. # 14-021

Effective Date 7-1-15

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, 2015, 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. # 15-0013

Approval Date 2/29/16

Supersedes T.N. # 14-021

Effective Date 7-1-15

L. CLINIC SERVICES (Continued)

3. Alcohol and Drug Clinics

Deleted July 1, 2015

T.N. # 15-0013

Approval Date 2/29/16

Supersedes T.N. # 14-021

Effective Date 7-1-15

Deleted July 1, 2015

T.N. # 15-0013

Approval Date 2/29/16

Supersedes T.N. # 14-021

Effective Date 7-1-15

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, 2015, 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/>.

T.N. # 15-0013

Approval Date 2/29/16

Supersedes T.N. # 14-021

Effective Date 7-1-15