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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-16-0018

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**

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June 23, 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 #16-0018

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0018. This State Plan Amendment updates the effective date of clinic services rates to July 1, 2016.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2016. 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  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
16-0018-UT

2. STATE:  
Utah

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2016

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 2017 \$0  
b. SFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 12b and 34 of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Pages 12b 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       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Joséph K. Miner, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 6, 2016

16. RETURN TO:

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

16.

17. DATE RECEIVED:

June 6, 2016

18. DATE APPROVED:

June 23, 2016

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

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, 2016, 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 <https://medicaid.utah.gov/>.

**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.

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T.N. # 16-0018

Approval Date 6/23/2016

Supersedes T.N. # 15-0013

Effective Date 7-1-16

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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, 2016, 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 <https://medicaid.utah.gov/>.

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T.N. # 16-0018Approval Date 6/23/2016Supersedes T.N. # 15-0013Effective Date 7-1-16