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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0001

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



REGION VIII - DENVER

August 18, 2017

Nathan Checketts, Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #17-0001

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0001. This State Plan Amendment updates the Medicaid cost-sharing policy in accordance with the Affordable Care Act, effective July 1, 2017.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2017. 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: John Curless, UT
Craig Devashrayee, UT

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

1. TRANSMITTAL NUMBER:
17-0001-UT

2. STATE:
Utah

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

4. PROPOSED EFFECTIVE DATE
July 1, 2017

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 447.50 through 447.57

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 \$[75,000]
b. FFY 2018 \$[289,000]

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 1 through 4 of ATTACHMENTS 4.18-A and 4.18-C;
Pages 54, 55, 55a, 56,56a, 56c, 56d, 56e, and 56f of Section 4 are deleted.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Pages 1 through 3 of ATTACHMENTS 4.18-A and 4.18-C;
Pages 54, 55, 55a, 56,56a, 56c, 56d, 56e, and 56f of Section 4 are deleted.

10. SUBJECT OF AMENDMENT: Medicaid Cost Sharing

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: Joseph K. Miner, MD

14. TITLE: Deputy Director, Utah Department of Health

15. DATE SUBMITTED: May 22, 2017

16.

17. DATE RECEIVED:

May 22, 2017

16. RETURN TO:

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

18. DATE APPROVED:

August 18, 2017

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED – ONE COPY ATTACHED

3. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

- B. The method used to collect cost sharing charges for categorically needy individuals:
- Providers are responsible for collecting the cost sharing charges from individuals.
 - The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. Individuals whose countable household income, before deductions, is less than the TANF standard payment for a family of the applicable size are exempt from all cost sharing noted in Subsection A.
- D. Cost sharing eligible members who present at an emergency department for a non-emergency service will be charged a copayment.

T.N. # 17-0001

Approval Date 8/18/2017

Supersedes T.N. # 02-001

Effective Date 7-1-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ UTAH

- E. Members outside the exempt status will receive a Medicaid Benefit Letter with co-pay information listed during their eligibility period.
- F. The state includes an indicator in the Medicaid Management Information System (MMIS)
- G. The state includes an indicator in the Eligibility and Enrollment System
- H. The state includes an indicator in the Eligibility Verification System
- I. Providers may verify a members copay requirements at: <https://medicaid.utah.gov/eligibility>.
- J. The State applies incurred-cost sharing to the aggregate limit when claims are submitted for dates of service within the current monthly cap period. Once the aggregate limit is reached, cost-sharing liability stops.

For households that may have paid copays in excess of the aggregate limits:

- The member contacts a Utah Medicaid health program representative noting the out-of-pocket amounts paid.
 - Medicaid staff verifies the amounts based on paid claims.
 - Medicaid staff enters the household as exempt from cost sharing for the duration of the limit period.
 - Medicaid staff will initiate, as appropriate, a reprocessing of the claim(s) that made the household exceed the aggregate limits.
 - Medicaid staff will work with impacted providers to ensure the household is reimbursed for copay differences that were paid by the household.
- K. Medicaid members described in 42 CFR 447.56(a)(1) are exempt from copayment requirements.

T.N. # _____ 17-0001

Approval Date 8/18/2017

Supersedes T.N. # 10-010

Effective Date 7-1-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- A. Effective October 1, 2017 unless otherwise noted, the following charges are imposed for services:

Medicaid Service	Cost Sharing Amount and Basis for Determination
Non-Emergency Services Received in Emergency Departments.	\$8 for each non-emergency use of the emergency department.
Inpatient Hospital Stay	Effective July 1, 2017, \$75 for each inpatient hospital stay (episode of care).
Physician or Podiatrist Services	\$4 for each outpatient services visit (physician visit, podiatry visit, physical therapy, etc.).
Outpatient Hospital Services	\$4 for each outpatient hospital service visit, (maximum of one per person, per hospital, per date of service).
Pharmacy Services	\$4 for each prescription.
Chiropractic Services	\$1 for each chiropractic visit (maximum of one per date of service).
Vision Services	\$3 for each pair of eyeglasses.

Note: Additional ER copay information is found in Attachment 4.18-H, Page 1.

T.N. # 17-0001Approval Date 8/18/2017Supersedes T.N. # 08-001Effective Date 7-1-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

- B. The method used to collect cost sharing charges for categorically needy individuals:
- Providers are responsible for collecting the cost sharing charges from individuals.
 - The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. Individuals whose countable household income, before deductions, is less than the TANF standard payment for a family of the applicable size are exempt from all cost sharing noted in Subsection A.
- D. Cost sharing eligible members who present at an emergency department for a non-emergency service will be charged a copayment.

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L. The following conditions apply to the AI/AN copayment exemption:

Those individuals who have a verified or pending AI/AN status on their eligibility record and have an established relationship with one of the following types of facilities (I/T/Us) will be exempted from cost sharing:

- Indian Health Service facility
- Tribal clinic
- Urban Indian Organization facility

The State will perform a regular review of Medicaid claims to identify users of I/T/U facilities and will flag those users as exempt from cost sharing. In addition, individuals who present a letter or other document verifying current or previous use of services provided at an I/T/U facility, or services referred through contract health services in any State, will be flagged as exempt from cost sharing.

The following services do not require copayments:

1. Family planning services, including contraceptives and pharmaceuticals;
2. Preventive services, including vaccinations and health education;
3. Pregnancy-related services, including tobacco cessation;
4. Emergency services (emergency use of an emergency room); and
5. Provider-preventable condition (PPC) services.

M. Cumulative maximums on charges:

State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

- \$75 for each inpatient hospital stay (episode of care).
- A cumulative copayment amount that does not exceed \$100 per year is allowed for physician services, podiatrist services, outpatient hospital services, and chiropractic services.
- \$20 cumulative monthly maximum copayment amount aggregated for pharmacy services.

T.N. # _____ 17-0001

Approval Date 8/18/2017

Supersedes T.N. # New

Effective Date 7-1-17

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____ UTAH _____

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges

Deleted 7-1-17

T.N. # _____ 17-0001

Approval Date 8/18/2017

Supersedes T.N. # 91-20

Effective Date 7-1-17

Revision: HCFA-PM-91-4 (BPD)
August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

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SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges (Continued)

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T.N. # _____ 17-0001

Approval Date 8/18/2017

Supersedes T.N. # 03-016

Effective Date 7-1-17

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August 1991

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State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges (Continued)

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Approval Date 8/18/2017

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MEDICAL ASSISTANCE PROGRAM

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SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges (Continued)

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T.N. # 17-0001

Approval Date 8/18/2017

Supersedes T.N. # 94-01

Effective Date 7-1-17

Revision: HCFA-PM-91-4 (BPD)
August 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

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SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

4.18 Recipient Cost Sharing and Similar Charges (Continued)

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SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

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SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

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