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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0006

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

May 15, 2017

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

RE: Utah #17-0006

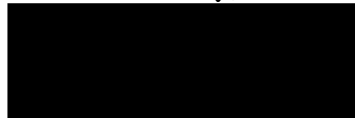
Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0006. This State Plan Amendment updates the effective date of rates for physician and anesthesia services to 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
OR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: 17-0006-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, 2017

i. 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)

5. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.50 and 440.60

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

6. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Introduction Page to ATTACHMENT 4.19-B;
Pages 4 and 5 of ATTACHMENT 4.19-B;
Page 4a of ATTACHMENT 4.19-B is deleted.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Pages 4 and 5 of ATTACHMENT 4.19-B;
Page 4a of ATTACHMENT 4.19-B is deleted.

10. SUBJECT OF AMENDMENT: Reimbursement for Physician and Anesthesia 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: Joseph K. Miner, MD

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: March 31, 2017

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

March 31, 2017

18. DATE APPROVED

May 15, 2017

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2017

20. NAME OF REGIONAL OFFICIAL

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

Payment rates for the services listed below are effective for services provided on or after the corresponding date:

Service	Attachment	Effective Date
Physician and Anesthesia Services	Attachment 4.19-B, Pages 4 and 5	July 1, 2017
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2017
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2017
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2017
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2017
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2017
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2017
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2017
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2017
Transportation Services	Attachment 4.19-B, Page 18	July 1, 2017
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2017
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2017

T.N. # 17-0006

Approval Date 5/15/17

Supersedes T.N. # New

Effective Date 7-1-17

D. PHYSICIANS (Except Anesthesiologists)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

T.N. # 17-0006

Approval Date 5/15/17

Supersedes T.N. # 16-0012

Effective Date 7-1-17

Deleted 7-1-17

T.N. # 17-0006

Approval Date 5/15/17

Supersedes T.N. # 13-027

Effective Date 7-1-17

E. ANESTHESIOLOGIST/ANESTHETIST

1. INTRODUCTION

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

2. CALCULATED FEE

Payment = (Basic Value + Time Values + Modifying Factors*) x Conversion Factor**.

Time Values are added to the basic value at the rate of one unit for each twelve minutes or fraction thereof.

Rural Areas: Anesthesiologists/Anesthetists providing services in rural areas of the state are paid a rate differential equal to 112 percent of the physician fee schedule. Rural areas are defined as areas of the State of Utah outside of Weber, Davis, Salt Lake and Utah counties.

*Physical status modifiers and similar to account for various levels of complexity.

**The conversion factor is published at:

<http://health.utah.gov/medicaid/stplan/physician.htm>

T.N. # 17-0006

Approval Date 5/15/17

Supersedes T.N. # 16-0012

Effective Date 7-1-17