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## Table of Contents

**State/Territory Name:** Utah

**State Plan Amendment (SPA) #:** UT-17-0015

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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May 15, 2017

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

RE: Utah #17-0015

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0015. This State Plan Amendment updates the effective date of Reimbursement for Transportation 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  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
17-0015-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

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 440.170

7. FEDERAL BUDGET IMPACT:

a. FFY 2017    \$+165,000  
b. FFY 2018    \$+662,900

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 18 of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 18 of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Reimbursement for Transportation Services

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: Joseph K. Miner, MD

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: March 31, 2017

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. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

23. REMARKS

PLAN APPROVED - ONE COPY ATTACHED

R. TRANSPORTATION

1. Ambulance – Payment will be made on an established Medicaid fee schedule. The fee schedule will include base rate, mileage rate, oxygen fee and waiting time. The fee schedule will include both ground, air and water transportation.

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. Special Services – These include Para-Transit, Ambucar, Servicar, and other specialized/similar transportation services. Payment will be the lower of the usual and customary charge or the established fee schedule for Medicaid.

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>.

3. Bus Service – Payment will be the rates established by contract between the provider and Medicaid. If there is no contract, payment will be the same as the fares paid by the general public.
4. NEMT Brokerage Contracted services – Payment is based on the contracted capitated rate derived from a competitive bidding process.

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T.N. # 17-0015

Approval Date 5/15/17

Supersedes T.N. # 16-0021

Effective Date 7-1-17