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State/Territory Name: Utah

State Plan Amendment (SPA) #: 18-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 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

July 26, 2018

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

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0007. This State Plan Amendment increases the monthly nursing visit limit for hemophilia patients and requires prior authorization for additional visits. It also clarifies reimbursement methodology for covered outpatient drugs, removes NADAC as a component of the UMAC, and adds NADAC specifically to the reimbursement methodology.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2018. 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:
18-0007-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, 2018

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 440.120

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 +\$8,070
b. FFY 2019 +\$32,260

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 19 and 22g of ATTACHMENT 4.19-B;
Pages 1 and 3 of SUPPLEMENT 1-C TO ATTACHMENT 3.1-A;
Pages 1 and 3 of SUPPLEMENT 1-C TO ATTACHMENT 3.1-B.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Pages 19 and 22g of ATTACHMENT 4.19-B;
Pages 1 and 3 of SUPPLEMENT 1-C TO ATTACHMENT 3.1-A;
Pages 1 and 3 of SUPPLEMENT 1-C TO ATTACHMENT 3.1-B.

10. SUBJECT OF AMENDMENT: Hemophilia Disease Management 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. Miller, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 25, 2018

16.

17. DATE RECEIVED:

June 25, 2018

18. DATE APPROVED:

July 26, 2018

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

S. PRESCRIBED DRUGS

Covered outpatient drugs will be reimbursed based on an established product cost plus a professional dispensing fee. The payment for individual prescriptions shall not exceed the amount billed. The amount billed must be no more than the usual and customary charge (U&C) to the private pay patient. The following methodology is used to establish Medicaid payments:

Effective for claims adjudicated on or after April 1, 2017, except as otherwise stated in this section and in addition to a reasonable professional dispensing fee as applicable, reimbursement for brand and generic covered outpatient drugs will be as follows:

The lesser of the Utah Estimated Acquisition Cost (UEAC), Federal Upper Limit, National Average Drug Acquisition Cost (NADAC), Utah Maximum Allowable Cost (UMAC), or the Ingredient Cost Submitted.

Federal Upper Limit

The federal upper limit is the maximum allowable ingredient cost reimbursement established by the Federal government (e.g., Centers for Medicare and Medicaid Services (CMS) for selected multiple-source drugs. The aggregate cost of product payment for the drugs on the federal upper limit list will not exceed the aggregate established by the Federal government.

Utah MAC

Utah MAC is the Maximum Allowable Cost reimbursement established by the State for selected drugs.

T.N. # 18-0007

Approval Date 7/26/18

Supersedes T.N. # 17-0002

Effective Date 7-1-18

DISEASE MANAGEMENT - HEMOPHILIA

Disease management payments will be in accordance with the contracted rates or billed charges, whichever is less. Reimbursement for disease management is fee-for-service and includes the following:

Reimbursement per in-home nursing visit is reimbursed per 15-minute units.

In-home nursing visits will be reimbursed at the lesser of \$30 per 15-minute unit or the billed charges.

Payment for disease management services, reimbursed per month and capped at 1 unit per month, under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Payment for disease management services will be reimbursed at the lesser of \$631.65 as a monthly rate or the billed charges; however, the initial month a member is serviced by the contract provider the disease management services will be reimbursed at the lesser of \$1,000 per member or the billed charges. The initial month fee is only eligible to be paid once per member. The monthly payment rate shall not be paid unless an allowable hemophilia disease management service is provided to an eligible beneficiary.

All Medicaid disease management hemophilia services are paid pursuant to a selective contract authorized through authority in an approved 1915(b)(4) Waiver.

T.N. # 18-0007

Approval Date 7/26/18

Supersedes T.N. # 17-0002

Effective Date 7-1-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

HEMOPHILIA DISEASE MANAGEMENT SERVICES (Continued)

F. Freedom of Choice:

This service is operating under a 1915(b) waiver program called the Choice of Health Care Delivery Program that includes a waiver of Section 1902(a)(23) – Freedom of Choice.

G. Oversight:

Service provider will report quarterly on each patient with regard to disease status, medication usage, visits conducted, plan achievement, education and training activities, and expenditures.

H. In-home Nursing Visits:

In-home nursing visits are capped at 8, 15-minute units per month. Additional in-home visits may be authorized through prior authorization by the Department on a case-by-case basis.

T.N. # 18-0007

Approval Date 7/26/18

Supersedes T.N. # 05-019

Effective Date 7-1-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

HEMOPHILIA DISEASE MANAGEMENT SERVICES

A. Target Group:

Disease management services are provided to Medicaid eligibles who have a diagnosis of hemophilia.

B. Areas of State in Which Services Will Be Provided:

Entire State

C. Comparability of Services:

Services are provided in accordance with 1902(a)(10)(B) of the Act.

D. Definition of Services:

1. In accordance with 42 CFR §440.130(c), Disease Management Services are a set of planning, coordinating, training, and monitoring nursing services activities provided as part of a regular nursing visit that assist the recipients to receive needed disease education, medical, and nutritional services consistent with their identified needs related to hemophilia and include:
 - a. assisting the recipient to determine the need for services and developing a service plan to assure adequate access to necessary services and community resources;
 - b. conducting interviews with the recipient or recipient's guardian in person or by telephone to ascertain the severity, frequency and cause of each episode;
 - c. ensuring that each recipient or recipient's guardian attend hemophilia clinics at least annually;
 - d. reviewing the recipient's symptoms and vitals;
 - e. training the recipient, guardian or both on how to infuse the hemophilia factor(s) (HF);
 - f. training the recipient, guardian or both on how to handle, access, store, reorder, and record the use of HF;
 - g. training the recipient, guardian or both on how to recognize and appropriately respond to bleeds and other disease specific symptomatology.

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