

## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: 24-0012**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

September 12, 2024

Jennifer Strohecker  
Director  
Division of Health Care Financing  
Utah Department of Health  
P.O. Box 143101  
Salt Lake City, UT 84114-3101

RE: TN 24-0012

Dear Jennifer Strohecker:

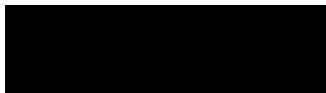
The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Utah state plan amendment (SPA) to Attachment 4.19-A, UT 24-0012, which was submitted to CMS on July 1, 2024. This plan amendment updates the graduate medical education (GME) payment pool methodology.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 and 1923 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Christine Storey at [Christine.storey@cms.hhs.gov](mailto:Christine.storey@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 2

2. STATE

UTAH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.272

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 258,700  
b. FFY 2025 \$ 844,800

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Pages 17 and 17a of ATTACHMENT 4.19-A

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

Pages 17 and 17a of ATTACHMENT 4.19-A

9. SUBJECT OF AMENDMENT

Medical Education Payments

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Tracy S. Gruber

13. TITLE  
Executive Director, Utah Dept of Health & Human Services

14. DATE SUBMITTED  
July 1, 2024

15. RETURN TO

Craig Devashrayee  
Utah Department of Health & Human Services  
Division of Integrated Healthcare  
cdevashrayee@utah.gov

**FOR CMS USE ONLY**

16. DATE RECEIVED : July 1, 2024

17. DATE APPROVED  
September 12, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL : Rory Howe

21. TITLE OF APPROVING OFFICIAL Director,  
Financial Management Group (FMG)

22. REMARKS

INPATIENT HOSPITAL  
Section 700 Health Profession Education

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701 General – Utah Department of Health shall support the education of health professionals through the use of Medicaid funds to make direct graduate medical education payments (DGME).

702 Payment Pool – The annual DGME payment pool will be \$4,000,000 total funds.

DGME payments will be distributed quarterly, typically at the beginning of each quarter to the University of Utah Hospitals and Clinics.

703 Upper Payment Limit – The aggregate FFS Medicaid hospital payments, including the DGME payments covered in this section, will not exceed the amount that would be paid for the services furnished under Medicare payment principles in compliance with the 42 CFR 447.272 upper payment limit regulations for each category of hospitals.

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T.N. # 24-0012

Approval Date September 12, 2024

Supersedes T.N. # 13-018

Effective Date 7-1-24

INPATIENT HOSPITAL  
Section 700 Health Profession Education

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Deleted 7-1-24

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T.N. # 24-0012

Approval Date September 12, 2024

Supersedes T.N. # 13-018

Effective Date 7-1-24