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State/Territory Name: Utah

State Plan Amendment (SPA) #: 21-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 25, 2021

Emma Chacon, Interim Medicaid Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: TN 21-0006


Dear Ms. Chacon:

The Centers for Medicare and Medicaid Services (CMS) has completed its review of Utah's State Plan Amendment (SPA) Transmittal #21-0006, submitted on June 16, 2021. This SPA amendment allows physician assistants to bill independently for services, and further includes physician assistants within the payment rate of other providers affiliated with the University of Utah Medical Group (UUMG).

CMS approved SPA #21-0006 on August 25, 2021, with an effective date of May 5, 2021. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Utah State Plan.

If you have any questions regarding this amendment, please contact Mandy Strom at mandy.strom@cms.hhs.gov or (303)844-7068.


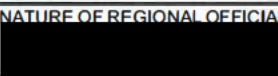
Sincerely,

 Digitally signed by James
G. Scott -S
Date: 2021.08.25 14:40:33
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Craig Devashrayee, Utah Medicaid
John Curless, Utah Medicaid
Jennifer Strohecker, Utah Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER U T 21-0006	2. STATE UTAH
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 5, 2021	
5. TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT <small>COMPLETE BOXES 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)</small>			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.50 and 440.60		7. FEDERAL BUDGET IMPACT a. FFY \$0 b. FFY \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 3 of ATTACHMENTS 3.1-A and 3.1-B; Page 4c of ATTACHMENT 4.19-B; Page 9 of ATTACHMENT 4.19-B Page 1 of 6d of ATTACHMENTS 3.1-A and 3.1-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 3 of ATTACHMENTS 3.1-A and 3.1-B; Page 4c of ATTACHMENT 4.19-B Page 6e of ATTACHMENTS 3.1-A and 3.1-B Page 1 of 6d of ATTACHMENTS 3.1-A and 3.1-B	
10. SUBJECT OF AMENDMENT Physician Assistants			
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="checkbox"/> OTHER, ASSPECIFIED			
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 Richard G. Saunders			
14. TITLE Executive Director, Utah Department of Health			
15. DATE SUBMITTED June 16, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED June 16, 2021		18. DATE APPROVED August 25, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL May 5, 2021		20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2021.08.25 14:41:29 -05'00'	
21. TYPED NAME James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS Utah requested the following pen and ink changes on August 18, 2021: • Add Page 6e of ATTACHMENTS 3.1-A and 3.1-B in Box 9 of 179; • Add Page 1 of 6d of ATTACHMENTS 3.1-A and 3.1-B in Boxes 8 and 9 of 179; and • Change "no limitations" to "with limitations" on page 3, item #7c of ATTACHMENT 3.1-A.			

SERVICES PROVIDED BY OTHER PRACTITIONERS' SERVICES

1. Services of a licensed nurse practitioner practicing within the scope of practice according to state law.
2. Services of a licensed physician assistant practicing within the scope of practice according to state law.

T.N. # 21-0006

Approval Date 8-25-21

Supersedes T.N. # 16-0001

Effective Date 5-5-21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____ UTAH

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY (Continued)

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: No limitations With limitations*

b. Optometrists' services.

Provided: No limitations With limitations*
 Not provided.

c. Chiropractors' services.

Provided: No limitations With limitations*
 Not provided.

d. Other practitioners' services.

Provided: Not provided With limitations*

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*

*Description provided on attachment

T.N. # 21-0006

Approval Date 8-25-21

Supersedes T.N. #14-029

Effective Date 5-5-21

SERVICES PROVIDED BY OTHER PRACTITIONERS' SERVICES

1. Services of a licensed nurse practitioner practicing within the scope of practice according to state law.
2. Services of a licensed physician assistant practicing within the scope of practice according to state law.

T.N. # 21-0006

Approval Date 8-25-21

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Effective Date 5-5-21

D. PHYSICIANS (Except Anesthesiologists)(Continued)

7. ENHANCED PAYMENT RATES

Rural Areas

Physicians, including persons providing services under the direct supervision of a physician as allowed by state law, 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.

University of Utah Medical Group

Physicians, including persons providing services under the direct supervision of a physician as allowed by state law, and practitioners (e.g., podiatrist, optometrist, dentist, covered independent nurse practitioners, physician assistants) employed by or associated with University of Utah Medical Group (UUMG) will be paid at a rate commensurate with the average commercial insurance professional rate (ACR) for services. Data used to calculate the ACR will be provided by UUMG based on paid commercial insurance claims for service dates in the previous calendar year.

$$\text{ACR} = (\text{Reimbursement} + \text{Third Party Liability} + \text{Copayments}) / (\text{Total Charges})$$

The average Medicaid rate (AMR) is also calculated annually based on paid Medicaid claims for service dates in the previous calendar year.

$$\text{AMR} = (\text{Reimbursement} + \text{Third Party Liability} + \text{Copayments}) / (\text{Total Charges})$$

In order to determine the total payment to UUMG, a rate differential is calculated prior to making any payments for the period. The rate differential will be effective for payments made between September 1st of that year and August 31st of the following year.

$$\text{Rate Differential} = \text{ACR} / \text{AMR}$$

$$\text{Payment} = (\text{Rate Differential} - 1) \times \text{Medicaid Allowed Amount}$$

(The *Medicaid Allowed Amount* is the Reimbursement Amount + Third Party Liability + Copayments, during the period under review for payment.)

Anesthesiologists employed by the University of Utah Medical Group will be considered part of this enhanced payment program, regardless of the anesthesiologist exception noted in this section [Section D, Physicians (Except Anesthesiologists)].

The rate differential payment made to the UUMG will be made as a separate annual, semi-annual, quarterly, monthly or any combination thereof payment to the UUMG on behalf of the physicians and practitioners employed based on the paid claims during the period under review for payment. If new or corrected information is identified that would modify the amount of a previous payment the department may make a retroactive adjustment payment in addition to previously paid amounts.

T.N. # 21-0006

Approval Date 8-25-21

Supersedes T.N. # 19-0005

Effective Date 5-5-21

I. PHYSICIAN ASSISTANT

Approved procedure codes may be directly billed by a licensed physician assistant (PA). Payment for approved services will be made at the lower of the usual and customary charge or the established physician's fee schedule. The fees are established by using the physicians' fee schedule methodology described in Section D "Physicians," Page 4 of ATTACHMENT 4.19-B.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of these services. The agency's rates were set in accordance with the methodology described in Section D "Physicians", and are effective for services on or after the date specified in Section D. Payments for covered audiology services are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

Rate Adjustment for Rural Areas

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

Billing Arrangements

When service is provided by a licensed PA employed and working under supervision in a group practice, private office, community health center, or local health department, the supervising provider shall bill for the service according to their usual and customary fee schedule.

When service is provided by a licensed PA working in a private independent practice, the licensed PA shall bill according to their usual and customary fee schedule.

T.N. 21-0006

Approval Date 8-25-21

Supersedes T.N. New

Effective Date 5-5-21