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
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,

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**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UT 21-0006</td>
<td>UTAH</td>
</tr>
</tbody>
</table>

**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**

**4. PROPOSED EFFECTIVE DATE**

May 5, 2021

**5. TYPE OF PLAN MATERIAL (Check One)**

- [ ] NEW STATE PLAN
- [x] AMENDMENT TO BE CONSIDERED AS NEW PLAN
- [ ] AMENDMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**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

**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

**12. SIGNATURE OF STATE AGENCY OFFICIAL**

[Redacted]

**13. TYPED NAME**

Richard G. Saunders

**14. TITLE**

Executive Director, Utah Department of Health

**15. DATE SUBMITTED**

June 16, 2021

**16. RETURN TO**

Craig Devashrayee, Manager

Technical Writing Unit

Utah Department of Health

PO Box 143102

Salt Lake City, UT 84114-3102

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED**

June 16, 2021

**18. DATE APPROVED**

August 25, 2021

**19. EFFECTIVE DATE OF APPROVED MATERIAL**

May 5, 2021

**20. SIGNATURE OF REGIONAL OFFICIAL**

[Redacted]

Digitally signed by James G. Scott

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;
- Change "no limitations" to "with limitations" on page 3, item #7c of ATTACHMENT 3.1-A.
6. b. Optometrists’ services.

<table>
<thead>
<tr>
<th>Provided</th>
<th>No limitations</th>
<th>With limitations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>_</td>
<td>X</td>
</tr>
<tr>
<td>_</td>
<td>_</td>
<td>_</td>
</tr>
</tbody>
</table>

c. Chiropractors’ services.

<table>
<thead>
<tr>
<th>Provided</th>
<th>No limitations</th>
<th>With limitations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>_</td>
<td>_</td>
<td>_</td>
</tr>
<tr>
<td>X</td>
<td>_</td>
<td>_</td>
</tr>
</tbody>
</table>

d. Other practitioners’ services.

<table>
<thead>
<tr>
<th>Provided</th>
<th>Not provided</th>
<th>With limitations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>_</td>
<td>_</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Provided</th>
<th>No limitations</th>
<th>With limitations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>_</td>
<td>_</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Provided</th>
<th>No limitations</th>
<th>With limitations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>_</td>
<td>_</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Provided</th>
<th>No limitations</th>
<th>With limitations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>_</td>
<td>_</td>
<td>X</td>
</tr>
</tbody>
</table>

*Description provided on attachment

T.N. # 21-0006  Approval Date 8-25-21
Supersedes T.N. #14-029  Effective Date 5-5-21

Pen and Ink change under #7c reflecting "With limitations**".
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
Supersedes T.N. # 16-0001
Approval Date 8-25-21
Effective Date 5-5-21
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.
      X Provided: __ No limitations X With limitations*
   b. Optometrists' services.
      X Provided: __ No limitations X With limitations*
   c. Chiropractors' services.
      X Provided: __ No limitations _ With limitations*
   d. Other practitioners' services.
      X Provided: _ Not provided X__ 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.
      X Provided: __ No limitations X With limitations*
   b. Home health aide services provided by a home health agency.
      X Provided: __ No limitations X With limitations*
   c. Medical supplies, equipment, and appliances suitable for use in the home.
      X Provided: __ No limitations X With limitations*
   d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
      X Provided: __ No limitations X 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
Supersedes T.N. # 16-0001
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.

\[
ACR = \frac{\text{Reimbursement} + \text{Third Party Liability} + \text{Copayments}}{\text{Total Charges}}
\]

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

\[
AMR = \frac{\text{Reimbursement} + \text{Third Party Liability} + \text{Copayments}}{\text{Total Charges}}
\]

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.

\[
\text{Rate Differential} = \frac{ACR}{AMR}
\]

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

(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.