

Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: 21-0011

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

October 25, 2021

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

Dear Ms. Chacon:

RE: Utah Transmittal Notice (TN) 21-0011

We have reviewed the proposed Utah State Plan Amendment (SPA) to Attachment 4.19-B, Utah TN#21-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. This State Plan Amendment updates the Durable Medical Equipment (DME) fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Monica Neiman at: Monica.Neiman@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER U T 21-0011	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 July 1, 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 COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.70		7. FEDERAL BUDGET IMPACT a. FFY 2021 \$0 b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 11 of ATTACHMENT 4.19-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 11 of ATTACHMENT 4.19-B	
10. SUBJECT OF AMENDMENT Medical Supplies and DME Rebasing			
11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, ASSPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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 Nate Checketts			
14. TITLE Executive Director, Utah Department of Health			
15. DATE SUBMITTED September 30, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 30, 2021		18. DATE APPROVED October 25, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, Division of Reimbursement Review	
23. REMARKS			

K. MEDICAL SUPPLIES AND EQUIPMENT

State-developed fee schedule rates are the same for both governmental and private providers. Payment are 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 July 1, 2021. These rates are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

In order to ensure access to care, for certain durable medical equipment (DME), Medicaid pays the rate established by the state agency through a competitive bidding process. Utah meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to provide oxygen concentrators and apnea monitors on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).

Rates for DME having a Medicare DME rate are set at 90.24% of the lesser of the Medicare rural, non-rural, and competitive bidding area rates.

HCPCS codes related to medical supplies and DME, classified as either miscellaneous or not otherwise specified, are reimbursed the provider's invoice cost plus 20% over invoice cost plus shipping. ((Invoice Cost X 1.2) + Shipping)

T.N. # 21-0011

Approval Date 10-25-2021

Supersedes T.N. # 21-0004

Effective Date 7-1-21