

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
OR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
10-010-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  
May 1, 2010

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)

5. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$+18,335  
b. FFY 2011 \$+44,000

6. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 3 of Attachments 4.18-A and 4.18-C

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 3 of Attachments 4.18-A and 4.18-C

8. SUBJECT OF AMENDMENT:  
Cost Sharing Exemption

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

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME:

David N. Sundwall, MD

14. TITLE:

Executive Director, Utah Department of Health

15. DATE SUBMITTED:

May 17, 2010

16.

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:

5/17/10

18. DATE APPROVED:

5/11/11

FOR REGIONAL USE ONLY

9. EFFECTIVE DATE OF APPROVED MATERIAL:

5/01/10

20. SIGNATURE OF REGIONAL OFFICIAL:

11. TYPED NAME:

Richard C. Allen

22. TITLE:

ARA Director

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

D. Clients outside the exempt status will have "copayment due" printed on the Medicaid cards they receive each month. Providers will use the Medicaid card to identify those clients who should pay a copayment.

Medicaid clients in the following categories are exempt from copayment requirements:

1. children;
2. pregnant women;
3. institutionalized individuals;
4. individuals whose total gross income, before exclusions or deductions, is below the Temporary Assistance to Needy Families standard payment allowance; and
5. American Indian/ Alaska Native (AI/AN).

The following conditions apply to the AI/AN copayment exemption:

Through June 30, 2011, all individuals who have a verified or pending AI/AN status on their eligibility record will be exempted from cost sharing.

Beginning July 1, 2011, only those individuals who have a verified or pending AI/AN status on their eligibility record and have an established relationship with one of the following types of facilities (I/T/Us) will be exempted from cost sharing:

- Indian Health Service facility
- Tribal clinic
- Urban Indian Organization facility

The State will perform a regular review of Medicaid claims to identify users of I/T/U facilities and will flag those users as exempt from cost sharing. In addition, individuals who present a letter or other document verifying current or previous use of services provided at an I/T/U facility, or services referred through contract health services in any State, will be flagged as exempt from cost sharing.

The following services do not require copayments:

1. family planning services;
2. emergency services; and
3. services provided to an individual who is receiving hospice care.

E. Cumulative maximums on charges:

     State policy does not provide for cumulative maximums.

  X   Cumulative maximums have been established as described below:

- \$220 for the first inpatient hospital stay of each calendar year.
- There is no cumulative annual maximum coinsurance amount for non-emergency use of the hospital emergency room.
- A cumulative copayment amount that does not exceed \$100 per year is allowed for physician services, podiatrist services, outpatient hospital services, and chiropractic services.
- \$15 cumulative monthly maximum copayment amount aggregated for pharmacy services.

T.N. # 10-010

Approval Date 5/11/11

Supersedes T.N. # 04-002

Effective Date 5-1-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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