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State/Territory Name: Utah

State Plan Amendment (SPA) #: 18-0009

This file contains the following documents in the order listed:

Approval Letter
 179
 Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, MD 21244-1850



Financial Management Group

February 8, 2019

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

Re: Utah 18-0009

Dear Mr. Checketts:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 18-0009. Effective for services on or January 1, 2019, this amendment will provide for reimbursement for long-acting reversible contraceptives (LARCs) inserted immediately after childbirth and prior to discharge from the hospital.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 18-0009 is approved effective January 1, 2019. The HCFA-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.



DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTHCARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2. STATE: 18-0009-UT Utah
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCI, SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTHCARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2019
5. 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)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY <u>2019</u> +\$79,000
Section 1902(a)(30)(A) of the Social Security Act	b. FFY 2020 + \$105,300
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 6 of ATTACHMENT 4.19-A	Page 6 of ATTACHMENT 4.19-A
	a dgo o na naoimear a taa
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 SUBMITT	OTHER, AS SPECIFIED: AL
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
	Craig Devashrayee, Manager
13. TYPED NAME: Joseph K. Miner, M.D.	Technical Writing Unit Utah Department of Heath
14. TITLE: Executive Director, Utah Department of Health	PO Box 143102 Salt Lake City, UT 84114-3102
15. DATE SUBMITTED: November 20, 2018	
16.	
17. DATE RECEIVED:	18. DATE APPROVED: FEB 0 8 2019
FOR REGIONAL USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 0 1 2019	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:
Kristin Fan	Director, FMG
PLAN APPROVED – ONE COPY ATTACHED 3. REMARKS	

FORM HCFA-179 (07-92)

INPATIENT HOSPITAL Section 100 Payment Methodology (Continued)

<u>162 Shaken Baby Syndrome Project</u> – In accordance with a national initiative to educate parents to the dangers of shaken baby syndrome, Utah will participate in an educational effort provided through hospitals. Payment for this educational effort is calculated at \$6.00 per delivery in the state. Utah Medicaid will reimburse Utah hospitals \$6.00 for all identified Utah Medicaid deliveries (including Utah Medicaid MCO deliveries). Payment will be made to each qualifying hospital on an annual basis. The payment will be based upon claims with service end dates in the previous state fiscal year. The payments are made between 6 and 12 months following the end of the state fiscal year.

<u>165 DRG Determinations</u> -- The Medicare DRG "grouper" software will be used for Medicaid. Annually, typically each October 1, Utah Medicaid will adopt the DRG "grouper" software update.

<u>166 Long-Acting Reversible Contraceptive (LARC) Post-Delivery</u> – Effective for discharge dates on or after January 1, 2019, LARC devices, inserted following a delivery and prior to discharge, will be excluded from the DRG reimbursement calculation and will be paid separately based on the lesser of the established fee schedule or the amount billed as an additional amount to the DRG reimbursement calculation. All rates can be found in the <u>Coverage and Reimbursement</u> Code Lookup

(https://health.utah.gov/stplan/lookup/CoverageLookup.php).

T.N. # 18-0009

Approval Date FEB 0 8 2019

Supersedes T.N. # ____15-0002

Effective Date <u>1-1-19</u>