

TABLE OF CONTENTS

STATE/TERRIORITY NAME: **Utah**

STATE PLAN AMENDMENT (SPA)#: **21-0016**

This file contains the following documents in the order listed:

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

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

January 14, 2021

Tonya Hales
Interim State Medicaid Director
Division of Health Care Financing
Utah Department of Health
P O Box 144102
Salt Lake City UT 84114-4102

RE: TN 21-0016

Dear Ms. Hales:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Utah's State Plan Amendment (SPA) Transmittal #21-0016, submitted on December 20, 2021. The SPA provides assurances that the State is in compliance with federal regulations regarding third party liability.

CMS approved SPA #21-0016 on January 14, 2022, with an effective date of October 1, 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: John Curless, Utah Medicaid
Craig Devashrayee, Utah Medicaid

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 6

2. STATE

UTAH

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2021

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 433.139

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 1 of ATTACHMENT 4.22-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 1 of ATTACHMENT 4.22-B

9. SUBJECT OF AMENDMENT

Third Party Liability

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Nate Checketts

13. TITLE
Executive Director

14. DATE SUBMITTED
December 20, 2021

15. RETURN TO

Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
cdevashrayee@utah.gov

FOR CMS USE ONLY

16. DATE RECEIVED

December 20, 2021

17. DATE APPROVED

January 14, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2021

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

1. For coordination of benefits, providers are required to bill the liable third parties prior to filing with Utah Medicaid. This includes, but is not limited to, prenatal services, including labor, delivery, and postpartum care services. Understanding the flexibility afforded in the provisions of 1902(a)(25)(E) and (F) of the Social Security Act which would allow the state to cost avoid for up to 90 days for preventive pediatric services, including EPSDT and up to 100 days for claims related to State IV-D, Utah Medicaid is not implementing such options. Rather, to improve access to care, Utah Medicaid will not cost avoid claims for preventive pediatric services, including EPSDT services for members under the age of 21 including individuals on whose behalf child support enforcement is being carried out by the State IV-D agency.
2. Thresholds for Health Insurance Claims
 - \$100.00 for single claims (health insurance only)
 - \$300.00 for accumulative claims
3. Thresholds for Tort Accident Claims
 - \$500.00 for single claims
 - \$500.00 for accumulative claims