

## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: 22-0005**

This file contains the following documents in the order listed:

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

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



November 21, 2022

Jennifer Strohecker  
State Medicaid Director  
Division of Integrated Healthcare  
Utah Department of Health & Human Services  
P O Box 144102  
Salt Lake City UT 84114-4102

Re: Utah State Plan Amendment (SPA) 22-0005

Dear Ms. Strohecker:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0005. This amendment proposes to assure the American Rescue Plan Act's (ARP) mandatory coverage of the COVID-19 vaccine, testing, and treatment without cost sharing.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Utah also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

The State of Utah also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Utah's Medicaid SPA Transmittal Number 22-0005 is approved effective March 11, 2021.

If you have any questions, please contact Mandy Strom at (303) 844-7068 or via email at [Mandy.Strom@cms.hhs.gov](mailto:Mandy.Strom@cms.hhs.gov).

Sincerely,

**Alissa M.  
Deboy -S**

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.11.21  
08:15:33 -05'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER  
2 2 0 0 0 5

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  
**March 11, 2021**

5. FEDERAL STATUTE/REGULATION CITATION  
Section 1902(a)(30)(A) of the Social Security Act  
Section 1905(a)(4)(E) and 1905(a)(4)(F) of the Social Security Act\*

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a FFY 2021 \$ 0  
b FFY 2022 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Pages 1 through 4 of Attachment 7.7-A;  
Pages 1 through 3 of Attachment 7.7-B;  
Pages 1 through 3 of Attachment 7.7-C.  
Pages 1 through 3 of Attachment 7.7-A. \*

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

9. SUBJECT OF AMENDMENT

**COVID-19 Coverage**

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:

TE AGENCY OFFICIAL

Nate Checketts

13. TITLE  
Executive Director, Utah Department of Health

14. DATE SUBMITTED  
May 10, 2022

15. RETURN TO

Craig Devashrayee  
Utah Department of Health  
Division of Medicaid and Health Financing  
cdevashrayee@utah.gov

**FOR CMS USE ONLY**

16. DATE RECEIVED  
May 10, 2022

17. DATE APPROVED  
November 21, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
March 11, 2021

19. SIGNATURE OF APPROVING OFFICIAL  
Alissa M. Deboy -S  
Digitally signed by Alissa M. Deboy -S  
Date: 2022.11.21  
08:15:53 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL  
On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

\*Utah requested pen & ink changes on November 8, 2022, to boxes 5 and 7 of the 179.

**Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

- The state assures coverage of COVID-19 vaccines and administration of the vaccines.<sup>1</sup>
  
- The state assures that such coverage:
  1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
  2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.
  
- Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.
  
- The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.
  
- The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

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<sup>1</sup> The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

**Reimbursement**

The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

SPA UT-20-0013 within Section 7.5 of the Medicaid State Plan, is effective March 15, 2020, through the end of the public health emergency period. The payment methodology, found in Section E of the SPA, remains through the end of the public health emergency.

The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

- Medicare national average, OR
- Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

In cases where a vaccine administration fee schedule/rate amount is applicable, COVID-19 vaccine administration will be paid at the national Medicare rate(s), without further geographic adjustment, in effect at the time the service is provided:  
<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>.

Second and additional doses - In cases where a vaccine administration fee schedule/rate amount is applicable, COVID-19 vaccine administration will be paid at the national Medicare rate(s), without further geographic adjustment, in effect at the time the service is provided.

Inpatient and Outpatient Hospital Services - In cases where a vaccine administration fee schedule/rate amount is applicable, COVID-19 vaccine administration will be paid at the national Medicare rate(s), without further geographic adjustment, in effect at the time the service is provided. Vaccine administration rates are paid in addition to the Diagnosis Related Group (DRG) reimbursement when the vaccine is administered in conjunction with an inpatient or outpatient hospital visit.

Physician Services - In cases where a vaccine administration fee schedule/rate amount is applicable, COVID-19 vaccine administration will be paid at the national Medicare rate(s), without further geographic adjustment, in effect at the time the service is provided. These vaccine administration rates are reimbursed separately from and in addition to reimbursement for a comprehensive office visit.

Nursing Facilities - In cases where a vaccine administration fee schedule/rate amount is applicable, COVID-19 vaccine administration will be paid at the national Medicare rate(s), without further geographic adjustment, in effect at the time the service is provided. Payment for vaccine dose administration in nursing facilities is billed through the contracted pharmacy as provider type 60.

The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Indian health service facilities and tribal 638 facilities.

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Supersedes T.N.# New

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- The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

Payment for vaccine dose administration through Indian health service facilities and tribal 638 facilities is the All-Inclusive Rate (AIR).

- The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

- The state's rate is as follows and the state's fee schedule is published in the following location:

Code: 99401  
Name: PREVENTIVE MED COUNSEL/RISK INTERVNT INDIV; 15 MIN  
Charge Factor: \$37.75  
<https://health.utah.gov/stplan/lookup/CoverageLookup.php>

**PRA Disclosure Statement** Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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T.N. #22-0005

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**COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act**

During the period starting March 11, 2021, and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

- The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.
  
- The state assures that such coverage:
  1. Includes all types of FDA authorized COVID-19 tests;
  2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
  3. Is provided to the optional COVID-19 group if applicable; and
  4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

Over-the-counter tests are limited to eight tests per member per month. This limit may be exceeded through a prior authorization.

- Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.
  
- The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

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T.N. #22-0005

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Effective Date 3-11-21



**Reimbursement**

\_\_\_ The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

Utah State Plan Section 7 (7.5) Medicaid Disaster Relief for the COVID-19 National Emergency

The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

Medicare national average, OR

\_\_\_ Associated geographically adjusted rate.

\_\_\_ The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the Medicare national average, except for home testing. Payment for COVID-19 home testing follows the lesser of reimbursement logic described in ATTACHMENT 4.19-B, Page 19.

\_\_\_ The state's fee schedule is the same for all governmental and private providers.

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The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

Payment for COVID-19 testing through Indian health service/638 facilities is the All-Inclusive Rate (AIR). For tribal FQHCs, this reimbursement at the AIR for COVID-19 testing is an alternative payment methodology which must pay at least PPS and all providers must agree to receive it.

*Additional Information (Optional):*

\_\_\_The payment methodologies for COVID-19 testing for providers listed above are described below:

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T.N. #22-0005

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**COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act**

During the period starting March 11, 2021, and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage for the Treatment and Prevention of COVID**

The state assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional)

**Coverage for a Condition that May Seriously Complicate the Treatment of COVID**

The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

**Reimbursement**

The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

The state has established payment rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies), in accordance with federal statute and ATTACHMENT 4.19-A and 4.19-B of the Medicaid State Plan. Payment rates can be found at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>

The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

Payment for COVID-19 monoclonal antibodies and their administration is at the national Medicare rate without further geographic adjustment.

The state's rates or fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Payment for treatment through Indian Health Service facilities is the All-Inclusive Rate (AIR). For tribal FQHCs, this reimbursement at the AIR for COVID-19 treatment is an alternative payment methodology which must pay at least PPS and all providers must agree to receive it.

Additional Information (Optional):

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