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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-22-0011

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

May 23, 2023

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

Dear Jennifer Strohecker,

The CMS Division of Pharmacy team has reviewed Utah's State Plan Amendment (SPA) 22-0011 received in the CMS Medicaid & CHIP Operations Group on November 2, 2022. This SPA proposes to update the excluded drug coverage language, as well clarify that for claims billed through the pharmacy point of sale system will be reimbursed using the reimbursement methodology found in Attachment 4.19-B for prescribed drugs.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0011 is approved with an effective date of October 1, 2022. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed, revised CMS-179 form, as well as the pages approved for incorporation into Utah's state plan. If you have any questions regarding this amendment, please contact Omar Alemi at (720) 853-2724 or omar.alemi@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Cynthia R. Denemark.

Cynthia R. Denemark, R.Ph.
Acting Director
Division of Pharmacy

cc: Craig Devashrayee, SPA Coordinator, Utah Department of Health & Human Services
Lisa Angelos, Pharmacy Director, Utah Department of Health & Human Services
Mandy Strom, CMS, Division of Program Operations

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

1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 1 1</u>	2. STATE <u>UTAH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE
October 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.120 , *CFR 440. 70 and 1905(a)(7)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 1,281
b. FFY 2024 \$ 1,281

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Page 1 of Attachment #12a, within ATTACHMENTS 3.1-A and 3.1-B
*** 4.19-B page 10**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 1 of Attachment #12a, within ATTACHMENTS 3.1-A and 3.1-B
*** superseding SPA TN# 17-0005**

9. SUBJECT OF AMENDMENT
***This State plan amendment adds language that stipulates that a Medical claim is reimbursed according to the fee schedule and a pharmacy claim is reimbursed according to the 4.19B for prescribed drugs.**
****OTC Drug Coverage.**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
Tracy S. Gruber

13. TITLE
Executive Director, Utah Dept of Health and Human Services

14. DATE SUBMITTED
November 2, 2022

15. RETURN TO
Craig Devashrayee
Utah Department of Health and Human Services
Division of Integrated Healthcare
cdevashrayee@utah.gov

FOR CMS USE ONLY

16. DATE RECEIVED 11/2/2022	17. DATE APPROVED 05/23/2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/2022	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL Cynthia R. Denemark, R.Ph.	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Pharmacy

22. REMARKS
*** Utah requested a pen & Ink change to boxes: 5, 7, 8 and 9 on May 1, 2023.**
**** Utah requested a pen and ink change to box 9 on May 17th to undo strikethrough of "OTC Drug Coverage".**

PRESCRIBED DRUG SERVICES

LIMITATIONS

1. Outpatient drugs covered under Medicare Prescription Drug Benefit Part D for full-benefit dual eligible beneficiaries who are defined as individuals who have Medicare and full Medicaid coverage, will not be covered under Medicaid in accordance with SSA 1935(a).
2. Drugs excluded under Medicare Part D are not covered for dual eligible recipients, except for certain limited drugs which are provided, in accordance with SSA, Section 1927(d)(2), to other Medicaid recipients including those who are full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit Part D. These drugs are limited to include:
 - a. select legend cough and cold agents used for symptomatic relief, as listed in the Utah Medicaid Pharmacy Services Provider Manual,
 - b. select over-the-counter drugs as listed in the Utah Medicaid Pharmacy Services Provider Manual.

T.N.# 22-0011

Approval Date 5-23-23

Supersedes T.N. # 17-0002

Effective Date 10-1-22

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T.N.# 22-0011

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Effective Date 10-1-22

J. HOME HEALTH SERVICES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment will be 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 the date listed on the Attachment 4.19-B Introduction Page for claims billed through the medical benefit. For claims billed through the pharmacy point of sale, reimbursement follows the reimbursement set forth in Attachment 4.19-B for prescribed drugs. Rates for claims billed through the medical benefit are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

RURAL AREA EXCEPTIONS

Where travel distances to provide service are extensive, enhancements in the home health reimbursement rates are provided. These enhancements are available only in rural counties where one way travel distances from the provider's base of operations are in excess of 25 miles. Rural counties are defined as counties other than Weber, Davis, Salt Lake, and Utah counties. In instances of travel of 50 miles or more, the Home Health fee schedule is multiplied by 1.75 to calculate the payment rate for applicable service codes.

SAN JUAN and GRAND COUNTIES EXCEPTION

To assure continued access to home health services for residents of San Juan County and Grand County, enhancements in home health reimbursement rates are provided. Effective July 1, 2007, for services provided in San Juan County and Grand County, the home health fee schedule is multiplied by 4.08 and 2.95, respectively, to calculate the payment rate for applicable service codes. These enhancement factors are applied irrespective of the distances traveled to provide these services and are in lieu of the rural area exceptions provided for other rural counties. Additionally, to compensate providers for delivering home health services in more remote areas, Medicaid payment is based upon a modifier for the two following zones:

Zone 1: For Aneth and Hatch Trading Posts, and Mexican Hat and Montezuma Creek residents or eligibles, Home Health Agency (HHA) services are billed under Modifier "UA" and mean that a factor or multiplier of 7.12 is applied (multiplied) by the existing HHA fee schedule.

Zone 2: For Monument Valley residents or eligibles, HHA services are billed under Modifier "UB" and mean that a factor or multiplier of 15.02 is applied (multiplied) by the existing HHA fee schedule.

T.N. # 22-0011

Approval Date 5-23-23

Supersedes T.N. # 17-0005

Effective Date 10-1-22