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State/Territory Name: Utah

State Plan Amendment (SPA) UT: 24-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

June 5, 2024

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 TN: 24-0006

Dear Director Jennifer Strohecker,

The Centers for Medicare & Medicaid Services (CMS) is issuing this technical correction to the Utah state plan amendment (SPA) to Attachment 4.19-B UT-24-0006. This technical correction includes an update to the transmittal number in the footer for the plan page.

This technical correction maintains the SPA original approval and effective date. We are enclosing the original approved CMS-179 and a copy of the updated state plan page.

If the State has any additional questions or need further assistance, please contact Monica Neiman 214-767-4456 or via email at monica.neiman@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 6

2. STATE

UTAH3. 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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.70 1905 (a)(7)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 11 of ATTACHMENT 4.19-B8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Page 11 of ATTACHMENT 4.19-BSupersedes: TN: 23-0009

9. SUBJECT OF AMENDMENT

Medical Supplies and DME Rebasing

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

Tracy S. Gruber

13. TITLE

Executive Director, Utah Dept of Health and Human Services

14. DATE SUBMITTED

May 16, 2024

15. RETURN TO

Craig DevashrayeeUtah Department of Health and Human ServicesDivision of Integrated Healthcarecdevashrayee@utah.gov**FOR CMS USE ONLY**

16. DATE RECEIVED

May 16, 2024

17. DATE APPROVED

June 5, 2024**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Approval from the state and processed by CMS:Pen and Ink Change processed in box 5 to add: 1905(a)(7)Pen and Ink change processed in box 8 to add: Supersedes: TN: 23-0009

K. MEDICAL SUPPLIES AND EQUIPMENT

State-developed fee schedule rates are the same for both governmental and private providers. Payment are 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 July 1, 2024. These rates are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

In order to ensure access to care, for certain durable medical equipment (DME), Medicaid pays the rate established by the state agency through a competitive bidding process. Utah meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to provide oxygen concentrators and apnea monitors on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).

Rates for DME having a Medicare DME rate are set at 75.03% of the lessor of the Medicare rural, non-rural, and competitive bidding area rates.

HCPCS codes related to medical supplies and DME, classified as either miscellaneous or not otherwise specified, are reimbursed the provider's invoice cost plus 20% over invoice cost plus shipping. ((Invoice Cost X 1.2) + Shipping)

T.N. # 24-0006

Approval Date June 5, 2024

Supersedes T.N. # 23-0009

Effective Date 7-1-24