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State/Territory Name: Utah

State Plan Amendment (SPA) #: 24-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

September 27, 2024

Jennifer Strohecker
Director
Division of Integrated Healthcare
Utah Department of Health and Human Services
PO Box 143101
Salt Lake City, UT 84114-3101

Re: Utah State Plan Amendment (SPA) 24-0018

Dear Director Strohecker:

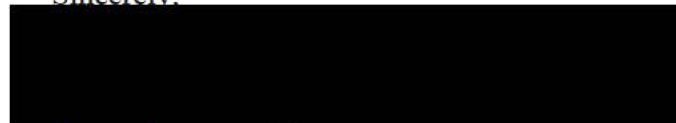
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0018. This amendment confirms third-party payer responsibilities in accordance with the Consolidated Appropriations Act of 2022.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §433.139. This letter informs you that Utah Medicaid SPA TN 24-0018 was approved on September 26, 2024, with an effective date of September 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Utah State Plan.

If you have any questions, please contact Tyler Deines at 202-571-8533 or via email at Tyler.Deines@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 8

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

September 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 433.139 42 USC 1396a(25)(I)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ (1,176,864)b. FFY 2025 \$ (14,122,370)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Page 70 of Section 48. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Page 70 of Section 4 (TN: 91-025)

9. SUBJECT OF AMENDMENT

Third-Party Liability: Confirms third-party payer responsibilities in accordance with the Consolidated Appropriations Act of 2022.

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 & Human Services

14. DATE SUBMITTED

August 23, 2024

15. RETURN TO

Craig DevashrayeeTechnical Writing UnitUtah Department of Health & Human Servicescdevashrayee@utah.gov**FOR CMS USE ONLY**

16. DATE RECEIVED

August 23, 2024

17. DATE APPROVED

September 26, 2024**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2024

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

Boxes 5 ,8, and 9: State approved pen and ink changes on 09/20/2024.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation

42 CFR 433.151(a)
50 FR 46652

4.22 Third-Party Liability (Continued)

- (f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third-party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following:
(Check as appropriate.)

☐ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

☒ Other appropriate State agency(s)--
Office of Recovery Services, Department of Human Services

Other appropriate agency(s) of another State--

☐ Courts and law enforcement officials.

42 CFR 433.151(b)

- (g) The Medicaid agency meets the Secretary's method as provided in the State Medicaid Manual, Section 3910 for making incentive and for distributing third-party collections.

50 FR 46652
433.153 and 433.154
1906 of the Act

- (h) The Medicaid agency specifies group health plan used in determining the cost effectiveness of an employer determining the cost effectiveness of an employer-based group health plan by selecting one of the following:

☒ The State provides methods for determining cost effectiveness on Att. 4-22-C.

1902(a)(25)(I) of the Act

- (i) The state of Utah has created state statute that (1) bars liable third-party payers from refusing payment for a Medicaid item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules and (2) specifies that a third party must respond within 60 days of receiving the inquiry regarding a Medicaid health care claim.

T.N. # UT-24-0018
Supersedes T.N. # 91-025

Approval Date 9-26-2024
Effective Date 9-1-2024