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# State/Territory Name: Utah

## State Plan Amendment (SPA) #: 21-0007

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 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



### Financial Management Group

August 17, 2021

Nathan Checketts Medicaid Director Utah Department of Health P.O. Box 141000 Salt Lake City, UT 84114-1000

Dear Mr. Checketts:

RE: Utah Transmittal Notice (TN) 21-0007

We have reviewed the proposed Utah State Plan Amendment (SPA) to Attachment 4.19-B, Utah TN#21-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 25, 2021. This State Plan Amendment updates the utilization trend for the outpatient hospital Upper Payment Limit (UPL) in State Fiscal Year 2021.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH ANDHUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB No. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER U T 21-0007 	2. STATE UTAH	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2021		
5. TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN AMENDMENT TO BE CONSID			
	ENDMENT (Separate transmittal for each amendment	)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT		
42 CFR 440.90	a <u>FFY 2021 (\$398,800)</u> b FFY 2022 (\$1,595,200)	b. FFY 2022 (\$1,595,200)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Page 2f of ATTACHMENT 4.19-B	Page 2f of ATTACHMENT 4.19-	В	
10. SUBJECT OF AMENDMENT			
Outpatient Hospital Supplemental Payments			
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, ASSPECIFIED		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
13. TYPED NAME Richard G. Saunders	Craig Devashrayee, Manager Technical Writing Unit Utah Department of Heath PO Box 143102 Salt Lake City, UT 84114-3102		
13. TYPED NAME RICHARD G. Saunders			
14. TITLE Executive Director, Utah Department of Health			
15. DATE SUBMITTED May 25, 2021			
FOR REGIONAL C	DFFICE USE ONLY		
17. DATE RECEIVED May 25, 2021	18. DATE APPROVED August 17, 2021		
PLAN APPROVED - C	DNE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL		
July 1, 2021			
21. TYPED NAME	22. TITLE		
Todd McMillion	Director, Division of Reimbursemen	nt Review	
23. REMARKS			

#### 14. UPL Calculation Overview

For purposes of calculating the Medicaid outpatient hospital upper payment limits for hospitals, the state shall utilize hospital specific Medicare outpatient cost to charge ratios applied to Medicaid charges. The Medicaid upper payment limit for state hospitals and non-state government owned hospitals are independently calculated. Each Medicaid upper payment limit shall be offset by hospital Medicaid and other third party outpatient payments to determine the available spending room (i.e., the gap) applicable to each Medicaid upper payment limit. The base year utilized to determine each Medicaid upper payment limit shall be trended to the applicable spending year as follows:

- Inflation trend shall be an annual average calculated using the consumer price index available the December prior to the start of each state fiscal year for "Outpatient Hospital Services" as published by the U.S. Department of Labor, U.S. Bureau of Labor Statistics as compared to the previous December.
- Utilization trend shall be calculated using historical Utah Medicaid outpatient hospital services data. The utilization trend for State Fiscal Year 2022 shall be -3.7 percent.

Following is the data used to calculate the UPL for each state fiscal year:

Medicare Cost to Charge ratio:

- 2552-96: Costs are from Worksheet D, Part V, Columns 9, 9.01, 9.02, 9.03 line 104
- 2552-10: Costs are from Worksheet D, Part V, Columns 5, 6, and 7 line 202
- 2552-96: Charges are from Worksheet D, Part V, Columns 5, 5.01, 5.02, 5.03 line 104
- 2552-10: Charges are from Worksheet D, Part V, Columns 2, 3, 4 line 202

Note: As Medicare may amend the cost report structure from that noted above, corresponding Medicare Cost Report data will be used in place of the elements noted above.

The hospitals in the analysis have fiscal year ends during the state fiscal year Medicaid Charges and payments - Paid hospital outpatient claims from services in a recent period and as available at the time the calculation is made.

Costs for critical access hospitals shall be calculated at 101 percent of cost with any appropriate inflation and utilization added as noted above.

T.N. #

21-0007

Approval Date 8-17-2021

Supersedes T.N. # <u>20-0010</u>

Effective Date 7-1-21