Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: 21-0011

This file contains the following documents in the order listed:

Approval Letter
 CMS 179 Form/Summary Form (with 179-like data)
 Approved SPA Page

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

October 25, 2021

Emma Chacon Interim Medicaid Director Utah Department of Health P.O. Box 141000 Salt Lake City, UT 84114-1000

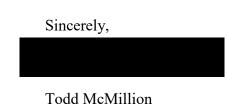
Dear Ms. Chacon:

RE: Utah Transmittal Notice (TN) 21-0011

We have reviewed the proposed Utah State Plan Amendment (SPA) to Attachment 4.19-B, Utah TN#21-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2021. This State Plan Amendment updates the Durable Medical Equipment (DME) fee schedule.

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 Monica Neiman at: Monica.Neiman@cms.hhs.gov.



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 FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER U T21-0011 3. PROGRAM IDENTIFICATION: TITLE SECURITY ACT (MEDICAID)	2. STATE UTAH XIX OF THE SOCIAL	
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)		MENDMENT	
	ENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION	 FEDERAL BUDGET IMPACT a FFY 2021 \$0 		
42 CFR 440.70	b. FFY 2022 \$0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Page 11 of ATTACHMENT 4.19-B	Page 11 of ATTACHMENT 4.19-B		
10. SUBJECT OF AMENDMENT Medical Supplies and DME Rebasing			
11. 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			
12. SIGNATURE OF STATE AGENCY OFFICIAL	6. RETURN TO Craig Devashrayee, Manager Technical Writing Unit Utah Department of Heath PO Box 143102 Salt Lake City, UT 84114-3102		
13. TYPED NAME Nate Checketts			
14. TITLE Executive Director, Utah Department of Health			
15. DATE SUBMITTED September 30, 2021			
FOR REGIONAL C	FFICE USE ONLY		
17. DATE RECEIVED September 30, 2021	18. DATE APPROVED October 25, 2021		
	NE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL		
July 1, 2021			
21. TYPED NAME	22. TITLE	States and the second	
Todd McMillion	Director, Division of Reimbursement Review		
23. REMARKS			

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, 2021. 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 90.24% 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. # 21-0011

Approval Date 10-25-2021

Supersedes T.N. # 21-0004

Effective Date <u>7-1-21</u>