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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-16-0011

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
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: HEALTHCARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: 16-0011-UT
2. STATE: Utah
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE: July 1, 2016
5. TYPE OF PLAN MATERIAL (Check One)
   - NEW STATE PLAN
   - AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:
   - 42 CFR 440.70
7. FEDERAL BUDGET IMPACT:
   a. SFY 2017: $0
   b. SFY 2018: $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   - age 10 of ATTACHMENT 4.19-B
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   - Page 10 of ATTACHMENT 4.19-B
10. SUBJECT OF AMENDMENT: Reimbursement for Home Health Services
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 SUBMITAL
    - OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:
    - [Signature]
13. TYPED NAME: Joseph K. Miner, M.D.
14. TITLE: Executive Director, Utah Department of Health
15. DATE SUBMITTED: June 6, 2016
16. RETURN TO:
    - Craig Devashrayee, Manager
    - Technical Writing Unit
    - Utah Department of Health
    - PO Box 143102
    - Salt Lake City, UT 84114-3102
17. DATE RECEIVED: June 6, 2016
18. DATE APPROVED: June 17, 2016
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016
20. TYPED NAME: Mary Marchioni
22. Acting ARF, DMCHO

PLAN APPROVED – ONE COPY ATTACHED
June 17, 2016

Joseph K. Miner, M.D., MSPH, Executive Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #16-0011

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0011. This State Plan Amendment updates the effective date of rates for home health services to July 1, 2016.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,

Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid & Children’s Health Operations

cc: Nathan Checketts, Acting Medicaid Director, UT
    Craig Devashrayee, UT
J. HOME HEALTH SERVICES

Home Health services are paid a uniform fee per visit unless a lower amount is billed. The fee schedule is developed with consideration given to the following factors: Professional input from Medicaid staff, prevailing usual and customary charges, Medicare reimbursement for services, reimbursement rates required to obtain provider participation. The uniform fee is established statewide and will be the same for all governmental and private providers. The agency's rates were set as of July 1, 2016, and are effective for services delivered on or after that date. Providers may access fee schedules at the Utah Medicaid website located at https://medicaid.utah.gov/.

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. # ___________ 16-0011 Approval Date 6/17/16
Supersedes T.N. # ____15-0006 Effective Date __7-1-16