March 15, 2022

Members of the Social Services Appropriations Subcommittee  
State Capitol  
Salt Lake City, Utah 84114

Dear Subcommittee Member:

The Centers for Medicare & Medicaid Services (CMS) requires the Department of Health to update the Medicaid State Plan and existing Medicaid waivers when the State makes changes to the program. In accordance with these changes and reporting requirements of Subsection 26-18-3(3), the following is a summary of recent changes from January 1, 2022 to March 31, 2022:

Federally Qualified Health Centers and Rural Health Clinics

The Division of Medicaid and Health Financing (DMHF) will submit an amendment to the State Plan.

This amendment updates provisions of reimbursement for single-day patient encounters in federally qualified health centers and rural health clinics. In addition, this amendment updates the alternative payment methodology for these facilities. It also clarifies in-state and out-of-state reimbursement methodologies and adds a reimbursement methodology for a tribal health program selecting to enroll as a federally qualified health center.

This amendment neither affects annual expenditures nor future appropriations for the Medicaid program, and there is no cost shift to more expensive services for Medicaid members and their families.

Qualifying Clinical Trials

DMHF submitted an amendment to the State Plan in accordance with federal law and as required by the Centers for Medicare & Medicaid Services (CMS). This amendment implements mandatory coverage of routine patients costs for services in connection with participation in qualifying Clinical trials.

This amendment neither affects annual expenditures nor future appropriations for the Medicaid program, and there is no cost shift to more expensive services for Medicaid members and their families.
Waivers

DMHF received CMS approval for the Managed Care Risk Mitigation COVID-19 amendment to the Utah Primary Care Network section 1115(a) demonstration waiver.

This amendment allows Utah to waive the regulatory requirement during the public health emergency (PHE) that contractual managed care risk mitigation arrangements be submitted to CMS prior to the rating period in which those arrangements take place.

Rates Submitted/Approved

No rates were submitted to or approved by the Centers for Medicare and Medicaid (CMS) during the quarter.

Sincerely,

Jennifer Strohecker
Director, Medicaid and Health Financing