

DMHF SPA Matrix 5-16-24

SPA Summary	Public Notice Date	Proposed Effective Date	Target Date or Date Submitted to CMS	CMS Approval Date	CMS Approved Effective Date	MCAC Present Date
UT-24-0009 Interim Payments to Providers; This amendment allows the state to pay providers for services up to 30 days not otherwise paid due to the Change Healthcare cybersecurity incident.	5-26-24	2-21-24	4-24-24			5-16-24
UT-24-0010 Annual Rebasing Update; This amendment updates the effective date of rates for Medicaid services to July 1, 2024.	5-5-24	7-1-24	5-15-24			5-16-24
UT-24-0011 Disproportionate Share Hospitals; This amendment updates payment rates for disproportionate share hospitals.	5-19-24	10-1-24	5-31-24			5-16-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

For providers addressed in Attachments 4.19-A, Attachment 4.19-D, and in this attachment:

Effective retroactively to February 21, 2024, and effective for affected services provided through June 30, 2024, providers are eligible to receive payments for services in amounts representative of up to thirty days (30) of claims payments for services that are not otherwise paid as a result of the Change Healthcare cybersecurity incident. The average 30-day payment is based on the total claims for services paid to the individual provider, inclusive of all Medicaid base payments for services made under the Medicaid state plan, between August 1, 2023, and October 31, 2023, divided by three (3). The payment(s) will be made for services provided through June 30, 2024, as requested by providers. This is not an advance payment or prepayment prior to services furnished by providers. Once the state is able to process claims, the state will reverse all interim payments and reimburse providers the appropriate amount based on billed claims. The reversal will be completed within 30 days following the last day of the quarter in which the state is able to again process payments for claims following the resolution of the Change Healthcare cybersecurity incident. The state will follow all applicable program integrity requirements relating to interim payments to providers and the associated reversal process. The state will ensure providers receiving payments under this interim methodology for services will continue to furnish services to Medicaid beneficiaries during the interim payment period and access to services is not limited.

Accountable care organizations (ACOs) will be reimbursed, outside the normal capitations, through June 30, 2024, for payments to pharmacies for services carved out of managed care which were covered using their funds as a result of the Change Healthcare cybersecurity incident. These will be reimbursed at the actual cost the ACOs incurred for these products.

Effective retroactively to February 21, 2024, and effective for affected pharmacy services provided until the resolution of the Change Healthcare cybersecurity incident, the state will not be enforcing the requirement that prescribers be known to the Medicaid system.

T.N. # 24-0009

Approval Date _____

Supersedes T.N. # New

Effective Date 2-21-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

Payment rates for the services listed below are effective for services provided on or after the corresponding date:

Service	Attachment	Effective Date
Physician and Anesthesia Services	Attachment 4.19-B, Pages 4 and 5	July 1, 2023 2024
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2023 2024
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2023 2024
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2023 2024
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2023 2024
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2023 2024
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2023 2024
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2023 2024
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2023 2024
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2023 2024
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2023 2024
Medication-Assisted Treatment for Opioid Use Disorders	Attachment 4.19-B, Page 36	July 1, 2023 2024
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2023 2024
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2023 2024
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2023 2024
Autism Spectrum Disorder Services	Attachment 4.19-B, Page 35	July 1, 2023 2024
Recreational Therapy	Attachment 4.19-B, Page 35a	January July 1, 2024

T.N. # 234-0010

Approval Date _____

Supersedes T.N. # 223-000410

Effective Date 7-1-234

INPATIENT HOSPITAL
Section 400 Adjustment for Disproportionate Share Hospitals (Continued)

415 Payment Adjustment for General Acute Rural

General Acute Rural Hospitals will receive payments as outlined in Section 421. Qualifying rural hospitals will also be allowed to participate in a special DSH allotment set aside for current government-owned rural hospitals or rural private hospitals that were government-owned rural hospitals as of January 1, 2011.

Effective beginning federal fiscal year 2022, this additional DSH payment will be based on the lesser of 3.04% of the total federal funds available, rounded to the nearest dollar, per federal fiscal year per hospital or the hospital's uncompensated care cost to Medicaid and the uninsured.

Any hospital that qualifies for additional DSH payments under Section 419 of the State Plan is not eligible for this, Section 415, additional DSH payment.

The actual yearly amounts available to each hospital will vary depending on the Federal Medical Assistance Percentages (FMAP) rate in effect for the period involved and the amount of DSH funding available.

The method and timing of the payment of this additional DSH will be according to the following:

1. Each qualifying hospital must submit an "Uncompensated Care and DSH Survey" documenting the level of uncompensated care they provided. This survey is developed and communicated by the Utah Department of Health and is available on the Medicaid website at <https://medicaid.utah.gov>. Qualifying hospitals may submit their surveys monthly, quarterly, semi-annually, annually, or any combination thereof. Qualifying hospitals may also amend previously submitted data, in the fiscal period, to reflect updated information in that period. The final, or annual survey if elected, must be submitted to the Department within sixty (60) days of the end of the federal fiscal period. A final payment for the federal fiscal period just ended will then be made.
2. These DSH payments will not exceed the total allowed for each facility. A facility may, however, reach its maximum payout prior to the end of the federal fiscal year if there is adequate, documented uncompensated care in early quarters. Payments will be made following the receipt of the qualifying facility's uncompensated care survey, as such, this may be monthly, quarterly, semi-annually, annually, or any combination thereof. Once a facility has reached the annual allotment maximum, no additional payments will be made.

T.N. No. 21-000824-0011

Approval Date 8-17-21

Supersedes T.N. # 12-00921-0008

Effective Date 10-1-214

INPATIENT HOSPITAL

Section 400 Adjustment for Disproportionate Share Hospitals (Continued)

417 Payment Adjustment for State Teaching Hospital -- The State Teaching Hospital will receive a claims add-on payment as outlined in Section 421.

In order to receive Supplemental payments, the State Teaching Hospital must submit an "Uncompensated Care and DSH Survey" documenting the level of uncompensated care they provided. This survey is developed and communicated by the Utah Department of Health and is available on the Medicaid website at <https://medicaid.utah.gov/http://health.utah.gov/medicaid>. The State Teaching Hospital may submit their survey monthly, quarterly, semi-annually, annually, or any combination thereof. The State Teaching Hospital may also amend previously submitted data, in the fiscal period, to reflect updated information in that period. The final or annual survey, if elected, must be submitted to the Department within 60 days of the end of the federal fiscal period. A final payment for the federal fiscal period just ended will then be made.

The State Teaching Hospital may elect to receive prospective supplemental DSH payments based on the most recent survey submitted under Section 413. If this option is elected, then the State Teaching Hospital may receive lump-sum payments at the beginning of each federal fiscal year or at different times within the federal fiscal year along with a reconciliation payment following the end of the federal fiscal period after the other qualifying facilities have been paid.

In addition to the above, any DSH monies not paid to other qualifying hospitals will be paid to the State Teaching Hospital as noted in Section 409.

418 Payment Adjustment for Children's Hospital – The Children's Hospital will receive a claims add-on payment as outlined in Section 421.

T.N. No. 11-00524-0011

Approval Date 3-2-12

Supersedes T.N. # New11-005

Effective Date 10-1-1124

INPATIENT HOSPITAL

Section 400 Adjustment for Disproportionate Share Hospitals (Continued)

419 Depressed Frontier County Hospitals - Will receive a claims add-on payment as outlined in Section 421. Depressed Frontier County Hospitals are also eligible for a Supplemental DSH payment cap (Frontier County Cap), which is higher than the Supplemental DSH payment cap for other rural hospitals. Effective beginning federal fiscal year 2022, this additional DSH payment will be based on the lesser of ~~4.03~~5% of the total federal funds available, rounded to the nearest dollar, per federal fiscal year per hospital or the hospital's uncompensated care cost to Medicaid and the uninsured.

A hospital will qualify for the Frontier County if it:

1. Is a rural hospital;
2. Is a government-owned hospital; and
3. Is located in a county having the lowest per capita personal income in the State.

The method and timing of the payment of this additional DSH will be according to the following:

1. Each qualifying hospital must submit an "Uncompensated Care and DSH survey" documenting the level of uncompensated care they provided. This survey is developed and communicated by the Utah Department of Health and is available on the Medicaid website at <https://medicaid.utah.gov>. Qualifying hospitals may submit their surveys monthly, quarterly, semi-annually, annually, or any combination thereof. Qualifying hospitals may also amend previously submitted data, in the fiscal period, to reflect updated information in that period. The final, or annual survey if elected, must be submitted to the Department within sixty (60) days of the end of the federal fiscal period. A final payment for the federal fiscal period just ended will then be made.
2. These DSH payments will not exceed the total allowed for each facility. A facility may, however, reach its maximum payout prior to the end of the federal fiscal year if there is adequate, documented uncompensated care in early quarters. Payments will be made following the receipt of the qualifying facility's uncompensated care survey, as such, this may be monthly, quarterly, semi-annually, annually, or any combination thereof. Once a facility has reached the annual allotment maximum, no additional payments will be made.

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Supersedes T.N. # 11-00521-0008

Effective Date 10-1-214

INPATIENT HOSPITAL
Section 400 Adjustment for Disproportionate Share Hospitals (Continued)

421 Method and Timing of DSH Claims Supplemental Payments – DSH payments under this section will be made via lump-sum supplemental payments. For each federal fiscal year, 0.012.5 percent of the CMS preliminary annual Utah federal funds allotment is the basis for the payments made under this section. Each qualifying hospital is assigned to a hospital category (i.e., rural and frontier, urban, children's, and teaching). The supplemental funds are divided by the State to the hospital categories. Within each hospital category, each hospital receives a portion of the hospital category's funds based on its percentage of the total adjusted Medicaid reimbursement for a prior 12-month period. Adjusted Medicaid reimbursement is calculated by multiplying Medicaid reimbursement for the prior year by its ratio of Medicaid days to total days for the same year.

The payment calculation is as follows:

Adjusted Medicaid Reimbursement = Hospital's Medicaid Reimbursement Net of DSH* (Hospital's Medicaid Days / Total Days).

Hospital Ratio = Adjusted Medicaid Reimbursement / Sum of the Adjusted Medicaid Reimbursement specific to the hospital category.

Hospital Category Supplemental Funds: The total supplemental funds assigned by the State to a hospital category representing hospital types (e.g. rural, urban, children's, and teaching).

Hospital Distribution Amount = Hospital Category's Supplemental Funds* Hospital Ratio.

Following is an example, for one hospital category, of the calculation outlined above:

Hospital Category Section 421 Funds:							\$100
Hospital	Medicaid Days	Total Days	Medicaid Days % of Total Days	Medicaid Reimb.	Adjusted Medicaid Reimb.	Hospital Ratio	Hospital Distribution Amount
a	100	200	50.0%	\$1,000.00	\$500.00	0.1224	\$12.24
b	200	300	66.7%	\$2,000.00	\$1,333.33	0.3265	\$32.65
c	300	400	75.0%	\$3,000.00	\$2,250.00	0.5510	\$55.10
Total	600	900		\$6,000.00	\$4,083.33		\$100.00

If the CMS final annual Utah allotment is more than the preliminary allotment, the additional allotment will be allocated to the teaching hospital category. If the CMS final annual Utah allotment is less than the preliminary allotment, the reduced allotment will be recovered from the teaching hospital category.

For each federal fiscal year, payments will be made no earlier than the beginning of each federal fiscal year. Payments will be made within six months after receiving the preliminary allotment amount or within six months after the beginning of the federal fiscal year, whichever is later.

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