

Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **Utah**

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

UT-24-0007

Proposed Effective Date

02/21/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

1916 and 1916A of SSA and 42 CFR 447.50 through 447.57

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2024	\$ 395.00
Second Year	2025	\$ 0.00

Subject of Amendment

Suspension of Medicaid Pharmacy Copayments

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By: **Craig Devashrayee**
Last Revision Date: **Apr 9, 2024**
Submit Date: **Mar 20, 2024**



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: UT - 24 - 0007

Cost Sharing Amounts - Categorically Needy Individuals G2a

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Non-Emergency Services Received in Emergency Departments.	8.00	\$	Encounter	\$8 for each non-emergency use of the emergency department.	Remove
Add	Inpatient Hospital Stay	75.00	\$	Entire Stay	Effective July 1, 2017, \$75 for each inpatient hospital stay (episode of care).	Remove
Add	Physician or Podiatrist Services	4.00	\$	Encounter	\$4 for each outpatient services visit (physician visit, podiatry visit, physical therapy, etc.).	Remove
Add	Outpatient Hospital Services	4.00	\$	Encounter	\$4 for each outpatient hospital service visit, (maximum of one per person, per hospital, per date of service).	Remove
Add	Pharmacy Services	4.00	\$	Prescription	\$4 for each prescription. For prescriptions dispensed during the 2024 Change Healthcare Network Interruption, member pharmacy cost sharing requirements are suspended through full system restoration. The effective date for this SPA is February 21, 2024, and the sunset date is June 30, 2024.	Remove
Add	Chiropractic Services	1.00	\$	Encounter	\$1 for each chiropractic visit (maximum of one per date of service).	Remove
Add	Vision Services	3.00	\$	Encounter	\$3 for each pair of eyeglasses.	Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item:

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove



Medicaid Premiums and Cost Sharing

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:

The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

 No

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

 Yes

The cost sharing charges for non-emergency services provided in the hospital emergency department imposed on otherwise exempt individuals are the same as the charges imposed on non-exempt individuals.

 Yes

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

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