

## DMHF SPA Matrix 4-18-24

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
<b>UT-24-0006 Medical Supplies and DME Rebasing;</b> This amendment updates pricing for medical supplies and durable medical equipment effective July 1, 2024.	4-21-24	7-1-24	5-15-24			4-18-24
<b>UT-24-0008 Ultra-High Cost Drugs;</b> This amendment defines ultra-high cost drugs and specifies payments and reimbursements.	4-21-24	4-22-24	5-15-24			4-18-24

## 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, 2023<sup>34</sup>. 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 765.03% of the lesser 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)

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T.N. # 22-000324-0006

Approval Date 6-12-23

Supersedes T.N. # 21-001123-0009

Effective Date 7-1-23<sup>34</sup>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

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**ULTRA-HIGH COST DRUG SUPPLEMENTAL PAYMENT**

For the purpose of this section, Ultra-High Cost Drugs are defined as any drug with an actual acquisition cost of more than \$1,000,000 per dose. The actual acquisition cost must be net of any discounts the provider may receive to offset its acquisition cost (i.e., 340B, rebates, negotiated discounts, etc.).

Beginning SFY 2024, Ultra-High Cost Drugs are reimbursed via a supplemental payment for the actual acquisition cost of the drug. The supplemental payment is separate from other reimbursement methodologies within this attachment. Charges for Ultra-High Cost Drugs should not be included in any claims submitted through normal adjudication processes.

In order for a provider to qualify for an Ultra-High Cost Drug Supplemental Payment:

- The provider must submit all required documentation as found on <https://medicaid.utah.gov/pharmacy/pharmacy-program/>,
- The provider must include an invoice showing the actual acquisition cost of the drug, net of any discounts or other offsets,
- The provider must clearly mark and organize all supporting documentation to facilitate review by department staff, and
- The provider must submit the application form and all supporting documentation via email, to [medicaidpharmacy@utah.gov](mailto:medicaidpharmacy@utah.gov), within standard timely filing deadlines.

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T.N. # 24-0008

Approval Date \_\_\_\_\_

Supersedes T.N. # New

Effective Date 4-22-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

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