

DIH SPA Summary 8-21-25		Public Notice Date	Proposed Effective Date	Target Date or Date Submitted to CMS	CMS Approval Date	CMS Approved Effective Date	MCAC Present Date
UT-25-0019 Organ Acquisition; Effective July 1, 2025, Utah Medicaid will reimburse hospitals for organ transplants through a separate, unbundled payment pool for newly eligible populations and legacy eligible populations. Additionally, this amendment will include a new web address for organ acquisition on the Medicaid website.		6-29-25	7-1-25	7-15-25			8-21-25
UT-25-0020 Income and Eligibility; This amendment requests approval to add TRUV, a company that specializes in income verification, to the state's online application for eligibility only.		N/A	9-1-25	8-20-25			8-21-25

INPATIENT HOSPITAL
Section 100 Payment Methodology (Continued)

123 Effective Dates for Rates - Payment rates will be effective based on "date of discharge." When a patient is transferred from another hospital, as opposed to discharged, the payment will be calculated using the rate in effect at the time of the discharge.

130 Property and Education - The Medicaid DRG payment rates are all inclusive. There are no designated pass-through costs or other add-on factors for costs such as capital, or other expenditures. However, these factors are reflected in the hospital charge structure used to calculate the DRG payment.

TABLES USED IN DRG RATE CALCULATIONS: These tables are updated annually and can be found at the website referenced in Section 122.

140 Transfer Patients -- Except as otherwise specified in the State Plan, the federal Medicare methodology will be followed for transfer patients. The hospital which transfers the patient will be paid the DRG per diem fee for each day of care. The per diem is determined by calculating the DRG payment, dividing by the ALOS, and adding one day. Except as provided in the State Medicaid Plan, payment to the transferring hospital may not exceed the full prospective DRG payment rate. In cases of distinct rehabilitation units and hospitals excluded from the DRG prospective payment system, the transfers will be considered discharges and the full DRG payment, including outliers, will be paid. To be eligible for Medicaid payments, the exempt distinct rehabilitation unit must be part of an acute hospital. When a person is appropriately admitted and cared for in an acute hospital and is appropriately transferred to another hospital for extended specialized service and later transferred back to the first hospital, the first hospital is paid the full DRG for the combined stays while the other hospital is paid a per diem under the transfer payment policy. Such per diem payments are not restricted by the DRG payment limitation. Transfers involving hospitals excluded from DRGs will also be paid based on their respective payment methodology.

145 Split Eligibility -- When a Medicaid patient is eligible for only part of the hospital stay, the Medicaid payment will be calculated by the following formula:

$$\text{Claim Payment} = \text{Medicaid Eligible Days} \div \text{Total Hospital Days} \times \text{Full Medicaid Payment}$$

The split eligible payment constitutes payment in full for all services rendered on those days on which the patient was eligible for Medicaid and must be accepted as such by the provider hospital. The hospital may not bill the patient for any services rendered on those days. In contrast, the hospital can bill the patient full charges for services rendered during those days that the patient is not eligible for Medicaid. When both third-party payments and split eligibility are involved, the third-party payment will first be applied to the period prior to eligibility. Any remaining TPL will be used to reduce the Medicaid payment.

160 Services Covered by DRG Payments -- Medicaid adopts the general provision of the bundling concepts used by Medicare. Physicians, including resident physicians and nurse anesthetists may bill separately under their own provider numbers. Such billings are in addition to the DRG payment. All other inpatient hospital services, as defined by Medicare, are covered by the DRG system. DRGs are paid for inpatient hospital admissions when a baby is delivered even though the mother or baby is discharged in less than 20 hours.

161 Donor Organs -- Medicaid adopts the general Medicare definitions to determine payment for approved donor organs. Medicare regulations and guidelines are used to establish payment amounts for donated organs.

T.N. # 13-02825-0019

Approval Date 12-27-13

Supersedes T.N. # 07-01213-028

Effective Date 7-1-1325

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

161 Donor Organs -- Beginning SFY 2026, medical transplant organ acquisition costs for covered organ transplants are reimbursed via a separate, unbundled, payment pool. The annual payment pools will be composed of newly eligible populations (expansion) and legacy eligible populations (non-expansion) amounts. The following example of the payment pools calculation is for illustrative purposes only:

Category	Expansion	Non-Expansion
EMAP	90%	62.94%
State Funds	\$50,000	\$200,000
Federal Funds	\$450,000	\$339,700
Total Funds	\$500,000	\$539,700

The costs submitted for the pool are limited to those directly related to the covered organ acquisition. Reimbursement shall not exceed the actual costs. Any undistributed funds will not carry over to the next year. The total amounts distributed will not exceed the payment pools.

A reimbursement percentage is calculated by dividing each pool amount by the total amount of eligible expenses for all submissions for the SFY in the separate payment pool, with a maximum percentage of 100%. For example, if \$2 million in expenses are eligible for reimbursement and \$1 million is in the funding pool, all expenses would be reimbursed at a 50% level.

The reimbursement amount for each eligible expense is calculated as the reimbursement percentage multiplied by the eligible expense. The calculations are done separately for the two pools.

Charges for medical transplant organ acquisition costs should not be included in any claims submitted through normal adjudication processes.

For a provider to qualify for reimbursement:

- The provider must submit all required documentation as found on <https://medicaid.utah.gov/stplan/inpatientoa/>.
- The provider must submit the complete supporting documentation on or before December 31st of each year for the previous state fiscal year discharges.
- The provider must include an invoice showing the actual acquisition cost of the organ.
- 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 secure email to reimbursementunit@utah.gov no later than December 31st for the preceding state fiscal year to be considered for reimbursement. Late submissions will not be considered for reimbursement.

T.N.# UT-25-0019

Approval Date

Supersedes T.N.# New

Effective Date 7-1-25

Records / Submission Packages - Your State

UT - Submission Package - UT2025MS0002O - (UT-25-0020) - Eligibility

MODIFY PACKAGE

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Summary Reviewable Units News Related Actions

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | UT2025MS0002O | UT-25-0020

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CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete
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Package Header

Package ID	UT2025MS0002O	SPA ID	UT-25-0020
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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State Information

[Collapse](#)

State/Territory Name:	Utah	Medicaid Agency Name:	Utah Department of Health and Human Services
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Submission Component

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- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission Type

[Collapse](#)

- ☒ Official Submission Package
- ☐ Draft Submission Package
- Allow this official package to be viewable by other states?
- ☐ Yes
- ☒ No
- Selecting Official Submission Package means that the official 90-day review period will start upon submission.

Key Contacts

[Collapse](#)

Name	Title	Phone Number	Email Address	Program
Strohecker, Jennifer	State Medicaid Director	(385)280-3659	jstrohecker@utah.gov	Medicaid

SPA ID and Effective Date

[Collapse](#)

SPA ID UT-25-0020

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	9/1/2025	UT-16-0003

Executive Summary

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Summary Description Including Goals and Objectives This amendment requests approval to add TRUV to the state's online application for eligibility only.

Dependency Description

Collapse

Description of any dependencies between this submission package and any other submission package undergoing review Not applicable.

Disaster-Related Submission

Collapse

This submission is related to a disaster

- ☐ Yes
- ☒ No

Federal Budget Impact and Statute/Regulation Citation

Collapse

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$9167
Second	2026	\$110000

Federal Statute / Regulation Citation

Pub. L No. 111- 148

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Governor's Office Review

Collapse

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

Authorized Submitter

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The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter
Phone number
Email address

Authorized Submitter's Signature

☐ I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.