

<b>DIH SPA Summary 4-23-26</b>	<b>Public Notice Date</b>	<b>Proposed Effective Date</b>	<b>Target Date or Date Submitted to CMS</b>	<b>CMS Approval Date</b>	<b>CMS Approved Effective Date</b>	<b>MCAC Present Date</b>
<b>UT-26-0006 Targeted Case Management for HMO Enrollees;</b> This amendment updates the state plan to remove TCM service and payment provisions for HMO enrollees that no longer exist.	N/A	7-1-26	4-30-26			4-23-26
<b>UT-26-0008 Medical Supplies and Durable Medical Equipment Rebasing;</b> This amendment updates pricing for medical supplies and durable medical equipment rebasing, effective July 1, 2026.	4-26-26	7-1-26	5-15-26			4-23-26
<b>UT-26-0009 Urban Cache County Payments;</b> This amendment updates the payment structure for Medicaid providers who furnish the following services in Cache County: <ul style="list-style-type: none"> <li>• Anesthesiologist/Anesthetist services</li> <li>• Physician Assistant services</li> <li>• Dental services and dentures</li> <li>• Licensed certified registered nurse-midwife services</li> <li>• Nurse practitioner services</li> <li>• All other physician services and services that pay the same as physician services according to the State Plan</li> </ul> <p>Effectively this change makes Cache County an urban county that will no longer receive the rate differential for the aforementioned services as received in rural areas of the state.</p>	4-19-26	7-1-26	4-30-26			4-23-26

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~~TARGETED CASE MANAGEMENT SERVICES FOR MEDICAID HMO ENROLLEES AND  
POTENTIAL ENROLLEES~~

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~~Total reimbursement for targeted case management services for HMO enrollees is based on  
historical cost adjusted annually (effective July 1) based on Legislatively approved cost of living  
and merit increases.~~

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

CASE MANAGEMENT SERVICES

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~~A. Target Group:~~

~~Targeted case management services are available to Medicaid-eligible HMO ("Plan") enrollees and potential enrollees who a qualified case manager has determined:~~

- ~~1. Require assistance to identify, obtain access to, and coordinate medical and other services consistent with their identified needs; and for whom~~
- ~~2. There is a reasonable indication that the enrollee or potential enrollee will obtain the required assistance only through a qualified targeted case manager.~~

~~B. Areas of the State in Which Services Will Be Provided:~~

~~Services will be limited to the following geographic areas of the state: the urban counties of Davis, Salt Lake, Utah, and Weber.~~

~~C. Comparability:~~

~~Services are not comparable in amount, duration, and scope. Authority of Sec. 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Sec. 1902(a)(10)(B) of the Act.~~

~~D. Definition of Services:~~

- ~~1. This service is designed to assist eligible individuals in the target group ("clients") to identify and appropriately utilize the scope of medical and other services available to them.~~
- ~~2. Federal Financial Participation will be available at the FMAP percentage for costs incurred to perform the following activities/services with, and on behalf of, clients in the target group.~~
  - ~~a. assessing the eligible client's need for medical and other services including high-risk assessments with all aged and disabled recipients;~~
  - ~~b. linking the client through direct or indirect referral with medical services and community resources in accordance with their identified needs;~~
  - ~~c. coordinating the availability of and the access to necessary services, acting as the liaison between the client, Plan, providers, and applicable public and private agencies;~~
  - ~~d. periodic follow up and assistance as the recipient's service needs change; and~~
  - ~~e. instructing the client or the client's legal representative when applicable, in independently identifying, obtaining, and coordinating needed services.~~

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                     UTAH                    

CASE MANAGEMENT SERVICES

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~~E. Qualified Providers:~~

~~Health Program Representatives (HPRs) employed by the State of Utah, Division of Health Care Financing, Bureau of Managed Health Care.~~

~~F. Freedom of Choice:~~

~~The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Sec. 1902(a)(23) of the Act, except as authorized under the State's approved 1915(b) freedom of choice waiver.~~

- ~~1. Eligible recipients will have free choice of qualified providers of case management services.~~
- ~~2. Eligible recipients will have free choice of the providers of other medical care under the plan.~~

~~G. Non-Duplication of Payment:~~

~~Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Case management services provided by HPRs is solely for the purpose of augmenting, not supplanting or duplicating, service coordination activities that may be available to recipients through their Plan or other community providers. Services will be available only to Medicaid eligibles. Direct and indirect administrative activities related to the determination of Medicaid eligibility are outside the scope of services offered under this plan.~~

T.N. #                     01-02226-0006                    

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

CASE MANAGEMENT SERVICES

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~~A. Target Group:~~

~~Targeted case management services are available to Medicaid-eligible HMO ("Plan") enrollees and potential enrollees who a qualified case manager has determined:~~

- ~~1. Require assistance to identify, obtain access to, and coordinate medical and other services consistent with their identified needs; and for whom~~
- ~~2. There is a reasonable indication that the enrollee or potential enrollee will obtain the required assistance only through a qualified targeted case manager.~~

~~B. Areas of the State in Which Services Will Be Provided:~~

~~Services will be limited to the following geographic areas of the state: the urban counties of Davis, Salt Lake, Utah, and Weber.~~

~~C. Comparability:~~

~~Services are not comparable in amount, duration, and scope. Authority of Sec. 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Sec. 1902(a)(10)(B) of the Act.~~

~~D. Definition of Services:~~

- ~~1. This service is designed to assist eligible individuals in the target group ("clients") to identify and appropriately utilize the scope of medical and other services available to them.~~
- ~~2. Federal Financial Participation will be available at the FMAP percentage for costs incurred to perform the following activities/services with, and on behalf of, clients in the target group.~~
  - ~~a. assessing the eligible client's need for medical and other services including high-risk assessments with all aged and disabled recipients;~~
  - ~~b. linking the client through direct or indirect referral with medical services and community resources in accordance with their identified needs;~~
  - ~~c. coordinating the availability of and the access to necessary services, acting as the liaison between the client, Plan, providers, and applicable public and private agencies;~~
  - ~~d. periodic follow up and assistance as the recipient's service needs change; and~~
  - ~~e. instructing the client or the client's legal representative when applicable, in independently identifying, obtaining, and coordinating needed services.~~

T.N. # 01-02226-0006

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Effective Date 7-1-01-26

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

CASE MANAGEMENT SERVICES

~~Deleted 7-1-26~~

~~E. Qualified Providers:~~

~~Health Program Representatives (HRPs) employed by the State of Utah, Division of Health Care Financing, Bureau of Managed Health Care.~~

~~F. Freedom of Choice:~~

~~The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Sec. 1902(a)(23) of the Act, except as authorized under the State's approved 1915(b) freedom of choice waiver.~~

- ~~1. Eligible recipients will have free choice of qualified providers of case management services.~~
- ~~2. Eligible recipients will have free choice of the providers of other medical care under the plan.~~

~~G. Non-Duplication of Payment:~~

~~Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Case management services provided by HRPs is solely for the purpose of augmenting, not supplanting or duplicating, service coordination activities that may be available to recipients through their Plan or other community providers. Services will be available only to Medicaid eligibles. Direct and indirect administrative activities related to the determination of Medicaid eligibility are outside the scope of services offered under this plan.~~

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Approval Date 12-6-01

Supersedes T.N. # New-01-022

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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, 202~~6~~<sup>5</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 ~~71.563.00~~ % 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. # 25-000826-0008

Approval Date 7-1-25

Supersedes T.N. # 24-000625-0008

Effective Date 7-1-2~~6~~<sup>5</sup>

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D. PHYSICIANS (Except Anesthesiologists)(Continued)

7. ENHANCED PAYMENT RATES

**Rural Areas**

Physicians, including persons providing services under the direct supervision of a physician as allowed by state law, providing services in rural areas of the state are paid a rate differential equal to 112 percent of the physician fee schedule. Rural areas are defined as areas of the State of Utah outside of [Cache](#), Weber, Davis, Salt Lake and Utah counties.

**University of Utah Medical Group**

Physicians, including persons providing services under the direct supervision of a physician as allowed by state law, and practitioners (e.g., podiatrist, optometrist, dentist, covered independent nurse practitioners, physician assistants) employed by or associated with University of Utah Medical Group (UUMG) will be paid at a rate commensurate with the average commercial insurance professional rate (ACR) for services. Data used to calculate the ACR will be provided by UUMG based on paid commercial insurance claims for service dates in the previous calendar year.

$$\text{ACR} = (\text{Reimbursement} + \text{Third Party Liability} + \text{Copayments}) / (\text{Total Charges})$$

The average Medicaid rate (AMR) is also calculated annually based on paid Medicaid claims for service dates in the previous calendar year.

$$\text{AMR} = (\text{Reimbursement} + \text{Third Party Liability} + \text{Copayments}) / (\text{Total Charges})$$

In order to determine the total payment to UUMG, a rate differential is calculated prior to making any payments for the period. The rate differential will be effective for payments made between September 1<sup>st</sup> of that year and August 31<sup>st</sup> of the following year.

$$\text{Rate Differential} = \text{ACR} / \text{AMR}$$

$$\text{Payment} = (\text{Rate Differential} - 1) \times \text{Medicaid Allowed Amount}$$

(The *Medicaid Allowed Amount* is the Reimbursement Amount + Third Party Liability + Copayments, during the period under review for payment.)

Anesthesiologists employed by the University of Utah Medical Group will be considered part of this enhanced payment program, regardless of the anesthesiologist exception noted in this section [Section D, Physicians (Except Anesthesiologists)].

The rate differential payment made to the UUMG will be made as a separate annual, semi-annual, quarterly, monthly or any combination thereof payment to the UUMG on behalf of the physicians and practitioners employed based on the paid claims during the period under review for payment. If new or corrected information is identified that would modify the amount of a previous payment the department may make a retroactive adjustment payment in addition to previously paid amounts.

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Approval Date 8-25-21

Supersedes T.N. # 19-000521-0006

Effective Date 5-5-217-1-26

E. ANESTHESIOLOGIST/ANESTHETIST

1. INTRODUCTION

Payment is based on the lower of billed usual and customary charges or a calculated fee.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's anesthesia conversion factor and anesthesia basic values were set as of July 1, 2017, and are effective for services delivered on or after that date. All rates are published and maintained on the agency's website. Specifically, the fee schedule and any annual/periodic adjustments to the fee schedule are published at <http://medicaid.utah.gov>.

2. CALCULATED FEE

Payment = (Basic Value + Time Values + Modifying Factors) x Conversion Factor.

Time Values are added to the basic value at the rate of one unit for each twelve minutes or fraction thereof.

Rural Areas: Anesthesiologists/Anesthetists providing services in rural areas of the state are paid a rate differential equal to 112 percent of the physician fee schedule. Rural areas are defined as areas of the State of Utah outside of [Cache](#), Weber, Davis, Salt Lake and Utah counties.

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Approval Date 5-5-17

Supersedes T.N. # 16-001217-0006

Effective Date 7-1-2017

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I. PHYSICIAN ASSISTANT

Approved procedure codes may be directly billed by a licensed physician assistant (PA). Payment for approved services will be made at the lower of the usual and customary charge or the established physician's fee schedule. The fees are established by using the physicians' fee schedule methodology described in Section D "Physicians," Page 4 of ATTACHMENT 4.19-B.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of these services. The agency's rates were set in accordance with the methodology described in Section D "Physicians", and are effective for services on or after the date specified in Section D. Payments for covered audiology services are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

Rate Adjustment for Rural Areas

Physician Assistants providing services in rural areas of the state are paid a rate differential equal to 112 percent of the physician assistant fee schedule. Rural areas are defined as areas of the State of Utah outside of [Cache](#), Weber, Davis, Salt Lake and Utah counties.

Billing Arrangements

When service is provided by a licensed PA employed and working under supervision in a group practice, private office, community health center, or local health department, the supervising provider shall bill for the service according to their usual and customary fee schedule.

When service is provided by a licensed PA working in a private independent practice, the licensed PA shall bill according to their usual and customary fee schedule.

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T.N. 21-000626-0009

Approval Date 8-25-21

Supersedes T.N. New21-0006

Effective Date 5-5-217-1-26

M. DENTAL SERVICES AND DENTURES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment will be 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 the date listed on the Attachment 4.19-B Introduction Page.

These rates are published at  
<http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

Enhanced Payments

Urban Counties

As an incentive to improve client access to dental services in urban counties ([Cache](#), Weber, Davis, Salt Lake, and Utah counties), dental providers (excluding state-funded clinics) willing to sign an agreement to see 100 or more clients during the next year will be reimbursed at the lesser of billed charges or 120 percent of the established fee schedule.

Rural Counties

As an incentive to improve client access to dental services in rural counties (all counties except [urban counties noted above Weber, Davis, Salt Lake, and Utah](#)), dental providers in these counties including state-funded clinics will be reimbursed at the lesser of billed charges or 120 percent of the established fee schedule.

T.N. # 17-001626-0009

Approval Date 5-5-17

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Effective Date 7-1-2017

### LICENSED CERTIFIED REGISTERED NURSE-MIDWIFE SERVICES

Payments are based on the established fee schedule for selected HCPCS codes unless a lower amount is billed. Selected HCPCS codes are established in compliance with HIPAA requirements. The amount billed cannot exceed usual and customary charges to private-pay patients. Payment for registered nurse-midwife services includes the physician's collaboration fee for the co-management of the case.

#### Rate Adjustment for Rural Areas

Effective October 1, 1991, licensed certified registered nurse-midwives who provide services in rural areas of the State will be paid the lower of usual and customary charges or rate equal to 112% of the established Medicaid fee schedule. Rural areas are defined as areas of the State outside of [Cache](#), Weber, Davis, Salt Lake and Utah counties.

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T.N. # 03-01326-0009

Approval Date 2-4-04

Supersedes T.N. # 91-1803-013

Effective Date 10-1-037-1-26

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NURSE PRACTITIONERS (NP)

Approved procedure codes may be directly billed by a licensed nurse practitioner (NP). Payment for approved services will be made at the lower of the usual and customary charge or the established physician's fee schedule. The fees are established by using the physicians' fee schedule methodology described in Section D "Physicians," Page 4 of ATTACHMENT 4.19-B.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of these services. The agency's rates were set in accordance with the methodology described in Section D "Physicians", and are effective for services on or after the date specified in Section D. Payments for covered audiology services are based on the established fee schedule unless a lower amount is billed. All rates are published on the agency's website at <http://health.utah.gov/medicaid/>.

Rate Adjustment for Rural Areas

The 12% rate differential, not to exceed usual and customary charges, will be paid for services rendered in rural Utah. Rural Utah is defined as areas of the State outside of [Cache](#), Weber, Davis, Salt Lake and Utah counties.

Billing Arrangements

When service is provided by a licensed NP employed and working under supervision in a group practice, private office, community health center, or local health department, the supervising provider shall bill for the service according to their usual and customary fee schedule.

When service is provided by a licensed NP working in a private independent practice, the licensed NP shall bill according to their usual and customary fee schedule.

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T.N. # 14-01026-0009

Approval Date 4-10-14

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Effective Date 4-1-147-1-26