

DIH SPA Summary 8-27-26	Public Notice Date	Proposed Effective Date	Target Date or Date Submitted to CMS	CMS Approval Date	CMS Approved Effective Date	MCAC Present Date
UT-26-0010 Outpatient Hospital Supplemental Payments; This amendment updates the utilization trend to 14.2 percent for State Fiscal Year 2027.	6-28-26	7-1-26	7-15-26			8-27-26
UT-26-0011 Dental Payment Enhancement Rates; This amendment authorizes the state to preserve access to care in rural and frontier counties, by increasing dental rates on a provisional basis by up to 50% above the standard fee schedule to meet critical access-to-care needs.	7-19-26	8-1-26	7-31-26			8-27-26

14. UPL Calculation Overview

For purposes of calculating the Medicaid outpatient hospital upper payment limits for hospitals, the state shall utilize hospital specific Medicare outpatient cost to charge ratios applied to Medicaid charges. The Medicaid upper payment limit for state hospitals and non-state government owned hospitals are independently calculated. Each Medicaid upper payment limit shall be offset by hospital Medicaid outpatient payments to determine the available spending room (i.e., the gap) applicable to each Medicaid upper payment limit. Claims with third party liability shall be excluded from the calculations. The base year utilized to determine each Medicaid upper payment limit shall be trended to the applicable spending year as follows:

- Inflation trend shall be an annual average calculated using the consumer price index available the December prior to the start of each state fiscal year for "Outpatient Hospital Services" as published by the U.S. Department of Labor, U.S. Bureau of Labor Statistics as compared to the previous December.
- Utilization trend shall be calculated using historical Utah Medicaid outpatient hospital services data. The utilization trend for State Fiscal Year 2026~~7~~ shall be ~~-5.3~~14.2 percent.

Following is the data used to calculate the UPL for each state fiscal year:

Medicare Cost to Charge ratio:

- 2552-96: Costs are from Worksheet D, Part V, Columns 9, 9.01, 9.02, 9.03 line 104.
- 2552-10: Costs are from Worksheet D, Part V, Columns 5, 6, and 7 line 202.
- 2552-96: Charges are from Worksheet D, Part V, Columns 5, 5.01, 5.02, 5.03 line 104.
- 2552-10: Charges are from Worksheet D, Part V, Columns 2, 3, 4 line 202.

Note: As Medicare may amend the cost report structure from that noted above, corresponding Medicare Cost Report data will be used in place of the elements noted above.

The hospitals in the analysis have fiscal year ends during the state fiscal year. Medicaid Charges and payments - Paid hospital outpatient claims from services in a recent period and as available at the time the calculation is made.

Costs for critical access hospitals shall be calculated at 101 percent of cost with any appropriate inflation and utilization added as noted above.

T.N. # 25-001626-0010

Approval Date _____

Supersedes T.N. # 24-001625-0016

Effective Date 7-1-256

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.

In order to preserve access to care in rural and frontier counties, Medicaid may increase rates on a provisional basis by up to 30% to 50% above the standard fee schedule. Accordingly, dental providers in designated areas including state-funded clinics will be reimbursed at the lesser of billed charges or up to 150 percent of the established fee schedule. These exceptions are time-bound, limited, and utilized strictly for critical access-to-care needs.

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