

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

- A. Effective October 1, 2017 unless otherwise noted, the following charges are imposed for services:

Medicaid Service	Cost Sharing Amount and Basis for Determination
Non-Emergency Services Received in Emergency Departments.	\$8 for each non-emergency use of the emergency department.
Inpatient Hospital Stay	Effective July 1, 2017, \$75 for each inpatient hospital stay (episode of care).
Physician or Podiatrist Services	\$4 for each outpatient services visit (physician visit, podiatry visit, physical therapy, etc.).
Outpatient Hospital Services	\$4 for each outpatient hospital service visit, (maximum of one per person, per hospital, per date of service).
Pharmacy Services	\$4 for each prescription.
Chiropractic Services	\$1 for each chiropractic visit (maximum of one per date of service).
Vision Services	\$3 for each pair of eyeglasses.

Note: Additional ER copay information is found in Attachment 4.18-H, Page 1.

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- B. The method used to collect cost sharing charges for categorically needy individuals:
- Providers are responsible for collecting the cost sharing charges from individuals.
 - The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. Individuals whose countable household income, before deductions, is less than the TANF standard payment for a family of the applicable size are exempt from all cost sharing noted in Subsection A.
- D. Cost sharing eligible members who present at an emergency department for a non-emergency service will be charged a copayment.

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- E. Members outside the exempt status will receive a Medicaid Benefit Letter with co-pay information listed during their eligibility period.
- F. The state includes an indicator in the Medicaid Management Information System (MMIS)
- G. The state includes an indicator in the Eligibility and Enrollment System
- H. The state includes an indicator in the Eligibility Verification System
- I. Providers may verify a members copay requirements at: <https://medicaid.utah.gov/eligibility>.
- J. The State applies incurred-cost sharing to the aggregate limit when claims are submitted for dates of service within the current monthly cap period. Once the aggregate limit is reached, cost-sharing liability stops.

For households that may have paid copays in excess of the aggregate limits:

- The member contacts a Utah Medicaid health program representative noting the out-of-pocket amounts paid.
- Medicaid staff verifies the amounts based on paid claims.
- Medicaid staff enters the household as exempt from cost sharing for the duration of the limit period.
- Medicaid staff will initiate, as appropriate, a reprocessing of the claim(s) that made the household exceed the aggregate limits.
- Medicaid staff will work with impacted providers to ensure the household is reimbursed for copay differences that were paid by the household.

- K. Medicaid members described in 42 CFR 447.56(a)(1) are exempt from copayment requirements.

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