

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

A. The following charges are imposed on the categorically needy for services:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay	
Non-emergency services received in emergency departments		X		\$6 for each emergency department visit for non-emergency services. The average payment per claim to Emergency Departments is \$169.
Inpatient hospital stay		X		\$220 for the first inpatient hospital stay of each calendar year. The average first day stay based on hospital claims data exceeds an average payment of \$450.
Physician or podiatrist services			X	\$3 for each physician or podiatrist service visit, maximum of one per date of service. Physician or podiatrist services are reimbursed at greater than \$50.01 per visit.
Outpatient hospital services			X	\$3 for each outpatient hospital service visit, maximum of one per date of service. Limited to \$100 annual out-of-pocket expense per client. Outpatient services are reimbursed at greater than \$50.01 per visit.
Pharmacy services			X	\$3 for each prescription, limited to \$15 per month. Average prescription exceeds \$50.01.
Chiropractic services			X	\$1 for each chiropractic visit, maximum of one per date of service. Chiropractic services are reimbursed at less than \$25 per visit.
Vision Services			X	\$3 for each pair of eyeglasses. Eyeglasses average over \$60 per pair.

T.N. # 08-001

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