Dear Medicaid Provider:

Thank you for the important work you do to care for some of Utah’s most vulnerable individuals. We have heard the concerns expressed about the many pressing needs providers are facing at this challenging time.

The Centers for Medicare and Medicaid Services (CMS) has authorized Utah to make limited-term supplemental payments to certain Medicaid providers for three years. The three year period is retroactive to April 1, 2021, and extends through March 31, 2024. These supplemental payments are temporary and funded with American Rescue Plan Act (ARPA), HCBS Enhanced Funding to address the increase in expenses incurred and workforce challenges that have emerged from the COVID-19 pandemic.

Providers will receive quarterly payments equal to five percent of the total amount each provider was reimbursed for claims paid in the previous quarter. The supplemental payments will exclude any denied claims.

To be eligible for enhanced funding, billing providers include providers who bill for State Plan Services delivered through fee for service or managed care payment arrangements:

- Home Health Services
- Private Duty Nursing – in home services only
- Hospice Services – in home services only
- Personal Care Services
- Case Management
- School Based Services – services furnished to a child with a disability because such services are included in the child's individualized educational program established pursuant to Part B of the Individuals with Disabilities Education Act or furnished to an infant or toddler with a disability because such services are included in the child's individualized family service plan
- Outpatient Mental Health and Substance Use Treatment Services
- Autism Spectrum Disorder Related Services for individuals eligible for Early Periodic Screening Diagnosis and Treatment (EPSDT)

In order to qualify for supplemental payments, eligible providers must complete an attestation of the following:

1. An understanding that these are time-limited payments.
2. An agreement that a portion of the funds will be used to address direct-care worker issues.
3. An agreement that funds will be used to expand, enhance or strengthen applicable services authorized under ARPA Section 9817.
To complete the attestation, please fill out the Attestation/Google Form.

Providers must input their NPI/API number (National Provider Identifier/Atypical Provider Identifier) in order to complete the form.

A provider’s attestation applies until the end of the program, March 31, 2024, or until the provider’s attestation is rescinded in writing by emailing ARPA-HCBS@utah.gov. The provider will not be required to “request” future supplemental quarterly payments. Once the attestation is confirmed, the state will determine and submit payments to the providers at the next payment interval.

Because CMS authorized these payments on October 29, 2021, a provider's first payment will include a payment for two quarters: the first quarter, April 1, 2021 - June 30, 2021, and the second quarter, July 1, 2021 - September 30, 2021. The supplemental payments will be made quarterly in the first month of each quarter.

If a provider makes an attestation on or before March 31, 2022, the attestation will be effective retroactively to April 1, 2021. An attestation provided in any subsequent quarter will only be effective back to the first day of the quarter in which the attestation is made.

If you have questions, please contact Utah Medicaid at ARPA-HCBS@utah.gov.

Sincerely,

Division of Medicaid and Health Financing, Utah Department of Health