

# SB0193S02 compared with SB0193S01

{Omitted text} shows text that was in SB0193S01 but was omitted in SB0193S02

inserted text shows text that was not in SB0193S01 but was inserted into SB0193S02

**DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.**

1 **Medicaid Provider Reimbursement Amendments**

. 2025 GENERAL SESSION

. STATE OF UTAH

. **Chief Sponsor: Derrin R. Owens**

. House Sponsor:

2

---

---

3 **LONG TITLE**

4 **General Description:**

5 This bill provides for an annual increase in Medicaid rates for certain providers.

6 **Highlighted Provisions:**

7 This bill:

8 ▶ defines terms; and

9 ▶ requires the annual base budget to include a Medicaid rate increase for certain providers.

10 **Money Appropriated in this Bill:**

11 None

12 None

15 **AMENDS:**

16 **26B-3-203**, as last amended by Laws of Utah 2024, Chapters 264, 284, as last amended by Laws of  
Utah 2024, Chapters 264, 284

17

---

---

18 *Be it enacted by the Legislature of the state of Utah:*

19 Section 1. Section **26B-3-203** is amended to read:

**SB0193S01**

## SB0193S01 compared with SB0193S02

- 20           **26B-3-203. Base budget appropriations for Medicaid accountable care organizations and**  
**behavioral health plans -- Forecast of behavioral health services cost, behavioral health plans, and**  
**ABA services -- Forecast of behavioral health services cost.**
- 23 (1) As used in this section:
- 24 (a) "ABA service" means a service applying applied behavior analysis, as that term is defined in Section  
31A-22-642.
- 26 (b) "ABA service reimbursement rate" means the Medicaid reimbursement rate developed by the  
division, in accordance with Part 1, Health Care Assistance, and paid to a provider for providing an  
ABA service.
- 29 (c) "ACO" means a Medicaid accountable care organization that contracts with the state's Medicaid  
program for:
- 31 (i) physical health services; or
- 32 (ii) integrated physical and behavioral health services.
- 33 (d) "Air ambulance provider" means an entity licensed under Section 53-2d-512.
- 34 ~~[(d)]~~ (e) "Base budget" means the same as that term is defined in legislative rule.
- 35 ~~[(e)]~~ (f) "Behavioral health plan" means a managed care or fee-for-service delivery system that  
contracts with or is operated by the department to provide behavioral health services to Medicaid  
eligible individuals, including a medication assisted treatment plan.
- 39 ~~[(f)]~~ (g) "Behavioral health services" means mental health or substance use treatment or services.
- 41 (h) "DSPD services" means home and community based services operated by the Division of Services  
for People with Disabilities created in Section 26B-6-402.
- 43 ~~[(g)]~~ (i) "General Fund growth factor" means the amount determined by dividing the next fiscal year  
ongoing General Fund revenue estimate by current fiscal year ongoing appropriations from the  
General Fund.
- 46 (j) "Intermediate care facilities for people with an intellectual disability" or "ICF" means a facility  
licensed under Section 26B-2-212.
- 48 ~~[(h)]~~ (k) "Next fiscal year ongoing General Fund revenue estimate" means the next fiscal year  
ongoing General Fund revenue estimate identified by the Executive Appropriations Committee, in  
accordance with legislative rule, for use by the Office of the Legislative Fiscal Analyst in preparing  
budget recommendations.
- 52 (l) "Medication assisted treatment plan" means the same as that term is defined in Section 64-13-25.1.

## SB0193S01 compared with SB0193S02

- 54 [(t)] (m) "Member" means an enrollee.
- 55 (n) "Nursing facility" means the same as that term is defined in Section 26B-2-201.
- 56 [(j)] (o) "PMPM" means per-member-per-month funding.
- 57 (p) "Private duty nursing" means continuous and individualized skilled nursing care provided to a patient:
- 59 (i) with complex medical needs;
- 60 (ii) outside of a traditional hospital setting; and
- 61 (iii) by a licensed registered nurse or licensed practical nurse.
- 57 ~~{(p)}~~ (q) "Professional rates" means rates for Current Procedural Terminology codes except for the following codes:
- 59 (i) laboratory;
- 60 (ii) radiology;
- 61 (iii) ABA services;
- 62 (iv) COVID-19 counseling; and
- 63 (v) behavioral health.
- 64 (2) If the General Fund growth factor is less than 100%, the next fiscal year base budget shall, subject to Subsection [(5)] (7), include an appropriation to the department in an amount necessary to ensure that the next fiscal year PMPM for ACOs and behavioral health plans equals the current fiscal year PMPM for the ACOs and behavioral health plans multiplied by 100%.
- 69 (3) If the General Fund growth factor is greater than or equal to 100%, but less than 102%, the next fiscal year base budget shall, subject to Subsection [(5)] (7), include an appropriation to the department in an amount necessary to ensure that the next fiscal year PMPM for ACOs and behavioral health plans equals the current fiscal year PMPM for the ACOs and behavioral health plans multiplied by the General Fund growth factor.
- 74 (4) If the General Fund growth factor is greater than or equal to 102%, the next fiscal year base budget shall, subject to Subsection [(5)] (7):
- 76 (a) in fiscal years 2025 and 2026:
- 77 (i) include an appropriation to the department in an amount that would, prior to the application of Subsection (4)(a)(ii), allow the department to ensure that the next fiscal year PMPMs for ACOs and behavioral health plans is greater than or equal to the current fiscal year PMPMs for the ACOs and behavioral health plans multiplied by 102%;

## SB0193S01 compared with SB0193S02

- 82 (ii) subject to Subsection (4)(a)(iii), allocate the amount appropriated under Subsection (4)(a)(i) to  
provide substantially the same year-over-year percentage point increase to:
- 85 (A) the PMPMs for ACOs and behavioral health plans; and
- 86 (B) each ABA service reimbursement rate; and
- 87 (iii) for the initial appropriation under Subsection (4)(a)(i), prior to providing the percentage point  
increases under Subsection (4)(a)(ii), allocate from the total amount appropriated under Subsection  
(4)(a)(i) an amount necessary to increase and substantially equalize each of the ABA service  
reimbursement rates with a corresponding reimbursement rate paid for providing the same or  
substantially similar service under an ACO or a behavioral health plan; and
- 93 (b) beginning in fiscal year 2027, include an appropriation to the department in an amount necessary  
to ensure that the next fiscal year PMPMs for ACOs and behavioral health plans is greater than or  
equal to the current fiscal year PMPMs for the ACOs and the behavioral health plans multiplied  
by 102%, and less than or equal to the current fiscal year PMPMs for the ACOs and the behavioral  
health plans multiplied by the General Fund growth factor.
- 99 (5)
- . (a) Subject to Subsection (5)(c), beginning in fiscal year 2026, each fiscal year base budget shall:
- 101 (i) include an appropriation to the department that:
- 102 (A) is proportional to the amount provided under Subsections (2) through (4) contained in the base  
budget; and
- 104 (B) is used to ensure that the fiscal year fee-for-service rates increase for professional rates, air  
ambulance provider rates, DSPD rates, **private duty nursing rates**, ICF rates, and nursing facility  
rates; and
- 107 (ii) include an additional appropriation for an ACO to match the fee-for-service rate increase for  
services described in Subsection (5)(a)(i)(B) paid for by an ACO.
- 109 (b) In accordance with Subsection (5)(a)(ii), an ACO shall match the fee-for-service rate increase for  
applicable services paid by the ACO.
- 111 (c) For nursing facility and ICF rates, any annual appropriation may not cause the rates to exceed the  
upper payment limit established by CMS.
- 113 (6) Beginning in fiscal year 2028, each fiscal year base budget shall include an appropriation to the  
department that:

115

## SB0193S01 compared with SB0193S02

(a) is proportional to the amount provided under Subsections (2) through (4) that is contained in the base budget; and

117 (b) is used to ensure that the fiscal year fee-for-service rates increase for ABA services.

118 [~~(5)~~] (7) The appropriations provided to the department for behavioral health plans under this section shall be reduced by the amount contributed by counties in the current fiscal year for behavioral health plans in accordance with Subsections 17-43-201(5)(k) and 17-43-301(6)(a)(x).

122 [~~(6)~~] (8) In order for the department to estimate the impact of Subsections (2) through [~~(4)~~] (6) before identification of the next fiscal year ongoing General Fund revenue estimate, the Governor's Office of Planning and Budget shall, in cooperation with the Office of the Legislative Fiscal Analyst, develop an estimate of ongoing General Fund revenue for the next fiscal year and provide the estimate to the department no later than November 1 of each year.

128 [~~(7)~~] (9) The Office of the Legislative Fiscal Analyst shall include an estimate of the cost of behavioral health services in any state Medicaid funding or savings forecast that is completed in coordination with the department and the Governor's Office of Planning and Budget.

137 Section 2. **Effective date.**

This bill takes effect on May 7, 2025.

2-5-25 7:51 AM