

Social Services Appropriations Subcommittee Meeting

Tuesday, February 6, 2018

Request for Appropriation – Medicaid – Home Health

Purpose of the Appropriation: Request for on-going rate increases for services provided by Utah home health providers to Medicaid patients.

Figure 1: 7-Year History of Medicaid Expenditures to Home Care Providers

Year	# of Home Care Providers	Participation of Home Care Providers (compared to 2014 peak)	Medicaid Reimbursement to Home Care Providers	Total State Medicaid Expenditures (inc. Chip)	Home Care as a % of Medicaid Expenditures	Source *
2011	161	81%	\$ 24,066,946	\$ 1,973,192,200	1.2%	1
2012	183	92%	27,137,500	2,249,424,500	1.2%	2
2013	189	95%	30,611,550	2,269,946,600	1.3%	3
2014	200	100%	21,480,791	2,450,481,100	0.9%	3
2015	186	93%	21,554,727	2,453,770,800	0.9%	3
2016	184	92%	18,493,314	2,677,081,800	0.7%	3
2017	162	81%	20,922,932	2,801,000,500	0.7%	3

* Sources:

1 - https://medicaid.utah.gov/Documents/pdfs/annual%20reports/medicaid%20annual%20reports/MedicaidAnnualReport_2011.pdf

2 - https://medicaid.utah.gov/Documents/pdfs/annual%20reports/medicaid%20annual%20reports/MedicaidAnnualReport_2012.pdf

3 - https://medicaid.utah.gov/Documents/pdfs/annual%20reports/medicaid%20annual%20reports/MedicaidAnnualReport_2017.pdf

Figure 2: History of Most Recent rate increase by Home Care Procedure Billing Codes

Procedure Code	Name/Description	Medicaid Fee Schedule	Last Date of Increase	Notes
		(as of 2 Feb 2018)		
G0154	DIRECT SKILLED NURSING SERVICES OF A LICENSED LPN OR RN	-		
G0299	HHS/HOSPICE OF RN EA 15 MIN	22.72	1/1/2016	Replaced G0154
Q0081	INFUSION THERAPY VISIT(NO CHEMOTHERAPEUTIC DRUGS)	90.85	7/1/2012	
S9122	HH AIDE/CERT NURSE ASSIST,HOME;PER HR	\$ 22.56	7/1/2012	
S9123	NURSING CARE,IN HOME;BY RN,PER HOUR (VISIT)	90.90	7/1/2012	
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	79.47	7/1/2012	
S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	80.66	7/1/2012	
S9131	PHYSICAL THERAPY; IN THE HOME, PER DIEM	80.66	7/1/2012	
T1001	NURSING ASSESSMENT/EVALUATION	100.66	11/1/2015	
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES (HH VISIT)	86.37	10/1/2003	
T1005	RESPIRE CARE SERVICES, UP TO 15 MINUTES (HOUR)	-	1/1/2013	
T1019	PERSONAL CARE SERVICES, PER 15 MIN, OUTPAT,(HOUR)	16.78	7/1/2012	
T1021	HOME HEALTH AIDE OR CERTIF NURSE ASSIST, PER VISIT	39.82	7/1/2012	
T1030	NURSING CARE,IN HOME,BY REGISTERED NURSE,PER DIEM	94.74	7/1/2012	
Source:				
http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php				