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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-09-002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



CENTERS for MEDICARE & MEDICAID SERVICES

Region VIII

March 17, 2010

Mr. Michael T. Hales
Director
Division of Health Care Financing
Utah Department of Health
P.O. Box 144102
Salt Lake City, UT 84114-4102

Re: Utah State Plan Amendment # 09-002

Dear Mr. Hales:

The purpose of this letter is to notify you that Utah's Medicaid State Plan Amendment (SPA) enclosed in Transmittal Number 09-002 was approved on March 10, 2010. This amendment implements the following modifications regarding dental and denture services: (1) fee schedule with 4.5 percent reduction is approved with effective date of May 25, 2009 (page 13 of Attachment 4.19-B); (2) rate adjustment to include the enhancement for services rendered to children and pregnant women is approved with effective date of July 1, 2009 (page 13 of Attachment 4.19-B); and (3) limitation to provide dental and denture services under Utah Medicaid only for pregnant women and individuals covered by the Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) provision is approved with effective date of July 1, 2009 (Attachment #10 to 3.1-A and 3.1-B and Attachment #12b to 3.1-A and 3.1-B).

We are enclosing a copy of the approved CMS-179 form and the approved SPA pages. If you have any questions regarding this amendment, please contact Dee Raisl at (303) 844-2682 or via email at Dee.Raisl@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Craig Devashrayee

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
09-002-UT

2. STATE:
UTAH

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
Effective Dates as Noted on Plan Pages

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.100

7. FEDERAL BUDGET IMPACT:

a. FFY 2009 \$(1,773,396)

b. FFY 2010 \$(6,584,609)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment # 10, Page 1 of Attachments 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment # 10, Page 1 of Attachments 3.1-A and 3.1-B

Attachment #12b, Page 1 of Attachments 3.1-A and 3.1-B
Page 13 of Attachment 4.19-B

Attachment #12b, Page 1 of Attachments 3.1-A and 3.1-B
Page 13 of Attachment 4.19-B

10. SUBJECT OF AMENDMENT:

Dental Services

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

David N. Sundwall, MD

14. TITLE:

Executive Director, Utah Department of Health

15. DATE SUBMITTED:

June 22, 2009

16. RETURN TO:

Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

17. DATE RECEIVED:

06/22/09

18. DATE APPROVED:

03/10/10

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

05/25/09 & 07/01/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

PLAN APPROVED - ONE COPY ATTACHED

DENTAL SERVICES

SERVICE

1. Dental services include diagnostic, preventive and restorative procedures.
2. Dental services are available only to clients who are pregnant women or who are individuals eligible under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.
3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

LIMITATIONS to services are detailed in the Utah Medicaid Dental Provider Manual which may be found at <http://health.utah.gov/medicaid/manuals/directory.php>.

T.N. # 09-002

Approval Date 03/01/09

Supersedes T.N. # 05-007

Effective Date 7-1-09

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T.N. # 09-002

Approval Date 03/10/10

Supersedes T.N. # 05-007

Effective Date 7-1-09

DENTURE SERVICES

SERVICE

1. Denture services are covered and include the fabrication and placement of a complete or partial denture in either arch.
2. Initial placement includes the relining to assure the desired fit.
3. Denture services are available only to clients who are pregnant women or who are individuals eligible under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

LIMITATIONS to services are detailed in the Utah Medicaid Dental Provider Manual which may be found at <http://health.utah.gov/medicaid/manuals/directory.php>.

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M. DENTAL SERVICES AND DENTURES

The dental rates were established by professional judgment, discount from local professional fees, and Medicaid historical data. The State developed fee schedule rates are the same for both governmental and private providers of dental services. The State rates were set as of May 25, 2009 with a 4.5 percent reduction, and are effective for services on or after that date. The State rates are being adjusted July 1, 2009 to include the enhancement for services rendered to children and pregnant women, and are effective for services on or after that date. Payments are based on the established fee schedule unless a lower amount is billed. Providers may access fee schedules at the Utah Medicaid website located at www.health.utah.gov/medicaid.

The annual Medicaid budget requests include inflation factors for dental services based on the Consumer Price Index published by the U.S. Department of Labor Statistics. The actual inflation will be established by the Utah State Legislature based on economic trends and conditions. Consideration will be given to the inflation adjustments given in prior years relative to the Consumer Price Index.

Enhanced Payments

Children and Pregnant Women

Payments for children and pregnant women are at an enhanced reimbursement level of 124% of the established dental fee, effective March 15, 2008 through June 30, 2009, and are in addition to the incentives provided to urban and rural counties below. An example of a payment to a dentist qualifying for both enhanced payments is $((\text{Rate} \times 1.2) \times 1.24)$.

Urban Counties

As an incentive to improve client access to dental services in urban counties (Weber, Davis, Salt Lake, and Utah counties), dental providers (excluding UMAP/state-funded clinics) treating 100 or more clients per year will be reimbursed at billed charges, or 120 percent of the established fee schedule, whichever is less. Also, dentists willing to sign an agreement to see 100 or more clients during the next year will be reimbursed at billed charges, or 120 percent of the established fee schedule, whichever is less.

Rural Counties

As an incentive to improve client access to dental services in rural counties (all counties except Weber, Davis, Salt Lake, and Utah), dental providers in these counties including state-funded clinics will be reimbursed at billed charges, or 120 percent of the established fee schedule, whichever is less.

T.N. # 09-002

Approval Date 03/10/10

Supersedes T.N. # 07-014

Effective Date 5-25-09