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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-15-0019

This file contains the following documents in the order listed:

1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

**TN:** UT-15-0019 **Approval Date:** 06/23/2015 **Effective Date** 07/01/2015

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1961 Stout Street, Room 08-148 Denver, CO 80294



### Region VIII

June 23, 2015

W. David Patton, Ph.D. Utah Department of Health 288 North 1460 West PO Box 143102 Salt Lake City, UT 84114

RE: Utah #15-0019

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0019. This State Plan Amendment increases reimbursement rates for dental services and dentures.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Utah should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

This amendment would affect expenditures reported on Line 8 – Dental Services.

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,

/s/

Trini Hunt Acting Associate Regional Administrator Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT Craig Devashrayee, UT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTHCARE FINANCING ADMINISTRATION
TRANSMITTAL AND NOTICE OF A

FORM APPROVED OMB NO. 0938-0193

	OMB NO. 0938	0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 2. STATE: Utah	
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE S SECURITY ACT (MEDICAID)	OCIA
TO: REGIONAL ADMINISTRATOR HEALTHCARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One)		
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NEW STATE PLAN AMENDMENT	TO BE CONSIDERED AS NEW PLAN AMENDME	VT
2 STATE OF THE PEOORS OF THRU TO IT I HIS IS	AN AMENDMENT (Separate Transmittal for each amendment)	it)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.100	a. SFY <u>2016</u> +\$ <u>1,803,400</u> b. SFY <u>2017</u> +\$ <u>1,803,400</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Page 13 of ATTACHMENT 4.19-B	OR ATTACHMENT (If Applicable)	
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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 July 1, 2015, 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.

#### **Enhanced Payments**

#### **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 state-funded clinics) willing to sign an agreement to see 100 or more clients during the next year will be reimbursed at the lesser of billed charges or 120 percent of the established fee schedule.

#### **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 the lesser of billed charges or 120 percent of the established fee schedule.