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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-16-0024

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

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



Region VIII

September 15, 2016

Joseph K. Miner, M.D., MSPH, Executive Director
Utah Department of Health
P.O. Box 141000
Salt Lake City, UT 84114-1000

RE: Utah #16-0024

Dear Dr. Miner:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0024. This State Plan Amendment adds a fee-for-service supplemental payment to pediatric dental providers in accordance with legislative appropriations for pediatric dental services.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2016. We are enclosing the CMS-179 and the amended plan page(s).

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

Sincerely,



Trinia J. Hunt
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Nathan Checketts, Acting Medicaid Director, UT
Craig Devashrayee, UT

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

- | | |
|--|-------------------|
| 1. TRANSMITTAL NUMBER:
16-0024-UT | 2. STATE:
Utah |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE
July 1, 2016 | |

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

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. SFY 2017 \$+481,600
b. SFY 2018 \$+481,600

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 13 of ATTACHMENT 4.19-B
Page 13a of ATTACHMENT 4.19-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Page 13 of ATTACHMENT 4.19-B

10. SUBJECT OF AMENDMENT: Pediatric Dental Fee

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Joseph K. Miner, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: June 24, 2016

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
June 24, 2016

18. DATE APPROVED
September 15, 2016

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Trinia J. Hunt

22. TITLE
Acting ARA, DMCHO

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

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, 2016, 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 <https://medicaid.utah.gov>.

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.

T.N. # 16-0024

Approval Date 9/15/16

Supersedes T.N. # 15-0019

Effective Date 7-1-16

M. DENTAL SERVICES AND DENTURES (Cont.)

Supplemental Payments

These supplemental payments will be calculated each year by using State Funds equal to \$684,890. That amount will be used to generate additional matching Federal Funds. The State Funds and the matching Federal Funds combined will equal the Total Amount that will be distributed. The matching Federal Funds will be determined by the FMAP Rate for the then current period. The calculation for the matching Federal Funds = (State Funds Amount / (1 – FMAP Rate) X FMAP Rate).

Supplemental payments will be distributed annually, typically between April 1 and June 30, in accordance with the calculated distribution amounts.

The supplemental payment pool is distributed based upon the proportion each then currently enrolled pediatric dental care provider received in Medicaid paid claims from the previous April 1 through March 31 period (period of interest). The supplemental payment will be based on a provider's percentage of total Medicaid reimbursement to pediatric dental providers in the period of interest. The following example is for illustrative purposes only:

Supplemental Payment Pool:			\$100.00
Pediatric Dental Provider	Paid Claims in Period of Interest	Proportion	Supplemental Payment
A	\$1,000	66.7%	\$66.67
B	\$300	20.0%	\$20.00
C	\$200	13.3%	\$13.33
Total	\$1,500	100.0%	\$100.00

T.N. # 16-0024

Approval Date 9/15/16

Supersedes T.N. # New

Effective Date 7-1-16