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Territory Name: MICHIGAN

State Plan Amendment (SPA) #: 23-0002

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 22, 2023

Ms. Farah Hanley
Medicaid Director
Medical Services Administrations
400 South Pine Street 7th Floor
Lansing, MI 48933-2250

RE: TN 23-0002

Dear Ms. Hanley:

We have reviewed the proposed Michigan State Plan Amendment (SPA) to Attachment 4.19-B MI-23-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 3, 2023. This plan amendment updates Dental Rates for 2023.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-(312)-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

23 — 0002

2. STATE

MI

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

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3. PROPOSED EFFECTIVE DATE

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. Part 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$17,994,600

b. FFY 2024 \$18,380,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 12

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 PAGE NUMBER OF THE SUPERSEDED PLAN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

Attachment 4.19-B, Page 12

(TN# 09-15)

9. SUBJECT OF AMENDMENT

This SPA provides authority to implement a new reimbursement methodology for Medicaid dental services.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

11. TYPED NAME

Farah Hanley

12. TITLE

Chief Deputy Director for Health

13. DATE SUBMITTED

January 3, 2023

15. RETURN TO

Behavioral and Physical Health and Aging Services
Administration

Office of Strategic Partnerships & Medicaid Administrative
Services – Federal Liaison

Capitol Commons Center – 7th Floor
400 South Pine

Lansing, Michigan 48933

Attn: Erin Black

FOR CMS USE ONLY

16. DATE RECEIVED

January 3, 2023

17. DATE APPROVED

March 22, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
Other than Inpatient Hospital and Long-Term-Care Facilities***

19. Dental Services

Program fee screens are set at the average commercial rate for Medicaid Dental Services. The average commercial rate is determined by MDHHS staff through information supplied by commercial dental insurers. If this information is not available from commercial carriers, MDHHS will utilize other sources to determine the rate such as a comparison to similar codes, cost analyses of the particular service, or Medicare information if available. Dental Services fee schedule rates were set as of January 1, 2023 and are effective for services provided on or after that date. All rates are reviewed and updated annually and are published on the MDHHS web site at www.michigan.gov/medicaidproviders.

Providers are reimbursed the lesser of the Medicaid payment rate or the provider's usual and customary charge minus any third party payment. The provider's usual and customary charge is the fee most frequently charged to patients. The payment rate is uniform for private and governmental providers.

TN NO.: 23-0002

Approval Date: March 22, 2023

Effective Date: 1/01/2023

Supersedes

TN No.: 09-15