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State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-17-0016

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

May 15, 2017

Nathan Checketts, Medicaid Director Utah Department of Health P.O. Box 141000 Salt Lake City, UT 84114-1000

RE: Utah #17-0016

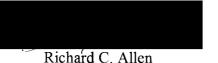
Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0016. This State Plan Amendment updates the effective date of rates for dental services and dentures to July 1, 2017.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2017. 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,



Associate Regional Administrator Division for Medicaid & Children's Health Operations

cc: John Curless, UT Craig Devashrayee, UT

		FORM APPROVED OMB NO. 0938-0193
RANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL OR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 17-0016-UT	2. STATE: Utah
	3. PROGRAM IDENTIFICATION SECURITY ACT (MEDICAID)	TITLE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR HEALTHCARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2017	
i. TYPE OF PLAN MATERIAL (Check One)		
	TO BE CONSIDERED AS NEW PLA	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS	S AN AMENDMENT (Separate Transn	nittal for each amendment)
3. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> \$ <u>0</u> b. FFY <u>2018</u> \$ <u>0</u>	
42 CFR 440.100		
3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Page 13 of ATTACHMENT 4.19-B	Page 13 of ATTACHMENT 4.19-B	
10. SUBJECT OF AMENDMENT: Reimbursement for Dental Se	ervices and Dentures	
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 SUBMIT	OTHER, AS SPEC	IFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENCT OFFICIAL.	Craig Devashrayee, Manager Technical Writing Unit Utah Department of Heath PO Box 143102 Salt Lake City, UT 84114-3102	
13. TYPED NAME. Nate Checketts		
13. THED MANE, Nate Oncoletta		
14. TITLE: Deputy Director, Utah Department of Health		
15. DATE SUBMITTED: March 31, 2017		
16		
17 DATE RECEIVED	18 DATE APPROVED	ner ander ander Ander ander and Ander ander and
March 31, 2017	May 15	. 2017
9 EFFECTIVE DATE OF APPROVED MATERIAL	a na shekara na sa	
(1) A second s second second sec second second s Second second se Second second sec		
July 1, 2017 1. TYPED NAME		
		\mathbf{r}
Richard C. Allen	ARA, DMCHO DNE COPY ATTACHED	
3. REMARKS		

M. DENTAL SERVICES AND DENTURES

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. Payment will be based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page. These rates are published at

http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php.

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. # _____ 17-0016

Approval Date 5/15/17

Supersedes T.N. # 16-0024

Effective Date 7-1-17