MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Elizabeth Pitts

Phone Number: 517-284-0842

Initial ☐ Public Comment ☒ Final ☐

Brief description of policy:

Effective June 1, 2024, the previous Frequency Verification Process that required providers to obtain a service request number will end. Providers must utilize the new Dental Frequency Verification function located in the Community Health Automated Medicaid Processing System (CHAMPS) to ensure the beneficiary is eligible for a crown, complete denture or partial denture per the five-year rule prior to rendering service.

Reason for policy (problem being addressed):

This policy will help reduce provider wait times for determining beneficiary eligibility for crown, complete denture or partial denture services.

Budget implication:

☒ budget neutral
☐ will cost MDHHS $, and (select one) budgeted in current appropriation
☐ will save MDHHS $

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

Yes, Provider Support.

Does policy have operational implications on other departments?

No.

Summary of input:

☐ controversial (Explain)
☒ acceptable to most/all groups
☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: ☐ Yes ☒ No If Yes, please provide status: ☐ Approved ☐ Pending ☐ Denied Date: Approval Date:	Public Notice Required: ☐ Yes ☒ No If yes, Submission Date:

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2403-Dental	**Date:** February 16, 2024

Comments Due: March 22, 2024
Proposed Effective Date: June 1, 2024
Direct Comments To: Elizabeth Pitts
Address:
E-Mail Address: pittse@michigan.gov
Phone: 517-284-0842 **Fax:**

Policy Subject: Changes to Dental Frequency Verification Process

Affected Programs: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, MI Health Link

Distribution: Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Integrated Care Organizations, Federally Qualified Health Centers, Tribal Health Centers, Local Health Departments, Program of All-Inclusive Care for the Elderly (PACE) Providers

Summary: Effective June 1, 2024, the previous Frequency Verification Process that required providers to obtain a service request number will end. Service request numbers approved prior to June 1, 2024, and the claim is not submitted on or before May 31, 2024, will no longer be valid. Providers must utilize the new Dental Frequency Verification function located in the Community Health Automated Medicaid Processing System (CHAMPS) to ensure the beneficiary is eligible for a crown, complete denture or partial denture per the five-year rule prior to rendering service.

Purpose: This policy will help reduce provider wait times for determining beneficiary eligibility for crown, complete denture or partial denture services.

Cost Implications: Budget neutral.

Potential Hearings & Appeal Issues: N/A

State Plan Amendment Required: Yes ☐ **No** ☒ **If yes, date submitted:**	**Public Notice Required: Yes** ☐ **No** ☒ **Submitted date:**

Tribal Notification: Yes ☐ **No** ☒ **- Date:**

THIS SECTION COMPLETED BY RECEIVER

☐ **Approved**	☐ **No Comments**
	☐ **See Comments Below**
☐ **Disapproved**	☐ **See Comments in Text**

Signature:	**Phone Number**

Signature Printed:	
Bureau/Administration *(please print)*	**Date**

Comment001 **Revised 6/16**

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Dentists, Dental Clinics, Dental Health Plans, Medicaid Health Plans, Integrated Care Organizations, Federally Qualified Health Centers, Tribal Health Centers, Local Health Departments, Program of All-Inclusive Care for the Elderly (PACE) Providers

Issued: May 1, 2024 (Proposed)

Subject: Changes to Dental Frequency Verification Process

Effective: June 1, 2024 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, MI Health Link

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. MHPs and ICOs may develop prior authorization (PA) requirements and review criteria that differ from Medicaid requirements. For beneficiaries enrolled in an MHP or ICO, the provider must check with the beneficiary's health plan for PA requirements.

Changes to Dental Frequency Verification Process

Effective June 1, 2024, the previous Dental Frequency Verification Process that required providers to obtain a service request number through emailing Provider Support will end. Service request numbers approved prior to June 1, 2024 will no longer be valid for claims submitted on or after June 1, 2024. Providers must utilize the new Dental Frequency Verification function located in the Community Health Automated Medicaid Processing System (CHAMPS) to ensure the beneficiary is eligible for a crown, complete denture or partial denture per the five-year rule prior to rendering service.

Providers can access instructions to the verification process here: Dental Frequency Verification.

It is the provider's responsibility to verify the five-year rule before providing service and retain documentation of the screenshot in CHAMPS and the date of the response in the beneficiary's dental record. Failure to complete the verification process may result in denied claims.

Frequency verification approval does not guarantee beneficiary eligibility or payment. Prior to rendering services, the provider is responsible for verifying the beneficiary's Medicaid eligibility on each date of service. Refer to the Verifying Beneficiary Eligibility section of the Beneficiary Eligibility chapter for additional information.

The provider cannot bill the beneficiary for services rendered. Refer to the General Information for Providers chapter of the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual, Billing Beneficiaries section for additional information.