MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.

Director, Program Policy Division
Bureau of Medicaid Policy, Operations, and Actuarial Services

Project Number:	2403-Dental	**Comments Due:**	March 22, 2024	**Proposed Effective Date:**	June 1, 2024

Mail Comments to: Elizabeth Pitts

Telephone Number: 517-284-0842 **Fax Number:**
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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

Policy 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.

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.