

PUBLIC NOTICE

February 29, 2016

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given to the submission of a Medicaid State Plan Amendment (SPA). Effective July 1, 2016, the Division of Medicaid, in the Office of the Governor, is revising the reimbursement methodology for Dental and Orthodontic Services, our Transmittal #16-0006.

1. Mississippi Medicaid SPA#16-0006 Dental and Orthodontic Reimbursement proposes:
 - a) To revise the reimbursement methodology for dental and orthodontic services as follows:
The statewide uniform fee schedule will be calculated based on fees obtained annually from the National Dental Advisory Service (NDAS) pricing program effective:
 1. July 1, 2016, at the fortieth (40th) percentile,
 2. July 1, 2017, at the fiftieth (50th) percentile,
 3. July 1, 2018, at the sixtieth (60th) percentile, and
 4. July 1, 2019, and years thereafter, at the seventieth (70th) percentile.If a fee cannot be obtained from the NDAS, the Division of Medicaid will contract with an independent dental or orthodontic consultant, licensed in the state of Mississippi, to calculate a fee using regional market research of a comparable service.
 - b) Removes the dollar limit for medically necessary dental services. Medical necessity and prior authorization requirements remain unchanged.
 - c) SPA 16-0006 also removes language excluding dental services for pregnant women and beneficiaries enrolled in the Healthier Mississippi Waiver (HMW).
2. The proposed SPA is estimated to result in increased federal Medicaid expenditures of approximately \$13,310,595 for federal fiscal year (FFY) 2016 and \$54,828,268 for FFY2017. The estimated increase in state dollars is \$18,211,666 for state fiscal year (SFY) 2017 and then an additional estimated ten percent (10%) increase of \$1,707,439 for SFY2018 through SFY2020. These estimates were calculated by multiplying the average units paid for dental and orthodontic services during SFY 2013, 2014 and 2015 by the proposed fee in the respective SFY and taking the difference from the previous year's estimated annual payments.
3. The Division of Medicaid is revising the reimbursement methodology for dental and orthodontic services as authorized by Miss. Code Ann. 43-13-117.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.
6. A public hearing on this SPA will not be held.

State of Mississippi
DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE
AND SERVICES PROVIDED

10. Dental Services

The Division of Medicaid covers medically necessary dental services for beneficiaries age twenty-one (21) and over that:

- a) Are an adjunct to treatment of an acute medical or surgical condition,
- b) Include services of oral surgeons and dentists in connection with surgery related to the jaw or any structure contiguous to the jaw or the reduction of any fracture of the jaw or any facial bone, and
- c) Include emergency dental extractions and treatment.

The Division of Medicaid requires prior authorization, except for emergencies, for certain medically necessary dental services by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity for beneficiaries age twenty-one (21) and over.

The Division of Medicaid covers medically necessary dental services for beneficiaries under age twenty-one (21) including:

- a) Diagnostic,
- b) Preventive,
- c) Therapeutic,
- d) Emergency, and
- e) Orthodontic services.

Orthodontic Services:

Orthodontic services are covered when prior authorized as medically necessary by a utilization management/quality improvement organization (UM/QIO), the Division of Medicaid, or designated entity for beneficiaries under age twenty-one (21).

Dentures:

Dentures are covered when prior authorized as medically necessary by a UM/QIO, the Division of Medicaid, or designated entity for beneficiaries under age twenty-one (21).

State of Mississippi
DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE
AND SERVICES PROVIDED

10. Dental Services:

~~The Division of Medicaid covers medically necessary dental services for Adults (beneficiaries age twenty-one (21) and over):~~

~~Dental care that:~~

~~a) is~~ Are an adjunct to treatment of an acute medical or surgical condition;

~~b) Include~~ services of oral surgeons and dentists in connection with surgery related to the jaw or any structure contiguous to the jaw or the reduction of any fracture of the jaw or any facial bone; and

~~c) Include~~ emergency dental extractions and treatment, ~~related thereto are covered services.~~

~~The Division of Medicaid requires prior authorization, except for emergencies, for certain medically necessary dental services by a Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity for beneficiaries age twenty-one (21) and over.~~

~~Children (beneficiaries under age twenty one (21):~~ The Division of Medicaid covers medically necessary dental services for ~~are a necessary component of overall health services provided to children beneficiaries under age twenty-one (21) who are eligible for services. Beneficiaries under age twenty one (21) are eligible for medically necessary dental services, including:~~

~~a) d~~Diagnostic,

~~b) p~~Preventive,

~~c) t~~Therapeutic,

~~d) e~~Emergency, and

~~e) o~~Orthodontic services.

Dental Services Benefit Limits:

~~For dates of service beginning July 1, 2007, dental services, (except orthodontia) are limited to \$2,500 per beneficiary per fiscal year. Additional dental services in excess of the \$2,500 annual limit may be provided with prior approval from the Division of Medicaid.~~

Orthodontiac Services:

~~Orthodontiac services are covered with when prior approval authorization as medically necessary by a utilization management/quality improvement organization (UM/QIO), the Division of Medicaid , or designated entity for beneficiaries under age twenty-one (21) only. Orthodontia-related services are limited to \$4,200 per beneficiary per lifetime. Additional dental services in excess of the \$4,200 lifetime limit may be provided with prior approval from the Division of Medicaid.~~

Dentures:

~~Dentures may be are covered for beneficiaries under age twenty one (21) with when prior authorization as medically necessary by a UM/QIO, the Division of Medicaid, or designated entity approval for beneficiaries under age twenty-one (21).~~

Medicaid Eligibles Not Covered for Dental Benefits: The following Medicaid eligibles are not covered for dental benefits:

- ~~• Women who are eligible for Medicaid only because of pregnancy (pregnancy related eligibles) and who are age twenty one (21) or older;~~

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- ~~• Beneficiaries in the Healthier Mississippi Waiver who are age twenty one (21) or older;
The Division of Medicaid does not covers dental services for Medicare beneficiaries unless they are who are
not eligible for full Medicaid benefits.~~

State of Mississippi
Methods and Standards For Establishing Payment Rates-Other Types of Care

Dental and Orthodontic Services – Effective for dates of service beginning July 1, 2016, payment for dental services is the lesser of the provider’s usual and customary charge or a fee from a statewide uniform fee schedule updated July 1 of each year and is effective for services provided on or after July 1. The statewide uniform fee schedule will be calculated based on fees obtained annually from the National Dental Advisory Service (NDAS) pricing program effective:

1. July 1, 2016, at the fortieth (40th) percentile.
2. July 1, 2017, at the fiftieth (50th) percentile.
3. July 1, 2018, at the sixtieth (60th) percentile, and
4. July 1, 2019 and years thereafter at the seventieth (70th) percentile.

If a fee cannot be obtained from the NDAS, the Division of Medicaid will contract with an independent dental or orthodontic consultant, licensed in the state of Mississippi, to calculate a fee using regional market research of a comparable service. All fees are published on the agency’s website at www.medicaid.ms.gov/FeeScheduleLists.aspx.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services.

Medically necessary dental services for EPSDT eligible beneficiaries which exceed the scope for Medicaid beneficiaries as covered in this Plan are reimbursed according to the methodology in the above paragraphs.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the total allowed amount for all services on a claim. The published fee does not include the five percent (5%) reduction.

State of Mississippi
Methods and Standards For Establishing Payment Rates-Other Types of Care

Dental and Orthodontic Services – Effective for dates of service beginning July 1, 2016, payment for dental services is the lesser of the provider’s usual and customary charge or a fee from a statewide uniform Ffee schedule updated July 1 of each year and is effective for services provided on or after July 1. The statewide uniform fee schedule will be calculated based on fees obtained annually from the National Dental Advisory Service (NDAS) pricing program effective:

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3. July 1, 2018, at the sixtieth (60th) percentile, and
4. July 1, 2019, and years thereafter, at the seventieth (70th) percentile.

If a fee cannot be obtained from the NDAS, the Division of Medicaid will contract with an independent dental or orthodontic consultant, licensed in the state of Mississippi, to calculate a fee using regional market research of a comparable service. All fees are published on the agency’s website at www.medicaid.ms.gov/FeeScheduleLists.aspx.

~~Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to both governmental and non governmental providers for any service by five percent (5%) of the allowed amount for that service. The published fee does not include the five percent (5%) reduction.~~

~~Dental Services – Effective for dates of service beginning July 1, 2007, the fee schedule shall provide for a fee for each dental service that is equal to a percentile of normal and customary private provider fees, as defined by the Ingenix® Customized Fee Analyzer Report, which percentile shall be determined by the Division. The fee schedule shall be reviewed annually by the Division, and dental fees shall be adjusted each July based on service utilization data for the previous fiscal year, an updated Ingenix® Customized Fee Analyzer Report, and state budgeted amounts in order to meet requirements for a balanced budget. Dental providers will be reimbursed the provider's charge or the allowed fee for the procedure, whichever is less.~~

~~The Ingenix® Customized Fee Analyzer Report is a commercially available product produced by Ingenix®, a health care industry information company located at 2525 Lake Park Boulevard, West Valley City, Utah 84120. The Ingenix® Dental Customized Fee Analyzer Report is compiled by the company through collecting charge data from insurance per clients across the country. The Report then organizes the data into percentiles – 50th, 60th, 75th, 80th, and 95th. A fee at the 50th percentile indicates that 50 percent of submitted charges for that service in the database are equal to or higher than the fee listed. The Report is also customized by arraying the data by geozips. Comparing a fee or charge in the Report indicates how that amount stands in relation to fees from other providers in the geozip area~~

~~Use of the Ingenix® Customized Fee Analyzer Report is intended to provide a benchmark for dental charges in Mississippi in order to set fair and reasonable fees for dental services.~~

State of Mississippi
Methods and Standards For Establishing Payment Rates-Other Types of Care

~~Mississippi Medicaid purchased the Report for geozip 392xx, which includes the Hinds and Rankin County areas that constitute the largest metropolitan area in the state and the largest number of dental providers. All dental fees will be set based on this Report and dentists statewide would be reimbursed using the same fee methodology.~~

~~The state will use the following process to determine the percentile and percentage reduction on an annual basis:~~

- ~~• The annual fee determination will be done each July, consistent with the state's fiscal year;~~
- ~~• The state will determine the total expenditures for dental services from the previous fiscal year;~~
- ~~• The portion of state funds from the total expenditures will be calculated based on the FFP rate for the previous fiscal year;~~
- ~~• The amount of state funds will be increased by ten percent (10%) and this amount will be added to the previous fiscal year dental expenditure total to give the expenditure total expected to be paid for the upcoming fiscal year;~~

- ~~• The percentile and percentage reduction will be determined by adjusting the allowed fee for each dental procedure code so that expected expenditures will equal approximately the total expenditures plus a ten percent increase over the state's share for the previous fiscal year.~~

~~The state will publish the annual percentile and annual percentage amount of the reduction for dental fees on the DOM web site at www.dom.state.ms.us. The dental fee schedule will be posted on the DOM web site and the fiscal agent web portal for providers.~~

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of dental services.

Medically necessary ~~D~~dental services for EPSDT eligible beneficiaries (~~beneficiaries under age twenty-one (21))~~ which exceed the ~~limitations and~~ scope for Medicaid beneficiaries as covered in this Plan are reimbursed according to the methodology in the above paragraphs, if deemed medically necessary.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the total allowed amount for all services on a claim. The published fee does not include the five percent (5%) reduction.