

PUBLIC NOTICE

June 30, 2021

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 21-0032 Dental and Orthodontic Services. The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective July 1, 2021, contingent upon approval from CMS, our Transmittal #21-0032.

1. State Plan Amendment (SPA) 21-0032 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees for dental and orthodontic services the same as those effective for State Fiscal Year (SFY) 2021, except for a five percent (5%) rate increase for diagnostic and preventative services in SFY 2022, 2023 and 2024, and 2) remove the five percent (5%) reimbursement reduction for all other dental services effective July 1, 2021.
2. The total estimated economic impact for this SPA is \$9,687,168. The five percent (5%) rate increase for diagnostic and preventative services is an increase in expenditures in federal funds of \$614,303 for FFY21 and \$4,737,446 for FFY22 and in state funds of \$468,040 for SFY22 and \$1,259,321 for SFY23. The estimated impact for the removal of the five percent (5%) reduction is an increase in total expenditures of \$765,149 which is an increase in expenditures in state funds of \$122,424 in SFY22 and in federal funds of \$160,681 in FFY21 and \$482,043 in FFY22.
3. These changes are being made to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799, effective July 1, 2021. Additional authority: Miss. Code § 43-13-121. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. § 447.201 which requires all policy and methods used in setting payment rates for services be included in the State Plan.
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. A hard copy can be downloaded and printed from www.medicaid.ms.gov, or requested at 601-359-2081 or by emailing at Margaret.Wilson@medicaid.ms.gov.
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
Methods and Standards For Establishing Payment Rates-Other Types of Care

Dental and Orthodontic Services - Payment for dental services is the lesser of:

1. The provider's usual and customary charge,
2. A fee from the Mississippi Medicaid statewide uniform dental fee schedule in effect July 1, 2018.
3. The fiftieth (50th) percentile fee reflected in the 2019 National Dental Advisory Service (NDAS) Fee Report, or
4. The fiftieth (50th) percentile fee reflected in the most current NDAS Fee Report for any new dental or orthodontic services not previously priced.

Once a dental or orthodontic service has been assigned a fee using the methodology above, that dental or orthodontic service will not be repriced. When a dental or orthodontic services Current Dental Terminology (CDT) code is discontinued and replaced with a new CDT code, the new CDT code will not be repriced. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

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. Effective as of July 1, 2021 all rates and/or fees for services will remain the same as those in effect for State Fiscal Year (SFY) 2021, except for diagnostic and preventative services. Diagnostic and preventative services will increase in each of the SFY 2022, 2023 and 2024 by five percent (5%) above the amount of the reimbursement rate for the previous SFY.

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.

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

Dental and Orthodontic Services - Payment for dental services is the lesser of:

1. The provider's usual and customary charge,
2. A fee from the Mississippi Medicaid statewide uniform dental fee schedule in effect July 1, 2018.
3. The fiftieth (50th) percentile fee reflected in the 2019 National Dental Advisory Service (NDAS) Fee Report, or
4. The fiftieth (50th) percentile fee reflected in the most current NDAS Fee Report for any new dental or orthodontic services not previously priced.

Once a dental or orthodontic service has been assigned a fee using the methodology above, that dental or orthodontic service will not be repriced. When a dental or orthodontic services Current Dental Terminology (CDT) code is discontinued and replaced with a new CDT code, the new CDT code will not be repriced. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

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. Effective as of July 1, 2021 all rates and/or fees for services will remain the same as those in effect for State Fiscal Year (SFY) 2021, except for diagnostic and preventative services. Diagnostic and preventative services will increase in each of the SFY 2022, 2023 and 2024 by five percent (5%) above the amount of the reimbursement rate for the previous SFY.

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.

~~The Division of Medicaid will 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 five percent (5%) reduction has been in place since July 1, 2002 and the fee schedule already incorporates the five percent (5%) reduction. The federal match will be paid based on the reduced amount.~~

TN No. ~~20-0028~~ 21-0032

Date Received _____

Supercedes

Date Approved _____

TN No. ~~19-0010~~ 20-0028

Date Effective: 07/01/2021