

# 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) 21-0045 Dentures. 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 #21-0045.

1. State Plan Amendment (SPA) 21-0045 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees for dentures for EPSDT recipients the same as those effective for State Fiscal Year (SFY) 2021, and 2) remove the five percent (5%) reimbursement reduction effective July 1, 2021, to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799.
2. The estimated annual aggregate expenditures of the Division of Medicaid are included in SPA 21-0032 Dental Services.
3. 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](http://www.medicaid.ms.gov), or requested at 601-359-2081 or by emailing at [Margaret.Wilson@medicaid.ms.gov](mailto: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](mailto: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](http://www.medicaid.ms.gov).
6. A public hearing on this SPA will not be held.

STATE: Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

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Dentures for EPSDT recipients, if medically necessary, are reimbursed according to the Mississippi Medicaid statewide fee schedule for dental services. Effective July 1, 2021, fees will remain the same as those effective for State Fiscal Year (SFY) 2021.

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TN # 21-0045  
Supersedes  
TN # 2002-06

Date Approved \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Effective 07/01/2021 \_\_\_\_\_

STATE: Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

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Dentures for EPSDT recipients, if medically necessary, are reimbursed according to the Mississippi Medicaid statewide fee schedule for dental services. Effective July 1, 2021, fees will remain the same as those effective for State Fiscal Year (SFY) 2021.

~~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 allowed amount for that service.~~

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TN # ~~2002-06-21-0045~~

Supersedes

TN # 92-11-2002-06

Date Approved \_\_\_\_\_

Date Received \_\_\_\_\_

Date Effective 07/01/2021