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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 19-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303



Atlanta Regional Operations Group

May 9, 2019

Mr. Drew Snyder, Executive Director
Mississippi Division of Medicaid
Attention: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

Re: Mississippi State Plan Amendment, Transmittal # 19-0010

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment 19-0010, which was submitted to the Atlanta Regional Office on March 28, 2019. The SPA was submitted to allow the Mississippi Division of Medicaid to revise the reimbursement methodology for dental and orthodontic services.

Based on the information provided, the Medicaid State Plan Amendment MS-19-0010 was approved on May 9, 2019. The effective date of this amendment is March 1, 2019. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at 404-562-7409 or by email at Tandra.Hodges@cms.hhs.gov or Shelia Brady at 601-212-4659 or by email at Shelia.Brady@cms.hhs.gov.

Sincerely,

/s/

Shantrina D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations South

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 19-0010	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE 03/01/2019
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 430.12	7. FEDERAL BUDGET IMPACT: FFY 19: (\$9,987) FFY 20: (\$17,120)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Exhibit 10, Page 1 Attachment 4.19-B, Page 10	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Exhibit 10, Page 1 Attachment 4.19-B, Page 10

10. SUBJECT OF AMENDMENT:

To revise the reimbursement methodology for dental and orthodontic services, and remove language excluding dental services for pregnant women as required by the Affordable Care Act (ACA) and beneficiaries enrolled in the Healthier Mississippi Waiver (HMW) as required by the 2014 waiver renewal.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: Drew L. Snyder	
14. TITLE: Executive Director	
15. DATE SUBMITTED: March 28, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/28/19	18. DATE APPROVED: 05/09/19
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/19	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Deputy Director Division of Medicaid Field Operations South

23. REMARKS: Approved with the following changes to block #9 as authorized by state agency on email dated 05/03/19.

Block# 9 changed to read: Attachment 3.1-A, Exhibit 10, page 1; Attachment 4.19-B, page 10 and remove duplicate 4.19-B second page 10 from the complete state plan.

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 non-Early and Period Screening, Diagnostic and Treatment (EPSDT)-eligible beneficiaries 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 the Division of Medicaid's Utilization Review/Quality Improvement Organization (UM/QIO) or a contracted Coordinated Care Organization's (CCO's) UM/QIO for non-EPSDT beneficiaries.

The Division of Medicaid covers medically necessary dental services for EPSDT-eligible beneficiaries including:

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

Dental 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 authorization from the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO.

Orthodontic Services:

Orthodontic services are covered when medically necessary and prior authorized by the Division of Medicaid or designated entity for EPSDT-eligible beneficiaries. 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 authorization from the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO.

Dentures:

Dentures are covered when medically necessary and prior authorized by the Division of Medicaid's UM/QIO or a contracted CCO's UM/QIO for EPSDT-eligible beneficiaries.

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, or
3. The fiftieth (50th) percentile fee reflected in the 2019 National Dental Advisory Service (NDAS) Fee Report.

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. The Division of Medicaid's fee schedule rate was set as of March 1, 2019, and is effective for services provided on or after that date. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

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, 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 published fees do not include the five percent (5%) reduction.