

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**06/30/2022 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND MEDICAID
STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

Adult Dental Services Rate Increase

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to update Rhode Island's Medicaid State Plan to increase rates for adult dental services. These rates are being increased to promote access to dental care for adults.

These changes are proposed to take effect on July 1, 2022. The projected fiscal impact for SFY23 is \$8,148,000 All Funds.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-1501 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by July 30, 2022 to Katy Thomas, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Kathryn.thomas@ohhs.ri.gov or via phone at (401) 462-2598.

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within ten (10) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

Original signed by Ana Novais, Acting Secretary, Rhode Island Executive Office of Health and Human Services
Signed this 30th day of June, 2022

with a modifier. Note: Some claims may have two modifiers if the client meets the high acuity determination and the service is provided evenings, nights, weekends or holidays.

- h. Dental services: on the basis of a negotiated fee schedule. Effective ~~December~~ July 1, 2021 dental services will be paid either:

On the basis of a negotiated fee schedule that can be found here: <https://eohhs.ri.gov/providers-partners/fee-schedules> or;

As a bundled encounter payment or negotiated reimbursement rate. A bundled payment or negotiated reimbursement rate is paid when the following requirements are met:

A dental service provider must meet the certification standards established by EOHHS for Medicaid Dental Services in order to provide mobile dental services and receive a bundled payment or negotiated reimbursement rate for services rendered.

The following services and facility fee are part of a bundled payment or negotiated rate per specific billing codes listed here

<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/Portals/0/Uploads/Documents/dental.pdf>.

Diagnostic services

Radiographs/Diagnostic Imaging includes transmission of diagnostic information and review by a dentist at a separate site if applicable.

Preventive procedures including dental prophylaxis of natural teeth and/or dentures, application of fluoride varnish, caries-arresting medicament application, oral hygiene instruction, nutrition counseling.

Palliative (emergency) treatment of dental pain-minor procedure Procedures which fall outside of bundled encounter payment or negotiated reimbursement rate should be billed using the negotiated fee schedule codes and rates found here: <https://eohhs.ri.gov/providers-partners/fee-schedules>.

- i. Prescribed drugs, dentures, prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by the optometrist, whichever the individual may select.

(l) Outpatient and Specialty Drugs Dispensing Fee and Ingredient Cost a, Payment for covered outpatient and specialty drugs dispensed to beneficiaries residing in the community includes the drug's ingredient cost plus an \$8.96 professional dispensing fee For drugs reimbursed at the providers' usual and customary charge to the public, there will be no professional dispensing fee added.

b. Payment for outpatient and specialty drugs dispensed to beneficiaries residing in an institutional long-term care facility will include the drug ingredient cost plus a \$7.90 professional dispensing fee. For drugs reimbursed at the providers' usual and customary charge to the public, there will be no professional dispensing fee added.

c. The drug ingredient cost reimbursement shall be the lowest of:

i. The National Average Drug Acquisition Cost (NADAC); or

ii. Wholesale Acquisition Cost (WAC) + 0%; or

iii. The Federal Upper Limit (FUL)•, or

iv. The State Maximum Allowed Cost (SMAC); or

v. First Data Bank Consolidated Price 2 (SWD) — 19%; or

vi. Submitted price; or

vii. The providers' usual and customa1'Y (U & C) charge to the public, as identified by the claim charge.

TN # 22-00XX

Supersedes

TN # 21-0021

Approved: _____

Effective: July 1, 2022

- (2) Clotting factor from specialty pharmacies, hemophilia treatment centers (HTC) and Centers of Excellence,
 - a. Payment for clotting factor from specialty pharmacies, hemophilia treatment centers (HTC) and