STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

11/16/2021 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:

Bundled Payments and Negotiated Reimbursement Rates for Mobile Dental Services

EOHHS is seeking approval from the Centers for Medicare and Medicaid Services (CMS) to update the Rhode Island's Medicaid State Plan to codify alternative payment methodologies for Medicaid mobile dental services. The amendment also details the state level certification, provider requirements and allowable dental services requirements to receive a bundled payment or negotiated reimbursement rate for mobile dental services.

These changes are proposed to take effect on December 1, 2021. No fiscal impact is anticipated.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-2598 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by December 16, 2021 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: Womazetta Jones, Secretary,
Signed this 15th day of November, 2021

Proposed Revisions to State Plan Pages

with a modifier. Note: Some claims may have two modifier's 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 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 rate reimbursement 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 bundle 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 feet 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.

(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

Centers of Excellence will include the drug ingredient cost plus $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 included.

b. 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 State Maximum Allowed Cost (SMAC); or
   iv. First Data Bank Consolidated Price 2 (SWD) - 19%; or
   v. Submitted price; or
   vi. The providers' usual and customary (U & C) charge to the public, as identified by the claim charge.

(3)340B Covered Entities

340B covered entities that fill Medicaid beneficiaries' prescriptions with drugs purchased at the prices authorized under Section 340B of the Public Health Services Act will be reimbursed at the actual acquisition cost for the drug plus a $8.96 professional dispensing fee. Drugs acquired by a covered entity under the 340B program and dispensed by the covered entity's contract pharmacy are not reimbursed.

Facilities purchasing drugs through the Federal Supply Schedule (FSS) or drug pricing program under 38 U.S.C. 1826, 42 U.S.C. 256b, or 42 U.S.C. 1396-8, other than the 340B drug pricing program will be reimbursed no more than the actual acquisition cost for the drug plus $8.96 professional dispensing fee.

(4) Facilities purchasing drugs at Nominal Price (outside of 340B or FSS) will be reimbursed no more than the actual acquisition cost (as defined in defined in "47.502) for the drug plus a $8.96 professional dispensing fee. Nominal Price as defined in {447.502 of the Code of Federal Regulations, Part 42 means a price that is less than 10 percent of the average manufacturer price (AMP) in the same quarter for which the AMP is computed.

(5) Physician administered drugs (PADs) submitted under the medical benefit will be reimbursed at 106 percent of the Average Sales Price (ASP). PADs without an ASP on the CMS reference file will be reimbursed at the provider's acquisition cost. Covered entities using drugs purchased at the prices authorized under Section 340B of the Public Health Services Act for Medicaid members must bill Medicaid their actual acquisition cost (as defined in defined in "47.502).

(6) All Indian Health Service, tribal, and urban Indian pharmacies are paid at the encounter rate (also known as the "OMB Rate" or "IHS All-inclusive Rate").

(7) Investigational drugs are not a covered service.

(8) Dentures: on the basis of a negotiated fee schedule.

(9) Surgical and prosthetic devices: all payments are made for covered

*The output for First Data Bank's Consolidated Price 2 (SWD) is based on the application of the following criteria:
1. If Suggested Wholesale Price (SWP) is available, SWP will be output.
2. If S WP is not available, WAC will be output.