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State/Territory Name: RI

State Plan Amendment (SPA) #: 22-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

November 21, 2022

Ana Novais, Acting Secretary
Executive Office of Health and Human Services
State of Rhode Island
3 West Road, Virks Building
Cranston, RI 02920

RE: TN 22-0013

Dear Ms. Novais,

We have reviewed the proposed Rhode Island State Plan Amendment (SPA) to Attachment 4.19-B, RI-22-0013, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 8, 2022 to update adult dental rate with an increase.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

As described in the state's letter to CMS dated April 29, 2022 regarding its Hospital Licensing Fee (HLF) and in CMS's response letter dated May 19, 2022, please note that CMS's approval of this State Plan Amendment (SPA) whose non-federal share source may include the HLF relates only to the requested change in payment methodology, not the source of non-federal share. Approval of this SPA does not relieve the state of its responsibility to comply with federal laws and regulations, and to ensure that claims for federal financial participation are consistent with all applicable requirements.

If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or Lindsay.Michael@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 — 0 0 1 3

2. STATE
RI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
7/1/2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR Chapter IV Subchapter C Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 2,100,000
b. FFY 2023 \$ 8,200,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B, Page 2c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
Attachment 4.19B, Page 2c

9. SUBJECT OF AMENDMENT

Adult Dental Rate Increase

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Ana Novais

13. TITLE
Acting Secretary

14. DATE SUBMITTED
September 8, 2022

15. RETURN TO
EOHHS
3 West Rd. Virks Building
Cranston, RI 02920

FOR CMS USE ONLY

16. DATE RECEIVED
September 8, 2022

17. DATE APPROVED
November 21, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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 fee schedule. Effective July 1, 2022 dental services will be paid either:

On the basis of a 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 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.

(1) 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 customary (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