

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID AND MEDICAL ASSISTANCE
Statutory Authority: 31 Delaware Code, Section 512 (31 Del.C. §512)

PROPOSED

PUBLIC NOTICE

Dental Fee Schedule

In compliance with the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the Delaware Code), 42 CFR §447.205, and under the authority of Title 31 of the Delaware Code, Chapter 5, Section 512, Delaware Health and Social Services (DHSS) / Division of Medicaid and Medical Assistance (DMMA) is proposing to amend Title XIX Medicaid State Plan regarding Dental Rates, specifically, *to reduce dental service rates*.

Any person who wishes to make written suggestions, compilations of data, testimony, briefs or other written materials concerning the proposed new regulations must submit same to, Planning, Policy and Quality Unit, Division of Medicaid and Medical Assistance, 1901 North DuPont Highway, P.O. Box 906, New Castle, Delaware 19720-0906, by email to Nicole.M.Cunningham@state.de.us, or by fax to 302-255-4413 by August 31, 2017. Please identify in the subject line: Dental Fee Schedule.

The action concerning the determination of whether to adopt the proposed regulation will be based upon the results of Department and Division staff analysis and the consideration of the comments and written materials filed by other interested persons.

Statutory Authority

- 42 CFR 447.205, *Public notice of changes in Statewide methods and standards for setting payment rates*
- 42 CFR 440.100, *Dental Services*
- 42 CFR §447.201, *State plan requirements*

Background

According to Health Policy Institute (HPI), Delaware Medicaid ranks the highest with regard to payment of dental services to the provider community at 81.1% of commercial insurance charges. Delaware reimburses dental providers a full 10.2% higher than the second highest ranking Medicaid agency, West Virginia, who has reimbursement rates at 69.9%. New Jersey and Connecticut Medicaid reimburse providers at 68.8% and 66.8% respectively.

In an effort to minimize Delaware's budget deficit, the Governor included a 14% reduction in dental rates, expected to take effect July 1, 2017, in his proposed budget. This reduction aligns Delaware Medicaid more closely with other state Medicaid agencies. Additionally, since the reduction in this rate still places Delaware among the three highest paying state Medicaid agencies, with regarding to dental reimbursements, DMMA does not anticipate that the 14% rate reduction in dental reimbursement would not adversely affect access to dental care.

DMMA's current network includes dentists located in Delaware and the surrounding states. This network, highly concentrated in New Castle County, includes General Dentistry, Endodontics, Pediatric Dentistry, Oral and Maxillofacial Surgery, and Orthodontics and Dentofacial Orthopedics. DMMA will monitor the network for effects as a result of the rate reduction before and after the reduction is in place, and make adjustments if access to care is likely to become impacted.

Summary of Proposal

Purpose

The purpose of this proposed regulation is to reduce dental service rates.

Summary of Proposed Changes

Effective for services provided on and after July 1, 2017 Delaware Health and Social Services/Division of Medicaid and Medical Assistance (DHSS/DMMA) proposes to amend Title XIX Medicaid State Plan to reduce dental service rates.

Public Notice

In accordance with the *federal* public notice requirements established at Section 1902(a)(13)(A) of the Social Security Act and 42 CFR 447.205 and the *state* public notice requirements of Title 29, Chapter 101 of the Delaware Code, Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) gives public notice and provides an open comment period for thirty (30) days to allow all stakeholders an opportunity to provide input on the proposed regulation. Comments must be received by 4:30 p.m. on August 31, 2017.

Centers for Medicare and Medicaid Services Review and Approval

The provisions of this state plan amendment (SPA) relating are subject to approval by the Centers for Medicare and Medicaid Services (CMS). The draft SPA page(s) may undergo further revisions before and after submittal to CMS based upon public comment and/or CMS feedback. The final version may be subject to significant change.

Provider Manuals Update

Also, upon CMS approval, the applicable Delaware Medical Assistance Program (DMAP) Provider Policy Specific Manuals will be updated. Manual updates, revised pages or additions to the provider manual are issued, as required, for new policy, policy clarification, and/or revisions to the DMAP program. Provider billing guidelines or instructions to incorporate any new requirement may also be issued. A newsletter system is utilized to distribute new or revised manual material and to provide any other pertinent information regarding manual updates. DMAP provider manuals and official notices are available on the Delaware Medical Assistance Provider Portal website: <https://medicaid.dhss.delaware.gov/provider>

Fiscal Impact

Delaware pays the highest rate for Medicaid Pediatric Dental services in the country according to a Health Policy Institute Research Brief from 2013 (<http://www.aapd.org/assets/1/7/PolicyCenter-TenYearAnalysisOct2014.pdf>). A reduction of 14% will bring the dental rates more in compliance with other State Medicaid Dental Rates

The following fiscal savings are projected:

	Federal Fiscal Year 2018	Federal Fiscal Year 2019
General (State) funds	\$2,600,649	\$2,639,659
Federal funds	\$4,147,273	\$4,209,482

DMMA PROPOSED REGULATION

**Attachment 4.19-B
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE/TERRITORY: **DELAWARE**

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

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services are reimbursed as follows. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both government and private providers.

Dental Services - Effective for dates of service on or after ~~April~~ July 1, 2012 ~~2012~~ 2017, Delaware pays for dental services at the lower of:

- the provider's billed amount that represents their usual and customary charge; or
- the Delaware Medicaid maximum allowed amount per unit per covered dental procedure code according to a published fee schedule.

The Delaware Medicaid dental fee schedule will be developed based on the National Dental Advisory Service (NDAS) annual Comprehensive Fee Report. For each covered dental procedure code, Delaware's maximum allowable amount will be computed as a percentage of the NDAS published national fee. Delaware will rebase its dental fee schedule rates each time the NDAS publishes a new survey.

~~General Dental Services shall be paid at 84% of the NDAS 70th percentile amounts~~

~~Specialty Dental Services shall be paid at 80% of the NDAS 80th percentile amounts.~~

~~Preventive General Dental Services shall be paid at 50.00% of the NDAS 70th percentile amounts~~

~~Restorative General Dental Services shall be paid at 97.00% of the NDAS 70th percentile amounts~~

~~Adjunctive General Dental Services shall be paid at 72.24% of the NDAS 70th percentile amounts~~

~~Specialty Dental Services shall be paid at 68.80% of the NDAS 80th percentile amounts~~

Access-Based Fees for certain specialty procedure codes may be established to account for deficiencies in rates that are

based on the NDAS fee schedule percentages above relating to the adequacy of access to health care services for Medicaid clients. ~~These rates will be published on the DMAP website and a state plan amendment will be submitted any time these rates change indicating the new effective date.~~

The maximum allowed amounts for procedure codes not included in the NDAS fee schedule or for new procedure codes established after the annual NDAS fee schedule is published will be based on the existing rates for similar existing services. If there are no similar services the maximum allowed amount is set at 80% of the estimated average charge until a rate can be established based on the NDAS fee schedule.

The dental fee schedule is available on the Delaware Medicaid Assistance Program (DMAP) Medical Assistance Portal website at: ~~<http://www.dmap.state.de.us/downloads.html>~~ <https://medicaid.dhss.delaware.gov>

TN No. SPA <u>#17-020</u>	Approval Date _____
Supersedes	
TN No. SPA <u>#12-005</u>	Effective Date <u>July 1, 2017</u>

21 DE Reg. 124 (08/01/17) (Prop.)