

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER 601-359-3984	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL DOMPolicy@medicaid.ms.gov	SUBMIT DATE JUN 04 2024	Name or number of rule(s): Title 23: Medicaid, Part 204: Dental Services, Chapter 1: General, Rule 1.17: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This administrative code is being filed to correspond with SPA 23-0030 to allow the Division of Medicaid (DOM) to increase reimbursement rates for orthodontic services by ten percent (10%), effective October 1, 2023.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. § 43-13-121

List all rules repealed, amended, or suspended by the proposed rule: 1.17

ORAL PROCEEDING:


- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input checked="" type="checkbox"/> Other (specify): AUG 01 2024	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Drew L. Snyder, Executive Director
 Signature of person authorized to file rules: 

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by <u>27519 1304</u>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



Michael Watson

SECRETARY OF STATE

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

AGENCY NAME Division of Medicaid	CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER (601) 359-3984
ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE MS
EMAIL DOMPolicy@medicaid.ms.gov	ZIP 39201	
DESCRIPTIVE TITLE OF PROPOSED RULE Title 23: Medicaid, Part 204: Dental Services, Chapter 1: General, Rule 1.17: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).		
Specific Legal Authority Authorizing the promulgation of Rule: Miss. Code Ann. § 43-13-121	Reference to Rules repealed, amended or suspended by the Proposed Rule: 1.17	

A. Estimated Costs and Benefits

1. Briefly summarize the benefits that may result from this regulation and who will benefit:
Orthodontic Services will be covered when medically necessary and prior authorized by the Division of Medicaid or designated entity for EPSDT eligible beneficiaries.
2. Briefly describe the need for the proposed rule: *This administrative code is being filed to correspond with SPA 23-0030 to allow the Division of Medicaid (DOM) to increase reimbursement rates for orthodontic services by ten percent (10%), effective October 1, 2023.*
3. Briefly describe the effect the proposed action will have on the public health, safety, and welfare: *EPSDT eligible beneficiaries will be able to receive orthodontic services when medically necessary.*
4. Estimated Cost of implementing proposed action:
 - a. To the agency
 Nothing Minimal Moderate Substantial Excessive
 - b. To other state or local government entities
 Nothing Minimal Moderate Substantial Excessive
5. Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:
 - c. Cost:
 Nothing Minimal Moderate Substantial Excessive
 - d. Economic Benefit:
 Nothing Minimal Moderate Substantial Excessive
6. Estimated impact on small businesses:
 Nothing Minimal Moderate Substantial Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation: N/A
 - b. Projected costs for small businesses to comply: N/A
 - c. Statement of probable effect on impacted small businesses: N/A
7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
- substantially less than moderately less than minimally less than
 - the same as minimally more than moderately more than
 - substantially more than excessively more than
8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):
- substantially less than moderately less than minimally less than
 - the same as minimally more than moderately more than
 - substantially more than excessively more than

B. Reasonable Alternative Methods

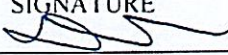
1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?
- yes no
2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. *The financial impact was determined by adding 10% to the current orthodontic services reimbursement rate and multiplying it with utilization data from fiscal year 2022.*

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and request an oral proceeding on the proposed rule if one is not already scheduled? Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or DOMPolicy@medicaid.ms. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicid.ms.gov.

SIGNATURE 	TITLE Executive Director
DATE JUN 04 2024	PROPOSED EFFECTIVE DATE OF RULE AUG 01 2024



Michael Watson

SECRETARY OF STATE

ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. An Economic Impact Statement must be attached to this Form and address the factors below. A **PDF** document containing this executed Form and the Economic Impact Statement must be filed with any proposed rule, if required by the aforementioned statute.

AGENCY NAME Division of Medicaid	CONTACT PERSON Robin Bradshaw	TELEPHONE NUMBER (601) 359-3984
ADDRESS 550 High Street, Suite 1000	CITY Jackson	STATE MS
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SIGNATURE 	TITLE Executive Director
DATE JUN 04 2024	PROPOSED EFFECTIVE DATE OF RULE AUG 01 2024

- Describe the need for the proposed action: *This administrative code is being filed to correspond with SPA 23-0030 to allow the Division of Medicaid (DOM) to increase reimbursement rates for orthodontic services by ten percent (10%), effective October 1, 2023.*
- Describe the benefits which will likely accrue as the result of the proposed action: *Orthodontic Services will be covered when medically necessary and prior authorized by the Division of Medicaid or designated entity for EPSDT eligible beneficiaries.*
- Describe the effect the proposed action will have on the public health, safety, and welfare: *This rule will allow EPSDT eligible beneficiaries to receive orthodontic services when medically necessary.*
- Estimate the cost to the agency and to any other state or local government entities, of implementing and enforcing the proposed action, including the estimated amount of paperwork, and any anticipated effect on state or local revenues: *The expected annual increase is \$2,009,452. The federal annual aggregate expenditures is \$1,552,704 for Federal Fiscal Year 2024 (FFY24) and \$1,597,216 for FFY25. The expected increase in state annual aggregate expenditures is \$456,748 for FFY24 and \$472,520 for FFY25.*

5. Estimate the cost or economic benefit to all persons directly affected by the proposed action: *N/A*
6. Provide an analysis of the impact of the proposed rule on small business: *N/A*
 - a. Identify and estimate the number of small businesses subject to the proposed regulation: *N/A*
 - b. Provide the projected reporting, recordkeeping, and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record: *N/A*
 - c. State the probable effect on impacted small businesses: *N/A*
 - d. Describe any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation including the following regulatory flexibility analysis:
 - i. The establishment of less stringent compliance or reporting requirements for small businesses;
 - ii. The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
 - iii. The consolidation or simplification of compliance or reporting requirements for small businesses;
 - iv. The establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and
 - v. The exemption of some or all small businesses from all or any part of the requirements contained in the proposed regulations: *N/A*
7. Compare the costs and benefits of the proposed rule to the probable costs and benefits of not adopting the proposed rule or significantly amending an existing rule: *N/A*
8. Determine whether less costly methods or less intrusive methods exist for achieving the purpose of the proposed rule where reasonable alternative methods exist which are not precluded by law: *There are no less costly or less intrusive methods.*
9. Describe reasonable alternative methods, where applicable, for achieving the purpose of the proposed action which were considered by the agency: *There are no other reasonable alternative methods.*
10. State reasons for rejecting alternative methods that were described in #9 above: *N/A*
11. Provide a detailed statement of the data and methodology used in making estimates required by this subsection: *The financial impact was determined by adding 10% to the current orthodontic services reimbursement rate and multiplying it with utilization data from fiscal year 2022.*