

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0012

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

August 24, 2021

Mr. Drew Snyder, Executive Director
Mississippi Division of Medicaid
Attention: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

RE: Mississippi State Plan Amendment (SPA) Transmittal Number 21-0012

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA), which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 30, 2021. This plan amendment allows the Division of Medicaid (DOM) 1) to set the fees for physician services the same as those effective State Fiscal Year (SFY) 2021, effective July 1, 2021, to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799, and 2) move vaccine reimbursement language to Attachment 4.19-B 13c Preventative Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Moe Wolf at 410-786-9291 or Moshe.Wolf@CMS.HHS.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0012	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2021	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 447.201	7. FEDERAL BUDGET IMPACT: FFY 2021: \$0.00 FFY 2022: \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 5 Attachment 4.19-B, Page 5a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 5 Attachment 4.19-B, Page 5a (removed)

10. SUBJECT OF AMENDMENT:

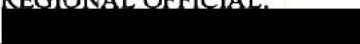
State Plan Amendment (SPA) 21-0012 is being submitted to allow the Division of Medicaid (DOM) 1) to set the fees for physician services the same as those effective State Fiscal Year (SFY) 2021, effective July 1, 2021, to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799, and 2) move vaccine reimbursement language to Attachment 4.19-13c Preventative Services.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: Drew L. Snyder	
14. TITLE: Executive Director	
15. DATE SUBMITTED: JUN 30 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 30, 2021	18. DATE APPROVED: August 24, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Todd McMillion	22. TITLE: Division, Director of Reimbursement Review

23. REMARKS:

Pen and ink changes to boxes 8 and 9 authorized by state via email on 8/23/2021 (MW)

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Physicians' services – The normal reimbursement rate for Medicaid physician services is ninety percent (90%) of the Medicare Physician Fee Schedule in effect as of January 1, 2020. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Enhanced Primary Care Physician Payment:

The Division of Medicaid will continue to reimburse for services provided by physicians who self-attest as having a primary specialty designation of family medicine, pediatric medicine or internal medicine formerly authorized by 42 C.F.R. § 447.400(a).

Effective July 1, 2016, the Division of Medicaid will reimburse for services provided by obstetricians and gynecologists (OB/GYNs) with a primary specialty/subspecialty designation in obstetric/gynecologic medicine who attest to one (1) of the following:

- 1) Physician is board certified by the American Congress of Obstetricians and Gynecologists (ACOG) as a specialist or subspecialist in obstetric/gynecologic medicine, or
- 2) Physician with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and has furnished the evaluation and management services and vaccines administration services listed below that equal at least sixty percent (60%) of the Medicaid codes they have billed during the most recently completed calendar year but does not have an ACOG certification, or
- 3) Physician, newly enrolled as a Medicaid provider, with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and attests that the evaluation and management services and vaccines administration services listed below will equal at least sixty percent (60%) of the Medicaid codes they will bill during the attestation period, or
- 4) Non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care services.

Primary Care Services' reimbursement applies to certain Evaluation and Management (E&M) and Vaccine Administration Codes.

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Enhanced primary Care Services' fees are reimbursed at one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1, 2020. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Physician services not otherwise covered by the State Plan but determined to be medically necessary for EPSDT beneficiaries are reimbursed according to the methodology described above.