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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0026

This file contains the following documents in the order listed:

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 21-0026

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 will allow the Division of Medicaid (DOM) to 1) set the fees for clinic services the same as those in effect for State Fiscal Year (SFY) 2021, and 2) add language addressing cost reports that are not timely filed.

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 page.

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,

[redacted]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0026	2. STATE MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2021	

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 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 4.19-B, page 9

10. SUBJECT OF AMENDMENT:
State Plan Amendment (SPA) 21-0026 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees for clinic services the same as those in effect for State Fiscal Year (SFY) 2021, and 2) add language addressing cost reports that are not timely filed.

11. 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO:
13. TYPED NAME: **Drew L. Snyder**	**Drew L. Snyder** **Miss. Division of Medicaid** **Attn: Margaret Wilson** **550 High Street, Suite 1000** **Jackson, MS 39201-1399**
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: [redacted]
21. TYPED NAME: Todd McMilion	22. TITLE: Director, Division of Reimbursement Review

23. REMARKS:

State of Mississippi

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

Clinic Services

Reimbursement is for services rendered by the Mississippi State Department of Health (MSDH) clinics. Reimbursement is based on cost reports submitted by the provider. In order to be reimbursed at cost, the provider must demonstrate its cost finding methodology and use a cost report approved by CMS. The provider is required to submit a cost report for each clinic type using the Medicare Cost Report Form 222. The encounter rate will be determined by dividing total reasonable cost by total encounters but will not exceed the upper limits specified in 42 CFR §§ 447.321 through 447.325. The rate for an encounter is limited to one (1) visit per day per beneficiary. An encounter is defined as services provided by physicians, physician assistants, nurse practitioners, clinical psychologists, dentists, optometrists, ophthalmologists and clinical social workers. A clinic's encounter rate covers the beneficiary's visit to the clinic, including all services and supplies, such as drugs and biologicals that are not usually self-administered by the patient, furnished as an incident to a professional service. The established rate setting period is July 1 to June 30. The Division of Medicaid requires the MSDH to submit the cost report by November 30 of each year, five (5) calendar months after the close of the cost reporting period. If a materially complete cost report is not filed by the end of the following fiscal year, claims payments to the provider will be held until the cost report is submitted to Medicaid. The cost report must be uploaded electronically to the cost report database as designated by the Division of Medicaid. An interim rate is paid until the end of the reporting period when there is a retrospective cost settlement. The interim rate is the established rate for the prior fiscal year. Actual reasonable costs reported on the cost report are divided by actual encounters by clinic type to determine the actual cost per encounter. Overpayments will be recouped from the provider, and underpayments will be paid to the provider.

Effective July 1, 2021, the encounter rates will remain the same as those effective for State Fiscal Year (SFY) 2021 and are effective for services provided on or after July 1, 2021. Rates for the MSDH clinics are published on the Division of Medicaid's website at www.medicaid.ms.gov/FeeScheduleLists.aspx.

The Division of Medicaid covers for all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.