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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0029

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 21-0029

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 set the fees for family planning services the same as those in effect on July 1, 2020.

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,

A 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**1. TRANSMITTAL NUMBER:
21-00292. 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, 20215. TYPE OF PLAN MATERIAL *(Check One)*:☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*6. FEDERAL STATUTE/REGULATION CITATION:
42 C.F.R. § 447.2017. 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 4c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT *(If Applicable)*:

Attachment 4.19-B, Page 4c

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 21-0029 is being submitted to allow the Division of Medicaid (DOM) to set the fees for family planning services the same as those in effect on July 1, 2020.

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:

13. TYPED NAME: **Drew L. Snyder**14. TITLE: **Executive Director**15. DATE SUBMITTED: **JUN 30 2021**

16. RETURN TO:

**Drew L. Snyder
Miss. Division of Medicaid
Attn: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399****FOR REGIONAL OFFICE USE ONLY**17. DATE RECEIVED:
June 30, 202118. 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:
Director, Division of Reimbursement Review

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE MISSISSIPPI

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

Family Planning Services and Supplies for Individuals – Payment is made from a Mississippi statewide uniform fee schedule based on at ninety percent (90%) of the Medicare fee schedule in effect January 1, 2020 and effective for dates of service on and after July 1, 2020.

Payment to providers, such as federally qualified health center and rural health clinics, do not exceed the reasonable costs of providing services. Payments to health departments are on an encounter rate and are determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.