

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0045

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 26, 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 21-0045

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 dentures for EPSDT recipients the same as those effective for State Fiscal Year (SFY) 2021, and 2) remove the five percent (5%) reimbursement reduction effective July 1, 2021, to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799.

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****FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES****TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES****1. TRANSMITTAL NUMBER:
21-0045****2. STATE
MS****3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT
(MEDICAID)****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 12b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Page 12b

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 21-0045 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees for dentures for EPSDT recipients the same as those effective for State Fiscal Year (SFY) 2021, and 2) remove the five percent (5%) reimbursement reduction effective July 1, 2021, to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799.

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, 2021**18. DATE APPROVED:**
August 26, 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: Mississippi

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

Dentures for EPSDT recipients, if medically necessary, are reimbursed according to the Mississippi Medicaid statewide fee schedule for dental services. Effective July 1, 2021, fees will remain the same as those effective for State Fiscal Year (SFY) 2021.

TN # 21-0045

Supersedes

TN # 2002-06

Date Approved 8/26/2021

Date Received 6/30/2021

Date Effective 07/01/2021_____