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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 13-012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 24, 2014

Dr. David J. Dzielak
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201-1399

Attention: Kristi Plotner

RE: Title XIX State Plan Amendment, MS 13-012

Dear Dr. Dzielak:

We have reviewed the proposed State Plan Amendment, MS 13-012, which was submitted to the Atlanta Regional Office on July 12, 2013. This amendment proposes to issue Mississippi Medicaid providers an estimated one (1) time enhanced payment for paid claim lines under the Ambulatory Payment Classification (APC) methodology with the dates of service September 1, 2012, through December 31, 2012.

Based on the information provided, the Medicaid State Plan Amendment MS 13-012 was approved on January 24, 2014. The effective date of this amendment is July 1, 2013. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact CaLetha J. Henry at (404) 562-7506 or CaLetha.Henry@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
2013-012

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, 2013

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 CFR § 440.230

7. FEDERAL BUDGET IMPACT:
a. FFY 2013 \$18,514,470.41

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
New Attachment 4.19B pages 2a.5, 2a.6, 2a.7, 2a.8, 2a.9, 2a.10, 2a.11

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Not Applicable

10. SUBJECT OF AMENDMENT:

To issue Mississippi Medicaid providers an estimated one (1) time enhanced payment for paid claim lines under the Ambulatory Payment Classification (APC) methodology with the dates of service September 1, 2012 through December 31, 2012.

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: **David J. Dzielak**

14. TITLE: **Executive Director**

15. DATE SUBMITTED:

16. RETURN TO:

**David J. Dzielak
Miss. Division of Medicaid
Attn: Kristi Plotner
550 High Street, Suite 1000
Jackson, MS 39201-1399**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 07-12-13

18. DATE APPROVED: 01-24-14

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
07-01-13

20. SIGNATURE OF REGIONAL OFFICIAL:
//s//

21. TYPED NAME:
Jackie Glaze

22. TITLE: **Associate Regional Administrator Division of
Medicaid & Children Health Opns**

23. REMARKS: **Approved to the follow changes to the 179 as authorized by State Agency email dated 12/31/13**

Block # 7 Changed to Read: FFY 2014 \$14,933,005;

Block # 8 Changed to Read: Attachment 4.19-B pages 2a.6, 2a.7, 2a.8, 2a.9, 2a.10, 2a.11, 2a.12.

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

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Enhanced Payment

Providers will receive a one (1) time enhanced payment of \$20,442,170.32 on or after April 1, 2013, for outpatient hospital services. See Appendix A for the amount of the enhanced payments for each provider. Payment will be made during the State Fiscal Year ending June 30, 2014. The enhanced payment estimate for each hospital is final and cannot be appealed.

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Appendix A
 Enhanced Payment Per Provider

		Payment
00020149	UNIVERSITY OF MISS MED CENTER	\$3,897,683.96
00020229	TRI LAKES MEDICAL CENTER	\$1,023,637.17
00020081	NORTH MISSISSIPPI MEDICAL CENTER	\$902,903.71
00020469	METHODIST HOSPITALS OF MEMPHI	\$862,480.24
00220630	CENTRAL MISSISSIPPI MEDICAL CENTER	\$818,314.51
00220467	RIVER OAKS HOSPITAL	\$767,524.12
08087360	MADISON RIVER OAKS MEDICAL CENTER	\$717,313.53
00220462	WESLEY MEDICAL CENTER	\$712,350.96
00020027	MEMORIAL HOSPITAL AT GULFPORT	\$694,022.25
00020059	SINGING RIVER HEALTH SYSTEM	\$663,536.29
00220392	MISSISSIPPI BAPTIST MEDICAL CENTER	\$637,839.89
00220417	RANKIN MEDICAL CENTER	\$552,309.57
00220380	NORTHWEST MS REGIONAL MEDICAL CENTE	\$480,771.91
00220136	BMH GOLDEN TRIANGLE	\$443,579.55
00020182	BILOXI REGIONAL MEDICAL CENTER	\$385,589.68
00020143	BAPTIST MEMORIAL HOSPITALDESOTO	\$335,971.12
00020219	OCH REGIONAL MEDICAL CENTER	\$275,656.31
00020118	NORTH SUNFLOWER MEDICAL CENTER	\$267,214.37
00020026	GRENADA LAKE MEDICAL CENTER	\$243,149.44
00020010	BAPTIST MEMORIAL HOSPUNION COUNTY	\$234,384.89
00220609	HOLMES COUNTY HOSPITAL AND CLINICS	\$216,201.20
00220606	BOLIVAR MEDICAL CENTER	\$213,632.13
00020049	RUSH FOUNDATION HOSPITAL	\$210,176.48
00220571	RIVER REGION HEALTH SYSTEM	\$206,317.33
00020007	FORREST GENERAL HOSPITAL	\$201,379.59
00020079	CLAY COUNTY MEDICAL CENTER	\$188,598.66
00020046	ANDERSON REGIONAL MEDICAL CENTER	\$169,741.80
00020008	KINGS DAUGHTERS MEDICAL CENTER	\$169,318.84
00020082	KINGS DAUGHTERS HOSPITAL	\$167,633.97
00020145	DELTA REGIONAL MEDICAL CENTER	\$159,473.19
00020034	ST DOMINICJACKSON MEMORIAL HOSPITA	\$153,068.23
04125505	LAIRD HOSPITAL INC	\$152,786.19
00020214	H C WATKINS MEMORIAL HOSPITAL	\$149,038.10
00220734	GARDEN PARK MEDICAL CENTER	\$142,344.50
00220324	S E LACKEY MEMORIAL HOSPITAL	\$129,972.75
00220159	NATCHEZ COMMUNITY HOSPITAL	\$129,568.41
00020133	COVINGTON COUNTY HOSPITAL	\$123,637.02
00020124	PATIENTS CHOICE MEDICAL CENTER OF H	\$118,133.01
00220144	SCOTT REGIONAL MEDICAL CENTER	\$117,932.58
00020025	GREENWOOD LEFLORE HOSPITAL	\$107,534.44
00020003	GILMORE MEM REGIONAL MEDICAL CENTER	\$103,077.87
00220714	STONE COUNTY HOSPITAL INC	\$91,757.54
00220466	WOMANS HOSPITAL	\$90,711.64
00020141	SOUTH CENTRAL REG MED CTR	\$90,377.75
00220631	NORTH OAK REGIONAL MEDICAL CENTER	\$89,254.90
00020131	WAYNE GENERAL HOSPITAL	\$85,813.24
00020424	SLIDELL MEMORIAL HOSPITAL	\$74,746.19
00020207	SW MS REGIONAL MEDICAL CENTER	\$71,107.20

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		Payment
02934741	JOHN C STENNIS MEMORIAL HOSPITAL	\$68,821.57
00431215	PIONEER COMMUNITY HOSPITAL OF CHOCT	\$68,476.84
00020461	OCHSNER FOUNDATION HOSPITAL	\$63,793.57
00020140	CLAIBORNE COUNTY HOSPITAL	\$62,606.26
00220692	PIONEER COMM HOSPITAL OF ABERDEEN	\$62,094.10
00020065	ST JUDE CHILDRENS RESEARCH HOSPITA	\$58,631.33
00220230	PIONEER HEALTH SERVICES OF NEWTON C	\$56,773.54
00020111	TIPPAH COUNTY HOSPITAL	\$53,237.23
00020012	FIELD MEMORIAL COMMUNITY HOSPITAL	\$52,615.90
00020302	CHILDRENS HOSPITAL	\$51,445.49
00020042	MAGEE GENERAL HOSPITAL	\$50,852.54
00020156	TYLER HOLMES MEMORIAL HOSPITAL	\$49,617.97
00020130	FRANKLIN COUNTY MEMORIAL HOSPITAL	\$43,807.83
00220682	HIGHLAND COMMUNITY HOSPITAL	\$43,433.23
00020172	NATCHEZ REGIONAL MEDICAL CENTER	\$42,430.88
00020223	MS METHODIST REHAB CENTER	\$41,525.95
00220279	TULANE UNIVERSITY HOSPITAL	\$41,227.70
00020129	SHARKEYISSAQUENA COMMUNITY HOSPITA	\$40,158.89
00020084	BAPT MEM HOSP BOONEVILLE	\$39,816.72
00020170	LAWRENCE COUNTY HOSPITAL	\$37,907.51
00220213	SAINT FRANCIS HOSPITAL	\$37,152.30
00020020	MAGNOLIA REGIONAL HEALTH CENTER	\$36,248.00
00020208	WALTHALL CO GENERAL HOSPITAL	\$35,943.63
00020393	TISHOMINGO HEALTH SERVICES INC	\$35,831.95
00020193	JEFFERSON COUNTY HOSP	\$35,208.94
00020096	PONTOTOC HEALTH SERVICES INC	\$34,623.71
00220809	BAPTIST MEDICAL CENTER LEAKE	\$33,653.10
00220441	JEFFERSON DAVIS GENERAL HOSPITAL	\$32,651.73
00220297	PEARL RIVER COUNTY HOSPITAL	\$30,889.75
00020191	PERRY COUNTY GENERAL HOSPITAL	\$29,779.34
00220243	WINSTON MEDICAL CENTER	\$25,473.67
00095306	OCHSNER MEDICAL CENTER NORTHSHORE	\$24,952.37
00020374	BAPTIST MEMORIAL HOSPITAL	\$18,515.56
00020213	CALHOUN HEALTH SERVICES	\$15,266.52
00020041	NOXUBEE GENERAL CRITICAL ACCESS HOS	\$13,720.90
00097605	BAPTIST MEMORIAL HOSPITAL TIPTON	\$13,596.08
06200741	GREENE COUNTY HOSPITAL	\$11,838.85
00020408	RED BAY HOSPITAL	\$9,876.66
00220415	TRACE REGIONAL HOSPITAL	\$9,625.79
00220621	ALLIANCE HEALTHCARE SYSTEM	\$9,222.68
05432201	ST FRANCIS HOSPITAL BARTLETT	\$6,102.94
01687505	CHRISTUS SANTA ROSA HEALTHCARE	\$5,867.37
00020364	NORTH OAKS MEDICAL CENTER	\$5,222.27
02703888	MEMORIAL HERMANN HOSPITAL	\$5,087.93
00020427	LANE REGIONAL MEDICAL CENTER	\$4,428.58
00020395	UNIVERSITY OF ALABAMA HOSPITAL	\$4,366.31
04581000	LOUISIANA HEART HOSPITAL LLC	\$4,080.09
00220498	VANDERBILT UNIVERSITY HOSPITAL	\$2,872.44

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00220742	CHILDRENS HOSP MEDICAL CENTER	\$2,713.51
07771013	MCNAIRY REGIONAL HOSPITAL	\$2,293.69
00020433	OUR LADY OF THE LAKE REGNL MED CTR	\$2,142.30
00020175	YALOBUSHA GEN HOSP NURSING HOME	\$1,917.48
00095136	HELENA REGIONAL MEDICAL CENTER	\$1,771.33
00020178	WEBSTER GENERAL HOSPITAL	\$1,678.44
00020177	JASPER GENERAL HOSPITAL	\$1,662.28
00220412	FLORIDA HOSPITAL MEDICAL CENTER	\$1,387.77
00220732	UAMS MEDICAL CENTER	\$1,333.96
00020186	OCHSNER MEDICAL CENTER KENNER LLC	\$1,323.96
00220712	SPRINGHILL MEMORIAL HOSPITAL	\$1,029.81
00098401	SOUTH BALDWIN HOSP	\$973.18
09573208	GULF BREEZE HOSPITAL	\$926.92
00220522	WEST JEFFERSON MEDICAL CENTER	\$922.85
04458031	MEDICAL CENTER OF ARLINGTON	\$888.74
01170370	HOUSTON NORTHWEST MEDICAL CENTER	\$702.51
01856833	CHOCTAW GENERAL HOSPITAL	\$685.89
08983376	GOOD SAMARITAN HOSPITAL	\$648.64
00097684	TEXAS CHILDRENS HOSPITAL	\$619.23
00220648	EAST ALABAMA MEDICAL CENTER	\$605.22
00220450	CHRIST HOSPITAL	\$599.06
03233717	MEMORIAL HERMANN NORTHWEST HOSPITAL	\$547.62
00220500	OCHSNER BAPTIST MEDICAL CENTER	\$535.92
00020421	REGIONAL MED CTR MEMPHIS	\$470.20
00095932	WESLEY MEDICAL CENTER	\$450.98
00020019	WEST FELICIANA PARISH HOSPITAL	\$447.80
05008049	BAPTIST HEALTH SYSTEM	\$446.96
07038885	NORTH FULTON REGIONAL HOSPITAL	\$441.05
00220616	WASHINGTON COUNTY HOSP ASSOC	\$432.01
00095485	NIAGARA FALLS MEM MED CTR	\$400.98
06048562	ST FRANCIS MEDICAL CENTER	\$351.38
00020459	ST HELENA PARISH HOSPITAL	\$344.09
06436004	SKYRIDGE MEDICAL CENTER	\$328.88
03152718	BAYLOR MEDICAL CENTER AT GRAPE VINE	\$327.24
00220754	ORLANDO REGIONAL MEDICAL CENTER	\$323.47
00220448	TOURO INFIRMARY	\$308.89
03126743	GLENWOOD REGIONAL MEDICAL CENTER	\$304.89
07386784	BOLIVAR GENERAL HOSPITAL	\$291.61
08227060	SKYLINE MEDICAL CENTER	\$286.70
00736327	BANNER DESERT MEDICAL CENTER	\$286.12
00220701	GATEWAY MEDICAL CENTER	\$267.39
02526776	BANNER GATEWAY MEDICAL CENTER	\$251.37
03920017	JEWISH HOSPITAL	\$250.65
00220489	RIVERSIDE MEDICAL CENTER	\$242.14
06409841	SOUTH FULTON MEDICAL CENTER	\$235.66
03024049	NORTHCREST MEDICAL CENTER	\$228.56
00220800	THE CHILDRENS HOSPITAL OF PHILADEL	\$226.77
08528720	LAKE POINTE MEDICAL CENTER	\$217.03

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		Payment
00097681	SINAI GRACE HOSPITAL	\$215.81
05703861	MEMORIAL HERMANN SOUTHEAST HOSPITAL	\$214.68
07832553	SUMMERLIN HOSPITAL MEDICAL CENTER	\$204.74
00097779	BAPTIST HOSPITAL	\$202.12
00220545	DOCTORS HOSPITAL OF AUGUSTA	\$183.64
00098297	ALEGENT HEALTH IMMANUEL MEDICAL CEN	\$180.87
00096346	JACKSON HEALTH SYSTEMS	\$172.82
02224822	STONECREST MEDICAL CENTER	\$170.99
06934870	FLORIDA HOSPITAL WATERMAN	\$170.73
00020441	BATON ROUGE GEN HOSP	\$165.39
00020238	ERLANGER HEALTH SYSTEM	\$155.44
00220601	EAST JEFFERSON GENERAL HOSPITAL	\$146.82
00095919	SAINT JOHNS HOSPITAL	\$143.21
00096445	SWEDISH AMERICAN HOSPITAL	\$136.80
08171261	SUMMIT MEDICAL CENTER	\$136.59
03578096	LAKEVIEW REGIONAL MEDICAL CENTER	\$128.38
00095348	ST LOUIS CHILDRENS HOSP	\$121.27
02653708	COLUMBIA MEDICAL CENTER OF DENTON S	\$119.65
01084764	JACKSON MADISON COUNTY GEN HOSPITAL	\$116.06
00020414	DCH REGIONAL MEDICAL CENTER	\$108.26
00220541	UNIVERSITY OF CHICAGO HOSPITAL	\$107.47
01832221	WOLFSON CHILDRENS HOSPITAL	\$104.87
00220512	JACKSON HOSPITAL CLINIC	\$98.78
00478748	DOCTORS HOSPITAL OF DALLAS	\$89.44
00888783	SHELBY BAPTIST MEDICAL CENTER	\$88.73
04436083	BAYLOR UNIVERSITY MEDICAL CENTER	\$85.18
00655066	THE CHILDRENS HOSPITAL ASSOCIATION	\$78.08
06473721	BAYLOR MEDICAL CENTER AT IRVING	\$73.57
08720011	FOSTER G MCGAW HOSPITAL	\$70.60
08123025	THE HEALTH CARE AUTHORITY FOR MEDIC	\$69.53
01188726	PHOENIX BAPTIST HOSPITAL	\$67.60
05804895	MEMORIAL HERMANN SOUTHWEST HOSPITAL	\$66.92
05420345	MEMORIAL HERMANN THE WOODLANDS HOSP	\$65.88
01651501	MEMORIAL HERMANN MEMORIAL CITY HOSP	\$65.88
00096548	CHILDRENS MERCY HOSPITAL	\$65.49
00097033	MARY WASHINGTON HOSPITAL	\$58.06
05729348	ATLANTA MEDICAL CENTER	\$53.07
03054203	NORTH BROWARD MEDICAL CENTER	\$52.09
00095450	CHILDRENS HOSPITAL OF MI	\$47.82
00096829	ST JOHNS REGIONAL HEALTH CENTER	\$47.45
05901737	MEDICAL CENTER OF SOUTHEAST TEXAS L	\$47.06
00096942	HARDIN MEMORIAL HOSPITAL	\$45.02
00095289	ST LUKES EPISCOPAL HOSPITAL	\$44.78
01500854	ST MARYS MEDICAL CENTER OF EVANSVIL	\$40.76
00220220	MARION REGIONAL MEDICAL CENTER	\$35.94
07184768	SSM DEPAUL HEALTH CENTER	\$35.75
05603861	THE TOLEDO HOSPITAL	\$30.14
00220559	CHILDRENS HOSPITAL MED CENTER	\$26.83

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09602562	SOUTHERN HILLS MEDICAL CENTER	\$26.59
00096517	BAYLOR MEDICAL CENTER AT GARLAND	\$21.07
07932018	EAST TEXAS MEDICAL CENTER	\$20.51
00220544	LAKELAND MED CENTERST JOSEPH	\$18.04
00020420	HUNTSVILLE HOSPITAL	\$17.32
06275818	TEXAS HEALTH HARRIS METHODIST HOSPI	\$17.17
02283343	UNIVERSITY OF TENNESSEE MEMORIAL HO	\$16.61
00020060	BRYAN W WHITFIELD MEM HOSP	\$13.88
00252002	WEST VALLEY HOSPITAL	\$13.41
00537300	WOMENS CHILDRENS HOSPITAL	\$9.85
00096867	LIMA MEMORIAL HOSPITAL	\$9.49
01634718	CHRISTIAN HOSPITAL NORTHEAST	\$7.34
00095319	LEESBURG REGIONAL MEDICAL CENTER	\$3.47
04102559	TRINITY MEDICAL CENTER	\$2.65
		<u><u>\$20,442,170.32</u></u>

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