

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 20-0001**

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



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**Financial Management Group**

August 27, 2020

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 20-0001

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 2, 2020. This plan amendment was submitted to include a reimbursement methodology for certain durable medical equipment (DME) and medical supplies that are not on the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any questions, please contact Joe Raymundo, [joseph.raymundo@cms.hhs.gov](mailto:joseph.raymundo@cms.hhs.gov) at (404) 562-7406 or Cheryl Wigfall, [cheryl.wigfall@cms.hhs.gov](mailto:cheryl.wigfall@cms.hhs.gov) at (919) 274-5976.

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER:  
**20-0001**

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  
**03/01/2020**

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 2020: (\$947,989)  
FFY 2021: (1,641,592)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Exhibit A, Pages 10, 11 and new page 12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.19-B, Exhibit A, Pages 10 and 11

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 19-0024 is being submitted to allow the Division of Medicaid (DOM) to include a reimbursement methodology for certain durable medical equipment (DME) and medical supplies that are not on the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule, effective March 1, 2020.

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:

SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: **Drew L. Snyder**

14. TITLE: **Executive Director**

15. DATE SUBMITTED:  
**MAR 02 2020**

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:  
**3/2/20**

18. DATE APPROVED:  
**8/27/2020**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**4/1/20**

20. SIGNATURE:

21. TYPED NAME: **Todd McMillion**

22. TITLE:

23. REMARKS:

Approved with the following changes as authorized by the State:

On 6/11/20, MS authorized a pen and ink change to the effective date from 3/1/20 to 4/1/20 - Block #4 and Block #10.

On 8/24/20, MS authorized a pen and ink change to Block #10 from 19-0024 to 20-0001.

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

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**VIII. Durable Medical Equipment**

- A. The payment for the purchase of new Durable Medical Equipment (DME) is the lesser of the provider's usual and customary charge or a fee from statewide uniform fee schedule updated July 1 of each year and effective for services provided on or after July 1. The statewide uniform fee schedule will be calculated using eighty percent (80%) of the Medicare rural rate, if available, or the non-rural rate if there is no rural rate, on the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule in effect on January 1 of each year.
1. When it is determined by DOM, based on documentation, that the DMEPOS fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, then a fee will be calculated using market research from the area.
- B. If there is no DMEPOS fee, the provider will be reimbursed a fee determined by the Division of Medicaid based on the lower of the Division of Medicaid's average/established fee or the average of the fees from other states, when available, or determine the fee from cost information from providers and/or manufacturers, survey information from national fee analyzers, or other relevant fee-related information. The fees will be updated every three (3) years effective July 1 of that third (3<sup>rd</sup>) year.
- C. If there is no DMEPOS fee or a fee determined by the Division of Medicaid, the provider will be reimbursed a fee calculated through the following manual pricing:
1. Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%), or
  2. If there is no MSRP, then the provider's invoice received from a wholesaler or manufacturer plus twenty percent (20%).
- D. The payment for rental of DME is made from a statewide uniform fee schedule based on ten percent (10%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee as described in letter A or B not to exceed ten (10) months. After rental benefits are paid for ten (10) months, the DME becomes the property of the Mississippi Medicaid beneficiary unless otherwise authorized by the Division of Medicaid through specific coverage criteria.
- E. The payment for purchase of used DME is made from a statewide uniform fee schedule based on fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee as described in letter A or B.
- F. The payment for repair of DME is the cost of the repair, not to exceed fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS or Medicaid established fee as described in letter A or B.
- G. Any durable medical equipment not listed on the fee schedule may be requested for coverage by submitting documentation to the Division of Medicaid's UM/QIO who will determine medical necessity on a case-by-case basis.

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

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DME for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of DME. The Division of Medicaid's fee schedule rate was set as of July 1, 2020, and is effective for services provided on or after that date. All rates are published at [www.medicaid.ms.gov/providers/fee-schedules-and-rates/#](http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/#). Notwithstanding any other provision of this section, the Division of Medicaid, shall reduce the rate of reimbursement to DME providers for any service by five percent (5%) of the allowed amount for that service. The 5% reduction has been in effect since July 1, 2002. The federal match will be paid based on the reduced amount.

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

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**Medical Supplies**

- A. The payment for the purchase of Medical Supplies is the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule updated July 1 of each year and effective for services provided on or after July 1. The statewide uniform fee schedule will be calculated using eighty percent (80%) of the rural rate, if available, or the non-rural rate if there is no rural rate, on the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule in effect on January 1 of each year.
1. When it is determined by DOM, based on documentation, that the DMEPOS fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, then a fee will be calculated using market research from the area.
- B. If there is no DMEPOS fee, the provider will be reimbursed a fee determined by the Division of Medicaid based on the lower of the Division of Medicaid's average/established fee or the average of the fees from other states, when available, or determine the fee from cost information from providers and/or manufacturers, survey information from national fee analyzers, or other relevant fee-related information. The fees will be updated every three (3) years effective July 1 of that third (3rd) year. .
- C. If there is no DMEPOS fee or a fee determined by the Division of Medicaid, the provider will be reimbursed a fee calculated through the following manual pricing:
1. Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%), or
  2. If there is no MSRP, then the provider's invoice received from a wholesaler or manufacturer plus twenty percent (20%).
- D. Any medical supplies not listed on the fee schedule may be requested for coverage by submitting documentation to the Division of Medicaid's UM/QIO who will determine medical necessity on a case-by-case basis.

Medical Supplies for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical supplies. The Division of Medicaid's fee schedule rate was set as of July 1, 2020, and is effective for services provided on or after that date. All rates are published at [www.medicaid.ms.gov/providers/fee-schedules-and-rates/#](http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/#). Notwithstanding any other provision of this section, the Division of Medicaid shall reduce the rate of reimbursement to medical supply providers for any service by five percent (5%) of the allowed amount for that service. The 5% reduction has been in effect since July 1, 2002. The federal match will be paid based on the reduced amount.