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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 20-0017

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

August 31, 2020

Drew L. Snyder
Executive Director
Office of the Governor, Division of Medicaid
Walter Sillers Building
550 High Street, Suite 1000
Jackson, Mississippi 39201

Re: Mississippi State Plan Amendment 20-0017

Dear Mr. Snyder:

We have completed our review of State Plan Amendment (SPA) 20-0017. This SPA modifies Attachment 4.19-A of Mississippi's Title XIX State Plan. Specifically, the amendment proposes to allow the state to revise language in the plan for providers to submit cost reports and any supporting data from hard copy to electronic upload.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving Mississippi State plan amendment 20-0017 with an effective date of April 1, 2020. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, or require additional information, please call Anna Dubois at (850) 878-0916.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

For
Rory Howe
Acting Director

Enclosures

cc: Margaret Wilson, MS Division of Medicaid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-0017	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2020	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: \$0.00 FFY 2021: \$0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 17 and Page 19	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A, Page 17 and Page 19
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10. SUBJECT OF AMENDMENT:
State Plan Amendment (SPA) 20-0017 Inpatient Hospital Cost Report Submittals is being submitted to revise the method for submitting cost reports and any supporting data from hard copy to electronic upload.

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: 	16. RETURN TO: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: Drew L. Snyder	
14. TITLE: Executive Director	
15. DATE SUBMITTED: JUN 10 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: 8/31/20
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/20	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Rory Howe	22. TITLE: Acting Director, FMG

23. REMARKS:

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Title XIX Inpatient Hospital Reimbursement Plan

amount of \$50.00 per day the cost report is delinquent. This penalty may only be waived by the Executive Director of the Division of/Medicaid for good cause. Good cause is defined as a substantial reason that affords a legal excuse for a delay or an intervening action beyond the provider's control, e.g. flood, fire, natural disaster or other equivalent occurrence. Good cause does not include ignorance of the law, hardship, inconvenience or a cost report preparer engaged in other work.

F. What to Submit

1. The cost report and related information listed below must be uploaded electronically to the cost report data base as designated by the Division of Medicaid.
2. A signed signature page with either a scanned wet signature or digitally signed;
3. Working trial balance;
4. Depreciation expense schedule;
5. Supporting workpapers for:
 - a. Worksheet S-3
 - b. Worksheet A-6;
 - c. Worksheet A-8;
 - d. Worksheet A-8-1;
6. Worksheet C, Part I total charges workpaper;

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G. Where to File

The cost report and related information must be uploaded electronically to the cost report data base as designated by the Division of Medicaid.

H. Desk Reviews

The Division of Medicaid will conduct cost report reviews, as deemed necessary, prior to the reimbursement period. The objective of the desk reviews is to evaluate the necessity and reasonableness of facility costs in order to determine the allowable costs used in the calculation of the inpatient cost-to-charge ratio used to pay cost outlier payments. Desk reviews will be performed using desk review programs developed by the Division of Medicaid. Providers will be notified via the database web portal of all adjustments made to allowable costs. Facilities have the right of appeal as described in Section 3-1 of this plan.

The desk review procedures will consist of the following:

1. The latest cost report available to Medicaid in each calendar year for each hospital will be reviewed for completeness, accuracy, consistency and compliance with the Mississippi Medicaid State Plan, Medicare Principles of Reimbursement as described in the Medicare Provider Reimbursement Manual, 15-1, and