Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0041

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 31, 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 21-0041

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 vaccines and vaccine administration the same as those effective for State Fiscal Year (SFY) 2021, 2) to include language regarding the reimbursement for administration of Vaccine For Children (VFC) vaccines, and 3) 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, effective July 1, 2021.

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,

Todd McMillion Director Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	21-0041	MS
STATE I DATI MATEMAL		
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION:	
TOW CENTERS FOR MEDICARE AND MEDICAID SERVICES	TITLE XIX OF THE SOCIAL	SECURITY ACT
	(MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2021	
5. TYPE OF PLAN MATERIAL (Check One):		
5. TIPE OF PLAN MATERIAL (Creck One):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 C.F.R. § 447.201	FFY 2021: \$0.00	
9 DACE NUMBER OF THE DLAN SECTION OF ATTA OUNTRY	FFY 2022: \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSI	EDED PLAN SECTION
Attachment 4.19-B, Page 13c	OR ATTACHMENT (If Applicable):	
	Attachment 4.19-B, Page 13c	
	Tritaeninent 4.19-D, Tage 19e	
 10. SUBJECT OF AMENDMENT: State Plan Amendment (SPA) 21-0041 is being submitted to all vaccines and vaccine administration the same as those effective regarding the reimbursement for administration of Vaccine For C reimbursement reduction effective July 1, 2021, to be in complian 2799, effective July 1, 2021. 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 	e for State Fiscal Year (SFY) 2021, hildren (VFC) vaccines, and 3) remov	2) to include language ve the five percent (5%) inded by MS Senate Bill
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16 PETUDN TO	
THE AGENCY OFFICIAL.	16. RETURN TO:	
13. TYPED NAME: Drew L. Snyder	Drew L. Snyder	
13. TTPED NAME: Drew L. Snyder	Miss. Division of Medicaid	
14. TITLE: Executive Director	Attn: Margaret Wilson	
	550 High Street, Suite 1000	
15. DATE SUBMITTED:	Jackson, MS 39201-1399	
JUN 3 0 2021		
FOR REGIONAL OF		
17. DATE RECEIVED: June 30, 2021	18. DATE APPROVED: August 31,	2021
PLAN APPROVED – ONE		
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021	20. SIGNATURE OF REGIONAL OFF	CIAL:
21. TYPED NAME:	22. TITLE:	- <u>n</u>
Todd McMillion	Director, Division of Rei	mbursement Review
23. REMARKS:		

State of <u>Mississippi</u>

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

13c. Preventive Services:

The Division of Medicaid reimburses for vaccines and vaccine administration the lower of the provider's usual and customary charge or the below Effective as of July 1, 2021 all rates and/or fees for services will remain the same as those effective for State Fiscal Year (SFY) 2021.

Vaccine Ingredient Cost:

The federal Vaccine for Children (VFC) program provides vaccines free of charge to VFC enrolled providers. The Division of Medicaid does not reimburse for the cost of vaccines supplied through the VFC program.

Vaccines not covered through the VFC program are reimbursed:

- In the pharmacy setting, at the actual acquisition cost (AAC) of the vaccine and are listed on the Division of Medicaid's website at <u>https://medicaid.ms.gov/providers/fee-schedules-and-rates/#</u>. Effective July 1, 2021, the AAC is defined as the wholesale acquisition cost (WAC) plus 0% in effect on July 1, 2021, with no updates, for any claim type.
- 2. In the office setting, according to Attachment 4.19B, page 12a.3.

Vaccine administration for VFC vaccines is the lower of the HHS regional maximum fee or the Mississippi Medicaid physician fee schedule as follows:

- 1. Physicians and non-physician practitioners as outlined in Attachment 4.19-B, page 5a.
- 2. Pharmacy providers are reimbursed the same fee as non-physician practitioner that has attested as a primary care physician (PCP).
- 3. To receive reimbursement for vaccine administration to a VFC-eligible beneficiary, a physician, non-physician practitioner, or pharmacy provider or must also be enrolled as a VFC provider.

Vaccine administration for non-VFC vaccines:

- 1. For a pharmacist employed by a Mississippi Medicaid pharmacy provider and non-physician practitioner that has attested as a primary care physician (PCP) are located in Attachment 4.19-B, page 5a.
- 2. For a physician is located on the physician fee schedule at <u>https://medicaid.ms.gov/providers/fee-schedules-and-rates/</u>.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Division of Medicaid's fee schedule rate was set as of September 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/#.