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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 22-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 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



November 14, 2022

Mr. Drew Snyder
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 22-0001

Dear Mr. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0001. This amendment proposes to comply with the American Rescue Plan (ARP) requirements regarding coverage of U.S. Food & Drug Administration (FDA) authorized COVID diagnostic and screening tests consistent with the CDC definitions and recommendations when ordered by a practitioner.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of Mississippi also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Mississippi's Medicaid SPA Transmittal Number 22-0001 is approved effective March 11, 2021.

Page 2-Mr. Drew Snyder

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,



Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2 2</u> — <u>0 0 0 1</u></p>	<p>2. STATE <u>MS</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION <u>American Rescue Plan Title XIX of the Social Security Act</u></p>		<p>4. PROPOSED EFFECTIVE DATE March 11, 2021</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 7.7-B, Pages 1-3</u></p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>22</u> \$ <u>14,774,651</u> b. FFY <u>23</u> \$ <u>13,612,050</u></p>	
<p>9. SUBJECT OF AMENDMENT <u>State Plan Amendment (SPA) 22-0001 is being submitted to allow the Division of Medicaid (DOM) to comply with the American Rescue Plan (ARP) requirements regarding coverage of U.S. Food & Drug Administration (FDA)-authorized COVID diagnostic and screening tests consistent with the CDC definitions and recommendations when ordered by a practitioner.</u></p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>N/A</u></p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> OTHER, AS SPECIFIED:</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL <u>/s/</u></p>	<p>15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399</p>		
<p>12. TYPED NAME <u>Drew L. Snyder</u></p>	<p>16. DATE RECEIVED <u>8/16/2022</u></p>		
<p>13. TITLE <u>Executive Director</u></p>	<p>17. DATE APPROVED <u>11/14/2022</u></p>		
<p>14. DATE SUBMITTED <u>8/16/2022</u></p>	<p>FOR CMS USE ONLY</p>		
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <u>March 11, 2021</u></p>		<p>19. SIGNATURE OF APPROVING OFFICIAL </p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy</u></p>		<p>21. TITLE OF APPROVING OFFICIAL <u>On behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services</u></p>	
<p>22. REMARKS</p> <p>1. On 11/9/22, CMS revised the federal statutory citation in Box 5</p> <p>2. Please make the corrections to the federal budget impact that are noted in Box 22 by adding the remainder of the dollar figures in Years 1 and 2: "\$14,774,651" and "\$13,612,050"</p>			

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

X The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

COVID-19 tests must be ordered by a practitioner operating within their scope of practice.

 Applies to the state’s approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Reimbursement

 X The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

Payment methodologies for COVID-19 testing are the same as those listed in Attachment 4.19-B pages 2a.2 through 30 of the State Plan under the appropriate benefit category and/or provider type. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Covid testing. The agency’s fee schedule rate was set as of March 11, 2021 and is effective for services provided on or after that date. All rates are published on the agency’s website located at [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](#) . Rates are updated according to the timelines specified in the State Plan.

 The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

 The state’s rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

- Medicare national average, OR
- Associated geographically adjusted rate.

 The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state’s rate is as follows and the state’s fee schedule is published in the following location :

 The state’s fee schedule is the same for all governmental and private providers.

____ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

____ The payment methodologies for COVID-19 testing for providers listed above are described below:

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 22-0001

Approved: 11-14-22

Supersedes: NEW

Effective date: 03-11-21