

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) MS: 22-0010**

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**

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 22-0010

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 22-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) September 8, 2022. State Plan Amendment (SPA) 22-0010 allows reimbursement rates for orthotics and prosthetics to be updated annually based on eighty percent (80%) of the Medicare rate. These changes are being made in compliance with Miss. Code § 43-13-117, as amended by MS Senate Bill 657, effective July 1, 2022.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at 945-356-1231 or via email at [monica.neiman@cms.hhs.gov](mailto:monica.neiman@cms.hhs.gov)

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER 2 2 — 0 0 1 0	2. STATE MS
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. § 447.201, 42 C.F.R. §§ 440.40 and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$ 6,326 b. FFY 2023 \$ 25,160	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 6e TN: -22-0010		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 6e TN: 21-0011	

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 22-0010 is being submitted to allow reimbursement rates for orthotics and prosthetics to be updated annually based on eighty percent (80%) of the Medicare rate. These changes are being made in compliance with Miss. Code § 43-13-117, as amended by MS Senate Bill 657, effective July 1, 2022.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Drew L. Snyder

13. TITLE  
Executive Director

14. DATE SUBMITTED  
SEP 08 2022

15. RETURN TO

Drew L. Snyder  
Miss. Division of Medicaid  
Attn: Robin Bradshaw  
550 High Street, Suite 1000  
Jackson, MS 39201-1399

FOR CMS USE ONLY

16. DATE RECEIVED  
September 8, 2022

17. DATE APPROVED  
November 4, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 01, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

Pen and Ink change approved by the State and processed by CMS on the following fields:

Box 5: 42 C.F.R. §§ 440.40 and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment  
Box 7: TN: -22-0010  
Box 8: TN: 21-0011

STATE: MISSISSIPPI

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

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Orthotics and Prosthetics for children under age 21, if medically necessary, are reimbursed as follows:

- A. The reimbursement for purchase of Orthotics and Prosthetics is made from a Mississippi Medicaid statewide uniform fee schedule based on eighty percent (80%) of the Medicare rate.
- B. The reimbursement for repair of Orthotics and Prosthetics is the actual cost, not to exceed fifty percent (50%) of the purchase amount.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate is set annually as of July 1 and is effective for services provided on or after that date. All rates are published on the agency's website at [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](#).