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State/Territory Name: Mississippi

State Plan Amendment (SPA) MS: 22-0019

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

December 1, 2022

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 22-0019

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 22-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) September 8, 2022. This plan amendment was submitted to allow the Division of Medicaid (DOM) to update rates for preventative services according to the appropriate payment methodology for the service.

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

Sincerely,

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

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 9

2. STATE

MS3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



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 , 1905(a)(13) Other Diagnostic, Screening,
Preventive, Rehabilitative services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0b. FFY 2023 \$ 07. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 13c8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19-B, Page 13c

TN:22-0019

TN: 21-0041

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 22-0019 is being submitted to allow the Division of Medicaid (DOM) to update rates for
preventative services according to the appropriate payment methodology for the service.

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. Snyder13. TITLE
Executive Director14. DATE SUBMITTED
9/8/2022

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
09/08/202217. DATE APPROVED
December 1, 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 McMillion21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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

- Box 5: 1905(a)(13) Other Diagnostic, Screening, Preventive, Rehabilitative services.
- Box 7: TN: 22-0019
- Box 8: TN: 21-0041

State of Mississippi

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.

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:

1. In the pharmacy setting, at the actual acquisition cost (AAC) of the vaccine and are listed on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>. The AAC is defined as the wholesale acquisition cost (WAC) plus 0% 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 <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. All rates are published at www.medicicaid.ms.gov/providers/fee-schedules-and-rates/#.