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State/Territory Name: Mississippi

State Plan Amendment (SPA) MS: 22-0026

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 19, 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 22-0026

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 22-0026, which was submitted to the Centers for Medicare & Medicaid Services (CMS) November 22, 2022. State Plan Amendment (SPA) 22-0026 is being submitted to allow the Division of Medicaid (DOM) to update the rates for ambulatory surgical centers (ASCs) October 1 of each year, based on the Medicare rate in effect July 1 of that year, effective October 1, 2022.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 01, 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 black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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|--|---|--|-----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER 2 2 — 0 0 2 6 | 2. STATE MS |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §§ 447.201, 440.90 | | 4. PROPOSED EFFECTIVE DATE October 1, 2022 | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 9a MS SPA 22-0026 | | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 23 \$ 80,235 b. FFY 24 \$ 80,235 | |
| 9. SUBJECT OF AMENDMENT State Plan Amendment (SPA) 22-0026 is being submitted to allow the Division of Medicaid (DOM) to update the rates for ambulatory surgical centers (ASCs) October 1 of each year, based on the Medicare rate in effect July 1 of that year, effective October 1, 2022. | | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 9a MS SPA 21-0013 | |
| 10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <div style="text-align: right; margin-top: 10px;"> <input type="radio"/> OTHER, AS SPECIFIED: </div> | | | |
| 11. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; height: 20px; width: 100%;"></div> | 15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399 | | |
| 12. TYPED NAME Drew L. Snyder | 13. TITLE Executive Director | | |
| 14. DATE SUBMITTED NOV 23 2022 | FOR CMS USE ONLY | | |
| 16. DATE RECEIVED November 22, 2022 | 17. DATE APPROVED December 19, 2022 | | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL October 01, 2022 | 19. SIGNATURE OF APPROVING OFFICIAL <div style="background-color: black; height: 20px; width: 100%;"></div> | | |
| 20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion | 21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review | | |
| 22. REMARKS | | | |

State of Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

Ambulatory Surgical Center Facility Services

Reimbursement of ambulatory surgical center (ASC) services is made from a Mississippi Medicaid statewide uniform fee schedules updated October 1 of each year and effective for services provided on or after that date based on eighty percent (80%) of the Medicare Ambulatory Surgical Center Payment System in effect July 1 of that year.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental, if any, and non-governmental providers of ambulatory surgical center services. All rates may be viewed at www.medicaid.ms.gov/FeeScheduleLists.aspx.