

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) MS: 22-0027

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

January 5, 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 22-0027

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 22-0027, which was submitted to the Centers for Medicare & Medicaid Services (CMS) November 22, 2022. State Plan Amendment (SPA) 22-0027 Durable Medical Equipment (DME) and Medical Supplies is being submitted to allow the Division of Medicaid (DOM) to update the rates for durable medical equipment (DME) and Medical Supplies October 1, 2022 and July 1 of each year thereafter based on the Medicare Rural Rate in effect January 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

| | | |
|--|---|------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>2 2 — 0 0 2 7</u> | 2. STATE <u>MS</u> |
| | 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 October 1, 2022 | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §§ 440.70, 447.201 1902(a)(30) DME Rate Increase, Section 1903(i)(27) DME and 1905 (a)(30) Other Medical Care. | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>23</u> \$ <u>436,054</u> b. FFY <u>24</u> \$ <u>436,054</u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Exhibit A, Pages 10-12 MS SPA 22-0027 | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Exhibit A, Pages 10-12 MS SPA 21-0031 | |

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 22-0027 Durable Medical Equipment (DME) and Medical Supplies is being submitted to allow the Division of Medicaid (DOM) to update the rates for durable medical equipment (DME) and Medical Supplies October 1, 2022 and July 1 of each year thereafter based on the Medicare Rural Rate in effect January 1 of that year, effective October 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
NOV 23 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
November 22, 2022

17. DATE APPROVED
January 5, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 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 processed by CMS and approved by the State to add the following regulatory references on 179 Form, box 5:
 1902(a)(30) DME Rate Increase
 Section 1903(i)(27) DME
 1905 (a)(30) Other Medical Care.

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

VIII. Durable Medical Equipment

- A. The payment for the purchase of new Durable Medical Equipment (DME) is the lesser of the provider's usual and customary charge or a fee from the statewide uniform fee schedule effective as of October 1, 2022 and updated July 1 of each year thereafter and effective for services provided on or after those dates. The Mississippi statewide uniform fee schedule will be calculated using eighty percent (80%) of the Medicare rural rate, if available, or the non-rural rate if there is no rural rate, on the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule in effect on January 1 of each year.

If there is no DMEPOS fee, the provider will be reimbursed a fee determined by the Division of Medicaid, as needed, based on the lower of the Division of Medicaid's average/established fee or the average of the fees from other states, when available, or determine the fee from cost information from providers and/or manufacturers, survey information from national fee analyzers, or other relevant fee-related information.

- B. If there is no DMEPOS fee or a fee determined by the Division of Medicaid, the provider will be reimbursed a fee calculated through the following manual pricing:
1. Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%), or
 2. If there is no MSRP, then the provider's invoice received from a wholesaler or manufacturer plus twenty percent (20%).
- C. The payment for rental of DME is made from a Mississippi statewide uniform fee schedule based on ten percent (10%) of eighty percent (80%) of the Medicare DMEPOS in effect January 1 of that year or Mississippi Medicaid established fee as described in letter A or B not to exceed ten (10) months. After rental benefits are paid for ten (10) months, the DME becomes the property of the Mississippi Medicaid beneficiary unless otherwise authorized by the Division of Medicaid through specific coverage criteria.
- D. The payment for purchase of used DME is made from a Mississippi statewide uniform fee schedule based on fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS in effect January 1 of that year or Mississippi Medicaid established fee as described in letter A or B.
- E. The payment for repair of DME is the cost of the repair, not to exceed fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS in effect January 1 of that year or Mississippi Medicaid established fee as described in letter A or B.
- F. Any durable medical equipment not listed on the fee schedule may be requested for coverage by submitting documentation to the Division of Medicaid's UM/QIO who will determine medical necessity on a case-by-case basis.

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

DME for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

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

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

Medical Supplies

- A. The payment for the purchase of Medical Supplies is the lesser of the provider's usual and customary charge or a fee from a Mississippi statewide uniform fee schedule effective as of October 1, 2022 and updated July 1 of each year thereafter and effective for services provided on or after those dates. The statewide uniform fee schedule will be calculated using eighty percent (80%) of the rural rate, if available, or the non-rural rate if there is no rural rate, on the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule in effect on January 1 of each year.
- B. If there is no DMEPOS fee, the provider will be reimbursed a fee determined by the Division of Medicaid, as needed, based on the lower of the Division of Medicaid's average/established fee or the average of the fees from other states, when available, or determine the fee from cost information from providers and/or manufacturers, survey information from national fee analyzers, or other relevant fee-related information.
- C. If there is no DMEPOS fee or a fee determined by the Division of Medicaid, the provider will be reimbursed a fee calculated through the following manual pricing:
 - 1. Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%), or
 - 2. If there is no MSRP, then the provider's invoice received from a wholesaler or manufacturer plus twenty percent (20%).
- D. Any medical supplies not listed on the Mississippi Medicaid fee schedule may be requested for coverage by submitting documentation to the Division of Medicaid's UM/QIO who will determine medical necessity on a case-by-case basis.

Medical Supplies for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

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