

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 12, 2024

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

Re: Mississippi State Plan Amendment (SPA) 24-0001

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes allowing the Division of Medicaid to remove references to Medicare regulations and in-home services, unfreeze reimbursement rates, and make other edits required by CMS to End-Stage Renal Disease (ESRD) Services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.90. This letter informs you that Mississippi's Medicaid SPA TN 24-0001 was approved on June 12, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Mississippi State Plan.

If you have any questions, please contact Tandra Hodges at (404) 562-7409 or via email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Robin Bradshaw  
Sarah Tadlock  
Trip Polles

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER</b> 2 4 — 0 0 0 1	<b>2. STATE</b> MS
	<b>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</b> <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
<b>TO: CENTER DIRECTOR</b> CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>4. PROPOSED EFFECTIVE DATE</b> January 1, 2024	
<b>5. FEDERAL STATUTE/REGULATION CITATION</b> 42 CFR § 440.90	<b>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</b> a. FFY 24 \$ 1,104,805 b. FFY 25 \$ 1,466,019	
<b>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</b> Attachment 4.19-B, Page 9b Attachment 3.1-A, Exhibit 9b	<b>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</b> Attachment 4.19-B, Page 9b MS SPA 21-0027 Attachment 3.1-A, Exhibit 9b MS SPA 14-003	


**9. SUBJECT OF AMENDMENT**

State Plan Amendment (SPA) 24-0001 End-Stage Renal Disease (ESRD) Services is being submitted to allow the Division of Medicaid (DOM) to remove references to Medicare regulations, remove references to in-home services, unfreeze reimbursement rates and make other edits required by the Centers for Medicare and Medicaid Services (CMS).


**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:

<b>11. SIGNATURE OF STATE AGENCY OFFICIAL</b> 	<b>15. RETURN TO</b> Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399
<b>12. TYPED NAME</b> Drew L. Snyder	
<b>13. TITLE</b> Executive Director	
<b>14. DATE SUBMITTED</b> MAR 18 2024	

**FOR CMS USE ONLY**

<b>16. DATE RECEIVED</b> March 18, 2024	<b>17. DATE APPROVED</b> June 12, 2024
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
<b>18. EFFECTIVE DATE OF APPROVED MATERIAL</b> January 1, 2024	<b>19. SIGNATURE OF APPROVING OFFICIAL</b> 
<b>20. TYPED NAME OF APPROVING OFFICIAL</b> James G. Scott	<b>21. TITLE OF APPROVING OFFICIAL</b> Director, Division of Program Operation

**22. REMARKS**

On June 4, 2024 - State authorized pen and ink changes in blocks 7 and 8 to include Attachment 3.1-A, Exhibit 9b

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
State of Mississippi**

**Attachment 3.1-A  
Exhibit 9b**

**DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND  
SERVICES PROVIDED**

**9b. Clinic Services-End-Stage Renal Dialysis (ESRD) Services**

The Division of Medicaid covers all end-stage renal dialysis (ESRD) services and items used to furnish outpatient maintenance dialysis in an ESRD facility.

A renal dialysis facility or renal dialysis center must provide dialysis services, as well as adequate laboratory, social, and dietetic services to meet the needs of the ESRD beneficiary. The Division of Medicaid covers for all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.

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TN No. 24-0001

Date Received 03/18/2024

Supersedes

Date Approved 06/12/2024

TN No. 14-003

Date Effective 01/01/2024

**State of Mississippi**

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

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**Dialysis Center Services**

**A. Payment Methodology**

Effective January 1, 2014, dialysis centers shall be reimbursed at a bundled end-stage renal disease (ESRD) prospective payment system (PPS) rate. The ESRD PPS rate is equal to the Medicare ESRD bundled PPS rate as of January 1 published in the Federal Register in the fourth (4<sup>th</sup>) quarter of the preceding calendar year. The ESRD PPS rate provides a single payment to freestanding and hospital-based dialysis centers covering all resources used in providing dialysis treatment in the centers, including supplies, equipment, drugs, biologicals, laboratory services, and support services. A complete listing of drugs, biologicals and lab services included in the ESRD PPS rate can be viewed at [www.medicaid.ms.gov/FeeScheduleLists.aspx](http://www.medicaid.ms.gov/FeeScheduleLists.aspx).

**B. Rate Setting**

New dialysis centers are assigned an ESRD PPS rate equal to the prevailing Medicare bundled ESRD base PPS rate in effect the year of the Medicaid Provider Application approval, adjusted by the ESRD PPS Wage Index for the provider's Core-Based Statistical Area (CBSA) labor market area in effect that same year.

For each subsequent year, the dialysis center's ESRD PPS rate shall be equal to the bundled ESRD base PPS rate established by Medicare as of January 1 for that year and adjusted by the ESRD PPS Wage Index.