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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 25-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page

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

July 16, 2025

Cindy H. Bradshaw
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 25-0009

Dear Executive Director Bradshaw:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0009. This amendment allows the Division of Medicaid (DOM) to remove prior authorization language and clarify details for inpatient referrals of physician specialist and inpatient hospital physician visit limits.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.50 and 440.230. This letter informs you that Mississippi's Medicaid SPA TN 25-0009 was approved on July 16, 2025, effective May 1, 2025.

Enclosed are copies of the Form CMS-179 and approved SPA page 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.

Sincerely,

A black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Robin Bradshaw
Sarah Tadlock

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 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

May 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. §§ 440.50, 440.230

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 25 \$ 365,307b. FFY 26 \$ 880,727

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A Exhibit 58. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1-A Exhibit 5

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 25-0009 is being submitted to allow the Division of Medicaid (DOM) to remove prior authorization language and clarify details for inpatient referrals of physician specialist and inpatient hospital physician visit limits effective May 1, 2025.

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

Cindy H. Bradshaw

13. TITLE

Executive Director

14. DATE SUBMITTED

May 21, 2025

15. RETURN TO

Cindy H. Bradshaw

Miss. Division of Medicaid

Attn: Robin Bradshaw

550 High Street, Suite 1000

Jackson, MS 39201-1399

FOR CMS USE ONLY

16. DATE RECEIVED

May 21, 2025

17. DATE APPROVED

July 16, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

May 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

State of Mississippi**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION, AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED**

5. The Division of Medicaid covers Physicians' Services, including those that an optometrist is legally authorized to perform within their scope of practice, with the following limitations:

Hospital physician visits are limited to one (1) per day, per specialty, except hospital physician visits to beneficiaries in Intensive or Coronary Care Units (ICU or CCU) are limited to two (2) per day, per specialty. The Division of Medicaid covers additional medically necessary inpatient hospital physician visits when documented as medically necessary.

Hospital emergency department (ED) physician visits are not limited.

Nursing facility physician visits are limited to thirty-six (36) per state fiscal year (SFY).

Physician office visits and hospital outpatient department physician visits are limited to:

- For non-psychiatric physician visits a combined total of sixteen (16) visits per SFY.
- For psychiatric physician visits a combined total of sixteen (16) visits per SFY.

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations of the State Plan are covered with prior authorization from the Division of Medicaid or designee.