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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 25-0012

This file contains the following documents in the order listed:

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

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

August 14, 2025

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

Re: Mississippi State Plan Amendment (SPA) 25-0012

Dear Executive Director Bradshaw:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0012. This amendment allows the Division of Medicaid (DOM) to update the calculation of the Prescribed Pediatric Extended Care (PPEC) rates to use the 2023 average small nursing facility rates.

We completed our review of your submission in accordance with statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.201. This letter informs you that Mississippi's Medicaid SPA TN 25-0012 was approved on August 14, 2025, effective May 1, 2025.

Enclosed are copies of the Form CMS-179 and the 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.

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 1 2	2. STATE MS
	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 May 1, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 U.S.C § 1396d; 42 C.F.R. § 447.201	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 25 \$ 693,354 b. FFY 26 \$ 1,664,050 1,664,050	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-D, Page 2 Attachment 4.19-B, Page 4b(3)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-D, Page 2 Attachment 4.19-B, Page 4b(3)	

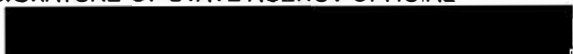
9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 250012 is being submitted to allow DOM to update the calculation of the Prescribed Pediatric Extended Care (PPEC) rates to use the 202 average small nursing facility rate, 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 	15. RETURN TO Cindy H. Bradshaw Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 392 01-1399
12. TYPED NAME Cindy H. Bradshaw	
13. TITLE Executive Director	
14. DATE SUBMITTED MAY 21 2025	

FOR CMS USE ONLY

16. DATE RECEIVED May 21, 2025	17. DATE APPROVED August 14, 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

07/22/25 - State authorized pen and ink change to block 6 FFY26 impact to read \$1,664,050

State of Mississippi

METHODS OF PROVIDING TRANSPORTATION

The Contractor shall be paid monthly in accordance with the Contractor's bid response based on a retrospective review of the prior month transportation claims.

The Contractor's monthly payment shall be based on:

1. The Contractor's bid rate: per trip leg utilized by beneficiaries by transportation trip type category, and
2. An administrative fee capped each month at an amount not to exceed 15% of the monthly trip leg payment.

The Contractor shall provide timely payment to each contracted NET Provider for the services rendered. The Contractor may reimburse NET Providers through any payment arrangement agreeable to both parties, including a sub-capitation arrangement. All payment arrangements must include an incentive or safeguard to ensure utilization data for every encounter is submitted to the Contractor.

Transportation for long-term care residents is reimbursed as part of the long-term care benefit using the methodology in Attachment 4.19-D.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of transportation provided by PPEC centers. The Division of Medicaid's fee schedule rate was set as of May 1, 2025 and is effective for services provided on or after that date. Reimbursement is the lesser of the provider's usual and customary charges or the fee from the state-developed fee schedule, which is published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

NET ambulance hospital-to-hospital transports are reimbursed the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule updated July 1, 2020 and effective for services provided on or after July 1, 2020 of each year which can be located at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#> and is calculated as seventy percent (70%) of the Medicare ambulance fee schedule in effect as of January 1, 2020. If a Medicare fee is not established, then the fee is set at seventy percent (70%) of the Medicare fee for a comparable service.

The Division of Medicaid requires that no agreement (contractual or otherwise) exists between the State or any form of local government and the transportation broker to return or redirect any of the Medicaid payment to the State or form of local government (directly or indirectly). This assurance is not intended to interfere with the ability of a NET Broker to contract for transportation services at a lesser rate and credit any savings to the program.

State of Mississippi

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

The Division of Medicaid reimburses Prescribed Pediatric Extended Care (PPEC) providers the lesser of:

1. The provider's usual and customary charge,
2. An hourly rate for each completed hour up to six (6) hours of services, or
3. A daily rate for over six (6) hours of services

Rates are calculated utilizing the costs used to set the 2023 average small nursing facility rates, adjusting the staff costs to reflect the minimum requirements for a PPEC and removing food costs, dietary salaries and benefits, and other expenses not related to costs incurred by a PPEC.

Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers of PPEC services. The Division of Medicaid's statewide uniform fee schedule rate was set as of May 1, 2025, and is effective for services provided on or after that date. All fees are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

The Division of Medicaid reimburses for transportation provided by PPECs as described in Attachment 3.1-D.