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State/Territory Name: Mississippi

State Plan Amendment (SPA) MS: 22-0009

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

November 4, 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 22-0009

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 22-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) September 8, 2022. This plan amendment was submitted to allow reimbursement rates for other licensed practitioners to be updated, when applicable, according to the appropriate State Plan payment methodology, effective July 1, 2022.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 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,

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 <div style="text-align: center;">2 2 — 0 0 0 9</div>	2. STATE <div style="text-align: center;">MS</div>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="text-align: center;"> <input checked="" type="radio"/> XIX <input type="radio"/> XXI </div>	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. § 447.201 , 1905(a)(6) Other Licensed Practitioner		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">July 1, 2022</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 6d TN: 22-0009		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2022 \$ 0 b FFY 2023 \$ 0 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 6d TN: 21-0010	
9. SUBJECT OF AMENDMENT 22-0009 is being submitted to allow reimbursement rates for other licensed practitioners to be updated, when applicable, according to the appropriate State Plan payment methodology, effective July 1, 2022.			
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between;"> <div> <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> <div> <input type="radio"/> OTHER, AS SPECIFIED: </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; height: 30px; 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 <div style="text-align: center; font-size: 1.2em;">SEP 08 2022</div>		16. DATE RECEIVED September 8, 2022	
FOR CMS USE ONLY			
16. DATE RECEIVED September 8, 2022		17. DATE APPROVED November 4, 2022	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 01, 2022		19. SIGNATURE OF APPROVING OFFICIAL <div style="background-color: black; height: 30px; width: 100%;"></div>	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS			

Pen and Ink Change approved by the State and processed by CMS on the following fields:

Box 5: 1905(a)(6) Other Licensed Practitioner

Box 7: TN: 22-0009

Box 8: TN: 21-0010

State of Mississippi

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

6d. Other Licensed Practitioners' (OLP) Services:

Nurse Practitioner and Physician Assistant Services: Reimbursement for nurse practitioner and physician assistant services shall be at 90% of the fee for reimbursement paid to licensed physicians under the Mississippi Medicaid statewide physician fee schedule for comparable services under comparable circumstances.

Psychologist, Licensed Certified Social Workers (LCSW), and Licensed Professional Counselors (LPC) Services and Licensed Marriage and Family Therapists (LMFT) are reimbursed according to the payment methodology on Attachment 4.19-B, Page 13.

OLP services for EPSDT beneficiaries, when prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO) as 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 paragraph.

Reimbursement to a pharmacy provider, for vaccine administration by a pharmacist, is the same fee as a non-physician practitioner that has attested as a primary care physician (PCP) outlined in Attachment 4.19-B page 5a.

Pharmacy Disease Management Services: The pharmacy disease management services are reimbursed on a per encounter basis with an encounter averaging between fifteen and thirty minutes. The reimbursement is a flat fee established after reviewing Medicaid's physician fee schedule and reimbursement methodologies and fees of other states and third party payers.

Except as otherwise noted in the plan, state-developed uniform fixed fee schedule rates are the same for both governmental and private OLP providers. All rates are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.