

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) MS: 22-0011**

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



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**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 22-0011

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 22-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) September 09, 2022. State Plan Amendment (SPA) 22-0011 allows the Division of Medicaid (DOM) to update the Physician Fee Schedule July 1 of each year based on ninety percent (90%) of the Medicare Physician Fee schedule in effect January 1, 2022 and as may be adjusted each July thereafter.

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](mailto: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

2 2 - 0 0 1 1

2. STATE

MS

3. 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

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. § 447.201, 1905(a)(5)(A) Physician services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 627,758  
b. FFY 2023 \$ 2,496,604

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 5 and 5a  
TN 22-0 011

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Page 5 and 5a  
TN:21-0 012

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 22-0011 is being submitted to allow the Division of Medicaid (DOM) to update the Physician Fee Schedule July 1 of each year based on ninety percent (90%) of the Medicare Physician Fee schedule in effect January 1, 2022 and as may be adjusted each July thereafter.

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

SEP 09 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  
September 9, 2022

17. DATE APPROVED  
November 4, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillon

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) (5)(A) Physician services  
Box 7: TN:22-0 011  
Box 8 TN :21-0 012

**State of Mississippi**  
**Methods and Standards for Establishing Payment Rates – Other Types of Care**

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Physicians' services – The normal reimbursement rate for Medicaid physician services is ninety percent (90%) of the Medicare Physician Fee Schedule in effect as of January 1, 2022 and as may be adjusted each July thereafter. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

**Enhanced Primary Care Physician Payment:**

The Division of Medicaid will continue to reimburse for services provided by physicians who self-attest as having a primary specialty designation of family medicine, pediatric medicine or internal medicine formerly authorized by 42 C.F.R. § 447.400(a).

Effective July 1, 2016, the Division of Medicaid will reimburse for services provided by obstetricians and gynecologists (OB/GYNs) with a primary specialty/subspecialty designation in obstetric/gynecologic medicine who attest to one (1) of the following:

- 1) Physician is board certified by the American Congress of Obstetricians and Gynecologists (ACOG) as a specialist or subspecialist in obstetric/gynecologic medicine, or
- 2) Physician with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and has furnished the evaluation and management services and vaccines administration services listed below that equal at least sixty percent (60%) of the Medicaid codes they have billed during the most recently completed calendar year but does not have an ACOG certification, or
- 3) Physician, newly enrolled as a Medicaid provider, with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and attests that the evaluation and management services and vaccines administration services listed below will equal at least sixty percent (60%) of the Medicaid codes they will bill during the attestation period, or
- 4) Non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care services.

Primary Care Services' reimbursement applies to certain Evaluation and Management (E&M) and Vaccine Administration Codes.

**State of Mississippi**  
**Methods and Standards for Establishing Payment Rates – Other Types of Care**

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Enhanced primary Care Services' fees are reimbursed at one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1, 2022 and as may be adjusted each July thereafter. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Physician services not otherwise covered by the State Plan but determined to be medically necessary for EPSDT beneficiaries are reimbursed according to the methodology described above.