Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) MS: 22-0018

This file contains the following documents in the order listed:

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 22-0018.

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment (SPA) 22-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) September 8, 2022. This plan amendment was submitted to allow the Division of Medicaid (DOM) to update the reimbursement rates for midwife services when applicable.

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	2. STATE
2 2 — 0 0 1 8	__ __

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)(17) Nurse-Midwife services

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 0
b. FFY 2023 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 17

TN: 22-0018

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Attachment 4.19-B, Page 17

TN: 21-0034

9. SUBJECT OF AMENDMENT

State Plan Amendment (SPA) 22-0018 is being submitted to allow the Division of Medicaid (DOM) to update the reimbursement rates for midwife services when applicable.

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
██████████████████████	Drew L. Snyder
12. TYPED NAME Drew L. Snyder	Miss. Division of Medicaid Attn: Robin Bradshaw
13. TITLE Executive Director	550 High Street, Suite 1000 Jackson, MS 39201-1399
14. DATE SUBMITTED **SEP 0 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 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL ████████████████
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)(17) Nurse-Midwife services NIPT
Box 7: TN: 22-0018
Box 8: TN: 21-0034

State Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHERTYPES OF CARE

17.   <u>Nurse-midwife services</u>

The reimbursement for certified nurse midwifery services shall not exceed ninety percent (90%) of the reimbursement rate for comparable services rendered by a physician. 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 *Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).*