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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0051

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 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

April 26, 2022

Mr. Drew Snyder Executive Director Mississippi Division of Medicaid 550 High Street, Suite 1000 Jackson, MS 39201

RE: Mississippi State Plan Amendment (SPA) 21-0051

Dear Mr. Snyder,

We have reviewed the proposed Mississippi State Plan Amendment (SPA) to Attachment 4.19-A, MS- 21-0051, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 28, 2022. This SPA intends to update disproportionate share hospital (DSH) payment calculations to be consistent between preliminary and final DSH payment calculations.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Douglas Spitler at (410) 786-1304 or douglas.spitler@cms.hhs.gov.

Sincerely,

Rory Howe
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL	1. TRANSMITTAL NUMBER 2. STATE
STATE PLAN MATERIAL	$\frac{2}{2} \frac{1}{1} - \frac{0}{0} \frac{0}{5} \frac{5}{1} \frac{1}{MS}$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	CES 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2022
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET (MPACT (Amounts in WHOLE dollars)
42 U.S.C. 1396r-4	a FFY 22 \$ 0
T DAGE NUMBER OF THE DIAM SECTION OF ATTACHMENT	b, FFY 23 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4. 19-A,Page 64	Attachment 4.19-A, Page 64
<u>-</u>	
9. SUBJECT OF AMENDMENT	
State Plan Amendment (SPA) 21-0051 is being submitted to	
calculations to be consistent between the preliminary and fin	iai Don payment calculations effective January 1, 2022.
10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	<u> </u>
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	AL.
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Drew L. Snyder
12. TYPED NAME	Miss. Division of Medicaid
Drew L. Snyder	Attn: Margaret Wilson 550 High Street, Suite 1000
13. TITLE	Jackson, MS 39201-1399
Executive Director	-
14. DATE SUBMITTED JAN 2 8 2022	
FOR	CMS USE ONLY
16. DATE RECEIVED	17. DATE APPROVED
January 28, 2€22	April 26, 2022
18. EFFECTIVE DATE OF APPROVED MATERIAL	D - ONE COPY ATTACHED 1 19. SIGNATURE OF APPROVING OFFICIAL
January 1, 2022	13. SIGNATURE OF AFFROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Rory Howe	Director, FMG
22. REMARKS	Director, FMG

State of Mississippi

Title XIX Inpatient Hospital Reimbursement Plan

services (including GME program costs approved in accordance with Section 1.Q. of this plan) by the hospital to patients who either are eligible for medical assistance under this (or another state's) State Plan, or have no health insurance (or other source of third party coverage) for services provided during the year less any payments made by Medicaid, other than for disproportionate share payments, and less any payments made by uninsured patients. For purposes of this section, payments made to a hospital for services provided to indigent patients made by a State or a unit of local government within a State shall not be considered to be a source of third party payment. For Medicaid DSH payment purposes, allowable costs include inpatient hospital and outpatient hospital costs of treating patients for whom Medicaid is the primary payor and patients who have no health insurance (or other source of third party coverage), along with any offsetting payments. Allowable uncompensated care costs are defined in accordance with Section 1923(g) of the Social Security Act in effect for the given DSH period. Allowable costs for hospitals that meet the 97th percentile exception will be in accordance with the Consolidated Appropriations Act of 2021.

- B. The payment to each hospital shall be calculated by applying a uniform percentage required to allocate 100% of the MS DSH allotment to all DSH eligible hospitals for the rate year to the uninsured care cost of each eligible hospital, excluding state-owned institutions for treatment of mental diseases; however, that percentage for a state-owned teaching hospital located in Hinds County shall be multiplied by a factor of two (2).
- C. For each state fiscal year from 2015 forward, the state shall use uninsured costs from the hospital data related to the most recently filed and longest cost reporting period ending in the calendar year prior to the beginning of the state fiscal year.
 - Those hospital assessments removed on the facility's cost report in accordance with the Medicare
 Provider Reimbursement Manual, 15-1, Section 2122, should be identified on the hospital DSH
 survey for add-back in the computation of the uncompensated care costs for Medicaid DSH
 payment purposes.
- D. The Division of Medicaid shall implement DSH calculation methodologies that result in the maximization of available federal funds.

5-3 <u>Disproportionate Share Payment Period</u>

The DSH payment period is from October 1 through September 30. The determination of a hospital disproportionate share status is made annually for hospitals that meet the DSH requirements as of October 1. Once the list of disproportionate

TN No. <u>21-0051</u>

Supercedes

TN No. 18-0015

Date Approved April 26, 2022 Date Effective 01/01/22