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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

December 15, 2021

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

Re: Mississippi State Plan Amendment (SPA) 21-0016

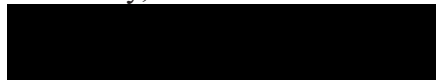
Dear Mr. Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0016. This amendment proposes to (1) clarify the different types of encounters when reimbursement is made for more than one encounter performed on the same days; (2) adds requirements for Federally Qualified Health Centers (FQHC) mobile units; and (3) adds language to refer to Attachment 3.1-A Introductory Pages for coverage of telehealth services to be in compliance with the Mississippi Code Annotated as amended by Senate Bill 2799, effective July 1, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 447.201. This letter is to inform you that Mississippi Medicaid SPA 21-0016 was approved on December 6, 2021 with an effective date of July 1, 2021.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at Etta.Hawkins@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Margaret Wilson
Will Ervin

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0016	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2021	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 447.201	7. FEDERAL BUDGET IMPACT: FFY 2021: \$0.00 FFY 2022: \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Exhibit 2c, Page 2 – 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Exhibit 2c, Page 2 – 4

10. SUBJECT OF AMENDMENT:


State Plan Amendment (SPA) 21-0016 is being submitted to allow the Division of Medicaid (DOM) to: 1) Clarify the different types of encounters and when reimbursement is made for more than one encounter performed on the same day, 2) Add the requirements for FQHC mobile units, and 3) add language to refer to Attachment 3.1-A Introductory Pages for coverage of telehealth services to be in compliance with Miss. Code Ann. as amended by Senate Bill 2799, effective July 1, 2021.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: Drew L. Snyder	
14. TITLE: Executive Director	
15. DATE SUBMITTED: 06/30/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 30, 2021	18. DATE APPROVED: December 06, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

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5. The physician, in conjunction with the physician assistant and/or nurse practitioner, must participate in developing, executing, and periodically reviewing the clinic's written policies and the services provided to Medicaid beneficiaries, and must periodically review the center's patient's records, provide medical orders, and provide medical care services to the patients of the center.
6. A physician must be present for sufficient periods of time, at least once in every two week period (except in extraordinary circumstances), to provide the medical direction, medical care services, consultation and supervision and must be available through direct telecommunication for consultation, assistance with medical emergencies, or patient referral. The extraordinary circumstances are to be documented in the records of the center.
7. The FQHC program requires state licensure for physicians and nurses, as well as compliance with state law for all clinical staff credentialing.
8. The FQHC program has no requirements for hospital admitting privileges, but a practice must demonstrate that hospital services are available to patients.

B. Direct Services

Medicaid will reimburse those diagnostic and therapeutic services and supplies that are commonly furnished in a physician's office or at the entry point into the health care system. These include medical history, physical examination, assessment of health status, and treatment for a variety of medical conditions.

C. Encounter

1. An encounter is also referred to as a visit. An encounter at a FQHC is a face-to-face visit between a beneficiary and any health professional whose services are reimbursed as one (1) of the following under the State Plan.
 - a. A medical encounter is a face-to-face visit between a beneficiary and a physician, physician assistant, nurse practitioner, or nurse midwife for the provision of medical services.
 - b. A mental health encounter is a face-to-face visit between a beneficiary and a physician, psychiatrist, psychiatric mental health nurse practitioner, nurse practitioner, physician assistant, clinical psychologist, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed marriage and family therapist (LMFT), or board certified behavior analyst for the provision of mental health services.
 - c. A dental encounter is a face-to-face visit between a beneficiary and a dentist for the provision of dental services.
 - d. A vision encounter is a face-to-face visit between a beneficiary and an ophthalmologist, optometrist, physician, nurse practitioner or physician assistant for the provision of vision services.
2. Encounters with more than one health professional for the same type of service or more than one encounter with the same health professional, which take place on the same day and at a single location constitute a single encounter, except when one of the following circumstances occur:

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- a. After the first encounter, the beneficiary suffers illness or injury requiring additional diagnosis or treatment.
 - b. The beneficiary has a combination medical encounter, mental health encounter, dental encounter, and/or vision encounter that are each a separate identifiable service.
 - c. The beneficiary has an initial preventative physical exam encounter and a separate medical, mental health, dental or vision encounter on the same day.
3. Home Encounters
- A home encounter is covered as a face-to-face visit when performed within a rural area in the county or an adjacent county where the FQHC is located.
4. FQHC Mobile Unit Encounters are covered when the mobile unit meets the following criteria:
- a. Must be surveyed by the Mississippi Department of Health (MSDH) and receive an approval letter from the Centers for Medicare and Medicaid Services (CMS) prior to providing services.
 - b. Must meet all federal and state requirements for FQHC mobile units.
 - c. Must have a fixed set of locations where the mobile unit is scheduled to provide services at specified dates and times.
 - 1) Locations for FQHC mobile unit services must meet the rural and shortage area requirements at the time of survey.
 - 2) The schedule of times and locations must be posted on the mobile unit and publicized by other means so that beneficiaries will know the mobile unit's schedule in advance.
 - d. Must operate:
 - 1) Within rural areas in the county or an adjacent county where the affiliated FQHC has a permanent structure.
 - 2) If the FQHC has no permanent structure, within rural areas in the county or an adjacent county of the initial CMS approved locations.
 - 3) Mobile units must have a separate Mississippi Medicaid provider number from the affiliated FQHC.

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CARE AND SERVICES PROVIDED**

E. Non-Covered Services

1. FQHC services are not covered when performed in a:
 - a. Hospital (inpatient or outpatient).
 - b. Nursing Facility.
2. A physician employed by an FQHC and rendering services to clinic patients in a hospital must bill under the physician's individual provider number.
3. A school setting for the purpose of providing EPSDT well-child screenings.
4. Group therapy.