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State/Territory Name: Mississippi

State Plan Amendment (SPA) #:12-006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

November 17, 2014

Dr. David J. Dzielak
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201-1399

Attention: Margaret Wilson

RE: Title XIX State Plan Amendment, MS 12-006

Dear Dr. Dzielak:

We have reviewed the proposed state plan amendment, MS 12-006, which was submitted to the Atlanta Regional Office on June 29, 2012. This amendment was submitted in response to a companion letter for SPA 11-008, Ambulatory Surgical Centers.

Based on the information provided, the Medicaid State Plan Amendment MS 12-006 was approved on November 17, 2014. The effective date of this amendment is April 1, 2012. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 2012-006	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 04/01/2012
TO: REGIONAL ADMINISTRATOR CENTER 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

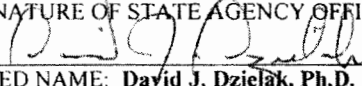
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.90	7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$0.00 b. FFY 2013 \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Exhibit 9 Attachment 3.1-A Page 9a Attachment 3.1-A Exhibit 24h Attachment 4.19-B Page 9 Attachment 4.19-B Page 24h	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Exhibit 9 Attachment 3.1-A Page 9a Attachment 4.19-B Page 9 Attachment 4.19-B Page 9a


10. SUBJECT OF AMENDMENT: This SPA is in response to the CMS companion letter dated March 26, 2012, and updates language specifying Mississippi State Department of Health services as Clinic Services, removes "Other" from Clinic Services, removes "home visits" from Clinic Services, removes Rural Health Center (RHC) and Ambulatory Surgical Center (ASC) services from the Clinic Services reimbursement page and requires providers to use a CMS-approved cost report. Additionally, this SPA places ASC services on a new benefits page and re-pages ASC reimbursement to coincide with the ASC services page.

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: David J. Dzielak, Ph.D. Miss. Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: David J. Dzielak, Ph.D.	
14. TITLE: Executive Director	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06-29-12	18. DATE APPROVED: 11-17-14
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS: Approved with the following changes to items 8 and 10 as authorized by state agency on email dated 11-21-14. Block #8 delete attachments 3.1-A Exhibit 24h, Delete 4.19-B page 24h, add attachment 4.19-B page 9a. Block #10 removes the following from end of the paragraph: "and re-pages ASC reimbursement to coincide with the ASC services page."	

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State of Mississippi**

Attachment 3.1-A
Exhibit 9

**DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND
SERVICES PROVIDED**

9. Clinic Services: Clinic services are limited to those services as described in CFR 42 § 440.90 provided in the Mississippi State Department of Health (MSDH) clinics.

Clinic services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services furnished by a facility not part of a hospital but organized and operated to provide medical care to outpatients at the clinic by or under the direction of a physician or dentist, or to outpatients outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

MSDH clinic services are covered for all Medicaid eligible beneficiaries and limited to one (1) encounter per day unless the beneficiary suffers illness or injury requiring additional diagnosis or treatment, or the beneficiary has a medical visit and a visit with a dentist. In these instances, the clinic is paid for more than one (1) encounter on the same day.

The Division of Medicaid covers for all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.

Only medically necessary services are covered under the Medicaid program.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State of Mississippi**

Attachment 3.1-A
Exhibit 9a

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

9a. Ambulatory Surgical Center

Ambulatory surgical center or ASC means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed twenty-four (24) hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC, and must meet the conditions set forth in subparts B and C of 42 CFR Part 416.

Effective January 1, 2008, ASC services means the combined facility services and covered ancillary services that are furnished in an ASC in connection with covered surgical procedures.

Covered ancillary services means items and services that are integral to a covered surgical procedure performed in an ASC as provided in 42 CFR § 416.164(b), for which payment may be made under 42 CFR § 416.171 in addition to the payment for the facility services.

Effective January 1, 2008, covered surgical procedures means those surgical procedures that meet the criteria specified in 42 CFR § 416.166.

Effective January 1, 2008, facility services means services that are furnished in connection with covered surgical procedures performed in an ASC as provided in 42 CFR § 416.164(a) for which payment is included in the ASC payment established under 42 CFR § 416.171 for the covered surgical procedure.

Only medically necessary services are covered under the Medicaid program.

The Division of Medicaid covers for all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.

State of Mississippi

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

Clinic Services

Reimbursement is for services rendered by the Mississippi State Department of Health (MSDH) clinics. Reimbursement is based on cost reports submitted by the provider. In order to be reimbursed at cost, the provider must demonstrate its cost finding methodology and use a cost report approved by CMS. The provider is required to submit a cost report for each clinic type using the Medicare Cost Report Form 222. The encounter rate will be determined by dividing total reasonable cost by total encounters but will not exceed the upper limits specified in 42 CFR §§ 447.321 through 447.325. The rate for an encounter is limited to one (1) visit per day per beneficiary. An encounter is defined as services provided by physicians, physician assistants, nurse practitioners, clinical psychologists, dentists, optometrists, ophthalmologists and clinical social workers. A clinic's encounter rate covers the beneficiary's visit to the clinic, including all services and supplies, such as drugs and biologicals that are not usually self-administered by the patient, furnished as an incident to a professional service. The established rate setting period is July 1 to June 30. The Division of Medicaid requires the MSDH to submit the cost report by November 30 of each year, five (5) calendar months after the close of the cost reporting period. An interim rate is paid until the end of the reporting period when there is a retrospective cost settlement. The interim rate is the established rate for the prior fiscal year. Actual reasonable costs reported on the cost report are divided by actual encounters by clinic type to determine the actual cost per encounter. Overpayments will be recouped from the provider, and underpayments will be paid to the provider.

The encounter rates are updated annually on July 1 and are effective for services provided on or after July 1. Rates for the MSDH clinics are published on the Division of Medicaid's website at www.medicaid.ms.gov/FeeScheduleLists.aspx.

The Division of Medicaid covers for all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.

State of Mississippi

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE**

Ambulatory Surgical Center Facility Services

Reimbursement of ambulatory surgical center (ASC) services is calculated at eighty percent (80%) of the current Medicare Ambulatory Surgical Center Payment System.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental, if any, and non-governmental providers of ambulatory surgical center services. Mississippi Medicaid's fee schedule for ambulatory surgical center services is updated annually with an effective date of October 1 for services provided on or after that date. All rates may be viewed at www.medicaid.ms.gov/FeeScheduleLists.aspx.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to both governmental and non-governmental providers for any service by five percent (5%) of the allowed amount for that service. The published fee does not include the five percent (5%) reduction.