

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #:13-016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Page



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JUN 27 2013

Mr. David J. Dzielak  
Executive Director  
Division of Medicaid  
Walter Sillers Building, Suite 1000  
550 High Street  
Jackson, MS 39201

RE: Mississippi State Plan Amendment (SPA) 13-016

Dear Mr. Dzielak:

We have reviewed the proposed amendment to Attachment 3.1-A Exhibit 1 of your Medicaid State plan submitted under transmittal number 13-016. Effective October 1, 2012, this technical amendment for inpatient hospital services proposes removing the 30 annual hospital stay limit pursuant to conversion to an Inpatient Hospital DRG system implemented with the approval of SPA 12-008.

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 Part 447. We have found that the proposed changes in payment methodology comply with applicable requirements and therefore have approved them with an effective date of October 1, 2012. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Dicky Sanford at (334) 241-0044.

Sincerely,

//s//

Cindy Mann  
Director

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<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER:  2013-016	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  October 1, 2012	
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:  Technical Amendment	7. FEDERAL BUDGET IMPACT:  None
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A Exhibit 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 3.1-A Exhibit 1
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10. SUBJECT OF AMENDMENT:

SPA 2013-016 is a technical amendment for CMS approval of Attachment 3.1-A Exhibit 1 Inpatient Hospital Services inadvertently not approved with the 04/11/2013 approval of the previously submitted SPA 2012-008 Hospital Reimbursement Plan Attachment 4.19-A pages 1-72.

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: David J. Dzielak Mississippi Division of Medicaid Attn: Kristi Plotner 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: David J. Dzielak	
14. TITLE: Executive Director	
15. DATE SUBMITTED: 06-03-13	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: 06-03-13	18. DATE APPROVED: 06-27-13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-12	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Cindy Mann	22. TITLE: Director

23. REMARKS:

State of Mississippi

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

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Inpatient Hospital Services

Prior authorization (PA) by the Utilization Management and Quality Improvement Organization (UM/QIO) is required on all hospital admissions except newborns at birth. Upon approval of a hospital admission, a treatment authorization number (TAN) is issued for an inpatient stay up to nineteen (19) consecutive days. If a beneficiary is discharged during these nineteen (19) days and requires another inpatient stay, a new PA request must be submitted to the UM/QIO for a new TAN.

Continued stay authorizations by the UM/QIO are required when the beneficiary remains hospitalized more than nineteen (19) days.

All hospital admissions for deliveries must be reported to the UM/QIO to receive an automatic TAN for an inpatient stay up to nineteen (19) consecutive days.

Newborns do not require a PA for admission at birth. Well or sick newborns hospitalized more than five (5) days from the date of delivery require a PA with the begin date of the hospital stay as the newborn's date of birth. If a newborn is discharged and requires another inpatient stay, a PA by the UM/QIO must be obtained on admission.

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

OCT 01 2012