

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 14-010

This file contains the following documents in the order listed:

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

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

July 28, 2014

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

Attention: Kristi Plotner

RE: Title XIX State Plan Amendment, MS 14-010

Dear Dr. Dzielak:

We have reviewed the proposed State Plan Amendment, MS 14-010, which was submitted to the Atlanta Regional Office on July 10, 2014. This amendment allows transition from a manual method of identifying and adjusting claims subject to the three never events to a systematic approach in the Mississippi Medicaid Information System (MMIS) for Outpatient Hospital Prospective Payment System (OPPS).

Based on the information provided, the Medicaid State Plan Amendment MS 14-010 was approved on July 28, 2014. The effective date of this amendment is July 1, 2014. We are enclosing the approved HCFA-179 and the plan page.

If you have any additional questions or need further assistance, please contact Sheila Brady at (601) 965-4056 or Sheila.Brady@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:
14-010

2. STATE
MS

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

3. PROGRAM IDENTIFICATION:
**TITLE XIX OF THE SOCIAL SECURITY ACT
(MEDICAID)**

**TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE
07/01/2014

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 434, 438, 447; 1902(a)(4), 1902(a)(6), and 1903.

7. FEDERAL BUDGET IMPACT:

FY 2014: \$0.00

FY 2015: \$0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19 B, Page 2a.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19 B, Page 2a.1

10. SUBJECT OF AMENDMENT:

SPA 14-010 Outpatient Hospital Prospective Payment System (OPPS): 3 Never Events is being submitted to allow the Division of Medicaid (DOM) to transition from a manual method of identifying and adjusting claims subject to the three never events to a systematic approach in the Mississippi Medicaid Information System (MMIS), effective July 1, 2014.

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:

/s/

13. TYPED NAME: **David J. Dzielak**

14. TITLE: **Executive Director**

15. DATE SUBMITTED: 07/10/2014

16. RETURN TO:

**David J. Dzielak
Miss. Division of Medicaid
Attn: Kristi Plotner
550 High Street, Suite 1000
Jackson, MS 39201-1399**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
07/10/14

18. DATE APPROVED: 07/28/14

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/14

20. SIGNATURE OF REGIONAL OFFICIAL:
//s//

21. TYPED NAME: Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

23. REMARKS:

State of Mississippi
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE

Citation- 42 CFR 447. 434. 438 and 1902(a)(4). 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4),1902(a)(6), and 1903 of the Social Security Act, with respect to non-payment for provider-preventable conditions.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-B:

X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

Additional Other Provider-Preventable Conditions identified below: Not applicable.

Section 2702 of the Patient Protection and Affordable Care Act of 2010 prohibits Federal payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for certain provider-preventable conditions (PPC) and health care-acquired conditions (HCAC) for dates of service effective October 1, 2011. This policy applies to all for individuals for which Medicaid is primary and those dually eligible for both the Medicare and Medicaid programs, and Mississippi Medicaid enrolled hospitals except for Indian Health Services. Reduced payment to providers is limited to the amounts directly identifiable as related to the PPC and the resulting treatment.

The following method will be used to determine the related reduction in payments for Other Provider-Preventable Conditions which includes Never Events as defined by the National Coverage Determination:

- A. Dates of service beginning on or after October 1, 2011, through June 30, 2014:
1. The claims identified with a Present on Admission (POA) indicator of "Y" or "U" and provider-preventable conditions through the claims payment system will be reviewed.
 2. When the review of claims indicates an increase of payment to the provider for an identified provider-preventable condition, the amount for the provider-preventable condition will be excluded from the providers' payment.
- B. For dates of services beginning on or after July 1, 2014, claims identified in Medicaid Management Information System (MMIS) with a diagnosis code for any of the three Never Events will be denied, reviewed and adjusted to ensure no payment is made for treatment directly related to Other Provider Preventable Conditions that include, at a minimum, the three Never Events.
- C. No reduction in payment for a provider preventable condition will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for that patient by that provider.
- D. Reductions in provider payment may be limited to the extent that the following apply:
1. The identified provider-preventable conditions would otherwise result in an increase in payment.
 2. The State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider-preventable conditions.
- E. Non-payment of provider-preventable conditions shall not prevent access to services for Medicaid beneficiaries.