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State/Territory Name: Mississippi

State Plan Amendment (SPA) #:15-0002

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

April 6, 2015

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

RE: Title XIX State Plan Amendment, MS 15-0002

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 15-0002, which was submitted to the Atlanta Regional Office on January 30, 2015. The SPA is submitted to continue the increased primary care provider payment for primary care services that was required by Section 1202 of the Affordable Care Act during 2013 and 2014.

Based on the information provided, the Medicaid State Plan Amendment MS 15-0002 was approved on April 6, 2015. The effective date of this amendment is January 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Sheila Brady at (601) 965-4056 or email 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: 15-002	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 01/01/2015
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 CFR §§ 447.200, 447.201, 447.400(a)	7. FEDERAL BUDGET IMPACT: FFY 2015: \$3,369,262.14 FFY 2016: \$4,492,349.52
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B page 5, 5a.1, 5a.2, and 5a.3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B pages 5, 5a.1, 5a.2, and 5a.3

10. SUBJECT OF AMENDMENT:

MS SPA 15-002 Increased Primary Care Provider Payment is being submitted to allow the Division of Medicaid (DOM) to continue reimbursement from January 1, 2015 through June 30, 2015 at the same rate as in calendar year 2014 to providers who meet the requirements of 42 CFR § 447.400(a). Effective July 1, 2015, reimbursement for eligible providers will be at one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year. The Medicaid Primary Care Provider Fee Schedule will be updated July 1 of each year based on one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year.

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/	16. RETURN TO: David J. Dzielak Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: David J. Dzielak	
14. TITLE: Executive Director	
15. DATE SUBMITTED: 01/30/2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 01-30-15	18. DATE APPROVED: 04-06-15
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-15	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

Physicians' services – Fees for Medicaid physician services are updated July 1 of each year and are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year. All rates are published at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.

Primary Care Physician Payment:

The Division of Medicaid will continue to reimburse for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 C.F.R. § 447.400(a) remain in effect. The calendar year 2014 rates will be in effect for services and providers with dates of service between January 1, 2015, through June 30, 2015.

Primary Care Services' reimbursement applies to the Evaluation and Management (E&M) codes 99201 through 99499 except: 99224, 99225, 99226, 99239, 99288, 99316, 99339, 99340, 99358, 99359, 99360, 99363, 99364, 99366, 99367, 99368, 99374, 99375, 99377, 99378, 99379, 99380, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99420, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456, 99466, 99467, 99485, 99486, 99487, 99488, 99489, 99495, 99496. Primary Care Services' reimbursement applies to the following Vaccine Administration Codes: 90460 and 90471 through 90474. The state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 C.F.R. § 447.400(a) at the Mississippi regional maximum administration fee set by the Vaccines for Children program.

Effective July 1, 2015, Primary Care Services' fees are updated July 1 of each year and are reimbursed at one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1 of each year and are reimbursed to physicians who meet the requirements of 42 CFR § 447.400(a). All rates are published at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.

Physician services not otherwise covered by the State Plan but determined to be medically necessary for EPSDT beneficiaries are reimbursed according to the methodology described above.

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