

Table of Contents

State/Territory Name: Mississippi

State Plan Amendment (SPA) #:15-0003

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

March 31, 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 15-0003

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 15-0003, which was submitted to the Atlanta Regional Office on January 30, 2015. The SPA is submitted to specify the methods and standards for reimbursement for Telehealth Services to comply with 42 CFR Part 447.

Based on the information provided, the Medicaid State Plan Amendment MS 15-0003 was approved on March 31, 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 Tandra Hodges at (404) 562-7409 email Tandra.Hodges@cms.hhs.gov or Caletha Henry at (404) 562-7506 email Caletha.Henry@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: 15-003 | 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 Part 447 | 7. FEDERAL BUDGET IMPACT: FFY 2015: (\$28,650) FFY 2016: (\$34,380) |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Introductory Page 1 Attachment 4.19-B Page 26 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): N/A – new plan pages |

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 15-003 Telehealth Services is being submitted to specify the methods and standards of reimbursement for telehealth services to comply with 42 CFR Part 447 to ensure access to care for Medicaid beneficiaries.

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: 01/30/2015 | 18. DATE APPROVED: 03/31/2015 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2015 | 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

Telehealth Services

Payment for telehealth services is made as follows:

The originating or spoke site provider is paid a Mississippi Medicaid telehealth originating site facility fee per completed transmission. The originating site provider may not bill for an encounter or Evaluation and Management (E&M) visit unless a separately identifiable service is performed.

The distant or hub site provider is paid the current applicable Mississippi Medicaid fee for the telehealth service provided.

The Mississippi Medicaid telehealth originating site facility fee was calculated by an actuarial firm using the May 2013 Bureau of Labor Statistics (BLS) mean wage for Nurse Practitioners in MS adjusted by 35% for benefits and 2% for wage growth at half of the rate for 30 minute increments and is effective for services provided on or after January 1, 2015. The Mississippi Medicaid telehealth originating site facility fee is updated July 1 of each year based on the annual percentage change in the Medicare physician fee schedule for Level III Established Patient E&M code effective on January 1 of each year.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of telehealth services. All rates are published on the Division of Medicaid's website at <http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/>.

State of Mississippi**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED****Telehealth Service**

- 1) Telehealth service is defined as the practice of health care delivery by a provider to a beneficiary who is under the care of a provider at a different geographical location.
- 2) The Division of Medicaid covers medically necessary health services to eligible Medicaid beneficiaries as specified in the State Plan. If a service is not covered in an in-person setting, it is not covered if provided through telehealth.
- 3) Telehealth service must be delivered in a real-time communication method that is:
 - a. Live;
 - b. Interactive; and
 - c. Audiovisual.
- 4) The originating or spoke site is defined as the physical location of the beneficiary at the time the telehealth service is provided via telecommunications system. Telehealth services are covered in the following originating sites:
 - a. Office of a physician or practitioner;
 - b. Outpatient Hospital (including a Critical Access Hospital (CAH));
 - c. Rural Health Clinic (RHC);
 - d. Federally Qualified Health Center (FQHC);
 - e. Community Mental Health/Private Mental Health Centers;
 - f. Therapeutic Group Homes;
 - g. Indian Health Service Clinic; or
 - h. School-based clinic.
- 5) The distant or hub site is defined as the physical location of the provider delivering the telehealth service via telecommunications system.
- 6) Telehealth services must be delivered by a participating Medicaid provider acting within their scope-of-practice at both the originating and distant site.
- 7) The following are not considered telehealth services and are not covered:
 - a. Telephone conversations;
 - b. Chart reviews;
 - c. Electronic mail messages;
 - d. Facsimile transmission;
 - e. Internet services for online medical evaluations; or
 - f. The installation or maintenance of any telecommunication devices or systems.