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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 17-0015

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

January 24, 2018

Mr. Drew Snyder, Interim 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 17-0015

Dear Mr. Snyder:

We have reviewed the proposed Mississippi State Plan Amendment 17-0015, which was submitted to the Atlanta Regional Office on December 14, 2017. The SPA was submitted to allow the Mississippi Division of Medicaid to revise the payment methodology for DME and medical supplies.

Based on the information provided, the Medicaid State Plan Amendment MS 17-0015 was approved on January 24, 2018. The effective date of this amendment is November 9, 2017. 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 601-212-4659.

Sincerely,

//s//

Charles Friedrich, MPA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-0015	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 11/09/2017
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 C.F.R. §§ 447.201, 447.204, and 447.325	7. FEDERAL BUDGET IMPACT: It is anticipated the economic impact for this SPA will be budget neutral. 2017: \$0.00 2018: \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19-B, Exhibit A, Pages 10 and 11	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): 4.19-B, Exhibit A, Pages 10 and 11

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 17-0015 is being submitted to allow the Division of Medicaid (DOM) to revise the payment methodology for durable medical equipment (DME) and medical supplies.

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: 12/14/2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/14/17	18. DATE APPROVED: 01/24/18
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/09/17	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Charles Friedrich, MPA	22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

23. REMARKS:

State of Mississippi

VIII. Durable Medical Equipment

- A. The payment for the purchase of new Durable Medical Equipment (DME) is the lesser of the provider's usual and customary charge or a fee from statewide uniform fee schedule updated July 1 of each year and effective for services provided on or after July 1. The statewide uniform fee schedule will be calculated using eighty percent (80%) of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule in effect on January 1 of each year.
1. If there is no DMEPOS fee the item will be priced at the Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%).
 2. If there is no MSRP the item will be priced at the provider's invoice plus twenty percent (20%).
 3. When it is determined by DOM, based on documentation, that the DMEPOS fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, then a fee will be calculated using market research from the area.
- B. The payment for rental of DME is made from a statewide uniform fee schedule based on ten percent (10%) of eighty percent (80%) of the Medicare DMEPOS fee schedule as described in letter A not to exceed ten (10) months. After rental benefits are paid for ten (10) months, the DME becomes the property of the Mississippi Medicaid beneficiary unless otherwise authorized by the Division of Medicaid through specific coverage criteria.
- C. The payment for purchase of used DME is made from a statewide uniform fee schedule not to exceed fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS fee schedule as described in letter A.
- D. The payment for repair of DME is the cost of the repair, not to exceed fifty percent (50%) of eighty percent (80%) of the Medicare DMEPOS fee schedule as described in letter A.
- E. The payment for other individual consideration items must receive prior approval of the Division and shall be limited to the amount authorized in that approval.

All terms of the Division's Durable Medical Equipment Reimbursement and Coverage Criteria are applicable.

DME for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of DME. All rates are published at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#. Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The federal match will be paid based on the reduced amount.

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Medical Supplies

- A. The payment for the purchase of Medical Supplies is the lesser of the provider's usual and customary charge or a fee from a statewide uniform fee schedule updated July 1 of each year and effective for services provided on or after July 1. The statewide uniform fee schedule will be calculated using eighty percent (80%) of the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule in effect on January 1 of each year.
1. If there is no DMEPOS fee the item will be priced at the Manufacturer's Suggested Retail Price (MSRP) minus twenty percent (20%).
 2. If there is no MSRP the item will be priced at the provider's invoice plus twenty percent (20%).
 3. When it is determined by DOM, based on documentation, that the DMEPOS fee is insufficient for the Mississippi Medicaid population or could result in a potential access issue, then a fee will be calculated using market research from the area.
- B. The payment for other individual consideration items must receive prior approval of the Division and shall be limited to the amount authorized in that approval.

All terms of the Division's Medical Supplies Reimbursement and Coverage Criteria are applicable.

Medical Supplies for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraphs.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of DME. All rates are published at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#. Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The federal match will be paid based on the reduced amount.