

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #:18-0012**

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**

October 31, 2018

Drew L. Snyder, Executive Director  
Office of the Governor, Division of Medicaid  
Walter Sillers Building  
550 High Street, Suite 1000  
Jackson, Mississippi 39201

Attention: Margaret Wilson

Re: Mississippi State Plan Amendment, Transmittal # 18-0012

Dear Mr. Snyder:

We have reviewed the proposed amendment to the Mississippi State Plan, submitted under transmittal number MS 18-0012. This amendment allows the Division of Medicaid to reimburse FQHC's outside of the encounter rate for the administration, insertion and removal of certain PADs that are reimbursed through the pharmacy benefit, effective July 1, 2018.

Based on the information provided, this amendment is approved on October 30, 2018. The effective date is July 1, 2018. We are enclosing the approved form HCFA 179 and plan pages. If you have any questions, please contact Sheila Brady at 601-212-4659 or by email at [sheila.brady@cms.hhs.gov](mailto:sheila.brady@cms.hhs.gov).

Sincerely,

//s//

Shantrina D. Roberts, MSN  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>18-0012</b>	2. STATE <b>MS</b>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		4. PROPOSED EFFECTIVE DATE <b>July 1, 2018</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 C.F.R. §§ 447.201, 447.518, 447.520		7. FEDERAL BUDGET IMPACT: FFY 2019: (\$35,052) FFY 2020: (\$140,210)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Pages 2c.1-2c.3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 4.19-B, Pages 2c.1-2c.3	
10. SUBJECT OF AMENDMENT: State Plan Amendment (SPA) 18-0012 Federally Qualified Health Center (FQHC) Physician Administered Drugs (PADs) is being submitted to allow the Division of Medicaid to reimburse FQHC's outside of the encounter rate for the administration, insertion and removal of certain PADs that are reimbursed through the pharmacy benefit, effective July 1, 2018.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/		16. RETURN TO:  <b>Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399</b>	
13. TYPED NAME: <b>Drew L. Snyder</b>			
14. TITLE: <b>Executive Director</b>			
15. DATE SUBMITTED: 08/22/2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 08/22/18		18. DATE APPROVED: 10/30/18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: Associate Regional Administrator Division of Medicaid & Children's Health	
21. TYPED NAME: Shantrina D. Roberts		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Approved with the following changes to blocks 8 and 9 as authorized by state agency on email dated 10/31/18			
Block# 8 changed to read: Attachment 4.19-B pages 2c.2 and 2c.3.			
Block# 9 changed to read: Attachment 4.19-B pages 2c.2 and 2c.3.			

**State of Mississippi**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE**

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service being provided will only be paid the telehealth originating site fee per completed transmission and will not receive reimbursement for an encounter. This service will be paid at the existing fee-for-service rate on the MS Medicaid Physician Fee Schedule at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

**E. Change in Scope of Services**

A change in the scope of services is defined as a change in the type, intensity, duration and/or amount of services. A change in the scope of services shall occur if: (1) the FQHC has added or has dropped any services that meets the definition of an FQHC service as provided in section 1905(a)(2)(B) and (C) of the SSA; and, (2) the service is included as a covered Medicaid service under the Mississippi Medicaid state plan. A change in intensity could be a change in the amount of health care services provided by the FQHC in an average encounter.

A change in the scope of services does not mean the addition or reduction of staff members to or from an existing service. An increase or decrease in the number of encounters does not generally constitute a change in the scope of services. A change in the cost of a service is not considered in and of itself a change in the scope of services.

An FQHC must notify the Division of Medicaid in writing of any change in the scope of services by the end of the calendar year in which the change occurred, including decreases in scope of services. The Division of Medicaid will adjust an FQHC PPS rate if the following criteria are met: (1) the FQHC can demonstrate that there is a valid and documented change in the scope of services, and (2) the change in scope of services results in at least a five percent (5%) increase or decrease in the FQHC PPS rate for the calendar year in which the change in scope of service took place.

A change in the scope of services generally does not mean the addition or reduction of staff members to or from an existing service. An increase or decrease in the number of encounters generally does not constitute a change in the scope of services. Also, a change in the cost of a service is not considered in and of itself a change in the scope of services.

An FQHC must submit a request for an adjustment to its PPS rate no later than one hundred eighty (180) days after the settlement date of FQHC Medicare final settlement cost report for the FQHC's first full fiscal year of operation with the change in scope of services. The request must include the first final settlement cost report that includes twelve (12) months of costs for the new service. The adjustment will be granted only if the cost related to the change in scope of services results in

**State of Mississippi**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE**

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at least a five percent (5%) increase or decrease in the FQHC PPS rate for the calendar year in which the change in scope of services took place. The cost related to a change in scope of services will be subject to reasonable cost criteria identified in accordance with 45 C.F.R. Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards and 42 C.F.R. Part 413 Principles of Reasonable Cost Reimbursement.

It is the responsibility of the FQHC to notify the Division of Medicaid of any change in the scope of services and provide proper and valid documentation to support the rate change. Such required documentation must include, at a minimum, a detailed working trial balance demonstrating the increase or decrease in the FQHC PPS rate as a result of the change in scope of services. The Division of Medicaid will require the FQHC to provide such documentation in a format acceptable to the Division of Medicaid, including providing such documentation upon the Division of Medicaid's pre-approved forms. The Division of Medicaid will also request additional information as it sees fit in order to sufficiently determine whether any change in scope of services has occurred. The instructions and forms for submitting a request due to a change in scope of services can be found at [www.medicaid.ms.gov/resources/forms/](http://www.medicaid.ms.gov/resources/forms/).

Adjustments to the PPS rate for the increase or decrease in scope of services are reflected in the PPS rate for services provided in the calendar year following the calendar year in which the change in scope of services took place. The revised PPS rate generally cannot exceed the cost per visit from the most recent audited cost report.

**F. Allowable Costs**

Allowable costs are those costs that result from providing covered services. They are reasonable in amount and are necessary for the efficient delivery of those services. Allowable costs include the direct cost center component (i.e., salaries and supplies) of providing the covered services and an allocated portion of overhead (i.e., administration and facility).

**G. Out-Of-State Providers**

The Division of Medicaid does not enroll out-of-state providers to provide FQHC services.