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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 18-0014

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

November 28, 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 # 18-0014

Dear Mr. Snyder:

We have reviewed the proposed amendment to the Mississippi State Plan, submitted under transmittal number MS 18-0014. This SPA was submitted to revise language to reflect the February 2017 changes in the Fourth (4th) Addition of the Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule, effective October 1, 2018.

Based on the information provided, this amendment is approved on November 28, 2018. The effective date is October 1, 2018. We are enclosing the approved form HCFA 179 and plan pages. If you have any questions, please contact Tandra Hodges at 404-562-7409 or by email at tandra.hodges@cms.hhs.gov.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0014	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 10/01/2018
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. Part 441, Subpart B	7. FEDERAL BUDGET IMPACT: FFY 2018: \$0.00 FFY 2019: \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Exhibit 4b Attachment 4.19-B page 4b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A Exhibit 4b Attachment 4.19-B page 4b

10. SUBJECT OF AMENDMENT:

This SPA is being submitted to revise language to reflect the February 2017 changes in the Fourth (4th) Addition of the Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule, effective October 1, 2018.

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: Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
13. TYPED NAME: Drew L. Snyder	
14. TITLE: Executive Director	
15. DATE SUBMITTED: 10/19/18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/19/2018	18. DATE APPROVED: 11/28/2018
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
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 block 8 and 9 as authorized by state agency on email dated 11/27 /18.

Block# 8 changed to read: Attachment 3.1-A Exhibit 4b, page 1.01 and Attachment 4.19-B, page 4b.

Block# 9 changed to read: Attachment 3.1-A Exhibit 4b, page 1.01 and Attachment 4.19-B, page 4b.

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4b. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under the Age of Twenty-one (21):
Limited to Federal Requirements.

EPSDT Screenings:

The Division of Medicaid covers early and periodic screening and diagnosis of Medicaid-eligible beneficiaries under age twenty-one (21) to ascertain physical, mental, psychosocial and/or behavioral health conditions and provides treatment to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions found in accordance with Sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Social Security Act. The Division of Medicaid has established procedures to:

1. Inform all eligible individuals, or their families, of the EPSDT program,
2. Provide or arrange for requested screening services including necessary transportation and scheduling assistance, and
3. Arrange for appropriate treatment of health problems found as a result of a screening.

EPSDT screenings must be provided by currently enrolled Mississippi Medicaid providers who have signed an EPSDT specific provider agreement and must adhere to the periodicity schedule of the American Academy of Pediatrics (AAP) Bright Futures. EPSDT screening providers include, but are not limited to:

1. The Mississippi State Department of Health (MSDH),
2. Public schools and/or public school districts certified by the Mississippi Department of Education,
3. Physicians,
4. Physician Assistants,
5. Nurse Practitioners,
6. Federally Qualified Health Centers (FQHC),
7. Rural Health Clinics (RHC), and
8. Comprehensive health clinics.

EPSDT screening providers must refer beneficiaries under the age of twenty-one (21) to other Mississippi Medicaid enrolled licensed practitioners for services necessary to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions discovered by the screening services, whether or not such services are covered under the State plan.

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under the Age of Twenty-one (21): Limited to Federal Requirements.

(a) EPSDT Screenings -

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of EPSDT screenings. All rates are published on the agency's website at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.

(1) EPSDT screening fee(s) will be reimbursed using the Current Procedural Terminology (CPT) codes based on Centers for Medicare and Medicaid Services (CMS) methodology for determining Medicare preventive medicine service fees and applying the state law of 90% in accordance with nationally recognized evidence-based principles of preventive health care services periodicity schedule as set forth by the American Academy of Pediatrics (AAP) Bright Futures. Fees are updated July 1 of each year and reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1 of each year. These reimbursement rates will be paid only to Mississippi Medicaid enrolled EPSDT providers. Age appropriate laboratory testing fees are reimbursed according to applicable state plan reimbursement methodologies.

(2) Interperiodic visits are provided for other medically necessary health care, screens, diagnosis, treatment and/or other measures to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions. Such services are covered whether or not they are included elsewhere in the State Plan provided they are described in Section 1905(a) of the Social Security Act. These services will be reimbursed using the CPT codes updated July 1 of each year and are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1 of each year.

(3) [Reserved]