

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 18-0020**

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**

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January 29, 2019

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 # 18-0020

Dear Mr. Snyder:

We have reviewed the proposed amendment to the Mississippi State Plan, submitted under transmittal number MS 18-0020. This amendment allows the Division of Medicaid to increase the physician office and outpatient hospital visit limit from twelve (12) to sixteen (16) per state fiscal year for both psychiatric and non-psychiatric services, effective January 1, 2019.

Based on the information provided, this amendment is approved on January 29, 2019. We are enclosing the approved form HCFA 179 and plan page. If you have any questions, please contact Tandra Hodges at 404-562-7409 or by email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@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>18-0020</b>	2. STATE <b>MS</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
FOR: <b>CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		4. PROPOSED EFFECTIVE DATE <b>01/01/2019</b>
TO: <b>REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		

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. §§ 440.50, 440.230	7. FEDERAL BUDGET IMPACT: FFY 19: \$2,348,992  FFY 20: \$3,131,990
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Exhibit 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-A, Exhibit 5

10. SUBJECT OF AMENDMENT:

State Plan Amendment (SPA) 18-0020 Physician Visit Limit Increase is being submitted to allow the Division of Medicaid to increase the physician office and outpatient hospital visit limit from twelve (12) to sixteen (16) per state fiscal year for both psychiatric and non-psychiatric services. These are two (2) separate service limits and both will be increased, effective January 1, 2019.

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:  <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: 12/21/18	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 12/21/18	18. DATE APPROVED: 01/29/19
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/19	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:

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

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5. The Division of Medicaid covers Physicians' Services, including those that an optometrist is legally authorized to perform within their scope of practice, with the following limitations:

Hospital physician visits are limited to one (1) per day, except hospital physician visits to beneficiaries in Intensive or Coronary Care Units (ICU or CCU) are limited to two (2) per day. The Division of Medicaid covers additional medically necessary inpatient hospital physician visits with prior authorization from the Division of Medicaid or designee.

Hospital emergency department (ED) physician visits are not limited.

Nursing facility physician visits are limited to thirty-six (36) per state fiscal year (SFY).

Physician office visits and hospital outpatient department physician visits are limited to:

- For non-psychiatric physician visits a combined total of sixteen (16) visits per SFY.
- For psychiatric physician visits a combined total of sixteen (16) visits per SFY.

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations of the State Plan are covered with prior authorization from the Division of Medicaid or designee.