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State/Territory Name: Mississippi

State Plan Amendment (SPA) MS: 24-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

August 8, 2024

Drew Snyder, Executive Director
Mississippi Division of Medicaid
Attention: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399

RE: Mississippi State Plan Amendment (SPA) Transmittal Number 24-0005

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Mississippi state plan amendment (SPA) to Attachment 4.19-B, MS-24-0005, which was submitted to CMS on June 20, 2024. This plan amendment updates and clarifies Fee-For-Service anesthesia services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of June 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Monica Neiman at Via email at monica.neiman@cms.hhs.gov

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>0</u> <u>5</u>	2. STATE <u>MS</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">June 1, 2024</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §§447.201, 447.204	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>0</u> b. FFY <u>25</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 5a.4	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 5a.4 Supersedes: NEW	

9. SUBJECT OF AMENDMENT
State Plan Amendment (SPA) 24-0005 is being submitted to allow the Division of Medicaid (DOM) to clarify reimbursement of anesthesia services.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399
12. TYPED NAME Drew L. Snyder	
13. TITLE Executive Director	
14. DATE SUBMITTED <p style="text-align: center; font-size: 1.2em;">JUN 20 2024</p>	

FOR CMS USE ONLY

16. DATE RECEIVED <p style="text-align: center;">June 20, 2024</p>	17. DATE APPROVED <p style="text-align: center;">August 8, 2024</p>
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;">June 1, 2024</p>	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL <p style="text-align: center;">Todd McMillion</p>	21. TITLE OF APPROVING OFFICIAL <p style="text-align: center;">Director, Division of Reimbursement Review</p>

22. REMARKS

**Pen and ink change approved by the state and processed by CMS on the following fields:
Box 8: Supersedes: NEW**

State of Mississippi

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

Anesthesia Reimbursement

Mississippi Medicaid Anesthesia conversion factor is ninety percent (90%) of the Medicare locality-adjusted anesthesia conversion factor in effect January 1 of each year, effective July 1 of that year. The time base rate is the conversion factor divided by 15.

Anesthesia services are reimbursed the sum of the calculated Base Amount and the calculated Time Amount.

The Base Amount is computed using the relative value, as determined by The Relative Value Guide published by the American Society of Anesthesiologists, multiplied by the Mississippi Medicaid Anesthesia conversion factor.

The Time Amount is computed using the time base rate multiplied by the time spent.

Occurrence based codes 01961, 01967, 01968, and 01969 are reimbursed a flat dollar rate which is updated annually effective July 1 of each year, using the percentage of change between the previous and current year Mississippi Medicaid Anesthesia conversion factor.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.