

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division of Medicaid		CONTACT PERSON Emily Thompson		TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson		STATE MS	ZIP 39201
EMAIL emily.thompson@medicaid.ms.gov	SUBMIT DATE July 12 2010 June 30, 2010	Name or number of rule(s): SPA 2010-019			

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: SPA 2010-019 reflects the Division's authority to adjust provider reimbursement rates in the event that it becomes necessary to enact cost containment measures as described in Section 43-13-117 of the MS Code and/or as allowed pursuant to the provisions of state and federal law.

Specific legal authority authorizing the promulgation of rule: Miss Code Ann. 43-13-121 (1972), as amended and 43-13-117

List all rules repealed, amended, or suspended by the proposed rule: _____ SP att. 4.19, Pg 5, 5.15, 4c

ORAL PROCEEDING:

An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

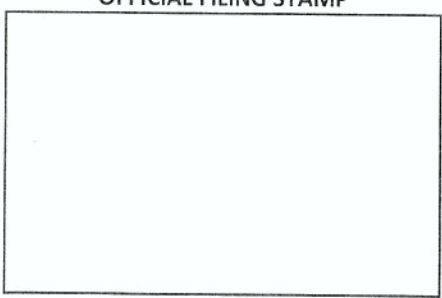
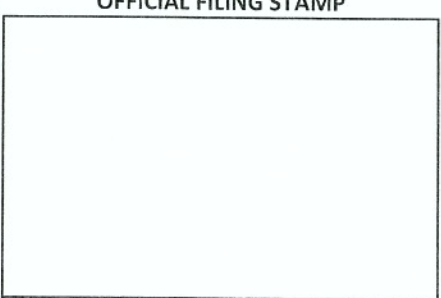

ECONOMIC IMPACT STATEMENT:

Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately on <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed date of adoption: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Action taken: <input type="checkbox"/> Adopted with no changes in text <input checked="" type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): January 1, 2010

Printed name and Title of person authorized to file rules: Robert Robinson

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP  Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by _____	OFFICIAL FILING STAMP  Accepted for filing by _____ CB
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

State of Mississippi

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

Family Planning Services and Supplies for Individuals – Payment is made from a statewide uniform fee schedule based on at ninety percent (90%) of the Medicare fee schedule.

Payment to providers, such as federally qualified health center and rural health clinics, do not exceed the reasonable costs of providing services. Payments to health departments are on an encounter rate and are determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

TN No. 2010-019
Supersedes:
TN #06-005

Date Received March 31, 2010
Date Effective January 1, 2010
Date Approved June 28, 2010

State of Mississippi

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

Physicians' services – Fees for physician services are updated July of each year and are reimbursed at ninety percent (90%) of the current Medicare rate.

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan are reimbursed according to the methodology described above.

TN No. 2010-019
Supersedes:
TN #2005-04

Date Received March 31, 2010
Date Effective January 1, 2010
Date Approved June 28, 2010

State of Mississippi

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

TN No. 2010-019
Supersedes:
TN #2002-06

Date Received March 31, 2010
Date Effective January 1, 2010
Date Approved June 28, 2010

State of Mississippi

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

Family Planning Services and Supplies for Individuals – Effective January 1, 2010, ~~payment~~ Payment is made from a statewide uniform fee schedule based on at ninety percent (90%) of the Medicare fee schedule. ~~with adjustments as authorized by the state Legislature.~~

Payment to providers, such as federally qualified health center and rural health clinics, do not exceed the reasonable costs of providing services. Payments to health departments are on an encounter rate and are determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

~~From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to eight percent (8%) of the allowed amount for that service including Medicare crossover claims.~~

State of Mississippi

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

Physicians' services—Effective January 1, 2010, all fees for physicians' services that are covered for Medicaid-only beneficiaries shall be reimbursed at ninety percent (90%) of the rate established on January 1, 1999, and as adjusted each July thereafter, under Medicare (Title XVIII of the Social Security Act), as amended. For services provided to individuals who are eligible both for Medicare and for full Medicaid benefits, Medicaid reimburses providers in an amount equal to the Medicare cost-sharing amount owed for the service (including co-payments or coinsurance and any deductible owed).

From April 1, 2010, through June 30, 2010, and/or in the event expenditure reductions or cost containment measures are implemented, the Division of Medicaid may reduce the rate of reimbursement to providers for any service up to eight percent (8%) of the allowed amount for that service including Medicare crossover claims.

Physicians' services – Fees for physician services are updated July of each year and are reimbursed at ninety percent (90%) of the current Medicare rate.

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan are reimbursed according to the methodology described above.

State of Mississippi

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

Physician services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in the Plan are reimbursed according to the methodology, beginning on Page 5 of Attachment 4.19-B.