

State of Mississippi

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

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6d. Other Licensed Practitioners' Services:

**Nurse Practitioner Services:** Services furnished by a registered nurse who is licensed and certified by the Mississippi Board of Nursing as a nurse practitioner including, but not limited to nurse anesthetists, nurse midwives, family nurse practitioners, family planning nurse practitioners, pediatric nurse practitioners, obstetrics-gynecology nurse practitioners and neonatal nurse practitioners, under regulations adopted by the Division.

**Physician Assistant Services:** Physician assistant services are those provided by physician assistants who are licensed by the State Board of Medical Licensure and are practicing with physician supervision under regulations adopted by the Division.

**Licensed Pharmacist Services:** Licensed pharmacist, employed by a Mississippi Medicaid pharmacy provider, within their scope of practice under state law are limited to:

- 1) Vaccine administration.

Effective December 11, 2020, qualified pharmacy technicians and pharmacy interns/externs, acting under the supervision of a qualified pharmacist, as authorized by the Mississippi State Board of Pharmacy to administer FDA-authorized or FDA-licensed COVID-19 vaccines.

- 2) Disease Management Services. Disease management services are those provided by specially credentialed pharmacists for Medicaid recipients with specific chronic disease states of diabetes, asthma, lipids, or coagulation. It is a patient-centered concept integrating the pharmacist into the health care team with shared responsibility for disease management and therapeutic outcome. The process provides cost-effective, high quality health care for patients referred by their physician. The referring physician requests disease management services from any credentialed participating pharmacist in Mississippi. With the appropriate transfer of pharmacy care records, including a written referral from the physician to the pharmacist, the referral is considered documented. All laboratory test results must be included because the pharmacist is not allowed reimbursement for laboratory procedures. In order to be cost-effective for the Medicaid program, the disease management services performed by the pharmacist cannot duplicate those provided by the physician.

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

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6d. Other Licensed Practitioners' Services:

Nurse Practitioner and Physician Assistant Services: Reimbursement for nurse practitioner and physician assistant services shall be at 90% of the fee for reimbursement paid to licensed physicians under the statewide physician fee schedule for comparable services under comparable circumstances.

Nurse practitioner and physician assistant services for EPSDT beneficiaries, if medically necessary, which exceed the limitations and scope for Medicaid beneficiaries, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Reimbursement to a pharmacy provider, for vaccine administration by a pharmacist, is the same fee as a primary care physician outlined in Attachment 4.19-B page 5a.

Pharmacy Disease Management Services: The pharmacy disease management services are reimbursed on a per encounter basis with an encounter averaging between fifteen and thirty minutes. The reimbursement is a flat fee established after reviewing Medicaid's physician fee schedule and reimbursement methodologies and fees of other states and third party payers.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private other licensed practitioner providers. The Division of Medicaid's fee schedule rate was set as of September 1, 2020, and is effective for services provided on or after that date. All rates are published at [www.medicaid.ms.gov/providers/fee-schedules-and-rates/#](http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/#). The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The 5% reduction has been in effect since July 1, 2002, and the fee schedule already incorporates the 5% adjustment. The federal match will be paid based on the reduced amount. Prescription drugs and other covered drugs and services as may be determined by the division are exempt from the 5% exemption.

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13c. Preventive Services:

The Division of Medicaid reimburses for vaccines and vaccine administration the lower of the provider's usual and customary charge or the below:

Vaccine Ingredient Cost:

The federal Vaccine for Children (VFC) program provides vaccines free of charge to VFC enrolled providers. The Division of Medicaid does not reimburse for the cost of vaccines supplied through the VFC program.

Vaccines not covered through the VFC program are reimbursed:

1. In the pharmacy setting, at the actual acquisition cost (AAC) of the vaccine and are listed on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>. The AAC is defined as the wholesale acquisition cost (WAC) plus 0% for any claim type.
2. In the office setting, according to Attachment 4.19B, page 12a.3.

Vaccine administration for VFC vaccines is outlined in Attachment 4.19-B, page 5a.

Vaccine administration for non-VFC vaccines:

1. For a pharmacist is located in Attachment 4.19-B, page 6d.
2. For practitioners is located on the physician fee schedule at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The Division of Medicaid's fee schedule rate was set as of July September 1, 2020, and is effective for services provided on or after that date. All rates are published at [www.medicaid.ms.gov/providers/fee-schedules-and-rates/#](http://www.medicaid.ms.gov/providers/fee-schedules-and-rates/#). The Division of Medicaid will reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The 5% reduction has been in effect since July 1, 2002, and the fee schedule already incorporates the 5% adjustment. The federal match will be paid based on the reduced amount.