

NOTICE OF TERMINATION WITHDRAWAL OF PROPOSED RULE

STATE OF MISSISSIPPI OFFICE OF THE GOVERNOR DIVISION OF MEDICAID

Miss. Division of Medicaid c/o Ginnie McCardle, Staff Officer Walter Sillers Building 550 High St. Suite 1000 Jackson, MS 39201 (601) 359-6310 http://www.dom.state.ms.us

Date Rule Proposed: July 11, 2008

Name of proposed rule being terminated: SPA2008-023 Reimbursement to Physician Providers

Explanation of the purpose of the proposed rule and the reason(s) for proposing the rule:

Pursuant to Miss Code Ann. § 43-13-117 (1972 as amended), if current or projected expenditures of the Division are reasonably anticipated to exceed the amount of funds appropriated to the Division for any fiscal year, the Governor shall discontinue any or all of the payment of the types of care and services provided under this section that are deemed to be optional services and when necessary, shall institute any other cost containment measures on any program or programs authorized under the article to the extent allowed under the federal laws governing that program. Therefore, this State Plan Amendment reflects necessary cost containment measures to assure Medicaid operates within expected revenues as described. This State Plan Amendment will affect Physician Providers.

Reason(s) for terminating the proposed rule:

After additional deliberations, the agency has determined that the proposed rule should be withdrawn in consideration of other options.

Date Proposed Rule Terminated: July 31, 2008

Executive Director

Signature and Title of Person Submitting Rule for Filing

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B Page 5

State of Mississippi

METHODS	ANDSTA	NUADDE EUD	ECTADI ICHING	DAVMENT DATEC	- OTHER TYPES OF CARE
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Physicians' services – Effective June 1, 2005, 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).

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by ten percent (10%) of the allowed amount for that service.

TN No. <u>2008-23</u> Supercedes TN No. <u>2005-04</u>

Date Received
Date Approved
Date Effective

08/06/08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B Page 5.15

State of Mississippi			
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER T	TYPES	OF CAL	RF

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.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by ten percent (10%) of the allowed amount for that service.

TN No. 2008-23 Supercedes TN No. 2002-06 Date Effective August 6, 2008
Date Approved
Date Received

ATTACHMENT 4.19-B PAGE 4c

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE MISSISSIPPI

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

<u>Family planning Services and Supplies for Individuals</u> - Payment is made from a Statewide uniform fee schedule based on 90 percent 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.

The Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by ten percent (10%) of the allowed amount for that service.

TN No. 2008-23 Supersedes: TN #06-005 Date Received
Date Effective
Date Approved

08/06/08

Notice of Proposed Rule Adoption

State of Mississippi Office of the Governor Division of Medicaid

Economic Impact Statement For Physician Providers

The Executive Director of Medicaid is required by law to recommend expenditure containments when expenditures are expected to exceed funds available for any fiscal year. Medicaid is facing a \$90,000,000 shortfall in state revenues for FY2009; therefore, certain cost containment measures have been identified as necessary to balance Medicaid's budget. These measures include reducing certain non-institutional providers an additional 5% reduction in reimbursement in addition to the 5% reduction as outlined in Miss. Code Ann. § 43-13-117 (1972 as amended).

It is estimated that it will cost the Division of Medicaid approximately \$5,000 to enforce the increased reduction in payments to providers. This includes system changes and staff time.

An estimate of the total economic impact for physician providers, including small business providers, is noted in the chart below. The total economic impact for providers in State FY 2009 is equal to the sum of federal and state savings noted in the chart below. The Division of Medicaid estimated the impact utilizing the actual and estimated expenditures for the same services for FY2008.

FFY2008 Federal		FFY2008 State		FFY2009 Federal		FFY2009 State	
Savings		Share Savings		Savings		Share Savings	
\$ 1,590	,498.21	\$ 494,307.41	\$	9,486,699.51		3,022,134.23	

The Division of Medicaid is facing a \$90,000,000 shortfall in state revenues for FY2009. If this cost containment measure is not enacted, there will not be sufficient revenues to reimburse providers for the entire year.

State law limits cost containment measures that may be taken and precludes the Governor from changing eligibility or benefits; therefore, the only option is to reduce expenditures is to reduce payment.