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:	August 5, 2008			
Name of proposed rule being terminated: SPA2008-060 Reimbursement to Christian Science Providers				
	use of the proposed rule and the reason(s) for proposing the rule:			
reasonably anticipated to ex- discontinue any or all of the optional services and when authorized under the article Amendment reflects necess described. This State Plan	a. § 43-13-117 (1972 as amended), if current or projected expenditures of the Division are seed the amount of funds appropriated to the Division for any fiscal year, the Governor shall be payment of the types of care and services provided under this section that are deemed to be necessary, shall institute any other cost containment measures on any program or programs to the extent allowed under the federal laws governing that program. Therefore, this State Plan sary cost containment measures to assure Medicaid operates within expected revenues as Amendment will affect Christian Science Providers.			
Reason(s) for terminating				
The Division of Medic	caid is no longer predicting a deficit for SFY2009.			
	g the proposed rule: caid is no longer predicting a deficit for SFY2009.			

Executive Director

Date Proposed Rule Terminated: September 8, 2008

Signature and Title of Person Submitting Rule for Filing

SOS FORM APA 005 Effective Date 08/29/2005

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

Attachment 4.19-B Page 23b

State of Mississippi		
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATI	ES - OTHER TYPES OF	CARE

<u>Christian Science Nurses</u> for EPSDT recipients, if medically necessary, are reimbursed according to an established fee for service scale.

The Division of Medicaid, as required by State law, shall reduce the rate of reimbursement to providers for any service by 5% of the allowed amount for that service. The Division of Medicaid shall reduce the rate of reimbursement to providers for any service by an additional .74% of the allowed amount for that service for a total reduction in the rate of reimbursement of 5.74%.

TN No. 2008-060 Supercedes TN No 2002-06 Date Received
Date Approved
Date Effective Sept. 1, 2008

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

Attachment 4.19-B Page 23c

State of Mississippi		
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER T	YPES OF C	ARE

<u>Christian Science Sanatoria Services</u> for EPSDT recipients, if medically necessary, reimbursed according to an established reimbursement rate.

The Division of Medicaid, as required by State law, shall reduce the rate of reimbursement to providers for any service by 5% of the allowed amount for that service. The Division of Medicaid shall reduce the rate of reimbursement to providers for any service by an additional .74% of the allowed amount for that service for a total reduction in the rate of reimbursement of 5.74%.

TN No. 2008-060 Supercedes TN No 2002-06 Date Received
Date Approved
Date Effective Sept. 1, 2008

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

Attachment 4.19-B Page 24c

State of Mississippi		
METHODS AND STANDARD	S FOR ESTABLISHING PAYMEN	T RATES - OTHER TYPES OF CARE

<u>Care and services provided in Christian Science sanitoria</u> – Reimbursement is a prospective per diem based on cost report date.

The Division of Medicaid, as required by State law, shall reduce the rate of reimbursement to providers for any service by 5% of the allowed amount for that service. The Division of Medicaid shall reduce the rate of reimbursement to providers for any service by an additional .74% of the allowed amount for that service for a total reduction in the rate of reimbursement of 5.74%.

TN No. 2008-060 Supercedes TN No 2002-06 Date Received
Date Approved
Date Effective Sept. 1, 2008

Notice of Proposed Rule Adoption

State of Mississippi Office of the Governor Division of Medicaid

Economic Impact Statement For Christian Science Sanatoria 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 .74% 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.

There is no economic impact for Christian Science Sanatoria providers, including small business providers, as there are no providers of these services at this time.

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 best option to minimize overall Medicaid reimbursement levels and achieve these state savings is to restructure payments in this manner. An oral proceeding on this proposed rule is scheduled as described on the cover sheet (Notice of Proposed Rule Adoption) provided herewith. Persons may also submit written comments as described on the cover sheet (Notice of Proposed Rule Adoption) provided herewith.

A full copy of the Economic Impact Statement may be obtained from the Division of Medicaid's web site at www.dom.state.ms.us.