

PUBLIC NOTICE

June 29, 2018

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given to the submission of a Medicaid State Plan Amendment (SPA 18-0007) Outpatient Prospective Payment System (OPPS) Reimbursement. Effective July 1, 2018 and contingent upon approval from the Centers for Medicare and Medicaid Services (CMS), the Division of Medicaid will remove the five percent (5%) assessment from outpatient hospital services, use the SFY18 Jackson, MS Medicare conversion factor for all Ambulatory Payment Classification (APC) groups, clarify the OPPS payment methodology, and add the reimbursement methodology for Long Acting Reversible Contraceptives (LARCs), our transmittal number is 18-0007.

1. Mississippi Medicaid SPA #18-0007:
 - a) Removes the five percent (5%) assessment,
 - b) Uses the State Fiscal Year (SFY)18 Medicare Jackson, MS conversion factor for all APC groups,
 - c) Clarifies the OPPS payment methodology, and
 - d) Adds the reimbursement methodology for LARCs.
2. The estimated annual aggregate expenditures are:
 - a) For the five percent (5%) assessment there is an increase in expenditures in state funds of \$3,956,691 for SFY19 and an increase in expenditures in federal funds of \$3,169,459 for Federal Fiscal Year (FFY)18 and \$12,801,848 for FFY19 in federal dollars,
 - b) Use of the SFY18 Jackson, MS conversion factor results in an increase in expenditures of state funds of \$521,102 in SFY19 and an increase in federal fund of \$414,177 in FFY18 and \$1,254,686 for FFY19 in federal funds,
 - c) There is no anticipated financial impact for the clarification of the OPPS Payment Methodology, and
 - d) The LARC economic impact was included with SPA 16-0019.
3. The Division of Medicaid is submitting this SPA as a result of the 2018 Legislature Senate Bill 2836 to include outpatient hospital services in the list of services that are exempt from the five percent (5%) reduction in the provider reimbursement rate.
4. A copy of the proposed SPA will be available in each county health department office and in the Department of Human Services office in Issaquena County for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov, or requested at 601-359-2081 or by emailing at Margaret.Wilson@medicaid.ms.gov.
5. Written comments will be received by the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, or Margaret.Wilson@medicaid.ms.gov for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and on the Division of Medicaid's website at www.medicaid.ms.gov.
6. A public hearing on this SPA will be held on Friday, July 20, 2018, at 10:00 a.m. at the Woolfolk State Office Building, Room 145, 501 N. West St. Jackson, MS 39201.

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Hospital Outpatient Services

A. Except as otherwise specified, outpatient hospital services for all hospitals except Indian Health Services will be reimbursed under a prospective payment methodology as follows:

1. Medicaid Outpatient Prospective Payment System (OPPS), Ambulatory Payment Classification (APC) Groups

Outpatient hospital services will be reimbursed on a predetermined fee-for-service basis. The parameters published annually in the Code of Federal Regulations (CFR) (national APC weights, APC group assignments and Medicare fees) and MS Medicaid OPPS status indicators, will be used by the Division of Medicaid (DOM) in calculating these predetermined rates and will be updated July 1 of each year.

a. The Medicaid OPPS fees, including Clinical Diagnostic Laboratory OPPS fees, are calculated using 100% of the applicable APC relative weight or the payment rate for codes listed in the most current final Medicare outpatient Addendum B effective as of April 1st of each year as published by the Centers for Medicare and Medicaid Services (CMS). Codes with no applicable APC relative weight or Medicare payment rate established in Addendum B are paid using the current applicable MS Medicaid fee effective July 1, multiplied by the units (when applicable). No retroactive adjustments will be made. The MS Medicaid OPPS fee schedule is set and updated each year as of July 1st and is effective for services provided on or after that date. All fees are published on the agency's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

b. The Medicaid conversion factor used by DOM is the SFY18 Jackson, MS Medicare conversion factor. This conversion factor is used for all APC groups and for all hospitals. Each APC rate equals the Medicare Addendum B specific relative weight at 100% multiplied by the Medicaid conversion factor, with the exception of observation fee which is paid using a MS Medicaid fee. Except as otherwise noted in the plan, MS Medicaid

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

OPPS fee schedule rates are the same for both governmental and private providers of hospital outpatient services. The MS Medicaid OPPS fee schedule is set and updated each year as of July 1 and is effective for services provided on or after that date.

- c. Subject to documentation of medical necessity, in addition to any Medicaid covered service received during observation in an outpatient hospital setting, DOM will pay an hourly fee for each hour of observation exceeding seven (7) hours, up to a maximum of twenty-three (23) hours (i.e., the maximum payment will be sixteen (16) hours times the hourly fee). The hourly fee for observation is calculated based on the relative weight for APC 8009 multiplied by the current Jackson, MS Medicare conversion factor divided by the twenty-three (23) maximum payable hours. Documentation requirements for medical necessity regarding observation services can be found in the MS Administrative Code Title 23 Medicaid, Part 202 Hospital Services, Chapter 2 Outpatient Hospital, Rule 2.4: Outpatient (23-Hour) Observation Services as of April 1, 2012, located at www.medicaid.ms.gov/AdminCode.aspx. The MS Medicaid OPPS fee schedule is set and updated each year as of July 1 and is effective for services provided on or after that date. All fees are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.
- d. The total claim allowed amount will be the lower of the provider's allowed billed charges or the calculated Medicaid OPPS allowed amount.
- e. A MS Medicaid OPPS status indicator is assigned to each procedure code determining payment under Medicaid OPPS. The full list of MS Medicaid OPPS status indicators and definitions is found on Attachment 4.19-B, page 2a.6.
- f. Claims with more than one (1) significant procedure, assigned a MS Medicaid OPPS status indicator "T" or "MT", are discounted. The line item with the highest allowed amount on the claim for certain significant procedures identified on the MS OPPS fee schedule

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

assigned a MS Medicaid OPPS status indicator “T” or “MT” is paid at one hundred percent (100%). All other lines with significant procedures identified on the MS OPPS fee schedule assigned a MS Medicaid OPPS status indicator of “T” or “MT” is paid at fifty percent (50%).

- g. Medicare has set guidelines for procedures it has determined should be performed in an inpatient setting only. The DOM follows Medicare guidelines for procedures defined as “inpatient only”.

2. Outpatient Payment Methodology Paid Under Medicaid OPPS

Except in cases where the service is non-covered by DOM, outpatient services will be reimbursed as follows:

- a. For each outpatient service or procedure, the fee is 100% of the current Ambulatory Payment Classification (APC) rate multiplied by the units (when applicable).
- b. Where no APC relative weight has been assigned, outpatient services will be paid at 100% of any applicable Medicare payment rate in the most current final Medicare outpatient Addendum B as of April 1st of each year as published by the CMS multiplied by the units (when applicable).
- c. If there is no APC relative weight or Medicare payment rate established in the most current final Medicare outpatient Addendum B as of April 1st of each year as published by the CMS, payment will be made using the current applicable MS Medicaid fee multiplied by the units (when applicable).
- d. If there is (1) no APC relative weight, Medicare payment rate, or MS Medicaid fee for a procedure or service, or a device, drug, biological or imaging agent, or (2) when it is determined, based on documentation, that a procedure or service, or device, drug, biological or imaging agent reimbursement is insufficient for the Mississippi Medicaid

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

population or results in an access issue, a manual review of the claim will be made to determine an appropriate payment based on the resources used, cost of related equipment and supplies, complexity of the service and physician and staff time. The rate of reimbursement will be limited to (1) a MS Medicaid fee calculated as 90% of the Medicare rate of a comparable procedure or service or (2) the provider submitted invoice for a device, drug, biological or imaging agent.

- e. Reimbursement of Long Acting Reversible Contraceptive (LARC) insertion at the time of delivery during an inpatient stay- refer to Attachment 4.19-A.

B. Miscellaneous

The topics listed below from Attachment 4.19-A will apply to hospital outpatient services:

1. Principles and Procedures
2. Availability of Hospital Records
3. Records of Related Organizations
4. Appeals and Sanctions.

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

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a. The Medicaid OPPS fees, including Clinical Diagnostic Laboratory OPPS fees, are calculated using 100% of the applicable APC relative weight or the payment rate for codes listed in the most current final Medicare outpatient Addendum B ~~or C~~ effective as of April 1st of each year as published by the Centers for Medicare and Medicaid Services (CMS). Codes with no applicable APC relative weight or Medicare payment rate established in Addendum B or C are paid -using the current applicable MS Medicaid fee effective July 1, are paid via a DOM published fee schedule based on 90% of the Medicare physician fee schedule or the Medicare Clinical Laboratory fee schedule of the current year using the current applicable MS Medicaid fee multiplied by the units (when applicable). No retroactive adjustments will be made. The MS Medicaid OPPS fee schedule is set and updated each year as of July 1st and is effective for services provided on or after that date. All fees are published on the agency's website at ~~<http://www.medicaid.ms.gov/FeeScheduleLists.aspx>~~<https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

b. The Medicaid conversion factor used by DOM is the SFY18 current Jackson, MS

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Medicare conversion factor. This conversion factor is used for all APC groups and for all hospitals. Each APC rate equals the Medicare Addendum B specific relative weight at 100% multiplied by the Medicaid conversion factor, with the exception of observation fee which is paid using a MS Medicaid fee. Except as otherwise noted in the plan, MS Medicaid

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

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- f. Claims with more than one (1) significant procedure, assigned a MS Medicaid OPPS status indicator "T" or "MT", are discounted. The line item with the highest allowed amount on the claim for certain significant procedures identified on the MS OPPS fee schedule

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

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- g. Medicare has set guidelines for procedures it has determined should be performed in an inpatient setting only. The DOM follows Medicare guidelines for procedures defined as “inpatient only”.

2. Outpatient Payment Methodology Paid Under Medicaid OPPS

Except in cases where the service is non-covered by DOM, outpatient services will be reimbursed as follows:

- a. For each outpatient service or procedure, the fee is 100% of the current Ambulatory Payment Classification (APC) rate multiplied by the units (when applicable).
- b. Where no APC relative weight has been assigned, outpatient services will be paid at 100% of any applicable Medicare payment rate in the most current final Medicare outpatient Addendum B ~~or C~~ as of April 1st of each year as published by the CMS multiplied by the units (when applicable).
- c. If there is no APC relative weight or Medicare payment rate established in the most current final Medicare outpatient Addendum B ~~or C~~ as of April 1st of each year as published by the CMS, payment will be made using the current applicable MS Medicaid fee multiplied by the units (when applicable).
- d. If there is (1) no APC relative weight, Medicare payment rate, or MS Medicaid fee for a procedure or service, or a device, drug, biological or imaging agent, or (2) when it is determined, based on documentation, that a procedure or service, or device, drug, biological or imaging agent reimbursement is insufficient for the Mississippi Medicaid

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

population or results in an access issue, a manual review of the claim will be made to determine an appropriate payment based on the resources used, cost of related equipment and supplies, complexity of the service and physician and staff time. The rate of reimbursement will be limited to (1) a MS Medicaid fee calculated as 90% of the Medicare rate of a comparable procedure or service or (2) the provider submitted invoice for a device, drug, biological or imaging agent.

e. Reimbursement of Long Acting Reversible Contraceptive (LARC) insertion at the time of delivery during an inpatient stay- refer to Attachment 4.19-A.

~~3. Five Percent (5%) Reduction~~

~~Notwithstanding any other provision of this section, the Division of Medicaid, as required by State law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service. The published fee does not include the five percent (5%) reduction. This provision is not applicable to Indian Health Services.~~

B. Miscellaneous

The topics listed below from Attachment 4.19-A will apply to hospital outpatient services:

1. Principles and Procedures
2. Availability of Hospital Records
3. Records of Related Organizations
4. Appeals and Sanctions.

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

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State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Enhanced Payment

~~Providers will receive a one (1) time enhanced payment of \$20,442,170.32 on or after April 1, 2013, for outpatient hospital services. See Appendix A for the amount of the enhanced payments for each provider. Payment will be made during the State Fiscal Year ending June 30, 2014. The enhanced payment estimate for each hospital is final and cannot be appealed.~~

State of Mississippi
 Methods and Standards for Establishing Payment Rates – Other Types of Care

Appendix A
Enhanced Payment Per Provider

Medicaid Provider Number	Provider Name	Payment
00020149	UNIVERSITY OF MISS MED CENTER	\$3,897,683.96
00020229	TRI LAKES MEDICAL CENTER	\$1,023,637.17
00020081	NORTH MISSISSIPPI MEDICAL CENTER	\$902,903.71
00020469	METHODIST HOSPITALS OF MEMPHI	\$862,480.24
00220630	CENTRAL MISSISSIPPI MEDICAL CENTER	\$818,314.51
00220467	RIVER OAKS HOSPITAL	\$767,524.12
08087360	MADISON RIVER OAKS MEDICAL CENTER	\$717,313.53
00220462	WESLEY MEDICAL CENTER	\$712,350.96
00020027	MEMORIAL HOSPITAL AT GULFPORT	\$694,022.25
00020059	SINGING RIVER HEALTH SYSTEM	\$663,536.29
00220392	MISSISSIPPI BAPTIST MEDICAL CENTER	\$637,839.89
00220417	RANKIN MEDICAL CENTER	\$552,309.57
00220380	NORTHWEST MS REGIONAL MEDICAL CENTE	\$480,771.91
00220136	BMH GOLDEN TRIANGLE	\$443,579.55
00020182	BILOXI REGIONAL MEDICAL CENTER	\$385,589.68
00020143	BAPTIST MEMORIAL HOSPITAL DESOTO	\$335,971.12
00020219	OCH REGIONAL MEDICAL CENTER	\$275,656.31
00020118	NORTH SUNFLOWER MEDICAL CENTER	\$267,214.37
00020026	GRENADA LAKE MEDICAL CENTER	\$243,149.44
00020010	BAPTIST MEMORIAL HOSPUNION COUNTY	\$234,384.89
00220609	HOLMES COUNTY HOSPITAL AND CLINICS	\$216,201.20
00220606	BOLIVAR MEDICAL CENTER	\$213,632.13
00020049	RUSH FOUNDATION HOSPITAL	\$210,176.48
00220571	RIVER REGION HEALTH SYSTEM	\$206,317.33
00020007	FORREST GENERAL HOSPITAL	\$201,379.59
00020079	CLAY COUNTY MEDICAL CENTER	\$188,598.66
00020046	ANDERSON REGIONAL MEDICAL CENTER	\$169,741.80
00020008	KINGS DAUGHTERS MEDICAL CENTER	\$169,318.84
00020082	KINGS DAUGHTERS HOSPITAL	\$167,633.97
00020145	DELTA REGIONAL MEDICAL CENTER	\$159,473.19
00020034	ST DOMINIC JACKSON MEMORIAL HOSPITA	\$153,068.23
04125505	LAIRD HOSPITAL INC	\$152,786.19
00020214	H C WATKINS MEMORIAL HOSPITAL	\$149,038.10
00220734	GARDEN PARK MEDICAL CENTER	\$142,344.50
00220324	S E LACKEY MEMORIAL HOSPITAL	\$129,972.75
00220159	NATCHEZ COMMUNITY HOSPITAL	\$129,568.41
00020133	GOVINGTON COUNTY HOSPITAL	\$123,637.02
00020124	PATIENTS CHOICE MEDICAL CENTER OF H	\$118,133.01
00220144	SCOTT REGIONAL MEDICAL CENTER	\$117,932.58
00020025	GREENWOOD LEFLORE HOSPITAL	\$107,534.44
00020003	GILMORE MEM REGIONAL MEDICAL CENTER	\$103,077.87
00220714	STONE COUNTY HOSPITAL INC	\$91,757.54
00220466	WOMANS HOSPITAL	\$90,711.64
00020141	SOUTH CENTRAL REG MED CTR	\$90,377.75
00220631	NORTH OAK REGIONAL MEDICAL CENTER	\$89,254.90
00020131	WAYNE GENERAL HOSPITAL	\$85,813.24
00020424	SLIDELL MEMORIAL HOSPITAL	\$74,746.19
00020207	SW MS REGIONAL MEDICAL CENTER	\$71,107.20

State of Mississippi
 Methods and Standards for Establishing Payment Rates – Other Types of Care

Appendix A
Enhanced Payment Per Provider

Medicaid Provider Number	Provider Name	Payment
02934741	JOHN C STENNIS MEMORIAL HOSPITAL	\$68,821.57
00431215	PIONEER COMMUNITY HOSPITAL OF CHOCT	\$68,476.84
00020461	OCHSNER FOUNDATION HOSPITAL	\$63,793.57
00020140	CLAIBORNE COUNTY HOSPITAL	\$62,606.26
00220692	PIONEER COMM HOSPITAL OF ABERDEEN	\$62,094.10
00020065	ST JUDE CHILDRENS RESEARCH HOSPITA	\$58,631.33
00220230	PIONEER HEALTH SERVICES OF NEWTON C	\$56,773.54
00020111	TIPPAH COUNTY HOSPITAL	\$53,237.23
00020012	FIELD MEMORIAL COMMUNITY HOSPITAL	\$52,615.90
00020302	CHILDRENS HOSPITAL	\$51,445.49
00020042	MAGEE GENERAL HOSPITAL	\$50,852.54
00020156	TYLER HOLMES MEMORIAL HOSPITAL	\$49,617.97
00020130	FRANKLIN COUNTY MEMORIAL HOSPITAL	\$43,807.83
00220682	HIGHLAND COMMUNITY HOSPITAL	\$43,433.23
00020172	NATCHEZ REGIONAL MEDICAL CENTER	\$42,430.88
00020223	MS METHODIST REHAB CENTER	\$41,525.95
00220279	TULANE UNIVERSITY HOSPITAL	\$41,227.70
00020129	SHARKEYSSAQUENA COMMUNITY HOSPITA	\$40,158.89
00020084	BAPT MEM HOSP - BOONEVILLE	\$39,816.72
00020170	LAWRENCE COUNTY HOSPITAL	\$37,907.51
00220213	SAINT FRANCIS HOSPITAL	\$37,152.30
00020020	MAGNOLIA REGIONAL HEALTH CENTER	\$36,248.00
00020208	WALTHALL CO GENERAL HOSPITAL	\$35,943.63
00020393	TISHOMINGO HEALTH SERVICES INC	\$35,831.95
00020193	JEFFERSON COUNTY HOSP	\$35,208.94
00020096	PONTOTOC HEALTH SERVICES INC	\$34,623.71
00220809	BAPTIST MEDICAL CENTER LEAKE	\$33,653.10
00220441	JEFFERSON DAVIS GENERAL HOSPITAL	\$32,651.73
00220297	PEARL RIVER COUNTY HOSPITAL	\$30,889.75
00020191	PERRY COUNTY GENERAL HOSPITAL	\$29,779.34
00220243	WINSTON MEDICAL CENTER	\$25,473.67
00095306	OCHSNER MEDICAL CENTER NORTHSHORE	\$24,952.37
00020374	BAPTIST MEMORIAL HOSPITAL	\$18,515.56
00020213	CALHOUN HEALTH SERVICES	\$15,266.52
00020041	NOXUBEE GENERAL CRITICAL ACCESS HOS	\$13,720.90
00097605	BAPTIST MEMORIAL HOSPITAL TIPTON	\$13,596.08
06200741	GREENE COUNTY HOSPITAL	\$11,838.85
00020408	RED BAY HOSPITAL	\$9,876.66
00220415	TRACE REGIONAL HOSPITAL	\$9,625.79
00220621	ALLIANCE HEALTHCARE SYSTEM	\$9,222.68
05432201	ST FRANCIS HOSPITAL BARTLETT	\$6,102.94
01687505	CHRISTUS SANTA ROSA HEALTHCARE	\$5,867.37
00020364	NORTH OAKS MEDICAL CENTER	\$5,222.27
02703888	MEMORIAL HERMANN HOSPITAL	\$5,087.93
00020427	LANE REGIONAL MEDICAL CENTER	\$4,428.58
00020395	UNIVERSITY OF ALABAMA HOSPITAL	\$4,366.31
04581000	LOUISIANA HEART HOSPITAL LLC	\$4,080.09
00220498	VANDERBILT UNIVERSITY HOSPITAL	\$2,872.44

State of Mississippi
 Methods and Standards for Establishing Payment Rates – Other Types of Care

Appendix A
Enhanced Payment Per Provider

Medicaid Provider Number	Provider Name	Payment
00220742	CHILDRENS HOSP MEDICAL CENTER	\$2,713.51
07771013	MCNAIRY REGIONAL HOSPITAL	\$2,293.69
00020433	OUR LADY OF THE LAKE REGNL MED CTR	\$2,142.30
00020175	YALOBUSHA GEN HOSP—NURSING HOME	\$1,917.48
00095136	HELENA REGIONAL MEDICAL CENTER	\$1,771.33
00020178	WEBSTER GENERAL HOSPITAL	\$1,678.44
00020177	JASPER GENERAL HOSPITAL	\$1,662.28
00220412	FLORIDA HOSPITAL MEDICAL CENTER	\$1,387.77
00220732	UAMS MEDICAL CENTER	\$1,333.96
00020186	OCHSNER MEDICAL CENTER—KENNER-LLC	\$1,323.96
00220712	SPRINGHILL-MEMORIAL HOSPITAL	\$1,029.81
00098401	SOUTH BALDWIN HOSP	\$973.18
09573208	GULF-BREEZE HOSPITAL	\$926.92
00220522	WEST JEFFERSON MEDICAL CENTER	\$922.85
04458031	MEDICAL CENTER OF ARLINGTON	\$888.74
01170370	HOUSTON-NORTHWEST MEDICAL CENTER	\$702.51
01856833	CHOCTAW GENERAL HOSPITAL	\$685.89
00983376	GOOD SAMARITAN HOSPITAL	\$648.64
00097684	TEXAS CHILDRENS HOSPITAL	\$619.23
00220648	EAST ALABAMA MEDICAL CENTER	\$605.22
00220450	CHRIST HOSPITAL	\$599.06
03233717	MEMORIAL HERMANN-NORTHWEST HOSPITAL	\$547.62
00220500	OCHSNER BAPTIST MEDICAL CENTER	\$535.92
00020421	REGIONAL-MED-CTR-MEMPHIS	\$470.20
00095932	WESLEY MEDICAL CENTER	\$450.98
00020019	WEST FELICIANA PARISH HOSPITAL	\$447.80
05008049	BAPTIST HEALTH SYSTEM	\$446.96
07038885	NORTH FULTON REGIONAL HOSPITAL	\$441.05
00220616	WASHINGTON COUNTY HOSP ASSOC	\$432.01
00095485	NIAGARA FALLS MEM MED CTR	\$400.98
06048562	ST FRANCIS MEDICAL CENTER	\$351.38
00020459	ST HELENA PARISH HOSPITAL	\$344.09
06436004	SKYRIDGE MEDICAL CENTER	\$328.88
03152718	BAYLOR MEDICAL CENTER AT GRAPE VINE	\$327.24
00220754	ORLANDO REGIONAL MEDICAL CENTER	\$323.47
00220448	TOURO INFIRMARY	\$308.89
03126743	GLENWOOD REGIONAL MEDICAL CENTER	\$304.89
07386784	BOLIVAR GENERAL HOSPITAL	\$291.61
08227060	SKYLINE MEDICAL CENTER	\$286.70
00736327	BANNER-DESERT MEDICAL CENTER	\$286.12
00220701	GATEWAY MEDICAL CENTER	\$267.39
02526776	BANNER-GATEWAY MEDICAL CENTER	\$251.37
03920017	JEWISH HOSPITAL	\$250.65
00220489	RIVERSIDE MEDICAL CENTER	\$242.14
06409841	SOUTH FULTON MEDICAL CENTER	\$235.66
03024049	NORTHCREST MEDICAL CENTER	\$228.56
00220800	THE CHILDRENS HOSPITAL OF PHILADEL	\$226.77
08528720	LAKE POINTE MEDICAL CENTER	\$217.03

State of Mississippi
 Methods and Standards for Establishing Payment Rates – Other Types of Care

Appendix A
Enhanced Payment Per Provider

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00097681	SINAI-GRACE HOSPITAL	\$215.81
05703861	MEMORIAL HERMANN-SOUTHEAST HOSPITAL	\$214.68
07832553	SUMMERLIN HOSPITAL-MEDICAL-CENTER	\$204.74
00097779	BAPTIST HOSPITAL	\$202.12
00220545	DOCTORS HOSPITAL-OF AUGUSTA	\$183.64
00098297	ALEGENT HEALTH IMMANUEL-MEDICAL-CEN	\$180.87
00096346	JACKSON HEALTH SYSTEMS	\$172.82
02224822	STONECREST MEDICAL CENTER	\$170.99
06934870	FLORIDA HOSPITAL WATERMAN	\$170.73
00020441	BATON ROUGE GEN HOSP	\$165.39
00020238	ERLANGER HEALTH SYSTEM	\$155.44
00220601	EAST JEFFERSON GENERAL HOSPITAL	\$146.82
00095919	SAINT JOHNS HOSPITAL	\$143.21
00096445	SWEDISH-AMERICAN HOSPITAL	\$136.80
08171261	SUMMIT MEDICAL CENTER	\$136.59
03578096	LAKEVIEW REGIONAL MEDICAL CENTER	\$128.38
00095348	ST LOUIS CHILDRENS HOSP	\$121.27
02653708	COLUMBIA MEDICAL CENTER OF DENTON-S	\$119.65
01084764	JACKSON MADISON COUNTY GEN HOSPITAL	\$116.06
00020414	DCH REGIONAL MEDICAL CENTER	\$108.26
00220541	UNIVERSITY OF CHICAGO HOSPITAL	\$107.47
01832221	WOLFSON CHILDRENS HOSPITAL	\$104.87
00220512	JACKSON HOSPITAL—CLINIC	\$98.78
00478748	DOCTORS HOSPITAL-OF DALLAS	\$89.44
00888783	SHELBY BAPTIST MEDICAL CENTER	\$88.73
04436083	BAYLOR UNIVERSITY MEDICAL CENTER	\$85.18
00655066	THE CHILDRENS HOSPITAL ASSOCIATION	\$78.08
06473721	BAYLOR MEDICAL CENTER AT IRVING	\$73.57
08720011	FOSTER G MCGAW HOSPITAL	\$70.60
08123025	THE HEALTH CARE AUTHORITY FOR MEDIC	\$69.53
01188726	PHOENIX BAPTIST HOSPITAL	\$67.60
05804895	MEMORIAL HERMANN-SOUTHWEST HOSPITAL	\$66.92
05420345	MEMORIAL HERMANN-THE WOODLANDS HOSP	\$65.88
01651501	MEMORIAL HERMANN-MEMORIAL CITY HOSP	\$65.88
00096548	CHILDRENS MERCY HOSPITAL	\$65.49
00097033	MARY WASHINGTON HOSPITAL	\$58.06
05729348	ATLANTA MEDICAL CENTER	\$53.07
03054203	NORTH-BROWARD MEDICAL CENTER	\$52.09
00095450	CHILDRENS HOSPITAL OF MI	\$47.82
00096829	ST-JOHNS REGIONAL HEALTH CENTER	\$47.45
05901737	MEDICAL CENTER OF SOUTHEAST TEXAS-L	\$47.06
00096942	HARDIN-MEMORIAL HOSPITAL	\$45.02
00095289	ST-LUKES EPISCOPAL HOSPITAL	\$44.78
01500854	ST-MARYS MEDICAL CENTER OF EVANSVIL	\$40.76
00220220	MARION REGIONAL MEDICAL CENTER	\$35.94
07184768	SSM DEPAUL HEALTH CENTER	\$35.75
05603861	THE TOLEDO HOSPITAL	\$30.14
00220559	CHILDRENS HOSPITAL-MED-CENTER	\$26.83

State of Mississippi
 Methods and Standards for Establishing Payment Rates – Other Types of Care

Appendix A
Enhanced Payment Per Provider

Medicaid Provider Number	Provider Name	Payment
09602562	SOUTHERN HILLS MEDICAL CENTER	\$26.59
00096517	BAYLOR MEDICAL CENTER AT GARLAND	\$21.07
07932018	EAST TEXAS MEDICAL CENTER	\$20.51
00220544	LAKELAND MED CENTERST JOSEPH	\$18.04
00020420	HUNTSVILLE HOSPITAL	\$17.32
06275818	TEXAS HEALTH HARRIS METHODIST HOSPI	\$17.17
02283343	UNIVERSITY OF TENNESSEE MEMORIAL HO	\$16.61
00020060	BRYAN W WHITFIELD MEM HOSP	\$13.88
00252002	WEST VALLEY HOSPITAL	\$13.41
00537300	WOMENS – CHILDRENS HOSPITAL	\$9.85
00096867	LIMA MEMORIAL HOSPITAL	\$9.49
01634718	CHRISTIAN HOSPITAL NORTHEAST	\$7.34
00095319	LEESBURG REGIONAL MEDICAL CENTER	\$3.47
04102559	TRINITY MEDICAL CENTER	\$2.65
		<u>\$20,442,170.32</u>