

# PUBLIC NOTICE

April 23, 2019

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 19-0015 Medicare Crossover Payments. The Division of Medicaid, in the Office of the Governor, will submit this proposed SPA to the Centers for Medicare and Medicaid Services (CMS) effective July 1, 2019 contingent upon approval from CMS, our Transmittal #19-0015.

1. Mississippi Medicaid SPA 19-0015 Medicare Crossover Payments is being submitted to allow the Division of Medicaid to include the Division of Medicaid's reimbursement of Medicare Part C crossover claims and revise the reimbursement of Medicare Part A and Part B crossover claims by the Division of Medicaid.
2. The estimated economic impact is a savings of approximately \$6,225,785 in federal dollars for federal fiscal year (FFY)19 and \$24,903,140 FFY20. The estimated savings in state dollars is \$7,696,860 for state fiscal year (SFY)20 and \$7,696,860 SFY21.
3. The Division of Medicaid is submitting this SPA to be in compliance with Miss. Code Ann. § 43-13-117(39) which requires the Division of Medicaid to reimburse crossover claims for inpatient hospital services and crossover claims covered under Medicare Part B in the same manner that was in effect on January 1, 2008, unless specifically authorized by the Legislature to change this method.
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](http://www.medicaid.ms.gov), or requested at 601-359-5248 or by emailing at [Margaret.Wilson@medicaid.ms.gov](mailto: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](mailto: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](http://www.medicaid.ms.gov).
6. A public hearing on this SPA will not be held.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE MISSISSIPPI

## COORDINATION OF TITLE XIX WITH PART A AND PART B OF TITLE XLIII

The following method is used to provide benefits under Part A, ~~and Part B,~~ or C of Title XVIII to the groups of Medicare-eligible individuals indicated:

A. Part B buy-in agreements with the Secretary of HHS This agreement covers:

1.  Individuals receiving SSI under title XVI or State supplementation, ~~W~~who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included:

YES  NO

2.  Individuals receiving SSI under title XVI, State supplementation, or a money payment under the State's approved title IV-a plan, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included:

YES  NO

3.  All individuals eligible under the State's approved title XIX plan.

4.  Qualified Medicare beneficiaries provided by section 301 of P.L. 100-360 as amended by section 8434 of P.L. 100-647.

B. Part A group premium payment arrangement entered into with the Social Security Administration. This arrangement covers the following groups:

Qualified Medicare beneficiaries provided by section .301 of P.L. 100-360 as amended by section 8434 of P.L. 100-647.

C. Payment of Part A, ~~and Part B,~~ and C deductible and coinsurance costs. Such payments are made in behalf of the following groups:

1. Qualified Medicare beneficiaries provided by section 301 of P.L. 100-360 as amended by section 8434 of P.L. 100-647.

2. All individuals eligible under the State's approved Title XIX plan who have Part A, ~~& B,~~ or C for only those services also covered in the Mississippi Medicaid State Plan.

3. Refer to Attachment 4.19-B, Page 21 for reimbursement.

TN No. ~~89-9~~19-0015

Supersedes

TN No. ~~87-9~~ 89-9

Approved Date \_\_\_\_\_

Receive Date \_\_\_\_\_

Effective Date 07/01/19

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

State of Mississippi

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

Item 1. Payment of Title XVIII Part A ~~and~~ Part B, and Part C Deductible/ Coinsurance

The Medicaid agency uses the following method:

	<b>Medicare-Medicaid Individual</b>	<b>Medicare-Medicaid/QMB Individual</b>	<b>Medicare-QMB Individual</b>
<b>Part A Deductible</b> <del>Inpatient Hospital</del>	<input checked="" type="checkbox"/> limited to State Plan rates* <input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount
<b>Part A Coinsurance</b> <del>Inpatient Hospital</del>	<input checked="" type="checkbox"/> limited to State plan rates* <input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount
<b>Part A-B Deductible</b> <del>Nursing Facility</del> <del>Hospice</del> <del>Home Health</del>	<input checked="" type="checkbox"/> limited to State plan rates* ___ full amount	<input checked="" type="checkbox"/> limited to State plan rates ___ full amount	<input checked="" type="checkbox"/> limited to State plan rates ___ full amount
<b>Part A-B Coinsurance</b> <del>Nursing Facility</del> <del>Hospice</del> <del>Home Health</del>	<input checked="" type="checkbox"/> limited to State plan rates* ___ full amount	<input checked="" type="checkbox"/> limited to State plan rates ___ full amount	<input checked="" type="checkbox"/> limited to State plan rates ___ full amount
<b>Part B-C Deductible</b>	<input checked="" type="checkbox"/> limited to State plan rates* <input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount
<b>Part B-C Coinsurance</b>	<input checked="" type="checkbox"/> limited to State plan rates* <input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount	<input checked="" type="checkbox"/> limited to State plan rates <input checked="" type="checkbox"/> full amount

\* The Medicaid agency will not reimburse for services that are not covered under the Medicaid State Plan as allowed under federal and state law.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE MISSISSIPPI

## COORDINATION OF TITLE XIX WITH PART A AND PART B OF TITLE XLIII

The following method is used to provide benefits under Part A, B, or C of Title XVIII to the groups of Medicare-eligible individuals indicated:

## A. Part B buy-in agreements with the Secretary of HHS This agreement covers:

1.  Individuals receiving SSI under title XVI or State supplementation, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included:

YES  NO

2.  Individuals receiving SSI under title XVI, State supplementation, or a money payment under the State's approved title IV-a plan, who are categorically needy under the State's approved title XIX plan.

Persons receiving benefits under title II of the Act or under the Railroad Retirement System are included:

YES  NO

3.  All individuals eligible under the State's approved title XIX plan.

4.  Qualified Medicare beneficiaries provided by section 301 of P.L. 100-360 as amended by section 8434 of P.L. 100-647.

## B. Part A group premium payment arrangement entered into with the Social Security Administration. This arrangement covers the following groups:

Qualified Medicare beneficiaries provided by section .301 of P.L. 100-360 as amended by section 8434 of P.L. 100-647.

## C. Payment of Part A, B, and C deductible and coinsurance costs. Such payments are made in behalf of the following groups:

1. Qualified Medicare beneficiaries provided by section 301 of P.L. 100-360 as amended by section 8434 of P.L. 100-647.

2. All individuals eligible under the State's approved Title XIX plan who have Part A, B, or C for only those services also covered in the Mississippi Medicaid State Plan.

Refer to Attachment 4.19-B, Page 21 for reimbursement.

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

State of Mississippi

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

Item 1. Payment of Title XVIII Part A, Part B, and Part C Deductible/ Coinsurance

The Medicaid agency uses the following method:

	<b>Medicare-Medicaid Individual</b>	<b>Medicare-Medicaid/QMB Individual</b>	<b>Medicare-QMB Individual</b>
<b>Part A Deductible</b>	<u>X</u> limited to State Plan rates*  __full amount	<u>X</u> limited to State plan rates  __full amount	<u>X</u> limited to State plan rates  __full amount
<b>Part A Coinsurance</b>	<u>X</u> limited to State plan rates*  __full amount	<u>X</u> limited to State plan rates  __full amount	<u>X</u> limited to State plan rates  __full amount
<b>Part B Deductible</b>	<u>X</u> limited to State plan rates*  __full amount	<u>X</u> limited to State plan rates  __full amount	<u>X</u> limited to State plan rates  __full amount
<b>Part B Coinsurance</b>	<u>X</u> limited to State plan rates*  __ full amount	<u>X</u> limited to State plan rates  __full amount	<u>X</u> limited to State plan rates  __full amount
<b>Part C Deductible</b>	<u>X</u> limited to State plan rates*  __full amount	<u>X</u> limited to State plan rates  __full amount	<u>X</u> limited to State plan rates  __full amount
<b>Part C Coinsurance</b>	<u>X</u> limited to State plan rates*  __full amount	<u>X</u> limited to State plan rates  __full amount	<u>X</u> limited to State plan rates  __full amount

\* The Medicaid agency will not reimburse for services that are not covered under the Medicaid State Plan, as allowed under federal and state law.