

# PUBLIC NOTICE

June 30, 2021

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 21-0013 Ambulatory Surgical Center. 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, 2021, contingent upon approval from CMS, our Transmittal #21-0013.

1. State Plan Amendment (SPA) 21-0013 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees for ambulatory surgical center services the same as those in effect for State Fiscal Year (SFY) 2021, and 2) remove the five percent (5%) reimbursement reduction effective July 1, 2021.
2. The estimated annual aggregate expenditures of the Division of Medicaid are expected to be \$19,451 in federal funds for federal fiscal year 2021 (FFY21) and \$17,465 in state funds for state fiscal year 2022 (SFY22) and \$73,855 in federal funds for FFY22. The expenditures are calculated by removal of the five percent reduction and then comparing the difference with the actual FY2018 expenditures for ambulatory surgical center services which included the five percent (5%) reduction.
3. The Division of Medicaid is submitting this proposed SPA to be in compliance with 42 C.F.R. § 447.201 which requires all policy and methods used in setting payment rates for services be included in the State Plan. The changes in this SPA are being made to be in compliance with Miss. Code § 43-13-117, amended by MS Senate Bill 2799, effective July 1, 2021. Additional authority: Miss. Code § 43-13-121.
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 601-359-2081 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 of Mississippi**

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

---

Ambulatory Surgical Center Facility Services

Reimbursement of ambulatory surgical center (ASC) services is made from a Mississippi Medicaid statewide uniform fee schedules based on eighty percent (80%) of the Medicare Ambulatory Surgical Center Payment System. Effective July 1, 2021, the fees will remain the same as those effective October 1, 2020.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental, if any, and non-governmental providers of ambulatory surgical center services. All rates may be viewed at [www.medicaid.ms.gov/FeeScheduleLists.aspx](http://www.medicaid.ms.gov/FeeScheduleLists.aspx).

State of Mississippi

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

---

Ambulatory Surgical Center Facility Services

Reimbursement of ambulatory surgical center (ASC) services is made from a Mississippi Medicaid statewide uniform fee schedules calculated at based on eighty percent (80%) of the current Medicare Ambulatory Surgical Center Payment System. Effective July 1, 2021, the fees will remain the same as those effective October 1, 2020.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental, if any, and non-governmental providers of ambulatory surgical center services. ~~Mississippi Medicaid's fee schedule for ambulatory surgical center services is updated annually with an effective date of October 1 for services provided on or after that date.~~ All rates may be viewed at [www.medicaid.ms.gov/FeeScheduleLists.aspx](http://www.medicaid.ms.gov/FeeScheduleLists.aspx).

~~Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to both governmental and non-governmental 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.~~