

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) 21-0034 Midwife Services. 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 #21-0034.

1. State Plan Amendment (SPA) 21-0034 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees for midwife services the same as those effective for State Fiscal Year (SFY) 2021, and 2) remove the five percent (5%) reimbursement reduction for midwife services effective July 1, 2021.
2. The estimated annual aggregate expenditures of the Division of Medicaid are expected to be \$1,170.00 in federal funds for federal fiscal year 2021 (FFY21) and \$1050.00 in state funds for state fiscal year 2022 (SFY22) and \$4,441.00 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 midwife 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 made in this State Plan Amendment are to comply 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, 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 not be held.

State Mississippi

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

17. Nurse-midwife services

The reimbursement for certified nurse midwifery services shall not exceed ninety percent (90%) of the reimbursement rate for comparable services rendered by a physician. Effective July 1, 2021, the fees will remain the same as those effective for State Fiscal Year (SFY) 2021.

TN# 21-0034
Superseded
TN # 2002-06

Date Received
Date Approved
Date Effective 07/01/2021

State Mississippi

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~~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.~~