

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) 21-0036 Respiratory Care for EPSDT Beneficiaries. 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 #21-0036.

1. State Plan Amendment (SPA) 21-0036 is being submitted to allow the Division of Medicaid (DOM) to 1) set the fees the same as those effective for State Fiscal Year (SFY) 2021, and 2) remove the five percent (5%) reimbursement reduction for respiratory care for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Beneficiaries, effective July 1, 2021.
2. There is no estimated impact with this SPA because the impact is included in SPA 21-0031 Home Health, DME and Medical Supply.
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, 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Mississippi -

Attachment 4.19-B

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

Respiratory Care Services for EPSDT recipients, if medically necessary, reimbursed on a fee for service scale. Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.

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

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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.~~

TN No ~~2002-06-21-0036~~

Superseded

TN No ~~92-11-2002-06~~

Date Effective 07/01/2021

Date Approved _____

Date Received _____