

## MS State Plan Amendment (SPA) 21-0014 Targeted Case Management for High-Risk Pregnant Women

## **Public Comments:**



## MISSISSIPPI STATE DEPARTMENT OF HEALTH

July 29, 2021

Ms. Margaret Wilson Office of the Governor, Division of Medicaid Office of Policy Walter Sillers Building, Suite 1000 550 High Street Jackson, MS 39201

RE: MS SPA 21-004 Targeted Case Management for High-Risk Pregnant Women

Dear Ms. Wilson:

Please accept this letter as an official public comment to the Mississippi Division of Medicaid on behalf of the Mississippi State Department of Health (MSDH) regarding Public Notice for MS SPA 21-004 Targeted Case Management for High-Risk Pregnant Women. The Mississippi Division of Medicaid included in the public notice that the proposed payment methodology would have "no estimated economic impact for this SPA. The language has been removed; however, there was no reduction taken from the providers of these services." However, according to the detailed analysis of an accounting firm contracted by MSDH (attached), we anticipate that the proposed changes would result in a significant economic impact to the Agency. According to the Agency's accounting, the impact of this SPA would result in a loss of, at a minimum, \$3,400,000.00 annually for MSDH's women's and children's health programs.

The Mississippi State Department of Health respectfully requests that the Division of Medicaid consider either amending the proposed State Plan Amendment or entering into another similarly authoritative agreement with the Agency to address the anticipated economic shortfall which will result from the proposed changes.

Additionally, MSDH is not able to receive reimbursement for services outside of the Targeted Case Management for High-Risk Pregnant Women that will be reimbursable to other eligible providers now authorized to provide services under this State Plan Amendment. Examples of these services include, tobacco cessation counseling, telehealth originating site fee, after hours fees for visits which occur outside of regularly scheduled office hours, and administration, insertion, and/or removal of certain categories or physician administered drugs. MSDH also requests that the Mississippi Division of Medicaid allow reimbursement for these services to the Mississippi State Department of Health, as allowed for other providers, such as Rural Health Clinics, that will be able to be reimbursed for targeted case management services under the authority of the proposed State Plan Amendment.

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Thomas Dobbs, MD, MPH State Health Officer

Attachments