

PUBLIC NOTICE

June 30, 2022

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 22-0011. 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, 2022, contingent upon approval from CMS, our Transmittal #22-0011.

1. State Plan Amendment (SPA) 22-0011 is being submitted to allow the Division of Medicaid (DOM) to reimburse for physician services at ninety percent (90%) of the Medicare Physician Fee schedule established on January 1, 2022 and as may be adjusted each July thereafter.
2. The total estimated increase in annual aggregate expenditures associated with updating rates that are based on the Medicare physician fee schedule is expected to be \$3,206,530 for State Fiscal Year 2023. This estimated economic impact includes the impact of the rate updates proposed in MS SPAs 22-0009, 22-0011, 22-0012, 22-0013, 22-0015, 22-0017, 22-0018, 22-0022 and the professional service rates included in MS SPAs 22-0019 and 22-0020.
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, as amended by MS House Bill 657, effective July 1, 2022. 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 DOMPolicy@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 DOMPolicy@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 of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Physicians' services – The normal reimbursement rate for Medicaid physician services is ninety percent (90%) of the Medicare Physician Fee Schedule in effect as of January 1, 2022 and as may be adjusted each July thereafter. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Enhanced Primary Care Physician Payment:

The Division of Medicaid will continue to reimburse for services provided by physicians who self-attest as having a primary specialty designation of family medicine, pediatric medicine or internal medicine formerly authorized by 42 C.F.R. § 447.400(a).

Effective July 1, 2016, the Division of Medicaid will reimburse for services provided by obstetricians and gynecologists (OB/GYNs) with a primary specialty/subspecialty designation in obstetric/gynecologic medicine who attest to one (1) of the following:

- 1) Physician is board certified by the American Congress of Obstetricians and Gynecologists (ACOG) as a specialist or subspecialist in obstetric/gynecologic medicine, or
- 2) Physician with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and has furnished the evaluation and management services and vaccines administration services listed below that equal at least sixty percent (60%) of the Medicaid codes they have billed during the most recently completed calendar year but does not have an ACOG certification, or
- 3) Physician, newly enrolled as a Medicaid provider, with a primary specialty/subspecialty designation in obstetric/gynecologic medicine and attests that the evaluation and management services and vaccines administration services listed below will equal at least sixty percent (60%) of the Medicaid codes they will bill during the attestation period, or
- 4) Non-physician practitioner providing primary care services in a Practice Agreement with a qualified physician enrolled for increased primary care services.

Primary Care Services' reimbursement applies to certain Evaluation and Management (E&M) and Vaccine Administration Codes.

State of Mississippi
Methods and Standards for Establishing Payment Rates – Other Types of Care

Enhanced primary Care Services' fees are reimbursed at one hundred percent (100%) of the Medicare Physician Fee Schedule in effect as of January 1, 2022 and as may be adjusted each July thereafter. All rates are published at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

Physician services not otherwise covered by the State Plan but determined to be medically necessary for EPSDT beneficiaries are reimbursed according to the methodology described above.

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