

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) 22-0012 Rehabilitative 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, 2022, contingent upon approval from CMS, our Transmittal #22-0012.

1. State Plan Amendment (SPA) 22-0012 Rehabilitative Services is being submitted to allow the Division of Medicaid (DOM) to reimburse for psychiatric therapeutic procedures that are billed using Current Procedural Terminology (CPT) codes at ninety percent (90%) of the Medicare fee schedule in effect 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

13. Other Diagnostic, Screening, Preventive, and Rehabilitative Services: Mental Health Services described in Attachment 3.1-A, Exhibit 13.d are reimbursed as follows:

Covered services billed using Current Procedural Terminology (CPT) codes for psychiatric therapeutic procedures are reimbursed based on ninety percent (90%) of the most recent final Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of January 1, 2022, effective July 1 and as may be adjusted each July thereafter.

Covered services billed using Healthcare Common Procedure Coding System (HCPCS) are reimbursed according to a statewide uniform fixed fee schedule. In establishing the fee schedule, the Division of Medicaid (DOM) engaged an actuarial firm to establish fees. DOM provided service descriptions and other information for the existing mental health services offered and the proposed new services. The relationships between comparable services for Medicaid programs in other states were examined to develop factors to apply to existing Mississippi fees to calculate the new service group fees with the fees for the existing mental health services. Consideration was given to the service descriptions, required provider credentials and current costs associated with services. Preliminary fees were modified to better reflect the expected provider cost relative to other mental health services. The agency's state developed fee schedule rate is set as of July 1, 2012, and is effective for services provided on or after that date. Effective September 1, 2020, Intensive Community Outreach and Recovery Team (I-CORT) services will be paid the rate established July 1, 2012, for Intensive Outpatient Programs (IOP) and Mental Health Assessments by a Non-Physician will be paid ninety percent (90%) of the Medicaid physician rate for a Psychiatric Diagnostic Evaluation. Effective April 1, 2021, I-CORT will be paid at ninety percent (90%) of the Programs of Assertive Community Treatment (PACT) rate.

Except as otherwise noted in the plan, state-developed uniform fixed fee schedule rates are the same for both governmental and private providers of mental health rehabilitative services as described in Attachment 3.1-A, Exhibit 13.d. All rates are published on the agency's website at <http://www.medicaid.ms.gov/FeeScheduleLists.aspx>.

TN# 22-0012
Supersedes
TN # 21-0024

Date Received:
Date Approved:
Date Effective 07/01/2022

State of Mississippi

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

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Covered services billed using Current Procedural Terminology (CPT) codes for psychiatric therapeutic procedures are reimbursed based on ninety percent (90%) of the most recent final Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of ~~April~~ January 1, 2022, and effective July 1 and as may be adjusted each July thereafter, ~~2020 for services provided on or after that date.~~

Covered services billed using Healthcare Common Procedure Coding System (HCPCS) are reimbursed according to a statewide uniform fixed fee schedule. In establishing the fee schedule, the Division of Medicaid (DOM) engaged an actuarial firm to establish fees. DOM provided service descriptions and other information for the existing mental health services offered and the proposed new services. The relationships between comparable services for Medicaid programs in other states were examined to develop factors to apply to existing Mississippi fees to calculate the new service group fees with the fees for the existing mental health services. Consideration was given to the service descriptions, required provider credentials and current costs associated with services. Preliminary fees were modified to better reflect the expected provider cost relative to other mental health services. The agency's state developed fee schedule rate is set as of July 1, 2012, and is effective for services provided on or after that date. Effective September 1, 2020, Intensive Community Outreach and Recovery Team (I-CORT) services will be paid the rate established July 1, 2012, for Intensive Outpatient Programs (IOP) and Mental Health Assessments by a Non-Physician will be paid ninety percent (90%) of the Medicaid physician rate for a Psychiatric Diagnostic Evaluation. Effective April 1, 2021, I-CORT will be paid at ninety percent (90%) of the Programs of Assertive Community Treatment (PACT) rate.

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TN# ~~21-002422-0012~~
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