

# 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) 22-0015 Family Planning 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 #22-0015.

1. State Plan Amendment (SPA) 22-0015 is being submitted to allow family planning services to be reimbursed ninety percent (90%) of the Medicare fee schedule in effect 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. These changes are being made to be in compliance 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](http://www.medicaid.ms.gov), or requested at 601-359-3984 or by emailing at [DOMPolicy@medicaid.ms.gov](mailto: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](mailto: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](http://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

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

Family Planning Services and Supplies for Individuals – Payment is made from a Mississippi statewide uniform fee schedule based on ninety percent (90%) of the Medicare fee schedule in effect January 1, 2022 and as may be adjusted each July thereafter.

Payment to providers, such as federally qualified health center and rural health clinics, do not exceed the reasonable costs of providing services. Payments to health departments are on an encounter rate and are determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE MISSISSIPPI

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

Family Planning Services and Supplies for Individuals – Payment is made from a Mississippi statewide uniform fee schedule based on ~~at~~ ninety percent (90%) of the Medicare fee schedule in effect January 1, 2022~~0~~ and effective for dates of service on and after July 1, 2020 and as may be adjusted each July thereafter.

Payment to providers, such as federally qualified health center and rural health clinics, do not exceed the reasonable costs of providing services. Payments to health departments are on an encounter rate and are determined annually.

Family planning services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.