

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) 22-0018 Midwife 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 #22-0018.

1. State Plan Amendment (SPA) 22-0018 is being submitted to allow the Division of Medicaid (DOM) to update the reimbursement rates for midwife services when applicable.
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 Mississippi

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

17. Nurse-midwife services

The reimbursement for certified nurse midwifery services shall not exceed ninety percent (90%) of the reimbursement rate for comparable services rendered by a physician.

TN# 22-0018
Superseded
TN # 21-0034

Date Received
Date Approved
Date Effective 07/01/2022

State Mississippi

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

17. Nurse-midwife services

The reimbursement for certified nurse midwifery services shall not exceed ninety percent (90%) of the reimbursement rate for comparable services rendered by a physician. ~~Effective July 1, 2021, the fees will remain the same as those effective for State Fiscal Year (SFY) 2021.~~

TN# ~~21-003422-0018~~
Superseded
TN # ~~2002-0621-0034~~

Date Received
Date Approved
Date Effective 07/01/2022~~1~~