

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) 22-0022 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Extended 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 #22-0022.

1. SPA 22-0022 is being submitted to allow the Division of Medicaid (DOM) to update the rates for certain EPSDT services, including physician services and autism spectrum disorder services.
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 in this SPA are being made to be in compliance with Miss. Code § 43-13-117, 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

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under the Age of Twenty-one (21): Limited to Federal Requirements.

(a) EPSDT Screenings -

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of EPSDT screenings. All rates are published on the agency's website at www.medicaid.ms.gov/providers/fee-schedules-and-rates/#.

(1) EPSDT screening fee(s) will be reimbursed using the Current Procedural Terminology (CPT) codes based on Centers for Medicare and Medicaid Services (CMS) methodology for determining Medicare preventive medicine service fees and applying the state law of 90% in accordance with nationally recognized evidence-based principles of preventive health care services periodicity schedule as set forth by the American Academy of Pediatrics (AAP) Bright Futures. Fees are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1, 2022 and as may be adjusted each July thereafter. These reimbursement rates will be paid only to Mississippi Medicaid enrolled EPSDT providers. Age appropriate laboratory testing fees are reimbursed according to applicable state plan reimbursement methodologies.

(2) Interperiodic visits are provided for other medically necessary health care, screens, diagnosis, treatment and/or other measures to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions. Such services are covered whether or not they are included elsewhere in the State Plan provided they are described in Section 1905(a) of the Social Security Act. These services will be reimbursed using the CPT codes and are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1, 2022 and as may be adjusted each July thereafter.

(3) [Reserved]

State of Mississippi

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

Early and Periodic Screening, Diagnosis, and Treatment and Extended EPSDT Services

- (4) Interperiodic Dental Screens: Between periodic screens, coverage is provided for other medically necessary services. Payment for problem focused evaluation will be reimbursed using the Healthcare Common Procedure Coding System (HCPCS) codes as provided by the Centers for Medicare and Medicaid based on a Mississippi statewide fixed fee schedule authorized by MS State Legislation. These reimbursement rates will be paid to dentists only.
- (b) Medical Risk Screening is reimbursed a rate set as of 2003 located on the Mississippi Medicaid Fee Schedule.
- (c) Medically necessary services for infants under the age of one whose medical status during their first year of life causes them to be at risk of morbidity or mortality are reimbursed on a fee-for-service basis. Payment will be the lesser of the provider's usual and customary charge or the established Mississippi Medicaid fee. The established fees were based on like procedures and services currently paid in the Mississippi Medicaid program.

State of Mississippi

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

Reimbursement for non-Autism Spectrum Disorder services to Psychologists, Licensed Clinical Social Workers (LCSW), and Licensed Professional Counselors (LPC) for EPSDT-eligible beneficiaries is the lesser of the usual and customary charge or based on ninety percent (90%) of the Medicare fee schedule published by the Centers for Medicare and Medicaid Services (CMS) as of January 1, 2022 and as may be adjusted each July thereafter.

The Division of Medicaid reimburses Autism Spectrum Disorder (ASD) services in accordance with the most recent publication of the Current Procedural Terminology (CPT) ©American Medical Association. Reimbursement for ASD service codes is the lesser of the usual and customary charge or a rate calculated by an actuarial firm based on Division of Medicaid anticipated mix of providers delivering each service, Bureau of Labor Statistics (BLS) wage and benefit information, provider overhead cost estimates, and annual hours at work and percentage of work time that is billable. The rates effective for July 1st for 2017, 2018 and 2019 were updated annually based on changes in the seasonally adjusted health care and social assistance compensation for civilian workers as reported by BLS on July 1.

Rates for ASD services are the same for private and governmental providers and are published on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/fee-schedules-and-rates/#>.

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(2) Interperiodic visits are provided for other medically necessary health care, screens, diagnosis, treatment and/or other measures to correct or ameliorate physical, mental, psychosocial and/or behavioral health conditions. Such services are covered whether or not they are included elsewhere in the State Plan provided they are described in Section 1905(a) of the Social Security Act. These services will be reimbursed using the CPT codes ~~effective as of July 1, 2021~~ and are reimbursed at ninety percent (90%) of the Medicare Physician Fee Schedule in effect on January 1, 2020~~2~~ and as may be adjusted each July thereafter.

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- (b) Medical Risk Screening is reimbursed a rate set as of 2003 located on the Mississippi Medicaid Fee Schedule. ~~Effective July 1, 2021, all fees will remain the same as those effective for State Fiscal Year (SFY) 2021.~~
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