PUBLIC NOTICE

September 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) 22-0026 Ambulatory Surgical Center (ASC). 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 October 1, 2022, contingent upon approval from CMS, our Transmittal #22-0026.

- 1. State Plan Amendment (SPA) 22-0026 is being submitted to allow the Division of Medicaid (DOM) to update the rates for ASCs October 1 of each year, based on the Medicare rate in effect July 1 of that year, effective October 1, 2022.
- 2. The expected increase in annual aggregate expenditures in federal dollars is \$80,235 for Federal Fiscal Year 2023 (FFY23) and \$80,235 for FFY24. The expected increase in annual aggregate expenditures in state dollars is \$17,111 for State Fiscal Year 2023 (SFY23) and \$22,815 for SFY 24.
- 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, 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 601-359-3984 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

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State of Mississippi

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

Ambulatory Surgical Center Facility Services

Reimbursement of ambulatory surgical center (ASC) services is made from a Mississippi Medicaid statewide uniform fee schedules updated October 1 of each year and effective for services provided on or after that date based on eighty percent (80%) of the Medicare Ambulatory Surgical Center Payment System in effect July 1 of that year.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental, if any, and non-governmental providers of ambulatory surgical center services. All rates may be viewed at www.medicaid.ms.gov/FeeScheduleLists.aspx.

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Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental, if any, and non-governmental providers of ambulatory surgical center services. All rates may be viewed at www.medicaid.ms.gov/FeeScheduleLists.aspx.

TN No. <u>21-0013</u> 22-0026 Supercedes TN No.2012-00621-0013