

PUBLIC NOTICE

October 18, 2023

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 23-0032 Ambulatory Surgical Centers (ASC) Dental 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 December 1, 2023, contingent upon approval from CMS, our Transmittal #23-0032.

1. State Plan Amendment (SPA) 23-0032 is being submitted to allow the Division of Medicaid (DOM) to update reimbursement of dental services provided in an ambulatory surgical center (ASC). For ASC dental services that do not have a fee on the Medicare ASC Fee Schedule, effective December 1, 2023, the SPA will allow ASC's to be reimbursed at eighty percent (80%) of the Medicare rate that was in effect January 1, 2023, for the most comparable hospital outpatient service.
2. The total estimated economic impact is \$44,636. The federal annual aggregate expenditure is \$28,742 for Federal Fiscal Year 2024 (FFY24) and \$34,446 for FFY25. The expected increase in state annual aggregate expenditures is \$8,455 for FFY 24 and \$10,191 for FFY25.
3. The Division of Medicaid is submitting this proposed SPA to comply 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.
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 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. ASC dental services that do not have a fee on the Medicare ASC Fee Schedule effective December 1, 2023, are reimbursed based on eighty percent (80%) of the Medicare rate in effect January 1, 2023, for the most comparable hospital outpatient service.

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. 22-002623-0032
Supercedes
TN No. 21-001322-0026

Date Received
Date Approved
Date Effective 10/01/2022 12/1/23

State of Mississippi

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