

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
State of Mississippi**

Attachment 3.1-A
Exhibit 9b

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

9b. End-Stage Renal Dialysis (ESRD) Services

The Division of Medicaid covers all end-stage renal dialysis (ESRD) services and items used to furnish outpatient maintenance dialysis in an ESRD facility or in a beneficiary's home. According to Section 1881 of the Act and 42 CFR § 413.174, ESRD facilities are classified as either:

- (a) Hospital-Based ESRD Facilities as defined in 42 CFR § 413.174(c), or
- (b) Freestanding ESRD Facilities as defined in 42 CFR § 413.174(b).

There is no distinction between the two facility types for the purposes of payment under the ESRD Prospective Payment System (PPS).

A renal dialysis facility or renal dialysis center must provide dialysis services, as well as adequate laboratory, social, and dietetic services to meet the needs of the ESRD beneficiary according to 42 CFR § 413.171.

The Division of Medicaid reimburses dialysis facilities for influenza, Hepatitis B and pneumonia vaccines when provided by and administered by the dialysis facility to beneficiaries receiving dialysis services.

The Division of Medicaid covers for all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.

TN No. 22-0002

Date Received

Supersedes

Date Approved

TN No. 14-003

Date Effective 05/01/2022

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

Dialysis Center Services

A. Payment Methodology

Effective January 1, 2014, dialysis centers shall be reimbursed at a bundled end-stage renal disease (ESRD) prospective payment system (PPS) rate. The ESRD PPS rate is equal to the Medicare ESRD bundled PPS rate as of January 1, 2021 published in the Federal Register in the fourth (4th) quarter of the preceding calendar year. The ESRD PPS rate provides a single payment to freestanding and hospital-based dialysis centers covering all resources used in providing dialysis treatment in the centers or at a beneficiary's home, including supplies, equipment, drugs, biologicals, laboratory services, and support services. A complete listing of drugs, biologicals and lab services included in the ESRD PPS rate can be viewed at www.medicaid.ms.gov/FeeScheduleLists.aspx.

Influenza, Hepatitis B and pneumonia vaccines are excluded from the ESRD PPS rate, and can be billed outside of the PPS rate.

B. Rate Setting

New dialysis centers are assigned an ESRD PPS rate equal to the prevailing Medicare bundled ESRD base PPS rate as of January 1, 2021, adjusted by the ESRD PPS Wage Index for the provider's Core-Based Statistical Area (CBSA) labor market area in effect January 1, 2021.

Effective July 1, 2021, the dialysis center's ESRD PPS rate shall be equal to the bundled ESRD base PPS rate established by Medicare as of January 1, 2021 adjusted by the ESRD PPS Wage Index, with no further updates.

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A renal dialysis facility or renal dialysis center must provide dialysis services, as well as adequate laboratory, social, and dietetic services to meet the needs of the ESRD beneficiary according to ~~42 CFR § 405.2102~~ 42 CFR § 413.171.

The Division of Medicaid reimburses dialysis facilities for influenza, Hepatitis B and pneumonia vaccines when provided by and administered by the dialysis facility to beneficiaries receiving dialysis services.

The Division of Medicaid covers for all medically necessary services for EPSDT-eligible beneficiaries without regard to service limitations and with prior authorization.

TN No. ~~14-003~~ 22-0002

Date Received

Supersedes

Date Approved

TN No. ~~New-14-003~~

Date Effective 05/01/2022

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