#### **PUBLIC NOTICE**

May 31, 2024

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 24-0005 Anesthesia. 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 June 1, 2024, contingent upon approval from CMS, our Transmittal #24-0005.

- 1. This SPA is being submitted to add language clarifying payment methodology for anesthesia services, effective June 1, 2024.
- 2. This SPA is for clarification only and budget neutral.
- 3. The Division of Medicaid is submitting this proposed SPA to comply with 42 C.F.R. § 447.204 that requires the Division of Medicaid to submit a SPA describing the policy and methods to be used in setting payment rates for each type of service included in the State's Medicaid program.
- 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 <a href="www.medicaid.ms.gov">www.medicaid.ms.gov</a>, or requested at 601-359-3984 or by emailing at <a href="DOMPolicy@medicaid.ms.gov">DOMPolicy@medicaid.ms.gov</a>.
- 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 <a href="mailto:DOMPolicy@medicaid.ms.gov">DOMPolicy@medicaid.ms.gov</a> 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 <a href="https://www.medicaid.ms.gov">www.medicaid.ms.gov</a>.
- 6. A public hearing on this SPA will not be held.

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B

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#### State of Mississippi

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

#### Anesthesia Services

Mississippi Medicaid Anesthesia conversion factor is ninety percent (90%) of the Medicare locality-adjusted anesthesia conversion factor. The time base rate is the conversion factor divided by 15.

Anesthesia services are reimbursed the sum of the calculated Base Amount and the calculated Time Amount.

The Base Amount is computed using the base unit multiplied by the Mississippi Medicaid Anesthesia conversion factor.

The Time Amount is computed using the time base rate multiplied by the time spent.

Occurrence based codes 01961, 01967, 01968, and 01969 are paid a flat dollar rate.

TN No. \_24-0005\_\_\_\_ Supercedes TN No. \_NEW\_\_ Date Received:

Date Approved:

Date Effective: 06/01/2024

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