PUBLIC NOTICE

August 24, 2026

Pursuant to 42 C.F.R. Section 447.205, public notice is hereby given for the submission of a Medicaid State Plan Amendment (SPA) 26-0017 Biomarker. 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 August 30, 2026, contingent upon approval from CMS, our Transmittal #26-0017.

1. State Plan Amendment (SPA) 26-0017 is being submitted to allow the Division of Medicaid (DOM) to manually price laboratory codes when there is no Medicare rate.

2. The expected annual impact is $75,000 for Federal Fiscal Year (FFY26) and $3,700,000 for FFY27. The federal annual aggregate expenditure is $57,675 for FFY26 and $2,860,840 for FFY27. The expected increase in state annual aggregate expenditure is $17,325 for FFY 26 and $839,160 for FFY26.

3. The Division of Medicaid is submitting this proposed SPA in compliance with Miss. Code Ann. § 43-13-117, as amended by MS House Bill 565 (2026 Regular Session).

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. Because this SPA does not impact coverage of biomarkers, a public hearing on this SPA will not be held.

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

Independent Laboratory and X-Ray Services - Reimbursement is made from a Mississippi Medicaid statewide uniform fee schedule based on ninety percent (90%) of the Medicare fee schedule in effect January 1 of each year and updated each year as of July, effective for services provided on or after that date.

When no Medicare fee is available for a service, the claim will be manually reviewed to determine an appropriate fee. Reimbursement will be based on the resources required to provide the service, the cost of related equipment and/or supplies, and the complexity of the service. Payment will not exceed the fee for a comparable service or the provider's submitted invoice.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. All fees are published on the agency's website at http://www.medicaid.ms.gov/FeeScheduleLists.aspx.