

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

Attachment 3.1-A
Exhibit 9

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

9. Clinic Services: Clinic services are limited to those services provided in ~~rural health clinics as described in P.L. 95-210, the Mississippi State Board of Health facilities, and those facility services associated with certain surgical procedures provided in Ambulatory Surgical Center (ASC) as benefits available under Part B of Medicare authorized in Section 934 of Public Law 96-499, the Omnibus Reconciliation Act of 1980.~~

~~In order to participate in a Rural Health Clinic Program, a clinic must be certified to participate as a Rural Health Clinic under Title XVIII (Medicare) of the Social Security Act and furnish the Medicaid Commission with a copy of its' certification or recertification letter. Rural Health Clinic visits are limited within the number of physician visits authorized per fiscal year. Rural Health Clinic services are those primary health services typically furnished by a physician in an office or as a physician home visit whether performed by the physician, primary nurse or the physician assistant. The Mississippi Medicaid Commission defines primary health care as the care the consumer receives at the point of contact with the health care system and his continued care as an ambulatory consumer. Rural Health Clinic Services include: (1) The identification, management and/or referral of health problems and the maintenance of the individual's health by means of preventive or promotive health care actions whether such services are performed by the physician, nurse practitioner, or physician assistant; (2) Required physician supervision of the nurse practitioner or the physician assistant; (3) Services and supplies furnished incident to the professional services of the physician, nurse practitioner, or physician assistant.~~

Mississippi State Department of Health clinic services are covered for all Medicaid eligible beneficiaries if medically necessary. Clinic services mean preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients at the clinic by or under the direction of a physician or dentist, or furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

~~Coverage of facility services in ambulatory surgical centers (ASC) is limited to those providers who have an agreement with HCFA under Medicare to participate as an ASC, and meets the conditions set forth in Subpart B 42 CFR Part 416.~~

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

Only medically necessary services are covered under the Medicaid program. Medical necessity will be determined by judging what is reasonable and necessary with reference to acceptable standards of medical practice and treatment of the recipient's disease or injury.

TN No. 2001-19-2012-006

Date Received _____

Supercedes

Date Approved _____

TN No. 90-09 2001-19

Date Effective 04/01/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24g. Freestanding Birthing Center Facility Services

Provided: No limitations With limitations*

Not Provided

24h. Ambulatory Surgical Center Services

Provided: No limitations With limitations*

Not Provided

*Description provided on attachment.

TN No. ~~2012-005~~ 2012-006

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

Clinic Services:

Other Clinic Services - Reimbursement is for clinics as defined in Section 41-3-15(5) of the Mississippi code of 1972, as amended. Reimbursement is based on cost reports submitted by the provider. The rate will be determined by dividing total reasonable cost by total encounters but will not exceed the upper limits specified in 42 CFR 447.321 through 447.325. The established rate setting period is July 1 to June 30. An interim rate is paid until the end of the reporting period when there is a retrospective cost settlement. Actual reasonable costs reported on the cost report are divided by actual encounters by clinic type to determine the actual cost per encounter. Overpayments will be recouped from the provider, and underpayments will be paid to the provider.

Clinic services for EPSDT recipients, if medically necessary, which exceed the limitations and scope for Medicaid recipients, as covered in this Plan, are reimbursed according to the methodology in the above paragraph.

Notwithstanding any other provision of this section, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service by five percent (5%) of the allowed amount for that service.

State of Mississippi

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

Ambulatory Surgical Center Facility Services

Reimbursement of ambulatory surgical center services is calculated at eighty percent (80%) of the current Medicare Ambulatory Surgical Center Payment System.

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. Mississippi Medicaid's fee schedule for ambulatory surgical center services is updated annually with an effective date of October 1 for services provided on or after that date. All rates may be viewed at <http://www.medicaid.ms.gov/Fees/ASCRateSchGrpDesi.pdf>.

Notwithstanding any other provision of the Plan, the Division of Medicaid, as required by state law, shall reduce the rate of reimbursement to providers for any service as noted above by five percent (5%) of the allowed amount for that service.

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Supercedes
TN No. 2002-06 2011-008

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