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**State/Territory Name:** Mississippi

**State Plan Amendment (SPA) #:** MS-23-0015-CHIP

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



**Children and Adults Health Programs Group**

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June 22, 2023

Drew L. Snyder  
Executive Director  
Office of the Governor, Division of Medicaid  
550 High Street  
Jackson, MS 39201

Dear Drew Snyder:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number, MS-23-0015-CHIP, submitted on April 11, 2023, has been approved. Through this SPA, Mississippi has demonstrated compliance with section 9821 of the American Rescue Plan Act of 2021 (ARP). This SPA has an effective date of July 1, 2022 and extends through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period, as described in section 1135(g)(1)(B) of the Social Security Act (the Act).

Section 9821 of the ARP amended sections 2103(c)(11)(B) and 2103(e)(2) of the Act to mandate coverage of COVID-19 testing, treatment, and vaccines and their administration without cost-sharing. Sections 2103(c)(11)(B) and 2103(e)(2) of the Act also require states to cover, without cost sharing, the treatment of conditions that may seriously complicate COVID-19 treatment, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19. The state provided the necessary assurances to demonstrate compliance with section 9821 of the ARP in accordance with the requirements of sections 2103(c)(11)(B) and 2103(e)(2) of the Act.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters. His contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, MD 21244-1850  
Telephone: 410-786-8117  
E-mail: [joshua.bougie@cms.hhs.gov](mailto:joshua.bougie@cms.hhs.gov)

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,  
/Signed by Sarah deLone/

Sarah deLone  
Director

**TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM**

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Mississippi  
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR § 457.40(b))

\_\_\_\_\_/s/\_\_\_\_\_/ April 11, 2023  
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR § 457.40(c)):

Name: Drew Snyder	Position/Title: Executive Director, MS Div. of Medicaid
Name: Heather White	Position/Title: Deputy Administrator, Office of Enrollment
Name: Jennifer Wentworth	Position/Title: Deputy Administrator, Office of Finance
Name: Trip Polles	Position/Title: Senior Director of Legislative and External Affairs

\*Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09380707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Insurance Program Reauthorization Act of 2009 (CHIPRA); clarification of enrollee coverage provided in an emergency department.

**Amendment #9** submitted: February 9, 2015 Implemented January 1, 2015  
To reflect the change in operation of the separate CHIP health plan to two (2) contracted MCOs.

**Amendment #10** submitted: January 9, 2018 Implemented: October 1, 2019  
To include a Health Services Initiative offering expanded vision services to low-income children throughout the state.

**Amendment #11** submitted: May 7, 2019 Implemented: July 1, 2018  
To demonstrate compliance with the Mental Health Parity and Addiction Equality Act (MHPAEA) final rule.

**Amendment #12:** MS SPA 19-0012-CHIP Effective Date: July 1, 2018  
To include managed care requirements.

**Amendment #13:** MS SPA 20-0013-CHIP Submitted: January 31, 2020  
To change the benchmark from the Mississippi State and School Employee's Health Insurance Plan Effective: November 1, 2019  
to a Medicaid "like" State Plan

**Amendment #14:** MS SPA 20-0014-CHIP Disaster Relief Submitted: June 29, 2020 To  
implement temporary adjustments to enrollment and redetermination during Governor or federally-declared  
disasters and waive certain cost-sharing during the COVID-19  
emergency Effective: March 18, 2020

**Amendment # 15:** MS SPA 23-0015-CHIP American Rescue Plan Submitted:  
The purpose of this SPA is to demonstrate compliance with the  
American Rescue Plan Act provisions that require states to cover  
treatment (including treatment of a condition that may seriously  
complicate COVID-19 treatment), testing, and vaccinations for  
COVID-19 without cost sharing in CHIP.  
Effective: July 1, 2022

## CHIP SPA for Coverage Required by the American Rescue Plan Act

**1.4 SPA number:** MS-23-CHIP-0015

**Purpose of SPA:** The purpose of this SPA is to demonstrate compliance with the American Rescue Plan Act provisions that require states to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing in CHIP.

**Proposed effective date:** July 1, 2022

**Proposed implementation date:** March 11, 2021

**1.4-TC Tribal Consultation.**

The Tribe was notified via email of the submission of this CHIP SPA on April 11, 2023. They had no comments or objections.

**6.2.27 Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))**

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration, in accordance with the requirements of section 2103(c)(11)(A) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing, in accordance with the requirements of section 2103(c)(11)(B) of the Act.
- The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.
- The state assures that coverage includes all types of FDA authorized COVID-19 tests.

COVID-19 Treatment:

- The state assures that the following coverage of treatments for COVID-19 are provided without amount, duration, or scope limitations, in accordance with requirements of section 2103(c)(11)(B) of the Act:
  - The state provides coverage of treatments for COVID-19 including specialized equipment and therapies (including preventive therapies);
  - The state provides coverage of any non-pharmacological item or service described in section 2110(a) of the Act, that is medically necessary for treatment of COVID-19; and
  - The state provides coverage of any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without amount, duration, or scope limitations, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

**8.2.3 Coinsurance or Copayments:**

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan, the state assures the following:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration without cost sharing, in accordance with the requirements of section 2103(c)(11)(A) and 2013(e)(2) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

COVID-19 Treatment:

- The state provides coverage of COVID-19-related treatments without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without cost sharing, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act. This coverage includes items and services, including drugs, that were covered by the state as of March 11, 2021.