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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 14-021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

November 3, 2014

Dr. David J. Dzielak
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, Mississippi 39201-1399

Attention: Margaret Wilson

RE: Title XIX State Plan Amendment, MS 14-0021

Dear Dr. Dzielak:

We have reviewed the proposed State Plan Amendment, MS 14-0021, which was submitted to the Atlanta Regional Office on September 22, 2014. This amendment is being submitted to include the Centers for Medicare & Medicaid Services (CMS) required Attachment 4.32-A, Income and Eligibility Verification System Procedures and to update the corresponding State Plan page.

Based on the information provided, the Medicaid State Plan Amendment MS 14-0021 was approved on November 3, 2014. The effective date of this amendment is July 1, 2014. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-021

2. STATE
MS

CENTERS FOR MEDICARE AND MEDICAID SERVICES

3. PROGRAM IDENTIFICATION:
**TITLE XIX OF THE SOCIAL SECURITY ACT
(MEDICAID)**

**REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

4. PROPOSED EFFECTIVE DATE
07/01/2014

TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

FEDERAL STATUTE/REGULATION CITATION:
C.F.R. §§ 435.940-435.960; QI Program Supplemental Funding Act
2008, Pub. L. No. 110-379, 122 Stat. 4075

7. FEDERAL BUDGET IMPACT:
FY 2014: \$0.00

FY 2015: \$0.00

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 79
Attachment 4.32-A page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Page 79

SUBJECT OF AMENDMENT:

SPA 14-021 Public Assistance Reporting Information System (PARIS) Match is being submitted to include the Centers for Medicare and Medicaid Services (CMS) required Attachment 4.32-A Income and Eligibility Verification System Procedures in State Plan.

GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

TYPED NAME: **David J. Dzielak**

TITLE: **Executive Director**

DATE SUBMITTED: September 22, 2014

16. RETURN TO:

**David J. Dzielak
Miss. Division of Medicaid
Attn: Margaret Wilson
550 High Street, Suite 1000
Jackson, MS 39201-1399**

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED: 09-22-14

18. DATE APPROVED: 11-03-14

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL: 07-01-14

20. SIGNATURE OF REGIONAL OFFICIAL:
//s/

TYPED NAME: Jackie Glaze

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children Health Opns

REMARKS:

State of Mississippi
Income and Eligibility Verification System Procedures

Matching Agency	General Description and Frequency
Social Security Administration (SSA)	<p>Non-MAGI applicants are submitted through daily file transmissions and on-demand requests for standard SVES responses to verify an applicant's SSN, U.S. citizenship (if not previously verified) and title II and title XVI data. Upcoming non-MAGI renewals are submitted once per month to verify title II and title XVI data. Renewal files are processed in the month prior to the scheduled review due date.</p> <p>MAGI applicants are submitted through the Federal Data Services Hub to verify SSN, title II and U.S. citizenship (if not previously verified). The FDSH also verifies wages through TALX and alien status through the Department of Homeland Security as part of the same submission and not as a separate match by the agency.</p>
MS Department of Employment Security (MDES)	Applicants are submitted weekly to verify wage and unemployment benefits. Renewals are submitted once per month for the same data. Renewal files are processed in the month prior to the scheduled review due date.
Public Employees Retirement System (PERS)	Age appropriate applicants are sent monthly to verify state retirement benefits. All known State retirees are submitted annually to verify current State retirement benefits.
Internal Revenue Service (IRS)	Temporarily discontinued. Discussions are being held with IRS to develop an acceptable secure matching process.
Public Assistance Reporting Information System (PARIS)	Quarterly file transmissions of Medicaid recipients active in the previous quarter are submitted for matching purposes with applicable federal databases to identify benefit information on matching Federal civilian employees and military members, both active and retired, and to identify duplicate participation across state lines.

State of Mississippi

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| <p><u>Citation</u>
42 CFR §§ 455.104-
455.106
1902(a) (38)
1128(b) (9)</p> | <p>4.31 <u>Disclosure of Information by Providers and Fiscal Agent</u>
The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128 (b) (9) and 1902 (a) (38) of the Act.</p> |
| <p>42 CFR §§ 435.940-
435.960; QI Program
Supplemental Funding
Act of 2008, Pub. L.
No. 110-379,
122 Stat. 4075</p> | <p>4.32 <u>Income and Eligibility Verification System</u></p> <ul style="list-style-type: none">(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960. (Section 1137 of the Act and 42 CFR 435.940 through 435.960.)
(b) Attachment 4.32-A describes, in accordance with 42 CFR 435.948 (a) (6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.
(c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify title XIX applicants and individuals eligible for covered Title XIX services consistent with applicable PARIS Agreements. |