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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 17-0014

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 17, 2017

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

RE: Title XIX State Plan Amendment, MS 17-0014

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 17-0014, which was submitted to the Atlanta Regional Office on November 11, 2017. The SPA was submitted to reflect implementation of the Mississippi Division of Medicaid's Recovery Audit Contractor (RAC) program in compliance with 42 CFR Part 455, Subpart F.

Based on the information provided, the Medicaid State Plan Amendment MS 17-0014 was approved on November 17, 2017. The effective date of this amendment is October 1, 2017. 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 at 404-562-7409 or by email at <u>Tandra.Hodges@cms.hhs.gov.</u>

Sincerely,

//s//

Shantrina Roberts Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	17-0014	MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	·
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	10/01/2017	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a)(42)(B)(i) of the Social Security Act;	7. FEDERAL BUDGET IMPACT: FY 2018: \$748,712	
42 C.F.R. Part 455, Subpart F.	FY 2019: \$748,712	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Section 4, Page 36b and 36c	Section 4, Page 36b and Page 36c	
10. SUBJECT OF AMENDMENT:		
This SPA is being submitted to reflect implementation of the Divi	sion of Medicaid's (DOM) Recovery	Audit Contractor (RAC)
program in compliance with 42 C.F.R. Part 455, Subpart F. Effecti		
and facilitate recovery of improper payments made by DOM and the	Managed Care Organizations (MCOs)	
11. GOVERNOR'S REVIEW (Check One):	—	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
/s/	10. KET CIKI 10.	
13. TYPED NAME: David J. Dzielak	David J. Dzielak	
15. I IPED NAME: David J. Dzielak	Miss. Division of Medicaid	
14. TITLE: Executive Director	Attn: Margaret Wilson 550 High Street, Suite 1000	
15. DATE SUBMITTED: 11/07/2017	Jackson, MS 39201-1399	
FOR REGIONAL OF		
17. DATE RECEIVED:	18. DATE APPROVED: 11/17/17	
11/07/17 DLAN ADDROVED ONI		
PLAN APPROVED – ONI		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/17	20. SIGNATURE OF REGIONAL OF	TCIAL.
21. TYPED NAME:	22. TITLE: Acting Associate Regional Administrator	
Shantrina Roberts	Division of Medicaid & Children's Health Operations	
23. REMARKS:		

State of Mississippi

4.5 Medicaid Recovery Audit Contractor Program

Citation	X Effective April 1, 2017, the State has established a program under which it
	will contract with one or more recovery audit contractors (RACs) for the purpose
Section 1902(a)(42)(B)(i)	of identifying underpayments and overpayments of Medicaid Claims under the
of the Social Security Act	State plan and under any waiver of the State Plan.
	The State is seeking an exception to establishing such program for the following reasons:
	<u>X</u> The State/Medicaid agency has contracts of the type(s) listed in section 1902(a) (42) (B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.
	Place a check mark to provide assurance of the following:
Section 1902	<u>X</u> The State will make payments to RAC(s) only from amounts recovered.
(a)(42)(B)(ii)(I) of the Act	\underline{X} The State will make payments to the RAC(s) on a contingent basis for collecting over payments.
	The following payment methodology shall be used to determine State Payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):
	\underline{X} The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.
Section 1902(a)(42)(B)(ii)(II)(aa) of the Act	The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.
	The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The state will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.

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

Section 1902(a)(42)(B)(ii)(II)(bb) of the Act	\underline{X} The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee): Percentage of recovery established through procurement process.
Section 1902(a)(42)(B)(ii)(III) of the Act	\underline{X} The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).
Section 1902(a)(42)(B)(ii)(IV)(aa) of the Act	\underline{X} The state assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State Plan or waiver of the plan.
Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act	\underline{X} The state assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
Section 1902(a)(42)(B)(ii)(N)(cc) of the Act	\underline{X} Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.