

## **Table of Contents**

**State/Territory Name:** Mississippi

**State Plan Amendment (SPA) #:** 24-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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September 4, 2024

Drew L. Snyder  
Executive Director  
Mississippi Division of Medicaid  
550 High Street, Suite 1000  
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 24-0013

Dear Executive Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0013. This amendment proposes to allow the Division of Medicaid to request an exemption from the federal requirement to contract with a Recovery Audit Contractor.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 455.502(b) and 455.516. This letter informs you that Mississippi's Medicaid SPA TN 24-0013 was approved on September 4, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Mississippi State Plan.

If you have any questions, please contact Tandra Hodges at (404) 562-7409 or via email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Robin Bradshaw  
Sarah Tadlock  
Trip Polles

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 3</u>	2. STATE <u>MS</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2024</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 455.502(b) and 455.516	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>0</u> b. FFY <u>25</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 36b and 36c	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 36b and 36c	

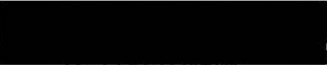
9. SUBJECT OF AMENDMENT  
State Plan Amendment (SPA) 24-0013 is being submitted to allow the Division of Medicaid (DOM) to request an exemption under 42 CFR § 455.516 from the federal requirement to contract with a Recovery Audit Contractor (RAC).

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Drew L. Snyder Miss. Division of Medicaid Attn: Robin Bradshaw 550 High Street, Suite 1000 Jackson, MS 39201-1399
12. TYPED NAME Drew L Snyder	
13. TITLE Executive Director	
14. DATE SUBMITTED <p style="text-align: center;">JUL 17 2024</p>	

**FOR CMS USE ONLY**

16. DATE RECEIVED July 17, 2024	17. DATE APPROVED September 4, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS



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

	<p><b>Federal Register.</b></p> <p><u>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.</u></p> <p><u>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.</u></p>
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<p>Section 1902(a)(42)(B)(ii)(II)(bb) of the Act</p>	<p><u>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.</u></p>
<p>Section 1902(a)(42)(B)(ii)(III) of the Act</p>	<p><u>The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</u></p>
<p>Section 1902(a)(42)(B)(ii)(IV)(aa) of the Act</p>	<p><u>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.</u></p>
<p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p>	<p>The state assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p>
<p>Section 1902(a)(42)(B)(ii)(N)(cc) of the Act</p>	<p><u>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.</u></p>