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

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.

James G. Scott, Director Division of Program Operations

Enclosures

cc: Robin Bradshaw Sarah Tadlock Trip Polles

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER	2. STATE	
	$\frac{2}{4} - \frac{0}{0} \cdot \frac{0}{1} \cdot \frac{3}{3}$	MS	
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL		
	SECURITY ACT XIX (XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2024		
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 455.502(b) and 455.516	6. FEDERAL BUDGET IMPACT (Amour a FFY 24 \$ 0 b FFY 25 \$ 0	b FFY 25 \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		8. PAGENUMBER OF THE SUPERSEDED PLANSECTION OR ATTACHMENT (If Applicable)	
36b and 36c	36b and 36c		
	Sob and Soc		
	1		
9. SUBJECT OF AMENDMENT State Plan Amendment (SRA) 34 0013 is being submitted to allow the Division of Medicaid (DOM) to request an examption under			
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			
(10000000000000000000000000000000000000	15. RETURN TO		
	ew L. Snyder ss. Division of Medicaid		
Draw I Sauder	Attn: Robin Bradshaw	tn: Robin Bradshaw	
10 717 5	60 High Street, Suite 1000 lokson, MS 39201-1399		
Executive Director	Jacksoff, MS 39201-1399		
14. DATE SUBMITTED JUL 1 7 2024			
FOR CMS USE ONLY			
	17. DATE APPROVED		
July 17, 2024	September 4, 2024		
PLAN APPROVED - ONE COPY ATTACHED 18. EFFECTIVE DATE OF APPROVED MATERIAL 19. SIGNATURE OF APPROVING OFFICIAL			
July 1, 2024	13. 014		
	21. TITLE OF APPROVING OFFICIAL		
James G. Scott	Director, Division of Program Operations		
22. REMARKS			

State of Mississippi

4.5 Medicaid Recovery Audit Contractor Program

Citation

Section 1902(a)(42)(B)(i) of the Social Security Act

_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 of identifying underpayments and overpayments of Medicaid Claims under the State plan and under any waiver of the State Plan.

X The State is seeking an exception to establishing such program for two (2) years, effective from July 1, 2024 – July 1, 2026, for the following reasons:

- The Mississippi Medicaid Program Integrity (PI) Division maintains and
 operates dedicated fraud, waste, and abuse activities, including post-payment
 reviews, financial and provider audits carried out by Medicaid for Fee for
 Service and Mississippi's managed care plans. PI works closely with the
 Medicaid Fraud Control Unit (MFCU).
- The State maintains and uses a technical solution that contains a robust suite
 of data analytics which automatically generate potential leads and supports the
 identification of fraud, waste and abuse.
- The last RAC contractor found few recoveries during the years of review.
- The Program Integrity Division works closely with its assigned Unified Program Integrity Contractor (UPIC). The collaboration with our designated UPIC and its established operational processes provided has been found to be effective in detection of FWA and subsequent completion of audit and investigation activities.
- Mississippi Medicaid also maintains an active contract with a Utilization Review Contractor that allows us to further identify, address and mitigate FWA.
- The State maintains a low rate of errors in Medicaid payments, as evidenced by the most recent PERM review.

Pursuant to 42 CFR § 455.516, the Division of Medicaid is seeking an exception to 42 CFR § 455.5•2(b), which requires contracting with a RAC.

_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:

__The State will make payments to RAC(s) only from amounts recovered.

_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):

_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

Section 19**0**2 (a)(42)(B)(ii)(I) of the Act

Section 19•2(a)(42)(B)(ii)(II)(aa) of the Act

TN No. 24-0013 Supersedes TN No.23-0027 Date Received: 07/17/2024
Date Approved: 09/04/2024
Date Effective: 07/01/2024

Federal Register.

_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 feerate 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.

Section 1902(a)(42)(B)(ii)(II)(bb) of the Act

Section 1902(a)(42)(B)(ii)(III) of the Act

Section 1902(a)(42)(B)(ii)(IV)(aa) of the Act

Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act

Section 1902(a)(42)(B)(ii)(N)(cc) of the Act _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.

_The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).

_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.

The state assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.

_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.

Date Received:

Date Approved: 09/04/2024

Date Effective: 07/01/2024

07/17/2024