

Department of Health & Human Services
Centers for Medicare & Medicaid Services
Division of Medicaid & Children's Health Operations
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



September 1, 2010

Dr. Robert L. Robinson, Executive Director
Division of Medicaid, Office of the Governor
Suite 1000, Walter Sillers Building
550 High Street
Jackson, MS 39201

RE: Mississippi State Plan Amendment, Transmittal #10-004

Dear Dr. Robinson:

We have reviewed the proposed amendment to the Mississippi Medicaid State Plan that was submitted under transmittal number 10-004 and received in the Regional Office on February 26, 2010. This amendment proposes to implement a managed care coordination program for targeted high-cost beneficiaries and has a proposed effective date of July 1, 2010.

Based on the information provided, we are pleased to inform you that Mississippi Medicaid State Plan Amendment 10-004 was approved on August 30, 2010. The effective date of this amendment is July 1, 2010. We are enclosing the approved form HCFA-179 and plan page.

Additionally, please note that when the State submits any State Plan Amendment or waiver request that may have a direct impact on Indians or Indian health providers, CMS will look for evidence of the State's Tribal consultation process. Pursuant to the new section 1902(a)(73) of the Act added by section 5006(e) of the Recovery and Reconstruction Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA, waiver request or other Medicaid change with all federally-recognized Indian tribes, Indian health programs (IHS and Tribal 638 programs) and Urban Indian organizations in the State. Please see the January 22, 2010 SMD letter regarding these protections for Indians. The July 17, 2010 SMD letter provides additional guidance on consultation with federally-recognized tribes.

Dr. Robert L. Robinson

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If you have any questions or need any further assistance, please contact Trina Roberts at (404) 562-7418.

Sincerely,

A handwritten signature in black ink that reads "Jackie Glaze". The signature is written in a cursive, flowing style.

Jackie Glaze

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Enclosures