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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 21-0046

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 1, 2021

Drew Snyder
Mississippi Division of Medicaid
550 High Street
Suite 1000
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) MS SPA 21-0046

Dear Mr. Drew Snyder:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MS SPA 21-0046. This amendment proposes to update the Managed Care Procurement Methods available to the Mississippi Division of Medicaid for procurement of Managed Care organizations.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Mississippi's Medicaid SPA 21-0046 was approved on October 29, 2021, with an effective date of August 1, 2021.

If you have any questions, please contact Shambrekia Wise at 214-767-2090 or via email at Shambrekia.Wise@cms.hhs.gov.

Sincerely,

/s/

Bill Brooks, Director
Division of Managed Care Operations

cc: Drew Snyder
Kieth Heartsill
April Burns

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0046	2. STATE MS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE 08/01/2021	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. 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)

6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 430.12	7. FEDERAL BUDGET IMPACT: FFY21: \$0.00 FFY22: \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F, page 2

10. SUBJECT OF AMENDMENT:
State Plan Amendment (SPA) 21-0046 Managed Care Procurement Method is being submitted to update the methods available to the Mississippi Division of Medicaid for procurement of Managed Care organizations.

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO:
13. TYPED NAME: Drew L. Snyder	Drew L. Snyder Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399
14. TITLE: Executive Director	
15. DATE SUBMITTED: AUG 18 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 18, 2021	18. DATE APPROVED: October 29, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Bill Brooks	22. TITLE: Director Division of Managed Care Operations

23. REMARKS:

State: Mississippi

Citation	Condition or Requirement
	<p data-bbox="532 405 1435 583">To meet the goals of beneficiary choice, financial stability of the program and administrative ease, no more than three (3) and no less than two (2) CCOs are awarded a contract to administer a care coordination program. The program is statewide with both voluntary and mandatory enrollment depending on the beneficiary's category of eligibility. Medicaid beneficiaries excluded from the program regardless of the category of eligibility are listed in B.5.</p> <p data-bbox="532 621 1435 737">CCOs are defined as organizations that meet the requirements for participation as a contractor in the Mississippi Coordinated Access Network (MississippiCAN) program and that manage the purchase and provision of health care services to MississippiCAN enrollees.</p> <p data-bbox="526 774 1455 831">Contracted CCOs are selected through a competitive process in compliance with applicable state and federal rules, regulations, and law.</p> <p data-bbox="526 869 760 896">CCOs are required to:</p> <ul data-bbox="583 905 1435 1318" style="list-style-type: none">▪ Demonstrate information systems are in place to meet all of the operating and reporting requirements of the program, including the collection of third party liability payments;▪ Operate both member and provider call centers. The member call center must be available to members twenty-four (24) hours a day, seven (7) days a week. The provider call center must operate during normal providers' business hours;▪ Process claims in compliance with established minimum standards for financial and administrative accuracy and timeliness of processing with standards being no less than current Medicaid fee-for-service standards;▪ Submit complete encounter data that meets federal requirements and allows DOM to monitor the program. CCOs that do not meet standards will be penalized. <p data-bbox="532 1360 1435 1417">CCOs are required to provide a comprehensive package of services that include, at a minimum, the current Mississippi Medicaid benefits. CCOs are required to:</p> <ul data-bbox="583 1461 1435 1644" style="list-style-type: none">▪ Participate as partners with providers and beneficiaries to arrange delivery of quality, cost-effective health care services, with medical homes and comprehensive care management programs to improve health outcomes.▪ Ensure annual wellness physical exams to establish a baseline, to measure change and to coordinate care appropriately by developing a health and wellness plan with interventions identified to improve outcomes.
