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**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 23-0011**

This file contains the following documents in the order listed:

- 1) Corrected Package Approval Letter
- 2) Approval Letter
- 3) CMS 179 Form/Summary Page
- 4) 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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August 18, 2023

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

Re: Mississippi State Plan Amendment (SPA) 23-0011

Dear Executive Director Snyder:

Enclosed please find a corrected approval package for your Mississippi State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This SPA proposes to allow the Division of Medicaid (DOM) to remove copays from Medicaid services, effective May 1, 2023, was originally approved on August 11, 2023. The approval package sent to Mississippi included the following errors:

- The SPA page footers had the incorrect Supersedes Transmittal Number.
- The SPA page footers had the incorrect Effective date.

The enclosed corrected package contains the original signed letter, Summary Page, and the corrected SPA pages.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,



Nicole McKnight, Acting Director  
Division of Program Operations

Enclosures

cc: Robin Bradshaw  
Trip Polles  
Sarah Tadlock

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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Medicaid and CHIP Operations Group

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August 11, 2023

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

Re: Mississippi State Plan Amendment (SPA) 23-0011

Dear Mr. Snyder

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This amendment proposes to allow the Division of Medicaid to remove copays from Medicaid services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1916 and 1916A of the Social Security Act, and 42 CFR 447.50-.57 (excluding 447.55) and was approved on August 11, 2023, with an effective date of May 1, 2023.

If you have any questions, please contact Etta Hawkins at (404) 562-7429 or via email at [Etta.Hawkins@cms.hhs.gov](mailto:Etta.Hawkins@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Robin Bradshaw  
Trip Polles  
Sarah Tadlock

## Medicaid Premiums and Cost Sharing: Summary Page (CMS 179)

State/Territory name: **Mississippi**

Transmittal Number:

*Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.*

MS-23-0011

Proposed Effective Date

05/01/2023 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Section 1916 and 1916A of the Social Security Act, and 42 CFR 447.50-.57 (excluding 447.55)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	23	\$ 878711.00
Second Year	24	\$ 2077066.00

Subject of Amendment

State Plan Amendment (SPA) 23-0011 is being submitted to allow the Division of Medicaid (DOM) to remove copays from Medicaid services, effective May 1, 2023.

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received  
Describe:
- No reply received within 45 days of submittal
- Other, as specified  
Describe:

Signature of State Agency Official

Submitted By: **Robin Bradshaw**  
Last Revision Date: **Jul 26, 2023**  
Submit Date: **Jun 20, 2023**



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: MS - 23 - 0011

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

V.20160722



# Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 09381148

Transmittal Number: MS - 23 - 0011

<b>Cost Sharing Amounts - Categorically Needy Individuals</b>	<b>G2a</b>
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> categorically needy (Mandatory Coverage and Options for Coverage) individuals.	<input type="text" value="No"/>

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09381148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C42605, Baltimore, Maryland 212441850.

V.20181119