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State/Territory Name: Mississippi

State Plan Amendment (SPA) #: 24-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Page

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

December 5, 2024

Cindy H. Bradshaw
Executive Director
Mississippi Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201

Re: Mississippi State Plan Amendment (SPA) 24-0011

Dear Executive Director Bradshaw:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0011. This proposed amendment requires newly enrolling and revalidating providers to disclose affiliation information.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 455.107. This letter informs you that Mississippi's Medicaid SPA TN 24-0011 was approved on December 5, 2024, effective October 1, 2024.

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

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting 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 <u>2 4 — 0 0 1 1</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
October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 C.F.R. § 455.107

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 24 \$ 0
b. FFY 25 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 4, Page 79


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Section 4, Page 79

9. SUBJECT OF AMENDMENT
State Plan Amendment (SPA) 24-0011 is being submitted to comply with 42 C.F.R. § 455.107 requiring newly enrolling and revalidating providers to disclose affiliation information.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Cindy H. Bradshaw

13. TITLE
Executive Director

14. DATE SUBMITTED
10/31/2024

15. RETURN TO
**Cindy H. Bradshaw
Miss. Division of Medicaid
Attn: Robin Bradshaw
550 High Street, Suite 1000
Jackson, MS 39201-1399**


FOR CMS USE ONLY

16. DATE RECEIVED
10/31/2024

17. DATE APPROVED
12/05/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2024

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

State of Mississippi

Citation 4.31 Disclosure of Information by Providers and Fiscal Agent
42 CFR § 455.104- The Medicaid agency has established procedures for the disclosure of
455.107 information by providers and fiscal agents as specified in 42 CFR 455.104
1902(a) (38) through 455.107 and sections 1128 (b) (9) and
1128(b) (9) 1902 (a) (38) of the Act.

Upon request by the State, a provider that is not enrolled in Medicare but is initially enrolling in Medicaid or CHIP (or is revalidating its Medicaid or CHIP enrollment information) must disclose any and all affiliations that it or any of its owning or managing employees or organizations (consistent with the terms “person with an ownership or control interest” and “managing employee” as defined in § 455.101) has or, within the previous 5 years, had with a currently or formerly enrolled Medicare, Medicaid, or CHIP provider or supplier that has a disclosable event (as defined in § 455.101). The State will request such disclosures when it, in consultation with CMS, has determined that the initially enrolling or revalidating provider may have at least one such affiliation.

42 CFR §§ 435.940- 4.32 Income and Eligibility Verification System
435.960; QI Program (a) The Medicaid agency has established a system for
Supplemental Funding income and eligibility verification in accordance with
Act of 2008, Pub. L. the requirements of 42 CFR 435.940 through
No. 110-379, 435.960.(Section 1137 of the Act and 42 CFR
122 Stat. 4075 435.940 through 435.960.)

(b) Attachment 4.32-A describes, in accordance with 42
CFR 435.948 (a) (6), the information that will
be requested in order to verify eligibility or the correct
payment amount and the agencies and the State(s) from
which that information will be requested.

(c) The State has an eligibility determination system that
provides for data matching through the Public
Assistance Reporting Information System (PARIS), or any
successor system, including matching with medical
assistance programs operated by other States. The
information that is requested will be exchanged with States
and other entities legally entitled to verify Title XIX
applicants and individuals eligible for covered Title XIX
services consistent with applicable PARIS Agreements.