

Package Information

Package ID MS2018MS0004O
Program Name N/A
SPA ID MS-18-0003
Version Number 1
Submitted By Margaret Wilson

Submission Type Official
State MS
Region Atlanta, GA
Package Status Submitted
Submission Date 3/30/2018
Regulatory Clock 90 days remain
Review Status Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

Not Started

In Progress

Complete

Package Header

Package ID MS2018MS0004O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A
SPA ID MS-18-0003
Initial Submission Date 3/30/2018
Effective Date N/A

State Information

State/Territory Name: Mississippi

Medicaid Agency Name: Division of Medicaid

Submission Component

☒ State Plan Amendment

☒ Medicaid

☐ CHIP

Submission Type

☒ Official Submission Package

☐ Draft Submission Package

Allow this official package to be viewable by other states?

☐ Yes

☒ No

Key Contacts

Name	Title	Phone Number	Email Address
Wilson, Margaret	Nurse Office Director	(601)359-5248	margaret.wilson@medicaid.ms.gov

SPA ID and Effective Date

SPA ID MS-18-0003

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	1/1/2018	84-35
Eligibility Determinations and Fair Hearings	1/1/2018	76-16
Organization and Administration	1/1/2018	84-35; 92-09

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Single State Agency Assurances	1/1/2018	74-7
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018	76-16

Executive Summary

Summary Description Including Goals and Objectives State Plan Amendment (SPA) 18-0003 Medicaid Administration is being submitted to allow the Mississippi Division of Medicaid (DOM), the single state agency, to update the organizational structure and administration of the Medicaid program effective January 1, 2018.

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review None

Disaster-Related Submission

This submission is related to a disaster

☐ Yes

☒ No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2017	\$0
Second	2018	\$0

Federal Statute / Regulation Citation

42 C.F.R. §§ 431.10, 431.11, 431.12, 431.50 and 430.12(b)

Governor's Office Review

☒ No comment

☐ Comments received

☐ No response within 45 days

☐ Other

Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Margaret Wilson

Phone number 601-359-5248

Email address Margaret.Wilson@medicaid.ms.gov

Authorized Submitter's Signature Margaret Wilson

☐ I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

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Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Submission - Tribal Input

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One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
- ☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- ☐ Yes
- ☒ No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

This SPA only updates the organizational structure and administration of the Division of Medicaid.

- ☒ Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- ☐ The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☐ All Indian Health Programs


Date of solicitation/consultation:	Method of solicitation/consultation:
7/24/2017	Notification letter via E-mail

☐ All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☐ All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	Type
MS SPA 18-0003 Medicaid Administration Tribal Notice	3/29/2018 1:32 PM EDT	

Indicate the key issues raised (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Medicaid State Plan Administration Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

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	User-Entered		

A. Single State Agency

1. State Name: Mississippi

☐ 2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).


3. Name of single state agency:

Office of the Governor

4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

☐ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Name	Date Created	Type
MS SPA 18-0003 Medicaid Administration Attorney General Certification	3/28/2018 10:59 AM EDT	

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

- ☒ 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- ☐ 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

D. Additional information (optional)

State Governor's Review previous state plan page 89 superseded TN# 92-02 uploaded on the Organization and Administration page.

Medicaid State Plan Administration

Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

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A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- ☐ a. The Medicaid agency
- ☐ b. Delegated governmental agency
- ☐ i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ iii. Other

Name of entity:

Child Protection Services (CPS)

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- ☐ a. The Medicaid agency

- ☐ b. Delegated governmental agency
- ☐ i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
- ☐ iv. Other

3. Assurances:

- ☐ a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- ☐ b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- ☐ c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- ☐ d. The delegated entity is capable of performing the delegated functions.

B. Fair Hearings (including any delegations)

- ☐ The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- ☐ The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- ☐ a. Medicaid agency
- ☐ c. Local governmental entities
- ☐ d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- ☐ All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- ☐ Yes
- ☒ No

D. Additional information (optional)

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration, Eligibility | MS2018MS0004O | MS-18-0003

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Superseded SPA ID	84-35; 92-09		

A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- ☒ a. A stand-alone agency, separate from every other state agency
- ☐ b. Also the Title IV-A (TANF) agency
- ☐ c. Also the state health department
- ☐ d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Office of Eligibility is responsible for Medicaid and CHIP eligibility policy development and issuance, coordination of policies and procedures, staff training and oversight of the administration of thirty (30) Regional Offices (ROs) that are responsible for Medicaid and CHIP eligibility determinations for all populations, including, but not limited to: the aged, blind and disabled, parents/caretakers, children, and pregnant women.

-Office of State Operations is responsible for overseeing eligibility systems and policy and training for Medicaid and CHIP.

-Office of Provider Enrollment is responsible for enrolling and credentialing health service providers.

-Office of RO Administration is responsible for overseeing the thirty (30) ROs as well as supervising all of the Outstation Sites.

b. Fair Hearings (including expedited fair hearings)

-The Office of Appeals is responsible for resolving issues regarding Medicaid beneficiary services and eligibility, provider reimbursement, and decisions affecting provider enrollment.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Office of Executive Administrator is responsible for the core administrative functions of Procurement, Contract Compliance, and managing the coordinated care program, MississippiCAN.

The Office of Health Services is responsible for the overall development, implementation and operation of all Medicaid health-care services and benefits:

-Office of Medical Services is responsible for overseeing the delivery of healthcare in over thirty (30) medical program areas and includes: medical and operational services; expanded early and periodic screening, diagnosis and treatment (EPSDT), professional/ancillary services, and preventative services.

-Office of Pharmacy is responsible for the development and administration of evidence-based medication use strategies that enhance eligible beneficiary and population health outcomes while optimizing health care resources. The Medicaid prescription drug programs include application of systems and data collection necessary to manage, analyze, and review the following components: drug adherence, management of quality and cost-effective pharmacy benefits, and the Medicaid Drug Rebate Program including supplemental rebates. The Pharmacy and Therapeutics Committee and the Drug Utilization Review (DUR) Board are directed by the Office of Pharmacy. Other responsibilities include the management and oversight of contracted vendors that maintain pharmacy systems including: pharmacy point of sale claims processing, rate setting and reimbursement, DUR related projects, pharmaco-economic modeling and analysis for the Universal Preferred Drug List, in addition to both the Prior Authorization and the Complex Pharmaceutical Care Programs.

-Office of Community-Based Services is responsible for administering the Bridge to Independence program, the Housing Locator, and administering the State's e-LTSS system.

-Office of Hospital Programs and Services is responsible for managing the policies governing prior authorization, the rendering of prior authorized services, and validating the adjudication or coordination of the federally mandated auditing programs associated with these claim types. This Office is also responsible for analyzing trends in claim processing to assist in identifying and quantifying issues, conducting ongoing assessments and investigations of claim payments and operations, and monitoring managed care plans to assure contracting and regulatory obligations are met.

-Office of Clinical Support Services is responsible for overseeing the Division of Medicaid's fee schedules and rates, ensuring compliance with coding and billing regulations, monitoring contractor compliance with the Division of Medicaid coding coverage and adjudication, responding to requests for coverage information, and overseeing MississippiCAN quality activities.

-Office of Long-Term Care is responsible for overseeing the following programs: institutional settings for nursing homes, the hospice program and the following Home and Community-Based Services waivers: Elderly and Disabled, Independent Living, Assisted Living, and Traumatic Brain Injury/Spinal Cord Injury.

-Office of Mental Health is composed of two divisions. The Division of Mental Health Services is responsible for overseeing Pre-Admission Screening and Resident Review, acute freestanding psychiatric facilities, community/private mental health centers, therapeutic and evaluative mental health services for children, outpatient mental health hospital services, Psychiatric Residential Treatment Facilities, and psychiatric units at hospital's inpatient detox for chemical dependency. The Division of Special Mental Health Initiatives is responsible for overseeing autism services, mental health services provided by Federally Qualified Health Centers and Rural Health Clinics, Intermediate Care Facilities for the Intellectually Disabled, Mississippi Youth Programs Around The Clock, psychiatric services by a physician or nurse practitioner, and 1915(i) community supp

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Office of Policy is responsible for developing and maintaining policies for Mississippi Medicaid programs, submissions of State Plan Amendments (SPA), Waivers, and Administrative Code filings.

e. Administration, including budget, legal counsel

The Office of Legal, staffed by attorneys from the Office of the Attorney General, is responsible for providing legal consultation and representing the Division of Medicaid in a variety of areas including personnel matters, statutory and regulatory issues, procurement and contracting, recovery efforts, garnishments, levies, bankruptcies and tax liens. The attorneys are responsible for drafting all Division of Medicaid contracts, representing the agency at various administrative hearings, providing guidance on policy drafting and filing, assisting the RFI Officer with public records requests, and serving as liaisons to the Medicaid Fraud Control Unit (MFCU). In addition to administrative hearings, the attorneys are also responsible for representing the Division of Medicaid before the Employee Appeals Board, United States Equal Employment Opportunity Commission (EEOC) and state and federal courts.

The Office of Government Relations is responsible for serving as the primary point of contact for legislative inquiries, handling requests, and leading the government relations team.

f. Financial management, including processing of provider claims and other health care financing

The Office of Finance is responsible for effective fiscal management of the agency. This office provides fiscal oversight for the managed care contracts.

- Office of Financial and Performance Review is responsible for conducting financial and performance reviews and is composed of three units: the Provider Review Unit, the Contracts Monitoring Unit, and the Certified Electronic Health Records Unit.
- Office of Reimbursement is responsible for payment policy and rate setting for long-term care facilities, home health agencies, hospitals, rural health clinics, federally qualified health centers, end-stage renal disease centers, hospices, and Mississippi State Department of Health clinics.
- Chief Financial Office is responsible for overseeing the Office of Financial Reporting, the Office of Accounting and the Office of Third Party Recovery.
- Office of Financial Reporting is responsible for state and federal financial reporting.
- Office of Accounting is composed of three units: Purchasing, Accounts Payable and Cash Receipts.
- Office of Third Party Recovery is responsible for ensuring Medicaid is the payer of last resort on medical claims, recovering any monies reimbursed prior to the knowledge of a liable third party, and verifying accurate and complete third party records and files in accordance with state and federal requirements.

g. Systems administration, including MMIS, eligibility systems



The Office of Information Technology Management (iTECH) is responsible for overseeing the Medicaid Eligibility Determination System (MEDS), the Medicaid Management Information System (MMIS), the Data Warehouse/Decision Support System (DW/DSS), and is comprised of the following areas:

- Legacy Enterprise Systems is responsible for managing the Fiscal Agent who operates and maintains the MEDS for Medicaid's eligibility determinations and the MMIS for claims processing and payment, the Pharmacy Benefits Management (PBM) system, analyzing data to support state health policy changes and healthcare reform, and providing reporting capabilities through the DW/DSS.
- Eligibility Systems is responsible for enhancing and maintaining the electronic MEDS as well as the coordination of cross agency collaboration on the eligibility and fraud and abuse initiatives set forth in the HOPE bill.
- Medicaid Enterprise Systems is responsible for managing the implementation of the new Medicaid Enterprise System (MES) which includes Fiscal Agent services, claims processing and payment systems, and the PBM system; managing and coordinating associated vendor contracts (PMO, IV&V, SI, etc.); and providing maintenance and operational support of the MES.
- Health Information Technology is responsible for the design, development, implementation, and maintenance of the Medicaid Clinical Information (MCI) architecture. The MCI houses transformed claims and clinical information on Medicaid beneficiaries for use in analytics, reporting, and point of care by providers.
- Project Administration, Systems and Structure is responsible for establishing and ensuring compliance with industry standard project management guidelines, structure and process for all projects that fall within iTECH that are internally or externally initiated. This office also is responsible for coordination of business and technical process improvements.
- Infrastructure Support is responsible for monitoring and maintaining the performance of the network infrastructure comprised of the hardware, software, and tools that connect the central office and 30 regional offices located throughout the state. This area manages the Division of Medicaid's data and telephonic network through coordination with the state information technology systems infrastructure team.
- Administrative Oversight is responsible for strategic planning, budgeting, developing and updating funds for Advanced Planning Documents (APDs) for all IT-related projects. This office is also responsible for developing and implementing iTECH's internal policies and IT planning and acquisition management.
- Cyber-Security is responsible for protecting and maintaining the Division of Medicaid's electronic and physical security as well as gatekeeping of electronic Personal Health Information (PHI) and Personally Identifiable Information (PII) of beneficiaries. This office is also responsible for ensuring compliance with the regulatory oversight agencies, responding to external audit requests, and developing and enforcing cyber security policies.
- Special Projects is responsible for overseeing the Medicaid Information Technology Architecture (MITA) initiative, change management, provider incentive payments, site build-out and property tracking.
- Technical Support & User Assistance is responsible for supporting access control management and providing help desk assistance related to hardware and software issues for the Division of Medicaid's employees both in the central office and ROs.

h. Other functions, e.g., TPL, utilization management (optional)

- Office of Third Party Recovery is responsible for ensuring Medicaid is the payer of last resort on medical claims, recovering any monies reimbursed prior to the knowledge of a liable third party, and verifying accurate and complete third party records and files in accordance with state and federal requirements.

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	Type
MS SPA 18-0003 Medicaid Administration Organizational Chart	3/30/2018 12:01 PM EDT	
MS SPA 18-0003 Medicaid Administration Section 7 Page 89	3/30/2018 12:03 PM EDT	

Name	Date Created	Type
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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

The Social Security Administration

Description of the functions the delegated entity performs in carrying out its responsibilities:

The Social Security Administration (SSA) receives applications and determines eligibility for Supplemental Security Income (SSI) applicants and beneficiaries. SSI categories are aged, blind, and disabled. Recipients of SSI cash assistance receive Medicaid coverage automatically with no separate Medicaid application required. However, if an SSI recipient has unpaid medical expenses that would be covered by Medicaid for up to 3 months prior to the SSI application month, a separate application is required for the retroactive period. The SSI retroactive application must be filed with the Medicaid Regional Office that serves the county where the SSI recipient lives.

Title

Child Protection Services (CPS)

Description of the functions the delegated entity performs in carrying out its responsibilities:

The MS Department of Child Protection Services determines eligibility for children for whom the agency has custody and financial responsibility and children who are in adoptions subsidized in full or in part by that agency, including special needs children in non-Title IV-E adoption assistance who are approvable under Title XIX of the Medicaid Program.

E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- ☐ Yes
- ☒ No

F. Additional information (optional)

Medicaid State Plan Administration

Organization

Single State Agency Assurances

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A. Assurances

- ☐ 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☐ 2. All requirements of 42 CFR 431.10 are met.
- ☐ 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.

- ☐ 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- ☐ 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- ☐ 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

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The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

- ☐ The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- ☒ SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- ☐ State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- ☐ State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

- ☐ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

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 0938-1188. 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 C4-26-05, Baltimore, Maryland 21244-1850.

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