

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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February 16, 2023

Drew Snyder, Executive Director  
Division of Medicaid, Mississippi Department of Human Services  
550 High Street, Suite 1000  
Walters Sillers Building  
Jackson, MS 39201-1325

Re: Mississippi Managed Care Plan Contract Action Approval: Amendment #12

Dear Director Snyder:

The Centers for Medicare & Medicaid Services (CMS) completed review of Mississippi's MCO contract amendment 12, submitted on February 1, 2022 and February 18, 2022, which updates the capitation rates for the State Fiscal Year (SFY) 2022, as well as the following areas within the contract: general provisions, CMS reporting requirements, definitions, capitation rates, financial requirements, quality withhold detail and targets, prior authorizations, quality management, state sanctions, state directed payments, updates to the grievance, appeals, and state fair hearing process, and to the reporting requirements related to fee schedule validation.

We conducted our review of this contract action according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that the managed care plan contract actions shown in the table below are approved.

Contract Name/Contractor	State Contract Identifier	Effective Start and End Dates for Approved/Validated Contract Action
Magnolia	Amendment 12	07/01/2021 – 06/30/2022
Molina	Amendment 12	07/01/2021 – 06/30/2022
United Healthcare	Amendment 12	07/01/2021 – 06/30/2022

CMS approval pertains to the contract action identified in this letter and does not apply to other contract actions currently under CMS review or not yet submitted to CMS. This letter confirms state compliance with provisions of the May 6, 2016 managed care final rule only to the extent that final rule provisions are specifically articulated in the contract action(s) identified in this letter.

CMS has determined the capitation rates implemented via this contract action to be actuarially sound per 42 Code of Federal Regulations (CFR) 438.4(b) for the period 07/01/2021 –

Director Snyder

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06/30/2022. In order to help expedite the review of future actuarial rate certifications, please consider addressing the questions asked by the Office of the Actuary within the rate certification, particularly those where additional documentation or information provided in a different manner would facilitate future reviews.

The 42 CFR 438.6(c) delivery system and provider payment initiatives implemented by this contract action is approved for the managed care contract rating period specified in the related Section 438.6(c) Preprint approved by CMS per 42 CFR 438.6(c)(2).

If you have questions regarding this letter please contact, Shambrekia Wise at [Shambrekia.Wise@cms.hhs.gov](mailto:Shambrekia.Wise@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks

Director

Division of Managed Care Operations

cc: Steve Fox  
Kathi Montalbano