

**AMENDMENT #1
TO THE INTERAGENCY AGREEMENT
BETWEEN
THE DIVISION OF MEDICAID
AND
THE MISSISSIPPI DEPARTMENT OF CORRECTIONS**

(Inmate Eligibility and Reentry Council)

THIS AMENDMENT #1 modifies, revises, and amends the Interagency Agreement by and between the **DIVISION OF MEDICAID IN THE OFFICE OF THE GOVERNOR**, an administrative agency of the **STATE OF MISSISSIPPI**, herein referred to as “DOM,” and the **MISSISSIPPI DEPARTMENT OF CORRECTIONS**, an administrative agency of the **STATE OF MISSISSIPPI**, hereinafter referred to as “MDOC.”

WHEREAS, DOM and the MDOC entered into an Interagency Agreement for coordination of determining inmate eligibility and support for the Reentry Council (such Interagency Agreement, together with all attachments and amendments thereto, shall be referred to herein as “the Agreement”); and,

WHEREAS, Section VI (Modification or Amendment) of the Agreement provides that the Agreement may be modified or amended if such modification or amendment is mutually agreed upon in writing by DOM and MDOC.

NOW, THEREFORE, in consideration of the mutual undertaking and conditions as hereinafter set forth, the Agreement is amended as follows:

1. Section I (Scope of Work) is hereby amended to read as follows:

I. SCOPE OF WORK:

- A. DOM shall process applications for Medicaid eligibility received from MDOC inmates. If determined to be eligible, DOM shall agree to reimburse Medicaid providers for care and services authorized under the Medicaid State Plan for Medical Assistance rendered to inmates while an inpatient at a facility as described above. Services rendered in a prison hospital or services rendered in a clinic or outpatient setting shall not be reimbursed by DOM. Such services shall be authorized for coverage by the approved State Plan for Medical Assistance and provided and billed as outlined in the Medicaid Provider Policy Manual. Providers seeking reimbursement from DOM for services rendered to inmates are bound to follow all rules and regulations of DOM. Refer to Section IV., COST FOR SERVICES. Also, if determined to be eligible, DOM will suspend the inmate’s eligibility while still incarcerated. Further, as long as inmate remains Medicaid eligible, DOM will

continue Medicaid eligibility upon timely notification of release by MDOC. Refer to Sections I.C. and I.D. below. In order to ensure satisfactory performance under this Agreement and to achieve the state goals, MDOC shall complete all training requirements imposed by DOM. DOM may request, and MDOC shall provide within three (3) business days, a list of all employees delegated responsibility for the work in Sections I.B.-D. below.

B. Medicaid Enrollment Process for Inmates Receiving Covered Services:

1. Inmate has received potentially eligible Medicaid services in a community hospital or inpatient labor and delivery is concluded. The inmate's counselor will communicate this information immediately to the central MDOC Medical Billing Office.
2. If authorized by inmate, the MDOC Medical Billing Office will complete the appropriate Medicaid application. Information to complete the application will come from the MDOC inmate record, if authorized, or directly from the inmate. If additional information is needed then the MDOC Medical Billing Office will communicate with the inmate's counselor.
3. The Medicaid application for all MDOC inmates will list the MDOC central office as the home address.
4. The Medicaid application will be signed by the inmate or the inmate's designated representative. The designated representative is selected by the inmate and could be a family member, an authorized representative (such as a legal guardian or attorney), or the MDOC employee authorized by the MDOC Commissioner to sign the Medicaid application, if the inmate lacks capacity to make such decisions.
5. The Medicaid application will be sent to DOM's Office of Eligibility at 550 High Street, Suite 200, Jackson MS 39201.
6. DOM will process the application and send its eligibility decision to the address listed on the application.

C. Medicaid Identification and Suspension Process for Inmates Newly Incarcerated Eligible for Medicaid at Time of Incarceration and Remaining Eligible:

1. DOM and MDOC will establish a file matching process, to be performed quarterly, to identify newly incarcerated inmates.
2. DOM will match the MDOC inmate file against current Medicaid eligibles to identify inmates eligible for Medicaid at time of incarceration. DOM will then determine whether the inmate remains eligible. If the inmate does not remain eligible, benefits will be terminated. If the inmate remains eligible, benefits will be suspended for as long as eligibility exists for the inmate.
3. During a period of suspension, an incarcerated inmate is not eligible for claims payment unless the inmate is hospitalized and receives covered Medicaid services.
4. During the eligibility suspension period, an inmate is subject to eligibility reviews and annual renewals.
 - a. DOM will attempt an administrative review for each suspended inmate due for annual renewal. Otherwise if an administrative review is not possible, DOM will ensure MDOC receives annual renewal packets for inmates in suspension status.

- b. MDOC will receive and distribute renewal packets to identified inmates to provide the opportunity to complete the renewal process if the inmate desires to do so.
 - 5. MDOC will assist the inmates in completing the renewal packets in accordance with this Agreement:
 - a. If authorized by inmate, the MDOC Medical Billing Office will complete the appropriate Medicaid renewal. Information to complete the application will come from the MDOC inmate record, if authorized, or directly from the inmate. If additional information is needed then the MDOC Medical Billing Office will communicate with the inmate's counselor who will communicate with the inmate as needed.
 - b. The Medicaid renewal for all MDOC inmates will list the MDOC central office as the home address.
 - c. The Medicaid renewal will be signed by the inmate or the inmate's designated representative. The designated representative is selected by the inmate and could be a family member, an authorized representative (such as a legal guardian or attorney), or the MDOC employee authorized by the MDOC Commissioner to sign the Medicaid application, if the inmate lacks capacity to make such decisions.
 - d. The Medicaid renewal will be sent to DOM's Office of Eligibility at 550 High Street, Suite 200, Jackson MS 39201.
 - 6. The eligibility decision resulting from the annual review will be sent to the address listed on the application.
 - a. If the inmate remains Medicaid eligible, DOM will continue to suspend the inmate's eligibility while incarcerated.
 - b. Upon notification by MDOC of release of an inmate whose Medicaid benefits are subject to suspension, DOM will ensure the individual will have Medicaid eligibility and access to care at time of release or upon notification by MDOC. MDOC will provide a post-release address for the inmate being released, if known. Within 3 months of the release date, the former inmate will undergo a full review of Medicaid eligibility based on current circumstances. DOM will notify the former inmate of the need to renew Medicaid eligibility.
- D. Medicaid Enrollment Process for Inmates Medicaid Eligible Pre-Release:
- 1. Applications may be filed for other inmates not identified for suspension as described in Section I.C.
 - 2. DOM will ensure MDOC receives initial application packets to copy as needed for use to file applications for other inmates, i.e., applications for hospitalized inmates and pre-release applications. Pre-release applications should be filed at least 4 months in advance of the anticipated release date to ensure availability of benefits upon release, provided the inmate is determined eligible.
 - 3. MDOC will assist the inmates in completing the initial application.
 - a. If authorized by inmate, the MDOC Medical Billing Office will complete the appropriate Medicaid application. Information to complete the application will come from the MDOC inmate record, if authorized, or directly from the inmate. If additional information is needed then the MDOC Medical Billing Office will

communicate with the inmate's counselor who will communicate with the inmate as needed.

- b. The Medicaid application for all MDOC inmates will list the MDOC central office as the home address.
 - c. The Medicaid application will be signed by the inmate or the inmate's designated representative. The designated representative is selected by the inmate and could be a family member, an authorized representative (such as a legal guardian or attorney), or the MDOC employee authorized by the MDOC Commissioner to sign the Medicaid application, if the inmate lacks capacity to make such decisions.
 - d. The Medicaid application will be sent to DOM's Office of Eligibility at 550 High Street, Suite 200, Jackson MS 39201.
4. The eligibility decision resulting from the application will be sent to the address listed on the application. Medicaid benefits for an eligible pre-release inmate will be placed in suspension until DOM is notified by MDOC of the inmate's release. DOM will ensure the individual has Medicaid eligibility and access to care at time of release or upon notification by MDOC. MDOC will provide a post-release address for the inmate, if known. Within 3 months of the release date, the former inmate will undergo a full review of Medicaid eligibility based on current circumstances. DOM will notify the former inmate of the need to renew Medicaid eligibility.

2. Section II (PERIOD OF PERFORMANCE) is hereby amended to read as follows:

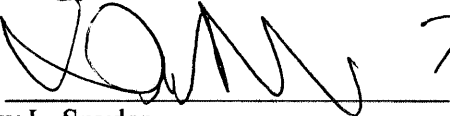
II. PERIOD OF PERFORMANCE: The term of this Agreement shall commence on July 1, 2016, and shall expire on June 30, 2020, unless this Agreement is terminated pursuant to paragraph VIII (Termination). The Agreement may be extended upon mutual agreement of the parties for an additional one-year renewal.

3. All other provisions of the Interagency Agreement are unchanged and it is further the intent of the parties that any inconsistent provisions not addressed by the above amendments are modified and interpreted to conform with this Amendment #1.

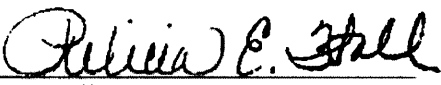
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IN WITNESS WHEREOF, the parties have caused this Amendment #1 to be executed by their duly authorized representatives as follows:

Mississippi Division of Medicaid

By:  7/11/14
Drew L. Snyder
Executive Director

Mississippi Department of Corrections

By:  6/28/19
Pelicia E. Hall
Commissioner of Corrections