

MEDICAID DELIVERY SYSTEMS

Designing a system that serves Medicaid beneficiaries, caregivers, providers, and taxpayers

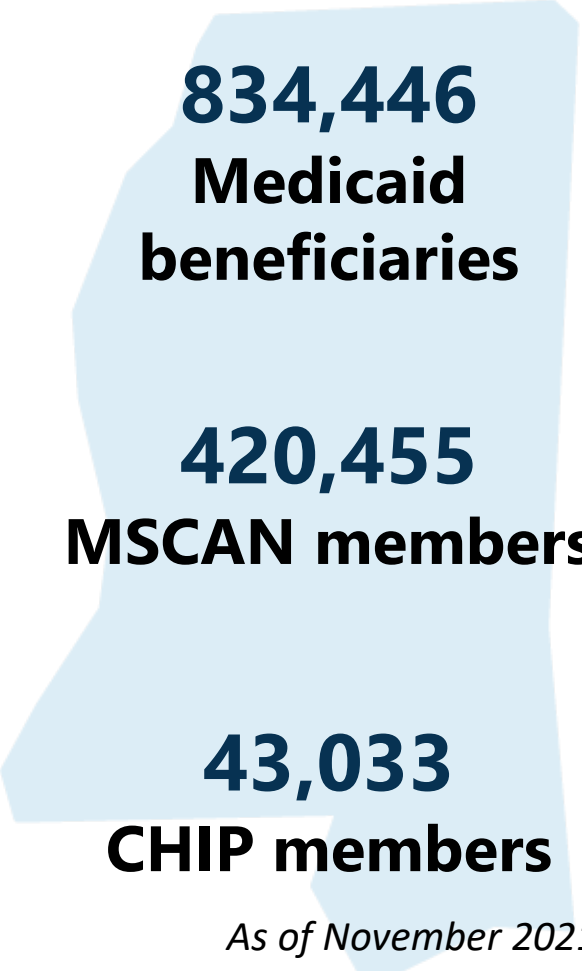
Senate Medicaid Committee Hearing

November 30, 2021

MISSISSIPPI MEDICAID PROFILE

The Mississippi Division of Medicaid (DOM) has more than 800 employees located at one central office and 30 regional offices.

- DOM covers roughly 25% of Mississippi's 3 million residents
- Overall enrollment has jumped due to maintenance of effort requirement in 2020 legislation
- 56% of Mississippi Medicaid beneficiaries are served by one of two managed care programs, MSCAN and MSCHIP



834,446
Medicaid
beneficiaries

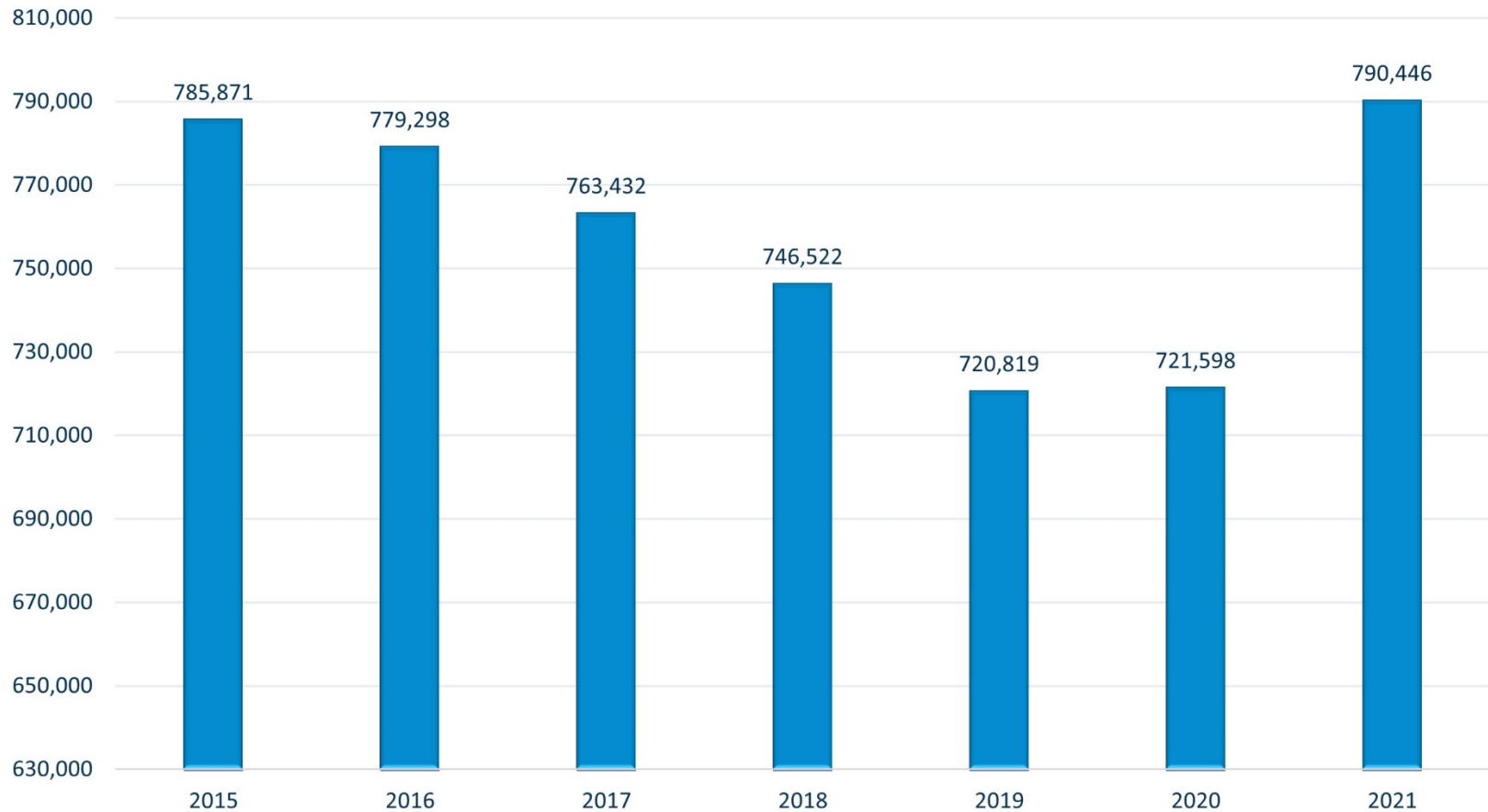
420,455
MSCAN members

43,033
CHIP members

As of November 2021

ANNUAL ENROLLMENT

The average annual enrollment for the past seven state fiscal years, including Medicaid and CHIP



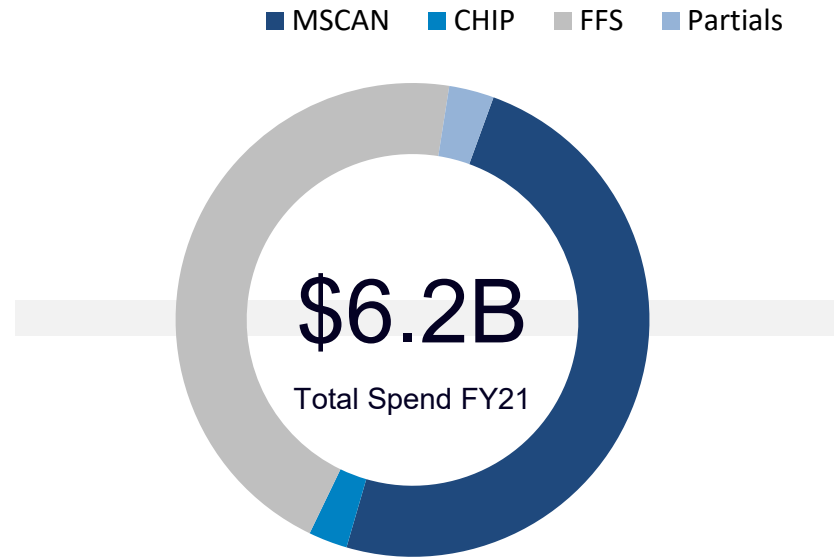
DELIVERY SYSTEM MODELS

1. Fee-for-Service
2. Accountable care
3. Managed care
 1. Risk-based managed care
 2. Primary care case management
 3. Limited-benefit plans (PIHPs and PAHPs)

MS MEDICAID DELIVERY SYSTEMS

		Description
Fee for Service	1915(c) Waivers	<ul style="list-style-type: none"> ~22,000 members 5 waivers
	Healthier MS waiver	<ul style="list-style-type: none"> ~4,000 members + \$100M spend
	Nursing Home / IDD	<ul style="list-style-type: none"> ~18,000 members Most expensive
	Partial Duals and FPW	<ul style="list-style-type: none"> ~116,000 members QMBs have large \$ impact
	Other Fee for Service	<ul style="list-style-type: none"> ~211,000 members Duals, retro, "COVID" benes
Managed Care	MSCAN	<ul style="list-style-type: none"> ~420,000 members in 3 plans ~\$3 billion (with MHAP)
	CHIP	<ul style="list-style-type: none"> ~43,000 members in 2 plans Separate policies

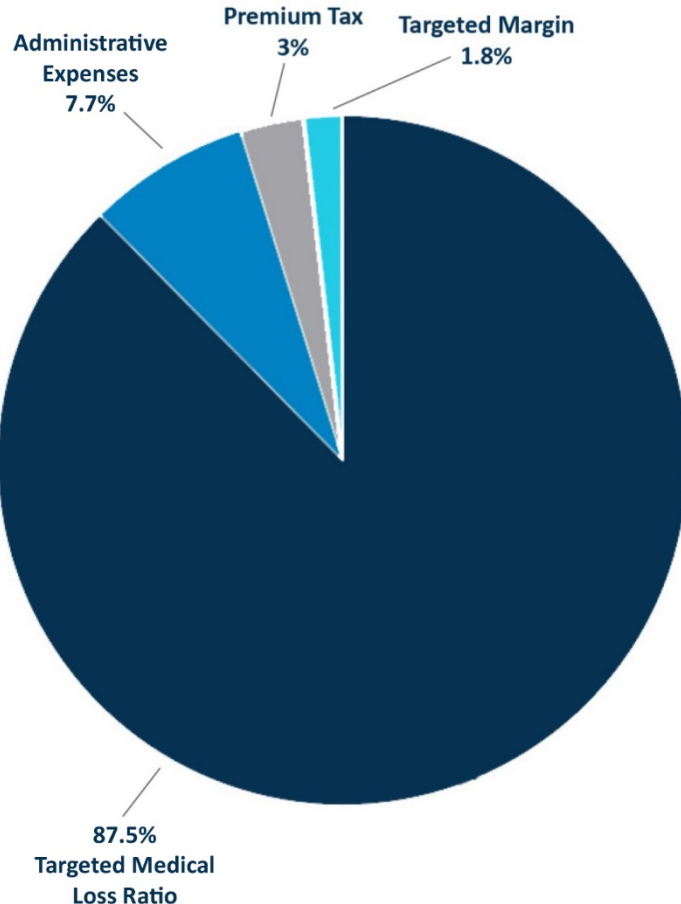
Deep dive



- Total enrollment: 834,446 (as of 11/1/21)
- 1/3rd of total state spending
- DOM administrative costs among lowest in country

MANAGED CARE FINANCING

PAYMENTS TO COORDINATED CARE ORGANIZATIONS



- The capitation rate paid to the CCOs on a monthly basis provides for a medical payment rate to providers of 87.5%.
- DOM's contract with the CCOs and CMS guidelines require the CCOs to provide a minimum of 87.5% medical payout.
- DOM regularly monitors the MLR to ensure this medical payout rate is accomplished.
- 1% quality withhold
- MHAP is paid directly to hospitals by the CCOs and there is no administrative fee or profit margin adjustment for these payments.
- The insurance premium tax benefit to the state general fund exceeds the state share of administrative costs, margin, and premium tax to the CCOs.

PROCUREMENT OVERVIEW

- DOM will jointly procure CHIP and MississippiCAN through the same contract
 - Relief of administrative burden
 - Easier oversight
 - Experience-based procurement development
 - Coordinated care in Mississippi is now a decade old. Leveraged knowledge gained to set the framework for next generation of service delivery.
 - Utilizing a REQUEST FOR QUALIFICATIONS. A RFQ allows the agency to focus on evaluating proposals for the qualifications most relevant to the MSCAN and CHIP populations.
 - Evidence-based CCO service delivery goals
 - Emphasis on quality proven through data analysis
 - DOM has focused internally on turning data into insights into policy, allowing the agency to be both proactive and reactive in defining the contours of the program

DEVELOPMENT

- DOM dedicated internal staff to develop a new coordinated care contract procurement in Spring 2020
- Development process:
 - Research of CCO trends and advancements in other states
 - Internal subject matter expert review and input across agency
 - External engagement through online provider and member surveys
 - Integration of thousands of comments, questions, and suggestions into the model contract and procurement documents
 - Influenced by 2021 legislative session
 - Result: New contract reflecting latest CCO strategies to both facilitate better service delivery and “bang for the buck” for the state

VALUES



PROCUREMENT PROCESS

