



MississippiCAN

Division of Medicaid
Summer 2012 | Provider Workshop



Goals of MississippiCAN Program

Mississippi Coordinated Access Network (MississippiCAN) is a statewide care coordination program designed to:

- Improve beneficiary access to needed medical services;
- Improve the quality of care; and
- Improve program efficiencies as well as cost effectiveness.



2012 Legislation on Medicaid Coordinated Care

The 2012 Legislature passed House Bill 421 which authorized certain changes to the Mississippi Division of Medicaid's (DOM) coordinated care programs.

- Increases from 15% to 45% the percentage of Medicaid beneficiaries who may enroll in coordinated care programs.
- Ensures that the medical decisions of hospital physicians or staff regarding patients admitted to a hospital cannot be overridden by the program.



2012 Legislation on Medicaid Coordinated Care

- Mandates that the program may not have a prior authorization process for prescription drugs that is more stringent than the prior authorization process used by DOM.
- Requires the program to maintain a preferred drug list that is no more stringent than the mandatory preferred drug list established by DOM.



2012 Legislation on Medicaid Coordinated Care

- Ensures that beneficiaries with hemophilia have access to the federally funded hemophilia treatment centers as part of the Medicaid coordinated care network of providers.



MississippiCAN Expansion

- The MississippiCAN program will be expanding effective December 1, 2012.
- MississippiCAN will include additional categories of eligibility.
- Enrollment in MississippiCAN will be mandatory for certain Medicaid beneficiaries.
- Mental health services will be provided and reimbursed by the MississippiCAN health plans.



Who is Eligible for MississippiCAN Now?

The MississippiCAN program is currently limited to targeted high cost Medicaid beneficiaries in the following categories of eligibility:

COE 001 - SSI

COE 019 - Disabled Child Living at Home

COE 025 - Working Disabled

COE 026 - Dept. of Human Services Foster Care

COE 027 - Breast/Cervical Cancer Group



Who Is Eligible for MississippiCAN Effective December 1, 2012?

COE 001 - SSI

COE 003 - DHS Foster Children (Adopt. Assist.)

COE 019 - Disabled Child Living at Home

COE 025 - Working Disabled

COE 026 - Dept. of Human Services Foster Care

COE 027 - Breast/Cervical Cancer Group

COE 085 - Family/Children-TANF

COE 087 - Children

COE 088 - Pregnant Women & Infants

COE 091 - Children



MississippiCAN Mandatory Populations

Mandatory Populations:	Age Categories
001 - SSI	19-65
025 - Working Disabled	19-65
027 - Breast and Cervical Cancer	19-65
088 - Pregnant Women and Infants	0-1 & 8-65
085 - Family/Children-TANF	0-1 & 19-65
087 - Children	0-1
091 - Children	0-1



MississippiCAN Optional Populations

Populations Eligible to Opt Out:	Age Categories
001 – SSI	0-19
019 - Disabled Child Living at Home	0-19
026 - DHS-Foster Care Children	0-19
003 - DHS-Foster Care Children (Adoption Assistance)	0-19



MississippiCAN Enrollment

- Beneficiaries can enroll at any time.
- Every member will have a 90-day window to make changes after his/her initial enrollment.
- During the 90-day window, **mandatory** members may only switch between the plans one time.
- During the 90-day window, **optional** members may disenroll or switch between the plans one time.
- DOM will have an open enrollment period each year (Oct – Dec) to allow members to make changes.
- Enrollment is always effective at the beginning of the month and disenrollment, for those in the optional populations, is effective the last day of the month.
- Newborns born to a Medicaid mom who is currently enrolled in MississippiCAN will automatically be placed in the same plan as the mom.



Beneficiaries Who Are Not Eligible for MississippiCAN

- Beneficiaries enrolled in any waiver program. (ex. HCBS, TBI, IDDD, IL, MYPAC, etc.)
- Beneficiaries who are dually eligible. (Medicare/Medicaid)
- Beneficiaries who at the time of application are institutionalized. (ex. Nursing Facility, ICF-MR, Correctional Facilities, etc.)



Covered Services under MississippiCAN

All services currently covered by Medicaid are included, but not limited to:

- Physician Office Visits
- Durable Medical Equipment (DME)
- Dental
- Vision
- Therapy
- Hospice
- Pharmacy Services
- Mental Health Services

But include such as:

- Case Management and Disease Management
- Incentive/Reward Cards

...and so much MORE!



Services Not Covered under MississippiCAN

- Inpatient Hospital Services
- Non-Emergency Transportation Services

Fee-for-Service Medicaid will continue to cover these services.



Medicaid Requirements for Provider Networks

- All CCO contracted providers must be Mississippi Medicaid providers.
- CCO networks must include **all** types of Medicaid providers and the full range of medical specialties necessary to provide covered benefits.
- Access standards for the network require primary care services be available within 60 minutes or 60 miles in rural regions and 30 minutes or 30 miles in urban regions.



Medicaid Requirements for Provider Reimbursement

- In accordance with State law, CCOs are required to reimburse all providers in those organizations at rates **no less** than what Medicaid reimburses Fee-For-Service Providers.
- All claims for services covered by the CCOs for MississippiCAN members **must** be submitted to the CCOs.
- Claims for services excluded from MississippiCAN must be submitted to Medicaid.



Why Participate in MississippiCAN?

- This coordinated care program gives additional benefits to the beneficiaries in need of such services to better achieve management of their health care needs.
- You as providers serve these populations daily and know the needs of each beneficiary you treat.
- With the expansion, MississippiCAN will impact more beneficiaries since participation will now be required for certain groups of eligibles.
- We need providers to assist in making the difference in quality of care for beneficiaries, to improve the health outcomes of beneficiaries and contribute to cost-effectiveness of health care for the State of Mississippi.



MississippiCAN Coordinated Care Organizations (CCOs)





**UNITEDHEALTHCARE COMMUNITY PLAN
MISSISSIPPI**

*HELPING PEOPLE LIVE HEALTHIER LIVES
MAKING HEALTHCARE WORK FOR EVERYONE*



UHC Innovations in Health Care

UnitedHealthcare Community Plan develops innovative programs to improve the health of our communities:

- **Farm to Fork (MS Launch Date – April 23, 2012)** - UHC partnered with Alcorn State University Extension Services to provide vegetables weekly to our members. There is no cost associated for UHC members to receive these vegetables. Program will run weekly until end of November.
- **Heart Smart Sisters™ (MS Launch Date – February 19, 2012)** - A signature cardiovascular risk screening and intervention program designed to empower women to make positive changes in their lives and reduce their relative risk of developing heart disease. The goal is to affect behavioral change through information, education and linkages to physicians and a medical home. UHC is continuing to partner with local churches to implement the program in various communities throughout the state.
- **Community Health Workers Partnership (MS Launch Date – May 1, 2012)** - UHC has developed relationships with Community Health Workers to encourage health and wellness (i.e. PCP follow-up, preventive care follow-up, appropriate avenues of care) with our members in their communities.
- **Small Steps Campaign (Launch Date – Q3 2012)** – Partnership with local FQHCs to impact obesity amongst children and adults. The goal is to change behavior using small steps, including food preparation and “how to” selection of fresh foods from Farmers Markets.

Level 2 and 3 Case Management

- Case management is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality and cost-effective outcomes.
- Case management focuses on members with complex, chronic or catastrophic needs and includes:

Case Management Process

- Assessment
- Planning
- Implementation
- Coordination
- Monitoring
- Evaluation

Patient Benefits

- Education
- Empowerment
- Support
- Advocacy
- Creative

Treatment Plan

- Appropriate Plan
- Appropriate Setting
- Appropriate Providers
- Plan Based on Benefits

Outcome

- Quality of Life
- Medical Cost Savings

MISSISSIPPICAN Success Stories

Member

The CM contacted the MSCAN member on 01/10/2012 to complete Post Hospital Assessments. The Case Manager informed the member that he would not be able to get all of his medications due to the Rx limit of five. CM also discovered that the Member was not on the correct asthma medications. The Member had one to two visits a week to the ER due to his Asthma and had been admitted to the hospital five times in the past 12 months. CM helped to develop an Asthma Action Plan and educated the member on the importance of taking all medications as directed, when to call the PCP and proper ER use. The Member has not had any ER admissions since Jan. 1, 2012. Through appropriate and adequate education the CM was able to reduce the Member's ER admission rates.

Member

The MSCAN Member was receiving Private Duty Nursing for 10 hours a day, seven days a week through a nursing company. The Private Duty Nursing company providing care terminated services immediately upon the Member being switched to UHC MS CAN Medicaid due to its network non-participation status. This left the Member with no PDN services. The member's mother completed the paper work to opt the member out of MS CAN after being informed that services would be terminated. The CM located another Private Duty Nursing company for this Member and secured the same nurses for coordination of care. The Member's mother opted back into the MS CAN program once the CM established the new Private Duty Nursing company. This is one example of the CM providing caring and continuing efforts to ensure members have continuity of care.

Member

The Case Manager spoke to the MississippiCAN member in the University Medical Center emergency room on 1/10/2012. The member was non-compliant with taking HIV medication due to side effects. The CM collaborated with the Hospital Case Manager, to ensure that the member's medication concerns were addressed before discharge. The CM spoke at length with the member regarding the importance of medication compliance and the risks associated with non-compliance of treatment. Through skillful Case Management efforts, the member is now taking her medication regularly. The member also expressed to the CM that this is the first time she has been compliant with her medication since 2010. The member stated that she felt special because the CM had taken such an interest in her health care.

MagnoliaTM Health Plan



2012 Magnolia Health Plan Provider Workshop Presentation



Why Partner with Magnolia?

- *Robust Case Management to assist with your patient's needs**
- *Rewards for quality care**
- *Claims Payment rate of 99.5% within 30 days**
- *Electronic Fund Transfers to speed delivery of payment**
- *Expanding provider network to enhance the care provided to your patients.**

***Unlimited PCP and Specialty Visits-NO COPAYS**

***Up to 6 Prescriptions in a month – NO COPAYS**

***1-Eye Exam and 1 Pair of Eyeglasses every year for adults – NO COPAYS**

***Dental Care – NO COPAYS!**

***CentAccount MasterCard to reward your patients for healthy Behaviors**

***ONE Contact Number for all Magnolia Needs
1-866-912-6285**

1-866-912-6285 and www.MagnoliaHealthPlan.com



How do you partner with Magnolia?

❖ The initial request:

- You must have a Mississippi Medicaid Provider ID
- Send us a Contract Request Form and an IRS W-9 (we have those with us today)
- Submit a signed agreement
- Receive approved credentialing notice (The documentation we need will vary by provider type and we will keep you informed of what we need.)

❖ Timeframes

- From clean agreement to credentialing approval is typically under 45 days
- You become a network provider on the 1st day of the month following your approved credentialing

Pay for Performance (P4P) Goals:

- Increase provider awareness of performance outcomes and quality improvement initiatives
- Reward providers who establish measurable performance improvement processes and outcomes
- Use our robust enterprise data warehouse to identify best practices and share those with our network providers
- Partner with providers who demonstrate best practices and outcomes to share information to create an patient centered learning environment
- We have copies of our New Enhanced P4P Provider Incentive Program with us today!

On Magnolia's website,
you can find:

- Clinical guidelines
- Prior Authorization information
- Provider Directory
- Provider Manual
- EDI
- Secure Web Portal
- Claims filing guide



www.magnoliahealthplan.com

1-866-912-6285 and www.MagnoliaHealthPlan.com

Contact Information for the MississippiCAN program

Mississippi Division of Medicaid

Phone: 601-359-3789

Toll-free: 1-800-421-2408

www.medicaid.ms.gov/mscan/

Magnolia Health Plan

Toll-free: 866-912-6285

www.magnoliahealthplan.com

United Healthcare

Toll-free: 877-743-8731

www.uhccommunityplan.com



Questions?

