

Office of the Governor | Mississippi Division of Medicaid

Medicaid

Joint House and Senate Hearing

2017



Mississippi Division of Medicaid

The Mississippi Division of Medicaid (DOM) has approximately 900 employees located throughout one central office, 30 regional offices and over 80 outstations. We are charged with administering multiple Medicaid health benefits programs to those who qualify.

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Mission: *The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.*

Values: *We are committed to accomplishing our mission by conducting operations with...*

*Accountability * Consistency * Respect*



Who is Enrolled?

The percentage of the populations we serve are listed from highest to lowest:

- 56% Children
- 23% Disabled - including Supplemental Security Income (SSI)
- 9% Aged with Medicare
- 7% Low Income Parents/Caretakers
- 3% Family Planning
- 2% Pregnant Women

711,197

Medicaid beneficiaries

48,128

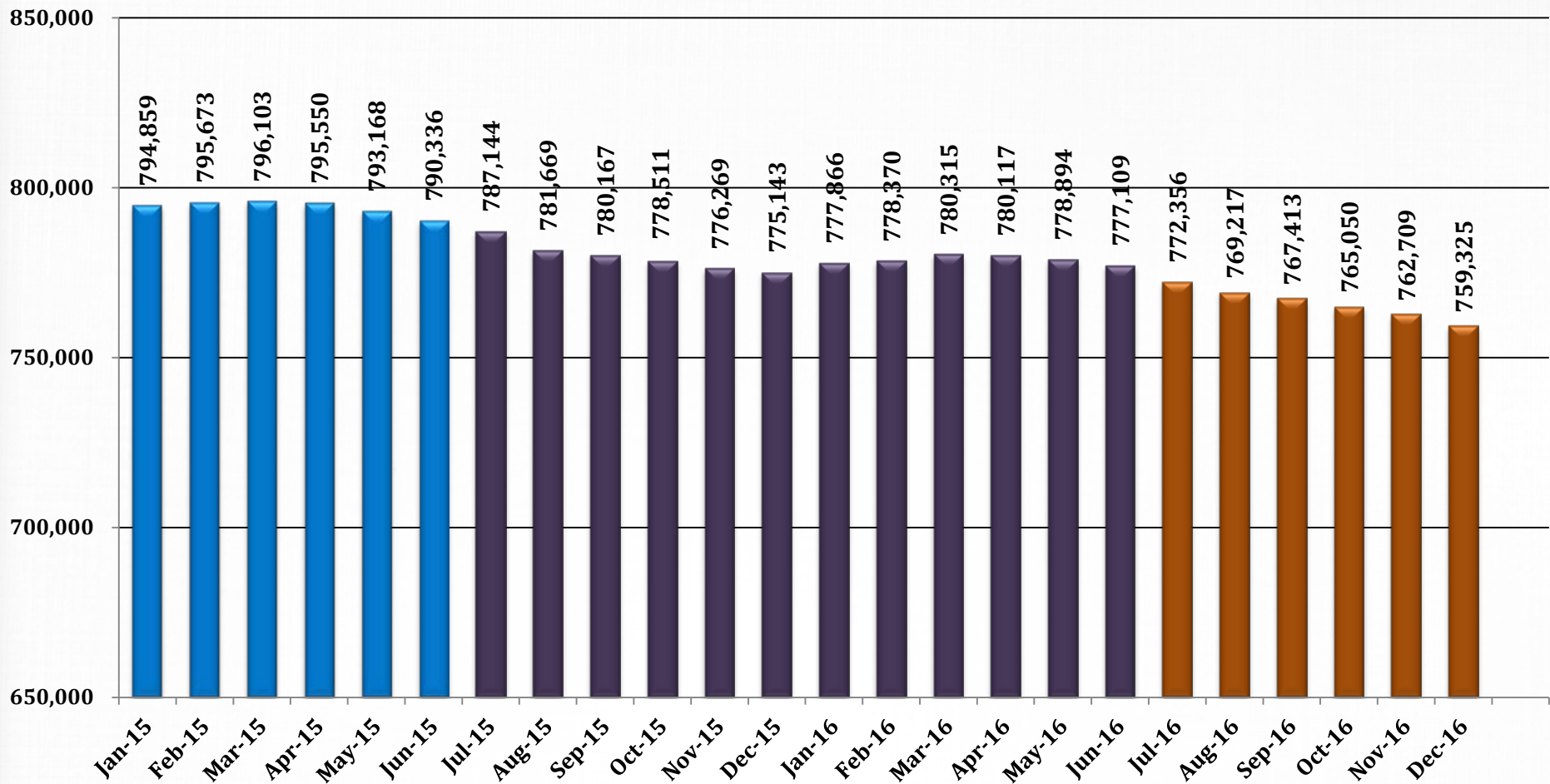
Children's Health Insurance Program (CHIP) beneficiaries

759,325

Total enrollment

As of December 2016

Medicaid and CHIP Beneficiary Monthly Enrollment



MississippiCAN Highlights

FY 2011 – MississippiCAN first implemented with targeted, high-cost Medicaid beneficiaries which included five eligibility categories. 54,500 members were enrolled.



FY 2012 – Dec. 1, 2012, the eligible population was expanded to include four more eligibility categories. 141,800 were enrolled. Behavioral Health services were added. Many populations were mandatorily enrolled.



FY 2015 – 297,000 children were rolled into coordinated care between May and July 2015.



FY 2016 – Inclusion of inpatient services and Mississippi Hospital Access Payment (MHAP) effective Dec. 1, 2015. Hospitals receive MHAP distributions each month rather than three times a year under Upper Payment Limit (UPL), through the Coordinated Care Organizations (CCOs), with no added administrative cost to DOM.

Provider Network Access

- MississippiCAN aims to improve access to needed medical services.
- Both CCOs meet the contractual network adequacy.

	Urban	Rural
Primary Care Physician (PCP)	2 within 15 miles of member	2 within 30 miles of member
Specialist	1 within 30 miles/minutes of member	1 within 60 miles/minutes of member
Hospital	1 within 30 miles/minutes of member	1 within 60 miles/minutes of member

Improve Quality of Care

MississippiCAN aims to improve the quality of care through initiatives such as case management.

Initiative to Manage Preterm Deliveries

Mississippi leads the nation in preterm deliveries at 12.9% compared to the U.S. average of 9.6%.

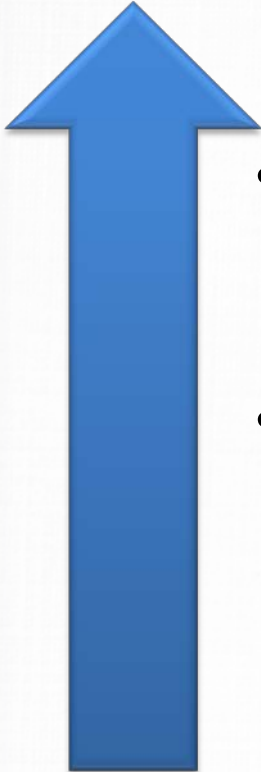
Mississippi Medicaid's preterm delivery rate is 17.1%.

DOM covers 71% of all premature births.

DOM has partnered with its two CCOs to improve these outcomes.


Improve Quality of Care

Initiative to Manage Sickle Cell Disease

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- Mississippi leads the nation in the prevalence per capita.
 - DOM has partnered with its CCOs to help members manage their care and avoid potential crises.

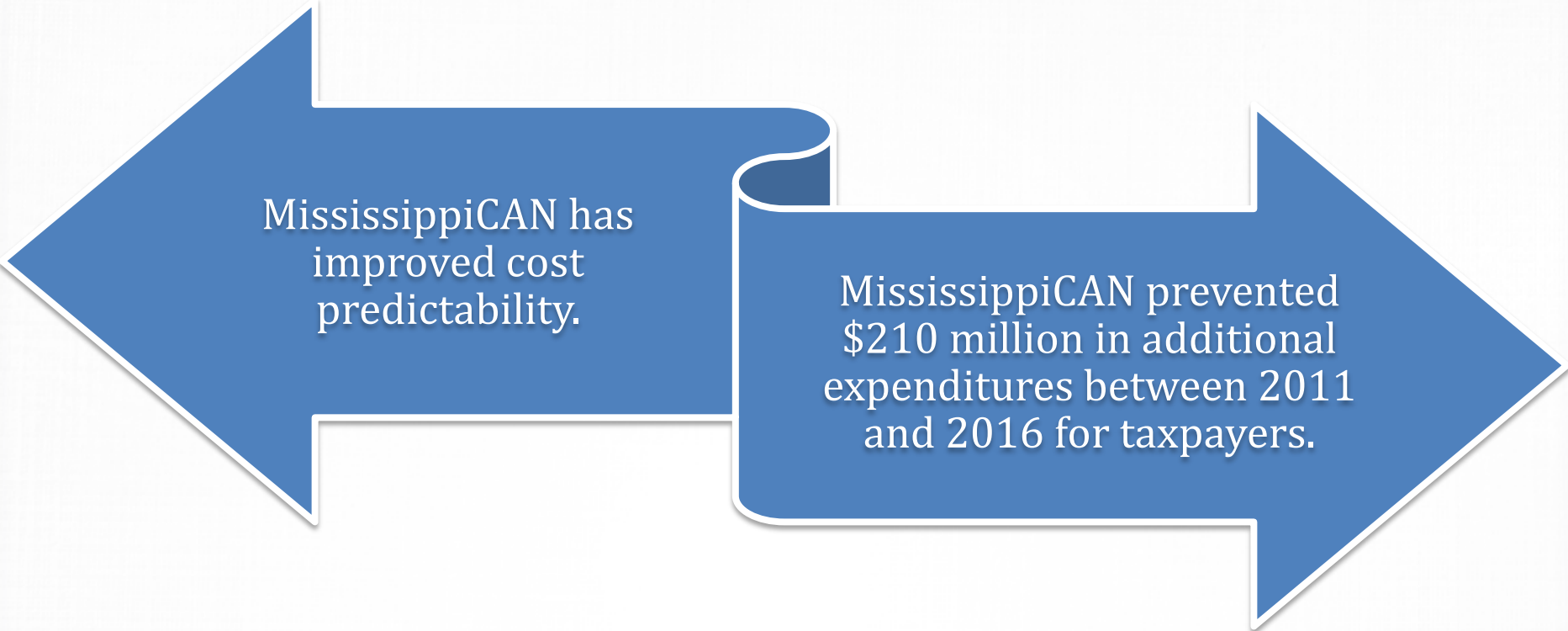
Example: Improvements in Sickle Cell Management

Emergency Room Visits
Per Member Per Month (PMPM)

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- 2011 – 0.295
 - 2012 – 0.231
 - 2013 – 0.232
 - 2014 – 0.163
 - 2015 – 0.159
 - 2016 – 0.154

Improve Efficiencies and Cost Effectiveness

MississippiCAN aims to improve program cost predictability and prevention.



MississippiCAN has
improved cost
predictability.

MississippiCAN prevented
\$210 million in additional
expenditures between 2011
and 2016 for taxpayers.

Sweeping New Regulations for Medicaid Managed Care

Effective Date May 6, 2016

- Section specific to pass-through payments like MHAP
- Transition of pass-through payments over 10 years
- No Change in FY-2017
- 10% per year transition to linkage with *Accountability*
 - Utilization
 - Quality, or
 - Outcomes of Delivered Services
- No Loss in the Overall Funding Pool
- Involvement from Providers and other Stakeholders Key

Inpatient and MHAP

Monumental undertaking by DOM & CCOs

Legislatively mandated deadline gave only seven months to accomplish this task.

Required

- Two state plan amendments
- Systems changes
- Provider education and training
- Rate setting
- Admin code changes
- Contract amendments
- MHAP development

- Newborn Form and Process
- New Tax Schedule
- Multiple communications with CMS
- New CCO Reports