

# “ Testimonials

*“I wish that all insurance companies were as user friendly and helpful as Magnolia. From patient care, billing, timely payments, education, quality coordinators, local representatives and patient considerations I believe Magnolia is truly paving the way. Sardis Family Medical Clinic is proud to be a part of Magnolia Health.”*

- Lori Crain, Office Manager,  
Sardis Family Medical Clinic



*“Three years ago I lost my job. I was left without income and insurance for my children. I am the face of those people in our state whom we would not imagine need Medicaid insurance. I have since regained employment that provides insurance for my children. So, remember the face of Medicaid can look like me; a hard-working, well-educated professional. I will never forget the sense of peace that I had with UnitedHealthcare in the midst of the storm!”*

- Paul Griffin Jones, III  
Director of Development  
Jackson Zoo

# ✓ Program Goals

- ✓ Improve beneficiary access
- ✓ Improve quality of care
- ✓ Improve cost prevention and predictability

The Mississippi Division of Medicaid has contracted with two Coordinated Care Organizations (CCOs), Magnolia Health and UnitedHealthcare Community Plan, responsible for providing services to beneficiaries who participate in the MississippiCAN program. The Coordinated Care model is a long-term solution to help the state of Mississippi enhance care for Medicaid and the Children’s Health Insurance Program (CHIP) recipients, while most effectively managing taxpayer dollars.



## MississippiCAN Timeline

### January 1, 2011 – Go Live

**54,500 members enrolled**

Beneficiaries who receive Medicaid through:

- Supplemental Security Income (SSI)
- Child and Protection Services foster care children
- Disabled child living at home
- Working disabled
- Breast/cervical cancer through Mississippi Department of Health



### December 2012

**141,800 members enrolled**

Beneficiaries who receive Medicaid through:

- Adults on the Temporary Assistance for Needy Families (TANF)
  - Pregnant Women
  - Infants Ages 0-1
- Carve-in of Behavioral Health



### December 2014

**196,000 members enrolled**

Beneficiaries who receive Medicaid through:

- Quasi-CHIP



### December 2015

**550,008 members enrolled**

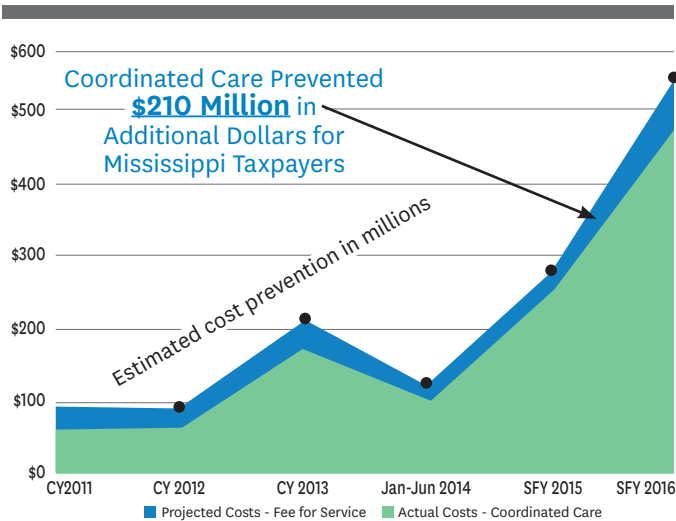
Beneficiaries who receive Medicaid through:

- TANF Kids
- Carve-in of Inpatient Hospital Services

**2016 - 557,635 members enrolled**

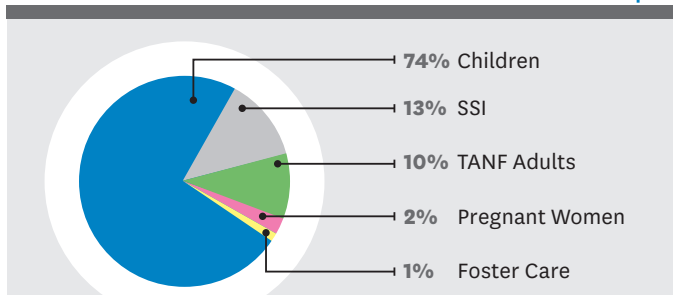
# MississippiCAN Cost Prevention

(Fee for Service vs. Coordinated Care)



\*Note: Actuarial comparison provided by Milliman. Dip in graph relates to 6 mo. period for conversion of calendar year to fiscal year. Changes in 2015-2016 included adding approximately 300,000 children & inpatient hospital services.

## Breakdown of CCO Membership



## Provider Network

Both Coordinated Care Organizations 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

## Health Outcomes

- Timeliness of prenatal exams has increased by **27%** from 2012-2015.
- **53%** more adolescents have completed all required annual wellness exams from 2012-2015.
- Diabetics are encouraged to complete a retinal eye exam for early detection of possible diseases of the eye. Completion of this exam improved by **33%** from 2015.



## Value Added Benefits and Programs

- Behavioral Health program
- Program for pregnant women and new mothers
- Care Management program
- Disease health coaches
- More comprehensive adult vision
- Rewards program for preventive health
- 24/7 Nurse Advice Line
- No copays

