

Medical Care Advisory Committee

August 2017



State Plan Amendment (SPA) Updates

SPA 17-0002 Pharmacy Reimbursement

- Approved, Effective 4/1/2017

SPA 17-0003 Screening, Brief Intervention Referral for Treatment (SBIRT)

- Approved, Effective 7/1/17

SPA 17-0009 Medicaid Administration

- Under Governor Review

Waiver Updates

Elderly and Disabled Waiver

- Approved, Effective 7/1/2017

Independent Living Waiver

- Approved Effective 7/1/2017

JULY MEETING FOLLOW UP DATA REQUEST

Women with Low Birthweight (LBW) Infants

- 1,879 women identified as having a LBW (<2500g) infant
- 50 of these women had a claim submitted for 17-P
- 202 total women with a claim submitted for 17-P

SFY2015 and SFY2016

17-P Prescribing

- 11.6% (65) of the 560 OB/GYNs prescribed 17-P
- 36 physicians without an OB/GYN specialty prescribed 17-P

Calendar Year (CY) 2016

Costs of Family Planning Services

\$17,927,281.58

Federal and State
CY2016

Estimated Annual Costs to Expand Coverage for One Year Postpartum

\$116,726,950.50

(\$4,877.85/beneficiary)

CY2016

AUGUST MCAC REQUESTED DATA

Average Annual Expenditure Per Patient

- Fee for Service - \$7,217.48
- Magnolia Health Plan - \$3,136.34
- United Healthcare - \$2,829.47

SFY2016

Total Number of Providers by Type

See Handout

Active Providers with \$5000+ Payments

See Handout

Top 10 Diagnoses by Expenditure

7/1/2016 – 6/30/2017

Diagnoses Code	Description	Expenditure
I10	ESSENTIAL (PRIMARY) HYPERTENSION	\$461,322,623.47
E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLIC	\$149,821,058.87
K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT	\$149,355,572.03
F73	PROFOUND INTELLECTUAL DISABILITIES	\$139,898,284.95
E78.5	HYPERLIPIDEMIA, UNSPECIFIED	\$119,024,706.26
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISOD	\$117,857,628.87
M62.81	MUSCLE WEAKNESS (GENERALIZED)	\$112,812,896.81
J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, U	\$99,890,255.98
F03.90	UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL	\$86,103,405.29
I50.9	HEART FAILURE, UNSPECIFIED	\$85,265,351.34

Top 10 Diagnoses by Frequency

7/1/2016 – 6/30/2017

Diagnoses Code	Description	Utilization
I10	ESSENTIAL (PRIMARY) HYPERTENSION	913,493
E11.9	TYPE 2 DIABETES MELLITUS WITHOUT COMPLIC	371,701
J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, U	264,317
K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT	184,591
N18.6	END STAGE RENAL DISEASE	173,273
E78.5	HYPERLIPIDEMIA, UNSPECIFIED	169,497
I50.9	HEART FAILURE, UNSPECIFIED	147,199
F32.9	MAJOR DEPRESSIVE DISORDER, SINGLE EPISOD	147,067
I25.10	ATHSCL HEART DISEASE OF NATIVE CORONARY	141,339
Z79.899	OTHER LONG TERM (CURRENT) DRUG THERAPY	138,953

MEDICAL NECESSITY-PRIOR AUTHORIZATION AND RETROSPECTIVE REVIEW



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