TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Mississippi
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR § 457.40(b))

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR § 457.40(c)):

Name: David J. Dzielak, Ph.D.	Position/Title: Executive Director, MS Div. of Medicaid
Name: Janis Bond	Position/Title: Deputy Administrator, Office of Enrollment
Name: Margaret King	Position/Title: Deputy Administrator, Office of Finance

***Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09380707. The time required to complete this information collection is estimated to average 160 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.**

Insurance Program Reauthorization Act of 2009 (CHIPRA); clarification of enrollee coverage provided in an emergency department.

Amendment #9 submitted: February 9, 2015 Implemented January 1, 2015
To reflect the change in operation of the separate CHIP health plan to two (2) contracted MCOs.

Amendment #10 submitted: January 9, 2018 Implemented January 1, 2018
To include a Health Services Initiative offering expanded vision services to low-income children throughout the state.

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

TN No. 8: Approval Date Effective Date 07/01/2013

CHIP State Plan Amendment (SPA) #8 was submitted to the Mississippi Band of Choctaw Indians, the one federally recognized tribe in the state, on January 4, 2013, for review and comment. Specifically, the material for SPA #8 was sent to the Director of Financial Services for the Mississippi Band of Choctaw Indians and to the Office of Attorney General, Mississippi Band of Choctaw Indians. This was in accordance with Mississippi's tribal consultation process that includes notifying the tribal designees in writing at least sixty (60) days prior to each formal submission of Medicaid or CHIP SPAs or other proposals that would have a direct impact on Indian health programs. Tribal designees had previously been verbally informed about the upcoming transition of the administration of CHIP to the Mississippi Division of Medicaid in an in-person meeting that occurred on October 15, 2012, between tribal staff and Medicaid program staff, which was held to discuss other SPA-related proposals. There was no formal response by tribal officials to the submission of the SPA #8 changes submitted for their review on January 4, 2013.

The Mississippi Band of Choctaw Indians was notified on October 29, 2013, that the effective date was changed to July 1, 2013, instead of January 1, 2013.

TN No. 9: Approval Date 04/17/2015 Effective Date 01/01/2015

Tribal Notification: A conference call was held with the Mississippi Band of Choctaw Indians on September 16, 2014, to discuss the proposed changes to CHIP to be effective 01/01/2015, and of the name change of the SPA to CHIP #9. The CHIP SPA #9 draft SPA pages were then submitted to the Mississippi Band of Choctaw Indians, the one federally recognized tribe in the state, on September 19, 2014, for review and comment. Specifically, the material for SPA #9 was sent to the Deputy Health Director for the Mississippi Band of Choctaw Indians and to the Office of Attorney General, Mississippi Band of Choctaw Indians. This is in accordance with Mississippi's tribal consultation process that includes notifying the tribal designees in writing at least sixty (60) days prior to each formal submission of Medicaid or CHIP SPAs or other proposals that would have a direct impact on Indian health programs. There was no formal response by tribal officials to submission of the CHIP SPA #9 changes submitted for their review on September 19, 2014.

TN No 10: Effective Date 01/01/2018.

A notification letter with the draft CHIP SPA #10 was submitted to the Tribe on 12/15/2017, requesting an expedited review and submittal to CMS. The Tribe approved CHIP SPA #10 on 1/8/18.

Section 2. General Background and Description of Approach to Children's Health Insurance Coverage and Coordination

2.1. Describe the extent to which, and manner in which, children in the State (including targeted low-income children and other groups of children specified) identified , by income level and other relevant factors, such as race, ethnicity and geographic location, currently have creditable health coverage (as defined in 42 CFR § 457.10). To the extent feasible, distinguish between creditable coverage under public health insurance programs and public-private partnerships (See Section 10 for annual report requirements). (Section 2102(a)(1)); (42 CFR § 457.80(a))

Demographics

According to the latest available census reports, Mississippi's population is 2,967,297 (2010 Census).

According to the U.S. Census Bureau, 22.3% of Mississippi's population is currently under 100% of the Federal Poverty Level (FPL).

30% of the families in Mississippi have children under the age of 18.

According to the 2010 Census reports, there are 849,495 (28.6%) children less than 19 years of age in the State of Mississippi.

Medicaid Eligibles

According to 2014 Medicaid Management Information Systems (MMIS) reports generated by the Mississippi Division of Medicaid, there are 362,288 Mississippi children less than 19 years of age currently enrolled in Medicaid.

CHIP

Mississippi originally implemented CHIP in July 1998 with a Medicaid expansion program for children 15 to 18 years of age at 100% of the FPL. This phase of the program ended as of October 01, 2002. To date, the State's CHIP targets all children in the state below age 19 who are below 200% FPL, not eligible for Medicaid coverage, and have no other health coverage. According to the Census Bureau's 2013 American Community Survey, there are 44,000 uninsured children in Mississippi less than 19 years of age and below 200% FPL who are not covered by Medicaid or CHIP. The goal is to assess these children for CHIP eligibility under a health coverage package. As of August 2014, 70,973 children were enrolled in CHIP.

2.2. Health Services Initiatives- Describe if the State will use the health services initiative option as allowed at 42 CFR § 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR § 457.10)

The Mississippi Division of Medicaid will contract with a non-profit CHIP participating provider to offer expanded vision services to low-income children throughout the state. These services will only be reimbursed if the child has not received a screening, eye exam and or glasses/frames during the fiscal year. The program description is as follows:

- The qualified provider will target Mississippi's low-income children by identifying Title I schools in which at least 51% of the student body receives free or reduced price meals. In

- Mississippi, this includes 83% of schools statewide.
- The qualified provider will give all children in the targeted schools parental consent forms that require a parent's signature to opt-out of the services. The school will maintain a list of which children have opted out and which children will remain in the program.
- For children whose parents do not opt-out of the services, the qualified provider will give one screening, one vision exam (for those who fail the screening) and, if needed, corrective lenses and frames (including replacements, as needed) on-site in a mobile eye clinic.
- The qualified provider will maintain an electronic medical record for each child that it serves, which will include the name of the child, services received, and other available identifying information (for example, date of birth, phone number and address) collected via the school roster. The qualified provider will submit CMS-1500 claims to the appropriate CHIP/Medicaid health plan or Medicaid. The health plans will pay based on negotiated, standard fees.
- The qualified provider will cross-walk each health plans' CMS-1500 and identify all children served aged 18 or younger who are not identified as enrolled in a Medicaid/CHIP health plan. The qualified provider will submit these children and services rendered to the Mississippi Division of Medicaid, which will remit payment for these services through CHIP HSI funding.

Mississippi estimates that approximately 2,500-3,000 children will receive services (an exam, and glasses as needed) through CHIP HSI funding on an annual basis. An updated budget is included in Section 9.10.

2.3-TC Tribal Consultation Requirements- (Sections 1902(a)(73) and 2107(e)(1)(C)) ; (ARRA #2, CHIPRA #3, issued May 28, 2009) Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(1)(C) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Include information about the frequency, inclusiveness and process for seeking such advice.

The Mississippi Division of Medicaid consults with the tribe by notifying the Mississippi Band of Choctaw Indians designee, in writing, with a description of the proposed changes and direct impact, at least sixty (60) days prior to each submission by the State of any Medicaid SPA, waiver proposals, waiver extensions, waiver amendments, waiver renewals, and proposals for demonstration projects that are likely to have a direct effect on Indians, Indian Health programs, or Urban Indian Organizations (I/T/U) by email. The Director of Financial Services is the Mississippi Band of Choctaw Indians designee. Direct impact is defined as any Medicaid or CHIP program changes that are more restrictive for eligibility determinations, changes that reduce payment rates or payment methodologies to Indian Health Programs, Tribal Organizations, or Urban Indian Organization providers, reductions in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact I/T/U providers. If no response is received from the tribe within thirty (30) days, the Mississippi Division of Medicaid will proceed with the submission to the Centers for Medicare and Medicaid Services (CMS).

If the Mississippi Division of Medicaid is not able to consult with the tribe sixty (60) days prior to a submission, a copy of the proposed submission along with the reason for the urgency will be forwarded to the tribe designee. A conference call with the designee and/or other tribal representatives will be requested to review the submission and its impact on the tribe. The Mississippi Division of Medicaid will then confirm the discussion via email and request a response from the designee to ensure agreement on the submission. This documentation will be provided as part of the submission information to CMS.

The Choctaw Health Center's Deputy Health Director and Director of Financial Services. were notified by e-mail on December 15, 2017, of the proposed CHIP #10 submission. An expedited submission was requested. The Tribe approved CHIP SPA #10 on 1/8/18.

Section 3. Methods of Delivery and Utilization Controls

☐ Check here if the State elects to use funds provided under Title XXI only to provide expanded eligibility under the State's Medicaid plan, and continue on to Section 4.

3.1. Delivery Standards - §Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of the choice of financing and the methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102)(a)(4) (42 CFR § 457.490(a))

☒ Check here if the State child health program delivers services using a managed care delivery model. The State provides an assurance that its managed care contract(s) complies with the relevant provisions of section 1932 of the Act, including section 1932(a)(4), Process for Enrollment and Termination and Change of Enrollment; section 1932(a)(5), Provision of Information; section 1932(b), Beneficiary Protections; section 1932(c), Quality Assurance Standards; section 1932(d), Protections Against Fraud and Abuse; and section 1932(e), Sanctions for Noncompliance. The State also assures that it will submit the contract(s) to the CMS' Regional Office for review and approval. (Section 2103(f)(3))

Organization and Management

The Mississippi Division of Medicaid will select two (2) Coordinated Care Organizations (CCO) through a competitive bid process for the administration of the State's separate CHIP. The Mississippi Division of Medicaid will be responsible for administration, management, and oversight of the CCOs.

Management of Coverage

The Mississippi Division of Medicaid will select two (2) CCOs through a competitive bid process for the administration of the State's separate CHIP. The Mississippi Division of Medicaid defines the minimum level of benefits to be provided by the CCOs (see Section 6.2). The CCOs are required to provide enrollment, financial accounting services, and insurance coverage for the eligible population on a statewide basis. Such services include, but are not limited to, the following:

(a) Collecting enrollment data on eligible participants;
(b) Responding to inquiries from potentially eligible families;
(c) Providing a description of coverage and ID cards to enrolled participants;
(d) Adjudicating claims;
(e) Implementing an internal appeals process;
(f) Processing payment to providers:
(g) Responding to inquiries and complaints from members and providers;

required in 42 CFR § 457.65(b) through (d).**9.9.2** Describe the State's interaction, consultation, and coordination with any Indian tribes and organizations in the State regarding implementation of the Express Lane eligibility option.

9.10. Provide a 1-year projected budget. Budget submitted with SPA #-10, effective 01/01/2018.

	Federal Fiscal Year 2014 Oct - Sept Projected Costs
Enhanced FMAP rate	**81.14%**
Benefit Costs	
Insurance payments	
Managed care	146,328,612
per member/per month rate @ # of eligibles	
Risk Assessment State Share Only ($3)	2,520,000
Fee for Service	2,700,000
Total Benefit Costs	**149,028,612**
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	149,028,612
Administration Costs	
Personnel	3,200,000
General administration	300,000
Contractors/Brokers (e.g., enrollment contractors)	-
Claims Processing	
Outreach/marketing costs	
Other	
Health Services Initiative	288,000
Total Administration Costs	3,788,000
10% Administrative Cost Ceiling	16,558,735
Federal Share (multiplied by enhanced-FMAP rate)	180,696,132
State Share	0
TOTAL PROGRAM COSTS	**152,816,612**

Note: The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

Section 10. Annual Reports and Evaluations

10.1. Annual Reports. **The State assures that it will assess the operation of the State plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2)) (42 CFR § 457.750)**

10.1.1. ☒ The progress made in reducing the number of uninsured low-income children and report

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(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: ____Mississippi_____
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR § 457.40(b))

_____
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

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The ~~tribe's~~ Choctaw Health Center's Deputy Health Director and Director of Financial Services. ~~Director of Financial Services, Donita Stephens,~~ were~~as~~ notified by e-mail on ~~January 10, 2013~~ December 15, 2017, of the proposed CHIP #~~8~~10 submission. An expedited submission was requested.

~~While not required, the Mississippi Division of Medicaid is planning quarterly meetings with the tribe to discuss proposed Medicaid and CHIP program changes and other topics as permitted by schedules. In person meetings with the tribe have been held on July 10, 2012, October 15, 2012, March 8, 2013, and June 18, 2013. A meeting regarding CHIP and other issues was held on October 14, 2014 and December 15, 2014.~~

Section 3. Methods of Delivery and Utilization Controls

☐ Check here if the State elects to use funds provided under Title XXI only to provide expanded eligibility under the State's Medicaid plan, and continue on to Section 4.

3.1. Delivery Standards - §Describe the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Include a description of the choice of financing and the methods for assuring delivery of the insurance products and delivery of health care services covered by such products to the enrollees, including any variations. (Section 2102)(a)(4) (42 CFR § 457.490(a))

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Organization and Management

The Mississippi Division of Medicaid will select two (2) Coordinated Care Organizations (CCO) through a competitive bid process for the administration of the State's separate CHIP. The Mississippi Division of Medicaid will be responsible for administration, management, and oversight of the CCOs.

Management of Coverage

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required in 42 CFR § 457.65(b) through (d).**9.9.2** Describe the State's interaction, consultation, and coordination with any Indian tribes and organizations in the State regarding implementation of the Express Lane eligibility option.

9.10. Provide a 1-year projected budget. Budget submitted with SPA #~~9~~-10, effective 01/01/201~~5~~8.

	Federal Fiscal Year 2014 Oct - Sept Projected Costs
Enhanced FMAP rate	**81.14%**
Benefit Costs	
Insurance payments	
Managed care	146,328,612 ~~215,775,000~~
per member/per month rate @ # of eligibles	
Risk Assessment State Share Only ($3)	2,520,000
Fee for Service	2,700,000 ~~2,521,737~~
Total Benefit Costs	**149,028,612** ~~**220,816,737**~~
(Offsetting beneficiary cost sharing payments)	
Net Benefit Costs	149,028,612~~220,816,737~~
Administration Costs	
Personnel	3,200,000
General administration	300,000~~4,400,000~~
Contractors/Brokers (e.g., enrollment contractors)	-
Claims Processing	
Outreach/marketing costs	
Other	
Health Services Initiative	288,000
Total Administration Costs	3,788,000 ~~4,400,000~~
10% Administrative Cost Ceiling	16,558,735~~24,535,193~~
Federal Share (multiplied by enhanced-FMAP rate)	180,696,132
State Share	~~44,520,605~~0
TOTAL PROGRAM COSTS	**152,816,612** ~~225,216,737~~

Note: The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

~~Note: The calendar year 2014 pmpm rate is $264.83 and includes a $3 risk assessment fee not eligible for federal match and we have approximately 70,000 members per month. The CY 2013 rate was $245.01.~~

~~Note: Cost associated with the current SPA: $0.00.~~

Section 10. Annual Reports and Evaluations

10.1. Annual Reports. **The State assures that it will assess the operation of the State plan under this Title in each fiscal year, including: (Section 2108(a)(1),(2)) (42 CFR § 457.750)**

10.1.1. ☒ The progress made in reducing the number of uninsured low-income children and report