

State: Mississippi

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Citation	Condition or Requirement
	<p>3. Place a check mark to affirm state compliance.</p> <p><u>X</u> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR § 438.56(c).</p> <p>4. Describe any additional circumstances of “cause” for disenrollment (if any).</p> <p>A beneficiary may request to disenroll from the CCO “with cause” if:</p> <ul style="list-style-type: none"><li>• The CCO, because of moral or religious objections, does not offer the service the beneficiary seeks,</li><li>• The beneficiary needs related services to be performed at the same time, but not all related services are available within the network; or, the beneficiary’s primary care provider or another provider determines receiving the services separately would subject the beneficiary to unnecessary risk,</li><li>• Poor quality of care,</li><li>• There is a lack of access to services covered under the CCO, or</li><li>• There is a lack of access to providers experienced in dealing with the beneficiary’s health care needs.</li></ul>
	<p>K. Information requirements for beneficiaries</p> <p>Place a check mark to affirm state compliance.</p> <p><u>X</u> The state assures that its state plan program is in compliance with 42 CFR § 42 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.</p>
1932(a)(5) CFR § 438.50 42 CFR § 438.10	
1932(a)(5)(D) 1905(t)	<p>L. List all services that are excluded for each model (MCO &amp; PCCM)</p> <p>Excluded services include:</p> <ul style="list-style-type: none"><li>• Long-term care services, including nursing facility and ICF/IID,</li><li>• Any waiver services,</li><li>• Hemophilia services, and</li><li>• 1915(i) Community Support Program (CSP) Services.</li></ul>

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