FIRST
ANNUAL REPORT
OF
MISSISSIPPI MEDICAID COMMISSION

ANNUAL REPORT
1993

Fiscal Year
Ending June 30, 1970

2007 Annual Report Summary

s To Good Health

50 YEARS

2020 ANNUAL REPORT

Mississippi Division Of MEDICAID

MISSISSIPPI DIVISION OF MEDICAID

nual Report for Fiscal Year 2016

MISSISSIPPI DIVISION OF MEDICAID

STATE FISCAL YEAR 2020
JULY 1, 2019 - JUNE 30, 2020

Dear Governor and Legislators

Governor Reeves and Members of the Mississippi Legislature:

On behalf of the Mississippi Division of Medicaid, it is my pleasure to present you with our Annual Report for state fiscal year 2020.

It was almost 50 years ago, on Nov. 1, 1970, that the Mississippi Medicaid Commission submitted its first annual report detailing the initial six months of the program.

The previous year, enacting legislation was passed following a special session in October of 1969 to establish the Mississippi Medicaid Commission, implementing the new program for a Jan. 1, 1970, launch date.

In this report we have illustrated how we stayed within our fiscal year 2020 appropriation and, for the second consecutive year, avoided the need to request a deficit appropriation.

In the second half of the fiscal year, the COVID-19 pandemic had a significant impact on the Division's finances and enrollment - most notably we saw enrollment climb and our Federal Medical Assistance Percentage rate increase. Details surrounding those developments and additional performance indicators are contained in the following pages.

Respectfully,

Drew Snyder

Drew L. Snyder
Executive Director
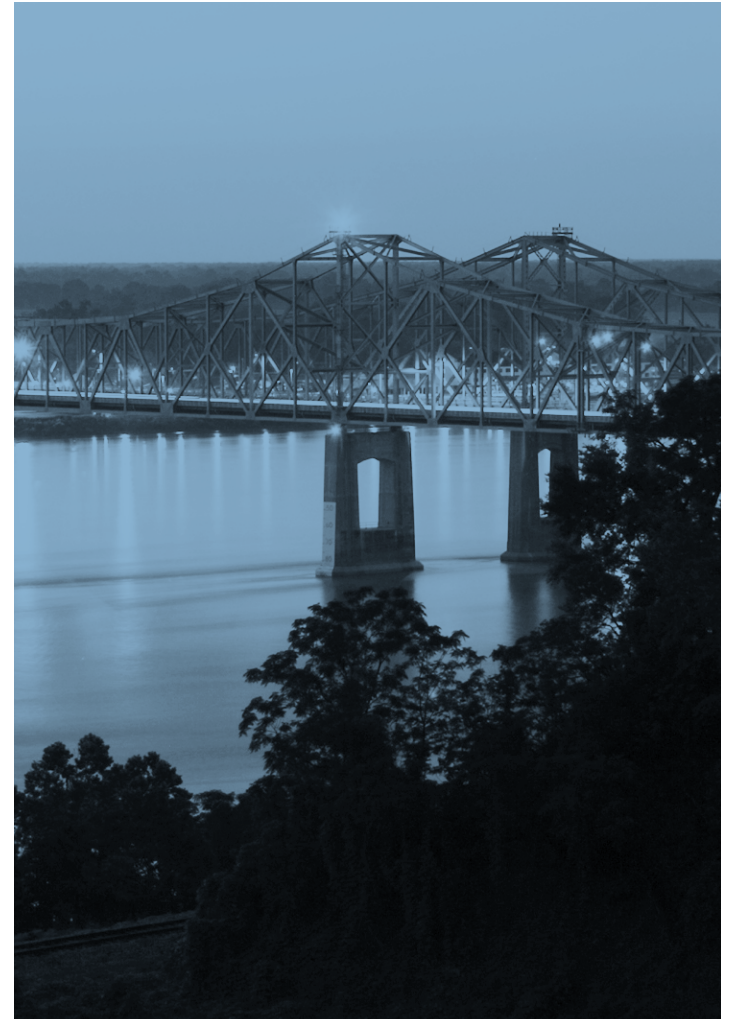
CONTENTS

OVERVIEW | *50 Years of Mississippi Medicaid*

50TH ANNIVERSARY

Mississippi Medicaid's first annual report encompassed the first six months of 1970, the second half of the state fiscal year, as the program launched on Jan. 1.

An estimated 200,000 Mississippians qualified for the program in its first year, a little less than 10% of the state's then-2.2 million residents, according to the U.S. Census Bureau. A total of $8,249,089 was spent during that intial six months, of which $1,399,701 came from state funding.

By contrast, the Mississippi Division of Medicaid (DOM), as the agency is known today, had almost 700,000 beneficiaries enrolled and with a state budget of over $931 million.

View past Annual Reports dating back to 1970 by visiting: https://medicaid.ms.gov/resources/.

The federal government through the Centers for Medicare and Medicaid Services (CMS) supports state programs by matching their Medicaid costs at varying levels. This is called the Federal Medical Assistance Percentage (FMAP). The Mississippi FMAP for fiscal year 2020 was 79.93%

WHO WE SERVE

Roughly one in four Mississippians receive health benefits through Medicaid or CHIP. Beneficiaries do not directly receive money from Medicaid for health benefits. Rather, health care providers are reimbursed when beneficiaries receive medical services.

MISSISSIPPICAN

Authorized by the state Legislature in 2011, DOM oversees a Medicaid managed care program for beneficiaries, the Mississippi Coordinated Access Network (MississippiCAN).

Advantages to managed care include increasing beneficiary access to needed medical services, improving the quality of care, and cost predictability.

MississippiCAN is administered by three different coordinated care organizations (CCOs), and approximately 65 percent of DOM beneficiaries are enrolled in the program.

MEDICAID vs. MEDICARE

Medicaid: The state administers the program within federal guidelines, receives joint state and federal funding, and targets low-income children, some parents/caretakers, pregnant women, and individuals who are aged, blind or have a disability.

Medicare: This is a federal program that receives federal funding, and it primarily serves people age 65 and older, some adults with a disability, and dialysis patients.

ENROLLMENT | *FY20 Medicaid Members by Month*

TOTAL ENROLLMENT BY MONTH
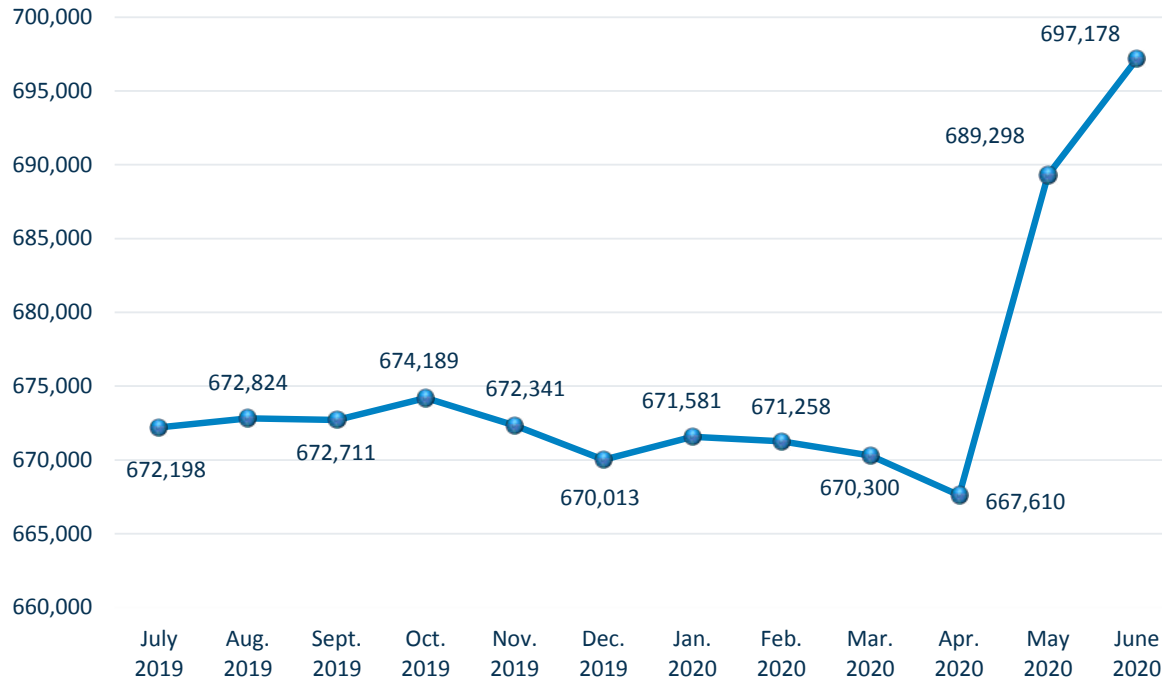
The figures above reflect the Medicaid enrollment count for each month of fiscal year 2020; they do not include Children's Health Insurance Program (CHIP) beneficiaries. Enrollment reports are continually updated and available on the Medicaid website under Resources (http://medicaid.ms.gov/resources).

FFCRA REQUIREMENTS DRIVE RISE IN ENROLLMENT

In response to the COVID-19 pandemic, Congress passed the Families First Coronavirus Relief Act (FFCRA) in March of 2020 to support states in their efforts to combat the disease.
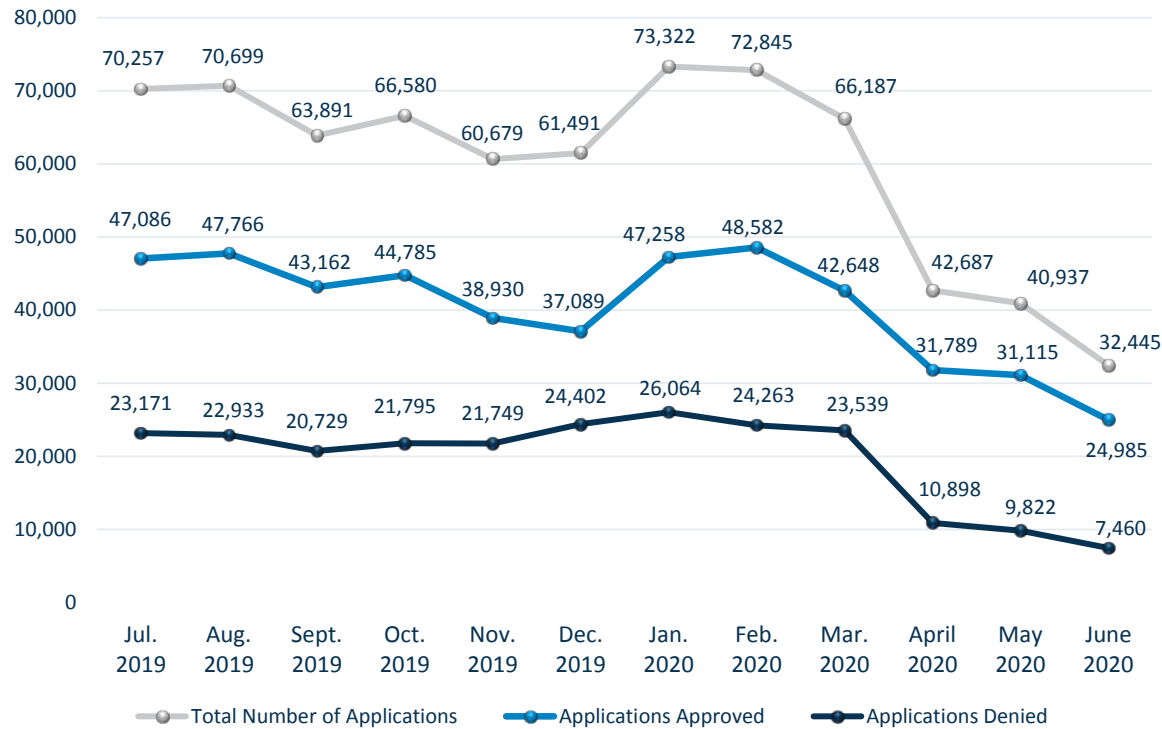
In order to receive that support, states were required to not take any adverse action on those who were eligible for benefits at the beginning of the public health emergency. Adverse actions include termination of eligibility or reduction in benefits.

States were only allowed to take adverse action in cases of death, beneficiary moving out of state or the request for closure by the beneficiary.

Due to that as well as other factors, Medicaid enrollment increased by 4% in the last three months of the fiscal year.

ENROLLMENT | *Medicaid Applications in FY20*

APPLICATIONS APPROVED/DENIED

Total Number of Applications (light grey line):
70,257 | 70,699 | 63,891 | 66,580 | 60,679 | 61,491 | 73,322 | 72,845 | 66,187 | 42,687 | 40,937 | 32,445

Applications Approved (blue line):
47,086 | 47,766 | 43,162 | 44,785 | 38,930 | 37,089 | 47,258 | 48,582 | 42,648 | 31,789 | 31,115 | 24,985

Applications Denied (dark navy line):
23,171 | 22,933 | 20,729 | 21,795 | 21,749 | 24,402 | 26,064 | 24,263 | 23,539 | 10,898 | 9,822 | 7,460

Months: Jul. 2019 | Aug. 2019 | Sept. 2019 | Oct. 2019 | Nov. 2019 | Dec. 2019 | Jan. 2020 | Feb. 2020 | Mar. 2020 | April 2020 | May 2020 | June 2020

Legend: ●—Total Number of Applications ●—Applications Approved ●—Applications Denied

The figures above reflect the total number of applications received, applications approved, and applications denied for state fiscal year 2020 by month, which ranges from July 1, 2019, through June 30, 2020. These figures include both initial applications and applications for annual renewal.

Applications Denied, 33%

Applications Approved, 67%

Legend: ■ Applications Denied ■ Applications Approved
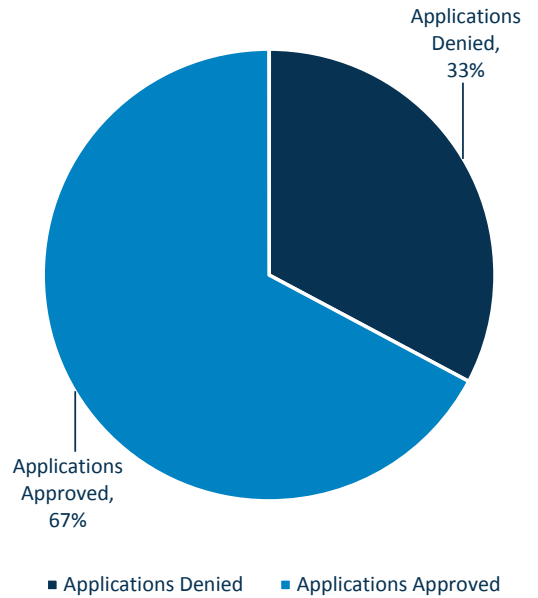
TOTAL NUMBER OF APPLICATIONS

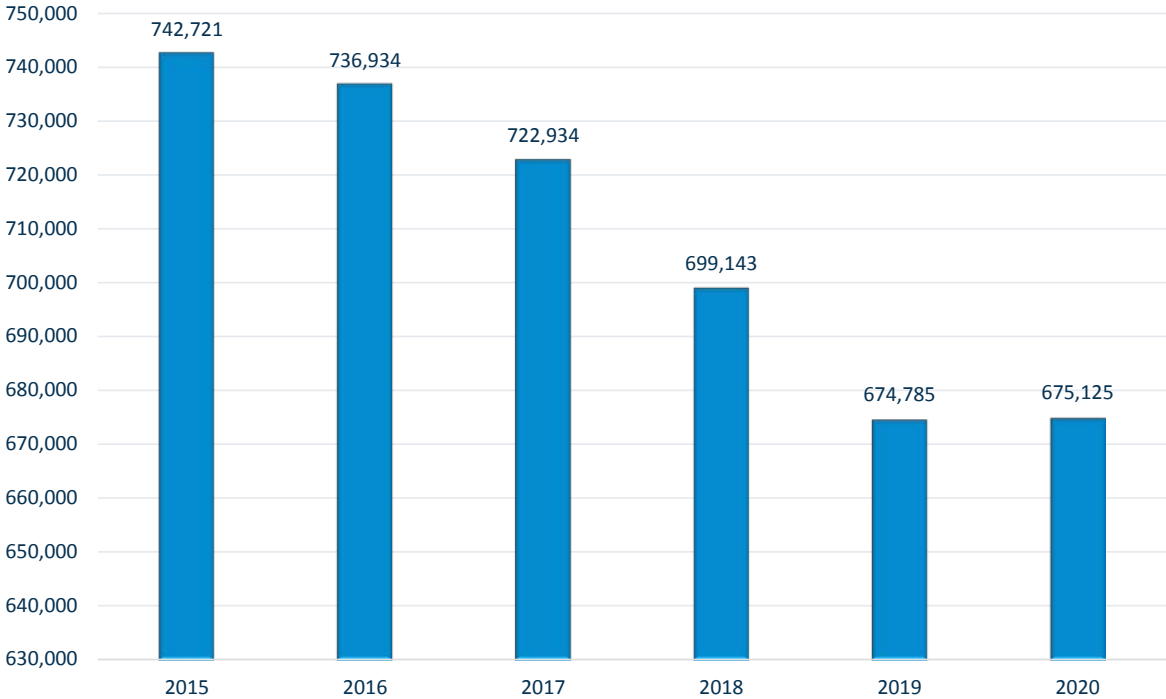**722,020**

APPLICATIONS APPROVED

485,195

APPLICATIONS DENIED

236,825

ENROLLMENT | *Medicaid Members Annual Averages*

ANNUAL AVERAGES BY FISCAL YEAR

The figures above reflect the average annual Medicaid enrollment count for each of the past six fiscal years; they do not include CHIP beneficiaries. Enrollment reports are continually updated and available on the Medicaid website under Resources (http://medicaid.ms.gov/resources).

FEDERAL POVERTY LEVELS

Each state has authority to choose eligibility requirements within federal guidelines. In Mississippi, Medicaid eligibility is based on factors including family size, income, and the Federal Poverty Level (FPL).

> Infants from birth to age 1 — **194% FPL**

> Children age 1 up to 6 — **143% FPL**

> Children age 6 up to 19 — **133% FPL**

> Pregnant women — **194% FPL**

> CHIP children up to age 19 — **209% FPL**

Eligibility for people who receive Supplemental Security Income (SSI) and the aged, blind, or disabled are based on additional requirements such as income and resource limits.

ENROLLMENT | *FY20 CHIP Members by Month*

TOTAL ENROLLMENT BY MONTH
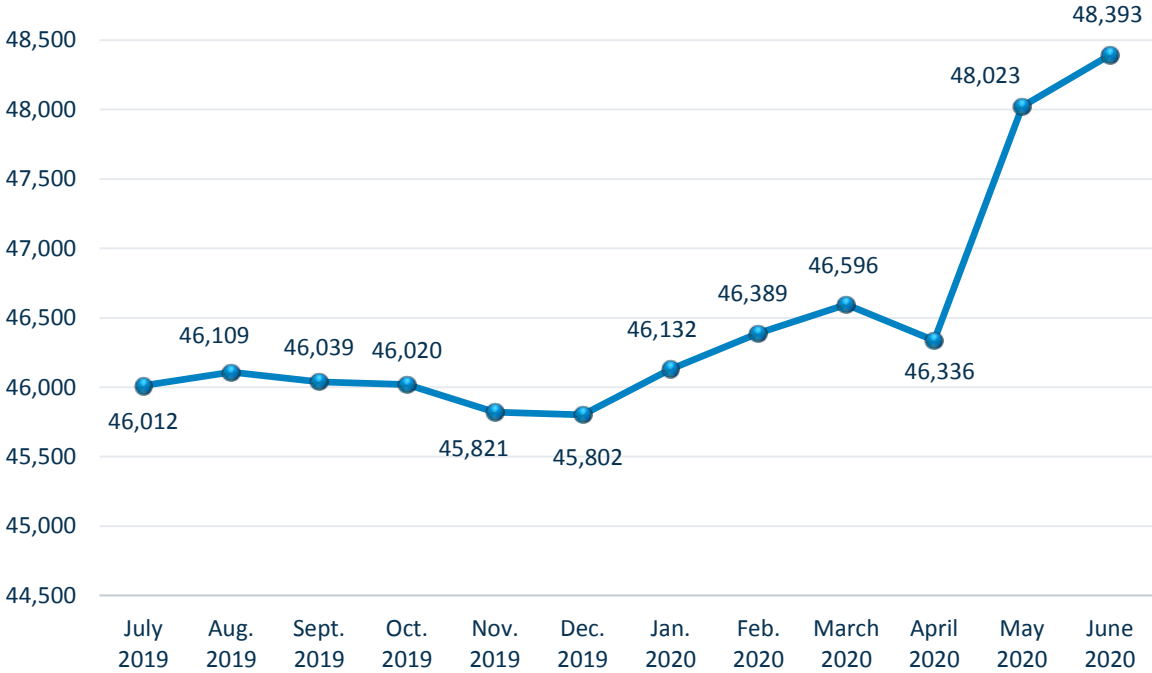
The figures above reflect the Children's Health Insurance Program (CHIP) enrollment count for each month of fiscal year 2020. Enrollment reports are continually updated and available on the Medicaid website under Resources (http://medicaid.ms.gov/resources).

CHIP OVERVIEW

The Children's Health Insurance Program (CHIP) provides health coverage for children up to age 19, whose family income does not exceed 209 percent of the federal poverty level (FPL).

To be eligible for CHIP, a child cannot be eligible for Medicaid. Also, at the time of application, a child cannot be covered by another form of insurance to qualify for CHIP.

A child who subsequently gains other full health insurance coverage is no longer eligible for CHIP and must be disenrolled.

ENROLLMENT | *CHIP Members Annual Averages*

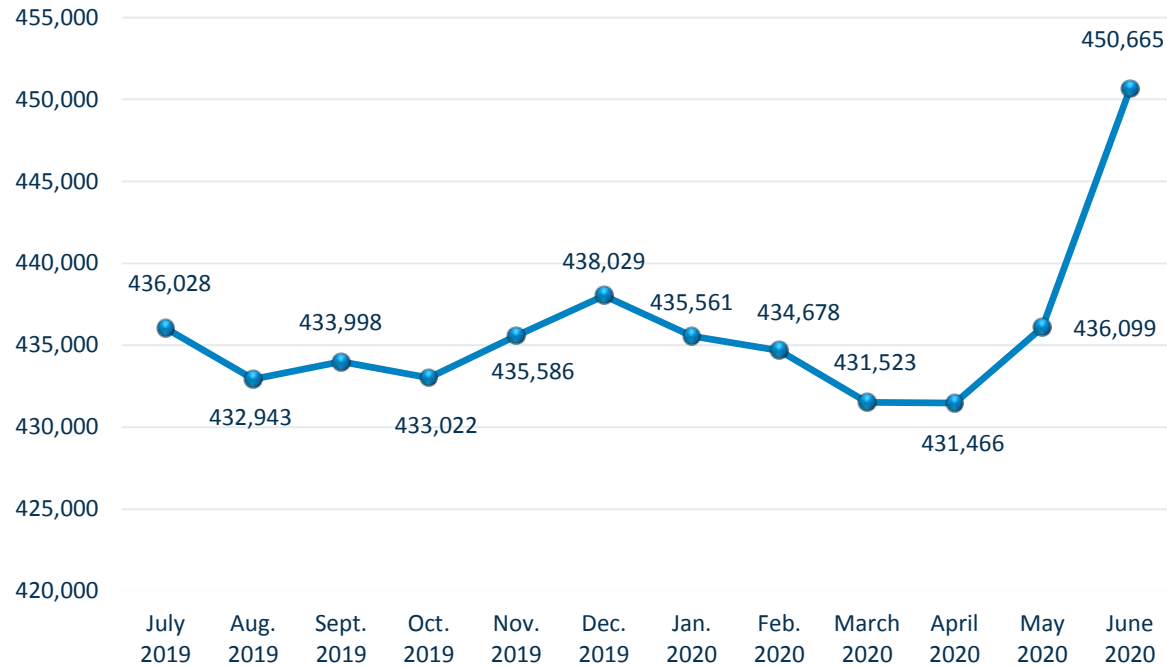**ANNUAL AVERAGES BY FISCAL YEAR**
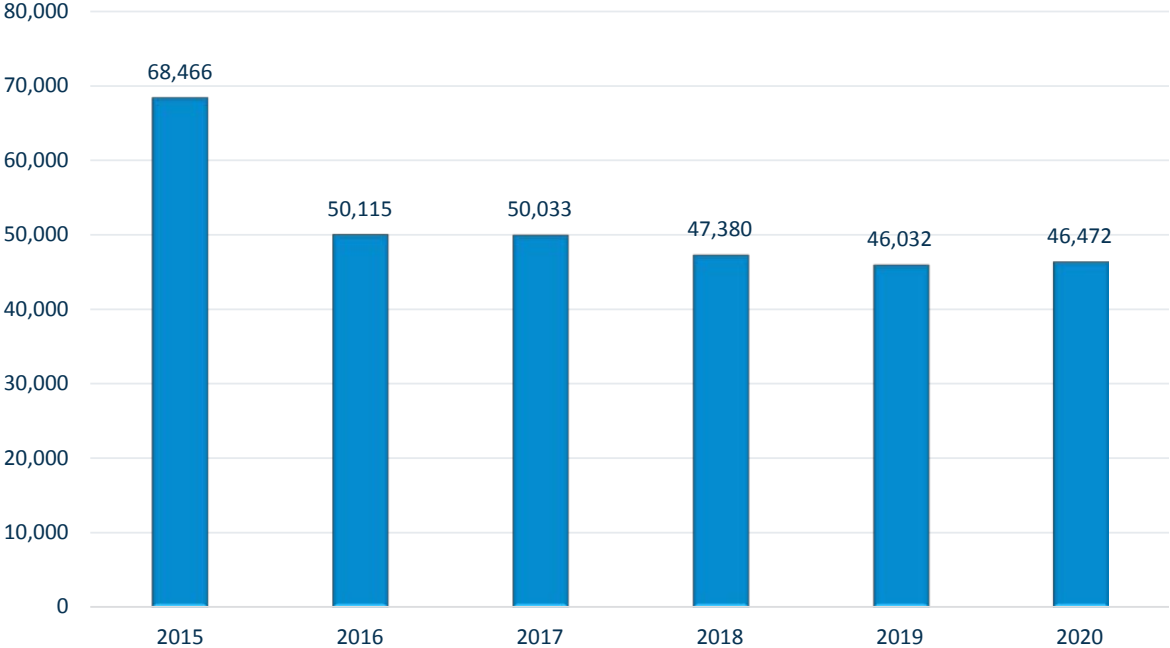
The figures above reflect the average annual CHIP enrollment count for each of the past six fiscal years. Enrollment reports are continually updated and available on the Medicaid website under Resources (http://medicaid.ms.gov/resources).

NEW CHIP CONTRACTS TOOK EFFECT NOV. 1, 2019

> DOM implemented new three-year contracts for the Children's Health Insurance Program (CHIP) on Nov. 1, 2019. Although DOM's coordinated care program, MississippiCAN, includes three care coordination organizations (CCOs), CHIP will continue to be administered by two vendors because it has a smaller number of members.

> Molina Healthcare replaced Magnolia Health as one of the two CCOs. UnitedHealthcare Community Plan will continue to serve as the other CHIP vendor.

ENROLLMENT | *FY20 MississippiCAN Members by Month*

TOTAL ENROLLMENT BY MONTH

	July 2019	Aug. 2019	Sept. 2019	Oct. 2019	Nov. 2019	Dec. 2019	Jan. 2020	Feb. 2020	March 2020	April 2020	May 2020	June 2020
Enrollment	436,028	432,943	433,998	433,022	435,586	438,029	435,561	434,678	431,523	431,466	436,099	450,665

The figures above reflect MississippiCAN enrollment for fiscal year 2020. Enrollment reports are continually updated and available on the Medicaid website under Resources (http://medicaid.ms.gov/resources).
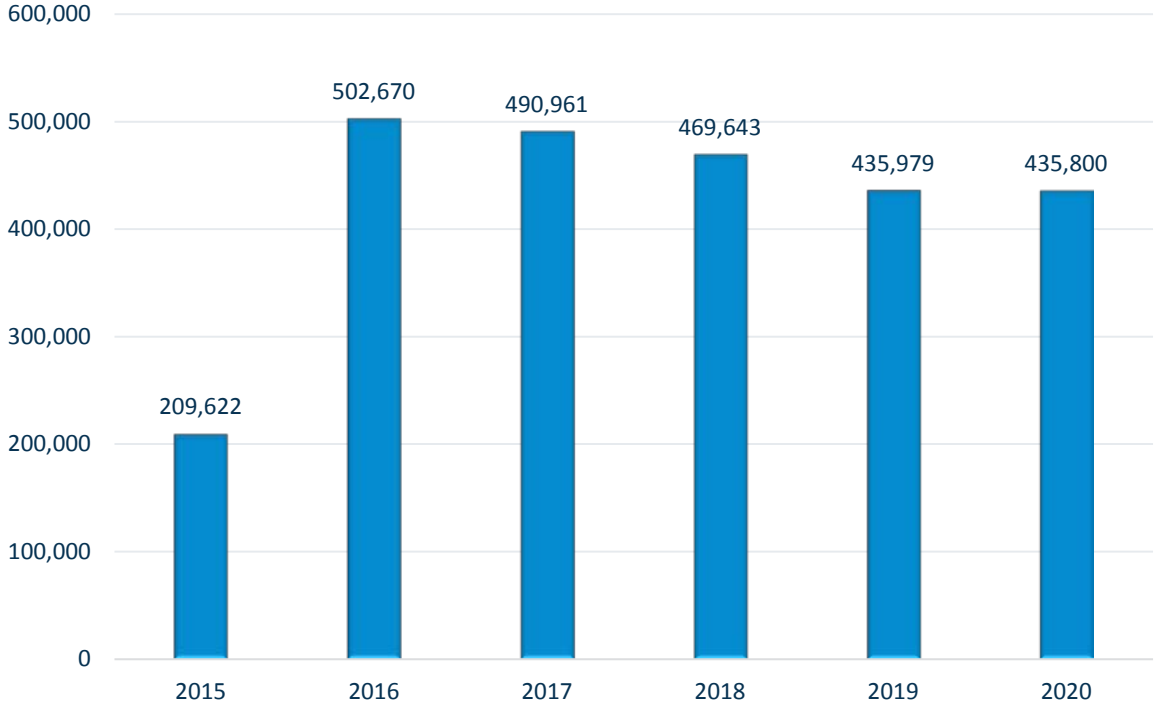
MISSISSIPPICAN OVERVIEW

Authorized by the state Legislature in 2011, DOM oversees a Medicaid managed care program for beneficiaries called MississippiCAN.

MississippiCAN is designed to get a better return on Mississippi's health care investment by improving the health and well-being of Medicaid beneficiaries. MississippiCAN is a statewide coordinated care program designed to meet the following goals:

> improve beneficiary access to needed medical services,

> improve quality of care, and

> improve program efficiencies as well as cost predictability.

ENROLLMENT *| FY20 MississippiCAN Members Annual Averages*

ANNUAL AVERAGES BY FISCAL YEAR

The figures above reflect the average annual MississippiCAN enrollment count for each of the past five fiscal years. Enrollment reports are continually updated and available on the Medicaid website under Resources (http://medicaid.ms.gov/resources).

MISSISSIPPICAN OVERVIEW

MississippiCAN is administered by different coordinated care organizations (CCOs), and approximately 65 percent of DOM beneficiaries are enrolled in MississippiCAN.

Beneficiaries have the option of enrolling in the CCO of their choice. Health care providers who serve beneficiaries covered by Medicaid or CHIP should verify the beneficiary's eligibility at each date of service and identify to which network they belong.

The next open enrollment period will be held October through December, 2020.

Providers are encouraged to enroll in all Mississippi Medicaid programs.
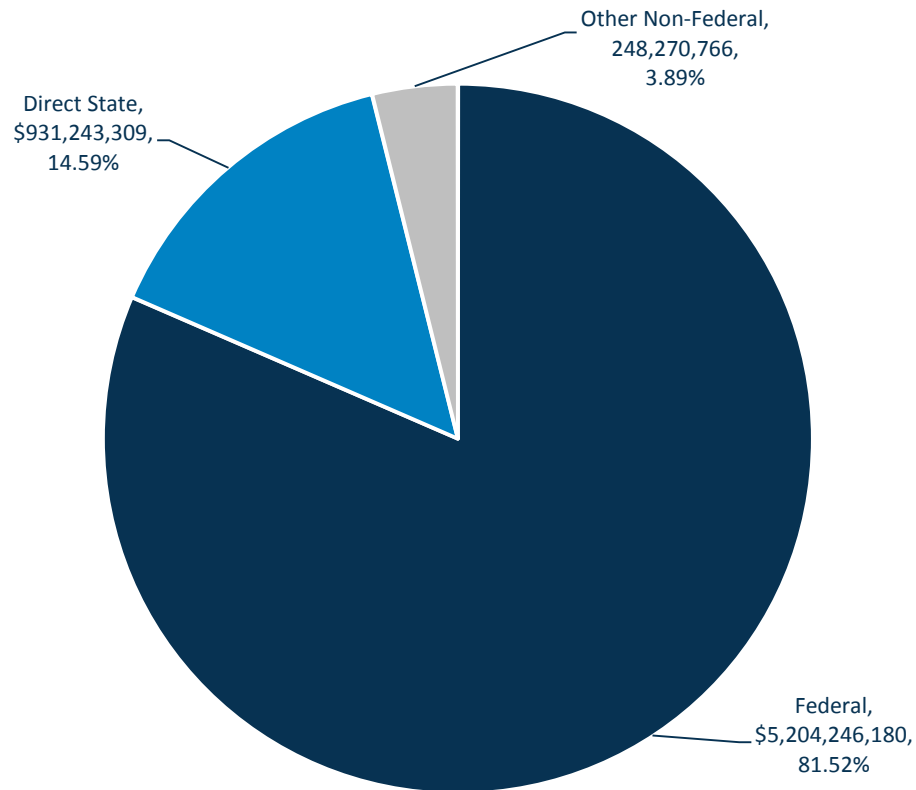
FINANCE | *Medicaid Funding by Source*

TOTAL
$6.4 billion

FEDERAL
$5.2 billion

DIRECT STATE
$931 million

Other Non-Federal,
248,270,766,
3.89%

Direct State,
$931,243,309,
14.59%

Federal,
$5,204,246,180,
81.52%

79.93%
> *Fiscal year 2020 blended FMAP for Mississippi*

FINANCE OVERVIEW

A significant portion of DOM's annual budget comes from federal matching funds, which is calculated by the Federal Medical Assistance Percentage (FMAP). The Families First Coronavirus Relief Act (FFCRA), passed by Congress in March of 2020 in response to the COVID-19 pandemic, increased Mississippi's FMAP by 6.2 percentage points to 83.18%. Combined with the state's pre-FFCRA FMAP of 76.98%, the blended FMAP for state fiscal year 2020 equates to 79.93%.

> Of the entire Medicaid budget, more than 95% goes toward reimbursement for health services provided to Medicaid beneficiaries. The cost for administering the program is relatively low when compared to other state Medicaid programs. For fiscal year 2020, administrative expenditures totaled $189,718,457.

> Nearly every dollar Medicaid receives is matched with federal funds. Depending on the project and office area, Medicaid matching rates range from 90% federal/10% state to a 50% federal/50% state match at minimum.

FINANCE | *Medicaid Expenditures*

TOTAL SPENDING

Administrative, 3%

Medicare Premiums, 6%

DSH/UPL/MHAP, 12%

Medical Expenditures, 79%
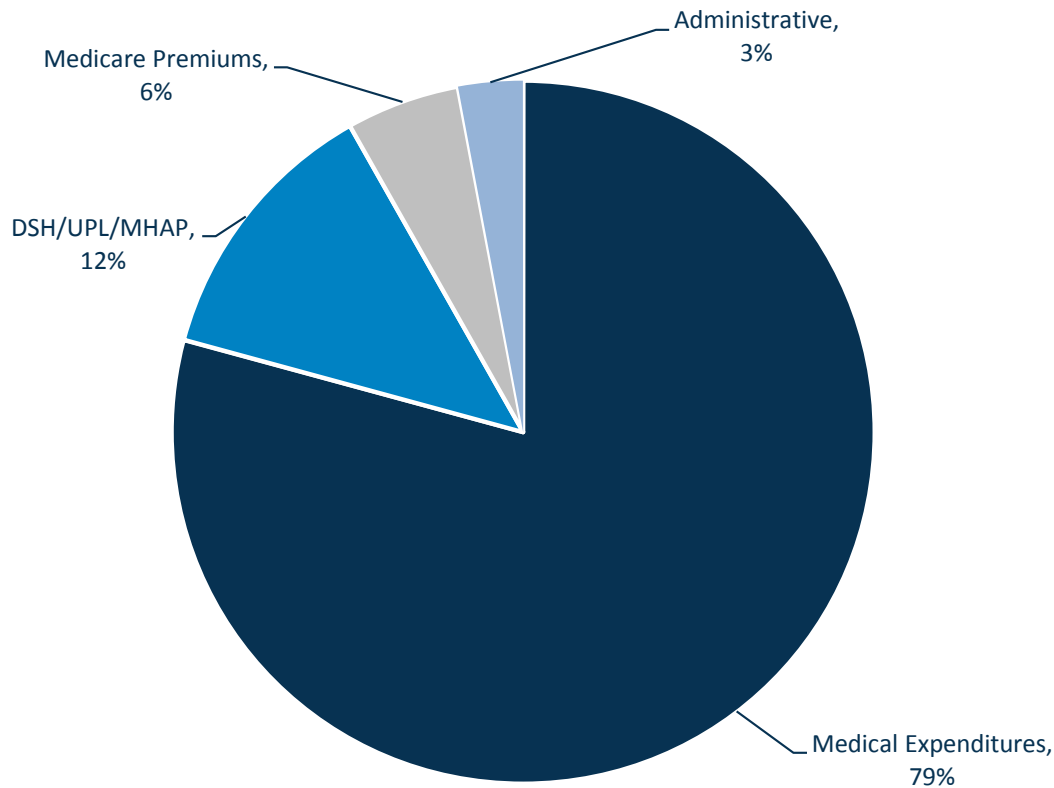
Note: The Medical Expenditures amount includes the Children's Health Insurance Program (CHIP), MississippiCAN, Long Term Care and Home and Community Based Services. Medicare Expenditures include Part A Premiums, Part B Premiums and Part D.

MEDICAL EXPENDITURES

$5,065,062,055

DSH/UPL/MHAP

$775,226,383

MEDICARE PREMIUMS

$353,753,360

ADMINISTRATIVE

$189,718,457

FY2020 TOTAL

$6,383,760,255

FINANCE | *Medical Assistance and Care*

SUPPLEMENTAL PAYMENTS AND OTHER TYPES OF CARE AND SERVICES

> The total amount paid for medical assistance and care in fiscal year 2020 includes supplemental payments and other types of care and services, such as:

$775,226,383

> Mississippi Hospital Access Program (MHAP) payments, Disproportionate Share Hospital, and Upper Payment Limit funds.

$4,161,095

> State grant funding for the Delta Health Alliance project.

$1,525,750

> Health Information Technology (HIT) incentive payments from the Centers for Medicare and Medicaid Services

$162,637,034

> Children's Health Insurance Program (CHIP)

$353,753,360

> Medicare Premiums

PROGRAM INTEGRITY | *Activites & Audits*

INVESTIGATION REVIEW

The Office of Program Integrity terminates the Medicaid provider numbers of providers that have been found guilty of a felony, sanctioned by the Office of Inspector General, debarred by other states, and providers that have been sanctioned by Medicare.

Looking back over fiscal year 2020, Medicaid had the following activity:

$3,256,750

> Approximate amount recovered through Program Integrity

8 CASES

> Referred to the Medicaid Fraud Control Unit in the Office of the Attorney General

88 CASES

> Cases investigated

78 CASES

> Cases that resulted in corrective action

In addition to performing audits, Program Integrity meets monthly with Qlarant, which is DOM's Unified Program Integrity Contractor (UPIC) partner. Qlarant receives a monthly feed of MMIS claims data and runs the information through its algorithms to detect aberrant claims and providers. To date, information from our UPIC/Medi-Medi partner has assisted Program Integrity with opening 48 investigations.

Also, DOM contracts with a Recovery Auditor Contractor (RAC) to perform provider audits. During SFY2019, audits performed by the RAC resulted in $310,049 in recovered funds.

ACTIONS TO COMBAT FRAUD, WASTE & ABUSE

DOM's actions and activities in detecting and investigating suspected or alleged fraudulent practices, violations and abuse are listed below:

Reporting Fraud
> Fraud reporting hotline
> Website Fraud and Abuse Complaint Form

Reporting Review and Analysis
> Fiscal agent weekly reports
> Claims review software
> Data-mining

Reviews and Oversight
> Provider Audits
> Beneficiary identification card abuse investigations
> Review National Correct Coding Initiatives edits
> Nurse staff reviews for medical necessity
> Analytic consultant on contract staff

Database Reviews
> Provider Enrollment Chain of Ownership System

Training
> Webinars — recommend current fraud and abuse practices to review
> National Advocacy Center — offers training on provider reviews, best practices, and latest fraud, waste, and abuse trends

HOW TO REPORT FRAUD & ABUSE

Anyone can report fraud or abuse:

Email: fraud@medicaid.ms.gov
Toll-free: 800-880-5920 | Phone: 601-576-4162
Fax: 601-576-4161
Mailing address: 550 High Street, Suite 1000, Jackson, MS 39201
Online: www.medicaid.ms.gov/contact/report-fraud-and-abuse/

PROGRAM INTEGRITY | *Overview & Insights*

MEDICAID AUDITS

Based on analysis of provider billing patterns that indicate possible overpayments by the Division of Medicaid, the Office of Program Integrity will initiate an audit. The audit can be a desk audit, which is done entirely on the basis of billing records and/or actual claims records, or it can mature into a field audit in which the Medicaid auditor goes to the provider's place of business to conduct the record review and any related interviews of medical staff and providers such as physicians or hospital personnel. If the audit indicates the provider has likely abused the Medicaid system by generating unnecessary costs to Medicaid from excessive or unnecessary services, the auditor will prepare and present a formal audit. The provider then has an opportunity to appeal an adverse audit and request an administrative hearing before a Hearing Officer, who will thereafter make a written recommendation to the executive director for a final decision. Should the provider disagree with the executive director's decision, then the provider may file an appeal with the courts.

Examples of possible fraud or abuse include falsifying certificates of medical necessity or plans of treatment, and medical records to justify payment; soliciting or receiving kickbacks; and inappropriate billing practices such as upcoding.

INVESTIGATIVE REVIEW & REFERRAL PROCESS

Often, what began as a routine audit may mature into a full-blown investigation if the auditor suspects that the provider has engaged in conduct beyond mere abuse and committed fraud. Some of these investigations may result only in recovery of funds from the provider for improper claims. However, if the evidence supports a credible allegation of fraud by the provider, then the case is referred to the Medicaid Fraud Control Unit (MFCU) in the Office of the Attorney General for possible criminal prosecution or civil action.

DATA ANALYSIS & MEDICAL REVIEW

Key to the development of audits is the use of data analysis tools such as algorithms that uncover areas of potential fraud and abuse in the Medicaid system. The algorithms are created through research using multiple means such as Medicare Fraud Alerts, newspaper articles, websites, and other sources. The Division does not have a full-time statistician or data analyst, and this is an addition which could significantly augment and improve the work of Program Integrity. Program Integrity works closely with multiple external partners and contracted vendors providing a range of different services, such as creating reports, reviewing claims, and providing research for provider reviews.

When investigations involve issues of medical judgment, or the medical necessity of treatment and services, the registered nurses in the Medical Review Division review claims of both providers and beneficiaries to determine the medical necessity and appropriateness of services rendered and to ensure quality to meet professionally recognized standards of health care.

MEDICAID ELIGIBILITY QUALITY CONTROL

Persons initially determined to be eligible for Medicaid may not continue to remain eligible. The team of investigators in the Medicaid Eligibility Quality Control Division regularly verify continued eligibility.

THIRD PARTY RECOVERY | *Amounts Recovered*

Third Party Recovery and Legal, 722,020, 11%

HMS Casualty, $5,853,368, 89%

■ HMS Casualty ■ Third Party Recovery and Legal
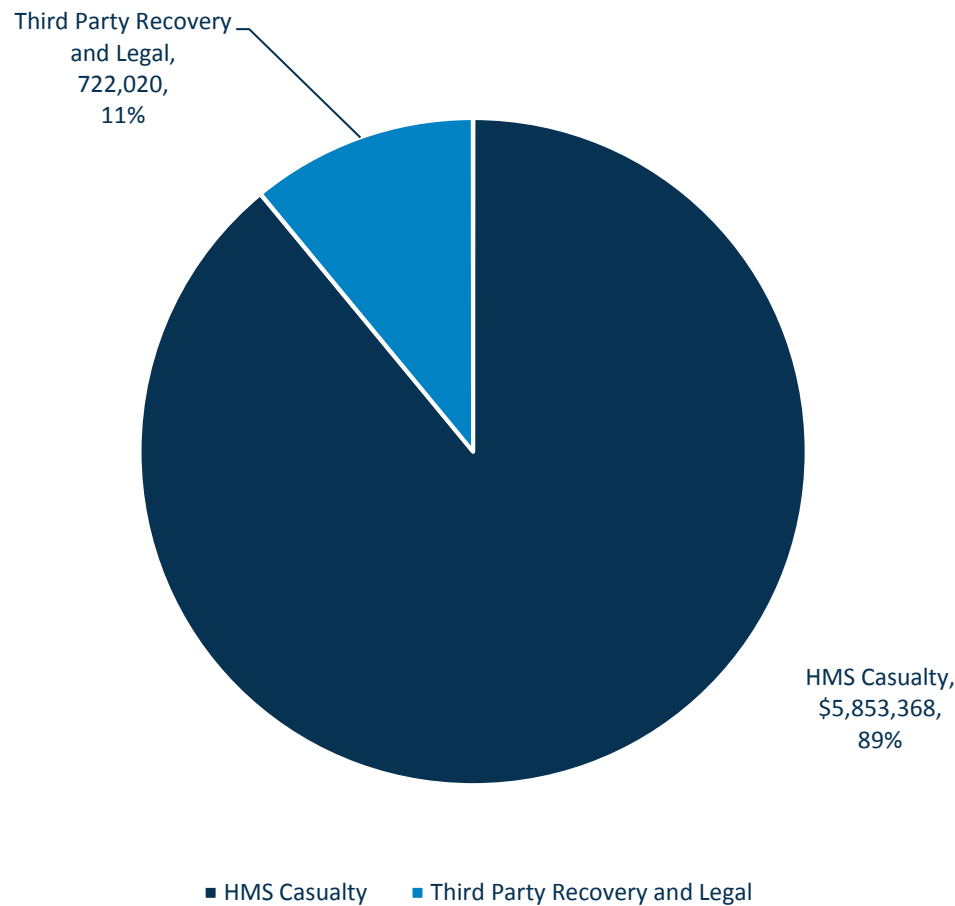
RECOVERED FUNDS

The Office of Third Party Recovery and the Legal department assigned by the Office of the Attorney General collect funds through estate recovery and from third parties by reason of assignment or subrogation.

In collaboration with the Legal staff and HMS Casualty, a breakdown for the funds recovered for fiscal year 2020 are listed below.

THIRD PARTY RECOVERY AND LEGAL

$722,020

HMS CASUALTY

$5,853,368

TOTAL FUNDS RECOVERED

$6,575,388

HCBS | *Home and Community Based Services*

Waiver	Avg. of participants FY 2020	Waiting list	Fed. authorized slots in FY 2021	Total cost per person FY 2020*	Estimated state cost to fund all slots FY 2021**
Assisted Living	577	392	1,000	$23,620.85	$4,565,910.31
Elderly and Disabled	16,803	12,059	21,900	$18,016.06	$76,266,846.32
Independent Living	2,251	1,035	5,725	$24,419.08	$27,023,191.74
Intellectual Disabilities/ Developmental Disabilities	2,676	2,527	3,650	$54,613.13	$38,532,020.81
Traumatic Brain Injury/ Spinal Cord Injury	828	76	1,000	$32,961.19	$6,371,398.03
Totals	**23,135**	**16,089**	**33,275**		**$152,759,367.21,**

* *Total cost per person is based on FY2020 data as of June 30, 2020. Costs may be adjusted based on claims submitted throughout the timely filing period.*

** *Estimated state cost to fund all slots based on SFY2021 blended FMAP of 80.67%.*

HOME AND COMMUNITY BASED SERVICES OVERVIEW

> 1915(c) Home and Community Based Services (HCBS) Waivers provide home and community-based services as an alternative to care provided in an institutional setting such as a nursing or intermediate care facility.

> Through a person-centered planning process, a combination of specialized waiver services, State Plan benefits, and other supports are identified to ensure quality care in the least restrictive setting available for this vulnerable population.

SOURCE NOTES

> The average of number of current participant over the fiscal year is based on data submitted in the monthly legislative report.

> Number of participants on the wait list as reported in the monthly legislative report for the last month of the fiscal year (June 2020).

> Total Cost Per Person – D + D' from the monthly 372 ran on the last day of the fiscal year (6/30/2020).

EMPLOYEES | *Program Workforce*

600

Approximate number of employees working in the regional offices

300

Approximate number of employees working in the central office

MEDICAID WORKFORCE

For fiscal year 2020, the Mississippi Division of Medicaid was authorized to have:

FULL-TIME, PERMANENT POSITIONS

997

PART-TIME, PERMANENT

2

FULL-TIME, TIME-LIMITED

33

TOTAL

1032

TOTAL FILLED AS OF JUNE 30, 2019

942

HIGHLIGHTS | *2020 Developments*

NEW UM/QIO VENDOR

> In August of 2019, Alliant Health Solutions began performing prior authorization reviews for DOM as the agency's new Utilization Management/Quality Improvement Organization (UM/QIO) vendor. Alliant was awarded the new UM/QIO contract and replaced the previous vendor, eQHealth Solutions, to review and process prior authorizations for fee-for-service Medicaid.

> Prior authorizations for beneficiaries enrolled in MississippiCAN will continue to be handled by the respective coordinated care organizations.

NEW CHIP CONTRACTS

> On Nov. 1, 2019, DOM implemented new three-year contracts for the Children's Health Insurance Program (CHIP). Although DOM's coordinated care program, MississippiCAN, includes three care coordination organizations (CCOs), CHIP will continue to be administered by two vendors because it has a smaller number of members.

> Molina Healthcare replaced Magnolia Health as one of the two CCOs. UnitedHealthcare Community Plan will continue to serve as the other CHIP vendor.

PHYSICIAN TRAINING

> In the fall of 2019, DOM joined forces with the Office of Mississippi Physician Workforce (OMPW) to strengthen its support for physician residency training programs, a move that could create dozens of new training slots around the state in the next two years.

> After several meetings with Dr. John Mitchell, director of OMPW, and Rep. Sam C. Mims, V., DOM revised its graduate medical education policy to supplement hospitals not based on inpatient discharges, but based on a more equitable per-resident rate and to allow the inclusion of new residency training programs.

> DOM submitted a State Plan Amendment with the policy change to the Centers for Medicare and Medicaid Services (CMS) in August with an effective date of Oct. 1, 2019.

VALUE-BASED INCENTIVES

> DOM introduced three new quality initiatives which took effect in July 2019. These initiatives cover three major sources of Medicaid spending: hospitals, coordinated care organizations (CCOs), and the state's academic medical center. All three include quality measures, targeted improvement levels and accountability.

> Read about the Quality Incentive Payment Program (QIPP), Mississippi Medicaid Access to Physician Services (MAPS) Managed Care Value-Based Withhold Program at https://medicaid.ms.gov/value-based-incentives/.

View monthly & quarterly Medicaid information

REPORTING DATA

> DOM continued to develop the Medicaid Vital Signs dashboard throughout FY2020. Find the most recent data at https://medicaid.ms.gov/category/medicaid-vital-signs/.

Boosting School-Based Telehealth

TELEHEALTH EXTENDED

> As part of the state's response to the COVID-19 pandemic, Governor Tate Reeves announced on March 19 that DOM was expanding its coverage of telehealth to allow beneficiaries to access services in their homes without a telepresenter present, limiting unnecessary clinic visits. Beneficiaries can use their cell phones or other devices to receive care..

> DOM's Emergency Telehealth Policy, approved by CMS, will remain in effect throughout the duration of the COVID-19 emergency, which is currently set to expire on Jan. 21, 2021.

> Later in the summer, telehealth coverage was further extended to include schools as temporary originating site providers, making it possible for schools without school nurses or school-based clinics to access telehealth.

MORE HCBS SUPPORT

> In April CMS approved DOM's Appendix K emergency requests, allowing DOM to increase the availability of home-delivered meals and in-home providers for individuals enrolled in home and community based programs.

> The Appendix K flexibility gave DOM the authority to increase home-delivered meals services to participants on the Elderly and Disabled Waiver, as well as adding home delivered meals of up to two meals per day to participants of the Independent Living, and Traumatic Brain Injury/Spinal Cord Injury waivers.

> It also allowed DOM to help increase the pool of available providers by waiving or delaying some credentialing requirements.

MEDICAID EXTENDS TELEHEALTH COVERAGE

ACCELERATING SUPPORT *for* HOSPITALS
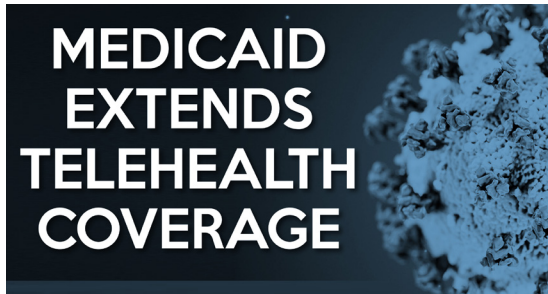
ACCELERATED PAYMENTS

> In early May 2020, Governor Reeves announced that DOM was accelerating supplemental payments to hospitals, making almost $160 million in funds quickly available where the most intensive treatment was being performed.

> Hospitals received $92 million in advanced payments through the Mississippi Hospital Access Program (MHAP) on May 1, followed by $66 million in early Disproportionate Share Hospital (DSH) payments by May 14.

> DOM continued exploring additional payment policy reforms as the public health crisis unfolded throughout the summer.

LEADERSHIP | *Contact Us*

LEADERSHIP

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MISSISSIPPI DIVISION OF
MEDICAID