

State: Mississippi

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Citation	Condition or Requirement
	<p data-bbox="532 407 1435 583">To meet the goals of beneficiary choice, financial stability of the program and administrative ease, no more than three (3) and no less than two (2) CCOs are awarded a contract to administer a care coordination program. The program is statewide with both voluntary and mandatory enrollment depending on the beneficiary's category of eligibility. Medicaid beneficiaries excluded from the program regardless of the category of eligibility are listed in B.5.</p> <p data-bbox="532 621 1435 737">CCOs are defined as organizations that meet the requirements for participation as a contractor in the Mississippi Coordinated Access Network (MississippiCAN) program and that manage the purchase and provision of health care services to MississippiCAN enrollees.</p> <p data-bbox="526 774 1455 831">Contracted CCOs are selected through a competitive process in compliance with applicable state and federal rules, regulations, and law.</p> <p data-bbox="526 869 760 894">CCOs are required to:</p> <ul data-bbox="583 905 1435 1318" style="list-style-type: none"><li>▪ Demonstrate information systems are in place to meet all of the operating and reporting requirements of the program, including the collection of third party liability payments;</li><li>▪ Operate both member and provider call centers. The member call center must be available to members twenty-four (24) hours a day, seven (7) days a week. The provider call center must operate during normal providers' business hours;</li><li>▪ Process claims in compliance with established minimum standards for financial and administrative accuracy and timeliness of processing with standards being no less than current Medicaid fee-for-service standards;</li><li>▪ Submit complete encounter data that meets federal requirements and allows DOM to monitor the program. CCOs that do not meet standards will be penalized.</li></ul> <p data-bbox="532 1360 1435 1417">CCOs are required to provide a comprehensive package of services that include, at a minimum, the current Mississippi Medicaid benefits. CCOs are required to:</p> <ul data-bbox="583 1461 1435 1644" style="list-style-type: none"><li>▪ Participate as partners with providers and beneficiaries to arrange delivery of quality, cost-effective health care services, with medical homes and comprehensive care management programs to improve health outcomes.</li><li>▪ Ensure annual wellness physical exams to establish a baseline, to measure change and to coordinate care appropriately by developing a health and wellness plan with interventions identified to improve outcomes.</li></ul>

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