

Medicaid Update

Recent developments and new initiatives at the Mississippi Division of Medicaid

2022 MSCPA Health Care Services Conference

September 22, 2022

Mississippi Medicaid Profile

The Mississippi Division of Medicaid (DOM) has more than 875 employees located at one central office, 30 regional offices and over 80 outstations across the state.

- DOM covers roughly 28% of Mississippi's 3 million residents
- 49% of Mississippi Medicaid beneficiaries are served by DOM's managed care programs
- Mississippi is a non-expansion state, for now

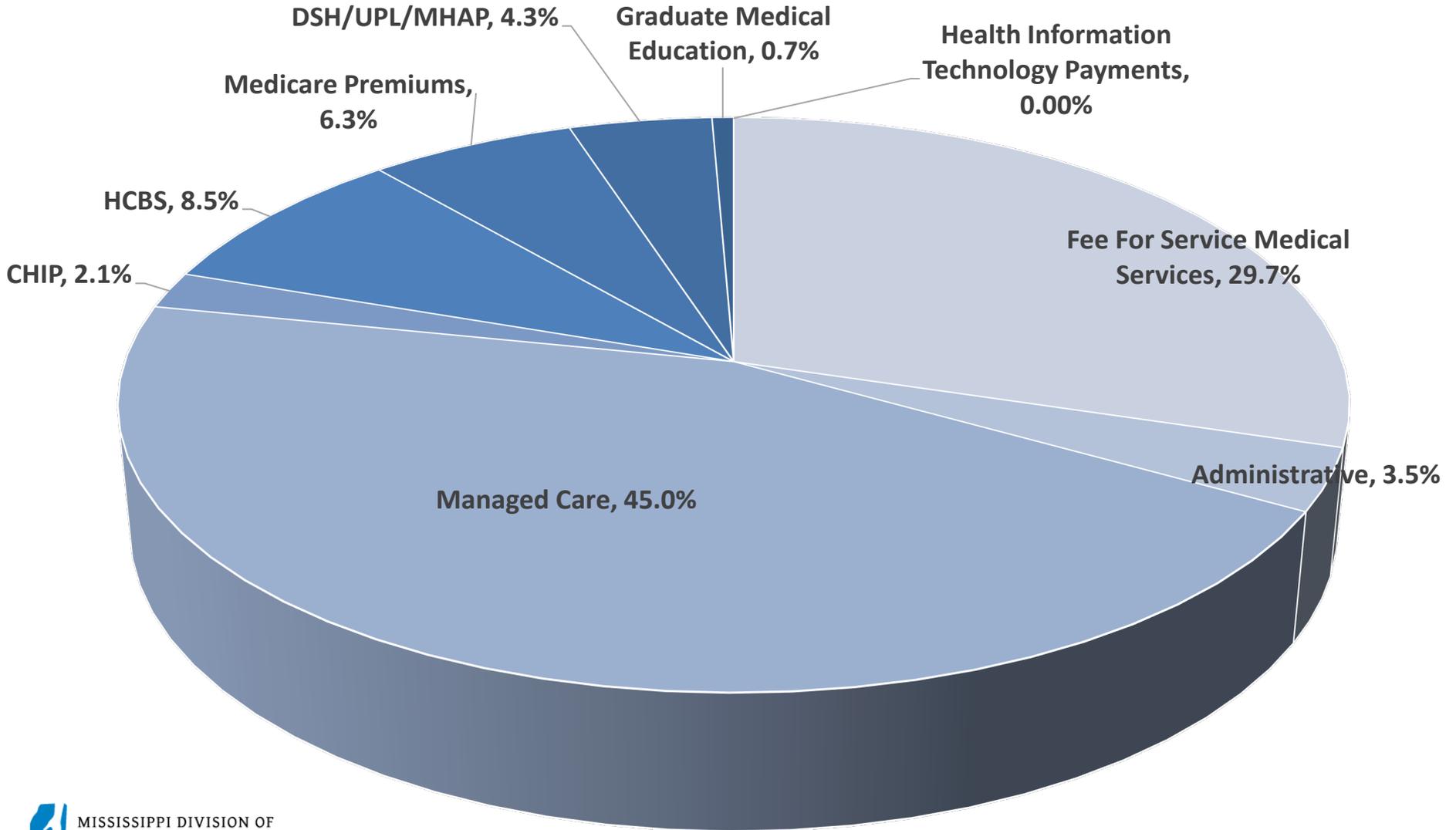
821,322
Medicaid
beneficiaries

363,387
MSCAN beneficiaries

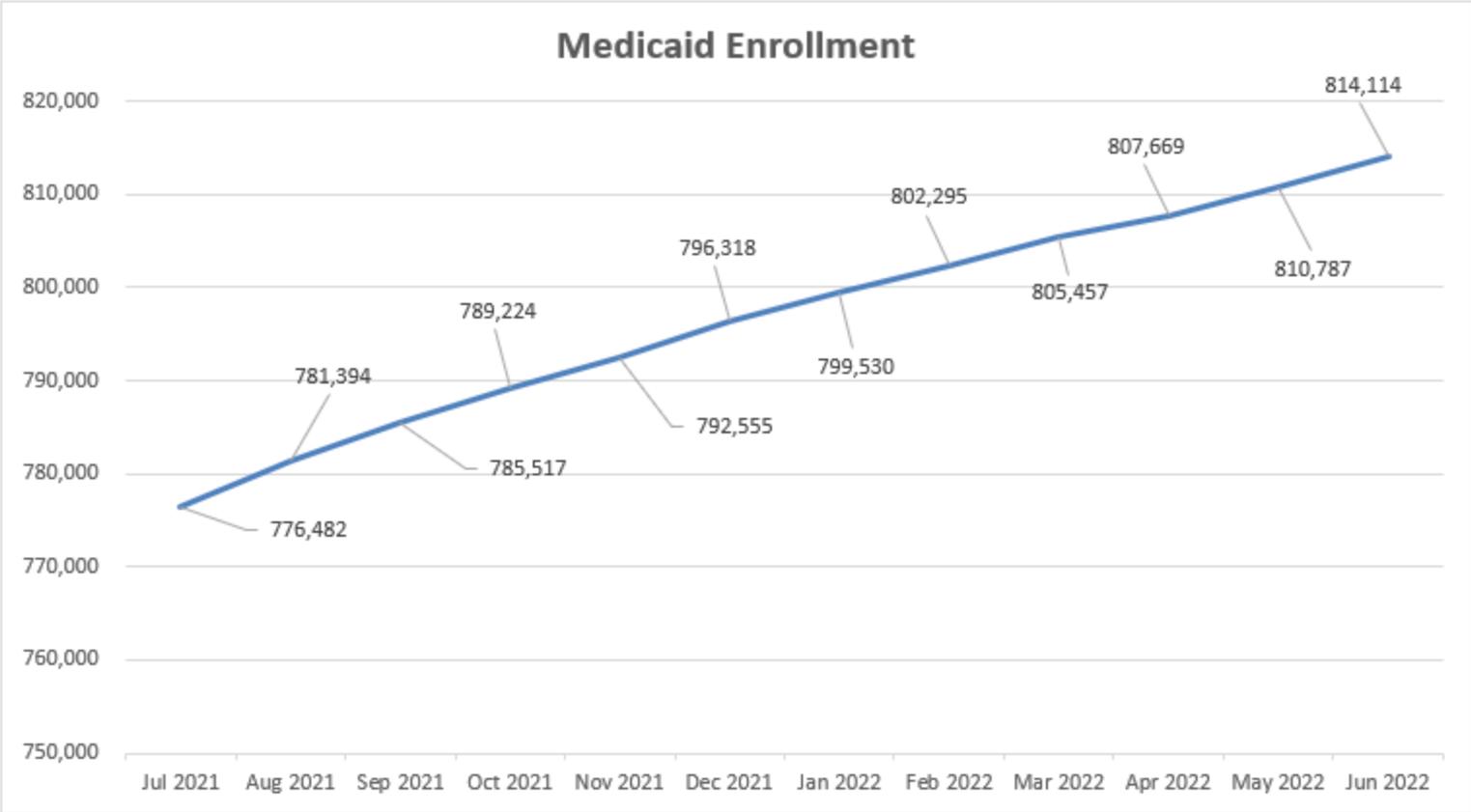
41,712
CHIP enrollment

As of August 2022

SFY 2022 Medicaid Spending



Monthly Medicaid Enrollment – SFY 22



Non-Federal Share

The state burden, or non-federal share of Medicaid, is funded through a variety of sources (FY2022).

		Description Enrollment Case Manager	Non-Federal Share \$
Direct State Support	General Funds	<ul style="list-style-type: none"> Primary source of state funding 	<ul style="list-style-type: none"> \$836.7 million
	State Support Special	<ul style="list-style-type: none"> Health care expendable fund / covers medical services share Previously relied on for deficit appropriations 	<ul style="list-style-type: none"> \$63.2 million
Other Special Funds	Provider Assessments	<ul style="list-style-type: none"> Funds ~\$771M in hospital payments for DSH and MHAP DSH (\$36.9M), MHAP (\$83.4M), Hospital Tax (\$74.0M), LTC Tax (\$83.3M) 	<ul style="list-style-type: none"> \$277.6 million
	GNS NF IGTs	<ul style="list-style-type: none"> Available to government non-state facilities through IGT Paid in advance of the UPL distribution 	<ul style="list-style-type: none"> \$2.3 million
	UMMC IGTs	<ul style="list-style-type: none"> FFS Physician UPL program (\$1.8M) MCO Medicaid Access to Physician Services (\$6.5M) 	<ul style="list-style-type: none"> \$8.34 million
	Other Agency IGTs	<ul style="list-style-type: none"> State match transfers invoiced for claims from other state agencies Depts. of Rehab Services, Mental Health, Health, and Corrections 	<ul style="list-style-type: none"> \$74.79 million
	Other	<ul style="list-style-type: none"> Various refunds and interest 	<ul style="list-style-type: none"> \$1.09 million

Public Health Emergency (PHE)

- Impact of the response
 - Enrollment Spike
 - Short-Term Alleviation of Budget Pressures
 - Unwinding will be major challenge the longer the PHE stretches

Managed Care Directed Payment Initiatives

- States are allowed to request a variety of payment initiatives through its managed care contracts for CMS approval under 42 CFR §438.6.
- These “Directed Payments” can include pass-through payments, such as the Mississippi Hospital Access Program (MHAP) and the MS Access to Physician Services Program (MAPS), or fee schedule adjustments, such as the MS Autism Spectrum Disorder (ASD) Program.
- The Division of Medicaid will request CMS approval for a new directed payment arrangement for SFY 2023, based on legislative direction:
 - ❖ Transforming Reimbursement for Emergency Ambulance Transportation (TREAT) – This is a payment arrangement to increase reimbursement to emergency ambulance providers up to a calculated commercial rate.
 - ❖ The Division has also filed a request with CMS to include Le Bonheur Children’s Hospital in the MHAP program.

Mississippi Hospital Access Program

The Mississippi Hospital Access Program (MHAP) is a directed payment arrangement as defined in 42 C.F.R. § 438.6(c) for hospitals which includes the following components for SFY 2023:

- *Fee Schedule Adjustment (FSA)* \$272.8M

The Fee Schedule Adjustment directed payments will be paid to all Medicaid participating hospitals as one class based on historical encounters with an adjustment for inpatient and outpatient services. The FSA is paid monthly.

- *Quality Incentive Payment Program (QIPP)* \$288.1M

The Payments will be recognized as a uniform payment adjustment related to a quality incentive for providers meeting the requirements of the program. 40% of these payments will be linked to the PPHR rate metric, 10% linked to PPCs, and 50% will be linked to the HIN metric. Each of these components are discussed next. The QIPP is paid quarterly.

Mississippi Hospital Access Program

- *Potentially Preventable Hospital Returns (PPHR)*
 - This is the fourth year of PPHR being included in the QIPP portion of MHAP.
 - The potentially preventable hospital return (PPHR) rate measures the number of at-risk inpatient discharges that are followed by one or more PPRs and/or PPEDs.
 - High rates of PPRs and PPEDs can signal problems with premature inpatient discharge, inadequate discharge planning, poor follow-up care, or difficulty accessing care in the community.
 - For SFY 2023 the statewide threshold rate was reduced from 1.07 to 1.04 in keeping with expected improvements in A/E ratios.
 - The PPHR A/E ratio has declined for the past two years showing improvement in hospital readmissions.
- *Potentially Preventable Complications (PPC)*
 - This quality metric was introduced during SFY 2022.
 - The PPC quality metric takes a population-based approach to identify hospitals that have more complications than would be expected based on a national benchmark.
 - For SFY 23 hospitals will be required to attest to their receipt and review of the quarterly PPC reports.

Mississippi Hospital Access Program

- *Health Information Network (HIN)*

In 2020, two organizations, the Mississippi Hospital Association (MHA) and the Mississippi State Medical Association (MSMA), launched two separate state-wide Health Information Networks (HIN). Both proposed HINs aim to positively impact healthcare outcomes by providing participating hospitals, providers, commercial insurers, and appropriate State Agencies improved access to clinical data.

- Starting July 2020, fifty percent (50%) of hospitals QIPP payments were tied to their intent to collaborate to establish a statewide HIN and to participate in the statewide HIN once established.
- In SFY 2023, in order to receive the HIN portion of the QIPP payment, hospitals will be required to certify their actual connection to, and participation in, a statewide HIN. This certification must include a report from the statewide HIN validating their participation.
- The hospitals' HIN connection is expected to support clinical, and admit, discharge and transfer (ADT) data sharing for Medicaid beneficiaries receiving care at their hospitals.
- DOM expects to increase the use of data from the HINs in quality reporting each year.

Medicaid Access to Physician Services

The Mississippi Medicaid Access to Physician Services (MAPS) is a directed payment arrangement that is a uniform percentage increase applied to utilization during the payment arrangement period. MAPS has been established by the state for eligible physicians and professional practitioners in accordance with 42 C.F.R. § 438.6. State-owned academic health science centers with a Level 1 trauma center, Level 4 neonatal intensive care nursery, organ transplant program and more than a four hundred physician multispecialty practice group are eligible for MAPS.

- MAPS was developed in conjunction with the University of Mississippi Medical Center (UMMC).
- DOM received initial approval from CMS for the MAPS payments in November 2019. Much like the Mississippi Hospital Access Program (MHAP), CCOs are responsible for disbursing this additional funding to certain provider groups based on utilization of services.
- The program is intended to increase access and quality of care for Medicaid beneficiaries to primary and specialty care services by increasing payments made to qualified practitioners employed by or affiliated with the State's academic medical center.
- For SFY 2023 MAPS incorporated six quality measures to tie a portion of the payment to the required improvement in quality.

Transforming Reimbursement for Emergency Ambulance Transportation (TREAT)

The Transforming Reimbursement for Emergency Ambulance Treatment (TREAT) Program was authorized by the Mississippi State Legislature during the 2022 Regular Session to increase reimbursement to emergency ambulance providers up to a calculated commercial rate.

- The program is effective July 1, 2022 for all 911 emergency ground ambulance providers.
- It will be paid both through Fee For Service as a UPL and through managed care as a directed payment.
- The Division of Medicaid is currently gathering data to calculate the Average Commercial Rate (ACR) from ambulance providers.
- The funding for the program will be from a provider tax authorized by the Legislature from emergency ground ambulance providers.

Improving Systems and Technology



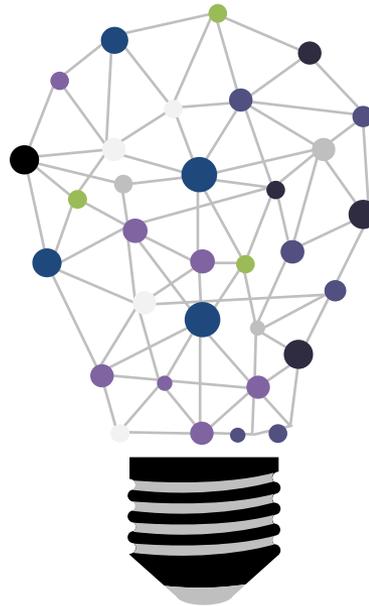
DATA LAKE

Enterprise data lake to support disparate data sources (2024)



HEALTH AND HUMAN SERVICES TRANSFORMATION

Integrating with DHS systems and carrying out mandates of HB1090



MMIS REPLACEMENT

New MMIS system that serves as core of agency operations (2022)



ELECTRONIC LTSS

Case management for HCBS waivers

DOM's New System Conversion

DOM is in the process of implementing a new Medicaid Management Information System (MMIS) – which will include a new Provider Portal – known as MESA. The new system, developed by Gainwell Technologies, is expected to go live Oct. 3, 2022.



- ✓ DOM Claims will no longer be accepted by the current system beginning at 5 p.m. on Sept. 22.
- ✓ MESA will accept EDI transactions beginning Sept. 23, pharmacy POS claims beginning Oct. 1, and all other claims beginning Oct. 3.
- ✓ DOM The current portal will remain accessible through midnight on Sept. 30 .
- ✓ Provider workshops and online webinars are currently underway. Schedule: <https://medicaid.ms.gov/medicaid-providers-can-now-register-for-mesa-workshop-webinars-set-for-august-and-september/>.

DOM's CCO Procurement

DOM released a request for qualifications in December 2021 to procure new contracts for the joint administration of MississippiCAN and the Children's Health Insurance Program (CHIP).

After receiving five qualifications from prospective contractors, DOM in August provided Notice of Intent to Award Contracts to three offerors:

- ✓ TrueCare
- ✓ Magnolia Health Plan
- ✓ Molina Healthcare

- Contracts between DOM and the winning offerors will not be executed until approval is granted by the Public Procurement Review Board (PPRB). All protests must be resolved before PPRB can accept DOM's submission.

The new contracts place focus on:

- ✓ **Quality**
- ✓ **Collaborative Innovation**
- ✓ **Access**
- ✓ **Commitment**

Comprehensive Quality Strategy

- The new Division of Medicaid Comprehensive Quality Strategy (CQS) provides the framework and direction for all of DOM's initiatives to improve health outcomes and to be able to measure quality improvements in a unified approach.
- In accordance with 42 C.F.R. § 438.340, the Division of Medicaid (DOM) released the Comprehensive Quality Strategy for 2021 – 2024 in September 2021. Elevating quality remains one of Mississippi Medicaid's top priorities. The COVID-19 pandemic has caused a dramatic upheaval over the past 18 months, but it has not diminished the importance of fidelity to high-quality care practices. As Mississippi's largest payer of health care services, DOM recognizes that it is uniquely positioned to drive positive change in the healthcare market.
- The Comprehensive Quality Strategy reflects many ongoing and planned quality improvement efforts within the managed care and fee-for-delivery systems. DOM is pleased to share these strategies and hopes they will lead to improvements in the quality of life for Mississippians on Medicaid.

Comprehensive Quality Strategy

Aims	Goals	Objectives
<p>Accountability</p> <p>Demonstrate good stewardship of public resources by ensuring high-value, efficient services.</p>	<p>Make Care Affordable</p>	<ul style="list-style-type: none"> • Incentivize innovation by advancing value-based payment arrangements. • Minimize wasteful spending by reducing low-value care. • Maintain compliance with state and federal regulatory requirements.
<p>Consistency</p> <p>Improve the health of Mississippi Medicaid enrollees through better prevention, treatment, and evidence-based interventions that address physical, behavioral, and social needs.</p>	<p>Work with Communities to Promote Best Practices of Healthy Living</p>	<p>Partner with communities to improve population health and address health disparities.</p>
	<p>Promote Effective Prevention & Treatment of Chronic Disease</p>	<ul style="list-style-type: none"> • Ensure timely and proximate access to primary and specialty care. • Improve chronic disease management and control. • Improve quality of mental health and substance use disorder care. • Prevent obesity and address physical activity and nutrition in children and adults.
	<p>Make Care Safer by Reducing Harm Caused in the Delivery of Care</p>	<ul style="list-style-type: none"> • Ensure maternal safety and appropriate care during childbirth and postpartum • Reduce medication errors and improve adherence to medication regimen.
<p>Respect</p> <p>Make health care more person-centered, coordinated, and accessible, empowering the enrollee to be an active participant in their care.</p>	<p>Strengthen Person & Family Engagement as Partners in their Care</p>	<p>Engage and partner with enrollees to improve enrollee experience and outcomes.</p>
	<p>Promote Effective Communication & Coordination of Care</p>	<ul style="list-style-type: none"> • Ensure appropriate follow-up after emergency department visits and hospitalizations through effective care coordination and case management. • Achieve an interoperable health information technology system that keeps health information secure but readily accessible to patients and other authorized parties.

Comprehensive Quality Strategy

As a part of the CQS, a Quality Learning Collaborative (Collaborative) is to be established for delivering innovative quality improvements and educational supports to the Division's stakeholders statewide.

- *The Collaborative goals include:*

- Increase engagement and cooperation with external stakeholders to expand the reach of clinical input and perspectives that will assist in developing quality measures to optimize beneficiary outcomes.
- Develop educational resources in collaboration with the Population Health team to further DOM quality initiatives and improve Medicaid service delivery.
- Promote value-driven care with Medicaid providers and facilitate forums for sharing these best practices statewide.
- Advocate for our beneficiaries by championing health equity and promoting Health-In-All policies in Medicaid service delivery and with external stakeholders.

Other SFY 2023 Policy Changes

- Unfroze rates for most providers after passage of HB657
- Temporary rate increases for private duty nursing and PPECs
- Temporary rate increases to support HCBS workforce

Going-Forward Issues

- Agile, accurate, and affordable systems and technology
- Focusing on quality improvement and improving outcomes
- Customer-centricity
- Sustainable financing of health care
- Enduring the unwinding of public health emergency when it comes
- Workforce (provider and DOM)