

Medicaid Update

**Recent developments and new initiatives
at the Mississippi Division of Medicaid**

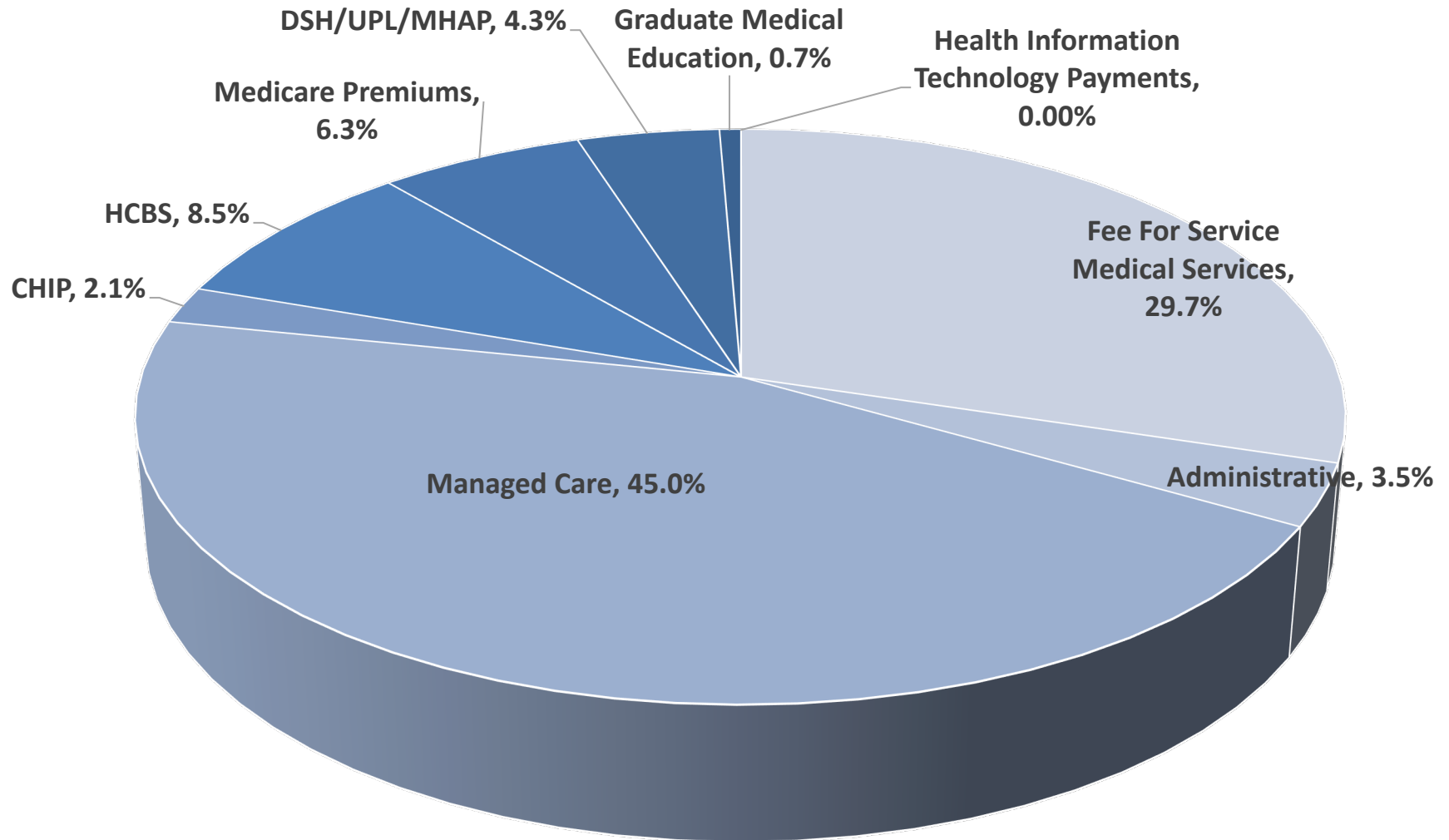
Mississippi HFMA 2023 Annual Conference

April 20, 2023

Topics

- Medicaid Spending/Funding
- Public Health Emergency
- Member Eligibility Renewals
- Managed Care Procurement
- Pharmacy Benefit Administrator
- Supplemental and Directed Payment Initiatives
- Mississippi Hospital Access Program (MHAP)
- Transforming Reimbursement for Emergency Ambulance Transportation (TREAT)
- MSCAN Quality Initiatives
- DOM Fiscal Agent Operations
- New Legislation
- Other Updates

SFY 2022 Medicaid Spending



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

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
- 47% of Mississippi Medicaid beneficiaries are served by DOM's managed care programs
- Mississippi is a non-expansion state, for now

849,759

Medicaid Beneficiaries

396,640

MSCAN Beneficiaries

42,279

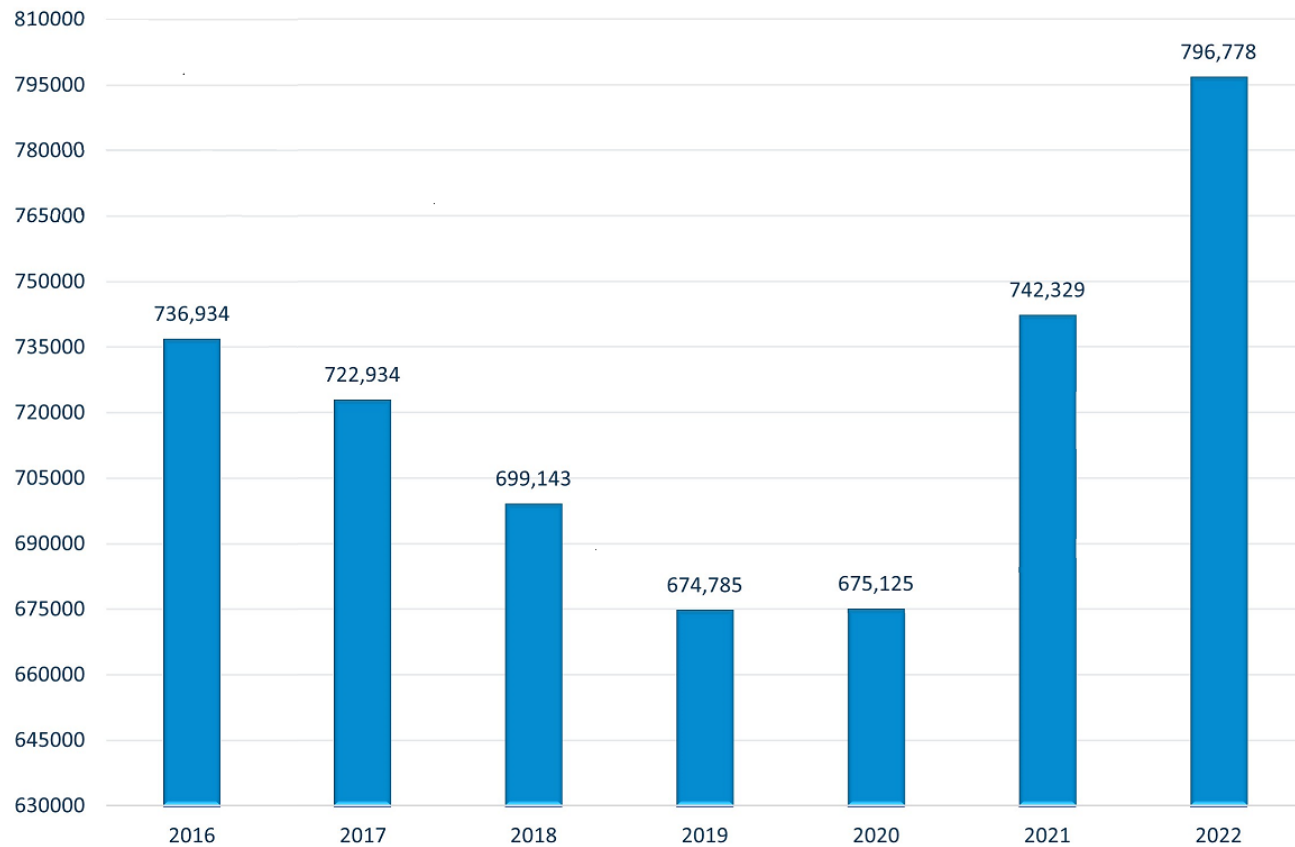
CHIP Enrollment

Public Health Emergency (PHE) – How it started...

- FFCRA required that individuals enrolled for benefits at the date of enactment shall be treated as eligible for benefits through the end of the emergency period.
- As a condition of receiving the enhanced FMAP allowed in FFCRA, DOM is excluded from any change to eligibility standards, methodologies or procedures from those in effect on January 1, 2020.
- FFCRA also requires that individuals enrolled for benefits at the date of enactment shall be treated as eligible for benefits through the end of the emergency period.
- The enhanced FMAP was put in effect from January 1, 2020 through the end of the quarter when the public health emergency (PHE) ends.

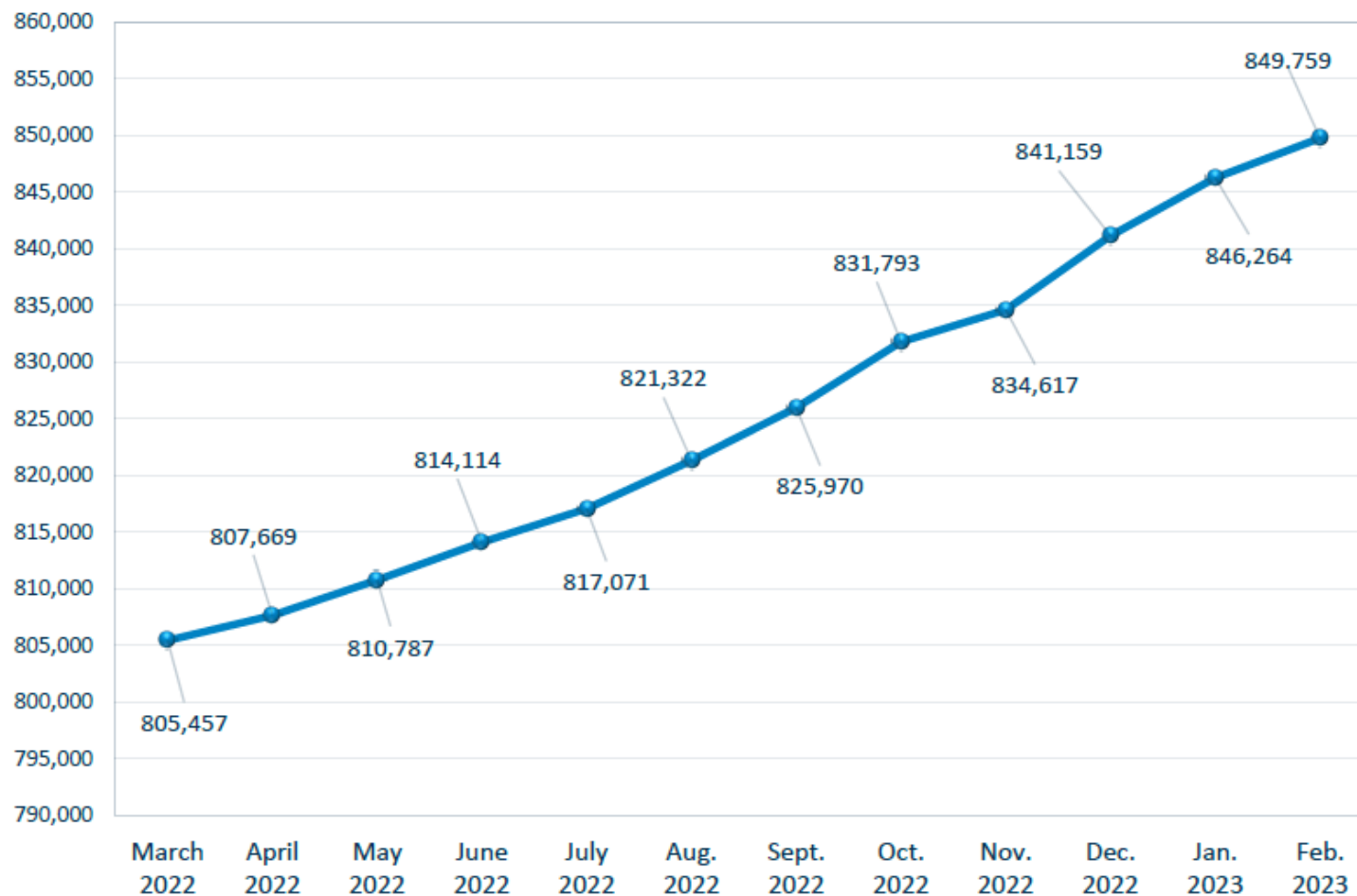
Enrollment - PHE Impact

ANNUAL ENROLLMENT



Enrollment – PHE Impact

Monthly Enrollment



PHE – How it's going...

- The 2023 Consolidated Appropriation Act decoupled the continuous eligibility requirements from the end of the PHE and provided an enhanced FMAP step down during calendar year 2023.

2023	FMAP Increase (percentage points)
January-March	6.2
April-June	5.0
July-September	2.5
October-December	1.5

PHE – How it's going... (cont.)

- All states required to begin eligibility renewal processes in either February, March or April 2023.
- All renewals must be completed in a 14 month window.
- On 4/10/2023, President Biden signed a joint resolution ending the COVID-19 national emergency with immediate effect.
- The end of the COVID-19 national emergency is separate from the COVID-19 public health emergency. This resolution does not impact:
 - Any 1135 waivers or disaster relief SPAs currently authorized
 - 1915(c) Appendix Ks

Member Eligibility Renewal

- MS has a 90 day renewal cycle.
- April 1 – initiated renewals for June and began the process of evaluating for ex parte reviews. An ex parte review means that Medicaid uses available data to verify eligibility and the beneficiary does not need to submit any information.
- Beneficiaries whose eligibility cannot be determined with an ex parte review will receive a prepopulated renewal form mailed on the 15th of the month with a 30 day deadline for return.
- Renewal processes for members in counties impacted by the storms in March were postponed because they may have lost access to required documentation.

Stay Covered!

- Website for information on unwinding including a member contact information update form, Communications Toolkit and how to sign up to become a Coverage Champion:
<https://medicaid.ms.gov/staycovered/>
- We need help from providers and advocacy groups, but we need them to be well informed
- We want members to update their contact information
- We don't need members to apply before they receive their renewal forms



Medicaid Members

STAY COVERED!

What Should you do?

Update Your Contact Information!



Update your information online
by scanning the QR code or visiting
www.medicaid.ms.gov/update-contact-info/

Or call us to make sure
we have your most current
phone number and mailing
address.

Call us at
1-800-421-2408
or
601-359-6050

Managed Care Procurement

The new contracts will place focus on:

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

A one-year emergency extension of the current contracts will be executed effective July 1, 2023.

December 2021

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

August 2022

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

TrueCare
Magnolia Health Plan
Molina Healthcare

To Be Determined

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.

Pharmacy Benefit Administrator

- DOM will have a single Pharmacy Benefit Administrator (PBA) with the implementation of the new managed care contracts. Gainwell has the contract to become DOM's PBA, and design work has already started.
- Goals - efficient, consistent, and transparent operations
- Pharmacy providers will submit all claims to the PBA, and will receive payment from the PBA.
- The managed care contractor will not be at risk for the pharmacy costs. However, they do manage the care for the members which includes pharmaceutical considerations. Utilization information will be shared with managed care contractors, and financial transactions will be exchanged between the PBA and managed care contractors to support this change.

Supplemental and Directed Payment Initiatives

- States are allowed to request a variety of payment initiatives through State Plan Amendments for FFS and through its managed care contracts for CMS approval under 42 CFR §438.6.
- The managed care “State Directed Payments” (SDP) 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.
- CMS requires that a preprint be submitted annually to request approval for the total amount of the SDP, each component and the structure for how the payments will be tied to utilization, quality and outcomes.
- The annual CMS-approved SDP is distributed in full to participating hospitals by the Coordinated Care Organizations (CCO).
- **SDPs cannot be made until CMS approves the annual preprint.**
- All SDPs must be fully transitioned to payments tied to utilization, quality and/or outcomes by SFY 2027. All MS SDPs are currently in compliance with this requirement.

Supplemental and Directed Payment Initiatives

New "Requested" Hospital Payments for SFY 2023

- DOM has requested two new increases for hospital payments. Both have been submitted to CMS for their consideration but have not been approved as of yet.
- The first payment request is for \$40.2M to increase outpatient payments made in the Mississippi Hospital Access Program (MHAP). This request was made to raise the reimbursement level to the statewide average commercial rate.
- The second payment was requested as Medicaid Disaster Relief for the COVID-19 National Emergency and will increase payments to hospitals by \$137.6M.
- The state portion of the MHAP increase is funded by a provider tax, and the state portion of the emergency payment request is fully funded by the state.
- After consideration of federal limits for hospital reimbursement and provider assessments, these payments to hospitals netted an increase of \$96.4M.
- With the addition of these two new payments for SFY 2023, the DSH allotment of \$258.4M will not be fully spent. However, with the above payments, all DSH-eligible hospitals' reported uncompensated care is fully covered.

Supplemental and Directed Payment Initiatives

New "Proposed" Hospital Payments for SFY 2024

- In SFY 2024, DOM is exploring other payment options to increase hospital reimbursement within the limits set by CMS.
- DOM is planning to request authority to make an inpatient and outpatient payment to hospitals for the Upper Payment Limit (UPL) gap on fee-for-service utilization.
- This payment will raise the hospital payments for those services to the same level as Medicare and is the maximum the state can pay for those services.
- DOM is also exploring a hospital payment increase based on the average commercial rate of physician services provided through managed care for inpatient and outpatient utilization.
- The services must be provided by physicians employed or contracted with hospitals.
- DOM has already sent requests to all state hospitals to gather the information needed to develop the request to send to CMS and calculate an estimate for this payment.
- The state share of both SFY 2024 payments is funded by a hospital provider tax.

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 2024.

MHAP Distribution by SFY			
SFY	MHAP FSA	MHAP-QIPP	Total MHAP
2021	\$317,886,793	\$215,224,163	\$533,110,956
2022	\$285,603,168	\$247,507,788	\$533,110,956
Approved 2023	\$272,807,673	\$288,100,478	\$560,908,151
Amended 2023	\$313,053,124	\$288,100,478	\$601,153,602
2024	\$271,031,522	\$291,248,176	\$562,279,698

- *Fee Schedule Adjustment (FSA) \$271.0M*

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) \$291.3M*

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 fifth 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.
 - For SFY 2024 the statewide threshold rate 1.04.
 - The PPHR A/E ratio has declined for the past three 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 24 hospitals will be required to attest to their receipt and review of the quarterly PPC reports.
 - During this state fiscal year, hospital exceeding a state-wide threshold will be required to submit a corrective action plan, similar to the PPHR component of QIPP.

- July QIPP Webinar date TBA
- September 1 deadline for Corrective Action Plans

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 statewide 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.

- In SFY 2024, 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. A data lake project that is currently under procurement will increase DOM's ability to utilize clinical and claims information in the care of beneficiaries.

For copies of QIPP documents (including the PPHR and PPC methodology supplements) email QIPP@medicaid.ms.gov, or go to the QIPP website: <https://medicaid.ms.gov/value-based-incentives/>

Transforming Reimbursement for Emergency Ambulance Transportation (TREAT)

The TREAT Program was authorized by the Mississippi State Legislature during the 2022 Regular Session to increase reimbursement to ground emergency ambulance providers up to a calculated commercial rate.

- If approved by CMS, the program is effective July 1, 2022 for all 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 has calculated the Average Commercial Rate (ACR) for each ambulance provider.
- The funding for the program will be a provider tax authorized by the Legislature from emergency ground ambulance providers.
- Total Payments through this program to ambulance providers for SFY 2023 are expected to be \$20.3M.

MSCAN SFY 2022 Quality Results

CCO MSCAN SFY 2022 Incentive/Withhold Program					
Quality Measure	Sub Measure	MS Medicaid Baseline	Benchmark	Average CCO Results	
** Well Child Visits - First 30 Months of Life (W30) All Administrative	children 15 months of age with 6+ visits	54.7%	55.8%	<input checked="" type="checkbox"/>	55.9%
	children 30 months of age with 2+ visits				
	Immunization for Adolescents (IMA)	18.7%	19.1%		16.7%
Anti-Depressant Management - All Administrative	Effective Acute Phase Treatment	40.1%	40.9%	<input checked="" type="checkbox"/>	57.9%
	Effective Continuation Phase Treatment	24.0%	24.5%	<input checked="" type="checkbox"/>	41.4%
Timeliness of Prenatal Care - All Hybrid		91.8%	93.6%		92.9%
Comprehensive Diabetes Care - CDC (SPD)	HbA1c Testing All Hybrid	86.1%	87.9%		86.9%
	Patients with Diabetes received Statin Therapy All Administrative	55.0%	56.1%	<input checked="" type="checkbox"/>	56.6%
Children: Asthma ages 5-64	(AMR) Total	69.9%	71.3%		69.7%
Adults: Pharmacotherapy Management of COPD Exacerbation (PCE) - All Administrative	Systemic Corticosteroid	42.7%	43.6%	<input checked="" type="checkbox"/>	53.6%
Potentially Preventable Hospital Return (PPHR) ***	A/E Ratio	1.02	1.00	<input checked="" type="checkbox"/>	0.97

MSCAN SFY 2024 Quality Initiatives

- DOM has expanded the quality reporting of the three CCOs. One percent of the CCOs monthly capitation rate is tied to incentive/quality withhold reporting.
- For SFY 2024, the CCOs will be reporting on the following ten HEDIS measures as a part of their Quality/Incentive risk arrangement:
 - Well Child Visit – First 30 months / First 15 months
 - Immunization for Adolescents (IMA) – Combo 2: (Meningococcal,Tdap, HPV)
 - Anti-Depressant Management - Effective Acute Phase Treatment
 - **Follow up After Hospitalization for Mental Illness – 30 day Ages 6-17**
 - Timeliness of Prenatal Care
 - **Hemoglobin A1c Control for Patients with Diabetes**
 - **Blood Pressure Control for Patients with Diabetes**
 - **Eye Exam for Patients with Diabetes**
 - Adult & Children Asthma Control – Ages 5-64
 - Adults Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid
- **Reduction in C-Section Rate from each CCOs CY 2021 average by 2%**
- The CCOs will also have the QIPP PPHR Actual-to-Expected Ratio (A/E Ratio) as a quality measure to show a 2% improvement over the baseline.

Improving Systems and Technology



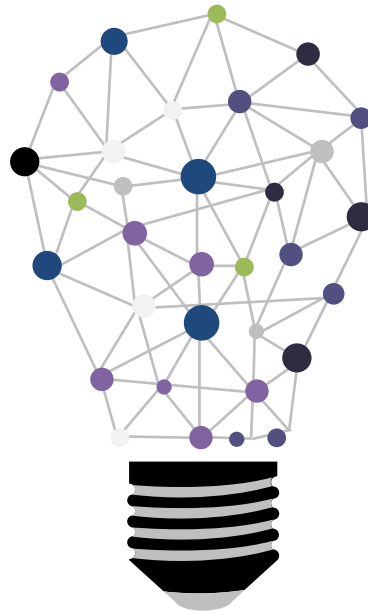
CLINICAL DATA INTEROPERABILITY

Linking clinical and claims
data and providing
advanced analytics



HEALTH AND HUMAN SERVICES TRANSFORMATION

Integrating with DHS
systems and carrying out
mandates of HB1090



MMIS REPLACEMENT

Continuous improvement
for agency fiscal
operations



ELECTRONIC LTSS

Case management
for HCBS waivers

Fiscal Agent Update

On October 3, 2022 a new Medicaid Management Information System (MMIS) began processing claims – which included a new Provider Portal – known as MESA. The new system was developed by Gainwell Technologies.

- ✓ DOM and the Gainwell team continue to actively watch claims payment percentages and edit and denial codes to identify issues impacting provider groups or claim types.
- ✓ DOM and Gainwell create joint workgroups to work through issues and test fixes and improvements to system functionality.



- ✓ Late Breaking News, Provider Bulletins and Remittance Advices should be monitored for changes.
- ✓ The first Mass Adjustments were processed in the last week of March.
- ✓ A method for submitting claim adjustments where a provider was not allowed to submit adjustments due to a system error and now timely filing edits will cause the adjustment to be denied is coming soon.
- ✓ More information on recredentialing and revalidation processes is also coming soon.

Upcoming Policy Changes

- Submitted to CMS

- Autism Spectrum Disorder Services – rate update 1/1/2023
- Ambulance Mileage – payment for first 25 miles 2/1/2023
- Former Foster Care Eligibility – coverage in any state 1/1/2023
- Emergency Transportation – clarify categories emergency ground ambulance services 1/1/2023
- One-Time Hospital Payment 3/1/2023



Notification of updates on the State Plan, Administrative Code or Waivers

If a provider or individual would like to be added to the distribution list for notification of updates to the State Plan, Administrative Code, or Waiver please notify the Division of Medicaid at DOMPolicy@medicaid.ms.gov.

New Legislation



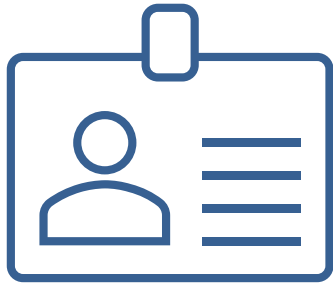
- **Approved by Governor**

- SB 2212 Postpartum Extension
 - Approved by Governor
 - Extends postpartum coverage from 60 days to 12 months

- **Sent to Governor**

- SB 2613 Non-Emergent Transportation Permit Extension
 - Extends the period for NET drivers to get permitted by a year (until July 1, 2024). Creates an exception to the law where providers that are inspected and certified by a broker does not need to be permitted, but will still have to register with the Department.
- SB 2781 MS Access to Maternal Assistance Program
 - MS Information Technology Services (ITS) is to develop an App and Website to coordinate information and services available for pregnant women and new parents.
- HB 1149 CPS/DHS Separation Bill
 - Separates MS Child Protective Services from MS Department of Human Services

Managed Care Contact Information



Contact Information



Fiscal Agent-Gainwell

- Provider and Beneficiary Services Call Center 1-800-884-3332
- Provider Field Representatives: <https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf>

DOM

- Late Breaking News: <https://medicaid.ms.gov/late-breaking-news/> Email LateBreakingNews@medicaid.ms.gov to sign up for email alerts. Include name, business and phone (optional).
- Provider Bulletins: <https://medicaid.ms.gov/providers/provider-resources/provider-bulletins/>
- DOM Switchboard 1-800-421-2408 or 601-359-6050
- [Managed Care Provider Inquiries & Issues Form](#)

Questions

