

Mississippi Medicaid Update

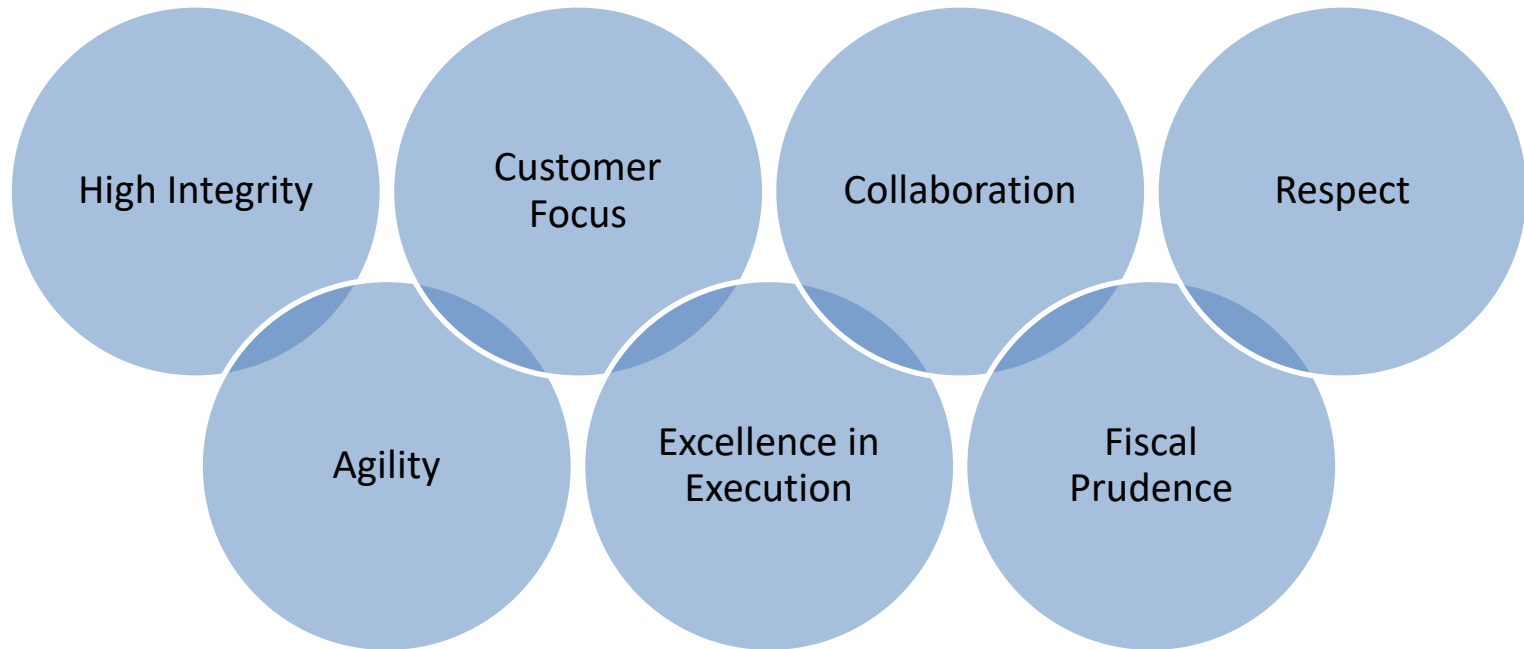
HFMA Region 9

October 29, 2023

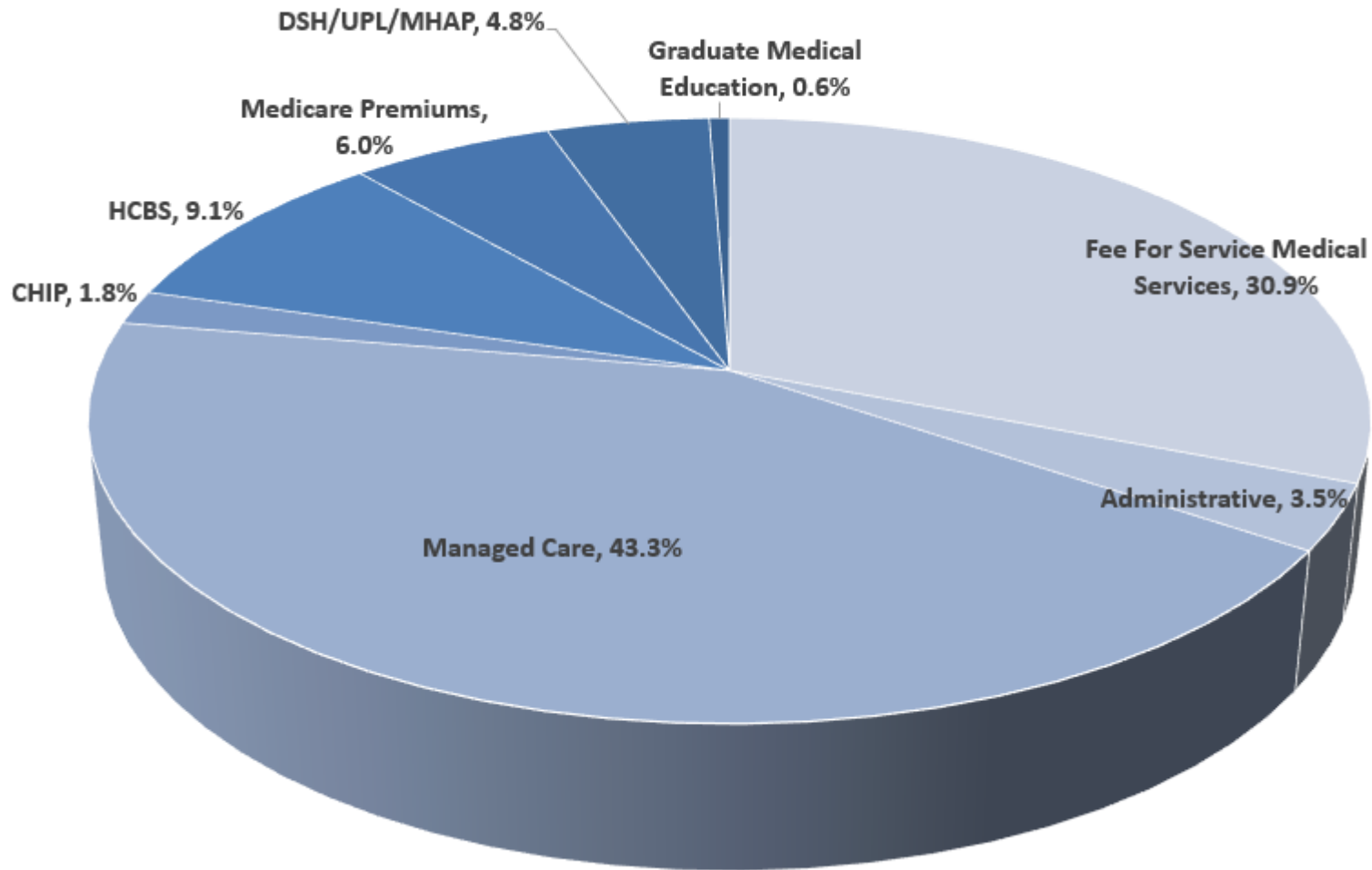
Medicaid Mission and Values

Mission: The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.

2023 Organizational Values



SFY 2023 Medicaid Spending



Non-Federal Share of Spending

The state burden, or non-federal share of Medicaid, is funded through a variety of sources (FY2023).

| | | Description | 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"> \$838.8 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 ~\$762M in hospital payments for DSH and MHAP DSH (\$26.0M), MHAP (\$90.3M), Hospital Tax (\$85.5M), LTC Tax (\$80.3M), TREAT (\$7.4) | <ul style="list-style-type: none"> \$289.5 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"> \$1.7 million |
| | UMMC IGTs | <ul style="list-style-type: none"> FFS Physician UPL program (\$2.5M) MCO Medicaid Access to Physician Services (\$6.5M) | <ul style="list-style-type: none"> \$9.0 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"> \$67.7 million |
| | Other | <ul style="list-style-type: none"> Various refunds and interest | <ul style="list-style-type: none"> \$8.3 million |

Year-over-Year Spending Change

State Fiscal Year 2022: 6,120,990,892

State Fiscal Year 2023: 6,905,149,290

DIFFERENCE:
+784,158,398

State Fiscal Year 2024: 7,714,261,989

State Fiscal Year 2025: 7,647,712,795

MEDICAID ON THE MOVE

Oct. 1, 2022

New Medicaid MMIS begins processing claims.

May 1, 2023

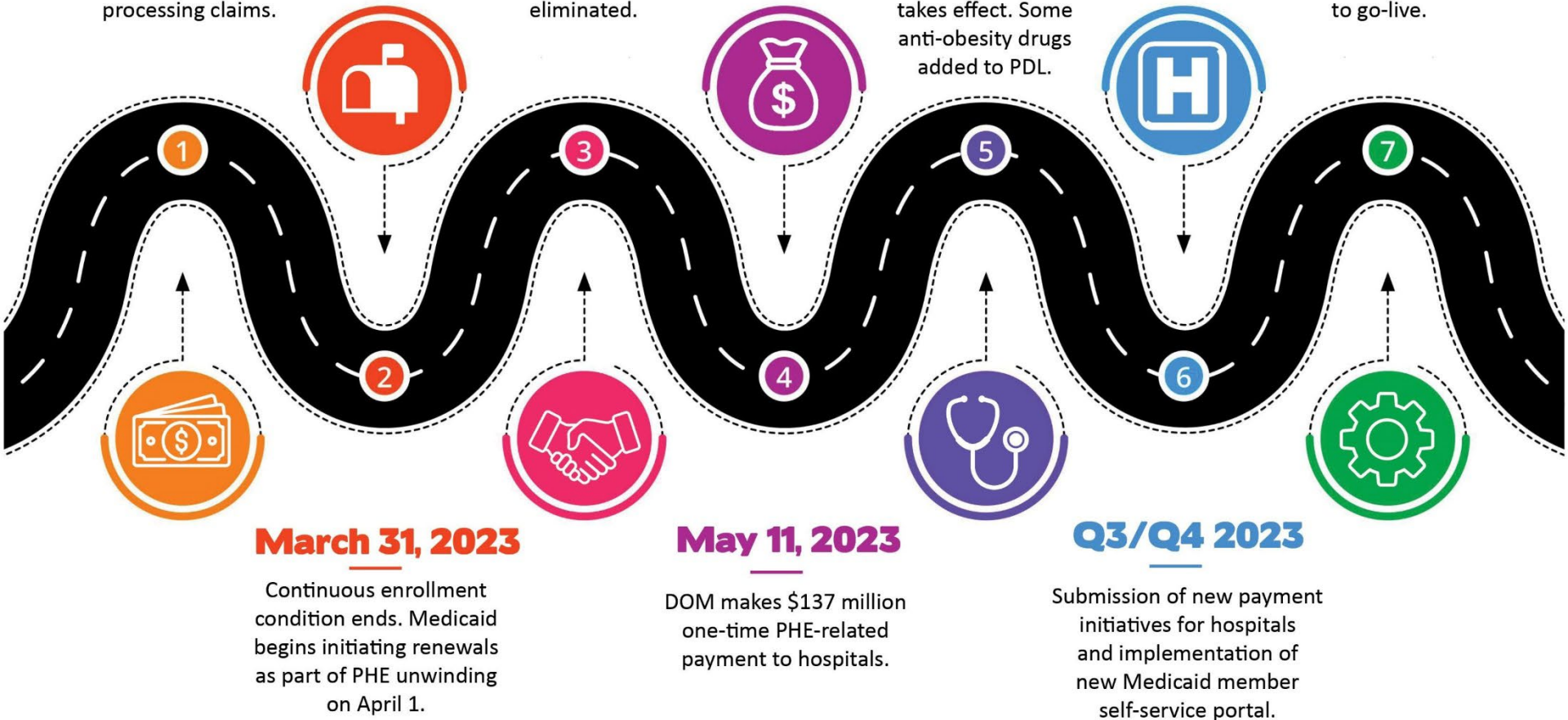
Copays for Medicaid services eliminated.

July 1, 2023

12-month postpartum coverage legislation takes effect. Some anti-obesity drugs added to PDL.

Feb. 1, 2024

New UM/QIO, Telligen, scheduled to go-live.



March 31, 2023

Continuous enrollment condition ends. Medicaid begins initiating renewals as part of PHE unwinding on April 1.

May 11, 2023

DOM makes \$137 million one-time PHE-related payment to hospitals.

Q3/Q4 2023

Submission of new payment initiatives for hospitals and implementation of new Medicaid member self-service portal.

New MMIS Begins

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.
- A method for submitting crossover 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.

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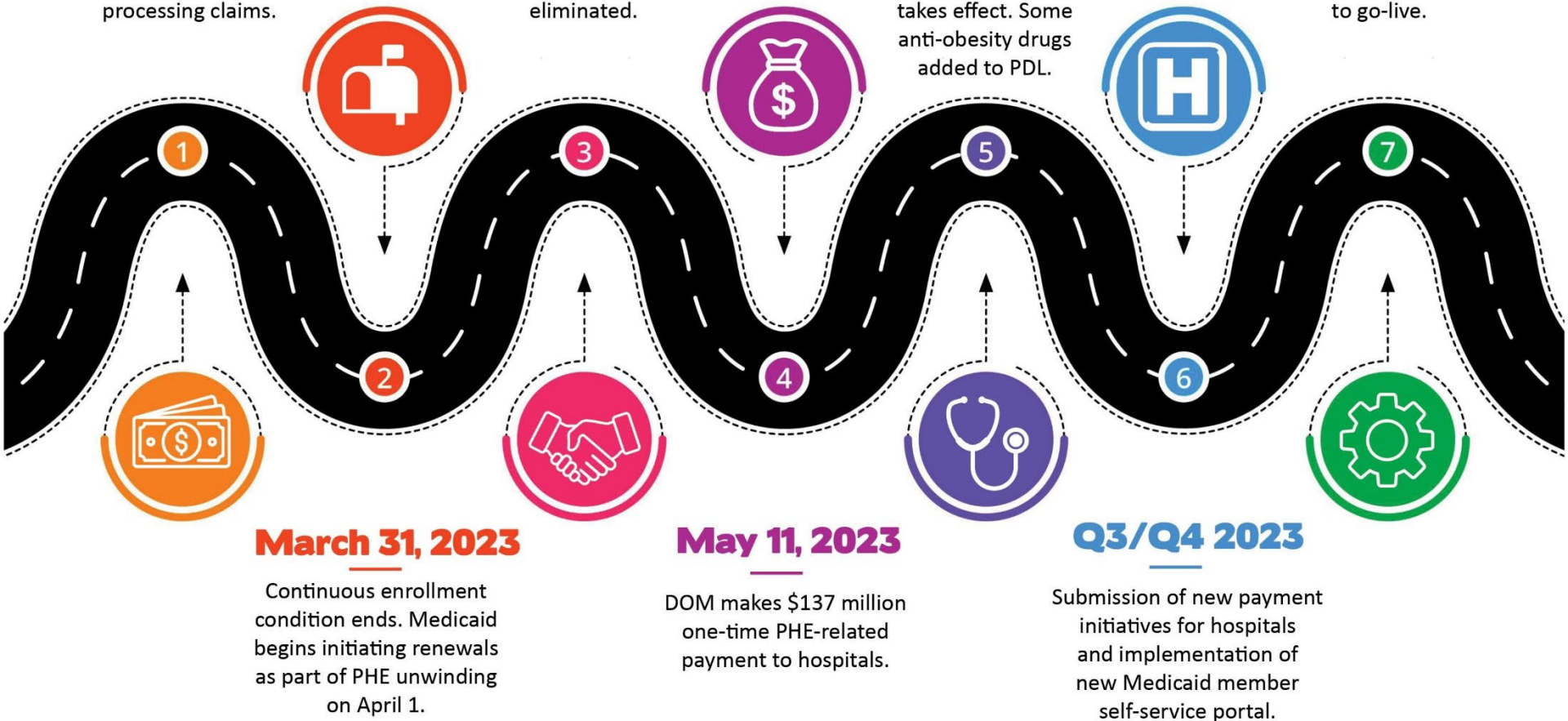
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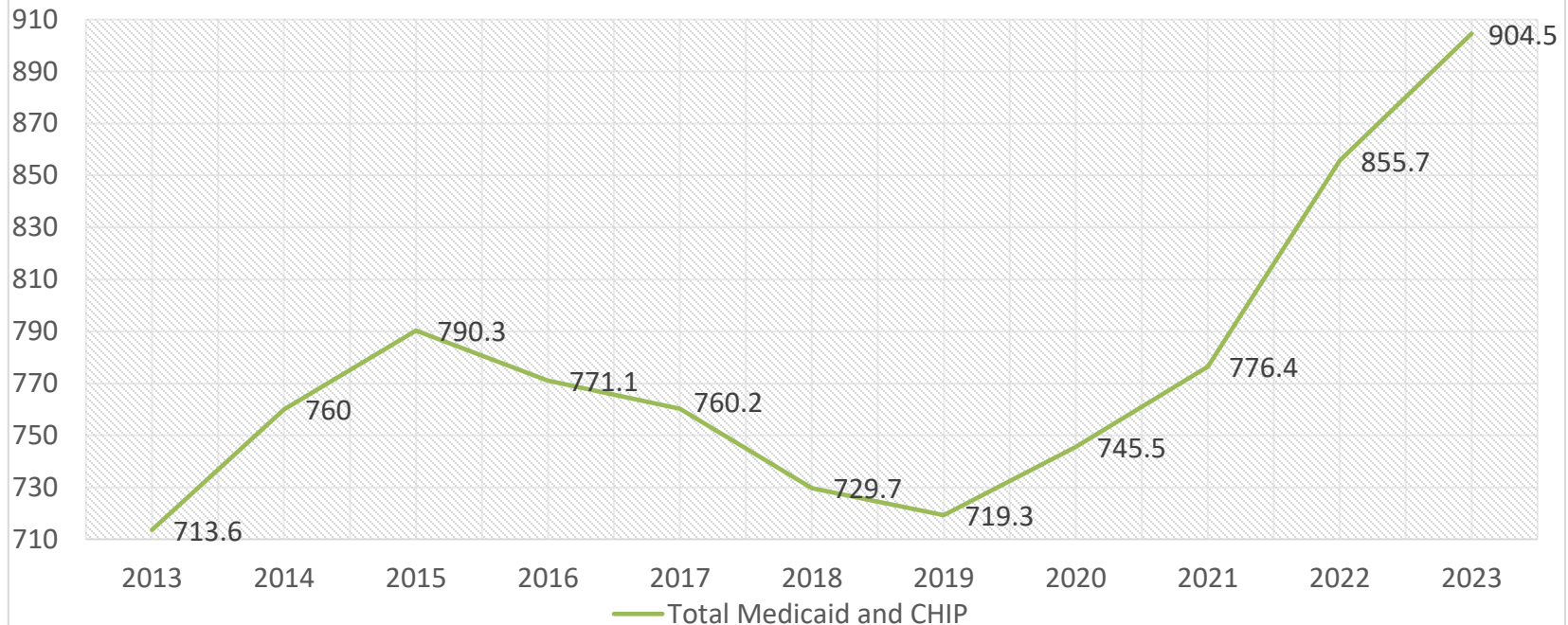
PHE changes trajectory of Medicaid

- FFCRA required that individuals enrolled for benefits at the date of March 18, 2020, enactment shall be treated as eligible for benefits through the end of the emergency period.
- As a condition of receiving the enhanced 6.2% FMAP allowed in FFCRA, DOM was excluded from any change to eligibility standards, methodologies or procedures from those in effect on January 1, 2020.
- FFCRA also 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.

2020-2023: Medicaid Enrollment Surges

Source: [Medicaid.ms.gov](https://medicaid.ms.gov) for June 30 of Each Year

Enrollment (in 000s)



Unwinding the PHE

- The Consolidated Appropriation Act decoupled the continuous enrollment 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 |

Unwinding: Eligibility Renewals

- All states required to initiate eligibility renewal processes in either February, March or April 2023 (MS chose April).
- Mississippi has a 90-day renewal cycle.
- April 1, 2023 – initiated eligibility 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 receive a prepopulated renewal form mailed by the 15th of the month with a 30-day deadline to return.
- 14 months to complete all renewals.
- Renewal processes for members in counties impacted by the storms in March were temporarily postponed because they may have lost access to required documentation.

Unwinding: Navigating Renewals to Help Members

Priorities

Outreach

CMS Approved
Waivers to
Streamline Processes

More Online
Functionality

Unwinding Priorities:

1. Process renewals and make redeterminations accurately and timely to ensure continuity of coverage for eligible individuals.
2. Protect taxpayers by removing those who do not qualify from the Medicaid rolls.
3. Utilize unwinding period as an opportunity to elevate customer experience and enhance operational performance.

Unwinding: Outreach and Information

Created Stay Covered campaign to raise awareness.

Email reminders and text messages to members for first time.

To help increase awareness, community partners can find a Communications Toolkit online at:

<https://medicaid.ms.gov/stay-covered-toolkit/>.

Monthly unwinding reports are posted on DOM's website at: <https://medicaid.ms.gov/phe-unwinding-reports/>.

Remember, it will take a year to review the cases of all Medicaid members, so it's not "too late" for members to update their contact information. The online change-of-address form will remain open at: www.medicaid.ms.gov/staycovered.



Unwinding: CMS-Approved Waivers for Mississippi

- State enrolls and renews Medicaid eligibility for SNAP participants whose gross income as determined by SNAP is under applicable MAGI-based income determinations.
- National Change of Address – ability to update in-state beneficiary contact information based on USP NCOA database and returned mail without confirmation from the beneficiary.
- Ex parte for zero income – Approval to renew individuals with no income at last review when no data is returned showing income at this review.
- Partner with managed care plans to update beneficiary contact information.
- AVS – ability to facilitate renewals for individuals when no asset verification data is returned within a reasonable timeframe.
- MCO Renewal Support – permits managed care plans to assist enrollees in completing and submitting Medicaid renewal forms.

Unwinding: National Renewal Data

From a national perspective, Mississippi is mainly in the middle with respect to unwinding.

- Eligibility Renewal Rate: 26th highest of 50 states
- Disenrollments Based on a “Procedural” Reason as % of Renewals Due: 23rd highest of 50 states
- Disenrollments Based on a “Procedural” Reason as % of Renewals Completed: 24th highest of 50 states
- Renewed Via Renewal Form vs. Ex Parte: 6th highest of 4 states reporting
- Total Disenrollments: 36th highest of 50 states

Source: <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/> (last accessed Oct. 24, 2023)

Unwinding: Some Examples of “Procedural” Disenrollments

People who don’t return renewal information could be:

- Age Outs (e.g., 22-year-old who had stayed in child coverage during continuous enrollment period)
- Qualifying event has ended (e.g., mother above income threshold who maintained postpartum coverage since 2020 but is no longer pregnant)
- Income now too high for Medicaid

People whose coverage is reinstated back to date of disenrollment still count as procedural disenrollments for CMS reporting purposes.

- *A disenrollment is reported as a “procedural” disenrollment unless an individual who DOM cannot determine as eligible through electronic sources returns the prepopulated renewal form to DOM and provides information that affirmatively demonstrates they no longer meet income requirements.*

Medicaid Enrollment Still Well Above Pre-Pandemic Levels

Medicaid and CHIP Enrollment

March 31, 2020: 716,896

August 31, 2023: 837,854

DIFFERENCE:
+120,958

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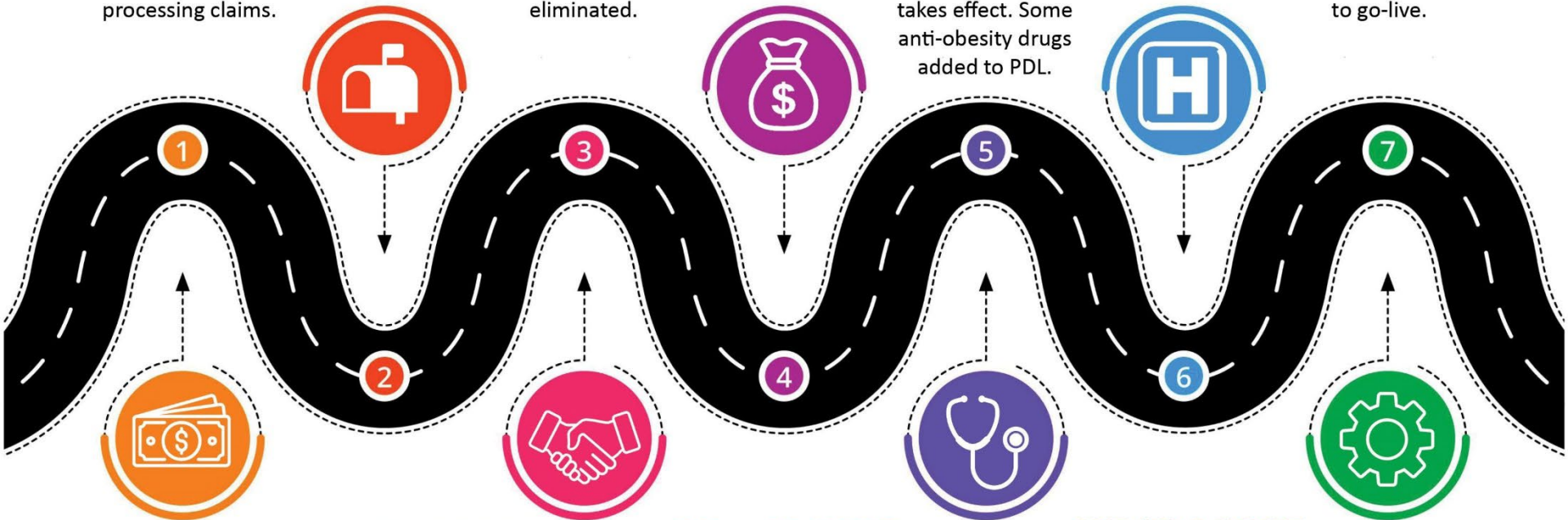
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2023 State Legislation



– **Approved by Governor**

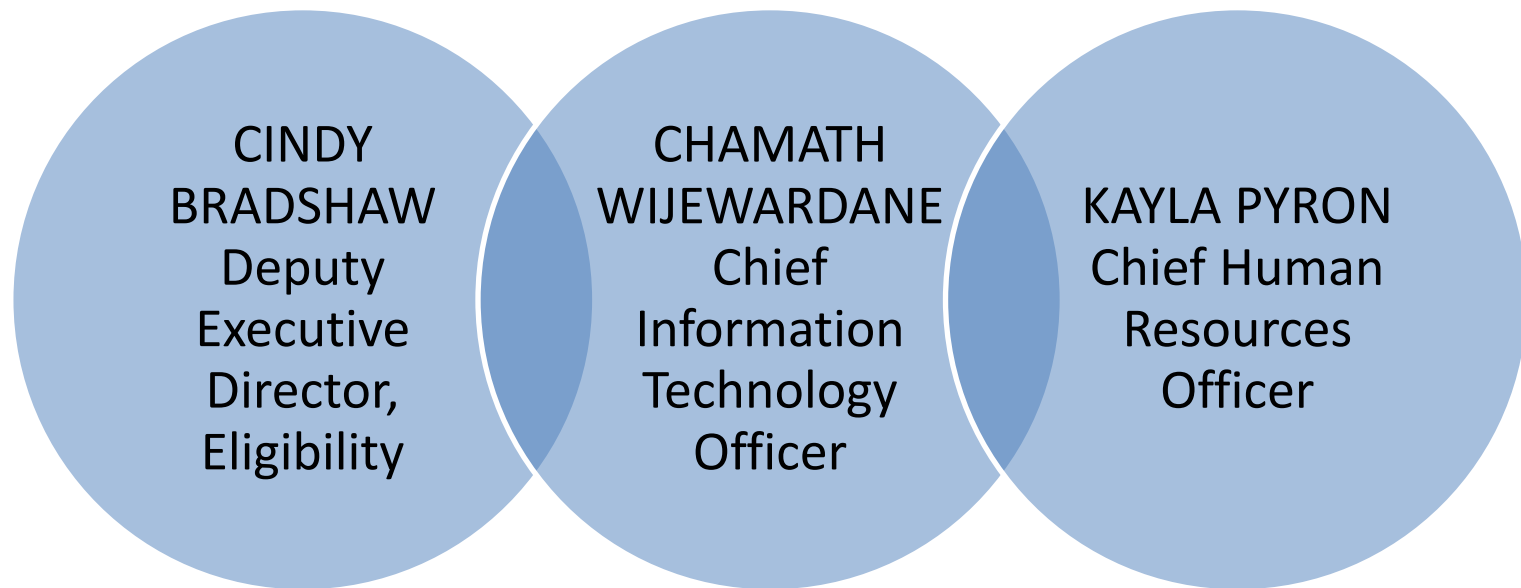
- SB 2212 Postpartum Extension
 - Approved by Governor
 - Extends postpartum coverage from 60 days to 12 months
- SB 2613 Non-Emergent Transportation Permit Extension
 - Extends the period for NET drivers to get permitted by a year (until July 1, 2024). Creates an exception to the law where providers 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

Provider Rate and Payment Increases

- Approved: Preventive and Diagnostic Dental, Outpatient Hospital, PPEC, PDN, Autism, Home Health, 1915c HCBS
 - (payments benchmarked to Medicare and cost-based reimbursements could increase without state plan amendment)
- Approved: Ambulance UPL and Directed Payment, \$137M one-time hospital payment, \$40M increase to MHAP for SFY23
- Awaiting CMS Approval: CSP 1915i Waiver rate increases (rate study is ongoing)
- In Development: Orthodontia, Community Mental Health Center Services/CCBHC, New and Amended Hospital Supplemental Payment Programs, etc.

Recent Medicaid Leadership Additions

The Division continues to try to deepen the talent pool in an ongoing effort to elevate performance and provide better service to our customers.



Items to Watch 2024

Leadership
Transitions (e.g., new
House Speaker)

Eligibility
(43-13-115)

Ongoing Financing of
Health Care System
with Rising Costs &
Lower Medicaid FMAP

Incorporating
Federal Statutory
and Regulatory
Changes

Clinical Focus on 3Ms:
Maternal, Mental, and
Metabolic

Workforce Availability
and Development for
Payers and Providers

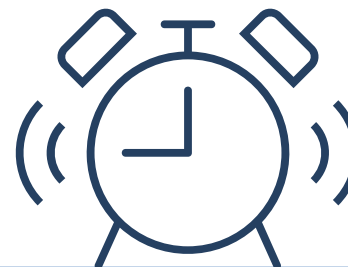
Completion of PHE
Unwinding

Member and Clinician
Burden Reduction

Upcoming Policy Changes

- Submitted to CMS

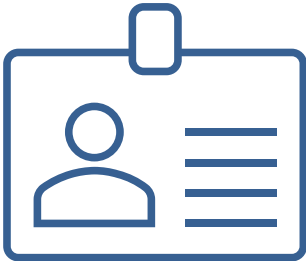
- Hospital Upper Payment Limit Payment
- Hemophilia coverage
- Former Foster Care Eligibility – coverage in any state 1/1/2023
- Community Mental Health Services rate update
- Outpatient Prospective Payment system rate update
- APR-DRG reimbursement update
- Tobacco Cessation



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.

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](#)

Managed Care Procurement

The new contracts will place focus on:

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

A one-year emergency extension of the current contracts was 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

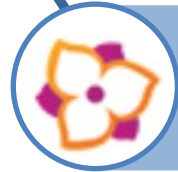
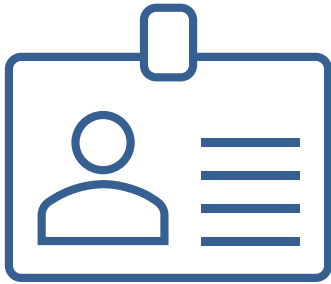
After receiving five qualifications from prospective contractors, DOM provided Notice of Intent to Award Contracts to three offerors:

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.

Managed Care Contact Information



Magnolia Health
magnoliahealthplan.com

1-866-912-6285



United Healthcare
uhcommunityplan.com

1-800-557-9933

1-877-743-8731



Molina Healthcare
MolinaHealthCare.Com

1-844-809-8438

Questions

