

Mississippi Medicaid Update

MS Chapter HFMA Annual Conference

April 19, 2024



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Agenda



Medicaid Spending



Enrollment



MS Hospital Access Program



Policy and Legislative Changes

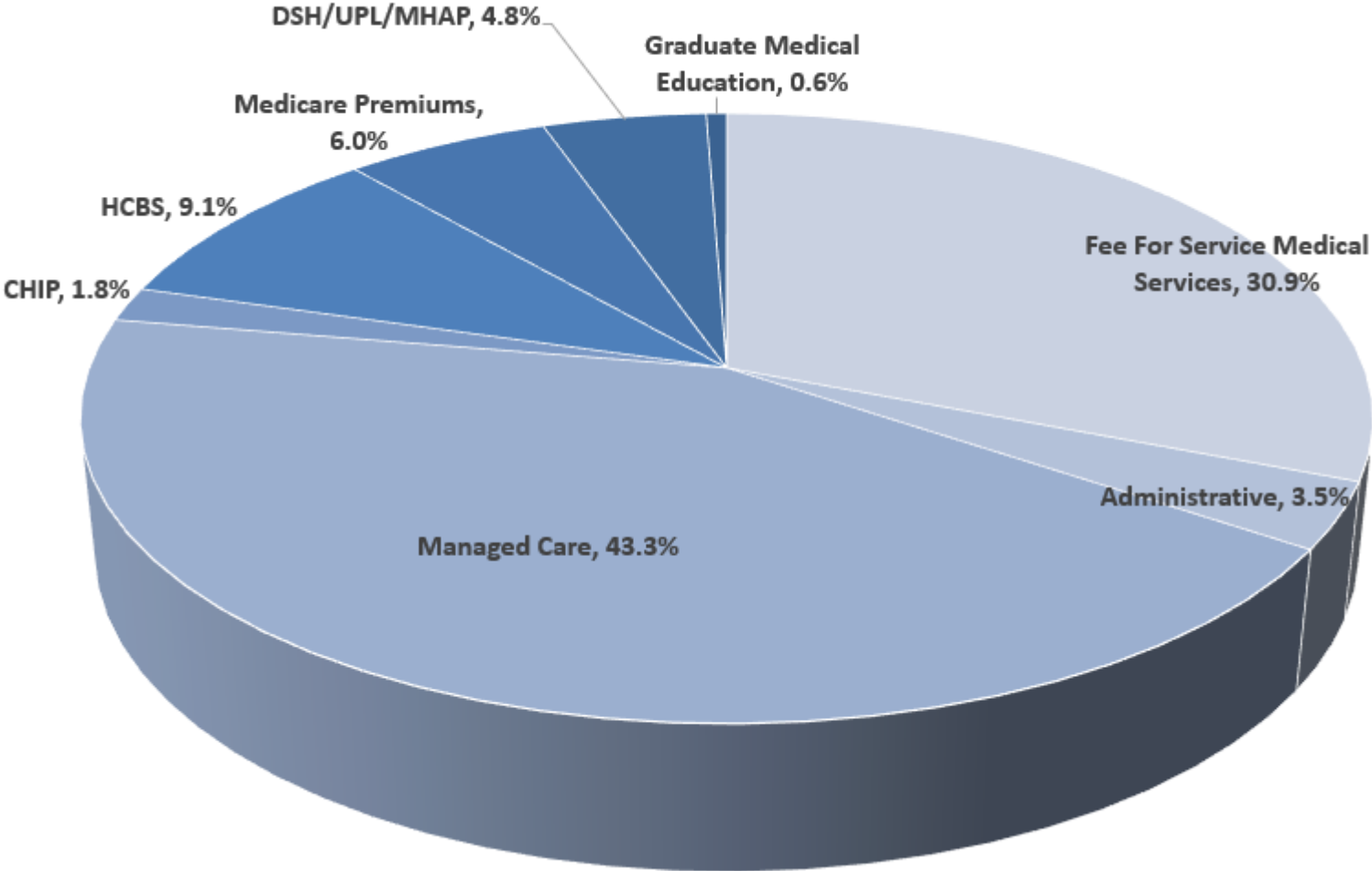


Managed Care Procurement



Contact Information

SFY 2023 Medicaid Spending



Year-over-Year Spending Change

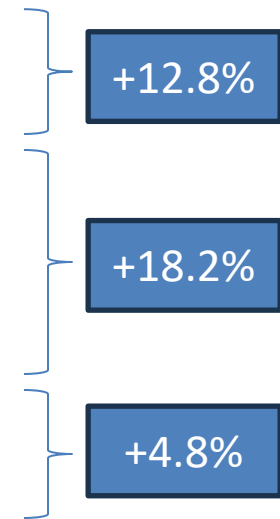
 2022 TO 2023 ACTUALS
+784.2 million

Actual SFY 2022: 6,120,990,892

Actual SFY 2023: 6,905,149,290

Estimate SFY 2024: 8,164,159,284

Estimate SFY 2025: 8,560,717,537



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

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.

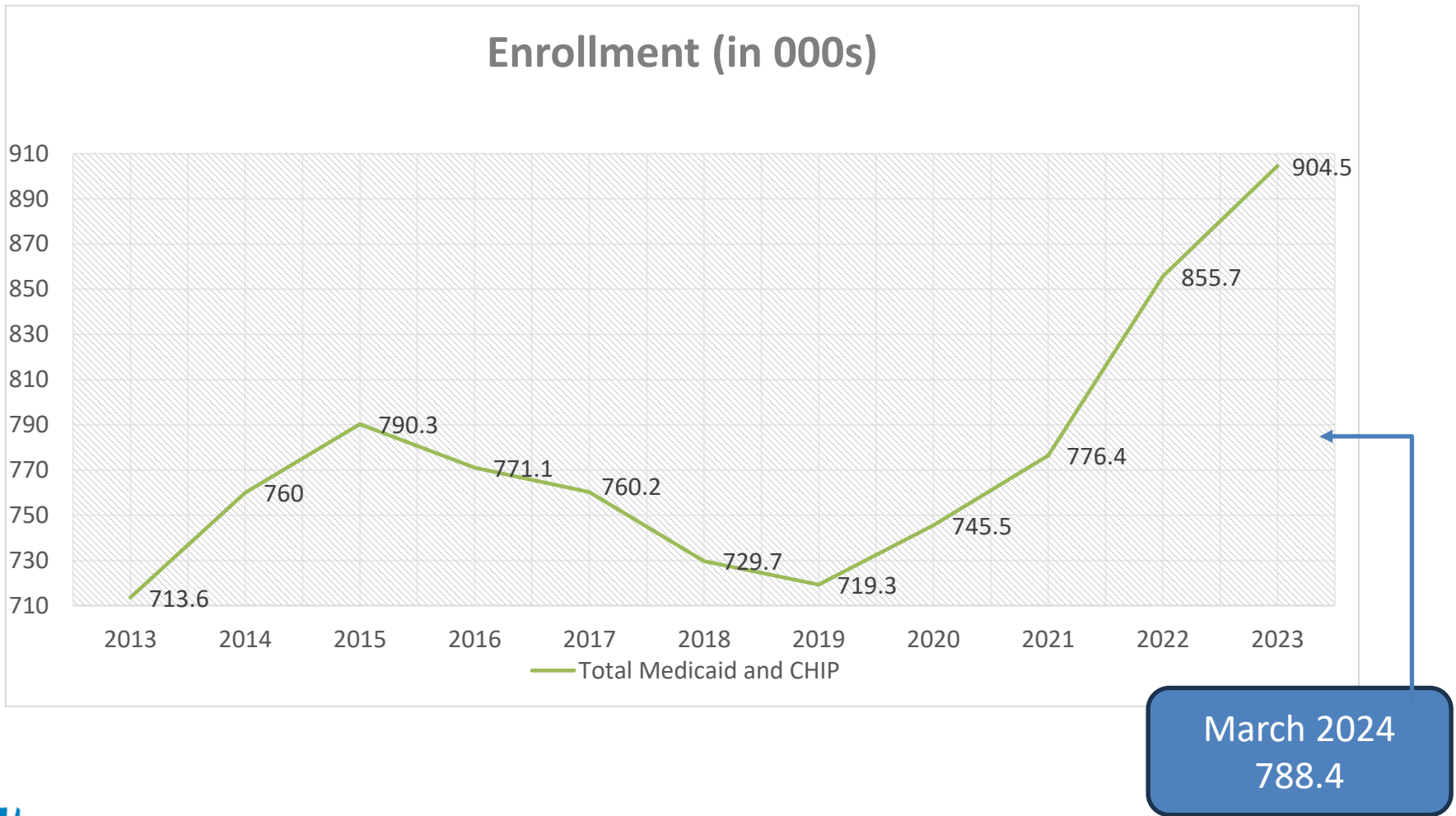
Unwinding the PHE

- 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

2020-2023: Medicaid Enrollment Surges

Source: Medicaid.ms.gov for June 30 of Each Year



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 last 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 still 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.



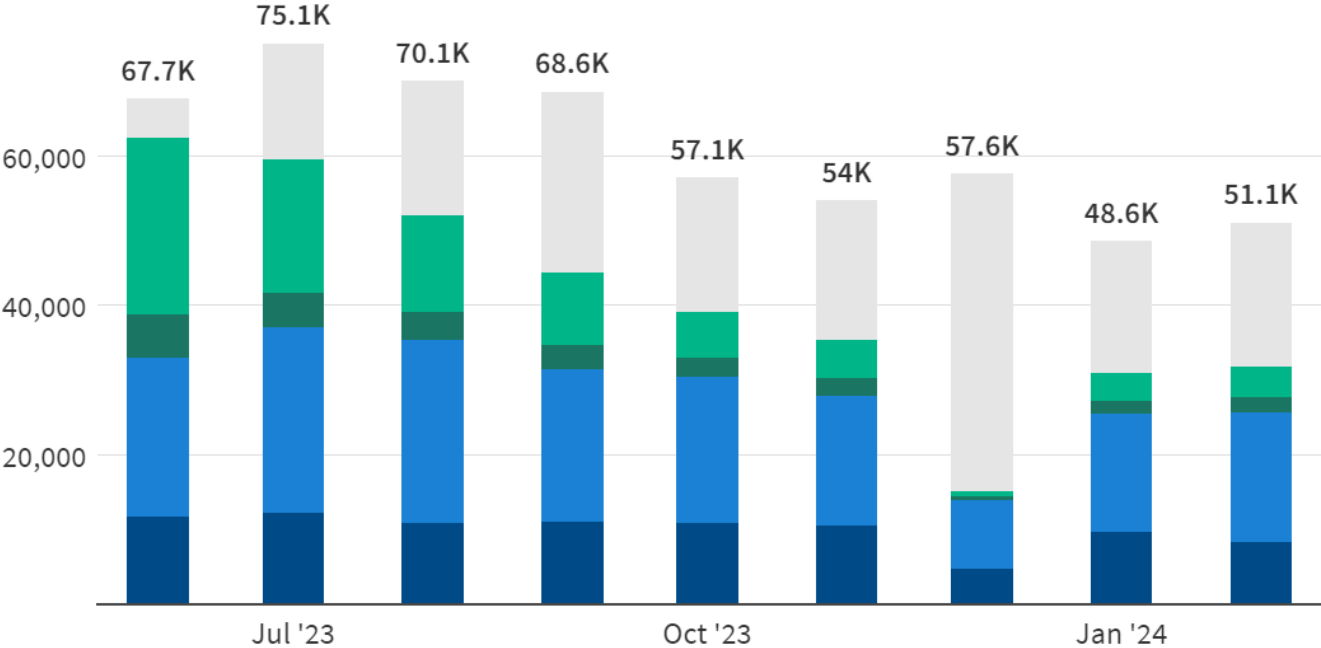
Unwinding: CMS-Approved Waivers for Mississippi

- 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: MS Renewal Data

As of February 2024, 260,296 enrollees renewed their coverage and 110,273 enrollees were disenrolled, including 26,879 who were determined ineligible and 83,394 who were disenrolled for procedural reasons

■ Renewed on an ex parte basis ■ Renewed via renewal form ■ Determined ineligible ■ Terminated for procedural reasons ■ Renewal not completed



<https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>

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.*

MS Hospital Access Program

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
2023	\$313,053,124	\$288,100,478	\$601,153,602
2024	\$733,317,426	\$788,996,459	\$1,522,313,885
2025	\$733,317,426	\$832,522,898	\$1,565,840,324

More information on MHAP including lots of QIPP resources like methodology supplements, previous webinars and attestations:

<https://medicaid.ms.gov/value-based-incentives/>

Email questions to: QIPP@medicaid.ms.gov

MHAP – FSA \$733,317,426

FSA Payment Table		
Payment Type	Total Amount	Allocation for Interim Payments
Inpatient	\$438,019,929	\$7,875.25 per discharge
Outpatient	\$295,297,497	Increase of 104.95%

- Interim FSA payments calculated using managed care inpatient discharges and outpatient payments from the state fiscal year July 1, 2022, through June 30, 2023 (based on paid date)
- Interim payments reconciled in May 2026 to actual encounters for rating period, July 1, 2024 - June 30, 2025 (based on service date)

MHAP QIPP - \$832,522,898

QIPP Payment Table			
Payment Type	Total Amount	Allocation for Interim Payments	Penalty
PPHR	\$144,754,580	20% of QIPP Pool split by hospital based on SFY 2024 MHAP Payments	Assessed based on performance against the statewide a/e ratio
PPC	\$144,754,580	20% of QIPP Pool split by hospital based on SFY 2024 MHAP Payments	Assessed based on performance against the statewide a/e ratio
AM PPC	\$166,504,580	20% of QIPP Pool split by hospital based on SFY 2024 MHAP Payments	Initial Year – Hospitals will receive AM PPC payments for receipt and review of reports
HIN	\$333,009,158	40% of QIPP Pool split by hospital based on SFY 2024 MHAP Payments	Assessed based on hospitals participation in a statewide HIN and submission of ADT information
PPHR/PPC VBP Bonus	\$43,500,000	Prorated to hospitals meeting performance levels for each metric	n/a

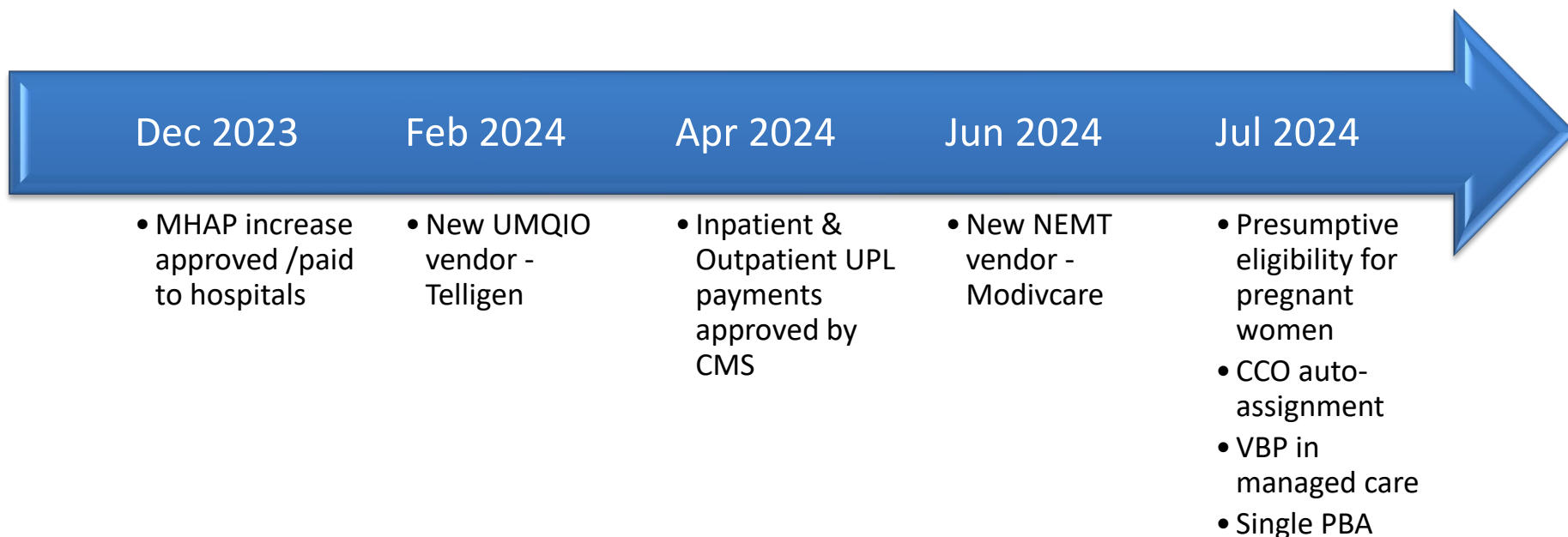
MHAP QIPP Requirements

- The final QIPP payment per hospital will be made after the final SFY 2024 MHAP reconciliation in May 2025
- Quarterly PPHR and PPC report attestations – Late or missing submissions are subject to a ten percent (10%) deduction from the quarterly payment
- QIPP Corrective Action Plans (CAP) – required if potentially preventable actual-to-expected ratios are above the threshold
- CAP – Must meet 2% improvement for 100% payment or 1% improvement for 50% payment
- Forfeitures from CAP for both PPHR and PPC will be limited to twenty-five percent (25%) of the total SFY 2025 PPHR and PPC amounts for that hospital
- HIN – In SFY 2025:
 - certify to participation in a statewide HIN
 - by Sept 30, 2024, submit the data supported by the HIN to include admission, discharge, and transfer (ADT) information for Medicaid beneficiaries

MHAP QIPP VBP

- For SFY 2025, the Division will carve out \$43.5M from the initial payment of the PPHR and PPC portions of QIPP into a separate Value-Based Payment (VBP) arrangement.
- For those hospitals that improve their Actual to Expected Ratios (a/e ratios) by greater than or equal to two percent (2%) or already have an a/e ratio less than or equal to the statewide threshold, the Division will pay those hospitals achieving the required improvement a pro-rata portion of the \$43.5M attributed to their hospital.
- This additional payment will occur after the final PPHR and PPC reports for SFY 2025 have been completed and the required improvement determined.

Medicaid on the Move



Items to watch in 2025

- Clinical Focus on 3Ms: Maternal, Mental, and Metabolic
- Incorporating Federal Statutory and Regulatory Changes

2024 State Legislation



PASSED:

- HB 539 Presumptive Eligibility
 - Provides presumptive eligibility for pregnant women for ambulatory prenatal care
- HB 970 Extended repeal dates on Medicaid code sections
 - Authorizes Medicaid sections until June 30, 2028
- SB 2140 MS Prior Authorization Reform Act

IN CONFERENCE (as of April 12):

- HB 1725 Medicaid Technical Bill; includes expansion

Upcoming Changes

- Inpatient, Outpatient and Physician Fee schedule updates
- (payments benchmarked to Medicare and cost-based reimbursements could increase without state plan amendment)
- CSP 1915i Waiver approval; rate study is ongoing
- Certified Community Behavioral Health Center demonstration application was submitted in March 2024 (in conjunction with MS Department of Mental Health and Community Mental Health Centers) – more information here:
<https://www.dmh.ms.gov/service-options/certified-community-behavioral-health-clinics/>



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 Waivers please notify the Division of Medicaid at DOMPolicy@medicaid.ms.gov.

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, 2024. This one-year emergency will include a single PBA and a new VBP program.

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

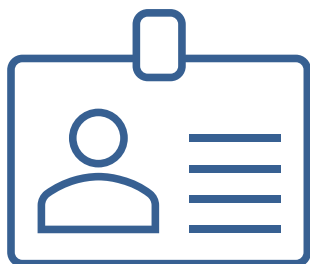
After receiving five qualifications from prospective contractors, DOM provided Notice of Intent to Award Contracts to three offerors:

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.

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 Contact Information



Questions

