Mississippi Medicaid Update

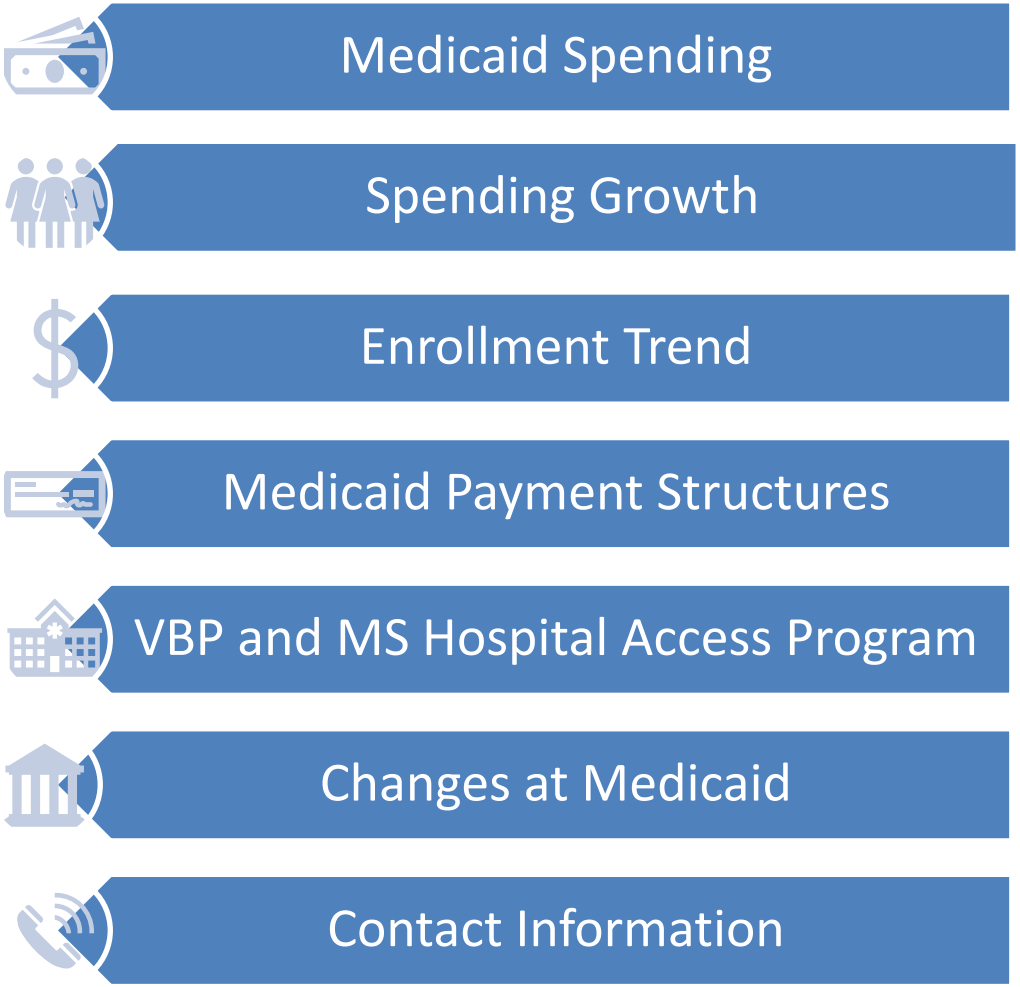
MSCPA Healthcare Services Conference

September 18, 2025

MISSISSIPPI DIVISION OF MEDICAID

Jennifer Wentworth
Chief of Staff
Office of the Governor Division of Medicaid

Agenda



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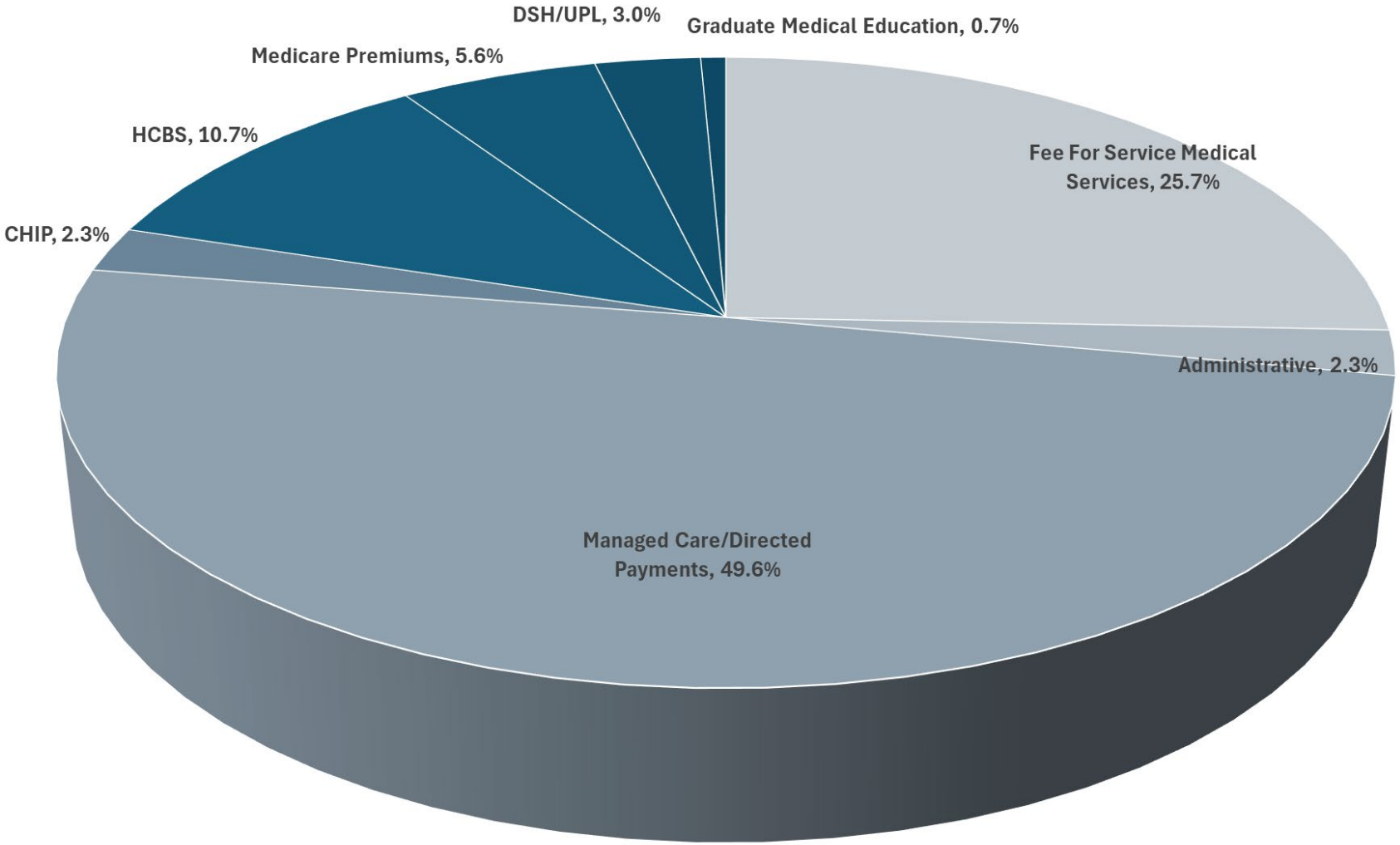
SFY 2025 Medicaid Spending



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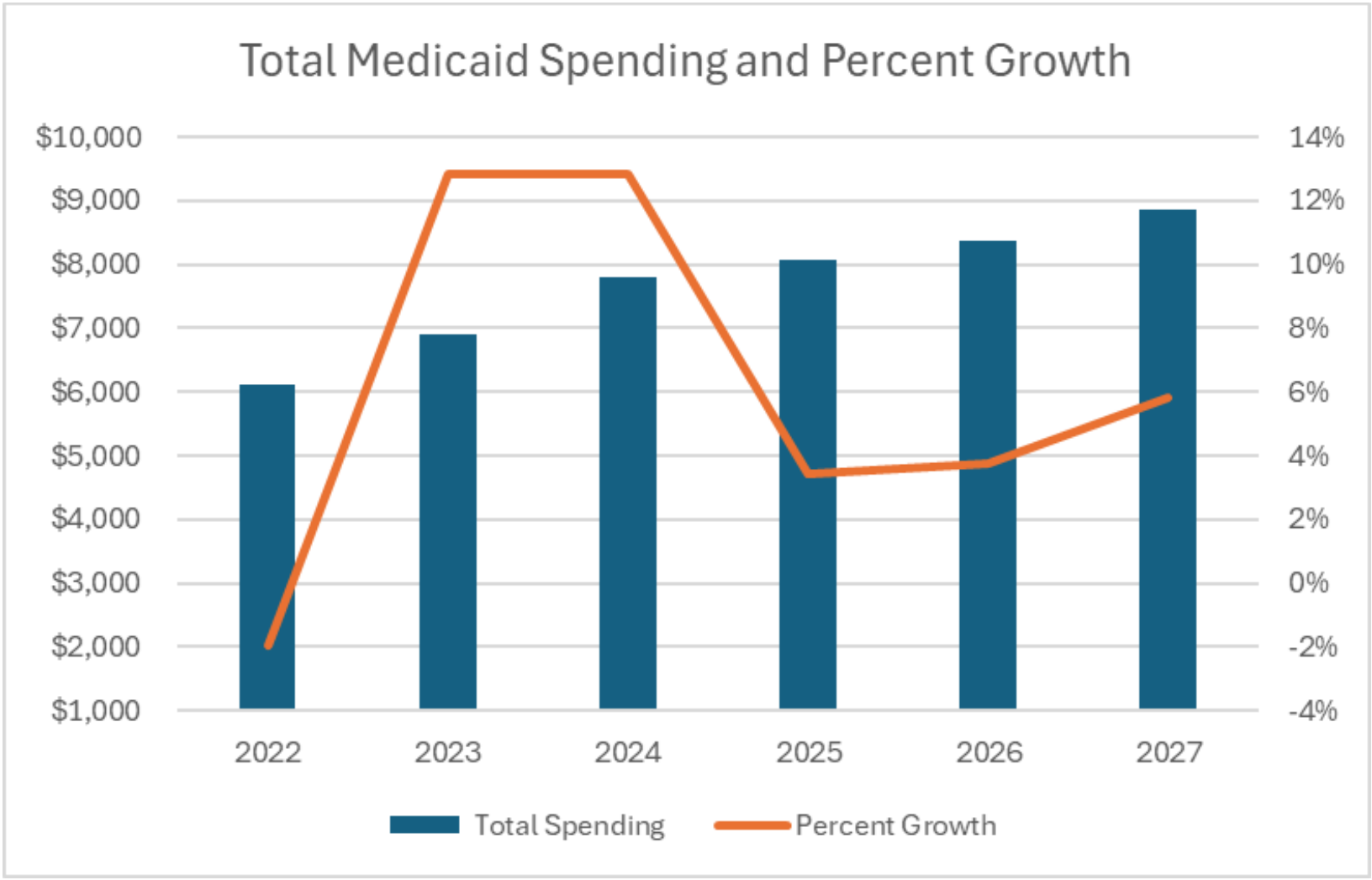
Spending Growth



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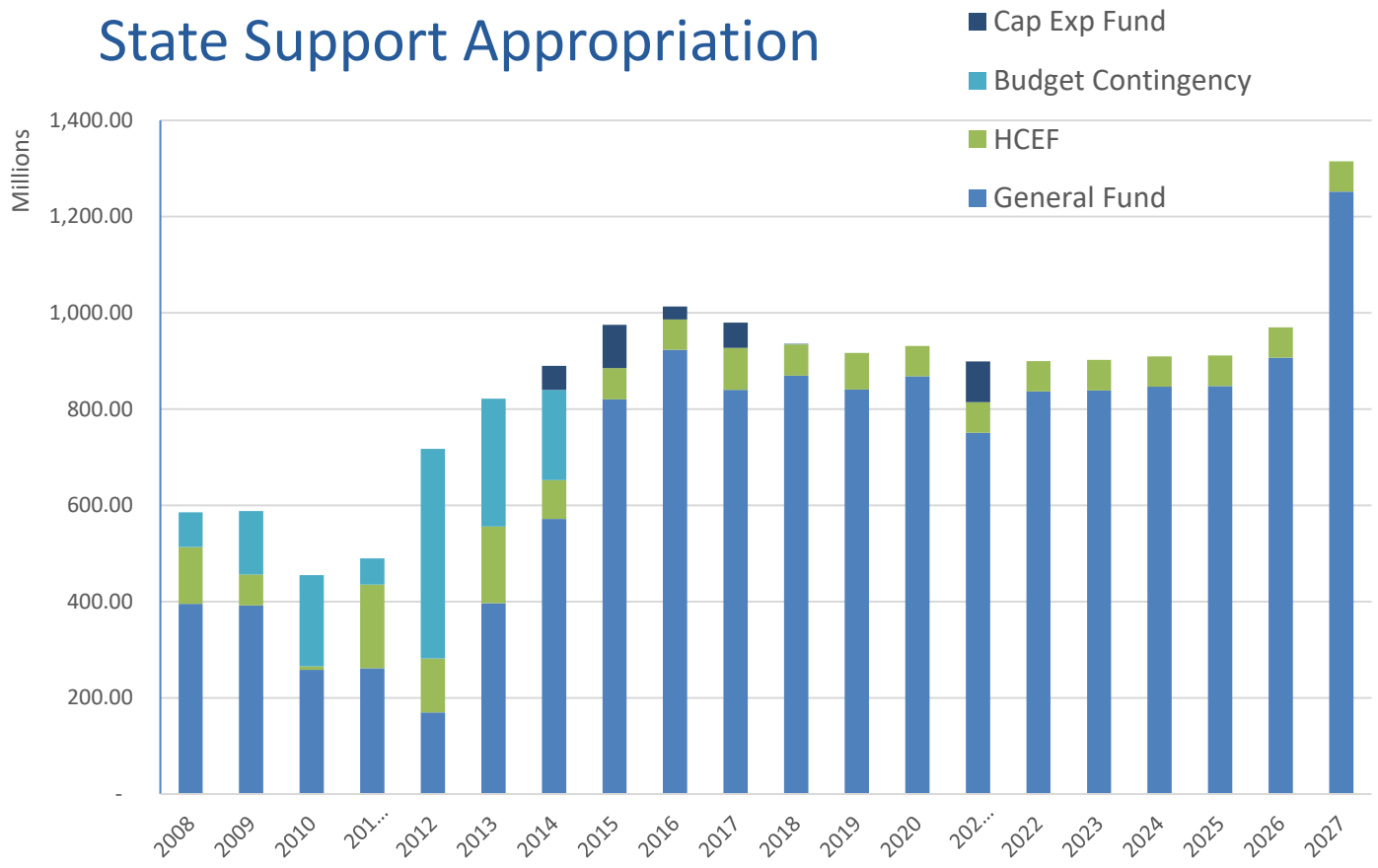
State Share



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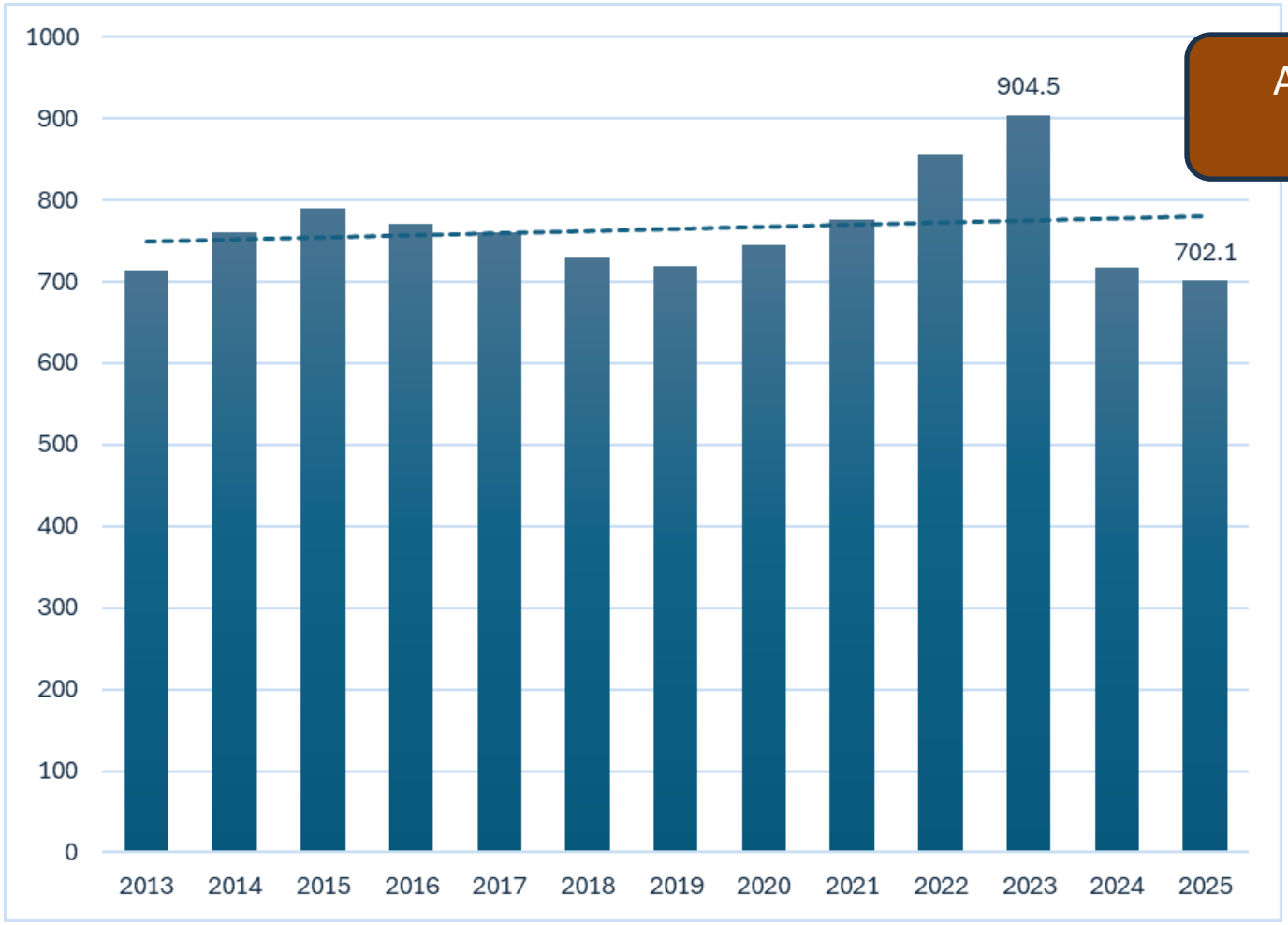
2013-2025 Medicaid Enrollment

(in thousands)



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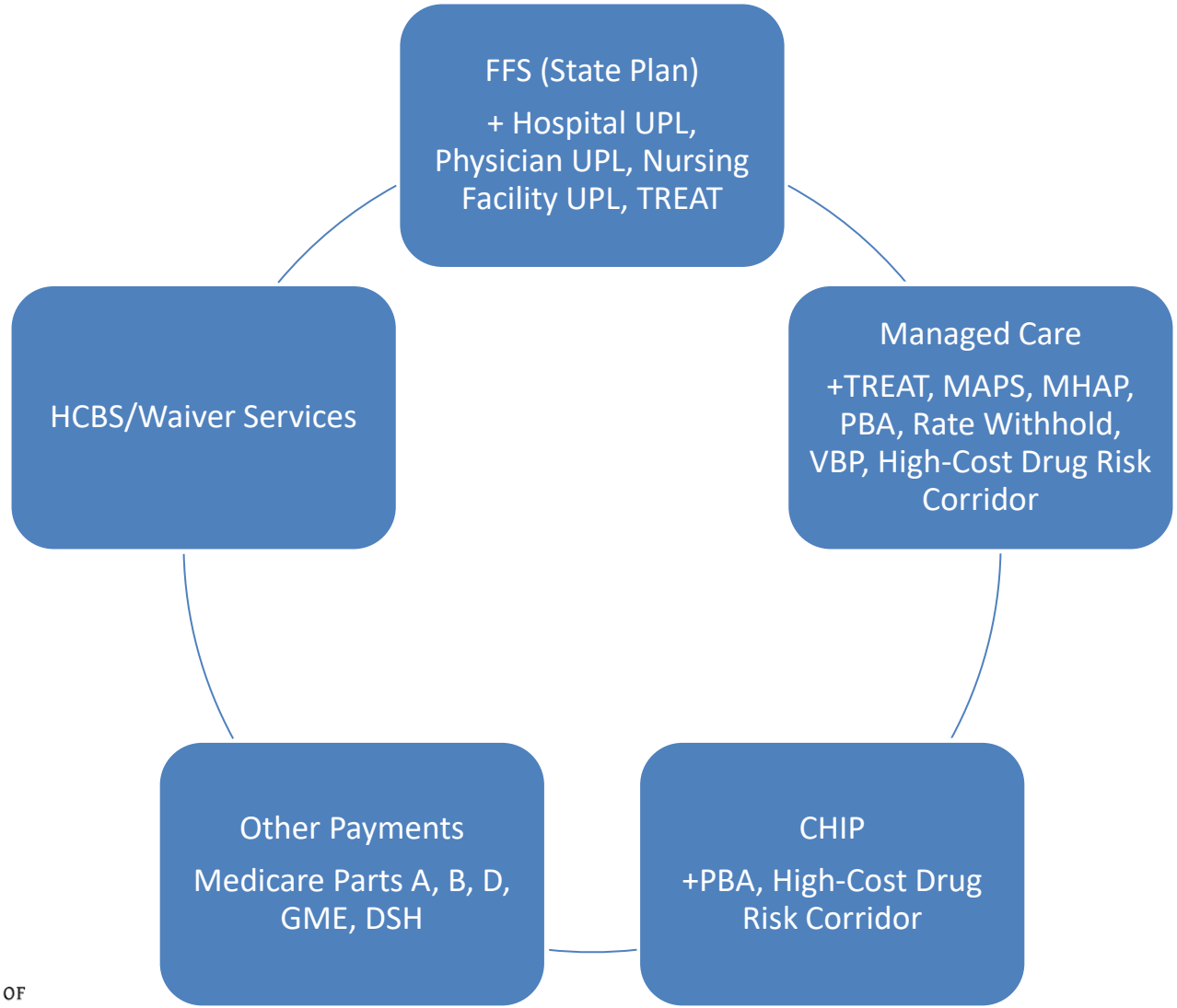
Medicaid Payment Structures



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VBP Incentive Program Overview

- Program Launch: SFY July 1, 2024
- Objective: **Incentivize high value care**
- Incentives: Will be shared by CCOs with hospitals and other providers.
- Program Focus Areas:
  1. **Maternal Health**
     - Mississippi Outcomes for Maternal Safety (MOMS) Risk Assessment and Timely Follow-up
     - Cesarean Birth (PC-02)
  2. **Mental Health**
     - Antidepressant Medication Management: Continuation Phase Treatment (AMM-AD)
  3. **Metabolic Health**
     - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)

MS Hospital Access Program

MHAP BY SFY

SFY	MHAP-TPP	MHAP-FSA	MHAP-QIPP	TOTAL MHAP
2016	$533,110,956	$	$	$533,110,956
2017	$533,110,956	$	$	$533,110,956
2018	$422,241,632	$110,869,324	$	$533,110,956
2019	$380,017,469	$153,093,487	$	$533,110,956
2020	$215,886,793	$275,000,000	$42,224,163	$533,110,956
2021	$0	$317,886,793	$215,224,163	$533,110,956
2022	$0	$285,603,168	$247,507,788	$533,110,956
2023	$0	$313,053,124	$288,100,478	$601,153,602
2024	$0	$733,317,426	$788,996,459	$1,522,313,885
2025 (submitted to CMS)	$	$719,679,373	$820,744,321	$1,540,423,694
2026 (Estimate)	$	$719,066,188	$844,121,178	$1,510,325,958

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

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MHAP – FSA $694,749,941

Fee Schedule Adjustment Payment Table - FY2026		
Payment Type	Total Amount	Allocation for Interim Payments
Inpatient (non-REH)	$451,587,462	$9,340.16 per discharge
Outpatient (non-REH)	$241,586,175	Increase of 77.59%
Outpatient (REH)	$1,576,304	Increase of 37.99%

- Interim FSA payments calculated using managed care inpatient discharges and outpatient payments from the state fiscal year July 1, 2023, through June 30, 2024 (based on paid date)
- Interim payments reconciled in May 2027 to actual encounters for rating period, July 1, 2025 - June 30, 2026 (based on service date)
- Reconciliation amounts for FY2025 MHAP will be calculated in May 2026

MHAP QIPP - $815,576,017

QIPP Payment Table			
Payment Type	Total Amount	Allocation for Interim Payments	Measurement Basis
PPHR	$271,858,673	33.3% of QIPP Pool split by hospital based on SFY 2025 MHAP Payments	Assessed based on performance against the statewide a/e ratio
PPC	$271,858,672	33.3% of QIPP Pool split by hospital based on SFY 2025 MHAP Payments	Assessed based on performance against the statewide a/e ratio
AM PPC	$271,858,672	33.3% of QIPP Pool split by hospital based on SFY 2025 MHAP Payments	Second Year – Hospitals will receive AM PPC payments for receipt and review of reports
PPHR/PPC VBP Bonus	$50,000,000	Prorated to hospitals meeting performance levels for each metric	Assessed based on all QIPP metrics

NEW at Medicaid

Request for Coverage (RFC) – Mississippi Division of Medicaid

The Mississippi Division of Medicaid may consider coverage of a new service, technology, or other benefit. Please complete and submit this form to propose a new or existing benefit for review and consideration. Request for Coverage (RFC) for the Mississippi Division of Medicaid

Note: Services that are experimental, non-FDA approved, investigational, or cosmetic will not be considered for coverage.

Managed Care Passive Enrollment

Effective Oct 1, new members eligible to participate in Managed Care will be automatically enrolled. Members in some eligibility groups may opt-out of managed care after enrollment.

Call Center/Eligibility Offices

The office in Jackson has been split into two locations – Ridgeland and Clinton.
https://medicaid.ms.gov/about/office-locations/
DOM is working with Dept of Health to provide enrollment help at their county offices, and outstations are being phased out due to low utilization.

NEW at Medicaid (cont.)

Transforming Maternal Health Grant (TMaH)

DOM is a recipient for the Transforming Maternal Health Model (TMaH). It is a 10-year grant that includes a 3-year implementation phase. Transforming Maternal Health (TMaH) Model | CMS

Cell and Gene Therapy Model (CGT) for Sickle Cell Disease

Participating in the CGT Access model and awarded grant to support utilization of and outcomes for the treatments. Cell and Gene Therapy (CGT) Access Model Overview Factsheet

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Rural Health Transformation

DOM is collaborating with MSDH and the Office of the Governor on the application. Rural Health Transformation (RHT) Program | CMS

NEW at Medicaid (cont.)

RUGS to PDPM Transition – Oct 1

The calculation of case mix for Nursing Facility rates will change from the Resource Utilization Groups system to the Patient-Driven Payment Model as required by CMS.

Upcoming MHAP changes

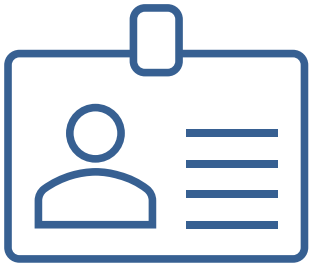
A CMS final rule issued in the spring of 2024 will require DOM to stop making interim MHAP payments and will instead require the MHAP and other state directed payments to be made by the MCO with the payment of claims.
H.R 1, OBBBA will require reduction of MHAP to 110% of Medicare beginning in FY 2029 (July 2028). This is expected to reduce MHAP by approximately $150 million every year for 10 years based on the FY2026 amount. Other CMS regulations for calculation of State Directed Payments still apply – calculation of ACR, updates of data, amount of tax room, etc. – so that amount is subject to change.

Policy Updates

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.

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

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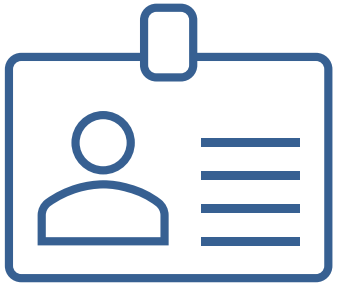
Managed Care Contact Information



Magnolia Health 1-866-912-6285
magnoliahealthplan.com

Molina Healthcare 1-844-809-8438
MolinaHealthCare.Com

TrueCare 1-833-230-2110
https://www.mstruecare.com/ms/plans/

Contract end: June 30, 2025
United Healthcare 1-800-557-9933
uhccommunityplan.com 1-877-743-8731

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Questions

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