

Medicaid Advisory Committee
April 17, 2026 - 2:00 PM
Sillers Building – Cobb Conference Center
550 High Street, Jackson, MS 39201

Meeting Agenda

- I. Call to Order and Disclosure of Conflicts of Interest
- II. Approval of Meeting Minutes from January 16, 2026
- III. Financial Update
- IV. Agency Updates
- V. Hospital Payments and Medicaid Financing
- VI. Managed Care Spotlight- Molina
- VII. Old Business
 - a. Budget Deficit Solutions Feedback
- VIII. New Business
- IX. Public Comments
- X. Adjournment

Next Meeting: July 10, 2026

Medicaid Advisory Committee
Meeting Minutes
January 16, 2026

The Medicaid Advisory Committee (MAC) meeting was held on Friday, January 16, 2026, at 2:00 p.m. in the Cobb Center of the Walter Sillers Building.

The following members were present, constituting a quorum:

Dr. Anita Henderson, Mr. Bennett Hubbard, Mr. Bill Rosamond, Dr. Charles O'Mara, Dr. Craig Moffett, Dr. Daniel Edney, Dr. Jim Hurt, Dr. John Mitchell, Dr. Joy Hogge, Mr. Kent Nicaud, Dr. Marshall Bouldin, Dr. Marty Tucker, Dr. Wade Dowell, Dr. Ellen Frilox, Rep. Missy McGee (V), Ms. Dona Krystosek (V), Dr. Billy Long (V), Mr. Richard Roberson (V)
"V" indicates a virtual attendee.

Ms. Cindy Bradshaw, Executive Director of the MS Division of Medicaid (DOM), welcomed everyone, established a quorum was present and called the meeting to order.

Ms. Bradshaw asked committee members to disclose any conflicts of interest. No conflicts of interest were voiced.

Dr. Wade Dowell motioned for the October 17, 2025, meeting minutes to be approved as presented. Dr. Billy Long seconded the motion; the motion was approved unanimously.

Ms. Jennifer Wentworth, Chief of Staff of the MS DOM, gave a financial overview that highlighted key points regarding state funding, projected shortfalls, and total expenditures since 2022. Trends in the MS DOM's enrollment, service expenditures, and impact of federal funding changes were also reviewed.

Members discussed the implication of flat funding, inflation, and the need to potentially cut services if budget requests are not fully funded.

Ms. Bradshaw shared the Rural Health Transformation press release from the Governor's office, shared information on Women, Children and Family Services, and offered an update on the number of facilities that certified to determine Presumptive Eligibility for Pregnant Women (PEPW).

Dr. John Mitchell, Chief Medical Officer, TrueCare, provided an overview of TrueCare's model, emphasizing its holistic, coordinated care approach.

Ms. Robyn Wells, Project Manager for DOM's Office of Information Technology, presented an overview of the new Interoperability and Patient Access Application.

Dr. Daniel Edney discussed immunization data and the implication of the CDC's guidance changes.

The committee took up no further business, and the meeting was adjourned.

Dr. Robert Besinger joins Medicaid as new Medical Director

The Mississippi Division of Medicaid (DOM) has named Dr. Robert Besinger, a pediatrician from Brandon, to serve as the agency's new Medical Director, effective April 1, 2026.

Before joining DOM, Besinger worked in outpatient pediatrics at St. Dominic Family Health in Flowood, as well as Rankin Children's Group in Flowood. He has been a board-certified pediatrician for the past 12 years.

In his new role, Besinger will help inform the clinical strategy of the agency and find innovative ways to achieve better outcomes for the 700,000 Mississippians served by the Medicaid and CHIP programs. Besinger will be charged with providing clinical expertise and guidance to daily operations and administration, including activities such as care management oversight, quality improvement, appropriate utilization of healthcare services, delivery system transformation, and ensuring clinical initiatives are successfully implemented. He will report to Executive Director Cindy Bradshaw.

"With a sincere commitment to the children and families of Mississippi, Dr. Besinger brings not only exceptional expertise but a heartfelt passion for service to our agency," Bradshaw said. "His leadership will be instrumental as we continue striving to enhance the quality of care and strengthen the way we serve our communities, and I am truly delighted to welcome him to our team."

A native of Southaven, Miss., Besinger earned his undergraduate degree from the University of Memphis, followed by his medical degree from the University of Mississippi Medical Center (UMMC) in 2010. He completed a pediatric residency at UMMC in 2014.

"I am honored and grateful for the opportunity to serve the people of Mississippi in this role. My hope is to make a meaningful and lasting impact on families across our state, drawing on my background in pediatrics to help advance Mississippi as a gold standard for compassionate, high-quality care. This appointment is truly an answered prayer, and I am excited to step into this new chapter of service."

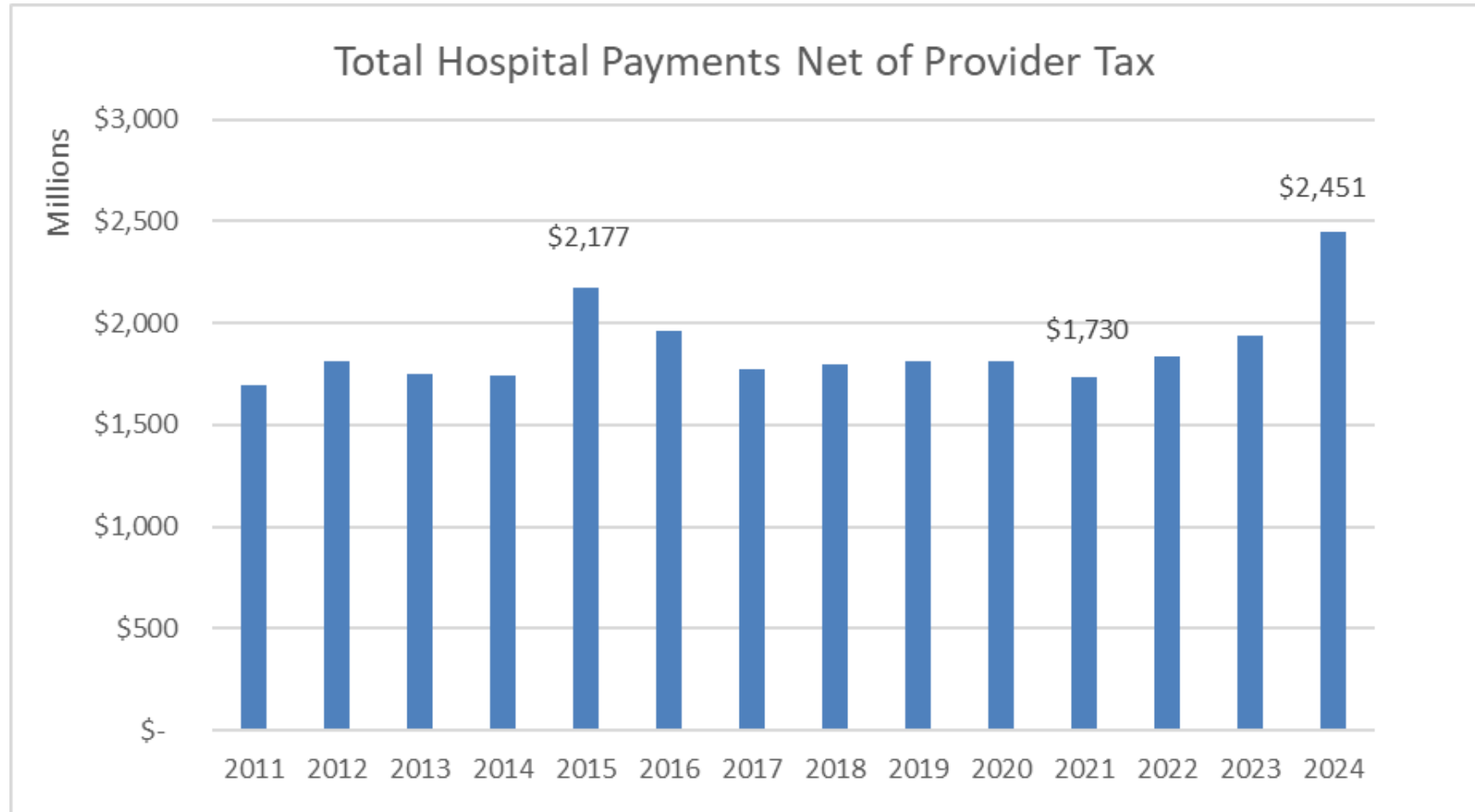
Hospital Payments and Medicaid Financing

February 4, 2026



Hospital Payments and Medicaid Financing

FFS Base Payments
Managed Care
MHAP
DSH
UPL
GME
OP APC Opt-Out
EHR
Provider Taxes/IGT
H.R.1, WFTCA



IP/OP FFS Base Payment

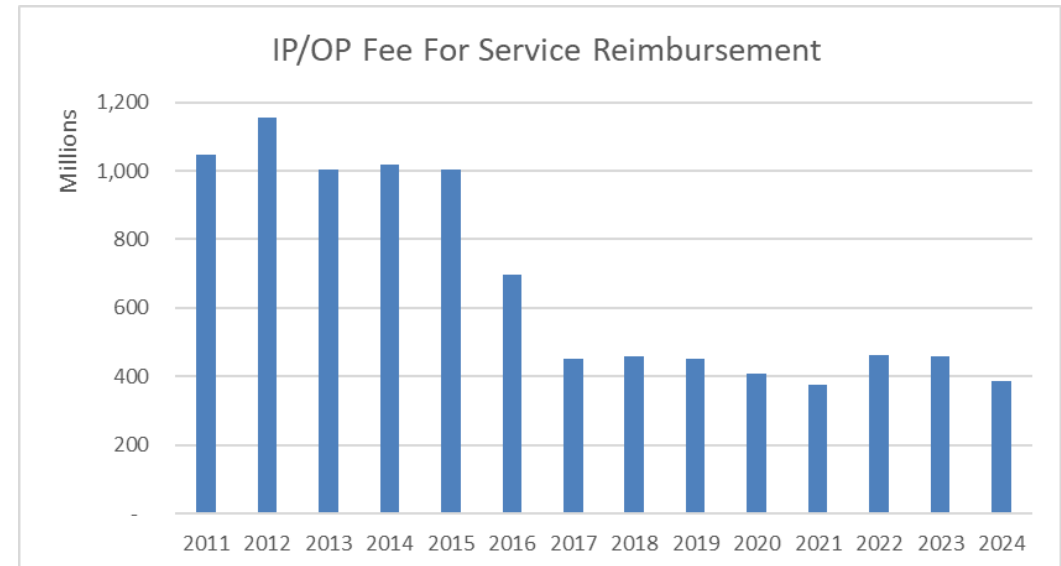
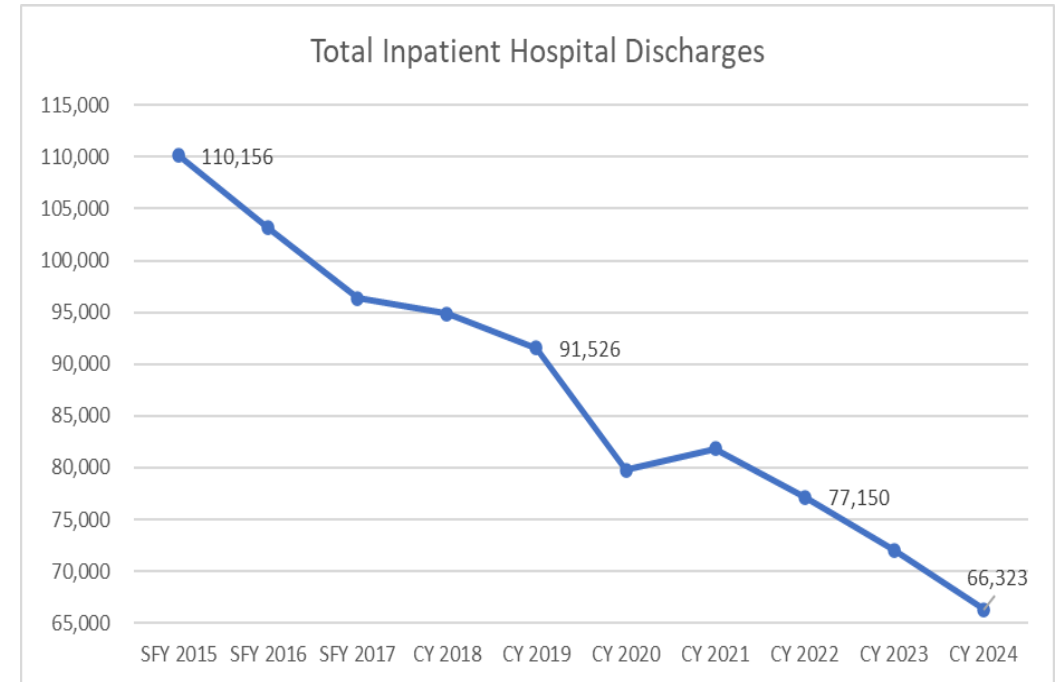
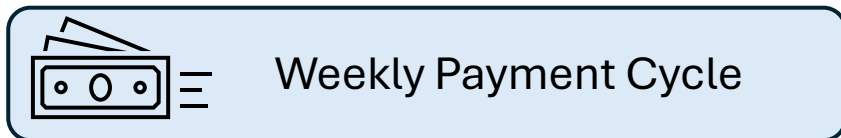
Inpatient:

All Patient Refined Diagnostic Related Group (APR-DRG) – A prospective payment system whereby hospitals are paid an amount per stay based on the diagnosis and procedure codes billed on the patient claim.

Outpatient:

Outpatient Prospective Payment System (OPPS) – A prospective payment methodology similar to the Medicare system that classifies all hospital outpatient services into Ambulatory Payment Classifications (APCs).

Ambulatory Payment Classifications (APC) – The coding system that hospitals use to bill for services rendered on behalf of Medicaid beneficiaries. For a single patient visit, the hospital can receive several separate payments for each line of service using a fee schedule.

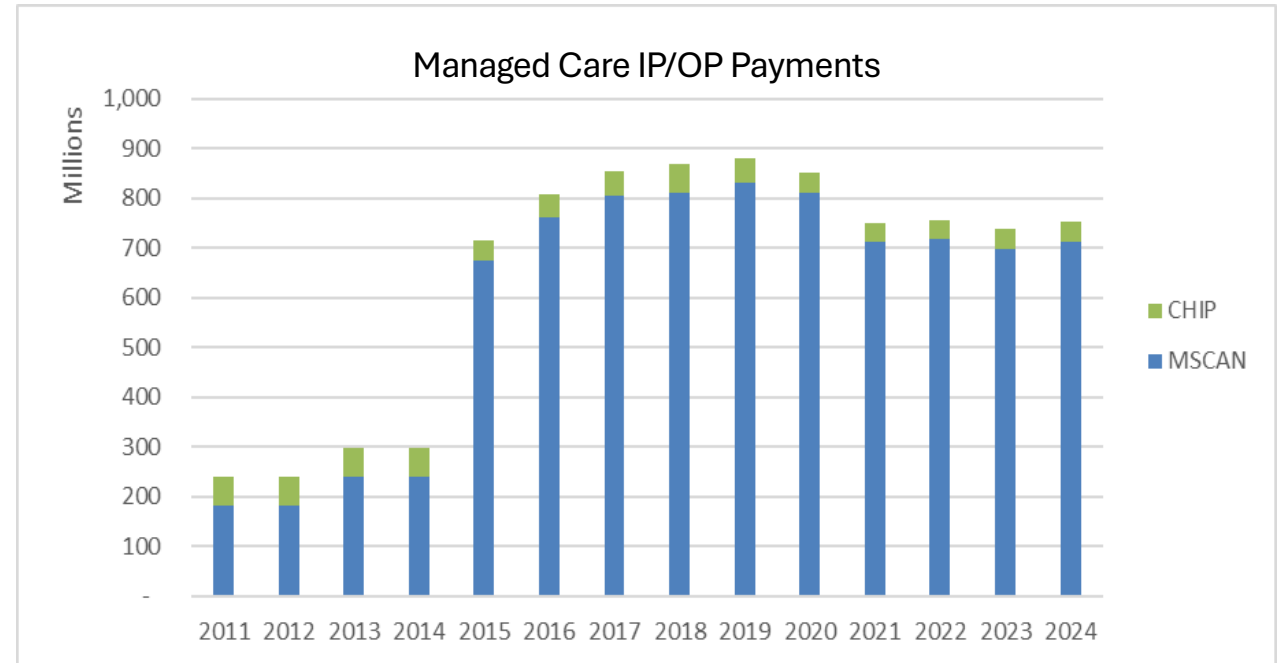


Managed Care

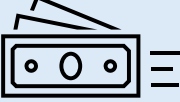
The Mississippi Division of Medicaid (DOM) has implemented a managed care program called **Mississippi Coordinated Access Network (MississippiCAN)**. MississippiCAN is designed to get a better return on Mississippi's health care investment by improving the health and well-being of Medicaid beneficiaries. MississippiCAN is a statewide coordinated care program designed to meet the following goals:

- improve beneficiary access to needed medical services,
- improve quality of care, and
- improve program efficiencies as well as cost predictability.

CHIP provides health coverage for uninsured children up to 19 years old. To be eligible for CHIP, a child cannot be eligible for Medicaid or have other health insurance at the time of application.



Inpatient services moved into managed care in December 2015.



Weekly Payment Cycle

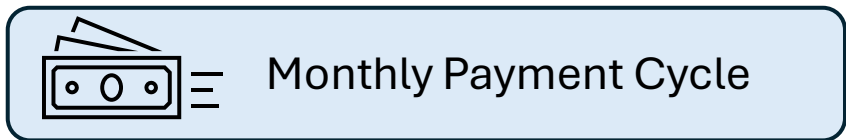
MHAP

The Mississippi Hospital Access Program (MHAP) is a state directed payment arrangement through managed care that is paid monthly to hospitals through the CCOs and is made up of two components:

- Fee Schedule Adjustment (FSA)
- Quality Incentive Payment Program (QIPP).

This program is approved by CMS through a preprint that is submitted annually.

A Transitional Payment Pool (TPP) was used in the initial years of MHAP, but CMS required states to phase out those payment structures.



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

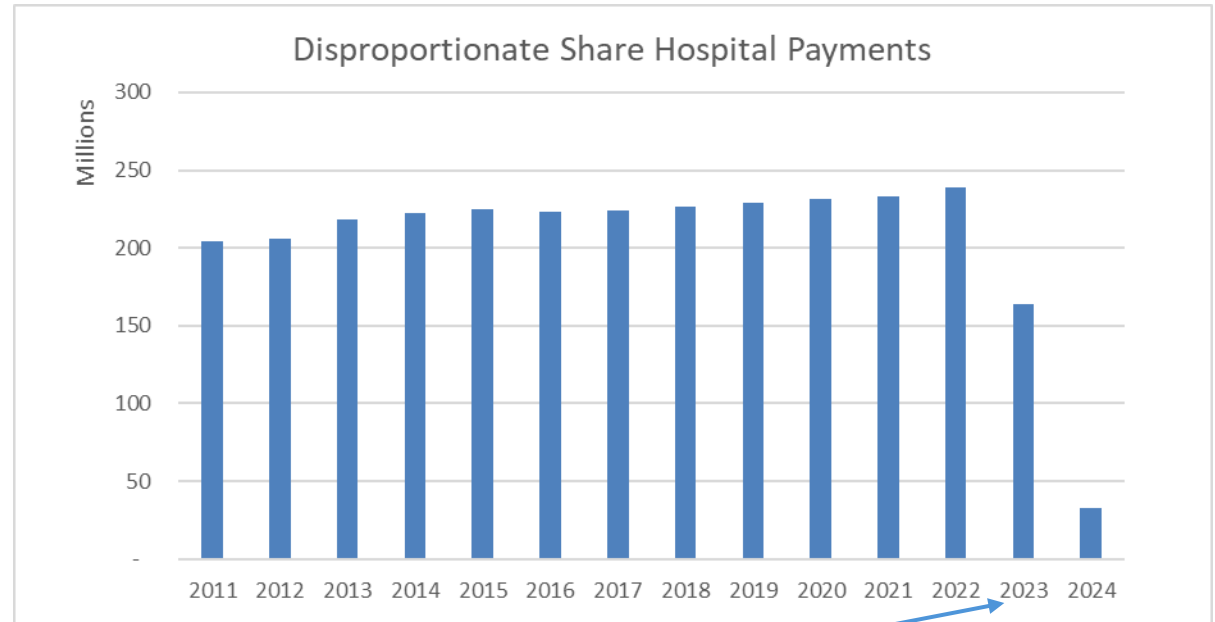
Hospital specific MHAP Payments are based on actual managed care utilization during the rate year per CMS regulations. DOM must estimate the payments for the year then reconcile to actual services provided.

DSH – Disproportionate Share Hospital

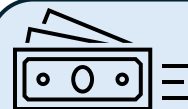
Payments are made to Mississippi hospitals when they satisfy the minimum federal DSH eligibility requirements. DSH is designed to compensate hospitals for services to the uninsured and to cover the shortfall of Medicaid payments compared to costs.

Each hospital's DSH payment will be subject to the Omnibus Budget Reconciliation Act (OBRA) 1993 payment limitations. If a hospital's payments exceed the OBRA limit, no DSH dollars may be paid.

DSH payments are initially estimated and are later subject to audit. Any portion exceeding the re-determined DSH limit must be repaid to DOM and is redistributed to other qualifying hospitals.



Beginning in 2023, MS's full allotment of DSH funds could not be expended because the uncompensated care reported by DSH-eligible hospitals on cost reports was less than they were paid during the year.



Payment Cycle:
December, March and June
Audit Cycle:
Annual

IP/OP UPL Upper Payment Limit

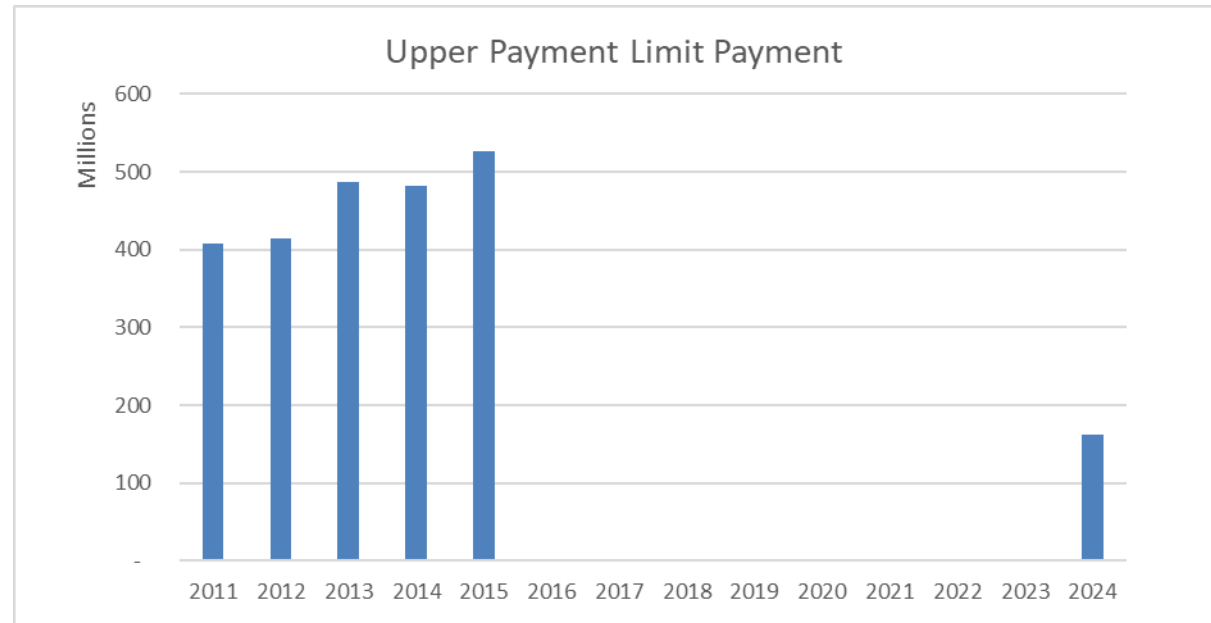
States can make supplemental payments to hospitals and other providers under FFS arrangements that are intended to cover the difference between the Medicaid FFS payment for a service and what Medicare would have paid for the same service.

Inpatient:

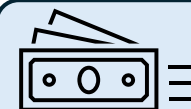
Payment is based on total inpatient days compared to all hospital inpatient days for the cost report year.

Outpatient:

Payment is based on total OP utilization compared to all hospital OP utilization for the cost report year.



When MHAP began in 2016, the full IP/OP UPL amount of \$533 million was moved to a managed care payment. The UPL payment was added back in 2024.



Monthly Payment Cycle

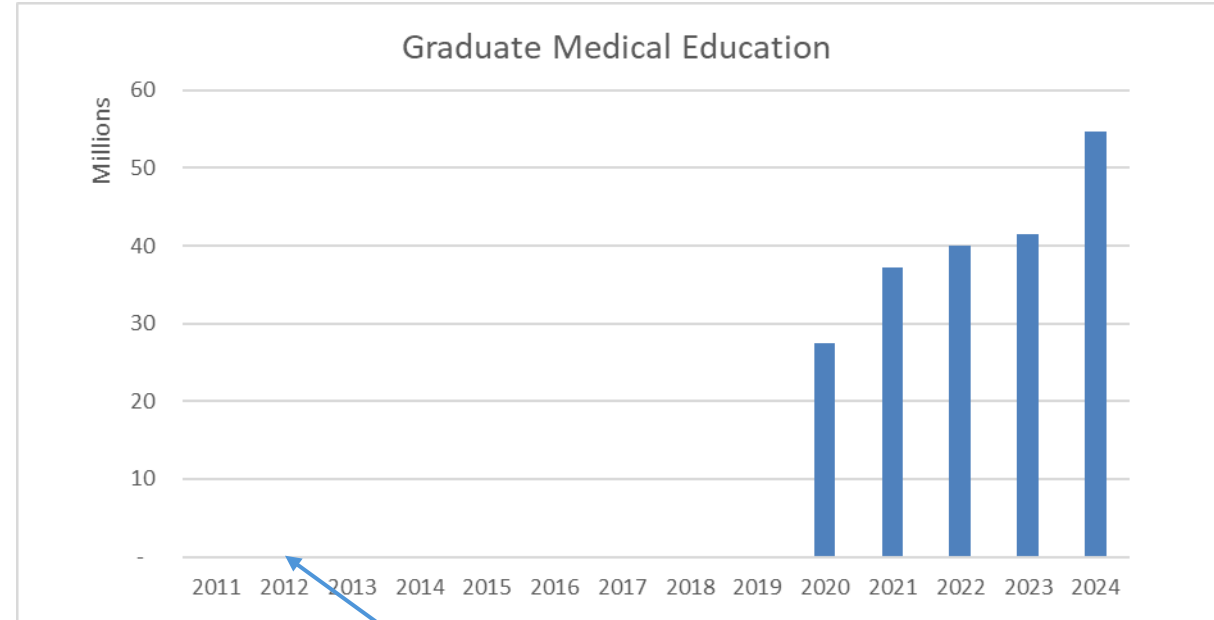
GME

Graduate Medical Education

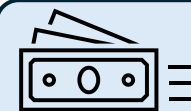
GME is a payment program in which hospitals receive reimbursement for providing training and education to medical residents. MS Hospitals with an approved and accredited teaching program are eligible for reimbursement of \$65,000 per resident FTE reported on their cost report.

These payments help reimburse the hospitals for costs directly related to educating and training medical residents.

There are currently 15 teaching hospitals receiving GME payments.



GME payments began in 2012 but were included as an increase to inpatient claims instead of separate payments. In 2020, the GME payment structure was changed to a per-resident fee and was paid separately. In July 2023, the per-resident fee was set at a flat rate for all facilities.



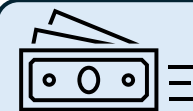
Quarterly Payment Cycle

OP APC Opt-Out

Beginning with the 2022 cost report year, the division gives rural hospitals that have fifty or fewer licensed beds the option to not be reimbursed for outpatient hospital services using the APC methodology, but reimbursement for outpatient hospital services provided by those hospitals shall be based on one hundred one percent of the rate established under Medicare for outpatient hospitals services.

9 hospitals currently participating

- Total Payment ~\$1.5 million per cost report year
- 2022 and 2023 cost report year paid this fiscal year

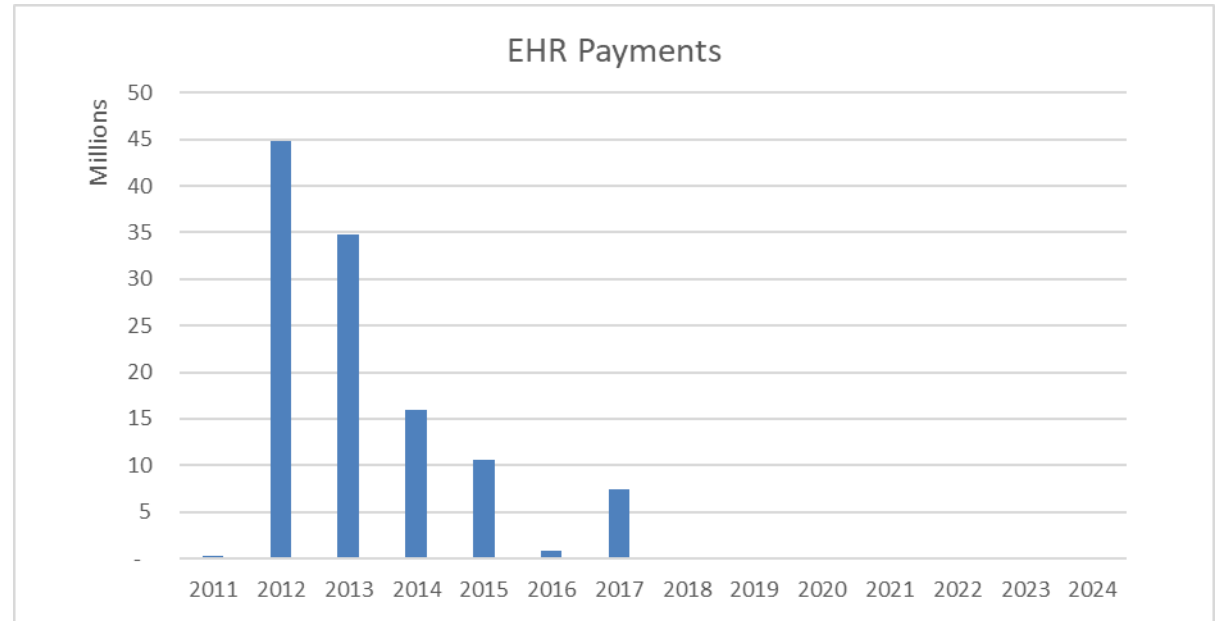


Annual Payment Cycle

EHR Electronic Health Records Incentive

The Centers for Medicare & Medicaid Services (CMS) EHR Incentive Program, often called "Meaningful Use," provided financial incentives to eligible professionals and hospitals for adopting, upgrading, and using certified EHR technology (CEHRT) to improve patient care.

Initiated in 2011 to promote digital health records, the program later became the "Promoting Interoperability (PI) Programs" in 2018, focusing on data sharing and patient access.



EHR payments ended in 2017, and all audits required by CMS for meaningful use have been completed.

Provider Taxes/IGT

The authorization for the assessment of hospital taxes is Miss. Code Ann. § 43-13-145.(4).

The tax is imposed on each MS non-Medicare hospital inpatient day.

IGT - A transfer of funding from a local government entity (state, city or county) to the State used as the non-Federal share of Medicaid payments.

FY2024	Provider Tax	IGT
MHAP	\$ 322,049,554	\$ 1,817,931
DSH	\$ 7,323,345	
Physician UPL/MAPS		\$ 10,552,430
Hospital UPL	\$ 36,311,233	
Hospital Assessment (\$104M)	\$ 94,934,375	
Total	\$ 460,618,507	\$ 12,370,361

4 components of Hospital Provider Tax in MS:

- State share of Mississippi Hospital Access Program (MHAP) Payments (collected monthly)
- State share of Disproportionate Share Hospital (DSH) Payments (collected in December, March and June)
- State share of Hospital UPL (collected monthly)
- \$104 million to fund the Medicaid program (collected in September, December, and January through June)

H.R.1 (Working Families Tax Cuts Act) Sections Affecting Medicaid Financing

H.R.1 (Working Families Tax Cuts Act) amends SSA 1903(w) and other sections to add new restrictions on non-federal share sources and supplemental payments.

- Section 71115 Hold Harmless Threshold
 - Amends SSA 1903(w)(4) to reduce the indirect hold harmless safe harbor threshold for health care related taxes, phasing down from 6.0 percent to 3.5 percent in expansion states
 - Constrains states' ability to grow provider tax capacity over time
- Section 71116
 - Revises payment limits for certain state directed payments, ultimately capping many SDPs at 100 percent of Medicare for expansion states and 110 percent of Medicare for non expansion states, with a phase down for grandfathered arrangements
- Section 71117 Provider Tax Loophole Transition Periods
 - Narrows when CMS may waive the uniformity requirement by tightening the “generally redistributive” standard
 - Targets provider tax designs that rely on higher tax rates on Medicaid units compared to non-Medicaid units, raising risk for variable or tiered tax structures

Notes

Tax Changes:

- A waiver of tax for the Long-Term Acute Care Hospitals will increase the taxes due from the other hospitals by \$10 million.
- A Change in the tax basis to Net Patient Revenue would be reviewed by CMS.
- The new WFTCA language creates some uncertainty around taxing structures and support for directed payments.

Other:

- Indirect Medical Education payments for governmental hospitals has been requested from CMS. It will be funded by IGT from those hospitals.
 - 7 hospitals, \$52.3 million



Molina Healthcare of Mississippi





161K

Medicaid
Members Served



~300

Mississippi-based
Employees



8 Years

Offering Medicaid
in Mississippi



Accredited by National
Committee for
Quality Assurance

Molina Healthcare of Mississippi

Caring for **MississippiCAN** beneficiaries since 2018 and **CHIP** since 2019



Molina Healthcare is so much more than a health plan.

We're an extension of our members, providers, and the communities we serve.

The Molina Difference

The **Molina Mission** lives on today

Improve the health and lives of our members by delivering high-quality health care



Established in 1980 by an ER physician wanting to improve care delivery for uninsured and underinsured individuals



Exclusively focus on government health coverage programs



Leverage national best practices, but **local is fundamental to our programming** – partnerships, priorities and data



Driving Towards Quality

Care Management Approach

- Integrated, Team Based
- Person-centered
- Informed by Best Practices

Innovations

- Telehealth expansion
- Remote patient monitoring
- 24/7/365 member engagement for social isolation and loneliness
- SDOH closed-loop referral
- Specialized high-risk OB and NICU care management
- Mobile health



Driving towards quality | Highlight: Molina on the Move

2 Drop Trailers

- Greenville
- Gulfport

1 Mobile Unit

Services

- Well Child
- Adult Wellness
- Telehealth
- Health Education

2024-2025 Highlights

- 400 Gaps closed
- 112 Events held
- 17 Counties served
- 21,663 Member served
- 5560 Non-member served

The MolinaCares Accord

Building stronger communities... one life at a time



Grants

Nutrition

- Mobile Pantries, Food Access Improvement Fund, Delta Food Connections

Maternal and child health

- Women's health and wellness, milk bank, childhood obesity, backpack programs, summer camps

Other

- Helping the homeless, winter coat giveaways

Healthcare workforce

- Scholarship programs

Events & Partnerships

- Molina Community Baby Showers
- Stomp Out Obesity Project
- EPDST Clinic Days
- Community Baby Showers
- Back to School Events
- Boys and Girls Club
- Wellness Checks & Preventive Health Education with Local Schools
- All Cancer Isn't Pink
- Asthma Awareness and Education with Community Colleges
- Health Fairs
- Area churches



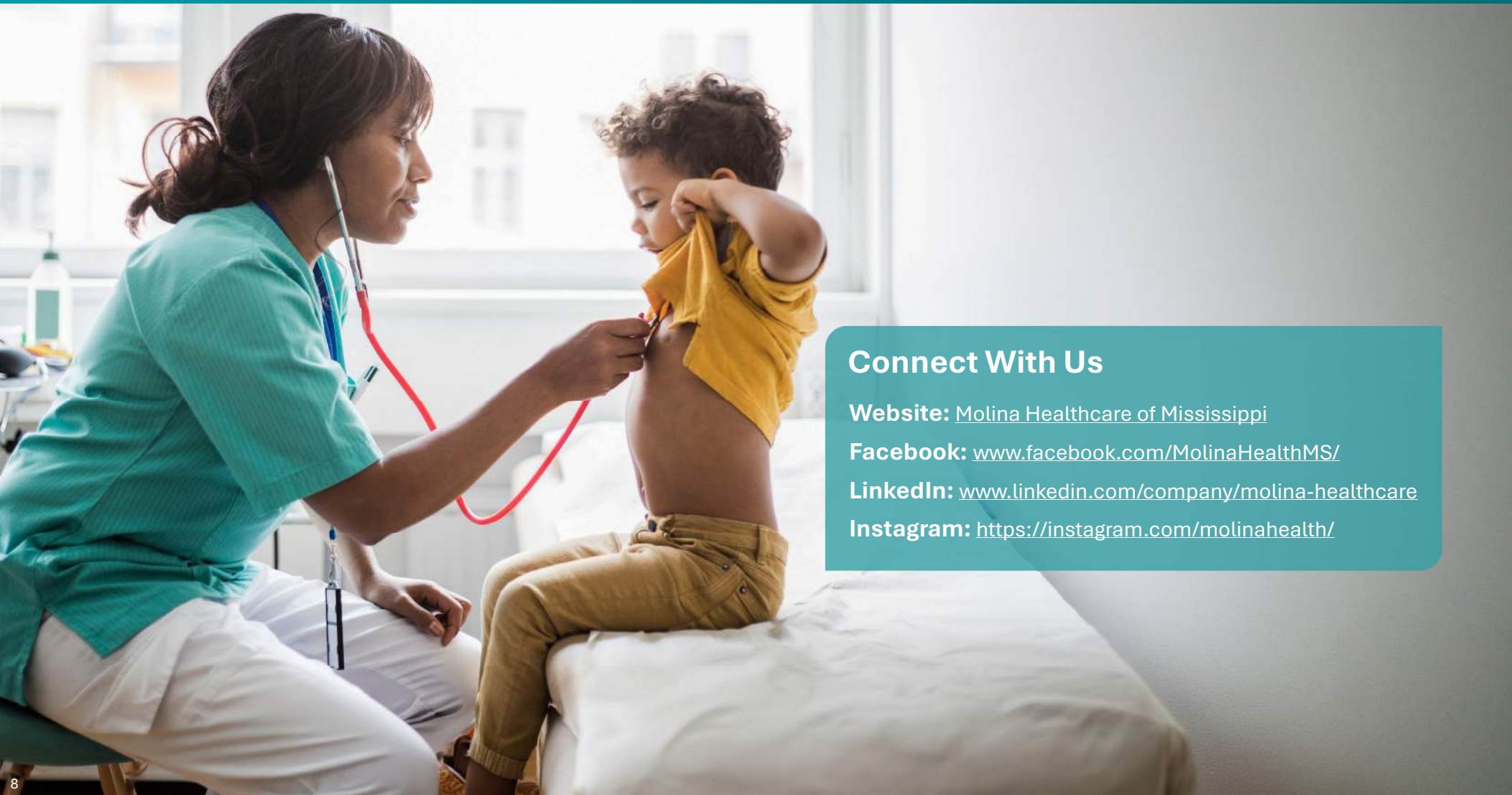
Delta Food Connections

In partnership with Community Foundation of NW MS

\$1M total investment

Outcomes to date:

- 300K served
- 80,000 meals to those in need
- 498 snack bags to elementary children
- 200 garden boxes with supplies to serve 25,000 children
- 6 training seminars for 10 food pantries
- 800,000 lbs of food distributed to those in need
- Funding used for programs such as:
 - Mississippi 'Farm to School' program
 - Boss Lady 'Food is Medicine' program
 - Healthy Hub Initiative
 - Juvenile 'BeSmart' Diabetes program



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