Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | MS2026MS0001O | MS-26-0026

Package Header

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A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- (•) a. A stand-alone agency, separate from every other state agency
- ( ) b. Also the Title IV-A (TANF) agency
- ( ) c. Also the state health department
- ( ) d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

The Office of Eligibility, consisting of thirty (30) Regional Offices (ROs), is responsible for determining and maintaining Medicaid eligibility for applicants and beneficiaries except for (1) IV-E and non IV-E foster care and adoption assistance-related children, and (2) individuals eligible for SSI. The Office of Eligibility includes:
-Office of State Operations is responsible for overseeing eligibility systems, policy and training.
-Office of Beneficiary Relations is responsible for supporting beneficiaries by responding to inquiries received through the Call Center and resolving issues that impact the beneficiaries' experience.
-Office of RO Administration is responsible for overseeing the thirty (30) ROs as well as supervising all of the Outstation Sites.

b. Fair Hearings (including expedited fair hearings)

The Office of Appeals, under the Office of Legal, in the Division of Medicaid conducts all Medicaid fair hearings for all applicants and beneficiaries except for IV-E and non IV-E foster care and adoption assistance-related children.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

The Office of Health Services is responsible for the overall development, implementation and operation of Medicaid health-care services, programs, waivers and includes the following:
-Office of Health Related Programs and Benefits is responsible for overseeing medical and dental related services, expanded EPSDT, professional/ancillary services, mental health and preventative services. This area also operates two (2) 1115 Waivers: the Healthier Mississippi and the Family Planning Waivers.
-Office of Pharmacy is responsible for the development and administration of evidence-based medication use strategies. The Medicaid prescription drug programs include application of systems and data collection necessary to manage, analyze, and review of drug adherence, management of quality and cost-effective pharmacy benefits, and the Medicaid Drug Rebate Program including supplemental rebates. The P&T Committee and the DUR Board are directed by the Office of Pharmacy. Other responsibilities include the management and oversight of contracted vendors including the single PBA.
-Office of Long-Term Services and Support is responsible for overseeing the following programs: institutional settings for nursing homes, the hospice program and all five (5) of the 1915c HCBS programs: E&D, IL, AL, IDDD and TBI/SCI.
-Office of Clinical Innovation & Quality is responsible for serving as an agency wide clinical resource in the review of policy, interpreting clinical best practices along with management and oversight of the Transforming Maternal Health (TMaH) grant.
-Office of Managed Care operates under the Office of Finance and is responsible for overseeing the Managed Care provider contracts, ensuring all beneficiaries are assigned to the appropriate managed care plan and that the eligibility is accurately maintained. This office is also responsible for handling inquiries, resolving beneficiary issues, and communicating changes to the managed care population.

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

The Office of Policy operates under the Office of Legal Services and is responsible for developing and maintaining policies for Mississippi Medicaid programs, submissions of State Plan Amendments (SPA), Waivers, and Administrative Code filings.

e. Administration, including budget, legal counsel

Executive Leadership- the Executive Director, appointed by the Governor, serves as full-time director of the Mississippi Division of Medicaid to administer the Medicaid program, subject to federal and state laws and regulations and duties as approved by the Governor.

The Chief of Staff reports to the Executive Director and also administers the offices of Finance and Procurement.

The Office of Legal Services is responsible for providing general legal advice and support to the Agency and manages representation of the Agency before all Courts and administrative bodies. The Office is staffed by in-house attorneys and is supported by the Office of the Attorney General and attorneys in private practice who serve as outside counsel.

The Office of External Affairs is responsible for Communications and Government Relations and serving as the primary point of contact for legislative inquiries,

handling requests, and leading the government relations team.
- The Office of Communications is responsible for disseminating information to internal and external audiences including the designing, writing, formatting, editing, and distributing process for the Division of Medicaid's external website, publications, collateral materials, and digital media. This area is responsible for public relations, issuing official statements and serving as the primary contact for news media requests.
-Medicaid outreach and educational events for providers and beneficiaries about Medicaid programs, services and eligibility are conducted by Government Relations team members.

f. Financial management, including processing of provider claims and other health care financing

The Office of Finance, reporting to the Chief of Staff, is responsible for effective fiscal management of the agency.

-Office of Accounting and Financial Reporting is responsible for agency accounting tasks such as payroll, accounts payable, and accounts receivable. This office is also responsible for both state and federal financial reporting.
-The Office of Managed Care provides both financial and contractual oversight for the managed care contractors.
-The Office of Healthcare Payment Methodology is responsible for payment policy and rate setting for long-term care facilities, home health agencies, hospitals, rural health clinics, federally qualified health centers, end-stage renal disease centers, hospices, and the Mississippi State Department of Health clinics.
-The Office of Claims is responsible for claims processing and utilization management.
-The Office of Procurement is responsible for conducting procurements for both information technology and personal services.

The Office of Business Operations and Solutions reports to the Executive Director and is responsible for strategic planning, budgeting, developing, and updating Advanced Planning Documents (APD) for all IT-related projects. This office is also responsible for developing and implementing iTECH's policies and IT planning/acquisition management.

g. Systems administration, including MMIS, eligibility systems

The Office of Information Technology Management (iTECH) is responsible for overseeing the Medicaid Eligibility Determination System (MEDS), and various modules, Medicaid Enterprise System Assisstance (MESA), Clinical Date Interoperability Projects (CDIP), the Data Warehouse/Decision Support System (DW/DSS), and is comprised of the following areas:
-Eligibility Systems is responsible for enhancing and maintaining the electronic MEDS Fraud and Abuse Module, and Self Service portal.
-Medicaid Enterprise Systems is responsible for managing the Maintenance and Operations as well as enhancements to the Medicaid Enterprise System Assistance (MESA) which includes Fiscal Agent services, claims processing, provider enrollment, provider relations, member assignment, encounter processing, call center operations, Third Party Liability, Buy-in and the PBM system.
-Health Information Technology is responsible for the design, development, implementation, and maintenance of the Medicaid Clinical Information (MCI) architecture and master data management. The MCI houses transformed claims and clinical information on Medicaid beneficiaries for use in analytics, reporting, and point of care by providers.
-Project Administration, Systems and Structure is responsible for establishing and ensuring compliance with industry standard project management guidelines, structure and process for all projects that fall within iTECH that are internally or externally initiated. This office also is responsible for coordination of business and technical process improvements.
-Infrastructure Support is responsible for monitoring and maintaining the performance of the network infrastructure comprised of the hardware, software, and tools that connect the central office and 30 regional offices located throughout the state. This area manages the Division of Medicaid's data and telephonic network through coordination with the state information technology systems infrastructure team.
-Administrative Oversight is responsible for strategic planning, budgeting, developing and updating funds for Advanced Planning Documents (APDs) for all IT-related projects. This office is also responsible for developing and implementing iTECH's internal policies and IT planning and acquisition management.
-Cyber-Security is responsible for protecting and maintaining the Division of Medicaid's electronic and physical security as well as gatekeeping of electronic Personal Health Information (PHI) and Personally Identifiable Information (PII) of beneficiaries. This office is also responsible for ensuring compliance with the regulatory oversight agencies, responding to external audit requests, and developing and enforcing cyber security policies.
-Special Projects is responsible for overseeing the Medicaid Information Technology Architecture (MITA) initiative, change management, provider incentive payments, site build-out and property tracking.
-Technical Support & User Assistance is responsible for supporting access control management and providing help desk assistance related to hardware and software issues for the Division of Medicaid's employees both in the central office and ROs.

h. Other functions, e.g., TPL, utilization management (optional)

Office of Third Party Recovery is responsible for ensuring Medicaid is the payer of last resort on medical claims, recovering any monies reimbursed prior to the knowledge of a liable third party, and verifying accurate and complete third party records and files in accordance with state and federal requirements. Third Party Recovery operates under the Office of Healthcare Payment Methodology.

The Office of Human Resources is responsible for coordinating all personnel matters including: recruiting of personnel, classifying of positions, verifying fair and adequate compensation, ensuring all disciplinary actions are carried out in a fair and legal manner, validating that the agency complies with relevant federal and state laws and regulations, overseeing leave and benefit matters, facilitating training of current employees and maintaining personnel files. Human Resources is composed of recruitment and selection, benefits and leave, administration, workforce development, and human capital strategy.

Office of Operations is responsible for providing support to the Agency and ROs, and is comprised of warehouse management, postal services unit, document imaging and records management.
-Office of Property Management, which includes fixed assets, is responsible for scheduling and conducting internal agency property audits, recording inventory of all new property acquisition, facilitating selection, approval and execution of all real property leases, execution of janitorial and other related contractual agreements, facilities maintenance liaison, agency fleet management, ITECH warehouse management, garage/parking assignments, office renovations, and maintaining the vehicle policy manual.

Office of Audit and Compliance
- Office of Program Integrity is responsible for investigating potential provider and beneficiary fraud, waste, and abuse of Medicaid programs and services as well as identifying vulnerabilities in policies and systems and making recommendations for improvements.
-Financial and Performance Review is responsible for conducting financial and performance audits of long-term care facility cost reports and reviews of waiver provider compliance.

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	
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B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title	Description of the functions the delegated entity performs in carrying out its responsibilities:
Single state agency under Title IV-A (TANF)	The Division of Medicaid delegates the authority to conduct all eligibility determinations and redeterminations and all fair hearings for IV-E and non IV-E foster care and adoption assistance-related children to the Mississippi Department of Child Protective Services (MDCPS) a sub-agency of the Mississippi Department of Human Services (MDHS) which is the IV-A/TANF state agency. All fair hearing decisions made by MDCPS are final. The Division of Medicaid has a Memorandum of Understanding with MDCPS that describes the scope, the relationship between the Division and MDCPS and their respective responsibilities.
The Social Security Administration	The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries.

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E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

- ○ Yes
- ◉ No

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F. Additional information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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