

Mississippi Managed Care Program Features, as of 2013

Features	Mississippi Coordinated Access Network (MississippiCAN)
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	1/1/2011
Waiver expiration date (if applicable)	
If the program ended in 2013, indicate the end date	
Populations enrolled	
Low-income Adults	Mandatory
Aged, Blind or Disabled Children or Adults	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	
Individuals receiving Limited Benefits	
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	
Full Duals	
Partial Duals	
Children with Special Health Care Needs	Voluntary
Native American/Alaskan Natives	Voluntary
Foster Care and Adoption Assistance Children	Voluntary
Enrollment choice period	30 days
Enrollment broker name (if applicable)	Xerox Enrollment Services
Notes on enrollment choice period	In addition to initial enrollment, members may submit a change up to 90 days after enrollment. There is also an annual enrollment period Oct - Dec.

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Benefits covered	
Inpatient hospital physical health	
Inpatient hospital behavioral health (MH and/or SUD)	
Outpatient hospital physical health	X
Outpatient hospital behavioral health (MH and/or SUD)	X
Partial hospitalization	X
Physician	X
Nurse practitioner	X
Rural health clinics and FQHCs	X
Clinic services	X
Lab and x-ray	X
Prescription drugs and prosthetic devices	X
EPSDT	X
Case management	X
Health home	X
Family planning	
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	X
ICF-IDD	
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	

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Quality assurance and improvement	
HEDIS data required?	Yes
CAHPS data required?	Yes
Accreditation required?	No, but accreditation considered in plan selection criteria
Accrediting organization	NCQA
EQRO contractor name (if applicable)	The Carolinas Center for Medical Excellence
Performance incentives?	Yes
Payment bonuses/differentials to reward MCOs	
Preferential auto-enrollment to reward MCOs	X
Public reports comparing MCO performance on key metrics	X
Withholds tied to performance metrics	
Participating plans and regions served	
Plans in Program	UnitedHealthcare Community Plan of Mississippi; Magnolia Health Plan
Notes	
Program notes	<p>On January 1, 2011, the Division of Medicaid implemented the MississippiCAN program. The 2011 Mississippi Legislature passed House Bill 421 which authorized certain changes to the Mississippi Division of Medicaid's (DOM) coordinated care program. On December 1, 2012, this program expanded to include both mandatory and optional populations (previously included only optional populations). Also, on December 1, 2012, the program expanded to included behavioral health services. Beneficiaries not eligible for MississippiCAN include those on waiver programs, those in institutions, and those dually eligible for Medicare and Medicaid. Services not covered under MississippiCAN include inpatient hospital services and non-emergency transportation. These services are presently covered by regular Medicaid for MississippiCAN members.</p> <p>MississippiCAN Mandatory Populations (SSI - Age 19-65; Working Disabled - Age 19-65; Breast and Cervical Cancer - Age 19-65; Pregnant Women and Infants - Ages 0-1 and Ages 8-65; TANF Family/Children - Ages 0-1 and Ages 19-65; Other Children - Ages 0-1) MississippiCAN Optional Populations (SSI - Ages 0-19; Disabled Children Living at Home - Ages 0-19; DHS Foster Children - Ages 0-19; and DHS Foster Children Adoption Assistance - Ages 0-19).</p>