

Mississippi Managed Care Program Features, as of 2014

Features	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 2014, indicate the end date	
Populations enrolled	
Low-income Adults not eligible under ACA Section VIII	Mandatory
Aged, Blind or Disabled Children or Adults	Mandatory
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Mandatory
Individuals receiving Limited Benefits	
Low-income adults eligible under ACA Section VIII	
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	Other
Enrollment broker name (if applicable)	Xerox Enrollment Services
Notes on enrollment choice period	30 day prior to enrollment effective date, and 90 days to switch following effective date.
Benefits covered	
Inpatient hospital physical health	X
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 (SSA 1945)	
Family planning	
Dental services (medical/surgical)	X
Dental (preventative or corrective)	X
Home health agency services	X
Personal care (state plan option)	
HCBS waiver services	
Private duty nursing	X

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ICF-IDD	
Nursing facility services	
Hospice care	X
Non-Emergency Medical Transportation	X
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	
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, JCAHO, AAAHC, URAC, Both CCOs presently have NCQA certification.
EQRO contractor name (if applicable)	The Carolinas Center for Medical Excellence (CCME)
Performance incentives?	
Payment bonuses/differentials to reward plans	
Preferential auto-enrollment to reward plans	
Public reports comparing MCO performance on key metrics	
Withholds tied to performance metrics	
MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing	
State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served	
Plans in Program	Magnolia Health; UnitedHealthcare Community Plan of Mississippi
Notes	
Program notes	Effective July 1, 2014, non-emergency transportation services were provided by the care coordination organizations.