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State/Territory Name: Mississippi

State Plan Amendment (SPA) #:15-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 10, 2015

Dr. David J. Dzielak, Executive Director
Mississippi Division of Medicaid
Attn: Margaret Wilson
550 High Street, Suite 1000
Jackson, Mississippi 39201-1399

RE: Title XIX State Plan Amendment, MS 15-0010

Dear Dr. Dzielak:

We have reviewed the proposed Mississippi State Plan Amendment 15-0010, which was submitted to the Atlanta Regional Office on September 30, 2015. The SPA was submitted to remove inpatient hospital services from the excluded list of MSCAN services.

Based on the information provided, the Medicaid State Plan Amendment MS 15-0010 was approved on December 10, 2015. The effective date of this amendment is December 1, 2015. We are enclosing the approved HCFA-179 and the plan pages.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 email Tandra.Hodges@cms.hhs.gov or Shelia Brady at (601) 965-4056 email Shelia.Brady@cms.hhs.gov.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-010	2. STATE MS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 12-1-2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: SSA § 1932(a)(1)(A); 42 CFR § 438.50.		7. FEDERAL BUDGET IMPACT: FY 2016: \$6.46 million FY 2017: \$24.70 million	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, Pages 2, 15		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-F, Pages 2, 15	
10. SUBJECT OF AMENDMENT: State Plan Amendment (SPA) 15-010 Mississippi Coordinated Access Network (MSCAN) is being submitted to remove inpatient hospital services from the excluded list of MSCAN services to comply with Miss. Code Ann. § 43-13-117(A)(18)(b)-(c), effective December 1, 2015.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO: David J. Dzielak Miss. Division of Medicaid Attn: Margaret Wilson 550 High Street, Suite 1000 Jackson, MS 39201-1399	
13. TYPED NAME: David J. Dzielak			
14. TITLE: Executive Director			
15. DATE SUBMITTED: 10/01/2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 10-01-15		18. DATE APPROVED: 12-10-15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12-01-15		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS:			

State: Mississippi

Citation

Condition or Requirement

To meet the goals of beneficiary choice, financial stability of the program and administrative ease, no more than three (3) and no less than two (2) CCOs are awarded a contract to administer a care coordination program. The program is statewide with both voluntary and mandatory enrollment depending on the beneficiary's category of eligibility. Medicaid beneficiaries excluded from the program regardless of the category of eligibility are listed in B.5.

CCOs are defined as organizations that meet the requirements for participation as a contractor in the Mississippi Coordinated Access Network (MississippiCAN) program and that manage the purchase and provision of health care services to MississippiCAN enrollees.

Contracted CCOs are selected through a competitive Request for Proposals process.

CCOs are required to:

- Demonstrate information systems are in place to meet all of the operating and reporting requirements of the program, including the collection of third party liability payments;
- Operate both member and provider call centers. The member call center must be available to members twenty-four (24) hours a day, seven (7) days a week. The provider call center must operate during normal providers' business hours;
- Process claims in compliance with established minimum standards for financial and administrative accuracy and timeliness of processing with standards being no less than current Medicaid fee-for-service standards;
- Submit complete encounter data that meets federal requirements and allows DOM to monitor the program. CCOs that do not meet standards will be penalized.

CCOs are required to provide a comprehensive package of services that include, at a minimum, the current Mississippi Medicaid benefits. CCOs are required to:

- Participate as partners with providers and beneficiaries to arrange delivery of quality, cost-effective health care services, with medical homes and comprehensive care management programs to improve health outcomes.
- Ensure annual wellness physical exams to establish a baseline, to measure change and to coordinate care appropriately by developing a health and wellness plan with interventions identified to improve outcomes.

State: Mississippi

Citation	Condition or Requirement
	<p>3. Place a check mark to affirm state compliance.</p> <p><u>X</u> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR § 438.56(c).</p> <p>4. Describe any additional circumstances of “cause” for disenrollment (if any).</p> <p>A beneficiary may request to disenroll from the CCO “with cause” if:</p> <ul style="list-style-type: none">• The CCO, because of moral or religious objections, does not offer the service the beneficiary seeks,• The beneficiary needs related services to be performed at the same time, but not all related services are available within the network; or, the beneficiary’s primary care provider or another provider determines receiving the services separately would subject the beneficiary to unnecessary risk,• Poor quality of care,• There is a lack of access to services covered under the CCO, or• There is a lack of access to providers experienced in dealing with the beneficiary’s health care needs.
	<p>K. Information requirements for beneficiaries</p> <p>Place a check mark to affirm state compliance.</p> <p><u>X</u> The state assures that its state plan program is in compliance with 42 CFR § 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.</p>
1932(a)(5) 42 CFR § 438.50 42 CFR § 438.10	
1932(a)(5)(D) 1905(t)	<p>L. List all services that are excluded for each model (MCO & PCCM)</p> <p>Excluded services include:</p> <ul style="list-style-type: none">• Long term care services, including nursing facility, ICF/IID, and PRTF.• Any waiver services.• Hemophilia services.