Managed Care in Mississippi

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, about 90% of Medicaid beneficiaries were enrolled in some sort of managed care. The **Mississippi Coordinated Access Network (MississippiCAN)** is a statewide voluntary program that began in 2011 and provides acute, primary and specialty services to low-income children, foster care children, and individuals with disabilities. In June 2012, the Mississippi legislature passed a bill to expand MississippiCAN, effective December 2012, to (1) offer coverage to low-income children, pregnant women and families, and foster care children, (2) mandate enrollment for most low-income adults and children and working individuals with disabilities, and (3) add behavioral health services to the benefit package. Since 2006, Mississippi has also contracted with a **non-emergency transportation broker** to provide transportation services for most Medicaid beneficiaries.

Participating Plans, Plan Selection, and Rate Setting

Mississippi contracts with two **for profit, national** coordinated care organizations (CCOs) (Magnolia Health Plan, owned by Centene, and UnitedHealthcare Community Plan) to provide services under risk-based capitated payments. Mississippi selects plans based on a competitive bidding process and sets rates for distinct population groups using actuarial methods that include risk-adjustment for adults with disabilities.

Quality and Performance Incentives

As of November 2012, Mississippi did not yet collect quality measures or validate CCO-reported performance measures and was in the process of selecting measures to require from plans. The state does require plans to conduct an annual evaluation of both the plan's internal quality management and quality improvement programs. Both Magnolia and UnitedHealthcare administer the CAHPS survey to enrollees, but the Division of Medicaid does not currently tie payment to quality or performance outcomes.

Table: Managed Care Program Features, as of August 2014

Program Name	Non-Emergency Transportation Broker Program	Mississippi Coordinated Access Network (MississippiCAN)
Program Type	Transportation PAHP	MCO
Program Start Date	November 2006	January 2011
Statutory Authorities	1902(a)(70)	1932(a)
Geographic Reach of Program	Statewide	Statewide
Populations Enrolled *(Exceptions may apply for certain individuals in each group)*		
Aged	X	
Disabled Children & Adults	X	X
Children	X	
Low-Income Adults	X	X (breast and cervical cancer enrollees only)
Medicare-Medicaid Eligibles ("duals")	X	
Foster Care Children	X	X
American Indians/ Alaska Natives		
Mandatory or Voluntary enrollment?	Mandatory	Varies
Medicaid Services Covered in Capitation *(Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" from the benefit package.)*		
Inpatient hospital		
Primary Care and Outpatient Services		X
Pharmacy		X
Institutional LTC		
Personal care/HCBS		X
Inpatient Behavioral Health Services		
Outpatient Behavioral Health Services		
Dental		X
Transportation	X	

Program Name	Non-Emergency Transportation Broker Program	Mississippi Coordinated Access Network (MississippiCAN)
Participating Plans and Organizations	1. LogistiCare Solutions, LLC	1. Magnolia Health Plan 2. United HealthCare
Uses HEDIS Measures or Similar	NA	
Uses CAHPS Measures or Similar	NA	
State requires MCOs to submit HEDIS or CAHPS data to NCQA	NA	
State Requires MCO Accreditation	NA	
External Quality Review Organization	NA	
State Publicly Releases Quality Reports		

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics.
Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.