Mississippi Medicaid Update

Mississippi HFMA Annual Conference

April 24, 2025

MISSISSIPPI DIVISION OF MEDICAID

Jennifer Wentworth
Chief of Staff
Office of the Governor Division of Medicaid

Agenda


Medicaid Spending


Enrollment


Medicaid Payment Structures


Managed Care VBP Incentive


MS Hospital Access Program


Managed Care Implementation


Policy and Legislative Changes


Contact Information

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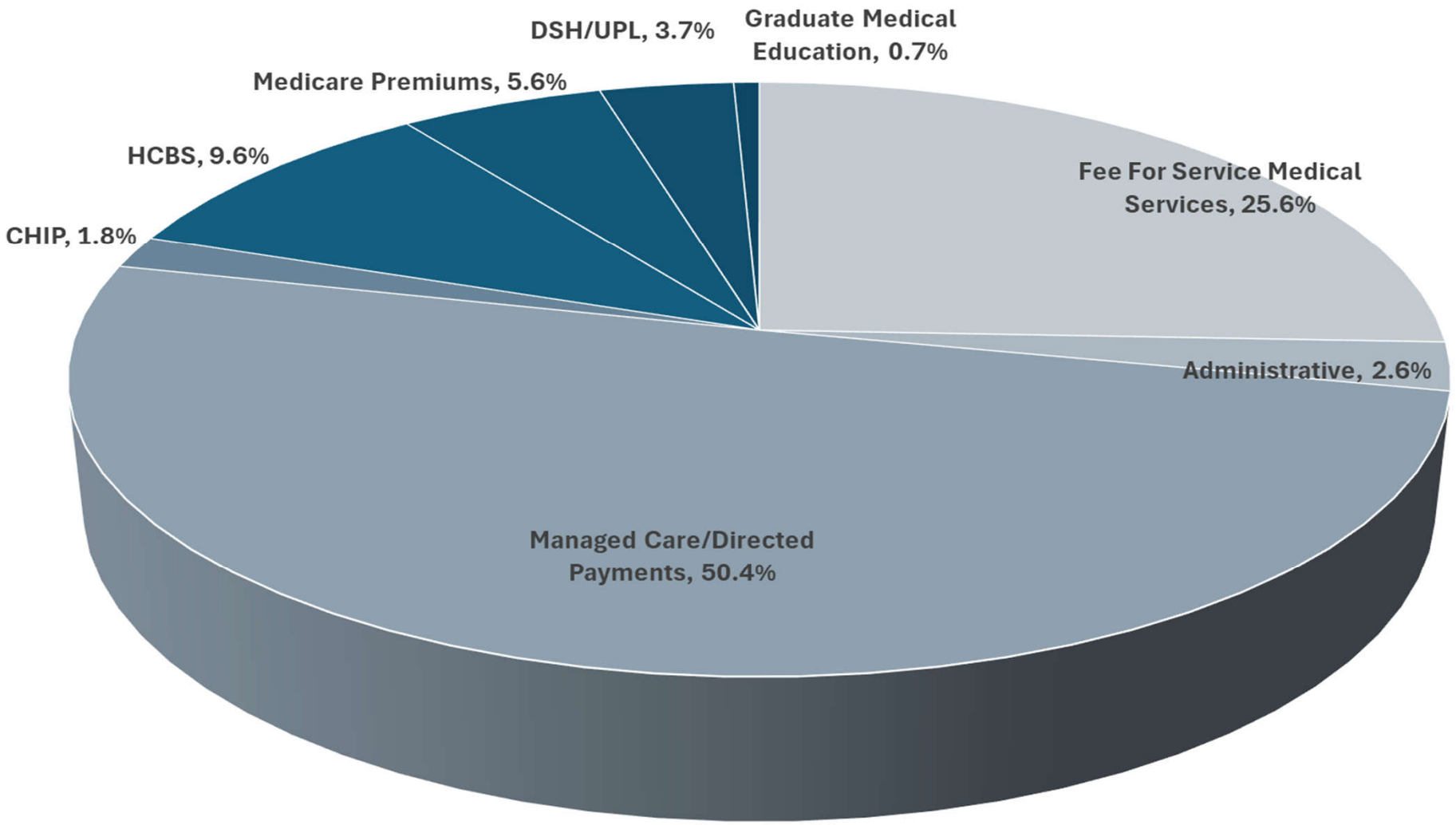
SFY 2024 Medicaid Spending



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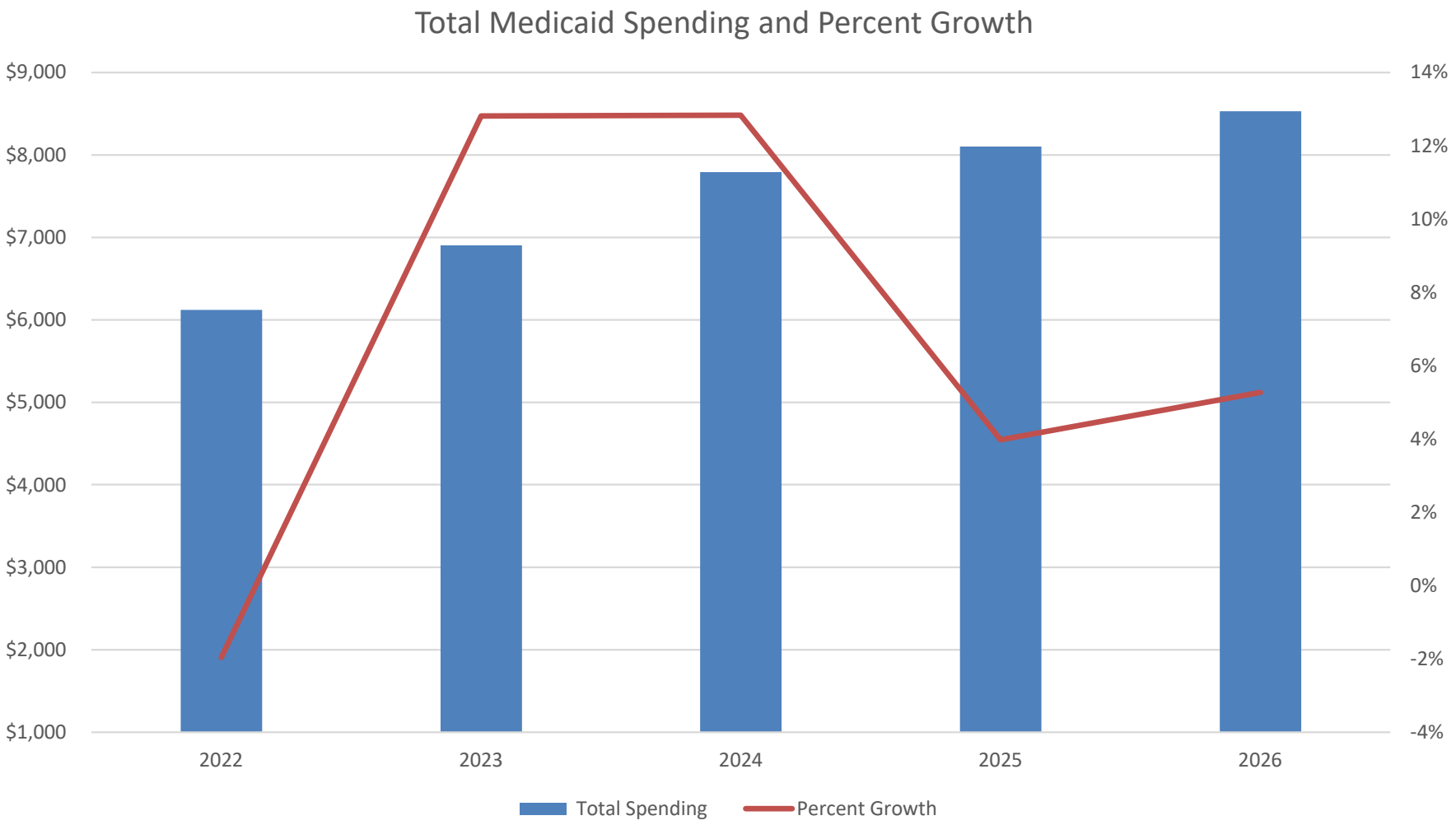
Spending Growth



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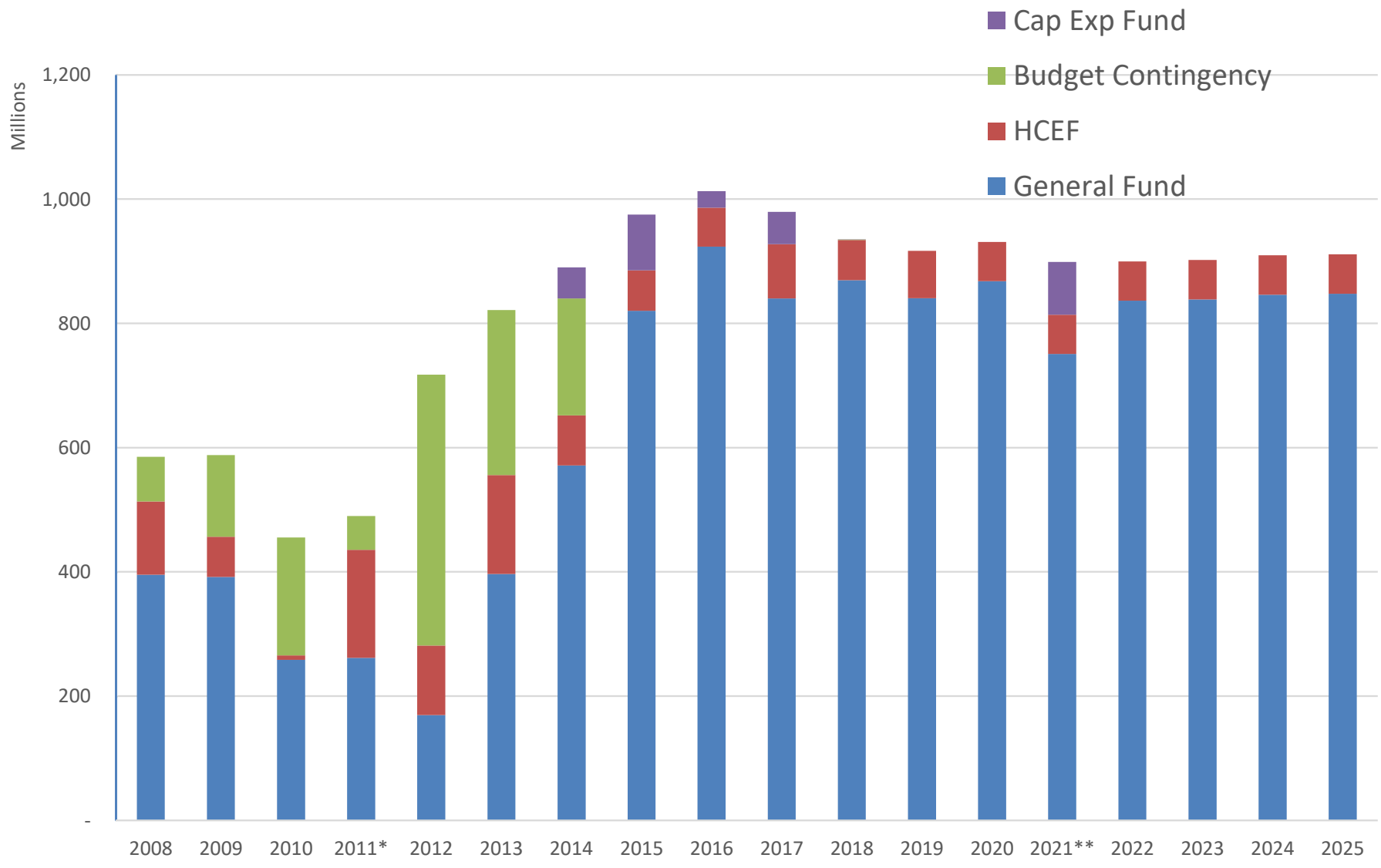
Non-Federal Share of Spending

The state burden, or non-federal share of Medicaid, is funded through a variety of sources (FY2024).

		Description	Non-Federal Share $
Direct State Support	General Funds	▪ Primary source of state funding	▪ $846.4 million
	State Support Special	▪ Health care expendable fund / covers medical services share ▪ Previously relied on for deficit appropriations	▪ $63.2 million
Other Special Funds	Provider Assessments	▪ Funds ~$1.7B in hospital payments for DSH, UPL and MHAP ▪ DSH ($5.7), MHAP ($329M), Hospital Tax ($95M), LTC Tax ($94M), TREAT ($10), UPL ($37M)	▪ $570.7 million
	GNS NF IGTs	▪ Available to government non-state facilities through IGT ▪ Paid in advance of the UPL distribution	▪ $.7 million
	UMMC IGTs	▪ FFS Physician UPL program ($3.1M) ▪ MCO Medicaid Access to Physician Services ($7.4M)	▪ $10.5 million
	Other Agency IGTs	▪ State match transfers invoiced for claims from other state agencies ▪ Depts. of Rehab Services, Mental Health, Health, and Corrections	▪ $103.9 million
	Other	▪ Various refunds and interest, rebates and cash balance	▪ $141.4 million

State Support Appropriations



*$129M in BCF not spent
**$85M in CEF not spent

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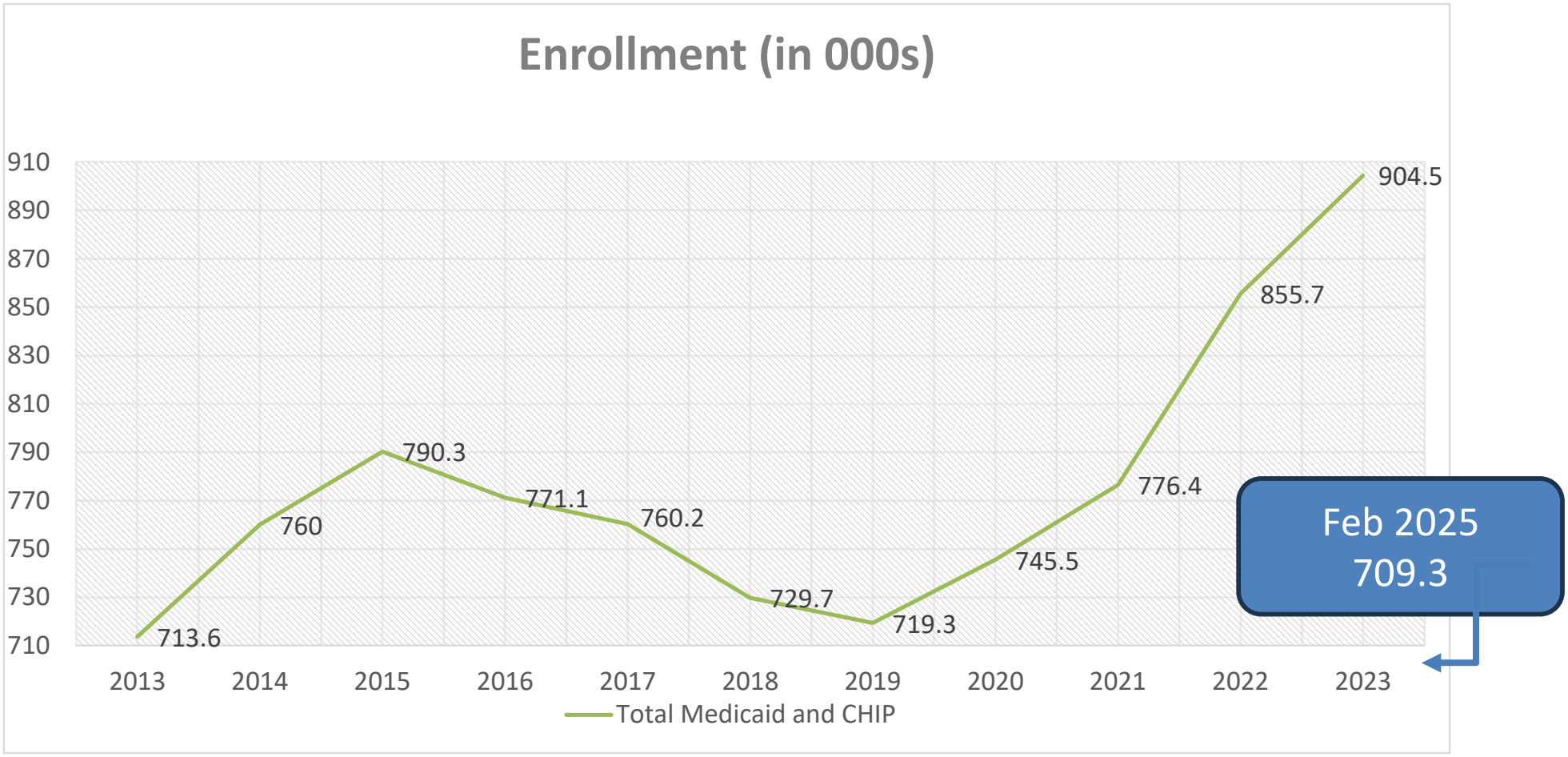
2020-2023: Medicaid Enrollment Surges

Source: Medicaid.ms.gov for June 30 of Each Year



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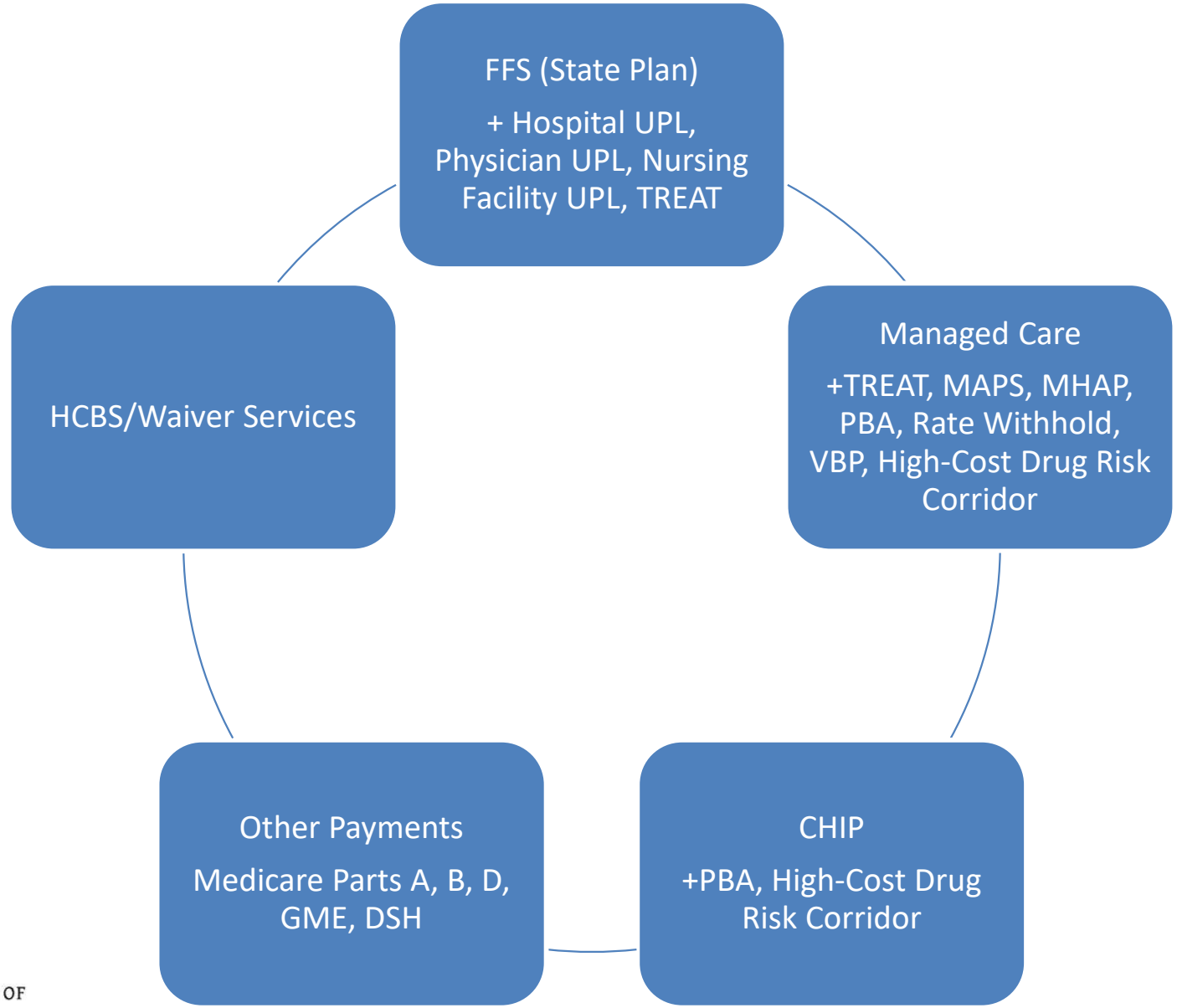
Medicaid Payment Structures



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VBP Incentive Program Overview

- Program Launch: SFY July 1, 2024 – June 30, 2025
- Objective: **Incentivize high value care.**
- Incentives: Will be shared by CCOs with hospitals and other providers.
- Program Focus Areas:
  1. **Maternal Health**
     - Mississippi Outcomes for Maternal Safety (MOMS) Risk Assessment and Timely Follow-up
     - Cesarean Birth (PC-02)
  2. **Mental Health**
     - Antidepressant Medication Management: Continuation Phase Treatment (AMM-AD)
  3. **Metabolic Health**
     - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)

VBP Incentive Award Allocation

Incentive Award	CCOs Estimated VBP Financial Incentive Pool
	Up to $6.6M

Domain	Incentive % by Domain	Total Incentive $ by Domain	Measure	Incentive % by Measure*	Incentive $ by Measure*
Maternal Health	80%	$5.28M	Mississippi Outcomes for Maternal Safety (MOMS) Rate 1: Assessment Completion	90%	$2.38M
			Mississippi Outcomes for Maternal Safety (MOMS) Rate 2: Follow-Up Visit Completion		$2.38M
			Cesarean Birth (PC-02)	10%	$528K
Mental Health	10%	$660K	Antidepressant Medication Management (AMM-AD): Rate 2	100%	$660K
Metabolic Health	10%	$660K	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	100%	$660K

*Each CCO payment is anticipated to be prorated by member months or completed Assessments and Qualifying Postpartum Follow-up Visits

** Incentive pool and allocation percentages are subject to change **

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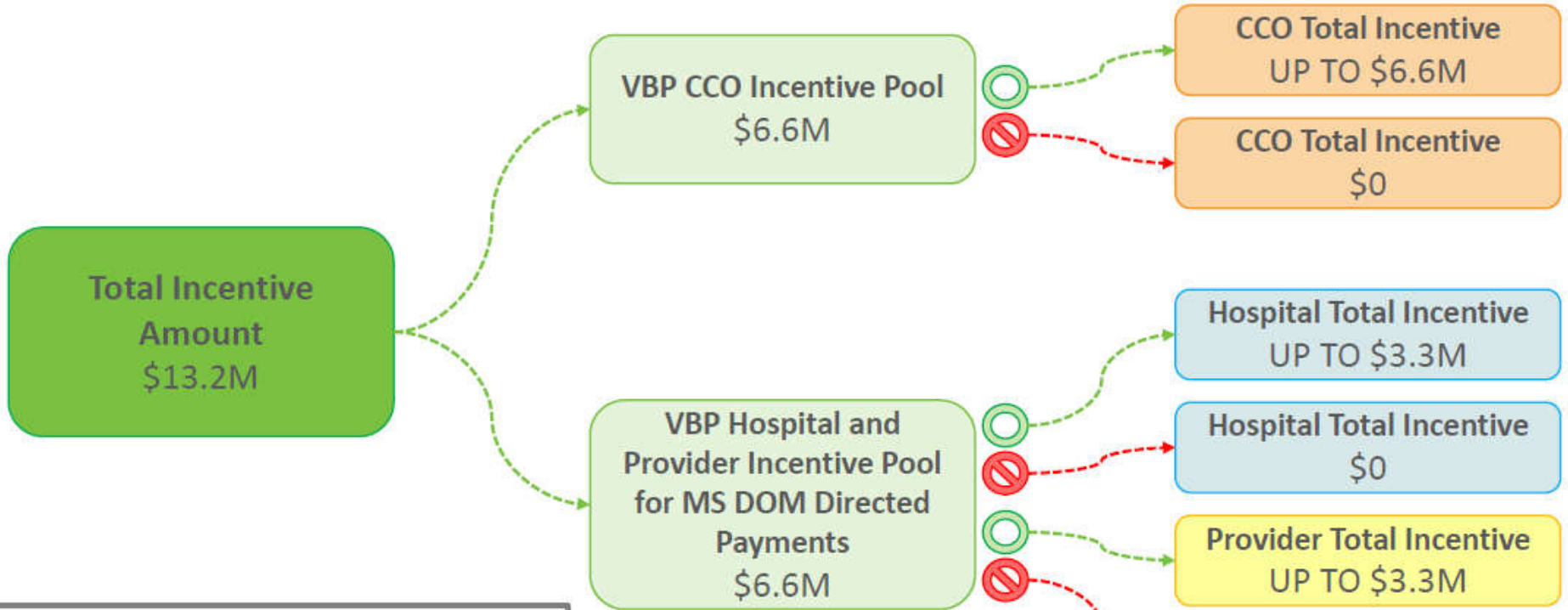
Proposed Approach for Sharing VBP Incentive Payment



- DOM calculates incentive award for CCOs, Hospitals and Providers.
- DOM uses Directed Payment to disburse incentive dollars to Hospitals and Providers through add on payments.

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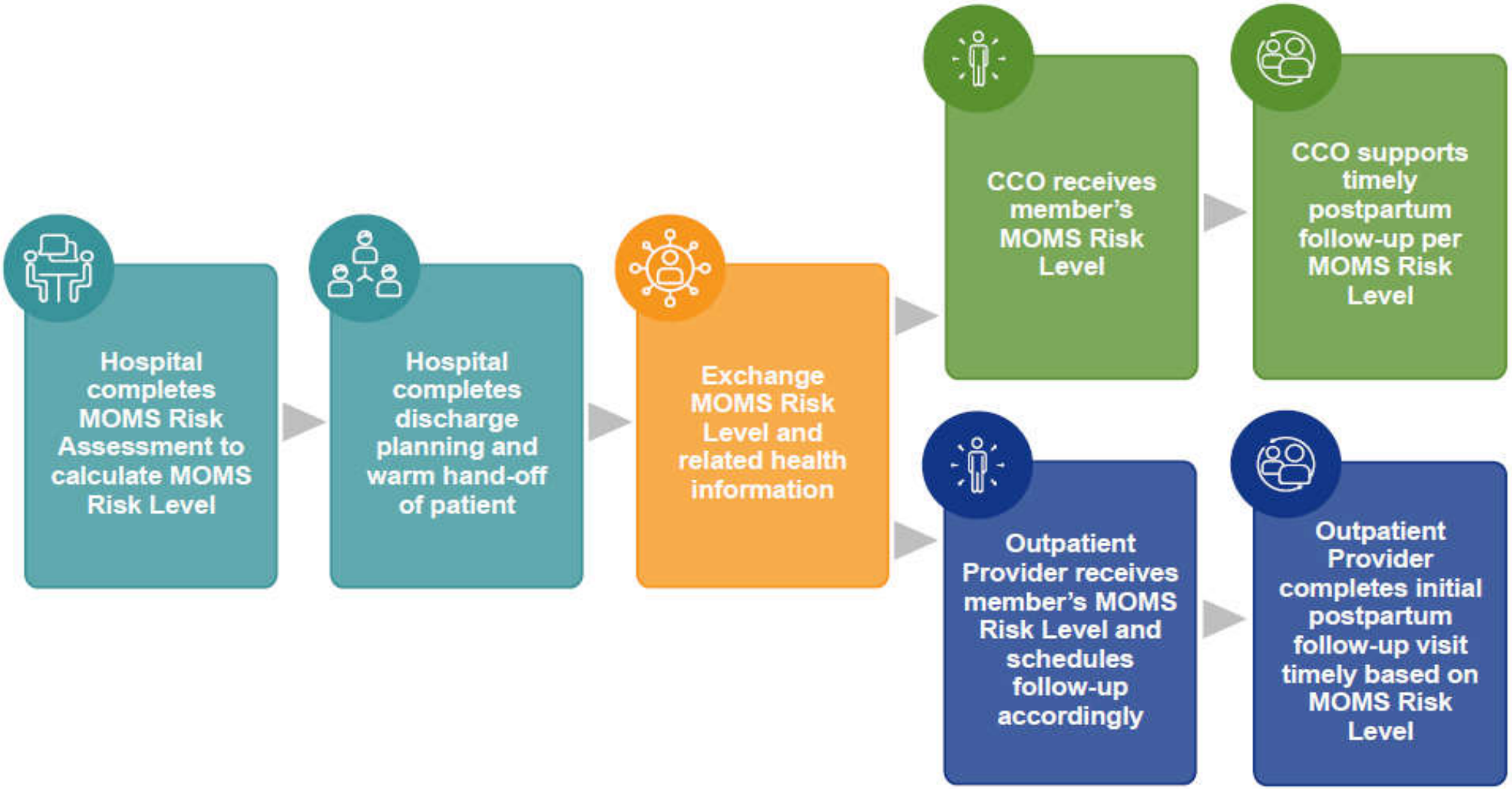
Process Flow



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MS Hospital Access Program

MHAP Distribution by SFY			
SFY	MHAP FSA	MHAP-QIPP	Total MHAP
2022	$285,603,168	$247,507,788	$533,110,956
2023	$313,053,124	$288,100,478	$601,153,602
2024	$733,317,426	$788,996,459	$1,522,313,885
2025	$719,679,373	$820,744,321	$1,540,423,694
2026	$694,749,941	$815,576,017	$1,510,325,958

More information on MHAP including lots of QIPP resources like methodology supplements, previous webinars and attestations:
https://medicaid.ms.gov/value-based-incentives/
Email questions to: QIPP@medicaid.ms.gov

MHAP – FSA $694,749,941

FSA Payment Table		
Payment Type	Total Amount	Allocation for Interim Payments
Hospital - Inpatient	$451,587,462	$9,340.16 per discharge
Hospital - Outpatient	$241,586,175	Increase of 77.59%
REH - Outpatient	$1,576,304	Increase of 37.99%

- Interim FSA payments for the three classes of network providers will be calculated using managed care inpatient discharges and outpatient payments from the state fiscal year July 1, 2023, through June 30, 2024 (based on paid date).

- These interim FSA payments will be adjusted using actual fiscal year utilization data in April 2027 when a reconciliation will be completed.

MHAP QIPP - $815,576,017

QIPP Payment Table			
Payment Type	Total Amount	Allocation for Interim Payments	Assessment Basis
PPHR	$138,115,204	20% of QIPP Pool split by hospital based on SFY 2025 MHAP Payments	Assessed based on performance against the statewide a/e ratio
PPC	$138,115,204	20% of QIPP Pool split by hospital based on SFY 2025 MHAP Payments	Assessed based on performance against the statewide a/e ratio
AM PPC	$163,115,203	20% of QIPP Pool split by hospital based on SFY 2025 MHAP Payments	Second Year – Hospitals will receive AM PPC payments for receipt and review of reports
HIN	$326,230,406	40% of QIPP Pool split by hospital based on SFY 2025 MHAP Payments	Assessed based on hospitals participation in a statewide HIN and submission of ADT information
PPHR/PPC VBP Bonus	$50,000,000	Prorated to hospitals meeting performance levels for each metric	

MHAP QIPP Requirements

- The final QIPP payment per hospital will be made after the final MHAP reconciliation in May of the following year (FY2025's final payment is made May 2026)
- Quarterly PPHR and PPC report attestations – Late or missing submissions are subject to a ten percent (10%) deduction from the quarterly payment
- QIPP Corrective Action Plans (CAP) – required if potentially preventable actual-to-expected ratios are above the threshold
- CAP – Must meet 2% improvement for payment
- Forfeitures from CAP for both PPHR and PPC will be limited to twenty-five percent (25%) of the total SFY 2025 PPHR and PPC amounts for that hospital
- HIN – In SFY 2026:
  - certify to participation in a statewide HIN
  - submit the data supported by the HIN to include admission, discharge, and transfer (ADT) information for Medicaid beneficiaries

MHAP QIPP VBP

- For SFY 2026, the Division will carve out $50M from the initial payment of the PPHR and PPC portions of QIPP into a separate Value-Based Payment (VBP) arrangement.
- For those hospitals that improve their Actual to Expected Ratios (a/e ratios) by greater than or equal to two percent (2%) or already have an a/e ratio less than or equal to the statewide threshold, the Division will pay those hospitals achieving the required improvement a pro-rata portion of the $50M attributed to their hospital.
- This additional payment will occur after the final PPHR and PPC reports for SFY 2026 have been completed and the required improvement determined.

Managed Care Implementation

August 2024

New contracts for Molina, Magnolia and TrueCare were fully executed.

April 2025

Beginning of the CMS Readiness review period is planned for April. An open enrollment will begin after initial readiness markers are met.

July 2025

DOM and its vendors are working toward a July 1, 2025 operational date for the new contracts.

Medicaid on the Move

CCO Auto-Assignment

New MCO contract implementation

Grant award for Transforming Maternal Health Model (TMaH)

Grant application approved for Cell and Gene Therapy Model (CGT) for Sickle Cell Disease

Federal Statutory and Regulatory Changes – provider directory, prior authorizations

Other federal changes

2025

2026 and forward

Incorporating Federal Statutory and Regulatory Changes from 2024 final rules – changes to state directed payments, HCBS waiver administration and oversight, managed care access to care oversight

State and Federal funding changes

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2025 State Legislation

Approved by Governor

- HB 662 (Revise criteria for presumptive eligibility for pregnant women to conform to federal laws and regulations)
- HB 1401 (Community Health Workers; provide for certification of by Health Department and for Medicaid reimbursement of services)
- SB 2392 (CCBHC grant program; Dept. of Mental Health and DOM may apply)
- SB 2396 (Medicaid estate recovery; prohibit obtaining funds from ABLE accounts)

Due from Governor 4/24

- SB 2386 (Medicaid reimbursement, services, beneficiaries, hospital assessment & related provisions; bring forward sections related to)

Notification of updates on the State Plan, Administrative Code or Waivers

If a provider or individual would like to be added to the distribution list for notification of updates to the State Plan, Administrative Code, or Waivers please notify the Division of Medicaid at DOMPolicy@medicaid.ms.gov.

Contact Information

Fiscal Agent-Gainwell

- Provider and Beneficiary Services Call Center 1-800-884-3332
- Provider Field Representatives: https://medicaid.ms.gov/wp-content/uploads/2022/12/Provider-Field-Representatives.pdf

DOM

- Late Breaking News: https://medicaid.ms.gov/late-breaking-news/ Email LateBreakingNews@medicaid.ms.gov to sign up for email alerts. Include name, business and phone (optional).
- Provider Bulletins: https://medicaid.ms.gov/providers/provider-resources/provider-bulletins/
- DOM Switchboard 1-800-421-2408 or 601-359-6050
- Managed Care Provider Inquiries & Issues Form

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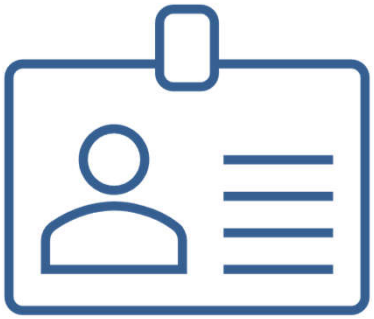

Magnolia Health 1-866-912-6285
magnoliahealthplan.com

United Healthcare 1-800-557-9933
uhccommunityplan.com 1-877-743-8731

Molina Healthcare 1-844-809-8438
MolinaHealthCare.Com

TrueCare 1-833-230-2110
https://www.mstruecare.com/ms/plans/

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Questions

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