



MISSISSIPPI DIVISION OF
MEDICAID

Budget Request

Fiscal Year 2019

Mississippi Division of Medicaid
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Jackson, Mississippi 39201
Phone (601) 359-6050
Website: medicaid.ms.gov

The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.

TABLE OF CONTENTS
FY 2019 BUDGET REQUEST

DIVISION OF MEDICAID

328-00

FORM NUMBER	FORM DESCRIPTION	PAGE NUMBER
MBR-1	Budget Request for FY Ending June 30, 2019	
MBR-1-01	Request by Funding Source	2-1
MBR-1-02	Special Funds Detail	3-1
	Narrative of Special Funds Detail and Treasury Fund/Bank Accounts	4-1
MBR-1-03	Continuation and Expanded Total Request - Summary of All Programs	5-1
MBR-1-03sum	Summary of Programs	6-1
MBR-1-03	Continuation and Expanded Request - Admin. Services	7-1
MBR-1-03	Continuation and Expanded Request - Medical Services	7-3
MBR-1-03	Continuation and Expanded Request - Children's Health Insurance Program	7-5
MBR-1-03	Continuation and Expanded Request - Home and Community Based Services	7-7
MBR-1-03A	Program Decision Units - Administrative Services	8-1
MBR-1-03A	Program Decision Units - Medical Services	8-3
MBR-1-03A	Program Decision Units - Children's Health Insurance Program	8-6
MBR-1-03A	Program Decision Units - Home and Community Based Services	8-8
MBR-1-03NA	Program Narrative – Administrative Services	9-1
MBR-1-03NA	Program Narrative – Medical Services	9-11
MBR-1-03NA	Program Narrative – Children's Health Insurance Program	9-18
MBR-1-03NA	Program Narrative – Home and Community Based Services	9-20

TABLE OF CONTENTS
FY 2019 BUDGET REQUEST

DIVISION OF MEDICAID

328-00

FORM NUMBER	FORM DESCRIPTION	PAGE NUMBER
YCMB4410-RB410	Unduplicated Count of Eligibles - Chart	9-22
	Mississippi Medicaid 1915(c) HCBS Waivers	9-31
MBR-1-03QPD	Elements of Quality Program Design	10-1
MBR-1-03PI	Program Performance Indicators & Measures – Administrative Services	11-1
MBR-1-03PI	Program Performance Indicators & Measures – Medical Services	11-2
MBR-1-03PI	Program Performance Indicators & Measures – Children's Health Insurance Program	11-3
MBR-1-03PI	Program Performance Indicators & Measures – HCBS	11-4
MBR1-03PC	Program 3% General Fund Reduction and Narrative Explanation	12-1
MBR-1-04	Board Members	13-1
MBR-1-B	Schedule B Contractual Services	14-1
MBR-1-C	Schedule C Commodities	15-1
MBR-1-D-1	Schedule D-1 Capital Outlay Other Than Equipment	16-1
MBR-1-D-2	Schedule D-2 Capital Outlay Equipment	17-1
MBR-1-D-3	Schedule D-3 Passenger/Work Vehicles	18-1
MBR-1-D-4	Schedule D-4 Wireless Communication Devices	19-1
MBR-1-E	Schedule E Subsidies, Loans & Grants	20-1
	Narrative 2019 Budget Request	21-1
	Summary of Direct State Funding - Support for FY18 Deficit Request	21-7
	Summary of Direct State Funding - Budget Request FY 2019	21-8

TABLE OF CONTENTS
FY 2019 BUDGET REQUEST

DIVISION OF MEDICAID

328-00

<u>FORM NUMBER</u>	<u>FORM DESCRIPTION</u>	<u>PAGE NUMBER</u>
	Out-of-State Travel	22-1
	Fees, Professional and Other Services	23-1
	Vehicle Purchase Details	24-1
	Vehicle Inventory, as of June 30, 2017	25-1
	Vehicle Pool Member List	26-1
	Priority of Decision Units	27-1
	Capital Leases	28-1
	Summary of 3% General Fund Program Reduction to FY 2018 Appropriated Funding by Major Object	29-1
	Proposed Organizational Chart	
	Personal Services Budget Request FY 2019	
	Agency Revenue Source Report - FY17 Data	

Governor's Office - Division of Medicaid

Walter Sillers Building

Dr. David Dzielak

AGENCY	ADDRESS		CHIEF EXECUTIVE OFFICER			
	Actual Expenses June 30,2017	Estimated Expenses June 30,2018	Requested For June 30,2019	Requested Over/(Under) Estimated		
				AMOUNT	PERCENT	
I. A. PERSONAL SERVICES						
1. Salaries, Wages & Fringe Benefits (Base)	51,461,258	57,607,757	64,053,171			
a. Additional Compensation						
b. Proposed Vacancy Rate (Dollar Amount)						
c. Per Diem						
Total Salaries, Wages & Fringe Benefits	51,461,258	57,607,757	64,053,171	6,445,414	11.19%	
2. Travel						
a. Travel & Subsistence (In-State)	621,384	683,563	739,137	55,574	8.13%	
b. Travel & Subsistence (Out-Of-State)	162,066	249,185	251,235	2,050	0.82%	
c. Travel & Subsistence (Out-Of-Country)						
Total Travel	783,450	932,748	990,372	57,624	6.18%	
B. CONTRACTUAL SERVICES (Schedule B)						
a. Tuition, Rewards & Awards	36,795	36,793	36,793			
b. Communications, Transportation & Utilities	685,171	938,072	938,322	250	0.03%	
c. Public Information	42,796	66,100	71,100	5,000	7.56%	
d. Rents	3,104,088	3,546,824	3,970,324	423,500	11.94%	
e. Repairs & Service	383,065	378,400	402,800	24,400	6.45%	
f. Fees, Professional & Other Services	100,641,849	242,146,707	251,873,177	9,726,470	4.02%	
g. Other Contractual Services	560,684	161,962	176,116	14,154	8.74%	
h. Data Processing	5,815,131	2,943,300	3,169,600	226,300	7.69%	
i. Other	2,292,385	165,972	165,972			
Total Contractual Services	113,561,964	250,384,130	260,804,204	10,420,074	4.16%	
C. COMMODITIES (Schedule C)						
a. Maintenance & Construction Materials & Supplies	225	2,500	2,500			
b. Printing & Office Supplies & Materials	488,134	570,862	623,512	52,650	9.22%	
c. Equipment, Repair Parts, Supplies & Accessories	77,132	34,550	36,070	1,520	4.40%	
d. Professional & Scientific Supplies & Materials	420	4,800	5,000	200	4.17%	
e. Other Supplies & Materials	345,741	616,023	695,143	79,120	12.84%	
Total Commodities	911,652	1,228,735	1,362,225	133,490	10.86%	
D. CAPITAL OUTLAY						
1. Total Other Than Equipment (Schedule D-1)						
2. Equipment (Schedule D-2)						
b. Road Machinery, Farm & Other Working Equipment						
c. Office Machines, Furniture, Fixtures & Equipment	229,731	512,000	538,000	26,000	5.08%	
d. IS Equipment (Data Processing & Telecommunications)	69,144	3,500,000	3,500,000			
e. Equipment - Lease Purchase						
f. Other Equipment						
Total Equipment (Schedule D-2)	298,875	4,012,000	4,038,000	26,000	0.65%	
3. Vehicles (Schedule D-3)	21,858		70,000	70,000	100.00%	
4. Wireless Comm. Devices (Schedule D-4)						
E. SUBSIDIES, LOANS & GRANTS (Schedule E)	5,745,784,266	5,691,249,869	5,909,039,690	217,789,821	3.83%	
TOTAL EXPENDITURES	5,912,823,323	6,005,415,239	6,240,357,662	234,942,423	3.91%	
II. BUDGET TO BE FUNDED AS FOLLOWS:						
Cash Balance-Unencumbered						
General Fund Appropriation (Enter General Fund Lapse Below)	840,093,867	852,991,413	919,240,002	66,248,589	7.77%	
State Support Special Funds	139,318,631	65,782,247	64,736,791	(1,045,456)	(1.59%)	
Federal Funds	4,417,081,621	4,566,491,420	4,752,462,234	185,970,814	4.07%	
Medical Care Fund	401,812,398	407,143,686	389,186,040	(17,957,646)	(4.41%)	
Other Special Funds	114,516,806	113,006,473	114,732,595	1,726,122	1.53%	
Less: Estimated Cash Available Next Fiscal Period						
TOTAL FUNDS (equals Total Expenditures above)	5,912,823,323	6,005,415,239	6,240,357,662	234,942,423	3.91%	
GENERAL FUND LAPSE	29,220,877					
III: PERSONNEL DATA						
Number of Positions Authorized in Appropriation Bill	a.) Perm Full	1,028	1,027	1,114	87	8.47%
	b.) Perm Part	2	2	2		
	c.) T-L Full	37	37	24	(13)	(35.14%)
	d.) T-L Part					
Average Annual Vacancy Rate (Percentage)	a.) Perm Full					
	b.) Perm Part					
	c.) T-L Full					
	d.) T-L Part					

Approved by: David Dzielak
Official of Board or Commission

Submitted by: David Dzielak

Date: 9/8/2017 12:49 PM

Budget Officer: Phillip Allen / Phillip.Allen@medicaid.ms.gov

Phone Number: 601 359-9561

Title: Executive Director

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2017 Actual Amount	% of Line Item	% of Total Budget	FY 2018 Estimated Amount	% of Line Item	% of Total Budget	FY 2019 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	20,789,178	40.40%		23,043,103	40.00%		24,922,690	38.91%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. Federal _____ Other Special (Specify) _____	30,672,080	59.60%		34,564,654	60.00%		39,130,481	61.09%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Salaries	51,461,258		0.87%	57,607,757		0.96%	64,053,171		1.03%
1. General _____ State Support Special (Specify) _____	391,725	50.00%		466,374	50.00%		495,186	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. Federal _____ Other Special (Specify) _____	391,725	50.00%		466,374	50.00%		495,186	50.00%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Travel	783,450		0.01%	932,748		0.02%	990,372		0.02%
1. General _____ State Support Special (Specify) _____	29,171,634	25.69%		56,730,229	22.66%		60,743,988	23.29%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. Federal _____ Other Special (Specify) _____	84,390,330	74.31%		193,653,901	77.34%		200,060,216	76.71%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Contractual	113,561,964		1.92%	250,384,130		4.17%	260,804,204		4.18%
1. General _____ State Support Special (Specify) _____	455,827	50.00%		614,368	50.00%		681,112	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. Federal _____ Other Special (Specify) _____	455,825	50.00%		614,367	50.00%		681,113	50.00%	
9. Medical Care Fund									
10. Other Special Funds									
11.									
12.									
Total Commodities	911,652		0.02%	1,228,735		0.02%	1,362,225		0.02%

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2017 Actual Amount	% of Line Item	% of Total Budget	FY 2018 Estimated Amount	% of Line Item	% of Total Budget	FY 2019 Requested Amount	% of Line Item	% of Total Budget
1. General State Support Special (Specify)	789,125,137	13.73%		770,131,339	13.53%		830,343,026	14.05%	
2. Budget Contingency Fund				1,029,617	0.02%				
3. Education Enhancement Fund									
4. Health Care Expendable Fund	87,306,985	1.52%		64,736,791	1.14%		64,736,791	1.10%	
5. Tobacco Control Fund									
6. Capital Expense Fund	52,011,646	0.91%		15,839					
7. Working Cash Stabilization Reserve Fund									
8. Federal Other Special (Specify)	4,301,011,294	74.86%		4,335,186,124	76.17%		4,510,041,238	76.32%	
9. Medical Care Fund	401,812,398	6.99%		407,143,686	7.15%		389,186,040	6.59%	
10. Other Special Funds	114,516,806	1.99%		113,006,473	1.99%		114,732,595	1.94%	
11.									
12.									
Total Subsidies	5,745,784,266		97.17%	5,691,249,869		94.77%	5,909,039,690		94.69%
1. General State Support Special (Specify)	840,093,867	14.21%		852,991,413	14.20%		919,240,002	14.73%	
2. Budget Contingency Fund				1,029,617	0.02%				
3. Education Enhancement Fund									
4. Health Care Expendable Fund	87,306,985	1.48%		64,736,791	1.08%		64,736,791	1.04%	
5. Tobacco Control Fund									
6. Capital Expense Fund	52,011,646	0.88%		15,839					
7. Working Cash Stabilization Reserve Fund									
8. Federal Other Special (Specify)	4,417,081,621	74.70%		4,566,491,420	76.04%		4,752,462,234	76.16%	
9. Medical Care Fund	401,812,398	6.80%		407,143,686	6.78%		389,186,040	6.24%	
10. Other Special Funds	114,516,806	1.94%		113,006,473	1.88%		114,732,595	1.84%	
11.									
12.									
TOTAL	5,912,823,323		100.00%	6,005,415,239		100.00%	6,240,357,662		100.00%

SPECIAL FUNDS DETAIL

Governor's Office - Division of Medicaid (328-00)

Name of Agency

S. STATE SUPPORT SPECIAL FUNDS	Source (Fund Number)	Detailed Description of Source	(1)	(2)	(3)
			Actual Revenues FY 2017	Estimated Revenues FY 2018	Requested Revenues FY 2019
	Budget Contingency Fund	BCF - Budget Contingency		1,029,617	
	Education Enhancement Fund	EEF - Education Enhancement Fund			
	Health Care Expendable Fund	HCEF - Health Care Expendable Fund	87,306,985	64,736,791	64,736,791
	Tobacco Control Fund	TCF - Tobacco Control Fund			
	Capital Expense Fund	CEF - Capital Expense Fund	52,011,646	15,839	
	Working Cash Stabilization Reserve Fund	WCSRF - Working Cash Stabilization Reserve Fund			
State Support Special Fund TOTAL			139,318,631	65,782,247	64,736,791
STATE SUPPORT SPECIAL FUND LAPSE					

A. FEDERAL FUNDS *	Source (Fund Number)	Detailed Description of Source	Percentage Match Requirement		(1)	(2)	(3)
			FY 2018	FY 2019	Actual Revenues FY 2017	Estimated Revenues FY 2018	Requested Revenues FY 2019
		Cash Balance-Unencumbered					
	CMS Grant Medicaid Title XIX (5332800000)	Centers for Medicare and Medicaid Services	24.60	23.94	4,263,084,995	4,417,462,808	4,594,088,616
	CMS Grant - CHIP Title XXI (5332800000)	Centers for Medicare and Medicaid Services			153,996,626	149,028,612	158,373,618
Federal Fund TOTAL					4,417,081,621	4,566,491,420	4,752,462,234

B. OTHER SPECIAL FUNDS (NON-FED'L)	Source (Fund Number)	Detailed Description of Source	(1)	(2)	(3)
			Actual Revenues FY 2017	Estimated Revenues FY 2018	Requested Revenues FY 2019
		Cash Balance-Unencumbered			
	Medical Care Fund (3332700000)	Long Term Care Facility Provider Assessments	95,735,510	95,735,510	95,735,510
	Medical Care Fund (3332700000)	Hospital Assessment	104,000,000	104,000,000	104,000,000
	Medical Care Fund (3332700000)	Hospital Assessments	192,710,845	186,343,907	182,488,393
	Medical Care Fund (3332700000)	Long Term Care Facility Provider Assessments	4,569,944	7,977,832	4,287,137
	Medical Care Fund (3332700000)	Physician Assessments	4,620,315	2,500,000	2,500,000
	Medical Care Fund (3332700000)	Interest	175,784	175,000	175,000
	Medical Care Fund (3332700000)	Additional UPL Authority SFY2018 ONLY		10,411,437	
	Other Special Funds (3332800000)	Other State Agency Matching Funds	113,102,102	111,672,773	113,347,865
	Other Special Funds (3332800000)	Interest	388	350	380
	Other Special Funds (3332800000)	Licenses, Fees, and Permits	1,279	1,300	1,300
	Other Special Funds (3332800000)	Charges to Outside Entities for Services	17,926	22,000	23,000
	Other Special Funds (3332800000)	Refunds	1,392,307	1,300,000	1,350,000
	Other Special Funds (3332800000)	Workers Comp Recovery	61	50	50
	Other Special Funds (3332800000)	Seized and Forfeited Property		10,000	10,000
	Other Special Funds (3332800000)	MEMA Flood Recovery Funds	2,743		
Other Special Fund TOTAL			516,329,204	520,150,159	503,918,635

SECTIONS S + A + B TOTAL			5,072,729,456	5,152,423,826	5,321,117,660
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SPECIAL FUNDS DETAIL

Governor's Office - Division of Medicaid (328-00)

Name of Agency

C. TREASURY FUND/BANK ACCOUNTS * Name of Fund/Account	Fund/Account Number	Name of Bank (If Applicable)	(1) Reconciled Balance as of 6/30/17	(2) Balance as of 6/30/18	(3) Balance as of 6/30/19
Provider Payment Checking Account	0017375177	Regions Bank	253,449	100,000	100,000
Third Party Recovery (TPR) Lockbox	1001626621	Trustmark Bank	972,488	300,000	300,000

* Any non-federal funds that have restricted uses must be identified and narrative of restrictions attached.

NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY FUND/BANK ACCOUNTS

Governor's Office - Division of Medicaid (328-00)

Name of Agency

STATE SUPPORT SPECIAL FUNDS

DOM requests level funding from the Health Care Expendable Fund.

FEDERAL FUNDS

Federal funds are received for Medicaid Title XIX and CHIP Title XXI.

OTHER SPECIAL FUNDS

Assessments and inter-governmental transfers (IGT) received pursuant to Miss. Code Ann. Sections 43-13-117 and 43-13-145 are reported in the Other Special Funds. The assessments are collected from long-term care facilities and hospitals. The IGTs are collected from other state agencies and county-owned nursing facilities. The funds serve as state support matching funds. State support matching funds are required for the use of federal grant funds.

Medical Care Fund (Fund #3332700000)

Long Term Care Facility Assessments

The assessments for long-term care facilities are collected based on the number of licensed and occupied beds of each nursing facility (NF), intermediate care facility for individuals with intellectual disabilities (ICF-IID) and psychiatric residential treatment facility (PRTF). The state-owned PRTF is exempt from this assessment. The nursing facility assessment is authorized in Miss Code Ann. Section 43-13-117(A)(4)(f). In accordance with Miss Code Ann. Section 43-13-145(1)(2) and (3), the assessments are equal to the maximum rate allowed by federal law or regulation. This maximum is established in 42 Code of Federal Regulation Section 433.68(f)(3)(i)(A) at six percent (6%) of revenues. The assessments provide a direct funding source to the Division of Medicaid for use as state matching funds. In turn the assessments are an allowable cost on the long-term care facility cost reports; whereby the costs are built into the facility per diem rates. For each Medicaid beneficiary the per diem rate is paid to the facility by the Division of Medicaid. Therefore, to the extent the long-term care facility serves Medicaid beneficiaries, they receive the assessment back in their revenue from Medicaid. The Division of Medicaid applies the Federal Medical Assistance Percentage (FMAP) and draws approximately 75% of the cost from the federal government. Through this assessment process, the federal share supplants the state funding of the program.

The long term care assessments are projected to remain flat through SFY2019. SFY2017 collections totaled \$95,735,510.

Hospital Assessments

The hospital assessment of \$104,000,000 is mandated in state statute at Miss. Code Ann. Section 43-13-145(4)(a)(i). The budget projects this funding source to remain at \$104,000,000 for SFY2018 and SFY2019.

Additionally, in state statute at Miss. Code Ann. Section 43-13-117(A)(18)(a) through (c) and 43-13-145(4)(a) and 43-13-145(10) is the instruction for the hospital assessment to fund the state share of the disproportionate share hospital program (DSH), and the Mississippi hospital access program (MHAP). This budget projects the funding source for DSH and MHAP that exactly matches the state share of these provider payments.

The SFY2017 DSH assessment was \$56,847,518. The federal Patient Protection and Affordable Care Act (PPACA) requires reductions to state Medicaid DSH allotments annually beginning with fiscal year 2018. A new proposed rule for 42 CFR Part 447 delineating a methodology to implement the annual DSH allotment reductions is scheduled to be published in the Federal Register on July 28, 2017. As the methodology is uncertain, the normal adjustment to the volume of hospital DSH payments is recognized in this budget. Please note that since the DSH program is fully funded by the hospital assessments, the request for direct state support is neither overstated nor understated using this projection.

**NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY
FUND/BANK ACCOUNTS**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

The SFY2017 MHAP assessment was \$135,863,327. The MHAP, as currently designed, is paid as pass-through payments made to hospitals through the two MississippiCAN contractors. For both SFY2016 and SFY2017, CMS approved the pass-through payments totaling \$533,110,956. DOM distributes the full amount of MHAP payments to the CCOs through an add-on payment to the per-member-per-month capitation payments made to the CCOs. The CCOs then distribute the full amount of MHAP payments to all participating hospitals. No administrative fee is associated with distribution of MHAP payments to hospitals. The legislative intent of MHAP is to protect Medicaid beneficiaries' access to care by replacing the additional reimbursement under the inpatient hospital UPL program, to the fullest extent feasible, with additional reimbursement under MHAP. UPL is not allowed by CMS for payments made through managed care; and the inclusion of inpatient hospital services in managed care drove this payment mechanism. As a condition of MHAP approval for SFY2016, CMS required submission of a corrective action plan. CMS continues to work with DOM towards approval of the corrective action plan.

CMS finalized the federal rule overhauling the requirements for Medicaid managed care programs in May, 2016. The rule dictates a formula for limiting pass-through payments and requires a transition over ten years. The final rule dictates that states must transition pass-through payments to payments based on utilization, delivery of services to enrollees covered under the contract, or the quality and outcomes of services. SFY2018 is the base year and reductions of ten percent are required annually through SFY2027, after which no pass-through payments will be permitted by CMS. The budget assumes the hospital assessment will continue to fund the state match for the current MHAP total of \$533,110,956.

Upper Payment Limit (UPL) Programs

The UPL programs are authorized in Miss. Code Ann. Section 43-13-117(18)(b). The Physician UPL program is made available to the University of Mississippi Medical Center, in accordance with Miss. Code Ann. Section 43-13-117(18)(b). UMMC submits an IGT from the hospital for the state share of the payment. The state share total in SFY2017 was \$4,620,315 and supported six quarterly payments that provided total funding to UMMC of \$18,017,888. SFY2018 and 2019 deposits are expected to support four quarterly payments and are projected to total \$2,500,000 each year.

The Nursing Facility UPL program is made available to governmental non-state facilities. Each participating facility is required to pay the state match using an IGT in advance of the UPL distribution. The SFY2016 UPL distributions were issued in SFY2017 and totaled \$18,013,180, which required state match IGTs of \$4,569,944. Both SFY2017 and SFY2018 UPL distributions are projected to be made in SFY2018 requiring IGTs of \$7,977,832. The SFY2019 IGT projection is \$4,287,137.

Please note that CMS rules at 42CFR Part 447.272 allow full cost reimbursement to state owned and operated facilities as UPL. However, the IGTs received for full cost reimbursement to long-term care facilities in Mississippi are deposited into the Other Special Fund as Medical Claims Match. Full cost reimbursement is mandated in Miss. Code Ann. Section 43-13-117 paragraphs (4)(c) and (12)(b) and (23).

Interest

Interest totaling \$175,784 was earned in the Medical Care Fund in SFY2017. The budget projection for interest deposits is \$175,000 for both SFY2018 and SFY2019.

The Medical Care fund reduction shown from SFY18 to SFY19 does not represent a need or request for replacement of general funds. Instead, the decrease is due to a reduction in the Medical Care Fund authority requested for SFY19.

Other Special Fund (Fund #3332800000)

Medical Claims Match from Other State Agencies

The other source of special funds is the state match paid for medical service claims submitted by four other state agencies using IGT. State match transfers are invoiced for claims from the following state agencies: Department of Corrections (\$572,800), Department of Health (\$2,654,230), Department of Mental Health (\$88,947,324), and Department of Rehabilitation Services (\$20,927,748). The state share invoices for claims paid from July 2016 through June 2017 totaled \$113,102,102. For SFY2018 and SFY2019, DOM has projected incoming transfers based on SFY2017 invoices and the

**NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY
FUND/BANK ACCOUNTS**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

applicable blended state match rates. The projections are \$111,672,773 and \$113,347,865, respectively.

Other Receipts

Interest and various refunds and fees are reported in this fund. The receipts vary from year-to-year and do not represent a certain stream of funding. However, the other receipts source is projected for the budget based on recent past experience. For SFY2017 receipts totaled \$1,414,704. \$1,333,700 and \$1,384,730 are projected for SFY2018 and SFY2019, respectively.

TREASURY FUND / BANK

Provider Payment Checking Account

The provider payment checking account is used for healthcare provider payments. DOM authorizes a transfer of funds from the state treasury to cover the weekly claims payments to health care providers and the coordinated care organizations generated by the claims system managed by our fiscal agent. The funds are then used by the bank to make payments to the providers. The account is managed by the fiscal agent, with oversight by DOM. The ACH weekly limit is \$476,000,000 and identifies the amount of funds transferred without notice to the bank. Both federal and state funds are transferred for use in this account to pay DOM providers. Any balances in the account are held in accordance with internal control policies for outstanding transactions.

Third Party Recovery (TPR) Lockbox

The TPR lockbox account is used by our third party recovery vendor for depositing collections. The lockbox requires a \$300,000 minimum balance. The lockbox agreement allows for the isolation of these deposits and administrative check listing services, so that the appropriate credit can be applied to applicable claims.

The lockbox deposits are routinely transferred to Fund #3332300000. DOM reports third party recoveries in the budget as an offset of provider claims expense to ensure appropriate allocation of the funds between state and federal share.

Treasury Funds

General (Fund #2232800000) Budgeted

DOM uses this account to record the use of general funds appropriated by the legislature.

Capital Expense (Fund #6432A00000) Budgeted

DOM uses this account to record the use of capital expense funds appropriated by the legislature.

Health Care Expendable (Fund #6232600000) Budgeted

DOM uses this account to record the use of health care expendable funds appropriated by the legislature.

Refund Account (Fund #3332300000) Unbudgeted

The refund account is used for depositing refunds resulting from claims payment credits and drug rebates. Credit examples include, but are not limited to the collection of overpayments and the collection of estate recovery and casualty loss settlements by DOM. Drug rebates are received from drug companies; the rebates are based on the drug prescriptions filled for beneficiaries. The TPR lockbox account funds are transferred to the Refund Account. The refunds are offset against claims payments each week. This allows the state share to fund the week's claims payments and allows the repayment of the federal share through an offset to the weekly federal draw for claims. The refunds are reflected on the budget as an offset to provider claims expense.

**NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY
FUND/BANK ACCOUNTS**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Civil Monetary Penalty (Fund #3332500000) Unbudgeted

CMS Survey and Certification State Operations Manual requires civil monetary penalties be imposed on nursing facilities under certain conditions for survey deficiencies. In Mississippi, the health department serves as the State Survey Agency and performs surveys on behalf of the Medicaid program. The penalties are allocated between the state and federal government. The state share is maintained in the Civil Monetary Penalty Fund for restricted use in accordance with CMS requirements. The funds are not available for normal Medicaid activities and can only be dispersed through sub-grants approved by CMS for nursing facility improvement activities.

Medical Care (Fund #3332700000) Budgeted

Provider assessments and inter-governmental transfers for Upper Payment Limit programs are deposited in the Medical Care fund.

Special (Fund #3332800000) Budgeted

Other state agency matching funds, drug rebates, and miscellaneous receipts are deposited in the Special Fund.

Federal Funds

Balancing Incentive Program (BIP) (Fund #5332100000) Unbudgeted

Through a Medicaid grant program from the federal government, DOM received BIP funds. They are used for certain home and community based services.

Federal Fund (Fund #5332800000) Budgeted

All federal funds are deposited into this fund, except for BIP funds. The funds are drawn from the United States Treasury and spent for Medicaid approved expenditures.

CONTINUATION AND EXPANDED TOTAL REQUEST

Governor's Office - Division of Medicaid (328-00)

SUMMARY OF ALL PROGRAMS

Name of Agency	Program				
	FY 2017 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe	20,789,178		30,672,080		51,461,258
Travel	391,725		391,725		783,450
Contractual Services	29,171,634		84,390,330		113,561,964
Commodities	455,827		455,825		911,652
Other Than Equipment					
Equipment	149,437		149,438		298,875
Vehicles	10,929		10,929		21,858
Wireless Communication Devices					
Subsidies, Loans & Grants	789,125,137	139,318,631	4,301,011,294	516,329,204	5,745,784,266
Total	840,093,867	139,318,631	4,417,081,621	516,329,204	5,912,823,323
No. of Positions (FTE)	426.80		640.20		1,067.00

	FY 2018 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe	23,043,103		34,564,654		57,607,757
Travel	466,374		466,374		932,748
Contractual Services	56,730,229		193,653,901		250,384,130
Commodities	614,368		614,367		1,228,735
Other Than Equipment					
Equipment	2,006,000		2,006,000		4,012,000
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	770,131,339	65,782,247	4,335,186,124	520,150,159	5,691,249,869
Total	852,991,413	65,782,247	4,566,491,420	520,150,159	6,005,415,239
No. of Positions (FTE)	426.30		639.50		1,065.80

	FY 2019 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe	1,879,587		4,565,827		6,445,414
Travel	28,812		28,812		57,624
Contractual Services	4,013,759		6,406,315		10,420,074
Commodities	66,744		66,746		133,490
Other Than Equipment					
Equipment	13,000		13,000		26,000
Vehicles	35,000		35,000		70,000
Wireless Communication Devices					
Subsidies, Loans & Grants	60,211,687	(1,045,456)	174,855,114	(16,231,524)	217,789,821
Total	66,248,589	(1,045,456)	185,970,814	(16,231,524)	234,942,423
No. of Positions (FTE)	17.08		56.92		74.00

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

CONTINUATION AND EXPANDED TOTAL REQUEST

Governor's Office - Division of Medicaid (328-00)

SUMMARY OF ALL PROGRAMS

Name of Agency	Program				
	FY 2019 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe	24,922,690		39,130,481		64,053,171
Travel	495,186		495,186		990,372
Contractual Services	60,743,988		200,060,216		260,804,204
Commodities	681,112		681,113		1,362,225
Other Than Equipment					
Equipment	2,019,000		2,019,000		4,038,000
Vehicles	35,000		35,000		70,000
Wireless Communication Devices					
Subsidies, Loans & Grants	830,343,026	64,736,791	4,510,041,238	503,918,635	5,909,039,690
Total	919,240,002	64,736,791	4,752,462,234	503,918,635	6,240,357,662
No. of Positions (FTE)	443.38		696.42		1,139.80

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

**SUMMARY OF PROGRAMS
FORM MBR-1-03sum**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

FUNDING REQUESTED FISCAL YEAR 2019

	PROGRAM	GENERAL	ST. SUPP. SPECIAL	FEDERAL	OTHER SPECIAL	TOTAL
1.	Administrative Services	88,896,976		242,420,996		331,317,972
2.	Medical Services	717,513,438	64,736,791	3,993,146,447	503,918,635	5,279,315,311
3.	Childrens Health Insurance Program (CHIP)			158,373,618		158,373,618
4.	Home & Community Based Services	112,829,588		358,521,173		471,350,761
	Summary of All Programs	919,240,002	64,736,791	4,752,462,234	503,918,635	6,240,357,662

CONTINUATION AND EXPANDED REQUEST

Program 1 of 4

Administrative Services

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program

	FY 2017 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe	20,789,178		30,672,080		51,461,258
Travel	391,725		391,725		783,450
Contractual Services	29,171,634		84,390,330		113,561,964
Commodities	455,827		455,825		911,652
Other Than Equipment					
Equipment	149,437		149,438		298,875
Vehicles	10,929		10,929		21,858
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	50,968,730		116,070,327		167,039,057
No. of Positions (FTE)	426.80		640.20		1,067.00

	FY 2018 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe	23,043,103		34,564,654		57,607,757
Travel	466,374		466,374		932,748
Contractual Services	56,730,229		193,653,901		250,384,130
Commodities	614,368		614,367		1,228,735
Other Than Equipment					
Equipment	2,006,000		2,006,000		4,012,000
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	82,860,074		231,305,296		314,165,370
No. of Positions (FTE)	426.30		639.50		1,065.80

	FY 2019 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe	1,879,587		4,565,827		6,445,414
Travel	28,812		28,812		57,624
Contractual Services	4,013,759		6,406,315		10,420,074
Commodities	66,744		66,746		133,490
Other Than Equipment					
Equipment	13,000		13,000		26,000
Vehicles	35,000		35,000		70,000
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	6,036,902		11,115,700		17,152,602
No. of Positions (FTE)	17.08		56.92		74.00

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 1 of 4

Governor's Office - Division of Medicaid (328-00)

Administrative Services

Name of Agency

Program

	FY 2019 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe	24,922,690		39,130,481		64,053,171
Travel	495,186		495,186		990,372
Contractual Services	60,743,988		200,060,216		260,804,204
Commodities	681,112		681,113		1,362,225
Other Than Equipment					
Equipment	2,019,000		2,019,000		4,038,000
Vehicles	35,000		35,000		70,000
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	88,896,976		242,420,996		331,317,972
No. of Positions (FTE)	443.38		696.42		1,139.80

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

CONTINUATION AND EXPANDED REQUEST

Governor's Office - Division of Medicaid (328-00)

Program

Name of Agency

	FY 2017 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	677,811,371	139,318,631	3,820,522,985	516,329,204	5,153,982,191
Total	677,811,371	139,318,631	3,820,522,985	516,329,204	5,153,982,191
No. of Positions (FTE)					

	FY 2018 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	665,848,065	65,782,247	3,837,205,570	520,150,159	5,088,986,041
Total	665,848,065	65,782,247	3,837,205,570	520,150,159	5,088,986,041
No. of Positions (FTE)					

	FY 2019 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	51,665,373	(1,045,456)	155,940,877	(16,231,524)	190,329,270
Total	51,665,373	(1,045,456)	155,940,877	(16,231,524)	190,329,270
No. of Positions (FTE)					

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 2 of 4

Governor's Office - Division of Medicaid (328-00)

Medical Services

Name of Agency

Program

	FY 2019 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	717,513,438	64,736,791	3,993,146,447	503,918,635	5,279,315,311
Total	717,513,438	64,736,791	3,993,146,447	503,918,635	5,279,315,311
No. of Positions (FTE)					

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

CONTINUATION AND EXPANDED REQUEST

Governor's Office - Division of Medicaid (328-00)

Childrens Health Insurance Program (CHIP)

Name of Agency

Program

	FY 2017 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants			153,996,626		153,996,626
Total			153,996,626		153,996,626
No. of Positions (FTE)					

	FY 2018 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants			149,028,612		149,028,612
Total			149,028,612		149,028,612
No. of Positions (FTE)					

	FY 2019 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants			9,345,006		9,345,006
Total			9,345,006		9,345,006
No. of Positions (FTE)					

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

CONTINUATION AND EXPANDED REQUEST

Governor's Office - Division of Medicaid (328-00)

Childrens Health Insurance Program (CHIP)

Name of Agency

Program

	FY 2019 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants			158,373,618		158,373,618
Total			158,373,618		158,373,618
No. of Positions (FTE)					

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

CONTINUATION AND EXPANDED REQUEST

Governor's Office - Division of Medicaid (328-00)

Home & Community Based Services

Name of Agency

Program

	FY 2017 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	111,313,766		326,491,683		437,805,449
Total	111,313,766		326,491,683		437,805,449
No. of Positions (FTE)					

	FY 2018 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	104,283,274		348,951,942		453,235,216
Total	104,283,274		348,951,942		453,235,216
No. of Positions (FTE)					

	FY 2019 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	8,546,314		9,569,231		18,115,545
Total	8,546,314		9,569,231		18,115,545
No. of Positions (FTE)					

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

CONTINUATION AND EXPANDED REQUEST

Governor's Office - Division of Medicaid (328-00)

Home & Community Based Services

Name of Agency

Program

	FY 2019 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2019 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	112,829,588		358,521,173		471,350,761
Total	112,829,588		358,521,173		471,350,761
No. of Positions (FTE)					

Note: FY2019 Total Request = FY2018 Estimated + FY2019 Incr(Decr) for Continuation + FY2019 Expansion/Reduction of Existing Activities + FY2019 New Activities.

PROGRAM DECISION UNITS

Governor's Office - Division of Medicaid

I - Administrative Services

Name of Agency	Program Name							
	A	B	C	D	E	F	G	H
EXPENDITURES	FY 2018 Appropriated	Escalations By DFA	Non-Recurring Items	Info Systems Projects	BIPP Grant End	Program Management	Vehicles	MFP Grant
SALARIES	57,607,757			2,355,668		4,089,746		
GENERAL	23,043,103			235,567		1,644,020		
ST. SUP. SPECIAL								
FEDERAL	34,564,654			2,120,101		2,445,726		
OTHER								
TRAVEL	932,748					57,624		
GENERAL	466,374					28,812		
ST. SUP. SPECIAL								
FEDERAL	466,374					28,812		
OTHER								
CONTRACTUAL	250,384,130			16,441,854	(4,754,500)	(702,280)		(565,000)
GENERAL	56,730,229			4,268,096		(254,337)		
ST. SUP. SPECIAL								
FEDERAL	193,653,901			12,173,758	(4,754,500)	(447,943)		(565,000)
OTHER								
COMMODITIES	1,228,735					133,490		
GENERAL	614,368					66,744		
ST. SUP. SPECIAL								
FEDERAL	614,367					66,746		
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT	4,012,000					26,000		
GENERAL	2,006,000					13,000		
ST. SUP. SPECIAL								
FEDERAL	2,006,000					13,000		
OTHER								
VEHICLES							70,000	
GENERAL							35,000	
ST. SUP. SPECIAL								
FEDERAL							35,000	
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TOTAL	314,165,370			18,797,522	(4,754,500)	3,604,580	70,000	(565,000)

FUNDING

GENERAL FUNDS	82,860,074			4,503,663		1,498,239	35,000	
ST. SUP. SPCL FUNDS								
FEDERAL FUNDS	231,305,296			14,293,859	(4,754,500)	2,106,341	35,000	(565,000)
OTHER SP. FUNDS								
TOTAL	314,165,370			18,797,522	(4,754,500)	3,604,580	70,000	(565,000)

POSITIONS

GENERAL FTE	426.30			3.20		13.88		
ST. SUP. SPCL. FTE								
FEDERAL FTE	639.50			28.80		28.12		
OTHER SP. FTE								
TOTAL	1,065.80			32.00		42.00		

PRIORITY LEVEL :

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PROGRAM DECISION UNITS

1 J

EXPENDITURES	Total Funding Change	FY 2019 Total Request					
SALARIES	6,445,414	64,053,171					
GENERAL	1,879,587	24,922,690					
ST. SUP. SPECIAL							
FEDERAL	4,565,827	39,130,481					
OTHER							
TRAVEL	57,624	990,372					
GENERAL	28,812	495,186					
ST. SUP. SPECIAL							
FEDERAL	28,812	495,186					
OTHER							
CONTRACTUAL	10,420,074	260,804,204					
GENERAL	4,013,759	60,743,988					
ST. SUP. SPECIAL							
FEDERAL	6,406,315	200,060,216					
OTHER							
COMMODITIES	133,490	1,362,225					
GENERAL	66,744	681,112					
ST. SUP. SPECIAL							
FEDERAL	66,746	681,113					
OTHER							
CAPTITAL-OTE							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
EQUIPMENT	26,000	4,038,000					
GENERAL	13,000	2,019,000					
ST. SUP. SPECIAL							
FEDERAL	13,000	2,019,000					
OTHER							
VEHICLES	70,000	70,000					
GENERAL	35,000	35,000					
ST. SUP. SPECIAL							
FEDERAL	35,000	35,000					
OTHER							
WIRELESS DEV							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
SUBSIDIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
TOTAL	17,152,602	331,317,972					

FUNDING

GENERAL FUNDS	6,036,902	88,896,976					
ST. SUP. SPCL FUNDS							
FEDERAL FUNDS	11,115,700	242,420,996					
OTHER SP. FUNDS							
TOTAL	17,152,602	331,317,972					

POSITIONS

GENERAL FTE	17.08	443.38					
ST. SUP. SPCL. FTE							
FEDERAL FTE	56.92	696.42					
OTHER SP. FTE							
TOTAL	74.00	1,139.80					

PRIORITY LEVEL :

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PROGRAM DECISION UNITS

Governor's Office - Division of Medicaid

2 - Medical Services

Name of Agency	Program Name							
	A	B	C	D	E	F	G	H
EXPENDITURES	FY 2018 Appropriated	Escalations By DFA	Non-Recurring Items	Continuation Funding	HIF Fee Waiver	Unit Cost Trends	Utilization Trends Increase	Enrollment Growth
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	5,088,986,041			47,278,738	42,791,231	51,130,468	61,938,668	10,117,888
GENERAL	665,848,065			47,278,738	10,528,782	12,580,652	15,240,009	2,489,506
ST. SUP. SPECIAL	65,782,247							
FEDERAL	3,837,205,570				32,262,449	38,549,816	46,698,659	7,628,382
OTHER	520,150,159							
TOTAL	5,088,986,041			47,278,738	42,791,231	51,130,468	61,938,668	10,117,888
FUNDING								
GENERAL FUNDS	665,848,065			47,278,738	10,528,782	12,580,652	15,240,009	2,489,506
ST. SUP. SPCL FUNDS	65,782,247							
FEDERAL FUNDS	3,837,205,570				32,262,449	38,549,816	46,698,659	7,628,382
OTHER SP. FUNDS	520,150,159							
TOTAL	5,088,986,041			47,278,738	42,791,231	51,130,468	61,938,668	10,117,888
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
				1	1	1	1	1

PROGRAM DECISION UNITS

	I	J	K	L	M	N	O	P
EXPENDITURES	NH/Phys UPL Decrease	HIT Provider Payments	FMAP Increase	Shortage Fed'l Authorization	Premiums Parts A, B, and D	State Funded Grant Decrease	Other Special Funds Decrease	DSH Increase
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	(60,533,361)	(3,407,170)		63,945,407	5,692,755	(2,613,529)		3,988,175
GENERAL			(32,256,282)		5,014,369	(2,613,529)	1,045,456	
ST. SUP. SPECIAL							(1,045,456)	
FEDERAL	(45,463,687)	(3,407,170)	34,389,252	63,945,407	678,386			3,017,055
OTHER	(15,069,674)		(2,132,970)					971,120
TOTAL	(60,533,361)	(3,407,170)		63,945,407	5,692,755	(2,613,529)		3,988,175

FUNDING

GENERAL FUNDS			(32,256,282)		5,014,369	(2,613,529)	1,045,456	
ST. SUP. SPCL FUNDS							(1,045,456)	
FEDERAL FUNDS	(45,463,687)	(3,407,170)	34,389,252	63,945,407	678,386			3,017,055
OTHER SP. FUNDS	(15,069,674)		(2,132,970)					971,120
TOTAL	(60,533,361)	(3,407,170)		63,945,407	5,692,755	(2,613,529)		3,988,175

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

	1	1	1	1	1	1	1	1
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PROGRAM DECISION UNITS

	Q	R	S					
EXPENDITURES	Drug Rebates Increase	Total Funding Change	FY 2019 Total Request					
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	(30,000,000)	190,329,270	5,279,315,311					
GENERAL	(7,642,328)	51,665,373	717,513,438					
ST. SUP. SPECIAL		(1,045,456)	64,736,791					
FEDERAL	(22,357,672)	155,940,877	3,993,146,447					
OTHER		(16,231,524)	503,918,635					
TOTAL	(30,000,000)	190,329,270	5,279,315,311					

FUNDING

GENERAL FUNDS	(7,642,328)	51,665,373	717,513,438					
ST. SUP. SPCL FUNDS		(1,045,456)	64,736,791					
FEDERAL FUNDS	(22,357,672)	155,940,877	3,993,146,447					
OTHER SP. FUNDS		(16,231,524)	503,918,635					
TOTAL	(30,000,000)	190,329,270	5,279,315,311					

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

	1							
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PROGRAM DECISION UNITS

Governor's Office - Division of Medicaid

3 - Childrens Health Insurance Program (CHIP)

Name of Agency	Program Name							
	A	B	C	D	E	F	G	H
EXPENDITURES	FY 2018 Appropriated	Escalations By DFA	Non-Recurring Items	Utilization Trends Increase	Increase in Medical Costs	HIF Fee Waiver	Total Funding Change	FY 2019 Total Request
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	149,028,612			3,721,367	3,575,038	2,048,601	9,345,006	158,373,618
GENERAL								
ST. SUP. SPECIAL								
FEDERAL	149,028,612			3,721,367	3,575,038	2,048,601	9,345,006	158,373,618
OTHER								
TOTAL	149,028,612			3,721,367	3,575,038	2,048,601	9,345,006	158,373,618
FUNDING								
GENERAL FUNDS								
ST. SUP. SPCL FUNDS								
FEDERAL FUNDS	149,028,612			3,721,367	3,575,038	2,048,601	9,345,006	158,373,618
OTHER SP. FUNDS								
TOTAL	149,028,612			3,721,367	3,575,038	2,048,601	9,345,006	158,373,618
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
				1	1	1		

PROGRAM DECISION UNITS

EXPENDITURES							
SALARIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
TRAVEL							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
CONTRACTUAL							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
COMMODITIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
CAPITAL-OTE							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
EQUIPMENT							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
VEHICLES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
WIRELESS DEV							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
SUBSIDIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
TOTAL							

FUNDING							
GENERAL FUNDS							
ST. SUP. SPCL FUNDS							
FEDERAL FUNDS							
OTHER SP. FUNDS							
TOTAL							

POSITIONS							
GENERAL FTE							
ST. SUP. SPCL. FTE							
FEDERAL FTE							
OTHER SP. FTE							
TOTAL							

PRIORITY LEVEL :							
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PROGRAM DECISION UNITS

Governor's Office - Division of Medicaid

4 - Home & Community Based Services

Name of Agency	Program Name							
	A	B	C	D	E	F	G	H
EXPENDITURES	FY 2018 Appropriated	Escalations By DFA	Non-Recurring Items	Utilization Trends Increase	Replace BIPP Funds	Enrollment Growth	FMAP Increase	Total Funding Change
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTIAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	453,235,216			13,574,659		4,540,886		18,115,545
GENERAL	104,283,274			3,340,045	7,235,251	1,117,285	(3,146,267)	8,546,314
ST. SUP. SPECIAL								
FEDERAL	348,951,942			10,234,614	(7,235,251)	3,423,601	3,146,267	9,569,231
OTHER								
TOTAL	453,235,216			13,574,659		4,540,886		18,115,545

FUNDING

GENERAL FUNDS	104,283,274			3,340,045	7,235,251	1,117,285	(3,146,267)	8,546,314
ST. SUP. SPCL FUNDS								
FEDERAL FUNDS	348,951,942			10,234,614	(7,235,251)	3,423,601	3,146,267	9,569,231
OTHER SP. FUNDS								
TOTAL	453,235,216			13,574,659		4,540,886		18,115,545

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

				1	1	1	1	
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PROGRAM DECISION UNITS

I

EXPENDITURES	FY 2019 Total Request							
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	471,350,761							
GENERAL	112,829,588							
ST. SUP. SPECIAL								
FEDERAL	358,521,173							
OTHER								
TOTAL	471,350,761							

FUNDING								
GENERAL FUNDS	112,829,588							
ST. SUP. SPCL FUNDS								
FEDERAL FUNDS	358,521,173							
OTHER SP. FUNDS								
TOTAL	471,350,761							

POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :								

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

Governor's Office - Division of Medicaid

1 - Administrative Services

Name of Agency

Program Name

I. Program Description:

The administrative component of the Medicaid program includes: a department dedicated to collections from any third party coverage available to beneficiaries; a department (approximately two-thirds of the agency's staff) to determine Medicaid eligibility and enrollment for beneficiaries and providers; a department dedicated to surveillance, utilization and investigation of program abuse or misuse by both providers and beneficiaries; departments charged with implementing and overseeing programs including those for maternal, child, and adult health services and ensuring accurate provider service authorizations and alternatives to institutionalization such as home and community-based services; a department to oversee and ensure compliance of the agency's managed care program; a finance and administrative department to record, analyze, control and report agency revenue and expenditures, provide budgeting and statistical information, and provide fiscal monitoring of the managed care program; an information systems department to help analyze, manage and utilize the Mississippi Medicaid Information System (MMIS), ensure the fiscal agent operates the MMIS in compliance with key performance indicators and guidelines, and to maintain information services for the agency's central office and 30 regional offices. The administrative component also funds support service departments to manage the agency's procurements, appeals, asset management, contract compliance, communications, policy filings and human resources.

As of June 30, 2017, there were 711,923 individuals covered by Medicaid and an additional 48,344 in the separate Children's Health Insurance Program (CHIP) for a total of 760,267 covered beneficiaries. This total represents a decrease of 16,842 beneficiaries from June 30, 2016, that can be primarily attributed to recipient churn, an issue identified nationally as inherent with income-based health benefits programs. The Patient Protection and Affordable Care Act (PPACA) mandated a simplified annual renewal process; however, a significant number of individuals, post-ACA, are still disenrolled because of non-compliance with annual review requirements. These types of disenrollments are combined with normal program attrition caused by status changes or changes in income or resources. Alternatively, the factors which increase enrollment, such as approved applications and reinstatements, do not currently offset the enrollment decline. External conditions, such as the economy, unemployment rate and seasonal changes, can also impact the number of applications received and in turn, the number of individuals eligible for the program. As our budget reaches the \$6 billion level and the beneficiary level steadies, we must consider all options and alternatives available that will allow us to both accommodate and afford this program. Such options, however, must fall within the parameters established through state and federal legislation (including PPACA as amended by H.R. 4872 – Reconciliation Act of 2010).

II. Program Objective:

The Mississippi Division of Medicaid (DOM) has over 1,000 employees located throughout one central office, 30 regional offices and over 80 outstations. These employees are collectively responsible for running agency operations. The vast majority of our employees are spread out among the 30 regional offices - the front lines of Medicaid - accepting, processing and managing beneficiary applications and cases. However, as one might imagine, it takes a strong workforce to be able to accommodate approximately 34,000 enrolled Mississippi Medicaid providers and over 760,000 beneficiaries.

In June 2012, the United States Supreme Court upheld the constitutionality of the PPACA, but also ruled that states have the ability to opt out of Medicaid expansion, which was unexpected. Although Mississippi has chosen not to expand Medicaid, we still must comply with mandatory provisions of the PPACA. Mandatory provisions include: extending coverage for foster children from age 21 to age 26, a health insurer fee, eligibility modernization (system updates and changes) and related administrative expenses. Also, until 2014 the federal government increased funding for the primary care physician (PCP) fee, which the state supported. After 2014, the state decided to continue the increased payments to PCPs to encourage and retain these physicians in the Mississippi Medicaid program.

Ultimately, the PPACA and subsequent Supreme Court rulings created funding and coverage gaps when the law was not upheld in full. As a result, DOM has had to quickly adapt to multiple rules, laws and restrictive time frames all impacting our operations, which in turn affects our staff needs.

As Medicaid programs and legislation change, the roles of administrative staff must also be flexible. Emphasis is placed on data analysis, and decisions are being made using this information; the development of programs and program changes are data-driven. While traditionally the DOM has maintained a high standard of reporting and accountability, it is now necessary that we interpret data to make programmatic decisions, assess quality of care, and measure health outcomes.

When the Mississippi Coordinated Access Network (MississippiCAN) was initiated in January 2011, it was a relatively

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

small managed care program affecting less than 10 percent of our beneficiary population. Since then, MississippiCAN has seen continuous change and steady growth. During the 2014 legislative session, DOM was granted the ability to include our children's eligibility categories in MississippiCAN. The enrollment of children up to age 19 concluded in July 2016, resulting in the addition of over 297,000 beneficiaries to MississippiCAN. Since these children represent our largest categories of eligibility, enrollment in MississippiCAN is currently near 70 percent of our Medicaid beneficiaries. In addition to the growth in enrollment in MississippiCAN, inpatient hospital services were rolled into MississippiCAN in December 2015.

The growth of MississippiCAN has necessitated some organizational restructuring to properly manage and oversee what has become our largest program area. Once overseen entirely by the Office of Coordinated Care, the addition of nearly 300,000 children into MississippiCAN required distributing program oversight across a number of offices including Clinical Support Services, Medical Services, Mental Health, and Pharmacy – areas already serving this population of children and supporting their clinical programs. Similarly, the Offices of Finance, Financial and Performance Review, Third Party Recovery and Program Integrity are now responsible for oversight of financial and regulatory aspects of MississippiCAN. All other DOM offices have also been affected in some capacity and even more administrative support is needed because we still support regular fee-for-service Medicaid, in addition to added duties related to supporting and monitoring managed care.

The administrative component of the Medicaid program represents approximately 3 percent of the agency's total expenditures. Additional information related to major administrative initiatives is detailed below.

The basic objective of administration for the agency is to provide services to Medicaid beneficiaries in the most expedient and efficient manner possible, and to identify ways to improve services and/or contain costs. Our mission statement is to responsibly provide access to quality health coverage for vulnerable Mississippians, and we are committed to accomplishing our mission by conducting operations with accountability, consistency and respect.

DOM continues to emphasize program reviews, recoveries, cost avoidance, and payment accuracy. DOM conducts thorough investigations of providers and beneficiaries suspected of fraud and abuse. During state fiscal year (SFY) 2017, 208 cases were investigated by Program Integrity, 34 of which resulted in corrective actions, and 5 cases were referred to the Medicaid Fraud Control Unit of the Attorney General's Office. The total amount of funds recovered by Program Integrity during SFY2017 was approximately \$1,600,000.

In addition to performing audits, Program Integrity meets monthly with AdvanceMed, which is our Medi-Medi partner. AdvanceMed receives a monthly feed of MMIS claims data and runs the information through its algorithms to detect aberrant claims and providers. To date, information from AdvanceMed has assisted Program Integrity with opening 41 investigations.

Also, DOM has completed a Request for Proposals (RFP) to procure a Recovery Auditor Contractor (RAC) to perform provider audits. The RFP will be released soon. During SFY2017, audits performed by the previous RAC auditor resulted in \$218,177 in recovered funds.

The Medicaid Integrity Contractor (MIC) is another contractor working with Program Integrity to perform provider audits. During SFY2017, \$332,064 was collected on MIC cases.

In addition, numerous audits are conducted of both cost reports submitted and claims paid. The majority of our recoveries are made through avoidance of claims and the netting of such voids against current medical service claim requests or through cost avoidance.

DOM implemented an Independent Verification and Validation (IV&V) program contracted through the UM/QIO to perform retrospective reviews validating the All Patient Refined Diagnostic Related Grouper (APR-DRG) assignment. The IV&V program counterbalances the incentive to arrange diagnosis codes to cause a claim to be assigned to a higher-paying APR-DRG. The review process consists of reviewing representative sample APR-DRG's for potential upcoding, other billing errors, or higher than expected utilization.

DOM continued its third party recovery contract with Health Management Systems (HMS) to identify other sources which should have paid Medicaid claims and to seek recovery from these third party insurers. In FY2017, \$6.3 million was recovered and \$1.26 billion was cost-avoided.

On June 4, 2010, DOM implemented its Medicaid Electronic Health Record/Electronic Prescribing system (MEHRS/e-

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

Script). As a result of the rapidly developing changes in the healthcare landscape, the MEHRS project was strategically realigned to conform to evolving CMS direction. This realignment resulted in the discontinuation of the MEHRS/e-Script system and the implementation of a provider portal in June 2014, giving Medicaid providers access to three years of claims history on any Medicaid beneficiary. This repurposed system is now known as the Medicaid Clinical Infrastructure (MCI). Additionally, the revisions to the system facilitate data analysis by DOM, which previously could only be done by laborious searching of multiple claim records. Access to this new data will inform the agency as it incorporates data driven decision-making strategies into the administration of the program.

The division continues to work with the Mississippi Health Information Network (MS HIN) to achieve a mutually agreeable participation agreement and contract for execution. Enhancements to the MCI planned for the next two years include continuing to add core clinical components to facilitate the exchange of Consolidated Clinical Data Architecture (CCD-A) records with DOM strategic external trading partners. Data available through these connections will be used to supplement the existing clinical information currently available in DOM's Clinical Data Repository (CDR). Medicaid providers also have access to the Provider Portal to review three years of longitudinal history based on clinical claims data for their Medicaid beneficiaries. In April 2016, DOM implemented a pilot project with UMMC designed to fast-track the exchange of clinical information from the EPIC system to DOM's clinical repository/data warehouse. Mississippi DOM was the first Medicaid agency in the nation to implement a direct clinical exchange with a hospital and has received much acclaim for the project both from the federal funding agencies as well as from other states. To date, DOM has exchanged well over one million CCDAs with UMMC that reflect 170,000 unique beneficiaries. Additionally, DOM has implemented an analytics package atop the clinical repository that will assist us in managing population healthcare and will facilitate identifying and reporting anomalies as well as trending and provide opportunities to identify fraud and abuse.

Federal funding for the project is provided by annual updates to the State Medicaid Health Information Technology Plan (SMHP) and the accompanying Health Information Technology Implementation Advanced Planning Document which was originally approved by CMS in 2010 and since then has had continued annual federal approval.

HEALTH CARE REFORM OVERVIEW

In the spring of 2010, Congress passed major health care reform legislation under the Patient Protection and Affordable Care Act, as amended by H.R. 4872, the Health Care Education Reconciliation Act of 2010 (collectively referred to as the PPACA). Much of this legislation has and will continue to impact the administration of the state's Medicaid program. The passage of PPACA required extensive changes to Medicaid's legacy Eligibility Determination System (MEDS) to modernize it as well as to accommodate the new Modified Adjusted Gross Income (MAGI) eligible population. DOM has completed Phases I and II of the modernized MEDS project to integrate all Medicaid-eligible populations for processing through one system. DOM is currently working towards incorporating Phase III into MMEDS to address the PPACA requirement to implement an online, streamlined application via a common web portal.

MISSISSIPPI MEDICAID PROGRAM TODAY

Current need-based categories of eligibility:

1. Infants and Children – eligible solely on the basis of being a child in a household with income below various levels of poverty.
2. Pregnant women – eligible solely on the basis of being pregnant.
3. Low income families – low income parent(s) or caretaker relative(s) with dependent children under age 18 in the home with low household income.
4. Disabled individuals – living at home or in institutional care.
5. Age 65 & over – living at home or in institutional care.

Current income eligibility standards (some increased by the PPACA): The Federal Poverty Level (FPL) is determined annually.

1. Children - as required by the PPACA, income limits for children increased as follows:
 - Birth to age 1 – Medicaid limit increased from 185% FPL to 194% FPL, the MAGI equivalent.
 - Age 1 to age 6 – Medicaid limit increased from 133% FPL to 143% FPL, the MAGI equivalent.
 - Age 6 to age 19 – Medicaid limit increased from 100% FPL to 133% FPL, the MAGI equivalent.
 - Uninsured children from birth to age 19 covered under CHIP increased from 200% FPL to 209% FPL, the MAGI equivalent.
2. Pregnant women - Medicaid limit increased from 185% FPL to 194% FPL, MAGI equivalent as required by the PPACA.
3. Low income families – covered at very low income levels of 24% of poverty for non-working parents and 44% of poverty

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

for two working parents. The PPACA increased the state established limit but when compared to the FPL, the MAGI equivalent limit is still within the pre-PPACA range.

4. Aged & Disabled – cover up to 135% of poverty for those with or without Medicare. Higher limits apply to the wages of disabled workers. Individuals in institutions and home and community based waivers can have income up to 300% of the Supplemental Security Income (SSI) at-home limit or higher with the use of an Income Trust. Medicare cost-sharing groups provide limited coverage for individuals with Medicare up to 135% of poverty.

HEALTHCARE REFORM CHANGES

- Under the new law, Mississippi kept the traditional Medicaid program, but it was not required to cover the expanded adult population. The adult expansion population originally mandated by the PPACA was deemed to be an optional coverage group by a 2012 Supreme Court decision. As a result, Mississippi Medicaid was not required to cover this new expansion group of parents and childless adults.
- Children added to the program after 2015 are considered part of the regular Medicaid program. From January 2014 through June 2017, 51,477 children have been added to Medicaid. Much of this increase is attributed to the PPACA requirement for families to secure health insurance and the open enrollment periods for the PPACA that enrolled families and children into Medicaid.
- CHIP children between 100% and 133% of the FPL transitioned from CHIP to Medicaid. Children were transitioned from CHIP to Medicaid in December, 2014. Children are eligible for CHIP, who are in households between 133%-209% of the FPL.
- The maintenance of effort (MOE) provisions for children under 19 in both Medicaid and CHIP are effective through September 30, 2019. The CHIP MOE requires maintenance of eligibility standards, methods, and procedures, as a condition of continued federal funding. The MOE provisions in the PPACA for adults general extend the requirements under the American Recovery and Reinvestment Act (ARRA) and specify that existing coverage for adults must remain in place until a State Exchange is fully operational.
- From January 2014 to June 2015, there was a 10.6% increase in Medicaid and CHIP. This increase exceeded the 80% participation rate previously anticipated by DOM based on an estimated 8.5% increase in enrollment. For the period January 2014 to June 2017, the increase in Medicaid and CHIP is 6.4%.
- All states were required to convert income eligibility to the use of Modified Adjusted Gross Income (MAGI). The covered groups exempted from MAGI include those that cover the aged, blind and disabled populations and foster care/adoption assistance children.
- PPACA requires the use of “gross income” with no deductions. This is why the reconciliation bill allowed a 5% disregard to lessen the impact of transitioning to a gross income test. However, MAGI allows deductions for expenses incurred in generating income from self-employment, rents, royalties; deductions for losses from the sale or exchange of property and deduction of alimony or separate maintenance payments – none of which was allowed in budgeting for Medicaid eligibility for families and children prior to PPACA. The result has been an expansion of children and adults who qualify for Medicaid.
- The PPACA raised the age limit from age 21 to age 26 for former foster children.
- PPACA required all states to incorporate compatible National Correct Coding Initiative (NCCI) methodologies in their systems for processing Medicaid claims. The Centers for Medicare and Medicaid Services (CMS) developed the National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to eliminate improper coding. CMS provides NCCI quarterly updates to implement in each states system.
- Hospitals that participate in Medicaid are now permitted to make presumptive eligibility decisions that will allow hospital staff to place Medicaid eligibility on file for children, pregnant women, low income parent(s) or needy caretakers, former foster care children and certain women with breast or cervical cancer. Presumptive eligibility is subject to regular Federal Medical Assistance Percentage (FMAP) rates; not any enhanced rate. During SFY2017, 30 hospitals had agreements with DOM to participate in Hospital Presumptive Eligibility. For this period, 1,898 presumptive eligibility decisions were received by the agency from the certified hospitals.
- The PPACA mandated the creation of a Health Insurance Exchange where individuals and small employers can buy

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

insurance through insurers. The purpose of the exchange is to facilitate the purchase of “qualified health plans.” Mississippi participates in a federally-facilitated exchange. A total of 20,938 Medicaid and CHIP electronic applications were received from the federal exchange from July 2016 through June 2017.

- The exchange must offer tax credits for individuals between 100% and 400% of the federal poverty level. Individuals seeking coverage through the exchange must be screened for eligibility through the exchange, Medicaid and/or CHIP and referred to the appropriate program.
- Medicaid, CHIP and the exchange must use a single application form to apply for benefits and apply a “no wrong door” policy. Enrollment procedures for coverage under Medicaid, CHIP and the exchange must be coordinated and seamless.
- Nursing home eligibility will be unaffected by PPACA; however, states will receive financial incentives to shift Medicaid recipients out of nursing homes and into home and community-based settings.
- PPACA also includes increasing the minimum federal brand name and generic rebates for pharmaceutical drugs. The bill indicates that the impact will be accrued 100% to the federal government. Other changes to the federal rebate program are also included in the legislation.
- The federal government will fund an increase in some fees paid to primary care physicians to equal 100% of Medicare reimbursement in calendar years 2013 and 2014. No additional funding is allocated after 2014. However, the Mississippi Legislature funded a continuation of this program by DOM.
- Medicaid Disproportionate Share Hospital (DSH) funding will be reduced depending on the characteristics of each state. A proposed rule regarding the final methodology was issued by CMS on May 15, 2013. CMS further delayed implementation until FFY 2018. Estimates of the funding reductions are not yet available from CMS.

DOM contracted with Milliman Inc., a nationally known health-care consulting and actuarial firm, to project the total potential fiscal impact of PPACA to the state of Mississippi’s budget during state fiscal years (2014-2020). The firm provided an estimated impact of the mandatory provisions of the law of approximately \$272 million to \$436 million depending upon the actual level of participation by the eligible population. This estimated range did not include any additional administrative costs related to reform, any administrative costs related to developing an insurance exchange or the optional expansion of adult eligibility. The additional administrative costs would be substantial if Mississippi decided to expand Medicaid eligibility for its adult population. Also, PPACA would cost the state between \$609 million and \$1 billion over that seven year period. For the first full year alone, PPACA optional expansion costs would range from \$73 million to \$104 million. As of this filing, the Mississippi State Legislature has not voted to expand the adult Medicaid population eligibility segments.

OTHER REQUIREMENTS AND INITIATIVES

PROVIDER INCENTIVE PAYMENTS

Federal Provider Incentive Payment funds were made available to states beginning Jan. 1, 2011, for distribution to providers. Mississippi was one of the first ten states to distribute Medicaid provider incentive payments, issuing \$850,000 to 40 eligible providers within the first six months. The incentive payments are 100% federally funded and the administrative costs of the program are federally funded at 90%.

American Recovery and Reinvestment Act (ARRA) legislation provided federal funds for state Medicaid agencies to make incentive payments to eligible professionals and eligible hospitals that implement certified electronic health records technology and become meaningful users of the technology. The Mississippi EHR incentive payment program provides an initial (first year) incentive payment to eligible providers to adopt, implement, or upgrade to the certified EHR technology. Providers can continue to receive a payment for an additional five years provided they are eligible and meet the meaningful use requirements. A typical physician can receive up to \$63,750 over a six year period. Hospitals will receive a greater payment based on their patient volume and Medicaid share percentage. Hospital payments are made over a three year period. In 2012, Mississippi was qualified to allow optometrists in the incentive program. Mississippi is one of the few states that allow optometrists to qualify for the program.

In May of 2011, Mississippi issued its first payments to eligible professionals and hospitals. As of June 2017, Mississippi

has issued over 6,400 payments totaling over \$173 million to eligible providers and hospitals in the state. All eligible Mississippi's hospitals have elected to participate in the program and their portion of the above total is over \$117 million. Approximately 97% of hospitals have received their second year payment and 78% have received their final payment. We anticipate almost all hospitals will complete their final year of participation in the 2018 budget year with total payments exceeding \$122 million. Approximately 3,000 eligible professionals have chosen to participate in the program. Over 50% of the eligible professionals have received their second year payment, over 33% have received their third year payment, over 19% have received their fourth payment, and 10% have received their fifth or sixth payments for meeting meaningful use requirements. Eligible professionals can receive up to six annual payments. Annual eligible professional payments are projected to exceed \$8 million per year and payments will continue through 2021. As stated earlier, these incentive payments to providers are 100% federally funded. Mississippi providers continue to have a higher rate of adoption than most states and continue to be in the top tier of all states based on the percentage of the eligible providers paid. Mississippi has active prepayment and post payment audit teams dedicated to the review of payments made under this program. The Mississippi EHR Provider Incentive Program qualifies for enhanced federal funding, and administrative costs only require a ten percent match of state funds.

NEW MEDICAID ENTERPRISE SYSTEM

In October 2003 DOM implemented a renovated Medicaid Management Information System (MMIS), Envision. Envision offered the improved flexibility, security and data access features necessary to achieve full compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) final rules and achieve improvements in administrative and operational efficiency. Pursuant to CMS requirements, in October 2013, DOM released RFP #20131025 to replace the existing MMIS/Decision Support System (DSS) and Pharmacy Benefits management system (PBM) and Fiscal Agent Services with an updated Medicaid Enterprise System (MES). DOM has entered into contract negotiations with a winning proposer. The contract has been approved by CMS and will be presented to the Personal Services Contract Review Board (PSCRB) during their August board meeting. During the anticipated 60 month implementation, DOM staff will be maintaining and supporting the existing legacy MMIS/DSS/PBM systems as well as managing the implementation of the new system.

The new system will modernize existing system functions and significantly enhance the ability to ensure that eligible individuals receive the health care benefits to which they are entitled and that providers are reimbursed promptly and efficiently. The new MMIS will include imaging and workflow management and a robust business rules engine to support claims adjudication and to aid in creating and managing flexible benefit plans.

A replacement MMIS will provide these benefits:

- Support of dynamic business processes that allow for the necessary expansion of all system-maintained data elements and fields to accommodate expanding scope, new services, changing requirements and legislative mandates.
- Better, faster and easy-to-use technology with less operating and maintenance cost, better financial modeling, budgeting tools and expenditure control practices.
- Better communication and data sharing bridges among internal users, agency-to-agency and other external vendors, and improved care and recipient management, ensuring CMS funding.
- Improved customer service, enhanced reporting, improved decision-making tools and better use of staff.

Based upon recent MMIS procurements by other states, the cost associated with the design and development of a new MMIS /PBM modularized solution is anticipated to be approximately \$100,000,000. This amount does not include ongoing operational and maintenance costs once the system is fully implemented or the operational expenses that will continue to be incurred while keeping the legacy system operational during the implementation of the new system or the accompanying support contracts which are recommended or required by CMS, e.g. Systems Integrator, Project Management Office, Independent Validation and Verification, Change Management, Testing Management, etc.

DOM received approval in the 2015 legislative session to extend its current fiscal agent contract, without procuring, for up to five years. While this extension seemed sufficient at the time, CMS's initial denial of the negotiated contract with the awarded vendor (based on new modularity regulations) has put the coordination schedule at risk and therefore may require additional up-time for the legacy system which would necessitate another extension. CMS is now requiring states to move from the "Big Bang" monolithic approach to system replacement to MES modularity. The modularity approach is designed to break down large MMIS procurements into projects that can be managed more efficiently, to effectively utilize assets and resources already invested, and to initiate shorter timelines. It allows a module from one vendor to easily be swapped for another vendor's module. Modules can be replaced independently without requiring a complete overhaul of the system. CMS seeks to minimize customization and configuration needs, reduce costs and improve system interoperability among other things. DOM and CMS collaborated on the strategic direction to meet CMS' objectives without requiring DOM to

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

issue a new competitive bid. DOM and CMS reached agreement about a path forward by decreasing the scope of the RFP award and contractually requiring HP to commit to a more modularized implementation of MES components. This agreed upon approach also requires DOM to issue additional competitive procurements for the Data Warehouse/Decision Support System and the Coordinated Care Encounter functionality. DOM continues discussions with CMS to resolve the schedule discrepancy and move forward with the MES implementation.

ADMINISTRATIVE EXPENDITURES

Salaries – Although DOM requests an increase of \$6,445,414 in total costs for salaries for FY2019, the request for state funding for salaries increase is \$1,879,587. The additional salaries are largely due to the increase in staffing needs related to the administrative burden resulting from the PPACA mandates and increasing managed care services. Additional resources are needed for staffing to manage and monitor the program. As the program continues to grow, appropriate employee resources are needed. The DOM personal services request outlines a need for 74 new PINs along with the funding authority to fill these PINs.

The FY2018 and 2019 salary needs as they relate to CHIP are reflected with the use of all federal funds, and a positive impact on the need for state funds of approximately \$750,000 annually. This funding arrangement is expected to continue through September 30, 2019.

DOM has not received any additional funding to be used for salary increases except for FY 2015. In FY 2015, funds were provided for a \$1,000 salary increase for all state employees who had not received an increase since July 1, 2010, and who were making less than \$30,000 a year as of June 30, 2014. There were 30 DOM employees who received a \$1,000 raise at a total cost with fringe of \$37,200. Additionally, the legislature allowed for salary increases not to exceed 5% for all other state employees who had not received a salary increase since July 1, 2010. 41 employees received a 5% salary increase at a total cost with fringe of \$123,141. All salary increases awarded were done so pursuant to the rules and regulations of the Mississippi State Personnel Board.

The request for new PINs is included in the attached report to the State Personnel Board. The summary is as follows:

Office of Eligibility/Regional Offices:

9 Medicaid Specialist Occu 3103 \$26,550.06

4 Administrative Assistant IV, Occu 13 \$25,391.24

Office of Reimbursement:

2 Accountant/Auditor I, Professional, Occu 4660 \$36,300.01

Proposed Office of Internal Audit:

1 Director of Internal Audit, Occu 4684, \$69,800.82

1 Accountant/Auditor I, Professional, Occu 4660, \$36,300.01

Office of Financial and Performance Review:

4 DOM Performance Auditor I, Occu 4901, \$36,300.01

4 DOM Performance Auditor II, Occu 4902, \$39,939.00

3 Accountant/Auditor I, Professional, Occu 4660, \$36,300.01

Office of Property Management

1 Support Technician, Sr., Occu 4182, \$25,237.84

Office of Medical Services

1 Bureau Director II, Occu 4406, \$53,600.93

1 Nurse Administrator, Occu 4079 \$60,206.22

Office of Long Term Care

1 OP/MGMT Analyst Principal, Occu 3648 \$37,526.55

1 Nurse Administrator, Occu 4079, \$60,206.22

Office of Hospital Program & Services

1 Medicaid Program Coordinator, Senior, Occu 2653, \$44,798.35

2 OP/MGMT Analyst Principal, Occu 3648, \$37,526.55

1 Bureau Director II, Occu 4406, \$53,600.93

Office of Mental Health

3 OP/MGMT Analyst Principal, Occu 3648, \$37,526.55

Office of Pharmacy

2 Pharmacist Technician III, Occu 4941, \$34,912.13

Office of Information Technology (iTech)

2 Lead Network Specialist, Occu 2352, \$58,067.67

4 Lead Business Systems Analyst, Occu 2369, \$59,524.09

4 Senior Business Systems Analyst, Occu 2367, \$55,274.36

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

1 Managing Consultant, Occu 2430, \$65,039.32
 1 Systems Manager I, Occu 2349, \$55,274.36
 5 Systems Manager II, Occu 2350, \$59,524.09
 1 Systems Manager III, Occu 2351, \$65,039.32
 1 Lead Programmer Analyst, Occu 2395, \$55,274.36
 9 Business Systems Analyst II, Occu 2365, \$51,358.88
 1 Senior Network Specialist, Occu 2401, \$53,937.36
 2 Admin Assistant VI, Occu 0901, \$30,503.98
 1 Staff Officer III, Occu 2709, \$57,593.08

Travel - DOM spends less than 0.6% of our administrative budget on travel. DOM requests additional state funding in the amount of \$28,812 to be matched 50% with federal funds of the same amount. Travel funding is needed and used for a wide range of oversight, training and compliance responsibilities, many of which are mandated by CMS, such as providing service support to our regional offices, auditing facilities and providers, for specialized staff (such as nurses and social workers) to conduct visits to facilities for review and rate setting, unannounced provider site visits, and for training to help staff keep up with the administrative needs of the ever-changing Medicaid environment and requirements. Travel costs have increased mainly due to travel associated with increased CMS oversight requirements.

Contractual Services – Contractual services is the largest administrative expense category for DOM. All services are eligible for federal match of at least 50%. DOM maximizes the federal match funding to the full extent of the law and overall expects federal funding to cover approximately 73% of our contractual spending. The federal funding is contingent on the state match. We request \$60,743,988 in state funding for FY2019 contractual spending to be matched with \$200,060,216 in federal funding. Our contractual services spending ensures fiscal agent services for paying claims, our reporting system, 10 percent of our workforce, location leases for our regional offices and various contractors to help with administration and oversight of the program. Additionally, we have included in our request the funding needs for the continued procurement and establishment of a new MES to comply with CMS requirements.

Commodities – The commodities budget is \$1,362,225 of our total FY2019 request, with the state share request of \$681,112 making up half. The request reflects an increase in state funding of \$66,744 over the prior year, an increase of 11%. DOM requests funding to accommodate needs related to additional workspace to be used during the five year transition to the new Medicaid Enterprise System (MES).

Equipment – DOM is requesting \$13,000 more in FY19 state funds than in FY18. Our total request for equipment in FY2019 is \$4,038,000. Most of the equipment costs relate to information systems projects. Some of the needs are replicated in both SFY2019 and 2018 due to the uncertainty of timing of the projects due to both the nature of information systems projects and regulatory issues.

Vehicles – To maintain the size of our vehicle fleet, we are requesting FY2019 state funding of \$35,000 and total funding of \$70,000. The fleet purchase, service, and maintenance costs are cost efficient when compared to the cost of mileage reimbursement for employees using their personal vehicles for work-related travel. DOM maintains all vehicles in strict accordance with DFA's rules and best practices. Though not strictly required to retire vehicles at 120,000 miles, DOM evaluates the working condition of all vehicles upon their reaching 120,000 miles. Based on this evaluation, DOM requests the replacement of three (3) vehicles.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2018 & FY 2019 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) Info Systems Projects:

Spending for Medicaid Management Information Systems (MMIS), Medicaid Enterprise System (MES), Eligibility System, and other information systems related project costs will increase in SFY2019. The increase is mainly attributable to a projected increase in costs related to the Medicaid Enterprise System.

(E) BIPP Grant End:

Balancing Incentive Payment Program (BIPP) grant funds are available to meet the required federal match for qualifying administrative costs. BIPP grant funds must be spent before 10/1/2017. The administrative costs associated with the BIPP grant will end along with the grant.

(F) Program Management:

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

DOM strives to keep administrative costs low, while maintaining the quality of our services. A small increase in additional funding for administrative costs is needed due to increased program growth and workload.

DOM has one of the lowest percentages of administrative costs compared to other state Medicaid programs throughout the nation. For FY 2017, DOM's state appropriation for administrative expenditures represented 2.9 percent of nearly \$1 billion in state funding. The rest of DOM's spending went toward paying provider claims.

DOM administration operates a program responsible for the health coverage of nearly 1 in 4 Mississippians. We get a big return on investment since nearly every category of our expenditures, including administrative costs, is matched with federal dollars.

The Office of the Governor, Division of Medicaid is requesting forty-two (42) non-iTECH new positions. The following summary is provided to support the request. The positions requested are needed to:

- Replace existing contracts
- Support legislative mandates
- Support increased CMS (Centers for Medicare & Medicaid Services) requirements and workload

Office of Eligibility/Regional Offices – Thirteen (13)

The thirteen (13) positions requested are to replace existing contracts. The office suffers from a high case load and the requirements of HB 1090 RS2017 mandating more frequent electronic data checks further increases the case load.

Office of Reimbursement – Two (2)

The Office of Reimbursement is requesting two (2) new positions for the Long Term Care (LTC) team and the Hospital team. Currently, due to the demands on the LTC team's daily workload and additional work related to hospital based provider audits, State Plan Amendment (SPA) update project and the volume of desk reviews, which are all mandated by legislation, the office needs additional staff members to assist with rate setting, retro rate adjustments, CONs, and provider enrollments.

Office of Finance (Proposed Office of Internal Audit) – Two (2)

DOM's request for a Director of Internal Audit and an Accountant/Auditor I to assist the director are needed to monitor the existence, effectiveness, and efficiency of policies and procedures that are in place that govern the \$6 billion dollars that flow through DOM annually and to be in compliance with the Mississippi Internal Audit Act (MS Code Section §25-65-1 through §25-65-33).

Office of Financial and Performance Review – Eleven (11)

CMS has increased audit requirements of waivers and is scheduled to add additional waivers to the review list. Medicaid is currently performing 12% of costs reports filed with current staff and have identified 1.9 million in over-payments due to audit reviews. Additional staff will allow more audits to be performed and document additional over-payments to recover funds. The positions will terminate current contracts and move to authorized positions.

Office of Medical Services – Two (2)

CMS mandates the Division of Medicaid to apply for four 1115 demonstration waivers which will test new approaches in Medicaid that differ from federal program rules. As such, the positions will assist with the arduous reporting requirements of the Healthier Mississippi Waivers (HMW) and the Family Planning Waiver (FPW), and will assist with many time-consuming and complex responsibilities. These waivers have important implications for beneficiaries, providers, and states.

Hospital Programs and Services – Four (4)

42 Code of Federal Regulations (CFR) 438 and 457 Final Rule effective, 2018 for MSCAN and MSCHIP requires the Division of Medicaid to be responsible for the oversight, data validation, rate setting, and encounter data submission activities of the Coordinated Care Organizations. MS Annotated Code §43-13-117 requires the maintenance of the Ambulatory Payment Classification and the monitoring of managed care claim payments and operations to ensure they

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

pay at a rate no less than Medicaid. The Office of Hospital Programs and Services does not currently have the staff to carry out these duties and requests the support staff to fulfill these obligations.

Office of Long Term Care – Two (2)

CMS has given the Division of Medicaid mandated quality assurance requirements for waiver operations. Quality review and improvement strategies are paramount. The agency needs a designated individual for quality review of the mandated CMS waiver assurances. The two positions requested will provide quality review support for oversight for home and community-based waivers as well as other long-term care services.

Office of Mental Health – Three (3)

Mental Health requests these positions in order to meet our obligations to oversee new Autism Services, to provide additional federally mandated onsite compliance reviews, and to ensure the contract compliance of a new MSCAN provider.

Office of Pharmacy – Two (2)

CMS mandated new pricing methodologies for prescription reimbursement effective April 1, 2017. This resulted in an increase in the workload in the Office of Pharmacy which currently only has one Pharmacy Technician.

Property Management – One (1)

The Office of Property Management has experienced growth. The Fleet Department has grown, Leases and Maintenance has been added as well as a Fixed Assets Department. The position will provide the support in all areas of the Office.

(G) Vehicles:

DOM plans to replace 3 vehicles in our fleet during SFY2019. This cost will be a 100 percent increase over SFY2018.

(H) MFP Grant:

The Money Follows the Person Grant is scheduled to end in early SFY2019. Therefore, federal funding available for this program will decrease in SFY2019.

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

Governor's Office - Division of Medicaid

2 - Medical Services

Name of Agency

Program Name

I. Program Description:

The Mississippi Division of Medicaid (DOM) is a state and federal program created by the Social Security Amendments of 1965 (PL 89-97), authorized by Title XIX of the Social Security Act to provide health coverage for eligible, low-income populations. In 1969, Medicaid was enacted by the Mississippi Legislature. All 50 states, five territories of the United States and District of Columbia participate in this voluntary matching program.

Each state runs its own Medicaid program within federal guidelines, jointly funded by state and federal dollars. For Medicaid, the Federal Medical Assistance Percentage (FMAP) is used to calculate the amount of federal matching funds for state medical services expenditures. Currently, Mississippi has the highest FMAP in the country.

While each state runs its own Medicaid program, the eligibility of beneficiaries is determined by household income and Supplemental Security Income (SSI) status, based on the Federal Poverty Level (FPL) and family size. FPL is set by the Department of Health and Human Services, and DOM is obliged to adhere to it.

As of June 30, 2017, the Medicaid eligible population was 711,923 or 23.8 % of the state's population (if the 48,344 beneficiaries enrolled in the Children's Health Insurance Program (CHIP) are combined with the Medicaid eligible population, DOM provides health coverage for 25.4% of the state's population). The FMAP match rate for Mississippi for federal fiscal year (FFY) 2017 is 74.63% and increases to 75.65 % for FFY2018. The projected FMAP for FFY2019 is an increase to 76.20%.

Although medical services costs and the number of eligible, enrolled beneficiaries are the two biggest factors impacting Medicaid expenditures, other cost drivers are provider reimbursement rates, medical service inflation costs and utilization rates for health services. Additionally, the Affordable Care Act (ACA) has lasting impacts on the agency in the form of legal mandates to which DOM must comply.

II. Program Objective:

The overall mission of DOM is to responsibly provide access to quality health coverage for vulnerable Mississippians. The basic objectives of DOM are to: provide all medically necessary services to children living below specified levels of poverty; provide medical assistance to aged or disabled adults living below specified levels of poverty; develop programs demonstrating innovative services or service delivery to increase the benefits of services and/or reduce their cost; purchase insurance in lieu of providing services when cost-effective; and develop the capacity to gather and analyze information necessary for the development of state health policy.

Title XIX of the Social Security Act is a federal-state matching entitlement program which provides health coverage for certain eligible individuals and families with low incomes and resources. This program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the federal and state governments to assist states in the provision of more adequate medical care to eligible needy persons. Medicaid is the largest program providing medical and health-related services to the most vulnerable populations in the United States.

Within broad national guidelines provided by the federal government, each of the states: (1) determines the type, amount, duration, and scope of services; (2) sets the rate of payment for services; and (3) administers its own program. Therefore, Medicaid programs vary considerably from state to state and within each state over time.

Scope of Medicaid services

Title XIX of the Social Security Act requires that, in order to receive federal matching funds, a state must offer certain basic services to the categorically needy populations:

- Early Periodic Screening Diagnosis and Treatment (EPSDT) and Expanded EPSDT Services
- Family Planning Services
- Federally Qualified Health Centers Services
- Home Health Services
- Inpatient Hospital Services
- Laboratory Services
- Nurse Midwife Services
- Nurse Practitioner Services (Pediatric and Family)

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

- Nursing Facility Services
- Outpatient Hospital Services
- Physicians Services
- Radiology Services
- Rural Health Clinic Services
- Transportation Services
- Tobacco Cessation Counseling for Pregnant Women
- Durable Medical Equipment and Medical Supplies

DOM also receives federal funding for other approved optional services, such as:

- Ambulatory Surgical Center Services
- Chiropractic Services
- Christian Science Sanatoria Services
- Dental Services
- Diabetes Self-Management Training (DSMT)
- Dialysis
- Disease Management Services
- Eyeglasses and vision services
- Freestanding Dialysis Center Services
- Genetic Testing
- Hospice Services
- Intermediate Care Facilities for the Intellectually/Developmentally Disabled (ICF/IDD) Services
- Inpatient Psychiatric Services
- Intellectual Disabilities/Developmental Disabilities Community Support Services
- Long Acting Reversible Contraceptives (LARC) Inpatient Reimbursement
- Mental Health Services
- Pediatric Skilled Nursing Services
- Phase II Cardiac Rehabilitation Services
- Physician – Administered Drugs and Implantable Drug System Devices
- Podiatrist Services
- Prescribed Pediatric Extended Care (PPEC)
- Prescription Drugs
- Primary Care Physician (PCP) Increased Payment
- Psychiatric Residential Treatment Facilities Services
- State Department of Health Clinic Services
- Targeted Case Management Services for Children with Special Needs
- Telemedicine Services
- Therapy Services

States may also provide certain waiver services. The Division of Medicaid has the following waiver programs:

- Home and Community Based Services (HCBS) for Elderly and Disabled
- HCBS for Intellectual Disabilities/Developmental Disabilities
- HCBS for Independent Living
- HCBS for Assisted Living
- HCBS for Traumatic Brain Injury/Spinal Cord Injury
- Healthier Mississippi 1115 Waiver – The Healthier Mississippi Waiver (HMW) Demonstration Program, Section 1115, was originally approved by the Centers for Medicare & Medicaid Services (CMS) for a five (5) year period beginning on October 1, 2004, through September 30, 2009. Since then, the demonstration was approved for renewal and under a series of temporary approvals for an additional five (5) year period beginning October 1, 2009, through July 23, 2015. Currently the demonstration has been approved for renewal effective July 24, 2015, through September 30, 2018, with an increase in the enrollment cap from 5,500 to 6,000 and coverage of all State Plan services except the following services: long term care services, swing bed in a skilled nursing facility, maternity and newborn care.
- Family Planning 1115 Waiver – DOM began implementation of the Family Planning Waiver (FPW) Demonstration Program, Section 1115, on October 1, 2003. This program was initially approved by the Centers for Medicare & Medicaid Services (CMS) for a five (5) year period. A three (3) year extension of the Mississippi Family Planning Waiver Program was approved on October 30, 2008, through September 30, 2011. The demonstration operated under temporary extensions through December 31, 2014. Currently, the demonstration is approved from January 1, 2015, through December 31, 2017, and includes an additional population: Men who have a family income at or below 194% of the FPL (post (MAGI)

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

conversion) who are capable of reproducing. The waiver allows Mississippi to provide family planning and family planning related services to women who are losing Medicaid pregnancy coverage at the expiration of the 60-day postpartum period and men and women, ages 13 through 44, who have family incomes at or below 194% of the federal poverty level (FPL) (post modified adjust gross income (MAGI) conversion), and who are not otherwise enrolled in Medicaid, the Children's Health Insurance Plan (CHIP) or any other health insurance plan that provides coverage for family planning services. Home and Community Based waivers provide services to persons who, but for the provision of such services, would require the level of care provided in a nursing facility. Serving persons in their home and community versus a nursing facility is a cost savings for the State of Mississippi and also promotes increased quality of life through person-centered practices. DOM is authorized by the Centers for Medicaid and Medicare Services (CMS) to serve more persons through the waivers than DOM is funded. If DOM continues to serve a lesser number of persons than CMS authorizes, DOM will be at risk of having the authorized number of persons reduced. As of June 30, 2017, there are approximately 12,280 persons waiting to receive HCBS services. DOM would like to be able to serve these persons in their home and communities of choice.

Amount and duration of Medicaid services

Within broad federal guidelines, states determine the amount and duration of services offered under their Medicaid programs. They may limit, for example, the number of physician visits covered. With certain exceptions, a state's Medicaid plan must allow recipients to have freedom of choice among participating health-care providers.

In general, states are required to provide comparable amounts, duration and scope of services to all categorically needy eligible persons. However, there are two important exceptions:

1. Services identified as "medically necessary" under the EPSDT and Expanded EPSDT programs must be provided to EPSDT – eligible beneficiaries even if those services are not included as part of the covered services in that state's plan (i.e., only EPSDT – eligible beneficiaries receive specific services); and
2. States may request "waivers" for home and community based services (HCBS) under which they offer an alternative health-care package for persons who might otherwise be institutionalized under Medicaid (i.e., only those persons so designated might receive HCBS). States are not limited in the scope of services they can provide under such waivers as long as they are cost effective (except that, other than as a part of respite care, they may not provide room and board for such recipients).

Payment for Medicaid services

Medicaid operates as a vendor payment program, with states directly paying providers. Providers participating in Medicaid must accept the Medicaid reimbursement level as payment in full. With a few specific exceptions, each state has broad discretion in determining (within federally-imposed upper limits and specific restrictions) the reimbursement methodology and resulting rate for services.

States may impose nominal copayments on some Medicaid recipients for certain services. However, certain Medicaid recipients must be excluded from cost sharing: pregnant women, children under age 18, and hospital or nursing home patients who are expected to contribute most of their income to institutional care. In addition, emergency services and family planning services must be exempt from co-payments for all recipients.

The portion of each state's Medicaid program which is paid by the federal government, the FMAP, is determined annually by a formula that compares the state's average per capita income level with the national income average. By law, the FMAP cannot be lower than 50% or higher than 83%. The wealthier states have a smaller share of their costs reimbursed.

Mississippi has the highest federal matching rate.

Title XXI authorizes Medicaid to cover uninsured children whose family income does not exceed 209% of the federal poverty level through a separate CHIP. Effective Jan. 1, 2000, Mississippi implemented the coverage of otherwise uninsured children in a separate health plan whereby a per member per month premium is paid for coverage under the health plan. Children enrolled in the CHIP program receive comprehensive major medical coverage, dental benefits, hearing and vision care, prescription drug coverage and immunizations.

Specialty medications are expensive, highly targeted therapies for a specified patient population. Specialty medications, such as those for treatment of hepatitis, hemophilia, human immunodeficiency virus and cystic fibrosis, are addressing unmet needs and may provide treatment where none existed previously. DOM partners with the Sovereign States Drug Consortium, other contracted vendors and the Pharmacy and Therapeutics Committee and Drug Utilization Review Board to evaluate the prior authorization processes, preferred drug list status, utilization and claims adjudication processes of these medications to ensure effective coverage for the Medicaid population while balancing the use of State resources.

COORDINATED CARE PROGRAM

DOM implemented a coordinated care program for Mississippi Medicaid beneficiaries called the Mississippi Coordinated Access Network or MississippiCAN. The purpose of the program is to address the following goals:

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

- Improve access to needed medical services - This goal will be accomplished by connecting the targeted beneficiaries with a medical home, increasing access to providers and improving beneficiaries' use of primary and preventive care services.
- Improve quality of care – This goal will be accomplished by providing systems and supportive services, including disease state management and other programs that will allow beneficiaries to take increased responsibility for their health care.
- Improve efficiencies and cost effectiveness – This goal will be accomplished by contracting with Coordinated Care Organizations (CCOs) on a full-risk capitated basis to provide comprehensive services through an efficient, cost effective system of care.

This program is active in all 82 counties in the state of Mississippi for all eligible beneficiaries. The target population of MississippiCAN is comprised of selected categories of eligibility. For the purposes of this program, beneficiaries include:

- Supplemental Security Income (SSI)
- Department of Human Services foster care children
- Disabled child living at home
- Working disabled
- Breast and cervical cancer
- Pregnant women and infants
- Parents and Caretakers
- All newborns
- Children up to age 19 eligible for Medicaid

Persons in an institution such as a nursing facility, ICF/IDD or PRTE; dual eligibles (Medicare and Medicaid); and waiver members are excluded from the program regardless of the category of eligibility.

Enrollment into MississippiCAN of the targeted populations is mandatory except for certain categories of children (SSI, Disabled Child Living At-Home and DHS foster children) and federally recognized Indian tribes which are protected by federal regulation. Targeted beneficiaries are provided information about the program along with descriptions of each care coordination plan. Beneficiaries enroll in the plan of their choice. If they do not make a selection within 30 days, they will be auto-enrolled by DOM. Auto-enrolled beneficiaries are given 90 days to switch plans, after which they are locked into their plan until the next annual open enrollment period.

A comprehensive package of services is provided by the CCOs. At a minimum, CCO services include the current Mississippi Medicaid benefits. CCOs became responsible for inpatient hospital services on December 1, 2015. Non-emergency transportation for MississippiCAN beneficiaries is provided by the CCOs contracted vendor. Some of the enhanced benefits and services offered outside of the minimum Medicaid benefits include care management, unlimited primary care physician visits, and a 24/7 nurse advice line. Each CCO offers additional enhanced benefits. The costs of all enhanced benefits are not included by our actuaries in the calculation of the capitation rates.

The CCOs must encourage beneficiaries to receive wellness exams and appropriate screenings annually. This will ensure that the CCO has a baseline of enrollee's health status, allowing CCOs to measure change and coordinate care appropriately by developing a health and wellness plan and identifying interventions to improve outcomes. Over forty states use managed care in their Medicaid programs.

DOM currently contracts with two coordinated care organizations for MississippiCAN and MississippiCHIP services. Total payments for SFY2017 were \$2,837,127,754 and are projected to be \$2,852,748,709 for SFY2018 and \$2,975,303,945 for SFY2019. Please note these totals include \$549,104,285 in hospital pass-through payments and related premium tax. The coordinated care payments are developed using per category of eligibility monthly capitation rates that must be certified as actuarially sound and approved by CMS. The capitation rates are developed using the following guidelines: 88% medical loss ratio, 7% administration, 3% Mississippi insurance premium tax, and 2% profit. The Maternity Kick payments and the federal Health Insurer Provider Fee (HIF) are paid outside the capitation rates for MississippiCAN. No administrative costs or profit margin are allowed for the hospital pass-through payments portion.

The Medical Loss Ratio (MLR) is the ratio used to determine the portion of CCO payments made for clinical services, healthcare quality improvement, and health information technology. To comply contractually in Mississippi, the CCO's must have a MLR of at least 85%. Both CCO's are currently exceeding this targeted rate.

Overall, the SFY2018 MississippiCAN capitation rates reflect an increase of 3% over the SFY2017 capitation rate level. The MississippiCHIP capitation rate for SFY2018 reflects a decrease of -4.8%. The rate changes are built on a per member per month basis considering payment history, payment policy, and expected trends in unit costs, the number of beneficiaries and service utilization. Medical inflation rates include changes driven by technological advances, availability of new drug

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

therapies, drug classification changes between brand and generic, and changes in DOM payment policy. CMS requires that the capitation rates meet actuarial soundness, as required by 42 CFR Section 438.4. CMS defines “actuarially sound, meaning that the capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the managed care plan for the time period and the population covered under the terms of the contract.” Annual rates undergo a review by the CMS Office of the Actuary, which ensures compliance with the federal requirement and applies “these three principles: the capitation rates are reasonable and comply with all applicable laws (statutes and regulations) for Medicaid managed care; the rate development process complies with all applicable laws (statutes and regulations) for the Medicaid program, including but not limited to eligibility, benefits, financing, any applicable waiver or demonstration requirements, and program integrity; and the documentation is sufficient to demonstrate that the rate development process meets the requirements of 42 CFR part 438 and generally accepted actuarial principles and practices.”

The premium tax is a State of Mississippi tax and is equal to 3% of all coordinated care payments. DOM is eligible to receive the federal medical services match funding for these expenditures. The proceeds of the 3% premium tax are paid to the Mississippi Department of Insurance. At \$85M, the 3% premium tax projected for SFY2018 is in line with the SFY2017 premium tax paid. DOM will receive federal matching funds of approximately 76% of these amounts. The remainder of these amounts is included in DOM’s request for state funds. Because the Department of Insurance will receive the entire 3% premium tax, the effect of the state funds requested by DOM is a positive effect on the overall state budget of \$65M. Since, the HIF was waived for a year by Congress, DOM has no HIF obligation during SFY2018. The HIF is projected to be \$55.7M for SFY2019, with a state share of \$13.3M.

Since MississippiCAN was launched in 2011, it is estimated to have had a \$285.3 million financial positive impact through SFY2017. The state currently has a \$75M annual financial benefit from having managed care. The estimates are according to the actuarial firm Milliman, which analyzed coverage costs of beneficiaries before they were included in managed care and afterward and considered the premium tax collections. Combined, the two CCO’s have approximately 500 employees who reside in the State of Mississippi.

STATE FUNDED PROGRAMS

DOM administers state funded programs not eligible for federal match, in accordance with state law. Included are transportation for certain disabled individuals requiring end-stage renal disease kidney dialysis, dental life-line network payments to ensure critically necessary dental services, \$1M grants to DHS to support the Home Delivered Meals program and DRS for support of the Independent Living Home and Community Based Waiver program, the Mississippi Delta Medicaid Population Health Demonstration Project, and the Delta Health Alliance Patient Centered Medical Model Home.

Note: The Medicaid program is subject to changes mandated by state and federal legislation and CMS regulation. As such, a number of factors used in the projections are subject to adjustment.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2018 & FY 2019 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) Continuation Funding:

SFY2018 appropriations for Medical Services are \$54,743,388 less than our SFY2018 estimated Costs included in our SFY2018 Request.

(E) HIF Fee Waiver:

The Federal Government issued a moratorium on the 2017 Health Insurer Fee (Bill H.R.2029, signed into law December 18, 2015) that would be paid in SFY2018. Therefore, no Health Insurer Fee will be paid during SFY2018. However, the 2018 Health Insurer Fee will be paid in SFY2019. Also, retro adjustment payments made in SFY2018 will not be due again in SFY2019. This will decrease the effect of the Health Insurer Fee payment.

(F) Unit Cost Trends:

The unit cost trend calculation evaluates the change in healthcare industry costs. The cost changes can be the result of a

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

number of factors. Provider payment rate changes are considered. Also, new technology that offers new services, such as drug therapies, is considered. Upward growth is expected nationally for healthcare industry costs and this growth has been considered for the DOM projections. Overall the unit cost trends are expected to require an increase in direct state support funds of \$12,580,652.

(G) Utilization Trends Increase:

The utilization trend is the part of the calculation that considers the volume and mix of services enrollees are expected to need. Within managed care, one of the reasons the capitation rates vary for different categories of eligibility is the volume and mix of services needed by the individuals in each category. Categories of eligibility made up of individuals with lower and less expensive healthcare needs are assigned a lower capitation payment. Likewise, categories of eligibility made up of individuals with higher and more expensive healthcare needs are assigned a higher capitation payment. Following the recent trend of increasing enrollment of higher cost beneficiaries, medical service expenditures are projected to increase due to an overall increase in utilization of services by Medicaid beneficiaries. The direct state support projection is an increase of \$15,240,009.

(H) Enrollment Growth:

With a capitated managed care plan, a capitation rate is paid for each enrolled individual. The enrollment trend is the part of the calculation that considers the number of enrollees expected in each category of eligibility. The projected growth in enrollment eligible for managed care participation is expected to result in an increase in the number of capitation payments made under managed care. Likewise the projected growth in enrollment for fee-for-service participants will also drive up the cost of medical services. The modest enrollment growth is projected to require additional state support funding of \$2,489,506.

(I) NH/Phys UPL Decrease:

Due to the timing of Nursing Home/Physician UPL payments, a decrease is expected in SFY2019.

(J) HIT Provider Payments:

The Health Information Technology Program grant provides 100% federal funding for incentive payments made to Medicaid providers that have adopted or meaningfully used certified electronic health record technology. Expenditures for this program are anticipated to decrease as the program enters its final stages.

(K) FMAP Increase:

The federal government sets the federal match rates for each state at the beginning of each federal fiscal year. The rate is projected to increase for Federal fiscal year 2019 to 76.20%, up from the Federal fiscal year 2018 rate of 75.65%.

(L) Shortage Fed'l Authorization:

DOM will need an increase in federal funding authority for the SFY2018 budget.

(M) Premiums Parts A, B, and D:

These expenditures are driven by the number of dually eligible participants and the premium rates charged by CMS. The Division of Medicaid pays premiums so that providers bill Medicare as the primary payer for eligible services. States are required to reimburse the Federal government a percentage of the savings realized by the state for dual eligibles that participate in Medicare's Part D prescription drug program. This reimbursement is referred to as "Clawback". Increases in Parts A, B, and D premiums result from projected increases in enrollment and premium trends.

(N) State Funded Grant Decrease:

SFY2019 State funded grant payments are projected to decrease from SFY2018 by \$2,613,529. The SFY2018 request includes \$2,113,529 in project costs that were projected during SFY2016 and 2017 and not spent as of June 30, 2107 for the MS Delta Medicaid Population Health demonstration project. The SFY2018 request also includes \$500,000 in project costs for the Delta Health Alliance patient centered medical model home project. These costs were not continued for the SFY2019 budget due to uncertainty of legislative intent for continued funding of the project.

(O) Other Special Funds Decrease:

Projected decrease in Other Special Funds for SFY2019 will need to be replaced by General Funds.

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

(P) DSH Increase:

Increase in Projected Disproportionate Share Hospital (DSH) Payments: DSH payments are projected to increase slightly in SFY2019.

(Q) Drug Rebates Increase:

Drug rebates are projected to increase in SFY2019.

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

Governor's Office - Division of Medicaid

3 - Childrens Health Insurance Program (CHIP)

Name of Agency

Program Name

I. Program Description:

Title XXI authorizes Medicaid to cover uninsured children whose family income does not exceed 209% of the federal poverty level through a separate Children's Health Insurance Program (CHIP). Effective Jan. 1, 2000, Mississippi implemented the coverage of otherwise uninsured children in a separate health plan whereby a per member per month premium is paid for coverage operated through coordinated care organization contracts. The number of CHIP beneficiaries enrolled as of June 2017 was 48,344 a decrease of 2,292 from the previous year.

State fiscal year (SFY) 2017 CHIP expenditures totaled \$153,996,626, a decrease of 12%. The decrease was mainly due to the decrease in the premium rate paid for CHIP beneficiaries along with the decrease in the CHIP population. Due to PPACA, Mississippi's CHIP enhanced federal match rate increased to 100% on October 1, 2015. This increase provided an additional \$27,472,998 in SFY 2017 federal funding for CHIP. Under PPACA, there are no state match requirements for CHIP through September 30, 2019, the first quarter of SFY 2020.

More than 20,000 children transitioned from CHIP to the Medicaid rolls December 1, 2014. Children in families with income of 100% to 138% of the Federal Poverty Level (FPL) were shifted to Medicaid from CHIP as mandated by the Patient Protection and Affordable Care Act (PPACA). This transitioned group is named the "Quasi-CHIP" population and accounts for 31,213 of the Medicaid population. The 100% enhanced federal CHIP funding extends to the "Quasi-CHIP" population expenditures. The "Quasi-CHIP" population enrollee counts and costs are included in the Medicaid program.

II. Program Objective:

The primary CHIP objective is to provide major medical coverage, dental benefits, hearing and vision care, prescription drug coverage and immunizations to children from birth to age 19 whose family income does not exceed 209% of the federal poverty level. To be eligible for CHIP, a child cannot be eligible for Medicaid nor have other health insurance.

CHIP services are provided through our state's two Medicaid managed care organizations with contractual arrangements paid using actuarially sound per member per month capitation rates.

Under the PPACA, 100% federal funding for the CHIP program will extend through federal fiscal year (FFY) 2019. DOM projects CHIP enrollment to be 48,473 for SFY2018 and 48,473 for SFY2019. The annual total program costs are forecasted to be \$149,028,612 in SFY2018 and \$158,373,618 in SFY2019. The state share is forecasted to be \$0 for both SFY2018 and SFY2019.

Our budget assumes the federal government will fully fund the CHIP program as outlined in the PPACA. However, federal legislation will be needed to reauthorize CHIP funding beyond September 30, 2017. Mississippi will spend all of the authorized CHIP grant funding during SFY2018.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2018 and FY 2019 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

III. Current program activities as supported by the funding in Columns 6-15 (FY 2018 & FY 2019 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) Utilization Trends Increase:

Projected increase in CHIP capitation rates attributable to an anticipated increase in the utilization of medical services by CHIP beneficiaries.

(E) Increase in Medical Costs:

Projected increase in CHIP capitation rates attributable to anticipated increases in medical service costs.

(F) HIF Fee Waiver:

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

The Federal Government issued a moratorium on the 2017 Health Insurer Fee (Bill H.R.2029, signed into law December 18, 2015) that would be paid in SFY2018. Therefore, no Health Insurer Fee will be paid during SFY2018. However, the 2018 Health Insurer Fee will be paid in SFY2019. Also, a retro adjustment payment made in SFY2018 will not be due again in SFY2019. This will decrease the effect of the Health Insurer Fee payment.

Governor's Office - Division of Medicaid

4 - Home & Community Based Services

Name of Agency

Program Name

I. Program Description:

The Medicaid Home and Community Based Services (HCBS) waiver programs are authorized in §1915(c) of the Social Security Act. The programs permit a state to furnish an array of home and community based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Also, HCBS programs are more cost efficient than institutionalization. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State Plan and other federal, state and local public programs as well as the support that families and communities provide.

II. Program Objective:

The HCBS waiver programs are for individuals who, but for the provision of such services, would require an institutional level(s) of care such as a nursing facility or an intermediate care facility, the costs of which would be reimbursed under the approved Medicaid State Plan. The objective of the waiver programs is to provide the highest quality of care to ensure waiver participants attain and maintain life in a home and community-based setting.

Waiver programs are not an entitlement program.

The Mississippi Division of Medicaid (DOM) has five HCBS waiver programs.

- Elderly and Disabled waiver
- Assisted Living waiver
- Independent Living waiver
- Traumatic Brain Injury/Spinal Cord Injury waiver
- Intellectual Disability/Developmental Disabilities waiver

Following is a summary description of each HCBS waiver detailing the eligibility requirements, total authorized slots in accordance with the federally approved waiver, number of slots funded by the State Legislature, number of persons served and anticipated to be served, and the waiver services.

Additional program activities include:

- The State's Balancing Incentive Program awarded by CMS provided \$74.7 million in enhanced Federal Medical Assistance Percentage (FMAP) savings available for use to enhance community based Long Term Services and Supports. The program requires the following structural components: (a) a No Wrong Door access point for information and referrals; (b) implementation of a uniform core standardized assessment for waiver and facility placement; and (c) conflict-free case management policies. The State is implementing an electronic Long Term Services and Supports (eLTSS) system. A critical benefit of the eLTSS system is the ability to automate processes for data collection and analysis which will allow the state to benchmark indicators of quality. The Elderly and Disabled waiver and the Assisted Living waiver began utilizing the eLTSS system in SFY2016. Implementation of the eLTSS system in the Independent Living and Traumatic Brain Injury/Spinal Cord Injury waivers is scheduled for early SFY2018.
- The Intellectual Disability/Developmental Disability waiver also began utilizing the eLTSS system in SFY2016. Pre-Admission Screening and Resident Reviews will be implemented into the eLTSS system during SFY2018.
- Bridge to Independence (B2I) is Mississippi's Money Follows the Person (MFP) initiative. MFP is a federal program to help states balance their long-term care systems and enhance consumer choice. The goal of Bridge to Independence is to assist 595 individuals living in nursing homes and intermediate care facilities return to the community by 2018. The program targets seniors (65+), persons with serious mental illness, persons with physical disabilities, and persons with intellectual and developmental disabilities who are also Medicaid eligible and have lived at least 90 days in a nursing home or intermediate care facility for persons with intellectual or developmental disabilities. The state will receive an enhanced Federal Medical Assistance Percentage (FMAP) rate for services provided to beneficiaries enrolled in B2I, with the savings for B2I beneficiary services required to be used for the purpose of enhancing community based services and waiver capacity.
- On January 16, 2014, CMS issued a final rule, effective March 17, 2014, which amends the requirements for qualities of home and community-based settings. These requirements reflect CMS' intent that individuals receive services and supports in settings that are integrated in and support full access to the greater community. DOM submitted a Statewide Transition Plan outlining the State's process of meeting the requirements. This process includes non-financial onsite compliance reviews that are specific to home and community based settings rules. These reviews, which will be ongoing, have

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

increased travel expenses and require additional personnel resources.

DOM continuously works to grow HCBS programs which are more cost effective than institutional care. On average, annual expenses for HCBS programs are \$30,000 less per beneficiary compared to long term care facility expenses. Of course not all beneficiaries in long term care facilities can be served in the community. Therefore, long-term care facilities will always be a vital need for many Medicaid beneficiaries. DOM expects HCBS services to increase from SFY18 to SFY19 due to utilization trends, program changes, and easier access to services due to implementation of the eLTSS system.

The State's Balancing Incentive Program grant resulted in state savings for HCBS program expenses in SFY17 of \$260,951 and \$5.9 million in administrative costs related to Home and Community Based Services. We estimate state savings for SFY18 of \$9.6 million. All Balancing Incentive Program grant funds must be expended by September 30, 2017.

Federal funding of approximately \$8 million for the state's Money Follows the Person demonstration project (B21) is available through September 30, 2018. The grant will need to be replaced in SFY2019 gradually with State funds as the federal funding nears its end in 2018. Due to the eLTSS system automating the process for access to HCBS programs, the State expects to see an increase in expenditures in SFY2018 for this program.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2018 & FY 2019 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) Utilization Trends Increase:

Projected increase in HCBS expenditures attributable to increased utilization by HCBS waiver participants.

(E) Replace BIPP Funds:

All Balancing Incentive Program grant funds are required to be spent by 10/1/18. Therefore, these funds will no longer be available in SFY19.

(F) Enrollment Growth:

Projected increase in HCBS expenditures attributable to an anticipated growth in enrollment in the HCBS waiver programs.

(G) FMAP Increase:

The federal government sets the federal match rates for each state at the beginning of each federal fiscal year. The rate is projected to increase for federal fiscal year 2019 to 76.20%, up from the Federal fiscal year 2018 rate of 75.65%.

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
001	SSI - INDIVIDUAL	1	0	0	0	0	0	0	0	8,097	8,097
1	AGED BLIND	2	6	12	5	56	24	703	157	965	
1	DISABLED	335	1,065	2,407	2,241	16,401	2,274	72,601	14,280	111,604	
	TOTAL ELIGIBLES	337	1,071	2,419	2,246	16,457	2,298	73,304	22,534	120,666	
1	QMB/QMB DUAL <100%	0	1	3	0	10	120	23,135	22,335	45,604	
002	SSI RETRO ELIGIBILITY	0	0	0	0	0	0	0	0	2	2
0	AGED BLIND	0	0	0	0	0	0	0	0	0	0
0	DISABLED	0	0	0	1	0	0	4	0	5	5
	TOTAL ELIGIBLES	0	0	0	1	0	0	4	2	7	7
0	QMB/QMB DUAL <100%	0	0	0	0	0	0	2	2	4	4
005	SSI ONLY INST	1	0	0	0	0	0	0	1	682	683
1	AGED BLIND	0	0	0	0	0	0	0	0	0	0
1	DISABLED	0	0	0	7	150	25	1,375	10	1,567	1,567
	TOTAL ELIGIBLES	0	0	0	7	150	25	1,375	692	2,250	2,250
1	QMB/QMB DUAL <100%	0	0	0	0	0	0	69	665	734	734
006	PROTECTED SSI CHILD	0	0	0	0	0	0	0	0	0	0
0	BLIND	0	0	0	0	0	0	0	0	0	0
0	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
0	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
020	EMRGY - SSI LMTD CASE	0	0	0	0	0	0	0	0	0	0
0	AGED BLIND	0	0	0	0	0	0	0	0	0	0
0	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
0	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
003	ADULT REFUGEES	0	0	1	0	0	0	1	13	0	15
0	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
003	IV-E FOSTER CARE	3	82	284	351	223	728	0	0	0	1,668
3	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
003	IV-E ADOPTION ASSISTANCE	4	0	19	207	303	2,157	19	1	0	2,706
4	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	1	0	1
007	PROTECTED FC CHILD	0	0	0	0	0	52	246	465	0	763
0	QMB/QMB DUAL <100%	0	0	0	0	0	0	3	0	0	3
026	CWS FOSTER CARE	2	84	397	551	302	1,434	75	0	0	2,843
2	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
026	CWS ADOPTION ASSISTANCE	5	0	8	108	130	834	28	0	0	1,108
5	QMB/QMB DUAL <100%	0	0	0	0	0	1	1	0	0	2

UNDEPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2017

COE	GROUP	CD	PAY	BIRTH	AGES	AGES	AGES	AGES	AGES	AGES	AGE 65	TOTAL
DESCRIPTION	1 TO 3	3 TO 6	6 TO 8	8 TO 19	19 TO 21	21 TO 65	AND OVER	TOTAL				
071	NEWBORN 0-1 YRS	0	23,666	2,048	0	0	0	0	0	0	0	25,714
	QMB/QMB DUAL <194%	0	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0	0
072	CHILDREN 1-5 YRS	0	37,214	59,988	1,690	0	0	0	0	0	0	98,892
	QMB/QMB DUAL <143%	0	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0	0
073	CHILDREN 6-19 YRS	0	1	0	0	33,805	173,740	975	0	0	0	208,521
	QMB/QMB DUAL <107%	0	0	0	0	0	1	0	0	0	0	1
074	CHILDREN 6-19YRS.100%-133%	0	0	0	0	4,585	26,475	153	0	0	0	31,213
	QMB/QMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0	0
075	PARENT/CARETAKER OF MINORS	0	0	0	0	58	1,376	53,209	4	0	0	54,647
	QMB/QMB DUAL <100%	0	0	0	0	0	0	50	2	0	0	52
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	50	2	0	0	52
085	FAMILY/CHILDREN-MCAID ONLY	0	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
087	CHILD <6 YRS - 133% POV.	0	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0	0
088	P.G. WOMEN/CHILD-185% POV.	0	0	0	0	225	1,996	11,835	0	0	0	14,056
	QMB/QMB DUAL <100%	0	0	0	0	0	0	40	0	0	0	40
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	2	0	0	0	2
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	7	0	0	0	7
	TOTAL W/MEDICARE	0	0	0	0	0	0	49	0	0	0	49
091	CHILD <19 YRS - 100% POV.	0	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0	0
010	NH - UNDER 300%	0	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	2	7,918	0	7,920
	BLIND	0	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	1	3	1	1,911	43	1,959	0	1,959
	TOTAL ELIGIBLES	0	0	0	1	3	1	1,913	7,961	9,879	0	9,879
	QMB/QMB DUAL <100%	0	0	0	0	0	1	829	2,594	3,424	0	3,424
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	476	1,591	2,067	0	2,067
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	493	3,764	4,257	0	4,257
	TOTAL W/MEDICARE	0	0	0	0	0	0	1,798	7,949	9,748	0	9,748

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2017

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE 1	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
011	LT HOSP - UNDER 300% AGED BLIND	0	0	0	0	0	0	0	0	12	12
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	6	1	7
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	6	13	19
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	1	3	4
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	1	4	5
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	1	6	7
	TOTAL	0	0	0	0	0	0	0	3	13	16
012	SWINGBED - UNDER 300% AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	3	2,463	2,466
013	NH - SSI ELIG AT HOME AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	3	46	16	1,206	10	1,281
	QMB/QMB DUAL <100%	0	0	0	0	3	46	16	1,209	2,473	3,747
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	4	949	2,460	3,413
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	1	1
014	LTH - SSI ELG AT HOME AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	1	0	1
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	1	1	2
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	1	1	2
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0
015	SWING BED SSI IF HOME AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0
019	DISABLED CHLD AT HOME AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	22	132	306	198	861	2	0	0	0	2
	QMB/QMB DUAL <100%	22	132	306	198	863	2	0	0	0	1,520
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	1,522
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0
021	EMERGENCY IMMIGRANT AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	8	0	8
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	8	0	8
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0

UNDULICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2017

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE 1	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
025	WORKING DISABLED	0	0	0	0	0	0	0	0	1	1
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	1,107	607	1,716
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	1,107	608	1,717
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	492	301	793
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	113	108	221
	TOTAL	0	0	0	0	0	0	0	799	605	1,404
027	BREAST/CERVICAL	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	115	1	116
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	115	1	116
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	422	3,803	20,531	0	24,756
029	FAMILY PLANNING	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0
045	HEALTHY MS WAIVER	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0
031	QMB ONLY	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0
035	QWDI	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2017

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE 1	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
051	SLMB ONLY	0	0	0	0	0	0	0	23	12,264	12,287
	AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	OMB/QMB DUAL <100%	0	0	0	0	0	0	0	9,752	102	9,857
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	9,775	12,366	22,144
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	1	1
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	9,754	12,359	22,116
	054 QUAL INDIV (QI)-1	0	0	0	0	0	0	0	0	0	0
	AGED BLIND	0	0	0	0	0	0	0	5	6,507	6,512
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	4,276	43	4,319
	OMB/QMB DUAL <100%	0	0	0	0	0	0	0	4,281	6,550	10,831
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	QI-1/MEDICARE	0	0	0	0	0	0	0	4,270	6,545	10,815
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	4,270	6,545	10,815
062	HCBS ASST LVNG < 300% AGED BLIND	0	0	0	0	0	0	0	0	272	272
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	133	0	133
	OMB/QMB DUAL <100%	0	0	0	0	0	0	0	133	272	405
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	51	88	139
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	37	42	79
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	40	141	181
	063 HCBS ELD/DSABL < 300% AGED BLIND	0	0	0	0	0	0	0	5	6,812	6,817
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	3,845	87	3,932
	OMB/QMB DUAL <100%	0	0	0	0	0	0	0	3,850	6,899	10,749
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	1,703	2,961	4,664
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	857	1,523	2,380
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	1,105	2,410	3,515
	064 HCBS MR/DD < 300% AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	OMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
	065 HCBS IND LVNG < 300% AGED BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	OMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2017

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE 1	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
066	TRM BRAIN INJ < 300% AGED BLIND	0	0	0	0	0	0	0	0	40	40
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	1	0	0	409	0	410
	OMB/OMB DUAL <100%	0	0	0	0	0	0	0	409	40	450
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	144	11	155
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	89	6	95
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	159	23	182
067	MYPAC < 300%	0	0	0	0	0	0	0	392	40	432
	OMB/OMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
092	HRI	0	0	0	0	0	0	0	0	0	0
	OMB/OMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
093	COST OF LIVING	0	0	0	0	0	0	0	0	3	3
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	5	0	5
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	5	3	8
	OMB/OMB DUAL <100%	0	0	0	0	0	0	0	5	3	8
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	5	3	8
094	DISABLED ADULT CHILD	0	0	0	0	0	0	0	0	17	17
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	12	1,046	0	0	1,058
	TOTAL ELIGIBLES	0	0	0	0	0	12	1,046	17	1,075	1,075
	OMB/OMB DUAL <100%	0	0	0	0	0	8	1,003	17	1,028	1,028
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	8	1,003	17	1,028	1,028
095	WIDOW(ER) 60+	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	12	0	12
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	12	0	12
	OMB/OMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0

REPT: YCMB4410-RB410
 MISSISSIPPI ENVISION MMIS
 DIVISION OF MEDICAID

PROCESSING DATE: 06/30/2017
 PROCESSING TIME: 23:46:23
 PAGE: 7

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2017

COE CD	GROUP DESCRIPTION	PAY CD	BIRTH TO AGE 1	AGES 1 TO 3	AGES 3 TO 6	AGES 6 TO 8	AGES 8 TO 19	AGES 19 TO 21	AGES 21 TO 65	AGE 65 AND OVER	TOTAL
096	WIDOW (ER) 50+	0	0	0	0	0	0	0	0	0	0
	AGED	0	0	0	0	0	0	0	0	0	0
	BLIND	0	0	0	0	0	0	0	0	0	0
	DISABLED	0	0	0	0	0	0	0	0	0	0
	TOTAL ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	QMB/QMB DUAL <100%	0	0	0	0	0	0	0	0	0	0
	SLMB/SLMB DUAL <120%	0	0	0	0	0	0	0	0	0	0
	DUALLY ELIG MCD/MCR >120%	0	0	0	0	0	0	0	0	0	0
	TOTAL W/MEDICARE	0	0	0	0	0	0	0	0	0	0
KK	K-BABIES	0	69	4	0	0	0	0	0	0	73
	UNKNOWN MEDICAID ELIGIBLES	0	0	0	0	0	0	0	0	0	0
	UNKNOWN MEDICAID/QMB DUALS	0	0	0	0	0	0	0	0	0	0
	TOTAL MEDICAID ELIGIBLES	24,261	41,177	63,933	43,497	223,705	11,117	217,553	86,680	711,923	
	TOTAL QMB/QMB DUAL	0	1	3	0	14	146	55,842	57,230	113,236	
	TOTAL SLMB/SLMB DUAL <120%	0	0	0	0	0	3	11,725	15,876	27,604	
	TOT DUAL ELIG MCD/MCR >120%	0	0	0	0	0	0	2,346	6,686	9,032	
	TOTAL QI-1/MEDICARE	0	0	0	0	0	0	4,270	6,545	10,815	
	TOTAL W/MEDICARE	0	1	3	0	14	149	74,183	86,337	160,687	

REPT: YCMB4410-RB410

MISSISSIPPI ENVISION MMIS
DIVISION OF MEDICAID

UNDUPLICATED COUNT OF ELIGIBLES BY PROGRAM - MONTH: 06/2017

PROCESSING DATE: 06/30/2017
PROCESSING TIME: 23:46:23
PAGE: 8

----- PAYMENT CODE DESCRIPTION -----
0 - NOT RECEIVING CASH ASSISTANCE
1 - RECEIVING CASH ASSISTANCE
2 - CWS FOSTER CARE
3 - RECEIVING IV-E ASSISTANCE
4 - RECEIVING IV-E SUB ADOPTION ASSISTANCE
5 - RECEIVING CWS ADOPTION ASSISTANCE

----- AGE CATEGORY DESCRIPTION -----
BIRTH TO AGE 1 (BIRTH THROUGH THE MONTH THE CHILD TURNS 1 YR.)
AGES 1 TO 3 (MO. AFTER AGE 1 THRU THE MONTH THE CHILD TURNS 3 YRS.)
AGES 3 TO 6 (MO. AFTER AGE 3 THRU THE MONTH THE CHILD TURNS 6 YRS.)
AGES 6 TO 8 (MO. AFTER AGE 6 THRU THE MONTH THE CHILD TURNS 8 YRS.)
AGES 8 TO 19 (MO. AFTER AGE 8 THRU THE MONTH THE CHILD TURNS 19 YRS.)
AGES 19 TO 21 (MO. AFTER AGE 19 THRU THE MONTH THE CHILD TURNS 21 YRS.)
AGES 21 TO 65 (MO. AFTER AGE 21 THRU THE MONTH PRIOR TO MONTH OF 65YRS.)
AGE 65 & OVER (MO. OF REACHING AGE 65 AND OVER)

UNDUPLICATED COUNT PERIOD SUMMARY REPORT

REPORT PERIOD	TOTAL MEDICAID ELIGIBLES	TOTAL MED/QMB ELIGIBLES	TOTAL RSAIDCAT RECORDS WRITTEN
2016/07	722,015	159,428	276
2016/08	719,344	159,650	276
2016/09	717,946	159,648	276
2016/10	715,980	159,806	276
2016/11	714,223	159,878	276
2016/12	711,197	157,870	276
2017/01	713,065	159,901	276
2017/02	713,498	160,285	276
2017/03	713,360	160,586	276
2017/04	712,340	160,506	276
2017/05	712,507	160,610	276
2017/06	711,923	160,687	276

*** END OF REPORT ***

Mississippi Medicaid 1915(c) Home and Community-Based Services Waivers

HCBS WAIVER PROGRAM	ELIGIBILITY REQUIREMENTS	FEDERALLY AUTHORIZED SLOTS	FUNDED SLOTS	PERSONS SERVED (including projections)	WAIVER SERVICES
Elderly and Disabled Administered and Operated by the Division of Medicaid	✓ 21 yrs. Or older ✓ COE of SSI, 300% SSI ✓ Nursing Home level of care	FY14 - 19,500 FY15 - 20,000 FY16 - 20,500 FY17 - 21,000 FY18 - 21,000 FY19 - 21,500	FY14 - 17,300 FY15 - 17,800 FY16 - 17,300 FY17 - 17,300 FY18 - 17,800 FY19 - 17,800	FY14 - 17,620 FY15 - 17,707 FY16 - 17,670 FY17 - 16,347 FY18 - 20,000 FY19 - 20,000	✓ Case Management ✓ Personal Care Services ✓ Home Delivered Meals ✓ Adult Day Care Services ✓ Institutional Respite ✓ In-Home Respite ✓ Extended Home Health ✓ Transition Assistance
Assisted Living * Administered and Operated by the Division of Medicaid	✓ 21 yrs. Or older ✓ COE of SSI, 300% SSI ✓ Nursing Home level of care	FY14 - 700 FY15 - 900 FY16 - 900 FY17 - 1,000 FY18 - 1,000 FY19 - 1,100	FY14 - 605 FY15 - 628 FY16 - 625 FY17 - 628 FY18 - 628 FY19 - 628	FY14 - 651 FY15 - 656 FY16 - 640 FY17 - 630 FY18 - 640 FY19 - 640	✓ Personal Care Services ✓ Homemaker Services ✓ Chore Services ✓ Attendant Care Services ✓ Medication Oversight ✓ Therapeutic, Social & Recreational Program ✓ Medication Administration ✓ Intermittent and Skilled Nursing Services ✓ Transportation ✓ Attendant Call Systems ✓ Adult Residential Care for Acquired TBI Participants
Independent Living Administered by the Division of Medicaid and Operated by the Department of Rehabilitation Services	✓ 16 yrs or older ✓ COE of SSI, 300% SSI ✓ Nursing Home level of care ✓ Ortho/neuro impairment	FY14 - 4,000 FY15 - 4,500 FY16 - 5,000 FY17 - 5,500 FY18 - 6,000 FY19 - 6,500	FY14 - 2,700 FY15 - 2,850 FY16 - 2,850 FY17 - 2,850 FY18 - 2,850 FY19 - 2,850	FY14 - 2,391 FY15 - 2,775 FY16 - 2,943 FY17 - 2,732 FY18 - 2,950 FY19 - 2,950	✓ Case Management ✓ Personal Care Attendant Services ✓ Specialized Medical Equipment and Supplies ✓ Transition Assistance ✓ Environmental Accessibility Adaptation
Traumatic Brain Injury/Spinal Cord Injury Administered by the Division of Medicaid and Operated by the Department of Rehabilitation Services	✓ No age restrictions ✓ COE of SSI, 300% SSI ✓ Working Disabled ✓ Nursing Home level of care ✓ Dx of traumatic brain/ spinal cord injury and medically stable	FY14 - 3,300 FY15 - 3,600 FY16 - 2,700 FY17 - 2,500 FY18 - 3,000 FY19 - 3,500	FY14 - 850 FY15 - 900 FY16 - 900 FY17 - 900 FY18 - 950 FY19 - 950	FY14 - 870 FY15 - 926 FY16 - 949 FY17 - 904 FY18 - 950 FY19 - 950	✓ Case Management ✓ Respite Care ✓ Environmental Accessibility Adaptation ✓ Specialized Medical Equipment & Supplies ✓ Attendant Care ✓ Transition Assistance
Intellectual Disabilities/ Developmental Disabilities Administered by the Division of Medicaid and Operated by the Department of Mental Health	✓ No age restrictions ✓ COE of SSI, 300% SSI, TANF, Disabled child living at Home, Disabled Adult Child, Working Disabled, Protected Foster Care Adolescent and Foster Children/Adoption Assistance Children ✓ ICF/IID level of care ✓ Dx of intellectual disability or developmental disability	FY14 - 2,300 FY15 - 2,500 FY16 - 2,700 FY17 - 2,900 FY18 - 2,900 FY19 - 2,900	FY14 - 2,000 FY15 - 2,200 FY16 - 2,200 FY17 - 2,646 FY18 - 2,700 FY19 - 2,515	FY14 - 2,189 FY15 - 2,296 FY16 - 2,421 FY17 - 2,646 FY18 - 2,700 FY19 - 2,515	✓ Day Services ✓ Prevocational Services ✓ Support Coordination ✓ Supported Employment ✓ Behavior Support/Intervention ✓ Home and community supports ✓ Specialized Medical Supplies ✓ Physical, Occupational, Speech/ Hearing/ Language Therapy ✓ Shared Supported Living ✓ Supported Living ✓ In-Home Respite ✓ In-Home Nursing Respite ✓ Community Respite ✓ Supervised Living ✓ Crisis Support ✓ Crisis Intervention ✓ Host Home ✓ Transition Assistance ✓ Job Discovery

Elements of Quality Program Design

For the Evaluation of Requests to Fund New Programs or New Activity in an Existing Program
(To Accompany Form MBR-1-03A)

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

1 - Administrative Services

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 Admin as a % of Total Budget	3.66	2.79	3.50	5.40
2 Third Party Funds Recovered	30,855,121.00	10,880,286.00	21,598,584.00	8,704,229.00
3 Providers Submitting Electronic Claims	22,350.00	37,033.00	32,400.00	37,500.00

PROGRAM EFFICIENCIES: (This is the measure of the cost, unit cost or productivity associated with a given outcome or output. This measure indicates linkage between services and funding, i.e., cost per investigation, cost per student or number of days to complete investigation.)

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 % of Clean Claims Processed within 30 days of receipt	99.00	99.00	99.00	99.00
2 % of Clean Claims Processed within 90 days of receipt	100.00	100.00	100.00	100.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 Third Party Liability Cost Avoided (\$Thou)	1,386,109.00	1,258,947.698	1,108,888.00	1,133,052.00
2 Applications Processed within Std. of Promptness (%) - Medicaid	90.00	98.00	90.00	90.00
3 Turnover Rate of Employees	11.00	11.00	11.00	11.00

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

2 - Medical Services

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 Medicaid Recipients - Enrolled (Persons)	731,855.00	711,923.00	728,400.00	719,632.00
2 Costs of Emergency Room Visits (\$)	62,898,058.00	165,845,464.0	118,415,973.0	157,553,191.0
3 Number of Emergency Room Visits	372,996.00	555,665.00	520,809.00	523,132.00
4 Child Physical Exams (ages 0-20)	316,890.00	294,126.00	316,890.00	297,067.00
5 Adult Physical Exams (21-older)	1,733.00	2,094.00	2,015.00	2,115.00
6 Number of Fraud and Abuse Cases Investigated	175.00	197.00	200.00	210.00
7 Number of Kidney Dialysis Trips	493,552.00	533,646.00	493,552.00	533,646.00
8 Number of Medicaid Providers	35,000.00	30,167.00	37,000.00	40,000.00
9 Medicaid beneficiaries assigned a PCP	585,000.00	487,200.00	510,000.00	490,000.00
10 Number of Medicaid beneficiaries assigned to a managed care company	585,000.00	487,200.00	510,000.00	490,000.00

PROGRAM EFFICIENCIES: (This is the measure of the cost, unit cost or productivity associated with a given outcome or output. This measure indicates linkage between services and funding, i.e., cost per investigation, cost per student or number of days to complete investigation.)

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 % MSCAN Diabetic members aged 17-75 receiving HBA1c test	82.10	82.12	86.23	88.00
2 % MSCAN members with persistent asthma are appropriately prescribed medication	75.66	75.39	79.16	80.00
3 Rate of EPSDT well child screening	75.00	53.00	75.00	75.00
4 % change of Medicaid beneficiaries assigned to a managed care company	5.00	3.00	1.00	2.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 % Change in number of recipients enrolled from last year	1.00	(2.00)	0.00	1.00
2 % Change in number of providers from last year	2.00	23.00	3.00	8.00
3 % Medicaid beneficiaries assigned to a PCP	70.00	100.00	70.00	100.00

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

3 - Childrens Health Insurance Program
(CHIP)

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 CHIP Enrollees	49,983.00	48,344.00	51,600.00	48,583.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 Applications Processed within Std. of Promptness (%) - CHIP	90.00	98.00	90.00	90.00

PROGRAM PERFORMANCE INDICATORS AND MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

4 - Home & Community Based Services

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 Elderly & Disabled - Persons Served	20,000.00	16,347.00	20,000.00	20,000.00
2 Elderly & Disabled - Funded Slots	17,800.00	17,300.00	17,800.00	17,800.00
3 Elderly & Disabled - Total Authorized Slots	28,000.00	21,000.00	21,500.00	21,500.00
4 Assisted Living - Persons Served	630.00	630.00	640.00	640.00
5 Assisted Living - Funded Slots	628.00	628.00	628.00	628.00
6 Assisted Living - Total Authorized Slots	1,000.00	1,000.00	1,000.00	1,100.00
7 Independent Living - Persons Served	2,850.00	2,732.00	2,950.00	2,950.00
8 Independent Living - Funded Slots	2,850.00	2,850.00	2,850.00	2,850.00
9 Independent Living - Total Authorized Slots	5,500.00	5,500.00	6,000.00	6,500.00
10 Traumatic Brain Injury - Persons Served	900.00	904.00	950.00	950.00
11 Traumatic Brain Injury - Funded Slots	900.00	900.00	950.00	950.00
12 Traumatic Brain Injury - Total Authorized Slots	2,700.00	2,500.00	3,000.00	3,500.00
13 Intellectual Disability - Persons Served	2,700.00	2,646.00	2,700.00	2,515.00
14 Intellectual Disability - Funded Slots	2,200.00	2,646.00	2,200.00	2,515.00
15 Intellectual Disability - Total Authorized Slots	2,900.00	2,900.00	2,900.00	2,900.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.

	FY 2017 APPRO	FY 2017 ACTUAL	FY 2018 ESTIMATED	FY 2019 PROJECTED
1 (E&D) Change in persons on waiting list%	3.00	17.00	(10.00)	(10.00)
2 (AL) Change in persons on waiting list%	20.00	2.00	20.00	20.00
3 (IL) Change in persons on waiting list%	5.00	142.00	10.00	10.00
4 (TBI) Change in persons on waiting list%	76.00	181.00	75.00	75.00
5 (IDD) Change in persons on waiting list%	10.00	(7.00)	10.00	10.00

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATION

Governor's Office - Division of Medicaid (328-00)

	Fiscal Year 2018 Funding			FY 2018 GF PERCENT REDUCED
	Total Funds	Reduced Amount	Reduced Funding Amount	

Program Name: (1) Administrative Services				
General	82,860,074	(2,485,802)	80,374,272	(3.00%)
State Support Special				
Federal	231,305,296	(6,939,159)	224,366,137	
Other Special				
TOTAL	314,165,370	(9,424,961)	304,740,409	
Narrative Explanation:				

Program Name: (2) Medical Services				
General	665,848,065	(19,975,442)	645,872,623	(3.00%)
State Support Special	65,782,247	(1,973,467)	63,808,780	
Federal	3,837,205,570	(115,116,167)	3,722,089,403	
Other Special	520,150,159	(15,604,505)	504,545,654	
TOTAL	5,088,986,041	(152,669,581)	4,936,316,460	
Narrative Explanation:				

Program Name: (3) Childrens Health Insurance Program (CHIP)				
General				
State Support Special				
Federal	149,028,612	(4,470,858)	144,557,754	
Other Special				
TOTAL	149,028,612	(4,470,858)	144,557,754	
Narrative Explanation:				

Program Name: (4) Home & Community Based Services				
General	104,283,274	(3,128,498)	101,154,776	(3.00%)
State Support Special				
Federal	348,951,942	(10,468,558)	338,483,384	
Other Special				
TOTAL	453,235,216	(13,597,056)	439,638,160	
Narrative Explanation:				

Program Name: (99) Summary of All Programs				
General	852,991,413	(25,589,742)	827,401,671	(3.00%)
State Support Special	65,782,247	(1,973,467)	63,808,780	
Federal	4,566,491,420	(136,994,742)	4,429,496,678	
Other Special	520,150,159	(15,604,505)	504,545,654	
TOTAL	6,005,415,239	(180,162,456)	5,825,252,783	

MEMBERS

Governor's Office - Division of Medicaid (328-00) _____

Name of Agency

A. Explain Rate and manner in which board members are reimbursed:

B. Estimated number of meetings FY 2018:

C. Names of Members	City, Town, Residence	Appointed By	Date of Appointment	Length of Term
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Identify Statutory Authority (Code Section or Executive Order Number)*

*If Executive Order, please attach copy.

**SCHEDULE B
CONTRACTUAL SERVICES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested for FY Ending June 30, 2019
A. Tuition, Rewards & Awards (61050xxx-61080xxx)			
61050000 Tuition	4,730	4,728	4,728
61060000 Employee Training	12,071	12,071	12,071
61070000 Travel Related Registration	19,994	19,994	19,994
Total	36,795	36,793	36,793
B. Transportation & Utilities (61100xxx-61200xxx)			
61100000 Transportation of Goods Not for Resale (freight)	24,979	30,384	30,434
61110000 Postage, Box Rent, etc.	302,260	547,688	547,888
61200000 Utilities	357,932	360,000	360,000
Total	685,171	938,072	938,322
C. Public Information (61300xxx-6131xxxx)			
61300000 Advertising & Public Information	42,796	50,600	55,600
61310000 Promotional Expenses		15,500	15,500
Total	42,796	66,100	71,100
D. Rents (61400xxx-61490xxx)			
61400000 Building & Floor Space	3,012,814	3,426,720	3,826,720
61420000 Equipment Rental	76,060	88,504	114,004
61450000 Conference Rooms, Exhibits, & Display Rentals	15,664	31,500	29,500
61490000 Other Rentals	(450)	100	100
Total	3,104,088	3,546,824	3,970,324
E. Repairs & Service (61500xxx)			
61500000 Repair & Maintenance Services	383,065	378,400	402,800
Total	383,065	378,400	402,800
F. Fees, Professional & Other Services (6161xxxx-61699xxx)			
61600000 Inter-Agency Fees	15,410,421	13,301,323	10,611,323
61610000 Contract Worker Payroll - EFT	3,109,792	1,920,800	2,234,800
61625000 Contract Worker Payroll Matching - EFT	300,319	219,463	241,763
61660000 Accounting & Financial Services	3,181,584	3,485,500	3,508,000
61665000 Investment Managers & Actuary Services	1,374,425	4,854,000	4,704,000
61670000 Legal & Related Services	581,548	1,063,350	803,300
61680000 Medical Services	11,758,586	10,135,808	9,149,989
61690000 Fees and Services	64,918,490	207,164,878	220,618,332
61696000 Professional Fees & Services - Travel no 1099	6,684	1,585	1,670
Total	100,641,849	242,146,707	251,873,177

**SCHEDULE B
CONTRACTUAL SERVICES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested for FY Ending June 30, 2019
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G. Other Contractual Services (61700xxx-61790xxx, 61900xxx)			
61700000 Insurance Fees & Services	1,332	5,000	5,000
61705000 Banking & Credit Card Fees	50,708	45,000	45,000
61710000 Membership Dues	16,811	19,133	27,833
61735000 Salvage, Demo, & Removal Service	33,002	30,000	30,000
61760000 Transportation of Clients	392,956		
61900000 Procurement Card - Contractual Purchases	65,875	62,829	68,283
Total	560,684	161,962	176,116

H. Information Technology (61800xxx-61890xxx)			
61800000 Basic Telephone Monthly - Outside Vendor	29,272	46,600	46,600
61806000 Data Line & Network Charges - Outside Vendor	17,538	14,900	15,000
61818000 Cellular Usage Time - Outside Vendor	11,860	12,000	14,100
61821000 Wireless Data Transmission-not cell- Outside Vendor	22,020	24,200	26,700
61824000 Satellite Voice Transmission Services - Out Vendor	6,513	7,000	57,000
61830000 IT Professional Fees - Outside Vendor	3,519,055	286,000	266,100
61836000 Outsourced IT Solutions - Outside Vendor	963,291	92,000	96,500
61839000 Software Acq, Installation & Maint - Out Vendor	1,062,501	2,378,500	2,555,000
61845000 Off-site Storage of IS Software & Date - Out Vendor	3,030	4,600	5,100
61848000 Maintenance & Repair of IT Equipment - Out Vendor	180,051	77,500	87,500
Total	5,815,131	2,943,300	3,169,600

I. Other (61910xxx-61990xxx)			
61960000 Prior Year Expense - Contractual	1,521,496	1,687	6,687
61965000 Prior Year Expense - Contractual 1099	770,889	164,285	159,285
Total	2,292,385	165,972	165,972

Grand Total <i>(Enter on Line 1-B of Form MBR-1)</i>	113,561,964	250,384,130	260,804,204
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Funding Summary:			
General Funds	29,171,634	56,730,229	60,743,988
State Support Special Funds			
Federal Funds	84,390,330	193,653,901	200,060,216
Other Special Funds			
Total Funds	113,561,964	250,384,130	260,804,204

**SCHEDULE C
COMMODITIES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency _____

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested for FY Ending June 30, 2019
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A. Maintenance & Constr. Materials & Supplies (62000xxx, 62015xxx)			
62015000 Building & Construction Materials	225	2,500	2,500
Total	225	2,500	2,500

B. Printing & Office Supplies & Materials (62010xxx, 62085xxx, 62100xxx, 62125xxx, 62400xxx)			
62010000 Book, Maps, Instru Mat	21,026	39,072	39,272
62085000 Office Supplies	361,719	358,920	384,920
62100000 Printing Costs & Supplies	12,739	58,670	68,620
62400000 Furniture & Equipment	92,650	114,200	130,700
Total	488,134	570,862	623,512

C. Equipment Repair Parts, Supplies & Acces. (6205xxxx, 62072xxx, 62110xxx, 62115xxx, 62120xxx, 62130xxx)			
62050000 Fuel	19,343	29,500	32,000
62055000 Fuel Card Rep & Maint	6,135		
62110000 Parts - Heat/Cool/Plm	5,720		
62115000 Parts - Office/IT/Other	45,934	550	570
62130000 Tires and Tubes - Auto		4,500	3,500
Total	77,132	34,550	36,070

D. Professional & Sci. Supplies and Materials (62025xxx, 62030xxx, 62070xxx, 62095xxx, 62105xxx, 6212xxxx)			
62025000 Educational Supplies		4,800	5,000
62070000 Lab and Medical Supplies	420		
Total	420	4,800	5,000

E. Other Supplies & Materials (62005xxx, 62015xxx, 62020xxx, 62035xxx, 62040xxx, 62045xxx, 62060xxx, 62065xxx, 62075xxx-62080xxx, 62090xxx, 62115xxx, 62135xxx, 62140xxx, 62405xxx, 62415xxx, 62500xxx-62999xxx)			
62020000 Decals & Signs		500	5,500
62040000 Food for Business Meetings	33,347	30,000	30,000
62060000 Janitorial and Cleaning Supplies	9,620	13,653	15,353
62078000 Other Miscellaneous Supplies	10,925	1,380	2,380
62415000 Computers and Computer Equipment	41,599	305,650	330,670
62900000 Procurement Card - Commodity Purchases	222,695	240,340	289,740
62960000 Prior Year Expense - Commodities	27,555	24,500	21,500
Total	345,741	616,023	695,143

Grand Total <i>(Enter on Line 1-C of Form MBR-1)</i>	911,652	1,228,735	1,362,225
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Funding Summary:			
General Funds	455,827	614,368	681,112

**SCHEDULE C
COMMODITIES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested for FY Ending June 30, 2019
State Support Special Funds			
Federal Funds	455,825	614,367	681,113
Other Special Funds			
Total Funds	911,652	1,228,735	1,362,225

**SCHEDULE D-1
 CAPITAL OUTLAY
 OTHER THAN EQUIPMENT**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested for FY Ending June 30, 2019
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Grand Total <i>(Enter on Line 1-D-1 of Form MBR-1)</i>			
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Funding Summary:			
General Funds			
State Support Special Funds			
Federal Funds			
Other Special Funds			
Total Funds			

**SCHEDULE D-2
CAPITAL OUTLAY EQUIPMENT**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

EQUIPMENT BY ITEM	Act. FY Ending June 30, 2017		Est. FY Ending June 30, 2018		Req. FY Ending June 30, 2019	
	No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

C. Office Machines, Furniture, Fixtures, Equip. (63200xxx)

Capital Outlay - Equipment Direct						
5-Drawer Filing Cabinet	4	4,462	8	8,800	10	11,000
Conference Table	2	2,635	7	10,000	4	5,700
Shredder	4	12,829	5	16,000	3	9,600
Credenza	1	1,022	6	6,200	5	5,200
Workstation Furniture	5	208,783	10	417,000	11	466,000
Workstation Partition			20	54,000	15	40,500
Total		229,731		512,000		538,000

D. IS Equipment (DP & Telecommunications) (63200xxx)

Document Scanner	9	3,813				
Laptop Computers	18	27,281	216	115,438	86	46,175
Desktop Computers	31	22,424	1,150	595,334	460	268,000
Television	2	1,137				
Memory Module	32	12,548				
Adapter	4	1,941				
Implementation Costs			28	1,257,540	18	875,000
Software Licenses			20	567,206	15	878,000
Security Appliances			9	247,810	4	111,000
File Servers			10	716,672	12	1,321,825
Total		69,144		3,500,000		3,500,000

Grand Total <i>(Enter on Line 1-D-2 of Form MBR-1)</i>		298,875		4,012,000		4,038,000
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Funding Summary:						
General Funds		149,437		2,006,000		2,019,000
State Support Special Funds						
Federal Funds		149,438		2,006,000		2,019,000
Other Special Funds						
Total Funds		298,875		4,012,000		4,038,000

**SCHEDULE D-3
PASSENGER/WORK VEHICLES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency _____

MINOR OBJECT OF EXPENDITURE	Vehicle Inventory June 30, 2017	Act. FY Ending June 30, 2017		Est. FY Ending June 30, 2018		Req. FY Ending June 30, 2019	
		No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

A. Passenger & Work Vehicles (63300xxx)							
63300100 Cargo Van	1						
63300100 Passenger Vehicle	9	1	21,858			2	40,000
63300100 Passenger Van	3						
63300100 SUV	3					1	30,000
Total (A)	16	1	21,858			3	70,000

GRAND TOTAL <i>(Enter on Line 1-D-3 of Form MBR-1)</i>			21,858				70,000
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Funding Summary:							
General Funds			10,929				35,000
State Support Special Funds							
Federal Funds			10,929				35,000
Other Special Funds							
Total Funds			21,858				70,000

**SCHEDULE D-4
WIRELESS COMMUNICATION DEVICES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency _____

MINOR OBJECT OF EXPENDITURE	Device Inventory June 30, 2017	Act. FY Ending June 30, 2017		Est. FY Ending June 30, 2018		Req. FY Ending June 30, 2019	
		No. of Devices	Actual Cost	No. of Devices	Estimated Cost	No. of Devices	Requested Cost

Grand Total <i>(Enter on Line 1-D-4 of Form MBR-1)</i>							
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Funding Summary:							
General Funds							
State Support Special Funds							
Federal Funds							
Other Special Funds							
Total Funds							

**SCHEDULE E
SUBSIDIES, LOANS & GRANTS**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested for FY Ending June 30, 2019
E. Other (67000xxx-67019xxx, 67021xxx-67199xxx, 67998xxx, 68500xxx-68860xxx, 70045xxx-70080xxx, 80000xxx-80500xxx)			
67065000 Medical Care for Needy	5,745,784,266	5,691,249,869	5,909,039,690
Total	5,745,784,266	5,691,249,869	5,909,039,690
Grand Total			
<i>(Enter on Line 1-E of Form MBR-1)</i>	5,745,784,266	5,691,249,869	5,909,039,690
Funding Summary:			
General Funds	789,125,137	770,131,339	830,343,026
State Support Special Funds	139,318,631	65,782,247	64,736,791
Federal Funds	4,301,011,294	4,335,186,124	4,510,041,238
Other Special Funds	516,329,204	520,150,159	503,918,635
Total Funds	5,745,784,266	5,691,249,869	5,909,039,690

**NARRATIVE
2019 BUDGET REQUEST**

Governor’s Office – Division of Medicaid (328-00)

The Division of Medicaid (DOM) budget request for SFY2019 and a deficit request for FY2018 are herein presented for consideration by the Legislative Budget Office and the State Legislature. Of the \$6,240,357,662 in total projected expenditures for SFY2019, DOM requests direct state support in the amount of \$983,976,793. The direct state support request represents 15.8% of the total funding needs projected to operate DOM and make payments for health-care services provided to Mississippi’s most vulnerable citizens.

Approximately 25.4% of Mississippi’s entire population was enrolled in Medicaid and the Children’s Health Insurance Program (CHIP) as of June, 2017. Enrollment in the two programs totaled 760,267.

The Medicaid budget request is organized by four program areas, including Administrative Services, Medical Services, the Children’s Health Insurance Program (CHIP) and Home and Community-Based Services. Narratives explaining key areas and explanations for changes in funding needs for SFY2019 are addressed for each program within this budget request submission.

Expenditures are eligible for federal matching funds at varying levels, as follows:

General Expenditure Category	Federal Matching Rate
General Administrative Expenditures	50%
Eligibility Workers	75%
Skilled Professional Medical Personnel	75%
Certain information technology administration	75%
Certain information technology administration	90%
Pre-Admission Screening administration	75%
Quality Improvement Organization Administration	75%
General Medical Services	FMAP
Certain Waiver Expenditures	90%
CHIP medical services and administration	Enhanced FMAP + 23%, up to 100%
Indian Health Services	100%
Breast and Cervical Cancer Medical Services	Enhanced FMAP
Health Information Technology Payments	100%

**NARRATIVE
2019 BUDGET REQUEST**

State-Only Programs	0%
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The Federal Medical Assistance Percentage (FMAP) and enhanced FMAP rates used in the budget request are as follows:

FMAP for Federal Fiscal Year 2016	74.17%
FMAP for Federal Fiscal Year 2017	74.63%
Blended FMAP for State Fiscal Year 2017	74.515%
FMAP for Federal Fiscal Year 2018	75.65%
Blended FMAP for State Fiscal Year 2018	75.395%
FMAP for Federal Fiscal Year 2019	76.20%
Blended FMAP for State Fiscal Year 2019	76.0625%
Enhanced FMAP for State Fiscal Year 2017	82.24%
Enhanced FMAP for State Fiscal Year 2018	82.96%
Enhanced FMAP plus 23%	100.00%

The FMAP rates are blended for budget purposes to reflect 25% of the FMAP that ends September 30 and 75% of the FMAP that starts October 1 of each year.

Direct State Support

- The total direct state support for SFY2017 was \$979,412,498.
- The total direct state support appropriated for SFY2018 is \$918,773,660. However, the projected need totals \$966,052,398; therefore, DOM requests deficit funding of \$47,278,738 for SFY2018. This represents a decreased need of 1.36% from the SFY2017 funding level.
- A year ago, the projected state support need for SFY2018 was \$1.038 billion. Due to a number of factors the projection is now \$966 million. The most significant factors that have allowed the decreased projection include a higher FMAP and lower projections for hospital, managed care and pharmacy payments.
- The total direct state support request for SFY2019 is \$983,358,616, an increase of 7.10% over funds appropriated for SFY2018. The requested state funding for SFY2019, however, exceeds the need currently projected for SFY2018 by 2.22%.

**NARRATIVE
2019 BUDGET REQUEST**

In accordance with the budget instructions, the SFY2018 direct state and all other support equal the appropriations. DOM's estimates based on the current program exceed the appropriations. Therefore, the Medical Services program expenditures were reduced for the budget submission to reflect the appropriated levels. Based on current estimates, the state funding shortfall could have an overall program expenditure impact of \$194 million. However, total estimated program payments were reduced by the state share of \$47,278,738 and by the federal share of \$63,945,407 to match appropriated amounts. If DOM were to have reflected SFY2018 Medical Services program expenditures at the actual estimated amounts, the state share need would be \$47,278,738 higher and the federal share need would be \$63,945,407 higher.

The direct state support changes, as reported in the budget submission, from SFY2017 to SFY2018 and SFY2018 to SFY2019 are summarized with the following amounts from each program area:

<u>Yearly Change in State Support:</u>	<u>2017 to 2018</u>	<u>2018 to 2019</u>
Administrative Services	\$ 31,891,344	\$ 6,036,902
Medical Services	(\$85,499,690)	\$50,619,917
CHIP	\$ 0	\$ 0
Home & Community Based Services	(\$ 7,030,492)	\$ 8,546,314
Total Change Amount (\$)	(\$60,638,838)	\$65,203,133
Total Change Percent (%)	(6.60%)	7.10%

Please refer to the program area narratives and decision units for information on the reasons for the funding changes.

Deficit Funding Request for SFY18

The \$47.3 million projected shortfall translates to \$194 million in spending loss, because of Mississippi's favorable federal match rate. For every \$1 in state support, DOM draws down roughly \$3 in federal support. Therefore, every \$1 of deficit in state funding creates a \$4 shortfall to the Medicaid program. Under the current program structure as written in state law and operated within federal mandates, \$194 million represents 3.17% of total estimated cost. We greatly appreciate the past record of the legislature in fully funding the

**NARRATIVE
2019 BUDGET REQUEST**

Medicaid program. We respectfully request that full funding of the program be continued. DOM will continue to update the spending projections as we approach and enter the legislative session and will notify the legislature of any material changes to the expected deficit.

Administrative services expenditures represent 5.31% of the total agency spending projection for SFY2019. The state share need for administrative spending is \$89 million, a 26.83% share, and includes the following:

- \$25 million for Personnel
- \$500 thousand for Travel
- \$61 million for Contractual services
- \$700 thousand for Commodities
- \$2 million for Equipment
- \$35 thousand for Vehicles

Non-administrative services expenditures of 5,909,039,690 represent 94.69% of the total agency spending projection. The state share need for non-administrative spending is \$1.4 billion, a 23.68% share. The direct state support need is \$895M, a 15.6% share of the total non-administrative spending.

DOM provides long-term care institutional services and home and community based waiver services using the traditional fee-for-service model. Additionally, all services are provided through the fee-for-service model for certain populations excluded from managed care. The remainder of Medicaid healthcare services is provided through the managed care model. The healthcare needs of Medicaid and CHIP beneficiaries vary widely. Even within the members served for each, separate categories of eligibility are used to project and measure costs per beneficiary.

The Medicaid program is subject to changes mandated by state and federal legislation and CMS regulation. Additionally, a number of factors used in the projections are subject to adjustment. A one percent (1%) variation in the published FMAP impacts our state share

**NARRATIVE
2019 BUDGET REQUEST**

need by approximately \$40M. The FMAP for federal fiscal year 2019 is expected to be published by February, 2018.

DOM does not have the legal authority to change the payment policy for providers, coverage of beneficiaries or offered services except in the case of mandates by CMS and state law, due to restrictive language in state law. Miss. Code Ann. Section 43-13-117(F) lists the procedures to follow when agency funding is deficient.*

We have, and will continue to, make every effort to manage factors which cause an increase in our expenditures, and ultimately our budget request. We respectfully request full funding of Medicaid.

*Miss. Code Ann. Section 43-13-117(F) reads as follows:

“The executive director shall keep the Governor advised on a timely basis of the funds available for expenditure and the projected expenditures. If current or projected expenditures of the division are reasonably anticipated to exceed the amount of funds appropriated to the division for any fiscal year, the Governor, after consultation with the executive director, shall discontinue any or all of the payment of the types of care and services as provided in this section that are deemed to be optional services under Title XIX of the federal Social Security Act, as amended, and when necessary, shall institute any other cost containment measures on any program or programs authorized under the article to the extent allowed under the federal law governing that program or programs. However, the Governor shall not be authorized to discontinue or eliminate any service under this section that is mandatory under federal law, or to discontinue or eliminate, or adjust income limits or resource limits for, any eligibility category or group under Section 43-13-115. Beginning in fiscal year 2010 and in fiscal years thereafter, when Medicaid expenditures are projected to exceed funds available for any quarter in the fiscal year, the division shall submit the expected shortfall information to the PEER Committee, which shall review the computations of the division and report its findings to the Legislative Budget Office within thirty (30) days of such notification by the division, and not later than January 7 in any year. If expenditure reductions or cost containments are implemented, the Governor may implement a maximum amount of state share expenditure reductions to providers, of which hospitals will be responsible for twenty-five percent (25%) of provider reductions as follows: in fiscal year 2010, the maximum amount shall be Twenty-four Million Dollars (\$ 24,000,000.00); in fiscal year 2011, the maximum amount shall be Thirty-two Million Dollars (\$ 32,000,000.00); and in fiscal year 2012 and thereafter, the maximum amount shall be Forty Million Dollars (\$ 40,000,000.00). However, instead of implementing cuts, the

**NARRATIVE
2019 BUDGET REQUEST**

hospital share shall be in the form of an additional assessment not to exceed Ten Million Dollars (\$ 10,000,000.00) as provided in Section 43-13-145(4)(a)(ii). If Medicaid expenditures are projected to exceed the amount of funds appropriated to the division in any fiscal year in excess of the expenditure reductions to providers, then funds shall be transferred by the State Fiscal Officer from the Health Care Trust Fund into the Health Care Expendable Fund and to the Governor's Office, Division of Medicaid, from the Health Care Expendable Fund, in the amount and at such time as requested by the Governor to reconcile the deficit. If the cost containment measures described above have been implemented and there are insufficient funds in the Health Care Trust Fund to reconcile any remaining deficit in any fiscal year, the Governor shall institute any other additional cost containment measures on any program or programs authorized under this article to the extent allowed under federal law. Hospitals shall be responsible for twenty-five percent (25%) of any additional imposed provider cuts. However, instead of implementing hospital expenditure reductions, the hospital reductions shall be in the form of an additional assessment not to exceed twenty-five percent (25%) of provider expenditure reductions as provided in Section 43-13-145(4)(a)(ii). It is the intent of the Legislature that the expenditures of the division during any fiscal year shall not exceed the amounts appropriated to the division for that fiscal year."

NARRATIVE 2019 BUDGET REQUEST

DIVISION OF MEDICAID SUMMARY OF DIRECT STATE FUNDING SUPPORT FOR FY18 DEFICIT REQUEST

FY2018 Direct State Support Requested in September, 2016		\$1,038,961,399
Changes in Original FY-18 State Funds Request:		
Administrative Costs:		6,122,459
Increase in MES Replacement Costs Due to CMS Approval of Project	5,113,985	
Increase in Costs Related to MMIS, General Systems, MITA, and HIT Implementation	2,851,986	
Increase in Eligibility Systems Project	2,130,749	
Increased Availability of Balancing Incentive Program Funds	(1,377,250)	
Net Decrease in Other Administrative Costs	(2,597,011)	
Medical Services Costs:		(75,514,477)
FMAP Increase (Actual FMAP for FFY18 - 75.65% prior year projection - 74.74%)	(32,485,286)	
Decrease in FFS Inpatient Hospital Costs Projection	(21,029,557)	
Decrease in Managed Care Costs Projection	(9,059,415)	
FFS Pharmacy Reimbursement Changes and Increased Rebates	(7,783,499)	
Net Projected Decreases Due to Updated Base Period Information	(5,156,720)	
HCBS Costs:		(3,516,983)
HCBS Waiver Increases in Participants	3,708,724	
Increased Availability of Balancing Incentive Program Funds	(4,235,251)	
Increased FMAP	(2,990,456)	
FY2018 Direct State Support Requested in August, 2017		\$966,052,398
FY2018 Direct State Support Appropriated per HB 1510		\$918,773,660
FY2018 Deficit Request		\$47,278,738

NARRATIVE 2019 BUDGET REQUEST

DIVISION OF MEDICAID SUMMARY OF DIRECT STATE FUNDING BUDGET REQUEST FY 2019



FY 2018 Appropriation:			
General Fund		\$852,991,413	
Health Care Expendable Fund		\$64,736,791	
Budget Contingency Fund		\$1,029,617	
Capital Expense Fund		\$15,839	
FY2018 Direct State Appropriated Funds			\$918,773,660
FY2018 Estimated Shortfall			\$47,278,738
FY-19 Impacts on State Funds Request:			
FMAP Change (76.20% - Medicaid FFY19 Projected FMAP)	-3.66%	(35,402,549)	
Program Growth - Enrollment, Unit Cost, Utilization	3.60%	34,767,497	
Health Insurance Fee Moratorium Lifted for SFY'19	1.38%	13,343,867	
Increased Drug Rebate Projection	-0.79%	(7,642,328)	
Replacing BIPP funds	0.75%	7,235,251	
Medicare Premiums	0.52%	5,014,369	
Net Effect of Other Program Changes	0.06%	608,288	
Additional Direct State Funds Requested	1.86%		\$17,924,395
FY 2019 Direct State Funds Request			\$983,976,793

DCM is committed to controlling costs. This Division of Medicaid projection represents the agency's best prediction of future cash requirements based on estimated future expenditure trends. DCM used FMAP projections issued by FFIS. The Division has no control over changes in the Federal match rates. Most medical service expenditures are components of rates and utilization of services that are dictated by state and federal legislation, as well as economic changes. Predicting cashflow outcomes into the future is not possible with 100% accuracy.

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2019**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2017 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
Allen, Gia	Anaheim, CA	AGA 2016 PDT	1,122	22328/53328
Allred, Brenda	Boston, MA	2016 JPAL Conference	136	22328/53328
Anderson, Erica	Baltimore, MD	Natl Asse Medicaid Program Integrity Conference	1,513	22328/53328
Barham Erin	Denver & Estes Park, CO	2016 Employee Engagement Conference/Site Visit	2,062	22328/53328
Barham Erin	Austin, TX	National Association of Medicaid Directors (NAMD) Spring Meeting	1,434	22328/53328
Barham Erin	St Louis, MO	National Asse of Govt Communicators School	1,076	22328/53328
Bates, Rolanda	Atlanta, GA	CMS Regional PASRR Training	1,149	22328/53328
Berry, Patricia	Philadelphia, PA	NFPRHA Meeting	114	22328/53328
Biglane, Paige	Washington DC	School Based Services Conference	1,924	22328/53328
Biglane, Paige	Norfolk, VA	AAHISA Annual Conference	901	22328/53328
Biglane, Paige	Austin, TX	NAMD Spring Meeting	1,164	22328/53328
Black, Patrick	Norfolk, VA	AAHISA Annual Conference	3,466	22328/53328
Boarden, Shanda	Pittsburgh, PA	CMS Systems Integration Academy Meeting	400	22328/53328
Bogan, Shatarra	St Louis, MO	2016 Medicaid Enterprise Systems Conference	2,083	22328/53328
Bond, Janis	Austin, TX	NAMD Spring Meeting	1,441	22328/53328
Bracey-Mack, Sandra	Washington DC	2016 HCBS Conference	1,819	22328/53328
Brown, Cindy	Sandestin, FL	MS Family Physicians Conference	2,646	22328/53328
Brown, Cindy	Memphis, TN	Baptist Payor Education Day	430	22328/53328
Brown, Cindy	Memphis, TN	Toastmasters Annual Conference	408	22328/53328
Brown, Cindy	Orlando, FL	MS State Medical Asse Annual Conference	1,178	22328/53328
Brown, Cindy	Sandestin, FL	MS Medical Asse Conference	1,581	22328/55328
Brown, Lindsey	Norfolk, VA	AAHISA Annual Conference	985	22328/53328
Carr, Tawanna	Anaheim, CA	AGA 2016 PDT	2,031	22328/53328
Clark, Tara	San Fransico, CA	MedeAnalytics Site Visit	308	22328/53328
Clark, Tara	Arlington, VA	NAMD Fall Conference	541	22328/53328
Clark, Tara	Arlington, VA	NAMD Fall Conference	1,152	22328/53328
Creel, Tamatha	Washington DC	2016 HCBS Conference	1,714	22328/53328
Crump, Will	St Louis, MO	2016 Medicaid Enterprise Systems Conference	1,680	22328/53328
Dixon, Jacqueline	Baltimore, MD	Natl Asse Medicaid Program Integrity Conference	605	22328/53328

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2019**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2017 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
Dixon, Jacqueline	Washington DC	2016 HCBS Conference	1,561	22328/53328
Dockins, Alwin	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	412	22328/53328
Douglas, Archie	Covington, LA	Case Management	164	22328/53328
Douglas, Archie	Covington, LA	Case Management	165	22328/53328
Dykes, Melody	St Louis, MO	2016 Medicaid Enterprise Conference	1,587	22328/53328
Dzielak, Dr David	Kansas City, MO	Population Health Summit	1,499	22328/53328
Dzielak, Dr David	Denver & Estes Park, CO	2016 Employee Engagement Summit/Site Visit	2,029	22328/53328
Dzielak, Dr David	New York, NY	Obesity Prevention Public Payer Meeting	1,129	22328/53328
Dzielak, Dr David	Arlington, VA	National Association of Medicaid Directors (NAMD) Fall Conference	980	22328/53328
Dzielak, Dr David	Kansas City, MO	Cerner Health Meeting	1,660	22328/53328
Dzielak, Dr David	Orlando, FL	CBI 19th Medicaid Govt Pricing Congress	1,297	22328/53328
Dzielak, Dr David	Austin, TX	NAMD Spring Meeting	1,771	22328/53328
Ensley, Dinne	Sandestin, FL	MS Family Physicians Conference	2,352	22328/53328
Ensley, Dinne	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	1,745	22328/53328
Ensley, Dinne	Memphis, TN	Baptist Payor Education Day	423	22328/53328
Ensley, Dinne	Orlando, FL	MS State Medical Assc Annual Conference	1,489	22328/53328
Ensley, Dinne	Memphis, TN	Toastmasters Annual Conference	388	22328/53328
Ervin, Wil	Washington DC	CTel Fall Summit	473	22328/53328
Ervin, Wil	Arlington, VA	NAMD Fall Conference	1,342	22328/53328
Evans, Demetrese	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	1,357	22328/53328
Evans, Stephanie	Norfolk, VA	AAHSA Annual Conference	1,265	22328/53328
Florence, Barbara	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	1,467	22328/53328
Franklin, Marlene	Memphis, TN	Toastmasters Annual Conference	305	22328/53328
Frazier, Rosie	National Harbor, MD	NIGP Annual Forum	2,092	22328/53328
Fulcher, Jennifer	Washington DC	2016 HCBS Conference	2,007	22328/53328
Gipson, Gay	Atlanta, GA	CMS Regional PASRR Training	1,547	22328/53328
Gipson, Gay	Columbus, OH	PASRR Conference	1,387	22328/53328
Goins, Tavis	Metarie, LA	Cisco Hyperflex Workshop	422	22328/53328
Green, Shakarma	Chicago, IL	HITECH Multiregional Conference	1,666	22328/53328

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2019**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2019 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
Hill, James	Chicago, IL	HITECH Multiregional Conference	1,401	22328/53328
Hill, James	Chicago, IL	HITECH Multiregional Conference	333	22328/53328
Horton, James	New Orleans, LA	MS/LA Hospice Conference	731	22328/53328
Horton, James	Washington DC	2016 HCBS Conference	1,917	22328/53328
Ingram, Frances	Arlington, VA	NAMD Fall Conference	1,340	22328/53328
Jackson, Charles	Austin, TX	2016 Dell World Training	2,273	22328/53328
Jackson, Joe	Point Clear, AL	16th Gulf Coast Home Care Conference	1,012	22328/53328
Johnson, Margaret	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	1,606	22328/53328
Johnson, Paulette	Washington DC	2016 HCBS Conference	1,895	22328/53328
Johnson, Paulette	New Orleans, LA	MS/LA Hospice Conference	326	22328/53328
Joiner, Shedrick	Oklahoma City, OK	HSFO Cost Allocation Basic Training	1,521	22328/53328
Jones, Sharon	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	432	22328/53328
Kearney, Sheila	St Louis, MO	2016 Medicaid Enterprise Systems Conference	873	22328/53328
Kearney, Sheila	Orlando, FL	2017 HIMSS Conference	1,964	22328/53328
King, Margaret	Tampa, FL	National HSFO Conference	446	22328/53328
King, Margaret	Washington DC	CMS School Based Services Meeting	1,275	22328/53328
King, Margaret	New York, NY	Obesity Prevention Task Force	1,291	22328/53328
King, Marie	National Harbor, MD	NIGP Annual Forum	2,127	22328/53328
Kirby, Terri	Sandestin, FL	MS Pharmacists Association Conference	1,363	22328/53328
Lyle, Christy	St Louis, MO	2016 Medicaid Enterprise Systems Conference	2,054	22328/53328
Lyle, Christy	Washington DC	Healthy Students Promising Futures Meeting	1,626	22328/53328
Lyle, Christy	San Antonio, TX	6th Annual HEDIS and Quality Improvement Summit	1,180	22328/53328
Lyle, Christy	Washington DC	Healthy Students Promising Futures Learning Collaborative	796	22328/53328
Lyle, Christy	Baltimore, MD	2016 CMS Quality Conference	1,656	22328/53328
Lyle, Christy	Baltimore, MD	2017 State HIT Connect Summit	1,036	22328/53328
Mack, Eula	Portland, OR	2016 NAHO Annual Conference	1,740	22328/53328
Maisel, Nicholas	Chicago, IL	HITECH Multiregional Conference	1,644	22328/53328
Massey, Aleeta	St Louis, MO	2016 Medicaid Enterprise Systems Conference	1,371	22328/53328
McCorkle, Gail	Sandestin, FL	MS Pharmacists Association Conference	1,322	22328/53328

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2019**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2017 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
Noble, Sara	Phoenix, AZ	ADURS Conference	256	22328/53328
Noble, Sara	Sandestin, FL	MS Pharmacists Association Conference	1,919	22328/53328
Oshinsky, Stephen	St Louis, MO	2016 Medicaid Enterprise Systems Conference	1,052	22328/53328
Parks, Bernadette	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	1,508	22328/53328
Parks, Bernadette	Boca Raton, FL	Truven 2017 Healthcare Advantage Conference	125	22328/53328
Quarterman, Charles	Portland, OR	2016 NAHO Annual Conference	1,367	22328/53328
Randazzo, Mary	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	1,962	22328/53328
Robinson, Carmen	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	642	22328/53328
Rutland, Rita	St Louis, MO	2016 Medicaid Enterprise Systems Conference	894	22328/53328
Rutland, Rita	Orlando, FL	2017 HIMSS Conference	1,515	22328/53328
Rutland, Rita	Baltimore, MD	State HIT Connect Conference	1,556	22328/53328
Sartin-Holloway, Kim	Washington DC	2016 HCBS Conference	1,658	22328/53328
Scott, Shawana	Reno, NV	2016 Nevada Health Conference	1,336	22328/53328
Simpson, Laura	Denver & St Estes, CO	2016 Employee Engagement Conf/Site Visit	1,862	22328/53328
Smith, Pamela	Washington DC	2016 HCBS Conference	2,636	22328/53328
Taylor, Pamela	Point Clear, AL	16th Gulf Coast Home Care Conference	1,084	22328/53328
Toten, Charlene	Atlanta, GA	CMS Regional PASRR Training	1,218	22328/53328
Toten, Charlene	Memphis, TN	OSCR of Youth Villages	357	22328/53328
Tribune, Lucreta	Oklahoma City, OK	HSFO Cost Allocation Advanced Training	559	22328/53328
Tyson, Jessica	Sandestin, FL	MS Pharmacists Association Conference	289	22328/53328
Ulmer, Mary	Washington DC	Ctel Fall Summit	1,854	22328/53328
Ulmer, Mary	Washington DC	HIV Health Affinity Group	658	22328/53328
Ulmer, Mary	Arlington, VA	Medicaid Managed Care Summit	895	22328/53328
Wadsworth, Susan	St Louis, MO	2016 Medicaid Enterprise Systems Conference	472	22328/53328
Washington, Jennifer	San Francisco, CA	2016 EEOC Excel Training Conference	2,670	22328/53328
Washington, Jennifer	Destin, FL	Techinal Assistance Program Seminar	1,215	22328/53328
Washington, Otis	Baltimore, MD	Natl Assc Medicaid Program Integrity Conference	757	22328/53328
Westerfield, Matt	Destin, FL	Southern Public Relations Federation Conference	952	22328/53328

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2019**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2017 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
Williams, Barbara	National Harbor, MD	NIGP Annual Forum	2,179	22328/53328
Williams, Mildred	Washington DC	2016 HCBS Conference	2,364	22328/53328
Wilson, Nathan	Denver & St Estes, CO	2016 Employee Engagement Conf/Site Visit	2,510	22328/53328
Windham, Bonlitha	Atlanta, GA	CMS Regional PASRR Training	1,610	22328/53328
Windham, Bonlitha	Memphis, TN	OSCR of Youth Villages	360	22328/53328
Windham, Bonlitha	Columbus, OH	PASRR Conference	1,434	22328/53328
Woodard, Gwen	Louisville, KY	32nd DEC Annual Conference	1,457	22328/53328
Woodard, Gwen	Washington DC	NFPRHA Conference	289	22328/53328
Wynter, Brian	Metairie, LA	Cisco Hyperflex Workshop	334	22328/53328
Wynter, Brian	Atlanta, GA	Microsoft Technical Education Conference	2,412	22328/53328
Young, Dorthy	Arlington, VA	10th Medicaid Managed Care Summit	879	22328/53328
Young, Tamiko	Baltimore, MD	Natl Asse Medicaid Program Integrity Conference	1,375	22328/53328
Total Out of State Cost			\$ 162,066	

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
61600000 Inter-Agency Fees					
AUDITOR'S OFFICE/Inter-Agency Fees <i>Comp. Rate: 27.083 per month</i>			325,000	325,000	22328/53328
DEPARTMENT OF EDUCATION/Inter-Agency Fees <i>Comp. Rate: 1.612,542 per quarter</i>		6,450,169	5,000,000	5,000,000	22328/53328
DEPARTMENT OF EMPLOYMENT SECURITY/Inter-Agency <i>Comp. Rate: 44,912 semi annually</i>		89,824	90,000	100,000	22328/53328
DEPARTMENT OF FINANCE AND ADMIN/Inter-Agency Fees <i>Comp. Rate: 50.184 per month</i>		602,206	750,500	750,500	22328/53328
DEPARTMENT OF HEALTH/Inter-Agency Fees <i>Comp. Rate: 200,963 per quarter</i>		3,803,853	3,000,000	3,000,000	22328/53328
DEPARTMENT OF HUMAN SERVICES/Inter-Agency Fees <i>Comp. Rate: 112.357 per month</i>		1,348,289	1,300,000		22328/53328
DEPARTMENT OF MENTAL HEALTH/Inter-Agency Fees <i>Comp. Rate: 493.801 per quarter</i>		1,975,206	1,785,823	885,823	22328/53328
DEPT OF REHABILITATION SERVICES/Inter-Agency Fees <i>Comp. Rate: 45,384 per month</i>		544,606	800,000	550,000	22328/53328
HUDSPETH REGIONAL CENTER/Inter-Agency Fees <i>Comp. Rate: 49,689 per month</i>		596,268	250,000		22328/53328
Total 61600000 Inter-Agency Fees		15,410,421	13,301,323	10,611,323	
61660000 Accounting & Financial Services					
ANTHONY KEITH HEARTSILL/Accounting and Financial <i>Comp. Rate: 150 per hour</i>		300,777			22328/53328
CORNERSTONE HEALTHCARE FINANCIAL <i>Comp. Rate: 150 per hour</i>			327,000	327,000	22328/53328
ENVISION ACCOUNTING LLC/GARY OWENS/Accounting and <i>Comp. Rate: 50 per hour</i>		82,150	62,000	62,000	22328/53328
MARIANNE YVONNE MURRAY/Accounting and Financial <i>Comp. Rate: 110 per hour</i>		44,550	74,000	74,000	22328/53328
MYERS & STAUFFER LC/Accounting and Financial Services <i>Comp. Rate: 135 per hour</i>		2,747,562	3,012,500	3,035,000	22328/53328
STROHM & ASSOCIATES, INC/Accounting and Financial <i>Comp. Rate: 100 per hour</i>		6,545	10,000	10,000	22328/53328
Total 61660000 Accounting & Financial Services		3,181,584	3,485,500	3,508,000	
61670000 Legal & Related Services					
BALCH & BINGHAM LLP/Legal and Related Services <i>Comp. Rate: 187 per hour</i>		8,476	20,000	10,000	22328/53328
GILCHRIST DONNELL PLLC/Legal and Related Services <i>Comp. Rate: 213 per hour</i>		3,871	250,000		22328/53328
PHELPS DUNBAR LLP/Legal and Related Services <i>Comp. Rate: 2,372 per consult</i>		4,745			22328/53328
PURDIE & METZ PLLC/Legal and Related Services <i>Comp. Rate: 113 per hour</i>		558,286	750,000	750,000	22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
STEGALL EARL/STEGALL NOTARY/Legal and Related Services					
<i>Comp. Rate: 286 total service</i>		286	350	300	22328/53328
WOOTTON AMANDA/Legal and Related Services					
<i>Comp. Rate: 500 per hour</i>		5,884	43,000	43,000	22328/53328
Total 61670000 Legal & Related Services		581,548	1,063,350	803,300	
61680000 Medical Services					
ASCEND MANAGEMENT INNOVATIONS/Medical Services					
<i>Comp. Rate: 64,000 per month</i>		844,532	630,000	630,000	22328/53328
DATAMETRIX/Medical Services					
<i>Comp. Rate: 20,833 per month</i>			250,000	275,000	22328/53328
DENTAL LIFELINE NETWORK/Medical Services					
<i>Comp. Rate: 3,805 per month</i>		59,656	60,213	72,256	22328/53328
EQHEALTH SOLUTIONS INC/Medical Services					
<i>Comp. Rate: 380,000 per month</i>		5,053,754	5,067,595	5,144,583	22328/53328
FAIR HEALTH INC/Medical Services					
<i>Comp. Rate: 476 total cost</i>		476	600	750	22328/53328
HEALTH MANAGEMENT SYSTEMS/Medical Services					
<i>Comp. Rate: 203.936 per month</i>		2,682,214	2,000,000	1,800,000	22328/53328
HUGHES & ASSOCIATES INC/Medical Services					
<i>Comp. Rate: 513 per hour</i>		75,510	199,999	199,999	22328/53328
JUDITH P CLARK/Medical Services					
<i>Comp. Rate: 100 per hour</i>		40,500			22328/53328
MCCOMB MARK A/Medical Services					
<i>Comp. Rate: 150 per hour</i>		13,875			22328/53328
MEA DRUG TESTING CONSORTIUM/Medical Services					
<i>Comp. Rate: 295 total cost</i>		295	500	500	22328/53328
MERCER HEALTH & BENEFITS LLC/Medical Services					
<i>Comp. Rate: 21,500 per month</i>		270,733	174,000	174,000	22328/53328
STATE OF VT/Medical Services					
<i>Comp. Rate: 20,000 total cost</i>			20,000	20,000	22328/53328
UNIV OF MS - SCHOOL OF PHARMACY/Medical Services					
<i>Comp. Rate: 127.47 per hour</i>		272,231	743,181	743,181	22328/53328
UNIV OF MS MEDICAL CENTER/Medical Services					
<i>Comp. Rate: 18.75 per hour</i>		2,217,685	989,720	89,720	22328/53328
UNIV OF MS OFFICE OF OUTREACH OPERATIONS/Medical					
<i>Comp. Rate: 9,251.30 per month</i>		111,016			22328/53328
UNIVERSITY OF MS P O BOX 1848/Medical Services					
<i>Comp. Rate: 55.82 per hour</i>		116,109			22328/53328
Total 61680000 Medical Services		11,758,586	10,135,808	9,149,989	
61665000 Investment Managers & Actuary Services					
MILLIMAN, INC/Investment Managers and Actuary Services					
<i>Comp. Rate: 110,000 per month</i>		1,374,425	4,854,000	4,704,000	22328/53328
Total 61665000 Investment Managers & Actuary Services		1,374,425	4,854,000	4,704,000	

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
61696000 Professional Fees & Services - Travel no 1099					
ALL JEFFREY/Professional Fees <i>Comp. Rate: 6.42 per meeting</i>		39			22328/53328
ANTHONY KEITH HEARTSILL/Professional Fees <i>Comp. Rate: 316.45 per trip</i>		633			22328/53328
CONDUENT STATE HEALTHCARE LLC/Professional Fees <i>Comp. Rate: 649.41 per trip</i>		2,871			22328/53328
DAVIS LOGAN/Professional Fees <i>Comp. Rate: 54 per meeting</i>		322			22328/53328
DE L'EPPE DEAF CENTER INC/Professional Fees <i>Comp. Rate: 97.74 per trip</i>		195			22328/53328
GANDY-GLAZE, JUANICE/Professional Fees <i>Comp. Rate: 48.84 per trip</i>		293			22328/53328
HARNESS JR MD DURWARD STANLEY/Professional Fees <i>Comp. Rate: 3.23 per meeting</i>		13			22328/53328
HUBBLE ANTOINETTE M/Professional Fees <i>Comp. Rate: 42.46 per trip</i>		340			22328/53328
MCINTOSH CHERISE/Professional Fees <i>Comp. Rate: 8.56 per trip</i>		17			22328/53328
MESSER, ALICE/Professional Fees <i>Comp. Rate: 3.76 per trip</i>		22			22328/53328
NATIONAL ASSN OF HEARING OFFICIALS/Professional Fees <i>Comp. Rate: 84 per month</i>			1,000	1,000	22328/53328
RICKS, JANET L/Professional Fees <i>Comp. Rate: 19.32 per trip</i>		116			22328/53328
SIMMONS WINNIE SUEH/Professional Fees <i>Comp. Rate: 70.95 per trip</i>		284			22328/53328
STEVEN V DANCER/Professional Fees <i>Comp. Rate: 8.10 per meeting</i>		16			22328/53328
STINGLEY TOMMIE LEE JR/Professional Fees <i>Comp. Rate: 3.78 per trip</i>		8			22328/53328
STROHM & ASSOCIATES, INC./Professional Fees <i>Comp. Rate: 41.36 per trip</i>		83	85	170	22328/53328
TAYLOR III, JAMES L/Professional Fees <i>Comp. Rate: 100.51 per trip</i>		402			22328/53328
WALES PEARL/Professional Fees <i>Comp. Rate: 18.28 per trip</i>		146			22328/53328
WALLEY MARETTA MCLEOD/Professional Fees <i>Comp. Rate: 81.70 per meeting</i>		327			22328/53328
WHITTEN GROUP PA/Professional Fees <i>Comp. Rate: 139.30 per trip</i>		557	500	500	22328/53328
Total 61696000 Professional Fees & Services - Travel no 1099		6,684	1,585	1,670	

61610000 Contract Worker Payroll - EFT

ABERNATHY, SAMANTHA/Contract Worker

Comp. Rate: \$11.44/hour

11,217

22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
ADKINS, JONELLE/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		11,906			22328/53328
ALBRITTON, KATHRYN/Contract Worker <i>Comp. Rate: \$35.00/hour</i>		24,150			22328/53328
ALEXANDER, JALESSA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		366			22328/53328
ANDERSON, SANDRA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		10,513			22328/53328
ANTHONY, LEAH/Contract Worker <i>Comp. Rate: \$19.76/hour</i>		22,754			22328/53328
BANKS-GAINES, PAMELA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		21,644			22328/53328
BARNES, DAVID/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		2,917			22328/53328
BATTISTE, WALTONI/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		7,052			22328/53328
BELL, DONNELL/Contract Worker <i>Comp. Rate: \$19.13/hour</i>		11,325			22328/53328
BENSON, RAVEN/Contract Worker <i>Comp. Rate: \$12.16/hour</i>		14,659			22328/53328
BLOODSAW, TEDDY/Contract Worker <i>Comp. Rate: \$15.01/hour</i>		27,174			22328/53328
BOBBETT, LASHAUNDA/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		5,599			22328/53328
BREWER, SAMANTHA/Contract Worker <i>Comp. Rate: \$11.69/hour</i>		2,793			22328/53328
BROOKS, LASHONDRA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		15,646			22328/53328
BROWN, BEVERLY/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		16,386			22328/53328
BROWN, CINDY/Contract Worker <i>Comp. Rate: \$19.73/hour</i>		15,784			22328/53328
BROWN, TORREY/Contract Worker <i>Comp. Rate: \$12.09/hour</i>		15,366			22328/53328
BULLARD, MITCHELL/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		13,560			22328/53328
BURKETT, ANDRIAL/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		16,309			22328/53328
BURKS, BRITTANY/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		4,325			22328/53328
CAILLOUET, AILEEN/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		4,306			22328/53328
CARTER, SUSIE/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		15,913			22328/53328
CHAPMAN, BELINDA/Contract Worker <i>Comp. Rate: \$14.61/hour</i>		27,321			22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
CLARK, ANGELA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		10,382			22328/53328
CLARK, JOHNESE/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		13,172			22328/53328
CLUNE, JENNIFER/Contract Worker <i>Comp. Rate: \$60.00/hour</i>		63,855			22328/53328
COLLIER, PATRICIA/Contract Worker <i>Comp. Rate: \$18.14/hour</i>		23,237			22328/53328
CONGIOUS, NORCASHA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		24,887			22328/53328
CORBETT, AUTUMN/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		12,813			22328/53328
COX, RICHARD/Contract Worker <i>Comp. Rate: \$17.86/hour</i>		23,673			22328/53328
CROCKER, MARY/Contract Worker <i>Comp. Rate: \$14.61/hour</i>		28,434			22328/53328
DALE, KEUNDRA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		7,995			22328/53328
DAMPIER, NANCY/Contract Worker <i>Comp. Rate: \$13.29/hour</i>		8,120			22328/53328
DANIELS, TINA/Contract Worker <i>Comp. Rate: \$19.76/hour</i>		18,505			22328/53328
DAVIDSON, LINDA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		23,926			22328/53328
DAVIS, MARILYNN/Contract Worker <i>Comp. Rate: \$12.00/hour</i>		6,570			22328/53328
DAVIS, MARY/Contract Worker <i>Comp. Rate: \$13.29/hour</i>		11,742			22328/53328
DEAN, SARAH/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		17,904			22328/53328
DENNERY, CHARLA/Contract Worker <i>Comp. Rate: \$19.20/hour</i>		35,587			22328/53328
DONAHO, DARBY/Contract Worker <i>Comp. Rate: \$13.29/hour</i>		1,488			22328/53328
DOSS, WILLIAM/Contract Worker <i>Comp. Rate: \$50.00/hour</i>		49,925			22328/53328
DOZIER, WHITNEY/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		17,818			22328/53328
DUMAS, TERRANCE/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		8,071			22328/53328
DURHAM, JOHN/Contract Worker <i>Comp. Rate: \$20.00/hour</i>		38,200			22328/53328
ELLIS, NICOLE/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		20,308			22328/53328
ESTEES, BRAD/Contract Worker <i>Comp. Rate: \$55.00/hour</i>		88,517			22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
FIELDS, PRISCILLA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		1,384			22328/53328
FISHER, TEKESHA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		16,491			22328/53328
FLOWERS, CANDACE/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		19,368			22328/53328
FLOWERS, CHANDRA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		1,144			22328/53328
FLOWERS, EMMA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		22,766			22328/53328
FREDERICK, SHAWONA/Contract Worker <i>Comp. Rate: \$17.39/hour</i>		9,869			22328/53328
FRICKE, CHERYL/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		17,446			22328/53328
FULLER, BRIANNA/Contract Worker <i>Comp. Rate: \$17.97/hour</i>		27,046			22328/53328
GILL, SELENA/Contract Worker <i>Comp. Rate: \$15.31/hour</i>		17,797			22328/53328
GIPSON, STEPHANIE/Contract Worker <i>Comp. Rate: \$18.83/hour</i>		1,648			22328/53328
GORE, MARTHA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		13,579			22328/53328
GRAEBER, ANNE/Contract Worker <i>Comp. Rate: \$30.34/hour</i>		31,068			22328/53328
GRAHAM, TIFFANY/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		8,488			22328/53328
GRAVES, SARAH/Contract Worker <i>Comp. Rate: \$18.68/hour</i>		24,331			22328/53328
GREEN, ANGELA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		13,286			22328/53328
GREEN, DACIA/Contract Worker <i>Comp. Rate: \$12.16/hour</i>		5,776			22328/53328
GREEN, SHAKARMA/Contract Worker <i>Comp. Rate: \$21.00/hour</i>		38,041			22328/53328
GRIFFIN, CECILIA/Contract Worker <i>Comp. Rate: \$25.24/hour</i>		28,723			22328/53328
GRIGSBY, NORMANIKIA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		20,146			22328/53328
HAMPTON, BRANDI/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		7,688			22328/53328
HAND, SAMANTHA/Contract Worker <i>Comp. Rate: \$15.65/hour</i>		7,895			22328/53328
HARRISON, SALLY/Contract Worker <i>Comp. Rate: \$55.00/hour</i>		93,535			22328/53328
HARVEY, KIMBERLY/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		16,192			22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
HENRY, JAMES/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		11,181			22328/53328
HENRY, VALERIE/Contract Worker <i>Comp. Rate: \$27.58/hour</i>		27,883			22328/53328
HENSON, HAILEY/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		5,877			22328/53328
HILL, KALYN/Contract Worker <i>Comp. Rate: \$13.29/hour</i>		2,744			22328/53328
HILL, TIMOTHY/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		11,097			22328/53328
HOGSETT, LESIA/Contract Worker <i>Comp. Rate: \$13.29/hour</i>		8,007			22328/53328
HOLMES, JASMINE/Contract Worker <i>Comp. Rate: \$17.39/hour</i>		23,981			22328/53328
HOWARD, RAMSEY/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		12,320			22328/53328
HUMPHRIES, CHERIE/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		4,461			22328/53328
INGRAM, NIKITA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		7,093			22328/53328
JACKSON, ALEX/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		3,919			22328/53328
JEFFERSON, ALICE/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		19,733			22328/53328
JENKINS, FRANK/Contract Worker <i>Comp. Rate: \$12.09/hour</i>		23,001			22328/53328
JENKINS, JOHNNY/Contract Worker <i>Comp. Rate: \$12.09/hour</i>		7,266			22328/53328
JENKINS, MELVIN/Contract Worker <i>Comp. Rate: \$45.00/hour</i>		85,970			22328/53328
JOHNSON, FLORA/Contract Worker <i>Comp. Rate: \$17.39/hour</i>		28,381			22328/53328
JOHNSON, NAOMI/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		406			22328/53328
JONES, LEIGH/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		14,067			22328/53328
KING, NEDRA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		3,901			22328/53328
KIRKLAND, AMY/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		14,170			22328/53328
LINDSAY, BRENITA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		22,417			22328/53328
LOVE, JAKAYLA/Contract Worker <i>Comp. Rate: \$17.39/hour</i>		24,842			22328/53328
LOVE, RODERICK/Contract Worker <i>Comp. Rate: \$17.86/hour</i>		30,621			22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
MAGEE, NINA/Contract Worker <i>Comp. Rate: \$14.61/hour</i>		17,773			22328/53328
MAISEL, NICHOLAS/Contract Worker <i>Comp. Rate: \$55.00/hour</i>		100,920			22328/53328
MASSEY, ALEETA/Contract Worker <i>Comp. Rate: \$80.00/hour</i>		106,920			22328/53328
MATTHES, FREDERICK/Contract Worker <i>Comp. Rate: \$52.00/hour</i>		52,286			22328/53328
MAY, EVELYN/Contract Worker <i>Comp. Rate: \$40.00/hour</i>		41,700			22328/53328
MCCORMICK, EDDIE/Contract Worker <i>Comp. Rate: \$33.00/hour</i>		37,812			22328/53328
MCGLOSTER, BRENDA/Contract Worker <i>Comp. Rate: \$13.68/hour</i>		2,127			22328/53328
MCGLOTHLIN, COURTNI/Contract Worker <i>Comp. Rate: \$19.83/hour</i>		1,190			22328/53328
MERWIN, KATHERINE/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		1,081			22328/53328
MIRANNE, LAURA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		2,226			22328/53328
MITCHELL, BRENDA/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		2,812			22328/53328
MITCHELL, HEATHER/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		12,447			22328/53328
MIZE, CHERYL/Contract Worker <i>Comp. Rate: \$55.00/hour</i>		103,030			22328/53328
MORRIS, MATTIE/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		12,235			22328/53328
MOUNGER, WILLIAM/Contract Worker <i>Comp. Rate: \$80.00/hour</i>		22,480			22328/53328
NEWBERN, APRIL/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		15,461			22328/53328
NORSWORTHY, BRANDON/Contract Worker <i>Comp. Rate: \$17.39/hour</i>		13,112			22328/53328
OSHINSKY, STEPHEN/Contract Worker <i>Comp. Rate: \$65.00/hour</i>		110,720			22328/53328
OTIS, MINNIE/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		8,987			22328/53328
OWENS, RONNA/Contract Worker <i>Comp. Rate: \$50.00/hour</i>		49,075			22328/53328
PAGE, TANISHA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		16,805			22328/53328
PARKER, BARBARA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		1,501			22328/53328
PATTERSON, WINTER/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		17,681			22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
PAYNE, CRYSTAL/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		15,375			22328/53328
PLUNKETT, CHARLES/Contract Worker <i>Comp. Rate: \$20.00/hour</i>		1,210			22328/53328
PORTIS, AMELIA/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		326			22328/53328
POTAPOVA, EKATERINA/Contract Worker <i>Comp. Rate: \$17.39/hour</i>		23,563			22328/53328
PROCTOR, ADRIAN/Contract Worker <i>Comp. Rate: \$17.45/hour</i>		3,281			22328/53328
Projected SPAHRS Payroll/Contract Workers/Contract Worker <i>Comp. Rate: Projected amount</i>			1,920,800	2,234,800	22328/53328
REED, STACIAN/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		16,805			22328/53328
REYNOLDS, AMY/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		2,461			22328/53328
SCHMEGEL, WILLIAM/Contract Worker <i>Comp. Rate: \$15.65/hour</i>		5,916			22328/53328
SCOGGINS, HALI/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		6,659			22328/53328
SHANNON, KIMBERLY/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		15,786			22328/53328
SHARPE, MARY/Contract Worker <i>Comp. Rate: \$13.29/hour</i>		944			22328/53328
SHAVERS, TAWANA/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		18,383			22328/53328
SHELBY, MANTRELL/Contract Worker <i>Comp. Rate: \$12.09/hour</i>		25,147			22328/53328
SIKES, MISTY/Contract Worker <i>Comp. Rate: \$25.24/hour</i>		36,421			22328/53328
SMITH, BRIAN/Contract Worker <i>Comp. Rate: \$50.00/hour</i>		6,150			22328/53328
SMITH, TRINA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		17,063			22328/53328
STAFFORD, TONYA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		22,680			22328/53328
STEELE, CHASSITY/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		3,943			22328/53328
STRACENER, ANNAH/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		830			22328/53328
STRINGFELLOW, DEBORAH/Contract Worker <i>Comp. Rate: \$16.49/hour</i>		31,185			22328/53328
TERRACIANO, BRANDI/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		10,179			22328/53328
THOMPSON, DWAYNE/Contract Worker <i>Comp. Rate: \$19.13/hour</i>		22,487			22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
TILLMAN, QUASHANNA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		17,486			22328/53328
TORREY, MEGAN/Contract Worker <i>Comp. Rate: \$13.29/hour</i>		10,971			22328/53328
TUCKER, FRANCHETTA/Contract Worker <i>Comp. Rate: \$10.19/hour</i>		2,038			22328/53328
TYSON, JESSICA/Contract Worker <i>Comp. Rate: \$22.46/hour</i>		31,702			22328/53328
WALKER, SARAH/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		92			22328/53328
WALTON, YOLANDA/Contract Worker <i>Comp. Rate: \$17.39/hour</i>		2,226			22328/53328
WASHINGTON, ALVIN/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		6,017			22328/53328
WASHINGTON, MYISHA/Contract Worker <i>Comp. Rate: \$12.17/hour</i>		22,034			22328/53328
WHITE, GLORIA/Contract Worker <i>Comp. Rate: \$14.40/hour</i>		13,010			22328/53328
WILLIAMS, ANNA/Contract Worker <i>Comp. Rate: \$11.07/hour</i>		941			22328/53328
WILLIAMS, BETTY/Contract Worker <i>Comp. Rate: \$50.00/hour</i>		51,725			22328/53328
WILLIAMS, GLORIA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		8,243			22328/53328
WILLIAMS, JERRIE/Contract Worker <i>Comp. Rate: \$11.44/hour</i>		17,377			22328/53328
WILLIAMS, JUSTIN/Contract Worker <i>Comp. Rate: \$12.09/hour</i>		23,219			22328/53328
WOMACK, FRANCES/Contract Worker <i>Comp. Rate: \$17.33/hour</i>		18,322			22328/53328
WOODS, PAM/Contract Worker <i>Comp. Rate: \$45.00/hour</i>		72,067			22328/53328
WRAY, RACHAEL/Contract Worker <i>Comp. Rate: \$16.00/hour</i>		19,272			22328/53328
YOUNG, ELIZABETH/Contract Worker <i>Comp. Rate: \$27.58/hour</i>		41,053			22328/53328
YOUNG, MARY/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		2,137			22328/53328
YOUNG-DALE, KEUNDRA/Contract Worker <i>Comp. Rate: \$12.72/hour</i>		1,526			22328/53328
Total 61610000 Contract Worker Payroll - EFT		3,109,792	1,920,800	2,234,800	

61625000 Contract Worker Payroll Matching - EFT
SPAHRS/SPAHRS

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
<i>Comp. Rate: 25.027 per month</i>		300,319	219,463	241,763	22328/53328
Total 61625000 Contract Worker Payroll Matching - EFT		300,319	219,463	241,763	
61690000 Fees and Services					
4IMPRINT INC/Fees					
<i>Comp. Rate: 160 total print job</i>		160	150	150	22328/53328
ACS LENDING/Fees					
<i>Comp. Rate: 5.793.720 per month</i>			69,524,649	70,418,393	22328/53328
ARC OF MISSISSIPPI/Fees					
<i>Comp. Rate: 90 per hour</i>		145,597	57,500		22328/53328
BACKSCANNING/Fees					
<i>Comp. Rate: 427.988 per month</i>			5,135,852	5,135,852	22328/53328
BARLOW PATRICIA M/Fees					
<i>Comp. Rate: 75 per hour</i>		5,662			22328/53328
BELL JAMES D/Fees					
<i>Comp. Rate: 225 per hour</i>		18,888	72,000	72,000	22328/53328
BFAC/Fees					
<i>Comp. Rate: 208 per month</i>			2,500	3,000	22328/53328
BUSINESS INTERIORS INC/Fees					
<i>Comp. Rate: 250 total cost</i>		250			22328/53328
CABOT LODGE - MILLSAPS/Fees					
<i>Comp. Rate: 3.000 total cost</i>			3,000	3,000	22328/53328
CAMBRIA SOLUTIONS INC/Fees					
<i>Comp. Rate: 12.508 total consult</i>		21,995	2,899,833	2,899,833	22328/53328
CENTRAL MS PLANNING & DEV DIST/Fees					
<i>Comp. Rate: 60 per worker</i>		84,000	15,000		22328/53328
CHANGE HEALTHCARE PHARMACY SOLUTIONS INC(FKA					
<i>Comp. Rate: 235.020 per month</i>		3,008,243	2,247,222	2,247,222	22328/53328
CHANGE MANAGEMENT/Fees					
<i>Comp. Rate: 525.000 per month</i>			6,000,000	6,300,000	22328/53328
CIBER/Fees					
<i>Comp. Rate: 258.833 per month</i>			310,000	320,000	22328/53328
CLEAR (ONENOTE)/Fees					
<i>Comp. Rate: 3.000 total cost</i>			3,000	3,000	22328/53328
COMMON WEB PORTAL INTEGRATOR/Fees					
<i>Comp. Rate: 266.667 per month</i>			4,625,000	3,200,000	22328/53328
CONDUENT IMAGE SOLUTIONS INC/Fees					
<i>Comp. Rate: 31 total cost</i>		31			22328/53328
CONDUENT STATE HEALTHCARE LLC/Fees					
<i>Comp. Rate: 1.603 total cost</i>		49,914,352			22328/53328
CTS MEDICARE & MEDICAID SRVS DIVISION OF					
<i>Comp. Rate: 9.056 per month</i>		108,672	175,000	175,000	22328/53328
DALLAS PRINTING INC HARVEY DALLAS PRINTING &					
<i>Comp. Rate: 6.237 per month</i>		89,840	105,447	107,447	22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
DATA HUB/Fees <i>Comp. Rate: 175,000 per month</i>			630,000	2,100,000	22328/53328
DE L'EPEE DEAF CENTER INC/Fees <i>Comp. Rate: 47 per hour</i>		623	33,000	34,000	22328/53328
DECISIONWISE,LLC/Fees <i>Comp. Rate: 6,700 total cost</i>		6,700			22328/53328
DEPT OF HOMELAND SECURITY/Fees <i>Comp. Rate: total cost</i>			500	700	22328/53328
DHS SYSTEM CHANGES/Fees <i>Comp. Rate: 50,000 per month</i>			840,000	600,000	22328/53328
DS WATERS OF AMERICA INC KENTWOOD SPRINGS/Fees <i>Comp. Rate: 750 per service</i>		750	750	750	22328/53328
DSS/DW REPLACEMENT/Fees <i>Comp. Rate: 568,750 per month</i>			6,500,000	6,825,000	22328/53328
DUR BOARD MEETING TRAVEL/Fees <i>Comp. Rate: total cost</i>			4,000	4,000	22328/53328
EAST CENTRAL PLANNING & DEVELOPMENT DISTRICT <i>Comp. Rate: 21,900 total cost</i>		44,860	12,500		22328/53328
ELTSS/Fees <i>Comp. Rate: 206,250 per month</i>			2,475,000	3,300,000	22328/53328
ENCOUNTER REPORTING / VALIDATION SERVICE/Fees <i>Comp. Rate: 393,750 per month</i>			4,500,000	4,725,000	22328/53328
ENTERPRISE SERVICES LLC/Fees <i>Comp. Rate: 65.815 total cost</i>		65,815			22328/53328
ENTERPRISE SOLUTIONS/Fees <i>Comp. Rate: 986,800 per month</i>			11,841,400	20,344,310	22328/53328
FEI COM INC/Fees <i>Comp. Rate: 402,866 per month</i>		5,233,196	1,700,000		22328/53328
FLEETCOR TECHNOLOGIES INC/Fees <i>Comp. Rate: total cost</i>			100	100	22328/53328
FRAUD AND ABUSE MODULE/Fees <i>Comp. Rate: 554,867 per month</i>			6,658,400	6,658,400	22328/53328
FRESH CUT CATERING & FLORAL/Fees <i>Comp. Rate: 200 total order</i>		200			22328/53328
FRESH CUT INC/Fees <i>Comp. Rate: 300 total order</i>		300	500	500	22328/53328
GLOBAL INFORMATION SERVICES/Fees <i>Comp. Rate: 26,667 per month</i>			320,000	330,000	22328/53328
GOLDEN TRIANGLE PLANNING & DEVELOPMENT <i>Comp. Rate: 60 per worker</i>		29,600	18,500		22328/53328
GORDON AND ASSOCIATES/Fees <i>Comp. Rate: 90 per hour</i>			50,000	50,000	22328/53328
HIE MSHIN PARTICIPATION AGREEMENT/Fees <i>Comp. Rate: 25,000 per month</i>			300,000	300,000	22328/53328
HIE/Fees <i>Comp. Rate: 149,333 per month</i>			1,792,000	2,269,000	22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
HILL EDUCATIONAL SERVICES INC/Fees <i>Comp. Rate: total cost</i>			4,000	4,000	22328/53328
HOPE BILL/LTSS MAC CENTERS/CONNECTING THE <i>Comp. Rate: 333.333 per month</i>			2,000,000	4,000,000	22328/53328
HOUSING ASSISTANCE GROUP LLC/Fees <i>Comp. Rate: 70 per hour</i>		9,814	68,000		22328/53328
HP ENTERPRISE, LLC/Fees <i>Comp. Rate: 125.833 per month</i>			1,510,000	1,630,000	22328/53328
IMANAGE LLC/Fees <i>Comp. Rate: 160.283 per month</i>			1,923,393	1,923,393	22328/53328
INTERNAL REVENUE SERVICE ACCOUNTING <i>Comp. Rate: 8,267 total cost</i>		8,267	8,500	8,500	22328/53328
INTERRAI/Fees <i>Comp. Rate: 14,583 per month</i>			175,000		22328/53328
IOP BUSINESS ANALYST/Fees <i>Comp. Rate: 17.333 per month</i>			208,000	208,000	22328/53328
IOP INTERFACES/Fees <i>Comp. Rate: 50,000 per month</i>			600,000	600,000	22328/53328
IV&V (TBD)/Fees <i>Comp. Rate: 133.333 per month</i>			1,600,000	1,600,000	22328/53328
IV&V/Fees <i>Comp. Rate: 791.667 per month</i>			9,000,000	9,500,000	22328/53328
J & R SYSTEM INTEGRATORS DBA SECURITY 101/Fees <i>Comp. Rate: 1,000 total cost</i>		1,000			22328/53328
JACKSON ZOOLOGICAL SOCIETY INC/Fees <i>Comp. Rate: 80 annual fee</i>		80			22328/53328
LANGUAGE LINE SERVICES/Fees <i>Comp. Rate: 2,900 per month</i>			35,000	35,000	22328/53328
LEGAL ASSISTANCE WITH DATA SHARING/Fees <i>Comp. Rate: 11,000 per month</i>			132,000	132,000	22328/53328
LEGAL RESOURCES/Fees <i>Comp. Rate: 11,000 per month</i>			132,000	132,000	22328/53328
LIFE WELL PROMOTIONS, LLC/Fees <i>Comp. Rate: 52.800 per consult</i>		62,800			22328/53328
LTSS/Fees <i>Comp. Rate: 341.667 per month</i>			4,100,000	4,100,000	22328/53328
MASTER DATA MANAGEMENT/Fees <i>Comp. Rate: 250,000 per month</i>			3,000,000	3,000,000	22328/53328
MEDEANALYTICS INC/Fees <i>Comp. Rate: 271.076 per month</i>		3,604,448	8,000,000	8,500,000	22328/53328
MEDICAL REVIEW OF N CAROLINA/Fees <i>Comp. Rate: 37.712 per month</i>		494,279	440,000	440,000	22328/53328
METRO COMMUNICATIONS INC MUZAK/Fees <i>Comp. Rate: 965 per year</i>		965	1,600	1,600	22328/53328
MISSISSIPPI HEALTHCARE ALLIANCE, INC./Fees <i>Comp. Rate: 24.667 total cost</i>		24,667	71,250	71,250	22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
MISSISSIPPI INTERACTIVE LLC/Fees <i>Comp. Rate: 2.717 total cost</i>		4,103	3,000	3,000	22328/53328
MITA APD & RFP SUPPORT/Fees <i>Comp. Rate: 417 per month</i>			5,000	5,000	22328/53328
MITA VENDOR WITH OPTIONAL SUPPORT/Fees <i>Comp. Rate: 166.667 per month</i>			1,000,000	2,000,000	22328/53328
MNJ TECHNOLOGIES DIRECT INC/Fees <i>Comp. Rate: total cost</i>			250	250	22328/53328
MORRIS IAN/Fees <i>Comp. Rate: 22.708 per month</i>			272,500	280,660	22328/53328
MS TRAINING INSTITUTE/Fees <i>Comp. Rate: 43.750 per month</i>			525,000		22328/53328
NATL ASSOC OF PUBLIC HEALTHSTATISTICS AND <i>Comp. Rate: 1.250 per month</i>			15,000	18,000	22328/53328
NAVIGANT CONSULTING INC/Fees <i>Comp. Rate: 20.667 per month</i>		248,000			22328/53328
NON-PROFIT INDUSTRIES INC/Fees <i>Comp. Rate: 12.030 total cost</i>		12,030	49,000		22328/53328
NORTH CENTRAL PLANNING & DEVELOPMENT <i>Comp. Rate: 11.220 total cost</i>		15,220	10,500		22328/53328
NORTH DELTA PDD/Fees <i>Comp. Rate: 60 per worker</i>		28,560	18,000		22328/53328
NORTHEAST MISSISSIPPI PDD/Fees <i>Comp. Rate: 2.112 per month</i>		25,340	18,500		22328/53328
OTHER MFP CONTRACTS/Fees <i>Comp. Rate: 3.750 per month</i>			45,000	45,000	22328/53328
P&T MEETING TRAVEL/Fees <i>Comp. Rate: total cost</i>			4,250	4,250	22328/53328
PARHAM WILLIAM D/Fees <i>Comp. Rate: 55.181 total cost</i>		61,144	64,000		22328/53328
PASSPORT HEALTH COMMUNICATIONS/Fees <i>Comp. Rate: total cost</i>			1,000	1,000	22328/53328
PMO/Fees <i>Comp. Rate: 1,008.333 per month</i>			11,472,000	12,100,000	22328/53328
PRAESSENTIA CONSULTING LLC/Fees <i>Comp. Rate: 39.610 total cost</i>		46,640	72,000	72,000	22328/53328
PRISCILLA PEARSON LCSW INC/Fees <i>Comp. Rate: 22.650 total cost</i>		24,300	30,000	30,000	22328/53328
PUBLIC CONSULTING GROUP INC/Fees <i>Comp. Rate: 41.411 per month</i>		589,933	700,000	700,000	22328/53328
RANDAZZO JOHN/Fees <i>Comp. Rate: 16.668 total cost</i>		17,294	35,000		22328/53328
RIVER ROOM HOSPITALITY LLC TABLE 100/CONFERENCE <i>Comp. Rate: total cost</i>			500	500	22328/53328
SAI GLOBAL (COMPLIANCE 360)/Fees <i>Comp. Rate: 5.371 per month</i>			64,456	38,456	22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
SAMPSON CHARLES E/Fees <i>Comp. Rate: 7.900 total cost</i>		7,900	7,000	7,000	22328/53328
SCOTT-ROBERTS AND ASSOCS LLC/Fees <i>Comp. Rate: 6.490 total cost</i>		7,005	30,000	30,000	22328/53328
SHARPE SUZANNE SMITH DBA SHARPE SOLUTIONS/Fees <i>Comp. Rate: 1.418 per month</i>		17,013	75,000	75,000	22328/53328
SLI/Fees <i>Comp. Rate: 116.250 per month</i>			1,395,000	1,395,000	22328/53328
SOFTWARE INTEGRATION SERVICES/Fees <i>Comp. Rate: 111.752 total integration</i>			111,752	111,752	22328/53328
SOUTH DELTA PDD/Fees <i>Comp. Rate: 51.120 total cost</i>		51,120	18,500		22328/53328
SOUTHERN MS PDD - GULFPORT/Fees <i>Comp. Rate: 66.540 total cost</i>		81,540	18,500		22328/53328
SOUTHWEST MS PDD BRITTON & KOONTZ FNB/Fees <i>Comp. Rate: 1.620 total cost</i>		1,620			22328/53328
SOUTHWEST MS PLANNING & DEVELOPMENT/Fees <i>Comp. Rate: 38.580 total cost</i>		44,960	18,500		22328/53328
STINGLEY TOMMIE LEE JR/Fees <i>Comp. Rate: 40.780 total cost</i>		46,293	72,000	72,000	22328/53328
SYSTEM ARCHITECT/Fees <i>Comp. Rate: 183.333 per month</i>			2,000,000	2,200,000	22328/53328
SYSTEMS INTEGRATOR/Fees <i>Comp. Rate: 225,000 per month</i>			2,500,000	2,700,000	22328/53328
TEMPSTAFF INC/Fees <i>Comp. Rate: 8.718 per month</i>		114,175	364,000	364,000	22328/53328
TERRY'S INSTALLATION & DELIVERY SERVICE INC/Fees <i>Comp. Rate: 16.130 total cost</i>		16,130	25,000	48,000	22328/53328
TEST MANAGEMENT/Fees <i>Comp. Rate: 791.667 per month</i>			9,000,000	9,500,000	22328/53328
THOMSON REUTERS-WEST/Fees <i>Comp. Rate: 2.464 per month</i>			29,564	29,564	22328/53328
THREE RIVERS PLANNING & DEVELOPMENT DISTRICT <i>Comp. Rate: 13.080 total cost</i>		17,080	18,500		22328/53328
TO BE DETERMINED (SECTION 21 OF HB1510)/Fees <i>Comp. Rate: 500,000 total cost</i>			500,000		22328/53328
TO BE DETERMINED/Fees <i>Comp. Rate: 1,166.667 per month</i>			14,000,000	14,000,000	22328/53328
UNIVERSITY OF SOUTHERN MISSISSIPPI (USM) SCHOOL <i>Comp. Rate: 20.833 per month</i>			250,000		22328/53328
UNIVERSITY OF SOUTHERN MS WORKPLACE LRNG & <i>Comp. Rate: 11.169 total cost</i>		140,027			22328/53328
WHITTEN GROUP PA/Fees <i>Comp. Rate: 5.475 per month</i>		65,697	117,700	117,700	22328/53328
WILLOW HEALTHCARE CONSULT LLC/Fees <i>Comp. Rate: 18.900 per month</i>		249,312	347,360	357,800	22328/53328

FEEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2017	(2) Estimated Expenses FY Ending June 30, 2018	(3) Requested Expenses FY Ending June 30, 2019	Fund Source
Total 61690000 Fees and Services		64,918,490	207,164,878	220,618,332	
GRAND TOTAL		100,641,849	242,146,707	251,873,177	

VEHICLE PURCHASE DETAILS

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Year	Model	Person(s) Assigned To	Vehicle Purpose/Use	Replacement Or New?	FY2019 Req. Cost
Work Vehicles					
63300100 Passenger Vehicle					
2013	Impala	DOM-Fleet	Transportation/Business Travel	Replacement	20,000
2013	Impala	DOM-Fleet	Transportation/Business	Replacement	20,000
63300100 SUV					
2012	Escape	DOM-Fleet	Transportation/Business Travel	Replacement	30,000
TOTAL					70,000
TOTAL VEHICLE REQUEST					70,000

**VEHICLE INVENTORY
AS OF JUNE 30, 2017**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Vehicle Type	Vehicle Description	Model Year	Model	Person(s) Assigned To	Purpose/Use	Tag Number	Mileage on 6-30-2017	Average Miles per Year	Replacement Proposed	
									FY2018	FY2019
W	Cargo Van	2000	Dodge	DOM-Fleet	Transportation/Business Travel	G13003	67,086	705		
P	Impala	2011	Chevrolet	DOM-Fleet	Transportation/Business Travel	G61844	143,114	17,699		
P	Escape	2012	Ford	DOM-Fleet	Transportation/Business Travel	G55768	116,875	18,323		Y
P	Impala	2013	Chevrolet	DOM-Fleet	Transportation/Business Travel	G61845	114,753	22,950		Y
P	Impala	2013	Chevrolet	DOM-Fleet	Transportation/Business Travel	G65093	106,463	25,444		Y
P	Caravan	2014	Dodge	DOM-Fleet	Transportation/Business Travel	G65044	60,360	16,740		
P	Caravan	2014	Dodge	DOM-Fleet	Transportation/Business Travel	G65045	63,093	15,236		
P	Passenger Van	2014	Chevrolet	DOM-Fleet	Transportation/Business Travel	G65111	7,224	2,605		
P	Impala	2014	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68331	76,502	24,073		
P	Traverse	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68099	73,579	27,508		
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68329	72,291	26,813		
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68330	51,530	14,811		
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G76473	14,039	7,789		
P	Escape	2016	Ford	DOM-Fleet	Transportation/Business Travel	G71839	35,286	35,286		
P	Explorer	2016	Ford	DOM-Fleet	Transportation/Business Travel	G71838	40,023	40,023		
P	Impala	2017	Chevrolet	DOM-Fleet	Transportation/Business Travel	HXZ848	345	345		

**VEHICLE POOL MEMBER LIST
2019 BUDGET REQUEST**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

David Dzielak
Keneshia Anderson
Erica Anderson
Jennifer Ashley
Shera Atterberry
Grant Banks
Vanessa Banks
Joshua Bankston
Rolonda Bates
Felita Bell
Donnell Bell
Cynthia Benton
Patricia Berry
Shanda Boarden
Jennifer Bridges
Lakila Brisby
Shayla Brooks
Cindy Brown
Tracy Buchanan
April Burns
Darryl Burse
Cheryl Cain
Nancy Chatman-Clark
Patricia Collier
Timothy Collins
Nakia Cooper
Tamatha Creel
Easter Culpepper
Janet Dantzler
Alex Dennery
Alwyn Dockins
Archie Douglas
Donna Dukes
David Dumas
Nita Durrell
Melony Easterling
Tressa Eide
Elinor Elliott
James Ervin
Stephanie Evans
Kimberly Evans
Demetrese Evans
Pamela Everett
Barbara Florence
Marlene Franklin
Rosie Frazier
Shawona Frederick
Jennifer Fulcher
Thea Gates
Gay Gipson
Tavis Goins
Jennifer Grant
Charleston Green
Penelope Hall
Kameron Harris
Sally Harrison
Louanne Holman
James Horton
Angela Howell
Joyce Hunter
Estel Jackson
Brenda Jefferson

**VEHICLE POOL MEMBER LIST
2019 BUDGET REQUEST**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Jan Jefferson
Melvin Jenkins
Frank Jenkins
Cindy Johns
Paulette Johnson
Ashley Johnson
Meisha Jones
Sharon Jones
Sheila Kearney
Pam Kelly
Cathy Kilpatrick
Janice King
Theresa King
Annie Kitchen
Fay Kitchens
Wavis Knight
Ashley Lee
Felicia Livingston
Karson Luther
Christy Lyle
Nick Maisel
Rose McClure
Eddie McCormick
Courtnie McGlothlin
Ketra McGriggs
Charlotte McNair
Andrea McNeal
Jana McNutt
Barbara McSwain-Brown
Jordan Moore
Patrick Nassar
Paul Neyman
Brandon Norsworthy
Linda Owens
Valerie Page
Sonia Palmisano
Zeddie Parker
Bernadette Parks
Mary Patrick
Adrian Proctor
Tracie Rawls
Laura Reno
Beth Roberts
Michelle Robinson
Carmen Robinson
Glenda Rogers
Rita Rutland
Kimberly Sartin-Holloway
Kendra Schrader
Shawana Scott
Tammy Shaffer
Mary Sharpe
Mantrell Shelby
Rachel Shinard
Rachael Smith
Kimberly Smith
Tanya Smith
Bianca Snowden
Noel Stafford
LaTonya Stafford
Sheila Stephens
Tanya Stevens
Kenneth Stewart
Debbie Stuart
Constance Tate

**VEHICLE POOL MEMBER LIST
2019 BUDGET REQUEST**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Delvin Taylor
Charles Terry
Teresa Thomas
Justina Thomas
Mehiya Thomas
Dwayne Thompson
Pamela Tillman
Janice Tillman
Penny Torrey-Burns
Charlene Toten
Paula Townsend
Robert Tucker
Mary Ulmer
Otis Washington
Jennifer Washington
Karen Weathersby
Matthew Westerfield
Barbara Williams
Mildred Williams
Dell Williams
Justin Williams
Christin Williams
Vanessa Wilson
Margaret Wilson
Nathan Wilson
Shereen Wilson
Pamela Wolfe
Gwendolyn Woodard
Ronnie Wooten
Brian Wynter
Tamiko Young
Dorthy Young

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2019**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
Priority # 1			
Program # 1: Administrative Services			
	BIPP Grant End	Contractual	(4,754,500)
		Totals	(4,754,500)
		Federal Funds	(4,754,500)
	Info Systems Projects	Salaries	2,355,668
		Contractual	16,441,854
		Totals	18,797,522
		General Funds	4,503,663
		Federal Funds	14,293,859
	MFP Grant	Contractual	(565,000)
		Totals	(565,000)
		Federal Funds	(565,000)
	Program Management	Salaries	4,089,746
		Travel	57,624
		Contractual	(702,280)
		Commodities	133,490
		Equipment	26,000
		Totals	3,604,580
		General Funds	1,498,239
		Federal Funds	2,106,341
	Vehicles	Vehicles	70,000
		Totals	70,000
		General Funds	35,000
		Federal Funds	35,000
Program # 2: Medical Services			
	Continuation Funding	Subsidies	47,278,738
		Totals	47,278,738
		General Funds	47,278,738
	Drug Rebates Increase	Subsidies	(30,000,000)
		Totals	(30,000,000)
		General Funds	(7,642,328)
		Federal Funds	(22,357,672)
	DSH Increase	Subsidies	3,988,175

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2019**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
		Totals	3,988,175
		Federal Funds	3,017,055
		Other Special Funds	971,120
	Enrollment Growth	Subsidies	10,117,888
		Totals	10,117,888
		General Funds	2,489,506
		Federal Funds	7,628,382
	FMAP Increase	General Funds	(32,256,282)
		Federal Funds	34,389,252
		Other Special Funds	(2,132,970)
	HIF Fee Waiver	Subsidies	42,791,231
		Totals	42,791,231
		General Funds	10,528,782
		Federal Funds	32,262,449
	HIT Provider Payments	Subsidies	(3,407,170)
		Totals	(3,407,170)
		Federal Funds	(3,407,170)
	NH/Phys UPL Decrease	Subsidies	(60,533,361)
		Totals	(60,533,361)
		Federal Funds	(45,463,687)
		Other Special Funds	(15,069,674)
	Other Special Funds Decrease	General Funds	1,045,456
		State Support Special Funds	(1,045,456)
	Premiums Parts A, B, and D	Subsidies	5,692,755
		Totals	5,692,755
		General Funds	5,014,369
		Federal Funds	678,386
	Shortage Fed'l Authorization	Subsidies	63,945,407
		Totals	63,945,407
		Federal Funds	63,945,407
	State Funded Grant Decrease	Subsidies	(2,613,529)
		Totals	(2,613,529)
		General Funds	(2,613,529)
	Unit Cost Trends		

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2019**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
		Subsidies	51,130,468
		Totals	51,130,468
		General Funds	12,580,652
		Federal Funds	38,549,816
	Utilization Trends Increase		
		Subsidies	61,938,668
		Totals	61,938,668
		General Funds	15,240,009
		Federal Funds	46,698,659
Program # 3: Childrens Health Insurance Program (CHIP)			
	HIF Fee Waiver		
		Subsidies	2,048,601
		Totals	2,048,601
		Federal Funds	2,048,601
	Increase in Medical Costs		
		Subsidies	3,575,038
		Totals	3,575,038
		Federal Funds	3,575,038
	Utilization Trends Increase		
		Subsidies	3,721,367
		Totals	3,721,367
		Federal Funds	3,721,367
Program # 4: Home & Community Based Services			
	Enrollment Growth		
		Subsidies	4,540,886
		Totals	4,540,886
		General Funds	1,117,285
		Federal Funds	3,423,601
	FMAP Increase		
		General Funds	(3,146,267)
		Federal Funds	3,146,267
	Replace BIPP Funds		
		General Funds	7,235,251
		Federal Funds	(7,235,251)
	Utilization Trends Increase		
		Subsidies	13,574,659
		Totals	13,574,659
		General Funds	3,340,045
		Federal Funds	10,234,614

Summary of 3% General Fund Program Reduction to FY 2018 Appropriated Funding by Major Object

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Major Object	FY2018 General Fund Reduction	EFFECT ON FY2018 STATE SUPPORT SPECIAL FUNDS	EFFECT ON FY2018 FEDERAL FUNDS	EFFECT ON FY2018 OTHER SPECIAL FUNDS	TOTAL 3% REDUCTIONS
SALARIES, WAGES, FRINGE	(691,293)		(1,036,940)		(1,728,233)
TRAVEL	(13,991)		(13,991)		(27,982)
CONTRACTUAL	(1,701,907)		(5,809,617)		(7,511,524)
COMMODITIES	(18,431)		(18,431)		(36,862)
OTHER THAN EQUIPMENT					
EQUIPMENT	(60,180)		(60,180)		(120,360)
VEHICLES					
WIRELESS COMM. DEVS.					
SUBSIDIES, LOANS, ETC	(23,103,940)	(1,973,467)	(130,055,583)	(15,604,505)	(170,737,495)
TOTALS	(25,589,742)	(1,973,467)	(136,994,742)	(15,604,505)	(180,162,456)