

MANAGED CARE IN MS MEDICAID

SENATE MEDICAID COMMITTEE HEARING

November 9, 2022



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Agenda

Evolution of
Medicaid
Managed Care
in Mississippi

Ensuring
Accountability and
Promoting Quality

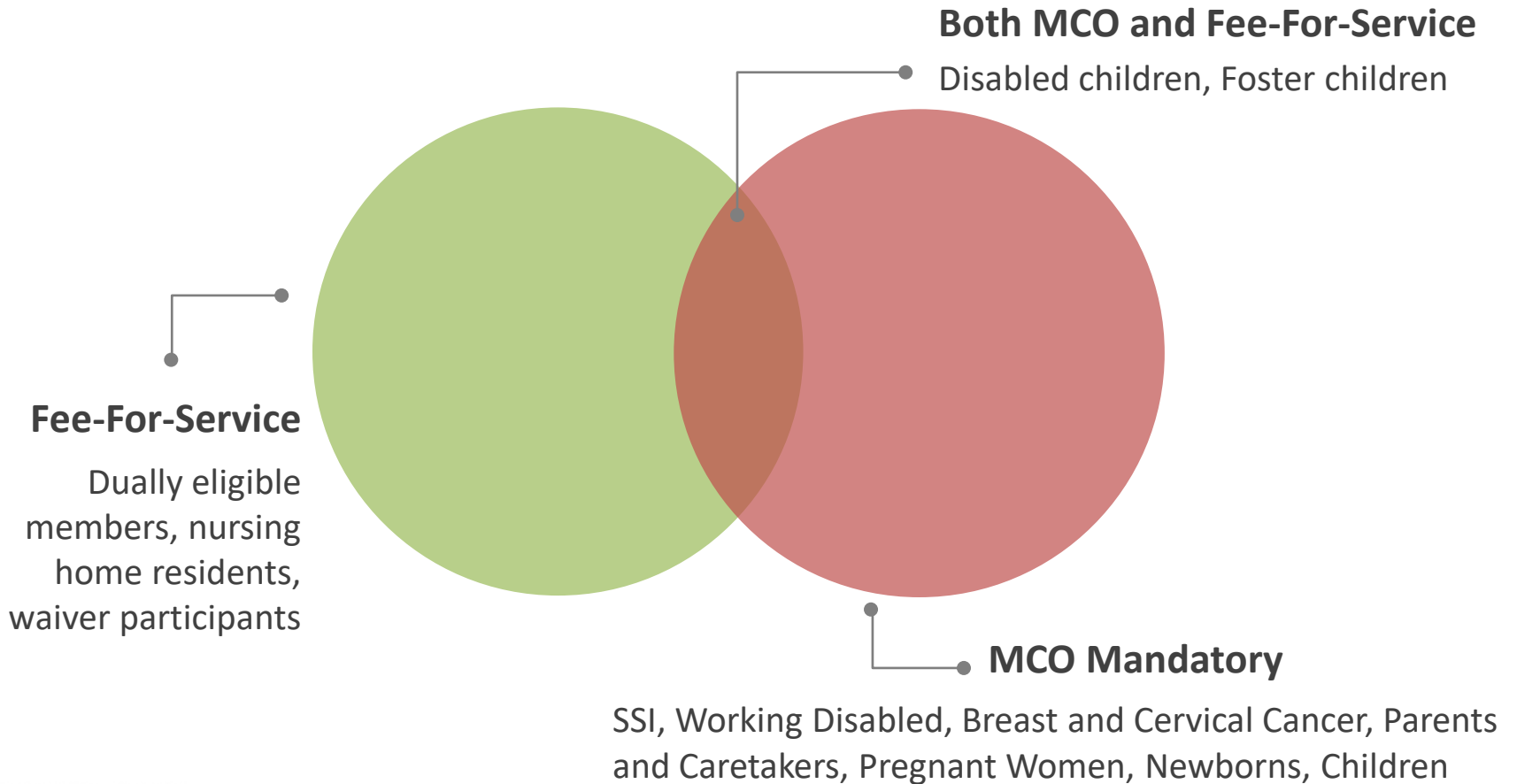
2021 Coordinated
Care Procurement

The Ideal
Medicaid Delivery
System?

Delivery Systems

Divided between MCO and Fee-for-Service

Some examples of Medicaid-eligible populations



Managed Care Evolution

1990s

During the 1990s, the state of Mississippi experimented with two approaches to bringing managed care to its Medicaid program:

- ✓ a primary care case management program (HealthMACS) and
- ✓ a traditional HMO program.

HealthMACS was initiated in 1993. By the time it came to an end in 2002, 297,916 of the state's 681,200 Medicaid recipients for FY2001 were enrolled. Although HealthMACS was deemed a success in terms of total enrollment, it never succeeded in meeting the originally envisioned goals: reduction in cost and improvement in quality of health care services for Medicaid beneficiaries.

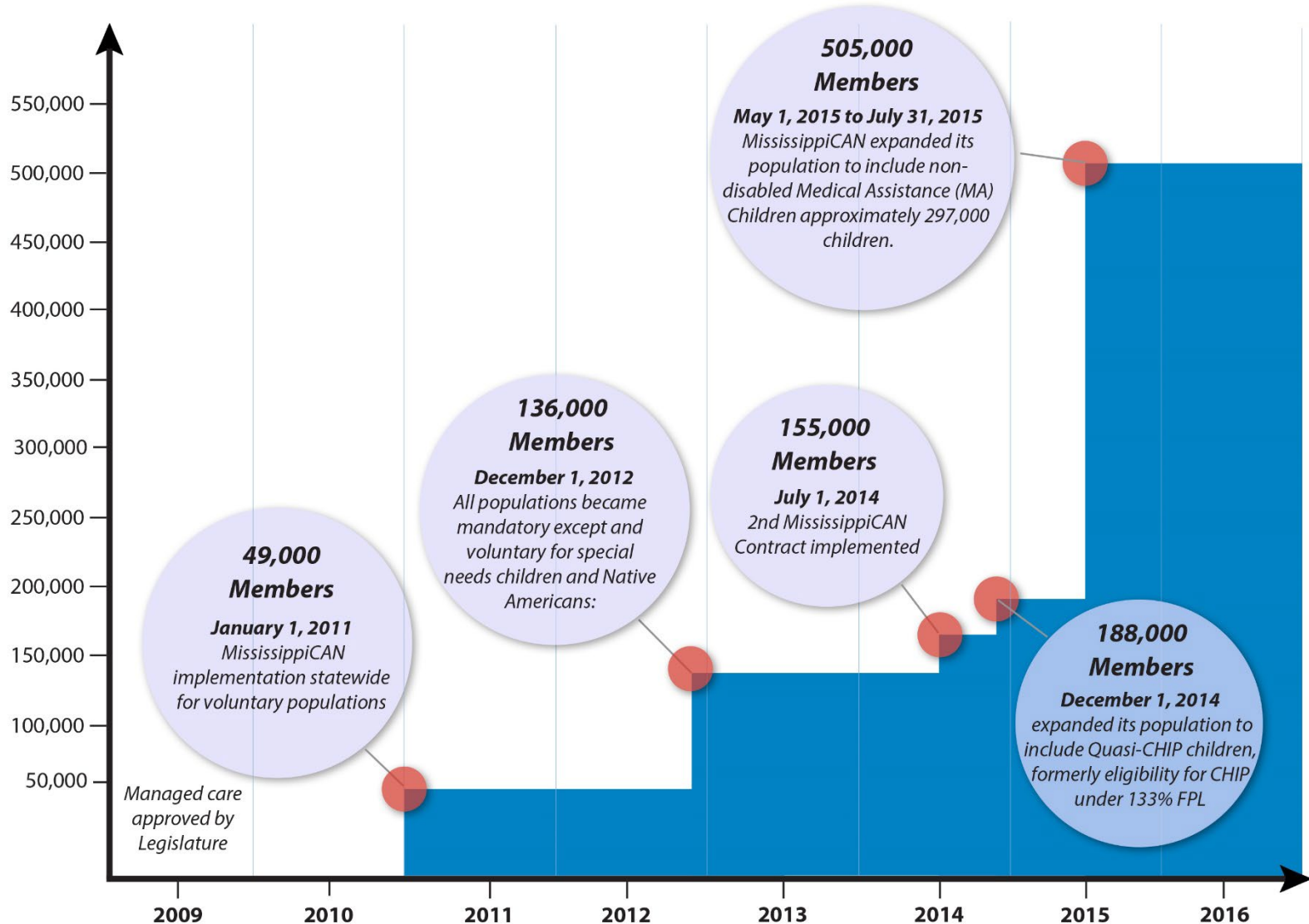
2009

Mississippi Medicaid Managed Care approved by Legislature

MississippiCAN Evolution

- January 1, 2011 (49,000 members)
 - ✓ MississippiCAN implementation statewide for voluntary populations:
 - ✓ Populations Included:
 - ✓ Supplemental Security Income (SSI)
 - ✓ Disabled Children Living at Home (DCLH)
 - ✓ Working Disabled, Breast and Cervical Cancer
 - ✓ Foster Care CWS

2011 to 2015: MCO Growth



December 2015 to Present

SERVICE CARVE-INS

- ✓ Inpatient Hospital Services
- ✓ Mississippi Youth Programs Around the Clock (MYPAC)
- ✓ Psychiatric Residential Treatment Facility Services (PRTF)

QUALITY EFFORTS

- ✓ Income Withhold
- ✓ Quality Incentive Payment Program (QIPP)
- ✓ Cash Disbursements Journal (CDJ) to Encounters Reconciliation

PHE IMPACT

- ✓ Utilization plummets
- ✓ Risk Corridor
- ✓ Initial surge in MCO membership
- ✓ Membership begins to decline as COVID-extended beneficiaries moved to FFS

Damages and Accountability

Damages

In new model contract, Remedies and Liquidated Damages were completely overhauled for both clarity and ease of enforcement. Important measures include:

- ✓ Liquidated Damages, GEN #1 – May assess up to a 1% reduction in Capitation Payments for the reporting period for failure of the contractor to meet Performance Measure targets.
- ✓ Liquidated Damages, CSB/MS #5 – May assess up to a 1% reduction in Capitation Payments for the year if the contractor is found out of compliance by more than 2% during any month of the year for failure to enroll identified members into a Care Management program.

Value-Based Purchasing

Prioritizing VBP in the next contract, attaching value directly to quality across the CCO delivery system in a consistent format.

Other Accountability Mechanisms

Current Procurement



Coordinated Care Procurement

This RFQ represents an evolution for the Division's CCO program. The Division seeks vendors who will build on the foundation established over the past decade to improve health outcomes and quality of life for Members, which will in turn lead to lower costs for the state.

Coordinated care procurement includes new requirements and provisions

- ✓ In addition to a Medical Director, CCOs must employ a Perinatal Health Director and a Behavioral Health Director — all of whom are Miss.-licensed physicians
- ✓ Procurement will provide joint administrative CCO services for both MississippiCAN and the Children's Health Insurance Program (CHIP)
- ✓ Care management partnerships — CCOs will be required to grow and invest in partnerships across different channels to have a robust referral network
- ✓ Care management requirements widely expanded to require closed-loop referrals, warm handoffs, standardized assignment of risk levels

INNOVATIONS



- Value-Based Purchasing
- Patient-Centered Medical Home



- Social Determinants of Health



- Value-Adds
- Performance Improvement Projects



- Health Literacy Campaigns



- Telehealth
- Use of Technology
- Potential Partnerships

HARNESSING THE FULL POTENTIAL OF COORDINATED CARE

With a 10-year foundation, this new procurement will lead MississippiCAN into a new era



QUALITY

- Emphasizes quality-based improvements, including approaches to performance improvement projects, value-adds, value-based purchasing, health literacy campaigns, and care management.



COLLABORATIVE INNOVATION

- Requires CCOs to propose delivery methods for quality-based initiatives. Winning vendors will be expected to collaborate with the Division to create uniform systems while providing consistency and ease of administrative burden for both providers and members.



ACCESS

- CCOs will be expected to address all barriers to access, whether those are geographic or based on Social Determinants of Health.



COMMITMENT

- Demands a true commitment to improvement of life for Mississippians, both through delivery of care, and a testament of their willingness to invest in communities through partnerships with other organizations throughout the state as well as investment in human capital.



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