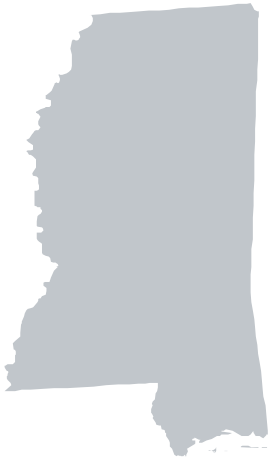
OPEN MINDS

Mississippi Health & Human Services System Market Profile

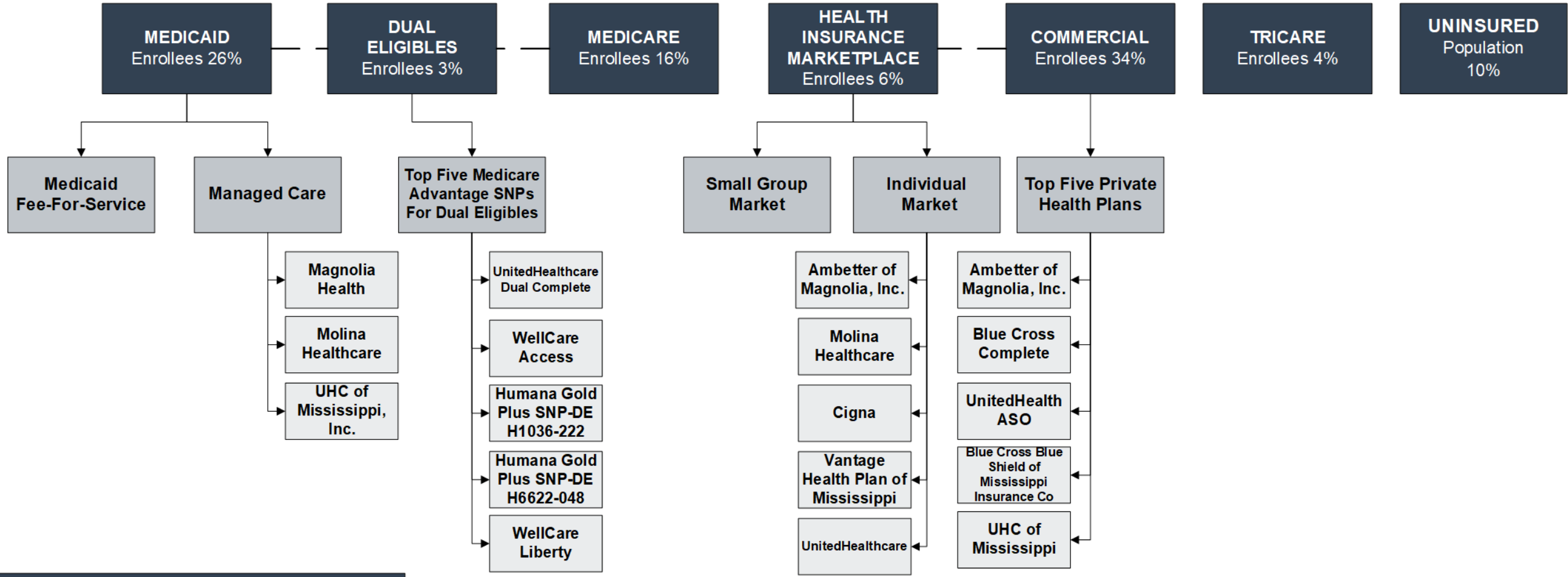


Health & Human Services System Market Profile Overview

A. Executive Summary

A.1. Mississippi Physical Health Care Coverage by Payer

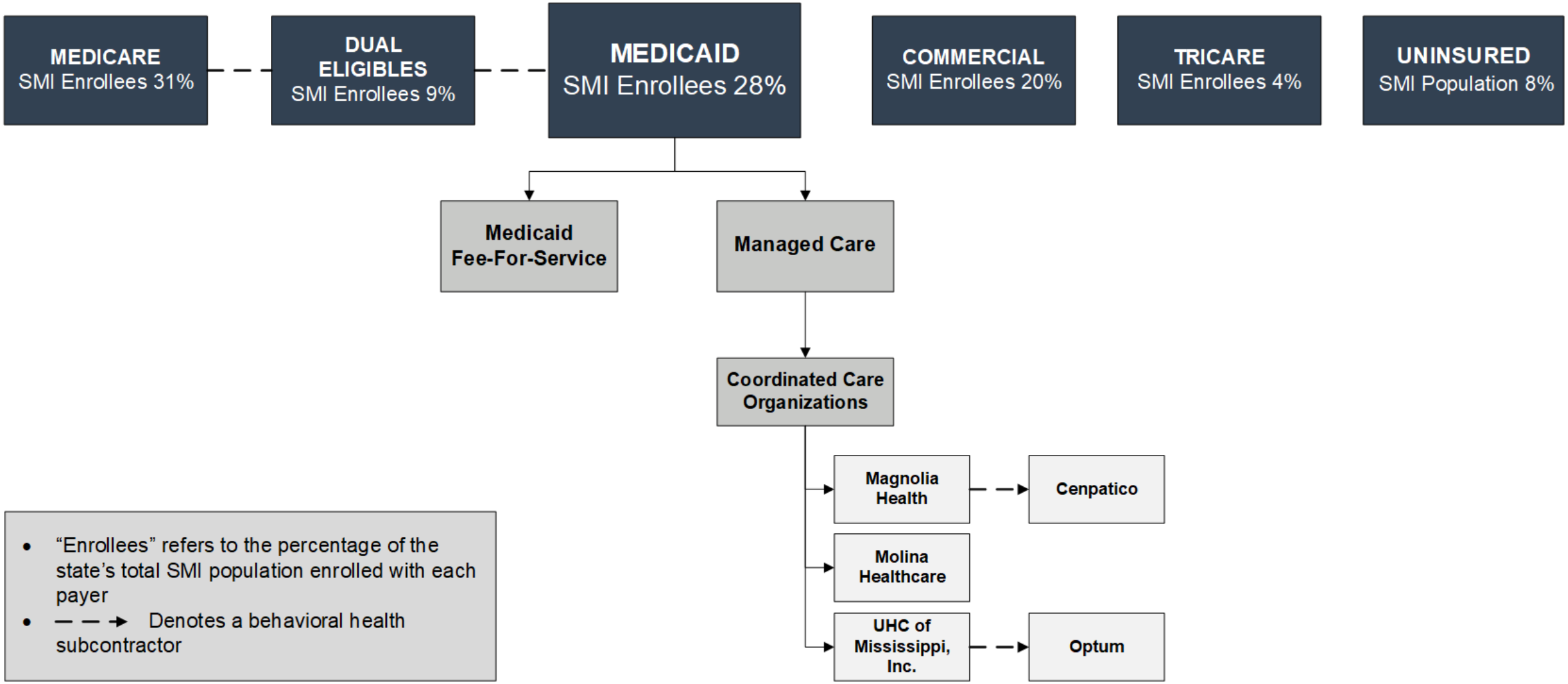
Total Mississippi Population- 2,949,965
Estimated SMI Population- 221,134



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

Totals may not equal 100% due to rounding.

A.1. Mississippi Behavioral Health Care Coverage by Payer



- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- — — → Denotes a behavioral health subcontractor

A.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state requires the health plans to coordinate care.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant		None

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Primary Care Office within the Mississippi Department of Health is responsible for providing physical health services to the uninsured population.

Mental Health Services

- The Department of Mental Health (DMH) finances behavioral health services for the safety-net population, which are primarily provided by the regionally-governed community mental health centers. The DMH also contracts with some non-profit organizations to provide services.

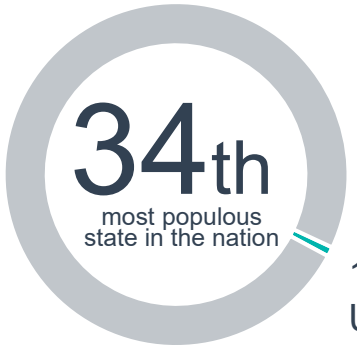
Addiction Treatment Services

- The DMH finances addiction treatment services for the safety-net population, which are primarily provided by the regionally-governed community mental health centers. The DMH also contracts with some non-profit organizations to provide services.

B. Mississippi Health Financing System Overview

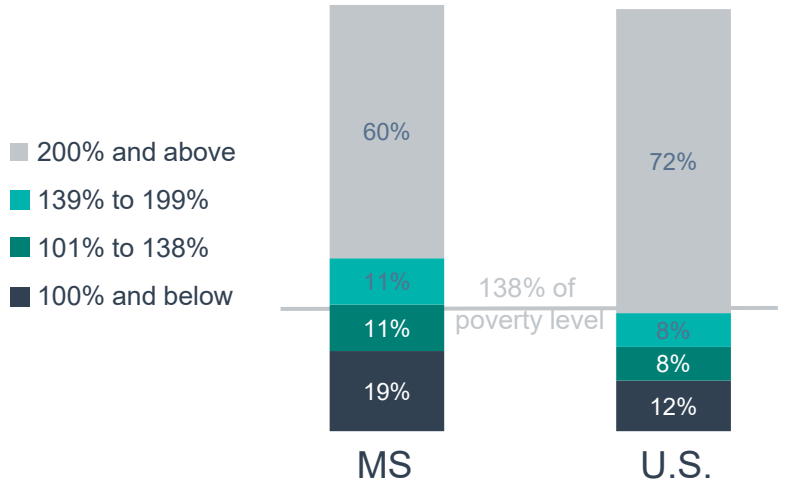
B.1. Population Demographics

Total Mississippi Population- 2,949,965
Estimated SMI Population- 221,134



1% of the
U.S. population

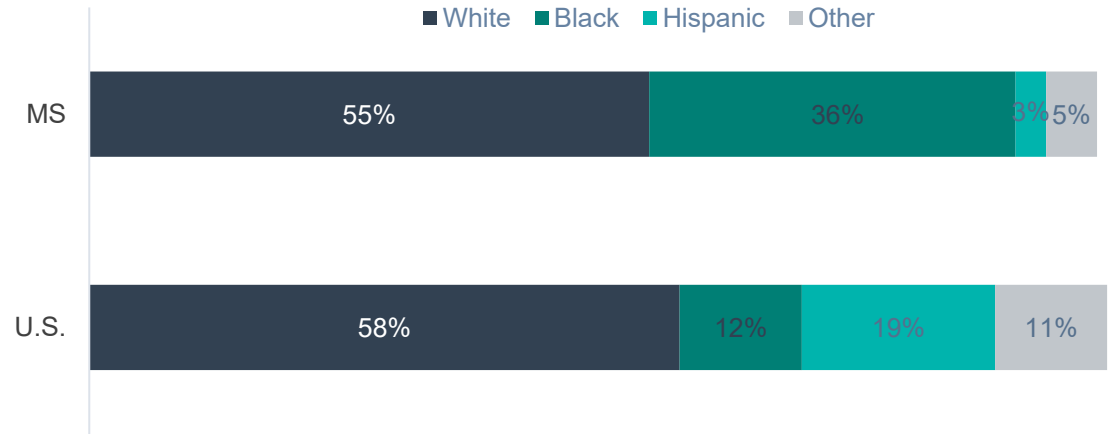
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
Mississippi	$48,716
U.S.	$69.717

Population Distribution By Age

Mississippi & U.S. Racial Composition

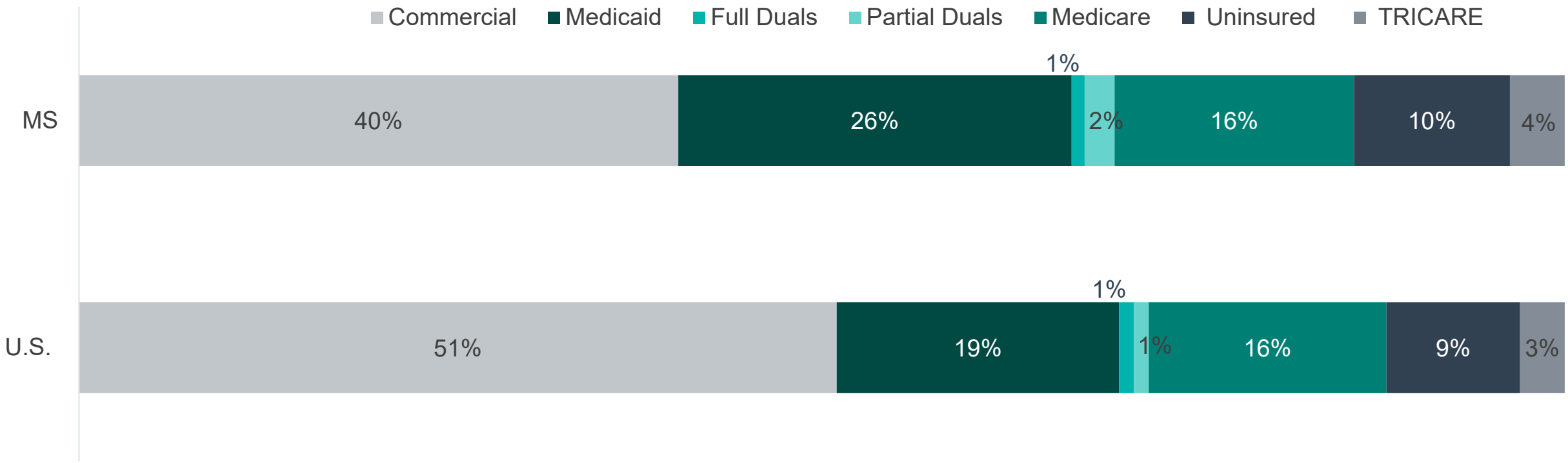


Totals may not equal 100% due to rounding.

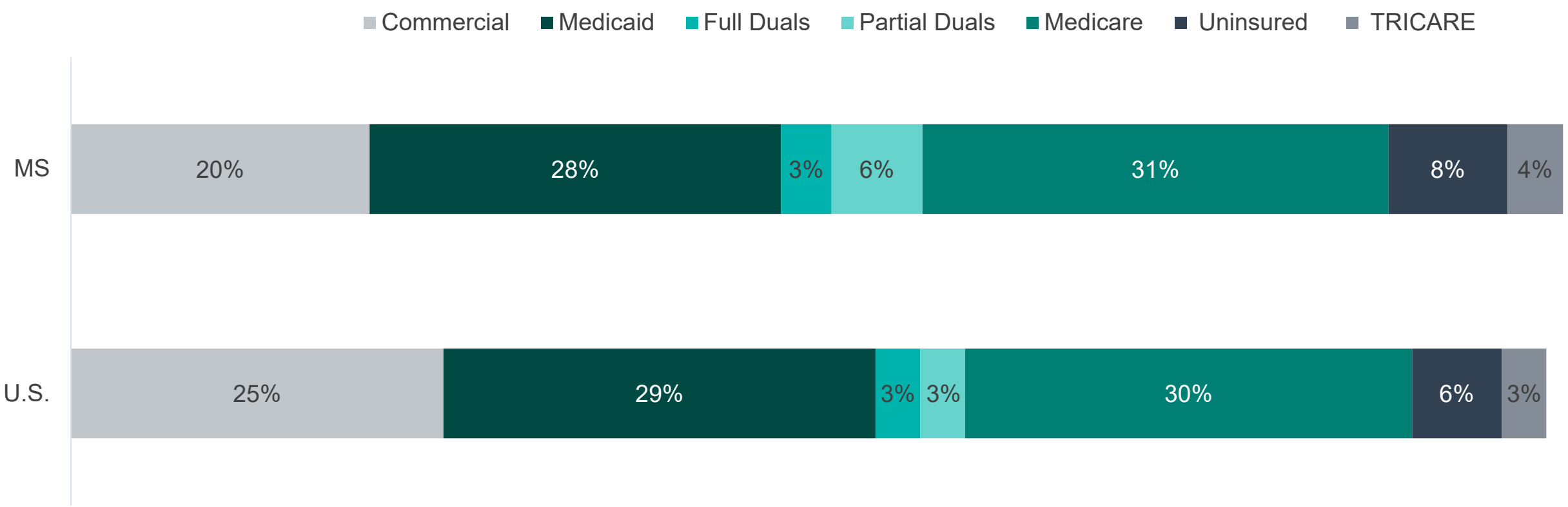
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent Of Population**
Total MSA Population	**2,509,643**	**85%**
Memphis, TN-MS-AR	1,332,305	45%
Jackson, MS	583,197	20%
Gulfport-Biloxi-Pascagoula, MS	420,782	14%
Hattiesburg, MS	173,359	6%

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Mississippi Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Complete	Commercial	924,367
Blue Cross Blue Shield of Mississippi Insurance Co.	Commercial	911,968
Medicaid Fee-For-Service (FFS)	Medicaid	293,825
Magnolia Health	Medicaid managed care	158,244
UnitedHealthcare Community Plan	Medicaid managed care	153,529
Medicare FFS	Medicare	135,669
TRICARE	Other public	113,096
UnitedHealthcare ASO	Commercial administrative services only (ASO)	96,694
Molina Healthcare	Medicaid managed care	84,467
Ambetter of Magnolia	Commercial	77,166

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

B.4. Largest Mississippi Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Blue Cross Complete	Commercial	924,367	37,899
Blue Cross Blue Shield of Mississippi Insurance Co	Commercial	911,968	37,391
Medicaid FFS	Medicaid	293,825	15,269
Medicare FFS	Medicare	135,669	21,707
Magnolia Health	Medicaid managed care	158,244	13,609
UnitedHealthcare Community Plan	Medicaid managed care	153,529	13,203
TRICARE	Other Public	113,096	9,387
HumanaChoice	Medicare advantage	57,704	9,233
Molina Healthcare	Medicaid managed care	84,467	7,264
UnitedHealthcare Dual Complete	Medicare advantage	19,661	6,292

*Medicaid enrollment as of March 2023; TRICARE as of December 2022; Commercial as of March 2023; Medicare enrollment as of March 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2023 Individual Market Health Plans
1. Magnolia/ Ambetter 2. Molina 3. Cigna 4. Vantage Health Plan of Mississippi 5. UnitedHealthcare

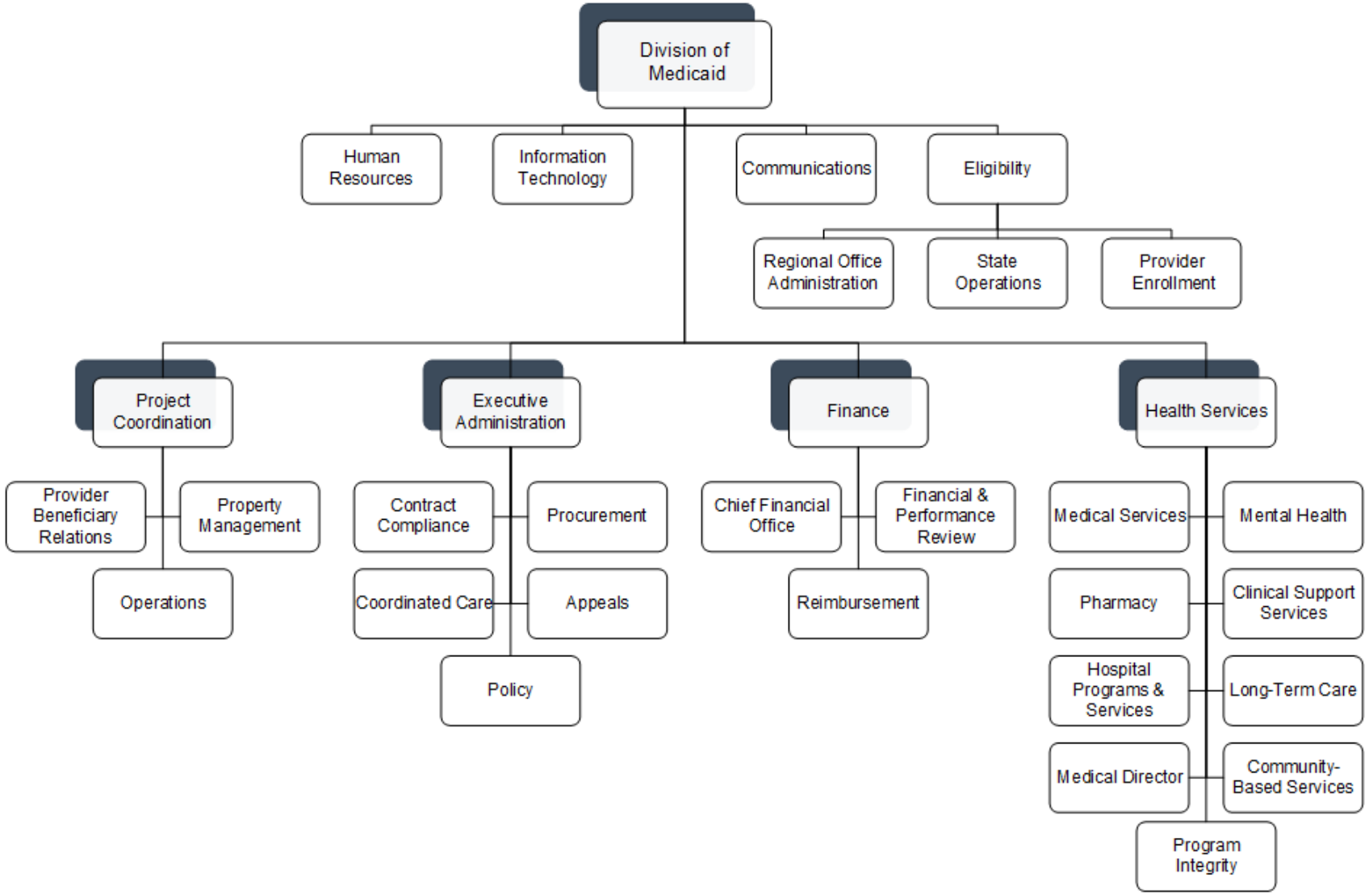
2023 Small Group Market Health Plans
None

B.6. Accountable Care Organizations (ACOs)

Medicare Shared Savings Model ACOs
1. Accountable Care Coalition of Southeast Partners, LLC 2. ACO Health Partners, LLC 3. Aledade Accountable Care 35, LLC 4. Aledade Accountable Care 43, LLC 5. Aledade Mississippi ACO, LLC 6. CHSPSC ACO 1, LLC 7. Consolidated Medicare Practices of Memphis, PLLC 8. CPSO ACO 3, LLC 9. HealthChoice, LLC 10. National Rural ACO 19 LLC 11. Northwest Florida Health Partners LLC 12. Ochsner Accountable Care Network, LLC 13. PH Alliance LLC 14. The Physicians Alliance LLC

C. Medicaid Administration, Governance & Operations

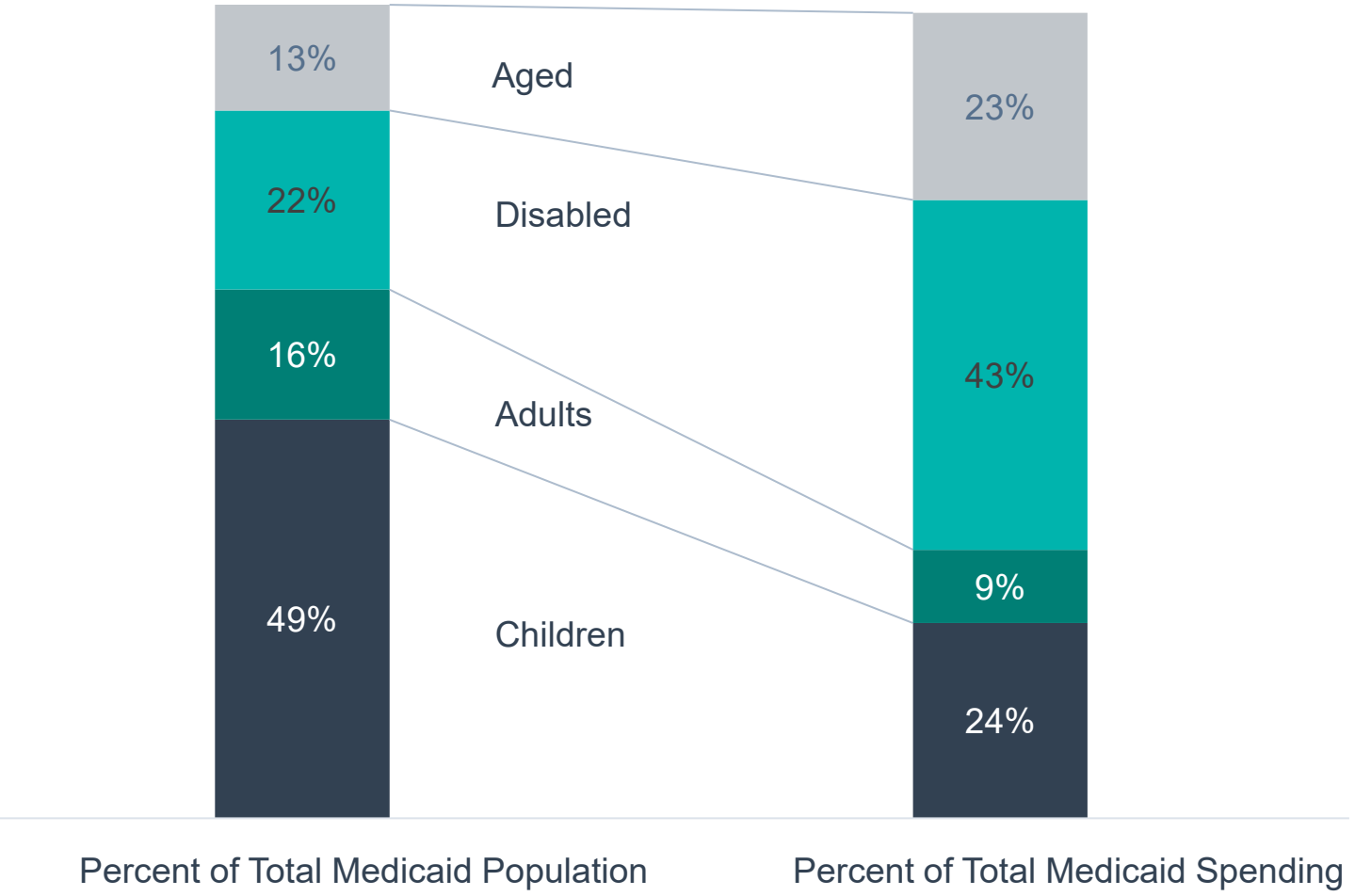
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Drew Snyder	Executive Director, Director of Medicaid	Division of Medicaid	drew.snyder@medicaid.ms.gov
Samantha Atkinson	Deputy Administrator, Accountability & Compliance	Division of Medicaid	samantha.atkinson@medicaid.ms.gov
Vacant	Deputy Administrator, Health Policy and Services	Division of Medicaid	N/A
Carlos Latorre	Medicare Director	Division of Medicaid	carlos.latorre@medicaid.ms.gov
Jennifer Wentworth	Deputy Administrator, Finance	Division of Medicaid	jennifer.wentworth@medicaid.ms.gov
Brad Estess	Chief Technology Officer	Division of Medicaid, Information Technology	brad.estess@medicaid.ms.gov

C.2. Medicaid Program Spending By Eligibility Group



Based on FY 2020 data

Totals may not equal 100% due to rounding.

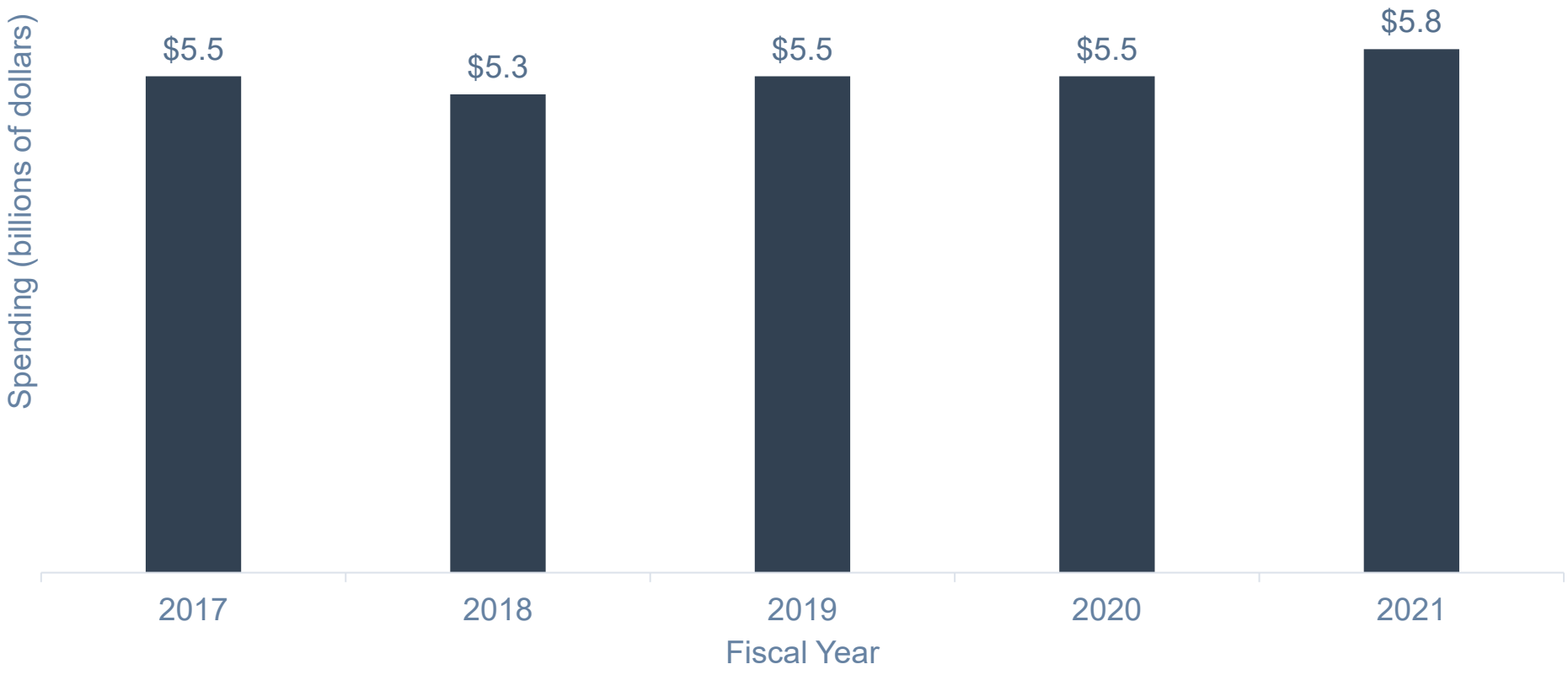
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	MS
All populations	$8,718	$8,027
Children	$3,495	$3,970
Adults	$5,461	$5,284
Expansion adults	$7,227	N/A
Blind and disabled	$23,123	$14,954
Aged	$18,552	$13,279

C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget
Managed care and premium assistance	$2,798,000,000	49%
Institutional LTSS	$1,022,000,000	18%
Hospital	$647,000,000	11%
Home- and community-based LTSS	$523,000,000	9%
Medicare premiums and coinsurance	$300,000,000	5%
Other acute services	$265,000,000	5%
Physician	$124,000,000	2%
Drugs	$48,000,000	1%
Other practitioner	$15,000,000	<1%
Clinic and health center	$12,000,000	<1%
Dental	$4,000,000	<1%
Total Budget: $5,758,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	84.1%
CY 2023 Newly Eligible FMAP (expansion population)	N/A
Counties contribute to state Medicaid share	Yes

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	• No; the current Governor of the state adamantly opposes Medicaid expansion, so it is highly unlikely this will occur within the next four years. • Currently, there is an initiative to get Medicaid Expansion on the November 2022 Ballot.
Date Of Expansion	N/A
Medicaid Eligibility Income Limit For Able-Bodied Adults	23% of the Federal Poverty Level (FPL) for parent/caretaker relatives; no coverage for able-bodied adults without children
Legislation Used To Expand Medicaid	N/A
Number Of Individuals Enrolled In The Expansion Group (April 2023)	N/A
Number Of Enrollees Newly Eligible Due To Expansion	N/A
Benefits Plan For Expansion Population	N/A

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care
18. Eyeglasses

Mississippi's Optional Services

1. Podiatry services
2. Chiropractor services
3. Clinic services
4. Medical and surgical dental services
5. Physical and occupational therapy
6. Services for individuals with speech, hearing, and language disorders
7. Prescribed drugs
8. Eyeglasses and prosthetic devices
9. Diagnostic, screening, and preventative services
10. Rehabilitative services
11. Services in an intermediate care facility for individuals with I/DD
12. Inpatient psychiatric services for individuals under age 22
13. Case management services
14. Care and services provided in Christian Science sanitoria
15. Nursing facility services for individuals under age 21

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (June 2023)	457,385	404,992
SMI Enrollment	• Mississippi does not specifically preclude individuals with SMI from enrolling in managed care. Except for dual eligible which are excluded; therefore, the majority of the SMI population is in FFS. • Estimated 53% of the SMI population in FFS, 47% in managed care	
Management	Division of Medicaid	Three health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 862,377 | Total Medicaid With SMI: 74,164

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of June 2023: 53% in fee-for-service (FFS), 47% in managed care
SMI population inclusion in managed care	• Mississippi does not specifically preclude individuals with SMI from enrolling in managed care. Except for dual eligible which are excluded; therefore, the majority of the SMI population is in FFS. • Estimated 53% of population in FFS, 47% in managed care
Dual eligible population inclusion in managed care	• Dual eligibles are excluded from managed care. • Estimated 100% of population in FFS, 0% in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Excluded from the health plan's capitation rate and covered FFS by the state

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The state requires the health plans to coordinate care.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant		None

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers		X	
Children		X	
Blind and disabled individuals		X	
Aged individuals		X	
Dual eligibles	X		
Medicaid expansion	Not Applicable		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care		X	
Other populations	• Individuals with hemophilia • Enrolled in a waiver program	• American Indians • Children under age 19 receiving SSI • Disabled children living at home	• Parents/ Caretakers and children on TANF • Children under age 19, who are under the FPL • Transition children and newborns • Breast and cervical cancer recipients • The working disabled • Individuals aged 19 to 65 receiving SSI • Pregnant women

D.2. Medicaid FFS Program: Overview

- As of June 2023, FFS enrollment was 457,385.*

*FFS enrollment was derived by subtracting managed care enrollment from total enrollment.

D.2. Medicaid FFS Program: Behavioral Health Benefits

All Medicaid mental health benefits are provided through FFS. The state's addiction treatment benefits are very limited.

FFS Mental Health Benefits

1. Inpatient psychiatric care
2. Psychiatric residential treatment facility for individuals under age 21
3. Rehabilitative services:
  1. Treatment plan development and review
  2. Medication management
  3. Psychosocial and nursing assessment
  4. Psychosocial evaluation
  5. Individual, family, and group therapy
  6. Psychosocial rehabilitation
  7. Acute partial hospitalization
  8. Crisis response and crisis residential
  9. Peer and community support
  10. Intensive outpatient, day treatment, and wraparound facilitation for individuals under age 21
  11. Program of assertive community treatment

FFS Addiction Treatment Benefits
1. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for pregnant women with nondependent addiction use 2. Inpatient detoxification

D.2. Medicaid FFS Program: SMI Population

- Mississippi does not specifically preclude individuals with SMI from enrolling in managed care. However, dual eligibles are excluded from managed care; therefore, the majority of the SMI population is in FFS.
- As of June 2023, *OPEN MINDS* estimates that 53% of the SMI population is enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Mississippi FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	None; the state uses Change Healthcare to conduct prior authorizations, Conduent for claims processing, and Mercer for drug reimbursement
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, and antipsychotics are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opiate dependence and smoking deterrent drugs are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are included on the PDL.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Prior authorization is required for most non-preferred mental health and addiction treatment drugs. Non-preferred drugs will be approved if there is documented failure of two different preferred drugs. • Mental health and addiction treatment drug utilization restrictions vary and may be subject to clinical diagnostic criteria, step therapy, and age restrictions.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the lock-in program is called the Beneficiary Health Management Program. The state may lock-in members who overutilize services for 18 months. Individuals may be locked-in to one pharmacy, one physician, or both.

D.3. Medicaid Managed Care Program: Overview

- As of June 2023, managed care enrollment was 404,992.
- The Medicaid managed care program is called Mississippi Coordinated Care Network (MississippiCAN). The state calls the health plans Coordinated Care Organizations (CCOs).
- The health plans deliver physical health and behavioral health benefits to most populations, including families and children, as well as aged and disabled adults.
  - Health plans are available statewide and individuals have a choice of plan. Individuals who do not choose a plan will be auto-assigned.
- Mississippi implemented new contracts with the health plans on October 1, 2018.
  - The state currently has three health plans Molina Healthcare, Magnolia Health Plan and UnitedHealthcare Community Plan of Mississippi.
- In 2019, the state re-procured the health plans for CHIP beneficiaries. On January 1, 2020, CHIP beneficiaries began receiving services through one of the two health plans: UnitedHealthcare Community Plan of Mississippi or Molina Healthcare.
- Enrollment in managed care is limited to the greater of:
  - 45% of the total Medicaid population; or
  - The number of individuals enrolled in Medicaid managed care as of January 1, 2014, and any children enrolled in Medicaid under age 19.
- The health contracts include a provision that allows Mississippi to add a value-based purchasing program in the future.
  - As of December 2022, the Division of Medicaid submitted an SPA to CMS in January 2023. No updates have been given as of July 2023.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Magnolia Health Plan	Molina Healthcare	UnitedHealthcare Community Plan of Mississippi
1. Profit status: For-profit 2. Parent company: Centene-WellCare 3. Behavioral health subcontractor: Cenpatico 4. Pharmacy benefits manager: Envolve Pharmacy Solutions 5. Enrollment share: 40%	1. Profit status: For-profit 2. Parent company: None 3. Behavioral health subcontractor: None 4. Pharmacy benefits manager: CVS Caremark 5. Enrollment share: 22%	1. Profit status: For-profit 2. Parent company: UnitedHealth 3. Behavioral health subcontractor: Optum 4. Pharmacy benefits manager: OptumRx 5. Enrollment share: 39%

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

All behavioral health and pharmacy services are included in the health plan's capitation rate.

Managed Care Mental Health Benefits

1. Inpatient psychiatric care
2. Psychiatric residential treatment facility for individuals under age 21
3. Psychiatric residential treatment
4. Rehabilitative services:
  1. Treatment plan development and review
  2. Medication management
  3. Psychosocial and nursing assessment
  4. Psychosocial evaluation
  5. Individual, family, and group therapy
  6. Psychosocial rehabilitation
  7. Acute partial hospitalization
  8. Crisis response and crisis residential
  9. Peer and community support
  10. Intensive outpatient, day treatment, and wraparound facilitation for individuals under age 21
  11. Program of assertive community treatment

Managed Care Addiction Treatment Benefits
1. Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for pregnant women with nondependent addiction use 2. Inpatient detoxification

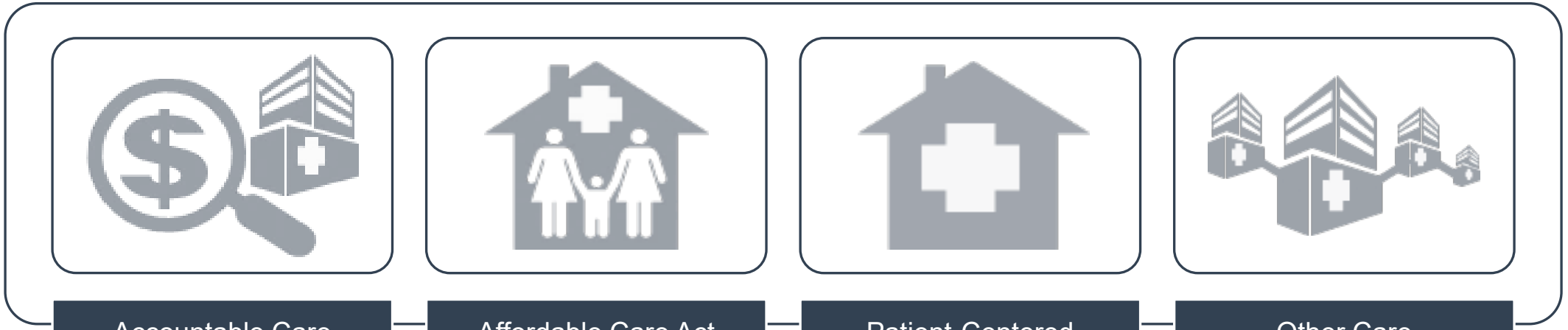
D.3. Medicaid Managed Care Program: SMI Population

- Mississippi does not specifically preclude individuals with SMI from enrolling in managed care. However, dual eligibles are excluded from managed care; therefore, the majority of the SMI population is in FFS.
- As of June 2023, *OPEN MINDS* estimates that 47% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Mississippi Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	The health plans are required to use the Mississippi FFS PDL. The Mississippi PDL includes mental health drugs (anticonvulsants, antidepressants, and antipsychotics) and addiction treatment drugs (opiate dependence and smoking deterrent drugs).
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	• Prior authorization is required for most non-preferred mental health and addiction treatment drugs. Non-preferred drugs will be approved if there is documented failure of two different preferred drugs. • Mental health and addiction treatment drug utilization restrictions vary and may be subject to clinical diagnostic criteria, step therapy, and age restrictions.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, health plans are required to report on the number of individuals in the pharmacy lock-in program each month.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home	Other Care Coordination Initiatives
None	None	None	None

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Healthier Mississippi	Provides full Medicaid state plan benefits—except for maternity and long-term care—to aged, blind, and disabled adults who do not qualify for Medicare and have an income up to 135% of the FPL.	1115	6,000	01/01/2006	09/30/2024
Mississippi Family Planning Waiver	Provides family planning services for individuals aged 13 to 44 with an income up to 194% of the FPL who do not otherwise have creditable insurance that includes family planning services.	1115	None	10/01/2003	12/31/2027
Mississippi Medicaid Workforce Training Initiative	Seeks approval to require parent and caretaker relatives and individuals on transitional Medicaid assistance to meet workforce training requirements. The state also seeks federal matching funds for workforce activities. See the next slide for more information.	1115	None	Pending	Pending
Mississippi Elderly Disabled (ED) Waiver	Through selective contracting, Mississippi will be able to provide Case Management services as a 1915 (c) waivered service through the existing service delivery model for Aged and Physically Disabled individuals.	1915 (b)	None	07/01/2023	06/30/2028

D.5. Medicaid Program: Demonstration & Care Management Waivers

- In January 2018, Mississippi submitted a 1115 waiver to the Centers for Medicare & Medicaid Services (CMS) with two objectives:
  - To implement Medicaid workforce training activities for eligible individuals; and
  - To receive federal matching funds to assist with workforce training programs for individuals covered under the waiver.
- The workforce training activities will affect low-income caretaker relatives and individuals with transitional Medicaid assistance.
  - Excluded from the demonstration will be individuals who have SMI; have a mental illness; are physically or mentally unable to work; are enrolled in an institution of higher learning or high school at least part-time; have applied for unemployment insurance; or are taking part in drug and alcohol treatment.
  - The state estimates that 56,467 individuals would be eligible for the demonstration; however, that number does not take into account those in school, those diagnosed with mental illness, or those participating in another workforce program.
- Workforce training requirements can be met by:
  - Working in paid employment or self-employment for at least 20 hours per week
  - Participation with the Office of Employment Security
  - Volunteering with approved agencies
  - Participation in an alcohol or other drug abuse (AODA) treatment program
  - Compliance with SNAP and TANF work requirements
- Individuals who fail to comply with the requirements will lose Medicaid eligibility on the first day of the next month following identification of non-compliance, and will be reinstated upon future compliance.
- As of August 2023, the state has not yet received approval from CMS to implement the 1115 waiver.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
MS Intellectual Disabilities/DD (0282.R06.00)	Individuals with autism or I/DD of any age.	4,150	The Mississippi Department of Mental Health	No
MS Assisted Living (0355.R05.00)	Individuals who are physically disabled ages 21 to 64, and individuals ages 65 and older.	1,100	Bureau of Long-Term Care	No
MS Traumatic Brain Injury/Spinal Cord Injury (0366.R05.00)	Individuals who received a TBI or spinal cord injury who are seeking long term care assistance.	1,050	MDRS	No
MS Elderly and Disabled (E&D) (0272.R07.00)	Individuals ages 65 to no max age and individuals with physical disabilities ages 21 to 64 years.	22,200	Long Term Care, Division of Elderly and Disabled Waiver Program	No
MS Independent Living Waiver (MS.0255.R06.00)	Individuals ages 65 years to no max age and individuals with physical and other disabilities ages 16 to 64 years.	5,800	Mississippi Department of Rehabilitation Services	No

D.6. Medicaid Program New Initiatives: Value-Based Incentives

- In July 2019, the state announced three programs they plan to start in order to meet value-based incentive requirements. The state hopes to have these programs up and running by 2022. These programs are:
  1. Quality Incentive Payment Program: utilize Medicaid supplemental funds to improve quality of care and health status of the Mississippi Medicaid population.
  2. Medicaid Access to Physician Services: New directed payment program developed to increase access to primary and specialty care services and improve quality of care.
  3. Managed Care Value-Based Withholding: Managed care value-based withhold on capitation rate payments will be based on performance of established quality metrics.
     - The state plans on assessing this using currently reported HEDIS measures, but the state has not yet announced the exact measures that will be assessed.
     - For SFY2020, the state enacted a 1% capitation rate withhold.
- An SPA for these programs was submitted in January 2023, no udpates have been given as of July 2023.

E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics	
Characteristics	**Medicaid Fee-For-Service (FFS)**
Enrollment (June 2022)	77,868
Estimated SMI Enrollment	24,918
Management	Division of Medicaid
Payment Model	FFS
Geographic Service Area	Statewide

Total Dual Eligible Enrollment: 77,868 | Total Dual Eligible Enrollment With SMI: 24,918

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	March 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	19,661	6,292
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	16,984	5,435
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	16,457	5,266
WellCare Access	Centene	Medicare Advantage D-SNP	6,935	2,219
WellCare Liberty	Centene	Medicare Advantage D-SNP	4,479	1,433
Aetna Medicare Dual Preferred Plan	Aetna/CVS	Medicare Advantage D-SNP	3,290	1,053
Cigna-HealthSpring TotalCare	HealthSpring of Tennessee, Inc	Medicare Advantage D-SNP	1,975	632
Shared Health Dual Plus	Shared Health	Medicare Advantage D-SNP	573	183
Vantage Dual Plus	Blue Cross and Blue Shield of Louisiana	Medicare Advantage D-SNP	125	40

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of June 2022, dual eligible enrollment was 77,868.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are excluded from managed care; therefore, all dual eligibles are served through the FFS system, unless enrolled in a D-SNP.
- As of March 2023 D-SNP enrollment was 70,479, SMI enrollment for D-SNP was 22,553.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Mississippi does not have any financial alignment initiatives with CMS, or any initiatives related to dual eligibles at this time.

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

- Mississippi does not operate a MLTSS program

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2022)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A | Total LTSS Enrollment With SMI: N/A

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults		X	
Disabled children		X	
Blind individuals		X	
Aged individuals		X	
Dual eligibles	X		
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X	X	
Other populations		• American Indians • Children under age 19 receiving SSI • Disabled children living at home	• Parents/ Caretakers and children on TANF • Children under age 19, who are under the FPL • Transition children and newborns • Breast and cervical cancer recipients • The working disabled • Individuals aged 19 to 65 receiving SSI • Pregnant women

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Mississippi does not offer MLTSS services and instead all individuals receive care through the FFS or Managed Care system, depending on their category.

F.3. Medicaid LTSS Program: Health Benefits

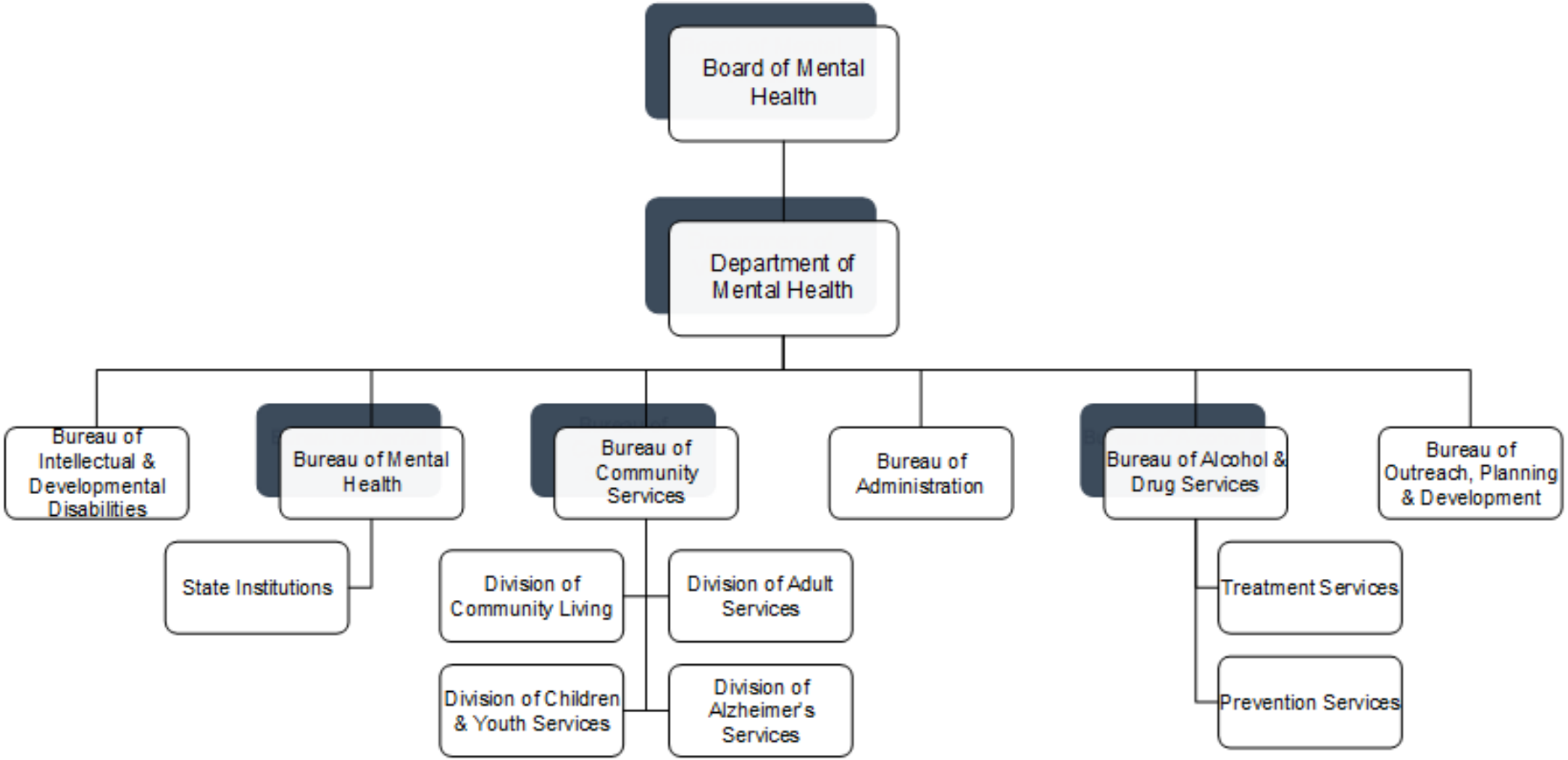
- Mississippi does not offer MLTSS services and instead all services are the same as the FFS or Managed Care system.

F.4. LTSS Medicaid Financing & Delivery System: New Initiatives

- Mississippi has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

G. State Behavioral Health Administration & Finance System

G.1. Department Of Mental Health: Organization Chart



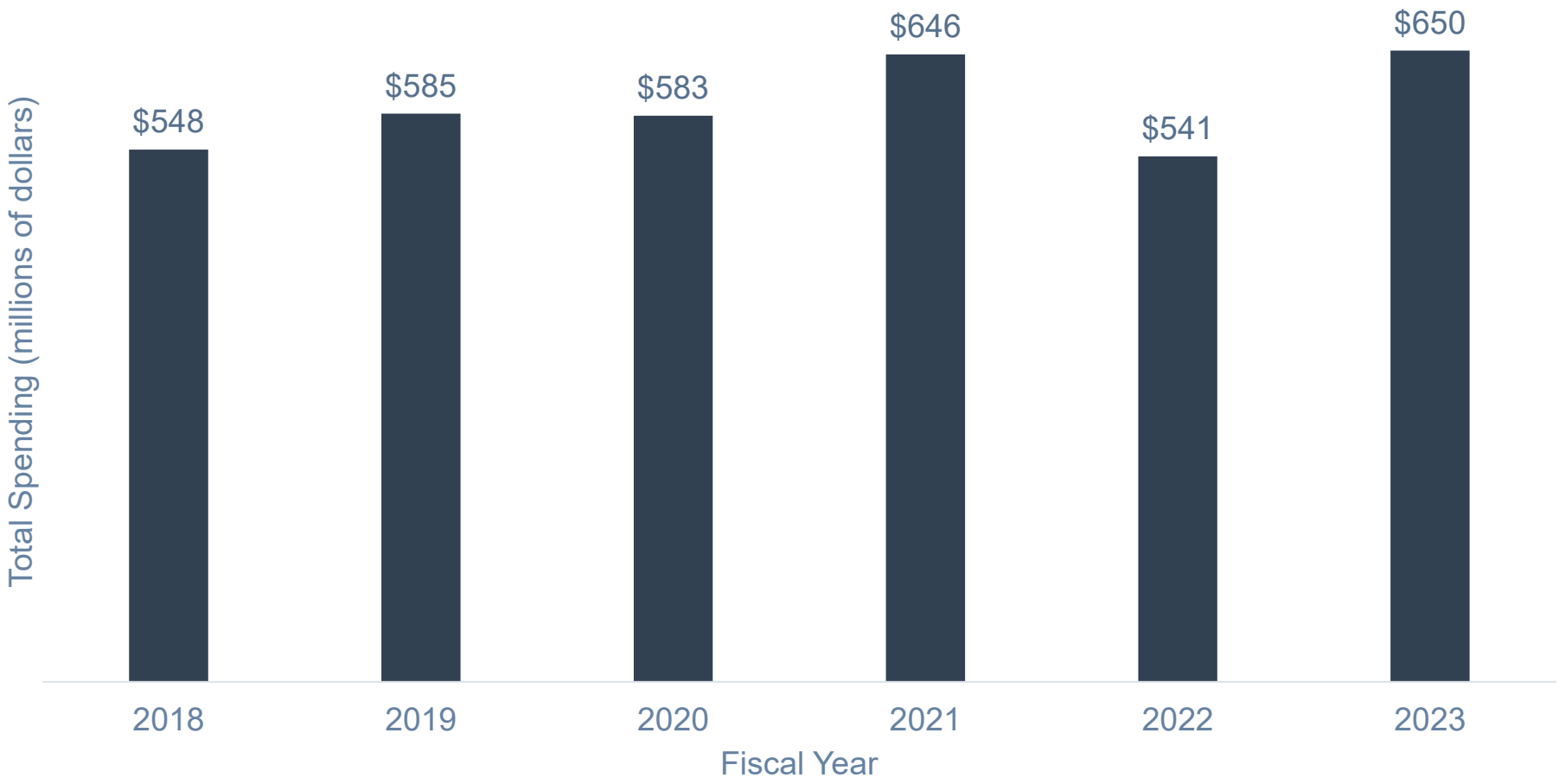
G.1. Department Of Mental Health: Key Leadership

Name	Position	Department	Email
Wendy Bailey	Executive Director	Department of Mental Health (DMH)	wendy.bailey@dmh.ms.gov
Jake Hutchins	Deputy Executive Director of Behavioral Health Services	DMH	jake.hutchins@dmh.ms.gov
Misty Bell	Director	DMH, Division of Alcohol and Drug Services	melody.winston@dmh.ms.gov
Chuck Oliphant	Director	DMH, Division of Alcohol and Drug Addiction Prevention Services	chuck.oliphant@dmh.ms.gov
Brent Hurley	Director	DMH, Bureau of Behavioral Health Services	brent.hurley@dmh.ms.gov

G.2. Department Of Mental Health: Spending

Budget Item	SFY 2023 Budget	Percent Of Budget
Mental health institutional care	$163,525,659	25%
I/DD – Institutional care	$158-739,168	24%
I/DD – Group home	$75,567,779	12%
State Hospitals & treatment centers	$55,699,862	9%
I/DD services	$35,486,737	5%
Mental health services	$34,643,529	5%
Alcohol Tax- Alcohol/drug program	$33,591,808	5%
I/DD Community services	$24,378,949	4%
Direct client services	$17,018,933	3%
Crisis stabilization services	$16,636,545	3%
I/DD – support services	$13,196,181	2%
Service management	$9,728,255	1%
Children & youth services	$6,416,675	1%
MI – support services	$4,900,274	1%
Total Spending: $649,530,354		

G.2. Department Of Mental Health: Spending Over Time



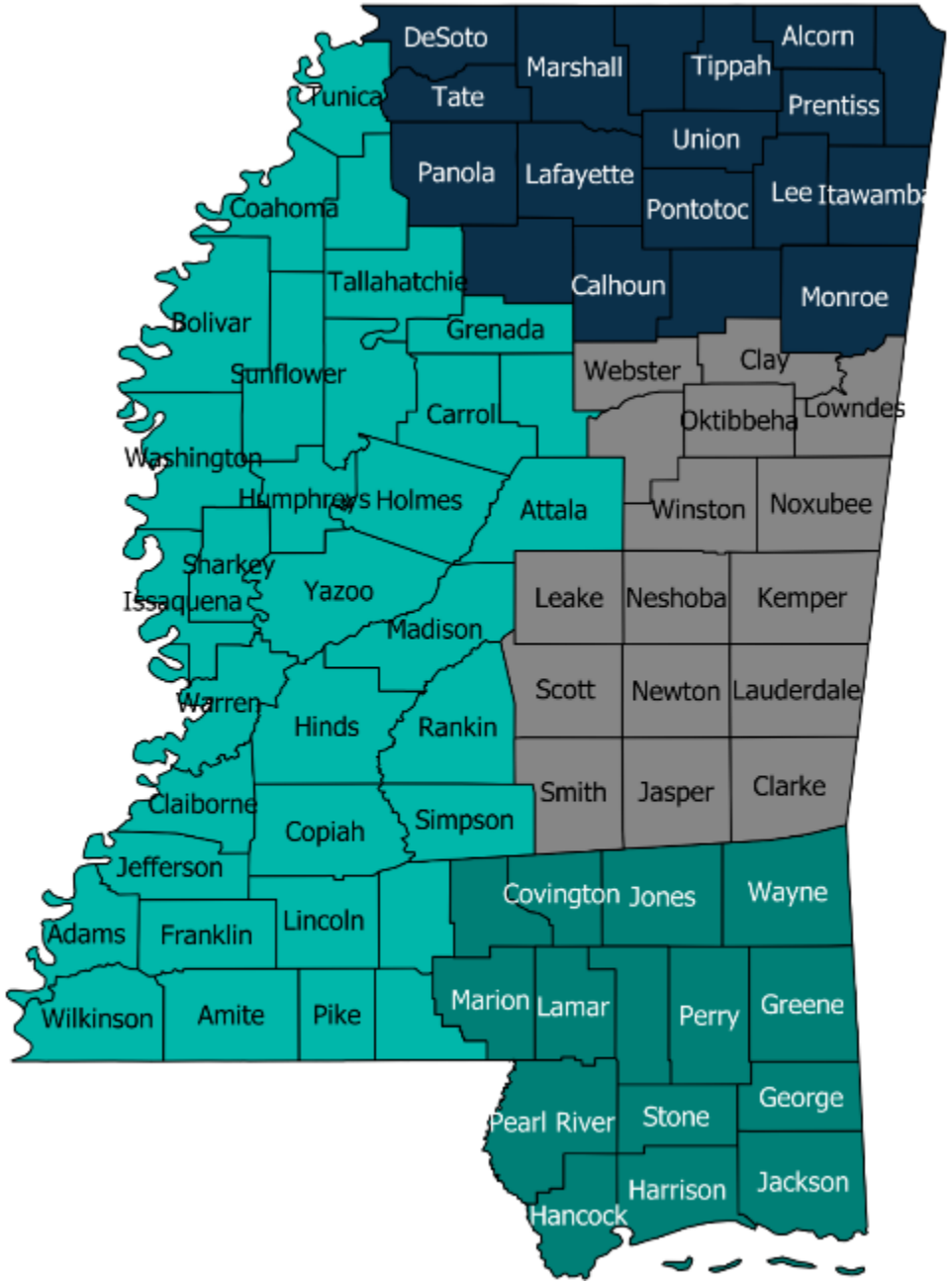
G.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	**Location**	**Beds**	**FY 2022 Number Served**
Mississippi State Hospital	Whitfield	451	1,533
East Mississippi State Hospital	Meridian	307	883
North Mississippi State Hospital	Tupelo	50	426
South Mississippi State Hospital	Purvis	46	431
Specialized Treatment Facility	Gulfport	26	84
Total		**880**	**3,357**

G.3. State Psychiatric Institutions

State Psychiatric Institution Catchment Areas

- North Mississippi State Hospital
- East Mississippi State Hospital
- South Mississippi State Hospital
- Mississippi State Hospital



G.4. Behavioral Health Safety-Net Delivery System

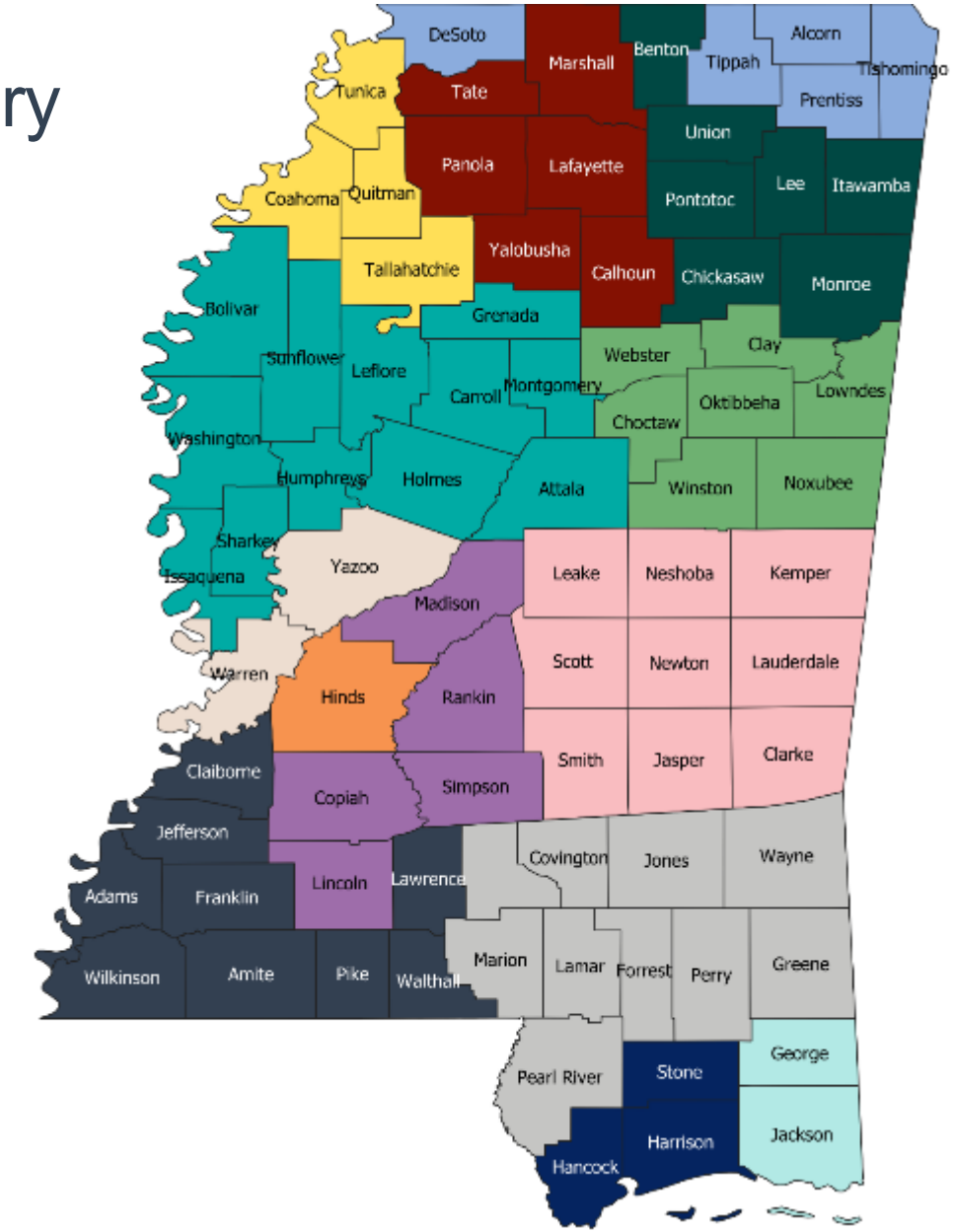
- The Department of Mental Health (DMH) provides behavioral health services to the uninsured population by contracting with 14 regional community mental health centers (CMHCs).
  - Additionally, DMH contracts with a small number of non-profit organizations to provide community-based alcohol/drug abuse services, community services for persons with developmental disabilities, and community services for children with mental illness or emotional problems.
- DMH is responsible for certifying, monitoring, and funding the CMHCs; however, the CMHCs are governed by regional authorities appointed by county boards of supervisors.
- The CMHCs also serve the Medicaid population. They may receive additional funding through individual payments for services, county financing, and charitable contributions.
- The CMHCs provide outpatient services to children and adults with mental illness, addiction, and I/DD. The core adult mental health and addiction disorder services provided by all CMHCs are listed below.

CMHC Adult Core Mental Health Services	
1.	Outpatient therapy
2.	Community support
3.	Psychiatric/physician services
4.	Crisis response
5.	Psychosocial rehabilitation
6.	Inpatient referral
7.	Peer support
8.	Targeted case management
9.	Support for recovery/resiliency

CMHC Adult Core Addiction Treatment Services	
1.	Outpatient services
2.	Crisis response
3.	Prevention
4.	Peer support
5.	Support for recovery/resiliency
6.	Employee assistance programs
7.	Withdrawal management
8.	Transitional residential services

G.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas

Region	CMHC
1	Region One Mental Health Center
2	Communicare
3	LIFECORE Health Group
4	Timber Hills Mental Health Services
6	Life Help
7	Community Counseling Services
8	Region 8 Mental Health Services
9	Hinds Behavioral Health Services
10	Weems Community Mental Health Center
11	Southwest MS Mental Health Complex
12	Pine Belt Mental Healthcare Resources
13	Gulf Coast Mental Health Center
14	Singing River Services
15	Warren-Yazoo Mental Health Services



G.4. Behavioral Health Safety-Net Delivery System: CMHC Service Areas

Region	CMHC	Counties
1	Region One Mental Health Center	Coahoma, Tallahatchie, Tunica, Quitman
2	Communicare	Calhoun, Lafayette, Marshall, Panola, Tate, Yalobusha
3	LIFECORE Health Group	Benton, Chickasaw, Itawamba, Lee, Monroe, Pontotoc, Union
4	Timber Hills Mental Health Services	Alcorn, De Soto, Prentiss, Tippah, Tishomingo
6	Life Help	Attala, Bolivar, Carroll, Grenada, Holmes, Humphreys, Issaquena, Leflore, Montgomery, Sharkey, Sunflower, Washington
7	Community Counseling Services	Choctaw, Clay, Lowndes, Noxubee, Oktibbeha, Webster, Winston
8	Region 8 Mental Health Services	Copiah, Lincoln, Madison, Rankin, Simpson
9	Hinds Behavioral Health Services	Hinds
10	Weems Community Mental Health Center	Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Scott, Smith
11	Southwest MS Mental Health Complex	Adams, Amite, Claiborne, Franklin, Jefferson, Lawrence, Pike, Walthall, Wilkinson
12	Pine Belt Mental Healthcare Resources	Covington, Forrest, Greene, Jefferson Davis, Jones, Lamar, Marion, Pearl River, Perry, Wayne
13	Gulf Coast Mental Health Center	Hancock, Harrison, Stone
14	Singing River Services	George, Jackson
15	Warren-Yazoo Mental Health Services	Warren, Yazoo

H. Appendices

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2019). Medicare-Medicaid Coordination Office Report to Congress. Retrieved December 2022 from https://www.cms.gov/files/document/mmco-report-congress.pdf

H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 2022 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved December 2022 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2019, November 4). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved December 2022 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 2022 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is $13,590 for an individual and $27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

H.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

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B.3. Population Distribution By Payer: National vs. State

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