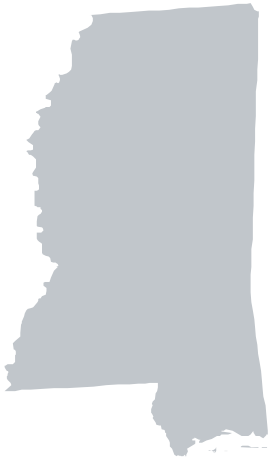
OPEN MINDS

Mississippi Health & Human Services System Market Profile: 2024

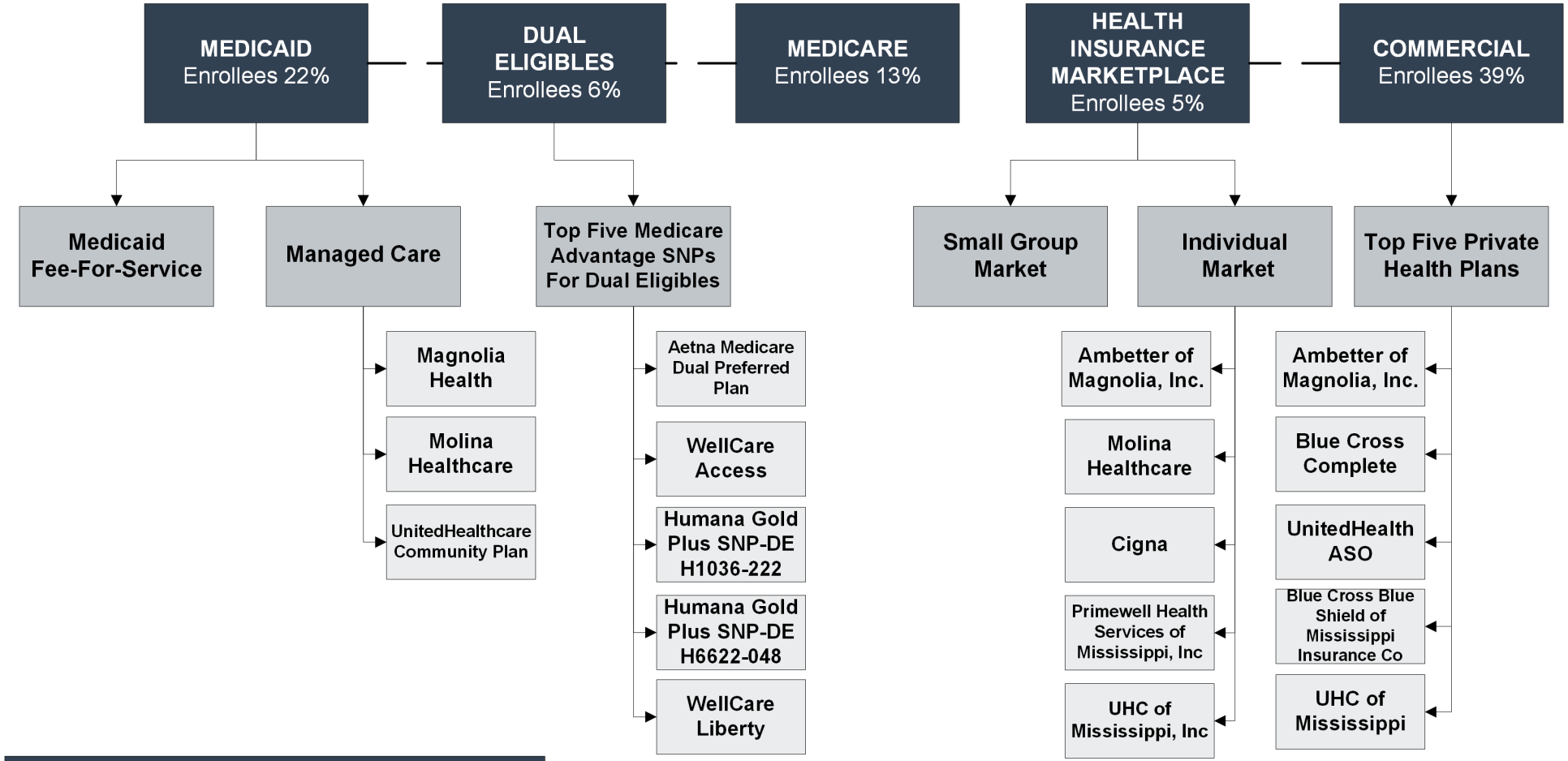


Health & Human Services System Market Profile Overview

A. Executive Summary

A.1. Mississippi Physical Health Care Coverage by Payer

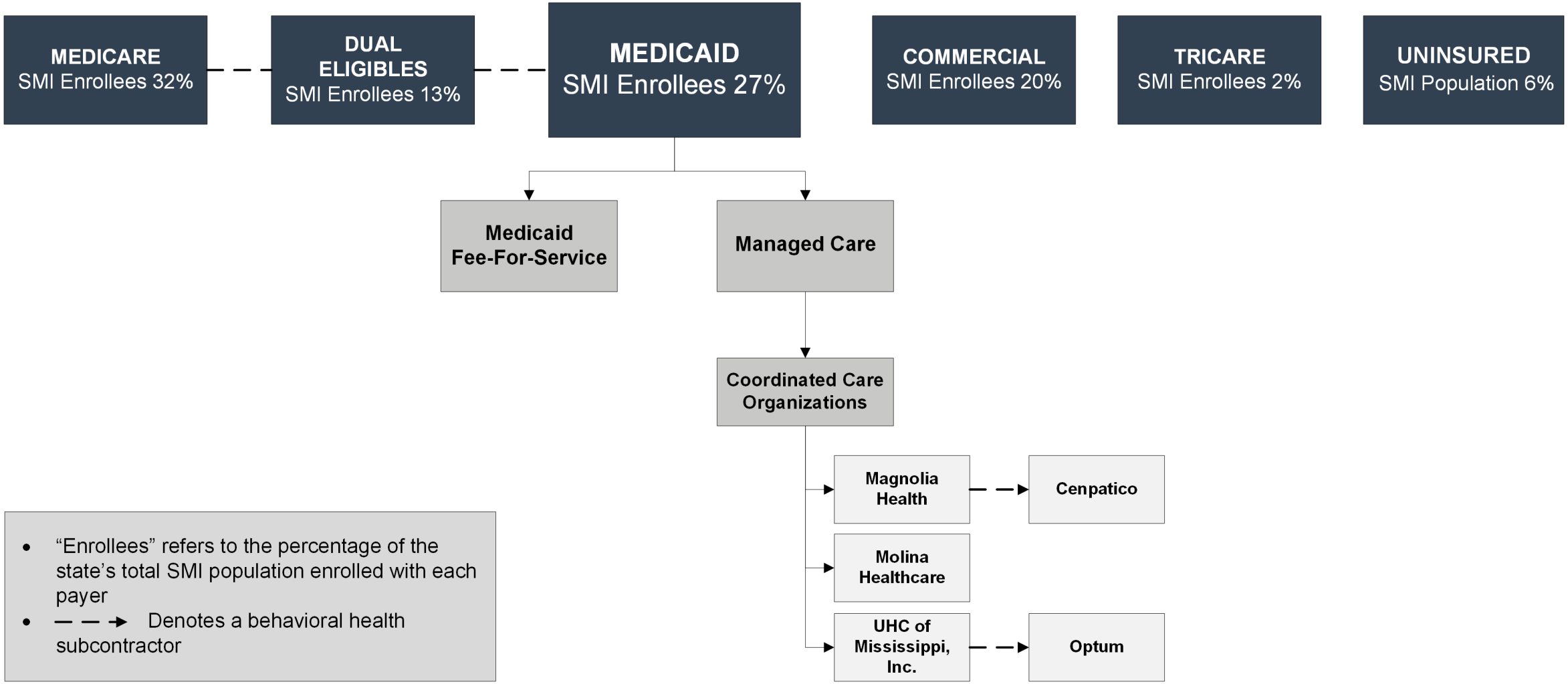
Total Mississippi Population- 2,940,057
Estimated Serious Mental Illness (SMI) Population- 235,205



"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	✓	There are eight grants awarded for CCBHCs Alabama.

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.

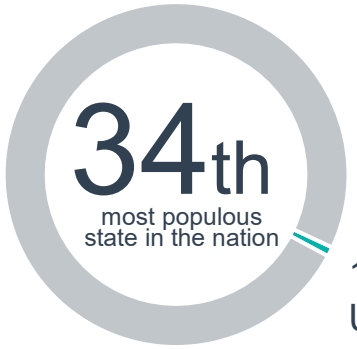
Addiction Treatment Services

- 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

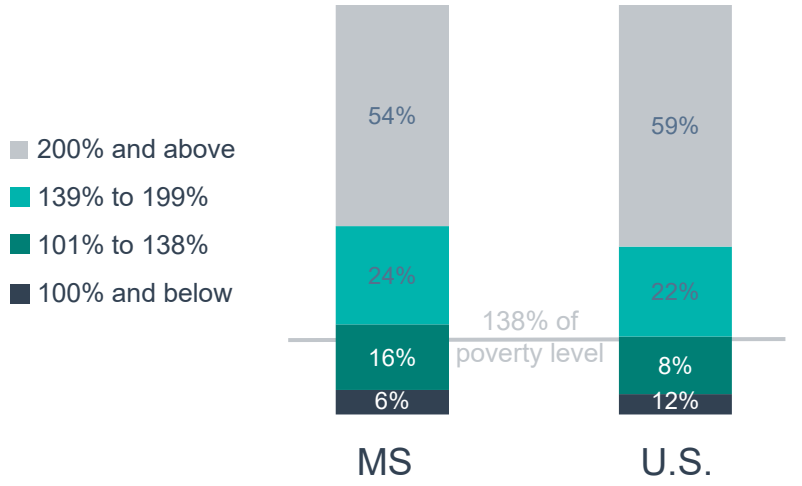
B.1. Population Demographics

Total Mississippi Population- 2,940,057
Estimated SMI Population- 235,205



1% of the
U.S. population

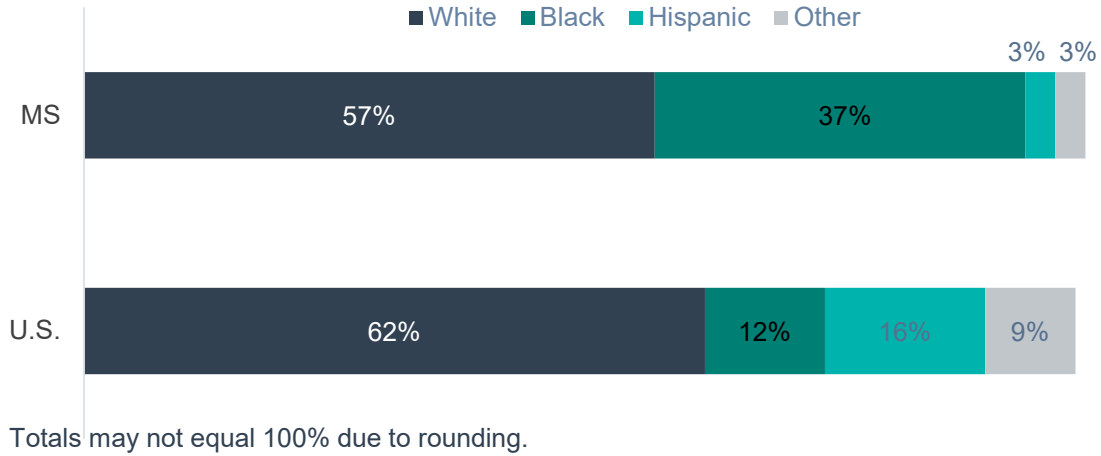
Population Distribution By Income To Poverty Threshold Ratio



Median Household Income	
Mississippi	$52,719
U.S.	$74,755

Population Distribution By Age

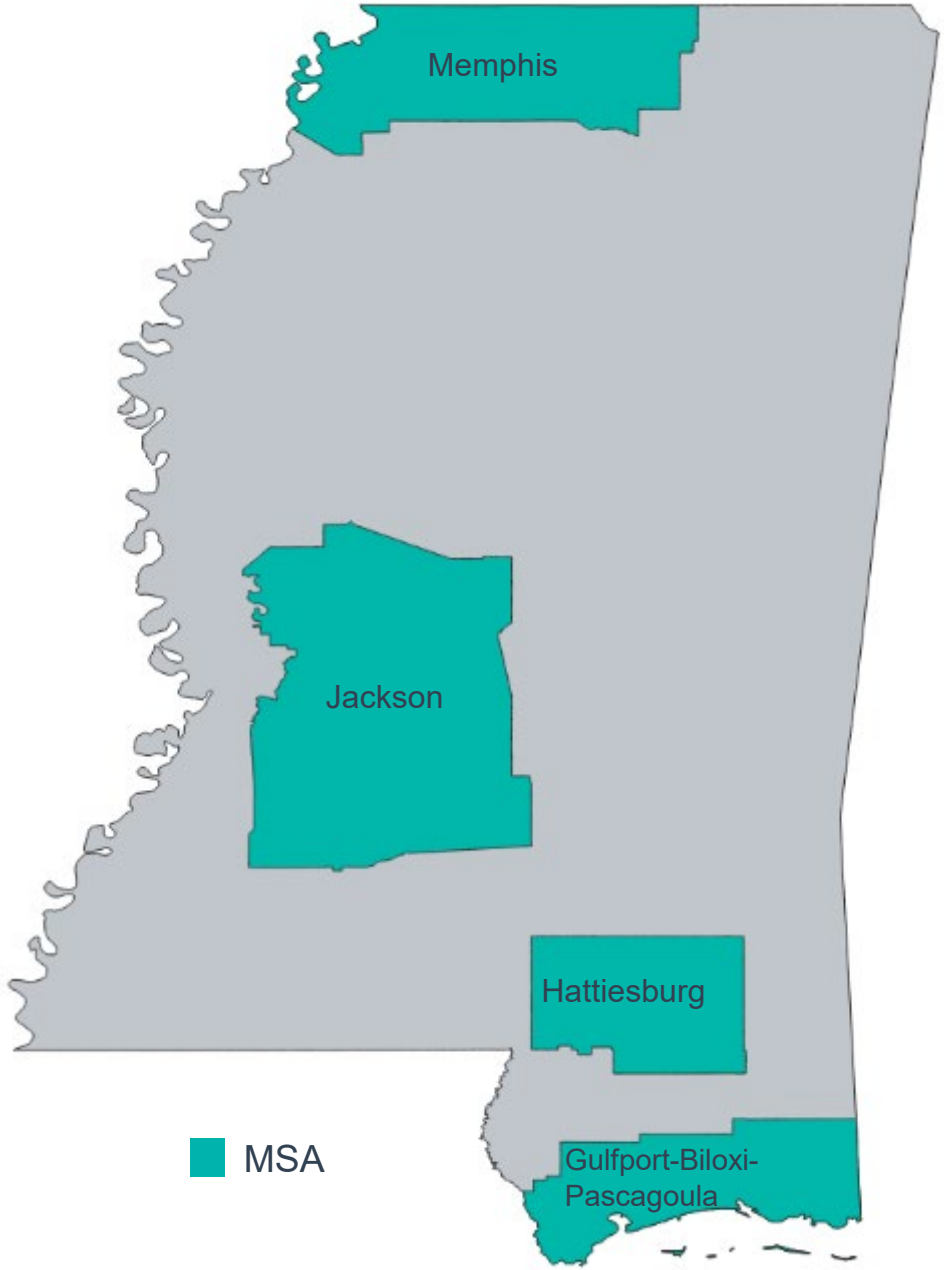
Mississippi & U.S. Racial Composition



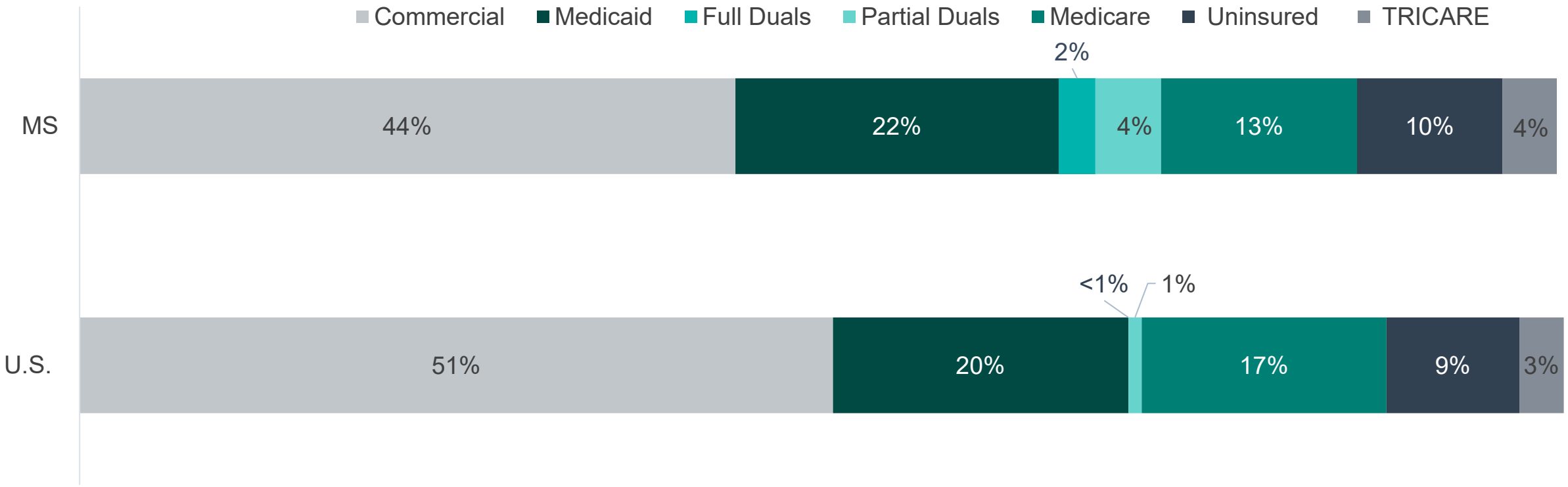
Totals may not equal 100% due to rounding.

B.2. Population Centers

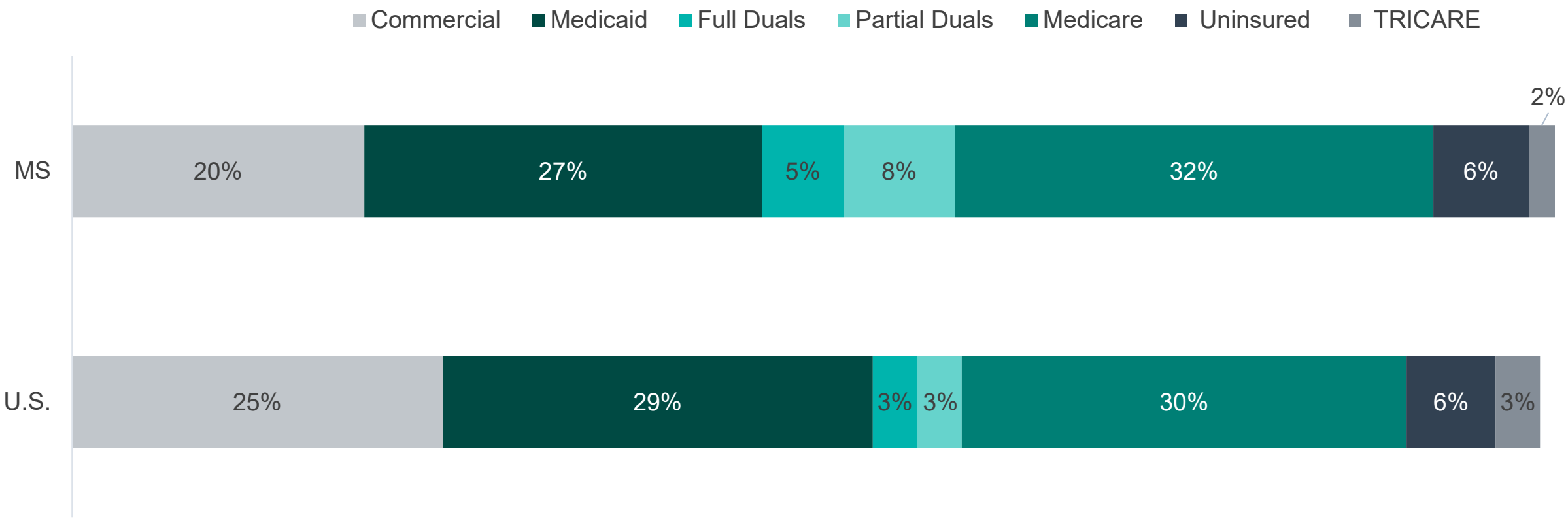
Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent Of Population**
Total MSA Population	**2,523,587**	**86%**
Memphis, TN-MS-AR	1,335,674	45%
Jackson, MS	610,257	21%
Gulfport-Biloxi-Pascagoula, MS	421,916	14%
Hattiesburg, MS	155,740	5%



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	929,167
Blue Cross Blue Shield of Mississippi Insurance Co.	Commercial	923,168
Medicare Fee-For-Service (FFS)	Medicare	378,228
Medicaid FFS	Medicaid	299,876
Magnolia Health	Medicaid managed care	193,826
UnitedHealthcare Community Plan	Medicaid managed care	186,115
TRICARE	Other public	114,098
UnitedHealthcare ASO	Commercial administrative services only (ASO)	99,194
HumanaChoice	Medicare Advantage	98,299
Molina Healthcare	Medicaid managed care	98,305

*Medicaid enrollment as of July 2024; TRICARE as of December 2023; Commercial as of November 2023; Medicare enrollment as of August 2023

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

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	378,228	85,858
Blue Cross Complete	Commercial	929,167	39,025
Blue Cross Blue Shield of Mississippi Insurance Co	Commercial	923,168	38,773
Medicaid FFS	Medicaid	299,876	34,786
Magnolia Health	Medicaid managed care	193,826	22,484
HumanaChoice	Medicare advantage	98,299	22,314
UnitedHealthcare Community Plan	Medicaid managed care	186,115	21,589
Molina Healthcare	Medicaid managed care	98,305	11,403
Care Improvement Plus South Central Insurance Co	Medicare Advantage	38,250	8,683
Humana Gold Plus	Medicare Advantage	24,156	5,483

*Medicaid enrollment as of July 2024; TRICARE as of December 2023; Commercial as of November 2023; Medicare enrollment as of August 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	5%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.onemississippi.com/
	1-855-967-7467

2024 Individual Market Health Plans
1. Magnolia/Ambetter
2. Blue Cross and Blue Shield of Mississippi
3. Cigna
4. Molina Healthcare of Mississippi, Inc
5. Primewell Health Services of Mississippi, Inc
6. UnitedHealthcare

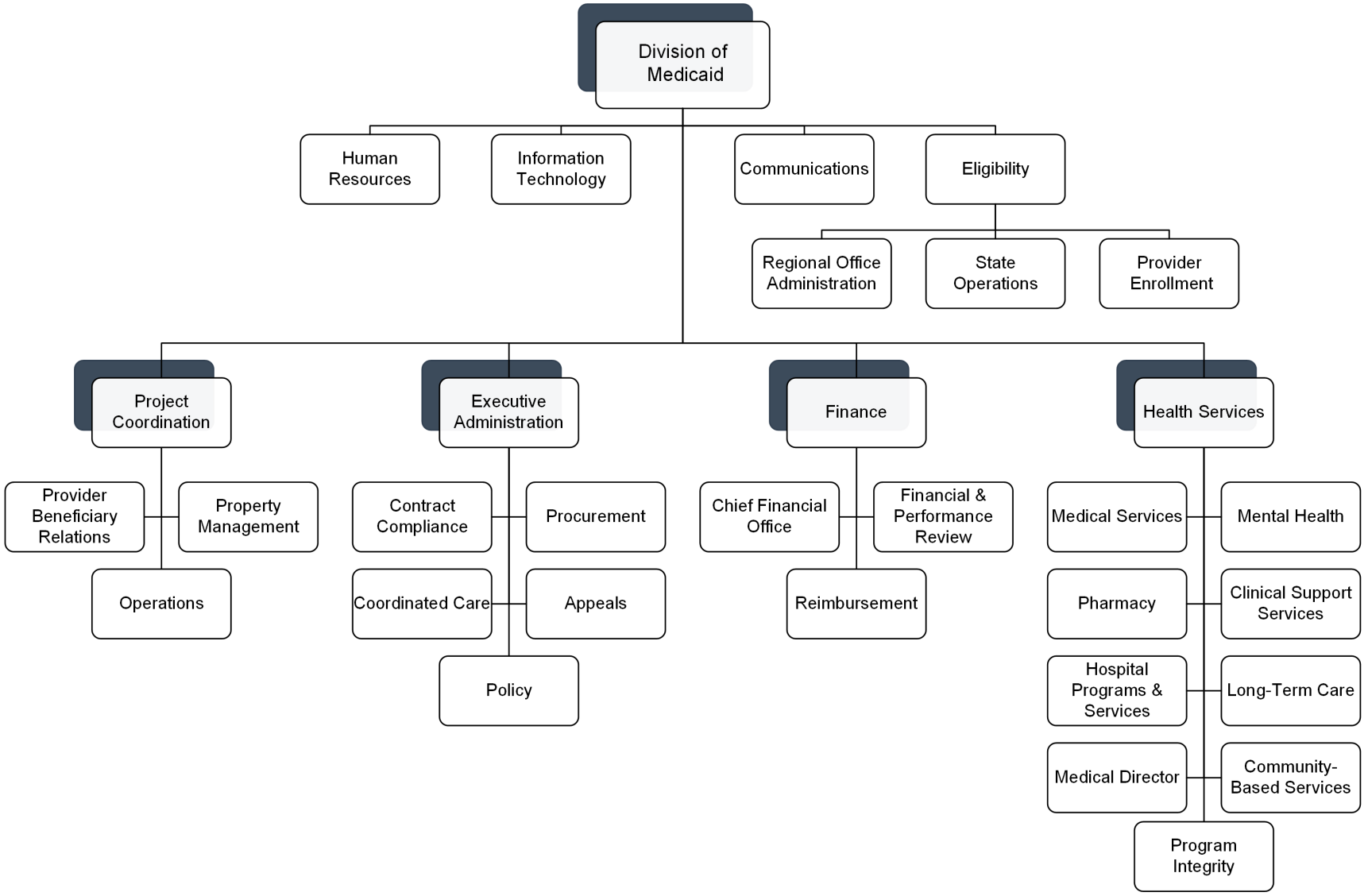
2024 Small Group Market Health Plans
1. All Savers Insurance Company
2. Blue Cross & Blue Shield of Mississippi
3. UnitedHealthcare Insurance Company
4. UnitedHealthcare Life Insurance Company

B.6. Accountable Care Organizations (ACOs)

Medicare Shared Savings Model ACOs
1. Southeast MSSP 2. Ochsner Accountable Care Network, LLC 3. Myriad Health Alliance 4. HealthChoice, LLC 5. Vytalize Health ACO 6. MS MSSP 7. Hattiesburg Clinic ACO 8. Health Leaders Network of Mississippi LLC 9. MS MSSP CHC 10. CHSPSC ACO 14, LLC

C. Medicaid Administration, Governance & Operations

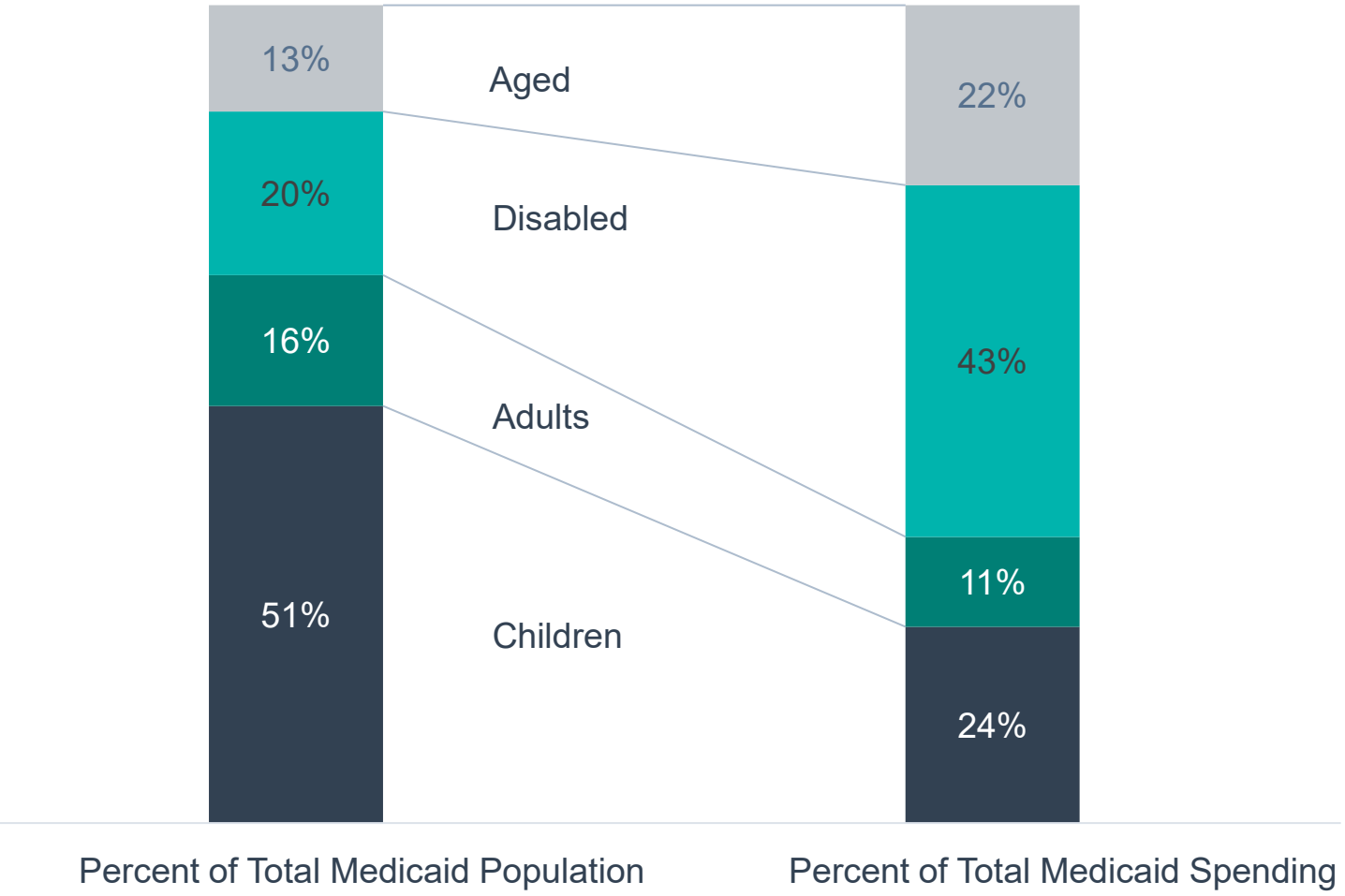
C.1. Medicaid Governance: Organization Chart



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
Tracy Buchanan	Deputy Administrator, Health Policy and Services	Division of Medicaid	Tracy.Buchanan@medicaid.ms.gov
Carlos Latorre	Medicaid 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 2021 data

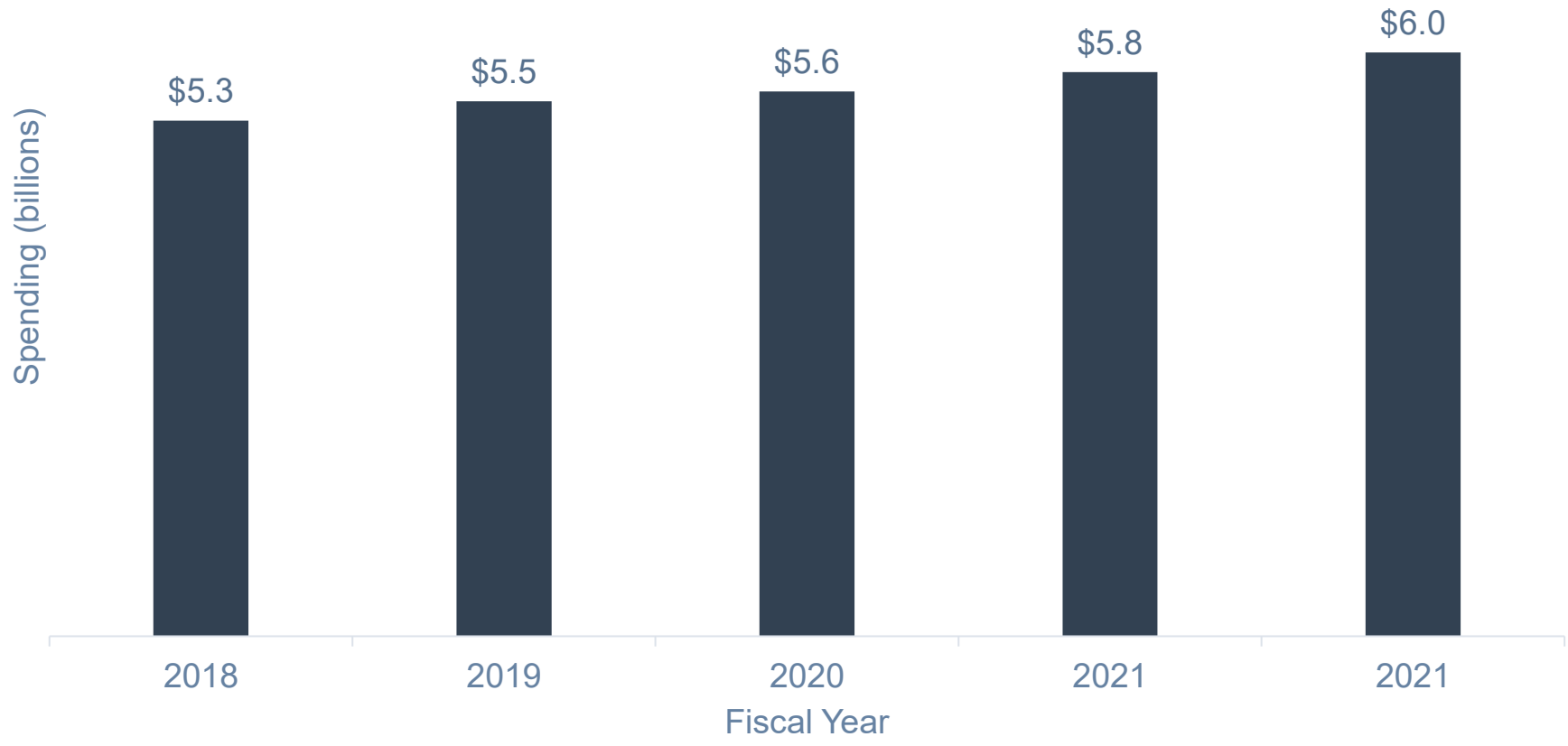
Medicaid Spending Per Enrollee, FY 2021		
	U.S.	MS
All populations	$8,651	$7,171
Children	$3,584	$3,339
Adults	$5,462	$5,217
Expansion adults	$7,486	N/A
Blind and disabled	$23,935	$15,134
Aged	$18,514	$12,497

C.2. Medicaid Program Spending: Budget

Budget Item	SFY22 Spending	Percent Of Budget
Managed care and premium assistance	$2,574,000,000	43%
Institutional LTSS	$1,092,000,000	18%
Hospital	$781,000,000	13%
Home- and community-based LTSS	$556,000,000	9%
Medicare premiums and coinsurance	$337,000,000	6%
Other acute services	$306,000,000	5%
Physician	$150,000,000	3%
Drugs	$72,000,000	1%
Clinic and health center	$65,000,000	1%
Other practitioner	$31,000,000	1%
Dental	$5,000,000	<1%
Total Budget: $5,969,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	77.3%
CY 2024 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 – 2024 expansion efforts failed after lawmakers could not agree on final proposal
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 (July 2024)	175,670	478,246
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 27% of the SMI population in FFS, 73% in managed care	
Management	Division of Medicaid	Three health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 653,916 | Total Medicaid With SMI: 75,854

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of July 2024: 27% in FFS, 73% 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 27% of population in FFS, 73% 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	✓	There are eight grants awarded for CCBHCs Alabama.

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 July 2024, FFS enrollment was 175,670.*

*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 July 2024, *OPEN MINDS* estimates that 27% 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	Yes, Gainwell Technologies
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 July 2024, managed care enrollment was 478,246.
- 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.
  - The state currently has three health plans Molina Healthcare, Magnolia Health Plan and UnitedHealthcare Community Plan of Mississippi.
- 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.

D.3. Medicaid Managed Care Program: Value-Based Withhold Program

- In state fiscal year (SFY) 2020, the Mississippi Division of Medicaid (DOM) implemented a Managed Care Value-Based Withhold on MississippiCAN capitation rate payments.
  - This quality withhold is based on established quality metrics, such as Healthcare Effectiveness Data and Information Set (HEDIS) scores, which are already being reported by the CCOs.
- DOM has set a 1% withhold of capitation rates that began in SFY 2020 and requests approval annually for this program as part of the capitation rate certification performed yearly by CMS.
  - These measures consist of mostly HEDIS measures which are based on prior Calendar Year and other measures including Hospital Readmissions for the respective CCO beneficiaries.
- See slide 36 for Withhold Measures.

D.3. Medicaid Managed Care Program: Value-Based Withhold Program

Quality Measure	Sub Measure	Baseline	SFY 2024 Target
Well Child Visits – First 30 Months of Life (W30)	Children 15 months of age with 6+ visits	53.71%	56.40%
	Children 30 months of age with 2+ visits	N/A	N/A
Immunizations for Adolescents (IMA)	Combination 2	20.03%	22.52%
Anti-Depressant Management	Effective Acute Phase Treatment	52.94%	55.59%
Follow-Up After Hospitalization for Mental Illness	30 Days – Ages 6 to 17		71.36%
Timeliness of Prenatal Care		90.14%	94.92%
Comprehensive Diabetes Care – CDC (SPD)	Hemoglobin A1c Control for Patients with Diabetes (<8%)		50.12%
Comprehensive Diabetes Care – CDC (SPD)	Blood Pressure control for Patients with Diabetes		60.83%
Comprehensive Diabetes Care – CDC (SPD)	Eye Exams for Patients with Diabetes		51.09%
Adults & Children: Asthma ages 5-64	(AMR) Total	70.76%	72.89%
Adults: Pharmacotherapy Management of COPD Exacerbation (PCE)	Systemic Corticosteroid	51.27%	53.84%
Reduction in C-Section Rate			2 percent point improvement over CY 2021 Individual CCO Rate
QIPP PPHR A/E Ratio			2% improvement over Baseline

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

Magnolia Health Plan

1. Profit status: For-profit
2. Parent company: Centene-WellCare
3. Behavioral health subcontractor: Cenpatico
4. Pharmacy benefits manager: Gainwell Technologies
5. Enrollment share: 41%

UnitedHealthcare Community Plan of Mississippi

1. Profit status: For-profit
2. Parent company: UnitedHealth
3. Behavioral health subcontractor: Optum
4. Pharmacy benefits manager: Gainwell Technologies
5. Enrollment share: 39%

Molina Healthcare

1. Profit status: For-profit
2. Parent company: None
3. Behavioral health subcontractor: None
4. Pharmacy benefits manager: Gainwell Technologies
5. Enrollment share: 21%

Totals may not equal 100% due to rounding

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

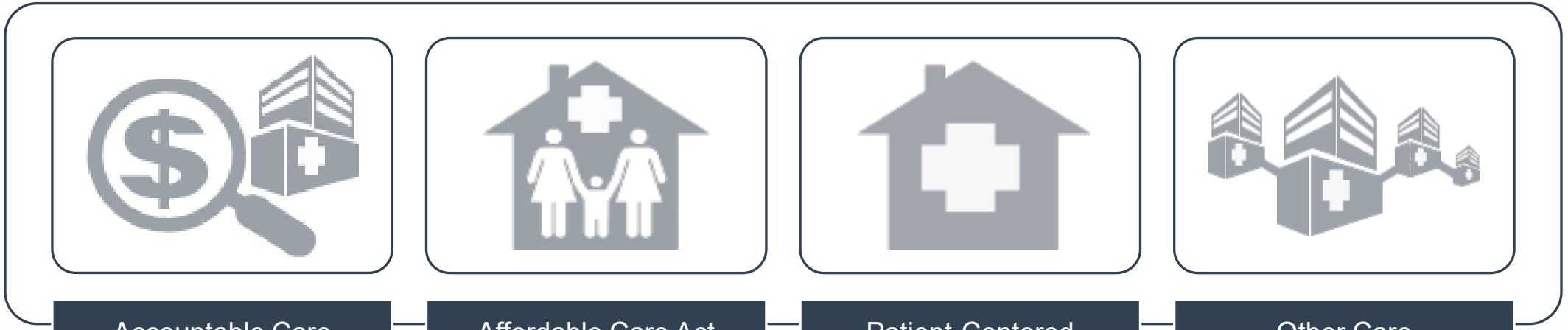
D.3. Medicaid Managed Care Program: SMI Population

- 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 July 2024, *OPEN MINDS* estimates that 73% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Mississippi Managed Care Program Pharmacy Benefit	
State Uses Pharmacy Benefit Manager	Yes, Gainwell Technologies
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
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	10/01/2023	09/30/2028
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 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: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2024 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.	1,200	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.	1,200	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.R07.00)	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 - Presumptive Eligibility for Pregnant Women

- House Bill 539, which was signed into law and went into effect July 1, 2024, authorized the Mississippi Division of Medicaid to offer presumptive eligibility for pregnant women (PEPW) to provide coverage for ambulatory prenatal care.
- The PEPW provision permits qualified providers to immediately deem presumptively eligible pregnant women to be temporarily eligible for limited Medicaid benefits.
  - Previously first-time mothers only became eligible for Medicaid once they became pregnant. Their application process would cut well into their first trimester.
- To make PEPW determinations, a provider must:
  - Participate as a Medicaid provider.
  - Be an OB/GYN, primary care provider, Federally Qualified Health Center, Rural Health Clinic, or Mississippi Department of Health employee.
  - Submit a qualified provider application to PEPW.
  - When approved, submit an executed Memorandum of Understanding.
  - Agree to make PEPW determinations consistent with Medicaid's policies and procedures.
  - Not be disqualified from making PE determinations for failure to meet performance standards.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (August 2024)	378,228	252,046
SMI Enrollment	• *OPEN MINDS* estimates 40% of the population in Medicare Advantage, 60% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 630,274 | Total Medicare With SMI: 143,072

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of August 2024: 40% Medicare Advantage, 60% in traditional Medicare.
SMI population inclusion in managed care	Estimated 40% of population in Medicare Advantage, 60% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	There are no C-SNP plans in Mississippi.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of the population enrolled in an I-SNP plan.

E.2. Medicare System: Overview

- Medicare enrollment as of August 2024 was 381,488.
- It is estimated around 13% of the state's total population is enrolled in Medicare, compared with about 19.5% of the U.S. population enrolled in Medicare.
  - *OPEN MINDS* estimates approximately 32% of the state's Medicare population has an SMI.
- Nationwide, nearly 49% of Medicare beneficiaries have Medicare Advantage plans. In Mississippi, 40% of Medicare beneficiaries are enrolled in Medicare Advantage plans.
  - There were Medicare Advantage plans available in all 82 counties in Mississippi for 2023, although the number of available plans varied widely across the state: there were only nine plans available in Lowndes County, but residents in some counties could select from up to as many as 53 different Medicare Advantage plans.
- As of 2022, there were 65 insurance companies approved to offer Medigap plans in Mississippi.
- There were 22 stand-alone Medicare Part D plans for sale in Mississippi for 2023.
  - There were 479,294 Mississippi Medicare beneficiaries with Medicare Part D coverage as of mid-2023.
  - That included more than 253,000 with stand-alone Part D plans, and more than 226,000 who had Part D coverage integrated with Medicare Advantage plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings Model ACOs
1. Southeast MSSP 2. Ochsner Accountable Care Network, LLC 3. Myriad Health Alliance 4. HealthChoice, LLC 5. Vytalize Health ACO 6. MS MSSP 7. Hattiesburg Clinic ACO 8. Health Leaders Network of Mississippi LLC 9. MS MSSP CHC 10. CHSPSC ACO 14, LLC

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

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

Dual Eligible* Medicaid System Characteristics	
Characteristics	**Medicaid Fee-For-Service (FFS)**
Enrollment (June 2023)	77,843
Estimated SMI Enrollment	16,347
Management	Division of Medicaid
Payment Model	FFS
Geographic Service Area	Statewide

Total Dual Eligible Enrollment: 77,843 | Total Dual Eligible Enrollment With SMI: 16,347

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

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

Health Plans	Parent Company	Plan Type	April 2024 Enrollment	Estimated SMI Enrollment
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	24,149	5,071
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	19,661	4,129
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	16,984	3,567
WellCare Access	Centene	Medicare Advantage D-SNP	6,935	1,456
Aetna Medicare Dual Preferred Plan	Aetna/CVS	Medicare Advantage D-SNP	4,797	1,007
WellCare Liberty	Centene	Medicare Advantage D-SNP	4,479	941
Cigna-HealthSpring TotalCare	HealthSpring of Tennessee, Inc	Medicare Advantage D-SNP	1,975	415
Shared Health Dual Plus	Shared Health	Medicare Advantage D-SNP	573	120
Vantage Dual Plus	Blue Cross and Blue Shield of Louisiana	Medicare Advantage D-SNP	125	26

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

- As of June 2023, dual eligible enrollment was 77,843.
- 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 April 2024, D-SNP enrollment was 79,678, SMI enrollment for D-SNP was 16,732.

F.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.

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

G.1. LTSS Financing & Service Delivery System

- Mississippi does not operate a MLTSS program

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (December 2023)	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

G.1. 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.

G.2. 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

G.3. Medicaid LTSS Program: Health Benefits

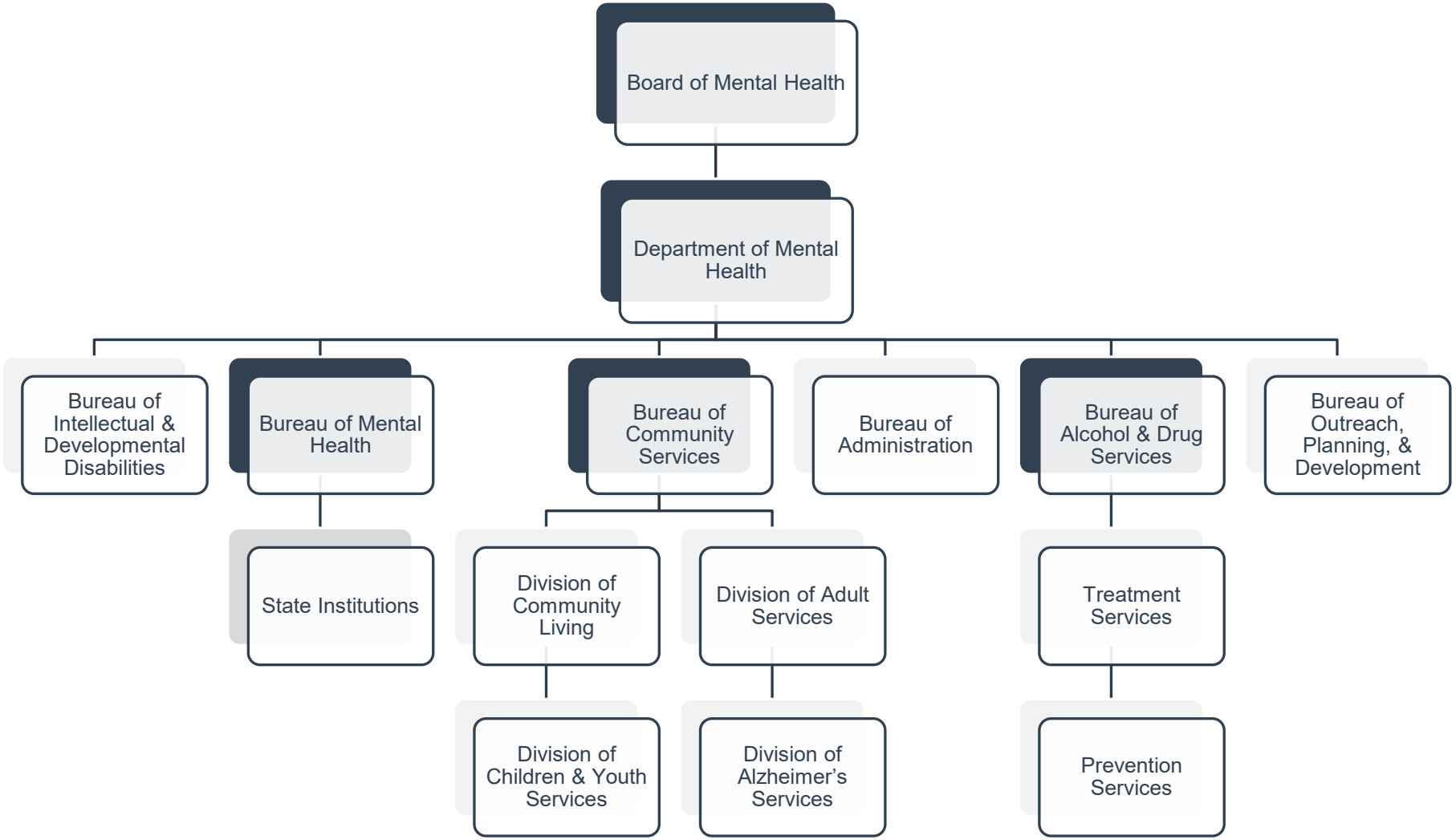
- Mississippi does not offer MLTSS services and instead all services are the same as the FFS or Managed Care system.

G.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.

H. State Behavioral Health Administration & Finance System

H.1. Department Of Mental Health: Organization Chart



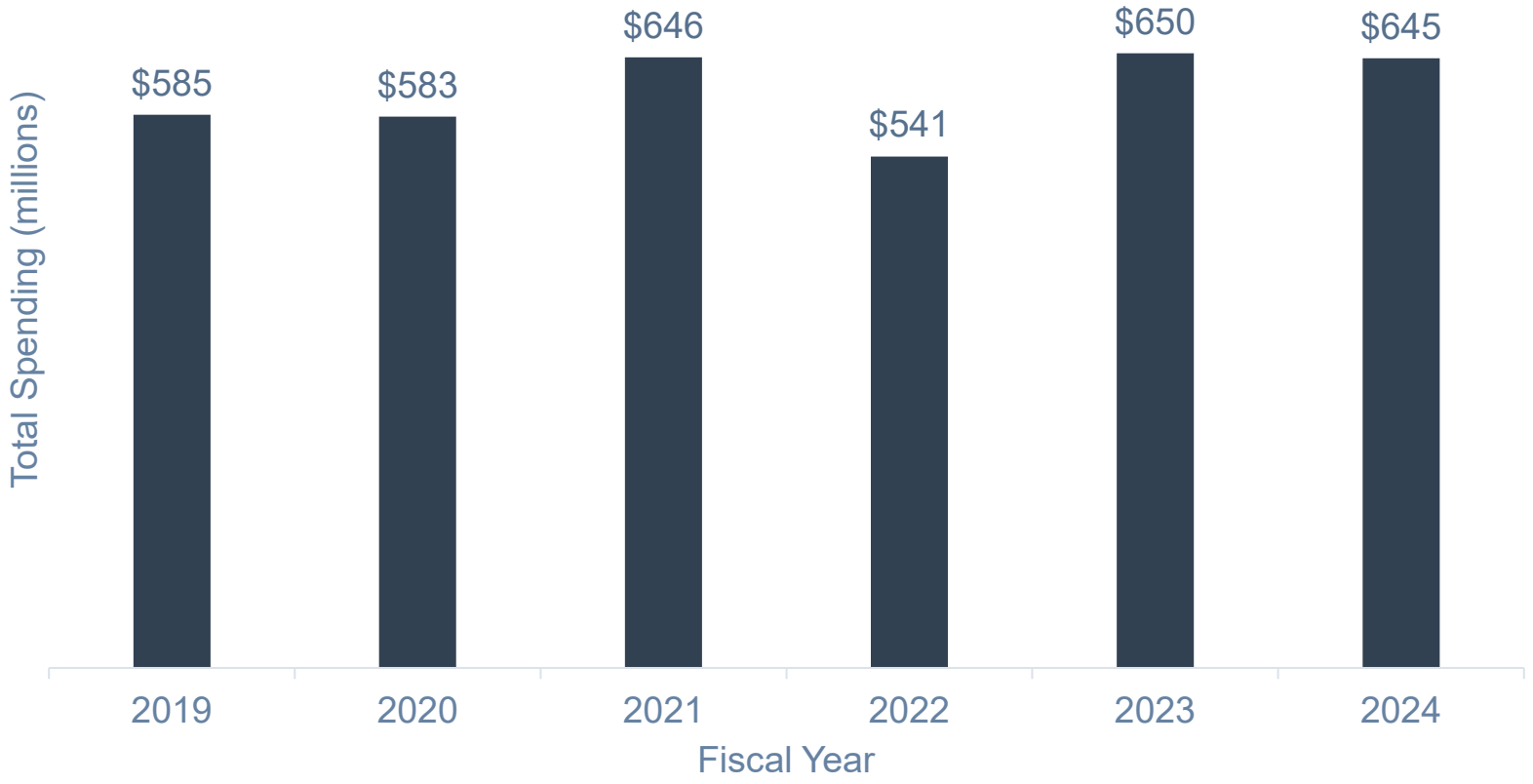
H.1. Department Of Mental Health: Key Leadership

Name	Position	Department	Email
Wendy Bailey	Executive Director	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	misty.bell@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

H.2. Department Of Mental Health: Spending

Budget Item	SFY 2024 Budget	Percent Of Budget
I/DD – Institutional care	$170,813,340	26%
Mental health institutional care	$154,163,577	24%
I/DD – Group home	$79,318,546	12%
State Hospitals & treatment centers	$53,762,823	8%
Mental health services	$31,510,710	5%
I/DD services	$31,117,111	5%
Alcohol Tax- Alcohol/drug program	$26,490,425	4%
Crisis Stabilization services	$21,799,747	3%
I/DD Community programs	$20,889,343	3%
I/DD- support services	$17,824,131	3%
Direct client services	$15,104,396	2%
Service management	$11,031,684	2%
MI- Support services	$7,011,969	1%
Children & Youth services	$4,973,723	1%
Total Spending: $644,811,525		

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

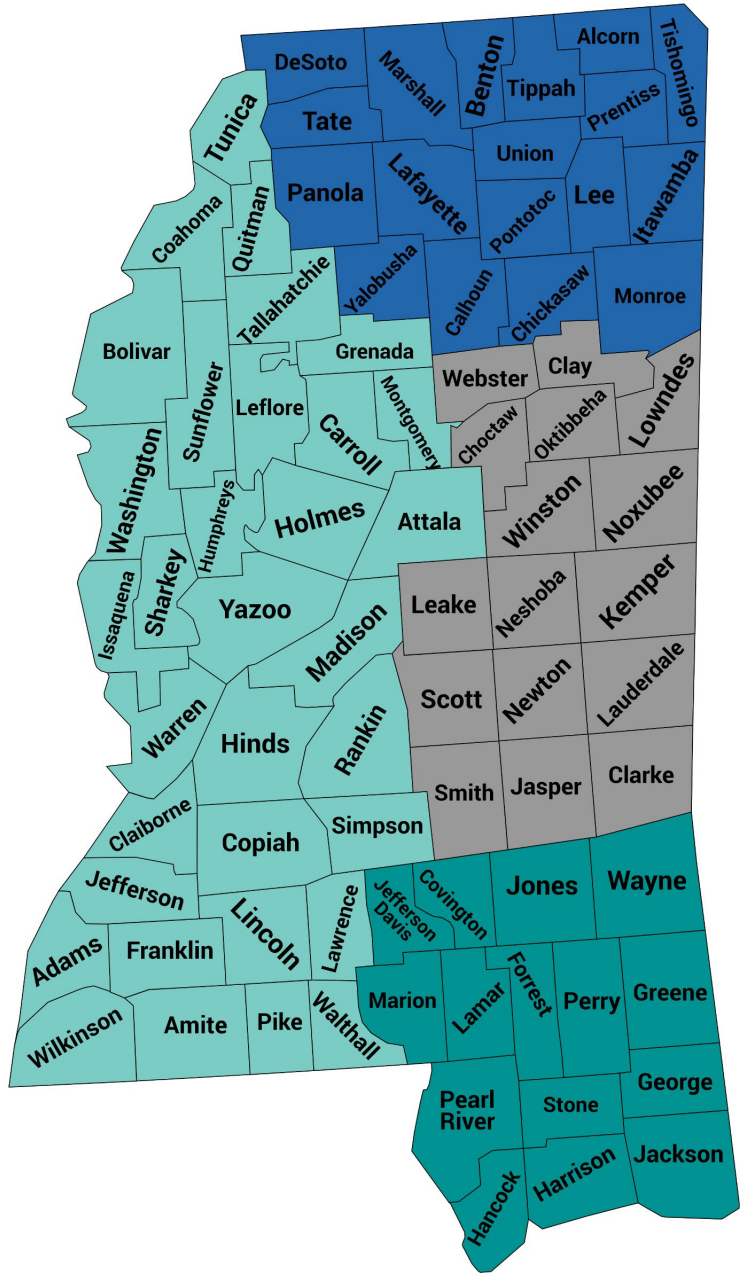


H.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	**Location**	**Active Beds**	**FY 2023 Number Served**
Mississippi State Hospital	Whitfield	272	1,364
East Mississippi State Hospital	Meridian	227	1,005
North Mississippi State Hospital	Tupelo	50	435
South Mississippi State Hospital	Purvis	50	442
Specialized Treatment Facility	Gulfport	32	76
Total		**631**	**3,322**

H.3. State Psychiatric Institutions

State Psychiatric Institution Catchment Areas
Mississippi State Hospital
South Mississippi State Hospital
East Mississippi State Hospital
North Mississippi State Hospital



H.4. Behavioral Health Safety-Net Delivery System

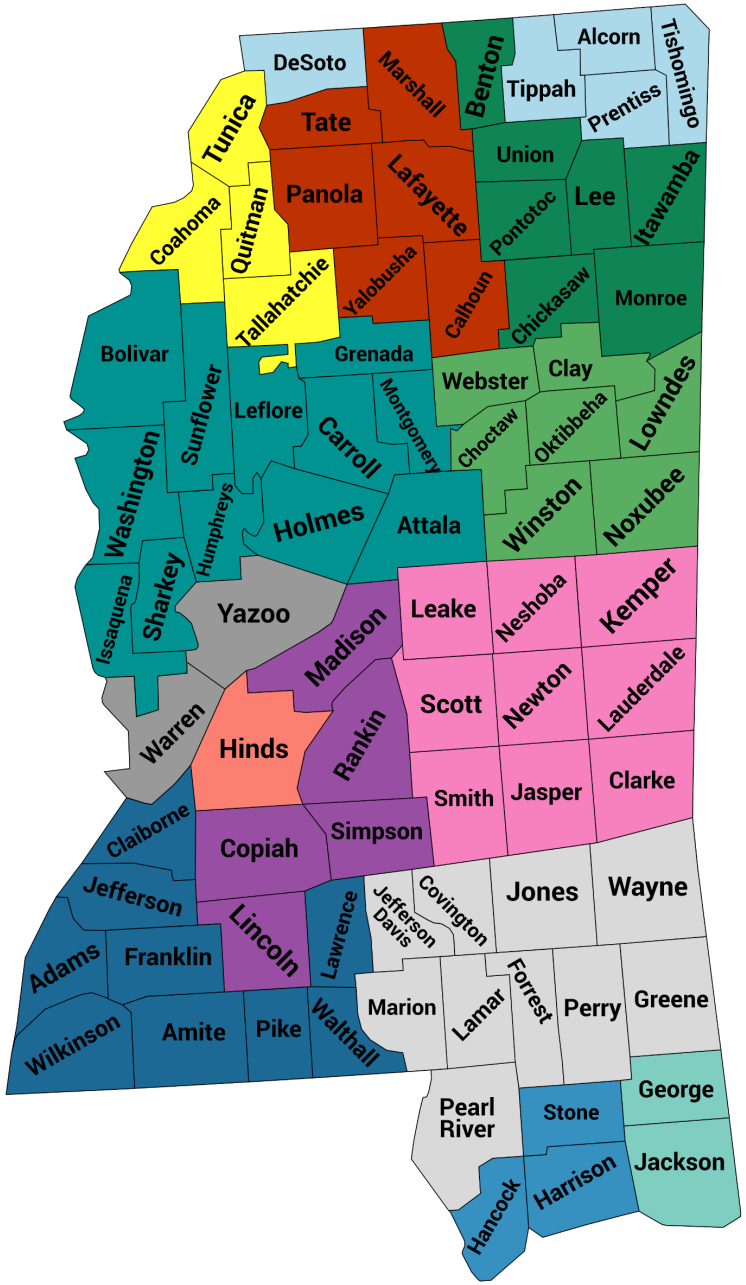
- The DMH provides behavioral health services to the uninsured population by contracting with 14 regional community mental health centers (CMHCs).
  - Additionally, DMH contracts with a small number of non-profit organizations to provide community-based alcohol/drug abuse services, community services 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

H.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



H.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.5. Behavioral Health System: New Initiatives - Mental Health App

- The Mississippi Department of Mental Health launched the Mental Health Mississippi mobile app, which offers residents immediate access to mental health resources and support.
- Features and resources offered in the new app include:
  - A resource directory to search for mental health service provides such as counselors, crisis intervention and substance abuse treatment.
  - An interactive map showing available services in each Mississippi county.
  - Crisis support links to 24/7 hotlines and emergency services.
  - Various educational resources on treatment and wellness strategies.
- Mental Health Mississippi was funded through a Mental Health Awareness Training Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

I. Appendices

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2024 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.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	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

I.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.

I.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 2024, the FPL is $14,580 for an individual and $30, 000 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.

I.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.

I.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.

I.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.

I.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.

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