

Mississippi Chapter

INCORPORATED IN MISSISSIPPI

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



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Your Mississippi Pediatricians:

- Focus on prevention
- Are the state's immunization workforce
- Care for children, 54% of Medicaid beneficiaries
- Work with DOM/CANs to improve quality, access and cost containment
- Medicaid Medical Advisory Committee
- Appreciate our legislators' prioritizing of child health

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Prevent Morbidity and Mortality of **Women** and **Infants**

Via Medicaid Coverage

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Prevention of morbidity and mortality

of women and infants via Medicaid

- Mississippi has about 38,000 births per year
- Only 2% of these are Very Low Birthweight (VLBW) - 3 pounds and 4 ounces (or less) about #760
- Much disability, subsequent costs and half of infant deaths arise from this group
- Insuring women for 12 months postpartum reduces the modifiable risks leading to VLBW delivery
- Promoting delivery closer to term saves lives, prevents disability, and reduces cost
- Georgia's #1115 waiver costs \$2200 per woman per year yet saves \$23 Million per year
- DOM initiated this coverage during the public health emergency and currently has the discretion to continue when the pandemic has ended



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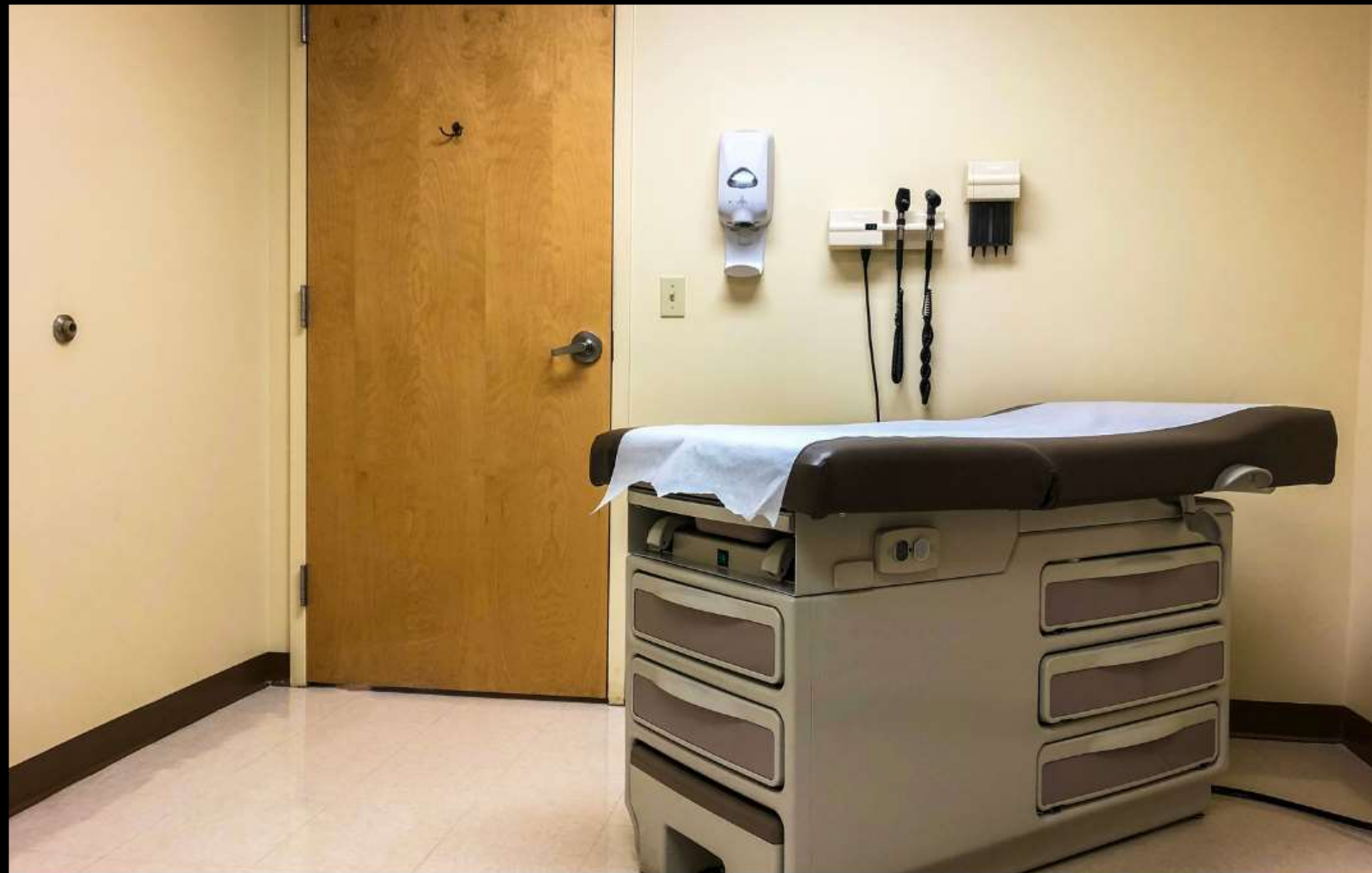
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Which would you rather pay for?



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Goals of Managed Care

Not being met for Children

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“Baby J”

Physician: Brad Ingram, MD, Director of UMMC Pediatric Comprehensive Epilepsy Center

- 11.5 months old
- life threatening seizures
- admitted to intensive care TWICE
- now SEIZURE FREE on the drug Keppra!
- Insured by MolinaCAN - which denied coverage for Keppra for several months due to <1yr old, family paid out of pocket
- Dr. Ingram filed PA which was denied - he then talked to pharmacy technician
- Drug approved
- MS-AAP became aware who made CMO of Molina and DOM aware: computer was blamed

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Goals of Managed Care

via MississippiCAN

- Cost effectiveness, efficiency, predictability
- Improved quality of care
- Improved access to care

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MississippiCAN: *More Expensive* than Fee-For-Service in Children

Table 1
MississippiCAN Estimated Program Savings
State Fiscal Year 2020
Total Expenditures - State and Federal (in millions)
Estimated Program Savings Relative to FFS

	Projected FFS Claims w/o Managed Care	MississippiCAN Costs*	Total Savings	Mississippi Share of Savings
SSI / Disabled, Foster Care, Breast & Cervical Cancer	\$1,021.7	\$926.6	\$95.1	\$22.0
MA Adults, Pregnant Women, Non-SSI / Disabled Newborns	\$648.8	\$625.4	\$23.4	\$5.4
MA Children, Quasi-CHIP Children, SED Children	\$741.4	\$770.9	(\$29.5)	(\$6.3)
Total All MississippiCAN	\$2,412.0	\$2,322.9	\$89.0	\$21.2

* MississippiCAN costs include capitated services and the Health Insurer Fee.

Source:

<https://medicaid.ms.gov/wp-content/uploads/2019/12/SFY-2020-MississippiCAN-Estimated-Program-Savings-Summary.pdf>

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MississippiCAN

Not meeting expectations

- Slow credentialing and contracting
- peer-to-non-peer reviews
- excessive and unnecessary prior authorizations
- slow payments
- unnecessary denials due to 'timely filing' or 'unclean claims'
- inappropriate and onerous recoupments
- lower reimbursement than Fee For Service Medicaid
- Process Problems (i.e. glitches)
- Lack of Case Management

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Remedies?

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