

**Senate Medicaid Committee  
Senator Kevin Blackwell, Chairman**

**November 30, 2021  
1:15pm  
State Capitol, Room 216**

***Medicaid Delivery Options***

**Emily Blanford – Program Principal, Health Program; National  
Conference of State Legislatures**

**Beth Kidder – Managing Principal, Health Management Associates  
VIA ZOOM**

**Drew Snyder – Executive Director, Division of Medicaid**

**Will Simpson – Vice President of Government Relations and  
Communications, Magnolia Health Plan**

**Bridget Galatas – Plan President and Chief Executive Officer, Molina  
Health Care of Mississippi**

**J. Michael Parnell, PhD, RN, FACHE – Chief Executive Officer, United  
Healthcare Community of Mississippi**

**Tim Moore – President/Chief Executive Officer, Mississippi Hospital  
Association**

**Richard Roberson – Vice President for Policy and State  
Advocacy/General Counsel, Mississippi Hospital Association**



# Medicaid Managed Care: National Overview

Presentation to the Mississippi Senate Medicaid  
Committee

Emily Blanford, Program Principal, NCSL Health Program

November 30, 2021

# How NCSL Strengthens Legislatures



## Policy Research

NCSL provides trusted, nonpartisan policy research and analysis



## Connections

NCSL links legislators and staff with each other and with experts



## Training

NCSL delivers training tailored specifically for legislators and staff



## State Voice in D.C.

NCSL represents and advocates on behalf of states on Capitol Hill



## Meetings

NCSL meetings facilitate information exchange and policy discussions



# Presentation Overview

---



## Delivery Systems

---

Managed care vs. fee-for-service



## Types of Managed Care

---



## Key Features of Managed Care

---



## State Examples

---

# Medicaid Delivery Systems



## Managed Care

- Typically includes contracting with managed care organizations (MCOs) and capitated reimbursement, meaning a flat monthly fee paid per beneficiary



## Fee-for-Service

- Fee-for-service (FFS) models pay separately by service and may or may not include elements of care coordination



# Types of Managed Care Models

## Comprehensive Risk-Based Managed Care (MCO model)

- Typically contract with MCOs, which receive a monthly capitation payment
- MCOs are “at risk” for any financial losses if MCOs spend more on services than provided through the capitation payment

## Primary Care Case Management (PCCM)

- Each beneficiary is assigned a primary care provider that is responsible for coordinating care and is paid an administrative fee
- Services are paid using fee-for-service model and is not “at-risk”

## Limited-Benefit Plan

- Can be used to manage a subset of benefits with examples including: behavioral health, non-emergency transportation, dental and managed long-term services and supports (MLTSS)
- Can be “at risk” or not, depending on if coverage for inpatient services is included, such as in a behavioral health limited-benefit plan

# Key System Features

## Provider Participation Requirements



### Comprehensive Risk-Based

MCOs must meet network size and location standards. Must credential providers and can limit which providers may participate.



### PCCM

Programs may have to meet provider requirements in addition to regular credentials.



### Limited-benefit

Process is similar to comprehensive risk-based MCOs.



### Fee-For-Service

Any willing provider that meets qualifications may participate.

# Key System Features

Beneficiary access to services



## Comprehensive Risk-Based

Services must be accessed through network providers. MCOs set rules regarding non-emergency referrals and other care coordination.



## PCCM

Beneficiaries are assigned a primary care provider and referrals may be required to see specialists.



## Limited-benefit

Process is similar to comprehensive risk-based plans.



## Fee-For-Service

Beneficiaries may receive services from any qualified, participating provider.



# Key System Features

## Care Coordination for Beneficiaries



### Comprehensive Risk-Based

Must conduct initial health assessments and may provide disease management and other types of care coordination.



### PCCM

Programs provide additional support navigating and identifying appropriate service providers.



### Limited-benefit

Typically similar to comprehensive risk-based plans.

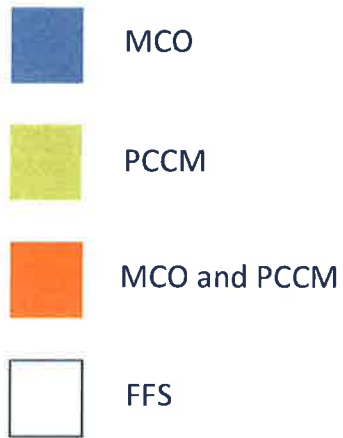


### Fee-For-Service

Open access without guidance for finding appropriate service providers.

# Delivery System Models

Types of delivery systems in place in each state



Source: 50-State Medicaid Budget Survey for State Fiscal Years 2021 and 2022, Kaiser Family Foundation



# State Examples

How states are using various types of delivery systems:

## Tennessee

- 100% of beneficiaries are enrolled in a comprehensive risk-based MCO
- No benefits are carved-out, so MCO includes access to behavioral health and long-term services and supports

## Colorado

- Uses a combination of MCO and PCCM with 88% of beneficiaries enrolled in PCCM
- MCOs largely used to serve two specific regions
- PCCM model carves out behavioral health and reimburses those services using risk-based capitation

## Wyoming

- 100% of beneficiaries access services through fee-for-service model

## Stay Connected

- [Learn](#) about NCSL training
- [Subscribe](#) to policy newsletters
- [Read](#) State Legislatures magazine
- [Bookmark](#) the NCSL Blog
- [Listen](#) to “Our American States” podcast
- [Attend](#) a meeting or training
- [Follow](#) @NCSLorg on social media







**Emily Blanford**

Program Principal  
NCSL Health Program

**Reach out anytime!**

Email

[emily.blanford@ncsl.org](mailto:emily.blanford@ncsl.org)

Phone

303-856-1448



# MEDICAID DELIVERY SYSTEMS

**Designing a system that serves Medicaid beneficiaries, caregivers, providers, and taxpayers**

Senate Medicaid Committee Hearing

November 30, 2021



**Drew L. Snyder**  
Executive Director  
Office of the Governor Division of Medicaid

# MISSISSIPPI MEDICAID PROFILE

The Mississippi Division of Medicaid (DOM) has more than 800 employees located at one central office and 30 regional offices.

- DOM covers roughly 25% of Mississippi's 3 million residents
- Overall enrollment has jumped due to maintenance of effort requirement in 2020 legislation
- 56% of Mississippi Medicaid beneficiaries are served by one of two managed care programs, MSCAN and MSCHIP

**834,446**  
**Medicaid**  
**beneficiaries**

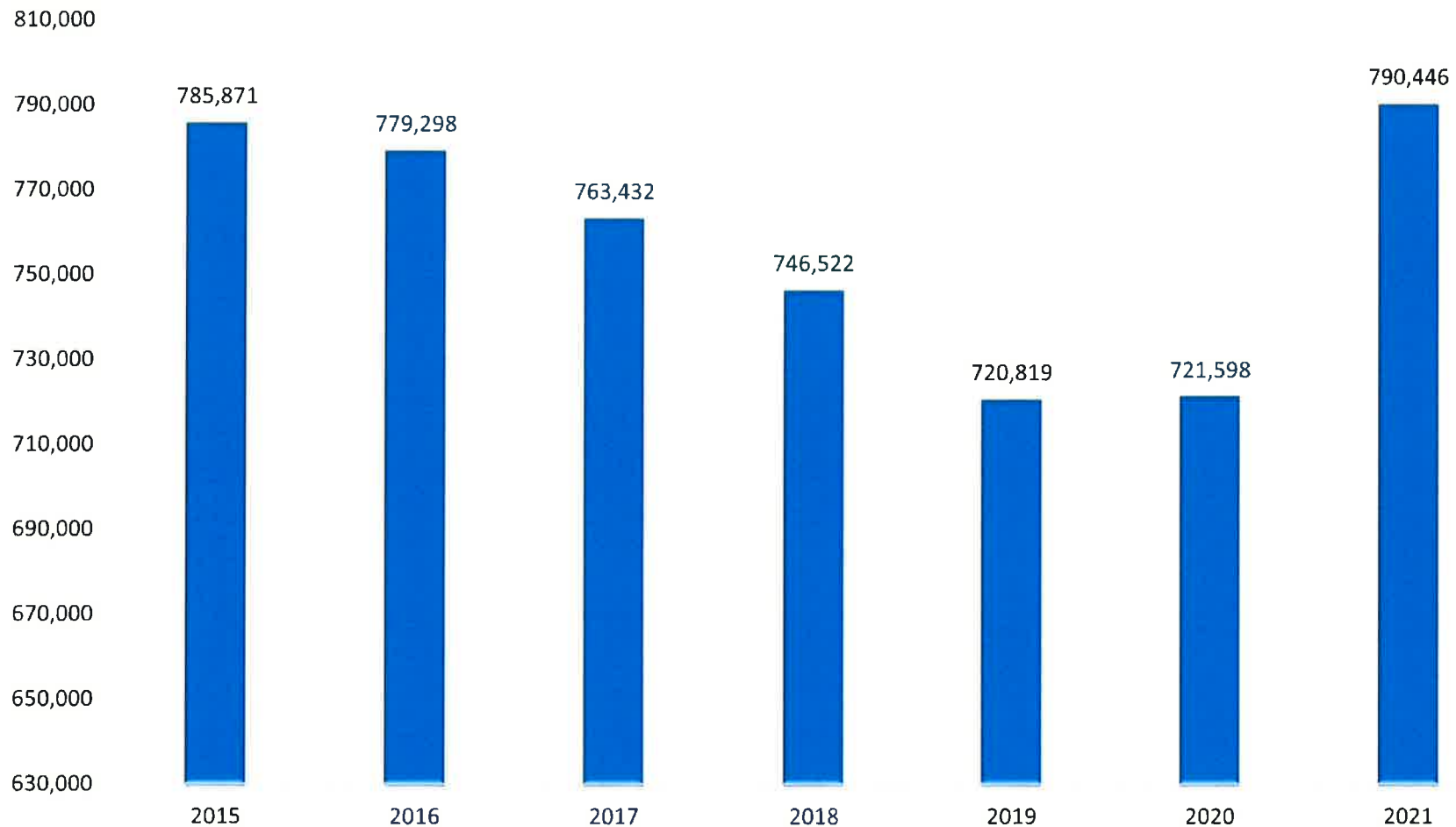
**420,455**  
**MSCAN members**

**43,033**  
**CHIP members**

*As of November 2021*

# ANNUAL ENROLLMENT

The average annual enrollment for the past seven state fiscal years, including Medicaid and CHIP





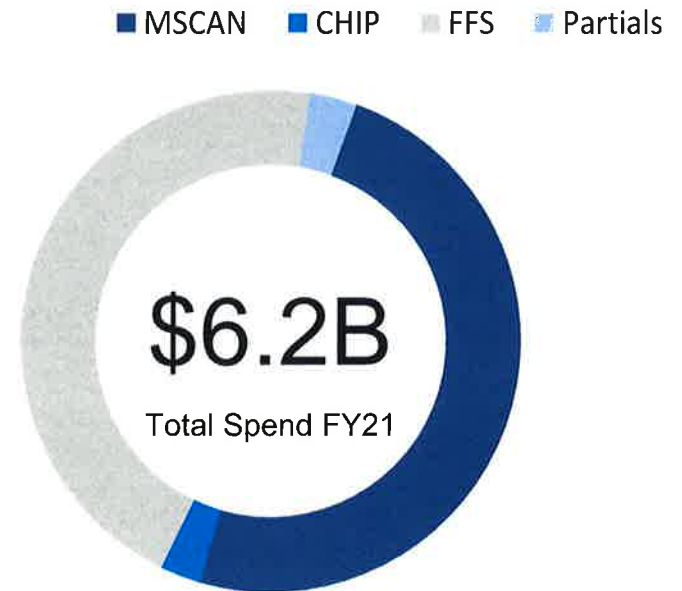
# DELIVERY SYSTEM MODELS

1. Fee-for-Service
2. Accountable care
3. Managed care
  1. Risk-based managed care
  2. Primary care case management
  3. Limited-benefit plans (PIHPs and PAHPs)

# MS MEDICAID DELIVERY SYSTEMS

		Description
Fee for Service	1915(c) Waivers	<ul style="list-style-type: none"> <li>~22,000 members</li> <li>5 waivers</li> </ul>
	Healthier MS waiver	<ul style="list-style-type: none"> <li>~4,000 members</li> <li>+ \$100M spend</li> </ul>
	Nursing Home / IDD	<ul style="list-style-type: none"> <li>~18,000 members</li> <li>Most expensive</li> </ul>
	Partial Duals and FPW	<ul style="list-style-type: none"> <li>~116,000 members</li> <li>QMBs have large \$ impact</li> </ul>
	Other Fee for Service	<ul style="list-style-type: none"> <li>~211,000 members</li> <li>Duals, retro, "COVID" benes</li> </ul>
Managed Care	MSCAN	<ul style="list-style-type: none"> <li>~420,000 members in 3 plans</li> <li>~\$3 billion (with MHAP)</li> </ul>
	CHIP	<ul style="list-style-type: none"> <li>~43,000 members in 2 plans</li> <li>Separate policies</li> </ul>

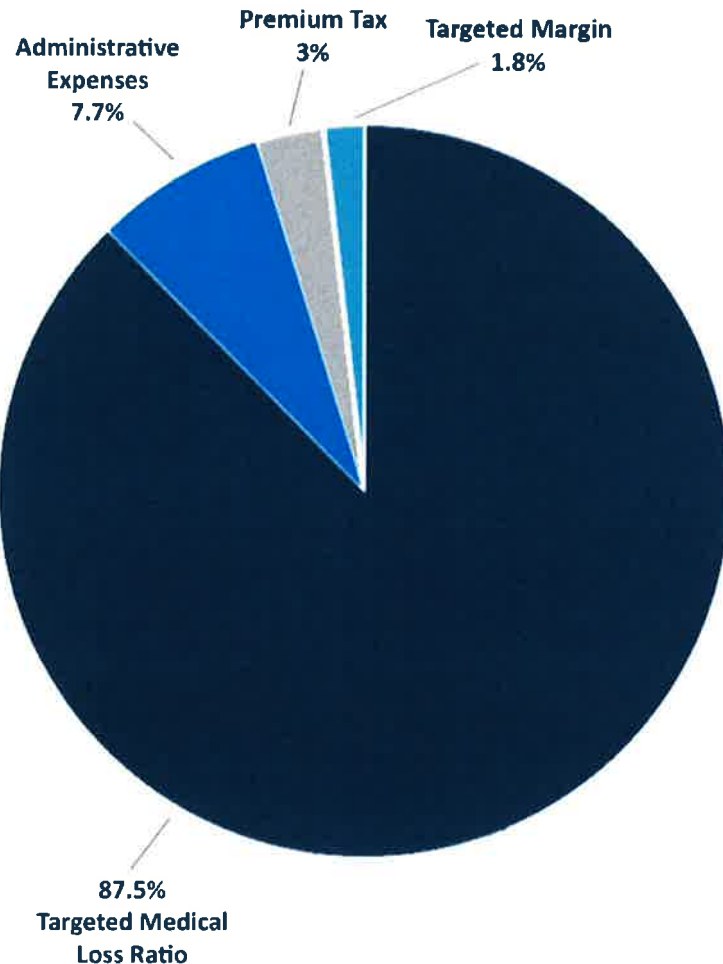
## Deep dive



- Total enrollment: 834,446 (as of 11/1/21)
- 1/3<sup>rd</sup> of total state spending
- DOM administrative costs among lowest in country

# MANAGED CARE FINANCING

## PAYMENTS TO COORDINATED CARE ORGANIZATIONS



- The capitation rate paid to the CCOs on a monthly basis provides for a medical payment rate to providers of 87.5%.
- DOM's contract with the CCOs and CMS guidelines require the CCOs to provide a minimum of 87.5% medical payout.
- DOM regularly monitors the MLR to ensure this medical payout rate is accomplished.
- 1% quality withhold
- MHAP is paid directly to hospitals by the CCOs and there is no administrative fee or profit margin adjustment for these payments.
- The insurance premium tax benefit to the state general fund exceeds the state share of administrative costs, margin, and premium tax to the CCOs.

# PROCUREMENT OVERVIEW

- DOM will jointly procure CHIP and MississippiCAN through the same contract
  - Relief of administrative burden
  - Easier oversight
  - Experience-based procurement development
    - Coordinated care in Mississippi is now a decade old. Leveraged knowledge gained to set the framework for next generation of service delivery.
    - Utilizing a REQUEST FOR QUALIFICATIONS. A RFQ allows the agency to focus on evaluating proposals for the qualifications most relevant to the MSCAN and CHIP populations.
  - Evidence-based CCO service delivery goals
    - Emphasis on quality proven through data analysis
    - DOM has focused internally on turning data into insights into policy, allowing the agency to be both proactive and reactive in defining the contours of the program

# DEVELOPMENT

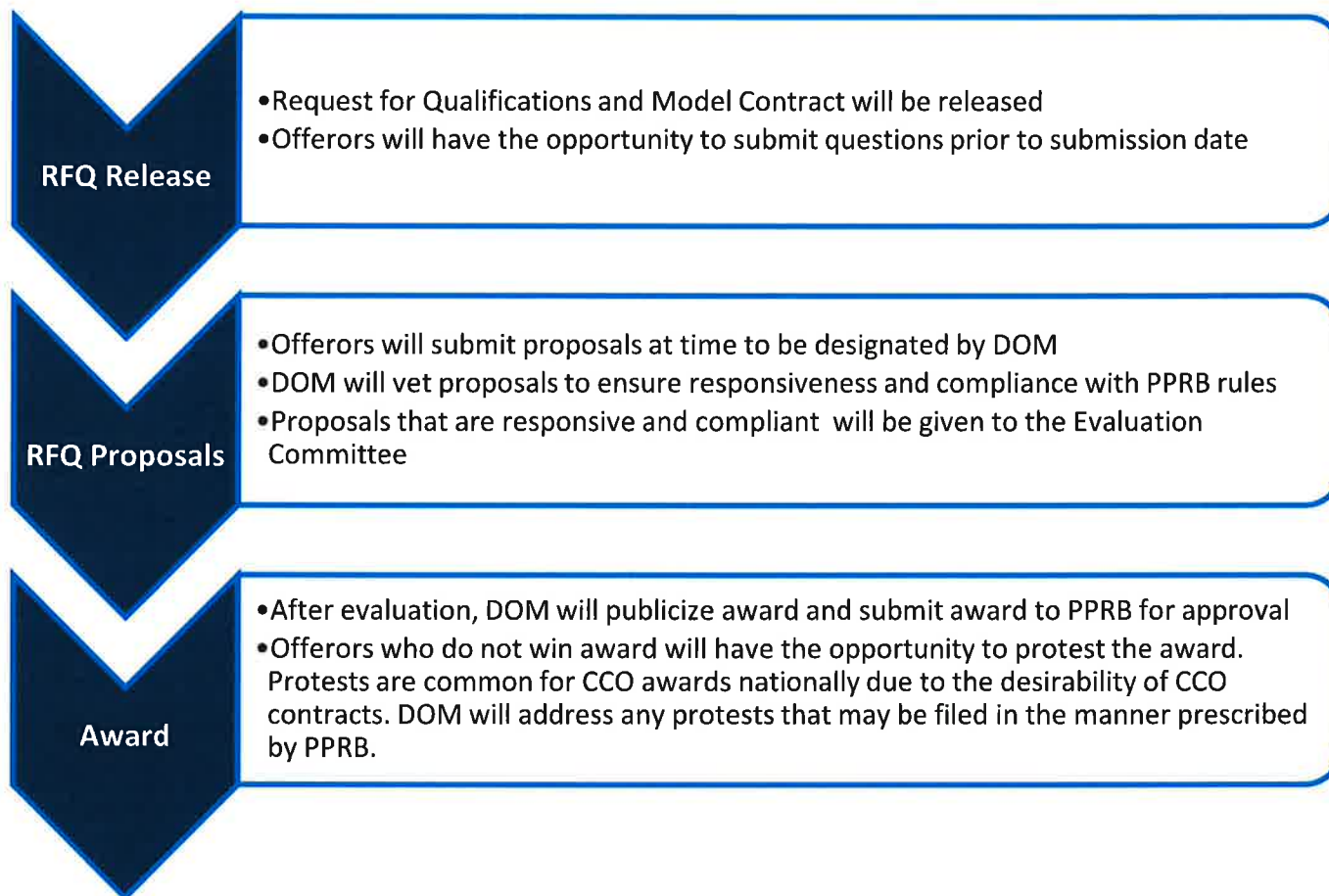
- DOM dedicated internal staff to develop a new coordinated care contract procurement in Spring 2020
- Development process:
  - Research of CCO trends and advancements in other states
  - Internal subject matter expert review and input across agency
  - External engagement through online provider and member surveys
  - Integration of thousands of comments, questions, and suggestions into the model contract and procurement documents
  - Influenced by 2021 legislative session
  - Result: New contract reflecting latest CCO strategies to both facilitate better service delivery and “bang for the buck” for the state



# VALUES



# PROCUREMENT PROCESS







# Senate Medicaid Meeting

*November 30, 2021*

---



# Our Focus, Our Philosophy



- **OUR GOAL IS VERY SIMPLE** – engage the member so that they are consistently seeing their PCP for all of their care and the PCP is directing any care that takes place outside their office.
- Without engagement, the overall health outcomes of our vulnerable population is at risk. Our success factors include:



## **LOCAL APPROACH & JOB CREATION – *More than 400 Mississippi jobs***

Magnolia Health’s core philosophy is that quality healthcare is best delivered locally. Our local approach enables us to provide accessible, high quality and culturally sensitive healthcare services to our members. Our care coordination model utilizes integrated programs that can only be delivered effectively by a local staff.



## **CARE COORDINATION**

Our proprietary care management programs promote a medical home for each member and enable Magnolia Health to partner with its trusted providers to ensure members receive the right care, in the right place, at the right time.



## **QUALITY FOCUSED HEALTHCARE**

State and Healthcare Effectiveness Data and Information Set (HEDIS) reporting constitutes the core of the information base that drives our clinical quality performance efforts.

# Location



## Office Locations and Employment

- Magnolia is located in Jackson, MS

## Local Functional Areas

- Customer Service Call Center
- Provider Relations by Region
- Population Health and Clinical Operations
  - Care Management
  - Authorization Services
- Pharmacy/RX Management
- Quality
- Finance
- Network Management
- Community Relations
- Compliance
- Medical Directors
  - Internal Medicine, OB/GYN, Neonatology, Pediatrics
  - Behavioral Health





# Lines of Business



Mississippi Coordinated Access Network for Medicaid – **199,736** (November 2021)



Ambetter from Magnolia Health – **80,000**



Allwell from Magnolia Health – **1,074**



Wellcare Health Plans – **32,000**

# Managed Care in Mississippi

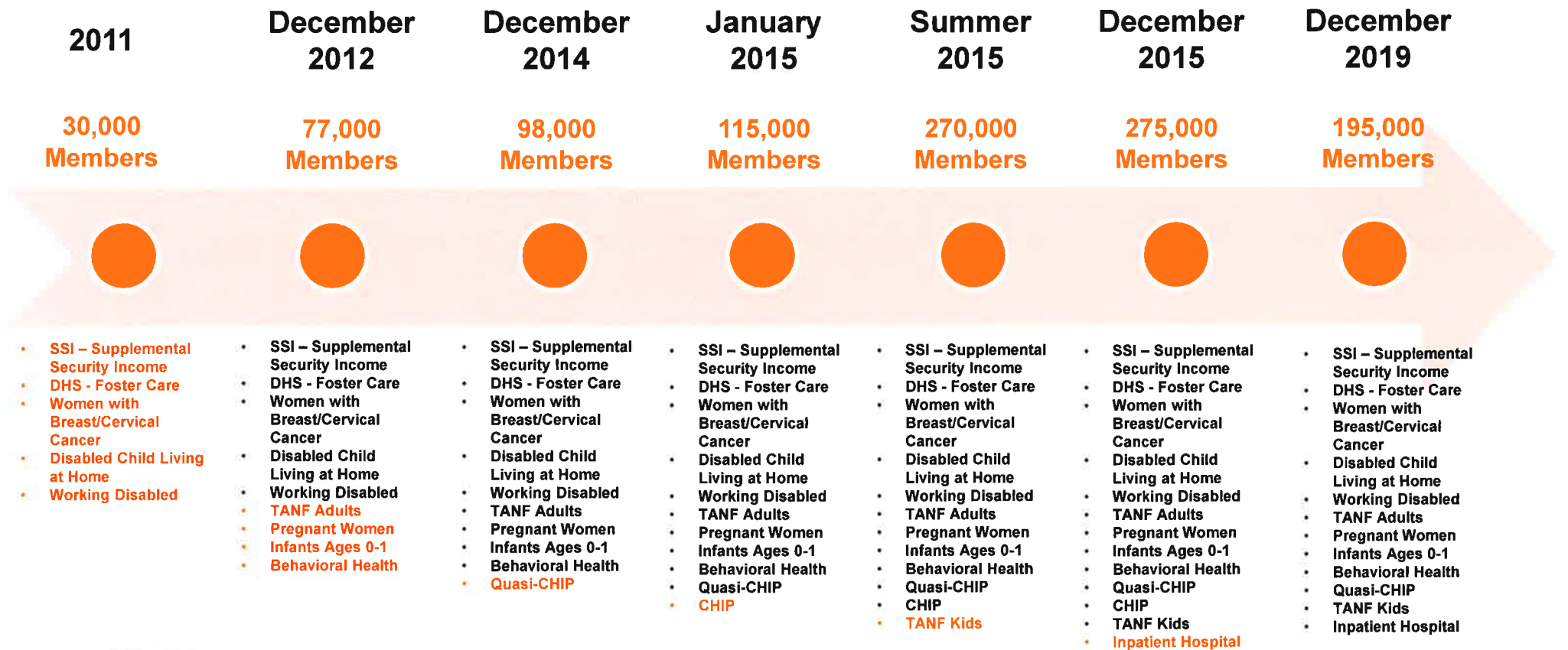


- MississippiCAN (MSCAN) program went live in 2011
- Healthcare delivery system organized to manage cost, utilization, and quality
- Magnolia Health is paid a per member per month (PMPM) capitated rate by the Mississippi Division of Medicaid

## Benefits of a Managed Care Model:

- Preset PMPM capitated rates allows the state to better control and predict Medicaid program costs
- Managed care is focused on improving the care of populations with chronic and complex conditions by aligning payment incentives with performance goals and ensuring accountability for the provision of high-quality care
- Robust program of care management for members with chronic conditions
- Utilization management to ensure members receive the right level of care in the appropriate location of service

# Magnolia Health Growth



\*Decommission of CHIP product



# Finance

---



# Managed Care Rate Setting Process



- The DOM is responsible for the establishment of rates for operation of the managed care program with review and approval required by The Center for Medicare and Medicaid Services (CMS).
- The DOM contracts with an external actuary, Milliman, to coordinate and develop the appropriate rates for the managed care program. CMS requires that the rates be actuarially sound.
- Milliman is an established actuary firm that provides rate setting for managed care programs across the country.
- In order to establish rates, Milliman will utilize historical fee for services (FFS) data to determine historical costs and then will apply a managed care savings assumption of 10%-20% depending on the category of service. Due to the savings assumption the cost savings for the state are built into the rates. As the program matures, Milliman will rely on actual managed care experience and current trends.
- Milliman will then establish an administrative load and assumed profit margin.
- Historically, the rates developed have assumed that 91% of the payments made to the managed care companies will be paid back out to provider for medical expense. 7% will be utilized to cover the managed care company's overhead and administrative expense and 2% will represent the anticipated profit margin for the managed care company.

# MississippiCAN State Product Rating



	<u>Calendar Year 2018</u>	<u>Calendar Year 2019</u>	<u>Calendar Year 2020</u>	<u>YTD 2021</u>
<b>Medical</b>	90.7%	90.7%	90.9%	90.8%
<b>Administrative Load</b>	7.4%	7.5%	7.3%	7.4%
<b>Profit Margin</b>	1.9%	1.8%	1.8%	1.8%



# Risk Corridor



- The DOM established a risk corridor in April of 2020 to minimize risk to both itself and the managed care companies due to the uncertainties surrounding the pandemic and the difficult in capturing the impact of the pandemic in the rates.
- The corridor is established by Milliman, the state's actuary.
- There have been three separate corridors established to date. Q2 2020, SFY 2021 (7/1/20-6/30/21, and SFY 22 (7/1/21-6/30/22).
- For Q2 2020, Magnolia repaid to the state \$35.5M
- For SFY 21, Magnolia is estimating a repayment of just over \$55M
- SFY 22 is still in process

## Mississippi Hospital Access Payment (MHAP)

- The MHAP program was established in 2015 as a replacement to Upper Limit Payments to provide funding to Mississippi hospitals for the purpose of protecting Mississippi Medicaid beneficiaries access to Care.
- The MHAP program is funded at \$533M and is based on utilization and outcomes-based data established by the DOM.
- The DOM directs the Coordinated Care Organizations (CCO) on the amount of MHAP to be distributed to each facility on a monthly basis.
- The CCO's simply serve as a Conduit for payment of these funds. The CCO's do not receive any additional administrative funding for the processing these payments on a monthly basis.

# Cost Savings

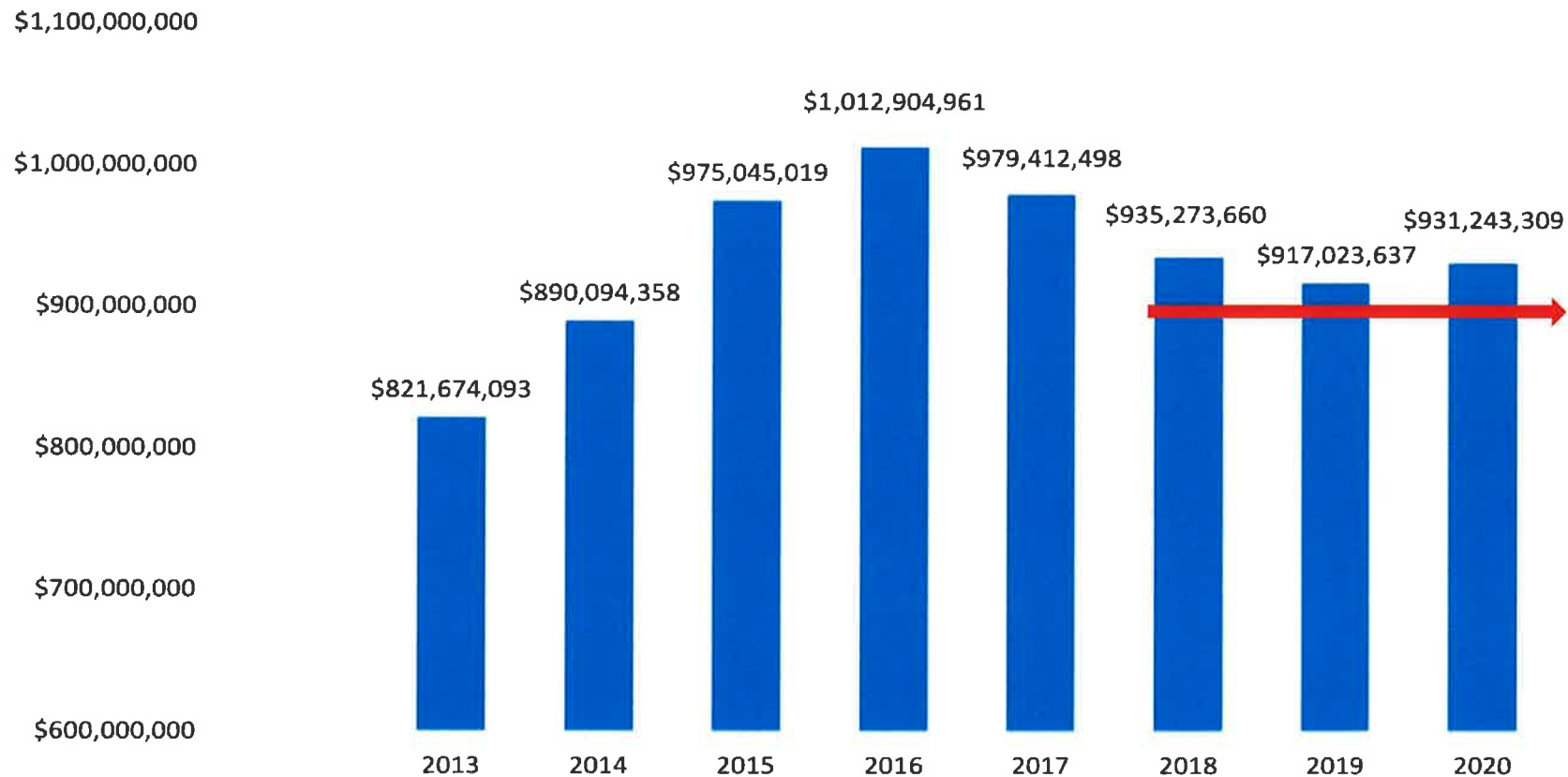


A Wakely Actuarial study estimates that the costs for members enrolled in the MississippiCAN program were **4.4% (\$629.9M) to 6.5% (\$947.6M) lower during the January 2011 through June 2020 period** than estimated costs if DOM had served those same members in the FFS program.

Of the \$630M Wakely assumed 530.5M is related to state funds and \$99.5M federal funds. From the higher amount they have assumed 608.4M in state funds versus 339.2 Federal Funds. State funds are largely driven by Premium tax revenue.

# State Savings

- Total state Medicaid funding, including deficit appropriations, State Fiscal Years 2013-2020.





# Claims

---



# Claims – 2021

- Magnolia processed over **525,477** behavioral and medical claims monthly (**2,027,259** claims annually) (as of Sept 2021)
- In 2021, Magnolia processed **97.0** of clean claims within 30 days with an average turn-around time of **20** days
- Magnolia's financial accuracy for claims in 2021 was **99.0%**
- Magnolia maintains a **95.27%** auto-adjudication rate



# 2020 Payments



Payment Type	Amount
IP	\$176,281,044
OP	\$87,938,692
ER	\$59,309,498
PCP	\$71,478,902
SCP	\$83,538,567
Other	\$91,644,021
Retail Rx	\$148,438,630
Speciality Rx	\$110,091,535
Dental	\$35,874,438
Vision	\$11,937,259
MTM Transportation	\$5,514,253
Total	\$882,046,839

# Medical Loss Ratio



	SFY 18	SFY 19	SFY 20
Magnolia	94.7%	93.8%	90.9%
United	94.1%	92.3%	89.0%
Molina	N/A	99.3%	88.1%
<b>Total</b>	<b>94.4%</b>	<b>93.6%</b>	<b>89.7%</b>
Target MLR	90.9%	90.8%	90.6%

- *MLR's included in the table above represent state reported MLR's from the annual Division of Medicaid reporting template*
- *Target MLR's represent the target MLR included in the Division of Medicaid reporting template plus the 3% premium tax*
- *SFY 20 MLR was impacted by COVID pandemic*



## Provider Network

---



# Credentialing



- Total number of Apps received: **552**
- Turnaround Time: **3.37 days**
- Clean Applications: **551**
- Applications needed additional information: **1**

*\*January-July 2021*

# Provider Network

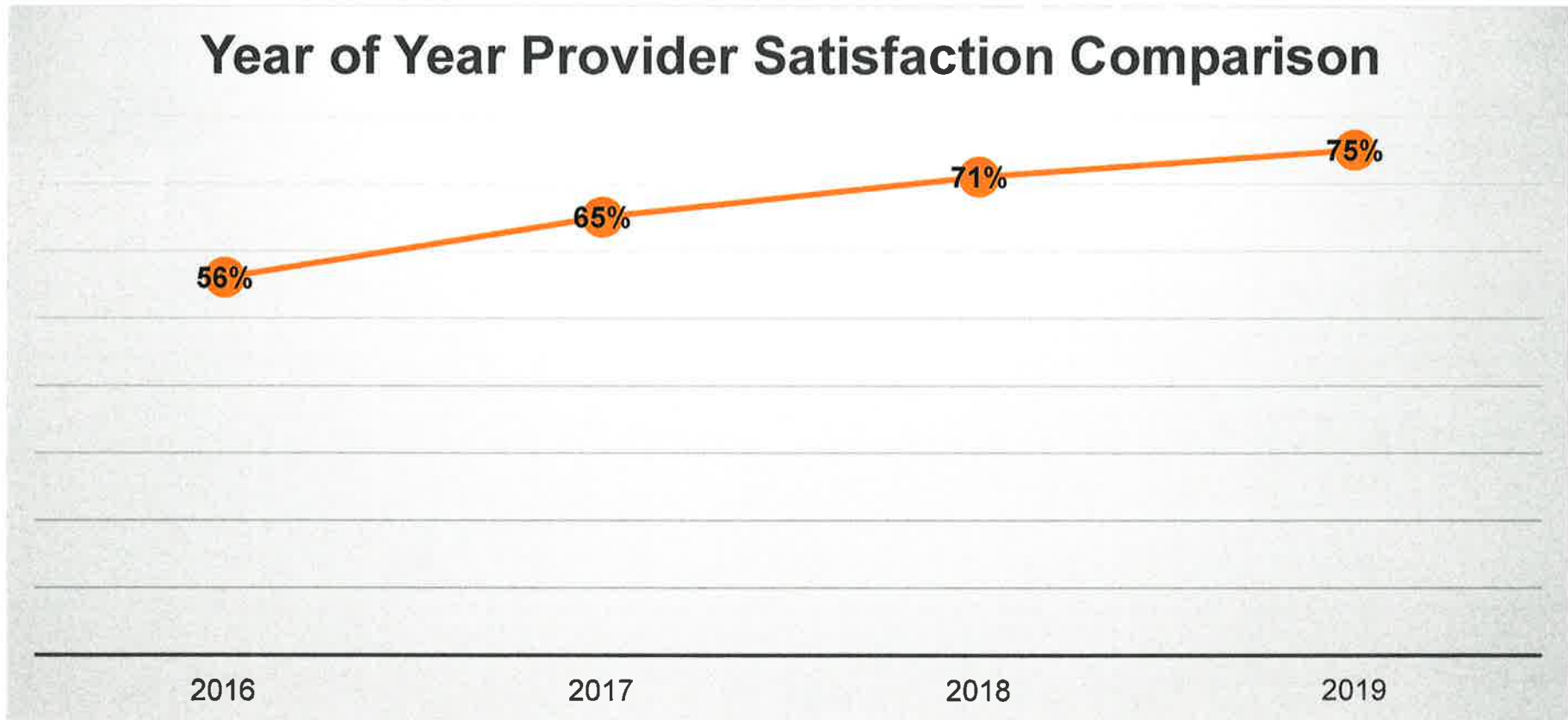


Hospitals	192
Specialists	14,572
PCPs	2,622
Behavioral Health Practitioners	921
Pharmacies	843
Dentists	713

# Operations – Network Relationships: Milestones



Overall Provider Satisfaction increased by **4%** in 2019







# Pharmacy

---



# Pharmacy

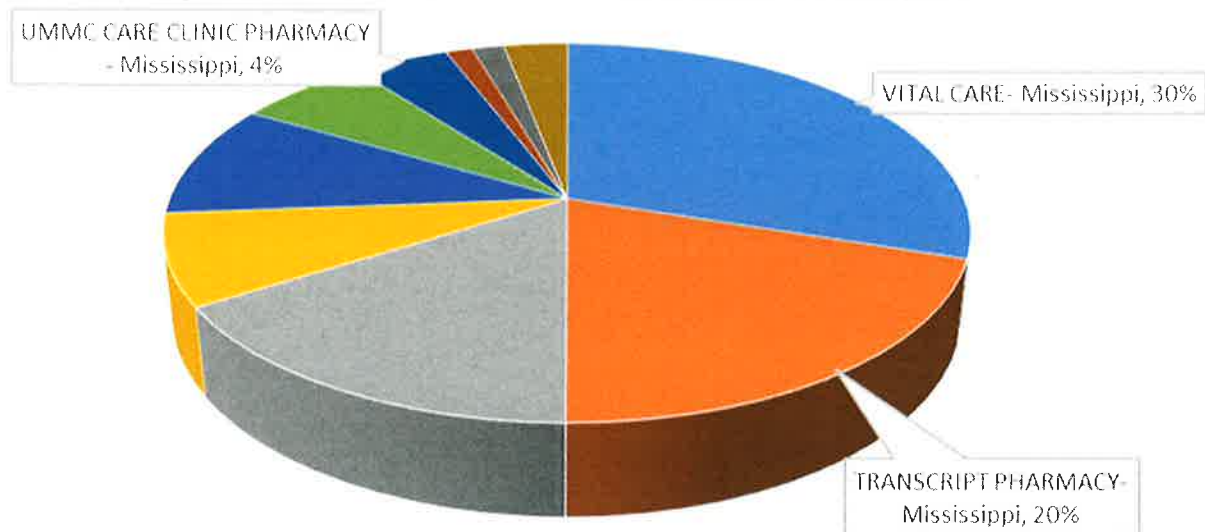


- Magnolia provides pharmacy services to members in the MSCAN program
- Magnolia must use the most current version of the **MS DOM Universal Preferred Drug List (PDL)** and cannot promote any drug over preferred drugs
- Magnolia follows the DOM current reimbursement methodology to reimburse pharmacy providers for pharmacy point of sale claims.
- Magnolia will not reject claims for any drug billed by a Mississippi Medicaid pharmacy provider for the purpose of redirecting the prescription to a CCO pharmacy

# Specialty Pharmacy



Specialty Pharmacy Claims 1/1/2019 -9/30/2020



- VITAL CARE- Mississippi
- CAREMARK PHARMACY- Tennessee (Molina Affiliated)
- ACCREDO - Tennessee
- UMMC CARE CLINIC PHARMACY - Mississippi
- NMMC OUTPATIENT INFUSION SERVICE- Mississippi
- TRANSCRIPT PHARMACY- Mississippi
- ACS PHARMACY- Florida
- OPTUM - Alabama (UHC Affiliated)
- ACARIAHEALTH PHARMACY- Louisiana (Magnolia Affiliated)
- PANTHERX SPECIALTY PHARMACY- Pennsylvania

- Over ½ of our specialty pharmacy claims (and \$18,000,000 in payments) went to Mississippi owned and operated pharmacies. Magnolia does not reject claims to any pharmacy with an active Medicaid ID, and allow independent pharmacies to fill specialty drugs without rejection.



Quality

---



# HEDIS

- ***Healthcare Effectiveness Data and Information Set (HEDIS)*** is a group of performance improvement measures for members and practitioners that help make a meaningful impact in member's lives.
- For HEDIS 2020 (Measurement Year 2019), Magnolia met or exceeded the Division of Medicaid goals for seventeen (17) measures/sub-measures

# HEDIS



HEDIS Measure	MY 2011	MY 2019	Percentage Point Increase	Increase Statistically Significant
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b>				
BMI Percentile	1.60%	54.74%	53%	Yes
Counseling for Nutrition	3.90%	53.53%	49%	Yes
Counseling for Physical Activity	0.90%	43.55%	42%	Yes
<b>Lead Screening in Children</b>	31.25%	72.82%	41%	Yes
<b>Comprehensive Diabetes Care</b>				
HbA1c Poor Control (>9.0%)	0.47%	55.23%	54%	Yes
HbA1c Control (<8.0%)	0.35%	35.28%	34%	Yes
Blood Pressure Control (<140/90 mm Hg)	0.03%	47.45%	47%	Yes
<b>Annual Dental Visit</b>	34.40%	71.08%	36%	Yes
<b>Well Child Visits 3, 4, 5, 6 years</b>	37.04%	62.36%	26%	Yes
<b>Adolescent Well Care Visits</b>	17.69%	41.71%	24%	Yes
<b>Prenatal and Postpartum Care</b>				
Timeliness of Prenatal Care	71.08%	96.35%	25%	Yes
Postpartum Visit	32.53%	67.15%	34%	Yes
<b>Immunizations for Adolescents</b>				
Combo 1	16.25%	58.15%	41%	Yes



# Division of Medicaid Rate Withhold Quality Measures



Magnolia met the goals set forth by the Division of Medicaid for all Quality Withhold Measures.

- Comprehensive Diabetes Care (CDC) – A1c Testing
- Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy
- Antidepressant Medication Management (AMM) – Acute Phase
- Antidepressant Medication Management (AMM) – Continuation Phase
- Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care
- Well-Child Visits in the First 15 Months of Life (W15) – 6 Visits

# 2020 CAHPS



**Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** : Anonymous independently conducted survey that measures the member’s experience with health care. Magnolia Health is proud to hold some of highest CAHPS scores in the nation.

<u>2020 CAHPS</u>	<u>Rating of the Health Plan</u>
Medicaid Adult	80.30%
Medicaid Child	89.40%



# Population Health Management

---



# Population Health Management



- Population Health Management (PHM) refers to a concentrated holistic approach to improving the patient health outcomes of a group of individuals.
- Includes Utilization Management and Care Management
- Stratifies individuals into groups based on different variables to improve care:
  - Geography
  - Specific Diseases
  - Primary Providers
  - Others



# Population Health Management



- Population Health Management includes, but is not limited to the following:
  - Utilization Management
    - Prior Authorizations
    - Concurrent Review
  - Care Management
    - Case Management
    - Disease Management
    - Social Services Specialists
    - Social Determinants of Health
    - Community Care Coordinators
    - Multiple Member based programs to improve member health

# Start Smart For Your Baby



- Started in 2008 to improve obstetrical and pediatric care services and reduce pregnancy-related complications, premature deliveries, low birth weight deliveries, and infant disease.
- The SSFB program identifies pregnant members through assessments, claims data, state eligibility data, and referrals.

## Totals so far for 2020

- All of our notifications of pregnancy (NOP) have come from members
- Opportunity identified to get our providers on board with NOPs to help close the gaps and improve outcomes

Metrics	Year	2020
Deliveries		2,564
Livebirth		2,552
Stillborn/Expired		32
C-Sections		899
NICU Member Count		256
Currently Pregnant NOP		1,125
Currently Pregnant No NOP		1,364
% of Members on NOP		45.20%
% of Members on No NOP		54.80%
Total NOP Count		1,517
Member NOP Count		1,517
Provider NOP Count		0
Count of Births with NOP 8 Months Prior		1,140
% of Births with NOP 8 Months Prior		44.46%



# Start Smart for Your Pregnancy Program



- 2015-2020
- MississippiCAN Deliveries - **48,952**
- Notification Of Pregnancy (CM screenings and support) - **25,733**
- CM Services Rendered - **21,000**
- Complex Care Management Cases - **3,169**
- Makena Preterm Medication Claims - **2,389**
- Premature Birth before 32 weeks gestation decreased from **3.37 to 2.84**
- Premature Birth before 35 weeks decreased from **7.57 to 6.35**
- Electric Breast Pumps delivered - **254**

# Congestive Heart Failure Program



- Congestive Heart Failure (CHF) creates the following health disparities:
  - Poor Quality of Life
  - Over Utilization of Emergency Rooms
  - Increased Readmissions
- Magnolia implemented the Heart Failure Scales Program to address the above issues
  - Members educated on scale usage, diet, exercise and disease management
  - Health Coaching provided
  - Outcomes over last four years:
    - **401 Scales delivered to CHF members**
    - **ER Visits decreased by 38%**
    - **Hospital Readmissions decreased by 28%**

# Foster Care



- Magnolia is the Preferred Foster Care CCO for the MississippiCAN Program
  - **5,300 + Foster Care Beneficiaries**
    - **Approximately 87% of all Foster Care**
  - Over **1,500** Comfort To Go Bags provided to members
  - Over **4,000** CPS case workers trained by Magnolia across the state
  - Over **800** CPS case workers trained by Magnolia in 2020 using virtual technology

# Benefits Beyond Fee-For-Service



## Doctor Visits

- Get unlimited doctor visits

## Vision

### Children

- 2 eye exams and 2 pair of glasses every year

### Adults

- 1 eye exam and 1 pair of glasses per year

## Start Smart for Your Baby

- Prenatal care- during pregnancy
- Postpartum care- after delivery
- Baby Showers- 4 each year throughout the state

## NICU kits

- Information about how to care for the baby
- Other beneficial items

## Weight Watcher Vouchers

- Must be enrolled in Care Management

## Fan Club

- Provides 1 or 2 fans to help alleviate the heat
- July- September

## Boys and Girls Clubs

- At select clubs
- Age 6 – 18 years old

## YMCA Memberships

- 19 years old and older

# Benefits Beyond Fee-For-Service



## Care Management

### **Clinical and Behavioral Health Care Managers**

- OB
- HIV/AIDS
- Sickle Cell
- Weight Management
- Oncology
- Behavioral Health

### **Social Service Specialists**

- Food
- Shelter
- Utility assistance

**Community Connections Coordinators-**  
connecting members to the plan, their doctors and other community services

## Disease Management Programs:

- Diabetes
- Asthma
- Obesity- **weight loss program**
- Hypertension

**\*We have a dedicated team of health coaches to help manage conditions**

## Foster Care

Foster Care Children are enrolled with Magnolia Health.

- **Foster Care Dedicated Phone Line:  
1-888-869-7747**



# Community Outreach

---





# COVID-19 Efforts



During the COVID 19 pandemic, Centene Corporation provided the following to communities in Mississippi:

- **750** Walmart Gift Cards to various community organizations and provider groups
- **200** Amazon Gift Cards to various community organizations
- **\$46,000** to local food banks and Centene Corporate Charitable Foundation gave a large donation to MS Food Network
- **500** masks for CPS Case Workers
- **20,000** masks to the MS Dental Association
- **200** Samsung cell phones to providers for their patients who did not have a reliable phone for telehealth services
- In addition to this, the Community Relations Reps have given hand sanitizers to various community organizations

# Community Connections



- Boots on the ground member center team for MSCAN/Magnolia.
- 2017-2020 - **14,044** home visits and member locations were attempted.
- Since the pandemic began in March 2020 all home visits have been suspended. The Connections team has completed over **24,000** phone call outreach to members during this period. The Connections team provide provider access, health screenings and referrals to Care Management Services and SDOH Resources.
- Since 2012, Magnolia has hosted **28** baby showers for members across the state
  - Reaching and supporting **1,400** pregnant mothers and new mothers.
  - **600** Diaper Bags with baby supplies, diapers and education such as WIC /EPSDT and vaccination information.
  - **400** Baby back packs for infants up to one year old with clothing, nutritional items, reading books and MSCAN information.
- Magnolia adopted **2** schools in the heavily impoverished Delta of Mississippi.
  - **AW James Elementary (297 Students)** and **Drew Hunter Middle School (148)**.
  - Magnolia has provided those schools with support, reading days, pizza parties, hygiene kits, age appropriate reading books, anti bully campaigns, Healthy Choices and snacks, parental education on vaccines and provider access.
  - These school principals reach out to us for SDOH needs of the students for clothing, food and health care needs and Magnolia meets those needs and request.
- Community Connections is always on the ground to support our members through natural disasters such as hurricanes, tornados and flooding.
- In 2017 Magnolia was on the ground in **Durant, MS** following a significant tornado with heavy damage and loss of life.
  - Community Connection Reps canvassed neighborhoods and helped **300** lives.
  - Supplies, Water, food, toiletries, ice and more were given out.
  - **20** Magnolia members were assisted with urgent medication needs.

# Community Outreach



- **KaBoom Playground Build/Boys and Girls Club/Capitol Street/Jackson, MS**
  - Centene Foundation invested in building a playground for Boys and Girls Club of Jackson
  - **80** Magnolia Health employees built the playground in one day
- **United Way**
  - Over the last 3 years, Magnolia employees have donated over **\$83,000** to United Way. Most of the donations went to United Way of the Capitol Area which covers Magnolia's main office location. The remaining donations went to United Way of Oxford where Magnolia used to have an office location.
- **EPSDT Screenings**
  - Community Relations Reps work with schools, Boys and Girls Clubs and Housing Authorities to host EPSDT screening events. Work with local providers who have Mobile Units. In the summer of 2019, **793** screenings were completed by our partnerships.
- **Food Drives**
  - Community Relations Reps organized **12** food drives during 2019. Partnered with local grocery stores and community organizations. One very successful food drive in Southaven, MS provided food for a week for **50** families.
- **Shoes from the Heart**
  - Partnership with this national philanthropy to provide shoes to children in Clarksdale, MS. **151** children received shoes.
- **Volunteer Hours**
  - **3,558** Volunteer Hours in 2019
  - Magnolia Health believes in giving back to our communities not only with donations, but also with volunteering in our communities. Every employee gets 8 hours of volunteer time each year on company time.
- **Community Investments and Outreach**
  - **92** community partners in 2019
  - Joined in **137** community events in 2019

# Questions



- Will Simpson, Vice President, Government Relations
- (601) 940-5317 (cell)
- [william.m.simpson@centene.com](mailto:william.m.simpson@centene.com)





## UnitedHealthcare Community Plan of Mississippi

---

- Serves over 200,000 low-income members who are certified by the Mississippi Division of Medicaid to be eligible for MississippiCAN or CHIP
- Employs over 200 Mississippi residents located in all areas of the state
- Has a local executive team, all of whom were born, raised, and educated in Mississippi
- Receives compensation through a capitated rate payment set by Medicaid and is required by federal law to be actuarially sound
- Is monitored to assure that at least 87.5% of UnitedHealthcare's revenue pays for medically-necessary services for Mississippi beneficiaries
- Pays \$40 million annually in state taxes through insurance premium taxes and corporate income taxes
- Reserves \$7 million annually to pay providers extra incentives to improve care
- Has invested over \$3 million in Mississippi communities so far in 2021
- Monitors utilization trends to remove fraud, waste, abuse, and duplication of services
- Provides services beyond traditional Medicaid benefits, such as:
  - Nurse-driven intense case management for the chronically ill
  - Pharmacist-led medication management to assure proper therapy
  - Support for coordination of medical services
  - Food insecurity programs
  - Employment assistance
  - Housing and utility assistance
  - Disaster response support
  - Community development and engagement events
  - Maternal-child health resources









## **Senate Medicaid Committee**

### **Medicaid Managed Care** **November 30, 2021**

Presented by:

Timothy H. Moore / T. Richard Roberson

Mississippi Hospital Association

Madison, Mississippi

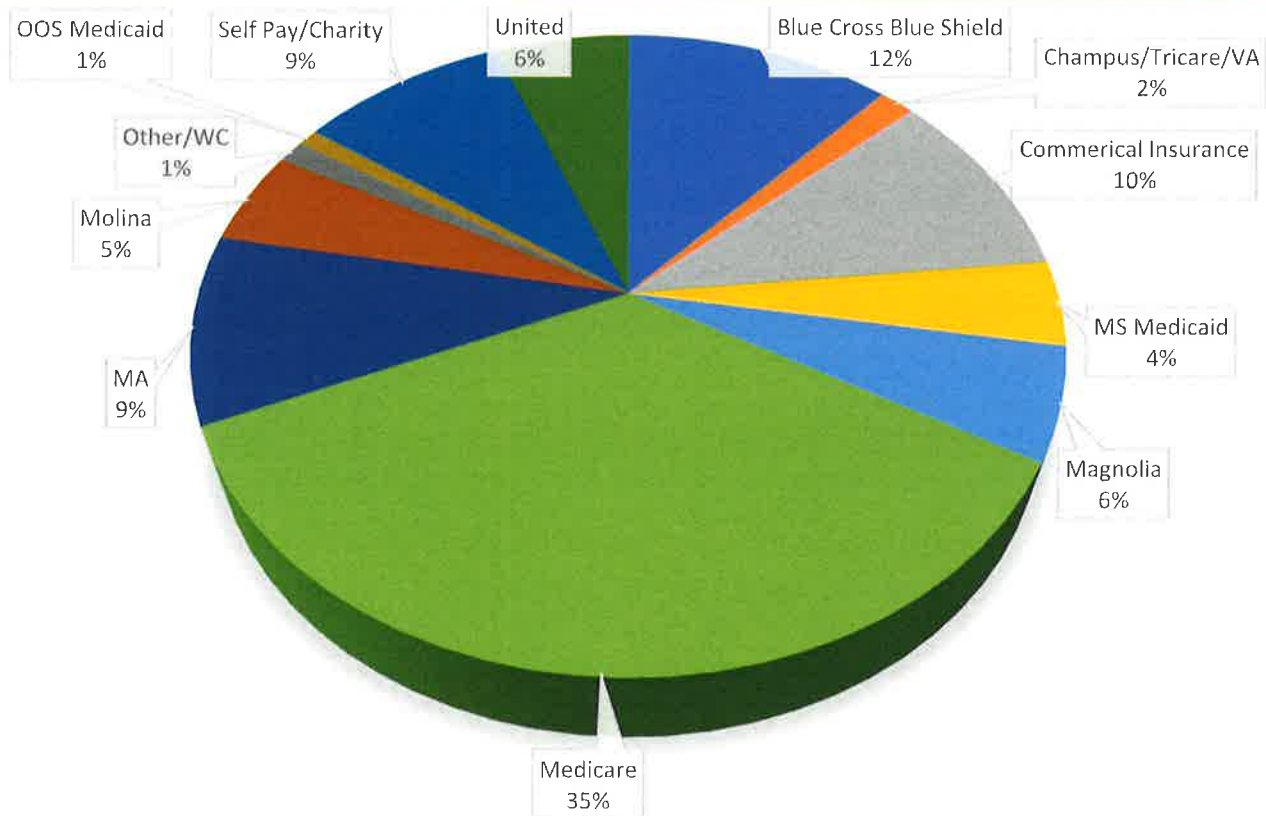
## Hospitals Holding the Line on Expenses

- Mississippi non-profit hospitals have the lowest national inpatient per diem expenses - \$1,234/day.
- Mississippi state and local government hospitals have the 9<sup>th</sup> lowest national inpatient per diem expenses - \$1,218/day.
- Mississippi for profit hospitals have the 6<sup>th</sup> lowest national inpatient per diem expenses - \$1,645/day.

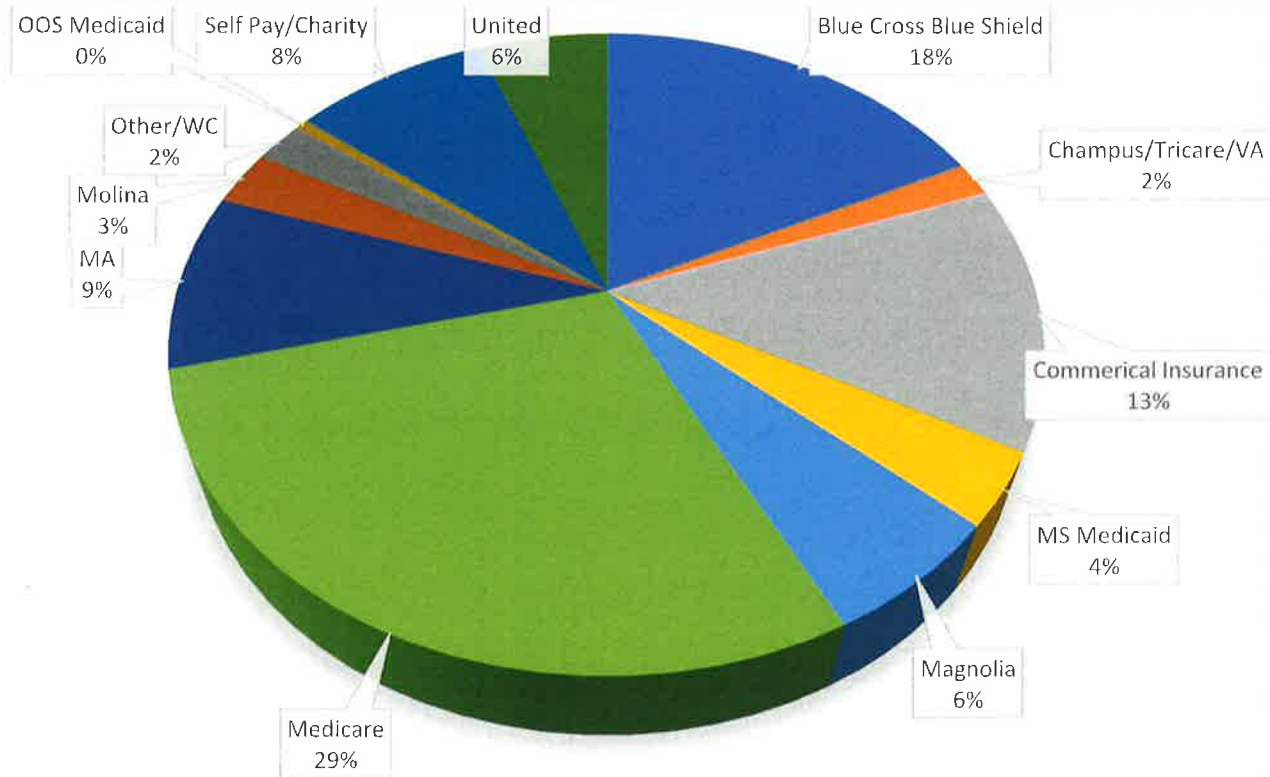
Source: Kaiser Family Foundation



# MS Hospitals Inpatient Payer Mix SFY 21



# MS Hospitals Outpatient Payer Mix SFY 21



## Medicaid Managed Care - MississippiCAN

- \$2.1 Billion - difference between premiums earned and losses incurred for MCOs from CY 2011-2020
- CY 2020 MCO program administration approximately \$500M or 80% of premiums
- CY 2020 Loss ratios:
  - Magnolia – 83.31%
  - United – 79.44%
  - Molina – 75.44%

Source: Mississippi Insurance Department



## Managed Care Program Payments

CY	Avg. MississippiCAN Enrollment	Total Premiums Paid to MississippiCAN MCOs	Losses Incurred by MississippiCAN MCOs	Administrative Costs Paid for MCOs (Premiums – Losses)	Percent of Losses to Premiums
2015	377,837	\$1,827,581,307	\$1,575,805,446	\$251,775,861	86%
2016	499,440	\$2,552,338,395	\$2,279,328,757	\$273,009,638	89%
2017	485,329	\$2,423,055,498	\$2,187,183,573	\$235,871,925	90%
2018	446,034	\$2,448,445,772	\$2,161,196,218	\$287,249,554	88%
2019	436,208	\$2,498,789,100	\$2,254,339,051	\$244,450,049	90%
2020	450,078	\$2,576,254,342	\$2,071,615,266	\$504,639,076	80%





## NCQA HEDIS Quality – Patient Experience

	Magnolia	Molina	United
Overall Patient Experience	I	3.5	4.0
Getting Care	I	4.0	4.5
Getting Care Easily	NA	4.0	4.0
Getting Care Quickly	NA	4.0	5.0
Satisfaction with Plan Physicians	4.0	3.5	3.0
Primary Care Doctor	4.0	4.0	3.0
Specialists	NA	NA	NA
Rating of Care	4.0	3.0	3.0
Coordination of Care	NA	NA	NA
Rating of Health Plan	5.0	3.0	4.0



## NCQA HEDIS Quality - Prevention

	Magnolia	Molina	United
Prevention	2.0	2.0	2.0
Children/Adolescent Well Care	1.5	1.5	1.5
Dental Visits (Ages 2-20)	5.0	3.0	5.0
Childhood Immunizations (By age 2)	1.0	1.0	1.0
Adolescent Immunizations (By age 13)	1.0	1.0	1.0
BMI Percentile Assessment (Ages 3-17)	1.0	1.0	2.0
Women's Reproductive Health	4.0	3.5	4.0
Prenatal Care	5.0	5.0	5.0
Postpartum Care	3.0	2.0	3.0
Cancer Screening	3.0	1.5	2.0
Breast Cancer Screening (Ages 50-74)	3.0	1.0	2.0
Cervical Cancer Screening (Ages 21-64)	3.0	2.0	2.0
Chlamydia Screening (Ages 16-24)	2.0	3.0	2.0
Flu Shots	NA	NA	NA



## NCQA HEDIS Quality - Treatment

	Magnolia	Molina	United
Treatment	2.5	2.5	2.5
Asthma Control	4.0	3.0	4.0
Diabetes	2.0	2.5	2.5
Eye Exams	5.0	3.0	3.0
Blood Pressure control (Ages 18-75 under 140/90)	2.0	2.0	3.0
Glucose Control (Ages 18-75 below 8%)	2.0	2.0	2.0
Diabetic Patients received statin therapy	2.0	2.0	2.0
Diabetic Patients statin adherence 80%	1.0	4.0	1.0
Heart Disease	2.0	3.0	2.0
Patients with Heart Disease received statin therapy	2.0	3.0	2.0
Patients with Heart Disease statin adherence 80%	1.0	5.0	1.0
Controlling High Blood pressure	2.0	2.0	2.0
Smoking advice	NA	NA	NA



## NCQA HEDIS Quality - Treatment

	Magnolia	Molina	United
Treatment	2.5	2.5	2.5
Mental and Behavioral Health	2.0	2.5	2.0
Adhering to Depression Medication for 6 months	1.0	5.0	1.0
Follow-Up after hospitalization for mental illness	3.0	2.0	3.0
Follow-Up after ED for Mental Illness	2.0	1.0	2.0
Follow-Up after ED for alcohol and other drug abuse	1.0	1.0	1.0
Alcohol or drug abuse or dependence treatment engaged	2.0	2.0	2.0
Continued follow-up after ADHD diagnosis	5.0	4.0	5.0
Diabetes screening for indiv. with schizophrenia or bipolar dis.	1.0	2.0	1.0
Adherence to antipsychotic meds for indiv. with schizophrenia	2.0	3.0	3.0
Cholesterol and blood sugar testing for youth on antipsychotics	2.0	1.0	1.0
First line psychosocial care for youth on antipsychotics	3.0	2.0	3.0





## NCQA HEDIS Quality - Treatment

	Magnolia	Molina	United
Treatment	2.5	2.5	2.5
Appropriate antibiotic use for acute bronchitis/bronchiolitis	1.0	3.0	1.0
Appropriate testing and care for a sore throat	3.0	3.0	3.0
Appropriate use of imaging for low back pain	2.0	2.0	2.0
Appropriate antibiotic use for colds	1.0	1.0	1.0
Avoiding opioids at high dosage	5.0	3.0	5.0
Avoiding opioids from multiple prescribers and pharmacies	4.0	2.0	3.0
Avoiding continued opioid use	4.0	3.0	3.0
Steroid after hospitalization for acute COPD	1.0	1.0	1.0
Bronchodilator after hospitalization for acute COPD	2.0	2.0	2.0



# MS Medicaid MCO Liquidated Damages

## Managed Care Liquidated Damages Assessed by the DOM Since January 2018

Date	Plan	Amount	Reason
1/8/2018	Magnolia Health Plan	\$16,071.75	Failure to complete EPSDT corrective action plan
1/7/2019	Magnolia Health Plan	\$80,350.00	Non-responsive to Division requests, failure to comply with requirements regarding subcontractor relationships and delegation, failure to comply with quality management requirements and State Fair Hearing Reimbursement
1/7/2019	UnitedHealthcare Community Plan	\$38,745.05	State Fair Hearing Reimbursement
3/4/2019	UnitedHealthcare Community Plan	\$667,700.00	Failure to comply with non-emergency transportation requirements
6/10/2019	Magnolia Health Plan	\$180,000.00	Failure to comply with fraud and abuse reporting requirements
7/8/2019	UnitedHealthcare Community Plan	\$53,400.00	Non-responsive to Division requests and failure to comply with Health Information System requirements
9/1/2019	UnitedHealthcare Community Plan	\$126,000.00	Failure to comply with fraud and abuse reporting requirements
11/4/2019	UnitedHealthcare Community Plan	\$157,500.00	Failure to comply with non-emergency transportation and fee schedule validation report requirements
1/13/2020	Molina Healthcare of Mississippi	\$26,100.00	Late deliverables
2/3/2020	Molina Healthcare of Mississippi	\$3,000.00	Late deliverables
3/9/2020	UnitedHealthcare Community Plan	\$130,200.00	Non-responsive to Division requests and late deliverables
9/10/2020	UnitedHealthcare Community Plan	\$5,250.00	Failure to timely make Mississippi Hospital Access Payments
9/17/2020	Molina Healthcare of Mississippi	\$3,750.00	Failure to timely make Mississippi Hospital Access Payments
1/7/2021	Molina Healthcare of Mississippi	\$97,294.00	Failure to meet contractual standard for completeness for submission of member encounter data for two CHIP subcontractors
2/2/2021	Magnolia Health Plan	\$95,250.00	Failure to properly reimburse specialty drug claims
<b>Total Assessed Managed Care Liquidated Damages to Date</b>		<b>\$1,680,610.80</b>	



# MS Medicaid MCO Settlement



JOINT RELEASE

June 14, 2021



## **AG Lynn Fitch, Auditor Shad White Announce \$55.5 Million Settlement with Centene**

*Company pledges transparency reforms to protect taxpayers*

Attorney General Lynn Fitch and Auditor Shad White reached a \$55.5-million settlement with Centene, the largest Medicaid managed care organization in the United States. The settlement resolves allegations of overpayments as a part of Mississippi's Medicaid program.

"My Office is business-friendly, and I firmly believe that businesses that operate in good faith are good partners in meeting the needs of our state," **said Attorney General Lynn Fitch**. "However, I am in this Office to serve the people of Mississippi, and I fully intend to make sure they are not being cheated by Centene or anyone else. This settlement makes clear that the days of hiding behind a convoluted flow of money and numbers are over. And, I appreciate the work of Auditor White and his staff in helping achieve this success for the people."





## Managed Care – 2021 Legislative Action

- Senate Bill 2799
  - If Medicaid reduces provider rates, then Medicaid must reduce MCO profit and administrative fees.
  - MCOs are prohibited from implementing more stringent requirements for prior authorization, utilization review, medical services, transportation services and prescription drugs and MCO must submit a report to Medicaid Chairmen on status of the processes for these services by 12/2/21.
  - Deleted requirement that MCOs provide unrestricted access to hemophilia factor



## Managed Care – 2021 Legislative Action

- Senate Bill 2799
  - Requires all MCOs to adopt level of care guidelines in determining medical necessity in all utilization management practices.
  - MCOs required to share administrative costs data annually as well as the number of FTEs dedicated to the Mississippi contracts.
  - MCOs required to adopt a standardized credentialing process by 12/1/21; if not, then Medicaid must adopt by 7/1/22. Provisions for temporary credentialing are made.



## Managed Care – 2021 Legislative Action

- Senate Bill 2799
  - MCOs must detail the reasons denials and provide the name and credentials of the person who denied the coverage.
  - Medicaid and MCOs must expedite the appeals process.
  - Legislative intent for MCOs to implement innovative programs to improve the health of members with diabetes/prediabetes.
  - Legislative intent for MCOs to improve utilization of LARCs and submit a report to Medicaid Chairman by 12/1/21.



Questions?

