

Mississippi Managed Care Program Features, as of 2016

Features	Mississippi Coordinated Access Network (MississippiCAN)
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	01/01/2011
Waiver expiration date (if applicable)	
If the program ended in 2016, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary
Populations enrolled: Enrollment choice period	Other
Populations enrolled: Enrollment broker name (if applicable)	Xerox Health Solutions (partial broker)
Populations enrolled: Notes on enrollment choice period	1) 30 days from notification to choose, 2) 90 days to change CCOs during initial enrollment, and 3) 76 days during Annual Open Enrollment Period
Benefits covered: Inpatient hospital physical health	X

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Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	X
Benefits covered: Prescription drugs and prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	
Benefits covered: SSA Section 1945-authorized health home	
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	X
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	

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Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Presently MississippiCAN covers all state plan services as Medicaid fee-for-service for the categories of eligibility enrolled in program
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No, but accreditation considered in plan selection criteria
Quality assurance and improvement: Accrediting organization	NCQA, JCAHO, AAAHC, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)	The Carolinas Center of Medical Excellence (CCME)
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans and regions served: Plans in Program	Magnolia Health; UnitedHealthcare of Mississippi Community Plan

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Notes: Program notes	<p>The MississippiCAN Program was implemented January 1, 2011, with two Coordinated Care Organizations (CCOs), Magnolia Health and UnitedHealthcare Community Plan. The program has evolved from a limited number of beneficiaries in 2011 (approximately 48,000) to a majority of the Mississippi Medicaid population by July 1, 2016 (499,365 or 69%). Also, additional services have been added since 2011, including behavioral health, non-emergency transportation, and inpatient hospital services. Presently all populations enrolled receive full benefits and all applicable state plan services. Excluded populations include residents of institutions, waiver beneficiaries, and dual eligibles. For more information, please see https://medicaid.ms.gov/wp-content/uploads/2015/08/2015-MississippiCANProvider-Workshop-Presentation.pdf.</p>