MississippiCAN

Mississippi Division Of Medicaid

Mississippi Coordinated Access Network

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MississippiCAN Program Design Summary: REVISED March 1, 2010

Frequently Asked Questions (FAQ)

Can any Medicaid beneficiary enroll in the MississippiCAN program?

Only Medicaid beneficiaries in the eligibility groups listed below can enroll in the MississippiCAN program.

- o SSI
- o Disabled Child at Home
- o Working Disabled
- o Department of Human Services Foster Care
- o Breast/Cervical Group

Is it mandatory for beneficiaries to enroll in the MississippiCAN program?

Although enrollment in the program is voluntary, the Division of Medicaid strongly encourages beneficiary participation. The MississippiCAN program will connect beneficiaries to a medical home and provide comprehensive care management programs for these targeted populations.

If a beneficiary opts out of the MississippiCAN program but later decides that he or she wants join, does he or she have to wait until the next open enrollment period?

No. A beneficiary in an eligible category may join at any time. A beneficiary may print the MississippiCAN enrollment form from the website or may call 1-800-421- 2408 and ask to be mailed a MississippiCAN enrollment packet.

If a beneficiary enrolled in the MississippiCAN program loses eligibility, does he or she have to choose a CCO again?

If the beneficiary regains Medicaid eligibility within 60 days, he or she will be reassigned to the same CCO he or she was in before. If the beneficiary regains Medicaid eligibility after 60 days, he or she will go through the complete enrollment process again.

What consumer protections are being included in the MississippiCAN program?

Members' rights and protections are required, including the right to:

- o Receive needed information about the program;
- o Be treated with respect, dignity and privacy;
- o Receive information on available treatment options; participate in health care decisions;
- o Request copies of medical records; and
- o Be furnished services with an adequate delivery network, timely access, coordination and continuity of care, and other specified standards.

Members' protections will also be provided through access standards, care coordination requirements, quality management programs and detailed grievance and appeals procedures.

How will it be ensured that beneficiaries who are blind or those with low literacy or limited English proficiency obtain information necessary to choose a plan?

Enrollment information and materials will be developed to ensure all beneficiaries, including those with special needs, are fully informed of their choice of plans.

Will beneficiaries have freedom of choice in determining the best plan for their needs?

Yes.

Call if you have more questions!

1-800-421-2408 or 601-359-6150

Will beneficiaries be allowed to select their primary care provider (PCP) within a CCO?

Each beneficiary will be allowed to choose their PCP from the CCO network to the extent possible, reasonable and appropriate. If the beneficiary does not choose an available PCP, the CCO may assign the beneficiary a PCP.

Can a beneficiary change PCPs?

Yes. The beneficiary should call Member Services of the CCO with which they are enrolled.

Will MississippiCAN replace a beneficiary's Medicaid?

The MississippiCAN program is part of the Mississippi Medicaid program. It is not a replacement.

Can a beneficiary enrolled in the MississippiCAN program continue to receive care from a provider who does not participate in any of the plans?

Providers who do not join a CCO network will require authorization from the CCO for payment of services provided to a beneficiary enrolled in MississippiCAN. A beneficiary enrolled in the MississippiCAN program should seek treatment from a provider in the CCO network.

Can a beneficiary choose a specialist as a PCP?

Beneficiaries with disabling conditions, chronic illnesses, or children with special care needs may request that their PCP be a specialist.

Will prescription drugs be one of the benefits offered by the CCOs?

Yes.

If a beneficiary enrolls with a CCO, how will he or she get a ride to medical appointments if needed:

Non-emergency transportation will continue to be provided by Medicaid. A beneficiary will call 1-866-331-6007 to make arrangements for a ride.

Will beneficiaries get an identification card from the CCO when they enroll?

Yes. Beneficiaries enrolled in a CCO will have an identification card from the CCO and a Medicaid identification card. It will be necessary to keep both cards.

What is the benefit of a beneficiary enrolling with a CCO?

CCOs will be providing beneficiaries with specific care management and disease management for chronic conditions like diabetes, hypertension, HIV/AIDS, etc. Also, CCOs may offer extra benefits and other incentives.

If a CCO does not authorize a covered service, will regular Medicaid pay for the CCO covered service?

No.

What if a beneficiary has a problem with the CCO?

Each CCO has a grievance procedure. If the issue is not resolved satisfactorily through the CCO, the beneficiary has the right to a State Fair Hearing.

Will CCOs be marketing to beneficiaries?

CCOs are not allowed to market directly to Medicaid beneficiaries prior to enrollment. All marketing of potential enrollees will be handled by the Division of Medicaid. The Division will be providing information about choice of CCOs and enrolling beneficiaries into their chosen CCO.

Will beneficiaries who are enrolled in the MississippiCAN program

be responsible for copays?

There will be no copayments for MississippiCAN members for services provided by the CCOs...

Can a CCO disenroll a beneficiary because their care is costing too much?

A CCO cannot disenroll a beneficiary because of an adverse change in the beneficiary's health status or because of the beneficiary's utilization of medical services.

Will beneficiaries be allowed to disenroll from a plan if required specialized services are not available?

Various "for cause" reasons for disenrollment will be allowed, such as: providers that do not (for religious or moral reasons) offer needed services; not all related services are available in the plan's network; or the plan lacks providers experienced in dealing with the enrollee's health care needs.

Can a beneficiary enrolled in MississippiCAN change from one CCO to another?

During the initial 90-day enrollment period, a member can change CCOs without restriction. Also, there will be an open enrollment period each year in which a member can change CCOs without restriction.

If a beneficiary is admitted to a nursing facility while enrolled in the MississippiCAN program, will the CCO be responsible for reimbursement?

No. Upon admission to a nursing facility, a beneficiary is disenrolled from the CCO.

If a mother who is enrolled in MississippiCAN delivers a child, is that child automatically enrolled in the CCO?

No. The newborn baby would not be in a category eligible to enroll in the MississippiCAN program.

Will all Medicaid services be provided by the MississippiCAN program?

Mental health services, inpatient hospital services and non-emergency transportation services will continue to be provided through traditional Medicaid. All other services will be provided by the MississippiCAN program.

Will coordinated care organizations (CCOs) have lower reimbursement that Medicaid?

In accordance with State law, CCOs cannot reimburse any providers at a rate lower than Medicaid fee-for-service rates.

How will a provider know if a beneficiary is in the MississippiCAN program?

Providers should always verify Medicaid eligibility of beneficiaries prior to providing services. When verifying eligibility, there will be information provided identifying those beneficiaries enrolled in the MississippiCAN program.

Are providers required to join a CCO network?

Providers are not required but are encouraged to participate in the MississippiCAN program. Providers who do not join a CCO network may continue to accept Medicaid as usual for Medicaid beneficiaries not enrolled in MississippiCAN. Providers who do not join a CCO network will need authorization from the CCO for payment of services provided to a beneficiary enrolled in MississippiCAN.

Can providers contract with more than one CCO?

Yes.

Is it acceptable for providers to be signing contracts to join a CCO

network?

The Division of Medicaid is aware that CCOs are in the process of developing networks for the MississippiCAN program. It is acceptable for providers who choose to join a CCO network to sign a contract.

Why do current Medicaid providers have to go through credentialing with each CCO?

CCOs are required to credential providers as outlined in 42 CFR 438.214 and in accordance with the Division's contract with them.

How will Medicaid ensure that CCOs in the MississippiCAN program have an adequate provider network?

CCOs must submit their provider networks in advance to the Division of Medicaid for review. Access standards for the provider networks require the CCOs to ensure that for primary care services members travel no more than 60 minutes or 60 miles in the rural regions no more than 30 minutes or 30 miles in urban regions.

Will providers who join a CCO network be required to provide services that they have not been providing routinely to beneficiaries?

The Division of Medicaid cannot speak to the requirements of the CCOs. However, the Division of Medicaid would not expect that any provider should be required to provide services outside of their usual scope of practice.

Can an out-of-network provider get an authorization to treat a beneficiary enrolled in MississippiCAN?

An out-of-network provider will need to contact the CCO prior to providing the service to seek authorization. If the CCO has a network provider who can provide the service, the out-of-network provider may not receive the authorization (except for emergency services).

Do contracted providers have to get prior authorization from the CCOs?

Yes, if it is required by the CCO. Contracted providers should refer to their contract or contact the CCO to be sure.

What should a provider do if ER claims are being denied by the CCO for no authorization?

Services provided to a beneficiary in the emergency room do not require CCO authorization. If this issue cannot be resolved with the CCO, the provider may call the Division of Medicaid at 1-800-421-2408 and ask for assistance.

Can a provider who has not previously been enrolled as a Medicaid provider treat a beneficiary enrolled in a CCO?

All providers must be enrolled as a Medicaid participating provider prior to becoming enrolled in the network of the CCO.

How will a provider receive certification for an inpatient hospital stay for a beneficiary enrolled in the MississippiCAN program?

The provider will continue to receive inpatient hospital certification as usual from Health Systems of Mississippi. CCOs are not responsible for coverage of inpatient hospital services.