

MississippiCAN Notes:

Program Goals

The implementation of Mississippi Coordinated Access Network (MississippiCAN), a Coordinated Care Program for Mississippi Medicaid beneficiaries, will address the following goals:

- **Improve access to needed medical services** - This goal will be accomplished by connecting the targeted beneficiaries with a medical home, increasing access to providers and improving beneficiaries' use of primary and preventive care services.
- **Improve quality of care** – This goal will be accomplished by providing systems and supportive services, including disease state management and other programs that will allow beneficiaries to take increased responsibility for their health care.
- **Improve efficiencies and cost effectiveness** – This goal will be accomplished by contracting with Coordinated Care Organizations (CCOs) on a full-risk capitated basis to provide comprehensive services through an efficient, cost effective system of care.

Federal Authority

Mississippi will seek a Federal Medicaid 1915(b) waiver to secure approval to implement a care coordination program for targeted beneficiaries.

Program Geographic Areas

MississippiCAN will be implemented in all 82 counties in the state of Mississippi for all eligible beneficiaries beginning October 1, 2009.

Target Population

The target population of MississippiCAN is comprised of four groups, including:

- Pregnant women;
- Children under the age of one year;
- Targeted, high cost Medicaid beneficiaries who include beneficiaries eligible for SSI, excluding those persons in an institution, children in foster care, dual eligibles and waiver enrollees; and
- Other targeted, high cost Medicaid beneficiaries, as identified by Medicaid claims data.

Mandatory Enrollment

- Enrollment into MississippiCAN of the targeted populations will be mandatory. There will be no ability to opt out of the program, but a beneficiary may change plans.
- Eligibility criteria for MississippiCAN will be the same as the eligibility criteria for Mississippi Medicaid.

Benefits

- A comprehensive package of services will be provided by the CCOs that include, at a minimum, the current Mississippi Medicaid benefits.
- CCOs will not be responsible for behavioral health services and non-emergency transportation.

Care Management

- CCOs are expected to participate as partners with providers and beneficiaries in arranging for the delivery of health care services that improve health status in a cost effective way.
- DOM expects CCOs to connect beneficiaries to a medical home and implement comprehensive care management programs for the targeted populations.

- CCOs will be required to develop disease state management programs that focus on diseases that are chronic or very high cost including but not limited to diabetes, asthma, hypertension, obesity, congestive heart disease, hemophilia, organ transplants, and improved birth outcomes.

Capitated Coordinated Care Rates

- DOM will contract with the CCOs using a full-risk arrangement that will pay each CCO a prepaid monthly capitation rate to cover all services included in the CCO contract.
- DOM will develop cost-effective and actuarially sound rates according to all applicable CMS rules and regulations.
- DOM will develop monthly capitation rates that will be offered to CCOs on a “take it or leave it” basis. In other words, DOM will set the capitated rate and it will not be negotiable with the CCO.
- CCOs must reimburse providers at a rate no less than the Medicaid payment for the same service.