The Office of the Governor Division of Medicaid

eOrientation

Welcome to the Office of the Governor, **D**ivision **O**f **M**edicaid (**DOM**)!

It is our hope that your coming aboard will prove to be the first step in a long and happy relationship between you and the **DOM**.

The mission of the **Division of Medicaid** is to ensure access to health services for the Medicaid eligible population in the most cost efficient and comprehensive manner possible and to continually pursue strategies for optimizing the accessibility and quality of health care.

Welcome

The goal of these eOrientation courses is to provide you with foundation information you can use to help orient yourself to your new DOM position.

Overall Goal 6.1, 6.2, 6.3, 6.4, 6.5, 6.6

This eOrientation is divided into six lessons. At the end of each lesson, you will be required to pass a short quiz.

You may repeat each segment as many times as you need to pass each lesson's quiz.

Should you not pass a lesson, you may ***print out*** that lesson and use the hard copy to help you pass on your next attempt.

We would like your opinion! There will be a feedback survey after Lesson 6.6 you will need to fill in to help us improve this presentation.

Lesson 6.1

IMPORTANT:

The Division of Medicaid does not discriminate on the basis of race, color, political affiliation, religion, age, disability, national origin, or gender.

Lesson 6.1

The Office of the Governor Division of Medicaid

eOrientation 6.1

Welcome to Lesson 6.1

Let’s get started.

Lesson 6.1

At the successful completion of this course (6.1), you should be familiar with:

- **The Executive Director**
- **The Deputy Administrator For Administration**
- **The Office of Finance and Administration**
- **The Bureau of Third Party Recovery**

Lesson 6.1 Goal

The Executive Director is responsible for the overall administration of the Division of Medicaid (DOM) which also includes working with staff from the Centers for Medicare and Medicaid Services (CMS) to maintain compliance with federal laws and regulations

- Monitoring state legislative activity regarding Medicaid, presenting budget information to the Governor and to the Legislature
- Networking with other agencies and organizations for improved health care; maintaining the State Plan
- Processing information requests

The Executive Director

The Deputy Administrator of Administration

- Provides administrative support to all areas of the agency so they may do their jobs better
- Ensures that the DOM's are spent properly and comply with state and federal law

The DOM wants to, and needs to, be wise stewards of the resources that have been trusted to us to run this important program.

The Deputy Administrator of Administration

Dr. Robert L. Robinson
Executive Director

The Deputy Administrator of Administration

- Examines revenue that comes into Medicaid and from what sources they are coming
- Studies claim expenditure data to determine where the DOM is spending the medical services dollars that provide services to our beneficiaries
- Has various offices within Administration area

The Deputy Administrator of Administration

Offices and Bureaus under the oversight and supervision of The Deputy Administrator For Administration include:

- Office of Finance and Administration
  - Bureau of Reimbursement
  - Bureau of Accounting and Finance
  - Bureau of Budgeting
  - Bureau of Financial Reporting
- Bureau of Third Party Recovery

- Bureau of Human Resources
- Bureau of Operations
- Bureau of Financial and Performance Audit
- Bureau of Program Integrity

The Deputy Administrator For Administration

Margaret King – Chief Financial Officer

The Office of Financial Administration

The Deputy Administrator For Administration

The Chief Financial Officer (CFO) is in charge of **The Office of Financial Administration** and thereby is in charge of all financial matters concerning the funds that flow into and out of the Division of Medicaid.

The Office of Financial Administration

The Deputy Administrator For Administration

The Office of Financial Administration is where the DOM budgeting process takes place.

The Office of Financial Administration

- Requests funding for each fiscal year from the legislature
- Attends hearings to try to obtain those funds from the legislature
- Monitors Medicaid's expenses during the state fiscal year against the budget
- Looks at ways the DOM can reduce agency expenditures

The DOM is very cost-conscious concerning the spending of taxpayer dollars.

The Office of Financial Administration

The Deputy Administrator For Administration

The Bureau of Reimbursement's primary responsibility is to set rates for all institutional Medicaid providers. Those include Nursing Facilities, Long Term Care Facilities, Hospitals, Home Health Agencies, Federally Qualified Health Centers (FQHC's), Rural Health Clinics (RHC's), as well as other providers.

The Office of Financial Administration

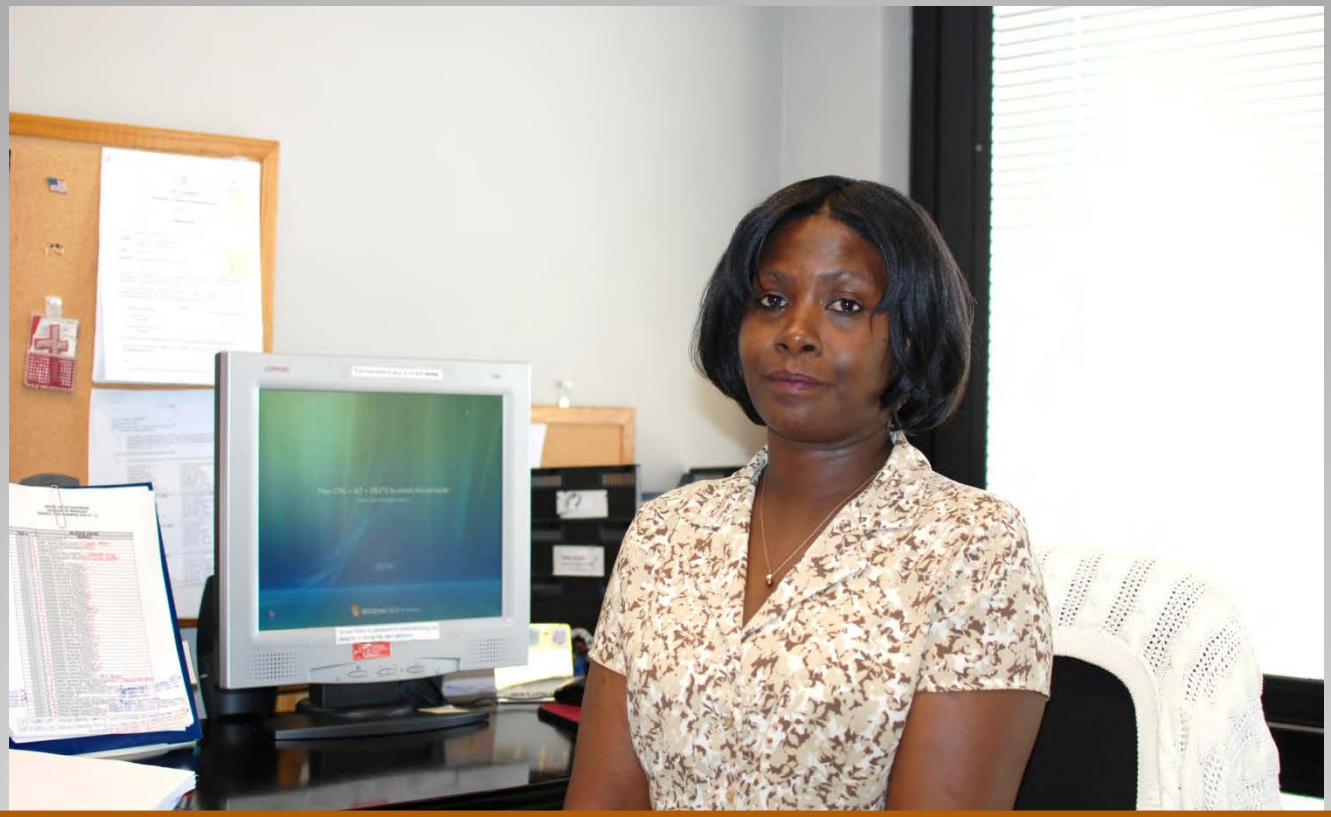
The Deputy Administrator For Administration

The Bureau of Accounting and Finance tracks all of the funds that flow in and out of the Division of Medicaid. Those responsibilities include purchasing, accounts payable, accounts receivable, and cash management.

The Bureau of Accounting and Finance is responsible for constructing the weekly cash draws that we use to pay medical service claims, including putting up the state match that we receive from non-federal funding sources and the matching federal funds we draw down to pay all of our provider claims.

The Office of Financial Administration

The Deputy Administrator For Administration



Glenda Kelly
Travel

The Office of Financial Administration

The Deputy Administrator For Administration

The Bureau of Accounting and Finance is responsible for Travel.

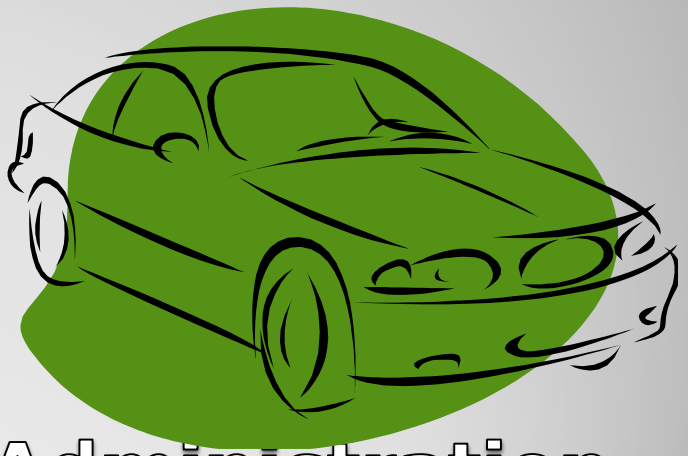
The forms needed for travel such as the Travel Voucher, the Travel Activity Report, Out of State Authorization, and the Conference Registration Authorization, are located on the Division of Medicaid intranet web site under the Travel Manual link at http://domweb.gov/TravelManual.aspx

You may additionally need a Travel Waiver Form when you are using a state contracted vendor and paying more than the state contracted price. This form must be submitted prior to travel. It is located on the internet DFA web site under Travel policies at http://www.dfa.state.ms.us/Offices/OFM/MAAPP.htm

The Office of Financial Administration

The Deputy Administrator For Administration

If applicable, make use of agency vehicles for your travel. If there are no other options than for you to travel in your personal vehicle, mileage is reimbursed at the current federal rate.



The Office of Financial Administration

The Deputy Administrator For Administration

The Bureau of Budgeting is primarily responsible for the DOM's multi-billion dollar yearly budget.

This includes submitting the federal request for funds on a quarterly basis, preparing the annual legislative financial budget request that the DOM submits to the legislature to fund Mississippi Medicaid.

The Bureau of Budgeting is primarily also responsible for the cash receipts function and payroll.

The Office of Financial Administration

The Deputy Administrator For Administration

Vivian Jackson
Payroll

The Office of Financial Administration

The Deputy Administrator For Administration

The functions of the **Payroll Division** are also within **The Bureau of Budgeting**:

To oversee payroll functions for the agency, employees are paid monthly on the last working day of each month.

- It is mandatory that eligible employees have their pay direct deposited to their bank accounts. To be eligible, employees must have twenty (20) hours of accrued personal leave time plus the amount accrued for the current month.

(continued)

The Office of Financial Administration

The Deputy Administrator For Administration

- Direct Deposit pay stubs are available at ACE on-line
- Employees must establish an account on the ACE website to access their direct deposit pay stubs.
- User ID's and passwords are emailed to each eligible employee within 45 days.
- The SPAHRS helpdesk will assist you with any problems or questions you may have concerning your ACE account. Just telephone them at 601-359-1343.

(continued)

The Office of Financial Administration

The Deputy Administrator For Administration

- Should an employee fall below the minimum of twenty (20) hours of personal leave required to maintain direct deposit privileges, the employee will be removed from direct deposit until such time their personal leave balance is at twenty (20) hours.

- There is a four (4) month processing period for employees to again begin to be enrolled in the direct deposit program. If an employee changes banks, a written notification must immediately be provided to the Division of Medicaid Payroll Branch indicating any changes.

(continued)

The Office of Financial Administration

The Deputy Administrator For Administration

- In situations where there is a bank account change, there is a thirty (30) day waiting period before returning to the direct deposit program. The payroll staff will send the employee a new authorization form to be completed and returned for processing the following month.
- Each employee is responsible for submitting any changes to their personal data.
- All changes should be submitted by the fifth (5th) of the month.
- Contact the Bureau of Human Resources Benefits Division to obtain the forms necessary for any direct deposit change to become effective or for further assistance concerning payroll matters.

The Office of Financial Administration

The Deputy Administrator For Administration

The Bureau of Financial Reporting

is responsible for the quarterly federal report known as the CMS-64. This report primarily dictates how much Mississippi Medicaid receives in federal dollars each quarter. This bureau is also responsible for the Medicaid Annual Financial Report for the Division.

This Bureau pulls together all of the Medicaid financial information that is used to compile the comprehensive financial report for the entire state.

The Office of Financial Administration

The Deputy Administrator For Administration

Margaret Robinson
Director of The Bureau of Third Party Recovery

The Office of Financial Administration

The Deputy Administrator For Administration

The Bureau of Third Party Recovery

Ensures Medicaid is the payor of last resort and recovers any monies Medicaid paid prior to the knowledge of a liable party.

This Bureau's objective is to protect the beneficiary who has a third party resource from being billed by the provider or from being refused services because of the existence of a third party source.

The Office of Financial Administration

The Deputy Administrator For Administration

The Bureau of Third Party Recovery

The Bureau Director

- ✓ Oversees all Third Party Recovery functions
- ✓ Submits proposals to DOM legislative liaisons
- ✓ Submits budget proposal for the bureau
- ✓ Approves all system program changes
- ✓ Selects and recommends applicants for hiring

The Office of Financial Administration

The Deputy Administrator For Administration

The Bureau of Third Party Recovery

The Estate Recovery Unit

This Unit within The Bureau of Third Party Recovery recovers Medicaid payments on nursing home and hospital related services from the estate of deceased beneficiaries age 55 or older when there is:

- No Surviving Spouse
- No Disabled Child in Home
- An Estate worth $5,000 or more

This Unit also prepares itemizations of payments for court documentation.

The Deputy Administrator For Administration

1) Should you not pass a lesson, you may ***print out*** that lesson and use the hard copy to help you pass on your next attempt" means:

a) You may print out the section for study and review and may use it as an "open book" on your next attempt to pass.

b) You may print out the section for study and review and may **not** use it as an "open book" on your next attempt to pass.

c) You only get one chance to pass each section with no repeats.

d) None of the above is applicable.

ANSWER:(a)

2) The name of the Executive Director of the Office of the Governor, Division of Medicaid is:

a) Margaret King

b) Glenda Kelly

c) Dr. Robert L. Robinson

d) Vivian Jackson

ANSWER:(c)

3) "The mission of the Division of Medicaid is to ensure access to health services for the Medicaid eligible population in the most cost efficient and comprehensive manner possible and to continually pursue strategies for optimizing the accessibility and quality of health care." This statement is:

a) not correct

b) only partially correct

c) correct

d) None of the above is applicable

ANSWER (c)

Q&A's for eOrientation Lesson 6.1

4) The Deputy Administrator of Administration:

a) provides administrative support to all areas of the agency so they may do their jobs better.

b) ensures that the expenditures of the Division of Medicaid are properly spent and comply with state and federal law.

c) examines revenue that comes into Medicaid and from what sources they are coming.

d) All of the above.

ANSWER:(d)

5) Offices and Bureaus under the oversight and supervision of The Deputy Administrator For Administration include:

a) The Office of Finance and Administration

b) The Bureau of Budgeting

c) The Bureau of Human Resources

d) All of the above.

ANSWER(d)

6) The CFO

a) is in charge of all financial matters concerning the funds that flow into and out of the Division of Medicaid.

b) is primarily in charge of travel.

c) manages The Bureau of Human Resources.

d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.1

7) The Bureau is in charge of DOM travel is

a) The Deputy Administrator For Administration
b) The Bureau of Accounting and Finance
c) The Bureau of Budgeting
d) The Bureau of Reporting

ANSWER (b)

8) The forms needed for travel such as the Travel Voucher, the Travel Activity Report, Out of State Authorization, and the Conference Registration Authorization, are located:

a) in The Bureau of Human Resources.
b) on each floor of the Walter Sillers Building at State Office.
c) on the Division of Medicaid intranet web site under the Travel Manual link at http://domweb.gov/TravelManual.aspx
d) None of the above is applicable.

9) Hotel/Motel arrangements are made by the:

a) employee.
b) DOM Travel Officer.
c) The Bureau of Accounting.
d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.1

10) "The functions of the Payroll Division within **The Bureau of Budgeting** are: To oversee payroll functions for the agency. Employees are paid on the last day of each month. The State Payroll System does not allow a salary to be paid in advance. It is mandatory that eligible employees have their pay directly deposited to their banking accounts. To be eligible, employees must have twenty (20) hours of accrued personal leave time plus the amount accrued for the current month." This statement is:

a) not correct
b) only partially correct
c) correct
d) None of the above is applicable.

ANSWER (c)

11) "The Bureau of Third Party Recovery ensures Medicaid is the payor of last resort and that the Division recovers any monies Medicaid paid prior to the knowledge of a liable third party. This bureau recovers from beneficiaries, health insurance plans, and Medicaid Providers." This statement is:

a) not correct
b) only partially correct
c) correct
d) None of the above is applicable.

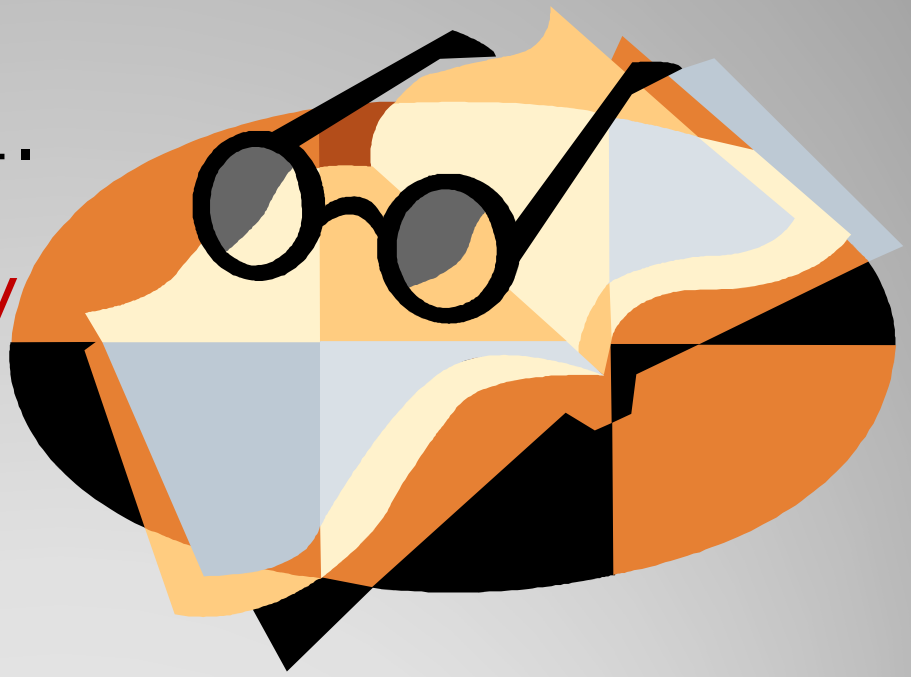
ANSWER (c)

Q&A's for eOrientation Lesson 6.1

Sorry!

You did not pass 6.1.

Remember, you may *print out* 6.1 and use it to help you pass 6.1.



We'll wait for you.

So, try again when you are ready!

You have passed 6.1 and are now eligible to move on to 6.2!

The Office of the Governor Division of Medicaid

eOrientation Lesson 6.2

Welcome to Lesson 6.2

Let’s get started.

Lesson 6.2

At the successful completion of this course (6.2), you should be familiar with:

- **The Bureau of Human Resources**
- **The Bureau of Systems Management**
- **The Bureau of Operations**
- **The Bureau of Financial and Performance Audit**

Lesson 6.2 Goal

Janie Simpson
Director of The Bureau of Human Resources

The Bureau of Human Resources

The Deputy Administrator For Administration

The Bureau of Human Resources

is responsible for the administration of personnel policies and procedures required by State and federal law as well as rules and policies of the Mississippi State Personnel Board, and the Division of Medicaid.

Additionally, this Bureau is responsible for Workforce Development, Benefits and Leave.

The Bureau of Human Resources

The Deputy Administrator For Administration

There are four divisions in

The Bureau of Human Resources (HR)

They are:

The (HR) Division of Administration

The (HR) Division of Recruitment and Selection

The (HR) Division of Benefits and Leave

The (HR) Division of Workforce Development

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

We will now review a few of the policies you will find in your Division of Medicaid Employee Handbook. Please note our employee policies comply with the Mississippi State Personnel Board Policy and Procedures Manual, as well as with other state and federal laws.

IT IS YOUR RESPONSIBILITY TO AND UNDERSTAND THESE POLICIES.

You can find these policies on-line on our intranet. If you have any questions please contact **The Bureau of Human Resources** for help.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Administration

The Bureau of Human Resources is tasked with compliance concerning certain state and federal laws.

These are:

- The Americans with Disabilities Act that ensures we accommodate employees with disabilities
- Eligible employees are entitled to up to twelve (12) weeks of FMLA (The Family and Medical leave Act) that ensures we allow employees to take up to of leave if they are stricken with a chronic or serious illness or they need to take care of a family member with a serious illness

(continued)

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Administration

- Eligible employees are entitled to two (2) different kinds of leave as a result of either being in the military or having family members in the military
  - Eligible employees are entitled to up to twelve (12) weeks of FMLA leave because of any qualifying exigency arising out of the fact that the spouse, son, daughter, or parent of the employee is a member of any Armed Forces and/or a reserve component of the Armed Forces on covered active duty, or has been notified of an impending call to covered active duty status.
  - Eligible employees may take up to twenty-six (26) weeks of leave during a single twelve-month period to care for a "covered service member" who is an employee spouse, son, daughter, parent or next of kin (nearest blood relative or designated as such.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Administration

- The Equal Employment Opportunities Act that ensures no discrimination involving our hiring practices, and
- The Worker's compensation Act that ensures compensation if you are injured while on the job.

PLEASE NOTE:
It is important that you notify your supervisor <u>immediately</u> should you have an injury while on the job!

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Administration

We will now review a few of the policies you will find in your Division of Medicaid Employee Handbook. Please note our employee policies comply with the Mississippi State Personnel Board Policy and Procedures Manual, as well as with other state and federal laws.

IT IS YOUR RESPONSIBILITY TO READ UNDERSTAND THESE POLICIES.

You can find these policies on-line on our intranet. If you have any questions please contact the Bureau of Human Resources for help.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Administration

- Employees should dress "professionally" during the workweek and shall dress in "business casual" attire on Fridays.
- Personal cell phone usage should be kept to an absolute minimum during work hours with the exception of lunch and break periods. Cell phones must be in the vibrate/silent mode during working hours.
- Commercial advertising, the use of State time and/ or resources, along with solicitation of goods, services, and/or merchandise not related to your Medicaid work is prohibited on the premises.
- Political solicitation is prohibited on the premises.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Administration

There is a twelve (12) month probationary period for new state employees. During this period, your performance and attitude will be evaluated. Additionally during this probationary period, you can be terminated with or without cause. After your successful initial twelve (12) months you earn certain rights as the holder of a state service position that include grievance and appeals rights.

NOTE: If you come to the Division from another state agency with full state service status and no break in service, you will not be subject to a new probationary period.

The Bureau of Human Resources

The Deputy Administrator For Administration

Jennifer Washington (EEOC/Disciplinary Officer)
The Bureau of Human Resources

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Administration

- All employees are required to work forty (40) hours per week. The Division does not have part-time positions except for contract workers.
- After six (6) months of successful employment, you may request to work a flex schedule or a compressed schedule as allowed by your Bureau Director.
- Flex and compressed schedules are completely at the discretion of your immediate supervisor, Bureau Director, and Deputy Administrator. This privilege may be revoked should the need arise for the employee to return to a regular schedule.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Administration

- Employees are allowed one (1) hour for lunch and two (2) fifteen (15) minute breaks, one in the morning and one in the afternoon. Employees reporting to work late and taking lunch breaks or breaks in excess of the allotted time will be charged with personal leave.

- Employees are expected to report to work on time and to maintain regular attendance. Planned absences should be scheduled. All unexpected absences should be reported to the employee's immediate supervisor before the employee's report to work time. If the employee's supervisor is not available, contact other supervisory personnel in your bureau office.

- A pattern of tardiness is not excused because personal leave is charged. Unexcused tardiness at any time the employee is to report to work, including returning from lunch and breaks, is a Group I offense and subject to disciplinary action. Employees who are Tardy will be charged in 30-minute increments with personal leave or leave without pay.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Division of Recruitment and Selection

As a new employee, you are now somewhat familiar with **The Division of Recruitment and Selection** who recently worked with you during your recent hiring experience.

This division is responsible for the hiring of new employees as well as assisting each DOM director in the selection, and interview process.

The Bureau of Human Resources

The Deputy Administrator For Administration

Shirley Washington (Benefits and Leave)
The Bureau of Human Resources

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

The Division of Benefits and Leave has a number of mandatory and optional benefits available to all new hires. You recently should have received a packet of information pertaining to your insurance and other benefits.

Mandatory benefits include:

- Public Employee Retirement
- State and Federal Withholdings
- The State and School Health and Life Insurance Plan
- Direct Deposit
- The Department of Homeland Employment Eligibility Verification Form I-9

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

Optional benefits include:

- Cafeteria Enrollment
  - Dependent Care
  - Unreimbursed Medical Accounts
  - Premium Reimbursement Expense
- The Employee Assistance Program
- Delta Dental Insurance
- Superior Vision Insurance
- Credit Union
- Deferred Compensation

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

Optional benefits include (continued):

- Cancer Plan
- Out Of Pocket Medical Plan (GAP)
- Burial Insurance
- Additional Life Insurance
- Short and Long Term Disability insurance
- Critical Illness insurance
- The Mississippi Affordable College Tuition Savings Program
- The Mississippi Prepaid Affordable College Tuition Program (MPACT)

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

All employees are required to submit personal and medical leave requests through our on-line eLeave database.

Please make notes in the "comment" section if the leave is for an on-going illness, for example, “FMLA form on file."

Employees with on-going medical excuses (*Healthcare Certification Form*) are required to provide the Bureau of Human Resources with updated copies of these forms no less than yearly.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

All employees begin to accrue personal and medical leave hours after one full month of employment. There is no limit to the number of personal or medical leave hours an employee may accumulate.

Employees are not allowed to use leave prior to it being accrued. Leave is accrued on the last working day of the month and not available for use until the first working day of the following month.

Leave balances are one month in arrears. Please check your leave balances on your eLeave database and/or on your payroll detail sheet each month (ACE).

Any discrepancies you may discover in your leave hour accruals should be reported to the Division of Benefits and Leave as soon as possible.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

The salary of any employee who incurs leave without pay (LWOP) will be prorated according to the number of hours worked.

All requests for LWOP must be submitted in writing, detailing the reasons for the request. The employee should receive approval from their immediate supervisor prior to taking LWOP.

Approval of requests of this nature will be handled on a case-by-case basis. Factors, which will be taken into consideration for the approval, will include the provisions of the Family and Medical Leave Act; the agency's ability to sustain the proposed absence; the availability of a temporary replacement; and, the duration of other leave granted.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Retirement

Employees and officials of the State become members of the Public Employees' Retirement System (PERS) as a condition of employment. PERS participation and coverage is provided to employees in positions requiring employees to work and receive compensation for **not** less than twenty hours per week OR **not** less than eighty hours per month. Participation is restricted to employees whose wages are subject to payroll taxes and are reported on IRS Form W-2.

(HR) Retirement

When a State employee is first employed, the agency will furnish the employee with Enrollment and Beneficiary forms to establish a membership account.

A fiscal year membership statement will be sent to the employee twice a year containing information regarding contributions paid into PERS. Additional information is contained in the ***PERS Member Handbook*** which is located on the DOM intranet.

You may also contact PERS by calling 1-800-444-7377 or (601) 359-3589 or visit the website at www.pers.state.ms.us

(continued)

(HR) Retirement

- **Contributions**

An employee's monthly contribution is equal to a percentage of the employee's Gross Reportable Earnings, and this amount is refundable. The employer's monthly contribution of a percentage of the employee's Gross Reported Earnings is not refundable.

- **Vesting Period**

If an employee was employed by the State of Mississippi at any point prior to July 1, 2007, the employee may receive monthly benefits once the employee becomes eligible for retirement after the employee has accumulated four years of service.

For those employees first employed by the State of Mississippi after July 1, 2007, the employee must have accumulated eight years prior to being able to receive monthly benefits upon eligibility for retirement.

- **Retirement Eligibility**

To be eligible for retirement, a PERS member must be at least age 60 and **vested**

Or, any age if the member has 25 years of creditable service and was hired before July 1, 2011, or has 30 years of creditable service and was hired on or after July 1, 2011.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Insurance

As a benefit to its employees, the State of Mississippi provides a life and health insurance plan to assist its employees with the cost of such insurance. The State and School Employees' Life and Health Insurance Plan (hereinafter referred to as "the Plan") provides State employees and their dependents with many options for health and life insurance coverage.

(continued)

(HR) Insurance

All new employees are required to download a Summary Plan Description (hereinafter referred to as "SPD") from the DOM's intranet, that describes in more detail *The Plan's* benefits, eligibility and how to use *The Plan*. New SPD changes are emailed to enrolled employees every year when changes occur in *The Plan*. Also, all enrolled employees receive the ***Health Plan Update***, a newsletter that is distributed throughout the year to give more information about *Plan* benefits All new employees must enroll in *The Plan* or waive coverage. Enrollment in *The Plan* is effective on an employee's first day of employment; however, an employee must complete his or her enrollment paperwork within thirty-one days of his or her hire date. Additionally, there is an annual Open Enrollment period for coverage effective the following plan year.

Depending on the employee's specific employment status, the State of Mississippi pays some portion of the health insurance premium and life insurance premium for the employee.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Insurance

The Plan also allows employees to cover their dependents under *The Plan* by paying the premiums for their dependents through payroll deductions. Eligible dependents include a lawful spouse, as well as unmarried children, stepchildren, legal wards and legally adopted children up to the age of 26. Unmarried dependent children who meet eligibility requirements at the time of enrollment may remain covered regardless of age if permanently physically disabled or mentally disabled and incapable of self-support.

For additional information, you may contact your Human Resources Office, the Department of Finance and Administration's ("DFA") Office of Insurance, or visit the DFA website at www.dfa.state.ms.us .

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) Cafeteria Plan

An employee of the State of Mississippi may choose to participate in a Section 125 plan, also known as a "Cafeteria Plan." A Cafeteria Plan allows employees' payments for health, life, dental and vision care, prescription drugs, cancer, and deposits to flexible spending accounts to be deducted pre-tax from an employee's earnings.

Please contact the Bureau of Human Resources for detailed information on how to participate in the Cafeteria Plan.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) State Credit Union

All State employees are eligible to join the Mississippi Public Employees' Credit Union.

Credit Unions are non-profit financial organizations serving the savings and borrowing needs of members. Services such as financial counseling, money orders and free notarizing may also be provided.

Credit Unions return all earnings exceeding operating expenses to its members in the form of dividends, interest, reserves, and services. The Mississippi Public Employees' Credit Union may be contacted at (601) 948-8191.

(HR) Deferred Compensation Plan

Deferred Compensation is a supplemental, voluntary savings plan administered by the Public Employees' Retirement System Board of Trustees offering tax advantages to participants.

Employees who choose to participate in this plan may set aside part of their salary each year. Income tax liability is postponed on that part of their salary until the year in which the employee actually receives the deferred amount. Interest and/or earnings also are tax deferred until withdrawal. Interested employees may contact the bureau of Human Resources Office or PERS at: http://www.pers.state.ms.us

Employees are not permitted to make withdrawals from this tax-deferred savings plan except in emergency situations or upon retirement from the State of Mississippi.

For additional information visit the PERS website.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

The State of Mississippi observes the following legal holidays:

- New Year's Day
- Robert E. Lee's Birthday and Dr. Martin Luther King Jr. Birthday
- George Washington's Birthday
- Confederate Memorial Day
- National Memorial Day and Jefferson Davis' Birthday
- Independence Day
- Labor Day
- Armistice or Veterans' Day
- Thanksgiving Day
- Christmas Day

NOTE: In the event any of these holidays fall on a Saturday or Sunday, then the legal holiday will be observed the following Monday.

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Benefits and Leave

As a DOM employee these benefits are available to you:

- Good Retirement Benefits
- Employee Development
- Competitive Salaries
- Free Medical Insurance
- Promotional Opportunities
- Deferred Compensation Plan (Optional Supplemental Retirement Plan)
- Mississippi Prepaid Affordable College Savings Program (MAC)
- Mississippi Prepaid Affordable College Tuition (MPACT)
- 18 Days of Personal Leave per Year
- 12 Days of Medical Leave per Year
- 10 Paid Holidays per Year

The Bureau of Human Resources

The Deputy Administrator For Administration

Employee Assistance Program

Through agreements with various health care providers, the Division offers an Employee Assistance Program (EAP). The program offers substance abuse assessment, crisis counseling and debriefing, and assistance in issues related to stress, relationship conflict, anger management, transitions, codependency, eldercare and other family problems, and grief counseling.

This free EAP program offers a ***confidential*** employee assistance line, manned 24 hours a day, and outpatient counseling.

The DOM's current EAP provider is MEA Cares. They may be reached at (601) 898-7520 or 1-800-844-6503.

Rachel Shinard (Workforce Development)
The Bureau of Human Resources

The Bureau of Human Resources

The Deputy Administrator For Administration

(HR) The Division of Workforce Development

The goal of the Division of Workforce Development is to ensure that our employees have the necessary skills to successfully perform the scope of duties assigned.

The Division of Workforce Development works with directors, supervisors and employees to meet each individual's training and professional development needs.

Training and professional development are provided through various certification and training programs such as the Certified Public Manager (CPM) Program, the Human Resources Certification Program (ASCP), the Basic Supervisory Course (BSC), the Administrative Support Certification Program (ASCP), the professional development clusters, information technology, and other agency sponsored training.

To discuss training opportunities available to you, please check the monthly training calendar and consult your supervisor.

The Bureau of Human Resources

The Deputy Administrator For Administration

Workers' Compensation

The Division of Medicaid maintains a safe working environment and conducts all operations safely and efficiently. Employees are responsible for working in such a manner as to not endanger the health or well-being of themselves or co-workers.

All employees are responsible for immediately correcting or removing hazards when identified.

If this cannot be done immediately, the hazard should be plainly marked and reported to the director/supervisor for prompt corrective action.

Workers' Compensation

All accidents and injuries should be promptly reported to the appropriate supervisor and the Workers' Compensation Coordinator (Rachel Shinard) located in Human Resources (HR) or the Human Resources Director by the injured employee, or a co-worker who witnessed the injury if the injured individual is unable to report the injury or accident.

Workers' Compensation

The injured individual or his/her supervisor should complete the Workers' Compensation *"First Report of Injury or Illness Form"* *"Appendix G"* and submit this form to the Workers' Compensation Coordinator or Human Resources Director.

Failure to properly report or document accidents or injuries may result in disciplinary action.

The Bureau of Human Resources

The Deputy Administrator For Administration

Rita Rutland
Chief Systems Information Officer

The Bureau of Systems Management

The Bureau of Systems Management BSM)

manages the computer software and equipment, telephone and communications equipment, and services, and provides technology assistance for DOM staff.

"BSM's aim is to provide reliable technology and exceptional service to meet the needs of DOM's program staff thus enabling them to provide the highest quality experience for our providers and for our beneficiaries."

– Rita Rutland, Chief Systems Information Officer

The Bureau of Systems Management

The Bureau of Systems Management is divided into the following main areas:

- **Network Management Division**
- **MMIS Services Division**
- **Internal Technical Support Division**
- **Security / Purchasing / Special Projects**

The Bureau of Systems Management

Network Management Division

- Provides Reliable and Responsive Service to DOM staff in Sillers Building & Statewide
  - Access to Email & Data
  - Telephone & Communications Management
  - Help Desk – Technical Support
    - Administers password resets and provides capability for self-password reset
    - Website to monitor technical services request status
  - Performance/Connectivity Monitoring and Support
  - Backup/Restore Capability
  - Disaster Recovery Services
  - Operational Upgrades

The Bureau of Systems Management

MMIS Services Division

- Works with Fiscal Agent staff at ACS to manage and maximize the performance of the Medicaid Management Information System (MMIS). The MMIS system provides claims processing, eligibility determination and pharmacy benefits management.
- BSM Business Analysts are responsive to DOM program staff and Fiscal Agent staff requests. Jointly, they work together to
  - Improve internal business workflows and minimize manual processes
  - Manage multiple projects related to health information technology changes required by the Affordable Care Act and other federal and state legislation
  - Develop requirements and manage changes to the MMIS system
- Manages the change control process (CSR's)
- Ensures MMIS compliance with legislative mandates, oversight rules and regulations to maximize enhanced federal funding opportunities

The Bureau of Systems Management

Internal Technical Support

- Decision Support / Data Warehouse System Reporting, Data Analysis & Quality Monitoring
  - Produce reports from Medicaid data for DOM, federal and state agencies, legislature, Governor, and other requestors
  - Assist DOM staff with reporting needs as requested
- Database Management & Administration
  - Maintains database security and access privileges for all internal DOM applications
  - Transfer, replicate, monitor, and perform back-up and recovery for internal databases
- Application & Web Development & Support
  - Assist DOM staff with the development and support on in-house applications to help mange programs and workflow, e.g. eLeave, eSecurity, eContract, eVehicle, eRegistration, eSuggestion, FRS, and other DOM web-based applications
  - Maintains DOM intranet and extranet web pages

The Bureau of Systems Management

Security / Purchasing / Special Projects

- Analyze, research and resolve business issues through the use of technology
- Conduct proof of concept and pilot projects
- Ensure compliance with HIPAA, published State Security Policy and industry best practices for privacy and security
- Ensure adherence to State purchasing law and competitive purchase processes for technology equipment and services purchases
- Conduct special projects as requested e.g.:
  - Implementation of two-factor authentication
  - Data encryption
  - Document Scanning & Retrieval for Sillers/ROs

The Bureau of Systems Management

Other BSM Functions

- Manage Fiscal Agent contract requirements and performance standards
- Assist DOM staff in resolving business needs via technology
- Provide training on systems and applications
- Coordinate funding requests with CMS for systems changes and upgrades
- Work with the Procurement Division to develop Requests For Proposals for systems and IT projects

The Bureau of Systems Management

IMPORTANT! Please Remember!

- All DOM computers, telephones, and equipment ate State property and should be used for work purposes only. Usage of DOM computer resources is routinely monitored
- Unauthorized use of state-owned computers adversely affects system performance and is strictly prohibited.
- Unauthorized internet usage includes but is not limited to:
  - Internet Audio/Video streaming
  - Downloading and/or uploading non-work related material
  - Accessing non-work related sites

The Bureau of Systems Management

The DOM provides each Medicaid employee/contractor the use of a telephone. Certain employees have access to long distance services via their unique personal long distance code.

NEVER SHARE YOUR LONG DISTANCE CODE WITH ANYONE!

Work telephones are to be used primarily for Medicaid business. Usage of work issued cell phones should also be restricted to Medicaid business.

The Bureau of Systems Management

Our computer network operating system is made up of state-of-the-art-equipment and software. All of your computer accounts are password protected and should be changed routinely.

IT IS STRONGLY RECOMMENDED THAT YOU NEVER SHARE YOUR PASSWORD WITH ANYONE!

Should anyone other than you have access to your password(s), emails, and files, other confidential information are in danger of being breached.

The Bureau of Systems Management

Each employee has a DOM email account that gives them the ability to communicate via email.

DO NOT REGISTER YOUR WORK EMAIL ADDRESS TO ANY OUTSIDE SPAM OR NEWSGROUPS THAT ARE NOT DIRECTLY RELATED TO MEDICAID BUSINESS.

The Bureau of Systems Management

The software on your computer is exclusively licensed to Medicaid. You may not add non-Medicaid authorized software to your work computer.

These rules and restrictions also apply to Medicaid laptop computers and other mobile devices supplied to certain employees for additional access to our network while on the road conducting official Medicaid business. Computer viruses can cause a serious threat to our entire network. In an effort to curtail our exposure to these threats anti-virus software is installed on your computer and on our network servers.

Consult your section 6.0 of your Medicaid Employee Handbook for more important information on this topic at http://domweb.gov/EmployeeManual.aspx

The Bureau of Systems Management

Call: 601-359-HELP
Email: HELP DESK

Call or email the Help Desk if you need help with computer or telephone equipment or services.

Even if you are off-site, BSM staff may be able to easily address your problem by "proxying" into your computer to view the error you are experiencing as it occurs.

The Bureau of Systems Management

Debbie Hankins
Director of The Bureau of Operations

The Bureau of Operations

The Deputy Administrator For Administration

The Bureau of Operations consists of two major areas.

They are:

- **Fixed Assets / Property Management**
- **Document Imaging and Records Liaison**

The Bureau of Operations

The Deputy Administrator For Administration

Fixed Assets and Property Management is responsible for the addition and deletion of all major property assets for the Division of Medicaid.

These guidelines come from the State Auditor's Department. Each year the Bureau of Operations conducts an internal audit/inventory.

Building Maintenance Liaison handles all building issues at State Office in the Sillers Building.

The Bureau of Operations

The Deputy Administrator For Administration

The Document Imaging and Records Liaison Unit is responsible for:

- Analyzing the document scanning requirements of the agency on a Bureau by Bureau basis
- Execute scanning of documents, ensuring a high degree of accuracy and quality
- Assisting bureaus with determination of which records are to be scheduled with Archives and History and the guidelines for those schedules
- Liaison between DOM and Archives and History
- Shredding scanned documents when feasible

The Bureau of Operations

The Deputy Administrator For Administration

Within **The Bureau of Operations** we have several cars that we allow qualified employees to use. Once you have your paperwork completed, you may check those cars out from **The Bureau of Operations** as needed for official Medicaid business.

You are encouraged to always use Medicaid cars prior to using your own vehicle for official Medicaid business.

The Bureau of Operations

The Deputy Administrator For Administration

The Bureau of Operations also maintains an eSupply system that we are very proud of.

This cost-saver keeps the cost of office supplies down for the entire agency and it is easily accessible from your computer terminal.

Additionally this bureau is responsible for Medicaid's in coming and out-going mail needs.

The Bureau of Operations

The Deputy Administrator For Administration

Brian Smith
Bureau Director of Financial and Performance Audit

The Bureau of Financial And Performance Audit

The Deputy Administrator For Administration

The Bureau of Financial And Performance Audit is responsible for conducting field level financial and performance reviews of Medicaid contractors and certain providers.

This bureau also administers the Medicaid Non-emergency Transportation (NET) program.

The Bureau is composed of:

- **The Provider Review Unit (PRU)**
- **Contracts Monitoring Unit (CMU)**

The Bureau of Financial And Performance Audit
The Deputy Administrator For Administration

The Provider Review Unit (PRU) is responsible for conducting financial reviews of cost reports submitted by selected long-term care facilities (nursing homes) to verify the accuracy and reasonableness of information contained in the financial and statistical reports.

The Provider Review Unit (PRU) works closely with the staff of the Bureau of Reimbursement who conducts desk review of the cost reports to set reimbursement rates for providers.

Results of these audits at times result in monies refunded to the Division of Medicaid.

The Bureau of Financial And Performance Audit

The Deputy Administrator For Administration

The Contracts Monitoring Unit (CMU) conducts compliance and financial reviews. These reviews are of contractors, including individuals, state agencies, and various organizations which provide assistance to the Division of Medicaid in the administration of the Medicaid program.

The Contracts Monitoring Unit (CMU) also conducts annual reviews of resident trust funds at all nursing facilities that receive Medicaid funding. These facilities include any nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or psychiatric residential treatment facility (PRTF) funded by the Medicaid program.

The Contracts Monitoring Unit (CMU) is also responsible for receiving and approving payment for services rendered on either a monthly or quarterly basis from certain Division contractors.

The Bureau of Financial And Performance Audit

The Deputy Administrator For Administration

1) Should you not pass a lesson, you may ***print out*** that lesson and use the hard copy to help you pass on your next attempt" means:

a) You may print out the section for study and review and may use it as an "open book" on your next attempt to pass.

b) You may print out the section for study and review and may **not** use it as an "open book" on your next attempt to pass.

c) You only get one chance to pass each section with no repeats.

d) None of the above is applicable.

ANSWER (a)

2) "The Bureau of Human Resources is responsible for the administration of personnel policies and procedures originated by the Mississippi State Legislature, Mississippi State Personnel Board, the Department of Labor, and the Division of Medicaid."

This statement is:

a) not correct

b) only partially correct

c) correct

d) None of the above is applicable

ANSWER (c)

3) "All accidents and injuries will be promptly reported to the appropriate supervisor and the Workers' Compensation Coordinator located in Human Resources (HR) or the Human Resources Director by the injured employee, or a co-worker who witnessed the injury if the injured individual is unable."

This statement is:

a) not correct

b) only partially correct

c) correct

d) None of the above is applicable.

ANSWER (c)

Q&A's for eOrientation Lesson 6.2

4) "Flex and compressed schedules are completely at the discretion of the Division and may be revoked should the need arise for the employee to return to a regular schedule."

This statement is:

a) not correct
b) only partially correct
c) correct
d) None of the above is applicable.

ANSWER (c)

5) Public Employee Retirement, State and Federal Withholdings, The State and School Health and Life Insurance Plan, The Cafeteria Enrollment, Direct Deposit, and The Employee Assistance Program are all _____benefits.

a) compulsory
b) optional
c) federal
d) mandatory

ANSWER (d)

6) A few examples of training available to you at the DOM are:

a) technical training
b) presentation training
c) writing skills training
d) all of the above

ANSWER (d)

Q&A's for eOrientation Lesson 6.2

7) The Bureau of Systems Management carries out all the computer and telephone network functions for Medicaid. It oversees our fiscal agent information system processes, including the processing of claims, and makes whatever recommendations and actions regarding what changes that we want to those systems processes. This is the bureau that:

a) provides quality workstation computers, telephones, and access to quality equipment that will help you do your job better day in and day out.
b) is divided into Technical Support, MMIS Support, Network Management
c) you will get when you dial for computer or telephone problems or issues.
d) All of the above

ANSWER (d)

8) Your work telephone is there primarily for Medicaid business. Work issued cell phones are also restricted to use primarily for Medicaid business. Each Medicaid employee enjoys the use of his or her own telephone. You have access to long distance services via your unique personal long distance code.

a) You should never share your long distance code.
b) All DOM staff has a personal long distance code.
c) a & b are correct
d) There are no correct answers listed for this question.

ANSWER (c)

9) "All DOM computers are State property and installed for work activities only. Unauthorized use or misuse of computers, such as surfing the web for pleasure or accessing sites not related to employee's work activity is prohibited. Employees should only be engaged in job-related activities during work hours. The use of the work computers can and may be tracked and employees may be disciplined for unauthorized use. Periodic audits of email and internet usage may be performed by the Division of Medicaid at the Executive Director's discretion. Unauthorized use or misuse of computers, such as surfing the web for pleasure or accessing sites not related to employee's work activity is prohibited."

This statement is:

a) partially correct
b) misleading
c) totally correct
d) not relevant

ANSWER (c)

10) "Within The Bureau of Operations we have several cars that we allow qualified employees to use. Once you have your paperwork completed, you may check those cars out from The Bureau of Operations as need for official Medicaid business. You are encouraged to _____ use Medicaid cars prior to using your own vehicle for official Medicaid business."

a) always
b) sometimes
c) never
d) None of the above is applicable.

ANSWER (a)

11) The Bureau of Financial and Performance Audit is responsible for DOM

a) tax returns.
b) administering the Medicaid Non-emergency Transportation (NET) program.
c) field level financial and performance reviews of Medicaid contractors and certain providers.
d) b & c

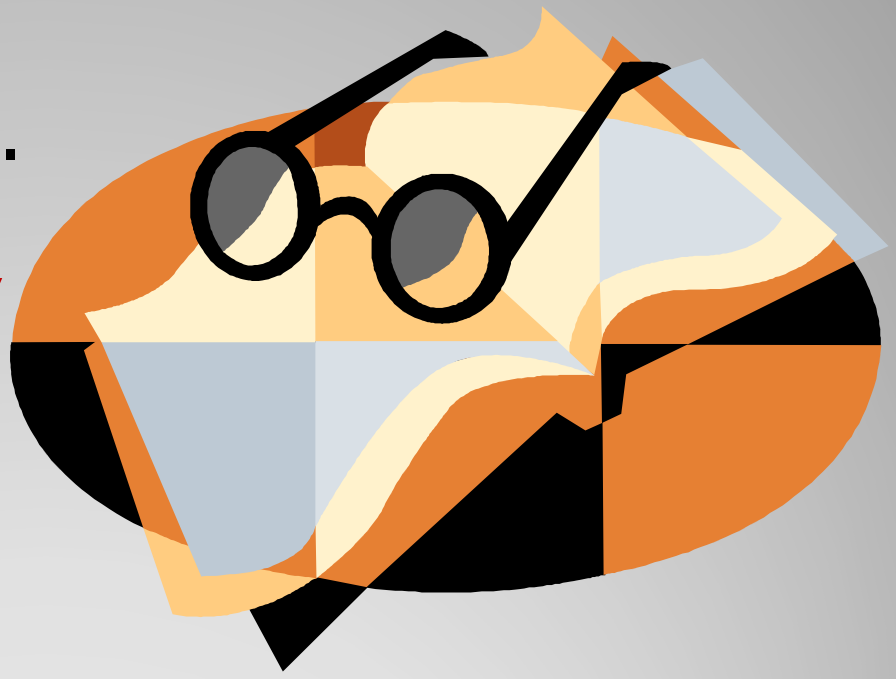
ANSWER (d)

Q&A's for eOrientation Lesson 6.2

Sorry!

You did not pass 6.2.

Remember, you may *print out* 6.2 and use it to help you pass 6.2.



We'll wait for you.

So, try again when you are ready!

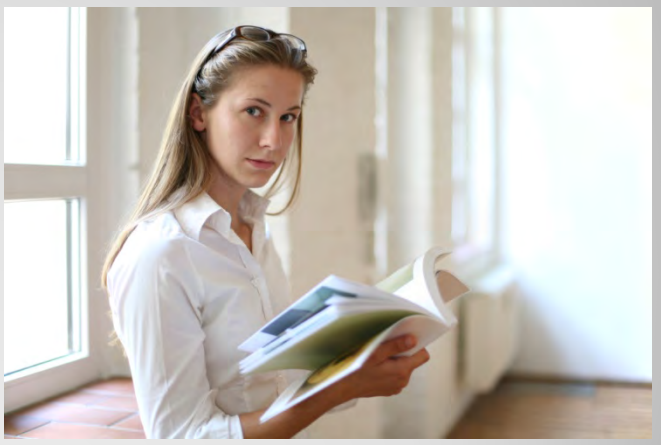
You have passed 6.2 and are now eligible to move on to 6.3!

The Office of the Governor Division of Medicaid

eOrientation Lesson 6.3

Welcome to Lesson 6.3

Let’s get started.



Lesson 6.3

At the successful completion of this course (6.3), you should be familiar with:

- **The Bureau of Program Integrity**
- **The Bureau of Eligibility (or Enrollment)**

Lesson 6.3 Goal

Otis Washington
Bureau Director of Program Integrity

The Bureau of Program Integrity
The Deputy Administrator For Administration

The Bureau of Program Integrity conducts investigations of Medicaid Providers and Medicaid Beneficiaries suspected of fraud and or abuse of our Medicaid program.

The Mission of **The Bureau of Program Integrity** is:

- To identify and stop fraud and abuse in the Medicaid Program
- To identify weak areas in policy and the Mississippi Medicaid information System (MMIS)
- To make recommendations for change and improvement
- To investigate cases of possible provider and recipient fraud or abuse by analyzing provider records, medical charts, eligibility records and payment histories as well as conducting interviews with provider staff and Medicaid beneficiaries

The Bureau of Program Integrity

The Deputy Administrator For Administration

Within **The Bureau of Program Integrity** are:

- **The Investigations Division**
- **The Medical Review Division**
- **The Eligibility Quality Control Division**

The Bureau of Program Integrity
The Deputy Administrator For Administration

The Investigations Division

This Division investigates cases of possible provider fraud or abuse by conducting periodic checks of provider records. Cases warranting further investigation are referred The Medicaid Fraud unit of the State Attorney General's Office.

The Bureau of Program Integrity

The Deputy Administrator For Administration

The Medical Review Division

In **The Medical Review Division**, Registered Nurses analyze data histories of both providers and beneficiaries to determine the medical necessity and appropriateness of services rendered to ensure quality of care.

The Bureau of Program Integrity
The Deputy Administrator For Administration

The Eligibility Quality Control Division

Determining the accuracy of Medicaid eligibility decisions made by the Division of Medicaid is the mission of this division.

MEQC verifies that persons receiving Medicaid benefits are actually eligible, and ensures that no one is refused benefits to which they are entitled.

The Bureau of Program Integrity

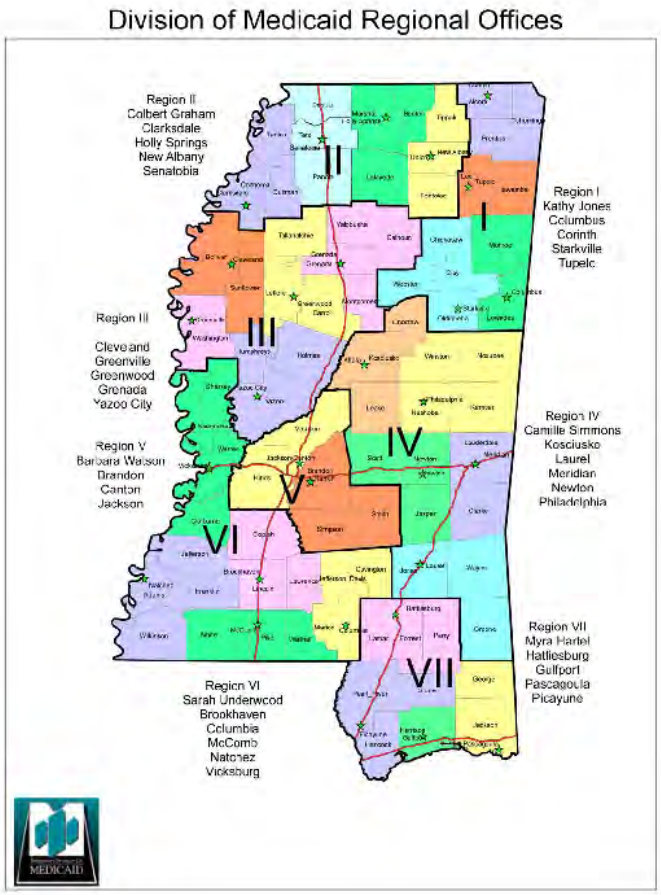
The Deputy Administrator For Administration

Betty Williams
The Deputy Administrator of Eligibility

The Bureau of Eligibility (or Enrollment)
The Deputy Administrator of Eligibility (or Enrollment)

The Bureau of Eligibility (or Enrollment)

The Bureau of Eligibility (or Enrollment is the largest bureau in Medicaid in staff and in locations with over 650 staff positions in 30 Regional Offices (RO's) throughout the state.



The Bureau of Eligibility (or Enrollment)

The Deputy Administrator of Eligibility (or Enrollment)

The RO's:

- serve a single or multi-county area.
- take applications for Medicaid and at over 100 remote sites that include hospitals, health departments and health clinics within each region
- determines both the initial eligibility and the annual redeterminations of eligibility for the programs certified by the RO's (reviews are required, at a minimum, every 12 months to determine if a person continues to qualify for coverage)

The Bureau of Eligibility (or Enrollment)

The Deputy Administrator of Eligibility (or Enrollment)

These programs include coverage of the aged, disabled in private living arrangements and in long-term care settings, coverage of families and children, and pregnant women.

In addition to certifying eligibility for Medicaid, Regional Office staff determines eligibility for children for the Children's Health Insurance Program (CHIP). This is a separate health insurance plan for uninsured children who do not otherwise qualify for Medicaid.

The Bureau of Eligibility (or Enrollment)
The Deputy Administrator of Eligibility (or Enrollment)

Programs administered by the RO's include:

- Medicaid programs covering children under the age of 19 qualifying under various federal poverty levels
- Children under age 19 qualifying for CHIP (Children's Health Insurance Program). This is a separate health insurance plan for uninsured children who do not otherwise qualify for Medicaid. The limit for CHIP coverage is set at 200% of the federal poverty level.
- Medicaid for pregnant women and minors who qualify if income is at or below 185% of the federal poverty level.

The Bureau of Eligibility (or Enrollment)

The Deputy Administrator of Eligibility (or Enrollment)

Programs administered by the RO's include:

- Medicaid for low-income parents or needy caretakers of children under the age of 18.
- Medicaid for disabled individuals and individuals age 65 and over who qualify based on income, assets and living arrangements. For example, an elderly individual may qualify for Medicaid in a nursing facility who would not qualify for Medicaid while living at home based their financial and medical situation.

The Bureau of Eligibility (or Enrollment)
The Deputy Administrator of Eligibility (or Enrollment)

All Medicaid programs and CHIP have specific financial and non-financial requirements that must be met in order to qualify for benefits.

Income limits are subject to change annually and can be found under the eligibility guidelines for each program.

Out of over 706,000 Medicaid and CHIP recipients qualifying for coverage in June, 2011, the RO's certified 78% or over 551,000 children and adults.

The Bureau of Eligibility (or Enrollment)
The Deputy Administrator of Eligibility (or Enrollment)

The remainder of individuals qualifying for Medicaid are certified for coverage through:

- The Department of Human Services (DHS) in their coverage of foster children and adoption assistance children and certain adult refugees.
- The Social Security Administration (SSA) in the SSI (Supplement Security Income) Program which is a cash assistance program for low income aged, blind and disabled individuals. Receipt of Medicaid coverage is automatic with an SSI cash payment.

The Bureau of Eligibility (or Enrollment)
The Deputy Administrator of Eligibility (or Enrollment)

Alex Dennery (State Office)
The Bureau of Eligibility (or Enrollment)

The Bureau of Eligibility (or Enrollment)
The Deputy Administrator of Eligibility (or Enrollment)

Enrollment staff in the State Office of DOM located in the Walter Sillers Building provides:

- supervisory oversight to the RO's
- staff training for new Medicaid Specialists as well as specialized training on various program issues
- second party supervisory reviews of RO cases
- management of the on-line eligibility systems functions and enhancements
- policy development for the two major program areas (Families, Children and CHIP program policies and Aged, Blind and Disabled program policies)
- responses to legislative inquiries and calls from the public

The Bureau of Eligibility(or Enrollment)

The Deputy Administrator of Eligibility (or Enrollment)

The National Voter Registration Act (NVRA)

- The NVRA requires public assistance agencies, like the Division of Medicaid, to provide individuals the opportunity to register to vote or update voter information.
- Medicaid applicants, recipients and adults applying for children must be asked if they want to register to vote or update voter information at each application, recertification and change of address associated with receipt of benefits.
- Clients coming to the regional office are provided with a voter preference form and a voter registration application and offered assistance with completion of these forms.
- Voter registration information is also included with application and redetermination materials which are mailed out or given to individuals requesting them.

The Bureau of Eligibility(or Enrollment)

The Deputy Administrator of Eligibility (or Enrollment)

The National Voter Registration Act (NVRA)

- The agency must provide the same degree of assistance with completion of voter registration forms as is provided for completion of the agency's own forms unless assistance is declined.
- Completed voter registration applications are logged and transmitted to the appropriate county Circuit Clerk's office within 5 business days of receipt. Applications received within 5 days of the voter registration deadline must be transmitted daily.
- Voter preference forms are maintained by the regional office to document compliance with NVRA requirements and for monthly reports on voter activity. A statewide voter activity report is submitted to the Secretary of State monthly.
- Voter registration training is conducted for new employees within the first month of employment by supervisors. All employees are trained semi-annually.

The Bureau of Eligibility(or Enrollment)

The Deputy Administrator of Eligibility (or Enrollment)

The National Voter Registration Act (NVRA)

- Medicaid staff who provide voter registration services ***must not***:
  - Display any political preference or partisan affiliation,
  - Seek to influence the political preference or party affiliation of any person registering to vote,
  - Make any statements that would discourage an individual from registering to vote, including discouraging the client from completing the form while in the office or recommending that the applicant deliver the form to the circuit clerk himself, or
  - Make any statement or take any action suggesting that the decision to register or not to register has any bearing on the availability of benefits or services offered by the Division of Medicaid.

The Bureau of Eligibility(or Enrollment)

The Deputy Administrator of Eligibility (or Enrollment)

1) Should you not pass a lesson, you may ***print out*** that lesson and use the hard copy to help you pass on your next attempt" means:

a) You may print out the section for study and review and may use it as an "open book" on your next attempt to pass.

b) You may print out the section for study and review and may **not** use it as an "open book" on your next attempt to pass.

c) You only get one chance to pass each section with no repeats.

d) None of the above is applicable.

ANSWER (a)

2) "The Mission of The Bureau of Program Integrity is: To identify and stop fraud and abuse in the Medicaid Program, to identify weak areas in policy and the Mississippi Medicaid information System (MMIS), to make recommendations for change and improvement, and to investigate cases of possible provider and recipient fraud or abuse by analyzing provider records, medical charts, eligibility records and payment histories as well as conducting interviews with provider staff and Medicaid beneficiaries."

This statement is:

a) not correct

b) only partially correct

c) correct

d) None of the above is applicable.

ANSWER (c)

3) (Fill in the blanks)

"The Bureau of Eligibility (or Enrollment) is the largest bureau in Medicaid in staff and in locations with over _____staff positions in _____Regional Offices (RO's) throughout the state."

a) 30 650

b) 100 500

c) 650 30

d) None of the above is applicable.

ANSWER (c)

Q&A's for eOrientation Lesson 6.3

4) The Bureau of Eligibility (or Enrollment) administrative staff provides supervisory oversight to the Regional Offices and provides informational and referral services to the public. This staff is located at:

a) at State Office, located in the Walter Sillers Building.
b) at each Regional Office (RO.)
c) at each of the four parts of the state - north, south, east and west.
d) None of the above is applicable.

ANSWER (a)

5) All eligibility programs have specific financial and non-financial requirements that must be met in order to qualify for benefits. Income limits are subject to change annually and can be found under the eligibility guidelines for each program.

This statement is:

a) not correct
b) only partially correct
c) correct
d) None of the above is applicable.

ANSWER (c)

6) The RO's serve a single or multi-county area:

- take applications for Medicaid and at over 100 remote sites that include hospitals, health departments and health clinics within each region
- determines both the initial eligibility and the annual redeterminations of eligibility for the programs certified by the RO's (reviews are required, at a minimum, every 12 months to determine if a person continues to qualify for coverage)

The above is:

a) not correct
b) only partially correct
c) correct
d) None of the above is applicable.

ANSWER (c)

Q&A's for eOrientation Lesson 6.3

7) In addition to certifying eligibility for Medicaid, Regional Office staff

a) determines eligibility for CHIP. This is a separate health insurance plan for uninsured children who do not otherwise qualify for Medicaid.

b) investigates cyber-crimes.

c) provides free lunches for the disabled.

d) conducts non-emergency transportation services.

ANSWER (a)

8) In question 7. "CHIP" stands for

a) California Highway Patrol

b) Certain Health information Products

c) Children's Health Insurance Program

d) None of the above is applicable.

ANSWER (c)

9) Out of over 706,000 Medicaid and CHIP recipients qualifying for coverage in June, 2011, the RO's certified 78% or over 551,000 children and adults.

This statement is:

a) true

b) partially true

c) no true

d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.3

10) Individuals can be qualified for Medicaid by

a) Psychological Services

b) Police officials

c) The Department of Human Services and The Social Security Administration

d) None of the above is applicable.

ANSWER (c)

11) The National Voter Registration Act (NVRA) requires public assistance agencies, like the Division of Medicaid, to provide individuals the opportunity to

a) register to vote or update voter information.

b) pay water bills.

c) settle traffic tickets.

d) None of the above is applicable.

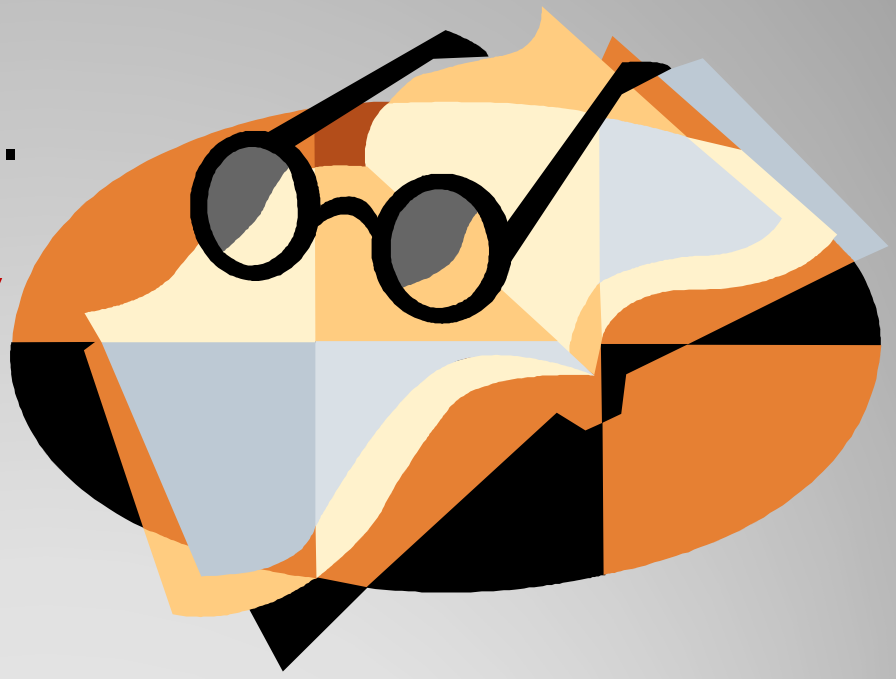
ANSWER (a)

Q&A's for eOrientation Lesson 6.3

Sorry!

You did not pass 6.3.

Remember, you may *print out* 6.3 and use it to help you pass 6.3.



We'll wait for you.

So, try again when you are ready!

You have passed 6.3 and are now eligible to move on to 6.4!

The Office of the Governor Division of Medicaid

eOrientation Lesson 6.4

Welcome to Lesson 6.4

Let’s get started.

Lesson 6.4

At the successful completion of this course (6.4), you should be familiar with:

- **The Deputy Administrator of Health Services**
- The Bureau of Long Term Care
- The Bureau of Maternal and Child Health Services
- The Bureau of Medical Services
- The Bureau of Mental Health
- The Bureau of Pharmacy
- The Bureau of Policy, Planning and Development

Lesson 6.4 Goal

Phyllis Williams
Deputy Administrator of Health Services

The Deputy Administrator of Health Services

The Deputy Administrator of Health Services

is responsible for the overall development, implementation, and operation of all Medicaid healthcare related services and benefits, and for ensuring that Medicaid beneficiaries are provided appropriate, accessible, and quality services.

The Deputy Administrator of Health Services

Bureaus under the oversight and supervision of **The Deputy Administrator of Health Services** include:

- **The Bureau of Long Term Care**
- **The Bureau of Maternal and Child Health Services**
- **The Bureau of Medical Services**
- **The Bureau of Mental Health**
- **The Bureau of Pharmacy**
- **The Bureau of Policy, Planning and Development**

The Deputy Administrator of Health Services

Ann Ricks
Bureau Director

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The **Bureau of Long Term Care** provides services for Medicaid beneficiaries through its Home and Community Based Services (HCBS) waiver programs and the Hospice program; and in the institutional setting for nursing homes, intermediate care facilities for the mentally retarded, and those in the institutional setting that elect Hospice services.

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The Divisions in **The Bureau of Long Term Care** are:

- **Division of Elderly and Disabled (E & D) Waiver Program**
- **Division of Independent Living (IL), Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI), Assisted Living (AL) Waiver Programs and Hospice**
- **Division of Case Mix/Institutional Long Term Care**

The Bureau of Long Term Care
The Deputy Administrator of Health Services

To enter a Medicaid covered **Long Term Care** program, (except Hospice and ICF/MR), an eligible beneficiary must have a Preadmission Screening Application completed by a health care professional and certified by a physician. This process ensures all persons entering a long term care program are evaluated uniformly. A score of fifty (50) or above is the required threshold to be considered for entry into the **Long Term Care** programs of Nursing Homes, Elderly and Disabled, IL and TBI/SCI, and the Assisted Living Waiver program.

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The Elderly and Disabled Waiver program is designed to offer assistance to qualified Medicaid beneficiaries. The program allows qualified individuals to remain in a home or community-based setting as an alternative to nursing facility care or other institutional care.

Who is qualified?

- Beneficiaries must be twenty-one (21)years of age or older.
- Persons qualify by either SSI or 300% of SSI.
- Beneficiaries must score fifty (50) or above on the Medicaid Long Term Care Preadmission Screening (PAS) instrument.
- Persons must require nursing facility level of care, if assistance is not provided.

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The Elderly and Disabled Waiver program is administered directly by the Home and Community Based Services Division (HCBS). The Planning and Development Districts provide case management services.

The case management team is composed of a registered nurse and a licensed social worker who are responsible for identifying, screening, and completing an assessment on individuals in need of home services.

Upon approval of the HCBS Waiver Program, the case managers can refer qualified individuals to the following services: adult day health care, home-delivered meals, homemaker services, escorted transportation, institutional respite services, in-home respite, expanded home health visits and transition assistance.

The Bureau of Long Term Care

The Deputy Administrator of Health Services

The Independent Living Waiver program was created to assist severely orthopedically and/or neurologically impaired individuals who, for the provision of personal care attendant services, would require the level of care provided in a nursing facility. Individuals in this waiver must be capable of directing their own care and possess rehabilitative potential.

Who is qualified?

- Beneficiaries must be 16 years of age or older
- Persons qualified for Medicaid by either SSI or 300% of SSI
- Children up to 185% of the Federal Poverty Level
- Foster Children (FC)
- Adoption Assistance Foster Children (AAFC)
- Disabled Child Living at Home (DCLH)
- Beneficiary must have a severe neurological or orthopedic impairment
- Persons must require nursing facility level of care, if assistance is not provided
- Beneficiaries must score fifty (50) or above on the Medicaid Long Term Care Preadmission Screening (PAS) instrument

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The **Independent Living Waiver** is operated jointly with the MS Department of Rehabilitation Services. It is operated statewide. The Department of Rehabilitation Services, in addition to administering the waiver program, also provides case management services with registered nurses and rehabilitation counselors who provide the necessary support for individuals in this waiver.

The case managers are also responsible for coordinating and monitoring personal care attendant services.

The **Independent Living Waiver** also provides specialized medical equipment and supplies, transition assistance and environmental accessibility adaptations.

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver program was created to assist individuals who have a traumatic brain or spinal cord injury, who, but for the provisions of such services, would require the level of care provided in a nursing facility.

Who is qualified?

- There are no age restrictions
- Persons qualified for Medicaid by either SSI or 300% of SSI, Temporary Assistance to Needy Families (TANAF), Disabled Child Living at Home (DCLH), Foster Children, Adoption Assistance Foster Children (AAFC)
- Persons must require nursing facility level of care, if assistance is not provided
- Persons must have a diagnosis of traumatic brain or spinal cord injury and be medically stable
- Beneficiaries must score fifty (50) or above on the Medicaid Long Term Care Preadmission Screening (PAS) instrument

The Traumatic Brain Injury/Spinal Cord Injury (TBI/SCI) Waiver is administered by the Division of Medicaid while the Mississippi Department of Rehabilitation Services performs the operational functions.

After being assessed by the Department of Rehabilitation Services, and approved by the Division of Medicaid, services available under this waiver program include Case Management, In-Home Nursing Respite, In-Home Companion Respite, Institutional Respite, Attendant Care Services, Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies, and Transition Assistance.

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The Assisted Living Waiver is a statewide program designed to offer assistance to qualified Medicaid beneficiaries. This program allows qualified individuals to reside in an Assisted Living Facility with Medicaid paying for the services received in the facility. The program allows qualified individuals to remain in a home or community-based setting as an alternative to nursing facility care or other institutional care. Participants are recertified annually to determine the need for continuation in the waiver.

The facility must be licensed in the Mississippi State Department of Health as Personal Care Home-Assisted Living.

Who is qualified?

- Beneficiaries must be twenty-one (21) years of age or older
- Persons qualify by either SSI or 300% SSI
- Beneficiaries must score fifty (50) or above on the Medicaid Long Term Care Preadmission Screening (PAS) instrument
- Persons must require nursing facility level of care, if assistance is not provided

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The following services are available to eligible beneficiaries:

- Case management
- Personal care services
- Homemaker services
- Chore services
- Attendant care services
- Medication oversight
- Medication administration
- Therapeutic, social, and recreational programming
- Intermittent skilled nursing services
- Transportation
- Attendant call system

The Bureau of Long Term Care
The Deputy Administrator of Health Services

The Institutional Long Term Care Division is responsible for the development, monitoring, and enforcement of policy for nursing facilities and intermediate care facilities for the mentally retarded approved by Medicaid and federal certification requirements established by the Centers for Medicare and Medicaid Services.

Staff is also responsible for the Case Mix program which ensures accuracy of nursing facility resident assessment data used to establish resident classification and subsequent reimbursement payment rates for nursing facilities.

The Bureau of Long Term Care

The Deputy Administrator of Health Services

The Hospice Benefit is an optional benefit under the State's Medicaid program which provides service for terminally ill individuals at the end of their life cycle and having certification from a physician with a life expectancy of six (6) months or less. Hospice provides palliative treatment such as nursing care, medical social services, physician services, counseling short term patient care, medical appliances and supplies, drugs related to terminal condition, home health aide or homemaker, or non-restorative therapies.

For Mississippi Medicaid purposes, palliative is defined as the relief of severe pain or other physical symptoms and supportive care to meet the special needs arising from physical, psychological, spiritual social and economic stress which are experienced during the final stages of illness and during dying and bereavement. Through this emphasis on palliative rather than curative services, individuals have a choice whenever conventional approaches for medical treatment may no longer be appropriate. Only beneficiaries under age twenty-one (21) may receive curative services along with the hospice benefit.

The Bureau of Long Term Care

The Deputy Administrator of Health Services

Shelia Meadows
Bureau Director of Maternal and Child Health Services

The Bureau of Maternal and Child Health Services
The Deputy Administrator of Health Services

Programs **The Bureau of Maternal and Child Health Services** are responsible for include:

- **The Mississippi Cool Kids Program**
- **The Mississippi Cool Kids Expanded Services Program**
- **The Family Planning Demonstration Waiver Program**
- **The Perinatal High-Risk Management/Infant Services System Program**
- **The Early Intervention/Targeted Case Management (EI/TCM) Program**

The Bureau of Maternal and Child Health Services

The Deputy Administrator of Health Services

Mississippi Cool Kids (formerly EPSDT) is a FREE health care program for Mississippi's children ages birth through 21 who are eligible for Medicaid. This program provides a way for children to get the medical exams, checkups, follow-up treatment, and special care they need to make sure they are healthy.

The Mississippi Cool Kids exam includes:

- A complete physical examination
- Hearing and vision examinations
- Any shots that are needed
- Necessary blood and urine tests
- Blood lead levels

The Bureau of Maternal and Child Health Services

The Deputy Administrator of Health Services

The Mississippi Cool Kids Expanded Services Program

includes any medical services for children from birth to age twenty-one (21) that are identified during a Mississippi Cool Kids exam and are deemed medically necessary. These services may include additional office visits, prescriptions, and therapy services.

The Bureau of Maternal and Child Health Services

The Deputy Administrator of Health Services

The **Family Planning Waiver Demonstration Program's** purpose is to decrease unwanted pregnancies, increase the spacing between pregnancies, and increase the number of referrals for primary care to improve the health of child-bearing women in the state.

- Loss of eligibility will occur when a woman moves from the state, becomes eligible for another aid category, becomes pregnant, reaches the age of 44, has a procedure done that prevents them from becoming pregnant or request that her case be closed.
- Women who qualify are eligible for Medicaid coverage of family planning services only. This includes a total of four (4) office visits annually and may include an annual check-up and visits related to Family Planning only.*

* Prescription coverage is limited to contraceptives only.
Voluntary sterilization is also covered.

The Bureau of Maternal and Child Health Services

The Deputy Administrator of Health Services

The Perinatal High Risk Management/Infant Services System (PHRM/ISS) is a multidisciplinary case management program established to help improve access to health care and to provide enhanced services to certain Medicaid-eligible pregnant/postpartum women and infants.

The enhanced services for this target population include case management, psychosocial and nutritional counseling/assessments, home visits, and health education.

The goal of the PHRM/ISS Program is to help reduce the infant mortality rate to no more than 7 deaths per 1,000 live births and to help reduce the low-birth weight rate to no more than 5% of all births. The very low-birth weight rate should be reduced to 1% of all births.

The Bureau of Maternal and Child Health Services

The Deputy Administrator of Health Services

Vaccines for Children is a federally funded and state-operated program that began October, 1994.

This program, administered by the State Department of Health, provides vaccines free of charge to eligible children through public and private providers.

Mississippi Cool Kids providers are encouraged to enroll in the program so that they may provide vaccinations as part of the well child program and receive Medicaid reimbursement for administration of the vaccines.

The Bureau of Maternal and Child Health Services

The Deputy Administrator of Health Services

The Bureau of Maternal and Child Health Services is also responsible for the administration of **The Mississippi Coordinated Network Program (MississippiCAN)**

MississippiCAN is a statewide coordinated care program for a targeted population of high cost Medicaid beneficiaries. The program connects enrollees to a medical home and encourages them to be responsible for their health care.

Medicaid is currently contracting with Magnolia Health Plan and United Healthcare to provide services. These coordinated care organizations (CCOs) provide all Medicaid services to enrollees except mental health, impatient hospital, and non-emergency transportation.

The Bureau of Maternal and Child Health Services
The Deputy Administrator of Health Services

The MississippiCAN Program

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.

The Bureau of Maternal and Child Health Services

The Deputy Administrator of Health Services

The Bureau of Medical Services oversees facility, professional, and ancillary Medicaid-covered services to ensure accurate provider payments and beneficiary access to quality health care with an emphasis on cost effectiveness, wellness and prevention, medical necessity, and compliance with policy, law, and regulations.

The Bureau of Medical Services
The Deputy Administrator of Health Services

The Bureau of Medical Services

is comprised of two divisions.

They are:

- **The Division of Medical Services**
- **The Division of Care Management**

The Bureau of Medical Services
The Deputy Administrator of Health Services

The Division of Medical Services is staffed by program administrators, project officers, and operations management analyst principals (OMAP's.) They are assigned to one of five areas within the division.

The following are examples of work performed by Facility Services, Ancillary Services, Professional Services, Operation Services, and Dental Services:

- Facility Services- Hospital Inpatient, Hospital Outpatient, Ambulatory Surgical Centers, Dialysis, FQHC, Rural Health Clinics, Transplants, Indian Health, MS Dept of Health
- Ancillary Services- Eyeglasses/Vision, including prior authorization, Ambulance (ground/air), DME / Medical Supplies, Home Health, Physician Administered Drugs, Adult PT, ST, OT, Non-Emergency Transportation (NET)
- Professional Services- Physicians, Nurse Practitioners, Physician Assistants, Chiropractors, Podiatrists, Laboratory, and Radiology
- Operational Services- Code Updates, Fee Updates, Coding Questions, ICD-9 Code Updates, MMIS Research, Utilization Review, CLIA Updates, Medical Coding Questions
- Dental Services- General Dental Services, orthodontia, including all required prior authorization requests

The Bureau of Medical Services
The Deputy Administrator of Health Services

The Bureau of Medical Services accomplishes their mission for Medicaid assigned programs and services through the following activities:

- Monitors claims processing
- Updates the claims system and Medicaid policies
- Educates providers and beneficiaries
- Assists beneficiaries (both adults and children)
- Processes prior authorizations; Resolves claims issues
- Monitors expenditures
- Provides care coordination for providers and beneficiaries
- Collaborates with other bureaus, agencies, provider associations, the legislature, and the Governor
- Reviews medical necessity issues
- Ensures compliance with Medicaid policy, state law, and federal regulations
- Coordinates, wellness, and preventive health activities

The Bureau of Medical Services
The Deputy Administrator of Health Services

The Division of Care Management within **The Bureau of Medical Services** is tasked with Clinical Support and Care Management.

This Division accomplishes their mission for Medicaid assigned programs and services through the following activities:

- Transplant coordination
- Researching medical necessity
- Producing and monitoring utilization reports
- Coordinating and managing wellness and preventive services
- Care coordination for providers and beneficiaries

The Bureau of Medical Services
The Deputy Administrator of Health Services

Bonlitha Windham
Bureau Director of The Bureau of Mental Health

The Bureau Mental Health
The Deputy Administrator of Health Services

The Bureau of Mental Health provides a way for people to get the mental health treatment they need in a variety of settings, depending on age and conditions.

The Bureau Mental Health
The Deputy Administrator of Health Services

The Bureau of Mental Health is composed of two divisions.

- **The Special Mental Health Initiatives Division** which administers the Community Alternatives to Psychiatric Residential Treatment Facilities Grant and 1915(c) Waiver, or MYPAC (Mississippi Youth Programs Around-the-Clock)

- **The Mental Health Services Division** which oversees all mental health State Plan services, the ID/DD waiver and the PASRR administrative program.

The Bureau Mental Health
The Deputy Administrator of Health Services

Mississippi Youth Programs Around-the-Clock **MYPAC** services include:

- Intensive Case Management
- Wrap-Around
- Institutional Respite
- Assessment

The Bureau Mental Health

The Deputy Administrator of Health Services

The Mental Health Service Division

oversees the following programs:

- Psychiatric Residential Treatment Facilities
- Acute Freestanding Psychiatric Facilities
- Psychiatric Units at General Hospitals
- Inpatient Detox for Chemical Dependency
- Outpatient hospital services
- Community Mental Health Centers
- Expanded EPSDT- Mental Health Services
- Psychiatry services by physician or nurse practitioner
- Preadmission Screening and Resident Review
- Intellectual Disabilities / Developmental Disabilities

The Bureau Mental Health

The Deputy Administrator of Health Services

The Mental Health services include:

Acute Freestanding Psychiatric Facilities–provide acute services for children under 21, with an average length of stay of 7-10 days. Prior authorization is required.

Therapeutic and Evaluative Mental Health Services for Children–provide the Expanded Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program for children under 21 years of age, which includes therapeutic and evaluative services. All services must be medically necessary and require prior authorization from the Division of Medicaid. Service standards apply but can be over-ridden.

Community Mental Health Center Services – mental health services provided for children and adults by the regional Community Mental Health Centers or Community Services Division of a State Hospital.

The Bureau Mental Health

The Deputy Administrator of Health Services

The Mental Health services include:

Federally Qualified Health Center and Rural Health Clinics– provide mental health services in the community, but are based on visits. Each person is allowed a medical visit and a separate mental health visit. All visits count against the service limits for adults. Children under the age of 21 may receive more visits, if medically necessary, with prior authorization.

Inpatient Detox for Chemical Dependency –limited to detoxification. Medicaid does not cover alcohol and drug treatment; however, with a primary mental health diagnosis, the rules for psychiatric units apply.

The Bureau Mental Health
The Deputy Administrator of Health Services

The Mental Health services include:

Intellectual Disabilities/Developmental Disabilities

The ID/DD Waiver provides services to individuals who, but for the provision of home and community-based services, would require placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Individuals in this program must qualify for one of the following eligibility categories: SSI, TANF, Disabled Child Living at Home, or income up to 300% of the SSI Federal Benefit Rate. The ID/DD waiver is administered by the Department of Mental Health, Bureau of Intellectual and Developmental Disabilities. The Department, through its regional centers, provides support coordination and, through an assessment process, makes referrals for the following services: In-Home Respite, ICF/MR Respite, Community Respite, Residential Habilitation, Day Habilitation, Prevocational Services, Supported Employment, Physical Therapy, Occupational Therapy, Speech, Language and Hearing Therapy, Specialized Medical Supplies, Behavioral Support/Interventions, and Attendant Care Services.

The Bureau Mental Health

The Deputy Administrator of Health Services

The Mental Health services include:

Outpatient Hospital Services – mental health services are covered when provided in an outpatient department of a general hospital and prior authorized. They are not covered at acute freestanding psych facilities.

Preadmission Screening and Resident Review (PASRR) –an administrative activity, which determines if applicants for nursing facility placement meet the criteria for needed specialized mental health services due to an indication of Mental Illness or Mental Retardation. The screening is performed by Community Mental Health Centers (CMHC) and Regional Centers around the State. If determined necessary, CMHCs may provide specialized mental health services to the resident in the nursing facility.

The Bureau Mental Health
The Deputy Administrator of Health Services

The Mental Health services include:

Psychiatric Residential Treatment Facilities –residential services for children under 21, with an average length of stay of 6 months. Prior authorization is required.

Psychiatry Services by Physician or Nurse Practitioner – limited to 12 visits per fiscal year, which do not affect the 12 physician office visits for medical issues. Children under the age of 21 may receive more visits, if medically necessary, with prior authorization.

Psychiatric Units at General Hospitals–provide acute psychiatric services for both children and adults, with an average length of stay of 7-10 days. There is a limit of 30 days per fiscal year for adults. Children may have more days, if medically necessary. Prior authorization is required.

The Bureau Mental Health

The Deputy Administrator of Health Services

Judith Clark
Director of The Bureau of Pharmacy

The Bureau of Pharmacy

The Deputy Administrator of Health Services

The Bureau of Pharmacy oversees the provision of medication to beneficiaries, analyzes compliance, and monitors the use and cost of medications.

One very important responsibility of the Pharmacy Bureau is to insure that DOM complies with federal guidelines and state laws regarding Medicaid and Pharmacy rules.

The Bureau of Pharmacy

The Deputy Administrator of Health Services

In **The Bureau of Pharmacy**, there are Pharmacists and Administrative Staff.

Additionally, the Pharmacy Prior Authorization (PA) unit is part of the Pharmacy Bureau.

This unit is comprised of clinical nurses, and pharmacy technicians/customer service representatives.

The Bureau of Pharmacy

The Deputy Administrator of Health Services

The DOM has a Preferred Drug List (PDL) and certain drugs not included on the PDL require *Prior Authorization*.

These requests, which must be submitted by the beneficiary's prescriber, are reviewed on an individual basis.

The Pharmacy PA unit administers the Prior Authorization Program. In compliance with federal guidelines, PA requests are turned around in no more than 24 hours.

The Bureau of Pharmacy

The Deputy Administrator of Health Services

Pharmacy claims are different from other Medicaid claims because they are processed in "real time" and not weekly. The average time to process a pharmacy claim is less than 4/10th a second!

There were 5,288,530 paid pharmacy claims in SFY10 which averages between 400,000 to 450,000 pharmacy claims monthly.

In SFY2010, Pharmacy expenditures were about $342M.

Pharmacy expenditures consistently rank as one of Mississippi Medicaid's top health care costs.

The Bureau of Pharmacy

The Deputy Administrator of Health Services

Kristi Plotner
Director of The Bureau of Policy, Planning and Development

The Bureau of Policy, Planning and Development
The Deputy Administrator of Health Services

The Bureau of Policy, Planning and Development's primary function is to coordinate the development of policy, waivers, grants, and programs; study ways to improve services to our current and future beneficiaries; and serve as the liaison for requirements and opportunities available under the Patient Protection and Affordable Care Act also known as Healthcare Reform for Health Services bureaus.

The Bureau of Policy, Planning and Development

The Deputy Administrator of Health Services

The Bureau of Policy, Planning and Development will:

- conduct and support demonstration projects, waivers, evaluations, research, guidelines development, and dissemination of information on health care services and delivery systems
- oversee the planning, coordination and implementation of demonstration projects and grants along with the appropriate program area until functional
- stay current with the federal/state regulation changes as they occur and ensure the agency's compliance with mandatory requirements and identifying optional services that may be of benefit to the Medicaid program and disseminate information to affected bureaus
- coordinate modifications to Medicaid policies to reflect changes or trends in the health care industry, program objectives, and the needs of Medicaid beneficiaries (continued)

The Bureau of Policy, Planning and Development

The Deputy Administrator of Health Services

The Bureau of Policy, Planning and Development will: (continued)

- Coordinate the management of the Utilization Management and Quality Improvement Organization
- Collaborate with key stakeholders (e.g., providers, CMS, MS Band of Choctaw Indians, and other state agencies) to communicate proposed policies, guidance and materials to understand their perspectives, support their efforts, and to drive best practices for beneficiaries
- Coordinate the submission of any Medicaid State Plan Amendment, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects from all bureaus within the agency
- Coordinate the submission of all documents to the Secretary of State in accordance with the Administrative Procedures Act

The Bureau of Policy, Planning and Development

The Deputy Administrator of Health Services

IMPORTANT NOTE: As you apply policies in your day-to-day activities, make certain you have referenced the correct policies and that you understand the text in the policy.

DOM's policies are very complex and are prone to be interpreted differently by the end-user.

Staff should avoid interpreting policy from phone calls and examples.

Staff should only refer strictly to the policy.

Do not put yourself in the position of interpreting the policy or applying the policy according to examples. Any request of this nature must be in writing.

The Bureau of Policy, Planning and Development

The Deputy Administrator of Health Services

The Bureau of Policy, Planning and Development is responsible for the oversight and management of the **Utilization Management/Quality Improvement Organization.**

The Utilization Management/Quality Improvement Organization (UM/QIO) is responsible for the precertification of inpatient hospital services (medical/surgical and acute psychiatric), inpatient hospital services (free-standing psychiatric), swing bed services, transplant services, psychiatric residential treatment facility services, private duty nursing services, home health services, durable medical equipment, orthotics, prosthetics, and medical supplies, and outpatient physical, occupational, and speech therapy services.

The **UM/QIO** performs retrospective reviews, provides clinical/medical consultations, performs PEER review, manages a quality improvement program, provides training/education to their staff and to providers, and monitors performance through an Internal Quality Control process.

The Bureau of Policy, Planning and Development

The Deputy Administrator of Health Services

The Bureau of Policy, Planning and Development is responsible for all functions necessary to properly adopt and amend DOM policies.

- Receive paperwork from appropriate Bureau
- Prepare necessary forms for proposed filing with Secretary of State (SOS)
- Prepare an electronic file for each amendment
- After a twenty-five (25) day waiting period prepare necessary paperwork for final filing with the SOS
- Get necessary Executive approval/signatures; and maintain file of all filings

Our Medicaid programs are managed in accordance with these written policies and our providers are accountable for being compliant with these policies.

Medicaid policies are filed in with the Secretary of State in accordance with the Administrative Procedures Act. Policies are distributed to the Medicaid providers through the Mississippi Medicaid Provider Policy Manual, which is accessed at the DOM website at http://www.medicaid.ms.gov/Manuals.aspx

The Deputy Administrator of Strategic Planning

1) Should you not pass a lesson, you may ***print out*** that lesson and use the hard copy to help you pass on your next attempt" means:

a) You may print out the section for study and review and may use it as an "open book" on your next attempt to pass.

b) You may print out the section for study and review and may **not** use it as an "open book" on your next attempt to pass.

c) You only get one chance to pass each section with no repeats.

d) None of the above is applicable.

ANSWER (a)

2) The Disabled Children Living at Home (DCLH) or "Katie Beckett" group is a special eligibility category that allows certain children, who are residents of Mississippi with long-term disabilities, or complex medical needs, living at home with their families, to obtain Mississippi Medicaid eligibility.

a) The above statement is true all of the time.

b) The above statement is sometimes true.

c) The above statement is never true.

d) None of the above is applicable.

ANSWER (a)

3) Mississippi Cool Kids (formerly EPSDT) is a FREE health care program for Mississippi's children ages birth through 21 who are eligible for Medicaid. This program provides a way for children to get the medical exams, checkups, follow-up treatment, and special care they need to make sure they are healthy.

a) The above statement is true all of the time.

b) The above statement is sometimes true.

c) The above statement is never true.

d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.4

4) The Perinatal High Risk Management/Infant Services System (PHRM/ISS) is a multidisciplinary case management program established to help improve access to health care and to provide enhanced services to certain Medicaid-eligible pregnant/postpartum women and infants. The enhanced services for this target population include case management, psychosocial and nutritional counseling/assessments, home visits, and health education.

The goal of the PHRM/ISS Program is to help reduce the infant mortality rate to no more than 7 deaths per 1,000 live births and to help reduce the low-birth weight rate to no more than 5% of all births. The very low-birth weight rate should be reduced to 1% of all births.

a) The above statement is true all of the time.
b) The above statement is sometimes true.
c) The above statement is never true.
d) None of the above is applicable.

ANSWER (a)

5) (Fill in the blank.) Vaccines for Children is a federally funded and state-operated program that began October, 1994. This program provides _____ free of charge to eligible children through public and private providers.

a) school meals
b) anti-obesity
c) vaccines
d) None of the above is applicable.

ANSWER (c)

6) The DOM expects the MississippiCAN program to improve healthcare outcomes for targeted members of our Medicaid population and to do so more efficiently and economically by providing more coordination in the types of care and services that our population receives.

a) The above statement is true all of the time.
b) The above statement is sometimes true.
c) The above statement is never true.
d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.4

7) The Bureau that oversees facility and professional and ancillary Medicaid-covered services to ensure accurate provider payments and beneficiary access to quality health care with an emphasis on cost effectiveness, wellness and prevention, medical necessity, and compliance with policy, law, and regulations is:

a) The Bureau of Child Welfare
b) The Bureau of Health Services
c) The Bureau of Disability Services
d) The Bureau of Medical Services

ANSWER (d)

8) The MYPAC program is administered by the DOM Bureau of:

a) Accounting
b) Legal Services
c) Public Administration
d) Mental Health

ANSWER (d)

9) One very important responsibility of The Pharmacy Bureau is to insure that DOM complies with federal guidelines and state laws regarding Medicaid and Pharmacy rules.

a) The above statement is true all of the time.
b) The above statement is sometimes true.
c) The above statement is never true.
d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.4

10 The Bureau of Pharmacy oversees two committees or boards.
They are:

a) The Pharmacy and Therapeutics (P&T) Committee and The Drug Utilization Review (DUR) Board.
b) The Legislative Incentive (LIC) Committee and The Pharmacy Rate Debate (PRD) Board
c) The Chemists' and Physics (C&P) Committee and The Fair Pricing (FP) Board
d) None of the above is applicable.

ANSWER (a)

11) The Bureau of Policy, Planning and Development's primary function is to coordinate and develop projects, waivers, grants, programs; study ways to improve services to our current and future beneficiaries; and serve as the gatekeeper for requirements and opportunities available under the Patient Protection and Affordable Care Act also known as Healthcare Reform for Health Services bureaus. This Bureau is under the direct supervision of which Deputy Administrator?

a) The Deputy Administrator For Administration
b) The Office of Finance and Administration
c) The Deputy Administrator of Eligibility (or Enrollment)
d) The Deputy Administrator of Health Services

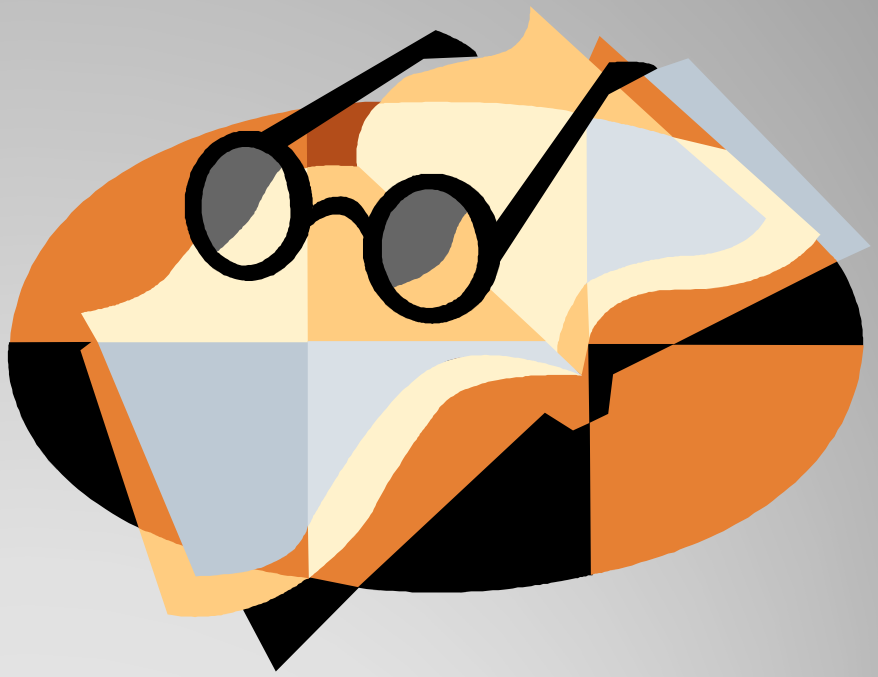
ANSWER (d)

Q&A's for eOrientation Lesson 6.4

Sorry!

You did not pass 6.4.

Remember, you may *print out* 6.4 and use it to help you pass 6.4.



We'll wait for you.

So, try again when you are ready!

You have passed 6.4 and are now eligible to move on to 6.5!

The Office of the Governor Division of Medicaid

eOrientation Lesson 6.5

Welcome to Lesson 6.5

Let’s get started.

Lesson 6.5

At the successful completion of this course (6.5), you should be familiar with:

- **The Deputy Administrator of Strategic Planning**
- The Procurement Office
- The Division of Administrative Appeals
- The Public Information Office
- The Bureau of Provider/Beneficiary Relations
- The HIPAA Privacy Act
- The DOM Emergency Response Coordinator

Lesson 6.5 Goal

Medgar Austin
The Deputy Administrator of Strategic Planning

The Deputy Administrator of Strategic Planning

The following functions fall under

The Deputy Administrator of Strategic Planning:

- **The Division of Administrative Appeals**
- **Oversight of the Procurement Officer**
- **Oversight of the Public Information Officer**
- **Oversight of The Bureau of Provider and Beneficiary Relations**
  - Division of Provider Relations
  - Division of Beneficiary Relations
  - Division of Provider Enrollment
- **HIPAA privacy compliance**
- **Disaster Response**
- **Healthier Mississippi Waiver**

The Deputy Administrator of Strategic Planning

The Procurement Officer is responsible for:

- preparing procedures for bids and requests for proposals for the purpose of soliciting contractual services
- analyzing bids and proposals, and coordinating evaluation teams
- issuing Notice of Award and Intent to Award contracts
- serving as the point of contact to address procurement questions
- presenting DOM contracts to the State Contract Review Board
- responding to any protest or contract controversies
- serving as a DOM Hearing Officer

The Procurement Office

The Deputy Administrator of Strategic Planning

Administrative Appeals is responsible for:

- coordinating the administrative appeals process
  - enrollment denials
  - health services denials and reductions
  - provider disputes
- conducting hearings according to legally acceptable procedures
- coordinating compliance efforts with the Attorney General, Special Assistant assigned to DOM
- rendering written recommendations to the Executive Director
- rendering final decisions as directed by the Executive Director

The Office of Administrative Appeals
The Deputy Administrator of Strategic Planning

The Public Information Officer

- processes public requests for information in accordance with the Mississippi Public Records Act of 1983
- routes correspondence and other materials as received in order to ensure timely distribution and appropriate action
- monitors requests to ensure responsible Bureau/Division/staff responds to requestor within five (5) working days after receipt of the requests
- coordinates with HIPAA Privacy Officer and Legal to ensure adherence to privacy laws
- after receipt of data from the responsible staff, calculates cost, invoices and collects fees from requestor

The Public Information Office
The Deputy Administrator of Strategic Planning

Federal and state laws ensure public access to public records. Requests for Public Records should be submitted via email to RFI@medicaid.ms.gov indicating the specific information desired. All Public Records created or received in the performance of public duty and paid for by public funds are deemed to be public property and constitute a record of public acts.

No employee may destroy, sell, lend, or otherwise dispose of any public record without authorized approval. Records that constitute significant public acts must be maintained on file for three (3) or six (6) years depending on the subject of the record.

The Public Information Office
The Deputy Administrator of Strategic Planning

Dinne Ensley

Director of The Bureau of Provider/Beneficiary Relations

The Bureau of Provider/Beneficiary Relations

The Deputy Administrator of Strategic Planning

Within **The Bureau of Provider/Beneficiary Relations** are the following Divisions:

- **The Division of Provider Relations**
- **The Division of Beneficiary Relations**
- **The Division of Provider Enrollment**

The Bureau of Provider/Beneficiary Relations
The Deputy Administrator of Strategic Planning

The Division of Provider Relations

- responsible for overseeing provider outreach and education of the Mississippi Medicaid providers
- responsible for assisting providers with claims issues and any other problems or questions the provider may have about the Mississippi Medicaid program claims, billing and processing
- conducts educational on-site visits upon request from provider
- conducts provider workshops to targeted provider groups
- Provides assistance with claims research to other DOM bureaus and staff

The Bureau of Provider/Beneficiary Relations

The Deputy Administrator of Strategic Planning

The Division of Beneficiary Relations

- responsible for conducting educational outreach to Medicaid beneficiaries about all Medicaid services and programs
- conducts seminars, health fairs, and meetings throughout the state to educate the general public on the different aspects of the Medicaid program
- serves as liaison between Medicaid programs and beneficiaries concerning problems or issues relating to accessing and/or receiving services
- responsible for enforcing provider's compliance with Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act to ensure Medicaid beneficiaries' civil rights are not violated

The Bureau of Provider/Beneficiary Relations

The Deputy Administrator of Strategic Planning

The Division of Provider Enrollment

- responsible for overseeing enrollment of providers in the Mississippi Medicaid Program
- monitors the enrollment processes of the fiscal agent
- implements the provider screening provisions of the Affordable Care Act (ACA) to assess the risk of fraud, waste, and abuse of new and currently enrolled providers
- provides assistance to other DOM bureaus and staff on matters concerning provider credentialing

The Bureau of Provider/Beneficiary Relations

The Deputy Administrator of Strategic Planning

HIPAA Privacy

The Health Insurance Portability and Accountability Act (HIPAA) Covered Entities

There are three kinds of covered entities under HIPAA.

- Health Plans (including Medicaid)
- Healthcare Clearing Houses (including our fiscal agent ACS)
- Healthcare Providers who transmit any health information in electronic form in connection with one of the standard transactions.

HIPAA Compliance is defined as:

- ***Never*** having a privacy complaint
- ***Successfully*** handling all privacy complaints
- ***Correctly*** answering all questions during a compliance review.

HIPAA Privacy Issues Including Protected Health Information (PHI)

The Deputy Administrator of Strategic Planning

Fines for violating **HIPAA** are:

These fines are applicable to the DOM or directly to the employee

- $100 fine per day for each unmet standard (Up to $25,000 per person, per year, per standard)
- $50,000 fine plus one year in prison for improper disclosure of health information
- $1,000,000 fine plus five years in prison for obtaining health information under false pretenses
- $250,000 fine plus ten years in prison for using private health information for personal gain

HIPAA Privacy Issues Including Protected Health Information (PHI)

The Deputy Administrator of Strategic Planning

Protected Health Information (PHI) includes information that relates to the health of an individual, and can be used to identify an individual.

Using **PHI** within Medicaid is permissible. It is also permissible to use **PHI** with our providers who are serving our beneficiaries. This is known as Healthcare Operations.

In cases of Healthcare Operations, use the minimal amount of **PHI** necessary to get the job done.

Do not volunteer any extra PHI information!

HIPAA Privacy Issues Including Protected Health Information (PHI)

The Deputy Administrator of Strategic Planning

Releasing **PHI** outside of Medicaid is called Disclosure. Whenever **PHI** is disclosed, the proper authorization must be in place.

There are three (3) possible forms of "permission" needed to use or disclose **PHI**.

1) *Implied* - for Treatment, Payment, Operations (TPO) or for "Public Purposes" such as cooperating with law enforcement, public health agencies, or courts

2) *Verbal Agreement*- For disclosures to people involved in the healthcare of the beneficiary, or for facility directory listing

3) *Written Authorization*- for all other circumstances

To meet the stipulations of "Privacy" we must:

1) Supply our beneficiaries with a copy of the Division of Medicaid Notice of Privacy Practices

2) Allow beneficiaries to make choices concerning their care and how we address their PHI including who may have access to their PHI

3) Allow beneficiaries access to their PHI

4) Allow beneficiaries to amend any inaccurate PHI that was created by the Division

5) Allow beneficiaries the option of filing complaints with the HHS Office of Civil Rights concerning how the Division handles PHI without fear of retaliation

HIPAA Privacy Issues Including Protected Health Information (PHI)

The Deputy Administrator of Strategic Planning

Beneficiary health information, otherwise known as Protected Health Information (PHI) is ***not*** public records.

This information is protected under federal law and is subject to significant fines to you or to Medicaid should a violation be proven.

If you receive a request for PHI, consult your supervisor for instructions on how to process that request.

You may also wish to consult with the **Public Information Officer**, or **The Deputy Administrator of Strategic Planning**.

HIPAA Privacy Issues Including Protected Health Information (PHI)

The Deputy Administrator of Strategic Planning

WARNING!

ALWAYS USE CAUTION WHEN RELEASING ANY MEDICAID INFORMATION TO THE PUBLIC!

WITHOUT EXCEPTION, ALWAYS FOLLOW MEDICAID PROCEDURES!

HIPAA Privacy Issues Including Protected Health Information (PHI)

The Deputy Administrator of Strategic Planning

The Deputy Director of Strategic Planning

serves as DOM's coordinator for disaster response and chief liaison to the Mississippi Emergency Management Authority (MEMA).

In the event of a disaster, our state government considers all state employees assets that are to be deployed for response to the emergency.

Emergency Response in the Event of a Disaster

The Deputy Administrator of Strategic Planning

Medicaid has been tasked to assist in the staffing of general population disaster shelters should a need arise.

The Executive Director of Medicaid will direct Medicaid employees, regional and central offices, to perform disaster response related duties at his discretion.

Emergency Response in the Event of a Disaster

The Deputy Administrator of Strategic Planning

Stephen Kennedy
DOM Electronic Security

DOM Electronic Security

There are three Division of Medicaid Security Basics

They are:

1) Confidentiality by means of limiting exposure of data to authorized users

2) Integrity by means of preventing unauthorized modifications to data

3) Availability by ensuring that information services are operational. Every Division of Medicaid employee plays a role in protecting PHI and in keeping the information and systems safe for future use and disclosure

PHI can take the form of any hard copy, such as a health record that is printed on paper. EPHI or Electronic Protected Health Information is PHI in an electronic format like in an email.

Safeguard PHI by practicing a "clean desk policy" with no PHI left in plain sight, by ensuring all locks remain locked, by not sharing passwords and by locking your screen prior to walking away from your computer.

Report all potential PHI problems to your supervisor. Never "look away" from unauthorized PHI uses or disclosures. Inform your security administrator if you suspect that someone else is using your user ID.

Beware of alleged "tech support" requests received by telephone or email.

HIPAA Privacy Issues Including Protected Health Information (PHI)

The Deputy Administrator of Strategic Planning

Inform your supervisor should you receive a suspicious email.

Ask any unauthorized "visitors" if you may assist them or to report them to security.

All visitors should be escorted in and out of your respective buildings.

REMEMBER, the DOM's tech support team will never ask you for your password!

All our computers are capable of transmitting **EPHI**.

Be aware of suspicious emails or email attachments.

A good rule is not to open any email you are suspicious of. Contact our HELP DESK immediately for specific instructions!

All computer usage is monitored as an enhanced security measure therefore; you must avoid all unauthorized surfing.

Never share your personal computer password with anyone at anytime!

HIPAA Privacy Issues Including Protected Health Information (PHI)

The Deputy Administrator of Strategic Planning

1) Should you not pass a lesson, you may ***print out*** that lesson and use the hard copy to help you pass on your next attempt" means:

a) You may print out the section for study and review and may use it as an "open book" on your next attempt to pass.

b) You may print out the section for study and review and may **not** use it as an "open book" on your next attempt to pass.

c) You only get one chance to pass each section with no repeats.

d) None of the above is applicable.

ANSWER (a)

2) The Deputy Administrator of Strategic Planning is responsible for: (Pick the answer that is most correct.)

a) planning and implementation of the Division of Medicaid's strategic plan other special projects as assigned by the Executive Director.

b) for HIPAA Privacy compliance.

c) for Medicaid's response to emergencies.

d) all of the above.

ANSWER (d)

3) The Procurement Office is responsible for managing the procurement functions of DOM and its projects in collaboration with agency departments; developing procurement specifications; preparing invitation for bids and requests for proposals; analyzing bids and coordinating evaluation teams in the review of solicitations; issues Notice of Award and Intent to Award; serves as the point of contact to address procurement questions for a solicitation; presents DOM RFP's and Contracts to the State Contract Review Board; and responds to any protest or contract controversies.

a) The above statement is true all of the time.

b) The above statement is sometimes true.

c) The above statement is never true.

d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.5

4) All Public Records created or received in the performance of public duty and paid for by public funds are deemed to be public property and constitute a record of public acts. No employee may destroy, sell, lend, or otherwise dispose of any public record without authorized approval. Records that constitute significant public acts must be maintained on file for three (3) or six (6) years depending on the subject of the record. (Fill in the blank.) Federal and state laws ensure _____ access to public records.

a) instant
b) constant
c) unrestricted
d) public

ANSWER (d)

5) The Bureau of Provider/Beneficiary Relations houses Medicaid's call center. Calls to Medicaid are directed through their switchboard to the appropriate subject matter experts in the Division. Medicaid related issues from Providers or Beneficiaries are addressed at this bureau.

a) The above statement is true all of the time.
b) The above statement is sometimes true.
c) The above statement is never true.
d) None of the above is applicable.

ANSWER (a)

6) All Public Records created or received in the performance of public duty and paid for by public funds are deemed to be public property and constitute a record of public acts.
Which statement below is true?

a) No employee may destroy, sell, lend, or otherwise dispose of any public record without authorized approval. Records that constitute significant public acts must be maintained on file for three (3) or six (6) years depending on the subject of the record.
b) Beneficiary health information, otherwise known as Protected Health Information (PHI) is considered public records.
c) If you receive a request for PHI, never consult your supervisor for instructions on how to process that request.
d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.5

7) HIPAA is an acronym that means:

a) Hydro Infused Poly Anhydrous Acid

b) Health Interests Preferred in American Adirondacks

c) The Health Insurance Portability and Accountability Act

d) None of the above is applicable.

ANSWER (c)

8) Beneficiary health information, otherwise known as Protected Health Information (PHI) is ***not*** public records. This information is protected under federal law and is subject to significant fines to you or to Medicaid should a violation be proven. If you receive a request for PHI, consult your supervisor for instructions on how to process that request.

a) The above statement is true all of the time.

b) The above statement is sometimes true.

c) The above statement is never true.

d) None of the above is applicable.

ANSWER (a)

9) Always use caution when releasing any Medicaid information to the public. Without exception, always follow Medicaid procedures.

a) The above statement is true all of the time.

b) The above statement is sometimes true.

c) The above statement is never true.

d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.5

10) **HIPAA** Compliance is defined as:

Never having a privacy complaint

Successfully handling all privacy complaints

and:

a) ***Covering Up*** any violations.

b) ***Reporting*** any violations.

c) ***Correctly*** answering all questions during a compliance review.

d) ***Practicing*** the "clean desk" policy.

ANSWER (c)

11) "In the event of a disaster, our state government considers all state employees assets that are to be deployed for response to the emergency." means:

a) The Executive Director of Medicaid will direct Medicaid employees, regional and central offices, to perform disaster response related duties at his discretion.

b) Medicaid employees are not "subject to call" in an emergency response scenario.

c) Only Medicaid employees with Red Cross training will be called to help in the case of an emergency response.

d) None of the above is applicable.

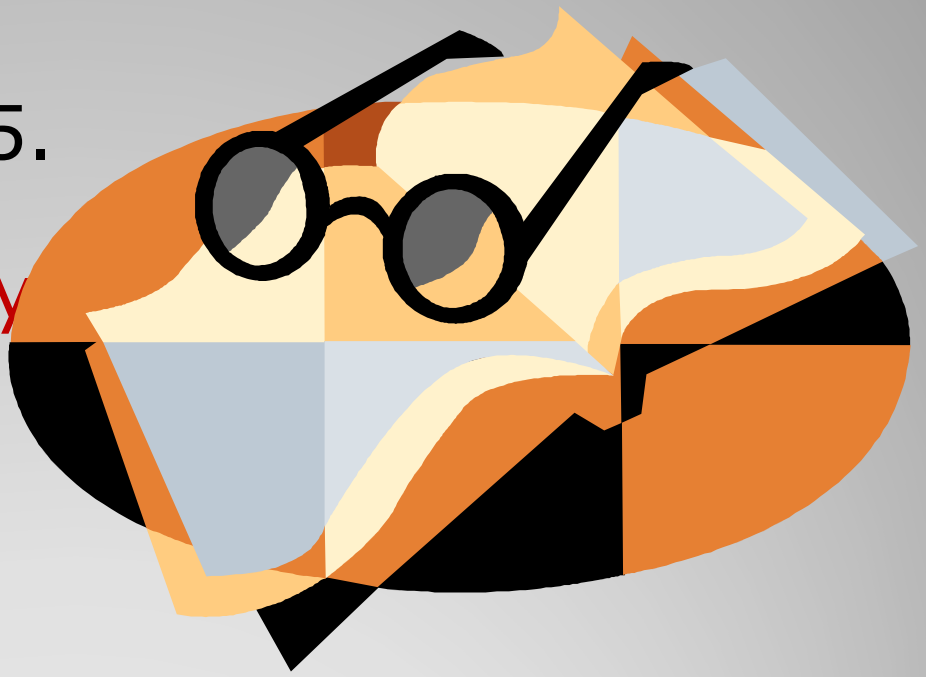
ANSWER (a)

Q&A's for eOrientation Lesson 6.5

Sorry!

You did not pass 6.5.

Remember, you may print out 6.5 and use it to help you pass 6.5.



We'll wait for you.

So, try again when you are ready!

You have passed 6.5 and are now eligible to move on to 6.6!

After you successfully complete 6.6, we will ask you to fill out a short feedback survey rating this eOrientation lesson.

The Office of the Governor Division of Medicaid

eOrientation Lesson 6.6

Welcome to Lesson 6.6

Let’s get started.

Lesson 6.6

At the successful completion of this course (6.6), you should be familiar with:

- **The Legal Division**
- **The Director of Communications**

Lesson 6.6 Goal

Chuck Quarterman
DOM Special Assistant to the Attorney General

DOM's Legal Division

The Special Assistant Attorney General

The DOM's **Legal Division** represents the Division of Medicaid and to assist you in answering legal questions that may come up relating to your job. You may refer any legal issues to your supervisor and we will assist your bureau in that way.

The DOM's **Chief Legal Counsel's** duties include representing Medicaid and defending Medicaid in any litigation that might occur.

DOM's Legal Division

The Special Assistant Attorney General

The **Legal Division's** attorneys would represent Medicaid in these matters:

- a Medicaid provider such as a hospital or a clinic might dispute a Medicaid payment to it, and administrative hearings may be held
- or court cases or appeals involving providers or beneficiaries
- appeals to the Mississippi Supreme Court or the Court of Appeals
- review of Medicaid contracts, and Medicaid policies

DOM's Legal Division

The Special Assistant Attorney General

Further duties of the DOM's **Legal Division:**

- Estate Recovery
- Employee Discipline & Contract Review
- Third Party Recovery
- Eligibility matters, including Income Trusts, and Special Needs Trusts

DOM's Legal Division

The Special Assistant Attorney General

An example of Estate Recovery could be if Medicaid paid the nursing home costs for a beneficiary over the age of fifty-five (55) who died in a nursing home, we would attempt to recover our program's costs from any remaining assets owned by that beneficiary's estate.

There are exceptions. However, if those exceptions do not apply, Medicaid would be entitled to some of the fair market value of that asset.

DOM's Legal Division

The Special Assistant Attorney General

Here is an example of where Medicaid uses its right to collect from a of Third Party. If a Medicaid beneficiary is in an auto accident and is treated at a hospital and Medicaid pays the medical bill, and

If the injured beneficiary then sues the party that caused the accident and settles the case or wins in court, then Medicaid is entitled to receive a portion of that settlement or judgment equal to the amount Medicaid paid for medical expenses. That is called subrogation.

DOM's Legal Division

The Special Assistant Attorney General

Please be aware of the important ***ethical policies*** we have here at the Division of Medicaid.

- Because you are a public employee, you are subject to the "public trust," public employees must adhere to high ethical standards.
- You always must conduct yourself in a professional manner. Avoid activities in an official or private capacity where there may be a conflict of interest, or where you are put in a position that could affect your objectivity.

DOM's Legal Division

The Special Assistant Attorney General

Employees and immediate families of employees cannot accept gratuities, (which are gifts or favors) from individuals or groups that do business with Medicaid or are affected by Medicaid.

This includes vendors, consultants, attorneys, judges, providers, or potential recipients. This happens frequently during holidays where people offer to give you gifts like hams, turkeys, cookies, or flowers. Should this happen it is best to share them with your bureau.

Gift certificates or personal gifts certainly present a problem so avoid receiving those. How the public perceives what you are doing in this regard as a Medicaid employee is also very important.

Even allowing someone to buy your lunch can give the wrong appearance. You cannot use your position with Medicaid to obtain benefits for you or your family like money, property or any type of economic gain.

You cannot accept donations of any kind from individuals affected by Medicaid, such as free equipment or supplies. It might affect your judgment in operating as a Medicaid employee.

DOM's Legal Division

The Special Assistant Attorney General

As a DOM employee, you will have access to significant confidential information concerning beneficiaries and their medical information. Remember you cannot use any of this information to benefit yourself, and you cannot disclose except where authorized to do so.

Again, **DOM's Legal Division** welcomes you to our Medicaid family and reminds you that we are just an email or telephone call away should you need our help.

DOM's Legal Division

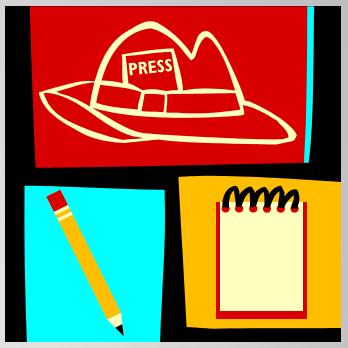
The Special Assistant Attorney General

Francis Rullan
Director of Communications

The Director of Communications
The Division of Executive Services

The Director of Communications

- maintains working relationships with the press, various advertising agencies, other state agencies and the Office of the Governor regarding press releases
- prepares and issues statements, press releases and communication with the press
- works with other professional Medicaid staff in the development of brochures and other informational materials for distribution in house, to public officials, and the general public



The Director of Communications

The Division of Executive Services

A few DOM Communications Rules

Many times you will find the press very involved in Medicaid issues because Medicaid issues are politically charged and therefore make good news copy.

During working hours, or on Medicaid property, you ***may not*** represent this agency to the media.

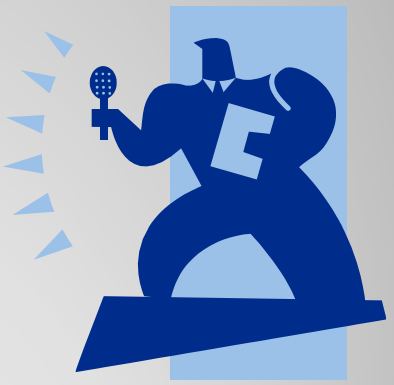
If you are ever approached in any way by the press conc Medicaid issues, refer them to the Director of Communications immediately, always, and without exception.

The Director of Communications

The Division of Executive Services

During non-working hours, on your own time, you certainly can address the media concerning your own, ***non-Medicaid issues*** but not as a Medicaid spokesperson, or not by being interviewed on Medicaid property or with Medicaid property in the shot.

WE must all maintain strict control of our Medicaid messaging to maximize our efficiency as an organization that is tasked with providing access to quality health care to the poor, aged, and disabled. Distractions from this goal needlessly divert our time and energies from those we are privileged to serve.



The Director of Communications

The Division of Executive Services

There may be a time when you will be asked to give a speech to a group concerning your specific area of expertise.

The applicable rule here is all speaking requests must be entered on a Speaker's Bureau Request Form and then submitted to your Bureau Director for executive approval through **The Director of Communications**.

The Director of Communications

The Division of Executive Services

All publications must be approved by the Director of Communications for layout and style approval prior to being released for public consumption. A few examples would be fliers, brochures, posters, newspaper advertisements, web page information, or illustrated reports.

This excludes letters, FAX's, emails, or any other work-related personal communications.

The Division strives to maintain a strict style standard for all our publications, whether they are hard copy or electronic.

The Director of Communications

The Division of Executive Services

This concludes your eOrientation. You are now one of a very select group, a team of professionals dedicated to the well-being of our fellow Mississippians.

Ours is a noble task, one not entrusted to just anyone. Whatever your job, as a Medicaid team member, it is an important job. It is a job which, in some way, has an impact on the health and well being of others who need our help.

Take pride in your work, as we take pride in having you on our DOM team.

This concludes your eOrientation

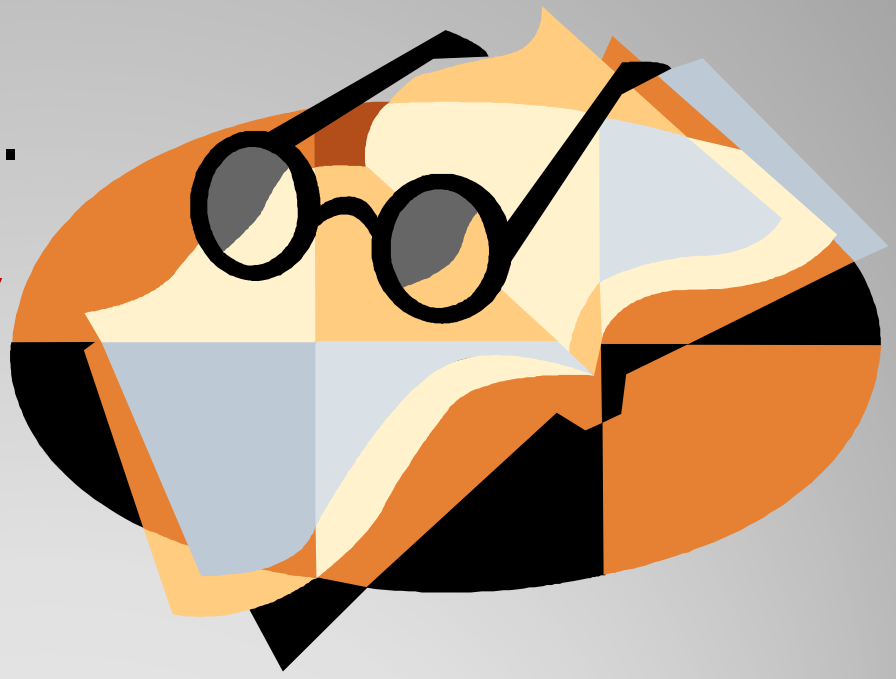
Sorry!

You did not pass 6.6.

Remember, you may print out 6.6 and use it to help you pass 6.6.

We'll wait for you.

So, try again when you are ready!



1) Should you not pass a lesson, you may ***print out*** that lesson and use the hard copy to help you pass on your next attempt" means:

a) You may print out the section for study and review and may use it as an "open book" on your next attempt to pass.

b) You may print out the section for study and review and may **not** use it as an "open book" on your next attempt to pass.

c) You only get one chance to pass each section with no repeats.

d) None of the above is applicable.

ANSWER (a)

2) The Chief Legal Counsel would represent Medicaid in matters such as: a Medicaid provider such as a hospital or a clinic might dispute a Medicaid payment to them and there may be administrative hearings involved, or court cases or appeals, or even appeals to the Mississippi Supreme Court or the Court of Appeals.

a) The above statement is true all of the time.

b) The above statement is sometimes true.

c) The above statement is never true.

d) None of the above is applicable.

ANSWER (a)

3) **DOM's Legal Division** reviews Medicaid contracts, and Medicaid policies. They oversee the Legal Section and advise our Executive Director an any legal matter.

a) The above statement is true all of the time.

b) The above statement is sometimes true.

c) The above statement is never true.

d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.6

4) Because you are a public employee, you are subject to the "public trust." There is a scrutiny and must follow certain procedures as a public employee. You always must conduct yourself in a professional manner. Avoid activities in an official or private capacity where there may be a conflict of interest, or where you are put in a position that could affect your objectivity. Which statement below is most correct?

a) Employees and immediate families of employees cannot accept gratuities, (which are gifts or favors) from individuals or groups that do business with Medicaid or are affected by Medicaid. This includes vendors, consultants, attorneys, judges, providers, or potential recipients. This happens frequently during holidays where people offer to give you gifts like hams, turkeys, cookies, or flowers.

b) Gift certificates or personal gifts certainly present a problem.

c) You cannot accept donations of any kind from individuals affected by Medicaid, such as free equipment or supplies. it might affect your judgment in operating as a Medicaid employee.

d) All of the above.

ANSWER (d)

5) As a DOM employee, you will have access to significant confidential information concerning beneficiaries and their medical information. Remember you (fill in the blank)_____ use any of this information to benefit yourself, and you (fill in the blank)_____ disclose except where authorized to do so.

a) cannot cannot

b) cannot may

c) can may

d) None of the above is applicable.

ANSWER (a)

6) You cannot accept donations of any kind from individuals affected by Medicaid, such as free equipment or supplies because

a) It would not be fair to other staff members.

b) It might affect your judgment in operating as a Medicaid employee.

c) You could probably get a better deal elsewhere.

d) None of the above is applicable.

ANSWER (b)

Q&A's for eOrientation Lesson 6.6

7) The Director of Communications maintains working relationships with the press, various advertising agencies, other state agencies, and the Office of the Governor regarding press releases. He prepares and issues statements, press releases, and communication with the press. He also works with other professional Medicaid staff in the development of brochures and other informational materials for distribution in house, to public officials, and the public.

a) The above statement is true all of the time.
b) The above statement is sometimes true.
c) The above statement is never true.
d) None of the above is applicable.

ANSWER (a)

8) If you are ever approached in any way by the press to comment about a Medicaid issue you shall refer them to The Director of Communications immediately, always, and without exception.

a) The above statement is true all of the time.
b) The above statement is sometimes true.
c) The above statement is never true.
d) None of the above is applicable.

ANSWER (a)

9) The DOM maintains strict control of our Medicaid message because

a) it helps us to serve our beneficiaries and providers without needless distraction.
b) the Medicaid program is complex and not easy to describe to non-professionals.
c) access to quality healthcare depends on this.
d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.6

10) All publications must be approved by the Director of Communications for layout and style approval prior to being released for public consumption. A few examples would be fliers, brochures, posters, newspaper advertisements, web page information, or illustrated reports. This excludes letters, FAX's, emails, or any other work-related personal communications. The Division strives to maintain a strict style for all our publications, whether they are hard copy or electronic.

a) The above statement is true all of the time.
b) The above statement is sometimes true.
c) The above statement is never true.
d) None of the above is applicable.

ANSWER (a)

11) After you successfully finish 6.6, (fill in the blank)

a) you must complete the eOrientation survey.
b) you may go home.
c) you may take a nap.
d) None of the above is applicable.

ANSWER (a)

Q&A's for eOrientation Lesson 6.6

You have passed 6.6 and have successfully completed the DOM eOrientation!

Just one more thing…

Please complete the eSurvey on the next and final page.

Please answer the following about your eOrientation

1) The answers to the test questions could easily be found in the reading material.
a) Strongly agree b) Somewhat agree c) Do not agree

2) The tests were difficult.
a) Strongly agree b) Somewhat agree c) Do not agree

3) I was able to pass each section without having to repeat.
a) Strongly agree b) Somewhat agree c) Do not agree

4) I feel that eOrientation has helped me to get a basic understanding of The Division of Medicaid.
a) Strongly agree b) Somewhat agree c) Do not agree

5) I feel eOrientation is a good learning tool.
a) Strongly agree b) Somewhat agree c) Do not agree

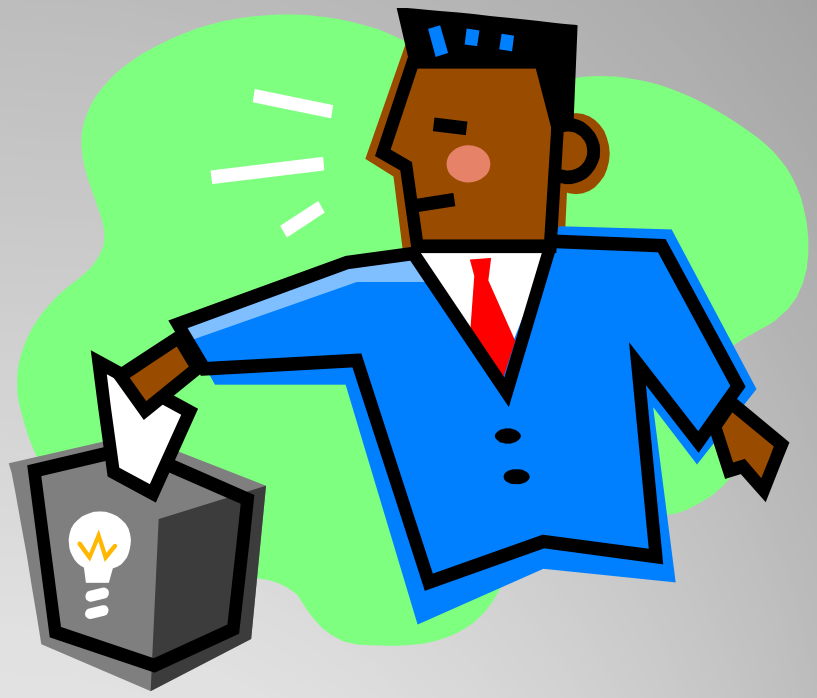
Welcome to the Division of Medicaid Team!
Please add your additional comments, criticisms, and/or suggestions here.

eOrientation Survey

REMEMBER: You are always encouraged to use the DOM's on-line eSuggestion box located on our intranet home page.

Just go to:

http://domapp/BSSR/Login.aspx



Use the DOM Suggestion Box!