



Mississippi Medicaid Update

October 31, 2021
HFMA Region 9 Annual Conference
Sheraton New Orleans
New Orleans, Louisiana

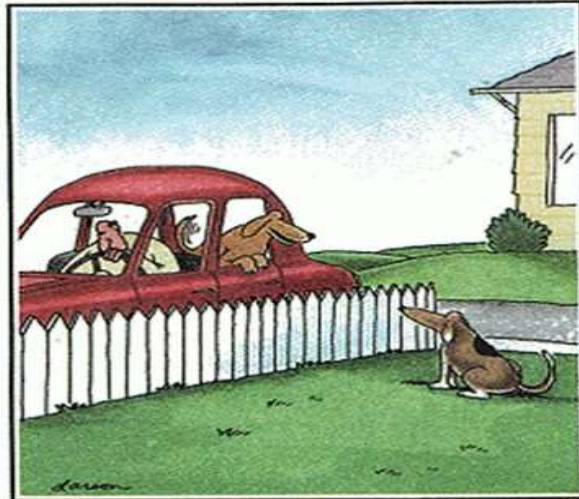
T. Richard Roberson, Jr.
General Counsel, VP for Policy and State Advocacy
Mississippi Hospital Association
Madison, Mississippi

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2021 Legislative Action



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"Ha ha ha, Biff. Guess what? After we go to the drugstore and the post office, I'm going to the vet's to get tutored."



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House Bill 160

- [House Bill 160](#) reenacts and extends the repealer date on several public health code sections and also lifts the moratorium on Medicaid participation for new or converted child/adolescent psychiatric beds. In issuing a CON for such beds, the Department shall give preference to beds located in an area of the state without such beds and to a location more than 65 miles from existing beds.



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House Bill 200

- [House Bill 200](#) deletes the requirement that patients must have two or more hospitalizations (including ER visit) in the last 12 months in order to receive remote patient monitoring services.



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House Bill 1302

- [House Bill 1302](#) expands the procedures which can be provided by an optometrist as follows: (1) administer and prescribe drugs rational to the treatment of conditions or diseases of the eye or eyelid; (2) performance of primary eye care procedures not excluded by the statute; (3) performance of or ordering lab tests excluding those requiring a biopsy of the globe or intraocular aspiration or penetration; (4) use of local anesthetic in conjunction with treatment of an eyelid lesion provided the optometrist has met certain conditions; (5) may use local anesthesia by injection for certain procedures.



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House Bill 1302 (cont.)

- [House Bill 1302](#) places the following parameters on optometrists: (1) shall not perform cataract surgery nor any other intraocular surgical procedure not specifically allowed by statute; (2) optometrists are held to the same standard of care as other practicing physicians; (3) if certified by the Board of Optometry, the optometrist is allowed to perform YAG laser posterior capsulotomy optometric laser procedure; (4) cannot inject medication into the eye or orbit and are prohibited from injecting dermal fillers and other substances for cosmetic purposes; (5) shall report to the Board of Optometry the outcome of every authorized ophthalmic surgery procedure as required or directed by the Board.



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Senate Bill 2799 – Medicaid Bill

- [Senate Bill 2799](#) amends various provisions of the Medicaid code sections as well as Mississippi Code Ann. 41-75-5 to delete the moratorium on post acute residential brain injury rehabilitation facilities from participating in the Medicaid program. Amendments include:
 - Requiring Medicaid to allow small rural hospitals (50 beds or less) to choose to be reimbursed at 101% of cost for outpatient services;
 - 5% increases in dental rates for each of the next three years for preventive and diagnostic services;
 - Authorizes ambulance supplemental payment program;
 - Authorizes physician supplemental payment program for all hospitals;
 - Requires Medicaid to consult with the hospital industry regarding supplemental payment program.



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Senate Bill 2799 – Medicaid Bill

- [Senate Bill 2799](#) additional amendments:
 - Requires that FQHCs, RHCs and CMHCs can be both originating and distant site providers for telehealth services and can be reimbursed as both when applicable.
 - Authorizes Medicaid to pay for outpatient services provided to adults by freestanding psych hospitals.
 - Allows Medicaid to enhance payments for trauma
 - Deletes the 5% withhold for all providers.
 - Prohibits Medicaid from increasing or decreasing reimbursement rates or limitations on services from the levels in effect on July 1, 2021 unless authorized by the Legislature.
 - If Medicaid reduces rates to providers because projected expenditures exceed appropriation, then Medicaid must accompany any reimbursement reductions with reductions in the MCO profit and administrative fees to the fullest extent allowable.



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Senate Bill 2799 – Medicaid Bill

- [Senate Bill 2799](#) additional amendments:
 - Deletes the 3-year record retention for cost reports and defaults record retention to the time allowed by federal laws or regulations.
 - Removes the specific percentage limitation on managed care enrollment; but, authorizes MCO categories of eligibility to only include categories eligible for participation in Medicaid managed care as of 1/1/21 and the CHIP waiver in operation as of 1/1/21.
 - Prohibits MCOs from implementing more stringent requirements than Medicaid for prior authorization, utilization review, medical services, transportation services and prescription drugs. Also requires the MCOs to submit a report to the Medicaid Chairmen by December 2, 2021 on the status of the processes for these services. Intention is to have alignment and standardization for these processes.
 - Requires all MCOs or similar programs to adopt level of care guidelines in determining medical necessity in all utilization management practices including PA, concurrent reviews, retro reviews and payments.



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Senate Bill 2799 – Medicaid Bill

- [Senate Bill 2799](#) additional amendments:
 - MCOs required to annually share administrative cost data and number of Mississippi FTEs dedicated to the Mississippi contracts for Medicaid and CHIP with the Medicaid Chairmen.
 - More stringent reporting/review/audit requirements on MCOs performed by PEER, State Auditor, Mississippi Insurance Department or an independent third party and publish the results in their entirety on the Division's website.
 - By 12/1/21 MCOs must adopt a standardized and expedited credentialing process; if not, then DOM must do it by July 1, 2022. Provisions for temporary credentialing are provided.
 - MCOs must give detailed explanation of reasons for a denial of a procedure that was ordered or requested by a provider as well as provide the name and credentials of the person who denied the coverage. MCOs and Medicaid must also expedite the review and appeals process.
 - DOM is authorized to extend the MCO contracts for up to one year with the full requirements of SB 2799 in place.
 - Repeal dates for both 43-13-117 and 43-13-145 are extended to 7/1/24.



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Medicaid Hot Topics

- Medicaid Expansion
- Medicaid Managed Care Request for Qualifications
- Medicaid Telehealth



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Medicaid Expansion

Options for Expanding Coverage

- Medicaid Expansion
 - [State Economist Report](#)
- [Mississippi Cares](#)
 - [Economic Impact](#)
- [Arkansas Model](#)
- Federal Action



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Medicaid Managed Care RFQ

- Medicaid will issue RFQ for new MCO procurement cycle
- [Medicaid Managed Care Quality Strategy](#)
- Issues with Incumbents



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Medicaid Telehealth

- Medicaid amended its telehealth policy to reflect changes in SB 2799
- Updated list of distant site provider types: Physicians, Physicians Assistants, Nurse Practitioners, Psychologists, Licensed Clinical Social Workers (LCSWs), Professional Counselors (LPCs), Board Certified Behavior Analysts (BCBAs) or Board Certified Behavior Analyst-Doctorals (BCBA-Ds), Community Mental Health Centers (CMHCs), Private Mental Health Centers, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Therapists: Speech, Occupational and Physical



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Medicaid Telehealth

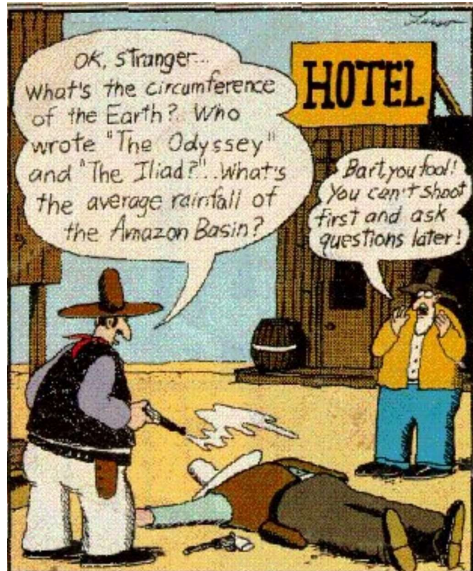
- Medicaid amended its [telehealth policy](#) to reflect changes in SB 2799
- Updated list of originating site provider types: Office of a physician or practitioner; Outpatient Hospital (including a Critical Access Hospital (CAH)); Rural Health Clinic (RHC); Federally Qualified Health Center (FQHC); Community Mental Health/Private Mental Health Centers; Therapeutic Group Homes; Indian Health Service Clinic; School-based clinic; school which employs a school nurse; inpatient hospital, or beneficiary home.



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Questions?



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