

Governor's Office - Division of Medicaid

Walter Sillers Building

Drew Snyder

AGENCY

ADDRESS

CHIEF EXECUTIVE OFFICER

			Actual Expenses June 30,2020	Estimated Expenses June 30,2021	Requested For June 30,2022	Requested Over/(Under) Estimated	
I. A. PERSONAL SERVICES							
1. Salaries, Wages & Fringe Benefits (Base)			52,128,295	54,103,715	56,547,945	AMOUNT	PERCENT
a. Additional Compensation							
b. Proposed Vacancy Rate (Dollar Amount)					547,945		
c. Per Diem							
Total Salaries, Wages & Fringe Benefits			52,128,295	54,103,715	56,000,000	1,896,285	3.50%
2. Travel							
a. Travel & Subsistence (In-State)			314,188	562,759	542,337	(20,422)	(3.63%)
b. Travel & Subsistence (Out-Of-State)			44,241	110,550	113,050	2,500	2.26%
c. Travel & Subsistence (Out-Of-Country)							
Total Travel			358,429	673,309	655,387	(17,922)	(2.66%)
B. CONTRACTUAL SERVICE S (Schedule B)							
a. Tuition, Rewards & Awards			3,615	174,400	175,100	700	0.40%
b. Communications, Transportation & Utilities			690,707	784,510	784,510		
c. Public Information			1,132	2,800	3,300	500	17.86%
d. Rents			3,104,049	3,570,762	3,570,762		
e. Repairs & Service			430,060	407,800	407,800		
f. Fees, Professional & Other Services			125,525,165	217,642,823	203,389,272	(14,253,551)	(6.55%)
g. Other Contractual Services			174,066	597,723	596,874	(849)	(0.14%)
h. Data Processing			4,124,840	5,725,681	4,915,281	(810,400)	(14.15%)
i. Other			1,345,522				
Total Contractual Services			135,399,156	228,906,499	213,842,899	(15,063,600)	(6.58%)
C. COMMODITIES (Schedule C)							
a. Maintenance & Construction Materials & Supplies			172	200	200		
b. Printing & Office Supplies & Materials			323,609	553,975	411,125	(142,850)	(25.79%)
c. Equipment, Repair Parts, Supplies & Accessories			22,552	58,000	58,000		
d. Professional & Scientific Supplies & Materials			13,943				
e. Other Supplies & Materials			446,700	194,405	206,190	11,785	6.06%
Total Commodities			806,976	806,580	675,515	(131,065)	(16.25%)
D. CAPITAL OUTLAY							
1. Total Other Than Equipment (Schedule D-1)							
2. Equipment (Schedule D-2)							
b. Road Machinery, Farm & Other Working Equipment							
c. Office Machines, Furniture, Fixtures & Equipment			3,927	51,000	26,000	(25,000)	(49.02%)
d. IS Equipment (Data Processing & Telecommunications)			976,984	3,807,180	1,050,000	(2,757,180)	(72.42%)
e. Equipment - Lease Purchase							
f. Other Equipment							
Total Equipment (Schedule D-2)			980,911	3,858,180	1,076,000	(2,782,180)	(72.11%)
3. Vehicles (Schedule D-3)			44,690	75,000	75,000		
4. Wireless Comm. Devices (Schedule D-4)							
E. SUBSIDIES, LOANS & GRANTS (Schedule E)			6,194,041,798	6,282,572,992	6,152,101,625	(130,471,367)	(2.08%)
TOTAL EXPENDITURES			6,383,760,255	6,570,996,275	6,424,426,426	(146,569,849)	(2.23%)
II. BUDGET TO BE FUNDED AS FOLLOWS:							
Cash Balance-Unencumbered			10,678,229	198,372,069	203,422,629	5,050,560	2.55%
General Fund Appropriation (Enter General Fund Lapse Below)			868,013,306	750,895,203	835,446,956	84,551,753	11.26%
State Support Special Funds			63,230,003	148,278,130	63,230,003	(85,048,127)	(57.36%)
Federal Funds			5,204,246,180	5,244,577,802	4,951,193,528	(293,384,274)	(5.59%)
Medical Care Fund			345,180,968	342,443,709	366,702,314	24,258,605	7.08%
Other Special Funds			90,783,638	89,851,991	92,213,549	2,361,558	2.63%
Less: Estimated Cash Available Next Fiscal Period			(198,372,069)	(203,422,629)	(87,782,553)	(115,640,076)	(56.85%)
TOTAL FUNDS (equals Total Expenditures above)			6,383,760,255	6,570,996,275	6,424,426,426	(146,569,849)	(2.23%)
GENERAL FUND LAPSE							
III: PERSONNEL DATA							
Number of Positions Authorized in Appropriation Bill							
a.) Perm Full		997	976	986	10	1.02%	
b.) Perm Part		2	4	4			
c.) T-L Full		33	32	32			
d.) T-L Part							
Average Annual Vacancy Rate (Percentage)							
a.) Perm Full		14.50	10.00	10.00			
b.) Perm Part							
c.) T-L Full		42.40	15.00	15.00			
d.) T-L Part							

Approved by: JENNIFER WENTWORTH

Submitted by: KATIE GILMORE

Date : 8/17/2020 1:09 PM

Official of Board or Commission

Budget Officer: Jennifer Wentworth / jennifer.wentworth@medicaid.ms.gov

Phone Number: 601-359-3147

Title : COMPTROLLER

REQUEST BY FUNDING SOURCE

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2020 Actual Amount	% of Line Item	% of Total Budget	FY 2021 Estimated Amount	% of Line Item	% of Total Budget	FY 2022 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	20,851,318	40.00%		21,641,486	40.00%		22,106,779	39.48%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. BP Settlement Fund									
9. Gulf Coast Restoration Fund									
10. Back To Business Mississippi Grant Fund									
11. MS COVID-19 Relief Payment Fund									
12. DFA CARES Act COVID-19 Fund									
13. MS Tourism Recovery Fund									
14. MS Nonprofit Museums Recovery Fund									
15. Equity in Distance Learning Fund									
16. Postsecondary Education COVID-19 Relief Grant Fund									
17. Independent Schools' COVID-19 Assistance Grant Fund									
18. MS Pandemic Response Broadband Availability Grant Program Fund									
19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____	31,276,977	60.00%		32,462,229	60.00%		33,893,221	60.52%	
23. Medical Care Fund									
24. Other Special Funds									
25.									
26.									
Total Salaries	52,128,295		0.82%	54,103,715		0.82%	56,000,000		0.87%
1. General _____ State Support Special (Specify) _____	143,372	40.00%		269,324	40.00%		262,155	40.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. BP Settlement Fund									
9. Gulf Coast Restoration Fund									
10. Back To Business Mississippi Grant Fund									
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19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____	215,057	60.00%		403,985	60.00%		393,232	60.00%	
23. Medical Care Fund									
24. Other Special Funds									
25.									
26.									
Total Travel	358,429		0.01%	673,309		0.01%	655,387		0.01%

REQUEST BY FUNDING SOURCE

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2020 Actual Amount	% of Line Item	% of Total Budget	FY 2021 Estimated Amount	% of Line Item	% of Total Budget	FY 2022 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	32,069,934	23.69%		48,235,462	21.07%		48,620,313	22.74%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
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19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____	103,329,222	76.31%		180,671,037	78.93%		165,222,586	77.26%	
23. Medical Care Fund									
24. Other Special Funds									
25.									
26.									
Total Contractual	135,399,156		2.12%	228,906,499		3.48%	213,842,899		3.33%
1. General _____ State Support Special (Specify) _____	403,488	50.00%		403,290	50.00%		337,757	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. BP Settlement Fund									
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19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____	403,488	50.00%		403,290	50.00%		337,758	50.00%	
23. Medical Care Fund									
24. Other Special Funds									
25.									
26.									
Total Commodities	806,976		0.01%	806,580		0.01%	675,515		0.01%

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2020 Actual Amount	% of Line Item	% of Total Budget	FY 2021 Estimated Amount	% of Line Item	% of Total Budget	FY 2022 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
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19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____									
23. Medical Care Fund									
24. Other Special Funds									
25.									
26.									
Total Capital Other Than Equipment									
1. General _____ State Support Special (Specify) _____	490,455	50.00%		1,929,090	50.00%		538,000	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. BP Settlement Fund									
9. Gulf Coast Restoration Fund									
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14. MS Nonprofit Museums Recovery Fund									
15. Equity in Distance Learning Fund									
16. Postsecondary Education COVID-19 Relief Grant Fund									
17. Independent Schools' COVID-19 Assistance Grant Fund									
18. MS Pandemic Response Broadband Availability Grant Program Fund									
19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____	490,456	50.00%		1,929,090	50.00%		538,000	50.00%	
23. Medical Care Fund									
24. Other Special Funds									
25.									
26.									
Total Capital Equipment	980,911		0.02%	3,858,180		0.06%	1,076,000		0.02%

REQUEST BY FUNDING SOURCE

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Specify Funding Sources As Shown Below	FY 2020 Actual Amount	% of Line Item	% of Total Budget	FY 2021 Estimated Amount	% of Line Item	% of Total Budget	FY 2022 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	22,345	50.00%		37,500	50.00%		37,500	50.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. BP Settlement Fund									
9. Gulf Coast Restoration Fund									
10. Back To Business Mississippi Grant Fund									
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18. MS Pandemic Response Broadband Availability Grant Program Fund									
19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____	22,345	50.00%		37,500	50.00%		37,500	50.00%	
23. Medical Care Fund									
24. Other Special Funds									
25.									
26.									
Total Vehicles	44,690			75,000			75,000		
1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund									
5. Tobacco Control Fund									
6. Capital Expense Fund									
7. Working Cash Stabilization Reserve Fund									
8. BP Settlement Fund									
9. Gulf Coast Restoration Fund									
10. Back To Business Mississippi Grant Fund									
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15. Equity in Distance Learning Fund									
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17. Independent Schools' COVID-19 Assistance Grant Fund									
18. MS Pandemic Response Broadband Availability Grant Program Fund									
19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____									
23. Medical Care Fund									
24. Other Special Funds									
25.									
26.									
Total Wireless Communication Devs.									

REQUEST BY FUNDING SOURCE

Name of Agency : Governor's Office - Division of Medicaid

Specify Funding Sources As Shown Below	FY 2020 Actual Amount	% of Line Item	% of Total Budget	FY 2021 Estimated Amount	% of Line Item	% of Total Budget	FY 2022 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	814,032,394	13.14%		678,379,051	10.80%		763,544,452	12.41%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund	63,230,003	1.02%		63,230,003	1.01%		63,230,003	1.03%	
5. Tobacco Control Fund									
6. Capital Expense Fund				85,048,127	1.35%				
7. Working Cash Stabilization Reserve Fund									
8. BP Settlement Fund									
9. Gulf Coast Restoration Fund									
10. Back To Business Mississippi Grant Fund									
11. MS COVID-19 Relief Payment Fund									
12. DFA CARES Act COVID-19 Fund									
13. MS Tourism Recovery Fund									
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17. Independent Schools' COVID-19 Assistance Grant Fund									
18. MS Pandemic Response Broadband Availability Grant Program Fund									
19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____	4,870,136,566	78.63%		5,023,620,111	79.96%		4,866,411,307	79.10%	
23. Medical Care Fund	355,859,197	5.75%		342,443,709	5.45%		366,702,314	5.96%	
24. Other Special Funds	90,783,638	1.47%		89,851,991	1.43%		92,213,549	1.50%	
25.									
26.									
Total Subsidies	6,194,041,798		97.03%	6,282,572,992		95.61%	6,152,101,625		95.76%
1. General _____ State Support Special (Specify) _____	868,013,306	13.60%		750,895,203	11.43%		835,446,956	13.00%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund	63,230,003	0.99%		63,230,003	0.96%		63,230,003	0.98%	
5. Tobacco Control Fund									
6. Capital Expense Fund				85,048,127	1.29%				
7. Working Cash Stabilization Reserve Fund									
8. BP Settlement Fund									
9. Gulf Coast Restoration Fund									
10. Back To Business Mississippi Grant Fund									
11. MS COVID-19 Relief Payment Fund									
12. DFA CARES Act COVID-19 Fund									
13. MS Tourism Recovery Fund									
14. MS Nonprofit Museums Recovery Fund									
15. Equity in Distance Learning Fund									
16. Postsecondary Education COVID-19 Relief Grant Fund									
17. Independent Schools' COVID-19 Assistance Grant Fund									
18. MS Pandemic Response Broadband Availability Grant Program Fund									
19. MS Emergency Management Agency COVID-19 Fund									
20. MS Electric Cooperatives Broadband COVID-19 Grant Program Fund									
21. COVID-19 Broadband Provider Grant Program Fund									
22. Federal _____ Other Special (Specify) _____	5,005,874,111	78.42%		5,239,527,242	79.74%		5,066,833,604	78.87%	
23. Medical Care Fund	355,859,197	5.57%		342,443,709	5.21%		366,702,314	5.71%	
24. Other Special Funds	90,783,638	1.42%		89,851,991	1.37%		92,213,549	1.44%	
25.									
26.									
TOTAL	6,383,760,255		100.00%	6,570,996,275		100.00%	6,424,426,426		100.00%

SPECIAL FUNDS DETAIL

Governor's Office - Division of Medicaid (328-00)

Name of Agency

S. STATE SUPPORT SPECIAL FUNDS				
Source (Fund Number)	Detailed Description of Source	(1) Actual Revenues FY 2020	(2) Estimated Revenues FY 2021	(3) Requested Revenues FY 2022
Budget Contingency Fund	BCF - Budget Contingency			
Education Enhancement Fund	EEF - Education Enhancement Fund			
Health Care Expendable Fund	HCEF - Health Care Expendable Fund	63,230,003	63,230,003	63,230,003
Tobacco Control Fund	TCF - Tobacco Control Fund			
Capital Expense Fund	CEF - Capital Expense Fund		85,048,127	
Working Cash Stabilization Reserve Fund	WCSRF - Working Cash Stabilization Reserve Fund			
BP Settlement Fund	BPSF - BP Settlement Fund			
Gulf Coast Restoration Fund	GCRF - Gulf Coast Restoration Fund			
Back To Business Mississippi Grant Fund	BTBMGF - Back To Business Mississippi Grant Fund			
MS COVID-19 Relief Payment Fund	MCRPF - MS COVID-19 Relief Payment Fund			
DFA CARES Act COVID-19 Fund	DCACF - DFA CARES Act COVID-19 Fund			
MS Tourism Recovery Fund	MTRF - MS Tourism Recovery Fund			
MS Nonprofit Museums Recovery Fund	MNMRF - MS Nonprofit Museums Recovery Fund			
Equity in Distance Learning Fund	EIDLF - Equity in Distance Learning Fund			
Postsecondary Education COVID-19 Relief Grant Fund	PECMRGF - Postsecondary Education COVID-19 Relief Grant Fund			
Independent Schools' COVID-19 Assistance Grant Fund	ISCAGF - Independent Schools' COVID-19 Assistance Grant Fund			
MS Pandemic Response Broadband Availability Grant Program Fund	MPRBAGPF - MS Pandemic Response Broadband Availability Grant Program Fund			
MS Emergency Management Agency COVID-19 Fund	MEMACF - MS Emergency Management Agency COVID-19 Fund			
MS Electric Cooperatives Broadband COVID-19 Grant Program Fund	MECBCGPF - MS Electric Cooperatives Broadband COVID-19 Grant Program Fund			
COVID-19 Broadband Provider Grant Program Fund	CBPGPF - COVID-19 Broadband Provider Grant Program Fund			
State Support Special Fund TOTAL		63,230,003	148,278,130	63,230,003
STATE SUPPORT SPECIAL FUND LAPSE				

A. FEDERAL FUNDS *		Percentage Match Requirement		(1) Actual Revenues	(2) Estimated Revenues	(3) Requested Revenues
Source (Fund Number)	Detailed Description of Source	FY 2021	FY 2022	FY 2020	FY 2021	FY 2022
	Cash Balance-Unencumbered				198,372,069	203,422,629
Grant Medicaid Title XIX (5332800000)	Centers for Medicare and Medical Services	19.33	21.95	5,043,707,164	5,090,337,766	4,809,364,285
CMS Grant CHIP Title XXI (5332800000)	Centers for Medicare and Medical Services	11.60	15.36	160,539,016	154,240,036	141,829,243
Federal Fund TOTAL				5,204,246,180	5,442,949,871	5,154,616,157

B. OTHER SPECIAL FUNDS (NON-FED'L)				
Source (Fund Number)	Detailed Description of Source	(1) Actual Revenues FY 2020	(2) Estimated Revenues FY 2021	(3) Requested Revenues FY 2022
	Cash Balance-Unencumbered	10,678,229		
Long Term care Facility Provider Assessments (3327)		93,839,450	93,839,450	93,839,450

SPECIAL FUNDS DETAIL

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Hospital Assessment (3327)		89,253,125	86,506,250	90,453,125
DSH (3327)		41,532,644	45,057,988	51,106,760
MHAP (3327)		106,995,369	103,050,348	117,017,855
Long-Term Facility UPL IGT's (3327)		3,014,059	3,057,529	3,154,108
Physician UPL IGT's (3327)		1,863,236	2,400,000	2,500,000
MS MAPS-UMMC Directed Payment Program (3327)		8,322,927	8,282,144	8,381,016
Interest (3327)		360,158	250,000	250,000
Other State Agency Matching Funds (3328)		90,135,796	89,468,791	91,830,349
Licenses, Fees, and Permits (3328)		1,310	1,200	1,200
Charges to Outside Entities for Services (3328)		6,846	20,000	20,000
Charges Between Agencies for Services (3328)		70,000	100,000	100,000
Refunds (3328)		245,947	250,000	250,000
Worker's Comp Recovery (3328)		1,483	2,000	2,000
Seized and Forfeited Property (3328)		322,256	10,000	10,000
Other Special Fund TOTAL		446,642,835	432,295,700	458,915,863

SECTIONS S + A + B TOTAL	5,714,119,018	6,023,523,701	5,676,762,023
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C. TREASURY FUND/BANK ACCOUNTS *			(1) Reconciled Balance as of 6/30/20	(2) Balance as of 6/30/21	(3) Balance as of 6/30/22
Name of Fund/Account	Fund/Account Number	Name of Bank (If Applicable)			
Provider Payment Checking Account	0017375177	Regions Bank	231,710	231,710	231,710
Third Party Lockbox	1001626621	Trustmark Bank	322,562	322,562	322,562

* Any non-federal funds that have restricted uses must be identified and narrative of restrictions attached.

NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY FUND/BANK ACCOUNTS

Governor's Office - Division of Medicaid (328-00)

Name of Agency

STATE SUPPORT SPECIAL FUNDS

DOM requests level funding from the Health Care Expendable Fund. DOM is not requesting continuation of funding from the Capital Expense Funds as were provided for FY2021.

FEDERAL FUNDS

Federal funds are received for Medicaid Title XIX and CHIP Title XXI. The request for spending authority for federal funds is calculated based on the anticipated FMAP, projected medical expenses and expected enrollment.

OTHER SPECIAL FUNDS

Assessments and inter-governmental transfers (IGT) received pursuant to Miss. Code Ann. Sections 43-13-117 and 43-13-145 are reported in the Other Special Funds. The assessments are collected from long-term care facilities and hospitals. The IGTs are collected from other state agencies and county-owned nursing facilities. The funds serve as state support matching funds. State support matching funds are required for the use of federal grant funds.

Medical Care Fund (Fund #3332700000)

DOM requests level funding from the Medical Care Fund.

Long-Term Care Facility Assessments

The assessments for long-term care facilities are collected based on the number of licensed and occupied beds of each nursing facility, intermediate care facility for individuals with intellectual disabilities (ICF-IID) and psychiatric residential treatment facility (PRTF). The state-owned PRTF is exempt from this assessment. The long-term care facility assessments are authorized in Miss Code Ann. Section 43-13-117(A)(4)(f). In accordance with Miss Code Ann. Section 43-13-145(1)(2) and (3), the assessments are equal to the maximum rate allowed by federal law or regulation. This maximum is established in 42 Code of Federal Regulation Section 433.68(f)(3)(i)(A) at six percent of revenues. The assessments provide a direct funding source to the Mississippi Division of Medicaid (DOM) for use as state matching funds. In turn, the assessments are an allowable cost on the long-term care facility cost reports; whereby the costs are built into the facility per diem rates. DOM pays the per diem rate for each Medicaid beneficiary. Therefore, to the extent the long-term care facility serves Medicaid beneficiaries, they receive the assessment back in their revenue from Medicaid. DOM applies the Federal Medical Assistance Percentage (FMAP) and draws approximately 76 percent of the cost from the federal government. Through this assessment process, the federal share supplants the state funding of the program.

The long-term care assessments are projected to remain flat through SFY2022. SFY2020 collections totaled \$93,839,450.

Hospital Assessments

The hospital assessment of approximately \$104,000,000 is mandated in state statute at Miss. Code Ann. Section 43-13-145(4)(a)(i). Based on that statute, the hospital assessment is reduced when the FMAP exceeds 76 percent. The SFY 2020 assessment was \$89,253,125. The budget projects this funding source to drop to \$86,506,250 in SFY2021 and increases to \$90,453,125 in SFY2022.

Additionally, the instruction for the hospital assessment to fund the state share of the disproportionate share hospital program (DSH), and the Mississippi Hospital Access Program (MHAP) is written in state statute at Miss. Code Ann. Section 43-13-117(A)(18)(b) and 43-13-145(4)(a) and 43-13-145(10). This budget projects the funding source for DSH and MHAP that exactly matches the state share of these provider payments.

The SFY2020 DSH assessment was \$41,532,644. The federal Patient Protection and Affordable Care Act (PPACA) requires reductions to state Medicaid DSH allotments annually beginning with fiscal year 2021. However, DSH allotment reductions were to begin in fiscal year 2014, but have been delayed several times. Due to the uncertainty related to the DSH allotment reductions, the normal adjustment to the volume of hospital DSH payments is recognized in this budget request. Please note that since the DSH program is fully funded by the hospital assessments, the request for direct state support is neither overstated nor understated using this projection.

NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY FUND/BANK ACCOUNTS

Governor's Office - Division of Medicaid (328-00)

Name of Agency

The SFY2019 MHAP assessment was \$106,995,369 (\$533,110,956 multiplied by the blended SFY2020 state share of 20.07 percent). MHAP, as currently designed, is paid as pass-through payments made to hospitals through the three MississippiCAN managed care organizations (MCOs). DOM distributes the MHAP payments to the MCOs through an add-on payment to the per member per month capitation payments. The MCOs then distribute MHAP payments to all participating hospitals. No MCO administrative fee is associated with distribution of MHAP payments to hospitals. The budget assumes the hospital assessment will continue to fund the state match for the current MHAP total of \$533,110,956.

Upper Payment Limit (UPL) Programs

The UPL programs are authorized in Miss. Code Ann. Section 43-13-117(18)(b).

The Physician UPL program is made available to the University of Mississippi Medical Center (UMMC), in accordance with Miss. Code Ann. Section 43-13-117(18)(b). UMMC submits an IGT from the hospital for the state share of the payment. The payment is made to UMMC in four quarterly installments. The state share total in SFY2020 was \$1,863,236. UPL distributions in SFY2021 and SFY2022 are projected to be consistent with the amount paid in SFY2020.

The Nursing Facility UPL program is made available to governmental non-state facilities. Each participating facility is required to pay the state match using an IGT in advance of the UPL distribution. The SFY2019 UPL distributions were issued in SFY2020 and totaled \$13,093,221, which required state match IGTs of \$3,014,059. UPL distributions in SFY2021 and SFY2022 are projected to be consistent with the amount paid in SFY2020.

Please note that CMS rules at 42CFR Part 447.272 allow full cost reimbursement to state owned and operated facilities as UPL. The IGTs received for full cost reimbursement to long-term care facilities in Mississippi are deposited into the Other Special Fund as Medical Claims Match. Full cost reimbursement is mandated in Miss. Code Ann. Section 43-13-117 (A)(4) (c) and (A)(12)(b) and (A)(23).

Mississippi Medicaid Access to Physician Services (MAPS)

The Mississippi Medicaid access to Physician Services program is made available to state-owned academic health science centers with a Level 1 trauma center, Level 4 neonatal intensive care nursery, organ transplant program and more than a four hundred physician multispecialty practice group. The payment methodology is consistent with 42 CFR 438.6(c). The program will work similarly to MHAP in that the MCO will receive additional funds to pass through to certain provider groups based on utilization of services. No MCO administrative fee is associated with this payment program. The program is intended to increase access and quality of care for Medicaid beneficiaries to primary and specialty care services for Medicaid beneficiaries by increasing payments made to qualified practitioners employed by or affiliated with UMMC. UMMC will submit an IGT for the state share of the payment. SFY2020 and SFY 2021 deposits of \$8,282,144 and \$8,381,016 respectively are expected to support four quarterly payments to UMMC's provider group and are projected to total \$37,239,855 for SFY 2021 and \$38,357,051 for SFY 2022.

Interest

Interest totaling \$360,158 was earned in the Medical Care Fund in SFY2020. The budget projection for interest deposits is \$250,000 for both SFY2021 and SFY2022.

Other Special Fund (Fund #3332800000)

Medical Claims Match from Other State Agencies

The other source of special funds is the state match paid for medical service claims submitted by four other state agencies using IGT. State match transfers are invoiced for claims from the following state agencies: the Mississippi Department of Corrections (\$673,604), the Mississippi State Department of Health (\$929,369), the Mississippi Department of Mental Health (\$73,120,232), and the Mississippi Department of Rehabilitation Services (\$15,412,590). The state share invoices for claims paid from July 2019 through June 2020 totaled \$90,135,796. For SFY2020 and SFY2021, DOM has projected incoming transfers based on SFY2020 invoices and the applicable blended state match rates. The projections are \$89,468,791 and \$91,830,349, respectively.

Other Receipts

Various refunds and fees are reported in this fund. The receipts vary from year-to-year and do not represent a certain stream of funding. However, the other receipts source is projected for the budget based on recent past experience. For SFY2020, receipts totaled \$647,842. Receipt totals of \$383,200 are projected for both SFY2021 and SFY2022.

NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY FUND/BANK ACCOUNTS

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TREASURY FUND / BANK

BANK ACCOUNTS

Provider Payment Checking Account

The Provider Payment Checking Account is used for healthcare provider payments. The Mississippi Division of Medicaid (DOM) authorizes a transfer of funds from the state treasury to cover the weekly claims payments to health care providers and the coordinated care organizations generated by the claims system managed by our fiscal agent. The funds are then used by the bank to make payments to the providers. The account is managed by the fiscal agent, with oversight by DOM. Both federal and state funds are transferred for use in this account to pay DOM providers. Any balances in the account are held in accordance with internal control policies for outstanding transactions.

Third Party Recovery (TPR) Lockbox

The TPR Lockbox account is used by our third party recovery vendor for depositing collections. The Lockbox requires a \$300,000 minimum balance. The Lockbox agreement allows for the isolation of these deposits and administrative check-listing services, so that the appropriate credit can be applied to applicable claims.

The Lockbox deposits are routinely transferred to Fund #3332300000. DOM reports third party recoveries in the budget as an offset of provider claims expense to ensure appropriate allocation of the funds between state and federal share.

DOM Accounts Receivable Lockbox

The DOM Accounts Receivable Lockbox account is used for deposits of checks for provider assessments, provider or beneficiary payments, other refunds and pharmaceutical rebates. Images of all remittances and any attached documentation are received by DOM staff daily, and the deposit is receipted into the appropriate fund in MAGIC. All deposited funds are swept to the main treasury account each night.

TREASURY FUNDS

General (Fund #2232800000) Budgeted

DOM uses this account to record the use of general funds appropriated by the Legislature.

Capital Expense (Fund #6432A00000) Budgeted

DOM uses this account to record the use of capital expense funds appropriated by the Legislature.

Health Care Expendable (Fund #6232600000) Budgeted

DOM uses this account to record the use of health care expendable funds appropriated by the Legislature.

Refund Account (Fund #3332300000) Unbudgeted

The Refund Account is used for depositing refunds resulting from claims payment credits and drug rebates. Credit examples include, but are not limited to, the collection of overpayments and the collection of estate recovery and casualty loss settlements by DOM. Drug rebates are received from drug companies; the rebates are based on the drug prescriptions filled for beneficiaries. The TPR Lockbox account funds are transferred to the Refund Account. The refunds are offset against claims payments each week. This allows the state share to fund the week's claims payments and allows the repayment of the federal share through an offset to the weekly federal draw for claims. The refunds are reflected on the budget as an offset to provider claims expense.

Civil Monetary Penalty (Fund #3332500000) Unbudgeted

The Centers for Medicare and Medicaid Services' (CMS) Survey and Certification State Operations Manual requires civil monetary penalties be imposed on nursing facilities under certain conditions for survey deficiencies. In Mississippi, the Mississippi State Department of Health serves as the State Survey Agency and performs surveys on behalf of the Medicaid program. The penalties are allocated between the state and federal government. The state share is maintained in the Civil Monetary Penalty Fund for restricted use in accordance with CMS requirements. The funds are not available for normal Medicaid activities and can only be dispersed through sub-grants approved by CMS for nursing facility improvement activities.

Medical Care (Fund #3332700000) Budgeted

Provider assessments and inter-governmental transfers for Upper Payment Limit programs are deposited in the Medical Care fund.

**NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY
FUND/BANK ACCOUNTS**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Special (Fund #3332800000) Budgeted

Other state agency matching funds , and miscellaneous receipts are deposited in the Special Fund.

Unclaimed Property Deposit Fund (Fund #3332900000) Unbudgeted

The Unclaimed Property Deposit Fund was established to receive unclaimed property received through the Office of the State Treasury related to unclaimed personal account balances belonging to deceased Medicaid beneficiaries who were residents at long-term care facilities.

Civil Monetary Penalty Reserve Fund (Fund #3333100000) Unbudgeted

DOM's federal grantor agency mandated the establishment of a Civil Monetary Penalty Reserve Fund to hold 10% of the state's balance of Civil Monetary Penalty balance from the prior year.

Cafeteria Plan Fund (Fund #8833300000) Unbudgeted

DOM established a fund for initial funding of their employee cafeteria plan.

Accounts Receivable Lockbox Fund (Fund #8833400000) Unbudgeted

Required by law per Section 7-9-12 Miss Code Ann(1972) as a request to open a bank account to serve as a collection or clearing account for funds to be deposited in the State Treasury.

FEDERAL FUNDS

Balancing Incentive Program (BIP) (Fund #5332100000) Unbudgeted

Through the federal government's Balancing Incentive Program (BIP), DOM received BIP program funds via an enhanced federal match rate related to home and community based services expenditures. The BIP grant has ended. The fund now receives federal funds related to an enhanced federal match rate for the Money Follows the Person (MFP) grant. The funds must be expended for the purpose of enhancing community based services and waiver capacity.

Federal Fund (Fund #5332800000) Budgeted

All federal funds are deposited into this fund, except for BIP funds. The funds are drawn from the U.S. Treasury and spent for Medicaid-approved expenditures.

CONTINUATION AND EXPANDED TOTAL REQUEST

Governor's Office - Division of Medicaid (328-00)

SUMMARY OF ALL PROGRAMS

Name of Agency	Program				
	FY 2020 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe	20,851,318		31,276,977		52,128,295
Travel	143,372		215,057		358,429
Contractual Services	32,069,934		103,329,222		135,399,156
Commodities	403,488		403,488		806,976
Other Than Equipment					
Equipment	490,455		490,456		980,911
Vehicles	22,345		22,345		44,690
Wireless Communication Devices					
Subsidies, Loans & Grants	814,032,394	63,230,003	4,870,136,566	446,642,835	6,194,041,798
Total	868,013,306	63,230,003	5,005,874,111	446,642,835	6,383,760,255
No. of Positions (FTE)	413.00		619.00		1,032.00
	FY 2021 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe	21,641,486		32,462,229		54,103,715
Travel	269,324		403,985		673,309
Contractual Services	48,235,462		180,671,037		228,906,499
Commodities	403,290		403,290		806,580
Other Than Equipment					
Equipment	1,929,090		1,929,090		3,858,180
Vehicles	37,500		37,500		75,000
Wireless Communication Devices					
Subsidies, Loans & Grants	678,379,051	148,278,130	5,023,620,111	432,295,700	6,282,572,992
Total	750,895,203	148,278,130	5,239,527,242	432,295,700	6,570,996,275
No. of Positions (FTE)	404.00		608.00		1,012.00
	FY 2022 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe	465,293		1,430,992		1,896,285
Travel	(7,169)		(10,753)		(17,922)
Contractual Services	384,851		(15,448,451)		(15,063,600)
Commodities	(65,533)		(65,532)		(131,065)
Other Than Equipment					
Equipment	(1,391,090)		(1,391,090)		(2,782,180)
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	85,165,401	(85,048,127)	(157,208,804)	26,620,163	(130,471,367)
Total	84,551,753	(85,048,127)	(172,693,638)	26,620,163	(146,569,849)
No. of Positions (FTE)	6.00		4.00		10.00

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

CONTINUATION AND EXPANDED TOTAL REQUEST

Governor's Office - Division of Medicaid (328-00)

SUMMARY OF ALL PROGRAMS

Name of Agency	Program				
	FY 2022 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe	22,106,779		33,893,221		56,000,000
Travel	262,155		393,232		655,387
Contractual Services	48,620,313		165,222,586		213,842,899
Commodities	337,757		337,758		675,515
Other Than Equipment					
Equipment	538,000		538,000		1,076,000
Vehicles	37,500		37,500		75,000
Wireless Communication Devices					
Subsidies, Loans & Grants	763,544,452	63,230,003	4,866,411,307	458,915,863	6,152,101,625
Total	835,446,956	63,230,003	5,066,833,604	458,915,863	6,424,426,426
No. of Positions (FTE)	410.00		612.00		1,022.00

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

SUMMARY OF PROGRAMS
FORM MBR-1-03sum

Governor's Office - Division of Medicaid (328-00)

Name of Agency

FUNDING REQUESTED FISCAL YEAR 2022

	PROGRAM	GENERAL	ST. SUPP. SPECIAL	FEDERAL	OTHER SPECIAL	TOTAL
1.	Administrative Services	71,902,504		200,422,297		272,324,801
2.	Medical Services	615,386,916	63,230,003	4,289,282,999	458,915,863	5,426,815,781
3.	Children's Health Insur Prg (CHIP)	25,738,388		141,829,243		167,567,631
4.	Home & Comm Based Waiver Prg	122,419,148		435,299,065		557,718,213
	Summary of All Programs	835,446,956	63,230,003	5,066,833,604	458,915,863	6,424,426,426

CONTINUATION AND EXPANDED REQUEST

Program 1 of 4

Governor's Office - Division of Medicaid (328-00)

Administrative Services

Name of Agency Program

	FY 2020 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe	20,851,318		31,276,977		52,128,295
Travel	143,372		215,057		358,429
Contractual Services	32,069,934		103,329,222		135,399,156
Commodities	403,488		403,488		806,976
Other Than Equipment					
Equipment	490,455		490,456		980,911
Vehicles	22,345		22,345		44,690
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	53,980,912		135,737,545		189,718,457
No. of Positions (FTE)	413.00		619.00		1,032.00

	FY 2021 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe	21,641,486		32,462,229		54,103,715
Travel	269,324		403,985		673,309
Contractual Services	48,235,462		180,671,037		228,906,499
Commodities	403,290		403,290		806,580
Other Than Equipment					
Equipment	1,929,090		1,929,090		3,858,180
Vehicles	37,500		37,500		75,000
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	72,516,152		215,907,131		288,423,283
No. of Positions (FTE)	404.00		608.00		1,012.00

	FY 2022 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe	465,293		1,430,992		1,896,285
Travel	(7,169)		(10,753)		(17,922)
Contractual Services	384,851		(15,448,451)		(15,063,600)
Commodities	(65,533)		(65,532)		(131,065)
Other Than Equipment					
Equipment	(1,391,090)		(1,391,090)		(2,782,180)
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	(613,648)		(15,484,834)		(16,098,482)
No. of Positions (FTE)	6.00		4.00		10.00

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 1 of 4

Governor's Office - Division of Medicaid (328-00)

Administrative Services

Name of Agency

Program

	FY 2022 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe	22,106,779		33,893,221		56,000,000
Travel	262,155		393,232		655,387
Contractual Services	48,620,313		165,222,586		213,842,899
Commodities	337,757		337,758		675,515
Other Than Equipment					
Equipment	538,000		538,000		1,076,000
Vehicles	37,500		37,500		75,000
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	71,902,504		200,422,297		272,324,801
No. of Positions (FTE)	410.00		612.00		1,022.00

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 2 of 4

Governor's Office - Division of Medicaid (328-00)

Medical Services

Name of Agency

Program

	FY 2020 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	711,338,411	63,230,003	4,308,967,980	446,642,835	5,530,179,229
Total	711,338,411	63,230,003	4,308,967,980	446,642,835	5,530,179,229
No. of Positions (FTE)					

	FY 2021 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	553,320,294	148,278,130	4,431,937,864	432,295,700	5,565,831,988
Total	553,320,294	148,278,130	4,431,937,864	432,295,700	5,565,831,988
No. of Positions (FTE)					

	FY 2022 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	62,066,622	(85,048,127)	(142,654,865)	26,620,163	(139,016,207)
Total	62,066,622	(85,048,127)	(142,654,865)	26,620,163	(139,016,207)
No. of Positions (FTE)					

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 2 of 4

Governor's Office - Division of Medicaid (328-00)

Medical Services

Name of Agency

Program

	FY 2022 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	615,386,916	63,230,003	4,289,282,999	458,915,863	5,426,815,781
Total	615,386,916	63,230,003	4,289,282,999	458,915,863	5,426,815,781
No. of Positions (FTE)					

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 3 of 4

Governor's Office - Division of Medicaid (328-00)

Children's Health Insur Prg (CHIP)

Name of Agency

Program

	FY 2020 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	2,098,018		160,539,016		162,637,034
Total	2,098,018		160,539,016		162,637,034
No. of Positions (FTE)					

	FY 2021 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	20,239,643		154,240,036		174,479,679
Total	20,239,643		154,240,036		174,479,679
No. of Positions (FTE)					

	FY 2022 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	5,498,745		(12,410,793)		(6,912,048)
Total	5,498,745		(12,410,793)		(6,912,048)
No. of Positions (FTE)					

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 3 of 4

Governor's Office - Division of Medicaid (328-00)

Children's Health Insur Prg (CHIP)

Name of Agency

Program

	FY 2022 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	25,738,388		141,829,243		167,567,631
Total	25,738,388		141,829,243		167,567,631
No. of Positions (FTE)					

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 4 of 4

Governor's Office - Division of Medicaid (328-00)

Home & Comm Based Waiver Prg

Name of Agency

Program

	FY 2020 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	100,595,965		400,629,570		501,225,535
Total	100,595,965		400,629,570		501,225,535
No. of Positions (FTE)					

	FY 2021 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	104,819,114		437,442,211		542,261,325
Total	104,819,114		437,442,211		542,261,325
No. of Positions (FTE)					

	FY 2022 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	17,600,034		(2,143,146)		15,456,888
Total	17,600,034		(2,143,146)		15,456,888
No. of Positions (FTE)					

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

CONTINUATION AND EXPANDED REQUEST

Program 4 of 4

Governor's Office - Division of Medicaid (328-00)

Home & Comm Based Waiver Prg

Name of Agency

Program

	FY 2022 Expansion/Reduction of Existing Activities				
	(16) General	(17) State Support Special	(18) Federal	(19) Other Special	(20) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 New Activities (*)				
	(21) General	(22) State Support Special	(23) Federal	(24) Other Special	(25) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total					
No. of Positions (FTE)					

	FY 2022 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe					
Travel					
Contractual Services					
Commodities					
Other Than Equipment					
Equipment					
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	122,419,148		435,299,065		557,718,213
Total	122,419,148		435,299,065		557,718,213
No. of Positions (FTE)					

Note: FY2022 Total Request = FY2021 Estimated + FY2022 Incr(Decr) for Continuation + FY2022 Expansion/Reduction of Existing Activities + FY2022 New Activities.

PROGRAM DECISION UNITS

Governor's Office - Division of Medicaid

1 - Administrative Services

Name of Agency	Program Name							
	A	B	C	D	E	F	G	H
EXPENDITURES	FY 2021 Appropriated	Escalations By DFA	Non-Recurring Items	Program Management	Information Systems	New Positions	Reallocations	Reclassification
SALARIES	54,103,715					552,345	46,222	1,281,230
GENERAL	21,641,486					96,208	23,111	338,099
ST. SUP. SPECIAL								
FEDERAL	32,462,229					456,137	23,111	943,131
OTHER								
TRAVEL	673,309			(17,922)				
GENERAL	269,324			(7,169)				
ST. SUP. SPECIAL								
FEDERAL	403,985			(10,753)				
OTHER								
CONTRACTUAL	228,906,499				(15,063,600)			
GENERAL	48,235,462				384,851			
ST. SUP. SPECIAL								
FEDERAL	180,671,037				(15,448,451)			
OTHER								
COMMODITIES	806,580			(131,065)				
GENERAL	403,290			(65,533)				
ST. SUP. SPECIAL								
FEDERAL	403,290			(65,532)				
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT	3,858,180				(2,782,180)			
GENERAL	1,929,090				(1,391,090)			
ST. SUP. SPECIAL								
FEDERAL	1,929,090				(1,391,090)			
OTHER								
VEHICLES	75,000							
GENERAL	37,500							
ST. SUP. SPECIAL								
FEDERAL	37,500							
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TOTAL	288,423,283			(148,987)	(17,845,780)	552,345	46,222	1,281,230
FUNDING								
GENERAL FUNDS	72,516,152			(72,702)	(1,006,239)	96,208	23,111	338,099
ST. SUP. SPCL FUNDS								
FEDERAL FUNDS	215,907,131			(76,285)	(16,839,541)	456,137	23,111	943,131
OTHER SP. FUNDS								
TOTAL	288,423,283			(148,987)	(17,845,780)	552,345	46,222	1,281,230
POSITIONS								
GENERAL FTE	404.00					6.00		
ST. SUP. SPCL. FTE								
FEDERAL FTE	608.00					4.00		
OTHER SP. FTE								
TOTAL	1,012.00					10.00		
PRIORITY LEVEL :								
				1	2	6	3	4

PROGRAM DECISION UNITS

	I	J	K					
EXPENDITURES	Benchmarks	Total Funding Change	FY 2022 Total Request					
SALARIES	16,488	1,896,285	56,000,000					
GENERAL	7,875	465,293	22,106,779					
ST. SUP. SPECIAL								
FEDERAL	8,613	1,430,992	33,893,221					
OTHER								
TRAVEL		(17,922)	655,387					
GENERAL		(7,169)	262,155					
ST. SUP. SPECIAL								
FEDERAL		(10,753)	393,232					
OTHER								
CONTRACTUAL		(15,063,600)	213,842,899					
GENERAL		384,851	48,620,313					
ST. SUP. SPECIAL								
FEDERAL		(15,448,451)	165,222,586					
OTHER								
COMMODITIES		(131,065)	675,515					
GENERAL		(65,533)	337,757					
ST. SUP. SPECIAL								
FEDERAL		(65,532)	337,758					
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT		(2,782,180)	1,076,000					
GENERAL		(1,391,090)	538,000					
ST. SUP. SPECIAL								
FEDERAL		(1,391,090)	538,000					
OTHER								
VEHICLES			75,000					
GENERAL			37,500					
ST. SUP. SPECIAL								
FEDERAL			37,500					
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TOTAL	16,488	(16,098,482)	272,324,801					

FUNDING

GENERAL FUNDS	7,875	(613,648)	71,902,504					
ST. SUP. SPCL FUNDS								
FEDERAL FUNDS	8,613	(15,484,834)	200,422,297					
OTHER SP. FUNDS								
TOTAL	16,488	(16,098,482)	272,324,801					

POSITIONS

GENERAL FTE		6.00	410.00					
ST. SUP. SPCL. FTE								
FEDERAL FTE		4.00	612.00					
OTHER SP. FTE								
TOTAL		10.00	1,022.00					

PRIORITY LEVEL :

	5							
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PROGRAM DECISION UNITS

Governor's Office - Division of Medicaid

2 - Medical Services

Name of Agency

Program Name

	A	B	C	D	E	F	G	H
EXPENDITURES	FY 2021 Appropriated	Escalations By DFA	Non-Recurring Items	FMAP Decrease	100% State Funded Grant	Medicare Premiums (Parts A, B, C, D)	HIT Program Payments	DSH/UPL Increase
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	5,565,831,988				(4,161,095)	16,791,956	(2,108,000)	11,844,775
GENERAL	553,320,294			137,188,563	(4,161,095)	12,682,980		
ST. SUP. SPECIAL	148,278,130							
FEDERAL	4,431,937,864			(137,188,563)		4,108,976	(2,108,000)	5,599,424
OTHER	432,295,700							6,245,351
TOTAL	5,565,831,988				(4,161,095)	16,791,956	(2,108,000)	11,844,775

FUNDING

GENERAL FUNDS	553,320,294			137,188,563	(4,161,095)	12,682,980		
ST. SUP. SPCL. FUNDS	148,278,130							
FEDERAL FUNDS	4,431,937,864			(137,188,563)		4,108,976	(2,108,000)	5,599,424
OTHER SP. FUNDS	432,295,700							6,245,351
TOTAL	5,565,831,988				(4,161,095)	16,791,956	(2,108,000)	11,844,775

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

				1	2	3	4	5
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PROGRAM DECISION UNITS

	I	J	K	L	M	N	O	P
	Health Insurer Fee	Delivery Kick Payment	Fed/State Funding	FY21 Risk Corridor	Impact of Enrollment	Impact of Utilization	Impact of Unit Cost Trend	Impact of Program
EXPENDITURES								
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	(54,800,000)	(26,400,000)	(251,669,354)	79,800,000	8,430,851	44,788,899	40,046,545	(1,580,784)
GENERAL	(8,789,920)	(4,234,560)	(120,690,636)	12,799,920	3,427,252	18,207,278	16,279,449	(642,609)
ST. SUP. SPECIAL			(85,048,127)					
FEDERAL	(46,010,080)	(22,165,440)	(45,930,591)	67,000,080	3,130,053	16,628,408	14,867,753	(586,885)
OTHER					1,873,546	9,953,213	8,899,343	(351,290)
TOTAL	(54,800,000)	(26,400,000)	(251,669,354)	79,800,000	8,430,851	44,788,899	40,046,545	(1,580,784)
FUNDING								
GENERAL FUNDS	(8,789,920)	(4,234,560)	(120,690,636)	12,799,920	3,427,252	18,207,278	16,279,449	(642,609)
ST. SUP. SPCL. FUNDS			(85,048,127)					
FEDERAL FUNDS	(46,010,080)	(22,165,440)	(45,930,591)	67,000,080	3,130,053	16,628,408	14,867,753	(586,885)
OTHER SP. FUNDS					1,873,546	9,953,213	8,899,343	(351,290)
TOTAL	(54,800,000)	(26,400,000)	(251,669,354)	79,800,000	8,430,851	44,788,899	40,046,545	(1,580,784)
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
	6	7	8	9	10	11	12	13

PROGRAM DECISION UNITS

Q R

EXPENDITURES	Total Funding Change	FY 2022 Total Request						
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	(139,016,207)	5,426,815,781						
GENERAL	62,066,622	615,386,916						
ST. SUP. SPECIAL	(85,048,127)	63,230,003						
FEDERAL	(142,654,865)	4,289,282,999						
OTHER	26,620,163	458,915,863						
TOTAL	(139,016,207)	5,426,815,781						

FUNDING

GENERAL FUNDS	62,066,622	615,386,916						
ST. SUP .SPCL FUNDS	(85,048,127)	63,230,003						
FEDERAL FUNDS	(142,654,865)	4,289,282,999						
OTHER SP. FUNDS	26,620,163	458,915,863						
TOTAL	(139,016,207)	5,426,815,781						

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

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PROGRAM DECISION UNITS

Governor's Office - Division of Medicaid

3 - Children's Health Insur Prg (CHIP)

Name of Agency	Program Name							
	A	B	C	D	E	F	G	H
	FY 2021 Appropriated	Escalations By DFA	Non-Recurring Items	FMAP Decrease	Enrollment/Utili zation	Health Insurer Fee	Total Funding Change	FY 2022 Total Request
EXPENDITURES								
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP.SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	174,479,679				(4,112,048)	(2,800,000)	(6,912,048)	167,567,631
GENERAL	20,239,643			6,560,436	(641,691)	(420,000)	5,498,745	25,738,388
ST. SUP. SPECIAL								
FEDERAL	154,240,036			(6,560,436)	(3,470,357)	(2,380,000)	(12,410,793)	141,829,243
OTHER								
TOTAL	174,479,679				(4,112,048)	(2,800,000)	(6,912,048)	167,567,631
FUNDING								
GENERAL FUNDS	20,239,643			6,560,436	(641,691)	(420,000)	5,498,745	25,738,388
ST. SUP. SPCL. FUNDS								
FEDERAL FUNDS	154,240,036			(6,560,436)	(3,470,357)	(2,380,000)	(12,410,793)	141,829,243
OTHER SP. FUNDS								
TOTAL	174,479,679				(4,112,048)	(2,800,000)	(6,912,048)	167,567,631
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
				1	2	3		

PROGRAM DECISION UNITS

EXPENDITURES							
SALARIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
TRAVEL							
GENERAL							
ST. SUP.SPECIAL							
FEDERAL							
OTHER							
CONTRACTUAL							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
COMMODITIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
CAPTITAL-OTE							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
EQUIPMENT							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
VEHICLES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
WIRELESS DEV							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
SUBSIDIES							
GENERAL							
ST. SUP. SPECIAL							
FEDERAL							
OTHER							
TOTAL							

FUNDING

GENERAL FUNDS							
ST. SUP .SPCL FUNDS							
FEDERAL FUNDS							
OTHER SP. FUNDS							
TOTAL							

POSITIONS

GENERAL FTE							
ST. SUP. SPCL. FTE							
FEDERAL FTE							
OTHER SP. FTE							
TOTAL							

PRIORITY LEVEL :

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PROGRAM DECISION UNITS

Governor's Office - Division of Medicaid

4 - Home & Comm Based Waiver Prg

Name of Agency

Program Name

	A	B	C	D	E	F	G	
	FY 2021 Appropriated	Escalations By DFA	Non-Recurring Items	FMAP Decrease	Utilization and Cost	Total Funding Change	FY 2022 Total Request	
EXPENDITURES								
SALARIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TRAVEL								
GENERAL								
ST. SUP.SPECIAL								
FEDERAL								
OTHER								
CONTRACTUAL								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
COMMODITIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
VEHICLES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES	542,261,325				15,456,888	15,456,888	557,718,213	
GENERAL	104,819,114			14,612,217	2,987,817	17,600,034	122,419,148	
ST. SUP. SPECIAL								
FEDERAL	437,442,211			(14,612,217)	12,469,071	(2,143,146)	435,299,065	
OTHER								
TOTAL	542,261,325				15,456,888	15,456,888	557,718,213	

FUNDING

GENERAL FUNDS	104,819,114			14,612,217	2,987,817	17,600,034	122,419,148	
ST. SUP .SPCL FUNDS								
FEDERAL FUNDS	437,442,211			(14,612,217)	12,469,071	(2,143,146)	435,299,065	
OTHER SP. FUNDS								
TOTAL	542,261,325				15,456,888	15,456,888	557,718,213	

POSITIONS

GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								

PRIORITY LEVEL :

				1	2			
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PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

Governor's Office - Division of Medicaid

1 - Administrative Services

Name of Agency

Program Name

I. Program Description:

The Medicaid Administrative Services program includes departments to accomplish the following:

- determine Medicaid eligibility and enrollment for beneficiaries and providers (approximately two-thirds of the agency's staff)
- finance and administrative department to record, analyze, control and report agency revenue and expenditures, provide budgeting and statistical information, and provide fiscal monitoring of the managed care program
- information systems department to help analyze, manage and utilize the Mississippi Medicaid Information System (MMIS), ensure the fiscal agent operates the MMIS in compliance with key performance indicators and guidelines, and to maintain information services for the agency's central office and 30 regional offices
- oversee and ensure compliance of the agency's managed care program
- implementing and overseeing programs including those for maternal, child, and adult health services and ensuring accurate provider service authorizations and alternatives to institutionalization such as home and community-based services
- surveillance, utilization and investigation of program fraud, waste or abuse by both providers and beneficiaries
- collections from any third-party coverage available to beneficiaries
- support service departments to manage the agency's procurements, appeals, asset management, contract compliance, communications, policy filings and human resources

As of June 30, 2020, there were 704,743 individuals covered by Medicaid and an additional 48,029 in the separate Children's Health Insurance Program (CHIP) for a total of 752,772 covered beneficiaries. This total represents an increase of 36,957 beneficiaries from June 30, 2019, that can be primarily attributed to the eligibility requirements in the Families First Coronavirus Relief Act (FFCRA) passed this spring in response to the public health emergency caused by COVID-19. Without the changes in FFCRA, DOM anticipated level enrollment compared to the prior year.

The Patient Protection and Affordable Care Act (PPACA) mandated a simplified annual renewal process; however, a significant number of individuals, post-ACA, are still disenrolled because of non-compliance with annual review requirements. These types of disenrollments are combined with normal program attrition caused by status changes or changes in income or resources. Alternatively, the factors which increase enrollment, such as approved applications and reinstatements, were offsetting the enrollment decline. External conditions, such as the economy, unemployment rate and seasonal changes, can also impact the number of applications received and in turn, the number of individuals eligible for the program.

FFCRA provided an enhanced federal match rate, under the condition that the agency does not change eligibility standards, methodologies or procedures from those in effect on January 1, 2020. FFCRA also requires that individuals enrolled for benefits at the date of enactment shall be treated as eligible for benefits through the end of the emergency period.

II. Program Objective:

The basic objective of administration for the agency is to provide services to Medicaid beneficiaries in the most expedient and efficient manner possible while operating within appropriation, and to identify ways to improve services and/or contain costs. Our mission statement is to responsibly provide access to quality health coverage for vulnerable Mississippians, and we are committed to accomplishing our mission by conducting operations with accountability, consistency and respect.

The Mississippi Division of Medicaid (DOM) has more than 900 employees located throughout one central office, 30 regional offices and over 80 outstations. These employees are collectively responsible for running agency operations. The vast majority of our employees are spread among the 30 regional offices – the front lines of Medicaid – accepting, processing and managing beneficiary applications and cases. However, as one might imagine, it takes a strong workforce to be able to accommodate approximately 38,000 enrolled Mississippi Medicaid providers and over 750,000 beneficiaries.

As Medicaid programs and legislation change, the roles of administrative staff must also be flexible. Emphasis is placed on data analysis, and decisions are being made using this information; the development of programs and program changes are data-driven. While traditionally DOM has maintained a high standard of reporting and accountability, we must interpret that data to make programmatic decisions, assess quality of care, and measure health outcomes.

The administrative component of the Medicaid program represents approximately 3% of the agency's total expenditures. Additional information related to major administrative initiatives is detailed below.

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Mississippi Medicaid Program Today

Current need-based categories of eligibility:

1. Infants and Children – eligible solely on the basis of being a child in a household with income below various levels of poverty.
2. Pregnant women – eligible solely on the basis of being pregnant.
3. Low Income Parent(s) or Caretaker Relative(s) – eligible due to having dependent children under age 18 in the home with low household income.
4. Disabled individuals – living at home or in institutional care.
5. Age 65 and over – living at home or in institutional care.

Current income eligibility standards (some increased by the PPACA): The Federal Poverty Level (FPL) is determined annually.

1. Children – as required by the PPACA, income limits for children increased as follows:
 - Birth to age 1 – Medicaid limit increased from 185% FPL to 194 percent FPL, the MAGI equivalent.
 - Age 1 to age 6 – Medicaid limit increased from 133% FPL to 143% FPL, the MAGI equivalent.
 - Age 6 to age 19 – Medicaid limit increased from 100% FPL to 133% FPL, the MAGI equivalent.
 - Uninsured children from birth to age 19 covered under CHIP increased from 200% FPL to 209% FPL, the MAGI equivalent.
2. Pregnant women – Medicaid limit increased from 185% FPL to 194% FPL, MAGI equivalent as required by the PPACA.
3. Low income families – covered at very low-income levels of 24% of poverty for non-working parents and 44% of poverty for two working parents. The PPACA increased the state established limit, but when compared to the FPL the MAGI equivalent limit is still within the pre-PPACA range.
4. Aged and Disabled – cover up to 135% of poverty for those with or without Medicare. Higher limits apply to the wages of disabled workers. Individuals in institutions and home and community-based waivers can have income up to 300% of the Supplemental Security Income (SSI) at-home limit or higher with the use of an Income Trust. Medicare cost-sharing groups provide limited coverage for individuals with Medicare up to 135% of poverty.

OTHER REQUIREMENTS AND INITIATIVES**Quality Programs**

Three new quality programs began in FY2020. These programs are cross-functional and require staff participation across the agency, especially from Finance, Medical Services and iTECH. The initiatives cover three of the major sources of Medicaid spending: hospitals, managed care providers and the University of Mississippi Medical Center (UMMC) provider group. All three include quality measures, targeted improvement levels and accountability. The three programs are further explained in the main budget narrative.

New Medicaid Enterprise System

The project to replace DOM's main system and fiscal operations launched in September 2018, and the first module of the replacement system went live in May 2020. The new system will modernize existing system functions and significantly enhance the ability to ensure that eligible individuals receive the health care benefits to which they are entitled and that providers are reimbursed promptly and efficiently. The new Medicaid Management Information System (MMIS) will include imaging and workflow management and a robust business rules engine to support claims adjudication and to aid in creating and managing flexible benefit plans.

A replacement MMIS will provide these benefits:

- Support of dynamic business processes that allow for the necessary expansion of all system-maintained data elements and fields to accommodate expanding scope, new services, changing requirements and legislative mandates
- Better, faster and easy-to-use technology with less operating and maintenance cost, better financial modeling, budgeting tools and expenditure control practices
- Better communication and data-sharing bridges among internal users, agency-to-agency and other external vendors, and improved care and recipient management, ensuring CMS funding
- Improved customer service, enhanced reporting, improved decision-making tools and better use of staff

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Over the next two years, DOM will incur additional costs to design and implement the new system, continue to incur the operational expenses to keep the legacy system operational and begin to incur costs related to the accompanying support contracts which are recommended or required by CMS, e.g. Systems Integrator, Project Management Office, Independent Validation and Verification, Change Management, Testing Management, etc. Once fully implemented, DOM's ongoing operational and maintenance costs for the system will persist.

Medicaid Modernized Eligibility Determination System (MEDS)

The passage of PPACA required extensive changes to Medicaid's legacy Eligibility Determination System (MEDS) to modernize it as well as to accommodate the new Modified Adjusted Gross Income (MAGI) eligible population. DOM has completed Phases I and II of the modernized MEDS project to integrate all Medicaid-eligible populations for processing through one system. DOM is currently working toward incorporating Phase III into MEDS to address the PPACA requirement to implement an online, streamlined application via a common web portal (CWP) that will allow Mississippians to apply for Medicaid, CHIP, SNAP, TANF and other social services programs. The CWP will include robust self-service capabilities for clients to manage their benefits, check on eligibility status, upload documents and make changes to client information without coming into the regional office. Additionally, the project includes the implementation of a common fraud and abuse platform that will perform enhanced verifications for eligibility, identity and assets and identity authentication.

Clinical Data Interoperability Program (CDIP)

Health Information Technology for Economic and Clinical Health (HITECH) was passed into law in 2009 to modernize Medicaid programs and support the implementation of electronic health records (EHR) and improve interoperability. This project utilizes 90% federal funding to give DOM the ability to utilize the same types of technology used by large insurance providers to view all authorized medical information about the beneficiary collected from other providers. The goal of this initiative is to use claims and clinical data to make timely decisions on costs and quality of care while looking for cost outliers, fraud and abuse.

ADMINISTRATIVE EXPENSES

Salaries – DOM is requesting an increase of \$1,896,285 in total costs for salaries for FY2022. The request for state funding for salaries increase is \$465,293. The requested salary increase includes 10 new positions as well as reclassifications, reallocations, benchmarks that are needed to retain trained and knowledgeable staff members.

Travel – DOM is requesting \$262,155 in state support travel funding. The total travel budget request is \$655,387 and is less than 0.2% of the administrative budget on travel. Travel funding is needed and used for a wide range of oversight, training and compliance responsibilities, many of which are mandated by CMS, such as providing service support to our regional offices, auditing facilities and providers, for specialized staff (such as nurses and social workers) to conduct visits to facilities for review and rate setting, unannounced provider site visits, and for training to help staff keep up with the administrative needs of the ever-changing Medicaid environment and requirements.

Contractual Services – Contractual services is the largest administrative expense category for DOM. All services are eligible for federal match of at least 50%. DOM maximizes the federal match funding to the full extent of the law and overall expects federal funding to cover approximately 77% of our contractual spending. The federal funding is contingent on the state match. We request \$48,620,313 in state funding for FY2022 contractual spending to be matched with \$165,222,586 in federal funding. Our contractual services spending ensures fiscal agent services for paying claims, our reporting system, 7% of our workforce, location leases for our regional offices and various contractors to help with administration and oversight of the program. Additionally, we have included in our request the funding needs for the continued procurement and establishment of new systems to comply with CMS requirements.

Commodities – The commodities budget is \$675,515 of our total FY2022 request, with the state share request of \$337,757 making up half. The request reflects an decrease in total funding of \$131,065 from FY2021 spending.

Equipment – DOM is requesting \$1,391,090 less in FY2022 state funds than the agency is expecting to spend in FY2021. Our total request for equipment in FY2022 is \$2,782,180. Most of the equipment costs relate to information systems projects. DOM's end user equipment and IT infrastructure is expected to be replaced in FY2020 and FY2021 as a part of a data center modernization project and end user computing refresh. Some additional infrastructure replacements and security appliances installations are expected to be completed in FY2021.

Vehicles – DOM is requesting FY2022 state funding of \$37,500 and total funding of \$75,000. The fleet purchase, service,

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and maintenance costs are more efficient when compared to the cost of mileage reimbursement for employees using their personal vehicles for work-related travel. DOM maintains all vehicles in strict accordance with DFA's rules and best practices. Though not strictly required to retire vehicles at 120,000 miles, DOM evaluates the working condition of all vehicles upon reaching 120,000 miles. Based on this evaluation, DOM requests the replacement of two vehicles.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2021 & FY 2022 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) Program Management:

There's \$148,987 reduction in expected administrative costs for travel and commodities in general program management.

(E) Information Systems Projects:

There is a significant reduction in costs from FY2021 to 2022 due to several infrastructure projects taking place in 2021: disaster recovery/business continuity planning and support; security modernization; document management upgrade; fire suppression systems for IT infrastructure at the Sillers Building; multifunction device rental; switch replacement for regional offices, Sillers Building and Annex; physical security hardware refresh; Domain Name System (DNS) appliance replacement for end of life equipment; addition of a call recording solution; completion of the thin client/PC refresh; cloud computing consumption; the addition of DocuSign or workflow automation tools and as well as a few smaller projects. There are some ongoing costs in FY2022 to finish these projects, so DOM expects a further reduction in costs in FY2023. These projects are necessary as we move toward a more modern workflow and need to support a modern workforce. The changes will allow for collaboration and management tools not currently available to DOM staff as well as provide protection of DOM data. DOM will also complete the replacement of the Medicaid Management Information System (MMIS) with the Medicaid Enterprise System (MES) in FY2022. This project will move the processing of claims and several internal systems to a new Fiscal Agent. The first module of MES went live in May 2020. This module is a cost report database for providers to electronically file cost reports. DOM will use the system to exchange desk reviews and audit documentation and perform other DOM rate setting functions.

(F) New Positions:

There are 10 new positions requested. 4 positions would serve in the Compliance and Financial Review Office and perform audits or reviews required by CMS. 6 of the positions are in the Office of Information Technology. These positions are needed to handle the additional duties of the system change and infrastructure modernization. See the Personal Services Budget Request for more information.

(G) Reallocations:

Upward reallocations of 7 positions are needed to fit the job classifications to the duties performed by the employees. These reallocations are needed to be able to retain trained staff or hire staff at the proper level and pay for the duties being performed. See the Personal Services Budget Request for more information.

(H) Reclassifications:

There are 342 positions that may qualify for a reclassification in FY2022. These reclassifications are needed to be able to retain trained staff and pay them at the proper level for the duties being performed. See the Personal Services Budget Request for more information.

(I) Benchmarks:

DOM expects to have 8 employees who will qualify for an educational benchmark in FY2022. Approval of this increase in pay is important for DOM to be able to retain trained, skilled staff members. See the Personal Services Budget Request for more information.

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Governor's Office - Division of Medicaid

2 - Medical Services

Name of Agency

Program Name

I. Program Description:

The Mississippi Division of Medicaid (DOM) is a state and federal program created by the Social Security Amendments of 1965 (PL 89-97), authorized by Title XIX of the Social Security Act to provide health coverage for eligible, low-income populations. The Mississippi Legislature enacted the Mississippi Medicaid program in 1969. All 50 states, five territories of the United States and District of Columbia participate in this voluntary matching program.

Each state runs its own Medicaid program within federal guidelines, jointly funded by state and federal dollars. For Medicaid, the Federal Medical Assistance Percentage (FMAP) is used to calculate the amount of federal matching funds for state medical services expenditures. Currently, Mississippi has the highest FMAP in the country.

While each state runs its own Medicaid program, the eligibility of beneficiaries is determined by household income and Supplemental Security Income (SSI) status, based on the Federal Poverty Level (FPL) and family size. FPL is set by the Department of Health and Human Services, and DOM is obliged to adhere to it.

As of June 30, 2020, the Medicaid eligible population was 745,571 or 23.3% of the state's population. (Combining the 48,393 beneficiaries enrolled in the Children's Health Insurance Program (CHIP) with the Medicaid eligible population, DOM provides health coverage for 24.5% of the state's population). The FMAP match rate for Mississippi for federal fiscal year (FFY) 2020 is 76.98% and increases to 77.76% for FFY2021. The projected FMAP for FFY2022 is an increase to 78.15%.

Although medical services costs and the number of eligible, enrolled beneficiaries are the two biggest factors impacting Medicaid expenditures, other cost drivers are provider reimbursement rates, medical service inflation costs and utilization rates for health services. Additionally, the Patient Protection and Affordable Care Act (PPACA) has lasting impacts on the agency in the form of legal mandates to which DOM must comply.

II. Program Objective:

The overall mission of DOM is to responsibly provide access to quality health coverage for vulnerable Mississippians. The basic objectives of DOM are to: provide all medically necessary services to children living below specified levels of poverty; provide medical assistance to aged or disabled adults living below specified levels of poverty; develop programs demonstrating innovative services or service delivery to increase the benefits of services and/or reduce their cost; purchase insurance in lieu of providing services when cost-effective; and develop the capacity to gather and analyze information necessary for the development of state health policy.

Medicaid is the largest program providing medical and health-related services to the most vulnerable populations in the U.S. Within broad national guidelines provided by the federal government, each state: (1) determines the type, amount, duration, and scope of services; (2) sets the rate of payment for services; and (3) administers its own program. Therefore, Medicaid programs vary considerably from state to state and within each state over time.

Scope of Medicaid Services

Title XIX of the Social Security Act requires that, in order to receive federal matching funds, a state must offer certain basic services to the categorically needy populations:

- Early Periodic Screening Diagnosis and Treatment (EPSDT) and Expanded EPSDT Services
- Family Planning Services
- Federally Qualified Health Center Services
- Home Health Services
- Inpatient Hospital Services
- Laboratory Services
- Nurse Practitioner Services (Pediatric and Family)
- Nursing Facility Services
- Outpatient Hospital Services
- Physician Services
- Radiology Services
- Rural Health Clinic Services
- Transportation Services

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- Tobacco Cessation Counseling for Pregnant Women
- Durable Medical Equipment and Medical Supplies

DOM also receives federal funding for other approved optional services, such as:

- Ambulatory Surgical Center Services
- Chiropractic Services
- Dental Services
- Diabetes Self-Management Training (DSMT)
- Dialysis
- Disease Management Services
- Eyeglasses and Vision Services
- Free-standing Dialysis Center Services
- Molecular/Genetic Testing
- Hospice Services
- Intermediate Care Facilities for the Intellectually/Developmentally Disabled (ICF/IDD) Services
- Inpatient Psychiatric Services
- Intellectual Disabilities/Developmental Disabilities Community Support Services
- Long Acting Reversible Contraceptives (LARC) Inpatient Reimbursement
- Mental Health Services
- Phase II Cardiac Rehabilitation Services
- Physician – Administered Drugs and Implantable Drug System Devices
- Podiatrist Services
- Prescribed Pediatric Extended Care (PPEC)
- Prescription Drugs
- Primary Care Physician (PCP) Increased Payment
- Private Duty Nursing (PDN) Services
- Psychiatric Residential Treatment Facilities (PRTF) Services
- State Department of Health Clinic Services
- Targeted Case Management Services for Children with Special Needs
- Telemedicine Services
- Therapy Services

Amount and Duration of Medicaid Services

Within broad federal guidelines, states determine the amount and duration of services offered under their Medicaid programs. They may limit, for example, the number of physician visits covered. With certain exceptions, a state's Medicaid plan must allow recipients to have freedom of choice among participating health care providers.

In general, states are required to provide comparable amounts, duration and scope of services to all categorically needy eligible persons. However, there are two important exceptions:

1. Services identified as "medically necessary" under the EPSDT and Expanded EPSDT programs must be provided to EPSDT – eligible beneficiaries even if those services are not included as part of the covered services in that state's plan (i.e., only EPSDT – eligible beneficiaries receive specific services); and
2. States may request HCBS waivers under which they offer an alternative health care package for persons who might otherwise be institutionalized under Medicaid (i.e., only those persons so designated might receive HCBS). States are not limited in the scope of services they can provide under such waivers as long as they are cost effective (except that, other than as a part of respite care, they may not provide room and board for such recipients).

Payment for Medicaid Services

Medicaid operates as a vendor payment program, with states directly paying providers. Providers participating in Medicaid must accept the Medicaid reimbursement level as payment in full. With a few specific exceptions, each state has broad discretion in determining (within federally-imposed upper limits and specific restrictions) the reimbursement methodology and resulting rate for services.

States may impose nominal copayments on some Medicaid recipients for certain services. However, certain Medicaid recipients must be excluded from cost sharing: pregnant women, children under age 18, and hospital or nursing home patients who are expected to contribute most of their income to institutional care. In addition, emergency services and family planning services must be exempt from co-payments for all recipients.

The portion of each state's Medicaid program which is paid by the federal government, the FMAP, is determined annually by a formula that compares the state's average per capita income level with the national income average. By law, the FMAP cannot be lower than 50 percent or higher than 83 percent. The wealthier states have a smaller share of their costs reimbursed. Mississippi has the highest federal matching rate.

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COORDINATED CARE PROGRAM

DOM implemented a managed care program for Mississippi Medicaid beneficiaries called the Mississippi Coordinated Access Network or MississippiCAN. The purpose of the program is to 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 Managed Care Organizations (MCOs) on a full-risk capitated basis to provide comprehensive services through an efficient, cost-effective system of care.

This program is active in all 82 counties in the state of Mississippi for all eligible beneficiaries. The target population of MississippiCAN is comprised of selected categories of eligibility. For the purposes of this program, beneficiaries include:

- Supplemental Security Income (SSI)
- Department of Human Services foster care children
- Disabled child living at home
- Working disabled
- Breast and cervical cancer
- Pregnant women and infants
- Parents and caretakers
- All newborns
- Children up to age 19 eligible for Medicaid

Persons in an institution such as a nursing facility, ICF/IDD; dual eligibles (Medicare and Medicaid); and waiver members are excluded from the program regardless of the category of eligibility.

Enrollment into MississippiCAN of the targeted populations is mandatory except for certain categories of children (SSI, Disabled Child Living At-Home and DHS foster children) and federally recognized Indian tribes which are protected by federal regulation. Targeted beneficiaries are provided information about the program along with descriptions of each care coordination plan. Beneficiaries enroll in the plan of their choice. If they do not make a selection within 30 days, they will be auto-enrolled by DOM. Auto-enrolled beneficiaries are given 90 days to switch plans, after which they are locked into their plan until the next annual open enrollment period.

A comprehensive package of services is provided by the MCOs. At a minimum, MCO services include the current Mississippi Medicaid benefits. Non-emergency transportation for MississippiCAN beneficiaries is provided by the MCOs' contracted vendor. Some of the enhanced benefits and services offered outside of the minimum Medicaid benefits include care management, unlimited primary care physician visits, and a 24/7 nurse advice line. Each MCO offers additional enhanced benefits. The costs of all enhanced benefits are not included by our actuaries in the calculation of the capitation rates.

The MCOs must encourage beneficiaries to receive wellness exams and appropriate screenings annually. This will ensure that the MCO has a baseline of enrollee's health status, allowing MCOs to measure change and coordinate care appropriately by developing a health and wellness plan and identifying interventions to improve outcomes. Over forty states use managed care in their Medicaid programs.

DOM currently contracts with three MCOs for MississippiCAN services. Total payments for FY2020 were \$3,076,438,596 and are projected to be \$3,073,012,300 for FY2021 and \$3,032,552,425 for FY2022. Please note these totals include \$549,104,285 in hospital supplemental payments and related premium tax. The managed care payments are developed using per category of eligibility monthly capitation rates that must be certified as actuarially sound and approved by CMS. The capitation rates are developed using the following guidelines: 87.6 percent medical loss ratio, 7.6 percent administration, 3 percent Mississippi insurance premium tax, and 1.8 percent profit. The Maternity Kick payments and the federal Health Insurer Provider Fee (HIF) are paid outside the capitation rates for MississippiCAN. No administrative costs or profit margin are allowed for the hospital supplemental payments portion.

The Medical Loss Ratio (MLR) is the ratio used to determine the portion of MCO payments made for clinical services, health care quality improvement, and health information technology. To comply contractually in Mississippi, the MCOs

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must have an MLR of at least 85 percent.

Overall, the proposed MississippiCAN capitation rates for FY2021 reflect an increase of 2.9% over the FY2020 capitation rate. The rate changes, which are required by CMS to be actuarially sound and are set by an actuary, are built on a per member per month basis considering payment history, payment policy, and expected trends in unit costs, the number of beneficiaries and service utilization. Medical inflation rates include changes driven by technological advances, availability of new drug therapies, drug classification changes between brand and generic, and changes in DOM payment policy. CMS requires that the capitation rates meet actuarial soundness, as required by 42 CFR Section 438.4. CMS defines “actuarially sound, meaning that the capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the managed care plan for the time period and the population covered under the terms of the contract.” Annual rates undergo a review by the CMS Office of the Actuary, which ensures compliance with the federal requirement.

The premium tax is a State of Mississippi tax and is equal to 3% of all managed care payments. DOM is eligible to receive the federal medical services match funding for these expenditures. The proceeds of the 3% premium tax are paid to the Mississippi Department of Insurance. The 3% premium tax projected for FY2021 is approximately \$91 million. DOM will receive federal matching funds of approximately 76 percent of these amounts. The remainder of these amounts is included in DOM’s request for state funds. Because the Department of Revenue will receive the entire 3% premium tax, the effect of the state funds requested by DOM is a positive effect on the overall state budget of \$68.9 million. DOM expects to reimburse MCOs for the 2020 HIF amounts in FY2021. The Bipartisan Budget Bill of 2020 removed the HIF going forward beginning in 2021, so there will not be a HIF payment in FY2022. This reduces expenditures by \$54,800,000.

Subject to CMS approval, DOM will implement a risk corridor to address the uncertainty of medical costs given the COVID-19 pandemic from April 2020 to June 2020. The MCO capitation rates reflect a target medical loss ratio (MLR), which measures the projected medical service costs as a percentage of the total MCO capitation rates. With the reduction in medical services due to COVID-19 during the last quarter of FY2020, the medical costs are much lower than contemplated during the rate setting process. The risk corridor would further limit MCO gains and losses if the actual MLR is different than the target MLR. DOM estimates the return of \$79,800,000 from the MCOs to DOM in FY2021 through the implementation of the risk corridor. This creates an increase in expenditures in FY2022 of the same amount.

The budget estimates included in this request for FY2021 include the impact on enrollment resulting from changes in the economic environment and eligibility changes to accept the increased FMAP provided by Section 6008 of the Families First Coronavirus Relief Act (FFCRA). The decrease in the federal percentage of expenditures from FY2021 to FY2022 creates an offsetting increase in the state general fund support needed in FY2022. The projections in this budget request assume a December 31, 2020 end to the enhanced FMAP.

The budget estimate for FY2021 and the request for FY2022 include projections for utilization of services. The projection includes estimates for expected changes in the quantity of services utilized by members as well as change in the average intensity of services reimbursed the estimated cost and timing impacts of deferred and foregone services as a result of policies limiting non-essential services and individual behavioral changes as a result of social distancing.

The Medicaid program is subject to changes mandated by state and federal legislation and CMS regulation. As such, a number of factors used in the projections are subject to adjustment.

STATE FUNDED PROGRAMS

DOM administers state-funded programs not eligible for federal match, in accordance with state law. \$4,161,095 in funding for the Mississippi Delta Medicaid Population Health Demonstration Project was included in the FY2021 appropriation. DOM is not requesting a continuation of that funding for FY2022.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2021 & FY 2022 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) FMAP Decrease:

Due to the enhanced FMAP provided by Section 6008 of the Families First Coronavirus Relief Act, there is a decrease in

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the federal percentage of expenditures from FY21 to FY22 which creates an offsetting increase in the state general fund support needed. This budget request assumes a December 31, 2020 end to the enhanced FMAP.

(E) 100% State Funded Grant:

Funding for the Mississippi Delta Medicaid Population Health demonstration Project was included in the FY2021 appropriation. This project is funded by 100% state funds. DOM is not requesting a continuation of this funding for FY2022. This creates a decrease in spending of \$4,161,095.

(F) Medicare Premiums (Parts A, B and D) :

These expenditures are driven by the number of dually eligible participants and the premium rates charged by CMS. DOM pays premiums so that providers bill Medicare as the primary payer for eligible services. States are required to reimburse the federal government a percentage of the savings realized by the state for dual eligibles that participate in Medicare's Part D prescription drug program. This reimbursement is referred to as 'clawback'. Increases in Parts A, B and D premiums result from projected increases in enrollment and premium trends. DOM expects expenditures to increase from FY21 to FY22 by \$16,791,956.

(G) HIT Program Payments:

The Health Information Technology (HIT) grant provides 100% federal funding for incentive payments made to Medicaid providers that have adopted or meaningfully used certified electronic health record technology. Expenditures for this program are anticipated to decrease as the program will come to an end late in calendar year 2021. There is an expected decrease in spending of \$2,108,000 from FY21 to FY22

(H) DSH/UPL Increase:

DSH and UPL payments are expected to increase in FY22 over FY21. This is an increase in total expenditures of \$11,844,775. The state portion is funded by provider assessments or intergovernmental transfers so there is no impact on direct state support.

(I) Health Insurer Fee:

DOM expects to reimburse CCOs for the 2020 HIF amounts in FY2021. The Bipartisan Budget Bill of 2020 removed the HIF going forward beginning in 2021, so there will not be a HIF payment in FY22. This reduces expenditures by \$54,800,000.

(J) Delivery Kick Payment:

Delivery Kick payments costs were paid through separate financial transactions from the start of Managed Care through July 1, 2020. Beginning in FY21, those payments are paid in the capitation rate. This change created an increase in payments in FY21 due to processing the runout of deliveries for FY20 into FY21, the majority of which were deliveries in May and June 2020. This reduces expenditures in FY22 compared by FY21 by \$26,400,000.

(K) Fed/State Funding Differences:

The federal funding authorization for FY2021 is less than expected federal expenditures. This deficit is caused by the increase in federal spending in FY21 from the FMAP increase. The FMAP increase in FY21 also creates an expected overfunding in state support when compared to projected medical expenditures.

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(L) FY21 Risk Corridor:

Subject to CMS approval, DOM will implement a risk corridor to address the uncertainty of medical costs given the COVID-19 pandemic from April 2020 to June 2020. The CCO capitation rates reflect a target medical loss ratio (MLR), which measures the projected medical service costs as a percentage of the total CCO capitation rates. The risk corridor would limit CCO gains and losses if the actual MLR is different than the target MLR. We estimate the return of \$79,800,000 from the CCOs to DOM in FY21 through the implementation of the risk corridor. This creates an increase in expenditures in FY22 of the same amount.

(M) Impact of Enrollment:

This budget request includes an estimate for regularly anticipated enrollment changes as well as the impact on enrollment resulting from changes in the economic environment and eligibility changes in order to accept the increased FMAP. The total increase is expected to be \$8,430,851.

(N) Impact of Utilization:

This budget request includes an estimate for changes in the utilization of services. Utilization changes estimated include the expected changes in the quantity of services utilized by members as well as change in the average intensity of services reimbursed; the estimated cost and timing impacts of deferred and foregone services as a result of policies limiting non-essential services; and individual behavioral changes as a result of social distancing. The impact of utilization is expected to increase expenditures by \$44,488,899.

(O) Impact of Unit Cost Trend:

Unit costs typically increase year over year, but this budget request also accounts for costs related to new testing, treatment and vaccinations that may be available to members in FY21/22. There is an expected increase in total costs of \$40,046,545.

(P) Impact of Program Changes:

A decrease of \$1,580,784 in expenditures is expected in FY22 due to program changes. Program changes include updated Medicaid program benefits or reimbursement levels, as outlined in State Plan Amendments, Administrative Code Filings and Waiver Amendments.

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

Governor's Office - Division of Medicaid

3 - Children's Health Insur Prg (CHIP)

Name of Agency

Program Name

I. Program Description:

Title XXI authorizes Medicaid to cover uninsured children whose family income does not exceed 209% of the federal poverty level (FPL) through a separate Children's Health Insurance Program (CHIP). Effective Jan. 1, 2000, Mississippi implemented the coverage of otherwise uninsured children in a separate health plan whereby a per member per month premium is paid for coverage operated through a vendor contract. The number of CHIP beneficiaries enrolled as of June 2020 was 48,393 an increase of 2,019 from the previous year.

More than 20,000 children transitioned from CHIP to the Medicaid rolls on Dec. 1, 2014. Children in families with an income of 100 percent to 138 percent of the FPL were shifted to Medicaid from CHIP as mandated by the PPACA. This transitioned group is named the "Quasi-CHIP" population. CHIP federal match rates are applicable to the "Quasi-CHIP" population. The "Quasi-CHIP" population enrollee counts and costs are included in the Medicaid program.

Beginning Jan. 1, 2015, CHIP services are provided through two Medicaid coordinated care organizations with contractual arrangements paid using actuarially sound per member per month capitation rates.

State fiscal year (SFY) 2020 CHIP expenditures totaled \$162,637,034, an increase of \$5,766,080 or 3.67% over SFY2019. This change was due to an increase in capitation rates of 4.5% in SFY2020 over SFY2019. The capitation rate in SFY2021 decreased by 1.9% but is expected to increase by 4% in SFY2022.

II. Program Objective:

The primary CHIP objective is to provide major medical coverage, dental benefits, hearing and vision care, prescription drug coverage and immunizations to children from birth to age 19 whose family income does not exceed 209 percent of the FPL. To be eligible for CHIP, a child cannot be eligible for Medicaid nor have other major medical health insurance.

DOM projects SFY2020 and SFY2021 CHIP enrollment to be consistent with SFY2019. The annual total program costs are forecasted to be \$174,479,679 in SFY2021 and \$167,567,631 in SFY2022. The blended state share will be to be 11.60 percent for SFY2021 and 15.36 percent for SFY2022. The increase in state share spending for all of FY2022 compared to FY2021 is \$5,498,745.

Our budget assumes the federal government will fully fund the CHIP program as outlined in the PPACA. Funding for the CHIP program was extended for six years by Bill H.R.195 that was signed into law Jan. 22, 2018.

According to Internal Revenue Service (IRS) regulations, each health insurer is required to pay a Health Insurer Fee (HIF) each year. The HIF is paid in the state fiscal year following the year the HIF is assessed. HIF payment of approximately \$2,800,000 will be paid in SFY2021 related to the CHIP program. The Bipartisan Budget Bill of 2020 removed the HIF payments going forward beginning in 2021. There will not be a HIF payment in FY2022 which will reduce expenditures by approximately \$2,800,000.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2021 & FY 2022 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:**(D) FMAP Decrease:**

Due to the enhanced FMAP provided by Section 6008 of the Families First Coronavirus Relief Act, there is a decrease in the federal percentage of expenditures from FY21 to FY22.

(E) Enrollment/Utilization:

In order to receive the enhanced FMAP provided by Section 6008 of the Families First Coronavirus Relief Act, the state could not change any eligibility standards, methodologies or procedures and was further required to continue the

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

enrollment for any individual as of the date of the Act until the end of the emergency period. This is anticipated to increase capitation payments in FY2021 which would fall again by FY2022. Utilization is also expected to increase in 2021 due to the required enrollment increase and any costs for deferred services from the end of FY2020. Enrollment/utilization is expected to decrease costs by \$4,112,048 in FY2022.

(F) Health Insurer Fee:

DOM expect to reimburse CCOs for the 2020 HIF amounts in FY2021. The Bipartisan Budget Bill of 2020 removed the HIF going forward beginning in 2021, so there will not be a HIF payment in FY22. This reduces expenditures by \$2,800,000.

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

Governor's Office - Division of Medicaid

4 - Home & Comm Based Waiver Prg

Name of Agency

Program Name

I. Program Description:

The Medicaid Home and Community Based Services (HCBS) waiver programs are authorized in §1915(c) of the Social Security Act. The programs permit a state to furnish an array of home and community based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. Also, HCBS programs are more cost-efficient than institutionalization. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State Plan and other federal, state and local public programs as well as the support that families and communities provide.

II. Program Objective:

The HCBS waiver programs are for individuals who, but for the provision of such services, would require an institutional level of care such as a nursing facility or an intermediate care facility, the costs of which would be reimbursed under the approved Medicaid State Plan. The objective of the waiver programs is to provide the highest quality of care to ensure waiver participants attain and maintain life in a home and community based setting.

The Mississippi Division of Medicaid (DOM) has five HCBS waiver programs.

- Elderly and Disabled waiver
- Assisted Living waiver
- Independent Living waiver
- Traumatic Brain Injury/Spinal Cord Injury waiver
- Intellectual Disabilities/Developmental Disabilities waiver

Following is a summary description of each HCBS waiver detailing the eligibility requirements, total authorized slots in accordance with the federally approved waiver, number of slots funded by the State Legislature, number of persons served and anticipated to be served, and the waiver services.

Additional program activities include:

- The State has implemented an electronic Long Term Services and Supports (eLTSS) system. A critical benefit of the eLTSS system is the ability to automate processes for data collection and analysis which will allow the state to benchmark indicators of quality. The State also plans to make the needed LTSS enhancements to fully integrate an Electronic Visit Verification system as is required by the 21st Century Cures Act. With these enhancements, the State will seek to have the LTSS system certified by CMS.
- Bridge to Independence (B2I) is Mississippi's Money Follows the Person (MFP) grant initiative. MFP is a federal program to help states balance their long-term care systems and enhance consumer choice. As the grant funding nears its end, community-based transition services provided by the grant are now included as services provided through the Elderly and Disabled HCBS waiver beginning in SFY2018
- On Jan. 16, 2014, the Centers for Medicare and Medicaid Services (CMS) issued a final rule, effective March 17, 2014, which amends the requirements for qualities of home and community-based settings. These requirements reflect CMS' intent that individuals receive services and supports in settings that are integrated in and support full access to the greater community. DOM submitted a Statewide Transition Plan outlining the state's process of meeting the requirements. This process includes non-financial onsite compliance reviews that are specific to home and community based settings rules. These reviews, which will be ongoing, have increased travel expenses and require additional personnel resources.

DOM continuously works to grow HCBS programs which are more cost-effective than institutional care. On average, annual expenses for HCBS programs are approximately \$40,000 less per beneficiary compared to long-term care facility expenses. Of course, not all beneficiaries in long-term care facilities can be served in the community. Therefore, long-term care facilities will always be a vital need for many Medicaid beneficiaries.

Program expenditures are expected to increase by \$16,548,608 largely due to increased enrollment in services and increased utilization of those services by those beneficiaries. The state support required for that increase is \$3,144,573.

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
(To Accompany Form MBR-1-03)

III. Current program activities as supported by the funding in Columns 6-15 (FY 2021 & FY 2022 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) FMAP Decrease:

Due to the enhanced FMAP provided by Section 6008 of the Families First Coronavirus Relief Act, there is a decrease in the federal percentage of expenditures from FY21 to FY22.

(E) Utilization and Cost:

There is an expected increase in cost of services as well as an increase in utilization of those services for HCBS. There is no expected change in enrollment.

Elements of Quality Program Design

For the Evaluation of Requests to Fund New Programs or New Activity in an Existing Program
(To Accompany Form MBR-1-03A)

PROGRAM PERFORMANCE MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

1 - Administrative Services

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 Third Party Funds Recovered	4,029,249.00	6,575,388.00	4,903,690.00	5,589,080.00
2 Providers Submitting Electronic Claims	37,500.00	24,328.00	30,000.00	31,500.00
3 Number of Medicaid employees	1,032.00	891.00	865.00	865.00
4 Number of regional offices	30.00	30.00	30.00	30.00
5 Publication of public-facing dashboard (1-accomplished)	1.00	1.00	1.00	1.00
6 Number of connections with providers and managed care organizations to clinical data infrastructure platform	9.00	8.00	9.00	11.00
7 Number of Consolidated-Clinical Document Architecture (C-CDA) records exchanged	4,000,000.00	6,660,000.00	7,200,000.00	9,000,000.00
8 Number of beneficiaries with clinical records in Central Data Repository (CDR)	540,000.00	575,000.00	675,000.00	695,000.00
9 Number of providers utilizing provider portal	750.00	350.00	350.00	400.00

PROGRAM EFFICIENCIES: (This is the measure of the cost, unit cost or productivity associated with a given outcome or output. This measure indicates linkage between services and funding, i.e., cost per investigation, cost per student or number of days to complete investigation.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 % of Clean Claims Processed within 30 days of receipt	99.00	99.22	99.50	99.50
2 % of Clean Claims Processed within 90 days of receipt	99.99	99.99	100.00	100.00
3 % of program integrity recoveries discovered by data mining	50.00	65.00	75.00	65.00
4 % change in annual managed care capitation rates (excluding supplemental payments)	3.70	3.70	2.90	4.00
5 % of state share spending as a % of total administrative expenditures	26.21	25.97	26.16	25.70
6 % of Medicaid appropriated state support funds used to support 100% state-funded projects	0.40	0.44	0.51	0.56

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 Third Party Liability Cost Avoided (\$Thou)	939,662.00	1,505,958.00	1,270,371.00	1,355,362.00
2 Applications Processed within Std. of Promptness (%) - Medicaid	90.00	96.00	90.00	90.00
3 Turnover Rate of Employees	15.00	19.63	15.00	15.00
4 % of state support spending for Medicaid remains level or is reduced	(0.11)	(2.78)	(2.45)	(2.03)
5 Share of annual state support spending compared to other agencies	15.00	16.32	15.00	15.00
6 Admin as a % of Total Budget	4.58	2.73	3.00	4.23

PROGRAM PERFORMANCE MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

2 - Medical Services

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 Medicaid Recipients - Enrolled (Persons)	694,786.00	697,178.00	679,979.00	682,500.00
2 Costs of Emergency Room Visits (\$)	162,360,473.0	168,851,827.0	172,694,478.0	174,421,422.0
3 Number of Emergency Room Visits	556,818.00	456,995.00	620,167.00	626,368.00
4 Child Physical Exams (ages 0-20)	297,379.00	285,547.00	297,379.00	300,352.00
5 Adult Physical Exams (21-older)	2,628.00	6,087.00	2,891.00	2,919.00
6 Number of Fraud and Abuse Cases Investigated	200.00	187.00	250.00	250.00
8 Number of Medicaid Providers	35,000.00	36,893.00	38,715.00	36,893.00
10 Number of Medicaid beneficiaries assigned to a managed care company	420,000.00	450,665.00	460,000.00	450,000.00
11 Number of beneficiaries utilizing needed services	90.14	92.85	93.78	94.72
12 Number of beneficiaries receiving care management	100,000.00	16,139.00	50,000.00	55,000.00
13 Number of dual eligibles enrolled in Medicaid	161,000.00	177,522.00	177,000.00	177,000.00
14 Amount of hospital supplemental payments in managed care	533,110,956.0	533,110,956.0	533,110,956.0	533,110,956.0
15 Number of Mississippi nursing homes reviewed in CMS 5-Star Nursing Home Rating system	198.00	158.00	198.00	198.00
16 Total dollars tied to value-based payments	39,299,842.00	230,748,847.0	100,000,000.0	100,000,000.0
17 Number of managed care organizations participating in incentive withhold program	3.00	3.00	3.00	3.00
18 Rate of wellness visits and physical exams for adults and children (%)	90.99	23.46	23.70	23.93
19 Rate of Well-child visits in the first 15 months of life (%)	56.51	57.33	57.90	58.48
20 Rate of follow-up visits after hospitalization for mental illness: 21 or older (%)	55.71	62.92	55.70	59.05
21 Rate of Usage of multiple concurrent antipsychotic in children and adolescents (%)	0.34	0.99	0.30	0.00
22 Rate of immunizations for adolescents (%)	54.56	35.88	36.24	36.60
23 Number of inpatient hospital admissions for diabetes short-term complications per 100,000 enrollee months for adults	0.00	1.68	1.69	1.70
24 Number of MCO full-time equivalent employees located in Mississippi	650.00	651.00	650.00	650.00
25 Total amount spent on Part A premiums	24,443,036.00	27,717,756.00	28,454,634.00	31,017,109.00
26 Total amount spent on Part B premiums	258,333,585.0	271,326,744.0	278,265,245.0	306,727,835.0
27 Amount of money recovered (fraud, abuse and improper payments)	600,000.00	3,256,750.00	4,500,000.00	5,000,000.00

PROGRAM EFFICIENCIES: (This is the measure of the cost, unit cost or productivity associated with a given outcome or output. This measure indicates linkage between services and funding, i.e., cost per investigation, cost per student or number of days to complete investigation.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 % MSCAN Diabetic members aged 17-75 receiving HBA1c test	91.63	76.05	85.00	87.99
2 % MSCAN members with persistent asthma are appropriately prescribed medication	82.00	52.83	51.37	52.00
3 Rate of EPSDT well child screening	75.00	58.00	75.00	75.00
5 % of timely submitted encounter data	99.70	99.63	98.00	98.00

PROGRAM PERFORMANCE MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)		2 - Medical Services		
Name of Agency		PROGRAM NAME		
6 Per member per month medical spending	679.00	721.00	702.00	710.00
7 % of children receiving at least one well-child visit in the third, fourth, fifth, and sixth years of life	58.28	62.72	63.35	64.00
8 Amount of administrative costs of managed care organizations	142,621,273.0	177,601,804.0	130,861,551.0	136,651,759.0
9 % of MCO expenditures spent on MCO administration	7.58	7.58	7.09	7.09
10 % of managed care organizations meeting the criteria to receive incentive or avoid withhold	100.00	100.00	100.00	100.00
11 % of expenditures on value-based payments to nursing homes as a % of nursing home spending	0.00	0.00	0.00	10.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 % Change in number of recipients enrolled from last year	1.00	0.34	(2.47)	0.37
2 % Change in number of providers from last year	(12.00)	5.02	4.93	(4.71)
4 % of value-based contracts with providers in managed care	1.69	1.00	3.00	5.00
5 % of quality-based payments in hospital supplemental payment program	7.88	8.00	50.00	50.00
6 % of nursing homes in high-quality (4 or higher) facilities	34.63	37.62	39.00	42.00
7 % of capitation tied to withhold or incentive arrangement	1.00	1.00	1.00	1.00
8 % of women delivering a live birth who had a postpartum visit on or between 21 and 56 days after delivery	63.73	69.91	70.61	71.32
9 % of adults who had a diagnosis of hypertension and whose blood pressure was adequately controlled	49.89	47.36	47.83	48.31

PROGRAM PERFORMANCE MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

3 - Children's Health Insur Prg (CHIP)

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 CHIP Enrollees	47,051.00	48,393.00	50,000.00	48,000.00
2 Number of CHIP providers	26,000.00	15,575.00	16,000.00	18,500.00
3 Number of beneficiaries utilizing needed services	46,000.00	48,009.00	49,000.00	48,000.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 Applications Processed within Std. of Promptness (%) - CHIP	90.00	90.00	96.00	90.00
2 % of value-based contracts with CHIP providers	0.00	1.00	3.00	5.00

PROGRAM PERFORMANCE MEASURES

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994

Governor's Office - Division of Medicaid (328-00)

4 - Home & Comm Based Waiver Prg

Name of Agency

PROGRAM NAME

PROGRAM OUTPUTS: (This is the measure of the process necessary to carry on the goals and objectives of this program. This is the volume produced, i.e., how many people served, how many documents generated.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 Elderly & Disabled - Persons Served	19,580.00	19,096.00	19,580.00	19,580.00
2 Elderly & Disabled - Funded Slots	18,690.00	18,690.00	18,690.00	18,690.00
3 Elderly & Disabled - Total Authorized Slots	21,600.00	21,600.00	21,900.00	21,900.00
4 Assisted Living - Persons Served	690.00	695.00	690.00	690.00
5 Assisted Living - Funded Slots	659.00	659.00	659.00	659.00
6 Assisted Living - Total Authorized Slots	950.00	950.00	1,000.00	1,000.00
7 Independent Living - Persons Served	3,135.00	2,604.00	3,135.00	3,135.00
8 Independent Living - Funded Slots	2,993.00	2,993.00	2,993.00	2,993.00
9 Independent Living - Total Authorized Slots	5,650.00	5,650.00	5,725.00	5,725.00
10 Traumatic Brain Injury - Persons Served	1,045.00	903.00	1,045.00	1,045.00
11 Traumatic Brain Injury - Funded Slots	998.00	998.00	998.00	998.00
12 Traumatic Brain Injury - Total Authorized Slots	3,600.00	3,600.00	3,600.00	3,600.00
13 Intellectual Disability - Persons Served	3,150.00	2,772.00	3,150.00	3,150.00
14 Intellectual Disability - Funded Slots	2,641.00	2,641.00	2,641.00	2,641.00
15 Intellectual Disability - Total Authorized Slots	3,400.00	2,641.00	3,650.00	3,650.00
16 Number of persons transitioned from nursing home to HCBS through a Medicaid program	0.00	34.00	50.00	50.00

PROGRAM EFFICIENCIES: (This is the measure of the cost, unit cost or productivity associated with a given outcome or output. This measure indicates linkage between services and funding, i.e., cost per investigation, cost per student or number of days to complete investigation.)

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 Expenditures on home & community-based services as a percent of total long-term services and supports	0.00	30.57	32.50	35.00

PROGRAM OUTCOMES: (This is the measure of the quality or effectiveness of the services provided by this program. This measure provides an assessment of the actual impact or public benefit of your agency's actions. This is the results produced, i.e., increased customer satisfaction by x% within a 12-month period, reduce the number of traffic fatalities due to drunk drivers within a 12-month period.

	FY 2020 APPRO	FY 2020 ACTUAL	FY 2021 ESTIMATED	FY 2022 PROJECTED
1 (E&D) Change in persons on waiting list%	10.00	22.23	10.00	10.00
2 (AL) Change in persons on waiting list%	10.00	14.54	10.00	10.00
3 (IL) Change in persons on waiting list%	10.00	(6.86)	10.00	10.00
4 (TBI) Change in persons on waiting list%	50.00	1.32	10.00	10.00
5 (IDD) Change in persons on waiting list%	10.00	20.00	10.00	10.00
6 % of long term services and supports beneficiaries in home or community-based waiver programs	0.00	60.42	62.50	62.50

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATION

Governor's Office - Division of Medicaid (328-00)

	Fiscal Year 2021 Funding			FY 2021 GF PERCENT REDUCED
	Total Funds	Reduced Amount	Reduced Funding Amount	

Program Name: (1) Administrative Services				
General	72,516,152	(2,175,486)	70,340,666	(3.00%)
State Support Special				
Federal	215,907,131	(6,477,215)	209,429,916	
Other Special				
TOTAL	288,423,283	(8,652,701)	279,770,582	

Narrative Explanation:

Cuts to Medicaid funding could impact the care provided for enrolled beneficiaries, and any reduction in state spending creates a much larger reduction in federal spending.

Program Name: (2) Medical Services				
General	553,320,294	(16,599,608)	536,720,686	(3.00%)
State Support Special	148,278,130	(1,896,900)	146,381,230	
Federal	4,431,937,864	(132,958,136)	4,298,979,728	
Other Special	432,295,700	(13,078,938)	419,216,762	
TOTAL	5,565,831,988	(164,533,582)	5,401,298,406	

Narrative Explanation:

Cuts to Medicaid funding could impact the care provided for enrolled beneficiaries, and any reduction in state spending creates a much larger reduction in federal spending.

Program Name: (3) Children's Health Insur Prg (CHIP)				
General	20,239,643	(607,189)	19,632,454	(3.00%)
State Support Special				
Federal	154,240,036	(4,627,201)	149,612,835	
Other Special				
TOTAL	174,479,679	(5,234,390)	169,245,289	

Narrative Explanation:

Cuts to Medicaid funding could impact the care provided for enrolled beneficiaries, and any reduction in state spending creates a much larger reduction in federal spending.

Program Name: (4) Home & Comm Based Waiver Prg				
General	104,819,114	(3,144,573)	101,674,541	(3.00%)
State Support Special				
Federal	437,442,211	(13,123,266)	424,318,945	
Other Special				
TOTAL	542,261,325	(16,267,839)	525,993,486	

Narrative Explanation:

Cuts to Medicaid funding could impact the care provided for enrolled beneficiaries, and any reduction in state spending creates a much larger reduction in federal spending.

Program Name: (99) Summary of All Programs				
General	750,895,203	(22,526,856)	728,368,347	(3.00%)
State Support Special	148,278,130	(1,896,900)	146,381,230	
Federal	5,239,527,242	(157,185,818)	5,082,341,424	

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATIONGovernor's Office - Division of Medicaid (328-00)

		Fiscal Year 2021 Funding			FY 2021 GF PERCENT REDUCED
		Total Funds	Reduced Amount	Reduced Funding Amount	
	Other Special	432,295,700	(13,078,938)	419,216,762	
	TOTAL	6,570,996,275	(194,688,512)	6,376,307,763	

Governor's Office - Division of Medicaid (328-00)

Name of Agency

A. Explain Rate and manner in which board members are reimbursed:

B. Estimated number of meetings FY 2021:

C.	Board Members	City, Town, Residence	Appointed By	Date Appointed	Length of Term
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Identify Statutory Authority (Code Section or Executive Order Number)*

*If Executive Order, please attach copy.

**SCHEDULE B
CONTRACTUAL SERVICES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested for FY Ending June 30, 2022
A. Tuition, Rewards & Awards (61050xxx-61080xxx)			
61050000 Tuition		3,900	2,900
61060000 Employee Training	445	142,000	142,250
61070000 Travel Related Registration	3,170	28,500	29,950
Total	3,615	174,400	175,100
B. Transportation & Utilities (61100xxx-61200xxx)			
61100000 Transportation of Goods Not for Resale (freight)	32,182	30,010	30,010
61110000 Postage, Box Rent, etc.	301,700	354,500	354,500
61200000 Utilities	356,825	400,000	400,000
Total	690,707	784,510	784,510
C. Public Information (61300xxx-6131xxxx)			
61300000 Advertising & Public Information	1,132	2,300	2,300
61310000 Promotional Expenses		500	1,000
Total	1,132	2,800	3,300
D. Rents (61400xxx-61490xxx)			
61400000 Building & Floor Space	3,044,545	3,190,000	3,190,000
61420000 Equipment Rental	49,839	368,162	368,162
61430000 Capitol Facilities-Rental			
61450000 Conference Rooms, Exhibits, & Display Rentals	9,615	12,500	12,500
61490000 Other Rentals	50	100	100
Total	3,104,049	3,570,762	3,570,762
E. Repairs & Service (61500xxx)			
61500000 Repair & Maintenance Services	430,060	407,800	407,800
Total	430,060	407,800	407,800
F. Fees, Professional & Other Services (6161xxxx-61699xxx)			
61600000 Inter-Agency Fees	15,720,867	12,918,265	13,114,287
61610000 Contract Workers	1,984,328	1,825,713	1,795,713
61625000 Contract Workers Payroll	165,627	170,933	168,638
61626000 Contract Worker PR Refund Deductions	131		
61660000 Accounting & Financial Services	3,403,700	3,176,860	3,141,860
61665000 Investment Managers & Actuary Services	2,021,927	1,165,000	1,166,000
61670000 Legal & Related Services	565,830	1,080,750	1,080,750
61676000 Settlement Payments-Other than Attorney Fees	26,000		
61680000 Medical Services	12,569,742	12,199,617	12,120,915

**SCHEDULE B
CONTRACTUAL SERVICES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested for FY Ending June 30, 2022
61690000 Fees & Professional Service	89,065,309	185,103,430	170,798,854
61696000 Professional Fees & Services Travel no 1090	1,704	2,255	2,255
Total	125,525,165	217,642,823	203,389,272
G. Other Contractual Services (61700xxx-61790xxx, 61900xxx)			
61700000 Insurance Fees & Services		405,000	405,000
61705000 Banking & Credit Card Fees	52,822	65,000	65,000
61710000 Membership Dues	31,356	43,515	43,266
61730000 Laundry, Cleaning & Towel Service	24		
61735000 Salvage, Demo.& Removal Service	51,492	50,000	50,000
61760000 Transportation of Clients			
61900000 Procurement Card-Contractual Purchases	38,372	34,208	33,608
Total	174,066	597,723	596,874
H. Information Technology (61800xxx-61890xxx)			
61800000 Basic Telephone Monthly-Outside Vendor		15,000	15,000
61806000 Data Line & Network Charges-Outside Vendor	40,847	39,385	44,385
61818000 Cellular Usage Time-Outside Vendor	20,261	69,880	69,880
61821000 Wireless Data Transmission-not cell-Outside Vendor	11,880	20,000	20,000
61824000 Satellite Voice Transmission Services-Out Vendor			
61830000 IT Professional Fees-Outside Vendor	1,675,360	2,679,116	2,255,216
61836000 Outsourced IT Solutions-Outside Vendor	15,605	211,300	161,300
61839000 Software Acq, Installation & Maint-Out Vendor	1,650,021	1,956,500	1,595,000
61845000 Off-side Storage of IS Software & Date-Out Vendor	1,697	4,000	4,000
61848000 Maintenance & Repair of IT Equipment-Out Vendor	211,951	180,000	200,000
61850000 Payments to ITS	497,218	550,500	550,500
Total	4,124,840	5,725,681	4,915,281
I. Other (61910xxx-61990xxx)			
61960000 Prior Year Expense-Contractual	15		
61965000 Prior Year Expense-Contractual 1099	1,345,507		
Total	1,345,522		
Grand Total (Enter on Line 1-B of Form MBR-1)	135,399,156	228,906,499	213,842,899
Funding Summary:			
General Funds	32,069,934	48,235,462	48,620,313
State Support Special Funds			
Federal Funds	103,329,222	180,671,037	165,222,586

SCHEDULE B
CONTRACTUAL SERVICES

Governor's Office - Division of Medicaid (328-00)
Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested for FY Ending June 30, 2022
Other Special Funds			
Total Funds	135,399,156	228,906,499	213,842,899

**SCHEDULE C
COMMODITIES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested for FY Ending June 30, 2022
A. Maintenance & Constr. Materials & Supplies (62000xxx, 62015xxx)			
62015000 Building & Construction Materials	172	200	200
Total	172	200	200
B. Printing & Office Supplies & Materials (62010xxx, 62085xxx, 62100xxx, 62125xxx, 62400xxx)			
62010000 Book,Maps,Instru Mat	12,107	16,700	16,700
62085000 Office Supplies	175,945	223,200	224,350
62100000 Printing Costs & Supplies	130,053	305,325	161,325
62400000 Furniture & Equipment	5,504	8,750	8,750
Total	323,609	553,975	411,125
C. Equipment Repair Parts, Supplies & Acces. (6205xxxx, 62072xxx, 62110xxx, 62115xxx, 62120xxx, 62130xxx)			
62050000 Fuel	13,919	25,000	25,000
62055000 Fuel Card Rep & Maint	3,690	10,000	10,000
62110000 Parts-Heat/Cool/Plm	285	3,000	3,000
62115000 Parts-Office/IT/Other	1,006	20,000	20,000
62120000 Parts & Access-Vehicles, Buses, Planes, etc.	3,652		
62130000 Parts-Tires and Tubes-Auto			
Total	22,552	58,000	58,000
D. Professional & Sci. Supplies and Materials (62025xxx, 62030xxx, 62070xxx, 62095xxx, 62105xxx, 6212xxxx)			
62025000 Educational Supplies			
62070000 Lab and Medical Supplies	13,943		
62095000 Photo & Process Supplies			
Total	13,943		
E. Other Supplies & Materials (62005xxx, 62015xxx, 62020xxx, 62035xxx, 62040xxx, 62045xxx, 62060xxx, 62065xxx, 62075xxx-62080xxx, 62090xxx, 62115xxx, 62135xxx, 62140xxx, 62405xxx, 62415xxx, 62500xxx-62999xxx)			
62020000 Decals & Signs			
62040000 Food for Business Meetings	6,227	16,615	16,650
62060000 Janitorial and Cleaning Supplies	13,761	12,615	12,240
62078000 Other Miscellaneous Supplies		200	200
62135000 Uniforms and Apparel	5,580		
62410000 Cameras and Camera Equipment			
62415000 Computers and Computer Equipment	276,379	30,000	47,500
62900000 Procurement Card-Commodity Purchases	144,180	133,475	128,100

**SCHEDULE C
COMMODITIES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested for FY Ending June 30, 2022
62960000 Prior Year Expense-Commodities	573	1,500	1,500
Total	446,700	194,405	206,190
Grand Total <i>(Enter on Line 1-C of Form MBR-1)</i>	806,976	806,580	675,515
Funding Summary:			
General Funds	403,488	403,290	337,757
State Support Special Funds			
Federal Funds	403,488	403,290	337,758
Other Special Funds			
Total Funds	806,976	806,580	675,515

SCHEDULE D-1
CAPITAL OUTLAY
OTHER THAN EQUIPMENT

Governor's Office - Division of Medicaid (328-00)
Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested for FY Ending June 30, 2022
Grand Total <i>(Enter on Line 1-D-1 of Form MBR-1)</i>			
Funding Summary:			
General Funds			
State Support Special Funds			
Federal Funds			
Other Special Funds			
Total Funds			

**SCHEDULE D-2
CAPITAL OUTLAY EQUIPMENT**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

EQUIPMENT BY ITEM	Act. FY Ending June 30, 2020		Est. FY Ending June 30, 2021		Req. FY Ending June 30, 2022	
	No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

C. Office Machines, Furniture, Fixtures, Equip. (63200xxx)

Cross-Out Shredders	1	3,927				
Regional Offices Workstations			7	51,000	4	26,000
Total		3,927		51,000		26,000

D. IS Equipment (DP & Telecommunications) (63200xxx)

Dell EMC Intergrated Data Projection Appliance (IDPA)	2	126,770				
Dell Interactive Touch Monitors	3	16,200				
Dell Latitude 5300 2-in-1	151	183,544				
Cisco 10G Base SFP Modules for Data Networking	4	1,797				
HPE Blade Server		33,013				
APC Smart-UPS Rack Tower LCD with Network Card	30	45,120				
Dell Latitude 5400 XCTO Base	401	446,099				
Hardware Replacements/Security Appliances		124,441				
Security Infrastructure Modernization				250,000		150,000
Fire Suppression System				110,000		
Replacement of Operations Scanner Equipment				40,000		
Replacement of projectors and motorized screens with monitors for conference rooms				170,000		
Meraki - Switch replacements for Regional Offices, Sillers Building and Annex				2,112,000		
Access points for switch replacements				144,000		
Regional Offices LAN Room & Data Center Camera Replacements				48,000		
Replacement and standardization of physical security components (Mag locks, door readers, etc.) at ROs				90,000		
Replacing the end of life InfoBlocks DNS appliance				50,000		
Thin Client Equipment & Installation				793,180		
Core networking component replacement equipment at end of life						200,000
Primary and Secondary SAN Replacement equipment at end of life						700,000
Total		976,984		3,807,180		1,050,000

Grand Total

(Enter on Line 1-D-2 of Form MBR-1)

		980,911		3,858,180		1,076,000
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**SCHEDULE D-2
CAPITAL OUTLAY EQUIPMENT**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

EQUIPMENT BY ITEM	Act. FY Ending June 30, 2020		Est. FY Ending June 30, 2021		Req. FY Ending June 30, 2022	
	No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

Funding Summary:						
General Funds		490,455		1,929,090		538,000
State Support Special Funds						
Federal Funds		490,456		1,929,090		538,000
Other Special Funds						
Total Funds		980,911		3,858,180		1,076,000

**SCHEDULE D-3
PASSENGER/WORK VEHICLES**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	Vehicle Inventory June 30, 2020	Act. FY Ending June 30, 2020		Est. FY Ending June 30, 2021		Req. FY Ending June 30, 2022	
		No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

A. Passenger & Work Vehicles (63300xxx)

63300100 Passenger Vehicle		2	44,690	2	75,000	2	75,000
Total (A)		2	44,690	2	75,000	2	75,000

GRAND TOTAL <i>(Enter on Line 1-D-3 of Form MBR-1)</i>		44,690	75,000	75,000
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Funding Summary:			
General Funds	22,345	37,500	37,500
State Support Special Funds			
Federal Funds	22,345	37,500	37,500
Other Special Funds			
Total Funds	44,690	75,000	75,000

SCHEDULE D-4
WIRELESS COMMUNICATION DEVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	Device Inventory June 30, 2020	Act. FY Ending June 30, 2020		Est. FY Ending June 30, 2021		Req. FY Ending June 30, 2022	
		No. of Devices	Actual Cost	No. of Devices	Estimated Cost	No. of Devices	Requested Cost

Grand Total <i>(Enter on Line 1-D-4 of Form MBR-1)</i>			
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Funding Summary:			
General Funds			
State Support Special Funds			
Federal Funds			
Other Special Funds			
Total Funds			

**SCHEDULE E
SUBSIDIES, LOANS & GRANTS**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

MINOR OBJECT OF EXPENDITURE	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested for FY Ending June 30, 2022
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E. Other (67000xxx-67019xxx, 67021xxx-67199xxx, 67998xxx, 68500xxx-68860xxx, 70045xxx-70080xxx, 80000xxx-80500xxx)			
67065000 Medical Care for Needy	6,194,041,798	6,282,572,992	6,152,101,625
Total	6,194,041,798	6,282,572,992	6,152,101,625
Grand Total <i>(Enter on Line 1-E of Form MBR-1)</i>	6,194,041,798	6,282,572,992	6,152,101,625

Funding Summary:			
General Funds	814,032,394	678,379,051	763,544,452
State Support Special Funds	63,230,003	148,278,130	63,230,003
Federal Funds	4,870,136,566	5,023,620,111	4,866,411,307
Other Special Funds	446,642,835	432,295,700	458,915,863
Total Funds	6,194,041,798	6,282,572,992	6,152,101,625



Governor's Office – Division of Medicaid (328-00)

The Mississippi Division of Medicaid in the Office of the Governor (DOM) is a state and federally funded program that pays for health care services provided to eligible beneficiaries. Approximately 25% of Mississippi's population is enrolled in Medicaid and the Children's Health Insurance Program (CHIP). As of June 2020, enrollment in the two programs totaled 745,571, an increase of 5.2% compared to June 2019. DOM's budget is contingent upon enrollment, utilization trends, reimbursement, changes to state and federal laws and regulations, and a variety of other factors.

With total expenditures currently projected to be \$6,424,426,426, the total direct state support request for SFY2022 is \$898,676,959. This request represents a reduction of \$496,374 from direct state support sources compared to funds appropriated for FY2021. Of interest is the \$87,782,553 currently projected as available to carry forward into FY2023.

DOM carried \$198 million into FY2021 from FY2020. This carry forward was available largely due to the enhanced Federal Medical Assistance Percentage (FMAP) provided by Section 6008 of the Families First Coronavirus Relief Act (FFCRA). FFCRA decreased the need for state funding for the payments made for medical services. The bill was passed in mid-March, but the FMAP increase of 6.2 percentage points (to 83.18%) had a retroactive effective date of January 1, 2020. The federal rate for CHIP expenditures is based on a calculation that includes the FMAP, so it increased as well. The CHIP rate went up by 4.34 percentage points to 99.73%. To better illustrate the benefit to the state due to the FMAP increase, the table below shows the additional drawdown of federal funds during FY2020:

Federal Grant	Additional Funding Received
Medical Assistance Payments	\$ 177,190,951
CHIP	5,576,465
Total	\$ 182,767,416

The additional drawdown of funds means that less of the money collected by Medicaid from assessments, rebates or intergovernmental transfers or provided through appropriation needed to be used for the state match. Due to COVID-19 there were reductions in the services provided to beneficiaries in the last quarter of the fiscal year. Both conditions, the additional FMAP and the utilization reduction, have had the impact of lowering the state's liability for payment of medical claims during FY2020.

FFCRA also introduced new eligibility requirements which increased anticipated costs in FY2021. The enhanced FMAP is available to the state under the condition that the agency does not change eligibility standards, methodologies or procedures from those in effect on January 1, 2020. FFCRA also requires that individuals enrolled for benefits at the date of enactment shall be treated as eligible for benefits through the end of the emergency period. The enrollment increase of 5.2% calculated at fiscal year end will continue growing until the end of the public health emergency, as will the associated costs for those beneficiaries. The enhanced FMAP is available until the end of the quarter in which the public health emergency ends. The projections in this budget request assume a December 31, 2020 end to the enhanced FMAP. If the impact from the end of the enhanced FMAP is isolated from other expenditure changes, it creates an increase in state funding needs of \$158,361,216 in FY2022.

The impact of the global pandemic caused by COVID-19 will continue throughout FY2021 and possibly into FY2022. COVID-19 has affected the economy, regulations concerning Medicaid eligibility and funding as well as workforce availability and planning. Medicaid has worked with their contracted actuary to provide the best estimate of expenditures available at this time.

The expenditure estimate for FY2021 and the request for FY2022 include fluctuations in costs due to utilization of services. These expenditures account for:

- anticipated changes in the quantity of services utilized by members,
- change in the average intensity of services reimbursed,
- estimated cost and timing impacts of deferred and foregone services as a result of policies limiting non-essential services, and
- individual behavioral changes as a result of social distancing.

The budget projection will be updated in December 2020 and again in March 2021. Any new information and changes due to the pandemic will be incorporated into those projections. The direct state support changes, as reported in the budget submission, are summarized with the following amounts from each program area:

Yearly Change in State Support	2021 to 2022
Administrative Services	\$ (613,648)
Medical Services	(22,981,505)
CHIP	5,498,745
Home & Community Based Services	17,600,034
Total Change Amount \$	\$ (496,374)
Total Change Percent %	(0.05%)

Administrative services expenditures represent 4.24% of the total agency spending projection. The state share need for administrative spending is \$71.9 million, and the total state share need for medical expenditures is \$1.3 billion. The direct state support need is \$898,676,959, slightly less than the funding provided in FY2021.

The Medicaid budget request is organized by four program areas, Administrative Services, Medical Services, CHIP and Home and Community Based Services. Narratives explaining key areas and changes in funding needs for SFY2022 are addressed for each program within this budget request submission. A summary of a few significant changes for FY2022 are below. Please refer to the program-area narratives and decision units for other factors contributing to the total funding changes.

Summary of Significant Changes

Risk Corridor

Subject to CMS approval, DOM will implement a risk corridor from April 2020 to June 2020 to address the extraordinary uncertainty of medical costs due to the COVID-19 pandemic. The capitation rates reflect a target medical loss ratio (MLR), which measures the projected medical service costs as a percentage of the total capitation rates. With the reduction in medical services due to COVID-19 during the last quarter of FY2020, the medical costs are much lower than contemplated during the rate setting process. The risk corridor would further limit Managed Care Organization (MCO) gains and losses if the actual MLR is different than the target MLR. DOM estimates the return of \$79,800,000 from the MCOs to DOM in FY2021 through the implementation of the risk corridor. This creates an increase in expenditures in FY2022 of the same amount.

Health Insurer Fee

There will be a decrease in expenditures of \$57,600,000 due to the removal of the Health Insurer Fee (HIF) by the Bipartisan Budget Bill of 2020. The final HIF payment will be made in FY2021.

Delivery Kick Payment

Delivery kick payments are payments made to the MCOs for each live birth covered by the organization. These payments are made to compensate the MCO for the care provided during the prenatal period. DOM is moving from a separate financial transaction for each delivery to including the costs in the capitation rate for the applicable rate cells. Due to this change, there will be an additional payment made in FY2021 for the deliveries in FY2020 that were not yet reported. This change created a decrease in requested funding in FY2022.

Federal Funding Rates

Expenditures are eligible for federal matching funds at varying levels, as follows:

General Expenditure Category	Federal Matching Rate
General Administrative Expenditures	50%
Eligibility Workers	75%
Skilled Professional Medical Personnel	75%
Certain information technology administration	75%
Certain information technology administration	90%
Pre-Admission Screening administration	75%
Quality Improvement Organization Administration	75%
General Medical Services	FMAP
Certain Waiver Expenditures	90%
CHIP medical services and administration	Enhanced FMAP FFY20 – 95.39% FFY21 – 84.43% FFY22 – 84.71%
Indian Health Services	100%
Breast and Cervical Cancer Medical Services	Enhanced FMAP
Health Information Technology Payments	100%
State-Only Programs	0%

The Federal Medical Assistance Percentage (FMAP) and enhanced FMAP rates used in the budget request are as follows:

FMAP for Federal Fiscal Year 2019	76.39%
FMAP for Federal Fiscal Year 2020	76.98%
FFCRA FMAP for Jan 2020 – Sept 2020	83.18%
Blended FMAP for State Fiscal Year 2020	79.93%
FMAP for Federal Fiscal Year 2021	77.76%
FFCRA FMAP for Oct 2020 – Dec 2020	83.96%
Blended FMAP for State Fiscal Year 2021	80.67%
FMAP for Federal Fiscal Year 2022	78.15%
Blended FMAP for State Fiscal Year 2022	78.05%
Enhanced FMAP for Federal Fiscal Year 2020	83.89%
Enhanced FMAP plus 23 for FFY 2019	100.00%
Enhanced FMAP plus 11.5 for FFY2020	95.39%
FFCRA Enhanced FMAP for Jan 2020 – Sept 2020	99.73
Enhanced FMAP for Federal Fiscal Year 2021	84.43%
FFCRA Enhanced FMAP for Oct 2020 – Dec 2020	85.00%
Enhanced FMAP for Federal Fiscal Year 2022	84.71%

The FMAP rates are blended for budget purposes by reflecting the rate applicable to each quarter. (For example: 25% of the FMAP that ends Sept. 30 and 75% of the FMAP that starts Oct. 1 of each year)

Capitation Rates

MississippiCAN, the state's Medicaid managed care program, covers approximately 450,000 children and adults. The managed care organizations are reimbursed on a per member per month amount, or capitation rate, for each Medicaid member in their plan. Section 1903(m) of the Social Security Act and 42 CFR §438.4 require that these capitation rates be actuarially sound, meaning that the capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the managed care plan for the annual contract period and the population covered under the terms of the contract. A contracted actuary sets capitation rates annually.

FY2022 rates will increase approximately 2.9% over FY2021 capitation rates. The increases are driven primarily by trends toward increased utilization and provider reimbursements but is dampened by policy changes related to graduate medical education, preferred drug list, outpatient dental and non-emergent transportation.

Managed care capitation payments make up 52.3% of the yearly Medicaid medical expenditures, and the majority of those payments are used to reimburse providers for medical services provided to Medicaid members. DOM projects a similar increase for managed care capitation rates in SFY2022.

New Initiatives - Quality Programs

DOM requested authority from the Centers for Medicare and Medicaid Services (CMS) to undertake three new quality initiatives beginning in July 2019. All three were approved by CMS. Those initiatives cover three major sources of Medicaid spending: hospitals, managed care organizations, and the state's academic medical center. All include quality measures, targeted improvement levels and accountability. See below for updates on each initiative.

Quality Incentive Payment Program (QIPP)

The Quality Incentive Payment Program (QIPP) is a new component DOM is adding to the Mississippi Hospital Access Program (MHAP) for hospitals. The goal of the QIPP is to utilize state and federal funds to improve the quality of care and health status of the Mississippi Medicaid population. The QIPP is envisioned to be a multi-year process with an increasing percentage of the pass-through payments being linked to performance improvements achieved and maintained by the hospital industry. QIPP aims to improve potentially preventable readmission (PPR) rates by measuring those rates on a quarterly basis. DOM requested approval of this program as a part of the MHAP program and are awaiting their approval.

Readmissions will be measured across all hospitals with the readmission being attributed to the original discharging hospital. The metric will exclude maternity and newborn readmissions. Also, the metric will include Emergency Department admits for a condition

related to a recent hospital discharge. The readmission rate metric will include all clinically related readmissions associated with a hospital discharge within the previous 15 days.

DOM will withhold 10% of the calculated MHAP payment for each hospital monthly. At the end of each quarter, hospitals meeting the criteria for payment will receive their withheld amount. The requirements for payment are planned to escalate over a three-year period. In the first year, the hospital must only attest to having received and reviewed the report, and will be responsible for a corrective action plan and meeting improvement targets in future years. MHAP funds not distributed due to a hospital's non-compliance with QIPP requirements will be distributed to the hospitals meeting those requirements.

In FY2019 and FY2020, DOM worked with stakeholders as required by Senate Bill 2836 (Regular Session 2018) to implement a new payment model by July 1, 2020 with the goal of ensuring access to inpatient and outpatient care and maximizing any federal funds that are available to reimburse hospitals for services provided. This model expanded the QIPP portion of MHAP payments to 50% and will include hospital participation in a statewide Health Information Network (HIN). As required by the bill, DOM submitted the proposed payment model to the Chairmen of the Senate and House Medicaid Committees prior to submission to CMS. DOM is awaiting CMS approval for the payment model. Participation in the HIN will allow the hospitals, other providers and Medicaid to provide better care for Medicaid beneficiaries. Medicaid's connection to the HIN will allow us to pass information to the MCO's concerning their enrollees.

Mississippi Medicaid Access to Physician Services (MAPS)

MAPS is a directed payment program developed in conjunction with UMMC. This payment methodology is consistent with 42 CFR 438.6(c). The program will work similarly to MHAP in that the coordinated care organization will receive additional funds to pass through to certain provider groups based on utilization of services.

The program is intended to increase access and quality of care for Medicaid beneficiaries to primary and specialty care services by increasing payments made to qualified practitioners employed by or affiliated with UMMC. UMMC will submit an Intergovernmental Transfer (IGT) for the state share of the payment. Based on historical utilization of services, this program is projected to bring an increase in funding to UMMC of approximately \$28 million per year.

Managed Care Incentive/Withhold Program

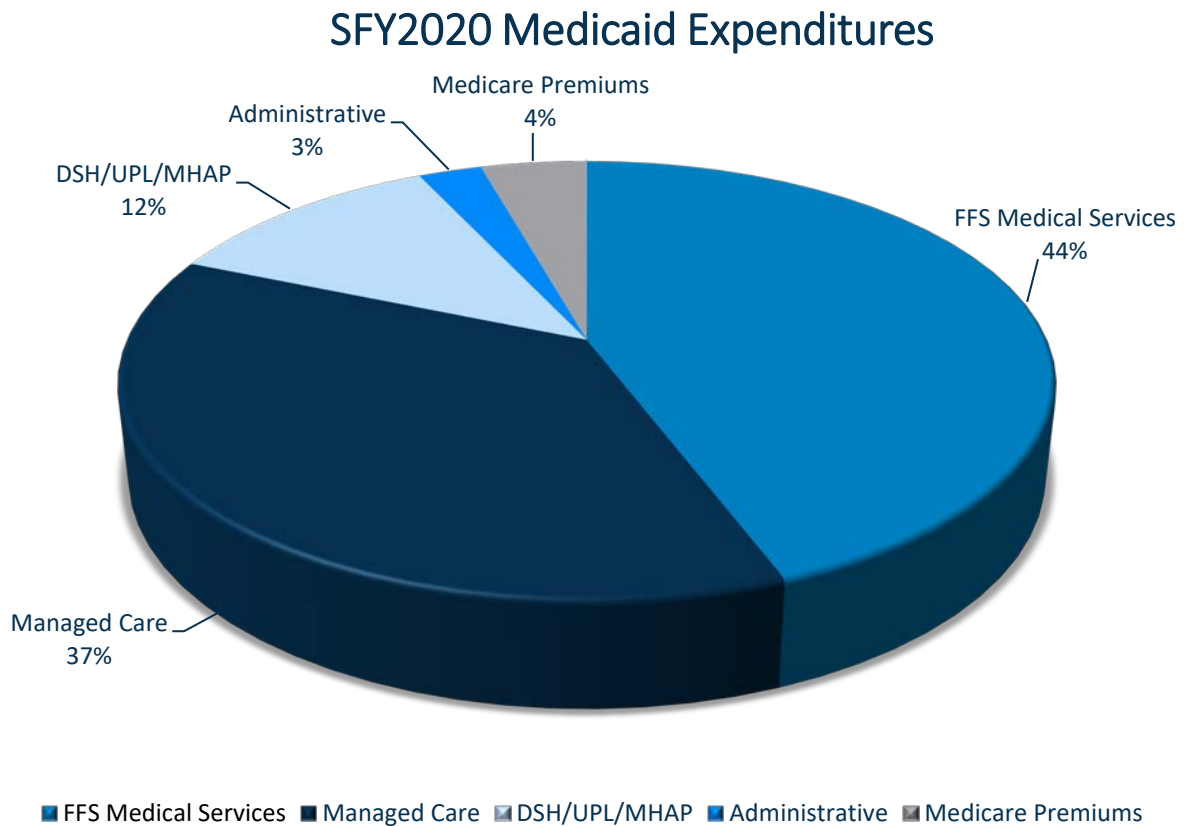
DOM will implement a quality withhold on MississippiCAN capitation rate payments. This quality withhold will be based on established quality metrics, such as Healthcare Effectiveness Data and Information Set (HEDIS) scores, which are already being reported by the MCOs and the organization's performance relative to HEDIS measures.

The targets for the quality measures were set with the expectation that the entire withhold will be returned in SFY2020, so there are no expected overall savings for the state.

However, some measures were not met in the first year of the program by two of the MCOs, so there will be a small amount of savings realized once all rate payment reconciliations are completed in FY 2021. DOM did not increase the withhold percentage for FY2021.

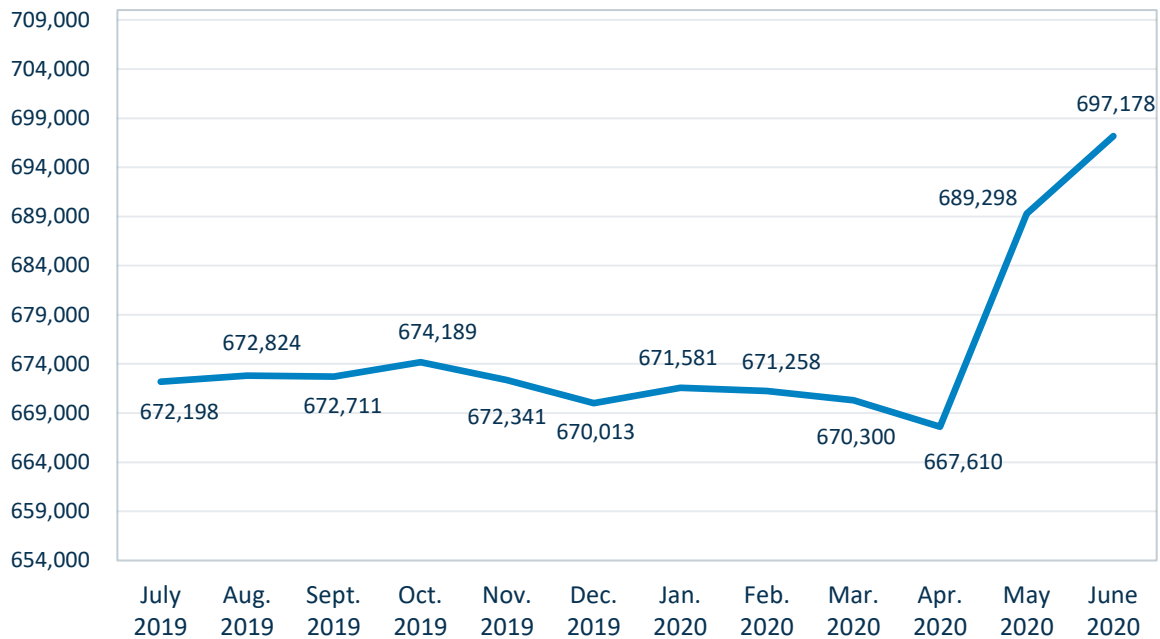
Fiscal Year 2020 Selected Medicaid Statistics

The pie chart below displays the distribution of Medicaid spending across main categories in SFY2019.



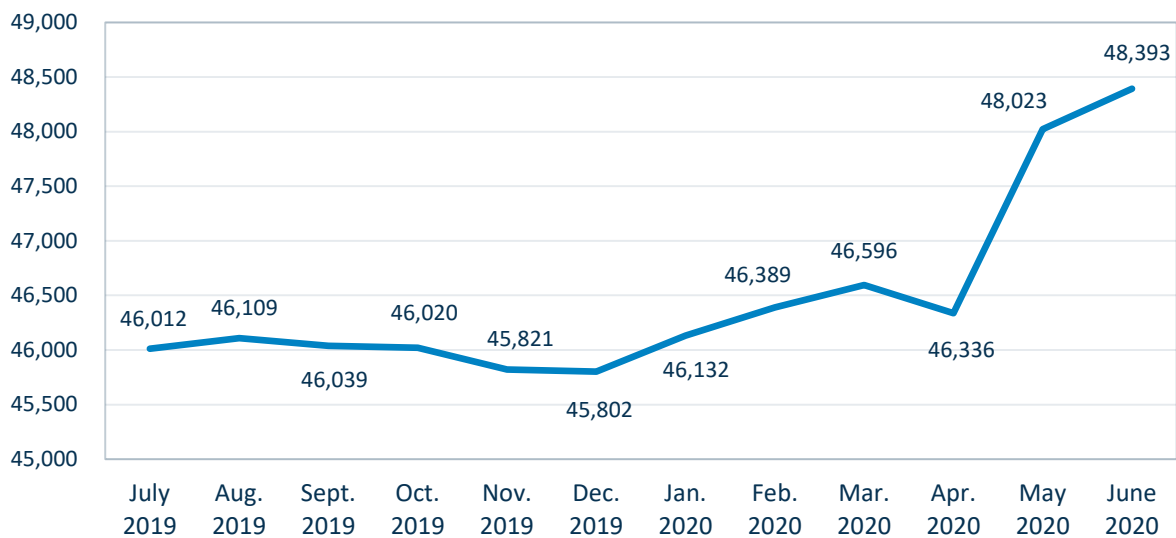
This line graph shows the monthly change in Medicaid enrollment throughout SFY2020.

SFY2020 Medicaid Enrollment



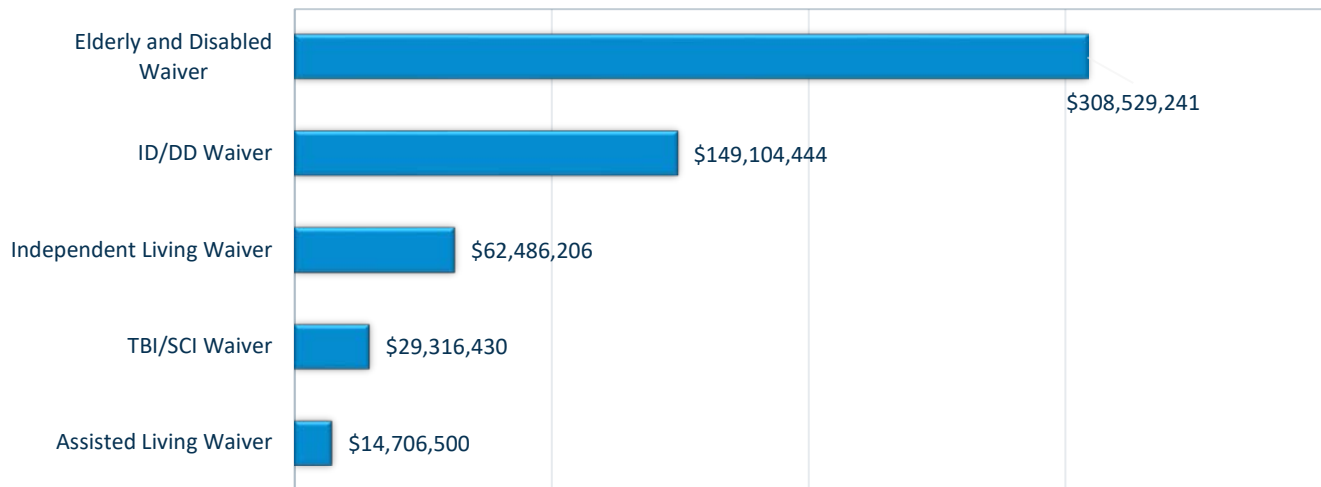
This line graph shows the monthly change in CHIP enrollment throughout SFY2020.

SFY2020 Mississippi CHIP Enrollment



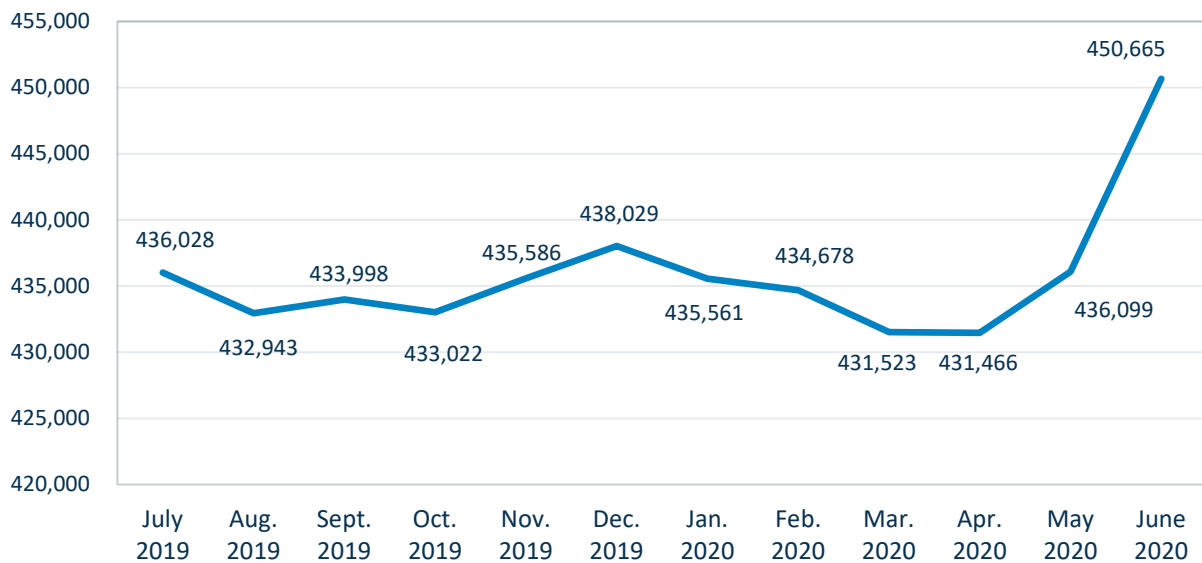
The bar graph below displays Home and Community Based spending across all program areas in SFY2020.

SFY2020 Home and Community Based Expenditures



This line graph shows the monthly change in MississippiCAN enrollment throughout SFY2020.

SFY2020 MississippiCAN Population



OUT-OF-STATE TRAVEL
FISCAL YEAR 2022

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2020 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
ANDERSON ROBERT G	ATLANTA GA	2019 NAMPI ANNUAL CONFERENCE	143	22328/53328
ANDERSON ROBERT G	NASHVILLE TN	HEALTHCARE FRAUD CONFERENCE	540	22328/53328
BLACK PATRICK	ARLINGTON VA	AMERICAN ASSOCIATION OF HEALTH & HUMAN SVC CONFERENCE	1,292	22328/53328
DICKS BRENDA	BALTIMORE MD	CMS QUALITY CONFERENCE	1,167	22328/53328
DOCKINS ALWIN	ATLANTA GA	2019 NAMPI ANNUAL CONFERENCE	1,178	22328/53328
DRONE SHENETTA	CHICAGO IL	MEDICAID ENTERPRISE SYSTEM CONFERENCE	1,526	22328/53328
DYKES MELODY	CHICAGO IL	MEDICAID ENTERPRISE SYSTEM CONFERENCE	1,762	22328/53328
ERVIN JAMES WIL	NASHVILLE TN	SOUTH CNETRAL TELE-HEALTH FORUM	941	22328/53328
ERVIN JAMES WIL	WASHINGTON DC	2019 NAMD FALL CONFERENCE	2,033	22328/53328
FERGUSON ELINOR	ATLANTA GA	2019 NAMPI ANNUAL CONFERENCE	1,198	22328/53328
GRIFFITH SANDRA	NASHVILLE TN	NHCAA ANNUAL TRAINING CONFERENCE	1,533	22328/53328
HARRIS KAMERON	ATLANTA GA	2019 NAMPI ANNUAL CONFERENCE	1,234	22328/53328
HUDSON SUZANNE	HENDERSON NV	HIPPA PROFESSIONAL TRAINING & EXAM	1,406	22328/53328
JOHNSON PAULETTE	BALTIMORE MD	2019 HCBS CONFERENCE	1,471	22328/53328
JOHNSON PAULETTE	ATLANTA GA	VALUE BASED PURCHASING FORUM	1,072	22328/53328
JONES SHARON	MINNEAPOLIS MN	BEST PRACTICES IN MANAGED CARE	549	22328/53328
KEARNEY SHEILA	CHICAGO IL	MEDICAID ENTERPRISE SYSTEM CONFERENCE	2,018	22328/53328
MACK EULA	NEW ORLEANS LA	NATIONAL ASSOCIATION OF HEARING OFFICIALS CONFERENCE	1,337	22328/53328
MCKNIGHT TUKALA	MINNEAPOLIS MN	BEST PRACTICES IN MANAGED CARE	598	22328/53328
NOBLE SARA	SCOTTSDALE AZ	AMERICAN DRUG UTILIZATION REVIEW CONFERENCE	105	22328/53328
PARKS BERNADETTE	ATLANTA GA	2019 NAMPI ANNUAL CONFERENCE	1,341	22328/53328
RUTLAND RITA	CHICAGO IL	MEDICAID ENTERPRISE SYSTEM CONFERENCE	2,064	22328/53328
RUTLAND RITA	ORLANDO FL	HIMSS GLOBAL HEALTH CONFERENCE 2020	365	22328/53328
SMITH SARANNE	AUSTIN TX	NIGP FORUM 2019	1,287	22328/53328

**OUT-OF-STATE TRAVEL
FISCAL YEAR 2022**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Note: All expenditures recorded on this form must be totaled and said total must agree with the out-of-state travel amount indicated for FY 2020 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
SNYDER DREW	SCOTTSDALE AZ	MEDICAID MANAGED CARE SUMMIT	2,068	22328/53328
SNYDER DREW	NASHVILLE TN	NHCAA ANNUAL TRAINING CONFERENCE	655	22328/53328
SNYDER DREW	CHICAGO IL	MEDICAID MANAGED CARE CONFERENCE	652	22328/53328
SNYDER DREW	WASHINGTON DC	2019 NAMD FALL CONFERENCE	1,515	22328/53328
SNYDER DREW	BROOKFIELD WI	MEETING WITH MILLIMAN	614	22328/53328
TERRY CHARLES	BALTIMORE MD	2019 HCBS CONFERENCE	1,649	22328/53328
THOMPSON BRITTNEY	AUSTIN TX	NIGP FORUM 2019	1,274	22328/53328
THOMPSON JENNIFER	NASHVILLE TN	HCCA 2020 ANNUAL CONFERENCE	851	22328/53328
TRACEY BUCHANAN	BALTIMORE MD	2019 HCBS CONFERENCE	2,113	22328/53328
TRACEY BUCHANAN	ATLANTA GA	VALUE BASED PURCHASING FORUM	641	22328/53328
WENTWORTH JENNIFER	MINNEAPOLIS MN	BEST PRACTICES IN MANAGED CARE	598	22328/53328
WENTWORTH JENNIFER	ATLANTA GA	VALUE BASED PURCHASING FORUM	1,301	22328/53328
WENTWORTH JENNIFER	WASHINGTON DC	2019 NAMD FALL CONFERENCE	1,679	22328/53328
WESTERFIELD MATT	ORANGE BEACH FL	SOUTHERN PUBLIC RELATIONS FEDERATION	471	22328/53328
Total Out of State Cost			\$ 44,241	

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
61600000 Inter-Agency Fees					
DEPARTMENT OF EDUCATION/Inter-Agency Fees					
<i>Comp. Rate: \$793,518 per quarter</i>		2,380,555	3,800,000	4,000,000	22328/53328
DEPARTMENT OF HEALTH/Inter-Agency Fees					
<i>Comp. Rate: \$1,793,000 per quarter</i>		7,170,562	3,000,000	3,000,000	22328/53328
DEPARTMENT OF MENTAL HEALTH/Inter-Agency Fees					
<i>Comp. Rate: \$47,400 per month</i>		568,826	676,254	676,254	22328/53328
DEPARTMENT OF REHABILITATION SERVICES/Inter-Agency					
<i>Comp. Rate: \$55,000 per month</i>		658,833	675,000	680,000	22328/53328
DFA - MMRS/Inter-Agency Fees					
<i>Comp. Rate: \$125,931 per year</i>		125,683	137,011	116,033	22328/53328
DFA - UTILITIES/Inter-Agency Fees					
<i>Comp. Rate: \$10,500 per month</i>		85,987	125,000	125,000	22328/53328
DFA SWCAP/Inter-Agency Fees					
<i>Comp. Rate: \$650,000 per year</i>		597,864	650,000	650,000	22328/53328
DFA TORT CLAIMS BOARD/Inter-Agency Fees					
<i>Comp. Rate: \$40,000 per year</i>		39,993	42,000	42,000	22328/53328
EMPLOYMENT SECURITY/Inter-Agency Fees					
<i>Comp. Rate: \$8,500 per month</i>		101,450	93,000	95,000	22328/53328
HUMAN SERVICES/Inter-Agency Fees					
<i>Comp. Rate: \$298,000 per month</i>		3,580,331	3,500,000	3,500,000	22328/53328
OFFICE OF THE STATE AUDITOR/Inter-Agency Fees					
<i>Comp. Rate: \$34,000 per month</i>		410,783	220,000	230,000	22328/53328
Total 61600000 Inter-Agency Fees		15,720,867	12,918,265	13,114,287	

61610000 Contract Workers

BENSON RAVEN/Contract Worker					
<i>Comp. Rate: \$12.17/hour</i>		19,632			22328/53328
BROOKS RA'SHEMIA/Contract Worker					
<i>Comp. Rate: \$13.29/hour</i>		20,094			22328/53328
BROWN BRETT/Contract Worker					
<i>Comp. Rate: \$55.00/hour</i>		10,924			22328/53328
CLUNE JENNIFER/Contract Worker					
<i>Comp. Rate: \$60.00/hour</i>		79,220			22328/53328
CONGIOUS NORCASHA/Contract Worker					
<i>Comp. Rate: \$12.72/hour</i>		23,421			22328/53328
CRAWFORD CHERYL/Contract Worker					
<i>Comp. Rate: \$25.00/hour</i>	Y	2,067			22328/53328
DASCHBACH JANE/Contract Worker					
<i>Comp. Rate: \$11.42/hour</i>		983			22328/53328
DAVIS DARIUS/Contract Worker					
<i>Comp. Rate: \$16.00/hour</i>		12,427			22328/53328
DENNERLY CHARLA/Contract Worker					
<i>Comp. Rate: \$19.76/hour</i>		19,719			22328/53328
DOSS WILLIAM/Contract Worker					

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency					
TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
Comp. Rate: \$50.00/hour DUKE JO ANN/Contract Worker	Y	36,897			22328/53328
Comp. Rate: \$30.00/hour DURHAM JOHN/Contract Worker		32,101			22328/53328
Comp. Rate: \$20.00/hour FERRELL DESIREE/Contract Worker		39,142			22328/53328
Comp. Rate: \$13.00/hour FIELDS PRISCILLA/Contract Worker		2,435			22328/53328
Comp. Rate: \$11.44/hour FLOWERS CANDACE/Contract Worker		14,409			22328/53328
Comp. Rate: \$13.94/hour FLOWERS EMMA/Contract Worker		24,528			22328/53328
Comp. Rate: \$11.44/hour FULLER BRIANNA/Contract Worker		10,696			22328/53328
Comp. Rate: \$17.97/hour GARDNER MARCHELLA/Contract Worker		774			22328/53328
Comp. Rate: \$13.00/hour GORE MARTHA/Contract Worker		2,904			22328/53328
Comp. Rate: \$11.44/hour GRAEBER ANNE/Contract Worker	Y	13,665			22328/53328
Comp. Rate: \$30.34/hour GREEN SHAKARMA/Contract Worker	Y	786			22328/53328
Comp. Rate: \$21.00/hour GRIFFITH SANDRA/Contract Worker		43,890			22328/53328
Comp. Rate: \$35.00/hour GRIGSBY NORMANIKIA/Contract Worker		36,359			22328/53328
Comp. Rate: \$11.44/hour HARRISON SALLY/Contract Worker		9,667			22328/53328
Comp. Rate: \$55.00/hour HOLMES JASMINE/Contract Worker		100,297			22328/53328
Comp. Rate: \$20.00/hour HOLMES JEREMY/Contract Worker		31,192			22328/53328
Comp. Rate: \$12.09/hour JENKINS MELVIN/Contract Worker		15,924			22328/53328
Comp. Rate: \$45.00/hour JOHNSON LORRAN/Contract Worker		86,228			22328/53328
Comp. Rate: \$18.40/hour JONES BRENDA/Contract Worker		12,627			22328/53328
Comp. Rate: \$12.16/hour JUSTICE DEBORAH/Contract Worker		18,199			22328/53328
Comp. Rate: \$11.07/hour KING AMANDA/Contract Worker		9,605			22328/53328
Comp. Rate: \$18.00/hour LATORRE CARLOS/Contract Worker		11,374			22328/53328
Comp. Rate: \$120.00/hour LEE KIMBERLY/Contract Worker		209,478			22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
Comp. Rate: \$12.72/hour		2,191			22328/53328
MAGEE NINA/Contract Worker					
Comp. Rate: \$14.61/hour		24,669			22328/53328
MAISEL NICHOLAS/Contract Worker					
Comp. Rate: \$55.00/hour		108,587			22328/53328
MASSEY ALEETA/Contract Worker					
Comp. Rate: \$80.00/hour		162,828			22328/53328
MATTHES FREDERICK/Contract Worker					
Comp. Rate: \$40.00/hour	Y	37,370			22328/53328
MCCORMICK EDDIE/Contract Worker					
Comp. Rate: \$33.00/hour		15,382			22328/53328
MIZE CHERYL/Contract Worker					
Comp. Rate: \$55.00/hour		87,568			22328/53328
MORRIS MATTIE/Contract Worker					
Comp. Rate: \$11.44/hour	Y	7,757			22328/53328
MOUNGER WILLIAM/Contract Worker					
Comp. Rate: \$76.00/hour	Y	15,052			22328/53328
MURRAY MARIANNE/Contract Worker					
Comp. Rate: \$55.00/hour		64,980			22328/53328
NOLDEN ASHUNTI/Contract Worker					
Comp. Rate: \$11.07/hour		5,285			22328/53328
OSHINSKY STEPHEN/Contract Worker					
Comp. Rate: \$65.00/hour		118,953			22328/53328
OWENS RONNA/Contract Worker					
Comp. Rate: \$30.37/hour	Y	33,635			22328/53328
PROJECTED SPAHRS -/Contract Worker					
Comp. Rate: N/A			1,825,713	1,795,713	
QUIN AIMEE/Contract Worker					
Comp. Rate: \$12.72/hour		11,379			22328/53328
REGISTER SANDRA/Contract Worker					
Comp. Rate: \$11.44/hour	Y	14,752			22328/53328
SHAKESPEARE ALEXIS/Contract Worker					
Comp. Rate: \$13.00/hour		18,627			22328/53328
SHELBY MANTRELL/Contract Worker					
Comp. Rate: \$12.09/hour		26,921			22328/53328
SHONTELL CHRISTOPHER/Contract Worker					
Comp. Rate: \$21.37/hour		24,569			22328/53328
SMITH SCHELERRIA/Contract Worker					
Comp. Rate: \$12.72/hour		20,759			22328/53328
STARKS GREGORY/Contract Worker					
Comp. Rate: \$15.00/hour		4,279			22328/53328
TYSON JESSICA/Contract Worker					
Comp. Rate: \$22.46/hour		38,371			22328/53328
VASSER KENYA/Contract Worker					
Comp. Rate: \$13.00/hour		1,609			22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
WASHINGTON MYISHA/Contract Worker <i>Comp. Rate: \$12.17/hour</i>		19,389			22328/53328
WILLIAMS BETTY/Contract Worker <i>Comp. Rate: \$75.00/hour</i>	Y	73,670			22328/53328
WILLIAMS GLORIA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>	Y	6,790			22328/53328
WILLIAMS JUSTIN/Contract Worker <i>Comp. Rate: \$12.00/hour</i>		19,789			22328/53328
WILLIS TREVARROUS/Contract Worker <i>Comp. Rate: \$12.09/hour</i>		2,603			22328/53328
WINSTON SHAR'MIA/Contract Worker <i>Comp. Rate: \$12.17/hour</i>		17,935			22328/53328
WOODS PAM/Contract Worker <i>Comp. Rate: \$45.00/hour</i>		46,965			22328/53328
Total 61610000 Contract Workers		1,984,328	1,825,713	1,795,713	
61625000 Contract Workers Payroll SPAHRs PAYROLL/Contract Worker Payroll Matching - EFT <i>Comp. Rate: N/A</i>		165,627	170,933	168,638	22328/53328
Total 61625000 Contract Workers Payroll		165,627	170,933	168,638	
61626000 Contract Worker PR Refund Deductions SPAHRs PAYROLL/Contract Worker PR Refund Deductions <i>Comp. Rate: N/A</i>		131			22328/53328
Total 61626000 Contract Worker PR Refund Deductions		131			
61660000 Accounting & Financial Services CORNERSTONES HEALTHCARE FINANCIAL CONSULTING <i>Comp. Rate: \$150 per hour</i>		336,420	320,000	320,000	22328/53328
GARY L OWENS LLC/Accounting & Financial Services <i>Comp. Rate: \$50 per hour</i>		73,175	10,000		22328/53328
MYERS & STAUFFERS/Accounting & Financial Services <i>Comp. Rate: Blended rates per invoices</i>		2,912,924	2,796,860	2,771,860	22328/53328
PUBLIC CONSULTING GROUP/Accounting & Financial Services <i>Comp. Rate: \$575 monthly hosting fee and hourly support fee</i>		81,181	50,000	50,000	22328/53328
Total 61660000 Accounting & Financial Services		3,403,700	3,176,860	3,141,860	
61665000 Investment Managers & Actuary Services MILLIMAN, INC/Investment Managers and Actuary Services <i>Comp. Rate: \$161000 per hour</i>		1,937,711	1,165,000	1,166,000	22328/53328
NAVIGANT CONSULTING INC/Investment Managers and <i>Comp. Rate: \$288 per hour</i>		9,216			22328/53328
NAVIGANT CONSULTING INC/Investment Managers and <i>Comp. Rate: \$75000 total service</i>		75,000			22328/53328
Total 61665000 Investment Managers & Actuary Services		2,021,927	1,165,000	1,166,000	

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
61670000 Legal & Related Services					
GILCHRIST DONNELL PLLC/Legal and Related Services					
Comp. Rate: \$237 per hour blended rate		129,038	350,000	350,000	22328/53328
PURDIE & METZ PLLC/Legal and Related Services					
Comp. Rate: \$165 per hour		431,983	500,000	500,000	22328/53328
STEGALL EARL/STEGALL NOTARY/Legal and Related					
Comp. Rate: \$255 total service		255	250	250	22328/53328
TBD - LEGAL SERVICES/Legal and Related Services					
Comp. Rate: \$15167 per month			182,000	182,000	22328/53328
VERBATIM COURT REPORTING SERVICES/Legal and Related					
Comp. Rate: \$4000 per month			48,000	48,000	22328/53328
WOOTTON AMANDA/Legal and Related Services					
Comp. Rate: \$150 per hour		4,554	500	500	22328/53328
Total 61670000 Legal & Related Services		565,830	1,080,750	1,080,750	
61676000 Settlement Payments-Other than Attorney Fees					
CLIENT TRUST OF SCOTT F. SLOVER/SETTLEMENT					
Comp. Rate: Settlement Agreement		26,000			22328/53328
Total 61676000 Settlement Payments-Other than Attorney Fees		26,000			
61680000 Medical Services					
ALLIANT/Medical Services					
Comp. Rate: \$351,800 per month		4,221,450	4,402,050	4,408,677	22328/53328
ASCEND MANAGEMENT INNOVATIONS/Medical Services					
Comp. Rate: \$116,667 per month		786,417	1,400,000	1,400,000	22328/53328
CHANGE HEALTHCARE PHARMACY SOLUTIONS/Medical					
Comp. Rate: \$206,000 per month		2,471,530	2,526,058	2,526,058	22328/53328
DISCOVERY HEALTH PARTNERS/Medical Services					
Comp. Rate: \$6,250 per month			75,000	100,000	22328/53328
EQHEALTH SOLUTIONS INC/Medical Services					
Comp. Rate: \$93,000 per month		1,114,918	210,329		22328/53328
HEALTH MANAGEMENT SYSTEMS/Medical Services					
Comp. Rate: \$264,000 per month		3,171,322	2,500,000		22328/53328
HUGHES & ASSOCIATES INC/Medical Services					
Comp. Rate: \$460 total service		450			22328/53328
JUDITH P. CLARK/Medical Services					
Comp. Rate: \$100 per hour		5,700			22328/53328
LAUNCHPOINT VENTURES, LLC DISCOVERY HEALTH					
Comp. Rate: \$4,630 per month		55,541	60,625	60,625	22328/53328
MCCOMB MARK A/Medical Services					
Comp. Rate: \$150 per hour		3,750	16,525	16,525	22328/53328
MEA DRUG TESTING CONSORTIUM/Medical Services					
Comp. Rate: \$275 total cost		275	500	500	22328/53328
MERCER HEALTH & BENEFITS LLC/Medical Services					
Comp. Rate: \$13,230 per month		158,736			22328/53328
STATE OF VERMONT/Medical Services					

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
Comp. Rate: \$14,500 per month			174,000	174,000	22328/53328
TBD - PARTY LIABILITY DATA MATCHING AND					
Comp. Rate: \$216,667 per month				2,600,000	22328/53328
UNIV OF MS - SCHOOL OF PHARMACY/Medical Services					
Comp. Rate: \$144,913 quarterly		579,653	48,813	48,813	22328/53328
UNIV OF MS MEDICAL CENTER/Medical Services					
Comp. Rate: \$65,476 monthly			785,717	785,717	22328/53328
Total 61680000 Medical Services		12,569,742	12,199,617	12,120,915	
61696000 Professional Fees & Services Travel no 1090					
CHERYL SUDDUTH/Fees and Services - Expenses					
Comp. Rate: \$144 total services		144			22328/53328
CLYDE EDWARD GLENN/Fees and Services - Expenses					
Comp. Rate: \$37 total service		37			22328/53328
DENNIS R SMITH/Fees and Services - Expenses Reimbursements					
Comp. Rate: \$21 total service		21			22328/53328
DISTRICT HOTEL GROUP LLC RESIDENCE INN BY					
Comp. Rate: \$116 total service		116			22328/53328
DUKE KIMBRELL RODGERS/Fees and Services - Expenses					
Comp. Rate: \$98 total service		98			22328/53328
DUNAWAY RHONDA/Fees and Services - Expenses					
Comp. Rate: \$142 total services		142			22328/53328
DUR BOARD MEETING TRAVEL/Fees and Services - Expenses					
Comp. Rate: \$1000 annual			1,000	1,000	22328/53328
DURWARD S HARTNESS JR M.D./Fees and Services - Expenses					
Comp. Rate: \$12 total service		12			22328/53328
GERI WEILAND MD/Fees and Services - Expenses					
Comp. Rate: \$565 total service		56			22328/53328
HARVEY ALLEN GERSH ALLEN GERSH/Fees and Services -					
Comp. Rate: \$50 total service		50			22328/53328
HOLLY ROGERS MOORE/Fees and Services - Expenses					
Comp. Rate: \$107 total service		107			22328/53328
JAMES L TAYLOR III/Fees and Services - Expenses					
Comp. Rate: \$67 total service		67			22328/53328
JOHN EDWARD HILL/Fees and Services - Expenses					
Comp. Rate: \$132 total service		132			22328/53328
KAREN MALTBY/Fees and Services - Expenses Reimbursements					
Comp. Rate: \$129 total services		129			22328/53328
KENT NICAUD/Fees and Services - Expenses Reimbursements no					
Comp. Rate: \$62 total services		62			22328/53328
LAUREN SMYTHE BLOODWORTH/Fees and Services -					
Comp. Rate: \$143 total service		143			22328/53328
LOGAN DAVIS/Fees and Services - Expenses Reimbursements no					
Comp. Rate: \$101 total services		101			22328/53328
NATIONAL ASSN OF HEARING OFFICIALS/Fees and Services					
Comp. Rate: \$255 annual			255	255	22328/53328

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
P & T MEETING TRAVEL/Fees and Services - Expenses <i>Comp. Rate: \$1000 annual</i>			1,000	1,000	22328/53328
SPENCER K SULLIVAN/Fees and Services - Expenses <i>Comp. Rate: \$20 total service</i>		20			22328/53328
STEVE DEMETROPOULOS/Fees and Services - Expenses <i>Comp. Rate: \$131 total services</i>		131			22328/53328
TANYA FITTS/Fees and Services - Expenses Reimbursements no <i>Comp. Rate: \$63 total services</i>		63			22328/53328
WILLIAM M. GRANTHAM/Fees and Services - Expenses <i>Comp. Rate: \$21 total service</i>		21			22328/53328
WILMA J. WILBANKS/Fees and Services - Expenses <i>Comp. Rate: \$52 total service</i>		52			22328/53328
Total 61696000 Professional Fees & Services Travel no 1090		1,704	2,255	2,255	
61690000 Fees & Professional Service					
ANDERSON, CRAWLEY & BURKE/Fees and Services - <i>Comp. Rate: \$125 per hour</i>		15,068	48,000	48,000	22328/53328
AUTONOMY/Fees and Services - Professional <i>Comp. Rate: \$160,000 per month</i>			1,923,393	1,923,393	22328/53328
BELL JAMES D/Fees and Services - Professional <i>Comp. Rate: \$220 per hour</i>		5,048	48,000	48,000	22328/53328
BFAC/Fees and Services - Professional <i>Comp. Rate: \$208 per month</i>			2,500	2,500	22328/53328
BOLTON BODY SHOP/Fees and Services - Professional <i>Comp. Rate: \$2,232 total service</i>		2,232			22328/53328
CAMBRIA SOLUTIONS INC/Fees and Services - Professional <i>Comp. Rate: \$521,235 per month</i>		6,328,722	7,231,330	7,954,700	22328/53328
CARSON CONSULTING/Fees and Services - Professional <i>Comp. Rate: \$1,354 total service</i>		1,354			22328/53328
CLARK CONSULTING PA/Fees and Services - Professional <i>Comp. Rate: \$3,790 for services</i>		3,790			22328/53328
CONDUENT STATE HEALTHCARE/Fees and Services - <i>Comp. Rate: \$4,111,000 per month</i>		49,326,342	53,725,689	52,624,040	22328/53328
CTRS MEDICARE & MEDICAID SRVS DIVISION OF <i>Comp. Rate: \$12200 per month</i>		146,231	150,000	150,000	22328/53328
DALLAS PRINTING INC HARVEY DALLAS PRINTING & <i>Comp. Rate: \$8,200 per month</i>		97,992	203,000	203,000	22328/53328
DE L'PEE DEAF CENTER INC/Fees and Services - Professional <i>Comp. Rate: \$49 per hour</i>		860			22328/53328
DEPT OF HOMELAND SECURITY/Fees and Services - <i>Comp. Rate: \$25 per month</i>		200	300	300	22328/53328
DS WATERS OF AMERICA INC KENTWOOD SPRINGS/Fees <i>Comp. Rate: \$167 per month</i>			2,000	2,000	22328/53328
DXC TECHNOLOGY/Fees and Services - Professional <i>Comp. Rate: \$1,360,040 per month</i>		17,103,146	30,019,748	23,713,841	22328/53328
FEI COM INC/Fees and Services - Professional					

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
<i>Comp. Rate: \$250,807 per month</i>		3,009,686	5,600,000	4,000,000	22328/53328
FRESH CUT INC/Fees and Services - Professional					
<i>Comp. Rate: \$167 per month</i>			2,000	2,000	22328/53328
GRADUATE OXFORD LESSEE/Fees and Services - Professional					
<i>Comp. Rate: \$559 total service</i>		559			22328/53328
GUIDESOFT, INC. KNOWLEDGE SERVICES/Fees and Services					
<i>Comp. Rate: \$105 per hour</i>		1,694,671	3,481,909	3,314,749	22328/53328
HOTEL GULFPORT OPCO LLC COURTYARD GULFPORT					
<i>Comp. Rate: \$309 total service</i>		309			22328/53328
INGRAM, STAN T./Fees and Services - Professional					
<i>Comp. Rate: \$4,000 per month</i>			48,000	48,000	22328/53328
INTERNAL REVENUE SERVICE ACCOUNTING					
<i>Comp. Rate: \$8,275 total service</i>		8,275	8,500	9,000	22328/53328
J&R SYSTEM INTEGRATORS DBA SECURITY 101/Fees and					
<i>Comp. Rate: \$1,425 total service</i>		1,425			22328/53328
JACKSON BUSINESS SYSTEMS/Fees and Services - Professional					
<i>Comp. Rate: \$12,034 total service</i>		12,034	15,000	15,000	22328/53328
JACKSON SAFE & LOCK/Fees and Services - Professional					
<i>Comp. Rate: \$105 total service</i>		105	105	105	22328/53328
MEDEANALYTICS INC/Fees and Services - Professional					
<i>Comp. Rate: \$433,243 per month</i>		5,198,916			22328/53328
MEDICAL REVIEW OF N CAROLINA/Fees and Services -					
<i>Comp. Rate: \$33,836 per month</i>		406,031	412,000	412,000	22328/53328
METRO BUILDING SERVICES/Fees and Services - Professional					
<i>Comp. Rate: \$143 total service</i>		143			22328/53328
MISSISSIPPI INTERACTIVE LLC/Fees and Services -					
<i>Comp. Rate: \$122,100 per month</i>		1,844,996	2,153,000	1,153,000	22328/53328
MSI - CWP OPERATIONS/Fees and Services - Professional					
<i>Comp. Rate: \$83,333 per month</i>			1,000,000	1,000,000	22328/53328
NATIONAL ASSOCIATION OF PUBLIC HEALTH STATISTICS					
<i>Comp. Rate: \$2,800 per month</i>		33,110	35,000	40,000	22328/53328
PARHAM GROUP/Fees and Services - Professional					
<i>Comp. Rate: \$21,625 total service</i>		21,625	20,000		22328/53328
PUBLIC CONSULTING GROUP INC/Fees and Services -					
<i>Comp. Rate: \$119,000 per month</i>		1,444,917	3,730,140	3,513,070	22328/53328
RANDAZZO JOHN/Fees and Services - Professional					
<i>Comp. Rate: \$75 per hour</i>		3,372	5,000		22328/53328
RELIAS LEARNING/Fees and Services - Professional					
<i>Comp. Rate: \$26,100 semi-annual</i>		26,106	55,000	60,000	22328/53328
RIDGELAND HOTEL PARTNERS EMBASSY SUITES/Fees and					
<i>Comp. Rate: \$900 total service</i>			900	900	22328/53328
SCOTT-ROBERTS AND ASSOCS LLC/Fees and Services -					
<i>Comp. Rate: \$833 per month</i>		7,069	10,000	10,000	22328/53328
SLI GLOBAL SOLUTIONS/Fees and Services - Professional					
<i>Comp. Rate: \$157,500 pwe monrh</i>		1,889,933	175,000	175,000	22328/53328
STINGLEY TOMMIE LEE JR/Fees and Services - Professional					

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
Comp. Rate: \$175 per hour		7,175	48,000	48,000	22328/53328
TBD - ANNUAL CMS 45 COMPLIANCY/Fees and Services -					
Comp. Rate: \$167,000 per month			2,000,000	2,000,000	22328/53328
TBD - BACKSCANNING/Fees and Services - Professional					
Comp. Rate: \$428,000 per month			5,135,856	35,856	22328/53328
TBD - CDIP REPLACEMENT/Fees and Services - Professional					
Comp. Rate: \$83,333 per month			1,000,000	6,000,000	22328/53328
TBD - CHANGE MANAGEMENT/Fees and Services -					
Comp. Rate: \$167,000 per month			2,000,000	2,000,000	22328/53328
TBD - CLINICAL DATA INFRASTRUCTURE/Fees and Services -					
Comp. Rate: \$433,243 per month			8,900,000	7,300,000	22328/53328
TBD - EE MOD/MEDS/Fees and Services - Professional					
Comp. Rate: \$1,266,667 per month			15,200,000	16,400,000	22328/53328
TBD - eMPI/Fees and Services - Professional					
Comp. Rate: \$250,000 per month			3,000,000	3,000,000	22328/53328
TBD - FEMPI/Fees and Services - Professional					
Comp. Rate: \$125,000 per month			1,500,000	1,500,000	22328/53328
TBD - FRAUD AND ABUSE MODULE/Fees and Services -					
Comp. Rate: \$233,333 per month			2,800,000	2,800,000	22328/53328
TBD - FRAUD AND ABUSE OPERATIONS/Fees and Services -					
Comp. Rate: \$554,900 per month			6,658,400	6,658,400	22328/53328
TBD - HHTSP/Fees and Services - Professional					
Comp. Rate: \$575,000 per month			6,900,000	3,750,000	22328/53328
TBD - LEGAL ASSISTANCE WITH DATA SHARING/Fees and					
Comp. Rate: \$11,000 per month			132,000	132,000	22328/53328
TBD - LTSS/EVV REPLACEMENT ASSISTANCE/Fees and					
Comp. Rate: \$25,000 per month				300,000	22328/53328
TBD - MANAGED SECURITY SERVICES - (iTECH -					
Comp. Rate: \$10,420 per month			125,000	125,000	22328/53328
TBD - MANAGED SECURITY SERVICES - (iTECH -					
Comp. Rate: \$1,670 per month			20,000	20,000	22328/53328
TBD - MANAGED SECURITY SERVICES - (iTECH - MS EE					
Comp. Rate: \$1,670 per month			20,000	20,000	22328/53328
TBD - MARS-E ASSESSMENT/Fees and Services - Professional					
Comp. Rate: \$20,833 per month			250,000	250,000	22328/53328
TBD - MASTER CLIENT INDEX/Fees and Services - Professional					
Comp. Rate: \$167,000 per month			2,000,000	1,250,000	22328/53328
TBD - MASTER DATA MANAGEMENT/Fees and Services -					
Comp. Rate: \$167,000 per month			2,000,000	1,000,000	22328/53328
TBD - MICROSOFT DIGITAL ADVISORY SERVICES/Fees and					
Comp. Rate: \$63,333 per month			760,000	520,000	22328/53328
TBD - MITA SSA VENDOR WITH OPERATIONAL					
Comp. Rate: \$83,333 per month			1,000,000	2,000,000	22328/53328
TBD - MOBILE APP/Fees and Services - Professional					
Comp. Rate: \$62,500 per month			750,000	750,000	22328/53328
TBD - MSCAN HEARING OFFICER/Fees and Services -					

FEES, PROFESSIONAL AND OTHER SERVICES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

TYPE OF FEE AND NAME OF VENDOR	Retired w/ PERS	(1) Actual Expenses FY Ending June 30, 2020	(2) Estimated Expenses FY Ending June 30, 2021	(3) Requested Expenses FY Ending June 30, 2022	Fund Source
Comp. Rate: \$4,000 per month			48,000	48,000	22328/53328
TBD - REPOSITORY DESIGN/REPLACEMENT (CASE V.					
Comp. Rate: \$500,000 per month			6,000,000	6,000,000	22328/53328
TBD - SECURITY INFRASTRUCTURE MODERNIZATION/Fees					
Comp. Rate: \$2,100 per month			25,000	15,000	22328/53328
TBD - STAFF AUGMENTATION- SMEs/Fees and Services -					
Comp. Rate: \$167,000 per month			2,000,000	2,000,000	22328/53328
TBD - SYSTEM ARCHITECT/Fees and Services - Professional					
Comp. Rate: \$83,333 per month			1,000,000	1,000,000	22328/53328
TBD - SYSTEMS INTEGRATOR/Fees and Services - Professional					
Comp. Rate: \$83,333 per month			1,000,000	1,000,000	22328/53328
TBD - TEST MANAGEMENT/Fees and Services - Professional					
Comp. Rate: \$167,000 per month			2,000,000	2,000,000	22328/53328
TBD - THIN CLIENT/Fees and Services - Professional					
Comp. Rate: \$5,967 per month			71,660		22328/53328
TBD/Fees and Services - Professional					
Comp. Rate: \$1,200 per month			14,000	14,000	22328/53328
TBD-INTERIM EXECUTIVE MANAGEMENT/Fees and Services					
Comp. Rate: \$16,670 per month			200,000		22328/53328
TEMPSTAFF INC/Fees and Services - Professional					
Comp. Rate: \$35,000 per month		415,310	440,000	440,000	22328/53328
THE BOND EXCHANGE INC WHOLESALE INSURANCE					
Comp. Rate: \$1,333 total service		1,333			22328/53328
TORRENCE TERRI/Fees and Services - Professional					
Comp. Rate: \$1,000 total service		1,000			22328/53328
UNIVERSE TECHNICAL TRANSLATION, INC./Fees and					
Comp. Rate: \$5,824 total service		5,824			22328/53328
VANCE, SHELTON/Fees and Services - Professional					
Comp. Rate: \$400 total service		400			22328/53328
Total 61690000 Fees & Professional Service		89,065,309	185,103,430	170,798,854	
GRAND TOTAL		125,525,165	217,642,823	203,389,272	

VEHICLE PURCHASE DETAILS

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Year	Model	Person(s) Assigned To	Vehicle Purpose/Use	Replacement Or New?	FY2022 Req. Cost
Passenger Vehicles					
63300100 Passenger Vehicle					
2021	Dodge Charger	DOM-Fleet	Transportation/Business Travel	Replacement	37,500
2021	Dodge Charger	DOM-Fleet	Transportation/Business Travel	Replacement	37,500
TOTAL					75,000
TOTAL VEHICLE REQUEST					75,000

**VEHICLE INVENTORY
AS OF JUNE 30, 2020**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Vehicle Type	Vehicle Description	Model Year	Model	Person(s) Assigned To	Purpose/Use	Tag Number	Mileage on 6-30-2020	Average Miles per Year	Replacement Proposed	
									FY2021	FY2022
P	Caravan	2014	Dodge	DOM-Fleet	Transportation/Business Travel	G65044	98,807	8,662		
P	Caravan	2014	Dodge	DOM-Fleet	Transportation/Business Travel	G65045	105,369	11,818		
P	Passenger Van	2014	Chevrolet	DOM-Fleet	Transportation/Business Travel	G65111	11,320	350		
W	Cargo Van	2000	Chevrolet	DOM-Fleet	Transportation/Business Travel	G13003	70,772	190		
P	Traverse	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68099	130,380	12,868		
P	Impala	2011	Chevrolet	DOM-Fleet	Transportation/Business Travel	G61844	145,616	939		
P	Escape	2012	Ford	DOM-Fleet	Transportation/Business Travel	G55768	153,413	9,680	Y	Y
P	Impala	2013	Chevrolet	DOM-Fleet	Transportation/Business Travel	G61845	165,465	11,405		Y
P	Impala	2013	Chevrolet	DOM-Fleet	Transportation/Business Travel	G65093	148,564	8,413		
P	Impala	2014	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68331	123,740	9,297		
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68329	123,240	12,938		
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68330	95,647	8,070		
P	Escape	2016	Ford	DOM-Fleet	Transportation/Business Travel	G71839	90,365	12,378		
P	Explorer	2016	Ford	DOM-Fleet	Transportation/Business Travel	G71838	101,643	16,158		
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G76473	75,757	17,535		
P	Impala	2017	Chevrolet	DOM-Fleet	Transportation/Business Travel	HXZ848	7,222	2,707		

GOVERNOR'S OFFICE DIVISION OF MEDICAID
Employees with Authorization to Drive Vehicles

ANDERSON, KENESHIA
ANDERSON, ERICA
ANDERSON, PATRICIA
ARMSTRONG, ANGELA
ASHLEY, JENNIFER
BANKS, GRANT
BANKS, VANESSA
BOARDEN, SHANDA
BRISBY, LAKILA
BROWN, CINDY
BROWN, TORREY
BURSE, DARRYL
CAIN, CHERYL
COLLIER, PATRICA
COLLINS, TIMOTHY
COX, RICHARD
CRAFT, CHARLENE
CREEL, TAMATHA
CUNNING, CHRISTIE

DAMPIER, NANCY
DICK, BRENDA
DIXON, SHIRLEY
DOCKINS, ALWYN
DOUGLAS, ARCHIE
DUKES, DONNA
DUMAS, DAVID
DURHAM, JOHN
EASTERLING, MELONY
ERVIN, JAMES
EVANS, DEMETRESE
EVERETT, PAMELA
FERGUSON, ELINOR
FLEMING, CHRISTA
FRANKLIN, MARLENE
FREDERICK, SHAWONA
GATES, THEA
GIPSON, GAY
GRANT, JENNIFER

GREEN, CHARLESTON
HALL, PENELOPE
HAMILTON, LIONEL
HAY, CORTLAND
HESTER, JOHN
HILL, JAMES
HOLMAN, LOUANNE
HOLMES, JASMINE
HORTON, JAMES
HUNTER, JOYCE
JEFFERSON, BRENDA
JEFFERSON, JAN
JENKINS, FRANK
JOHNS, CINDY
JONES, SHARON
JONES, NANCY
JUNIUS, HENDERSON
KEARNEY, SHEILA
KELLY, CRYSTAL

GOVERNOR'S OFFICE DIVISION OF MEDICAID
Employees with Authorization to Drive Vehicles

KILPATRICK, CATHY
KING, JANICE
KING, RACHAEL
KING, AMANDA
KIRBY, TERRI
KITCHENS, FAY
LEE, ASHLEY
LIVINGSTON, FELICIA
LOVE, RODERICK
MAGEE, MANEYA
MAISEL, NICK
MARTIN, JOHN
MCCLURE, ROSE
MCCORMICK, EDDIE
MCDILL, ANGELA
MCDONALD, HILLIARD
MCGLOTHLIN, COURTNIÉ

MCGRIGGS, KETRA
MCNAIR, CHARLOTTE
MCSWAIN-BROWN, BARBARA
MILLS, DONNA
MOORE, SHEQUOYA
MOSELEY, JAMES
NASSAR, PATRICK
NEYMAN, PAUL
NORSWORTHY, BRANDON
OWENS, LINDA
PARKER, JACQUEUNE
PARKER, BERNADETTE
PATRICK, MARY
PORTER, HUGH
PROCTOR, ADRIAN
RENO, LAURA
ROBERTS, BETH

ROBINSON, CARMEN
ROBINSON, MICHELLE
ROGERS, GLENDA
RUNNELS, TAMMY
SARTIN-HOLLOWAY, KIMBERLY
SCHRADER, KENDRA
SCOTT, SHAWANA
SHELBY, MANTRELL
SHINARD, RACHEL
SHONTELL, CHRISTOPHER
SMITH, KIMBERLY
SMITH, ANITA
SNYDER, DREW
SQUIRES, SHELUE
STAFFORD, NOEL
STAFFORD, LATONYA
STEPHENS, SHEILA

GOVERNOR'S OFFICE DIVISION OF MEDICAID
Employees with Authorization to Drive Vehicles

STEVENS, TANYA
STEWART, KENNETH
STUART, DEBBIE
TAYLOR, PAMELA
TAYLOR, DELVIN
TERRY, CHARLES
TILLMAN, PAMELA
TORREY-BURNS, PENNY
TOUCHET, DARLENE
TOWNSEND, PAULA
TUCKER, ROBERT
TURNER, TONI
WADE, SONYA

WARD, DAX
WASHINGTON, JENNIFER
WEATHERSBY, KAREN
WILLIAMS, BARBARA
WILLIAMS, MILDRED
WILLIAMS, DELL
WILLIAMS, JUSTIN
WILLIS, TREVARROUS
WILSON, VANESSA
WILSON, SHEREEN
WOLFE, PAMELA
WOODARD, GWENDOLYN
WOOTEN, RONNIE

WYNTER, BRIAN
YOUNG, TAMIKO

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2022**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
Priority # 1			
Program # 1: Administrative Services			
	Program Management		
		Travel	(17,922)
		Commodities	(131,065)
		Totals	(148,987)
		General Funds	(72,702)
		Federal Funds	(76,285)
Program # 2: Medical Services			
	FMAP Decrease		
		General Funds	137,188,563
		Federal Funds	(137,188,563)
Program # 3: Children's Health Insur Prg (CHIP)			
	FMAP Decrease		
		General Funds	6,560,436
		Federal Funds	(6,560,436)
Program # 4: Home & Comm Based Waiver Prg			
	FMAP Decrease		
		General Funds	14,612,217
		Federal Funds	(14,612,217)
Priority # 2			
Program # 1: Administrative Services			
	Information Systems Projects		
		Contractual	(15,063,600)
		Equipment	(2,782,180)
		Totals	(17,845,780)
		General Funds	(1,006,239)
		Federal Funds	(16,839,541)
Program # 2: Medical Services			
	100% State Funded Grant		
		Subsidies	(4,161,095)
		Totals	(4,161,095)
		General Funds	(4,161,095)
Program # 3: Children's Health Insur Prg (CHIP)			
	Enrollment/Utilization		
		Subsidies	(4,112,048)
		Totals	(4,112,048)

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2022**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
		General Funds	(641,691)
		Federal Funds	(3,470,357)
Program # 4: Home & Comm Based Waiver Prg	Utilization and Cost		
		Subsidies	15,456,888
		Totals	15,456,888
		General Funds	2,987,817
		Federal Funds	12,469,071
Priority # 3			
Program # 1: Administrative Services	Reallocations		
		Salaries	46,222
		Totals	46,222
		General Funds	23,111
		Federal Funds	23,111
Program # 2: Medical Services	Medicare Premiums (Parts A, B and D)		
		Subsidies	16,791,956
		Totals	16,791,956
		General Funds	12,682,980
		Federal Funds	4,108,976
Program # 3: Children's Health Insur Prg (CHIP)	Health Insurer Fee		
		Subsidies	(2,800,000)
		Totals	(2,800,000)
		General Funds	(420,000)
		Federal Funds	(2,380,000)
Priority # 4			
Program # 1: Administrative Services	Reclassifications		
		Salaries	1,281,230
		Totals	1,281,230
		General Funds	338,099
		Federal Funds	943,131
Program # 2: Medical Services	HIT Program Payments		
		Subsidies	(2,108,000)

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2022**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
		Totals	(2,108,000)
		Federal Funds	(2,108,000)
Priority # 5			
	Program # 1: Administrative Services		
	Benchmarks		
		Salaries	16,488
		Totals	16,488
		General Funds	7,875
		Federal Funds	8,613
	Program # 2: Medical Services		
	DSH/UPL Increase		
		Subsidies	11,844,775
		Totals	11,844,775
		Federal Funds	5,599,424
		Other Special Funds	6,245,351
Priority # 6			
	Program # 1: Administrative Services		
	New Positions		
		Salaries	552,345
		Totals	552,345
		General Funds	96,208
		Federal Funds	456,137
	Program # 2: Medical Services		
	Health Insurer Fee		
		Subsidies	(54,800,000)
		Totals	(54,800,000)
		General Funds	(8,789,920)
		Federal Funds	(46,010,080)
Priority # 7			
	Program # 2: Medical Services		
	Delivery Kick Payment		
		Subsidies	(26,400,000)
		Totals	(26,400,000)
		General Funds	(4,234,560)
		Federal Funds	(22,165,440)
Priority # 8			

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2022**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
Program # 2: Medical Services	Fed/State Funding Differences		
		Subsidies	(251,669,354)
		Totals	(251,669,354)
		General Funds	(120,690,636)
		State Support Special Funds	(85,048,127)
		Federal Funds	(45,930,591)

Priority # 9

Program # 2: Medical Services

FY21 Risk Corridor

Subsidies	79,800,000
Totals	79,800,000
General Funds	12,799,920
Federal Funds	67,000,080

Priority # 10

Program # 2: Medical Services

Impact of Enrollment

Subsidies	8,430,851
Totals	8,430,851
General Funds	3,427,252
Federal Funds	3,130,053
Other Special Funds	1,873,546

Priority # 11

Program # 2: Medical Services

Impact of Utilization

Subsidies	44,788,899
Totals	44,788,899
General Funds	18,207,278
Federal Funds	16,628,408
Other Special Funds	9,953,213

Priority # 12

Program # 2: Medical Services

Impact of Unit Cost Trend

Subsidies	40,046,545
Totals	40,046,545
General Funds	16,279,449
Federal Funds	14,867,753
Other Special Funds	8,899,343

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2022**

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Program	Decision Unit	Object	Amount
Priority # 13			
	Program # 2: Medical Services		
	Impact of Program Changes		
		Subsidies	(1,580,784)
		Totals	(1,580,784)
		General Funds	(642,609)
		Federal Funds	(586,885)
		Other Special Funds	(351,290)

CAPITAL LEASES

Governor's Office - Division of Medicaid (328-00)

Name of Agency

VENDOR/ ITEM LEASED	Original Date of Lease	Original No. of Months of Lease	No. of Months Remaining on 6-30-20	Last Payment Date	Interest Rate	Amount of Each Payment			Total of Payments To Be Made					
						Actual FY 2020			Estimated FY 2021			Requested FY 2022		
						Principal	Interest	Total	Principal	Interest	Total	Principal	Interest	Total

Summary of 3% General Fund Program Reduction to FY 2021 Appropriated Funding by Major Object

Governor's Office - Division of Medicaid (328-00)

Name of Agency

Major Object	FY2021 General Fund Reduction	EFFECT ON FY2021 STATE SUPPORT SPECIAL FUNDS	EFFECT ON FY2021 FEDERAL FUNDS	EFFECT ON FY2021 OTHER SPECIAL FUNDS	TOTAL 3% REDUCTIONS
SALARIES, WAGES, FRINGE	(649,245)		(973,867)		(1,623,112)
TRAVEL	(8,080)		(12,120)		(20,200)
CONTRACTUAL	(1,447,064)		(5,420,131)		(6,867,195)
COMMODITIES	(12,099)		(12,099)		(24,198)
OTHER THAN EQUIPMENT					
EQUIPMENT	(57,873)		(57,873)		(115,746)
VEHICLES	(1,125)		(1,125)		(2,250)
WIRELESS COMM. DEVS.					
SUBSIDIES, LOANS, ETC	(20,351,370)	(1,896,900)	(150,708,603)	(13,078,938)	(186,035,811)
TOTALS	(22,526,856)	(1,896,900)	(157,185,818)	(13,078,938)	(194,688,512)

EXECUTIVE SERVICES



MISSISSIPPI DIVISION OF
MEDICAID

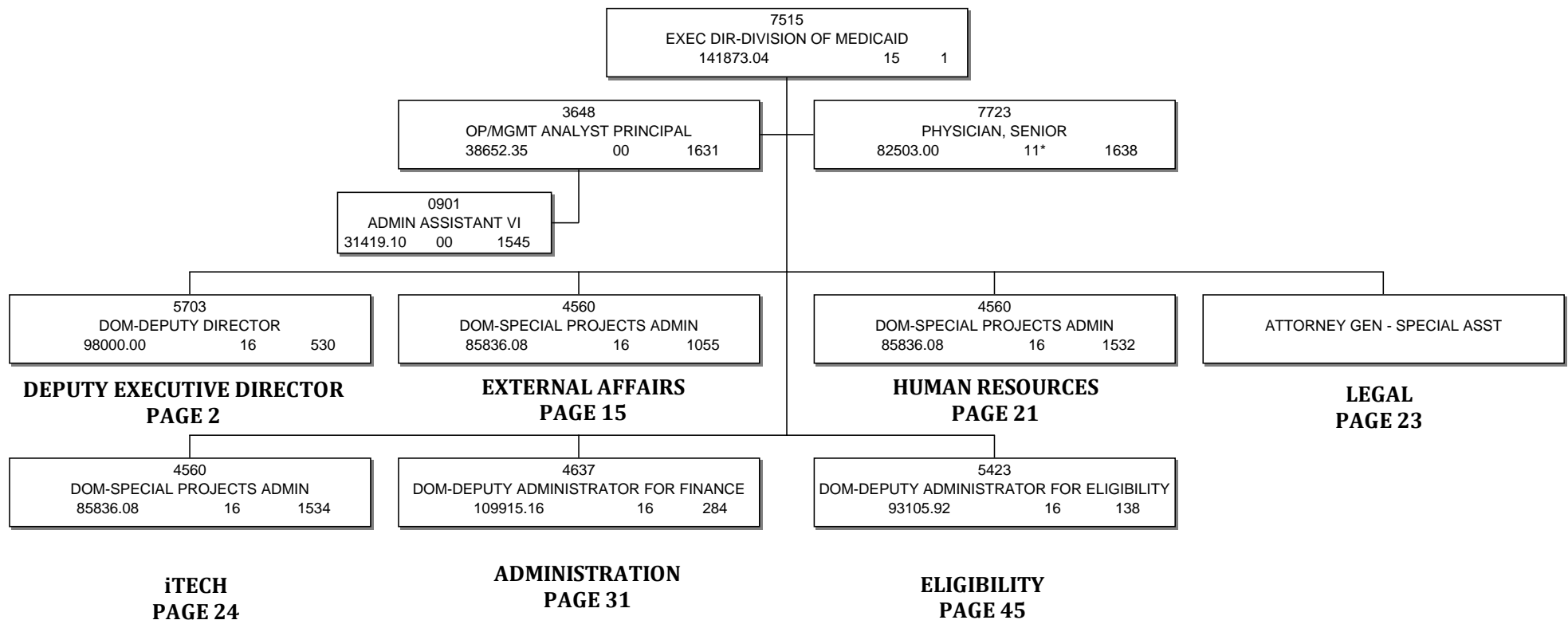
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= New Positions

= Reallocations



DEPUTY EXECUTIVE DIRECTOR

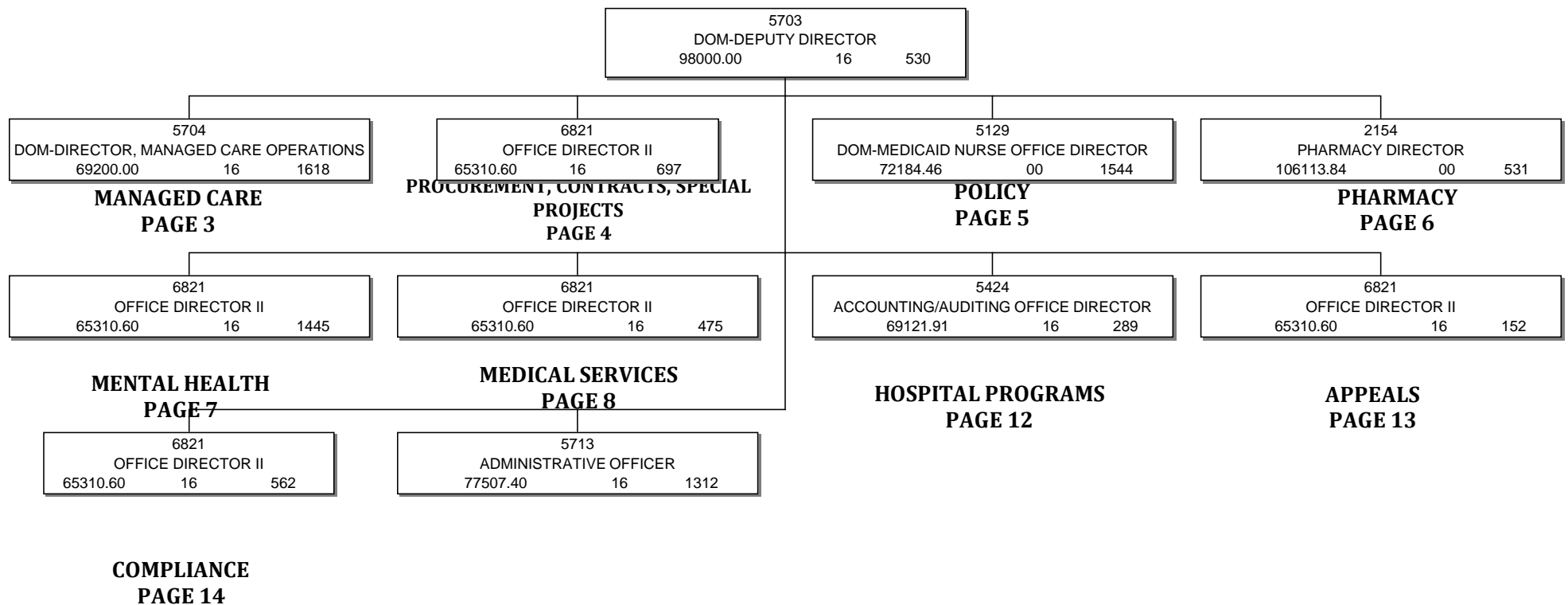


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MANAGED CARE

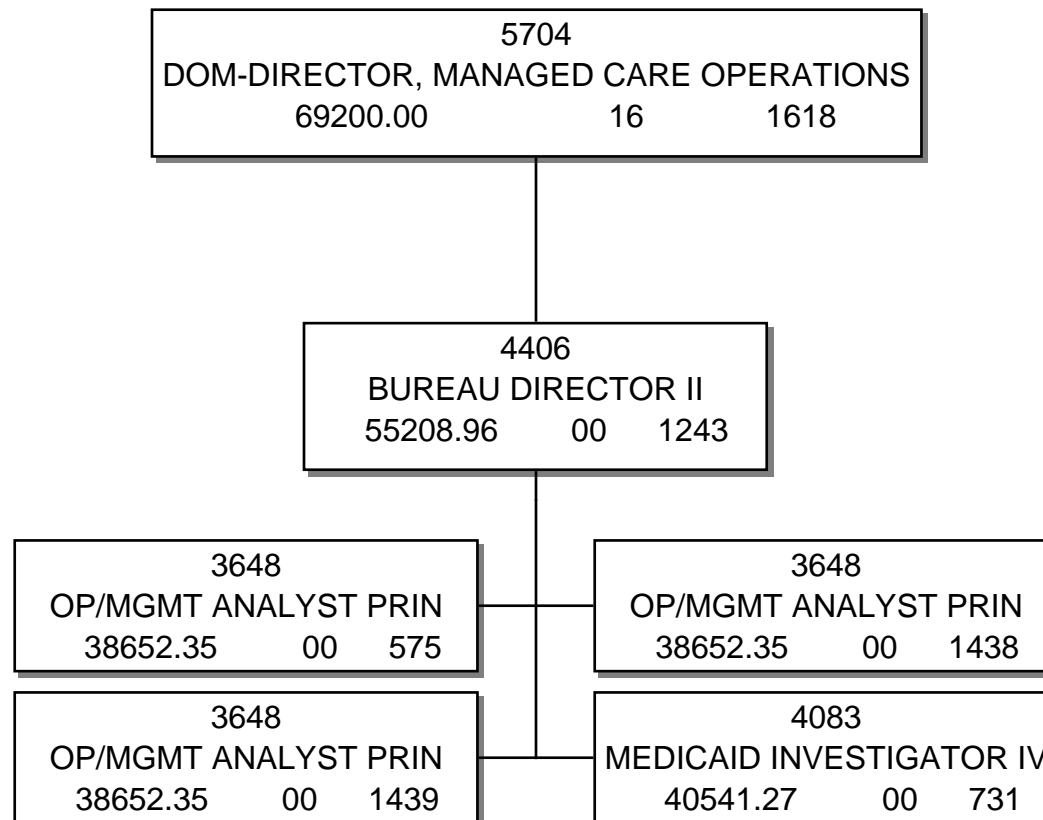


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PROCUREMENT, CONTRACTS, SPECIAL PROJECTS

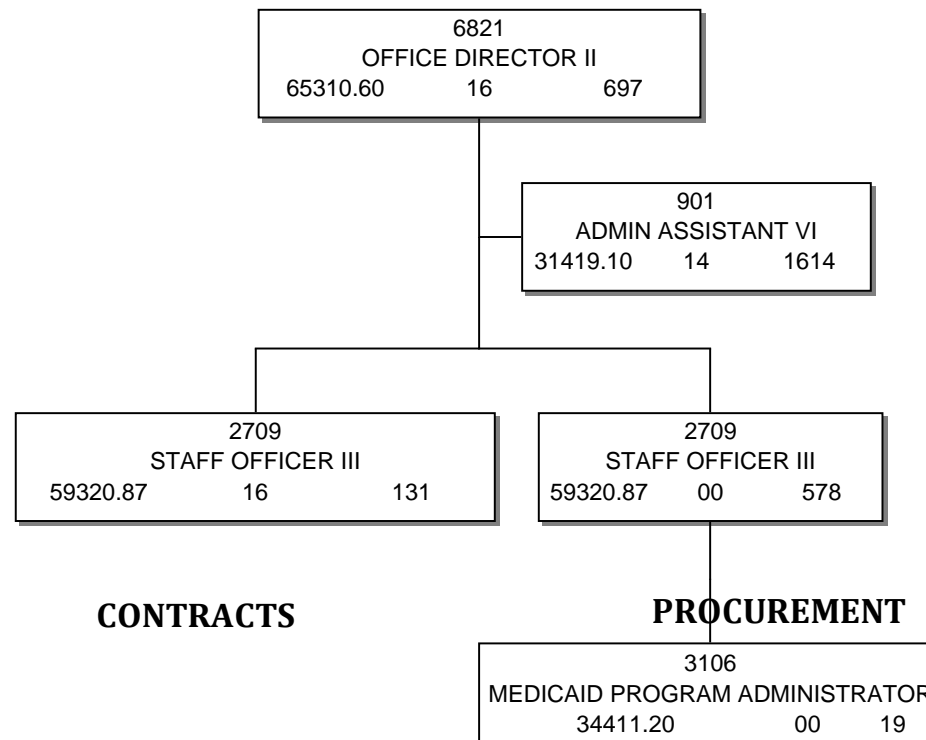


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POLICY

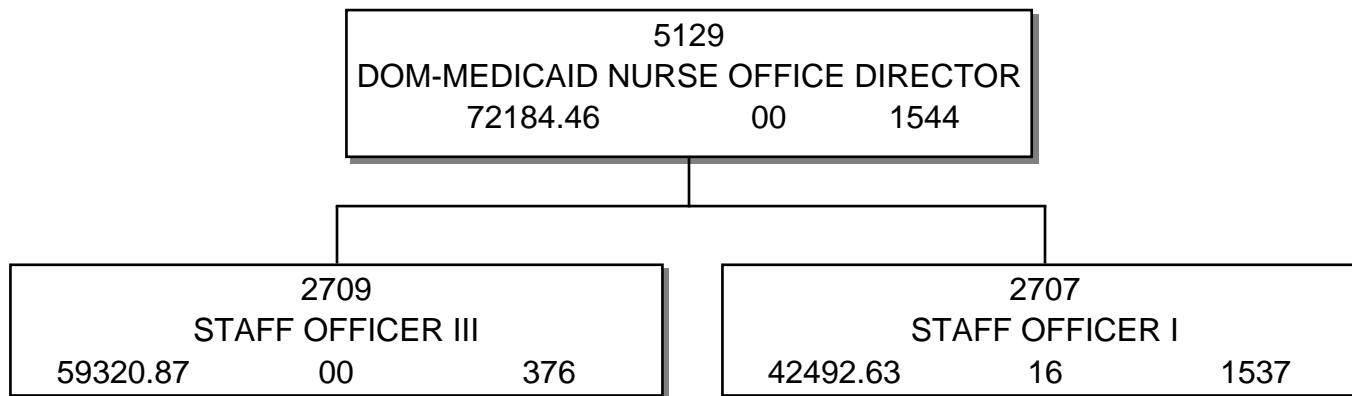


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PHARMACY

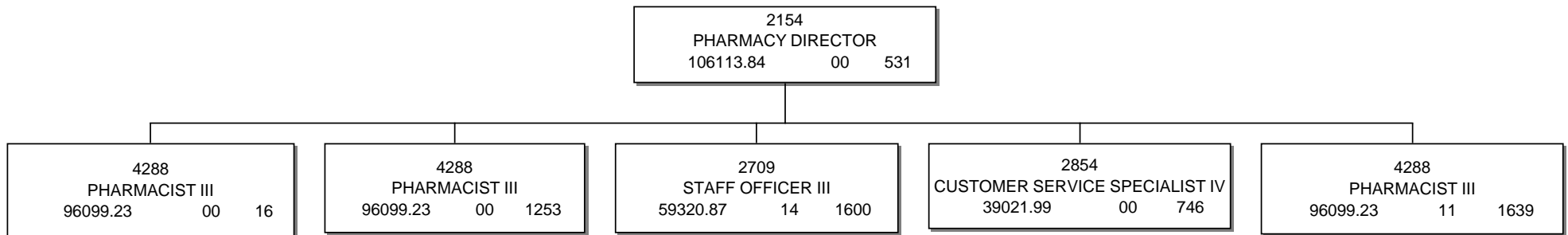


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MENTAL HEALTH

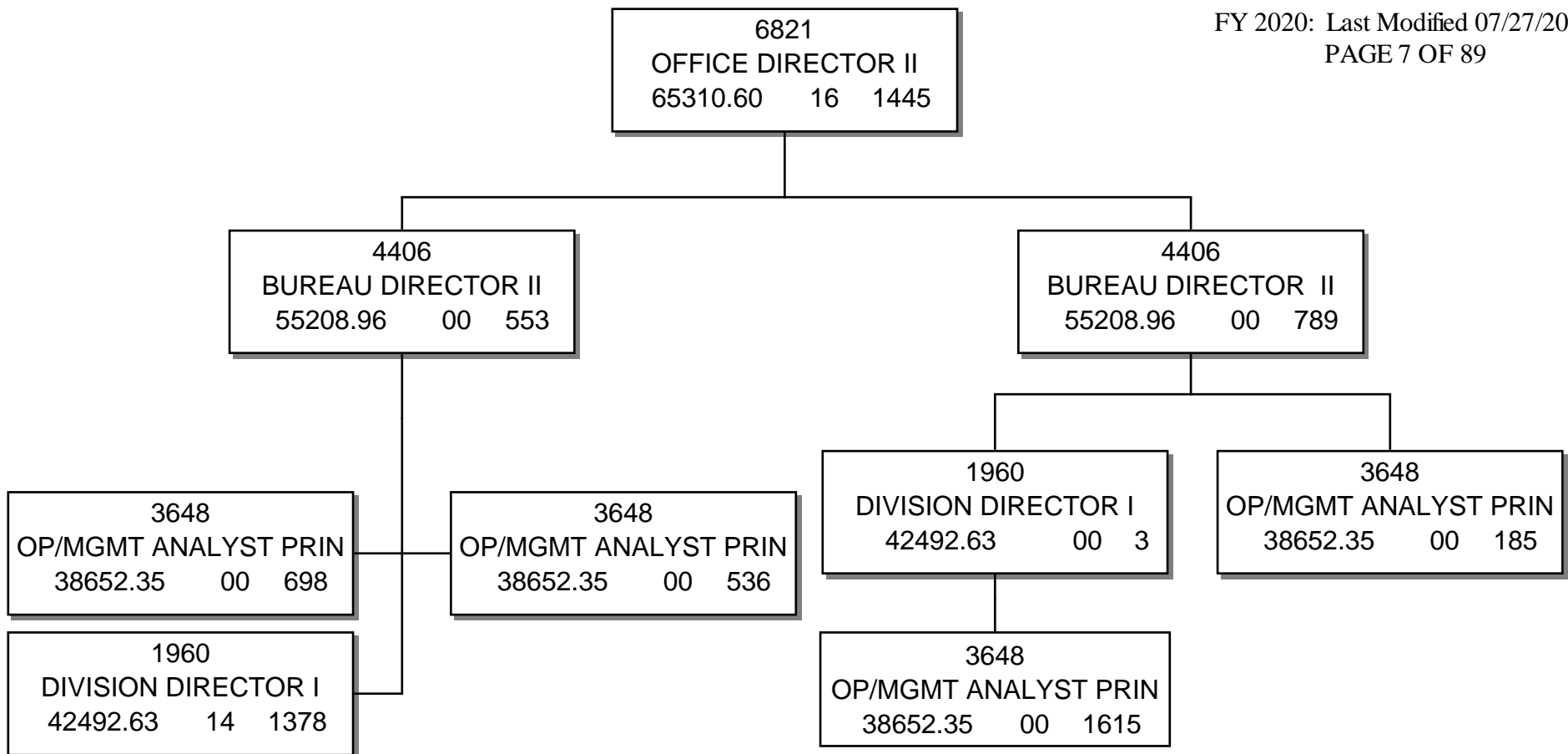


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MEDICAL SERVICES

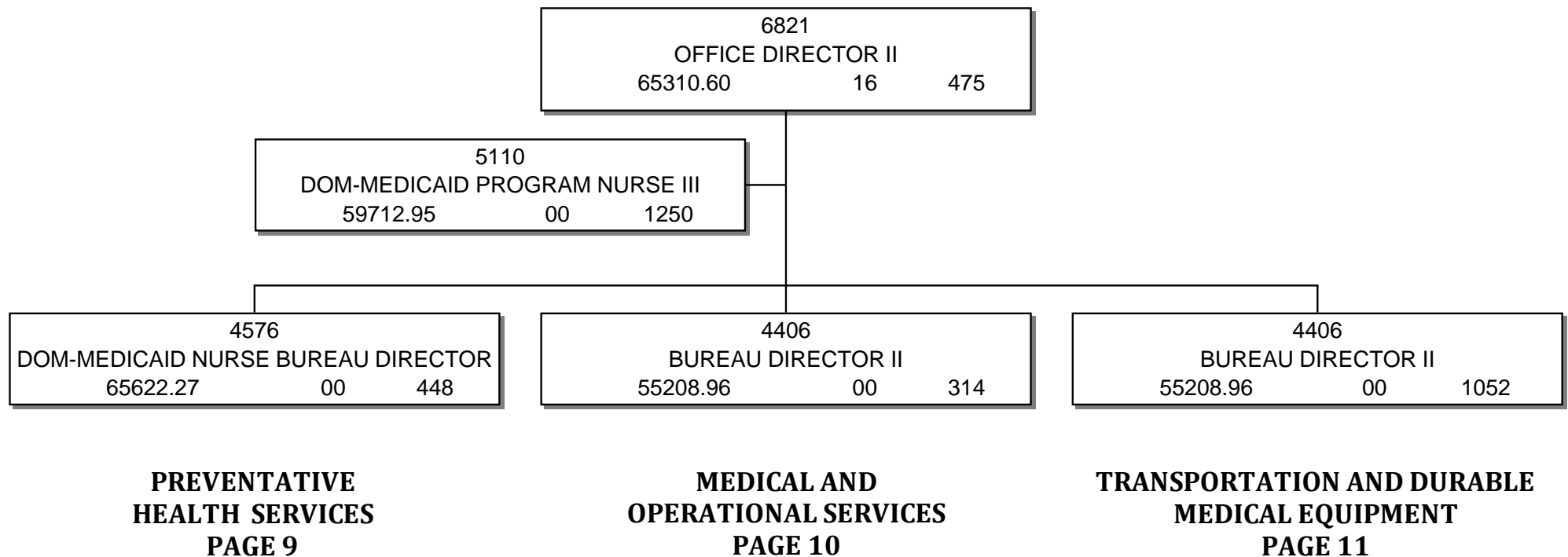


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PREVENTATIVE HEALTH SERVICES

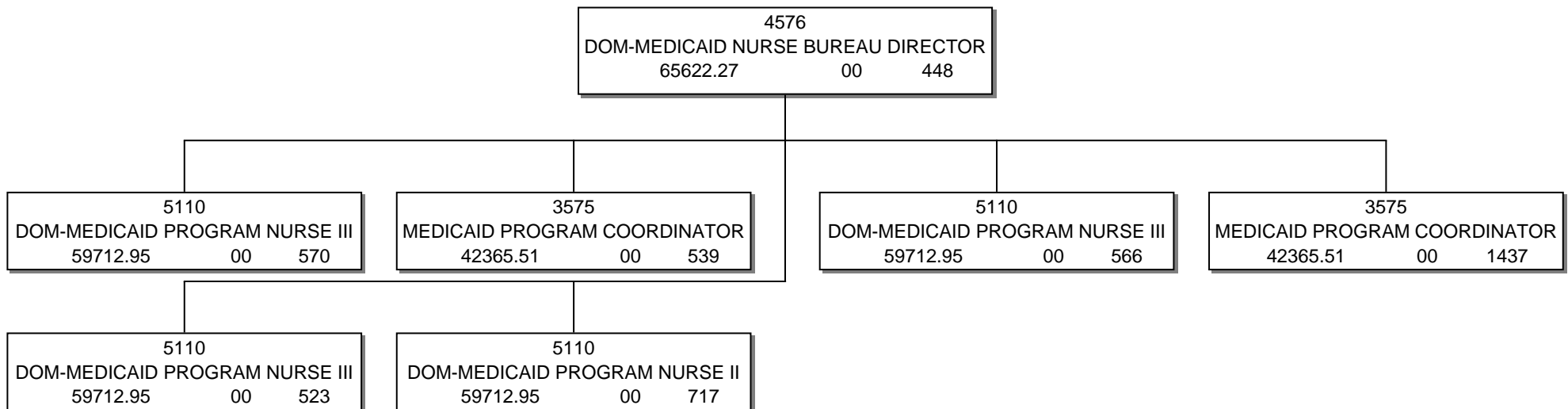


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MEDICAL AND OPERATIONAL SERVICES

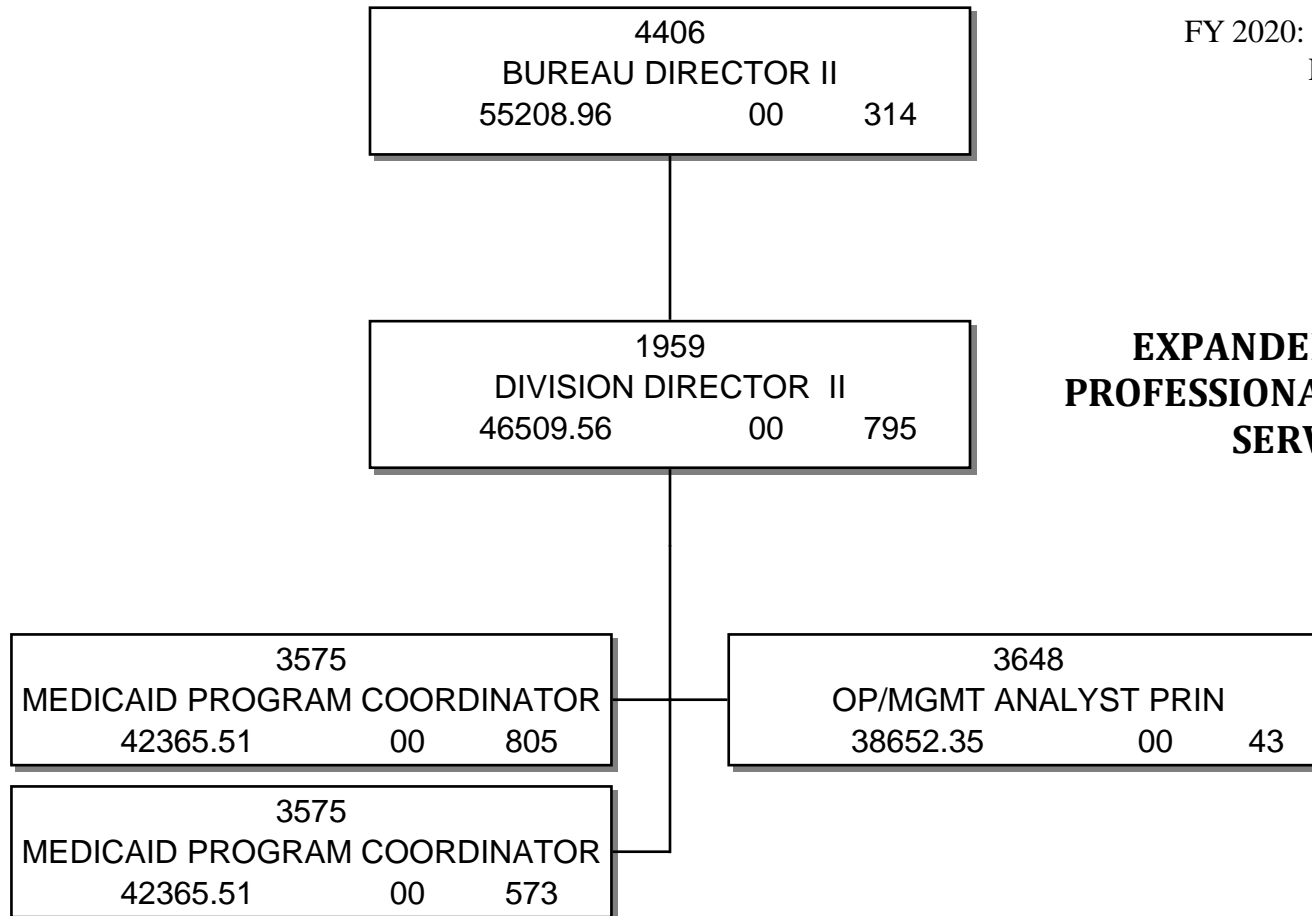


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**EXPANDED EPSDT &
PROFESSIONAL/ANCILLARY
SERVICES**

TRANSPORTATION AND DURABLE MEDICAL EQUIPMENT

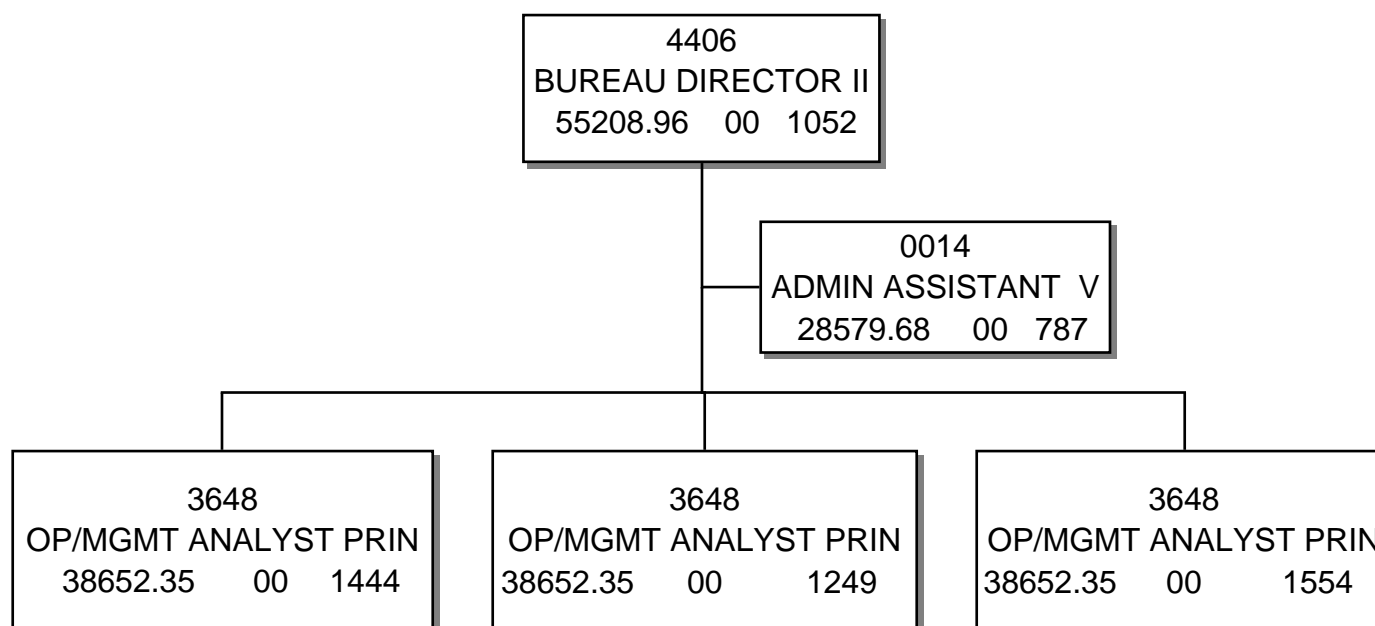


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HOSPITAL PROGRAMS

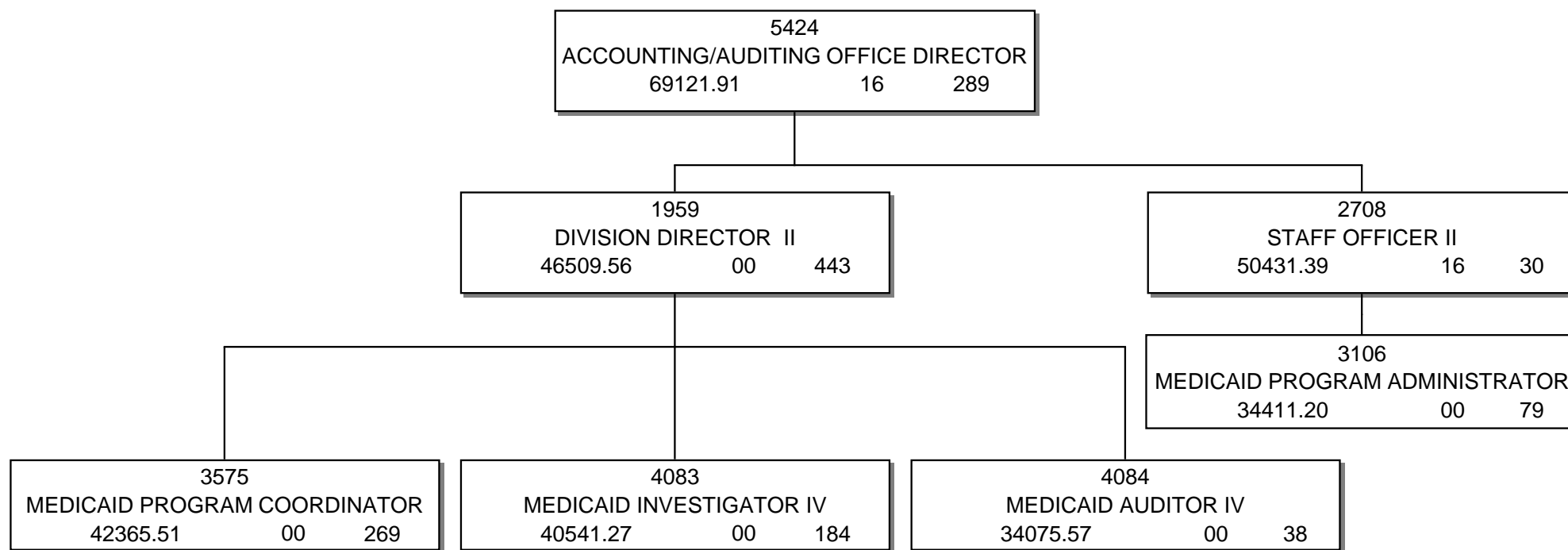


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APPEALS

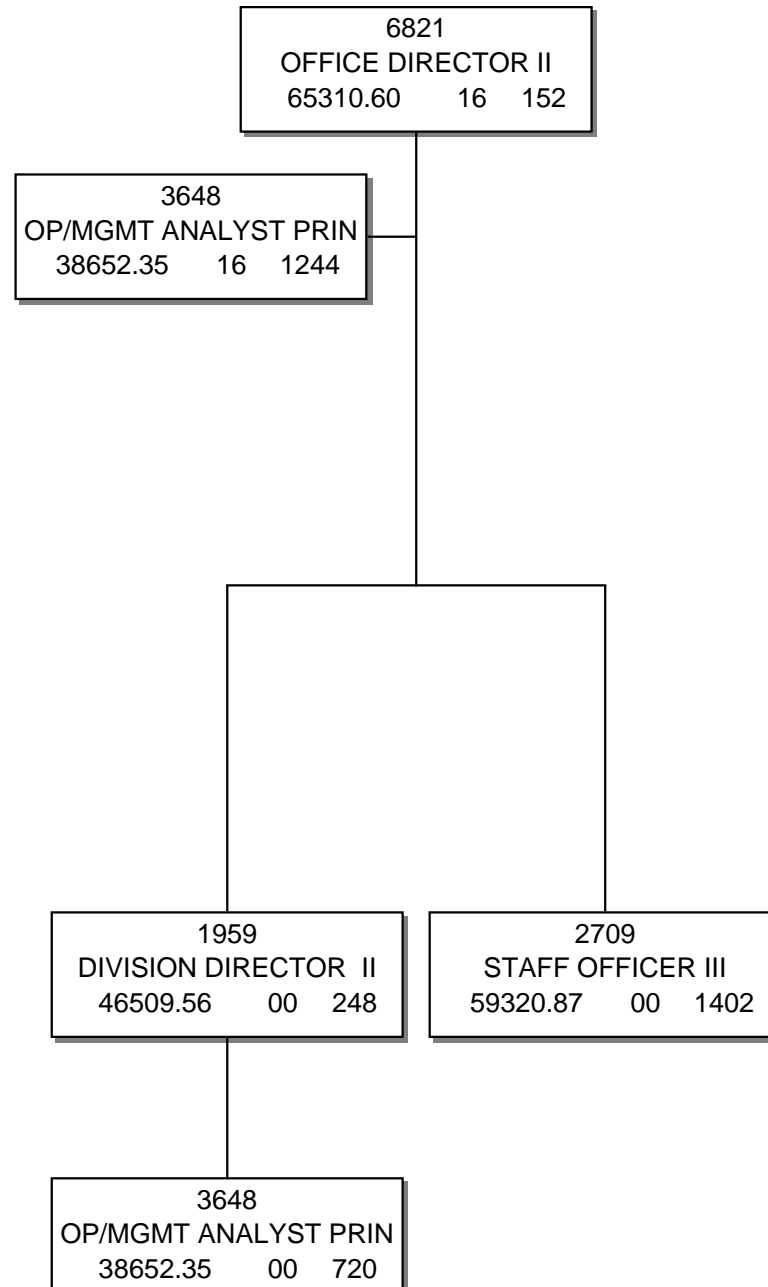


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COMPLIANCE

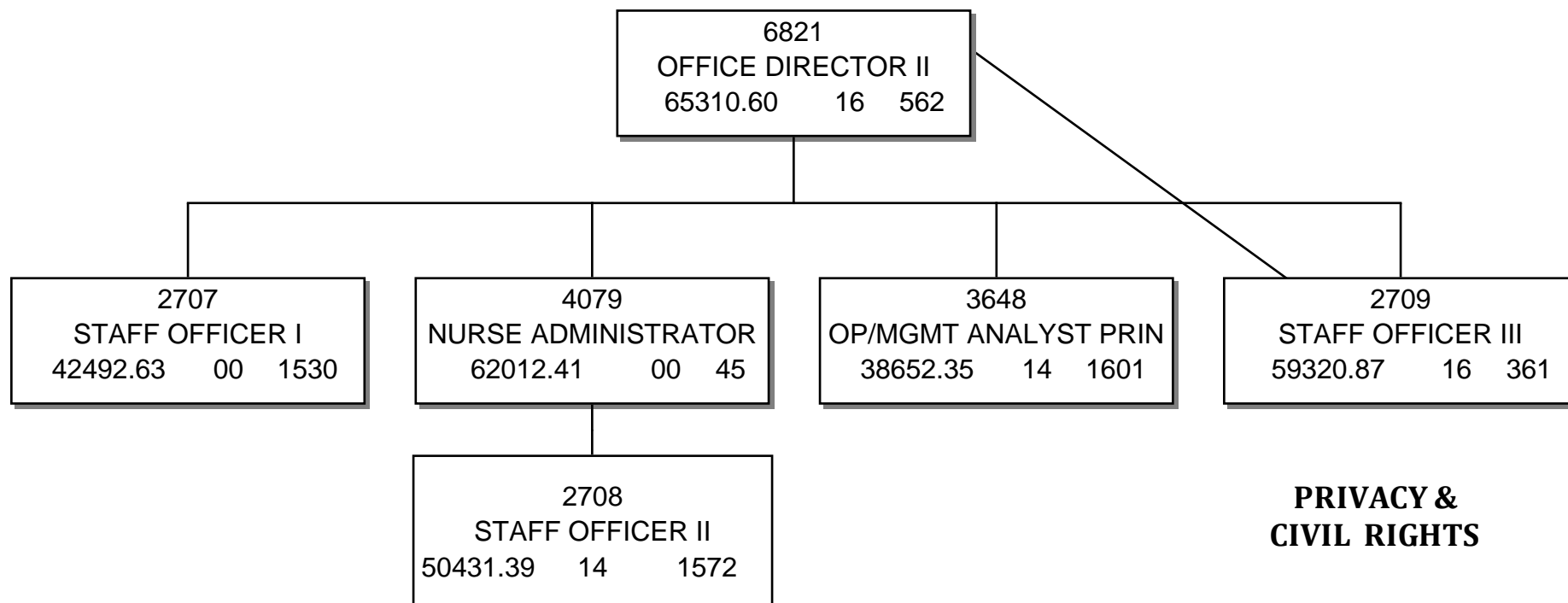


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EXTERNAL AFFAIRS

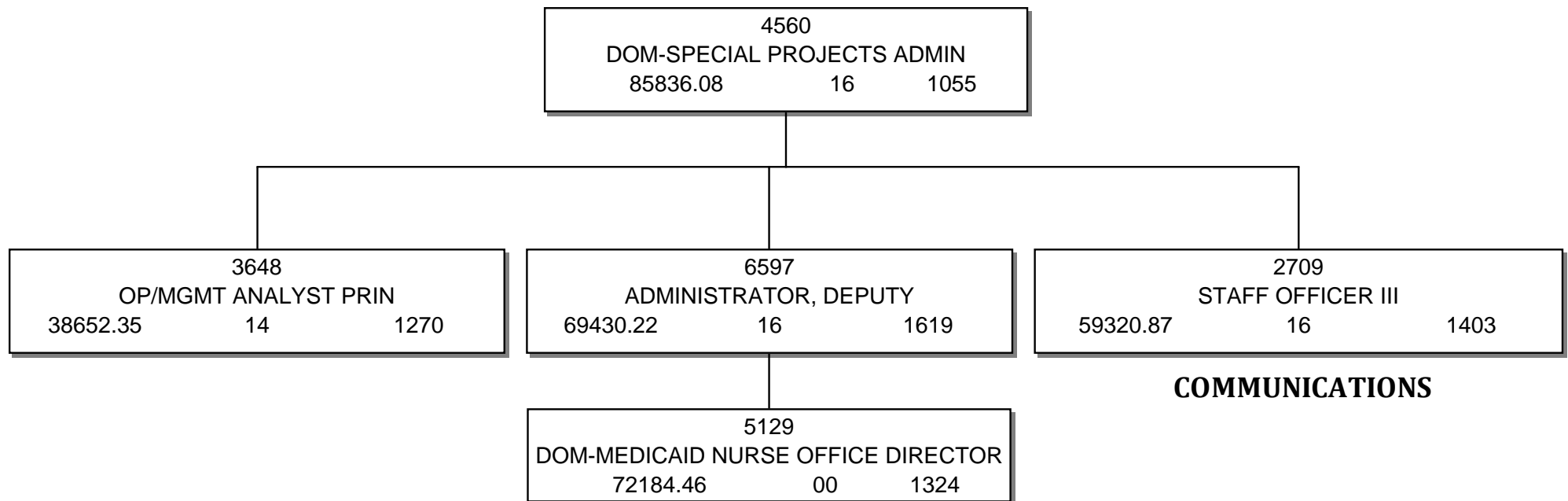


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COMMUNICATIONS

**DIRECTOR OF LONG TERM
SERVICES & SUPPORTS**

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LONG TERM SERVICES AND SUPPORT

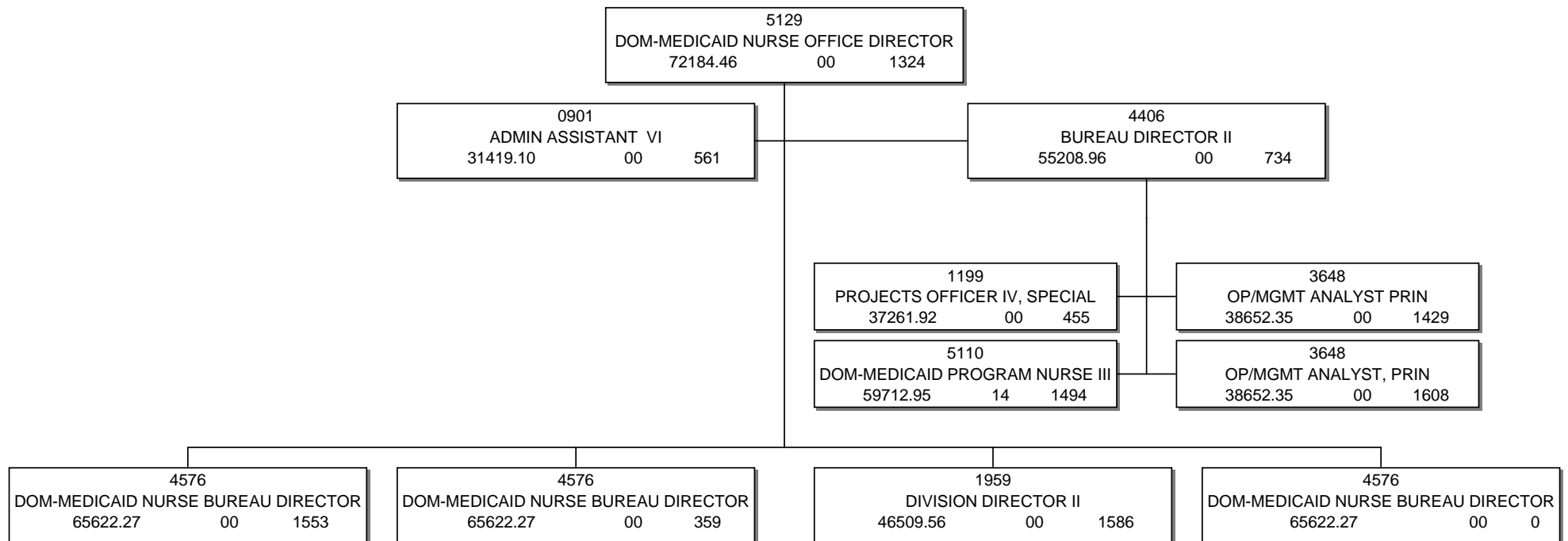


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**IND LIVING & TBI/SCI WAIVERS
PAGE 17**

**CASE MIX/INST. LONG TERM
PAGE 18**

**ASSISTED LIVING WAIVER
PAGE 19**

**E & D WAIVER
PAGE 20**

IND LIVING & TBI/ SCI WAIVERS

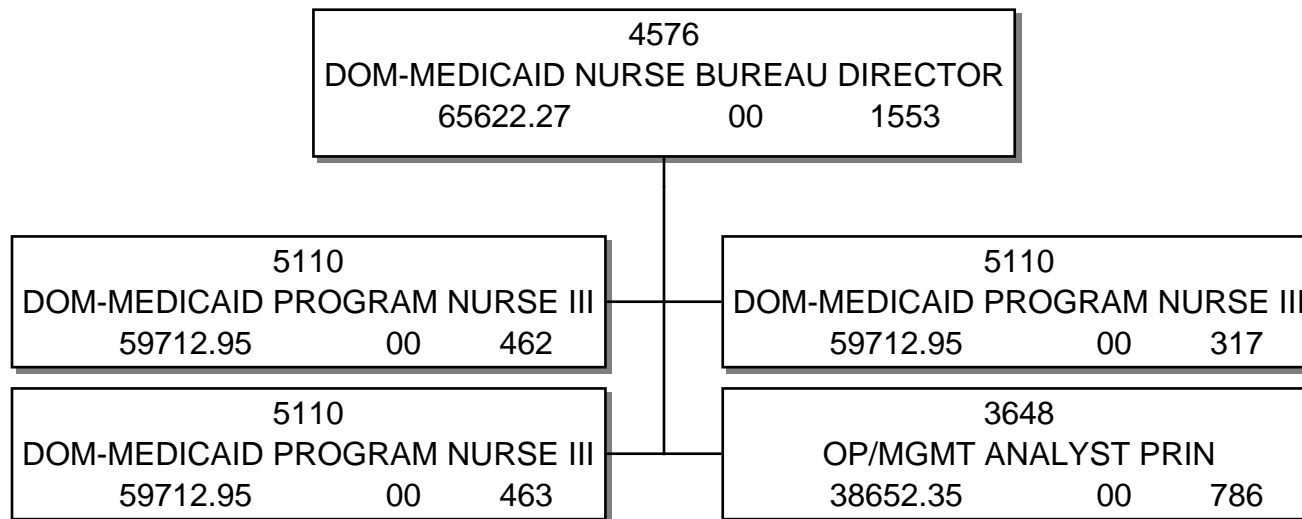


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CASE MIX/INST. LONG TERM

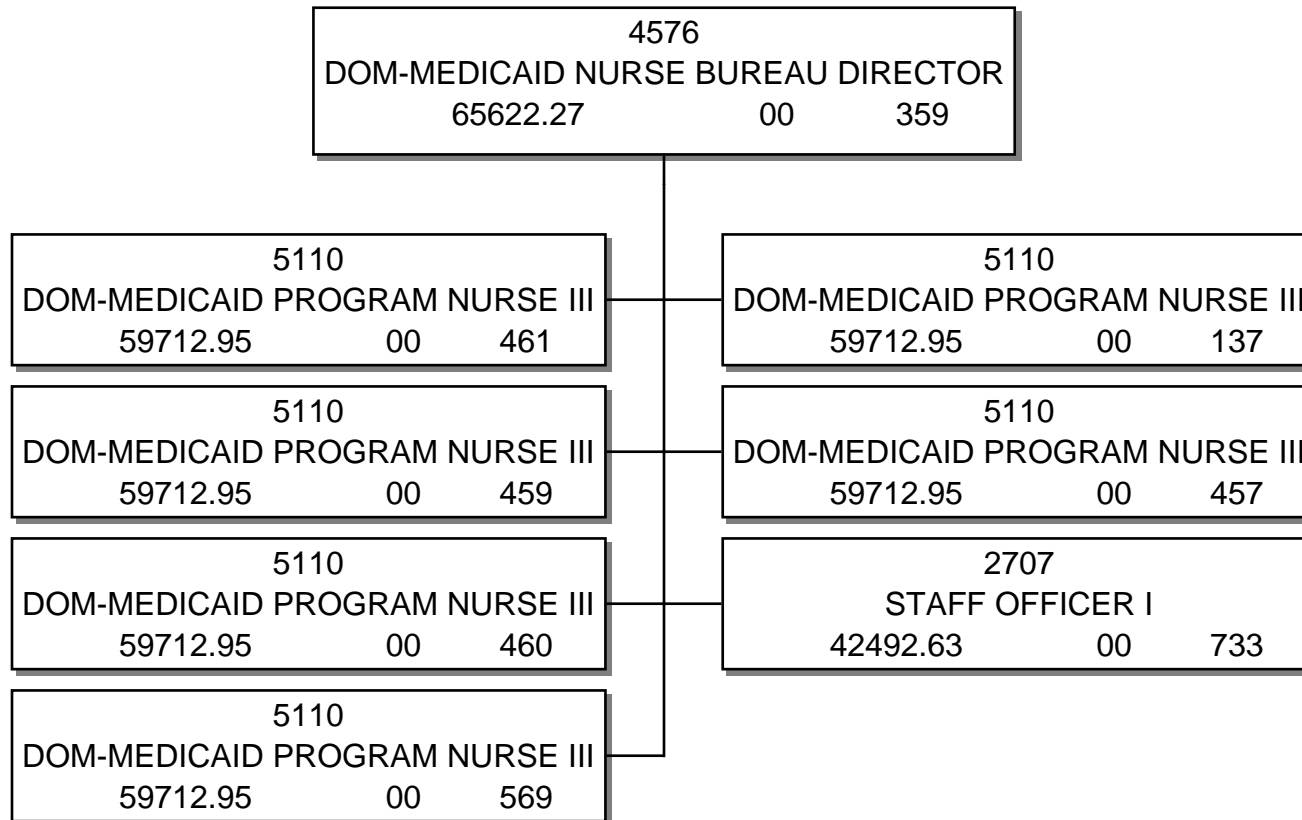


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ASSISTED LIVING WAIVER

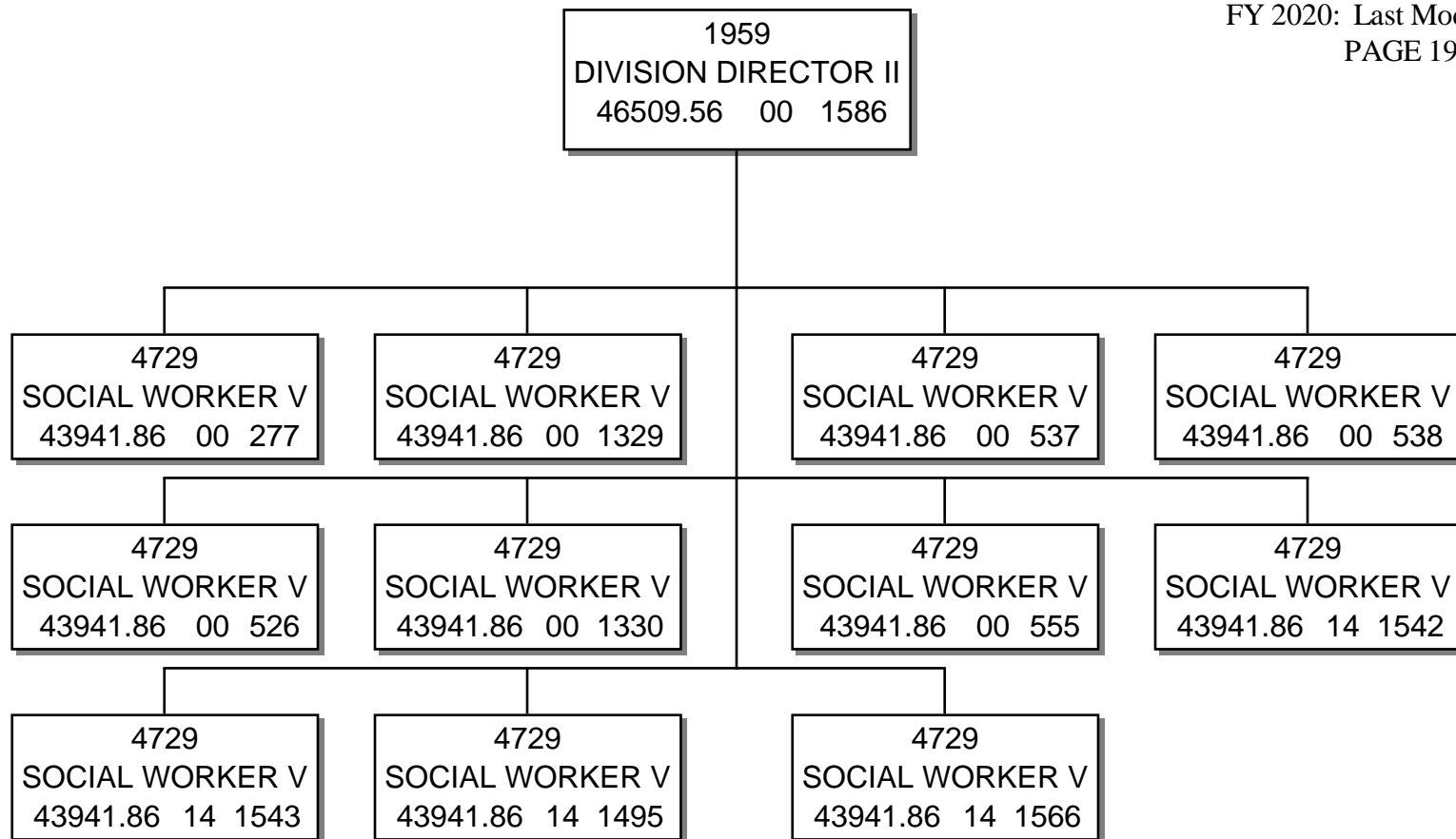


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E & D WAIVER

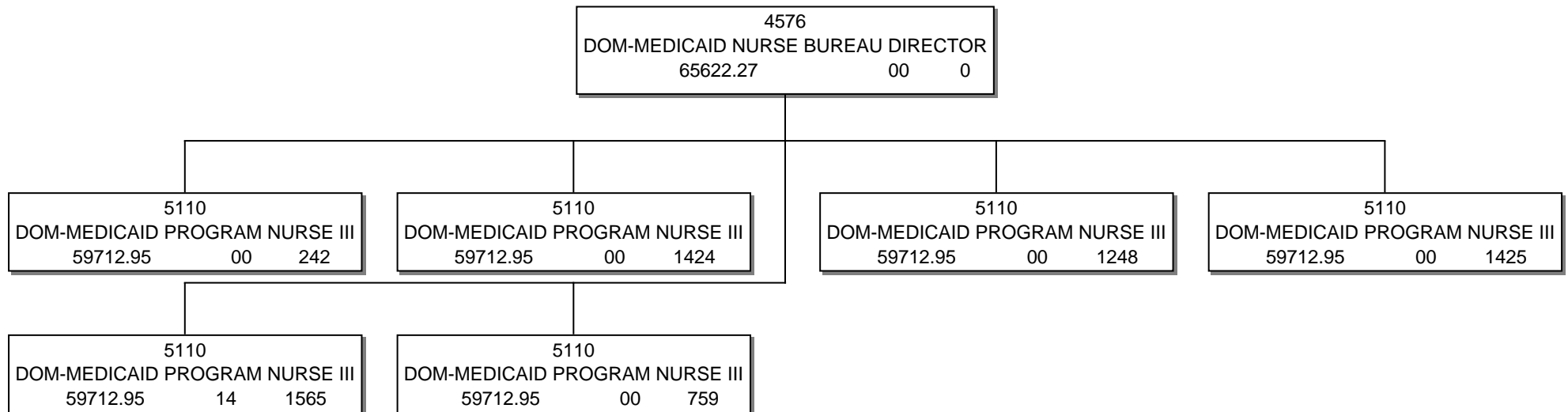


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HUMAN RESOURCES

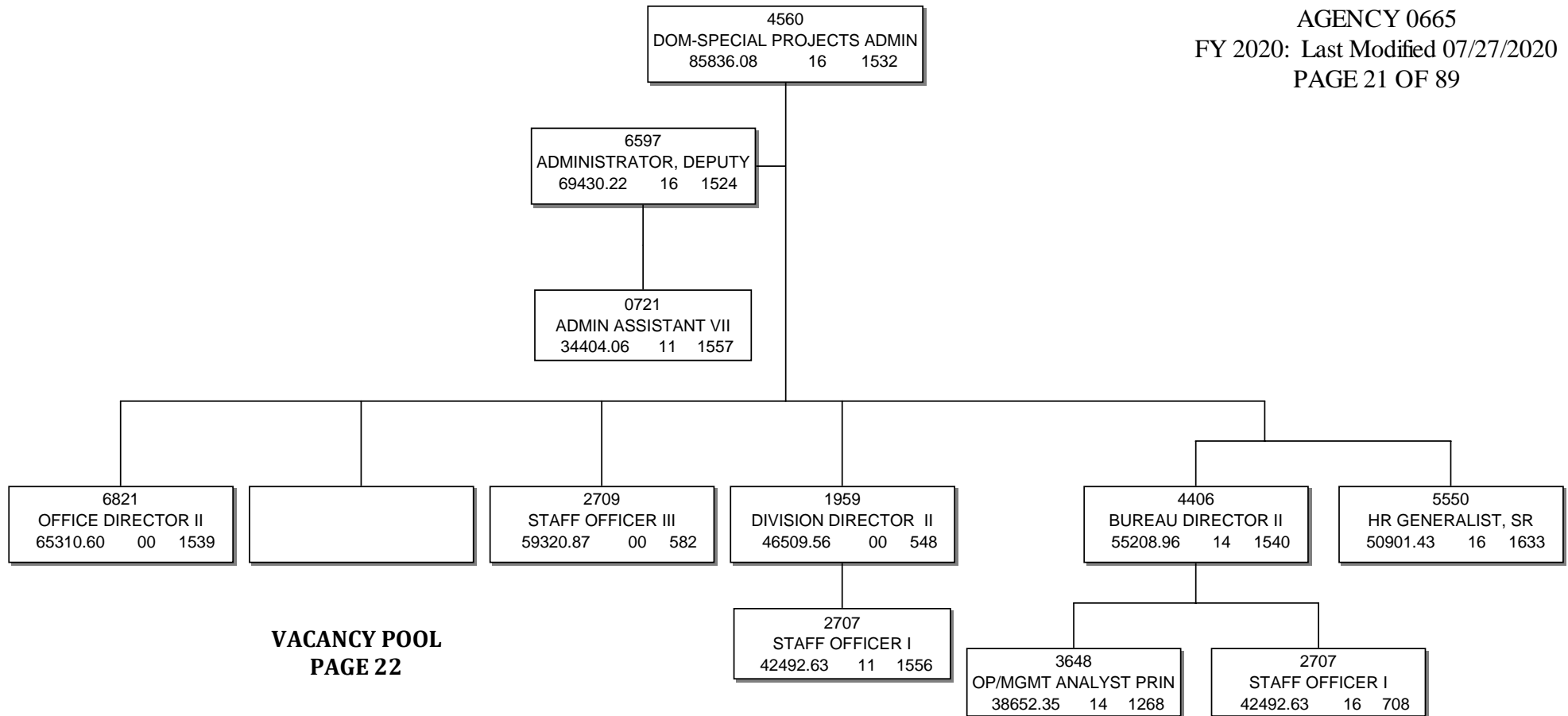


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VACANCY POOL

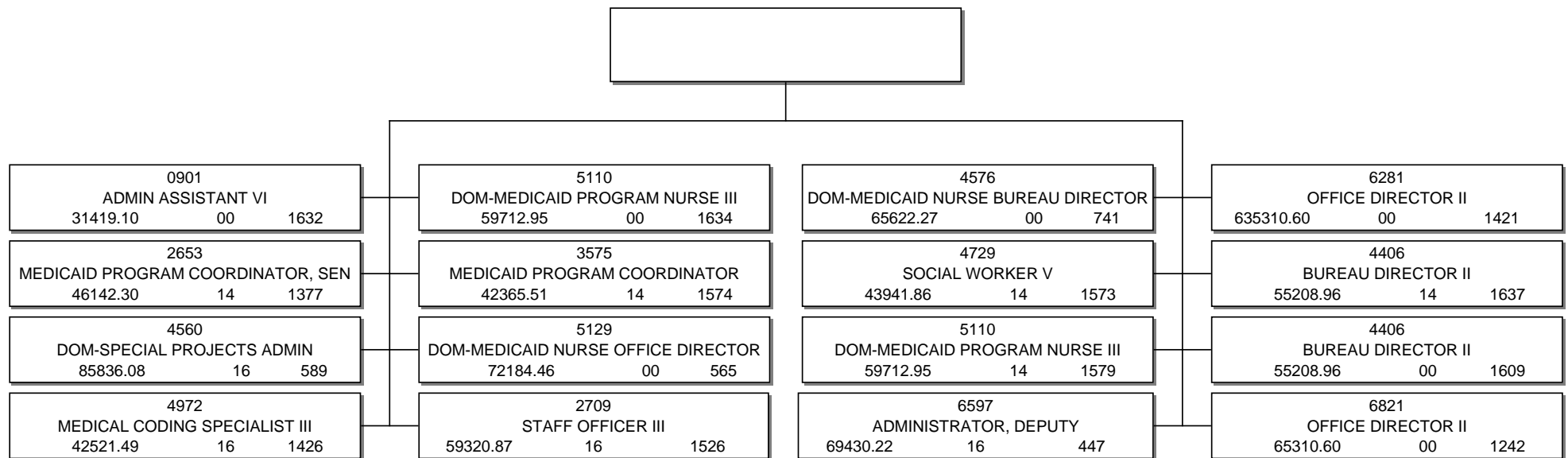


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LEGAL

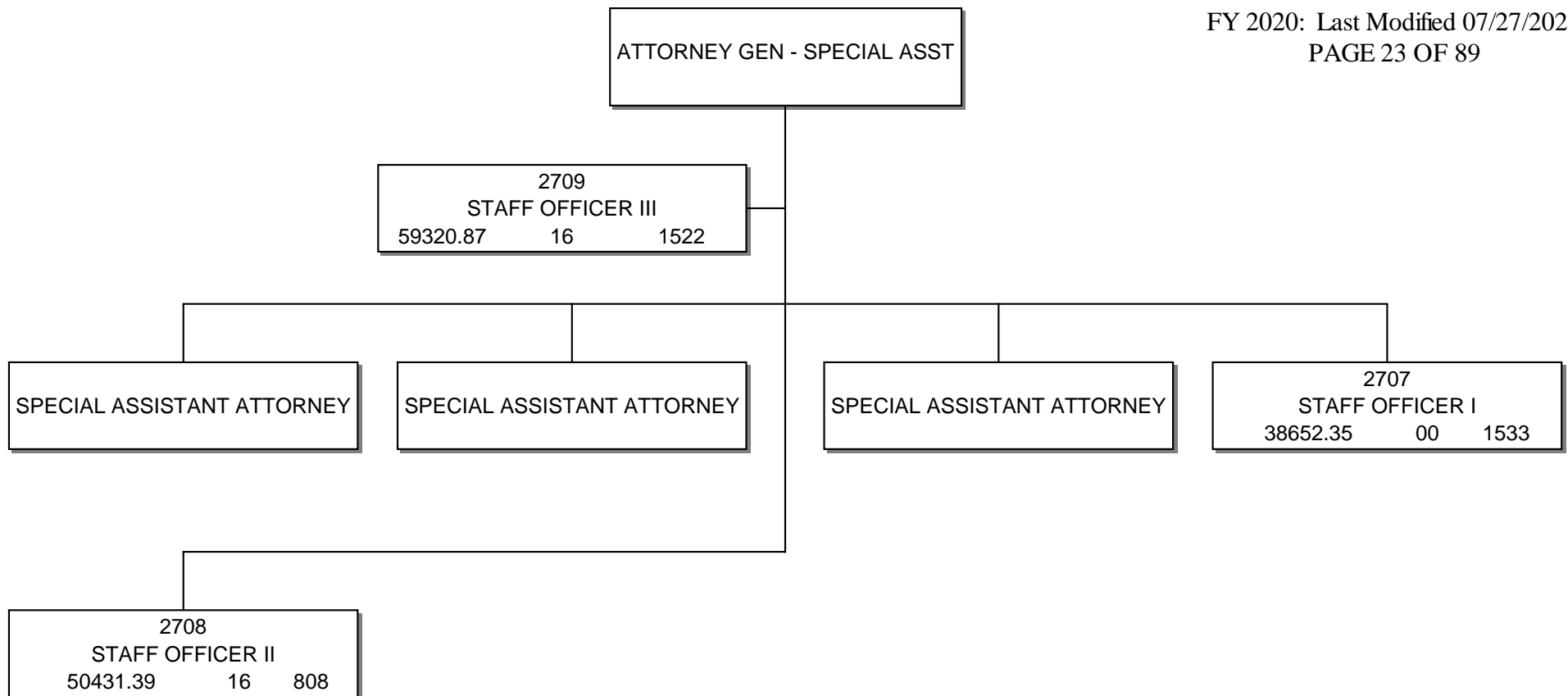


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OFFICE OF INFORMATION TECHNOLOGY MANAGEMENT

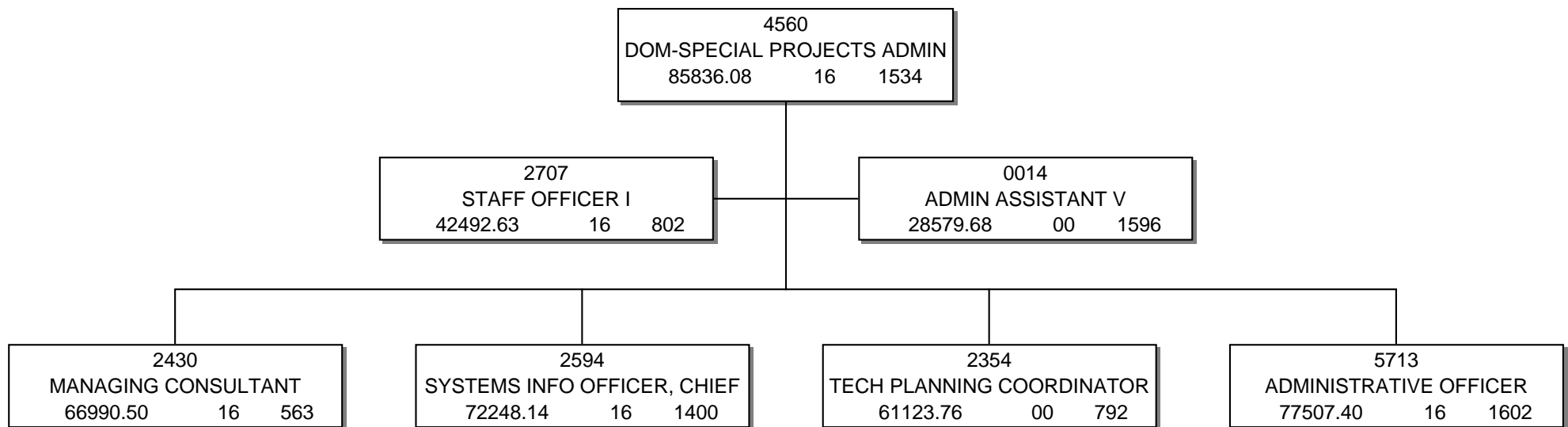


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MRP PAGE 25

TECHNOLOGY OPERATIONS
PAGE 26

MRP



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2430
MANAGING CONSULTANT
66990.50 16 563

2350
SYSTEMS MANAGER II
61309.81 16 552

TECHNOLOGY OPERATIONS

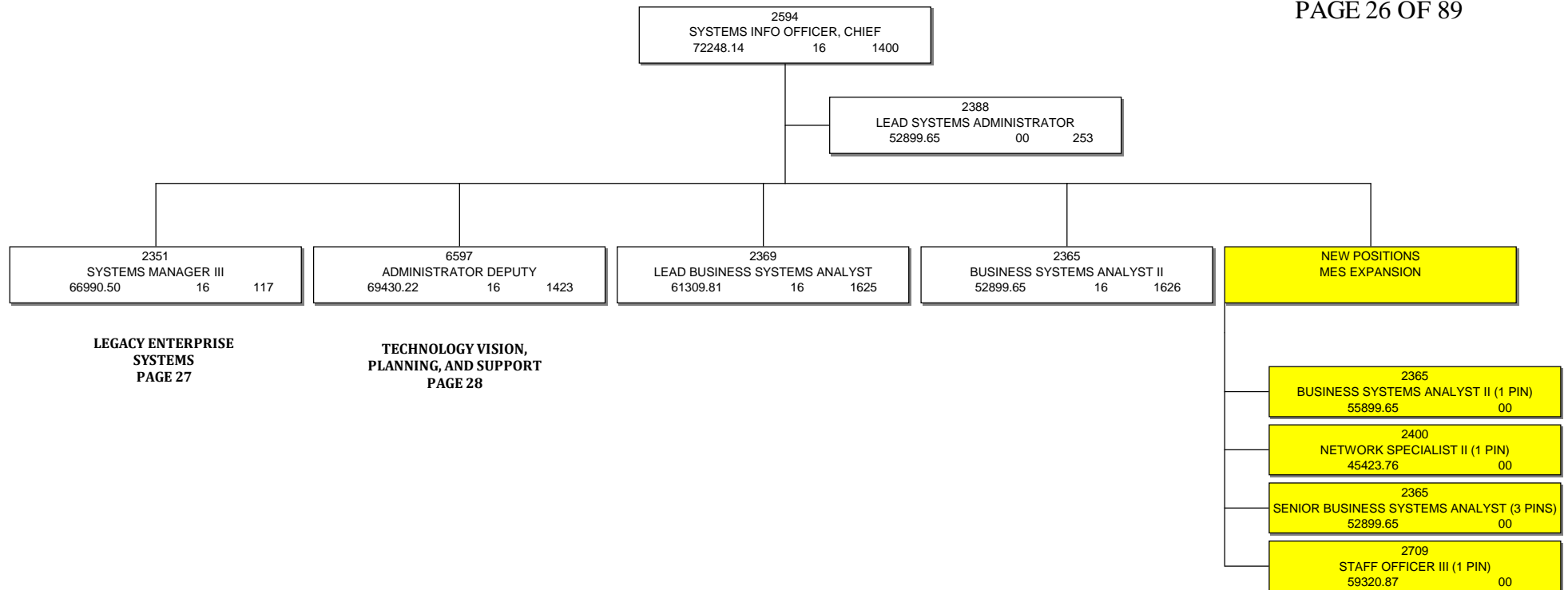


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LEGACY ENTERPRISE SYSTEMS

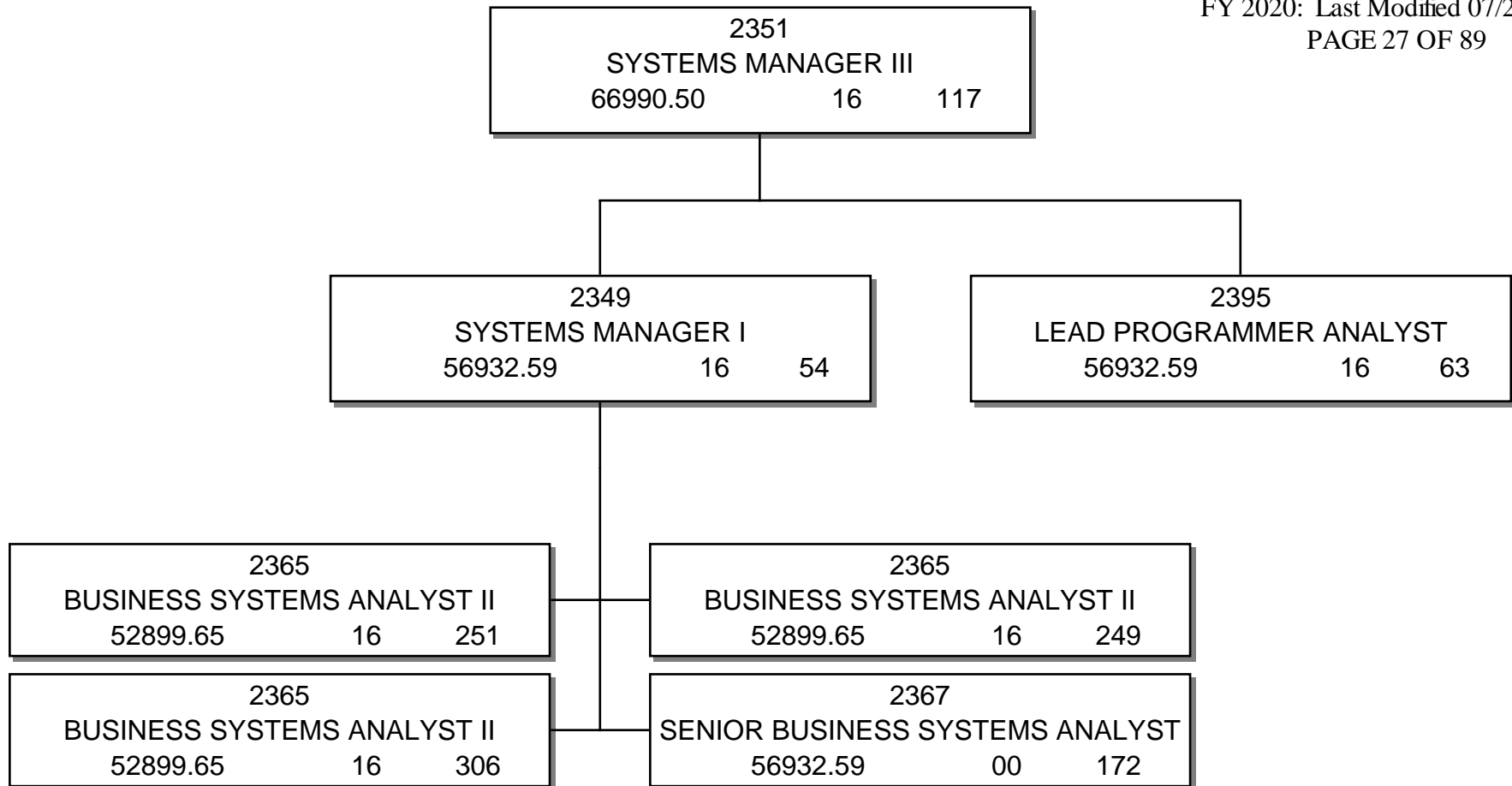


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TECHNOLOGY VISION, PLANNING, AND SUPPORT

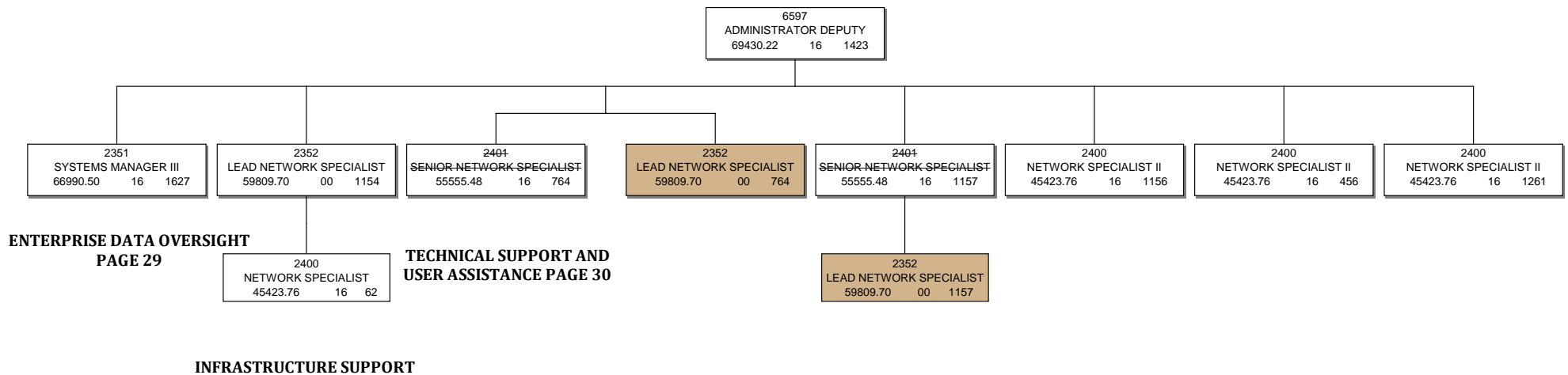


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ENTERPRISE DATA OVERSIGHT

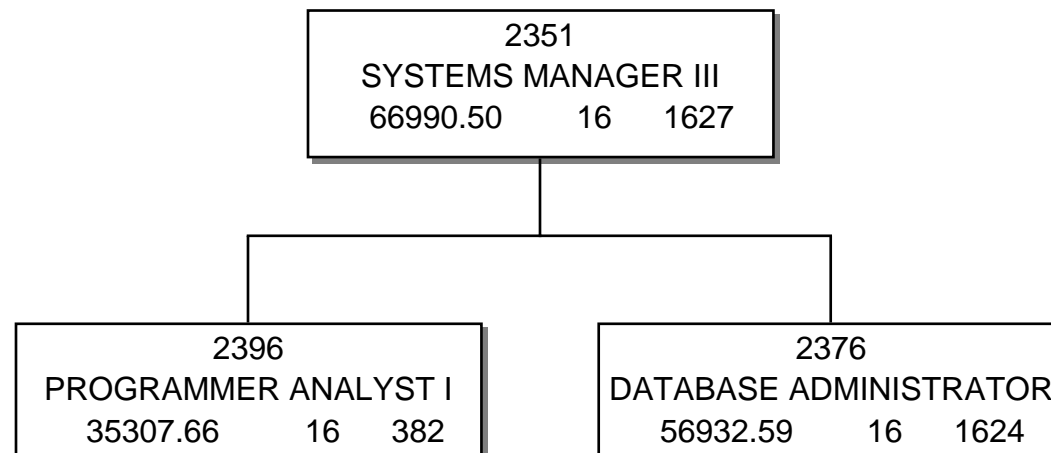


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TECHNICAL SUPPORT AND USER ASSISTANCE

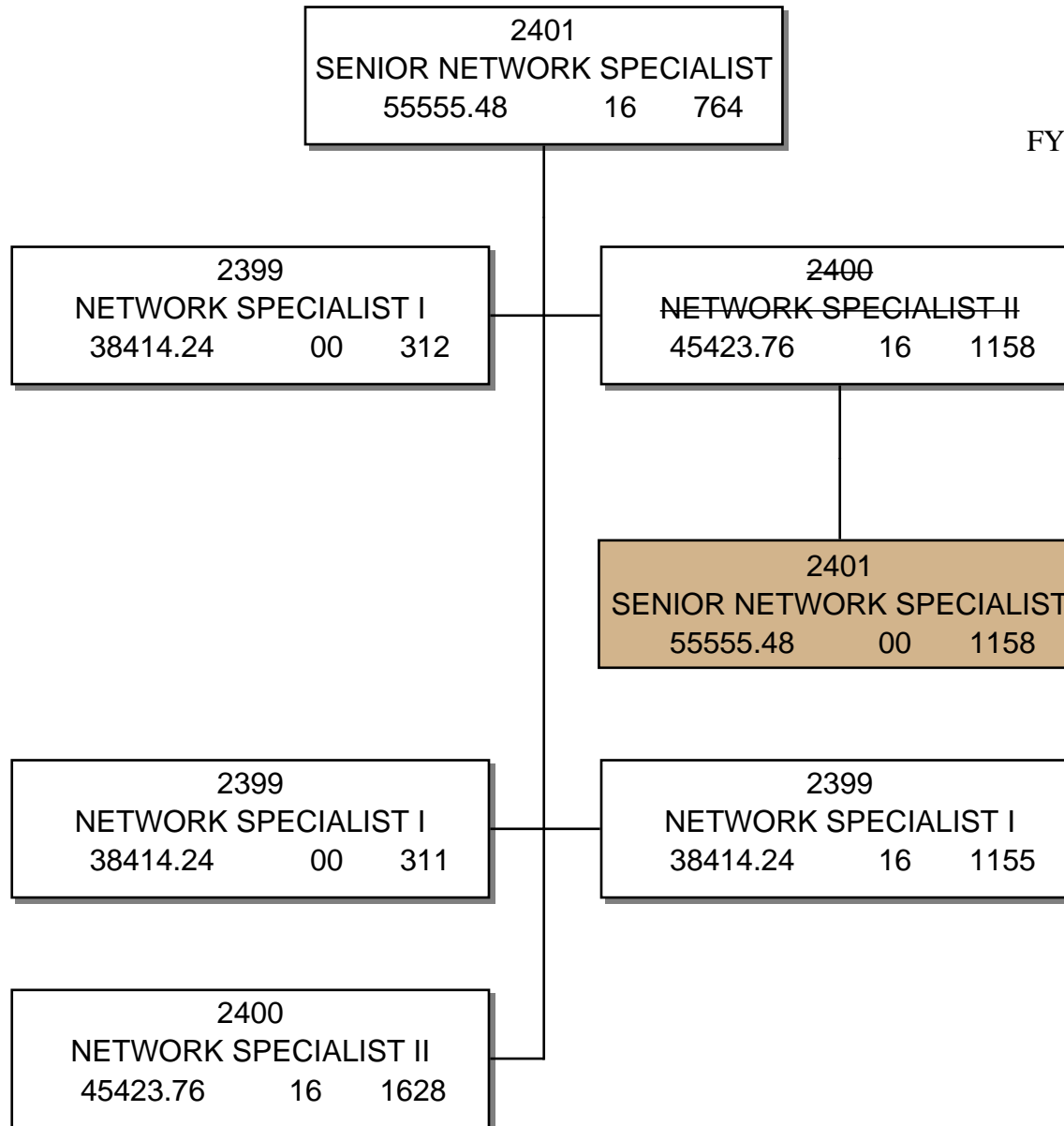


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ADMINISTRATION

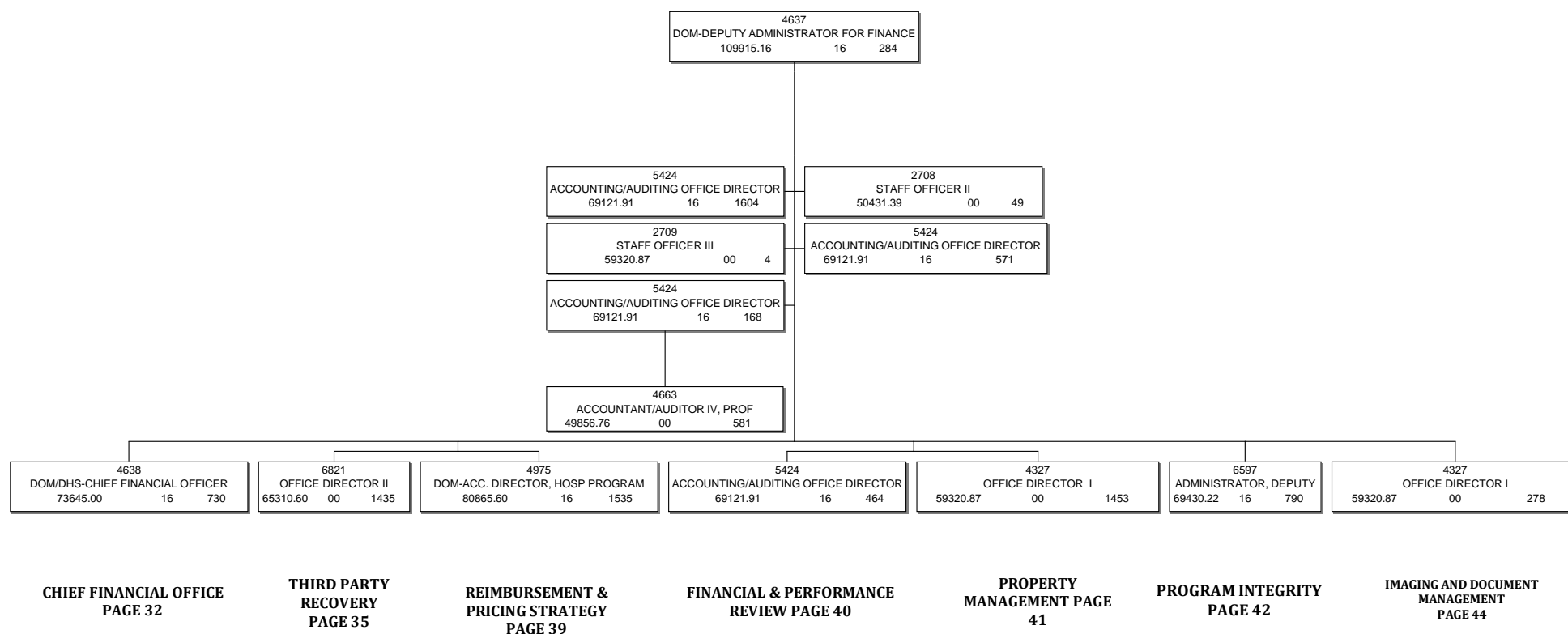


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CHIEF FINANCIAL OFFICE

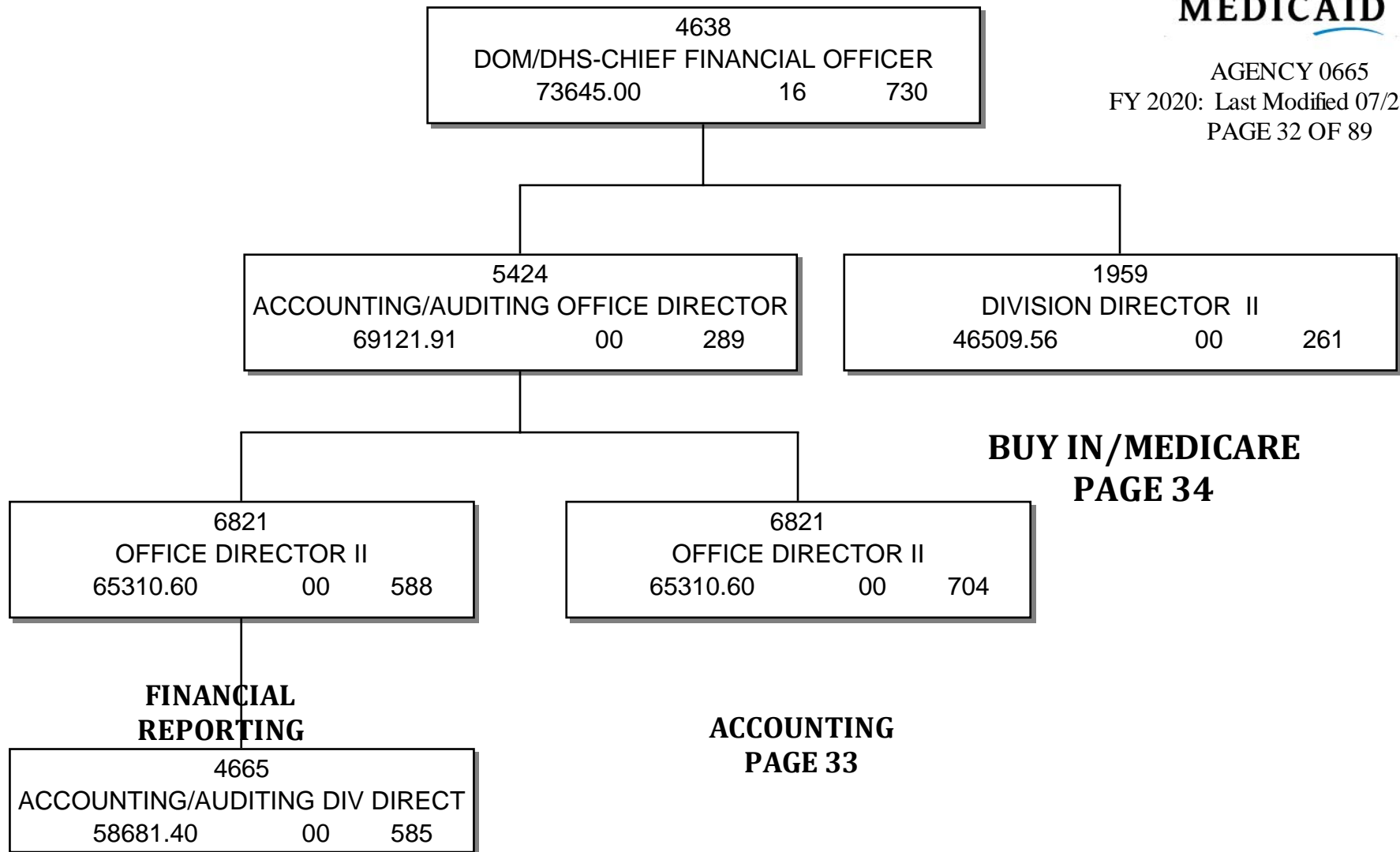


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ACCOUNTING

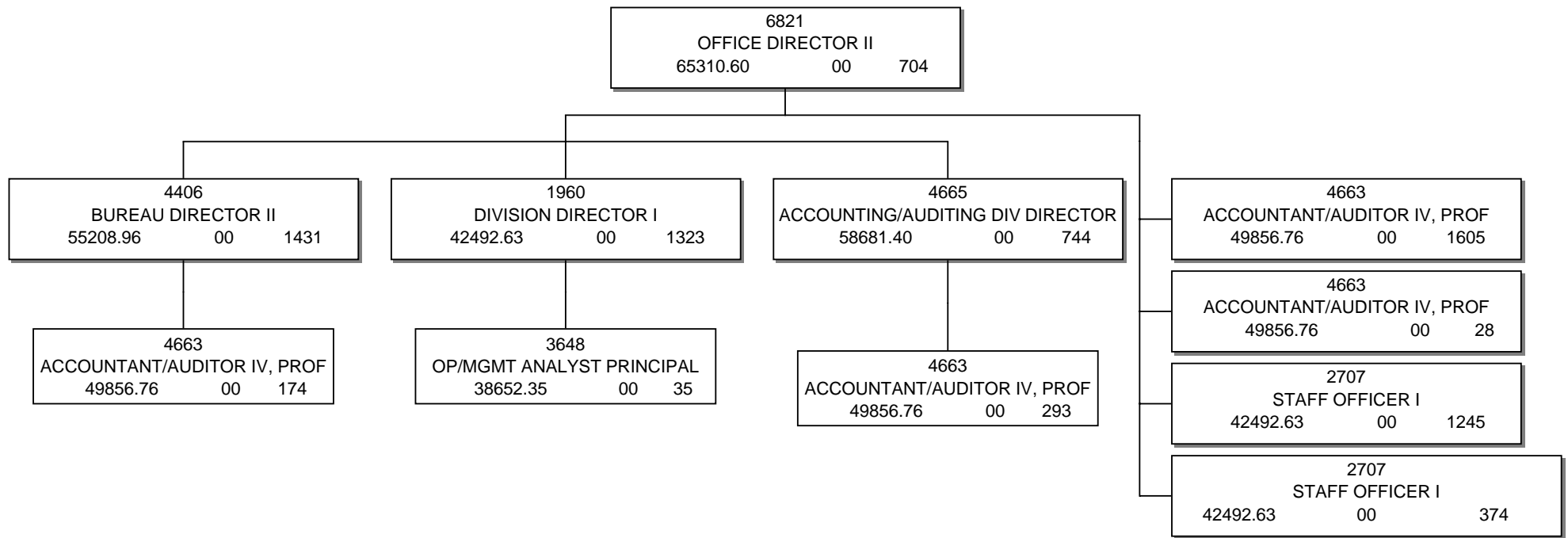


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BUY IN/MEDICARE PAGE

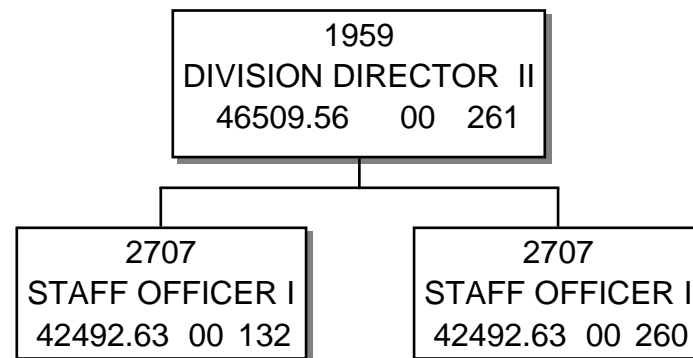


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THIRD PARTY RECOVERY

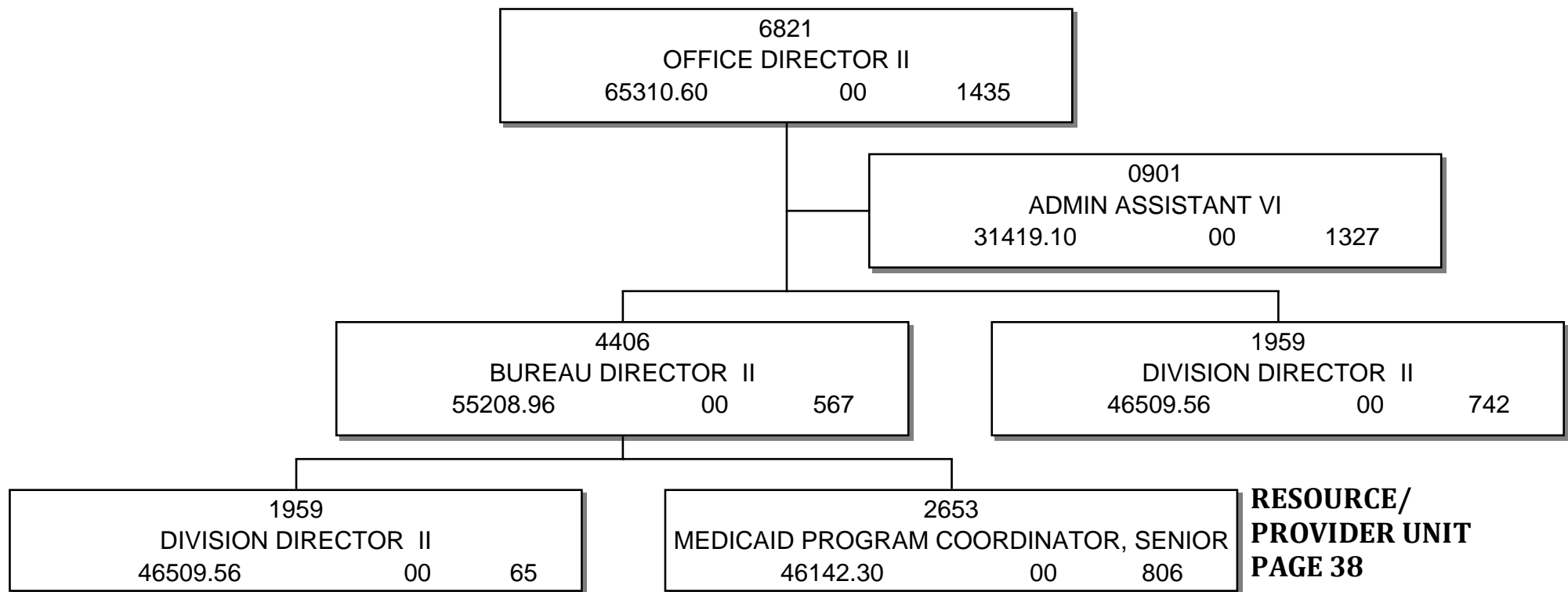


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**RESOURCE/
PROVIDER UNIT
PAGE 38**

**BOOKKEEPING
UNIT/ADMINISTRATIVE
SUPPORT
PAGE 36**

**BR/ER/CASUALTY
UNIT
PAGE 37**

BOOKKEEPING UNIT/ADMINISTRATIVE SUPPORT

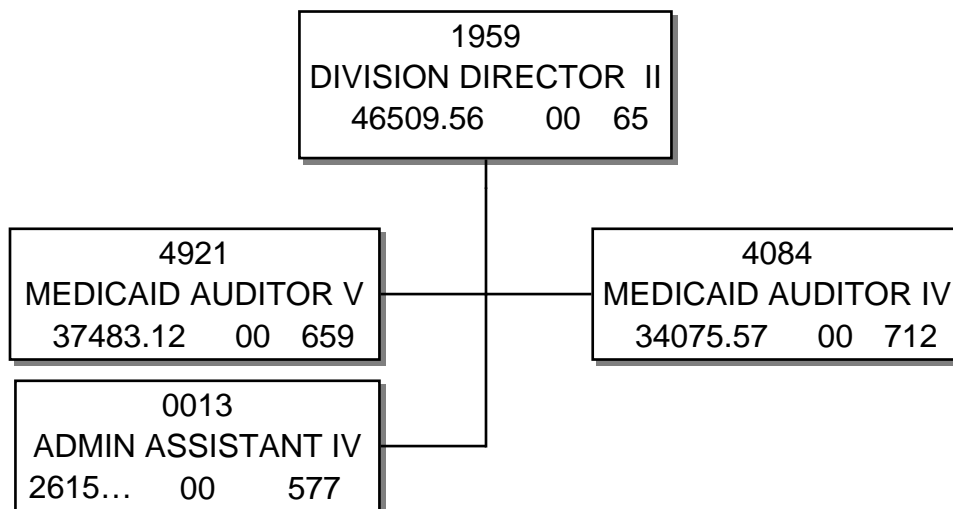


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BENEFICIARY RECOUPMENT/ ESTATE RECOVERY/CASUALTY UNIT



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2653
MEDICAID PROGRAM COORDINATOR, SENIOR
46142.30 00 806

4082
MEDICAID INVESTIGATOR III
36855.69 00 716

RESOURCE/PROVIDER UNIT

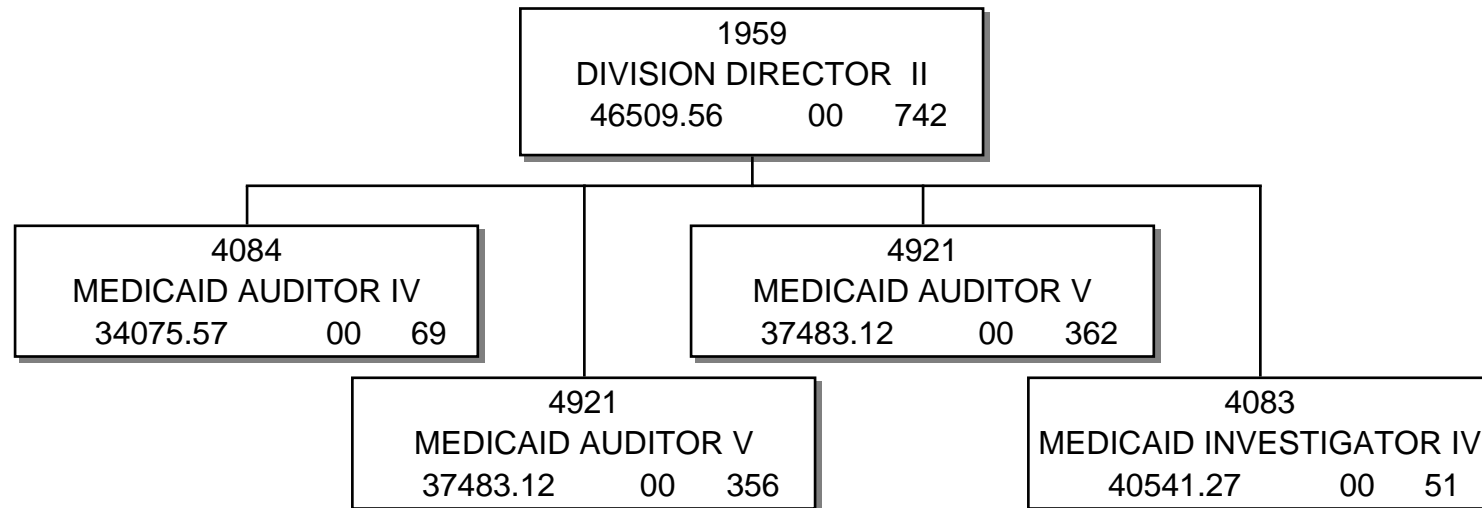


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PROVIDER REIMBURSEMENT & PRICING STRATEGY

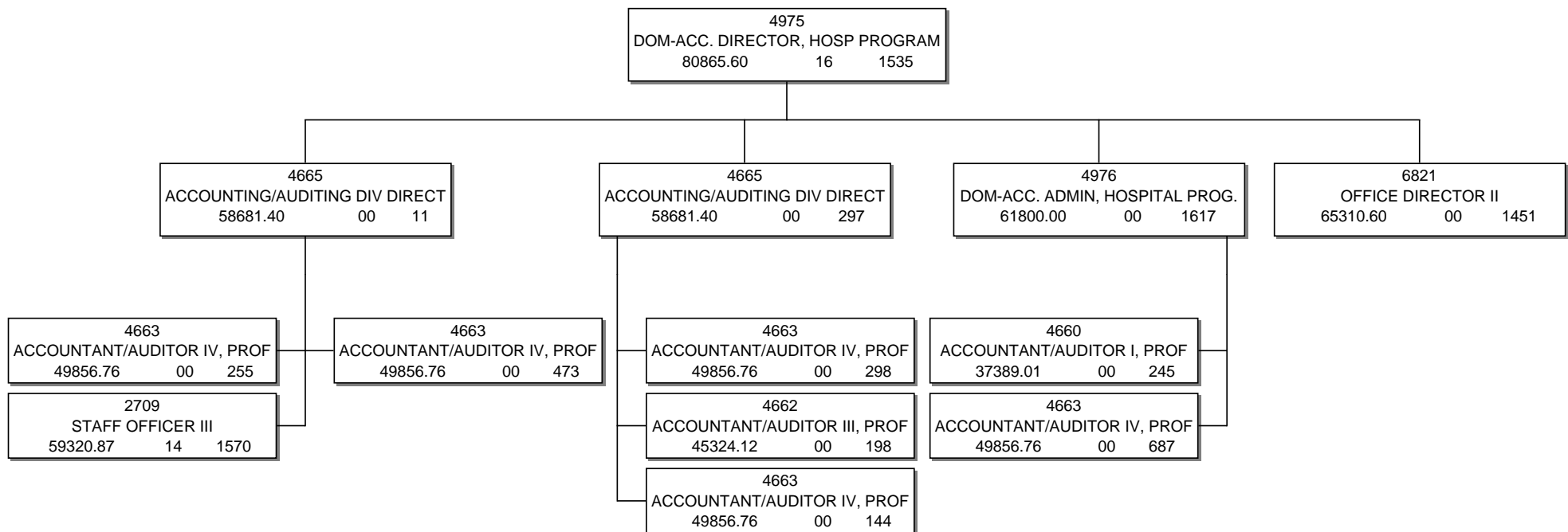


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FINANCIAL & PERFORMANCE REVIEW

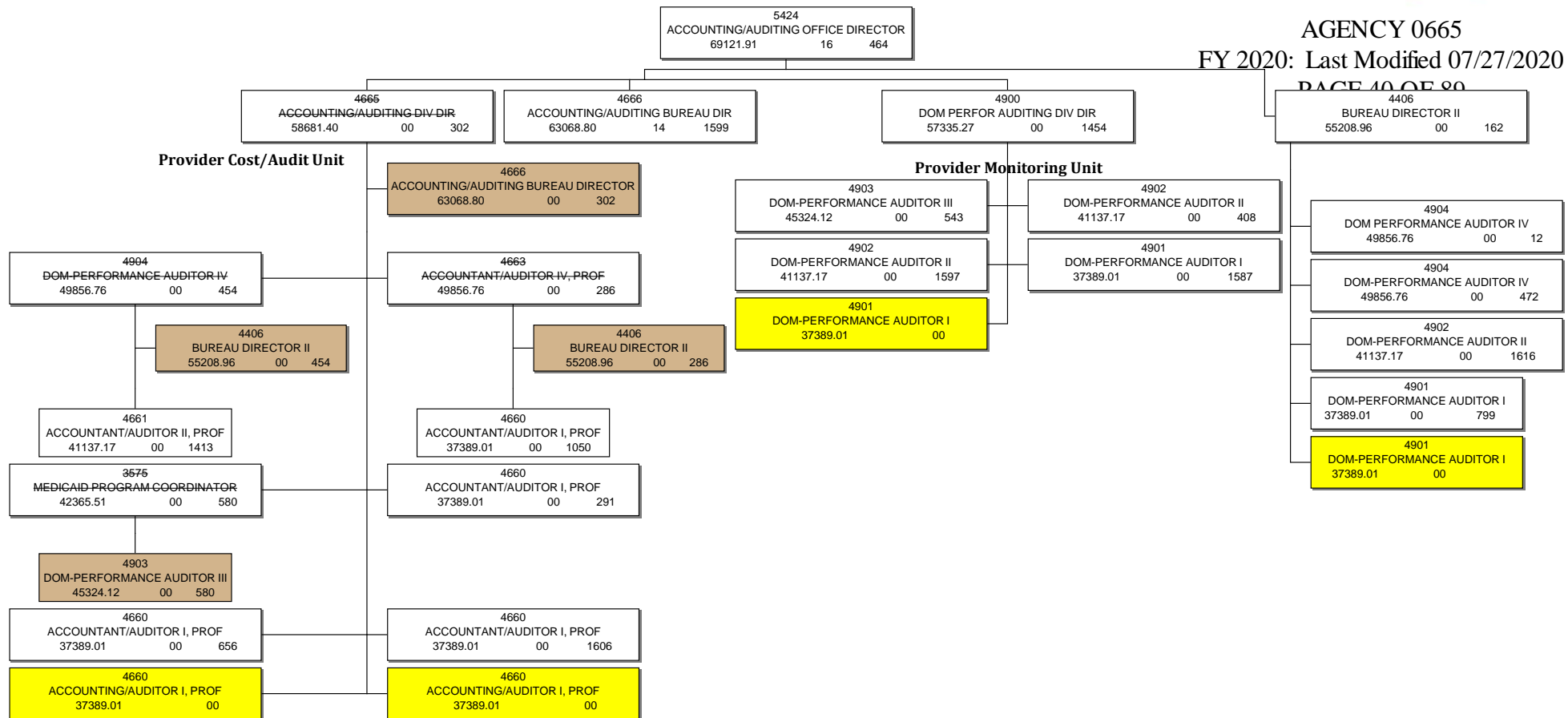


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PROPERTY MANAGEMENT

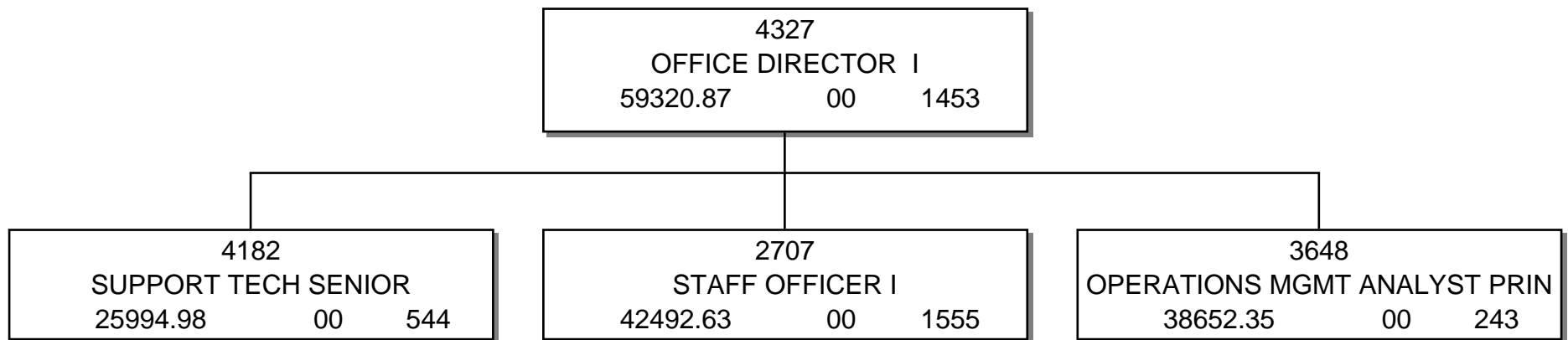


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PROGRAM INTEGRITY

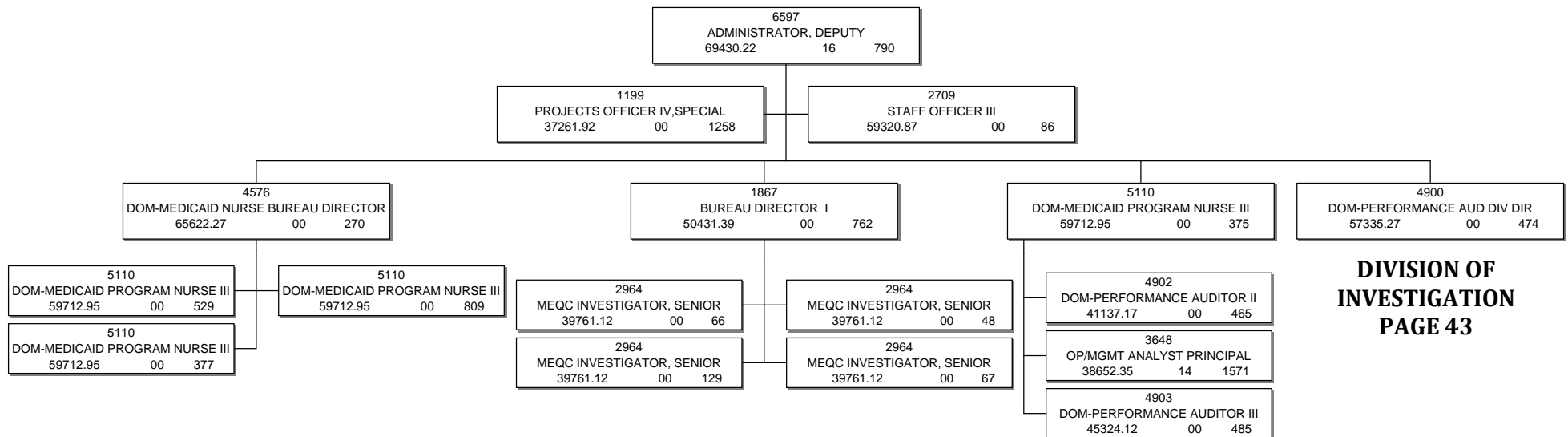


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**DIVISION OF
INVESTIGATION
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DIVISION OF INVESTIGATION

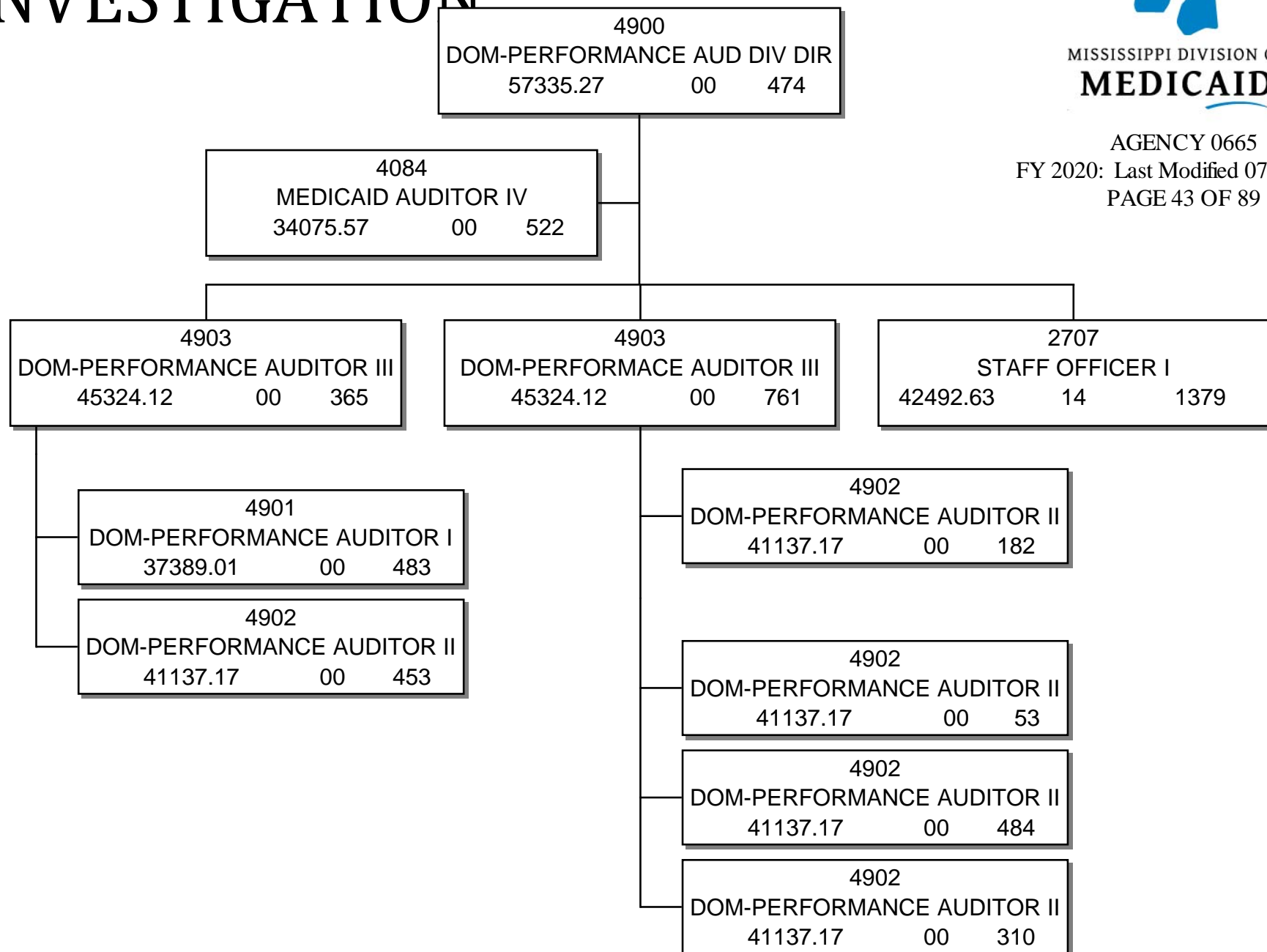


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IMAGING AND DOCUMENT MANAGEMENT

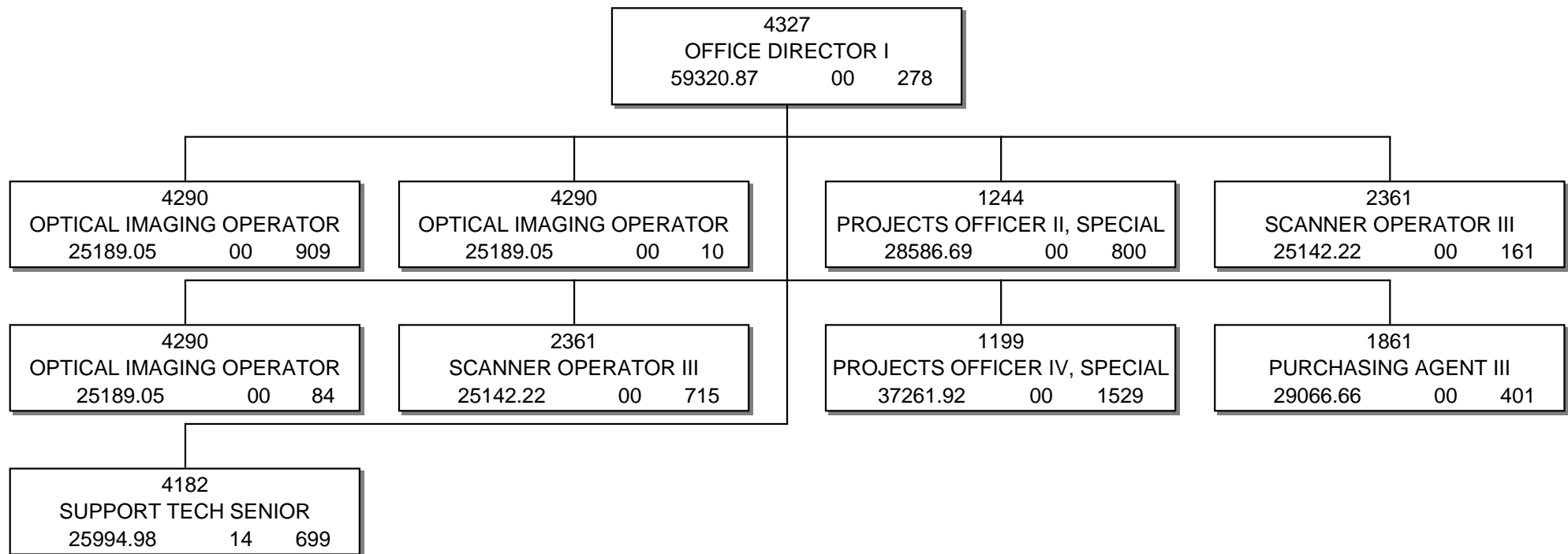


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ELIGIBILITY

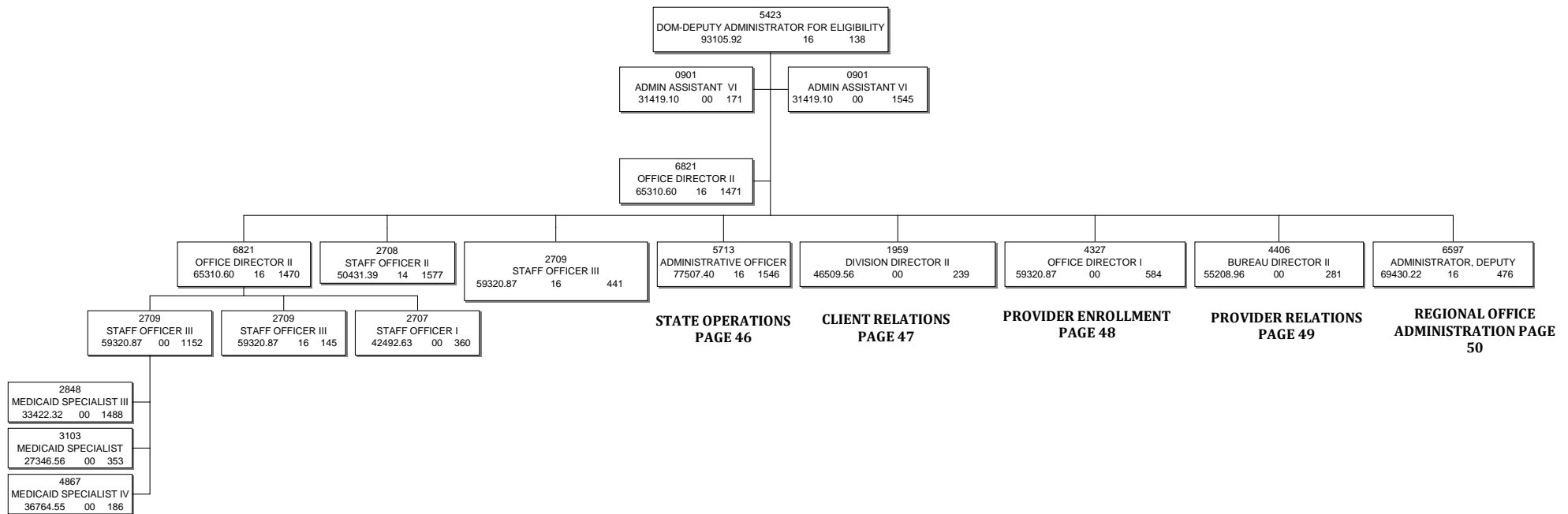


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STATE OPERATIONS

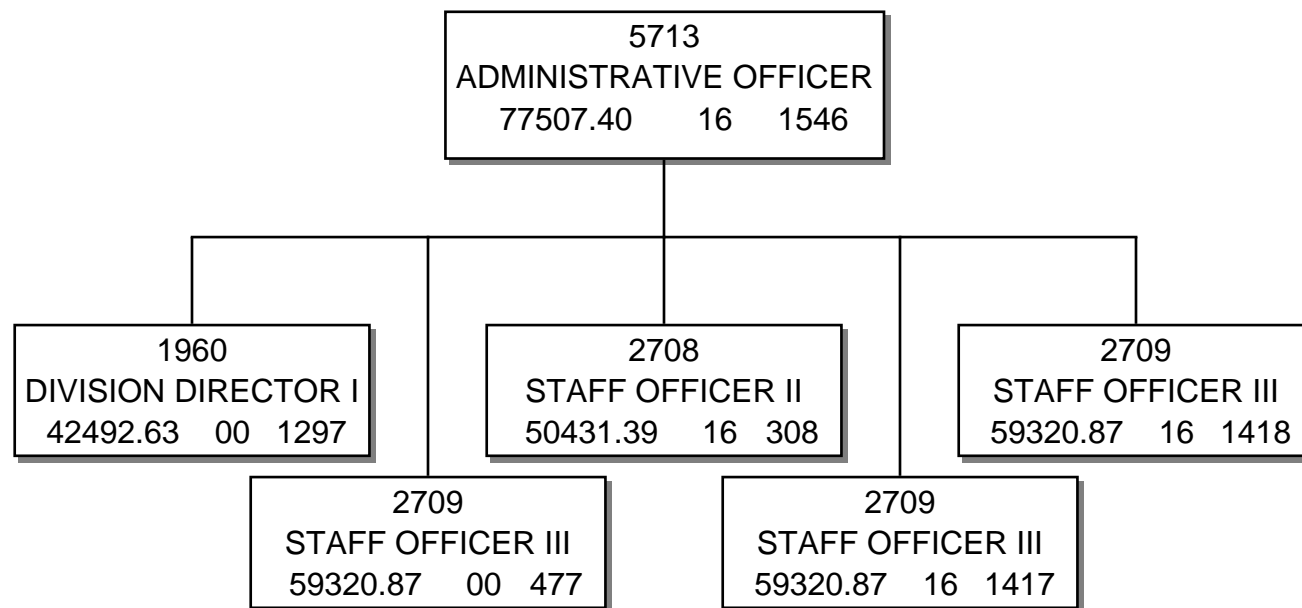


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CLIENT RELATIONS

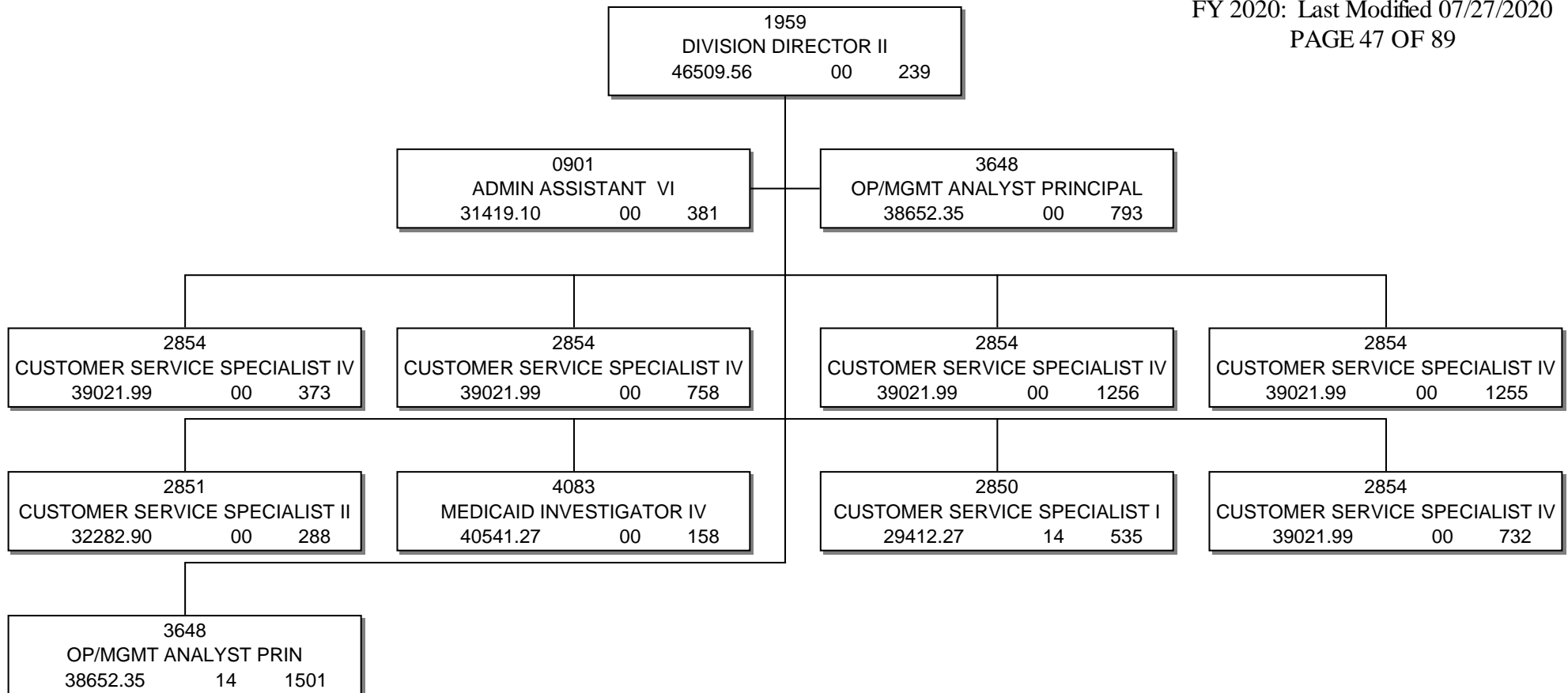


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PROVIDER ENROLLMENT

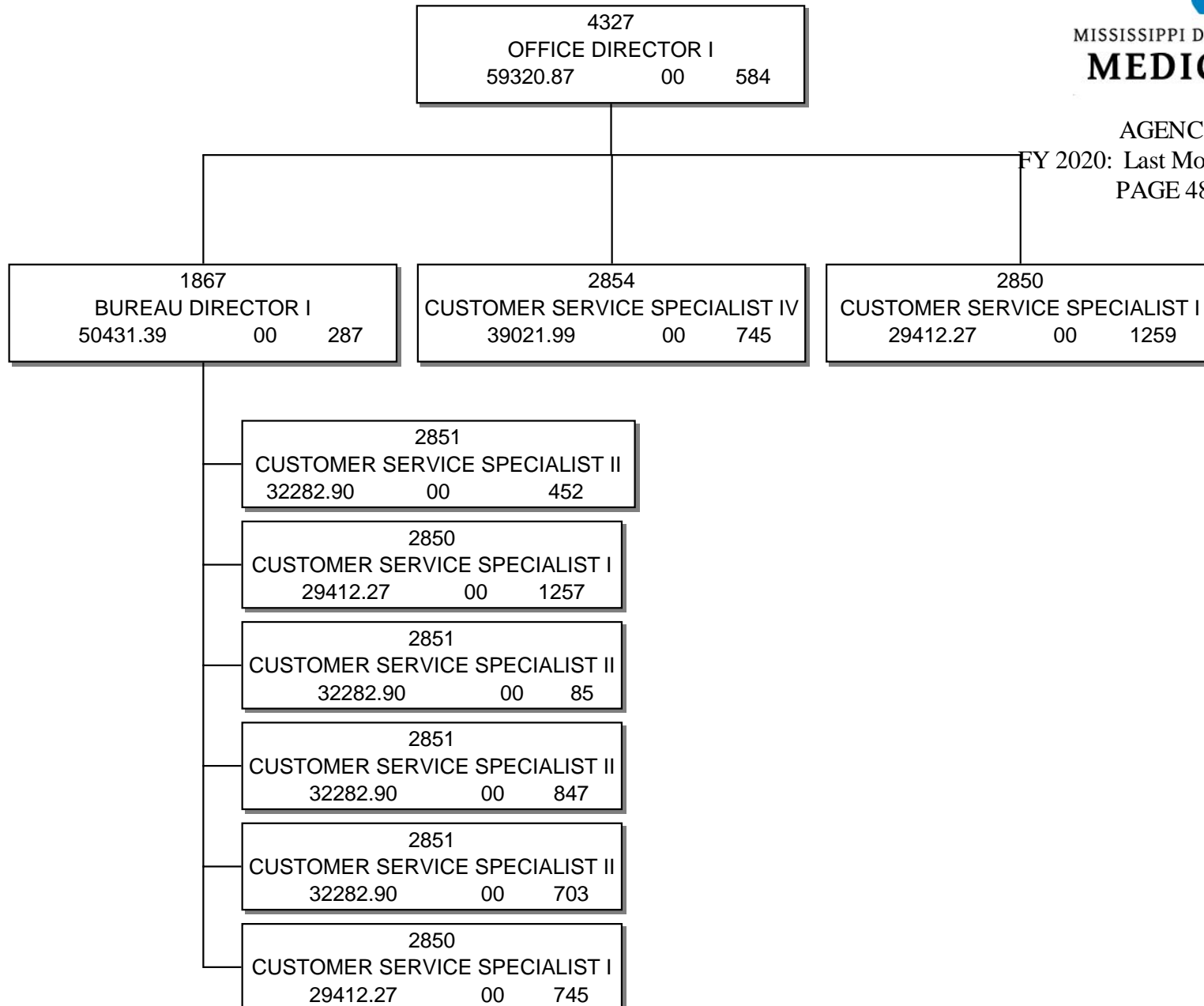


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PROVIDER RELATIONS

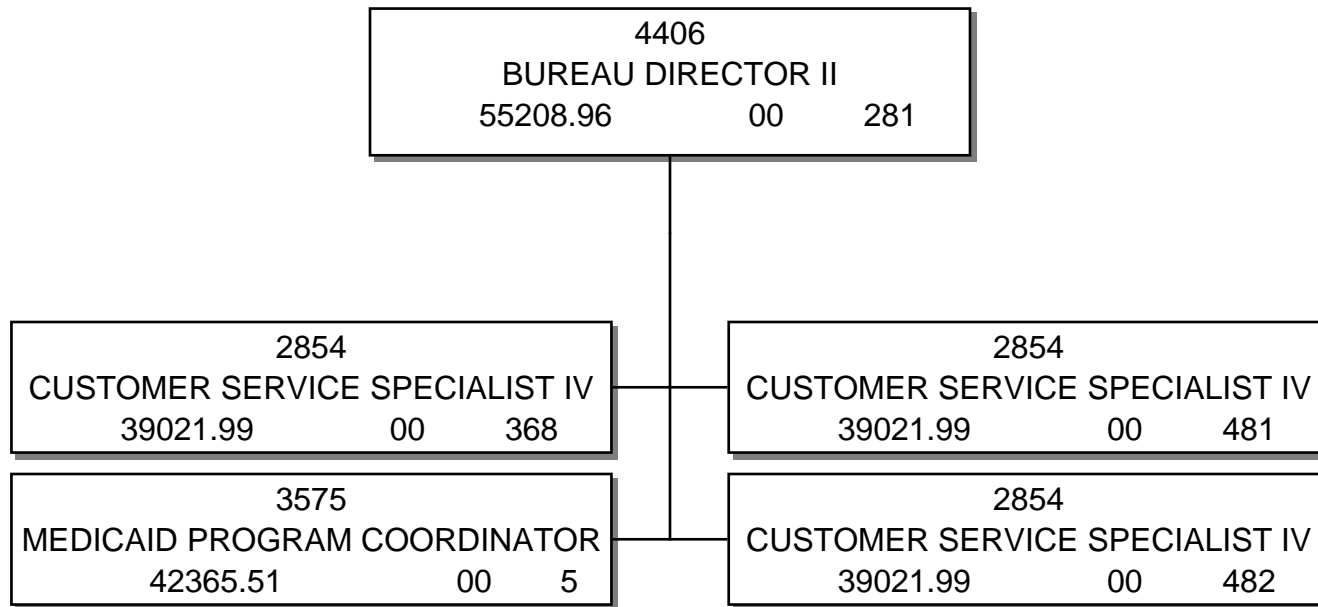


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REGIONAL OFFICE ADMINISTRATION

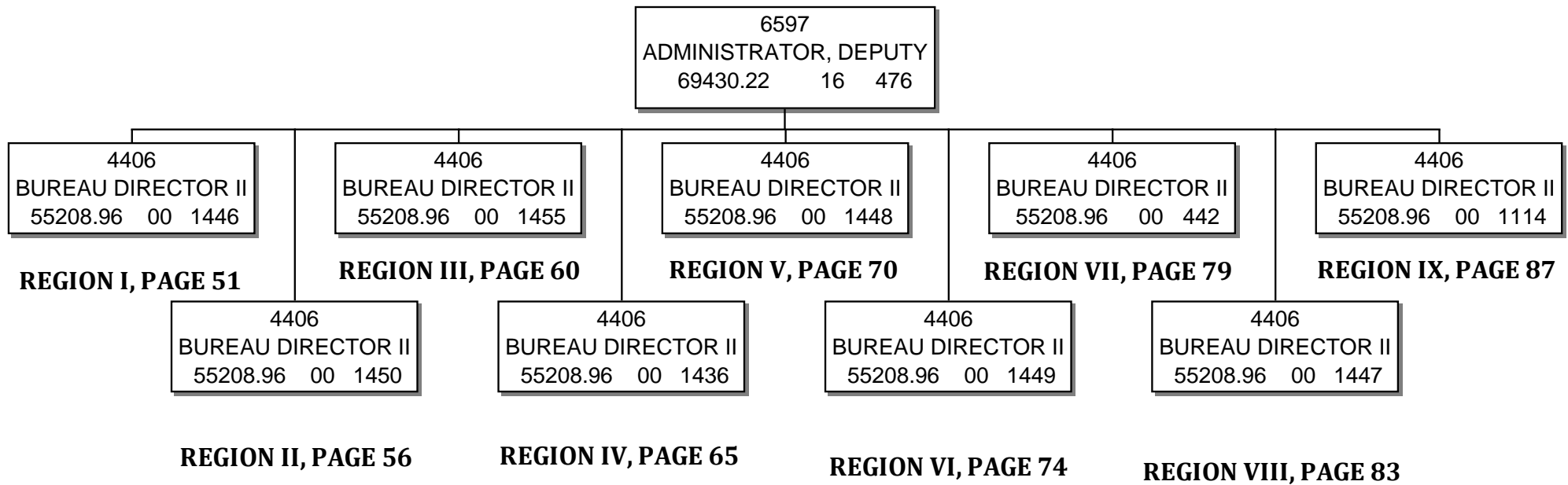


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REGION I

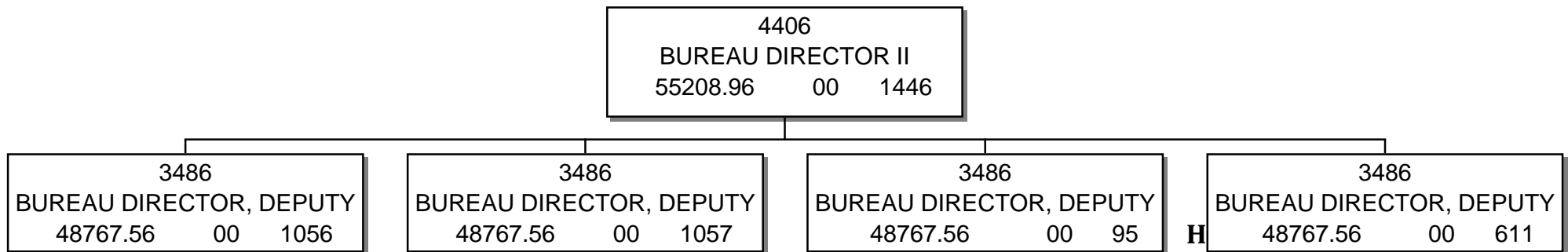


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NEW ALBANY

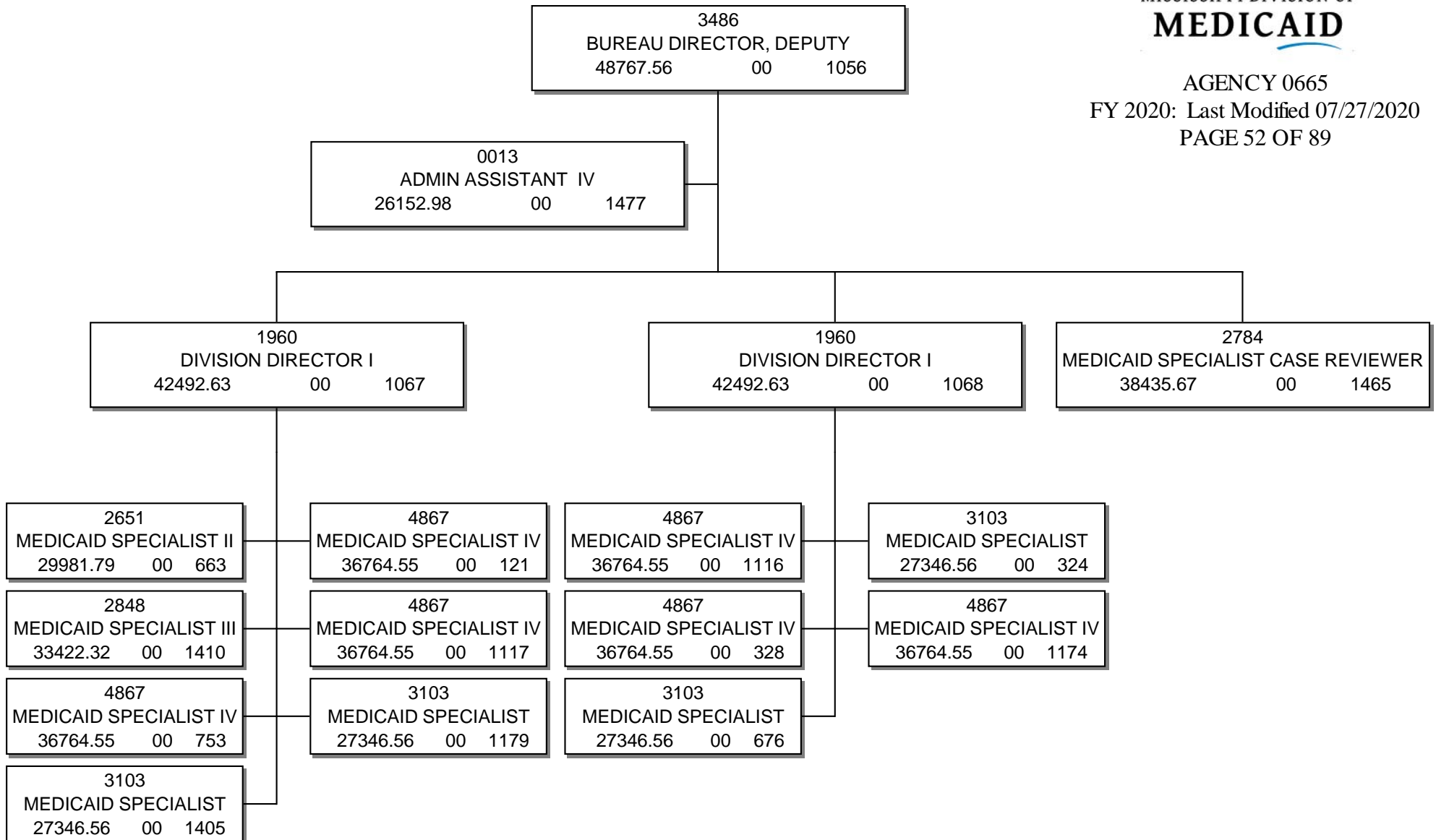


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CORINTH

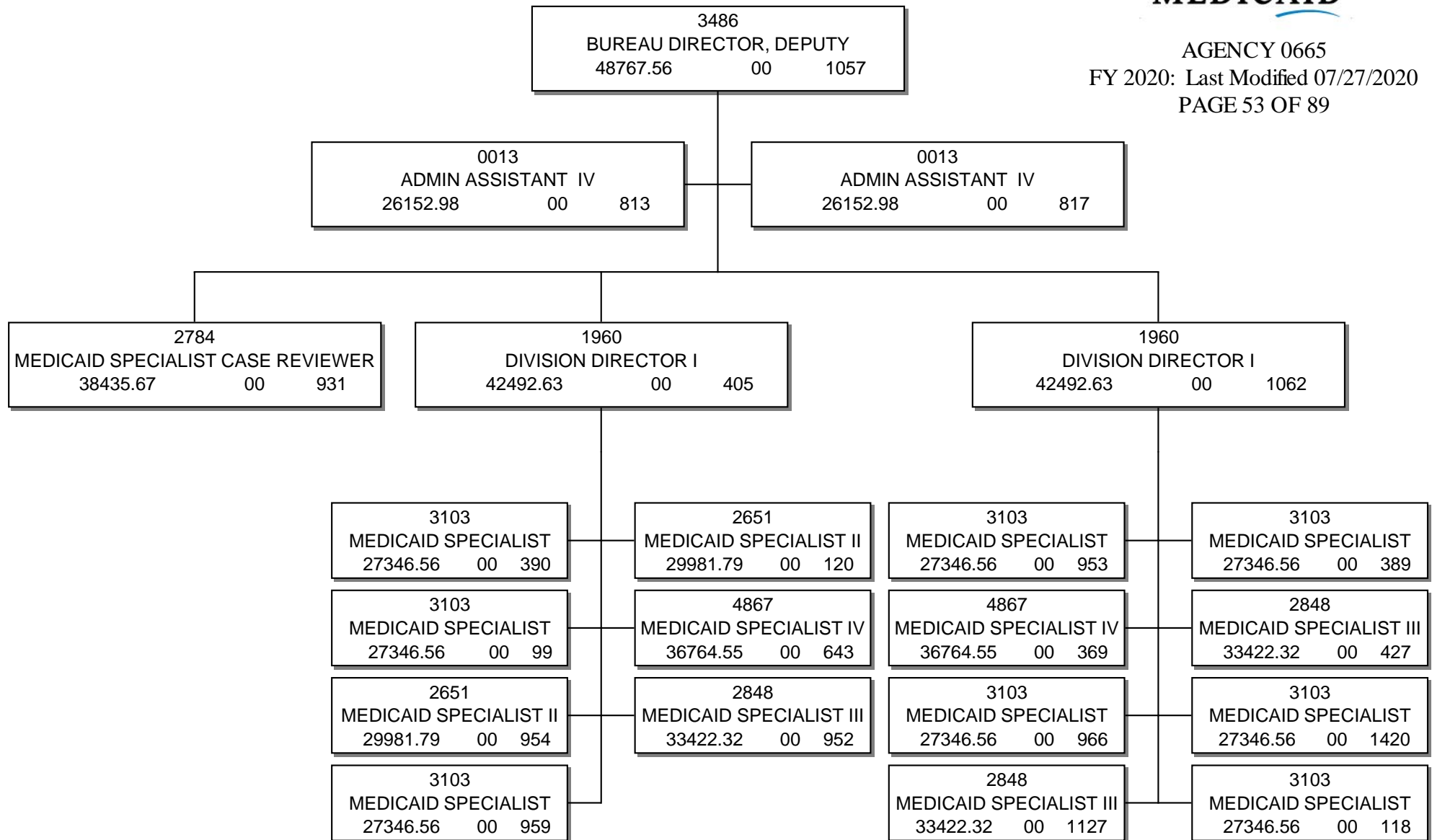


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TUPELO

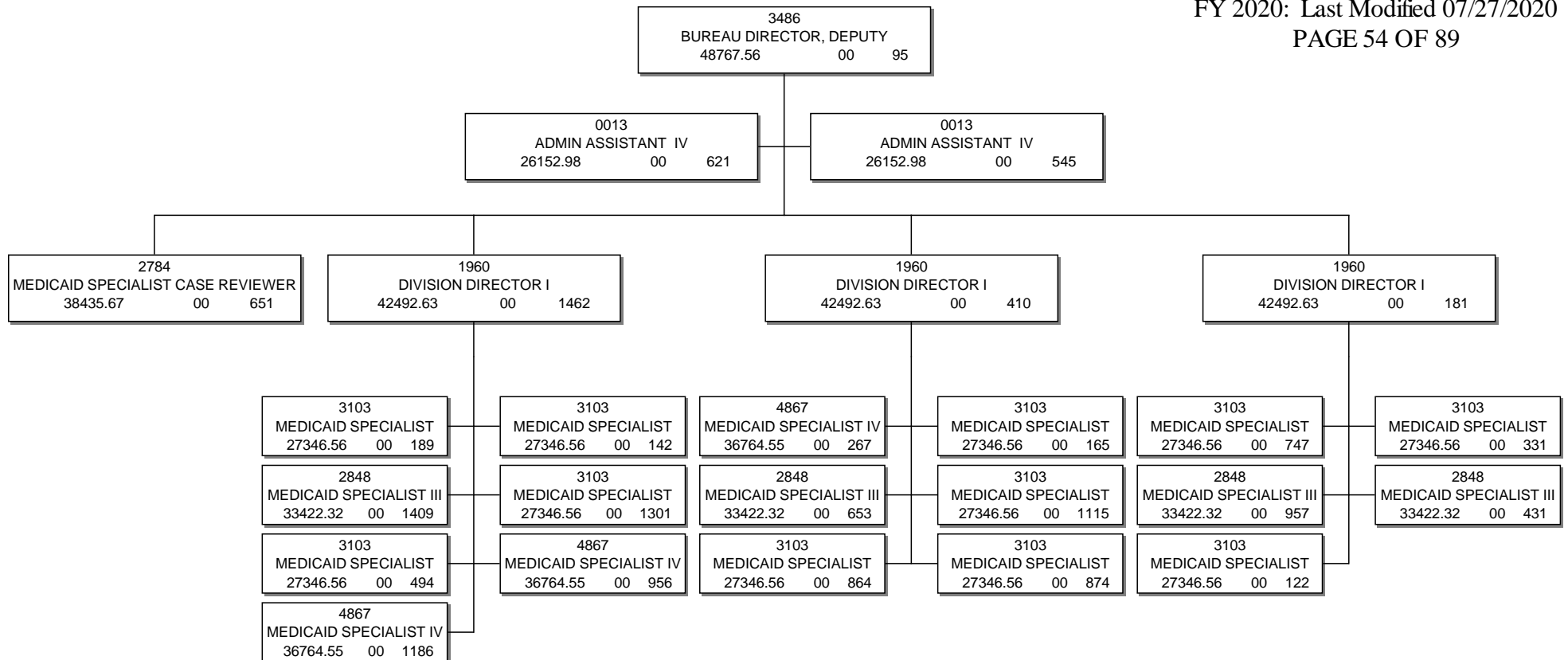


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HOLLY SPRINGS

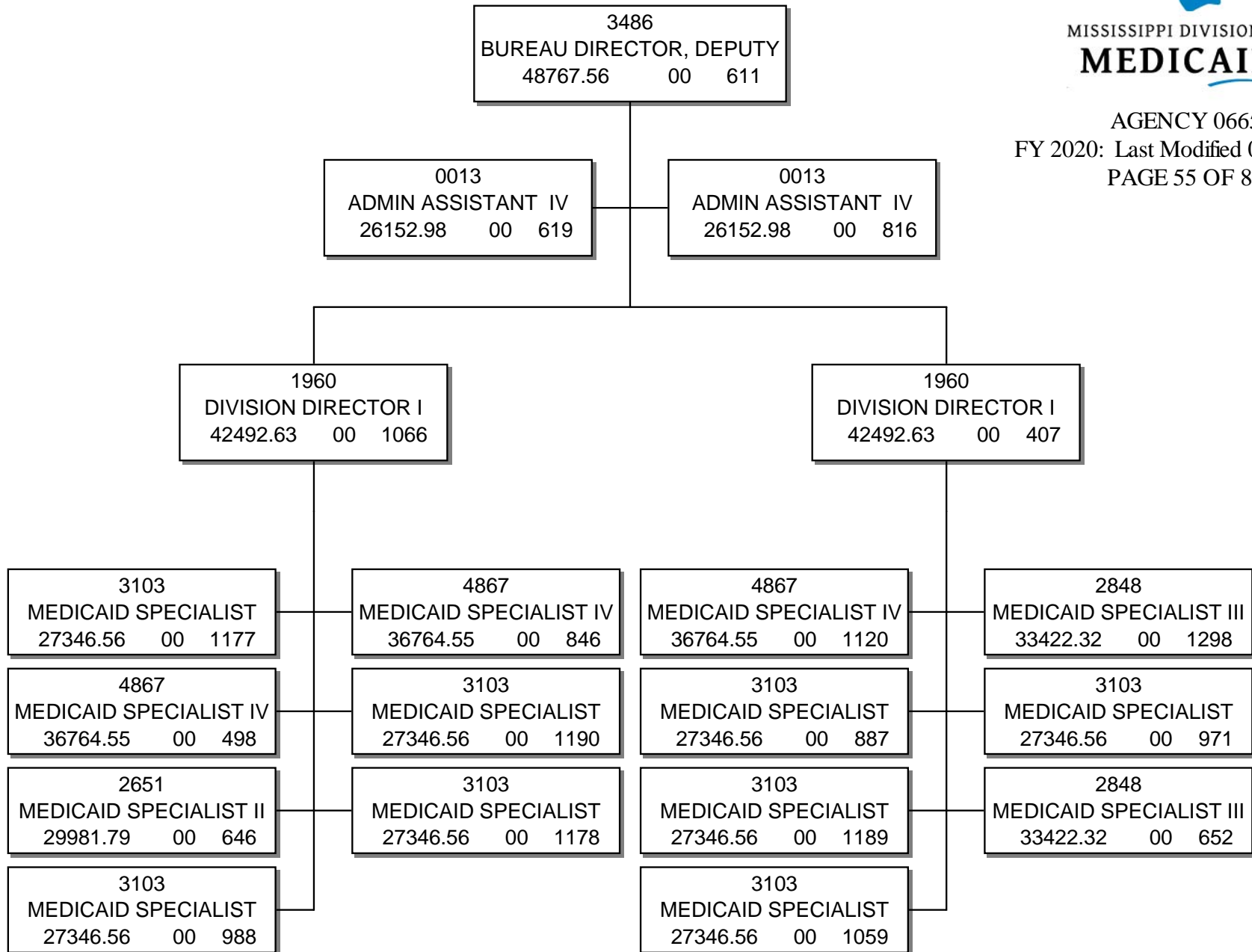


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REGION II

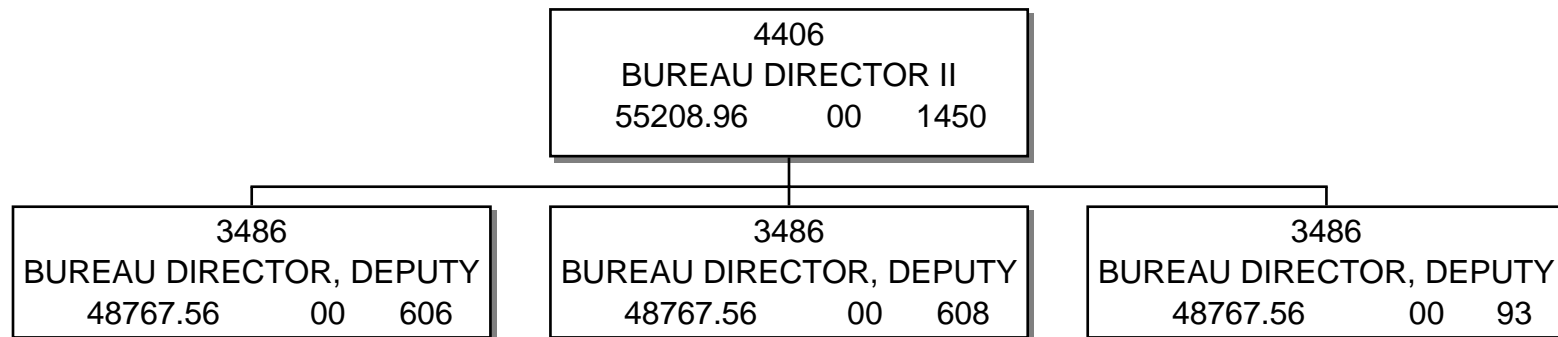


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GRENADA, PAGE 58

GREENWOOD, PAGE 59

SENATOBIA

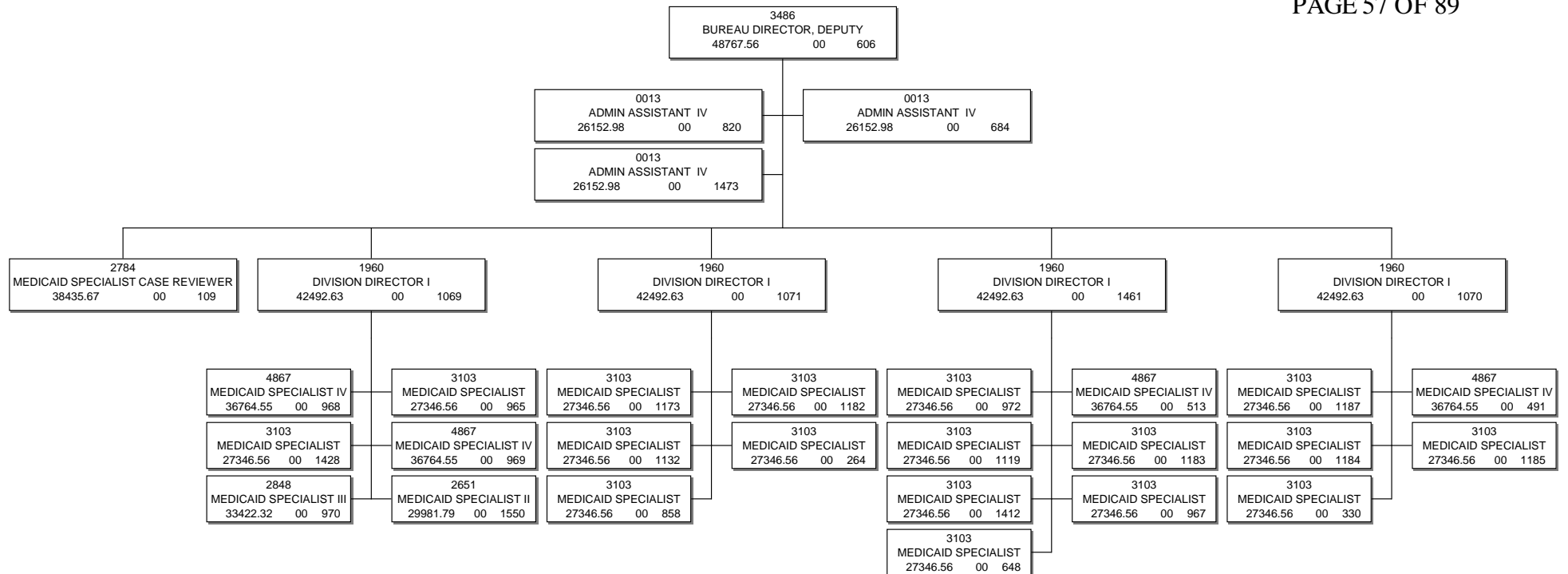


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GRENADA

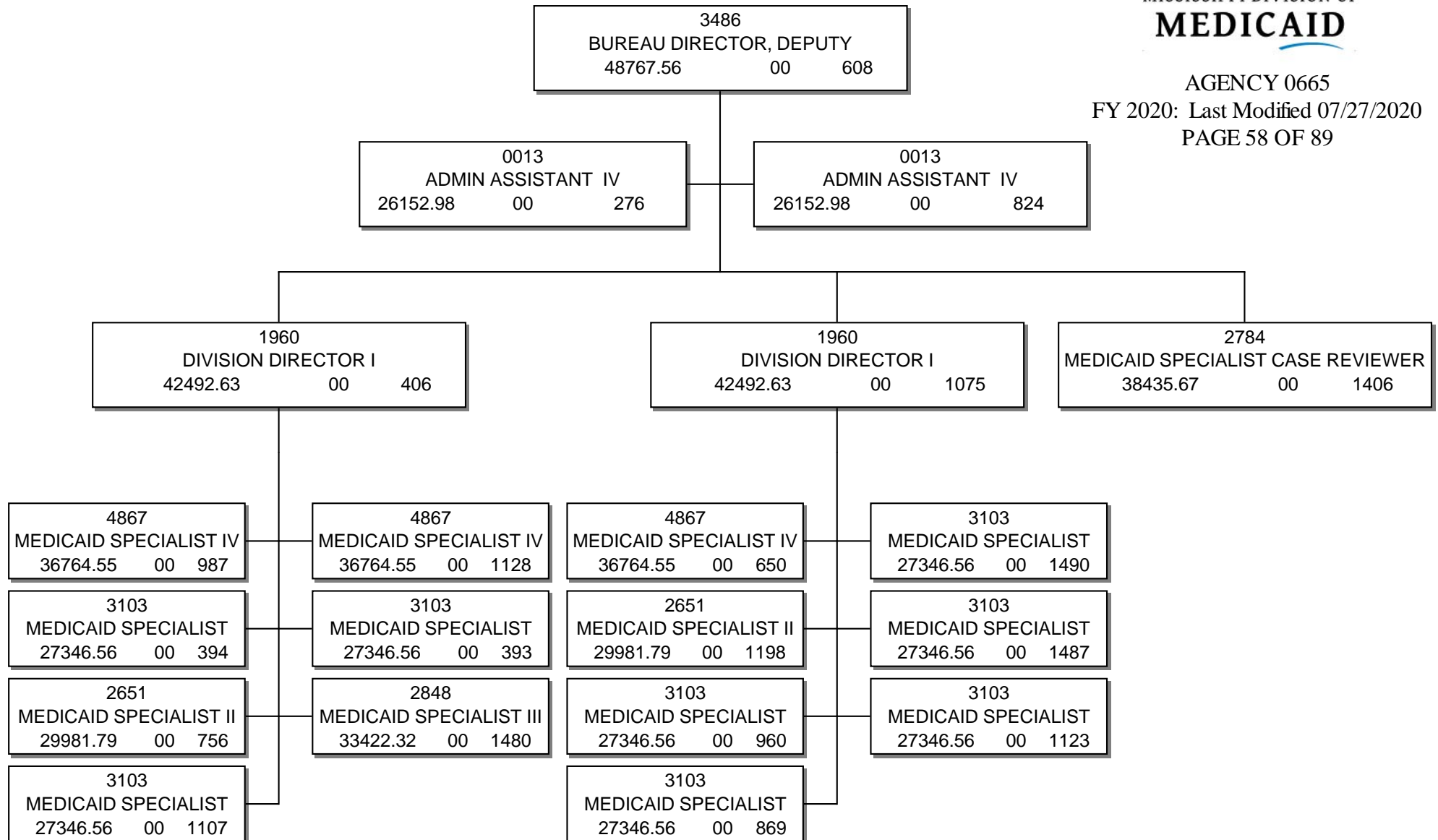


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GREENWOOD

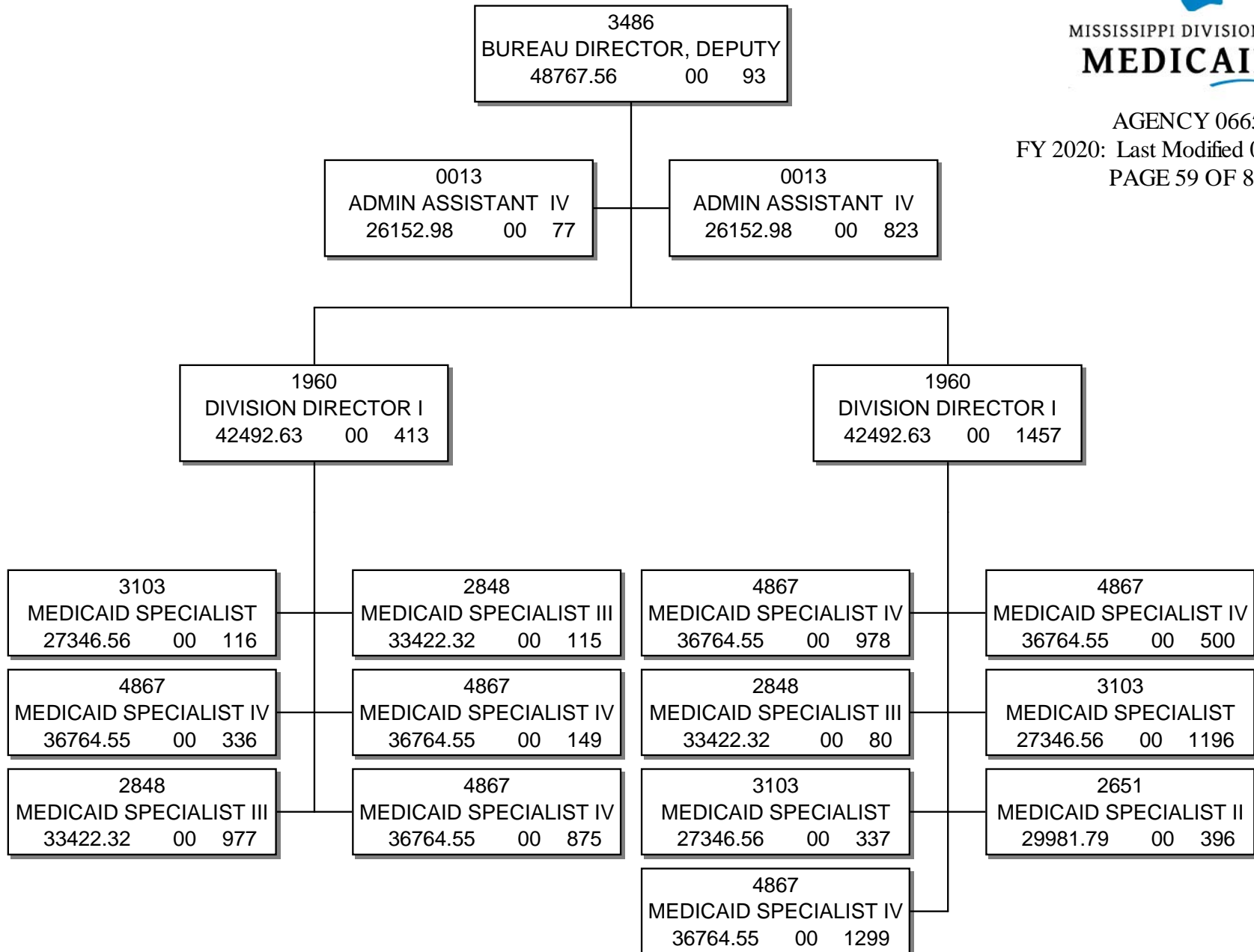


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REGION III

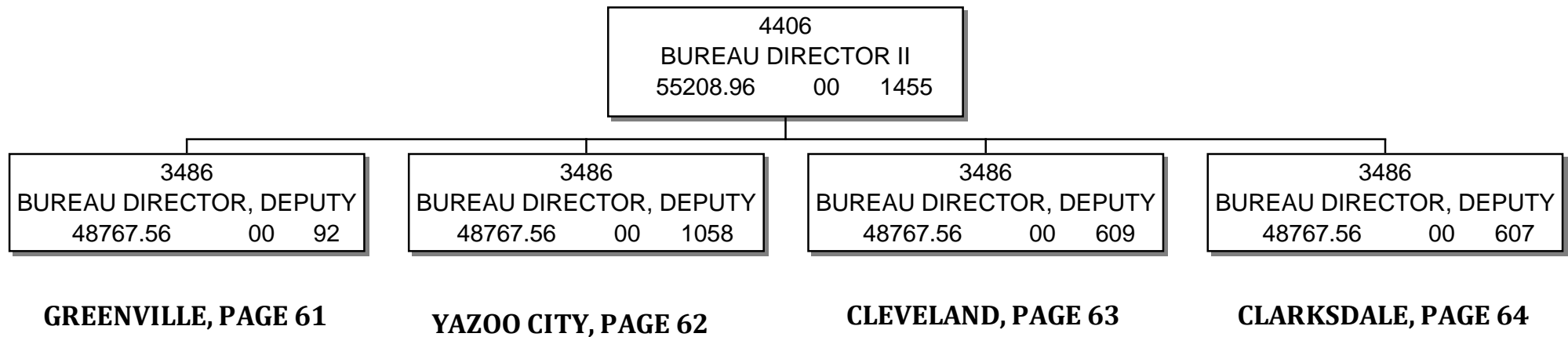


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GREENVILLE

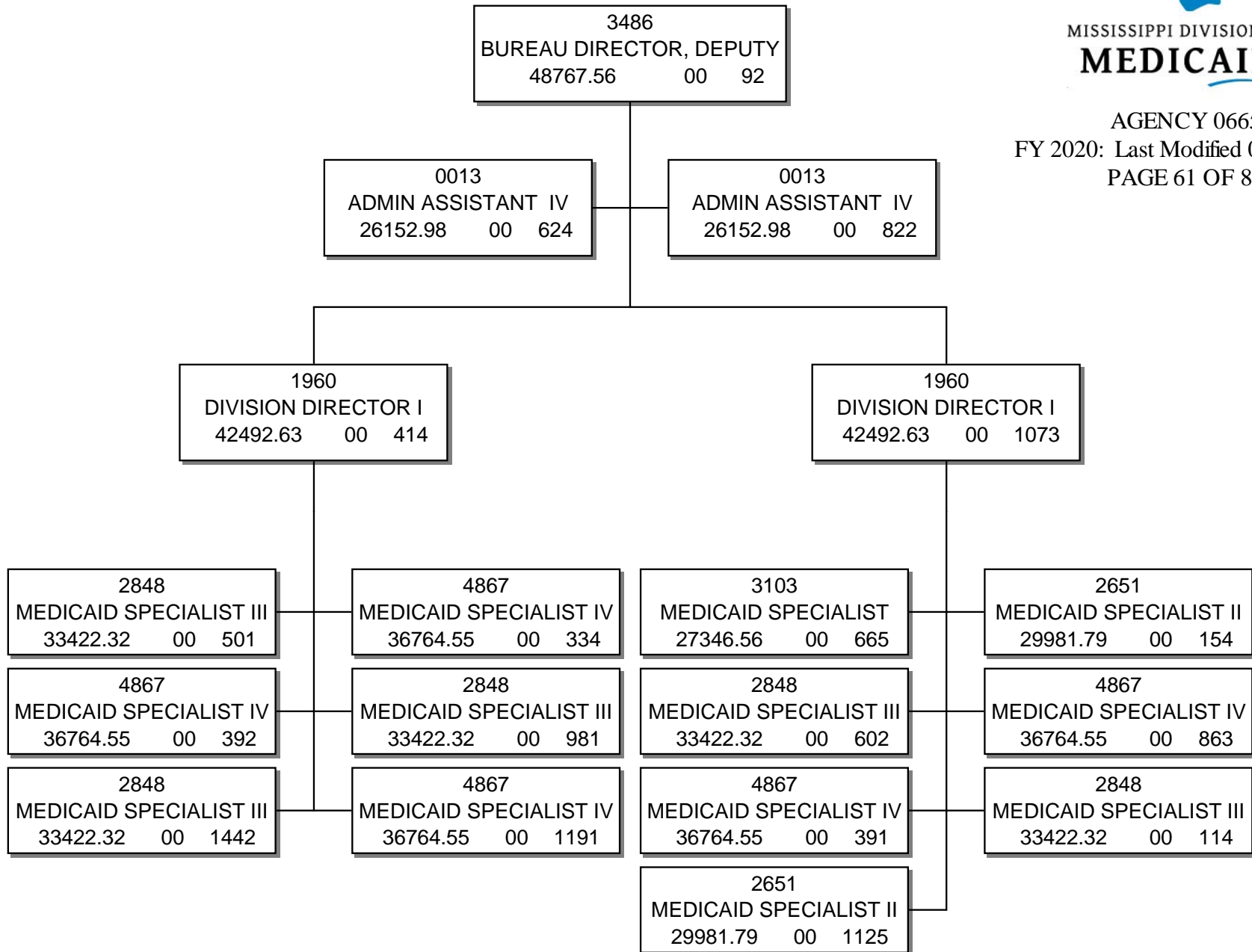


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YAZOO CITY

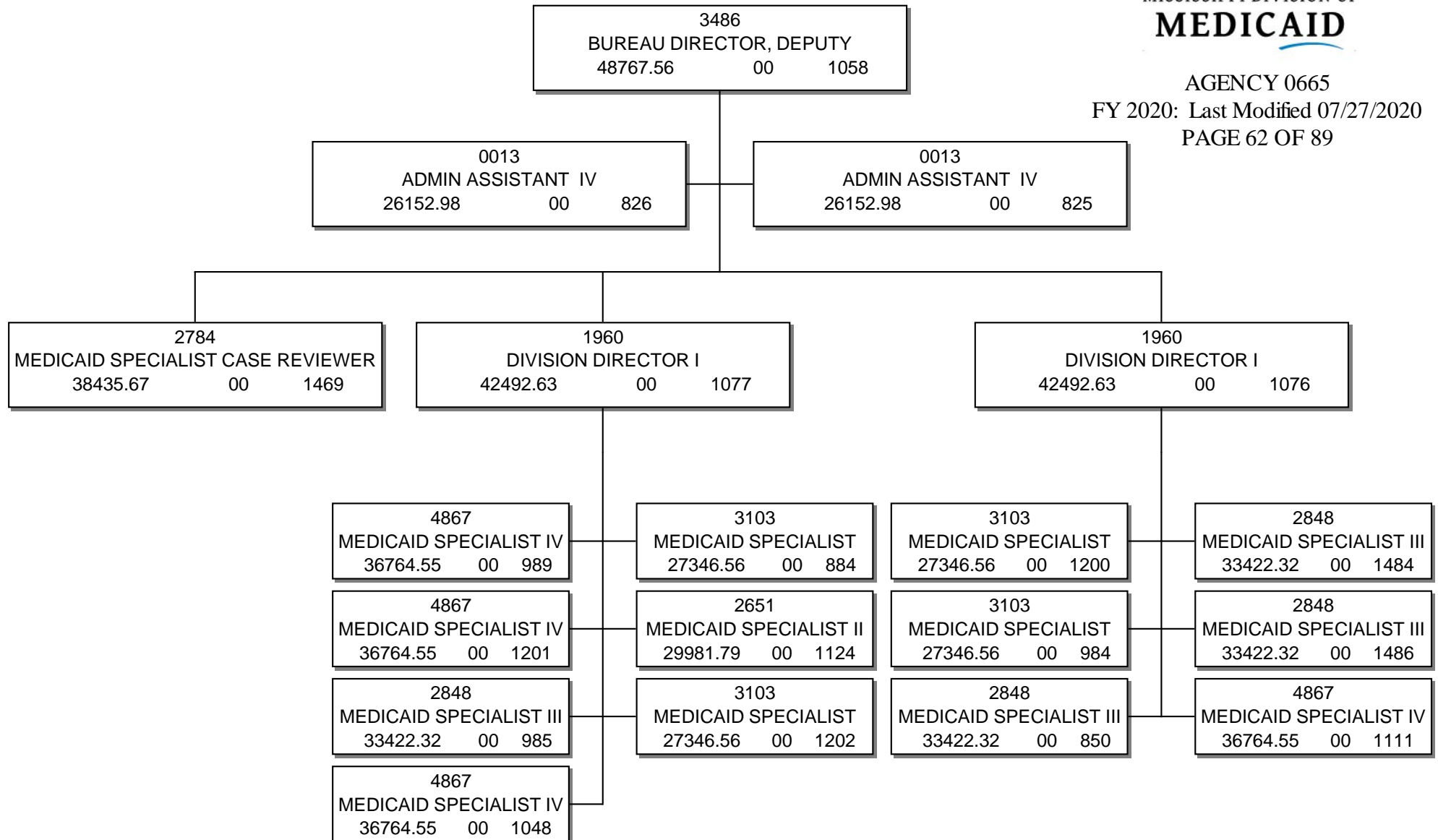


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CLEVELAND

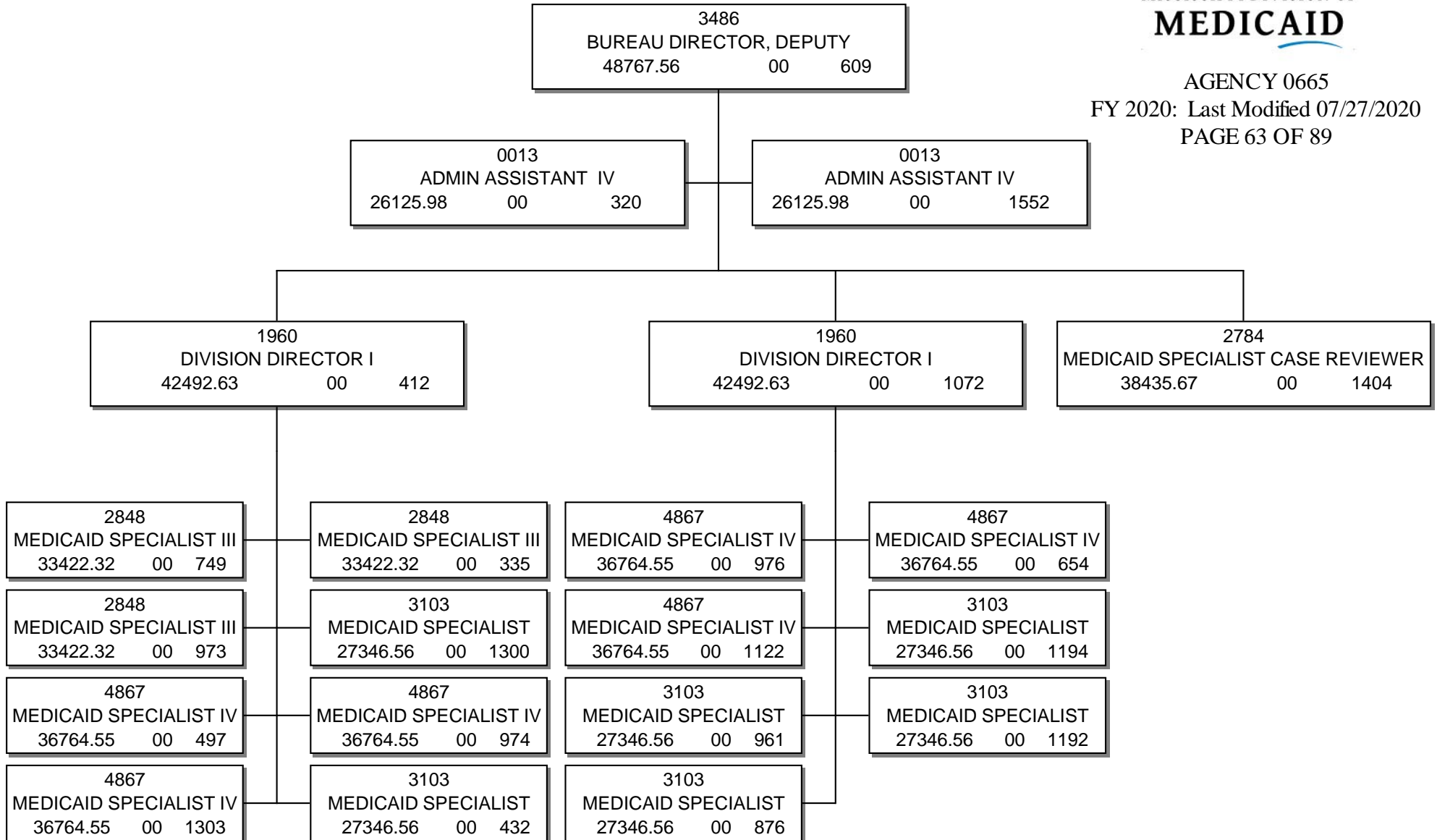


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CLARKSDALE

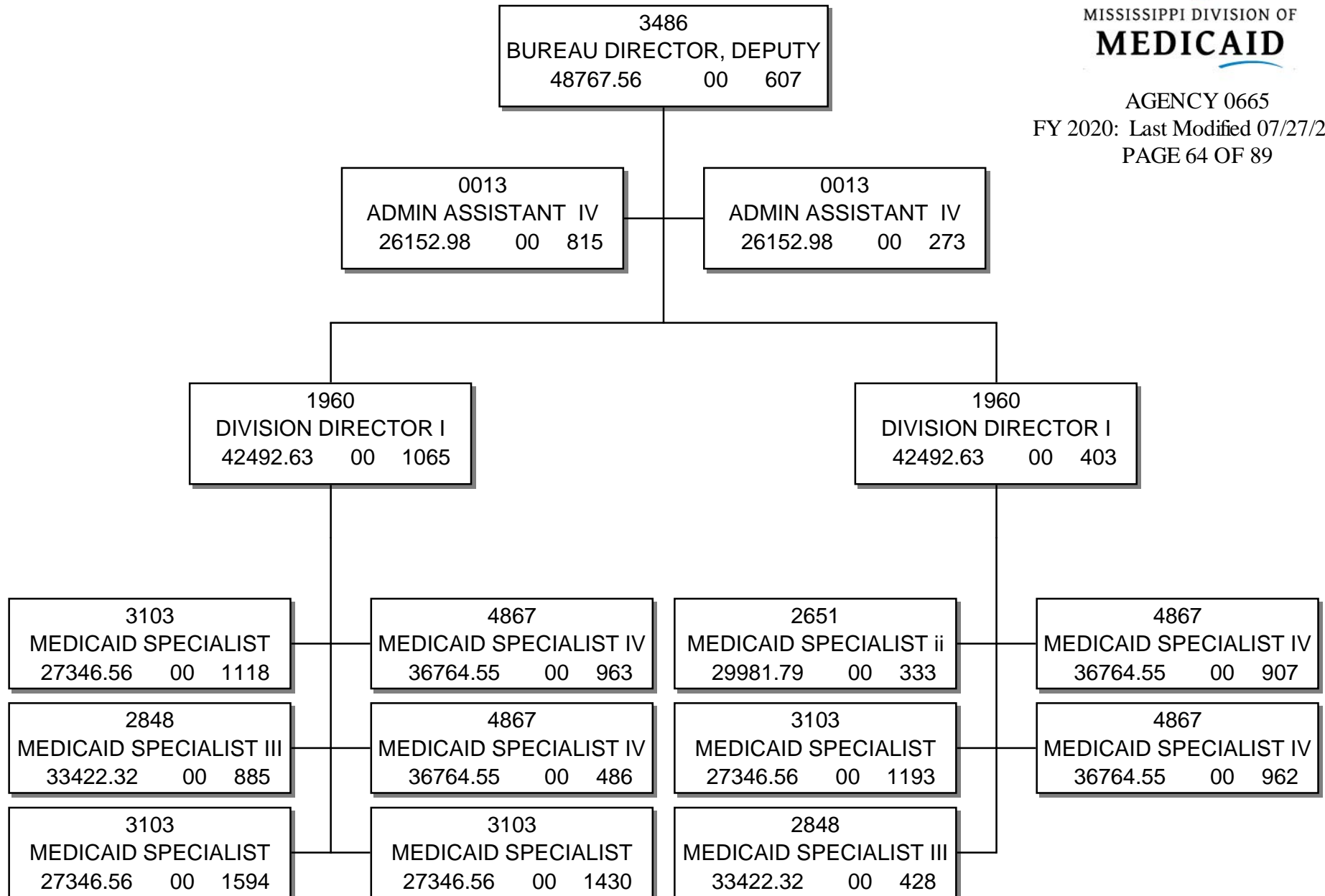


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REGION IV

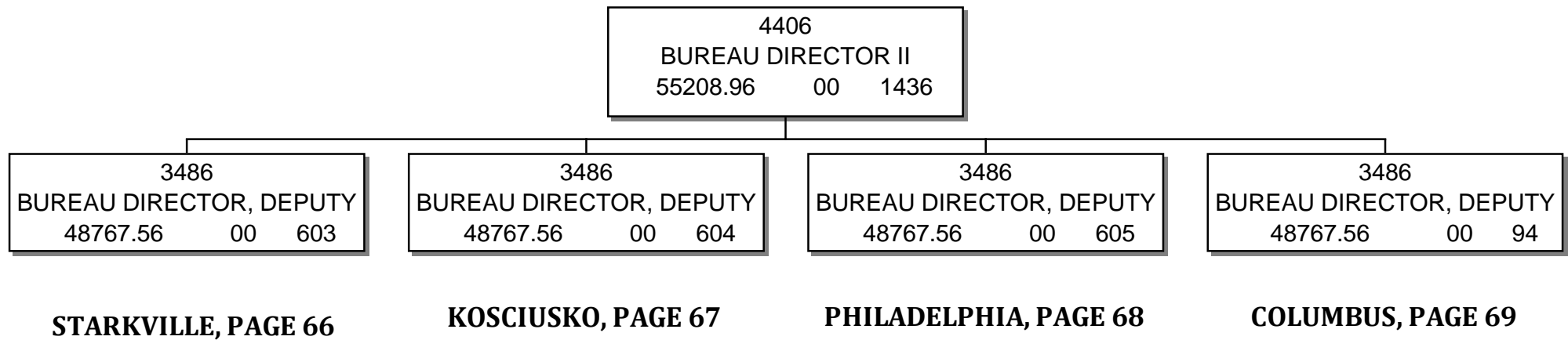


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STARKVILLE

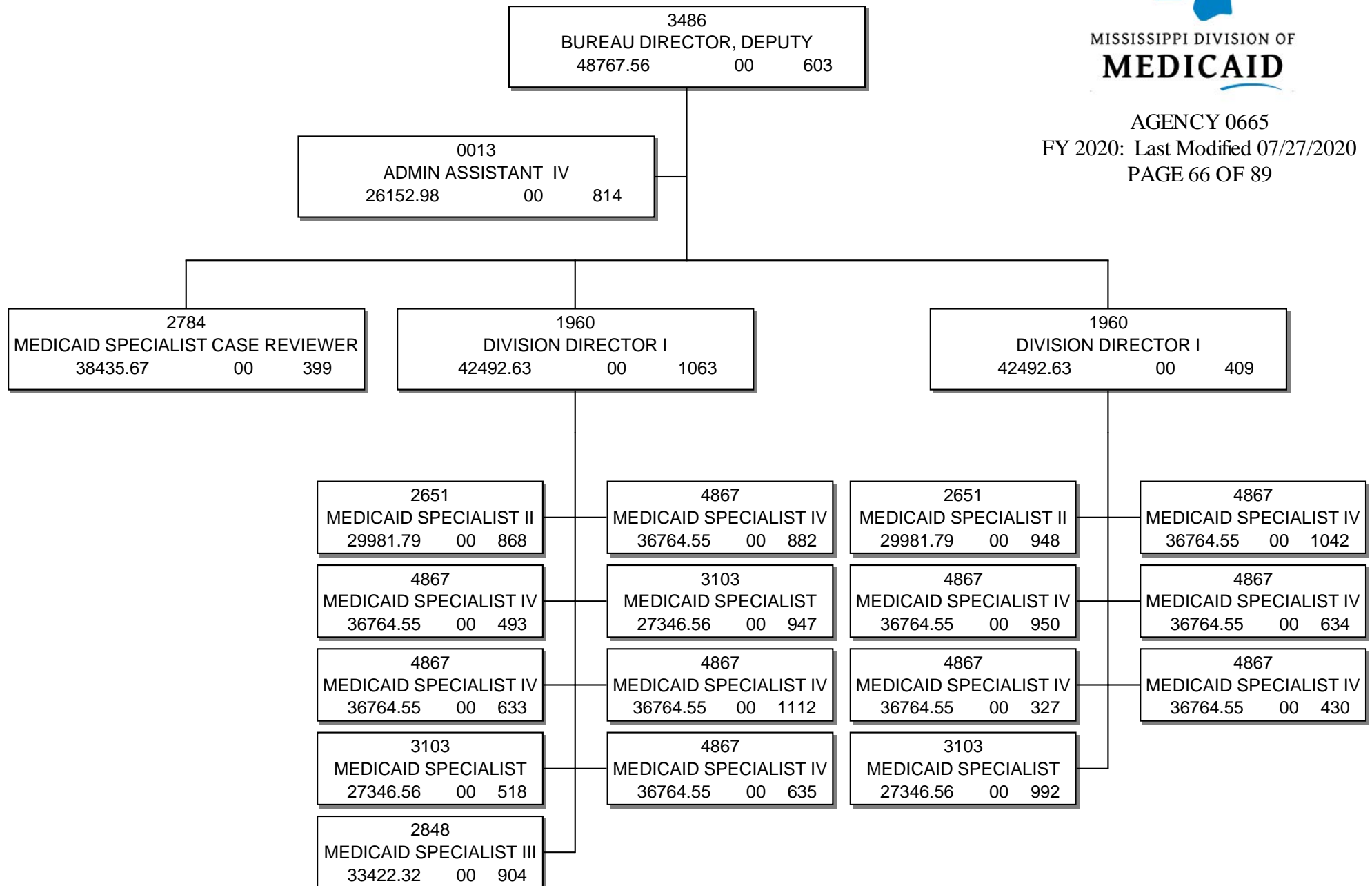


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KOSCIUSKO

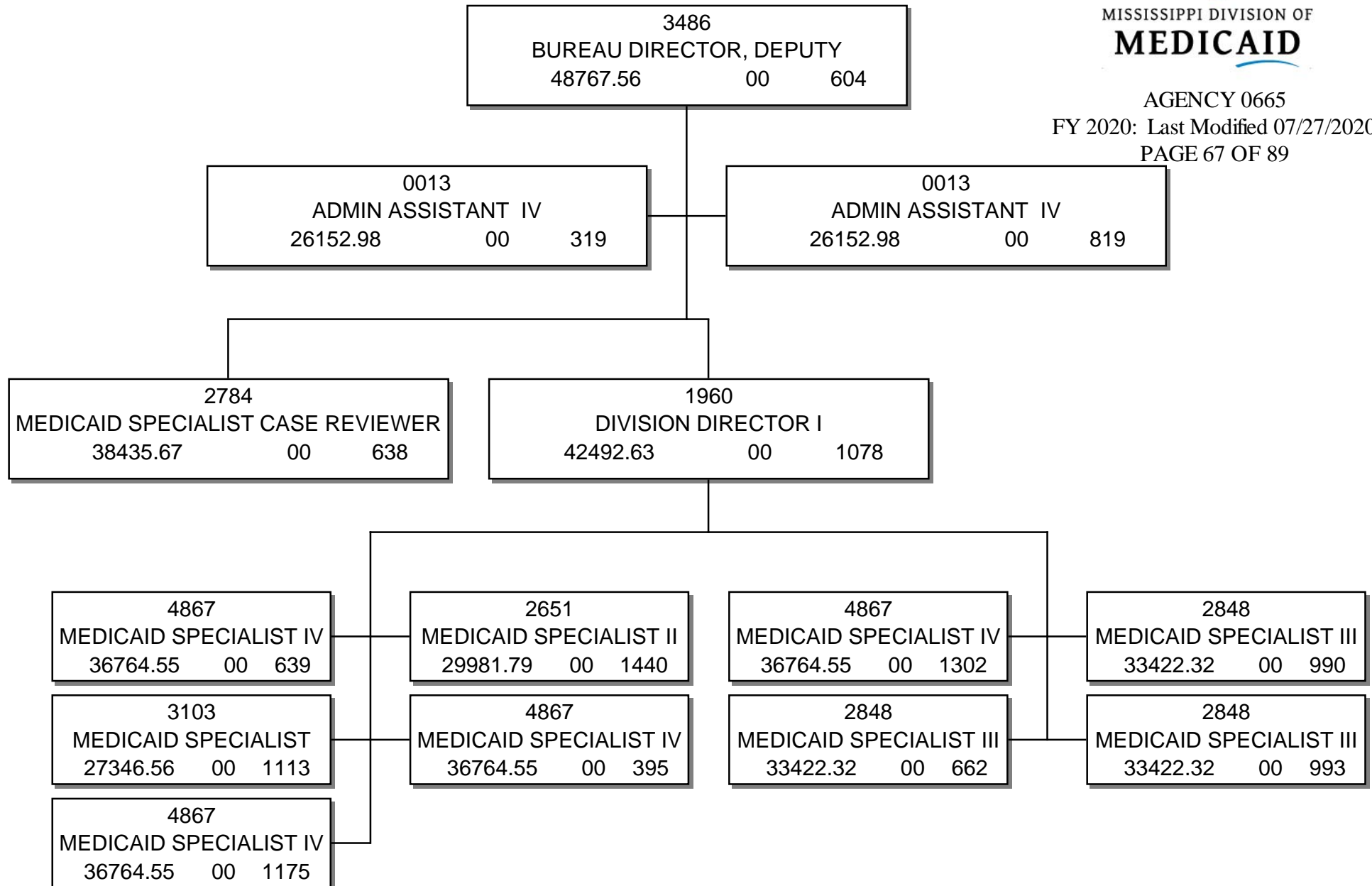


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PHILADELPHIA

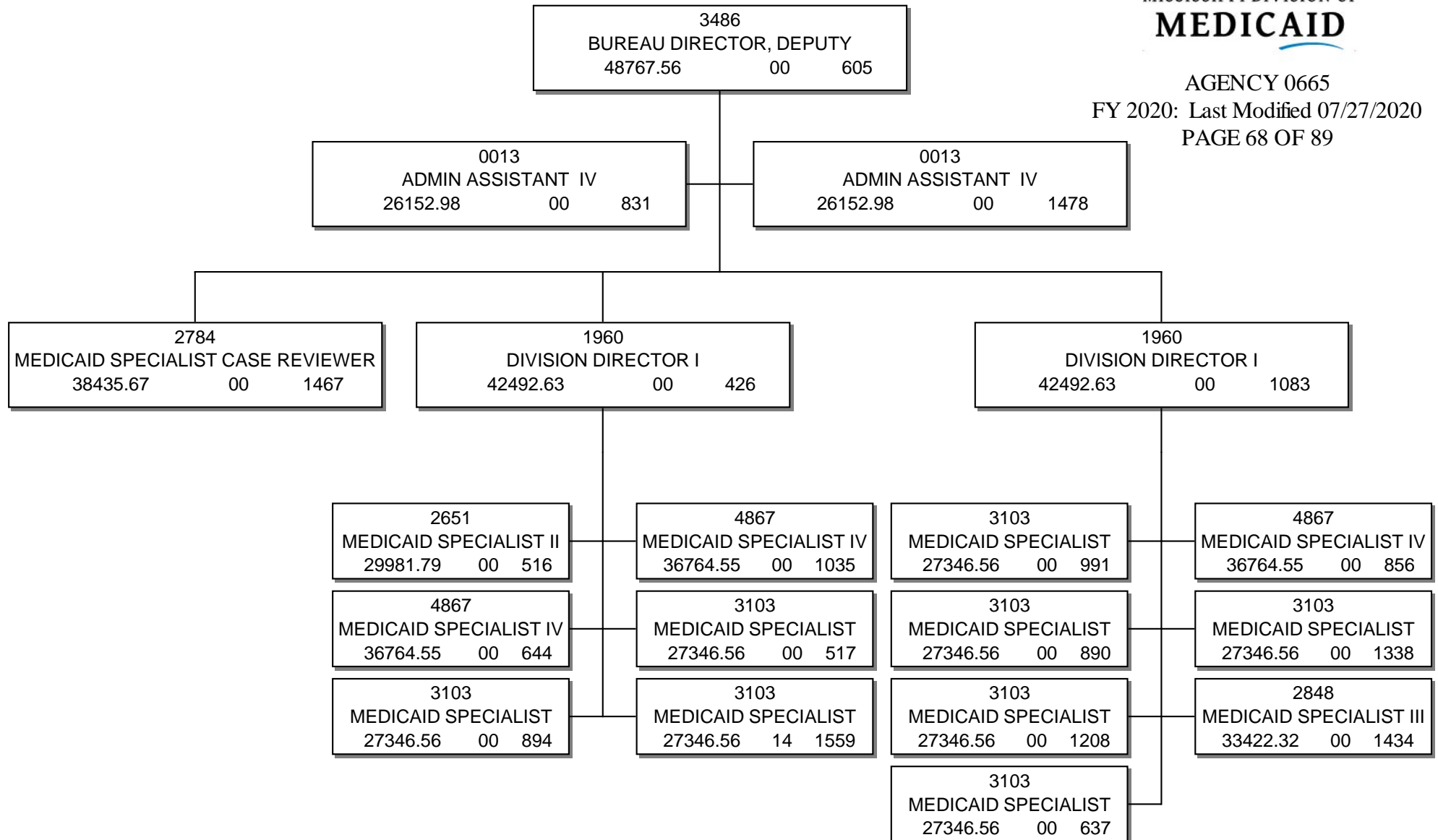


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COLUMBUS

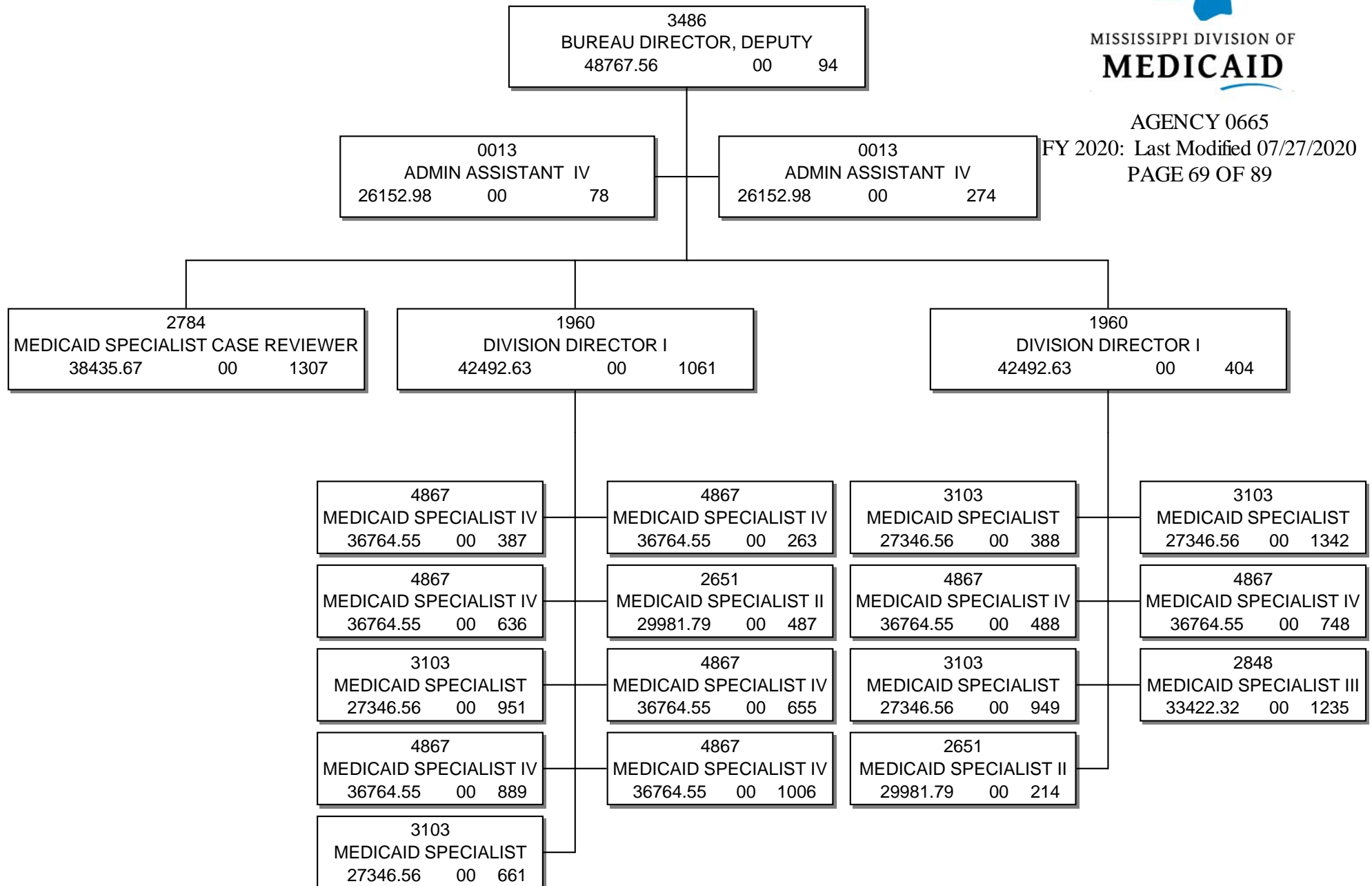


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REGION V

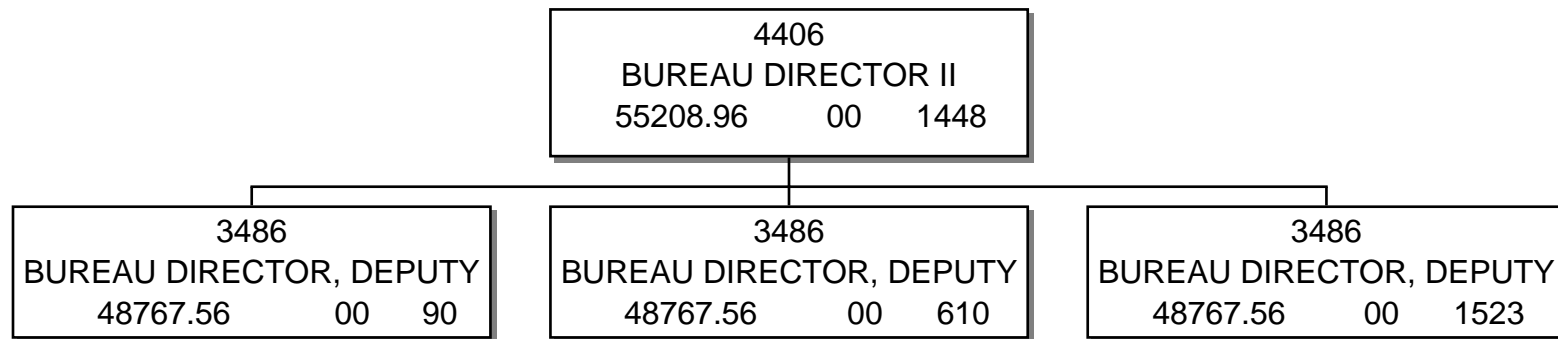


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VICKSBURG

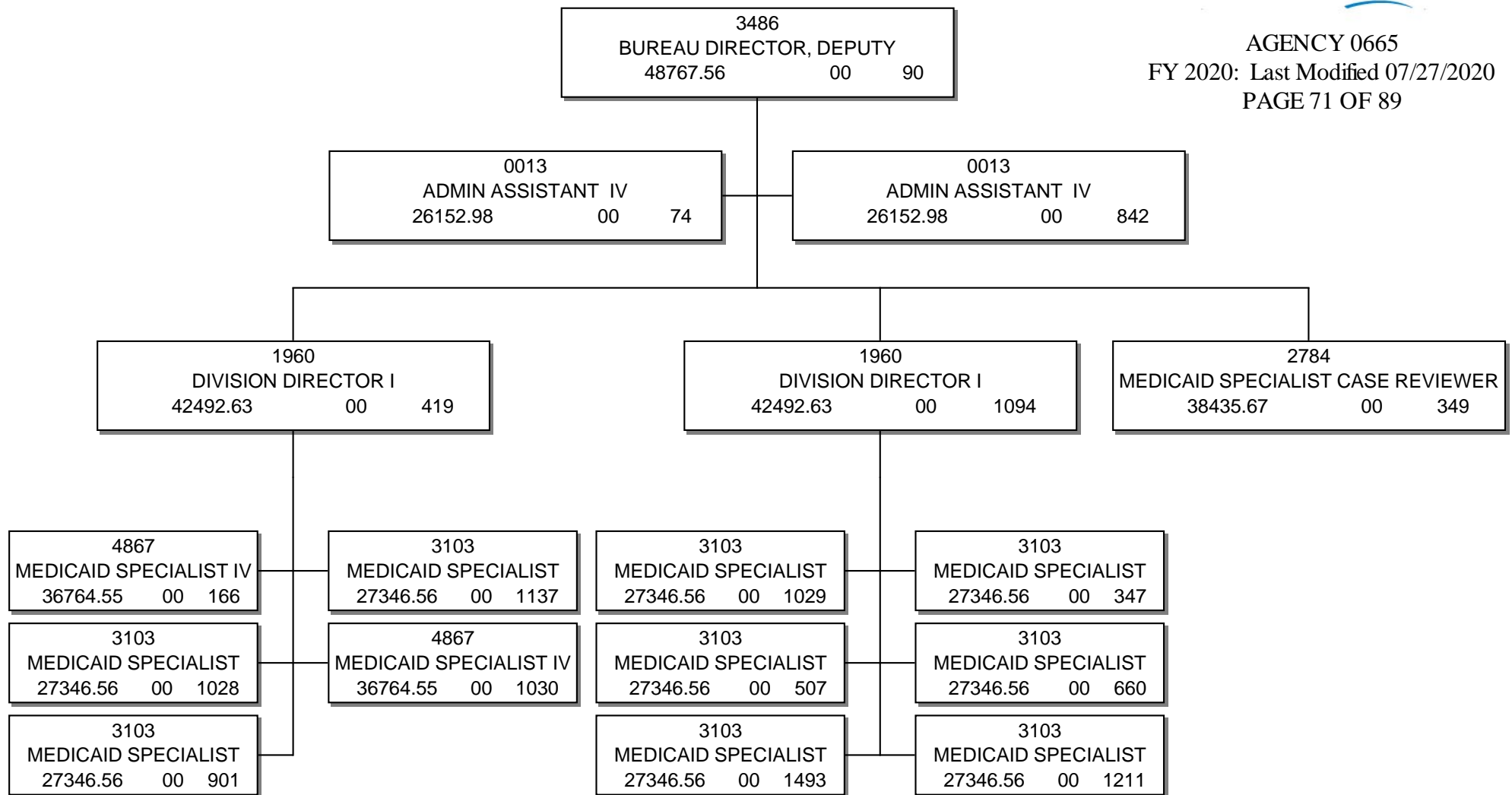


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NEWTON

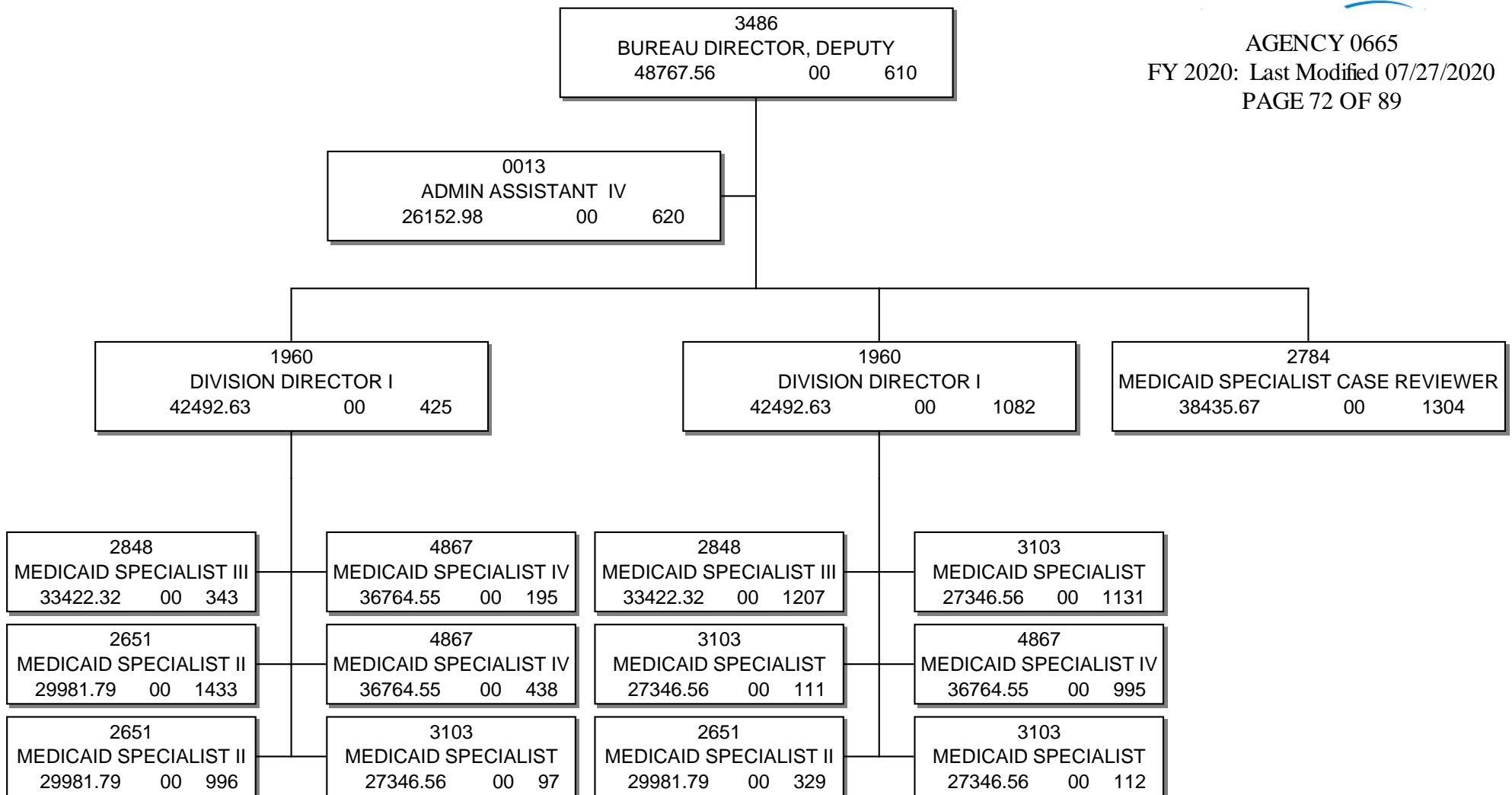


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BRANDON

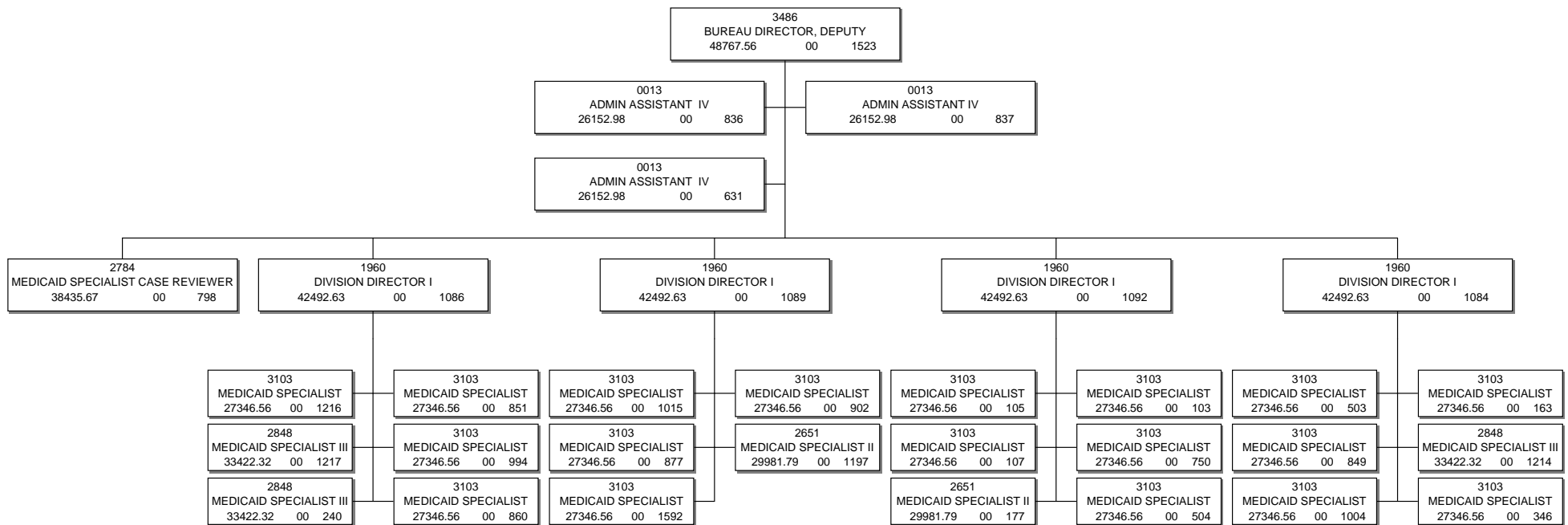


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REGION VI

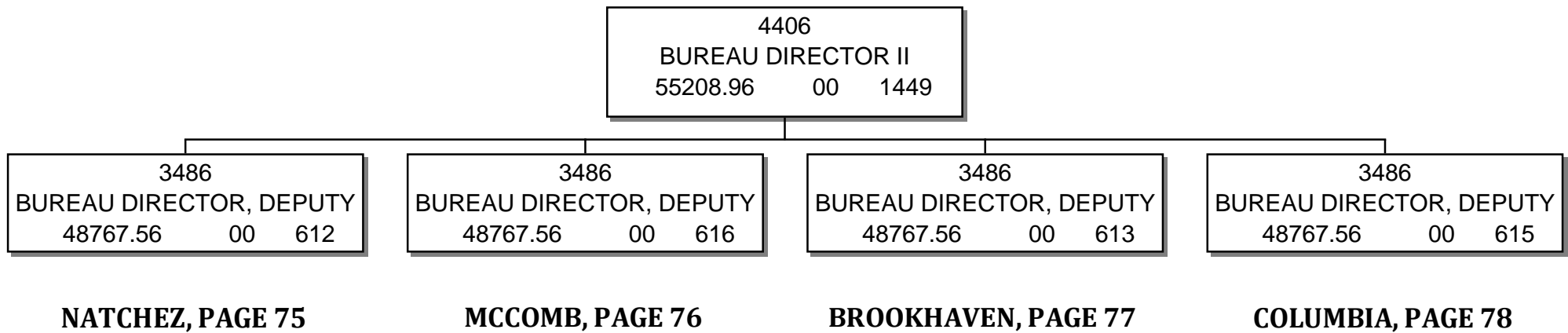


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NATCHEZ

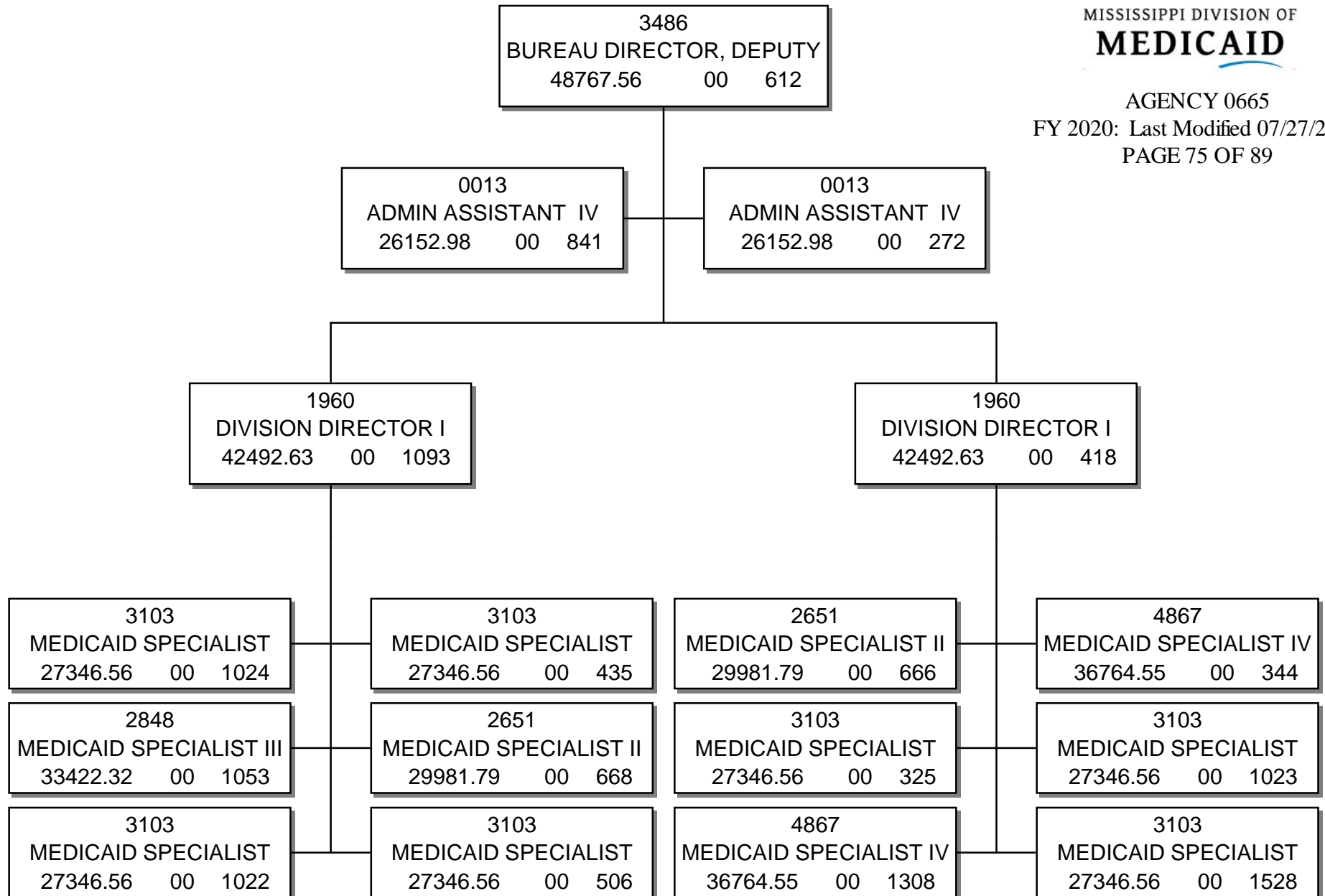


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MCCOMB

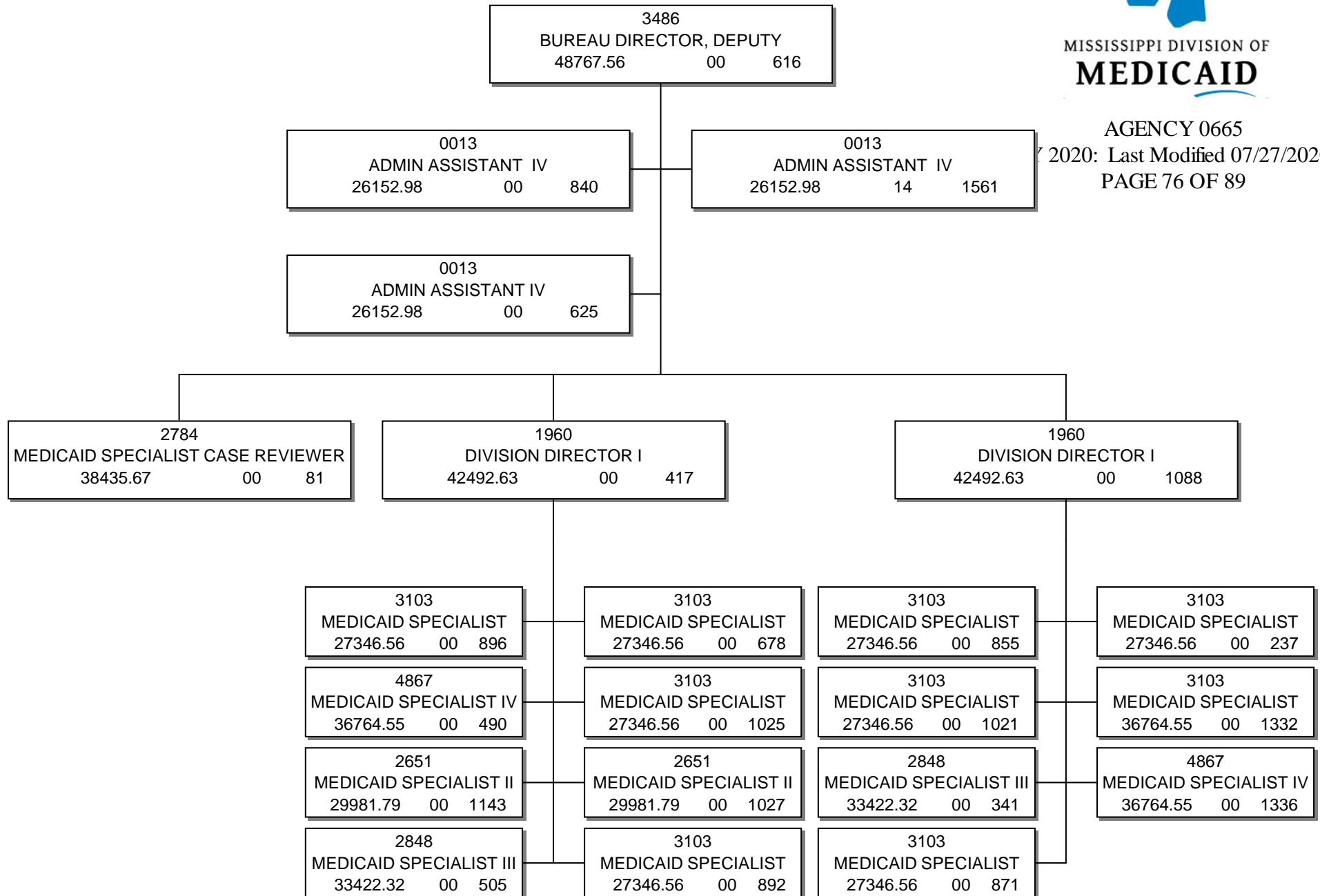


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BROOKHAVEN

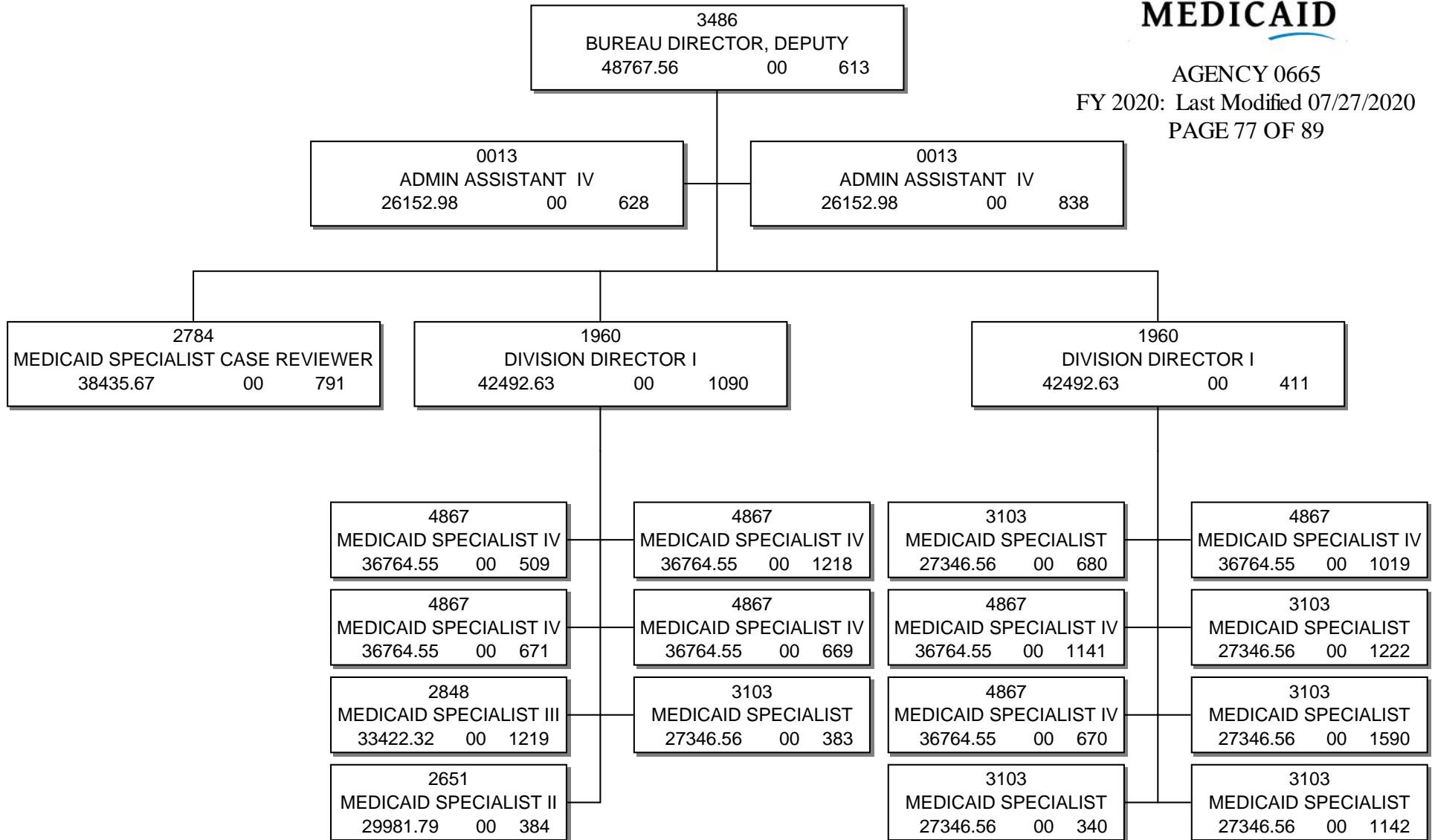


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COLUMBIA

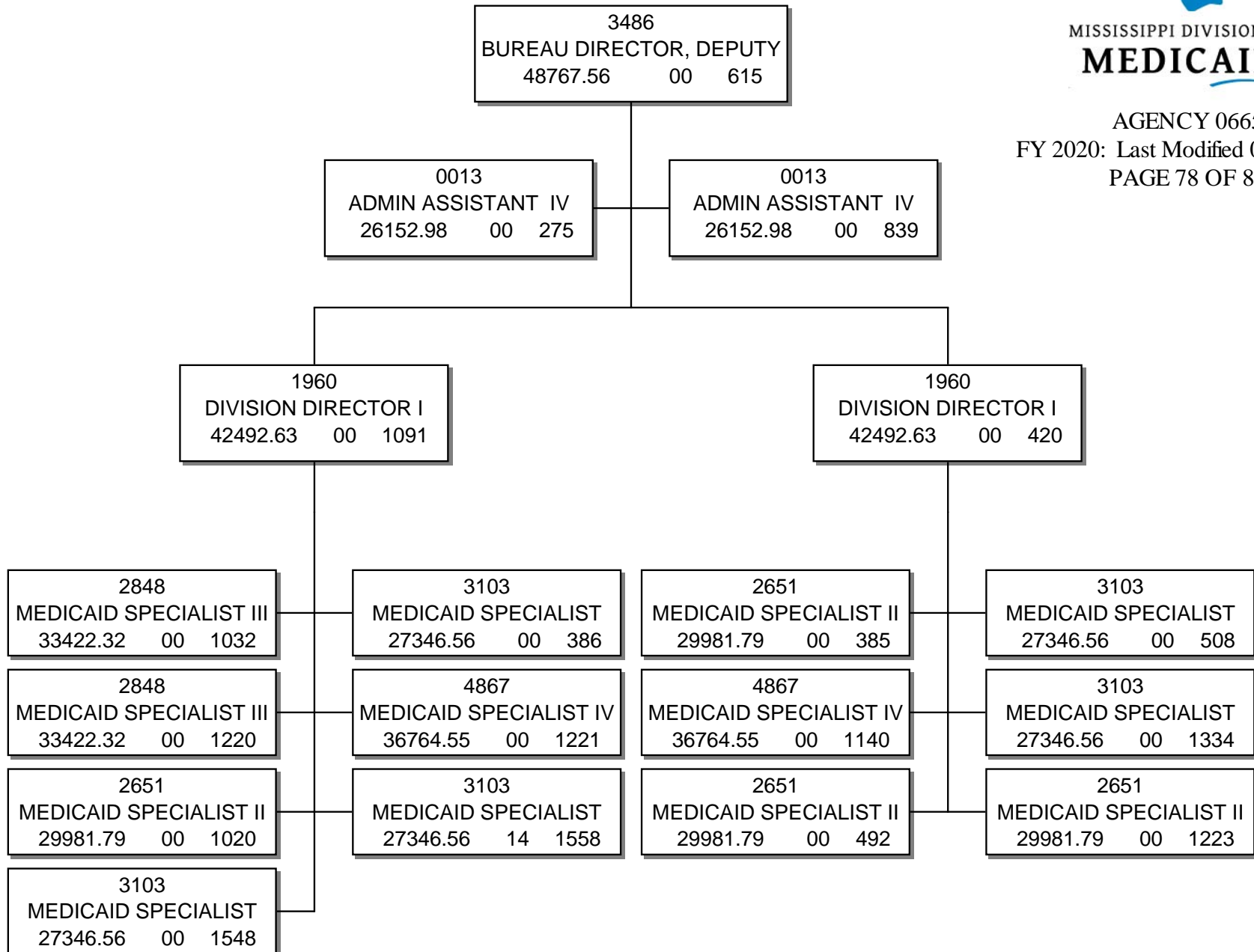


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REGION VII

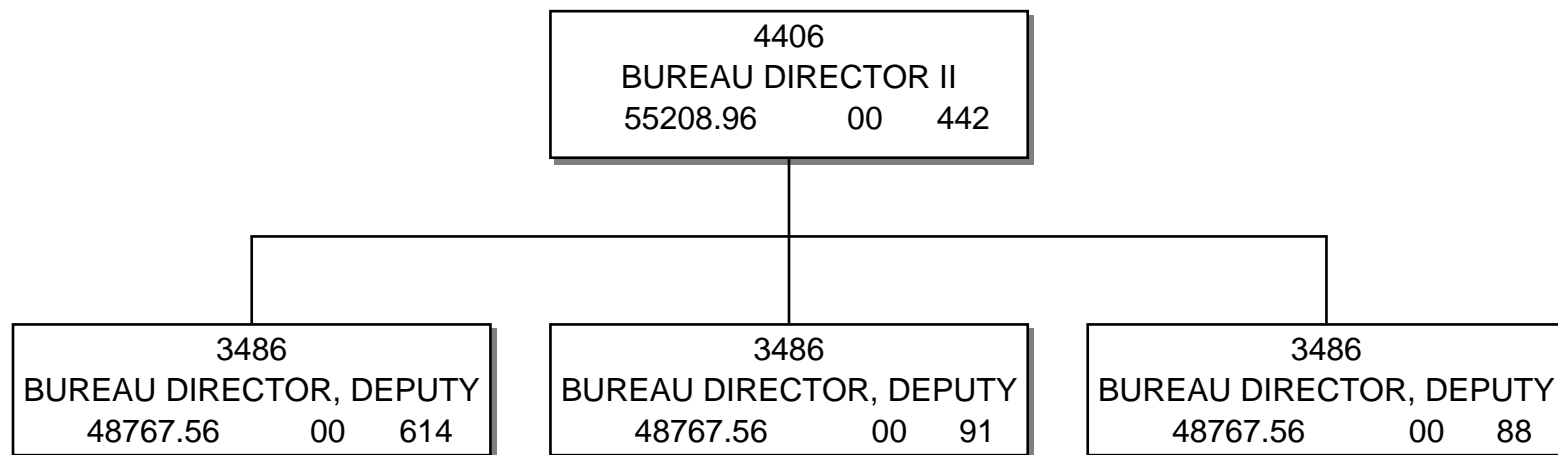


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LAUREL

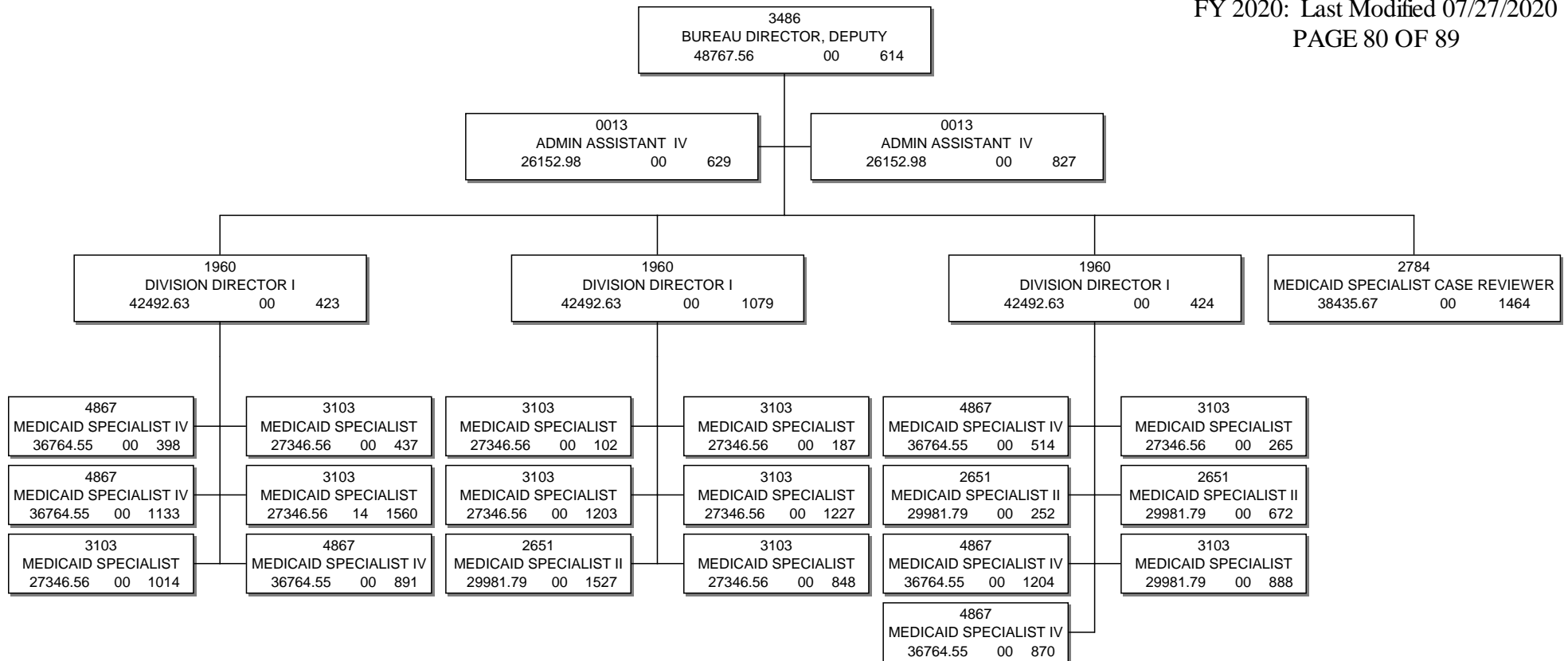


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MERIDIAN

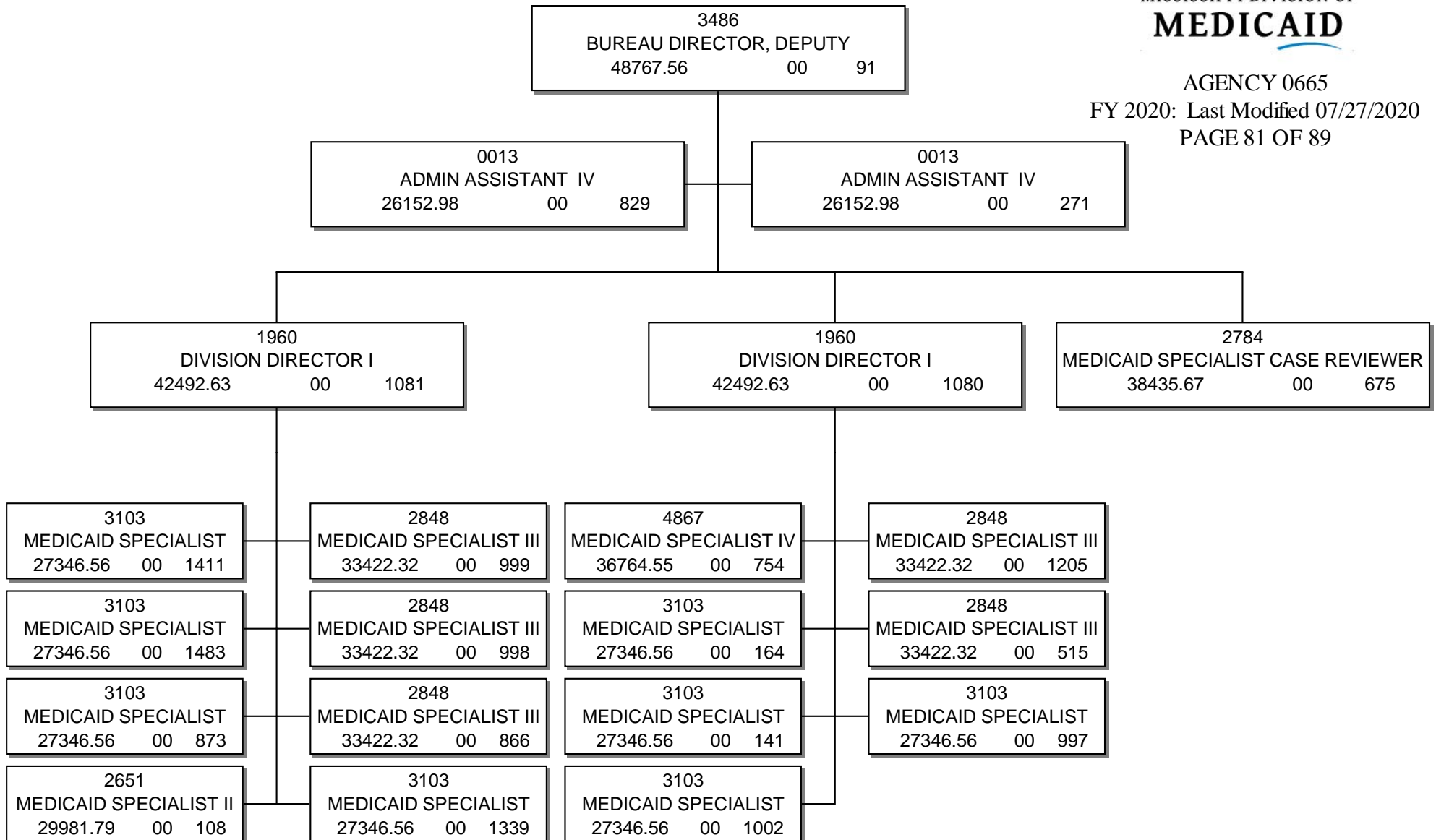


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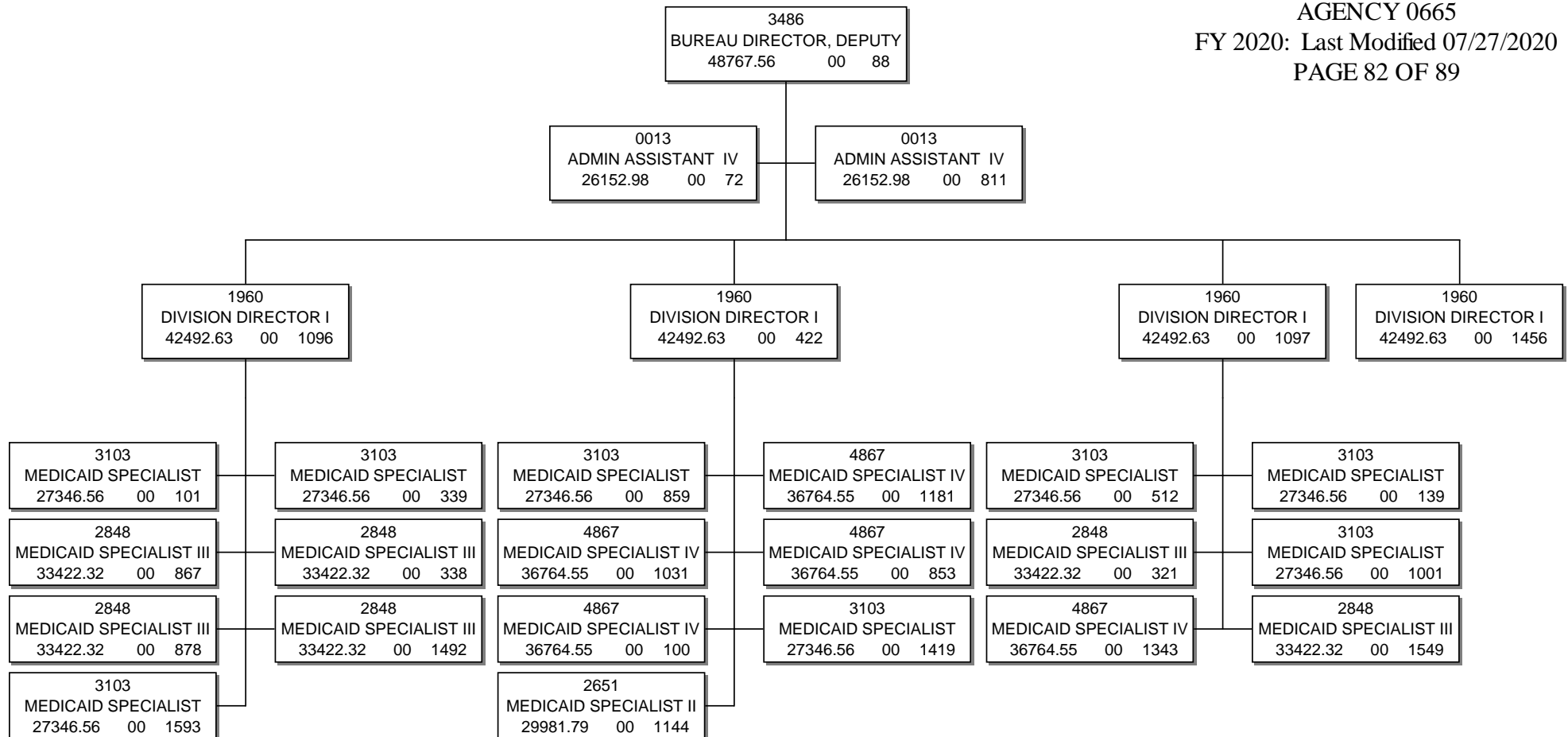
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REGION VIII

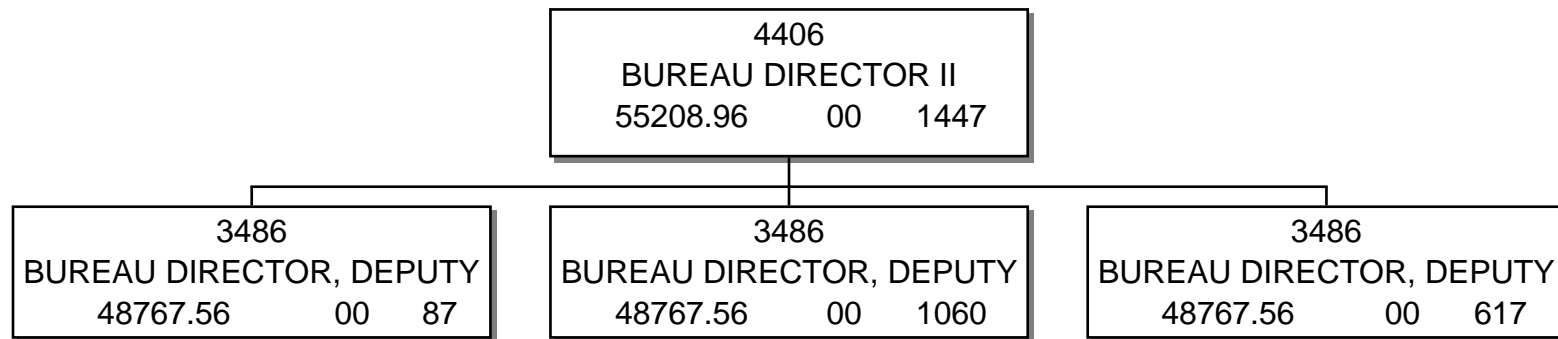


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GULFPORT

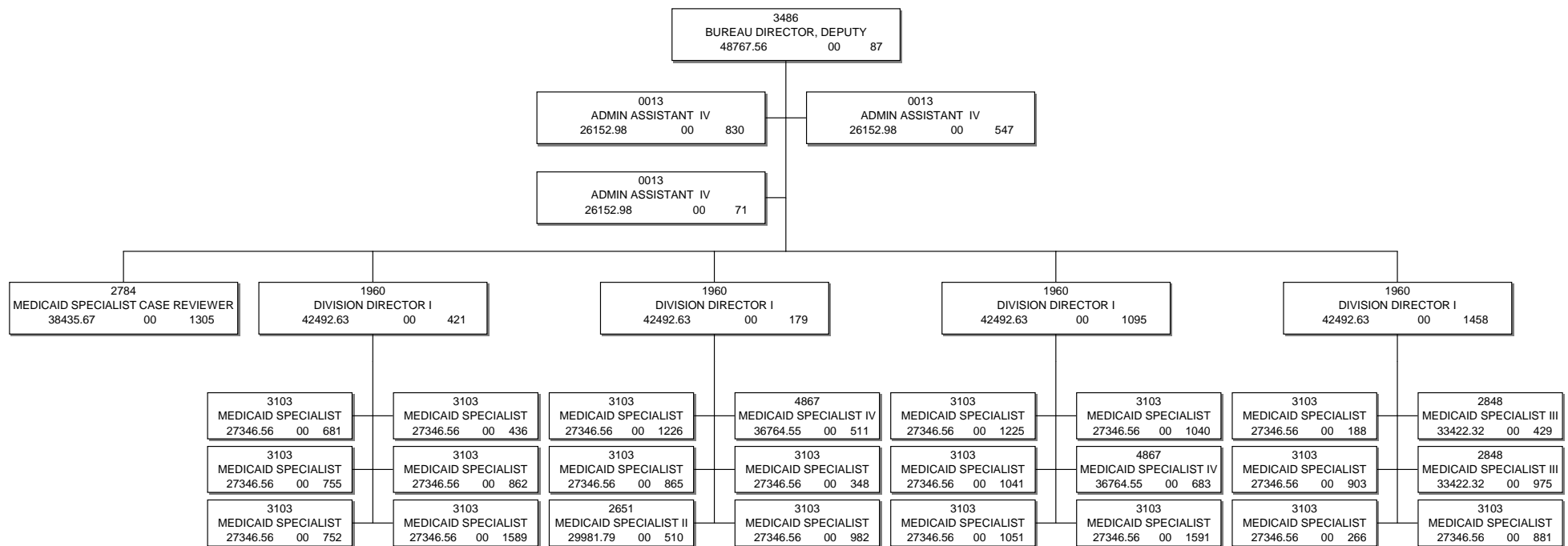


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PICAYUNE

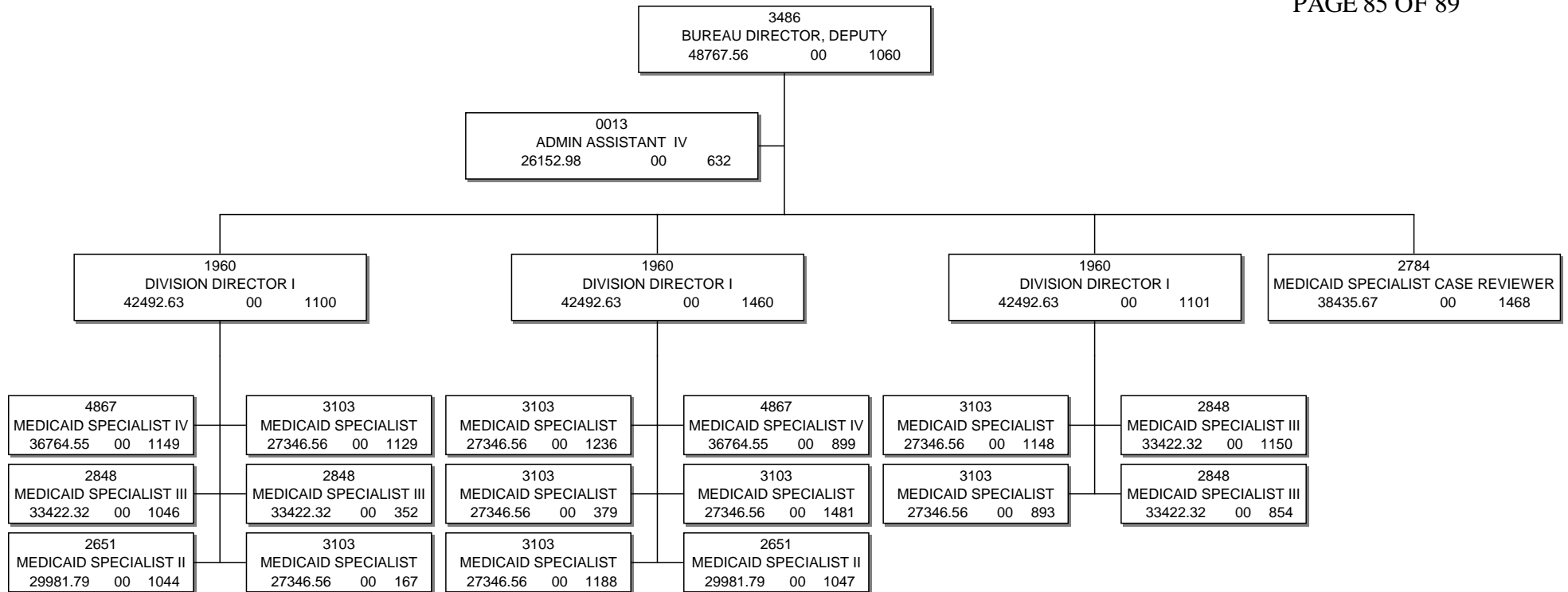


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PASCAGOULA

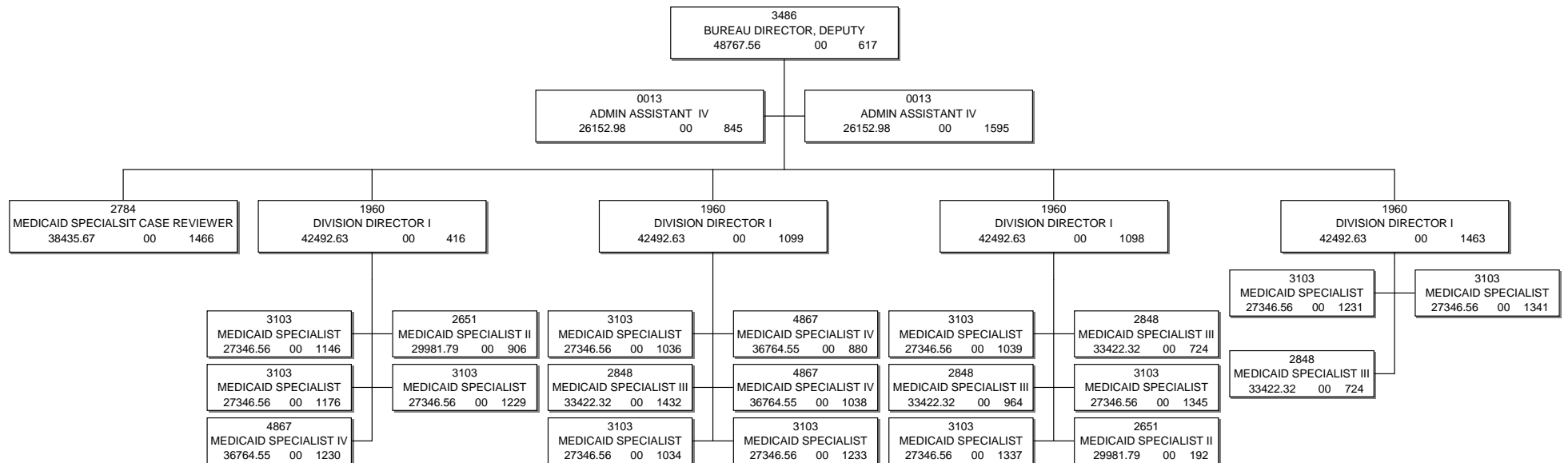


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REGION IX

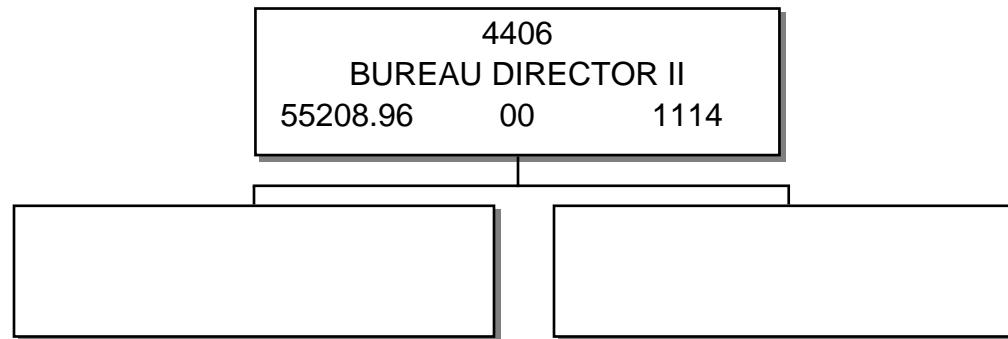


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JACKSON

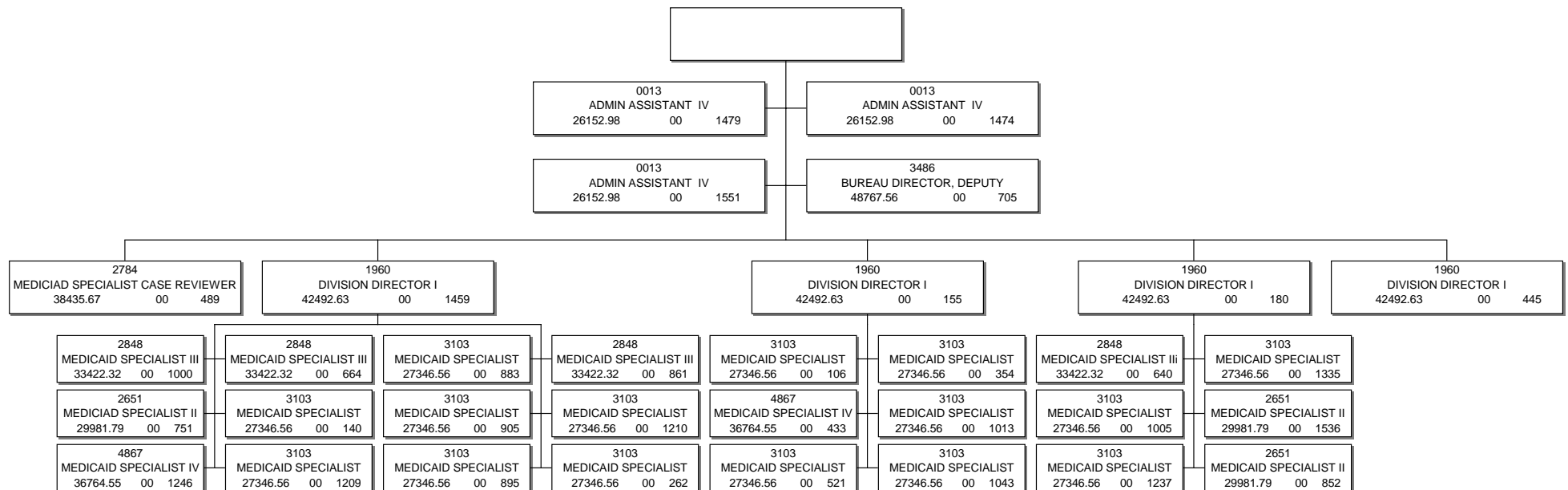


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CANTON

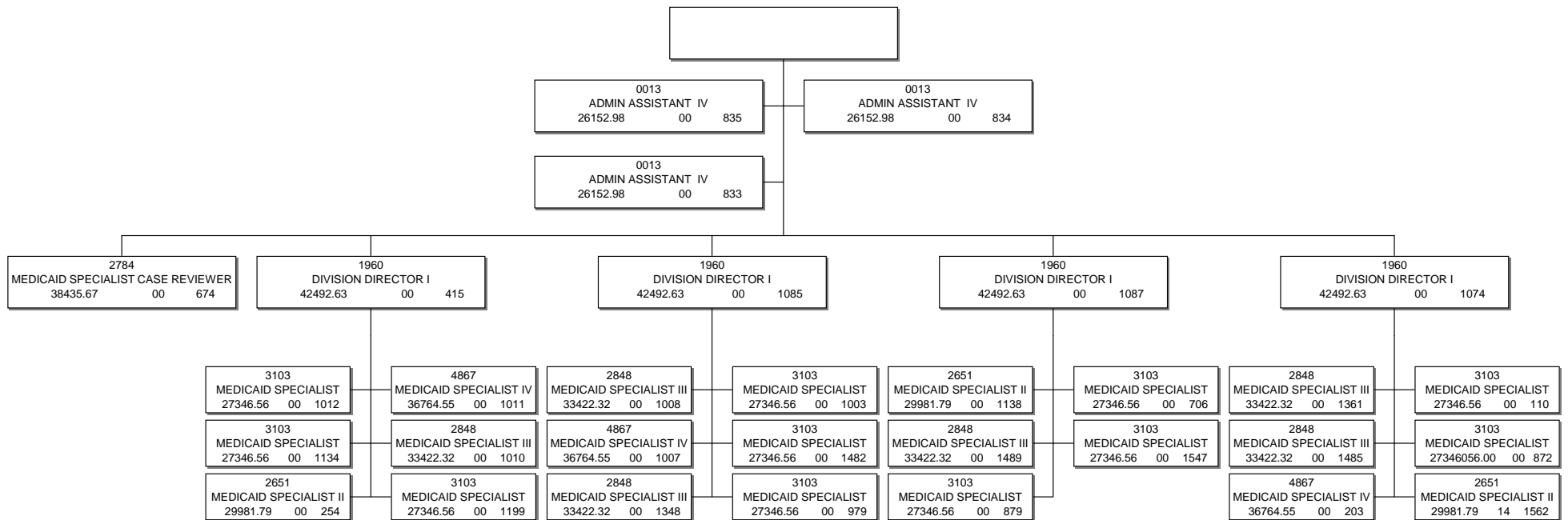


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Agency Revenue Source Report - FY20 Data

As Required by HB 831, 2015 Legislative Session
And SB 2387, 2016 Legislative Session

Agency Name	Governor's Office - Division of Medicaid	
Budget Year	2020	
State Support Sources	Amount Received	
General Funds	868,013,306	
State Support Special Funds	Amount Received	
Education Enhancement Funds		
Health Care Expendable Funds	63,230,003	
Tobacco Control Funds		
Capital Expense Funds		
Budget Contingency Funds		
Working Cash Stabilization Reserve Funds		
Special Funds	Amount Received	
Provider Overpayment & Drug Rebate Collections	353,891,441	
Interest	360,158	
Licenses, Fees and Permits	1,310	
Charges to Outside Entities for Services	6,846	
Refunds	245,947	
Workers Comp Recovery	1,483	
Charges Between Agencies for Services	70,000	
Seized and Forfeited Property	322,256	
Boswell Regional Center	5,696,792	
MS Department of Mental Health	24,091,541	
MS Department of Human Services	661,813	
MS Department of Rehabilitation Services	10,946,292	
East MS State Hospital	4,422,213	
Ellisville State School	9,356,906	
Hudspeth Regional Center	6,518,618	
MS Adolescent Center	52,528	
MS Department of Corrections	443,133	
MS Department of Health	809,262	
MS State Hospital	4,284,890	
North MS Regional Center	7,487,111	
South MS Regional Center	3,398,309	
Specialized Treatment Facility	204,123	

Division of Medicaid fund 3332300000

Division of Medicaid fund 3332800000/3332700000

Division of Medicaid fund 3332800000

Division of Medicaid fund 3332800000

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Division of Medicaid fund 3332800000

Division of Medicaid fund 3332800000

Division of Medicaid fund 3332800000

State matching funds from state agencies that receive medical service claims from the Division of Medicaid

State matching funds from state agencies that receive medical service claims from the Division of Medicaid

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Division of Medicaid fund 3332300000

Division of Medicaid fund 3332800000/3332700000

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State matching funds from state agencies that receive medical service claims from the Division of Medicaid

List all Federal Funds at its most specific level, such as an office or division, not the federal department.

Federal Funds	Amount Received	Action or results promised in order to receive funds
Program Funds from Centers for Medicare and Medicaid Services (a branch of the U.S. Department of Health and Human Services)	4,843,406,200	Pay medical service costs and related administrative costs to operate the Division of Medicaid in accordance with federal and state regulations.
Description of any Maintenance of Effort agreements entered into with any federal agency or subdivision thereof		DOM's federal grantor agency requires the state to match federal funds at prescribed rates based on the type of expense incurred. DOM is required to follow the federal grantor agency approved State Plan when determining allowable expenses.

Add Rows for Additional Special Funds

Revenue from Tax, Fine or Fee Assessed

Provider Taxes	Amount Assessed		430,322,616
	Amount Collected		430,322,616
	Authority to Collect	MS Code Section 43-13-145	
	Method of Determining Assessment	As outlined in MS Code Section 43-13-45, nursing facilities and hospitals are assessed. Nursing facilities pay assessments based on occupied bed days at a rate that is capped by federal regulations. Hospitals are assessed \$100.8 million annually. This amount is assessed to hospitals based on non-Medicare hospital inpatient days. Hospitals are also assessed for the state share of DSH/MHAP payments that will be paid to the hospitals.	
	Method of Collection	Providers pay assessments mainly by check. Some assessments are received by EFT. Some state owned facilities pay by transfers through the statewide accounting system.	
	Amt. & Purpose for which Expended	Purpose	
	Amount	The Division of Medicaid received a blended FMAP of 79.93% in federal funds to pay medical service claims. In FY20. All provider assessments are used by the Division of Medicaid for the purpose of paying the state share of medical service claims.	
	Amount Transferred to General Fund		
	Authority for Transfer to General Fund		
	Amount Transferred to Another Entity		
	Authority for Transfer to Other Entity		
	Name of Other Entity		
	Fiscal Year-Ending Balance	198,372,069	