

Governor's Office - Division of Medicaid

Walter Sillers Building

Drew Snyder

AGENCY

ADDRESS

CHIEF EXECUTIVE OFFICER

			Actual Expenses June 30,2021	Estimated Expenses June 30,2022	Requested For June 30,2023	Requested Over/(Under) Estimated	
I. A. PERSONAL SERVICES							
1. Salaries, Wages & Fringe Benefits (Base)			49,416,206	58,387,700	60,892,178	AMOUNT	PERCENT
a. Additional Compensation							
b. Proposed Vacancy Rate (Dollar Amount)					860,982		
c. Per Diem							
Total Salaries, Wages & Fringe Benefits			49,416,206	58,387,700	60,031,196	1,643,496	2.81%
2. Travel							
a. Travel & Subsistence (In-State)			174,595	652,650	653,600	950	0.15%
b. Travel & Subsistence (Out-Of-State)			368				
c. Travel & Subsistence (Out-Of-Country)							
Total Travel			174,963	652,650	653,600	950	0.15%
B. CONTRACTUAL SERVICE S (Schedule B)							
a. Tuition, Rewards & Awards			6,687	219,950	249,650	29,700	13.50%
b. Communications, Transportation & Utilities			693,004	759,310	759,810	500	0.07%
c. Public Information			2,903	5,000	5,250	250	5.00%
d. Rents			3,253,174	4,451,362	4,414,362	(37,000)	(0.83%)
e. Repairs & Service			574,742	674,900	674,900		
f. Fees, Professional & Other Services			127,203,919	212,257,027	150,331,847	(61,925,180)	(29.17%)
g. Other Contractual Services			153,101	159,805	163,155	3,350	2.10%
h. Data Processing			3,673,922	10,313,148	8,489,454	(1,823,694)	(17.68%)
i. Other			264,584	1,000	1,000		
Total Contractual Services			135,826,036	228,841,502	165,089,428	(63,752,074)	(27.86%)
C. COMMODITIES (Schedule C)							
a. Maintenance & Construction Materials & Supplies							
b. Printing & Office Supplies & Materials			152,537	334,525	336,075	1,550	0.46%
c. Equipment, Repair Parts, Supplies & Accessories			41,283	56,500	56,500		
d. Professional & Scientific Supplies & Materials			2,356	1,250	1,250		
e. Other Supplies & Materials			505,787	199,830	215,930	16,100	8.06%
Total Commodities			701,963	592,105	609,755	17,650	2.98%
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			27,695	12,000	18,500	6,500	54.17%
d. IS Equipment (Data Processing & Telecommunications)			451,325	2,550,000	600,000	(1,950,000)	(76.47%)
e. Equipment - Lease Purchase							
f. Other Equipment							
Total Equipment (Schedule D-2)			479,020	2,562,000	618,500	(1,943,500)	(75.86%)
3. Vehicles (Schedule D-3)				50,000	50,000		
4. Wireless Comm. Devices (Schedule D-4)							
E. SUBSIDIES, LOANS & GRANTS (Schedule E)			6,054,253,725	6,237,966,047	6,384,821,632	146,855,585	2.35%
TOTAL EXPENDITURES			6,240,851,913	6,529,052,004	6,611,874,111	82,822,107	1.27%
II. BUDGET TO BE FUNDED AS FOLLOWS:							
Cash Balance-Unencumbered			198,372,069	345,549,184	402,750,471	57,201,287	16.55%
General Fund Appropriation (Enter General Fund Lapse Below)			750,895,203	836,685,748	836,685,748		
State Support Special Funds			63,230,003	63,230,003	63,230,003		
Federal Funds			5,060,091,511	5,202,347,388	5,247,385,301	45,037,913	0.87%
Other Special Funds (Specify)							
Medical Care Fund			423,960,320	385,046,600	221,360,633	(163,685,967)	(42.51%)
Other Special Funds			89,851,991	74,016,436	76,124,128	2,107,692	2.85%
Home and Community Based Services				24,927,116	25,176,387	249,271	1.00%
Less: Estimated Cash Available Next Fiscal Period			(345,549,184)	(402,750,471)	(260,838,560)	(141,911,911)	(35.24%)
TOTAL FUNDS (equals Total Expenditures above)			6,240,851,913	6,529,052,004	6,611,874,111	82,822,107	1.27%
GENERAL FUND LAPSE							
III: PERSONNEL DATA							
Number of Positions Authorized in Appropriation Bill							
a.) Perm Full			978	979	979		
b.) Perm Part			2	9	9		
c.) T-L Full			32	23	23		
d.) T-L Part							
Average Annual Vacancy Rate (Percentage)							
a.) Perm Full			14.50	14.50	14.50		
b.) Perm Part				22.20	22.20		
c.) T-L Full			26.10	26.10	26.10		
d.) T-L Part							

Approved by: Jennifer Wentworth

Submitted by: Katie Gilmore

Date : 8/2/2021 7:03 PM

Official of Board or Commission

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

Phone Number: 601-359-3147

Title : Budget Officer

REQUEST BY FUNDING SOURCE

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

Specify Funding Sources As Shown Below	FY 2021 Actual Amount	% of Line Item	% of Total Budget	FY 2022 Estimated Amount	% of Line Item	% of Total Budget	FY 2023 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	19,766,482	40.00%		23,355,080	40.00%		24,012,478	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									
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. Rental Assistance Grant Program Fund									
23. ICU Infrastructure Fund									
24. Poultry Farmer Stabilization Grant Program Fund									
25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____	29,649,724	60.00%		35,032,620	60.00%		36,018,718	60.00%	
30. Medical Care Fund									
31. Other Special Funds									
32. Home and Community Based Services									
33.									
Total Salaries	49,416,206		0.79%	58,387,700		0.89%	60,031,196		0.91%

REQUEST BY FUNDING SOURCE

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

Specify Funding Sources As Shown Below	FY 2021 Actual Amount	% of Line Item	% of Total Budget	FY 2022 Estimated Amount	% of Line Item	% of Total Budget	FY 2023 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	69,985	40.00%		261,060	40.00%		261,440	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									
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24. Poultry Farmer Stabilization Grant Program Fund									
25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____	104,978	60.00%		391,590	60.00%		392,160	60.00%	
30. Medical Care Fund									
31. Other Special Funds									
32. Home and Community Based Services									
33.									
Total Travel	174,963			652,650		0.01%	653,600		0.01%

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1. General _____ State Support Special (Specify) _____	28,621,431	21.07%		52,030,464	22.74%		37,535,497	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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24. Poultry Farmer Stabilization Grant Program Fund									
25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____	107,204,605	78.93%		176,811,038	77.26%		127,553,931	77.26%	
30. Medical Care Fund									
31. Other Special Funds									
32. Home and Community Based Services									
33.									
Total Contractual	135,826,036		2.18%	228,841,502		3.50%	165,089,428		2.50%

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1. General _____ State Support Special (Specify) _____	350,981	50.00%		296,052	50.00%		304,877	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									
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25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____	350,982	50.00%		296,053	50.00%		304,878	50.00%	
30. Medical Care Fund									
31. Other Special Funds									
32. Home and Community Based Services									
33.									
Total Commodities	701,963		0.01%	592,105		0.01%	609,755		0.01%

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1. General _____ State Support Special (Specify) _____									
2. Budget Contingency Fund									
3. Education Enhancement Fund									
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25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____									
30. Medical Care Fund									
31. Other Special Funds									
32. Home and Community Based Services									
33.									
Total Capital Other Than Equipment									

REQUEST BY FUNDING SOURCE

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

Specify Funding Sources As Shown Below	FY 2021 Actual Amount	% of Line Item	% of Total Budget	FY 2022 Estimated Amount	% of Line Item	% of Total Budget	FY 2023 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	239,510	50.00%		1,281,000	50.00%		309,250	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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25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____	239,510	50.00%		1,281,000	50.00%		309,250	50.00%	
30. Medical Care Fund									
31. Other Special Funds									
32. Home and Community Based Services									
33.									
Total Capital Equipment	479,020		0.01%	2,562,000		0.04%	618,500		0.01%

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1. General _____ State Support Special (Specify) _____				25,000	50.00%		25,000	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									
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23. ICU Infrastructure Fund									
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25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____				25,000	50.00%		25,000	50.00%	
30. Medical Care Fund									
31. Other Special Funds									
32. Home and Community Based Services									
33.									
Total Vehicles				50,000			50,000		

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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									
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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. Rental Assistance Grant Program Fund									
23. ICU Infrastructure Fund									
24. Poultry Farmer Stabilization Grant Program Fund									
25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____									
30. Medical Care Fund									
31. Other Special Funds									
32. Home and Community Based Services									
33.									
Total Wireless Communication Devs.									

REQUEST BY FUNDING SOURCE

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

Specify Funding Sources As Shown Below	FY 2021 Actual Amount	% of Line Item	% of Total Budget	FY 2022 Estimated Amount	% of Line Item	% of Total Budget	FY 2023 Requested Amount	% of Line Item	% of Total Budget
1. General _____ State Support Special (Specify) _____	701,846,814	11.59%		759,437,092	12.17%		774,237,206	12.13%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund	63,230,003	1.04%		63,230,003	1.01%		63,230,003	0.99%	
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									
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24. Poultry Farmer Stabilization Grant Program Fund									
25. Mississippi Supplemental CFAP Grant Program Fund									
26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____	4,922,541,712	81.31%		4,988,510,087	79.97%		5,082,781,364	79.61%	
30. Medical Care Fund	276,783,205	4.57%		327,845,313	5.26%		363,272,544	5.69%	
31. Other Special Funds	89,851,991	1.48%		74,016,436	1.19%		76,124,128	1.19%	
32. Home and Community Based Services				24,927,116	0.40%		25,176,387	0.39%	
33.									
Total Subsidies	6,054,253,725		97.01%	6,237,966,047		95.54%	6,384,821,632		96.57%

REQUEST BY FUNDING SOURCE

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

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1. General _____ State Support Special (Specify) _____	750,895,203	12.03%		836,685,748	12.81%		836,685,748	12.65%	
2. Budget Contingency Fund									
3. Education Enhancement Fund									
4. Health Care Expendable Fund	63,230,003	1.01%		63,230,003	0.97%		63,230,003	0.96%	
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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26. Sweet Potato Farm Sustainment Grant Program Fund									
27. Coronavirus Local Fiscal Recovery Fund									
28. Coronavirus State Fiscal Recovery Fund									
29. Federal _____ Other Special (Specify) _____	5,060,091,511	81.08%		5,202,347,388	79.68%		5,247,385,301	79.36%	
30. Medical Care Fund	276,783,205	4.44%		327,845,313	5.02%		363,272,544	5.49%	
31. Other Special Funds	89,851,991	1.44%		74,016,436	1.13%		76,124,128	1.15%	
32. Home and Community Based Services				24,927,116	0.38%		25,176,387	0.38%	
33.									
TOTAL	6,240,851,913		100.00%	6,529,052,004		100.00%	6,611,874,111		100.00%

SPECIAL FUNDS DETAIL

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

Name of Agency

S. STATE SUPPORT SPECIAL FUNDS		(1) Actual Revenues FY 2021	(2) Estimated Revenues FY 2022	(3) Requested Revenues FY 2023
Source (Fund Number)	Detailed Description of Source			
Budget Contingency Fund	BCF - Budget Contingency Fund			
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			
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			
Rental Assistance Grant Program Fund	RAGPF - Rental Assistance Grant Program Fund			
ICU Infrastructure Fund	IIF - ICU Infrastructure Fund			
Poultry Farmer Stabilization Grant Program Fund	PFSGPF - Poultry Farmer Stabilization Grant Program Fund			
Mississippi Supplemental CFAP Grant Program Fund	MSCGPF - Mississippi Supplemental CFAP Grant Program Fund			
Sweet Potato Farm Sustainment Grant Program Fund	SPFSGPF - Sweet Potato Farm Sustainment Grant Program Fund			
Coronavirus Local Fiscal Recovery Fund	CLFRF - Coronavirus Local Fiscal Recovery Fund			
Coronavirus State Fiscal Recovery Fund	CSFRF - Coronavirus State Fiscal Recovery Fund			
State Support Special Fund TOTAL		63,230,003	63,230,003	63,230,003
STATE SUPPORT SPECIAL FUND LAPSE				

SPECIAL FUNDS DETAIL

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

Name of Agency

A. FEDERAL FUNDS *		Percentage Match Requirement		(1) Actual Revenues	(2) Estimated Revenues	(3) Requested Revenues
Source (Fund Number)	Detailed Description of Source	FY 2022	FY 2023	FY 2021	FY 2022	FY 2023
	Cash Balance-Unencumbered					
Grant Medicaid Title XIX (5332800000)	Centers for Medicare and Medical services	19.00	20.00	5,060,091,511	5,202,347,388	5,247,385,301
Federal Fund TOTAL				5,060,091,511	5,202,347,388	5,247,385,301

B. OTHER SPECIAL FUNDS (NON-FED'L)		(1) Actual Revenues	(2) Estimated Revenues	(3) Requested Revenues
Source (Fund Number)	Detailed Description of Source	FY 2021	FY 2022	FY 2023
	Cash Balance-Unencumbered	198,372,069	345,549,184	402,750,471
Medical Care Fund (3327)		423,960,320	385,046,600	221,360,633
Other Special Funds (3328)		89,851,991	74,016,436	76,124,128
Home and Community Based Services (3334)			24,927,116	25,176,387
Other Special Fund TOTAL		712,184,380	829,539,336	725,411,619

SECTIONS S + A + B TOTAL	5,835,505,894	6,095,116,727	6,036,026,923
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C. TREASURY FUND/BANK ACCOUNTS *		(1) Reconciled Balance	(2) Balance	(3) Balance
Name of Fund/Account	Fund/Account Number	as of 6/30/21	as of 6/30/22	as of 6/30/23
Provider Payment Checking Account	001735177	925,090	200,000	200,000
Third Party Recovery Lockbox	1001626621	327,575	300,000	300,000

* 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 did not receive the Capital Expense Fund appropriation of \$85,048,127. This appropriation was repealed in House Bill 109.

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 83 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 SFY2023. SFY2021 collections totaled \$81,671,246.

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 83 percent. The SFY 2021 assessment was \$74,881,250. The budget projects this funding source to increase to \$84,706,250 in SFY2022 and increases to \$95,225,000 in SFY2023.

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 SFY2021 DSH assessment was \$37,337,581. The federal Patient Protection and Affordable Care Act (PPACA) requires reductions to state Medicaid DSH allotments annually beginning with fiscal year 2020. 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 SFY2021 MHAP assessment was \$86,523,908 (\$533,110,956 multiplied by the blended SFY2021 state share of 16.23 percent). MHAP, as currently designed, is paid as pass-through payments made to hospitals through the three MississippiCAN coordinated care organizations (CCOs). DOM distributes the MHAP payments to the CCOs through an add-on payment to the per member per month capitation payments. The CCOs then distribute MHAP payments to all participating hospitals. No CCO 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 SFY2021 was \$1,349,091. UPL distributions in SFY2022 and SFY2023 are projected to be consistent with the amount paid in SFY2021.

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 SFY2021 UPL distributions were issued in SFY2021 and totaled \$18,839,163, which required state match IGTs of \$3,021,802. UPL distributions in SFY2022 and SFY2023 are projected to be consistent with the amount paid in SFY2021.

Please note that CMS rules at 42CFR Part 447.272 allow full cost reimbursement to state owned and operated facilities as UPL. However, 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 paragraphs (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). Medicaid requested approval from CMS for the MAPS payments this spring and is awaiting approval. The program will work similarly to MHAP in that the CCO will receive additional funds to pass through to certain provider groups based on utilization of services. No CCO 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. SFY2022 and SFY 2023 deposits of \$6,970,462 and \$8,302,702 respectively are expected to support four quarterly payments to UMMC's provider group and are projected to total \$37,215,493 for SFY 2022 and \$38,331,958 for SFY 2023.

Interest

Interest totaling \$374,161 was earned in the Medical Care Fund in SFY2021. The budget projection for interest deposits is \$250,000 for both SFY2022 and SFY2023.

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 (\$381,328), the Mississippi State Department of Health (\$1,465,869), the Mississippi Department of Mental Health (\$58,962,990), and the Mississippi Department of Rehabilitation Services (\$11,124,678). The state share invoices for claims paid from July 2020 through June 2021 totaled \$71,934,865. For SFY2022 and SFY2023, DOM has projected incoming transfers based on SFY2021 invoices and the applicable blended state match rates. The projections are \$73,733,236 and \$75,840,928, respectively.

Home and Community Based Services Fund (Fund #3333400000)

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) (Pub L.117-2). Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance

NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY FUND/BANK ACCOUNTS

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

Name of Agency

percentage (FMAP) for certain Medicaid expenditures for HCBS programs from April 1, 2021, through March 31, 2022. The funds will be used to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. This fund was established to segregate the state funds available to implement activities that will expand or strengthen HCBS under the Medicaid program. For SFY2022 and SFY2023, the state fund expenditures from the fund are estimated to be \$24,927,116 and \$25,176,387 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 experience. For SFY2021, receipts totaled \$131,292. Receipt totals of \$283,200 are projected for both SFY2022 and SFY2023.

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

NARRATIVE OF SPECIAL FUNDS DETAIL AND TREASURY FUND/BANK ACCOUNTS

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

Name of Agency

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.

Special (Fund #3332800000) Budgeted

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

Home and Community Based Services (Fund #3333400000) Budgeted

Section 9817 of the American Rescue Plan Act of 2021 (ARPA) provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS programs from April 1, 2021, through March 31, 2022. The funds will be used to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, the state must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program. The state has three years to spend the additional funding.

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 also received federal funds related to an enhanced federal match rate for the Money Follows the Person (MFP) grant. The MFP Grant has ended. 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 2021 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe	19,766,482		29,649,724		49,416,206
Travel	69,985		104,978		174,963
Contractual Services	28,621,431		107,204,605		135,826,036
Commodities	350,981		350,982		701,963
Other Than Equipment					
Equipment	239,510		239,510		479,020
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	701,846,814	63,230,003	4,922,541,712	366,635,196	6,054,253,725
Total	750,895,203	63,230,003	5,060,091,511	366,635,196	6,240,851,913
No. of Positions (FTE)	410.00		566.00		976.00

	FY 2022 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe	23,355,080		35,032,620		58,387,700
Travel	261,060		391,590		652,650
Contractual Services	52,030,464		176,811,038		228,841,502
Commodities	296,052		296,053		592,105
Other Than Equipment					
Equipment	1,281,000		1,281,000		2,562,000
Vehicles	25,000		25,000		50,000
Wireless Communication Devices					
Subsidies, Loans & Grants	759,437,092	63,230,003	4,988,510,087	426,788,865	6,237,966,047
Total	836,685,748	63,230,003	5,202,347,388	426,788,865	6,529,052,004
No. of Positions (FTE)	410.00		569.00		979.00

	FY 2023 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe	657,398		986,098		1,643,496
Travel	380		570		950
Contractual Services	(14,494,967)		(49,257,107)		(63,752,074)
Commodities	8,825		8,825		17,650
Other Than Equipment					
Equipment	(971,750)		(971,750)		(1,943,500)
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants	14,800,114		94,271,277	37,784,194	146,855,585
Total			45,037,913	37,784,194	82,822,107
No. of Positions (FTE)					

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 New Activities.

CONTINUATION AND EXPANDED TOTAL REQUEST

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

SUMMARY OF ALL PROGRAMS

Name of Agency	Program				
	FY 2023 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 2023 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 2023 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe	24,012,478		36,018,718		60,031,196
Travel	261,440		392,160		653,600
Contractual Services	37,535,497		127,553,931		165,089,428
Commodities	304,877		304,878		609,755
Other Than Equipment					
Equipment	309,250		309,250		618,500
Vehicles	25,000		25,000		50,000
Wireless Communication Devices					
Subsidies, Loans & Grants	774,237,206	63,230,003	5,082,781,364	464,573,059	6,384,821,632
Total	836,685,748	63,230,003	5,247,385,301	464,573,059	6,611,874,111
No. of Positions (FTE)	410.00		569.00		979.00

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 New Activities.

SUMMARY OF PROGRAMS
FORM MBR-1-03sum

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

Name of Agency

FUNDING REQUESTED FISCAL YEAR 2023

	PROGRAM	GENERAL	ST. SUPP. SPECIAL	FEDERAL	OTHER SPECIAL	TOTAL
1.	Administrative Services	62,448,542		164,603,937		227,052,479
2.	Medical Services	625,087,630	63,230,003	4,406,513,027	439,396,672	5,534,227,332
3.	Children's Health Insur Prg (CHIP)	23,119,611		129,384,424		152,504,035
4.	Home & Comm Based Waiver Prg	126,029,965		546,883,913	25,176,387	698,090,265
	Summary of All Programs	836,685,748	63,230,003	5,247,385,301	464,573,059	6,611,874,111

CONTINUATION AND EXPANDED REQUEST

Program 1 of 4

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

Administrative Services

Name of Agency

Program

	FY 2021 Actual				
	(1) General	(2) State Support Special	(3) Federal	(4) Other Special	(5) Total
Salaries,Wages & Fringe	19,766,482		29,649,724		49,416,206
Travel	69,985		104,978		174,963
Contractual Services	28,621,431		107,204,605		135,826,036
Commodities	350,981		350,982		701,963
Other Than Equipment					
Equipment	239,510		239,510		479,020
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	49,048,389		137,549,799		186,598,188
No. of Positions (FTE)	410.00		566.00		976.00

	FY 2022 Estimated				
	(6) General	(7) State Support Special	(8) Federal	(9) Other Special	(10) Total
Salaries,Wages & Fringe	23,355,080		35,032,620		58,387,700
Travel	261,060		391,590		652,650
Contractual Services	52,030,464		176,811,038		228,841,502
Commodities	296,052		296,053		592,105
Other Than Equipment					
Equipment	1,281,000		1,281,000		2,562,000
Vehicles	25,000		25,000		50,000
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	77,248,656		213,837,301		291,085,957
No. of Positions (FTE)	410.00		569.00		979.00

	FY 2023 Increase/Decrease for Continuation				
	(11) General	(12) State Support Special	(13) Federal	(14) Other Special	(15) Total
Salaries,Wages & Fringe	657,398		986,098		1,643,496
Travel	380		570		950
Contractual Services	(14,494,967)		(49,257,107)		(63,752,074)
Commodities	8,825		8,825		17,650
Other Than Equipment					
Equipment	(971,750)		(971,750)		(1,943,500)
Vehicles					
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	(14,800,114)		(49,233,364)		(64,033,478)
No. of Positions (FTE)					

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 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 2023 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 2023 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 2023 Total Request				
	(26) General	(27) State Support Special	(28) Federal	(29) Other Special	(30) Total
Salaries,Wages & Fringe	24,012,478		36,018,718		60,031,196
Travel	261,440		392,160		653,600
Contractual Services	37,535,497		127,553,931		165,089,428
Commodities	304,877		304,878		609,755
Other Than Equipment					
Equipment	309,250		309,250		618,500
Vehicles	25,000		25,000		50,000
Wireless Communication Devices					
Subsidies, Loans & Grants					
Total	62,448,542		164,603,937		227,052,479
No. of Positions (FTE)	410.00		569.00		979.00

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 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 2021 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	606,063,309	63,230,003	4,379,649,751	366,635,196	5,415,578,259
Total	606,063,309	63,230,003	4,379,649,751	366,635,196	5,415,578,259
No. of Positions (FTE)					

	FY 2022 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	679,930,970	63,230,003	4,207,603,077	401,861,749	5,352,625,799
Total	679,930,970	63,230,003	4,207,603,077	401,861,749	5,352,625,799
No. of Positions (FTE)					

	FY 2023 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	(54,843,340)		198,909,950	37,534,923	181,601,533
Total	(54,843,340)		198,909,950	37,534,923	181,601,533
No. of Positions (FTE)					

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 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 2023 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 2023 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 2023 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	625,087,630	63,230,003	4,406,513,027	439,396,672	5,534,227,332
Total	625,087,630	63,230,003	4,406,513,027	439,396,672	5,534,227,332
No. of Positions (FTE)					

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 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 2021 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	18,152,400		142,204,489		160,356,889
Total	18,152,400		142,204,489		160,356,889
No. of Positions (FTE)					

	FY 2022 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	19,583,882		110,196,648		129,780,530
Total	19,583,882		110,196,648		129,780,530
No. of Positions (FTE)					

	FY 2023 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	3,535,729		19,187,776		22,723,505
Total	3,535,729		19,187,776		22,723,505
No. of Positions (FTE)					

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 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 2023 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 2023 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 2023 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	23,119,611		129,384,424		152,504,035
Total	23,119,611		129,384,424		152,504,035
No. of Positions (FTE)					

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 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 2021 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	77,631,105		400,687,472		478,318,577
Total	77,631,105		400,687,472		478,318,577
No. of Positions (FTE)					

	FY 2022 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	59,922,240		670,710,362	24,927,116	755,559,718
Total	59,922,240		670,710,362	24,927,116	755,559,718
No. of Positions (FTE)					

	FY 2023 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	66,107,725		(123,826,449)	249,271	(57,469,453)
Total	66,107,725		(123,826,449)	249,271	(57,469,453)
No. of Positions (FTE)					

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 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 2023 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 2023 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 2023 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	126,029,965		546,883,913	25,176,387	698,090,265
Total	126,029,965		546,883,913	25,176,387	698,090,265
No. of Positions (FTE)					

Note: FY2023 Total Request = FY2022 Estimated + FY2023 Incr(Decr) for Continuation + FY2023 Expansion/Reduction of Existing Activities + FY2023 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 2022 Appropriated	Escalations By DFA	Non-Recurring Items	MMIS Replacement	IT Infrastructure Projects	Reclassification SEC2	Data Lake/ Analytics/ Other	MSCAN/CHIP Protest
SALARIES	58,387,700					1,643,496		
GENERAL	23,355,080					657,398		
ST. SUP. SPECIAL								
FEDERAL	35,032,620					986,098		
OTHER								
TRAVEL	652,650							
GENERAL	261,060							
ST. SUP.SPECIAL								
FEDERAL	391,590							
OTHER								
CONTRACTUAL	228,841,502			(68,423,708)	(1,525,000)		5,696,634	500,000
GENERAL	52,030,464			(15,292,693)	(762,500)		1,310,226	250,000
ST. SUP. SPECIAL								
FEDERAL	176,811,038			(53,131,015)	(762,500)		4,386,408	250,000
OTHER								
COMMODITIES	592,105							
GENERAL	296,052							
ST. SUP. SPECIAL								
FEDERAL	296,053							
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT	2,562,000				(1,943,500)			
GENERAL	1,281,000				(971,750)			
ST. SUP. SPECIAL								
FEDERAL	1,281,000				(971,750)			
OTHER								
VEHICLES	50,000							
GENERAL	25,000							
ST. SUP. SPECIAL								
FEDERAL	25,000							
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TOTAL	291,085,957			(68,423,708)	(3,468,500)	1,643,496	5,696,634	500,000
FUNDING								
GENERAL FUNDS	77,248,656			(15,292,693)	(1,734,250)	657,398	1,310,226	250,000
ST. SUP. SPCL FUNDS								
FEDERAL FUNDS	213,837,301			(53,131,015)	(1,734,250)	986,098	4,386,408	250,000
OTHER SP. FUNDS								
TOTAL	291,085,957			(68,423,708)	(3,468,500)	1,643,496	5,696,634	500,000
POSITIONS								
GENERAL FTE	410.00							
ST. SUP. SPCL. FTE								
FEDERAL FTE	569.00							
OTHER SP. FTE								
TOTAL	979.00							
PRIORITY LEVEL :								
				1	2	3	4	5

PROGRAM DECISION UNITS

	I	J	K					
EXPENDITURES	Program Management	Total Funding Change	FY 2023 Total Request					
SALARIES		1,643,496	60,031,196					
GENERAL		657,398	24,012,478					
ST. SUP. SPECIAL								
FEDERAL		986,098	36,018,718					
OTHER								
TRAVEL	950	950	653,600					
GENERAL	380	380	261,440					
ST. SUP. SPECIAL								
FEDERAL	570	570	392,160					
OTHER								
CONTRACTUAL		(63,752,074)	165,089,428					
GENERAL		(14,494,967)	37,535,497					
ST. SUP. SPECIAL								
FEDERAL		(49,257,107)	127,553,931					
OTHER								
COMMODITIES	17,650	17,650	609,755					
GENERAL	8,825	8,825	304,877					
ST. SUP. SPECIAL								
FEDERAL	8,825	8,825	304,878					
OTHER								
CAPTITAL-OTE								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
EQUIPMENT		(1,943,500)	618,500					
GENERAL		(971,750)	309,250					
ST. SUP. SPECIAL								
FEDERAL		(971,750)	309,250					
OTHER								
VEHICLES			50,000					
GENERAL			25,000					
ST. SUP. SPECIAL								
FEDERAL			25,000					
OTHER								
WIRELESS DEV								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
SUBSIDIES								
GENERAL								
ST. SUP. SPECIAL								
FEDERAL								
OTHER								
TOTAL	18,600	(64,033,478)	227,052,479					

FUNDING

GENERAL FUNDS	9,205	(14,800,114)	62,448,542					
ST. SUP. SPCL FUNDS								
FEDERAL FUNDS	9,395	(49,233,364)	164,603,937					
OTHER SP. FUNDS								
TOTAL	18,600	(64,033,478)	227,052,479					

POSITIONS

GENERAL FTE			410.00					
ST. SUP. SPCL. FTE								
FEDERAL FTE			569.00					
OTHER SP. FTE								
TOTAL			979.00					

PRIORITY LEVEL :

	6							
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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 2022 Appropriated	Escalations By DFA	Non-Recurring Items	FY21 Risk Corridor	Enrollment Mix Trend	Cost Trend	Utilization Trend	Program Change Trend
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	5,352,625,799			154,300,000	(353,242,036)	114,902,483	202,204,733	(70,481,027)
GENERAL	679,930,970			33,467,670	(76,512,225)	24,887,878	43,797,545	(15,266,190)
ST. SUP. SPECIAL	63,230,003							
FEDERAL	4,207,603,077			120,832,330	(276,729,811)	90,014,605	158,407,188	(55,214,837)
OTHER	401,861,749							
TOTAL	5,352,625,799			154,300,000	(353,242,036)	114,902,483	202,204,733	(70,481,027)
FUNDING								
GENERAL FUNDS	679,930,970			33,467,670	(76,512,225)	24,887,878	43,797,545	(15,266,190)
ST. SUP .SPCL FUNDS	63,230,003							
FEDERAL FUNDS	4,207,603,077			120,832,330	(276,729,811)	90,014,605	158,407,188	(55,214,837)
OTHER SP. FUNDS	401,861,749							
TOTAL	5,352,625,799			154,300,000	(353,242,036)	114,902,483	202,204,733	(70,481,027)
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
				1	2	3	4	5

PROGRAM DECISION UNITS

	I	J	K	L	M	N	O	P
	FMAP Decrease	DSH/UPL Increase	Medicare Premiums (Parts A, B, C)	Graduate Medical	Change in Non-Emergency	Federal Funding Deficit/State	HIT Program Payments	Total Funding Change
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		14,007,274	21,166,636	1,913,775	(641,706)	97,853,901	(382,500)	181,601,533
GENERAL	154,939,262		24,125,349	1,557,992	(138,994)	(245,701,627)		(54,843,340)
ST. SUP. SPECIAL								
FEDERAL	(154,939,262)	6,051,184	(2,958,713)	355,783	(502,712)	313,976,695	(382,500)	198,909,950
OTHER		7,956,090				29,578,833		37,534,923
TOTAL		14,007,274	21,166,636	1,913,775	(641,706)	97,853,901	(382,500)	181,601,533
FUNDING								
GENERAL FUNDS	154,939,262		24,125,349	1,557,992	(138,994)	(245,701,627)		(54,843,340)
ST. SUP .SPCL FUNDS								
FEDERAL FUNDS	(154,939,262)	6,051,184	(2,958,713)	355,783	(502,712)	313,976,695	(382,500)	198,909,950
OTHER SP. FUNDS		7,956,090				29,578,833		37,534,923
TOTAL		14,007,274	21,166,636	1,913,775	(641,706)	97,853,901	(382,500)	181,601,533
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
	6	7	8	9	10	11	12	

PROGRAM DECISION UNITS

Q

EXPENDITURES	FY 2023 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	5,534,227,332							
GENERAL	625,087,630							
ST. SUP. SPECIAL	63,230,003							
FEDERAL	4,406,513,027							
OTHER	439,396,672							
TOTAL	5,534,227,332							

FUNDING

GENERAL FUNDS	625,087,630							
ST. SUP .SPCL FUNDS	63,230,003							
FEDERAL FUNDS	4,406,513,027							
OTHER SP. FUNDS	439,396,672							
TOTAL	5,534,227,332							

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
EXPENDITURES	FY 2022 Appropriated	Escalations By DFA	Non-Recurring Items	Risk Corridor	Enrollment Mix Trend	Cost Trend	Utilization Trend	Program Change Trend
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								
CAPITAL-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	129,780,530			24,568,446	(4,956,729)	2,287,731	2,247,280	(1,423,223)
GENERAL	19,583,882			3,724,576	(751,440)	346,820	340,688	(215,761)
ST. SUP. SPECIAL								
FEDERAL	110,196,648			20,843,870	(4,205,289)	1,940,911	1,906,592	(1,207,462)
OTHER								
TOTAL	129,780,530			24,568,446	(4,956,729)	2,287,731	2,247,280	(1,423,223)
FUNDING								
GENERAL FUNDS	19,583,882			3,724,576	(751,440)	346,820	340,688	(215,761)
ST. SUP. SPCL. FUNDS								
FEDERAL FUNDS	110,196,648			20,843,870	(4,205,289)	1,940,911	1,906,592	(1,207,462)
OTHER SP. FUNDS								
TOTAL	129,780,530			24,568,446	(4,956,729)	2,287,731	2,247,280	(1,423,223)
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
				1	2	3	4	5

PROGRAM DECISION UNITS

	I	J	K					
EXPENDITURES	FMAP Decrease	Total Funding Change	FY 2023 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		22,723,505	152,504,035					
GENERAL	90,846	3,535,729	23,119,611					
ST. SUP. SPECIAL								
FEDERAL	(90,846)	19,187,776	129,384,424					
OTHER								
TOTAL		22,723,505	152,504,035					
FUNDING								
GENERAL FUNDS	90,846	3,535,729	23,119,611					
ST. SUP .SPCL FUNDS								
FEDERAL FUNDS	(90,846)	19,187,776	129,384,424					
OTHER SP. FUNDS								
TOTAL		22,723,505	152,504,035					
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
	6							

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	H
	FY 2022 Appropriated	Escalations By DFA	Non-Recurring Items	HCBS Spending Plan	Enrollment Mix	Utilization Trend	FMAP Decrease	Total Funding Change
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	755,559,718			(95,901,070)	3,510,032	34,921,585		(57,469,453)
GENERAL	59,922,240			(11,018,961)	394,177	3,921,694	72,810,815	66,107,725
ST. SUP. SPECIAL								
FEDERAL	670,710,362			(85,131,380)	3,115,855	30,999,891	(72,810,815)	(123,826,449)
OTHER	24,927,116			249,271				249,271
TOTAL	755,559,718			(95,901,070)	3,510,032	34,921,585		(57,469,453)
FUNDING								
GENERAL FUNDS	59,922,240			(11,018,961)	394,177	3,921,694	72,810,815	66,107,725
ST. SUP. SPCL. FUNDS								
FEDERAL FUNDS	670,710,362			(85,131,380)	3,115,855	30,999,891	(72,810,815)	(123,826,449)
OTHER SP. FUNDS	24,927,116			249,271				249,271
TOTAL	755,559,718			(95,901,070)	3,510,032	34,921,585		(57,469,453)
POSITIONS								
GENERAL FTE								
ST. SUP. SPCL. FTE								
FEDERAL FTE								
OTHER SP. FTE								
TOTAL								
PRIORITY LEVEL :								
				1	2	3	4	

PROGRAM DECISION UNITS

I

EXPENDITURES	FY 2023 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	698,090,265							
GENERAL	126,029,965							
ST. SUP. SPECIAL								
FEDERAL	546,883,913							
OTHER	25,176,387							
TOTAL	698,090,265							

FUNDING

GENERAL FUNDS	126,029,965							
ST. SUP .SPCL FUNDS								
FEDERAL FUNDS	546,883,913							
OTHER SP. FUNDS	25,176,387							
TOTAL	698,090,265							

POSITIONS

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

PRIORITY LEVEL :

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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)
- manage finance and administrative efforts to record, analyze, control and report agency revenue and expenditures, provide budgeting and statistical information, and provide fiscal monitoring of the managed care program
- manage technology and staff 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, 2021, there were 772,934 individuals covered by Medicaid and an additional 47,668 in the separate Children's Health Insurance Program (CHIP) for a total of 820,602 covered beneficiaries. This total represents an increase of 75,031 beneficiaries from June 30, 2020. This increase can be primarily attributed to the eligibility requirements in the Families First Coronavirus Relief Act (FFCRA) passed in the spring of 2020 in response to the public health emergency caused by COVID-19. Without the changes in FFCRA, DOM would have 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.

The Families First Coronavirus Relief Act (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. More information on the impact of FFCRA is in the main budget narrative.

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 out 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 37,000 enrolled Mississippi Medicaid providers and over 800,000 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.

PROGRAM NARRATIVE

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

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.

Mississippi Medicaid Program Today

Current need-based categories of eligibility:

1. Infants and Children – eligible solely based on being a child in a household with income below various levels of poverty.
2. Pregnant women – eligible solely based on 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

PROGRAM NARRATIVE

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

- Improved customer service, enhanced reporting, improved decision-making tools and better use of staff

Over FY2022, DOM will incur additional costs for design and implementation of 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. Operational costs for the new system are estimated to be \$13 million less annually than the maintenance and operation payments for the current MMIS.

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. Because the MEDS support was a part of the MMIS contract, Medicaid will be releasing a procurement for either a takeover of support or a replacement system.

Data Lake and Analytics

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. DOM expects to release a procurement in FY2022 for a data lake and analytics platform.

Budget Category Requests

Salaries – DOM is requesting an increase of \$1,643,496 in total costs for salaries in FY2023. The request for state funding for salaries increase is \$657,398. The requested salary increase is equal to 3% for all filled and vacant PINs, excluding the executive director, for one half of a year.

Travel – DOM is requesting an increase of \$950 in total costs for travel in FY2023. The total travel budget request is \$653,600, is less than 0.2% of the administrative budget, and is \$261,440 in state support spending. 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, reviewing facilities for compliance and rate setting purposes (performed by specialized staff such as nurses and social workers), conducting unannounced provider site visits, and training for staff to meet the administrative and regulatory requirements of the ever-changing Medicaid environment.

Contractual Services – DOM is requesting a decrease of \$63,752,074 in total costs for contractual services in FY2023. 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 78% of our contractual spending. The federal funding is contingent on the state match. We request \$37,535,497 in state funding for FY2023 contractual spending to be matched with \$127,553,931 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 – DOM is requesting an increase of \$17,650 in total costs for commodities in FY2023. The commodities budget is \$609,755 of our total FY2023 request, with the state share request of \$304,877 making up half.

PROGRAM NARRATIVE

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

Equipment – DOM is requesting a decrease of \$1,943,500 in total costs for equipment in FY2023. This represents \$971,750 less in FY2023 state funds than the agency is expecting to spend in FY2022. Most of the equipment costs are for technology systems projects. DOM's end user equipment and IT infrastructure is expected to be replaced in FY2022 and FY2023 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 FY2022.

Vehicles – DOM is requesting the same amount for vehicle costs in FY2023. DOM is requesting FY2023 state funding of \$25,000 and total funding of \$50,000. The fleet purchase, service, 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.

Wireless Communication Devices – DOM is not requesting any funding for wireless communication devices in FY2023.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2022 & FY 2023 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) MMIS Replacement:

There is a significant reduction in costs from FY2022 to 2023 due to completion of the project to replace the Medicaid Management Information System (MMIS) with the Medicaid Enterprise System (MES) in FY2022. The Fiscal Agent services, specifically the processing and payment of medical claims and several internal systems, will move from Conduent to Gainwell Technologies. During FY22, Medicaid will be paying for both implementation services to Gainwell and Fiscal Agent services to Conduent. Fiscal Agent services will only be paid to Gainwell in FY23. During FY22, there are other vendors assisting DOM with the implementation and CMS certification of the new system such as project managers, independent verification and validation, test management and organizational change management. DOM will see reductions in payments related to those services during FY23. The Fiscal Agent maintenance and operations payments are based on the count of Medicaid eligible beneficiaries and are estimated to be \$13 million less than payments to Conduent for similar services. Conduent will continue to operate Medicaid's Eligibility system. The first module of the Gainwell implementation went live in May 2020. The implementation is expected to be completed no later than June 2022.

(E) IT Infrastructure Projects:

Several technology infrastructure projects will be completed in FY22 and create a cost reduction in FY23. The following projects are expected to be completed during FY22: replacement of core networking equipment that is end of life; replacing SAN storage units that are end of life; purchase and implementation of an IT Service Management (ITSM) solution; replacement of access points for wireless networks; replacement of switches; implementation of a Governance Risk Compliance solution; replacement of the Domain Name System (DNS) appliance that is end of life; replacement of current home-grown systems for administrative functions such as leave, time keeping for federal reports, learning management, vehicle reservations, supply ordering, etc. and the addition of workflow and automation tools for similar administrative functions. FY23 projects that create a cost increase compared to FY22 are an end user device refresh and replacement of the Uninterrupted Power Source (UPS) systems.

These infrastructure projects are necessary as DOM moves toward a more modern workflow and needs to support a modern workforce. The changes allow for collaboration and management tools not currently available to DOM staff, and the enhancements provide additional protection of DOM data.

PROGRAM NARRATIVE

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

(F) Reclassification SEC2 :

The increase request is equal to 3% for all filled and vacant PINS, excluding the executive director, for one half of a year.

(G) Data Lake/ Analytics/ Other Systems :

The increase requested is for the implementation of a data lake used to inform decision making through the use of predictive modeling, innovative data analytics and data sharing. The data lake will hold clinical data, claims data and multiple other data sources and will be used to enhance the care of Medicaid beneficiaries. This increase also includes enhancements to the Electronic Visit Verification system used for home health visits and the Common Web Portal used by both the Department of Human Services and Medicaid to collection eligibility application data.

(H) MSCAN/CHIP Protest:

This request includes an increase of \$500,000 for possible litigation surrounding the award of the Medicaid's managed care contracts in FY2023. DOM received approval from PPRB to release a Request for Qualifications (RFQ) in May 2021. The RFQ will be released and awarded during FY2022. For the first time, DOM will procure vendors to administer MississippiCAN and Children's Health Insurance Program (CHIP) services jointly, with the aim of easing administrative burden for both providers and members. Winning offerors will be expected to handle all requirements of both programs, including any differences in the regulations and requirements governing each program.

(I) Program Management :

There is a small increase in administrative costs for both travel and commodities in general program management.

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

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, 2021, the Medicaid eligible population was 772,934 or 26% of the state's population. Combining the 47,668 beneficiaries enrolled in the Children's Health Insurance Program (CHIP) with the Medicaid eligible population, DOM provides health coverage for 27.7% of the state's population. The FMAP rate for Mississippi for federal fiscal year (FFY) 2021 is 77.76 and increases to 78.31% for FFY2022. An additional 6.2 percentage point increase from the Families First Coronavirus Act was available for one quarter of FFY2020, all of FFY2021 a portion of FFY2022. The FMAP for FY2022 is 79.31%, and this budget assumes the additional 6.2 percentage points will be available through December 31, 2021. The projected FMAP for FFY2023 is 78.35%.

FY 2020, FY 2021, and FY 2022 FMAPs reflect higher federal matching funding made available through the Families First Coronavirus Response Act. The additional funds are available to states from January 1, 2020, until the end of the quarter in which the public health emergency period for the COVID-19 pandemic ends.

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)

PROGRAM NARRATIVE

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

- Nursing Facility Services
- Outpatient Hospital Services
- Physician Services
- Radiology Services
- Rural Health Clinic Services
- Transportation Services
- 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 if 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.

PROGRAM NARRATIVE

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

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, unless enhanced FMAP calculations are passed. The wealthier states have a smaller share of their costs reimbursed. Mississippi has the highest federal matching rate.

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)
- Child Welfare Services (CWS) foster care children
- Title IV-E Foster Care Children
- Disabled child living at home
- Working disabled
- Breast and cervical cancer
- Pregnant women
- 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); waiver members and persons receiving treatment for hemophilia 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. Eligible 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 select 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 except for long-term care services and the Community Support Program (CSP). 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 FY2021 were \$3,082,956,940 and are projected to be \$2,993,520,818 for FY2022 and \$3,045,443,189 for FY2023. Please note these totals include

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
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\$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: 87.5 percent medical loss ratio, 7.6 percent administration, 3 percent Mississippi insurance premium tax, and 1.8 percent profit. 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 must have an MLR of at least 85 percent.

Overall, the proposed MississippiCAN capitation rates for FY2022 reflect an increase of 1.026% over the FY2021 capitation rate, excluding the impact of MHAP. 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 FY2022 is approximately \$95.1 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 \$79.8 million.

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 2022. There are separate risk corridors that align with each of the state fiscal years. 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 FY2021, 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 \$154,300,000 from the MCOs to DOM in FY2022 through the implementation of the FY2021 risk corridor.

The budget estimates included in this request for FY2022 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 FY2022 creates an offsetting increase in the state support needed in FY2023. The projections in this budget request assume a December 31, 2021 end to the enhanced FMAP.

The budget estimate for FY2022 and the request for FY2023 include projections for utilization of services considering 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 because of policies limiting non-essential services and individual behavioral changes because of social distancing.

STATE FUNDED PROGRAMS

DOM administers state-funded programs not eligible for federal match, in accordance with state law. \$1,000,000 in funding for the Mississippi Delta Medicaid Population Health Demonstration Project was included in the FY2022 appropriation. DOM is including the continuation of the state funded project funding for FY2023.

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

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
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III. Current program activities as supported by the funding in Columns 6-15 (FY 2022 & FY 2023 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) 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 July 2020 to June 2021 (FY2021). 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 rate. The risk corridor would limit CCO gains and losses if the actual MLR is different than the target MLR. We estimate the return of \$154,300,000 from the CCOs to DOM in FY22 through the implementation of the FY2021 risk corridor. This creates an increase in expenditures in FY23 of the same amount.

(E) Enrollment Mix Trend :

Changes in Medicaid enrollment levels and population mix over time account for changes in total enrollment as well as differing service utilization patterns. There is an expected decrease in spending of -6.0% from FY22 to FY23 due to enrollment mix. 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 enrollment for any individual as of the date of the Act until the end of the emergency period. This budget projection assumes a December 31, 2021 end to the public health emergency. DOM expects to be back to a normal enrollment level by FY23, which should be less than FY22. This budget request includes an estimate for regularly anticipated enrollment changes, the impact on enrollment resulting from changes in the economic environment and eligibility changes in order to accept the increased FMAP.

(F) Cost Trend:

Cost trends are calculated using the annualized provider reimbursement trends for each category of service. 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 FY22/23. The provider payment freeze required by SB2799 of the 2021 regular session has also been considered in this projection. The majority of the increase in cost trends is due to the increase in nursing facility utilization in FY23 when compared to FY22 and increased capitation payments. Capitation payment development must account for other factors such as how enrollment levels impact the capitation payments. The cost trend from FY22 to FY23 is an increase of 2.0%.

(G) Utilization Trend:

Utilization trends are calculated using the amount of services the average person eligible for Medicaid tends to use over time. These trends account for expected change in the quantity of services utilized as well as changes in the average intensity of services reimbursed. The trend also reflects impacts of service deferral and return related to the end of the public health emergency. The utilization trend for Medical Services from FY22 to FY23 is an increase of 3.8%.

(H) Program Change Trend :

PROGRAM NARRATIVE

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

Program Change trends are calculated using the fiscal impact of provider reimbursement changes for the year. The provider payment freeze required by SB2799 of the 2021 regular session and an anticipated reduction in payment of COVID vaccine administration fees are the drivers of the decrease in the program change trend. The program change trend from FY22 to FY23 is a decrease of -1.2%.

(I) FMAP Decrease:

Due to the expected end of the enhanced FMAP provided by Section 6008 of the Families First Coronavirus Relief Act, there is a decrease in the percentage of expenditures covered by federal dollars from FY22 to FY23 which creates an offsetting increase in the state general fund support needed. This budget request assumes a December 31, 2021 end to the enhanced FMAP.

(J) DSH/UPL Increase:

DSH and UPL payments are expected to increase in FY23 over FY22. This is an increase in total expenditures of \$14,007,274. The state portion is funded by provider assessments or intergovernmental transfers so there is no impact on direct state support.

(K) 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 result from projected increases in enrollment and premium trends. DOM expects expenditures to increase from FY22 to FY23 by \$21,166,636.

(L) Graduate Medical Education :

Graduate Medical Education (GME) costs are expected to increase approximately \$2M in FY23, and the state share increase will be almost \$1.6 million. The increase is caused by two factors. There are estimated to be as many as 50 more residents funded by the payment program in FY23, and the FMAP decrease shifts responsibility for more of the payment to the state.

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
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(M) Change in Non-Emergency Transportation Costs :

There is an expected decrease in Non-Emergency Transportation costs (NET) in FY23 due to decreased enrollment. NET is contracted to one vendor who acts as a broker for the services provided to Medicaid beneficiaries. This contract is approved by PPRB, and the State Plan regarding both the service and reimbursement is approved by CMS.

(N) Federal Funding Deficit/State Surplus :

The federal funding authorization for FY2022 is less than expected federal expenditures. This deficit is caused by the increase in federal spending in FY22 due to the FMAP increases made available in several federal spending bills in response to the pandemic. With the projected spending levels for FY22 and the continuation of the enhanced FMAP through December 2021, the state expects to have an additional \$260.8 million to carry forward to FY24.

(O) 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. The last payment date for this project will be made no later than 12/31/2021.

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 January 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 2021 was 47,668, a decrease of 725 from the previous year.

More than 20,000 children transitioned from CHIP to the Medicaid rolls on December 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 January 1, 2015, CHIP services are provided through two managed coordinated care organizations with contractual arrangements paid using actuarially-sound per member per month capitation rates.

State fiscal year (SFY) 2021 CHIP expenditures totaled \$160,356,889, a decrease of \$2,280,145 or -1.42% over SFY2020. This change was due to a decrease in capitation rates of 1.9% in SFY2021. Capitation rates for SFY2022 will increase by 0.979%.

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 CHIP enrollment to remain elevated compared to years prior to the pandemic due to the maintenance of effort required by FFCRA to receive the additional FMAP. The annual total program costs are forecasted to be \$129,780,530 in SFY2022 and \$152,504,035 in SFY2023. The blended state share will be 15.09 percent for SFY2022 and 15.16 percent for SFY2023. The increase in state share spending for all FY2023 compared to FY2022 is \$3,535,730.

Subject to CMS approval, DOM will implement a risk corridor to address the uncertainty of medical costs given the COVID-19 pandemic. 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. DOM requested a risk corridor for CHIP for SFY2021 and SFY2022. We have not received approval for these from CMS. The risk corridor will further limit MCO gains and losses if the actual MLR is different than the target MLR. DOM estimates the return of \$24.6 million from the MCOS in SFY2022. This creates an increase in expenditures in FY2023 of the same amount.

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

III. Current program activities as supported by the funding in Columns 6-15 (FY 2022 & FY 2023 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) 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 July 2020 to June 2021 (FY2021). 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 rate. The risk corridor would limit CCO gains and losses if the actual MLR is different than the target MLR. We estimate the return of \$24,600,000 from the CCOs to DOM in FY22 through the implementation of the FY2021 risk corridor. This creates an

PROGRAM NARRATIVE

Program Data Collected in Accordance with the Mississippi Performance Budget and Strategic Planning Act of 1994
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increase in expenditures in FY23 of the same amount.

(E) Enrollment Mix Trend:

Changes in Medicaid enrollment levels and population mix over time account for changes in total enrollment as well as differing service utilization patterns. There is an expected decrease of 3.8% from FY22 to FY23 due to enrollment mix. 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 enrollment for any individual as of the date of the Act until the end of the emergency period. This budget projection assumes a December 31, 2021 end to the public health emergency. DOM expects to be back to a normal enrollment level by FY23, which should be less than FY22.

(F) Cost Trend:

Cost trends are calculated using the annualized provider reimbursement trends for each category of service, including CHIP. The provider payment freeze required by SB2799 of the 2021 regular session is taken into account for CHIP capitation rate development, but other factors such as enrollment levels impact the capitation payments. The CHIP cost trend from FY22 to FY23 is an increase of 1.8%.

(G) Utilization Trend:

Utilization trends are calculated using the amount of services the average person eligible for Medicaid tends to use over time. These trends account for expected change in the quantity of services utilized as well as changes in the average intensity of services reimbursed. The trends also reflect impacts of service deferral and return related to the end of the public health emergency. The CHIP utilization trend from FY22 to FY23 is an increase of 1.8%.

(H) Program Change Trend :

Program Change trends are calculated using the fiscal impact of provider reimbursement changes for the year. The provider payment freeze required by SB2799 of the 2021 regular session and an anticipated reduction in payment of COVID vaccine administration fees are the drivers of the decrease in the program change trend. The CHIP program change trend from FY22 to FY23 is a decrease of -1.1%.

(I) FMAP Decrease:

Due to the expected end of the enhanced FMAP provided by Section 6008 of the Families First Coronavirus Relief Act, there is a decrease in the percentage of expenditures covered by federal dollars from FY22 to FY23 which creates an offsetting increase in the state general fund support needed. This budget request assumes a December 31, 2021 end to the enhanced FMAP.

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. Additionally, 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 required by the 21st Century Cures Act. With these enhancements, the State will seek to have the LTSS system certified by CMS.
- 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's intent that individuals receive services and support 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 setting 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.

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) (Pub L. 117-2). Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for HCBS programs from April 1, 2021, through March 31, 2022. The funds will be used to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. Additionally, the state must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand or strengthen HCBS under the Medicaid program.

As the single state Medicaid agency, DOM will serve as the oversight organization for the HCBS ARPA funds. Use of the enhanced federal funding will reinforce Mississippi's commitment to improve equity and access to quality HCBS for those with physical disabilities, intellectual and developmental disabilities and behavioral health needs. DOM will implement projects supporting three key initiatives: increase capacity across Medicaid's 1915(c) waivers and reduce wait lists, authorize direct spending on community proposed innovations grants for short-term or one-time initiatives to enhance HCBS, and

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strengthen HCBS technology and infrastructure to enable more effective care coordination, access and delivery. DOM is committed to working with our many community partners and stakeholders in a collaborative fashion to achieve these goals. More information can be found at <https://medicaid.ms.gov/american-rescue-plan-act-hcbs-enhancement-opportunities/>. The HCBS Spending Plan continues to develop. Medicaid is waiting on input on the plan from CMS and information is being gathered from our partners and other stakeholders. It is important to note that if the Legislature agrees with the issuance of HCBS innovations grants, DOM will need legislative authority to provide these grants.

Program expenditures are expected to increase by \$277,241,142 in FY2022 from increased enrollment of beneficiaries related to additional legislatively allotted slots, increased utilization of services by beneficiaries and \$204,417,479 in anticipated spending from the additional 10 percentage point increase federal funding. Even with that increase in spending, the state support requirement in FY2022 will be substantially lower in comparison to both FY2021 and FY2023 because of the additional 10 percentage points on the FMAP. The total spending is reduced in FY2023, but the state share increases by \$66.3 million due to the FMAP decrease.

III. Current program activities as supported by the funding in Columns 6-15 (FY 2022 & FY 2023 Increase/Decrease for continuations) of MBR-1-03 and designated Budget Unit Decisions columns of MBR-1-03-A:

(D) HCBS Spending Plan:

The American Rescue Plan Act (ARPA) of 2021 included optional enhanced federal funding to expand, enhance and strengthen home and community-based services (HCBS) under the Medicaid program. As the single state Medicaid agency, DOM will serve as the oversight organization for the HCBS ARPA funds. The additional funding created by the additional 10 percentage points of FMAP made available must be used to supplement, not supplant, state spending on HCBS. The additional federal funds available will be used to fund current HCBS expenditures, and the same amount of state funds will be transferred into state fund 3333400000 to be spent in a manner allowed by ARPA. Spending is expected to decrease from \$204,417,479 FY22 to \$108,516,409 in FY23.

(E) Enrollment Mix:

Changes in medicaid enrollment levels and population mix over time account for changes in total enrollment as well as differing service utilization patterns. There is an expected increase of .6% from FY22 to FY23 due to enrollment mix. This trend estimate is independent of factors included in the HCBS spending plan.

(F) Utilization Trend:

Utilization trends are calculated using the amount of services the average person eligible for Medicaid tends to use over time. These trends account for expected change in the quantity of services utilized as well as changes in the average intensity of services reimbursed. The trends also reflect impacts of service deferral and return related to the end of the public health emergency. The HCBS utilization trend from FY22 to FY23 is an increase of 6.3%. This trend estimate is independent of factors included in the HCBS spending plan.

(G) FMAP Decrease:

Due to the expected end of the enhanced FMAP provided by Section 6008 of the Families First Coronavirus Relief Act,

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there is a decrease in the percentage of expenditures covered by federal dollars from FY22 to FY23 which creates an offsetting increase in the state general fund support needed. This budget request assumes a December 31, 2021 end to the enhanced FMAP. The American Rescue Plan Act (ARPA) included an additional 10 percentage points on the FMAP for Home and Community Based Services for April 1, 2021 through March 31, 2022. The state must use those savings over the course of three years. ARPA stated that the additional funding could not supplant state spending but must supplement it. See the full narrative for more on the HCBS spending plan.

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 Third Party Funds Recovered	4,903,690.00	7,727,585.00	5,589,080.00	6,954,827.00
2 Providers Submitting Electronic Claims	30,000.00	20,429.00	31,500.00	31,500.00

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 % of Clean Claims Processed within 30 days of receipt	99.50	99.31	99.50	99.50
2 % of Clean Claims Processed within 90 days of receipt	100.00	99.98	100.00	100.00

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 Third Party Liability Cost Avoided (\$Thou)	1,270,371.00	1,431,180.00	1,355,362.00	1,288,062.00
2 Applications Processed within Std. of Promptness (%) - Medicaid	90.00	97.00	90.00	90.00
3 Turnover Rate of Employees	15.00	18.72	15.00	15.00
6 Admin as a % of Total Budget	3.00	2.82	4.23	3.74

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 Medicaid Recipients - Enrolled (Persons)	679,979.00	772,934.00	682,500.00	710,000.00
2 Costs of Emergency Room Visits (\$)	172,694,478.0	148,434,577.0	174,421,422.0	176,165,636.0
3 Number of Emergency Room Visits	620,167.00	424,324.00	626,368.00	632,631.00
4 Child Physical Exams (ages 0-20)	297,379.00	309,950.00	300,352.00	303,356.00
5 Adult Physical Exams (21-older)	2,891.00	8,460.00	2,919.00	2,948.00
6 Number of Fraud and Abuse Cases Investigated	250.00	232.00	250.00	250.00
8 Number of Medicaid Providers	38,715.00	36,840.00	36,893.00	34,844.00
10 Number of Medicaid beneficiaries assigned to a managed care company	420,000.00	478,279.00	450,000.00	450,000.00

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 % MSCAN Diabetic members aged 17-75 receiving HBA1c test	87.99	83.62	87.99	88.87
2 % MSCAN members with persistent asthma are appropriately prescribed medication	51.37	69.35	52.00	52.52
3 Rate of EPSDT well child screening	75.00	59.00	75.00	75.00

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 % Change in number of recipients enrolled from last year	1.00	10.87	0.37	(2.06)
2 % Change in number of providers from last year	17.21	(4.80)	(4.71)	(10.00)

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)

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 CHIP Enrollees	46,541.00	47,009.00	48,000.00	47,000.00

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 Applications Processed within Std. of Promptness (%) - CHIP	90.00	97.00	90.00	90.00

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 Elderly & Disabled - Persons Served	19,580.00	19,233.00	19,580.00	19,580.00
2 Elderly & Disabled - Funded Slots	18,690.00	18,690.00	18,690.00	19,163.00
3 Elderly & Disabled - Total Authorized Slots	21,900.00	21,900.00	21,900.00	21,900.00
4 Assisted Living - Persons Served	690.00	716.00	690.00	900.00
5 Assisted Living - Funded Slots	659.00	659.00	659.00	874.00
6 Assisted Living - Total Authorized Slots	1,000.00	1,000.00	1,000.00	1,100.00
7 Independent Living - Persons Served	3,135.00	2,751.00	3,135.00	3,500.00
8 Independent Living - Funded Slots	2,993.00	2,993.00	2,993.00	3,443.00
9 Independent Living - Total Authorized Slots	5,725.00	5,725.00	5,725.00	5,725.00
10 Traumatic Brain Injury - Persons Served	1,045.00	895.00	1,045.00	1,050.00
11 Traumatic Brain Injury - Funded Slots	998.00	998.00	998.00	1,050.00
12 Traumatic Brain Injury - Total Authorized Slots	3,600.00	3,600.00	3,600.00	1,050.00
13 Intellectual Disability - Persons Served	3,150.00	2,765.00	3,150.00	3,250.00
14 Intellectual Disability - Funded Slots	2,641.00	2,641.00	2,641.00	3,250.00
15 Intellectual Disability - Total Authorized Slots	3,650.00	3,650.00	3,650.00	4,150.00

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 2021 APPRO	FY 2021 ACTUAL	FY 2022 ESTIMATED	FY 2023 PROJECTED
1 (E&D) Change in persons on waiting list%	10.00	(30.81)	10.00	10.00
2 (AL) Change in persons on waiting list%	10.00	(96.00)	10.00	10.00
3 (IL) Change in persons on waiting list%	10.00	1.70	10.00	10.00
4 (TBI) Change in persons on waiting list%	10.00	21.00	10.00	10.00
5 (IDD) Change in persons on waiting list%	10.00	11.00	10.00	10.00

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATION

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

	Fiscal Year 2022 Funding			FY 2022 GF PERCENT REDUCED
	Total Funds	Reduced Amount	Reduced Funding Amount	

Program Name: (1) Administrative Services				
General	77,248,656	(2,317,460)	74,931,196	(3.00%)
State Support Special				
Federal	213,837,301	(5,665,885)	208,171,416	
Other Special				
TOTAL	291,085,957	(7,983,345)	283,102,612	

Narrative Explanation:

A general fund reduction will also mean a much larger reduction in federal funds available to pay for administrative expenses. The cut would likely be taken in Contractual since it is where the majority of administrative spending takes place. This means a cut to the support of critical Medicaid IT systems and/or contractual expertise in Medicaid-specific topics such as medical utilization review, pharmacy and setting payment rates. A cut to systems support could mean longer downtimes than necessary, potentially delaying services to Medicaid beneficiaries. A cut to one of the contracts for Medicaid-related expertise could mean costly decisions about pricing codes or procedures or the utilization of services.

Program Name: (2) Medical Services				
General	679,930,970	(20,397,929)	659,533,041	(3.00%)
State Support Special	63,230,003		63,230,003	
Federal	4,207,603,077	(82,341,640)	4,125,261,437	
Other Special	401,861,749		401,861,749	
TOTAL	5,352,625,799	(102,739,569)	5,249,886,230	

Narrative Explanation:

A general fund reduction will also mean a much larger reduction in federal funds available to pay for medical services provided to beneficiaries. This will create the need for a deficit appropriation in the current year and cuts to the rates paid to providers for some services in future years.

Program Name: (3) Children's Health Insur Prg (CHIP)				
General	19,583,882	(587,516)	18,996,366	(3.00%)
State Support Special				
Federal	110,196,648	(3,305,897)	106,890,751	
Other Special				
TOTAL	129,780,530	(3,893,413)	125,887,117	

Narrative Explanation:

A general fund reduction will also mean a much larger reduction in federal funds available to pay for medical services provided to beneficiaries enrolled in CHIP. This will create the need for a deficit appropriation in the current year and cuts to the rates paid to providers for some services in future years.

Program Name: (4) Home & Comm Based Waiver Prg				
General	59,922,240	(1,797,667)	58,124,573	(3.00%)
State Support Special				
Federal	670,710,362	(14,210,053)	656,500,309	
Other Special	24,927,116		24,927,116	
TOTAL	755,559,718	(16,007,720)	739,551,998	

Narrative Explanation:

A general fund reduction will also mean a much larger reduction in federal funds available to pay for medical services provided to beneficiaries enrolled in home and community based services. This will create the need for a deficit appropriation in the current year and either cuts to the rates paid to providers for some services in future years or a reduction in the number of beneficiaries who can be served in a home or community based setting.

PROGRAM 3% GENERAL FUND REDUCTION AND NARRATIVE EXPLANATION

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

	Fiscal Year 2022 Funding			FY 2022 GF PERCENT REDUCED
	Total Funds	Reduced Amount	Reduced Funding Amount	
Program Name: (99) Summary of All Programs				
General	836,685,748	(25,100,572)	811,585,176	(3.00%)
State Support Special	63,230,003		63,230,003	
Federal	5,202,347,388	(105,523,475)	5,096,823,913	
Other Special	426,788,865		426,788,865	
TOTAL	6,529,052,004	(130,624,047)	6,398,427,957	

☐ **MEMBERS**

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 2022:

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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested for FY Ending June 30, 2023
A. Tuition, Rewards & Awards (61050xxx-61080xxx)			
61050000 Tuition		30,650	35,400
61060000 Employee Training	6,687	149,200	157,650
61070000 Travel Related Registration		40,100	56,600
Total	6,687	219,950	249,650
B. Transportation & Utilities (61100xxx-61200xxx)			
61100000 Transportation of Goods Not for Resale (freight)	25,485	30,010	30,010
61110000 Postage, Box Rent, etc.	301,250	354,300	354,800
61200000 Utilities	366,269	375,000	375,000
Total	693,004	759,310	759,810
C. Public Information (61300xxx-6131xxxx)			
61300000 Advertising & Public Information	2,903	3,500	3,750
61310000 Promotional Expenses		1,500	1,500
Total	2,903	5,000	5,250
D. Rents (61400xxx-61490xxx)			
61400000 Building & Floor Space	3,033,866	4,040,000	4,000,000
61420000 Equipment Rental	209,906	401,762	401,762
61450000 Conference Rooms, Exhibits, & Display Rentals	9,352	9,500	12,500
61490000 Other Rentals	50	100	100
Total	3,253,174	4,451,362	4,414,362
E. Repairs & Service (61500xxx)			
61500000 Repair & Maintenance Services	574,742	674,900	674,900
Total	574,742	674,900	674,900
F. Fees, Professional & Other Services (6161xxxx-61699xxx)			
61600000 Inter-Agency Fees	16,947,540	14,378,513	14,929,935
61610000 Contract Workers Payroll - EFT	1,519,925	3,660,413	3,357,423
61616000 Deceased Contract Worker	677		
61625000 Contract Workers Payroll Matching - EFT	128,676	300,890	277,878
61660000 Accounting & Financial Services	2,522,240	3,499,468	3,309,468
61665000 Investment Managers & Actuary Services	2,108,620	1,720,000	1,720,000
61670000 Legal & Related Services	815,456	1,139,650	1,578,500
61676000 Settlement Payments-Other Than Attorney Fee	236		
61680000 Medical Services	13,690,642	14,454,804	14,277,805
61690000 Fees and Services	89,468,304	173,099,039	110,876,588

**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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested for FY Ending June 30, 2023
61696000 Professional Fees & Services Travel no 1099	1,603	4,250	4,250
Total	127,203,919	212,257,027	150,331,847
G. Other Contractual Services (61700xxx-61790xxx, 61900xxx)			
61705000 Banking & Credit Card Fees	56,919	60,000	60,000
61710000 Membership Dues	10,146	20,670	21,970
61735000 Salvage, Demolition and Removal Service	59,139	50,000	50,000
61900000 Procurement Card - Contractual Purchases	26,897	29,135	31,185
Total	153,101	159,805	163,155
H. Information Technology (61800xxx-61890xxx)			
61800000 Basic Telephone Monthly - Outside Vendor		18,000	18,000
61806000 Data Line & Network Charges - Outside Vendor	63,168	47,035	47,035
61818000 Cellular Usage Time - Outside Vendor	40,424	22,380	22,380
61821000 Wireless Data Transmission-not cell- Outside Vendor	146,400	100,000	100,000
61830000 IT Professional Fees - Outside Vendor	881,662	6,184,483	5,322,789
61836000 Outsourced IT Solutions - Outside Vendor	15,068	426,450	326,450
61839000 Software Acq, Installation & Maint - Out Vendor	1,526,626	2,640,000	1,778,000
61845000 Off-side Storage of IS Software & Date - Out Vendor	20,400	4,000	4,000
61848000 Maintenance & Repair of IT Equipment - Out Vendor	193,977	200,300	200,300
61850000 Payments to ITS	786,197	670,500	670,500
Total	3,673,922	10,313,148	8,489,454
I. Other (61910xxx-61990xxx)			
61960000 Prior Year Expense - Contractual	221,139		
61965000 Prior Year Expense - Contractual 1099	43,445	1,000	1,000
Total	264,584	1,000	1,000
Grand Total (Enter on Line 1-B of Form MBR-1)	135,826,036	228,841,502	165,089,428
Funding Summary:			
General Funds	28,621,431	52,030,464	37,535,497
State Support Special Funds			
Federal Funds	107,204,605	176,811,038	127,553,931
Other Special Funds			
Total Funds	135,826,036	228,841,502	165,089,428

**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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested for FY Ending June 30, 2023
B. Printing & Office Supplies & Materials (62010xxx, 62085xxx, 62100xxx, 62125xxx, 62400xxx)			
62010000 Books, Maps, Instru Mat		17,300	18,000
62085000 Office Supplies	93,976	152,950	153,300
62100000 Printing Costs & Supplies	56,225	151,525	151,525
62400000 Furniture & Equipment	2,336	12,750	13,250
Total	152,537	334,525	336,075
C. Equipment Repair Parts, Supplies & Acces. (6205xxxx, 62072xxx, 62110xxx, 62115xxx, 62120xxx, 62130xxx)			
62050000 Fuel	10,151	23,500	23,500
62055000 Fuel Card Rep & Maint	1,983	10,000	10,000
62110000 Parts - Heat/Cool/Plm		3,000	3,000
62120000 Parts & Access-Vehicles, Buses, Planes, etc.	29,149	20,000	20,000
Total	41,283	56,500	56,500
D. Professional & Sci. Supplies and Materials (62025xxx, 62030xxx, 62070xxx, 62095xxx, 62105xxx, 6212xxxx)			
62070000 Lab and Medical Supplies	2,356	1,250	1,250
Total	2,356	1,250	1,250
E. Other Supplies & Materials (62005xxx, 62015xxx, 62020xxx, 62035xxx, 62040xxx, 62045xxx, 62060xxx, 62065xxx, 62075xxx-62080xxx, 62090xxx, 62115xxx, 62135xxx, 62140xxx, 62405xxx, 62415xxx, 62500xxx-62999xxx)			
62040000 Food for Business Meetings	7,917	5,150	17,150
62060000 Janitorial and Cleaning Supplies	16,587	28,780	28,780
62078000 Other Miscellaneous Supplies		300	300
62415000 Computers and Computer Equipment	368,632	49,500	49,500
62900000 Procurement Card-Commodity Purchases	111,197	114,600	118,700
62960000 Prior Year Expense-Commodities	1,454	1,500	1,500
Total	505,787	199,830	215,930
Grand Total (Enter on Line 1-C of Form MBR-1)	701,963	592,105	609,755
Funding Summary:			
General Funds	350,981	296,052	304,877
State Support Special Funds			
Federal Funds	350,982	296,053	304,878
Other Special Funds			
Total Funds	701,963	592,105	609,755

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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested for FY Ending June 30, 2023
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, 2021		Est. FY Ending June 30, 2022		Req. FY Ending June 30, 2023	
	No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

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

Canon Image Formula DR-G2140 Scanner	5	27,695				
Workstations for Regional Offices and Sillers Building			2	12,000	3	18,500
Total		27,695		12,000		18,500

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

HP Elite Desk 800 G5 with Mouse & Keyboard	110	89,980				
HP T530 Thin Client with Mouse & Keyboard	958	318,056				
Dell 86 Touch Interactive Monitor	3	17,145				
Logitech Tap Speaker with MS TEAMS	6	26,144				
Fire Suppression System				110,000		
Replacement of projectors and motorized screens with monitors for conference rooms				85,000		
Switch replacements for Regional Offices, Sillers Building and Annex				1,000,000		
Access points for switch replacements for Regional Office, Sillers Billing and Annex				220,000		
Core networking component replacement equipment at end of life				200,000		
Primary and Secondary SAN replacement equipment at end of life				750,000		
InfoBlocks for DNS appliance replacement of equipment at end of life				185,000		
Upgrade and Replace all the UPS systems in the Data Center and Network Closets						350,000
Thin Clients/Laptops (Year 1 of 3 year refresh cycle)					300	250,000
Total		451,325		2,550,000		600,000

Grand Total (Enter on Line 1-D-2 of Form MBR-1)		479,020		2,562,000		618,500
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Funding Summary:			
General Funds	239,510	1,281,000	309,250
State Support Special Funds			
Federal Funds	239,510	1,281,000	309,250
Other Special Funds			
Total Funds	479,020	2,562,000	618,500

**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, 2021	Act. FY Ending June 30, 2021		Est. FY Ending June 30, 2022		Req. FY Ending June 30, 2023	
		No. of Units	Total Cost	No. of Units	Total Cost	No. of Units	Total Cost

A. Passenger & Work Vehicles (63300xxx)							
63300100 Passenger Vehicle	16			2	50,000	2	50,000
Total (A)	16			2	50,000	2	50,000

GRAND TOTAL <i>(Enter on Line 1-D-3 of Form MBR-1)</i>					50,000		50,000
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Funding Summary:			
General Funds		25,000	25,000
State Support Special Funds			
Federal Funds		25,000	25,000
Other Special Funds			
Total Funds		50,000	50,000

**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, 2021	Act. FY Ending June 30, 2021		Est. FY Ending June 30, 2022		Req. FY Ending June 30, 2023	
		No. of Devices	Actual Cost	No. of Devices	Estimated Cost	No. of Devices	Requested Cost

A. Cellular Phones (63400xxx)							
63400100 PHONE - NO COST ITEM	23	4					
Total	23	4					

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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested for FY Ending June 30, 2023
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E. Other, Transfers (67000xxx-67199xxx, 67998xxx, 68500xxx-68860xxx, 70045xxx-70080xxx, 80000xxx-80500xxx)			
67065000 Medical Care for Needy	6,054,253,725	6,237,966,047	6,384,821,632
Total	6,054,253,725	6,237,966,047	6,384,821,632
Grand Total <i>(Enter on Line 1-E of Form MBR-1)</i>	6,054,253,725	6,237,966,047	6,384,821,632

Funding Summary:			
General Funds	701,846,814	759,437,092	774,237,206
State Support Special Funds	63,230,003	63,230,003	63,230,003
Federal Funds	4,922,541,712	4,988,510,087	5,082,781,364
Other Special Funds	366,635,196	426,788,865	464,573,059
Total Funds	6,054,253,725	6,237,966,047	6,384,821,632



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 2021, enrollment in the two programs totaled 820,602, an increase of 10% compared to June 2020. 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 \$6,611,874,111, the total direct state support request for SFY2023 is \$899,915,751. This request is the same as the direct state support sources appropriated for FY2022. Of particular interest is the \$260,838,560 currently projected as available to carry forward into FY2024. This carry forward includes \$24.7 million in state funds that must be spent as defined in the Home and Community Based Services (HCBS) spending plan which is explained in more detail below and in the HCBS program narrative.

DOM carried \$345 million into FY2022 from FY2021. This carry forward was available largely due to the enhanced Federal Medical Assistance Percentage (FMAP) provided by Section 6008 of the Families First Coronavirus Response 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 83.96%) 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, which was already set to be reduced in FFY2021 to 84.43% was raised through FFCRA to the maximum of 85%. To better illustrate the benefit to the state due to the FMAP increase, the table below shows the additional drawdown of federal funds during FY2021:

Federal Grant	Additional Funding Received
Medical Assistance Payments	\$ 347,548,328
CHIP	2,340,001
Total	\$ 349,888,329

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 have been reductions in the services provided to beneficiaries since the last quarter of fiscal year 2020. 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 FY2021.

FFCRA introduced new eligibility requirements which has increased anticipated costs. 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 monthly enrollment increases are expected to continue 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, 2021 end to the enhanced FMAP. If the impact from the end of the enhanced FMAP were isolated from other expenditure changes, it would create an increase in state funding needs of \$227,840,923 in FY2023.

The impact of the global pandemic caused by COVID-19 will continue into FY2023, and possibly longer. COVID-19 has affected the economy, regulations concerning Medicaid eligibility and funding as well as workforce availability and planning. Medicaid has worked with its contracted actuary to provide the best estimate of expenditures available at this time.

The expenditure estimate for FY2022 and the request for FY2023 include fluctuations in costs due to utilization of services. These projected expenditures attempt to 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 the pandemic.

The budget projection will be updated in December 2021 and again in March 2022. New information, changes due to the pandemic and new federal and state mandates will be incorporated into those projections as they can be reasonably estimated. 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	2022 to 2023
Administrative Services	\$ (14,800,114)
Medical Services	(54,843,340)
CHIP	3,535,729
Home & Community Based Services	66,107,725
Total Change Amount	\$ 0
Total Change Percent	(0.00%)

Administrative services expenditures represent 3.4% of the total agency support spending projection. The state share need for administrative spending is \$62.4 million, and the total state share need for medical expenditures is \$1.3 billion. The direct state support need is \$899,915,751, which is the same as the funding provided in FY2022.

The Medicaid budget request is organized into four program areas, Administrative Services, Medical Services, CHIP and Home and Community Based Services. Narratives explaining key areas and changes in funding needs for SFY2023 are addressed for each program within this budget request submission. A summary of some significant changes for FY2023 are below. Please refer to the program-area narratives and decision units for other factors contributing to the total funding changes.

Budget Category Request Totals

Salaries

DOM is requesting an increase of \$1,643,496 in total costs for salaries in FY2023. The request for state funding for salaries increase is \$657,398. The requested salary increase is equal to 3% for all filled and vacant PINs, excluding the executive director, for one half of a year.

Travel

DOM is requesting an increase of \$950 in total costs for travel in FY2023. The total travel budget request is \$653,600, is less than 0.2% of the administrative budget, and is \$261,440 in state support spending. 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, reviewing facilities for compliance and rate setting purposes (performed by specialized staff such as nurses and social workers), conducting unannounced provider site visits, and training for staff to meet the administrative and regulatory requirements of the ever-changing Medicaid environment.

Contractual Services

DOM is requesting a decrease of \$63,752,074 in total costs for contractual services in FY2023. 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 78% of our contractual spending. The federal funding is contingent on the state match. We request \$37,535,497 in state funding for FY2023 contractual spending to be matched with \$127,553,931 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

DOM is requesting an increase of \$17,650 in total costs for commodities in FY2023. The commodities budget is \$609,755 of our total FY2023 request, with the state share request of \$304,877 making up half.

Equipment

DOM is requesting a decrease of \$1,943,500 in total costs for equipment in FY2023. This represents \$971,750 less in FY2023 state funds than the agency is expecting to spend in FY2022. Most of the equipment costs are for technology systems projects. DOM's end user equipment and IT infrastructure is expected to be replaced in FY2022 and FY2023 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 FY2022.

Vehicles

DOM is requesting the same amount for vehicle costs in FY2023. DOM is requesting FY2023 state funding of \$25,000 and total funding of \$50,000. The fleet purchase, service, and maintenance costs are more efficient when compared to the cost of mileage reimbursement for employees using their personal vehicles for work-related travel.

Wireless Communication Devices

DOM is not requesting any funding for wireless communication devices in FY2023.

Subsidies, Loans & Grants

DOM is requesting an increase of \$146,855,585 for subsidies, loans and grants in FY2023. This increase is spread across three of Medicaid's programs as follows:

- Medical Services - increase of \$181,601,533
- CHIP – increase of \$22,723,505
- Home & Community Based Waiver – decrease of \$57,469,453

Summary of Significant Changes

Risk Corridor

Subject to CMS approval, DOM will implement a risk corridor from July 2020 to June 2021 for both MississippiCAN and CHIP managed care programs to address the extraordinary uncertainty of medical costs due to the COVID-19 pandemic. There are separate risk corridors that align with each of the state fiscal years. 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 and FY2021, the medical costs have been 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 \$178.9 million from the MCOs to DOM in FY2022 through the implementation of the FY2021 risk corridors. This creates an increase in expenditures in FY2023 of the same amount.

Medicaid Enterprise System Go-Live

There is a decrease in expected expenditures in FY2023 of \$68.4 million due to the go live of the Medicaid Enterprise System in late FY2022. During FY22, there are significant payments to the new fiscal agent vendor during the final months of implementation and several associated contracts for project management, independent verification and validation, test management and organizational change management. Annual operational costs for the new system are estimated to be \$13 million less than the current system.

Data Lake and Analytics Platform

There is a requested increase in expenditures of \$5.7 million for FY2023 for the procurement of an enterprise data lake. The data lake will be in a cloud-based environment which will act as a single data repository for all of DOM's clinical and administrative data. This project would replace the need for multiple data repositories, data warehouses and the current clinical data repository. Furthermore, the data lake will be enabled with the current data exchange standards required by CMS and capabilities for the provider and beneficiary portals DOM must provide to maintain compliance with CMS regulations. Advanced Analytics, Population Health Services and BI tools, using the enterprise data lake, would allow DOM to have timely and accurate reporting on costs, quality, care coordination, and other metrics, allowing DOM to more closely monitor and improve the care and health of Medicaid beneficiaries while ensuring the DOM Coordinated Care Organizations (CCOs) continue to provide the utmost value and service to DOM and the beneficiaries. Existing analytics services would be discontinued.

Home and Community Based Services Spending Plan

The American Rescue Plan Act (ARPA) of 2021 included optional enhanced federal funding to expand, enhance and strengthen home and community-based services (HCBS) under the Medicaid program. As the single state Medicaid agency, DOM will serve as the oversight organization for the HCBS ARPA funds. The additional funding created by the additional 10 FMAP percentage points made available must be used to supplement, not supplant, state spending on HCBS. DOM estimates an additional \$74 million to be made available through the Spending Plan. The additional federal funds available will be used to fund current HCBS expenditures. The same amount of state funds will be transferred into new state fund 3333400000 to be spent in a manner allowed by ARPA. Spending is expected to decrease from \$204,417,479 FY22 to \$108,516,409 in FY23. More information can be found in the HCBS program narrative.

MississippiCAN and CHIP Procurement Protest

An increase of \$500,000 is requested in the 2023 budget for possible litigation surrounding the award of the Medicaid's managed care contracts in FY2023. DOM received approval from PPRB to release a Request for Qualifications (RFQ) in May 2021. The RFQ will be released and awarded during FY22. For the first time, DOM will procure vendors to administer MississippiCAN and Children's Health Insurance Program (CHIP) services jointly, with the aim of easing administrative burden for both providers and members. Winning offerors will be expected to handle all requirements of both programs, including any differences in the regulations and requirements governing each program.

Graduate Medical Education

Graduate Medical Education (GME) costs are expected to increase by approximately \$2M in FY23, and the state share increase will be \$1.6 million. The increase is caused by two factors. There could be as many as 50 more residents funded by the payment program in FY23, and the FMAP decrease shifts responsibility for more of the payment to the state.

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 FFY2 – 84.85%
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:

Period	FMAP
FMAP for Federal Fiscal Year 2020	76.98%
FFCRA FMAP for Jan 2020 – Sept 2020	83.18%
FMAP for Federal Fiscal Year 2021	77.76%

FFCRA FMAP for Oct 2020 – Sept 2021	83.96%
Blended FMAP for State Fiscal Year 2021	83.77%
FMAP for Federal Fiscal Year 2022	78.31%
FFCRA FMAP for Oct 2021 – Dec 2021	84.51%
Blended FMAP for State Fiscal Year 2022	81.27%
FMAP for Federal Fiscal Year 2023 (Preliminary)	78.35
Blended FMAP for State Fiscal Year 2023	78.34
Enhanced FMAP for Federal Fiscal Year 2020	83.89%
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 – Sept 2021	85.00%
Enhanced FMAP for Federal Fiscal Year 2022	84.71%
FFCRA Enhanced FMAP for Oct 2021 – Dec 2021	85.00%
Enhanced FMAP for Federal Fiscal Year 2023 (Preliminary)	84.85%

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 490,000 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 1.026% over FY2021 capitation rates.

Managed care capitation payments make up 48% 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 SFY2023.

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. As more information is reported on each program, it is posted to the DOM website at this link:

<https://medicaid.ms.gov/value-based-incentives/>

Quality Incentive Payment Program (QIPP)

The Quality Incentive Payment Program (QIPP) is a component DOM added to the Mississippi Hospital Access Program (MHAP) for hospitals in 2020. The goal of the QIPP is to utilize Medicaid directed payments to improve the quality of care and health status of the Mississippi Medicaid population. QIPP is a multi-year project with an increasing percentage of MHAP payments being linked to hospital performance. QIPP aims to reduce potentially preventable hospital readmission (PPR) rates and potentially preventable complications (PPC) by measuring those rates on a quarterly basis, reporting the rates to hospitals and requiring improvement for hospitals who fall outside of the required benchmark. PPRs and Potentially Preventable Return Emergency Department (PPED) visits are combined into one Potentially Preventable Hospital Readmission (PPHR) rate which is used as the metric for QIPP. See the chart below showing the reduction in readmission rates since the beginning of the program. The impact of the pandemic has been

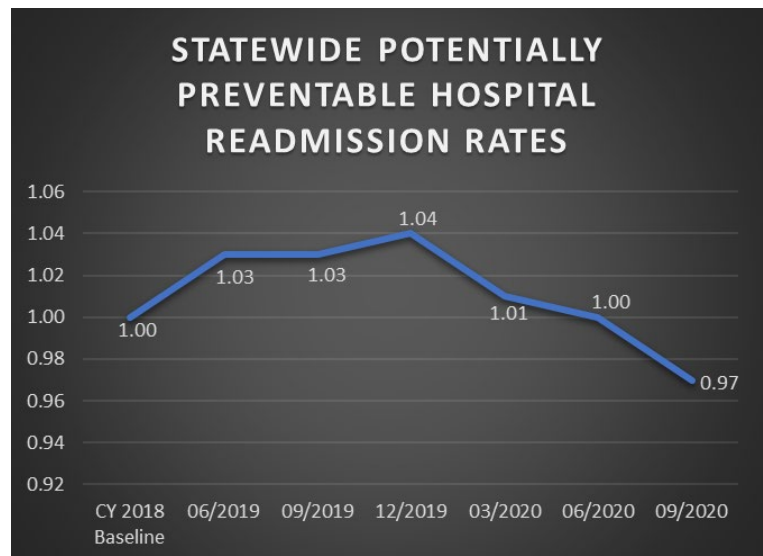
QIPP also requires a commitment by hospitals to participate in a statewide Health Information Network (HIN) used to share clinical data and to deliver Admission, Discharge and Transfer (ADT) notices for Medicaid beneficiaries. The goal of this portion of QIPP is to provide better care through the availability of clinical data.

Mississippi Medicaid Access to Physician Services (MAPS)

Mississippi Medicaid Access to Physician Services (MAPS) is a directed payment

program developed in conjunction with the University of Mississippi Medical Center (UMMC). DOM received approval from CMS for the MAPS payments in November 2019. The three managed care plan providers are responsible for disbursing this additional funding 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 which is the only academic health science center. UMMC submits an Intergovernmental Transfer (IGT) for the state share of the payment. The payment is based on utilization of services and brings an annual increase in funding to UMMC of approximately \$25 million.



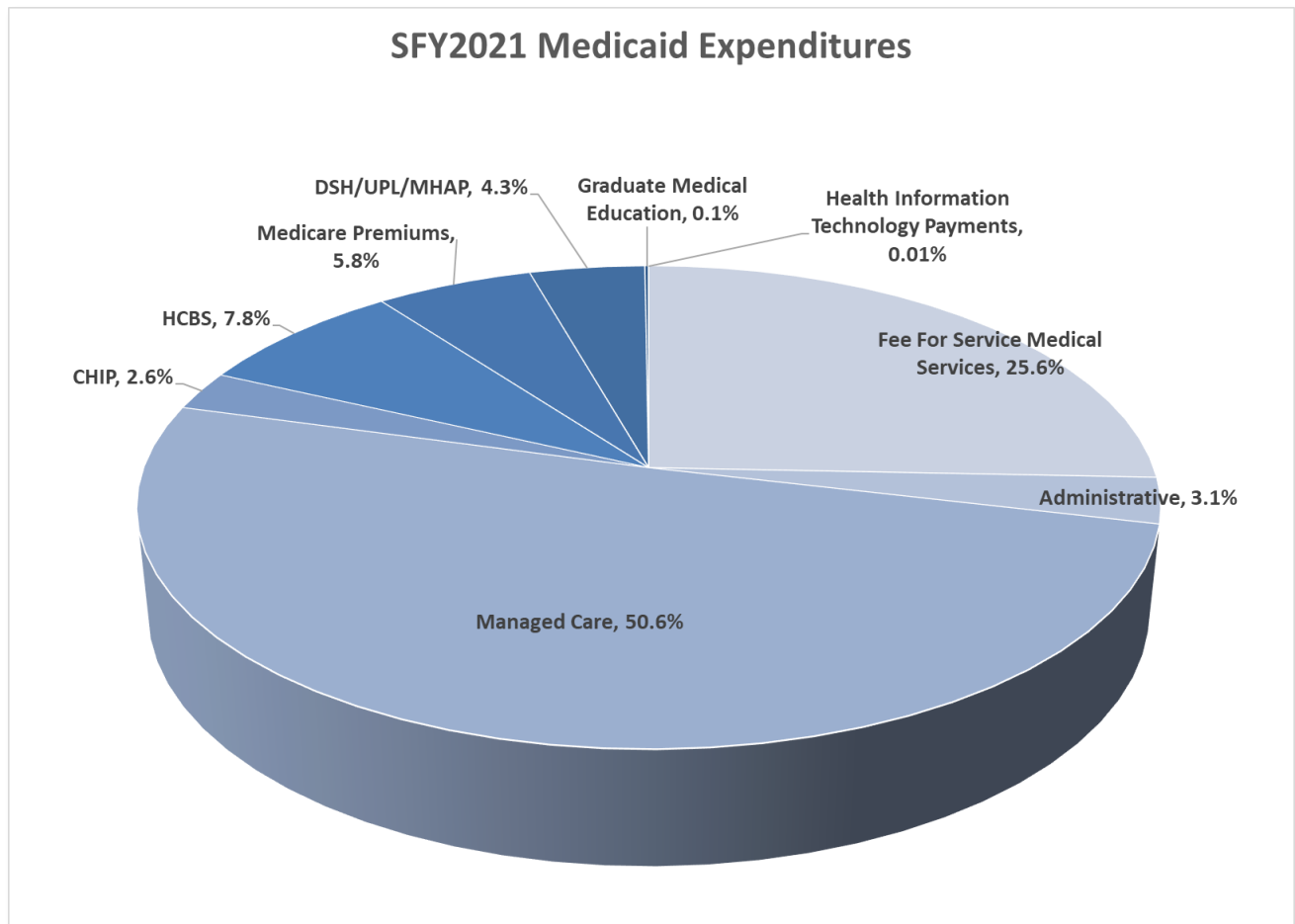
Managed Care Incentive/Withhold Program

DOM implemented a Managed Care Value-Based Withhold on MississippiCAN capitation rate payments beginning in FY2020. 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 CCOs. The FY2020 measurement period was calendar year 2019. Calendar year 2020/FY2021 metrics will be available in the fall of 2021. A description of each of the metrics can be found on DOM's website at the link above.

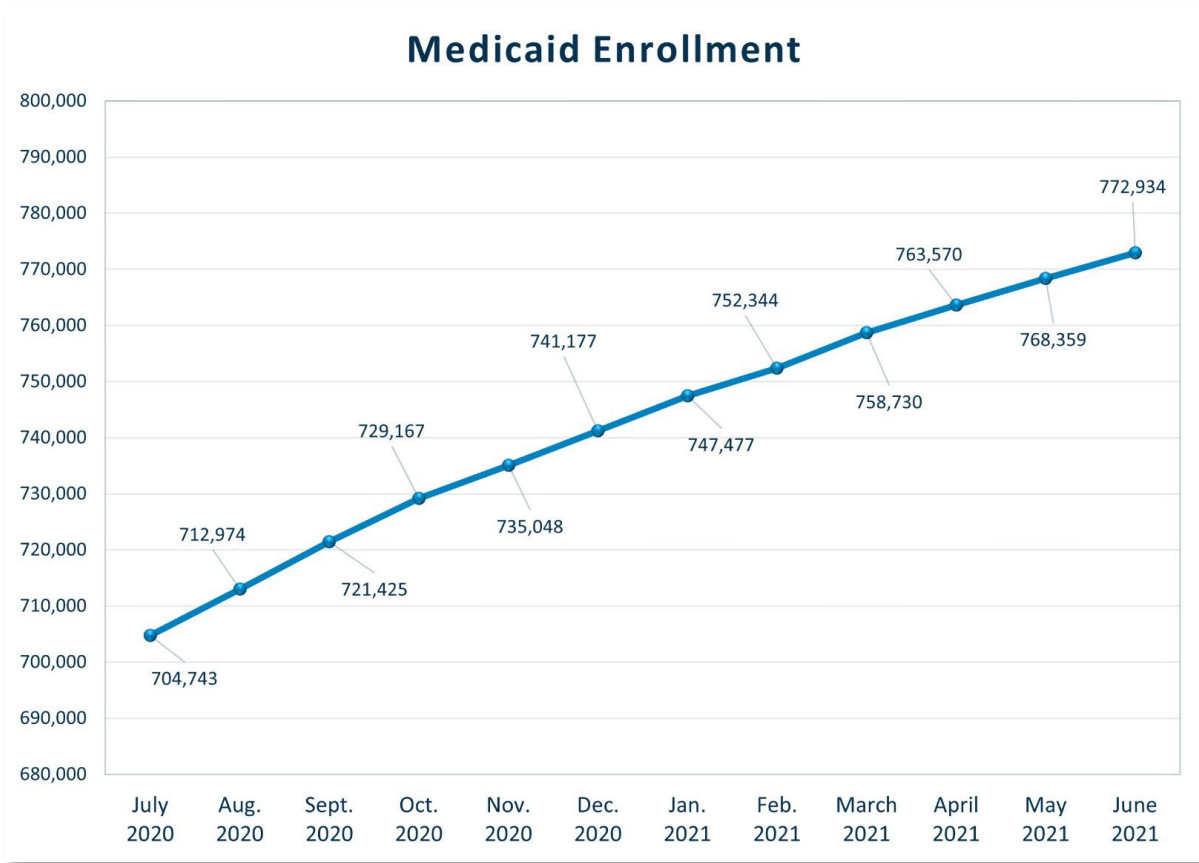
MSCAN SFY 2020 Incentive/Withhold Program Calendar Year 2019 Targeted Performance Metrics				
Quality Measure	Sub Measure	Magnolia	Molina	United
Well-Child First 15 months (W15)	6 or more visits	✓	✓	✓
Anti-Depressant Mgt-Acute (AMM-AD)	Effective Acute Phase Treatment	✓	✓	✓
	Effective Continuation Phase Treatment	✓	✓	✓
Comprehensive Diabetes Care	HbA1c Testing	✓	✓	✗
	Nephropathy Screening	✓	✗	✗
Prenatal and Postpartum Care (PPC-AD)	Timeliness of Prenatal Care	✓	✓	✓

Fiscal Year 2021 Selected Medicaid Statistics

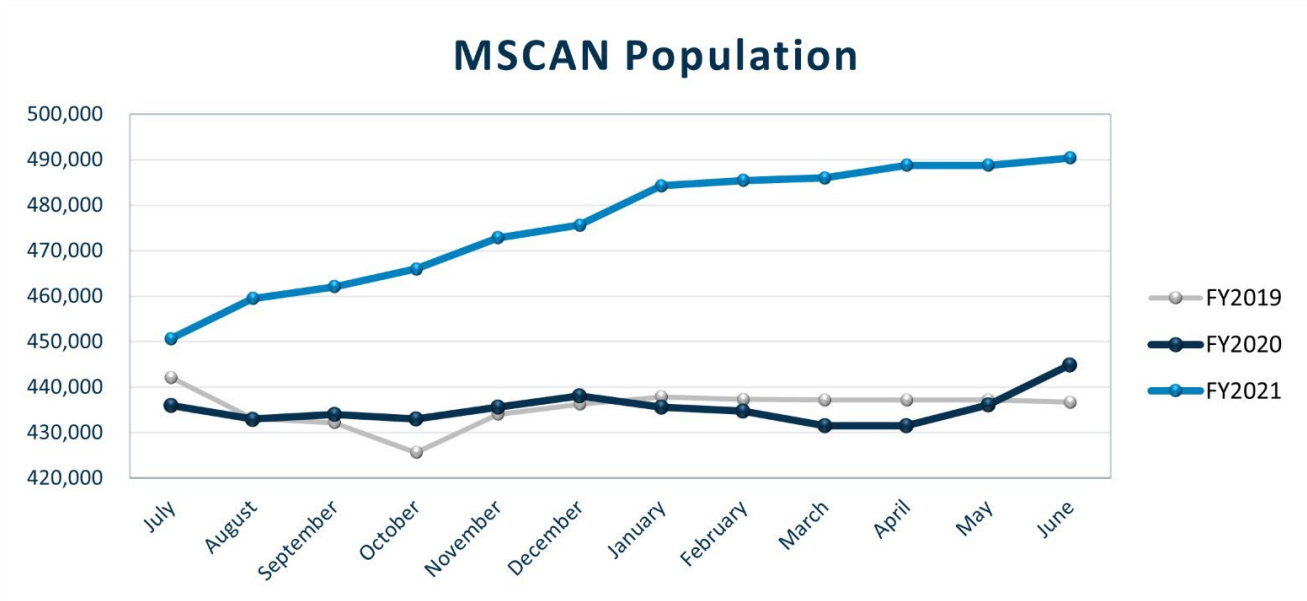
SFY 2021 MEDICAID SPENDING CATEGORIES



MONTHLY MEDICAID ENROLLMENT SFY2021

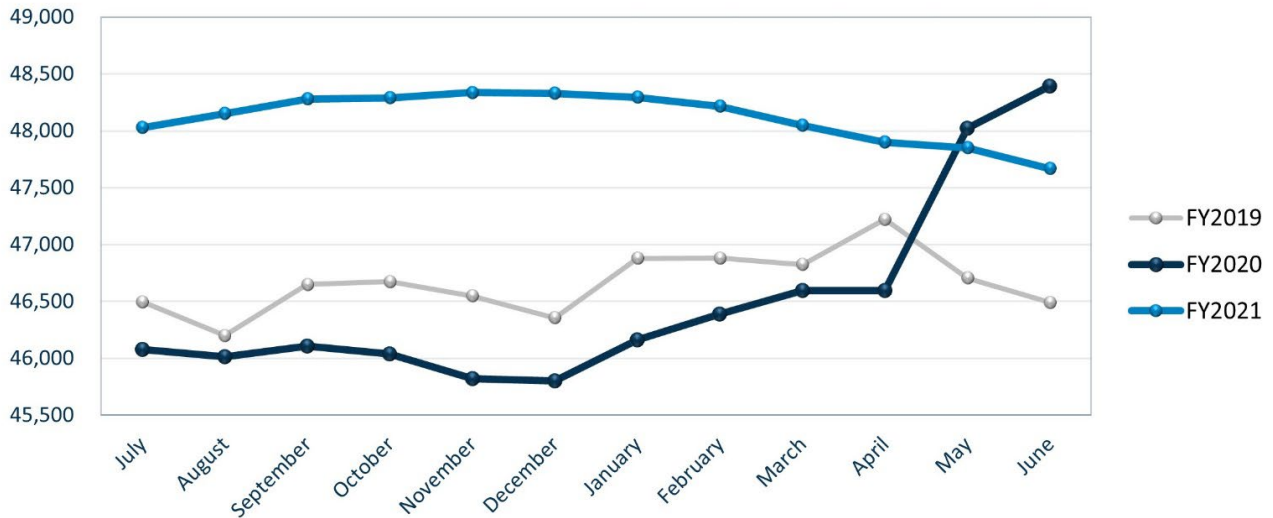


MONTHLY MississippiCAN ENROLLMENT



MONTHLY CHIP ENROLLMENT

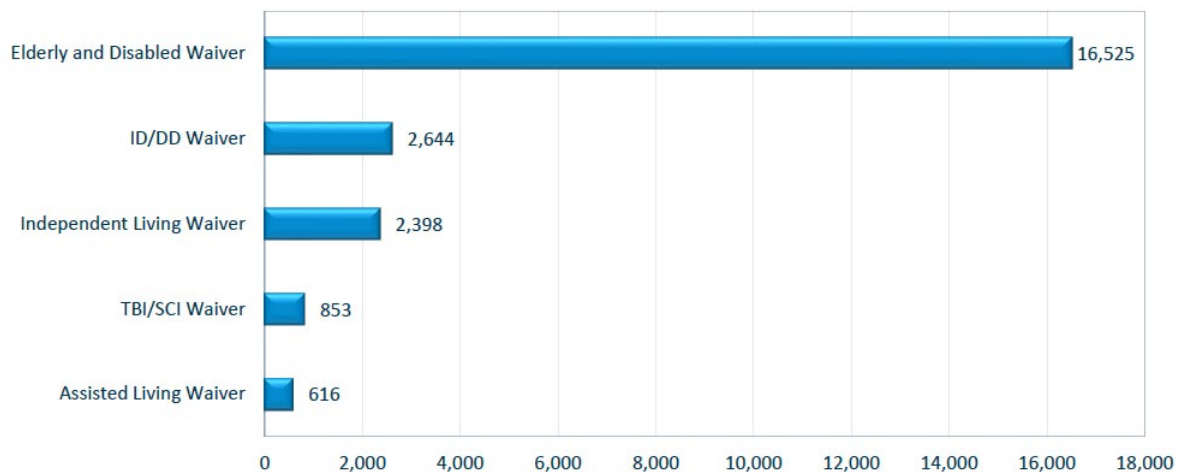
MSCHIP Population



HCBS PARTICIPANTS

June 2021

Home and Community Based Participants



OUT-OF-STATE TRAVEL FISCAL YEAR 2023

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 2021 on Form Mbr-1, line 1.A.2.b.

Employee's Name	Destination	Purpose	Travel Cost	Funding Source
BROWN CINDY	MIRAMAR FL	MS MEDICAL ASSOICATION CONFERENCE	368	22328/53328
Total Out of State Cost			\$ 368	

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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
61610000 Contract Workers Payroll - EFT					
BAILEY LASHONDA/Contract Worker					
Comp. Rate: \$12.17/hour		99			22328/53328
BARRETT DAVID/Contract Worker					
Comp. Rate: \$18.40/hour		13,894			22328/53328
BENSON RAVEN/Contract Worker					
Comp. Rate: \$12.17/hour		24,682			22328/53328
BIGLANE PAIGE/Contract Worker					
Comp. Rate: \$50.00/hour		1,184			22328/53328
BLAUER TOMMIE/Contract Worker					
Comp. Rate: \$13.50/hour	Y	9,879			22328/53328
BOND JANIS/Contract Worker					
Comp. Rate: \$75.00/hour	Y	51,689			22328/53328
BROOKS RA'SHEMIA/Contract Worker					
Comp. Rate: \$13.29/hour		20,029			22328/53328
BROWN BRETT/Contract Worker					
Comp. Rate: \$55.00/hour		37,982			22328/53328
CARR CHRISTINA/Contract Worker					
Comp. Rate: \$11.07/hour		5,804			22328/53328
CLUNE JENNIFER/Contract Worker					
Comp. Rate: \$60.00/hour		63,912			22328/53328
COLEMAN CHELSIE/Contract Worker					
Comp. Rate: \$11.44/hour		19,858			22328/53328
CONGIOUS NORCASHA/Contract Worker					
Comp. Rate: \$12.72/hour		19,400			22328/53328
DASCHBACH JANE/Contract Worker					
Comp. Rate: \$11.42/hour		2,373			22328/53328
DAVIS DARIUS/Contract Worker					
Comp. Rate: \$16.00/hour		18,206			22328/53328
DURHAM JOHN/Contract Worker					
Comp. Rate: \$20.00/hour		40,976			22328/53328
FIELDS PRISCILLA/Contract Worker					
Comp. Rate: \$11.44/hour		14,458			22328/53328
GOFF CHARLOTTE/Contract Worker					
Comp. Rate: \$12.72/hour		3,238			22328/53328
GREEN SHAKARMA/Contract Worker					
Comp. Rate: \$31.00/hour		64,739			22328/53328
HAMILTON REBECCA/Contract Worker					
Comp. Rate: \$22.99/hour		5,383			22328/53328
HARRISON SALLY/Contract Worker					
Comp. Rate: \$55.00/hour		109,297			22328/53328
HOLMES JASMINE/Contract Worker					
Comp. Rate: \$20.00/hour		3,757			22328/53328
HOLMES JEREMY/Contract Worker					
Comp. Rate: \$13.69/hour		10,198			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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
HUDNALL CARDAE/Contract Worker Comp. Rate: \$12.72/hour		1,636			22328/53328
JENKINS MELVIN/Contract Worker Comp. Rate: \$45.00/hour		36,562			22328/53328
JOHNSON LORRAN/Contract Worker Comp. Rate: \$18.40/hour		931			22328/53328
JUSTICE DEBORAH/Contract Worker Comp. Rate: \$11.07/hour		10,397			22328/53328
KING AMANDA/Contract Worker Comp. Rate: \$18.00/hour		23,035			22328/53328
LATORRE CARLOS/Contract Worker Comp. Rate: \$120.00/hour		6,717			22328/53328
LEWIS TOMEKA/Contract Worker Comp. Rate: \$11.44/hour		23,196			22328/53328
MAGEE NINA/Contract Worker Comp. Rate: \$14.61/hour		29,647			22328/53328
MAISEL NICHOLAS/Contract Worker Comp. Rate: \$55.00/hour		107,580			22328/53328
MASSEY ALEETA/Contract Worker Comp. Rate: \$80.00/hour		166,835			22328/53328
MATTHES FREDERICK/Contract Worker Comp. Rate: \$40.00/hour	Y	47,657			22328/53328
MCCORMICK EDDIE/Contract Worker Comp. Rate: \$33.00/hour		1,812			22328/53328
MIZE CHERYL/Contract Worker Comp. Rate: \$55.00/hour		1,066			22328/53328
MOUNGER WILLIAM/Contract Worker Comp. Rate: \$76.00/hour	Y	6,049			22328/53328
MURRAY MARIANNE/Contract Worker Comp. Rate: \$55.00/hour		78,065			22328/53328
OSHINSKY STEPHEN/Contract Worker Comp. Rate: \$65.00/hour		119,233			22328/53328
OWENS RONNA/Contract Worker Comp. Rate: \$28.41/hour	Y	19,765			22328/53328
PROJECTED SPAHRS -/Contract Worker Comp. Rate: N/A			3,660,413	3,357,423	
REGISTER SANDRA/Contract Worker Comp. Rate: \$11.44/hour	Y	14,675			22328/53328
SHAKESPEARE ALEXIS/Contract Worker Comp. Rate: \$13.00/hour		26,694			22328/53328
SHANNON JORDAN/Contract Worker Comp. Rate: \$18.40/hour		10,593			22328/53328
SHELTON PORSHIA/Contract Worker Comp. Rate: \$12.17/hour		18,184			22328/53328
SMITH SCHELERRIA/Contract Worker Comp. Rate: \$12.72/hour		23,429			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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
STANIC STEVEN/Contract Worker <i>Comp. Rate: \$81.00/hour</i>		97,660			22328/53328
TYSON JESSICA/Contract Worker <i>Comp. Rate: \$22.46/hour</i>		1,185			22328/53328
WALKER T J/Contract Worker <i>Comp. Rate: \$28.58/hour</i>	Y	11,497			22328/53328
WASHINGTON MYISHA/Contract Worker <i>Comp. Rate: \$12.17/hour</i>		23,464			22328/53328
WILLIAMS GLORIA/Contract Worker <i>Comp. Rate: \$11.44/hour</i>	Y	2,287			22328/53328
WILLIAMS JUSTIN/Contract Worker <i>Comp. Rate: \$12.09/hour</i>		3,605			22328/53328
WILLIS TREVARROUS/Contract Worker <i>Comp. Rate: \$12.09/hour</i>		24,475			22328/53328
WINSTON SHAR'MIA/Contract Worker <i>Comp. Rate: \$12.17/hour</i>		629			22328/53328
WOODS PAM/Contract Worker <i>Comp. Rate: \$45.00/hour</i>		40,328			22328/53328
Total 61610000 Contract Workers Payroll - EFT		1,519,925	3,660,413	3,357,423	
61616000 Deceased Contract Worker SPAHR'S PAYROLL/Deceased Contract Worker <i>Comp. Rate: N/A</i>		677			22328/53328
Total 61616000 Deceased Contract Worker		677			
61625000 Contract Workers Payroll Matching - EFT SPAHR'S PAYROLL/Contract Worker Payroll Matching - EFT <i>Comp. Rate: N/A</i>		128,676	300,890	277,878	22328/53328
Total 61625000 Contract Workers Payroll Matching - EFT		128,676	300,890	277,878	
61660000 Accounting & Financial Services CORNERSTONES HEALTHCARE FINANCIAL CONSULTING <i>Comp. Rate: \$150 per hour</i>		371,370	412,000	412,000	22328/53328
GARY L OWENS LLC/Accounting & Financial Services <i>Comp. Rate: \$50 per hour</i>		58,225			22328/53328
MYERS & STAUFFERS/Accounting & Financial Services <i>Comp. Rate: Blended rates per invoices</i>		2,050,205	2,947,468	2,757,468	22328/53328
PUBLIC CONSULTING GROUP/Accounting & Financial Services <i>Comp. Rate: \$575 monthly hosting fee and hourly support fee</i>		42,440	50,000	50,000	22328/53328
TBD - ACCOUNTING CONSULTANT/Accounting & Financial <i>Comp. Rate: \$75 per hour</i>			90,000	90,000	22328/53328
Total 61660000 Accounting & Financial Services		2,522,240	3,499,468	3,309,468	
61665000 Investment Managers & Actuary Services MILLIMAN, INC/Investment Managers and Actuary 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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
<i>Comp. Rate: \$175,718 per month</i>		2,108,620	1,720,000	1,720,000	22328/53328
Total 61665000 Investment Managers & Actuary Services		2,108,620	1,720,000	1,720,000	
61676000 Settlement Payments-Other Than Attorney Fee					
ALBERT H PETTIGREW ADMINISTRATOR					
<i>Comp. Rate: Settlement Agreement</i>		236			22328/53328
Total 61676000 Settlement Payments-Other Than Attorney Fee		236			
61696000 Professional Fees & Services Travel no 1099					
CLARK CONSULTING PA/Fees and Services - Expenses					
<i>Comp. Rate: \$451 total service</i>		451			22328/53328
DRUG UTILIZATION REVIEW BOARD MEETING					
<i>Comp. Rate: \$1,000 annual</i>			1,000	1,000	22328/53328
ECFIRST.COM/Fees and Services - Expenses Reimbursements no					
<i>Comp. Rate: \$1,995 annual</i>			1,995	1,995	22328/53328
GENE BENNETT HUBBAR, JR/Fees and Services - Expenses					
<i>Comp. Rate: \$49 total service</i>		49			22328/53328
JACKSON DOWNTOWN HOTEL HAMPTON INN &					
<i>Comp. Rate: \$96 total service</i>		96			22328/53328
KENT NICAUD/Fees and Services - Expenses Reimbursements no					
<i>Comp. Rate: \$81 total service</i>		81			22328/53328
NATIONAL ASSN OF HEARING OFFICIALS/Fees and Services					
<i>Comp. Rate: \$255 total service</i>			255	255	22328/53328
P & T MEETING TRAVEL/Fees and Services - Expenses					
<i>Comp. Rate: \$1,000 annual</i>			1,000	1,000	22328/53328
PHAEDRE COLE/Fees and Services - Expenses Reimbursements					
<i>Comp. Rate: \$31 total service</i>		31			22328/53328
PICAYUNE HOSPITALITY LLC HOLIDAY INN EXPRESS					
<i>Comp. Rate: \$282 total service</i>		282			22328/53328
RISH JAMES A MD/Fees and Services - Expenses					
<i>Comp. Rate: \$72 total service</i>		72			22328/53328
RIVERBOAT CORPORATION OF MS GOLDEN NUGGET -					
<i>Comp. Rate: \$372 total service</i>		372			22328/53328
SECURITY 101/Fees and Services - Expenses Reimbursements no					
<i>Comp. Rate: \$169 total service</i>		169			22328/53328
Total 61696000 Professional Fees & Services Travel no 1099		1,603	4,250	4,250	
61600000 Inter-Agency Fees					
DEPARTMENT OF EDUCATION (SBAC)/Inter-Agency Fees					
<i>Comp. Rate: \$806,042 per quarter</i>		3,224,167	3,500,000	4,000,000	22328/53328
DEPARTMENT OF HEALTH/Inter-Agency Fees					
<i>Comp. Rate: 1,694,531 per quarter</i>		6,778,122	3,000,000	3,000,000	22328/53328
DEPARTMENT OF MENTAL HEALTH/Inter-Agency Fees					
<i>Comp. Rate: \$53,405 per month</i>		640,865	677,964	698,964	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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
DEPARTMENT OF REHABILITATION SERVICES/Inter-Agency					
<i>Comp. Rate: \$124,099 per month</i>		1,489,191	1,997,010	1,997,010	22328/53328
DFA - MMRS/Inter-Agency Fees					
<i>Comp. Rate: \$34,253 per quarter</i>		137,011	258,539	272,961	22328/53328
DFA - UTILITIES/Inter-Agency Fees					
<i>Comp. Rate: \$6,916 per month</i>		82,997	125,000	125,000	22328/53328
DFA SWCAP/Inter-Agency Fees					
<i>Comp. Rate: \$597,864 annual</i>		597,864	650,000	650,000	22328/53328
DFA TORT CLAIMS BOARD/Inter-Agency Fees					
<i>Comp. Rate: \$42,109 annual</i>		42,109	50,000	50,000	22328/53328
EMPLOYMENT SECURITY/Inter-Agency Fees					
<i>Comp. Rate: \$8,629 per month</i>		103,545	95,000	95,000	22328/53328
HUMAN SERVICES (MAC Centers)/Inter-Agency Fees					
<i>Comp. Rate: \$105,233 per quarter</i>		420,930	600,000	600,000	22328/53328
HUMAN SERVICES/Inter-Agency Fees					
<i>Comp. Rate: \$242,406 per month</i>		2,908,874	2,900,000	2,900,000	22328/53328
OFFICE OF THE STATE AUDITOR/Inter-Agency Fees					
<i>Comp. Rate: \$43,489 per month</i>		521,865	525,000	541,000	22328/53328
Total 61600000 Inter-Agency Fees		16,947,540	14,378,513	14,929,935	
61680000 Medical Services					
ALLIANT/Medical Services					
<i>Comp. Rate: \$366,070 per month</i>		4,392,836	4,404,568	4,408,055	22328/53328
ASCEND MANAGEMENT INNOVATIONS/Medical Services					
<i>Comp. Rate: \$68,730 per month</i>		824,774	895,277	895,277	22328/53328
CHANGE HEALTHCARE PHARMACY SOLUTIONS/Medical					
<i>Comp. Rate: \$210,505 per month</i>		2,526,058	2,590,829		22328/53328
EQHEALTH SOLUTIONS INC/Medical Services					
<i>Comp. Rate: \$32,819 per month</i>		393,828	356,761	367,464	22328/53328
HEALTH MANAGEMENT SYSTEMS/Medical Services					
<i>Comp. Rate: \$384,833 per month</i>		4,617,995	3,800,200	4,500,200	22328/53328
JUDITH P CLARK/Medical Services					
<i>Comp. Rate: \$300 total service</i>		300	24,700		22328/53328
LAUNCHPOINT VENTURES, LLC DISCOVERY HEALTH					
<i>Comp. Rate: \$1,744 per month</i>		20,927	16,525		22328/53328
MCCOMB MARK A/Medical Services					
<i>Comp. Rate: \$14,625 total service</i>		14,625	6,000	6,000	22328/53328
MEA DRUG TESTING CONSORTIUM/Medical Services					
<i>Comp. Rate: \$275 annual fee</i>		275	500	500	22328/53328
MERCER HEALTH & BENEFITS LLC/Medical Services					
<i>Comp. Rate: 15,563 per month</i>		186,753			22328/53328
MYERS & STAUFFER LC/Medical Services					
<i>Comp. Rate: \$5,615 per month</i>			67,375		22328/53328
STATE OF VERMONT/Medical Services					
<i>Comp. Rate: \$3,275 per month</i>			39,296	39,296	22328/53328
TBD - COMBINED PHARMACY SUPPORT/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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
Comp. Rate: \$102,104 per month				1,225,243	22328/53328
TBD - PROGRAM INTEGRITY CONTRACT/DATA					
Comp. Rate: \$8,333 per month			1,400,000	2,000,000	22328/53328
TBD - RECOVERY AUDIT CONTRACTOR/Medical Services					
Comp. Rate: \$1,377 per month				16,525	22328/53328
UNIV OF MS - SCHOOL OF PHARMACY/Medical Services					
Comp. Rate: \$178,068 per quarter		712,271	852,773	819,245	22328/53328
Total 61680000 Medical Services		13,690,642	14,454,804	14,277,805	
61670000 Legal & Related Services					
BALCH & BINGHAM LLP/Legal and Related Services					
Comp. Rate: \$280 per hour blended rate		55,279	50,000	50,000	22328/53328
ELLIOTT ADVISORY GROUP LLP/Legal and Related Services					
Comp. Rate: \$300 per hour		9,785	48,900		22328/53328
GILCHRIST DONNELL PLLC/Legal and Related Services					
Comp. Rate: \$279 per hour		189,313	350,000	350,000	22328/53328
PURDIE & METZ PLLC/Legal and Related Services					
Comp. Rate: \$143 per hour		555,859	575,000	600,000	22328/53328
STEGALL EARL/STEGALL NOTARY/Legal and Related					
Comp. Rate: \$200 total service		200	250	250	22328/53328
TBD - OTHER LITIGATION SUPPORT/Legal and Related					
Comp. Rate: \$150 per hour			47,500	10,000	22328/53328
TBD-MSCAN/CHIP PROCUREMENT PROTEST/Legal and					
Comp. Rate: \$3,958 per month				500,000	22328/53328
VERBATIM COURT REPORTING SERVICES/Legal and Related					
Comp. Rate: \$5,020 total service		5,020	48,000	48,000	22328/53328
WOOTEN AMANDA/Legal and Related Services					
Comp. Rate: \$150 per hour			20,000	20,250	22328/53328
Total 61670000 Legal & Related Services		815,456	1,139,650	1,578,500	
61690000 Fees and Services					
ANDERSON, CRAWLEY & BURKE/Fees and Services -					
Comp. Rate: \$125 per hour		20,763	48,000	48,000	22328/53328
BELL JAMES D/Fees and Services - Professional					
Comp. Rate: \$220 per hour		6,666	48,000	48,000	22328/53328
BFAC/Fees and Services - Professional					
Comp. Rate: \$2,500 per year			2,500	2,500	22328/53328
BIGGS, PETTIS, INGRAM & SOLOP, LLC/Fees and Services -					
Comp. Rate: \$220 per hour		24,831	48,000	48,000	22328/53328
CAMBRIA SOLUTIONS INC/Fees and Services - Professional					
Comp. Rate: \$678,446 per month		8,141,347	8,250,000	6,150,000	22328/53328
CARSON CONSULTING SERVICES, LLC/Fees and Services -					
Comp. Rate: \$50 per hour		864	1,000	1,000	22328/53328
CLARK CONSULTING PA/Fees and Services - Professional					
Comp. Rate: \$750 one time fee		750			22328/53328
CONDUENT STATE HEALTHCARE/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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
Comp. Rate: \$4,177,531 per month CTRS MEDICARE & MEDICAID SRVS DIVISION OF		50,130,371	72,813,522	14,775,000	22328/53328
Comp. Rate: \$8,074 per month DALLAS PRINTING INC HARVEY DALLAS PRINTING &		96,884	150,000	150,000	22328/53328
Comp. Rate: \$2,115 per month DE L'EPEE DEAF CENTER INC/Fees and Services - Professional		25,376	120,000	120,000	22328/53328
Comp. Rate: \$417 per month DEPT OF HOMELAND SECURITY/Fees and Services -			5,000	5,000	22328/53328
Comp. Rate: \$25 per month FEI COM INC/Fees and Services - Professional		300	300	300	22328/53328
Comp. Rate: \$296,954 per month FRESH CUT INC/Fees and Services - Professional		3,563,447	4,600,000	3,600,000	22328/53328
Comp. Rate: \$396 one time fee GAINWELL TECHNOLOGIES - MES/Fees and Services -		396	2,000	2,000	22328/53328
Comp. Rate: \$68,093 per month GAINWELL/Fees and Services - Professional		817,114	350,000	150,000	22328/53328
Comp. Rate: \$1,345,607 per month GUIDESOFT, INC. KNOWLEDGE SERVICES/Fees and Services		16,147,284	45,685,644	38,191,564	22328/53328
Comp. Rate: \$100-\$175 hourly rate HEALTHMIND/Fees and Services - Professional		1,888,986	3,992,825	3,067,825	22328/53328
Comp. Rate: \$208,333 per month INTERNAL REVENUE SERVICE ACCOUNTING			2,500,000		22328/53328
Comp. Rate: \$11,316 per year JACKSON BUSINESS SERVICES/Fees and Services -		11,316	9,000	12,000	22328/53328
Comp. Rate: \$1,250 per month MEDEANALYTICS INC/Fees and Services - Professional			15,000	15,000	22328/53328
Comp. Rate: \$421,629 per month MEDICAL REVIEW OF N CAROLINA/Fees and Services -		5,059,551	8,252,034	6,673,668	22328/53328
Comp. Rate: \$30,598 per month MISSISSIPPI INTERACTIVE LLC/Fees and Services -		367,176	368,000	368,000	22328/53328
Comp. Rate: \$69,917 per quarter MISSISSIPPI PRISON INDUSTRIES/Fees and Services -		279,668	600,000		22328/53328
Comp. Rate: \$115 one time fee MLS GROUP OF COMPANIES, LLC/Fees and Services -		115			22328/53328
Comp. Rate: \$1,967 per month NATIONAL ASSOCIATION OF PUBLIC HEALTH STATISTICS		23,600	48,000	48,000	22328/53328
Comp. Rate: \$2,390 per month PARHAM WILLIAM D/Fees and Services - Professional		28,674	40,000	40,000	22328/53328
Comp. Rate: \$12,625 per year PUBLIC CONSULTING GROUP INC/Fees and Services -		12,625	12,625	12,625	22328/53328
Comp. Rate: \$181,877 per month RELIAS LEARNING/Fees and Services - Professional		2,182,524	4,564,000	3,294,000	22328/53328
Comp. Rate: \$3,621 per month RIVERBOAT CORPORATION OF MS GOLDEN NUGGET -		43,458	53,055	60,000	22328/53328
Comp. Rate: \$757 one time fee SCOTT-ROBERTS AND ASSOCS LLC/Fees and Services -		757			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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
Comp. Rate: \$847 per month SECURITY 101/Fees and Services - Professional		10,161	10,000	10,000	22328/53328
Comp. Rate: \$2,169 one time fee SHELTON VANCE/Fees and Services - Professional		2,169			22328/53328
Comp. Rate: \$400 one time fee SLI GLOBAL SOLUTIONS/Fees and Services - Professional		400	400	400	22328/53328
Comp. Rate: \$20,833 per month SOFTEON - FRAUD AND ABUSE MODULE/Fees and Services			250,000	175,000	22328/53328
Comp. Rate: \$229,167 per month STINGLEY TOMMIE LEE JR/Fees and Services - Professional			2,750,000	2,000,000	22328/53328
Comp. Rate: \$175 per hour TBD - CWP PHASE 2 - SELF-SERVICE PORTAL/Fees and		1,138	48,000	48,000	22328/53328
Comp. Rate: \$83,333 per month TBD - DATA LAKE AND APIs/Fees and Services - Professional			1,000,000	6,000,000	22328/53328
Comp. Rate: \$108,574 per month TBD - eMPI/Fees and Services - Professional			7,577,884	10,200,000	22328/53328
Comp. Rate: \$312,500 per month TBD - FEMPI/Fees and Services - Professional			3,750,000	3,000,000	22328/53328
Comp. Rate: \$41,667 per month TBD - HUMAN RESOURCES CONTRACT/Fees and Services -			500,000	500,000	22328/53328
Comp. Rate: \$1,167 per month TBD - LEGAL ASSISTANCE WITH DATA SHARING/Fees and			14,000		22328/53328
Comp. Rate: \$11,000 per month TBD - MANAGED SECURITY SERVICES/Fees and Services -			132,000	132,000	22328/53328
Comp. Rate: \$3,333 per month TBD - MARS-E 2.0-Year 2 thru full cycle/Fees and Services -			40,000	40,000	22328/53328
Comp. Rate: \$6,250 per month TBD - MARS-E ASSESSMENT/Fees and Services - Professional			75,000		22328/53328
Comp. Rate: \$25,000 per month TBD - MASTER CLIENT INDEX/Fees and Services - Professional			300,000	300,000	22328/53328
Comp. Rate: \$166,667 per month TBD - MASTER DATA MANAGEMENT/Fees and Services -				2,000,000	22328/53328
Comp. Rate: \$20,833 per month TBD - MITA SSA VENDOR WITH OPTIONAL SUPPORT/Fees			250,000	250,000	22328/53328
Comp. Rate: \$20,833 per month TBD - MOBILE APP/Fees and Services - Professional			250,000	1,000,000	22328/53328
Comp. Rate: \$62,500 per month TBD - MSCAN HEARING OFFICER/Fees and Services -				750,000	22328/53328
Comp. Rate: \$4,000 per month TBD - PAYMENT METHODOLOGY/Fees and Services -			48,000	48,000	22328/53328
Comp. Rate: \$100,000 per month TBD - PROVIDER APPEALS HEARING OFFICER/Fees and			1,200,000	1,215,456	22328/53328
Comp. Rate: \$4,000 per month TBD - REPOSITORY DESIGN/REPLACEMENT (CASE V.			48,000	48,000	22328/53328
Comp. Rate: \$83,333 per month TBD - STAFF AUGMENTATION- SMEs/Fees and Services -			1,000,000	5,000,000	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, 2021	(2) Estimated Expenses FY Ending June 30, 2022	(3) Requested Expenses FY Ending June 30, 2023	Fund Source
Comp. Rate: \$20,833 per month			250,000	250,000	22328/53328
TBD - SYSTEMS INTEGRATOR/Fees and Services - Professional					
Comp. Rate: \$29,167 per month			350,000	350,000	22328/53328
TBD- SHREDDING SERVICES/Fees and Services - Professional					
Comp. Rate: \$2,083 per month			25,000	25,000	22328/53328
TBD-INTERIM EXECUTIVE MANAGEMENT/Fees and Services					
Comp. Rate: \$16,667 per month			200,000	200,000	22328/53328
TEMPSTAFF INC/Fees and Services - Professional					
Comp. Rate: \$25,718 per month		308,625	440,000	440,000	22328/53328
TERRY'S INSTALLATION & DELIVERY SERVICE INC/Fees					
Comp. Rate: \$500 per unit			1,000	1,000	22328/53328
THE BOND EXCHANGE INC WHOLESALE INSURANCE					
Comp. Rate: \$1,333 one time fee		1,333	5,000	5,000	22328/53328
TSC INC DBA THE SPECIALTY COMPANY/Fees and Services -					
Comp. Rate: \$15 one time fee		15	500	500	22328/53328
UNIV OF SOUTHERN MS THAD COCHRAN CENTER/Fees and					
Comp. Rate: \$194 one time fee		194	250	250	22328/53328
UNIVERSE TECHNICAL TRANSLATION, INC./Fees and					
Comp. Rate: \$750 monthly rate		8,248	5,500	5,500	22328/53328
UNIVERSITY OF SOUTHERN MISSISSIPPI - RESEARCH AND					
Comp. Rate: \$65,295 per quarter		261,178			22328/53328
Total 61690000 Fees and Services		89,468,304	173,099,039	110,876,588	
GRAND TOTAL		127,203,919	212,257,027	150,331,847	

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? FY2023 Req. Cost
Passenger Vehicles				
63300100 Passenger Vehicle				
2023	DODGE	DOM-FLEET	TRANSPORTATION/BUSINESS TRAVEL	Replacement 25,000
2023	DODGE	DOM-FLEET	TRANSPORTATION/BUSINESS TRAVEL	Replacement 25,000
TOTAL				50,000
TOTAL VEHICLE REQUEST				50,000

**VEHICLE INVENTORY
AS OF JUNE 30, 2021**

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 6-30-2021	Average Miles per Year	Replacement Proposed	
									FY2022	FY2023
P	Caravan	2014	Dodge	DOM-Fleet	Transportation/Business Travel	G65044	98,801	3,362		
P	Caravan	2014	Dodge	DOM-Fleet	Transportation/Business Travel	G65045	106,280	6,112		
P	Passenger Van	2014	Chevrolet	DOM-Fleet	Transportation/Business Travel	G65111	11,397	5,529		
W	Cargo Van	2000	Chevrolet	DOM-Fleet	Transportation/Business Travel	G13003	70,808	1,278		
P	Traverse	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68099	138,395	3,232		Y
P	Impala	2011	Chevrolet	DOM-Fleet	Transportation/Business Travel	G61844	145,603	1,408	Y	
P	Impala	2013	Chevrolet	DOM-Fleet	Transportation/Business Travel	G65093	148,606	647	Y	
P	Impala	2014	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68331	120,245	5,207		
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68329	123,240	2,413		
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G68330	95,647	3,076		
P	Escape	2016	Ford	DOM-Fleet	Transportation/Business Travel	G71839	90,365	7,572		
P	Explorer	2016	Ford	DOM-Fleet	Transportation/Business Travel	G71838	101,835	12,463		Y
P	Impala	2015	Chevrolet	DOM-Fleet	Transportation/Business Travel	G76473	75,773	7,705		
P	Impala	2017	Chevrolet	DOM-Fleet	Transportation/Business Travel	HXZ848	7,508	5,959		
P	Charger	2021	Dodge	DOM-Fleet	Transportation/Business Travel	G87938	0	4,575		
P	Charger	2021	Dodge	EX Director	Transportation/Business Travel	HNR1682	0	580		

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

ANDERSON, KENESHIA
ANDERSON, PATRICIA
ASHLEY, JENNIFER
BANKS, GRANT
BANKS, VANESSA
BARRETT, DAVID
BEEBE, SILAS
BERRYMAN, SHELBY
BOARDEN, SHANDA
BRISBY, LAKILA
BROWN, CINDY
BROWN, TRACEY
BURSE, DARRYL
BURTON, ROBERT
CAIN, CHERYL
COLLIER, PATRICA
COLLINS, TIMOTHY
COX, RICHARD
CRAFT, CHARLENE

CREEL, TAMATHA
CUNNING, CHRISTIE
DAMPIER, NANCY
DICK, BRENDA
DIXON, SHIRLEY
DOCKINS, ALWYN
DUKE, JO
DUKES, DONNA
DUMAS, DAVID
DURHAM, JOHN
EASTERLING, MELONY
ERVIN, JAMES
EVERETT, PAMELA
FERGUSON, ELINOR
FLEMING, CHRISTA
FRANKLIN, MARLENE
FREDERICK, SHAWONA
GATES, THEA
GRANT, JENNIFER

GREEN, CHARLESTON
HALL, PENELOPE
HAMILTON, LIONEL
HESTER, JOHN
HILL, JAMES
HOLMAN, LOUANNE
HOLMES, JEREMY
HORTON, JAMES
HUNTER, JOYCE
JEFFERSON, BRENDA
JEFFERSON, JAN
JENKINS, FRANK
JOHNS, CINDY
JONES, SHARON
JONES, NANCY
JUNIOUS, HENDERSON
KELLY, CRYSTAL
KILPATRICK, CATHY
KING, JANICE

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

KING, RACHAEL
KING, AMANDA
KIRBY, TERRI
KITCHENS, FAY
LEE, ASHLEY
LIVINGSTON, FELICIA
LOVE, RODERICK
MAGEE, MANEYA
MAISEL, NICK
MARTIN, JOHN
MCCLURE, ROSE
MCDILL, ANGELA
MCDONALD, HILLIARD
MCGRIGGS, KETRA
MCNAIR, CHARLOTTE
MCSWAIN-BROWN, BARBARA
MILLS, DONNA

MOORE, SHEQUOYA
MOORE, JAMYL
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
SHANNON, JORDON
SHONTELL, CHRISTOPHER
SIMPSON, JANIE
SNYDER, DREW
SQUIRES, SHELUE
STAFFORD, NOEL
STAFFORD, LATONYA
STEPHENS, SHEILA
STEWART, KENNETH
TAYLOR, PAMELA
TAYLOR, DELVIN
TERRY, CHARLES
TILLMAN, PAMELA

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

TORREY-BURNS, PENNY
TUCKER, ROBERT
TURNER, TONI
WASHINGTON, JENNIFER
WEATHERSBY, KAREN
WILLIAMS, BARBARA
WILLIAMS, MILDRED
WILLIAMS, DELL
WILLIS, TREVARROUS
WILSON, VANESSA
WOLFE, PAMELA
WOODARD, GWENDOLYN
WOOTEN, RONNIE
WYNTER, BRIAN
YOUNG, TAMIKO

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2023**

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

Name of Agency

Program	Decision Unit	Object	Amount
Priority # 1			
Program # 1: Administrative Services			
	MMIS Replacement		
		Contractual	(68,423,708)
		Totals	(68,423,708)
		General Funds	(15,292,693)
		Federal Funds	(53,131,015)
Program # 2: Medical Services			
	FY21 Risk Corridor		
		Subsidies	154,300,000
		Totals	154,300,000
		General Funds	33,467,670
		Federal Funds	120,832,330
Program # 3: Children's Health Insur Prg (CHIP)			
	Risk Corridor		
		Subsidies	24,568,446
		Totals	24,568,446
		General Funds	3,724,576
		Federal Funds	20,843,870
Program # 4: Home & Comm Based Waiver Prg			
	HCBS Spending Plan		
		Subsidies	(95,901,070)
		Totals	(95,901,070)
		General Funds	(11,018,961)
		Federal Funds	(85,131,380)
		Other Special Funds	249,271
Priority # 2			
Program # 1: Administrative Services			
	IT Infrastructure Projects		
		Contractual	(1,525,000)
		Equipment	(1,943,500)
		Totals	(3,468,500)
		General Funds	(1,734,250)
		Federal Funds	(1,734,250)
Program # 2: Medical Services			
	Enrollment Mix Trend		
		Subsidies	(353,242,036)
		Totals	(353,242,036)

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2023**

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

Name of Agency

Program	Decision Unit	Object	Amount
		General Funds	(76,512,225)
		Federal Funds	(276,729,811)
Program # 3: Children's Health Insur Prg (CHIP)	Enrollment Mix Trend		
		Subsidies	(4,956,729)
		Totals	(4,956,729)
		General Funds	(751,440)
		Federal Funds	(4,205,289)
Program # 4: Home & Comm Based Waiver Prg	Enrollment Mix		
		Subsidies	3,510,032
		Totals	3,510,032
		General Funds	394,177
		Federal Funds	3,115,855
Priority # 3			
Program # 1: Administrative Services	Reclassification SEC2		
		Salaries	1,643,496
		Totals	1,643,496
		General Funds	657,398
		Federal Funds	986,098
Program # 2: Medical Services	Cost Trend		
		Subsidies	114,902,483
		Totals	114,902,483
		General Funds	24,887,878
		Federal Funds	90,014,605
Program # 3: Children's Health Insur Prg (CHIP)	Cost Trend		
		Subsidies	2,287,731
		Totals	2,287,731
		General Funds	346,820
		Federal Funds	1,940,911
Program # 4: Home & Comm Based Waiver Prg	Utilization Trend		
		Subsidies	34,921,585
		Totals	34,921,585

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2023**

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

Name of Agency

Program	Decision Unit	Object	Amount
		General Funds	3,921,694
		Federal Funds	30,999,891
Priority # 4			
	Program # 1: Administrative Services		
	Data Lake/ Analytics/ Other Systems		
		Contractual	5,696,634
		Totals	5,696,634
		General Funds	1,310,226
		Federal Funds	4,386,408
	Program # 2: Medical Services		
	Utilization Trend		
		Subsidies	202,204,733
		Totals	202,204,733
		General Funds	43,797,545
		Federal Funds	158,407,188
	Program # 3: Children's Health Insur Prg (CHIP)		
	Utilization Trend		
		Subsidies	2,247,280
		Totals	2,247,280
		General Funds	340,688
		Federal Funds	1,906,592
	Program # 4: Home & Comm Based Waiver Prg		
	FMAP Decrease		
		General Funds	72,810,815
		Federal Funds	(72,810,815)
Priority # 5			
	Program # 1: Administrative Services		
	MSCAN/CHIP Protest		
		Contractual	500,000
		Totals	500,000
		General Funds	250,000
		Federal Funds	250,000
	Program # 2: Medical Services		
	Program Change Trend		
		Subsidies	(70,481,027)
		Totals	(70,481,027)
		General Funds	(15,266,190)

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2023**

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

Name of Agency

Program	Decision Unit	Object	Amount
		Federal Funds	(55,214,837)
	Program # 3: Children's Health Insur Prg (CHIP)		
	Program Change Trend		
		Subsidies	(1,423,223)
		Totals	(1,423,223)
		General Funds	(215,761)
		Federal Funds	(1,207,462)
Priority # 6			
	Program # 1: Administrative Services		
	Program Management		
		Travel	950
		Commodities	17,650
		Totals	18,600
		General Funds	9,205
		Federal Funds	9,395
	Program # 2: Medical Services		
	FMAP Decrease		
		General Funds	154,939,262
		Federal Funds	(154,939,262)
	Program # 3: Children's Health Insur Prg (CHIP)		
	FMAP Decrease		
		General Funds	90,846
		Federal Funds	(90,846)
Priority # 7			
	Program # 2: Medical Services		
	DSH/UPL Increase		
		Subsidies	14,007,274
		Totals	14,007,274
		Federal Funds	6,051,184
		Other Special Funds	7,956,090
Priority # 8			
	Program # 2: Medical Services		
	Medicare Premiums (Parts A, B and D)		
		Subsidies	21,166,636
		Totals	21,166,636
		General Funds	24,125,349

**PRIORITY OF DECISION UNITS
FISCAL YEAR 2023**

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

Name of Agency

Program	Decision Unit	Object	Amount
		Federal Funds	(2,958,713)
Priority # 9			
	Program # 2: Medical Services		
	Graduate Medical Education		
		Subsidies	1,913,775
		Totals	1,913,775
		General Funds	1,557,992
		Federal Funds	355,783
Priority # 10			
	Program # 2: Medical Services		
	Change in Non-Emergency Transportation Costs		
		Subsidies	(641,706)
		Totals	(641,706)
		General Funds	(138,994)
		Federal Funds	(502,712)
Priority # 11			
	Program # 2: Medical Services		
	Federal Funding Deficit/State Surplus		
		Subsidies	97,853,901
		Totals	97,853,901
		General Funds	(245,701,627)
		Federal Funds	313,976,695
		Other Special Funds	29,578,833
Priority # 12			
	Program # 2: Medical Services		
	HIT Program Payments		
		Subsidies	(382,500)
		Totals	(382,500)
		Federal Funds	(382,500)

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 6-30-21	Last Payment Date	Interest Rate	Amount of Each Payment			Total of Payments To Be Made					
						Actual FY 2021			Estimated FY 2022			Requested FY 2023		
						Principal	Interest	Total	Principal	Interest	Total	Principal	Interest	Total

Summary of 3% General Fund Program Reduction to FY 2022 Appropriated Funding by Major Object

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

Name of Agency

Major Object	FY2022 General Fund Reduction	EFFECT ON FY2022 STATE SUPPORT SPECIAL FUNDS	EFFECT ON FY2022 FEDERAL FUNDS	EFFECT ON FY2022 OTHER SPECIAL FUNDS	TOTAL 3% REDUCTIONS
SALARIES, WAGES, FRINGE					
TRAVEL					
CONTRACTUAL	(2,317,460)		(5,665,885)		(7,983,345)
COMMODITIES					
OTHER THAN EQUIPMENT					
EQUIPMENT					
VEHICLES					
WIRELESS COMM. DEVS.					
SUBSIDIES, LOANS, ETC	(22,783,112)		(99,857,590)		(122,640,702)
TOTALS	(25,100,572)		(105,523,475)		(130,624,047)



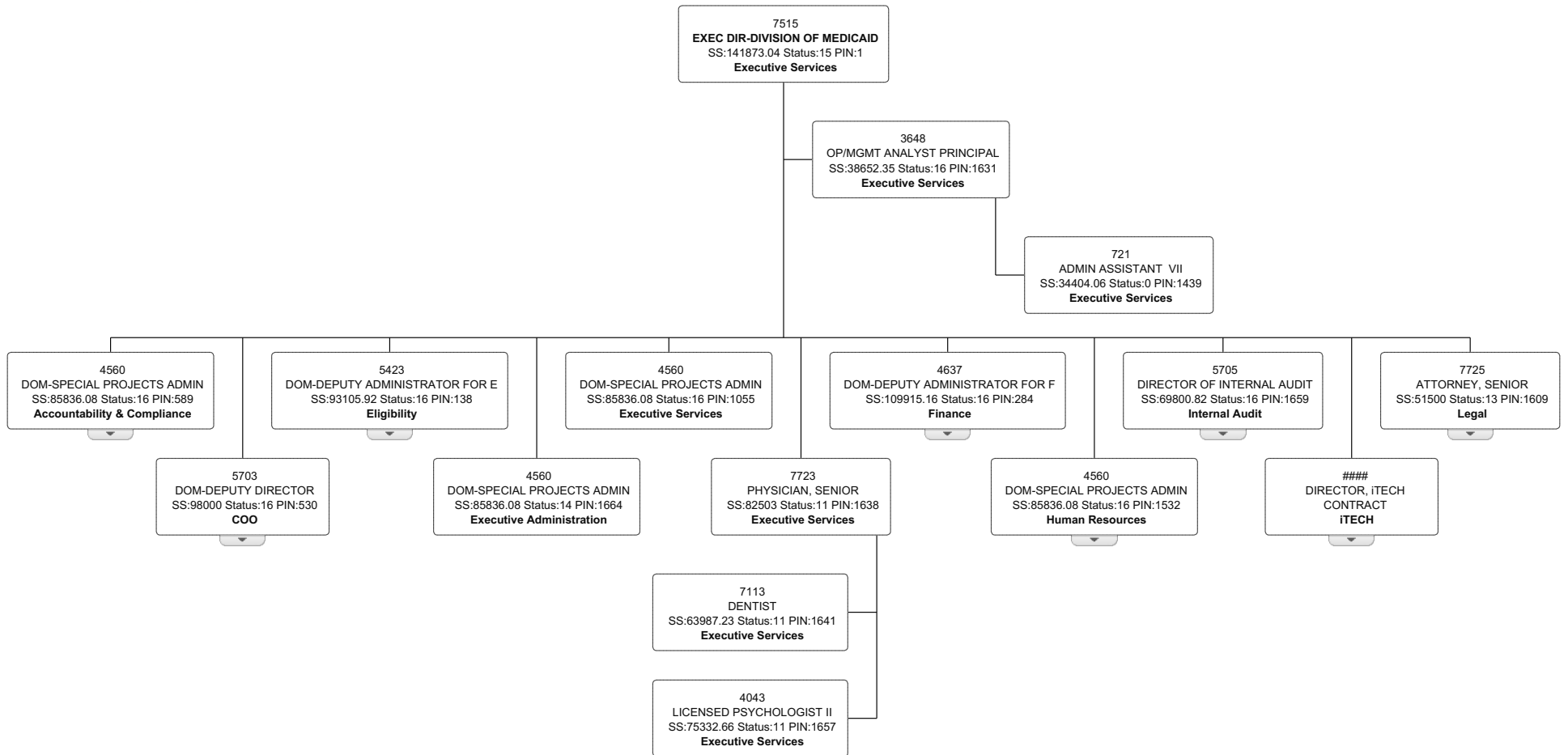
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Central Office: SFY23

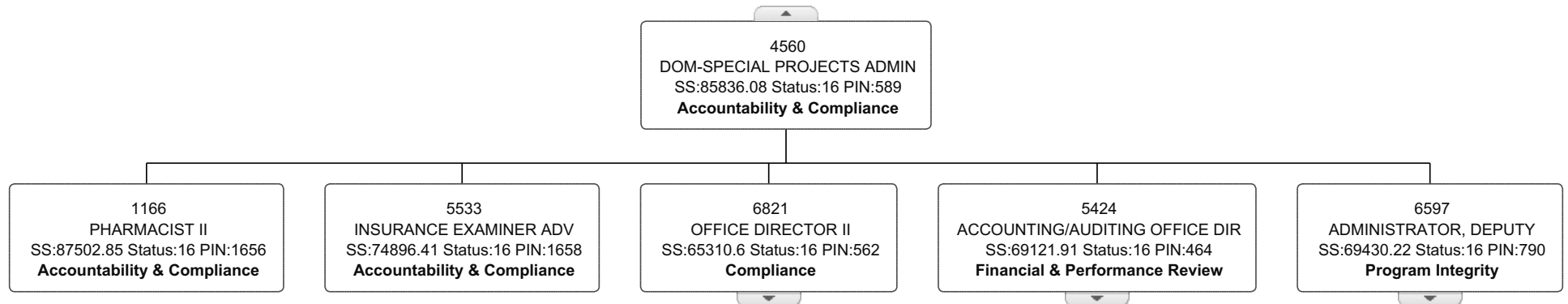


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Executive Services

07/23/2021

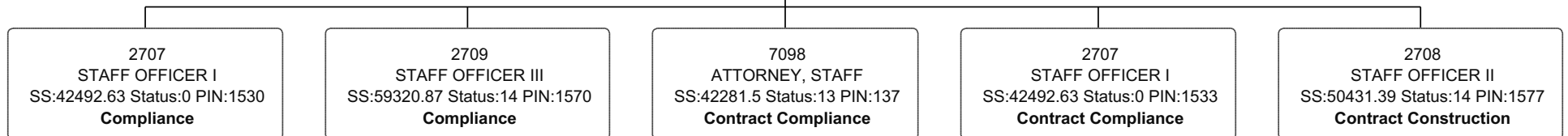


Accountability & Compliance

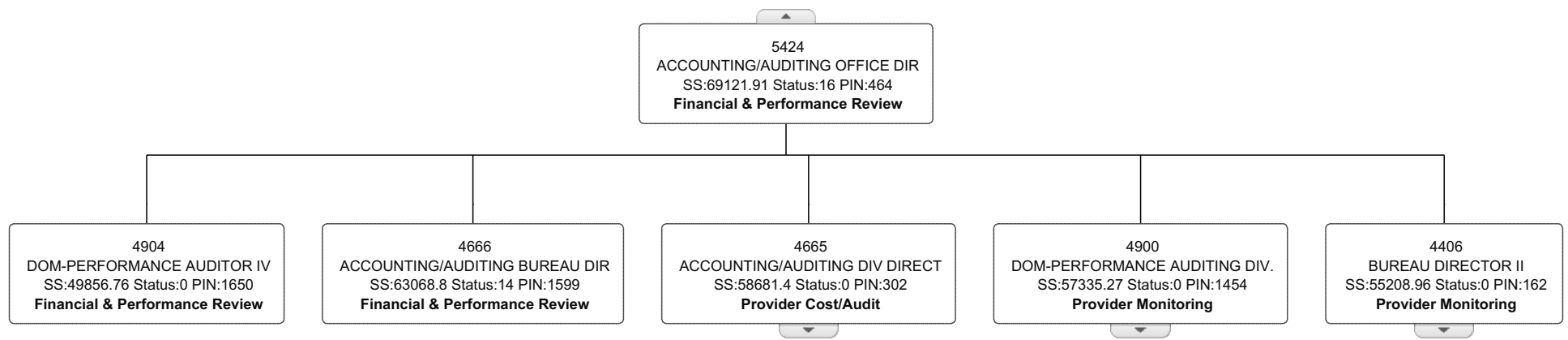
07/23/2021



6821
OFFICE DIRECTOR II
SS:65310.6 Status:16 PIN:562
Compliance



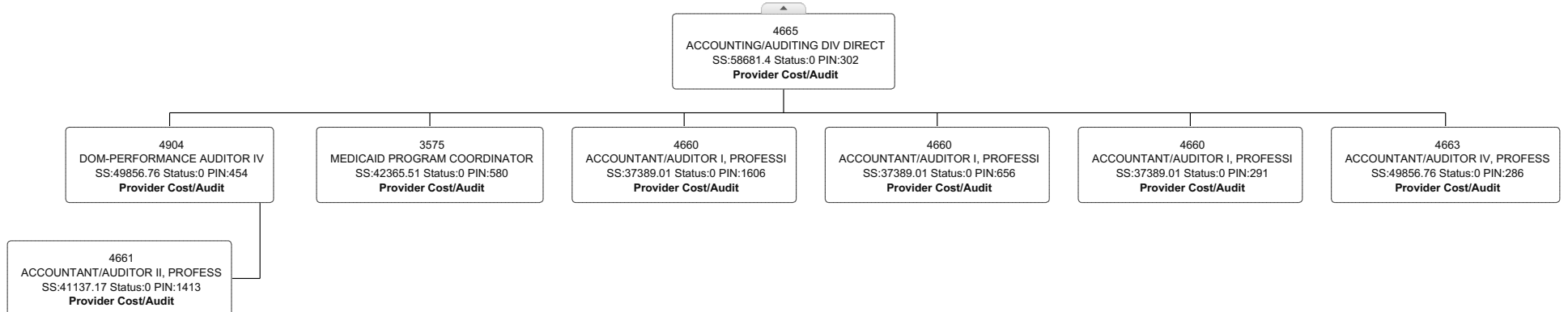
Compliance



Financial & Performance Review



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MEDICAID

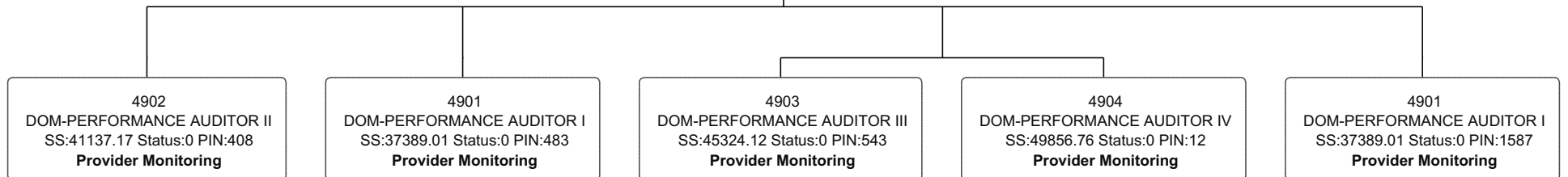


Provider Cost/Audit

07/23/2021



4900
DOM-PERFORMANCE AUDITING DIV.
SS:57335.27 Status:0 PIN:1454
Provider Monitoring



Provider Monitoring

07/23/2021



4406
BUREAU DIRECTOR II
SS:55208.96 Status:0 PIN:162
Provider Monitoring

4901
DOM-PERFORMANCE AUDITOR I
SS:37389.01 Status:0 PIN:799
Provider Monitoring

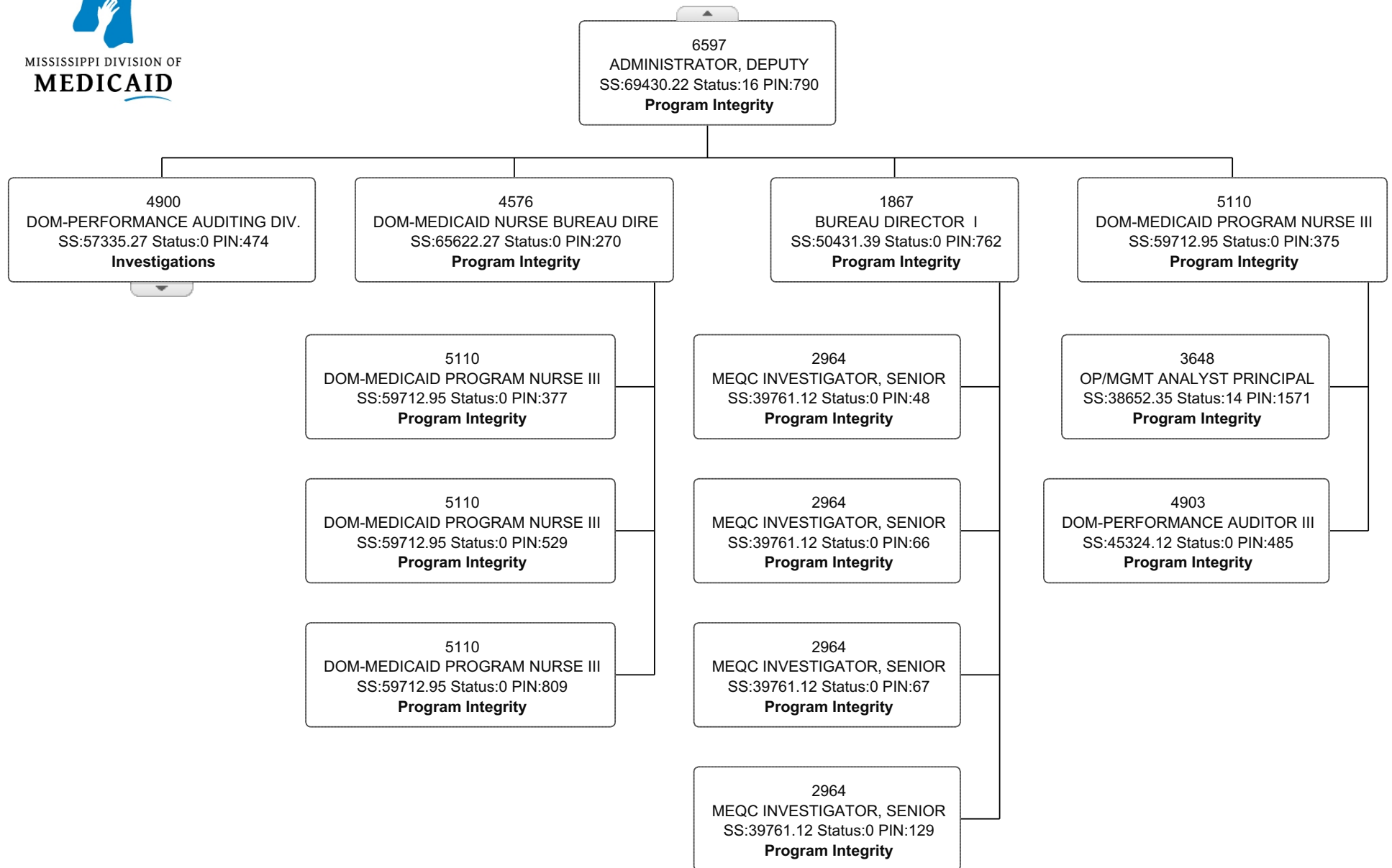
4904
DOM-PERFORMANCE AUDITOR IV
SS:49856.76 Status:0 PIN:472
Provider Monitoring

4661
ACCOUNTANT/AUDITOR II, PROFESS
SS:41137.17 Status:0 PIN:1616
Provider Monitoring

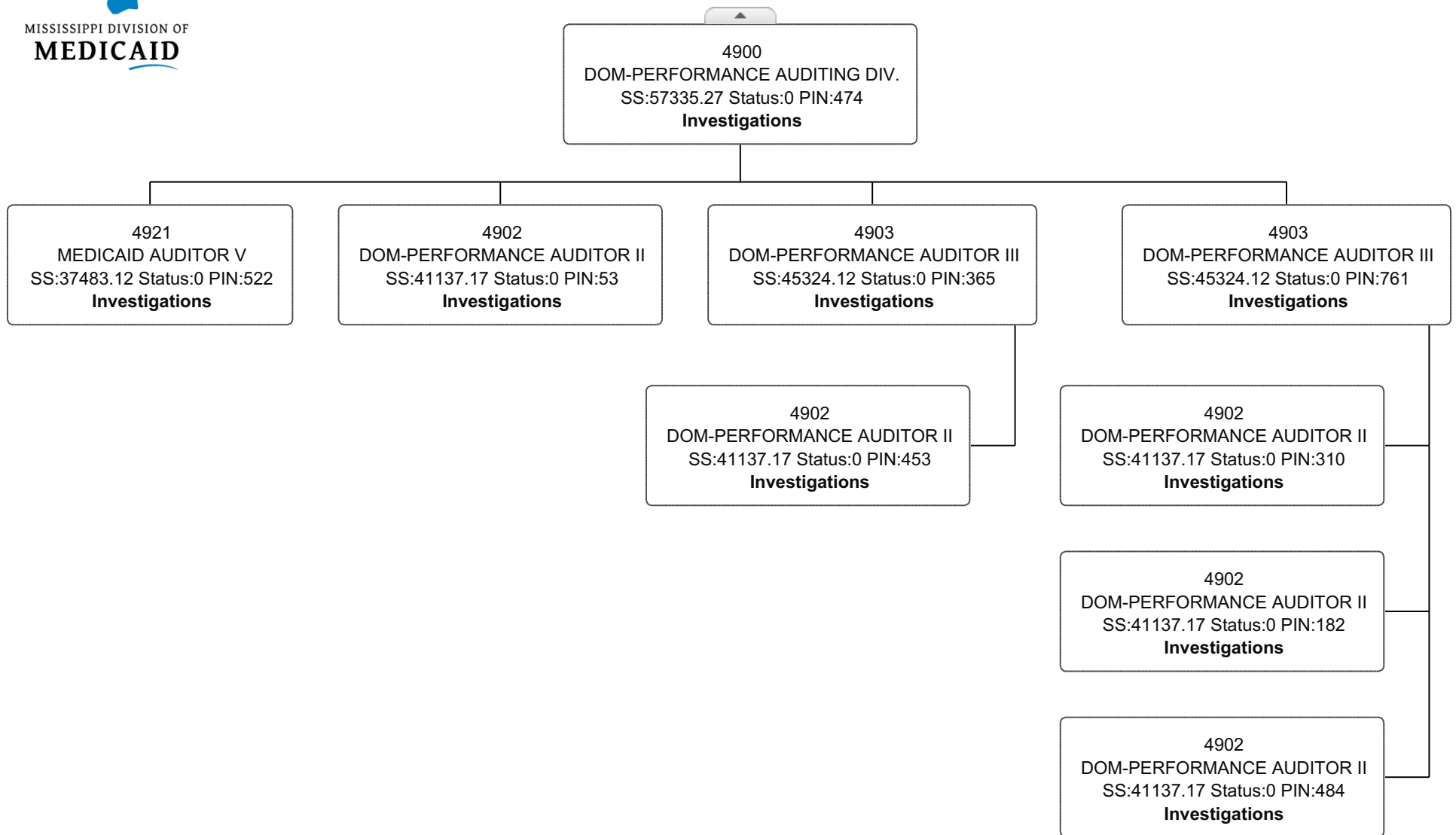
4902
DOM-PERFORMANCE AUDITOR II
SS:41137.17 Status:0 PIN:1597
Provider Monitoring

Provider Monitoring

07/23/2021



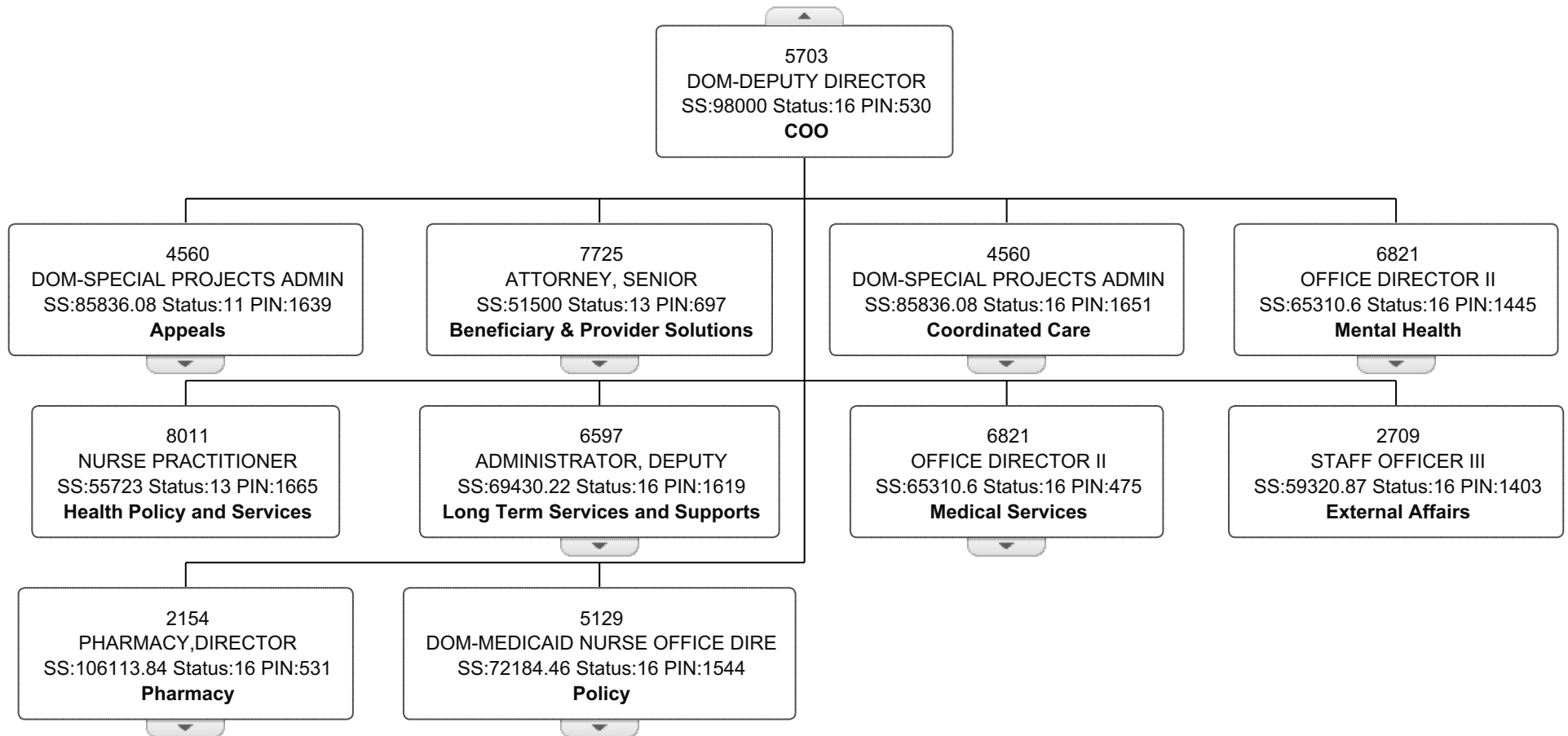
Program Integrity



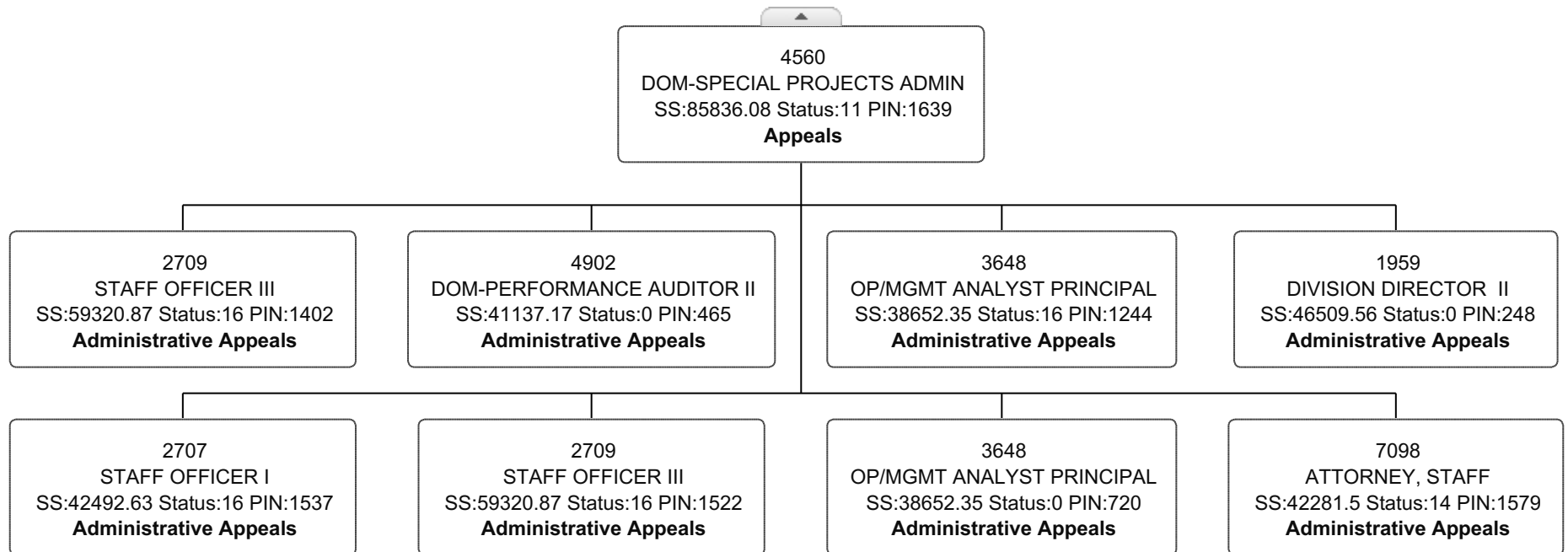
Investigations

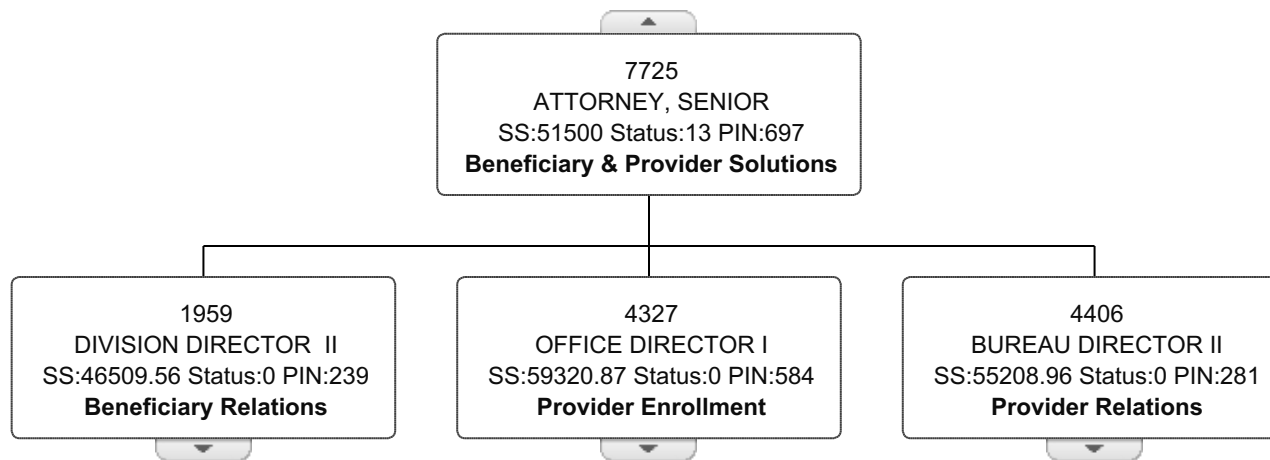


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MEDICAID

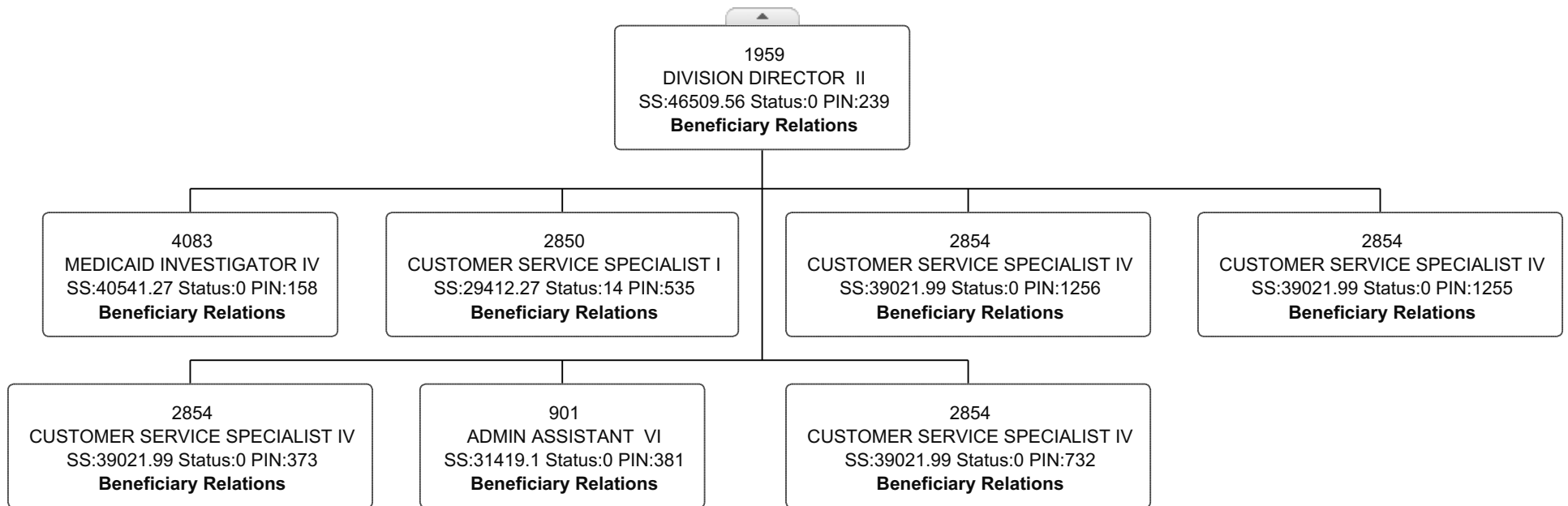


COO



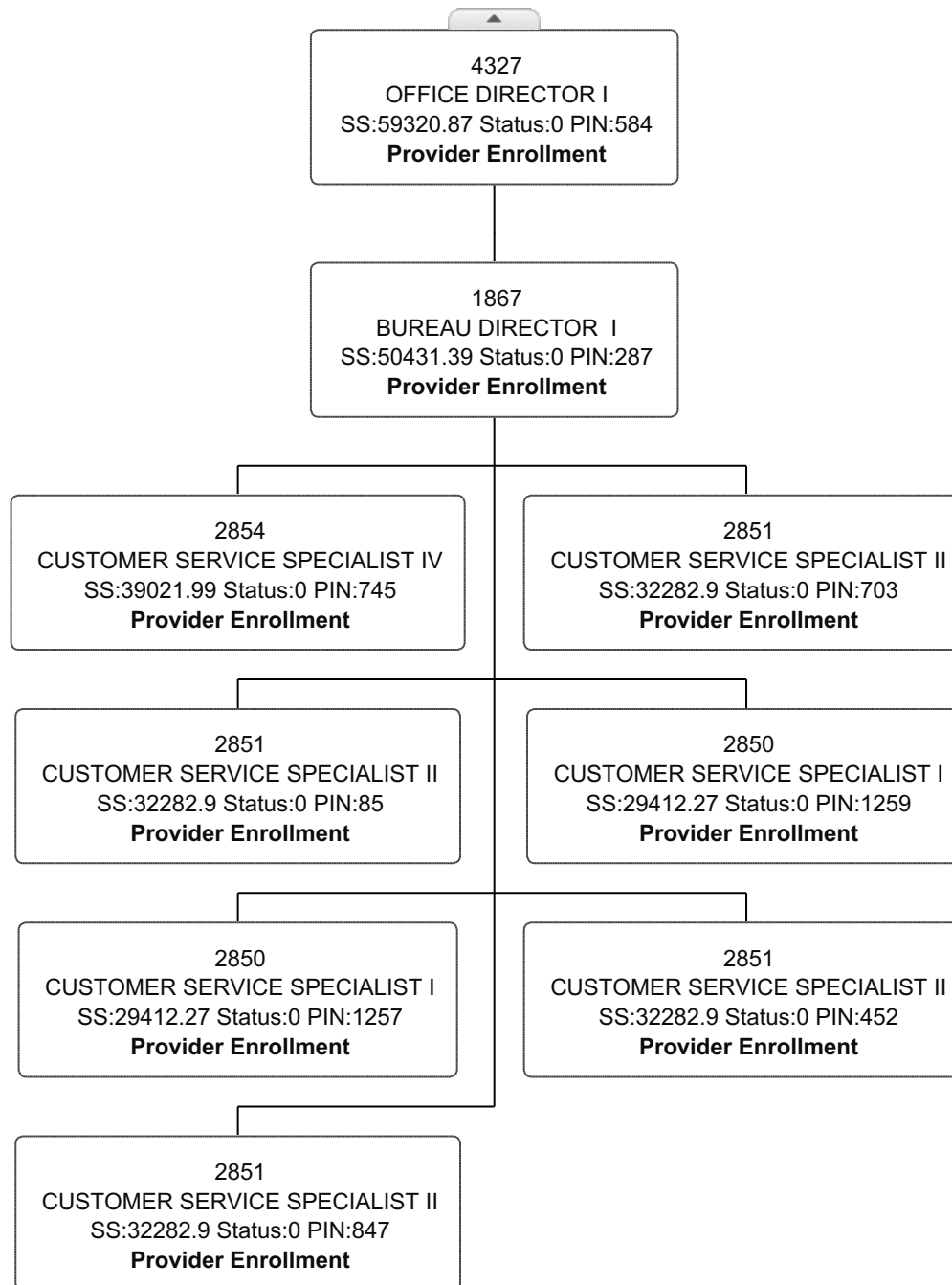


Beneficiary & Provider Solutions

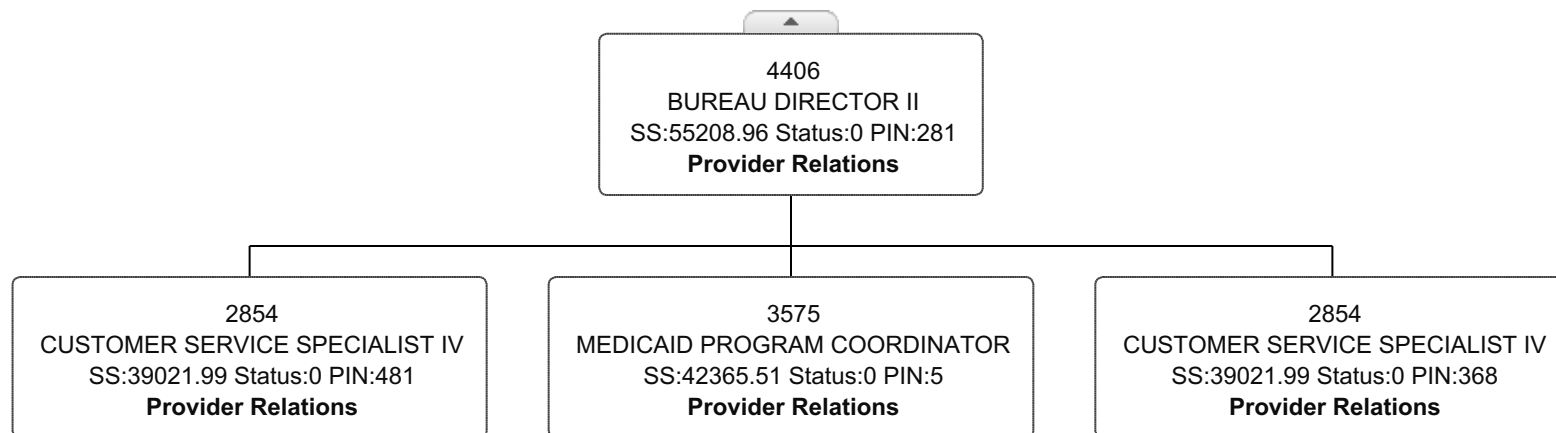


Beneficiary Relations

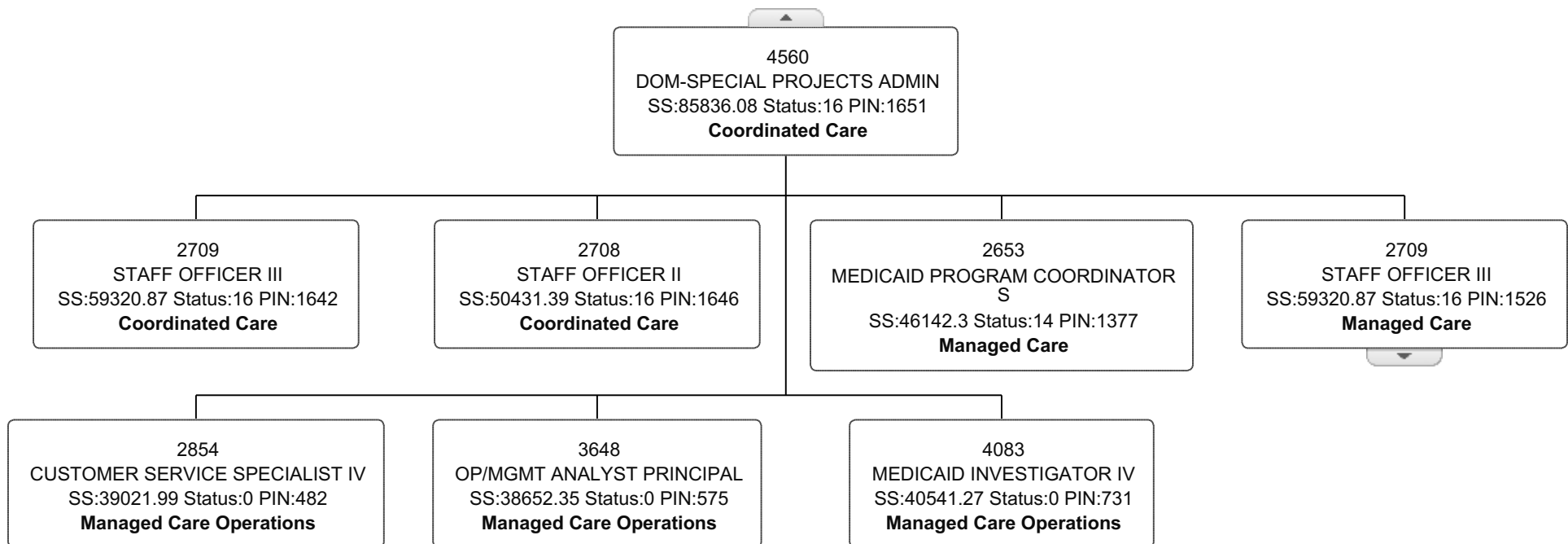
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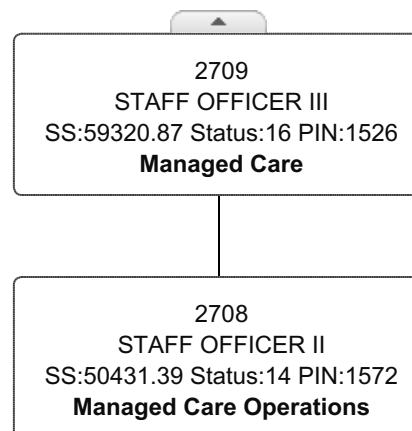
Provider Enrollment



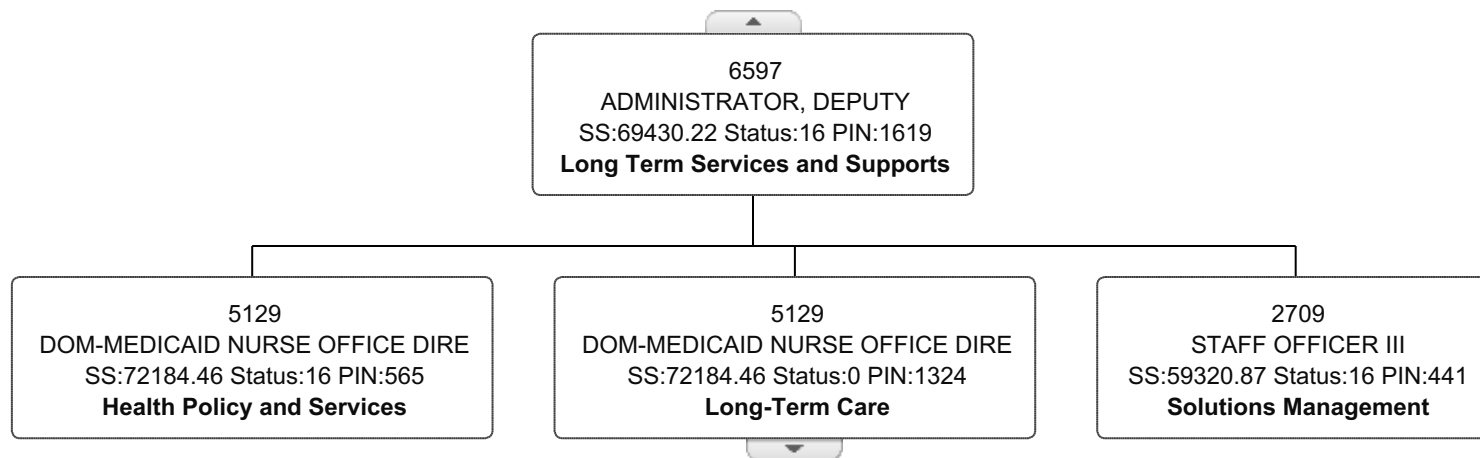
Provider Relations



Coordinated Care

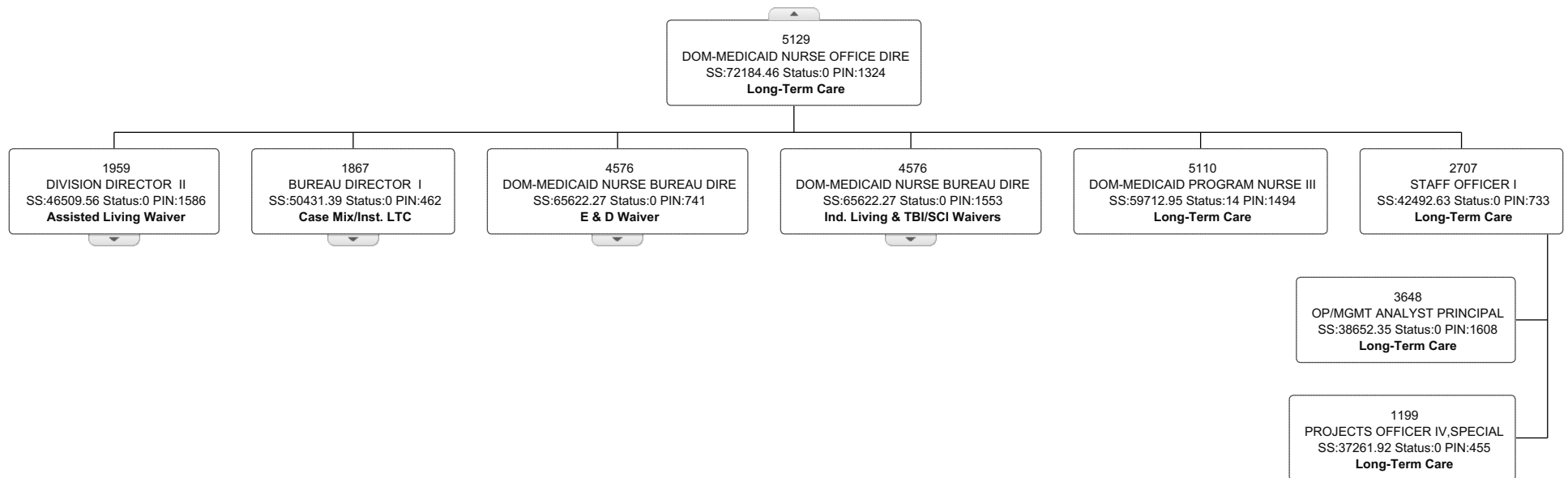


Managed Care

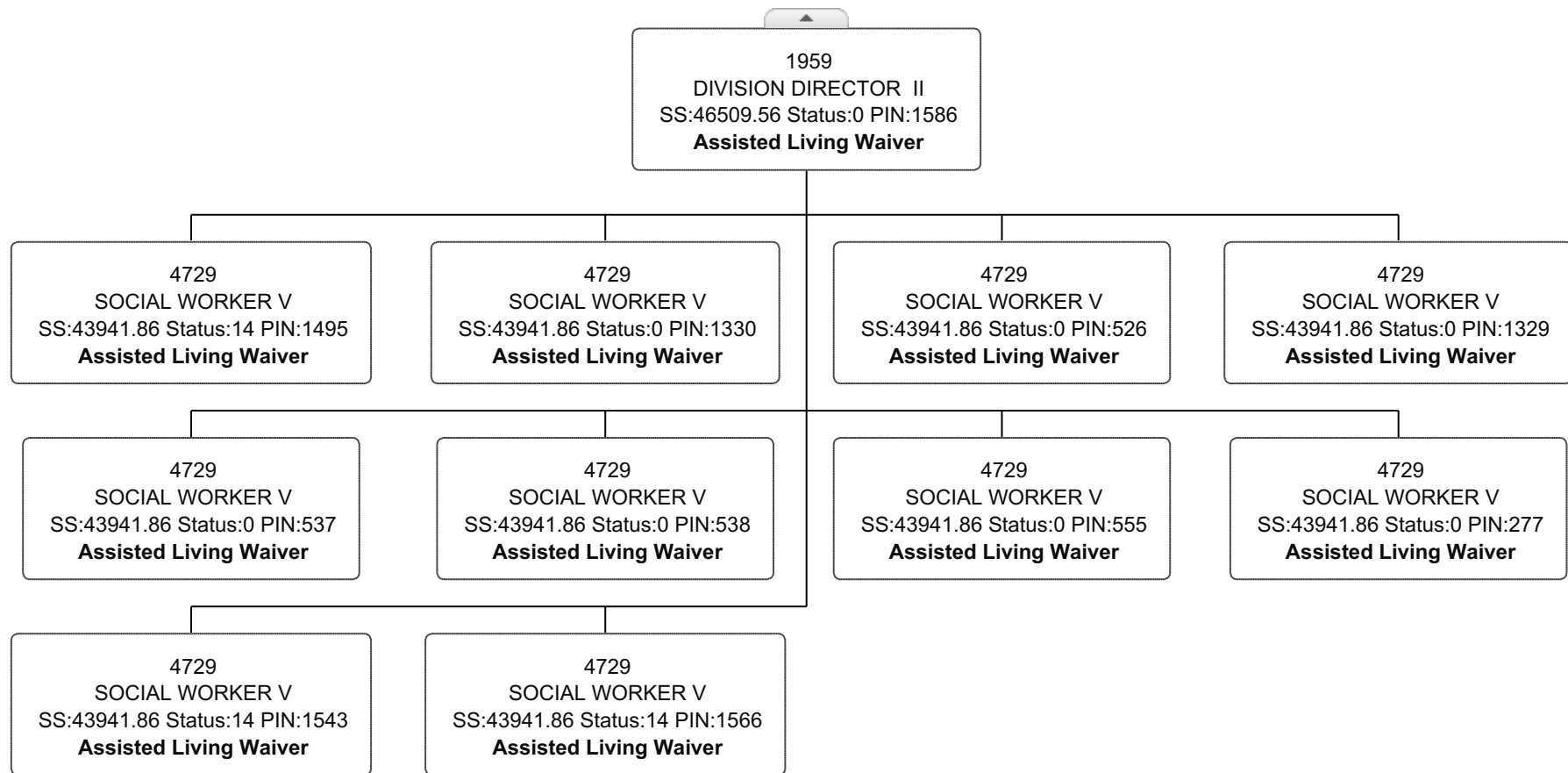


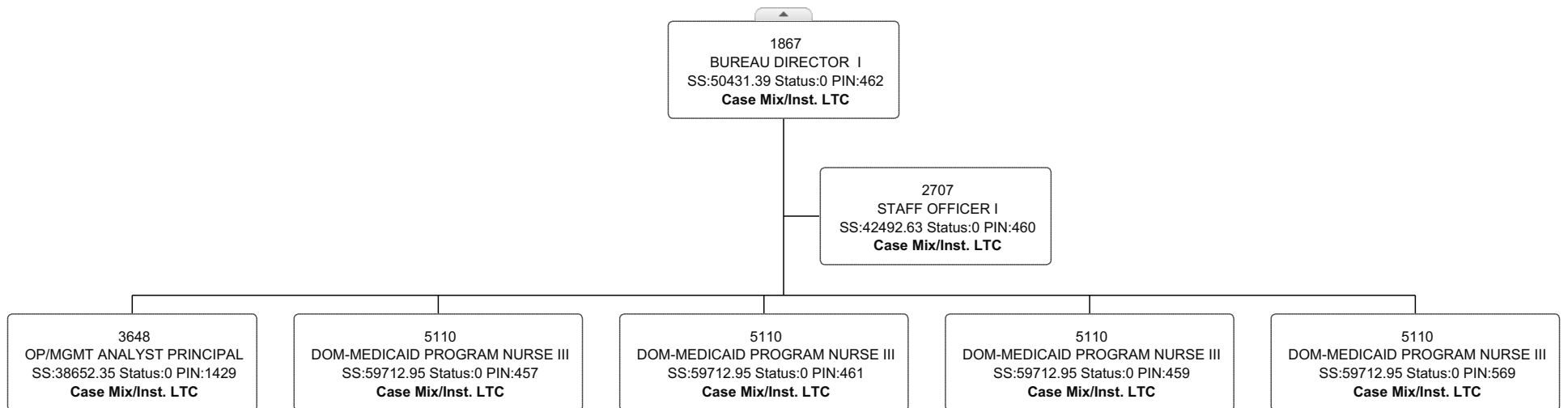


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Long-Term Care

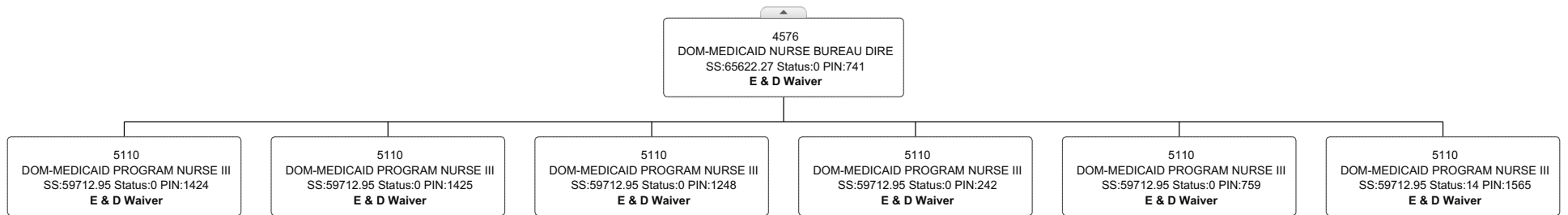




Case Mix/Inst. LTC

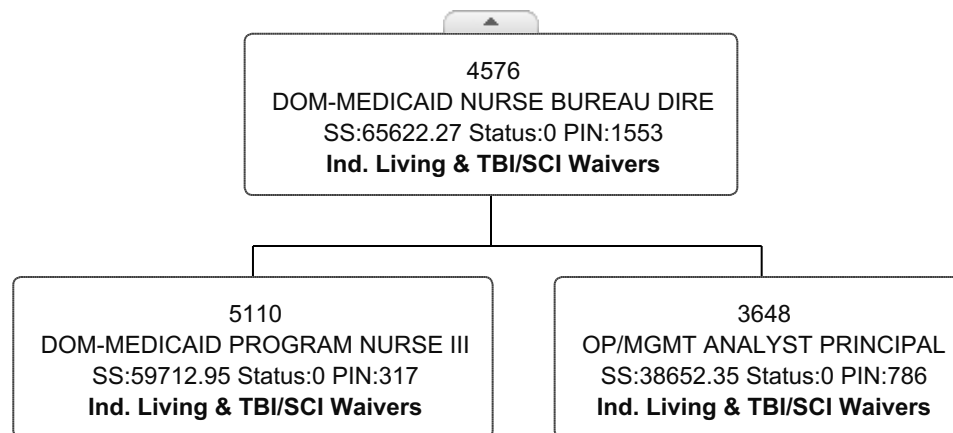


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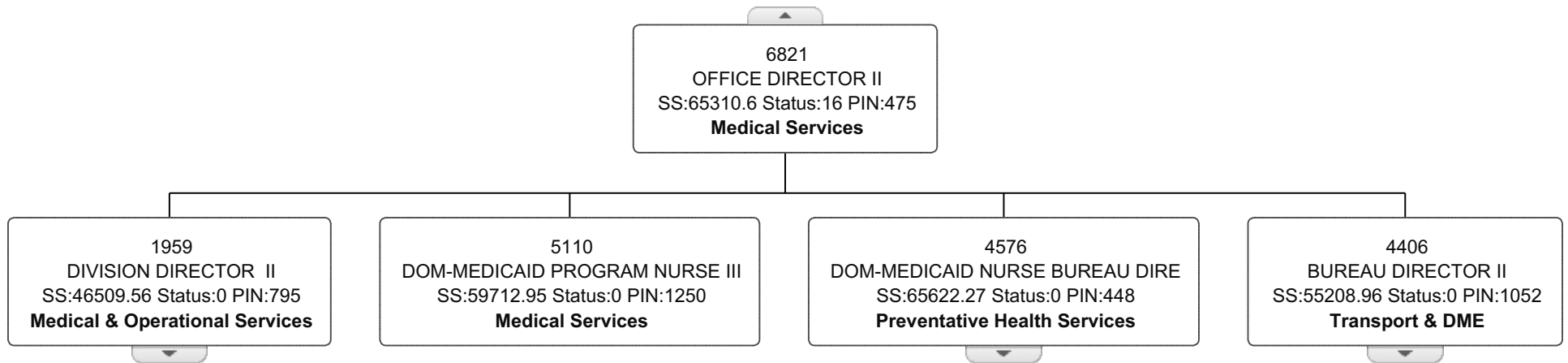


E & D Waiver

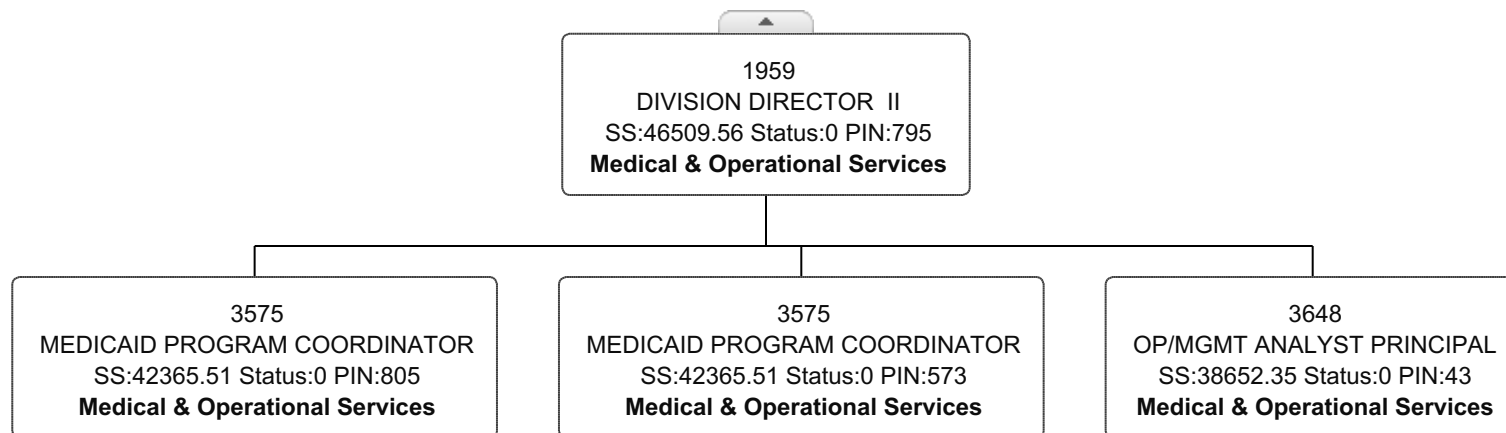
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Ind. Living & TBI/SCI Waivers



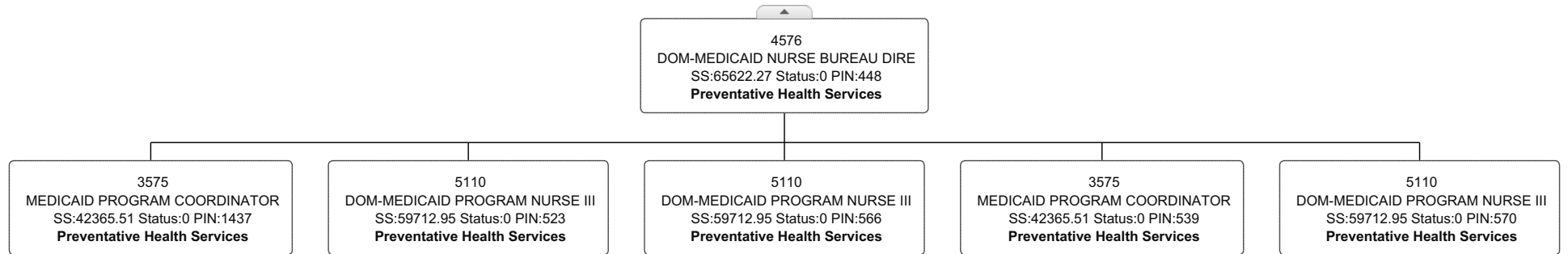
Medical Services



Medical & Operational Services

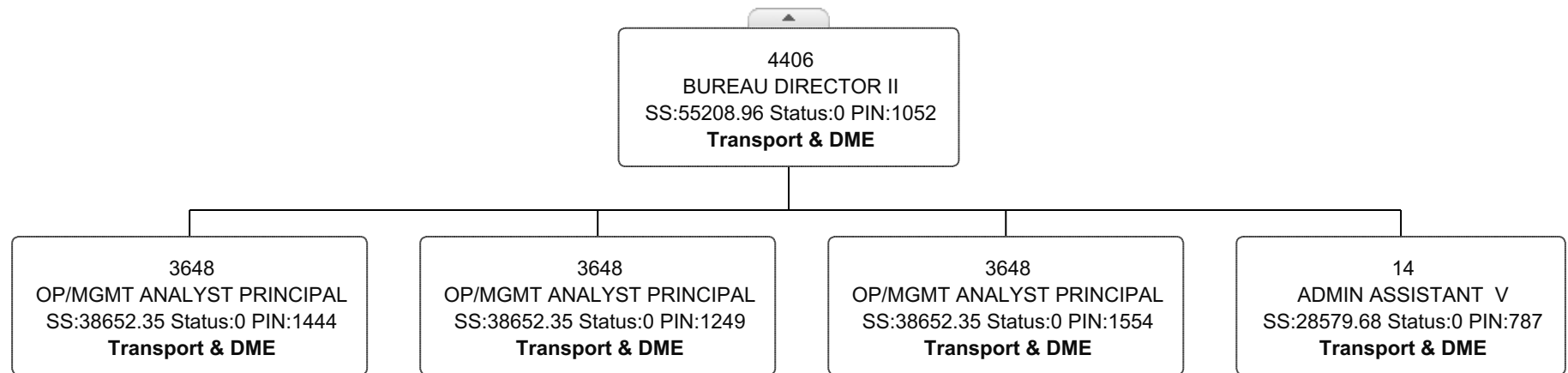


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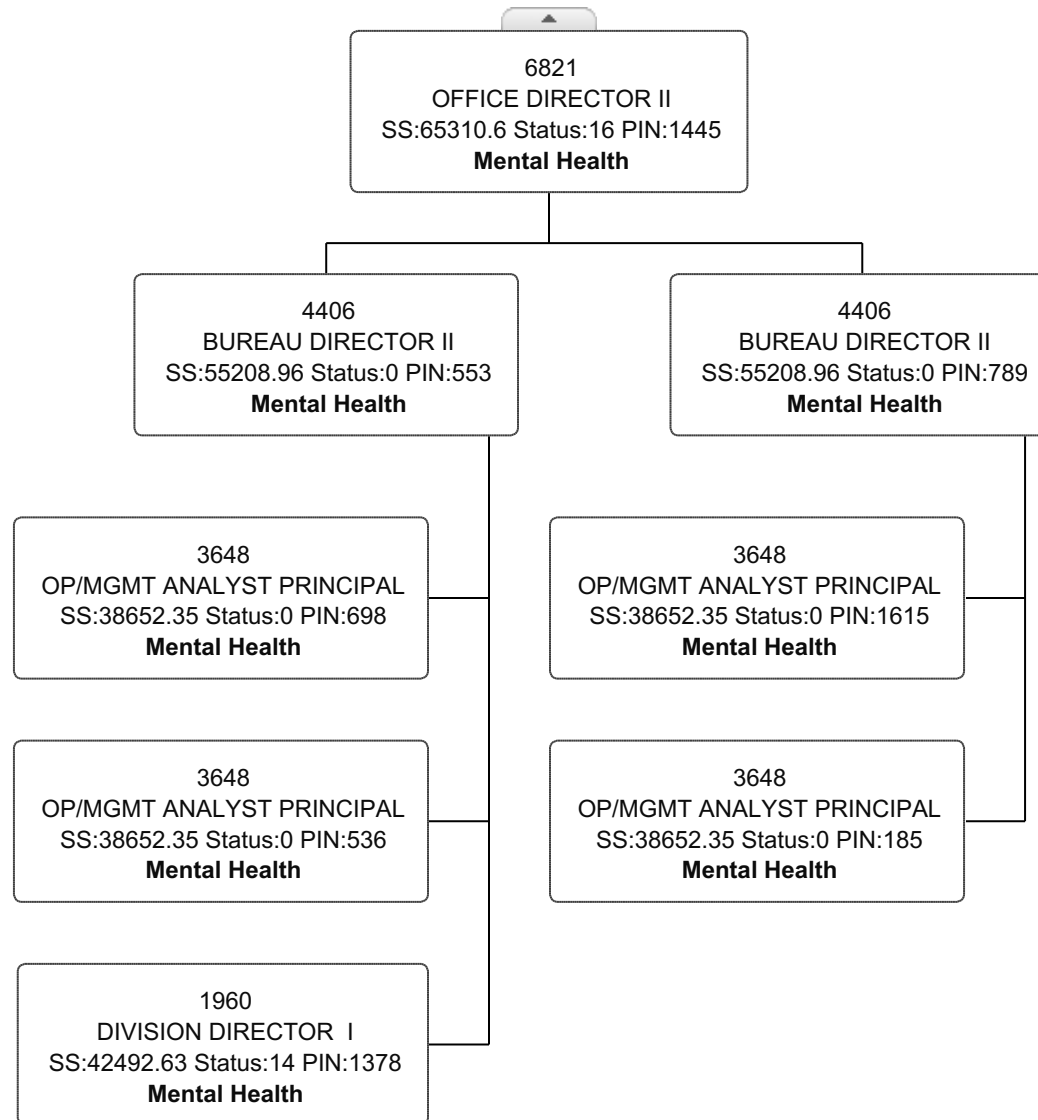


Preventative Health Services

07/23/2021



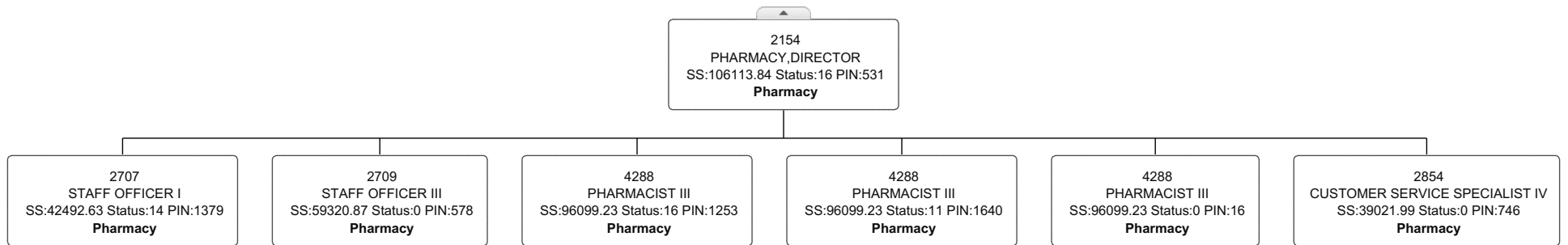
Transport & DME



Mental Health

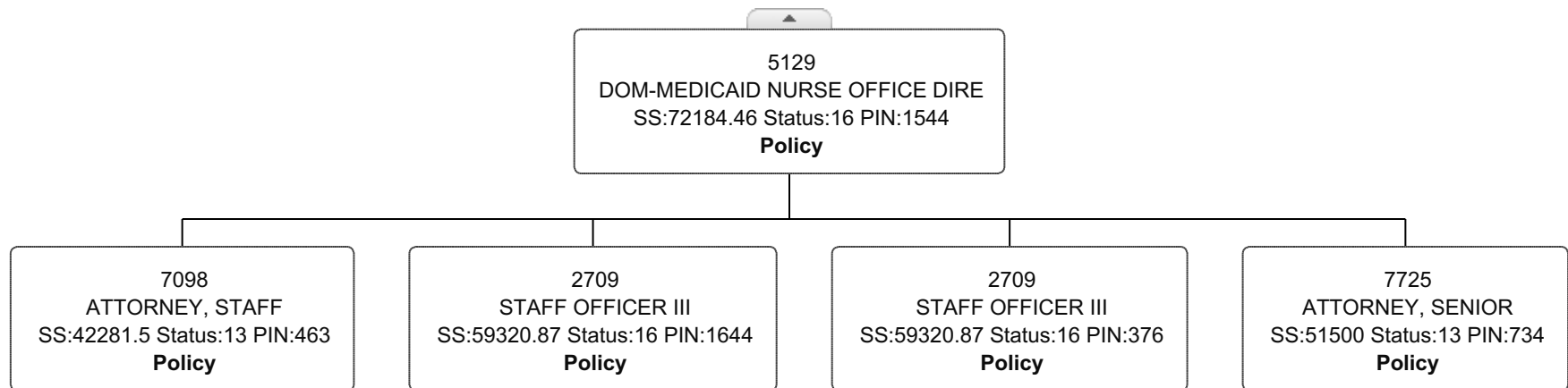


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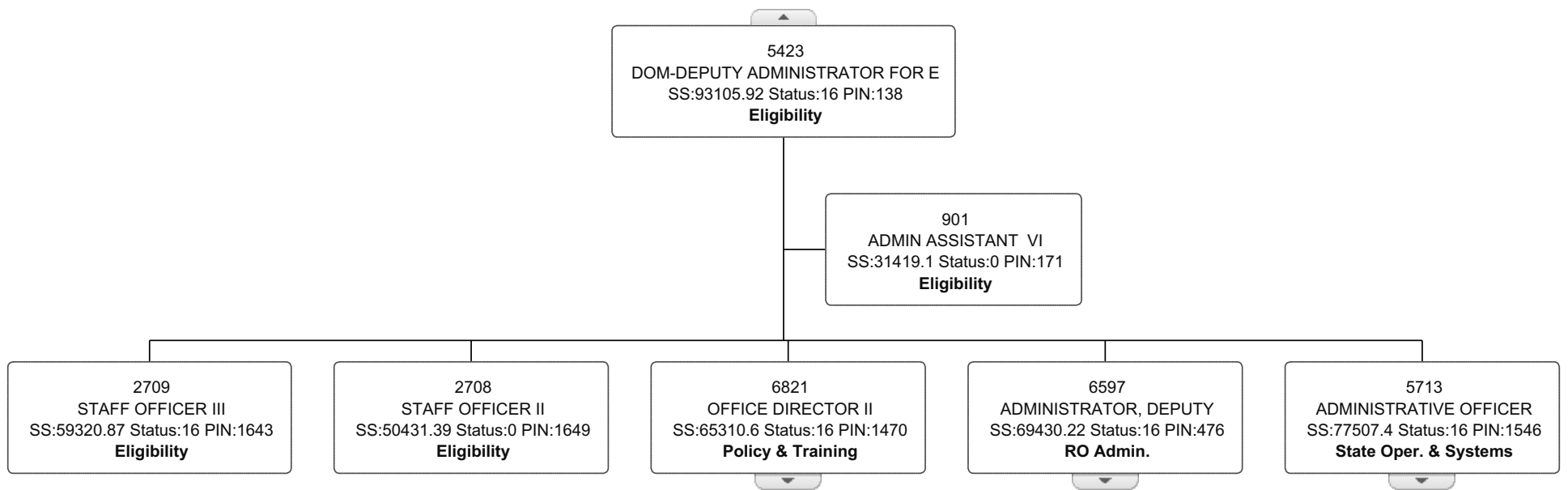


Pharmacy

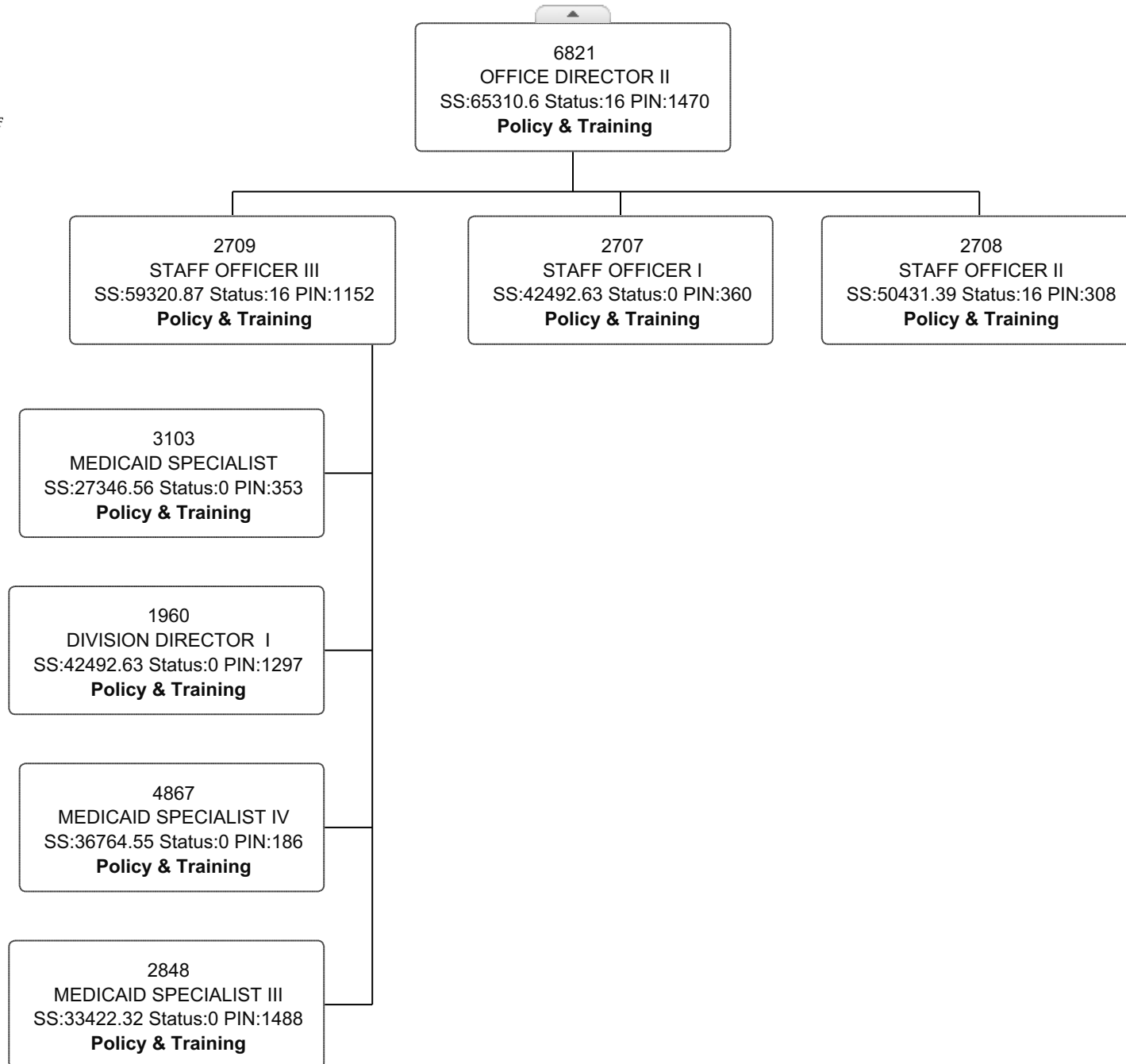
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Policy



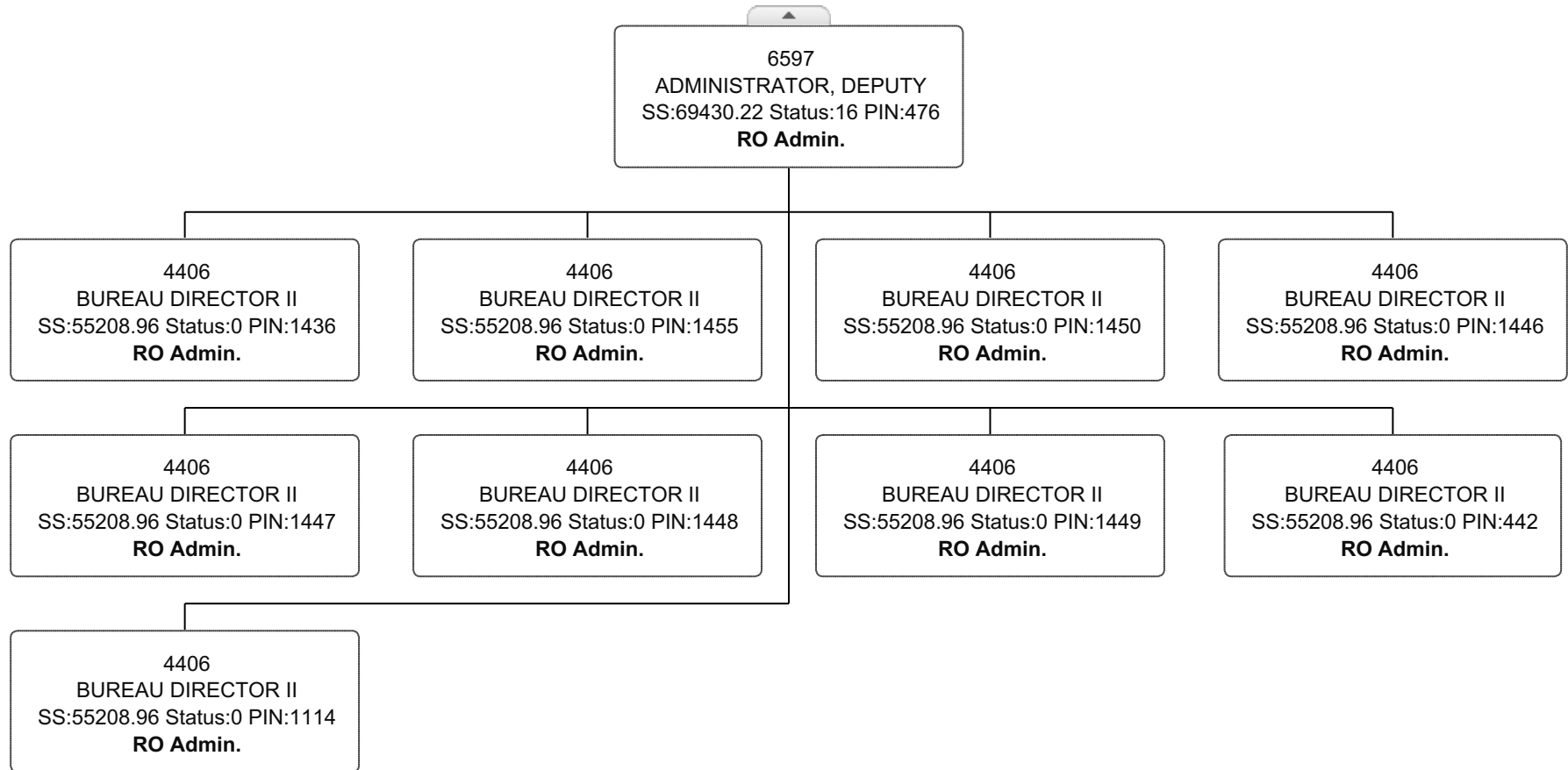
Eligibility



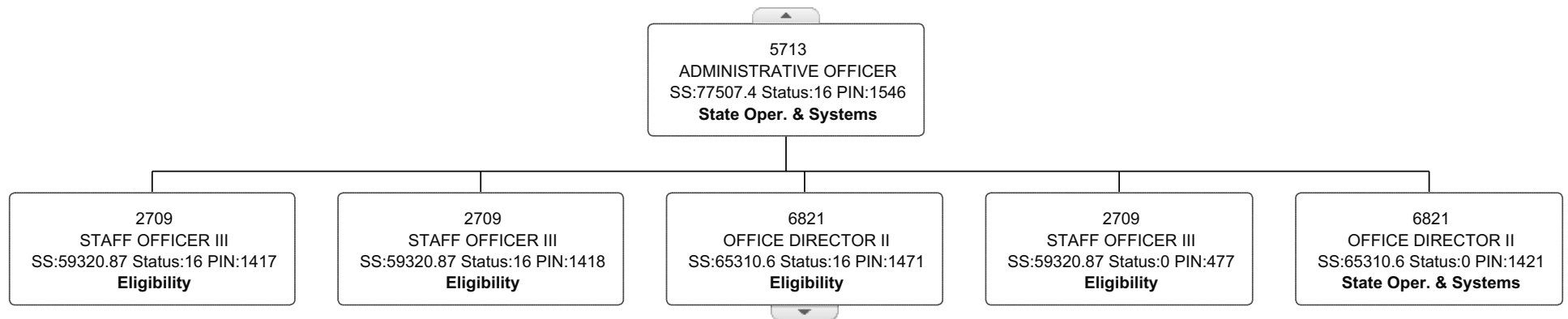
Policy & Training



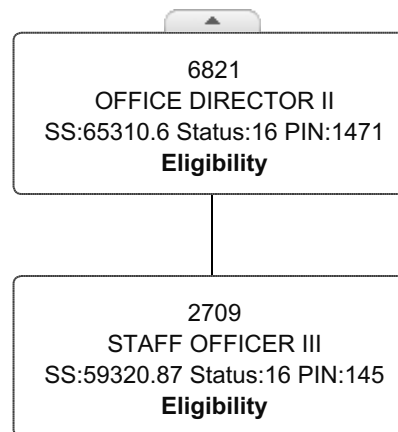
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RO Admin.



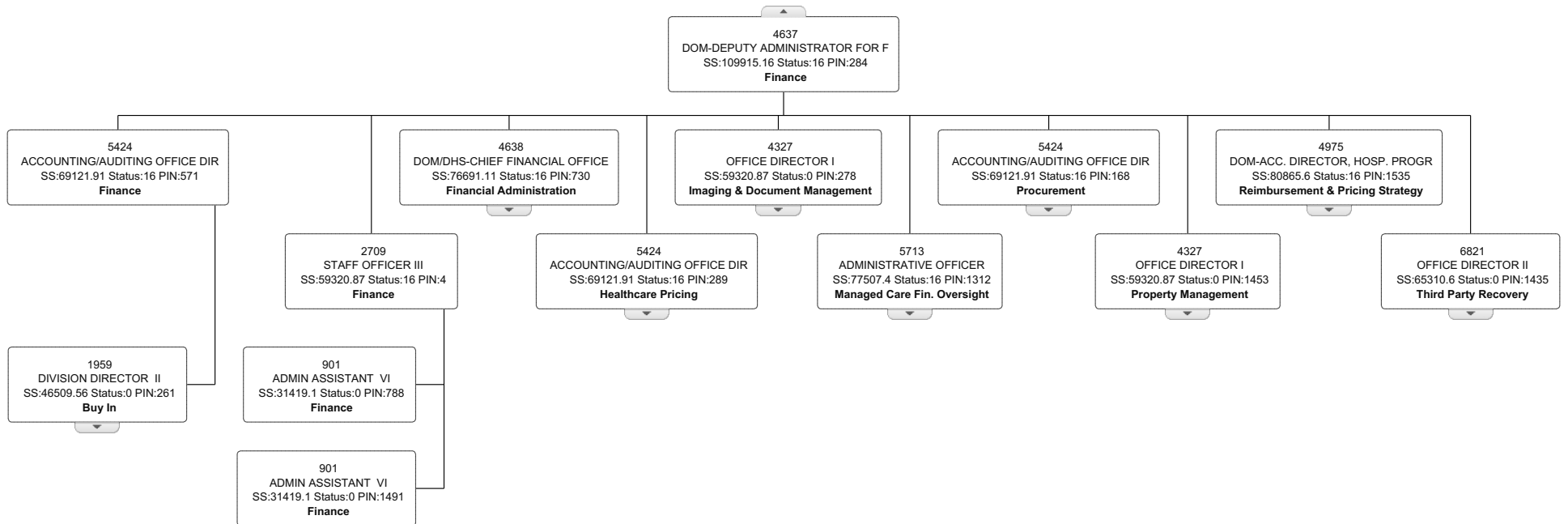
State Oper. & Systems



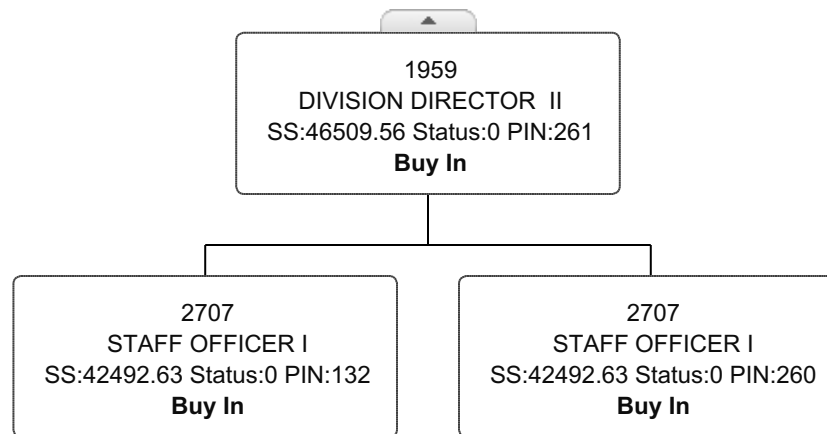
Eligibility



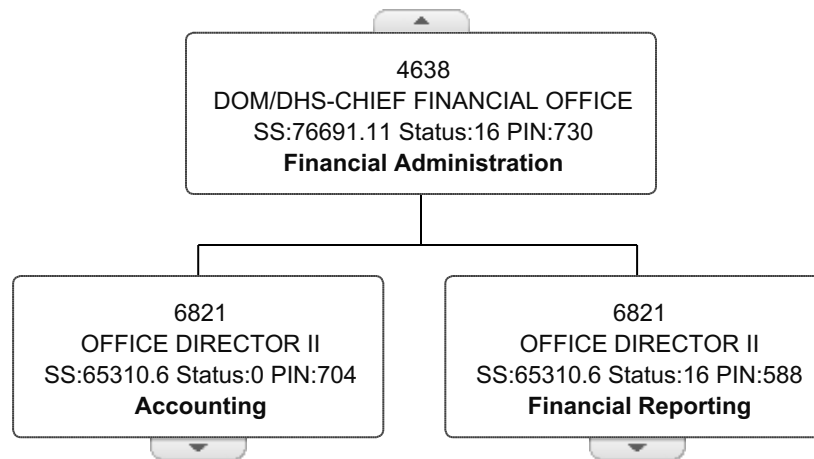
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Finance



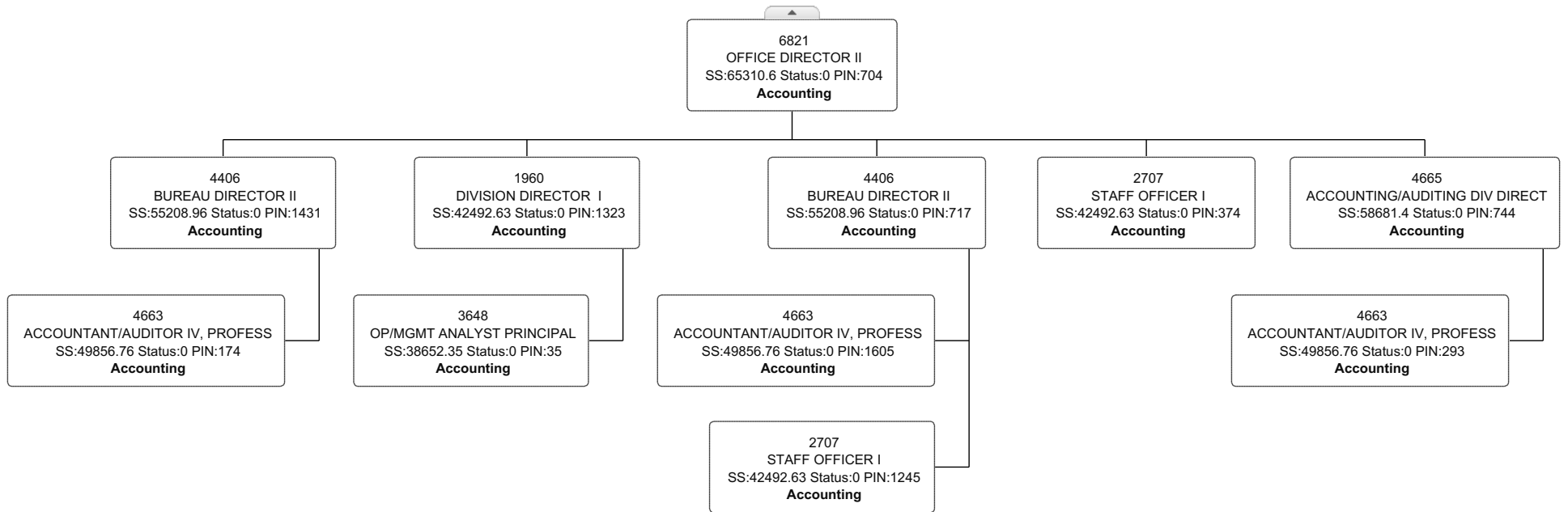
Buy In



Financial Administration

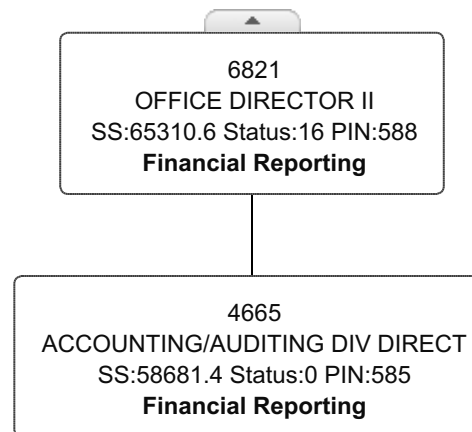


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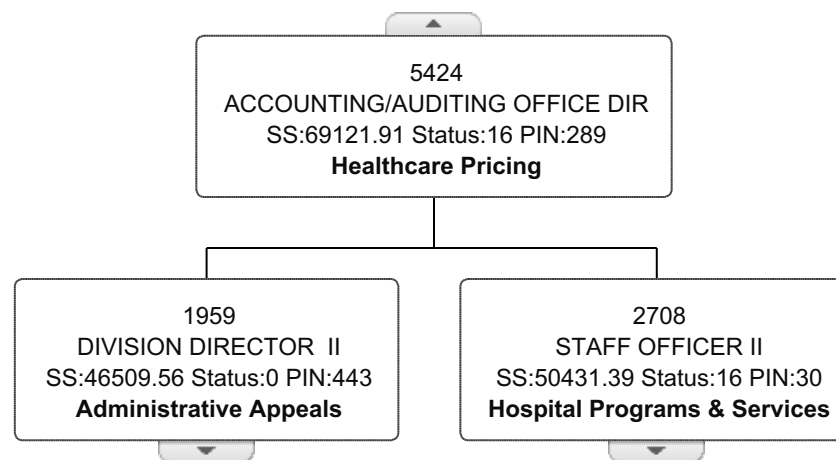


Accounting

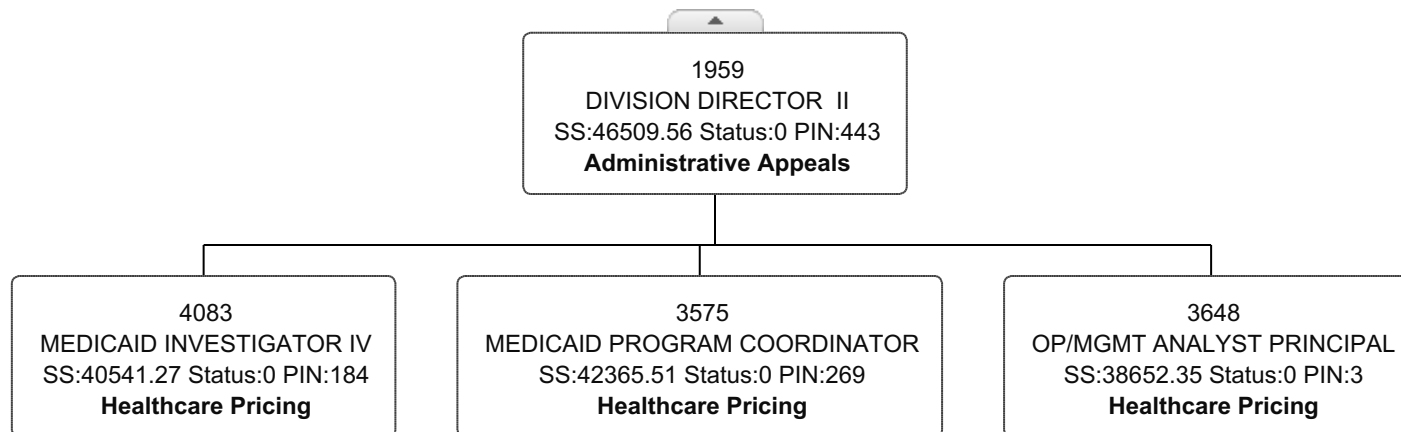
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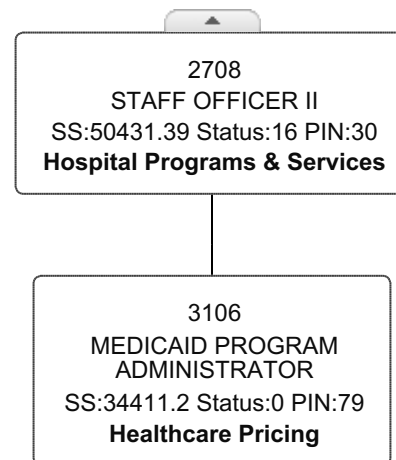
Financial Reporting

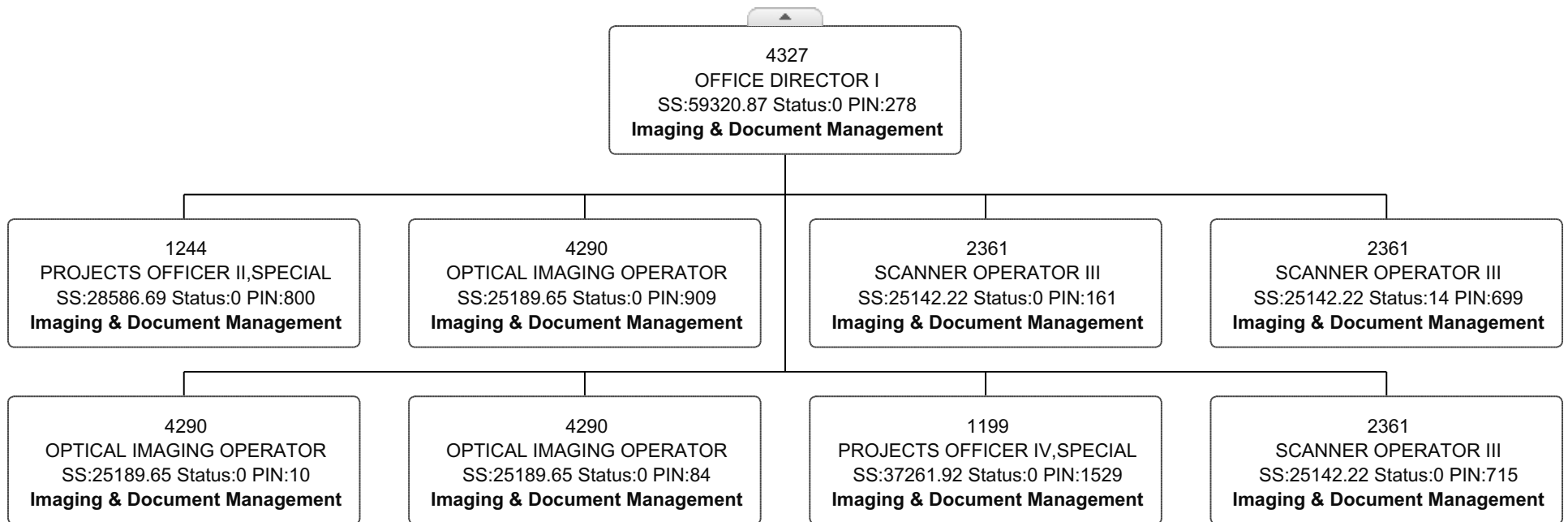


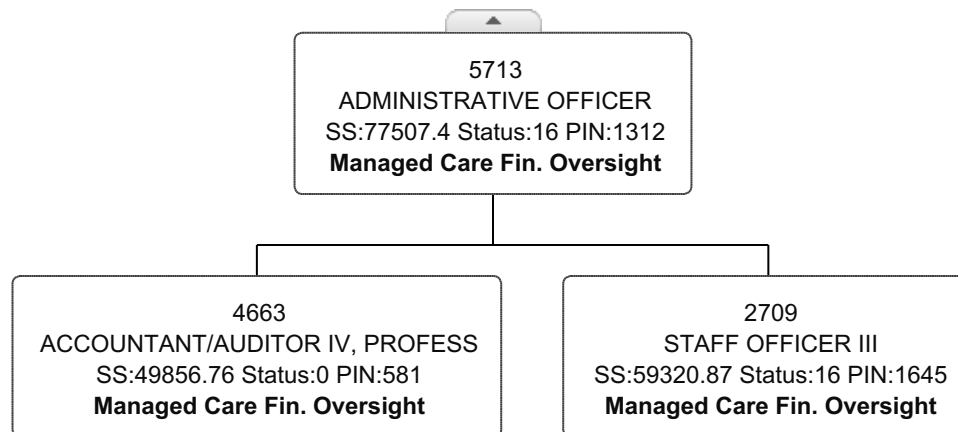
Healthcare Pricing



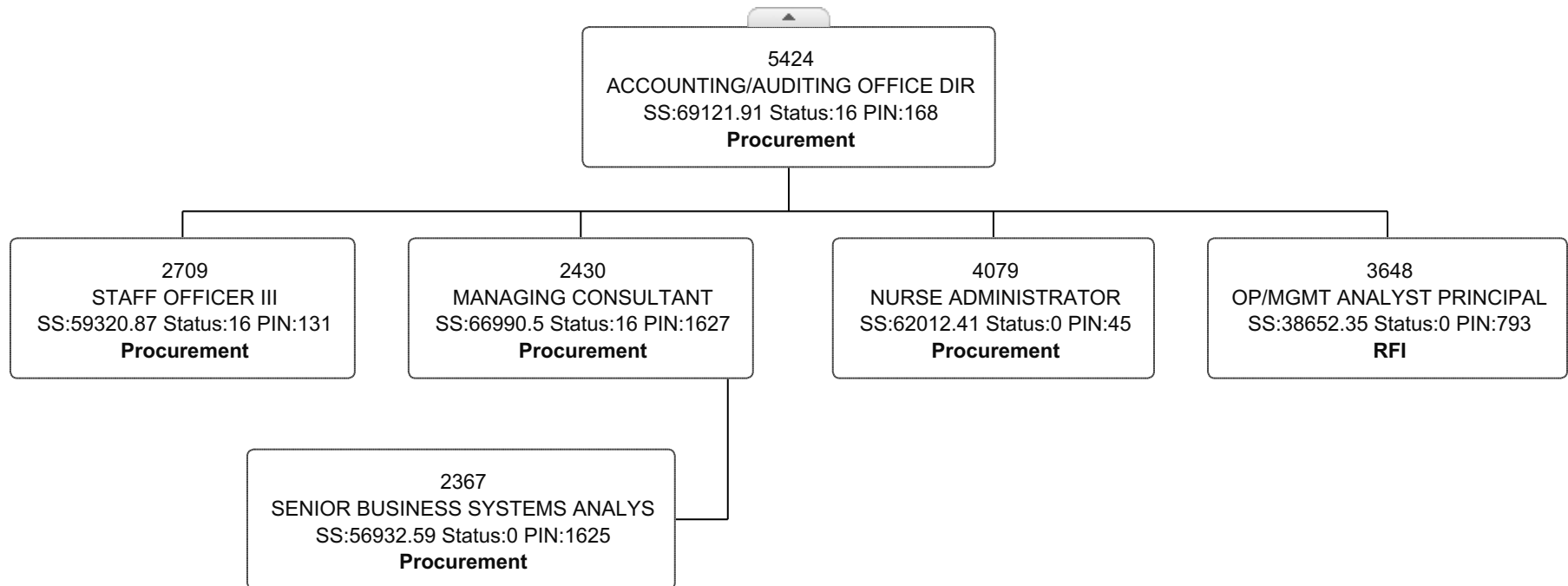
Administrative Appeals

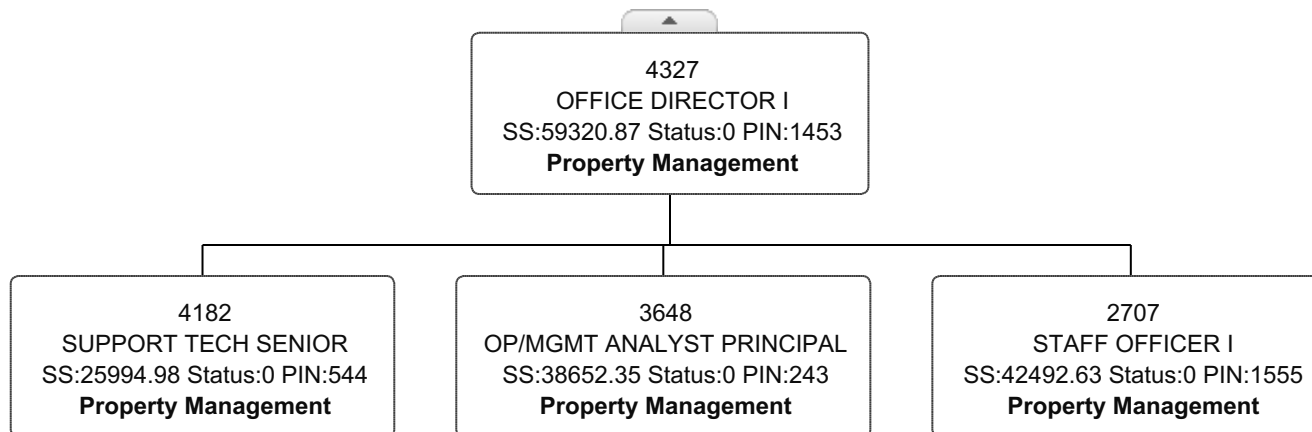




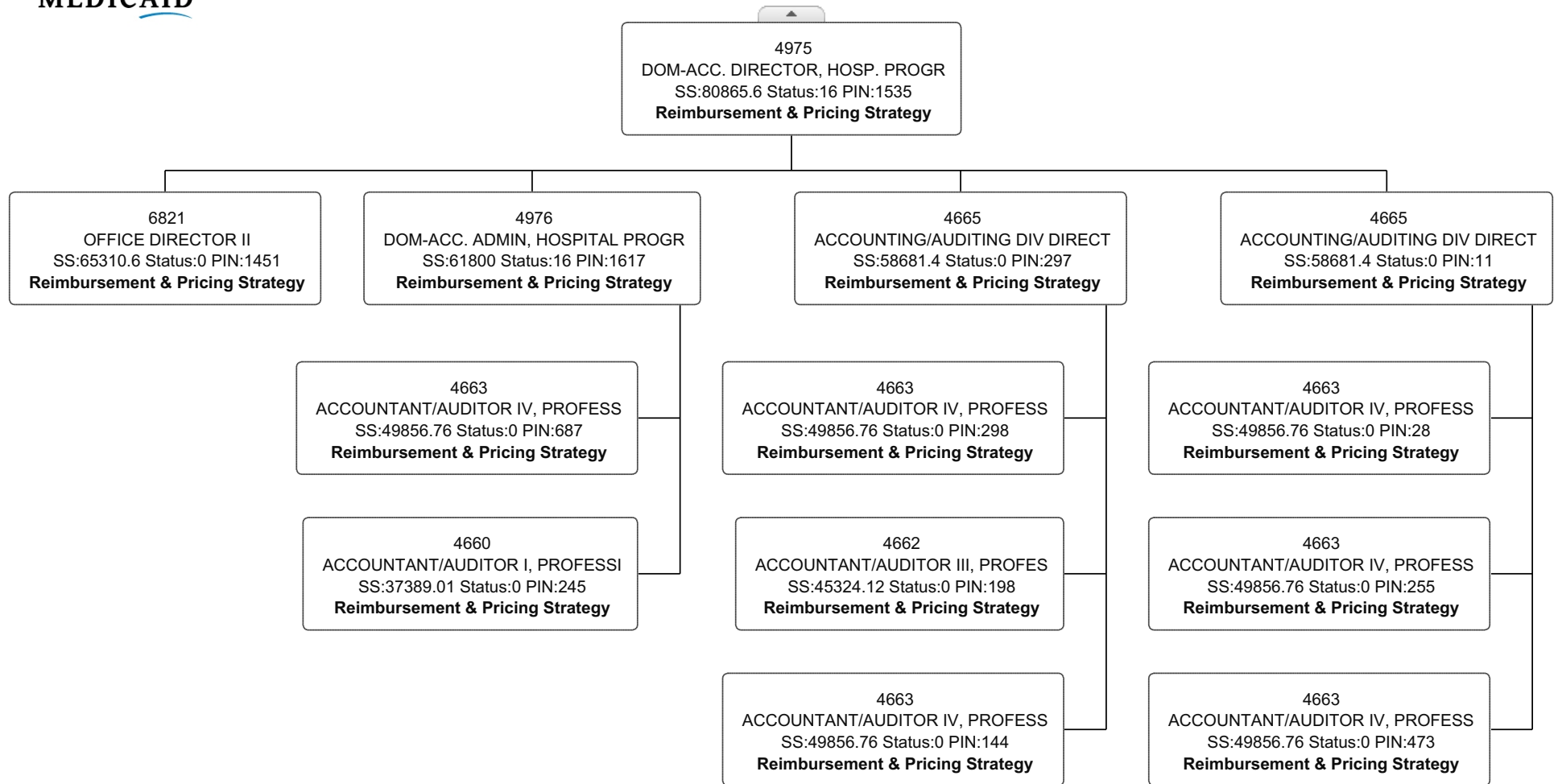


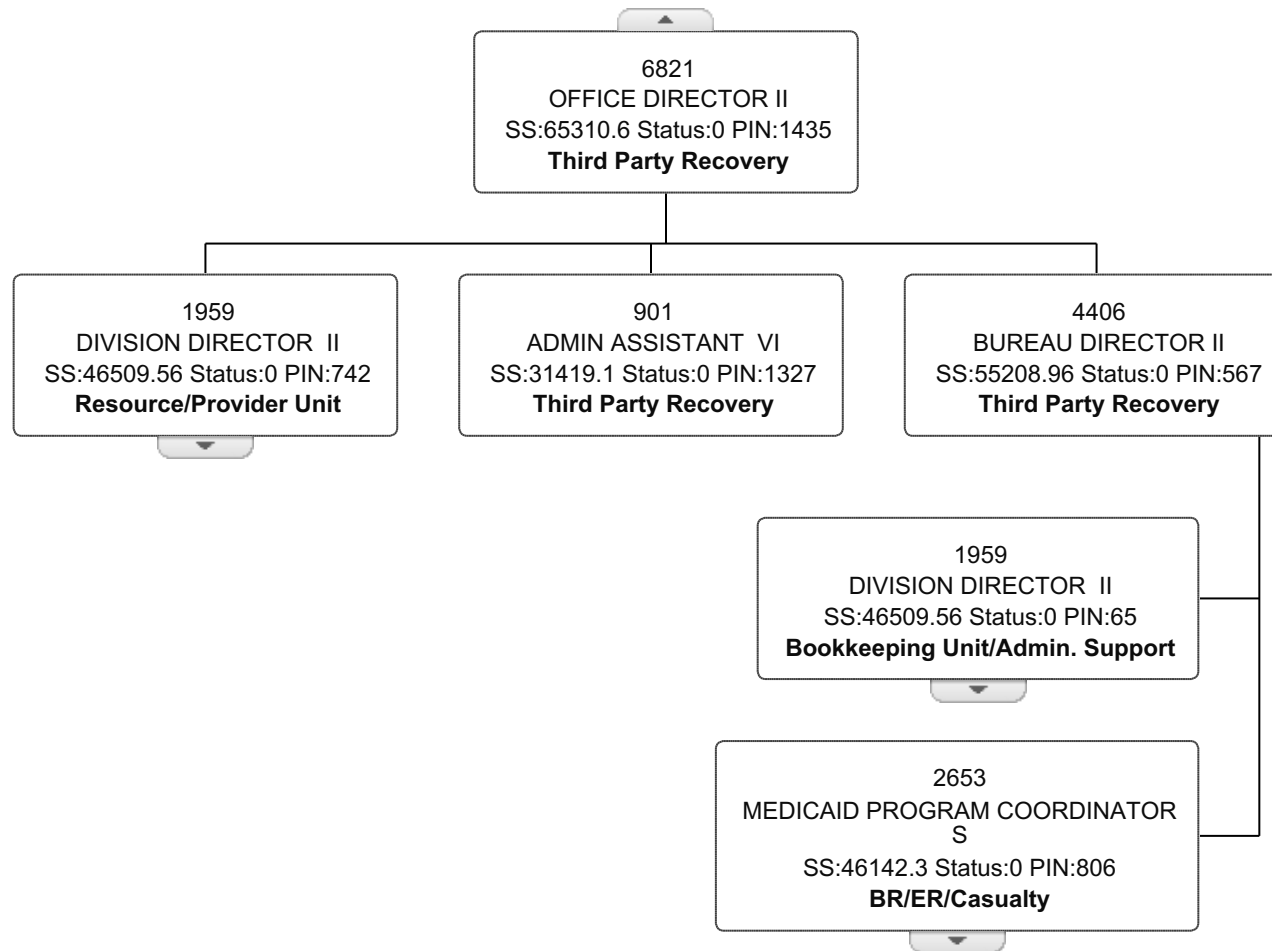
Managed Care Fin. Oversight



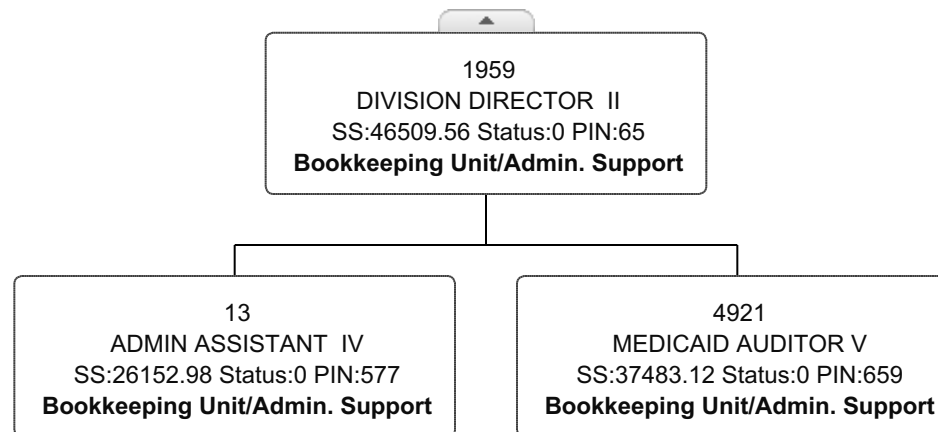


Property Management

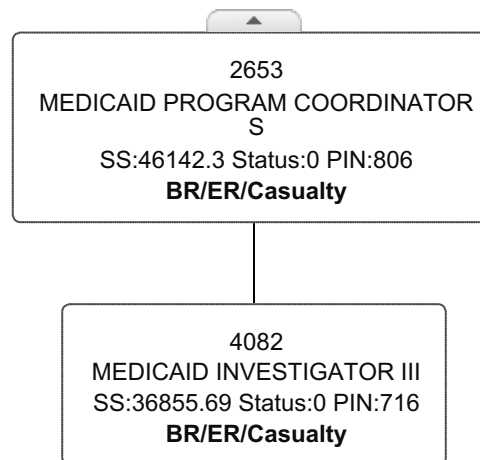




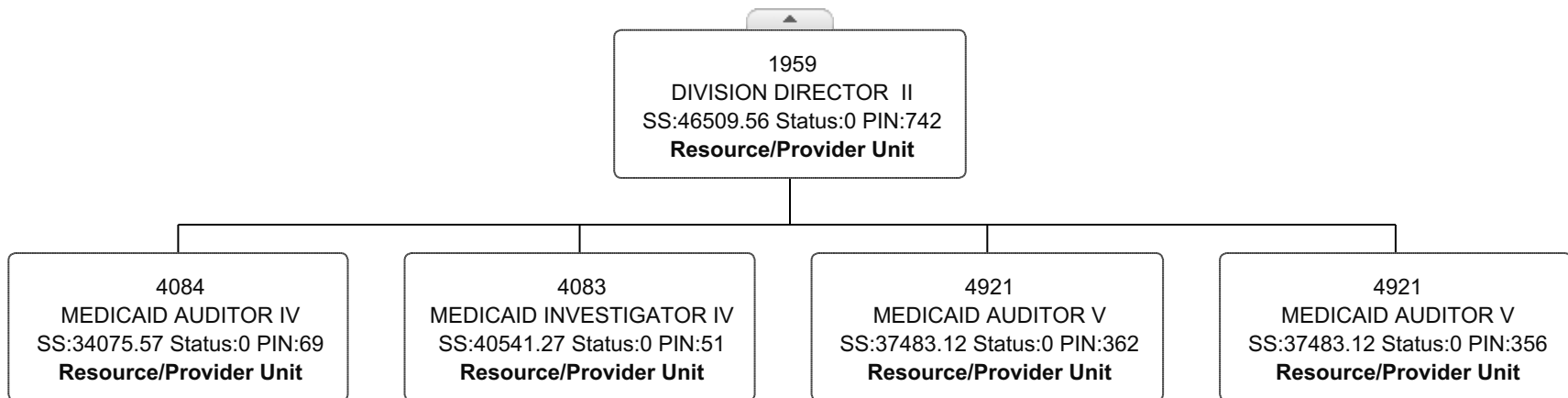
Third Party Recovery



Bookkeeping Unit/Admin. Support



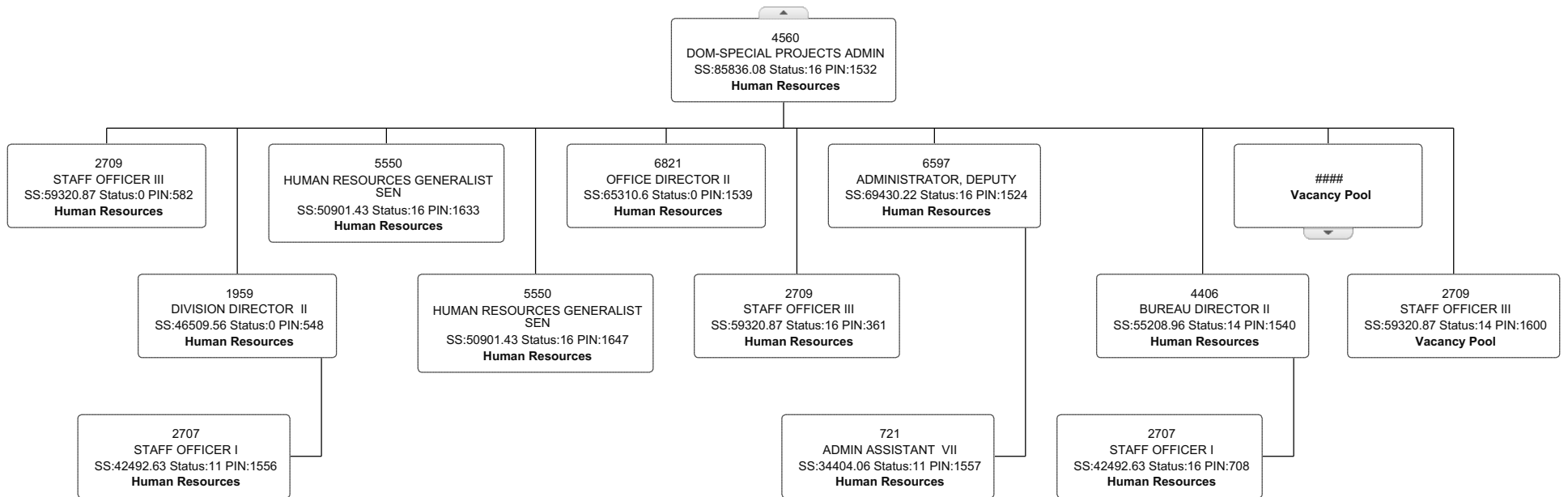
BR/ER/Casualty



Resource/Provider Unit

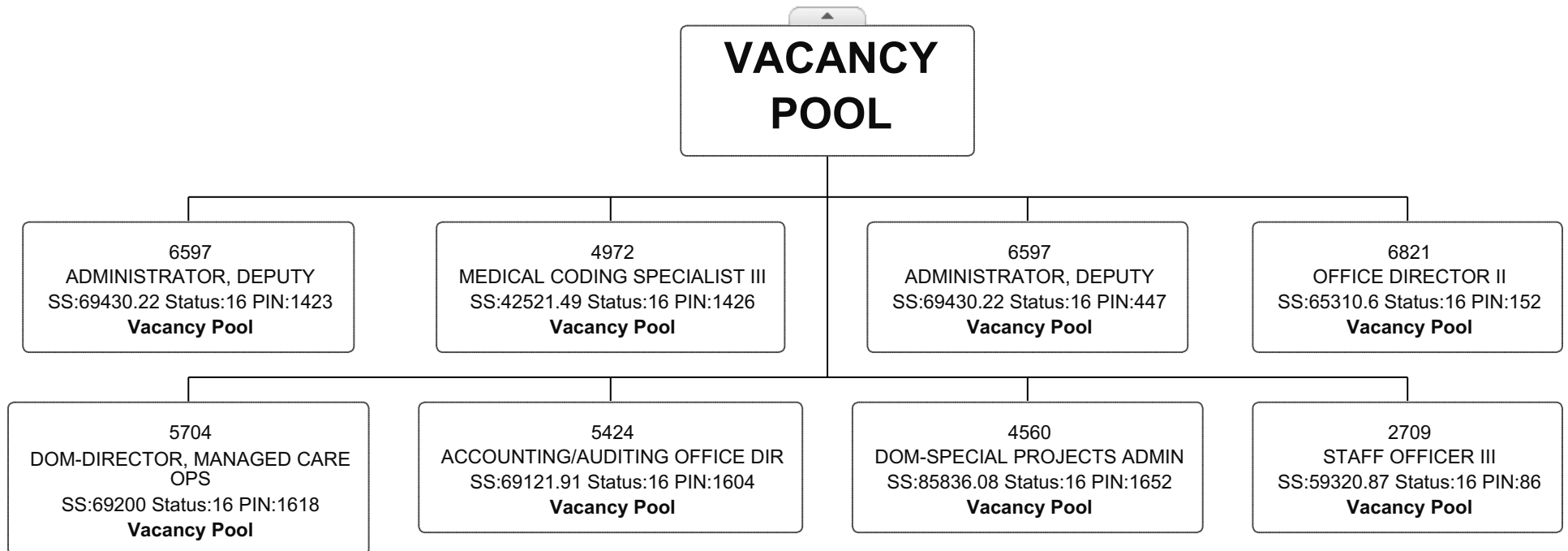


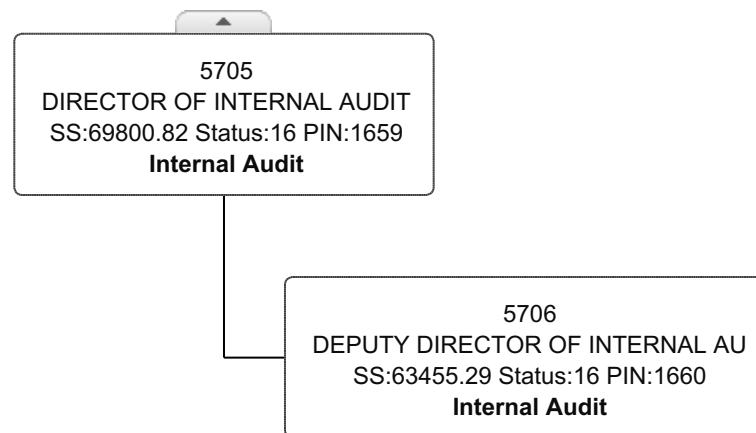
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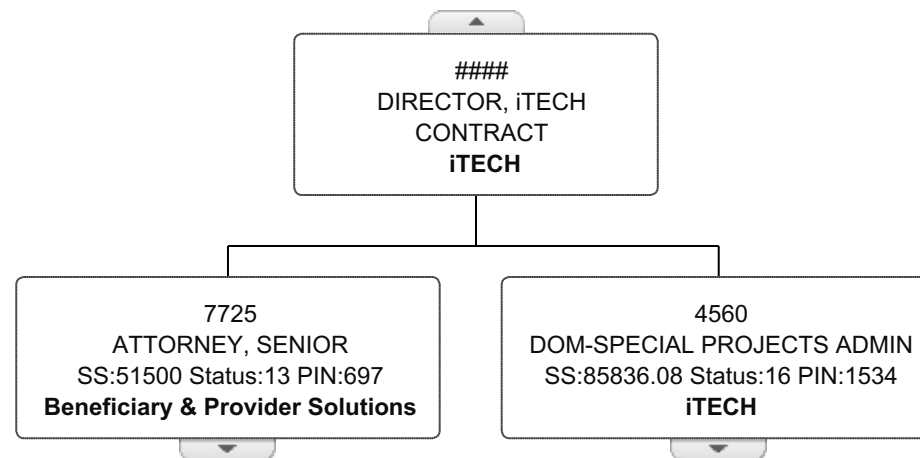
Human Resources

07/23/2021

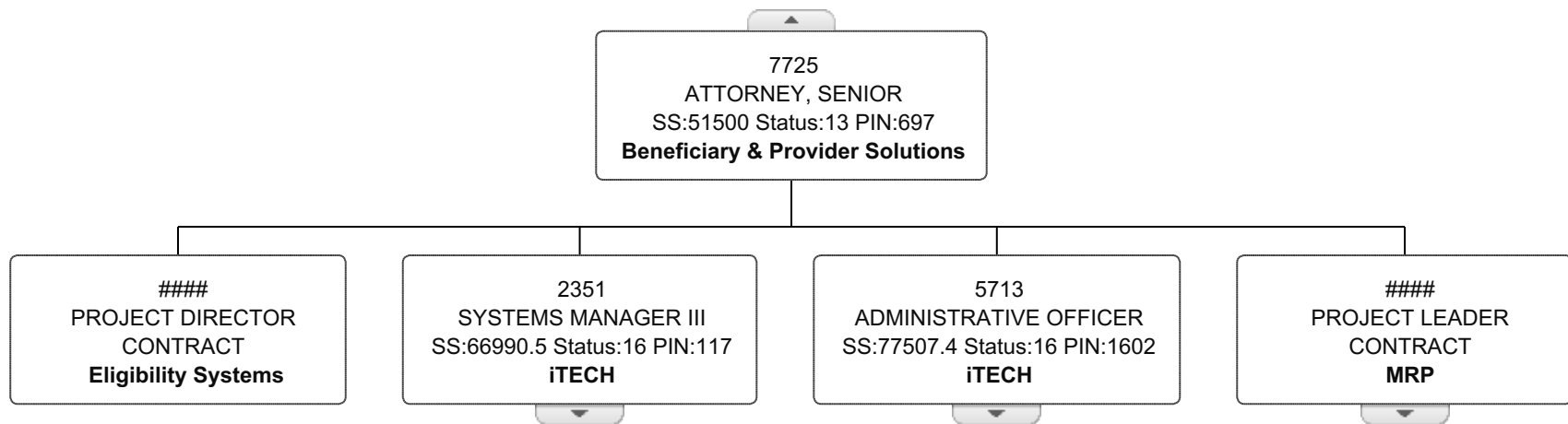




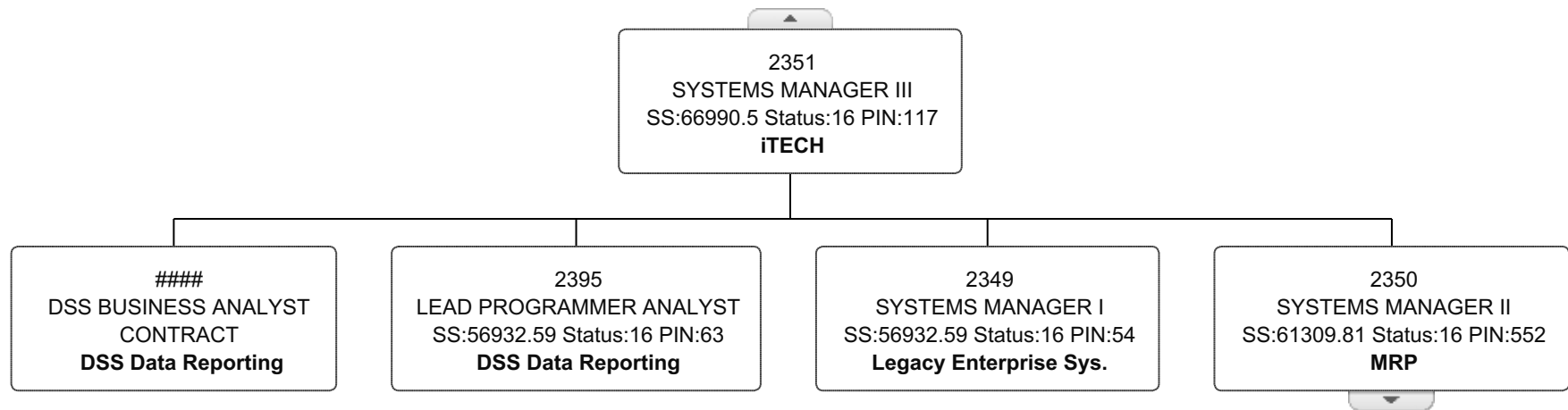
Internal Audit

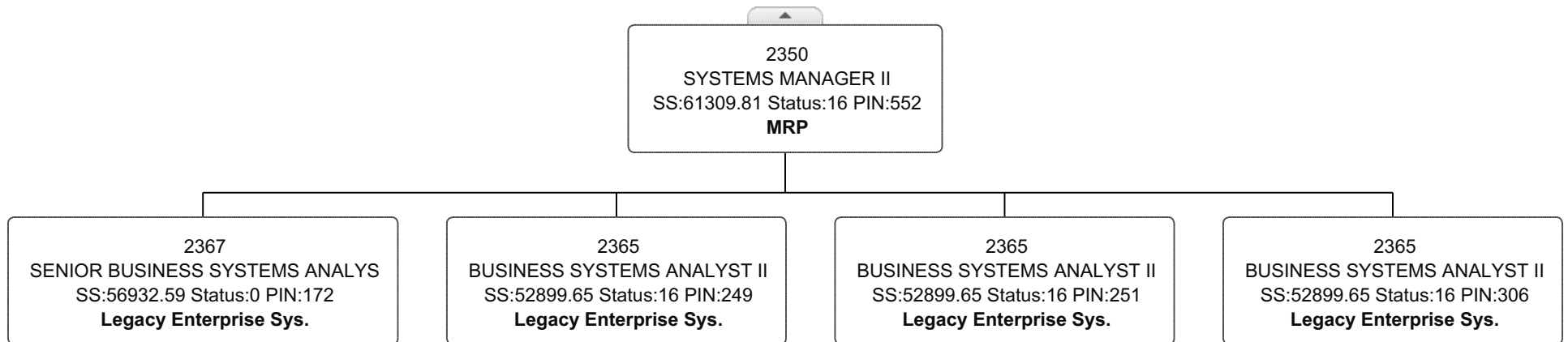


iTECH

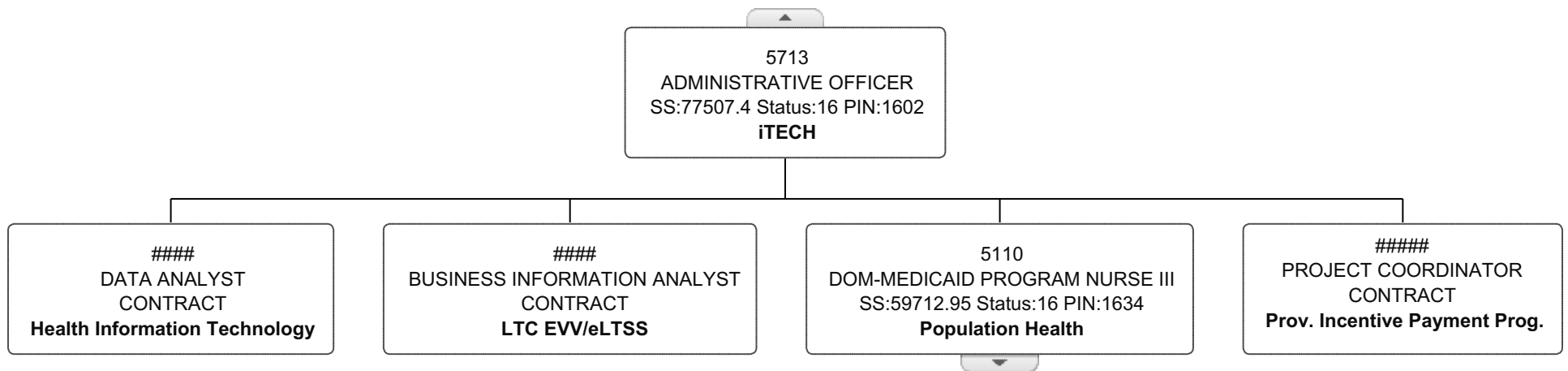


Beneficiary & Provider Solutions

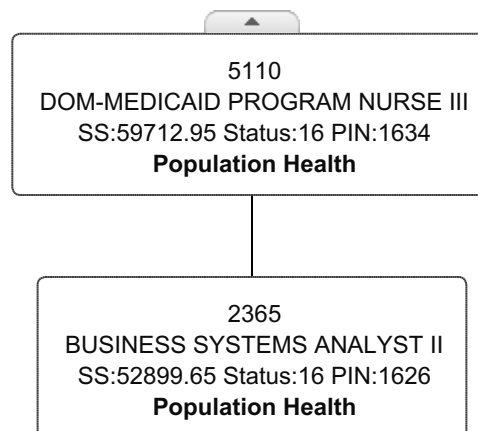




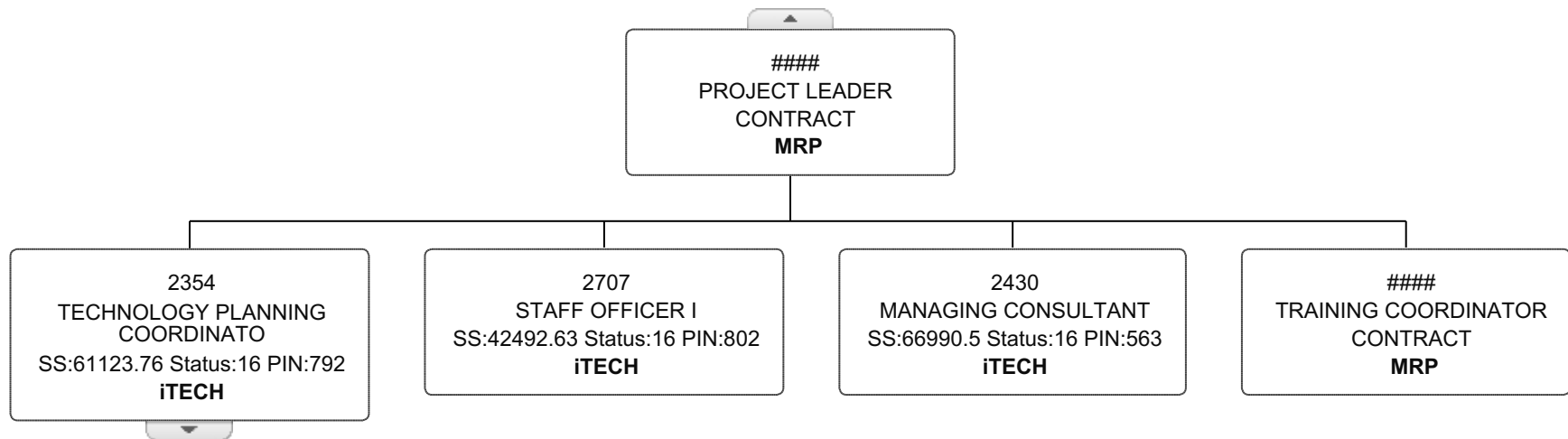
MRP

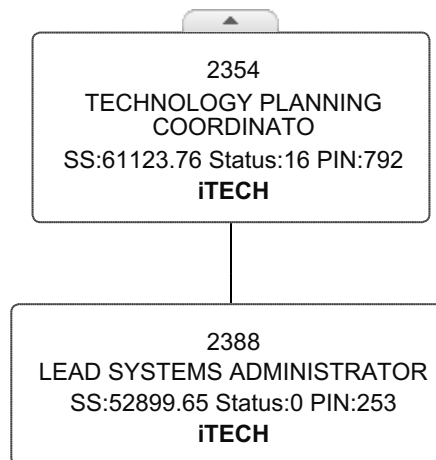


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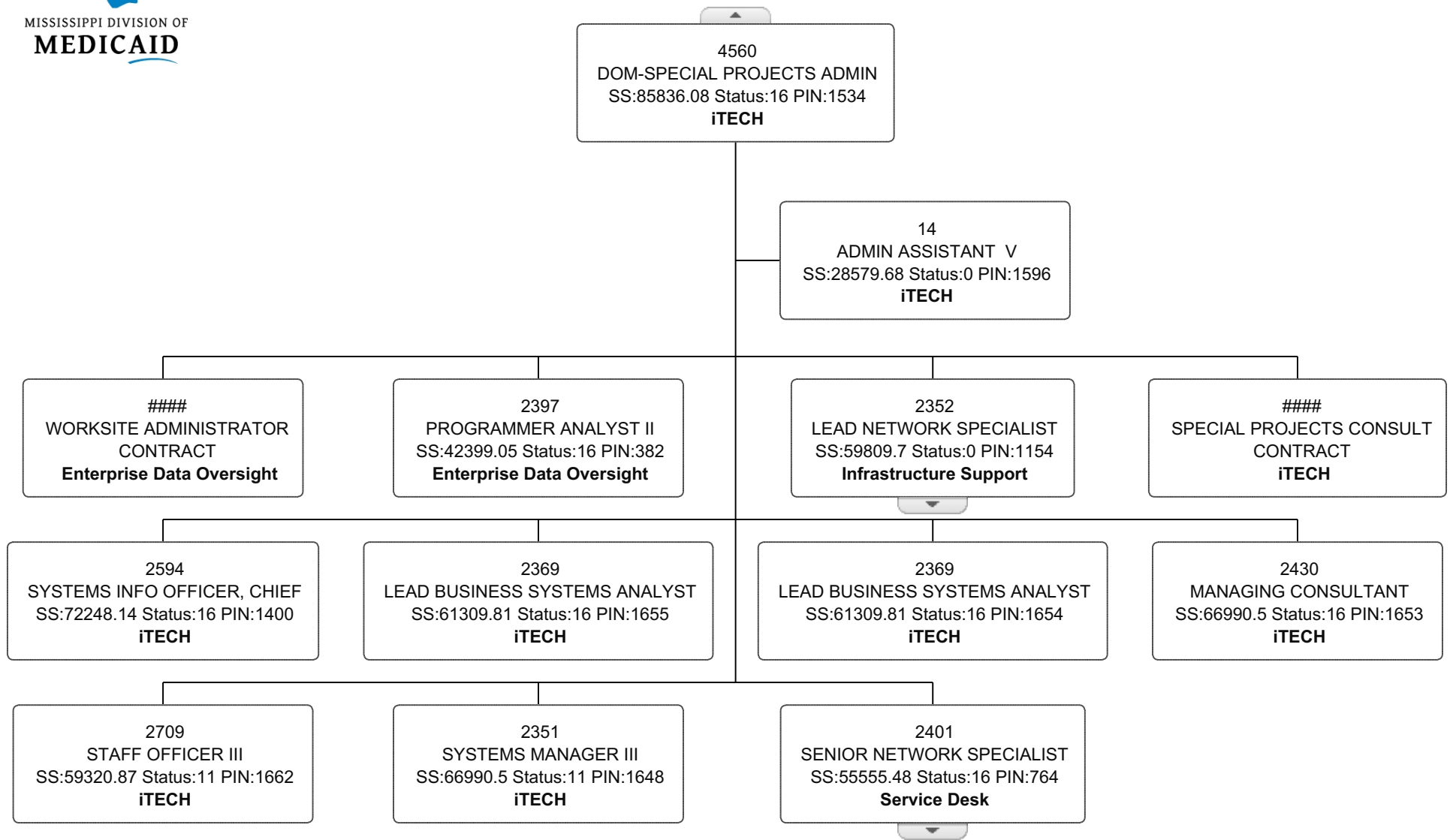


Population Health





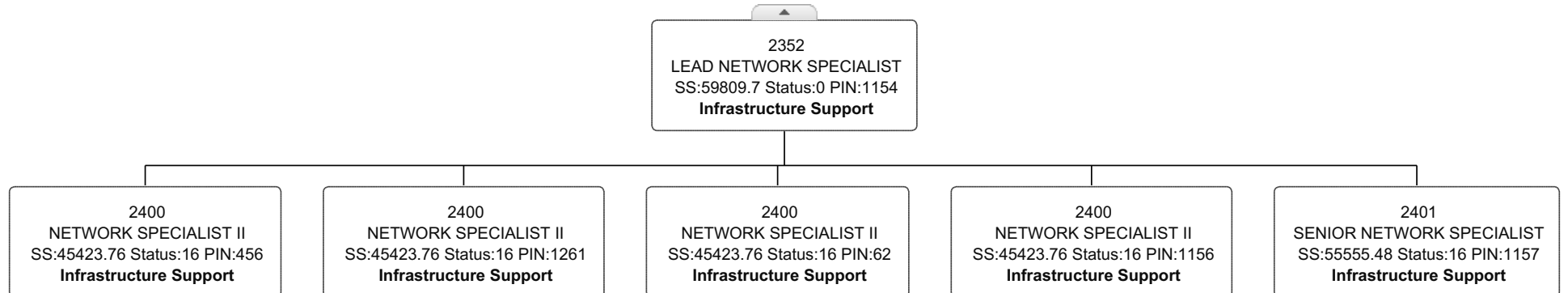
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iTECH



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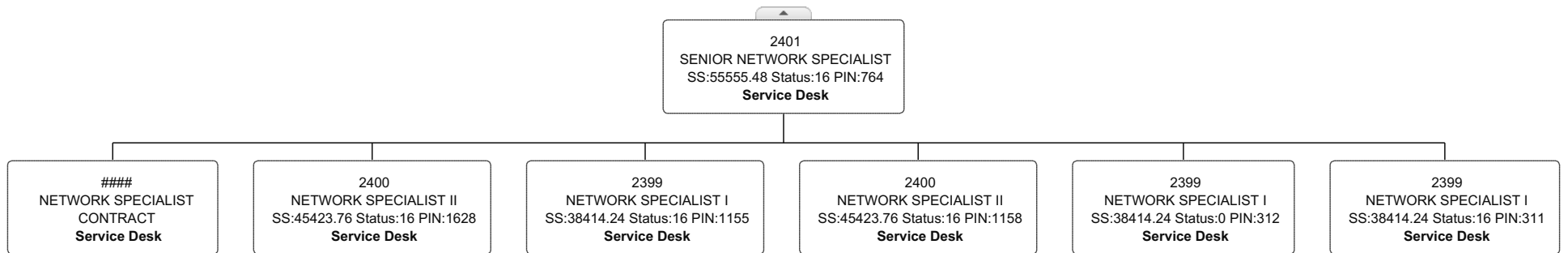


Infrastructure Support

07/23/2021



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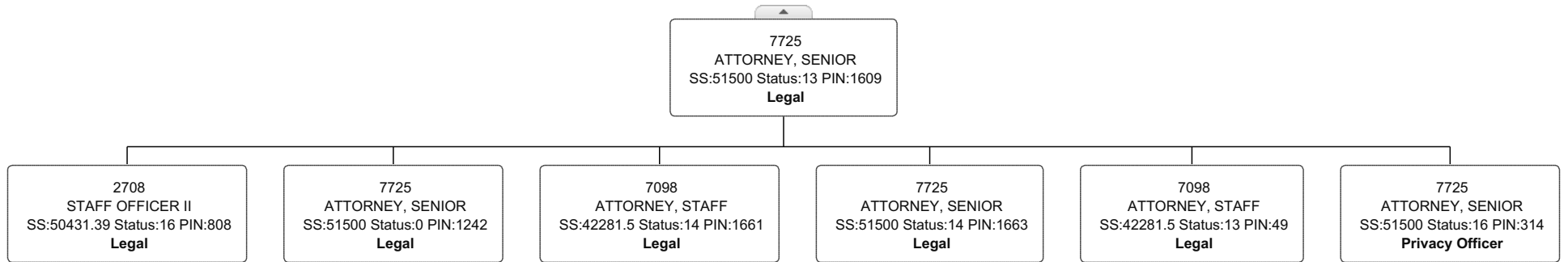


Service Desk

07/23/2021



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MEDICAID



Legal

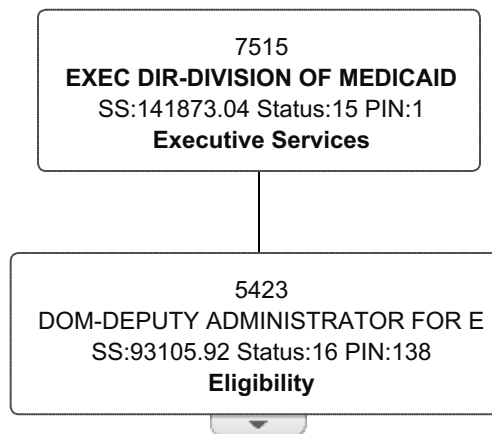
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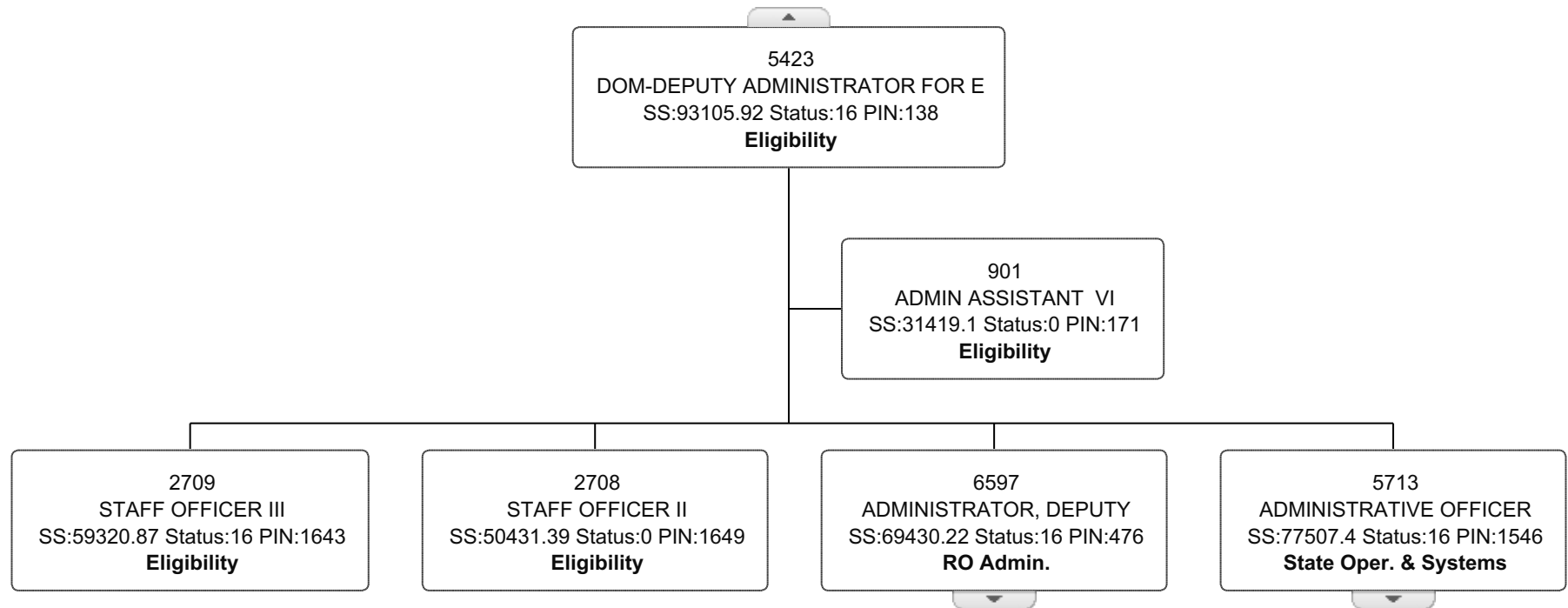
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Regional Offices: SFY23



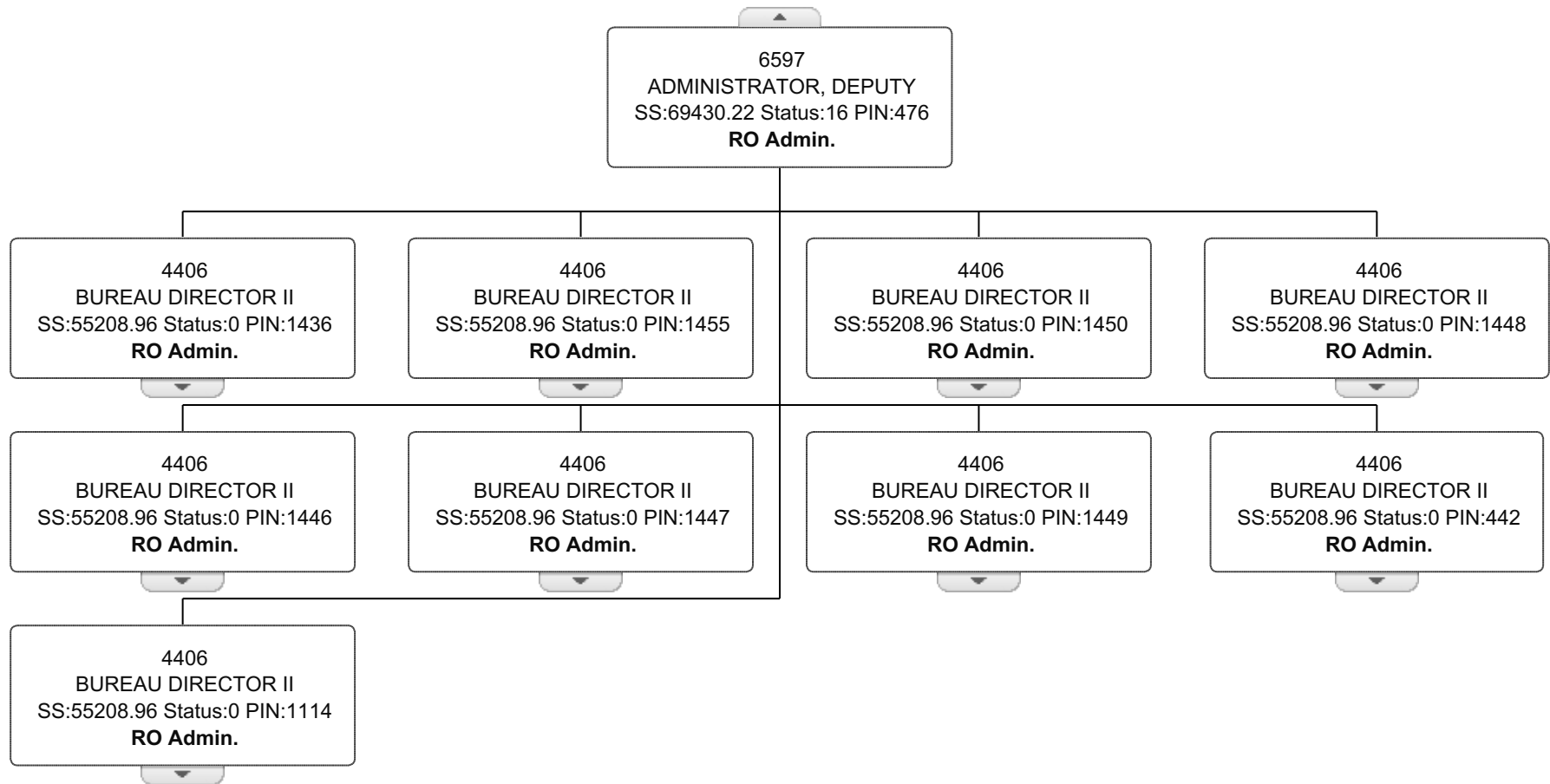
Executive Services



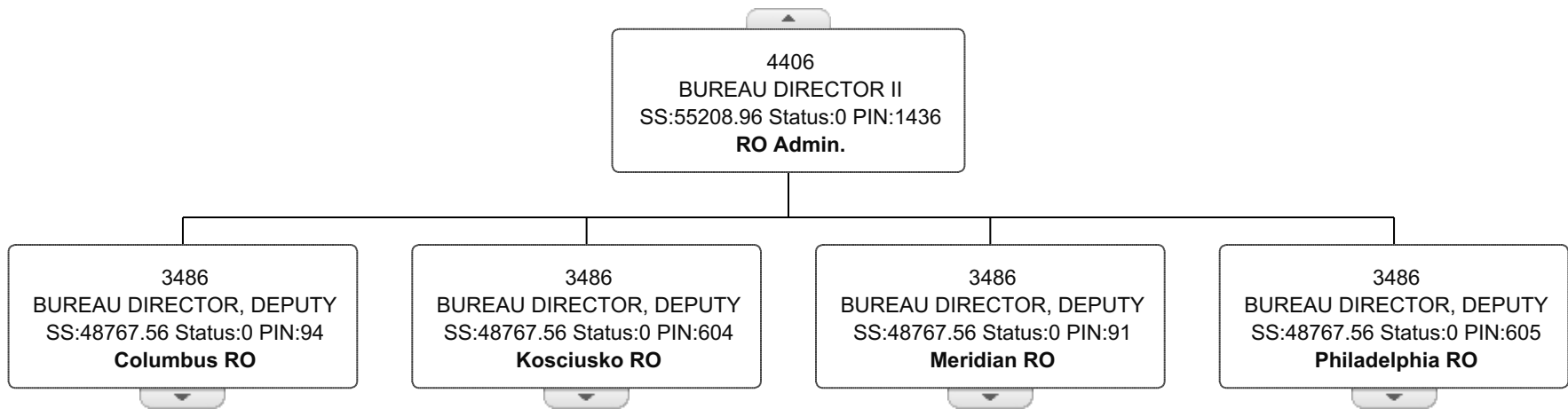
Eligibility



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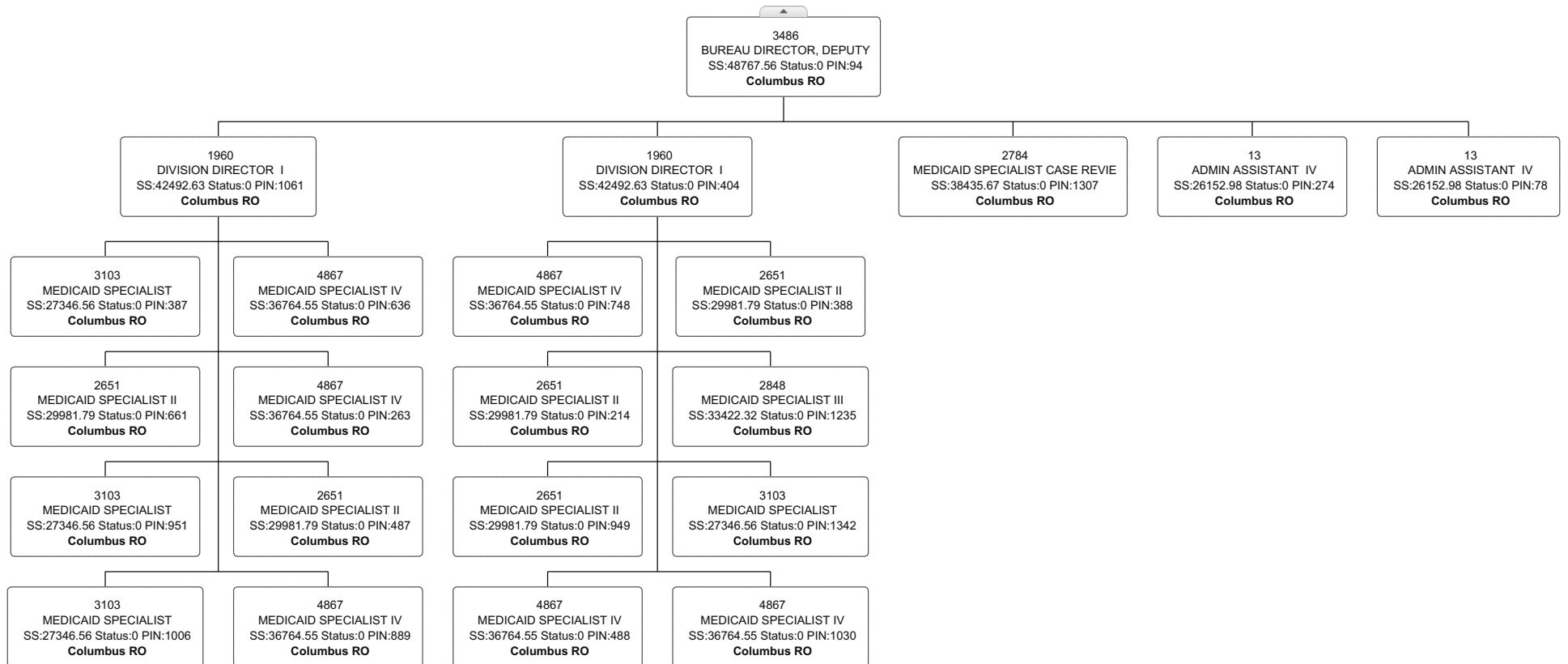
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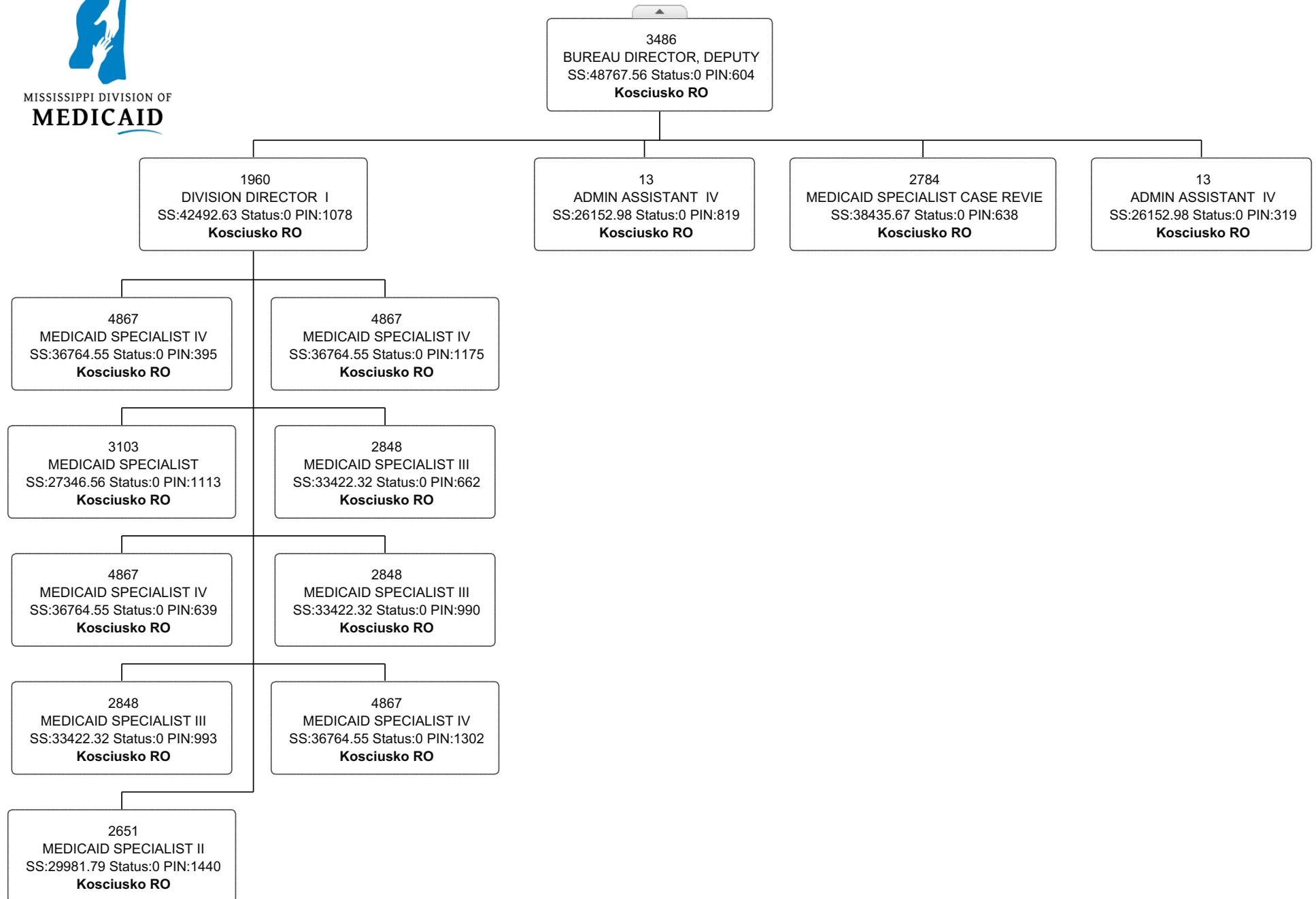
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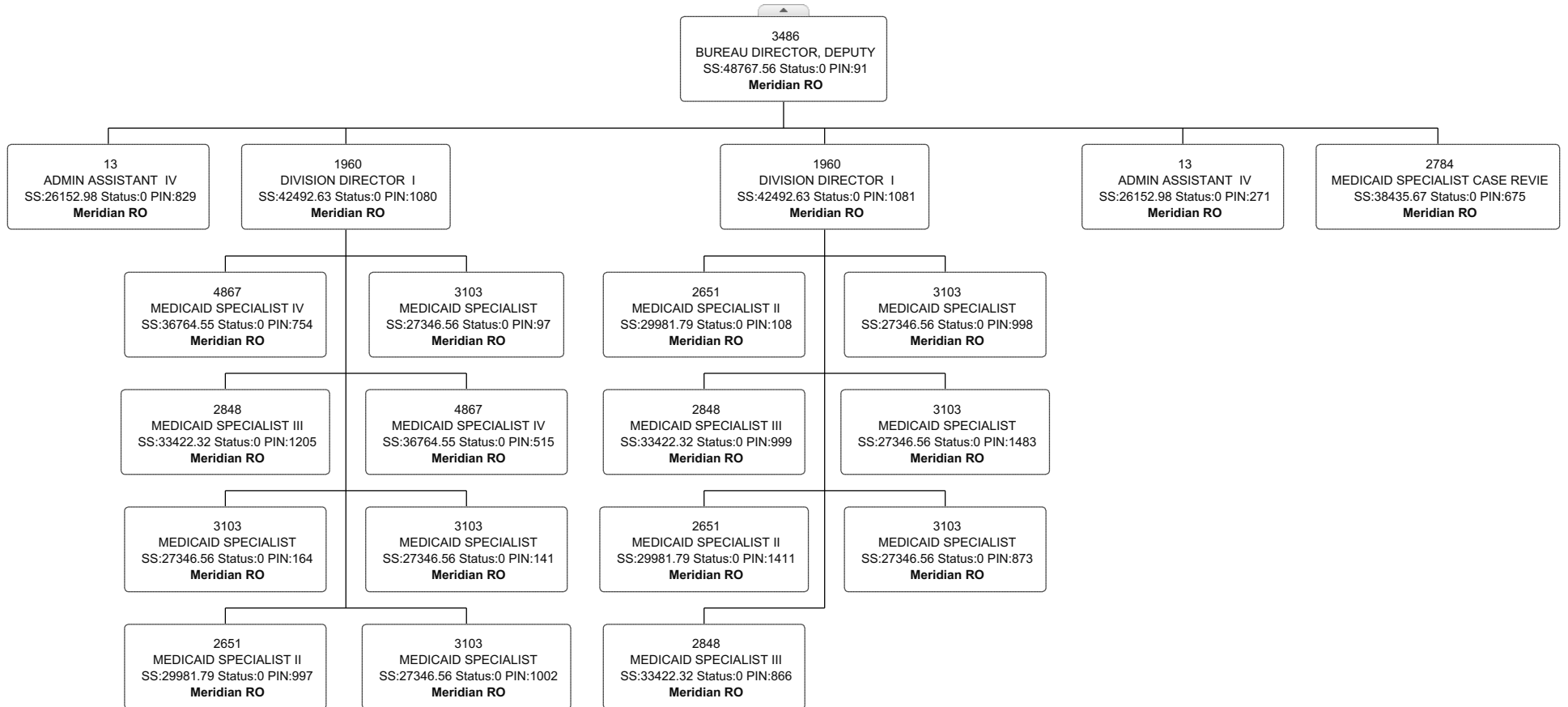
Columbus RO



Kosciusko RO



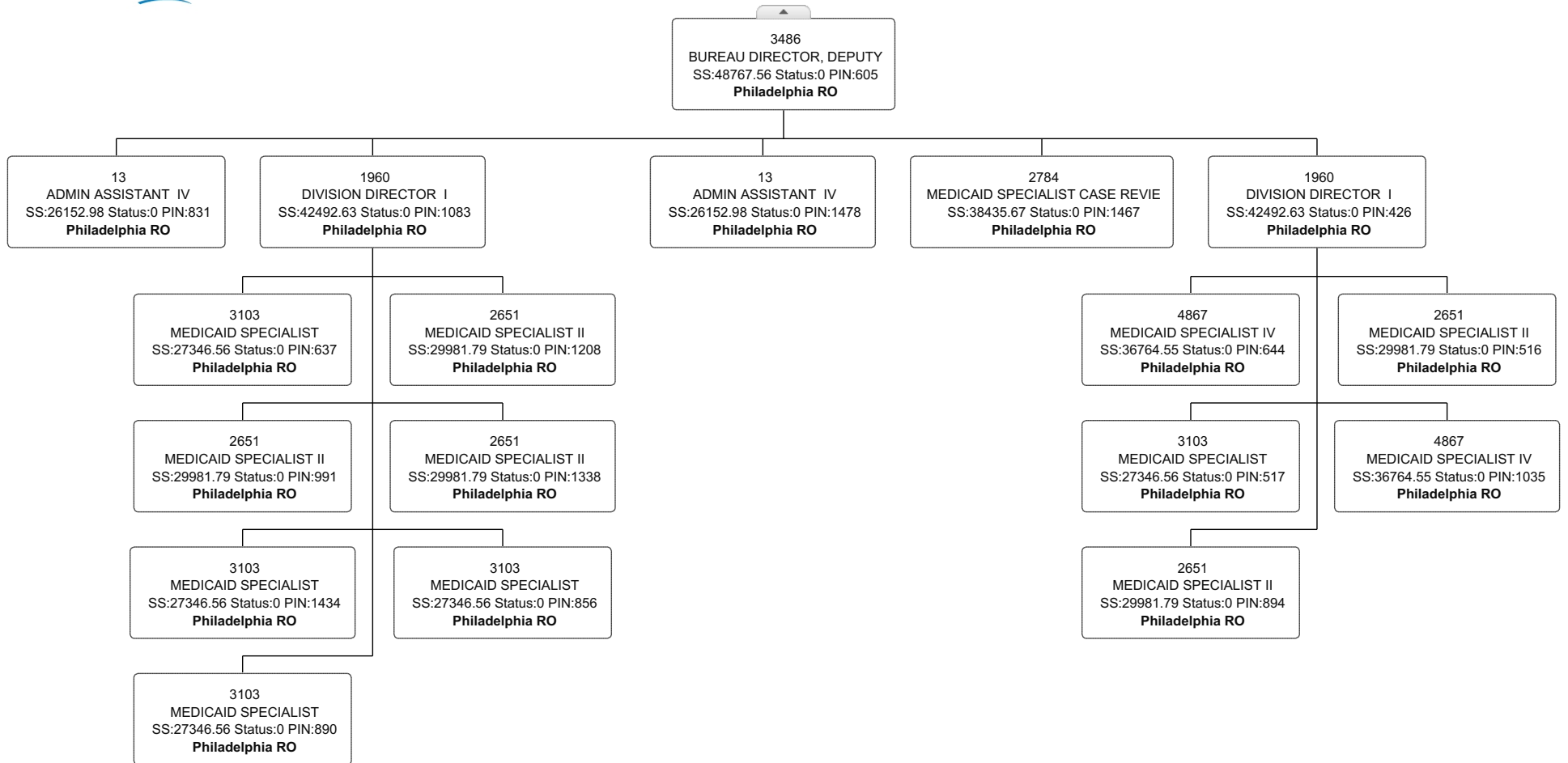
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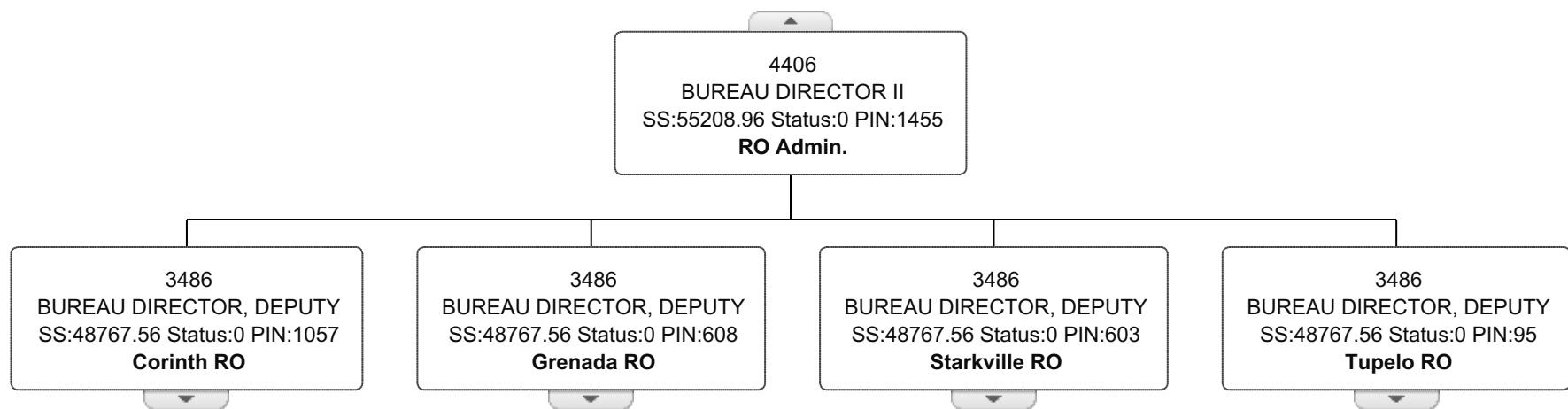
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MISSISSIPPI DIVISION OF
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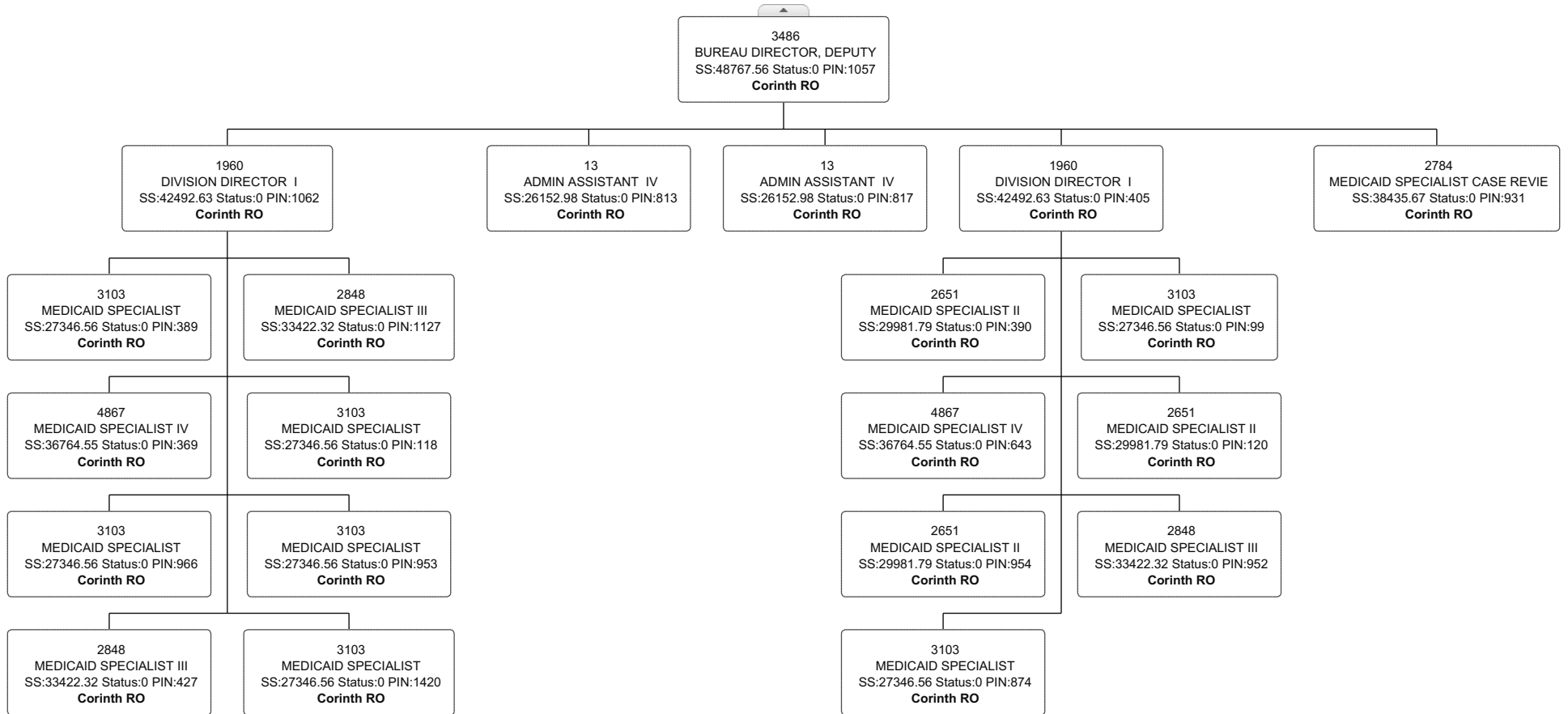
Philadelphia RO



RO Admin.



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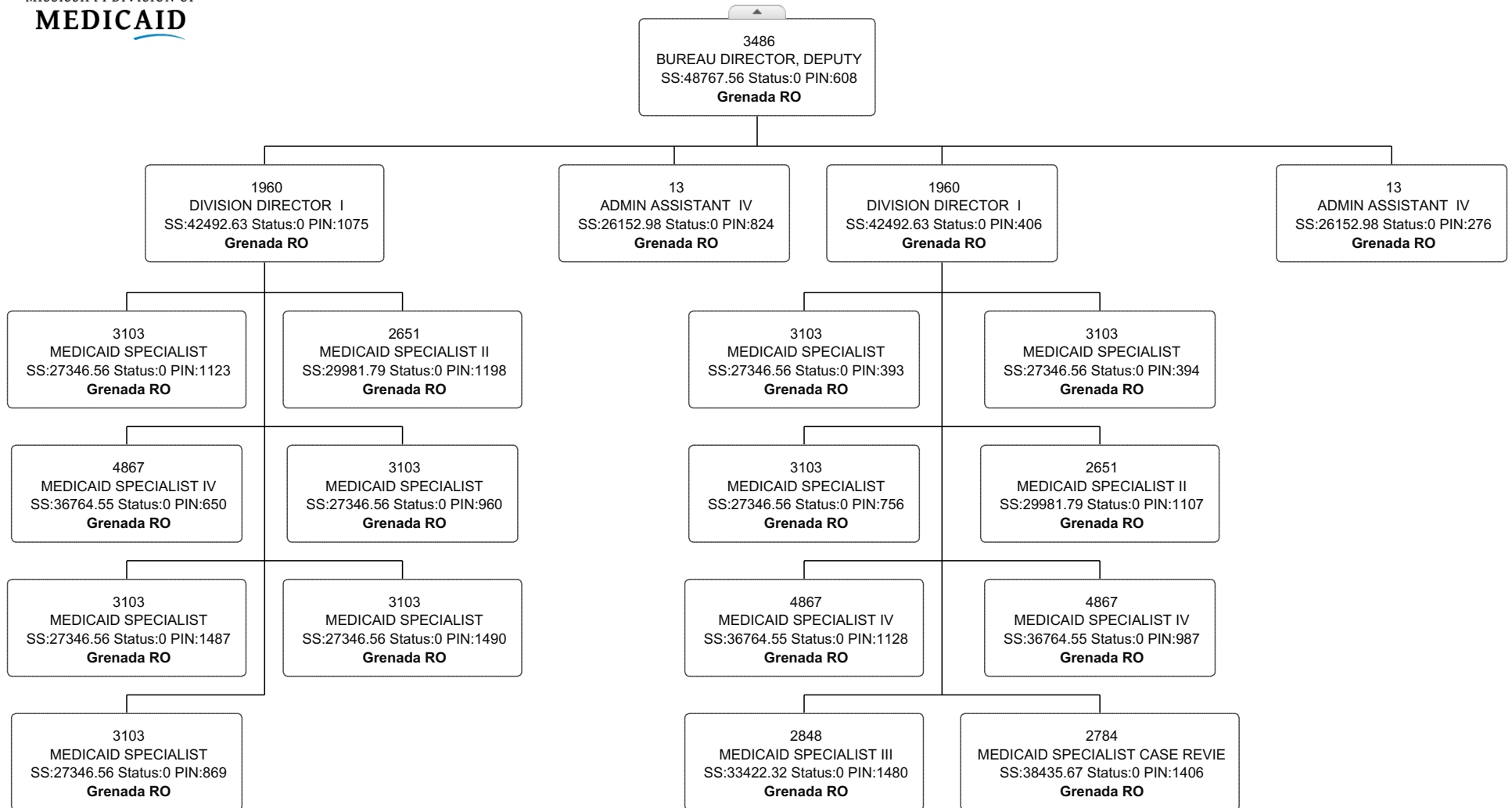


Corinth RO

07/23/2021



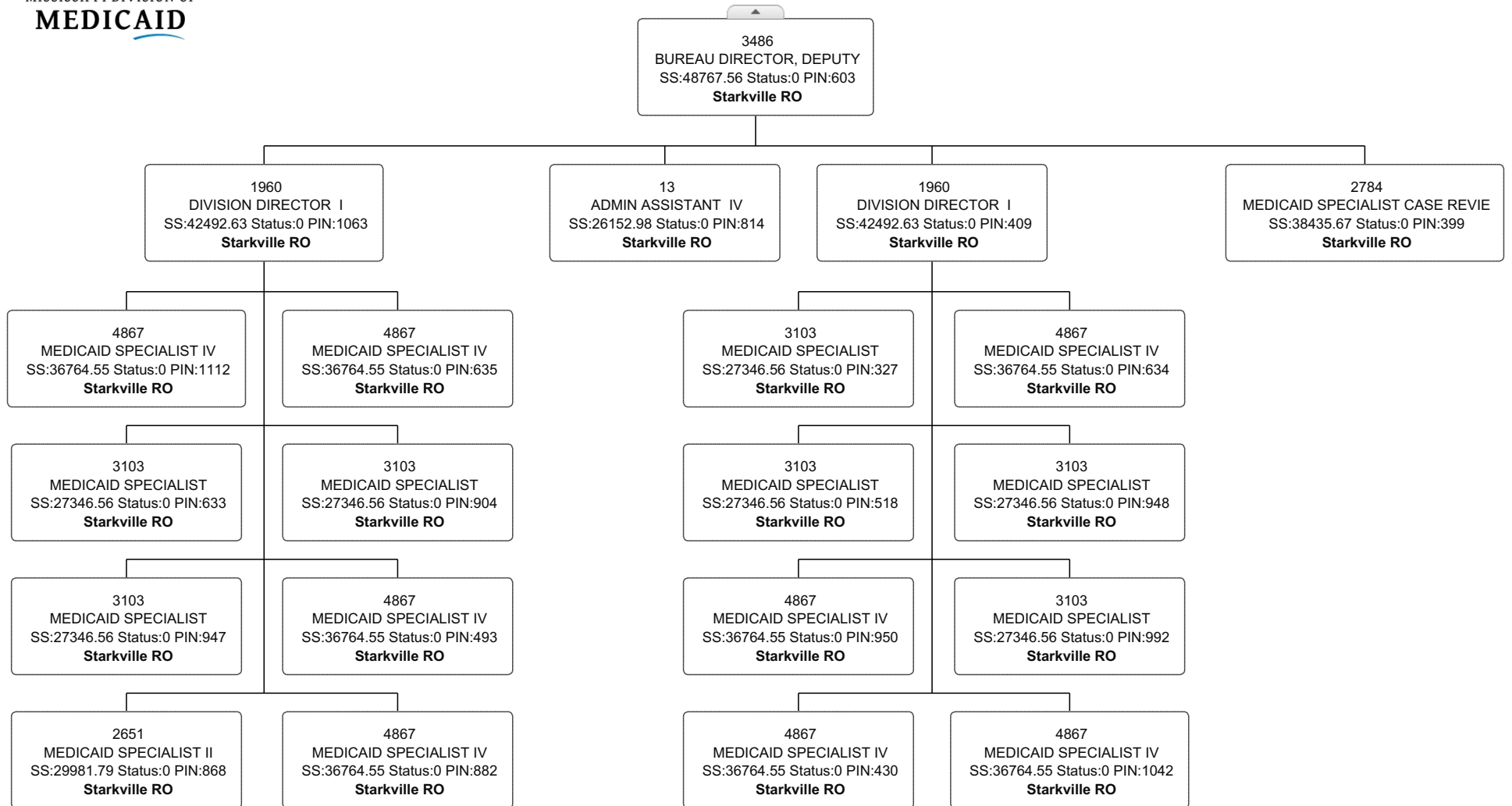
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Grenada RO



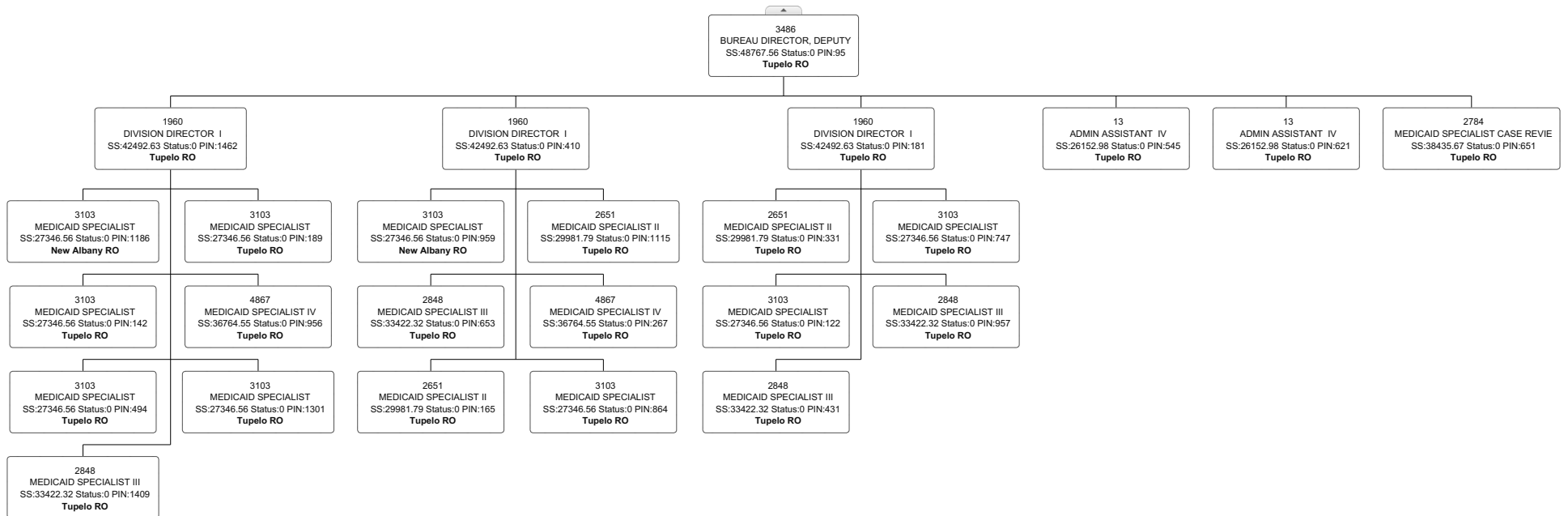
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MEDICAID



Starkville RO

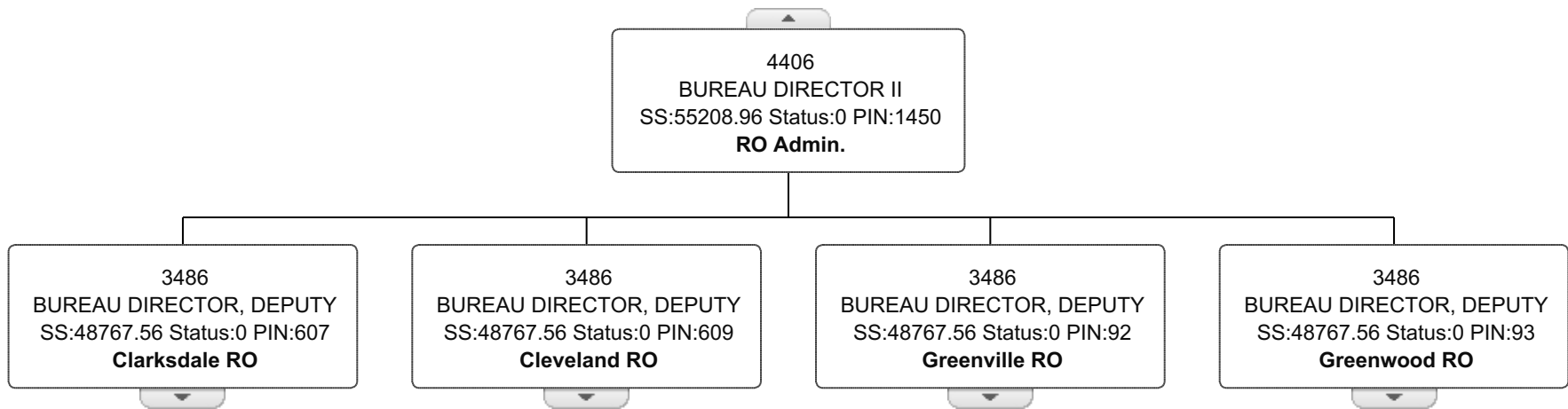


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Tupelo RO

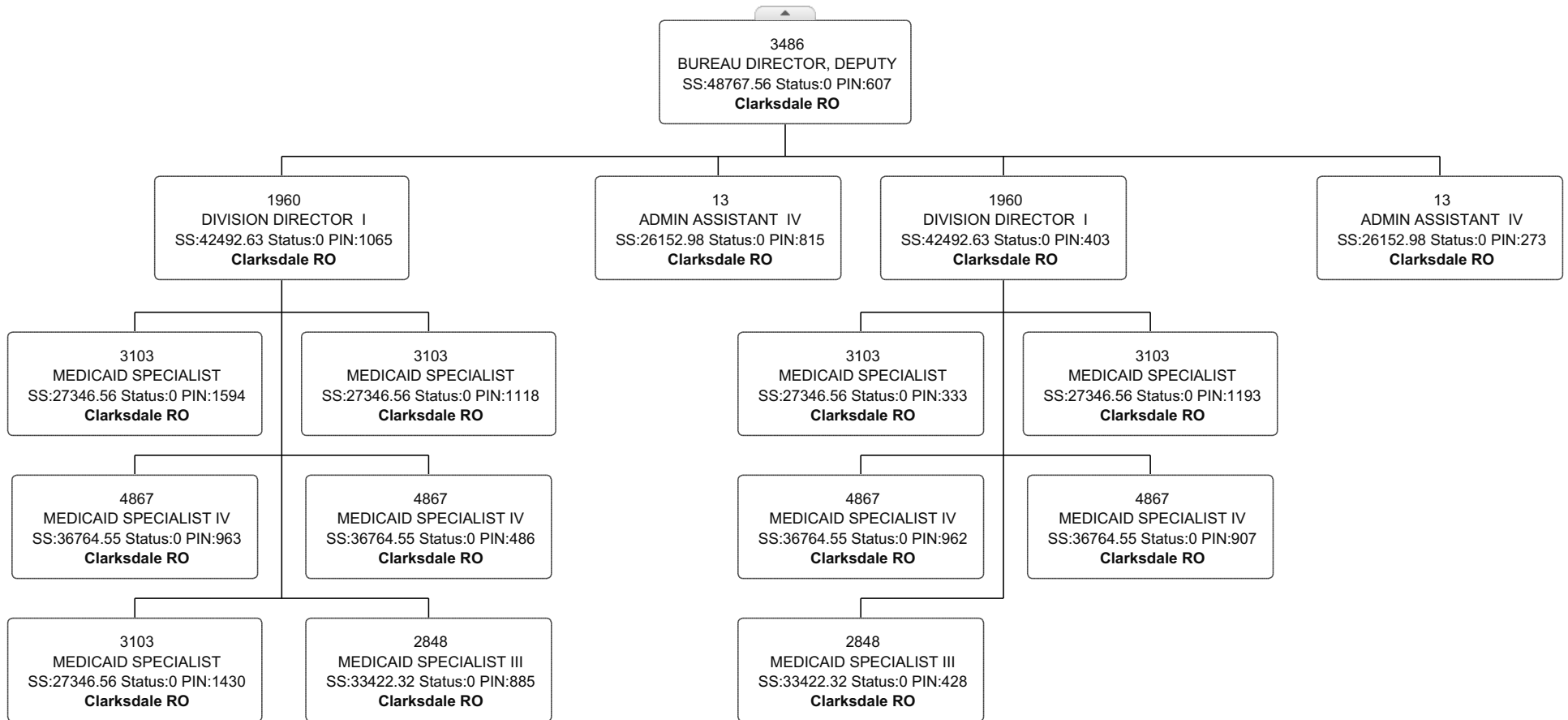
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RO Admin.



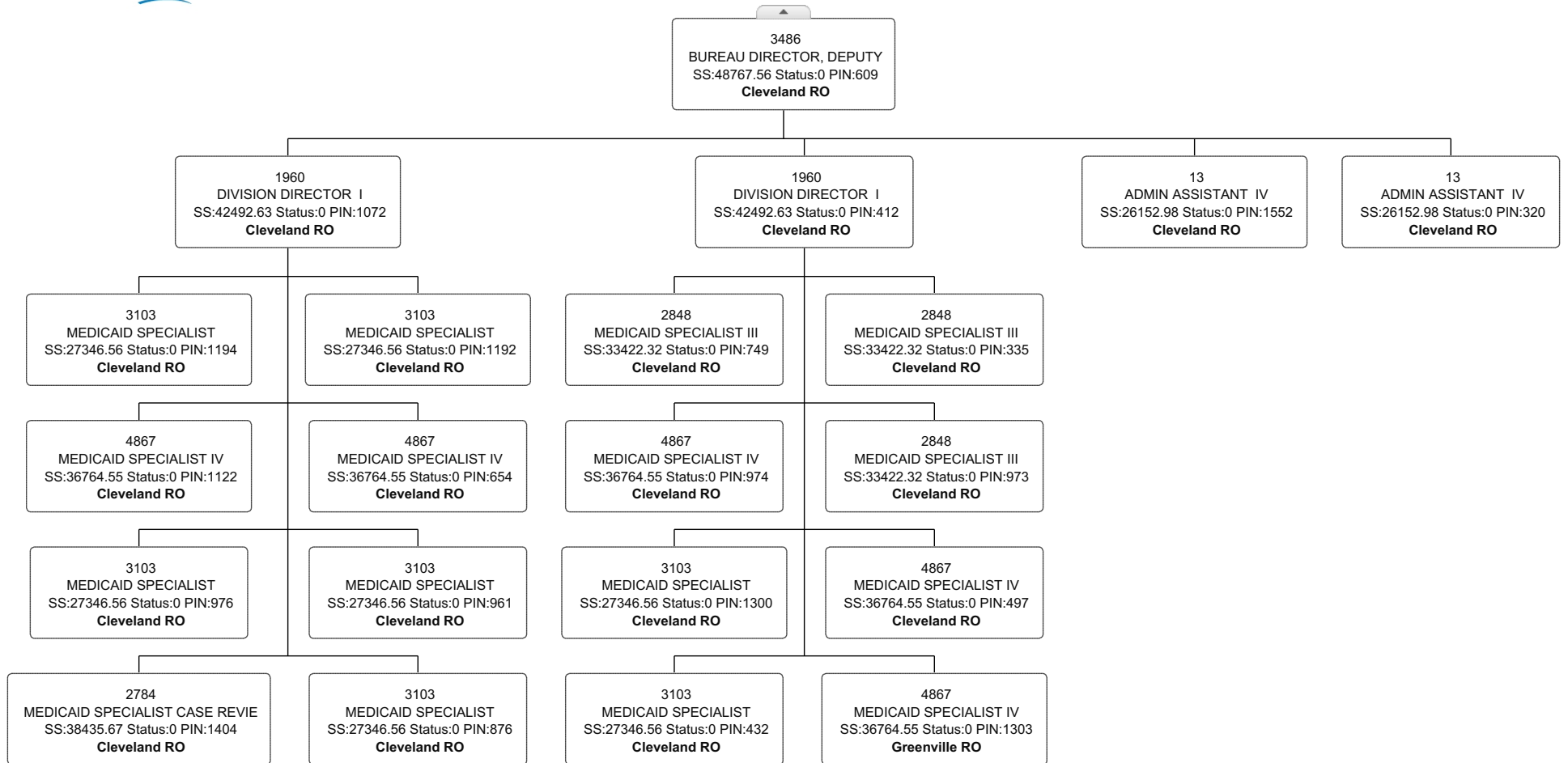
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Clarksdale RO



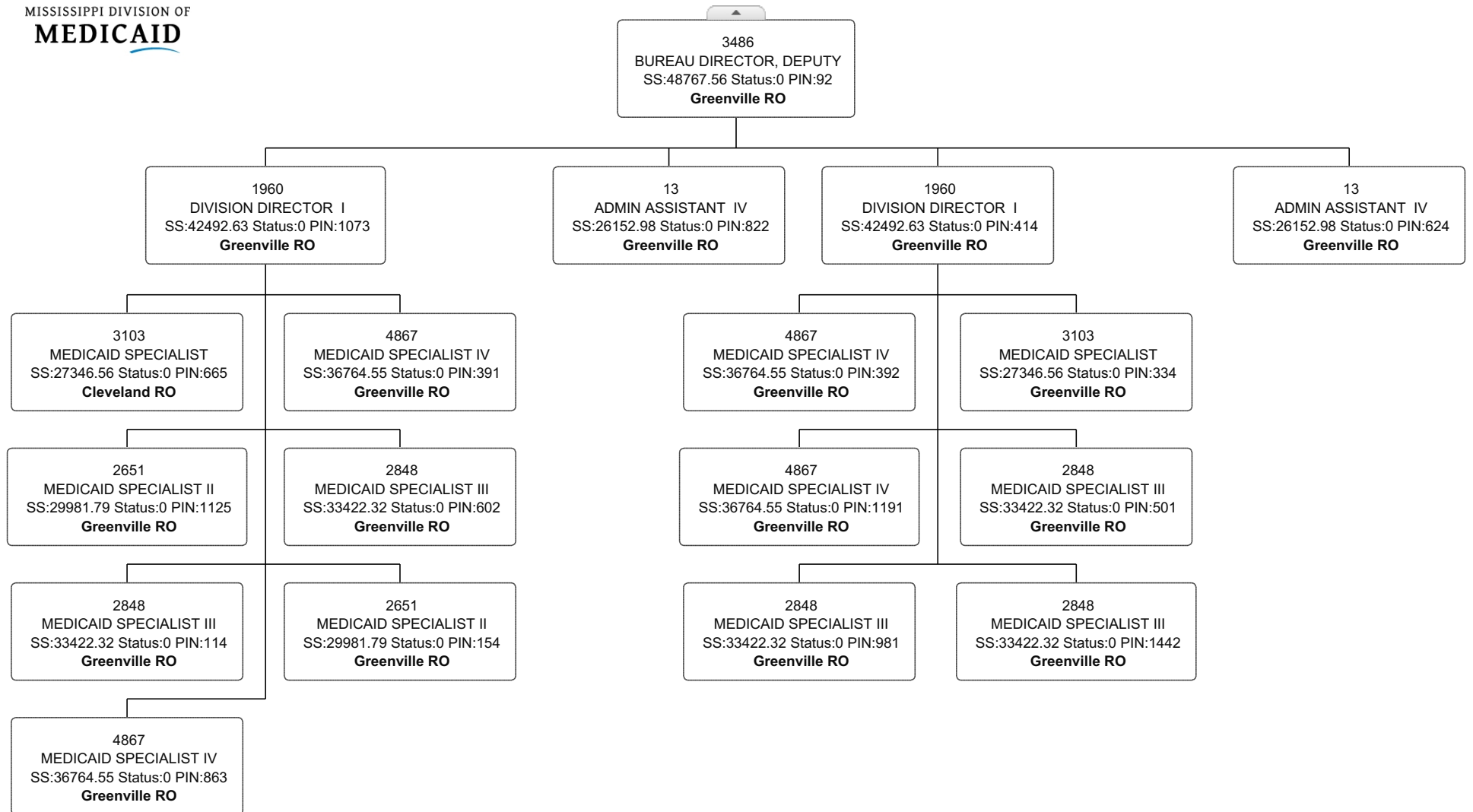
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Cleveland RO



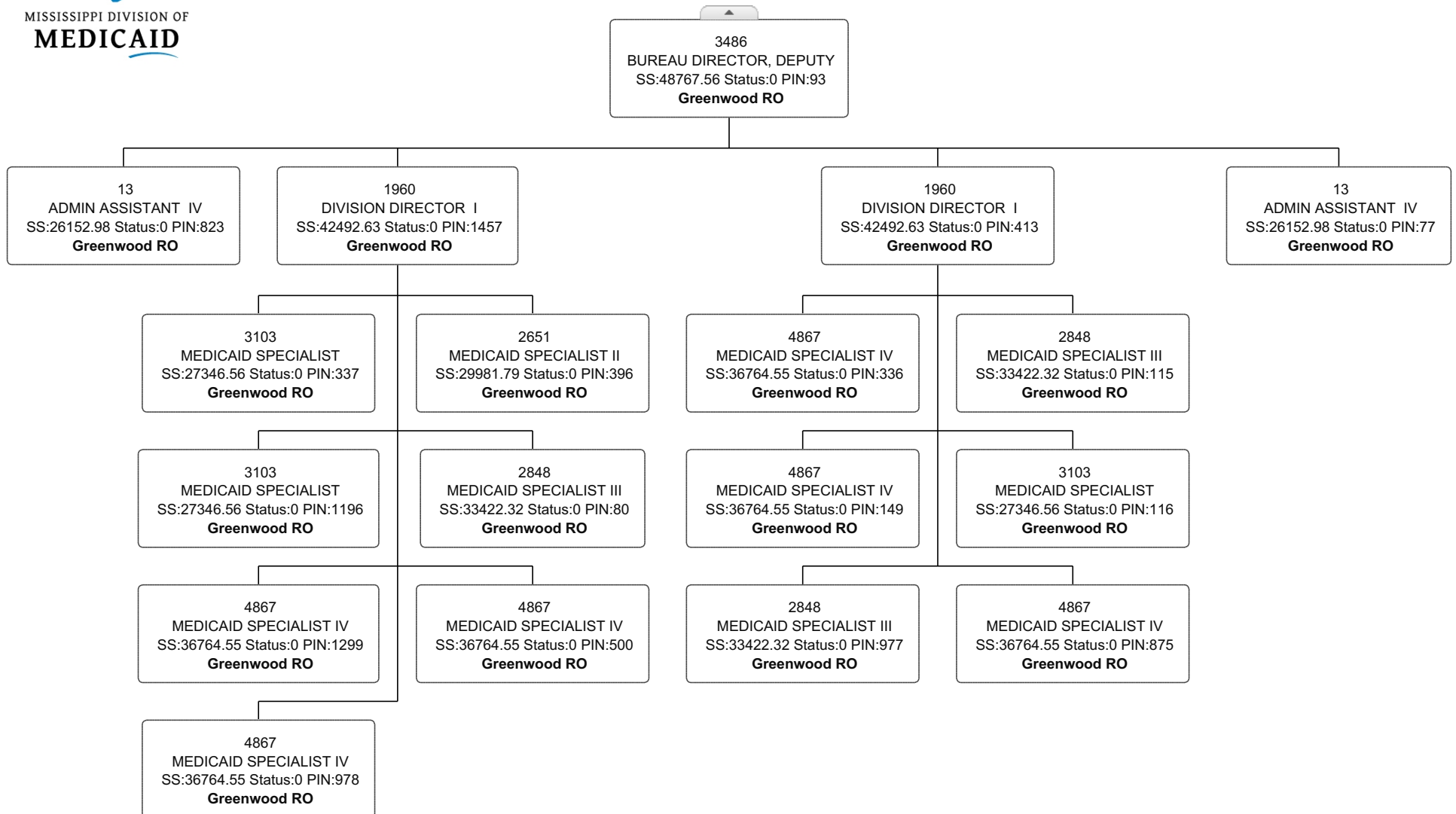
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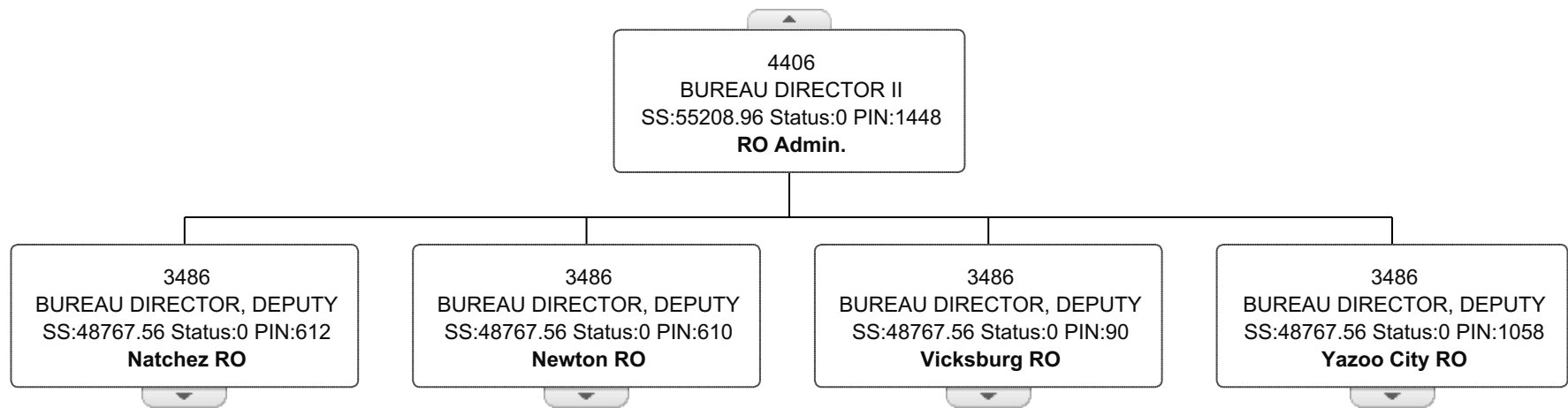
Greenville RO



MISSISSIPPI DIVISION OF
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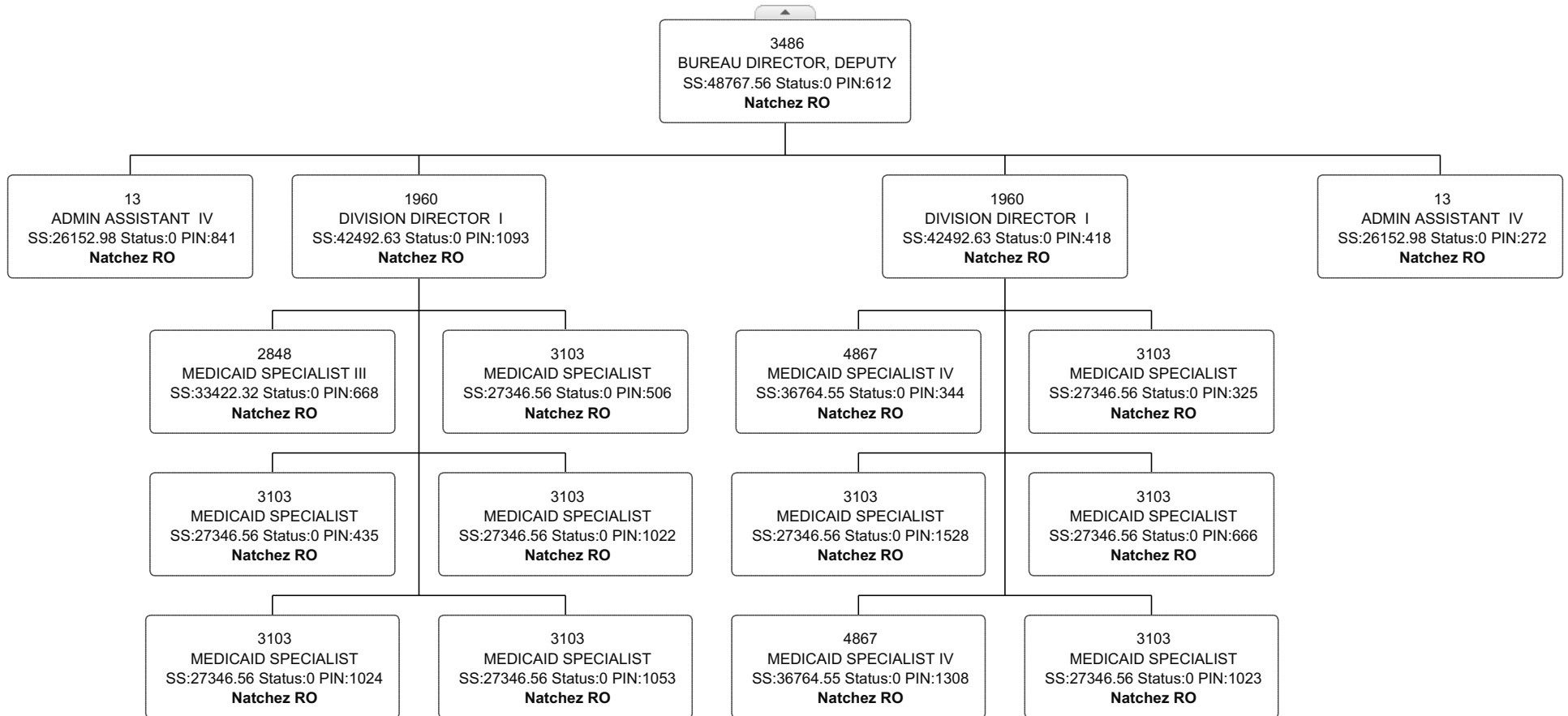
Greenwood RO



RO Admin.



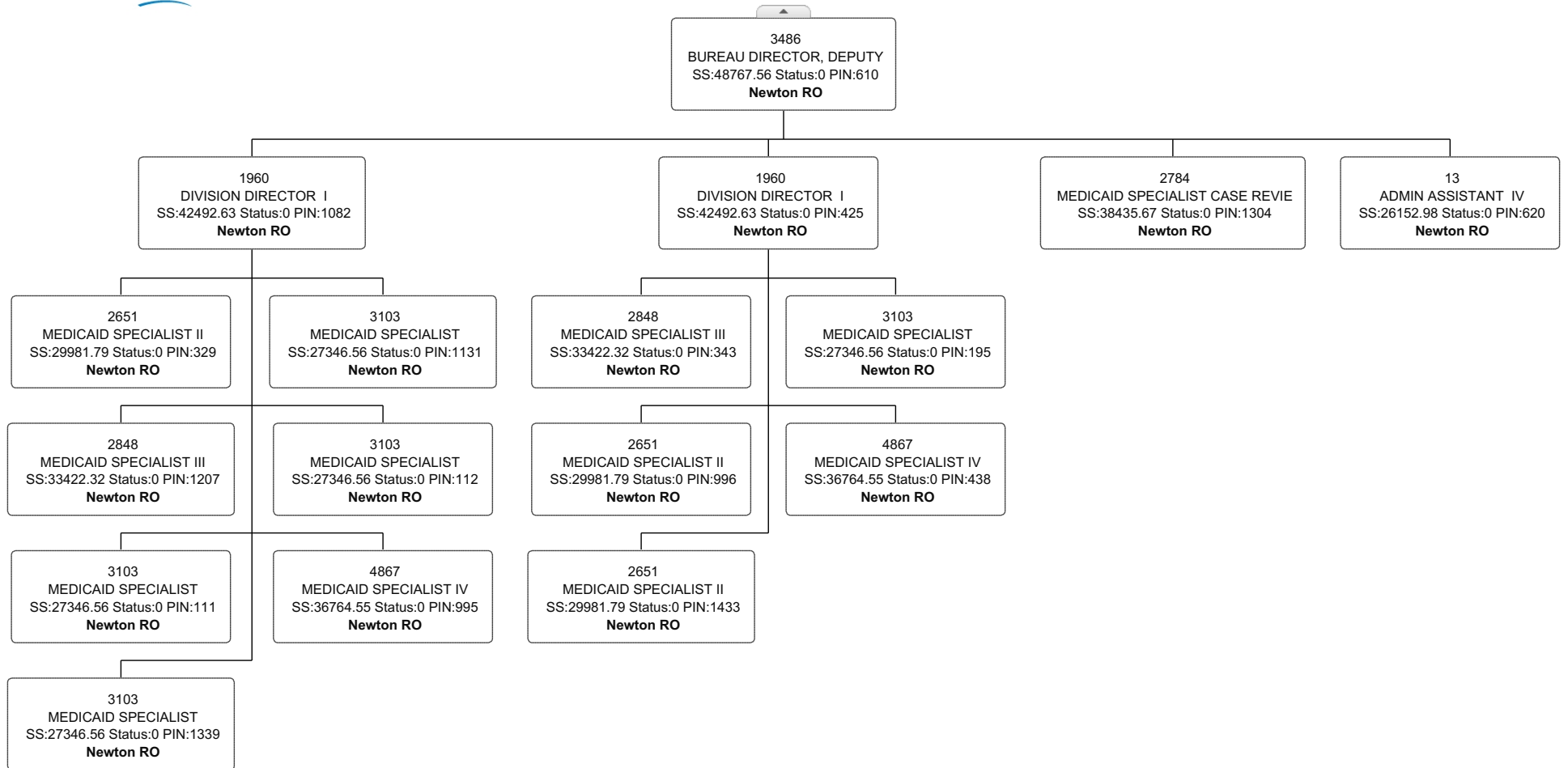
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Natchez RO



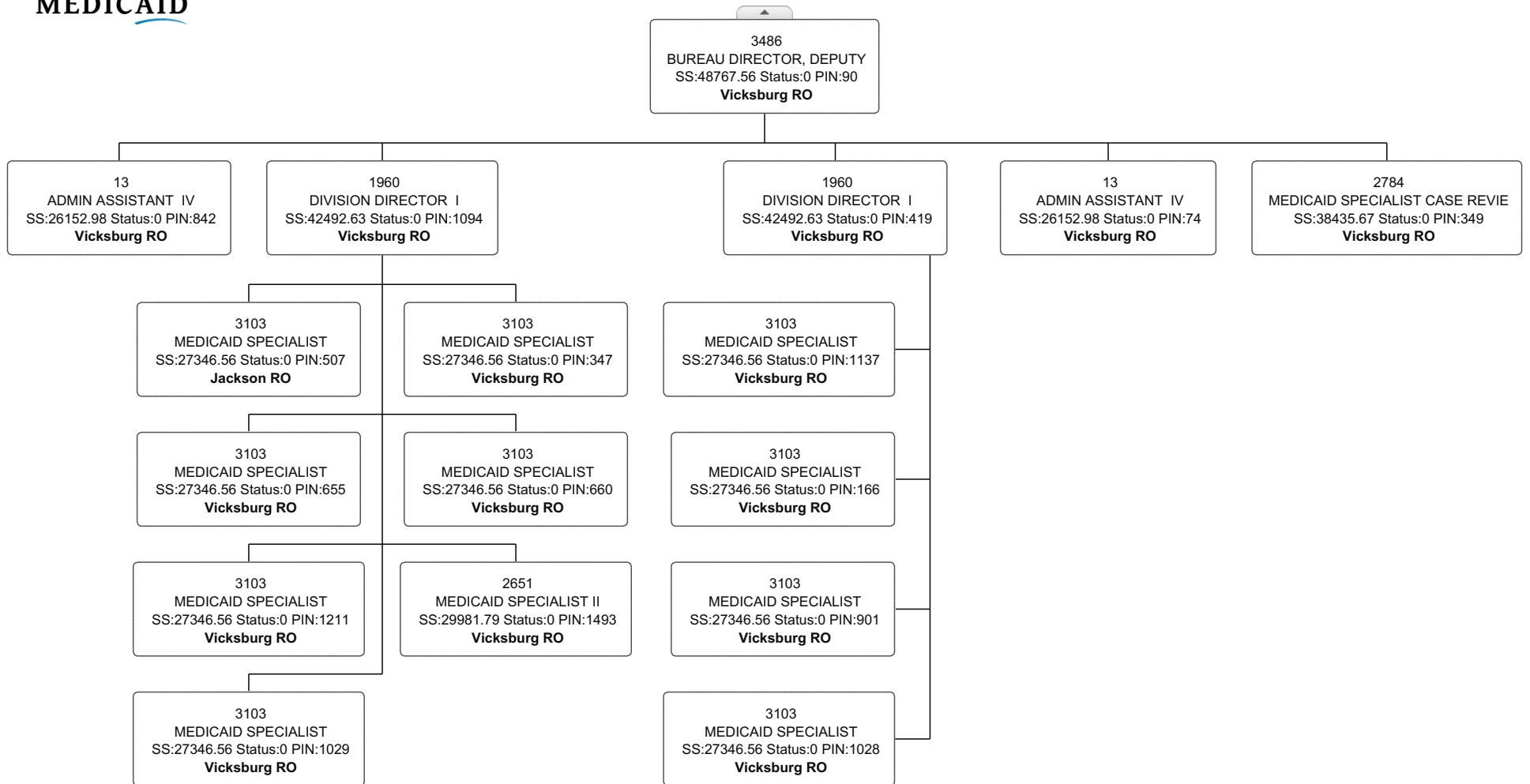
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MEDICAID



Newton RO



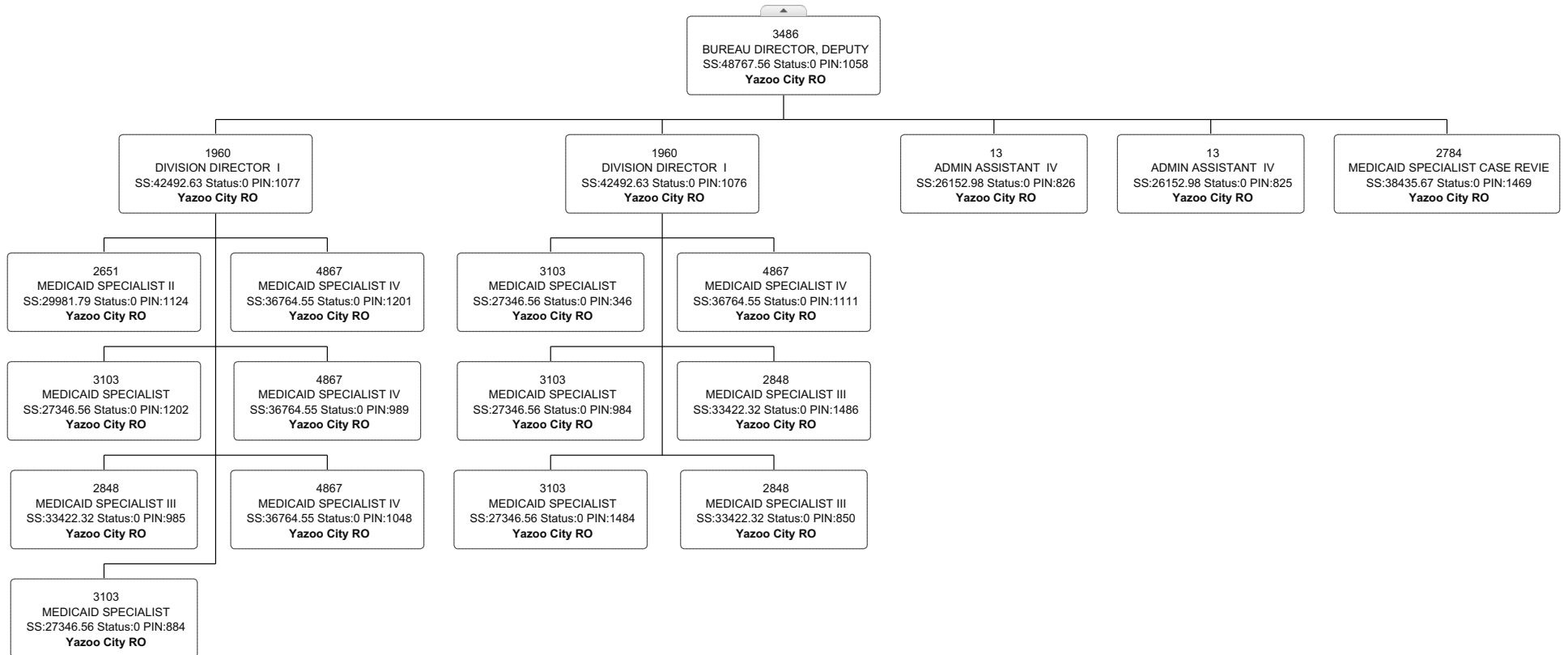
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MEDICAID



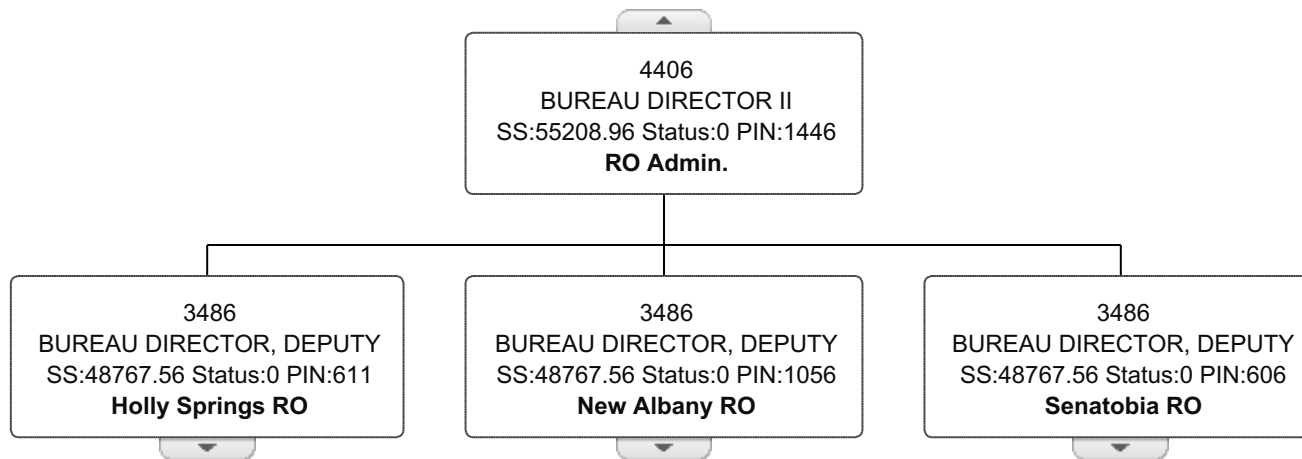
Vicksburg RO



MISSISSIPPI DIVISION OF
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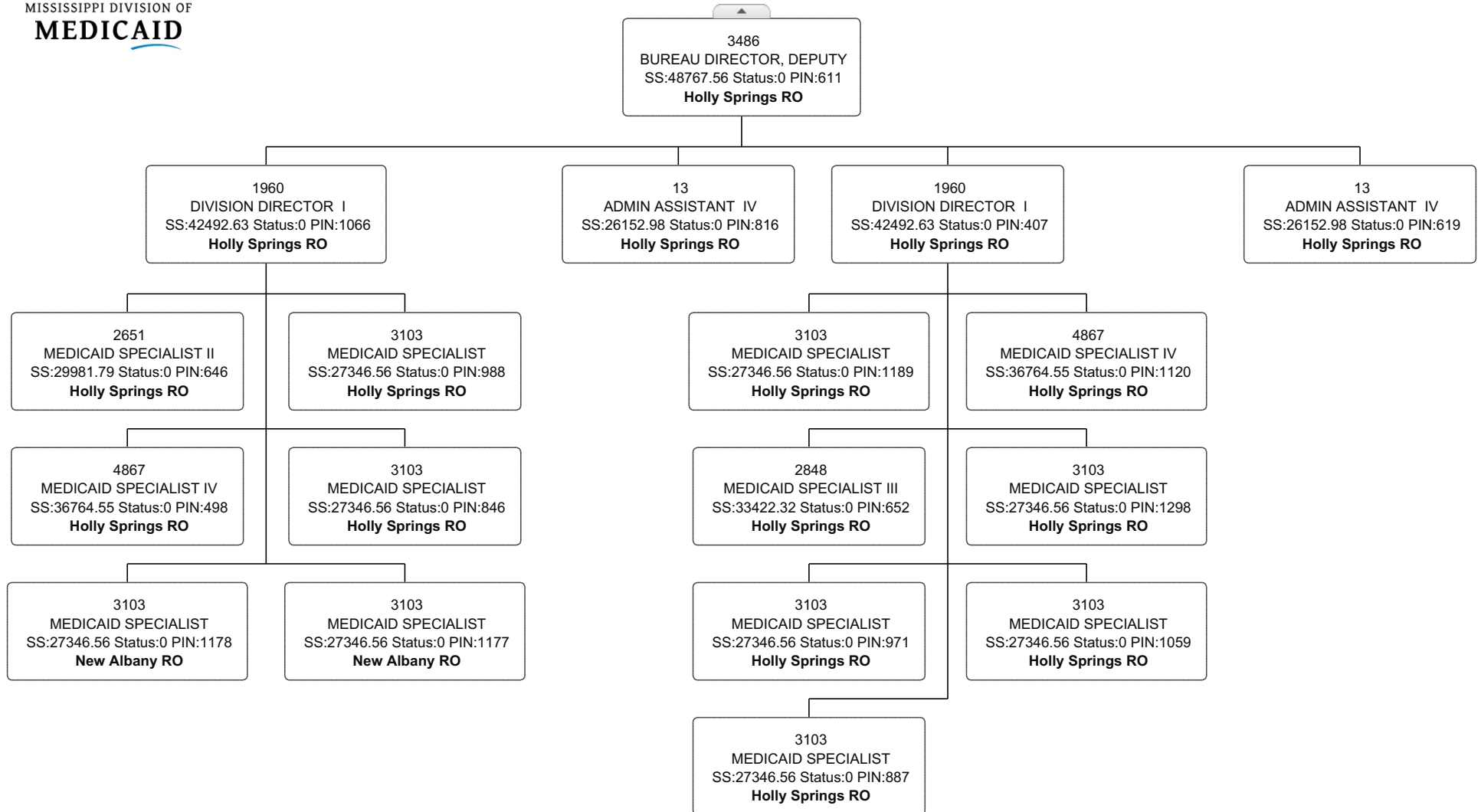
Yazoo City RO



RO Admin.



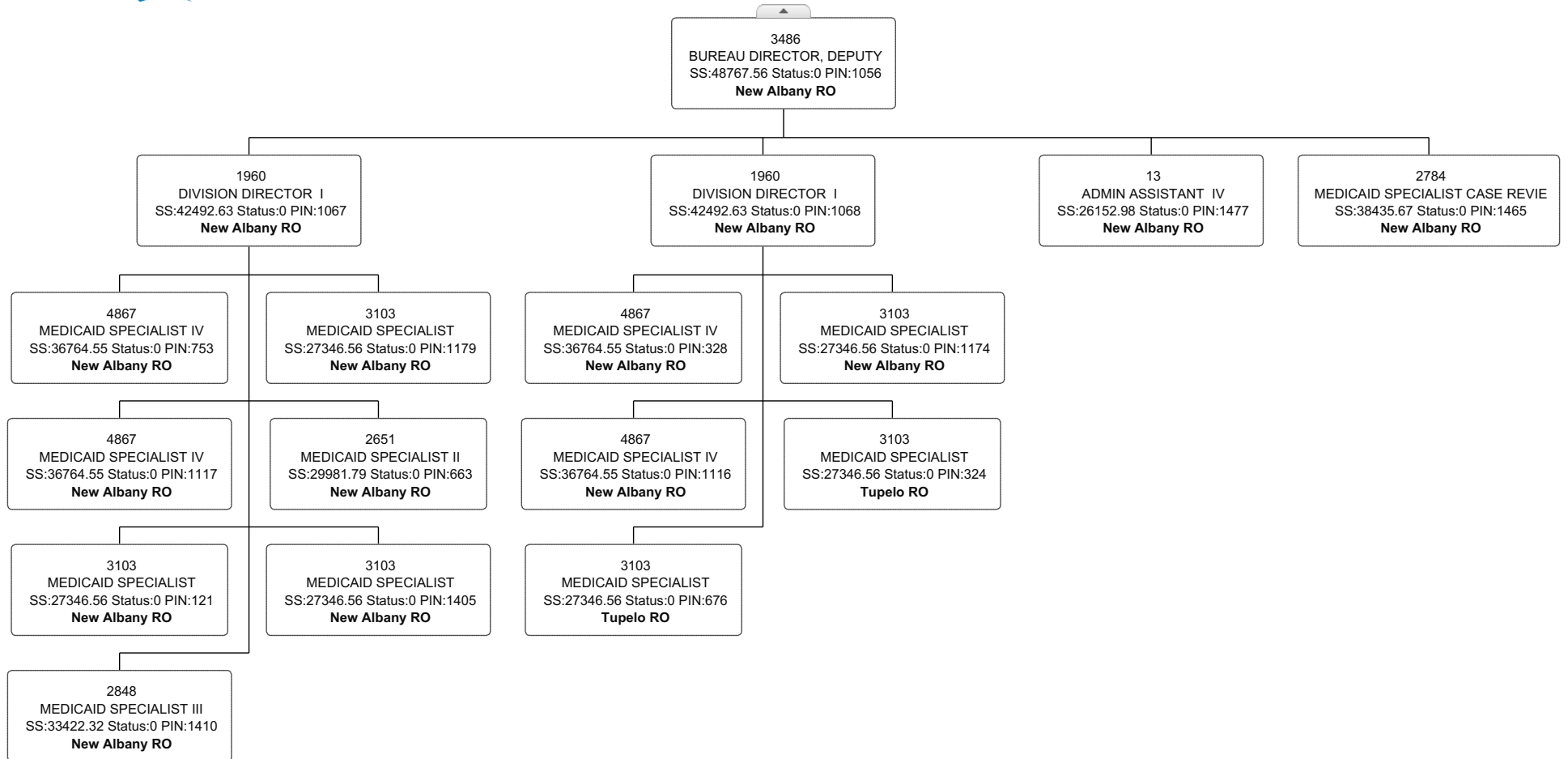
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Holly Springs RO



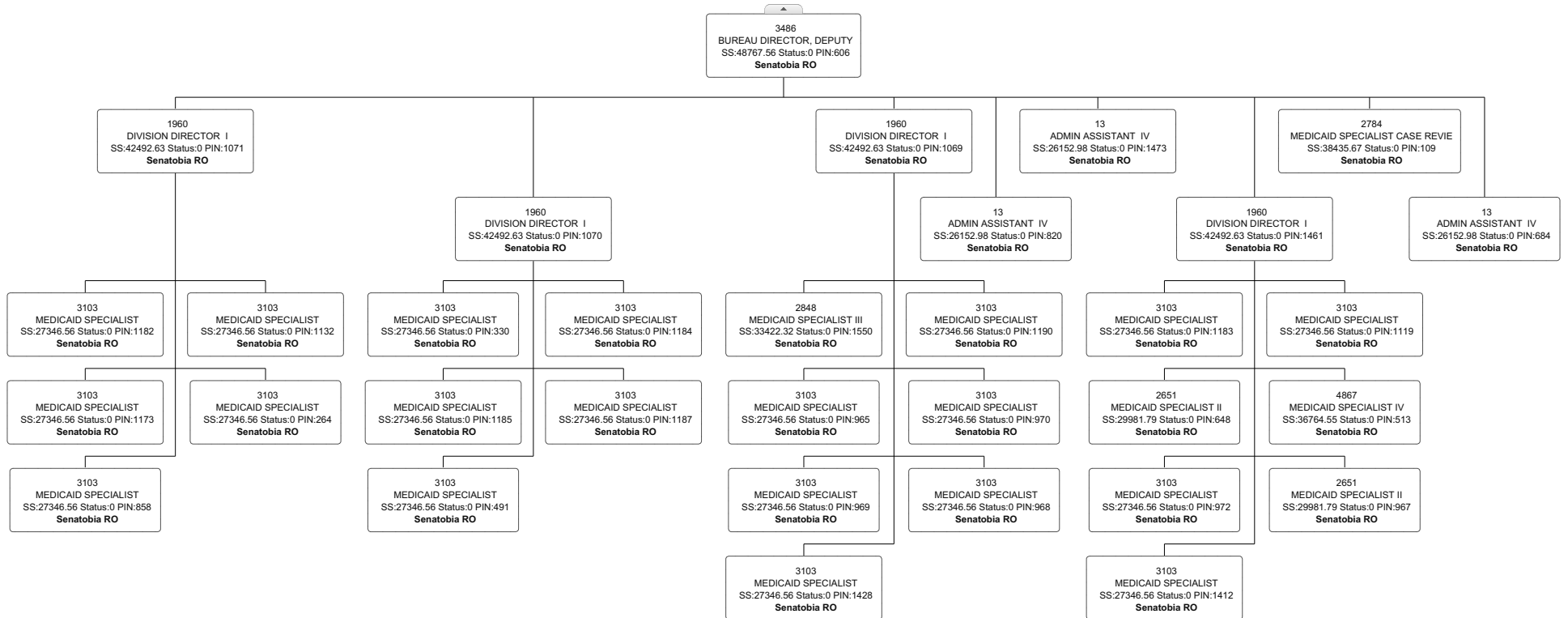
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New Albany RO

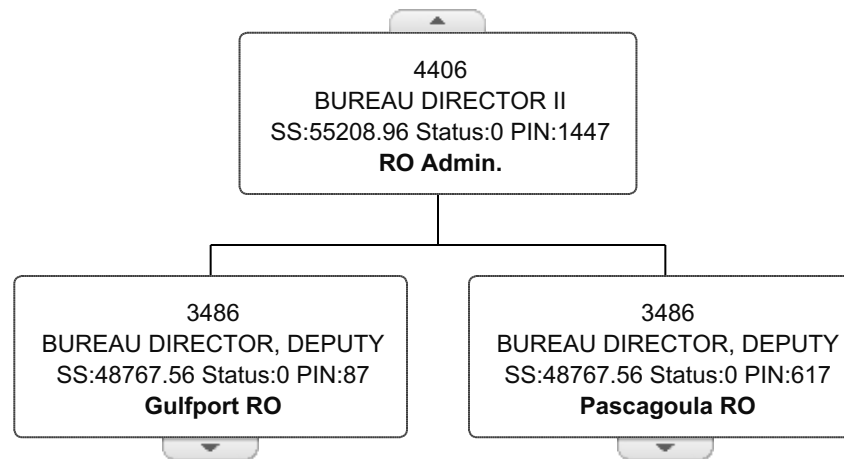


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Senatobia RO

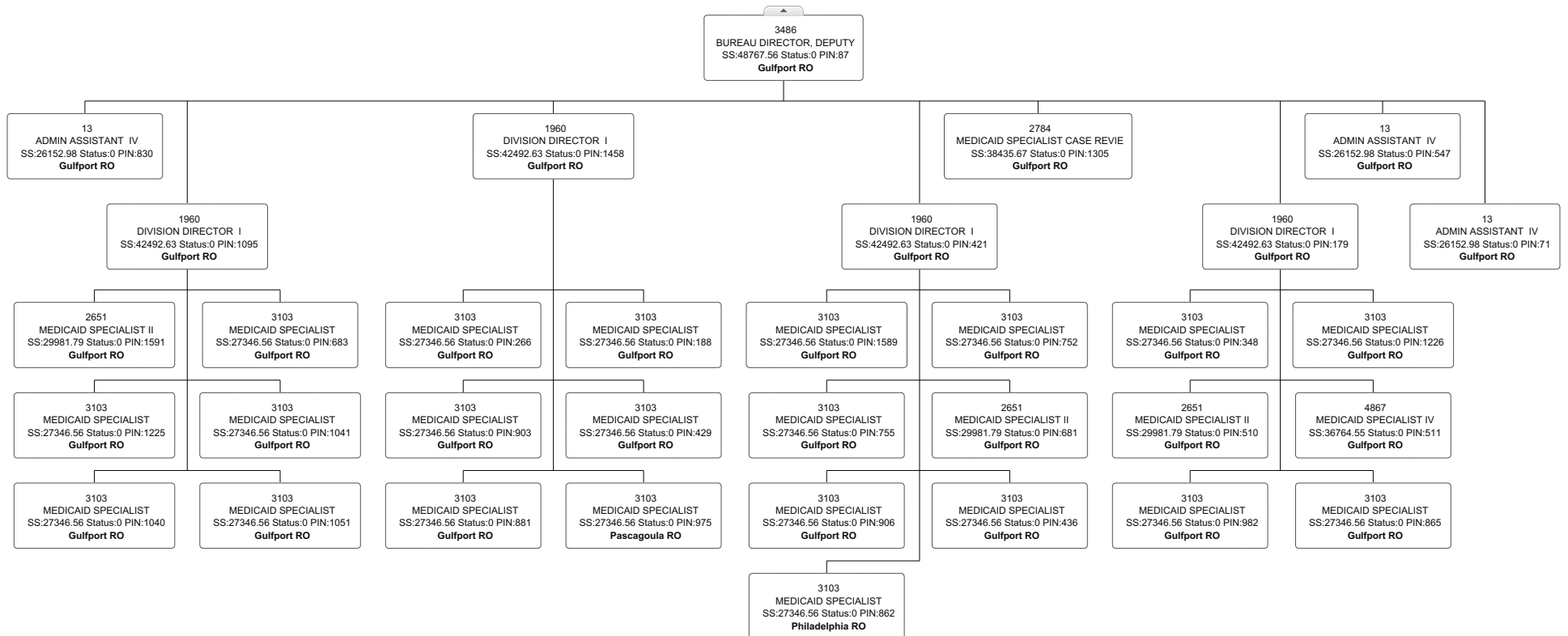
07/23/2021



RO Admin.



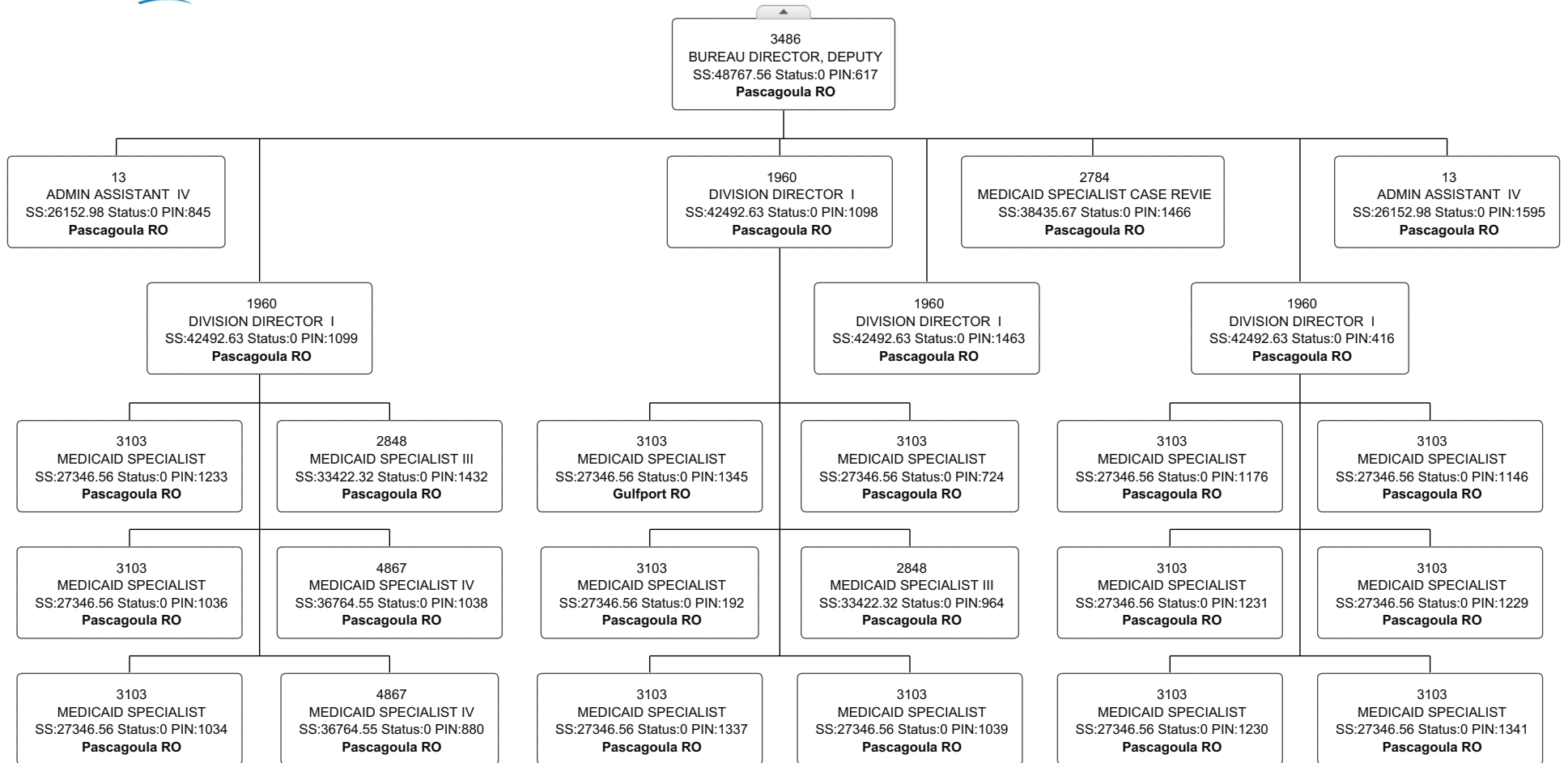
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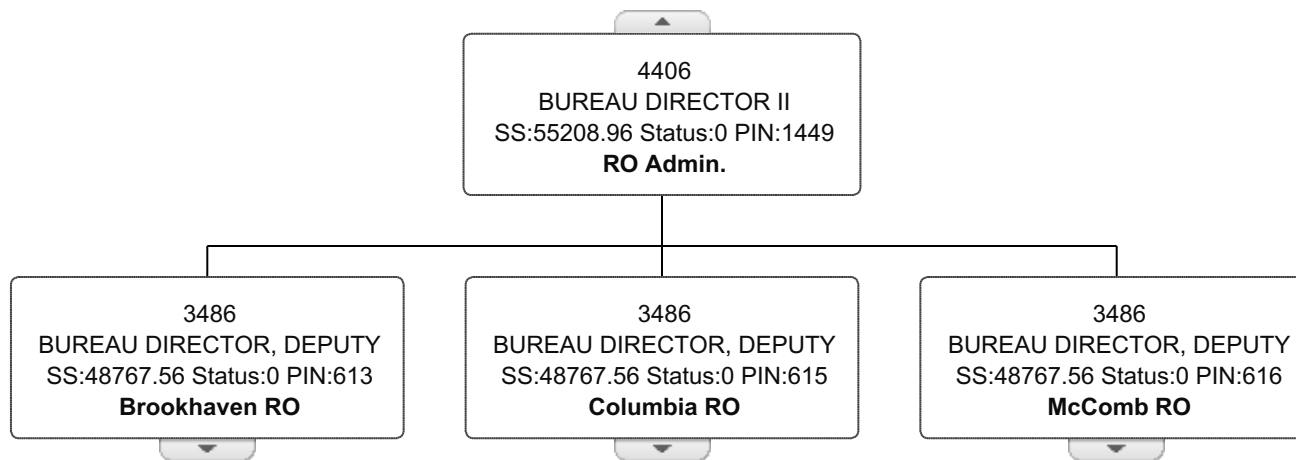
Gulfport RO



MISSISSIPPI DIVISION OF
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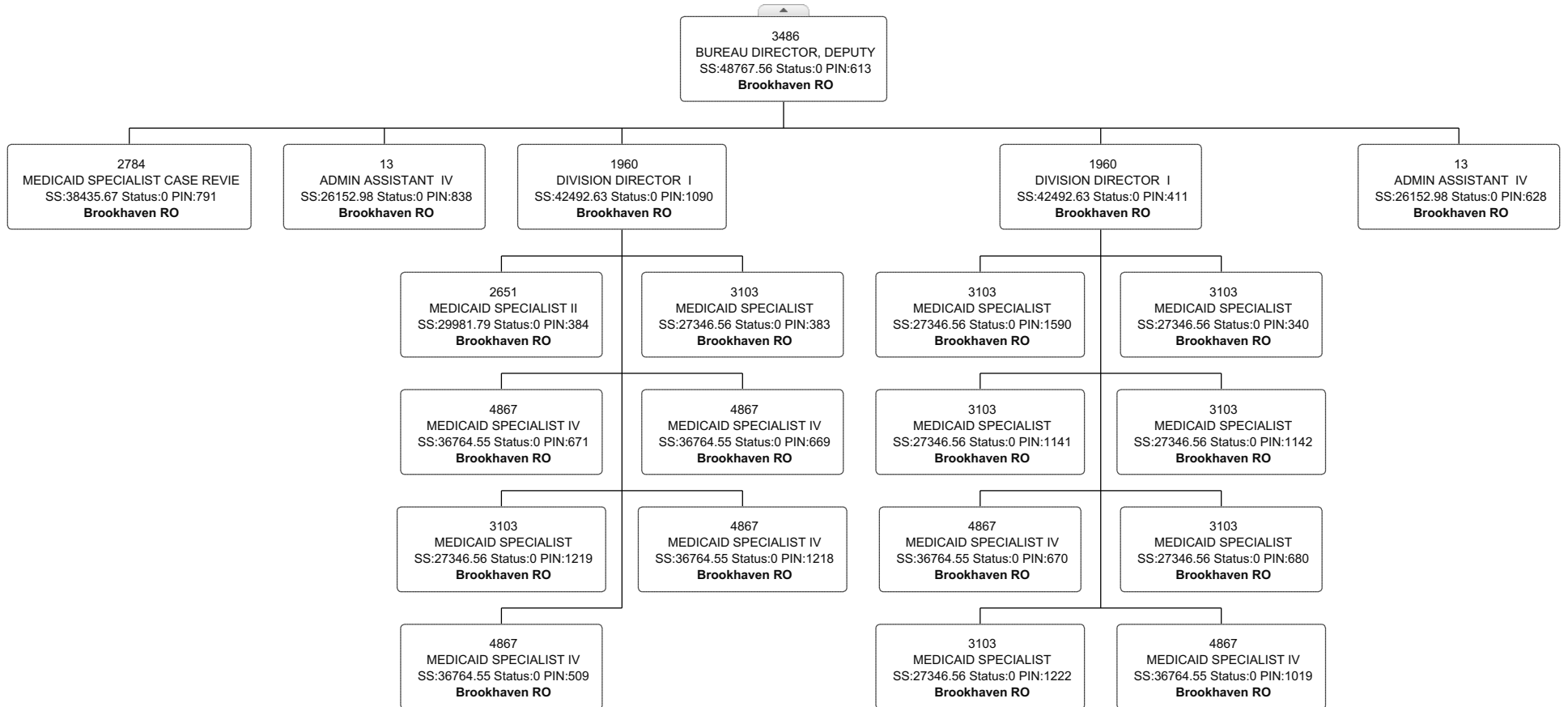
Pascagoula RO



RO Admin.



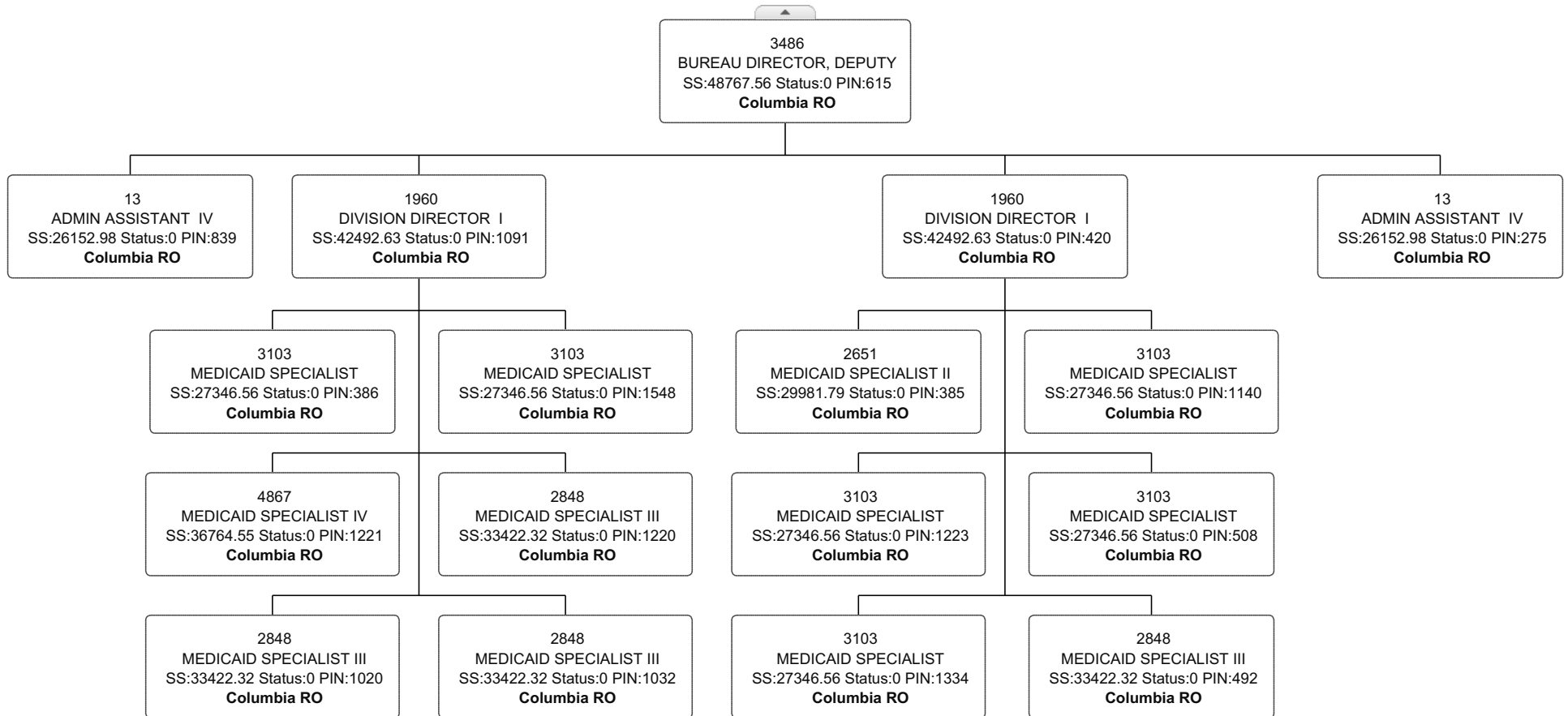
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MEDICAID



Brookhaven RO



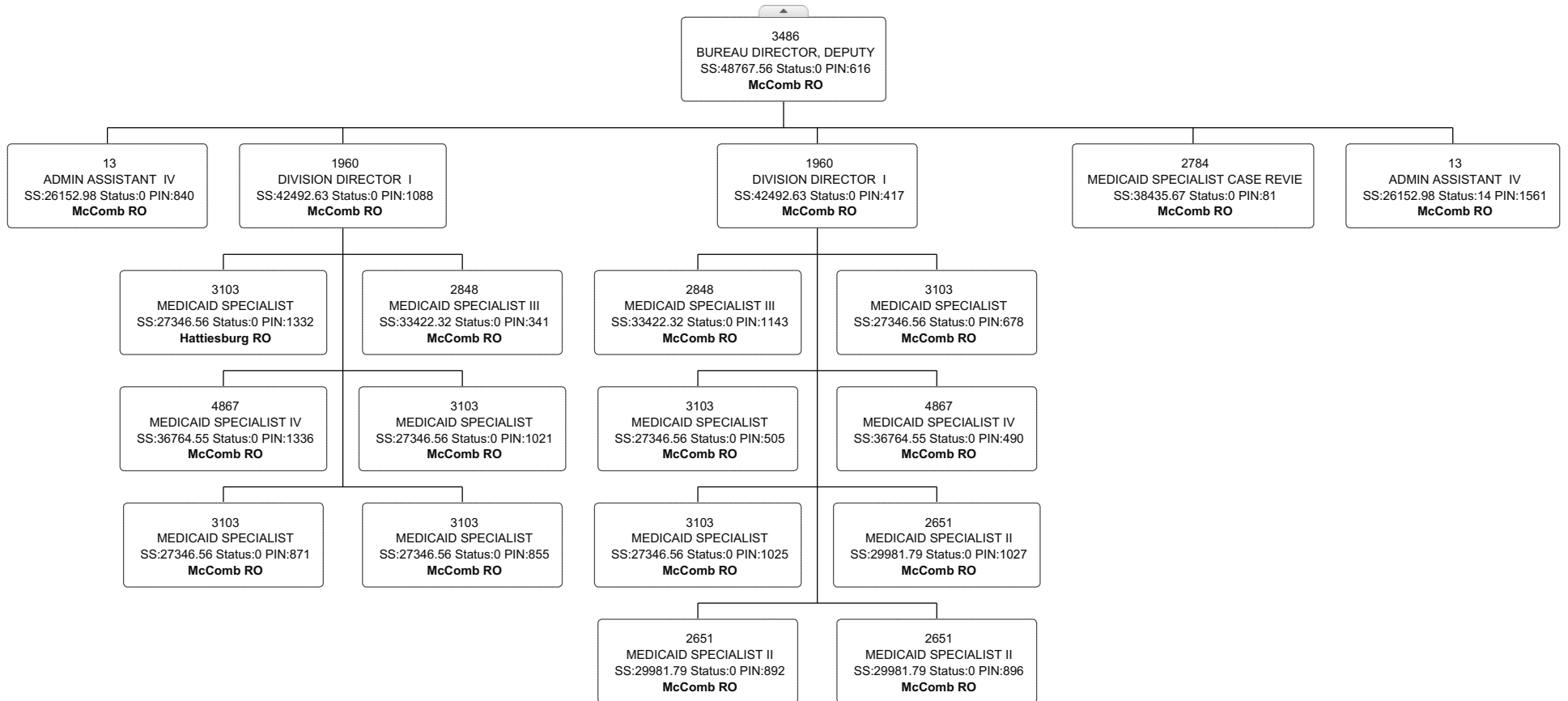
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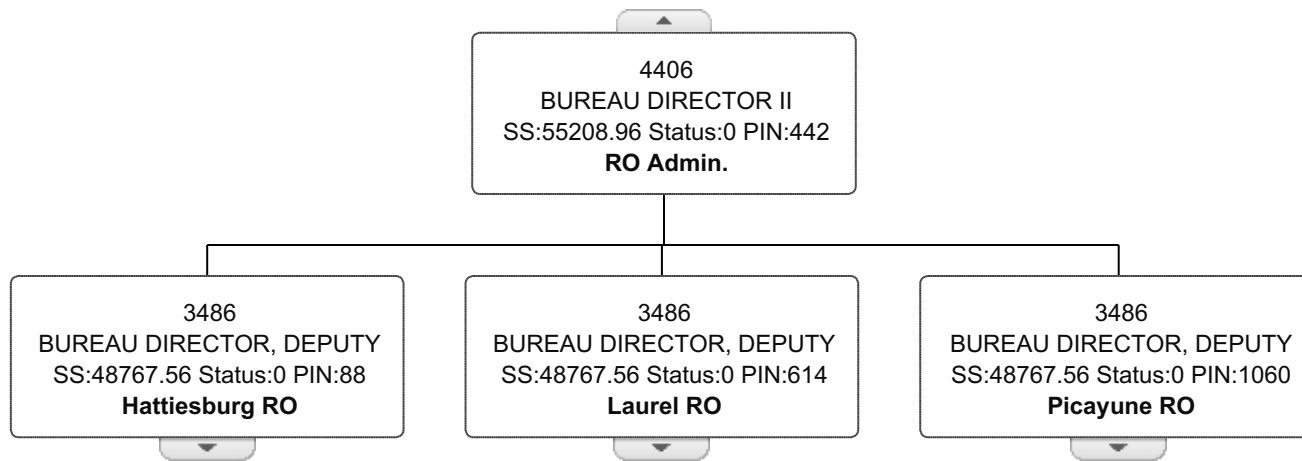
Columbia RO



MISSISSIPPI DIVISION OF
MEDICAID



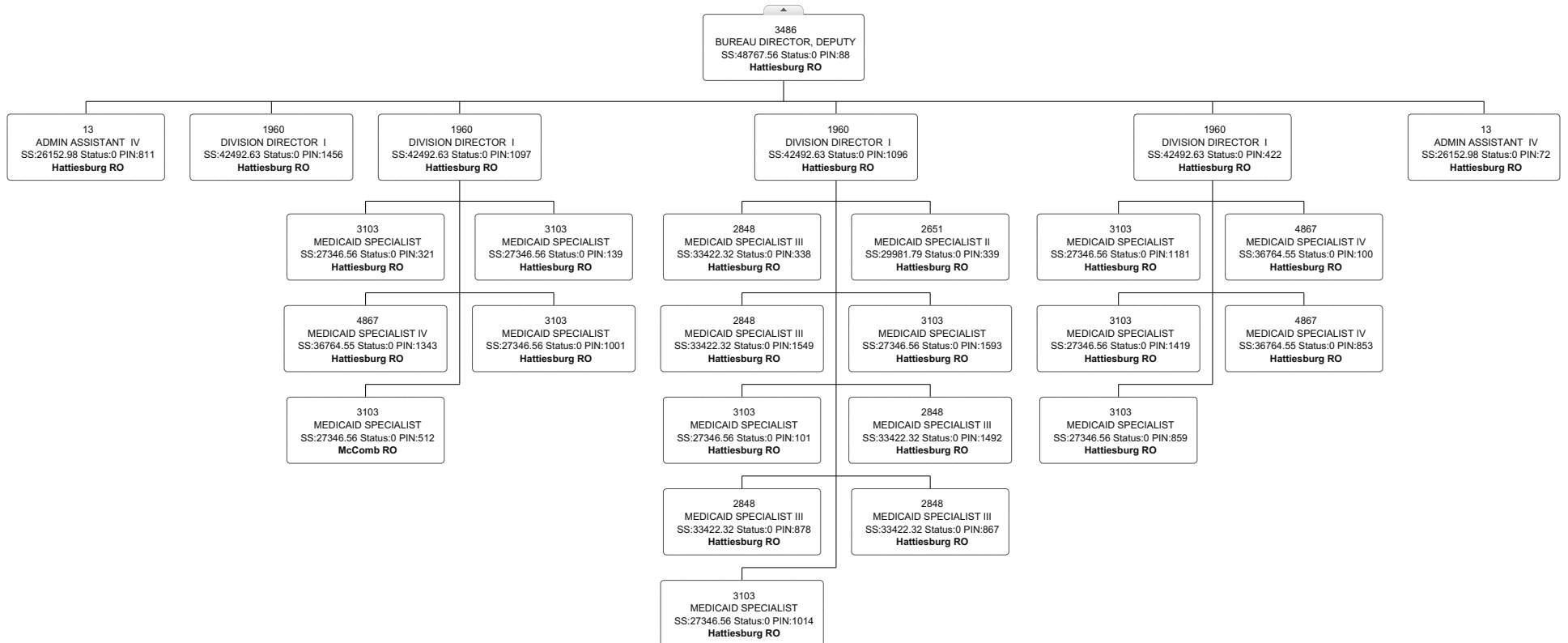
McComb RO



RO Admin.



MISSISSIPPI DIVISION OF
MEDICAID

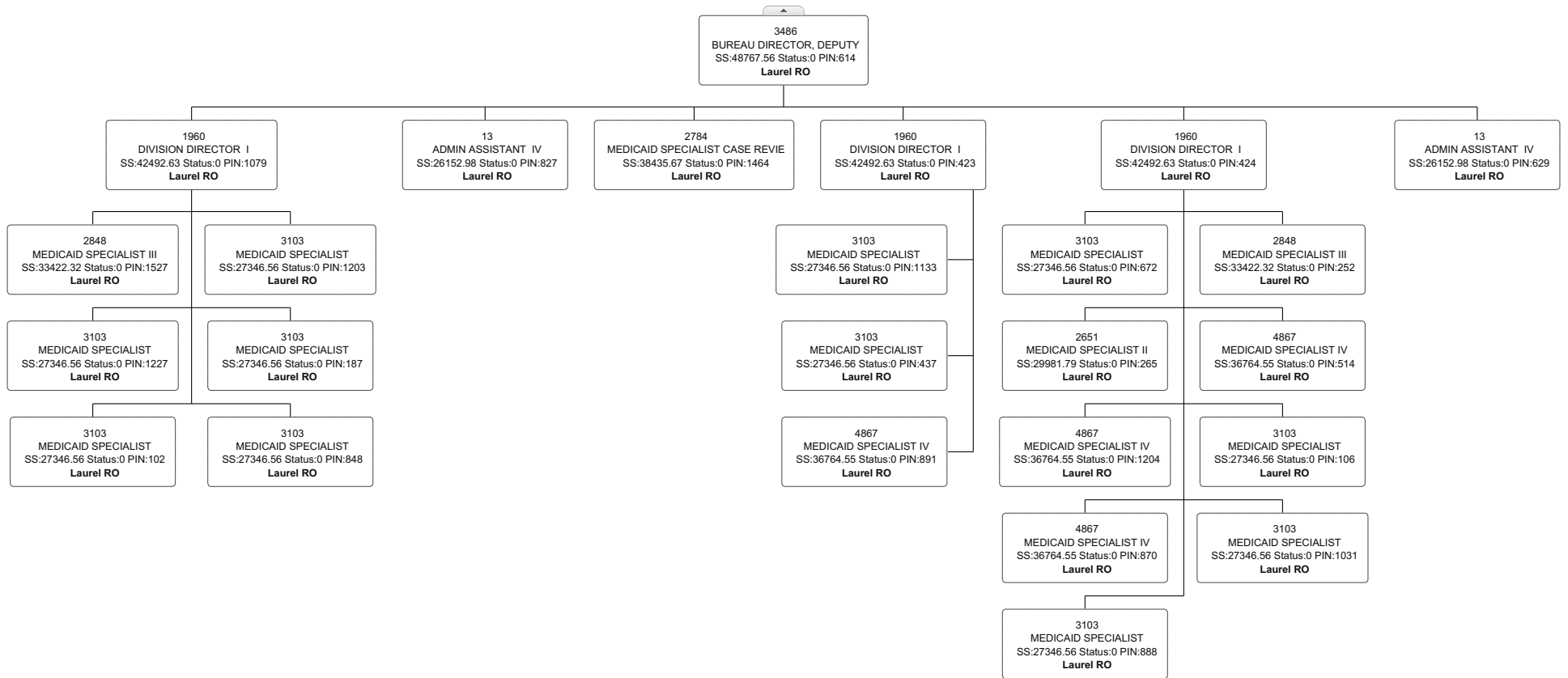


Hattiesburg RO

07/23/2021



MISSISSIPPI DIVISION OF
MEDICAID

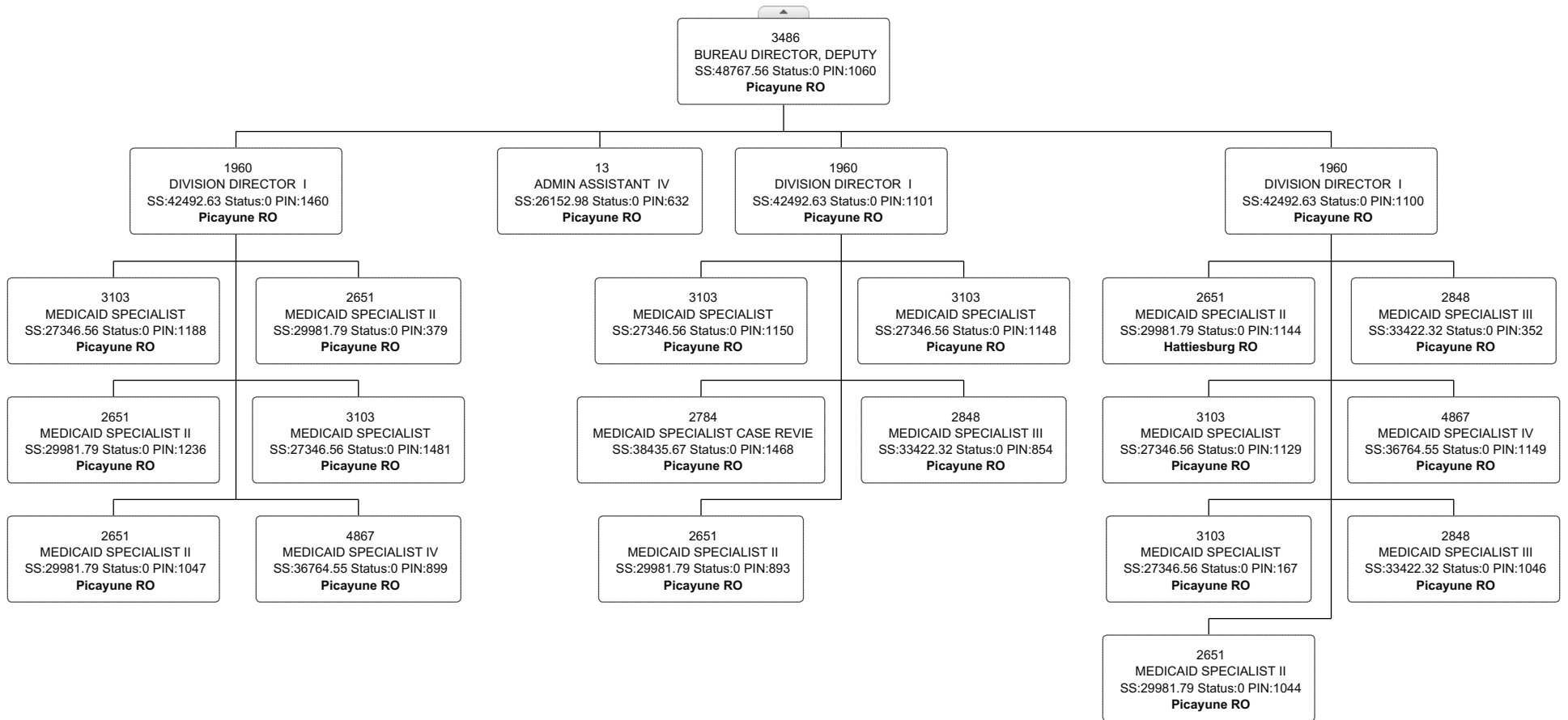


Laurel RO

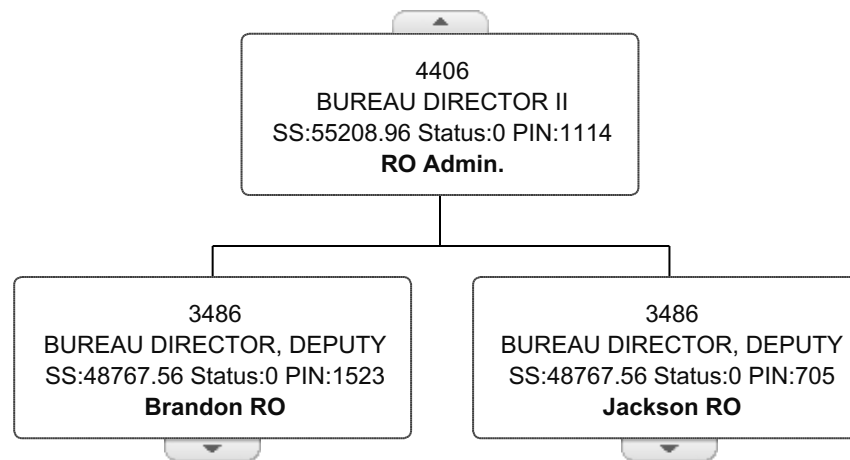
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MISSISSIPPI DIVISION OF
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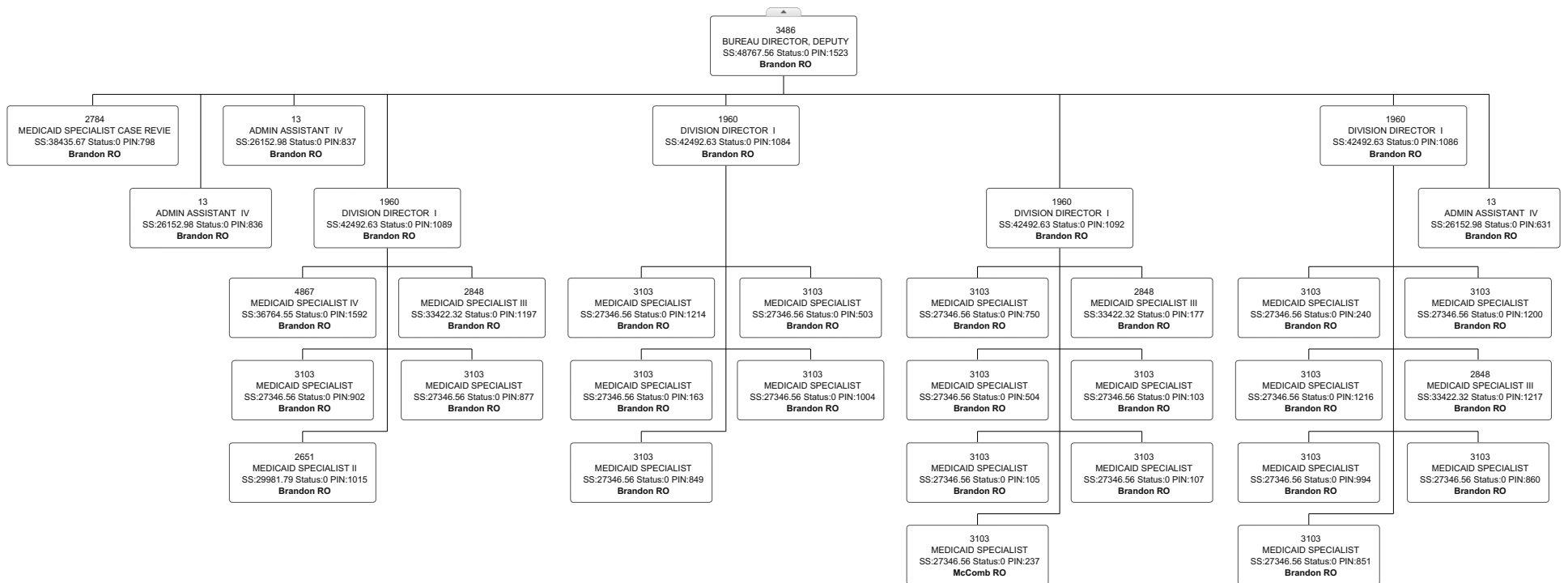
Picayune RO



RO Admin.



MISSISSIPPI DIVISION OF
MEDICAID

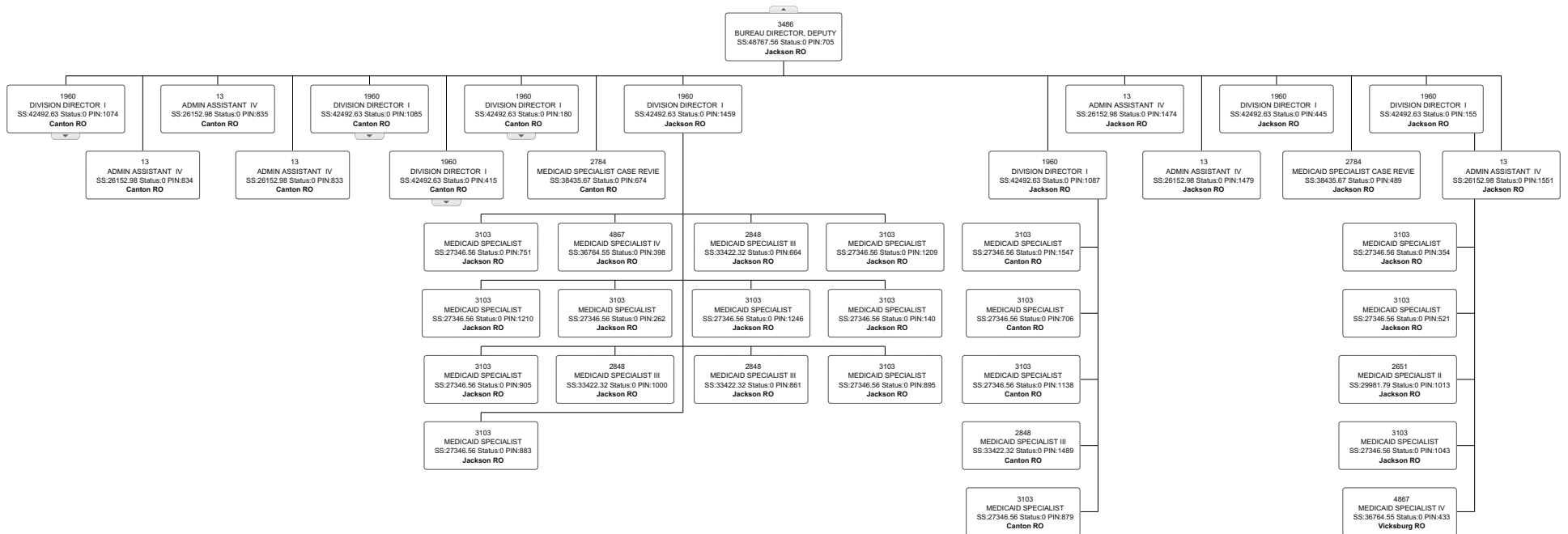


Brandon RO

07/23/2021

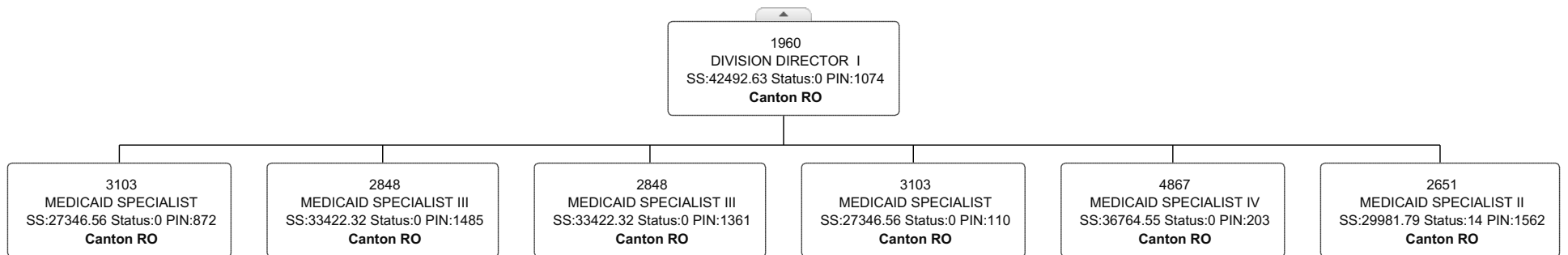


MISSISSIPPI DIVISION OF
MEDICAID



Jackson RO

07/23/2021

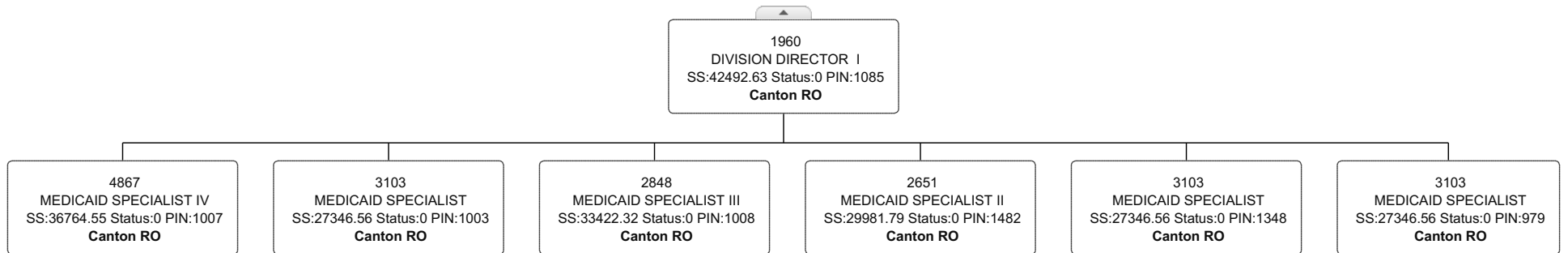


Canton RO

07/23/2021



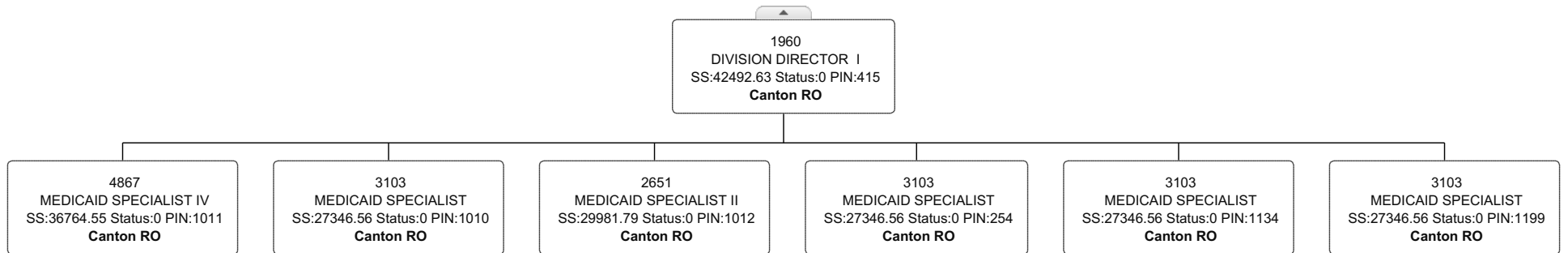
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Canton RO



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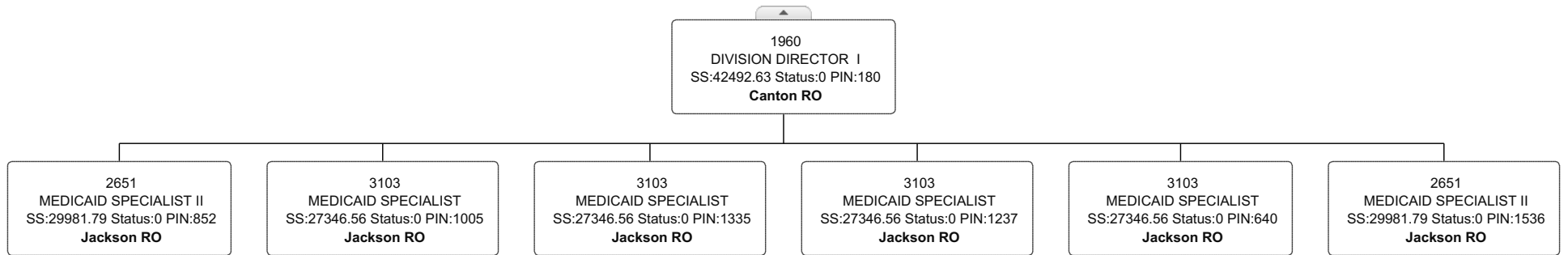


Canton RO

07/23/2021

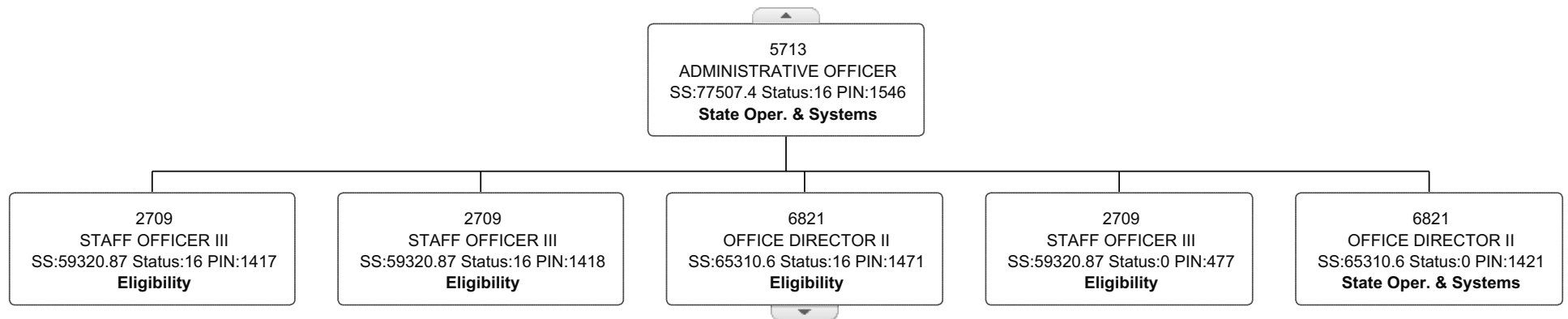


MISSISSIPPI DIVISION OF
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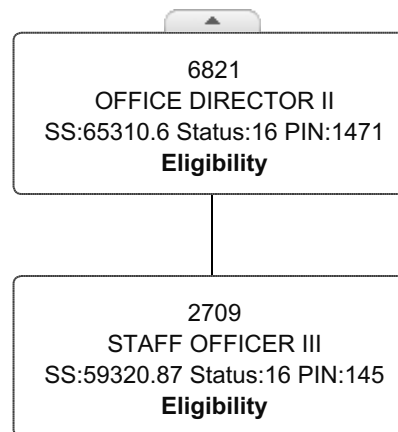


Canton RO

07/23/2021



State Oper. & Systems



Eligibility

Agency Revenue Source Report - FY2021 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	2021
State Support Sources	Amount Received
General Funds	750,895,203
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	
BP Settlement Fund	
Gulf Coast Restoration Fund	

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

Federal Funds	Amount Received	Action or results promised in order to receive funds
53332800000	5,060,091,511.00	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. Maintenance of Effort: In order to receive the additional 6.2 points on the FMAP available through the end of the PHE, DOM must not change any eligibility criteria or remove beneficiaries from Medicaid enrollment.		

Special Funds	Amount Received
Other State Agency Fund #3332800000	89,851,991
Medical Care Fund #3332700000 - <i>interest only</i>	374,056

Revenue from Tax, Fine or Fee Assessed	Amount Assessed	Amount Collected	Authority to Collect
Medical Care Fund #3332700000		423,586,264	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 \$74.9 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			
Amount	423,586,264.00	Purpose	
		The Division of Medicaid received a FMAP of 83.96% in federal funds to pay medical service claims. In FY21. 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		345,549,184.00	