

Title 23: Division of Medicaid

Part 100: General Provisions

Chapter 1: Introduction

Rule 1.1: History and Legal Base

- A. Title XIX of the Social Security Act, enacted in 1965, provides authority for states to establish Medicaid programs to provide medical assistance to needy individuals. The program is jointly financed by federal and state governments and administered by states. Within broad federal rules, each state decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Payments for services are made directly by the state to the providers that furnish the services.
- B. The Mississippi Legislature passed enabling legislation for the Medicaid program during a special session in 1969. Funds were appropriated, and the Mississippi Medicaid Commission was designated as the single state agency to administer the program.
- C. From 1969 to 1973, the State Department of Public Welfare (DPW) determined Medicaid eligibility. During this period, DPW authorized money payments for the aged, blind and disabled (ABD) as well as dependent children.

Source: Miss. Code Ann. § 43-13-101 *et. seq.*

History: Revised eff. 08/01/2020.

Rule 1.2: Supplemental Security Income (SSI) Program

- A. In 1972, the United States Congress passed amendments to the Social Security Act establishing the Supplemental Security Income (SSI) Program for the aged, blind and disabled (ABD) individuals. The Mississippi Legislature amended its code to specify that State Department of Public Welfare (DPW) would no longer determine eligibility for a monthly payment for ABD-designated recipients beneficiaries..
- B. Under the Social Security Act amendments, states had the option to either grant Medicaid to all persons receiving SSI or to grant Medicaid to persons who met more restrictive criteria as determined individually by states. The Mississippi Legislature voted to limit Medicaid eligibility to persons who met more restrictive criteria and to designate the DPW as the certifying agency for Medicaid.
- C. During the 1980 Session, the Mississippi Legislature extended Medicaid coverage to all individuals receiving SSI. In addition, SSI criteria would be used to determine eligibility for all ABD individuals. During the 1981 Session, the Mississippi Legislature designated the Mississippi Medicaid Commission to make Medicaid determinations for ABD individuals.

Regional Medicaid offices opened in July 1981 to assess eligibility of ABD individuals who did not receive SSI.

Source: 42 U.S.C. § 1382 *et seq.*, Pub. L. 92-603, Miss. Code Ann. § 43-13-115.

History: Revised eff. 08/01/2020.

Rule 1.3: Current Structure

- A. During the 1984 Session, the Mississippi Legislature designated the Division of Medicaid in the Office of the Governor as the single state agency authorized to administer the Medicaid Program.
- B. After the Division of Medicaid's designation, the Mississippi Department of Human Services (MDHS, formerly known as Department of Public Welfare) continued to determine eligibility for Medicaid Programs for children and families. In 1999, MDHS acquired the authority to determine eligibility for the Children's Health Insurance Program (CHIP).
- C. During the 2004 Session, the Mississippi Legislature expanded the Division of Medicaid's eligibility jurisdiction, making the Division of Medicaid additionally responsible for determining initial and ongoing eligibility for all children, families, and pregnant women. The transition of the Families, Children and CHIP (FCC) programs from MDHS to the Division of Medicaid was effective January 1, 2005. MDHS remained the certifying agency for children under Title IV-E services and other related custody and adoption assistance programs and those eligible for Medicaid coverage under the Refugee Resettlement Program.
- D. During the 2012 Session, the Mississippi Legislature transferred the existing contract for insurance services for CHIP from the State and School Employees Health Insurance Management Board to the Division of Medicaid effective January 1, 2013.
- E. The Mississippi Legislature created the Department of Child Protection Services (CPS) during the 2016 Session, making CPS Mississippi's lead child welfare agency. Effective July 1, 2016, CPS became responsible for Medicaid certifications for children in its custody who qualify for Medicaid, and children under Title IV-E services and other related custody and adoption assistance programs and those eligible for Medicaid coverage under the Refugee Resettlement Program.
- F. During the 2018 Session, the Mississippi Legislature made CPS a sub-agency of MDHS. CPS remains independent of MDHS, but was housed within DHS to increase efficiency through the sharing of resources, such as system support and other related administrative functions.

Source: Miss. Code Ann. §§ 41-86-9, 41-86-15, 43-13-101 *et seq.*, 43-13-115, 43-26-1 .

History: Revised eff. 08/01/2020.

Chapter 2: Agency Duties

Rule 2.1: Duties of the Division of Medicaid.

The duties of the Division of Medicaid Agency are set out by State and Federal legislation and the approved Mississippi State Plan include, but are not limited to:

- A. Setting regulations and standards for the administration of the Medicaid programs, with approval from the Governor, and in accordance with the Administrative Procedures Law. [Refer to Miss. Admin. Code Part 100, Rule 9.3]
- B. Providing Medicaid coverage to all qualified beneficiaries under the provisions of state law and within appropriated funds.
- C. Establishing reasonable fees, charges and rates for medical services, drugs, equipment and supplies
- D. Conducting fair and impartial hearings.
- E. Safeguarding the confidentiality of records.
- F. Detecting and investigating alleged violations, and addressing fraudulent practices and abuses of the program.
- G. Receiving and expending funds for the program.
- H. Submitting a state plan for Medicaid in accordance with state and federal regulations.
- I. Preparing and distributing required reports to the state and federal government.
- J. Defining and determining the scope, duration, and amount of Medicaid coverage.
- K. Cooperating and contracting with other state agencies for the purpose of administrating the Medicaid program.
- L. Bringing suit in its own name.
- M. Recovering incorrect beneficiary or provider payments including recovery of beneficiary or provider state tax refunds of beneficiaries or providers.
- N. Establishing and providing methods of administration for the operation of the Medicaid program.
- O. Contracting with the federal government to provide Medicaid coverage for certain refugees.

- P. Entering into an agreement with the federal health insurance marketplace as necessary to fulfill the requirements of federal healthcare laws relating to insurance affordability programs that include Medicaid, CHIP and subsidies for insurance coverage through a federal marketplace, effective January, 2014.

Source: 42 C.F.R. § 435.1200; Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2020; Revised eff. 09/01/2014.

Rule 2.2: Duties of the Department of Child Protection Services (CPS)

- A. The duties of the Child Protection Services (CPS) with regard to Medicaid include, but are not limited to:
1. Providing the opportunity for persons to apply for Medicaid benefits through all foster care and refugee programs.
 2. Determining eligibility for foster children and adoption assistance-related Medicaid applicants, certifying eligible children, and notifying the appropriate individuals of eligibility decisions certified by CPS
 3. Renewing foster care and adoption assistance Medicaid eligibility at required intervals.
 4. Providing the opportunity for filing appeals.
 5. Identifying and reporting third-party resources for foster care and adoption assistance beneficiaries to the Division of Medicaid.

Source: Miss. Code Ann. §§ 43-13-115, 43-26-1. .

History: Revised eff. 08/01/2020.

Chapter 3: Rights of Applicants and Beneficiaries

Rule 3.1: Opportunity to Apply

Any individual, who requests assistance, including those who are clearly ineligible, must be allowed to apply without delay. The Division of Medicaid must make a reasonable effort to assist the applicant in establishing eligibility.

Source: 42 C.F.R. §§ 435.906, 435.908 (Rev. .

History: Revised eff. 08/01/2020.

Rule 3.2: Civil Rights and Non-Discrimination.

The Division of Medicaid complies with all state and federal policies which prohibit discrimination on the basis of race, age, sex, national origin, handicap or disability as defined through the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973 and the Civil Rights Act of 1964. All complaints of discrimination will be investigated in accordance with state and federal laws and regulations.

Source: 42 C.F.R. § 435.901.

History: Revised eff. 08/01/2020.

Rule 3.3: Access to Information

- A. The beneficiary or their authorized representative may have access to information in the eligibility case record to either review the file or request copies of information from the file, in certain situations and under specified conditions as required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The privacy restrictions for protected health information (PHI) under HIPAA are specific regarding the disclosure of information to and on behalf of a Medicaid beneficiary. Privacy policies and procedures for all disclosures and the authorization forms required prior to the release of case record information are located in the HIPAA Privacy Policies Manual and the HIPAA Privacy Procedures Manual.

- B. The HIPAA Privacy Procedures Manual outlines requirements for the release of information, with or without consent of the beneficiary, and the type and amount of information that is allowed to be released to or for:
 - 1. A Medicaid beneficiary.
 - 2. A Personal Representative of a beneficiary as defined by HIPAA.
 - 3. A legal representative of a beneficiary.
 - 4. A parent or guardian of a minor child.
 - 5. Law enforcement agencies or officials.
 - 6. Public authorities.
 - 7. A judicial or administrative hearing.
 - 8. Federal or state agencies.
 - 9. Audits or compliance reviews.
 - 10. Legislators or elected officials.

11.Providers and their contractors.

Source: 45 C.F.R. Parts 160,164; Miss. Code Ann. §§ 43-12-17, 43-13-121.

History: Revised eff. 08/01/2020.

Rule 3.4: Confidentiality of Information

All individuals have the right to a confidential relationship with the Division of Medicaid. All information maintained about current and former beneficiaries beneficiariesbeneficiariesand current and denied applicants is confidential and must be safeguarded. The Division of Medicaid adheres to state laws and federal regulations regarding the protection of the confidentiality of information about applicants andbeneficiaries. Protected information may only be disclosed without the individual's authorization in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Source: 42 C.F.R. § 431. 300 *et seq.*; 45 C.F.R. Parts 160, 164.Miss. Code Ann. §§ 43-13-117, 43-13-121 .

History: Revised eff. 08/01/2020.

Rule 3.5: Protected Health Information

A. Protected Health Information (PHI) is information created or received by the Division of Medicaid that identifies an individual or for which there is a reasonable basis to believe an individual can be identified, is transmitted or maintained by electronic media or in any other form, with the exception of any such records held by the Division of Medicaid in its role as an employer or regarding a person who has been deceased for more than 50 years, and relates to the following:

1. The past, present, or future physical or mental health or condition of an individual,
2. The provision of health care to an individual, or
3. The past, present, or future payment for the provision of health care to an individual;

B. Protected Health Information (PHI) consists of eligibility/financial and/or medical information and includes, but is not limited to, the following information:

1. Eligibility information:
 - a) Name and address of applicants and beneficiaries,
 - b) Social and economic conditions or circumstances,

- c) Evaluation of personal information such as financial status, citizenship, residence, age and other demographic characteristics,
- d) Information received in connection with the identification of legally liable third-party resources,
- e) Information received for verifying income eligibility and benefit level and
- f) Income information verifying income eligibility and benefit level received from the Social Security Administration, the Veteran's Administration, State Retirement Board, or Medicare. Information provided by these agencies must be safeguarded according to the requirements of the agency that furnished the data.

2. Medical information:

- a) Medical data, including diagnosis and past history of disease or disability,
- b) Medical services provided,
- c) Medical status, psychobehavioral status, and functional ability,
- d) Results of laboratory tests, and
- e) Medication records.

Source: 42 C.F.R. §§ 160.103, 435.901, Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2020.

Rule 3.6: Release of Program Information

The Division of Medicaid releases program information for the purposes of informing the public and conducting necessary business in accordance with all applicable privacy laws. The release of such information includes, but is not limited to:

- A. The annual report of the Division of Medicaid, published pursuant to state law, containing the total number of beneficiaries, the total amount paid for medical assistance and care, the total number of applications, the total number of applications approved and denied, and similar data.
- B. Pamphlets, brochures and other documents prepared for distribution to the public.
- C. Information exchanged with other state or federal agencies pursuant to a contract or written agreement.

Source: Miss. Code Ann. § 43-13-121.

History: Revised eff. 08/01/2020.

Rule 3.7: Safeguarding Confidential Information

- A. Privacy laws protect electronic records, paper records and oral communication. Employees of the Division of Medicaid are responsible for safeguarding the confidentiality of applicant and beneficiary information in all forms to prevent unauthorized disclosure.
- B. Failure to abide by the policies and procedures regarding confidentiality of applicant and beneficiary information, either intentionally or unintentionally, can result in disciplinary action. In addition, any violation of privacy and security policies and procedures may be referred to state and/or federal agencies for prosecution.

Source: 42 C.F.R. § 435.901; 45 C.F.R. Parts 160, 164. .

History: Revised eff. 08/01/2020.

Rule 3.8: Privacy and Security Training

- A. The Division of Medicaid ensures that all workforce members receive training regarding the privacy and security requirements of applicable state and federal laws, as well as the privacy and security policies and procedures of the the Division. In addition, all workforce members are trained how to identify, report, and prevent potential privacy and security incidents.
- B. Privacy and security training is ongoing throughout an employe's tenure with the Division of Medicaid and includes, but is not limited to, training in relevant Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates and periodic security reminders.

Source: 45 C.F.R Parts 160, 164.

History: Revised eff. 08/01/2019.