

authorization processes used by the division in its administration of the Medicaid program;

(e) * * * [Deleted]

(f) Implement a preferred drug list that is more stringent than the mandatory preferred drug list established by the division under subsection (A)(9) of this section;

(g) Implement a policy which denies beneficiaries with hemophilia access to the federally funded hemophilia treatment centers as part of the Medicaid Managed Care network of providers. All Medicaid beneficiaries with hemophilia shall receive unrestricted access to anti-hemophilia factor products through noncapitated reimbursement programs.

(2) Notwithstanding any provision of this section, no expansion of Medicaid managed care program contracts may be implemented by the division without enabling legislation from the Mississippi Legislature. There is hereby established the Commission on Expanding Medicaid Managed Care to develop a recommendation to the Legislature and the Division of Medicaid relative to authorizing the division to expand Medicaid managed care contracts to include additional categories of Medicaid-eligible beneficiaries, and to study the feasibility of developing an alternative managed care payment model for medically complex children.

(a) The members of the commission shall be as follows:



1048 (i) The Chairmen of the Senate Medicaid
1049 Committee and the Senate Appropriations Committee and a member of
1050 the Senate appointed by the Lieutenant Governor;
1051 (ii) The Chairmen of the House Medicaid
1052 Committee and the House Appropriations Committee and a member of
1053 the House of Representatives appointed by the Speaker of the
1054 House;
1055 (iii) The Executive Director of the Division
1056 of Medicaid, Office of the Governor;
1057 (iv) The Commissioner of the Mississippi
1058 Department of Insurance;
1059 (v) A representative of a hospital that
1060 operates in Mississippi, appointed by the Speaker of the House;
1061 (vi) A licensed physician appointed by the
1062 Lieutenant Governor;
1063 (vii) A licensed pharmacist appointed by the
1064 Governor;
1065 (viii) A licensed mental health professional
1066 or alcohol and drug counselor appointed by the Governor;
1067 (ix) The Executive Director of the
1068 Mississippi State Medical Association (MSMA);
1069 (x) Representatives of each of the current
1070 managed care organizations operated in the state appointed by the
1071 Governor; and



1072 (xi) A representative of the long-term care
1073 industry appointed by the Governor.

1074 (b) The commission shall meet within forty-five
1075 (45) days of the effective date of this section, upon the call of
1076 the Governor, and shall evaluate the Medicaid managed care
1077 program. Specifically the commission shall:

1078 (i) Review the program's financial metrics;
1079 (ii) Review the program's product offerings;
1080 (iii) Review the program's impact on
1081 insurance premiums for individuals and small businesses;

1082 (iv) Make recommendations for future managed
1083 care program modifications;

1084 (v) Determine whether the expansion of the
1085 Medicaid managed care program may endanger the access to care by
1086 vulnerable patients;

1087 (vi) Review the financial feasibility and
1088 health outcomes of populations health management as specifically
1089 provided in paragraph (2) above;

1090 (vii) Make recommendations regarding a pilot
1091 program to evaluate an alternative managed care payment model for
1092 medically complex children;

1093 (viii) The commission may request the
1094 assistance of the PEER Committee in making its evaluation; and



1095 (ix) The commission shall solicit information
1096 from any person or entity the commission deems relevant to its
1097 study.

1098 (c) The members of the commission shall elect a
1099 chair from among the members. The commission shall develop and
1100 report its findings and any recommendations for proposed
1101 legislation to the Governor and the Legislature on or before
1102 December 1, 2018. A quorum of the membership shall be required to
1103 approve any final report and recommendation. Members of the
1104 commission shall be reimbursed for necessary travel expense in the
1105 same manner as public employees are reimbursed for official duties
1106 and members of the Legislature shall be reimbursed in the same
1107 manner as for attending out-of-session committee meetings.

1108 (d) Upon making its report, the commission shall
1109 be dissolved.

1110 (* * *3) Any contractors providing direct patient care
1111 under a managed care program established in this section shall
1112 provide to the Legislature and the division statistical data to be
1113 shared with provider groups in order to improve patient access,
1114 appropriate utilization, cost savings and health outcomes not
1115 later than October 1 of each year. The division and the
1116 contractors participating in the managed care program, a
1117 coordinated care program or a provider-sponsored health plan shall
1118 be subject to annual program audits performed by the Office of the
1119 State Auditor, the PEER Committee and/or an independent third

