

1023 authorization processes used by the division in its administration
1024 of the Medicaid program;

1025 (e) * * * [Deleted]

1026 (f) Implement a preferred drug list that is more
1027 stringent than the mandatory preferred drug list established by
1028 the division under subsection (A) (9) of this section;

1029 (g) Implement a policy which denies beneficiaries
1030 with hemophilia access to the federally funded hemophilia
1031 treatment centers as part of the Medicaid Managed Care network of
1032 providers. All Medicaid beneficiaries with hemophilia shall
1033 receive unrestricted access to anti-hemophilia factor products
1034 through noncapitated reimbursement programs.

1035 (2) Notwithstanding any provision of this section, no
1036 expansion of Medicaid managed care program contracts may be
1037 implemented by the division without enabling legislation from the
1038 Mississippi Legislature. There is hereby established the
1039 Commission on Expanding Medicaid Managed Care to develop a
1040 recommendation to the Legislature and the Division of Medicaid
1041 relative to authorizing the division to expand Medicaid managed
1042 care contracts to include additional categories of
1043 Medicaid-eligible beneficiaries, and to study the feasibility of
1044 developing an alternative managed care payment model for medically
1045 complex children.

1046 (a) The members of the commission shall be as
1047 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

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

(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;

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

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

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

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