STATE Mississippi

DEFINITION OF A HEALTH MAINTENANCE ORGANIZATION

Health Maintenance Organizations (HMO) are limited to any public or private entity paid on a prepaid or fixed-sum basis which provides health service insurance coverage or provides health services to recipients and which:

(1) Is organized primarily for the purpose of insuring or providing health care or other services of the type regularly offered to Medicaid recipients;

(2) Ensures that services meet the standards set by the agency for quality, appropriateness, and timeliness;

(3) Manages the care of Medicaid recipients and assigns patients to primary care physicians responsible for providing primary care services and authorizing specialty care;

(4) Makes provisions satisfactory to the agency for insolvency protection and ensures that neither enrolled Medicaid recipients nor the agency will be liable for the debts of the entity; and

(5) Makes the services it provides to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration, and scope) as those services are to non-enrolled Medicaid recipients within the area served by the HMO.

(6) Has a certificate of authority to operate as a health maintenance organization and is in compliance with the Health Maintenance Organization, Preferred Provider Organization and Other Prepaid Health Benefit Plans Protection Act as established by authority of Mississippi Code Ann. § 83-41-301 et seq. (1972, as amended), and the Patient Protection Act of 1995 as established by authority of Mississippi Code Ann. § 83-41-401 et seq. (1972, as amended).