



MISSISSIPPI MEDICAID: an overview and program basics

Agency Overview

The Mississippi Division of Medicaid (DOM) has more than 900 employees located throughout one central office, 30 regional offices and over 80 outstations.

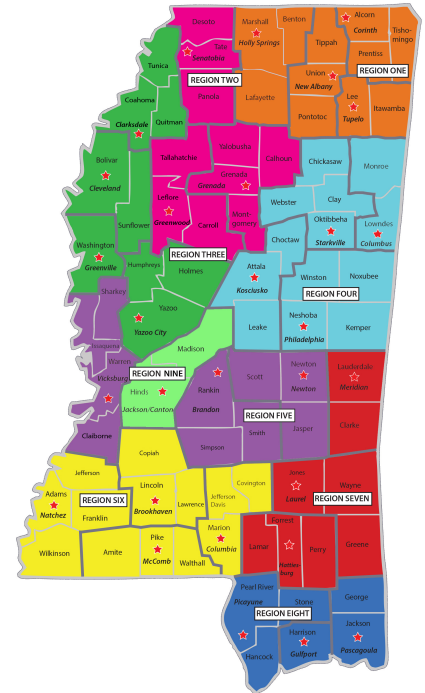
DOM serves nearly 1 in 4 Mississippians who receive health benefits through regular Medicaid, Medicaid's coordinated care program known as MississippiCAN, and the Children's Health Insurance Program (CHIP).

Background

Medicaid was created by the Social Security Amendments of 1965, to provide health coverage for eligible, low income populations.

* In 1969, Medicaid was enacted by the Mississippi Legislature.

* While Medicaid is a voluntary program, all 50 states, five territories of the U.S. and the District of Columbia participate.



As of July 2015, the U.S. Census estimates Mississippi has nearly **3 million** residents.

For CY 2018, average monthly enrollment for Medicaid and CHIP was **729,777**.

Almost **25%** of Mississippians receive Mississippi Medicaid health benefits.

What is Medicaid?

Medicaid provides health coverage for eligible, low income populations in Mississippi. The largest population Medicaid serves is children.

To qualify, you must submit a completed application for Mississippi Medicaid health benefits, and meet state and federal eligibility requirements. This umbrella term includes multiple health benefits programs administered by DOM: fee-for-service Medicaid, MississippiCAN and CHIP.

The federal medical assistance percentage (FMAP) is used to calculate federal matching funds for medical service expenditures. The FMAP for Mississippi is 76.39% for federal fiscal year (FFY) 2019.

Beneficiaries do not directly receive money from Medicaid for health benefits. **Medicaid is different from the federal Medicare program.**

What is MississippiCAN?

In 2011, the state Legislature authorized Medicaid to implement a coordinated care program, known as MississippiCAN, for certain Medicaid beneficiaries.

Advantages to coordinated care include increasing beneficiary access to needed medical services, improving the quality of care through case management, and cost prevention and predictability.

Currently, MississippiCAN is administered by three different coordinated care organizations - Magnolia Health, Molina Healthcare and UnitedHealthcare Community Plan.

About 65% of Medicaid beneficiaries are enrolled in MississippiCAN.

Children's Health Insurance Program (CHIP)

CHIP provides health coverage for uninsured children up to age 19, whose family income does not exceed 209% of the federal poverty level (FPL).

To be eligible for CHIP, a child cannot be eligible for Medicaid or be covered by any other form of health insurance at the time of application.

CHIP is separate from Medicaid. For 2018, average monthly enrollment for CHIP was 46,335.

Effective Oct. 1, 2019, the federal match rate for CHIP decreases to 95.39%.

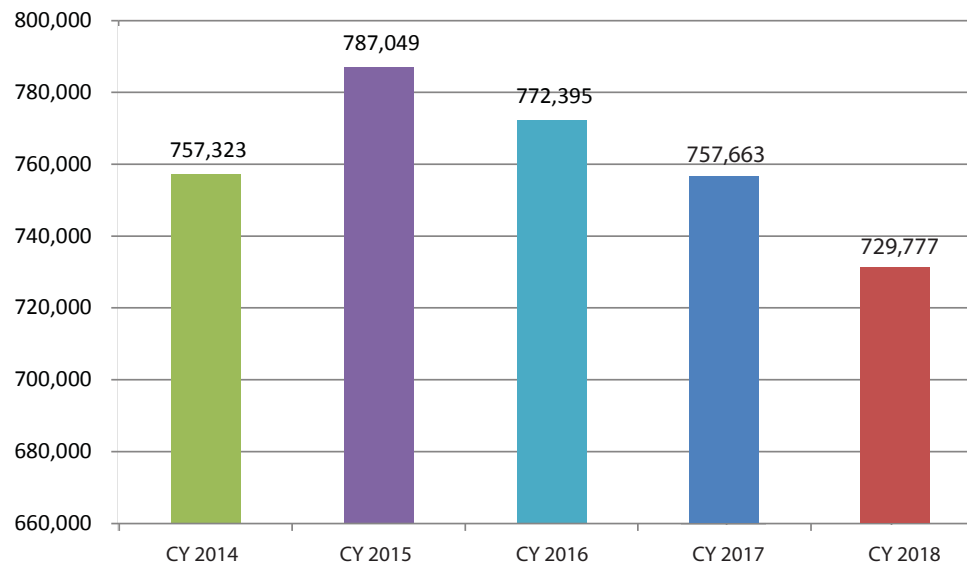
Who is Enrolled?

The percentages of populations we serve are listed from highest to lowest:

- 56% - children
- 23% - disabled (Supplemental Security Income)
- 9% - aged with Medicare
- 7% - low income parents/ caretakers
- 3% - family planning
- 2% - pregnant women

The graph to the right displays average annual enrollment numbers per calendar year for Medicaid and CHIP beneficiaries.

Average Annual Enrollment for Medicaid and CHIP



Home and Community Based Services Overview

Home and Community Based Services (HCBS) Programs offer in-home and/or community-based services instead of institutional care. These demonstration waiver programs provide more specialized services, above and beyond the State Plan. Individuals eligible for these programs are the most vulnerable and severely ill, such as: the elderly and disabled, Supplemental Security Income (SSI) recipients, disabled children living at home, and those with a traumatic brain injury/spinal cord injury.

Medicaid can fund 3 people in a home and community based waiver program for the cost of 1 person in an institutional facility

| Waiver | Avg. of participants CY 2018 | Waiting list | Fed. authorized slots SFY 2020 | Total cost per person CY 2018 | Estimated state cost to fund all slots SFY20 |
|---|------------------------------|---------------|--------------------------------|-------------------------------|--|
| Assisted Living | 599 | 309 | 950 | \$18,799 | \$4,137,935 |
| Elderly and Disabled | 16,444 | 9,431 | 21,600 | \$15,135 | \$75,743,998 |
| Independent Living | 2,202 | 2,199 | 5,650 | \$23,574 | \$30,861,251 |
| Intellectual Disabilities/Dev. Disabilities | 2,627 | 1,917 | 3,400 | \$45,799 | \$36,079,300 |
| Traumatic Brain Injury/Spinal Cord Injury | 786 | 388 | 3,600 | \$26,247 | \$21,893,525 |
| Totals | 22,658 | 14,244 | 35,200 | \$129,554 | \$168,716,009 |

Budget Request for State Funds

| Source | SFY 2018 | SFY 2019 | SFY 2020 |
|--------------------|-----------------|---------------|---------------|
| Requested* | \$943 million | \$917 million | \$939 million |
| Appropriated | \$917.7 million | \$917 million | TBD |
| Deficit request | \$16.5 million | \$0 | \$0 |
| Total appropriated | \$935.2 million | \$917 million | TBD |

* Amounts reflect final adjusted requests

State Funding for SFY 2018

| | |
|-------------------------|-----------------------|
| Direct state funds | \$935.2 million (16%) |
| Other non-federal funds | \$507 million (9%) |
| Federal Funds | \$4.42 billion (75%) |
| Total | \$5.86 billion |