



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.

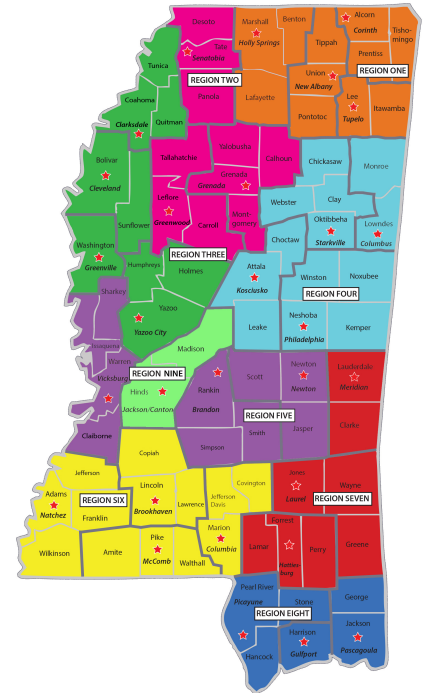
DOM serves nearly 1 in 4 Mississippians who receive health benefits through regular Medicaid, Medicaid's coordinated care program known as MississippiCAN, and the Children's Health Insurance Program (CHIP).

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 2018, the U.S. Census estimates Mississippi has nearly **3 million** residents.

For FY 2019, average monthly enrollment for Medicaid and CHIP was **720,826**.

Almost **25%** of Mississippians are enrolled in either Medicaid or CHIP.

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. Mississippi Medicaid 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 76.98% for federal fiscal year (FFY) 2020.

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 FY 2019, average monthly enrollment for CHIP was 46,032.

Effective Oct. 1, 2020, the federal match rate for CHIP will decrease from 95.39% to 84.10%.

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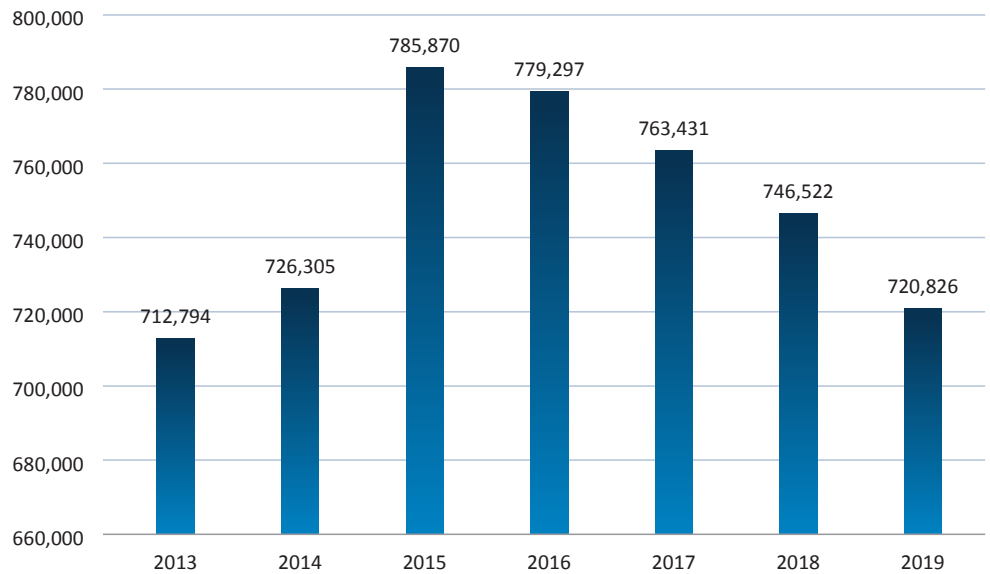
Who is Enrolled?

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



Difference Between Medicaid and Medicare

Medicaid is a federal/state program that provides medical assistance to needy individuals. Within broad federal rules, each state decides eligible groups, types and range of services, payment levels for services and administrative and operating procedures.

Medicare is federal health insurance for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease.



Home and Community Based Services

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 services provided under fee-for-service Medicaid.

Participants in the following waiver programs receive full Medicaid coverage plus additional waiver services that allow the individual to remain in a private living arrangement rather than in a medical institution.

Medicaid HCBS Waivers

- Assisted Living
- Elderly and Disabled
- Independent Living
- Intellectual Disabilities/Developmental Disabilities
- Traumatic Brain Injury/Spinal Cord Injury

Budget Request for State Funds

Source	SFY 2019	SFY 2020	SFY 2021
Requested*	\$917 million	\$939 million	\$979 million
Appropriated	\$917 million	\$931 million	TBD
Deficit request	\$0 million	\$0	\$0
Total appropriated	\$917 million	\$931 million	TBD

* Amounts reflect final adjusted requests

Total Funding for SFY 2019

Direct state funds	\$917 million (16%)
Other non-federal funds	\$484 million (8%)
Federal Funds	\$4.5 billion (76%)
Total	\$5.9 billion