

STATE FISCAL YEAR

2023 INITIAL BUDGET REQUEST

Presented to the
Joint Legislative Budget Committee

September 24, 2021

Drew L. Snyder

Executive Director

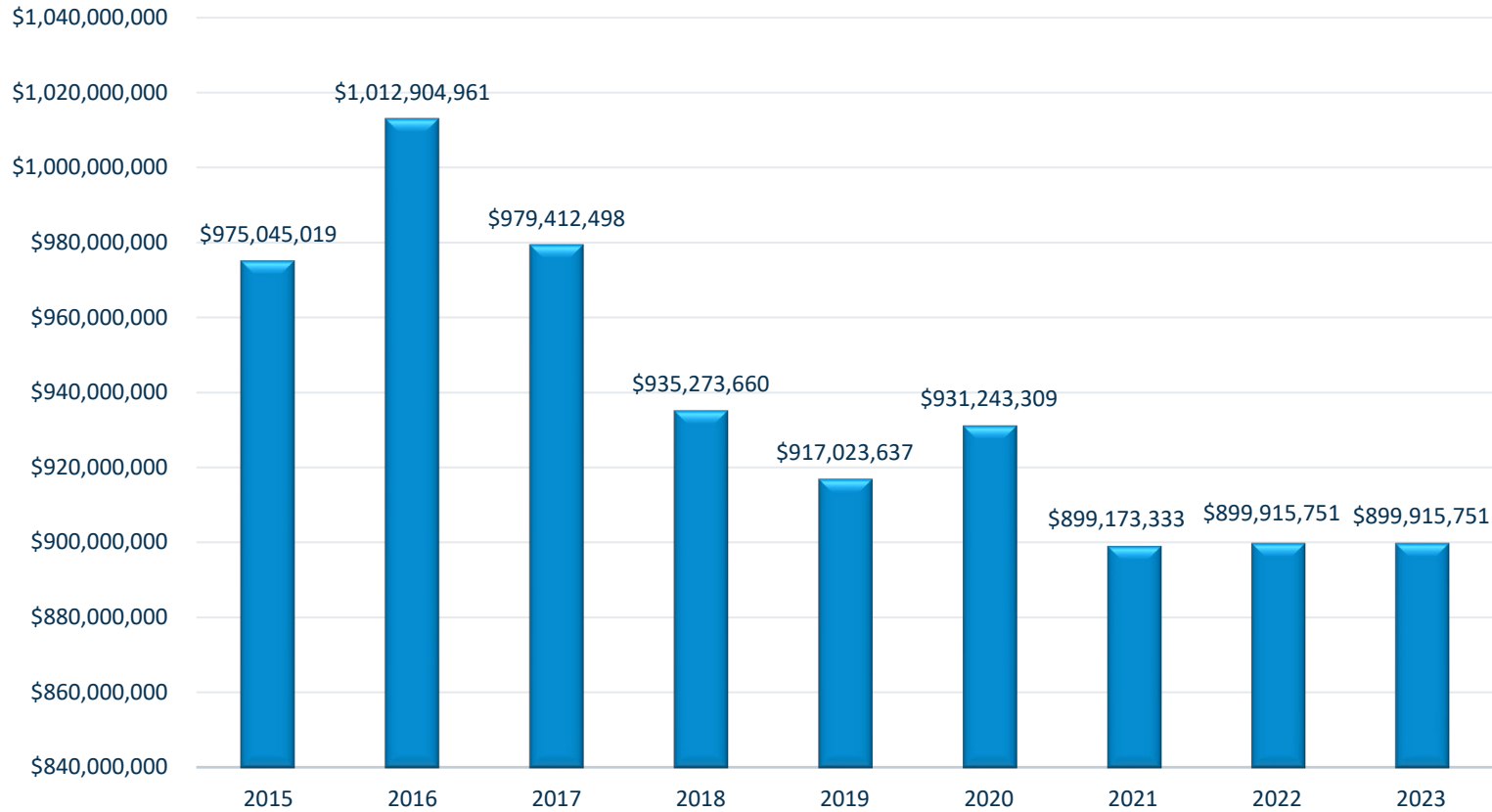
Mississippi Division of Medicaid



MISSISSIPPI DIVISION OF
MEDICAID

STATE SUPPORT FUNDING

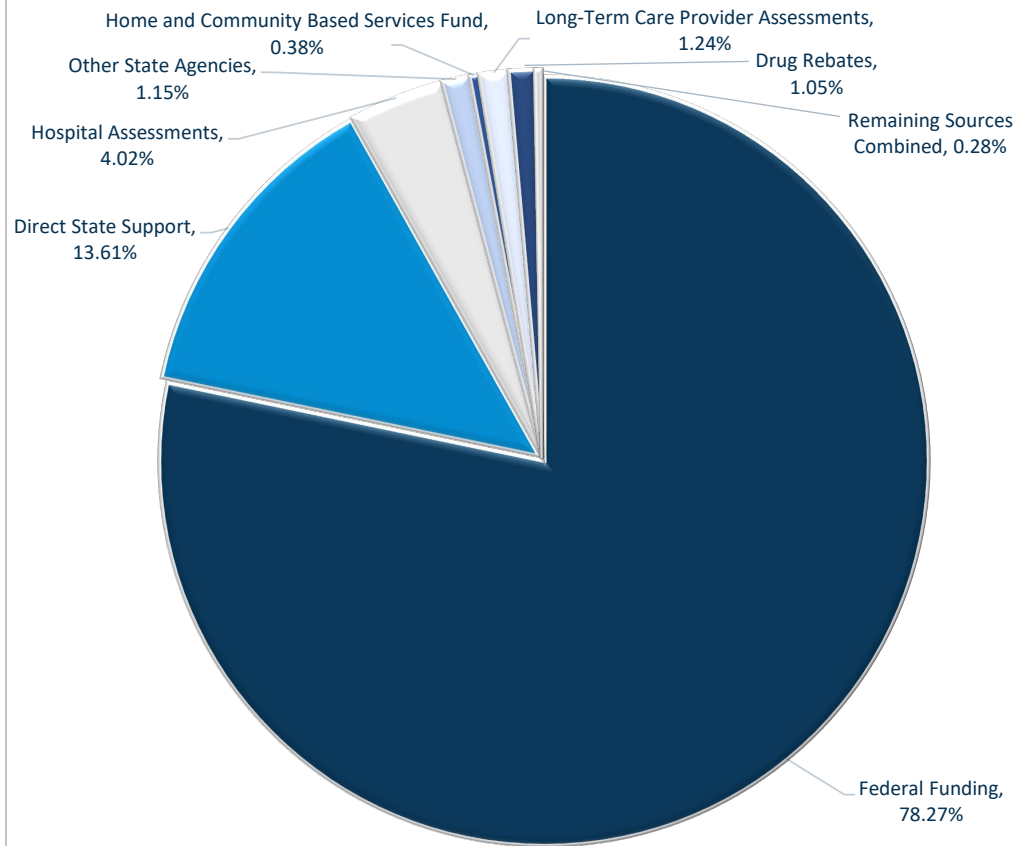
STATE FISCAL YEARS 2015-2023



Total state support funding, including deficit appropriations, by fiscal year over a nine-year period (2023 amount reflects initial budget request).

FUNDING SOURCES

SOURCES OF FY 2023 MEDICAID FUNDING



FY 2023 Funding Sources

> Federal Funding	\$5,174,824,301
> Direct State Support	\$899,915,751
> Hospital Assessments	\$266,051,853
> Other State Agencies - State Portion	\$75,840,928
> Home and Community Based Services	\$25,176,387
> Long-Term Care Facility Provider Assessments	\$81,671,246
> Drug Rebates*	\$69,528,600
> MAPS - UMMC	\$8,302,702
> Provider Refund of Overpayment*	\$3,032,400
> Long-Term Care Facility UPL IGTs	\$4,496,743
> Physician UPL IGTs	\$2,500,000
> Interest, Misc. Collections	\$533,200

Total **\$6,611,874,111**

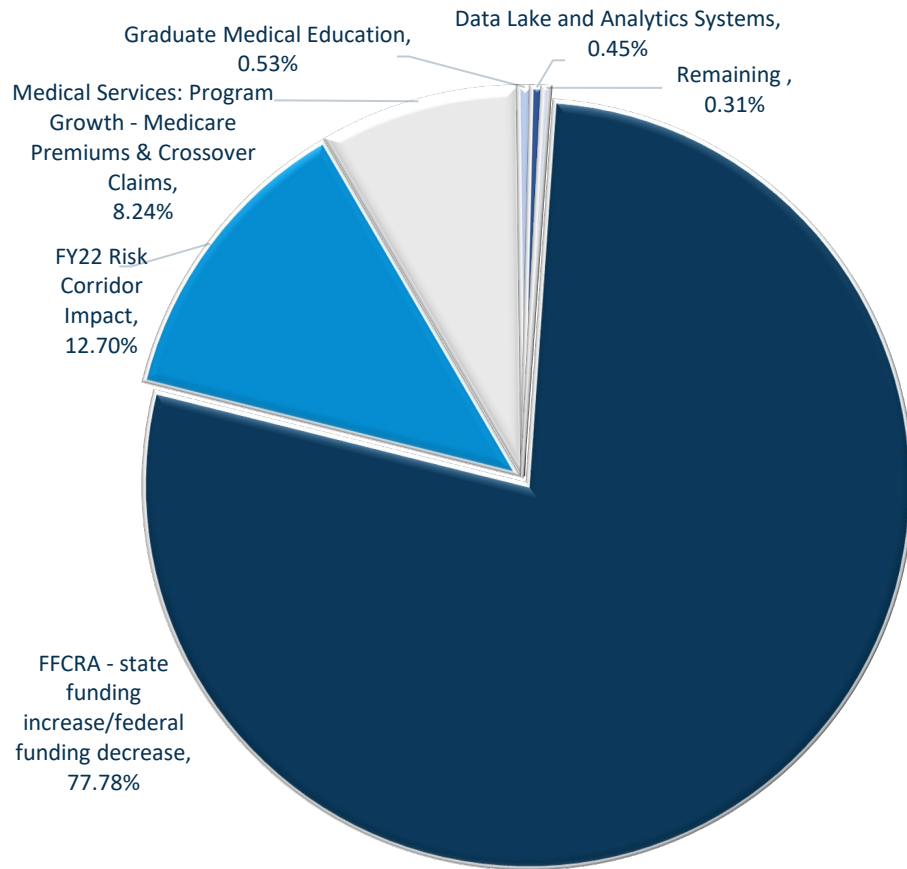
* Reported as reduction in medical expenditures instead of revenue.

> Federal	\$5,247,385,301
> State Share	\$1,364,488,810
> Total Spending	\$6,611,874,111

> Direct State Support	\$899,915,751
> Other State Support	\$75,840,928
> Home and Community Based Services	\$25,176,387
> Provider Assessments	\$363,555,744
	\$1,364,488,810

COST FACTORS

KEY IMPACTS ON FY 2023 REQUEST



FY 2022 Appropriation:

> General Funds	\$836,685,748
> Health Care Expendable Funds	\$63,230,003

FY 2022 Direct State Appropriated Funds **\$899,915,751**

FY 2023 Impacts on State Funds Request:

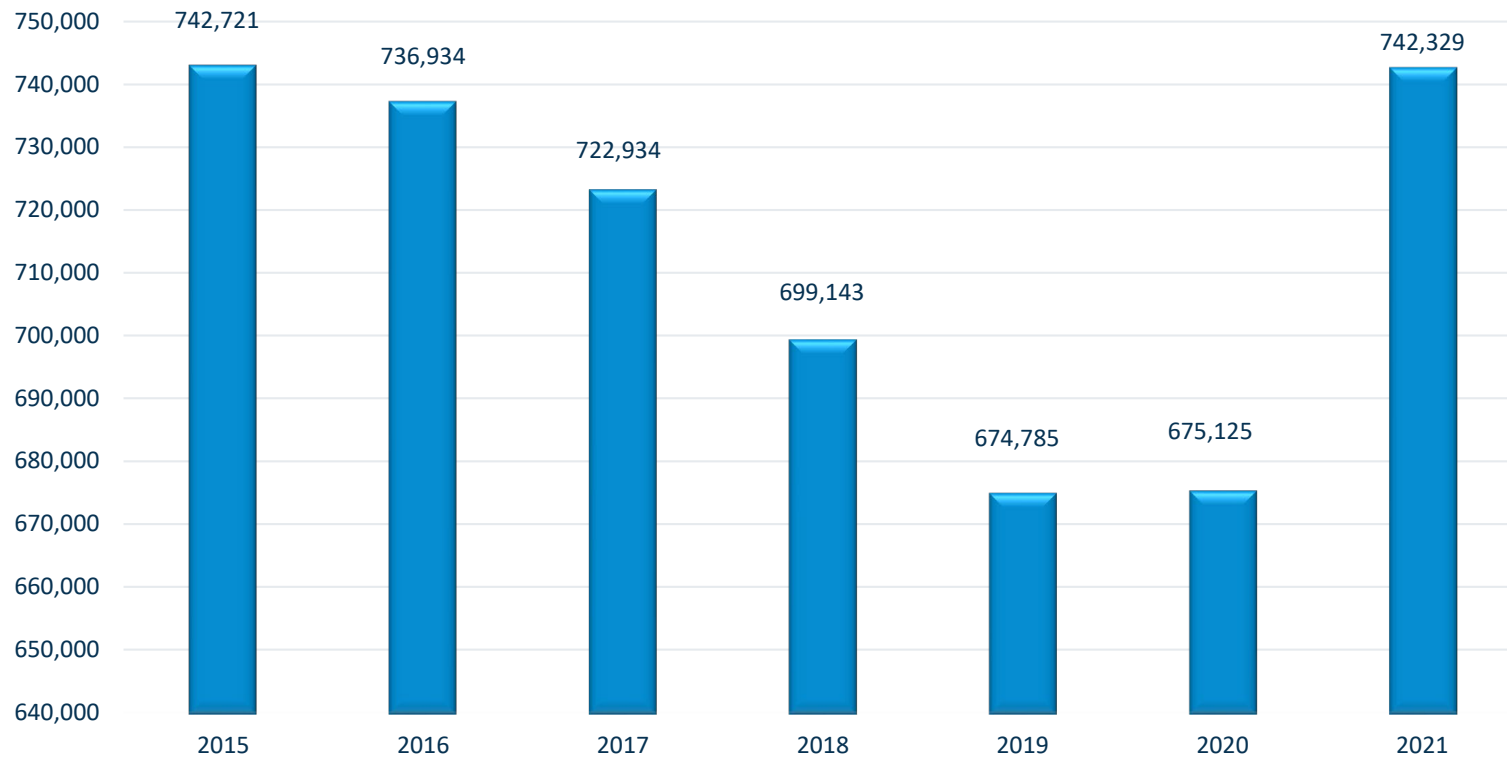
> Impact of FFCRA - state funding increase/federal funding decrease	\$227,840,923
> Difference in state funding including impact of carry forward from FY22 to FY23	(\$245,701,627)
> FY22 Risk Corridor Impact	\$37,192,246
> Medical Services: Program Growth - Medicare Premiums & Crossover Claims	\$24,125,349
> Medical Services: Program Growth - Enrollment, Unit Cost, Utilization	(\$23,092,992)
> Administrative Services - reduction in IT system spending	(\$17,026,943)
> HCBS: Program Growth - Enrollment, Unit Cost, Utilization, HCBS Fund	(\$6,703,090)
> Graduate Medical Education	\$1,557,992
> Data Lake and Analytics Systems	\$1,310,226
> SEC2	\$666,603
> CHIP: Program Growth - Enrollment, Unit Cost, Utilization	(\$279,693)
> MSCAN/CHIP Procurement Protest	\$250,000
> Non-Emergent Transportation	(\$138,994)

Additional Direct State Funds Requested **\$0.00**

FY 2023 Direct State Funds Request **\$899,915,751**

ANNUAL ENROLLMENT

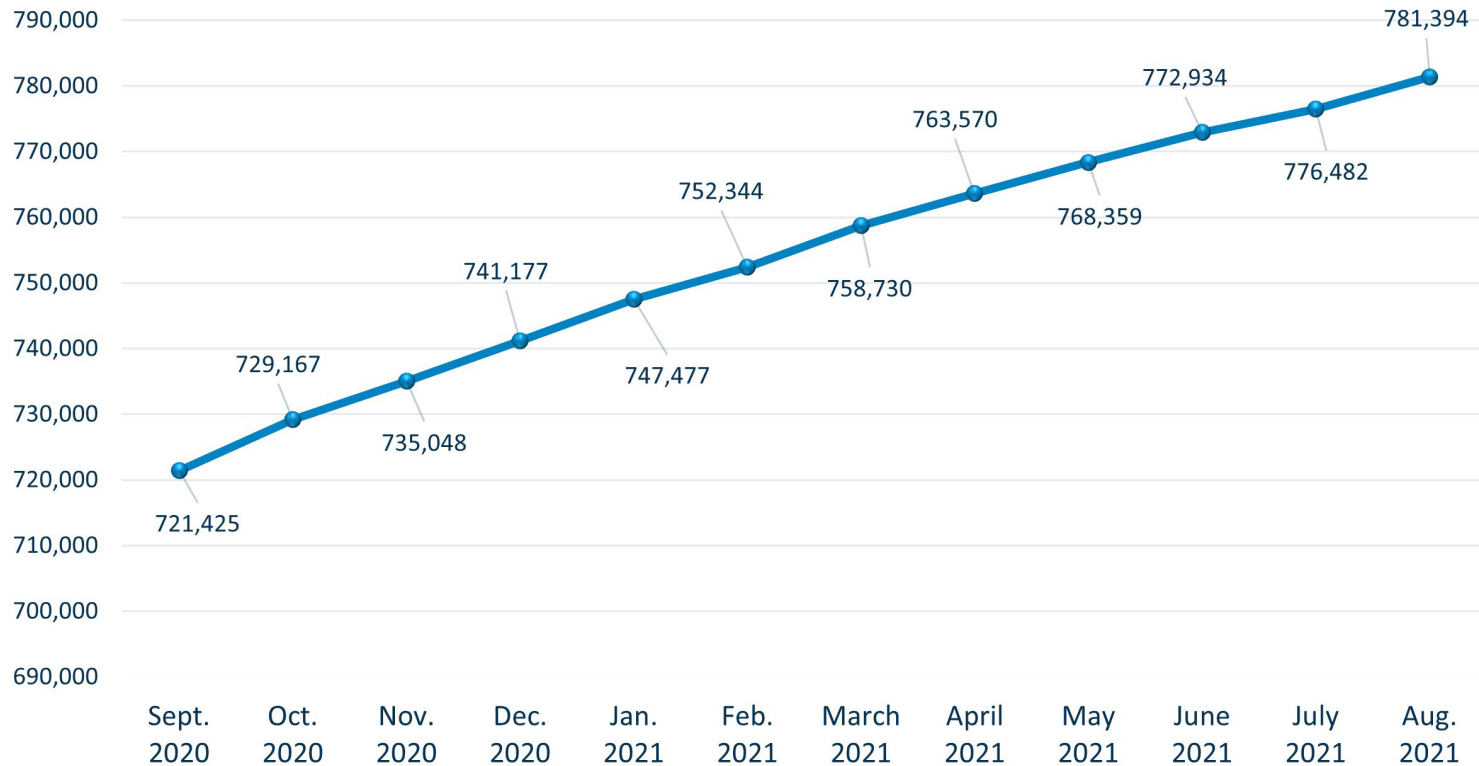
STATE FISCAL YEARS 2015-2023



The average annual Medicaid enrollment for the past seven state fiscal years excluding the Children's Health Insurance Program (CHIP). Modified Adjusted Gross Income eligibility guidelines, required by the Affordable Care Act, took effect Jan. 1, 2014. Total enrollment subsequently peaked at 746,151 in March of 2015.

12-MONTH ENROLLMENT

MEDICAID BENEFICIARIES BY MONTH



The figures above reflect the Medicaid enrollment count for each month over the past 12 months; they do not include Children’s Health Insurance Program (CHIP) beneficiaries. In order to receive FFCRA support, states were required to not take any adverse action on those who were eligible for benefits at the beginning of the COVID-19 public health emergency. Adverse actions include termination of eligibility or reduction in benefits. States were only allowed to take adverse action in cases of death, beneficiary moving out of state or the request for closure by the beneficiary.

DIVISION MOVING FORWARD

