Mississippi Association of Health Plans

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Executive Director

November 10, 2015
Mississippi Division of Medicaid

The Mississippi Division of Medicaid has over 900 employees located throughout one central office, 30 regional offices and over 90 outstations. We are charged with facilitating the Medicaid program for the state of Mississippi.

* * *

Mission: The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.

Values: We are committed to accomplishing our mission by conducting operations with...

Accountability  *  Consistency  *  Respect
Medicaid Overview

• **1965** - Created as part of the Social Security Amendments of 1965 (PL 89-97)

• **1969** - Enacted by the Mississippi State Legislature

• Safety net program similar to Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP)

All 50 states, the District of Columbia, and five territories participate in the voluntary matching program.
Who is Eligible in Mississippi?

Each state has authority to choose eligibility requirements within federal guidelines. In Mississippi, Medicaid eligibility is based on factors including family size, income, and the Federal Poverty Level (FPL).

<table>
<thead>
<tr>
<th>Categories of Eligibility</th>
<th>Percent of Federal Poverty Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants from birth to age 1</td>
<td>194%</td>
</tr>
<tr>
<td>Children age 1 up to 6</td>
<td>143%</td>
</tr>
<tr>
<td>Children age 6 up to 19</td>
<td>133%</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>194%</td>
</tr>
<tr>
<td>CHIP children up to age 19</td>
<td>209%</td>
</tr>
</tbody>
</table>

Eligibility for people who receive Supplemental Security Income (SSI) and the aged, blind, or disabled are based on additional requirements such as income and resource limits.
Medicaid Overview

• Federal Medical Assistance Percentage (FMAP)
  Lowest match 50%, MS has highest match at 74.17%
• Eligibility determined by income and SSI status
• Based on the Federal Poverty Level (FPL)

2015 Federal Poverty Level Guidelines

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
<th>133%</th>
<th>138%</th>
<th>143%</th>
<th>194%</th>
<th>209%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11,770</td>
<td>15,654</td>
<td>16,243</td>
<td>16,831</td>
<td>22,834</td>
<td>24,599</td>
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<td>2</td>
<td>15,930</td>
<td>21,187</td>
<td>21,983</td>
<td>22,780</td>
<td>33,904</td>
<td>33,294</td>
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<tr>
<td>3</td>
<td>20,090</td>
<td>26,720</td>
<td>27,724</td>
<td>22,729</td>
<td>38,975</td>
<td>41,988</td>
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<tr>
<td>4</td>
<td>24,250</td>
<td>32,253</td>
<td>33,465</td>
<td>34,678</td>
<td>47,045</td>
<td>50,683</td>
</tr>
</tbody>
</table>
Who is Enrolled?

54.7% = Children
6.6% = Low Income Parents/Caretakers
17.6% = Disabled (Supplemental Security Income)
11.1% = Dually eligible
3.0% = Family Planning
1.9% = Pregnant Women

727,356 Medicaid beneficiaries
51,155 CHIP beneficiaries
778,511 Total enrollment

As of October 31, 2015
Medicaid and CHIP Beneficiary Monthly Enrollment
Fiscal Year 2015 Budget Overview

State Funds                   $1.48 billion
Federal Funds                $4.10 billion
Total                        $5.58 billion

Approximately 18% of state budget

2\textsuperscript{ND} largest spending item behind K-12 education
Major Medicaid Provider Payments
(in millions)

Note: Numbers represent fee-for-service and exclude managed care payments. FY2013 nursing facility payments include UPL totaling approximately $63m. NF UPL payments made in FY2012 were approximately $18m and $15m in FY2011. Hospital payments include DSH and UPL.
2015 Legislative Update

**House Bill (HB) 545 - Technical Amendments to Mississippi Medicaid law**

- Allows our Pharmacy and Therapeutics (P&T) Committee to meet as needed rather than quarterly
- 60 day provider appeal and collection of over payments
- Requires “Medicaid planners” to register annually with the Division of Medicaid (DOM)

**Senate Bill (SB) 2588 - Mississippi Medicaid law on services**

- Allows inpatient hospital services to be included in managed care
- Establishes the Mississippi Hospital Access Program (MHAP) to replace the Upper Payment Limit (UPL) model
2015 Legislative Update

HB 1541 – Medicaid Appropriations Bill

- Appropriated $965,438,214 to the Division of Medicaid for FY 2016
- Restored our PINS and removed freeze language

SB 2837 – Deficit Appropriations Bill

- Appropriated $92,662,369 to the Division of Medicaid for the remainder of FY 2015
- In combination both bills amounted to $1,058,100,583

SB 2441 – Provider Sponsored Health Plan

- Allows for the creation of a provider sponsored plan
2015 Major Initiatives

From May through July enrolled 297,000 children ages 1-19 into MississippiCAN

On target to include inpatient hospital services in MississippiCAN on December 1, 2015
## Fiscal Year Funding Summary

<table>
<thead>
<tr>
<th></th>
<th>FY2014</th>
<th>FY2015</th>
<th>FY2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested</td>
<td>$911,337,027</td>
<td>$984,928,802</td>
<td>$989,759,038</td>
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<tr>
<td>Appropriated</td>
<td>$840,094,358</td>
<td>$885,438,214</td>
<td>$965,438,214</td>
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<tr>
<td>Shortfall</td>
<td>$71,242,669</td>
<td>$99,490,585</td>
<td>$24,320,824</td>
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<tr>
<td>Deficit Request</td>
<td>$71,242,669</td>
<td>$99,490,585</td>
<td>$71,349,371</td>
</tr>
<tr>
<td>Deficit Appropriated</td>
<td>$50,000,000</td>
<td>$92,662,369</td>
<td></td>
</tr>
<tr>
<td>Actual Deficit Expenditure</td>
<td>$69,025,158</td>
<td>$102,859,664</td>
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</table>
## Summary of Direct State Funding for FY2017 Requested Funds Breakdown

### FY2016 Appropriation

| General Funds                  | $902,655,576 |
| Health Care Expendable Fund (Tobacco Funds) | $62,782,638 |
| **FY2016 Beginning Balance of Direct State Appropriated Funds** | **$965,438,214** |
| **FY2016 Estimated Shortfall** | **$71,349,371** |

### FY2017 Impacts on State Funds Request

- **Utilization and Rates Trend**: $20,113,102
- **Balancing Incentive Federal Fund Replacement**: $5,034,124
- **Administrative costs and Funding for 50 Pins**: $3,882,285
- **CHIP Program FMAP Increase**: -$7,918,287
- **Medicaid Program FMAP Increase**: -$21,213,197

**Total FY2017 Impacts on State Funds Request**: -$101,973

### Additional Direct State Funds Requested (FY2016 Shortfall + FY2017 Impacts)

- **$71,247,398**

**Total FY2017 Direct State Appropriated Funds Requested**: $1,036,685,612
Medicaid Budget Requests in Perspective

Each tennis ball = $1
Medicaid Budget Requests in Perspective

State budget requests of $1,036,787,585

1.8 times around the world

State budget and Federal budget of $6,143,109,680

10.5 times around the world
Medicaid Budget Requests in Perspective

State budget requests of $1,036,787,585

3.8 Walter Sillers Buildings

State budget and Federal budget of $6,143,109,680

22.5 Walter Sillers Buildings
Mississippi Medicaid Population is Medically Challenging

- Poorest state
- Ranks 50th in overall health statistics
- Ranks 50th in low birth weight infants
- Ranks 49th in obesity
- Ranks 48th in diabetes
- Ranks 48th in hypertension

Ranks 50th in low birth weight infants
Ranks 49th in obesity
Ranks 48th in diabetes
Ranks 48th in hypertension
U.S. Health Ranking

Top Five States
- Hawaii (1)
- Vermont (2)
- Massachusetts (3)
- Connecticut (4)
- Utah (5)

Bottom Five States
- Oklahoma (46)
- Kentucky (47)
- Louisiana (48)
- Arkansas (49)
- Mississippi (50)
Low birth weight

Mississippi Ranks Last
Percentage of Babies Born Premature

Percentage of Babies Born Premature

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>11</td>
</tr>
<tr>
<td>MS</td>
<td>17</td>
</tr>
<tr>
<td>MS Medicaid</td>
<td>26.3</td>
</tr>
</tbody>
</table>
Interesting Statistics

In 2013, Medicaid funded 60 percent of the deliveries in Mississippi.

26.3% of those were preterm deliveries.

Of the preterm deliveries, 42 percent were admitted to the NICU.

Cost of preterm delivery for Medicaid in 2013 was $56 million.
Future Challenges

- Value based purchasing
- The cost of pharmaceuticals
- Continuing growth of the elderly population
- Finding a way to improve our health status.