

Office of the Governor | Mississippi Division of Medicaid

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# **MEDICAID BRIEFING**

February 10, 2016



# Mississippi Division of Medicaid

The Mississippi Division of Medicaid (DOM) has approximately 1,000 employees located throughout one central office, 30 regional offices and over 90 outstations. We are charged with administering multiple Medicaid health benefits programs to those who qualify.

\* \* \*

**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*

# History of Medicaid

- **1965** - Medicaid was created as part of the Social Security Amendments of 1965, to provide health coverage for certain eligible, low income populations.
- **1969** - Medicaid was enacted by the Mississippi State Legislature

All 50 states, the District of Columbia, and five territories participate in the voluntary matching program.

*Note: Medicaid is different from Medicare.*



# Medicaid Eligibility Requirements

In Mississippi, the basic eligibility requirements to qualify for any Medicaid health benefits are:

- You must be a United States citizen or qualified alien.
- You must be a resident of Mississippi.
- You must meet requirements for age and/or disability, income, and other eligibility requirements such as resources for certain aged, blind or disabled coverage groups.
- You must complete and submit an application form.
- You must provide requested verification within the allowed time limits.

*Those who qualify for Supplemental Security Income (SSI) are automatically eligible for Medicaid.*



# Medicaid Overview

- Federal Medical Assistance Percentage (FMAP)  
Lowest match 50%, MS has highest FMAP match at **74.17%**
- CHIP has **100%** FMAP through fiscal year 2019
- Eligibility determined by income and SSI status, based on the Federal Poverty Level (FPL) and family size

## 2016 Federal Poverty Level Guidelines

Family Size	100%	133%	138%	143%	194%	209%
1	11,880	15,800	16,394	16,988	23,047	24,829
2	16,020	21,307	22,108	22,909	31,079	33,482
3	20,160	26,813	27,821	28,829	39,110	42,134
4	24,300	32,319	33,534	34,749	47,142	50,787

# Who is Enrolled?

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

- 56% Children
- 23% Disabled - including Supplemental Security Income (SSI)
- 9% Aged with Medicare
- 8% Low Income Parents/Caretakers
- 3% Family Planning
- 2% Pregnant Women

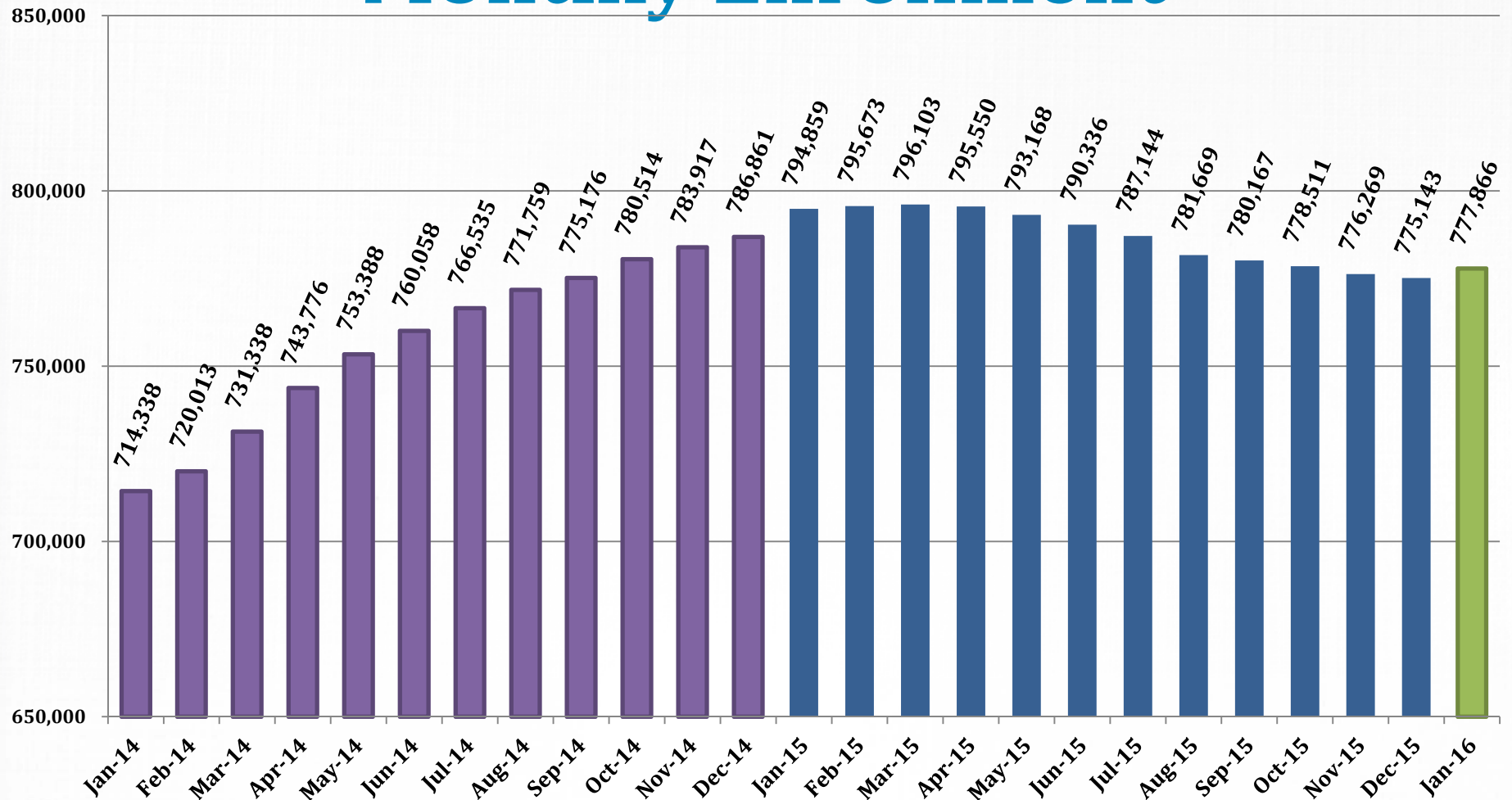
**726,638**  
**Medicaid beneficiaries**

**51,228**  
**CHIP beneficiaries**

**777,866**  
**Total enrollment**

*As of January 31, 2016*

# Medicaid and CHIP Beneficiary Monthly Enrollment



# Total Funding for Fiscal Year 2015

Direct state funds	\$ 978 million
Other non-federal funds	\$ 506 million
Federal funds	\$4.10 billion
<b>Total</b>	<b>\$5.58 billion</b>



Approximately

**18%**

of state budget



**2<sup>ND</sup>** largest  
spending  
item behind  
K-12 education



# What does Medicaid Cover?

Federal law requires states to cover certain “mandatory services” for Medicaid beneficiaries. States then have the flexibility to choose other additional services that federal law designates as “optional.”

For individuals who qualify for **full** Mississippi Medicaid health benefits, the following covered services are included:

- Office Visits
- Family Planning Services
- Inpatient Hospital Care
- Outpatient Hospital Care
- Prescription Drugs
- Eyeglasses
- Long Term Care Services
- Inpatient Psychiatric Care (limits apply)

*(This is not a comprehensive list of all Medicaid health benefits.)*

# Programmatic Accomplishments During the Last Four Years

- Made significant internal changes involving the agency's brand and logo, employee engagement and recognition to improve morale
- Proactively increased outreach efforts to improve relationships among agency leadership, staff and the provider community
- Implemented the Affordable Care Act (ACA) mandates

# Programmatic Accomplishments During the Last Four Years

- Changed reimbursement model for inpatient (per-diem to APR-DRG) and outpatient hospital services (cost-to-charge ratio to APC)
- Updated Long-Term Care payment policy
- Unified the Preferred Drug List
- Increased the footprint of managed care from 8% to 65% of beneficiaries enrolled

# Managed Care Growth Over Time

2011 enrollment with 15% cap	56,759
2012 enrollment with 45% cap	138,769
2014 enrollment with 45% cap	155,099
2014 enrollment with Quasi-CHIP	187,719
2015 Children age 1 to 19	297,054

Total enrollment

**506,798**

as of Feb. 2016

Represents

**65%**

of our beneficiaries



# 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 State Plan.

Individuals eligible for these programs are the most vulnerable and severely ill, such as:

- Elderly and disabled, SSI recipients
- Disabled children living at home
- Intellectual disabilities/developmental disabilities
- Traumatic brain injury/spinal cord injury

# Home and Community Based Services

Independent Living:

**\*2,567** individuals served by this waiver

Assisted Living:

**\*625** individuals served by this waiver

Elderly and Disabled:

**\*15,177** individuals served by this waiver

Intellectual Disabilities/Developmental Disabilities:

**\*2,344** individuals served by this waiver

Traumatic Brain Injury/Spinal Cord Injury:

**\*883** individuals served by this waiver