



MISSISSIPPI MEDICAID: an overview and program basics

Background

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

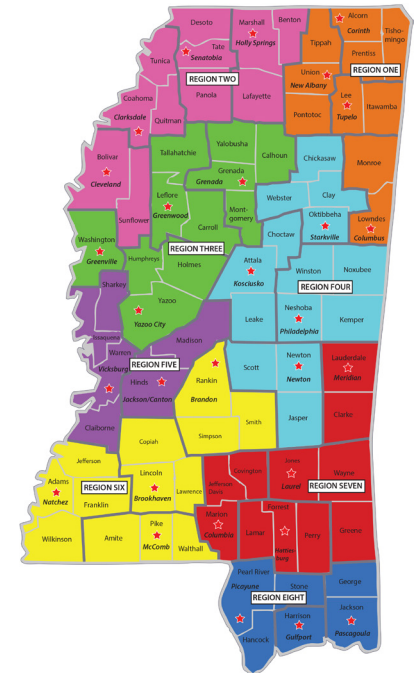
* In 1969, Medicaid was enacted by the Mississippi Legislature.

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

Agency Overview

The Mississippi Division of Medicaid (DOM) has around 1,000 employees located throughout one central office, 30 regional offices and over 90 outstations.

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



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

▶ As of January 2016, **total enrollment** for Medicaid and CHIP was **777,866**.

▶ **Over 25 percent** of Mississippians receive Mississippi Medicaid health benefits.

What is Medicaid?

Medicaid provides health coverage for eligible, low income populations in Mississippi. These populations include children, low income families, pregnant women, the aged and disabled.

Beneficiaries do not directly receive money from Medicaid for health benefits. Medicaid is different from Medicare.

To qualify for Medicaid coverage, 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: regular Medicaid, CHIP and Medicaid's managed care program, MississippiCAN.

For Medicaid, the federal medical assistance percentage (FMAP) is used to calculate federal matching funds for medical service expenditures. The FMAP is 74.17 percent for fiscal year 2016.

What is MississippiCAN?

Authorized by the state Legislature in 2011, DOM oversees a Medicaid managed care program for beneficiaries called MississippiCAN.

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

MississippiCAN is administered by two different managed care organizations – Magnolia Health and UnitedHealthcare Community Plan. Approximately 65 percent of our beneficiaries are enrolled in MississippiCAN.

Children's Health Insurance Program (CHIP)

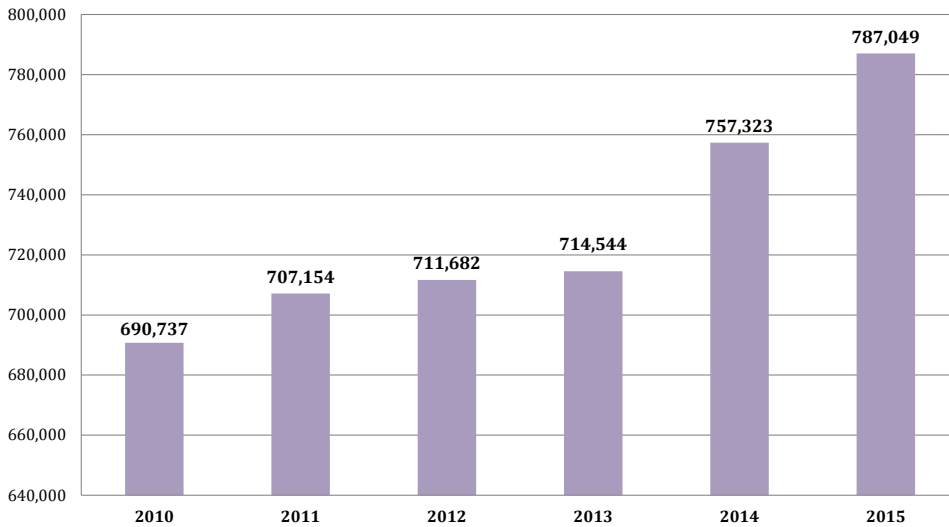
CHIP provides health coverage for uninsured children up to age 19, whose family income does not exceed 209 percent of the federal poverty level (FPL).

To be eligible for CHIP, a child cannot be eligible for Medicaid. Children with health insurance at the time of application are not eligible for CHIP.

CHIP is administered by two different managed care organizations – Magnolia Health and UnitedHealthcare Community Plan. As of January 2016, there were 50,899 beneficiaries in CHIP.

CHIP is separate from Medicaid. Effective Oct. 1, 2015, CHIP is paid 100 percent by federal funds through fiscal year 2019.

Enrollment Numbers



Who is Enrolled?

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

- children
- low income parents/caretakers
- disabled (Supplemental Security Income)
- dually eligible for Medicaid and Medicare
- the aged, blind or disabled
- family planning and pregnant women

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

Budget Requests for State Funds

| Source | FY 2016 | FY 2017 |
|---------------------------|---------------|-----------------|
| Division of Medicaid | \$990 million | \$1.036 billion |
| Executive Budget | \$885 million | \$977 million |
| Legislative Budget Office | \$965 million | \$962 million |
| Legislative Appropriation | \$965 million | TBD |

| Total Funding for FY 2015 | |
|---------------------------|-----------------------|
| Direct state funds | \$975 million |
| Other non-federal funds | \$509 million |
| Federal funds | \$4.1 billion |
| Total | \$5.58 billion |

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.

| Waiver | Avg. of participants CY2015 | Waiting list | Fed. authorized slots FY2017 | Cost per person CY 2015 | Estimated cost to fund all slots |
|---|-----------------------------|--------------|------------------------------|-------------------------|----------------------------------|
| Assisted Living | 615 | 259 | 1,000 | \$17,727 | \$4,591,255 |
| Elderly and Disabled | 14,941 | 6,924 | 21,000 | \$12,181 | \$70,928,641 |
| Independent Living | 2,455 | 568 | 5,500 | \$21,998 | \$12,495,080 |
| Intellectual Disabilities/Dev. Disabilities | 2,289 | 1,720 | 2,900 | \$33,937 | \$18,869,009 |
| Traumatic Brain Injury/Spinal Cord Injury | 875 | 17 | 2,700 | \$25,917 | \$440,596 |
| Totals | 21,175 | 9,488 | 33,100 | | \$107,324,581 |

▶ 1 person in a residential facility can fund ▶▶▶ 3 people in a home and community based waiver program