



# MISSISSIPPI MEDICAID: an overview and program basics

## Agency Overview

The Mississippi Division of Medicaid (DOM) has around 1,000 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, the Children’s Health Insurance Program (CHIP), or Medicaid’s coordinated care program, MississippiCAN.

## 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.

\* All 50 states, five territories of the U.S. and District of Columbia participate in the Medicaid program.



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

For FY 2016, average monthly enrollment for Medicaid and CHIP was **779,298**.

Over **25%** of Mississippians receive Mississippi Medicaid health benefits.

## 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. This umbrella term includes multiple health benefits programs administered by DOM: fee-for-service Medicaid, CHIP and Medicaid’s coordinated care program, MississippiCAN.

The federal medical assistance percentage (FMAP) is used to calculate federal matching funds for medical service expenditures. The FMAP for Mississippi is 74.63% for federal fiscal year (FY) 2017.

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

## What is MississippiCAN?

In 2011, the state Legislature authorized Medicaid to oversee a coordinated care program for beneficiaries called MississippiCAN.

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

Currently, MississippiCAN is administered by two different coordinated care organizations – Magnolia Health and UnitedHealthcare Community Plan.

Approximately 70% 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% 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 separate from Medicaid. For 2016, average monthly enrollment for CHIP was 50,594.

Effective Oct. 1, 2015, CHIP is paid 100% by federal funds through federal fiscal year 2019.

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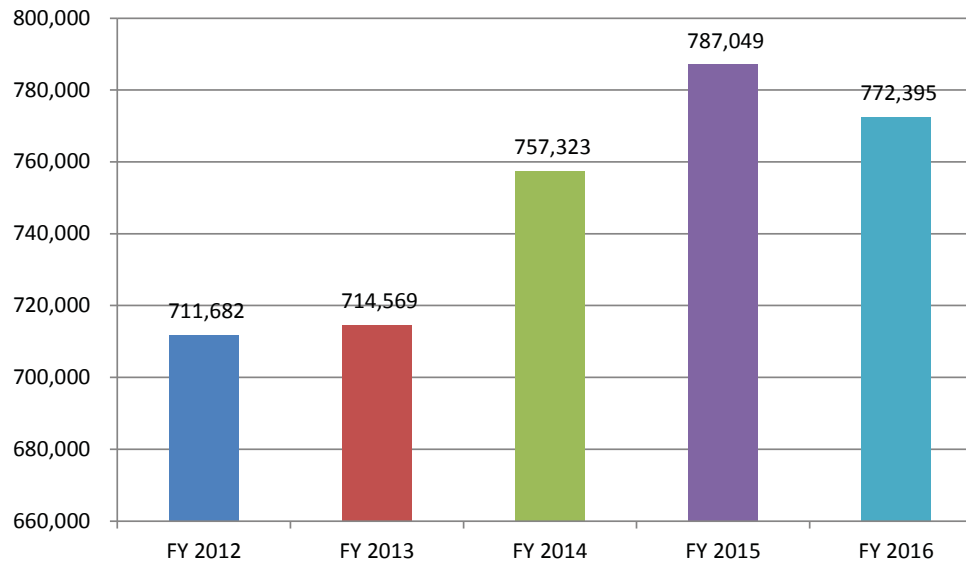
## Who is Enrolled?

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 state fiscal year for Medicaid and CHIP beneficiaries.

## Average Annual Enrollment for Medicaid and CHIP



## 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.

- ▶▶▶ Medicaid can fund 3 people in a home and community based waiver program
- ▶ For the cost of 1 person in a residential facility

Waiver	Avg. of participants CY 2016	Waiting list	Fed. authorized slots FY2018	Total cost per person CY 2016	Estimated state cost to fund all slots
Assisted Living	621	250	1,000	\$18,083	\$4,650,899
Elderly and Disabled	15,054	7,226	21,500	\$13,326	\$73,625,635
Independent Living	2,578	1,587	6,000	\$22,614	\$34,889,090
Intellectual Disabilities/Dev. Disabilities	2,408	1,427	2,900	\$36,318	\$27,078,463
Traumatic Brain Injury/Spinal Cord Injury	874	125	3,000	\$26,743	\$20,631,082
<b>Totals</b>	<b>21,535</b>	<b>10,615</b>	<b>34,400</b>		<b>\$160,875,169</b>

## Budget Request for State Funds

## Total Funding for FY 2016

Source	FY 2016	FY 2017		
Requested	\$1.013 billion	\$1.008 billion	Direct state funds	\$1.01 billion (17%)
Appropriated	\$961 million	\$919 million	Other non-federal funds	\$515.7 million (9%)
Deficit request	\$51.6 million	\$88.9 million	Federal funds	\$4.35 billion (74%)
Total appropriated	\$1.017 billion		<b>Total</b>	<b>\$5.88 billion</b>