



MISSISSIPPI DIVISION OF
MEDICAID

2024 ANNUAL REPORT

STATE FISCAL YEAR 2024

JULY 1, 2023 - JUNE 30, 2024

OVERVIEW | *Program Basics*

INTRODUCTION

The Mississippi Division of Medicaid (DOM) is a state and federal program created by the Social Security Amendments of 1965 (PL 89-97), authorized by Title XIX of the Social Security Act to provide health coverage for eligible, low-income populations. The Mississippi Legislature enacted the Mississippi Medicaid program in 1969.

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

Each state runs its own Medicaid program within federal guidelines, jointly funded by state and federal dollars. For Medicaid, the Federal Medical Assistance Percentage (FMAP) is used to calculate the amount of federal matching funds for state medical services expenditures. Currently, Mississippi has the highest FMAP in the country.

While each state runs its own Medicaid program, the eligibility of beneficiaries is determined by household income and Supplemental Security Income (SSI) status, based on the Federal Poverty Level (FPL) and family size. FPL is set by the Department of Health and Human Services, and DOM is obliged to adhere to it.



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

MississippiCAN is administered by three different coordinated care organizations (CCOs), and approximately 65% of DOM beneficiaries are enrolled in the program.

WHO WE SERVE

Roughly one in four Mississippians receive health benefits through Medicaid or CHIP. Beneficiaries do not directly receive money from Medicaid for health benefits. Rather, health care providers are reimbursed when beneficiaries receive medical services.

MISSISSIPPICAN

Authorized by the state Legislature in 2011, DOM oversees a Medicaid managed care program for beneficiaries, the Mississippi Coordinated Access Network (MississippiCAN).

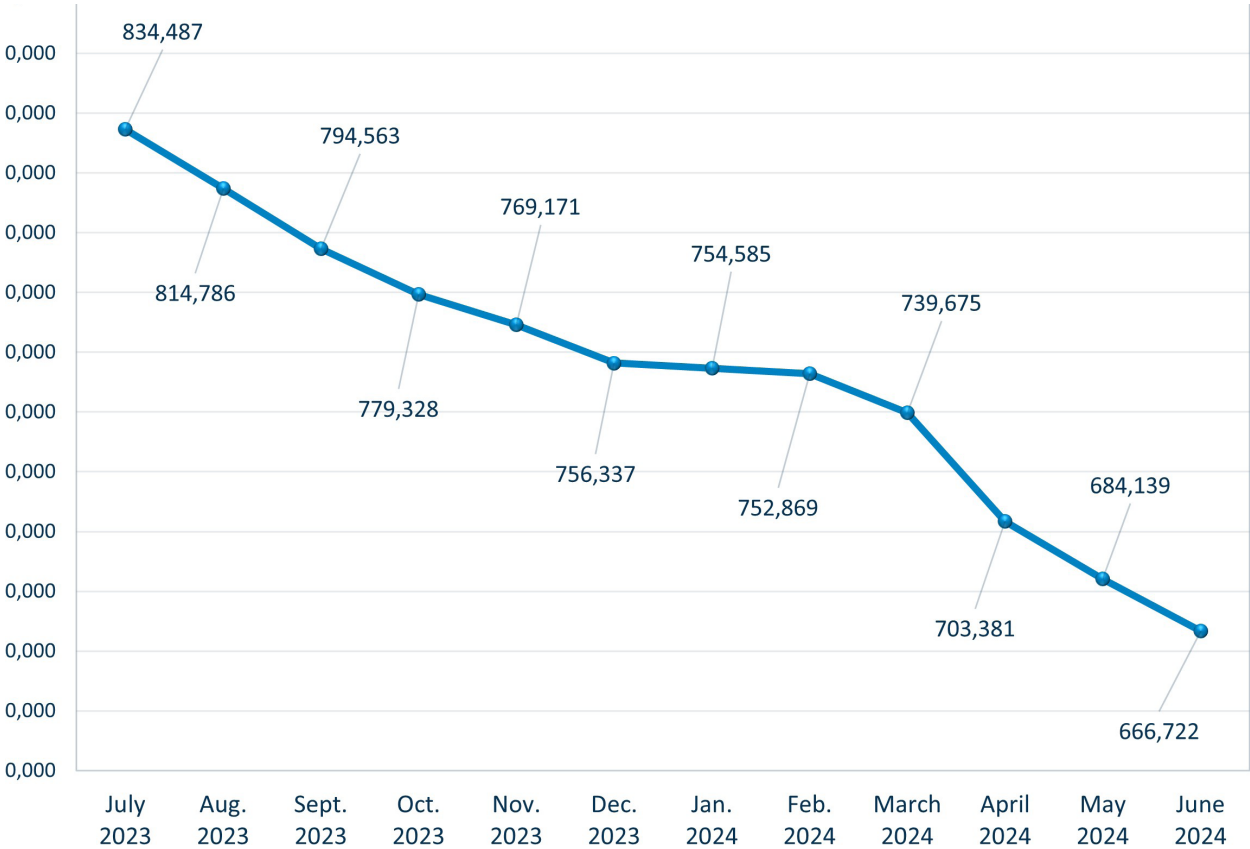
FEDERAL MATCH RATE

DOM provides health coverage for 27.7% of the state's population. A significant portion of DOM's annual budget comes from federal matching funds, which is calculated by the FMAP.

The Families First Coronavirus Relief Act (FFCRA), passed by Congress in March of 2020 in response to the COVID-19 pandemic, increased Mississippi's FMAP by 6.2 percentage points. That enhanced FMAP was phased out in fiscal year (FY) 2024 following the end of the federal Public Health Emergency (see Page 9 for more detail). The blended FMAP for FY 2024 equates to 78.42%.

ENROLLMENT | FY24 Medicaid Members by Month

TOTAL ENROLLMENT BY MONTH



The figures above reflect the Medicaid enrollment count for each month of fiscal year 2024; they do not include Children’s Health Insurance Program (CHIP) beneficiaries. Enrollment reports are continually updated and available on the Medicaid website under Resources (<http://medicaid.ms.gov/resources>).

ENROLLMENT DURING COVID-19

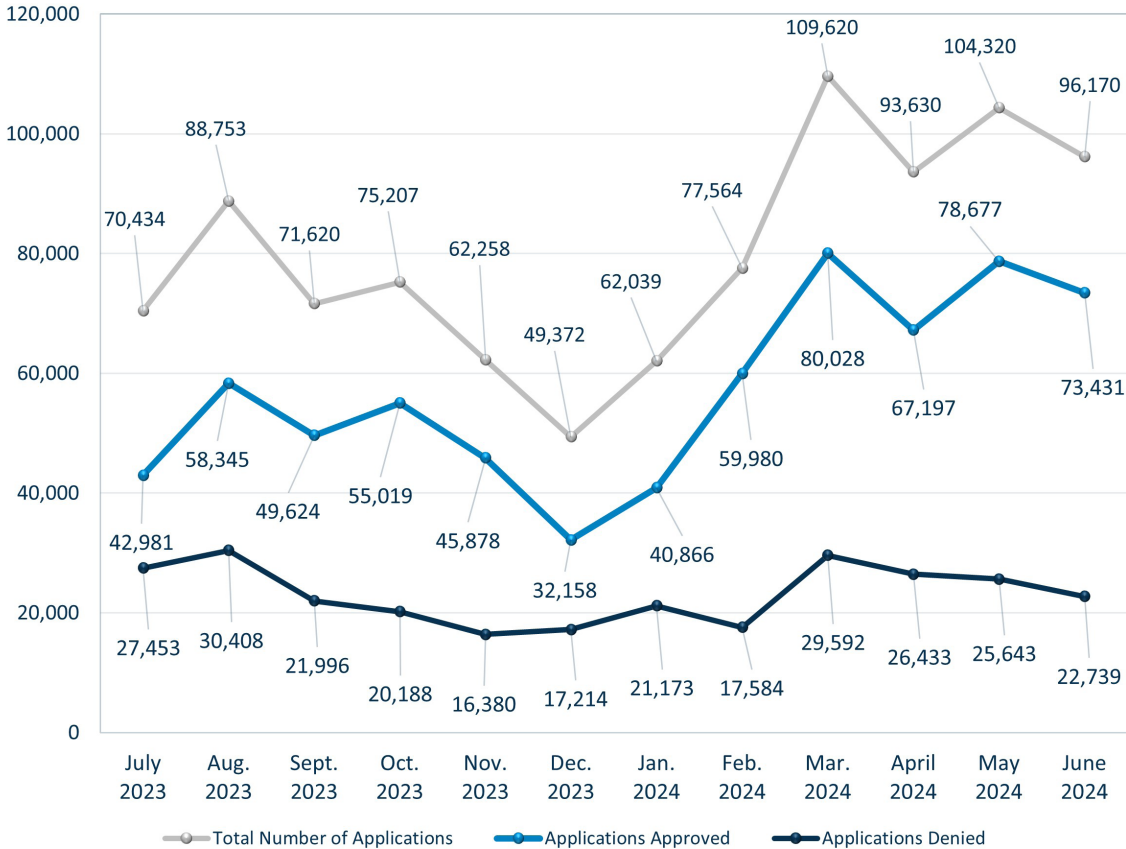
In response to the COVID-19 pandemic, Congress passed the Families First Coronavirus Relief Act (FFCRA) in March of 2020 to support states in their efforts to combat the disease.

In order to receive that support, states were required to not take any adverse action on those who were eligible for benefits at the beginning of the public health emergency. Adverse actions include termination of eligibility or reduction in benefits.

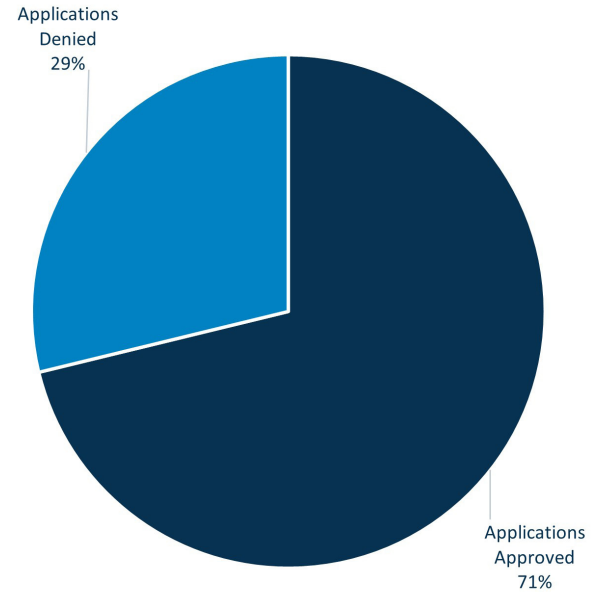
In December 2022, Congress passed the Consolidated Appropriations Act (CAA). Per the CAA, the continuous coverage condition that prohibited states from disenrolling members from Medicaid expired on March 31, 2023.

ENROLLMENT | Medicaid Applications in FY24

APPLICATIONS APPROVED/DENIED



The figures above reflect the total number of applications received, applications approved, and applications denied for state fiscal year 2024 by month, which ranged from July 1, 2023, through June 30, 2024. These figures include both initial applications and applications for annual renewal.



TOTAL NUMBER OF APPLICATIONS

960,987

APPLICATIONS APPROVED

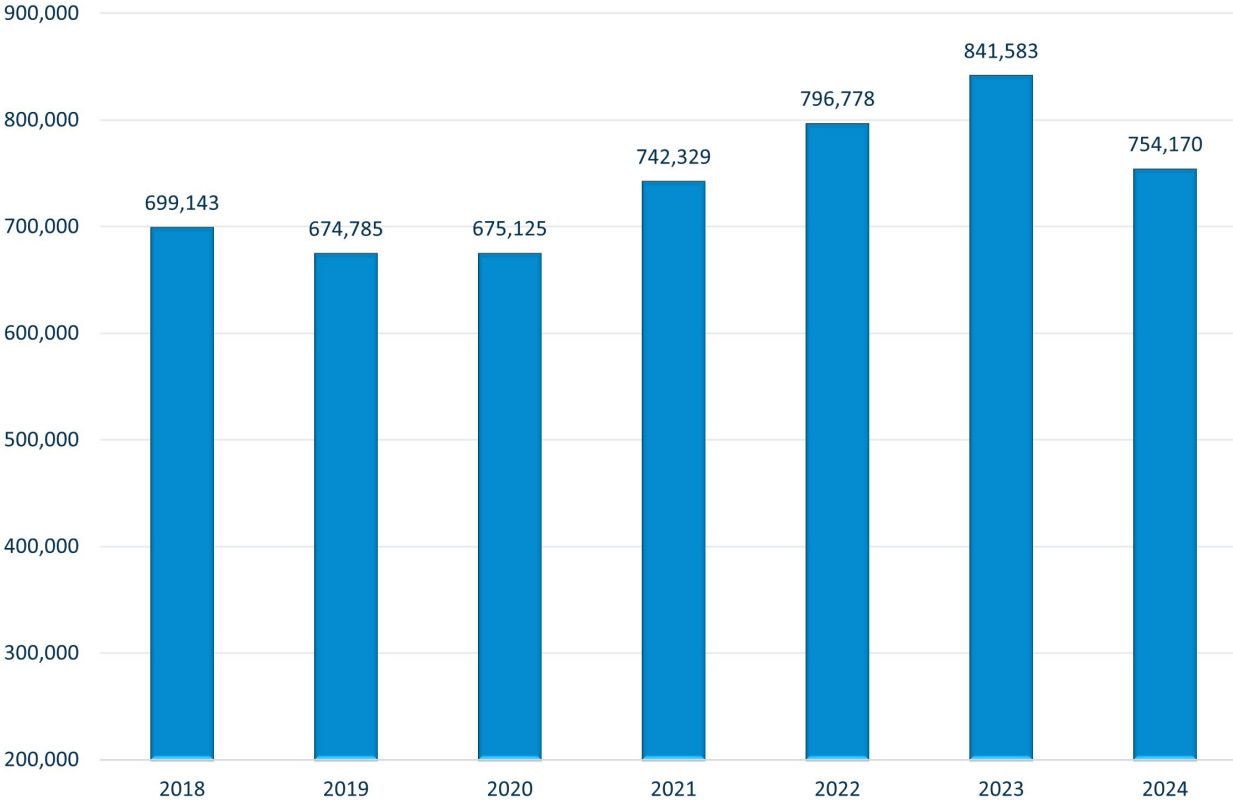
684,184

APPLICATIONS DENIED

276,803

ENROLLMENT | *Medicaid Members Annual Averages*

ANNUAL AVERAGES BY FISCAL YEAR



The figures above reflect the average annual Medicaid enrollment count for each of the past seven fiscal years; they do not include CHIP beneficiaries. Enrollment reports are continually updated and available on the Medicaid website under Resources (<http://medicaid.ms.gov/resources>).

FEDERAL POVERTY LEVELS

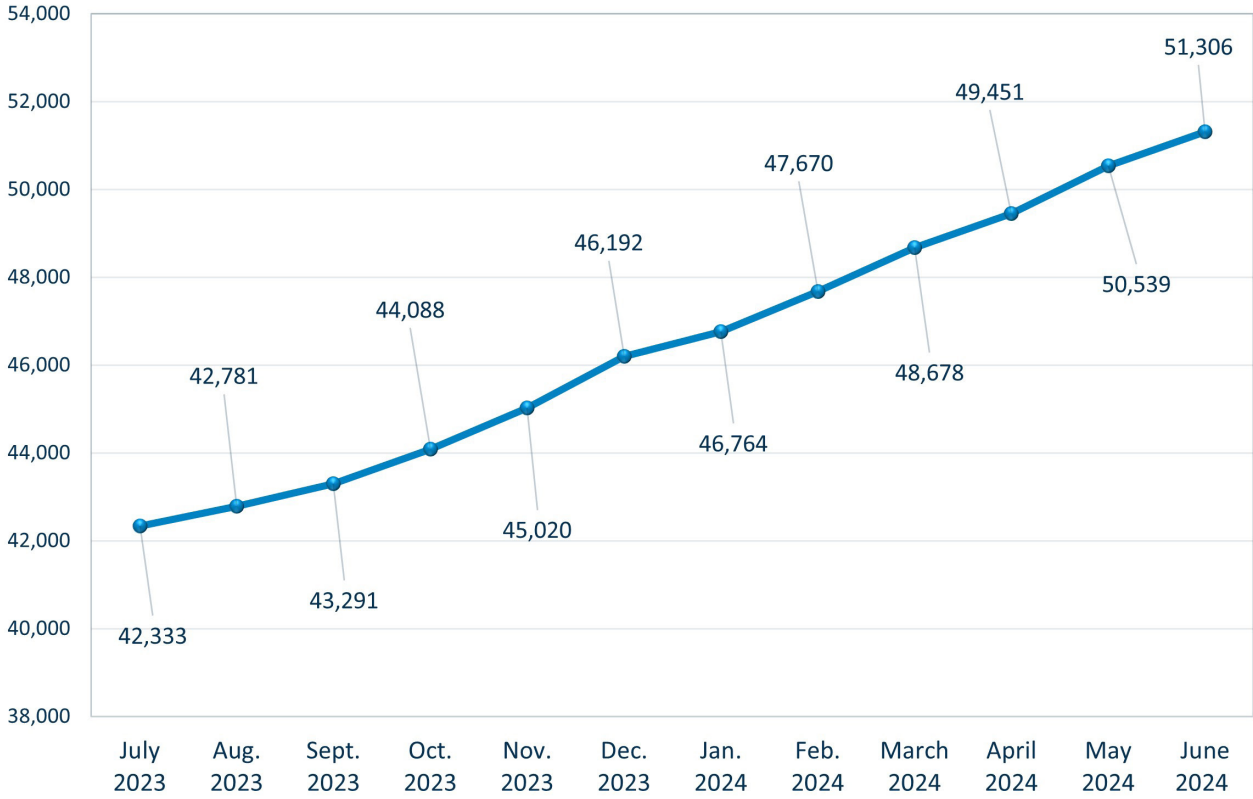
Each state has authority to choose eligibility requirements within federal guidelines. In Mississippi, Medicaid eligibility is based on factors including family size, income, and the Federal Poverty Level (FPL).

- > Infants from birth to age 1 — **194% FPL**
- > Children age 1 up to 6 — **143% FPL**
- > Children age 6 up to 19 — **133% FPL**
- > Pregnant women — **194% FPL**
- > CHIP children up to age 19 — **209% FPL**

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.

ENROLLMENT | FY24 CHIP Members by Month

TOTAL ENROLLMENT BY MONTH



The figures above reflect the Children’s Health Insurance Program (CHIP) enrollment count for each month of fiscal year 2024. Enrollment reports are continually updated and available on the Medicaid website under Resources (<http://medicaid.ms.gov/resources>).

CHIP OVERVIEW

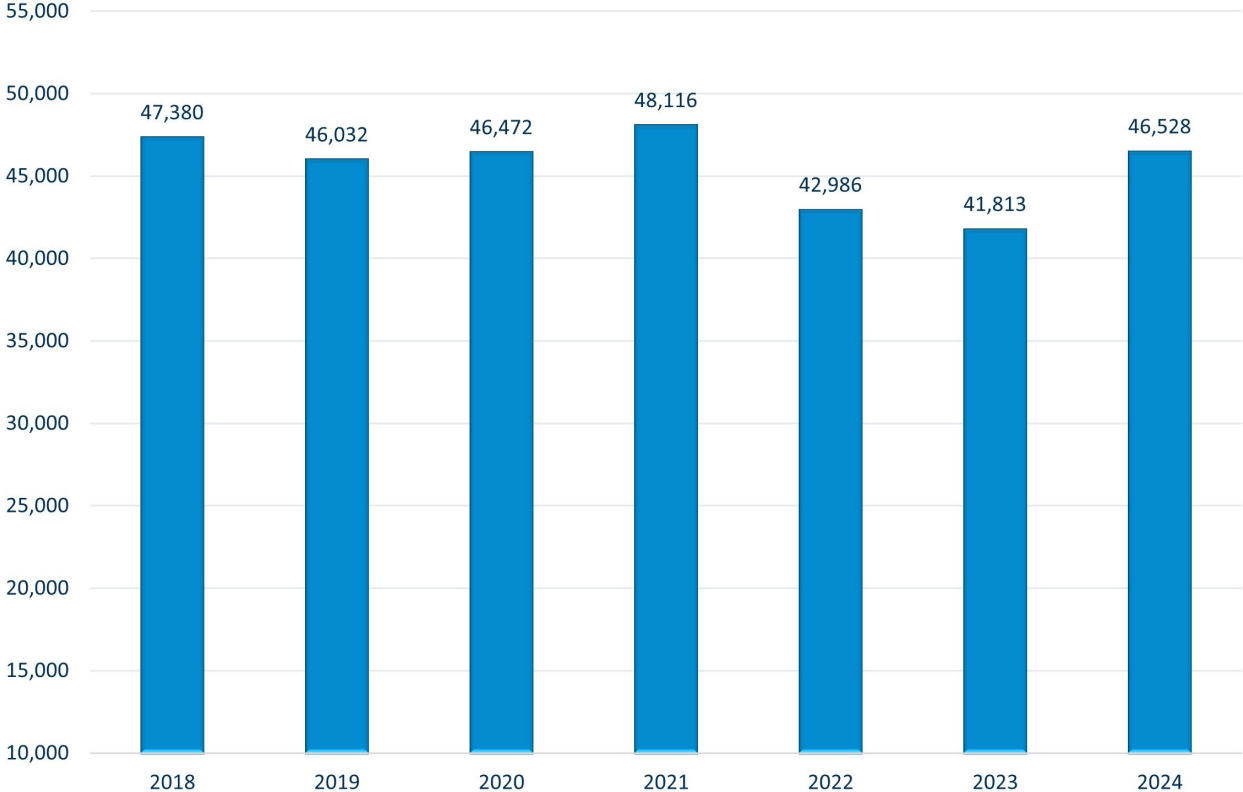
The Children’s Health Insurance Program (CHIP) provides health coverage for children up to age 19, whose family income does not exceed 209 percent of the federal poverty level (FPL).

To be eligible for CHIP, a child cannot be eligible for Medicaid. Also, at the time of application, a child cannot be covered by another form of insurance to qualify for CHIP.

A child who subsequently gains other full health insurance coverage is no longer eligible for CHIP and must be disenrolled.

ENROLLMENT | *CHIP Members Annual Averages*

ANNUAL AVERAGES BY FISCAL YEAR



The figures above reflect the average annual CHIP enrollment count for each of the past seven fiscal years. Enrollment reports are continually updated and available on the Medicaid website under Resources (<http://medicaid.ms.gov/resources>).

CHIP OVERVIEW

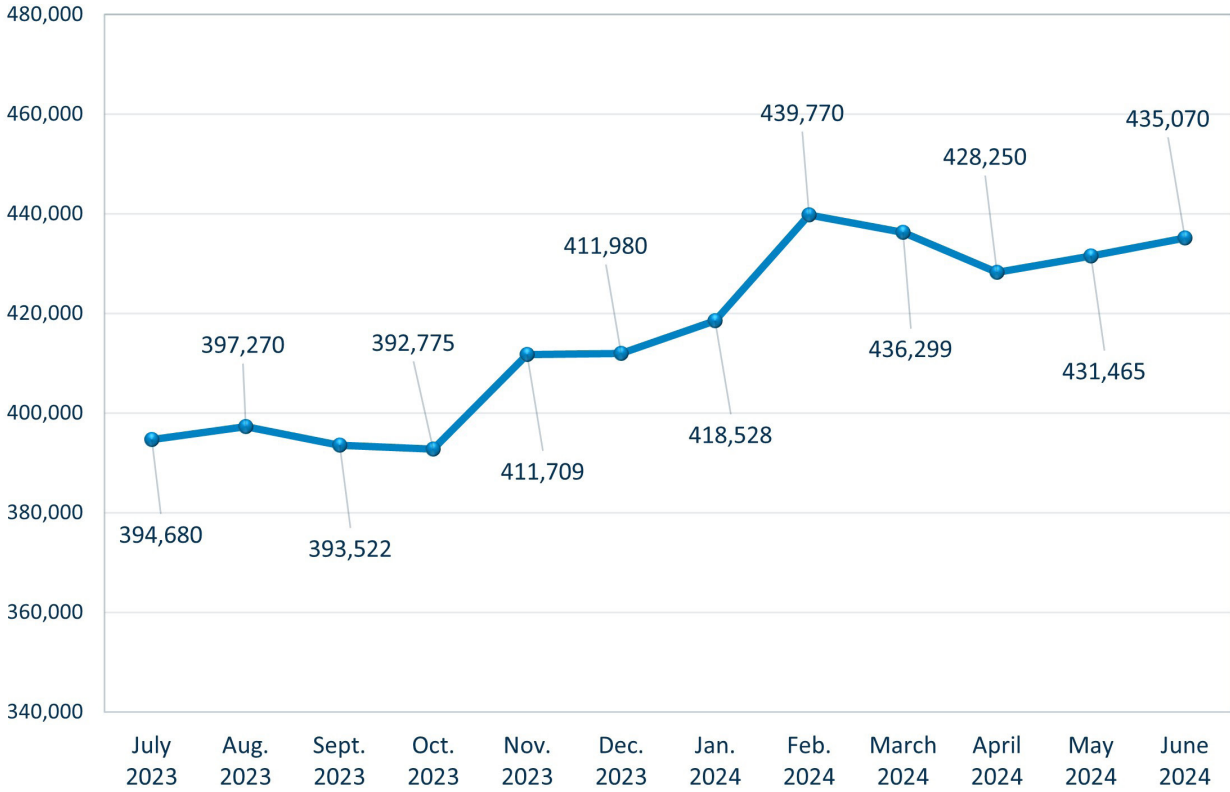
Beginning January 1, 2015, CHIP services have been provided through coordinated care organizations (CCOs) with contractual arrangements paid using actuarially-sound per member per month capitation rates.

CHIP is currently administered by two CCOs. The current CHIP contracts with Molina Healthcare and UnitedHealthcare Community Plan took effect Nov. 1, 2019.

All CHIP beneficiaries can select which plan they want during annual open enrollment which is held October through December.

ENROLLMENT | FY24 MississippiCAN Members by Month

TOTAL ENROLLMENT BY MONTH



The figures above reflect MississippiCAN enrollment for fiscal year 2024. Enrollment reports are continually updated and available on the Medicaid website under Resources (<http://medicaid.ms.gov/resources>).

MISSISSIPPICAN OVERVIEW

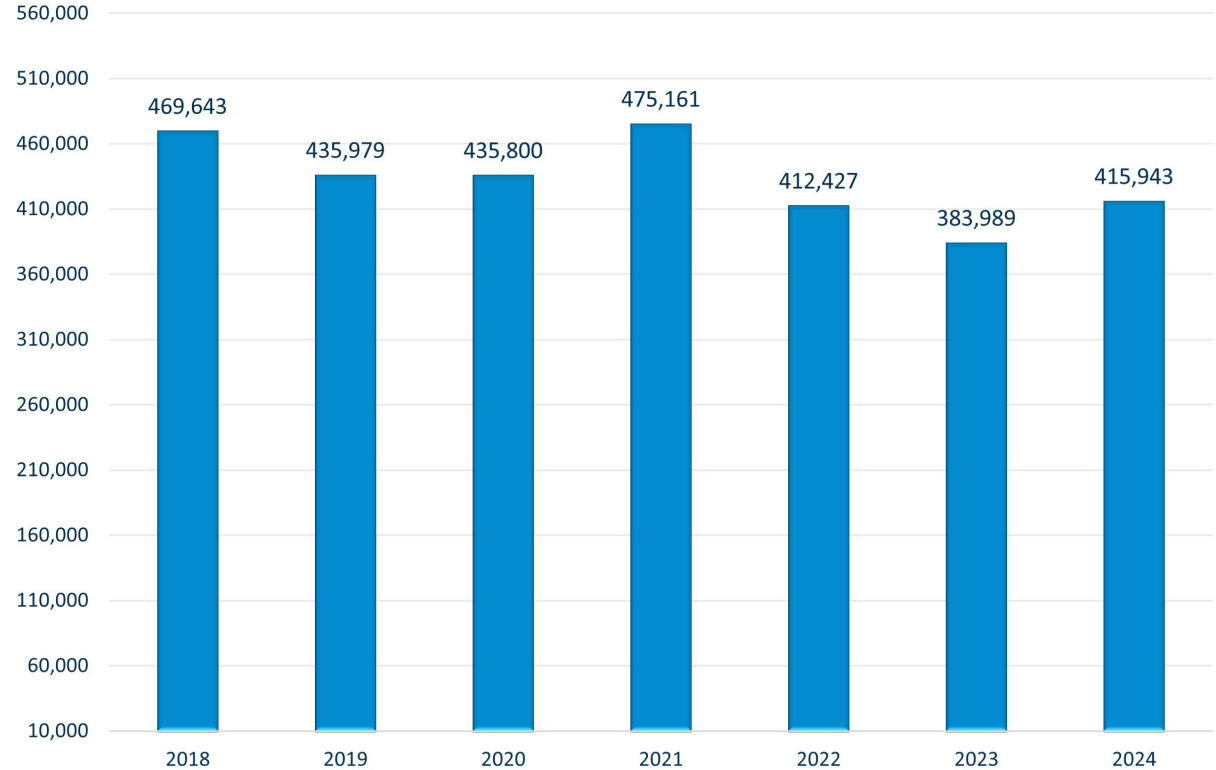
Authorized by the state Legislature in 2011, DOM oversees a Medicaid managed care program for beneficiaries called MississippiCAN.

MississippiCAN is designed to offer a better return on Mississippi’s health care investment by improving the health and well-being of Medicaid beneficiaries. MississippiCAN is a statewide coordinated care program designed to meet the following goals:

- > improve beneficiary access to needed medical services,
- > improve quality of care, and
- > improve program efficiencies as well as cost predictability.

ENROLLMENT | FY24 MississippiCAN Members Annual Averages

ANNUAL AVERAGES BY FISCAL YEAR



The figures above reflect the average annual MississippiCAN enrollment count for each of the past seven fiscal years. Enrollment reports are continually updated and available on the Medicaid website under Resources (<http://medicaid.ms.gov/resources>).

MISSISSIPPICAN OVERVIEW

MississippiCAN is currently administered by different coordinated care organizations (CCOs): Magnolia Health, UnitedHealthcare Community Plan and Molina Healthcare, who are responsible for providing services to beneficiaries who participate in the MississippiCAN program.

Beneficiaries have the option of enrolling in the CCO of their choice. Health care providers who serve beneficiaries covered by Medicaid or CHIP should verify the beneficiary’s eligibility at each date of service and identify to which network they belong.

Providers are encouraged to enroll in all Mississippi Medicaid programs.

FINANCE | Medicaid & CHIP Funding by Source

TOTAL

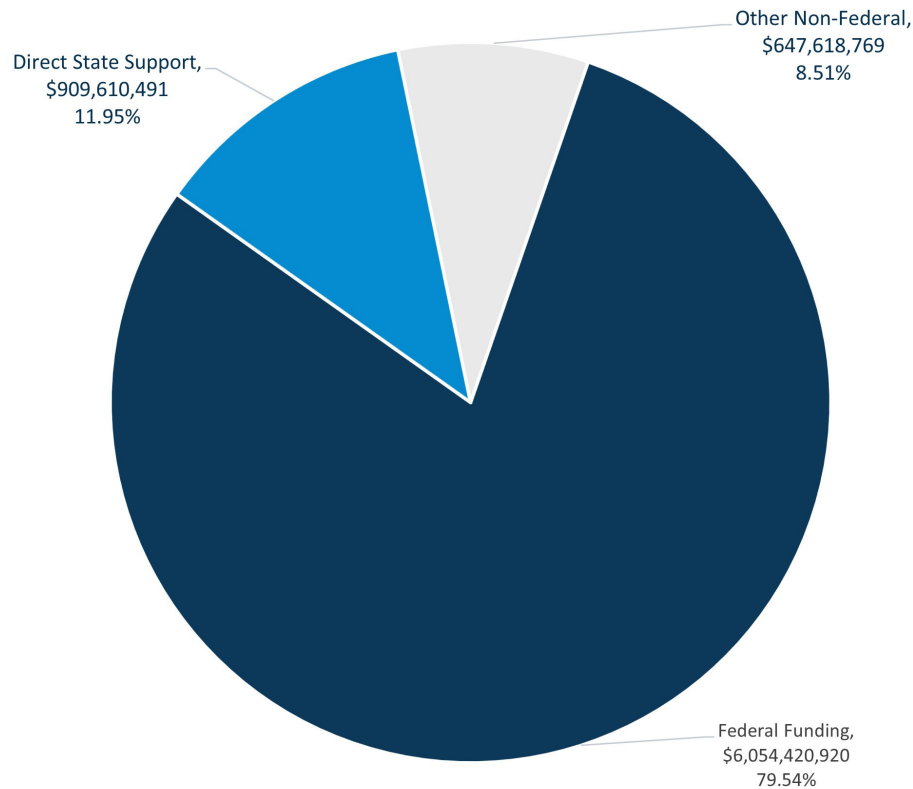
\$7.8 billion

FEDERAL

\$6.0 billion

DIRECT STATE

\$909 million



78.42% > Fiscal year 2024 blended FMAP for Mississippi

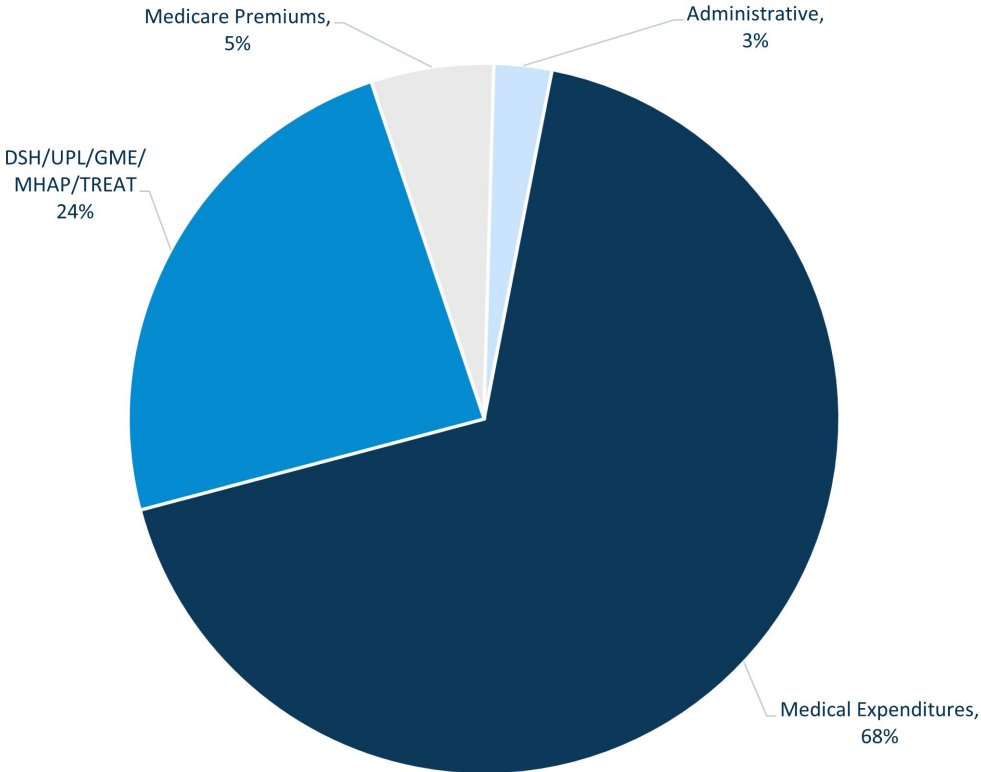
FINANCE OVERVIEW

A significant portion of DOM's annual budget comes from federal matching funds, which is calculated by the Federal Medical Assistance Percentage (FMAP). The Consolidated Appropriations Act included a gradual phase down of the enhanced federal match rate from 6.2% to 2.50% in fiscal year (FY) 2024. This is added to the state's pre-FFCRA FMAP of 77.86% from July - December of 2023. The blended FMAP for state fiscal year (FY) 2024 equates to 78.42%.

- > Of the entire Medicaid budget, 96% goes toward reimbursement for health services provided to Medicaid beneficiaries. The cost for administering the program is relatively low when compared to other state Medicaid programs. For FY 2024, administrative expenditures totaled \$203,454,713.
- > Nearly every dollar Medicaid receives is matched with federal funds. Depending on the project and office area, Medicaid matching rates range from 90% federal/10% state to a 50% federal/50% state match at minimum.

FINANCE | Medicaid & CHIP Expenditures

TOTAL SPENDING



Note: The Medical Expenditures amount includes the Children’s Health Insurance Program (CHIP), MississippiCAN, Long Term Care and Home and Community Based Services. Medicare expenditures include Part A Premiums, Part B Premiums and Part D.

MEDICAL EXPENDITURES

\$5,284,204,348

DSH/UPL/GME/MHAP

\$1,868,378,827

MEDICARE PREMIUMS

\$435,160,240

ADMINISTRATIVE

\$203,454,713

FY2024 TOTAL

\$7,791,198,128

FINANCE | *Medical Assistance and Care*



SUPPLEMENTAL PAYMENTS AND OTHER TYPES OF CARE AND SERVICES

- > The total amount paid for medical assistance and care in fiscal year 2024 includes supplemental payments and other types of care and services, such as:

MISSISSIPPI HOSPITAL ACCESS PROGRAM

\$1,527,622,014

DISPROPORTIONATE SHARE HOSPITAL

\$19,408,996

EMERGENCY AMBULANCE ACCESS (TREAT)

\$44,094,393

GRADUATE MEDICAL EDUCATION

\$54,658,500

NURSING FACILITY UPL

\$3,547,321

HOSPITAL UPL

\$162,934,884

UMMC - PHYSICIAN UPL

\$14,465,070

RECOVERIES | *Program Integrity & Third Party Recovery*

PROGRAM INTEGRITY

- > To identify and stop fraud and abuse in the Mississippi Medicaid program.
- > To identify weak areas in policy and control within and external to the agency that might allow fraud, waste, or abuse to occur.
- > To make recommendations for change and improvement to operations and processes to reduce the possibility of fraud, waste, and abuse.
- > To determine possible provider and recipient fraud and/or abuse by investigating and auditing providers and analyzing claims data, medical records, eligibility records and payment histories as well as conducting interviews with provider staff and Medicaid recipients.

Looking back over FY 2024, the Medicaid Office of Program Integrity had the following activity:

Total amount of recoveries and repayment agreements entered into:

\$2,367,590

- > **Number of Opened Investigation: 205 Cases**
- > **3 Cases Resulting in Corrective Action**
- > **4 Cases Referred to MFCU**

ACTIONS TO COMBAT FRAUD, THIRD PARTY RECOVERY WASTE & ABUSE

DOM's actions and activities in detecting and investigating suspected or alleged fraudulent practices, violations and abuse are listed below:

Reporting Fraud

- > Fraud reporting hotline
- > Website Fraud and Abuse Complaint Form

Reporting Review and Analysis

- > Utilization reports
- > Data mining
- > Intake from other Medicaid program units

Reviews and Oversight

- > Provider audits
- > Recipient identification card abuse investigations
- > Review National Correct Coding Initiatives edits
- > Nurse reviews for medical necessity
- > Analytic consultant on contract staff

Database Reviews

- > Provider Enrollment Chain of Ownership System
- > Prescription Monitoring Program (PMP)

- > The Office of Third Party Recovery and the Legal department assigned by the Office of the Attorney General collect funds through estate recovery and from third parties by reason of assignment or subrogation.
- > In collaboration with the Legal staff and HMS Casualty, the total amount of funds recovered in FY 2024 were:

\$12,421,946

HOW TO REPORT FRAUD & ABUSE

Anyone can report fraud or abuse:

Email: fraud@medicaid.ms.gov

Toll-free: 800-880-5920 | Phone: 601-576-4162

Fax: 601-576-4161

Mailing address: 550 High Street, Suite 1000, Jackson, MS 39201

Online: www.medicaid.ms.gov/contact/report-fraud-and-abuse/

CONTACT US | *More Information*

MORE INFORMATION

Mississippi Division of Medicaid

550 High Street, Suite 1000

Walter Sillers Building

Jackson, Mississippi 39201

Phone: 601-359-6050

Toll-free: 800-421-2408

Fax: 601-359-6294

Website: www.medicaid.ms.gov



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