Beginning July 1, 2017, Mississippi will be putting in place an additional layer of examination to the Medicaid eligibility process that adds unnecessary barriers to the program.

The Mississippi Division of Medicaid will be contracting with an outside company to further scrutinize Medicaid eligibility applications. Medicaid applications will now have to be reviewed by the Division of Medicaid employees, as well as a credit card like review by the third party company contracted with them. If there is any slight difference found, the applicant will have only ten (10) days to respond. If no response, with documentation, is provided the Medicaid beneficiary will be removed from the rolls.

This has been done in other states with very bad outcomes. In January 2013, Illinois awarded Maximus a two-year $85 million contract to do additional Medicaid eligibility screening. While reviewing Illinois’ Medicaid applications, Maximus incorrectly identified over 300,000 that would be considered ineligible for their Medicaid benefits. At the halfway point of the contract, it was determined that their eligibility error rate was a stunning 58% percent! After the outcry about this ineffective, costly mistake, the state cancelled the contract and put more resources into state workers that were already doing the work.

Mississippi’s children, seniors, disabled and pregnant women will ultimately bear the costs of these unnecessary barriers. This law has nothing to do with protecting the program’s integrity, and everything to do with punishing those on the program.
HOW TO USE THIS TOOLKIT

This manual is designed as a tool for communities to use to inform and organize their families, friends and neighbors to support the vital Medicaid program. There is so much news and noise going around on health care that it’s easy to get lost.

Medicaid is a program that provides health care to over 760,000 of Mississippi’s children, seniors, disabled and pregnant women. Last year Medicaid spent over $1.2 billion dollars on medical care, which goes to pay doctors, nurses and hospitals. Medicaid supports the health care system in this state and without it, there would be very large sections of the state with little to no access to care.

Policymakers will be making decisions that will impact the health care of hundreds of thousands of Mississippians that depend on this vital program – and they need to hear from you.

This is a guide to helping you and your community voice your concerns and work with them to create a future that invests in the health of its citizens.

Why is Medicaid Important?  02
Elected Officials  03
Terms to Know  05
Story-banking  07
Medicaid Resources  08
WHY IS MEDICAID IMPORTANT?

Medicaid is a public health care program that is funded by the Federal and State government to provide affordable, accessible health care for low income citizens.

MISSISSIPPI MEDICAID PROVIDES COVERAGE FOR 1 IN 5 MISSISSIPPIANS.

Mississippi currently has one of the most restrictive programs in the country. If you don’t fit into one of the five (5) allowed categories, you will not be able to receive benefits. Childless adults are not eligible for any coverage in Mississippi, even if they are low income.

Mississippi, because it is the poorest state in the country, receives the most money from the Federal government for its program. For every $1 Mississippi sends to the Federal government, we receive $3 back. Last year, Mississippi received over $4 billion from the Federal government to pay for its program.

Mississippi Medicaid only allows coverage for:

- Children – 374,344
- Seniors – 70,764
- Disabled and Blind - 173,828
- Low-Income Parents, Caretakers and Pregnant Women – 68,762
- Family Planning Waiver – 24,642

In FY 2016, Mississippi Medicaid spent:

- $756 million on nursing home care
- $58 million on mental health facilities
- $356 million on home health and personal health care
- $259 million on intermediate care facilities

Mississippi Medicaid is the lifeblood of the health care network in the state, especially in the most rural parts of the state. 54% of Mississippians live in a US Census designated rural area. The doctors, nurses and most importantly hospitals rely on Medicaid to reimburse them for their medical services. Without it, hospitals will close at a much faster pace and doctors will begin to leave already underserved areas of the state.

For every $1 Mississippi sends to the Federal Government, we receive $3 back.

Medicaid Coverage

<table>
<thead>
<tr>
<th>Children</th>
<th>Seniors</th>
<th>Disabled and Blind</th>
<th>Low-Income Parents, Caretakers and Pregnant Women</th>
<th>Family Planning Waivers</th>
</tr>
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<tbody>
<tr>
<td>53%</td>
<td>10%</td>
<td>24%</td>
<td>10%</td>
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</tbody>
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Source: DOM

Mississippi Medicaid Spending - 2016 (Millions)

<table>
<thead>
<tr>
<th>Spending</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$756</td>
<td>Nursing Home Care</td>
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<td>$259</td>
<td>Intermediate Care Facilities</td>
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</table>

Source: Kaiser Family Foundation
MISSISSIPPI ELECTED OFFICIALS

As constituents, your voice is important in the future of Medicaid. Your elected officials need to hear from you how vital the program is for you or your loved ones. All of these elected officials have staff that deal only with health care topics. They can often reach a legislator with your concern quicker than you can. Get to know them and make sure they know you.

Legislators are now using social media more frequently. Reach out to them on those platforms to engage them directly. Let them know any changes to reduce the quality or access to Medicaid is unacceptable.

UNITED STATES SENATE

Senator Roger Wicker

@RogerWicker
Senator Roger Wicker

Washington D.C. Office: (202) 224-6253

Jackson Office: (601) 965-4644
Tupelo Office: (662) 844-5010
Gulfport Office: (228) 871-7017
Hernando Office: (662) 429-1002

Senator Thad Cochran

@SenThad Cochran

Washington D.C. Office: (202) 224-5054

Jackson Office: (601) 965-4459
Oxford Office: (662) 236-1018
Gulf Coast Office: (228) 867-9710

UNITED STATES HOUSE OF REPRESENTATIVES

Representative Trent Kelly (1st District)

@RepTrentKelly
Representative Trent Kelly

Washington D.C. Office: (202) 225-4306

Columbus Office: (662) 327-0748
Hernando Office: (662) 449-3090
Tupelo Office: (662) 841-8808
Eupora Office: (662) 258-7240
Farmington Office: (662) 687-1525

Representative Bennie Thompson (2nd District)

@BennieG Thompson
Congressman Bennie G. Thompson

Carroll
Claiborne
Copiah
Grenada
Hinds
Holmes
Humphreys
Issaquena
Jefferson
Leake
Leflore
Madison
Montgomery
Panola
Quitman
Sharkey
Sunflower
Tallahatchie
Tunica
Warren
Washington
Yalobusha
Yazoo

Congressional Districts
Let [your officials] know any changes to reduce the quality or access to Medicaid is unacceptable.
TERMS TO KNOW

Medicaid can be a very complicated topic – especially when the conversation turns to how it will be paid for. There are some very in-depth debates that are going on now at the Federal level on how the payment structure will possibly change going forward. These are the main terms that you will need to listen for as you follow the news on this.

**Block grants**

Block grants allow states to receive a fixed amount of money to fund their Medicaid programs. The amount would grow slightly to allow for medical cost inflation, but still not enough to cover unexpected health care costs in the event of an unforeseen occurrence (i.e., natural disaster, economic recession). States can make drastic cuts to services, provider reimbursement or eligibility levels in order to fit within their budgets. Any additional costs for the program will be shifted to states.

**Per capita caps**

Per capita caps allow a set amount of funding for the categories of eligibility in a state’s Medicaid program. Though a per capita cap does allow some room for growth, it will not keep pace with medical inflation. For example, in Mississippi, the only people that receive Medicaid are children, seniors, disabled, pregnant women and very low income parents. Mississippi would receive a set amount of money for each of these groups of beneficiaries, based on what the current level of spending is. In a state like Mississippi, where Medicaid is always underfunded, there will be a lot of Medicaid eligible people unable to access the program because the funding will be limited. Seniors and the disabled will be impacted the most severely by this method of funding because of the high cost of treatment.

... there will be a lot of [people] unable to access the program because the funding will be limited. Seniors and the disabled will be impacted the most severely by this method because of the high cost of treatment.
Medicaid expansion

One of the major coverage provisions of the Affordable Care Act (ACA) is the expansion of Medicaid eligibility to nearly all low-income individuals with incomes at or below 138 percent of poverty ($26,800 for a family of three in 2017). This expansion was designed to fill in gaps in Medicaid eligibility for adults and was envisioned as the vehicle for extending insurance coverage to low-income individuals, with premium tax credits for Marketplace coverage serving as the vehicle for covering people with moderate incomes. While the Medicaid expansion was intended to be national, the June 2012 Supreme Court ruling essentially made it optional for states. As of today, Mississippi is one of 19 states that decided against expansion.

State flexibility

State flexibility in terms of Medicaid changes means allowing states to have complete control over their Medicaid programs. Currently, because Medicaid is paid for jointly by Federal and State governments, there are some services and guidelines that must be upheld in order to continue receiving Federal dollars. Many states want the ability to have the final say in what services will be provided, the quantity in which they will be provided and even who can apply for and enroll in the Medicaid program with little to no Federal oversight. Block grants and per capita caps will make this a likely scenario.

Mississippi intentionally did not expand Medicaid, leaving thousands of Mississippians uninsured.
STORYBANKING

Storybanking is vital to connecting people to issues.

MEDICAID IS A PROGRAM THAT TOUCHES OVER 760,000 OF OUR MOST VULNERABLE NEIGHBORS.

These stories are often the missing link to humanizing the issue for the media and policymakers. Stories can make the case when numbers or data cannot. Storybanking is a tool that communities can also use to galvanize support and buy in for their issue.

Here are some tips for effective storybanking:

Know who your audience is and what your message is to them.

It is easier to find what you’re looking for, when you know what you want. It is important that you define who you want to reach and what you want to say in order to get the right message.

Identify your strongest messenger.

Once you determine who you want to reach, you should search for someone who will connect with and be trusted by the people you want to reach. The messenger you select should be credible enough for your audience to take the action you are requesting they take.

Prepare your messenger and vet their stories.

The goal of storybanking is to add a layer of humanity to what would otherwise be just a data driven issue. You want to ensure that the story you are presenting fits the position you are offering and the messenger is prepared to adequately relay his/her story. You should review and confirm story details, assess where your messenger feels most comfortable telling his/her story and if they are willing to do media interviews, prepare them for any anticipated questions.

Develop a dissemination plan.

There are so many ways, through technology, to get your stories out quickly. You should assess your community and determine which would be more effective for who you are trying to reach. Do most people read the local paper? Would social media get your story out more widespread? Does your policymaker have an office in your area? You want to make sure that the time you spent collecting these stories will make the impact you planned for.
MEDICAID RESOURCES

As the debate about Medicaid changes continues on in the media, credible sources of information have never been more important. There is a great deal of incomplete and misleading information out there that serves to only confuse the issue more.

Listed below are the reliable, accurate and timely sources for policy information on the Medicaid debate:

**Kaiser Family Foundation**

[www.kff.org](http://www.kff.org) | [twitter: @KaiserFamFound](http://twitter.com/@KaiserFamFound) | [facebook: KaiserFamilyFoundation](http://facebook.com/KaiserFamilyFoundation)

Kaiser is a non-profit organization focusing on national health issues, as well as the U.S. role in global health policy. KFF serves as a non-partisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. Our product is information, always provided free of charge—from the most sophisticated policy research, to basic facts and numbers, to in depth health policy news coverage provided by our news service, KHN, to information young people can use to improve their health or the general public can use to understand the health reform law.

**Center on Budget Policy Priorities**

[www.cbpp.org](http://www.cbpp.org) | [twitter: @centeronbudget](http://twitter.com/@centeronbudget) | [facebook: centeronbudget](http://facebook.com/centeronbudget)

CBPP is a nonpartisan research and policy institute. They pursue federal and state policies designed both to reduce poverty and inequality and to restore fiscal responsibility in equitable and effective ways. They apply deep expertise in budget and tax issues and in programs and policies that help low-income people, in order to help inform debates and achieve better policy outcomes.

**Community Catalyst**

[www.communitycatalyst.org](http://www.communitycatalyst.org) | [twitter: @HealthPolicyHub](http://twitter.com/@HealthPolicyHub) | [facebook: communitycatalyst](http://facebook.com/communitycatalyst)

Community Catalyst’s mission is to organize and sustain a powerful consumer voice to ensure that all individuals and communities can influence the local, state and national decisions that affect their health.

**Families USA**

[www.familiesusa.org](http://www.familiesusa.org) | [twitter: @familiesusa](http://twitter.com/@familiesusa) | [facebook: FamiliesUSA](http://facebook.com/FamiliesUSA)

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all. We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient-and community-centered health system.

**Mississippi Division of Medicaid**

[www.medicaid.ms.gov](http://www.medicaid.ms.gov)

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

**Mississippi Health Advocacy Program**

[www.mhap.org](http://www.mhap.org) | [twitter: @healthadvocacy](http://twitter.com/@healthadvocacy) | [facebook: MSHealthAdvocacyProgram](http://facebook.com/MSHealthAdvocacyProgram)

The Mississippi Health Advocacy Program has made a difference in the state by empowering citizens to enter the policy process and by opening access to the necessary information and analysis. For over twenty years, MHAP has strengthened the bonds of common interest among groups of different race and class backgrounds by keeping the focus of social policy debate on the core issues of community needs and citizen participation. By working within partnerships and building consensus about low-income issues, MHAP has shaped the debate on child policy and health care issues that affect low-income families in Mississippi.

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Here's what you can do:

1. Cut out the top part of this sheet along the dotted line or pick up one at your local physician’s office.
2. Ask someone to take your picture holding the top half of the sheet.
3. Post this picture to all your social media accounts (Twitter, Facebook, Instagram, Snapchat) with the hashtag #IamMedicaidMS, a sentence or two about what Medicaid means to you and where you live.
4. Share this sheet with others and ask them to join the campaign.
HELP SAVE MEDICAID!

Are you on Medicaid? Do you have a loved one on Medicaid? Do you serve Medicaid patients? Then we need your help...

Here's what you can do:

1. Cut out the top part of this sheet along the dotted line or pick up one at your local physician's office.
2. Ask someone to take your picture holding the top half of the sheet.
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IamMedicaidMS