

Office of the Governor | Mississippi Division of Medicaid

Medicaid Briefing



Mississippi Division of Medicaid

The Mississippi Division of Medicaid has over 1,000 employees located throughout one central office, 30 regional offices and 80 outstations. We are charged with facilitating the Medicaid program for the state of Mississippi.

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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.



Basic Medicaid Requirements

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

- 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 file an application form.
- You must provide requested verification within allowed time limits.

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

Who is Enrolled?

- Children
- Low Income
Parents/Caretakers
- Disabled
(Supplemental Security Income)
- Dually eligible
- Family Planning
- Pregnant Women

722,015
Medicaid beneficiaries

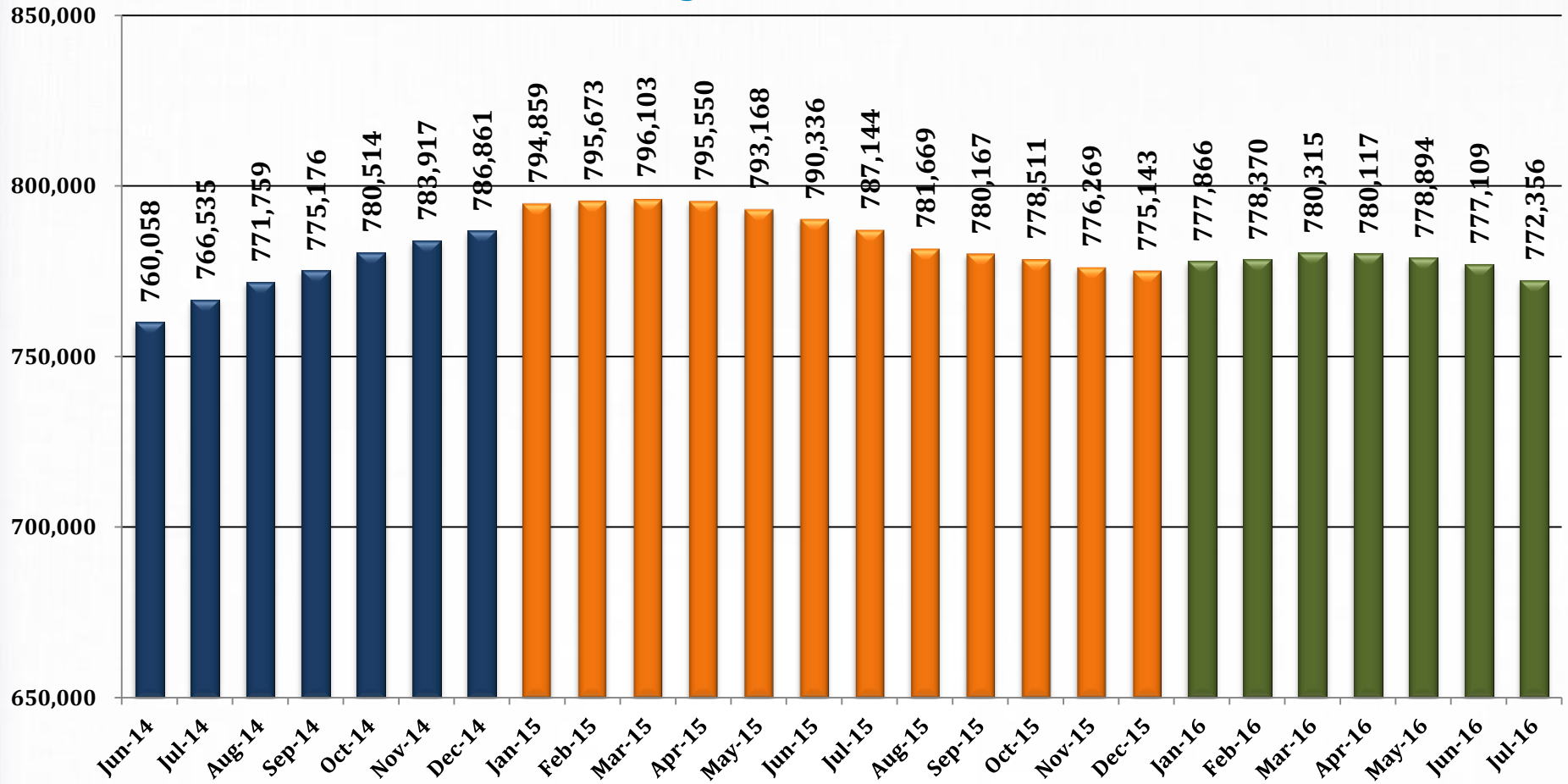
50,341
CHIP beneficiaries

772,356
Total enrollment

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

As of July 31, 2016

Medicaid and CHIP Beneficiary Monthly Enrollment



FY 2016 Funding Overview

Direct State	\$1.01 billion
Other State	\$0.80 billion
Federal	\$4.35 billion
Total	\$6.16 billion



Approximately

18%

of state budget



2ND

largest spending item
behind 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 can get 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)

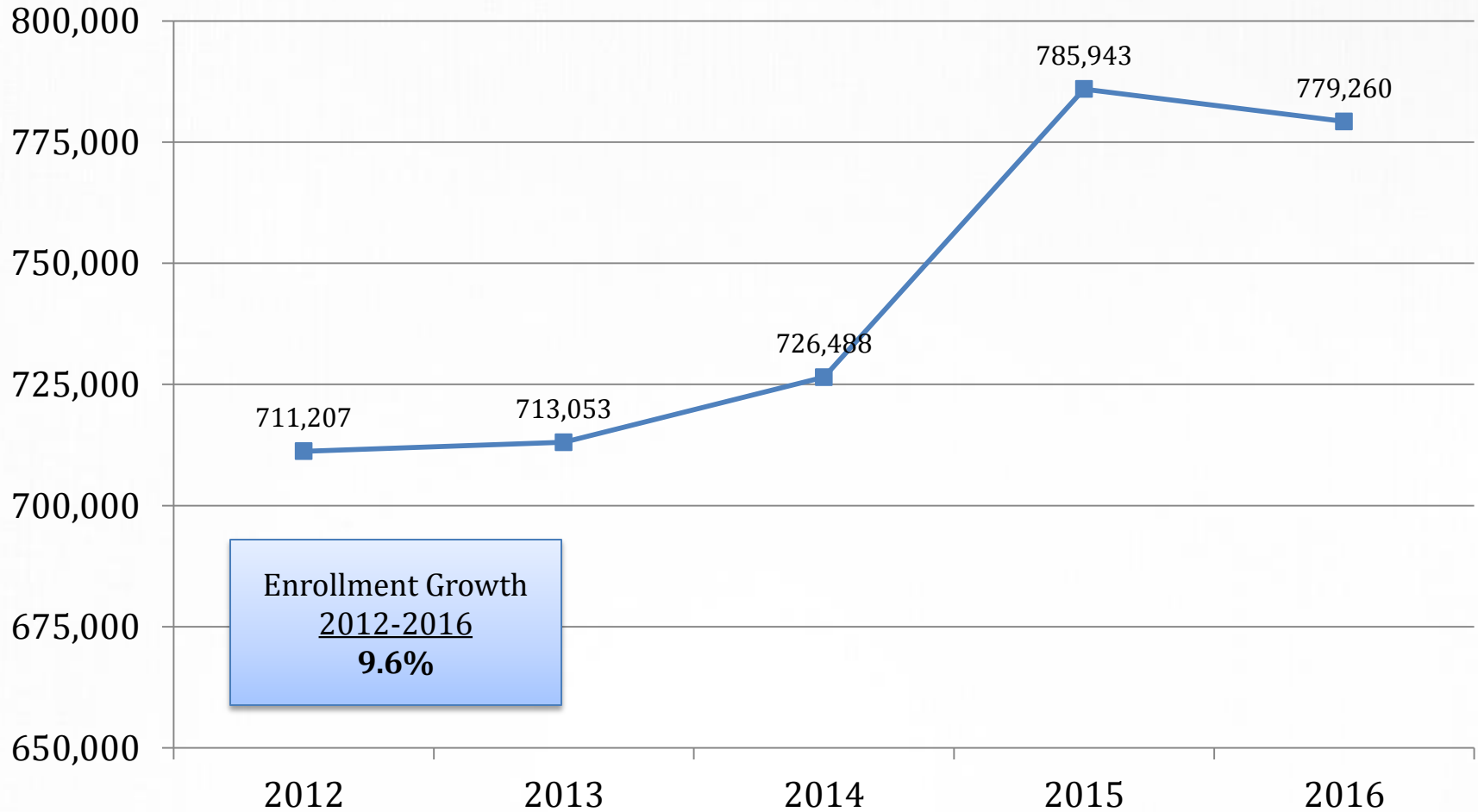
Programmatic Changes During the Last Four Years

- Changed reimbursement model for inpatient (Per-Diem to APR-DRG) and outpatient hospital services (CCR-APC)
- Updated Long-Term Care payment policy
- Unified the Preferred Drug List
- Implemented the ACA mandates

Programmatic Changes Cont.

- Rebranded the agency
- Opened access to agency leadership and staff
- Improved relationships with the provider community
- Increased the footprint of managed care from 8% to 65% of beneficiaries enrolled
- Transitioned Inpatient Fee-For-Service (FFS) to Managed Care
- Transitioned UPL Supplemental Payments to MHAP

Medicaid Enrollment



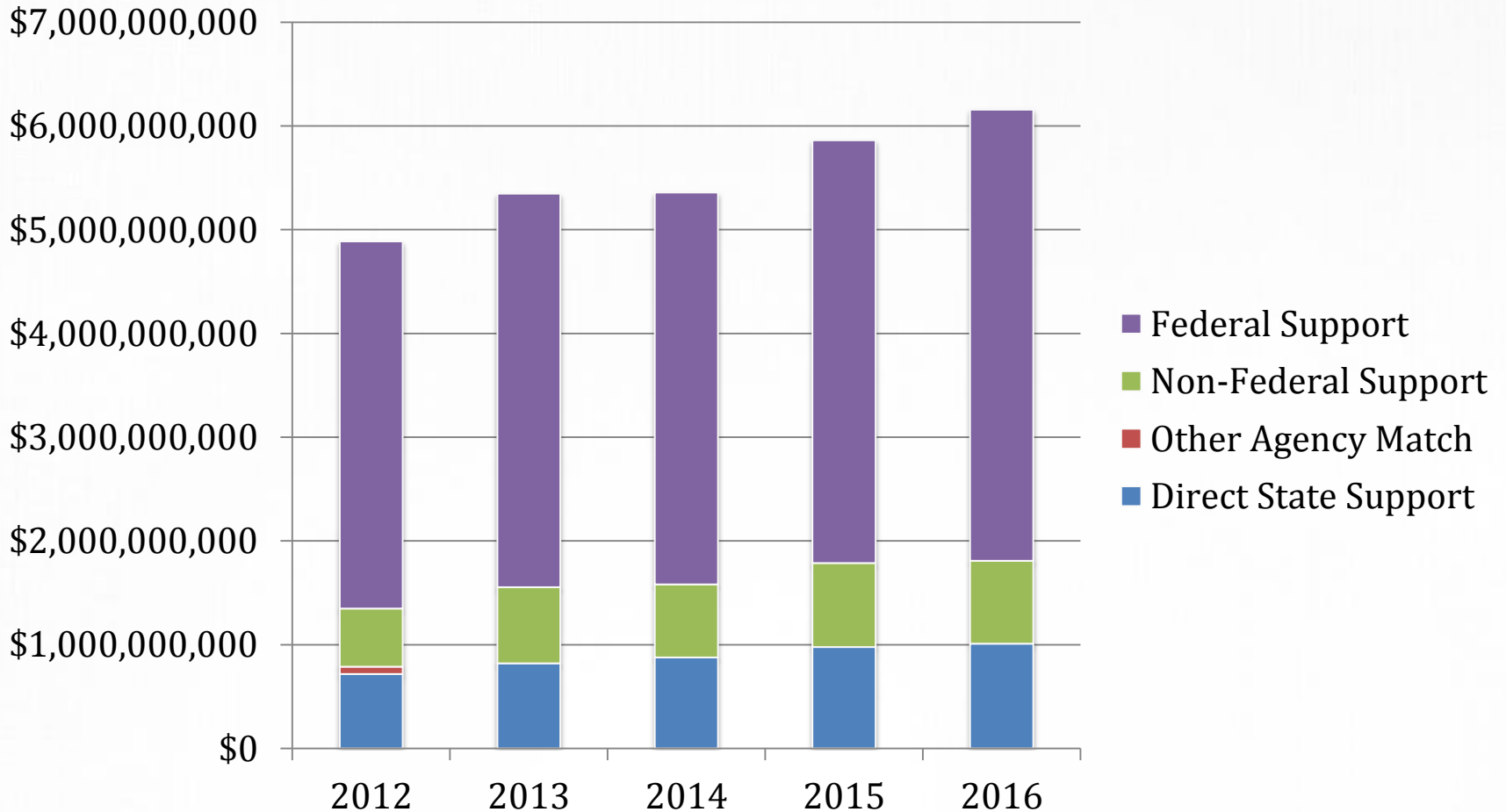
Medicaid Facts

- Federal Medical Assistance Percentage (FMAP)
Lowest match 50%, MS has highest match at **74.17%**
- Eligibility determined by income and SSI status
- Based on the Federal Poverty Level (FPL)

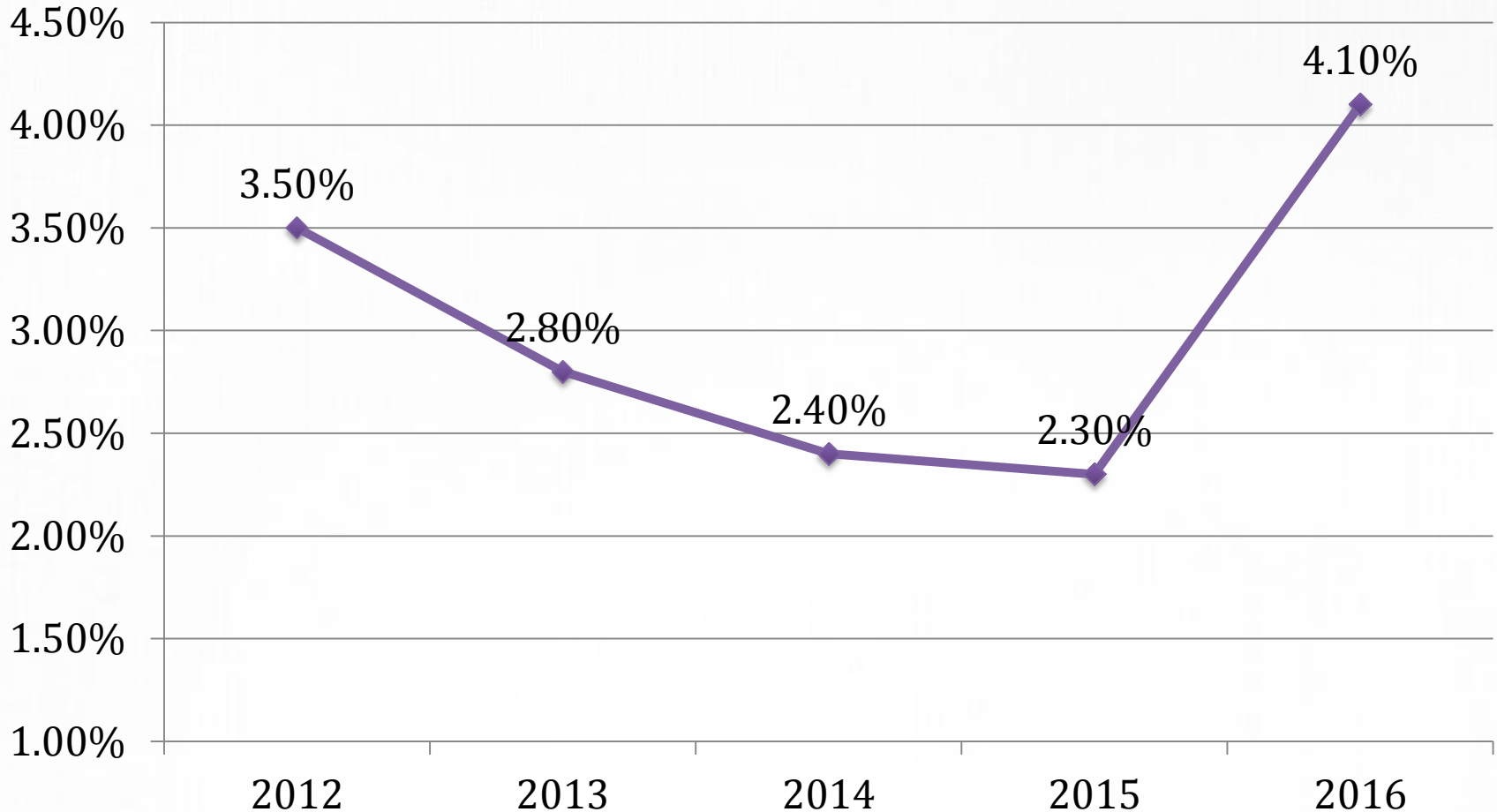
2016 Federal Poverty Level Guidelines

Family Size	100%	133%	138%	143%	194%	209%
1	11,880	15,800	16,394	16,988	23,047	24,892
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

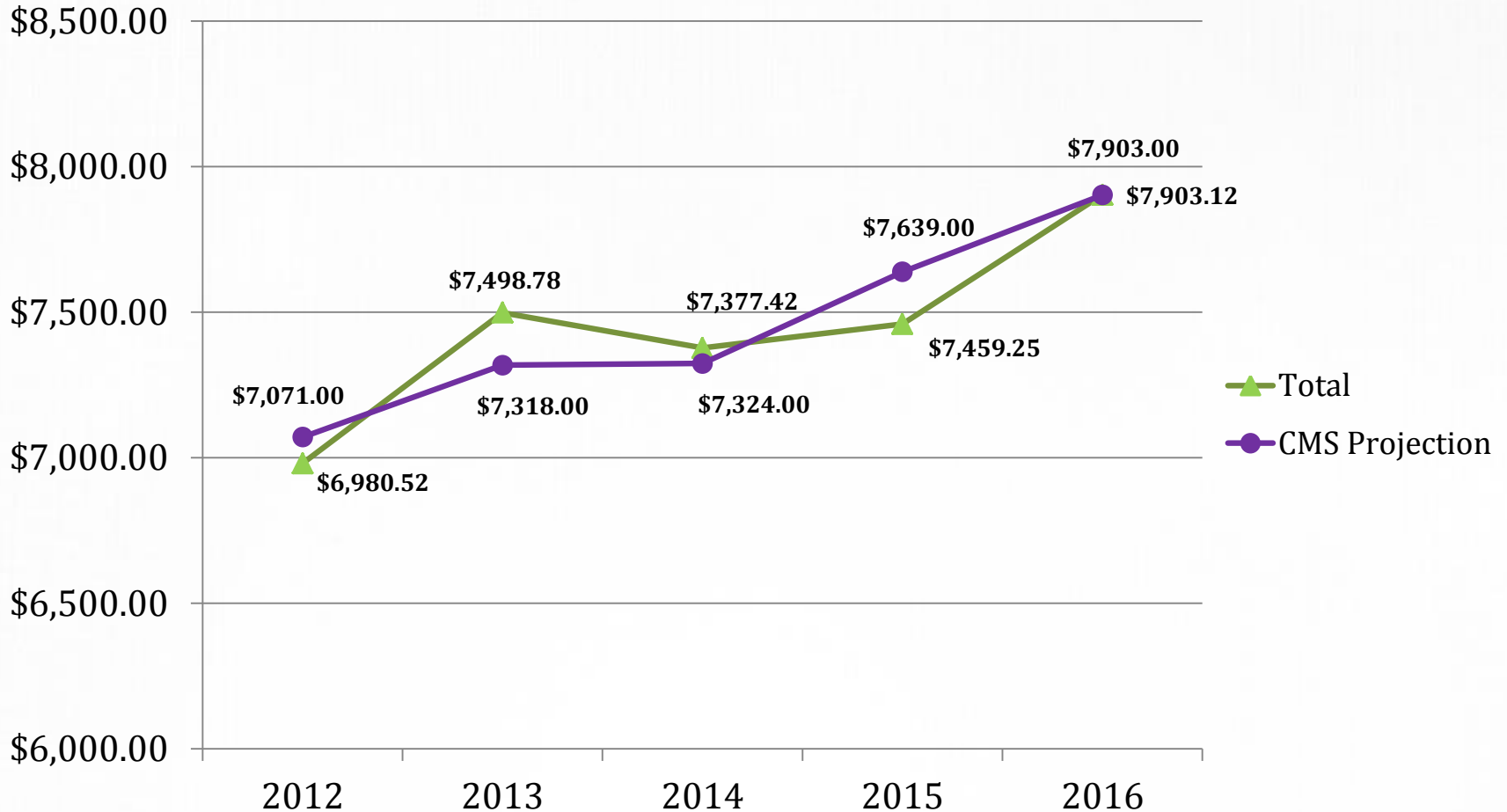
Medicaid Total Expenditures



CMS Medicaid Inflation Rate



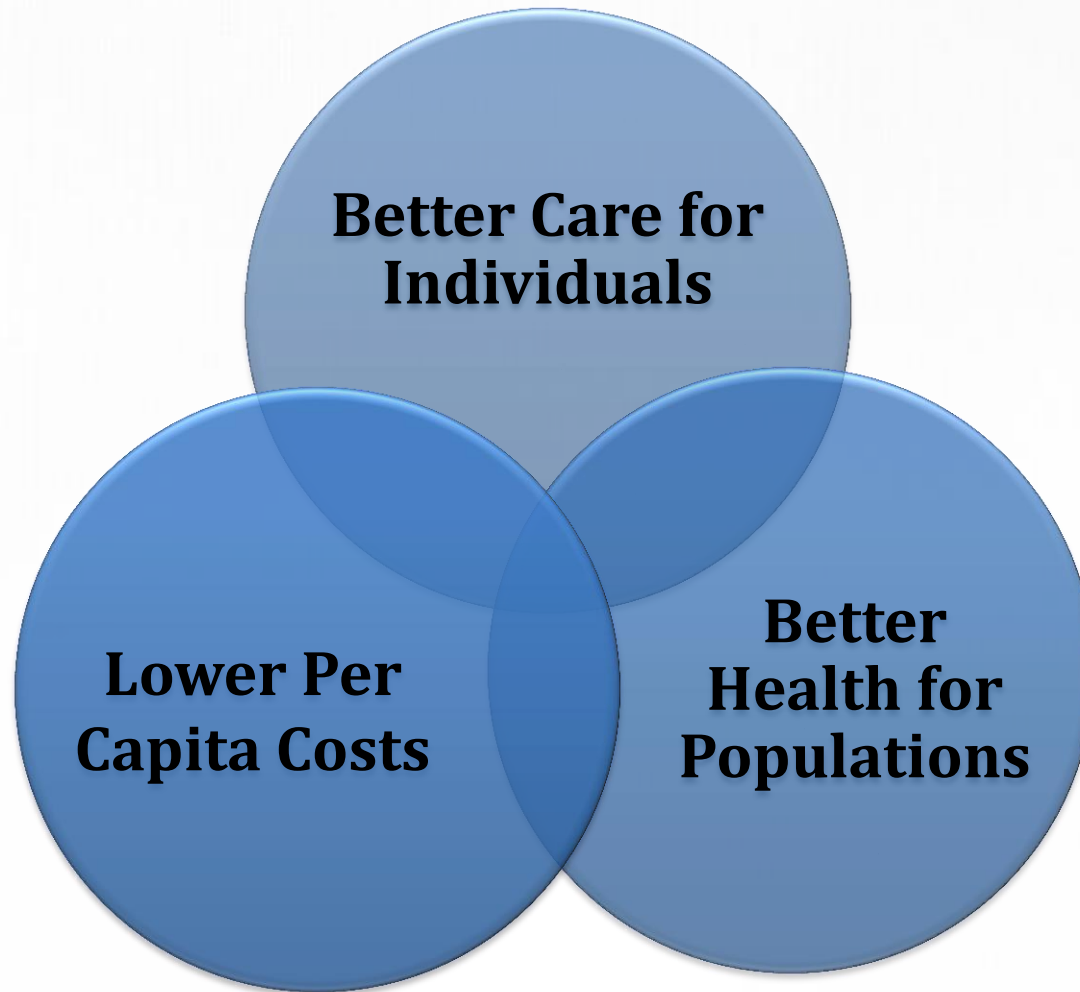
Medicaid Costs per Beneficiary



Change in Expenditures 2012-2016

Medical Inflation	11.6%
Enrollment Change	9.6%
UPL/DSH Adjustment	1.3%
DOM Specific Inflation	1.6%
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Total Change	24.1%

Medicaid Goals



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