Medicaid Briefing

Mississippi Division of Medicaid
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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.

* * *

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

Enrollment Growth
2012-2016
9.6%
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

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
<th>133%</th>
<th>138%</th>
<th>143%</th>
<th>194%</th>
<th>209%</th>
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<tbody>
<tr>
<td>1</td>
<td>11,880</td>
<td>15,800</td>
<td>16,394</td>
<td>16,988</td>
<td>23,047</td>
<td>24,892</td>
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<td>2</td>
<td>16,020</td>
<td>21,307</td>
<td>22,108</td>
<td>22,909</td>
<td>31,079</td>
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<td>20,160</td>
<td>26,813</td>
<td>27,821</td>
<td>28,829</td>
<td>39,110</td>
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<td>4</td>
<td>24,300</td>
<td>32,319</td>
<td>33,534</td>
<td>34,749</td>
<td>47,142</td>
<td>50,787</td>
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</table>
Medicaid Total Expenditures

- **Federal Support**
- **Non-Federal Support**
- **Other Agency Match**
- **Direct State Support**

Yearly Expenditures:
- 2012: $2,000,000,000
- 2013: $3,000,000,000
- 2014: $4,000,000,000
- 2015: $5,000,000,000
- 2016: $6,000,000,000
CMS Medicaid Inflation Rate

2012: 3.50%
2013: 2.80%
2014: 2.40%
2015: 2.30%
2016: 4.10%
Medicaid Costs per Beneficiary

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>CMS Projection</th>
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</thead>
<tbody>
<tr>
<td>2012</td>
<td>$6,980.52</td>
<td>$7,071.00</td>
</tr>
<tr>
<td>2013</td>
<td>$7,498.78</td>
<td>$7,318.00</td>
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<tr>
<td>2014</td>
<td>$7,377.42</td>
<td>$7,324.00</td>
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<tr>
<td>2015</td>
<td>$7,639.00</td>
<td>$7,459.25</td>
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<tr>
<td>2016</td>
<td>$7,903.12</td>
<td>$7,903.00</td>
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</table>

2012: $6,000.00, 2013: $6,500.00, 2014: $7,000.00, 2015: $7,500.00, 2016: $8,000.00, 2017: $8,500.00
# Change in Expenditures 2012-2016

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Medical Inflation</td>
<td>11.6%</td>
</tr>
<tr>
<td>Enrollment Change</td>
<td>9.6%</td>
</tr>
<tr>
<td>UPL/DSH Adjustment</td>
<td>1.3%</td>
</tr>
<tr>
<td>DOM Specific Inflation</td>
<td>1.6%</td>
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<tr>
<td><strong>Total Change</strong></td>
<td><strong>24.1%</strong></td>
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Medicaid Goals

- Better Care for Individuals
- Lower Per Capita Costs
- Better Health for Populations