

Office of the Governor | Mississippi Division of Medicaid

Fiscal Year 2015

Annual Report



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.

Note: Medicaid is different from Medicare.



What is Medicaid, CHIP?

- **Medicaid** is a national health care program that helps pay for services for low-income individuals. Each state runs their own Medicaid program within federal guidelines. Medicaid is paid for by state appropriated funds and federal matching funds.
- The **Children's Health Insurance Program (CHIP)** provides health coverage for uninsured children up to age 19, whose family income does not exceed 209 percent of the Federal Poverty Level. To be eligible for CHIP, a child cannot be eligible for Medicaid or have other health insurance at the time of application.

Medicaid Eligibility Requirements

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

- 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 complete and submit an application form.
- You must provide requested verification within the allowed time limits.

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

Who is Eligible in Mississippi?

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).

Categories of Eligibility	Percent of Federal Poverty Level
Infants from birth to age 1	194%
Children age 1 up to 6	143%
Children age 6 up to 19	133%
Pregnant women	194%
CHIP children up to age 19	209%

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.

Who is Enrolled?

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

- 56% Children
- 23% Disabled - including Supplemental Security Income (SSI)
- 9% Aged with Medicare
- 8% Low Income Parents/Caretakers
- 3% Family Planning
- 2% Pregnant Women

723,301
Medicaid beneficiaries

51,842
CHIP beneficiaries

775,143
Total enrollment

As of December 2015

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 qualify for **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)

(This is not a comprehensive list of all Medicaid health benefits.)

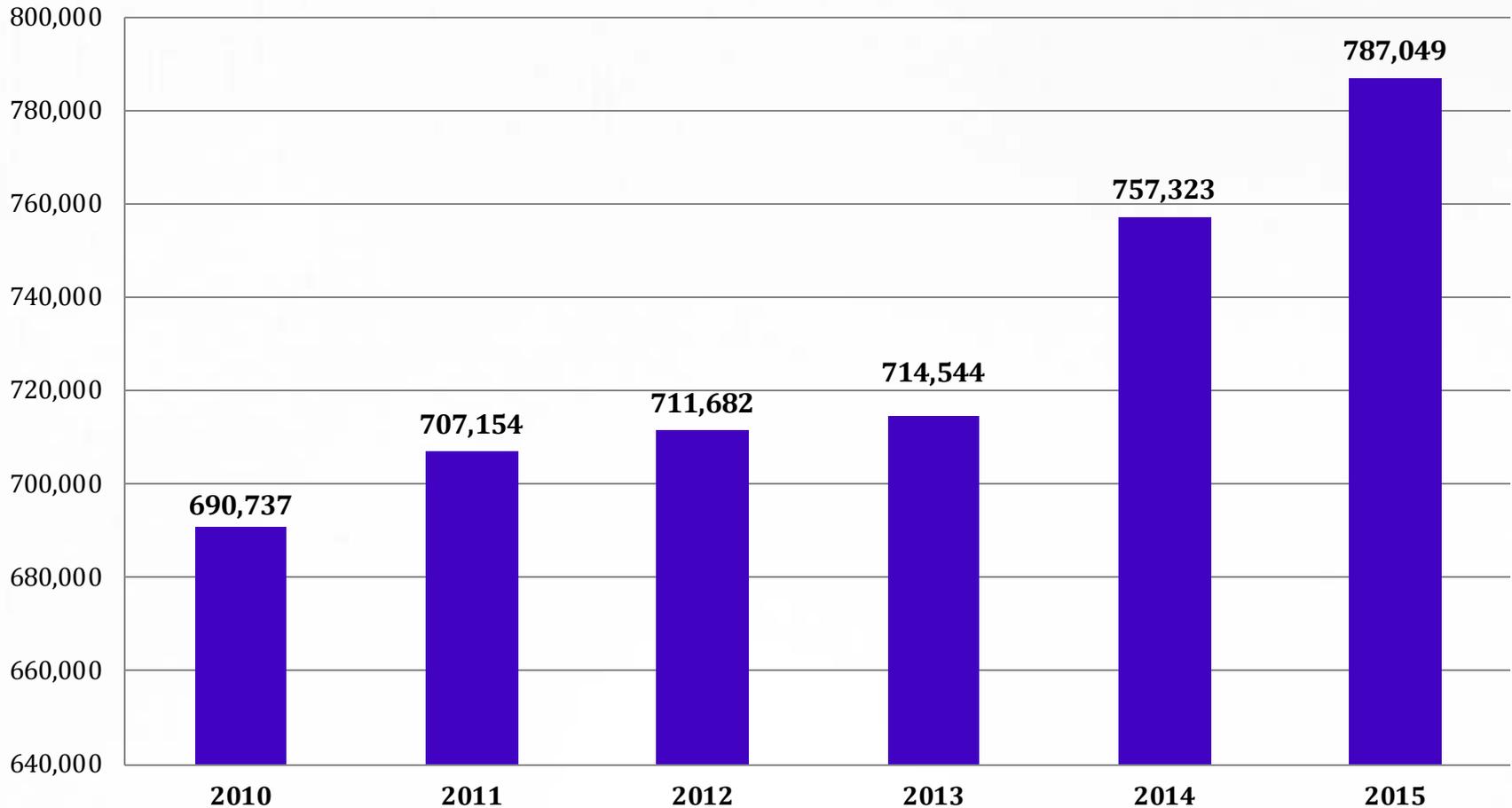
Medicaid and Medicare

What is the difference between Medicaid and Medicare? Often confused, the two government programs are not the same.

	Medicaid	Medicare
Who Administers?	State within federal guidelines	Federal
Who Funds?	State and federal funding	Federal
Who Receives?	Low-income children and some parents/caretakers, the aged, blind or individuals with disabilities	People over the age of 65 and some adults with disabilities and dialysis patients

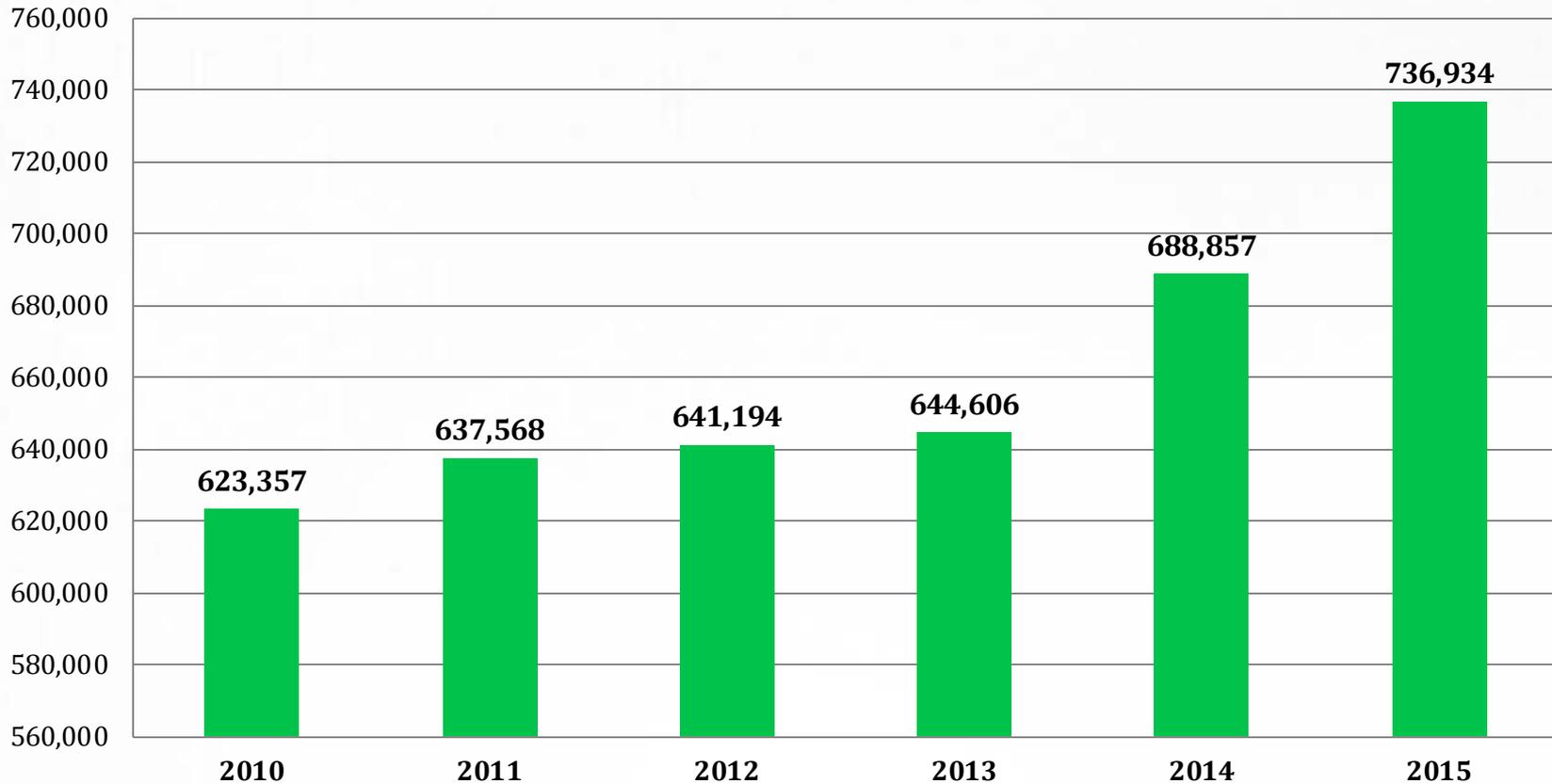


Enrollment for Medicaid & CHIP Beneficiaries



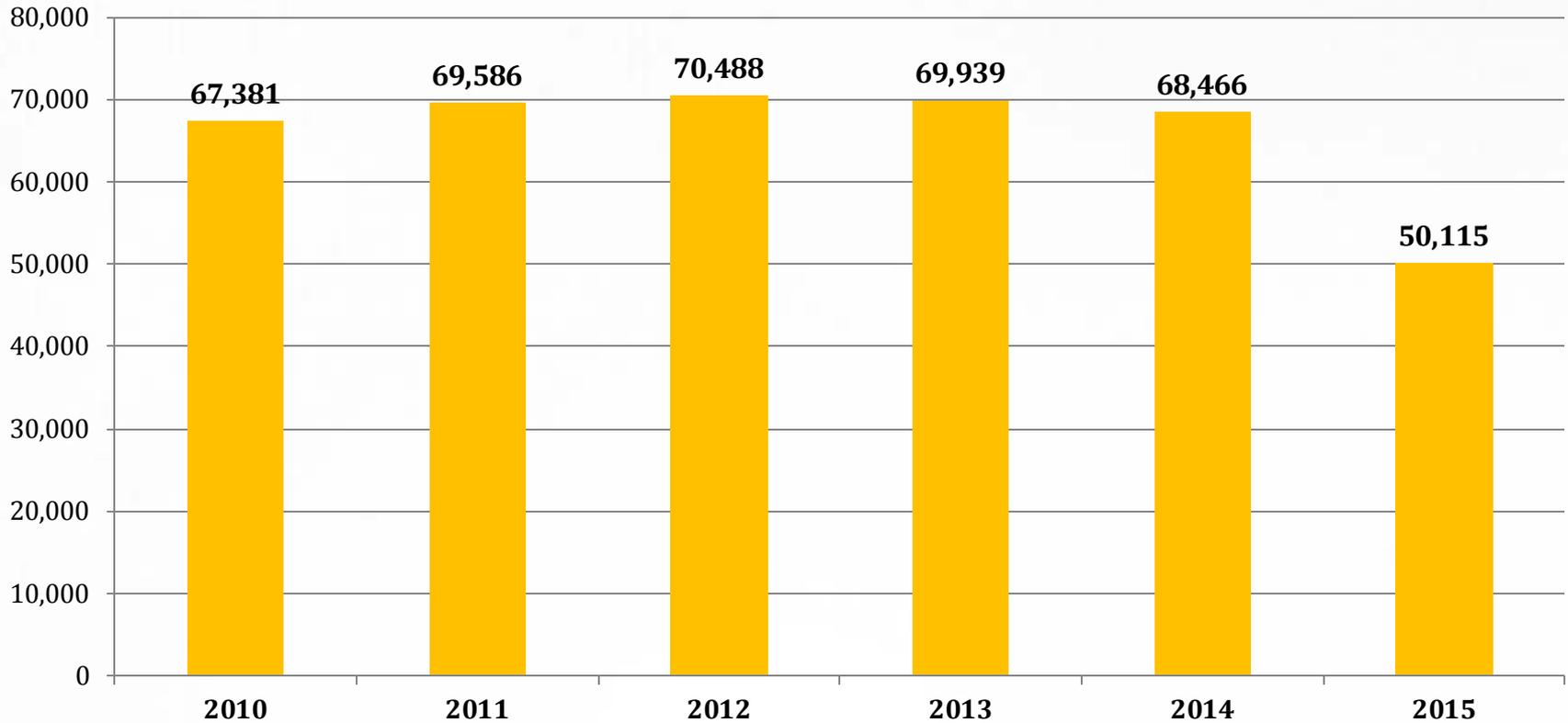
The figures above reflect enrollment annual averages calculated by calendar year.

Medicaid Beneficiaries



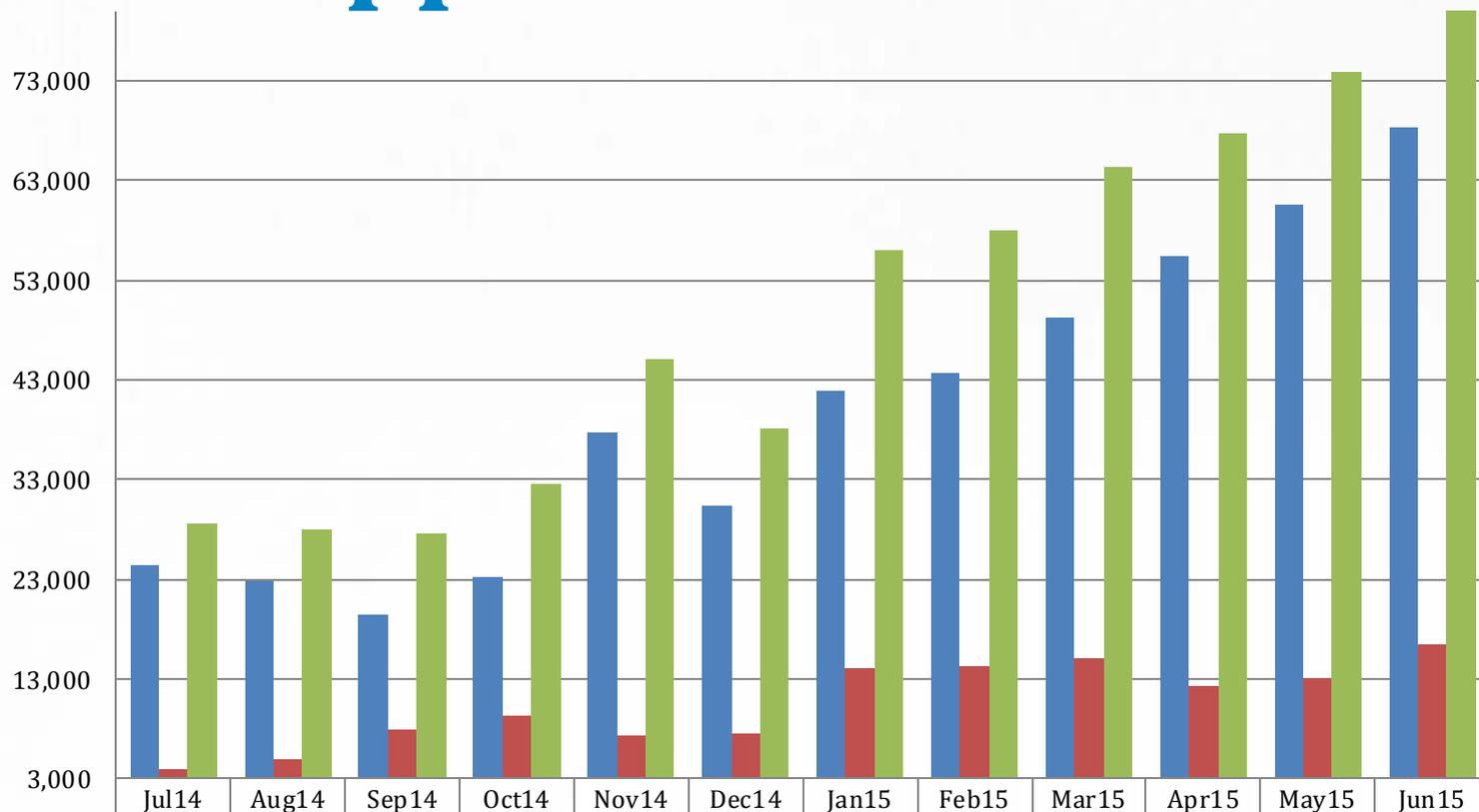
The figures above reflect Medicaid enrollment annual averages calculated by calendar year; they do not include CHIP. There were 723,301 Medicaid beneficiaries in the program as of Dec. 31, 2015.

CHIP Beneficiaries



The figures above reflect Children's Health Insurance Program (CHIP) enrollment annual averages calculated by calendar year. There were 51,842 CHIP beneficiaries in the program as of Dec. 31, 2015.

Medicaid Applications



■ Applications Approved	24,498	22,894	19,495	23,305	37,716	30,503	41,963	43,766	49,275	55,489	60,657	68,281
■ Applications Denied	4,091	5,066	8,045	9,272	7,316	7,623	14,058	14,301	15,017	12,305	13,155	16,540
■ Total Number of Applications	28,589	27,960	27,540	32,577	45,032	38,126	56,021	58,067	64,292	67,794	73,813	84,822

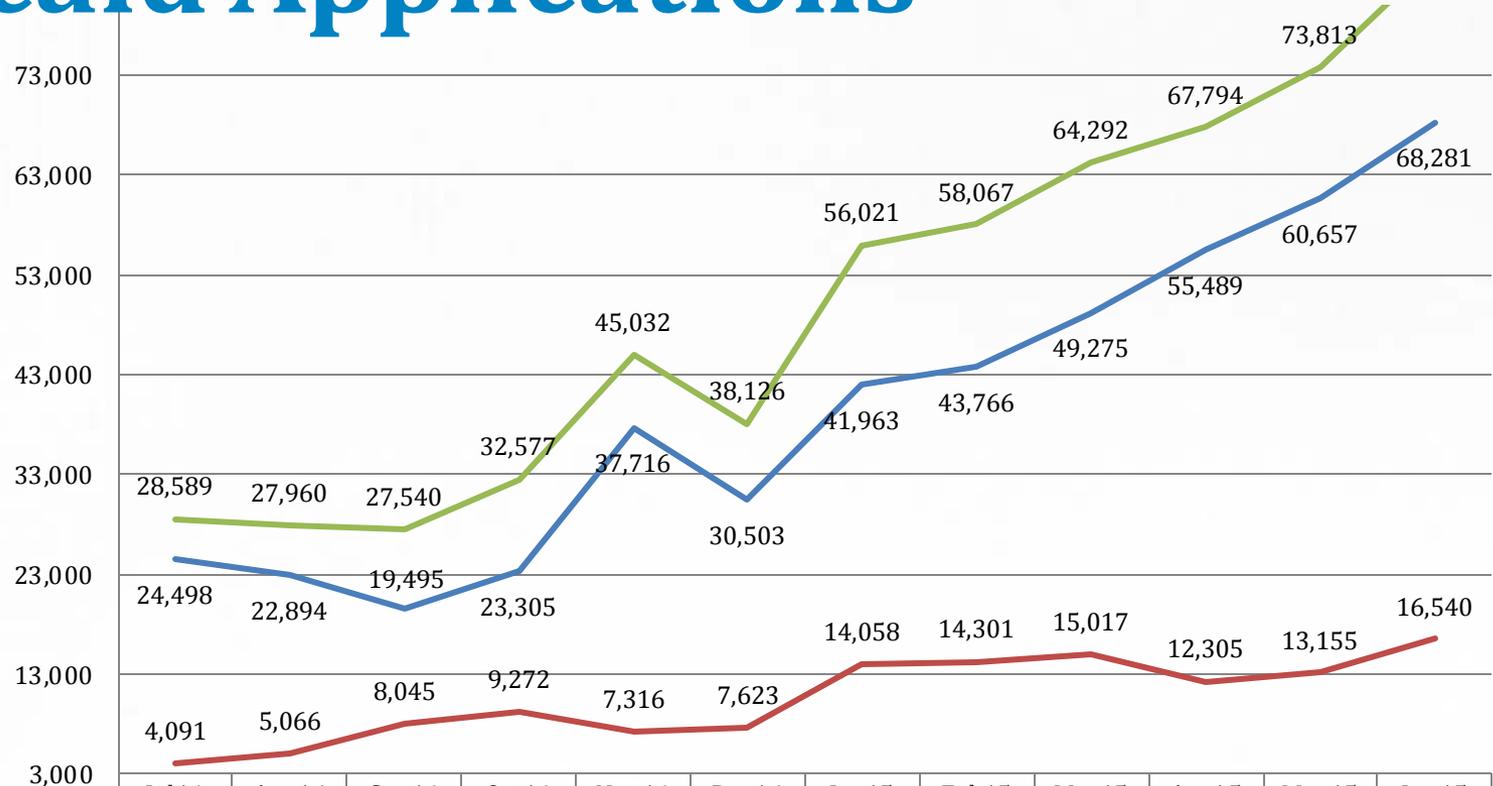
Total Number of Applications: 604,633

Total Approved: 477,842

Total Denied: 126,789

Note: The figures above include applications, re-applications and renewals for individuals.

Medicaid Applications



	Jul14	Aug14	Sep14	Oct14	Nov14	Dec14	Jan15	Feb15	Mar15	Apr15	May15	Jun15
Applications Approved	24,498	22,894	19,495	23,305	37,716	30,503	41,963	43,766	49,275	55,489	60,657	68,281
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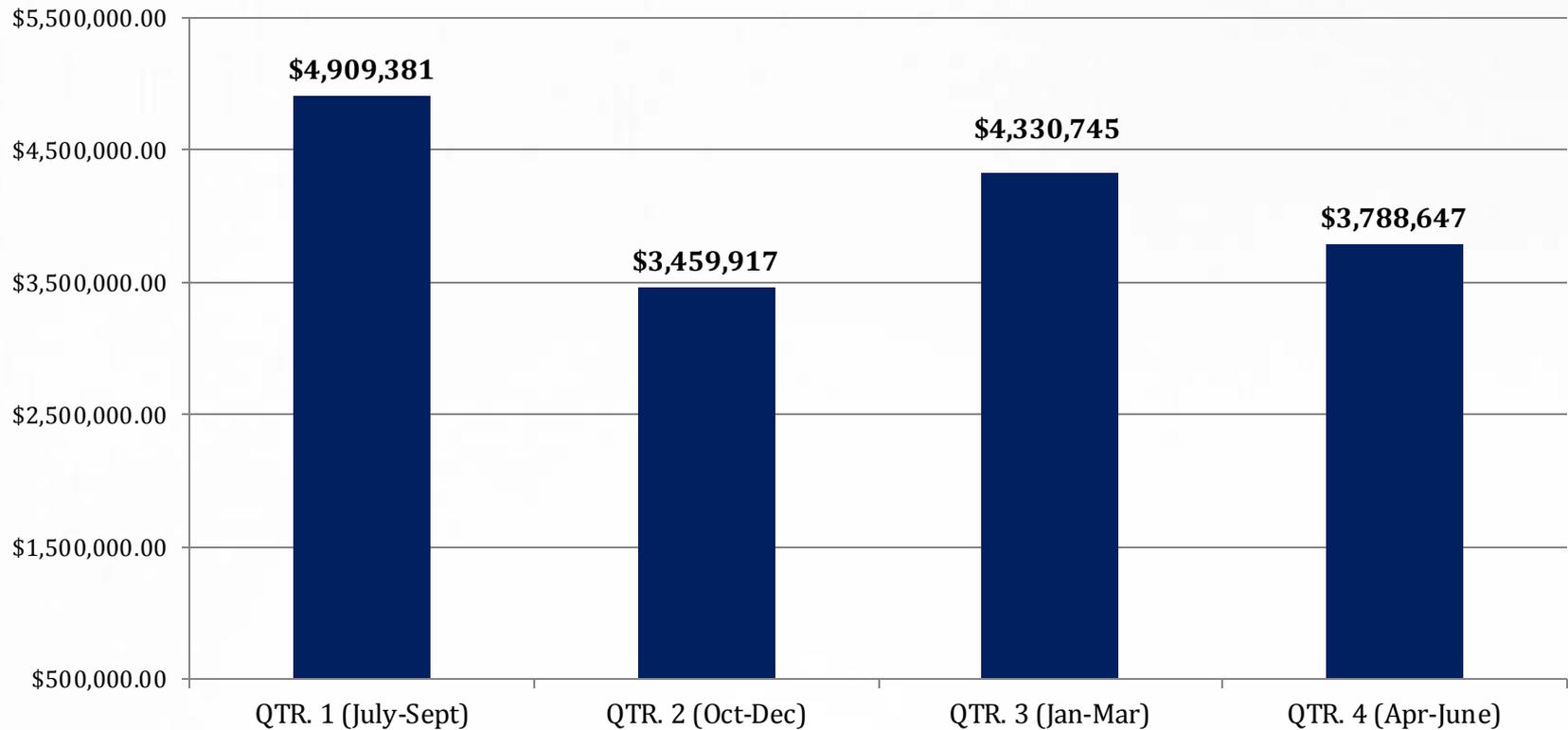
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Third Party Recovery



The Office of Third Party Recovery and the Office of Legal are responsible for ensuring Medicaid is the payer of last resort. They work to recover any funds Medicaid paid prior to the knowledge of a liable third party. During fiscal year 2015 we recovered a total of **\$16,488,690**.

Note: The figures above are based solely on fee-for-service Medicaid.

Program Integrity

The following are activities completed by Program Integrity during fiscal year 2015:

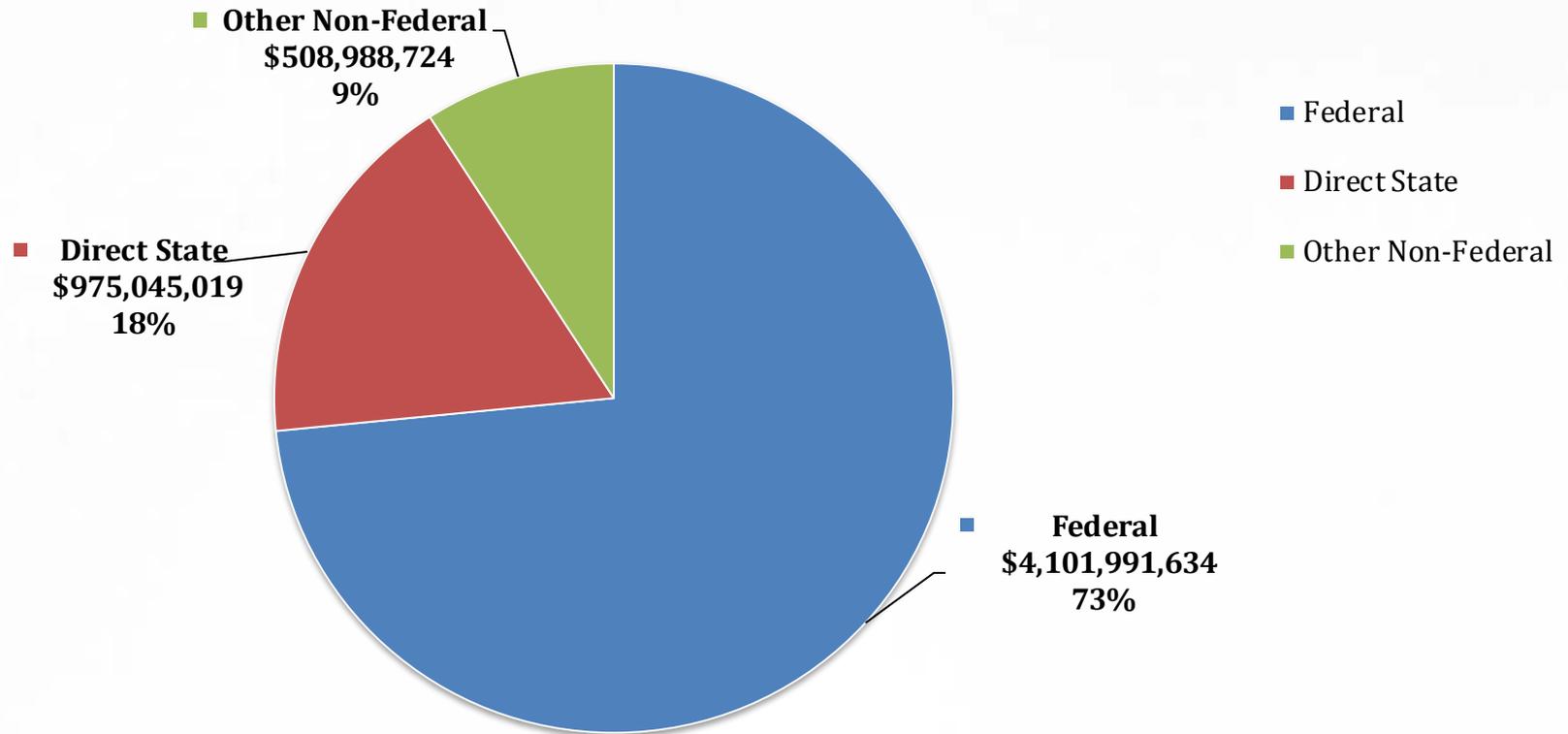
- Number of complaints opened = 524
- Number of cases investigated = 248
- Number of cases resulted in corrective action = 144
- Number of cases referred to MFCU = 15
- Number of cases administrative hearings = 2

Total number of overpayments identified = **\$6,736,638**

Total amount recovered = **\$1,260,989**

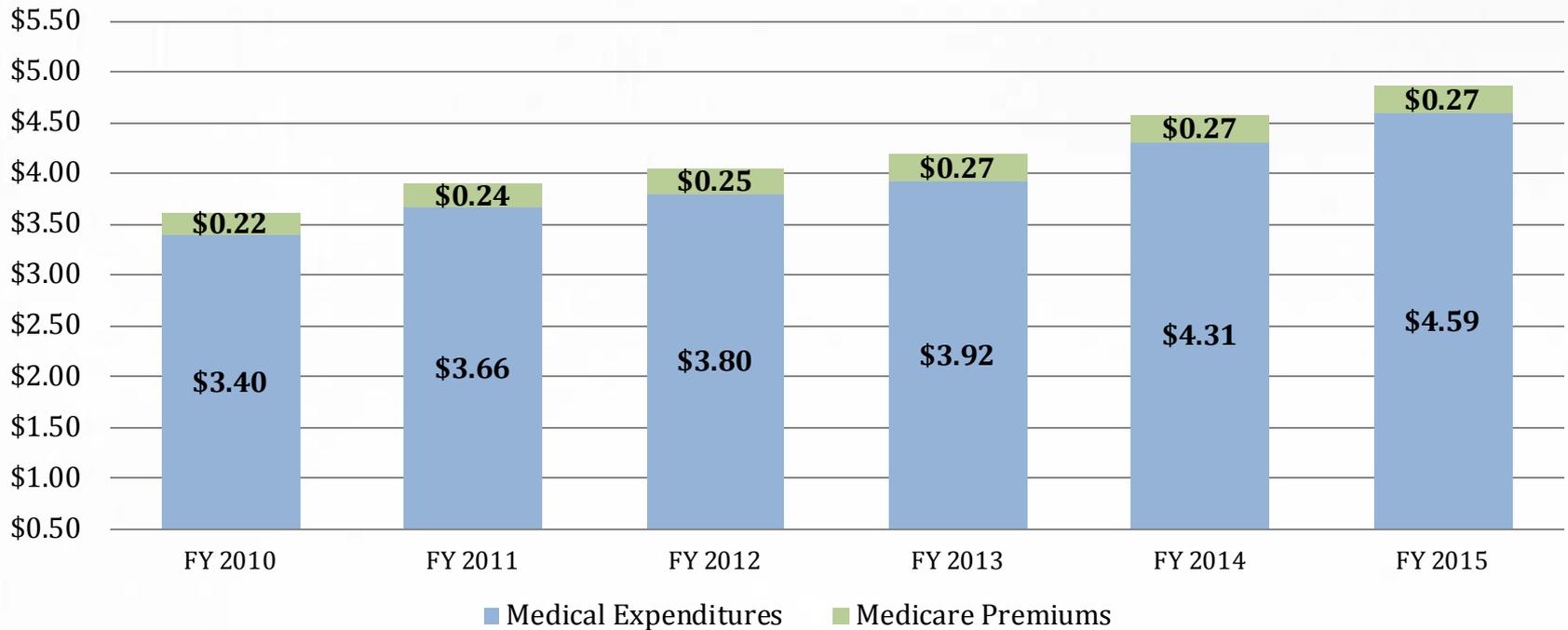
Medicaid Funding by Sources

Total: \$5,586,025,377 | Federal: \$4,101,991,634 | Direct State: \$975,045,019



Medical Service Cost Comparison

(in billions)



Note: Medical Expenditures exclude Disproportionate Share Hospital (DSH) and Upper Payment Limit (UPL) Payments. Medicare Expenditures include Part A Premiums, Part B Premiums and Part D Clawback.

Administrative Expenditures

- Administrative expenditures for fiscal year 2015 totaled \$162,401,853.
- The agency had 1,059 filled and vacant positions.

Medicaid receives a state/federal match rate for administrative expenditures. The match rate varies depending on the type of work.

	State Rate	Federal Rate
Information Technology	10	90
Specialized Administration	25	75
Administration	50	50

The figure for administrative expenditures above represents agency salaries, fringe benefits, travel, commodities and equipment. It also includes contractual services. The majority of these contracts are related to the administration and monitoring of the agency's medical service claims payments.