Who is covered in Mississippi’s Medicaid Program?

**ELIGIBILITY GROUPS**

<table>
<thead>
<tr>
<th>FFS¹,³</th>
<th>MCO³,⁴</th>
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<tbody>
<tr>
<td>Dual Eligibles</td>
<td>Children (0-18 years)</td>
</tr>
<tr>
<td>Incarcerated*</td>
<td>Current &amp; Former Foster Care Children</td>
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<tr>
<td>Undocumented Immigrants*</td>
<td>Parents and other Caretaker Relatives</td>
</tr>
<tr>
<td>Intellectual and Developmental Disabilities</td>
<td>Pregnant Women</td>
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<td>Aged, Blind, and Disabled Adults</td>
<td>Aged, Blind, and Disabled Adults**</td>
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<td></td>
<td>Disabled Children</td>
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<td>Qualified Non-Citizens*</td>
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* Emergency Medicaid services only.

** Only working disabled adults, ages 19-65, can enroll in managed care.

* Qualified non-citizens are subject to a 5-year waiting requirement.

**Important News**

2012 - Legislation passes in Mississippi allowing the program to expand and enroll up to 45% of the state’s Medicaid enrollees in managed care, with additional expansions approved in 2014 and 2015.⁵

**Medicaid Medical Director’s Network**

Mississippi began adopting the Bright Futures health promotion and prevention initiative by the American Academy of Pediatrics into their Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

The State of Mississippi implemented a population health initiative in order to utilize Medicaid claims data with electronic health record data to assess the Medicaid beneficiary’s health status.

**Do Medicaid health plans provide coverage?** ⁶

- YES
- NO

**How has Mississippi’s Medicaid program engaged in Managed Care?**

**SECTION 1115 WAIVERS**

The Mississippi Family Planning Waiver was created to cover individuals of childbearing age (13-44) at or below 185% FPL who are uninsured or underinsured and provide a limited family planning benefit package.

| Approval: | 1/31/03 |
| Effective: | 10/1/03 |
| Expiration: | 12/31/27 |

Healthier Mississippi MS was created to cover aged or disabled individuals up to 135% of the federal poverty level (FPL) who are not covered by Medicare or otherwise eligible for Medicaid. It provides a modified benefit package for adult recipients and a full package for children under 21 years of age. An extension request was submitted on 10/16/2017, and as of June 2018, it is still pending approval.

| Approval: | 9/10/04 |
| Effective: | 1/1/06 |
| Expiration: | 9/30/18 |

An application for the Medicaid Workforce Training Initiative waiver was submitted in January 2018. This waiver would implement workforce training activities for adults covered by traditional Medicaid in the state. The 20-hour per week requirement may be fulfilled through employment, volunteering, SUD treatment program participation, or other approved activities. Students, individuals with mental illness or physical disability, primary caregivers, individuals receiving SSI or SSDI, and individuals receiving employment insurance are exempt from this requirement. Eligibility will be terminated for individuals who do not fulfill these requirements the following month. As of June 2018, the waiver was still pending approval.

www.MedicaidInnovation.org
How is Mississippi meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives
In 2010, Mississippi established medical health homes, through HB 1192, that provide care for all stages of life, including acute care, chronic care, preventive services and end-of-life care. The program offers a coordinated care across all elements of the health care system and the patient’s community to assure that the patient receives value-based care.

Family Planning
A family’s income must be at or below 194% federal poverty level (FPL) in order to be eligible for family planning services. Other eligibility requirements are that the patient must be between 13 and 45 years old, and they cannot have undergone any sort of sterilization. Services include:
- Annual medical exams
  - Physical exam
  - Treatment for STDs
  - Tests for pregnancy and STDs
- Birth control and family planning
  - Prescriptions for birth control and contraceptives
  - Family planning and counseling on birth control methods
- Laboratory services
- Sterilization

Women’s Health
Pregnant women under 194% of the FPL can receive coverage. Pregnant women can receive benefits two months postpartum and are automatically put on the family planning waiver for one year. Pregnant minors, under age 19, can qualify regardless of family income.

Mississippi’s Breast and Cervical Cancer program covers uninsured women who are more likely to have advanced disease when symptoms appear, reflecting differences in access to screening and care. There are age requirements for certain services; must be 40-64 years of age for pap exam and 50-64 years of age for mammograms. Overall services include:
- Screening and/or diagnostic mammograms annually for women 50 years of age and older
- Ultrasound, Fine needle aspiration of the breast and breast biopsy, if indicated
- Colposcopy and biopsy, if indicated
- Follow-up and referral for abnormal pap exams and/or mammograms
- Educational programs for professionals and the public

Behavioral Health
Services include:
- Acute freestanding psychiatric facilities
  - 7-10 days stay for children under 21 years of age
- Community/Private Mental Health Center Services
- Therapeutic and Evaluative Mental Health Services
  - For children under 21 years of age, must be medically necessary
- Outpatient mental health services
- Pre-Admission Screening and Resident Review (PASRR)
- Psychiatric Residential Treatment Facilities (PRTF)
  - 6-month residential services for children under age 21
- Psychiatric units at general hospitals
  - 7-10 day visits for children and adults. Adults may have a maximum of 30 days per fiscal year. Children may receive more if medically necessary.
- Covered drug therapies: naltrexone, naltrexone, and disulfiram

Oral Health
Individuals who qualify for Medicaid may receive the following dental services, if they are deemed medically necessary:
- General dentistry
- Oral surgery
- Orthodontia

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**Federal**

- 1965: President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- 1967: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- 1972: Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.
- 1981: Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.
- 1984: Children and pregnant women become mandatory Medicaid eligibility groups.
- 1989: Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.
- 1990: Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.
- 1997: Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children’s Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.
- 1999: Olmstead decision allows expanded HCBS coverage for persons with disabilities.
- 2006: Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.
- 2011: ACA implementation begins.
- 2012: 31 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

**Mississippi**

- 1970: Mississippi adopts the Medicaid program.
- 1997: Mississippi begins providing non-emergency transportation (NEMT) services for most Medicaid enrollees.
- 2010: Mississippi creates the Mississippi Coordinated Access Network (MississippiCAN), a statewide managed care program that provides acute, primary, and specialty care services to low-income children, foster care children, and individuals with disabilities.
- 2012: Mississippi passes legislation that expands MississippiCAN to offer coverage to low-income children, pregnant women and families, and foster care children. They also mandate enrollment for most low-income adults and children and working individuals with disabilities, and add behavioral health services to the benefits package.
- 2015: Mississippi plans to carve-in inpatient mental health services for its managed care contracts as part of its larger effort to carve-in inpatient services generally.