

**MISSISSIPPI TITLE XXI STATE PROGRAM
FACT SHEET**

Name of Plan: Mississippi Title XXI

Date Plan Submitted: July 29, 1998
Date Plan Approved: October 26, 1998
Date Plan Effective: July 1, 1998

Date Amendment #1 Submitted: August 4, 1998
Date Amendment #1 Approved: February 10, 1999
Date Amendment #1 Effective: January 1, 2000

Date Amendment #2 Submitted: September 22, 1999
Date Amendment #2 Approved: December 17, 1999
Date Amendment #2 Effective: January 1, 2000

Date Amendment #3 Submitted: July 6, 2000
Date Amendment #3 Approved: October 2, 2000
Date Amendment #3 Effective: October 1, 2000

Date Amendment #4 Submitted: July 3, 2001
Date Amendment #4 Approved: October 5, 2001
Date Amendment #4 Effective: July 1, 2001

Date Amendment #5 Submitted: September 30, 2002
Date Amendment #5 Approved: December 19, 2002

Background

- On July 29, 1998, Mississippi submitted a Title XXI state plan (Phase I) to expand Medicaid to children born before October 1, 1983, in families with incomes above the State Medicaid levels and below 100 percent of the Federal Poverty Level (FPL). Note: This group of children aged out of the SCHIP Medicaid expansion October 1, 2002, and the State no longer has a SCHIP Medicaid expansion program.

Amendments

- The State submitted its first State Children's Health Insurance Program (SCHIP) state plan amendment on August 4, 1998, for a separate child health program (Phase II). It covered children below age 19 in families with income levels between 100 percent and 133 percent of the FPL who were not eligible to participate in Phase I. It also proposed a premium assistance program for children with access to employer-sponsored coverage. Note: The State has not yet implemented the premium assistance program.

- A second amendment was submitted by the State on September 22, 1999. This amendment expanded the income eligibility to 200 percent of the FPL in the separate child health program and introduced cost sharing requirements.
- On July 6, 2000, Mississippi submitted its third state plan amendment to eliminate the required 6-month period of uninsurance for children with previous creditable health insurance coverage in the separate child health program. The 6-month period of uninsurance will continue to apply in the premium assistance program.
- A fourth amendment was submitted by the State on July 3, 2001. This amendment to the separate child health program provides presumptive eligibility for children in families with income at or below 200 percent FPL. Note: The State has chosen not to implement this option.
- Mississippi submitted its fifth amendment on September 30, 2002, to update its state plan to indicate compliance with the final SCHIP regulations.

Children Covered Under the Program

- The State reported that 52,436 children were ever enrolled in SCHIP during Federal fiscal year 2001.

Administration

- The program is administered by the State and Public School Employees Health Insurance Management Board, which is also referred to as the Health Insurance Management Board. An outreach contractor supports and augments the outreach activities of the State.

Health Care Delivery System

- Health care is delivered through a Fee-For-Service system.

Benefit Package

- The State provides benchmark coverage equivalent to the benefit package offered under the Network Option of the State and Public Employer's Health Insurance Plans plus additional benefits such as immunizations, vision and hearing screening and dental services.

Cost Sharing

- Copayments are calculated on a sliding scale based on income levels: less than 150 percent of the FPL, no cost-sharing requirements; 151 to 175 percent of the FPL, \$5 per outpatient health care professional visit, \$15 per ER visit and \$800 out-of-pocket maximum; 176 to 200 percent of the FPL, \$5 per outpatient health care professional visit; \$15 per ER visit and \$950 out-of-pocket maximum.

Crowd-Out Strategy

- Mississippi will monitor the number of children enrolled in SCHIP who had coverage within 6 months of application. If the data indicates that 15 percent of the enrolled children have dropped insurance coverage within the 6 months prior to applying, the State will propose additional crowd-out strategies.

Outreach Activities

- The State utilizes a number of measures to identify and enroll children. These include:
 - Partnering with entities and programs through local and State inter-agency councils, school-based health programs, and community organizations.
 - Utilizing community health care providers, hospitals, health clinics, Indian reservations and school-based EPSDT providers to identify potentially eligible individuals for education and distribution of materials.

Coordination Between SCHIP and Medicaid

- The State utilizes a joint application form.
- Eligibility is determined in the same manner and by the same agency as eligibility for Medicaid. If applicants are determined ineligible for Medicaid, they will be considered for SCHIP eligibility.

Financial Information

Total FFY '03 SCHIP Allotment -- \$37,672,898
FFY '03 Enhanced Federal Matching Rate --83.63%

State Share: \$ 16,635,194
Federal Share: \$ 84,984,806
Total: \$101,620,000

Last Date Updated: December 20, 2002