Mississippi

Sources of Insurance Coverage

*Source: KFF, Health Insurance Coverage of the Total Population, 2022

Medicare

In Mississippi, 412,600 residents are enrolled in Medicare, 14.6% of the state’s population (2022 data). Of those, 40% are enrolled in a Medicare Advantage plan. For Mississippians in the traditional Medicare program, the Mississippi Insurance Department regulates Medicare supplemental plans.

Medicaid and the Children’s Health Insurance Program (CHIP)

In Mississippi, 680,800 people are enrolled in Medicaid or CHIP, 24.1% of the population (2022 data). Mississippi has not adopted Medicaid expansion under the Affordable Care Act. The state’s program does not cover any childless adults and covers low-income parents with household income up to only 28% of the federal poverty level (FPL), the third lowest income threshold in the country (after Texas and Alabama). Approximately 88,000 adults are in the “coverage gap,” meaning their income is too high for Medicaid eligibility but too low to qualify for Marketplace premium tax credits.

In Mississippi, the CHIP program operates as both an expansion of Medicaid and a separately run program. Via Medicaid, Mississippi covers children up to 18 years of age in households with income up to 138% FPL. The state uses the CHIP program to cover children in households with income up to 214% FPL. Approximately 59% of all births in Mississippi are covered by Medicaid.
In Mississippi, most Medicaid enrollees receive benefits via private managed care organizations, a program called MississippiCAN. These insurers have contracts with the Mississippi Division of Medicaid.

Employer-sponsored Insurance
In Mississippi, 1.2 million people are covered by employer-sponsored insurance (ESI), or 42.5% of the total state population (2022 data). Approximately 51.3% of Mississippi employers offer ESI. However, offer rates vary significantly by size of firm. In Mississippi, 97.9% of large firms (50 or more employees) offer ESI, while only 30.2% of small employers offer ESI.

In Mississippi, approximately 42.3% of private sector businesses that offer coverage self-fund at least one health plan. For large firms (50 or more employees) that offer coverage, 63% self-fund at least one health plan.

Individual Market Insurance
Approximately 6.3% of Mississippi residents are enrolled in the individual market (2022 data). In 2023, 183,478 Mississippians selected a plan through the Affordable Care Act Marketplace, which in Mississippi is run by the federal government and accessible through Healthcare.gov. It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated in Mississippi by the Mississippi Insurance Department.

Other Coverage
Some Mississippians are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers 1.7% of the population, or 49,400 residents.

The Uninsured
Almost 10.8% or 305,900 Mississippi residents are uninsured (2022 data). Mississippi has the 5th highest uninsured rate in the country. Among the non-elderly, people of color are significantly more likely to be uninsured in Mississippi than White people. Hispanic residents have the highest uninsured rate (26.4%), followed by Asian/Pacific Islanders (19.6%) and Black residents (13.7%). White residents have the lowest uninsured rate (11.3%) among all racial groups. Lack of insurance is also highly correlated with income. Approximately 20.3% of people under 100% FPL are uninsured in Mississippi, while 5.9% of people over 400% FPL are uninsured.
State Regulators: Mississippi

CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Mississippi is based in Dallas, Texas. Contact information is available here.

Mississippi Insurance Department

MID regulates the business of insurance in the state of Mississippi. For health insurance companies, MID is responsible for:

- **Licensure**: All insurers operating in the state must demonstrate that they are financially solvent and capable of paying claims. After initial licensure, companies must file financial information with MID on a regular basis. The public can search for insurance companies licensed to operate in the state of Mississippi here, and annual insurance company financial examination results are available here.
- **Form review**: MID reviews health insurers’ contracts and covered benefits to ensure that they comport with state and federal laws, including state benefit mandates.
- **Rate review**: MID collects data from health insurers about their projected costs and premiums. However, unlike in many other states, MID generally does not have the authority to disapprove or require changes to an insurer’s proposed premium rate.
- **Marketing**: MID is responsible for oversight of insurers’ marketing tactics and discouraging unfair or deceptive tactics. MID is also responsible for the licensing and oversight of health insurance agents and brokers. Members of the public can file complaints about insurance agents and brokers here. MID publishes annual reports on health insurance company market share, available here.
- **Enforcement**: MID has authority to enforce state and federal insurance laws. Their enforcement tools can range from requesting a corrective action, issuing a cease and desist order, imposing fines, or seeking an injunction. Consumers can file complaints about their insurance company here. Information about MID enforcement actions against insurance companies and agents or brokers is available here.
- **Appeals**: Under the Affordable Care Act, insurers must provide enrollees with the right to an external, independent appeal. MID manages the external review process for insured individuals. Consumers can request assistance with the appeals process here.

Mississippi Division of Medicaid

The Mississippi Division of Medicaid (MOD) runs the state’s Medicaid and CHIP programs, and manages the contracts with the companies, which the state calls “coordinated care organizations” (CCO), that deliver benefits under MississippiCAN and CHIP. Information about CCOs that have contracts with MOD is available here. MOD also publishes information about CCOs’ quality rankings, performance, and medical loss ratios, available here.

MOD can conduct an enforcement action against a CCO if it fails to meet its contract obligations. Enforcement actions can include requiring the CCO to pay damages or to
implement a corrective action plan. The agency can also suspend all or part of new member enrollments or suspend or terminate the CCO’s contract.

Mississippi Attorney General
Mississippi’s Attorney General represents the state in court when there is an action against an insurance company, entity, or individuals engaged in potentially fraudulent activity. The Attorney General’s office accepts complaints from consumers about deceptive business practices and can sometimes help resolve issues. Complaints can be submitted to a “Consumer Mediator” here.

Other Sources of Information
Health Insurance Navigators, Agents and Brokers (collectively, “consumer assisters”) Although Mississippi’s health insurance Marketplace is run by the federal government, CMS provides grants to local organizations called “Navigators” that are tasked with assisting consumers determine eligibility for subsidized coverage programs and helping them with post-enrollment questions. Mississippi-based health insurance agents and brokers perform similar consumer assistance functions, and are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through the “Find Local Help” search portal on HealthCare.gov.