

Mississippi Medicaid/CHIP Benefit Comparison

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Most providers find reading the different insurance plan benefits and manuals tedious, at best. Mississippi Medicaid is no different. Even finding the information can be a challenge. Reports had stated that beginning July 1, 2023, MississippiCan was going to drop UNC MississippiCan and use TrueCare (now a partner with CoreSource). However, at this writing, there is nothing posted to the Mississippi Medicaid or the CoreSource TrueCare website that TrueCare is an option. Thus, this review will cover regular Mississippi Medicaid, Magnolia Health MississippiCan, Molina Healthcare MississippiCan and UHC MississippiCan plans.

About 65% of the Medicaid patients in Mississippi are enrolled in one of the MississippiCan plans while the remaining 35% are enrolled in the Mississippi Medicaid fee-for-service plan. Some populations have federally Mandatorily Covered and must be covered under one of the MississippiCan plans. Other populations fall under the Optional Coverage category or in one of the Waiver Plans and have the option of either one of the MississippiCan plans or the Medicaid fee-for-service plan. There are specific groups of patients who can only be covered by the Medicaid fee-for-service plan and are not eligible to enroll in the MississippiCan plans. You can find the complete listing of groups in each category [here](#), [here](#) and [here](#). Children in the Children's Health Insurance Program (CHIP) must be covered under MississippiCan. However, since November 1, 2019, only Molina Health Care and UHC cover CHIP patients.

Effective May 1, 2023, all Medicaid Copayments in Mississippi were eliminated. None of the MississippiCan or regular Medicaid fee-for-service plans should have copayments for any services. (More details can be found [here](#).) CHIP program patients are still responsible for copayments for services.

One helpful definition to know is EPSDT (Early and Periodic Screening, Detection and Treatment Plan) that defines Medicaid covers children and adolescents under age 21. EPSDT is mandated by the federal government to ensure comprehensive health care for this population. You can find more information [here](#). The EPSDT mandates, at a minimum the vision services include the diagnosis and treatment for defects in vision, including eyeglasses. And that any glasses that are lost, broken or stolen be covered as well.

Mississippi Medicaid fee-for service has a benefit of two pairs of glasses per year under EPSDT unless more frequent benefits are determined to be medically necessary. Medical eye care is covered as medically necessary. Keep in mind that office visits are limited to 12 visits a year without prior approval demonstrating medical necessity. Non-EPSDT patients are eligible for one pair of glasses every five years with 12 medically necessary office visit per year. For both EPSDT and non-EPSDT patients, the office visit benefit is not limited to only eye care providers but includes all physician visits.

Magnolia Health MississippiCan and UHC MississippiCan plans have a benefit of one eye exam and one pair of glasses yearly for non-EPSDT patients while EPSDT patients are eligible for two eye exams and two pair of glasses yearly unless more is medically necessary. Molina HealthCare MississippiCan has the same benefits but also includes a "value-added" benefit of an extra \$100 allowance for frames and lenses for both EPSDT and non-EPSDT patients. The medical eyecare benefit under the three MississippiCan plans is unlimited as medically necessary and per their coverage policies for both EPSDT and non-EPSDT patients. You can find the benefits comparison chart for Medicaid fee-for-service and the three MississippiCan plans [here](#).

Please review the references and summary sheets to more complete information and links to the complete documents.

Happy Coding...