



STATE OF MISSISSIPPI
Tate Reeves, Governor
DEPARTMENT OF HUMAN SERVICES
Robert G. Anderson, Executive Director



MISSISSIPPI DIVISION OF
MEDICAID

Walter Sillers Building
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June 17, 2024

The Honorable Hob Bryan
Chairman, Public Health and Welfare Committee
Mississippi State Senate

The Honorable Kevin Blackwell
Chairman, Medicaid Committee
Mississippi State Senate

The Honorable W. Briggs Hopson, III
Chairman, Appropriations Committee
Mississippi State Senate

The Honorable Missy McGee
Chairwoman, Medicaid Committee
Mississippi State House of Representatives

The Honorable John Read
Chairman, Appropriations Committee
Mississippi State House of Representatives

The Honorable Sam C. Mims, V
Chairman, Public Health and Human Services
Mississippi State House of Representatives

Dear Select Committee Chairmen:

The Mississippi Division of Medicaid (DOM) and the Mississippi Department of Human Services (MDHS) submit this Progress Report on the Medicaid and Human Services Transparency and Fraud Prevention Act (House Bill 1090). As required under Section 3, DOM and MDHS file a progress report on implementing the eligibility verification service which is due every six (6) months.

DOM and MDHS have received federal approval on a joint Advanced Planning Document (APD) for shared eligibility and fraud and abuse initiatives. We look forward to meeting the obligations of House Bill 1090. For DOM inquiries, please call Chamath Wijewardane (601) 359-6309. For MDHS inquiries, please contact Maureen McDonald (601) 359-2608.

Sincerely,

Drew Snyder
Executive Director
Office of the Governor
Division of Medicaid

Robert G. "Bob" Anderson
Executive Director
Mississippi Department of
Human Services

Cc: Nora Huvane, CMS



MISSISSIPPI DIVISION OF
MEDICAID

**Medicaid and Human Services Transparency and Fraud Prevention
Act**

Bi-Annual Status Report

January 1, 2024

State of Mississippi

Division of Medicaid

Department of Human Services

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1 Legislative Request

This report is in response to the legislative requirement in the Medicaid and Human Services Transparency and Fraud Prevention Act (House Bill 1090). Section 3 requires:

“The department shall have the eligibility verification service required by this section implemented and operational not later than July 1, 2019. The department shall submit a report every six (6) months on its progress on implementing the eligibility verification service to the Chairmen of the House and Senate Appropriations Committees, the House Public Health and Human Services Committee and the Senate Public Health and Welfare Committee, and the House and Senate Medicaid Committees. The report also shall be provided to the other members of the Legislature upon request.”

This report was prepared by the Mississippi Division of Medicaid (DOM) and Mississippi Department of Human Services (MDHS).

2 Executive Summary

DOM and MDHS are pleased to submit this Bi-Annual Status Report on the progress on the Medicaid and Human Services Transparency and Fraud Prevention Act (House Bill 1090).

DOM and MDHS jointly launched the Health and Human Services Transformation Project or “HHSTP” in July 2017 to accomplish the goals of House Bill 1090 by the deadlines specified in Section 25. DOM and MDHS submitted the first required report on July 11, 2017. That report focused on satisfying all provisions of Section 2 and securing federal approvals and funding. This Bi-Annual Status Report will provide a status on all sections of House Bill 1090.

DOM and MDHS have completed/implemented or cannot implement based on federal regulations approximately 76% of the applicable twenty-three provisions of House Bill 1090 and are currently working to implement the remainder of the provisions. Table 1 below provides an overview of the status of these provisions with further detail provided in the corresponding narrative in Section 4.

TABLE 1: HOUSE BILL 1090 SUMMARY OF PROVISION STATUS

SECTION #	SECTION TITLE	STATUS
1	Short Title	Acknowledged
2	Integration of eligibility systems	Complete
3	Real-time eligibility verification service	In-progress
4	Enhanced eligibility verification process	In-progress
5	Enhanced identity authentication process	In-progress/ Partially prohibited by Federal Regulations
6	Discrepancies and case review	In-progress
7	Referrals for fraud, misrepresentation, or inadequate documentation	Complete
8	Reporting	In-progress
9	Transparency in Medicaid	Complete
10	Work Requirements	Complete
11	Federal asset limits for the Supplemental Nutrition Assistance Program	Complete
12	Broad-based categorical eligibility	Complete
13	Sharing enrollee information across agencies	In-progress
14	Maximum family grant	Complete
15	Verify identities and household composition, and all expenses of welfare applicants	Complete
16	Full cooperation with fraud investigations	Prohibited by Federal Regulations
17	Gaps in eligibility reporting	Complete

SECTION #	SECTION TITLE	STATUS
18	Noncompliance with Temporary Assistance for Needy Families program rules	Complete
19	Noncompliance with Supplemental Nutrition Assistance Program rules	Complete
20	Out-of-state spending	SNAP Provided/TANF Prohibited by Federal Regulations
21	Public Reporting	Complete
22	Pilot program for photos on EBT cards	Determined not to be feasible/ Significant negative cost- benefit ratio
23	Limits on spending location	Complete
24	Excessive EBT card loss	Complete
25	Timeframes	Acknowledged

3 Background

As required by House Bill 1090, DOM and MDHS delivered an initial report on July 11, 2017 on Section 2 and the progress toward submitting an Advanced Planning Document (APD). Building on work already in progress between the two agencies prior to the enactment of House Bill 1090 (Hope Act), DOM and MDHS signed a Memorandum of Understanding (MOU) to develop a vision of interoperability and shared services leveraging 90/10 Federal Financial Participation (FFP) and A-87 Cost Allocation Exception. DOM and MDHS finalized a joint vision in January 2017, drafted the APD in parallel to the 2017 Legislative Session, and submitted it shortly after the passage of the HOPE Act in April 2017. This approach enabled DOM and MDHS to act on the legislation quickly while giving the State the maximum time available to leverage the A-87 Exception, which expired at the end of 2018. DOM and MDHS reported in the July 11, 2017 initial report that our Federal partners, the Centers for Medicare & Medicaid Services (CMS) and the Food and Nutrition Services (FNS) have approved the APD. The approved APD allowed DOM and MDHS to receive FFP for approximately \$46M in IT investments with a State share of approximately \$8M or 17%.

DOM and MDHS jointly launched the HHSTP in July 2017 which is dedicated to accomplishing the goals of House Bill 1090 and the APD. As of this report, DOM and MDHS have launched the Common Web Portal (CWP) which has processed 575,000+ applications for enrollment while strengthening program integrity through meeting 76% of the provisions of House Bill 1090. We anticipate House Bill 1090's remaining elements will be satisfied through the Fraud and Abuse Module (FAM). The status of that module is detailed in this document in Section 4.3.

4 Current House Bill 1090 Status

As of January 2024, the current status for each of the Sections of the Medicaid and Human Services Transparency and Fraud Prevention Act is provided below. The Subsections that follow within this report follow the Sections as written in the bill, and all references beyond this point shall constitute references to Sections within the Medicaid and Human Services Transparency and Fraud Prevention Act, unless otherwise noted.

4.1 Short title

Status: Acknowledged

DOM and MDHS acknowledge the act shall be known as the "Medicaid and Human Services Transparency and Fraud Prevention Act."

4.2 Integration of eligibility systems

Status: Complete

DOM and MDHS submitted an Initial Advanced Planning Document to CMS and FNS on April 3, 2017 and a final report was submitted to the legislature on July 11, 2017. **All requests made in the Medicaid and Human Services Transparency and Fraud Prevention Act, Section 2 were included as part of the final Advanced Planning Document. Section 2 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been completed.**

4.3 Real-time eligibility verification service

Status: In-progress

DOM and MDHS have completed capturing requirements for developing a computerized income, asset, residence, and identity eligibility verification service. This service will verify eligibility, eliminate the duplication of assistance, and deter waste, fraud, and abuse within each respective assistance program. DOM and MDHS have carefully defined the aspects of the service, analyzed existing processes, and conducted analysis to maximize value to the State and minimize costs. DOM and MDHS worked to create an RFP for the acquisition of a vendor to assist with the creation of the real-time eligibility verification service and achieve approval from CMS and FNS using the Medicaid and Human Services Transparency and Fraud Prevention Act and CMS and FNS requirements as guiding documents. **Softheon Inc. was selected as the vendor to provide FAM services. Work began in May 2020 to customize and implement this real-time eligibility verification service. The initial implementation including availability for asset verification services for DOM started in early June 2022, and full functionality for both agencies is planned for early 2024. Antiquated MDHS data systems hindered progress in implementing real-time data management. Section 3 of the Medicaid and Human Services Transparency and Fraud Prevention Act is in-progress.**

The agencies acknowledge that real-time eligibility service is not currently implemented, however, the agencies believe it relevant to share what data is already being validated or verified. Figure 1 below illustrates which of the requested verifications are already occurring while the agencies work to prepare for the implementation of the FAM, and how often those verifications are reported.

FIGURE 1: DATA CURRENTLY VERIFIED



Earned Income
MS Dept. Employment Security
Quarterly wage information (monthly)



Unearned Income
MS Dept. Employment Security
Social Security Administration
Dept. of Health & Human Services
Unemployment, SSI, VA Income (quarterly)



Employment Status
MS Dept. Employment Security
Dept. of Health & Human Services
Employment Start Dates (monthly)



Financial Resources
LexisNexis - Accuity
Bank Account Balance Verification (ad-hoc)



Residency Status
Melissa (MDHS only), USPS
Address Verification (ad-hoc)



Immigration Status
Social Security Administration - SAVE
Immigration Status (daily)



Incarceration Status
Social Security Administration
Incarceration Status (daily)



Vital/Death Status
Social Security Administration
Death Alerts (daily)



Enrollment Out of State
LexisNexis (MDHS only)
National Accuracy Clearinghouse (daily)
Dept. of Health & Human Services
PARIS (quarterly)

All interfaces are offered at no cost, or are already part of other program budgets, with the exception of LexisNexis - Accuity products.

In January 2019, DOM began utilizing a manual process for asset verification for full coverage Aged, Blind, Disabled (ABD) cases during the yearly renewal process. Due to the Covid-19 pandemic and consequent CMS guidelines, no renewals were conducted from April 2020 to March 2023. Based on CMS requirements, the State could not drop coverage on current members until the public health emergency ended in March 2023. The asset verification process is also used for new applications. However, from December 1, 2022 until June 30, 2023, there were no ABD applications or renewals denied due to asset verification checks. The restrictions were lifted in April 2023 and from that point until November 30, 2023, DOM utilized the asset verification data from the FAM to deny 12 cases that were up for redetermination and 106 applications for benefits.

MDHS implemented a manual asset verification process for SNAP and TANF applications beginning July 1, 2019. There were approximately 7,553 applications processed and selected for the asset verification review during the period of December 1, 2022 to November 30, 2023. Of these cases, 3,272 cases were closed or denied for various reasons, including changes in client income, moves out of state, and other factors. Based on the average monthly allotment for a one-person household, an estimated \$675,000 in benefits per month would have been issued in closed cases. At this time, the agency is unable to determine the number of cases that were closed as a result of information generated during the asset verification process versus those closed for other reasons; therefore an estimated cost avoidance cannot be projected with confidence. However, when the Fraud Abuse Module (FAM) is fully implemented for MDHS by early 2024 the agency may have better estimates.

Additional improvements in business efficiencies may result from technological advancements leading to the planned transition from a manual process to an automated one with integration of the FAM and the eligibility system.

Available costs along with the actual and estimated cost avoidance associated with the asset verification products currently in use are identified in Figure 2.

FIGURE 2: DATA COSTS & COST AVOIDANCE FOR LEXISNEXIS PRODUCTS CURRENTLY IN USE

AGENCY	DATE RANGE	COST	COST AVOIDANCE
DOM	1/1/19 – 6/30/19	\$486,511.35	\$715,000.00
	7/1/19 – 11/30/19	\$177,669.00	\$275,000.00
	12/1/19 – 3/31/20	No extra cost	\$209,000.00
	4/1/20 – 11/30/20	\$147,250.00	\$671,000.00
	12/1/20 - 6/30/21	No extra cost	\$44,000.00 (Due to the public health emergency, redeterminations were not completed, but there were new applications denied due to liquid resources identified)
	7/1/21 – 11/30/21	\$279,179.09	\$55,000.00 (Due to the public health emergency, redeterminations were not completed, but there were 5 new applications denied due to liquid resources identified)
	12/1/21 – 6/30/22	No extra cost	\$44,000 (Due to the public health emergency, redeterminations were not completed, but there were 4 new applications denied due to liquid resources identified)
	7/1/22 – 11/30/22	\$275,183.00	\$22,000 (Due to the public health emergency, redeterminations were not completed, but there were 2 new applications denied due to liquid resources identified)

	12/1/22 – 6/30/23	\$2,326.98	\$671,000 (61 applications were denied in this period)
	7/1/23 – 11/30/23	\$9,742.30	\$913,000 (83 applications or redeterminations were denied during this period)
MDHS	*At this time, the agency is unable to determine the number of cases that were closed as a result of information generated during the asset verification process versus those closed for other reasons; therefore, an estimated cost avoidance cannot be projected with confidence.		
	Grand Totals	\$1,377,861.72	\$3,619,000

Full implementation of the FAM will require substantial, ongoing expenditures of both state and federal funds by both agencies. In addition, the Social Security Administration has rejected requests from MDHS and DOM to use SSA data to identify and deter fraud (though SSA data is already consistently used in determining program eligibility), and our agencies are not allowed to share IRS data, preventing us from incorporating these tools into the FAM.

4.4 Enhanced eligibility verification process

Status: In-progress

DOM and MDHS acknowledge the request to verify eligibility for assistance by using the enhanced eligibility verification service established in Section 3(2) of the Medicaid and Human Services Transparency and Fraud Prevention Act as well as periodically reaffirming assets where applicable. DOM and MDHS already terminate recipients within active programs within a maximum of 10 days when the agency receives information about recipients moving out of state. The remaining items in this Section are dependent on the enhanced real-time eligibility verification service being completed. **Updates to this Section will resume when Section 3 of the Medicaid and Human Services Transparency and Fraud Prevention Act is completed. Current progress can be found within Section 4.3 of this document.**

4.5 Enhanced identity authentication process

Status: In-progress/Partially prohibited by Federal Regulations

DOM and MDHS acknowledge the request to verify identity of applicants before moving to the next stage in the eligibility process and before the possible awarding of assistance. Additionally, the departments acknowledge the request to review the recipient's identity ownership periodically to verify and protect the identity of the recipient. DOM and MDHS have implemented 95% of the Common Web Portal including the identity authentication component that will allow for users of the CWP to authenticate their identity and have the opportunity to view programs they are enrolled in. Work is continuing to complete the last of base functionality that allows authenticated users to submit changes and manage their user account which is expected in May of 2024.

MDHS will continue to verify identity before awarding assistance. While MDHS will offer clients the opportunity to confirm their identity electronically, MDHS cannot require the client to do so. As outlined in 7 CFR 273.3(f)(1)(vii), “any documents which reasonably establish the applicant's identity must be accepted, and no requirement for a specific type of document, such as a birth certificate, may be imposed.” In addition, the CFR states that MDHS must accept verification of an individual’s identity through collateral contact if no documentary evidence is readily available.

4.6 Discrepancies and case review

Status: In-progress

DOM and MDHS are continuing to confirm that the requested processes and policies in this Section are implemented in their respective agencies. Both agencies use the best available information to process cases where discrepancies may exist. Once new information becomes known to the agencies, eligibility redeterminations are made. If discrepancies exist at that point, the agencies provide the client with written notification of the discrepancy and the recipient has 10 days to respond to resolve the discrepancy or change. The agencies view the enhanced verification service as an additional reliable data source and will use the data provided by it in future eligibility redeterminations. Until the combined DOM and MDHS enhanced verification service can be launched, DOM and MDHS have individually leveraged existing contracts to implement enhanced verifications that will be provided through the FAM when Section 3 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented. Details on data verifications already being utilized can be found in Figure 1, within Section 4.3. The remaining items in this Section are dependent on the enhanced real-time eligibility verification service being completed. **Updates to this Section will resume when Section 3 of the Medicaid and Human Services Transparency and Fraud Prevention Act is completed. Current progress can be found within Section 4.3 of this document.**

4.7 Referrals for fraud, misrepresentation, or inadequate documentation

Status: Complete

DOM and MDHS are continuing to confirm that the requested processes and policies in this Section are implemented in their respective agencies. Both agencies have implemented policy changes that require staff to refer changes or discrepancies that may affect program eligibility to appropriate agencies and divisions within 10 days. This includes suspected cases of fraud, misrepresentation, or inadequate documentation and cases where an individual is determined to be no longer eligible for the original program. In cases where fraud affecting program eligibility is substantiated, the agencies garnish wages and/or state income tax refunds until the state recovers an amount equal to the amount of benefits that were fraudulently received. **Section 7 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.8 Reporting

Status: In-progress

DOM and MDHS acknowledge the request for a pre-development report as well as a post-implementation report referred to in Section 8 of the Medicaid and Human Services Transparency and Fraud Prevention Act. The pre-development report was delivered in excess of thirty (30) days before entering into a competitively bid contract with Softheon, Inc. The post-implementation report will be

completed 6 months after the implementation of the enhanced eligibility verification service. **The remaining post-implementation report will be delivered to the requested audiences when complete.**

4.9 Transparency in Medicaid

Status: Complete

DOM has completed the request for the data specified in Section 9 of the Medicaid and Human Services Transparency and Fraud Prevention Act and has posted the following reports publicly on an external website. **The reports can be found at the following address:**

<https://medicaid.ms.gov/resources/legislative-resources/hope-act/>

- Medicaid Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report, Calendar Year 2022
- Medicaid National Healthcare Common Procedure Coding System (HCPCS) Aggregate Report Calendar Year 2022
- Medicaid Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report, Calendar Year 2021
- Medicaid National Healthcare Common Procedure Coding System (HCPCS) Aggregate Report Calendar Year 2021
- Medicaid Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report, Calendar Year 2020
- Medicaid National Healthcare Common Procedure Coding System (HCPCS) Aggregate Report Calendar Year 2020
- Medicaid Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report, Calendar Year 2019
- Medicaid National Healthcare Common Procedure Coding System (HCPCS) Aggregate Report Calendar Year 2019
- Medicaid Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report, Calendar Year 2018
- Medicaid National Healthcare Common Procedure Coding System (HCPCS) Aggregate Report Calendar Year 2018
- Medicaid Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report, Calendar Year 2017
- Medicaid National Healthcare Common Procedure Coding System (HCPCS) Aggregate Report Calendar Year 2017
- Medicaid Physician and Other Supplier National Provider Identifier (NPI) Aggregate Report, Calendar Year 2016
- Medicaid National Healthcare Common Procedure Coding System (HCPCS) Aggregate Report Calendar Year 2016

4.10 Work requirements

Status: Complete

As of January 2016, MDHS has not sought out, applied for, or accepted/renewed any waiver of requirements established under 7 USC Section 2015(o), except during a formal state or federal

declaration of a natural disaster. **Section 10 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.11 Federal asset limits for the Supplemental Nutrition Assistance Program

Status: Complete

MDHS has discontinued Broad-Based Categorical Eligibility and is reinforcing the current resource limits. For SNAP, the current resource limit is \$2,250 for most households and \$3,750 for households with at least one elderly and/or disabled household member. **Section 11 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.12 Broad-based categorical eligibility

Status: Complete

Broad Based Categorical Eligibility has been discontinued; therefore, all households applying for SNAP and TANF will be subject to an evaluation of all household resources. Traditional Categorical Eligibility is not affected by the elimination of Broad-Based Categorical Eligibility. As outlined in 7 CFR 273.8(e)(17), individuals receiving TANF or Supplemental Security Income (SSI) are considered categorically eligible for SNAP, meaning that resources attributed to such individuals are disregarded. **Section 12 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.13 Sharing enrollee information across agencies

Status: In-progress

DOM and MDHS acknowledge the request to share eligibility information with each other within 30 business days when an enrollee has been disenrolled for any financial or nonfinancial reason that may result in the enrollee's disqualification for benefits with the other department, including the rationale for the action. Additionally, DOM and MDHS will establish procedures to re-determine eligibility for any enrollee whose eligibility or benefit levels could change as a result of new information provided by either agency. Additional details for Section 13 of the Medicaid and Human Services Transparency and Fraud Prevention Act will be addressed in a subsequent report as progress is made on the real-time eligibility verification service. The remaining items in this Section are dependent on the enhanced real-time eligibility verification service being completed. **Updates to this Section will resume when Section 3 of the Medicaid and Human Services Transparency and Fraud Prevention Act is completed. Current progress can be found within Section 4.3 of this document.** DOM and MDHS are actively sharing and collaborating to improve information sharing and program integrity in a variety of ways. The below list is the data/information already being utilized to the benefit of both agency's programs:

- Beneficiary Data Exchange System (BENDEX)
- SSI/State Data Exchange (SDX Data)
- Public Assistance Reporting Information System (PARIS) Files
- State Verification and Exchange System (SVES) Files
- Low Income Subsidy (LIS) File
- METSS Files (Child Support)

- METSS Files for Third Party Liability (TPL)
- SSA-8019 File for Third Party Liability (TPL)

4.14 Maximum family grant

Status: Complete

As a result of the Personal Responsibility and Work Opportunity Act of 1996, MDHS implemented policies specific to TANF recipients, limiting them to children already born or conceived at the time of initial application. Further, only children born into the family during the first 10 months of assistance or a child whose date of birth is prior to the end of the 10-month cap period for the case will be added to the case and eligible to receive benefits. **Section 14 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.15 Verify identities and household composition, and all expenses of welfare applicants

Status: Complete

As of January 2018, MDHS has implemented policies regarding the verification of all expenses for all programs. Regarding verification of household composition, the department verifies household composition when questionable, in accordance with Federal and State regulations and policy. Lastly, in accordance with 7 CFR 273.2 (a) (vii) Federal Regulations, MDHS currently verifies identity. **Section 15 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.16 Full cooperation with fraud investigations

Status: Prohibited by Federal Regulations

MDHS requires TANF clients to fully cooperate with fraud investigations by providing information or permitting the caseworker to obtain essential information to establish continued eligibility. Caseworkers proactively identify and review questionable cases. If conclusive information is not received, the case(s) are closed and reason for closure is fully documented.

Alternatively, SNAP case closure as the result of noncompliance with a fraud investigation is not permitted by the Code of Federal Regulations. The Code of Federal Regulations, 7 CFR § 273, provides instances in which a case may be closed, or a participant denied benefits due to noncooperation with SNAP. Noncooperation is detailed in §273.2(d), §273.12(d), §273.11(o)(1). Noncooperation occurs at application, recertification, during a Quality Control review, or when failing to cooperate with child support services. §273.16(e)(5) requires cases to remain open, if the household is eligible, while awaiting a disqualification hearing. **Section 16 of the Medicaid and Human Services Transparency and Fraud Prevention Act is unable to be implemented as requested.**

4.17 Gaps in eligibility reporting

Status: Complete

As of January 2018, MDHS has implemented change reporting for all new applications. As ongoing cases came due for renewal of benefits, they were converted from simplified reporting to change reporting. In addition, MDHS acknowledges the requested report on the costs of simplified reporting, and that detail

follows. The move to change reporting has the potential to cost the state upwards of \$1.96 million in federal fines in the first year that the fine is assessed.

MDHS reports a SNAP error rate to the federal government and is held accountable for keeping that error rate under an allowable threshold. The error rate reflects the number of cases in which an error occurs. The majority of the time, errors occur in cases where no fraud is occurring. Errors are not the same as fraud.

Since enacting change reporting in 2018, MDHS SNAP error rates have increased:

- FY 2018: 2.9%,
- FY 2019: 6.57%,
- FY 2020: 9.56%
- FY 2021: 12.55%
- FY 2022: 7.80%
- FY 2023 (YTD): 9.10%

The USDA FNS liability system establishes a state liability amount when there is a 95 percent probability that the state payment error rate will exceed 105% of the national average for a second consecutive year. Since the move to change reporting, Mississippi's error rate has consistently increased. However, in FY22, MDHS had access to new employment and wage verification data through a temporary federal grant, and the state's error rate decreased from 12.55% in FY21 to 7.8% in FY22. The state's access to this resource ended with the ending of the federal grant. Based on current trends, and the lack of continued access to the tools used in FY22, we project that Mississippi is at high risk for exceeding 105% of the national average in future years and being assessed federal fines.

The predominant driver of the error rate increase is client-caused. MDHS attributes this preponderance of client-caused errors to the burdensome change reporting requirements.

Under change reporting, eligible SNAP households must report the following changes within 10 days of the date the household becomes aware of the change:

- Changes of more than \$125 in the amount of gross earned income (such as wages, tips, bonuses, self-employment, etc.);
- Changes of more than \$125 in the amount of gross unearned income (such as social security/railroad retirement, other disability, VA income, pensions, unemployment, child support, alimony, money received from other people, worker's compensation, etc.);
- A change in the source of income;
- Changes in household composition, such as any person(s) moving in or out of the household;
- A change in residence and any resulting shelter cost changes (such as rent/mortgage and utilities);
- Changes in court ordered child support;
- A change in liquid resources, such as cash, stocks, bonds, and bank accounts.

Client mistakes in following these change reporting requirements are the driving force behind the high error rate. The cost of not using a simplified reporting system is potentially very high due to the increased error rates and resulting federal fines.

MDHS remains committed to moving Mississippians from vulnerability to self-sufficiency and using a change reporting system appears to be inhibiting our ability to do so. **Section 17 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.18 Noncompliance with Temporary Assistance for Needy Families program rules

Status: Complete

MDHS has always granted benefits only once an approved applicant has agreed to and is meeting the conditions of the TANF Work Program. MDHS has modified our eligibility system to align with the new sanction periods of a three-month full household sanction for the first instance of noncompliance and a permanent sanction for the second instance of noncompliance. These sanction provisions appear to be continuing to drive down TANF enrollment statewide. **Section 18 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.19 Noncompliance with Supplemental Nutrition Assistance Program rules

Status: Complete

MDHS has always granted benefits only once an approved applicant has agreed to and is meeting the conditions of the SNAP. MDHS has modified our eligibility system for noncompliant heads of household to align with the new sanction periods of a three-month full household disqualification for the first instance of noncompliance, a six-month full household disqualification for the second instance of noncompliance, and a permanent disqualification for the third instance of noncompliance. In accordance with CFR 273.7 (f) (2) and CFR 273.7 (f) (5), if an individual other than the head of household is noncompliant, only the individual will be sanctioned. **Section 19 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.20 Out-of-state spending

Status: SNAP Provided/TANF Prohibited by Federal Regulations

MDHS acknowledges the request for the distribution of de-identified out-of-state spending data based on dollar amounts and separated by program. For the SNAP program, FNS has provided the dollar amount and number of transactions of SNAP benefits that are accessed or spent out-of-state, disaggregated by state. The data can be found in Appendix A. MDHS recognizes a portion of out-of-state spending can be attributed to online purchases charged by companies that have headquarters in other states.

The same rules (12 USC 3401) which govern privacy surrounding checking accounts apply to the client's debit card accounts. MDHS is not able to provide the TANF transaction data that is being requested. The agency does not have access to transaction information as the debit card accounts are owned by the cardholders and not the state. **Section 20 of the Medicaid and Human Services Transparency and Fraud Prevention Act is partially able to be implemented as requested and limitations are reported in this section.**

4.21 Public reporting

Status: Complete

DOM and MDHS acknowledge the request for the annual distribution of de-identified recipient data within Section 21 of the Medicaid and Human Services Transparency and Fraud Prevention Act. **The annual delivery of this data is updated annually in the mid-calendar year report and can be found in Appendix B.**

4.22 Pilot program for photos on EBT cards

Status: Determined not to be feasible/Significant negative cost-benefit ratio

After evaluating the federal regulations and costs associated with implementing a one county pilot, MDHS has decided not to implement a photo EBT pilot. The pilot will require changes to multiple systems to account for the receipt of a photo, storage/removal of a photo, and transmission of photos between systems leading to an estimated cost of \$700,000 for a single county pilot.

In addition to the costs, adding a photo to an EBT card does not restrict usage to the person pictured; therefore, if the intent of adding photos on EBT cards is to restrict usage of the EBT card and associated benefits to the individual(s) pictured on an EBT card so that benefits may not be used by unauthorized individuals, requiring a photo on an EBT card will not accomplish this due to federal regulations. Section 274.8(f) of Title 7 of the Code of Federal Regulations (7 C.F.R. § 274.8(f)), outlines the State agency requirements for photo EBT card implementation. For example, the following or similar text must be printed on the EBT card: "Any user with valid personal identification number (PIN) can use SNAP benefits on card and need not be pictured."

In addition, per 7 C.F.R. § 274.7 and 7 C.F.R. § 278.2(b), the EBT system must be operated in a manner that maintains equal treatment for SNAP households. This means that retailers may not single out SNAP EBT cardholders from other customers in any way such as establishing special checkout lanes for SNAP households or checking for photo identification from EBT cardholders unless the retailer checks identification cards for all other customers using electronic debit or credit cards. 7 C.F.R. § 278.2(h) states that retailers must accept payment from EBT cardholders who have a valid personal identification number (PIN) regardless of which State the card is from or whether the individual is pictured on the card. **Section 22 of the Medicaid and Human Services Transparency and Fraud Prevention Act will not be implemented based upon a negative cost-benefit analysis.**

4.23 Limits on spending location

Status: Complete

Section 4004 of the Middle Class Tax Relief and Job Creation Act of 2012 (P.L. 112-96) requires states receiving TANF grants to "maintain policies and practices as necessary to prevent assistance provided under the State program funded under this part from being used in any electronic benefit transfer transaction in any liquor store; any casino, gambling casino, or gaming establishment; or any retail establishment which provides adult-oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment." Furthermore, MDHS prohibits the use of TANF benefits in the locations and on the items outlined in the Medicaid and Human Services Transparency and Fraud Prevention Act. In addition, MDHS proactively works with each recipient to require that they accept a personal responsibility contract acknowledging limits on spending locations and consequences of violating this personal responsibility contract. The complete list of prohibited items is available in the TANF Policy Manual available on the MDHS website at the following location:

<https://www.sos.ms.gov/adminsearch/ACCode/00000330c.pdf/>. **Section 23 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented.**

4.24 Excessive EBT card loss

Status: Complete

MDHS has implemented policies pursuant to Section 24(1), (2), and (3) of the Medicaid and Human Services Transparency and Fraud Prevention Act. Regarding Section 24(4), terminating the SNAP recipient's benefits due to failure to make contact with a fraud investigator regarding excessive EBT card ordering is not permitted by the Code of Federal Regulations. The Code of Federal Regulations, 7 CFR § 273, provides instances in which a case may be closed, or a participant denied benefits due to noncooperation with SNAP. Noncooperation is detailed in §273.2(d), §273.12(d), §273.11(o)(1). Noncooperation occurs at application, recertification, during a Quality Control review, or when failing to cooperate with child support services. §273.16(e)(5) requires cases to remain open, if the household is eligible, while awaiting a disqualification hearing. **Section 24 of the Medicaid and Human Services Transparency and Fraud Prevention Act has been implemented to the extent possible under Federal Regulations.**

4.25 Timeframes

Status: Acknowledged

The department acknowledges the timeframes requested in this Section of the Medicaid and Human Services Transparency and Fraud Prevention Act.

5 Appendix A: House Bill 1090 – Section 20: Out of State Spending

MDHS has prepared the following responses to the subsections of House Bill 1090:

- (a) The dollar amount and number of transactions of SNAP benefits that are accessed or spent out-of-state, disaggregated by state;
Agency Response: The dollar amount and number of transactions over a 12-month span starting in October 2021 and ending September 2022 can be found in Tables 1 and 2.
- (b) The dollar amount and number of transactions of TANF benefits that are accessed or spent out-of-state, disaggregated by state;
Agency Response: MDHS is not able to provide the TANF transaction data that is requested. The agency does not have access to transaction information as the debit card accounts are owned by the cardholders and not the state.
- (c) The dollar amount, number of transactions, and times of transactions of SNAP benefits that are accessed or spent in-state, disaggregated by retailer, institution, or location, unless expressly prohibited by federal law; and
Agency Response: The dollar amount and number of transactions over a 12-month span starting in October 2021 and ending September 2022 can be found in Tables 3A and 3B: Spending By Mississippi County (Purchase Amounts) and Tables 4A and 4B: Spending By Mississippi County (Total Transaction Counts) as well as Figure 1.
NOTE: FNS will not release data by retailer or institution. In addition, when there are not enough transactions in a particular County, FNS will not release the data and reports it as redacted.
- (d) The dollar amount, number of transactions, and time of transactions of TANF benefits that are accessed or spent in-state, disaggregated by retailer, institution, or location.
Agency Response: MDHS is not able to provide the TANF transaction data that is requested. The agency does not have access to transaction information as the debit card accounts are owned by the cardholders and not the state.

TABLE 2: MS RECIPIENT SNAP BENEFIT SPENDING BY US STATE (TOTAL TRANSACTION COUNTS)

State	Oct-2021		Nov-2021		Dec-2021		Jan-2022		Feb-2022		Mar-2022		Apr-2022		May-2022		Jun-2022		Jul-2022		Aug-2022		Sep-2022	
	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count
Alabama	18,315	21,197	17,052	10,035	8,372	9,792	8,938	9,362	9,263	9,598	7,858	8,003												
Alaska	36	74	51	31	18	38	6	35	54	71	46	45												
Arizona	731	824	695	365	333	350	259	274	361	405	305	256												
Arkansas	4,941	6,608	5,268	2,896	2,267	2,410	2,417	2,684	2,909	3,239	2,817	2,817												
California	1,130	1,300	1,321	788	643	600	541	600	620	707	699	567												
Colorado	519	338	479	338	290	278	388	492	413	343	311	409												
Connecticut	120	101	90	54	31	33	65	42	53	13	54	30												
Delaware	43	40	32	20	17	20	74	61	14	16	11	8												
District of Columbia	33	36	20	6	1	9	6	13	9	55	46	38												
Florida	5,055	6,200	6,831	3,070	2,195	4,064	2,906	3,694	4,164	4,299	2,506	2,248												
Georgia	7,189	9,868	8,159	4,089	3,247	3,965	3,159	3,416	3,375	3,544	2,903	2,868												
Hawaii	46	70	36	8	4	1	9	5	5	1	79	63												
Idaho	75	56	46	23	40	36	20	11	22	40	5	10												
Illinois	3,018	4,386	3,594	2,017	1,353	1,522	1,280	1,668	1,897	1,989	1,606	1,614												
Indiana	1,510	1,868	1,511	886	529	566	531	491	787	1,044	734	601												
Iowa	603	640	486	355	336	418	342	416	439	445	347	280												
Kansas	521	573	528	322	322	322	229	222	216	198	235	180												
Kentucky	1,098	1,294	926	547	439	425	428	596	633	676	642	555												
Louisiana	35,637	40,651	33,859	18,540	14,955	15,251	14,849	15,100	13,405	13,958	13,227	12,791												
Maine	193	115	73	25	12	13	37	53	66	48	41	51												
Maryland	209	326	281	177	171	117	113	116	583	2,251	2,086	2,078												
Massachusetts	46	58	99	54	37	49	31	65	82	60	68	26												
Michigan	1,011	1,498	1,316	674	603	612	566	491	630	675	538	434												
Minnesota	677	608	478	336	281	275	241	278	275	272	313	283												
Missouri	1,699	1,949	1,715	1,004	774	1,210	988	1,001	1,064	1,179	855	844												
Montana	38	71	103	83	78	23	58	51	115	67	44	51												
Nebraska	192	301	177	175	80	87	98	92	108	124	124	140												
Nevada	492	570	470	308	218	226	191	251	212	328	175	207												
New Hampshire	33	56	58	52	9	14	5	12	25	53	30	36												
New Jersey	190	284	231	157	60	47	39	38	74	82	36	32												
New Mexico	187	274	167	157	110	109	99	114	106	160	88	50												
New York	484	504	436	296	267	237	263	229	293	274	311	259												
North Carolina	911	1,349	1,101	607	437	545	461	497	622	719	533	535												
North Dakota	173	204	144	81	50	79	73	32	75	109	81	82												
Ohio	1,051	1,335	1,194	686	425	494	435	489	644	690	531	560												
Oklahoma	810	1,411	1,260	771	577	548	492	558	619	615	487	345												
Oregon	207	219	145	78	54	59	42	55	62	91	61	83												
Pennsylvania	394	430	369	240	161	144	141	176	195	273	260	205												
Rhode Island	58	85	64	35	29	22	20	46	21	41	17	15												
South Carolina	654	991	715	421	294	381	309	395	372	435	371	311												
South Dakota	105	147	154	79	57	72	53	94	50	111	82	89												
Tennessee	34,167	38,896	31,522	17,841	13,710	14,794	15,258	16,278	15,634	15,838	13,963	13,632												
Texas	14,384	21,733	17,164	9,991	6,805	8,427	7,474	7,474	7,709	7,993	6,735	6,697												
Utah	91	161	103	45	44	46	35	46	59	76	29	39												
Vermont	29	25	52	24	10	22	22	40	26	40	12	21												
Virgin Islands	7		6		13	15	19	19	7	10		1												
Virginia	658	839	614	340	233	369	337	331	362	393	307	360												
Washington	266	298	285	116	83	143	141	167	197	172	179	217												
West Virginia	105	137	80	79	47	20	57	48	49	53	67	58												
Wisconsin	1,133	1,505	1,310	659	463	495	413	570	790	729	504	464												
Wyoming	332	440	331	192	175	177	118	156	118	106	98	110												

TABLE 4A: MS RECIPIENT SNAP BENEFIT SPENDING BY MISSISSIPPI COUNTY (TOTAL TRANSACTION COUNTS, COUNTIES STARTING WITH A-L)

County	Oct-2021		Nov-2021		Dec-2021		Jan-2022		Feb-2022		Mar-2022		Apr-2022		May-2022		Jun-2022		Jul-2022		Aug-2022		Sep-2022	
	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count	Total Purchase	TXN Count
Adams	54,040	71,203	60,182	36,206	26,566	24,569	23,500	23,650	21,189	20,836	20,003	20,337												
Alcorn	46,058	38,206	32,105	19,551	16,273	16,648	16,508	17,243	14,745	12,924	12,806	12,761												
Amite	14,380	14,435	11,461	7,773	5,882	5,771	5,686	5,996	5,391	5,261	5,053	5,115												
Attala	31,670	29,166	24,770	14,916	12,065	11,860	12,664	12,973	11,197	10,685	10,593	10,466												
Benton	7,466	6,634	5,338	3,429	2,637	2,880	2,637	3,151	2,726	2,642	2,481	2,618												
Bolivar	91,607	105,667	90,795	54,762	42,112	38,921	37,171	38,765	34,099	33,612	32,186	32,243												
Calhoun	16,302	14,247	11,753	7,540	6,086	5,912	6,213	6,918	5,779	5,671	5,371	5,472												
Carroll	5,231	5,151	4,128	2,506	1,758	1,782	1,961	1,896	1,664	1,758	1,761	1,675												
Chickasaw	31,700	34,931	26,245	15,809	12,004	11,395	11,135	11,590	10,609	10,636	10,718	11,061												
Choctaw	7,567	6,425	5,588	3,335	3,014	2,742	2,846	3,109	2,441	2,523	2,612	2,397												
Clariborne	16,703	21,933	19,445	12,917	9,042	8,573	8,444	8,320	7,745	8,291	7,222	6,961												
Clarke	14,059	20,568	18,218	11,111	7,918	7,723	7,165	7,586	7,007	6,775	6,820	6,614												
Clay	38,482	51,629	39,657	23,292	16,816	16,195	15,745	15,696	14,511	14,605	14,116	14,175												
Coahoma	74,772	79,810	68,499	43,957	39,866	35,892	31,947	33,206	29,185	28,106	27,479	27,500												
Copiah	60,548	63,096	53,318	32,884	24,620	24,272	24,376	26,296	22,625	20,936	20,522	20,522												
Covington	25,779	23,546	19,738	12,612	10,213	10,428	10,485	11,435	10,082	10,228	9,461	9,667												
De Soto	147,782	124,621	103,267	64,792	52,450	53,308	61,146	59,295	50,765	52,224	50,498	49,169												
Forrest	124,453	128,534	102,505	62,150	52,200	53,390	55,873	65,226	56,521	56,124	54,532	54,410												
Franklin	9,246	9,132	7,018	4,049	3,322	3,068	3,012	3,312	2,897	2,630	2,786	2,843												
George	26,781	24,024	19,517	12,531	10,733	10,940	11,133	12,431	11,448	11,755	11,463	11,387												
Greene	9,618	9,130	7,543	4,872	3,843	3,836	3,701	4,167	3,493	3,389	3,148	3,241												
Grenada	58,075	53,649	41,744	24,227	20,618	21,022	21,440	22,235	19,639	20,537	19,925	19,414												
Hancock	43,581	40,263	33,696	22,681	18,881	19,802	19,210	19,690	17,705	18,081	17,163	16,793												
Harrison	304,865	282,501	254,215	170,007	143,619	153,621	158,081	161,029	140,430	138,164	133,563	131,936												
Hinds	381,911	450,585	394,286	257,184	187,954	181,793	172,207	178,288	158,668	157,663	149,332	143,856												
Holmes	42,379	50,667	45,939	29,410	20,068	18,690	19,887	18,948	16,095	15,463	15,357	15,268												
Humphreys	24,247	27,431	23,008	13,959	9,717	10,138	10,596	10,545	9,560	9,135	9,056	9,139												
Issaquena	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted	Redacted												
Itawamba	15,448	14,702	11,103	6,814	5,476	5,580	5,647	6,000	5,487	5,423	5,518	5,403												
Jackson	149,803	146,577	120,150	78,576	63,709	66,636	67,300	69,768	62,318	60,354	57,256	58,338												
Jasper	15,750	15,747	12,831	8,174	6,471	6,417	6,448	7,503	6,419	6,989	6,501	6,549												
Jefferson	10,475	12,876	10,830	6,669	5,454	4,748	4,553	4,278	2,988	3,578	3,400	3,325												
Jefferson Davis	12,824	15,546	12,831	7,563	5,186	5,123	5,068	5,985	4,994	4,597	4,654	4,663												
Jones	106,340	115,831	86,857	50,552	39,903	38,856	39,949	34,663	34,206	33,137	33,164	33,164												
Kemper	9,744	11,681	9,417	5,497	3,967	3,623	3,825	3,779	3,380	3,479	3,483	3,220												
Lafayette	28,534	28,854	25,377	16,065	12,780	12,826	13,409	14,753	12,637	12,500	11,672	11,895												
Lamar	42,432	43,428	33,843	20,630	16,945	16,862	17,167	13,421	11,401	11,978	11,400	11,271												
Lauderdale	136,204	145,623	118,852	73,796	58,829	59,114	59,326	61,810	54,277	53,487	51,422	52,400												
Lawrence	13,661	15,416	15,824	9,954	7,386	6,870	7,913	9,338	7,297	6,785	6,684	6,828												
Leake	31,821	41,816	32,705	19,445	13,463	11,827	11,570	11,235	10,271	10,058	9,878	9,640												
Lee	113,998	108,224	85,727	51,588	42,776	42,641	43,858	46,383	41,496	41,816	41,810	42,535												
Leflore	91,803	110,816	92,398	54,396	37,852	36,611	34,924	34,740	31,597	30,585	29,780	30,567												
Lincoln	50,066	53,501	44,211	26,438	20,324	20,345	21,182	23,943	20,487	19,579	19,140	19,361												
Lowndes	106,960	124,001	100,484	61,742	46,250	46,993	45,824	48,141	43,835	43,584	42,565	41,571												

TABLE 4B: MS RECIPIENT SNAP BENEFIT SPENDING BY MISSISSIPPI COUNTY (TOTAL TRANSACTION COUNTS, COUNTIES STARTING WITH M-Y)

County	Oct-2021	Nov-2021	Dec-2021	Jan-2022	Feb-2022	Mar-2022	Apr-2022	May-2022	Jun-2022	Jul-2022	Aug-2022	Sep-2022
	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count	Total Purchase TXN Count
Madison	123,326	158,377	128,627	79,269	58,309	53,713	54,685	54,988	47,129	46,581	44,682	43,066
Marion	42,902	40,241	31,665	18,866	15,610	15,657	15,565	16,003	14,440	14,078	13,449	13,465
Marshall	39,350	45,117	37,976	21,812	16,188	15,831	15,111	16,166	14,076	13,564	13,345	13,570
Monroe	36,564	35,441	27,943	16,843	13,097	12,970	13,524	14,082	12,337	12,347	12,562	12,348
Montgomery	12,329	17,301	13,840	7,872	5,915	5,751	5,634	6,224	5,428	5,339	5,276	5,291
Neshoba	48,226	56,011	50,863	33,905	24,870	23,441	23,940	25,317	22,252	21,797	20,561	20,586
Newton	26,089	31,164	24,690	15,240	11,006	10,457	10,497	11,153	9,519	9,045	9,175	8,898
Noxubee	29,434	35,366	31,041	21,190	14,519	13,807	13,598	13,469	12,218	11,933	11,817	11,692
Oktibbeha	50,528	55,815	44,772	28,703	22,390	21,807	22,489	23,944	20,925	20,995	20,154	20,342
Panola	59,293	63,257	50,672	29,614	23,522	22,534	24,233	24,111	21,262	21,240	20,282	19,925
Pearl River	68,737	67,597	57,919	37,567	30,950	32,379	32,982	35,366	29,666	28,758	28,368	28,260
Perry	9,354	13,458	11,404	6,844	6,942	6,053	5,371	5,343	4,519	4,590	4,425	4,324
Pike	95,372	112,956	85,287	49,897	36,779	36,209	35,201	36,215	32,966	33,261	31,455	31,991
Pontotoc	24,081	22,373	17,875	10,815	9,168	9,102	11,470	11,545	9,338	9,001	9,034	9,220
Prentiss	24,291	21,113	16,981	10,391	8,471	8,477	9,243	10,637	8,783	8,608	8,314	8,512
Quitman	10,017	11,672	9,349	5,259	4,294	3,999	4,010	4,010	3,638	3,323	3,408	3,625
Rankin	119,946	136,413	106,739	64,445	50,131	48,926	49,500	51,937	44,474	43,669	41,669	41,088
Scott	48,352	56,825	38,812	21,324	16,164	16,167	15,531	16,087	14,810	14,111	13,273	13,184
Sharkey	13,834	16,181	12,574	7,592	5,656	5,489	5,438	6,188	5,349	5,325	4,800	5,288
Simpson	27,094	37,778	32,175	18,863	14,572	14,065	15,858	16,466	13,862	13,709	12,667	12,854
Smith	11,033	10,363	8,047	4,874	3,913	3,924	4,214	4,833	3,895	4,048	3,732	3,547
Stone	22,219	23,325	19,722	12,428	10,065	10,987	10,611	11,751	10,709	10,252	9,998	10,277
Sunflower	73,491	97,574	81,796	48,365	33,591	31,332	30,453	30,268	27,919	27,340	27,150	27,318
Tallahatchie	11,505	14,419	12,494	7,072	4,799	4,330	4,262	4,279	3,877	3,332	3,185	3,579
Tate	27,576	30,262	27,516	16,574	13,131	12,632	12,308	13,058	10,933	10,399	10,483	10,416
Tippah	20,358	20,714	15,155	8,785	6,708	6,683	6,918	7,679	6,221	6,018	5,671	5,913
Tishomingo	13,529	13,863	10,486	6,695	5,047	5,296	5,653	6,361	5,477	5,431	5,066	5,158
Tunica	27,261	31,845	27,469	16,670	13,656	12,633	11,953	11,938	10,686	10,377	9,886	10,155
Union	24,471	23,219	18,702	10,941	9,077	8,976	9,635	10,687	8,799	8,686	8,102	8,450
Walthall	12,548	16,782	12,893	7,400	5,152	5,266	4,908	4,918	4,645	4,904	4,741	4,787
Warren	96,044	129,937	107,307	63,701	47,565	47,072	44,375	46,272	41,882	42,315	40,878	40,538
Washington	148,158	182,987	154,927	95,030	70,260	65,349	62,626	63,176	58,056	56,691	55,259	55,026
Wayne	42,859	54,464	42,433	24,740	19,766	19,487	18,938	19,323	17,723	17,581	16,610	16,858
Webster	13,769	14,881	12,854	7,004	6,121	6,318	6,667	6,667	5,827	6,024	5,393	5,382
Wilkinson	14,843	18,804	16,345	9,476	6,757	6,541	6,092	6,036	5,888	5,597	5,340	5,191
Winston	33,021	34,753	26,335	16,260	12,374	12,644	12,538	13,140	11,878	12,004	11,328	11,707
Yalobusha	16,106	17,356	15,557	9,402	7,223	7,031	7,139	7,316	5,845	5,505	5,473	5,452
Yazoo	61,184	79,164	68,886	41,958	30,782	29,091	28,874	29,467	26,276	26,183	25,968	25,286

6 Appendix B: House Bill 1090 – Section 21: Public Reporting

6.1 Report Design

This annual report regarding the characteristics of the recipients of Medicaid, SNAP, and TANF benefits is divided into the following subsections.

1. The length of enrollment, disaggregated by program and eligibility group
2. The share of recipients concurrently enrolled in one or more additional means-tested programs, disaggregated by program and eligibility group and the number of means-tested programs recipients are concurrently enrolled in, disaggregated by program and eligibility group
3. The demographics and characteristics of recipients, disaggregated by program and eligibility group
4. The dollar amount spent on advertising and marketing for TANF, SNAP, Medicaid, and other means-tested programs, including both state and federal funds, disaggregated by program.

Information gathered for this report includes historical information for Section 6.1.1, while the remaining subsections of the report, only active cases and persons were used to tabulate totals for presentation. **This report was created with data from both agencies that reflects a specific point in time: Jul 13, 2023**

6.1.1 Average Length of Enrollment

The average length of enrollment for each of the programs and eligibility groups listed below was calculated based on the average length of time, in months, using recipients in continuous active status coverage. The data used for this section was gathered from MDHS with a back date or starting date of January 1, 2010 while all available DOM data, gathered from the State Medicaid Management Information System (MMIS), was used.

TABLE 1: AVERAGE LENGTH OF ENROLLMENT

Program	Recent Length of Enrollment
SNAP	42.8 Months
TANF	13.5 Months
Medicaid Eligibility Groups	
Children	69 Months
Aged	70 Months
Disabled & Blind	109 Months
Adults	40 Months
CHIP	38 Months
Family Planning Waiver	29 Months

6.1.2 Recipients Enrolled in One or More Programs

Recipients that are concurrently enrolled in one or more means-tested programs and disaggregated by program as well as the share of recipients in each of the programs are listed in Tables 2A and 2B below.

Note: (1) Population in Table 2B is non-duplicative. All recipients are counted once and placed in their appropriate categories based on the combination of programs in which they are currently active (Jul 13, 2023).

(2) In this case, breaking the data down by eligibility group within Medicaid/CHIP will have no bearing on the numbers presented. Recipients can only be in one eligibility group at a time in each of the programs.

TABLE 2A: RECIPIENTS ENROLLED IN EACH PROGRAM

	# of Recipients
SNAP	388,139
TANF	4,976

TABLE 2B: RECIPIENTS ENROLLED IN ONE OR MORE PROGRAMS

Program	# of Recipients Receiving Benefits	%/Share of Recipients Receiving Benefits
One Program		
SNAP Only	109,075	11.10%
TANF Only	33	0.01%
Medicaid/CHIP Only	593,243	60.43%
Subtotal (One Program)	702,351	71.54%
Two Programs		
SNAP & TANF	813	0.08%
SNAP & Medicaid/CHIP	274,435	27.95%
TANF & Medicaid/CHIP	314	0.03%
Subtotal (Two Programs)	275,562	28.07%
Three Programs		

SNAP, TANF & Medicaid/CHIP	3,816	0.39%
Subtotal (Three Programs)	3,816	0.39%
Grand Total	981,729	100.00%

6.1.3 Demographics and Characteristics of Recipients

The demographics and characteristics of recipients are broken down by Program and Eligibility Group in the following tables:

- Table 3: Recipient Gender
- Table 4: Recipient Age
- Table 5: MDHS Recipient Ethnicity
- Table 6: DOM Recipient Ethnicity

Note: These counts include all household members receiving benefits and are independent by program and eligibility group and will result in recipients being counted more than once as they may show up in both MDHS and DOM data for each of the programs in which they are active.

TABLE 3: RECIPIENT GENDER

Program	Male		Female	
	Count	Percentage	Count	Percentage
SNAP	158,406	40.81%	229,733	59.19%
TANF	1,822	36.62%	3,154	63.38%
Medicaid Eligibility Groups				
Adults	26,050	17.28%	124,703	82.72%
Aged	17,903	33.68%	35,257	66.32%
Blind & Disabled	84,652	47.26%	94,476	52.74%
Children	216,620	50.03%	216,388	49.97%

CHIP	14,736	49.78%	14,867	50.22%
Family Planning Waiver	4,253	16.15%	22,078	83.85%
Totals	524,442	41.45%	740,656	58.55%

TABLE 4: RECIPIENT AGE

Program	0-18	19-34	35-54	55 +
SNAP	162328	71212	79428	75171
TANF	3290	684	617	385
Medicaid Eligibility Groups				
Adults	290	72560	40393	1538
Aged	0	0	0	80052
Blind & Disabled	24230	21983	49768	77569
Children	388498	45681	0	0
CHIP	41853	147	0	0
Family Planning Waiver	175	20245	7001	0
Totals	620,664	232,512	177,207	234,715

Note: MDHS and DOM use differing methods to classify the ethnicity of their clients, thus they are represented in two separate tables, Table 5 and Table 6.

TABLE 5: MDHS RECIPIENT ETHNICITY

Program	African American	American Indian	Asian	Hawaiian/Pacific Islander	White	Other
SNAP	263,185	2,053	964	93	108,774	13,070
TANF	3,858	4	2	2	967	143
Totals	267,043	2,057	966	95	109,741	13,213

TABLE 6: DOM RECIPIENT ETHNICITY

Ethnicity	Adult	Aged	Blind & Disabled	Children	Chip	Family Planning Waiver
Asian	232	319	297	1,665	290	82
Asian-Indian	51	42	16	331	86	9
Black/African American	65,344	37,259	64,044	229,775	18,942	17,277
Caucasian	42,925	30,048	42,704	137,456	17,035	8,757
Chinese	27	24	16	240	64	6
Filipino	77	26	9	203	21	11
Guamanian or Chamorro	19	1	6	157	1	3
Hispanic	642	267	432	9,378	843	217
Hispanic Refugee	0	0	0	0	0	0
Indo-Chinese Refugee	0	0	0	0	0	0
Japanese	9	6	2	30	2	2
Korean	16	12	6	57	12	4
Native American/Alaskan Native	913	158	350	3,703	236	109
Native Hawaiian/Pacific Island	13	6	5	113	21	9
Other	2,040	5,527	1,765	46,573	3,984	545
Samoan	3			22	5	3
Unspecified Race/Unknown	2,366	6,273	63,874	3,935	370	362
Vietnamese	104	83	24	542	88	25
Vietnamese Refugee	0	0	0	0	0	0
Totals	114,781	80,051	173,550	434,180	42,000	27,421

6.1.4 Amount Spent on Advertising Means-Tested Programs

The dollar amount spent in the last fiscal year on advertising and marketing Mississippi's means-tested programs follow in Table 7. No state funds were spent on advertising or marketing means-tested programs.

TABLE 7: AMOUNT SPENT ON ADVERTISING MEANS-TESTED PROGRAMS

PROGRAM	AMOUNT SPENT
MDHS – Economic Assistance Eligibility	\$0
DOM - Medicaid	\$0