Mississippi Progress Report
STATE ACTIONS PROTECTING PATIENTS IN THE EXCHANGE

OVERVIEW
States vary in terms of the patient-centeredness of their health insurance markets. While federal rules set minimum requirements for consumer protections, some states have acted to make their markets more patient-focused. This scorecard evaluates states based on five key areas that assess patient-friendliness of their insurance markets to promote policies that best protect patients.

FIVE PATIENT-FOCUSED PRINCIPLES
NON-DISCRIMINATION
To ensure cost sharing and other plan designs do not discriminate or impede access to care.

- No state action to limit discrimination.
- Three unique platinum offerings in the 2015 exchange.
- No state action on provider network requirements.
- The premium for the 2nd lowest cost silver plan is 26% lower in 2015 than it was in 2014.²

For non-discrimination metrics, relative to other states, Mississippi is an Average-Performing State

TRANSPARENCY
To promote better consumer access to information about covered services and costs in exchange plans.

HealthCare.gov links to external provider networks and formularies and also allows consumers to filter search results. However, the website lacks a formulary search tool, a provider search tool, and calculators to help estimate tax credit or out-of-pocket expense amounts.

- No state action regarding contracting requirements for plan information transparency.

For transparency metrics, relative to other states, Mississippi is a Low-Performing State

MISSISSIPPI HIGHLIGHTS
Mississippi’s exchange is regulated by the federal government and operates through HealthCare.gov.

In the 2014 plan year, 61,500 Mississippians selected an exchange plan through HealthCare.gov. About 22% of Mississippi residents who are eligible for exchange coverage enrolled in an exchange plan in 2014.¹

Mississippi has not expanded Medicaid.

PROGRESS LEGEND
This report measures states using two methods of evaluation:

First, the report measures a state’s performance on a series of metrics related to the five principles.

- Beneficial for Patients
- Neutral for Patients
- Negative for Patients

Second, the report compares a state’s aggregate performance on all metrics within each principle to other states’ performance on these same metrics.

High-Performing
Average-Performing
Low-Performing

¹ Mississippi has not expanded Medicaid.
STATE OVERSIGHT
To ensure all health insurance exchange plans meet applicable requirements.

- Passive purchasing—the state does not actively negotiate with plans to participate in the exchange.
- No state action regarding contracting requirements for exchange participation.
- Its effective rate review program allows the state to manage premium increases.\(^3\)
- Three carriers in the 2015 exchange.

For state-oversight metrics, relative to other states, Mississippi is an Average-Performing State

UNIFORMITY
To create standards to make it easier for patients to understand and compare exchange plans.

- No state action to standardize benefit designs.
- The quality rating system planned by the federal government for use on HealthCare.gov will show ratings for the 2017 plan year.
- No state action on standardized display of plan information.

For uniformity metrics, relative to other states, Mississippi is an Average-Performing State

CONTINUITY OF CARE
To broaden sources of coverage and protect patients transitioning between plans.

- No state action on continuity-of-care requirements.\(^4\)
- Mississippi has not expanded Medicaid, which would provide coverage for an estimated 203,000 people in the state.\(^5\)

For continuity-of-care metrics, relative to other states, Mississippi is a Low-Performing State

METHODOLOGY
Data by Avalere Health as of January 1, 2015. Avalere maintains a proprietary database of state policy developments for all 50 states and DC. Avalere also used key resources from publicly available websites, cited where applicable. Avalere conducted a focused review of state exchange insurance markets; this assessment is not intended to be a comprehensive review of state insurance markets. Avalere only included finalized actions established in the state, and did not include proposed measures or actions.

For definitions of key terms, see the National Health Council’s Putting Patients First® glossary.