I am happy to be here with you. I consider myself a communicator by trade. But to be honest, I never needed my communication skills more in my lifetime than I do at my current position at Medicaid.

The United States spends $2.1 trillion on health care, roughly 16 percent of the gross domestic product. Additionally, government is responsible for approximately 50 cents out of every dollar spent on heath care because of the huge and rapidly growing government health care programs: Medicare, Medicaid, SCHIP, and state and public health care programs. The result of so much government control is that health care is one of the most highly regulated sectors of the American economy. Government financing means government control, and government control means less management efficiency, and less personal freedom.

In order to help and protect program managers, individuals, and families, we must change laws and regulations at the federal and state level. We must enable individuals and families to own and control their own health care policies and learn to take a pro-active role in their personal healthcare.

In FY 2008 we reported our total budgeted expenditures at $3.7 billion. That's "billion" with a "B"! We project with the growing use of the program and growing healthcare costs that our FY 2009 Total Budgeted Expenditures will be right at $4 billion. If we continue trending in this direction of the next five years we are looking at spending federal / state dollars amounting to over $20 billion. Folks, we have to reverse this trend. It may be great for the medical services industry, but it is not great for those trapped in poverty. Nor is it anything but great for our society and for you and me as tax-payers.

Folks, personal accountability begins first and foremost with US ALL!

Let me share with you some recent newspaper headlines this program's generated starting with this most recent session.

You remember this past session where our funding for next fiscal year has been left up in the air?

- "Unfinished business: Special session to tackle Medicaid deficit"
- "Medicaid funding stymies lawmakers"
- "Lawmakers miss deadline on Medicaid bill"
- "Health care may be pared Medicaid shortfall has lawmakers in quandary"

Now here are a few from last year

- “House OKs $90 million to fill Medicaid shortage”
- “States scrambling as federal funds for children's health care run out”
- “Governors Worry Over Money for Child Health Program”

And a few from 2006

- “Bush trims Medicaid and Medicare, says more sweeping change is vital”
- “Miss. Medicaid owes $171M”

And from 2005

- “Lawmakers seeking Medicaid fund source”
- “Medicare, Medicaid in dire financial situations”

And from 2004

- “Federal officials to help trim Mississippi Medicaid costs”
- “Cost of health care must be controlled now”

And 2003

- “Health Care Spending Jumps 8.7 Percent”
- “State's revenue slump taking toll”
- Medicaid funding full of questions

And 2002

- “AG Law says Gov must trim Medicaid”
- “Blame for everyone, now is the time to fund it”

Knowing is not enough; we must apply what we know.

Willing is not enough; we must have the will to do.

As Abraham Lincoln said, “You cannot escape the responsibility of tomorrow by evading it today.” (I wish he were able to personally address our legislators with those words. That would shake them up good!))

What will it take to slow the growth of this program?

And, what will it take to remove the crises management aspect from Mississippi Medicaid?

How about a stable source of funding?
And that doesn’t mean declining revenue source smoke and mirror tricks.
Nor does it mean continuing to underfund this vital program!

How about a healthier population?
How about changing family trees so that Medicaid is not an intergenerational legacy?

And how about growing our state's economy so that Medicaid no longer represents the number one cash-flow in our state! Doing that should help to remove some, if not most of the politics involved with the program and lesson the yearly chaos associated with funding.

When I began this talk I touched on a few of the newspaper headlines our Medicaid program has generated in the past. Another topic you will be reading about in the press is our position on face-to-face eligibility determination and redetermination.

We strongly feel the press position on this is mostly misleading and not accurate. Here's a few reasons why.

1. We have expanded our locations for out stationing workers. The primary reason for the expansion

was because the Health Department requested that DOM post more workers at their local clinics in an effort to do all things possible to reduce infant mortality. Having workers available at the local Health Dept clinics will enable pregnant women to get coverage earlier in their pregnancy. At this time, DOM has over 90 outstationed sites that are in addition to our 30 Regional Office sites. These sites are located in 80 of the 82 counties within MS. There are not 17 counties without coverage. The average number of hours at the current time is 22 hours per month per site, not 3.5 hours. In addition, expanding the time spent at each site is under evaluation at this time

2. DOM believes that the in-person interview is valuable both to the covered individuals and the agency. We believe that it is critical for children to

be enrolled in Medicaid's preventative healthcare program and this process takes place during the interview. Adults are informed about services available to them and they are also informed about their rights & responsibilities with the program. It is only required once per year and if there is ever a need for an exception to an in-person, we will accommodate. This is especially true of the programs that serve the aged and disabled. Legislative leaders were notified during last year's session that DOM would make exceptions as appropriate for aged and disabled individuals.

3. Legislators have been notified that since DOM assumed certification responsibility, there has been an overall net loss in the number of covered individuals. Less than 60,000 have been children

in the Medicaid and/or CHIP programs. This net loss has more to do with requiring appropriate verifications of eligibility that had not been required in the past.

4. Administrative costs have not skyrocketed as stated. The $48 million dollar cost for transitioning the eligibility from DHS to DOM is a cost that covers a 33 month period from 04/01/05 – 12/31/07.

5. The purpose of the in-person interview has more to do with education and assisting the beneficiaries with the enrollment process than solely for fraud prevention. 87% of the applications that are approved are for individuals who initially failed to do what was required at the time of the mandated annual review so their case

closed. At the time of reapplication, these same individuals complied with the review process and were approved with no break in coverage. The enrollment process as it currently exists ensures that qualified individuals are certified for coverage.

Primarily I would like you to remember, this program is for the elderly, the sick and the disabled. It is not for those who either want to cheat the system and/or steal from those who need it.

Also, on behalf of those who we serve, a stable funding source must be found. Let’s take the political battles elsewhere.