



MISSISSIPPI DIVISION OF
MEDICAID

October 30, 2015

Ms. Julie Sharp
Division of State Demonstrations and Waivers
Centers for Medicaid, CHIP and Survey & Certification, CMS
7500 Security Blvd.
Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Sharp:

The enclosed Progress Report for the Healthier Mississippi Demonstration Project includes a full reporting of beneficiary enrollment and expenditure information through March 31, 2015.

If you have questions or need additional information, do not hesitate to contact me at (601) 359-5248.

Sincerely,


Margaret Wilson
Nurse Office Director, Office of Policy

cc: Tara Clark
Deputy Administrator for Policy, Procurement and Appeals

Healthier Mississippi

Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period:

Demonstration Years: 1-10 (10/01/2004 – 9/30/2014)

Federal Fiscal Quarter 2/2015 (01/01/2015 – 03/31/2015)

Introduction:

The Healthier Mississippi demonstration project was originally approved for a 5-year period beginning on October 1, 2004 through September 30, 2009. Since then, the demonstration was approved for renewal and under a series of temporary approvals for an additional 5-year period beginning October 1, 2009 through December 31, 2014. Currently the demonstration has been approved for renewal effective July 24, 2015 for the period of October 1, 2014 through September 30, 2018. The renewal includes an increase in the enrollment cap from 5,500 to 6,000. It also allows coverage of podiatry, eyeglasses, dental, and chiropractic services, which were excluded from previous demonstration years.

The approval of this demonstration project allows Mississippi to provide a benefit package to an expanded population that includes individuals with income up to 135 percent of the federal poverty level who are aged or disabled, and who are not eligible for Medicare.

Enrollment Information

Enrollment counts are person counts, not member months. The enrollment cap is 5,500 and will increase to 6,000 effective July 24, 2015.

Participant Populations	Total as of end of Current Quarter	Voluntary Disenrolled in Current Quarter	No. Involuntary Disenrolled in Current Quarter
Population 1 – Medicaid Only	4,925	140	767
Population 2 – Prior Enrollees	3,889	N/A	N/A

Outreach/Innovative Activities

The Division of Medicaid has published brochures and other outreach materials which include a description of the Healthier Mississippi waiver qualifications and benefits. These are made available to the public in various sites throughout the state and are posted on the agency's website.

Operational/Policy Developments/Issues

Changes to the CMS-064 report and other in-house reports were made at the instruction of CMS and are reflected in quarterly reports beginning March 31, 2011. The most significant of these is the clarification of the two populations identified in the chart above and defined as follows.

1. **Demonstration Population 1 “Medicaid Only”**: Aged or disabled individuals enrolled in the demonstration below 135 percent of the FPL who are not eligible for Medicare and do not otherwise qualify for Medicaid.

2. **Demonstration Population 2 “Prior Enrollees”:** Individuals who were formerly in Demonstration Population 1, but who are no longer in the Demonstration because they are eligible for Medicaid under a different eligibility category, for a period of one year after leaving the Demonstration.

Consumer Issues

There have been no consumer issues.

Administrative appeals continue to be granted on request through the Division’s Office of Administrative Appeals. Appeals of denials, terminations or other adverse changes are granted upon receipt of the written request provided the appeal is requested within the specified deadline of thirty (30) days. Both local and/or state level appeals are granted and continuation of benefits applies for adverse changes to active beneficiaries requesting an appeal within a ten (10) day deadline.

Quality Assurance/Monitoring Activity

The Office of Eligibility staff continues to monitor the waiver enrollment process.

Demonstration Evaluation

The Arkansas Foundation for Medical Care (contractor for the Evaluation component) evaluated health outcomes over a four- year period, October 1, 2004 – December 31, 2008. They surveyed Medicaid beneficiaries and providers through use of survey tools and focus groups. Final reports and data analysis were previously submitted to CMS.

The State is currently revising plans for evaluation of the demonstration and will submit updates to CMS in the near future.

Financial/Budget Neutrality Development/Issues

In working through this current renewal process with CMS Central and Regional staff, CMS provided revised budget neutrality cumulative targets (below). Also, the State has revised its financial/budget neutrality reporting format to provide statistics for the distinct population defined in the demonstration.

In accordance with the “Special Terms and Conditions”, Section VIII, *Monitoring Budget Neutrality*, CMS shall enforce budget neutrality over the life of the demonstration, rather than on an annual basis. The following table includes the reporting of expenditures for those currently enrolled in the waiver and those previously enrolled but now covered under a different category of eligibility under the state plan.

Demonstration Year	Cumulative Budget Neutrality Expenditure Limit	Expenditures for current enrollees and those disenrolled within one year
Years 1 – 5	\$350,250,000	\$213,905,091
Year 6	\$448,787,000	\$289,909,421
Year 7	\$552,743,535	\$377,640,601
Year 8	\$662,417,679	\$473,168,820
Year 9	\$778,123,901	\$575,717,085

Year 10	\$893,830,123	\$690,331,933
Year 11	\$1,029,989,522	\$712,253,370

This quarterly report reflects the first five (5) years of the initial demonstration period, four (4) years of the renewal period effective November 1, 2010, and the extension period granted through December 31, 2014. The cumulative expenditures for individuals currently enrolled and those previously enrolled but who are now covered under a different state plan coverage group, for a period of one year after leaving the Demonstration, is \$712,253,370 million. The cumulative variance is **(\$317,736,152)** million. As of March 31, 2015, expenditures had not exceeded the cumulative target.

State Contact(s)

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Date Prepared

October 30, 2015



MISSISSIPPI DIVISION OF
MEDICAID

Healthier Mississippi Demonstration

Attachment A

Qtr Ending	Enrollment (Cap is 5000; 5500 effective Nov. 2, 2010)	Expenditures per CMS 64	Expenditures of Currently Enrolled in the waiver	Expenditures of Previously Enrolled now eligible under a full benefit State Plan coverage group (up to one year out)	Total*	Budget Neutrality Cap	Annual Savings
Demo Year 2	3911	\$37,121,024	\$37,121,024	\$0	\$37,121,024	\$70,050,000	\$32,928,976
Demo Year 3	3938	\$51,097,295	\$51,097,295	\$0	\$51,097,295	\$93,400,000	\$42,302,705
Demo Year 4	4081	\$57,284,221	\$57,284,221	\$0	\$57,284,221	\$93,400,000	\$36,115,779
Demo Year 5	4868	\$68,402,551	\$68,269,919	\$132,632	\$68,402,551	\$93,400,000	\$24,997,449
Total for first 5 Years		\$213,905,091	\$213,772,459	\$132,632	\$213,905,091	\$350,250,000	\$136,344,909
Demo Year 6	5126	\$76,004,330	\$75,258,294	\$746,036	\$76,004,330	\$98,537,000	\$22,532,670
Demo Year 7	5404	\$87,731,180	\$77,310,721	\$10,420,459	\$87,731,180	\$103,956,535	\$16,225,355
Demo Year 8	5216	\$95,605,452	\$83,323,893	\$12,281,559	\$95,605,452	\$109,674,144	\$14,068,692
Demo Year 9	5135	\$103,249,847	\$88,560,700	\$14,689,147	\$103,249,847	\$115,706,222	\$12,456,375
Demo Year 10 (Extension thru 12/31/2014)	4785	\$113,836,033	\$96,697,129	\$17,138,904	\$113,836,033	\$115,706,222	\$1,870,189
Demo Year 11	4925	\$21,921,437	\$18,729,589	\$3,191,848	\$21,921,437	\$136,159,399	\$114,237,962
Cumulative Total		\$712,253,370	\$653,652,785	\$58,600,585	\$712,253,370	\$1,029,989,522	\$317,736,152

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 2/2015

State: Mississippi

Summary of Expenditures by Waiver Year
Waiver: 11W00185

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11
Medicaid Only	0	0	37,121,024	51,097,295	57,284,221	68,269,919	75,258,294	77,310,721	83,318,371	88,600,057	84,592,669	32,971,347
Medicare w/Chronic C	0	0	0	0	0	0	0	0	0	0	0	0
Prior Enrollees	0	0	0	0	0	132,632	746,036	10,420,459	12,281,559	14,706,300	15,352,063	5,370,570
Total	0	0	37,121,024	51,097,295	57,284,221	68,402,551	76,004,330	87,731,180	95,599,930	103,306,357	99,944,732	38,341,917

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11
Medicaid Only	1	(4)	28,210,216	38,676,588	44,277,145	57,416,929	63,741,879	61,336,611	61,753,156	65,074,417	61,889,028	24,279,362
Medicare w/Chronic C	2	(4)	(3)	0	0	0	0	0	0	0	0	0
Prior Enrollees	0	0	0	0	0	107,001	605,623	8,154,609	9,121,115	10,793,305	11,227,536	3,952,877
Total	3	(8)	28,210,213	38,676,588	44,277,145	57,523,930	64,347,502	69,491,220	70,874,271	75,867,722	73,116,564	28,232,239

Total
655,823,918
0
59,009,619
714,833,537

Total
506,655,328
(5)
43,962,066
550,617,389