

Healthier Mississippi Waiver

Section 1115 Quarterly Operational Report

Demonstration/Quarter Reporting Period:

Demonstration Year: 14 (10/01/2017 – 9/30/2018)

Federal Fiscal Quarter: 3/2018 (04/01/2018 – 06/30/2018)

INTRODUCTION

The Healthier Mississippi Waiver (HMW) Demonstration Program, Section 1115, was originally approved by the Centers for Medicare & Medicaid Services (CMS) for a five (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 five (5) year period beginning October 1, 2009, through July 23, 2015. Currently the demonstration has been approved for renewal effective July 24, 2015, through September 30, 2018 with the following changes: (1) an increase in the enrollment cap from 5,500 to 6,000 and (2) coverage of podiatry, eyeglasses, dental, and chiropractic services which were excluded from previous demonstration years.

The HMW Demonstration Program allows Mississippi to provide all state plan services, except for long-term care services (including nursing facility and home and community based waivers), swing bed in a skilled nursing facility, and maternity and newborn care to individuals with income up to one hundred and thirty five percent (135%) of the federal poverty level (FPL) who are aged or disabled, are not eligible for Medicare, and are not eligible under the Medicaid state plan.

ENROLLMENT INFORMATION

Enrollment	End of Current Quarter Total	Number of Voluntary Disenrolled in Current Quarter	Number of Involuntary Disenrolled in Current Quarter
	5,033	184	628

Enrollment counts are person counts, not member months. The enrollment cap is 6,000.

During the third quarter, there were one hundred eighty-four (184) voluntary disenrolled beneficiaries and six hundred twenty-eight (628) involuntary disenrolled beneficiaries. Voluntary disenrollment reasons include:

- Approval for SSI,
- Client request denial/closure,
- Death,
- Disability not confirmed,
- Income limits exceeded,
- Failed to comply with redetermination requirements,
- Moved out of state,
- Over resource limits,

- Required verifications not received, and
- Unable to locate.

Beneficiaries that are involuntarily disenrolled are those who became eligible for Medicaid under another category of eligibility or were approved for Medicare.

OUTREACH/INNOVATIVE ACTIVITIES

The Division of Medicaid (DOM) published brochures and other materials which include a description of the HMW eligibility criteria and benefits. Brochures are made available to the public in various sites throughout the state and are posted on the DOM's public website. During the third quarter, DOM's Outreach Coordinators provided HMW information at twenty-nine (29) community events.

OPERATIONAL/POLICY DEVELOPMENT/ISSUES

There have been no operational, policy development or issues reported during quarter three (3).

CONSUMER ISSUES

There have been no reported consumer issues during quarter three (3). Appeals of denials, terminations or other adverse changes are granted by the DOM upon receipt of written request, provided the appeal is requested within the specified deadline of thirty (30) days.

QUALITY ASSURANCE/MONITORING

DOM Office of Eligibility staff continues to monitor the waiver enrollment process to ensure only beneficiaries meeting the qualifications for the HMW are enrolled. In addition, claims submitted for services excluded under the HMW are systematically denied.

DEMONSTRATION EVALUATION

The HMW Draft Evaluation Design was submitted to CMS for approval in November 2015. CMS responded with feedback on May 1, 2017. Based on CMS feedback, DOM revised and resubmitted the Draft Evaluation Design on June 30, 2017. CMS responded with additional feedback on July 18, 2017. On August 3, 2017, DOM asked CMS for clarification regarding the additional feedback. DOM submitted the Draft Evaluation Design with revisions to CMS for approval on September 28, 2017.

FINANCIAL/BUDGET NEUTRALITY DEVELOPMENTS/ISSUES

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.

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	\$1,029,989,323	\$754,466,330
Year 12	\$1,178,961,321	\$832,608,978
Year 13	\$1,341,951,584	\$916,365,951
Year 14	\$1,520,279,231	\$981,856,256

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 July 23, 2015. Beginning in demonstration year 11, prior year enrollees are not reported in the cumulative expenditures. The cumulative expenditures for Healthier Mississippi enrollees for the third quarter ending June 30, 2018 are \$65,490,341. The cumulative variance is (\$538,423,138). As of June 30, 2018, expenditures have not exceeded the cumulative limit.

Eligibility Group	DY 14	DY 14 Q 3
	10/01/2017 through 09/30/2018 Projected PMPM Expenditures	04/01/2018 through 06/30/2018 Average PMPM Expenditures
Demonstration Population 1 – Medicaid only	\$2,567.44	\$1,838.74

The projected per member per month (PMPM) expenditures for the HMW demonstration population 1 is \$2,567.44 for DY 14. The average PMPM expenditure for the third quarter ending June 30, 2018 was \$1,838.74, which is less than the projected amount.

State Contact(s)

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MAP Waivers

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	88,655,137	85,703,024	91,802,139
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	14,717,097	15,451,600	8,998,037
Total	0	0	37,121,024	51,097,295	57,284,221	68,402,551	76,004,330	87,731,180	95,599,930	103,372,234	101,154,624	100,800,176

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	65,114,971	62,709,054	67,681,333
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	10,801,250	11,300,775	6,622,685
Total	3	(8)	28,210,213	38,676,588	44,277,145	57,523,930	64,347,502	69,491,220	70,874,271	75,916,221	74,009,829	74,304,018

Schedule C

CMS 64 Waiver Expenditure Report

Cumulative Data Ending Quarter/Year : 3/2018

State: Mississippi

Summary of Expenditures by Waiver Year

Waiver: 11W00185

Total Computable

12	13	14	15	16	17	18	19	20	21	22	23	24
89,093,391	94,591,817	65,490,341	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
89,093,391	94,591,817	65,490,341	0	0	0	0	0	0	0	0	0	0

Federal Share

12	13	14	15	16	17	18	19	20	21	22	23	24
66,155,475	70,738,379	49,558,360	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
66,155,475	70,738,379	49,558,360	0	0	0	0	0	0	0	0	0	0

25	Total	Total Less Non-Adds
0	964,995,694	964,995,694
0	0	0
0	62,747,420	62,747,420
0	1,027,743,114	1,027,743,114

25	Total	Total Less Non-Adds
0	737,370,093	737,370,092
0	(5)	(7)
0	46,713,058	46,713,058
0	784,083,146	784,083,143

DEMONSTRATION WITH WAIVER (WW): COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DEMONSTRATION YEAR (DY) 14				TOTAL WW
	Q 01	Q 02	Q 03	Q 04	
Pop Type: 1					
Eligible Member Months	12,379	12,509	12,547		
PMPM Cost	\$ 1,701.02	\$ 1,742.79	\$ 1,838.74		
Total Expenditure	\$ 21,056,927	\$ 21,800,560	\$ 23,070,671		\$ 65,928,157

NOTES

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting.