



MISSISSIPPI DIVISION OF
MEDICAID

July 21, 2014

Ms. Leila Ashkeboussi
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

Ms. Jackie Glaze
Centers for Medicare and Medicaid Services
Atlanta Federal Center, 4th Floor
61 Forsyth Street, SW, Suite 4T20
Atlanta, GA 30303-8909

Dear Ms. Ashkeboussi and Ms. Glaze:

The enclosed Progress Report for the Healthier Mississippi Demonstration Project includes a full reporting of beneficiary enrollment and expenditure information through March 31, 2014.

If you have questions or need additional information, do not hesitate to contact me at (601) 359-6286.

Sincerely,

A black rectangular redaction box covering the signature of Melanie Wakeland.

Melanie Wakeland
Staff Officer III

Cc: Tara S. Clark, J.D., Deputy Administrator, Administrative Services
Janis Bond, Deputy Administrator, Enrollment

Healthier Mississippi

Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period:

Demonstration Years: 1-9 (10/01/2004 – 9/30/2013)

Federal Fiscal Quarter 1/2014 and 2/2014 (10/1/2013 – 3/31/2014)

Introduction:

The Healthier Mississippi demonstration project was approved for a 5-year period beginning on October 1, 2004 through September 30, 2009. It operated under a series of temporary approvals while going through the renewal process. The demonstration renewal was approved effective November 1, 2010 through December 31, 2013; the demonstration now operates under a temporary extension approved by CMS through December 31, 2014. The State is currently seeking a more permanent renewal and guidance from CMS in this process.

Modifications granted through the last renewal process include increasing the enrollment cap by 10% from 5000 to 5500; allowing coverage of Hospice services; and clarifying the Budget Neutrality definition.

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.

Participant Populations	Total as of end of Current Quarter	Voluntary Disenrolled in Current Quarter	No. Involuntary Disenrolled in Current Quarter
Population 1 – Medicaid Only	4908	113	891
Population 2 – Prior Enrollees	4211	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 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 Bureau 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 (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 10 day deadline.

Quality Assurance/Monitoring Activity

The Bureau 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 the renewal process in 2010 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 more clearly provide statistics for the two distinct populations defined in the demonstration.

In accordance with the “Special Terms and Conditions”, Section VIII. *Monitoring Budget Neutrality for the Demonstration*, 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. The state has assumed the same Expenditure Limit in Year 9 for Year 10.

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	\$473,161,367

Year 9	\$778,123,901	574,331,790
Year 10	\$893,830,123	613,231,909

The first five (5) years of the initial demonstration period are reported as well as four (4) years of the renewal period and the first (1st) and second (2nd) quarter of the extension year. 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 \$613.2 million. The cumulative variance is (\$280.6) million. As of December 31, 2013, expenditures had not exceeded the cumulative target.

State Contact(s)

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Date Prepared

July 21, 2014



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	\$95,520,766	\$83,255,689	\$12,265,077	\$95,520,766	\$109,674,144	\$14,153,378
Demo Year 9	5135	\$101,170,423	\$87,061,876	\$14,108,547	\$101,170,423	\$115,706,222	\$14,535,799
Demo Year 10	4996	\$38,900,119	\$33,001,212	\$5,898,907	\$38,900,119	\$115,706,222	\$76,806,103
Cumulative Total		\$613,231,909	\$569,660,251	\$43,571,658	\$613,231,909	\$893,830,123	\$280,598,214