

# Healthier Mississippi

## Section 1115 Quarterly Report

### Demonstration/Quarter Reporting Period:

Demonstration Year: 1-12 (10/01/2015 – 9/30/2016)

Federal Fiscal Quarter: 2/2016 (01/01/2016 – 03/31/2016)

### 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 full benefits to individuals with income up to 135 percent 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 counts are person counts, not member months. The enrollment cap is 6,000.

Participant Populations	Total as of end of Current Quarter	Number of Voluntary Disenrolled in Current Quarter	Number of Involuntary Disenrolled in Current Quarter
Population 1 – Medicaid Only	4,734	149	739

### OUTREACH/INNOVATIVE ACTIVITIES

The Division of Medicaid (DOM) published brochures and other outreach materials which include a description of the HMW eligibility criteria and benefits. Brochures are available to the public in various sites throughout the state and are posted on the (DOM) website. During the 2<sup>nd</sup> quarter, DOM's Outreach Coordinators provided HMW information at forty six (46) community events.

### OPERATIONAL/POLICY DEVELOPMENT/ISSUES

Changes were made to the CMS-064 report and other in-house reports beginning September 30, 2015, to report only Population 1 "Medicaid Only" as instructed by CMS.

1. **Demonstration Population 1 "Medicaid Only"**: Aged or disabled individuals enrolled in the demonstration with income up to 135 percent of the FPL who are not eligible for Medicare, and are not eligible under the Medicaid state plan.

### **CONSUMER ISSUES**

No consumer issues reported.

Appeals of denials, terminations or other adverse changes are granted by 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.

### **DEMONSTRATION EVALUATION**

On November 10, 2015, the HMW Draft Evaluation Design was submitted to CMS for approval.

### **FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES**

No issues have been identified.

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.

<b>Demonstration Year</b>	<b>Cumulative Budget Neutrality Expenditure Limit</b>	<b>Expenditures for current enrollees and those disenrolled within one year</b>
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	\$789,506,972

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 will not be reported in the cumulative expenditures. The cumulative expenditures for Healthier Mississippi enrollees for 2<sup>nd</sup> quarter ending, March 31, 2016 is \$35,040,642. The cumulative variance is (\$389,454,548). As of March 31, 2016, expenditures had not exceeded the cumulative limit.

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**Date Prepared**

05/20/2016



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
<b>Total for first 5 Years</b>		<b>\$213,905,091</b>	<b>\$213,772,459</b>	<b>\$132,632</b>	<b>\$213,905,091</b>	<b>\$350,250,000</b>	<b>\$136,344,909</b>
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	4891	\$64,134,397	\$57,315,082	\$6,819,315	\$64,134,397	\$136,159,399	\$72,025,002
Demo Year 12	4734	\$35,040,642	\$35,040,642	\$0	\$35,040,642	\$148,971,998	\$113,931,356
<b>Cumulative Total</b>		<b>\$789,506,972</b>	<b>\$727,278,920</b>	<b>\$62,228,052</b>	<b>\$789,506,972</b>	<b>\$1,178,961,520</b>	<b>\$389,454,548</b>

**Schedule C**  
**CMS 64 Waiver Expenditure Report**  
**Cumulative Data Ending Quarter/Year : 2/2016**

State: Mississippi

**Summary of Expenditures by Waiver Year**  
**Waiver: 11W00185**

<b>MAP Waivers</b>
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**Total Computable**

**Total Less**

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	Total	Non-Adds
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	85,725,538	88,934,991	35,040,642	748,016,153	748,016,153
Medicare w/Chronic C	0	0	0	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	0	62,747,420	62,747,420
<b>Total</b>	<b>0</b>	<b>0</b>	<b>37,121,024</b>	<b>51,097,295</b>	<b>57,284,221</b>	<b>68,402,551</b>	<b>76,004,330</b>	<b>87,731,180</b>	<b>95,599,930</b>	<b>103,372,234</b>	<b>101,177,138</b>	<b>97,933,028</b>	<b>35,040,642</b>	<b>810,763,573</b>	<b>810,763,573</b>

**Federal Share**

**Total Less**

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	12	Total	Non-Adds
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	62,725,298	65,552,603	25,994,638	574,800,031	574,800,030
Medicare w/Chronic C	2	(4)	(3)	0	0	0	0	0	0	0	0	0	0	(5)	(7)
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	0	46,713,058	46,713,058
<b>Total</b>	<b>3</b>	<b>(8)</b>	<b>28,210,213</b>	<b>38,676,588</b>	<b>44,277,145</b>	<b>57,523,930</b>	<b>64,347,502</b>	<b>69,491,220</b>	<b>70,874,271</b>	<b>75,916,221</b>	<b>74,026,073</b>	<b>72,175,288</b>	<b>25,994,638</b>	<b>621,513,084</b>	<b>621,513,081</b>