

Healthier Mississippi Waiver

Section 1115 Quarterly Operational Report

Demonstration/Quarter Reporting Period:

Demonstration Year: 13 (10/01/2016 – 9/30/2017)

Federal Fiscal Quarter: 1/2017 (10/01/2016 – 12/31/2016)

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 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 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	4,637	170	705

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 made available to the public in various sites throughout the state and are posted on the DOM website. During the 1st quarter, DOM's Outreach Coordinators provided HMW information at twenty-two (22) 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.

Demonstration Population 1 "Medicaid Only": Aged or disabled individuals enrolled in the demonstration with income up to one hundred and thirty five

percent (135%) of the FPL who are not eligible for Medicare, and are not eligible under the Medicaid state plan.

CONSUMER ISSUES

There have been no reported consumer issues.

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

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

FINANCIAL/BUDGET NEUTRALITY DEVELOPMENTS/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.

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	\$847,297,924

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 be reported in the cumulative expenditures. The cumulative expenditures for Healthier Mississippi enrollees for 1st quarter ending, December 31, 2016 is \$14,688,946.

The cumulative variance is (\$494,653,859). As of December 31, 2016, expenditures had not exceeded the cumulative limit.

Eligibility Group	DY 13 10/01/2016 through 09/30/2017 Projected PMPM Expenditures	DY 13 Q 1 10/01/2016 through 12/31/2016 Actual PMPM Expenditures
Demonstration Population 1 – Medicaid only	\$2,463.95	\$1,626.20

The projected per member per month (PMPM) expenditures for the HMW Demonstration population 1-Medicaid only is \$2,463.95 for DY 13. The actual PMPM expenditure for 1st quarter ending, December 31, 2016 is \$1,626.20, which is less than the projected amount.

State Contact(s)

Margaret Wilson, Office Director of Policy
E-mail: margaret.wilson@medicaid.ms.gov
Telephone Number: (601) 359-5248

Fran Ingram, J.D., Deputy Administrator
E-mail: fran.ingram@medicaid.ms.gov

Walters Sillers Building, Suite 1000
550 High Street
Jackson, MS 39201-1399

Date Prepared

02/22/2017



MISSISSIPPI DIVISION OF
MEDICAID

Healthier Mississippi Demonstration

Attachment A

Qtr Ending	Enrollment (Cap is 5000; 5500 effective Nov. 2, 2010; 6000 effective July 24, 2015)	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	4891	\$64,134,397	\$57,315,082	\$6,819,315	\$64,134,397	\$136,159,399	\$72,025,002
Demo Year 12	4669	\$78,142,648	\$78,142,648	\$0	\$78,142,648	\$148,971,998	\$70,829,350
Demo Year 13	4637	\$14,688,946	\$14,688,946	\$0	\$14,688,946	\$162,990,263	\$148,301,317
Cumulative Total		\$847,297,924	\$785,069,872	\$62,228,052	\$847,297,924	\$1,341,951,783	\$494,653,859

Healthier MS Waiver Enrollment Totals

Quarter Ended 12/31/16

Participant Populations	Total as of end of Current Quarter	Voluntary Disenrolled in Current Quarter	Involuntary Disenrolled in Current Quarter	Death During Quarter
Population 1 – Medicaid Only	4,637	170	705	40
Population 2 – Prior Enrollees	3,476	N/A	N/A	N/A

Jan 2, 2017

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