

## Healthier Mississippi Waiver

### Section 1115 Quarterly Operational Report

#### Demonstration/Quarter Reporting Period:

Demonstration Year: 14 (10/01/2017 – 9/30/2018)  
 Federal Fiscal Quarter: 1/2018 (10/01/2017 – 12/31/2017)

#### **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	Total as of end of Current Quarter	Number of Voluntary Disenrolled in Current Quarter	Number of Involuntary Disenrolled in Current Quarter
	4,986	163	654

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

Comment [MKU1]: Q4 of FFY17 = 4,927

Comment [MKU2]: Q4 of FFY17 = 173

Comment [MKU3]: Q4 of FFY17 = 659

During the first quarter, there were one hundred sixty-three (163) voluntary disenrolled beneficiaries and six hundred fifty-four (654) 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,

Comment [MKU4]: This reason was not a reason for involuntary disenrollment in Q4 of FFY17.

- Required verifications not received,
- State hearing closure, and
- Unable to locate.

**Comment [MKU5]:** This reason was not a reason for involuntary disenrollment in Q4 of FFY17.

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 first quarter, DOM’s Outreach Coordinators provided HMW information at twenty-two (22) community events.

**Comment [MKU6]:** 36 events were conducted Q4 of FFY17.

**OPERATIONAL/POLICY DEVELOPMENT/ISSUES**

There have been no operational, policy development or issues reported during quarter one (1).

**CONSUMER ISSUES**

There have been no reported consumer issues during quarter one (1). 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	\$932,546,960

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 were not be reported in the cumulative expenditures. The cumulative expenditures for Healthier Mississippi enrollees for the first quarter ending December 31, 2017 are \$16,181,045. The cumulative variance is (\$587,732,434). As of December 31, 2017, expenditures have not exceeded the cumulative limit.

Eligibility Group	DY 14	DY 14 Q 1
	10/01/2017 through 09/30/2018 Projected PMPM Expenditures	09/01/2017 through 12/31/2017 Average PMPM Expenditures
Demonstration Population 1 – Medicaid only	\$2,567.44	\$1,701.02

Comment [MKU7]: DY 13 PMPM was \$2,463.95

Comment [MKU8]: DY 13 Q 4  
07/01/2017 through 09/30/2017  
Average PMPM Expenditures was \$1,733.20

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 first quarter ending December 31, 2017 was \$1,701.02, which is less than the projected amount.

**State Contact(s)**

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

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

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