



MISSISSIPPI DIVISION OF
MEDICAID

MISSISSIPPI
Section 1115 Annual Report
Healthier MS Waiver
Demonstration Year XIII, October 1, 2016 through September 30, 2017

December 31, 2017



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Submitted by:

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**Healthier MS Waiver Program
§ 1115 Wavier No. 11-W-00185/4**

**Demonstration Year 13
Annual Report
October 1, 2016 through September 30, 2017**

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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 limit from 5,500 to 6,000 and (2) coverage of podiatry, eyeglasses, dental, and chiropractic services which were excluded from previous demonstration years.

EXECUTIVE SUMMARY

Demonstration Population

The HMW Demonstration Program allows Mississippi Medicaid 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.

Table 1: Annual Year Dates

| Demonstration Year (DY) | Begin Date | End Date | Annual Report Due Date (90 days following end of Annual date) |
|--------------------------------|-------------------|--------------------|--|
| DY 12 | October 1, 2015 | September 30, 2016 | December 31, 2016 |
| DY 13 | October 1, 2016 | September 30, 2017 | December 31, 2017 |

Goal of Demonstration

The goal of the HMW is to provide access to preventive and primary care services to reduce improper emergency department (ED) visits, hospitalizations, and premature nursing facility placements for the target population not eligible for Medicaid State Plan services or Medicare.

Objectives of Demonstration

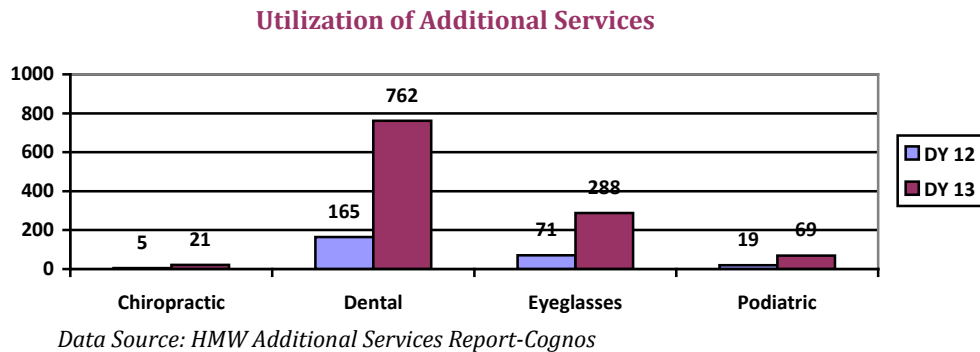
Under this demonstration, the Mississippi Division of Medicaid (DOM) expects to promote objectives of the Title XIX by:

- Increasing access to primary and preventive services to reduce hospitalizations, premature nursing facility placements, and improper use of the emergency department, and
- Slowing the deterioration of health status for the demonstration population.

Program Highlights

There was an increase in the utilization of the new services (podiatry, eyeglasses, dental, and chiropractic) previously excluded from the demonstration, when compared to DY twelve (12). Dental services increased 361.8%, eyeglasses increased 305.6%, podiatric services increased 263.2% and chiropractic services increase 320% as shown by the numbers in the graph below.

Graph 1



Significant Program Changes From Previous Demonstration Years

There have been no significant program changes from the previous demonstration year to report during DY 13.

Policy Issues and Challenges

There have been no policy issues or challenges reported during DY 13.

ENROLLMENT

This demonstration has one eligible population, as described in the Special Terms & Conditions (STCs).

Eligibility for the HMW demonstration is limited to:

1. Aged, blind, or disabled individuals who are not:
 - Eligible for Medicare;
 - Residing in a long term care facility;
 - Residing in a skilled nursing facility (swing bed);
 - Pregnant; or
 - Eligible for Medicaid under State Plan Benefits.

2. Income is at or below 135% of the federal poverty level for an individual or couple, calculated using a methodology based on the supplemental security income

program, as well as income exclusions approved under the state plan under the authority of section 1902(r)(2) of Social Security Act; and

3. Resources are below \$4,000 for an individual and \$6,000 for a couple.

The table below depicts enrollees, participants and member month data for HMW population for DY12 and DY 13.

Table 2: HMW Annual Enrollment

| Demonstration Year | Enrollees | Participants | Member Months |
|---------------------------|------------------|---------------------|----------------------|
| DY 12 | 8,731 | 8,013 | 61,852 |
| DY 13 | 8,745 | 7,910 | 62,211 |

Data Source: HMW Enrollment, Participant and Member Month Data Report-Congos

In comparing DY 12 to DY 13, there was an increase in the number of enrollees by 0.16% and decrease in number of participants by 1.29%.

Enrollment and Disenrollment Information

Enrollment counts are person counts, not member months. The enrollment limit is 6,000. Enrollment under the currently approved demonstration is listed below. There was a small decrease in enrollment for DY 13 when compared to DY 12.

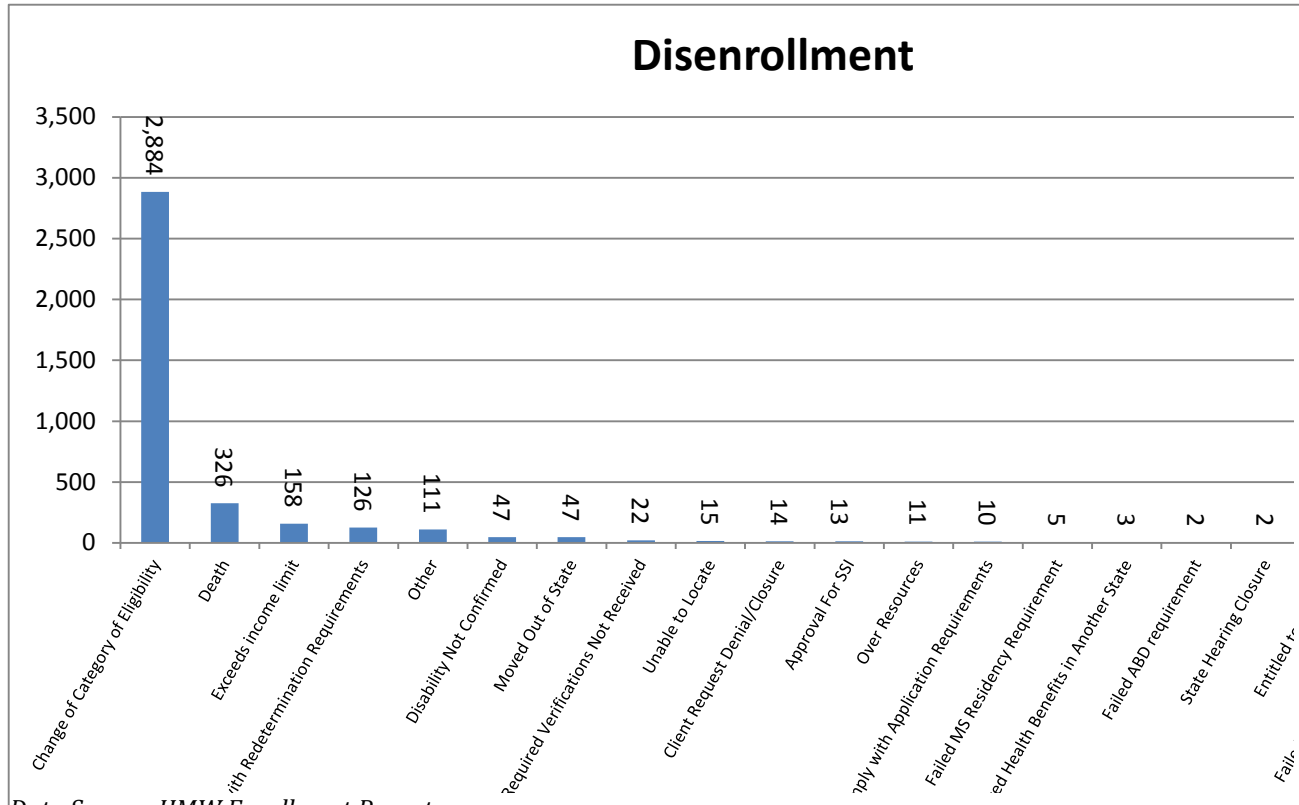
Table 3: HMW Annual Enrollment/Disenrollment

| Enrollment Period | Number of Enrollments | Number of Voluntary Disenrollments | Number of Involuntary Disenrollments |
|--------------------------|------------------------------|---|---|
| DY 12 | 8,731 | 644 | 2,835 |
| DY 13 | 8,745 | 915 | 2,884 |

Data Source: Enrollment and Member Month Report-Cognos

There were 3,799 beneficiaries disenrolled from the HMW during DY 13. The foremost reason for disenrollment was attributed to a change in category of eligibility. Reasons for disenrollment are listed in Graph 2.

Graph 2: HMW Disenrollment Reasons for Demonstration Year 13



Data Source: HMW Enrollment Report

UTILIZATION

During DY 13, 7,910 unique HMW participants accessed services under the HMW.

PROGRAM OUTREACH AWARENESS AND NOTIFICATION

DOM publishes flyers and other outreach materials which include a description of the HMW eligibility criteria and benefits. Flyers are made available to the public in various settings throughout the state and are posted on the DOM website. During DY 13, DOM’s Outreach Coordinators provided HMW information at over 114 community events.

PROGRAM EVALUATION AND MONITORING

DOM State 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. There is a specific category of eligibility for beneficiaries enrolled in the HMW. Claims submitted for services excluded under the HMW or for individuals who are no longer eligible systematically deny.

INTERMIM EVALUATION

Goal: The goal of the HMW is to provide access to preventive and primary care services to reduce improper emergency department (ED) visits, hospitalizations, and premature nursing facility placements for the target population not eligible for Medicaid State Plan services or Medicare.

Objective 1: Increasing access to primary and preventive services to reduce hospitalizations, premature nursing facility placements, and improper use of the emergency department.

The sampling methodology included all individuals enrolled in the HMW and all individuals enrolled in the comparison group category of eligibility (COE) 001. Individuals enrolled in the HMW were divided into two comparison groups: participants who accessed preventive/primary care services compared to those who did not access primary/preventive care services and their subsequent ED visits, hospitalizations and nursing facility admissions. Individuals enrolled in the comparison group COE 001 were also divided into two comparison groups: participants who accessed preventive/primary care services compared to those who did not access primary/preventive care services and their subsequent ED visits, hospitalizations and nursing facility admissions.

Analysis:

HMW participants who accessed preventive and primary care had a lower percentage of ED visits and hospitalizations compared to participants who did not access preventive and primary care. The percentage of nursing facility admissions was the same for the two comparison groups.

COE 001 participants who accessed preventive and primary care had a lower percentage of ED visits than participants who did not access preventive and primary care. There was a minimal increase in hospitalizations and nursing facility admissions for COE 001 participants who accessed preventative and primary care compared to COE 001 participants who did not access preventive and primary care.

Table 4: Participants Who Accessed Preventive and Primary Care

| Services | HMW Number of Services/Participants | | | COE 001 Number of Services/Participants | | |
|-----------------------------|-------------------------------------|--------------|---------|---|--------------|---------|
| | Services | Participants | Percent | Services | Participants | Percent |
| ED Visits | 3,386 | 1,660 | 49% | 38,483 | 16,157 | 42% |
| Hospitalizations | 1,555 | 998 | 64% | 9,138 | 7,012 | 76% |
| Nursing Facility Admissions | 29 | 29 | 100% | 96 | 94 | 98% |

Table 5: Participants Who Did Not Access Preventive and Primary Care

| Services | HMW Number of Services/Participants | | | COE 001 Number of Services/Participants | | |
|-----------------------------|-------------------------------------|--------------|---------|---|--------------|---------|
| | Services | Participants | Percent | Services | Participants | Percent |
| ED Visits | 2,364 | 1,284 | 54% | 24,025 | 11,015 | 46% |
| Hospitalizations | 1,293 | 907 | 70% | 5,584 | 4,197 | 75% |
| Nursing Facility Admissions | 40 | 40 | 100% | 648 | 631 | 97% |

Objective 2: Slowing the deterioration of health status for the demonstration population.

The sampling methodology included all individuals enrolled in the HMW and COE 001. The two groups were compared to each other to determine if HMW beneficiaries had a lower number of nursing facility admissions and a lower number of deaths when compared to COE 001.

Analysis

Data indicates the percentage of nursing facility admissions was the same for the two comparison groups. . However, data indicates HMW participants have a slightly higher percentage of death than COE 001 participants, revealing a possible state of deteriorating health status.

Table 6: Nursing Facility Admissions and Deaths for HMW Participants

| HMW | | | | |
|---------------------------|-----------------------------|--|--------|------------------|
| Total Number Participants | Nursing Facility Admissions | Nursing Facility Admissions Percentage | Deaths | Death Percentage |
| 8,745 | 70 | 0.8% | 249 | 2.8% |

Table 7: Nursing Facility Admissions and Deaths for COE 001 Participants

| COE 001 | | | | |
|---------------------------|-----------------------------|--|--------|------------------|
| Total Number Participants | Nursing Facility Admissions | Nursing Facility Admissions Percentage | Deaths | Death Percentage |
| 87,210 | 725 | 0.8% | 1,313 | 1.5% |

Project Status

At the end of DY 13 there were 5,179 beneficiaries enrolled in the HMW, which is well below the 6,000 enrollment limit. During the past two (2) years of the renewal, the financial/budget neutrality reporting format was revised to only report Population 1 (Medicaid only) and not Population 2 (prior enrollees). The demonstration met the budget neutrality for DY 13 with actual cumulative expenditures of \$916,365,951 compared to a cumulative budget neutrality expenditure limit of \$1,341,951,584.

Policy and administrative difficulties in the operation of the demonstration

There were no reported policies or administrative difficulties in the operation of the demonstration during DY 13.

ANNUAL EXPENDITURES

Table 8: Service Expenditures

| | Service Expenditures as reported on the CMS-64 | | Administrative Expenditures as reported on the CMS-64 | | Expenditures as requested on the CMS-37 | Total Expenditures as reported on the CMS-64 |
|--------------|--|---------------|---|---------------|---|--|
| | Total Computable | Federal Share | Total Computable | Federal Share | | |
| DY 12 | \$88,861,839 | \$65,980,196 | N/A | N/A | N/A | \$88,861,839 |
| DY 13 | \$83,756,973 | \$62,535,073 | N/A | N/A | N/A | \$83,756,973 |

Source Data: Schedule C: CMS 64 Waiver Expenditure Report

Financial/Budget Neutrality Development/Issues

CMS provided revised budget neutrality cumulative targets for the current renewal (see below). Also, DOM revised its financial/budget neutrality reporting format to provide statistics for the distinct population defined in the demonstration.

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 |

ACTIVITIES FOR NEXT YEAR

Activities for the next demonstration year include:

- Scheduling and conducting public forums for open comments and meaningful discussions regarding the progress of the Healthier MS Waiver Demonstration; and
- Continuous coordination of outreach activities by DOM's outreach coordinators to bring awareness to eligible beneficiaries.

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