



MISSISSIPPI DIVISION OF
MEDICAID

MISSISSIPPI
Section §1115 Annual Report
Healthier MS Waiver
Demonstration Year XIV, October 1, 2017 through September 30, 2018

December 31, 2018



Submitted to:

U.S. Department of Health & Human Services
For Medicare and Medicaid Center for Medicaid and State Operations

Submitted by:

Mississippi Division of Medicaid
Walter Sillers Building
550 High Street, Suite 1000
Jackson, MS 39201

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

**Demonstration Year 14
Annual Report
October 1, 2017 through September 30, 2018**

Table of Contents

Introduction:	3
Executive Summary:	3-4
Enrollment/Disenrollment:	4-6
Utilization:	6
Program Outreach Awareness and Notification:	6
Program Evaluation and Monitoring:	6
Interim Evaluation of Goals:	7-8
Annual Expenditures:	9
Activities for Next Year:	9

INTRODUCTION

The Healthier Mississippi Waiver (HMW) Demonstration Program, Section 1115, was initially approved by the Centers for Medicare & Medicaid Services (CMS) for a five (5) year period beginning on October 1, 2004, through September 30, 2009. The demonstration has been consistently extended since that date. The HMW was originally implemented to provide healthcare coverage for the Poverty Level Aged & Disabled (PLAD) Medicaid population, an optional category of eligibility (COE) that was discontinued during the Mississippi 2004 Legislative Session. With the July 24, 2015 extension of the demonstration, the state received CMS approval to increase the enrollment limit from 5,500 to 6,000 and add coverage of podiatry, eyeglasses, dental, and chiropractic services which were excluded from previous demonstration years.

EXECUTIVE SUMMARY

Demonstration Population

The HMW Demonstration 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. Individuals who are eligible for the HMW must be aged, blind, or disabled, with incomes at or below 135 percent of the federal poverty level (FPL), and not eligible for Medicare or other Medicaid coverage.

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 targeted population.

Objectives of Demonstration

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

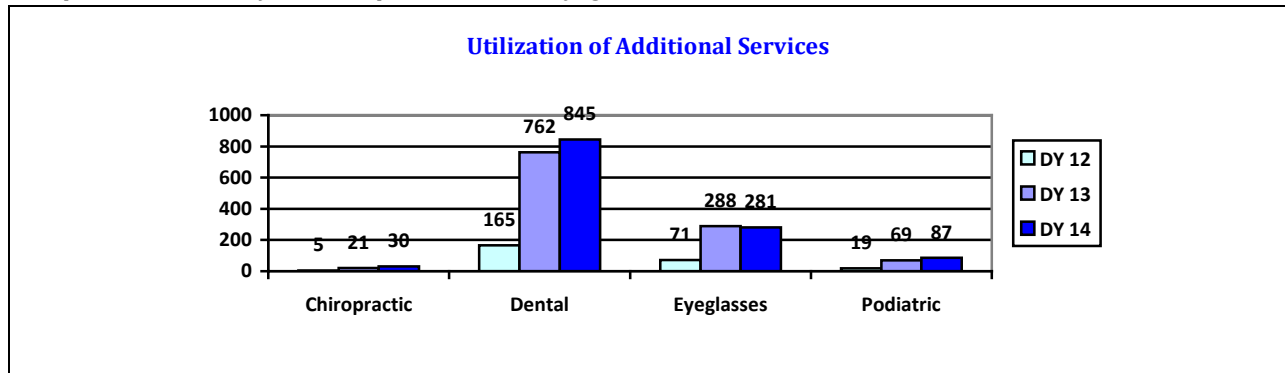
- Increasing access to primary and preventive services to reduce hospitalizations, premature nursing facility placements, and improper use of the emergency department, and
- Slowing the deterioration of health status for the demonstration population.

Program Highlights

During DY 14, there was an increase in the utilization of podiatry, dental, and chiropractic services from the previous two years. When DY 14 to DY 13, dental services increased 10.9%, podiatric services increased 26.1% and chiropractic services increase 42.86% as shown by the numbers in the graph below. The number of HMW beneficiaries receiving

eyeglasses decreased by 2.43% from DY 13 to DY 14. This decrease is most likely due to the State Plan limit which only allows one pair of eyeglass every five years.

Graph 1: Utilization of the Chiropractic, Dental, Eyeglasses and Podiatric Services



Data Source: HMW Additional Services Report-Cognos

Significant Program Changes From Previous Demonstration Years

There were no significant program changes during DY 14 when compared to previous demonstration years.

Policy Issues and Challenges

There have been no policy issues or challenges during DY 14.

ENROLLMENT

Eligibility Information

Individuals eligible to enroll in the HMW must meet the following criteria:

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 in the state plan under the authority of Section 1902(2) of Social Security Act; and

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

Enrollment and Disenrollment Information

The table below depicts enrollees and member month data for HMW population for demonstration years 12-14.

Table 1: 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
DY 14	8,720	8,002	64,362

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

In comparing DY 14 to DY 13, there was a 0.26% decrease in the number of enrollees, however the number of participant increase by 1.16%. Participants are defined as enrollees who utilized at least one state plan service during the demonstration year.

Table 2 below depicts the enrollment and disenrollment data for demonstration years 12-14.

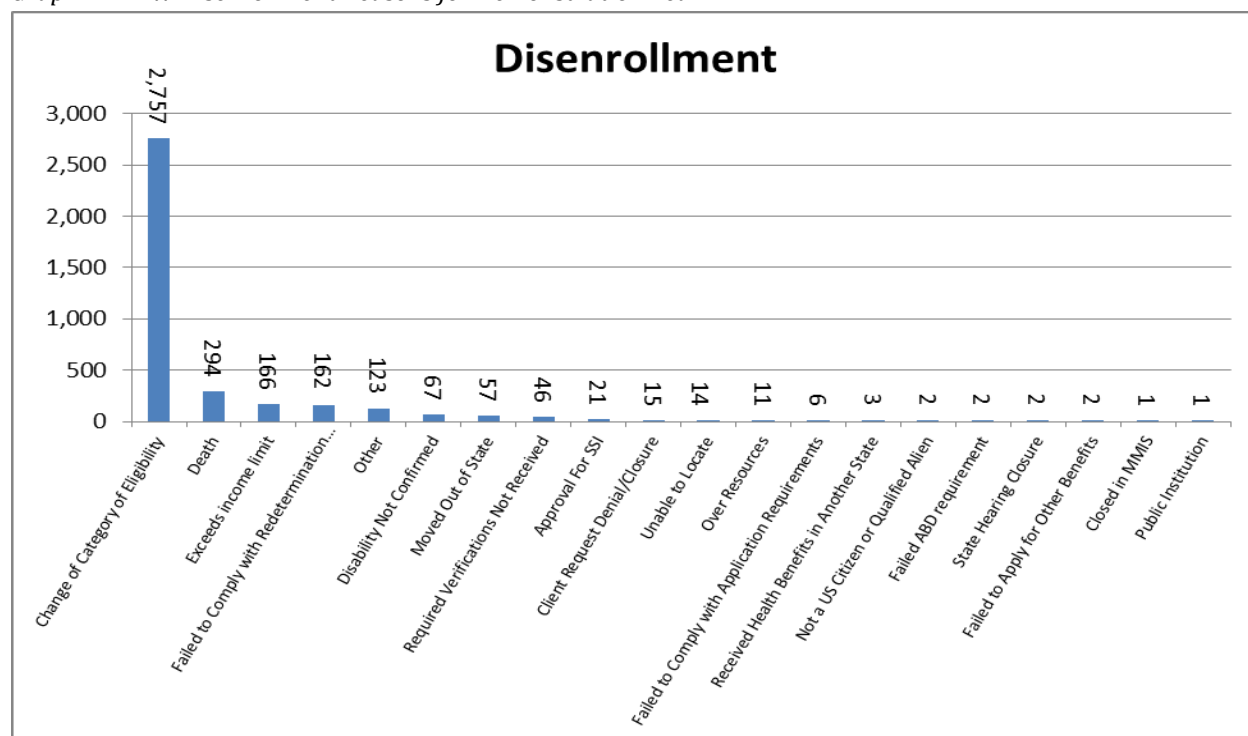
Table 2: HMW Annual Enrollment/Disenrollment

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
DY 14	8,720	975	2,757

Data Source: Enrollment and Member Month Report-Cognos

In comparing DY 14 with DY 13, there was a 0.29% decrease in enrollment. Voluntary disenrollment increased by 6.6% and involuntary disenrollment decreased by 4.4%. The primary 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 14



Data Source: HMW Enrollment Report

UTILIZATION

During DY 14, 8,002 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 14, DOM's Outreach Coordinators provided HMW information at over 83 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 the comparison group COE 001. These individuals 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.

Analysis:

HMW participants who accessed preventive and primary care had a lower percentage of ED visits and hospitalizations than those who did not access preventive and primary care. COE 001 participants who accessed preventive and primary care had a lower percentage in ED utilization but a higher percentage in hospitalizations than those that did not access preventive or primary care. HMW participants who accessed preventive and primary care shared the same percentage of nursing facility admissions as COE 001 that accessed preventive and primary care.

Table3: 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	3,548	1,726	49%	36,539	15,616	43%
Hospitalizations	1,350	853	63%	8,741	6,763	77%
Nursing Facility Admissions	29	29	100%	25	25	100%

Table 4: Participants Who Did Not 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	2,182	1,250	57%	21,259	10,482	49%
Hospitalizations	974	706	72%	5,215	3,881	74%
Nursing Facility Admissions	52	52	100%	37	37	100%

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. These 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 and the percentage of death for HMW participants were slightly lower than percentage of nursing facility admissions and the percentage of death for COE 001.

Table 5: Nursing Facility Admissions and Deaths for HMW Participants

HMW				
Total Number Enrollees	Nursing Facility Admissions	Nursing Facility Admissions Percentage	Deaths	Death Percentage
8,720	39	0.5%	105	1.2%

Table 6: Nursing Facility Admissions and Deaths for COE 001 Participants

COE 001				
Total Number Enrollees	Nursing Facility Admissions	Nursing Facility Admissions Percentage	Deaths	Death Percentage
84,779	663	0.8%	1,269	1.5%

Project Status

At the end of DY 14 there were 4,912 beneficiaries enrolled in the HMW, which is well below the 6,000 enrollment limit. The demonstration met the budget neutrality for DY 14 with actual cumulative expenditures of \$1,009,129,212 compared to a cumulative budget neutrality expenditure limit of \$1,520,279,231.

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 14.

ANNUAL EXPENDITURES

Table 7: 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	\$83,756,937
DY 14	\$92,763,297	\$70,195,889	N/A	N/A	N/A	\$92,763,297

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
Year 14	\$1,520,279,231	\$1,009,129,212

ACTIVITIES FOR NEXT YEAR

Activities for the next demonstration year include:

- Schedule and conduct the six month HMW post award forum
- Continue coordination of outreach activities by DOM staff to bring coverage awareness to eligible beneficiaries.

State Contact(s)

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

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

Date Prepared 12/19/2018