MISSISSIPPI DIVISION OF
MEDICAID

MISSISSIPPI
Section §1115 Annual Report
Healthier MS Waiver
Demonstration Year XVI, October 1, 2019 through September 30, 2020

December 18, 2020

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

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

Demonstration Year 16
Annual Report
October 1, 2019 through September 30, 2020

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INTRODUCTION

The Healthier Mississippi Waiver (HMW) Demonstration Program operates under the authority of an 1115(a) waiver 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. Mississippi received CMS approval with the July 24, 2015 extension of the demonstration 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

Under this demonstration, the Mississippi Division of Medicaid (DOM) expects to achieve the following goals by providing access to preventive and primary care services for the targeted population:

1. Reduce hospitalizations, and improper use of the emergency department (ED);
2. Increase the utilization of ambulatory/preventive health visits each demonstration year;
3. Increase the number of preventive health screenings each demonstration year;
4. Increase the proportion of adults with diabetes who have a hemoglobin A1c (HbA1c) measurement at least once a year each demonstration year; and
5. Increase the proportion of adults with diabetes who have an annual dilated eye examination each demonstration year.

Program Updates

In response to the coronavirus outbreak, DOM expanded its coverage of telehealth services throughout the state in alignment with the Governor's recommendations on leveraging telemedicine to care for beneficiaries, while limiting unnecessary travel, clinic visits and possible exposures.

Significant Program Changes from Previous Demonstration Years

There were no significant program changes from previous demonstration years.

Policy or Administrative Difficulties

There were no policy or administrative difficulties reported during demonstration year (DY) 16.

ENROLLMENT

Eligibility Information

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

1. Be aged, blind, or disabled and 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. Have an income at or below 135% of the FPL 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(r)(2) of the Social Security Act; and

3. Have resources below $4,000 for an individual and $6,000 for a couple.

Enrollment and Disenrollment Information

At the end of DY 16 there were 5,336 beneficiaries enrolled in the HMW, which is below the 6,000 enrollment limit. The table below depicts enrollees and member month data for DYs 12-16.

Table 1: HMW Annual Enrollment

DY	Enrollees	Participants	Member Months
12	8,731	8,013	61,852
13	8,745	7,910	62,211
14	8,720	8,002	64,362
15	8,498	7,779	61,748
16	7,445	6,853	62,498

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

There was a 12.39% decrease in the number of enrollees, and a 11.9% decrease in the number of participants from DY 15 to DY 16. Participants are defined as enrollees who utilized at least one state plan service during the DY.

Table 2 below depicts the enrollment and disenrollment data for DYs 12-16.

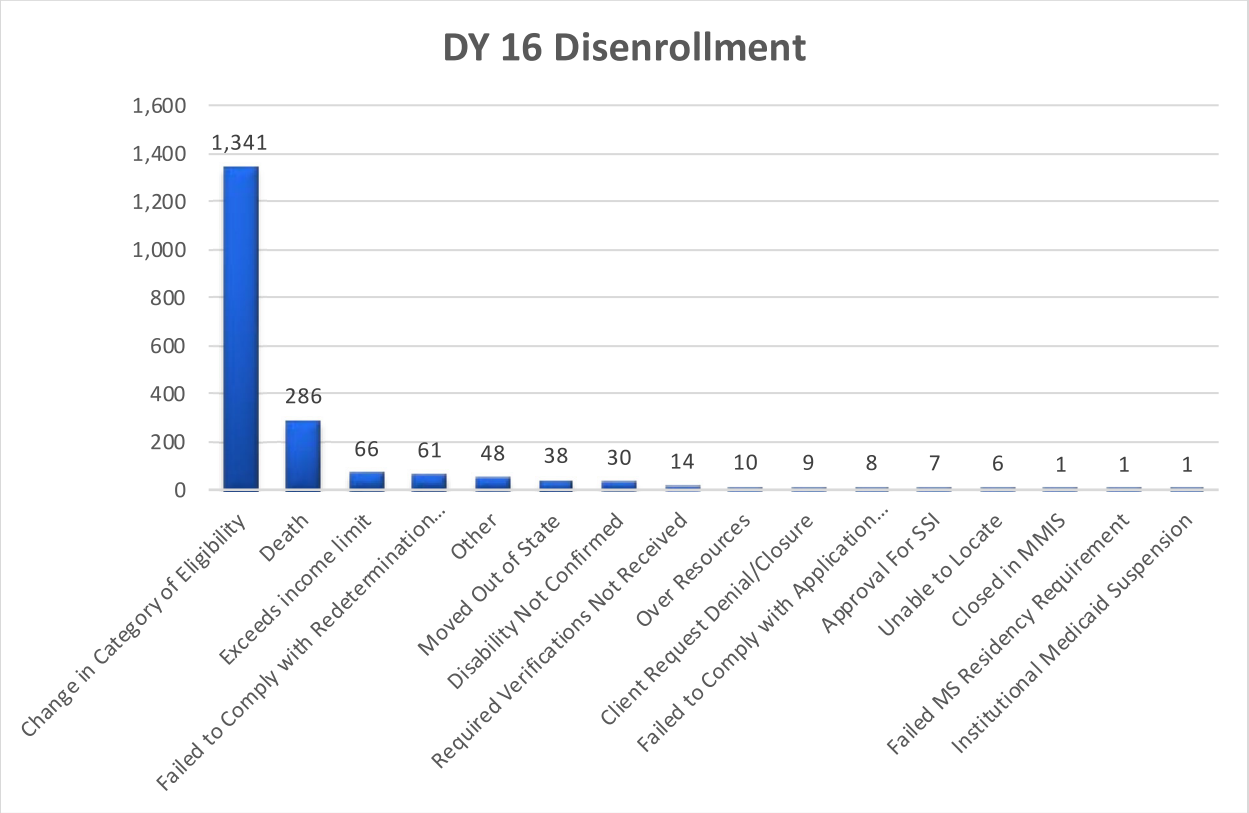
Table 2: HMW Annual Enrollment/Disenrollment

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
DY 15	8,498	1,011	2,778
DY 16	7,445	578	1,341

Data Source: Enrollment and Member Month Report-Cognos

There was a 12.39% decrease in enrollment from DY 15 to DY 16. Voluntary disenrollment decreased by 42.8% and involuntary disenrollment decreased by 51.7%. Disenrollment numbers are lower, due to the maintenance of effort (MOE) requirements under the Families First Coronavirus Response Act. Under the MOE requirements, states must provide continuous eligibility through the end of the month in which the Public Health Emergency (PHE) ends for those enrolled as of March 18, 2020 or at any time thereafter during the PHE period, unless the person ceases to be a state resident or requests a voluntary coverage termination. Medicaid eligibility during this time must continue "regardless of any changes in circumstances or redeterminations at scheduled renewals that would otherwise result in termination". Reasons for disenrollment are listed in Graph 1.

Graph 1: HMW Disenrollment Reasons for Demonstration Year 16



Data Source: HMW Enrollment Report

UTILIZATION

During DY 16, there were 6,853 unique HMW participants who accessed services under the HMW.

PROGRAM OUTREACH AWARENESS AND NOTIFICATION

DOM provides eligibility and coverage information regarding the HMW through flyers, workshops, health fairs and DOM's public website. DOM's Outreach Coordinators provided HMW information at 31 community events held during DY 16. The COVID-19 PHE forced cancellation of many planned outreach events.

The Post-Award Forum was held at 11:00 a.m. on Wednesday, September 30, 2020. Due to the PHE, the Public Forum was held via teleconference. There were no comments recorded for this forum.

PROGRAM EVALUATION AND MONITORING

DOM State Quality Assurance Monitoring

DOM's Office of Eligibility 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 1: Reduce hospitalizations and improper use of the emergency department (ED) by two percent (2%) for the duration of the demonstration.

Hypothesis: Beneficiaries who access ambulatory and preventive services will have a lower number of hospitalizations and ED visits.

Interim Analysis:
The raw number of beneficiaries, under age 75, who accessed hospitals for acute care, has slightly increased (average 2.7%/year) from DY 12 to DY 14. In DY 15 however, the raw number of beneficiaries who accessed hospitals for acute care declined by nearly 15% from DY 14. That trend continued in DY 16 in which the number of beneficiaries accessing acute care decreased by almost 16% compared to DY 15.

The raw number of beneficiaries under 75 who had at least one ED visit steadily increased from DY 12 to DY 14 but remained at a relatively flat rate (percentage) of the population. The raw number dropped by nearly 8.0% in DY 15 and by over 18% in DY 16 compared to the previous year.

Table 3: Hospitalizations and Emergency Department

	DY 12	DY 13	DY 14	DY 15	DY 16
# of beneficiaries under 75 with acute care hospitalizations	1,501	1,541	1,589	1,353	1,138
# of beneficiaries under 75 with Emergency department visit(s)	2,772	2,842	2,854	2,635	2,155

To identify if there is a trend in the percentage of preventive/primary care visits before an inpatient stay, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is a strong positive trend ($p < .001$) at $\alpha = 0.05$. Therefore, preventive/primary care visits before an inpatient stay among the beneficiaries shows a statistically significant increase. In addition, another Cochran-Armitage trend test was performed to check if there is a trend in the percentage of recipients. The results showed that there is also a strong positive trend ($p < .001$) at $\alpha = 0.05$.

Table 4: Preventative/Primary Hospitalizations

	Did Preventative or Primary Care Visit Precede Inpatient Stay?		% of Preventative /Primary Care Visit before inpatient Stay		Number of recipients		% of the recipient to total	
DY	Yes	No	Yes	No	Yes	No	Yes	No
12	1,263	1,065	54.3%	45.7%	802	767	53.4%	51.1%
13	1,306	1,158	53.0%	47.0%	807	806	52.4%	52.3%
14	1,377	1,107	55.4%	44.6%	868	802	54.6%	50.5%
15	1,287	907	58.7%	41.3%	803	637	59.3%	47.1%
16	1,078	667	61.8%	38.2%	708	479	62.2%	37.8%

To identify if there is a trend in the percentage of preventive/primary care visits preceding an ER visit, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is a strong positive trend ($p < .001$) at $\alpha = 0.05$. Therefore, preventive/primary care visits preceding an ER visit among the beneficiaries shows a statistically significant increase. In addition, another Cochran-Armitage trend test was performed to check if there is a trend in the percentage of recipients. The results showed that there is also a strong positive trend ($p < .001$) at $\alpha = 0.05$.

Table 5: Preventative/Primary Emergency Department

	Did Preventative or Primary Care Visit Precede ED visit?		% of Preventative /Primary Care Visits before ED Visit		Number of recipients		% of the recipient to total	
DY	Yes	No	Yes	No	Yes	No	Yes	No
12	3,332	2,481	57.3%	42.7%	1,651	1,321	59.6%	47.7%
13	3,396	2,515	57.5%	42.5%	1,675	1,384	58.9%	48.7%
14	3,612	2,290	61.2%	38.8%	1,743	1,315	61.1%	46.1%
15	3,514	2,011	63.6%	36.4%	1,673	1,165	63.5%	44.2%
16	2,999	1,573	65.6%	34.4%	1,401	891	65.0%	35.0%

Goal 2: Increase the utilization of ambulatory/preventive health visits by two percent (2%) for the duration of the demonstration.

Hypothesis: HMW beneficiaries with access to benefits under the HMW demonstration will have an increase in the utilization of ambulatory/preventive health visits each year.

Interim Analysis:
According to table 6 below, the number of beneficiaries enrolled in HMW ages 20 or older and received ambulatory/preventive visits has been increasing since DY 12 from 6,752 to 6,847 in DY 13 to 6,929 in DY 14. For DY 15, this number decreased to 6,664, but because the population was down as a whole, the number still represents a slight increase in the rate (79.8%). In DY 16, the percentage rate increased slightly to 80.2% even though the frequency dropped.

To identify if there is a trend in the percentage of receiving ambulatory/preventive visits among beneficiaries age 20 or older, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is a strong positive trend ($p < .001$) at $\alpha = 0.05$. Therefore, the number receiving ambulatory/preventive visits among the beneficiaries shows a statistically significant increase.

Table 6: Ambulatory/Preventive Visits

DY	# of Beneficiaries Age 20 or Older Receiving Ambulatory/Preventive Visit	Total Population	Percentage of total
12	6,752	8,570	78.8%
13	6,847	8,739	78.3%
14	6,929	8,735	79.8%
15	6,664	8,350	79.8%
16	5,830	7,271	80.2%

Goal 3: Increase the number of preventive health screenings by one percent (1%) for the duration of the demonstration.

Hypothesis: HMW beneficiaries with access to benefits will have an increase in the utilization of age-appropriate preventive screenings.

Interim Analysis:
According to table 7 below, we can observe that the percentage of beneficiaries ages 50 to 74, who received an annual Mammogram has increased from 20.1% in DY 12 to 22.0% in DY 13 but remained the same for DY14 and DY15. In DY 16, the percentage dropped to 21.1%.

To identify if there is a trend in proportion, the percentage receiving a Mammogram among beneficiaries age 50 – 74, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is no statistically significant evidence of trend ($p = .181$) at $\alpha = 0.05$. Additional years of data are needed to verify this.

Table 7: Mammogram

DY	# Female Beneficiaries Age 50-74	# of Female Beneficiaries Age 50 -74 Receiving Mammogram	% of Beneficiaries Age 50 – 74 Receiving Mammogram
12	3,549	712	20.1%
13	3,636	800	22.0%
14	3,626	793	21.9%
15	3,411	746	21.9%
16	3,104	654	21.1%

According to table 8 below, we can observe that the percentage of people who received a Cervical Cancer screening among the beneficiaries enrolled in HMW, ages 21 to 64, decreased from 9.5% in DY 12 to 8.9% in DY 13. The percentage increased to 9.4% in DY 14 then decreased in DY 15 to 9.0%. In DY 16, we observed the percentage decreased even more to 7.8%.

To confirm this negative trend in the percentage receiving a cervical cancer screening among beneficiaries age 21 – 64, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is negative trend ($p = .009$) at $\alpha = 0.05$. The underlying cause of this drop cannot be determined with available data.

Table 8: Cervical Screening

DY	# Female Beneficiaries Age 21-64	# of Female Beneficiaries Age 21-64 Receiving Cervical Cancer Screening	% of Receiving Cervical Cancer Screening among Beneficiaries Age 21-64
12	4,618	440	9.5%
13	4,723	421	8.9%
14	4,682	440	9.4%
15	4,455	402	9.0%
16	3,976	310	7.8%

According to table 9 below, we can observe that the percentage of people who received a Colorectal Cancer screening among the beneficiaries enrolled in HMW, ages 50 to 75 has been increasing from 10.4% in DY 12 to 10.7% in DY 14 but dropped to 10.0% in DY 15 and 9.6% in DY 16. Again, the underlying cause of this decrease cannot be determined from available data.

To determine if there is a trend in proportion, the percentage of receiving a colorectal cancer screening among beneficiaries age 50 – 75, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is no statistically significant evidence of trend ($p = .065$) at $\alpha = 0.05$. As observed in Table 9, a downward trend began in DY 15. More data is needed to determine underlying causes.

Table 9: Colorectal Screening

DY	# Beneficiaries Age 50-75	# of Beneficiaries Age 50-75 Receiving Colorectal Cancer Screening	% Receiving Colorectal Cancer Screening among Beneficiaries Age 50-75
12	6,422	665	10.4%
13	6,524	676	10.4%
14	6,532	701	10.7%
15	6,234	625	10.0%
16	5,510	526	9.6%

Goal 4: Increase the percentage of beneficiaries diagnosed with diabetes that have a hemoglobin A1c (HbA1c) measurement at least once a year by two percent (2%) for the duration of the demonstration.

Hypothesis: HMW beneficiaries diagnosed with diabetes are more likely to have an annual HbA1c test performed as a result of having access to HMW benefits.

Interim Analysis:
According to table 10 below, we can observe that the percentage of beneficiaries with diabetes, who receive an annual HbA1c, ages 18 to 75, has been steadily increasing each demonstration year from 68.0% in DY 12, to 70.3% in DY 13, to 70.5% in DY 14, to 72.2% in DY15. In DY 16, the percentage of beneficiaries with diabetes decreased one percent, to 71.2%.

To identify if there is a trend in proportion, the percentage of A1c tests among beneficiaries with Diabetes age 18 – 75, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is a strong positive trend (p = .0017) at α = 0.05. Therefore, the number of A1c tests among the beneficiaries with diabetes has been increasing which is statistically significant.

Table 10: Diabetes-A1c

DY	# of Beneficiaries Age 18-75 with Diabetes	# of Beneficiaries Age 18-75 with Diabetes Receiving A1C Test	% of Receiving A1C Test among Beneficiaries Age 18-75 with Diabetes
12	2,285	1,553	68.0%
13	2,344	1,648	70.3%
14	2,310	1,628	70.5%
15	2,208	1,594	72.2%
16	2,001	1,425	71.2%

Goal 5: Increase the percentage of adults with diabetes who have an annual dilated eye examination by four percent (4%) for the duration of the demonstration.

Hypothesis: HMW beneficiaries diagnosed with diabetes are more likely to have an annual dilated eye examination as a result of having access to HMW benefits.

Interim Analysis:
According to table 11 below, we can observe that the percentage of beneficiaries with diabetes, ages 18 to 75, who receive an annual eye exam has been increasing from 26.0% in DY 12 to 27.9% in DY 13, to 29.4% in DY 14, to 31.3% in DY 15, and to 31.8% in DY 16.

To identify if there is a trend in proportion, the percentage of eye exams among beneficiaries with Diabetes age 18 – 75, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is a strong positive trend ($p < .001$) at $\alpha = 0.05$. Therefore, the number of eye exams among the beneficiaries with diabetes has been increasing, which is statistically significant.

Table 11: Diabetes-Eye Examination

DY	# of Beneficiaries Age 18-75 with Diabetes	# of Beneficiaries Age 18-75 with Diabetes Receiving Eye Exam	% of Eye Exam among Beneficiaries with Diabetes Age 18-75
12	2,285	593	26.0%
13	2,344	655	27.9%
14	2,310	678	29.4%
15	2,208	690	31.3%
16	2,001	624	31.8%

To assess beneficiary perception of improved health benefits, we will be utilizing a recently developed survey instrument to be mailed to a valid sample of beneficiaries. The survey is designed for ease of understanding, use, and submission. Results of the survey will be recorded, tallied, and analyzed to help identify beneficiary perception of health benefits and their satisfaction with HMW. Survey results will be reported to CMS in the next annual report.

During DY 16, the final Evaluation Design was completed and approved by CMS. The final design included a collaborative agreement for identifying and answering evaluation question 6 and hypothesis 6 below.

Evaluation Question 6: Are HMW beneficiaries satisfied with the demonstration services?

Hypothesis 6: HMW beneficiaries are more likely to report being satisfied with the benefits under the demonstration than being dissatisfied with the benefits.

To answer this question and assess the hypothesis, the use of focus groups was selected as the best approach. Although this activity is not planned to start until January 2022, the following implementation plan has been established and approved.

In January 2022, a focus group advisory committee composed of key informants, such as Medicaid administrators, service/support providers, advocates, will be established. Identification and appointment of advisory committee members will be performed prior to January so that in early January the committee can begin functioning.

An outline of the Draft Focus Group Participant Selection Criteria and Recruitment Protocol Plan (subject to modifications from the advisory committee) is identified below.

I. Study Population
II. Selection Criteria and Recruitment Protocol
    A. Region
    B. Age
    C. Gender
    D. Experience
III. Size
IV. Number of Focus Groups and Participants

FINANCIAL REPORTING

Annual Expenditures

Table 12: 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
DY 15	$100,141,854	$76,520,249	N/A	N/A	N/A	$100,141,854
DY 16	$83,884,122	$68,676,518	N/A	N/A	N/A	$83,884,122

Source Data: Schedule C: CMS 64 Waiver Expenditure Report

Budget Neutrality Development

DOM completed and submitted the Budget Neutrality Workbook using the new design format and is awaiting CMS approval.

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Date Prepared 12/14/2020