

**Healthier Mississippi Project
Section 1115 Demonstration
Project Number 11-W-00185/4**

**Draft Evaluation Design
November 20, 2015**

5-year Demonstration Period: October 1, 2004 - September 30, 2009

Temporary Extension : October 1, 2009 – October 31, 2010

Renewal Period: November 1, 2010 – December 31, 2013

Temporary Extension: January 1, 2014 – July 23, 2015

Renewal Period: July 24, 2015 – September 30, 2018

Historical

Legislation passed during the Mississippi 2004 Legislative Session discontinued the optional Poverty Level Aged & Disabled (PLAD) category of eligibility (COE), effective June 30, 2004. Due to concerns about impacted beneficiaries losing their Medicaid coverage prior to implementation of the Medicare Part D drug benefit, the Division of Medicaid applied for a demonstration waiver benefit package, referred to as the Healthier Mississippi Waiver (HMW), for beneficiaries affected by the discontinuation of the PLAD eligibility group. These beneficiaries were subject to an income cap of 135% of the federal poverty level (FPL) for an individual or couple, and a resource limit of \$4,000 for an individual and \$6000 for a couple.

In September 2004 a lawsuit was filed to reinstate the PLAD and in October 2004 a federal court intervened and delayed the implementation of the HMW demonstration project. During the 2005 Legislative Session the PLAD COE was officially reinstated with an end date of December 31, 2005. Beneficiaries that met the criteria were enrolled in the HMW effective January 1, 2006.

The HMW was temporarily extended from October 1, 2009, through October 31, 2010, with a renewal approved beginning November 1, 2010, through December 31, 2013. A temporary extension was granted from January 1, 2014, through July 23, 2015, with no changes from the originally approved demonstration.

HMW Renewal

On July 24, 2015, a demonstration renewal was approved by CMS allowing the Mississippi Division of Medicaid to continue the HMW through September 30, 2018, providing full Medicaid benefits with the following two (2) changes to the previously approved renewal:

1. Coverage of the four (4) previously excluded services:
 - Chiropractic services,
 - Dental services,
 - Eyeglasses, and
 - Podiatry services.

2. An increase in the enrollment cap from 5,500 to 6,000 participants.

Individuals qualify for the HMW:

- Who are aged or disabled,
- Who are not eligible for Medicare,
- Whose income is at or below 135% of the Federal Poverty Level (FPL) for an individual or a couple calculated using a methodology based on the SSI program, as well as income exclusions approved under the State Plan under the authority under section 1902(r)(2) of the Social Security Act, and
- Whose resources are below \$4,000 for an individual and \$6,000 for a couple.

All State Plan services are covered for beneficiaries enrolled in the HMW, except the following:

- Long-term care services including nursing facility and home and community-based waivers,
- Swing bed services in a skilled nursing facility, and
- Maternity and newborn care services.

Goals of the Demonstration

Goal #1: Provide Medicaid coverage to certain individuals who will no longer be covered under the Mississippi Medicaid State Plan.

Goal #2: Demonstrate budget neutrality based on an aggregate dollar cap that cannot exceed the cumulative target of \$1,520,279,231.

The aggregate expenditure cap for the life of the demonstration is \$1,520,279,231. The chart below specifies the annual budget neutrality expenditure limit for each of the nine years of the Demonstration as well as the cumulative nine-year limit.

Demonstration Year	Annual Budget Neutrality Expenditure Limit	Cumulative Budget Neutrality Expenditure Limit
Years 1 - 5	\$350,250,000	\$350,250,000
Year 6	\$98,537,000	\$448,787,000
Year 7	\$103,956,535	\$552,743,535
Year 8	\$109,674,144	\$662,417,679
Year 9	\$115,706,222	\$778,123,901
Year 10	\$115,706,222	\$893,830,123
Year 11	\$136,159,399	\$1,029,989,522
Year 12	\$148,971,998	\$1,178,961,321
Year 13	\$162,990,263	\$1,341,951,584

Year 14	\$178,327,647	\$1,520,279,231
---------	---------------	-----------------

The Hypotheses and Objectives of the HMW

The Healthier Mississippi Demonstration Waiver covers individuals who are aged, disabled or both, and are not Medicare eligible. Provision of services through this demonstration will slow the deterioration of health statuses of this population to avoid improper use of emergency departments; reduce hospitalizations as the result of inadequate primary and preventive care; and reduce the occurrence of premature placement in a nursing facility.

Hypothesis 1: Waiver enrollees will have stable health statuses as a result of access to preventive and primary care health care services.

Objective 1: Provide quality healthcare coverage for up to 6,000 elderly and disabled Mississippians who would otherwise have no access or very limited access to healthcare.

Evaluative Process: Statewide surveys will be utilized to assess availability and quality of healthcare. A participant sample database will be conducted by an outside contractor. The participants surveyed will be asked questions concerning current and past availability of health care services as well as the quality and efficiency of those services.

Hypothesis 2: Adequate preventive and primary health care services will prevent or delay admission to long-term care facilities for participants with specific ambulatory sensitive conditions that can often be managed in an outpatient setting..

Objective 2: Reduce the rate of admissions to long-term care nursing facilities for participants with specific ambulatory sensitive conditions that can often be managed in an outpatient setting.

Evaluative Process: Conduct analysis of Medicaid claims, administrative and financial data to determine rates of nursing facility admissions among various diagnosis groups identified in the development of this demonstration. Trend analyses will be used to compare the rates of institutionalization before and after the implementation of the HMW.

Hypothesis 3: The HMW will result in a cost savings as inpatient hospital admissions and emergency department usage will be reduced for participants with specific ambulatory sensitive conditions that can often be managed in an outpatient setting.

Objective 3: Reduce the rate of inpatient hospitalizations and emergency department usage for participants with specific ambulatory sensitive conditions that can often be managed in an outpatient setting.

Evaluative Process: Conduct analysis of Medicaid claims, administrative, and financial data to determine costs of inpatient hospitalizations and emergency department among various diagnosis groups identified in the development of this demonstration. Trend

analyses will be used to compare the rates of inpatient hospital admissions and emergency department usage before and after the implementation of the HMW.

State Contacts

Margaret Wilson, Nurse Office Director, Office of Policy

E-mail: margaret.wilson@medicaid.ms.gov

Telephone Number: (601) 359-5248

Tara S. Clark, J.D., Deputy Administrator for Policy, Procurement and Appeals

E-mail: tara.clark@medicaid.ms.gov

Walters Sillers Building, Suite 1000

550 High Street

Jackson, MS 39201-1399