Centers for Medicare & Medicaid Services
Office of Information Services
Information Services Design & Development Group
7500 Security Blvd
Baltimore, MD 21244-1850

Section 1115 Demonstration Program

Section I - Program Description

1) Provide a summary of the proposed Demonstration program, and how it will further the objectives of title XIX and/or title XXI of the Social Security Act (the Act).

   The Healthier Mississippi Waiver (HMW) Demonstration operates statewide and provides coverage for aged or disabled individuals with income at or below 135 percent of the Federal poverty level (FPL) who are not eligible for Medicare and do not otherwise qualify for Medicaid. This Demonstration is not available for individuals who qualify under another waiver or CHIP.

2) Include the rationale for the Demonstration.

   Provision of services through this Demonstration will slow the deterioration of health statuses of this population and will ameliorate the improper use of emergency departments; reduce hospitalizations as the result of inadequate primary and preventive services; and reduce the occurrence of premature nursing facility placement. Without the services of this waiver this population would eventually become eligible for Medicaid at the special income standard (300% of SSI) for individuals who are in institutions for at least thirty (30) consecutive days.

3) Describe the hypotheses that will be tested/evaluated during the Demonstration's approval period and the plan by which the State will use to test them.

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

   Evaluation Parameters include stateside surveys to assess availability of healthcare resources. The survey will be a representative random sample of waiver participants. The individuals surveyed will be asked questions concerning current and past availability of healthcare resources such as other insurance coverage, rural health clinics, and other services.

   2. Adequate primary and preventive care will prevent or delay admission to nursing facilities.

   Evaluation Parameters include an analysis of Medicaid claims data and other 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 expansion project.

3. Provision of services will result in a cost savings as hospital admissions and improper use of emergency department will be reduced.

Evaluation Parameters include an analysis of Medicaid claims data and other data to determine costs among various diagnosis groups associated with hospital admissions and emergency department utilization identified in the development of this demonstration. Trend analyses will be used to compare the expenditures of hospitalization and emergency department utilization before and after the implementation for the expansion project.

4) Describe where the Demonstration will operate, i.e., statewide, or in specific regions within the State.

   HMW operates on a statewide basis.

5) Include the proposed timeframe for the Demonstration.

   The proposed demonstration renewal is requested for the period of January 1, 2015, through December 31, 2017.

6) Describe whether the Demonstration will affect and/or modify other components of the State's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

   The demonstration will not affect and/or modify other components of the state's current Medicaid and CHIP programs outside of eligibility, benefits, cost sharing or delivery systems.

<u>Section II – Demonstration Eligibility</u>

1) Include a chart identifying any populations whose eligibility will be affected by the Demonstration.

Eligibility Group Name	N/A	Income Level
Aged or disabled individuals	None	Income Level at or below 135% FPL

without Medicare		

2) Describe the standards and methodologies the state will use to determine eligibility for any populations whose eligibility is changed under the Demonstration, to the extent those standards or methodologies differ from the State plan.

Applicants who meet the following criteria will be enrolled in the waiver:

1. Individual is 65 years of age or over OR meets the SSI disability definition; and
2. Individual DOES NOT have Medicare; and
3. Income is at or below 135% of FPL; and
4. Resources remain under $4,000 for an individual or $6,000 for a couple; and
5. Individual is not otherwise eligible for any State Plan category of eligibility, CHIP or other waiver.

When the individual becomes eligible for Medicare he/she will no longer qualify for the HMW. The individual's file will be reviewed to see if he/she can qualify for another Medicaid category of eligibility.

3) Specify any enrollment limits that apply for expansion populations under the Demonstration.

The HMW will be capped at 6,000 enrollees.

4) Provide the projected number of individuals who would be eligible for the Demonstration, and indicate if the projections are based on current state programs.

The projected number of eligible individuals for the demonstration is 6,000. This is an increase of 500 individuals from the previous approved HMW demonstration. The increase is required due to a large increase in the number of disability referrals from the Federally Facilitated Marketplace (FFM). Applicants for the HMW that would exceed the cap are placed on a waiting list and are enrolled when a slot becomes available.

5) To the extent that long term services and supports are furnished (either in institutions or the community), describe how the Demonstration will address post-eligibility treatment of income, if applicable.

Long-term care services and supports do not apply to the HMW.

Section III – Demonstration Benefits and Cost Sharing Requirements

1) Indicate whether the benefits provided under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan (if no, please skip questions 3-7):

■ Yes ☐ No (if no, please skip questions 3-7)

2) Indicate whether the cost sharing requirements under the Demonstration differ from those provided under the Medicaid and/or CHIP State plan (if no, please skip questions 8-11):

☐ Yes ■ No (if no, please skip questions 8-11)

Cost sharing requirements under the HMW are the same as under the State plan.

3) If changes are proposed, or if different benefit packages will apply to different eligibility groups affected by the Demonstration, please include a chart specifying the benefit package that each eligibility group will receive under the Demonstration:

Benefits Package Chart

Eligibility Group	Benefit Package
Healthier Mississippi adults	From Reduced to Full State Plan Benefit
Healthier Mississippi children	Full State Plan Benefits

4) If electing benchmark-equivalent coverage for a population please indicate which standard is beings used:

The Healthier Mississippi Waiver does not use bench-mark equivalent coverage for any populations.

5) Please complete the following chart if the Demonstration will provide benefits that differ from the Medicaid or CHIP State plan.

The HMW does not provide benefits other than those in the State plan. State plan co-payments and service limits apply. The current HMW excludes podiatry, eyeglasses, dental and chiropractic services. This renewal request will provide full Medicaid benefits for all enrolled HMW beneficiaries.

6) Indicate whether Long Term Services and Supports will be provided.

Long Term Services and Supports will not be provided under the HMW.

7) Indicate whether premium assistance for employer sponsored coverage will be available through the Demonstration.

Premium assistance for employer sponsored coverage will not be provided.

Section IV – Delivery System and Payment Rates for Services

1) Indicate whether the delivery system used to provide benefits to Demonstration participants will differ from the Medicaid and/or CHIP State plan

The delivery system used to provide benefits to HMW participants will not differ from the Medicaid fee-for-service State Plan. Services provided through the HMW will be paid through the fee-for-service methodology. There are no deviations from State plan payment rates. There are no payments through managed care entities and no quality-based supplemental payments.

Section V – Implementation of Demonstration

This Demonstration began operation January 2006. The State requests continuation of the Demonstration from January 1, 2015, through December 31, 2017. The State is requesting to include the previous excluded services of podiatry, eyeglasses, dental and chiropractic services. Additionally, the State is requesting to increase the total number of beneficiaries from 5,500 to 6, 000 due to the large increase in the number of disability referrals from the FFM. Enrollment will continue to be processed by Medicaid eligibility regional offices throughout the state. Written information is provided in the regional offices and is available on Mississippi Division of Medicaid's website at www.medicaid.ms.gov. MS will not be contracting with managed care organizations to provide HMW benefits.

Section VI – Demonstration Financing and Budget Neutrality

Please refer to Attachment A for Demonstration Financing and Budget Neutrality.

Section VII – List of Proposed Waivers and Expenditure Authorities

MS is requesting waiver of selected Medicaid requirements to enable the operation of the Healthier Mississippi Waiver as a Demonstration that will effectively meet the objectives as well as budget neutrality expectations. All Medicaid requirements apply, except for the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Comparability: Amount, Duration and Scope of Services	Section 1902(a)(10)(B)	To the extent necessary to allow the State to offer the Demonstration population a benefit package consisting of all State Plan services except Long Term Services and Supports (either in institutions or the community), Chiropractic, Podiatry, Dental, Eyeglasses for the Healthier Mississippi Waiver
Comparability: Eligibility Procedures	Section 1902(a)(17)	To the extent necessary to allow the State to use an income limit not to exceed 135% of the Federal poverty level through the HMW.

Section VIII – Public Notice

A notice requesting public comment on the proposed HMW renewal request was published in the Clarion Ledger on August 1, 2014. This notice announced a 30-day comment period beginning August 1, 2014 to August 30, 2014 on the HMW renewal request. The notice included instructions for accessing an electronic copy or requesting a hard copy of the waiver request. Instructions for submitting written comments were provided. In addition, the notice included information about two public hearings scheduled to provide stakeholders and other interested parties the opportunity to comment on the waiver request. The time and location for the two public hearings were provided. Finally, the notice provided a link to a web page for complete information on the HMW request including public notice process, the public input process, planned hearings and a copy of the waiver application. A copy of the HMW Clarion Ledger notice published on August 1, 2014 is provided as Attachment B.

The Division of Medicaid web page at http://www.medicaid.ms.gov/proposed-

healthier-mississippi-waiver-demonstration-renewal/ apprises the public with information about the HMW renewal request. The website includes information about the public notice process, opportunities for public input and planned hearings.

A copy of the initial draft of the HMW renewal request is posted.

Two public hearings, one of which includes teleconference capability, are scheduled 20 days prior to submitting the application to CMS. The public hearings will be held to provide stakeholders and other interested parties the opportunity to comment on the waiver request. The first public hearing is scheduled for Friday, August 15, 2014, at 10:30 a.m. at the Walter Sillers State Office Building, Suite 1000, located at 550 High Street, Jackson, MS. To join the teleconference, parties were instructed to dial a toll-free number.

The second public hearing is scheduled for Wednesday, August 27, 2014, at 10:00 a.m. at the War Memorial Building, located at 120 North State Street, Jackson, MS. No teleconference is available for this hearing.

On August 1, 2014 a letter was sent to the Mississippi Band of Choctaw Indians informing them of the State's intent to submit a letter of request to extend the HMW. Please refer to Attachment C for a copy of the August 1, 2014 letter.

During the Public Notice period, comments were received from the provider community requesting that the HMW include podiatry services. After consideration of the request, the Division of Medicaid is proposing to include all four of the currently excluded services consisting of podiatry, eyeglasses, dental and chiropractic.

Section IX – Demonstration Administration

Please provide the contact information for the state's point of contact for the Demonstration application.

Name and Title: Margaret Wilson, Director, Office of Policy
Telephone: (601) 359-5248
Email Address: Margaret.Wilson@medicaid.ms.gov

Attachment A

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	$473,161,367
Year 9	$778,123,901	574,331,790
Year 10	$893,830,123	613,231,909

Attachment B

HEALTHIER MISSISSIPPI WAIVER DEMONSTRATION RENEWAL
PUBLIC NOTICE AND COMMENT PERIOD

AUGUST 1 – AUGUST 30, 2014

Under the provisions of Title 42, Section 431.408, Code of Federal Regulations, public notice is hereby given to the submission of a Medicaid proposed demonstration renewal request of the Healthier Mississippi Waiver, effective January 1, 2015, - December 31, 2017.

1. The Healthier Mississippi Waiver renewal demonstration proposes no changes to the current demonstration set to expire December 31, 2014.

2. A public hearing and teleconference on this proposed demonstration renewal request is being held Friday, August 15, 2014, at 10:30 a.m., at the Walter Sillers State Office Building, Suite 1001 located at 550 High Street, Jackson, MS. To join the teleconference dial toll-free 1-877-820-7831 and enter the attendee access code: 3599662.

3. A second public hearing is being held Wednesday, August 27, 2014, at 10:00 a.m. at the War Memorial Building located at 120 North State Street, Jackson, MS. No teleconference is available for this hearing.

4. The proposed demonstration renewal request and the full public notice are available for review at www.medicaid.ms.gov.

5. Written comments will be received by the Division of Medicaid, Office of the Governor, Bureau of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201, for thirty (30) days from the date of publication of this notice. Comments will be available for public review at the above address and at www.medicaid.ms.gov.

David J. Dzielak, Ph.D.
Executive Director
Division of Medicaid
Office of the Governor

August 1, 2014

Attachment C

OFFICE OF THE GOVERNOR
Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201

MISSISSIPPI DIVISION OF
MEDICAID

August 1, 2014

Ms. Mary Harrison
Deputy Health Director
Choctaw Health Center
210 Hospital Circle
Choctaw, MS 39350

Dear Ms. Harrison:

This letter is to inform the Mississippi Band of Choctaw Indians of the intent to submit the Healthier Mississippi Waiver (HMW) renewal effective January 1, 2015, through December 31, 2017. The HMW has operated since 2006 and is presently under a temporary extension.

Attached is a draft of the renewal demonstration application. There are no proposed changes to the renewal.

Please send comments to me at Margaret.Wilson@medicaid.ms.gov or by faxing to (601) 359-6294 by August 31, 2014.

Sincerely,

Margaret Wilson
Director, Bureau of Policy

Copy to: Merry Irons
Tina Scott
Wendy Moran
Durnene Farmer
Laura Dees
Myrana Hancock
Fenton Deweese
Elliot Milholland

Attachment D

ATTACHMENT D

Historical Narrative

January 1, 2015

5-year Demonstration Period: October 1, 2004 - September 30, 2009
Temporary Renewals: October 1, 2009 – October 31, 2010
Renewal Period: November 1, 2010 – December 31, 2013
Temporary Renewal: January 1, 2014 – December 31, 2014
Renewal Period: January 1, 2015 – December 31, 2017

Legislation passed during the Mississippi 2004 Legislative Session discontinued the optional Poverty Level Aged & Disabled (PLAD) category of eligibility, 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 (DOM) applied for a demonstration waiver benefit package for the two populations most affected by discontinuation of the PLAD eligibility group. The first populations were former PLAD beneficiaries without Medicare coverage (the uninsured). The second were individuals with specific chronic disease states. The second population enrolled was not pursued. Both populations 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 $6,000 for a couple.

A lawsuit filed in September 2004 to reinstate the PLAD category of eligibility, prevented the implementation of the original project as authorized. In October 2004, a federal court intervened and implementation of the Healthier Mississippi Wavier (HMW) Demonstration Project was delayed. During the 2005 Legislative Session the PLAD category of eligibility was officially reinstated with an end date of December 31, 2005. DOM beneficiaries that met the criteria were enrolled effective January 1, 2006.

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

The original HMW demonstration project had effective dates of October 1, 2004 through September 30, 2009. The renewal of the waiver was approved for November 1, 2010 through December 31, 2013. The wavier permitted DOM to provide a benefit package to an expanded population that included individuals with income up to 135% of the FPL who were aged or disabled and were not eligible for Medicare coverage. The renewed waiver increased the enrollment cap from 5,000 to 5,500 non-Medicare (Medicaid only) eligible beneficiaries.

The goals and objectives for this approved demonstration were met as evidenced by HMW beneficiaries access to Medicaid preventive and primary care services. The data parameters used to evaluate the objectives were based on preventable inpatient hospitalizations, emergency department (ED) visits and nursing facility admissions for specific ambulatory sensitive conditions such as asthma, diabetes and hypertension that can often be managed in an outpatient setting. The conditions measured for determining preventable hospitalizations were derived, in part, from the Agency for Healthcare Research and Quality's (AHRQ) Prevention Quality Indicators initiative.

Ambulatory Sensitive Condition	ICD-9-CM Codes and Exclusions
Angina	411.1, 411.8, 413
Acute Myocardial Infarction (AMI)	410
Asthma	493
Bacterial pneumonia	481, 482.1, 482.3, 482.9, 483, 485, 486 Excludes patients < 2 months and cases with secondary Dx of sickle cell (282.6)
Congestive heart failure	428, 402.01, 402.11, 402.91, 518.4
COPD	491, 492, 494, 496
Dehydration (age birth to 17)	276.5
Diabetes	250, 250.1, 250.2, 250.3, 250.8, 250.9
Depression	296.2, 296.3
Failure to thrive (age birth to 17)	783.4
Gastroenteritis (age birth to 17)	558.9
Grand Mal Seizure Disorders	345, 780.39
Hypertension	401, 402, 403, 404, 405 401.9, 402.10, 402.90
Hypoglycemia	251.2
Immunization preventable conditions (age 1 to 5)	033, 037, 045, 320.0, 390, 391
Kidney and Urinary Tract Infection	590, 599.0, 599.9
Pelvic Inflammatory Disease (women only)	614
Pulmonary Edema Pulmonary tuberculosis	518.4, 011
Schizophrenia	295
Skin Abscess (Cellulitis)	682.9, 681 , 682, 683, 686
Stroke (Acute)	436

Objective Number One:

Access to preventive and primary care services in the outpatient setting led to a decrease in the percentage of inpatient hospitalizations of 26.07% in federal fiscal year (FFY) 12 from 26.19% in FFY11, a rate decrease of 0.45%. Additionally, there was a decrease of 24.42% for FFY13, a rate decrease of 6.33%.

Demonstration Year	Number of Beneficiaries with Inpatient Hospitalization	Number of Beneficiaries with Preventable Inpatient Hospitalization	Percent of Benficiaries with Preventable Inpatient Hospitalization	Number of Total Inpatient Hospitalizations	Number of Preventable Hospitalizations	Costs Attributiable to Preventable Hospitalizations	Preventable Hospitalization Rate	Preventable Hospitalization Rate Increase or Decrease?	Rate of Increase/Decrease
FFY11	2,001	696	34.78%	2,948	772	$5,485,632.02	26.19%		
FFY12	2,055	719	34.99%	3,122	814	$5,381,111.55	26.07%	Decrease	-0.45
FFY13	2,040	692	33.92%	3,338	815	$6,947,998.30	24.42%	Decrease	-6.33

Objective Number Two:

Access to preventive and primary care services in the outpatient setting led to an increase in the percentage of ED of 25.91% in fiscal year of 2012 from 26.54% in fiscal year 2011, and an increase to 28.20% in 2013, and a rate increase of 2.43% and 6.25% respectively. Although, there was an increase in the rate of utilization of ED services from FFY12 to FFY13, the total expenditures actually decreased $125,846. This decrease in cost could be contributed to the beneficiaries receiving more preventive and primary care services through the HMW leading to lower expenditures per ED visit.

Number of Beneficiaries with Preventable ER Visits	Percent of Benficiaries with Preventable ER Visits	Number of ER Visits	Number of Preventable ER Visits	Costs Attributiable to Preventable ER Visits	Preventable ER Rate	Preventable ER Rate Increase or Decrease?	Rate of Increase/Decrease
1,279	37.54%	6,689	1,733	$752,018.45	25.91%		
1,368	39.14%	7,197	1,910	$905,888.37	26.54%	Increase	2.43%
1,347	39.98%	7,478	2,109	$781,042.75	28.20%	Increase	6.25%

Objective Number Three:
For beneficiaries requiring nursing facility admissions, there was a decrease from 33.33% in FFY11 to 30.88% in FFY13, a rate decrease of 2.79%. The costs attributable to preventable stays decreased from FFY11 of $190,955 to FFY12 of $166,557. Although the nursing facility rate of admissions for preventable conditions decreased from FFY11 to FFY13, the cost of preventable admissions increased in FFY13 to $311,018 because of the nursing facility freeze in effect from January 1, 2010 through SFY13 was lifted effective July 1, 2013, with a change in state law.

Federal Fiscal Year	Number of Beneficiaries with Nursing Home Stay	Number of Beneficiaries with Preventable Nursing Home Stay	Percent of Benficiaries with Preventable Nursing Home Stay	Number of Nursing Home Stays	Number of Preventable Stays	Costs Attributiable to Preventable Stays	Preventable Stay Rate	Preventable Stay Rate Increase or Decrease?	Rate of Increase/Decrease
FFY11	60	20	33.33%	61	20	$190,955.11	32.79%		
FFY12	50	21	42.00%	50	21	$166,557.14	42.00%	Increase	28.08%
FFY13	68	21	30.88%	70	21	$311,018.00	30.00%	Decrease	-28.57%

Demonstration Extension Period January 1, 2014 – December 31, 2014

The HMW demonstration project was granted an extension for the period January 1, 2014 – December 31, 2014. The extension of the waiver permitted DOM to provide a benefit package to an expanded population that includes individuals with income up to 135% of the FPL who were aged or disabled, and were not eligible for Medicare coverage. There were no changes in the demonstration during the extension period.

Objective Number One:
Access to preventive and primary care services in the outpatient setting led to a decrease in beneficiary inpatient hospital admissions for preventable conditions of 692 in FFY13 to 624 in FFY14. Although the actual percentage rate increased less than one percent for preventable stays, there was a decrease in total expenditures of $504,171 for FFY14 compared to FFY13.

Demonstration Year	Number of Beneficiaries with Inpatient Hospitalization	Number of Beneficiaries with Preventable Inpatient Hospitalization	Percent of Benficiaries with Preventable Inpatient Hospitalization	Number of Total Inpatient Hospitalizations	Number of Preventable Hospitalizations	Costs Attributiable to Preventable Hospitalizations	Preventable Hospitalization Rate	Preventable Hospitalization Rate Increase or Decrease?	Rate of Increase/Decrease
FFY13	2,040	692	33.92%	3,338	815	$6,947,998.30	24.42%	Decrease	-6.33
FFY14	1,792	624	34.82%	2,948	776	$6,443,827.66	26.32%	Increase	7.78

Objective Number Two:
Access to preventive and primary care services in the outpatient setting led to a decrease in ED visits for preventable conditions from 2,109 to 1,906 which represents a preventable ER rate decrease of 1.56%. Although there was an increase of expenditures of $106,236 for preventable conditions in the ED, the actual number of beneficiaries receiving ED services actually decreased by eighty (80) beneficiaries.

Federal Fiscal Year	Number of Beneficiaries with ER Visits	Number of Beneficiaries with Preventable ER Visits	Percent of Benficiaries with Preventable ER Visits	Number of ER Visits	Number of Preventable ER Visits	Costs Attributiable to Preventable ER Visits	Preventable ER Rate	Preventable ER Rate Increase or Decrease?	Rate of Increase/Decrease
FFY13	3,369	1,347	39.98%	7,478	2,109	$781,042.75	28.20%	Increase	6.25%
FFY14	3,167	1,267	40.01%	6,865	1,906	$887,305.50	27.76%	Decrease	-1.56%

Objective Number Three:
For beneficiaries requiring nursing facility admissions, there was a rate increase of 14.57% from FFY13 to FFY14. The costs attributable to preventable stays increased from FFY13 of $311,018

to FFY14 of $390,608. Although the nursing facility rate of admissions for preventable conditions increased from FFY13 to FFY14, the number of beneficiaries admitted to a nursing facility decreased by two (2).

Federal Fiscal Year	Number of Beneficiaries with Nursing Home Stay	Number of Beneficiaries with Preventable Nursing Home Stay	Percent of Benficiaries with Preventable Nursing Home Stay	Number of Nursing Home Stays	Number of Preventable Stays	Costs Attributiable to Preventable Stays	Preventable Stay Rate	Preventable Stay Rate Increase or Decrease?	Rate of Increase/Decrease
FFY13	68	21	30.88%	70	21	$311,018.00	30.00%	Decrease	-28.57%
FFY14	66	30	45.45%	66	30	$390,608.70	45.45%	Increase	51.50%

Demonstration Renewal Period January 1, 2015 – December 31, 2017

The renewal request for the period of January 1, 2015 – December 31, 2017 will allow DOM to provide a benefit package of full Medicaid benefits individuals with income up to 135% of the FPL who are aged or disabled, and are not eligible for Medicare coverage. The renewal waiver will increase the enrollment cap from 5,500 to 6,000 non-Medicare (Medicaid only) eligibles and will include the following previously excluded services: podiatry, chiropractic, dental and eyeglasses. These modifications will enable DOM to ensure the included HMW population adequately represent the needs of Mississippi citizens during the time period for which the request is being sought. The additional services reflect clinical best practices appropriate for present day medical standards.

The evaluation tool will not change with the increase of the enrollment cap and the inclusion of prior eliminated services of podiatry, eyeglasses, dental and chiropractic services.

For State Fiscal Year (SFY) 2013, DOM expenditures for the 5,500 HMW beneficiaries were $87,202,401 per fiscal year, this represents an average estimated expenditure of $15,918 per beneficiary ($95,510,403 total). This is less than the average estimated expenditure for beneficiaries residing in a long term care facility. The average annual expenditure per beneficiary for that population is $43,684. The HMW populations estimated expenditure represents a savings of $27,766 per beneficiary.

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

The average enrollment for non-Medicare (Medicaid only) beneficiaries, from October 1, 2004 – September 30, 2009 was approximately 4,600 beneficiaries. In 2010, enrollment reached the enrollment cap of 5,000. The cap was increased to 5,500 effective November 1, 2010. The average enrollment from November 1, 2010 – December 31, 2013 was 5,309. The average enrollment for the approved January 1, 2014 – December 31, 2014 extension was 4,925. The projected number of eligible individuals for the January 1, 2015 – December 31, 2017 demonstration renewal is projected to be 6,000 over the three (3) year period of time. This is an increase of 500 individuals from the previously approved HMW demonstration. The increase is required to adequately accommodate the increased number of Mississippians seeking disability referrals from the Federally Facilitated Marketplace (FFM). Applicants for the HMW who exceed the cap will be placed on a waiting list and are enrolled when a slot becomes available. This waiver will provide individuals with health coverage who otherwise will not be eligible to receive Medicare or Medicaid.

Goal: Demonstrate budget neutrality based on an aggregate dollar cap that cannot exceed the cumulative target.

The aggregate expenditure cap for the life of the demonstration will be $1,301,820,795. The chart below specifies the annual budget neutrality expenditure limit for each of the thirteen years of the Demonstration as well as the cumulative thirteen -year limit.

Demonstration Time Period	Demonstration Year	Annual Budget Neutrality Expenditure Limit	Cumulative Budget Neutrality Expenditure Limit
2004 - 2009	Years 1 - 5	$350,250,000	$350,250,000
2010	Year 6	$98,537,000	$448,787,000
2011	Year 7	$103,956,535	$552,743,535
2012	Year 8	$109,674,144	$662,417,679
2013	Year 9	$115,706,222	$778,123,901
2014	Year 10	$122,070,065	$893,830,123
2015	Year 11	$128,783,918	$1,022,614,041
2016	Year 12	$135,867,034	$1,158,481,075
2017	Year 13	$143,339,721	$1,301,820,795

As of December 31, 2014 (demonstration Year 10, 1st quarter), the cumulative expenditure amount as reported on the CMS 064 Report was $ 634.9 million, as compared to the budget neutrality limit of $893.8 million; yielding a cumulative variance of $ 258.9 million.