



MISSISSIPPI DIVISION OF
MEDICAID

June 16, 2015

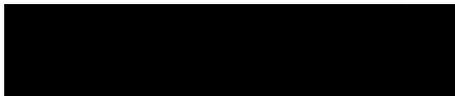
Mr. Jeremy Bates
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard
Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-2613
Facsimile: (410) 786-8534
E-mail: Jeremy.Bates@cms.hhs.gov

Dear Mr. Bates:

The enclosed Progress Report for the Healthier Mississippi Demonstration Project includes a full reporting of beneficiary enrollment and expenditure information through September 30, 2014.

If you have questions or need additional information, do not hesitate to contact me at (601) 359-5248.

Sincerely,



Margaret Wilson
Director, Office of Policy

Healthier Mississippi

Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period:

Demonstration Years: 1-10 (10/01/2004 – 9/30/2014)

Introduction:

The Healthier Mississippi demonstration project was approved for a 5-year period beginning on October 1, 2004 through September 30, 2009. It operated under a series of temporary approvals while going through the renewal process. The demonstration renewal was approved effective November 1, 2010 through December 31, 2013; the demonstration now operates under a temporary extension approved by CMS through December 31, 2014. The State is currently seeking guidance from CMS to obtain a more permanent renewal.

The approval of this demonstration project allows Mississippi to provide a benefit package to an expanded population that includes individuals with income up to 135 percent of the federal poverty level who are aged or disabled, and who are not eligible for Medicare.

Enrollment Information

Enrollment counts are person counts, not member months. The enrollment cap is 5,500.

Participant Populations	Total as of end of Current Quarter	Voluntary Disenrolled in Current Quarter	No. Involuntary Disenrolled in Current Quarter
Population 1 – Medicaid Only	4,855	146	841
Population 2 – Prior Enrollees	4,002	N/A	N/A

Outreach/Innovative Activities

The Division of Medicaid has published brochures and other outreach materials which include a description of the Healthier Mississippi waiver qualifications and benefits. These are made available to the public in various sites throughout the state and are posted on the agency's website.

Operational/Policy Developments/Issues

Changes to the CMS-064 report and other in-house reports were made at the instruction of CMS and are reflected in quarterly reports beginning March 31, 2011. The most significant of these is the clarification of the two populations identified in the chart above and defined as follows.

1. **Demonstration Population 1 “Medicaid Only”**: Aged or disabled individuals enrolled in the Demonstration below 135 percent of the FPL who are not eligible for Medicare and do not otherwise qualify for Medicaid.
2. **Demonstration Population 2 “Prior Enrollees”**: Individuals who were formerly in Demonstration Population 1, but who are no longer in the Demonstration because they are eligible for Medicaid under a different eligibility category, for a period of one year after leaving the Demonstration.

Consumer Issues

There have been no consumer issues.

Administrative appeals continue to be granted on request through the Division's Office of Administrative Appeals. Appeals of denials, terminations or other adverse changes are granted upon receipt of the written request provided the appeal is requested within the specified deadline of thirty (30) days. Both local and/or state level appeals are granted and continuation of benefits applies for adverse changes to active beneficiaries requesting an appeal within a ten (10) day deadline.

Quality Assurance/Monitoring Activity

The Office of Eligibility staff continues to monitor the waiver enrollment process.

Demonstration Evaluation

The Arkansas Foundation for Medical Care (contractor for the Evaluation component) evaluated health outcomes over a four- year period, October 1, 2004 – December 31, 2008. They surveyed Medicaid beneficiaries and providers through use of survey tools and focus groups. Final reports and data analysis were previously submitted to CMS.

The State is currently revising plans for evaluation of the demonstration and will submit updates to CMS in the near future.

Financial/Budget Neutrality Development/Issues

In working through the renewal process in 2010 with CMS Central and Regional staff, CMS provided revised budget neutrality cumulative targets (below). Also, the State has revised its financial/budget neutrality reporting format to more clearly provide statistics for the two distinct populations defined in the demonstration.

In accordance with the "Special Terms and Conditions", Section VIII, *Monitoring Budget Neutrality for the Demonstration*, 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 and those previously enrolled but now covered under a different category of eligibility under the state plan. The state has assumed the same Expenditure Limit in Year 9 for Year 10.

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	\$666,073,741

The first five (5) years of the initial demonstration period are reported as well as four (4) years of the renewal period. The cumulative expenditures for individuals currently enrolled and those previously enrolled but who are now covered under a different state plan coverage group, for a period of one year after leaving the Demonstration, is \$666,073,741 million. The cumulative variance is (\$227,756,382) million. As of September 30, 2014, expenditures had not exceeded the cumulative target.

State Contact(s)

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

Tara S. Clark, J.D., Deputy Administrator
E-mail: tara.clark@medicaid.ms.gov

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

Date Prepared

June 15, 2015

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 4/2014

State: Mississippi

Summary of Expenditures by Waiver Year
Waiver: 11W00185

MAP Waivers

Total Computable

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	Total
Medicaid Only	0	0	37,121,024	51,097,295	57,284,221	68,269,919	75,258,294	77,310,721	83,324,001	88,495,589	76,113,173	614,274,237
Medicare w/Chronic C	0	0	0	0	0	0	0	0	0	0	0	0
Prior Enrollees	0	0	0	0	0	132,632	746,036	10,420,459	12,281,559	14,594,736	13,624,082	51,799,504
Total	0	0	37,121,024	51,097,295	57,284,221	68,402,551	76,004,330	87,731,180	95,605,560	103,090,325	89,737,255	666,073,741

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	Total
Medicaid Only	1	(4)	28,210,216	38,676,588	44,277,145	57,416,929	63,741,879	61,336,611	61,757,290	64,997,481	55,644,799	476,058,935
Medicare w/Chronic C	2	(4)	(3)	0	0	0	0	0	0	0	0	(5)
Prior Enrollees	0	0	0	0	0	107,001	605,623	8,154,609	9,121,115	10,711,216	9,955,623	38,655,187
Total	3	(8)	28,210,213	38,676,588	44,277,145	57,523,930	64,347,502	69,491,220	70,878,405	75,708,697	65,600,422	514,714,117

Created On: Monday, June 8, 2015 6:23 PM



MISSISSIPPI DIVISION OF
MEDICAID

Healthier Mississippi Demonstration

Attachment A

Qtr Ending	Enrollment (Cap is 5000; 5500 effective Nov. 2, 2010)	Expenditures per CMS 64	Expenditures of Currently Enrolled in the waiver	Expenditures of Previously Enrolled now eligible under a full benefit State Plan coverage group (up to one year out)	Total*	Budget Neutrality Cap	Annual Savings
Demo Year 2	3911	\$37,121,024	\$37,121,024	\$0	\$37,121,024	\$70,050,000	\$32,928,976
Demo Year 3	3938	\$51,097,295	\$51,097,295	\$0	\$51,097,295	\$93,400,000	\$42,302,705
Demo Year 4	4081	\$57,284,221	\$57,284,221	\$0	\$57,284,221	\$93,400,000	\$36,115,779
Demo Year 5	4868	\$68,402,551	\$68,269,919	\$132,632	\$68,402,551	\$93,400,000	\$24,997,449
Total for first 5 Years		\$213,905,091	\$213,772,459	\$132,632	\$213,905,091	\$350,250,000	\$136,344,909
Demo Year 6	5126	\$76,004,330	\$75,258,294	\$746,036	\$76,004,330	\$98,537,000	\$22,532,670
Demo Year 7	5404	\$87,731,180	\$77,310,721	\$10,420,459	\$87,731,180	\$103,956,535	\$16,225,355
Demo Year 8	5216	\$95,605,560	\$83,324,001	\$12,281,559	\$95,605,560	\$109,674,144	\$14,068,584
Demo Year 9	5135	\$103,090,325	\$88,495,589	\$14,594,736	\$103,090,325	\$115,706,222	\$12,615,897
Demo Year 10	4855	\$89,737,255	\$76,113,173	\$13,624,082	\$89,737,255	\$115,706,222	\$25,968,967
Cumulative Total		\$666,073,741	\$614,274,237	\$51,799,504	\$666,073,741	\$893,830,123	\$227,756,382