



June 16, 2015

Mr. Jeremy Bates
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Dear Mr. Bates:

The enclosed Progress Report for the Healthier Mississippi Demonstration Project includes a full reporting of beneficiary enrollment and expenditure information through December 31, 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)

Federal Fiscal Quarter 1/2014 (10/01/2014 – 12/31/2014)

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	4,785	142	793
Population 2 – Prior Enrollees	3,924	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	\$690,331,933

The first five (5) years of the initial demonstration period are reported as well as four (4) years of the renewal period and the Federal fiscal quarter 1/2015, which is the final quarter for the temporary extension through December 31, 2014 approved by CMS. 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 \$690,331,933 million. The cumulative variance is (\$203,498,190) million. As of December 31, 2014, expenditures had not exceeded the cumulative target.

State Contact(s)

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Date Prepared

June 15, 2015

Schedule C
 CMS 64 Waiver Expenditure Report
 Cumulative Data Ending Quarter/Year : 1/2015

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	11	Total
Medicaid Only	0	0	37,121,024	51,097,295	57,284,221	68,269,919	75,258,294	77,310,721	83,323,893	88,560,700	82,455,371	14,241,758	634,923,196
Medicare w/Chronic C	0	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	14,689,147	14,960,182	2,178,722	55,408,737
Total	0	0	37,121,024	51,097,295	57,284,221	68,402,551	76,004,330	87,731,180	95,605,452	103,249,847	97,415,553	16,420,480	690,331,933

Federal Share

Waiver Name	A	01	02	03	04	05	06	07	08	09	10	11	Total
Medicaid Only	1	(4)	28,210,216	38,676,588	44,277,145	57,416,929	63,741,879	61,336,611	61,757,211	65,045,459	60,315,754	10,486,610	491,264,399
Medicare w/Chronic C	2	(4)	(3)	0	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	10,780,684	10,939,140	1,603,862	41,312,034
Total	3	(8)	28,210,213	38,676,588	44,277,145	57,523,930	64,347,502	69,491,220	70,878,326	75,826,143	71,254,894	12,090,472	532,576,428

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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	\$95,605,452	\$83,323,893	\$12,281,559	\$95,605,452	\$109,674,144	\$14,068,692
Demo Year 9	5135	\$103,249,847	\$88,560,700	\$14,689,147	\$103,249,847	\$115,706,222	\$12,456,375
Demo Year 10 (Extension thru 12/31/2014)	4785	\$113,836,033	\$96,697,129	\$17,138,904	\$113,836,033	\$115,706,222	\$1,870,189
Cumulative Total		\$690,331,933	\$634,923,196	\$55,408,737	\$690,331,933	\$893,830,123	\$203,498,190