MISSISSIPPI DIVISION OF
MEDICAID

MISSISSIPPI

Section §1115 Annual Report

Healthier MS Waiver

Demonstration Year XVIII, October 1, 2021 through September 30, 2022

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For Medicare and Medicaid Center for Medicaid and State Operations

Submitted by:
Mississippi Division of Medicaid
Walter Sillers Building
550 High Street, Suite 1000
Jackson, MS 39201

Healthier MS Waiver Program
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Demonstration Year 18
Annual Report
October 1, 2021 through September 30, 2022

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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.

Goals 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

Eligible HMW beneficiaries remained on the HMW due to the maintenance of effort (MOE) requirements under the Families First Coronavirus Response Act, which required DOM to provide continuous eligibility through the end of the month in which the 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. However,

effective June 30, 2021, the Mississippi DOM ended the following temporary Section 1135 waiver flexibilities:

1. Prior Authorization (PA) Requirements: The temporary suspension was lifted, and proper notice was given to beneficiaries with pre-existing prior authorizations.

2. Waiver of Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessment Requirements: Standard practices was restored to those in effect prior to the PHE, and proper notice was given to providers.

3. Flexibility to Temporarily Delay Scheduling of Medicaid Fair Hearings and Issuing Fair Hearing Decisions during the Emergency Period: Extensions were no longer provided.

4. Alternative Settings: This flexibility was ended, and proper notice was given to providers.

5. Emergency Medical Treatment and Labor Act (EMTALA): This flexibility was ended, and proper notice was given to providers.

6. Critical Access Hospitals: This flexibility was ended, and proper notice was given to providers.

7. HIPAA Regulations: The following HIPAA flexibilities were ended with proper notice to providers:

    a. Obtaining a patient's agreement to speak with family or friends,
    b. Honoring a patient's request to opt out of the facility directory,
    c. Distributing a notice of privacy practices, or
    d. The patient right to request confidential communications.

8. Telehealth Security Requirements/HIPAA: DOM discontinued this flexibility under the authority of Section 1135 of the Social Security Act. To ensure continued access to telehealth service without risk of a HIPAA penalty, DOM continued to allow providers to operate under the enforcement discretion provided by the Office for Civil Rights (OCR at the U.S. Department and Human Services (HHS) on March 17, 2020, for the remainder of the PHE.

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) 18.

Grievances and Appeals

There were no grievances or appeals reported during demonstration year (DY) 18.

Denial of Services

There were no denials of requested services reported during DY 18 by beneficiaries or providers.

Provider Audits/Medical Reviews, Investigations or Lawsuits

There were no audits, medical reviews, investigations, or lawsuits that impacted the demonstration during demonstration year (DY) 18.

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 18 there were 3,259 beneficiaries enrolled in the HMW, which is below the 6,000 enrollment limit. There was a 33% decrease in the number of enrollees, and a 32% decrease in the number of participants from DY 17 to DY 18. Participants are defined as enrollees who utilized at least one state plan service during the DY. The table below depicts enrollees and member month data for the last five demonstration years (DYs 14-18). The Division of Medicaid observed an overall increase in Medicaid eligibility, which may have resulted in fewer enrollees needing HMW as their option of coverage. More individuals may have qualified for State Plan Benefits, causing a decrease in HMW enrollment.

Table 1: HMW Annual Enrollment

DY	Enrollees	Participants	Member Months
14	8,720	8,002	64,362
15	8,498	7,779	61,748
16	7,445	6,853	62,498
17	7,072	6,438	61,000
18	4,735	4,351	35,291

Data Source: HMW Member Month Data Report-Cognos

There were 1,857 beneficiaries disenrolled from the HMW during DY 18. Table 2 depicts disenrollment data for DYs 14-18.

Table 2: HMW Annual Disenrollment

Enrollment Period	Disenrollment Count
DY 14	3,732
DY 15	3,789
DY 16	1,919
DY 17	3,674
DY 18	1,857

Data Source: Enrollment Report-Cognos

UTILIZATION

During DY 18, there were 4,351 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, virtual events, and DOM's public website. DOM's Outreach Coordinators provided HMW information at 45 community events held during DY 18.

The Post-Award Forum was held at 11:00 a.m. on Monday, June 20, 2022. 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 in DY 15 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 frequency decreased 47.6% from 1,003 in DY 17 to 596 in DY 18. The raw number of beneficiaries under 75 who had at least one ED visit declined DY 14 to DY 17. The downward trend continued in DY 18 in which the count dropped from 1,887 to 1,302, for a 31% decrease.

Table 3: Hospitalizations and Emergency Department

	DY 14	DY 15	DY 16	DY 17	DY 18
# of beneficiaries under 75 with acute care hospitalizations	1,589	1,353	1,138	1,003	596
# of beneficiaries under 75 with Emergency department visit(s)	2,854	2,635	2,155	1,887	1,302

The results of a Cochran-Armitage trend test using SAS 9.4 showed that there is a strong positive trend ($p < .001$) at $\alpha = 0.05$ in the percentage of preventive/primary care visit before inpatient stays. Therefore, preventive/primary care visits before inpatient stays among the beneficiaries have been increasing statistically significantly.

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

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%
17	907	547	62.4%	37.8%	631	403	62.9%	37.1%
18	525	372	58.8%	41.2%	360	269	60.4%	39.6%

To see if there is a trend in the percentage of preventive/primary care visits that precede an ED visit, Cochran-Armitage trend test was performed using SAS 9.4. The test results showed that there is a strong positive trend ($p < .001$) at $\alpha = 0.05$ of preventive/primary care visits preceding ED visits among the beneficiaries.

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**
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%
17	2,496	1,291	65.9%	34.1%	1,287	711	68.2%	38.1%
18	1,596	969	62.2%	37.8%	863	517	66.3%	33.7%

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 increased from 6,929 in DY 14 to 5,614 in DY 17. In DY 18, the percentage of beneficiaries age 20 or older who received ambulatory/preventive care decreased significantly from 81% of the population down to 72%. (5,614 to 3,587).

To identify if there is a trend in the percentage of beneficiaries age 20 or older receiving ambulatory/preventive visits, the Cochran-Armitage trend test was performed using SAS 9.4. The test results reflect a strong positive trend ($p < .001$) at $\alpha = 0.05$, even accounting for the decrease in DY 2018 from DY 17. Therefore, the number of beneficiaries receiving ambulatory/preventive visits has been increasing at a statistically significant rate.

Table 6: Ambulatory/Preventive Visits

DY	# of Beneficiaries Age 20 or Older Receiving Ambulatory/Preventive Visit	Total Population	Percentage of total
14	6,929	8,735	79.8%
15	6,664	8,350	79.8%
16	5,830	7,271	80.2%
17	5,614	6,928	81.0%
18	3,587	4,981	72.0%

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 remained the same at 21.9% in DY 14 and DY 15. Data shows a decrease from 21.1% in DY 16 to 18.8% in DY 17. DY 18 experienced a slight increase to 20.7% of population receiving a mammogram. Additionally, the results of a Cochran-Armitage trend test reflected no statistically significant trend ($p = 0.09$) at $\alpha = 0.05$ in the percentage of beneficiaries, ages 50-74, receiving a mammogram.

Table 7: Mammogram

DY	# Female Beneficiaries Age 50-74	# of Female Beneficiaries Age 50 -74 Receiving Mammogram	% of Beneficiaries Age 50 – 74 Receiving Mammogram
14	3,626	793	21.9%
15	3,411	746	21.9%
16	3,104	654	21.1%
17	3,042	573	18.8%
18	2,137	442	20.7%

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, slightly decreased from 9.4% in DY 14 to 9.0% in DY 15. We observed the percentage decreased even more from 7.8% in DY 16 to 6.5% in DY 17. The decreasing trend continued in DY 18 to 6.4%. The results of a Cochran-Armitage trend test, performed using SAS 9.4, confirmed a negative trend ($p < 0.001$) at $\alpha = 0.05$, in the percentage of beneficiaries age 21- 64, receiving a cervical cancer screening. Even though we are observing decreasing numbers of female beneficiaries who are 21 to 64 years old, it is apparent that the number of cervical cancer screenings is decreasing.

Table 8: Cervical Screening

DY	# Female Beneficiaries Age 21-64	# of Female Beneficiaries Age 21-64 Receiving	% of Receiving Cervical Cancer Screening among

		Cervical Cancer Screening	Beneficiaries Age 21-64
14	4,682	440	9.4%
15	4,455	402	9.0%
16	3,976	310	7.8%
17	3,630	236	6.5%
18	2,595	167	6.4%

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 slightly decreased from 10.7% in DY 14 to 10.0% in DY 15. A downward trend continued in DY 16 at 9.6% to 7.1% in DY 17. In DY 18, the percentage increased to 8.3%. As reflected in Table 9, the total number of beneficiaries enrolled in HMW, ages 50-75, has steadily declined, but it did not have a negative impact on the percentage who received a colorectal screening in DY 18.

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
14	6,531	702	10.7%
15	6,234	625	10.0%
16	5,510	526	9.6%
17	5,395	383	7.1%
18	3,864	319	8.3%

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, increased from 70.5% in DY 14 to 72.2% in DY 15. In DY 16, the percentage of beneficiaries with diabetes decreased one percent, to 71.2%, and in DY 17, that percentage drastically dropped to 65%. The data shows the percentage slightly increased to 66.8% in DY 18.

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 9.4. Even accounting for the downward trend over the past 2 years, the test results showed that there is a statistical positive trend ($p = .022$) at $\alpha = 0.05$. Additional years are needed to see if this trend continues.

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
14	2,310	1,628	70.5%
15	2,208	1,594	72.2%
16	2,001	1,425	71.2%
17	1,978	1,285	65.0%
18	1,297	866	66.8%

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 29.4% in DY 14 to 31.3% in DY 15, to 31.8% in DY 16. However, in DY 17, the rate slightly decreased to 31.1% and continued to decline in DY 18 to 29.8%. It is observed that the population of beneficiaries with diabetes decreased along with the percentage receiving dilated eye exams.

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
14	2,310	678	29.4%
15	2,208	690	31.3%
16	2,001	624	31.8%
17	1,978	615	31.1%
18	1,297	386	29.8%

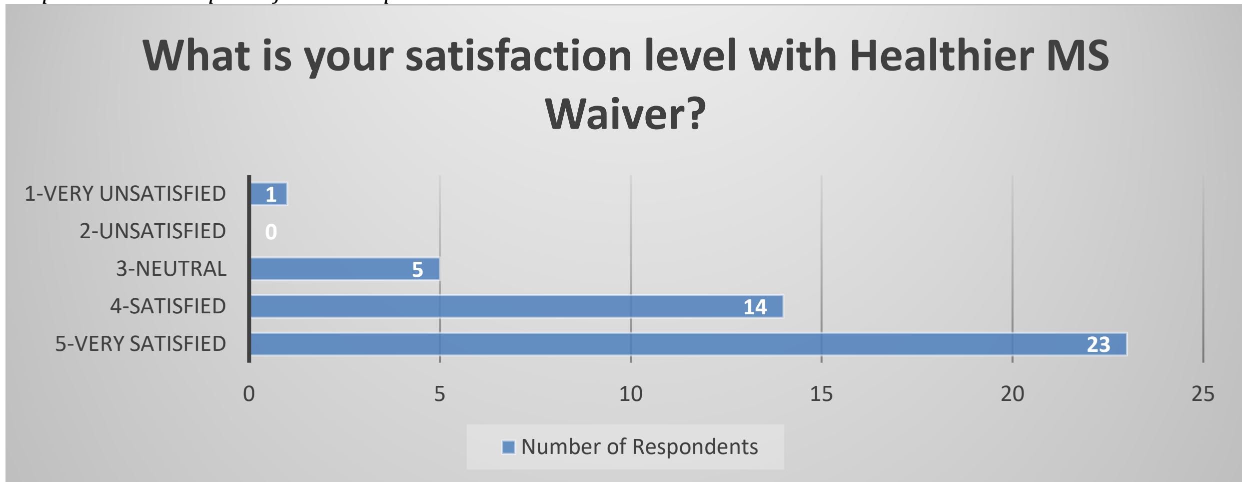
During DY 16, the final Evaluation Design was completed and approved by CMS. The final design included a collaborative agreement for identifying and answering evaluation question 6 and hypothesis 6 below.

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.

The focus group survey data revealed the satisfaction level of the Healthier MS Waiver program is highly positive; the average satisfaction score is 4.41 out of 5.0 (SD = 0.84). Of the 43 that responded to the satisfaction question, there was only one respondent who answered, "very unsatisfied." The beneficiary's dissatisfaction was due to not being able to access comprehensive dental services. State Plan benefits have limitations on dental services for adults. Overall, 90.2% of respondents answered to this question either satisfied or very satisfied with the waiver services/supports.

Graph 1: Focus Group Satisfaction Response



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 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
DY 17	$67,165,808	$56,402,057	N/A	N/A	N/A	$67,165,808
DY 18	$51,603,474	$43,632,335	N/A	N/A	N/A	$51,603,474

Source Data: Schedule C: CMS 64 Waiver Expenditure Report

Budget Neutrality Development

DOM completed and submitted the Budget Neutrality Workbook to CMS on December 16, 2022.

State Contact(s)

Robin Bradshaw, Office of Policy
E-mail: DOMPolicy@medicaid.ms.gov
Telephone Number: (601) 359-3984

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

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