MISSISSIPPI DIVISION OF MEDICAID

MISSISSIPPI
Section §1115 Annual Report
Healthier MS Waiver
Demonstration Year XVII, October 1, 2020 through September 30, 2021

December 29, 2021

Submitted to:
U.S. Department of Health & Human Services
For Medicare and Medicaid Center for Medicaid and State Operations

Submitted by:
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Healthier MS Waiver Program
§1115 Wavier No. 11-W-00185/4

Demonstration Year 17
Annual Report
October 1, 2020 through September 30, 2021

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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 (DYs).

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.

Goal 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 DY;
3. Increase the number of preventive health screenings each DY;
4. Increase the proportion of adults with diabetes who have a hemoglobin A1c (HbA1c) measurement at least once a year each DY; and
5. Increase the proportion of adults with diabetes who have an annual dilated eye examination each DY.

Program Updates

In response to the coronavirus outbreak, DOM continued with its expanded coverage of telehealth services throughout the state in alignment with the Governor's recommendations on leveraging telemedicine to care for beneficiaries, while limiting unnecessary travel, clinic visits and possible exposure. Some 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 Public Health Emergency (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.

Significant Program Changes from Previous Demonstration Years

There were no significant program changes from previous DYs.

Policy or Administrative Difficulties

There were no policy or administrative difficulties reported during DY 17.

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 17 there were 3,346 beneficiaries enrolled in the HMW, which is below the 6,000 enrollment limit. There was a 5% decrease in the number of enrollees, and a 6.1.% decrease in the number of participants from DY 16 to DY 17. Participants are defined as enrollees who utilized at least one state plan service during the DY. Table 1 below depicts enrollees and member month data for the last five demonstration years (DYs 13-17).

Table 1: HMW Annual Enrollment

DY	Enrollees	Participants	Member Months
13	8,745	7,910	62,211
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

Data Source: HMW Enrollment and Member Month Data Report-Cognos

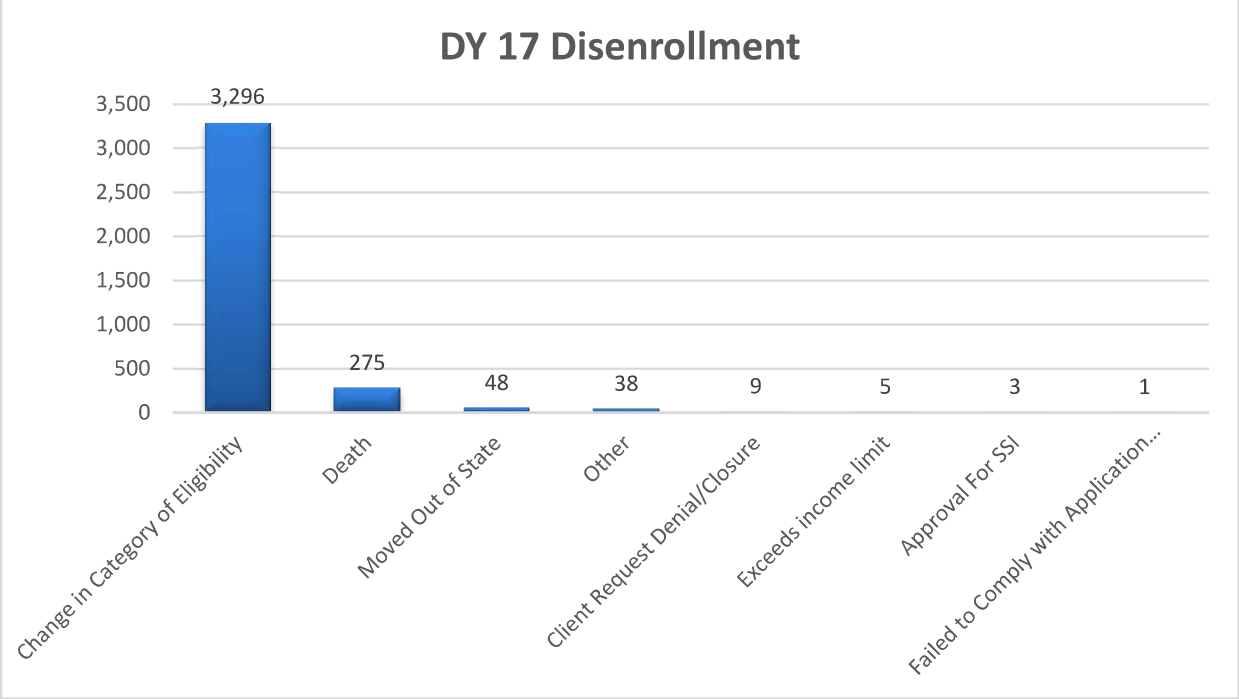
There were 3,674 beneficiaries disenrolled from the HMW during DY 17. Table 2 below depicts disenrollment data for DYs 13-17. The foremost reason for disenrollment was attributed to a change in beneficiary category of eligibility. Reasons for disenrollment are listed in Graph 1.

Table 2: HMW Annual Disenrollment

Enrollment Period	Disenrollment Count
Demonstration Year 13	3,799
Demonstration Year 14	3,732
Demonstration Year 15	3,789
Demonstration Year 16	1,919
Demonstration Year 17	3,674

Data Source: Enrollment and Member Month Report-Cognos

Graph 1: HMW Disenrollment Reasons for Demonstration Year 17



Data Source: HMW Enrollment Report

UTILIZATION

During DY 17, there were 6,438 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 and DOM's public website. DOM's Outreach Coordinators provided HMW information at 31 community events held during DY 17. The COVID-19 PHE forced cancellation of many planned outreach events; however, alternative virtual accommodations were made for the events attended.

The Post-Award Forum was held at 11:00 a.m. on Tuesday, July 13, 2021. Due to the PHE, the Public Forum was held via teleconference and there were no comments recorded.

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.

INTERIM EVALUATION

Goal 1: Reduce hospitalizations and improper use of the 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. In DY 17, the frequency decreased to 1,003 or 11.8% from the previous DY.

The raw number of beneficiaries under 75 who had at least one ED visit increased from DY 13 to DY 14 but remained at a relatively flat rate (percentage) of the population. The raw number dropped by nearly 8.0% in DY 15 and by over 18% in DY 16 compared to the previous year. The downward trend continued in DY 17 in which the count dropped from 2,155 to 1,887, or a 12.4% decrease.

Table 3: Hospitalizations and Emergency Department

	DY 13	DY 14	DY 15	DY 16	DY 17
# of beneficiaries under 75 with acute care hospitalizations	1,541	1,589	1,353	1,138	1,003
# of beneficiaries under 75 with Emergency department visit(s)	2,842	2,854	2,635	2,155	1,887

The results of a Cochran-Armitage trend test using SAS 9.3 showed that there is a strong positive trend ($p < .001$) at $\alpha = 0.05$ in the percentage of preventive/primary care visits before inpatient stays.

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 with Inpatient Stay		% of the recipient total	
DY	Yes	No	Yes	No	Yes	No	Yes	No
13	1,306	1,158	53.0%	47.0%	807	806	52.4%	52.3%
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%

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 9.3. The test results showed that there is a strong positive trend ($p < .001$) at $\alpha = 0.05$re 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 with ED Visit		% of the recipient total	
DY	Yes	No	Yes	No	Yes	No	Yes	No
13	3,396	2,515	57.5%	42.5%	1,675	1,384	58.9%	48.7%
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%

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 6,847 in DY 13 to 6,929 in DY 14. For DY 15 and DY 16, this number decreased, but because the population was down as a whole, the number still represents a slight increase in the rate (80.2%). In DY 17, the percentage rate increased slightly to 81% even though the frequency dropped.

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 9.3. The test results reflect a strong positive trend ($p < .001$) at $\alpha = 0.05$ in the number of beneficiaries receiving ambulatory/preventive visits 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
13	6,847	8,739	78.3%
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%

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 has decreased from 22.0% in DY 13 to 21.9% in DY 14 and DY 15. Data shows a continued decrease from 21.1% in DY 16 to 18.8% in DY 17 occurred. Additionally, the results of a Cochran-Armitage trend test reflected no statistically significant trend ($p = .173$) at $\alpha = 0.05$ in the percentage of beneficiaries, ages 50-74, receiving a mammogram. The higher decrease in DY 16 to DY 17 may be in part due to the COVID-19 pandemic.

Table 7: Mammogram

DY	# Female Beneficiaries Age 50-74	# of Female Beneficiaries Age 50 -74 Receiving Mammogram	% of Beneficiaries Age 50 – 74 Receiving Mammogram
13	3,636	800	22.0%
14	3,626	793	21.9%
15	3,411	746	21.9%
16	3,104	654	21.1%
17	3,042	573	18.8%

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 increased from 8.9% in DY 13 to 9.4% in DY 14 but decreased to 9% in DY 15. In DY 16, we observed the percentage decreased even more to 7.8%. The decreasing trend continued in DY 17 to 6.5%. Again, the timing of the decreases may indicate a negative impact from COVID-19. The results of a Cochran-Armitage trend test, performed using SAS 9.3, confirmed a negative trend ($p < 0.001$) at $\alpha = 0.05$, in the percentage of beneficiaries age 21- 64, receiving cervical cancer screening.

Table 8: Cervical Screening

DY	# Female Beneficiaries Age 21-64	# of Female Beneficiaries Age 21-64 Receiving Cervical Cancer Screening	% of Receiving Cervical Cancer Screening among Beneficiaries Age 21-64
13	4,723	421	8.9%
14	4,682	440	9.4%
15	4,455	402	9.0%
16	3,976	310	7.8%
17	3,630	236	6.5%

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 increased from 10.4% in DY 13 to 10.7% in DY 14 but dropped to 10.0% in DY 15 and 9.6% in DY 16. In DY 17, the percentage continued to decrease to 7.1%. As reflected in Table 9, both the total number of beneficiaries enrolled in HMW, ages 50-75, and the percentage who receive colorectal screening have been dropping steadily since DY 15. This negative trend was confirmed by a Cochran-Armitage trend test.

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
13	6,524	676	10.4%
14	6,532	701	10.7%
15	6,234	625	10.0%
16	5,510	526	9.6%
17	5,395	383	7.1%

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, had been steadily increasing each demonstration year from 70.3% in DY 14, to 70.5% in DY 14, and 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%. Again, we suspect this downturn is due to a COVID-19 effect.

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 9.3. The test results showed that there was a positive trend (p = .0017) at α = 0.05 through DY 15. However, DY 16 and 17 are reversing that positive trend.

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
13	2,344	1,648	70.3%
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%

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 27.9% in DY 13 to 29.4% in DY 14, to 31.3% in DY 15, and 31.8% in DY 16. However, in DY 17, the rate slightly decreased to 31.1%. The results of a Cochran-Armitage trend test, using SAS 9.3, reflects a strong positive trend (p < .001) at α = 0.05 in the percentage of eye exams among beneficiaries with Diabetes, ages 18 – 75.

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
13	2,344	655	27.9%
14	2,310	678	29.4%
15	2,208	690	31.3%
16	2,001	624	31.8%
17	1,978	615	31.1%

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.

To answer this question and assess the hypothesis, the use of focus groups was selected as the best approach. Although this activity is not planned to start until January 2022, the following implementation plan has been established and approved.

In January 2022, a focus group advisory committee composed of key informants, such as Medicaid administrators, service/support providers, advocates, will be established. Identification and appointment of advisory committee members will be performed prior to January so that in early January the committee can begin functioning.

An outline of the Draft Focus Group Participant Selection Criteria and Recruitment Protocol Plan (subject to modifications from the advisory committee) is identified below.

I. Study Population
II. Selection Criteria and Recruitment Protocol
    A. Region
    B. Age
    C. Gender
    D. Experience
III. Size
IV. Number of Focus Groups and Participants

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 13	$83,756,973	$62,535,073	N/A	N/A	N/A	$83,756,937
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

Source Data: Schedule C: CMS 64 Waiver Expenditure Report

Budget Neutrality Development

DOM completed and submitted the Budget Neutrality Workbook to CMS on December 8, 2021.

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Date Prepared 12/29/2021

MISSISSIPPI DIVISION OF
MEDICAID

Healthier Mississippi Project

Section 1115 Demonstration

Project Number 11-W-00185/4

Evaluation Design Modification Request

January 21, 2022

550 High Street, Suite 1000
Jackson, Mississippi 39201
Website: medicaid.ms.gov

The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.

HEALTHIER MISSISSIPPI WAIVER

Proposed Modification to the Data Collection Process for Assessing HMW Beneficiary Satisfaction

In the approved Evaluation Design, Mississippi proposed to use focus groups as a research tool to contextualize the quantitative data and address question/hypothesis #6 relating to HMW beneficiary satisfaction. Given the restrictions and concerns resulting from the Covid-19 virus pandemic, the evaluation team proposes to modify the means by which we will collect this qualitative data to assess beneficiary satisfaction. We recommend performing individual interviews, by phone or in-person, with a target group of beneficiaries.

Advisory Committee

Just as with the focus groups, an advisory committee will still be established. Committee functions will be to review information and make recommendation to the evaluation team regarding:

- Eligibility criteria
- Participant selection method and protocol plan (see plan below)
- Interview protocols (initial contact by phone, number of failed attempts before moving to next eligible beneficiary, explanation of who we are and why we are calling, consent to interview, if agree to participant give option of telephone or in-person, if telephone is elected, give option of now or schedule another time, if in-person is selected schedule interview, etc.)
- Appropriate support materials if needed (explanation script for why we are calling and what we are wanting, consent forms, data collection form that guides the interview, etc.)
- Specific questions needed to facilitate a conversation and gain insight regarding the beneficiaries' satisfaction with program services. (See the draft 10-questionInterview Form in Attachment I.) (Most questions were pulled from the CAHPS questionnaire. All questions model the CAHPS format.)
- Appropriate electronic format for collecting interview data
- If and what incentives should be utilized, and
- Timeline for activity completion. (See Attachment II)

Eligible Population

Individuals who have been a Healthier Mississippi Waiver beneficiary for the 12 consecutive months and for whom at least one service type has been provided will be eligible to participate in the interview process.

Participant Selection Method and Interview Protocol Plan

Number of Participants to be Interviewed

In the approved evaluation design, forty-eight (48) to sixty (60) HMW beneficiaries were scheduled to participate in the focus groups. We plan to interview approximately ten percent (10%) of the targeted, eligible population. Our estimate is that this number will be at least double that approved for the focus group participants. (Once we have CMS approval, a power analysis will be used to identify the targeted number of cohorts needed.)

Participant **Selection Method and Protocol**

A "purposive" sample will be generated using stratified sampling for demographic variable percentages to identify participants by each of the 3 regions (based on county), by gender, by three age groups (0-20, 21-49, 50 and older) and, to the extent feasible, by service type utilized. All eligible beneficiaries will be divided into eighteen (18) categories. (See chart below). The specific experience (utilization of services) of each interview participant will be identified and used to ensure that all (or as many as feasible) service types are represented in the overall interview process.

Region	Female			Male			Total
	Ages			Ages			
	0-19	20-49	50+	0-19	20-49	50+	
North	#	#	#	#	#	#	######
Central	#	#	#	#	#	#	######
South	#	#	#	#	#	#	######
Experience							
To be determined							
TOTAL Participants	###	###	###	###	###	###	##################

Candidates will be randomly selected by random number generation (SPSS). We will know the target number for each category of beneficiaries to interview based on the power analysis and stratified sampling used to generate the demographic variable percentages (a percentage of the total number of beneficiaries in each category). The evaluation team will interview and collect input from the identified participants until that target number is reached. Once that is reached, we move on to the next category of beneficiary (as identified on the preceding chart) until the total target number needed to sufficiently power the study is reached. Participant responses will be captured an reported for each category/sub-category, as well as a composite response from all interview participants.

In addition to being a more responsible approach, we believe the individual interviews will produce a more useful source of qualitative findings to complement and contextualize the quantitative analyses.

DRAFT

Attachment I

Healthy Mississippi Waiver

Individual Interview Guide

Name: _____ (If under *age,* parent/guardian name) _____
Address:_____ Phone: _____
Demographic Info: Region_____ Sex _____ Age_____
HMW service info: Service(s) utilized: _____ _____ _____

Q1	How would you rate your overall physical health? (How do you feel about your current health?) ____ (1)Excellent ____ (2)Good ____(3)Fair ____ (4)Poor ____ Don't know
Q2	In general, how would you rate your overall mental or emotional health? ___(1)Excellent __ (2) Good ___(3) Fair ___(4)Poor ___ Don't know
Q3	How satisfied are you with the *Healthier MS Waiver* services and supports you are receiving? *(May prompt with examples of waiver services they may be receiving if needed.)* ___ (1)Very satisfied ____ (2)Satisfied ____ (3)somewhat satisfied ____ (4)Not satisfied at all If not satisfied at all, *ask why?*
	Now I'm going to ask you a few questions about your experience over the last 3 months
Q4	In the last 3 months, have you gone to an emergency room? ___ (2) Yes ___ (1) No ___ Don't know/can't remember *(If yes*), *ask how many times?* _____ *(If yes)* also *ask what was the reason(s) for going to the emergency room?*
Q5	In the last 3 months, have you gone to the doctor just to get a checkup?(*not for an illness or injury)* ___ (1) Yes ____(2) No ___ Don't know/can't remember
Q6	In the last 3 months, did you have a way to get to your medical appointments (doctor, dentist, therapist, pick up medicine, etc.)? ____ (1) Mostly Yes ___ (2) Mostly No ___ Don't know *If mostly no, ask why not*?
Q7	In the last 3 months, have you had contact with {*HMW case worker*}?* ___(1)Yes ___(2)No ___Don't know/can't remember *If yes, ask how they would rate the help they got from the* {*HMW case worker**}? ____(1)Excellent ___ (2)Very good __(3)Good ___(4)Fair ___(5)Poor ___ Don't know
Q8	Would you recommend the {*HMW case worker*}* to your family and friends? ___ (1)Definitely Yes ___(2)Probably Yes ___(3)Probably No ___(4)Definitely No __ DK
Q9	*Ask only to females 21 and older or males 50 and older* In the last 3 months, did you use preventive health screenings, such as *(if female, pap test, mammogram, colorectal cancer screen; if male, colorectal cancer screen)* _____ (1)Yes ____ (2)No ____ Don't know/can't remember
Q10	*Ask only to beneficiaries who have diabetes* In the last 3 months, have you had a dilated eye exam or a hemoglobin A1c test? *(explain if necessary)* ___ (1)Yes ___(2)No ___ Don't know/can't remember
	That's it. But before we end, is there anything else you would like to tell me about your experience with the HMW program that we haven't discussed? Is there anything you would like to ask me? Thank you for your time and your responses. It will be very helpful to us.

**** "HMW case worker" is a generic placeholder name. The actual term to be used will be collectively determined prior to interviews.***

Attachment II

Tentative Timeline for Conducting Individual Interview Activities

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUNE	JULY
Plan and Organize							
▪ Request CMS approval to modify the data collection process							
▪ Receive modification authorization from CMS							
▪ Establish the Interview Adv. Committee							
▪ Confirm selection procedures and protocols							
▪ Confirm 10 interview questions							
▪ Identify any needed materials/forms							
▪ Decide on if and what incentive							
▪ Develop explanation script							
▪ Identify eligible beneficiary population							
Implementation							
▪ Initiate contact with identified sample							
▪ Conduct interviews, via phone or in-person, until target number of completed interviews has been achieved.							
Analysis and Reporting							
▪ Prepare a written report that synthesizes findings and analyzes the results of the beneficiary interview responses.							
▪ Review with HMW administrators and submit beneficiary satisfaction findings report.							