MISSISSIPPI DIVISION OF
MEDICAID

HEALTHIER MISSISSIPPI WAIVER DEMONSTRATION EXTENSION REQUEST

FULL PUBLIC NOTICE AND COMMENT PERIOD

Posted July 21, 2017

Pursuant to 42 C.F.R. Section 431.408, public notice is hereby given to the submission of a Medicaid proposed demonstration renewal request of the Healthier Mississippi Waiver (HMW), effective October 1, 2018, through September 30, 2023. The Division of Medicaid is requesting no changes with this renewal request. HMW has operated since 2006.

The current temporary extension of the HMW 1115 Waiver #11-W-00185/4 will expire on September 30, 2018.

Program Description, Goals and Objectives

The Division of Medicaid's HMW is designed to provide Medicaid services to aged, blind or disabled individuals who have no Medicare coverage and who are not otherwise eligible for Medicaid.

The goal is to improve the overall health status of individuals who, without the HMW, have very limited access to health care by providing primary and preventive care and to demonstrate budget neutrality based on an aggregate dollar cap that cannot exceed the cumulative target.

Goals and Objectives for the renewal are listed below:

Goal 1: To improve access to comprehensive health care services for individuals who are no longer covered under the Mississippi Medicaid State Plan and meet all other eligibility requirements for the HMW.

Goal 2: To increase the utilization of podiatric, eyeglasses, dental, and chiropractic services by ten percent (10%) each demonstration year.

Goal 3: To demonstrate budget neutrality based on an aggregate dollar cap growth rate allowed.

Objective 1: Increase the number of participants accessing healthcare by five percent (5%) each demonstration year, not to exceed six-thousand (6,000) enrollees.

Objective 2: Reduce the number of inpatient hospitalization admissions for participants by five percent (5%) each demonstration year.

Objective 3: Reduce the number of emergency department (ED) visits for participants by five percent (5%) each demonstration year.

Objective 4: Reduce the number of admissions to long-term care (LTC) nursing facilities for participants by five percent (5%) each demonstration year.

The Proposed Health Care Delivery System and Eligibility Requirements

The Division of Medicaid's HMW operates statewide. Applicants who meet the following criteria will be enrolled in the waiver:

- Individual is over 65 years of age or meets the SSI disability definition,
- Individual does not have Medicare,
- Income is below 135% of FPL,
- Resources remain under $4,000 for an individual or $6,000 for a couple, and
- 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.

The Aged, Blind and Disabled (ABD) Application for the HMW is a fillable PDF form that can be accessed at www.medicaid.ms.gov. The completed application can be faxed to (601) 576-4164, emailed to application@medicaid.ms.gov, or delivered to the Regional Office serving the applicant's county of residence. Individuals may also call the Division of Medicaid toll-free at 1-800-421-2408 or contact a Regional Office to request an application be mailed. An in-person interview is not required, but can be conducted if requested. Effective March 1, 2014, IRS rules for Modified Adjusted Gross Income (MAGI) are used to determine a household's income.

The Proposed Benefit Package and Cost Sharing

HMW covers all Medicaid State plan services except for the following:

- Swing bed in a skilled nursing facility,
- Long-term services and supports (nursing facility, home and community-based waiver and intermediate care facility for individuals with intellectual disabilities (ICF/IID) services), and
- Maternity and newborn care.

There are no required premiums, co-payments or deductibles for children enrolled in the HMW. Cost-sharing for adult enrollees is consistent with the Medicaid State plan. A family's total annual out-of-pocket cost sharing cannot exceed five percent (5%) of the family's gross income.

Estimated Expected Annual Enrollment and Annual Aggregate Expenditures

Enrollment for the HMW is capped at 6,000 enrollees, and has remained under 6,000 since the 2006 HMW implementation. No increase in enrollment is expected. Applicants for the HMW that would exceed the cap are placed on a waiting list and enrolled when a slot becomes available. No significant increase in expenditures is anticipated.

Location and Internet Address of Demonstration Application for Public Comment and Review

The proposed demonstration renewal request application is available for review at www.medicaid.ms.gov. A copy of the proposed demonstration renewal request will be available in each county health department office and in the Department of Human Services office in Issaquena County, for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov or may be requested at Margaret.Wilson@medicaid.ms.gov or 601-359-2081.

Postal and Internet Email Address for Sending and Reviewing Comments

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

Public Hearings

The first public hearing on this proposed demonstration request is being held Tuesday, August 8, 2017, at 10:00 a.m., at the War Memorial Auditorium located at 120 North State Street, Jackson, MS.

The second public hearing and teleconference on this proposed demonstration request is scheduled for Friday, August 18, 2017, at 10:00 a.m. at the Woolfolk State Building, Room 145 located at 501 N. West Street, Jackson, MS. To join the teleconference dial toll-free 1-877-820-7831 and enter the attendee access code: 8930051.

The Specific Waiver and Expenditure Authorities

MS is requesting the Healthier Mississippi Waiver pursuant to the authority of section 1115(a)(1) of the Social Security act Title XIX: Amount, Duration and Scope 1902(a)(10)(B). Expenditure authority is requested under section 1115(a)(2) of the Social Security Act to allow expenditures (which are not otherwise included as expenditures under section 1903 or section 2105) to provide services to populations not otherwise eligible to be covered under the Medicaid State Plan.

Mississippi Application Certification Statement - Section 1115(a) Extension

This document, together with the supporting documentation outlined below, constitutes Mississippi Division of Medicaid (DOM) application to the Centers for Medicare & Medicaid Services (CMS) to renew the Healthier Mississippi Waiver (HMW) 1115 11-W-00185/4 for a period of five (5) years pursuant to section 1115(a) of the Social Security Act.

Type of Request (*select one only*):

____X___ Section 1115(a) extension <u>with no</u> program changes

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration without any programmatic changes. The state is requesting to extend approval of the demonstration subject to the same Special Terms and Conditions (STCs), waivers, and expenditure authorities currently in effect for the period July 24, 2015-September 30, 2018.

The state is submitting the following items that are necessary to ensure that the demonstration is operating in accordance with the objectives of title XIX and/or title XXI as originally approved. The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information as requested in the below appendices.

- **Appendix A:** A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.
- **Appendix B:** Budget/allotment neutrality assessment, and projections for the projected extension period. The state will present an analysis of budget/allotment neutrality for the current demonstration approval period, including status of budget/allotment neutrality to date based on the most recent expenditure and member month data, and projections through the end of the current approval that incorporate the latest data. CMS will also review the state's Medicaid and State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) expenditure reports to ensure that the demonstration has not exceeded the federal expenditure limits established for the demonstration. The state's actual expenditures incurred over the period from initial approval through the current expiration date, together with the projected costs for the requested extension period, must comply with CMS budget/allotment neutrality requirements outlined in the STCs.
- **Appendix C:** Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state's achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state's interim evaluation must meet all of the requirements outlined in the STCs.

- **Appendix D:** Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration.
- **Appendix E:** Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

_____ **Section 1115(a) extension <u>with</u> minor program changes**

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration with minor demonstration program changes. In combination with completing the Section 1115 Extension Template, the state may also choose to submit a redline version of its approved Special Terms and Conditions (STCs) to identify how it proposes to revise its demonstration agreement with CMS.

With the exception of the proposed changes outlined in this application, the state is requesting CMS to extend approval of the demonstration subject to the same STCs, waivers, and expenditure authorities currently in effect for the period [insert current demo period].

The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information requested in Appendices A through E above, along with the Section 1115 Extension Template identifying the program changes being requested for the extension period. Please list all enclosures that accompany this document constituting the state's whole submission.

1. Section 1115 Extension Template
2. Appendix A: Historical Narrative Summary
3. Appendix B: Budget Allotment/Neutrality Assessment
4. Appendix C: Interim Evaluation
5. Appendix D: State Monitoring of Access to HMW Services
6. Appendix E: Public Notice Compliance

The state attests that it has abided by all provisions of the approved STCs and will continuously operate the demonstration in accordance with the requirements outlined in the STCs.

Signature:_____ **Date:**_____
[Governor]

CMS will notify the state no later than 15 days of submitting its application of whether we determine the state's application meets the requirements for a streamlined federal review. The state will have an opportunity to modify its application submission if CMS determines it does not meet these requirements. If CMS reviews the state's submission and determines that any proposed changes significantly alter the original objectives and goals of the existing demonstration as approved, CMS has the discretion to process this application full scope pursuant to regular statutory timeframes for an extension or as an application for a new demonstration.

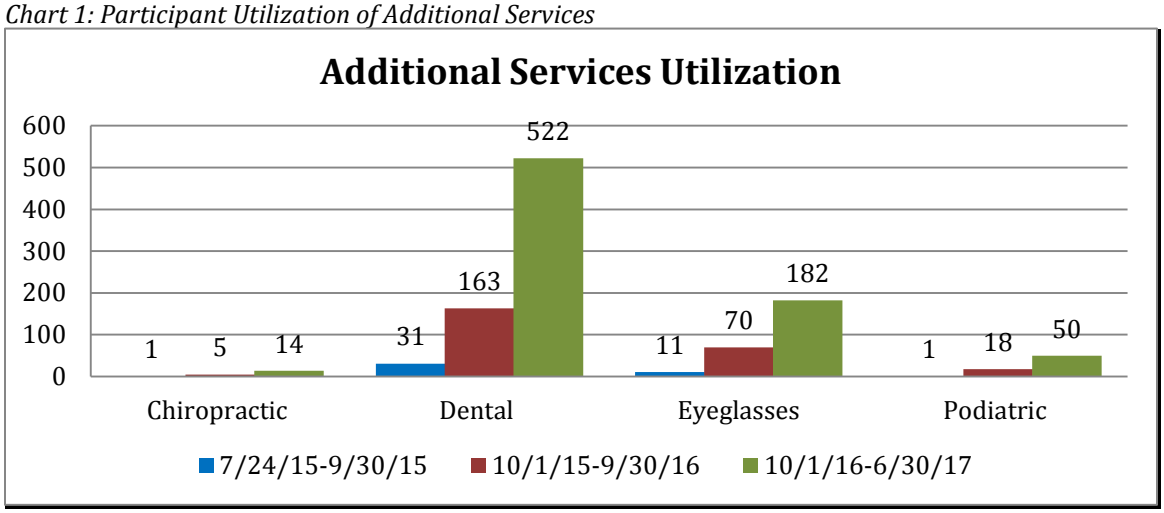
APPENDIX A
HISTORICAL NARRATIVE SUMMARY

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, the Division of Medicaid (DOM) applied for the Healthier Mississippi Waiver (HMW) Demonstration Program, Section 1115(a). HMW was originally approved by the Centers for Medicare & Medicaid Services (CMS) for a five (5) year period beginning on October 1, 2004, through September 30, 2009. Since then, the demonstration was approved for renewal and under a series of temporary approvals for an additional five (5) year period beginning October 1, 2009, through July 23, 2015. Currently, the demonstration's special terms and conditions (STCs) are approved from July 24, 2015 through September 30, 2018.

The HMW allows Mississippi 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 to individuals with income up to 135% of the federal poverty level (FPL) who are aged, blind or disabled, are not eligible for Medicare, and are not eligible under the Medicaid state plan; with a resource limit of $4,000 for an individual and $6,000 for a couple. Beginning with the July 24, 2015, through September 30, 2018 extension, the HMW enrollment limit increased from 5,500 to 6,000 and allows reimbursement for additional services including podiatry, eyeglasses, dental, and chiropractic services excluded from previous demonstration years.

Chart 1 demonstrates utilization of the additional services approved under the current HMW demonstration extension. Data reveals a steady increase in utilization among HMW participants, with dental services being the most widely used followed by eyeglasses.

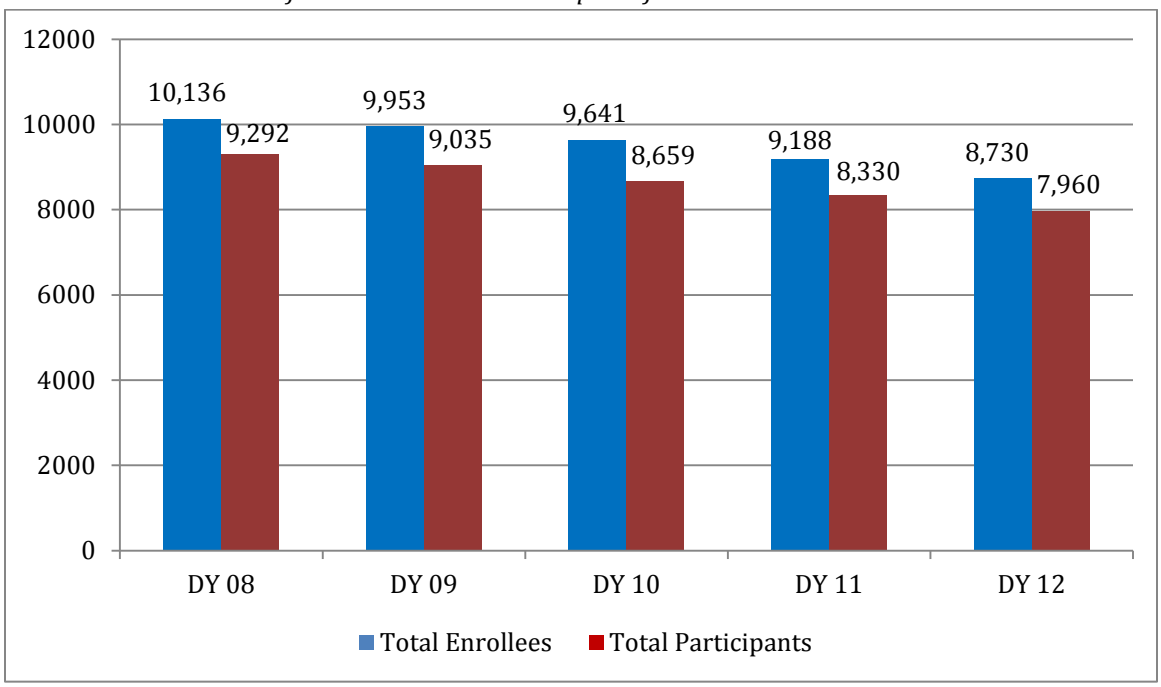
Chart 1: Participant Utilization of Additional Services



Data Source: Cognos Additional Services by Provider Type and Date of Service (DOS)

Chart 2 provides historical HMW enrollee and participant data. Over the past five (5) demonstration years, average enrollment for the HMW was 9,529 and the average number of participants, defined as receiving at least one (1) service under the HMW was 8,655.

Chart 2: Historical Data of HMW Enrollees & Participants for Demonstration Years 8-12



Data source: *Cognos HMW Member Months Report by Federal Fiscal Year*

PROGRAM OBJECTIVES AND OUTCOMES

Objective 1: Increase access to primary and/or preventive services which will reduce hospitalizations, premature nursing facility placements, and improper use of the emergency department. Refer to Appendix C for interim evaluation of the overall impact of the demonstration, in addition to plans for evaluation activities over the requested extension period.

Objective 2: Slow the deterioration of health status for the demonstration population. Refer to Appendix C for interim evaluation of the overall impact of the demonstration, in addition to plans for evaluation activities over the requested extension period.

FUTURE GOALS

Goal 1: To increase enrollees' knowledge and understanding of the health services available under the HMW demonstration each quarter.

Goal 2: To reduce hospitalizations, emergency department visits and nursing facility placements by three percent (3%) each demonstration year.

FUTURE OBJECTIVES

Objective 1: Contact 100% of new enrollees each quarter to assess knowledge of the health services available under the HMW program.

Objective 2: Reduce the number of inpatient hospitalization admissions by three percent (3%) each demonstration year.

Objective 3: Reduce the number of emergency department (ED) visits by three percent (3%) each demonstration year.

Objective 4: Reduce the number of admissions to nursing facilities by three percent (3%) each demonstration year.

APPENDIX B
BUDGET/ALLOTMENT NEUTRALITY ASSESSMENT

5 YEARS OF HISTORIC DATA						
MEDICAID POP 1	**DY 08**	**DY 09**	**DY 10**	**DY 11**	**DY 12**	**5-YEARS**
Total Expenditures	$ 83,318,371	$ 88,655,137	$ 85,703,024	$ 91,745,471	$ 85,255,781	$ 434,677,784
Eligible Member Months	66,414	69,529	66,023	64,967	62,195	
PMPM Cost	$ 1,254.53	$ 1,275.08	$ 1,298.08	$ 1,412.19	$ 1,370.78	

TREND RATES						
	Annual Change					**5-Year Average**
	DY 08	**DY 09**	**DY 10**	**DY 11**	**DY 12**	
Total Expenditure	–	6.41%	-3.33%	7.05%	-7.07%	0.58%
Eligible Member Months	–	4.69%	-5.04%	-1.60%	-4.27%	-1.63%
PMPM Cost	–	1.64%	1.80%	8.79%	-2.93%	2.24%

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 00	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					DY 15	**DY 16**	**DY 17**	**DY 18**	**DY 19**	
MEDICAID POP 1										
Pop Type:	**Medicaid**									
Eligible Member Months	-1.6%		62,195	-1.6%	61,181	60,184	59,203	58,238	57,289	
PMPM Cost	2.2%	0	$1,370.78	2.2%	$1,401.49	$1,432.88	$1,464.98	$1,497.80	$1,531.35	
Total Expenditure					$85,744,870	$86,236,403	$86,731,165	$87,228,817	$87,729,023	$433,670,279

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 00	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WW
					DY 15	**DY 16**	**DY 17**	**DY 18**	**DY 19**	
MEDICAID POP 1										
Pop Type:	**Medicaid**									
Eligible Member Months	-1.6%		62,195	-1.6%	61,181	60,184	59,203	58,238	57,289	
PMPM Cost	2.2%	0	$1,370.78	2.2%	$1,401.49	$1,432.88	$1,464.98	$1,497.80	$1,531.35	
Total Expenditure					$85,744,870	$86,236,403	$86,731,165	$87,228,817	$87,729,023	$433,670,279

Panel 1: Historic DSH Claims for the Last Five Fiscal Years					
RECENT PAST FEDERAL FISCAL YEARS					
	2012	**2013**	**2014**	**2015**	**2016**
State DSH Allotment (Federal share)	$156,477,779	$160,233,246	$162,796,978	$165,238,933	$165,734,650
State DSH Claim Amount (Federal share)	$156,172,754	$160,077,072	$162,636,743	$165,221,253	$165,662,494
DSH Allotment Left Unspent (Federal share)	$ 305,025	$ 156,174	$ 160,235	$ 17,680	$ 72,156

Panel 2: Projected Without Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period						
FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS						
	FFY 00 (2018)	**FFY 01 (2019)**	**FFY 02 (2020)**	**FFY 03 (2021)**	**FFY 04 (2022)**	**FFY 05 (2023)**
State DSH Allotment (Federal share)	$166,000,000	$167,000,000	$168,000,000	$169,000,000	$170,000,000	$171,000,000
State DSH Claim Amount (Federal share)	$166,000,000	$167,000,000	$168,000,000	$169,000,000	$170,000,000	$171,000,000
DSH Allotment Projected to be Unused (Federal share)	$	$	$	$	$	$

Panel 3: Projected With Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period						
FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS						
	FFY 00 (2018)	**FFY 01 (2019)**	**FFY 02 (2020)**	**FFY 03 (2021)**	**FFY 04 (2022)**	**FFY 05 (2023)**
State DSH Allotment (Federal share)	$166,000,000	$167,000,000	$168,000,000	$169,000,000	$170,000,000	$171,000,000
State DSH Claim Amount (Federal share)	$166,000,000	$167,000,000	$168,000,000	$169,000,000	$170,000,000	$171,000,000
Maximum DSH Allotment Available for Diversion (Federal share)						
Total DSH Allotment Diverted (Federal share)	$	$	$	$	$	$
DSH Allotment Available for DSH Diversion Less Amount Diverted (Federal share, must be non-negative)	$	$	$	$	$	$
DSH Allotment Projected to be Unused (Federal share, must be non-negative)	$	$	$	$	$	$

BUDGET NEUTRALITY SUMMARY

WITHOUT-WAIVER TOTAL EXPENDITURES

Medicaid Populations	DEMONSTRATION YEARS (DY)					TOTAL
	DY 08	DY 09	DY 10	DY 11	DY 12	
Medicaid Pop 1	$ 85,744,870	$ 86,236,403	$ 86,731,165	$ 87,228,817	$ 87,729,023	$ 433,670,279
Medicaid Pop 2	$	$	$	$	$	$
Medicaid Pop 3	N/A	N/A	N/A	N/A	N/A	N/A
DSH Allotment Diverted	$	$	$	$	$	$
Other WOW Categories						
Category 1						$
Category 2						$
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A

WITH-WAIVER TOTAL EXPENDITURES

Medicaid Populations	DEMONSTRATION YEARS (DY)					TOTAL
	DY 08	DY 09	DY 10	DY 11	DY 12	
Medicaid Pop 1	$ 85,744,870	$ 86,236,403	$ 86,731,165	$ 87,228,817	$ 87,729,023	$ 433,670,279
Medicaid Pop 2	$	$	$	$	$	$
Medicaid Pop 3	N/A	N/A	N/A	N/A	N/A	N/A
Expansion Populations						
Exp Pop 1	$	$	$	$	$	$
Exp Pop 2	$	$	$	$	$	$
Excess Spending From Hypotheticals						$
Other WW Categories						
Category 3						$
Category 4						$
TOTAL	N/A	N/A	N/A	N/A	N/A	N/A
VARIANCE	N/A	N/A	N/A	N/A	N/A	N/A

APPENDIX C
INTERIM EVALUATION

DOM utilized a quantitative design analysis to conduct an interim evaluation of the overall impact of the HMW. DOM determined whether participants who accessed primary and preventative health services had a decrease in the number hospitalizations, emergency department visits, and nursing facility placements during each demonstration year when compared to participants who *did not* access primary and preventative health services. DOM plans to utilize the quantitative design for evaluation activities over the requested extension period.

Program Objectives, Outcomes, and Measures

Objective 1: Increase access to primary and/or preventive services which will reduce hospitalizations, premature nursing facility placements, and improper use of the emergency department.

Outcome: This objective was partially met. There was a steady decline in nursing facility placements for participants who accessed primary and/or preventive services for FFY 13-16, when compared to participants who did not access primary and/or preventive services. However, the percentage of hospitalizations and emergency department visits for non-injury related diagnoses was higher for participants who accessed primary and/or preventive services than those participants who did not access primary and/or preventive services.

Table 1: Hospitalizations

Federal Fiscal Year	Total Number of Hospitali-zations for Non-Injury Related Diagnoses	Number of Hospitalizations for Participants who Accessed Primary and/or Preventive Services	Percentage of Hospitalizations for Participants who Accessed Primary and/or Preventive Services	Number Hospitalizations for Participants who did not Access Primary and/or Preventive Services	Percentage of Hospitalizations for Participants who did not Access Primary and/or Preventive Services
FFY12	2,848	1,555	55%	1,293	45%
FFY13	2,859	1,629	57%	1,230	43%
FFY14	2,504	1,450	58%	1,054	42%
FFY15	2,497	1,452	58%	1,045	42%
FFY16	2,320	1,262	54%	1,058	46%

Table 2: Nursing Facility Placements

Federal Fiscal Year	Total Number of Nursing Facility Placements	Number of Nursing Facility Placements for Participants who Accessed Primary and/or Preventive Services	Percentage of Nursing Facility Placements for Participants who Accessed Primary and/or Preventive Services	Number of Nursing Facility Placements for Participants who did not Access Primary and/or Preventive Services	Percentage of Nursing Facility Placements for Participants who did not Access Primary and/or Preventive Services
FFY12	51	26	51%	25	49%
FFY13	72	34	47%	38	53%
FFY14	64	29	45%	35	55%
FFY15	74	26	35%	48	65%
FFY16	73	24	33%	49	67%

Table 3: Emergency Department Visits

Federal Fiscal Year	Total Number of Emergency Department Visits for Non-Injury Diagnoses	Number of Emergency Departments Visits for Participants who Accessed Primary and/or Preventive Services	Percentage of Emergency Departments Visits for Participants who Accessed Primary and/or Preventive Services	Number of Emergency Departments Visits for Participant who did not Access Primary and/or Preventive Services	Percentage of Emergency Departments Visits for Participants who did not Access Primary and/or Preventive Services
FFY12	6,064	3,352	55%	2,712	45%
FFY13	6,324	3,574	56%	2,750	44%
FFY14	5,854	3,483	59%	2,371	41%
FFY15	5,845	3,462	59%	2,383	41%
FFY16	5,813	3,338	57%	2,475	43%

Measures:

1. Identify the number of HMW participants who accessed primary and/or preventive services*, then determine the number of hospitalizations for non-

injury related diagnoses during a twelve (12) month period for the cohort based on FFY.

- Numerator: Number of hospitalizations for non-injury related diagnoses for participants who accessed primary and/or preventive services
- Denominator: Total number of hospitalizations for HMW participants who accessed and did not access primary and/or preventive services

2. Identify the number of HMW participants who accessed primary and/or preventive services*, then determine the number of emergency department visits for non-injury related diagnoses during a twelve (12) month period for the cohort based on FFY.
    - Numerator: Number of emergency department visits for non-injury related diagnoses for participants who accessed primary and/or preventive services
    - Denominator: Total number of emergency department visits for non-injury related diagnoses for HMW participants who accessed and did not access primary and/or preventive services

3. Identify the number of HMW participants who accessed primary and/or preventive services*, then determine the number of nursing facility admissions during a twelve (12) month period for the cohort based on FFY.
    - Numerator: Number of nursing facility admissions for participants who accessed primary and/or preventive services
    - Denominator: Total number of nursing facility admissions for HMW participants who accessed and did not access primary and/or preventive services

4. Identify the number of HMW participants who *did not* access primary and/or preventive services*, then determine the number of hospitalizations for non-injury related diagnoses during a twelve (12) month period for the cohort based on the FFY.
    - Numerator: Number of hospitalizations for non-injury related diagnoses for participants who did not access primary and/or preventive services
    - Denominator: Total number of hospitalizations for non-injury related diagnoses for HMW participants who accessed and did not access primary and/or preventive services

5. Identify the number of HMW - participants who *did not* access primary and/or preventive services*, then determine the number of emergency department visits for non-injury related diagnoses during a twelve (12) month period for the cohort based on FFY.

- Numerator: Number of emergency department visits for non-injury related diagnoses for participants who did not access primary and/or preventive services
- Denominator: Total number of emergency department visits for non-injury related diagnoses for HMW participants who accessed and did not access primary and/or preventive services

6. Identify the number of HMW participants who *did not* access primary and/or preventive services*, then determine the number of nursing facility admissions during a twelve (12) month period.
   - Numerator: Number of nursing facility admissions for participants who did not access primary and/or preventive services
   - Denominator: Total number of nursing facility admissions for HMW participants who accessed and did not access primary and/or preventive services

**Primary services are identified by claims submitted with an Evaluation and Management code and a diagnosis code indicating one of the most common chronic conditions (heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis) as defined by the Centers for Disease Control and Prevention (CDC). Preventive services are identified by claims submitted with Preventive Medicine Codes (99381-99387 & 99391-99397).*

Data Source: DOM Mississippi Medicaid Management Information Systems (MMIS) claims and enrollment data, Cognos Decision Support System/Data Warehouse (DSS/DW) Subsystem

Objective 2: Slow the deterioration of health status for the demonstration population.

Outcome: To determine deterioration of health status, (1) DOM compared the average percentage of deaths and nursing facility placements among the HMW population to an equivalent Medicaid population and (2) conducted a survey of HMW participants regarding their health status. Data shows the average death percentage for HMW population was 1.49% and the average death for the equivalent Medicaid population was 1.45%, which is a difference of 0.05%. The analysis indicated HMW participants health statuses deteriorate at the same rate as the equivalent Medicaid population. The average nursing facility placements for HMW population was 0.34% and for the equivalent Medicaid population 0.016%. The analysis indicated the HMW population was admitted to a nursing facility at a greater rate but only a difference of 0.324% as the equivalent Medicaid population. Refer to tables 4 and 5.

Table 4: Deaths

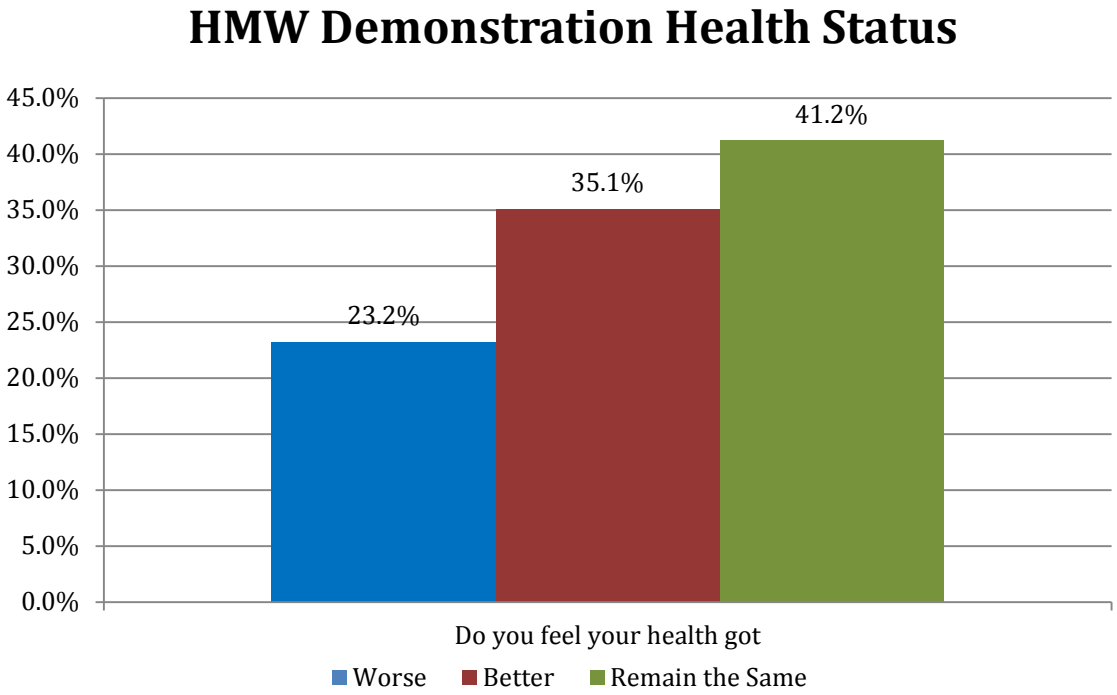
Federal Fiscal Year	Total HMW Population	HMW Population with Deaths	Percentage of HMW Population with Deaths	Total Medicaid Population (COE 001)	Medicaid Population (COE 001) with Deaths	Percentage of Medicaid Population (COE 001) with Deaths
FFY12	10,136	146	1.44%	97,831	1,307	1.34%
FFY13	9,953	139	1.40%	96,742	1,328	1.37%
FFY14	9,638	152	1.58%	96,490	1,401	1.45%
FFY15	9,186	151	1.64%	94,654	1,422	1.50%
FFY16	8,747	123	1.41%	91,361	1,454	1.59%

Table 5: Nursing Facility Placements

Federal Fiscal Year	Total Number of HMW Enrollees	Number of HMW Enrollees with Nursing Facility Admission	Percentage of HMW Enrollees with Nursing Facility Admission	Total Number of COE 001 Enrollees	Number of COE 001 Enrollees with Nursing Facility Admission	Percentage of COE 001 Enrollees with Nursing Facility Admission
FFY12	10,136	29	0.30%	97,831	13	0.01%
FFY13	9,953	33	0.30%	96,742	13	0.01%
FFY14	9,638	36	0.40%	96,490	17	0.02%
FFY15	9,186	28	0.30%	94,654	20	0.02%
FFY16	8,747	31	0.40%	91,361	19	0.02%

Ten percent (10%) of HMW participants were surveyed. Results from the survey indicated 41.2% of HMW participants viewed their health status as remaining the same, 35.1% indicated improvement in their health status and 23.2% stated their health was worse. It is assumed the total population of HMW participant's health status would mirror those who responded to the survey. The survey indicated that the most frequently cited health status remained the same and had not deteriorated. Refer to Chart 3.

Chart 3: HMW Respondents Health Status



Measures:

1. DOM compared the percentage of deaths and nursing facility admissions of HMW beneficiaries with at least six (6) months of continuous coverage to the percentage of deaths and nursing facility admissions of beneficiaries in a comparable category of eligibility (001-SSI Individual).

2. DOM utilized a self-reported survey to evaluate if the health status of HMW enrollees had stabilized, improved, or deteriorated as a result of utilizing the services offered through the demonstration.

Data Source: DOM Mississippi Medicaid Management Information Systems (MMIS) claims and enrollment data, Cognos Decision Support System/Data Warehouse (DSS/DW) Subsystem

APPENDIX D
STATE MONITORING OF ACCESS TO HMW SERVICES

Enrollment Monitoring Process

The Office of Eligibility within DOM monitors the enrollment process to ensure only individuals meeting the HMW eligibility criteria are enrolled.

Satisfaction Survey Monitoring

DOM sampled approximately 10% of the HMW participants who accessed at least one (1) service during DY12. The participants were surveyed to monitor satisfaction and to identify potential areas of quality improvement. After adjusting for incorrect addresses, 464 participants were surveyed. There were 105 surveys returned, resulting in a response rate of 21%. After eliminating the six (6) surveys with no responses and the two (2) surveys with a "no" response to question one (1), 97 surveys were available for analysis. Refer to table 6.

Table 6: Survey Responses

Q1: Our records show that you were covered under Mississippi Medicaid at some time between October 1, 2015 and September 30, 2016. Is this true?		
Response Choices	**Frequency**	**Percent**
Yes	97	92.4%
No	2	2%
Q2: Do you feel your health got?		
Response Choices	**Frequency**	**Percent**
Worse	23	23.7%
Better	34	35.1%
Remain the same	40	41.2%
Q3: Did you see your doctor?		
Response Choices	**Frequency**	**Percent**
Yes	92	94.8%
No	5	5.2%
Q4: Did you spend time in the hospital?		
Response Choices	**Frequency**	**Percent**
Yes	40	41.2%
No	57	58.8%
Q5: Did you go to the emergency room?		
Response Choices	**Frequency**	**Percent**
Yes	58	59.8%
No	39	40.24%
Q6: Did you ever need to see a doctor but did not because you could not pay?		
Response Choices	**Frequency**	**Percent**
Yes	52	53.6%
No	45	46.4%
Q7: Was there ever a time when you did not get the medicine that you needed because you could not pay for it?		
Response Choices	**Frequency**	**Percent**
Yes	61	62.9%
No	36	37.1%

Q8: Have you ever been told by a doctor that you have: ?		
Response Choices	**Frequency**	**Percent**
Asthma	14	14.4%
Cancer	11	11.3%
Diabetes	33	34%
End stage renal disease	1	1%
HIV/AIDS	0	0%
Any other chronic condition	32	33.1%
No response	6	6.2%
Q9: Did you get a new pair of glasses or contacts paid for by Mississippi Medicaid?		
Response Choices	**Frequency**	**Percent**
Yes	14	14.4%
No	83	85.6%
Q10: Did you get services from a foot doctor?		
Response Choices	**Frequency**	**Percent**
Yes	7	7.2%
No	90	92.8%
Q11: Did you get services from a chiropractor?		
Response Choices	**Frequency**	**Percent**
Yes	9	9.3%
No	88	90.7
Q12: Did you get dental care?		
Response Choices	**Frequency**	**Percent**
Yes	10	10.3%
No	87	89.7%
Q13: Did you get a check-up?		
Response Choices	**Frequency**	**Percent**
Yes	81	83.5%
No	16	16.5%
Q14: What is your overall satisfaction with your medical coverage?		
Response Choices	**Frequency**	**Percent**
Very satisfied	59	60.8%
Slightly satisfied	16	16.5%
Neither satisfied or dissatisfied (neutral)	11	11.3%
Slightly dissatisfied	8	8.3%
Not satisfied at all	3	3.1%
Q15: How would you describe your race?		
Response Choices	**Frequency**	**Percent**
American Indian or Alaska Native	1	1%
Asian	2	2.1%
Black or African American	47	48.5%
Native Hawaiian/Pacific Islander	0	0%
White	40	41.2%
Another race	7	7.2%

APPENDIX E
PUBLIC NOTICE COMPLIANCE

June 8, 2017
Public Notice of
Annual Post-Award Forum

Mississippi Section 1115(a) Healthier Mississippi Waiver

Pursuant to 42 C.F.R. Section 431.420(c), public notice is hereby given to the annual Post-Award Forum on the Division of Medicaid's Healthier Mississippi Waiver. The annual Post-Award Forum provides stakeholders and the general public the opportunity to provide meaningful comment on the progress of the Healthier Mississippi Waiver. The Healthier Mississippi Waiver operates under the authority of an 1115(a) waiver approved by the Centers for Medicare and Medicaid Services (CMS). The Post-Award Forum will be held from 9:00 a.m. to 10:00 a.m. on Tuesday, July 11, 2017, in room 145 at the Woolfolk Building, 501 N. West Street, Jackson, MS 39201. There will be an opportunity for public comment at the forum. There were no comments.
https://medicaid.ms.gov/wp-content/uploads/2017/05/HMW-Public-Notice-Annual-Post-Award-Forum.pdf

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

MISSISSIPPI DIVISION OF
MEDICAID

June 7, 2017

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 1115(a) Healthier Mississippi Waiver (HMW) demonstration for renewal effective October 1, 2018. The request proposed no changes to the current demonstration set to expire September 30, 2018. The renewal request is effective October 1, 2018, to September 30, 2023.

Please send comments to Margaret.Wilson@medicaid.ms.gov by August 6, 2017.

Sincerely,

Margaret Wilson
Nurse Office Director
Policy

Copy to: Merry Irons
Tina Scott
Elliot Milholland
Wendy Moran
Durnene Farmer
Laura Dees
Cheryl Hamby
Roberta Taylor

Toll-free 800-421-2408 | Phone 601-359-6050 | Fax 601-359-6294 | medicaid.ms.gov

HEALTHIER MISSISSIPPI WAIVER DEMONSTRATION EXTENSION REQUEST

FULL PUBLIC NOTICE AND COMMENT PERIOD

Posted July 21, 2017

Pursuant to 42 C.F.R. Section 431.408, public notice is hereby given to the submission of a Medicaid proposed demonstration renewal request of the Healthier Mississippi Waiver (HMW), effective October 1, 2018, through September 30, 2023. The Division of Medicaid is requesting no changes with this renewal request. HMW has operated since 2006.

The current temporary extension of the HMW 1115 Waiver #11-W-00185/4 will expire on September 30, 2018.

Program Description, Goals and Objectives

The Division of Medicaid's HMW is designed to provide Medicaid services to aged, blind or disabled individuals who have no Medicare coverage and who are not otherwise eligible for Medicaid.

The goal is to improve the overall health status of individuals who, without the HMW, have very limited access to health care by providing primary and preventive care and to demonstrate budget neutrality based on an aggregate dollar cap that cannot exceed the cumulative target.

Goals and Objectives for the renewal are listed below:

Goal 1: To increase enrollees' knowledge and understanding of the health services available under the HMW demonstration each quarter.

Goal 2: To reduce hospitalizations, emergency department visits and nursing facility placements by three percent (3%) each demonstration year.

Objective 1: Contact 100% of new enrollees each quarter to assess knowledge of the health services available under the HMW program.

Objective 2: Reduce the number of inpatient hospitalization admissions by three percent (3%) each demonstration year.

Objective 3: Reduce the number of emergency department (ED) visits by three percent (3%) each demonstration year.

Objective 4: Reduce the number of admissions to nursing facilities by three percent (3%) each demonstration year

The Proposed Health Care Delivery System and Eligibility Requirements

The Division of Medicaid's HMW operates statewide. Applicants who meet the following criteria will be enrolled in the waiver:

- Individual is over 65 years of age or meets the SSI disability definition,
- Individual does not have Medicare,
- Income is below 135% of FPL,
- Resources remain under $4,000 for an individual or $6,000 for a couple, and
- 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.

The Aged, Blind and Disabled (ABD) Application for the HMW is a fillable PDF form that can be accessed at www.medicaid.ms.gov. The completed application can be faxed to (601) 576-4164, emailed to application@medicaid.ms.gov, or delivered to the Regional Office serving the applicant's county of residence. Individuals may also call the Division of Medicaid toll-free at 1-800-421-2408 or contact a Regional Office to request an application be mailed. An in-person interview is not required, but can be conducted if requested. Effective March 1, 2014, IRS rules for Modified Adjusted Gross Income (MAGI) are used to determine a household's income.

The Proposed Benefit Package and Cost Sharing

HMW covers all Medicaid State plan services except for the following:

- Swing bed in a skilled nursing facility,
- Long-term services and supports (nursing facility, home and community-based waiver and intermediate care facility for individuals with intellectual disabilities (ICF/IID) services), and
- Maternity and newborn care.

There are no required premiums, co-payments or deductibles for children enrolled in the HMW. Cost-sharing for adult enrollees is consistent with the Medicaid State plan. A family's

total annual out-of-pocket cost sharing cannot exceed five percent (5%) of the family's gross income.

Estimated Expected Annual Enrollment and Annual Aggregate Expenditures

Enrollment for the HMW is capped at 6,000 enrollees, and has remained under 6,000 since the 2006 HMW implementation. No increase in enrollment is expected. Applicants for the HMW that would exceed the cap are placed on a waiting list and enrolled when a slot becomes available. No significant increase in expenditures is anticipated.

Location and Internet Address of Demonstration Application for Public Comment and Review

The proposed demonstration renewal request application is available for review at www.medicaid.ms.gov. A copy of the proposed demonstration renewal request will be available in each county health department office and in the Department of Human Services office in Issaquena County, for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov or may be requested at Margaret.Wilson@medicaid.ms.gov or 601-359-2081.

Postal and Internet Email Address for Sending and Reviewing Comments

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

Public Hearings

The first public hearing on this proposed demonstration request is being held Tuesday, August 8, 2017, at 10:00 a.m., at the War Memorial Auditorium located at 120 North State Street, Jackson, MS.

The second public hearing and teleconference on this proposed demonstration request is scheduled for Friday, August 18, 2017, at 10:00 a.m. at the Woolfolk State Building, Room 145 located at 501 N. West Street, Jackson, MS. To join the teleconference dial toll-free 1-877-820-7831 and enter the attendee access code: 8930051.

The Specific Waiver and Expenditure Authorities

MS is requesting the Healthier Mississippi Waiver pursuant to the authority of section 1115(a)(1) of the Social Security Act Title XIX: Amount, Duration and Scope 1902(a)(10)(B). Expenditure authority is requested under section 1115(a)(2) of the Social Security Act to allow expenditures (which are not otherwise included as expenditures under section 1903 or section 2105) to provide services to populations not otherwise eligible to be covered under the Medicaid State Plan.

PUBLIC NOTICE

JULY 21, 2017

Pursuant to 42 C.F.R. Section 431.408, public notice is hereby given to the submission of a Medicaid proposed demonstration renewal request of the Healthier Mississippi Waiver (HMW), effective October 1, 2018 through September 30, 2023.

1. The Division of Medicaid's request for the HMW renewal demonstration effective October 1, 2018 through September 30, 2023, proposes no changes to the current demonstration set to expire September 30, 2018. Currently, the Division of Medicaid's HMW is designed to provide Medicaid services to aged, blind or disabled individuals who have no Medicare coverage and who are not otherwise eligible for Medicaid. The goal is to improve the overall health status of individuals who, without the HMW, have very limited access to health care by providing primary and preventive care and to demonstrate budget neutrality based on an aggregate dollar cap that cannot exceed the cumulative target. The primary objectives are to:
    a. Provide quality healthcare coverage for a group of aged, blind and disabled Mississippians who would otherwise have no access or very limited access to healthcare.
    b. Reduce the rate of entry to institutional long-term care settings for the waiver population.
    c. Reduce the rate of hospitalizations and improper emergency department usage for the waiver population.

2. The first public hearing on this proposed demonstration request is being held Tuesday, August 8, 2017, at 10:00 a.m., at the War Memorial Auditorium located at 120 North State Street, Jackson, MS.

3. The second public hearing and teleconference on this proposed demonstration request is scheduled for Friday, August 18, 2017, at 10:00 a.m. at the Woolfolk State Building, Room 145 located at 501 N. West Street, Jackson, MS. To join the teleconference dial toll-free 1-877-820-7831 and enter the attendee access code: 8930051.

4. The proposed demonstration renewal request and the full public notice are available for review at www.medicaid.ms.gov. A copy of the proposed demonstration renewal request will be available in each county health department office and in the Department of Human Services office in Issaquena County, for review. A hard copy can be downloaded and printed from www.medicaid.ms.gov or may be requested at Margaret.Wilson@medicaid.ms.gov or 601-359-2081.

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