MISSISSIPPI DIVISION OF
MEDICAID

Healthier Mississippi Project

Section 1115 Demonstration

Project Number 11-W-00185/4

Evaluation Design

April 15, 2020

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

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I. Historical Background of the Demonstration

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 that this population was at risk for costly adverse events, such as institutional placement if medical regimens were not maintained, the state applied and received approval for a section 1115 demonstration to continue coverage for this population. The Healthier Mississippi Waiver (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. The HMW demonstration continued to operate under a series of temporary approvals for an additional five (5) years from October 1, 2009 through July 23, 2015. The Division of Medicaid received an approval for a five (5) year extension for the period of July 24, 2015 through September 30, 2018. Beginning with the July 24, 2015 through September 30, 2018 extension, the HMW enrollment limit increased from 5,500 to 6,000 and provided coverage for podiatry, eyeglasses, dental, and chiropractic services which were excluded from previous demonstration years. Currently, the demonstration's special terms and conditions (STCs) are approved from October 1, 2018 through September 30, 2023. There were no changes in the eligibility requirements or covered services from the previous demonstration.

Eligibility for the Healthier Mississippi demonstration is limited to aged, blind, or disabled individuals who are not eligible for Medicare, do not qualify for Medicaid, and are not in a long term care institution, and whose:

- Income is at or below 135% of the Federal Poverty Level (FPL) for an individual or a couple calculated using a methodology based on the Supplemental Security Income (SSI) program, as well as income exclusions approved under the State Plan under the authority of Section 1902(r)(2) of the Social Security Act, and
- Resources are below $4,000 for an individual and $6,000 for a couple.

Children (ages 0 through 20) enrolled in the demonstration receive all Medicaid state plan benefits, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Adults (ages 21 and older) enrolled in the demonstration receive all services covered under the

Medicaid state plan with the same service limits with the exception of the following services:

- Long-term care services(nursing facility, home and community based waiver, and Intermediate Care Facility/Individuals with Intellectual Disabilities (ICF/IID) services),
- Swing bed services in a skilled nursing facility, and
- Maternity and newborn care services.

HMW beneficiaries who require long-term care, swing bed services in a skilled nursing facility, or maternity and newborn care services would qualify for Medicaid and, therefore, would be deemed ineligible for the waiver. HMW enrollees are assigned to a specific category of eligibility (045) to ensure the population is easily identifiable and to ensure the number of enrollees does not exceed the cap of 6,000.

II. Demonstration Goals and Evaluation Hypotheses and Research Questions

Mississippi Medicaid intends to measure the performance of the demonstration goals through the following quantifiable target percentages. These percentages were determined by using the percent change for demonstration years 12 through 14 (fiscal years 2016-2018):

1. Reduce hospitalizations and improper use of the emergency department (ED) by two percent (2%) for the duration of the demonstration.
2. Increase the utilization of ambulatory/preventive health visits by two percent (2%) for the duration of the demonstration.
3. Increase the number of preventive health screenings by one percent (1%) for the duration of the demonstration.
4. Increase the proportion of adults with diabetes who have a hemoglobin A1c (HbA1c) measurement at least once a year by two percent (2%) for the duration of the demonstration.
5. Increase the proportion of adults with diabetes who have an annual dilated eye examination by four percent (4%) for the duration of the demonstration.

The hypotheses and research questions listed below promote the objectives of Title XIX by:

- Providing payments for medical assistance to low-income aged, blind, and disabled individuals, not eligible for Medicaid or Medicare; and
- Providing access to needed medical services.

Evaluation Question 1: How do the rates of inpatient hospitalization and non-emergent use of emergency department visits evolve over time among the HMW beneficiaries? Will

HMW beneficiaries who access ambulatory and preventive services have fewer hospitalizations and emergency department visits?

Hypothesis 1: The rates of hospitalization and improper use of the emergency department visits will fall among HMW beneficiaries over time, and the HMW beneficiaries will have fewer hospitalizations and emergency department visits after accessing ambulatory and preventive services.

Evaluation Question 2: Will providing benefits under the HMW demonstration lead to an increase in the utilization of ambulatory/preventive health visits among HMW beneficiaries?

Hypothesis 2: HMW beneficiaries with access to benefits under the HMW demonstration will have an increase in the utilization of ambulatory/preventive health visits.

Evaluation Question 3: Will providing benefits under the HMW demonstration result in an increase in age appropriate preventive screenings?

Hypothesis 3: HMW beneficiaries with access to benefits will have an increase in the utilization of age appropriate preventive screenings.

Evaluation Question 4: Will providing benefits under the HMW demonstration increase the number of annual HbA1c tests among HMW beneficiaries diagnosed with diabetes?

Hypothesis 4: HMW beneficiaries diagnosed with diabetes are more likely to have an annual HbA1c test performed as a result of having access to HMW benefits.

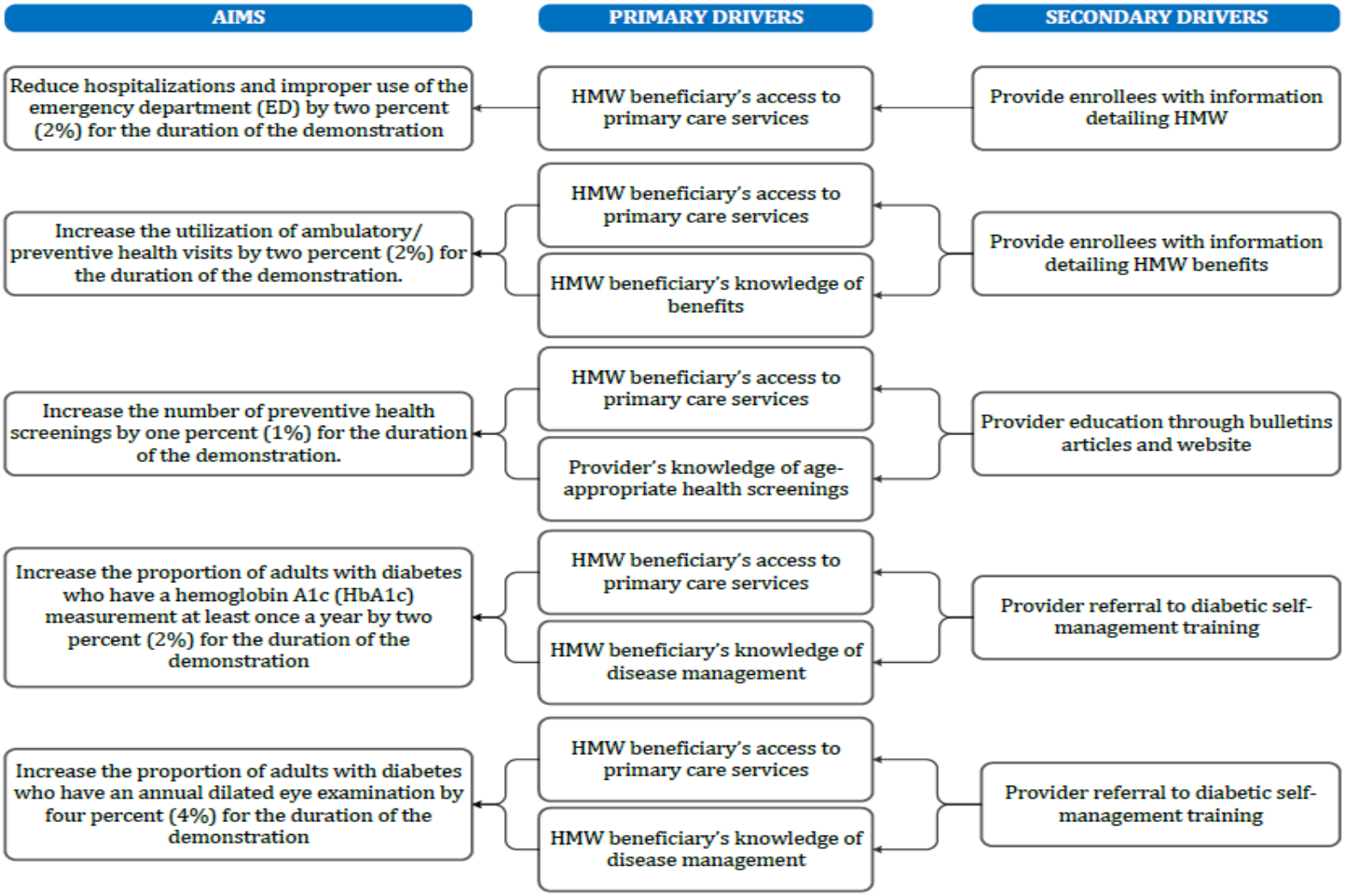
Evaluation Question 5: Will providing benefits under the HMW demonstration increase the number of annual dilated eye examinations among HMW beneficiaries diagnosed with diabetes?

Hypothesis 5: HMW beneficiaries diagnosed with diabetes are more likely to have an annual dilated eye examination as a result of having access to HMW benefits.

Evaluation Question 6: Are HMW beneficiaries satisfied with the demonstration services?

Hypothesis 6: HMW beneficiaries are more likely to report being satisfied than not with the benefits under the demonstration.

III. Healthier Mississippi Waiver Driver Diagram



Methodology

Evaluation Design

This evaluation will assess the performance of the demonstration goals using a one-group posttest-only design of HMW beneficiaries and their utilization of the available services provided under the HMW benefit plan. Also, the trend analysis will incorporate appropriate statistical testing to show if changes over time are statistically significant. Qualitative findings from three focus groups and key informant interviews will be used to complement and contextualize the descriptive quantitative analyses.

All findings over the period of the demonstration will be assessed against the target goals for changes in service utilization outlined under the objectives of the demonstration for the current period of performance in Section II above.

Target and Comparison Populations

The target population is individuals that are aged, blind, or disabled who are not eligible for Medicare or Medicaid, not in a long term care institution, and whose:

- Income is at or below 135% of the Federal Poverty Level (FPL) for an individual or a couple calculated using a methodology based on the SSI program, as well as income exclusions approved under the State Plan under the authority of Section 1902(r)(2) of the Social Security Act, and
- Resources are below $4,000 for an individual and $6,000 for a couple.

The state was unable to determine a population that was comparable to the HMW population; therefore, the state is using data from demonstration years 12 through 14 (FY 16-18) to analyze trends.

Evaluation Period

The evaluation will be conducted for the demonstration period of October 1, 2018 through September 30, 2023.

Table 1: Evaluation Outcomes Measures

Metric	Description	Numerator/Denominator
Inpatient hospitalization rate	Beneficiaries under age 75 who had at least one acute care hospitalization during the measurement year	Number of HMW beneficiaries under age 75 with at least one inpatient hospitalization during the measurement year/Number of beneficiaries under age 75 during the measurement year
Non-emergent use of emergency department	Beneficiaries under age 75 who had at least one non-emergent ED visit during the measurement year	Number of HMW beneficiaries under age 75 with at least one non-emergent ED visit during the measurement year/Number of beneficiaries under age 75 during the measurement year
Inpatient hospitalization rate for beneficiaries who access ambulatory and preventive services	Number of hospitalizations for beneficiaries under age 75 who had at least one acute care hospitalization, who also accessed ambulatory and preventive services during the measurement year	Number of hospitalizations for HMW beneficiaries under age 75 that accessed ambulatory and preventive services during the measurement year/Number of hospitalizations for HMW beneficiaries under age 75 during the measurement year
Emergency department rate for beneficiaries who access ambulatory and preventive services	Number of ED visits for beneficiaries under age 75 who accessed ambulatory and preventive services during the measurement year	Number of ED visits for beneficiaries under 75 that accessed ambulatory and preventive services during the measurement year/Number of ED visits for HMW beneficiaries under age 75 during the measurement year
Ambulatory/Preventive Health Visits	Percentage of beneficiaries age 20 years and older who had at least one ambulatory or preventive care visit per year	Number of beneficiaries 20 and older who had at least one ambulatory or preventive care visit during the measurement year/Number of HMW 20 and older during the measurement year
Cervical Cancer Screening	Percentage of women 21-64 years of age who received one or more Pap test to screen for cervical cancer	Number of HMW women, ages 21-64, who received screenings for cervical cancer during the measurement year/Number of HMW women 21-64 years of age during the measurement year
Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer once during the measurement year	Number of HMW women, ages 50-74, who had a mammogram during the measurement year/ Number of women, ages 50-74, during the measurement year
Colorectal Cancer Screening	Percentage of beneficiaries 50-75 years of age who had appropriate screening for colorectal cancer	Number of HMW beneficiaries, ages 50-75, who received screenings for colorectal cancer during measurement year/ Number of HMW beneficiaries, ages 50-75 during the measurement year
Comprehensive Diabetes Care: Eye Exam	Percentage of beneficiaries 18-75 years of age with diabetes who had a	Number of HMW beneficiaries, ages 18 – 75, with diabetes who had a retinal or dilated eye exam during the measurement

	retinal or dilated eye exam during the measurement period	period/Number of HMW beneficiaries ages 18 - 75 with diabetes during the measurement year
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) testing	The percentage of beneficiaries 18-75 years of age with diabetes who received an HbA1c test during the measurement year	Number of HMW beneficiaries, ages 18-75, with diabetes who received an HbA1c test during the measurement year/Number of HMW beneficiaries ages 18-75 with diabetes during the measurement year

Data Sources

The data will come from Medicaid claims, which are housed in the Medicaid Management Information Systems (MMIS) and Division Support System (DSS). DOM will carefully review claims data to ensure the best available data is used for reporting purposes. Data for the evaluation will be processed and validated throughout the demonstration period.

Additionally, to contextualize and support the quantitative data analysis, we plan to use focus groups as a means to learn more in-depth about the beneficiary experience of the Healthy Mississippi Waiver. This will help gauge information on participant perception of their health, how they think the demonstration is helping with their specific health issues, and their experience with service delivery and access to care. The participants will be recruited accounting for geographic, race/ethnicity, age, tenure, and other relevant diversity criteria. A complete account of the participant selection criteria and recruitment protocol will be included in the demonstration's interim and summative evaluation reports.

To ensure the validity of the findings, our effort will adhere to the key principles of focus group methodology:

(1) Remain neutral and unbiased in recruitment, questions development, and analysis;
(2) Design strategies maximize the diversity of experiences represented;
(3) Maintain consistency throughout the focus group process; and
(4) Adhere to ethical obligation of confidentiality and informed consent.

The use of focus groups as a research tool to explore a particular topic by gathering the experiences and perceptions of a selected target population has certain advantages over other information gathering methods, such as (a) producing results more quickly, (b) group interaction is generally more comfortable for participants, (c) offers increased flexibility allowing the participant to individualize responses and researchers to probe deeper on particular points, (d) results are generally easier to understand than statistical findings, and (e) they complement more structured quantitative data.[1]

In order to facilitate the focus group activities, we plan to ask key informants, such as Medicaid administrators, service/support providers, advocates, and perhaps family members, to constitute a focus group advisory committee. The committee will help to:

(1) Refine the scope of the focus groups for clear project description;

[1] Ward, Helen and Atkins, Julie. 2002. "From Their Lives: A Manual on How to Conduct Focus Groups of Low-Income Parents." University of Southern Maine. Accessed on March 22, 2020 at: https://digitalcommons.usm.maine.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1100&context=facbooks.

(2) Draft questions needed to facilitate participant discussion around the goals;
(3) Recommend a recruitment protocol and plan;
(4) Develop appropriate support materials (scripts for recruitment and question delivery, consent, registration, and other forms, etc.);
(5) Identify appropriate focus group scheduling options;
(6) Determine if and what incentives should be utilized; and
(7) As key informants, to provide insightful feedback supporting Interpretations of both the quantitative findings and the information gathered from the focus groups.

Approximately two weeks after a sufficient number of the target population has successfully been recruited, the first focus group will be implemented. To facilitate convenience and thus, attendance, there will be in-person focus groups in three locations (north, central, and south) in the state. Approximately 14-16 participants will be recruited and confirmed for each group with the goal of having approximately eight beneficiaries participating in each. Staffing each focus group will be a primary facilitator, secondary facilitator, and a designated note-taker (that supports the electronic recording). A total of approximately 8-9 engagement, exploratory, and exit questions will be used to help participants get comfortable, acquire useful information, and solicit any additional comments. It is anticipated that each focus group session will last 60 - 90 minutes. A staff debriefing will occur after each session to provide guidance for subsequent sessions and identify any departures from protocol and to assess the group process. A final report of focus group findings will be drafted, analyzed, and included in the evaluation report for the demonstration. Progress of focus group activities and a summary of key findings will also be incorporated in the relevant monitoring reports due to CMS. If recommended by the advisory committee and authorized by the state, we plan to use an incentive (gift card or such) to promote and facilitate participation in the focus groups.

To better contextualize the quantitative data analysis, we plan to conduct the focus groups after we have initial indications of our quantitative findings. This way, we will be able to refine the scope and questions for focus groups further. It is anticipated that the focus group activities will begin in the first quarter of 2022, take approximately seven months to complete, and findings made part of the Interim Evaluation Report due in September later that year. A tentative timeline is illustrated in Attachment V of this document.

Analytic Methods

Proposed methods for addressing the evaluation questions and hypotheses of the demonstration are described in the following table.

The effects of the demonstration are isolated from other initiatives occurring in the state, as there are no other initiatives in Mississippi for this population. Enrollees in the HMW are not eligible for Medicaid.

Table 2: Summary of Evaluation Hypotheses, Research Questions, Outcome Measures, Population, Data Sources, and Analytic Approaches

Research Question	Outcome Measure(s)	Population	Data Sources	Analytic Approach
Hypothesis 1: The rates of hospitalization and improper use of the emergency department visits will fall among HMW beneficiaries over time, and the HMW beneficiaries will have fewer hospitalizations and emergency department visits after accessing ambulatory and preventive services.				
How do the rates of inpatient hospitalization and non-emergent use of emergency department visits evolve over time among the HMW beneficiaries? Will HMW beneficiaries who access ambulatory and preventive services have fewer hospitalizations and emergency department visits?	Emergency department visit and inpatient hospitalization Emergency department visit and inpatient hospitalization for beneficiaries who access ambulatory and preventive services	• Beneficiaries under age 75 • Beneficiaries under age 75 who access ambulatory and preventive services at least once during the past six months	Medicaid Fee for Service (FFS) claims data Enrollment data	Descriptive statistics (Central tendency measures such as mean and median; variability measures, such as standard deviation and range) Also, include subgroup analysis; compare beneficiaries under age 75 who had used ambulatory and preventive services at least once during the measurement year and those that did not. Regression adjusted trend analysis to show whether there is any noticeable pattern during the span of the demonstration.
Hypothesis 2: HMW beneficiaries with access to benefits under the HMW demonstration will have an increase in the utilization of ambulatory/preventive health visits.				

Research Question	Outcome Measure(s)	Population	Data Sources	Analytic Approach
Will providing benefits under the HMW demonstration lead to an increase in the utilization of ambulatory/ preventive health visits among HMW beneficiaries?	Percentage of beneficiaries ages 20 and older who had at least one ambulatory/preventive visit during the measurement year	HMW beneficiaries ages 20 and older	Medicaid Fee for Service (FFS) claims data Enrollment data	Descriptive statistics (central tendency measures such as mean and median; variability measures, such as standard deviation and range) Statistical tests will include (1) McNemar test Cochran-Armitage test for trends), or regression adjusted trend analysis to show whether there is any noticeable pattern during the span of the demonstration.

Research Question	Outcome Measures	Population	Data Sources	Analytic Methods
Hypothesis 3: HMW beneficiaries with access to benefits will have an increase in the utilization of age-appropriate screenings.				
Will providing benefits under the HMW demonstration result in an increase in age appropriate screenings?	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer once during the measurement year	HMW women 50-74 years of age	Medicaid Fee for Service (FFS) claims data Enrollment data	Descriptive statistics (central tendency measure, such as mean and median; variability measures, such as standard deviation and range) Statistical tests will include McNemar test or multiple regression.
	Percentage of women 21-64 years of age received one or more Pap test to screen for cervical cancer	HMW women 21-64 years of age		
	Percentage of beneficiaries 50-75 years of age who had appropriate screening for colorectal cancer	HMW beneficiaries 50-75 years of age		
Hypothesis 4: HMW beneficiaries diagnosed with diabetes are more likely to have an annual HbA1c test performed as a result of having access to HMW benefits.				

Research Question	Outcome Measures	Population	Data Sources	Analytic Methods
Will providing benefits under the HMW increase the number of annual HbA1c tests among HMW beneficiaries diagnosed with diabetes?	Percentage of beneficiaries 18-75 years of age with diabetes (Type 1 and Type 2) who received an HbA1c test during the measurement year.	HMW beneficiaries 18-75 years of age with a diabetes diagnosis	Medicaid Fee for Service (FFS) claims data Enrollment data	Descriptive statistics (central tendency measures such as mean and median; variability measures, such as standard deviation and range). Statistical tests will include McNemar test/ Cochran-Armitage tests for trends or multiple regression.
Hypothesis 5: HMW beneficiaries diagnosed with diabetes are more likely to have an annual dilated eye examination as a result of having access to HMW benefits.				
Will providing benefits under the HMW demonstration increase the number of annual dilated eye examinations among HMW beneficiaries diagnosed with diabetes?	Percentage of beneficiaries 18-75 years of age with diabetes who had a retinal or dilated eye exam during the measurement year	HMW beneficiaries 18-75 years of age with a diabetes diagnosis	Medicaid Fee for Service (FFS) claims data Enrollment data	Descriptive statistics (central tendency measures such as mean and median; variability measures, such as standard deviation and range). Statistical tests will include McNemar test/ Cochran-Armitage tests for trends.
Hypothesis 6: HMW beneficiaries are more likely to report being satisfied than not with the benefits under the demonstration.				
Are HMW beneficiaries satisfied with the demonstration services?	Beneficiary experience with demonstration services and benefits	HMW beneficiaries who participate in focus groups	Focus group findings and key informant interviews	Transcribed reports of focus group comments, systematic, manually-driven analysis of focus group findings supported by key informant interviews.

IV. Methodological Limitations

The HMW was designed to provide health care coverage to ABD individuals that do not qualify for Medicaid State Plan or Medicare. Within two (2) years, the majority of this population becomes eligible for Medicare (and thus ineligible for HMW), which limits the state's ability to evaluate the long-term impact of the demonstration. Additionally, no existing data is available for these beneficiaries prior to their enrollment in the HMW to perform a pre-comparison assessment. DOM was also unable to find a comparable population that had the same eligibility criteria as the HMW population. Reflecting on these limitations the state faces with the HMW population, a one-group posttest only design method will be conducted and utilized.
It is planned to use results from beneficiary focus groups to complement and contextualize the quantitative findings.

V. Special Methodological Considerations

DOM would like CMS to take into consideration the limitations listed above when reviewing the evaluation draft for scientific and academic rigor. DOM will rely on a non-experimental design because of the following reasons:

- There is no comparison group for this population that has been identified for this evaluation;
- A cause and effect relationship among HMW beneficiaries cannot be demonstrated; and
- Due to the lack of control population, DOM can only rely on interpretation and observations to draw a conclusion about the effectiveness of the HMW demonstration over time.

Attachment I: Independent Evaluator

As a result of a recent request for quotes, the Division of Medicaid (DOM) has secured the services of an independent evaluator and executed a professional services contract on June 18, 2019 with the Parham Group, LLC, and its sub-contractor, Dr. Hwanseok Choi.

The contractor has worked specifically with the evaluation and analysis of Federal and State programs for 17 years, including evaluation and support services with the DOM waiver-related programs: MYPAC, Money Follows the Person (B2i), and Person-centered Practices Training for waiver providers. Dr. Choi is an Associate Professor in the School of Health Professions at the University of Southern Mississippi and holds a Ph.D. in Applied Statistics from the University of Alabama. For over 16 years, Dr. Choi has participated in the design, data entry design, data coding, data editing, analysis, and statistical reporting on nearly 100 studies using multiple statistical packages such as SAS, SPSS, STATA, and ArcGIS.

DOM has measures in place to assure that the independent evaluator will conduct a fair and impartial evaluation, prepare an objective evaluation report and that there is no conflict of interest. The primary means employed by the State to accomplish these goals are the contract and contract monitoring process. DOM will ensure compliance through the use of carefully crafted contractual language outlining benchmarks, report due dates, and the use of approved methods. With these measures in place, DOM will be able to monitor the independent evaluator's progress while maintaining a "no conflict of interest" status. DOM has also specified that any subcontractor who is involved in the demonstration will have to be approved by DOM. DOM has approved both the contractor and sub-contractor for this project.

Attachment II: Evaluation Budget

We estimate the total cost of the evaluation for the waiver approval period at $59,500 for the demonstration. The staffing, data collection, and administrative costs are listed in the accompanying table and described below.

Line Item	Components of Budget	Line Item Cost
1	Estimated staff	$58,000
2	Focus Group implementation and other misc. administrative costs	$1,500
	Total Amount	**$59,500**

Staffing

Project Director
Project Director will have overall responsibility for the evaluation, including the developing the evaluation design and data collection instruments, overseeing evaluation staff and analysis of the claims and survey data, and preparing the annual reports.

Associate Project Director
Associate Project Director will provide guidance on the evaluation design and data collection instruments and will assist with data analysis and conceptualizing results for the annual report, based on their experience as the lead evaluator.

Statistical Analyst
Statistical Analyst will be responsible for data management, data cleaning and analyzing the enrollment, claims and survey data for the annual reports.

Dissemination/Special Project Coordinator
Dissemination/Special Project Coordinator will coordinate the administration of the annual surveys with a Survey Research Unit, prepare protocols for review, and assist with preparing the annual reports.

Focus Group Implementation
With significant input from a newly developed advisory committee (composed primarily of key informants) the independent evaluator team will organize, develop, and implement three planned beneficiary focus groups and provide a written report that synthesizes findings and analyzes results.

Attachment III: Timeline and Major Milestones

Deliverable	Timeline	Projected Submission Date
Annual Monitoring Report	Within 90 days following the end of each demonstration year	December 31, 2019
Draft Evaluation Design Plan	Within 120 days after the approval of the demonstration extension	January 25, 2019
Final Evaluation Design Plan	Within 60 days following receipt of CMS comments on Draft Evaluation Design	Pending CMS Comment Period
Interim Evaluation Reports	With submission of a demonstration extension request.	September 30, 2022
Summative Evaluation Report	Within 18 months following the end of the demonstration approval period identified in these STCs.	March 31, 2025

Attachment IV: Healthier Mississippi Waiver Baselines

Criteria	FFY16	FFY17	FFY18	Average	Percent Change
Colorectal Screening (Age 50-75)					
Eligible	6,422	6,523	6,535	6,493	
No. Received	668	680	700	683	
% of Population Received Screening	10.4%	10.4%	10.7%	10.5%	0.96%
Cervical Screening (Females, Age 21-64)					
Eligible	4,619	4,726	4,692	4,679	
No. Received	440	422	439	434	
% of Population Received Screening	9.5%	8.9%	9.4%	9.3%	-0.35%
Mammogram (Females, Age 50-74)					
Eligible	3,550	3,639	3,626	3,605	
No. Received	634	802	793	284	
% Received Screening	17.9%	22%	21.9%	20.6%	7.45%
Ambulatory/Preventive Visit (Age ≥20)					
Eligible HMW Beneficiaries	8,570	8,738	8,742	8,683	
No. Received	6,752	6,846	6,916	6,838	
% Received Screening	78.8%	78.3%	79%	78.7%	0.08%
Diabetic & Annual A1c Test (Age 18-75)					
Eligible	2,285	2,344	2,305	2,311	
No. Received	1,552	1,648	1,626	1609	
% Received Test	68%	70.3%	71%	69.8%	1.47%
Diabetic & Annual Dilated Eye Exam (Age 18-75)					
Eligible	2,285	2,344	2,305	2,311	
No. Received	593	655	678	642	
% Received Exam	26%	28%	29%	27.7%	3.85%

Emergency Department (ED) Visits

0.47% Change	**FFY 16** *(n=5,809)*		**FFY 17** *(n=5,911)*		**FFY 18** *(n=5,891)*	
≥1 Preventive/ Primary Care Visit	**# Visits (% of Total Visits)**	**Recipient Count**	**# Visits (% of Total Visits)**	**Recipient Count**	**# Visits (% of Total Visits)**	**Recipient Count**
Yes	3,330 (57.3)	1,651	3,396 (57.5)	1,675	3,611 (61.3)	1,746
No	2,479 (42.7)	1,320	2,515 (42.5)	1,385	2,280 (38.7)	1,313

Hospitalizations (HMW Beneficiaries <75)

1.93% Change	**FFY 16** *(n=2,328)*		**FFY 17** *(n=2,460)*		**FFY 18** *(n=2,463)*	
≥1 Preventive/ Primary Care Visit	**# of Inpatient Claims**	**Recipient Count**	**# of Inpatient Claims**	**Recipient Count**	**# of Inpatient Claims**	**Recipient Count**
Yes	1,263 (54.3)	802	1,306 (53.1)	807	1,374 (55.8)	865
No	1,065 (45.7)	767	1,154 (46.9)	802	1,089 (44.2)	788

Attachment V

Estimated Timeline for Conducting Focus Group Activities

ACTIVITY	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
Plan and Organize							
▪ Establish the project Adv. Com.	■						
▪ Identify goals		■					
▪ Identify project description		■					
▪ Develop 10-12 group questions		■	■				
▪ Establish operating protocols		■	■				
▪ Develop materials/forms			■				
Recruitment							
▪ Identify diverse sample			■				
▪ Establish procedure		■	■				
▪ Decide on if and what incentive			■				
▪ Develop recruitment script		■					
▪ Recruit 32-36 participants				■			
Implementation							
▪ Focus group script /protocol				■			
▪ Reminders sent out				■			
▪ Dry run through/tweak as needed				■			
▪ Staffing in place				■			
▪ Transportation set					■		
▪ Site preparation and set up					■		
▪ Electronic recording and manual note-taking in place					■		
▪ Conduct focus groups (3)					■		
▪ Staff debrief of meeting and make adjustments as needed					■		
Analysis and Reporting							
▪ With support from the Advisory Committee, prepare a manually-driven, written report that synthesizes findings and analyzes the results of the three focus groups.						■	
▪ Incorporate the focus group findings report into the interim evaluation report.							■