

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 extend 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 with no 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 October 1, 2018-September 30, 2023.

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.

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- **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 with minor program changes

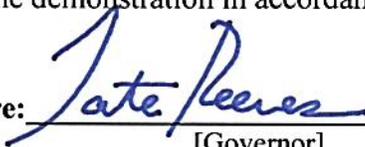
This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration with minor demonstration program changes. In combination with completing the Section 1115 Extension Template, the state may also choose to submit a redline version of its approved 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 Summary 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: 
[Governor]

Date: 10/12/2022

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.

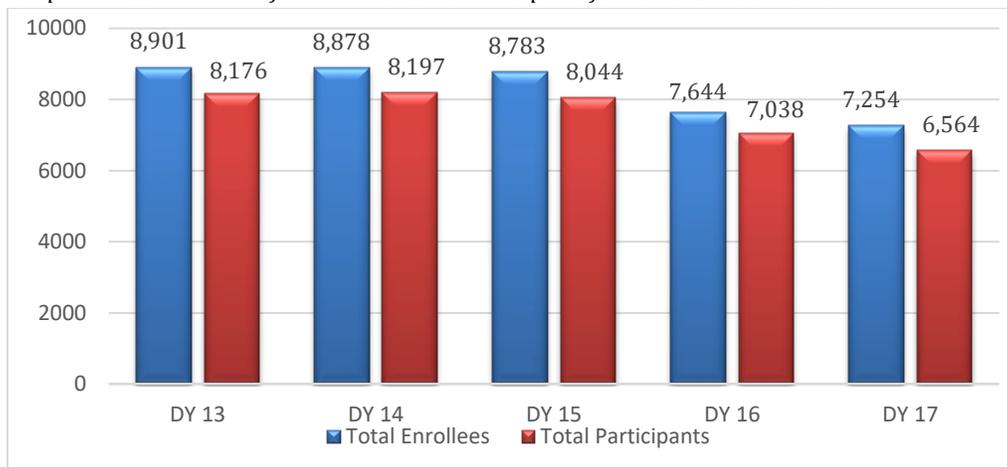
APPENDIX A HISTORICAL NARRATIVE SUMMARY

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 has been approved for a series of five (5) year period renewals beginning October 1, 2009, through September 30, 2018. Currently, the demonstration’s special terms and conditions (STCs) are approved from October 1, 2018, through September 30, 2023.

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 allowed reimbursement for additional services including podiatry, eyeglasses, dental, and chiropractic services that were excluded from previous demonstration years.

Graph 1 provides historical HMW enrollee and participant data. Over the past five (5) demonstration years, average enrollment for the HMW was 8,292 and the average number of participants, defined as receiving at least one (1) service under the HMW was 7,604. Beneficiaries are enrolled and disenrolled throughout the demonstration year, however enrollment does not exceed the cap at any given time.

Graph 1: Historical Data of HMW Enrollees & Participants for Demonstration Years 13-17



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

PROGRAM OBJECTIVES AND OUTCOMES FOR 10/01/2018 - 9/30/2023

Below is an itemized summary of the outcomes for demonstration years 15-17, associated with the objectives set forth at the time the demonstration was approved. Refer to Appendix C for the overall evaluation of the demonstration.

Table 1: HMW Objectives and Outcomes

Objectives	Outcomes
Reduce hospitalizations and improper use of the emergency department (ED) by two percent (2%) for the duration of the demonstration.	Hospitalizations decreased by 34.3% and ED visits decreased by 31% over the demonstration period.
Increase the utilization of ambulatory/preventive health visits by two percent (2%) for the duration of the demonstration.	The percentage of ambulatory/preventive care utilization increased by 0.7% over the demonstration period.
Increase the number of preventive health screenings by one percent (1%) for the duration of the demonstration.	Female beneficiaries who received cervical cancer screenings decreased 2.5%, female beneficiaries who received mammogram testing for breast cancer decreased 3%, and the percentage of beneficiaries who received colorectal cancer screenings decreased 2.9% over the demonstration period.
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.	The percentage of ambulatory/preventive care utilization increased by 0.7% over the demonstration period.
Increase the number of preventive health screenings by one percent (1%) for the duration of the demonstration.	The percentage of adults with diabetes who received an annual dilated eye exam increased 0.2% over the demonstration period.

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.

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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.

APPENDIX B BUDGET/ALLOTMENT NEUTRALITY ASSESSMENT

5 YEARS OF HISTORIC DATA						
MEDICAID POP 1	DY 13	DY 14	DY 15	DY 16	DY 17	5-YEARS
Total Expenditures	\$95,153,600	\$ 106,969,419	\$112,164,273	\$93,705,432	\$75,559,467	\$483,279,191
Eligible Member Months	61,823	63,763	61,385	61,862	60,874	
PMPM Cost	\$1,539	\$1,673	\$1,827	\$1,515	\$1,241	
TREND RATES						
	Annual Change					5-Year Average
	DY 13	DY 14	DY 15	DY 16	DY 17	
Total Expenditure	-	12.13%	5.12%	-16.46%	-19.36%	-5.60%
Eligible Member Months	-	3.14%	-3.73%	0.78%	-1.60%	-0.39%
PMPM Cost	-	8.72%	9.20%	-17.10%	-18.06%	-5.24%

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 20	DY 21	DY 22	DY 23	DY 24	
MEDICAID POP 1										
Pop Type:	Medicaid									
Eligible Member Months	-0.4%		60,874	-0.4%	60,637	60,400	60,165	59,930	59,696	
PMPM Cost	-5.2%	0	\$1,241.24	-5.2%	\$1,176.20	\$1,114.57	\$1,056.17	\$1,000.83	\$948.39	
Total Expenditure					\$71,320,759	\$67,320,149	\$63,543,991	\$59,979,648	\$56,615,260	\$318,779,807

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 20	DY 21	DY 22	DY 23	DY 24	
MEDICAID POP 1										
Pop Type:	Medicaid									
Eligible Member Months	-0.4%		60,874	-0.4%	60,637	60,400	60,165	59,930	59,696	
PMPM Cost	-5.2%	0	\$1,241.24	-5.2%	\$1,176.20	\$1,114.57	\$1,056.17	\$1,000.83	\$948.39	
Total Expenditure					\$71,320,759	\$67,320,149	\$63,543,991	\$59,979,648	\$56,615,260	\$318,779,807

APPENDIX C INTERIM EVALUATION

The independent evaluator, Parham Group, LLC and sub-contractor, Dr. Hwanseok Choi, utilized a qualitative survey and quantitative Cochran-Armitage trend test design analysis to conduct an interim evaluation of the overall impact of the HMW.

Objective 1: Reduce hospitalizations and improper use of the emergency department (ED) by two percent (2%) for the duration of the demonstration.

Evaluation Question 1: How do the rates of inpatient hospitalization and non-emergent use of emergency departments 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.

Table 2

DY	Number of beneficiaries under age 75 with hospitalizations	Number of hospitalizations	Number of beneficiaries under age 75 with ED visits	Number of ED visits
15	1,477	2,396	2,767	5,767
16	1,248	1,909	2,236	4,739
17	1,086	1,574	1,984	3,985

Data source: *Cognos HMW Inpatient & ER Visit Analysis Reports*

Hospitalization Outcome: The data revealed the number of beneficiaries with hospitalizations decreased by 26.5% (1,477 to 1,086) and the number of hospitalizations decreased by 34.3% (2,396 to 1,574) for demonstration years 15 through 17 as shown in Table 2. To determine if there is a trend in the percentage of beneficiaries with hospitalizations, a Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is a strong trend of reducing number of beneficiaries under age 75 with hospitalizations, ($p = .01$) at $\alpha = 0.05$.

To determine if there is a trend in the percentage of preventive/primary care visits preceding inpatient stays recorded in Table 3, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is a positive trend in the percentage of preventive/primary care visits before inpatient stays ($p = 0.01$) at $\alpha = 0.05$. Therefore, the proportion of preventive/primary care visits preceding inpatient stays among the beneficiaries increased during the last three years. In addition, another Cochran-Armitage trend test to determine if there is a trend in the percentage of recipients was performed. The result showed that there is a statistically positive trend ($p = 0.002$) at $\alpha = 0.05$.

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Table 3

DY	Did Preventative or Primary Care Visit Precede Inpatient Stay?		Percent of Preventative/Primary Care Visits before Inpatient Stays		Number of the Recipients		Percent of Recipients	
	Yes	No						
15	1,338	1,058	55.8%	44.2%	830	742	52.8%	47.2%
16	1,119	790	58.6%	41.4%	732	568	56.3%	43.7%
17	935	639	59.4%	40.6%	648	472	57.9%	42.1%

Data source: *Cognos HMW Inpatient Analysis Report*

Emergency Department Outcome: The data in Table 2 revealed the number of beneficiaries under age 75 with ED utilization decreased by 28.3% (2,767 to 1,984) and the number of ED visits decreased by 31% (5,767 to 3,985) for demonstration years 15 through 17.

To determine if there is a trend in the percentage of preventive/primary care visits preceding an ED visit recorded in Table 4, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is a positive trend in percentage of preventive/primary care visits before ED visits ($p = .04$) at $\alpha = 0.05$. Therefore, the proportion of preventive/primary care visits preceding ED visit among the beneficiaries has been increasing statistically during the last three years. In addition, another Cochran-Armitage trend test to determine if there is a trend in the percentage of recipient utilization was performed. The result showed that there is also a positive trend ($p < .001$) at $\alpha = 0.05$ for HMW population accessing preventive/primary care services under the demonstration.

Table 4

DY	Did Preventative/Primary Care Visit Precede ED Visit?		Percent of Preventative/Primary Care Visits before ED Visits		Number of Recipients		Percent of Recipients	
	Yes	No						
15	3,597	2,167	62.4%	37.6%	1,714	1,266	57.5%	42.5%
16	3,059	1,680	64.5%	35.5%	1,426	953	59.9%	31.1%
17	2,534	1,424	64.2%	35.8%	1,308	742	63.8%	36.2%

Data source: *Cognos HMW ER Visit Analysis Report*

Objective 2: Increase the utilization of ambulatory/preventive health visits by two percent (2%) for the duration of the demonstration.

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.

Ambulatory/Preventive Outcome: The data revealed the percentage of ambulatory/preventive care visits by beneficiaries compared to the total beneficiary

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population, age 20 or older, increased 0.7% (79.1% to 79.8%) for demonstration years 15 through 17.

Table 5

DY	Number of Beneficiaries Aged 20 or Older Receiving Ambulatory/Preventive Visits	Total Population	Percentage of Population
15	6,854	8,660	79.1%
16	5,976	7,541	79.2%
17	5,713	7,186	79.8%

Data source: Cognos HMW Ambulatory Preventive Health Visit Report

To determine if there is a trend in the percentage of receiving ambulatory/preventive visit among beneficiaries aged 20 or older recorded in Table 5, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is no statistically significant trend (Cochran-Armitage test statistic = - 0.92, p = .18) at $\alpha = 0.05$.

Objective 3: Increase the number of preventive health screenings by one percent (1%) for the duration of the demonstration.

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.

Preventive Screenings Outcome: The data revealed there has been a negative trend in cervical, breast, and colorectal cancer screenings among HMW beneficiaries for demonstration years 15 through 17. We are suspecting that the COVID-19 Pandemic attributed to a decline in cancer screenings, along with other preventive health screenings over the past two years.

The percentage of beneficiaries who received cervical cancer screenings decreased 2.5% (8.9% to 6.4%) for demonstration years 15 through 17 as shown in Table 6. To confirm this negative trend in the percentage receiving cervical cancer screenings among beneficiaries ages 21 – 64, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is statistically significant evidence of negative trend (Cochran-Armitage test statistic = 4.42, p < 0.001) at $\alpha = 0.05$.

Table 6

DY	Number of Female Beneficiaries Ages 21-64	Number of Female Beneficiaries Ages 21-64 Receiving Cervical Cancer Screenings	Percent Receiving Cervical Cancer Screenings among Female Beneficiaries Ages 21-64
15	4,617	415	8.9%
16	4,093	312	7.6%
17	3,752	240	6.4%

Data source: Cognos HMW Mammogram, Cervical Cancer, or Colorectal Cancer Screening Report

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The percentage of female beneficiaries ages 21-64 who received mammogram testing for breast cancer decreased 3.1% (21.9% to 18.8%) for demonstration years 15 through 17 as shown in Table 7. To determine if there is a trend in proportion to the percentage of female beneficiaries ages 50 - 74 receiving Mammograms, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is evidence of a statistically negative trend (Cochran-Armitage test statistic = 5.61, p = .003) at $\alpha = 0.05$.

Table 7

DY	Number of Female Beneficiaries Enrolled in HMW Ages 50-74	Number of Female Beneficiaries Enrolled in HMW Ages 50 -74 Receiving Mammogram	Percent of Female Beneficiaries Enrolled in HMW Ages 50 -74 Receiving Mammogram
15	3,541	415	21.3%
16	3,193	312	20.7%
17	3,143	240	18.3%

Data source: *Cognos HMW Mammogram, Cervical Cancer, or Colorectal Cancer Screening Report*

The percentage of beneficiaries who received colorectal cancer screenings decreased 2.9% (10.0% to 7.1%) for demonstration years 15 through 17 as shown in Table 8. To determine if there is a trend in proportion to the percentage of HMW beneficiaries ages 50-75 receiving colorectal cancer screenings, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there is statistical evidence of negative trend (Cochran-Armitage test statistic = 5.56, p < .001) at $\alpha = 0.05$.

Table 8

DY	Number of Beneficiaries Ages 50-75	Number of Beneficiaries Ages 50-75 Receiving Colorectal Cancer Screening	Percent of Beneficiaries Ages 50-75 Receiving Colorectal Cancer Screening
15	6,475	647	10.0%
16	5,706	534	9.4%
17	5,588	395	7.1%

Data source: *Cognos HMW Mammogram, Cervical Cancer, or Colorectal Cancer Screening Report*

Objective 4: Increase the proportion of adults with diabetes who have a hemoglobin A1c (HbA1c) measurement at least once a year by two (2%) for the duration of the demonstration.

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.

Hemoglobin A1c Outcome: The data revealed the percentage of beneficiaries with diabetes who received an annual HbA1c test decreased 6.9% (71.2% to 64.3%) for demonstration years 15 through 17 as shown in Table 9. To determine if there is a trend in proportion to the percentage of A1C test among beneficiaries with diabetes ages 18 – 75, Cochran-

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Armitage trend test was performed using SAS 9.3. The test results showed that there is a statistically negative trend in the frequency of beneficiaries ages 18 to 75 with diabetes receiving A1C test (Cochran-Armitage test statistic = 4.85, $p < 0.001$) at $\alpha = 0.05$.

Table 9

DY	Number of Beneficiaries Ages 18-75 with Diabetes	Number of Beneficiaries Ages 18-75 with Diabetes Receiving A1C Test	Percent of Beneficiaries Ages 18-75 with Diabetes Receiving A1C Test
15	2,285	1,627	71.2%
16	2,048	1,435	70.1%
17	2,046	1,315	64.3%

Data source: Cognos HMW Diabetes and A1c Test or Eye Exam Report

Objective 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.

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.

Dilated Eye Examination Outcome: The data revealed the percentage of beneficiaries with diabetes, ages 18 to 75, who received an annual eye exam increased 0.2% (30.6% to 30.8%) for demonstration years 15 through 17 as shown in Table 10. To determine if there is a trend in proportion to the percentage of eye exams among beneficiaries with Diabetes age 18 – 75, Cochran-Armitage trend test was performed using SAS 9.3. The test results showed that there was no statistically significant trend during the three-year period (Cochran-Armitage test statistic = - 0.15, $p = 0.88$).

Table 10

DY	Number of Beneficiaries Ages 18-75 with Diabetes	Number of Beneficiaries Ages 18-75 with Diabetes Receiving Eye Exam	Percent of Beneficiaries Ages 18-75 with Diabetes Receiving Eye Exam
15	2,285	700	30.6%
16	2,048	629	30.7%
17	2,046	631	30.8%

Data source: Cognos HMW Diabetes and A1c Test or Eye Exam Report

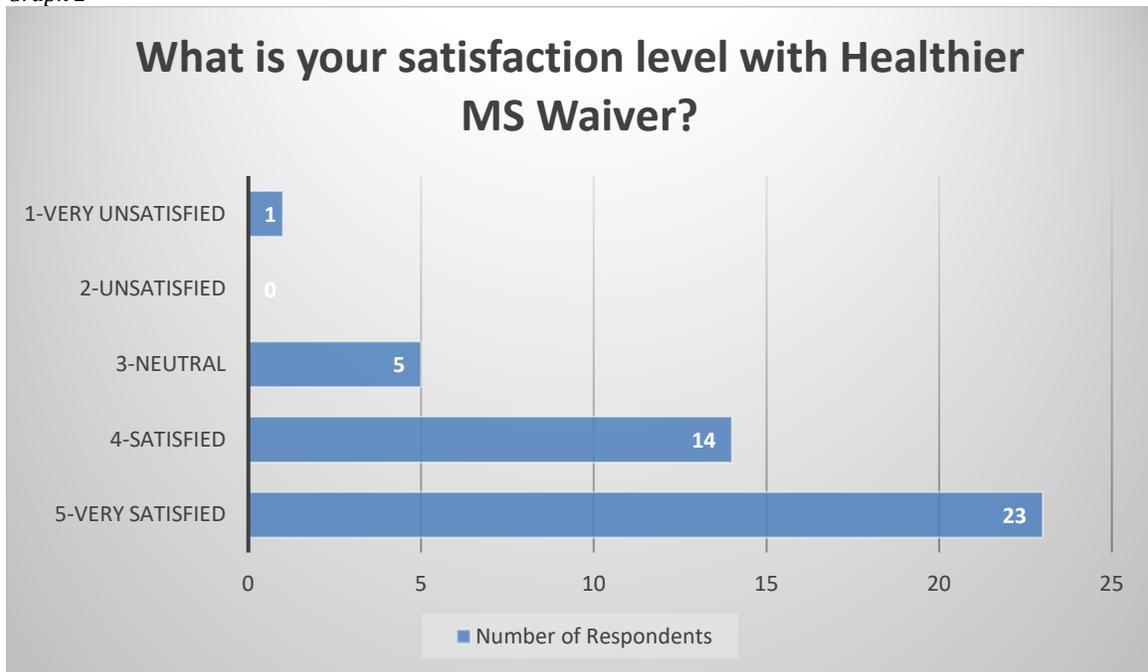
Based on the recommendation from CMS, the following evaluation question was added to assess beneficiary satisfaction with the services provided under the HMW.

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.

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

Graph 2



Evaluation Activities Over Requested Extension Period

The state plans to continue monitoring utilization of ambulatory and preventive health care services and explore ways to increase the utilization of services offered under the demonstration. For each of the objectives outlined for the extension period, DOM will identify research questions, hypotheses, and data sources to support a meaningful evaluation.

APPENDIX D

STATE MONITORING OF ACCESS TO HMW SERVICES

Enrollment Monitoring Process

The Office of Eligibility within DOM is responsible for monitoring the enrollment process to ensure only individuals meeting the HMW eligibility criteria are enrolled and to ensure the enrollment cap of 6,000 is not exceeded. During the COVID-19 Public Health Emergency (PHE), some beneficiaries remained on the HMW due to the maintenance of effort (MOE) requirements under the Families First Coronavirus Response Act. DOM was required to provide continuous eligibility through the end of the month in which the PHE ends, for those enrolled as of March 18, 2020, or at any time thereafter during the PHE period, unless the person ceases to be a state resident or requests a voluntary coverage termination.

Satisfaction Survey Monitoring

The sample target consisted of 90 HMW participants with 12 consecutive months of coverage who accessed at least one (1) service under the demonstration. The participants were surveyed to monitor satisfaction and to identify potential areas of quality improvement. After adjusting for incorrect addresses, incorrect phone numbers, or declined participation, 44 participants were surveyed for response analysis.

Based on the descriptive analyses in Table 11, the interview results incorporated a total of 44 participants who responded to the questions (N = 44). Randomly selected from three regions according to the proportion as in the table, the study sample was divided into 65.9 % of females and 34.1 % of males. The average age of the sample was 57.4 years old (SD = 7.3).

Table 11: Descriptive Statistics

Variable	Frequency (N)	Percent	
<i>Northern Region</i>	16	36.4%	
<i>Central Region</i>	14	31.8%	
<i>Southern Region</i>	14	31.8%	
Gender	Frequency (N)	Percent	
<i>Male</i>	29	65.9%	
<i>Female</i>	15	34.1%	
Variable			Mean (SD)
<i>Age</i>			57.41 (7.30)

Data source: HMW Focus Group Participation Data

Mississippi Regional County Selection



Northern Region

Bolivar, Carroll, Coahoma, DeSoto, Grenada, Lafayette, Leflore, Marshall, Montgomery, Panola, Sunflower, Tallahatchie, Tate, Tunica, Washington, Yalobusha, Alcorn, Benton, Calhoun, Chickasaw, Choctaw, Clay, Itawamba, Lee, Lowndes, Monroe, Oktibbeha, Pontotoc, Prentiss, Quitman, Tippah, Tishomingo, Union, Webster

Central Region

Claiborne, Copiah, Hinds, Holmes, Humphreys, Issaquena, Madison, Rankin, Sharkey, Simpson, Warren, Yazoo, Attala, Clarke, Jasper, Kemper, Lauderdale, Leake, Neshoba, Newton, Noxubee, Scott, Smith, Winston

Southern Region

Adams, Amite, Franklin, Jefferson Davis, Jefferson, Lawrence, Lincoln, Marion, Pike, Walthall, Wilkinson, Wayne, Covington, Forrest, George, Greene, Hancock, Harrison, Jackson, Jones, Lamar, Pearl River, Perry, Stone

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Based on participant responses in Table 12, the satisfaction level of the Healthier MS Waiver program is highly positive; the average satisfaction score is 4.41 out of 5.0 (SD = 0.84). There is only one respondent who answered, "very unsatisfied." The beneficiary's dissatisfaction was due to not being able access comprehensive dental services. State Plan benefits have limitations on dental services for adults. Overall, 90.2% of respondents answered this question either satisfied or very satisfied with the waiver services/supports.

In this sample, the perceived overall physical health was in the neutral range (mean = 3.05, SD = 0.86) and 79.5 % of the respondents said they are neutral or positive (n = 44). The perceived overall mental or emotional health was some better (mean = .3.45, SD = 0.99). More than 80 % of the respondents answered they are neutral or positive (n = 44).

In the past three months, over 86% of respondents said that they did not have to go to an emergency room (n = 44), and the percentage of respondents who said they have gone to doctor's office for preventive care (regular checkups) in this timeframe was nearly 82% (n = 44).

In the past three months, nearly 49% of respondents said that they have used preventive health screening, such as mammograms, cervical cancer screening, and colon cancer screening. (n = 43)

In the past three months, 65% of the number of respondents who have diabetes said that they utilized dilated eye exams and had A1C tests regularly. (n = 20)

Based on the descriptive analyses in Table 11, the interview results incorporated a total of 44 participants who responded to the questions (N = 44). Randomly selected from three regions according to the proportion as in the table, the study sample was divided into 65.9 % of females and 34.1 % of males. The average age of the sample was 57.4 years old (SD = 7.3).

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Table 12: Participant Survey Responses

Q1: What is your satisfaction level with Healthier MS Waiver?			
Response Choices	Frequency (N)	Percent	Mean (SD)
<i>Very Unsatisfied</i>	1	2.4%	4.41 (0.84)
<i>Unsatisfied</i>	0	0%	
<i>Neutral</i>	5	7.3%	
<i>Satisfied</i>	14	34.1%	
<i>Very Satisfied</i>	23	56.1%	
*1 respondent declined to answer			
Q2: What is your perceived overall physical health?			
Response Choices	Frequency (N)	Percent	Mean (SD)
<i>Very Poor</i>	2	4.5%	3.05 (0.86)
<i>Poor</i>	7	15.9%	
<i>Neutral</i>	24	54.5%	
<i>Good</i>	9	20.5%	
<i>Very Good</i>	2	4.5%	
Q3: What is your perceived overall mental or emotional health?			
Response Choices	Frequency (N)	Percent	Mean (SD)
<i>Very Poor</i>	1	2.3%	3.45 (0.99)
<i>Poor</i>	5	11.4%	
<i>Neutral</i>	19	43.2%	
<i>Good</i>	11	25%	
<i>Very Good</i>	8	18.2%	
Q4: In the last 3 months, have you gone to an emergency room?			
Response Choices	Frequency (N)	Percent	
<i>Yes</i>	6	13.6%	
<i>No</i>	38	86.4%	
Q5: In the last 3 months, have you gone to the doctor just to get a check-up?			
Response Choices	Frequency (N)	Percent	
<i>Yes</i>	36	81.8%	
<i>No</i>	8	18.2%	
Q6: In the last 3 months, did you use preventive health screenings?			
Response Choices	Frequency (N)	Percent	
<i>Yes</i>	21	48.8%	
<i>No</i>	22	51.2%	
*1 respondent's answer did not get recorded			
Q7: For cohorts who have diabetes. In the last 3 months, have you had a dilated eye exam or a hemoglobin A1c test?			
Response Choices	Frequency (N)	Percent	
<i>A1c Only</i>	8	40%	
<i>Both</i>	5	25%	
<i>No</i>	7	35%	

Data Collection

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 decided to expand the options by which we collected this qualitative data to assess beneficiary satisfaction. In addition to offering selected beneficiaries to participate in one of three focus groups, we offered the option of participating in an individual interview as well.

Protocols, Materials, Questions, and Incentives

Certain protocols for creating a comfortable, receptive environment were suggested, an explanation script was drafted, and an introduction letter was developed. The questions for each option (individual interview or focus group) were from the same questionnaire identified by the advisory group and included in the Evaluation Design. It was concluded that incentives were not necessary to generate the needed participation.

Implementation of Data Collection Plan

After the sample target was determined and identified, a letter from the Division of Medicaid (HMW) notifying the beneficiaries that they had been randomly selected to take part in an individual interview or a small group discussion (focus group) was mailed to each of the 90 potential participants approximately one week before being contacted. The letter also indicated that someone from the Parham Group would be contacting them to ask if they wanted to participate, and if so, in a group or individual setting. All beneficiaries who were contacted and agreed to participate chose the individual interview route.

Table 13: Focus Group Contact

Variable	Northern Region	Central Region	Southern Region	Total
Total Number of letters mailed	30	30	30	90
Total returned to sender for no such address, not deliverable, or insufficient addresses	5	2	4	11
Total number who received notice letter				79
Successful Contact/Interview	15 (9 female/6 male)	14 (7 female/7 male)	15 (10 female/5 male)	44 (26 female/18 male)
Bad Telephone Numbers	8	7	8	23
No Answers (4 attempts each)	6	6	6	18
Declined to participate	1	2	1	4
Deceased	0	1	0	1

Data Source: Focus Group Contact Results

Advisory Committee

An advisory group of key informants made recommendations to the evaluation team, including:

- Eligibility criteria
- Participant selection method and protocol plan
- Interview/ focus group protocols
- Appropriate support materials if needed (explanation script for why we are calling and what we are wanting, 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.

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- If incentives should be utilized, and
- Timeline for activity completion

Eligible Population

The focus group eligible population consisted of individuals who had been a Healthier Mississippi Waiver beneficiary for 12 consecutive months and for whom at least one service has been provided under the demonstration.

Participant Selection Methodology

A total target sample size is from 36 to 45. There are three regions for Healthier Mississippi Waiver programs as Northern, Central, and Southern regions by counties. From Table 14, you can see they are almost the same proportion for each group: 33.5%, 31.5%, and 33.8%. Therefore, each region will have same number of study sample for the focus group study.

To pursue the similar proportion of the demographic variables such as Gender, Simplified Race, and Age Group in the total sample, descriptive statistics were considered as in Table 15. The original Race variable has too many categories; therefore, they were re-categorized as three groups: Caucasian, African American, and Others which have 40.9%, 55.2%, and 3.9% respectively. Also, Age variable was divided into four groups according to quartile values as (1) 51 years or younger, (2) 52 to 58 years old, (3) 59 to 62 years old, and (4) 64 years old or older groups.

Table 15 showed that there is no difference in Gender by Regions. So, we can select participants by Gender as 56% vs. 44% (Female: 7 vs. Male: 5 for N = 36 and Female: 9 vs. Male: 6 N = 45 respectively). After considering this, we randomly select the potential participants to reach out along with the Race and Age group ratios in each region.

Table 14: Descriptive Statistics of Whole Population (N=6,377)

Variable	Categories	N (%)	Mean (SD)
Gender	Female	3,612 (56.6%)	
	Male	2,765 (43.4 %)	
Age	5 ~ 90 years old		55.79 (10.85)
Race -simplified	Caucasian	2,608 (40.9 %)	
	African American	3,519 (55.2 %)	
	Others	250 (3.9 %)	
Age Group	51 years old or younger	1,494 (23. 4%)	
	52 to 58 years old	1,538 (24.1 %)	
	59 to 63 years old	1,654 (25.9 %)	
	64 years old or older	1,691 (26.5 %)	
Region	Northern	2,139 (33.5 %)	
	Central	2,008 (31.5 %)	
	Southern	2,153 (33.8 %)	
	Other *	77 (1.2 %)	

*Although these beneficiaries live in Mississippi, the mailing address is in another state.

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Table 15: Demographic Variables by Region

Variable	Categories by Regions	N (%)	Test Statistic <i>p</i>	
Gender	Northern	Female	1,212 (56.7 %)	Chi-square Homogeneity Test = 0.026 (<i>p</i> = 0.987)
		Male	927 (43.3 %)	
	Central	Female	1,134 (56.5 %)	
		Male	874 (43.5 %)	
	Southern	Female	1,221 (56.7 %)	
		Male	932 (43.3 %)	
Race	Northern	Caucasian	867 (40.5 %)	Chi-square Homogeneity Test = 252.594 (<i>p</i> < 0.001)
		African American	1,220 (57.0 %)	
		Others	52 (2.4 %)	
	Central	Caucasian	585 (29.1 %)	
		African American	1,344 (66.9 %)	
		Others	79 (3.9 %)	
	Southern	Caucasian	1,106 (51.4 %)	
		African American	935 (43.4 %)	
			112 (5.2 %)	
	Age Group	Northern	51 years old or younger	
52 to 58 years old			568 (26.6 %)	
59 to 63 years old			513 (24.0 %)	
64 years old or older			540 (25.2 %)	
Central		51 years old or younger	490 (24.4 %)	
		52 to 58 years old	450 (22.4 %)	
		59 to 63 years old	515 (25.6 %)	
		64 years old or older	553 (27.5%)	
Southern		51 years old or younger	458 (21.3 %)	
		52 to 58 years old	507 (23.5 %)	
		59 to 63 years old	611 (28.4%)	
		64 years old or older	577 (26.8 %)	

Table 16 shows the combination of these demographic variables' proportion for each region. Using random number generation for each split in the total sample, the following numbers were selected.

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Table 16: Target Number of Sample from the Split Data

Region	Gender	Race	Note
Northern (n = 30)	Female (n = 19) Male (n = 11)	Caucasian (n = 8) AAF (n = 11) Other (n = 0) Caucasian (n = 5) AAF (n = 6) Other (n = 0)	The total number in the sample was divided into four groups evenly since age group is homogeneous according to other demographic groups. Then we took a random sample from each group. Next, we checked to see if the sample is evenly divided into four age groups. If not, we chose the next person in that group. We repeated the process until we reached the target number of sample as planned.
Central (n = 30)	Female (n = 19) Male (n = 11)	Caucasian (n = 6) AAF (n = 12) Other (n = 1) Caucasian (n = 4) AAF (n = 7) Other (n = 0)	
Southern (n = 30)	Female (n = 19) Male (n = 11)	Caucasian (n = 10) AAF (n = 8) Other (n = 1) Caucasian (n = 6) AAF (n = 5) Other (n = 0)	
Total (N = 90)			

Table 17: Minimum number of participants of focus group from each group

Region	Gender	Race	Note
Northern (n = 12)	Female (n = 7) Male (n = 5)	Caucasian (n = 3) AAF (n = 4) Other (n = 0) Caucasian (n = 2) AAF (n = 3) Other (n = 0)	If we reached the numbers from this table for each group, then we stopped to recruit more from that group. Note: if we cannot recruit any from other race, it is valid since we have very small percentage of Other category in Race.
Central (n = 12)	Female (n = 7) Male (n = 5)	Caucasian (n = 2) AAF (n = 5) Other (n = 0) Caucasian (n = 2) AAF (n = 3) Other (n = 0)	
Southern (n = 12)	Female (n = 7) Male (n = 5)	Caucasian (n = 3) AAF (n = 3) Other (n = 1) Caucasian (n = 2) AAF (n = 3) Other (n = 0)	
Total (N = 36)			

APPENDIX E
PUBLIC NOTICE COMPLIANCE

May 20, 2022
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 11:00 a.m. to 12:00 p.m. on Monday, June 20, 2022. Due to the public health emergency, the Public Forum will be held via teleconference at 888-822-7517, access code: 4282244. There will be an opportunity for public comment during the forum. There were no comments recorded during the forum. [Public-Notice-for-Healthier-Mississippi-Waiver-Post-Forum-on-6.20.2022.pdf \(ms.gov\)](#)

Mississippi Section 1115(a) Application Attestation

OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201



MISSISSIPPI DIVISION OF
MEDICAID

June 30, 2022

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 1115(a) Healthier Mississippi Waiver (HMW) demonstration for renewal effective October 1, 2023. The request proposes no changes to the current demonstration set to expire September 30, 2023. The renewal request is effective October 1, 2023, to September 30, 2028.

Please send comments to me at Robin.Bradshaw@medicaid.ms.gov by August 30, 2022.

Sincerely,

A handwritten signature in blue ink that reads "James Ervin".

Wil Ervin
Deputy Director, Division of Medicaid

Copy to: Doug Weaver
Tanya Phillips
Casey Willis
Laura Dees
Durnene Farmer
Tamara John
Elliot Milhollin
Andrea Farmer
Gay Flake
Dr. Veronica Johnson

**HEALTHIER MISSISSIPPI WAIVER DEMONSTRATION
EXTENSION REQUEST**

FULL PUBLIC NOTICE AND COMMENT PERIOD

Posted July 21, 2022

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, 2023, through September 30, 2028. 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, 2023.

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 DOMPolicy@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 DOMPolicy@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 Friday, August 19, 2022, at 10:00 a.m., at the Woolfolk State Building, Room 145 located at 501 N. West Street, Jackson, MS.

The second public hearing will be held via teleconference on this proposed demonstration request is scheduled for Monday, August 29, 2022, at 10:00 a.m. 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.