

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 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 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 with minor program changes

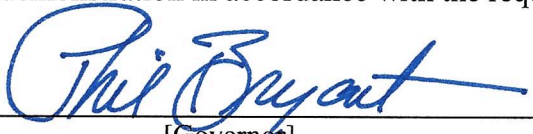
This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration with minor demonstration program changes. In combination with completing the Section 1115 Extension Template, the state may also choose to submit a redline version of its approved 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 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: Sept. 5, 2017

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.

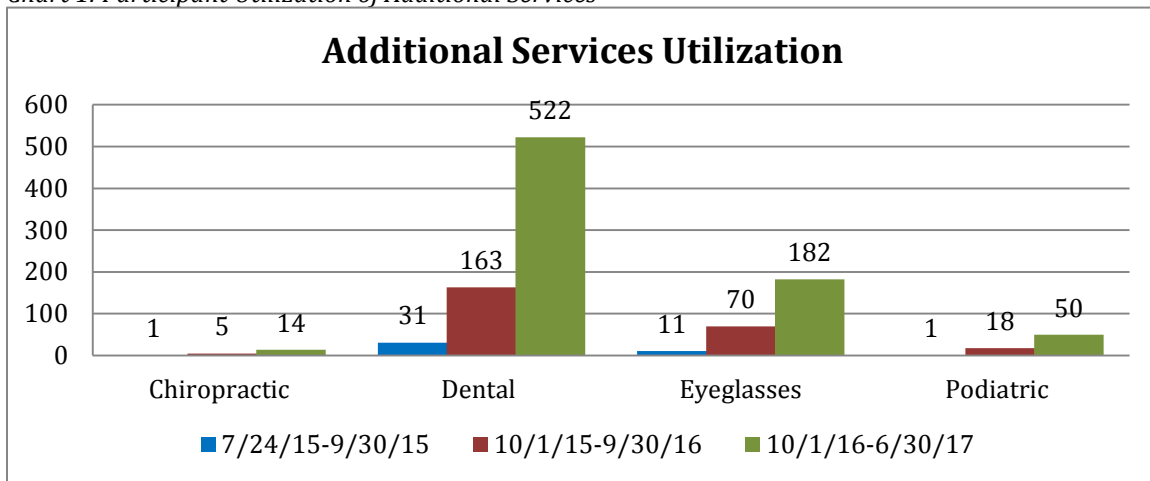
APPENDIX A HISTORICAL NARRATIVE SUMMARY

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.

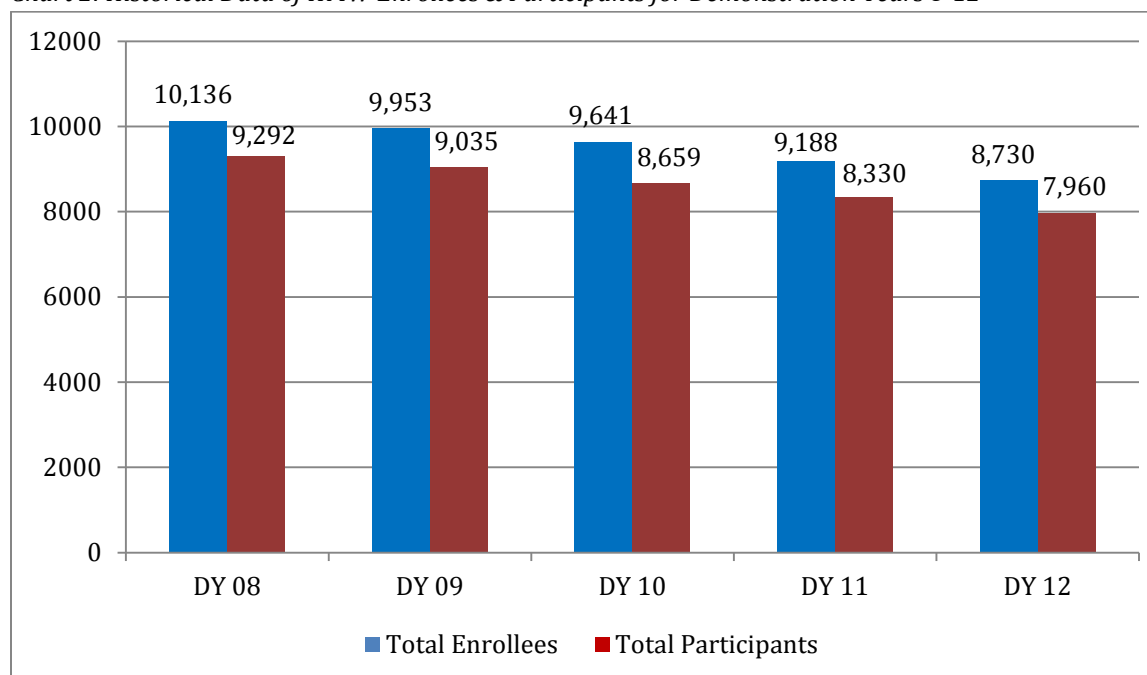
Chart 1: Participant Utilization of Additional Services



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 FOR THE 7/24/2015-9/30/2018

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 (ED). 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 GOAL FOR THE RENEWAL PERIOD OF 10/01/2018-09/30/2023

Goal: Provide insurance coverage to individuals who are aged, blind or disabled, not eligible for Medicare and do not qualify for Medicaid to prevent improper hospitalizations, nursing facility placements and ED utilization.

FUTURE OBJECTIVES FOR THE RENEWAL PERIOD OF 10/01/2018-09/30/2023

Objective 1: Increase the utilization of ambulatory/preventive health visits by five percent (5%) each demonstration year.

Objective 2: Increase the number of preventive health screenings by five percent (5%) each demonstration year.

Objective 3: Increase the proportion of adults with diabetes who have a hemoglobin A1c (HbA1c) measurement at least once a year by ten percent (10%) each demonstration year.

Objective 4: Increase the proportion of adults with diabetes who have an annual dilated eye examination by five percent (5%) 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

APPENDIX C INTERIM EVALUATION

DOM utilized a qualitative and quantitative design analysis to conduct an interim evaluation of the overall impact of the HMW. DOM determined whether HMW participants who did and did not access primary and preventative health services had a decrease in the number hospitalizations, ED visits, and nursing facility placements during each demonstration year when compared to Category of Eligibility (COE) 001 participants who did and did not access primary and preventative health services. The comparison group consist of individuals in COE 001 who are the most closely aligned with those individuals enrolled in the HMW. COE 001 includes individuals age 65 and older, or under age 65 who are blind or disabled, referred to as the ABD group. The ABD group is Medicaid eligible based on Supplemental Security Income (SSI) policy rules except in circumstances that the DOM has been allowed to use more liberal methodologies through State Plan approval or in instances where Medicaid regulations implement Medicaid policy that takes precedence over SSI policy. Individuals with Medicare coverage are excluded in the COE 001 comparison group to align with the eligibility requirements of the demonstration population. Individuals receiving long-term care services (including nursing facility and home and community- based waivers), swing bed in a skilled nursing facility, or maternity and newborn care are excluded.

Program Objectives, Outcomes, and Measures for 07/24/2015-09/30/2018

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.

Hospitalization Outcome: The data did not reveal that access to preventive and/or primary care services reduced hospitalizations in the HMW population compared to COE 001. In fact, there was a lower percentage of hospitalizations for HMW participants that did not access preventive and/or primary care compared to COE 001.

Table 1: Hospitalizations

Federal Fiscal Year	Total Number of		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	
	HMW	COE 001	HMW	COE 001	HMW	COE 001	HMW	COE 001	HMW	COE 001
FFY12	2,848	37,517	1,555	16,034	54.6%	42.7%	1,293	21,483	45.4%	57.3%
FFY13	2,859	35,949	1,629	14,246	57%	39.6%	1,230	21,703	43%	60.4%
FFY14	2,504	34,756	1,450	11,550	58%	33.2%	1,054	23,206	42%	66.8%
FFY15	2,497	34,173	1,452	11,257	58%	33%	1,045	22,916	42%	67%
FFY16	2,320	19,570	1,262	9,828	54%	50%	1,058	9,769	46%	50%

Nursing Facility Placement Outcome: During FFY 12-15, there were no significant variances in the total number and proportion of nursing facility admissions observed among HMW and COE 001 participants who either accessed or did not access primary and/or preventive care services. However, in FFY 16, there was a 13.3% difference among HMW participants compared to COE 001 who did and did not access preventive and/or primary services. HMW participants admitted to a nursing facility become eligible under another COE.

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	
	HMW	COE 001	HMW	COE 001	HMW	COE 001	HMW	COE 001	HMW	COE 001
FFY12	51	61	26	31	51%	51%	25	30	49%	49%
FFY13	72	47	34	21	47%	44.7%	38	26	53%	55.3%
FFY14	64	43	29	20	45%	46.5%	35	23	55%	53.5%
FFY15	74	53	26	18	35%	34%	48	35	65%	66%
FFY16	73	82	24	38	33%	46.3%	49	44	67%	53.7%

Emergency Department Outcome: During FFY 12-16, there were no significant variation in the proportion of ED visits for non-injury diagnoses among HMW and COE 001 who accessed or did not access primary and/or preventive care services.

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	
	HMW	COE 001	HMW	COE 001	HMW	COE 001	HMW	COE 001	HMW	COE 001
FFY12	6,064	76,678	3,352	42,745	55%	54.7%	2,712	33,933	45%	42.3%
FFY13	6,324	74,400	3,574	41,153	56%	55.3%	2,750	33,247	44%	44.7%
FFY14	5,854	69,750	3,483	38,312	59%	55%	2,371	31,438	41%	45%
FFY15	5,845	70,741	3,462	39,868	59%	56.4%	2,383	30,873	41%	43.6%
FFY16	5,813	68,893	3,338	39,423	57%	57.2%	2,475	29,470	43%	42.8%

Measures:

Table A. Evaluation Measures of Utilization of Care Services

Metric	Description	Numerator 1 and 2		Denominator 1 and 2		Data Source
		N1	N2	D1	D2	
ED Visits	This measure assesses if HMW participants who accessed primary and/or preventive care had a decrease in ED utilization when compared to COE 001 participants who accessed preventive and/or primary care with ED utilization.	Number of ED visits for HMW participants who accessed primary and/or preventive services during the reporting year	Number of ED visits for COE 001 participants who accessed primary and/or preventive services during the reporting year	Number of HMW participants with ED visits during the reporting year	Number of COE 001 participants with ED visits during the reporting year	MMIS DSS Claims, FFS claims, Encounter claims
Hospitalizations	This measure assess if HMW participants who accessed primary and/or preventive care had a decrease in hospitalizations when compared to	Number of hospitalizations for HMW participants who accessed primary and/or preventive services during	Number of hospitalizations for COE 001 participants who accessed primary and/or preventive services during	Number of HMW participants with hospitalizations during the reporting year	Number of COE 001 participants with hospitalizations during the reporting year	MMIS DSS Claims, FFS claims, Encounter claims

Metric	Description	Numerator 1 and 2		Denominator 1 and 2		Data Source
	COE 001 participants who accessed primary and/or preventive care with hospitalizations.	the reporting year	the reporting year			
Nursing Facility Admissions	This measure assess if HMW participants who accessed primary and/or preventive care had a decrease in nursing facility admissions when compared to COE 001 participants who accessed preventive and/or primary care with nursing facility admissions.	Number of nursing facility admissions for HMW participants who accessed primary and/or preventive services during the reporting year	Number of nursing facility admissions for COE 001 participants who accessed primary and/or preventive services during the reporting year	Number of HMW participants with nursing facility admissions during the reporting year	Number of COE 001 participants with nursing facility admissions during the reporting year	MMIS DSS Claims, FFS claims, Encounter claims

Table B. Evaluation Measures of Non-utilization of Primary and/or Preventive Care Services

Metric	Description	Numerator 1 and 2		Denominator 1 and 2		Data Source
ED Visits	This measure assesses if HMW participants who did not access primary and/or preventive care had a decrease in ED utilization when compared to COE 001 participants who did not access primary and/or preventive care with ED utilization.	N1 Number of ED visits for HMW participants who did not access primary and/or preventive services during the reporting year	N2 Number of ED visits for COE 001 participants who did not access primary and/or preventive services during the reporting year	D1 Number of HMW participants with ED visits during the reporting year	D2 Number of COE 001 participants with ED visits during the reporting year	MMIS DSS Claims, FFS claims, Encounter claims
Hospitalizations	This measure assesses if HMW participants who did not access primary and/or preventive care had a decrease in hospitalizations when compared to COE 001 participants who did not access primary and/or preventive care with hospitalizations.	Number of hospitalizations for HMW participants who did not access primary and/or preventive services during the reporting year	Number hospitalizations for COE 001 participants who did not access primary and/or preventive services during the reporting year	Number of HMW participants with hospitalizations during the reporting year	Number of COE 001 participants with hospitalizations during the reporting year	MMIS DSS Claims, FFS claims, Encounter claims
Nursing Facility Admissions	This measure assesses if HMW participants who did not access primary and/or preventive care had a decrease in nursing facility admissions when	Number of nursing facility admissions for HMW participants who did not access primary and/or preventive services during the reporting year	Number of nursing facility admissions for COE 001 participants who did not access primary and/or preventive services during	Number of HMW participants with nursing facility admissions during the reporting year	Number of COE 001 participants with nursing facility admissions during the reporting year	MMIS DSS Claims, FFS claims, Encounter claims

Metric	Description	Numerator 1 and 2		Denominator 1 and 2		Data Source
	compared to COE 001 participants who did not access primary and/or preventive care with nursing facility admissions.		the reporting year			

**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%

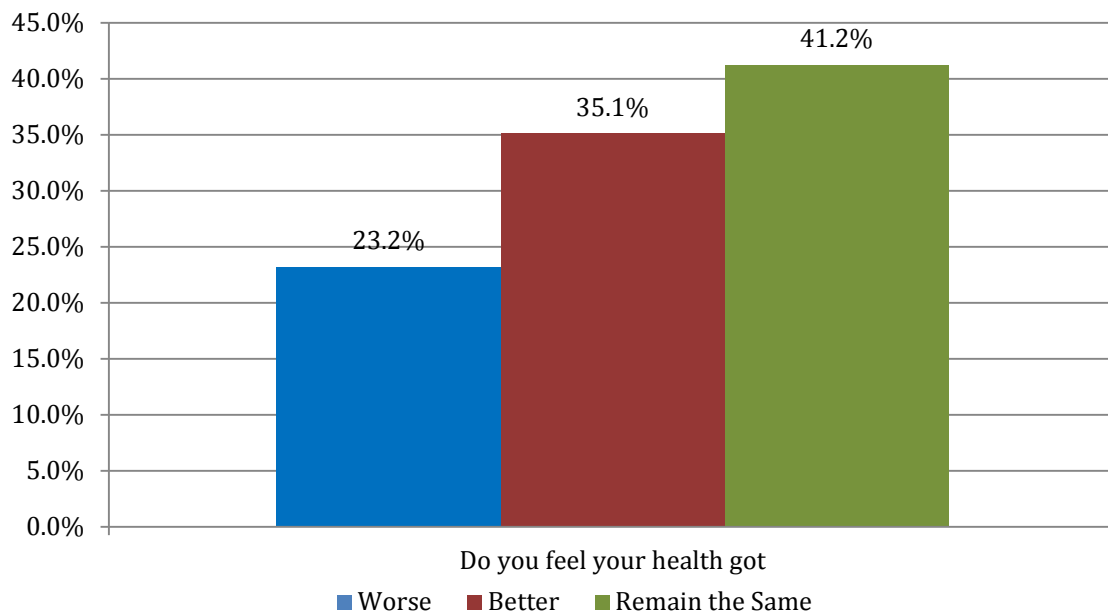
Table 5: Nursing Facility Placements

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

HMW Demonstration 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
<i>Yes</i>	97	92.4%
<i>No</i>	2	2%
Q2: Do you feel your health got?		
Response Choices	Frequency	Percent
<i>Worse</i>	23	23.7%
<i>Better</i>	34	35.1%
<i>Remain the same</i>	40	41.2%
Q3: Did you see your doctor?		
Response Choices	Frequency	Percent
<i>Yes</i>	92	94.8%
<i>No</i>	5	5.2%
Q4: Did you spend time in the hospital?		
Response Choices	Frequency	Percent
<i>Yes</i>	40	41.2%
<i>No</i>	57	58.8%
Q5: Did you go to the emergency room?		
Response Choices	Frequency	Percent
<i>Yes</i>	58	59.8%
<i>No</i>	39	40.24%
Q6: Did you ever need to see a doctor but did not because you could not pay?		
Response Choices	Frequency	Percent
<i>Yes</i>	52	53.6%
<i>No</i>	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
<i>Yes</i>	61	62.9%

<i>No</i>	36	37.1%
Q8: Have you ever been told by a doctor that you have: ?		
Response Choices	Frequency	Percent
<i>Asthma</i>	14	14.4%
<i>Cancer</i>	11	11.3%
<i>Diabetes</i>	33	34%
<i>End stage renal disease</i>	1	1%
<i>HIV/AIDS</i>	0	0%
<i>Any other chronic condition</i>	32	33.1%
<i>No response</i>	6	6.2%
Q9: Did you get a new pair of glasses or contacts paid for by Mississippi Medicaid?		
Response Choices	Frequency	Percent
<i>Yes</i>	14	14.4%
<i>No</i>	83	85.6%
Q10: Did you get services from a foot doctor?		
Response Choices	Frequency	Percent
<i>Yes</i>	7	7.2%
<i>No</i>	90	92.8%
Q11: Did you get services from a chiropractor?		
Response Choices	Frequency	Percent
<i>Yes</i>	9	9.3%
<i>No</i>	88	90.7
Q12: Did you get dental care?		
Response Choices	Frequency	Percent
<i>Yes</i>	10	10.3%
<i>No</i>	87	89.7%
Q13: Did you get a check-up?		
Response Choices	Frequency	Percent
<i>Yes</i>	81	83.5%
<i>No</i>	16	16.5%
Q14: What is your overall satisfaction with your medical coverage?		
Response Choices	Frequency	Percent
<i>Very satisfied</i>	59	60.8%
<i>Slightly satisfied</i>	16	16.5%
<i>Neither satisfied or dissatisfied (neutral)</i>	11	11.3%
<i>Slightly dissatisfied</i>	8	8.3%
<i>Not satisfied at all</i>	3	3.1%
Q15: How would you describe your race?		
Response Choices	Frequency	Percent
<i>American Indian or Alaska Native</i>	1	1%
<i>Asian</i>	2	2.1%
<i>Black or African American</i>	47	48.5%
<i>Native Hawaiian/Pacific Islander</i>	0	0%
<i>White</i>	40	41.2%
<i>Another race</i>	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>



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,

A handwritten signature in blue ink that reads "Margaret Wilson".

Margaret Wilson
Nurse Office Director
Policy

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



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 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