

Florida Medicaid Family Planning Waiver

Section 1115

**4th Quarter Report
April 1, 2015 – June 30, 2015
Demonstration Year 17**



This page intentionally left blank

Table of Contents

I. Introduction.....	1
II. Significant Program Changes	1
III. Enrollment and Renewal	2
IV. Service and Providers.....	3
V. Program Outreach Awareness and Notification.....	3
VI. Interim Evaluation of Goals and Progress.....	4
VII. Quarterly Expenditures	5

This page intentionally left blank

I. Introduction

The Agency for Health Care Administration (Agency), administers Florida’s 1115 Family Planning Waiver, Project Number 11-W-00135/4. The Family Planning Waiver (FPW) has been in existence since 1998. In years prior to 2006, the FPW was limited to women who lost Medicaid eligibility after 60 days post-partum. Due to the limited number of women who could access family planning services, this eligibility criterion was changed during the 2006 renewal. Since 2006, the waiver has been available to all women of child-bearing ages (14–55 years) losing Medicaid coverage, who have a family income at or below 185 percent of the federal poverty level (FPL), and who are not otherwise eligible for Medicaid, Children’s Health Insurance Program, or other health insurance coverage providing family planning services.

The overall objectives of the FPW are to:

- Increase the access to family planning services.
- Increase child spacing intervals through effective contraceptive use.
- Reduce Florida’s Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services.

The FPW provides availability of family planning and family planning-related services to eligible women based upon an annual redetermination of income and other criteria specific to the demonstration.

Table 1 shows the timeline dates of demonstration year 17 (DY17) for the FPW.

TABLE 1 FPW Timeline Dates for DY17 July 1, 2014 – June 30, 2015			
Quarter	Begin Date	End Date	Quarterly Report Due*
1	July 1, 2014	September 30, 2014	November 29, 2014
2	October 1, 2014	December 31, 2014	March 1, 2015
3	January 1, 2015	March 31, 2015	May 30, 2015
4	April 1, 2015	June 30, 2015	August 29, 2015

*60 days following the end of quarter.

II. Significant Program Changes

On June 27, 2013, prior to submitting the two-year extension request for the period January 1, 2014 – December 31, 2016, the Centers for Medicare and Medicaid Services (CMS) issued an automatic one-year temporary extension for all FPWs.

The FPW continues to provide the same services as the previous demonstration period, 2006 - 2009, with the addition of one new contraceptive service. The change in services will be detailed in the discussion relating to services and providers.

The Agency submitted an extension request to CMS on June 27, 2014, for the period January 1, 2015 – December 31, 2017. The Agency received approval from CMS on December 29, 2014, for the FPW period January 1, 2015 – December 31, 2017.

III. Enrollment and Renewal

Enrollment in the FPW is offered to women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum or beneficiaries of the Sixth Omnibus Budget Reconciliation Act (SOBRA) (Population 1), as well as women of child-bearing age losing Medicaid coverage who have an income at or below 185 percent of the FPL or non-SOBRA (Population 2) beneficiaries.

To clarify the enrollment figures provided, please review the definitions below:

- 1) Enrollees - described as all individuals enrolled in the Demonstration;
- 2) Participants - defined as all individuals who accessed one or more FPW service through the Demonstration; and,
- 3) Member months - summarized as the number of months of service available to enrollees in the Demonstration; for example, if a person is eligible for 5 months of service, that person contributes 5 member months to the total.

Table 2 identifies the FPW population for the fourth quarter of DY17. The quarterly enrollees for the FPW are comprised of approximately 83% SOBRA (Population 1) with the remaining 17% in the non-SOBRA (Population 2). Regarding the level of actual enrollee participation, the table below identifies a 9% participation in the quarter; this low participation level results from incomplete paid claims data for the quarter. Data for these figures were limited to claims paid through July 2015, for dates of service April 2015 – June 2015.

TABLE 2						
FPW Population for DY17						
July 1, 2014 – June 30, 2015						
	Quarter 1			Quarter 2		
	July 1, 2014 – September 30, 2014			October 1, 2014 – December 31, 2014		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
# of Total Enrollees	59,993	12,417	72,410	59,425	11,075	70,500
# of Participants	6,219	2,593	8,812	5,124	2,167	7,291
# of Member Months	147,376	27,710	175,086	149,906	26,523	176,429
	Quarter 3			Quarter 4		
	January 1, 2015 – March 31, 2015			April 1, 2015 – June 30, 2015		
	Population 1	Population 2	Total Population	Population 1	Population 2	Total Population
# of Total Enrollees	54,190	16,058	70,248	62,962	12,549	75,511
# of Participants	3,328	4,050	7,378	4,219	2,703	6,922
# of Member Months	92,586	81,487	174,073	136,643	48,563	185,206

IV. Service and Providers

- **Service Utilization:** FPW services added the Liletta levonorgestrel-releasing intrauterine contraceptive system on March 30, 2015.
- **Provider Participation:** County health departments (CHDs) within Florida, under the direction of the Florida Department of Health (DOH), are responsible for making eligibility determinations for all women applying to the FPW and for annual redeterminations.

V. Program Outreach Awareness and Notification

The following Medicaid FPW outreach activities were provided during this quarter of DY17 by DOH:

a) General Outreach and Awareness

- Staff of local DOH and the DOH Central Office's School, Adolescent and Reproductive Health Section (SARHS) provided FPW advocacy for individual clients. Staff members helped to resolve Medicaid eligibility and access issues related to women who lost full Medicaid coverage for pregnancy, as well as FPW services, due to technical issues with the Florida Medicaid Management Information System, as well as HP Enterprise (data entry), early in the fiscal year.
- The Florida Family Health Line, a toll-free hotline, assisted callers in accessing FPW applications and provider information.
- Trainings and presentations on the FPW were available to all local DOH staff. The FPW training for local DOH staff was updated and uploaded on the DOH SARHS's Family Planning Program internal Web page for year-round access for new staff members and as a refresher for existing staff members.
- The DOH Central Office staff provided technical assistance and training to new local DOH staff as needed, as well as guidance, policy clarifications and updates on scheduled monthly conference calls with CHDs.
- Policy clarifications and updates were provided on scheduled statewide Family Planning Program monthly conference calls with local DOH staff.

b) Quality Assurance and Monitoring Activities

For quality assurance purposes, the DOH SARHS Central Office staff provided technical assistance for FPW issues on a continual basis, and reviewed FPW files during performance improvement monitoring on all local DOH regarding the FPW eligibility process. Twenty-one local DOH received an onsite visit for fiscal year 2014–2015. The DOH SARHS's systematic quality assurance/quality improvement process currently follows a four-year cycle: onsite monitoring visit the first year; a follow-up call the second year; a desk review the third year; and a technical assistance call the fourth year. The four-year cycle then begins again for each local DOH. During an onsite review, the administrative files for women who applied for the Medicaid FPW during the previous quarter of the fiscal year are reviewed. The review includes determination of compliance with FPW requirements, mandatory staff FPW training, and local outreach activities. The results of the administrative file review are provided to the local DOH leadership. If the reviewer identifies eligibility determination errors, the local DOH staff submits corrections to the Agency, DOH SARHS Central Office, and HP Enterprise for transmission to the Medicaid fiscal agent. The recipient is notified in writing of any change in their FPW eligibility.

VI. Interim Evaluation of Goals and Progress

The Agency has contracted with the University of Florida's Family Data Center to complete an independent evaluation of the FPW program authorized as a Research and Demonstration Waiver under Section 1115(a) of the Social Security Act. The evaluation design includes a mixed methods approach, combining quantitative and qualitative analytical techniques to assess changes in access and quality of care over time. Study populations include:

1. Enrollees, who are women who have a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days, regardless of the Aid Category Effective Date.
2. Enrollee Participants, who are women who have an FP Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days, regardless of the Aid Category Effective Date, and who have received at least one paid service with a Waiver Family Planning (WFP) benefit plan code during the FP eligibility period.
3. Enrollee Non-Participants, who are women who have an FP Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days, regardless of the Aid Category Effective Date, and who have not received any paid service with a WFP benefit plan code during the FP eligibility period.
4. New Enrollees, who are women who have an FP Aid Category Code in the Medicaid Eligibility file and the Aid Category Effective Date falls within the study period.
5. New Enrollee Participants, who are women who have an FP Aid Category Code in the Medicaid Eligibility file and the Aid Category Effective Date falls within the study period and who have received at least one paid service with a WFP benefit plan code during the FP eligibility period.
6. New Enrollee Non-Participants, who are women who have an FP Aid Category Code in the Medicaid Eligibility file and the Aid Category Effective Date falls within the study period and who have not received any paid service with a WFP benefit plan code during the FP eligibility period.

The goals of the FPW are:

Goal 1: Increase the access to family planning services.

Goal 2: Increase child spacing intervals through effective contraceptive use.

Goal 3: Reduce the number of unintended pregnancies.

During this quarter, the research team developed and submitted a final interim report that included a description of the methodology that is used for the cost savings analysis and an analysis of the data obtained from the Healthy Start Prenatal Risk Screen for FPW Participants and Non-Participants DY14–DY16. The questions from the Healthy Start Prenatal screen include question 5 (“Is this a good time for you to be pregnant?”) and question 14 (“Thinking back to just before you got pregnant, did you want to be pregnant now, pregnant later, or not pregnant?”) in order to compare the number of unintended pregnancies in DY14–DY16 among FPW Participants and Non-Participants. A copy of the final report is attached.

During the next quarter (July 1, 2015 – September 30, 2015), the research team will submit an additional interim report that will detail preliminary results in the reduction of unintended pregnancies from Healthy Start Prenatal Risk Screen for FPW Participants and Non-Participants DY 14-16; and preliminary results of the cost-savings analysis for DY 14-16.

The draft DY16 Final Report will be submitted to the Agency in December 2015 and will include descriptive and comparative analyses of the DY16 (July 1, 2013 through June 30, 2014) FPW population and final results of the cost savings analysis for DY14–DY16.

VII. Quarterly Expenditures

Table 3 shows the quarterly expenditures for all four quarters of DY17.

TABLE 3				
FPW Quarterly Expenditures for DY17				
April 1, 2014 – June 30, 2015				
Quarter	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS-64	Total Expenditures as Reported on the CMS-64	Expenditures as requested on the CMS-37*
1	\$1,433,270	\$19,705	\$1,452,975	
2	\$1,653,620		\$1,653,620	
3	\$1,389,236		\$1,389,236	
4	\$1,069,201		\$1,069,201	
Annual Total	\$5,545,327	\$19,705	\$5,565,032	

*The Agency is unable to report expenditures as requested on the CMS-37 report as the estimated expenditures are not reported separately for the FPW. The Agency will be unable to report this data over the lifetime of the demonstration extension.