

# **Florida Medicaid Family Planning Waiver**

**Section 1115**

**2<sup>nd</sup> Quarter Report  
October 1, 2014 – December 31, 2014  
Demonstration Year 17**



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## 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.

<b>TABLE 1</b>			
<b>FPW Timeline Dates for DY17</b>			
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 has 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 second quarter of DY17. The quarterly enrollees for the FPW are comprised of approximately 84% SOBRA (Population 1) with the remaining 16% in the non-SOBRA (Population 2). Regarding the level of actual enrollee participation, the table below identifies a 10% 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 January 2015, for dates of service October 2014 – December 2014.

<b>TABLE 2</b>						
<b>FPW Population for DY17</b>						
<b>July 1, 2014 – June 30, 2015</b>						
	<b>Quarter 1</b>			<b>Quarter 2</b>		
	<b>July 1, 2014 – September 30, 2014</b>			<b>October 1, 2014 – December 31, 2014</b>		
	<b>Population 1</b>	<b>Population 2</b>	<b>Total Population</b>	<b>Population 1</b>	<b>Population 2</b>	<b>Total Population</b>
<b># of Total Enrollees</b>	59,993	12,417	<b>72,410</b>	59,425	11,075	<b>70,500</b>
<b># of Participants</b>	6,219	2,593	<b>8,812</b>	5,124	2,167	<b>7,291</b>
<b># of Member Months</b>	147,376	27,710	<b>175,086</b>	149,906	26,523	<b>176,429</b>
	<b>Quarter 3</b>			<b>Quarter 4</b>		
	<b>January 1, 2015 – March 31, 2015</b>			<b>April 1, 2015 – June 30, 2015</b>		
	<b>Population 1</b>	<b>Population 2</b>	<b>Total Population</b>	<b>Population 1</b>	<b>Population 2</b>	<b>Total Population</b>
<b># of Total Enrollees</b>						
<b># of Participants</b>						
<b># of Member Months</b>						

## IV. Service and Providers

- **Service Utilization:** Skyla 13.5 mg - levonorgestrel-releasing intrauterine contraceptive system was added to FPW services January 1, 2014.
- **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 outreach activities were provided during this quarter of DY17 by DOH:

### **a) General Outreach and Awareness**

- The DOH School, Adolescent and Reproductive Health Section Central Office staff participated in monthly FPW Region IV Evaluator's conference calls.
- FPW advocacy for individual clients was provided by staff of CHDs (local DOHs), Healthy Start, MomCare, Healthy Start Coalitions, Family Health Line, and DOH Central Office. Staff members helped to resolve Medicaid eligibility and access issues related to women who lost full Medicaid coverage for pregnancy-only, due to technical issues with the Florida Medicaid Management Information System early in the fiscal year.
- The Florida Family Health Line, a toll-free hotline, assisted callers in accessing FPW applications, information, and services.
- Following the trainings, presentations were made available to all local DOH staff, including FPW eligibility, clinical, and Healthy Start personnel. The FPW training for eligibility staff has also been updated and will be uploaded on the DOH 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 training to new local DOH staff as needed, as well as guidance, policy clarifications and updates on scheduled monthly conference calls with CHDs.

### **b) Quality Assurance and Monitoring Activities**

For quality assurance purposes, the DOH central office staff members provided technical assistance for FPW issues on a continual basis, and performed administrative file reviews on all local DOHs regarding the FPW eligibility process. Seventeen local DOHs will receive an onsite visit for fiscal year 2014–2015. The DOH's systematic quality assurance/quality improvement process currently follows a four-year cycle: an onsite visit during the first year, a follow-up review of the monitoring site visit the second year, a desk review via conference call the third year, and a technical assistance review in the fourth year. The four-year cycle then begins again for that local DOH. During an onsite review, the administrative files for women who applied for the 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 identified eligibility determination errors, the DOH submits corrections to the Agency for transmission to the Medicaid fiscal agent. The recipient is notified

in writing of any change in their FPW eligibility. The FPW eligibility enrollment process is also reviewed during each annual performance improvement review for quality assurance.

## 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 a 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 "new enrollees" and "participants." New enrollees are women who have a Family Planning Aid Category Code in the Medicaid eligibility file. "Participants" refer to new enrollees who have at least one paid Medicaid claim record and a family planning program code.

The most recent findings comparing DY15 new enrollees and participants to new enrollees and participants served in previous demonstration years include the following:

**Goal 1:** Increase the access to family planning services.

Progress Update: The participation rate increased 24% between DY14 (July 1, 2011 – June 30, 2012) and DY15 and is statistically significant. The participation rate is the percentage of new enrollees who participated (received at least one waiver-covered service). Statewide, new enrollees in two race/ethnicity groups increased dramatically between DY11 and DY15: there was a 48.2% increase of new enrollees in the American or Asian Indian and other group, and a 20.3% increase of new enrollees in the Asian group.

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

Progress Update: Birth spacing increased among participants. Significantly fewer participants in DY15 had an inter-birth interval less than 24 months compared to participants in DY9–DY11 (30% for DY15 and 32% for DY9–DY11).

**Goal 3:** Reduce the number of unintended pregnancies.

Progress Update: The rate of unintended pregnancies among a selected sample of DY14 participants was nearly seven percentage points lower than that among the selected sample of DY14 non-participants: 15% vs. 22%. The sample was restricted to women who met three conditions: 1) those who had received at least one FPW contraceptive service (participants); 2) those had conceived after receiving an FPW contraceptive service (participants) and those who had conceived after enrolling in the program (non-participants); and, 3) both these groups had to be able to be linked to the Healthy Start Prenatal Risk screen to determine whether their pregnancy had been unintended.

During this quarter, the research team developed and submitted an interim report that contained a detailed work plan, as well as the status of the project and key relevant information from conference calls with FPW state evaluators. During the next quarter (January 2015 – March 2015), the research team will submit an interim report that will include a report that details cost savings analysis methodology, as well as a summary report of the data obtained from the Healthy Start Prenatal Risk Screen (questions 5 and 14) for FPW participants and non-participants DY14–DY16.

\*DY14 is the latest available year of data for this measure.



## VII. Quarterly Expenditures

Table 3 shows the quarterly expenditures for the first quarter of DY17.

<b>TABLE 3</b> <b>FPW Quarterly Expenditures for DY17</b> July 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	\$985,346	\$19,705	\$1,005,051	
2	\$1,284,696		\$1,284,696	
3				
4				
<b>Annual Total</b>				

\*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.