

Quarterly Operational Report

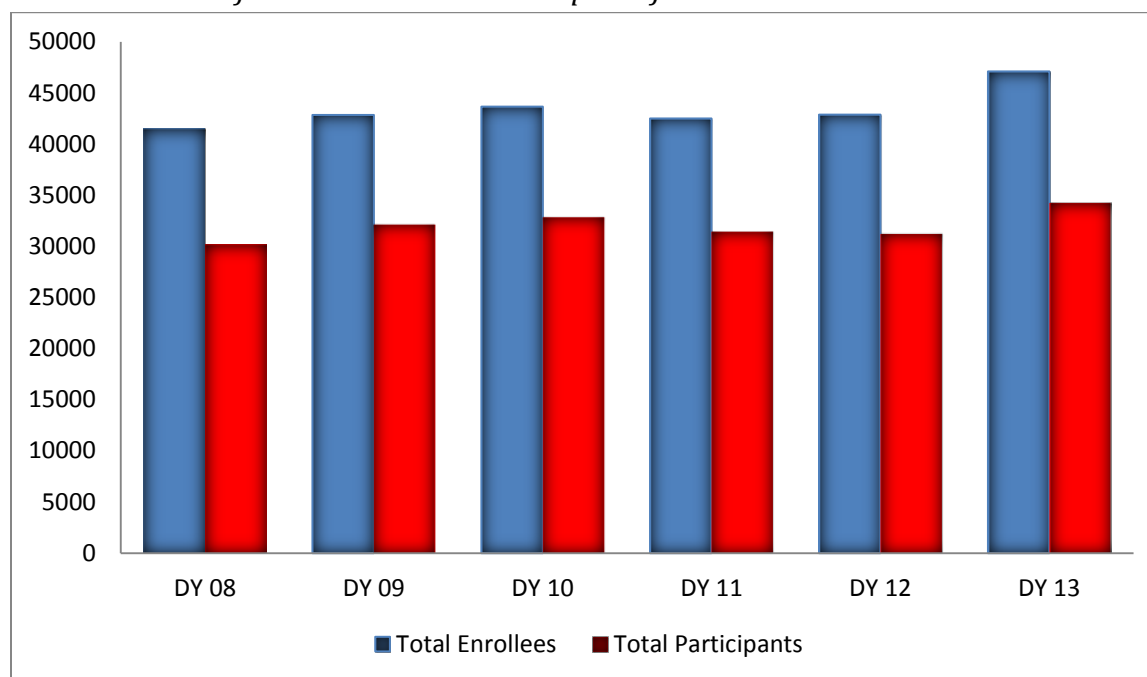
**Mississippi Family Planning Waiver
Project Number 11-W-00157/7
Section 1115 Quarterly Operational Report
Demonstration Year 14, Quarter 2
August 31, 2017**

INTRODUCTION PROGRAM OVERVIEW

Historical Background

The Mississippi Division of Medicaid (DOM) began implementation of the Family Planning Waiver (FPW) Demonstration Program, Section 1115(a), on October 1, 2003. This program was initially approved by the Centers for Medicare & Medicaid Services (CMS) for a five (5) year period. A three (3) year extension of the FPW was approved on October 30, 2008 through September 30, 2011. The FPW then operated under a temporary extension through December 31, 2014. Currently, the demonstration's special terms and conditions (STCs) are approved from January 1, 2015 through December 31, 2017.

Historical Data of FPW Enrollees & Participants for Demonstration Years 8-13



Source: Cognos Family Planning Enrollment Report/ Note: All data reported on a calendar year

Six (6) year average enrollment and participation in the FPW demonstration is 43,415 and 32,019 respectively. DY 13 FPW had an enrollment increase of nine and nine-tenths (9.9%) and participation increase of nine and seven-tenths (9.7%) in comparison to DY 12.

Seventy-two and seven-tenths (72.7%) percent of the total FPW participants had at least one (1) paid Medicaid claim of family planning and family planning related services for the demonstration years reported.

Quarterly Operational Report

EXECUTIVE SUMMARY

Description of the demonstration populations

The FPW demonstration allows Mississippi to provide family planning and family planning related services to women who are losing Medicaid pregnancy coverage at the expiration of the 60-day postpartum period and women and men, ages 13 through 44, who have family incomes at or below 194 percent of the federal poverty level (FPL) post modified adjusted gross income (MAGI) conversion, and who are not otherwise enrolled in Medicaid, the Children's Health Insurance Plan (CHIP) or any other health insurance plan that provides coverage for family planning services.

Goals of the demonstration

The overarching goal of the Family Planning Section 1115(a) Demonstration Waiver is to reduce the number of unintended pregnancies and improve birth outcomes among Medicaid beneficiaries in the target population, thus reducing associated pregnancy and birth related Medicaid expenditures.

Under this demonstration, DOM expects to promote the objectives of Title XIX by:

- Increasing access to and use of family planning and family planning related services by the targeted population (women and men);
- Improving the access to and use of Medicaid family planning services by women who have received Medicaid pregnancy related services;
- Improving birth outcomes and the health of women by increasing the birth-intervals among the target population;
- Decreasing the number of Medicaid-paid deliveries which will reduce annual expenditures for prenatal, delivery, newborn and infant care;
- Reducing the number of unintended and unwanted pregnancies among Medicaid eligible women;
- Reducing teen pregnancy by reducing the number of repeat teen births;
- Increasing the number of primary care referrals to improve the health of the target population; and
- Increasing the overall savings attributable to providing family planning services by covering women for one (1) year postpartum.

Program Highlights

DOM FPW program has experienced a continuous steady increase in the number of newly enrolled and participants in the demonstration. Enrollment in each eligible population group is actively engaged in receiving family planning and family planning related services. More than 87% of participants are using an effective contraceptive method to prevent and delay pregnancy. Male vasectomies have increased indicating males are actively engaged

Quarterly Operational Report

in taking control of their reproductive health and accessing FPW services in an effort to reduce unplanned pregnancy.

Table 1: Reporting Quarter Dates

Demonstration Year (DY) 14	Begin Date	End Date	Quarterly Report Due Date
Quarter 1	January 1, 2017	March 31, 2017	May 31, 2017
Quarter 2	April 1, 2017	June 30, 2017	August 31, 2017
Quarter 3	July 1, 2017	September 30, 2017	November 30, 2017
Quarter 4	October 1, 2017	December 31, 2017	February 28, 2018

DOM required timeline to submit quarterly reports

Significant program changes

There were no significant program changes during the 2nd quarter.

Policy issues and challenges

There were no policy issues or challenges during the 2nd quarter.

ENROLLMENT

This demonstration has three eligible populations, as described in the Special Terms & Conditions (STCs):

Population 1: Women losing Medicaid pregnancy coverage at the expiration of the 60-day postpartum period.

Population 2: Women who have a family income at or below 194 percent of the FPL (post Modified Adjusted Gross Income (MAGI) conversion) who are capable of reproducing.

Population 3: Men who have a family income at or below 194 percent of the FPL (post MAGI conversion) who are capable of reproducing.

CERTIFICATION OF MEMBER MONTHS

DOM certifies the accuracy of the reported Member Months of eligible FPW enrollees in the current and previous quarters for DY 12, DY 13 and DY 14.

Table 2: Demonstration Year Twelve (12)

DY 12: 2015	Quarter 1 January 1, 2015-March 31, 2015			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,502	2,553	42	6,097

Quarterly Operational Report

# of Total Enrollees	13,658	9,425	42	23,125
# of Participants	3,138	3,972	2	7,112
# of Member Months	33,841	24,975	111	58,927
DY 12: 2015	Quarter 2			
	April 1, 2015-June 30, 2015			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,553	2,628	5	6,186
# of Total Enrollees	13,847	9,560	47	23,454
# of Participants	3,182	4,039	11	7,232
# of Member Months	34,326	25,330	114	59,770
DY 12: 2015	Quarter 3			
	July 1, 2015-September 3, 2015			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,363	3,033	121	6,517
# of Total Enrollees	13,205	10,881	260	24,346
# of Participants	4,901	5,000	15	9,916
# of Member Months	32,373	27,283	645	60,301
DY 12: 2015	Quarter 4			
	October 1, 2015- December 31, 2015			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,621	2,847	151	6,619
# of Total Enrollees	13,054	11,325	409	24,788
# of Participants	4,894	5,143	24	10,061
# of Member Months	31,908	29,568	1,048	62,524

Source Data: RB704 Family Planning Quarterly Enrollment Report

Quarterly Operational Report

Table 3: Demonstration Year Thirteen (13)

DY 13: 2016	Quarter 1 January 1, 2016-March 31, 2016			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,468	3,241	263	6,972
# of Total Enrollees	12,959	12,348	643	25,950
# of Participants	4,944	5,511	50	10,505
# of Member Months	32,222	31,436	1,598	65,256
DY 13: 2016	Quarter 2 April 1, 2016-June 30, 2016			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,299	3,180	245	6,724
# of Total Enrollees	13,032	12,740	813	26,585
# of Participants	4,700	5,865	42	10,607
# of Member Months	32,686	32,490	2,077	67,253
DY 13: 2016	Quarter 3 July 1, 2016-September 30, 2016			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,223	3,356	298	6,877
# of Total Enrollees	12,956	13,406	1,055	27,417
# of Participants	4,694	5,997	139	10,830
# of Member Months	32,170	33,748	2,650	68,568
DY 13: 2016	Quarter 4 October 1, 2016- December 31, 2016			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,913	3,375	419	7,707
# of Total	13,287	13,466	1,277	28,030

Quarterly Operational Report

Enrollees				
# of Participants	4,884	6,044	183	11,111
# of Member Months	33,048	35,005	3,364	71,417

Source Data: RB704 Family Planning Quarterly Enrollment Report

Table 4: Demonstration Year Fourteen (14)

DY 14: 2017	Quarter 1 January 1, 2017-March 31, 2017			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,208	3,352	382	6,942
# of Total Enrollees	12,912	13,884	1,485	28,281
# of Participants	4,676	6,454	198	11,328
# of Member Months	32,390	36,123	3,754	72,267
DY 14: 2017	Quarter 2 April 1, 2017-June 30, 2017			
	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	4,031	3,295	400	7,726
# of Total Enrollees	13,566	14,370	1,587	29,523
# of Participants	4,926	6,550	201	11,677
# of Member Months	34,195	36,615	4,072	74,882

Source Data: RB704 Family Planning Quarterly Enrollment Report

SERVICES AND PROVIDERS

Service Utilization

The demonstration project covers approved preventive services that are routinely provided in a family planning setting and treatment of major complications arising from a family planning procedure.

Family planning services and supplies provided to beneficiaries include:

- Approved methods of contraceptives;

Quarterly Operational Report

- Medications for the treatment of a STI/ STD identified or diagnosed during a routine or periodic FPW visit (except for human immunodeficiency virus infection/ acquired immune deficiency syndrome (HIV/AIDS) and hepatitis);
- Voluntary vasectomy and tubal ligation procedures, including tubal sterilization by hysteroscopy, if the criteria in Miss. Admin. Code Part 202, Rule 5.3 is met; and
- Medications and/or treatments for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections when these conditions are identified or diagnosed during a routine or periodic FPW visit.

Table 4: Second Quarter DY 14 Utilization of Approved Methods of Contraception

Oral Contraceptives	Patch	Nuva-Ring	LARCs	Tubal Ligation	Vasectomy	Method Unknown
5,318 (45.5%)	875 (7.5%)	358 (3.1%)	3,572 (30.6%)	58 (0.5%)	12 (0.1%)	1,484 (12.7%)

Source: Cognos Report Drug Utilization by Dates of Service, PTC & COE. For DY 14 quarter two (2), 87.3 % of the total FPW participants (11,677) chose a contraceptive method.

Table 5: Medications for Treatment of STD/STI and Other Diagnosed Disorders/Infections

Medications/Treatments	Prescribed Doses
L5A- Kerayolytics	4
Q4W-Vaginal Antibiotics	78
Q5R- Topical Antiparasitics	19
W1A- Penicillin	244
W1C- Tetracycline	84
WID- Macrolides	236
W1K- Lincosamides	81
W1Q- Quinolones	117
W4E- Anaerobic Antiprotozoal-Antibacterial	372
W4G- 2 nd Gen. Anaerobic Antiprotozoal-Antibacterial	2
W5A- Antivirals, General	212
W50- Truvada, Antiviral, HIV-Spec, Nucleoside-	25

Quarterly Operational Report

Nucleotide-Analog	
W4L-Ivermectin	2
Z2G- Imiquimod	3
Total Prescribed Medications/Treatments	1,479

Source Data: Cognos Report Drug Utilization by Dates of Service and Plan ID (Apr 1, 2017 – Jun 30, 2017)

Provider Participation

There were two hundred sixty-five (265) unique providers that submitted (9,384) claims and provided services to (7,037) distinct FPW recipients in demonstration year 14 quarter two (2).

PROGRAM OUTREACH AWARENESS AND NOTIFICATION

General Outreach and Awareness

DOM coordinates outreach and education activities with the MS State Department of Health (MSDH) to improve family planning participation. DOM provider and beneficiary relation's staff used various education activities to increase the promotion of family planning services among hard-to-reach populations. Along with, continuous on-going efforts to integrate preconception health messages into the various outreach activities, such as health fairs and community forums.

Target Outreach Campaign(s)

DOM Provider Beneficiary Relation Outreach team attended (31) events in various settings and provided FPW education and outreach information to (4,726) Medicaid beneficiaries and providers in quarter two (2) DY 14. The following tables, depicts the types of events, number of events for each type, and the number of attendees for the report period.

Table 6: DOM Beneficiary Outreach Events

Beneficiary Outreach Event by Types	April *E/AS	May *E/AS	June *E/AS	Quarter 2 Totals *E/AS
Health Fairs/Expos (Booth Exhibits-One-on-one information sharing with beneficiaries and general public with questions about Medicaid programs and services)	4/625	5/550	3/225	12/1,400
Health Forums (Oral Presentations to beneficiaries and the general public on Medicaid programs and services; wellness education)	1/300	2/80	1/75	4/455

Quarterly Operational Report

Professional In-Service Trainings (Oral Presentations to professionals, i.e., Case Managers, Social Workers, etc.)	0/0	0/0	0/0	0/0
Parent In-Service (Oral Presentations to parents and caregivers of Head Start Children)	2/35	0	0	2/35
Beneficiary Resource Conference/Summit (Exhibits set-up and Oral Presentation to a select group of Beneficiaries)	0/0	0/0	0/0	0/0
Beneficiary Outreach Totals	7/960	7/630	4/300	18/1,890

Source/Notes: *E / AS - Event and Audience Size and the information in parenthesis indicates the mode of participation performed by the PBR Outreach Staff.

Table 7: Provider Outreach Events

Provider Outreach Event by Types	April *E/AS	May *E/AS	June *E/AS	Quarter 2 Totals *E/AS
Provider Summit/Conference (Exhibits set-up and Oral Presentations to a select group of providers)	1/175	1/200	1/40	3/415
Provider Expo (Booth Exhibits-one-on-one information sharing with providers and other professional attendees, to answer questions about Medicaid programs and services)	2/1,450	5/704	3/267	10/2,421
Provider Outreach Totals	3/1,625	6/904	4/307	13/2,836

Source/Notes: *E / AS - Event and Audience Size and the information in parenthesis indicates the mode of participation performed by the PBR Outreach Staff.

Mississippi State Department of Health Coordination of Services for the FPW Demonstration

Table 8: MSDH Service Coordination Activities

MSDH Family Planning Coordination of Service	Quarter 1 2017	Quarter 2 2017
The Number of Outreach and Education Activities for Family Planning and Family Planning Related Services	9	9
The Number of Public Service Announcements	0	1

Quarterly Operational Report

(PSAs)		
The Number of Direct Mail Promotion of Family Planning	0	0
The Number Telephone Hotline Inquiries related to Family Planning and Family related Services (Waiver)	136	111
The Number Community Outreach Partnerships	30	30
Website	1	3
Newsletters	0	0
Total	176	154

Source: MSDH Comprehensive Reproductive Health Program (CRHP), Family Planning Service Coordination Activities; DY 14 Quarter 1-2

There have been no Zika cases reported during this time frame. However MSDH is continuing with the Zika information campaign such as health education packets provided to MSDH county clinics and Title X delegate agencies.

MSDH continues with Family Planning Waiver training on eligibility criteria, reimbursements, application process, Medicaid auto transfer after maternity, treatment and procedures covered with power point training and job aides to all Public Health District staff by the Health Services Chief Nurse. Staff was made aware of the locations of each regional Medicaid office and phone numbers to promote and provide Family Planning Waiver information to the populations they serve. Currently, MSDH staff are enrolling all clients that meet the criteria for the Medicaid Family Planning Waiver and providing information statewide through posters, brochures, and the web site. The district clinicians and some community providers were trained on long acting reversible contraceptives (LARCS) insertions: Nexplanon, Mirena, and Liletta. Staff continues to participate quarterly in meetings with District staff to review any new challenges, policy and procedures regarding Quality Improvement for the agency and communities. In addition, the staff assures that women and men have access to affordable contraceptive services and supplies, and reproductive life planning at every visit as situations in an individual life sometimes changes.

MSDH's Mother's Day promotion and Women's Health Month outreach to provide information on women's wellness resulted in the following:

- Women's Health (general; includes Mother's Day items)
Facebook impressions: 12,239
Twitter impressions: 12,922

Quarterly Operational Report

- Mother's Day Promotion
Facebook impressions: 2,703
Twitter impressions: 1,900

MSDH's June promotion for Men's Health Month outreach to provide information on men's wellness resulted in the following:

- (Unique) Visits to the Men's Health page of the website: 293
Facebook impressions: 14,755
Twitter impressions: 6,025

MSDH continues to partner with other providers statewide on reproductive health to offer a broad range of contraceptive methods to the communities to help families plan their children and reduce the number of unintended pregnancies. MSDH participate as a vendor at the Health Start Regional Conference providing Family Planning Medicaid Waiver information to participants.

Comprehensive Reproductive Health Program (CRHP) staff continues to meet quarterly with District staff which has now changed to Regional staff to review any new challenges; policy and procedures regarding QI for the agency, and communities to ensure women and men have access to affordable contraceptive services and supplies.

There were 111 calls to the MSDH 1-800-Take-Care Line for inquiries related to Family Planning and Family Planning related services (Waiver).

The Mississippi State Department of Health (MSDH) is promoting the healthy development of all children and adolescents in the state of Mississippi. The goal of the Mississippi's Personal Responsibility Education Program (PREP) is to educate youth statewide on abstinence as well as contraceptives in order to prevent pregnancy and STI to reduce overall rates across Mississippi. Mississippi PREP envisions for all Mississippi youth to have access to evidence-based, medically accurate, age appropriate sex education programs and resources, empowering adolescents to make safer reproductive health choices. Mississippi PREP carries out this vision by identifying, targeting, and recruiting school districts, community-based organizations (CBOs), and youth detention centers in counties that are in the most need of evidence-based sex education programs. Using data from MSDH, Mississippi counties are prioritized based on their significantly higher teen birth rates and STI rates compared to the rest of the state and nation. Mississippi PREP works to increase the capacity of school districts, CBOs, and youth detention centers to provide evidenced-based sex education programs by offering the following free-of-cost:

Evidence-based curricula:

- School Districts: *Draw the Line/Respect the Line* (Grades 6-8) and *Reducing the Risk* for (Grade 9)

Quarterly Operational Report

- Community-Based Organizations: *Becoming a Responsible Teen*
- Youth detention centers: *Rikers Health Advocacy Program*
- Facilitator trainings for youth-serving system staff selected to facilitate the programs
- Technical assistance, support, and other resources needed for program implementation
- On-going professional development opportunities

The Central Regional Offices and county staff of CRHP conducted community meetings to review a Family Planning Waiver Project statewide relative to barriers, challenges and guidelines for the continued implementation of the Family Planning Waiver. Accountability of the Regions is being upheld by the State Health Officer.

PROGRAM EVALUATION, TRANSITION PLAN AND MONITORING

Monitoring

DOM performs desk audits of medical records to determine whether FPW participants have received appropriate medical care for family planning and family planning related services and are appropriately referred for primary care services that are not family planning or family planning related services. Providers selected for an audit are determined through a random selection process.

During quarter two (2), Apr 1, 2017-Jun 30, 2017, there were (42) medical providers audited and one thousand fifty (1,050) records reviewed. Medical documentation and quality assurance issues that may require a written plan of correction and/or follow-up audit include, but are not limited to:

- Health education,
- Primary care referral,
- Labs, and/or
- Contraceptive choices.

At the conclusion of the audit, the Medicaid Program Nurse conducts a phone interview with appropriate staff to discuss the findings of the audit, when there is significant deficiency in more than one area and the score is less-than ninety-five percent (95%) compliant. A follow-up letter with the audit results is mailed to the provider within twenty-one (21) days of the completion date of the audit. Providers must provide a response letter as follows:

- Scores between 95% to 97.9% require a written plan of correction addressing the deficiencies found during the audit, and

Quarterly Operational Report

- Scores 94.9% and below require a written plan of correction addressing the deficiencies found during the audit and a six (6) month follow-up review will be conducted.

QUARTERLY EXPENDITURES

Demonstration expenditures are reported quarterly using Form CMS-64. Please refer to the quarterly expenditure data for DY 14 as listed in the table below.

Table 9: Quarterly Demonstration Expenditures

Demonstration Year 14 (January 1, 2017-March 31, 2017)				
	Service Expenditures as Reported on the CMS-64	Administrative Expenditures	Total Expenditures as Reported on the CMS-64	Expenditures as requested on the CMS-37
Quarter 1	\$1,516,246	\$9,281	\$1,525,527	*N/A
Quarter 2	\$1,985,257	\$1,535	\$1,986,792	*N/A
Quarter 3				
Quarter 4				
Total Annual	\$3,501,503	\$10,816	\$3,512,319	*N/A

*CMS-37 Expenditures are not allocated by each Waiver. Source Data: CMS-64 Quarterly Report

ACTIVITIES FOR THE NEXT QUARTER

Activities for the next quarter include:

- Continuous periodic quality assurance reviews of FPW providers;
- Continuous coordination of outreach activities with DOM and MSDH to bring awareness to eligible beneficiaries and providers;
- Continue DOM and MSDH Interagency quarterly meeting, next meeting schedule for August 8, 2017;
- Continue reporting to CMS historical data and trends from previous DOM FPW Demonstration years; and
- DOM Annual FPW demonstration Public Forum, scheduled for July 11, 2017.