

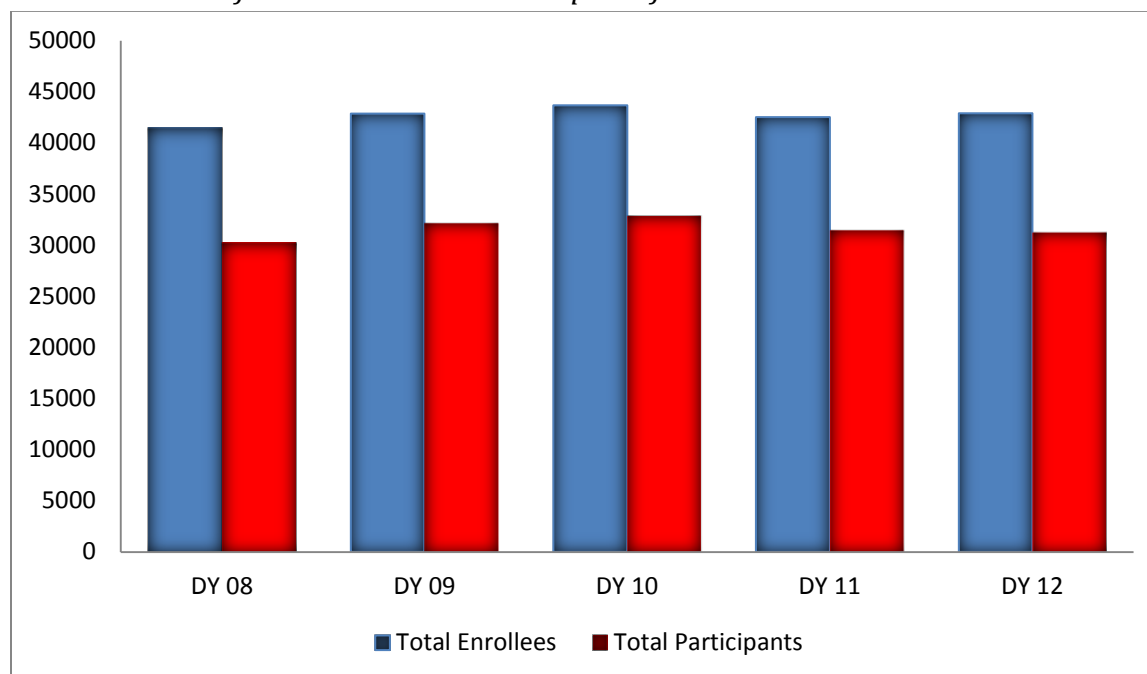
**Mississippi Family Planning Waiver
Project Number 11-W-00157/7
Section 1115 Quarterly Operational Report
Demonstration Year 13, Quarter 3
November, 2016**

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 8-12



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

Five (5) year average enrollment and participation in the FPW demonstration is 42,677 and 31,571 respectively. FPW enrollment and participation has remained stable with an average increase of three (3) percent over a five year period.

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Seventy-four (74%) 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.

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 185 percent of the federal poverty level (FPL) post modified adjust 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.

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Program Highlights

- Effective August 6, 2016, as authorized by Miss Code Ann. § 43-13-121 and mandated by HB 1650, the Division of Medicaid will allow hospital reimbursements for long-acting reversible contraceptives (LARCs) and their insertion at the time of delivery, outside the Diagnostic Related Group (DRG) base payment to help decrease the number of unplanned pregnancies; and
- Effective August 1, 2016, DOM begin covering mosquito repellents for FPW participants prescribed by an enrolled Medicaid provider and billed by a Medicaid pharmacy provider.

Table 1: Reporting Quarter Dates

Demonstration Year (DY) 13	Begin Date	End Date	Quarterly Report Due Date
Quarter 1	January 1, 2016	March 31, 2016	May 30, 2016
Quarter 2	April 1, 2016	June 30, 2016	August 29, 2016
Quarter 3	July 1, 2016	September 30, 2016	November 29, 2016
Quarter 4	October 1, 2016	December 31, 2016	February 28, 2017

DOM required timeline to submit quarterly reports

Significant program changes

There were no significant program changes during the 3rd quarter.

Policy issues and challenges

There were no policy issues or challenges during the 3rd 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 185 percent of the FPL (post MAGI conversion) who are capable of reproducing.

Population 3: Men who have a family income at or below 185 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 and DY 13.

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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
# 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

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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 3, 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

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;
- 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);

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- 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: Third Quarter DY13 Utilization of Approved Methods of Contraception

Oral Contraceptives	Patch	Nuva-Ring	LARCs	Tubal Ligation	Vasectomy	Method Unknown
5,127 47.34%	741 6.84%	358 3.31%	3,384 31.25%	55 0.51%	4 0.04%	1,161 10.72%

Source: Cognos Report Drug Utilization by Dates of Service, PTC & COE. For DY 13 quarter three (3), 89.3% of the total FPW participants (10,830) chose a contraceptive method.

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

Medications/Treatments	Prescribed Doses
L5A- Kerayolytics	0
Q4W-Vaginal Antibiotics	61
Q5R- Topical Antiparasitics	10
W1A- Penicillin	190
W1C- Tetracycline	71
W1D- Macrolides	219
W1K- Lincosamides	78
W1Q- Quinolones	124
W4E- Anaerobic Antiprotozoal-Antibacterial	348
W4G- 2 nd Gen. Anaerobic Antiprotozoal-Antibacterial	3
W5A- Antivirals, General	148
W5O- Antiviral, HIV-Spec, Nucleoside-Nucleotide-Analog	9
Total Prescribed Medications/Treatments	1,261

Source Data: Cognos Report Drug Utilization by Dates of Service and Plan ID (July1, 2016-September 31, 2016)

Provider Participation

There were two hundred ninety-five (295) unique providers that submitted claims under the FPW in demonstration year 13 quarter three (3).

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

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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 52 events in various settings and provided FPW education and outreach information to 4,120 Medicaid beneficiaries and providers in quarter three (3) DY 13. 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	July *E/AS	August *E/AS	September *E/AS	Quarter 3 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)	5/875	3/615	2/115	10/1,605
Health Forums (Oral Presentations to beneficiaries and the general public on Medicaid programs and services; wellness education)	2/310	2/40	1/40	5/390
Professional In-Service Trainings (Oral Presentations to professionals, i.e., Case Managers, Social Workers, etc.)	3/178	1/200	5/117	9/495
Parent In-Service (Oral Presentations to parents and caregivers of Head Start Children)	0/0	22/1,430	1/50	23/1,480
Beneficiary Resource Conference/Summit (Exhibits set-up and Oral Presentation to a select group of Beneficiaries)	1/150	0/0	0/0	1/150
Beneficiary Outreach Totals	11/1,513	28/2,285	9/322	48/4,120

*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

The Central, District Offices and county staff of the Comprehensive Reproductive Health Program (CRHP) conducted sixteen 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 Districts is being upheld by the State Health Officer. The MSDH is currently enrolling all clients' that meet the criteria for the Medicaid FPW along with information statewide through posters and

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brochures. The District clinicians have been trained on long acting reversible contraceptives (LARCS).

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.

CRHP staff continues to meet quarterly with District staff to review any new challenges specific to the FPW program, review policies and procedures for the agency and assess communities to ensure women and men have access to affordable contraceptive services and supplies. MSDH/CRHP staff is trained to teach the client on how to use contraceptives effectively to avoid an unintended pregnancy or an unplanned birth. There were one hundred forty-five (145) calls to the MSDH 1-800- Take Care Line for inquiries related to Family Planning and Family Planning related services.

Table 7: MSDH Service Coordination Activities

MSDH Family Planning Coordination of Service	Quarter 1 2016	Quarter 2 2016	Quarter 3 2016
The Number of Outreach and Education Activities for Family Planning and Family Planning Related Services	14	7	16
The Number of Public Service Announcements (PSAs)	0	1	0
The Number of Direct Mail Promotion of Family Planning	0	0	0
The Number Telephone Hotline Inquiries related to Family Planning and Family related Services (Waiver)	163	195	145
The Number Community Outreach Partnerships	27	27	27
Website	0	1	1
Newsletters	0	1	2
Total	204	232	191

Source: MSDH Comprehensive Reproductive Health Program (CRHP), Family Planning Service Coordination Activities; DY 13 Quarters 1-3

PROGRAM EVALUATION, TRANSITION PLAN AND 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 three (3), July 1, 2016-Sept 30, 2016, there were forty-two (42) medical providers visited and one thousand three (1,003) 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 a significant deficient 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 submit a plan of correction following an on-site or desk audit if the audit results are ninety-eight percent (98%) and above, no written plan of correction is necessary, ninety-five percent (95%) to ninety-seven and nine tenths percent (97.9%) compliance a written plan of correction is required and no-follow-up on-site or desk audit review, and ninety-four and nine tenths (94.9%) and below, a written plan of correction and a six (6) month follow-up review.

QUARTERLY EXPENDITURES

Demonstration expenditures are reported quarterly using Form CMS-64. Please refer to the quarterly expenditure data for demonstration year (13) as listed in the table below.

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Table 8: Quarterly Demonstration Expenditures

Demonstration Year 13 (January 1, 2016-September 31, 2016)				
	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 Expenditures	\$ 1,663,009.51	0	\$ 1,663,009.51	*N/A
Quarter 2 Expenditures	\$ 1,824,536.89	\$ 16,090.00	\$ 1,840,626.89	*N/A
Quarter 3 Expenditures	\$ 1,775,814.33	\$ 24,196.00	\$ 1,800,010.33	*N/A
Quarter 4 Expenditures				
Total Annual Expenditures	\$ 5,263,360.73	\$ 40,286.00	\$ 5,303,646.73	*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:

- Submission of DOM FPW Demonstration to Governor;
- Schedule two (2) public meetings as required by 42 CFR §431.408 and §431.420 for the FPW extension renewal;
- Continue periodic quality assurance reviews of FPW providers;
- Continue coordination of outreach activities with DOM and MSDH to bring awareness to eligible beneficiaries and providers;
- Continue DOM and MSDH Interagency quarterly meeting; and
- Continue reporting to CMS historical data and trends from previous DOM FPW Demonstration years.