



MISSISSIPPI DIVISION OF
MEDICAID

MISSISSIPPI
Medicaid Family Planning 1115 Annual Report
Demonstration Waiver 11-W-00157/4
January 1, 2018 – December 2018

March 29, 2019

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MONITORING REPORT

FAMILY PLANNING SECTION 1115 DEMONSTRATION

State: Mississippi

Demonstration Reporting Period: January 1, 2018 to December 31, 2018

Demonstration Year: 15

Approved Start and End Date of the Demonstration: Jan. 1, 2018 to Dec. 31, 2027

A. Executive Summary

1. Synopsis of Information Contained in the Report

The Family Planning Waiver (FPW) annual report is an overview of the progress made in achieving the following goals: ¹to ensure access to and utilization of family planning services and family planning related services for individuals not otherwise eligible for Medicaid and ²to improve or maintain health outcomes for the target population as a result of access to family planning services and family planning related services. To accomplish the stated goals, the Centers for Medicare & Medicaid Services (CMS) and the Mississippi Division of Medicaid (DOM) expect this demonstration program will promote the FPW program objectives by:

- Improving the access to and use of Medicaid family planning services by women who have received a Medicaid pregnancy related service;
- Improving birth outcomes and the health of women by increasing the child spacing interval among women in the demonstration population;
- Decreasing the number of Medicaid paid deliveries, which will reduce annual expenditures for prenatal, delivery, and newborn services;
- Reducing the number of unintended pregnancies among women in the demonstration population;
- Reducing teen pregnancy by reducing the number of repeat teen births; and
- Increasing the overall savings attributable to providing family planning services by covering women for one year postpartum.

The current Mississippi Family Planning section 1115 (a) Medicaid demonstration effective through December 31, 2027 continues to expand the provision of family planning services and family planning related services to women and men that are capable of reproducing, ages 13 through 44, with an income of no more than 194% of the federal poverty level (FPL) (post Modified Adjusted Gross Income (MAGI) conversion) and are not otherwise enrolled in Medicaid, Medicare, the Children's

Health Insurance Program (CHIP), or any other creditable coverage that includes family planning services.

In accordance with the Standard Terms and Conditions (STCs), this Annual Monitoring Report will provide the status of the demonstration’s various operational areas and an analysis of program data collected for the period of January 1, 2018 to December 31, 2018.

2. Program Updates – Current Trends or Significant Program Changes

During Demonstration Year (DY) 15, DOM reports no administrative or operational changes to the demonstration. There have been no changes within eligibility enrollment, redetermination processes, health care delivery, benefits, quality of care, or payment rates that would impact the FPW demonstration program. There are no changes in enrollment, service utilization or provider participation during this reporting period. DOM does not have any reporting of audits, investigations, or lawsuits that would have an impact on the FPW demonstration.

3. Policy Issues and Challenges

DOM has not experienced any operational challenges or issues during DY 15. DOM is not considering any new policies related to legislative/budget activity or amendments to the current approved demonstration.

B. Utilization Monitoring

Table 1: Utilization Monitoring Measures

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter
	Unduplicated Number of Beneficiaries with any Claim by Quarter (by key demographic characteristics such as age, gender, and income level)
	Utilization by Primary Method and Age Group
	Total number of beneficiaries tested for any sexually transmitted disease
	Total number of female beneficiaries who obtained a cervical cancer screening
	Total number of female beneficiaries who received a clinical breast exam

Table 2: Unduplicated Number of Enrollees by Quarter DY 15*

	Number of Female Enrollees by Age and Quarter				
	≤14	15-19	20-29	30-44	Total Unduplicated Female Enrollment
Quarter 1	2	3,244	18,111	5,902	27,259
Quarter 2	3	3,013	17,425	5,721	26,162
Quarter 3	5	2,919	16,971	5,636	25,531
Quarter 4	5	2,937	17,306	5,803	26,051
	Number of Males Enrollees by Age and Quarter				
	≤14	15-19	20-29	30-44	Total Unduplicated Male Enrollment
Quarter 1	0	250	908	356	1,514
Quarter 2	0	210	749	319	1,278
Quarter 3	0	196	664	264	1,124
Quarter 4	0	187	585	232	1,004

Source: Report 10: Distinct counts for those enrolled in category of eligibility (COE) 029

*CMS table template altered for age grouping to capture data for teen population without inclusion of ages 20 and above.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter DY 15

	Number of Female Who Utilize Services by Age and Quarter					
	≤14	15-19	20-29	30-44	Total Female Users	Percentage of Total Unduplicated Female Enrollment
Quarter 1	1	1,153	8,824	2,742	12,720	47.0%
Quarter 2	1	1,117	8,226	2,601	11,945	46.0%
Quarter 3	3	1,079	8,030	2,600	11,712	46.0%
Quarter 4	1	1,015	7,806	2,593	11,415	44.0%
	Number of Males Who Utilize Services by Age and Quarter					
	≤14	15-19	20-29	30-44	Total Male Users	Percentage of Total Unduplicated Male Enrollment
Quarter 1	0	35	148	50	233	15.4%
Quarter 2	0	25	101	51	177	13.8%
Quarter 3	0	17	76	41	134	11.9%
Quarter 4	0	17	68	30	115	11.5%

Source: Report 10: Distinct counts for those enrolled in COE 029 & who received FP services

Table 4: Utilization by Primary Method and Age Group DY 15

Primary Method	Total Users					Percent of All Devices
	≤14	15-19	20-29	30-44	Total	
Female Sterilization Tubal	0	0	80	56	136	0.32%
Male Sterilization Vasectomy	0	0	0	16	16	0.02%
Emergency Contraceptives	0	0	0	0	0	N/A
Intrauterine Device (IUD)	0	23	256	75	354	0.83%
Hormonal Implant	0	121	574	122	817	1.92%
1-Month Hormonal Injection	0	0	0	0	0	0
3-Month Hormonal Injection	1	1,209	6,512	2,440	10,162	23.94%
Oral Contraceptive	2	2,227	17,397	5,490	25,116	59.17%
Contraceptive Patch	0	508	2,968	618	4,094	9.65%
Vaginal Ring	0	67	1,188	508	1,763	4.15%
Diaphragm	0	0	0	0	0	0
Sponge	0	0	0	0	0	0
Female Condom	0	0	0	0	0	0
Male Condom	0	0	0	0	0	0

Source: Cognos Drug Utilization by DOS, PTC, COE, Plan ID 500 & W0100650 Procedures

During DY 15, 8,280 beneficiaries enrolled in the FPW demonstration were tested for sexually transmitted disease. Of the 8,280 beneficiaries tested, 6,733 received treatment for a sexually transmitted disease (STD) and/or sexually transmitted infection (STI) and other identifiable infections and or disorders.

Table 5: Number of Beneficiaries Tested for any STD for DY 15

	Female Tests		Male Tests		Total Tests	
	Number	% of Total Participants	Number	% of Total Participants	Number	% of Total Participants
Unduplicated Number of Beneficiaries who Obtained an STD Test	8,128	26.1%	152	60.8%	8,280	26.4%

Source: Cognos Beneficiaries with STD Claim

In DY 15, there were 43,985 females enrolled in COE 029. Of the total enrolled in the FPW, 7.2% were screened for cervical cancer and 3.5% for breast cancer during an annual wellness visit (**refer to Tables 6 and 7**).

Prior to DY 15, FPW Medicaid providers were not allowed to bill annual wellness codes. Beginning with the newly approved FPW demonstration, CMS requested the number and percentage of females receiving breast cancer screenings. In order to accurately report breast cancer screenings, DOM now requires FPW providers to bill the annual exams, which include a breast cancer screening, utilizing preventive medicine CPT codes. DOM expects this number and percentage of females receiving breast exams to increase as providers comply with this change.

Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Number	Percent of Total Enrolled Females
Unduplicated number of female beneficiaries who obtained a cervical cancer screening	3,182	7.2%

Table 7: Breast Cancer Screening

Screening Activity	Number	Percent of Total Enrolled Females
Unduplicated number of female beneficiaries who obtained a Breast cancer screening	1,530	3.5%

C. Program Outreach Education

1. General Outreach and Awareness

DOM coordinates outreach and education activities with the MS State Department of Health (MSDH) to improve family planning waiver enrollment and participation. DOM provider and beneficiary relation staff utilize various education activities to increase awareness of family planning waiver services among hard-to-reach populations and to educate providers and increase awareness of the benefits and services offered. Staff continues to integrate preconception health messages into the various outreach activities through community health forums, health fairs, and member and provider workshops.

During DY 15, MSDH provided education and information to agency providers, community health and rural health centers, college health centers, other providers of family planning services, beneficiaries, community organizations and staff.

MSDH Communication Department developed informational posters and brochures, related to the Medicaid Family Planning Waiver demonstration program to reach more of the FPW population served through MSDH public health clinics and agency providers. The posters and brochures are disseminated throughout the state for use in all public health departments, for beneficiaries, and the general public to increase awareness related to the FPW program benefits.

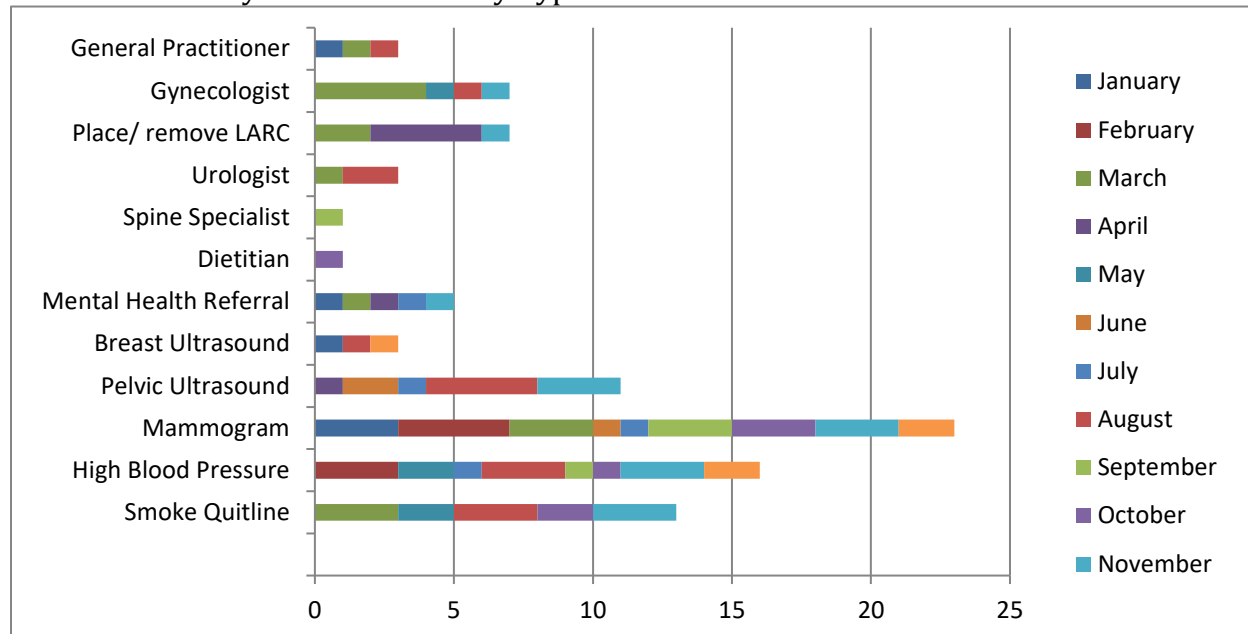
2. Target Outreach Campaign(s)

During DY 15, DOM Provider and Beneficiary Relation Outreach team attended one hundred thirty (130) events in various settings and provided FPW education and outreach information to thirteen thousand eight hundred ninety-six (13,896) Medicaid beneficiaries and providers.

D. Program Integrity

The Office of Medical Services within DOM is responsible for the monitoring of providers who are reimbursed for family planning services and family planning related services. Desk audits are performed by registered nurses to ensure provider documentation supports the services that have been reimbursed under the FPW program, participants are receiving appropriate medical care, and participants are being referred for primary care and other services which are not family planning related (see chart 1 below). During DY 15, there were 170 medical providers audited and 4,250 records reviewed. Chart 1 depicts the physician referrals documented in the medical records reviewed during DY 15.

Chart 1: FPW Physician Referrals by Type and Month DY 15



E. Grievances and Appeals

During DY 15, DOM did not have any reported grievances and/or appeals made by beneficiaries, providers, or the public related to the FPW.

F. Annual Post Award Forum

The FPW Post-Award Forum was held Tuesday, July 17, 2018, at 10 a.m. at the Woolfolk Building, 501 N. West Street, Room 145, Jackson, MS 39201. There were no public comments to report during the annual post-award forum. See the public notice listed below.

*June 15, 2018
Public Notice
Post-Award Forum*

Mississippi Section 1115(a) Family Planning Demonstration Pursuant to 42 C.F.R. Section 431.420(c), a Post-Award Forum is required six months after the implementation of the Division of Medicaid's Family Planning Waiver. This Post-Award Forum provides stakeholders the opportunity to provide meaningful comments on the progress of the Family Planning Waiver. The Family Planning Waiver operates under the authority of an 1115(a) waiver approved by the Centers for Medicare and Medicaid Services (CMS) effective January 1, 2018 through December 31, 2027. This Post-Award Forum will be held at 10 a.m. on Tuesday, July 17, 2018, 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.

G. Budget Neutrality

DOM certifies the accuracy of reporting the state's budget neutrality expenditures limits for the FPW enrollees/participants.

Table 8: Per Member/Per Month (PMPM) and Total Expenditures

	Demonstration Year 15 <i>January 1, 2018 to December 31, 2018</i>		
	Population Female	Population Male	Total Demonstration Population
# Member Months	265,801	12,591	278,392
PMPM	\$19.90	\$9.43	\$19.42
Total Expenditures*	\$5,288,975.00	\$118,751.85	\$5,407,726.85

Source Data: RB705-Family Planning Annual Report 2.0_v2-Cognos

*Member months multiplied by PMPM

CMS established the PMPM ceiling cost for family planning services at \$67.08 for DY 15. During DY 15, DOM calculated the PMPM for family planning services to be \$19.42 which is \$47.66 below the total computable PMPM ceiling.

Table 9: Calculation of Composite Federal Share*

Demonstration Year 15 <i>January 1, 2018-December 31, 2018</i>	
FFP Service Received (CMS 64)	\$4,601,171
Total FFP (CMS 64)	\$4,601,171
Total Expenditures (CMS 64)	\$5,182,730
Composite Federal Share	0.888

Source: CMS -64 Waiver Expenditure Report

*Historical Budget Neutrality is in Attachment A.

H. Demonstration Evaluation Activities & Interim Findings*

*DOM has not received the final and approved evaluation design.

Table 10: FPW Objectives

Mississippi Family Planning Waiver Demonstration Objectives	
Objective 1:	Improving the access to and use of Medicaid family planning services by women who have received a Medicaid pregnancy related service
Objective 2:	Improving birth outcomes and health of women by increasing the child spacing interval among women in the demonstration population

Objective 3:	Decreasing the number of Medicaid paid deliveries, which will reduce annual expenditure for prenatal, delivery and newborn services
Objective 4:	Reducing the number of unintended pregnancies among women in the demonstration population
Objective 5	Reducing teen pregnancy by reducing the number of repeat teen births
Objective 6:	Increasing the overall savings attributable to providing family planning services by covering women for one (1) year postpartum

Goal 1: Ensure access to and utilization of family planning services and family planning related services for individuals not otherwise eligible for Medicaid.

In DY 15, 46,591 women and men were enrolled in COE 029 (FPW demonstration). Of the 46,591 women and men enrolled, 31,396 utilized family planning services and family planning related services.

Objective 1: Improving the access to and use of Medicaid family planning services by women who have received a Medicaid pregnancy related service.

Progress: During DY 15, 13,614 beneficiaries moved from COE 088 (pregnant) to COE 029. A total of 9,915 postpartum women utilized family planning services and family planning related services.

Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning services and family planning related services.

Objective 2: Improving birth outcomes and the health of women by increasing the child spacing interval among women in the demonstration population.

Progress: During DY 15, there were a total of 3,203 women on the FPW who became pregnant with a second live birth. Of the 3,203 women, 356 experienced a second birth that occurred at an interval of 18 months or longer. Low birth weight and premature babies among Medicaid beneficiaries was 6.5% and 3.2% respectively.

Table 11: Birth Outcomes

	Measure	DY 15	Percentage
Numerator	Number of second live births for the FPW population that occurred at an interval of 18 months or longer	356	11.1%

Denominator	Total number of second live births for the FPW population	3,203	
Numerator	Number of low birth weight (less than 2500 grams) babies born to Medicaid beneficiaries	1,778	6.5%
Denominator	Total number of babies born to Medicaid beneficiaries	27,183	
Numerator	Number of premature (less than 37 weeks) babies born to Medicaid beneficiaries	859	3.2%
Denominator	Total number of babies born to Medicaid beneficiaries	27,183	

Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning services and family planning related services.

Objective 3: Decreasing the number of Medicaid paid deliveries, which will reduce the annual expenditures for prenatal, delivery, and newborn services.

Progress: During DY 15, the number of Medicaid paid births decreased by 2.6% and the cost of Medicaid paid deliveries declined by 2.7% in comparison to DY 14. The decrease in Medicaid paid deliveries resulted in a decrease of \$7,257,263.27 in Medicaid expenditures averting costs for pre- and postnatal care, labor and delivery, and medical care for the baby’s first year of life.

Table 12: Medicaid Funded Births

	Cost of Medicaid Funded Births	#of Medicaid Funded Births	Average Cost of a Medicaid Funded Births
DY 15	\$265,057,105.93	27,183	\$9,750.84

Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning services and family planning related services

Objective 4: Reducing the number of unintended pregnancies among women in the demonstration population

Progress: During DY 15, 3,597 distinct FPW beneficiaries became pregnant while on the FPW program. This is a 5.9% decline when compared to the 3,823 beneficiaries who became pregnant in the previous demonstration year.

Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning services and family planning related services

Objective 5: Reducing teen pregnancy by reducing the number of repeat teen births.

Progress: In DY 15, there were 131 repeat births among females ages 13-19 years. This is a 19.6% decrease compared to DY 14, which had 163 repeat births.

Enrollment and participation for this cohort of teens continues to remain stable, an important factor in reducing the number of pregnancies and repeat births for this at-risk population. Another important trend found in the data was that of the 942 enrollees who moved from COE 088 to COE 029, 17.6% accounted for the decline in repeat pregnancies and subsequent births.

The most widely chosen contraceptive methods among females ages 13-19 years FPW participants is oral contraceptives at 53.6%, while 29.1% used the hormonal injection, 12.2% used the patch, 3.46% used long acting reversible contraceptives (LARCs), and 1.6% used the vaginal ring.

Goal 1: Ensure access to family planning services and family planning related services for low-income individuals not otherwise eligible for Medicaid.

Objective 6: Increasing the overall savings attributable to providing family planning services by covering women for one year postpartum.

Progress: The following cost categories are combined to calculate Medicaid savings attributable to providing family planning services to women 1 year postpartum.

- Birth and delivery costs, which consist of prenatal care, care given with a diagnosis code related to pregnancy prior to delivery;
- Cost of birth care, which are costs associated with the delivery as indicated by a diagnosis code indicating a delivery;
- Newborn care, which is care provided to a child under the age of 1 month; and
- Infant care, all care provided to children from 1 month to 1 year of age whose births were paid for by the Medicaid program.

There were 13,614 women covered under the FPW program for one year postpartum. Of the 13,614 women 2,847 had a claim indicating a pregnancy within the year. Ten thousand seven hundred sixty seven (10,767) women did not have a claim indicating a

pregnancy within one year postpartum, attributing to a savings of \$104,987,294.28, based on the average cost of a Medicaid funded birth.

ATTACHMENT A: Budget Neutrality (Historical)

5 YEARS OF HISTORIC DATA						
SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:						
Medicaid Pop 1	Demo Year 10 10/1/12 - 9/30/13	Demo Year 11 10/1/13 - 9/30/14	Demo Year 12 10/1/14 - 12/31/15	Demo Year 13 1/1/16 - 12/31/16	Demo Year 14 1/1/17 - 12/31/17	5-YEARS
TOTAL EXPENDITURES	\$ 6,246,688	\$ 5,900,601	\$ 8,094,862	\$ 7,568,953	\$ 7,836,562	\$ 35,647,666
ELIGIBLE MEMBER MONTHS	250,054	252,107	317,516	271,620	288,819	
PMPM COST	\$ 24.98	\$ 23.41	\$ 25.49	\$ 27.87	\$ 27.13	
TREND RATES						5-YEAR AVERAGE
			ANNUAL CHANGE			
TOTAL EXPENDITURE		-5.54%	37.19%	-6.50%	3.54%	5.83%
ELIGIBLE MEMBER MONTHS		0.82%	25.94%	-14.45%	6.33%	3.67%
PMPM COST		-6.31%	8.93%	9.30%	-2.63%	2.09%

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 10	DY 11	DY 12	DY 13	DY 14	
Medicaid Pop 1										
Pop Type:	Medicaid									
Eligible Member Months	0.0%	0	288,819	0.0%	288,819	288,819	288,819	288,819	288,819	
PMPM Cost	0.0%	0	\$ 27.13	0.0%	\$ 27.13	\$ 27.13	\$ 27.13	\$ 27.13	\$ 27.13	
Total Expenditure					\$ 7,835,659	\$ 7,835,659	\$ 7,835,659	\$ 7,835,659	\$ 7,835,659	\$ 39,178,297

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS								
ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 01	DY 02	DY 03	DY 04	DY 05	
Medicaid Pop 1								
Pop Type:	Medicaid							
Eligible Member Months	288,819	0.0%	288,819	288,819	288,819	288,819	288,819	
PMPM Cost	\$ 27.13	0.0%	\$ 27.13	\$ 27.13	\$ 27.13	\$ 27.13	\$ 27.13	
Total Expenditure			\$ 7,835,659	\$ 7,835,659	\$ 7,835,659	\$ 7,835,659	\$ 7,835,659	\$ 39,178,297