



April 15, 2016

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Dear Ms. Sharp:

Please find enclosed Mississippi Section 1115 (a) Family Planning Demonstration Annual Report.

If you have questions or need additional information, do not hesitate to contact me at (601) 359-9125.

Sincerely,

A black rectangular box redacting the signature of Shanda Boarden.

Shanda Boarden  
Nurse Administrator for Medical Services.

MISSISSIPPI FAMILY PLANNING PROGRAM

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§1115 Waiver No. 11-W-00157/7

**Demonstration Year XII  
Annual Report  
January 1, 2015 through December 31, 2015**

**Submitted to:**

U.S. Department of Health & Human Services Centers  
for Medicare and Medicaid Services Center for  
Medicaid and State Operations

**Submitted by:**

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**Mississippi Family Planning Waiver Program  
Demonstration Year 12  
Annual Report  
January 1, 2015 through December 31, 2015**

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**Mississippi  
Family Planning Waiver  
Section 1115 Annual Report  
Demonstration Year 12  
Annual Report (01/01/2015 – 12/31/2015)  
April 15, 2016**

**INTRODUCTION**

The Mississippi Division of Medicaid (DOM) began implementation of the Family Planning Waiver (FPW) Demonstration Program, Section 1115, 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 Mississippi Family Planning Waiver Program was approved on October 30, 2008 through September 30, 2011. The demonstration operated under temporary extensions through December 31, 2014. Currently, the demonstration is approved from January 1, 2015 through December 31, 2017.

**EXECUTIVE SUMMARY**

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 men and women, ages 13 through 44, who have family incomes at or below 194 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.

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 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 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 women eligible for Medicaid;
- 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 (1) year postpartum.

FPW benefits are limited to family planning services and supplies which include:

- Four (4) visits related to family planning services;
- Approved methods of contraception;
- Laboratory tests (Pap smear, screening tests for sexually transmitted infection/sexually transmitted disease, blood count and pregnancy test. Additional screenings and/or tests may be performed depending on the methods of contraception desired and the protocol established by the clinic, program or provider);
- Drugs, supplies or devices related to family planning; and
- Procedures related to family planning services.

Demonstration Year	Begin Date	End Date	Annual Report Due Date Annual date
12	January 1, 2015	December 31, 2015	March 29, 2016

#### *Significant Program Changes from Previous Demonstration Years*

Beginning January 1, 2015, the FPW renewal was approved with two important changes, coverage for men and medications for the treatment of sexually transmitted infections and diseases. The goal is to improve the health outcome of men and women by providing additional services to decrease the frequency of unplanned pregnancies in women and teens.

#### *Policy Issues and Challenges*

There have been no policy issues or challenges reported during demonstration year 12.

#### **ENROLLMENT AND RENEWAL**

This demonstration has three eligible populations.

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

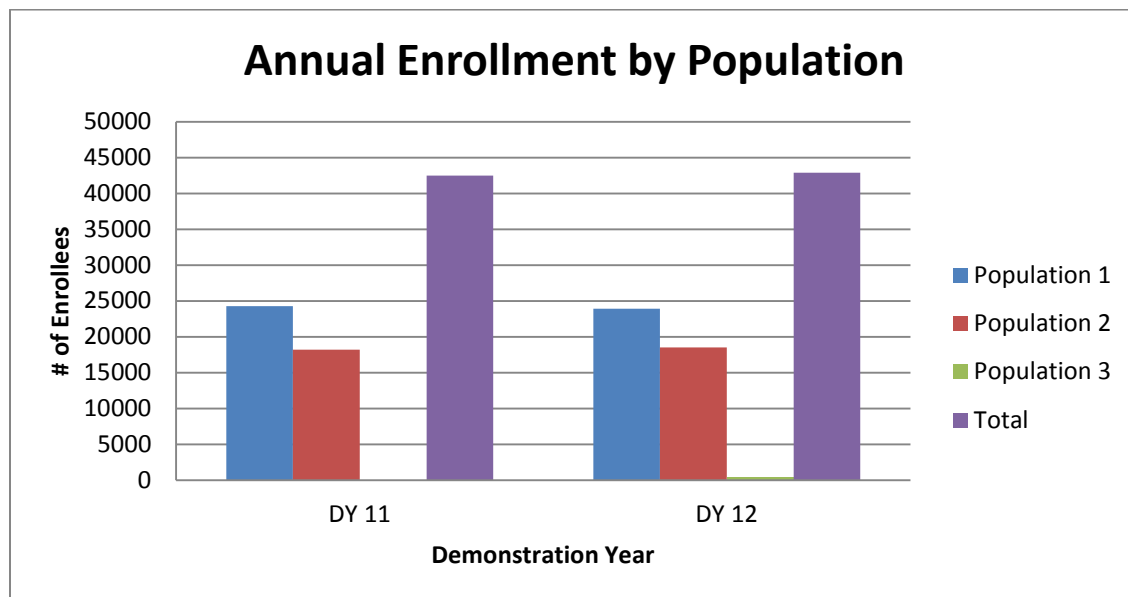
*Population 2:* Women who have a family income at or below 194 percent of the FPL (post- MAGI conversion) who are capable of reproducing.

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

The chart below provides enrollee, participant and member monthly data for each of the three (3) population groups for demonstration year 12.

	<b>Demonstration Year 12</b>			
	Population 1	Population 2	Population 3	Total Demonstration
<b># of Total Enrollees</b>	23,930	18,512	433	42,875
<b># of Participants</b>	17,821	13,317	83	31,221
<b># of Member Months</b>	130,501	108,216	2,183	240,900

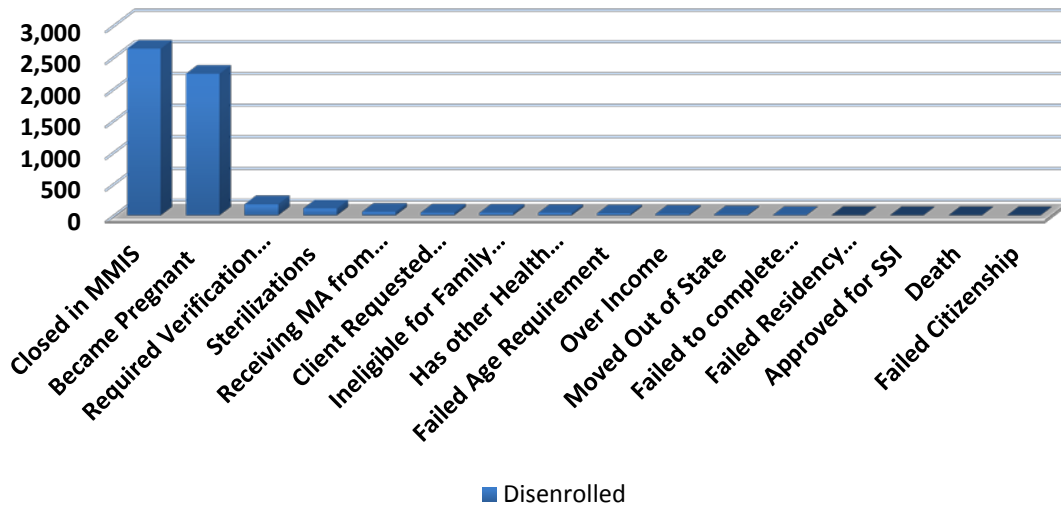
In comparing demonstration year 11 to demonstration year 12, there was a slight decrease in the number of enrollees (-1.5%) and number of participants (-2.6%) for Population 1, however in Population 2, there was an increase in the number of enrollees (1.7%) and number of participants (3.3%). Population 3 is a new population approved in the renewal beginning with demonstration year 12.



### **ANNUAL DISENROLLMENT**

Disenrollment for demonstration year 12 decreased by 1,447 participants (21%) when compared to the previous demonstration year. The graph and table below depicts the top reasons for disenrollment.

## Annual Disenrollments Demonstration 12



### Disenrollment Reasons

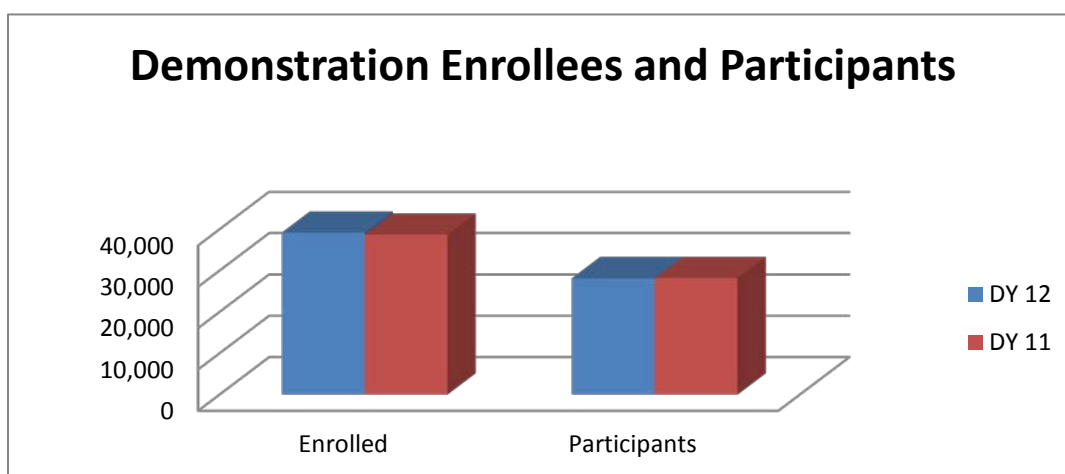
Reason	Disenrolled	Percentage
Closed in MMIS	2,631	49%
Became Pregnant	2,235	41%
Required Verification not Received	176	3%
Sterilizations	109	2%
Receiving MA from Another Source	56	1%
Client Requested Denial/Closure	44	0.81%
Ineligible for Family Planning	41	0.76%
Has other Health Insurance that Provides Family Planning Services	38	0.70%
Failed Age Requirement	30	0.55%
Over Income	23	0.43%
Moved Out of State	15	0.28%
Failed to Complete Redetermination Form	6	0.11%
Failed Residency Requirement	2	0.04%
Approved for SSI	1	0.02%
Death	1	0.02%
Failed Citizenship	1	0.02%
<b>Total Disenrollment</b>	<b>5,409</b>	<b>100%</b>

## SERVICE 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.

With the renewal of this demonstration project, men ages 13 through 44 who have a family income at or below 194 percent of the FPL and are capable of reproducing were able to enroll in the FPW. In DY 12, 433 men enrolled in the FPW, of the 433 enrollees, 83 received family planning and family planning related services.



### *Provider Participation*

There were four hundred and forty-eight unique providers that submitted claims under the FPW in demonstration year 12. DOM conducted two webinars for the provider community during demonstration year 12. The webinar content can be viewed on the DOM website at [http://www.medicaid.ms.gov/wp-content/uploads/2015/01/012915\\_Family-Planning-Waiver-Webinar.pdf](http://www.medicaid.ms.gov/wp-content/uploads/2015/01/012915_Family-Planning-Waiver-Webinar.pdf).

## PROGRAM OUTREACH AWARENESS AND NOTIFICATION

DOM coordinates outreach and education activities with the MS State Department of Health (MSDH) to improve family planning participation. DOM provider and beneficiary relations staff, MSDH program staff, District Family Planning Advisory Committee members, and District Health Educators used various community education activities to promote family planning services to hard-to-reach populations. The MSDH program distributed and ordered more than 60,000 copies of outreach materials.



Efforts are ongoing to educate and counsel family planning participants about the most effective birth control methods, STDs, and HIV/AIDS. More than 10,000 copies of health education literature were disseminated, which increased awareness in the community regarding the importance of adolescents and teens (especially young males) reproductive health needs. The goal is to increase access to needed services and to initiate a channel of communication with community stakeholders related to adolescents/teens and male health.

Continuous efforts are ongoing to integrate preconception health messages into outreach activities. The MSDH Program staff participated in numerous community informational and educational events where brochures were provided on preconception health topics such as STD prevention, teen pregnancy prevention, sexual responsibility, and safe sex. Attendees were also informed of the need and benefits of establishing a Reproductive Life Plan as well as the need to maintain good health care services. In addition, the MSDH Comprehensive Reproductive Health Bureau and each District staff participated in other community events, such as presentations and discussions emphasizing preconception health.

#### **PROGRAM EVALUATION, TRANSITION PLAN, MONITORING**

The Office of Medical Services within DOM is responsible for the evaluation of providers providing family planning services to Medicaid beneficiaries. Onsite provider audits are performed by registered nurses. The audits ensure that Medicaid providers are only reimbursed for family planning services and the required documentation is maintained in medical records as outlined in MS. Administrative Title 23, Code Part 221, Rule 1.6. Staff members continue to educate providers on waiver changes during the provider audits. Providers are given a copy of the Administrative Code highlighting new services covered under the family planning waiver, as well as a list of all covered procedures, labs and diagnosis codes.

During demonstration year 12, there were 69 provider audits completed. A total of 1,618 medical records were reviewed for compliance with the FPW guidelines and documentation requirements to verify services paid for by DOM were documented in the medical record.

#### **INTERIM EVALUATION OF GOALS AND PROGRESS**

Goal 1: Improve the access to and use of Medicaid family planning and family planning related services by female participants who received a Medicaid pregnancy-related service.

Progress Update: Women losing Medicaid pregnancy coverage at the expiration of the 60 day postpartum period are automatically enrolled in the FPW. In DY 12, 23,930 postpartum women were enrolled in the FPW. Of the 23,930 enrollees, 17,821 received

family planning and family planning related services. Participants' received a letter explaining the services provided through the program and were issued a FPW Medicaid card to use for family planning and family planning related services.

Goal 2: Improve birth outcomes and the health of female participants by lengthening the inter-pregnancy interval among female participants in the target population.

Progress Update: DOM was unable to measure this goal as written above. DOM requests to replace the goal with the following: *Reduce the proportion of pregnancies conceived within 18 months of a previous birth.*

Goal 3: Increase the proportion of males and females enrolled in the FPW who utilize family planning and family planning related services.

Progress Update: The proportion of males and females who utilized family planning and family planning related services increased by 40 participants indicating a slight increase from the previous demonstration year.

Goal 4: Reduce the number of unintended pregnancies among females enrolled in the FPW.

Progress Update: The number of female participants who became pregnant during DY 12 decreased by 1.3 percent when compared to the previous demonstration year.

Goal 5: Reduce the number of repeat births of females ages 13-19.

Progress Update: There were two (2) female participants age 13-19 that had a repeat birth during the reporting period of January 1, 2013 to December 31, 2015 when compared to five (5) repeated births in the previous reporting period of January 1, 2010 to December 31, 2012.

Goal 6: Decrease the number of Medicaid paid deliveries to reduce annual expenditures for prenatal, delivery, newborn and infant care.

Progress Update: The annual expenditures for demonstration year 12 decreased by \$47,166,602.92 when compared to the previous demonstration year due to the decrease in the average cost of a Medicaid funded birth; however, the actual number of births increased by 1,269 in the reporting year.

Goal 7: Evaluate the overall savings in Medicaid spending attributable to providing family planning and family planning related services to females for one (1) year postpartum.

Progress Update: By providing family planning and family planning related services to post-partum participants for one (1) year, the DOM saved \$191,883,696.88 in birth related costs in DY 12.

### **ANNUAL EXPENDITURES**

Demonstration expenditures are reported quarterly using Form CMS-64. Please refer to the annual expenditure data for demonstration year 12 as listed in the table below.

<b>Service Expenditures</b>		<b>Administrative Expenditures</b>		<b>Expenditures (CMS-37)</b>	<b>Total Expenditures (CMS-64)</b>
Total Computable	Federal Share	Total Computable	Federal Share		
\$5,826,332	\$5,244,816	\$0	\$0	*N/A	\$5,826,332

*\*CMS-37 Expenditures are not allocated by each Waiver.*

### **ACTUAL NUMBER OF BIRTHS TO DEMONSTRATION POPULATION**

The following table provides the actual number of births that occurred for FPW participants in demonstration year twelve (12).

	<b># of Births to Demonstration</b>
<b>Demonstration Year 11</b>	2,265
<b>Demonstration Year 12</b>	2,235

### **COST OF MEDICAID FUNDED BIRTHS**

The following table provides the average total of Medicaid expenditures for a Medicaid-funded birth for demonstration year 12. The cost of a birth includes the cost of prenatal care, labor and delivery, postnatal care and medical care for the first year of life.

	<b>Cost of Medicaid Funded Births</b>	<b># of Medicaid Funded Births</b>	<b>Average Cost of a Medicaid Funded Birth</b>
<b>DY 11</b>	\$332,650,333.73	25,245	\$13,176.88
<b>DY 12</b>	\$285,483,730.81	26,514	\$10,767.28

**ACTIVITIES FOR NEXT YEAR**

- Scheduling and conducting a public forum for open comments and meaningful discussions on the progress of DOM Family Planning Waiver Demonstration;
- Renewal of DOM Family Planning Waiver Demonstration;
- Continuous periodic on-site quality assurance reviews of FPW providers; and
- Coordination of outreach activities with DOM and MSDH to bring awareness to eligible beneficiaries.

**CONTRACEPTIVE METHODS**

<b>Mississippi Family Planning Demonstration Year 12 Contraceptive Methods (01/01/15-12/31/15)</b>			
	Number of Contraceptive Methods Dispensed	Number of Unique Contraceptive Users	Data Source
Male Condom	0	0	Claims Data
Female Condom	0	0	Claims Data
Sponge	N/A	N/A	N/A
Diaphragm	0	0	Claims Data
Pill	20,931	7648	POS
Patch	2587	958	POS
Ring	1416	473	POS
Injectable	10,015	4810	POS
Implant	700	700	Claims Data
IUD	202	201	Claims Data
Emergency Contraception	N/A	N/A	N/A
Sterilization	109	109	Claims Data