

**Mississippi Family Planning Section 1115 Demonstration
Comprehensive Evaluation Design
April 2018**

Introduction

The Mississippi Division of Medicaid (DOM) Family Planning Waiver (FPW) is designed to provide family planning and family planning related services to eligible women and men throughout the state. Because the Secretary of Health and Human Services has and continues to grant section 1115 program authority, Mississippi Medicaid is able to cover family planning services and supplies for individuals not otherwise eligible for Medicaid or covered through State Plan.

The Mississippi Family Planning demonstration was initially approved on January 31, 2003 and implemented October 1, 2003. The demonstration has been consistently extended since that date. The Mississippi FPW was originally implemented to provide family planning services to women between the ages of 13 through 44, ineligible for Medicaid benefits at the conclusion of their pregnancy coverage and who otherwise could not qualify for Medicaid, the Children's Health Insurance Program (CHIP), or any other creditable coverage that included family planning services. With the January 1, 2015 extension of the demonstration, the state received Centers for Medicare & Medicaid Services (CMS) approval to cover women and men capable of reproducing, ages 13 through 44, with income of no more than 194 percent of the FPL (post Modified Adjust Gross Income conversion) and also to provide family planning related services. The current FPW demonstration extension is approved from January 1, 2018 through December 31, 2027.

The success of the FPW is evidenced by the number of eligible women and men who received family planning and/or family planning related services. From October 1, 2004 through December 31, 2017, 342,342 FPW beneficiaries received at least one (1) family planning and/or family planning related service.

**Mississippi Medicaid Family Planning 1115
Demonstration Waiver 11-W-00157/4
Evaluation Design**

A. Demonstration Objectives/Goals

The purpose of the FPW demonstration as authorized in section 1902 (a) (10) (A) (ii) (XXI) of the Social Security Act is to provide Medicaid coverage for family planning and family planning-related services to eligible women and men ineligible for benefits offered in the State Plan.

DOM will evaluate the following FPW demonstration goals to determine the effectiveness of providing family planning and family planning related services to women and men ineligible for Medicaid under the State Plan.

1. Ensure access to family planning related and family planning related services for low-income individuals not otherwise eligible for Medicaid; and
2. Improve and/or maintain health outcomes for the targeted population as a result of access to family planning services and/or family planning-related services

B. Evaluation Questions and Hypotheses

DOM's evaluation questions, hypotheses, and recommended data sources and analytic approaches are provided in the table below (Section C: Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches).

C. Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Demonstration Goal 1:						
Ensure access to and utilization of family planning and family planning related services for individuals not otherwise eligible for Medicaid						
Evaluation Types	Evaluation Question	Hypothesis	Measures		Data Source	Analytic Approach
			Numerator	Denominator		
Process/Outcome	Did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of FPW beneficiaries who had a family planning or family planning related service encounter in each year of the demonstration.	Total number of FPW beneficiaries.	Administrative data, Medicaid Management Information System (MMIS) claims data, Decision Support System (DSS), Encounter claims, and Pharmacy RX Data.	Participation: Number enrolled; total months of enrollment; average period of enrollment (months); Proportion of women and men remained enrolled in the demonstration for 12 months. Comparative analysis of baseline data with demonstration year data to assess the overall impact and outcome of the FPW program. Analysis of FPW contraceptive methods utilization by category of eligibility (COE) 088 that are auto enrolled in the FPW and 029 each demonstration year. The percentage of all FPW participants age 13-44 years utilizing a most or moderately effective contraceptive method.
			Number of family planning services utilized.	Total number of FPW beneficiaries.		
			Number of FPW female beneficiaries who utilized any contraceptive in each year of the demonstration.	Total number of FPW female beneficiaries.		
			Number of FPW female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration.	Total number of FPW female beneficiaries.		
			Number of FPW beneficiaries tested for sexually transmitted disease (by STD type)	Total number of FPW beneficiaries		
			Number of FPW female beneficiaries who obtained a cervical cancer screening	Total number of FPW female beneficiaries		
			Number of FPW female beneficiaries who received a clinical breast exam	Total number of FPW female beneficiaries		

Mississippi Family Planning Waiver Comprehensive Evaluation

Demonstration Goal 1:						
Ensure access to and utilization of family planning and family planning related services for individuals not otherwise eligible for Medicaid						
Evaluation Types	Evaluation Question	Hypothesis	Measures		Data Source	Analytic Approach
			Numerator	Denominator		
Process/Outcome	Do FPW beneficiaries maintain coverage long-term (12 months or more)?	FPW beneficiaries will maintain coverage for one or more 12 month enrollment period	Number of FPW beneficiaries who completed one 12 month enrollment period	Total number of FPW beneficiaries	Administrative data, MMIS claims data, DSS, Encounter claims, and Pharmacy RX Data.	The proportion of FPW beneficiaries who completed one (1) year of enrollment and then re-enrolled each year of the demonstration.
			Number of FPW beneficiaries reenrolled for a second 12- month coverage period	Total number of FPW beneficiaries		
Demonstration Goal 2:						
Improve or maintain health outcomes for the target population as a result of access to family planning and family planning related services						
Evaluation Types	Evaluation Question	Hypothesis	Measures		Data Source	Analytic Approach
			Numerator	Denominator		
Outcome/Impact Impact	Does the demonstration improve health outcomes? [Calculate for target population and similar population from Medicaid with state]	Health outcomes will improve as a result of the demonstration	Number of second live births that occurred at an interval of 18 months or longer	Total number of second live births	Administrative data, MMIS claims data, DSS, Encounter claims, and Pharmacy RX Data.	The proportion of FPW beneficiaries with second live birth that occurred at an interval of 18 months or longer of a previous birth compared to Medicaid beneficiaries ages 13-44 with Medicaid State Plan Benefits each year of the demonstration.
			Number of low birth-weight babies born to beneficiaries	Total number of babies born to beneficiaries		
			Number of premature babies born to Medicaid beneficiaries	Total number of babies born to Medicaid beneficiaries		
						Calculate the percentage of low-birth weight babies born to FPW beneficiaries compared to Medicaid beneficiaries ages 13-44 with Medicaid State Plan Benefits each year of the demonstration.
						Calculate the proportion of babies born premature to FPW beneficiaries compared to Medicaid beneficiaries ages 13-44 with Medicaid State Plan Benefits each year of the demonstration.

D. Methodology

1. Evaluation Design: DOM's selected evaluation design is a quasi-experimental design. The timeframe for the quasi-experiment is January 1, 2018, through December 31, 2027.
2. Data Collection and sources: DOM will collect data quarterly, annually and at the end of the demonstration period. Data will be collected retrospectively through administrative data; MMIS claims data, DSS, encounter claims, and pharmacy RX data, to measure the processes and outcomes/impact components of the FPW demonstration. Data limitations include providers not using appropriate diagnosis and/or procedure codes, lack of utilization of family planning and/or family planning related services by FPW beneficiaries, and the inability to capture women's risk of unintended pregnancy through claims data.
3. Data Analysis Strategy: DOM will utilize a quantitative approach. DOM will utilize data from a comparable Mississippi Medicaid State Plan population and the California Family Planning, Access, Care and Treatment Program (PACT) to compare data obtained from the FPW population. The PACT data set will be retrieved from healthdata.gov. The PACT program is administered by California Department of Health Care Services, Office of Family Planning (OFP) and offers comprehensive family planning services to low-income residents of reproductive age to include contraception, pregnancy testing, sterilization, sexually transmitted testing and cervical and breast screenings. The variables in the PACT dataset are comparable to the FPW demonstration population and the Mississippi Medicaid State Plan population. The data collected from both the FPW targeted population and the comparison groups will include demographic variables sex, age, and race/ethnicity.
4. Simplified Evaluation Budget:

The required budget will consist of the following items:

 1. Computer programming (cost per hour x hours);
 2. Analysis of the data (cost per hour x hours);
 3. Preparation of the report (cost per hour x hours);
 4. Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.

DOM will be performing the activities listed above and anticipate no additional budget needs unless an independent contractor is required.