Mississippi Family Planning Waiver Project Number 11-W-00157/7 Section 1115 Quarterly Report Demonstration Year 13, Quarter 1 May 30, 2016

INTRODUCTION PROGRAM OVERVIEW

Historical Background

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

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 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.

Goals of the demonstration

The overarching goal of the Family Planning Section 1115 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;

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- 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; and
- Increasing the overall savings attributable to providing family planning services by covering women for one (1) year postpartum.

Program highlights

DOM, in DY 12 of the FPW program, expanded family planning and family planning related services to men with family incomes at or below 194 percent of the FPL. As of DY 13 quarter one (1), 643 men have enrolled in the FPW program.

In addition to including men, DOM also covers medication for treatment of sexually transmitted infections and diseases.

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	May 1, 2017

DOM required timeline to submit quarterly reports

Significant program changes

No significant program changes reported for DY 13 quarter one (1).

Policy issues and challenges

No policy issues or challenges reported for DY 13 quarter one (1).

ENROLLMENT

This demonstration has three eligible populations, as described in the Special Terms & Conditions (STC) 16:

- 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.

Enrollment/Participants

DY 13	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	

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 and 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.

First Quarter DY13 Utilization of Approved Methods of Contraception

Oral Contraceptives	Patch	Nuva-Ring	LARC's	Tubal Ligation	Vasectomy
4964	741	333	3442	43	0

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

Medications/Treatments	Prescribed Doses		
L5A- Kerayolytics	2		
Q4W-Vaginal Antibiotics	50		
Q5R- Topical Antiparasitics	25		
W1A- Penicillin	251		
W1C- Tetracycline	67		
WID- Macrolides	309		
W1K- Lincosamides	89		
W1Q- Quinolones	128		
W4E- Anaerobic Antiprotozoal-Antibacterial	353		
W4G- 2 nd Gen. Anaerobic Antiprotozoal-Antibacterial	3		
W5A- Antivirals, General	147		
W5O- Antiviral, HIV-Spec, Nucleoside-Nucleotide-	8		
Analog	0		
Total Prescribed Medications/Treatments	1,432		

Source Data: Cognos Report Drug Utilization by Dates of Service and Plan ID (January 1, 2016-March 31, 2016)

Provider Participation

There were two hundred and eighty four unique providers that submitted claims under the FPW in demonstration year 13 quarter one (1)..

The table below illustrates service utilization and expenditures for family planning and family planning related services by service categories, distinct beneficiary and claim counts for the report period.

Quarterly Provider Service Utilization and Expenditures

Service Category	Distinct Beneficiary Count	Distinct Claim Count	Total Expenditures
Anesthesia	15	23	\$ 2,547.72
Federal Qualified Health Center	480	554	\$ 68,312.33
MS Dept. of Health	1,542	2,341	\$ 492,151.95
Outpatient Hospital Services	85	93	\$ 8,116.06
Pharmacy	6,469	10,066	\$ 460,932.89
Physician/Nurse Practitioner Services	18	21	\$ 1,242.24
Radiology, Technical Component & Laboratory	1,699	2,085	\$ 86,941.75
Rural Health Clinic Services	447	521	\$ 62,420.23
Total	10,755	15,704	\$1,182,665.17

Source Data: Cognos Report DSS/DW Claim Information for COE 029Paid Claims

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 41 events in various settings to provide education and outreach information related to FPW to 5,323 Medicaid beneficiaries and providers in quarter one (1) 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.

Beneficiary Outreach Events

Beneficiary Outreach Event by Types	January *E/AS	February *E/AS	March *E/AS	Quarter 1 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)	4/1,045	7/1,425	4/375	15/2845
Health Forums (Oral Presentations to beneficiaries and the general public on Medicaid programs and services; wellness education)	11/560	1/20	1/50	13/630
Professional In-Service Trainings (Oral Presentations to professionals, i.e., Case Managers, Social Workers, etc.)	0/0	0/0	1/250	1/250
Parent In-Service (Oral Presentations to parents and caregivers of Head Start Children)	0/0	5/79	2/19	7/98
Beneficiary Resource Conference (Exhibits set-up and Oral Presentations to a select group of Beneficiaries)	0/0	2/350	0/0	2/350
Beneficiary Outreach Totals	15/1,605	15/1,874	8/694	38/4173

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

Provider Outreach Events

Provider Outreach Event by Types	January *E/AS	February *E/AS	March *E/AS	Quarter 1 Totals *E/AS
Provider Summit/Conference (Exhibits set- up and Oral Presentations to a select group of providers)	0/0	1/700	1/300	2/1,000
Provider Expo (Booth Exhibits-One-on-one information sharing with providers and other professional attendees, to answer questions about Medicaid programs and services)	0/0	0/0	1/150	1/150
Provider Outreach Totals	0/0	1/700	2/450	3/1150

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

PROGRAM EVALUATION, TRANSITION PLAN AND 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 Miss. Admin. Code Title 23, Part 221, Rule 1.6. Staff members continue to educate providers on wavier changes during provider audits. Providers are given a copy of the MS Administrative Code highlighting new services covered under the family planning waiver, as well as a list of all covered procedures, laboratory and diagnosis codes.

During demonstration year 13, quarter one (1), there were (42) provider audits completed. A total of (1,050) beneficiary's medical records reviewed for compliance with the demonstration STCs and DOM Administrative Code Title 23: Part 221 Family Planning Services. Documentation requirements of verified services paid for by DOM were assessed by review of each beneficiary's medical record.

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.

Expenditures

Demonstration Year 13 (January 1, 2016-March 31, 2016)						
	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS-64	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						
Quarter 3 Expenditures						
Quarter 4 Expenditures						
Total Annual Expenditures	\$ 1,663,009.51	0	\$ 1,663,009.51	*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:

- Scheduling and conducting a public forum for open comments and meaningful discussions on the progress of the 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 and providers.
- Developing a report to include historical data and trends of previous demonstration years.