

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

December 16, 2020

Drew Snyder
Executive Director
Division of Medicaid
Mississippi Department of Human Services
550 High Street, Suite 1000
Walters Sillers Building
Jackson, MS 39201

Dear Mr. Snyder:

The Centers for Medicare & Medicaid Services (CMS) has approved the evaluation design for Mississippi's section 1115(a) demonstration entitled, "Mississippi Family Planning Medicaid Waiver Section 1115 Demonstration" (Project Number: 11-W-000157/4), and effective through December 31, 2027. We sincerely appreciate the state's commitment to a comprehensive evaluation of your demonstration.

CMS has added the approved family planning evaluation design to the demonstration's Special Terms and Conditions (STC) as Attachment B. A copy of the STCs, which includes the new attachment, is enclosed with this letter. The approved evaluation design may now be posted to the state's Medicaid website within thirty days, per 42 CFR 431.424(c). CMS will also post the approved evaluation design as a standalone document, separate from the STCs, on Medicaid.gov.

Please note that an interim evaluation report, consistent with the approved evaluation design, is due to CMS one year prior to the expiration of the demonstration, or at the time of the extension application, if the state chooses to extend the demonstration. Likewise, a summative evaluation report, consistent with this approved design, is due to CMS within 18 months of the end of the demonstration period.

We look forward to our continued partnership on the Mississippi Family Planning Medicaid Waiver Section 1115 Demonstration. If you have any questions, please contact your CMS project officer, Dina Payne. Ms. Payne is available to answer any questions concerning your section 1115 demonstration and may be reached either by phone at 410-786- 3574 or by email at dina.payne1@cms.hhs.gov.

Sincerely,

Danielle Daly
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Date: 2020.12.21
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Danielle Daly
Director
Division of Demonstration
Monitoring and Evaluation

**Andrea J.
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J. Casart -S
Date: 2020.12.21
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Andrea Casart
Director
Division of Eligibility and
Coverage Demonstrations

cc: Etta Hawkins, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

Mississippi Family Planning Section 1115 Demonstration Evaluation Design

July 9, 2020

General Background

The Mississippi Division of Medicaid (DOM) Family Planning Waiver (FPW) is designed to provide family planning services 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 can cover family planning services and supplies for individuals not otherwise eligible for Medicaid or covered through the State Plan.

The Mississippi FPW demonstration was initially approved on January 31, 2003 and implemented October 1, 2003. The demonstration has been consistently extended since that date. The demonstration 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 the Centers for Medicare & Medicaid Services (CMS) approval to cover women and men, ages 13 through 44, who are capable of reproducing with a Modified Adjusted Gross Income (MAGI) adjusted income of no more than 194% of the federal poverty level (FPL) and to provide family planning related services to the target population. The current FPW demonstration extension is approved from January 1, 2018 through December 31, 2027. There were no changes from the previous demonstration regarding services or eligibility criteria.

Since the implementation of the FPW in 2003, the state continues to work toward reaching the goal of increasing the number of women and men utilizing family planning services and family planning related services to reduce the number of unplanned pregnancies and subsequent births to the target population. From October 1, 2004 through December 31, 2017, 342,342 FPW beneficiaries received at least one family planning service and/or family planning related service.

FPW Eligible Population

The women and men targeted by DOM for the FPW demonstration must meet the applicable eligibility criterion as follows:

- Family income no more than 194% of the federal poverty level (post MAGI conversion).
- Must be capable of reproducing.
- Women and men ages 13-44 years.
- Must not have had a procedure that prevents them from reproducing.
- Must not have Medicare, CHIP, or any other health insurance or third-party medical coverage.
- U.S. citizen or documented immigrant.
- Resident of Mississippi.

A. Demonstration Goals and Objectives

The goals of the FPW demonstration are the following:

- Goal 1: Ensure access to and utilization of family planning and/or family planning–related services for individuals not otherwise eligible for Medicaid.
- Goal 2: Improve birth outcomes and improve or maintain health outcomes for the target population as a result of access to family planning and related services.
- Goal 3: Increase the overall savings attributable to providing family planning services.

Program Objective and Measures

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

- Objective 1: Improving the access to and use of Medicaid family planning services by women who have received Medicaid pregnancy related service.
- Objective 2: Improving the access to and use of Medicaid family planning-related services by women and men who are not otherwise eligible for Medicaid.

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

- Objective 3: Improving birth outcomes (e.g., low birth weight) and the health of women in the demonstration population.
- Objective 4: Increasing the child spacing interval among female FPW enrollees.
- Objective 5: Reducing the number of unintended pregnancies among women enrolled in the FPW.
- Objective 6: Reducing overall pregnancy among teenage women in the demonstration population.
- Objective 7: Reducing the number of repeat births among teenage women in the demonstration population.

Goal 3: Increase the overall savings attributable to providing family planning services.

- Objective 8: Decreasing the number of Medicaid deliveries, which will reduce annual expenditures for prenatal, delivery, and newborn services.
- Objective 9: Increasing the overall savings attributable to providing family planning services by covering women for one year postpartum.

B. Evaluation Questions and Hypotheses

The demonstration’s core evaluation questions, hypotheses, data sources and analytic approaches are included in the table located in Section C.

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

Evaluation Component	Evaluation Question	Hypothesis	Measure	Data Source	Analytic Approach
<p>Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning–related services for individuals not otherwise eligible for Medicaid</p> <ul style="list-style-type: none"> Objective 1: Improving the access to and use of Medicaid family planning services by women who have received Medicaid pregnancy related service. Objective 2: Improving the access to and use of Medicaid family planning-related services by women and men who are not otherwise eligible for Medicaid. 					
Process	How did beneficiaries utilize covered health services?	FPW enrollees will utilize family planning services and/or family planning related services.	<p>Number of women enrolled in the FPW/Number of eligible women</p> <p>Number of FPW beneficiaries utilizing services by race/ethnicity /Total Number of FPW beneficiaries</p> <p>Number of beneficiaries by county of residence/Total number of FPW beneficiaries</p> <p>Number of beneficiaries who had a family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries</p> <p>Number of family planning services utilized/total number of beneficiaries</p> <p>Number of Females by age group (13-19, 20-24, 25-29, 30-34, 35-39, 40-44) utilizing FPW services/Total number of female FPW beneficiaries</p> <p>Number of Males by age group (13-19, 20-24, 25-29, 30-34, 35-39, 40-44) utilizing FPW services/Total number of male FPW beneficiaries</p> <p>Number of female sterilization/Total number of female beneficiaries</p> <p>Number of male sterilization/Total number of male beneficiaries</p>	<ul style="list-style-type: none"> Administrative data Medicaid Management Information System (MMIS) claims data Encounter claims Pharmacy RX data 	Descriptive statistics (proportions and means); time trend analysis; subgroup analysis; benchmark comparison when benchmark is available

Mississippi Family Planning Waiver Evaluation Design

Evaluation Component	Evaluation Question	Hypothesis	Measure	Data Source	Analytic Approach
			<p>Number of female beneficiaries who utilized any contraceptive in each year of the demonstration/total number of female beneficiaries</p> <p>Number of female beneficiaries who utilized long-acting reversible contraceptives each year of the demonstration/total number of female beneficiaries</p> <p>Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries</p> <p>Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries</p> <p>Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries</p>		
	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more 12-month enrollment period.	<p>Number of beneficiaries who completed one spell of 12-month coverage/total number of beneficiaries</p> <p>Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries</p>	<ul style="list-style-type: none"> • Administrative data • MMIS claims data • Encounter claims • Eligibility data/enrollment 	Descriptive statistics (proportions); time trend analysis; subgroup analysis
<p>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.</p> <ul style="list-style-type: none"> • Objective 3: Improving birth outcomes (e.g., low birth weight) and the health of women in the demonstration population. • Objective 4: Increasing the child spacing interval among female FPW enrollees. • Objective 5: Reducing the number of unintended pregnancies among women enrolled in the FPW. • Objective 6: Reducing overall pregnancy among teenage women enrolled in the demonstration population. • Objective 7: Reducing the number of repeat births among teenage women in the demonstration population. 					
Outcome/ Impact	Does the demonstration improve health outcomes?	Health outcomes of mothers and babies will improve as a result of increased	<p>Number of FPW females with a second pregnancy less than 18 months of a previous birth/Total number of female enrollees</p> <p>Number of low birth-weight babies born to beneficiaries/Total number of babies born to beneficiaries</p>	<ul style="list-style-type: none"> • Administrative data • MMIS claims data • Encounter claims 	Descriptive statistics (proportions); time trend analysis;

Mississippi Family Planning Waiver Evaluation Design

Evaluation Component	Evaluation Question	Hypothesis	Measure	Data Source	Analytic Approach
		reproductive health care services.	Number of premature babies born to beneficiaries/Total number of babies born to beneficiaries Number of babies born to FPW females ages 13-19 years/Total number of female enrollees ages 13-19 years Number of FPW females ages 13-19 years with a second pregnancy less than 18 months of a previous birth/Total number of female enrollees ages 13-19 years Number of intended births among females aged 13-44 years/Number of live births plus abortions and fetal losses among females aged 13-44 years.	<ul style="list-style-type: none"> MS State Department of Health (MSDH) vital statistics 	subgroup analysis; benchmark comparison when benchmark is available
	Are beneficiaries satisfied with services?	Beneficiaries will be satisfied with services	Satisfaction survey questions for FPW beneficiaries Number of respondents who have accessed family planning services and family planning-related services in the past 6 months/Total number of FPW survey respondents Number of respondents who were pleased with the care received/Total number of FPW survey respondents Number of respondents who reported if they received an appointment for care (FPW) as soon as they needed too/Total number of FPW survey respondents	<ul style="list-style-type: none"> FPW beneficiary survey 	Descriptive statistics (frequencies and means); time trend analysis; subgroup analysis; benchmark comparison when benchmark is available
<p>Demonstration Goal 3: Increase the overall savings attributable to providing family planning services.</p> <ul style="list-style-type: none"> Objective 8: Decreasing the number of Medicaid deliveries, which will reduce annual expenditures for prenatal, delivery, and newborn services. Objective 9: Increasing the overall savings attributable to providing family planning services by covering women for one year postpartum. 					
Outcome/ Impact	Does the demonstration reduce the number of Medicaid deliveries?	As a result of increased reproductive health care services, FPW enrollees will have	Number of Medicaid deliveries/Total Number of Females aged 13-44 years	<ul style="list-style-type: none"> Administrative data MMIS claims data Encounter claims MS State Department of 	Descriptive statistics (proportions); time trend analysis; subgroup

Mississippi Family Planning Waiver Evaluation Design

Evaluation Component	Evaluation Question	Hypothesis	Measure	Data Source	Analytic Approach
		fewer pregnancies which will lead to fewer Medicaid deliveries		Health (MSDH) vital statistics	analysis; benchmark comparison when benchmark is available
Outcome/ Impact	Does the demonstration reduce Medicaid expenditures for prenatal, delivery, and newborn services?	Access to reproductive health care services will reduce the number of Medicaid deliveries and related expenses	Medicaid expenditures related to prenatal, delivery, and newborn services	<ul style="list-style-type: none"> • Administrative data • MMIS claims data • Encounter claims 	Descriptive statistics (proportions); time trend analysis; subgroup analysis; benchmark comparison when benchmark is available

D. Methodology

- 1. Evaluation Design:** The evaluation design is a post-only assessment with sub-group stratification, with plans to include contemporaneous national benchmarks as comparisons (i.e., Healthy People 2020; National Survey of Family Growth (NSFG)) wherever feasible. The time frame for the post-only period will begin January 1, 2018 and end December 31, 2027. The demonstration will be evaluated annually, and a final evaluation will be conducted when the demonstration period ends.
- 2. Data Collection and Sources:** DOM will collect data retrospectively each year of the demonstration. DOM will use administrative and survey data to measure the processes and outcomes/impact components of the FPW demonstration. MSDH Public Health Vital Statistics data will be used to assess birth outcomes, abortions, and fetal deaths.

DOM Medicaid providers and pharmacies are required to submit claims through DOM's fiscal agent. FPW beneficiaries are enrolled in a specific category of eligibility (COE 029) to track family planning services and family planning related services. FPW enrollees are required to report demographic information (including race and ethnicity, gender, family income, and household size, etc.) at the time of enrollment and recertification.

Survey: DOM will conduct a longitudinal survey that will be administered throughout each calendar year of the demonstration beginning in January and ending in December. The survey will be mailed to a representative sample of the FPW population. The purpose of the survey is to gather data from the FPW population interviewed, which will help examine enrollee characteristics, pregnancy intentions, contraceptive utilization, access and satisfaction with family planning services and family planning-related services. The table below indicates the sample size needed to achieve a 40% response rate each year of the demonstration. Several of the survey questions represent an adapted version of similar items in the Consumer Assessment of Healthcare Providers System (CAHPS) Health Plan Survey.

Calculation of Estimated Sample Size Needed for the FPW Survey

Demonstration Year	Goal Completed Surveys	Target Response Rate	Minimum Sample Size Needed
DY 16	1331	40 percent	3327
DY 17	1368	40 percent	3420
DY 18	1406	40 percent	3515
DY 19	1445	40 percent	3612
DY 20	1485	40 percent	3712
DY 21	1526	40 percent	3815

Mississippi Family Planning Waiver Evaluation Design

DY 22	1577	40 percent	3942
DY 23	1620	40 percent	4050
DY 24	1665	40 percent	4162
DY 25	1711	40 percent	4277

DOM will utilize enrollment data to obtain the minimum sample size. Enrollment data from DY 15 is the baseline used to determine the goal for the number of completed surveys for the minimum sample size needed each DY to achieve a 40 percent response rate (i.e. $1331/0.40 = 3327$ sample size needed).

Evaluation Questions, Objectives and Related Items on the Survey

Evaluation Questions (EQ)	Objectives	Related Items on Survey
EQ 1: How did beneficiaries utilize covered services? EQ2: Do beneficiaries maintain coverage long-term (12 months or more)?	Obj. 1: Improving the access to and use of Medicaid family planning services by women who have received Medicaid pregnancy related service Obj. 2: Improving the access to and use of Medicaid family planning-related services by women and men who are not otherwise eligible for Medicaid	See Questions: 1-4; 19-25
EQ3: Does the demonstration improve health outcomes? EQ4: Are beneficiaries satisfied with services?	Obj. 3: Improving birth outcomes (e.g., low birth weight) and the health of women in the demonstration population. Obj. 4: Increasing the child spacing interval among female FPW enrollees. Obj. 5: Reducing the number of unintended pregnancies among women enrolled in the FPW. Obj. 6: Reducing overall pregnancy among teenage women enrolled in the demonstration population. Obj. 7: Reducing the number of repeat births among teenage women in the demonstration population.	See Questions: 5-18

Mississippi Family Planning Waiver Evaluation Design

EQ5: Does the demonstration reduce the number of Medicaid deliveries?	Obj 8: Decreasing the number of Medicaid deliveries, which will reduce annual expenditures for prenatal, delivery, and newborn services.	See Questions: 14-25
EQ6: Does the demonstration reduce Medicaid expenditures for prenatal, delivery, and newborn services?	Obj.9: Increasing the overall savings attributable to providing family planning services by covering women for one year postpartum.	

3. Data Analysis Strategy: Quantitative administrative (claims and encounter, plus pharmacy claims), vital statistics and survey data will be analyzed using descriptive statistics to assess the characteristics of FPW beneficiaries (e.g., frequencies and means). Unadjusted trend analyses will be used to present the change of process and impact outcome measures over time. The analyses may be further stratified by subgroups (e.g., geography, age, race/ethnicity, income). Generalized linear regressions may be used to test the variations in the trends for the entire demonstration population and across different subgroups, and where relevant, *t*-test or chi-squared test will be used to measure the statistical significance. A two-tailed p-value of less than 0.05 will be considered statistically significant.

4. Simplified Evaluation Budget: Computer programming, analyses of the data, reparation for the required reports will be performed by existing DOM staff. Therefore, DOM does not anticipate any additional costs to conduct the evaluation other than the purchasing and the renewal of statistical software in the amount \$2,387.00 per year and postage for mailing and returning of the survey estimated at \$4000.00 each year.

E. Independent Contractor

DOM will not be contracting with an independent contractor to perform the evaluation. DOM program staff will conduct a fair and impartial evaluation and prepare an objective evaluation report utilizing enrollment, eligibility, survey, and claims data.