This document, together with the supporting documentation outlined below, constitutes the Mississippi Division of Medicaid (DOM) application to the Centers for Medicare & Medicaid Services (CMS) to renew the Mississippi Family Planning Medicaid Waiver (FPW) 11-W-00 157/7 for a period of five (5) years pursuant to Section 1115(a) of the Social Security Act.

Type of Request (*select one only*):

____X____ **Section 1115(a) extension with no program changes**

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration without any programmatic changes. The state is requesting to extend approval of the demonstration subject to the same Special Terms and Conditions (STCs), waivers, and expenditure authorities currently in effect for the period January 1, 2015 through December 31. 2017.

The state is submitting the following items that are necessary to ensure that the demonstration is operating in accordance with the objectives of title XIX and/or title XXI as originally approved. The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information as requested in the below appendices.

- **Appendix A:** A historical narrative summary of the demonstration project, which includes the objectives set forth at the time the demonstration was approved, evidence of how these objectives have or have not been met, and the future goals of the program.
- **Appendix B:** Budget/allotment neutrality assessment, and projections for the projected extension period. The state will present an analysis of budget/allotment neutrality for the current demonstration approval period, including status of budget/allotment neutrality to date based on the most recent expenditure and member month data, and projections through the end of the current approval that incorporate the latest data. CMS will also review the state's Medicaid and State Children's Health Insurance Program Budget and Expenditure System (MBES/CBES) expenditure reports to ensure that the demonstration has not exceeded the federal expenditure limits established for the demonstration. The state's actual expenditures incurred over the period from initial approval through the current expiration date, together with the projected costs for the requested extension period, must comply with CMS budget/allotment neutrality requirements outlined in the STCs.
- **Appendix C:** Interim evaluation of the overall impact of the demonstration that includes evaluation activities and findings to date, in addition to plans for evaluation activities over the requested extension period. The interim evaluation should provide CMS with a clear analysis of the state's achievement in obtaining the outcomes expected as a direct effect of the demonstration program. The state's interim evaluation must meet all of the requirements outlined in the STCs.
- **Appendix D:** Summaries of External Quality Review Organization (EQRO) reports, managed care organization and state quality assurance monitoring, and any other documentation of the quality of and access to care provided under the demonstration.

- **Appendix E:** Documentation of the state's compliance with the public notice process set forth in 42 CFR 431.408 and 431.420.

___N/A_____ **Section 1115(a) extension with minor program changes**

This constitutes the state's application to the Centers for Medicare & Medicaid Services (CMS) to extend its demonstration with minor demonstration program changes. In combination with completing the Section 1115 Extension Template, the state may also choose to submit a redline version of its approved Special Terms and Conditions (STCs) to identify how it proposes to revise its demonstration agreement with CMS.

With the exception of the proposed changes outlined in this application, the state is requesting CMS to extend approval of the demonstration subject to the same STCs, waivers, and expenditure authorities currently in effect for the period [insert current demo period].

The state's application will only be considered complete for purposes of initiating federal review and federal-level public notice when the state provides the information requested in Appendices A through E above, along with the Section 1115 Extension Template identifying the program changes being requested for the extension period. Please list all enclosures that accompany this document constituting the state's whole submission.

1. Section 1115 Extension Template
2. Appendix A: Historical Narrative Summary
3. Appendix B: Budget Allotment Neutrality Assessments Projections
4. Appendix C: Interim Evaluation
5. Appendix D: External Quality Review Organization
6. Appendix E: Public Notice

The state attests that it has abided by all provisions of the approved STCs and will continuously operate the demonstration in accordance with the requirements outlined in the STCs.

Signature: ________________________________ **Date: ______________________**
[Governor]

CMS will notify the state no later than 15 days of submitting its application of whether we determine the state's application meets the requirements for a streamlined federal review. The state will have an opportunity to modify its application submission if CMS determines it does not meet these requirements. If CMS reviews the state's submission and determines that any proposed changes significantly alter the original objectives and goals of the existing demonstration as approved, CMS has the discretion to process this application full scope pursuant to regular statutory timeframes for an extension or as an application for a new demonstration.

APPENDIX A
HISTORICAL NARRATIVE SUMMARY

The Mississippi Division of Medicaid (DOM) began implementation of the Family Planning Waiver (FPW) Demonstration Program, Section 1115(a), 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 FPW was approved from October 30, 2008, through September 30, 2011. The FPW then operated under a temporary extension through December 31, 2014. Currently, the demonstration's special terms and conditions (STC) are approved from January 1, 2015, through December 31, 2017.

The FPW is designed to increase the number of low-income persons who receive family planning and family planning related services throughout the state of Mississippi and to promote awareness of the importance and benefits of birth spacing by FPW participants.

DOM historically has served the following population in the FPW per guidance from CMS:

- Women:
  - Ages thirteen (13) through forty-four (44),
  - Who are capable of reproducing,
  - Not otherwise enrolled in Medicaid, Medicare, the Children's Health Insurance Program (CHIP) or other creditable health insurance coverage,
  - Have income no more than one hundred and eighty-five percent (185%) of the Federal Poverty Level (FPL) for their household size, and
  - Have ended Medicaid pregnancy coverage at the conclusion of their sixty (60) day postpartum period.

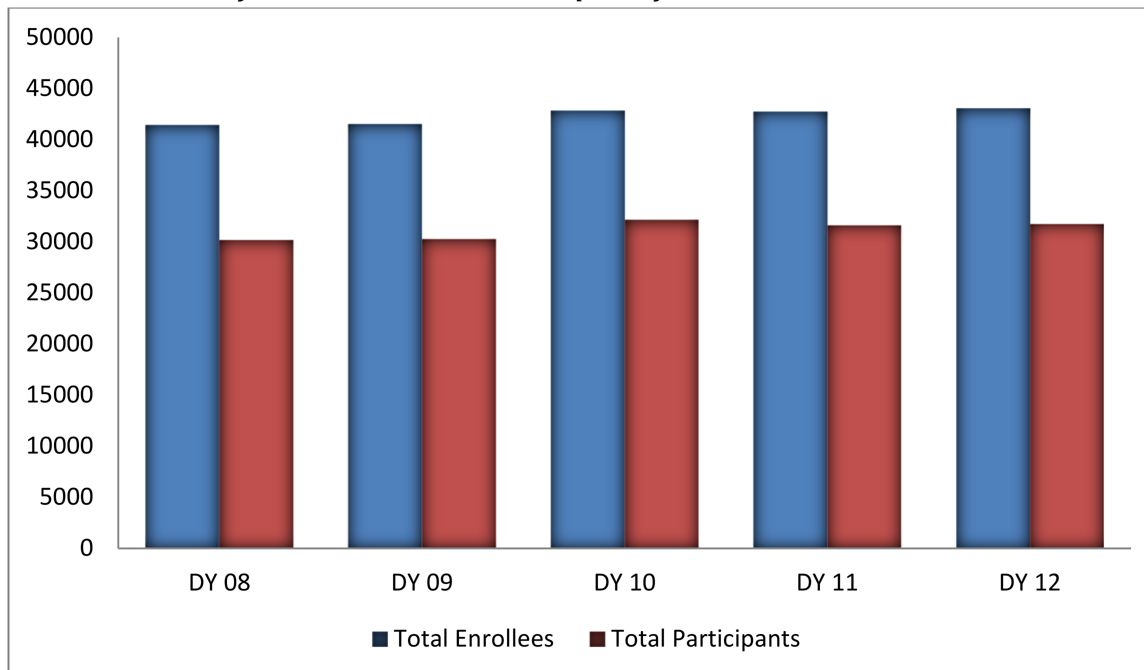
With the January 1, 2015, through December 31, 2017, extension, the FPW began covering the following in addition to the historically covered population listed above:

- Family planning related services for women, and

- Family planning and family planning related services for men:
  - Ages thirteen (13) through forty-four (44),
  - Who are capable of reproducing,
  - Have income no more than one hundred and eighty-five percent (185%) of the Federal Poverty Level (FPL), converted to a Modified Adjusted Gross Income (MAGI) equivalent standard, for their household size, and
  - Not otherwise enrolled in Medicaid, Medicare, the Children's Health Insurance Program (CHIP) or other creditable health insurance coverage which includes family planning and family planning related services.

Over the last five (5) years there were a total of 165,363 FPW participants who received at least one (1) family planning and family planning related service.

Historical Data of FPW Enrollees & Participants for Demonstration Years 8-12



Source: Cognos Family Planning Enrollment Report/ Note: All data reported on a calendar year

PROGRAM OBJECTIVES AND OUTCOMES

Objective 1: Women no longer eligible for Medicaid coverage after the sixty (60) days postpartum period will utilize at least one (1) family planning and family planning related service in order to space and time future pregnancies and prevent unintended pregnancy. Refer to Appendix C for analysis of obtaining outcome.

Objective 2: Reduce the number of pregnancies conceived within eighteen (18) months of a previous birth. Refer to Appendix C for analysis of obtaining the outcome.

Objective 3: Decrease the number of Medicaid paid deliveries which will reduce annual expenditures for prenatal, delivery, and newborn services. Refer to Appendix C for analysis of obtaining the outcome.

Objective 4: Reduce the number of pregnancies among females enrolled in the FPW demonstration. Refer to Appendix C for analysis of obtaining the outcome.

Objective 5: Reduce the number of females ages thirteen (13) to nineteen (19) having repeats births. Refer to Appendix C for analysis of obtaining the outcome.

Objective 6: Increase the overall savings attributable to providing family planning and family planning related services by covering women for one (1) year postpartum. Refer to Appendix C for analysis of obtaining the outcome.

FUTURE GOALS

Goal 1: To increase the proportion of sexually experienced males ages thirteen (13) to forty-four (44) who received FPW related services by fourteen and eight tenths percent (14.8%).

Goal 2: To provide continuous education to FPW providers on the importance of men receiving family planning and family planning related services in order to improve access to services specifically targeted to men.

Goal 3: To increase access to and utilization of LARCs by two (2%) percent of eligible participants in order to space and time future pregnancies and prevent unplanned pregnancy.

Goal 4: To reduce the proportion of females experiencing pregnancy despite use of a reversible contraceptive method by twelve and four tenths percent (12.4%).

Goal 5: To increase the percentage of adolescent females ages thirteen (13) to nineteen (19) at risk of an unplanned pregnancy who adopt or continue to use the most effective methods of contraception by forty three and five tenths percent (43.5%).

Goal 6: To reduce the proportion of pregnancies conceived within eighteen (18) months of a previous birth by twenty-nine and eight tenths percent (29.8%).

Goal 7: To reduce the proportion of FPW participants who received sexually transmitted disease/sexually transmitted infection (STD/STI) related services by fifteen and four tenths percent (15.4%).

Hypotheses

Hypothesis 1: There will be an increase in the number of eligible women and men enrolled in the FPW demonstration by the end of the December 31, 2022.

Hypothesis 2: As enrollment and participation increases in FPW, the cost and number of Medicaid funded births should decrease by the end of the demonstration renewal, December 31, 2022.

Hypothesis 3: Providing at least one (1) paid Medicaid family planning and family planning related service to women and men capable of reproducing will reduce the overall Medicaid expenditures in prenatal, delivery, postpartum, newborn and infant care by the end of the FPW demonstration renewal, December 31, 2022.

Hypothesis 4: Access to family planning and family planning related services, including effective contraceptives, counseling and education, will reduce the number of pregnancies and births to teens ages thirteen (13) to nineteen (19).

Hypothesis 5: The number of women enrolled in the FPW between the age of thirteen (13) and forty-four (44) with inter-pregnancy intervals less than twenty-four (24) months will decrease by the end of the demonstration renewal, December 31, 2022.

Hypothesis 6: The number of births among FPW demonstration participants will decrease each year of the demonstration.

APPENDIX B
BUDGET NEUTRALITY

5 YEARS OF HISTORIC DATA						
SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:						
Medicaid Pop 1	Demo Year 08	Demo Year 09	Demo Year 10	Demo Year 11	Demo Year 12	5-YEARS
TOTAL EXPENDITURES	$ 3,004,834	$ 2,823,941	$ 2,496,272	$ 2,120,295	$ 2,223,879	$ 12,669,221
ELIGIBLE MEMBER MONTHS	59,441	56,571	54,476	55,616	55,169	
PMPM COST	$ 50.55	$ 49.92	$ 45.82	$ 38.12	$ 40.31	
TREND RATES					5-YEAR AVERAGE	
			ANNUAL CHANGE			
TOTAL EXPENDITURE		-6.02%	-11.60%	-15.06%	4.89%	-7.25%
ELIGIBLE MEMBER MONTHS		-4.83%	-3.70%	2.09%	-0.80%	-1.85%
PMPM COST		-1.25%	-8.20%	-16.80%	5.74%	-5.50%
Medicaid Pop 2	DY 08	DY 09	DY 10	DY 11	DY 12	5-YEARS
TOTAL EXPENDITURES	$ 2,783,712	$ 3,080,180	$ 3,818,608	$ 3,789,110	$ 3,958,669	$17,430,279
ELIGIBLE MEMBER MONTHS	36,971	36,411	42,989	37,038	43,694	
PMPM COST	$ 75.29	$ 84.59	$ 88.83	$ 102.30	$ 90.60	
TREND RATES					5-YEAR AVERAGE	
			ANNUAL CHANGE			
TOTAL EXPENDITURE		10.65%	23.97%	-0.77%	4.47%	9.20%
ELIGIBLE MEMBER MONTHS		-1.51%	18.07%	-13.84%	17.97%	4.27%
PMPM COST		12.35%	5.00%	15.17%	-11.44%	4.73%
Medicaid Pop 3	DY 08	DY 09	DY 10	DY 11	DY 12	5-YEARS
TOTAL EXPENDITURES	$	$	$	$	$ 18,845	$ 18,845
ELIGIBLE MEMBER MONTHS					348	
PMPM COST	NA	NA	NA	NA	$ 54.15	
TREND RATES						5-YEAR AVERAGE
			ANNUAL CHANGE			
*TOTAL EXPENDITURE		NA	NA	NA	NA	NA
ELIGIBLE MEMBER MONTHS		NA	NA	NA	NA	NA
PMPM COST		NA	NA	NA	NA	NA

***There was no historical data for Population 3 during demonstration years eight (8) through eleven (11) to calculate the annual percent change.**

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 08	DY 09	DY 10	DY 11	DY 12	
Medicaid Pop 1										
Pop Type:	Medicaid									
Eligible Member Months	-1.9%	0	55,169	-1.9%	54,148	53,146	52,163	51,198	50,251	
PMPM Cost	-5.5%	0	$ 40.31	-5.5%	$ 38.09	$ 36.00	$ 34.02	$ 32.15	$ 30.38	
Total Expenditure					$2,062,504	$1,913,272	$1,774,593	$1,646,022	$1,526,627	$8,923,018
Medicaid Pop 2										
Pop Type:	Medicaid									
Eligible Member Months	4.3%	0	43,694	4.3%	45,560	47,506	49,534	51,649	53,855	
PMPM Cost	4.7%	0	$ 90.60	4.7%	$ 94.89	$ 99.38	$ 104.08	$ 109.00	$ 114.16	
Total Expenditure					$4,323,203	$ 4,721,103	$5,155,505	$5,629,759	$6,148,039	$25,977,608

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS								
			DEMONSTRATION YEARS (DY)					TOTAL WW
ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	DY 08	DY 09	DY 10	DY 11	DY 12	
Medicaid Pop 1								
Pop Type:	Medicaid							
Eligible Member Months	55,169	-1.9%	54,148	53,146	52,163	51,198	50,251	
PMPM Cost	$ 40.31	-5.5%	$ 38.09	$ 36.00	$ 34.02	$ 32.15	$ 30.38	
Total Expenditure			$ 2,062,504	$ 1,913,272	$ 1,774,593	$ 1,646,022	$ 1,526,627	$ 8,923,018
Medicaid Pop 2								
Pop Type:	Medicaid							
Eligible Member Months	43,694	4.3%	45,560	47,506	49,534	51,649	53,855	
PMPM Cost	$ 90.60	4.7%	$ 94.89	$ 99.38	$ 104.08	$ 109.00	$ 114.16	
Total Expenditure			$ 4,323,203	$ 4,721,103	$ 5,155,505	$ 5,629,759	$ 6,148,039	$ 25,977,608

***There was no trend data for Population 3.**

Panel 1: Historic DSH Claims for the Last Five Fiscal Years:					
RECENT PAST FEDERAL FISCAL YEARS					
	2011	2012	2013	2014	2015
State DSH Allotment (Federal share)	$152,512,455	$156,477,779	$160,233,246	$162,636,745	$165,238,933
State DSH Claim Amount (Federal share)	$152,512,455	$156,172,754	$160,077,072	$162,636,743	$165,221,253
DSH Allotment Left Unspent (Federal share)	$	$305,025	$156,174	$2	$17,680

Panel 2: Projected Without Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period						
FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS						
	FFY 00 (2010)	FFY 01 (2011)	FFY 02 (2012)	FFY 03 (2013)	FFY 04 (2014)	FFY 05 (2015)
State DSH Allotment (Federal share)	$157,554,964	$152,512,455	$156,477,779	$160,233,246	$162,636,745	$165,238,933
State DSH Claim Amount (Federal share)	$157,554,964	$152,512,455	$156,172,754	$160,077,072	$162,636,743	$165,221,253
DSH Allotment Projected to be Unused (Federal share)	$	$	$305,025	$156,174	$2	$17,680

Panel 3: Projected With Waiver DSH Expenditures for FFYs That Overlap the Demonstration Period						
FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS						
	FFY 00 (2010)	FFY 01 (2011)	FFY 02 (2012)	FFY 03 (2013)	FFY 04 (2014)	FFY 05 (2015)
State DSH Allotment (Federal share)	$157,554,964	$152,512,455	$156,477,779	$160,233,246	$162,636,745	$165,238,933
State DSH Claim Amount (Federal share)	$157,554,964	$152,512,455	$156,172,754	$160,077,072	$162,636,743	$165,221,253
Maximum DSH Allotment Available for Diversion (Federal share)						
Total DSH Allotment Diverted (Federal share)	$	$	$	$	$	$
DSH Allotment Available for DSH Diversion Less Amount Diverted (Federal share, must be non-negative)	$	$	$	$	$	$
DSH Allotment Projected to be Unused (Federal share, must be non-negative)	$	$	$305,025	$156,174	$2	$17,680

Budget Neutrality Summary						
Without-Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 08	DY 09	DY 10	DY 11	DY 12	
Medicaid Populations						
Medicaid Pop 1	$2,062,504	$1,913,272	$1,774,593	$1,646,022	$1,526,627	$8,923,018
Medicaid Pop 2	$4,323,203	$4,721,103	$5,155,505	$5,629,759	$6,148,039	$25,977,608
Medicaid Pop 3	NA	NA	NA	NA	NA	NA
DSH Allotment Diverted	$	$	$	$	$	$
Other WOW Categories						
Category 1						$
Category 2						$
TOTAL	NA	NA	NA	NA	NA	NA
With-Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	DY 08	DY 09	DY 10	DY 11	DY 12	
Medicaid Populations						
Medicaid Pop 1	$2,062,504	$1,913,272	$1,774,593	$1,646,022	$1,526,627	$8,923,018
Medicaid Pop 2	$4,323,203	$4,721,103	$5,155,505	$5,629,759	$6,148,039	$25,977,608
Medicaid Pop 3	NA	NA	NA	NA	NA	NA

APPENDIX C
INTERIM EVALUATION

The current demonstration evaluation utilizes quantitative outcome measurements to determine if the current waiver goals have been met and to assess the overall impact of the demonstration in the three (3) identified targeted population groups by:

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

Goal 2: Reducing the proportion of pregnancies conceived within 18 months of a previous birth;

Goal 3: Decreasing the number of Medicaid paid deliveries to reduce annual expenditures for prenatal, delivery, newborn and infant care;

Goal 4: Reducing the number of unintended and unwanted pregnancies among women eligible for Medicaid;

Goal 5: Reducing teen pregnancy by reducing the number of repeat teen births; and

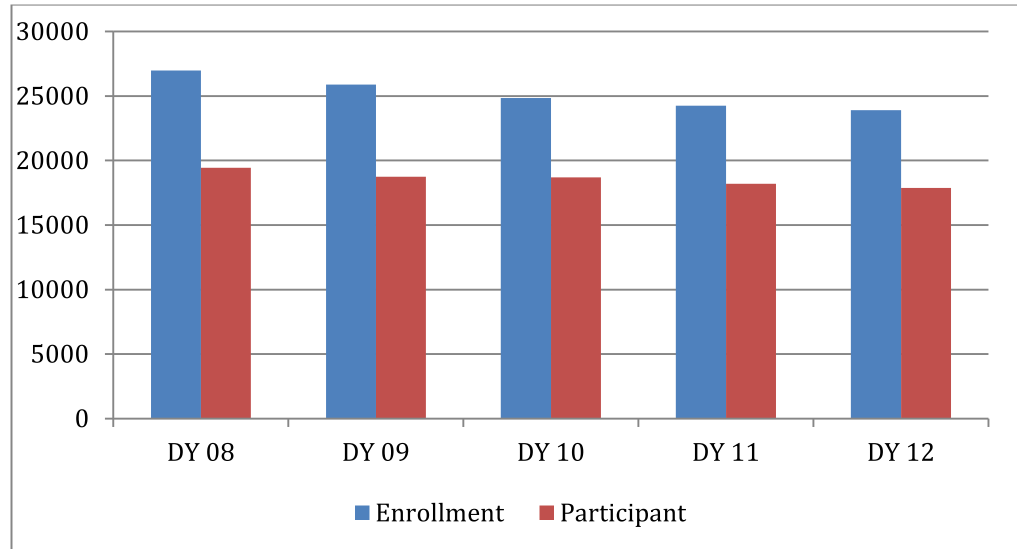
Goal 6: Increasing the overall savings attributable to providing family planning services by covering women for one (1) year postpartum.

Program Objectives, Outcomes, Measures and Rational

Objective 1: Women no longer eligible for Medicaid coverage after the sixty (60) days postpartum period will utilize at least one (1) family planning and family planning related service in order to space and time future pregnancies and prevent unintended pregnancy.

Outcome: This objective was met. Approximately seventy-four percent (74%) of women no longer eligible for Medicaid coverage after the sixty (60) days postpartum period utilized at least one (1) family planning and family planning related service in order to space and time future pregnancies and prevent unintended pregnancy. There was also an eleven percent (11%) decline in the number of women automatically enrolled in the MS FPW demonstration from DY8 to DY12. This decline is likely due to the number of women in this population utilizing more effective birth control methods and continuous participation in the FPW demonstration. Refer to Chart 1.

Chart 1
Population 1:
Women who moved from Category of Eligibility (COE) 088 (Pregnant Women) to 029 (FPW) and number of participants who received at least one (1) family planning and family planning related service.



Measures:

1. Calculate the number of females who received a Medicaid pregnancy related service who were automatically enrolled in the FPW demonstration as well as those who were automatically enrolled and received at least one (1) family planning and family planning related service each year of the demonstration.

2. Calculate the number of days in each demonstration year that women who were automatically enrolled in the FPW remained in the FPW prior to becoming pregnant again.

Indictors: Distinct count of women no longer eligible for Medicaid coverage at the expiration of the sixty (60) day postpartum period

Data Source: MS Division of Medicaid MMIS Claims Data, Cognos DSS/DW Subsystem

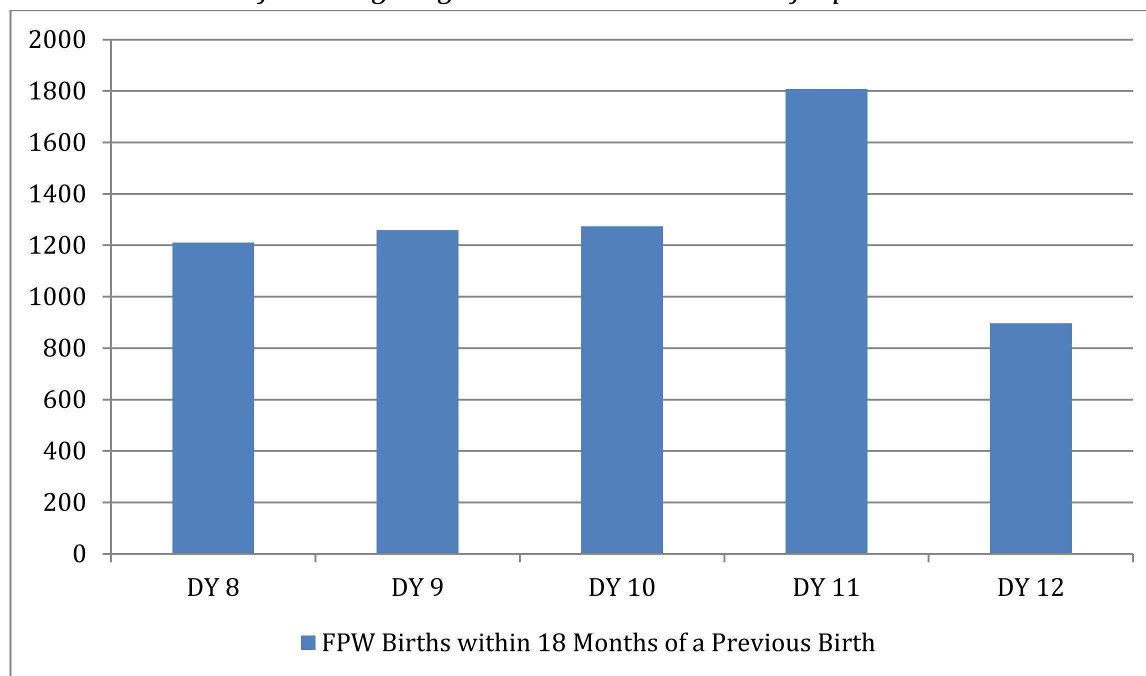
Definitions: Eligibility counts of those who moved within a demonstration year from category of eligibility (COE) 088 (pregnant women) to COE 029 (FPW).

Objective 2: Reduce the number of pregnancies conceived within eighteen (18) months of a previous birth.

Outcome: This objective was met. The number of pregnancies conceived among FPW demonstration females thirteen (13) to forty-four (44) years old within eighteen (18)

months of a previous birth declined by twenty-six percent (26%) from DY 8 to DY 12. There was a forty-two percent (42%) increase in the number of women in the demonstration who became pregnant within eighteen (18) months of a previous birth in DY11 followed by a decline of fifty percent (50%) in DY12. The increase in DY11 was possibly the result of the increase in participants as a result of the Affordable Care Act (ACA). Refer to Chart 2.

Chart 2: FPW Beneficiaries giving birth within 18 months of a previous birth DY8-DY12



Source Data: MS DOM Cognos *DSS/DW Subsystem WO161508 FPW Report 2*

The number FPW participants who became pregnant within eighteen (18) months of a previous birth is an average of seven (7%) percent. This decline is likely due to more women enrolled in the FPW utilizing more effective contraceptive methods to time and space pregnancy intervals. The DY11 increase is possibly a result of the increase in eligibility due to the ACA. Refer to Table 1.

Table 1: The number of pregnancies conceived within eighteen (18) months of a previous birth

Demonstration Year	FPW Postpartum participants who conceived a pregnancy within 18 months of a previous pregnancy	FPW women who conceived a second pregnancy within 18 months of a previous pregnancy	Percent of FPW women who conceived a pregnancy within 18 months of a previous pregnancy
DY 12	17866	897	5%
DY 11	18204	1808	10%
DY 10	18690	1274	7%
DY 09	18752	1259	7%
DY 08	19438	1211	6%

During DY08-DY12 LARC utilization increased each year, with the exception of an eighteen (18) percent decrease when comparing DY11 to DY12. Overall, LARC usage has increased among FPW women contributing to the reduction of the number of pregnancies conceived within eighteen (18) months of a previous birth. Refer to Table 2.

Table 2: LARC Utilization

	DY 08	DY 09	DY 10	DY 11	DY 12
LARC Utilization	741	1259	4361	5145	4202
Percent Change Use		69.91%	246.39%	17.98%	-18.33%

Measures

1. Calculate the proportion of postpartum women no longer eligible for Medicaid coverage at the expiration of the sixty (60) day postpartum period who became pregnant within eighteen (18) months of a previous birth.

2. Calculate the proportion of women who had an insertion of LARC after delivery of a previous birth prior to discharge.

Indictors: Length of inter-pregnancy intervals

Data Source: DOM Cognos DSS/Subsystem and MMIS claim data

Definitions: Beneficiaries who were in COE 088 who then entered into COE 029 with a claim date indicating birth and who then received a diagnosis of pregnancy within eighteen (18) months.

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

Outcome: Objective was partially met. Medicaid paid deliveries from DY 8 through DY 11 for FPW participants remained stable with an average expenditure of $5,088,772.43 per year. However, in DY 12 there was a significant increase in deliveries and annual expenditures for prenatal, delivery and newborn services. Although there was an increase numerically in DY12, proportionately there was only a two (2) percent increase in the Medicaid paid deliveries which is the same percentage as in DY8 through DY11. Refer to Table 3.

Table 3: Number Medicaid Paid Delivers and FPW Births with Expenditures

	Medicaid Paid Deliveries Prenatal/ Postpartum/ Newborn Distinct Claim Count	Expenditures	Medicaid Funded Births FPW Beneficiaries COE 029 to 088	Expenditures
DY 12	119,825	$ 460,983,541.11	2441	$ 8,164,277.50
DY 11	56,746	$ 324,442,984.44	1045	$ 5,090,621.84
DY 10	59,813	$ 317,606,258.26	1115	$ 5,298,238.11
DY 09	53,474	$ 321,334,819.16	983	$ 4,856,786.41
DY 08	54,206	$ 322,646,509.77	1093	$ 5,109,443.36

Source Data: MS DOM Cognos DSS/DW Subsystem WO161508 Report 6 & 7

Objective 4: Reduce the number of pregnancies among females enrolled in the FPW demonstration.

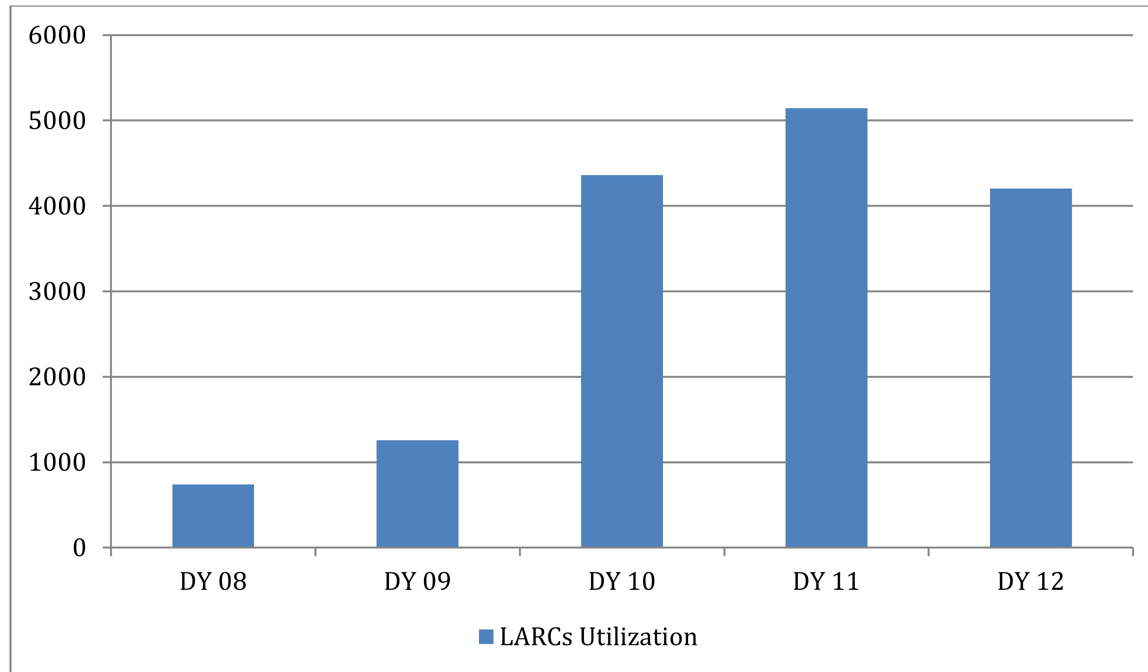
Outcome: This objective was met. In DY8-DY12, of the total 125,890 enrolled women, only 15,322 women became pregnant. Approximately twelve percent (12%) of the total enrolled women became pregnant which has remained constant. Refer to Table 4.

Table 4: Distinct Count FPW who Moved from COE 029 (FPW) to COE 088 (Pregnant Women)

	Distinct Count FPW who Moved from COE 029 (FPW) to COE 088 (Pregnant Women)	Percent Change
DY 12	3132	0.01
DY 11	3109	-0.03
DY 10	3221	0.12
DY 09	2866	-0.04
DY 08	2994	

In DY8 through DY12, the data shows a significant increase in the number of women choosing a LARC method in the prevention of a first or repeat pregnancy. Utilization of LARC has increased by more than four hundred percent (400%) from DY 8 to DY 12. Refer to Chart 3.

Chart 3: Long-Acting Reversible Contraceptive Use among FPW Women



Source Data: DOM MMIS Claim Data Cognos Report

Measures

1. Calculate the proportion of women enrolled in the FPW who conceived a pregnancy.

Indictors: The number of beneficiaries who moved from COE 029 (FPW) to COE 088 (pregnancy)

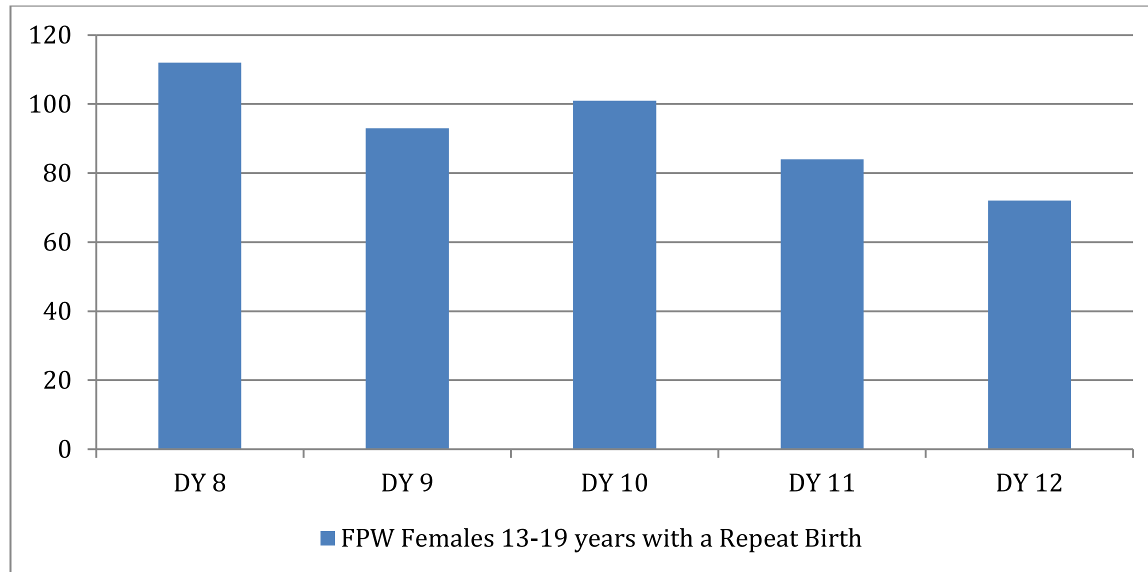
Data Source: DOM MMIS claim and enrollment data, Cognos DSS/DW Subsystem

Definitions: COE 088 (Pregnancy) and COE 029 (FPW)

Objective 5: Reduce the number of females ages thirteen (13) to nineteen (19) having repeat births.

Outcome: This objective was met. From DY 8 through DY 12, repeat births by females ages thirteen (13) to nineteen (19) enrolled in the FPW decreased by thirty-six (36%) percent. The average FPW enrollment for females ages thirteen (13) to nineteen (19) was 2,810. FPW enrollment increased for this population by five (5%) percent from DY 11 to DY 12 and repeat births decreased by fourteen percent (14%). Refer to Chart 4 and Table 5.

Chart 4: FPW Females Ages Thirteen (13) to Nineteen (19) with a Repeat Birth



Source Data: MS DOM Cognos DSS/DW Subsystem Report 5

Table 5: Number and Percent of FPW Females 13-19 years with a second birth during the demonstration year

Demonstration Years	Enrolled FPW Females 13-19 Years	Distinct Count of enrolled FPW females 13-19 years indicating birth in the demonstration year with a claim for a subsequent birth before age 19	Percent of FPW Females 13-19 years with a second birth during the demonstration year
DY 12	2794	72	0.03%
DY 11	2691	84	0.03%
DY 10	2941	101	0.03%
DY 09	2652	93	0.04%
DY 08	2974	112	0.04%

Measures

1. Calculate the proportion of teen enrollees who became pregnant and had Medicaid paid birth in each demonstration year.

2. Calculate the proportion of teens that were prescribed a contraceptive for twelve (12) months in each demonstration year.

Indictors: The number of pregnancies among females enrolled in the FPW ages thirteen (13) to nineteen (19) (numerator) and the total number of females enrolled in the FPW ages thirteen (13) to nineteen (19) (denominator)

Data Source: MS DOM MMIS Claim Data and Cognos DSS/DW Subsystem

Definitions: The number of enrollees between the ages of thirteen (13) to nineteen (19) who had repeat births during the demonstration years.

Objective 6: Increase the overall savings in Medicaid spending attributable to providing family planning and family planning related services to females for one (1) year postpartum.

Outcome: This objective has been met. DOM's reduction in total expenditures over the demonstration period was $613,349 while the costs for per member/per month (PMPM) expenditures for postpartum women decreased sixty-three percent (63%) from DY8 to DY12 of the demonstration. Refer to Table 6. The number of women automatically enrolled in the FPW who no longer were eligible for Medicaid coverage after the sixty (60) days postpartum period declined each of the five (5) years of the demonstration. There was also a decrease in birth related costs as well as the number of FPW participants who became pregnant after one (1) year after giving birth.

Table 6: Historical Per Member Month and Expenditures for Females 1 Year Postpartum

	DY 8	DY 9	DY 10	DY 11	DY 12
Eligible Participants	19438	18752	18690	23324	17866
Total Member Months	60566	58123	56691	91125	130333
Total Expenditures	$3,061,712.79	$2,901,413.18	$2,597,786,93	$2,678,961.21	$2,448,363.26
Per Member/Per Month (PMPM) Cost	$50.55	$49.92	$45.82	$29.40	$18.79
Percent (%) Change In PMPM		-0.01	-0.08	-0.36	-0.36

Measures

1. Compare the proportion of Medicaid paid births of FPW participants each demonstration year.

Indicators: The cost of Medicaid funded births and proportion of FPW beneficiaries who became pregnant within a demonstration year

Data Source: DOM MMIS Claim and Enrollment Data, and Cognos DSS/DW Subsystem report

Definitions: Categories of Eligibility (COE) 088 pregnancy and COE 029 FPW participants

APPENDIX D

State Quality Assurance Monitoring

DOM State Quality Assurance Monitoring

DOM monitors providers for the quality of and access to family planning and family planning related care and services provided to FPW participants under the demonstration. The Office of Medical Services within DOM is responsible for the evaluation of providers providing family planning and family planning related services to FPW participants. On-site and desk audits are performed by Medicaid Program Nurses. The quality assurance audits ensure the provision of comprehensive, accessible, quality and appropriate FPW services, provides a system of accountability, measures performance, and improves the care outcomes and quality of life for FPW participants.

Monitoring Processes

DOM performs on-site and desk audits of medical records to determine whether FPW participants have received appropriate medical care for family planning and family planning related services and are appropriately referred for primary care services that are not family planning or family planning related services. Providers selected for an audit are determined through a random selection process.

One hundred percent (100%) of FPW providers who have seen at least twenty-five (25) family planning enrollees during the previous year are audited yearly. Between twenty-five (25) to thirty-five (35) medical records are audited by a Medicaid Program Nurse for each provider annually.

Medical documentation quality assurance issues that may require a written plan of correction and/or a follow-up audit include, but are not limited to:

- Health education,
- Primary care referral,
- Labs, and/or
- Contraceptive choices.

At the conclusion of the audit, the Medicaid Program Nurse conducts an exit interview with the appropriate staff to discuss the findings of the audit. A follow up letter with the audit results is mailed to the provider within twenty-one (21) days of the completion date of the audit.

Providers must submit a plan of correction following an on-site or desk audit if the audit results are less than ninety-eight percent (98%) compliance with the medical documentation requirements. If the results indicate less than ninety-five percent (95%) compliance with the medical document requirements, the provider must submit a plan of correction and will be audited in six (6) months.

APPENDIX E

PUBLIC NOTICE

Pursuant to 42 C.F.R. Section 431.420(c), public notice is hereby given to the annual Post-Award Forum on the Division of Medicaid's Family Planning Waiver. The annual 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).

1. The Post-Award Forum was held on Tuesday, June 28, 2016, 10:00 am to 11:30 am, Woolfolk Building, Room 145, 501 N. West Street, Jackson, MS 39201.
2. The proposed demonstration renewal request and the full public notice is available for review at www.medicaid.ms.gov
3. Written comments are received by the Division of Medicaid, Office of the Governor, Bureau of Policy, Planning and Development, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, MS 39201, for thirty (30) days from the date of publication of the notice. Comments will be available for public review at the above address and at www.medicaid.ms.gov.