



MISSISSIPPI DIVISION OF
MEDICAID

MISSISSIPPI

Section 1115 Annual Report

Demonstration Year XIII, January 1, 2016 through December 31, 2016

March 31, 2017

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Submitted by:

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Mississippi Family Planning Waiver Program
§1115 Wavier No. 11-W-00157/7
Demonstration Year 13
Annual Report
January 1, 2016 through December 31, 2016

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INTRODUCTION

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 demonstration operated under temporary extensions through December 31, 2014. Currently, the demonstration's special terms and conditions (STCs) are approved from January 1, 2015, through December 31, 2017.

EXECUTIVE SUMMARY

Demonstration Population

The FPW demonstration allow 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 adjusted 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 of family planning services.

Goals of Demonstration

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 services;
- Improving birth outcomes and the health of women by increasing the child spacing interval among women in the targeted 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.

Program Highlights

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:

- Four (4) visits related to family planning services;
- Approved methods of contraceptives;
- Laboratory test (Pap smear, screening test for sexually transmitted infections (STI)/sexually transmitted diseases (STD), blood counts and pregnancy tests. Additional screenings and/or tests may be performed depending on the methods or contraception desired and the protocol established by the clinic program or provider);
- Medications to treat STIs/STDs (except for Human immunodeficiency virus infection/acquired immune deficiency syndrome (HIV/AIDS) and hepatitis), vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections when prescribed by a health care provider who meets the states' provider enrollment requirements (subject to the national drug rebate program requirements);
- Procedures related to family planning, such as vasectomies; tubal ligations and colposcopies; and
- Supplies or devices related to family planning.

Table 1: Annual Year Dates

Demonstration Year	Begin Date	End Date	Annual Report Due Date (90 days following end of Annual date)
DY 13	January 1, 2016	December 31, 2016	March 31, 2017
DY 14	January 1, 2017	December 31, 2017	March 30, 2018

Significant Program Changes From Previous Demonstration Years

There have been no significant program changes from the previous demonstration year to report during demonstration year (DY) thirteen (13).

Policy Issues and Challenges

There have been no policy issues or challenges reported during DY 13.

ENROLLMENT/RENEWAL

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

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 table and graph below depicts enrollee, participants and member monthly data for each of the three (3) population groups for DY12 and DY 13.

Table 2: FPW Annual Enrollment

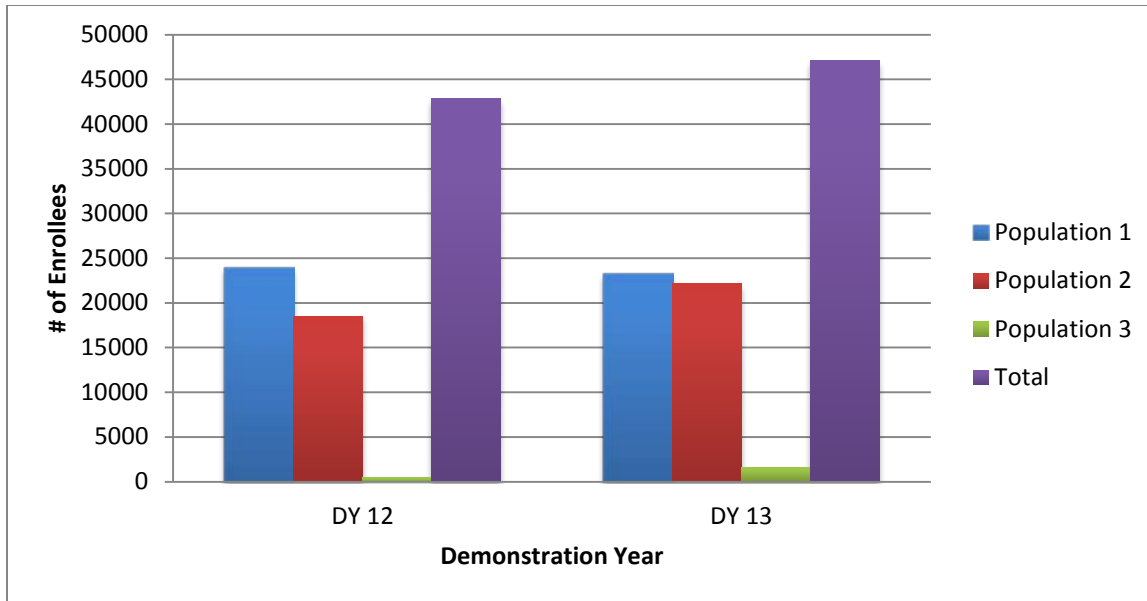
Demonstration Year 12 (January 1, 2015-December 31, 2015)				
	Population 1	Population 2	Population 3	Total Demonstration Population
# of Total Enrollees	23,930	18,512	433	42,875
# of Participants	17,821	13,317	83	31,221
# of Member Months	130,501	108,216	2,183	240,900
Demonstration Year 13 (January 1, 2016-December 31, 2016)				
	Population 1	Population 2	Population 3	Total Demonstration Population
# of Total Enrollees	23,296	22,187	1,621	47,104
# of Participants	17,549	16,149	561	34,259
# of Member Months	129,268	132,659	9,693	271,620

Online Report: RB705 Family Planning Annual Enrollment Report

In comparing demonstration year 12 to demonstration year 13, there was a decrease in the number of enrollees by two and six tenths percent (-2.6%) and number of participants by one and five tenths percent (-1.5%) for Population 1, however in Population 2 enrollment and participation increased by nineteen and nine tenths percent (19.9%) and twenty-one and three tenths percent (21.3%), and Population 3 enrollment and participation increased

by two hundred seventy-four and four tenths percent (274.4%) and, five hundred seventy-five and nine tenths percent (575.9%) respectively. The average participation rate for all populations in DY 13 was seventy-two and seven tenths percent (72.7%), a slight decrease of one tenth percent (-0.1%) compared to DY 12 at seventy-two and eight tenths percent (72.8%).

Graph 1: FPW Annual Enrollment by Population



Online Report: RB705 Family Planning Annual Enrollment Report

Graph 2: FPW Annual Enrollment by Race/Ethnicity

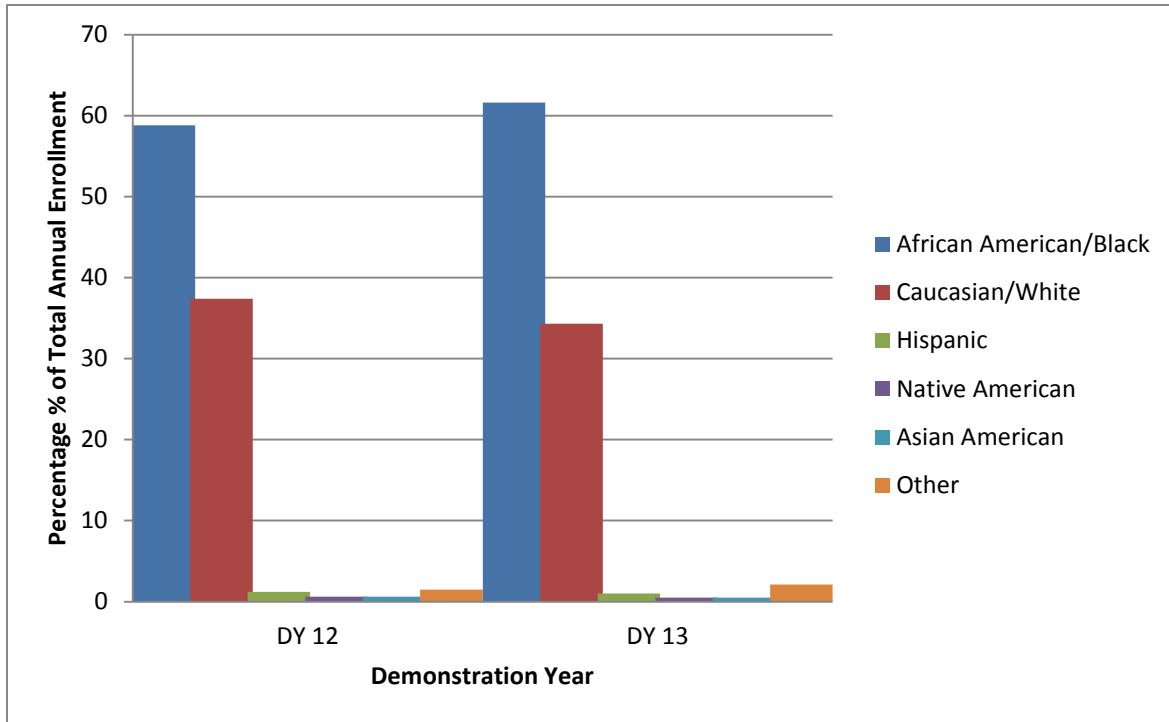


Table 3: Annual Count of FPW Enrollees by Race/Ethnicity

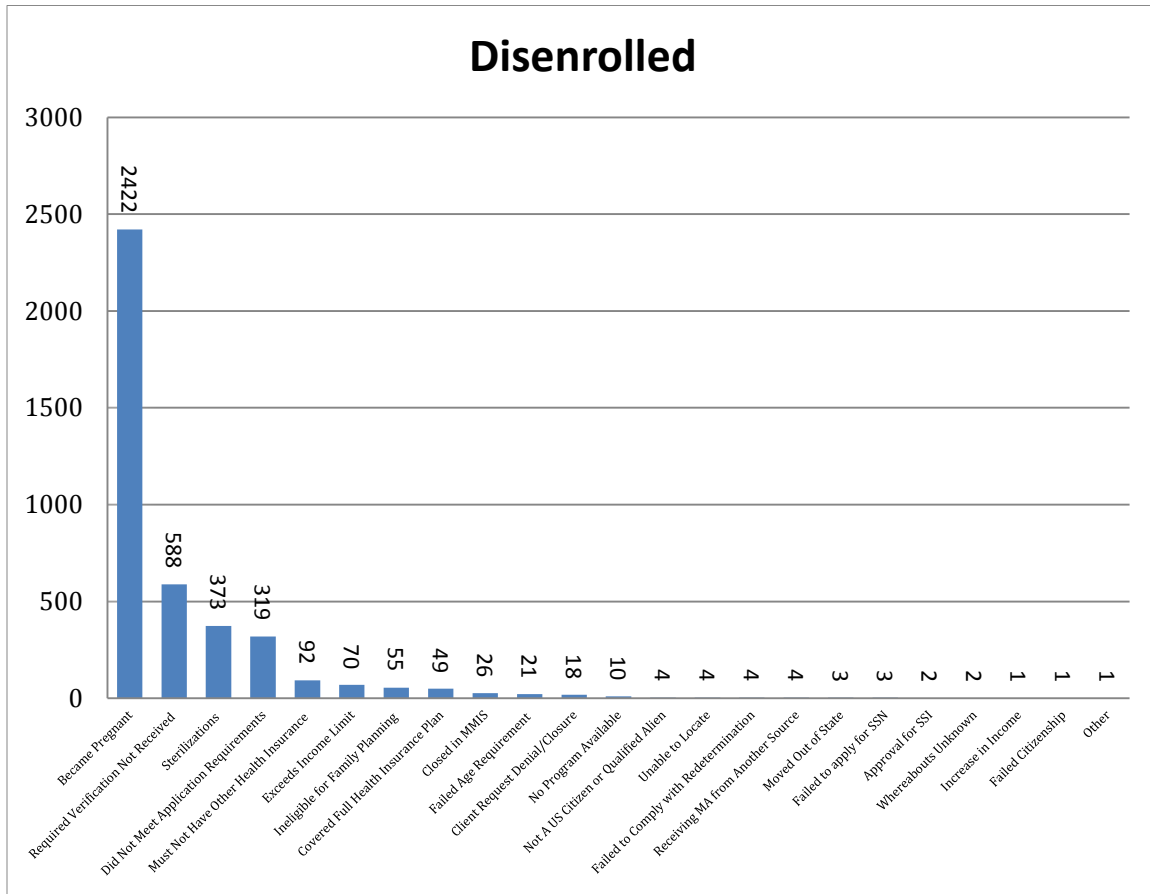
Race/Ethnicity		African American Black	Caucasian White	Hispanic	Asian/Asian American	Native American/Alaska Native/ Native Hawaiian/Pacific Island	Other Races/Ethnicity	Total
DY 12	Enrolled	23,353 (58.8%)	14,863 (37.4%)	457 (1.2%)	230 (0.6%)	248 (0.6%)	584 (1.5%)	39,735
DY 13	Enrolled	27,243 (61.6%)	15,186 (34.3%)	462 (1.0%)	206 (0.5%)	222 (0.5%)	936 (2.1%)	44,255

Table 4: Percent Participants who Received FPW Services by Race/Ethnicity

Race/Ethnicity		African American Black	Caucasian White	Hispanic	Asian/Asian American	Native American/Alaska Native/ Native Hawaiian/Pacific Island	Other Races/Ethnicity	Total
DY 12	Participants	13,086 (60.7%)	7,860 (36.4%)	208 (1.0%)	61 (0.3%)	113 (0.5%)	245 (1.1%)	21,573
DY 13	Participants	18,188 (64.5%)	9,059 (32.1%)	270 (1.0%)	91 (0.3%)	94 (0.3%)	511 (1.8%)	28,213

ANNUAL DISENROLLMENTS

Graph 3: FPW Annual Disenrollment for Current Demonstration Year 13



FPW Demonstration Survey Reports

During DY 13, four thousand seventy-two (4,072) FPW enrollees were disenrolled. The four (4) top reasons for disenrollment were attributed to pregnancy, fifty-nine and five tenths percent (59.5%), verification not received, fourteen and four tenths percent (14.4%), sterilization, nine and two tenths percent (9.2%), and application requirement not met, seven and eight tenths percent (7.8%). Disenrollments for DY 13 (4,072) decreased by twenty-four and seven tenths percent (24.7%) when compared to DY12 at five thousand four hundred nine (5,409).

SERVICES and PROVIDERS

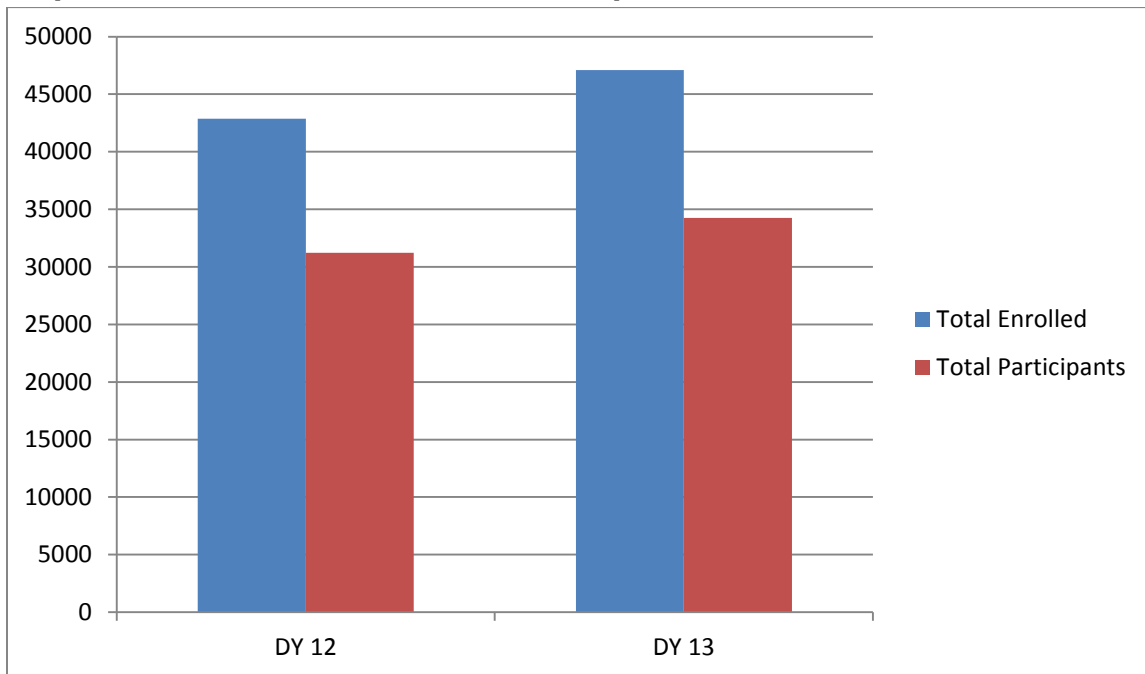
Service Utilization

The table below depicts service utilization of family planning and family planning related services and supply utilization among beneficiaries enrolled in DY 13.

Table 5: FPW Service Utilization of Females and Males by Age DY 13

FPW Users by Age	Distinct Count Enrolled	Distinct Services Count
<15	41	28
15-19	5,747	3,035
20-24	18,320	12,346
25-29	11,187	7,298
30-34	5,538	3,491
35-39	2,493	1,619
40-44	946	653

Graph 4: Demonstration Enrollees and Participants



Provider Participation

There were four hundred fifty-nine (459) unique providers that submitted claims for family planning and family planning related services under the FPW in demonstration year 13.

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 staff used various education activities to increase awareness 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 community health forums, health fairs, and member workshops.

Target Outreach Campaign(s)

During DY 13, DOM Provider and Beneficiary Relation Outreach team attended one hundred seventy-three (173) events in various settings and provided FPW education and outreach information to twenty thousand three hundred sixty-three (20,363) Medicaid beneficiaries and providers.

During DY 13, MSDH developed and distributed twenty thousand (20,000) brochures and three hundred thirty-five (335) posters statewide to clients, potential clients, and other interested stake holders during more than fifty (50) educational sessions. The brochures and posters included information on male focused services. Males are also being targeted through partnerships with Mississippi First, Families First of MS, and MSDH Comprehensive Reproductive Health Program (CRHP) and STD/HIV/AIDs programs.

The CRHP, staff provided family planning services to both males and females which included a physical exam, with a medical history, Pap test, clinical breast exam, height, weight, blood pressure, family planning counseling and education on all contraceptive methods, abstinence and natural family planning. CHRP also offers pre-conception and inter-conception counseling to help individuals plan their pregnancy and care coordination for high-risk clients.

There have been eighteen (18) educational sessions conducted by MSDH Central Office for field staff on Quality Family Planning Practice (QFP), STD Services in the Family Planning Setting-Assessment, Counseling and Education on HIV testing and services in the family planning setting. Condoms are given out in every Public Health District. Anyone may obtain condoms by visiting their local health departments. Pre-Exposure Prophylaxis (PrEP) is a new HIV prevention method in which preventive medication is taken daily by those who are at high risk of HIV and do not have HIV in order to reduce the risk of infection. When used consistently, PrEP has been shown to be effective in sexually-active men and women. The STD HIV/AIDS program targets men who have sex with other men

(MSM) initiatives on a continuous basis through increased screenings and other laboratory testing due to the increase in Mississippi's STD rates.

PROGRAM EVALUATION, TRANSITION PLAN AND MONITORING

DOM State Quality Assurance Monitoring

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. Desk audits are performed by registered nurses. The audits ensure Medicaid providers are only reimbursed for family planning and family planning related services, FPW participants are receiving appropriate medical care and appropriately referred for primary care services that are not family planning related. The audits also ensure required documentation is maintained in the medical records as outline in the Mississippi Administrative Code Title 23, Part 221, Rule 1.6. Providers selected for an audit are determined through a random selection process.

During DY 13, there were one hundred sixty-eight (168) medical providers audited and three thousand five hundred (3,500) records reviewed. Medical documentation and quality assurance issues that may require a written plan of correction and/or 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 a phone interview with appropriate staff to discuss the findings of the audit and mails a follow-up letter with the audit results to the provider within twenty-one (21) days of the completion date of the audit.

Providers must submit a plan of correction following the desk audit if the audit results are less than ninety-eight percent (98%). Providers with a score less than ninety-five percent (95%) are required to submit a written plan of correction and receive a six (6) month follow-up review.

INTERMIM EVALUATION OF GOALS AND PROGRESS

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

Progress Update:

During DY 13, approximately seventy-five and three tenths percent (75.3%) of women no longer eligible for Medicaid coverage after the sixty (60) day postpartum period utilized at least one (1) family planning and family planning related service to space and time future pregnancies and prevent unintended pregnancy.

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

Progress Update:

During DY 13, the number of FPW women conceiving a pregnancy within eighteen (18) months of a previous birth declined by seventy-one and one tenth percent (71.1%) resulting in two hundred fifty-four (254) births compared to eight hundred ninety-seven (897) births DY 12.

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

Progress Update:

During DY 13, the proportion of females and males who utilized family planning and family planning related services increased nine and seven tenths percent (9.7%) compared to DY 12. There were forty seven thousand one hundred four (47,104) females and males enrolled FPW program in DY 13 compared to forty two thousand eight hundred seventy – five (42,875) in DY 12. There were thirty-four thousand two hundred and fifty-nine (34,259) participants in DY 13 compared to thirty-one thousand two hundred twenty-one (31,221) in DY 12, which is an increase of four thousand two hundred twenty-nine (4,229) enrollees and three thousand thirty-eight (3,038) participants.

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

Progress Update:

Throughout DY 13, FPW beneficiaries who moved between categories of eligibility (COE) 029 (FPW) to COE 088 (pregnant women) increased by ten and four tenths percent

(10.4%) when compared to DY 12. This increase in pregnancies accounts for those participants conceiving within eighteen months of a previous pregnancy. Twenty-five and nine tenths percent (25.9%) of women enrolled in populations one (1) and two (2) did not participate in the FPW program putting them at risk for an unplanned and unintended pregnancy in DY 13.

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

Progress Update:

The number of repeat births among FPW females 13-19 years increased by ninety-three and one tenth percent (93.1%) resulting in one hundred thirty-nine (139) births in DY 13, compared to seventy-two (72) births in DY 12.

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

Progress Update:

During DY 13, the cost of Medicaid paid deliveries increased by forty and eight tenths percent (40.8%), an increase of \$116,416,160.06 in Medicaid annual expenditures related to prenatal, delivery, newborn and infant care. The average cost per paid delivery increased by eight and nine tenths percent (8.9%) or \$955.39 in which 7,770 babies born to the Medicaid population of which (28.9%) or 2,244 were to FPW beneficiaries.

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:

Throughout DY 13, the number of women automatically enrolled in the FPW who were no longer eligible for Medicaid coverage after the sixty (60) days postpartum period declined by two and six tenths percent (2.6%), thus decreasing expenditures attributed to providing family planning and family planning related services to females for one (1) year postpartum by \$299,620, while the costs for per member per month (PMPM) also decreased by eleven and six tenths percent (11.6%) compared to DY 12 (refer to table 7).

ANNUAL EXPENDITURES

Table 6: Service and Administrative Expenditures

	Service Expenditures as reported on the CMS-64		Administrative Expenditures as reported on the CMS-64		Expenditures as requested on the CMS-37	Total Expenditures as reported on the CMS-64
	Total Computable	Federal Share	Total Computable	Federal Share		
Demonstration Year 12	\$5,826,332	\$5,244,816	\$0	\$0	*N/A	\$5,826,332
Demonstration Year 13	\$6,891,062	\$6,202,577	\$69,534	\$62,580	*N/A	\$6,960,596

Source Data: Schedule C: CMS 64 Waiver Expenditure Report

Table 7: Member Months, PMPM, and Expenditures

Demonstration Year 12 January 1, 2015-December 31, 2015				
	Population 1	Population 2	Population 3	Total Demonstration Population
# Member Months	130,322	108,137	2,135	240,594
PMPM	\$18.94	42.43	\$11.96	\$29.44
Total Expenditures (Member months multiplied by PMPM)	\$2,468,996.08	\$4,589,024.94	\$25,549.28	\$7,083,570.30
Demonstration Year 13 January 1, 2016-December 31, 2016				
	Population 1	Population 2	Population 3	Total Demonstration Population
# Member Months	129,462	132,695	9,668	271,825
PMPM	\$16.75	\$39.46	\$11.59	\$27.65
Total Expenditures (Member months multiplied by PMPM)	\$2,169,375.60	\$5,237,042.67	\$112,057.21	\$7,518,475.48

Source Data: R705-Family Planning Annual Report 2.0_v2-Cognos

ACTUAL NUMBER OF BIRTHS TO DEMONSTRATION POPULATION

The following table provides the actual number of births by FPW participants in demonstration years twelve (12) and thirteen (13). The number of births to FPW

demonstration participants increased by eight and four tenths (8.4%) in DY 13 compared to DY 12.

Table 8: Births to FPW Participants

	# of Births to Demonstration Participants
Demonstration Year 12	2,235
Demonstration Year 13	2,422

Source Data: FPW Demonstration Survey Reports

COST OF MEDICAID FUNDED BIRTHS

The following table provides the average total of Medicaid expenditures for a Medicaid funded birth in demonstration years twelve (12) and thirteen (13). 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. The number of Medicaid funded births increased by twenty-nine and three tenths (29.3%) in DY 13, increasing the costs of Medicaid funded births by forty and eight tenths (40.8%) compared to DY 12.

Table 9: Medicaid Funded Births

	Cost of Medicaid Funded Births	# of Medicaid Funded Births	Average Cost of a Medicaid Funded Birth
DY 12	\$285,483,730.81	26,514	\$10,767.28
DY 13	\$401,899,890.87	34,284	\$11,722.67

Source Data: FPW Demonstration Survey Reports

ACTIVITIES FOR NEXT YEAR

Activities for the next year include:

- Scheduling and conducting public forums for open comments and meaningful discussions regarding the progress of DOM Family Planning Waiver Demonstration;
- Continuous periodic quality assurance reviews of FPW providers;
- Continuous coordination of outreach activities with DOM and MSDH to bring awareness to eligible beneficiaries and providers; and
- Continuous interagency collaboration between DOM and MSDH.

CONTRACEPTIVE METHODS

Table 10: Contraceptive Methods

Mississippi Family Planning Demonstration - Contraceptive Methods			
Demonstration Year 13 (01/01/2016-12/31/2016)			
Methods	Number of Contraceptives 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	20,357	6,910	POS
Patch	3,040	998	POS
Nuva-Ring	1,413	482	POS
Injectable	10,640	5,077	POS
Implant	1,166	1,166	Claims Data
IUD	348	348	Claims Data
Emergency Contraceptive	N/A	N/A	N/A
Tubal Ligation	351	351	Claims Data
Vasectomy	22	22	Claims Data

Source Data: Cognos Report Drug Utilization by Dates of Service and Plan ID (Jan 1, 2016 – Dec 31, 2016)

Medications for Treatment of STD/STI & Other Disorders/Infections

Table 11: Treatments

Demonstration Year 13 (01/01/2016-12/31/2016)		
Medications/Treatments	Distinct Claim Count	Distinct Beneficiary Count
L5A- Kerayolytics	3	3
Q4W-Vaginal Antibiotics	228	188
Q5R- Topical Antiparasitics	62	58
W1A- Penicillin	883	797
W1C- Tetracycline	264	242
W1D- Macrolides	1,043	930
W1K- Lincosamides	313	294
W1Q- Quinolones	502	475
W4E- Anaerobic Antiprotozoal-Antibacterial	1,360	1,118
W4G- 2 nd Gen. Anaerobic Antiprotozoal-Antibacterial	10	8
W5A- Antivirals, General	588	310
W5O- Truvada, Antiviral, HIV-Spec, Nucleoside-Nucleotide-Analog	37	13
W1Y-Surpax	6	6
Z2G- Imiquimod	6	6
Total Prescribed Medications/Treatments	5,305	4,448

Source Data: Cognos Report Drug Utilization by Dates of Service and Plan ID (Jan 1, 2016 – Dec 31, 2016)