



MISSISSIPPI DIVISION OF
MEDICAID

MISSISSIPPI
Section §1115 Annual Report
Demonstration Year XIV, January 1, 2017 through December 31, 2017

March 30, 2018

Submitted to:

U.S. Department of Health & Human Services
For Medicare and Medicaid Center for Medicaid and State Operations

Submitted by:

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**Mississippi Family Planning Waiver Program
§1115 Wavier No. 11-W-00157/7
Demonstration Year 14
Annual Report
January 1, 2017 through December 31, 2017**

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INTRODUCTION

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 Family Planning Waiver (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 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 FPW demonstration extension request has been approved by the Centers for Medicare and Medicaid (CMS) effective January 1, 2018 through December 31, 2027. The Mississippi FPW is the first ten (10) year demonstration extension in CMS history.

For additional information please review the Division of Medicaid's public website at <https://medicaid.ms.gov/medicaid-coverage/who-qualifies-for-coverage/family-planning/>.

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 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 of 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 12	January 1, 2015	December 31, 2015	March 31, 2016
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) fourteen (14).

Policy Issues and Challenges

There have been no policy issues or challenges reported during DY 14.

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, DY13, and DY 14.

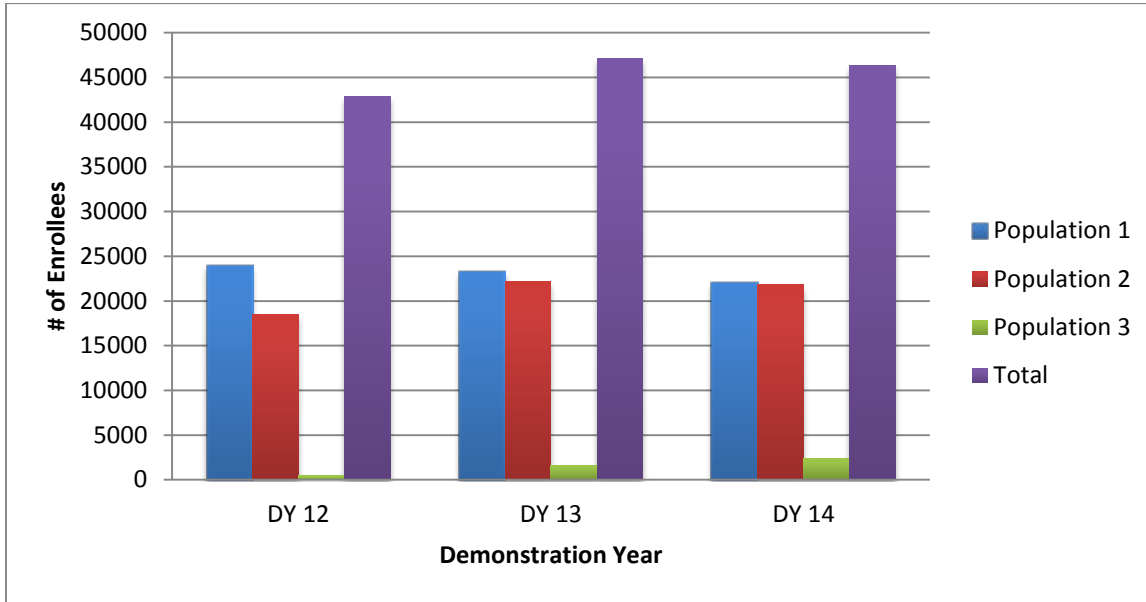
Table 2: FPW Annual Enrollment

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
Demonstration Year 14 (January 1, 2017-December 31, 2017)				
	Population 1	Population 2	Population 3	Total Demonstration Population
# of Total Enrollees	22,049	21,860	2,383	46,292
# of Participants	16,247	15,929	796	32,972
# of Member Months	126,877	146,062	15,880	288,819

Online Report: RB705 Family Planning Annual Enrollment Report

The total number of FPW women enrolled (43,909) and participating (32,176) in the program declined by three and five tenths percent and four and five tenths percent (3.5% , 4.5%) respectively in DY 14 compared to DY 13. Men in the FPW program continue to experience an upward trend in enrollment and participation. There was a forty-seven percent (47.0%) increase in enrollment and forty-one and nine tenths percent (41.9%) increase in participation during DY 14 compared to DY 13.

Graph 1: FPW Annual Enrollment by Population



Online Report: RB705 Family Planning Annual Enrollment Report

Graph 2: FPW Annual Enrollment by Race/Ethnicity

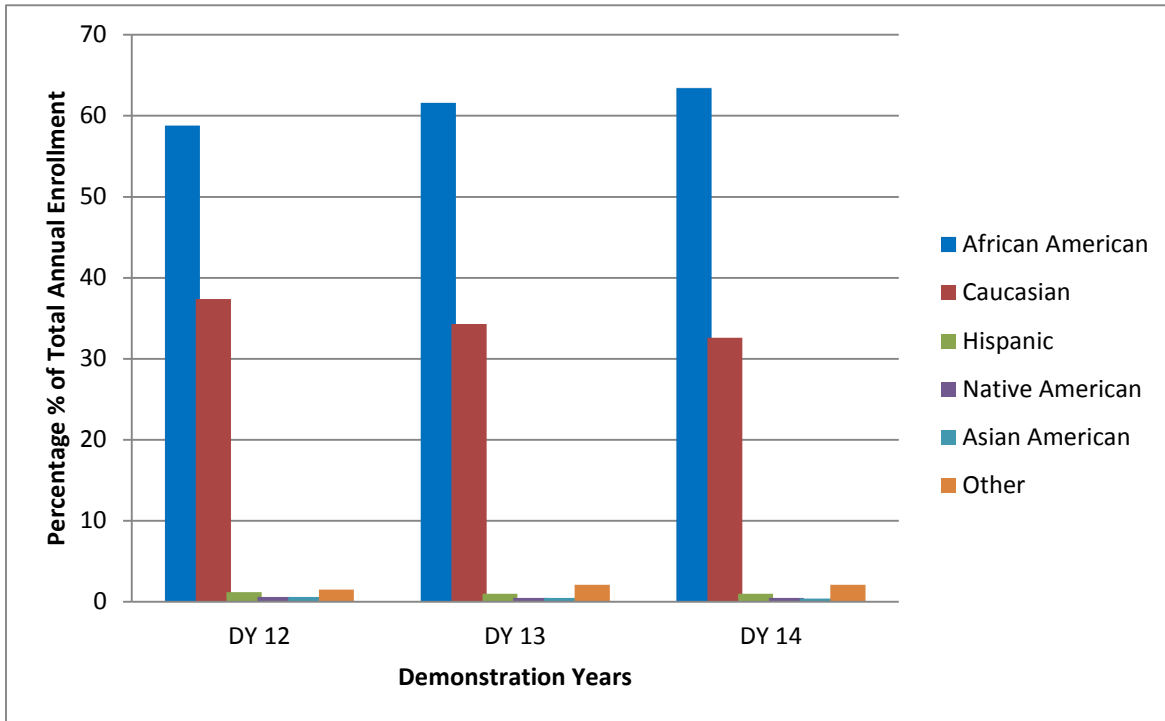


Table 3: Annual Count of FPW Enrollees by Race/Ethnicity

Race/ Ethnicity		African American	Caucasian	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
DY 14	Enrolled	29,856 (63.4%)	15,368 (32.6%)	451 (1.0%)	198 (0.4%)	226 (0.5%)	1007 (2.1%)	47,106

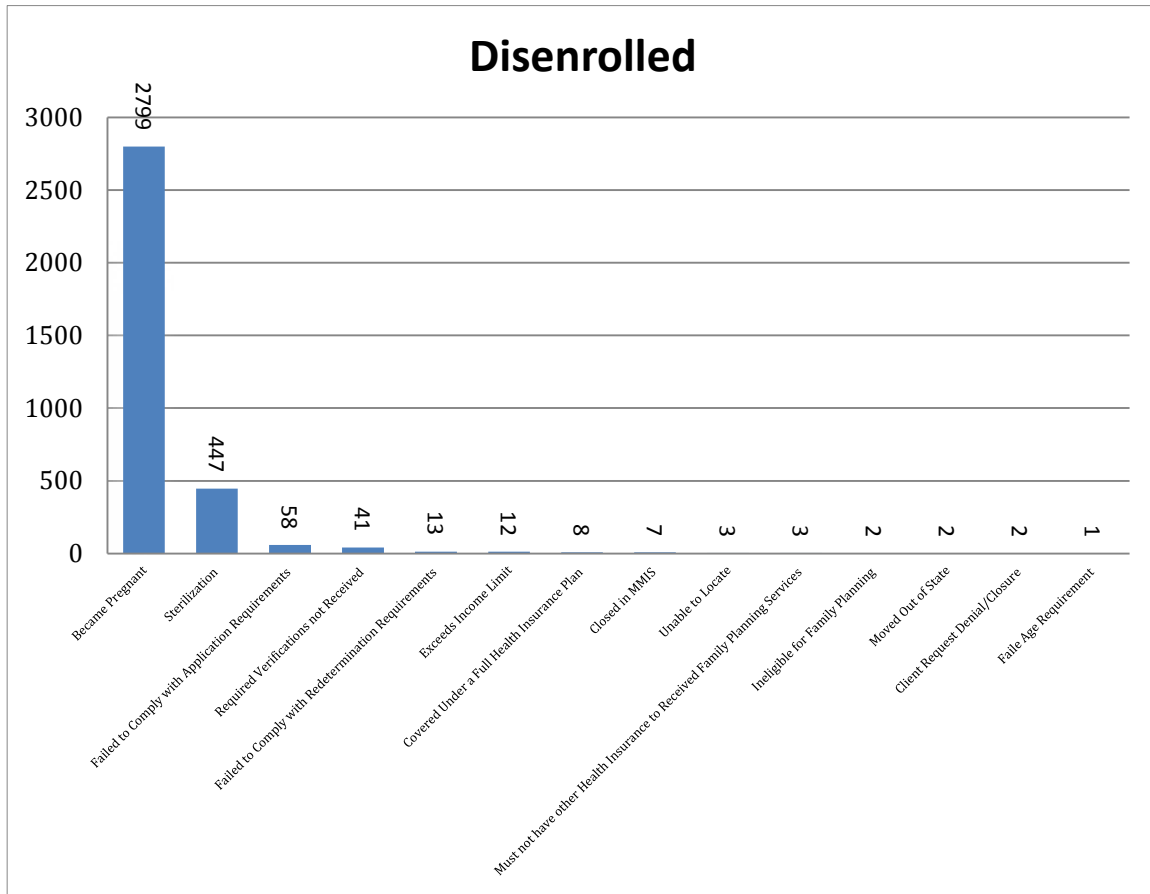
Table 4: Percent Participants who Received FPW Services by Race/Ethnicity

Race/ Ethnicity		African American	Caucasian	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
DY 14	Participants	20,080 (66.1%)	9,327 (30.7%)	255 (0.8%)	97 (0.3%)	106 (0.3%)	502 (1.7%)	30,367

By race and ethnicity African American and Caucasian have seen significant increases in enrollment and utilization of family planning and family planning related services as indicated by the number enrolled and participating during DY 14, DY 13, and DY 12. This trend is followed by other races/ethnicities as depicted in tables three (3) and four (4).

ANNUAL DISENROLLMENTS

Graph 3: FPW Annual Disenrollment for Current Demonstration Year 14



FPW Demonstration Survey Reports

During DY 14, three thousand three hundred ninety-eight (3,398) FPW enrollees were disenrolled. The two (2) top reasons for disenrollment were attributed to pregnancy accounting for eighty-two and four tenths percent (82.4%) and sterilization accounting for thirteen and two tenths percent (13.2%) of disenrollments. Disenrollment for DY 14 (3,398) in comparison to DY 13 (4,072) decreased by sixteen and six tenths percent (16.6%) and thirty-seven and two tenths (37.2%) compared to DY 12 five thousand four hundred nine (5,409).

SERVICES and PROVIDERS

Service Utilization

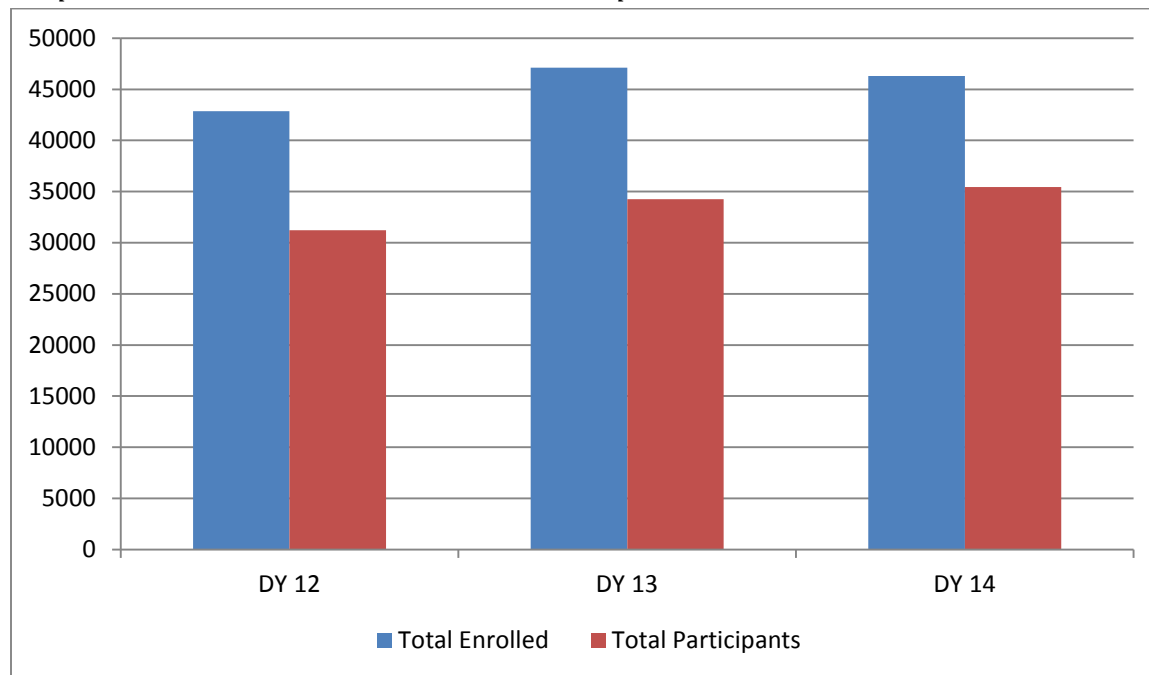
The table below depicts service utilization of family planning and family planning related services among beneficiaries enrolled and participating in the FPW demonstration. During DY 14 sixty-four and five tenths percent (64.5%) of beneficiaries received a family planning and/or family planning related service.

Table 5: FPW Service Utilization by Age DY 14

FPW Users by Age	Distinct Enrolled Count	Distinct Services Count	Percent (%) Total Enrolled by age Utilized FPW
<15	34	25	73.5%
15-19	5,983	3,286	54.9%
20-24	18,841	12,706	67.4%
25-29	12,333	7,946	64.4%
30-34	6,069	3,891	64.1%
35-39	2,835	1,830	64.6%
40-44	1,011	683	67.6%
Total	47,106	30,367	64.5%

Source: DOM Cognos Report #3 COE 029 Who Received A FPW Service/Pharmacy Jan 1- Dec 31, 2017

Graph 4: Demonstration Enrollees and Participants



Online Report: RB705 Family Planning Annual Enrollment Report

CONTRACEPTIVE METHODS

Table 6: Contraceptive Methods

Mississippi Family Planning Demonstration - Contraceptive Methods			
Demonstration Year 14 (01/01/2017-12/31/2017)			
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
Diaphragm	0	0	Claims Data
Pill	20,682	6,695	POS
Patch	3,409	1,040	POS
Nuva-Ring	1,403	430	POS
Injectable	13,280	5,193	POS
Implant	1,245	1,245	Claims Data
IUD	384	384	Claims Data
Tubal Ligation	425	425	Claims Data
Vasectomy	22	22	Claims Data
Total	40,850	15,434	Claims Data/POS

Source Data: Cognos Report Drug Utilization by Dates of Service and Plan ID (Jan 1, 2017 – Dec 31, 2017)

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

Table 7: Treatments

Demonstration Year 14 (01/01/2017-12/31/2017)		
Medications/Treatments	Distinct Claim Count	Distinct Beneficiary Count
L5A- Kerayolytics	7	7
Q4W-Vaginal Antibiotics	285	221
Q5R- Topical Antiparasitics	52	50
W1A- Penicillin	949	868
W1C- Tetracycline	308	288
W1D- Macrolides	1,093	971
W1K- Lincosamides	362	333
W1Q- Quinolones	445	423
W4E- Anaerobic Antiprotozoal-Antibacterial	1,630	1,327
W4G- 2 nd Gen. Anaerobic Antiprotozoal-Antibacterial	21	20
W5A- Antivirals, General	739	339
W5O- Truvada, Antiviral, HIV-Spec, Nucleoside-Nucleotide-Analog	81	26
W1Y-Surpax	3	3
Z2G- Imiquimod	12	10

W4N-Off Deep Wood 25% Spray	1	1
W4L- Ivermectin Mg tab	3	2
H25-Sertraline HCL 50 mg	1	1
C3B-Ferrous Sulfate	1	1
Total Prescribed Medications/Treatments	5,993	4,891

Source Data: Cognos Report Drug Utilization by Dates of Service and Plan ID (Jan 1, 2017 – Dec 31, 2017)

Provider Participation

There were four hundred seventy-six (476) unique providers that submitted forty-three thousand seven hundred forty-three (43,743) claims for twenty-six thousand two hundred seventy-eight (26,278) distinct FPW beneficiaries utilizing family planning and family planning related services in demonstration year 14.

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. Staff continue 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 14, 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.

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. The audits also ensure FPW participants are receiving appropriate medical care and appropriately referred for primary care services that are not family planning related. Finally, the audits ensure required documentation is maintained in the medical records as outline in the Mississippi

Administrative Code Title 23, Part 221, Rule 1.6. Providers are selected for an audit through a random selection process.

During DY 14, 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:

This goal was partially met. Twenty-two thousand and forty-nine (22,049) women losing Medicaid pregnancy coverage were automatically enrolled in the FPW. Of the twenty-two thousand and forty-nine (22,049) women auto-enrolled sixteen thousand two hundred forty-seven (16,247) utilized at least one (1) family planning and family planning related service.

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

Progress Update:

This goal was not met. During DY 14, four hundred forty-six (446) pregnancies were conceived within eighteen (18) months of a previous birth which demonstrates an increase

of one hundred ninety-two (192) births or forty-three percent (43.0%) compared to DY 13 (254) births.

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

Progress Update:

This goal was partially met. FPW enrollees consistently utilized family planning and family planning related services each year of the demonstration. On average seventy-one and two tenths percent (71.2%) of FPW enrollees utilized services. During DY 14, the proportion of females and males who utilized family planning and family planning related services decreased by three and eight tenths percent (3.8%) compared to DY 13. There were forty six thousand two hundred ninety-two (46,292) females and males enrolled in the FPW program in DY 14 compared to forty seven thousand one hundred four (47,104) in DY 13. There were thirty-two thousand nine hundred seventy-two (32,972) participants in DY 14 compared to thirty-four thousand two hundred and fifty-nine (34,259) in DY 13.

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

Progress Update:

This goal was not met. Throughout DY 14, FPW beneficiaries who moved between categories of eligibility (COE) 029 (FPW) to COE 088 (pregnant women) increased by twelve and two tenths percent (12.2%) when compared to DY 13. This increase in pregnancies accounts for those participants' conceiving within eighteen months of a previous pregnancy. Twenty-six and seven tenths percent (26.7%) 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 14.

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

Progress Update:

This goal was not met. The number of repeat births among FPW females 13-19 years continues to increase. During DY 14 there were one hundred sixty-three (163) births to teens an increase of seventeen and three tenths percent (17.3%) compared to DY 13 reported one hundred thirty-nine (139) births.

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

Progress Update:

This goal was met. During DY 14, the cost of Medicaid paid deliveries declined by thirty-two and two tenths percent (32.2%), a decrease of \$129,585,512.67 in Medicaid annual expenditures related to prenatal, delivery, newborn and infant care. The average cost per

paid delivery decreased by sixteen and eight tenths percent (16.8%) or \$1,969.99. Ten percent (10.0%) of Medicaid funded births 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:

This goal was met. Throughout DY 14, 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 five and four tenths percent (5.4%), thus decreasing expenditures attributed to providing family planning and family planning related services to females for one (1) year postpartum by two thousand forty five hundred forty-five and fifteen cents (\$240,545.15). Per member per month (PMPM) costs also decreased by three and three tenths percent (3.3%) compared to DY 13 (refer to table 9).

ANNUAL EXPENDITURES

Table 8: 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	*\$29,248	*\$26,323	N/A	*\$6,920,310
Demonstration Year 14	\$7,258,670	\$6,258,110	\$25,258	\$22,732	N/A	\$7,283,928

Source Data: Schedule C: CMS 64 Waiver Expenditure Report

*Annual report for DY 13 contained a keying error in table 8, the data has been modified.

Table 9: 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 <i>(Member months multiplied by PMPM)</i>	\$2,169,375.60	\$5,237,042.67	\$112,057.21	\$7,518,475.48
Demonstration Year 14 January 1, 2017-December 31, 2017				
	Population 1	Population 2	Population 3	Total Demonstration Population
# Member Months	148,850	131,987	15,880	296,717
PMPM	\$16.19	\$37.78	\$15.40	\$25.74
Total Expenditures <i>(Member months multiplied by PMPM)</i>	\$2,409,920.75	\$4,987,148.21	\$244,638.44	\$7,641.707.40

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), thirteen (13), and fourteen (14). During DY 14 births increased to three hundred seventy-seven (377) or fifteen and six tenths of percent (15.6%) in comparison to DY 13 . Overall comparison of DY 12 through DY14 indicates births among FPW participants increased by twenty-five and two tenths percent (25.2%) an increase of five hundred sixty-four (564) births refer to Table 10.

Table 10: Births to FPW Participants Prior DY Reporting

	# of Births to Demonstration Participants
Demonstration Year 12	2,235
Demonstration Year 13	2,422
Demonstration Year 14	2,799

Source Data: FPW Demonstration Survey Reports

COST OF MEDICAID FUNDED BIRTHS

The following table provides the average total Medicaid expenditures for a Medicaid funded birth in demonstration years twelve (12), thirteen (13) and fourteen (14). 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 decreased by eighteen and six tenths percent (18.6%) in DY 14, decreasing the costs of Medicaid funded births by thirty-two and two tenths (32.2%) compared to DY 13.

Table 11: Medicaid Funded Births Prior Year Reporting

	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
DY 14	\$272,314,369.20	27,922	\$9,752.68

Source Data: FPW Demonstration Survey Reports

ACTIVITIES FOR NEXT YEAR

Activities for the next year include:

- Scheduling and conducting public forums for public 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.
- Annual monitoring calls between the State and Centers for Medicare & Medicaid (CMS) to be scheduled by CMS.
- Continuous Evaluation of FPW demonstration

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Date Prepared

3/23/2018