FLORIDA MEDICAID
1115 Family Planning Waiver

Post Award Forum
Agency for Health Care Administration
October 30, 2019
Public Meeting
1115 Research and Demonstration Waivers

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects.
- These demonstrations give states additional flexibility to design and improve their programs.
- States can demonstrate and evaluate policy approaches such as:
  1. Expanding eligibility to individuals who are not otherwise Florida Medicaid or CHIP eligible.
  2. Providing services not typically covered by Florida Medicaid.
  3. Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.
Waiver Overview

• The Family Planning Waiver was initially approved in 1998.

• The Centers for Medicare and Medicaid Services (CMS) reauthorized the waiver through June 30, 2023.

• Post Award Forum
  
  • Annually, the State must hold a public forum to solicit comments on the progress of the demonstration project.
Goals and Objectives

- Increase Access to Family Planning Services
- Increase Child Spacing Intervals through Contraception
- Reduce the Number of Unintended Pregnancies
- Reduce Costs by Reducing Unintended Pregnancies by Women who would be Eligible for Medicaid Pregnancy Related Services
Family Planning Services

- Sexually Transmitted Disease Testing and Treatment
- Breast Cancer and Colposcopy Screening
- Exams and Counseling
- Medications, Supplies, and Pregnancy Tests
- Contraception including Birth Control
- Education
Service Utilization

• In DY21, approximately 15% of individuals enrolled in the Family Planning Waiver utilized at least one service.
  – Approximately 5% were tested for a sexually transmitted disease.
  – Approximately 1% obtained a cervical cancer screening.
FP Waiver Eligibility

- Women ages 14 through 55 years who have lost Medicaid Coverage
- Income at or below 191 percent of the Federal Poverty Level

= 24 Month Family Planning Waiver Eligibility

In accordance with 409.904(5), Florida Statutes
Enrollment Process

• Woman losing Florida Medicaid eligibility who are 60-days postpartum are:
  – Auto-enrolled onto the Family Planning Waiver for the first year (must re-apply for the second year)

• Woman who have lost Florida Medicaid coverage, who were not covered under SOBRA, must:
  – Apply for the Family Planning Waiver (they are not auto-enrolled)
Family Planning Waiver Enrollment

• Of those enrolled in the waiver:
  – Most new and continuing enrollees are between the ages of 20-29.
  – The largest group by race/ethnicity are white.
DY21 FP Waiver Enrollment

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Enrollment Comparison: DY20 and DY21

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Eligibility/Enrollment Process Changes

• The Department of Children and Families (DCF) is responsible for all Medicaid eligibility determinations, except those made for the Family Planning Waiver.

• As a part of the renewal of the waiver, the Centers for Medicare and Medicaid Services required the State to integrate the Family Planning Waiver eligibility process with the process used for all other Medicaid eligibility determinations.

• Beginning March 2022, the process for eligibility determinations under the waiver will transition from the Department of Health to DCF.
Objectives of the Transition

• Automatically enrolling eligible individuals who lose Medicaid Coverage
  • Ensures availability/continuity of family planning services
  • Reduces administrative burdens on eligible recipients as they only have to engage if additional information is needed by DCF.

• Ensure consistency across all Medicaid eligibility determination processes
Evaluation

• Florida State University is contracted to conduct the annual Family Planning Waiver evaluation.
• The most recent evaluation completed was for state fiscal year 15/16 (DY18) and 16/17 (DY19).
  (http://ahca.myflorida.com/Medicaid/Family_Planning/index.shtml)
• The Family Planning Waiver is evaluated using Medicaid eligibility and claim files, Florida birth certificate and Healthy Start Pre-Natal Risk Screening data, and a qualitative survey completed by Department of Health (DOH) staff.
The Family Planning Waiver’s evaluation assesses how well the waiver programs are meeting their assigned objectives:

- Reduce Costs by Reducing Unintended Pregnancies by Women who would be Eligible for Medicaid Pregnancy Related Services
- Increase Child Spacing Intervals through Contraception
- Reduce the Number of Unintended Pregnancies
- Increase Access to Family Planning Services
Evaluation Findings

• The inter-birth interval among Family Planning Waiver participants increased from 18.5 to 19.5 months from 2014/15 to 2015/16.
  – The cost savings to Medicaid as a result of averted births was estimated at $25 million for 2014/15 and $37 million for 2015/16.

• Because birth certificate data was not available for the 24 month period following DY19 (SFY2016-2017) at the time of this report, inter-birth intervals and cost savings could not be calculated. This information will be included in subsequent reports.
Evaluation Findings (con’t.)

• Compared to 2014/15, the number and proportion of new enrollee participants declined in 2015/16 and 2016/17
  – The number and proportion of continuing enrollee participants for 2015/16 and 2016/17 decreased only slightly in the two subsequent years.

• In 2015/16 and 2016/17, SOBRA enrollees used more Family Planning Waiver services than non-SOBRA enrolled women.
Performance Improvement Monitoring

- The Department of Health conducts performance improvement monitoring to ensure the local county health departments maintain compliance with waiver requirements.
- All county health departments were found to be in compliance during the DY21 waiver year.
Budget Neutrality

• The Family Planning Waiver continued to be budget neutral throughout DY21, demonstrating that federal Medicaid expenditures with the waiver were less than federal spending without the waiver. 438.56(d)(2)