

Florida's Medicaid 1115 Family Planning Waiver Post Award Forum

Agency for Health Care Administration
November 1, 2017
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:
 - Expanding eligibility to individuals who are not otherwise Florida Medicaid or CHIP eligible.
 - Providing services not typically covered by Florida Medicaid.
 - Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.



Current Waiver Program

- Provides family planning and family planning-related services, in all 67 counties, to women ages 14 through 55 years, losing their Florida Medicaid coverage, who:
 - Have family income at or below 191% of the federal poverty level (FPL); and
 - Are not otherwise eligible for Florida Medicaid, State CHIP, or health insurance coverage that provides family planning services.

**Eligibility is limited to two years after losing Florida Medicaid coverage, subject to an annual redetermination.*



Waiver History

- Initially approved in 1998
- Current Waiver Period – January 1, 2015 through December 31, 2017
 - The State submitted a five-year extension request to the Centers for Medicare and Medicaid Services on June 30, 2017 for the period January 1, 2018 through December 31, 2022.



Covered Services

- Physical exams
- Family planning counseling
- Pregnancy tests
- Birth control supplies
- Colposcopies
- Treatment for sexually transmitted infections
- Related pharmaceuticals and laboratory tests




Enrollment Process

- Woman losing Florida Medicaid eligibility 60-days postpartum are auto-enrolled onto the Family Planning Waiver for the first year and must re-apply for the second year.
- Woman who have lost Florida Medicaid coverage who were not covered under SOBRA can apply for the Family Planning Waiver but are not auto-enrolled.



Recipient Application



Health Insurance Application for Extended Family Planning Benefits
A Special Medicaid Program

Office Date Received

Name:		First	M.I.	Last	Maiden Name		Area Code ()	Phone Number	
Residence:		Number	Street	Apt. No.	City	County	State	Zip Code	
Mailing Address (Required if different from above):							If no home phone, number where you can be reached ()		

Please answer the following questions:

- In the past, have you had one or both of the following services? Hysterectomy: Yes No Tubal ligation: Yes No
- What was the date of your last menstrual period? Yes No
- The benefits you will receive are intended to delay pregnancy through family planning services. Do you wish to receive these services? Yes No
- List all of the people who live in your home (write your name first):
****Only the applicant must provide her Social Security Number and her proof of citizenship and identity.**

First	M.I.	Last	Relationship to Applicant	**Social Security Number	Date of Birth	Race	Sex	US Citizen? Yes No	** If no, give INS ID Number	Date of Entry	Applied for Medicaid? Yes No	
			(Self)									

5. Income: Complete the following information on anyone in the home who gets money from any source (include your parents if you are under age 21 and live with them):

Name of Person Receiving Income	Income Source	Gross Income (Before Deduction)	How Often Are You Paid This Amount? (weekly, biweekly, monthly)	Additional Information
	Current Job: Employer's Name			Employer's Address/Phone Number:
	Current Job: Employer's Name			Employer's Address/Phone Number:
	Child Support			Child Care Cost for Job:
	Contributions from Others			Paid by:
	Unemployment Benefits			Paid to:
	Social Security/SSI			Child(ren) paid for:
	Other Income - List Type			Amt. Paid: \$ How often:

- Do you have health insurance? Yes No If yes, give the name of the insurance company: _____
- If you are 18 or under, are you enrolled in any KidCare program? Yes No
- If yes, does your insurance have family planning as a benefit? Yes No
- Please attach proof of US citizenship and identity to this application. Evidence of U.S. citizenship includes but is not limited to: a U.S. Passport, a U.S. Birth Certificate, Form FS-240, Report of Birth Abroad of a Citizen of the U.S. or Form FS 545 or Form DS-1350. Certification of Birth Abroad. Only originals or certified copies are acceptable.

CERTIFICATION AND AUTHORIZATION: I certify that the information provided on this application is true and correct to the best of my knowledge. By signing this form, I give consent to the Department of Health to obtain and to release my confidential financial and medical information for the purpose of determining eligibility for the Family Planning Waiver Program. I therefore authorize the following programs under Medicaid, MomCare, WIC, and DCF or their agents to contact me or my healthcare provider(s) for the purpose of coordination of care, payment of claims for services, quality improvement of services concerning my participation in the family planning waiver program. My authorization to release information includes any medical, mental health, alcohol/drug abuse, sexually transmitted disease, tuberculosis, HIV/AIDS, and adult or child abuse information. I understand that the information I have provided shall be kept confidential in accordance with Florida and federal laws. I have read and understand my rights and responsibilities as they apply to the family planning waiver program and that authorization shall remain in effect unless withdrawn in writing.

Signature of Applicant: _____ Date: _____

Eligibility Staff Signature/Date: _____ FMMIS Termination Date: _____

Mail or bring this application and any letter you received to your local county health department (see attached list). DO NOT SEND THIS APPLICATION TO MEDICAID.

DH3212-CHP-11/2006

May be accessed from the Department of Health Web site at:
<http://www.doh.state.fl.us/family/famplan/waiver.html>.



Objectives

- Increase access to family planning services.
- Increase child spacing intervals through effective contraceptive use.
- Reduce the number of unintended pregnancies in Florida.
- Reduce Florida Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Florida Medicaid pregnancy-related services.



Evaluation

- The Family Planning Waiver includes an evaluation that looks at the four objectives of the Waiver and if they are being met.
- The Agency contracts with the University of Florida's Family Data Center to complete the evaluation.
- The evaluation covers the period July 1, 2014 through June 30, 2015 (demonstration year 17).



Objective #1

Increase access to family planning services:

- The Family Planning Waiver increased the number of new enrollee participants by 118% in DY17.
- The Family Planning Waiver increased the number of new enrollees by over 6,000 in DY 17.
- Two new contraceptive products were added to Family Planning Waiver services as options for Florida Medicaid recipients.
 - Skyla and Liletta - Intrauterine devices which work by releasing a steady, low level of the hormone levonorgestrel into the uterus.



Objective #2

Increase child spacing intervals through effective contraceptive use:

- Based on the 2014/15 (demonstration year 17) evaluation, the Family Planning Waiver increased the average birth interval for family planning waiver enrollee participants from 17 months to 18.5 months.
- Recent data indicates 283,296 contraceptive methods were dispensed to women on the Family Planning Waiver between July 2016 and June 2017 (demonstration year 19).



Objective #3

Reduce the number of unintended pregnancies in Florida:

- The Family Planning Waiver decreased the number of unintended pregnancies by 1,735.



Objective #4

Reduce Florida Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Florida Medicaid pregnancy-related services.

- The cost savings to Florida Medicaid for averted births equaled \$25.3 million dollars in DY17.



Thank you!

