FAMILY PLANNING WAIVER

Section 1115 Demonstration
Project Number 11-W-00157/4

10-Year Waiver Extension Request

Requested Extension Period:
January 1, 2028 – December 31, 2037

Submitted by
Mississippi Division of Medicaid

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Section 1 Historical Narrative Summary

The Mississippi Family Planning demonstration was initially approved by the Centers for Medicare & Medicaid Services (CMS) on January 31, 2003, and implemented on October 1, 2003. Since its initial implementation, the demonstration has been extended consistently to maintain access to family planning services for eligible individuals throughout Mississippi.

The demonstration was originally established to provide family planning services to women ages 13 through 44, who are capable of reproducing, have countable income of no more than 194 percent of the FPL (post Modified Adjust Gross Income (MAGI) conversion) and are not otherwise enrolled in Medicaid, Medicare, the Children's Health Insurance Program (CHIP), or any other creditable coverage that includes family planning services as well as women who lost Medicaid eligibility following the conclusion of pregnancy-related coverage, including the 60-day postpartum period.

Effective January 1, 2015, Mississippi Medicaid received CMS approval to expand the demonstration to include eligible men within the same age and income parameters and to expand coverage to include certain family planning-related services. The expansion increased access to preventive reproductive health services and broadened participation in family planning to include both women and men.

On December 20, 2016, Mississippi Medicaid submitted a request to CMS to extend the demonstration for an additional five-year period with no programmatic changes. CMS subsequently approved a 10-year extension, effective January 1, 2018, through December 31, 2027. The current demonstration continues to provide family planning and family planning-related services to eligible women and men throughout Mississippi.

The Family Planning Waiver (FPW) was established to increase access to family planning and family planning-related services, reduce unintended pregnancies, promote healthy birth spacing, and support improved maternal and infant health outcomes. Through the demonstration, eligible participants have access to preventive reproductive health services that support informed family planning decisions and enable individuals to plan and space pregnancies. The demonstration also supports the efficient use of Medicaid resources by helping to reduce expenditures associated with unintended pregnancies and subsequent births.

Over the past eight (8) years of the current demonstration period, the Family Planning Waiver (FPW) has provided eligible women and men throughout Mississippi with continued access to family planning and family planning-related services. Enrollment and utilization data demonstrate sustained participation in the demonstration and continued utilization of covered family planning services.

From demonstration year (DY) 15 through DY 22, FPW enrollment fluctuated over time. Enrollment decreased from 43,451 individuals in DY 15 to 27,601 individuals in DY 22,

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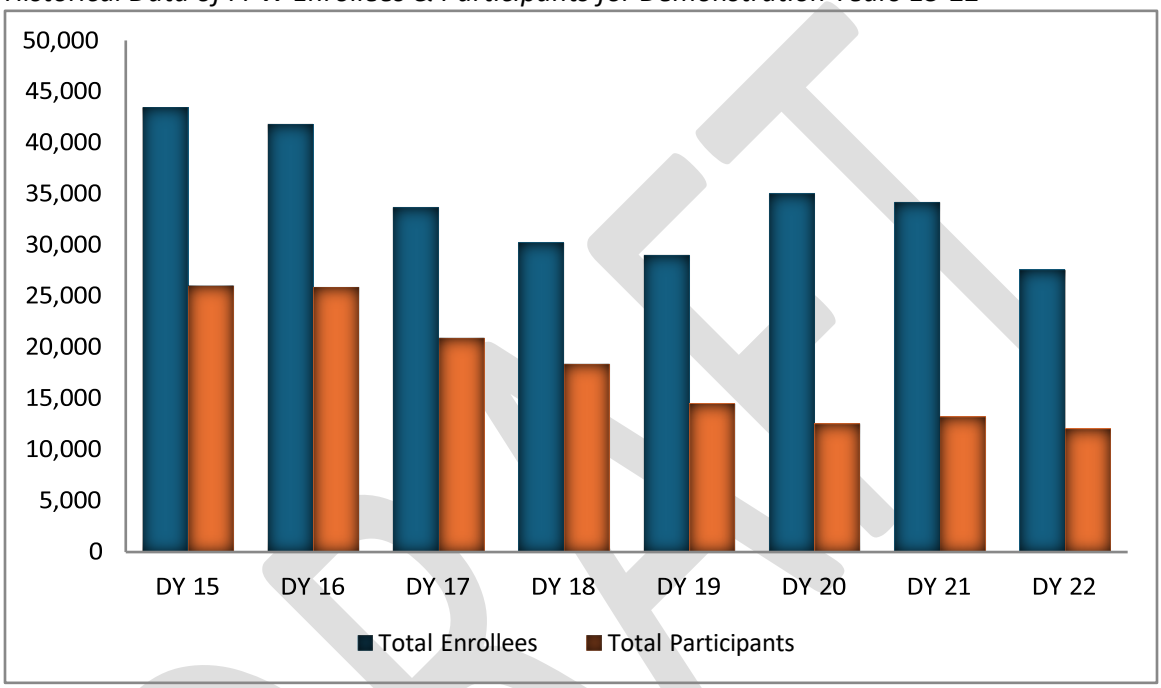
representing an overall decrease of approximately 36 percent. Enrollment reached its lowest level in DY 22, following an increase in DY 20 and a slight decline in DY 21.

Utilization of family planning services also varied during the reporting period. Utilization decreased from 26,009 individuals in DY 15 to 12,063 individuals in DY 22. The highest utilization occurred in DY 15, while the lowest utilization occurred in DY 22. Utilization declined notably between DY 18 and DY 20, followed by a modest increase in DY 21 before declining again in DY 22.

Historical Data of FPW Enrollees & Participants for Demonstration Years 15-22



Source: Cognos Report 3-COE29 Who Received FPW Service for Demonstration Years 15-22

Overall, the data demonstrates that the FPW continues to provide family planning services to thousands of individuals each year. Although enrollment and utilization have fluctuated over the reporting period, continued utilization indicates an ongoing need for accessible family planning and family planning-related services for eligible women and men in Mississippi. The continuation of the FPW will allow the Division of Medicaid to maintain access to these services and support the demonstration's goals of reducing unintended pregnancies and subsequent births reimbursed by Medicaid.

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Current Objectives and Outcomes

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

FPW enrollment among postpartum women ages 13-44 was substantially affected by COVID-19 Public Health Emergency (PHE) coverage policies. Prior to the PHE, more than one-third of postpartum women no longer eligible for full Medicaid coverage enrolled in FPW. Enrollment declined from DY 17 through DY 19 as PHE policies extended full Medicaid coverage beyond the traditional 60-day postpartum period, then increased sharply in DY 20 following the end of these requirements. Although enrollment subsequently declined, the percentage of FPW female beneficiaries utilizing services increased by approximately 10 percentage points. This trend is consistent with a decrease from DY 20 to DY 22 in the proportion of postpartum FPW enrollees who had a second birth within 18 months, indicating improved access to and use of Medicaid family planning services by women who have received a Medicaid pregnancy related service.

Objective 2: Improving the access to and use of Medicaid family planning-related services by women and men who are not otherwise eligible for Medicaid.

Along with declining enrollment, the number of FPW beneficiaries utilizing services decreased by 53.6% from DY 15 to DY 22. However, the utilization rate, after declining during the PHE period, increased from approximately 36% to 44%, suggesting a recovery toward pre-PHE levels. The percentages of beneficiaries receiving STD testing and clinical breast examinations also increased over the evaluation period.

Objective 3: Improving birth outcomes (e.g., low birthweight) and the health of women in the demonstration population.

The number and percentages of infants born to former FPW beneficiaries with low birth weight or premature birth decreased from approximately 6.5% to 2.9% DY 15 to DY 22.

Objective 4: Increasing the child spacing interval among female FPW enrollees.

The percentage of female FPW beneficiaries with a second birth within 18 months decreased from 14.5% in DY 15 to 1.1% in DY 22.

Objective 5: Reducing the number of unintended pregnancies among women enrolled in the FPW.

The number of elective or unwanted terminations declined from five in DY 15 to zero in DY 22. Additionally, approximately 26.3% of pregnant FPW beneficiaries surveyed reported that

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their pregnancies were unintended. This percentage was lower than approximately 36.6% reported for the overall pregnant population in Mississippi.

Objective 6: Reducing overall pregnancy among teenage women in the demonstration population.

The number and percentage of female FPW beneficiaries ages 13-19 who became pregnant decreased from 3.6% to 2.8% in DY 15 to DY 22.

Objective 7: Reducing the number of repeat births among teenage women in the demonstration population.

From DY 15 to DY 22, along with declining enrollment, the number of female FPW beneficiaries ages 13-19 who experienced a repeat pregnancy before turning 20 decreased from 51 to 29. However, the percentage experiencing a repeat pregnancy increased slightly increased from 1% to 1.4%.

Objective 8: Decreasing the number of Medicaid deliveries which will reduce the annual expenditures for prenatal, delivery and newborn services.

From DY 15 to DY 22, the number of Medicaid-funded deliveries among female FPW beneficiaries who transitioned from FPW to Medicaid due to pregnancy decreased from 1,002 to 456, with the percentage decreased from 2.4% to 2.2%.

Objective 9: Increasing the overall savings attributable to providing family planning services by covering women for one-year postpartum.

During DY 15 through DY 22, approximately 36,077 postpartum women subsequently enrolled in FPW. Of these women, approximately 32,227 did not have a second birth within 18 months. Applying the annual average Medicaid-funded birth cost among former FPW beneficiaries to these women, the estimated Medicaid expenditure savings associated with the absence of a second birth within 18 months totaled more than $514 million over the past 8 years.

Note: MS State Plan Amendment (SPA) 23-0015 was approved by CMS to extend postpartum coverage for pregnant women from sixty (60) days to twelve (12) months, effective April 1, 2023. Coverage is no longer provided under the family planning waiver after the 60-day postpartum period. After the twelve (12) month postpartum period, the Office of Eligibility conducts a review to determine whether the beneficiary qualifies for another coverage group.

Refer to Section 7 Interim Evaluation for analysis of obtaining the outcome.

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Future Goals

Goal 1: Increase access to family planning and family planning-related services for individuals who are not otherwise eligible for Medicaid.

Goal 2: Increase utilization of preventive family planning and family planning-related services among FPW beneficiaries to promote early detection, prevention, and improved reproductive health outcomes.

Goal 3: Reduce unintended pregnancies among women enrolled in the FPW demonstration by improving access to family planning services.

Goal 4: Improve maternal and infant health outcomes among the demonstration population by promoting healthy birth spacing and access to family planning and family planning-related services.

Goal 5: Improve the cost effectiveness of the Medicaid program by reducing Medicaid expenditures associated with pregnancies among former FPW beneficiaries.

Section 2 Requested Changes

The State is requesting an extension of the Family Planning Waiver (FPW) with one minor programmatic change.

On December 13, 2023, the Centers for Medicare & Medicaid Services (CMS) approved the State's request to provide continuous eligibility for pregnant women and extend postpartum Medicaid coverage from 60 days to 12 months, effective April 1, 2023. As a result of this change, women who previously would have lost Medicaid eligibility following the conclusion of the 60-day postpartum period are no longer automatically enrolled in the Family Planning Waiver for purposes of maintaining access to family planning services.

Accordingly, the State requests that the following language be removed from Section IV (Eligibility and Enrollment), Number 16 ("Eligibility for the Demonstration"), of the Special Terms and Conditions (STCs):

"Eligibility also includes women who are losing Medicaid pregnancy coverage at the expiration of the 60-day postpartum period."

Removal of this language will align the FPW STCs with the State's current Medicaid eligibility and postpartum coverage policies. Attachment A includes a redline version of Section IV from the approved STCs reflecting the requested change.

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Section 3 Waivers and Expenditure Authorities

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Mississippi for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this demonstration extension, be regarded as expenditures under the state's title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities (including adherence to income and eligibility system verification requirements under section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities.

These following approved authorities and the provisions specified as "not applicable" will continue in the renewal period.

- Expenditures for extending Medicaid eligibility for family planning and family planning related services to women and men, ages 13 through 44, with income up to 194 percent of the federal poverty level (FPL) that are not otherwise eligible for Medicaid, Medicare, the Children's Health Insurance Program (CHIP), or other creditable health insurance coverage that provides family planning services.

Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:

All Medicaid requirements apply, except the following:

Medicaid Requirement	Expenditure Authority	Waiver Request
Methods of Administration: Transportation	Section 1902(a)(4) insofar as it incorporates 42 CFR §431.53	To the extent necessary to enable the state to not assure transportation to and from providers for the demonstration population.
Amount, Duration and Scope of Services (Comparability)	Section 1902(a)(10)(B)	To the extent necessary to allow the state to offer the demonstration population a benefit package consisting only of family planning services.
Retroactive Coverage	Section 1902(a)(34)	To the extent necessary to enable the state to not provide medical assistance to the demonstration population for any time prior to when an application for the demonstration is made.
Early and Periodic Screening, Diagnostic, and Treatment	Section 1902(a)(43)(A) (EPSDT)	To the extent it is necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration populations.

Section 4 State Quality Assurance Monitoring

The Division of Medicaid (DOM) monitors providers to ensure the quality of and access to family planning and family planning-related services provided to Family Planning Waiver (FPW) participants under the demonstration. The Office of Health-Related Programs and Benefits is responsible for evaluating providers that furnish family planning and family planning-related services to FPW participants. Quality assurance audits are conducted to ensure services are delivered in accordance with DOM policies and requirements outlined in the Mississippi Administrative Code.

DOM nurses conduct desk audits of medical records to determine whether FPW participants have received appropriate family planning and family planning-related services and whether participants are appropriately referred for primary care services when needed for conditions that are not family planning or family planning related. Providers selected for audit are identified through a random selection process.

When documentation deficiencies are identified, DOM staff provide technical assistance to help providers achieve compliance. Depending on the nature and frequency of the deficiencies, providers may be required to develop and implement a corrective action plan. If an audit determines that reimbursement was received for services that are not family planning or family planning-related, DOM recoups the inappropriate payments. In cases involving significant concerns, referrals may be made to the Office of Program Integrity for further review.

During the current demonstration approval period, a total of 923 providers have been audited as part of DOM's ongoing quality assurance monitoring activities.

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Section 5 Budget/Allotment Neutrality Assessment Tables

5 Years of Historic Data by Demonstration Year and Eligibility Group

Medicaid Pop 1	DY 18	DY 19	DY 20	DY 21	DY 22	5-YEARS TOTAL
TOTAL EXPENDITURES	$1,339,436	$920,314	$903,627	$1,105,716	$847,811	$ 5,116,904
ELIGIBLE MEMBER MONTHS	110,068	89,786	87,231	98,407	84,611	
PMPM COST	$12.17	$10.25	$10.36	$11.24	$10.02	
TREND RATES						
	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		-31.29%	-1.81%	22.36%	-23.32%	-10.80%
ELIGIBLE MEMBER MONTHS		-18.43%	-2.85%	12.81%	-14.02%	-6.36%
PMPM COST		-15.77%	1.06%	8.47%	-10.82%	-4.74%
Medicaid Pop 2	**DY 18**	**DY 19**	**DY 20**	**DY 21**	**DY 22**	**5-YEARS TOTAL**
TOTAL EXPENDITURES	$2,804,510	$2,542,755	$2,571,475	$3,163,825	$3,394,416	$14,476,981
ELIGIBLE MEMBER MONTHS	162,435	169,392	173,550	148,603	139,984	
PMPM COST	$17.27	$15.01	$14.82	$21.29	$24.25	
TREND RATES						
	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		-9.33%	1.13%	23.04%	7.29%	4.89%
ELIGIBLE MEMBER MONTHS		4.28%	2.45%	-14.37%	-5.80%	-3.65%
PMPM COST		-13.06%	-1.29%	43.69%	13.89%	8.86%
Medicaid Pop 3	**DY 18**	**DY 19**	**DY 20**	**DY 21**	**DY 22**	**5-YEARS TOTAL**
TOTAL EXPENDITURES	$103,695	$135,984	$183,855	$197,649	$49,947	$671,130
ELIGIBLE MEMBER MONTHS	31,058	40,057	48,925	42,983	10,443	
PMPM COST	$3.34	$3.39	$3.76	$4.60	$4.78	
TREND RATES						
	ANNUAL CHANGE					5-YEAR AVERAGE
TOTAL EXPENDITURE		31.14%	35.20%	7.50%	-74.73%	-16.69%
ELIGIBLE MEMBER MONTHS		28.97%	22.14%	-12.15%	-75.70%	-23.85%
PMPM COST		1.68%	10.70%	22.36%	4.01%	9.40%

Demonstration Without Waiver (WOW) Budget Projection: Coverage Costs for Populations

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY00	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					DY 18	DY 19	DY 20	DY 21	DY 22	
Medicaid Pop 1										
Pop Type:	**Medicaid**									
ELIGIBLE MEMBER MONTHS	-6.4%		84,611	-6.4%	79,230	74,191	69,472	65,054	60,916	
PMPM COST	-4.7%	0	$10.02	-4.7%	$9.55	$9.10	$8.67	$8.26	$7.87	
TOTAL EXPENDITURES					$756,644	$675,136	$602,324	$537,344	$479,412	$3,050,859
Medicaid Pop 2										
Pop Type:	**Medicaid**									
ELIGIBLE MEMBER MONTHS	-3.7%	0	139,984	-3.7%	134,875	129,952	125,208	120,638	116,235	
PMPM COST	8.9%	0	$24.25	8.9%	$26.40	$28.74	$31.29	$34.06	$37.08	
TOTAL EXPENDITURES					$3,560,689	$3,734,811	$3,917,772	$4,108,941	$4,309,995	$19,632,207
Medicaid Pop 3										
Pop Type:	**Medicaid**									
ELIGIBLE MEMBER MONTHS	-23.9%	0	49,947	-23.9%	38,035	28,963	22,056	16,795	12,790	
PMPM COST	9.4%	0	$10,443.00	9.4%	$11,424.64	$12,498.56	$13,673.42	$14,958.72	$16,364.84	
TOTAL EXPENDITURES					$434,532,075	$362,000,527	$301,575,659	$251,236,926	$209,300,714	$1,558,645,901

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Demonstration With Waiver (WW) Budget Projection: Coverage Costs for Populations

ELIGIBILITY GROUP	DY 00	TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			DY 18	DY 19	DY 20	DY 21	DY 22	
Medicaid Pop 1								
Pop Type:	**Medicaid**							
ELIGIBLE MEMBER MONTHS	84,611	-6.4%	79,230	74,191	69,472	65,054	60,916	
PMPM COST	$10.02		$10.02	$10.02	$10.02	$10.02	$10.02	
TOTAL EXPENDITURES			$793,882	$743,391	$696,111	$651,839	$610,382	$3,495,605
Medicaid Pop 2								
Pop Type:	**Medicaid**							
ELIGIBLE MEMBER MONTHS	139,984	-3.7%	134,875	129,952	125,208	120,638	116,235	
PMPM COST	$24.25		$24.25	$24.25	$24.25	$24.25	$24.25	
TOTAL EXPENDITURES			$3,270,709	$3,151,328	$3,036,304	$2,925,479	$2,818,699	$15,202,519
Medicaid Pop 3								
Pop Type:	**Medicaid**							
ELIGIBLE MEMBER MONTHS	49,947	-23.9%	38,035	28,963	22,056	16,795	12,790	
PMPM COST	$10,443.00		$10,443.00	$10,443.00	$10,443.00	$10,443.00	$10,443.00	
TOTAL EXPENDITURES			$397,195,751	$302,464,564	$230,326,766	$175,393,832	$133,562,403	$1,238,943,316

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Panel 1: Historic DSH Claims for the Last Five Federal Fiscal Years

RECENT PAST FEDERAL FISCAL YEARS	2021	2022	2023	2024	2025
State DSH Allotment (Federal share)	$195,440,357.00	$201,785,181.00	$217,818,530.00	$216,158,583.00	$218,615,634.00
State DSH Claim Amount (Federal share)	$195,440,357.00	$201,785,179.00	$170,497,217.00	$20,314,629.00	$10,436,134.00
DSH Allotment Left Unspent (Federal share)	-	$2.00	$47,321,313.00	$195,843,954.00	$208,179,500.00

Panel 2: Projected Without Waiver DSH Expenditures for FFY's That Overlap the Demonstration Period

FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS	FFY 00 (2020)	FFY 01 (2021)	FFY 02 (2022)	FFY 03 (2023)	FFY 04 (2024)	FFY 05 (2025)
State DSH Allotment (Federal share)	$192,696,149.00	$195,440,357.00	$201,785,181.00	$217,818,530.00	$216,158,583.00	$218,615,634.00
State DSH Claim Amount (Federal share)	$187,998,265.00	$195,440,357.00	$201,785,179.00	$170,497,217.00	$20,314,629.00	$10,436,134.00
DSH Allotment Projected to be Unused (Federal share)	$4,697,884.00	-	$2.00	$47,321,313.00	$195,843,954.00	$208,179,500.00

Panel 3: Projected With Waiver DSH Expenditures for FFY's That Overlap the Demonstration Period

FEDERAL FISCAL YEARS THAT OVERLAP DEMONSTRATION YEARS	FFY 00 (2020)	FFY 01 (2021)	FFY 02 (2022)	FFY 03 (2023)	FFY 04 (2024)	FFY 05 (2025)
State DSH Allotment (Federal share)	$192,696,149.00	$195,440,357.00	$201,785,181.00	$217,818,530.00	$216,158,583.00	$218,615,634.00
State DSH Claim Amount (Federal share)	$187,998,265.00	$195,440,357.00	$201,785,179.00	$170,497,217.00	$20,314,629.00	$10,436,134.00
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)	$4,697,884.00	-	$2.00	$47,321,313.00	$195,843,954.00	$208,179,500.00

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Budget Neutrality Summary

	DEMONSTRATION YEARS (DY)					TOTAL
	DY 18	DY 19	DY 20	DY 21	DY 22	
Without-Waiver Total Expenditures						
Medicaid Populations						
Medicaid Pop 1	$756,644	$675,136	$602,324	$537,344	$479,412	$3,050,859
Medicaid Pop 2	$3,560,689	$3,734,811	$3,917,772	$4,108,941	$4,309,995	$19,632,207
Medicaid Pop 3	$434,532,075	$362,000,527	$301,575,659	$251,236,926	$209,300,714	$1,558,645,901
DSH Allotment Diverted	-	-	-	-	-	-
Other WOW Categories						
Category 1	-	-	-	-	-	-
Category 2	-	-	-	-	-	-
TOTAL	$438,849,408	$366,410,473	$306,095,754	$255,883,212	$214,090,120	$1,581,328,968
With-Waiver Total Expenditures						
Medicaid Populations						
Medicaid Pop 1	$793,882	$743,391	$696,111	$651,839	$610,382	$3,495,605
Medicaid Pop 2	$3,270,709	$3,151,328	$3,036,304	$2,925,479	$2,818,699	$15,202,519
Medicaid Pop 3	$397,195,751	$302,464,564	$230,326,766	$175,393,832	$133,562,403	$1,238,943,316
Expansion Populations						
Exp Pop 1	-	-	-	-	-	-
Exp Pop 2	-	-	-	-	-	-
Excess Spending from Hypotheticals	-	-	-	-	-	-
Other WW Categories						
Category 3	-	-	-	-	-	-
Category 4	-	-	-	-	-	-
TOTAL	$401,260,341	$306,359,283	$234,059,181	$178,971,150	$136,991,484	$1,257,641,440
VARIANCE	$37,589,067	$60,051,190	$72,036,573	$76,912,062	$77,098,636	$323,687,528

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Section 6 Public Notice Process

Public Notice and Comment Period

The public notice and comment period will be incorporated into the final application prior to submission.

Statement of Public Notice

The statement of public notice and comment period will be incorporated into the final application prior to submission.

Post Award Forum

Post Award Forum: Tuesday, July 17, 2018, at 10:00 a.m.

Woolfork Building
Room 145
501 N. West St, Jackson, MS 39201

The post-award public forum was open to the public. Notice of the forum, including the date, time, and location, was published on the State's website on June 11, 2021, at least 30 days prior to the forum.

Public Hearings

First public hearing: Wednesday, November 4, 2026, at 10:00 a.m.

War Memorial Building
Auditorium
120 N State St, Jackson, MS 39201
Teleconference number: 1 769-230-0549
Phone conference ID: 367 574 532#

Second public hearing and teleconference: Wednesday, November 18, 2026, at 10:00 a.m.

Walter Sillers Building
Cobb Conference Room, 8th floor
550 High Street, Jackson, MS 39201
Teleconference number: 1 769-230-0549
Phone conference ID: 860 110 988#

Public Comments

Public comments will be incorporated into the final application prior to submission.

Tribal Consultation

OFFICEOFTHEGOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201

MISSISSIPPI DIVISION OF MEDICAID

October 14, 2026

Ms. Mary Harrison
Deputy Health Director
Choctaw Health Center
210 Hospital Circle
Choctaw, MS 39350

Dear Ms. Harrison:

This letter is to inform the Mississippi Band of Choctaw Indians of the Division of Medicaid's intent to submit the 1115(c) Family Planning Waiver (FPW) Application, with an effective date of January 1, 2028.

The Family Planning Waiver will continue to provide family planning and family planning-related services to eligible women and men throughout the State of Mississippi. The demonstration has expanded access to these services, increasing the number of women and men receiving family planning and family planning related services, including individuals who may otherwise have faced barriers to obtaining these services. Through this demonstration renewal, the Division of Medicaid intends to continue providing FPW services while promoting awareness of the importance and benefits of birth spacing and maintaining access to covered family planning-related services.

The goals of the FPW are to improve access to family planning services, reduce unintended pregnancies, promote improved health outcomes, and enhance the cost-effectiveness of the Medicaid program. These goals are supported by extending eligibility for family planning benefits to certain women and men and expanding outreach and educational efforts.

Please send comments to Priscilla.Gainer@medicaid.ms.gov by November 15, 2026.

Sincerely,

Suzanne Hudson
Chief Legal Counsel, Division of Medicaid

Copy to: Doug Weaver
Tanya Phillips
Casey Willis
Laura Dees
Elliot Milhollin
Kristen Blair
Glinda Stone
Millicent Wallace
Thomasina Lindsey
Dr. Christina Wallace

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Section 7 Interim Evaluation

To assess whether Mississippi's Family Planning Waiver (FPW) demonstration is meeting its intended goals and objectives, the Division of Medicaid (DOM) contracted with an independent evaluator, Mississippi State University's National Strategic Planning and Analysis Research Center (NSPARC), to conduct an interim evaluation in accordance with the approved Evaluation Design. The evaluation covers the eight-year period from Demonstration Year (DY) 15 through DY 22.

Using DOM's most recent administrative data and four rounds of FPW beneficiary surveys, the Interim Evaluation Report provides evidence that many of demonstration goals and objectives were met during the evaluation period. These include ensuring and maintaining access to family planning and family planning-related services for individuals ages 13-44 with household incomes at or below 185% of the Federal Poverty Level who were not otherwise eligible for Medicaid; Improving birth outcomes, including birth spacing, low birthweight, premature birth, and teen and repeat births; and generating potential Medicaid expenditure savings associated with reductions in closely spaced subsequent births. Key findings from the Interim Evaluation Report are summarized below:

Enrollment and Service Utilization: Despite the overall FPW enrollment declined from DY 15 to 27,605 to DY 22 affected substantially by COVID-19 Public Health Emergency (PHE) coverage policies, reenrollment rates increased, resulting in a greater percentage of beneficiaries maintaining coverage from more than 12 months. Although the number of beneficiaries utilizing FPW services declined along with enrollment, the service utilization rate increased from approximately 36% to 44% following the PHE-related decline, suggesting a recovery toward pre-PHE levels. In addition, the percentages of beneficiaries receiving sexually transmitted disease (STD) testing and clinical breast examinations increased.

Improved Birth Outcomes and Birth Spacing: Several birth outcomes improved during the evaluation period, including reductions in the percentages of low birthweight and premature births among former FPW beneficiaries. The percentages of FPW beneficiaries experiencing a repeat birth within 18 months and teenage beneficiaries having a birth also declined, indicating improvements in birth spacing and teenage birth outcomes.

Potential Medicaid Expenditure Savings: Improved birth spacing among postpartum FPW beneficiaries was associated with estimated potential Medicaid expenditure savings of more than $514 million from DY 15 through DY 22 through reductions in closely spaced subsequent births. In addition, the average Medicaid cost per birth among former FPW beneficiaries was generally lower than that among all female Medicaid beneficiaries who gave birth.

In addition to progress toward the demonstration's goals and objectives, FPW beneficiaries reported high levels of satisfaction with the services they received. Across four rounds of beneficiary surveys, the majority of respondents reported being satisfied with FPW services, with satisfaction rates increasing from approximately 81% to 92%.

Overall, the Interim Evaluation Report provides evidence that the FPW demonstration has made progress toward achieving its goals of improving access to family planning services, promoting positive

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birth outcomes, and generating potential Medicaid expenditure savings. These findings suggest that the demonstration has contributed to improved reproductive health outcomes among its beneficiaries.

During the requested extension period, the State will focus on sustaining these achievements while identifying opportunities to further improve program effectiveness. Areas of focus may include increasing enrollment and utilization of family planning services; strengthening continuity of care for beneficiaries transitioning between FPW and other Medicaid coverage; promoting greater utilization of contraception; and implementing strategies to further reduce teenage births and closely spaced subsequent births. The State will also explore opportunities to improve beneficiary engagement and satisfaction survey response rates to better assess beneficiaries' experiences and inform ongoing program improvements.

Please refer to Attachment B for the full draft Interim Evaluation Report. The report is currently in draft form and will be uploaded to DEMOS upon submission of the renewal application.

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Goals, Objectives, and Evaluation of Proposed Demonstration Renewal

Mississippi proposes the following goals, objectives, research hypotheses, analytic approaches, and data sources for the renewal of its Family Planning Waiver (FPW) demonstration. The proposed evaluation framework is generally consistent with the CMS-approved Evaluation Design for the current demonstration period, with revisions to reflect the proposed removal of one-year postpartum coverage under FPW and the updated goals for the renewal period.

Summary of Demonstration Goals, Objectives, Hypotheses, Analytic Approaches, and Data Sources

Objectives	Proposed Hypotheses	Analytic Approaches/Data Sources
Goal 1: Increase access to family planning and family planning-related services for individuals who are not otherwise eligible for Medicaid.		
Objective 1: Improve access to and utilization of family planning and family planning-related services among eligible women and men through FPW enrollment.	FPW enrollees will utilize family planning services and family planning related services after enrolling in FPW.	Quantitative analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports
Objective 2: Increase reenrollment and continuity of FPW coverage among eligible individuals to support ongoing access to family planning services.	FPW reenrollment rates will increase, and a greater proportion of beneficiaries will maintain continuous coverage for longer periods.	Quantitative analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports
Goal 2: Increase utilization of preventive family planning and family planning-related services among FPW beneficiaries to promote early detection, prevention, and improved reproductive health outcomes.		
Objective 3: Increase utilization of preventive Medicaid family planning and family planning-related services among FPW beneficiaries to support pregnancy planning and	The proportion of FPW beneficiaries utilizing preventive family planning and family planning-related services, including contraceptive services, sexually transmitted	Quantitative analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports

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reproductive health.	disease (STD) testing, cervical cancer screening, and breast exam, will increase over the demonstration period.	
Goal 3: Reduce unintended pregnancies among women enrolled in the FPW demonstration by improving access to family planning services.		
Objective 4: Reduce the number of unintended pregnancies among women enrolled in the FPW.	Increased access to and utilization of family planning and family planning-related services will be associated with a reduction in unintended pregnancies among female FPW beneficiaries.	Quantitative analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports Qualitative analysis with the following data: • FPW beneficiary surveys
Objective 5: Reduce the incidence of pregnancy among teenage women enrolled in FPW.	Increased access to and utilization of family planning and family planning-related services will be associated with a reduction in the pregnancy rate among teenage female FPW beneficiaries.	Quantitative analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports
Objective 6: Reduce the number of repeat pregnancies among teenage women enrolled in FPW.	Increased access to and utilization of family planning and family planning-related services will be associated with a reduction in repeat pregnancies among teenage female FPW beneficiaries.	Quantitative analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports
Goal 4: Improve maternal and infant health outcomes among the demonstration population by promoting healthy birth spacing and access to family planning and family planning-related services.		
Objective 7: Promote maternal health by increasing birth spacing	The proportion of female FPW beneficiaries experiencing closely spaced	Quantitative analysis with the following data: • Medicaid administrative

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intervals among female FPW beneficiaries.	subsequent births will decrease, indicating improved birth spacing and potentially improved maternal health outcomes.	data • MMIS claims data • FPW annual monitoring reports
Objective 8: Improve birth outcomes, including reducing the incidence of low birth weight and premature births**.**	The incidence of low birth weight and premature births among infants born to former FPW beneficiaries will decrease over the demonstration period.	Quantitative analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports • MS State Department of Health (MSDH) vital statistics
Goal 5: Improve the cost effectiveness of the Medicaid program by reducing Medicaid expenditures associated with pregnancies among former FPW beneficiaries .		
Objective 9: Reduce the rate of Medicaid-funded deliveries among former FPW beneficiaries.	Increased access to and utilization of family planning services will be associated with a reduction in the rate of Medicaid-funded deliveries among former FPW beneficiaries, potentially reducing related Medicaid expenditures.	Quantitative Analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports
Objective 10: Increase potential Medicaid expenditure savings associated with improved birth spacing and reductions in closely spaced subsequent births among FPW beneficiaries.	Improvements in birth spacing and reductions in closely spaced subsequent births among FPW beneficiaries will be associated with increased potential Medicaid expenditure savings for prenatal, delivery, newborn, and related services.	Quantitative Analysis with the following data: • Medicaid administrative data • MMIS claims data • FPW annual monitoring reports
Objective 11: Assess the cost effectiveness of the FPW demonstration by	Providing family planning and family planning-related services through the FPW	Quantitative Analysis with the following data: • Medicaid administrative

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comparing the costs of providing family planning and family planning-related services with the estimated Medicaid expenditures avoided.	demonstration will be associated with potential Medicaid expenditure savings that may offset some or all of the costs of providing these services.	data • MMIS claims data • FPW annual monitoring reports • FPW program expenditure data

Beneficiary Satisfaction and Barriers to Service Utilization

In addition to evaluating the demonstration's progress toward its goals and objectives, DOM plans to continue conducting beneficiary satisfaction surveys during the renewal period to assess beneficiaries' satisfaction with FPW coverage and services and identify potential barriers to accessing and utilizing family planning and family planning-related services.

To improve beneficiary participation and survey response rates, DOM will explore alternative survey administration strategies during the renewal period, including telephone surveys and other methods of data collection.

Survey responses will be assessed primarily through descriptive quantitative analysis of structured survey questions and qualitative analysis of open-ended responses, where available. Findings will be used to identify opportunities to improve beneficiary experiences, access to care, and program effectiveness.

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comply with the public notice procedures set forth in 42 CFR §447.205 for changes in statewide methods and standards for setting payment rates.
The state must also comply with tribal and Indian Health Program/Urban Indian Organization consultation requirements at section 1902(a)(73) of the Act, 42 CFR §431.408(b), State Medicaid Director Letter #01-024, and contained in the state's approved Medicaid State Plan, when any program changes to the demonstration, either through amendment as set out in STC 6 or extension, are proposed by the state.

15. Federal Financial Participation (FFP). No federal matching funds for expenditures for this demonstration will take effect until the effective date identified in the demonstration approval letter.

IV. ELIGIBILITY AND ENROLLMENT

16. Eligibility for the Demonstration. Family planning services are provided to eligible individuals for 12 months of continuous eligibility. An individual found to be income- eligible for this demonstration upon initial application or annual redetermination will not require reporting of changes in income or household size for this 12-month period.

Eligibility for this demonstration is limited to women and men, ages 13 through 44, who are capable of reproducing, have countable income of no more than 194 percent of the FPL (post Modified Adjust Gross Income (MAGI) conversion) and are not otherwise enrolled in Medicaid, Medicare, the Children's Health Insurance Program (CHIP), or any other creditable coverage that includes family planning services. ~~Eligibility also includes women who are losing Medicaid pregnancy coverage at the expiration of the 60-day postpartum period.~~

17. Redeterminations. The state must ensure that redeterminations of eligibility for Mississippi Family Planning enrollees are conducted no more than once every 12 months. At the states option, redeterminations may be administered in nature.

18. Demonstration Disenrollment. If a woman becomes pregnant while enrolled in the demonstration, she may be determined eligible for Medicaid under the State Plan. The state must not submit claims under the demonstration for any woman who is found to be eligible under the Medicaid State Plan. In addition, women and men who receive a sterilization procedure and complete all necessary follow-up procedures will subsequently be disenrolled from the demonstration.

V. BENEFITS AND DELIVERY SYSTEMS

19. Family Planning Benefits. Individuals eligible under this demonstration will receive family planning services and supplies as described in section 1905(a)(4)(C) of the Act, which are reimbursable at the 90 percent Federal matching rate and are limited to those services and supplies whose primary purpose is family planning to prevent or delay pregnancy. The specific family planning services provided under this demonstration are as follows:

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Attachment B
Interim Evaluation

MISSISSIPPI
Family Planning Medicaid Waiver Section 1115 Demonstration
Interim Report
11-W-00157/4

January 1, 2018 – December 31, 2025

Submitted December 23, 2026

550 High Street, Suite 1000
Jackson, Mississippi 39201
Website: medicaid.ms.gov

The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.

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MISSISSIPPI
Family Planning Medicaid Waiver Section 1115 Demonstration
Interim Report
11-W-00157/4

January 1, 2018 – December 31, 2025

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INTERIM REPORT

FAMILY PLANNING SECTION 1115 DEMONSTRATION

State: Mississippi
Demonstration Reporting Period: January 1, 2015, to December 31, 2025
Demonstration Year: 15-22

Approved Start and End Date of the Demonstration: January 1, 2018, to December 31, 2027

The Mississippi Family Planning Section 1115(a) Medicaid demonstration, effective through December 31, 2027, continues to expand the provision of family planning services and family planning related services to women and men, ages 13 through 44, who are capable of reproducing. Participants must be limited to an income of no more than 194% of the federal poverty level (FPL) (post Modified Adjusted Gross Income (MAGI) conversion) and are not enrolled in Medicaid, Medicare, the Children's Health Insurance Program (CHIP), or any other creditable coverage that includes family planning services.

I. Executive Summary

1. Synopsis of Information Contained in the Report

The Family Planning Waiver (FPW) interim report is an overview of the progress made in achieving the following goals for the past 8 years from Demonstration Year (DY) 15 to DY 22:

- Ensure access to and utilization of family planning services and family planning related services for individuals not otherwise eligible for Medicaid;
- Improve birth outcomes and/or maintain health outcomes for the target population as a result of access to family planning services and family planning related services; and
- Increase the overall savings attributable to providing family planning services and family planning-related services.

To accomplish the stated goals, the Centers for Medicare & Medicaid Services (CMS) and the Mississippi Division of Medicaid (DOM) expect this demonstration program will promote the FPW program objectives by:

- Improving access to and use of Medicaid family planning services by women who have received a Medicaid pregnancy related service.
- Improving access to and use of Medicaid family planning services by women and men who are not otherwise eligible for Medicaid.
- Improving birth outcomes (e.g., low birthweight) and the health of women in the demonstration population.
- Increasing the child spacing interval among women in the demonstration population.
- Reducing the number of unintended pregnancies among women in the demonstration population.
- Reducing overall pregnancy among teenage women in the demonstration population.
- Reducing the number of repeat births among teenage women in the demonstration population.

- Decreasing the number of Medicaid paid deliveries, which will reduce annual expenditures for prenatal, delivery, and newborn services.
- Increasing the overall savings attributable to providing family planning services by covering women for one year postpartum.

In accordance with the Standard Terms and Conditions (STCs), this Interim Evaluation Report will provide the status of the demonstration's various operational areas, and an analysis of program data collected for the period of January 1, 2018, through December 31, 2025. The information reflected in this report represents the most current information available at the time that was compiled.

2. Program Updates – Trends or Significant Program Changes

Trends

Enrollment:

- FPW enrollment declined by approximately 36.5%, from 43,451 beneficiaries in DY 15 to 27,605 in DY 22, with enrollment trends substantially affected by COVID-19 Public Health Emergency (PHE) coverage policies. PHE-related extended Medicaid coverage for postpartum women contributed to a decline of more than 10,000 FPW enrollees. Enrollment increased after these requirements ended in 2023, followed by declines over the next two years.
- The reenrollment rate increased over the evaluation period, resulting in a larger percentage of beneficiaries remaining enrolled for more than 12 months.

Utilization:

- Along with declining enrollment, the number of FPW beneficiaries utilizing services decreased by 53.6% from DY 15 to DY 22. However, the percentage of enrolled beneficiaries utilizing FPW services followed a different pattern. The utilization rate increased slightly from DY 15 to DY 17, declined for three consecutive years during the PHE period, and subsequently increased from approximately 36% to 44%, suggesting a recovery toward pre-PHE levels.
- Service utilization varied across demographic groups. Black beneficiaries had a higher utilization rate than other racial groups, while American Indian and Alaska Native beneficiaries had the lowest rate. Among adult age groups, beneficiaries ages 13-19 had the highest utilization rate (more than 60%), while those ages 40-44 had the lowest (approximately 10%).
- Although utilization of contraceptive methods and cervical cancer screening declined over the evaluation period, the percentages of beneficiaries receiving sexually transmitted disease (STD) testing and clinical breast examinations increased.

Birth Outcome and Pregnancy Reduction:

- The percentages of infants born to former FPW beneficiaries with low birth weight or premature birth decreased from DY 15 to DY 22.
- The percentage of female FPW beneficiaries with a repeat birth within 18 months decreased, indicating improved birth spacing.
- The percentage of teenage female FPW beneficiaries who had a birth also declined.

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Potential Medicaid savings:

- Among former FPW beneficiaries who subsequently had a Medicaid-funded birth, the average Medicaid cost per birth was generally lower than the average among all female Medicaid beneficiaries who gave birth.
- Improved birth spacing among postpartum FPW beneficiaries was associated with estimated potential Medicaid expenditure savings of more than $514 million from DY 15 through DY 22 by reducing closely spaced subsequent births.

FPW beneficiary satisfaction:

- The majority of beneficiaries surveyed reported being satisfied with the FPW care they received, with the satisfaction rate increasing from approximately 81% to 92% across the survey rounds.

Overall, during the eight-year evaluation period, FPW provided eligible individuals ages 13-44 with household incomes at or below 185% of the Federal Poverty Level who were not otherwise eligible for Medicaid with access to family planning and family planning-related services. The findings indicate improvements in several birth outcomes, including birth spacing, low birth weight, premature birth, and teenage and repeat births, as well as potential Medicaid expenditure savings associated with reduced closely spaced births. At the same time, opportunities remain to expand program reach. Based on the U.S. Census Bureau's 2024 American Community Survey (ACS) 5-Year Estimates, FPW enrollment represented less than 30% of the broader population of low-income females ages 18-44 in Mississippi, suggesting potential opportunities for additional outreach and education among eligible populations.

Significant Program Change

One significant coverage change occurred during the evaluation period. On December 13, 2023, CMS approved the State's request to provide continuous eligibility for pregnant women and extend postpartum Medicaid coverage from 60 days to 12 months, effective April 1, 2023. This change eliminated the need to provide Family Planning Waiver coverage to women who previously lost Medicaid pregnancy coverage at the end of the 60-day postpartum period. Aside from this coverage change, there were no other administrative or operational changes to the demonstration related to health care delivery, benefits, quality of care, or payment rates that would impact the FPW demonstration program. There were no changes in service provided or provider participation during this reporting period. DOM has not had any audits, investigations, or lawsuits that would have an impact on the FPW demonstration.

3. Policy Issues and Challenges

DOM did not experience significant operational or policy-related challenges affecting the overall implementation of the FPW demonstration from DY 15 to D Y22. However, challenges were identified related to the administration of beneficiary satisfaction surveys. Due to unforeseen circumstances, the mailing of the DY 20 survey was delayed until March/April 2024, preventing survey responses from being assessed within the originally anticipated reporting period. In addition, response rates for the mailed beneficiary surveys have been low, generally below 5%. To improve beneficiary participation, DOM will explore alternative survey strategies during the next renewal period, including the potential use of telephone surveys or other methods of survey administration.

Despite these challenges, DOM continued its efforts to assess beneficiary satisfaction with FPW services. DOM is not currently considering any new policies related to legislative or budget activities or amendments to the approved demonstration.

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II. Program Outreach and Education

Throughout DY 15 to DY 22, DOM, in coordination with the Mississippi State Department of Health (MSDH), conducted a variety of outreach and education activities to increase awareness of FPW services, support enrollment and renewal, and educate beneficiaries and providers. At the beginning of the evaluation period, outreach focused largely on community-based education, health fairs, workshops, and distribution of educational materials. In DY 15, MSDH provided FPW information to agency providers, health centers, beneficiaries, and community organizations and distributed informational posters and brochures throughout the state. In addition, DOM's Provider and Beneficiary Relation Outreach Team attended 130 events and provided FPW education and outreach information to 13,896 Medicaid beneficiaries and providers.

Outreach activities evolved over the evaluation period, particularly in response to the COVID-19 pandemic. During DY 18, in-person outreach was substantially reduced, but outreach continued through mailed educational materials and mobile vaccination events. As in-person activities resumed, DOM and MSDH again expanded community health fairs, beneficiary and provider education, application assistance, and other outreach activities. Beginning in DY 19, MSDH also implemented Operation Going Gold, a targeted initiative designed to increase FPW enrollment. Through this initiative, staff educated clients about FPW benefits, assisted with applications, followed up on required documentation, and provided reminders to beneficiaries approaching renewal. In DY 19, 1,779 applications were submitted through Operation Going Gold, of which 412 (23.2%) were approved.

These outreach and education activities continued through the end of the evaluation period. In DY 22, approximately 1,307 clients participated in MSDH outreach and health fair events, and 1,348 educational brochures were distributed, including 522 FPW brochures and 826 brochures covering other educational topics. Online outreach also played a role, with 4,618 views of the MSDH Family Planning webpage and 2,286 views of the FPW webpage. Operation Going Gold generated 4,943 FPW applications in DY22, of which 1,426 (30%) were approved. In addition, DOM staff attended 30 community health fairs, conferences, and beneficiary and provider workshops and provided FPW education and outreach information to 4,068 individuals.

Overall, FPW maintained outreach and education activities throughout DY 15 to DY 22 while adapting its strategies over time. Outreach shifted from a strong emphasis on traditional in-person activities early in the evaluation period to alternative approaches during the COVID-19 pandemic and subsequently expanded to include a combination of community events, targeted enrollment and renewal assistance, educational materials, and web-based outreach.

III. Program Integrity

Throughout DY 15 to DY 22, DOM's Office of Medical Services maintained responsibility for monitoring providers reimbursed for FPW and FPW-related services. Registered nurses conducted desk audits to determine whether provider documentation supported reimbursed services, whether beneficiaries received appropriate medical care, and whether referrals were made for primary care and other needed services outside the scope of FPW. This basic program-integrity process remained consistent throughout the evaluation period.

In DY 15, DOM audited 170 medical providers and reviewed 4,250 medical records. The medical record reviews also documented referrals for services outside the scope of FPW, including primary care, gynecological care, mammograms and other breast-related services, mental health care, and other medical needs. Provider monitoring and medical record reviews continued during subsequent demonstration years, although the number of providers and records reviewed varied from year to year.

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By DY 22, DOM continued to use the same desk-audit process and audited 65 FPW providers and reviewed 835 medical records. According to the DY 22 annual report, documentation indicated that all reviewed services were for family planning or family planning-related services. The reviews also identified 12 referrals for medical issues that could not be addressed under FPW coverage.

Overall, DOM maintained an ongoing program-integrity process throughout DY 15 to DY 22, including provider monitoring, medical record review, verification of reimbursed services, and identification of beneficiaries requiring referrals for medical care outside the scope of FPW.

IV. Grievances and Appeals

Grievances and appeals related to FPW remained limited throughout the evaluation period. In DY 15, DOM reported no grievances or appeals from beneficiaries, providers, or the public related to FPW. In subsequent demonstration years, only a small number of appeals were reported. For example, DY 18 included one provider appeal related to FPW services, while no grievances or appeals were reported in DY 19. In DY 20 and DY 21, one appeal was reported each year, both involving services determined not to be family planning-related.

This pattern continued through DY22. No eligibility appeals or grievances were reported, while one benefits-related appeal was filed. The appeal involved a provider's request for review of a denied inpatient stay for treatment of choledocholithiasis; the denial was upheld because the billed services were determined not to be family planning-related. The DY 22 monitoring metrics similarly report zero eligibility appeals, one benefits appeal, and zero grievances.

Overall, FPW experienced very few formal grievances and appeals during DY 15 to DY 22. When appeals occurred, DOM reviewed the circumstances and supporting documentation and determined whether the services or eligibility decisions were consistent with FPW requirements.

V. Annual Post-Award Public Forum

DOM conducted Annual Post-Award Public Forums throughout the DY 15-DY 22 evaluation period to provide stakeholders with opportunities to comment on the progress of the FPW demonstration, consistent with federal requirements.

At the beginning of the evaluation period, the DY 15 Post-Award Forum was held in person on July 17, 2018, at the Woolfolk Building in Jackson, Mississippi. The annual report indicates that stakeholders were provided an opportunity for public comment and that no public comments were received. Subsequent forums continued to provide opportunities for stakeholder input. During the COVID-19 pandemic, the forums transitioned to a teleconference format, including the DY 18 and DY19 forums. Later forums returned to an in-person format while retaining a teleconference option, allowing stakeholders to participate either in person or remotely.

This approach continued after the DY 22 reporting period. In DY 22, the Post-Award Forum was held on July 8, 2026, in the Cobb Conference Room at the Sillers Building in Jackson, with a teleconference option. No comments were recorded during the forum.

Overall, DOM consistently maintained the Post-Award Public Forum process and provided opportunities for stakeholder participation throughout the evaluation period. The format was adapted during the COVID-19 pandemic and subsequently evolved to include both in-person and remote participation options.

VI. FPW Demonstration Goals and Objectives

Table 1 summarizes FPW's three goals and the corresponding nine objectives. Each objective includes several measures specified in the approved Evaluation Design. The results for each measure are presented in the following sections. The data used in this interim evaluation report are updated versions of the data previously used to generate the FPW annual monitoring reports. Because providers may not submit claims immediately, data extracted at an earlier date may differ from data extracted at a later date as additional claims become available. As a result, some measure results presented in this interim evaluation report may differ from those reported in previous annual monitoring reports.

Table 1: Mississippi Family Planning Waiver Demonstration Goal and Objectives

Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid.	
Objective 1:	Improving the access to and use of Medicaid family planning services by women who have received a Medicaid pregnancy related service.
Objective 2:	Improving the access to and use of Medicaid family planning-related services by women and men who are not otherwise eligible for Medicaid.
Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning services and family planning-related services.	
Objective 3:	Improving birth outcomes (e.g., low birthweight) and the health of women in the demonstration population.
Objective 4:	Increasing the child spacing interval among female FPW enrollees.
Objective 5:	Reducing the number of unintended pregnancies among women enrolled in the FPW.
Objective 6:	Reducing overall pregnancy among teenage women in the demonstration population.
Objective 7:	Reducing the number of repeat births among teenage women in the demonstration population.
Goal 3: Increase the overall savings attributable to providing family planning services.	
Objective 8:	Decreasing the number of Medicaid deliveries which will reduce the annual expenditures for prenatal, delivery and newborn services.
Objective 9:	Increasing the overall savings attributable to providing family planning services by covering women for one-year postpartum.

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Goal 1: Ensure access to and utilization of family planning and/or family-related services for individuals not otherwise eligible for Medicaid.

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

Evaluation Question: How did beneficiaries utilize covered health services?

Measure/Outcome: Postpartum women who subsequently enrolled in FPW after receiving Medicaid pregnancy-related services.

From DY 15 to DY 22, the number of postpartum women who subsequently enrolled in FPW after receiving Medicaid pregnancy-related services declined by more than 90%, from 13,614 to 1,328. During the same period, the percentage of female Medicaid beneficiaries who received pregnancy-related services and subsequently enrolled in FPW decreased from 36.5% to 4.4%.

The trend was substantially affected by changes in Medicaid coverage during the COVID-19 pandemic. During DY 15 and DY 16, more than 12,000 postpartum women transitioned from Medicaid Coverage for Pregnant Women (COE 088) to FPW (COE 029). However, beginning in DY 17 (CY2020), postpartum women were allowed to remain enrolled in full Medicaid coverage beyond the traditional 60-day postpartum coverage period as a result of the federal COVID-19 Public Health Emergency (PHE) maintenance-of-effort requirements. These requirements remained in effect until the end of the PHE-related continuous enrollment requirement in 2023 (DY 20).

Correspondingly, the number of postpartum women subsequently enrolling in FPW declined sharply during the PHE period, from more than 12,000 in DY 15 and DY 16 to slightly more than 2,300 in DY 17 and fewer than 50 in each of the following two demonstration years. Following the end of the PHE-related continuous enrollment requirement, FPW enrollment among postpartum women increased to approximately 3,800 in DY 20 but subsequently declined again through DY 22.

Table 2: FPW Enrollment Following Medicaid Pregnancy-Related Services

DY	# Medicaid Female Beneficiaries Ages 13-44 with Pregnancy	# Who Subsequently Enrolled in FPW	% Who Subsequently Enrolled in FPW
15	37,005	13,492	36.5%
16	36,216	12,550	34.7%
17	34,906	2,368	6.8%
18	34,449	10	0.0%
19	35,046	45	0.1%
20	34,370	3,807	11.1%
21	30,887	2,477	8.0%
22	29,907	1,328	4.4%

Source: Cognos reports 2018-2025 Report view of WO13740 - Women Enrolled and Pregnant by Year, extracted in September 2026; Report 4 – Counts of Beneficiaries from 029 to 088 and 088 to 029, extracted in August 2026.

Along with the decline in postpartum enrollment, overall female FPW enrollment also decreased. The percentage of female FPW beneficiaries who utilized FPW services declined from approximately 61.5% in DY 15 to 48% in DY22. However, the utilization rate did not decline consistently throughout the period. It decreased to approximately 39.1% in DY 20 before increasing during the following two demonstration years.

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Table 3: FPW Service Utilization Among FPW Female Beneficiaries

DY	# Females Enrolled in FPW	# Enrolled Females Who Utilized FPW Services	% Enrolled Females Who Utilized FPW Services
15	41,471	25,514	61.5%
16	40,277	25,394	63.0%
17	31,376	20,215	64.4%
18	27,062	17,262	63.8%
19	25,060	13,401	53.5%
20	29,691	11,621	39.1%
21	28,535	12,167	42.6%
22	23,165	11,110	48.0%

Source: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026; Cognos reports 2018-2025 Report 3-COE29 Who Received FPW Service, extracted in September 2026.

Objective 2: Improving the access to and use of Medicaid family planning-related services by women and men who are not otherwise eligible for Medicaid.

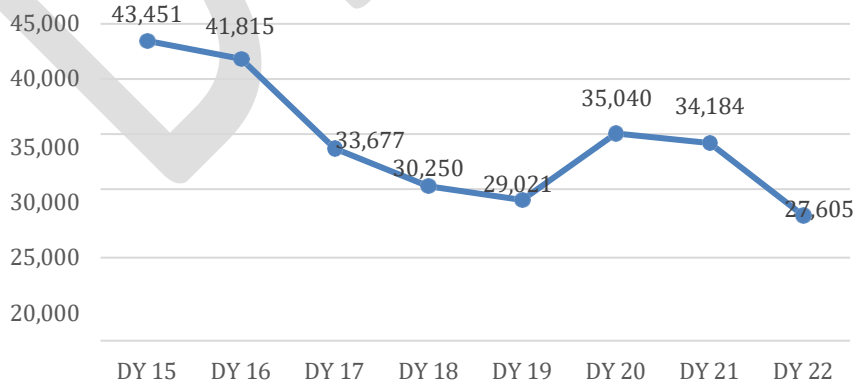
Evaluation Question: How did beneficiaries utilize covered health services?

Measure/Outcome: FPW enrollment by county

From DY 15 to DY 22, FPW demonstration enrollment declined by approximately 36.5%, from 43,451 to 27,605 beneficiaries. Despite the overall downward trend, enrollment increased from DY 19 to DY 20, which may have been partially related to the end of the COVID-19 PHE and associated changes in Medicaid coverage.

According to the U.S. Census Bureau's 2024 American Community Survey (ACS) 5-Year Estimates, approximately 113,574 Mississippi females ages 18-44 were living below the poverty level. In comparison, average annual FPW female enrollment among those ages 18-44 was approximately 32,000 from DY 17 through DY 21. Although the ACS poverty population does not directly represent the population eligible for FPW, this comparison suggests that FPW enrollment represented less than 30% of the broader population of low-income females ages 18-44 in Mississippi.

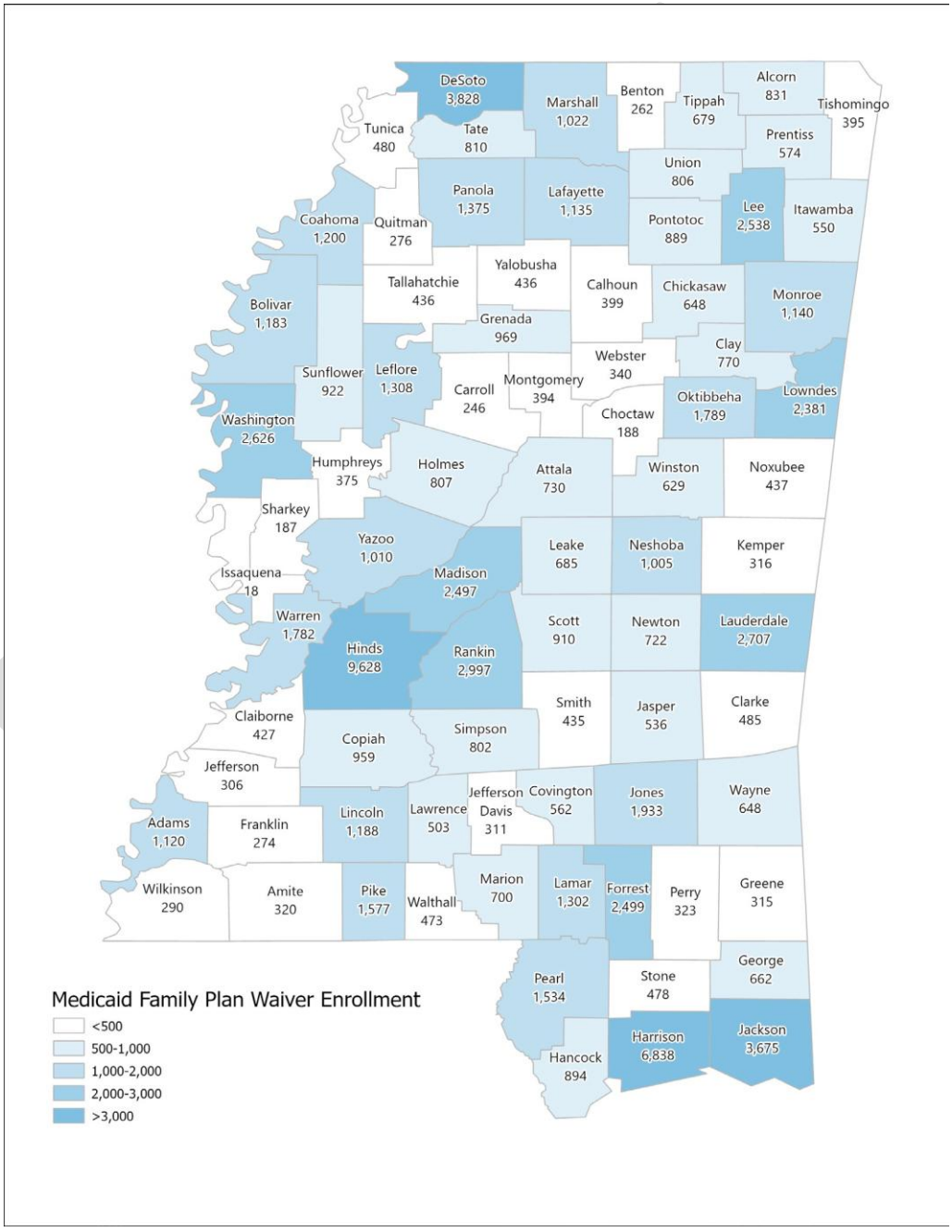
Figure 1: FPW Enrollment from DY 15 through DY 22



Note: Enrollment is the counts for members enrolled in FPW for any length of time during a demonstration year.
Source: 2018-2025 FPW Demonstration Annual Report, extracted in August 2026

In total, 93,636 unique women and men enrolled in the FPW demonstration from DY 15 to DY 22 in Mississippi. FPW enrollment was geographically concentrated, with more than half of beneficiaries residing in 15 counties. Hinds, Harrison, and DeSoto counties had the highest enrollment and together accounted for approximately 22% of total FPW enrollment in Mississippi. From DY 15 to DY 22, FPW enrollment declined in nearly every county. The only exceptions were Carroll County, which experienced a slight increase of approximately 7%, and Issaquena County, where enrollment remained stable. Three counties experienced declines of more than 60%: Alcorn County, from approximately 421 to 166 beneficiaries; Benton County, from 135 to 52; and Wilkinson County, from 155 to 54.

Figure 2: Enrollment By County from DY 15 through DY 22



Source: Cognos Report WO214317 FPW Enrollment.

Measure/Outcome: FPW services utilization among FPW beneficiaries

During DY 15 to DY 22, along with the decline in FPW enrollment, both the number and percentage of FPW beneficiaries who utilized FPW services generally decreased. However, the decline was not consistent throughout the evaluation period. From DY 15 to DY 17, the percentage of beneficiaries who utilized FPW services increased slightly, followed by three consecutive years of decline during the PHE period. Following the end of the PHE-related policies, the utilization rate gradually increased from approximately 36% to 44%. This recent increase suggests that FPW service utilization has begun to recover toward pre-PHE levels. Overall, approximately 52.1% of enrolled beneficiaries utilized FPW services over the past 8 years.

Table 4: FPW Service Utilization

DY	# of FPW Beneficiaries	# Utilized FPW Services	% Utilized FPW Services
15	43,451	26,009	59.9%
16	41,815	25,837	61.8%
17	33,677	20,895	62.0%
18	30,250	18,366	60.7%
19	29,021	14,501	50.0%
20	35,040	12,548	35.8%
21	34,184	13,200	38.6%
22	27,605	12,063	43.7%

Source: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026; Cognos reports 2018-2025 Report 3-COE29 Who Received FPW Service, extracted in September 2026

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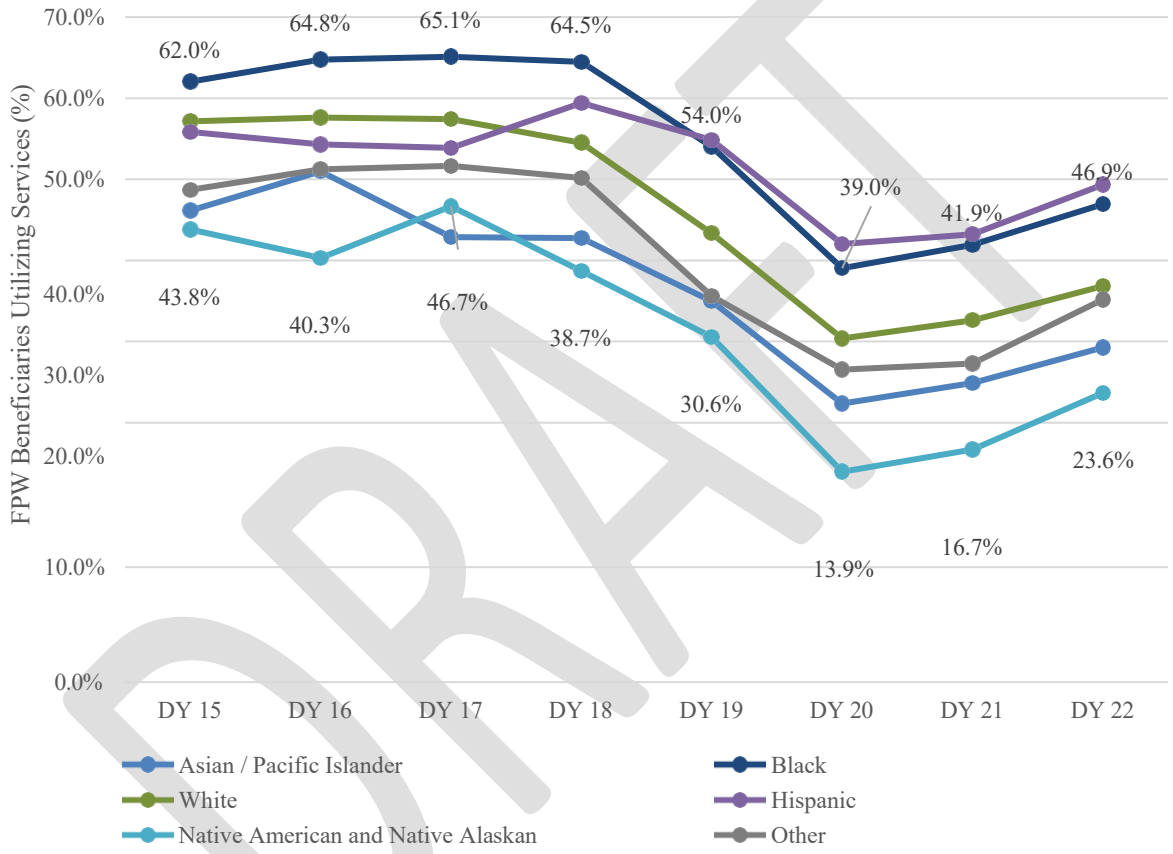
Measure/Outcome: FPW Service utilization by race

Figure 3 presents FPW service utilization by race. Overall, all racial groups experienced similar trend from DY 15 to DY 22. The percentage of beneficiaries who utilized the service increased slightly from DY 15 to DY 17 and then decreased dramatically from DY 17 to DY 20 and then increased. This trend was interrupted by PHE. Among FPW beneficiaries, larger percentage of black beneficiaries had larger percentage using the services compared to other races. Native American and native Alaska had the lowest percentage using the services.

Figure 3: FPW Service Utilization from DY 15 through DY 22, by Race



Source: Cognos reports 2018-2025 Report 3-COE29 Who Received FPW Service, extracted in September 2026

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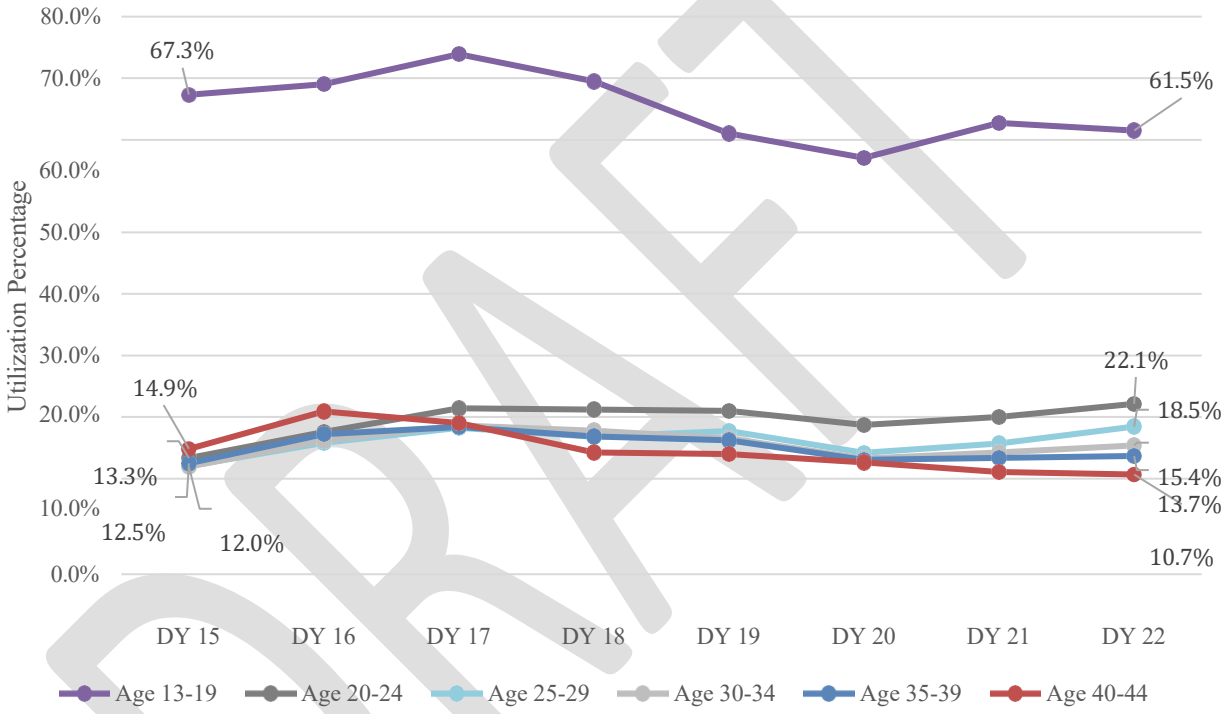
Measure/Outcome: FPW Service Utilization by Age and Gender

Figure 4 presents FPW utilization among female beneficiaries by age group. Beneficiaries ages 13-19 consistently had the highest utilization across DY 15-22, beginning at 67.3% in DY 15 and ending at 61.5% in DY 22**.** Among the remaining age groups, utilization at DY 15 ranged from 12.0% to 14.9%**,** while DY 22 utilization ranged from 10.7% to 22.1%**.** By DY 22, beneficiaries ages 20-24 had the highest utilization among the older age groups at 22.1%**,** while beneficiaries age**s** 40-44 had the lowest at 10.7%**.** These findings indicate that FPW utilization remained most pronounced among beneficiaries ages 13-19 throughout the demonstration period, despite fluctuations over time.

Figure 4: Utilization Among Female FPW Beneficiaries by Age Group



Source: Cognos reports 2018-2025 Report 3-COE29 Who Received FPW Service, extracted in September 2026

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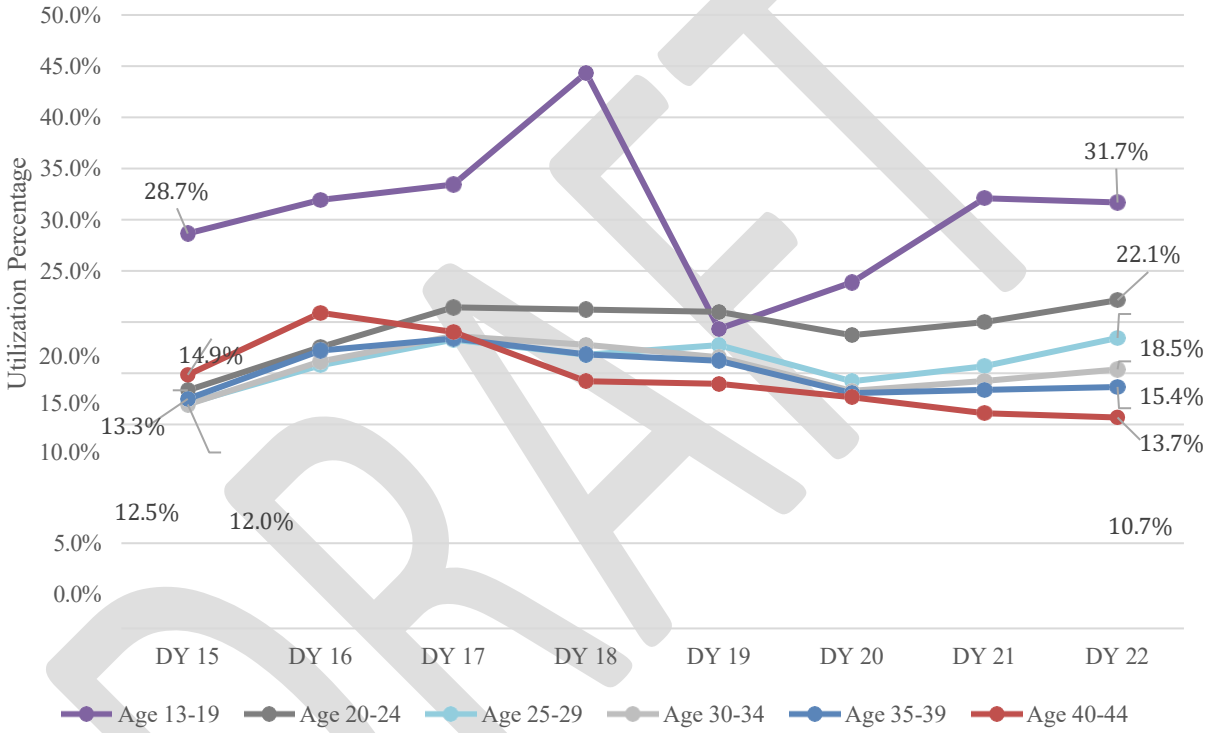
Figure 5 presents FPW utilization among male beneficiaries by age group. Beneficiaries ages 13-19 generally had the highest utilization across DY 15-22, beginning at 28.7% in DY 15 and ending at 31.7% in DY 22, with noticeable fluctuations over the demonstration period. Among the remaining age groups, utilization at DY 15 ranged from 12.0% to 14.9%, while DY 22 utilization ranged from 10.7% to 22.1%. By DY 22, beneficiaries ages 20-24 had the highest utilization among the older age groups at 22.1%, while beneficiaries ages 40-44 had the lowest at 10.7%. These findings indicate that FPW utilization among male beneficiaries varied over time, with the most pronounced fluctuations occurring among beneficiaries ages 13-19.

Figure 5: Utilization Among Male Beneficiaries by Age Group



Source: Cognos reports 2018-2025 Report 3-COE29 Who Received FPW Service, extracted in September 2026.

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Measure/Outcome: Sterilization by gender

Among both male and female FPW beneficiaries, very few chose sterilization as a permanent method of contraception. From DY15 to DY22, both the number and percentage of FPW beneficiaries who underwent sterilization declined to nearly zero for both males and females.

Table 5: Sterilization by Gender

DY	# of Total FPW Female Beneficiaries	Sterilization		# of Total FPW Male Beneficiaries	Sterilization	
		#	%		#	%
15	41,471	136	<0.1%	1,980	16	<0.1%
16	40,277	126	<0.1%	1,538	2	<0.1%
17	31,376	62	<0.1%	2,301	0	<0.1%
18	27,062	27	<0.1%	3,188	3	<0.1%
19	25,060	14	<0.1%	3,961	1	<0.1%
20	29,691	12	<0.1%	5,349	4	<0.1%
21	28,535	8	<0.1%	5,649	1	<0.1%
22	23,165	0	<0.1%	4,440	0	<0.1%

Sources: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026; FPW Demonstration Annual 2018-2019, and 2021-2025 Reports, Family Planning, Mississippi Division of Medicaid, https://medicaid.ms.gov/medicaid-coverage/who-qualifies-for-coverage/family-planning/.

Measure/Outcome: Contraceptive method utilization among female beneficiaries.

During DY 15 to DY 22, less than half of female FPW beneficiaries utilized any contraceptive method in each demonstration year. Specifically, the number and percentage of female FPW beneficiaries who utilized mildly to moderately effective contraceptive methods generally decreased. In DY 15, approximately one-third of female beneficiaries utilized these methods. The percentage increased slightly over the next two years before declining to approximately 22%, followed by a slight increase from DY 20 to DY 22. Compared with mildly to moderately effective contraceptive method, LARC utilization was substantially lower throughout the demonstration period, with fewer than 2% of female FPW beneficiaries utilizing LARC in DY 22.

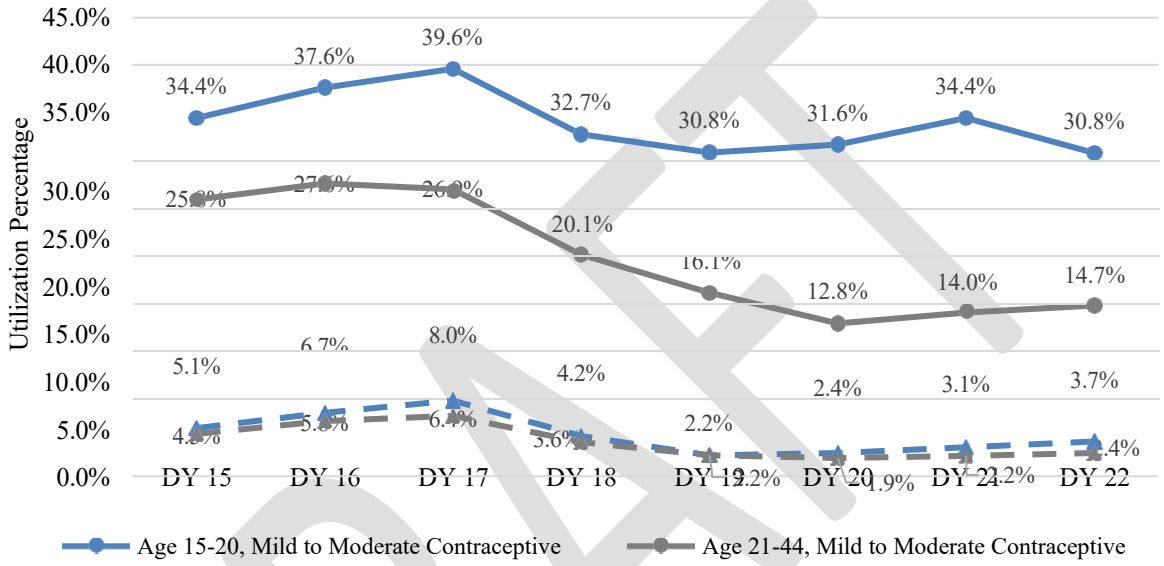
Table 6: Contraceptive Method Utilization Among Female FPW Beneficiaries

DY	# of Female Beneficiaries	Mildly to Moderately Effective Contraceptive		Long-acting Reversible Contraceptive	
		#	%	#	%
15	41,471	13,558	32.7%	1,490	3.6%
16	40,277	13,987	34.7%	2,008	5.0%
17	31,376	10,723	34.2%	1,770	5.6%
18	27,062	7,176	26.5%	720	2.7%
19	25,060	5,480	21.9%	297	1.2%
20	29,691	5,657	19.1%	280	0.9%
21	28,535	6,053	21.2%	354	1.2%
22	23,165	5,100	22.0%	373	1.6%

Source: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026.

Compared with female FPW beneficiaries ages 21-44, younger beneficiaries ages 15-20 consistently had higher contraceptive method utilization. The percentage of beneficiaries ages 15-20 who utilized mildly to moderately effective contraceptive methods remained above 35% throughout the demonstration period, reaching approximately 45% in DY17 before declining to approximately 36% in DY22. Among beneficiaries ages 21-44, utilization declined more substantially, from approximately 31% in DY15 to less than 20% in DY22. LARC utilization was considerably lower for both age groups but was consistently slightly higher among beneficiaries ages 15-20.

Figure 6: Contraceptive Method Utilization Among Female FPW Beneficiaries, by Age and Method Type



Source: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026.

Measure/Outcome: Sexually transmitted disease (STD) test among FPW beneficiaries

During DY 15 to DY 2022, although the number of FPW beneficiaries who received an STD test during a demonstration year decreased from 5,460 to 4,164, largely due to the declined in FPW enrollment, the percentage of FPW beneficiaries who received an STD test increased from 12.6% to 16.7%. This finding suggests improved utilization of STD testing services among FPW beneficiaries despite the decline in the overall number of tests.

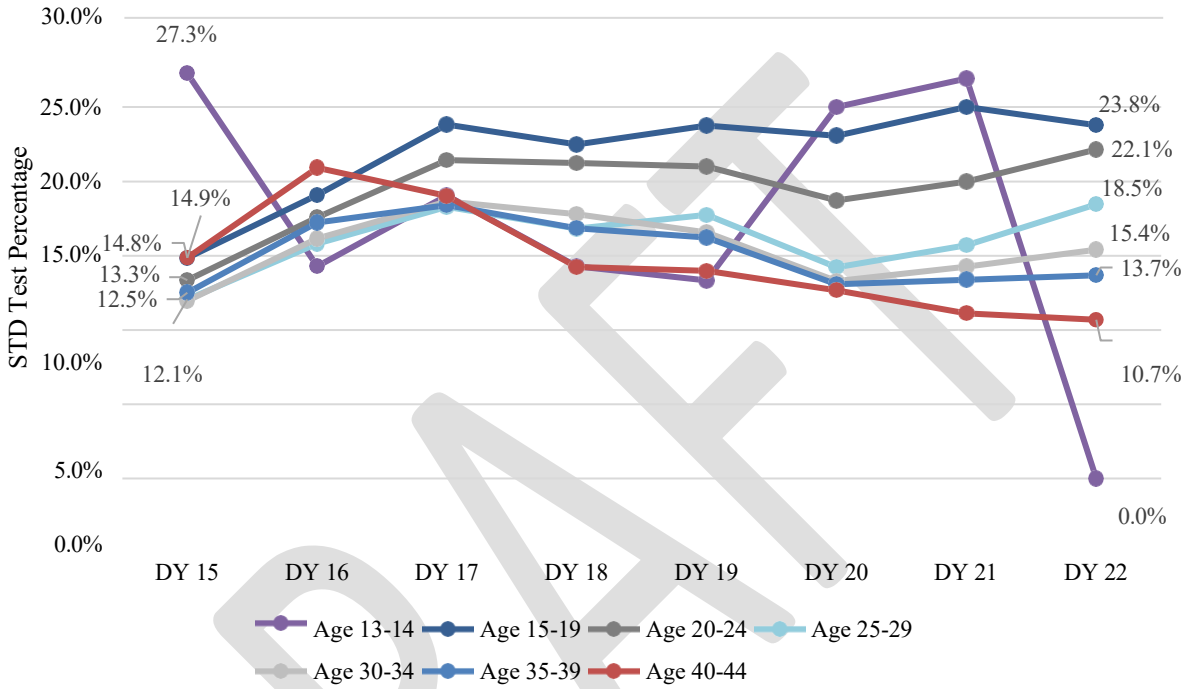
Table 7: Sexually Transmitted Disease (STD) Test Among FPW Beneficiaries

DY	# of FPW Beneficiaries	# Who Tested for STD	% Who Tested for STD
15	43,451	5,460	12.6%
16	41,815	6,991	16.7%
17	33,677	6,429	19.1%
18	30,250	5,177	17.1%
19	29,021	4,846	16.7%
20	35,040	4,990	14.2%
21	34,184	5,178	15.1%
22	27,605	4,614	16.7%

Source: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026.

Figure 7 presents STD testing among female FPW beneficiaries by age group. With the exception of beneficiaries ages 13-14 and 40-44, all age groups experienced an increase in the percentage who received an STD test. The largest increases were observed among beneficiaries ages 15-19 and 20-24, with increases of approximately 10 percentage points. These findings suggest that improvements in the utilization of STD testing services through the FPW program were most pronounced among beneficiaries ages 15-24.

Figure 7: Sexually Transmitted Disease (STD) Test Among Female FPW Beneficiaries by Age Group



Source: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026.

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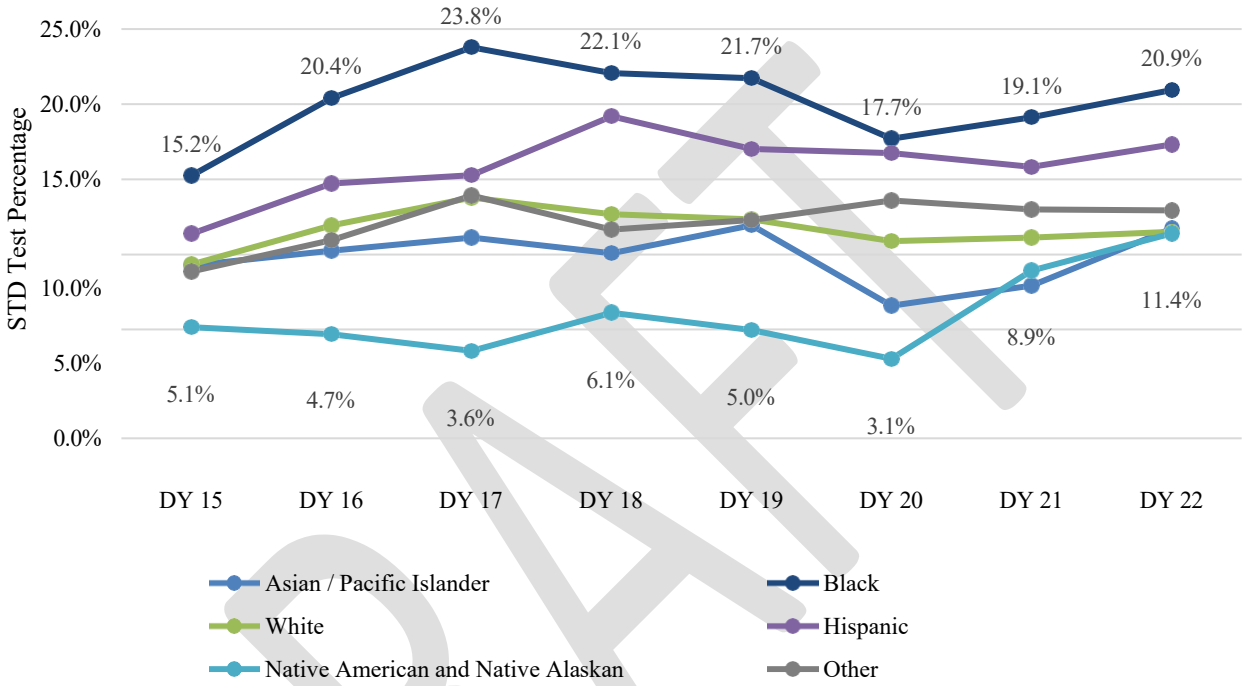
Figure 8 presents STD testing among female FPW beneficiaries by race. Overall, all racial groups experienced an increase in the percentage of beneficiaries who received an STD test from DY 15 to DY 22. Black beneficiaries consistently had the highest testing rates, with approximately 20% receiving an STD test annually. American Indian and Alaska Native beneficiaries initially had much lower testing rates but experienced a substantial increase beginning in DY 20. By DY 22, their testing rate reached 11.4%, almost the same as the rate among White beneficiaries (11.5%).

Figure 8: Sexually Transmitted Disease (STD) Test Among Female FPW Beneficiaries by Race



Source: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026.

Measure/Outcome: Cervical cancer screening utilization among female FPW beneficiaries

Cervical cancer screening utilization in this evaluation includes receipt of cervical cytology during the demonstration year or the preceding two years, or high-risk human papillomavirus (HPV) testing during the demonstration year or the preceding four years. From DY 15 to DY 22, the percentage of female FPW beneficiaries ages 21-44 who received cervical cancer screening declined overall from 24.9% to 20.7%. The screening rate increased to 28.9% in DY 18 and then gradually declined to 20.7% in DY 22.

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Table 8: Cervical Cancer Screening Utilization Among Female FPW Beneficiaries Ages 21-44

DY	# of Female FPW Beneficiaries Ages 21-44	# Who Received Cervical Screening	% Who Received Cervical Screening
15	32,571	8,104	24.9%
16	31,671	7,795	24.6%
17	25,812	6,643	25.7%
18	23,822	6,886	28.9%
19	23,388	6,618	28.3%
20	27,243	6,095	22.4%
21	24,921	4,931	19.8%
22	19,846	4,107	20.7%

Source: Cognos Reports 2018 – 2025 FPW Demonstration Annual Report, extracted in August 2026.

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Measure/Outcome: Breast exam among female FPW beneficiaries ages 15-44

During DY 15 through DY 22, the percentage of female FPW beneficiaries ages 15-44 who received a clinical breast exam increased overall from 6% to 9.8%. The percentage initially increased substantially, reaching a peak of 14.1% in DY 17, before declining to approximately 4.4%. Following this decline, clinical breast exam utilization increased again, reaching 9.8% in DY 22. Although utilization fluctuated during the demonstration period, the DY 22 rate was more than the DY15 rate, indicating an overall increase in clinical breast exam utilization among female FPW beneficiaries from DY 15 to DY 22.

Table 9: Clinic Breast Exam Among Female FPW Beneficiaries Ages 15-44

DY	# of Female FPW Beneficiaries Ages 15-44	# Who Received Breast Exam	% Who Received Breast Exam
15	41,447	2,470	6.0%
16	40,248	4,313	10.7%
17	31,354	4,435	14.1%
18	26,952	2,814	10.4%
19	24,807	1,630	6.6%
20	29,252	1,296	4.4%
21	28,176	1,865	6.6%
22	23,154	2,259	9.8%

Source: Cognos Report Number of beneficiaries tested for STDs, Pap Smears, and Breast Exams, extracted in September 2026.

Evaluation Question: Do beneficiaries maintain coverage long-term (12 months or more)?

Measure/Outcome: Completion of one spell of 12-month coverage

In DY 15, less than half of FPW beneficiaries maintained continuous enrollment for at least 12 months. This percentage increased steadily over the following demonstration years, reaching approximately 89% in DY 19. Although the percentage declined after DY 19, it remained above 71% in DY 22. Notably, despite an 35.5% decline in overall FPW enrollment from DY 15 to DY 22, the number of beneficiaries who maintained at least 12 months of continuous enrollment increased, while the percentage increased substantially from approximately 42.9 % to over 71%. These findings suggest that, although overall FPW enrollment declined, a substantially larger share of beneficiaries maintained long-term, continuous coverage in DY 22 than in DY 15, indicating improved continuity of access to FPW services.

Table 10: Completion of at Least 12 Months of Continuous FPW Enrollment

DY	# of FPW Beneficiaries	# With at Least 12 Months of Continuous Enrollment	% With at Least 12 Months of Continuous Enrollment
15	43,451	18,660	42.9%
16	41,815	18,218	43.6%
17	33,677	21,301	63.3%
18	30,250	25,979	85.9%
19	29,021	25,684	88.5%
20	35,040	25,731	73.4%
21	34,184	23,936	70.0%
22	27,605	19,836	71.9%

Source: Cognos Reports 2018 – 2025 WO214317 FPW Enrollment, extracted in September 2026.

Measure/Outcome: Reenrollment

Consistent with the earlier finding that a growing share of FPW beneficiaries maintained at least 12 months of continuous enrollment, the percentage of beneficiaries who reenrolled for at least a second spell of coverage during a demonstration year also increased steadily, from approximately 34.5% in DY 15 to 51% in DY 22. This finding provides additional evidence that FPW beneficiaries in more recent demonstration years were more likely to maintain or renew their coverage over time than those in DY 15, suggesting improved continuity of FPW coverage over the demonstration period.

Table 11: Reenrollment of FPW Beneficiaries

DY	# of FPW Beneficiaries	# With Reenrollment	% With Reenrollment
15	43,451	14,981	34.5%
16	41,815	15,008	35.9%
17	33,677	10,820	32.1%
18	30,250	13,467	44.5%
19	29,021	12,469	43.0%
20	35,040	10,638	30.4%
21	34,184	16,209	47.4%
22	27,605	14,073	51.0%

Source: Cognos Reports 2018 – 2025 WO214317 FPW Enrollment, extracted in September 2026.

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Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services.

Objective 3: Improving birth outcomes (e.g., low birthweight) and health of women in the demonstration population.

Evaluation Question: Does the demonstration improve health outcomes?

Measure/Outcome: Low birthweight babies born to female FPW beneficiaries.

During DY 15 to DY 22, the percentage of babies born to FPW beneficiaries with low birth weight decreased overall from approximately 6.5% and 2.9%. Although the percentage fluctuated considerably during the evaluation period, including an increase to approximately 30% in DY18, it subsequently declined substantially to approximately 2.9% in DY22. Overall, these findings suggest an improvement in birth outcomes related to low birth weight among FPW beneficiaries by the end of the evaluation period.

Table 12: Low Birthweight Babies Born to Female FPW Beneficiaries

DY	# of Babies Born to Female FPW Beneficiaries	# With Low Birthweight	% With Low Birthweight
15	1,002	65	6.5%
16	1,080	76	7.0%
17	1,019	190	18.6%
18	733	214	29.2%
19	512	107	20.9%
20	367	32	8.7%
21	432	35	8.1%
22	456	13	2.9%

Source: Cognos Reports 2018 – 2025 WO200480 - Early Pre-Term Births and LBW – refreshable and Demonstration Survey, extracted in September 2026.

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Measure/Outcome: Premature babies born to FPW beneficiaries.

Compared with low birth weight among babies born to FPW beneficiaries, prematurity was relatively more common. However, the percentage of premature babies born to FPW beneficiaries decreased from 3.6% in DY 15 to 2.9% in DY 22, indicating an improvement in birth outcomes related to prematurity among FPW beneficiaries by the end of the evaluation period.

Table 13: Premature Babies Born to FPW Beneficiaries

DY	# of Babies Born to FPW Beneficiaries	# Premature Babies	% Premature Babies
15	1,002	36	3.6%
16	1,080	49	4.5%
17	1,019	93	9.1%
18	733	86	11.7%
19	512	46	9.0%
20	367	24	6.5%
21	432	21	4.9%
22	456	13	2.9%

Source: Cognos Reports 2018 – 2025 WO200480 - Early Pre-Term Births and LBW – refreshable and Demonstration Survey, extracted in September 2026.

Objective 4: Increasing the child spacing interval among female FPW enrollees.

Measure/Outcome: The number of FPW females with a second birth less than 18 months of a previous birth.

During DY 21, there were 13 reported FPW female beneficiaries with a claim indicating a second pregnancy less than 18 months of a previous birth compared to 19 in DY 20, a 31.6% decrease from the previous year.

Table 14: Postpartum Female FPW Beneficiaries with A Second Birth Within 18 Months

DY	# of Postpartum Women Sequentially Enrolled in FPW	# With Second Birth Less Than 18 Months	% With Second Birth Less Than 18 Months
15	13,492	1,954	14.5%
16	12,550	1,732	13.8%
17	2,368	43	1.8%
18	10	1	10.0%
19	45	2	4.4%
20	3,807	81	2.1%
21	2,477	22	0.9%
22	1,328	15	1.1%

Source: Cognos Report 4 – Counts of Beneficiaries from 029 to 088 and 088 to 029, extracted in August 2026; Report 2-088 to 29 Then Give Birth, extracted in September 2026.

Objective 5: Reducing the number of unintended pregnancies among women enrolled in the FPW.

Measure/Outcome: Unintended pregnancies among FPW female beneficiaries.

Because administrative data do not directly identify whether each pregnancy among female FPW beneficiaries was intended or unintended, two alternative measures were used to assess unintended pregnancy.

First, data on elective terminations and terminations of unwanted pregnancies were used to calculate the percentage of total pregnancies, including live births, terminations of pregnancy, and fetal losses, that resulted in an elective or unwanted termination. As shown in Table 18, the number of elective or unwanted terminations declined from five in DY 15 to zero in DY 22. No pregnancies among female FPW beneficiaries were identified as having resulted in an elective or unwanted termination since DY 21. However, this measure may underestimate unintended pregnancy because an unintended pregnancy does not necessarily result in termination; some unintended pregnancies may result in live births.

Table 15: Elective Terminations and Terminations Associated with Unwanted Pregnancies Among Female FPW Beneficiaries

DY	# of Total Pregnancies	# of Termination	% # of Termination
15	3,457	5	0.1%
16	7,176	3	0.0%
17	6,583	0	0.0%
18	5,097	2	0.0%
19	3,679	1	0.0%
20	2,839	1	0.0%
21	2,939	0	0.0%
22	2,814	0	0.0%

Source: Cognos Reports 2018-2025 W0214317 Termination of Pregnancy, extracted in September 2026.

To address this limitation and provide a more complete assessment, survey data collected from FPW beneficiaries from 2021 through 2025 were also examined. The survey asked beneficiaries whether the pregnancy was wanted at the time it occurred. Responses from surveyed FPW beneficiaries who reported being pregnant were summarized to estimate the percentage who reported that their pregnancies were unintended. As shown in Table 19, overall, approximately 26.3% of pregnant FPW beneficiaries surveyed reported that their pregnancies were unintended. This percentage was lower than the approximately 36.6% reported for the overall pregnant population in Mississippi[1].

[1] See Unintended Pregnancy in Mississippi, America's Health Rankings United Health Foundation (https://www.americashealthrankings.org/explore/measures/unintended_pregnancy/MS).

Table 16: Unwanted Pregnancy Among Surveyed Pregnant Female FPW Beneficiaries

DY	# of Pregnant Female FPW Beneficiaries Surveyed	# Reporting an Unwanted Pregnancy	% Reporting an Unwanted Pregnancy
18	5	1	20.0%
19	1	1	100.0%
20	---	---	---
21	8	2	25.0%
22	5	1	20.0%
Total	***19***	***5***	***26.3%***

Source: Annual surveys of FPW beneficiaries conducted by MDOM.
Notes: The annual survey began in DY 18. No survey was conducted in DY 20.

Taken together, these findings show that elective or unwanted pregnancy terminations among FPW beneficiaries declined over the demonstration period and that the percentage of surveyed pregnant FPW beneficiaries reporting an unintended pregnancy was lower than the percentage reported for the overall pregnant population in Mississippi.

Objective 6: Reducing overall pregnancy among teenage women enrolled in the demonstration population.

Measure/Outcome: Pregnancy among FPW females beneficiaries ages 13-19[2].

From DY 15 to DY 22, the percentage of female FPW beneficiaries ages 13-19 who became pregnant decreased from 3.6% to 2.8%. Although the percentage increased continuously from DY 17 through DY 19, reaching more than 4%, it declined to 2.1% in DY 20 and remained below 3% for the following three years. Overall, these findings indicate a reduction in pregnancy among teenage female FPW beneficiaries, suggesting that Objective 6 has been met.

Table 17: Pregnancy Among FPW Females Beneficiaries Ages 13-19

DY	# of Female FPW Beneficiaries Ages 13-19	# Pregnant	% Pregnant
15	5,315	192	3.6%
16	5,119	191	3.7%
17	3,099	152	4.9%
18	1,121	46	4.1%
19	701	30	4.3%
20	1,356	29	2.1%
21	2,213	45	2.0%
22	2,090	58	2.8%

Source: Cognos reports 2018-2025 FPW Demonstration Annual Report, extracted in August 2026; FPW Demonstration Annual 2018-2019, and 2021-2025 Reports, Family Planning, Mississippi Division of Medicaid, https://medicaid.ms.gov/medicaid-coverage/who-qualifies-for-coverage/family-planning/.

[2] In the Evaluation Plan, this measure was defined as the number of babies born to female FPW beneficiaries ages 13-19 divided by the total number of female FPW beneficiaries ages 13-19. However, because the objective focuses on reducing pregnancy, measuring only births would not capture pregnancies that did not result in a live birth. To provide a more complete assessment of pregnancy among FPW teens, this interim evaluation calculates the pregnancy rate among female FPW beneficiaries ages 13-19 rather than the birth delivery rate.

Objective 7: Reducing the number of repeat births among teenage women in the demonstration population.

Measure/Outcome: Repeat pregnancy among FPW female beneficiaries ages 13-19[3].

From DY 15 to DY 22, the percentage of female FPW beneficiaries ages 13-19 who experienced a repeat pregnancy before turning 20 slightly increased from 1% to 1.4%. Over the eight-year period, the percentage generally remained below 2%, with the exception of a substantial increase to 5.4% in DY 19. Following the spike in DY 19, the percentage declined substantially and remained below 2% for the next three years, including 1.4% in DY 22.

Table 18: Repeat Pregnancy Among FPW Females Ages 13-19

DY	# of Female FPW Beneficiaries Ages 13-19	# With A Repeat Pregnancy	% With A Repeat Pregnancy
15	5,315	51	1.0%
16	5,119	48	0.9%
17	3,099	50	1.6%
18	1,121	25	2.2%
19	701	38	5.4%
20	1,356	26	1.9%
21	2,213	27	1.2%
22	2,090	29	1.4%

Source: Cognos reports 2018-2025 FPW Demonstration Annual Report, extracted in August 2026; Cognos Report 5 Gave Birth Twice 13-19 Years of Age, extracted in September 2026.

Goal 3: Increase the overall savings attributable to providing family planning services.

Objective 8: Decreasing the number of Medicaid deliveries, which will reduce the annual expenditures for prenatal, delivery, and newborn services.

Evaluation Question: Does the demonstration reduce the number of Medicaid deliveries?

Measure/Outcome: Medicaid deliveries.

From DY 15 to DY 22, the percentage of female Medicaid beneficiaries ages 13-44 who were pregnant decreased from 18.1% to 15.4%. During the same period, the number of Medicaid-funded deliveries among female FPW beneficiaries who transitioned from FPW to Medicaid due to pregnancy decreased from 1,002 to 456. Correspondingly, the percentage of female FPW beneficiaries who had a Medicaid-funded delivery decreased from 2.4% to 2.0%. Taken together, these findings show an overall decline in

[3] In the Evaluation Plan, this measure was defined as the number of female FPW beneficiaries ages 13-19 who experienced a second pregnancy within 18 months of a previous pregnancy, divided by the total number of female FPW beneficiaries ages 13-19. However, the objective focuses on reducing repeat pregnancies among teenage women without limiting the time between pregnancies to 18 months. Therefore, this interim evaluation expands the measure to include any second pregnancy that occurred before the beneficiary turned 20, as long as both pregnancies occurred during her teenage years. This approach provides a more complete assessment of repeat pregnancy among teenage FPW beneficiaries by capturing repeat pregnancies throughout the entire teenage period rather than only those occurring within 18 months of a previous pregnancy.

both pregnancy among female Medicaid beneficiaries and Medicaid-funded deliveries among FPW beneficiaries during the evaluation period. The decline in Medicaid-funded deliveries among FPW beneficiaries is consistent with the intended role of FPW in preventing unintended pregnancies and reducing Medicaid-funded births.

Table 19: Pregnancy Among Female Medicaid Beneficiaries Ages 13-44

DY	# of Female Medicaid Beneficiaries Ages 13-44	# Pregnant	% Pregnant
15	204,447	37,005	18.1%
16	198,784	36,216	18.2%
17	196,063	34,906	17.8%
18	219,981	34,449	15.7%
19	243,019	35,046	14.4%
20	261,228	34,370	13.2%
21	234,146	30,887	13.2%
22	193,874	29,907	15.4%

Source: Cognos reports 2018-2025 Report view of WO13740 - Women Enrolled and Pregnant by Year, extracted in September 2026.

Table 20: Medicaid Deliveries Among Former Female FPW Beneficiaries

DY	# of Female FPW Beneficiaries	# of Birth	% of Birth
15	41,471	1,002	2.4%
16	40,277	1,080	2.7%
17	31,376	1,019	3.2%
18	27,062	733	2.7%
19	25,060	512	2.0%
20	29,691	367	1.2%
21	28,535	432	1.5%
22	23,165	456	2.0%

Source: Cognos reports 2018-2025Demonstration Survey, extracted in September 2026.

Objective 9: Increasing the overall savings attributable to providing family planning services by covering women for one-year postpartum.

Evaluation Question: Does the demonstration Medicaid expenditures for prenatal, delivery, and newborn services?

Measure/Outcome: Medicaid expenditures related to prenatal, delivery and newborn services.

During DY 15 through DY 22, total Medicaid expenditures for prenatal, delivery, and newborn services decreased by approximately 33.6% from $618,717,859 to $410,947,436, accompanied by a decline in the average cost per Medicaid-funded birth. Of these birth-related expenditures, approximately 1.7% to 2.8% were associated with births among former female FPW beneficiaries. In general, the average cost per

Medicaid-funded birth among former FPW beneficiaries was lower than the average cost per birth among all female Medicaid beneficiaries, with the exception of DY18 through DY20.

During the same eight-year period, approximately 36,077 postpartum women subsequently enrolled in FPW. Of these women, approximately 32,227 did not have a second birth within 18 months. Applying the annual average Medicaid-funded birth cost among former FPW beneficiaries to these women, the estimated Medicaid expenditure savings associated with the absence of a second birth within 18 months totaled more than $514 million from DY15 through DY22.

Taken together, these findings suggest that FPW may be associated with Medicaid expenditure savings through two potential pathways. First, among former FPW beneficiaries who subsequently had a Medicaid-funded birth, the average cost per birth was generally lower than the average cost among all female Medicaid beneficiaries who gave birth. This lower average cost may have contributed to reduced Medicaid expenditures for prenatal, delivery, and newborn services. Second, postpartum FPW enrollment may have generated additional savings by reducing closely spaced subsequent births, thereby potentially avoiding the Medicaid expenditures associated with those births. However, because the estimated savings from this second pathway assume that women without a second birth within 18 months would otherwise have had a Medicaid-funded birth, these savings should be interpreted as estimated potential savings rather than directly observed savings attributable to FPW.

Table 21: Medicaid Expenditures Related to Birth Services

DY	Total Medicaid Expenditures for Medicaid-Funded Births	Total Medicaid Expenditures for Medicaid-Funded Births	Total Medicaid Expenditures for Medicaid-Funded Births
15	$618,717,859	$11,620,100	1.9%
16	$591,831,464	$18,091,934	3.1%
17	$497,710,932	$11,376,817	2.3%
18	$494,599,113	$13,896,413	2.8%
19	$560,459,522	$13,210,961	2.4%
20	$538,181,388	$10,746,711	2.0%
21	$445,685,403	$7,402,125	1.7%
22	$410,947,436	$7,165,726	1.7%

Source: Cognos reports 2018-2025Demonstration Survey, extracted in September 2026.

Table 22: Average Medicaid Expenditures Related to Birth Services

DY	Average Cost per Medicaid-Funded Birth	Average Cost per Medicaid-Funded Birth Among Former FPW Beneficiaries	Difference in Average Cost
15	$19,359	$11,597	-$7,762
16	$18,919	$16,752	-$2,167
17	$16,717	$11,165	-$5,552
18	$17,230	$18,958	$1,728
19	$19,903	$25,803	$5,900
20	$19,716	$29,283	$9,567
21	$17,741	$17,135	-$606
22	$17,916	$15,714	-$2,202

Source: Cognos reports 2018-2025Demonstration Survey, extracted in September 2026.

Table 23: Estimated Medicaid Expenditure Savings Associated with the FPW Postpartum Program

DY	# of Postpartum Women Subsequently Enrolled in FPW	# of Postpartum Women Subsequently Enrolled in FPW	# of Postpartum Women Subsequently Enrolled in FPW	# of Postpartum Women Subsequently Enrolled in FPW
15	13,492	11,538	$11,597	$133,806,186
16	12,550	10,818	$16,752	$181,223,136
17	2,368	2,325	$11,165	$25,958,625
18	10	9	$18,958	$170,622
19	45	43	$25,803	$1,109,529
20	3,807	3,726	$29,283	$109,108,458
21	2,477	2,455	$17,135	$42,066,425
22	1,328	1,313	$15,714	$20,632,482
Total	***36,077***	***32,227***	***$18,301 (Average)***	***$514,075,463***

Source: Cognos Report 4 – Counts of Beneficiaries from 029 to 088 and 088 to 029, extracted in August 2026; 2018-2025Demonstration Survey, extracted in September 2026; Report 2-088 to 29 Then Give Birth, extracted in September 2026.

FPW Beneficiaries Survey Results

From DY 15 through DY 22, MDOM conducted four rounds of FPW beneficiary satisfaction surveys to assess beneficiaries' satisfaction with and experiences accessing services provided through the FPW demonstration. Survey results are available for DY 18, DY 19, DY 21, and DY 22. Although a survey was planned for DY 20, unforeseen circumstances delayed the mailing of the survey until DY 21. As a result, no separate survey results are available for DY 20.

More than 100 survey responses were received in each survey year except DY19, when 48 responses were received, providing useful information on beneficiaries' experiences with FPW services. Although the overall response rate remained below 5% in each year and the findings should therefore be interpreted with some caution, the survey results provide valuable insight into the experiences and perspectives of beneficiaries who responded.

Based on the survey results available for DY18, DY19, DY21, and DY22, the following measures were calculated to assess beneficiaries' experiences with FPW services.

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Measure/Outcome: Access to family planning services and family planning related services in the past 6 months.

Of the 439 respondents, an average of 61.1% across the demonstration years indicated that they had accessed family planning and related services in the past six months. There was an upward trend over the years in the percentage of beneficiaries who accessed family planning and related services.

Table 24: Access to Family Planning and Related Services in the Past Six Months

DY	# of Responses	# Who Accessed Services	% Who Accessed Services
18	104	57	54.8%
19	48	17	35.4%
21	168	107	63.7%
22	119	87	73.1%
Total	***439***	***268***	***61.1%***

Source: FPW Survey Question 2.

Measure/Outcome: Number of respondents who were pleased with the care received.

Of the 439 respondents, an average of 75.9% across the demonstration years indicated that they were pleased with the FPW care they received. There was an upward trend over the years in the percentage of beneficiaries who were pleased with the FPW care they received.

Table 25: Respondents Who Were Pleased with the Care Received

DY	# of Responses	# Who Were Pleased	% Who Were Pleased
18	104	84	80.8%
19	48	36	75.0%
21	168	103	61.3%
22	119	110	92.4%
Total	***439***	***333***	***75.9%***

Source: FPW Survey Question 10.

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Measure/Outcome: Number of respondents who reported they received an appointment for care (FPW) as soon as they needed too.

Of the 439 respondents, an average of 61.3% across the demonstration years indicated that they received an appointment as soon as needed. There was an upward trend over the years in the percentage of beneficiaries who received an appointment as soon as needed.

Table 26: Respondents Who Reported They Received an Appointment for Care (FPW)

DY	# of Responses	# Who Received Appointment	% Who Received Appointment
18	104	19	18.3%
19	48	32	66.7%
21	168	122	72.6%
22	119	96	80.7%
Total	***439***	***269***	***61.3%***

Source: FPW Survey Question 6.

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