

USE OF CONTRACEPTIVE PRODUCTS IN MISSISSIPPI MEDICAID FAMILY PLANNING WAIVER PROGRAM

BACKGROUND

In recent years, several states have expanded eligibility for Medicaid coverage of family planning services. Historically, states like MS have secured approval of a “waiver” of federal policy from the Centers for Medicare and Medicaid Services. Traditionally, MS Medicaid’s Family Planning Program has been solely for women receiving family planning benefits. State Medicaid programs participating in the Family Planning, Access, Care and Treatment (FPACT) Program receive a 90% federal match for contraceptives used for family planning/birth control purposes. Contraceptives prescribed to family planning waiver beneficiaries for indications other than family planning, including but not limited to acne vulgaris, menorrhagia, premenstrual dysphoric disorder are entitled to the state’s federal medical assistance percentage (FMAP) rate rather than the enhanced or 90% match. Department of Health and Human Services Office of the Inspector General (OIG) is auditing states participating in the FPACT program for submitting contraceptive claims at the enhanced match rate when documentation was lacking that the medication was prescribed for family planning purposes. In many cases, the OIG has recommended that state Medicaid programs reimbursement to CMS, for the difference in state federal match and contraceptive enhanced match, as well as develop a policy to improve monitoring and control over billing for enhanced federal match process.

Since the Division of Medicaid (DOM) can only receive the higher match amount for contraceptives having documentation of contraceptive counseling, it is important that DOM maximize the percentage of prescriptions that will qualify for the higher match. MS-DUR has conducted an analysis of contraceptive claims in the Mississippi Medicaid program to determine how often documentation might be lacking that these prescriptions were for family planning.

METHODS

A retrospective analysis was conducted using Mississippi Medicaid fee-for-service and managed care pharmacy claims data for the period January 2014 through September 2014 and medical (outpatient) claims data for the period January 2012 through September 2014. Beneficiaries having prescription claims for oral contraceptives during 2014 were identified. Medical claims with diagnosis codes related to general counseling and advice on contraceptive management (V25.0x), surveillance of previously prescribed contraceptive methods (V25.4x), pain and other symptoms associated with female genital organs (625.xx), Disorders of menstruation and other abnormal bleeding from female genital tract (626.xx), and for diseases of sebaceous glands (706.xx) were extracted for these beneficiaries. Analyses were conducted to determine which diagnoses were documented in medical claims prior to the first pharmacy claims for an oral contraceptive. A sensitivity analysis was performed for different lengths of look-back periods to determine how

periods of 90 days, 365 days and 730 days would affect the percentage of oral contraceptive claims that could be documented as being for contraceptive use or other treatments.

RESULTS

Table 1 shows the percentage of beneficiaries taking oral contraceptives that had documentation of the treatments described above. As would be expected, the percentage of beneficiaries with a documented diagnosis increased as the length of the look-back period increased. Even with a two-year look-back period, only about one-fourth of the beneficiaries taking oral contraceptives had documentation of contraceptive counseling. The prevalence of documentation was similar across all three plans.

TABLE 1: Percentage of Beneficiaries Taking Oral Contraceptives and Having Diagnosis Codes Found In Medical History Before First Oral Contraceptive Prescription Fill in 2014					
Length of Procedure Code Look-back**	Codes Found	Medicaid Plan			
		Total (n = 18,617)	FFS (n = 9,555)	UHC (n = 4,231)	Magnolia (n = 4,831)
90 days	Contraceptive Counseling (CC) Only*	8.7%	9.4%	7.0%	8.5%
	CC + other*	1.6%	1.8%	1.1%	1.5%
	Menstrual only	9.4%	9.0%	8.9%	10.7%
	Acne only	0.6%	0.8%	0.3%	0.5%
	None	79.8%	79.0%	82.6%	78.8%
365 days	Contraceptive Counseling (CC) Only*	12.7%	14.4%	10.4%	11.6%
	CC + other*	4.5%	4.3%	4.5%	5.2%
	Menstrual only	18.2%	13.4%	23.2%	23.3%
	Acne only	1.3%	1.8%	0.5%	1.1%
	None	63.2%	66.2%	61.4%	58.8%
730 days	Contraceptive Counseling (CC) Only*	14.0%	15.6%	11.6%	12.8%
	CC + other*	8.4%	7.3%	9.3%	9.6%
	Menstrual only	21.1%	15.9%	26.7%	26.3%
	Acne only	1.9%	2.6%	0.9%	1.4%
	None	54.6%	58.4%	51.5%	40.8%

* A contraceptive counseling procedure code is required to document use for birth control.

** Look-back is from first oral contraceptive fill in 2014.

CONCLUSIONS

Even with a two-year look-back period, only a small percentage of oral contraceptive use could be documented as being for birth control. Although the claims processing system can do a two-year look-back, contraceptive counseling should be expected more often. In order to maximize the

number of contraceptive claims that qualify for the higher FMAP rate, DUR initiatives need to be undertaken to assure documentation of medical use for contraceptives.

RECOMMENDATION:

1. DOM should implement an electronic prior authorization clinical edit for all contraceptives (oral, injectable, or implant) requiring a diagnosis code for counseling and advice on contraceptive management (V 25.0x) or surveillance of previously prescribed contraceptive methods (V25.4x) be found in the medical claims history within one (1) year of a prescription being filled or the diagnosis must be written on the prescription by the prescribing physician and entered by the pharmacy at the time of dispensing.
2. United Health Care and Magnolia should be encouraged to implement a similar edit for Medicaid beneficiaries enrolled in Coordinated Care.