

# **Family Planning Waiver**

**1115 Research and Demonstration Waiver  
Project Number 11-W-00135/4**

## **5-Year Waiver Extension Request**

**Extension Period: January 1, 2018 – December 31, 2022**

**Florida Medicaid  
Florida Agency for Health Care Administration**



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# Program Overview

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## Extension Request

The State is seeking federal authority to extend Florida's 1115 Family Planning Waiver (Project Number 11-W-00135/4) for the period January 1, 2018 through December 31, 2022. The Family Planning Waiver operates statewide and provides family planning services to non-pregnant women who meet the eligibility requirements for the waiver. The State is not proposing any programmatic changes to the Family Planning Waiver with this extension request, and is not requesting any changes to the expenditures and waiver authorities already granted by the Centers for Medicare and Medicaid Services (CMS).

Prior to submitting the extension application to CMS, the State held a 30-day public notice and comment period. The public notice and comment period was from May 1, 2017 through May 30, 2017, during which the State held two public meetings to allow all interested stakeholders the opportunity to provide meaningful input on the proposed five-year extension request. A full description of the public notice process can be found on page seven.

## Historical Overview

The State received approval from CMS to implement Florida's 1115 Family Planning Waiver on August 23, 1998 with an effective date of October 1, 1998. The purpose of this waiver was to afford the State authority to provide a limited Medicaid benefit package including family planning and family planning-related services to women of childbearing age losing Florida Medicaid pregnancy coverage or full Medicaid coverage, who had family income at or below 185 percent of the federal poverty level.

During the life of the demonstration, the State has made minor adjustments to the Family Planning Waiver to clarify and widen the eligibility criteria. The goals and objectives of the waiver have remained the same.

## Goals and Objectives

The primary objective of the Family Planning Waiver is to increase the number of women between the ages of 14 and 55 years receiving family planning services. The waiver has been successful in meeting its goals (see page 4, Evaluation Findings) and therefore does not intend to make any changes to the current approved goals and objectives.

Family Planning Waiver goals:

- Increase access to family planning services.
- Increase child spacing intervals through effective contraceptive use.
- Reduce the number of unintended pregnancies in Florida.

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

The State contracts with Florida State University (FSU) to conduct the evaluation of the family planning waiver. See attachment IV for the final evaluation report for the period July 1, 2014 – June 30, 2015.

## Eligibility

Women must meet the following eligibility criteria to qualify for the Family Planning Waiver:

- Loss of Florida Medicaid eligibility.
- Between the ages of 14 and 55 years.
- Have family income at, or below, 191% of the federal poverty level.
- Are not otherwise eligible for Florida Medicaid, Children's Health Insurance Program, or health insurance coverage that provides family planning services.

Eligibility for the Family Planning Waiver is limited to two years and is subject to an annual eligibility redetermination.

## Family Planning Waiver Services

Women enrolled in the Family Planning Waiver access services through Florida Medicaid's fee-for-service delivery system. Services provided under the Family Planning Waiver include, but are not limited to:

- Physical exams
- Family planning counseling and pregnancy tests
- Birth control supplies
- Colposcopies and treatment for sexually transmitted diseases
- Related pharmaceuticals and laboratory tests

A complete list of all reimbursable service codes for the Family Planning Waiver are available on the Agency for Health Care Administration's (Agency's) Web site at:

[http://ahca.myflorida.com/Medicaid/Family\\_Planning/reim\\_services.shtml](http://ahca.myflorida.com/Medicaid/Family_Planning/reim_services.shtml).

## Increasing Enrollment and Access to Services

The State increases access to family planning services through the Family Planning Waiver by providing services to women who are not otherwise eligible for Florida Medicaid unless pregnant.

The Family Planning Waiver provided family planning services to over 42,000 women between 2011 and 2014 which resulted in an estimated 23 million dollars savings for Florida's Medicaid program. In Demonstration Year 16, the Family Planning Waiver increased the amount of women re-enrolling in the waiver for a second year by 65%.

## General Outreach and Awareness

The Florida Family Health Line, a toll-free hotline, provided 8,764 callers with information about the Family Planning Waiver during demonstration year 17 (July 1, 2016 through June 30, 2017).

## Quality and Monitoring

The Florida Department of Health monitors the family planning program while conducting its performance improvement monitoring for each county health department (CHD). The performance improvement monitoring ensures that local CHDs maintain compliance with waiver requirements and appropriate staff have received mandatory training. The State reports monitoring activities to CMS in the quarterly reports.

The performance improvement monitoring process follows a four-year cycle:

**Year 1** – Onsite monitoring visits

**Year 2** – Follow-up calls

**Year 3** – Desk review

**Year 4** – Technical assistance call

The Department of Health conducted the following monitoring activities during demonstration year 17 (July 1, 2016 through June 30, 2017):

- 22 CHDs received an onsite visit
- 12 CHDs received a follow-up call
- 16 CHDs received a desk review
- 20 CHDs received a technical assistance call

### Comprehensive Quality Strategies

The Comprehensive Quality Strategy (CQS) report is the State's quality strategy for assessing and improving the quality of health care and services furnished by Florida Medicaid. The CQS outlines Florida Medicaid's priorities and goals for continuous quality improvement, the performance improvement efforts that align with and promote these priorities/goals, and the

quality metrics and performance targets to be used in measuring performance and improvements to provide “better health care for all Floridians.”

The draft 2017 CQS report is available on the Agency’s Web site at [http://ahca.myflorida.com/medicaid/Policy\\_and\\_Quality/Quality/index.shtml](http://ahca.myflorida.com/medicaid/Policy_and_Quality/Quality/index.shtml).

## Post Award Forum

The State held the annual post award forum for the Family Planning Waiver during the October 18, 2016 Medical Care Advisory Committee Meeting. The State responded to all questions received during the meeting and does not intend to make any changes to the waiver based on those questions.

Summary of Post Award Forum Comments:

- The State received comments on the appropriateness of the eligibility age range for the Family Planning Waiver.
- The State received comments on whether certain vaccines were available under the Family Planning Waiver.

# Evaluation

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The State contracts with FSU to conduct the evaluation for the Family Planning Waiver. The current three-year contract will evaluate the following demonstration years:

- Demonstration Year 17: July 1, 2014 – June 30, 2015
- Demonstration Year 18: July 1, 2015 – June 30, 2016
- Demonstration Year 19: July 1, 2016 – June 30, 2017

## Evaluation Design

The evaluation design focuses on the goals and primary objective of the Family Planning Waiver. Florida State University uses a combination of quantitative and qualitative methods to evaluate the program. The evaluation team tests four hypotheses regarding the waiver's objectives and reviews survey data to identify strategies that have been successful in achieving the waiver goals and objectives.

Florida State University will continue to test the following hypotheses:

1. More eligible women will participate in the Family Planning Waiver program during the extension period than in previous waiver periods.
2. Family Planning Waiver participants will be more likely to increase their inter-birth interval to 24 months than non-participants.
3. Family Planning Waiver participants will be less likely to have unintended pregnancies than non-participants.
4. Florida Medicaid will achieve cost savings through the Family Planning Waiver program by averting unintended pregnancies and births.

The Family Planning Waiver goals and objectives can be found on page one.

## Summary of Evaluation Findings

The following is a summary of the Family Planning Evaluation Findings. See attachment IV for the entire final evaluation report for the period July 1, 2014 – June 30, 2015.

- The Family Planning Waiver increased the number of new enrollee participants by 118% in demonstration year 17.
- The Family Planning Waiver increased the number of new enrollees by over 6,000 in demonstration year 17.
- The Family Planning Waiver increased the average birth interval for family planning waiver enrollee participants from 17 months to 18.5 months.

## Expenditure Authority

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To effectively maintain the Family Planning Waiver, the State is seeking a five-year extension from CMS in order to waive statutory provisions under Section 1902 of the Social Security Act, and obtain expenditure authority that permits the State to provide maximum flexibility in administering the program.

The State is not requesting new expenditure authorities or any changes to the current expenditure authorities previously granted (See Appendix III).



## Budget Neutrality Compliance

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The budget neutrality and projected target per-member per-month (PMPMs) for the Family Planning Waiver extension period are provided in tables A-C of Appendix I.

# Public Notice Process

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## Public Notice Process

The State conducted the public comment period from May 1, 2017 through May 30, 2017 to solicit input on the waiver extension request.

The State notified stakeholders of the public comment period using the following methods:

- Published public notice on April 28, 2017 in the Florida Administrative Register (FAR) in compliance with Chapter 120, Florida Statutes
- Emailed information to individuals and organizations on its interested stakeholders list

## Public Notice Materials

The State posted the dates, times, and locations of two public meetings and a link to this public notice document on the Agency's Web site at:

[http://ahca.myflorida.com/Medicaid/Family\\_Planning/extension\\_2017-22.shtml](http://ahca.myflorida.com/Medicaid/Family_Planning/extension_2017-22.shtml)

This link was also provided in the FAR notice and email to interested stakeholders.

## Consultation with Indian Health Programs

The Agency sent written correspondence to the Indian Health Programs located in Florida to solicit input on the waiver extension request (Appendix II). The State of Florida does not have any Urban Indian Organizations, but has two federally recognized tribes: the Seminole Tribe and Miccosukee Tribe.

## Public Meetings

The State held two public meetings during the public comment period. Individuals who were unable to attend the meetings in person were able to participate via conference call by using the toll-free number provided. During the meetings, the Agency provided a brief overview of the Family Planning Waiver and allowed time for public comment.

## Family Planning Waiver Extension Public Meetings

Location	Date	Time
Orlando Agency for Health Care Administration Hurston Building – South Tower 400 W Robinson St, Suite S-309D Orlando, FL 32801  Conference Line: 1-888-268-4181 Participant Code: 477 371 96#	May 5, 2017	2:15 p.m. – 3:15 p.m.
Tallahassee Agency for Health Care Administration 2727 Mahan Drive, Building 3 Conference Room A Tallahassee, FL 32308  Conference Line: 1-800-219-3192 Participant Code: 114 686 31#	May 16, 2017	2:00 p.m. – 3:00 p.m.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in a workshop/meeting was asked to advise the Agency at least seven days before the workshop/meeting by contacting Heather Morrison at (850) 412-4034 or by email at [Heather.Morrison@ahca.myflorida.com](mailto:Heather.Morrison@ahca.myflorida.com).

Individuals who are hearing or speech impaired were able to contact the Agency using the Florida Relay Service, 1 (800) 955-8771 (TDD) or 1 (800) 955-8770 (Voice).

### Submitting Written Comments

Written comments on the waiver extension could be submitted via mail or email with the subject “1115 Family Planning Waiver Extension Request” during the public comment period.

**Mail:** Bureau of Medicaid Policy  
 Agency for Health Care Administration  
 2727 Mahan Drive, MS #20  
 Tallahassee, Florida 32308

**Email:** [FLMedicaidWaivers@ahca.myflorida.com](mailto:FLMedicaidWaivers@ahca.myflorida.com)

## Public Comments

The Agency carefully considered all comments received on the waiver extension. All public comments related to this extension request can be found on our website at:

[http://ahca.myflorida.com/Medicaid/Family\\_Planning/extension\\_2017-22.shtml](http://ahca.myflorida.com/Medicaid/Family_Planning/extension_2017-22.shtml). Additionally, a summary of comments is included below:

Summary of Comments 1115 Family Planning Waiver Extension		
Comment	Actioned (Y/N)	Notes
Comment related to expanding eligibility guidelines and implementing presumptive eligibility for all individuals of reproductive age who have incomes up to 196% FPL	N	The State has considered this comment and determined no change to the waiver extension is necessary.
Comment urging removal of the guideline limiting coverage to women who are not eligible for other health insurance coverage that provides family planning coverage	N	The State has considered this comment and determined no change to the waiver extension is necessary.
Question as to whether the age limits should be adjusted	N	The State has considered this comment and determined no change to the waiver extension is necessary. The limits are statutorily defined.

# Appendix I

## Budget Neutrality Tables

Table A provides the historic information regarding waiver enrollment (member months) and expenditures for each of the demonstration years (DY). The waiver expenditures identified in this table are the same costs as reported in the State's CMS-64 report. The four most current complete years (DY15-18) were used to project the member months for the proposed extension years (DY20-24). Since DY19 is an incomplete year (July 2016-June 2017), and DY20 (July 2017- Dec 2017) projected PMPM's cost are approved in Special Terms and Condition #41, these years were not used for projection purposes. The resulting trend rate of 3.50% was applied to the member months experienced thus far in DY18 to project DY 20-24.

Table A Demonstration Historic Trend (DY1 -6)						
	DY 1	DY 2	DY 3	DY 4	DY 5	DY 6
	SFY98/99	SFY99/00	SFY00/01	SFY01/02	SFY02/03	SFY03/04
<i>FP Waiver Expenditures</i>	\$2,895,339	\$5,430,259	\$6,848,141	\$7,522,595	\$8,396,796	\$32,583
<i>Total Member Months</i>	284,617	985,801	1,379,504	1,289,973	1,310,518	314,472
<i>Average Monthly Members</i>	31,624	82,150	114,959	107,498	109,210	26,206
<i>Cost Per Member Per Month</i>	\$10.17	\$5.51	\$4.96	\$5.83	\$6.41	\$1.06

Table A Demonstration Historic Trend (DY7 -13)							
	DY 7	DY 8	DY 9	DY10	DY11	DY12*	DY13*
	SFY04/05	SFY05/06	SFY06/07	SFY07/08	SFY08/09	SFY09/10	SFY10/11
<i>FP Waiver Expenditures</i>	\$876,631	\$1,052,022	\$2,776,378	\$7,439,059	\$8,880,918	\$4,126,034	\$1,126,701
<i>Total Member Months</i>	32,447	37,740	87,633	574,162	705,308	313,166	42,687
<i>Average Monthly Members</i>	2,704	3,145	7,303	47,847	58,776	26,097	3,557
<i>Cost Per Member Per Month</i>	\$27.02	\$27.88	\$31.68	\$12.96	\$12.59	\$13.18	\$26.39

Table A Demonstration Historic Trend (DY14 -18)								
	DY14	DY15	DY16	DY17	DY18	DY19 (Through March '17)	DY20** (Through Dec. '17)	DY1-18
	SFY11/12	SFY12/13	SFY13/14	SFY14/15	SFY15/16	SFY16/17	SFY17/18	Total
<i>FP Waiver Expenditures</i>	\$5,705,901	\$3,785,274	\$6,841,890	\$5,046,139	\$4,358,723	\$364,213	\$4,230,452	\$83,441,383
<i>Total Member Months</i>	653,976	561,515	561,633	564,853	622,536	417,204	423,893	10,322,541
<i>Average Monthly Members</i>	54,498	46,793	46,803	47,071	51,878	69,534	70,649	
<i>Cost Per Member Per Month</i>	\$8.72	\$6.74	\$12.18	\$8.93	\$7.00	\$0.87	\$9.98	8.08

\* During DYs 12 and 13, the demonstration program operation was disrupted due to a lapse in waiver authority, resulting in a temporary suspension of claim payments for this program. Thus, the member months and costs for these two years are not reflective of the actual utilization and cost trends for the current demonstration operation.

\*\*Projected calculation approved December 2014.

Table B identifies the actual member months and PMPM costs experienced during the current approved waiver period (DY15-18). The PMPMs actually experienced in the waiver are compared to the waiver's authorized PMPM target limits. The target PMPMs were applied to the actual member months experienced and then compared to the actual total waiver costs as reported in the CMS-64 report. The result demonstrates that the actual waiver costs did not exceed the waiver's authorized budget limit for each of these years (DY15-18).

<b>Table B</b>					
<b>Monitoring Budget Neutrality</b>					
<b>Budget Neutrality Annual Expenditure Limits:</b>					
	<b>President Trend</b>	<b>DY15</b>	<b>DY16</b>	<b>DY17</b>	<b>DY18</b>
<i>Projected PMPM's</i>	<b>4.42%</b>	\$17.31	\$18.35	\$8.76	\$9.16
	<b>DY15</b>	<b>DY16</b>	<b>DY17</b>	<b>DY18</b>	
<i>Actual Annual Member Months</i>	561,515	561,633	564,853	622,536	
<b>CALCULATION FOR DEMONSTRATION WAIVER'S BUDGET LIMIT CAP</b>					
	<b>DY15</b>	<b>DY16</b>	<b>DY17</b>	<b>DY18</b>	
	SFY 12/13	SFY 13/14	SFY 14/15	SFY15/16	Total
<b>Application of the Budget Limit, Utilizing Projected PMPM Targets</b>					
<i>Member Months</i>	561,515	561,633	564,853	622,536	2,310,537
<i>PMPM</i>	\$17.31	\$18.35	\$8.76	\$9.16	
<i>Budget Limit Cap</i>	\$9,719,828	\$10,305,962	\$4,948,111	\$5,702,430	\$30,676,330
<b>Budget Limit Calculation Utilizing Actual PMPMs</b>					
<i>Member Months</i>	561,515	561,633	564,853	622,536	2,310,537
<i>Actual PMPM</i>	\$6.74	\$12.18	\$8.93	\$7.00	
<i>Actual Costs</i>	\$3,785,274	\$6,841,890	\$5,046,139	\$4,358,723	\$20,032,026
<i>Actual Waiver costs are less than BN Expenditure Limit</i>	<b>\$(5,934,554)</b>	<b>\$(3,464,072)</b>	<b>\$98,028</b>	<b>\$(1,343,707)</b>	<b>\$(10,644,304)</b>

Table C identifies the member months and PMPM projections for the proposed extension years, DY 20 (January-June 2018), DY21, DY22, DY23 and DY24 (July-December 2022). The member month projections utilize DY18 member months with the application of the Table A trend rate. Each subsequent year utilizes the previous year's total increased by the trend rate. The projected PMPMs utilize the actual PMPM experienced thus far in DY18. This DY18 PMPM is then projected forward utilizing the President's trend rate of 4.42%. Each subsequent year utilizes the previous year's PMPM increased by this trend rate.

<b>Table C</b>					
<b>Extension DYs Projected PMPMs for BN Annual Cost Limits</b>					
	<b>DY20 (Jan – Jun '18)</b>	<b>DY21</b>	<b>DY22</b>	<b>DY23</b>	<b>DY24 (July – Dec '22)</b>
	SFY 17/18	SFY 18/19	SFY 19/20	SFY 20/21	SFY 21/22
<i>Projected Annual Member Months</i>	322,162	666,876	690,217	714,374	369,689

<i>Projected Monthly Average</i>	53,693.73	55,573	57,518	59,531	61,615
<b>Projected Per Member Per Month for Extension DYs (Total Computable)</b>					
<b>STC #41: President's Budget Trend Rate:</b>			<b>4.42%</b>		
	<b>DY20</b>	<b>DY21</b>	<b>DY22</b>	<b>DY23</b>	<b>DY24 (July – Dec '22)</b>
-	SFY 18/19	SFY 19/20	SFY 21/22	SFY 22/23	SFY 23/24
-					
<i>Projected PMPM</i>	\$7.31	\$7.63	\$7.97	\$8.32	\$8.69

# Appendix II

## Notice to Tribes

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RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

May 1, 2017

Ms. Cassandra Osceola  
Health Director  
Miccosukee Tribe of Florida  
P.O. Box 440021, Tamiami Station  
Miami, FL 33144

Dear Ms. Osceola:

This letter is being sent to notify the Miccosukee Tribe of Florida that the State of Florida intends to submit a 5-year extension request (January 1, 2018 - December 31, 2022) to the Centers for Medicare and Medicaid Services for Florida's 1115 Family Planning Waiver (Project Number 11-W-00135/4). The Family Planning Waiver operates statewide and provides family planning services to women between the ages of 14 and 55 years who have lost Florida Medicaid eligibility and meet the financial eligibility criteria.

The State is conducting a 30-day public notice and comment period to solicit meaningful input from the public on the waiver extension request. The 30-day public comment period will be held from May 1, 2017 through May 30, 2017, during which the State will hold two public meetings. A full description of the extension request along with the dates, times, and locations of the two public meetings can be found on the Agency for Health Care Administrations Web site:

[http://ahca.myflorida.com/Medicaid/Family\\_Planning/extension\\_2017-22.shtml](http://ahca.myflorida.com/Medicaid/Family_Planning/extension_2017-22.shtml)

If you have any questions about the extension request or would like to hold a call, please contact Chantelle Carter-Jones of my staff via email at [Chatelle.Carter-Jones@ahca.myflorida.com](mailto:Chatelle.Carter-Jones@ahca.myflorida.com), or by phone at (850) 412-4238.

Sincerely,

A handwritten signature in blue ink, appearing to read "Beth Kidder", is written over a faint, larger signature.

Beth Kidder  
Deputy Secretary for Medicaid

BK/hrm

2727 Mahan Drive • Mail Stop #8  
Tallahassee, FL 32308  
[AHCA.MyFlorida.com](http://AHCA.MyFlorida.com)



Facebook.com/AHCAFlorida  
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Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida





RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

May 1, 2017

Pail Isaacs, MD, CHFP, CHC  
Executive Director, Health and Human Service  
Seminole Tribe of Florida  
6365 Taft Street, Suite 2004  
Hollywood, FL 33024

Dear Mr. Isaacs:

This letter is being sent to notify the Seminole Tribe of Florida that the State of Florida intends to submit a 5-year extension request (January 1, 2018 - December 31, 2022) to the Centers for Medicare and Medicaid Services for Florida's 1115 Family Planning Waiver (Project Number 11-W-00135/4). The Family Planning Waiver operates statewide and provides family planning services to women between the ages of 14 and 55 years who have lost Florida Medicaid eligibility and meet the financial eligibility criteria.

The State is conducting a 30-day public notice and comment period to solicit meaningful input from the public on the waiver extension request. The 30-day public comment period will be held from May 1, 2017 through May 30, 2017, during which the State will hold two public meetings. A full description of the extension request along with the dates, times, and locations of the two public meetings can be found on the Agency for Health Care Administrations Web site:

[http://ahca.myflorida.com/Medicaid/Family\\_Planning/extension\\_2017-22.shtml](http://ahca.myflorida.com/Medicaid/Family_Planning/extension_2017-22.shtml)

If you have any questions about the extension request or would like to hold a call, please contact Chantelle Carter-Jones of my staff via email at [Chatelle.Carter-Jones@ahca.myflorida.com](mailto:Chatelle.Carter-Jones@ahca.myflorida.com), or by phone at (850) 412-4238.

Sincerely,

Beth Kidder  
Deputy Secretary for Medicaid

BK/hrm

2727 Mahan Drive • Mail Stop #8  
Tallahassee, FL 32308  
[AHCA.MyFlorida.com](http://AHCA.MyFlorida.com)



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# Appendix III

## Expenditure Authority

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### CENTERS FOR MEDICARE & MEDICAID SERVICES EXPENDITURE AUTHORITY

**NUMBER:** 11 -W-00 135/4

**TITLE:** Florida Medicaid Family Planning Waiver

**AWARDEE:** Florida Agency for Health Care Administration

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Florida 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.

The following expenditure authorities and the provisions specified as “not applicable” enable Florida to operate its demonstration effective January 1, 2015 through December 31, 2017, unless otherwise stated.

Effective through December 31, 2017, expenditures for extending Medicaid eligibility for family planning and family planning-related services, subject to an annual redetermination, to women ages 14–55 with family incomes at or below 191 percent of the Federal Poverty Level (FPL) (post Modified Adjust Gross Income (MAGI) conversion) losing pregnancy coverage after 60 days postpartum and to women ages 14–55 with family incomes at or below 191 percent of the FPL (post MAGI conversion) for a period of two years after losing Medicaid coverage for reasons other than expiration of the 60-day postpartum period.

#### **Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities:**

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All Medicaid requirements apply, except the following:

- 1. 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 provide transportation to and from providers for the demonstration population.
- 2. 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 and family planning-related services.

**3. 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.

**4. Early and Periodic Screening, Diagnostic, and Treatment** **Section 1902(a)(43)(A)**  
**(EPSDT)**

To the extent necessary to enable the state to not furnish or arrange for EPSDT services to the demonstration populations.

**5. Prospective Payment for Federally Qualified Health Centers and Rural Health Centers and Rural Health Clinics** **Section 1902(a)(15)**

To the extent necessary for the state to establish reimbursement levels to these clinics that will compensate them solely for family planning and family planning related services.

**6. Eligibility Procedures** **Section 1902(a)(17)**

To the extent necessary to allow the state not to include parental income when determining a minor's (under the age of 18) eligibility for the family planning demonstration.

## Appendix VI

### Final Evaluation Report

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# Florida Medicaid Family Planning Waiver Program

**Final Evaluation Report for Demonstration Year (DY)  
17 (SFY 2014-2015)**

**MED184: Deliverable 3**

**June 30, 2017**



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## Definitions and Acronyms

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**Continuing Enrollee:** a woman who was enrolled in the FPW program as of July 1, 2014, but who first enrolled prior to the current study period based on the Aid Category Effective Date. This includes a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or spans of days regardless of the Aid Category Effective Date.

**Continuing Enrollee Non-Participant:** a woman who has a Family Planning (FP) Aid Category in the Medicaid Eligibility file and whose eligibility period falls within the study period but whose initial enrollment in the FPW was prior to July 1, 2014 based on the Aid Category Effective Date and who has not received any paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.

**Continuing Enrollee Participant:** a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period but whose initial enrollment in the FPW was prior to July 1, 2014 based on the Aid Category Effective Date and has who received at least one paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.

**Demonstration Year (DY):** the number of years since implementation of the Family Planning Waiver Program

**Demonstration Year (DY) 17:** represents the state fiscal year of July 1, 2014 to June 30, 2015

**Demonstration Year (DY) 18:** represents the state fiscal year of July 1, 2015 to June 30, 2016

**Department of Health (DOH) frontline staff:** Health care staff who work on the frontlines of FPW program services in DOH clinics, including DOH staff who interact directly with women between the ages of 14 and 55 years of age potentially eligible for FPW services.

**Eligible:** A woman between the ages of 14 and 55 with a family income at or below 191% of the Federal Poverty Level (FPL) who loses Medicaid pregnancy coverage after 60 days postpartum and a woman between the ages of 14-55 with a family income at or below 191% of the FPL for a period of two years after losing Medicaid coverage for reasons other than the expiration of the 60-day postpartum period.

**Inter-birth interval (IBI):** A continuous variable measured in months of the average interval between the end of the most recent previous pregnancy and last menstrual date of the current pregnancy as indicated on the birth certificate.



**Modified Adjusted Gross Income (MAGI) Conversion:** MAGI-based eligibility standards that are used to determine Medicaid and CHIP eligibility.

**New Enrollee:** refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and the Aid Category Effective Date falls within the study period.

**New Enrollee Non-Participant:** refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and the Aid Category Effective Date falls within the study period and who has not received any paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.

**New Enrollee Participant:** refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and the Aid Category Effective Date falls within the study period and who has received at least one paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.

**Non-Participant:** a woman who has a Family Planning (FP) Aid Category in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days regardless of the Aid Category Effective Date and who has not received any paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.

**Non-SOBRA:** Includes women eligible for Medicaid who, by virtue of a family income less than 24% of the Federal Poverty Level and assets less than \$2000 are eligible for Medicaid that uses the same income and asset limits as those used in the Temporary Assistance for Needy Families (TANF) program. For pregnant women with no other children, they can only receive Non-SOBRA Medicaid in their 6th through 9th months of pregnancy. Pregnant women that are eligible for TANF can choose to receive Medicaid only, without receiving cash assistance.

**Observed birth:** refers to a live birth recorded in the annual Florida Vital Statistics file.

**Participant:** a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days regardless of the Aid Category Effective Date and who has received at least one paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.

**SOBRA:** Includes women who are eligible for Medicaid because they are pregnant but who are either: 1) not eligible to receive Medicaid related to the Temporary Assistance for Needy Families (TANF) program, (referred to as Non-SOBRA Medicaid) either because their income or assets exceed the limits or 2) not eligible to receive Non-SOBRA Medicaid because they are

in their 1st through 6th month of pregnancy and have no other children, or 3) were financially eligible but did not apply. The income limit for the SOBRA Medicaid is 185% of the Federal Poverty Level, and there is no asset limit for this coverage group.

**State Fiscal Year (SFY):** includes the time period beginning on July 1 and ending on June 30.

**Study Population:** includes women who are enrolled in the FPW program. The study population will be categorized based on date of enrollment, participation, and eligibility category.

**Florida Medicaid Family Planning Waiver (FPW) Program  
Final Evaluation Report  
Deliverable 3: Demonstration Year (DY) 17 (SFY 2014-2015)**

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**Executive Summary**

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Florida has administered the Medicaid Family Planning Waiver (FPW) Program since 1998. The purpose of the program is to expand eligibility for family planning services for up to two years to individuals who otherwise are not financially eligible for full Medicaid. Eligibility is limited to women of childbearing age (14 -55) who have a family income at or below 191 percent of the Federal Poverty Level (FPL) (post Modified Adjusted Gross Income (MAGI) conversion); who are not covered by a health insurance program that provides family planning services; and who have lost Medicaid coverage within the last two years. The program offers a wide range of reproductive health services to eligible women including preconception counseling, pregnancy tests, screening and treatment of sexually transmitted infections, and contraception supplies among others.

Florida State University (FSU) in collaboration with the University of Florida (UF) is contracted to evaluate the program during the most recent three-year extension of the FPW (July 1, 2014 through December 31, 2017). According to the Centers for Medicare and Medicaid Services (CMS) Special Terms and Conditions (STCs) for the FPW approved extension period, the four objectives of the FPW program are: 1) to increase access to family planning services; 2) to increase child spacing (inter-birth) intervals through effective use of contraceptives; 3) to decrease unintended pregnancies in Florida; and 4) to demonstrate cost savings to Medicaid by reducing unintended pregnancies among females who would otherwise be eligible for Medicaid pregnancy-related services. The primary data sources used to evaluate the effectiveness of the FPW program during the extension period include Medicaid eligibility and claims files, Florida birth certificate and Healthy Start Prenatal Risk Screen data from the Department of Health (DOH), and qualitative survey data from DOH staff.

In DY17, over 900,000 women were potentially eligible for the FPW program. Potentially eligible women included all women between the ages of 14 and 55 who lost Medicaid eligibility for any reason within two years of DY17. Of the approximately 900,000 women, 9% were new enrollees and 7% were continuing enrollees in the FPW program. Twenty-three percent of the

FPW new enrollees and 17% of the FPW continuing enrollees were participants who used one or more FPW services in DY17. Seventy percent of the FPW program participants in DY17 were either white or African-American. Overall, SOBRA enrollees used more FPW services than Non-SOBRA enrolled women. The average inter-birth interval (IBI) for FPW participants was the same as the IBI for non-participants. Approximately 59% of FPW program participants had unintended pregnancies compared to approximately 58% of non-participant women. In DY17, the cost savings to Medicaid from 1,735 births averted among Enrollee Participants was approximately \$25.3 million.

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## **Introduction and Background**

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The Florida Medicaid Family Planning Waiver (FPW) program is a Section 1115(a) waiver demonstration approved by the U. S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). The initial FPW demonstration was approved for a five-year period on August 23, 1998 and implemented October 1, 1998. The demonstration was temporarily extended from September 30, 2003 through November 30, 2003, then renewed for three years through November 30, 2006. The demonstration was renewed for a second time in 2006 for a three-year period and subsequently operated under temporary extensions through June 30, 2011. The FPW was renewed for an additional three-year period through December 31, 2013. The demonstration then operated under a temporary extension until December 31, 2014. On December 29, 2014, CMS approved the FPW demonstration for an additional three-year period of January 1, 2015 through December 31, 2017.

This document is part of a series of reports produced by Florida State University (FSU) with assistance from the University of Florida (UF) in evaluating the Florida Medicaid Family Planning Waiver (FPW) program during its renewal from January 1, 2015 through December 31, 2017. Contained within the Special Terms and Conditions (STCs) of the waiver renewal are requirements for an evaluation of the demonstration during the renewal period. The Florida Agency for Health Care Administration (AHCA), or the Agency, contracted with FSU to evaluate the FPW program for the renewal period of January 1, 2015 through December 31, 2017.

The FPW program provides family planning and family planning-related services to women between the ages of 14 and 55 with family incomes at or below 191% of the Federal Poverty Level (FPL) (post MAGI conversion)<sup>1</sup> who lose Medicaid pregnancy coverage after 60 days postpartum. In addition, the FPW program provides family planning and family planning-related services for a period of two years after losing Medicaid coverage for reasons other than the expiration of the 60-day postpartum period to women between 14 and 55 years of age with family incomes at or below 191% of the FPL (post MAGI conversion). The FPW provides

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<sup>1</sup> Post Modified Adjusted Gross Income conversion

medically necessary services and supplies related to reproductive health, birth control, and pregnancy prevention.

The overarching goal of the FPW program is to increase the number of women receiving FPW services who are between the ages of 14 and 55 and have incomes at or below 191% of the FPL (post MAGI conversion). Specifically, the FPW program has four objectives:

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

Four hypotheses were associated with the FPW program's stated objectives.

- H1: More eligible women will participate in the FPW program during the extension period than in previous waiver periods.
- H2: FPW Participants will be more likely to increase their inter-birth interval to 24 months than Non-Participants.
- H3: FPW Participants will be less likely to have unintended pregnancies than Non-Participants.
- H4: Medicaid will achieve cost savings through the FPW program by averting unintended pregnancies and births.

### **FPW Program Evaluation Research Questions**

To evaluate whether Florida's FPW program achieved its objectives, the following seven research questions were addressed:

- Research Question 1: What are the eligibility, enrollment and participation rates for the FPW for each year of the demonstration?
- Research Question 2: What differences in recipient demographic characteristics exist between FPW Participants and Non-Participants per demonstration year (DY)?

- Research Question 3: What is the percentage of FPW enrollees who receive one or more FPW services per DY based on eligibility group?
- Research Question 4: What are the inter-birth intervals (IBIs) for FPW Participants and Non-Participants per DY?
- Research Question 5: What is the rate of unintended pregnancies for FPW Participants and Non-Participants per DY?
- Research Question 6: Is Medicaid achieving cost savings by reducing the number of unintended pregnancies through the use of FPW services?
- Research Question 7: What are the costs and benefits of the utilization of point-of-service eligibility?

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## **Data and Methods**

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### **Data**

The data sources for this project come from the Florida Department of Health (DOH) and the Agency for Health Care Administration (AHCA or “the Agency”). The sources include: 1) Vital statistics birth certificate data; 2) Healthy Start Prenatal Risk Screen data; 3) Qualitative survey data for DOH frontline staff who determine point-of-service eligibility; 4) Medicaid enrollment, eligibility, and claims files; and 5) Hospital discharge data. Each data source is described below.

#### **DOH Birth Vital Statistics (BVS) birth certificates (2000 – 2015)**

Birth certificate data include personal identifiers for both the infant and the mother including names, date of birth, address, and social security number. The identifiers were used to link births that occurred during the evaluation period to previous births since year 2000 using the mother’s personal identifiers. This linkage allowed the research team to estimate the length of the inter-birth interval for Participants and Non-Participants. Also, data elements to estimate gestational age and conception date were used to answer the research questions. There is an 18 month lag between the date of a birth and the date a final birth certificate is released by BVS. Preliminary birth certificate data may be generated earlier within the Florida DOH but birth records are not available until reporting counties have had up to one year to resubmit final corrected versions to the State Register of Vital Statistics.

#### **DOH Healthy Start Prenatal Screens (2011 – 2015)**

Healthy Start Pre-Natal Risk Screen data include personal identifiers such as names, date of birth, address, and social security number. Data elements to estimate gestational age and conception date were used in combination with pregnancy intendedness responses to answer the research questions. There is an approximate ten month lag between the completion of the Healthy Start Prenatal Risk Screen and the time the data is released by the DOH.



### **Medicaid Eligibility Files (2011-2015)**

Data on Medicaid eligibility include personal identifiers for all female recipients including names, date of birth, address, and social security number to link to the birth certificate and the Healthy Start Prenatal Screens. The aid category code and the eligibility begin and end dates were used to derive enrollment and participation in the program.

### **Medicaid Claims Files (2011-2016)**

Monthly Medicaid claims files include all claims paid during the month, but may not include claims for all services provided during the month. There is a time lag between the time the service is provided and when the claim is submitted and paid. Most claims are submitted and paid within three months of the service date; however, providers have up to one year to submit claims. Data elements in the claims files include date of service, amount paid, program code, procedures and diagnosis to derive program participation measures.

### **Medicaid Enrollment Files (2011-2015)**

Medicaid enrollment files include personal identifiers for all female recipients including names, date of birth, address, and social security number to link to the birth certificate and the Healthy Start Prenatal Screens.

### **State of Florida Hospital Discharge Data (2011-2015)**

The Agency's Florida Center for Health Information and Transparency collects patient discharge data from all licensed acute care hospitals (including psychiatric and comprehensive rehabilitation units); comprehensive rehabilitation hospitals; ambulatory surgical centers and emergency departments, as directed by Section 408.061, Florida Statutes. Hospitals, by rule, shall certify the patient's discharge data within 5 months after the end of the quarter.

### **Qualitative Interview Data from DOH Frontline Staff (DY18)**

Qualitative interviews will be conducted in SFY 2017-18 with DOH frontline staff through web-based surveys to assess: the number of enrollees that are determined eligible by using the point-of-service method<sup>2</sup>; the percentage of the population that is enrolled in the FPW using the point-

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<sup>2</sup> Point-of-service: Participant is enrolled in the FPW program at the clinic where services are provided.

of-service method; the number of recipients who utilize the point-of-service method; the challenges and benefits of utilizing the point-of-service method seen by staff; and the process for determining point-of-service eligibility.

## **Methods**

In DY17, the research team primarily used quantitative methods to evaluate Florida's FPW program. A mixed methods approach, which is a combination of quantitative and qualitative methods, will be used in the DY18 report. To determine whether the FPW program achieved its goals, the research team analyzed outcome measures associated with each of the four program objectives which included:

*Objective 1 (To increase access to family planning services):*

- i. The number of eligible women receiving Title XIX funded family planning services each year of the demonstration, using the last year of the previous demonstration (2014) as the base year for number of eligible women enrolled.

*Objective 2 (To increase child spacing intervals through effective contraceptive use):*

- i. Average inter-birth intervals (IBI) in number of months for Participants in DY17 (2014-2015) compared to DY14-16 (2011-2014).
- ii. Inter-birth intervals of Participants compared to Non-Participants by DY.

*Objective 3 (To reduce the number of unintended pregnancies in Florida):*

- i. The number of unintended pregnancies among Participant and Non-Participant women.

*Objective 4 (To reduce Florida's Medicaid costs by reducing the number of unintended pregnancies to women who otherwise would be eligible for Medicaid pregnancy related services):*

- i. Cost savings to Medicaid for the number of averted births.

### **FPW Program Study Population**

The study population includes all women who were enrolled in the FPW program during DY17.

The FPW population was separated into several groups for comparison.<sup>3</sup>

- a. *Continuing Enrollee*
- b. *Continuing Enrollee Participant*
- c. *Continuing Enrollee Non-Participant*
- d. *New Enrollee*
- e. *New Enrollee Participant*
- f. *New Enrollee Non-Participant*

### **Quantitative Methods**

For DY17, a variety of analytic strategies were used to evaluate the FPW program and address the research questions and methodologies outlined in AHCA Contract No. MED184, Attachment I (Florida Agency for Health Care Administration, 2016).

For research question 1, Medicaid eligibility and claims files were linked to obtain descriptive statistics of eligibility, enrollment, and participation rates and to assess the number of women who enroll (through any mechanism including point-of-service, auto enrollment and enrollee initiated enrollment) per DY distributed by eligibility group (SOBRA and Non-SOBRA); the total number of enrollee participants and new enrollee participants per DY; and the number of women who participate in the FPW per DY by eligibility group (SOBRA and Non-SOBRA). Women potentially eligible to enroll in DY17 are identified from Medicaid eligibility data and include all women between the ages of 14-55 who lost and did not regain Medicaid eligibility between July 1, 2012 and June 30, 2015. The tables associated with research question 1 display the total number of enrollees for DY17 divided into FPW new enrollees, FPW continuing enrollees, FPW new enrollee participants, and FPW continuing enrollee participants. One benefit of looking at continuing enrollees compared to new enrollees is to determine whether there were any differences in participation during the second year or subsequent years of enrollment compared to the first or initial year of enrollment.

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<sup>3</sup> Complete definitions of study groups can be found in the Definitions and Acronyms section of this report.

For research question 2, Medicaid eligibility and claims files were used and linked when applicable to obtain descriptive statistics of the demographic characteristics for FPW continuing enrollees, continuing enrollee participants, continuing enrollee non-participants, new enrollees, new enrollee participants, and new enrollee non-participants in DY17.

For research question 3, Medicaid eligibility and claims files were linked to provide descriptive statistics of FPW enrollee participants and new enrollee participants who received one or more FPW services in DY17 based on eligibility group.

For research question 4, Medicaid claims and eligibility data, as well as vital statistics birth certificate data, and hospital discharge data were used to compare the average inter-birth intervals (IBI) in number of months for FPW enrollee participants and non-participants in DY17 (2014-2015) to DY14-16 (2011-2014). Analyzing the average IBIs for women enrolled in the program during DY17 requires examining the birth certificates for calendar years 2015 and 2016. For this report, the IBI analysis used nine months of data given that the birth certificate data is available only through calendar year December 2015. Future reports will include data for a full year. An outline of the methodology and flowchart with inclusion and exclusion criteria for the IBI analysis can be found in appendix C.

For research question 5, Medicaid claims and DOH data were used for the analyses which included measuring the rates of unintended pregnancies by comparing responses to questions 5 and 14 on the Healthy Start Prenatal Risk Screen<sup>4</sup> related to pregnancy intendedness for FPW participants and non-participants who became pregnant anytime during DY17. See appendix D for a specific outline of the methodology and the inclusion and exclusion criteria for the unintended pregnancies analysis.

For research question 6, we calculated the number of averted births using the inter-birth intervals by comparing the birthrate pre and post FPW program. The difference in the birthrate was used to estimate the number of averted births to calculate the cost savings (total cost savings is the total number of averted births times the average cost of a birth – which includes the cost of the

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<sup>4</sup>The Healthy Start Prenatal Risk Screen is located in Appendix B.

birth as well as the Medicaid costs for the infant during the first year of life). For example, if the average inter-birth interval is 24 months for a FPW participant but was 12 months before the FPW program, we can say that the expected number of births is half of what would have occurred if there was no FPW program. Thus, the inter-birth interval is a measure of the birth rate. The difference in the birthrates was used to calculate averted births which were then used to calculate the cost savings. In other words, the analyses included comparing the number of observed births by FPW enrollees who conceived during their enrollment in the current waiver to the number of births observed at the baseline calendar year of 1997. Gross savings were calculated by multiplying the number of births averted by average birth costs (which included maternal and infant birth costs), and determining the net savings by deducting expenditures that were used to operate the FPW waiver. Several formulas were used in determining the cost savings which are included in the general findings section under research question 6. See appendix E for a specific outline of the methodology and the inclusion and exclusion criteria for the cost savings analysis.

### **Qualitative Methods**

To address research question 7, the evaluation team will complete analyses of qualitative data based on interview responses obtained in SFY 2017-18 from DOH identified frontline staff<sup>5</sup>. The research team will administer the Agency approved interview tool found in appendix A of this report using the Agency approved web-based survey data collection software vendor, Qualtrics (Qualtrics, Provo, UT). The interview responses will be used to assess the number of enrollees determined eligible using the point-of-service method, the percentage of the population that enrolled in the FPW program through the point-of-service method, the number of recipients that utilize the point-of-service method, the challenges and benefits of utilizing the point-of-service method from the perspective of the DOH staff, and the process of determining point-of-service eligibility. The research team will use information regarding perceived barriers and benefits to enrolling women through the point-of-service method collected from the survey of DOH frontline staff to address costs of the point-of-service method. For example, if respondents indicate an increased workload as a result of point-of-service enrollment, this information will be

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<sup>5</sup> Health care staff who work on the frontlines of FPW program services in DOH clinics, including DOH staff who interact directly with women between the ages of 14 and 55 years of age potentially eligible for FPW services.

used to assess cost. The research team will conduct data analyses including describing common themes as well as describing the similarities and differences of the processes based on the responses.

To achieve a minimum of six interviews, the research team will employ strategies, including at least three email attempts, to reach and obtain feedback from all employees identified by the DOH as interviewees.

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## **General Findings**

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### **RQ1: What are the eligibility, enrollment and participation rates for the FPW for each year of the demonstration?**

The basic analytic strategy for research question 1 was to provide descriptive statistics of eligibility, enrollment, and participation trends for each DY overall and by eligibility group. Table 1a presents the total number of newly enrolled women and new enrollee participants by eligibility group, either SOBRA or Non-SOBRA, for DY16 and DY17. Table 1b presents the total number of continuing enrollee women and continuing enrollee participants by eligibility group for DY16 and DY17. Data sources included Medicaid claims and eligibility data.

The number of potentially eligible women to enroll in the FPW program in DY17 was 932,527. The method used to identify these women, which is described in more detail in the methods section, may lead to the inclusion of women who might not be eligible for FPW services because of income, had a hysterectomy or tubal ligation, had medical insurance that covered family planning, moved out of state or died. As shown in Table 1a, the total number of DY17 FPW new enrollees was 79,686 compared to 73,182 in DY16. Of the DY17 new enrollees, 77,457 (97%) were in the SOBRA eligibility group and 2,229 (3%) were in the Non-SOBRA eligibility group. The DY17 new enrollee SOBRA and Non-SOBRA percentages were comparable to DY16 percentages. The total number of FPW new enrollee participants in DY17 was 18,643 compared to 8,541 in DY16. Of those DY17 new enrollee participants, 17,230 (92%) were in the SOBRA eligibility group and 1,413 (8%) were in the non-SOBRA eligibility group. The DY17 new enrollee participants SOBRA and Non-SOBRA percentages were comparable to DY16 percentages. The overall DY17 FPW new enrollee participation rate was 19%.

**Table 1a: Enrollment for FPW New Enrollees & New Enrollee Participants by Eligibility Group**

	<b>DY16</b>		<b>DY17</b>	
<b>FPW New Enrollees</b>	Count	% of New Enrollees	Count	% of New Enrollees
SOBRA	71,076	97	77,457	97
Non-SOBRA	2,106	3	2,229	3
<b>Total</b>	<b>73,182</b>		<b>79,686</b>	
<b>FPW New Enrollee Participants</b>	Count	% of New Enrollee Participants	Count	% of New Enrollee Participants
SOBRA	7,945	93	17,230	92
Non-SOBRA	596	7	1,413	8
<b>Total</b>	<b>8,541</b>		<b>18,643</b>	

As shown in Table 1b, the total number of DY17 FPW continuing enrollees was 64,405 compared to 71,712 in DY16. Among the DY17 continuing enrollees, 97% were in the SOBRA eligibility group and 3% were in the Non-SOBRA eligibility group. Among the DY16 continuing enrollees, 95% were in the SOBRA eligibility group and 5% were in the Non-SOBRA eligibility group. The total number of FPW continuing enrollee participants in DY17 was 10,642, of which, 92% were in the SOBRA eligibility group and 8% were in the non-SOBRA eligibility group. The total number of FPW continuing enrollee participants in DY16 was 1,141, of which, 85% were in the SOBRA eligibility group and 15% were in the non-SOBRA eligibility group.

**Table 1b: Enrollment for FPW Continuing Enrollees & Continuing Enrollee Participants by Eligibility Group**

	<b>DY16</b>		<b>DY17</b>	
<b>FPW Continuing Enrollees</b>	Count	% of Continuing Enrollees	Count	% of Continuing Enrollees
SOBRA	67,883	95	62,481	97
Non-SOBRA	3,829	5	1,924	3
<b>Total</b>	<b>71,712</b>		<b>64,405</b>	
<b>FPW Continuing Enrollee Participants</b>	Count	% of Continuing Enrollee Participants	Count	% of Continuing Enrollee Participants
SOBRA	968	85	9,749	92
Non-SOBRA	173	15	893	8
<b>Total</b>	<b>1,141</b>		<b>10,642</b>	

**RQ2: What differences in recipient demographic characteristics exist between FPW Participants and Non-Participants per demonstration year (DY)?**

***New Enrollees***

Table 2a presents the distribution of FPW new enrollees by age group and race/ethnicity for DY17. Of the total, 3% of new enrollees were between the ages of 14 and 19. New enrollees between 20 and 29 years of age made up 59% and those between 30 and 34 years made up 22%. Fifteen percent of the new enrollees were 35 to 44 years of age and one percent were between the ages of 45 and 55 years. Twenty-nine percent of the new enrollees were African-American, 38% were White, and 2% were Asian. Hispanic women made up 28% of the FPW new enrollees and American/Asian Indian and Other races comprised 5%. The largest number of new enrollees were white women between the ages of 20 and 29. The age group and race category with the fewest number of new enrollees in DY17 were Asian women between the ages of 14 and 19.



**Table 2a: Demographic Characteristics of FPW New Enrollees DY17**

Race/Ethnicity	Age Group (years)					Total	
	14-19	20-29	30-34	35-44	45-55	Number	Percent <sup>6</sup> (%)
<b>African-American</b>	666	13,745	4,771	3,357	184	<b>22,723</b>	29%
<b>White</b>	849	18,521	6,497	3,946	187	<b>30,000</b>	38%
<b>Asian</b>	18	480	403	317	20	<b>1,238</b>	2%
<b>Hispanic</b>	508	12,252	5,099	3,835	207	<b>21,901</b>	28%
<b>American/Asian Indian &amp; Other</b>	106	1,990	931	762	35	<b>3,824</b>	5%
<b>Total FPW New Enrollees</b>	<b>2,147</b>	<b>46,988</b>	<b>17,701</b>	<b>12,217</b>	<b>633</b>	<b>79,686</b>	
	3%	59%	22%	15%	1%		<b>100%</b>

***New Enrollee Participants***

Table 2b presents the distribution of FPW new enrollee participants by age group and race/ethnicity for DY17. Of the total, 3% of new enrollee participants were between the ages of 14 and 19. New enrollee participants between 20 and 29 years of age made up the largest group at 64% and those between 30 and 34 years comprised 20% of the DY17 FPW program new enrollee participants. Twelve percent of the new enrollee participants were 35 to 44 years of age and one percent were between the ages of 45 and 55 years.

As shown below, 32% of the new enrollee participants were African-American, 37% were White, and 1% were Asian. Hispanic women made up 25% of new enrollee participants and American/Asian Indian and Other races comprised 4% of the FPW new enrollee participants. The largest percentage of new enrollee participants were white women between the ages of 20 and 29. The age group and race category of the fewest number of new enrollee participants in DY17 were Asian women between the ages of 44 and 55.

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<sup>6</sup> The column total does not equal to 100 due to rounding.

**Table 2b: Demographic Characteristics of FPW New Enrollee Participants DY17**

Race/Ethnicity	Age Group (years)					Total	
	14-19	20-29	30-34	35-44	45-55	Number	Percent <sup>7</sup> (%)
<b>African-American</b>	157	4,000	1,124	704	45	<b>6,030</b>	32%
<b>White</b>	237	4,601	1,331	716	40	<b>6,925</b>	37%
<b>Asian</b>	3	104	77	50	2	<b>236</b>	1%
<b>Hispanic</b>	125	2,800	993	699	33	<b>4,650</b>	25%
<b>American/Asian Indian &amp; Other</b>	29	454	175	133	11	<b>802</b>	4%
<b>Total FPW New Enrollee Participants</b>	<b>551</b>	<b>11,959</b>	<b>3,700</b>	<b>2,302</b>	<b>131</b>	<b>18,643</b>	
	3%	64%	20%	12%	1%		<b>100%</b>

***New Enrollee Non-Participants***

Table 2c presents the distribution of FPW new enrollee non-participants by age group and race/ethnicity for DY17. Of the total, 3% of new enrollee non-participants were between the ages of 14 and 19. New enrollee non-participants between 20 and 29 years of age made up 57% and those between 30 and 34 years made up 23%. Sixteen percent of the new enrollee non-participants were 35 to 44 years of age and one percent were between the ages of 45 and 55 years. More than a quarter of the new enrollee non-participants were African-American, 38% were White, and 2% were Asian. Hispanic women made up 28% of the FPW new enrollee non-participants and American/Asian Indian and Other races comprised 5%. The largest percentage of new enrollee non-participants were white women between the ages of 20 and 29. The age group and race category with the fewest number of new enrollee non-participants in DY17 were Asian women between the ages of 45 and 55.

<sup>7</sup> The column total does not equal to 100 due to rounding.

**Table 2c: Demographic Characteristics of FPW New Enrollee Non-Participants DY17**

Race/Ethnicity	Age Group (years)					Total	
	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
<b>African-American</b>	509	9,745	3,647	2,653	148	<b>16,702</b>	27%
<b>White</b>	612	13,920	5,166	3,230	147	<b>23,075</b>	38%
<b>Asian</b>	15	376	326	267	9	<b>993</b>	2%
<b>Hispanic</b>	383	9,452	4,106	3,136	174	<b>17,251</b>	28%
<b>American/Asian Indian &amp; Other</b>	77	1,536	756	629	24	<b>3,022</b>	5%
<b>Total FPW New Enrollee Non-Participants</b>	<b>1,596</b>	<b>35,029</b>	<b>14,001</b>	<b>9,915</b>	<b>502</b>	<b>61,043</b>	
	3%	57%	23%	16%	1%		<b>100%</b>

***Continuing Enrollees***

Table 2d presents the distribution of FPW continuing enrollees by age group and race/ethnicity for DY17. Of the total, 2% of the continuing enrollees were between the ages of 14 and 19.

Continuing enrollees between 20 and 29 years of age made up 57% and those between 30 and 34 years made up 23%. Seventeen percent of the continuing enrollees were 35 to 44 years of age and one percent were between the ages of 45 and 55 years. As shown below, 26% continuing enrollees were African-American, 40% were White, and 2% were Asian. Hispanic women made up 28% of the FPW continuing enrollees and American/Asian Indian and Other races comprised 4%. The largest number of continuing enrollees were white women between the ages of 20 and 29. The age group and race category with the fewest number of continuing enrollees in DY17 were Asian women between the ages of 14 and 19.

**Table 2d: Demographic Characteristics of FPW Continuing Enrollees DY17**

Race/Ethnicity	Age Group (years)					Total	
	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
<b>African-American</b>	311	9,800	3,819	2,843	173	<b>16,946</b>	26%
<b>White</b>	498	15,482	5,878	3,586	182	<b>25,626</b>	40%
<b>Asian</b>	10	422	381	379	14	<b>1,206</b>	2%
<b>Hispanic</b>	336	9,629	4,053	3,546	203	<b>17,767</b>	28%
<b>American/Asian Indian &amp; Other</b>	46	1,410	739	624	41	<b>2,860</b>	4%
<b>Total FPW Enrollees</b>	<b>1,201</b>	<b>36,743</b>	<b>14,870</b>	<b>10,978</b>	<b>613</b>	<b>64,405</b>	
	2%	57%	23%	17%	1%		<b>100%</b>

## Continuing Enrollee Participants

Table 2e presents the distribution of FPW continuing enrollee participants by age group and race/ethnicity for DY17. Of the total, 2% of the continuing enrollee participants were between the ages of 14 and 19. Continuing enrollee participants between 20 and 29 years of age made up the largest group at 61% and those between 30 and 34 years comprised 22% of the DY17 FPW program continuing enrollee participants. Fourteen percent of the continuing enrollee participants were 35 to 44 years of age and one percent were between the ages of 45 and 55 years.

Approximately 31% of the continuing enrollee participants were African-American, 39% were White, and 2% were Asian. Hispanic women made up 25% of the continuing enrollee participants and American/Asian Indian and Other races comprised 4% of the FPW continuing enrollee participants. The largest percentage of continuing enrollee participants were white women between the ages of 20 and 29. The age group and race category of the fewest number of continuing enrollee participants in DY17 were Asian women between the ages of 14 and 19.

**Table 2e: Demographic Characteristics of FPW Continuing Enrollee Participants DY17**

Race/Ethnicity	Age Group (years)					Total	
	14-19	20-29	30-34	35-44	45-55	Number	Percent <sup>8</sup> (%)
<b>African-American</b>	53	2,067	693	420	32	<b>3,265</b>	31%
<b>White</b>	74	2,627	924	487	26	<b>4,138</b>	39%
<b>Asian</b>	1	64	46	46	3	<b>160</b>	2%
<b>Hispanic</b>	44	1,579	582	456	31	<b>2,692</b>	25%
<b>American/Asian Indian &amp; Other</b>	4	196	103	81	3	<b>387</b>	4%
<b>Total FPW Enrollee Participants</b>	<b>176</b>	<b>6,533</b>	<b>2,348</b>	<b>1,490</b>	<b>95</b>	<b>10,642</b>	
	2%	61%	22%	14%	1%		<b>100%</b>

## Continuing Enrollee Non-Participants

Table 2f presents the distribution of FPW continuing enrollee non-participants by age group and race/ethnicity for DY17. Of the total, 2% of the continuing enrollee non-participants were

<sup>8</sup> The column total does not equal to 100 due to rounding.

between the ages of 14 and 19. Continuing enrollee non-participants between 20 and 29 years of age made up 56% and those between 30 and 34 years made up 23%. Eighteen percent of the continuing enrollee non-participants were 35 to 44 years of age and one percent were between the ages of 45 and 55 years. A quarter of the continuing enrollee non-participants were African-American, 40% were White, and 2% were Asian. Hispanic women made up 28% of the FPW continuing enrollee non-participants and American/Asian Indian and Other races comprised 5%. The largest percentage of continuing enrollee non-participants were white women between the ages of 20 and 29. The age group and race category with the fewest number of continuing enrollee non-participants in DY17 were Asian women between the ages of 14 and 19.

**Table 2f: Demographic Characteristics of FPW Continuing Enrollee Non-Participants DY17**

Race/Ethnicity	Age Group (years)					Total	
	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
<b>African-American</b>	258	7,733	3,126	2,423	141	<b>13,681</b>	25%
<b>White</b>	424	12,855	4,954	3,099	156	<b>21,488</b>	40%
<b>Asian</b>	9	358	335	333	11	<b>1,046</b>	2%
<b>Hispanic</b>	292	8,050	3,471	3,090	172	<b>15,075</b>	28%
<b>American/Asian Indian &amp; Other</b>	42	1,214	636	543	38	<b>2,473</b>	5%
<b>Total FPW Enrollee Non-Participants</b>	<b>1,025</b>	<b>30,210</b>	<b>12,522</b>	<b>9,488</b>	<b>518</b>	<b>53,763</b>	
	2%	56%	23%	18%	1%		<b>100%</b>

### ***Enrollee Group Findings***

While African American women made up 29% of new enrollees, they made up 32% of new enrollee participants. Conversely, Hispanic women who made up 28% of new enrollees only made up 25% of new enrollee participants. The percentage of White American, Asian, American Indian/Asian and Other race/ethnicity women was relatively consistent across the three new enrollee groups. While African American women made up 26% of continuing enrollees, they made up 31% of continuing enrollee participants. Conversely, Hispanic women who made up 28% of continuing enrollees only made up 25% of continuing enrollee participants. The percentage of White American, Asian, American Indian/Asian and Other race/ethnicity women was relatively consistent across the three continuing enrollee groups. The DY17 data

presented above in the tables will be included in future reports for comparison to subsequent demonstration years as data becomes available.

**RQ3: What is the percentage of FPW enrollees who receive one or more FPW services per DY based on eligibility group?**

Table 3 presents the proportion of FPW continuing enrollee who received one or more services in DY17 by eligibility group. Those enrollees who received one or more services are also referred to as participants in other sections of this report. The total number of continuing enrollee participants who received one or more FPW services in DY17 was 10,642. A total of 9,749 (6.8% of the 144,091 FPW enrollees) of the continuing enrollee participants who received one or more services in DY17 were in the SOBRA eligibility group. Moreover, 893 (0.6% of total FPW enrollees) of enrollees who received one or more services in DY17 were in the Non-SOBRA eligibility group. Among the FPW continuing enrollee participants, women in the SOBRA eligibility group received more services in DY17. Table 3 also presents the proportion of FPW new enrollee participants who received one or more services in DY17 by eligibility group. The total number of new enrollee participants who received one or more FPW services in DY17 was 18,643. A total of 17,230 (12.0% of total FPW enrollees) of new enrollee participants who received one or more services in DY17 were in the SOBRA eligibility group. Additionally, 1,413 (1.0% of total FPW enrollees) of new enrollee participants who received one or more services in DY17 were in the Non-SOBRA eligibility group. Among FPW new enrollee participants, women in the SOBRA eligibility group received more services in DY17.

**Table 3: Number and Proportion of FPW Continuing Enrollee and FPW New Enrollee Participants Receiving Services by Eligibility Group in DY17.**

<b>Eligibility Group</b>	<b>Number of enrollees receiving one or more FPW services</b>	<b>Proportion of enrollees receiving one or more FPW services (%)</b>
FPW Continuing Enrollee Participants		
SOBRA	9,749	6.8%
Non-SOBRA	893	0.6%
<b>Total</b>	<b>10,642</b>	<b>7.4%</b>
FPW New Enrollee Participants		
SOBRA	17,230	12.0%
Non-SOBRA	1,413	1.0%
<b>Total</b>	<b>18,643</b>	<b>12.9%</b>

**RQ4: What are the inter-birth intervals (IBI) for FPW Participants and Non-Participants per DY?**

Table 4 below presents the average inter-birth intervals (IBIs) in number of months for FPW participants and FPW non-participants for DY17 and the average IBIs for FPW participants and non-participants from DY14 to DY16. The methods and inclusion and exclusion criteria for calculating the IBIs are found in detail in appendix C. For this research question, it was expected that FPW participants would be more likely to have longer average inter-birth intervals than non-participants. Because data is not yet available to examine the likelihood of having an IBI greater than 24 months in DY17 (i.e. only 21 months of data are currently available), only average IBI are reported here. Future reports will also include the likelihood of having an IBI of greater than 24 months.

As displayed in Table 4, the average IBI for FPW participants was 18.5 months and the average IBI for FPW non-participants was 18.5 months in DY17. Between DY14 and DY16, the average IBI for FPW participants was 17.0 months and the average IBI for FPW non-participants was 19.0 months. In DY17, the average IBI for FPW participants was longer compared to the same group in DY14-16. The average IBI for FPW non-participants was slightly shorter in DY17, compared to the same group in DY14-16. It should be noted that the IBI calculations for DY14-16 were limited to new enrollees while DY17 included both new and continuing enrollees.

**Table 4: Average Inter-birth Intervals in Months for FPW Participants and Non-Participants by DY.**

	DY14-16 (2011-2014)	DY17 (2014-2015)
Average IBI for FPW Participants (months)	17.0	18.5
Average IBI for FPW Non-Participants (months)	19.0	18.5

**RQ5: What is the rate of unintended pregnancies for FPW Participants and Non-Participants per DY?**

The number of unintended pregnancies was measured by comparing responses to questions 5 and 14 on the Healthy Start Prenatal Risk Screen among FPW participants and non-participants. For women who became pregnant anytime during DY17, the research team identified FPW enrollees who indicated on the Healthy Start Prenatal Risk Screens that their pregnancies were unwanted or unintended. The methods and inclusion and exclusion criteria for calculating the unintended pregnancies are found in detail in appendix D. It was expected that FPW participants would be less likely to have unintended pregnancies than non-participants. Tables 5a and 5b illustrate the number of responses to each question on the Health Start Prenatal Risk Screen as well as the rates of unintended pregnancies. In DY17, for FPW participants, the overall rate of unintended pregnancies was 59.3%. Among non-participants, in DY17, the overall rate of unintended pregnancies was 57.6%.



**Table 5a: Rate of Unintended Pregnancies for FPW Participants DY17.**

<b>Question 5. Is this a good time for you to be pregnant?</b>	<b>Number</b>
Yes	633
No	123
Total Responses Question 5	<b>756</b>
Question 5 Rate of Unintended Pregnancies (%)	<b>16.3%</b>
<b>Question 14. Thinking back to just before you got pregnant, did you want to be.....?</b>	
Pregnant Now	313
Pregnant Later	355
Not Pregnant	91
Total Pregnant Later & Not Pregnant	446
Total All Responses Question 14	<b>759</b>
Question 14 Rate of Unintended Pregnancies (%)	<b>58.8%</b>
<b>Negative Responses Question 5 &amp; Question 14</b>	
Question 5 = No	123
Question 5 = Yes & Question 14 = “pregnant later” or “not pregnant”	327
Total Number of Negative Responses Question 5 & Question 14	<b>450</b>
Total Number of Responses Question 5 & Question 14*	<b>759</b>
<b>Overall Rate of FPW Participant Unintended Pregnancies DY17 (%)</b>	<b>59.3%</b>

\* The total number of responses for questions 5 and 14 represents those unique individuals who responded to either question 5 or question 14 or both.

**Table 5b: Rate of Unintended Pregnancies for FPW Non-Participants DY17**

<b>Question 5. Is this a good time for you to be pregnant?</b>	<b>Number</b>
Yes	1923
No	322
Total Responses Question 5	<b>2,245</b>
Question 5 Rate of Unintended Pregnancies (%)	<b>14.3%</b>
<b>Question 14. Thinking back to just before you got pregnant, did you want to be.....?</b>	
Pregnant Now	968
Pregnant Later	1,007
Not Pregnant	284
Total Pregnant Later & Not Pregnant	1,291
Total All Responses Question 14	<b>2,259</b>
Question 14 Rate of Unintended Pregnancies (%)	<b>57.1%</b>
<b>Negative Responses Question 5 &amp; Question 14</b>	
Question 5 = No	322
Question 5 = Yes & Question 14 = “pregnant later” or “not pregnant”	980
Total Number of Negative Responses Question 5 & Question 14	<b>1,302</b>
Total Number of Responses Question 5 & Question 14*	<b>2,259</b>
<b>Overall Rate of FPW Participant Unintended Pregnancies DY17 (%)</b>	<b>57.6%</b>

\* The total number of responses for questions 5 and 14 represents those unique individuals who responded to either question 5 or question 14 or both.

**RQ6: Is Medicaid achieving cost savings by reducing the number of unintended pregnancies through the use of FPW services?**

The analytic strategy for this question was to calculate the number of averted births using the inter-birth intervals by comparing the birthrate pre and post FPW program. The difference in the birthrate was then used to estimate the number of averted births to calculate the cost savings. The total cost savings is the total number of averted births times the average cost of a birth which includes the cost of the birth as well as the Medicaid costs for the infant during the first year of life. For example, if the average inter-birth interval is 24 months for a FPW participant but 12 months before the FPW program, the expected number of births was half of what would have occurred if there was no FPW program. Thus, the inter-birth interval is a measure of the birth rate. The difference in the birthrates was used to calculate the number of averted births associated with the use of FPW services, which were then used to calculate the cost savings. For the cost savings, average Medicaid birth costs were calculated, and then the net savings was determined by finding the difference between the FPW program expenditures and the averted birth cost savings. The methods and inclusion and exclusion criteria for calculating the cost savings are found in detail in appendix E. It was expected that Medicaid would achieve cost savings through the FPW program by decreasing the number of unintended pregnancies and births.

The number of averted births among enrollees was estimated using the following formula:

$$\text{Number of Births Averted} = (\text{Adjusted Baseline [1997] Fertility Rate} - \text{Observed DY17 Fertility Rate of Participants}) \times \text{Number of Participants during DY17}$$

Total Medicaid birth costs for DY17 were estimated using the following formula:

$$\text{Total DY17 Medicaid Birth Costs} = \text{Cost of prenatal services} + \text{Cost of pregnancy related services} + \text{Cost of deliveries} + \text{Cost of services for infants from birth to age 1}$$

Average DY17 FPW Medicaid birth costs were calculated using the following formula:

$$\text{Average DY17 Medicaid Birth Costs for FPW Enrollees} = \frac{\text{Total DY17 Medicaid birth costs}}{\text{Total number of FPW enrollee births during DY17-DY18}}$$

The estimated gross cost savings due to averted births calculation was:

$$\text{DY17 Averted Births Gross Cost Savings} = \text{DY17 Number of FPW Participant Births Averted} * \\ \text{Average DY17 Medicaid Birth Costs for FPW Enrollees}$$

### **Cost Savings Calculation**

Cost savings to Medicaid from births averted among enrollees was estimated using the method for calculating budget neutrality. The number of averted births among participants during DY17 was multiplied by the average Medicaid birth costs for FPW enrollees who delivered during DY17 to arrive at gross cost savings. To determine net cost savings, FPW program expenditures during DY17 were deducted from the estimated cost savings attributed to averted births. FPW program expenditures included all program costs associated with provision of FPW services during DY17. Table 6 shows that in DY17, the number of births averted among FPW enrollees was 1,735. Average Medicaid birth costs were \$17,854 and averted births costs savings was \$30,976,690. Total FPW program expenditures were \$5,648,667. Thus, the overall (net) savings to Medicaid of implementing the FPW program during DY17 was \$25.3 million dollars.

**Table 6: Medicaid Cost Savings DY17.**

<b>Demonstration Year (DY)</b>	<b>Number of Births Averted among Enrollees (A)</b>	<b>Average Medicaid Birth Costs (\$) (B)</b>	<b>Averted Births Cost Savings (C=AxB)</b>	<b>FPW Program Expenditures (\$) (D)</b>	<b>Overall (Net) Savings (\$) (C-D)</b>
DY17	1,735	\$17,854	\$30,976,690	\$5,648,667	\$25,328,023

### **RQ7: What are the costs and benefits of the utilization of point-of-service eligibility?**

#### **(DY18)**

This research question will be answered in the DY18 report. The primary data source for research question 7 will be the responses to the qualitative surveys (see Appendix A) completed by the DOH frontline staff. The survey response data will be generated using Qualtrics software (Qualtrics, 2015).

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## References

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- Centers for Medicare & Medicaid Services. (2014). *Centers for Medicare & Medicaid Services special terms and conditions*. Florida Medicaid Family Planning Waiver. Approval period January 1, 2015-December 31, 2017. Retrieved from [http://www.ahca.myflorida.com/medicaid/Family\\_Planning/pdf/FL\\_FPW\\_Extension\\_CMS\\_Aproved\\_STCs\\_12-29-14.pdf](http://www.ahca.myflorida.com/medicaid/Family_Planning/pdf/FL_FPW_Extension_CMS_Aproved_STCs_12-29-14.pdf)
- Florida Agency for Health Care Administration. (2015). *Florida Medicaid Family Planning Waiver Program evaluation plan: 2015-2017*.
- Florida Agency for Health Care Administration. (2016). State of *Florida Contract No. MED184*.
- Florida Agency for Health Care Administration. (2017). AHCA Contract No. MED184. Amendment No. 1.
- Florida Department of Health (DOH). (2017) <http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-professionals/tb-professional-materials.html>
- Centers for Medicare & Medicaid Services. Medicaid.gov (2017). MAGI Conversion Plans and Results. Retrieved from <https://www.medicaid.gov/affordable-care-act/eligibility/magi-conversion-plan/index.html>
- Qualtrics software, Version [insert version] of Qualtrics. Copyright © 2015 Qualtrics. Qualtrics and all other Qualtrics product or service names are registered trademarks or trademarks of Qualtrics, Provo, UT, USA. <http://www.qualtrics.com>
- University of Florida Family Data Center. (2016). MED145 Deliverable 2.4 DY16 Final Report June 24, 2016.
- University of Florida Family Data Center (2013). Maternal and Infant Health Status Indicators for Florida, 1997 – 2001 report. [http://familydata.health.ufl.edu/files/2013/02/maternal\\_and\\_infant\\_health\\_status\\_indicators\\_1997-2001.pdf](http://familydata.health.ufl.edu/files/2013/02/maternal_and_infant_health_status_indicators_1997-2001.pdf)

## Appendices

### Appendix A: Final Approved Survey Questionnaire to be sent to DOH Frontline Staff

#### Survey Tool

Dear County Health Department Official:

The Florida Agency for Health Care Administration has contracted with the Florida State University College of Medicine to evaluate the Medicaid Family Planning Waiver (FPW). The questions below are designed to help the Agency understand the costs and benefits of utilizing the point-of-service method during the period of July 1, 2014 through June 30, 2015. Staff at the FSU College of Medicine [tyra.dark@med.fsu.edu] are available to answer any questions about the survey. Please complete this survey by [*This date will be specified as two weeks following the date in which the survey was disseminated*]. Thank you for your participation.

1. How many enrollees were determined eligible for FPW by using the point-of-service method during July 1, 2014 through June 30, 2015?
2. What was the percentage of the clinic population enrolled in the FPW that was enrolled using the point-of-service method during July 1, 2014 through June 30, 2015?
3. How many recipients utilized the point-of-service method during July 1, 2014 through June 30, 2015?
4. From your perspective, what are the challenges of using the point-of-service method?
5. From your perspective, what do you think the benefits are of using the point-of-service method?
6. What is the process for determining point-of-service eligibility? That is, how did you identify women that were eligible to be enrolled in the FPW program?
7. Is there anything else you'd like to tell us about your experiences with using point-of-service eligibility method for the FPW program?

## Appendix B: Healthy Start Prenatal Screen



### Help your baby have a healthy start in life!



Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are **confidential**. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)\*

Today's Date: \_\_\_\_\_

1. Have you graduated from high school or received a GED?
2. Are you married now?
3. Are there any children at home younger than 5 years old?
4. Are there any children at home with medical or special needs?
5. Is this a good time for you to be pregnant?
6. In the last month, have you felt down, depressed or hopeless?
7. In the last month, have you felt alone when facing problems?
8. Have you ever received mental health services or counseling?
9. In the last year, has someone you know tried to hurt you or threaten you?
10. Do you have trouble paying your bills?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/>	<input type="checkbox"/> 1
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

11. What race are you? Check one or more.

☐ White ☐ Black ☐ Other \_\_\_\_\_

12. In the last month, how many alcoholic drinks did you have per week?

\_\_\_\_\_ drinks ☐ did not drink

13. In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes)

\_\_\_\_\_ cigarettes ☐ did not smoke

14. Thinking back to just before you got pregnant, did you want to be.....?

☐ pregnant now ☐ pregnant later ☐ 1 not pregnant

15. Is this your first pregnancy?

☐ 2 Yes ☐ No If no, give date your last pregnancy ended:  
Date: (month/year) \_\_\_\_\_

16. Please mark any of the following that have happened.

- ☐ 3 Had a baby that was not born alive  
☐ 3 Had a baby born 3 weeks or more before due date  
☐ 3 Had a baby that weighed less than 5 pounds, 8 ounces  
☐ None of the above

PATIENT INFORMATION	Name: First _____ Last _____ M.I. _____	Social Security Number: _____	Date of Birth (mo/day/yr): _____	17. Age: <input type="checkbox"/> 1 <18
	Street address (apartment complex name/number): _____	County: _____	City: _____ State: _____	Zip Code: _____
	Prenatal Care covered by: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____	Best time to contact me: _____	Phone #1 _____	Phone #2 _____

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial: \_\_\_\_\_ Yes \_\_\_\_\_ No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

\* If you do not want to participate in the screening process, please complete the patient information section only and sign below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PROVIDER ONLY	LMP (mo/day/yr): _____	EDD (mo/day/yr): _____	18. Pre-Pregnancy: Wt: _____ lbs. Height: _____ ft. _____ in. BMI: _____	<input type="checkbox"/> 1 < 19.8 <input type="checkbox"/> 2 > 35.0
	Provider's Name: _____	Provider's ID: _____	19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> N/A <input type="checkbox"/> No	<input type="checkbox"/> 1 Yes
	Provider's Phone Number: _____	Provider's County: _____	20. Trimester at 1st Prenatal Visit? _____	<input type="checkbox"/> 1 2nd
	Healthy Start Screening Score: _____	Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> Not Referred to Healthy Start.	21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ <input type="checkbox"/> No	<input type="checkbox"/> 2 Yes
	Provider's/Interviewer's Signature and Title _____ Date (mo/day/yr) _____			

DH 3134, 04/08, stock number 5744-100-3134-7

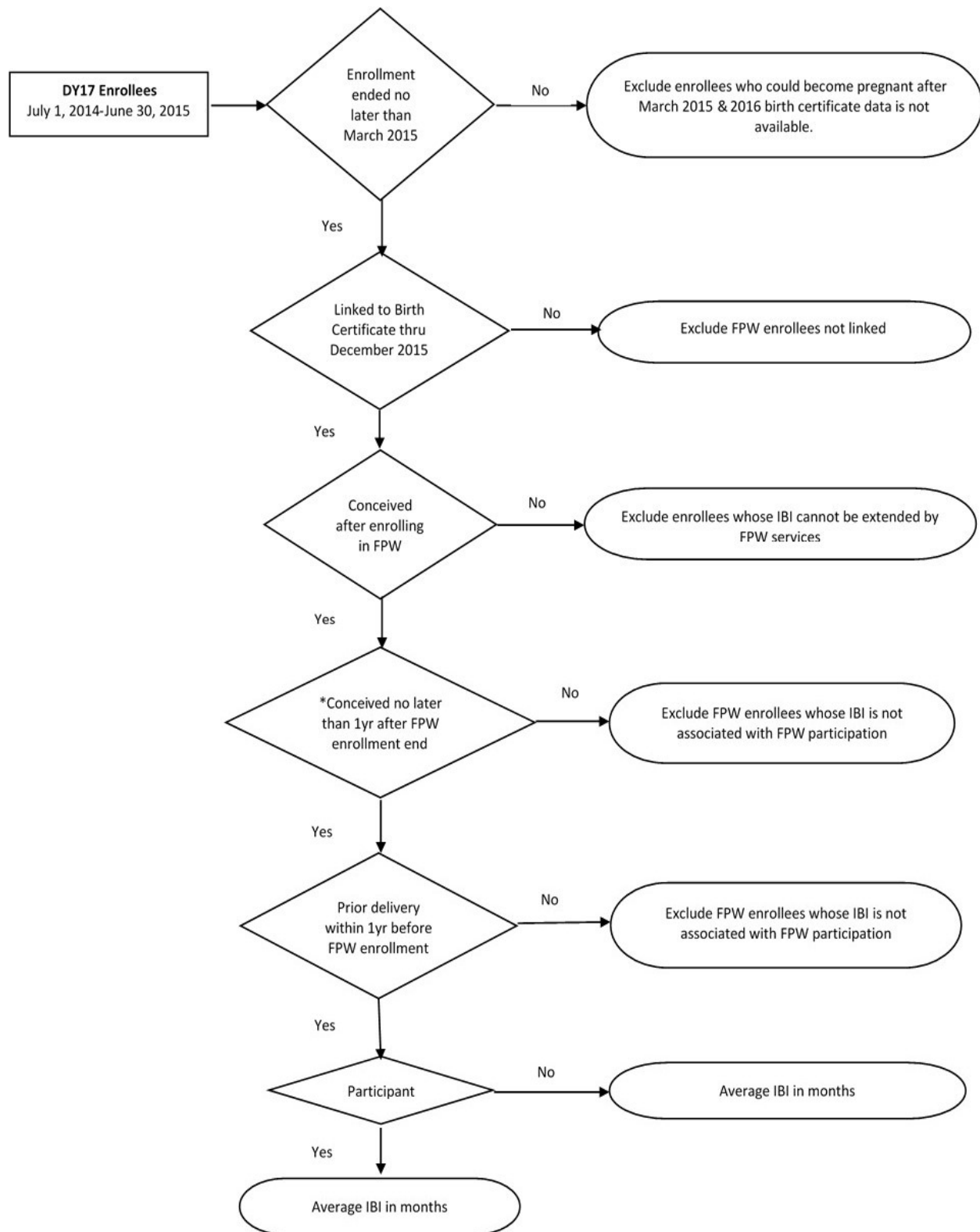
Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred  
 PINK—Retained in patient's record  
 GREEN—Patient's Copy

## **Appendix C: Inter-birth Interval (IBI) Methodology and Flowchart**

To measure the impact of the FPW in increasing the child spacing interval through effective contraceptive use, the research team compared the average Inter-birth Intervals (IBI) of Enrollee Participants and Enrollee Non-Participants in the current waiver period DY17 to the previous waiver period DY14-16. For this report, the research team conducted comparisons of percent distributions of women in the study sample by participation status and comparisons of average IBI length by participation status.

1. Inclusion Criteria for participants and non-participants for IBI
  - a. For DY17 enrollees, FPW enrollment ended no later than March 2015
  - b. Linked to birth certificate data through December 2015
  - c. Conceived after enrolling in FPW
  - d. Conceived no later than one year after the end of FPW enrollment
  - e. Previous delivery within one year before enrolling in FPW.
2. Exclusion Criteria for IBI
  - a. Exclude enrollees who could become pregnant after March 2015 for whom 2016 birth certificate data is not available
  - b. Exclude enrollees not linked to a birth certificate
  - c. Exclude enrollees whose IBI cannot be extended by FPW services
  - d. Exclude enrollees whose IBI is not associated with FPW participation
  - e. Exclude FPW non- participants who received Family Planning Services through Title X (Planned Parenthood).

## Inclusion/Exclusion criteria for Inter-birth Interval (IBI) Analysis



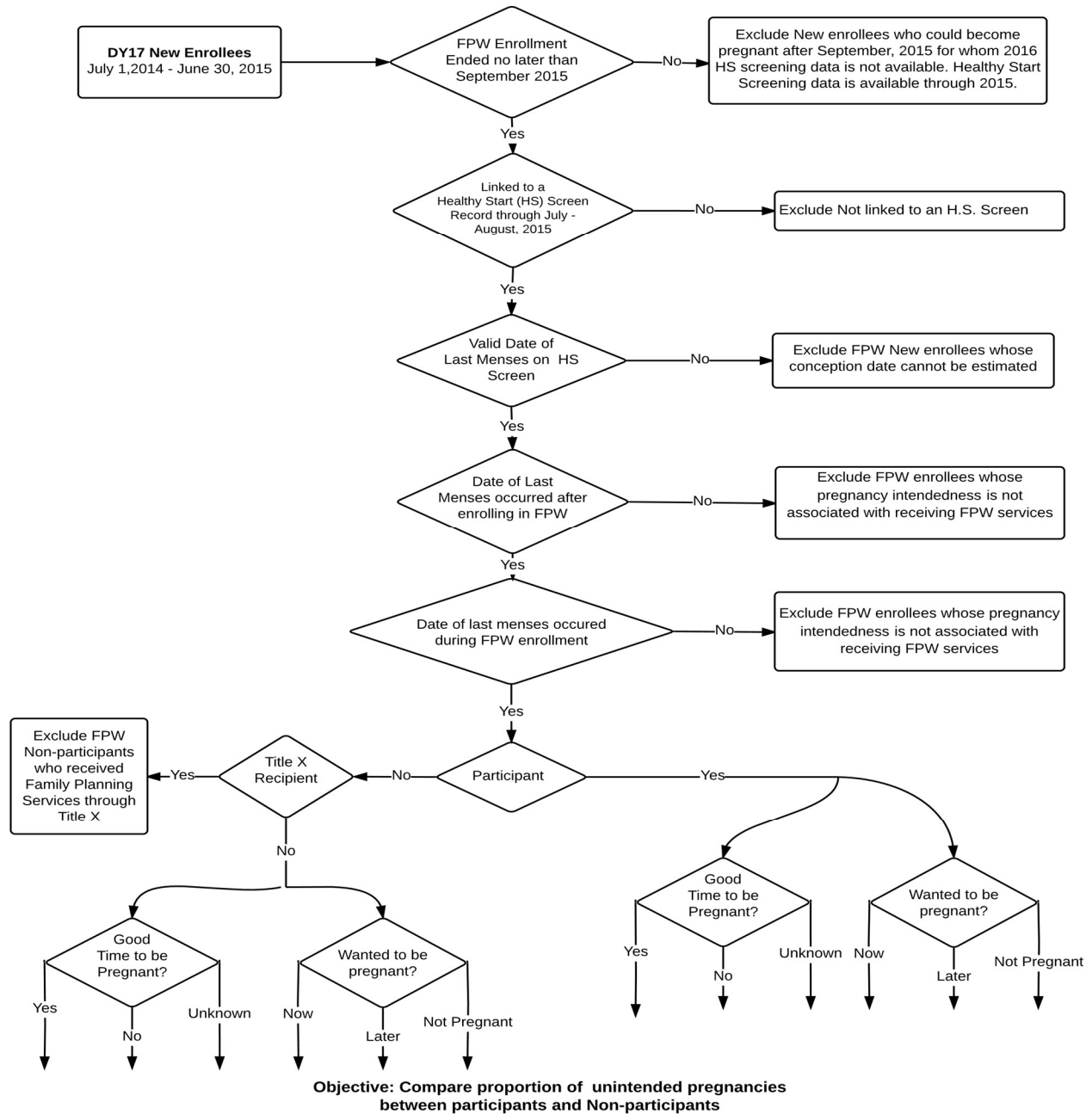


## **Appendix D: Unintended Pregnancies Methodology and Flowchart**

To measure the impact of the FPW in reducing the number of unintended pregnancies through provision of Family Planning services, the research team assessed whether there was a difference in the rate of unintended pregnancies during DY17 among Participants and Non-Participants. The research team employed the following steps for determining and comparing the rate of unintended pregnancies between participants and non-participants:

1. Identify DY17 Participants who meet the following three conditions:
  - a. Are linked to at least one Healthy Start Prenatal Risk Screen record dated July 1, 2014 through June 30, 2015.
  - b. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record is not missing.
  - c. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record occurred on or after their date of enrollment and on or before the end of the waiver period, June 30, 2015.
2. Among Participants who meet the three conditions in Step 1, identify DY17 Participants (received at least one FPW service during enrollment with a date of service on or before the end of the waiver period, June 30, 2015) who also meet the following condition:
  - a. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record occurred on or after their first FPW service.
3. Among Participants who meet the three conditions in Step 1 and do not meet the first condition of Step 2 (did not receive FPW services during enrollment with a date of service that is on or before the end of the waiver period, June 30, 2015) identify those who also meet the following condition:
  - a. Did not receive a family planning service through a different Medicaid delivery system than the FPW while enrolled in the FPW.

## Inclusion/Exclusion criteria for Unintended Pregnancies Analysis



## Appendix E: Cost Saving Methodology and Flowchart

To estimate the overall cost-savings associated with implementing the FPW, the research team followed the process outlined below:

1. The research team calculated births averted. The term births averted refers to the difference in the observed fertility rate of Medicaid women in a given demonstration year versus the age-adjusted baseline (or expected) fertility rate of Medicaid women in 1996-97, the year prior to Florida's implementation of the FPW program.
2. The research team calculated the average pregnancy, delivery, and first-year costs by summing all amounts either FFS claims and/or MMA claims in a given demonstration year. The summed costs are for both the mother and infant that occurred from the date of conception through the child's first birthday.
3. The research team multiplied the average annual maternal and infant costs in a given demonstration year by the number of births averted, to arrive at the annual gross savings to Medicaid of the FPW program in a given demonstration year.
4. The research team determined how much the Agency spent in a given demonstration year to provide family planning services.
5. The research team deducted the cost to the Agency of providing family planning services in a given demonstration year from the gross savings calculated in step three, above, to arrive at the net savings to Medicaid of implementing the FPW program in a given demonstration year.
6. Last, the research team summed the annual net cost-savings during DY17 to arrive at an overall cost-savings achieved by implementing the FPW program from July 1, 2014 to June 30, 2015 based on the data available as of December, 2016.

Baseline (1996-97) calculation of fertility rates did not include the 45-55 age group due to its negligible contribution to the age adjusted baseline fertility rate. To better understand the decision made to exclude this group, the research team queried Florida Charts to estimate the fertility rate for all women ages 45-54 in Florida during 1997. The rate obtained was of approximately 16 births per 100,000 women in this age group (155/936,957).

Adding a rate of similar magnitude to the calculation of the Adjusted Base Year fertility rate would have an impact of less than a 10,000<sup>th</sup> of a percent to the Adjusted Base Year fertility rate. Based on this reasoning, UF previously recommended (and the Agency agreed) that the 45-55 age group be excluded from the baseline fertility rate calculation.

### ***DY17 Calculation of Average Costs***

For DY17, the average cost was \$17,854. The cost was calculated by summing all amounts including FFS and/or MMA claims for both the mother and infant that occurred from the date of conception through the child's first birthday. The average was computed for 4,732 DY17 Enrollees regardless of participation or enrollment type (new vs continuing enrollee) for women that conceived after DY17 enrollment and delivered on or before June 30, 2015. The June 30, 2015 cutoff (versus December 31, 2015) was used to ensure that we had complete FFS/MMA cost data for the entire first year of age of the child (data through June 30, 2016). The UF team received claims data through December 2016, but the record counts towards the end of 2016 were lower than for earlier months of 2016, which may indicate that some late 2016 records had not arrived in the system when the queries ran for the project. To ensure complete data, the UF team selected women for which there was certainty that the data was final, which is typically six months after the date of service. Only one birth was used among multiples and, among possible (but rare) multiple deliveries to the same woman occurring between the date of DY17 enrollment and June 30, 2015, only the birth that was closest to the date of DY17 FPW enrollment was used. Also, similar to the IBI analysis: for women who were already pregnant at the time they enrolled for DY17, the team did not look for births (conceived after enrollment) at all. The team estimated that this was a very small number of births, and would have a negligible impact on the average cost.

## Appendix E: Cost Savings Methodology and Flowchart

### Inclusion/Exclusion criteria for Cost Savings Analysis

