

North Carolina Department of Health and Human Services Division of Medical Assistance

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Beverly Eaves Perdue, Governor Lanier M. Cansler, Secretary Craigan L. Gray, MD, MBA, JD, Director

March 31, 2010

Ms. Julie Sharp, M.P.P. Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mailstop S2-01-16 Baltimore, MD 21244

Re: Renewal of the State of North Carolina Family Planning Waiver

Dear Ms. Sharp:

We are pleased to submit the State of North Carolina's Family Planning Waiver Renewal application. Please find attached the documents that support the State's Renewal Waiver request. Our submission contains the following:

- 1. Attachment A: Letter of Support from the N.C. Academy of Family Physicians
- 2. Attachment B: Service Codes
- 3. Attachment C: Budget Neutrality Worksheets and supporting documentation
- 4. Attachment D: Health Check/Health Choice Application form, FPW Addendum and FPW Fact Sheet, Application for Medicaid (Adult), Health Check/Health Choice Re-Enrollment form, County Department of Social Services Medical Assistance Redetermination form
- 5. Attachment E: Waiver Year Five Interim Evaluation Report (Will be forwarded electronically on March 31)
- 6. Attachment F: Renewal Evaluation Plan

Please note in Attachment B that the State is requesting three additional service codes for the Family Planning Waiver program. The following are the three codes we are requesting.

		NEW CODES PROPOSED FOR APPROVAL BY CMS UNDER RENEWAL WAIVER
NC	87621	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; papillomavirus, human, probe technique amplified
NC	Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens
NC	11983	Removal, with reinsertion, non-biodegradable drug delivery implant



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All three codes requested for approval are included on the Centers' Master code list. Further, the addition of the three codes was the result of DMA's collaboration with the Division of Public Health during discussions in the Clinical/MMIS Committee meetings from April 2009 through a final DMA internal approval on December 11, 2009, by Dr. Patti Forest, DMA's former Medical Director, and other members of the clinical staff.

The three additional codes were selected for the following reasons:

- the codes were continuing to be requested by providers and are consistent with providing the standard of care and quality care for their patients
- the financial feasibility of adding the codes was assessed and determined to be budget neutral
- HPV testing allows the provider to screen for and detect cervical cancer
- the codes are currently already covered by North Carolina's Medicaid program

Per our previous conversation with you, we will begin our public comment process by posting the renewal waiver for thirty (30) days on the Division of Medical Assistance website within the next few days. In addition, on March 31, we will be sending a letter to the Eastern Band of Cherokee Indians, in compliance with the 1994 Federal Register public notice requirement for Section 1115 demonstrations.

Please do not hesitate to contact Andrea Phillips or Judy Walton if you have questions or need additional information about our renewal application. Andrea can be reached at 919-855-4328 or Andrea.Phillips@dhhs.nc.gov. Judy can be reached at 919-855-4265 or at judy.walton@ncmail.net. We look forward to hearing from you soon and appreciate your support of this waiver program.

Sincerely,

Craigan L. Gray, MD, MBA, JD

MaRlarsz

cc:

Tara Larson Steve Owen Judy Walton



North Carolina_ State Health and Human Services Department "Be Smart" Family Planning Waiver Name of Demonstration Program **Date Proposal Submitted** March 31, 2010 Projected Date of Implementation October 1, 2010_____ Craigan L. Gray, MD, MBA, JD, Director Authorizing Signature & Title Primary Family Planning Program Contact: Andrea C. Phillips Name Family Planning Waiver Program Manager Title Phone Number (919)-855-4328_____ Andrea.Phillips@dhhs.nc.gov_ **Email Address**

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DERMIN

proposes a Section 1115 Family Pla	partment of <u>Health and Human Services</u> anning demonstration entitled " <u>Be Smart" Medicaid Family</u> ease the number of individuals receiving family planning
Date Proposal Submitted:	March 31, 2010
Projected Date of Implementation:	October 1, 2010

I. Enrollment Projections and Goals

The "Be Smart" Family Planning Waiver Program (program name) has enrolled an estimated 65,347 females and 11,188 males residents of the State of North Carolina in Waiver Year Four, which includes both new and enrollees continuing into Waiver Year Four from Waiver Years one, two and three for family planning services. Specifically, the State estimates that it will cover the following number of enrollees for each demonstration year (please break the number down into women and men, if the State is proposing to cover both). Renewal States should use the first three demonstration year lines to represent each year of the proposed renewal period.

The following are projections of residents to be served under the three years of the Waiver Renewal:

Year 1:	October 1, 2010 – September 30, 2011	<u>29,731</u>
Year 2:	October 1, 2011 – September 30, 2012	<u>31,218</u>
Year 3:	October 1, 2012 – September 30, 2013	<u>32,779</u>

(See Budget Neutrality Spreadsheets for basis of projections)

Please describe the goals of the demonstration.

The overall goal of the initial five-year Family Planning Waiver Demonstration, which continues through September 30, 2010, is to:

- 1. reduce unintended pregnancies
- 2. improve the health and well-being of children and families, and
- 3. demonstrate cost savings to the State of North Carolina.

The State of North Carolina is currently providing increased access to family planning services through the Family Planning Waiver program. The Medicaid Waiver (Waiver), known as the Be Smart Family Planning Waiver program, is designed to expand eligibility for family planning services and to increase the number of low income persons receiving family planning services throughout the state. With regard to the waiver renewal, the State proposes to build on its

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experience and success, by continuing to implement the goals and objectives established under the initial Family Planning Waiver demonstration program.

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II. Family Planning Demonstration Standard Features
Please provide an assurance that the following requirements will be met by this demonstration, and include the signature of the authorizing official.
∑ The Family Planning demonstration will be subject to Special Terms and Conditions (STCs). The core set of STCs is included in the application package. Depending upon the design of the State's family planning demonstration, additional STCs may apply.
The State has utilized a public process to allow interested stakeholders to comment on its proposed family planning demonstration.
Family Planning demonstrations are intended to provide family planning services to low-income men and women who would not otherwise have access to services for averting pregnancy. Eligible individuals are those who are insured (but must assign third party reimbursement to the State), are not enrolled in Medicaid, or those who are not enrolled in the State Children's Health Insurance Program (SCHIP). Signature: Title:
III. Eligibility
A. Eligible Populations
Please indicate with check marks the populations which the State is proposing to include in the family planning demonstration, and fill in the age, sex and income information where appropriate. Note that these demonstrations are intended to cover uninsured, low-income individuals with incomes no higher than 200 percent of the Federal poverty level (FPL).
12 month period for which individuals would have coverage (e.g. 12 months).
 ✓ Individuals losing Medicaid coverage with gross income up to and including 185 % FPL. ✓ Men ✓ Women

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\boxtimes	Individuals losing SCHIP coverage with gross income up to and including _	<u> 185%</u>	FPL
	Men		

X	Uninsured (or insured in N.C.*) individuals eligible based sole	ely on income,	with gross
	income from _0% FPL up to and including at or below185	% FPL.	

Men, Ages <u>19-60</u>

Women, Ages <u>19-55</u>

A. Initial Eligibility Process

1. Please describe the initial eligibility process. Please note any differences in the eligibility process for different groups:

The initial eligibility process for enrollment in the Be Smart Family Planning Waiver (FPW) program is determined by completing an application (Health Check/NC Health Choice Application, (DMA-5063), and the DMA-5000 Adult/Blind/Disabled application to be submitted to local offices of the County Department of Social Services (DSS), Department of Public Health or other outreach locations determined by county DSS. The Health Check/NC Health Choice application requests that the applicant indicate whether he or she is interested in applying for family planning services. If the applicant answers "yes" to the question on the adult DMA-5000 application or the DMA-5063 (3c.), the applicant must complete a Medicaid Family Planning Waiver Application Addendum (DMA-5063a) for evaluation of eligibility for family planning waiver services. Question DMA-5063 (3c.) asks, "Do you want to apply for family planning services for any people ages 19 and older listed above?"

The FPW fact sheet and application addendum are only provided/mailed to individuals who may not qualify under any other Medicaid programs, who meet the age eligibility requirements and who did not respond with a "no" to question (3c) on the DMA-5063a application form. (SEE ATTACHMENT D for forms and fact sheet)

All individuals listed on the mail-in application or redetermination forms received at the county DSS agencies, who are within the covered age group, are evaluated for all programs, including the Family Planning Waiver (FPW), unless the question on the application form, DMA-5063 (3c.) asking whether the applicant is interested in the FPW, is answered with a "no." A FPW fact sheet and a DMA-5063a application addendum form is mailed to potential eligible individuals to introduce the FPW program and allow the agency to determine if services are needed. The DMA-5063a form may be completed by telephone. It provides the applicant with another opportunity to choose to receive services through the Family Planning Waiver program, if the question was not answered on the DMA-5063 application form during the initial application process.

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For face-to-face interviews, the caseworker will explain and complete the DMA-5063a application addendum during the interview for any potential eligible individuals for whom the applicant is applying. The FPW fact sheet may be provided at that time.

The applicant, as well as any financially responsible person is required to provide verification of income for determining eligibility for FPW. However, resources are not required to be verified.

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	Simplified
5.	Is the application for family planning simplified or the same as full Medicaid? Please attach a copy of the application.
	 ✓ Medicaid eligibility sites ✓ County health department/ local health agency ✓ Provider ✓ Mail-In ✓ On-line ✓ Other (Please specify.)
4.	Where is the initial application accepted?
3.	☑ Please assure (with a check mark) that the State will not enroll individuals who are enrolled in Medicaid, the State Children's Health Insurance Program (SCHIP), pregnant or unable to become pregnant.
	If yes, please describe the process for auto-enrollment, including (1) any information verification processes; (2) the process for notifying enrollees of their change in program eligibility; and (3) the timeframe for automatic eligibility.
	If only for certain groups, please describe which groups.
	The State will complete a review for women who are losing Medicaid for Pregnant Women coverage (MPW) and evaluate for all other Medicaid and SCHIP programs, including FPW. However, in North Carolina, the process does not provide for automatic eligibility.
	☐ Yes ☐ No
2.	Will the State use an automatic eligibility process for any of the groups described under III (A)? (e.g. Will the State automatically enroll women losing Medicaid after 60 days postpartum?)
	required to be vermon

	Same as full Medicaid
	The applicant must complete the full Medicaid application when applying for family
	planning waiver services. However, the application for family planning services is a
	simplified one-page document, which is included as an addendum to the Medicaid
	application.
_	T
6.	Is point-of-service eligibility granted?
	∐ Yes ⊠ No
	If yes, please describe the process, including: the entity or entities that will make the
	point-of-service determination; the services available at initial eligibility determination;
	how the final eligibility determination is made by the State; how the information is
	verified; and what information the State receives to make a final eligibility
	determination.
_	□ Di
7.	Please assure (with a check mark) that the State uses gross income prior to applying any income disregards.
	applying any income disregards.
8.	What income disregards does the State use? Please indicate any differences by
0.	eligibility group or age.
	With regard to monthly income disregards for the Family Planning Waiver (MAF-D),
	North Carolina disregards any earned income tax credit, work related expenses of \$90
	for each budget unit member who has earned income, the first \$50.00 of each child
	support/alimony received by a child in the assistance unit, child/incapacitated adult care
	expenses up to \$175.00, and up to \$200.00 for a child under age two, and the full
	amount of verified court ordered support/alimony paid by any budget unit member*.
	North Carolina also excludes any income deemed to a Work First case.
	*The assistance unit and anyone financially responsible for someone in the assistance
	unit equal the budget unit.
9.	Are these income disregards the same as the disregards used in the Medicaid State
	Plan?
	∐ Yes
	⊠ No
	If no, please describe how income disregards differ from the Medicaid State Plan.
	in no, piease desertoe now income disregards differ from the medicard state I iam.
	The income disregards for the North Carolina Health Choice (NCHC), Medicaid for 19
	& 20 year-olds (MAF-N), Medicaid for the Medically Needy (MAF-M), Medicaid for
	Infants and Children (MIC) and Medicaid for Pregnant Women (MPW) programs are
	the same.
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However, there is a slight variation in income disregards for Family Planning Waiver (MAF-D) and Medicaid for Families – Categorical (MAF-C) programs. For MAF-C, a 27.5% disregard is allowed for each budget unit member with earned income. If the applicant/recipient is not eligible using a 27.5% earned income deduction, a second budget is completed using the standard \$90 work related deduction for Budget Unit members with earned income, and the child/incapacitated adult care deduction.

10. What elements and verification must be provided in the initial application process? For those elements that are required, please check a box indicating whether the State allows self-declaration or requires documentation. Please also indicate whether there are differences by eligibility group or age.

a. Proof of Income:
Self-declaration (In North Carolina, self-declaration is used as a last resort only,
if the applicant cannot obtain the information, the applicant refuses to provide the
<u>information</u> , the information cannot be located or the statement is not questionable.)
□ Documentation required
What documents are sufficient to document income?
A copy of all pay stubs for the last month or a wage letter
Telephone verification
Award letters from the VA, pension funds, etc.
Income tax records and other tax records
Financial records
Titles and bills of sale
When are documents required?
The documents are due prior to the application processing deadline or
within 45 days from the date of application. An applicant may also
request additional time.
 Are there differences by eligibility group or age? No
b. Proof of Resources: (N/A, North Carolina does not require proof of resources as a component of eligibility for Family Planning Waiver) Self-declaration
Documentation required
 What documents are sufficient to document resources?
N/A
When are documents required?
N/A
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 G. Control of the co

 Are there differences by eligibility group or age? N/A c. Social Security Number: Please assure (with a check mark) that the State requires a Social Security Number (SSN) for all family planning demonstration enrollees. Documentation required What documents are sufficient to document SSN? The applicant must furnish a Social Security Number or apply for a number if he or she does not already have one. The applicant must have proof of an enumeration document when a member of the family has never had an SSN number or the SSN is unknown. When are documents required? The documents are due prior to the application processing deadline or within 45 days from the date of application. Are there differences by eligibility group or age? No d. Citizenship Status: Please assure (with a check mark) that the State is in compliance with the citizenship documentation requirements of the Deficit Reduction Act in its Medicaid State Plan and will require (or continue to require for renewals) the same documentation under the family planning demonstration. 11. What entity is responsible for determining final eligibility for the demonstration? State agency County Agency **Eligibility Redetermination Process** 1. Please assure (with a check mark) that the State will conduct an eligibility redetermination at a minimum of every 12 months. 2. Is the eligibility redetermination process identical to the initial eligibility process? Yes - This section is now complete. Please go to Section III: Program Integrity. No – Please complete question number 3 below.

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Please describe the eligibility redetermination process. Please note any differences in the eligibility process for different groups and whether the information and verification requirements differ from the initial application.

Only changes in the information from the previous eligibility process, is subject to verification.

3. Please describe the process for <u>verifying</u> the information that applicants provide at redetermination.

The process for verifying information for redetermination of eligibility is the same as the system used to verify information in the initial application.

IV. Program Integrity

1. Please describe the State's overall program integrity plan including system edits and checks that the State uses to ensure the integrity of eligibility determinations. Applications for the family planning waiver (FPW) are processed by the local departments of social services across the State (DSS). There is a specific eligibility category for the FPW, which is entered in the State's Eligibility Information System (EIS) by each local department of social services upon determining that an individual meets all eligibility requirements for FPW services. Eligibility changes are transmitted to MMIS, which is operated by the State's fiscal agent, Hewlett Packard, on a nightly basis. The MMIS is programmed to only pay claims for FPW participants when the claim reflects a covered service included in the FPW benefit package. MMIS has a system of audits and edits, both of which ensure that only valid claims are paid. (Please see item 3 below for more information about oversight of eligibility determinations.)

DMA has a Program Integrity section whose mission is to ensure compliance, efficiency, and accountability within the N.C. Medicaid Program by detecting and preventing fraud, waste, program abuse, and by ensuring that Medicaid dollars are paid appropriately. Ensuring compliance and accountability within the state's Medicaid program is achieved by implementing tort recoveries, pursuing recoupments, and identifying avenues for cost avoidance. Program Integrity is committed to identifying Medicaid overpayments and fraud. The section actively pursues any leads indicating fraudulent practices, and uses them as a source to initiate investigations. To increase the effectiveness of Program Integrity, the section has partnered with Medicare carriers and Federal staff to share information about fraudulent activity and conduct joint investigations. Program Integrity receives complaints from patients, their families, other providers, former employees of a provider, and by federal and state referrals. Every complaint received is investigated by Program Integrity staff. In addition, Program Integrity identifies patterns of fraud and abuse through DMA's Fraud and Abuse Detection System (FADS). Review decisions can result in refunds to the program for inappropriate Medicaid payments, training on correcting or improving billing practices, referral to licensing boards, and/or referral to the N.C. Office of the Attorney General for suspected fraudulent practices. Program Integrity

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also targets areas with a high-risk potential for abuse and submits suggestions for improvement to DMA Management, which then works with the provider associations to find solutions. DMA encourages individuals who are aware of recipient fraud and abuse to report this information by calling their local department of social services, calling the State's toll free complaint/concern line, completing and submitting a confidential online complaint form or calling DMA's Program Integrity section directly.

- 2. Please assure (with a check mark) that the State assures that all claims made for Federal financial participation under this demonstration, if approved by CMS, will meet all Medicaid financial requirements.
- 3. Please describe the process the State will use to monitor and ensure that eligibility determinations are conducted according to State and Federal requirements.

\boxtimes	Medicaid Eligibility Quality Check (MEQC)
	Other (Please specify.)

The DMA Quality Assurance section monitors the accuracy rate of eligibility determinations in the 100 county DSS offices by conducting both federally mandated and state-designed targeted reviews of recipient cases. The case reviews are conducted by staff assigned and living near certain counties. The results of their reviews are used to determine error trends, identify error prone cases, and recommend corrective action as appropriate. QA data is also used to assist county supervisors and state staff in determining training needs to prevent future errors. The staff also conducts additional Corrective Action Record Reviews for each county to identify potential problem areas in the procedural process of determining eligibility.

4. How does the State ensure that services billed to the Medicaid family planning demonstration program are not also billed to Title X?

Much of the Title X funding is used to pay for the provision of clinical family planning services. Family planning services, such as client education, counseling, referrals, and other activities including care-coordination, community education, and outreach not covered by Medicaid reimbursements are funded with Title X funds.

For services that are covered by both Title X and Medicaid, there are regulations and systems in place both at the state and local levels to prevent duplicative billing. Title X regulations require that if there is a third party payer, (i.e., insurance, including other government sources, like Medicaid), Title X is required to be a payer of last resort, and third party sources are billed first. Title X program guidance also strongly encourages local providers to maximize third party reimbursement. Each county health department has an accounts receivable system that tracks billings and fees charged per visit for each type of service provided. The accounting system must demonstrate a clear audit trail. Reimbursement for clients covered under Medicaid family planning, is obtained by submission of a claim to the Medicaid fiscal agent. The DMA billing unit has safeguards

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and systems in place that automatically flag duplicate claims, or claims not covered under current FP Medicaid waiver program rules and agreement, i.e., claims submitted for teens. County health departments are reimbursed by Medicaid for the costs of the service provided. Title X funds are only used when there are no third party payers such as Medicaid, or for services that Medicaid has not covered or will not cover. In addition, Title X requires that all program income be used to provide and support the family planning program.

DPH's Administrative Procedures Consultants regularly schedule site reviews of local health departments (LHDs). These reviews include an extensive audit of billing records to ensure that LHDs are adhering to Title X financial regulations, and complying with guidelines and restrictions on the use of Title X funds, including assuring that the management information systems used by the LHDs have processes in place to preclude billing to more than one funding source for the same service.

5. How does the State ensure that enrollees are not dually-enrolled in Medicaid or SCHIP and also in the family planning demonstration?

The various Title XIX and Title XXI programs have specific eligibility coding which is entered into the EIS by the local departments of social services and loaded into the MMIS nightly. The EIS is programmed to reject more than one eligibility category in Medicaid or to reject enrollment in Medicaid and SCHIP simultaneously.

6. How does the State ensure that the services billed to this family planning program are not also billed under the regular Medicaid State Plan or SCHIP State Plan?

North Carolina's eligibility system is designed to disallow an applicant to be enrolled in the Family Planning Waiver Program, if the applicant is in open status in another Medicaid category.

Both Medicaid and SCHIP claims are processed by the MMIS. There is also a system of audits and edits that prevent payment of duplicate claims.

- V. Service Codes Federal financial participation (FFP) will be considered for family planning services provided to individuals under the Section 1115 Family Planning Demonstration will be available, as approved by CMS, at the following rates and as described in Attachment B (note: the State should fill out the template in <u>Attachment B</u>). Specifically:
 - For services whose primary purpose is family planning (i.e., contraceptives and sterilizations), FFP will be available at the 90-percent matching rate. Procedure codes for office visits, laboratory tests, and certain other procedures must carry a primary diagnosis that specifically identifies them as family planning services.

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- Family planning-related services reimbursable at the Federal Medical Assistance Percentage (FMAP) rate are defined as those services generally performed as part of, or as follow-up to, a family planning service for contraception. Such services are provided because a "family planning-related" problem was identified/diagnosed during a routine/periodic family planning visit. Services/surgery, which are generally provided in an ambulatory surgery center/facility, a special procedure room/suite, an emergency room, an urgent care center or a hospital for family planning-related services, are not considered family planning-related services and are not covered under the demonstration.
- FFP will not be available for the costs of any services, items or procedures that do not meet the requirements specified above, even if family planning clinics or providers provide them.

VI. Delivery System

1. Please describe the general delivery system for the family planning progr	alli.
Fee for Service Primary Care Case Management Other (Please specify.)	

2. Please describe the provider network being used under the family planning demonstration. Please also provide the percentage of patients each of these provider types will be serving:

Per guidance from CMS, the following data, provided by Navigant Consulting, Inc., represent percentages of Family Planning Waiver paid <u>claims</u>. The data presented contain a breakdown of the total estimated percentage of <u>claims</u> for each provider type, for Waiver Years 1 – 4. Some categories were consolidated in the "Other Providers" category for ease of reporting.

\boxtimes I	Pharmacies	Estimated Percentage of Claims:	63.82%
⊠ ı	Health Departments	Estimated Percentage of Claims:	16.91%
	Specialty Providers*	Estimated Percentage of Claims:	10.85%
	Other Providers**	Estimated Percentage of Claims:	5.17%
図ı	Hospitals	Estimated Percentage of Claims:	1.87%
⊠ 1	FQHCs	Estimated Percentage of Claims:	1.02%
⊠ ı	RHCs	Estimated Percentage of Claims:	0.36%

Includes, but is not limited to: OB/GYN, Pathology, Radiology/Nuclear Medicine, Urology, Hematology
** Includes labs, ambulatory surgery centers, general practice/internal medicine, multi-specialty providers
and ancillary health practitioners.

The health care providers for the North Carolina Family Planning Waiver program include a network of approximately 176 provider types located in the majority of the state's 100 counties. The DHHS/DMA website contains a list of "safety net" providers, including

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local health department clinics, federally qualified health and rural health centers, free clinics, hospitals, and university and regional medical centers for Family Planning Waiver enrollees. Of the safety net providers, the North Carolina Division of Public Health's (DPH) public health department clinics have provided the greatest number of services for participants in the family planning waiver program. A number of private providers and provider groups, private specialty and multi-specialty clinics, Planned Parenthood, as well as other health care providers also serve individuals enrolled in the Family Planning Waiver program. The vast majority of paid claims in North Carolina under the Family Planning Waiver during WY1-4, were for pharmacy services. Payment of the majority of FPW claims for pharmaceuticals is consistent with one of the objectives to increase the use of contraceptives, and an overall goal of the program to reduce unintended pregnancies in the target population.

- **3. Primary Care Referrals:** Under the demonstration, the State is required to evaluate primary care referrals as described in Section IX: Evaluation.
 - A. Please assure (with a check mark) that the State will provide primary care referrals. (Please attach a letter of support from your State Primary Care Association in Attachment A.)

North Carolina does not have a Primary Care Association. However, the State has attached a letter of support from the North Carolina Academy of Family Physicians.

B. How is information about primary care services given to people enrolled in the demonstration?

\boxtimes	Mailed to enrollees by State Medicaid agency
X	Distributed at application sites during enrollment
\boxtimes	Given by providers during family planning visits
	Other:

C. Does the State verify that referrals to primary care services are being made? If so, how?

North Carolina has an extensive network of primary care providers in federally qualified health centers (FQHCs) and Community Health Centers (CHCs) throughout the state, and these FQHCs and CHCs are mandated to provide health care services to persons who are unable to afford the cost of their health care. These services may be provided on a sliding fee scale, or at no cost for persons who cannot afford health care at a reduced fee. Our evaluators perform an annual survey of a sample of family planning waiver participants to determine if they are receiving primary health care services when needed. The results of these surveys have demonstrated that participants are being referred for and are receiving primary health care services when needed.

In addition, local health departments have a system in place for tracking referrals for family planning patients (all patients) for services beyond the scope of the program, or

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additional lab tests. A standard referral tracking form is used to document the outcome of the referrals. This document is included in the patient's medical record.

D. How does the State notify primary care providers that enrollees in the demonstration will be receiving primary care referrals and may seek their services?

N/A

VII. **Program Administration and Coordination**

1. What other State agencies or program staff coordinate or collaborate on the family planning demonstration program? Please describe the relationship and function of each office in this demonstration.

Primary care office

Relationship/Function:

Relationship/Function:

The family planning demonstration program coordinates and collaborates with, as well as refers to an extensive network of primary care providers, including hospitals, health departments, federally qualified community health centers, rural health centers, family planning offices, private general, specialty and multi-specialty clinics and physician offices.

Nublic health

Relationship/Function:

DMA collaborates and coordinates with the North Carolina Division of Public Health (DPH). DPH administers the North Carolina Maternal and Child Health Program and receives MCH funding.

DPH administers and provides family planning services, and receives Title X funding. At the county level, local DSS offices have Medicaid (N.C. Health Check/Health Choice) application forms and members of the staff assist applicants with completion of the form.

2. Please describe how the Medicaid agency coordinates with the Title X family planning program.

In conjunction with DMA, and the funding provided by DMA, the DPH FPW program manager operates within and oversees the Title X Family Planning Program, and is also responsible for oversight of the Clinical Innovations Project. The DMA FPW Program Manager oversees the FPW program at DMA, and serves to provide oversight of the evaluation and Evaluators of the Family Planning Waiver program. The FPW program managers from both DMA and DPH are responsible for promotion, outreach education, communication, training and responding to inquiries about the FPW program throughout the state of North Carolina. In addition, both FPW program managers edit and contribute to the Quarterly, Interim Annual and Annual Reports to CMS, co-facilitate the various

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n andreascae. Unique app. Was Describe Physicians & Chief District and State &

committees that operate under the FPW project, and participate in Quarterly Teleconferences with CMS, where issues and concerns regarding the FPW program can be raised and addressed.

Frequent phone contact and occasional face-to-face meetings occur between DMA and DPH staffs to discuss trends, process issues, and to collaborate on the evaluation and possible modifications to the Waiver. This ongoing relationship and interaction has resulted in regular communication, coordination, trust between DMA and DPH partners, developing strategies for efficiencies in operating the FPW program,

3. How will the State provide training/monitoring to providers?

The DHHS/DMA website has a Power Point presentation on the Be Smart Family Planning Waiver, which includes information on the program for providers. Included on the website are important memoranda, Medicaid Bulletins and monthly provider bulletins, interim and annual reports regarding the Family Planning Waiver program, the brochure which describes FPW services, criteria for participation in the program and an Index of Medicaid bulletins for Family Planning Providers. Included on the DMA website is information on regular Medicaid seminars held several times a year by DMA for providers. Providers can also sign up for e-mail blasts that inform providers about changes in the Medicaid program. In addition, the staff from Provider Services is available to respond to provider questions or a request for provider training, including claiming questions regarding the Family Planning Waiver program.

4. How often will provider training/monitoring be offered?

The provider training for the FPW is permanently posted on the DMA website, and is updated, as needed. In addition, the FPW and Clinical Policy and Programs staff members are available to respond to questions from providers, as well as to coordinate the provision of training to providers, as requested.

Will the State provide a written manual for providers on claiming for family planning demonstration services? Claiming guidance to providers should be separate and distinct from the claiming guidance provided for family planning services under the Medicaid State plan.

\boxtimes	Yes
	No

The North Carolina Medicaid Special Bulletin for the Family Planning Waiver "Be Smart" is posted on the DHHS/DMA website, and is revised on a regular basis to reflect changes in the FPW program. The bulletin contains information about the program, eligible recipients and providers, covered and non-covered services, referrals, quality assurance tips for billing, examples of claims filing, forms and information about the FPW, health choice applications, covered medications lists, sterilization consent forms and a primary care providers list.

Date _	 	•		Page	15 of 21
_	 			Expirat	ion Date

5. How does the State communicate information to providers in the demonstration program? The State communicates information to providers on the Department of Health and Human Services, Division of Medical Assistance's website, and by the Medicaid Provider Bulletins, which include clarifications, announcements and information about any changes in FPW claiming to Providers. Brochures and fact sheets about the FPW program are also available on the website, as well as general and special bulletins, information about dates for Medicaid seminars throughout the state. Providers can also sign up to receive e-mail blasts and updates regarding the Medicaid program. Further, DMA's FPW and Clinical Policy and Programs staff members, as well as staff in Recipient Services, are also available to providers to respond to questions about the FPW program.

VIII. Evaluation

- A. Demonstration Purpose, Aim, and Objectives
- 1. Objectives/Hypotheses: Please describe the purpose, aim and objectives of the demonstration, including the overarching strategy, principles, goals, and objectives; the State's hypotheses on outcomes of the demonstration; and key interventions planned.

See Attachment F.

- B. Evaluation Design
- Coordination: Please describe the management/coordination of the evaluation, 1. including: information about the organization conducting the evaluation; and timelines for implementation of the evaluation and reporting deliverables. Navigant Consulting has been hired by the State to provide management and coordination of the Family Planning Waiver program. Navigant Consulting, Inc. (NYSE: NCI) is a specialized independent consulting firm providing litigation, financial, healthcare, energy and operational consulting services to government agencies, legal counsel and large companies facing the challenges of uncertainty, risk, distress and significant change. The firm has been in existence since 1996 and has offices across the United States and overseas. Navigant Consulting's Healthcare practice Payer Group, the sector of the firm responsible for conducting this Waiver evaluation, specializes in providing consulting services and litigation support to state healthcare and social service agencies, state workers' compensation programs, third party payers and healthcare providers. Navigant Consulting has experience in more than 45 states in the areas of managed care program design, implementation, monitoring; policy analysis; reimbursement and delivery system design, development and implementation; program evaluation; fraud and abuse and potential overpayment determination; Medicaid Management Information System (MMIS) and fiscal agent review; medical and healthcare claims review; and data and report preparation.

Date	-		 P	age 16 of 21
	<u>.</u>		Expi	iration Date

North Carolina - Be Smart Family Planning Waiver

The following table provides a summary of deliverable due dates for the renewal of the North Carolina Be Smart Family Planning Waiver.

Table 1: Summary of Report Deadlines for Waiver Renewal

Table 1. 5	ummary of Report	Deadines for warver reflewar
	Item	Date of Submission -
1	Quarterly Narratives	25th of: January, April and July (or when all data are available); 20th of October (or when all data are available)
2	Focus Group Report	November 30th
3	Non-Participant Survey Report	November 30th
4	Annual Report	January 15th

- 2. Performance Measures/Data Sources: Please describe the demonstration performance measures, including:
 - specific performance measures and the rationale for selection, including statistical reliability and validity;
 - measurement methodology and specifications, including eligible / target populations and time period of study for the specific measure; and,
 - o data sources, method for data collection, rationale for the approach, and sampling methodology. Note: CMS recommends the following minimum data set for family planning demonstrations:

Measure	Number	Percentage Change
Enrollment		
Averted Births		<u> </u>

Please refer to Attachment F, section C for a detailed description of the Waiver renewal performance measures.

3. Primary Care Referrals: Please describe how the State will evaluate the extent to which clinical referrals to primary care are provided since health concerns requiring follow-up by a primary care provider may be identified during a family

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planning visit. (For example, some States may be able to provide quantitative information about the frequency of these clinical referrals and how it has changed over time. Other States may prefer to evaluate clinical referrals using qualitative information, which might be obtained, for example, from a focus group of enrollees participating in the family planning demonstration.) N/A (CMS states this section is optional)

4. Integrate Earlier Findings: For renewal States, please describe how the evaluation design plan for the renewal will integrate earlier evaluation findings and recommendations. (Note: renewal States are also asked to provide their interim evaluation report as Attachment E.)

The evaluation design plan for the renewal takes into account the experience and findings from the five-year demonstration to update the approach to the analysis that is described for each measure and to establish targets that the State proposes as its goals to improve performance of each measure. The targets are based on the experience over the course of the five-year demonstration and take into account the targets of other states for similar measures. For the renewal, the State should be working towards improving the outcomes of the Waiver by aiming to improve its current performance standards.

- 5. Please provide an evaluation design plan for analysis, including:
 - o Evaluation of performance;
 - o Outcomes:
 - Limitations/Challenges/Opportunities;
 - Successes/Best Practices;
 - o Interpretations/Conclusions;
 - o Revisions to strategy or goals; and,
 - o Recommendations and implications at the State and Federal levels.

Please refer to Attachment F.

- IX. Budget Neutrality Agreement: The State needs to provide a budget neutrality spreadsheet as provided in Attachment C. The State also needs to describe the assumptions on which the budget neutrality spreadsheet is based. (For renewal States, the State also needs to provide the annual budget limits data described in the State's Special Terms and Conditions for each year of the demonstration.)
 - 1. State Assumptions on Which the Budget Spreadsheet is based.
 - 2. State Source of Funds: Please also describe the source of funds that will make up the State's share of the demonstration.

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-		Expiration Date

X. Waivers and Authority Requested
The following waivers are requested pursuant to the authority of Section 1115 of the Social Security Act (Please check all applicable that the State is requesting and attach further information if necessary):
Amount Duration and Scope 1902(a)(10)(B) and (C) – The State will offer to the demonstration population a benefit package consisting only of approved family planning services.
⊠ Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) 1902(a)(43)(A) – The State will not furnish or arrange of EPSDT services to the demonstration population.
Retroactive Coverage 1902(a)(34) – Individuals in the family planning demonstration program will not be retroactively eligible.
Eligibility Procedures 1902(a)(17) – Parental income will not be included when determining a minor's (individual under age 18) eligibility for the family planning demonstration.
Other (Please specify.)
XI. Attachments
Place check marks beside the attachments you are including with the application.
 \[

Date _____

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Apparentance Companie for Example District Company (C. C. C. Companie March & C.)

XII.	Contact Information and Signature
	provide contact information for the person CMS should contact for questions deto-the family planning demonstration project.
Famil	y Planning Contact:
	Name: Andrea C. Phillips
	Title: _Family Planning Waiver Program Manager
	Phone Number: _(919) 855-4328
3.7 Date	Craigan L. Gray, MD, MBA, JD Name of Authorizing State Official (Typed) Signature of Authorizing State Official)

Application for Medicaid

N.C. Department of Health and Human Services



This application is intended for medical assistance for the Aged, Blind and Disabled or those who want Family Planning services. A different application form is available for children and families who need Medicaid. Children under age 21 and adults with children in their care may be eligible for Medicaid without being blind, disabled or over age 65. You will need to list all family members who are applying for medical assistance. In addition, to ensure the applicants receive all possible assistance, list other persons in the home. Do not give us social security numbers, citizenship, or immigration status for these other persons.

If you have questions about Medicaid programs for which you may be eligible, please contact the Department of Social Services and ask to speak with a Medicaid caseworker.

Just mail or drop off the completed application at the department of social services in the county where you live. You can find address and phone number in your phone book under "County Government."

If you want to apply for Work First Family Assistance, Food Stamps, or Special Assistance (to pay for care in an Adult Care Home,) you must see a worker and complete an application at the Department of Social Services.

IMPORTANT NOTICE

IF YOU CHOOSE TO PICK UP THIS APPLICATION AT THE DSS OFFICE:

You or your representative have the right to make an application and have a face-to-face interview for Medicaid on the day you go into the Department of Social Services requesting medical or financial assistance.

If you cannot stay to see a worker to apply for Medicaid, but you want a face-to-face interview, you can schedule an appointment. Please see the receptionist if you want to schedule an appointment.

If you do not want a face-to-face interview and you complete an application and return it later, there is some information you should know:

- The date of your application is the date the Department of Social Services gets your <u>completed</u> application.
- Medicaid coverage can be requested for any medical bills incurred up to three months prior to the month of application.
- The date your Medicaid is started is based on the date of your application. If you wait until next month
 to return your complete application, Medicaid may not be able to help pay for medical services you
 received in earlier months.
- If you are unable or need help to complete the application or obtaining requested information, contact the Department of Social Services and speak with a Medicaid caseworker.
- You will receive a telephone follow-up call within two workdays.

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What is Medicaid?

Medicaid is a health insurance program for those with income below amounts set by the federal and state government or with large unmet medical needs.

Who can get Medicaid?

- ♦ Individuals or couples who are elderly (age 65 or older)
- ♦ Individuals who are visually impaired (blind)
- ♦ Individuals who need help in their home to care for themselves (CAP)
- ◆ Individuals who need help caring for themselves (nursing home or long-term care assistance)
- ♦ Individuals or couples who are physically or mentally disabled
- ♦ Individuals or couples who would like to receive family planning services
- ◆ Children under age 21 and adults with children in their care
- Pregnant Women

See page 3 for what the state of North Carolina considers to be disabled and a description of the CAP program.

What will Medicaid pay for?

Medicaid can help pay for certain medical expenses such as:

- Doctor Bills
- ♦ Hospital Bills
- ◆ Prescriptions (Excluding prescriptions for Medicare beneficiaries effective 01/01/06)
- Vision Care
- Dental Care
- Medicare Premiums
- Nursing Home Care (LTC)
- Personal Care Services (PCS), Medical Equipment, and Other Home Health Services
- In home care under the Community Alternatives Program (CAP)
- Mental Health Care
- Most medically necessary services for children under age 21

Who can answer my questions about Medicaid?

You can contact your local county department of social services, call the Medicaid Eligibility Unit through the toll free CARE-LINE, Information and Referral Service, at 1-800-662-7030 or 1-877-452-2514 for the deaf or hearing impaired. The CARE-LINE is operational Monday through Friday (except state holidays) or visit DMA's website at www.dhhs.state.nc.us/dma/.

What is the Community Alternatives Program (CAP)?

The Community Alternatives Program (CAP) allows some Medicaid recipients who require institutional care (placement in a hospital, nursing home, or ICF-MR), to remain at home if their care can be provided safely and at less expense in the community with CAP services. CAP participants must meet all CAP eligibility requirements.

How do I know if I am disabled?

A disabled individual may be eligible for Medicaid if he is disabled according to the Social Security definition of disability. A child must meet Social Security's childhood disability rules. If you are disabled you:

- ◆ Are unable to work for at least one year due to your medical problem, or
- Have a medical problem that may result in death.

If you receive a Social Security (RSDI) or Supplemental Security Income (SSI) check because you are disabled you are automatically considered to meet the disability requirement for Adult Medicaid. Other individuals who apply for Medicaid and are over age 21, under age 65, and do not have children in their care, must be found to be disabled. This requirement does not apply to Family Planning Services only or to persons applying through the Breast and Cervical Cancer Control Program.

How Do I Apply for Assistance?

You will need to:

- Answer the questions in sections 1 through 15 in a legible manner.
- Sign the application.
- Bring or mail this application to your county department of social services (DSS) in the county where you live. If you need help locating your county DSS office, please call the DSS office, or CARE-LINE, Information and Referral Service, at 1-800-662-7030.
- Provide the needed items to complete your application. If you do not have all of the needed information and need help getting the information, return the application and ask your Medicaid worker at DSS for assistance.

Once your application is received by your county department of social services, a case worker will call you to discuss your application in detail.

What if I need help completing this application?

Visit or call your county DSS. If you do not know where your county DSS is, call the toll free CARE-LINE, Information and Referral Service, at 1-800-662-7030 to find your county DSS.

What do I do after I fill out this application?

- Tear off pages 1 through 8 and keep them for your records.
- Be sure that you answer all questions in sections 1 through 15.
- Attach any documentation or verifications needed to process your application if you have them.
- ♦ Remember to sign and date page 18 because your application can not be processed without your signature.
- Bring or mail the Medicaid application to your county DSS.

How long will it take to process my application?

Once your application is received, we will begin processing it.

- ♦ If you are 65 or older or a child or caretaker of a child, it can take 45 days or less to process your application.
- ◆ If you are under age 65 and have no child in your care, it can take 90 days or less to process your application.
 - If we need additional information, we will contact you by telephone or mail. The sooner we get the information, the sooner we can let you know if you can get Medicaid.

What are My Rights?

- ◆ To apply for Medicaid, and, if found ineligible, you may reapply at any time.
- ◆ To apply for other assistance like Food Stamps or Work First Family Assistance.
- ◆ To have any person help you with this application or participate in the interview for determination of eligibility.
- ◆ To be protected against discrimination on the grounds of race, creed, or national origin by Title VI of the Civil Rights Act of 1964.
- ◆ To have any information given to the agency kept in confidence.
- To be given information by Social Services about Medicaid and other available assistance.
- ◆ To get assistance from the department of social services in completing this application or in getting information needed to process the application.
- To withdraw from the Medicaid program at any time.
- ◆ To receive assistance, if found eligible.
- To have your Medicaid considered under all categories.

What Are My Responsibilities?

- ◆ To provide the county department of social services (DSS), as well as state and federal officials, upon request, the information necessary to determine eligibility.
- ◆ To report to the DSS any change in my situation within 10 calendar days of the change.
- ◆ To report to the DSS if I receive benefits in error.
- ◆ To agree by signing this form, that all information that I have provided is true and a complete statement of fact according to the best of my knowledge and that I understand that it is against the law to willfully withhold information or make false statements. I am subject to prosecution if I do.
- ♦ To understand that any Medicaid ID card I receive is to be used only for the persons listed on the ID card. I understand that it is against the law to give my ID card to someone whose name is not listed on it and that I may be prosecuted for fraud if I let someone else use my ID card.
- To understand that if any resources are transferred out of the applicant's name without receiving fair market value for the resources, it could result in a period of ineligibility for long-term medical care, such as in a nursing facility, or for in-home care. I understand all transfer of resources must be reported when making this application and any new transfers must be reported to my worker within 10 calendar days.
- ◆ To understand any child or spousal support (money) which is paid directly to me must be reported to the county department of social services and will be counted as income when determining eligibility for Medicaid benefits for the person for whom it is received.
- North Carolina must be named remainder beneficiary for annuities purchased after November 1, 2007. Contact the county DSS for more information.

Medical Records

I understand that my medical and financial records must be made available to the agency and the state by any provider from whom I have received medical care services. I hereby agree to the release of those records by those providers when requested by the agency and the state. The privacy of this information is protected by law.

Assignment of Rights

I understand that by accepting medical assistance, I agree to give back to the State any and all money that is received by me or anyone listed on this application from any insurance company for payment of medical and/or hospital bills for which the medical assistance program has or will make payment. I agree to assign the State of North Carolina as the Remainder Beneficiary of any annuities that I may have. In addition, I agree that all medical payments or medical support paid or owed due to a court order for me or anyone listed on this application must be sent to the State to repay past or current medical expenses paid by the state. This includes insurance settlements resulting from an accident. I further agree to notify the county department of social services if I or anyone listed on this application is involved in an accident. I understand that this assignment of rights continues as long as I or anyone listed on this application receive Medicaid and is based on federal regulations.

Social Security Numbers

I understand that I must furnish all social security numbers used by me to determine my eligibility for assistance if I am applying for myself. I understand that if anyone else wants to apply for assistance with me his social security number must be furnished. I also understand these social security numbers will be used in matching information with the Social Security Administration (SSA), Internal Revenue Service (IRS), Employment Security Commission (ESC), Department of Transportation (DOT), out of state welfare and ESC agencies, and any other agencies, when applicable. If I do not want these social security numbers used in the matches, I understand that I have the right to request my assistance to be denied, terminated or withdrawn.

Estate Recovery Notice

I understand that Federal and State laws require the Division of Medical Assistance (DMA) to file a claim against the estate of certain individuals to recover the amount paid by the Medicaid program during the time the individual received assistance with certain medical services. Ask your Medicaid case worker for specific information regarding which services are applicable to estate recovery.

If You Request A Hearing

If you do not agree with a decision we make about your case, you can request a hearing. You can request this in person, by telephone or in writing. You must ask for this hearing within sixty days of when we tell you in writing of our decision on your application. You have the right to examine your case record and documents used before your hearing. You can have a household member or someone you ask to represent you, like a friend or relative. You also have the right to have an attorney or other legal representative represent you at the hearing. Free legal aid may be available. Call 1-877-694-2464 for more information.

Residence

I hereby certify under penalty of perjury that I and all the persons for whom I am making an application are living in North Carolina with the intention of remaining permanently or for an indefinite period or in the state seeking employment or have a job commitment.

To verify North Carolina residency, provide two different documents from the following list:

- A valid North Carolina drivers' license or other identification card issued by the North Carolina Division of Motor Vehicles.
- A current North Carolina rent, lease, or mortgage payment receipt, or current utility bill in the name of the applicant or the applicant's legal spouse, showing a North Carolina address.
- A current North Carolina motor vehicle registration in the applicant's name and showing the applicant's current North Carolina address.
- A document verifying that the applicant is employed in North Carolina.
- One or more documents proving that the applicant's home in the applicant's prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address.
- A document showing that the applicant has registered with a public or private employment service in North Carolina.
- A document showing that the applicant has enrolled his children in a public or private school or a child care facility located in North Carolina.
- A document showing that the applicant is receiving public assistance (such as Food Stamps)
 or other services which require proof of residence in North Carolina. Work First and Energy
 Assistance do not currently require proof of NC residency.
- Records from a health department or other health care provider located in North Carolina which shows the applicant's current North Carolina address.
- A written declaration from an individual who has a social, family, or economic relationship
 with the applicant, and who has personal knowledge of the applicant's intent to live in North
 Carolina permanently, for an indefinite period of time, or residing in North Carolina in order
 to seek employment or with a job commitment.
- A current North Carolina voter registration card.
- A document from the U.S. Department of Veteran's Affairs, U.S. Military or the U.S.
 Department of Homeland Security, verifying the applicant's intent to live in North Carolina
 permanently or for an indefinite period of time, or that the applicant is residing in North
 Carolina to seek employment or has a job commitment.
- Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools (including secondary schools, colleges, universities, community colleges), verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or with a job commitment.

 A document issued by the Mexican consular or other foreign consulate verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time, or that the applicant is residing in North Carolina to seek employment or has a job commitment.

*If you do not have two of these documents, contact the county DSS for assistance.

Citizenship, Identity and Immigration Status

I understand that the person applying for non-emergency Medicaid must provide satisfactory proof of U.S. citizenship and identity if the applicant declares that they are a U.S. citizen or national. I understand that the person applying for non-emergency Medicaid may prove this by providing <u>one</u> of the following documents.

- U.S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of Citizenship (N-500 or N-561)

OR

You Need One From This List AND You Need One From This List

A U.S. Birth Certificate

A Certification of Birth Issued by the Department of State (Form DS-1350)

A Report or Certification of Birth Abroad of a U.S. citizen (Form FS-240; FS-545)

Certification of Report of Birth (DS-1350)

A U.S. Citizen I.D. card (DHS Form I-197 or I-179)

Consular Report of Birth Abroad of a Citizen of the U.S. (FS-545)

A Final Adoption Decree

An Official Military Record of Service Showing U.S. Place of Birth (For Example, a DD-214)

American Indian Card (I-872)

NOTE: This does not list all acceptable documents. If you do not have these documents to establish your citizenship status, you may still be eligible. Contact a county DSS worker for assistance.

A Driver's License with a Picture

A State Identity Document

A School Identification Card with a Picture

A Military Dependent's Identification Card with a Picture

A Daycare or Nursery Record Showing Date and Place of Birth

Government issued ID card

Native American Tribal document

NOTE: This does not list all acceptable documents. If you do not have documents to establish your identity, you may still be eligible. Contact a county DSS worker for assistance.

Non-applicant individuals applying for non-emergency Medicaid for someone else need not provide information about their U.S. citizenship or nationality. If not eligible for regular Medicaid, I understand that persons applying for Emergency Medicaid services only are not required to declare or provide proof of their citizenship status or Social Security Number.

If the applicant is an alien, I also understand that the person applying for non-emergency Medicaid must provide proof of qualified alien status in order to receive non-emergency Medicaid. If the alien applicant has no documents to establish qualified alien status, contact a county DSS worker for assistance. If not eligible for regular Medicaid, I understand that persons applying for Emergency Medicaid services only are not required to declare or provide documentation of their immigration status or Social Security Number.

MEDICAL TRANSPORTATION ASSISTANCE NOTICE OF RIGHTS

The following information regarding medical transportation was explained to me. I understand that:

- If I receive Medicaid or have presumptive eligibility and do not have a way to get to the doctor or to other medical services, social services will help me arrange suitable transportation.
- I can receive transportation assistance only after I am authorized for Medicaid or found to be presumptively eligible.
- Medical transportation expenses that I am responsible for paying can be used to meet a deductible, including transportation expenses for anyone who is financially responsible for me.
- I have the right to ask for help with transportation. I understand that if transportation is provided, it will be to the nearest appropriate medical provider of my choice, by the least expensive method suitable to my individual needs.
- I, or someone acting on my behalf, may contact DSS by mail, phone, or in person to ask for help with transportation to the doctor or other medical services.
- Except for emergencies, I must request transportation assistance as far in advance of my appointments as possible. Otherwise, my appointment(s) may have to be rescheduled.
- I understand that I am **not** eligible for transportation assistance:
 - ❖ if I am authorized for Medicare-Aid (M-QB);
 - while my application is pending (before a decision is made)
 - ❖ while I am on a deductible for Medicaid: OR
 - while I am authorized for NCHC.
- I have the right to a written notice of decision on my request within 10 work days, and I have the right to have a local conference to appeal the decision if I disagree.

NOTE: You will need 2 first class stamps to mail this application.

If you include additional information (pay stubs, bank statements, etc.) with the Medicaid application, additional postage may be needed. It is recommended that you verify with the post office the amount of postage needed.

*Tear off pages 1 through 8 and keep them for your records.

Application for Adult Medicaid

North Carolina Department of Health and Human Services

County D	For Official SS:		
DSS	Aging	Mail In	

I am applying for Medicaid for m	nyself.			☐ Yes ☐ No
I am applying for Medicaid for m	ny spouse.			☐ Yes ☐ No
I am age 65 or older.				☐ Yes ☐ No
My spouse is age 65 or older.				☐ Yes ☐ No
I am blind.				☐ Yes ☐ No
My spouse is blind.				☐ Yes ☐ No
I am disabled.				☐ Yes ☐ No
My spouse is disabled.				☐ Yes ☐ No
My child is disabled.				☐ Yes ☐ No
I am applying for Medicaid for a	child or childre	en in my care. Lis	st children below	r: ☐ Yes ☐ No
			_	
Name	DOB	Sex	Social Securit	ty Number
I need help with nursing home of	are.			☐ Yes ☐ No
My spouse needs help with nurs	sing home care).		☐ Yes ☐ No
I am applying for the Community	y Alternatives F	Program (CAP).		☐ Yes ☐ No
My spouse is applying for the Co	ommunity Alte	rnatives Program	(CAP).	☐ Yes ☐ No
My child is applying for the Com	nmunity Alterna	itive Program (CA	AP).	☐ Yes ☐ No
Me	dicaid Family F	Planning Waiver S	Services	
To be eligible for Medicaid Fam. 55 or a man age 19 through 60 having a baby or fathering a bal	and have not h			•
Do you wish to apply for Medica	aid Family Plan	ning Waiver?		☐ Yes ☐ No
If yes, for whom		Soci	al Security #	

1. Tell us about you.

Applicant's Name		
First Mid	ddle Maiden	Last
Social Security Number	Sex Male Female	Date of Birth/// Month Date Year
Please indicate your race(s) Asian= A White or Caucasian = W Black or African American= B American Indian or Alaska Native= I Native Hawaiian or Other Pacific Islander= P Are you a Veteran? Yes \[\] No Have you served in the armed forces? \[\] Yes \[\] No	Hispanic/Latino? Yes No If yes, specify by circlincode below: Hispanic Cuban= C Hispanic Mexican= M Hispanic Puerto Rican Hispanic Other= H	to speak if not English?
ARE YOU: Married Widowed Single Divorced	If you live with your so	spouse:
Separated (When?) (Please check only one box above) Do you live with your spouse?	First Middle Date of Birth:	Maiden Last Sex:
Yes No		

*Complete section 2 below, only if you want to apply for Adult Medicaid for your spouse.

Name			
First	Middle	Maiden	Last
Social Security Number	 	ale male	Date of Birth/// Month Date Year
want Medicaid.) Please indicate your spot race(s) Asian= A White or Caucasian = W Black or African American American Indian or Alask Native= I Native Hawaiian or Other Islander= P Is your spouse a Veteran Yes No Has the spouse served in armed forces? Yes	If yes, code to the second of	anic/Latino? es ☐ No specify by circling the pelow: nic Cuban= C nic Mexican= M nic Puerto Rican= P nic Other= H	Does your spouse speak English? Yes No What language does your spouse prefer to speak if not English? My spouse is a U.S. Citizen Yes No (Not required if your spouse does not want regular Medicaid or if applying for emergency Medicaid.)
erson applying for Medic equired to provide docum	aid. Persons apply entation of citizens	ving for Emergency Me ship or immigration sta	
First	liddle	Last	Alien Registration Number Applicant Only
oes anyone live with you YES, Who?			☐ Yes ☐ No
Who?		Relationship:	
Who?		Relationship:	

Mailing Address (include apartment number, in care of, etc.) City, State, County, Zip Code Home Phone (or number where you can be reached between 8am - 5pm) Give the address where you actually live, if different than your mailing address: Do you live in a nursing home? If yes. Name: please indicate the name of the home, City: city and phone number. Phone Number: Do you and your spouse intend to remain in North Carolina? | Yes | No 4. Tell us about your dependents. Does anyone live with you and depend on you (or your spouse) to provide at least one-half of their financial support? ☐ Yes ☐ No If YES, Who? _____ Relationship: _____ Date of Birth_____ 5. Tell us if you or your spouse have any unpaid medical bills. Do you, your spouse, or children need help paying medical bills for services received during the last three calendar months? ☐ Yes ☐ No If YES, please provide a copy of the medical bills from the last three months or fill out the information below. Do you, your spouse, or children have any old, unpaid (medical bills you have not paid yet) medical bills? ♦ The medical bills must be less than 2 years old, or If the medical bills are over 2 years old, you must have made a payment on them within the past 2 years. ☐ Yes ☐ No If YES, please provide us with a copy of the medical bills you are being billed for or fill out the information below. Bills used to meet a deductible will not be paid by Medicaid. *If you do not have copies of your medical bills, please fill out the chart below. List the name of the doctor, clinic, hospital, Date of medical Who owes the bill(s) Please give us the telephone number and city where treated. treatment Patient's name

3. Tell us where you live.

6. Tell us if you, your spouse, or child need help with transportation to medical services. If you are found eligible for full Medicaid benefits, you have the right to assistance with medical transportation. Do you, your spouse, or child need help with transportation to medical services? ☐ Yes ☐ No 7. Tell us about you, your spouse's, and your minor children's income. Income refers to all the money that you, your spouse, and your minor children receive such as Social Security benefits, SSI benefits, retirement benefits, Veteran's benefits, etc. If you (or your spouse or your children) if living together, receive income from any of the sources listed below, please enter the total monthly income. Do not list wages or self-employment. How often: Type of Income: Amount: Who gets it: **Social Security** Yes No \$ Supplemental ☐ Yes ☐ No Security Income Veteran's Benefits ☐ Yes ☐ No Retirement Benefits ☐ Yes ☐ No \$ \$ Railroad Retirement ☐ Yes ☐ No **Annuities** \$ Yes No Civil Service ☐ Yes ☐ No \$ **Pensions** Yes □No \$ Dividends/Interest \$ Yes 🗌 No Income from Trusts \$ Income from ີ Yes □ No **Promissory Notes** Disability Insurance □No Yes \$ Support/Alimony ີ Yes □ No \$ Land Lease Rentals Yes \$ No Rentals Yes No Roomers/Boarders │Yes │ No \$ Other Are you self-employed? Yes No ☐ Yes ☐ No Do you have any Farm or Rental Income? If YES, please attach last year's income tax return or proof of your income and expenses for the past 12 months if you have that information.

o you or your spouse	e work?			es 🗌 No
	lete the following chart.		_	_
	•			
List wages for you a arm or Rental incor	and your spouse <i>(</i> if your spouse me.	lives with you a	nd works) in	cluding
Name (who works)	Employer's Name and Phone Number	Amount you earn before taxes (gross)	How often are you paid?	Hours worked per week
		\$, , , , , , , , , ,	
		\$		
		\$		
		\$		
o not have this info Does anyone give oes anyone give you ogether) pay for any o	nonth's pay stubs or copies of the rmation, we will contact your emerge you or your spouse money? I cash or pay bills for you to help your your household expenses include	ployer for the in ou or your spouse ing food, mortgag	formation. (if married are, rent, heatir	nd living
o not have this info Does anyone give oes anyone give you ogether) pay for any o as, electricity, water, o not include food st in Wheels.	e you or your spouse money? u cash or pay bills for you to help your your household expenses include	ou or your spouseing food, mortgag	formation. (if married are, rent, heating No	nd living ng, fuel,
o not have this info Does anyone give oes anyone give you ogether) pay for any o as, electricity, water, o not include food st in Wheels.	ermation, we will contact your emerger you or your spouse money? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It is the chart below if you answered the chart below if you answered.	ou or your spouseing food, mortgag	formation. (if married are, rent, heating No	nd living ng, fuel,
o not have this info Does anyone give you ogether) pay for any oges, electricity, water, to not include food stan Wheels.	ermation, we will contact your emerger you or your spouse money? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It is the chart below if you answered the chart below if you answered.	ou or your spouseing food, mortgag Yes an energy assist	formation. (if married are, rent, heating Note the Hown you read to the control of the control	nd living ng, fuel,
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o not have this info Does anyone give loes anyone give you logether) pay for any of loas, electricity, water, lo not include food st in Wheels. Complete Please tell us who go	ermation, we will contact your emerger you or your spouse money? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes?	ployer for the in ou or your spouse ing food, mortgag Yes an energy assist d yes to the above How mu do you receive	formation. (if married are, rent, heating Note the Hown you read to the control of the control	nd living ng, fuel, n, or Meals
o not have this info Does anyone give loes anyone give you logether) pay for any of loas, electricity, water, lo not include food st in Wheels. Complete Please tell us who go	ermation, we will contact your emerger you or your spouse money? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes?	ployer for the interpretation or your spouseing food, mortgage Yes an energy assisted yes to the above th	formation. (if married are, rent, heating Note the Hown you read to the control of the control	nd living ng, fuel, n, or Meals
o not have this info Does anyone give loes anyone give you logether) pay for any of loas, electricity, water, lo not include food st in Wheels. Complete Please tell us who go	ermation, we will contact your emerger you or your spouse money? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes? It cash or pay bills for you to help your household expenses include or property taxes?	pu or your spouseing food, mortgag	formation. (if married are, rent, heating Note the Hown you read to the control of the control	nd living ng, fuel, n, or Meals

10. Tell us about you and your spouse's assets.

Assets are "What you own or are buying." This can include: money in the bank, cash on hand, life insurance, real property (house or land) and personal property (car).

Please complete the chart below. Indicate if you or your spouse (if married and living together) have any assets listed in the chart below. Include items that either of you own jointly or with another person.

Type of Account:		Owner	Account No.	Bank/Company:	Amount:		
Cash	☐ Yes ☐ No				\$		
Checking	☐ Yes ☐ No				\$		
Savings	☐ Yes ☐ No			1	\$		
Money Market	☐ Yes ☐ No				\$		
Burial Contract	☐ Yes ☐ No	1		1	\$		
Safety Deposit Box	☐ Yes ☐ No				\$		
Certificates of Deposit	☐ Yes ☐ No				\$		
Stocks	☐ Yes ☐ No				\$		
Trusts	☐ Yes ☐ No				\$		
Bonds	☐ Yes ☐ No				\$		
Mutual Funds	☐ Yes ☐ No				\$		
Annuities	☐ Yes ☐ No	1			\$		
401 K, Keough	☐ Yes ☐ No			1	\$		
Retirement Accounts	☐ Yes ☐ No				\$		
Promissory Notes	☐ Yes ☐ No				\$		
Other Account	☐ Yes ☐ No				\$		
*Please attach copies of any information if you have them, to verify any assets you have listed. Do you or your spouse own or are you buying any land, buildings, time-shares or jointly held real estate (heir property), including where you live? *If YES, list below:							
Owner/Owners or B	uyer's Names:	List addres	s/location of wha	at you own or are buy	ying:		

*Do you or your spouse own any life insurance? Company Name and Address Policy Face Cash Value Owner (list name) Number Value \$ \$ \$ *Do you or your spouse own any of the following items in the chart below? Owner Asset Year Make Model Value (list name) \$ Car Yes No Car ☐ Yes ☐ No \$ Trucks Yes No \$ Boats ☐ Yes ☐ No \$ ☐ Yes ☐ No \$ Campers Motorcycles ☐ Yes ☐ No Mobile Homes Yes No \$ Tractor/Trailers \$ Yes ☐ No Motorized Vehicles ☐ Yes ☐ No \$ Other – If additional Yes No \$ space is needed. please attach the information to the application. 11. Tell us about any transfer of assets. Have you or your spouse transferred, given away or sold anything of value in the last 3 years or

given money to a trust in the last 5 years? ☐Yes ☐ No Examples of anything transferred, given away, or sold: cash, annuity, house, mobile home, car, tractor, livestock, motorized vehicles, land, time-shares or property.

*If Yes, please complete the chart on the next page.

What did you or your spouse give away?	Value	To Whom?	Their relationship to you?	When?	How much did you receive?
	\$				\$
	\$				\$
	\$				\$

12. Tell us if you, your spouse, or your child have any health insurance, including Medicare.

The provision of Social Security Numbers as insurance policy identifiers is voluntary for non-applicant spouses or children.

Do you have health insurance, Medicare or a Medicare HMO? If yes, which one(s)	□Yes □ No
Medicare claim number:	
Insurance company:Policy nu	mber(s):
Policy Holder's Name:Date of Birth:	Relationship:
How much do you pay for private health insurance? H	low often?
Does your spouse have health insurance, Medicare or a Medicare HMedicare, which one(s):	O? Yes No
Medicare claim number:	
Insurance company:Policy number	oer(s):
Policy Holder's Name:Date of Birth:	Relationship:
How much does your spouse pay for private health insurance:	How often?
Do your children have health insurance? If yes, Name of Insurance Company:	☐Yes ☐ No
Policy Holder's NameDate of Birth:	Relationship:
Are you or your spouse enrolled in a Prescription Drug Plan? If yes, please list the plan(s) you are enrolled with.	☐Yes ☐ No
13. Tell us if you, your spouse, or your child have been in any acci	dents.
Have you, your spouse, or your child had an accident in the past 12 more	nths?

14. Tell us if you need help paying your telephone bill or getting telephone service.

The *Lifeline/Link-up Assistance Program* is for low-income individuals. The program serves recipients of the Food Assistance, Work First Family Assistance, Medicaid and Low Income Home Energy Assistance Programs, which includes the Low Income Energy Assistance Program, Crisis Intervention Program and Weatherization.

Lifeline can help pay a portion of your local telephone bill. If you are eligible, Lifeline will give you a credit each month on your local telephone bill.

Link-Up is a program that spouse have telephone so	can help pay to connect your telephone service. Do you or your rvice in your name?
If yes, in whose name(s) is	he telephone bill?
What company provides you	r local telephone service?
15. Do you want us to cor	tact someone else to complete this application?
or someone who knows you name, a daytime phone nun	neone else (family member, friend, representative, Power of Attorney situation) to complete this application, please provide the person's ber, address, and their relationship to you. If we have additional e person you list below to complete the application.
Name:	
Address:	
Telephone:	Relationship to (you) applicant(s):
Signature	
YOU	MUST READ, SIGN AND DATE THIS PAGE.
Your application t	or Medicaid cannot be processed without your signature.
eligibility. I understand this such collateral sources as b	r information necessary to establish Medicaid and Lifeline/Link-up information may include medical or non-medical information, including tanks, employers, and insurance companies. This authorization may be ne year from the date of signature.
Service, the Social Security private financial institutions. may check with people to prapplication may be denied a questions on this form. I cer complete as far as I know. I	Administration, Department of Labor, other government agencies and The Department of Health and Human Services and federal officials ove the information I have given. If I give incorrect information, my and I may be charged with giving false information. I understand the fy, under penalty of perjury, that all my answers are correct and understand the Department has the right to collect from other or from settlement(s) for accidents or injuries when Medicaid paid for
Signature of Applicant or	Person Signing on Behalf of Applicant:
	Date:
Home Phone Number:	
	OR
Signature of person filling	out this form (if not applicant):
Relationship:	Home Phone Number

MEDICAL ASSISTANCE - REDETERMINATION

FOR AGED, BLIND, AND DISABLED ADULT CATEGORIES AND/OR FAMILY PLANNING WAIVER SERVICES

	County Department of Social Services
	Date
Yo	u must complete this form and return any requested information to our agency byor your
Ме	dicaid forwill stop.
1.	Please give a telephone number where you can be reached during the day If you are acting on behalf
	of the person listed for the Medicaid review, please answer all questions as he/she would and tell us your relationship to him/her:
2.	Do you speak English?
3.	Please check the type of income received and tell us the amount.
	☐ Social Security \$ ☐ Veterans Benefits \$ ☐ Annuities \$
	Other income or check(s) (Amount) \$Type of Income/Check
4.	List any other money received since the last review.
5.	How much cash do you have? (If you are in a nursing home, how much is in your patient account?) \$
6.	Do any relatives live with you and depend on you (or your spouse) to provide at least one-half of their financial support?
	☐ YES ☐ NO If yes, who?
7.	List the name and age of every person that lives in your home with you and explain how they are related to you.
8.	Do you or your spouse have Medicare or a Medicare HMO?
0	Medicare Claim #(s)
9.	Are you or your spouse enrolled in a Medicare Prescription Drug Plan?
10	
10.	
	Company Name &Address: Phone Number
	Policy Number: Policy Holder's (Owner's) Name: Date of Birth
11	Relationship:Name of Insured:
11.	Your records show you have the following bank accounts: Checking at Savings at
	Do you still have the same accounts? YES NO If no, please tell us what happened to the
	accounts

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number.			-	the name and location of the bank and the accountAccount #
				TEMENT FOR ALL ACCOUNTS.)
13. Your recor	d shows you have the fo	ollowing motor vehicles:		
Do you sti	ll have all of them?	☐ YES ☐ NO	If you don't, p	lease tell us what happened
14. Your recor	rd shows that you have t	he following life insurance	ce policies:	
Do you stil	ll have these life insurar	ace policies?	ES NO If no,	what happened to them?
•	•	•	•	e the company name and policy number.
Company 1	Name:		Address:	:
Phone No.	:		Policy #:	
Owner of I	Policy:			
Cash Value	e: \$	Fa	ace Value: \$	
16. List the add	dress of any land or buil	ldings you own:		
17. Have you i	received any sums of me	oney, land, or houses since	ce your last review?	☐ YES ☐ NO
If yes, exp	lain:			
	-	money, land or houses s	-	
		provide you with food or		
•		•	-	
	Complete	Only if the Medicaid	Recipient Lives i	in a Nursing Facility
	-	-	allowed to keep son	me or all of the Medicaid recipient's monthly income, li
any change	es in the income of the a	t home spouse		
		Medicaid Family P	lanning Waiver S	Gervices
a medical proce for FPW, the FI during this 12 n	dure that would prevent PW Medicaid is authoriz month period, your eligib	you from having a baby or ed for 12 months. You are	r fathering a baby. It is "locked in" to this to ased on this certifica	e 19 through 55 or a man age 19 through 60 and have not he f you are found to be ineligible for full Medicaid, but eliging month period. If you later reapply for full Medicaid attion period. Medicaid may or may not be authorized mining Waiver services.
Do you wish to a	apply for Medicaid Family	Planning Waiver?	☐ YES ☐ NO	
				ocial Security #:
If you are una office visit for	ble to provide the info the form to be comple	rmation we asked for, C ted for you, CONTACT	OR if you do not un	derstand a question OR if you would rather have an
				Medicaid Caseworker

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Read Each Statement Below and Sign at the Bottom of the Next Page.

What are My Rights?

You have the right to:

- Apply for assistance, and, if found not eligible, reapply at any time.
- Have any person, not to exceed 3, participate in the interview for redetermination of eligibility.
- Have any information given to the agency kept in confidence.
- Receive assistance, if found eligible.
- Be informed of information needed to determine continuing Medical eligibility

You have the right to a hearing if:

- Your assistance was terminated and you believe the decision is not correct.
- You believe your assistance is incorrect based on the county's interpretation of State regulations.
- Your request for a review of your circumstances was delayed beyond 30 days or rejected.
- The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services

3

What are My Responsibilities?

	I agree to let my income maintenance caseworker know within 10 days following any change in my situation. I will notify my income maintenance
	caseworker concerning any change in address, employment, property, resources, expenses or needs, living arrangements or number in the family or at an
	other time when I am in doubt whether a particular change in circumstances should be reported. In addition, I will notify my income maintenance caseworks
_	immediately when the amount of my assistance is greater than the amount to which I am entitled.
	I understand that it is against the law to willfully withhold information or make false statements and that I am subject to prosecution if I do. I certify that the
	information I have provided (concerning my situation or that of the person(s) for whom I am making application) is a true and complete statement of facts
	according to my best knowledge and belief. I understand that all statements will be thoroughly investigated by the county department of social services. I
	understand that a State or Federal reviewer may check the information on this form, and I agree to this investigation and understand that I must cooperate
	with the reviewer. I understand I must provide the county department of social services as well as State and Federal officials, upon request, the information
	necessary to determine eligibility. I further agree that my medical and financial records may be made available to the agency and the State. I understand
	that the information provided may be stored in a computer Data Bank. I have received, or will receive, a copy of the "Medicaid Notice of Privacy Practices."
	I understand that any Medicaid ID card I receive is to be used only for the persons listed on the ID card. I understand that it is against the law to give my ID
	card to someone whose name is not listed on it and that I may be prosecuted for fraud if I let someone else use my ID card.
	I understand that if any resources (including the homesite, other real property, cash, bank accounts, and other investments) are transferred out of the
	recipient's name without receiving fair market value for the resources, it could result in a period of ineligibility for long term medical care, such as in a nursir
	facility, or for in-home care. I have reported all resource transfers when completing this review of my eligibility and will report any new transfers to my worker
	within 10 days.
	I understand I must furnish all social security numbers used by me and/or anyone listed on this application to determine my/our eligibility for assistance. I
	understand these social security numbers will be used in matching information with the Social Security Administration (SSA), Internal Revenue Service
	(IRS), Employment Security Commission (ESC), out-of-state welfare and ESC agencies, and any other agencies, when applicable. If I do not want these
	social security numbers used in the matches, I understand I have the right to withdraw my application or have my assistance terminated.
	I understand that by accepting Medical Assistance under any aid/program category, I agree to give back to the State any and all money that is received by
	me or anyone listed on this application from any insurance company for payment of medical and/or hospital bills for which the Medical Assistance program
	has or will make payment. In addition, I agree that all medical payments or medical support paid or owed due to a court order for me or anyone listed on this
	application must be sent to the State to repay past or current medical expenses paid by the State. This includes insurance settlements resulting from an
	accident. I further agree to notify the county department of social services if I or anyone listed on this application is involved in any accident.
	I understand that this assignment of rights continues as long as I or anyone listed on this application receive Medicaid or any cash assistance program and
	is based on Federal regulations (42 CFR 433.147-148).
	Any child or spousal support (money) which is paid directly to me must be reported to the county department of social services and will be counted as
	income when determining eligibility for Medicaid benefits and/or the amount of any cash assistance check.
	I understand that North Carolina must be named remainder beneficiary for annuities purchased after a certain date. Contact the county DSS for more
	information.
	I understand that if Medicaid pays for certain medical services, Medicaid may become a creditor of my estate and my estate may be subject to recovery to
_	repay Medicaid. Ask your Medicaid case worker for specific information regarding which services are applicable to estate recovery.
	I hereby certify under penalty of perjury, that I and all of the persons for whom I am requesting assistance are living in North Carolina with the intention of
_	remaining permanently or for an indefinite period.
	I have received an explanation of family planning services, health screening for adults, and other services available through the department of social
_	services.
	I certify that I and all of the persons for whom I am requesting assistance, with the exception of assistance with Emergency Medicaid services, are U.S.
_	citizens or have eligible immigration status. Persons applying for Emergency Medicaid services only are not required to provide documentation of
	citizenship status.

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SERVICES

Plea	se check the block if you need any of the services listed below or if you would simply like to have additional information.
	MEDICAID TRANSPORTATION : Assistance with arranging or providing transportation to Medicaid covered services.
	FAMILY PLANNING: Counseling and birth control for men and women of child-bearing age.
	EPSDT/HEALTH CHECK : A service to insure that children and teens (birth to age 21) get regular medical checkups and shots they need.
	LIFELINE/LINK-UP ASSISTANCE PROGRAM: Lifeline Assistance allows a credit each month on a local telephone bill. The Link-up program provides a 50% discount, up to \$30.00 off the price of telephone hook-up.
	WIC: Nutrition program for pregnant women and children up to age five.
	VOTER REGISTRATION : You may now register to vote or update your voter registration record while applying for benefits, redetermining eligibility, or reporting a change in address. I understand a face-to-face interview is required to register to vote or update voter registration. Questions regarding voter registration are answered by the Board of Elections.
**	********* Recipient Certification
best of my k	tify that the statements on this review form and any attachments to it are true and correct to the mowledge and belief.
✓	Signature Date Signed
Please sign you	ur name or make your mark and ask someone else to sign their name below as witness to your mark.
Representati	ve or Witness: Relationship: Signature

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March 12, 2010

Craigan L. Gray, MD, MBA, JD
Director, Division of Medical Assistance
N.C. Department of Health & Human Services
2501 Mail Service Center
Raleigh, NC 27699-2501

Dear Dr. Gray:

On behalf of the N.C. Academy of Family Physicians and our 2,700 members throughout the state, it gives me great pleasure to strongly endorse the state's Family Planning Waiver renewal application. The efforts provided through this waiver have been tremendous enrolling nearly 80,000 individuals in the first four years of its existence.

Our member physicians are on the frontline of healthcare in North Carolina. They understand the importance of family planning and the services this Waiver has allowed. It is crucial that these services to low income men and women in our state be continued. The counseling, testing and birth control provided through this program helps insure our state's residents are ready to take the next step to parenthood or an additional child. And more importantly, it is helping increase the probability of a healthy pregnancy and birth. It is also helping prospective parents to avoid unintended pregnancies and prepare both financially and emotionally for those next important steps.

We truly hope the Centers for Medicare and Medical Services will extend the Waiver for three more years. With over 257,000 claims in the first four years of the existing Waiver, there is no doubt that this program has provided much needed services in North Carolina. We stand ready to continue our ongoing work with the Division of Medical Assistance to support this important program.

919/833-2110

919/833-1801

800/872-9482

Online: www.ncafp.com

With best regards,

R.W. (Chip) Watkins, MD, MPH, FAAFP

President, NC Academy of Family Physicians

cc: Gregory K. Griggs, MPA, CAE,

Executive Vice President, NCAFP

Telephone:

Facsimile:

NC Toll Free:



North Carolina Department of Health and Human Services Division of Medical Assistance

2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor Lanier M. Cansler, Secretary Craigan L. Gray, MD, MBA, JD, Director

March 31, 2010

Ms. Vicki Bradley, Deputy Health Officer Eastern Band of Cherokee Indians P.O. Box 666 Cherokee, North Carolina 28719

Subject:

North Carolina Family Planning Waiver Renewal

Dear Ms. Bradley:

As required by Presidential Executive Order 13175 and the Centers for Medicare and Medicaid Services, I am writing to notify you of the State's intent to submit a request for the renewal of the Family Planning Waiver Section 1115 Medicaid five-year demonstration project. The current family planning waiver project is due to end on September 30, 2010. The approval of the Waiver Renewal will extend the program from October 1, 2010 through September 30, 2013. Individuals must meet the State's eligibility criteria to qualify for the waiver, and the program will be available statewide.

The renewal waiver will allow for the continuation of family planning services for low income men and women who do not meet the State's standard eligibility criteria for Medicaid or other state-funded medical programs. We envision more comprehensive family planning services under the renewal proposal than were initially available under the demonstration project, and are seeking to increase the number of residents served by the Family Planning Waiver program.

If you would like to comment on the renewal waiver draft or want more information, please feel free to contact Judy Walton at 919 855-4265 or Judy.Walton@dhhs.nc.gov or Andrea Phillips@dhhs.nc.gov. The draft of the Family Planning Waiver Renewal will also be posted for comment by March 31 for thirty (30) days on the North Carolina Department of Health and Human Services, Division of Medical Assistance website at http://www.ncdhhs.gov-dma.

7.

Craigan I. Gray MD MBA ID

cc:

Tara Larson
Judy Walton
Andrea Phillips

CLG/acp





North Carolina Department of Health and Human Services Division of Medical Assistance

2501 Mail Service Center • Raleigh, N. C. 27699-2501 • Tel 919-855-4100 • Fax 919-733-6608

Beverly Eaves Perdue, Governor Lanier M. Cansler, Secretary

Craigan L. Gray, MD, MBA, JD, Director

March 31, 2010

Ms. Vicki Bradley, Deputy Health Officer Eastern Band of Cherokee Indians P.O. Box 666 Cherokee, North Carolina 28719

Subject:

North Carolina Family Planning Waiver Renewal

Dear Ms. Bradley:

As required by Presidential Executive Order 13175 and the Centers for Medicare and Medicaid Services, I am writing to notify you of the State's intent to submit a request for the renewal of the Family Planning Waiver Section 1115 Medicaid five-year demonstration project. The current family planning waiver project is due to end on September 30, 2010. The approval of the Waiver Renewal will extend the program from October 1, 2010 through September 30, 2013. Individuals must meet the State's eligibility criteria to qualify for the waiver, and the program will be available statewide.

The renewal waiver will allow for the continuation of family planning services for low income men and women who do not meet the State's standard eligibility criteria for Medicaid or other state-funded medical programs. We envision more comprehensive family planning services under the renewal proposal than were initially available under the demonstration project, and are seeking to increase the number of residents served by the Family Planning Waiver program.

If you would like to comment on the renewal waiver draft or want more information, please feel free to contact Judy Walton at 919 855-4265 or Judy.Walton@dhhs.nc.gov or Andrea Phillips@dhhs.nc.gov. The draft of the Family Planning Waiver Renewal will also be posted for comment by March 31 for thirty (30) days on the North Carolina Department of Health and Human Services, Division of Medical Assistance website at http://www.ncdhhs.gov-dma.

7.

Craigan L. Gray, MD, MBA, JD

cc:

Tara Larson Judy Walton Andrea Phillips

CLG/acp





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in Health Check Insurance Program or NC Health Choice for Children. Please complete this form and return it to the County Department of Social Services by . Print all answers and provide information for everyone in the home.

Mail-In Option:

Please complete all sections, as required, and sign and date the form on page 3. Fold the Re-Enrollment Form (BOTH SHEETS – Front & Back) so that the address of the social services department (see above) shows in the window of the return envelope. Then add a stamp and mail.

Other Options for Submitting the Form:

The completed form may be returned to your local department of social services in person. If you would like assistance in completing the form, the local department of social services will be glad to help. No appointment is needed. You may also call Ask to speak to your Health Check or NC Health Choice Representative.

Help Us Update Our Information About Your Family

List <u>all</u> the children under age 21 who live in the home. ▼		
	alth Check or NC Health Choice.	Social security number, proof of identity
and citizenship status are required only for those applying for Health Check.		•
	Fill out this information even for children who will not be applying or re-enrolling in He	Fill out this information even for children who will not be applying or re-enrolling in Health Check or NC Health Choice.

Name of Child (first, middle initial, last)	Applying or Re-Enrolling this Child? (Y, N)	Date of Birth (mo/day/yr)	Sex (M,F)	*Race (Use codes below. List all that apply). (Optional)	**Hispanic/Latino (Y, N) If Yes, specify using codes below. (Optional)	Child a U.S. Citizen (Y, N)	Social Security Number (SSN) Not Required if you are not applying for this child.
* Race Codes: Asian = A Black or A	rican American = B	American Indian	or Alaska	Native = I Nativ	ve Hawaiian or Pacific I	slander = P	Caucasian or White=W

**Ethnicity Codes:	Hispanic Cuban = C	Hispanic Mexican = M	Hispanic Puerto Rican = P	Hispanic Other = H	
				_	

2. Do you and the children live at the address noted at the top of this page?

✓ □ Yes □ No

If no, where do you live now?

Address:			Mailing Address (if different):		
City:	State:	Zip Code:	City:	State:	Zip Code:

3.	3. List the phone numbers where we may contact you. ▼											
	Daytime phone: ()		Home phone: ()			Cell phone: ()			
	1471 41		141 41 1111	0.1641 1.11.1			141 41 1					

4. Who are the parents living with the children? If the children do not live with their parents, who are the adults living in the home who care for the children?
▼

Name of parent or adult caretaker (first, middle initial, last)	Date of Birth (mo/day/yr)	Sex (M,F)	*Race (Use codes listed under #1 above). (Optional)	**Hispanic/Latino (Y, N) (Use codes listed under #1 above). (Optional)	What is this adult's relationship to each of the children listed in Question 1 above? (Example: Mother of John; Stepmother of Mary)

(first, middle initial, last)	Insurance Company Nam			Policyholder/Owner	
		Phone Numb	Der I	Name/Relationship	Number
Us About the Parent's and C	children's Income				
Who are the parents and childre Applicable" on the first line and		rking now and what are th ▼	eir wages? If no or	ne is working, wi	rite "N/A " or "Not
Name of working person (first, middle initial, last)	Employer's f	Name and Phone Number	Amount earned before deductions		How often paid? (monthly, weekly, e (Attach documentati See * below).
			\$	\$	Oce below).
			\$	\$	
			\$	\$	
Attach copies of all of last month's pa ill help us re-enroll your children on					
	iness records showing income		6 months or the num	ber of months in	
business it less than 6 m	ioninis. Il the moonie is annue	, p	700100 101 1110 1001 12	monaro.	
Does the parent or child receive If yes, please fill in the informat	e income from any other so		>	monate.	☐ Yes ☐ No
Does the parent or child receive	e income from any other so	ource? ►	•	Received	How often received
Does the parent or child receive If yes, please fill in the informat	e income from any other so tion below, as appropriate:	ource? ►	•		
Does the parent or child receive If yes, please fill in the informat Type of Income Child Support	e income from any other so tion below, as appropriate:	ource? ►	Amount		How often received
Does the parent or child received If yes, please fill in the informate Type of Income Child Support Social Security	e income from any other so tion below, as appropriate:	ource? ►	Amount \$		How often received
Does the parent or child receive If yes, please fill in the informat Type of Income Child Support Social Security Unemployment	e income from any other so tion below, as appropriate:	ource? ►	Amount \$		How often received
Does the parent or child receive If yes, please fill in the informate. Type of Income Child Support Social Security Unemployment Other (Please explain) Us About the Parent's and C	e income from any other so tion below, as appropriate: Name of the person who Children's Expenses	ource? ►	Amount \$ \$ \$		How often received
Does the parent or child receive If yes, please fill in the informate. Type of Income Child Support Social Security Unemployment Other (Please explain) Us About the Parent's and C three types of expenses can be deducted if	e income from any other so tion below, as appropriate: Name of the person who have a sound the income we count:	oreceives other income	Amount \$ \$ \$ \$	Received	How often received (monthly, weekly, etc.)
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Does the parent or child receive If yes, please fill in the informate. Type of Income Child Support Social Security Unemployment Other (Please explain) Us About the Parent's and Continuous the money paid for childcare (or care of the money paid for childcare (or care of the money please fill in the information of the information	Re income from any other so tion below, as appropriate: Name of the person who have a sound the income we count: The of a dependent adult); (2) money point the home pay for childcare remation: Sitter or childcare provider I statement from the provider to statement from the pr	paid for court-ordered child support. a, a babysitter or care for a Name of person cared for how how much you paid last m ild who is not living in the	Amount \$ \$ \$ \$ \$ \$ and a (3) standard deduct A dependent adult? Name of person paying for care onth.	Received ction for work-related of the second seco	How often received (monthly, weekly, etc.) expenses. Yes No How often Paid (monthly, weekly, etc.)

Tell Us About Your Child's Medical Home

A medical home (primary care provider) is the one place you take your child for all their health care needs - regular check-ups, immunizations (shots), sick visits, minor accidents, or if they need to be referred to a specialist. A medical home can be a doctor's office or community clinic where the staff knows you, your child and your child's health history.

Carolina Community Care of North Carolina/Carolina ACCESS (CCNC/CA) – CCNC/CA is a Medicaid program which lets you chose your own	
doctor. Your doctor's name and phone number will be either on your Medicaid card or sent to you in a letter. Carry your card with you at all times. You	ou
must call your doctor before seeing any other doctor or you may be responsible for the bill. If you have not seen the doctor listed on your card, call for	r
an appointment now. Your doctor will help you and your child stay healthy with regular check-ups and will care for you when you are sick or hurt. Ca	all
your doctor as soon as you or your child begins to have earaches, toothaches, colds, fever, diarrhea, vomiting, or other symptoms. If you have any	
questions about CCNC/CA, call your caseworker. Please check the appropriate box below:	
I am currently enrolled in Carolina ACCESSI am currently enrolled in Carolina ACCESS and would like to change my doctor	
(If you checked this box, please list the name and address of the new doctor below or	

contact your caseworker.)

11. List each child who is applying or re-enrolling and note the name of his or her doctor or clinic.

Name of Child Who is Applying or Re-enrolling	Name of Doctor or Clinic (Medical Home) Where You Plan to Take this Child

What Language Does the Family Prefer to Speak?

The federal government requires the State to provide information about the languages that the family speak? Please help us by providing this information for the parent or other adult caretaker living in the home.

Name of parent or adult caretaker (first, middle initial, last)	Language person prefers to speak (circle one)
1.	English Spanish Other (Specify)
2.	English Spanish Other (Specify)

- I attest that all statements recorded on this document are true and correct to the best of my knowledge.
- I have either read or had read to me all attachments to this application, and I understand my rights and responsibilities as an applicant/recipient.
- I authorize the release of any information necessary to establish my family's eligibility. I understand that this information may include medical information about the individuals applying for health insurance and/or non-medical information about individuals applying and others. This might include information from doctors, hospitals, employers, insurance companies and other financial institutions.
- I have received or understand that I will receive a copy of the "Medicaid Notice of Privacy Practices."
- I understand that if Medicaid pays for nursing facility care in-home health services, or services provided under the Community Alternatives Program (CA), Medicaid may become a creditor of my estate and my estate may be subject to recovery to pay Medicaid.
- Estate Recovery Notice: I understand that Federal and State laws require the Division of Medical Assistance (DMA) to file a claim against the estate of certain individuals to recover the amount paid by the Medicaid program during the time the individual received assistance with certain medical services. Ask your Medicaid case worker for specific information regarding which services are applicable to estate recovery.

Signature of parent or other adult:Date						
	Before You Return the Re-Enrollment FormReview This Checklist:					
	Did you keep the Information Sheet for your records?					
	Have you completed every question on the Re-Enrollment Form? (See next page for Optional Questions).					
	Did you include copies of last month's paycheck stubs for each parent or child in the home who works?					
	Did you include a daytime phone number (see Question #3)?					
	Have you signed and dated the form?					

- Fold the completed Re-Enrollment Form so that the address of the social services department at the top of page 1 shows through the window of the return envelope provided. If you do not return both sheets of the Re-Enrollment Form, your child's receipt of benefits may be delayed.
- Add a stamp and it is ready to mail!

	s Your Child Have Special Health Care Needs?		
	lease help us improve services for children with special health care needs and meet federal reporting requirements by answ Illowing questions. The answers will not affect your child's eligibility for Health Check (Children's Medicaid) or NC Health Ch		
1.	Do any of your children currently need medicine prescribed by a doctor other than vitamins? If yes, does this child (or children) need this medicine because of <i>any</i> medical, behavioral or other health condition that	□ Yes	□ No
	has lasted or is expected to last <i>at least</i> 12 months? If yes, list the name of the child (or children):	□ Yes	□ No
2	of the same age? ►	dren □ Yes	□ No
	If yes, does this child (or children) need these services because of any medical, behavioral or health condition that has lasted or is expected to last at least 12 months? If yes, list the name of the child (or children):	□ Yes	□ No
3.	Are any of your children limited or prevented in any way in their ability to do the things most children their age can do? If yes, is this limitation because of <i>any</i> medical, behavioral or health condition that has lasted or is expected	☐ Yes	□ No
	to last at least 12 months? If yes, list the name of the child (or children):	□ Yes	□ No
4.	Do any of your children need special therapy, such as physical, occupational, or speech therapy? ► If yes, does this child (or children) need this therapy because of <i>any</i> medical, behavioral or other health condition that	☐ Yes	□ No
	has lasted or is expected to last <i>at least</i> 12 months? If yes, list the name of the child (or children):	□ Yes	□ No
5.	Do any of your children currently have any kind of emotional, developmental or behavioral difficulty for which they need treatment or counseling?	□ Yes	□ No
	If yes, does this child (or children) need this treatment or counseling because of <i>any</i> medical, behavioral or other health condition that has lasted or is expected to last <i>at least</i> 12 months? If yes, list the name of the child (or children):	□ Yes	□ No
Tell (Us If You Would Like Help With Child Support		
Agend	child Support Agency can help get financial and medical help for the child from the child's absent parent. If you seek assistance from the cox, the courts can establish paternity and establish and enforce medical support obligations. are other benefits to working with the Child Support Agency. For example, your child may be eligible for other financial benefits, includin		port
Securi	ity, pension benefits, veteran's benefits and possible inheritance. Also, your child may benefit by having a bond between parent and child may benefit by getting important medical history information.		your
	want the Child Support Agency's help in establishing paternity or obtaining a medical support order through the court, check the "Yes" bo check the box, someone will contact you.	х.	
Optio	onal Benefits for Other Members of Your Family		
lf.	To you want to apply for pregnancy coverage for any of the people listed in this application? Fyou are applying for pregnancy assistance, you need to provide a statement from the doctor that includes the delivery date expected. However, send in the application form even if you do not have the statement from the doctor yet. If yes, for whom? Relationship SSN#		number of babies
	The Medicaid program provides coverage of family planning waiver services for women ages 19-55 or men ages 19-60 if the	ov bovo r	
ŗ	procedure to prevent them from having a baby or fathering a baby. Services include, but are not limited to: an annual physic methods, pregnancy tests, pap tests, screening for sexually transmitted diseases and voluntary sterilizations for women and	cal exam	
ř r		cal exam men.	nation, birth contro Waiver Program?
ļ r	methods, pregnancy tests, pap tests, screening for sexually transmitted diseases and voluntary sterilizations for women and	cal exam men. Planning	nation, birth contro Waiver Program?
r I I C. [methods, pregnancy tests, pap tests, screening for sexually transmitted diseases and voluntary sterilizations for women and If you meet these requirements, do you want to apply for or continue coverage of these services through Medicaid's Family	cal exam men. Planning Yes child to be and pers	waiver Program? No e eligible and mee onal property, casl

HEALTH CHECK / NC HEALTH CHOICE FOR CHILDREN APPLICATION





Free or Low-Cost Health Insurance

(Pregnant women, parents, or other adults may also use this application to apply for Medicaid as a caretaker or for Family Planning Services.)

Si usted desea obtener la forma DMA-5063, solicitud en español para seguro medico para niños, comuníquese con el departamento de servicios sociales de su localidad. También puede llamar a la línea de Recursos de Salud Familiar al 1-800-367-2229. Se le atenderá en español. (You can get a Spanish application at your local department of social services or call 1-800-367-2229.)

WHAT ARE HEALTH CHECK AND NC HEALTH CHOICE FOR CHILDREN?

Health Check (the Medicaid Insurance Program) and Health Choice are two similar health insurance programs. Your family's income, the number of people in your family and the age of the children determine if you or your children qualify. This information will also be used to determine in which program you or the children will be enrolled.

WHAT ARE THE BENEFITS?

Sick visits
 Counseling
 Eye exams and glasses

•Checkups •Prescriptions •Hearing exams and hearing aids

Hospital careDental careAnd more!

Transportation - If you or your children are enrolled in Health Check, transportation to medical appointments may be provided through your department of social services. If the children are enrolled in Health Choice, you must provide your own transportation.

Children with Special Health Care Needs may be eligible for additional services.

HOW DO I APPLY?

It's easy. Just mail or drop off the completed application at the department of social services in the county where you live. If you would like help filling out the application, call or visit your department of social services. You can find the address and phone number in your phone book under "County Government" or by calling the North Carolina Family Health Resource Line at 1-800-367-2229.

Be careful to answer all the questions completely so we can process your application more quickly. If you need more space, please attach additional pages. It can take 45 days or less to process your application. If we need additional information, we will contact you by mail. The sooner we get the information, the sooner we can let you know if your children qualify.

WHAT ELSE DO I NEED TO KNOW ABOUT HEALTH CHECK AND HEALTH CHOICE?

Will My Children Get Insurance Cards?

YES! Your children will receive insurance cards in the mail. Please keep the card handy so you can show it at medical appointments and when you fill prescriptions.

How Do I Choose a Doctor?

The department of social services will help you choose your doctor.

Will I Need to Re-enroll?

YES! You will need to re-enroll to continue benefits. For most children this is done once a year. You will be contacted when it is time to re-enroll.

Will I Have to Pay Enrollment Fees and a Co-pay?

Depending on your income, you may have to pay an enrollment fee of \$50 to \$100 per family per year. In some cases, you also may have a small co-pay for doctor visits and prescriptions. If the fee and/or co-pay apply to you, you will be notified.

Will My Children Be Enrolled Immediately?

Health Check (the Medicaid Insurance Program) has no funding limits, so there is no waiting list. If your children are eligible for Health Choice, they may have to go on a waiting list before being enrolled if federal or state funds are not sufficient to serve more children.

WHAT ARE MY RESPONSIBILITIES?

- ✓ You agree to tell the department of social services within 10 days if there are <u>any</u> changes in the information you provided on your application.
- A state or federal reviewer may check the information on this form. You agree to participate in the review and will cooperate with the reviewer.
- If you knowingly provide false information or if you withhold information and you or your children get health insurance for which they are not eligible, you can be lawfully punished for fraud and may be asked to repay the programs for any medical bills and/or premiums that were paid incorrectly.
- You agree to tell the department of social services if anyone with Health Check (the Medicaid Insurance Program) is in an accident.

- ✓ If Health Check (the Medicaid Insurance Program)/Health Choice pays for health care for you or your children, you give permission to the state of North Carolina to collect payments from anyone who is supposed to pay for that care. You also agree to share medical information about your children with any insurance company to get the medical bills paid.
- ✓ For a person to be enrolled in Health Check (the Medicaid Insurance Program)/Health Choice, you must provide his/her social security number or apply for a number. Please know that these numbers will be matched by computer with other government agency records (but not the Bureau of Citizenship and Immigration Services) to verify information. If you decide not to give the numbers, the person cannot be enrolled.
- ✓ For Health Check, provide proof of identity and U.S. citizenship or information for the county DSS to obtain the proof for those applying for benefits. For refugees and legally qualified immigrants, provide proof of legal status for those applying.

WHAT ARE MY RIGHTS?

- Health Check (the Medicaid Insurance Program)/Health Choice cannot discriminate on the basis of race, color, nationality, sex, religion, age, disability in employment or the provision of services.
- ✓ By law, all information that you provide remains private.
- ✓ You can ask for a hearing if you think any decisions are unfair, incorrect or are made too late.

WHO CAN ANSWER MY QUESTIONS?

Contact the department of social services in the county where you live or call the NC Family Health Resource Line at 1-800-367-2229.

Before you return the application, please make sure to do the following:

Read pages 1 and 2. Tear them off and keep for your records.

Complete the questions on pages 3 through 6.

Sign the application on page 5.



	I ICA:	
4	11 4	1 11 111

For Office Use Only							
County DSS:							
Date Receiv	Date Received:						
Case #:	Case #:						
☐ Mail in	\square DSS	☐ Health Dept					

Please complete. Then send pages 3-6 to your local department of social services. If this application is being completed by or for a

p	regnant woman who has no other c	hildren living wit		r you are ap In or you is			nning, complete this	application	on as if the pregnant
Tel	II Us About the Family								
1.	Who are <u>all</u> the children under ag Fill out this information even identity, and citizenship statu	for children who	will no	nt be applyii				ial Securit _y	y number, proof of
	Name of child (first, middle initial, last)	Applying child for this		Date of birth Sex (M, F) List all that apply.)		**Hispanic/Latino (Y, N) If yes, specify using codes below.	Is Child a U.S. citizen? (Y, N)	Social Security Number (SSN)	
	*Asian= A American Indian or Alasi ** Hispanic Puerto Rican= P His					slander= P C Hispanic Othe	aucasian or White= W er= H	Black or	African-American= B
2.	Where do you & the children live	? ▼ (If dif	fferent,	please put	your ac	ldress on a se	parate sheet and re	eturn with	this application.)
	Address:				Mailing	g address (if diffe	rent):		
	City: Stat	e: Zip Code:			City:		State:	Zip Co	de:
	Home phone: ()				Daytime	phone: ()		
3.	Who are the parents living with the for the children? ▼	Who are the parents living with the children? If the children do not live with their parents, who are the adults living in the home who care for the children?							
	Name of parent or adult (first, middle initial, last)	Date of birth (mo/day/yr)	Sex (M, F)	*Race (Use codes in 1 above. Lis all that apply.)	. (Y, N) children (John – Mother, Mary - Ste				
a.	Do you want to apply for pregnand If you are applying for pregnand number of babies expected. If yes, for whom?	ncy assistance, j	you ne n the a _l	ed to provid oplication fo	de a stat orm eve	tement from th n if you do no			
b.	Do you want to apply for Medicain about bank accounts, real and per \$3,000. Also, if you are eligible, you applicants must provide their lifyes, for whom:	ersonal property, ou may be respo Social Security r	cash v onsible <i>numbei</i>	value of life for some o rs and may	insuran f your m <i>have to</i>	ce, stocks, bo nedical bills. <i>give informat</i>	nds, etc. The total	of these n	nust be less than Yes No
C.	Do you want to apply for family pl Applicants must provide their If yes, for whom:	Social Security r	numbei	rs.			above?	→ SSN	☐ Yes ☐ No
DM.	A-5063 (04-2007)	Questions	about H	ealth Check/H	lealth Cho	oice? Call 1-800-	367-2229.		Page 3

4.	Is there a family member living away from the home for less than 12 months (Example: military service, attending school)? ☐ Yes ☐ No If yes, please give information below:								
	Full name (first, mi	iddle initial, last)		Relationship	Reas	son for absen	ce	Expected date	of return
Tel	I Us About the Family's He	ealth Insurance	and Medical N	leeds					
5.	Is there currently a parent	•		•)		☐ Yes ☐	l No
	If yes, what is that parer Is that parent req			or health insu	rance? •			☐ Yes ☐	l No
6.	Does anyone applying hav		insurance plar ▼	1? ▶)		□ Yes □	l No
	Name of Insured (first, middle initial, last)	Owner of Policy	Insurance Com Name	pany Ins	urance Company Address		e Company Number	Group/Poli	cy Number
7.	Does anyone applying need If yes, please give the					~		☐ Yes ☐	l No
	Name of person(s (first, middle initi		Name o	f doctor, clinic a	nd/or hospital where	person was tr	eated	Date of medic	al treatment
8.	Has anyone applying been Did he/she receive medica If yes, please tell us w	ıl care because o	of the accident?		► ► When	was the ac	cident?	☐ Yes ☐ I ☐ Yes ☐ I	
Τρ	II Us About the Parent's ar								
	Who are the parents and c			and what are	their wages?	•			
	Name of working persor (first, middle initial, last)		nployer's name and	d phone number	Amount ear		Tips earn		often paid , weekly, etc.)
					\$ \$		\$		
					\$		\$		
	Please provide copies of all	of last month's pa	aycheck stubs fo	or everybody I	'	application	•	do not have yo	our stubs.
10.	Is there a parent or child in For example, does any				r own business, o	▶ or have rent	tal property	☐ Yes ☐ I	No
	If yes, please attac business if less tha	ch business reco	ds showing inc	come and exp	enses for the last	6 months	or the num	ber of months	in
11.	Has a parent or child in the		in the past three	ee months?	•	•		☐ Yes ☐ I	No
	Name of person(s) who lo	· ·	Date job lost	Forme	r employer's name	For	mer emnlove	r's address & pho	one number
	Traine of person(s) who lo	55t a job	Date job lost	I OITHC	- omprojer a name	1 01	er employe		ONO HAITIBOI
			-				_	-	

	Type of income	Name o	Name of the person who receives other		r income Amount received		received	How often received (monthly, weekly, etc.)		
	Child Support:					\$			(monumy, weekly, t	210.)
	Social Security:					\$				
	Unemployment:					\$				
	Other (Please explain):					\$				
Tell	Us About the Parent's and	Children's Ex	penses							
	Some of these expenses			at we coul	nt to deteri	mine enrollme	nt in Healti	h Ch	neck/Health Choi	ice.
10	,									
13.	Does a working parent living If yes, please fill in the in		ay for childcare, a babys	itter or ca	ire for dep	endent adult?	•		☐ Yes ☐] NO
	,		<u> </u>							
	Name, address & phone num childcare provide		Name of person cared for	or	Name of per for c		Amount pa	aid	How often pai (monthly, weekly,	
	critical o provide	-1			101 0	ui C			(monting, weekly)	Cto.)
							\$			
							\$			
14.	Does a parent living in the ho	ome pay child s	support for a child who is	not living	g in the ho	me? ▶			☐ Yes ☐] No
	If yes, please fill in the in		''	`	,					
	Who pays the support & to wh	iom For i	whom is the support paid	Is it cou	ırt ordered	Amount	paid		How often paid	
	6-9				/, N)	Please Attach			(monthly, weekly, e	tc.)
						\$				
						\$				
Tall	Us If You Would Like Help	With Child Cu	nnort							
Tell	US II YOU WOUIG LIKE HEIP	Willi Cilla Su	ρροιτ							
	he Child Support Agency can h							ssist	ance	
	rom the Child Support Agency, t		. ,			• •	O	مطاما		
	here are other benefits to workincluding Social Security, pensio									
	etween parent and child. Finall						,	3		
lf	you want the Child Support Ag	ency's help in es	tablishing paternity or in g	etting a me	edical supp	ort order throug	ih the court.	ched	ck the "Yes"	
b	OX.		J. 3 J	J						
lf	you check the box, someone w	vill contact you.	→ □	Yes, I wo	uld like he	lp from the Ch	ild Support	t Age	ency.	
,	I attest that all statements remaining the statements of the statements of the statements of the statements.	ecorded on this (document are true and cor	rect to the	hest of my	knowledae				
,							ponsibilities	as a	n applicant/recipie	ent.
`	I authorize the release of ar									
	medical information about the This might include information						ut individual:	s app	olying and others.	
,	I have received or understa									
	I authorize the copying of the									
`	 I understand that if Medical (CAP), Medicald may become 							mmu	nity Alternatives F	rogram
				J	•					
	Signature of parent or of	ther adult: 🗸						_		
	Date:									

12. If the parent or child receives income from any other source please complete the blocks below.



Language Preference and Special Needs (Optional)

You may still apply for Health Check/Health Choice even if you don't answer the questions on this page.

What Language Does the Family Prefer to Speak?

The federal government requires the State to provide information about the languages the family speaks. Please help us by providing the information for the parent/other adult living in the home.

Name of person (first, middle initial, last)	Language person prefers to speak (circle one)
1.	English Spanish Other (Specify)
2.	English Spanish Other (Specify)
3.	English Spanish Other (Specify)
4.	English Spanish Other (Specify)
5.	English Spanish Other (Specify)
6.	English Spanish Other (Specify)

Does Your Child Have Special Health Care Needs?

If yes, please list the name of the child (or children):

LIF	ease help us improve services for children with special health care needs and meet lederal reporting requirer	nenis by ans	wenny
the	ese questions. The answers will not affect your child's eligibility for Health Check or NC Health Choice.		
1.	Do any of your children currently need medicine prescribed by a doctor other than vitamins?	>	□Yes □No
	If yes, does your child (or children) need this medicine because of any medical, behavioral or other health	h condition th	nat

	has lasted or is expected to last <i>at least</i> 12 months? If yes, please list the name of the child (or children):)	>	☐ Yes ☐No
2.	Do any of your children need more medical care, mental health or ed	lucation services than u	sual or routine	
	for most children of the same age?)	•	□Yes □No
	If yes, does your child (or children) need these services because of	any medical, behaviora	I or health condition	
	that has lasted or is expected to last at least 12 months?	•	>	□Yes □ No

3.	Are any of your children limited or prevented in any way in the children their age can do?	eir ability to do the things most	☐ Yes ☐ No
	If yes, is this limitation because of <i>any</i> medical, behavioral of to last <i>at least</i> 12 months? If yes, please list the name of the child (or children):	or health condition that has lasted or is expected •	☐ Yes ☐ No
ŧ.	Do any of your children need special therapy, such as physic	al, occupational, or speech therapy? ▶	☐ Yes ☐ No
	If yes, does your child (or children) need this therapy because	se of <i>any</i> medical, behavioral or other health condition	on that

	has lasted or is expected to last <i>at least</i> 12 months? If yes, please list the name of the child (or children):	☐ Yes ☐ No
).	Do any of your children currently have any kind of emotional, developmental or behavioral difficulty for which they need treatment or counseling?	☐ Yes ☐ No
	If yes, does your child (or children) need this treatment or counseling because of <i>any</i> medical, behavioral or other health condition that has lasted or is expected to last <i>at least</i> 12 months? If yes, please list the name of your child (or children):	☐ Yes ☐ No

DID YOU SIGN THE APPLICATION ON PAGE 5?

APPLICATION ADDENDUM

MEDICAID FAMILY PLANNING WAIVER (FPW) PROGRAM

In order to evaluate for all Medicaid programs, including the Medicaid Family Planning Waiver Program, you must answer the questions below.

The Medicaid Family Planning Waiver (FPW) Program provides coverage of family planning services for women ages 19-55 or men ages 19-60 if they have not had a medical procedure to prevent them from having a baby or fathering a baby. Services include, but are not limited to: an annual physical examination, birth control methods, pregnancy tests, pap tests, screening for sexually transmitted infections (STIs) and voluntary sterilizations for women and men.

QUE	STIONS	S FOR WOMEN:	
Name	<u>;</u>		-
	1.	Have you had your tubes tied, cut or burnt?	□Yes □No
	2.	Have you been sterilized by having any other medic prevent you from having a baby?	cal procedure that would Yes No
QUE	STIONS	S FOR MEN:	
Name)		
	1.	Have you had a vasectomy?	□Yes □No
	2.	Have you been sterilized by having any other medic prevent you from fathering a baby?	eal procedure that would Yes No
Waive Medic	er (FPW caid duri	eligible for full Medicaid, but are eligible for the Medicaid, but are eligible for the Medicaid is authorized for 12 ming this 12 month period, you can not apply for retroused on this 12 month certification period.	onths. If you later want full
		the information above, do you wish to be evaluated f ver (FPW) Program?	for the Medicaid Family ☐Yes ☐No

DMA-5063A 11/01/08

North Carolina Department of Health and Human Services Division of Medical Assistance

North Carolina
Medicaid Be Smart Family Planning Waiver
Waiver Year Five
Interim Annual Report

March 2010

Navigant Consulting, Inc. 30 South Wacker Drive, Suite 3100 Chicago, Illinois 60606



North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

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Other Evaluation Reports

Be Smart Evaluation reports for current and previous years are available online at: http://www.ncdhhs.gov/dma/services/familyplanning.htm

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EXECUTIVE SUMMARY

The North Carolina Department of Health and Human Services (DHHS) engaged Navigant Consulting, Inc. to provide an independent evaluation of the State's Medicaid Family Planning Waiver, and to determine the extent to which the Waiver objectives have been met. This report presents the results of the evaluation on the performance of North Carolina's Medicaid "Be Smart" Family Planning Waiver Program for the five-year demonstration from October 1, 2005 to September 30, 2010.

Through our evaluation of the fifth year of North Carolina's Be Smart Family Planning Waiver, Navigant Consulting observed the following:

- The State enrolled an estimated 70,321 females and 8,743 males in Waiver Year Five, which includes both new enrollees and enrollees continuing into Waiver Year Five from prior years. This represents a 14 percent enrollment rate for women from an estimated 514,168 potential female enrollees across the State, and a 2 percent enrollment rate for men from an estimated 444,906 potential male enrollees.¹
- Among enrollees, the Waiver is projected to provide services to an estimated 26,874 females and 93 males during Waiver Year Five. The participation rates among Waiver enrollees are estimated to be 38 percent among enrolled women and 1 percent among enrolled men.
- Across the five-year demonstration, the Be Smart Family Planning Waiver is
 estimated to be budget neutral with respect to Federal expenditures. The
 reduced costs associated with the estimated range of 2,240 to 2,318 averted
 births for Waiver Year Five offset the costs of the Waiver by an estimated
 \$20.5 to \$21.5 million.
- Although data are not yet available for Waiver Year Five, the number of primary care referrals among the participants surveyed during Waiver Year Four was higher than in Waiver Year Three, 48 percent of females compared with 35 percent, respectively.
- Although data are not available for Waiver Year Five, among Non-Participant Survey respondents, 44 percent of respondents who did not use services in Waiver Year Four indicated they planned to use Be Smart services

¹ The number of potential eligibles was determined using American Community Survey (ACS) population data.

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

in Waiver Year Five. As in Waiver Year Three, survey responses continued to indicate a lack of knowledge about and eligibility for the program.

• The Family Planning Waiver expenditures are estimated to be approximately \$8.4 million for Waiver Year Five. The average costs per participant for Waiver Year Four was approximately \$307 and projected to be \$311 for Waiver Year Five.

Table 1 displays the summarized results for Waiver Year Four for the 14 measure objectives outlined in the Waiver Evaluation Plan; Waiver Year Five results were too preliminary to present at this time. In this report, Navigant Consulting provides results for thirteen of the measures because the data required for the one remaining measure is not yet available.

Table 1: Summary of Waiver Year Four Measure Results

Hypothesis Number	Measure Objective	Waiver Year Four			
Short-term C	Short-term Outcomes				
C.1.1	Increase the number of eligible men and women	Women: 13%			
	enrolled.	Men: 3%			
C.1.2	Increase the number of women receiving services.	39%			
C.1.3	Increase the number of men receiving services.	3%			
C.1.4	Increase the number of women returning for services.	26%			
C.1.5	Increase rate of continuous use of contraception among Waiver participants with any contraceptive use.	23%			
C.1.6	Increase the use of more effective methods of contraception among Waiver participants with continuous contraceptive use.	Effectiveness Score: 96.5			
Intermediate-term Outcomes					
C.2.1	Reduce the number of inadequately spaced pregnancies to enrolled women.	2%			
C.2.2	Reduce the number of unintended pregnancies among women eligible for Medicaid.	Not Reported			

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

Table 1: Summary of Waiver Year Four Measure Results (continued)

Hypothesis Number	Measure Objective	Waiver Year Four
Long-term O	utcomes	
C.3.1	Decrease the number of Medicaid paid deliveries and annual expenditures for pregnancy, newborn and infant care among Waiver participants.	Age-Adjusted Births Averted Rate Range (per 1,000): 83.8 to 86.9
		Averted Births Range: 2,138 to 2,216
C.3.2	Estimate overall cost savings in Medicaid spending and	Budget Neutral: Yes
	assessment of budget neutrality.	Overall Averted Medicaid Costs Range: \$27.69 to \$28.6 Million
		Estimated Medicaid Cost Savings Range: \$19.8 to \$20.8 Million
Process Indi	cators	
D.1	Increase awareness of availability of Waiver services.	21%
D.2	Increase the number of Waiver participants referred to a source of primary care.	48%
D.3	Assess or evaluate reasons for non-participation in the Waiver.	A majority of respondents reported they either did not know about the Be Smart program or did not know they were eligible for services, or both.
D.4	Increase the number of men and women receiving family planning services through Title X or Title XIX (includes Family Planning Waiver).	Number of men and women: 147,752

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

The report that follows describes:

- Navigant Consulting's experience as the Waiver evaluator
- Background on the Be Smart Family Planning Waiver Program
- The Waiver Evaluation Plan and related objectives, hypotheses and measures
- The results of our evaluation of Waiver Years One through Five

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

SECTION 1: INTRODUCTION

This report presents the results of Navigant Consulting's evaluation of North Carolina's Medicaid "Be Smart" Family Planning Waiver Program for Waiver Year Five – October 1, 2009 to September 30, 2010. Under a Section 1115 Demonstration Waiver, a state must demonstrate that over the five-year period of the Waiver, Federal Medicaid spending under the Waiver will not exceed what the Federal government would have spent in the absence of the Waiver.

Waiver Overview

Beginning in October 1, 2005, DHHS began enrolling women and men into the Be Smart Family Planning Waiver. The overall goal of the waiver is to reduce unintended pregnancies and improve the health and well-being of children and families in North Carolina. To achieve these ends, the Waiver makes family planning services available to men ages 19 to 60 and women ages 19 to 55, who have incomes at or below 185 percent of the Federal Poverty Level (FPL). Additional information regarding the Waiver's history, objectives, hypotheses and covered services are provided in Appendix A.

Waiver Evaluator

Navigant Consulting, Inc. is a specialized independent consulting firm providing litigation, financial, healthcare, energy and operational consulting services to government agencies, legal counsel and large companies facing the challenges of uncertainty, risk, distress and significant change. The firm has been in existence since 1996 and has offices across the United States and overseas.

Navigant Consulting's Healthcare practice Payer Group, the sector of the firm responsible for conducting this Waiver evaluation, specializes in providing consulting services and litigation support to state healthcare and social service agencies, state workers' compensation programs, third party payers and healthcare providers. We have experience in more than 45 states in the areas of managed care program design, implementation, monitoring; policy analysis; reimbursement and delivery system design, development and implementation; program evaluation; fraud and abuse and potential overpayment determination; Medicaid Management Information System (MMIS) and fiscal agent review; medical and healthcare claims review; and data and report preparation. Our work on this evaluation was supplemented with the assistance of one subcontractor, Alice Lin, Ph. D., who facilitated Waiver Years One, Two and Three participant focus groups for this Waiver evaluation.

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

Organization of the Annual Report

The remainder of this Annual Report is divided into the following sections:

- SECTION 2: WAIVER EVALUATION PLAN
- SECTION 3: RESULTS

The report also includes the following appendices:

Appendix A: Background on the Be Smart Family Planning Waiver

Appendix B: Summary of Waiver Program Measures and Data Sources

Appendix C: Data Sources

Appendix D: Maps of Enrollment and Participation

Appendix E.1: Count and Location of Provider Specialties Providing Services to Waiver Year Four Participants, by County

Appendix E.2: Count of Waiver Year Four Participant Visits by Provider Specialty, by County

Appendix F: New Enrollee Survey

Be Smart Evaluation reports for current and previous years are available online at: http://www.ncdhhs.gov/dma/services/familyplanning.htm

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

SECTION 2: WAIVER EVALUATION PLAN

Introduction

North Carolina's Centers for Medicare and Medicaid Service's-approved Evaluation Plan is designed to measure short-term, intermediate and long-term outcomes and impact of the Waiver using hypotheses to test the seven objectives listed in the previous section. The Evaluation Plan included additional hypotheses related to process goals for the Waiver that will measure the effectiveness of the delivery system of the Waiver. The Evaluation Plan also identified the data sources to use to calculate the measures to test these hypotheses.

There are two major components of the Waiver Evaluation Plan. The first component of the Plan is designed to evaluate the overall impact of the Waiver. The second component of the Plan addresses the Clinical Innovation Project.

Waiver Evaluation Objectives

The Waiver Evaluation Plan is designed to assess the overall impact of the Waiver using the Waiver objectives listed in Section 2 of this report and to evaluate the Clinical Innovation, a key intervention to provide enhanced family planning services to a demonstration group of Waiver participants. Navigant Consulting will evaluate the impact of the Waiver objectives for all five years of the demonstration. We began to evaluate the Clinical Innovation initiative in August 2009 and will continue this evaluation for the last year of the Waiver.

To conduct the analyses of the Waiver objectives, the Division of Medical Assistance (DMA) identified specific hypotheses, as well as methods and measures to test these hypotheses. There are 14 hypotheses, classified as either short-term (6), intermediate-term (2) or long-term (2); there are also four (4) process measures. These hypotheses and measures are summarized in Table 2 on the following page.

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

Table 2: Summary of Hypotheses and Measures Used to Determine if Waiver Objectives Were Met

Waiver Identification	Hypothesis	Measure Objective			
Short-term Out	Activities				
C.1.1	Increased proportions of eligible women and men will be enrolled in the Waiver each year.	Increase the number of eligible men and women enrolled.			
C.1.2	More low-income women who are enrolled in the Waiver will receive family planning services.	Increase the number of women receiving services.			
C.1.3	More low-income men who are enrolled in the Waiver will receive family planning services.	Increase the number of men receiving services.			
C.1.4	Participant women will be less likely to be lost to follow-up.	Increase the number of women returning for services.			
C.1.5	Participant women will be more likely to report continuous use of a contraceptive method.	Increase rate of continuous use of contraception among Waiver participants with any contraceptive use.			
C.1.6	Participant women will be more likely to report use of a highly effective method of contraception.	Increase the use of more effective methods of contraception among Waiver participants with continuous contraceptive use.			
Intermediate O	utcomes: Linking Program Activities to Intermedia	te Impact			
C.2.1	Participant women will be less likely to have inadequately spaced pregnancies.	Reduce number of inadequately spaced pregnancies to enrolled women.			
C.2.2	Lower rates of unintended pregnancy among Waiver participants.	Reduce the number of unintended pregnancies among women eligible for Medicaid.			
Long-term Out	Long-term Outcomes: Linking Intermediate Impact to Long Term Impact				
C.3.1	Fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn and infant care.	Decrease the number of Medicaid paid deliveries and lower annual expenditures for pregnancy, newborn and infant care for Waiver participants.			
C.3.2	The program achieves cost savings and is budget neutral.	Estimate overall cost savings in Medicaid spending; and assessment of budget neutrality.			

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

Table 2: Summary of Hypotheses and Measures Used to Determine if Waiver Objectives Were Met (continued)

Waiver Identification	Hypothesis	Measure Objective
Process Indicators: Performance Indicators and Quality Improvement		
D.1	Increased percentages of enrollees will indicate that they heard about Waiver services from at least two sources.	Increase awareness of availability of Waiver services.
D.2	Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of primary care.	Increase the number of Waiver participants referred to a source of primary care.
D.3	Increase understanding about reasons for non-participation.	Assess or evaluate reasons for non-participation in the Waiver.
D.4	Funds available through the Waiver will not supplement or substitute for Title X funds that could also be used for providing family planning services to low-income populations.	Increase the number of men and women receiving family planning services through Title X or Title XIX (includes Family Planning Waiver).

Waiver Measures

The Evaluation Plan specifies the measures to be used to test each hypothesis, and are listed in Appendix B. In addition to these measures, the Evaluation Plan specifies that the evaluation should include targets, or "benchmarks," to assess whether the objectives of the Waiver have been met. These targets are to be completed after the baseline analysis. The Evaluation Plan suggests that these targets be set in a way that allows comparison with other State programs, particularly, the Title X Family Planning Program. The Department of Health and Human Services (DHHS) representatives have reported to us, however, that this population is not similar to the Waiver population in the year prior to the implementation of the Waiver, and there is likely no other population to which the Waiver population can be compared. Instead, for this and prior evaluations, Navigant Consulting analyzed trends in the measure statistics over the course of the Waiver to evaluate if the Waiver Program has met its stated objectives. As more Waiver data have become available, we have begun to identify trends in the measure statistics and we have included comparisons to other states, where possible. Navigant Consulting intends to provide a complete comparison of Waiver Year One through Waiver Year Five findings when all data are complete.

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

We propose to conduct comparisons between Waiver Years as final data for each Waiver Year become available. At this time, the MMIS claims data for Waiver Year Five do not include a complete database of paid claims. The findings based on this database provide interim results that will be updated upon the availability of outstanding Waiver Year data sources.²

In developing targets and evaluating whether the Waiver has achieved the desired results, Navigant Consulting believes it is important to consider the following:

- Impact of outside events. As the State described in the "Limitations" section of the Waiver Evaluation Plan, many events may influence the results of measures the State proposes to use to evaluate the Waiver. For example, a prolonged decrease in the employment rate among the target population could potentially increase the fertility rate over a period of time as increased income has been associated with lower birth rates. It is possible that such changes could mask the positive impact of the Waiver.
- Demonstrated success across all proposed measures. The State is measuring the program's success across a wide variety of measures and it is possible that the State could see success on some but not all of the proposed measures. For example, the target population's fertility rate may not decrease from year to year as hypothesized, while all of the other statistics move in their hypothesized direction indicating that the Waiver is having its intended effect for the targeted population.

Data Sources

The data sources listed on the following page were proposed in the evaluation plan as potential sources to develop the measures described in Appendix B to test the Waiver hypotheses. Navigant Consulting has used these data sources, as proposed, in our analyses, as shown in Appendix C. Appendix C provides background and detail for each of the data sources listed, including information about how each source is used within this report.

² Since the Pregnancy Risk Assessment Monitoring System (PRAMS) data are not available for approximately two years after the completion of a Waiver Year, updates might exclude PRAMS data.

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- MMIS Claims and Eligibility Files
- Health Services Information System (HSIS) Reports
- Vital Statistics Data (Baby Love)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- American Community Survey (ACS)
- A Pocket Guide to Managing Contraception³
- Participant Survey
- Non-Participant Survey (Non-Participant Survey report is available on-line at http://www.ncdhhs.gov/dma/services/familyplanning.htm)
- Baseline Fertility Rate Calculations (Baseline Fertility Report is available online at http://www.ncdhhs.gov/dma/services/familyplanning.htm)

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³ Hatcher RA, Zieman M, et al. "A Pocket Guide to Managing Contraception." Tiger, Georgia: Bridging the Gap Foundation, 2007, p. 40.

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

SECTION 3: RESULTS

Introduction

In this section of our report, Navigant Consulting presents the results of the analyses described in Section 2. We report results for 13 of the 14 measures. We do not report the results for measure C.2.2, because the PRAMS survey will not have data available for the first three months of Waiver Year Five until summer 2012. Data will not be available until summer 2013 for the remaining nine months of the Waiver Year.

Results

Navigant Consulting presents the results for the measures in the following pages.

We present the measure results in a table with columns for each of the five Waiver Years. The results for Waiver Year Five are preliminary because there were only four months of data available at this time, when possible we have projected results for Waiver Year Five otherwise we do not report Waiver Year Five results. For most measures, the results for Waiver Years One through Four are updated; however, the number of births averted and cost savings for Waiver Year Four are preliminary until final birth counts are available.

Navigant Consulting proposes to conduct comparisons between Waiver Years as final data for each Waiver Year becomes available. At this time, the MMIS claims data for Waiver Year Five do not include a complete database of paid claims. The results based on this database provide interim results that will be updated upon the availability of all outstanding Waiver Year data sources.

In Appendix D, since Waiver Year Five data are preliminary, Navigant Consulting presents four maps that display Waiver activity for Waiver Year Four among the counties in the state. The maps demonstrate visually how female and male Waiver enrollees and participants are distributed across the State and will be updated for Waiver Year Five for the final report.

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Discussion

The State developed the Waiver Evaluation Plan before an in-depth analysis of data sources was undertaken. As a result, it was difficult to predict the data sources that could be used to measure the results for each of the stated objectives and measures for the program. Therefore, Navigant Consulting has interpreted the evaluation plan as necessary in conducting this evaluation. For example, although the evaluation plan suggests that HSIS data, coupled with MMIS claims data, can be used for several measures, we determined that the MMIS claims data provide all of the service information related to Family Planning Waiver services that we required to conduct our analyses for the related measures. However, HSIS data are used to measure D.4 to compare Waiver family planning services with Title X services provided at clinics.

Within the discussion section for each measure, Navigant Consulting summarizes the results of the measure and any data limitations or considerations when reviewing the results.

North Carolina Family Planning Waiver Program Waiver Year Five Interim Annual Report

Objective C.1.1: Short-term Outcome – Increase the number of eligible men and

women enrolled.

Measure Definition: Unduplicated count of clients enrolled divided by unduplicated

count of eligible clients.

Hypothesis: Increased proportions of eligible men and women will be enrolled

in the Waiver each year.

Data Sources: MMIS Claims and eligibility files; ACS

Calculation: Navigant Consulting calculated the unduplicated count of

enrollees in the Waiver from MMIS as a percentage of estimates of

eligible clients from the ACS.

Annual Results: The following tables show the measure results for all women and

men in the age category that defines eligibility and by five age

categories.

Table C.1.1.1: Female Enrollee Rate, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5 ⁴
19 – 55	5%	9%	10%	13%	14%
19 – 39	8%	12%	14%	19%	20%
Age Category					
19 – 24	11%	19%	20%	25%	25%
25 – 29	7%	13%	15%	19%	21%
30 – 34	5%	9%	11%	16%	17%
35 – 39	4%	6%	7%	9%	11%
40 – 55	1%	2%	3%	3%	4%

⁴ Waiver Year Five data are preliminary.

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Table C.1.1.2: Male Enrollee Rate, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5 ⁵
19 - 60	1%	2%	2%	3%	2%
19 – 39	2%	3%	3%	3%	3%
Age Category					
19 – 24	2%	3%	3%	4%	3%
25 – 29	2%	3%	2%	3%	2%
30 – 34	2%	3%	2%	3%	3%
35 – 39	1%	2%	2%	3%	2%
40 – 60	1%	1%	1%	1%	1%

Discussion:

The enrollment rate among women of all ages is 14 percent, or an estimated 70,321 enrollees of 514,168 women eligible in North Carolina. The enrollment rate among women ages 19 to 39 is 20 percent, or an estimated 63,168 enrollees of 323,497 women eligible in North Carolina. The enrollment rate is highest for the youngest age category, 19 to 24 year old women, at 25 percent. We have overstated the number of eligible women in North Carolina because this estimate of 514,168 women includes women who are pregnant and women who are unable to become pregnant; neither group would qualify for Family Planning Waiver services. We provide the enrollment rate for 19 to 39 year olds to show that there was a higher enrollment rate for women who we expect to have higher fertility rates.

The enrollment rate among men of all ages is 2 percent, or 8,743 enrollees of 444,906 men eligible in North Carolina. The enrollment rate among men ages 19 to 39 is 3 percent, or 6,590 enrollees of 249,609 men eligible in North Carolina. The enrollment rate is highest among 19 to 24 year old men and 30 to 34 year old men, at 3 percent. We have overstated the number of eligible men because this estimate includes men who are already

⁵ Waiver Year Five data are preliminary.

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sterile and therefore would not qualify for Family Planning Waiver services.

Navigant Consulting presents maps showing the distribution of enrollees across the State in Appendix D.

Evaluation:

Navigant Consulting projected the total number of enrollees for Waiver Year Five based on the current number of enrollees and the historical relationship between the number of enrollees and participants. The number of women enrolled in the Waiver is projected to increase from Waiver Year Four to Waiver Year Five; however, the number of men is expected to decrease.

The enrollment rate increased five percentage points among women ages 19 to 39 from Waiver Year Three to Waiver Year Four, and we are projecting one percentage point increase for Waiver Year Five. Women ages 19 to 24 and 30 to 34 experienced the highest enrollment rate increase of five percentage points, from the third Waiver Year to the fourth, while enrollment of women ages 40 to 55 remained constant. The overall estimated enrollment rate of 14 percent for Waiver Year Five was the highest among the waiver years, but was low considering that other states target at least 50 percent of eligibles to be enrolled.

The enrollment rate among men ages 19 to 60 increased one percentage point from Waiver Year Three to Waiver Year Four; however, we are projecting a one percentage point decrease in Waiver Year Five. The overall enrollment rate among men of three percent for Waiver Year Four was the highest among waiver years.

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Objective C.1.2: Short-term Outcome – Increase the number of women receiving

services.

Measure Definition: Unduplicated count of enrollees receiving services in the last 12

months (participants).

Hypothesis: More low-income women who are enrolled in the Waiver will

receive family planning services.

Data Source: MMIS Claims

Calculation: Navigant Consulting divided the count of female participants by

the count of female enrollees.

Annual Results: The following table shows the measure results for all women in

the age category that defines eligibility and by five age categories.

Table C.1.2: Female Participation Rate, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5 ⁶
19 - 55	39%	39%	38%	39%	38%
Age Category					
19 – 24	45%	45%	42%	44%	44%
25 – 29	40%	40%	40%	40%	41%
30 – 34	34%	35%	35%	37%	37%
35 – 39	29%	30%	30%	31%	30%
40 – 55	19%	19%	21%	22%	22%

Discussion: The numerator of Objective C.1.1, number of female enrollees,

becomes the denominator of this measure. The participation rate among female enrollees is projected to be 38 percent overall, or

26,874 participants of the 70,321 female enrollees. The

participation rate is projected to be slightly lower than Waiver Year Four. Participation rates consistently decrease with age,

⁶ Waiver Year Five data are preliminary.

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from a high of 44 percent for women ages 19 to 24 (12,083 participants of the 27,706 female enrollees), to a low of 22 percent for women ages 40 to 55 (1,596 participants of the 7,153 female enrollees).

Navigant Consulting presents the rate of female participation by county in the map in Appendix D, Figure D.3.

Evaluation:

Navigant Consulting projected the number of participants for Waiver Year Five because there were only four months of data available. We determined the number of participants using ratios calculated from actual participant counts from Waiver Years Three and Four.

Women ages 19 to 24 had the highest overall participation rate (44 percent). Participation for this age group increased by two percentage points from Waiver Year Three to Waiver Year Four; however, the participation rate decreased in Waiver Year Two (there was a decrease of three percentage points from Waiver Year Two to Three).

The overall participation rate of 38 percent is comparable to findings from other states in the region where rates range from 33 percent to 51 percent. South Carolina, for example, targets a participation rate of 50 percent for women.

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Objective C.1.3: Short-term Outcome – Increase the number of men receiving

services.

Measure Definition: Unduplicated count of enrollees, participants and vasectomies.

Hypothesis: More low-income men who are enrolled in the Waiver will receive

family planning services.

Data Source: MMIS Claims

Calculation: Navigant Consulting divided the count of male participants by

the count of male enrollees.

Annual Results: The first table shows the measure results for all men in the age

category that defines eligibility and by five age categories. The second table shows the number of men who had a vasectomy in

each Waiver Year.

Table C.1.3.1: Male Participation Rate, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5
19 - 60	2%	2%	3%	3%	1%
Age Category					
19 – 24	1%	1%	2%	1%	<1%
25 – 29	4%	3%	3%	4%	1%
30 – 34	4%	3%	5%	4%	1%
35 – 39	3%	3%	4%	3%	1%
40 – 60	1%	1%	2%	3%	2%

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Table C.1.3.2: Number of Vasectomies, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5 ⁷
19 - 60	32	68	76	78	26

Discussion:

The numerator of Objective C.1.1, number of male enrollees, became the denominator of this measure. The Waiver Year Five participation rate among male enrollees is projected to decrease from three percent to one percent overall, or 93 participants of the 8,743 male enrollees. The male participation rate is projected to be highest for the age group 40 to 60.

Navigant Consulting is estimating 26 waiver participants will receive vasectomies in Waiver Year Five; 28 percent of the projected 93 male participants.

We present the rate of male participation by county in the map in Appendix D, Figure D.4.

Evaluation:

Navigant Consulting projected the number of participants for Waiver Year Five because there were only four months of data available. We determined the number of participants using ratios calculated from actual participant counts from Waiver Years Three and Four.

The rate of male participation continues to be much lower than the rate of female participation (1 percent compared to 38 percent). We would expect men's participation to be lower in part because, with the exception of sterilization, other male contraceptives do not require medical intervention. Conversely, most female methods of contraception require a prescription, and therefore a visit to a health care provider. Furthermore, younger men typically do not seek out reproductive health screenings (with the exception of STI screenings) than younger women, and

⁷ Waiver Year Five data are preliminary.

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therefore may be less likely to visit a health care provider for services.⁸⁹

Navigant Consulting, Inc.

⁸ Sonfield, Adam. "Looking at Men's Sexual and Reproductive Health Needs." The Guttmacher Institute, May 2002, Volume 5, Number 2. http://www.guttmacher.org/pubs/tgr/05/2/gr050207.html

⁹ The Family Planning Waiver offers a limited range of services for men, which may explain low utilization of services as compared to services offered for women under the Waiver. It is also important to note that men generally have lower utilization of health care services than women.

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Objective C.1.4: Short-term Outcome – Increase the number of women returning

for services.

Measure Definition: Participant return to clinic for annual visit and reason for visit.

Hypothesis: Participant women will be less likely to be lost to follow-up.

Data Source: MMIS Claims

Calculation: Calculate the ratio of female participants who received a follow-

up annual visit within a 12 to 15-month time period to all females

from the prior Waiver year who had an initial or annual

examination.

Annual Results: The following table presents the percentage of women who

returned for services from one Waiver year to the next. For informational purposes, the second table provides a count of women who received an initial or annual exam in each Waiver

Year.

Table C.1.4.1: Percentage of Women Returning for Services, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5 ¹⁰
19 – 55		19%	22%	26%	7%
Age Category					
19 – 24		17%	21%	23%	6%
25 – 29		18%	22%	26%	7%
30 – 34		20%	24%	31%	7%
35 – 39		23%	25%	31%	10%
40 – 55		23%	25%	31%	10%

¹⁰ Waiver Year Five data are preliminary and only provide returning service data for the first four months of Waiver Year Five. This measure requires the first three months of data from Waiver Year Six to capture the 15-month period for women who had their first visit at the end of Waiver Year Four.

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Discussion:

Of the 10,638 women who had an initial or annual examination in Waiver Year Three, 76 percent (8,115 women) returned for at least one service in Waiver Year Four. Of these women who returned for at least one service, 26 percent (2,128 women) had a follow-up annual examination in Waiver Year Four, 12 to 15 months after their visit in Waiver Year Three.

Although women ages 19 to 24 had the most return visits in Waiver Year Four (797), they also represented the age group with the most women who had a visit in Waiver Year Three (5,292 women). Therefore, despite the high number of returned visits, the proportion of women in this age group who returned for a visit in Waiver Year Four was the lowest of any age group, at 15 percent. Conversely, women in the 40 to 55 year old age group had the fewest return visits in Waiver Year Four (185), but also had the fewest visits in Waiver Year Three (645); thus the proportion of women in this age group who returned for a visit in Waiver Year Four (29 percent) is higher than the proportion of women in all other age groups.

Sixty-one percent of Waiver Year Four participants (15,474 of 25,515) had an initial or annual examination.¹¹ In Table C.1.4.2 on the next page, we provide the number of initial or annual examinations by age category. We will review Waiver Year Five and Six claims data for these women to determine whether they had a follow-up visit 12 to 15 months after the visit in Waiver Year Five.

¹¹ Initial or annual examination is defined by procedure codes listed in the Waiver Evaluation Plan.

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Table C.1.4.2: Number of Women with an Initial or Annual Examination, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5 ¹²
19 - 55	6,231	9,861	10,794	15,474	4,616
Age Category					
19 – 24	3,332	5,046	5,326	7,498	2,070
25 – 29	1,336	2,322	2,599	3,691	1,201
30 – 34	742	1,219	1,371	2,178	620
35 – 39	469	734	834	1,211	403
40 – 55	352	540	664	896	322

Evaluation:

Although Waiver Year Five data are preliminary and only represent four months of service activity, we expect the trend of more women returning for an annual exam to increase for Waiver Year Five. The number of women who returned for an annual exam increased 41 percent comparing Waiver Years Three (1,508 women) and Four (2,128 women). The percentage of women who actually returned for an annual exam and had an initial or annual exam during the prior Waiver Year increased from 22 percent to 26 percent; however, this rate of return for annual exams appears low considering that only one quarter of women had a follow-up exam. The other services these women received were related to contraception services.

In comparison to other states, the rate of North Carolina participants who return for any type of Waiver service within 12 to 15 months is on target at 76 percent. Other states target return services of more than 50 percent, but include any Waiver service in this statistic as opposed to counting only annual exams. North Carolina's rate of 25 percent of individuals returning for an annual exam should be targeted for improvement.

¹² Waiver Year Five data are preliminary.

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Objective C.1.5: Short-term Outcome – Increase rate of continuous use of

contraception among Waiver participants with any contraceptive

use.

Measure Definition: Continuous use of contraception during the year.

Hypothesis: Participant women will be more likely to report continuous use of

a contraceptive method.

Data Sources: MMIS Claims

Calculation: Calculate the ratio of unduplicated female participants with

continuous use of a contraceptive method to all female

participants who had a contraceptive claim in the Waiver year.

Annual Results: The following table shows the percentage of women who

continuously used contraception from one Waiver year to the

next.

Table C.1.5.1: Percentage of Women Using Continuous Contraception, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Waiver Year 5 ¹³
19 – 55		25%	21%	23%	
Age Category					
19 – 24		24%	19%	21%	
25 – 29		27%	21%	22%	
30 – 34		26%	23%	23%	
35 – 39		28%	25%	26%	
40 – 55		35%	24%	31%	

¹³ Waiver Year Five data are too preliminary to provide a statistic because there were only four months of Waiver activity.

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Table C.1.5.2: Number of Sterilizations, by Waiver Year

Sex	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5 ¹⁴
Male	32	68	76	78	8
Female	207	310	249	315	35

Discussion:

This measure includes those contraceptive methods that are indicated by Waiver claims. It does not include methods that are not indicated by Waiver claims, e.g., condom use. Consistent claims data for a method of contraception over the course of each study year will represent consistent use of contraception over the year's time period. Less consistent claims data will signify less consistent use.

We have established the following timeframes over which to count women who were continuous users for at least 12 consecutive months:

- Waiver Year Two: November 1, 2005 to October 31, 2006.
- Waiver Year Three: November 1, 2006 to October 31, 2008
- Waiver Year Four: November 1, 2007 to October 31, 2009
- Waiver Year Five: November 1, 2008 to October 31, 2010

Continuous contraception use for a Waiver Year might span multiple Waiver Years, i.e., a women who begins her use of contraception in Waiver Year Three and has 12 continuous months that conclude in Waiver Year Four will be counted as a continuous user for Waiver Year Four. Women who have multiple 12-months spans of continuous use of contraception will be counted in each Waiver Year in which those spans occur.

¹⁴ Waiver Year Five data are preliminary; we are reporting the actual number of sterilizations identified in the four months of Waiver Year Five data that are available. In measure C.1.3 we projected that there would be 26 male sterilizations in Waiver Year Five because historically approximately 30 percent of sterilizations occurred in the first four months of the year.

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Table C.1.5.1 displays the percentage of women who were considered to be continuous contraception users, i.e., those Waiver Year Four participants who had continuous use of contraceptives for at least 12 months on a rolling 12-month basis. ^{15,16} The percentages reported in Table C.1.5.1 are not only impacted by the number of women who were continuous users but are also influenced by the number of women who had a contraception claim during the time period. For example, if the number of continuous contraception users increases at a slower rate than the total number of contraception users, this ratio will show a decrease when there was actually an increase in the number of continuous users.

Out of a total of 18,104 women who had one or more contraception claims in Waiver Year Four, we found 3,486 women used contraception for at least 12 months, a continuity rate of 19 percent. Fifty-five percent of these women (9,994) used the pill, while 24 percent of these women (4,442) chose Depo-Provera injections.

These calculations do not include the number of women who were sterilized while on the program during Waiver Year Four, because these women will no longer be eligible for the program and therefore we do not expect them to participate in subsequent Waiver years. However, these women and men are still considered to be continuous contraception users. As reported in Table C.1.5.2, the number of men choosing sterilization as their method of contraception increased by three percent (from 76 to 78) in Waiver Year Four. The number of women who chose sterilization as their method of contraception increased by 27 percent (from 249 to 315) in Waiver Year Four.

Evaluation:

This measure requires 12 months of claims data to evaluate whether women were continuous in their use of contraception and that is not yet available for Waiver Year Five. The percentage of women using continuous contraception increased from 21 percent in Waiver Year Three to 23 percent in Waiver Year Four. Continuous use for most age groups increased in Waiver Year

 $^{^{15}}$ Since most contraceptive methods rely on a 28-day month, we counted continuous use as 12 28-day months.

¹⁶ Defined as women who began using Waiver services in Waiver Year Three and continued using services into Waiver Year Four.

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Four. The largest increase was in the 40 to 55 age group where continuous contraception use increased from 24 percent to 31 percent.

From Waiver Year Three to Waiver Year Four, the number of female participants with continuous contraception use increased by 69 percent and any contraception use increased by 32 percent.¹⁷ These increases are higher than both the increase in the number of females enrolled (29 percent) and females participating in the Waiver (32 percent).

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¹⁷ The number of female participants with continuous contraception use increased from 2,062 in Waiver Year Three to 3,486 in Waiver Year Four and the number with any contraception use increased from 13,736 in Waiver Year Three to 18,104 in Waiver Year Four.

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Objective C.1.6: Short-term Outcome – Increase the use of more effective methods

of contraception among Waiver participants with continuous

contraception use.

Measure Definition: Types of methods used over the course of the year.

Hypothesis: Participant women will be more likely to report use of a highly

effective method of contraception.

Data Sources: MMIS Claims; A Pocket Guide to Managing Contraception

Calculation: Navigant Consulting will calculate the weighted average of

female Waiver participants' continuous use of contraception methods indicated in claims data and the estimated percent of women <u>not</u> experiencing an unintended pregnancy within the first year of use to develop an average effectiveness score for the

Waiver year.

Annual Results: The following table shows the average effectiveness score of

women who use highly effective methods of contraception from

one Waiver year to the next.

Table C.1.6.1: Average Effectiveness Score of Selected Contraceptive Methods for Women with Continuous Contraception Use, by Waiver Year

Measure	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Preliminary Waiver Year 5 ¹⁸
Typical Use for Continuous Users		96.1%	96.4%	96.5%	98.5%

Discussion: Navigant Consulting assessed the specific type of contraceptive

method that each enrollee chose. We calculated a weighted average that measures the effectiveness of the contraception used continuously during each Waiver Year as the "Estimated Percent of Women Not Experiencing an Unintended Pregnancy within the First Year of Use." This measure includes those contraceptive methods that are indicated by Waiver claims. It does not include methods that are not indicated by Waiver claims, e.g., diaphragm

¹⁸ Waiver Year Five data are preliminary.

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or condom use or Implanon, which is considered a highly effective method that was not covered under the Family Planning Waiver until Waiver Year Five.¹⁹

Implanon has been available to women in North Carolina prior to its inclusion in the Family Planning Waiver, in fact use of the method increased significantly between calendar years 2007 and 2008, 385 to 1,774 users respectively. There were approximately 2,200 users in calendar year 2009.²⁰ Considering the popularity of this method in the overall family planning patient population in North Carolina, this method is expected to be similarly popular among Waiver participants and we anticipate it will lead to greater effectiveness scores and continuous users.

Although we have reported a statistic for Waiver Year Five, these data are limited to services provided in the first four months of the year and are very preliminary. For Waiver Year Four, we reviewed the Waiver Year Three participants who had continuous contraception use for at least 12 months on a rolling 12-month basis. We counted the number of unduplicated participants who used a "highly effective" method as those women who had continuous use for 12 months and used one of the methods listed in Table C.1.6.2.²¹

We estimated an effectiveness score by determining that 96.5 percent of men and women enrolled in the Waiver for 12 continuous months that concluded in Waiver Year Four would not experience an unintended pregnancy within the first year of contraception use. The effectiveness score calculation is the weighted average of the number of contraception users multiplied by the effective score for each contraception method. The effectiveness score for each contraception method is based on national figures for the percent of women experiencing an unintended pregnancy within the first year of typical use.²² We subtracted this percent from 100 to estimate the percent of women

¹⁹ CMS approved Implanon as an allowable contraception method under the Be Smart Family Planning Waiver in November 2009, during Waiver Year Five.

²⁰ Data received March 12, 2010 from the Department of Public Health, source: HBS 085, FPAR CY 2003-2009

²¹ Since most contraceptive methods rely on a 28-day month, we counted continuous use as 12 28-day months.

²² Zieman M, Hatcher RA et al. *A Pocket Guide to Managing Contraception*. Tiger, Georgia: Bridging the Gap Foundation, 2007.

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<u>not</u> experiencing an unintended pregnancy within the first year of typical use.

In Table C.1.6.2 at the end of this section, we provide the effectiveness rate by contraception method with the number of participants using that method continuously concluding in Waiver Year Four (as defined above). We did not estimate the population of women who are using a contraception method other than by prescription or sterilization. The count of male and female sterilizations are an accumulation from Waiver Year One through Waiver Year Four, assuming these individuals remain sterilized; they are counted as both effective and continuous for the Waiver Evaluation.

We observed that some women changed contraceptive methods during the year, so we counted the method that they used most recently to categorize counts by method.

Evaluation:

Waiver Year Five data are preliminary therefore we discuss Waiver Year Four statistics in this section. The average effectiveness score increased slightly from Waiver Year Three (96.4 percent) to Waiver Year Four (96.5 percent).

Birth control pills, which are relatively less effective than other "highly effective" methods of contraception, continue to be the most popular contraceptive for women who continuously used highly effective means of contraception.²³ However, use of IUDs and sterilizations increased from Waiver Year Three to Waiver Year Four by 63 percent and 27 percent, respectively.²⁴

Among the other methods, the number of women using Depo-Provera increased by 35 percent (566 in Waiver Year Three to 762 in Waiver Year Four); NuvaRing increased by 29 percent (87 in Waiver Year Three to 112 in Waiver Year Four); users of the Patch remained the same from Waiver Year Three to Four.

Based on the Waiver Year Four data for women with any contraceptive use (including women without continuous use), it

²³ Excluding sterilizations, which are reported on a cumulative basis.

²⁴ The number of continuous women using IUDs increased from 278 in Waiver Year Three to 454 in Waiver Year Four. The number of continuous women with a sterilization increased from 249 in Waiver Year Three to 315 in Waiver Year Four. Male sterilizations increased from 76 in Waiver Year Three to 78 in Waiver Year Four.

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appears that women changed their contraceptive types to more effective methods over the course of the year. Navigant Consulting will continue to monitor these figures in upcoming Waiver years to determine whether this trend among women with any contraceptive use continues in Waiver Year Five, and whether it is also evident in women with continuous use.

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Table C.1.6.2: Count of Women Who Continuously Used "Highly Effective" Methods of Birth Control in Waiver Year Four, by Contraceptive Method and Corresponding Effectiveness Score^{25,26}

Contraceptive Method	Count of Participants With Continuous Use of Contraception in Waiver Year 4 ²⁷	Estimated Percent of Women <u>Not</u> Experiencing an Unintended Pregnancy within the First Year of Use ²⁸
Pills	1,097	92.0%
Ortho Evra Patch	75	92.0%
NuvaRing	112	92.0%
Depo-Provera Injections	762	97.0%
IUD ²⁹	454	99.2%
Female Sterilization ³⁰	1,081	99.5%
Male Sterilization ³¹	254	99.9%
Preliminary Weighted Average of Typical Use Among Participants with Continuous Use	3,835	96.5%

²⁵ Zieman M, Hatcher RA et al. *A Pocket Guide to Managing Contraception*. Tiger, Georgia: Bridging the Gap Foundation, 2007.

²⁶ Count includes women who began participating in Waiver Year Three and continued into Waiver Year Four.

²⁷ Continuous use refers to continual contraception claims from first date of contraception claim.

²⁸ Based on typical use: among typical couples who initiate use of a method (not necessarily for the first time), the percentage who experience an accidental pregnancy during the first year if they do not stop use for any other reason.

²⁹ We could not identify the specific type of IUD on each claim, so we used the percentage for IUD – Paragard because it had a higher rate of unintended pregnancy than IUD – Mirena; therefore, this provided a more conservative estimate.

³⁰ Includes 207 female sterilizations from Waiver Year One, 310 from Waiver Year Two, 249 from Waiver Year Three and 315 from Waiver Year Four.

³¹ Includes 32 male sterilizations from Waiver Year One, 68 from Waiver Year Two, 76 from Waiver Year Three and 78 from Waiver Year Four.

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Objective C.2.1: Intermediate Outcome – Reduce the number of inadequately

spaced pregnancies to enrolled women.

Measure Definition: Percent of Waiver enrollees with inter-pregnancy interval of at

least 12 months.

Hypothesis: Participant women will be less likely to have inadequately spaced

pregnancies.

Data Sources: Baby Love data; MMIS Claims

Calculation: Calculate the ratio of female participants with inadequately

spaced pregnancies to all female participants who became

pregnant during the Waiver year.

Annual Results: The following table provides the percentage of female participants

with inadequately spaced pregnancies.

Table C.2.1: Percentage of Female Participants with an Inadequately Spaced Pregnancy, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Preliminary Waiver Year 4	Waiver Year 5³²
19 – 55		5%	7%	7%	
Age Category					
19 – 24		6%	7%	8%	
25 – 29		3%	7%	6%	
30 – 34		3%	6%	5%	
35 – 39		9%	17%	3%	
40 – 55		0%	0%	25%	

³² Data were not available to report birth interval estimates for Waiver Year Five.

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Discussion:

Navigant Consulting used an MMIS claims dataset that contained all deliveries to Medicaid women during the time period of October 1, 2005 to January 30, 2010. These were the most reliable data available at the time.³³ We compared these data to Waiver Year claims data to create a subset of data of women who participated in the Waiver prior to conception.³⁴ We calculated pregnancy intervals as the number of months between the birth date of the first child and the date of conception of the second child. Since we do not collect data on dates of conception, Navigant Consulting estimated conception dates by subtracting 280 days (10 months) from the birth date of the second child. We then compared the first child's date of birth to the estimated date of conception of the second child to determine how many months were in between the two pregnancies. According to the Waiver Evaluation Plan, inadequately spaced pregnancies are less than 12 months apart. We used the date of conception to categorize the data into Waiver Years.

For Waiver Year Four, about seven percent (96) of all female Waiver participants who experienced a pregnancy (1,430) had inadequately spaced pregnancies. As seen in Table C.2.1, this figure varied by age group. Women ages 19 to 24 had the highest number of inadequately spaced pregnancies (65), but also had the highest number of total pregnancies (870); as a result, their percent of inadequately spaced pregnancies (8 percent) was only one percentage higher than the overall percentage for all age groups. Conversely, although women ages 40 to 55 had the highest rate (twenty-five percent), this age group had only four pregnancies overall, one of which was inadequately spaced.

Twenty-four percent of female Waiver participants who experienced a pregnancy (344 of 1,430 women) had a second pregnancy that was adequately spaced. This figure represents 79 percent of all women who had a second pregnancy (344 of 434 women). The vast majority of women (990, or 69 percent), however, had no subsequent pregnancies during the period we analyzed. If these women experienced a pregnancy after the

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³³ The data in this file for Waiver Year Four was not complete; therefore estimates for Waiver Year Four are preliminary.

³⁴ In this analysis, we did not count the women who had a pregnancy that occurred during the Waiver Years but prior to the women's participation on the Waiver. To be counted in this measure the woman had to participate in Waiver services before the date of conception of the pregnancy.

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period in which we collected data, it would be considered adequately spaced.

Evaluation:

Data are not available for Waiver Year Five and data for Waiver Year Four are incomplete. By December 2010 there should be adequate data to realize the final impact of Waiver Year Four and to project the impact of Waiver Year Five.

The objective of this measure is to reduce the number of inadequately spaced pregnancies, which was achieved.³⁵ However, since the measure is calculated as a ratio of inadequately spaced pregnancies to all female participant pregnancies, this ratio actually increased in Waiver Year Four compared to Waiver Year Three. In general, the number of inadequately spaced pregnancies is moving in the right direction (decreasing) and the number of total pregnancies is also decreasing at a faster rate.

We found that the Waiver serves individuals who studies indicate may be more likely to have shorter pregnancy intervals.³⁶ Compared to Waiver Year Three, there was a decrease in the number of participant women who had an inadequately spaced pregnancy, 92 compared to 65, or a 29 percent decrease. The overall number of pregnancies also decreased from Waiver Year Three to Waiver Year Four, 2,090 to 1,430 or a 32 percent decrease. Since providers have a year to submit claims data and the data being analyzed is from three months since the close of Waiver Year Four; these results could change once all claims have been submitted and paid.

South Carolina has established a goal of less than 12 percent for this measure. Based on this analysis, North Carolina's rates are well below this target.

³⁵ We noted that the Waiver Evaluation Plan interchanges the terms enrolled and participating when describing the Measure's objective and hypotheses; we have analyzed women who were participants for this measure.

³⁶ "Risk Factors for Short Interpregnancy Interval -- Utah, June 1996-June 1997." Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report: November 06, 1998/47(43). Pp. 930-934.

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NOT BEING REPORTED IN WAIVER YEAR FIVE

Objective C.2.2: Intermediate Outcome – Reduce the number of unintended

pregnancies among women eligible for Medicaid.

Measure Definition: Rate of unintended pregnancy among low-income women and

among Waiver enrollees.

Hypothesis: Lower rates of unintended pregnancies among Waiver

participants.

Data Sources: PRAMS; Baby Love data; MMIS Claims

Annual Results: The following table provides the percentage of female participants

with unintended births.

Table C.2.2: Percentage of Unintended Births, by Waiver Year

Age Range	Waiver Year 1	Waiver Year 2	Waiver Year 3	Waiver Year 4	Waiver Year 5
19 – 55					
Age Category					
19 – 24					
25 – 29					
30 – 34					
35 – 39					
40 – 55					

Discussion: Navigant Consulting will provide cross-sectional measures for

unintended pregnancy rates for Waiver and non-Waiver

participants.

Data about pregnancies that occurred in 2008 are expected to be released to the public in June 2010. Data about pregnancies that occurred in 2009 are expected to be released to the public in June

2011.

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The reporting of the unintended pregnancy rates for Waiver Year One, which ended September 2006, requires a 23-month postponement to July 2009 from the original due date of September 2007. For subsequent Waiver years, the reporting of the rate of unintended pregnancy measure will require a 35-month postponement, e.g., Waiver Year Two ended September 2007 and the unintended pregnancy measure can be reported in July 2010. This modification to the reporting is due to the timing of the availability of PRAMS state survey data for the Waiver years.

According to 2007 PRAMS data for a random sample of births in North Carolina from January to August 2007, 40 percent of the survey respondents indicated their pregnancy was unintended, i.e., they reported that they wanted to be pregnant later (mistimed) or not then or any time in the future (unwanted).³⁷ Of the subset of these survey respondents who reported they were a Medicaid recipient, 55 percent indicated their pregnancy was unintended, which is a decrease from 62 percent in 2006. These results are for pregnancies that occurred during Waiver Year One.

Evaluation:

For the final Waiver Year Five report, Navigant Consulting will have the data to perform this analysis for Waiver Years One and Two. We will evaluate this objective by observing whether the measure result decreases from year to year of the Waiver.

³⁷ North Carolina State Center for Health Statistics, "2007 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results," *Intendedness of Pregnancy*, (website updated June 9, 2009). Available online: http://www.schs.state.nc.us/SCHS/prams/2007/FEEL_PG.html

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Objective C.3.1: Long-term Outcome – Decrease the number of Medicaid paid

deliveries and lower annual expenditures for pregnancy, newborn

and infant care among Waiver participants.

Measure Definition: Age-adjusted births averted rate and births averted.

Hypothesis: Fewer Medicaid paid deliveries and lower annual costs for

prenatal, delivery, newborn and infant care.

Data Sources: MMIS Claims; CPS; Baby Love

Input from Baseline Year Fertility Rate Report

Calculation: Navigant Consulting calculated the annual results for this

measure in three steps. The births averted rate is age-adjusted

because we analyzed the first two steps by age category.

First, Navigant Consulting calculated the fertility rate by age category for each Waiver Year. The fertility rate for a Waiver Year is equal to the number of participants with a delivery from MMIS

divided by the total number of participants divided by one

thousand.

Second, Navigant Consulting calculated the averted birth rate by age category in each Waiver Year. The averted birth rate in a Waiver Year is equal to the Waiver's baseline fertility rate minus the fertility rate for the Waiver Year. The age-adjusted averted birth rate is an average weighted by the number of participants in

each age category.

Third, Navigant Consulting calculated the averted births in each Waiver Year. The Waiver Year's averted births are equal to the number of participants in the Waiver Year times the Waiver Year

averted birth rate.

Annual Results: The following table shows the measure results and its

components.

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Table C.3.1.1: Births Averted Rate and Births Averted³⁸

Measure	Waiver Year 1	Waiver Year 2	Waiver Year 3	Preliminary Waiver Year 4	Preliminary Waiver Year 5
Estimated Age- Adjusted Births Averted Rate (per 1,000)	88	74	74	83.8 to 86.9	83.3 to 86.3
Estimated Averted Births ³⁹	878	1,237	1,419	2,138 to 2,216	2,240 to 2,318

Table C.3.1.2: Steps for Fertility Rate and Births Averted Estimates for Waiver Year Five⁴⁰

Age Range	Baseline Fertility Rate (per 1,000) ⁴¹	Estimated Annual Births By Participants	Total Participants	Estimated Waiver Year Fertility Rate (per 1,000)	Estimated Averted Births Rate (per 1,000)	Estimated Averted Births
19 – 55	n/a	974 to 1,053	26,874	n/a	83.3 to 86.3	2,240 to 2,318
19 – 24	154.8	530 to 587	12,083	43.9 to 48.6	106.2 to 110.9	1,283 to 1,340
25 – 29	157.9	299 to 313	7,004	42.7 to 44.7	113.2 to 115.2	793 to 807
30 – 34	61.2	99 to 111	3,924	25.2 to 28.2	33.0 to 36.0	129 to 141
35 – 39	31.1	38 to 41	2,267	16.9 to 18.1	13.0 to 14.2	29 to 32
40 – 55	3.31	3 to 5	1,596	1.9 to 2.9	0 to 1.4	1 to 2

³⁸ The births averted rate and the number of births averted per 1,000 participants are preliminary for Waiver Year Five because of the lack of birth data available, used projected Waiver Year Four data as a proxy.

³⁹ The averted births are estimated for Waiver Years Four and Five; the count of averted births will be updated when complete data are available for the fourth and fifth Waiver Year.

⁴⁰ Waiver Year Five data are preliminary estimates.

⁴¹ Values for the baseline fertility rate by age category are from the Baseline Year Fertility Rate Report.

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Discussion:

To project births for Waiver Year Five, the most recent births data available included three months of data from Waiver Year Four and earlier data from Waiver Year Three. Rather than projecting nine months of deliveries based on three months of data, we used a linear regression model (method of least squares) using data from Waiver Year Three and Waiver Year Four to develop a range of birth counts using two approaches:

- Approach 1: Use 15 months of deliveries, starting from June 2008 through August 2009.
- Approach 2: Use the last nine months of deliveries, starting from December 2008 through August 2009.

The results of our estimates provided us with a range of fertility rates and ultimately a range of the count of births averted and cost savings. Approach 1 provided the lower range of the estimates for births and fertility rate while Approach 2 provided the higher estimate of births and fertility rate. Estimates for averted births were higher for Approach 1 and lower for Approach 2. Since there are no birth data available for Waiver Year Five, we used the Waiver Year Four projections of births to represent Waiver Year Five. Along with projections for Waiver Year Five participants, the estimates for averted births in Waiver Year Five are very preliminary. We report our range of estimates in Table C.3.1.2 on the previous page.

Evaluation:

The estimates of fertility rates for Waiver Years Four and Five were generally lower compared to the results from Waiver Year Three. Overall, the decrease in fertility rates resulted in an increase in the estimate of averted births for Waiver Year Four (2,138-2,216) and Waiver Year Five (2,240-2,318), as compared to Waiver Year Three (1,419 averted births).

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Objective C.3.2: Long-term Outcome –Estimate overall cost savings in Medicaid

spending; and assessment of budget neutrality.

Measure Definition: Averted Medicaid Costs, Overall Medicaid Cost Savings, and

Budget Neutrality.

Hypothesis: The program achieves cost savings and is budget neutral.

Data Sources: MMIS Claims; Vital Statistics; CMS-64 forms

Input of annual results from Objective C.3.1

Calculation: Navigant Consulting calculated the Averted Medicaid Costs and

then calculated the Overall Medicaid Cost Savings for the Waiver

year. We assessed budget neutrality for Waiver Year Five.

The Averted Medicaid Costs is equal to the births averted times the average Medicaid costs of a birth for the Waiver Year. The Medicaid costs of a birth include pre-natal, delivery, postnatal,

newborn and infant care.

The Overall Medicaid Cost Savings is equal to the Averted Medicaid Costs minus the program expenditures for a Waiver

Year.

We assess the Waiver to be budget neutral if there are Overall Medicaid Cost Savings. This assessment is for each Waiver Year

and for the cumulative Waiver Years.

Annual Results: The following table shows the measure results and its

components. There is a column for each Waiver year. Navigant Consulting presents the ranges of averted Medicaid costs and overall Medicaid cost savings based on the ranges of averted

births discussed in Measure C.3.1.

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Table C.3.2.1: Budget Neutrality

Measure	Waiver Year 1	Waiver Year 2	Waiver Year 3	Preliminary Waiver Year 4 ⁴²	Preliminary Waiver Year 5 ⁴³
Estimated Averted Medicaid Costs ⁴⁴	\$11,079,644	\$16,055,402	\$18,369,208	\$27,577,000 to \$28,587,000	\$28,900,000 to \$29,901,000
Estimated Overall Medicaid Cost Savings	\$9,056,934	\$11,664,308	\$13,064,803	\$19,813,000 to \$20,822,000	\$20,506,000 to \$21,515,000
Budget Neutral	Yes	Yes	Yes	Yes	Yes

The following table shows values for the steps taken to calculate Overall Medicaid Costs Savings and Averted Medicaid Costs for Waiver Year Five.

Table C.3.2.2: Steps for Overall Medicaid Cost Saving and Averted Medicaid Costs for Waiver Year Five⁴⁵

Estimated Averted Births	Estimated Average Births Costs ⁴⁶	Estimated Averted Medicaid Costs	Waiver Year Program Expenditures ⁴⁷	Estimated Overall Medicaid Cost Savings
2,240 – 2,318	\$12,867	\$28,900,000 to \$29,901,000	\$8,382,310	\$20,506,000 to \$21,515,000

Table C.3.2.3 provides a comparison of births averted and Medicaid cost savings for the four Waiver Years. We are projecting that Waiver Year Four will continue the trend of increased numbers of births averted and increased cost savings for Medicaid.

⁴² Waiver Year Four data are preliminary estimates.

⁴³ Waiver Year Five data are preliminary estimates.

⁴⁴The averted costs are estimated because only three months of birth data were available at the time of analysis for the fourth Waiver year and therefore the births averted is likely overestimated. We will update the averted Medicaid costs when complete data are available for the fourth Waiver year. We expect that these estimates of averted costs and cost savings are currently over stated.

⁴⁵ Waiver Year Four data are preliminary estimates.

⁴⁶ Data are not available for Waiver Year Five estimates of costs; therefore use Waiver Year Four averages.

⁴⁷ Annualized Waiver Year Five program expenditures by multiplying first quarter expenditures by four.

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Table C.3.2.3: Comparison of Averted Births and Cost Savings Across Waiver Years

Measure	Waiver Year 1	Waiver Year 2	Waiver Year 3	Preliminary Waiver Year 4 ⁴⁸	Preliminary Waiver Year 5
Estimated Age-Adjusted Averted Births Rate (per 1,000)	88	74	74	83.8 to 86.9	83.3 to 86.3
Estimated Averted Births ⁴⁹	878	1,237	1,419	2,138 to 2,216	2,240 to 2,318
Estimated Overall Medicaid Cost Savings	\$9,056,934	\$11,664,308	\$13,064,803	\$19,813,000 to \$20,822,000	\$20,506,000 to \$21,515,000
Budget Neutral	Yes	Yes	Yes	Yes	Yes

Discussion:

The Evaluation Plan refers to the Waiver year's overall Medicaid cost savings as the "Budget Limit," a term that emphasizes these savings as the limit for the Waiver year's program expenditures in order for the program to be cost-effective.

Navigant Consulting used deliveries of participants in the months June 2008 to August 2009 to estimate the prenatal, delivery and postnatal costs for Waiver Years Four and Five. We used birth

⁴⁸ Waiver Years Four and Five estimates are preliminary. Navigant Consulting will conduct year-to-year comparisons when final data become available. We are evaluating whether there are lower annual costs for prenatal, delivery, newborn and infant care because of births averted among Waiver participants. We are also evaluating whether there are overall Medicaid cost savings because the lower annual costs exceed the costs of administering the program. We will assess that there is budget neutrality if there is overall Medicaid cost savings in a Waiver Year and cumulatively for all years.

⁴⁹ The averted births are estimated because only three months of birth data were available at the time of analysis for the fourth Waiver Year and no birth data for the fifth Waiver Year. We will update the count of averted births when complete data are available for the fourth and fifth Waiver Years.

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data from Baby Love for calendar year 2007 to estimate the costs to Medicaid for infants through their first year of life.⁵⁰

Evaluation:

Since the overall estimate of averted births for Waiver Year Four was higher than in Waiver Year Three, estimated cost savings were also higher in comparison to cost savings in Waiver Year Three (\$13.1 million). As reported in Table C.3.2.1, our estimates for cost savings ranged from \$19.8 million to \$20.8 million for Waiver Year Four and \$20.5 million to \$21.5 million for Waiver Year Five. The increase in the number of participants and the decrease in estimated fertility rates affected the Waiver Year Four estimate of cost savings. Likewise, the estimate of an increase in the number of participants and the continued decrease in estimated fertility rates affected the Waiver Year Five estimates of cost savings. The estimated average birth costs decreased by less than one percent from Waiver Year Three to Waiver Year Four, \$12,934 to \$12,867, respectively.⁵¹

The overall cost savings for the first five years of the demonstration is estimated to be from \$74.1 million to \$76.1 million and therefore budget neutral.

⁵⁰ Calendar year 2007 was the latest year available with data regarding infants through their first year of life, but we have not inflated these costs. If these costs have risen because of, for example, payment rate adjustments, then the Estimated Averted Medicaid Costs for the averted births is underestimated.
⁵¹ These birth cost estimates use the same source data and only vary by which months were used for

analysis. This was the most recent data available at the time and these costs may change (increase or decrease) when the data that matches each Waiver Year become available.

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Process Indicators: Performance Indicators and Quality Improvement

The Family Planning Waiver has established a standard set of quality of care indicators which are required deliverables in the contracts with local agencies, and are also used as the basis for periodic monitoring. These same standards will be applied in measuring the effectiveness of the delivery system, as well as the quality of care under the Waiver. The measures on the following pages represent these process indicators.

Navigant Consulting reviewed the types of providers who were serving Waiver participants. We found the most common provider specialties were health departments, hospitals and the physician specialties of obstetrics and gynecology and general family practice. Appendix E.1 provides a summary of the number and location of provider specialties that provided services to Family Planning Waiver participants during the first four months of Waiver Year Five. Appendix E.2 provides a summary of the number of visits to those provider specialties during the first four months Waiver Year Five.

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Objective D.1: Process Indicator – Increase awareness of availability of Waiver

services.

Measure Definition: Percentage of clients indicating that they heard about the Waiver

from at least two sources.

Hypothesis: Increased percentages of enrollees will indicate that they heard

about Waiver services from at least two sources.

Data Sources: Survey of a sample of enrollees; focus groups.

Calculation: A periodic survey (no less than once per year) of a statewide

sample of enrollees will be given at intake to determine how they heard about the Waiver and whether they heard about the Waiver from more than one source and/or through a specific outreach or

recruitment activity.

Annual Results: The following table reports the results of the measure.

Table D.1: Percentage of Enrollees Who Heard About the Waiver from Multiple Sources by Waiver Year

	Waiver	Waiver	Waiver	Waiver	Waiver
	Year 1	Year 2	Year 3	Year 4	Year 5
Percentage			20%	21%	

Discussion: Waiver Year Five survey results were not available at the time of

this report; however, the results for Waiver Year Five will be

presented in the final report.

Waiver Year Four was the second year that DHHS surveyed enrollees to inquire how they heard about the Waiver. DHHS distributed this survey to new enrollees with the new enrollee

letter.52

DHHS mailed 2,722 surveys to enrollees in May 2009. Of the enrollees who received the survey, approximately 16 percent

responded (436).

⁵² The survey is included as Appendix F.

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Twenty-one percent (91) of respondents received information regarding Waiver services from more than one source. Approximately 73 percent of this group (66) received information from two sources, and the remaining 27 percent (25) received information from three or more sources.

For this sample, outreach and recruitment activities were less common sources of information for Waiver services: four percent of respondents (17) recalled learning about services through the new enrollee letter and two percent (10) recalled receiving information from a brochure, poster or other publicity. The most common sources of information for Waiver services were personal referrals or recommendations, either from a case manager (38 percent; 164), Health Department staff (11 percent; 47), family or friend (seven percent; 31) or healthcare provider (five percent; 20). The second most common source was when applying for Medicaid for themselves or their children (24 percent; 106).

Evaluation:

This was the second year of the DHHS survey and the results did not change significantly. There was a slight increase in the percentage of respondents who heard about the Waiver from more than one source, 21 percent in Waiver Year Four compared with 20 percent in Waiver Year Three. The findings from Waiver Year Four are consistent with Waiver Year Three: most respondents surveyed hear about the Waiver through word of mouth, e.g., family, friends, case managers, County Health Department staff and health care providers.

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Objective D.2: Process Indicator – Increase the number of Waiver participants

referred to a source of primary care.

Measure Definition: Reports of problems obtaining and following up for primary care

referrals, including specific barriers encountered.

Hypothesis: Increased proportion of Waiver participants lacking a source of

primary care at the time of their enrollment in the Waiver will be

referred to an appropriate source of primary care.

Data Sources: Survey of a sample of female and male participants⁵³

Calculation: Navigant Consulting divided the number of Waiver participants

indicating they were referred to a source of primary care by the

total number of survey respondents.

Annual Results: The following table shows the measure results for all focus group

participants who indicated they received a primary care referral

during Waiver Year Four.

Table D.2: Percentage of Participants Who Had No Difficulties Obtaining a Primary Care Referral by Waiver Year

Age Range	Waiver	Waiver	Waiver	Waiver	Waiver
	Year 1	Year 2	Year 3	Year 4	Year 5
19 – 55	58%	14%	35%	48%	

Discussion: For the final five-year evaluation report, Navigant Consulting will

present the results of the Waiver Year Five survey analysis of participants that will be conducted later in 2010. At this time, Waiver Year Four provides the most current data to analyze. To evaluate the extent of participants' follow-up on primary care referrals received from their family planning providers, Navigant Consulting conducted a survey of a sample of females who had participated during Waiver Year Four to assess their experience with primary care referrals.⁵⁴ The survey response rate was 33

percent (413 females).

⁵³ We selected the eligible survey sample population from MMIS Claims data.

⁵⁴ There were 12,412 females who had participated in Waiver Year Four at the time the sample was drawn.

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In addition, Navigant Consulting conducted a survey of all males who had participated during Waiver Year Four to assess their experience with primary care referrals.⁵⁵ The survey response rate was 44 percent (20 males). This first female survey and the third male survey yielded some valuable information about the individual and collective experiences of Be Smart participants.

Female and male survey findings include:

- Forty-eight percent of female focus group participants (51) received a primary care referral. Twenty-five of the female participants who received referrals sought primary care services outside the scope of the waiver program.
- Many female participants had access to free or affordable primary care even without a referral (20 percent; 22 women). Of the 85 female participants who did not have access to primary care, 37 received a referral (44 percent).
- Only one male respondent stated that he had a medical condition or issue that should be taken care of outside of the Waiver. Further, he reported that he has access to free or affordable care from his health care provider.

Evaluation:

Navigant Consulting cannot determine whether the differences in the experiences of survey respondents from Waiver Year Four and focus group participants from Waiver Years One through Three are a result of a trend in knowledge of or access to primary care referrals or whether other differences might affect participants' experiences. For example, one County Health Department we visited in Waiver Year Three provides free or affordable care. This makes a referral unnecessary, but means no participants in that county report that they received a referral (which affects our comparison statistics). This was also true for the survey results where 21 percent of females and 100 percent of males who responded to the question had existing sources of primary care. The sample of individuals who were asked to respond to the survey was chosen at random and was representative of the entire universe of Waiver participants. This information suggests that

⁵⁵ There were 45 males who had participated in Waiver Year Four at the time the sample was drawn.

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the availability of primary care services to this population is greater than originally determined.

Other states in the region have set targets between 25 and 65 percent of participants who received a primary care referral. North Carolina's target for the percent of participants who received a primary care referral is 45 percent. The results for North Carolina have varied in part because the approach to gathering data has varied. Participants who complete the survey must remember whether a referral was needed and obtained; therefore, there are limitations on how reliable the number of referrals can be measured.

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Objective D.3: Process Indicator – Assess or evaluate reasons for non-

participation in the Waiver.

Measure Definition: Reasons for non-participation.

Hypothesis: Increase understanding about reasons for non-participation.

Data Sources: An annual survey, by mail, of a statewide sample of non-

participants

Calculation: Data collected from the survey was analyzed for any trends of

non-participation.

Annual Results: The discussion that follows provides reasons for non-participation

in the Waiver.

Discussion: Non-participants are defined as those enrolled in the program but

not receiving services within 12 months of their enrollment. The sample size for the survey was 1,000 non-participants. The objective of the survey is to determine the reasons for non-participation, the circumstances surrounding their decisions and

their likelihood of participating in the future.

For the final five-year evaluation report, we will present the results of the Waiver Year Five non-participant surveys that will be collected in the Summer of 2010. Through our Waiver Year Four analysis of survey responses from non-participating enrollees, Navigant Consulting observed the following:

- The response rate for the survey was 22 percent.
 Navigant Consulting received 216 surveys from individuals who met the criteria of a non-participant.⁵⁶
- A majority of respondents reported they either were unaware of the services that were offered under the Be Smart program (46 percent; 87) or did not know where to access the services (22 percent; 42).
- Forty-four percent of respondents who did not use services in Waiver Year Four indicated they planned to use Be Smart services in Waiver Year Five, with 31

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⁵⁶ This response rate includes fifteen surveys that we excluded from the analysis as invalid responses.

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percent reporting they did not expect to use services and 21 percent were unsure. The survey did not ask about the reasons for participating. Given the large number of individuals who had not heard about the program and the high rate of expected Waiver Year Five participation, it is likely that receiving information about the program through the survey and the brochure included along with the survey led to some of the decisions to participate.

- Of the individuals who reported they did not plan to use services in the upcoming year, the most common reasons were they were no longer eligible for services (33 percent; 35 respondents) and that they did not use birth control (22 percent; 23 respondents).
- Non-participants who reported either that they could not find a provider who offered family planning services, did not have transportation to get to appointment or were unsure why they did not use services in the prior year, were more likely to report they would use Be Smart services in the upcoming year.
- Fifty percent of the non-participants who reported they did not want to use family planning services did not expect to use the Be Smart program in the upcoming year; 17 percent expected to use the program and 17 percent were unsure.
- Respondents who reported they did not need family
 planning services were more likely to not expect to use
 services in the next 12 months: 74 percent reported
 they would not use services in the upcoming year, 15
 percent reported they would use services and 11
 percent were unsure.

Evaluation:

As in Waiver Year Three, survey responses continued to indicate a lack of knowledge about the program and criteria for eligibility for the program. Further, despite being provided with a list of covered services, twenty-one percent of respondents identified services that were actually covered by the program when they

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were asked about additional services they would like the program to cover. Therefore, it appears that outreach and education about the program may improve participation. Increasing the awareness of the Be Smart program, including its services, among this group is likely to increase participation; this was evident by the number of survey respondents who indicated that they plan to participate in Be Smart family planning in the upcoming 12 months. When we looked back to determine whether any of the non-participants from Waiver Year Three who received a survey actually participated, we found that 10 percent had participated since receiving the survey.

DMA had previously been issuing a letter of introduction to the FPW program to newly enrolled individuals and we recommend this should continue, with a follow-up letter explaining the FPW program. Although individuals will decide for themselves whether they want to use the services offered by the program, providing a clear description should help to improve the number of enrollees who understand the FPW program. Outreach efforts and materials should continue to be used to promote the program.

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Objective D.4: Process Indicator – Increase the number of men and women

receiving family planning services through Title X or Title XIX

(includes Family Planning Waiver).

Measure Definition: Number of reproductive age women and men receiving either

Title X or Title XIX funded family planning services.

Hypothesis: Funds available through the Waiver will not supplement or

substitute for Title X funds that could also be used for providing

family planning services to low-income populations.

Data Sources: MMIS Claims; HSIS Data

Calculation: Number of men and women who received a Family Planning

service at a Title X clinic under Title X and Title XIX; number of men and women who received a family planning service under the Family Planning Waiver at a Title X clinic and number of men and women who received a family planning service under the Family Planning Waiver at a location other than a Title X clinic.

Annual Results: The following table shows results of the measure for men and

women of all ages.

Table D.4.1: Count of Men and Women Receiving Family Planning Services in North Carolina⁵⁷

Measure	Waiver Year 1	Waiver Year 2			Preliminary Waiver Year 5
Family Planning Waiver Participants	10,133	16,796	19,530	25,813	26,874
Title X and Title XIX (excluding Waiver participants)	132,317	123,913	123,420	121,939	121,364
All Title X, Title XIX and Waiver Participants	142,450	140,709	142,950	147,752	148,331

⁵⁷ The Title X and Title XIX participant counts include individuals of some ages who are not eligible for the Waiver, i.e., age 18 and over 55 (females) or over 60 (males); however, these counts exclude ages under 18. These counts also include individuals who do not meet the income criteria of the Waiver.

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Discussion:

Navigant Consulting identified Family Planning Waiver participants who had a claim at a clinic at a Health Department for this measure. ⁵⁸ The unduplicated count of men and women using family planning services through Title X and Title XIX, including Family Planning Waiver services, is the basis for this measure. In Table D.4.2, we provide a summary of family planning participants in North Carolina, which include family planning services through the Family Planning Waiver, Title XIX and Title X.

Table D.4.2: Count of All Men and Women Who Received a Family Planning Service at a Title X Clinic From Either Title X or Medicaid and Count of Family Planning Waiver Participants by Location⁵⁹

Sex	Waiver Year 5 Family Planning Waiver Recipients <u>Not</u> at Title X Clinics	Waiver Year 5 Family Planning Waiver Recipients at Title X Clinics	Waiver Year 5 Title X and Title XIX (excluding Waiver Participants) Family Planning Recipients at Title X Clinics ⁶⁰	Number of Title X, Title XIX and Waiver Participants Receiving Family Planning Services in North Carolina	
	A	В	С	D=A+B+C	
Women	18,006	8,868	121,181	148,055	
Men	84	9	183	276	
Total	18,090	8,877	121,364	148,331	

Evaluation:

The number of individuals receiving family planning services in the State has increased each State fiscal year from 2006 to 2009. This increase was mostly attributable to women since there was a 40 percent decrease in the number of men (excluding Waiver participants) who received services at a Title X clinic (from 273 to 164). This increase also appears to be attributable to the Waiver since the number of non-Waiver participants has decreased while Waiver participant counts have increased.

⁵⁸ We used the MMIS provider specialty value of '060' to identify Health Department clinics.

⁵⁹ Waiver Year Five data are preliminary.

⁶⁰ The Division of Public Health provided the North Carolina Health Services Information System Family Planning Patient Characteristics Report for the period July 2008 through June 2009.

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SECTION 4: CLINICAL INNOVATION

The clinical innovation that DHHS chose to implement and evaluate as part of its Family Planning Waiver provides enhanced clinical counseling services over a two-year period within selected health departments. The enhanced family planning counseling services included in the Pilot are specifically targeted messages, contingency planning with a prescription for emergency contraception and telephone contraception counseling provided to a subset of recipients.

DHHS established agreements with six counties to participate in the Pilot, three as intervention counties and three as control counties. The participants who enrolled in the Pilot in the intervention counties received enhanced family planning counseling services while the women enrolled in the control counties received no additional counseling. Women were eligible to enroll in the Pilot if they were enrolled in the Be Smart Family Planning Waiver or planned to enroll; by definition, this requires that the women be between the ages of 19 and 55, not pregnant or sterilized, be residents of North Carolina and be U.S. citizens. Since the Pilot involved telephone questionnaires, the women must also speak English and have access to a telephone. The three intervention counties are Wake, Catawba and Sampson Counties; the three control counties are Gaston, Cleveland and Union Counties.

DHHS began intervention telephone counseling in May 2008. A nurse, contracted with DHHS, provided the enhanced family planning counseling services. She conducted telephone interviews with women enrolled in the intervention group at specified intervals, that is, she administered a baseline questionnaire, a questionnaire two months after the baseline, a questionnaire six months after the baseline and a questionnaire 12 months after the baseline. Each questionnaire was designed to capture information about the contraception choices and habits of the women. The women enrolled in the control counties, received a baseline questionnaire to complete upon enrollment and the nurse counselor follows up with the women 12 months after enrollment in the Pilot to complete a second questionnaire documenting the contraception choices and habits of these women.

The evaluation plan established seven hypotheses to be tested during the Pilot to measure the effectiveness of the intervention compared to the control group. At this time, we are unable to present findings comparing the intervention and control groups to address the evaluation hypotheses because the control group

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data were not complete at the time of the analysis. The results of the Pilot will be summarized in the final report for the demonstration.

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SECTION 5: CONCLUSIONS

Based on the analyses and findings related to the North Carolina Family Planning Waiver Program, Navigant Consulting has drawn the following conclusions:

- Although the results for Waiver Year Five are preliminary at this point, the Be Smart Family Planning Waiver is budget neutral over the five years of the demonstration.
- The demonstration has been successful in enrolling men and women from
 the target population and encouraging enrollees to use services, which
 resulted in averted births that offset the cost of the demonstration. The
 number of enrollees and participants has increased since the start of the
 demonstration and the use of contraception and occurrence of annual visits
 has likewise increased.
- There remains a number of enrollees who are not participating, though enrolled in the Waiver program. However, surveys of a sample of these individuals have shown that some enrollees simply chose not to participate despite being aware of their eligibility. Other enrollees were not aware of the program at the time of the survey; approximately 10 percent of individuals surveyed were found to use the program after receiving the survey.
- Based upon qualitative information gathered from focus groups of participants, women who participated in the demonstration were pleased to have access to the services and for many of them, the Family Planning Waiver program was their primary source of health care services.
- Participants seem to be choosing more effective methods of contraception as
 the demonstration continues, as evidenced by the continued year-to-year
 increases in the number of men and women choosing sterilizations.

There are several areas we recommend for targeted improvements:

Although the actual number of enrollees and participants is increasing each
year, the proportion of enrollees to the eligible population (14 percent for
females) and the proportion of participants to enrollees (38 percent for
females) has remained steady since the first Waiver Year. The State should
identify some targeted efforts to try to increase these proportions to 20
percent and 50 percent, respectively. It is unclear whether increased outreach
efforts would improve these rates, but comparing outreach approaches with

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other states might provide some useful insights. The State also needs to assess whether the Waiver is already meeting the demand of this population.

- The Waiver has a high rate of participants who return for additional services, including prescriptions for contraception (76 percent). However, the rate of participants who return for annual exams is just 26 percent. Many County Health Departments in the State and perhaps many doctors' offices provide women with reminder mailings when it is time for an annual exam. The State may want to consider its own outreach efforts if it wants to improve its return rates. Based on the eligibility spans for enrollees, many women remain eligible after a year on the program and often for several years, but outreach would be difficult for women whose eligibility is sporadic.
- The rate of effective contraception has improved over the course of the demonstration and should continue to improve with the addition of Implanon as a qualified service. For contraception to be effective, the user must continually use the method, which has been a challenge under the Waiver program. Based on the paid claims data for the program, less than a quarter of contraception users were continually using a method of contraception each month they were enrolled in the Waiver. The gaps in use of contraception put a woman at risk for an unplanned pregnancy. Encouraging and promoting the use of more effective methods will greatly improve the rate of continuous users of contraception and will likely be less costly in the long-term because devices like IUDs have higher fixed costs initially, but lower on-going costs.

ATTACHMENT E North Carolina Family Planning Waiver Program Waiver Year Five Annual Report

APPENDIX A BACKGROUND ON THE BE SMART FAMILY PLANNING WAIVER

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Overview of the Waiver

Beginning October 1, 2005, DHHS began enrolling women and men into the "Be Smart" Family Planning Waiver. The Be Smart Family Planning Waiver will operate from October 1, 2005 through September 30, 2010 under a Demonstration Waiver awarded by CMS. The overall goal of the Waiver is to reduce unintended pregnancies and improve the health and well-being of children and families in North Carolina. The Waiver is designed to expand eligibility for family planning services and increase the number of low-income persons receiving family planning services throughout North Carolina.

The Be Smart Family Planning Waiver makes family planning services available to men ages 19 to 60 and women ages 19 to 55, who have incomes at or below 185 percent of the Federal Poverty Level (FPL).

Prior to the implementation of Be Smart, North Carolina offered family planning services through Medicaid for women at or below 45 percent of the FPL. Women who did not qualify for Medicaid could obtain family planning services through publicly-supported family planning clinics.¹

When a woman whose income is up to 185 percent of the FPL becomes pregnant, she can receive comprehensive care related to the pregnancy through the Medicaid program. After the end of the month in which the 60th postpartum day occurs, a North Carolina woman is no longer eligible for Medicaid if her income is above 45 percent of the FPL. This population of women between 45 percent and 185 percent of the FPL was of particular concern to the Division of Medical Assistance (DMA) because these women are only temporarily eligible for Medicaid due to their pregnancy status and the majority lose their eligibility after the postpartum period. The Be Smart Family Planning Waiver is intended to cover this population of women.

According to academic studies, lack of availability of family planning services for women with and without a previous pregnancy has caused an increase of inadequately spaced, unwanted and unintended pregnancies.² These types of pregnancies contribute to an increased fertility rate in a state, and also result in higher costs to Medicaid for deliveries and care for the child through the first year of life.

Men ages 19 to 60 with income below 185 percent of the FPL are also included in this demonstration, since North Carolina has had limited resources in the past to provide vasectomies or other family planning services to men. By extending the Family Planning

¹ North Carolina Family Planning Waiver Proposal, 1115(a) Demonstration Waiver Application, April 2000.

² Forrest, JD and Frost, J. "The Family Planning Attitudes and Experiences of Low-Income Women," Family Planning Perspectives, 36(6):246-277, November/December 1996.

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Waiver services to include men, DMA expects that an increase of vasectomies will also lead to fewer unwanted, unintended and inadequately spaced pregnancies. This in turn should lead to a lower fertility rate, and thus, fewer Medicaid dollars spent for the births and care of these children.

Waiver Objectives

The Waiver objectives developed by North Carolina DMA are as follows:

- 1. Increase the number of reproductive age women and men receiving either Family Planning Waiver or Title X funded family planning services by improving access to and use of Medicaid family planning services.
- 2. Reduce the number of inadequately spaced pregnancies by women in the target group, thus improving birth outcomes and health of these women.
- 3. Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
- 4. Impact positively the utilization of and "continuation rates" for contraceptive use among the target population.
- 5. Increase the use of more effective methods of contraception (such as Depo-Provera, Intrauterine Device (IUD) and sterilization) in the target population.
- 6. Decrease the number of Medicaid-paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn and infant care.
- 7. Estimate the overall savings in Medicaid spending attributable to providing family planning services to women and men through this demonstration project.

Covered Services Under the Waiver

To address the goals of the Waiver, the Be Smart Family Planning Program covers the following services for enrollees when provided as part of a family planning visit:

- Annual and periodic office visits (including counseling, patient education, and treatment)
- Specific laboratory procedures (e.g., pap smears, pregnancy tests)

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- Food and Drug Administration-approved and Medicaid-covered birth control methods, procedures, pharmaceutical supplies and devices
- Screening for Human Immunodeficiency Virus (HIV)
- Screening and limited treatment for specific Sexually Transmitted Infections (STIs)
- Voluntary sterilization (in accordance with Federal sterilization guidelines)

The Family Planning Waiver also provides men and women with referrals for other health concerns that are not covered under the Waiver.

Effective in Waiver Year Three, North Carolina began a second component to the Waiver, the Clinical Innovation Project, which provides enhanced family planning services to a demonstration group of Waiver participants. These enhanced family planning services include:

- Targeted messages built upon an "Explore, Share, Promote" (ESP) framework
 - Explore any discrepancies between pregnancy intention and contraceptive use
 - ➤ Share information on contraception and method use
 - ➤ Promote behaviors that reduce risk of unintended pregnancy
- Contingency planning, including a prescription for emergency contraception (EC)
- Streamlined telephone access to local health departments for women with questions or concerns about their contraceptive method
- For consenting individuals, telephone support for use of method to include at least four calls from the Telephone Support and Data Center

DHHS expects that the Clinical Innovation might have a positive effect on increases in the utilization of and "continuation rates" for contraceptive use among the target population (Objective 4 of the Waiver) and increase the use of more effective methods of contraception in the target population (Objective 5 of the Waiver). DHHS initiated the Clinical Innovation project in Quarter Two of calendar year 2008.

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Waiver Hypotheses

DMA, through its Waiver application for the Be Smart Family Planning Waiver, has hypothesized that:³

- Putting in place a system by which women and men in North Carolina can more easily access family planning services will reduce the number of inadequately spaced pregnancies.
- Reducing the number of inadequately spaced pregnancies should lead to reductions in the number of adverse pregnancy outcomes and lead to a net savings in Medicaid spending.
- Reducing unintended pregnancies through increased access to and utilization of family planning services will contribute to a reduction of low birth weight as a factor contributing to infant mortality.
- Increasing family planning visits for this population (both men and women) will also improve public health, as early detection and treatment during family planning visits is predicted to result in a decrease in the rate of sexually transmitted infections.
- Supporting women in meeting their healthcare needs will put them in a better position to exercise their right to make informed choices regarding the spacing and number of their children and to increase the interval between pregnancies. Likewise, as a result of routine screening and examination, women and men will be able to maintain good health status, all of which will have tremendous value from a cost benefit standpoint as well as from the view of the individual and her/his family.

DMA also expects the Clinical Innovation Project will positively influence all of the study objectives, and may have the most effect on contraceptive utilization and "continuation rates" and increase the use of more effective methods of contraception in the target population.

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³ North Carolina Family Planning Waiver Program Proposal, 1115(a) Demonstration Waiver Program Application, April 2000.

ATTACHMENT E North Carolina Family Planning Waiver Program Waiver Year Five Annual Report

APPENDIX B SUMMARY OF WAIVER PROGRAM MEASURES AND DATA SOURCES

Hypo- thesis Number	Hypothesis	Measure	Data Source	Approach to Analysis
C.1.1	Increased proportions of eligible women and men will be enrolled in the Waiver each year.	Unduplicated count of clients enrolled divided by unduplicated count of eligible clients.	Numerator: MMIS Eligibility file Denominator: ACS population data	Calculate the ratio of unduplicated clients enrolled in the Waiver to the eligible population in North Carolina. Compare this ratio across the five years of the Waiver to determine if there are an increased proportion of eligibles enrolling in the Waiver over the life of the Waiver.
C.1.2	More low-income women who are enrolled in the Waiver will receive family planning services.	Unduplicated count of enrollees receiving services in the last 12 months (participants).	Numerator: MMIS paid claims Denominator: MMIS Eligibility file	Calculate the ratio of unduplicated female Waiver enrollees who received at least one paid family planning service in the Waiver year to the total number of female Waiver enrollees who could have received a service. Compare this ratio across the five years of the Waiver to determine if there are an increased proportion of enrollees obtaining family planning services.
C.1.3	More low-income men who are enrolled in the Waiver will receive family planning services.	Unduplicated count of enrollees, participants and vasectomies.	Numerator: MMIS paid claims Denominator: MMIS Eligibility file	Calculate the ratio of unduplicated male Waiver enrollees who received at least one paid family planning service in the Waiver year to the total number of male Waiver enrollees who could have received a service. Compare this ratio across the five years of the Waiver to determine if there are an increased proportion of male enrollees obtaining family planning services.

Hypo- thesis Number	Hypothesis	Measure	Data Source	Approach to Analysis
C.1.4	Participant women will be less likely to be lost to follow-up.	Participant return to clinic for annual visit and reason for visit.	Numerator: MMIS paid claims Denominator: MMIS paid claims	Calculate the ratio of female participants who received a follow-up annual exam within a 12 – 15 month time period to all females from the prior Waiver year who received a well woman exam. Beginning with Waiver Year Two, compare this ratio across the five years of the Waiver to determine if there is an increased proportion of female participants returning for services.
C.1.5	Participant women will be more likely to report continuous use of a contraceptive method.	Continuous use of contraception during the year.	Numerator: MMIS paid claims Denominator: MMIS paid claims	Calculate the ratio of unduplicated female participants with continuous use of a contraceptive method to all female participants who had a contraceptive claim in the Waiver year. Consistent claims data for a method of contraception over the course of each study year will represent consistent use of contraception over the year's time period. Less consistent claims data will signify less consistent use. Beginning with Waiver Year Two, compare this ratio across the five years of the Waiver to determine if there is an increased proportion of female participants who continuously use a contraceptive method.
C.1.6	Participant women will be more likely to report use of a highly effective method of contraception.	Types of methods used over the course of the year.	Numerator: MMIS paid claims Denominator: MMIS paid claims	Calculate the weighted average of female Waiver participants' continuous use of contraception methods indicated in claims data and the estimated percent of women <u>not</u> experiencing an unintended pregnancy within the first year of use to develop an average effectiveness score for the Waiver year. Beginning with Waiver Year Two, compare the average effectiveness score across the five years of the Waiver to determine if there is an increased proportion of female participants who use a highly effective method of contraception.

Hypo- thesis Number	Hypothesis	Measure	Data Source	Approach to Analysis
C.2.1	Participant women will be less likely to have inadequately spaced pregnancies.	Percent of Waiver enrollees with inter- pregnancy interval of at least 12 months.	MMIS paid claims	Calculate the ratio of female participants with inadequately spaced pregnancies to all female participants who became pregnant during the Waiver year.
C.2.2	Lower rates of unintended and unwanted pregnancy among Waiver participants.	Rate of unintended pregnancy among low-income women and among Waiver enrollees.	Numerator: PRAMS Denominator: MMIS paid claims	Use trend and other statistical analyses to track, from year to year, the number of unintended births occurring to women participating in the Waiver.
C.3.1	Fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn, and infant care.	Age-adjusted births averted rate and births averted.	Numerator: MMIS paid claims Denominator: MMIS paid claims	Calculate the annual results for this measure in three steps. First, calculate the Waiver year's fertility rate by age category. Second, calculate the Waiver year's births averted rate by age category. Third, calculate the Waiver year's births averted.
C.3.2	The program achieves cost savings and is budget neutral.	Averted Medicaid Costs, Overall Medicaid Cost Savings, and Budget Neutrality.	MMIS paid claimsACS population data	Calculate the averted Medicaid costs and then calculate the overall Medicaid cost savings for the Waiver year. Assess budget neutrality for the Waiver year and assess cumulative budget neutrality across Waiver years.
D.1	Increased percentages of enrollees will indicate that they heard about Waiver services from at least two sources.	Percentage of clients indicating that they heard about the Waiver from at least two sources.	Survey conducted at intake	Beginning in Waiver Year Three, report the percentage of intake survey respondents who heard about the Waiver from more than one source. Compare this percentage across the remaining years of the Waiver.

Hypo- thesis Number	Hypothesis	Measure	Data Source	Approach to Analysis
D.2	Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of primary care.	Reports of problems obtaining and following up for primary care referrals, including specific barriers encountered.	Numerator: Survey results Denominator: Survey results	Divide the number of Waiver participants indicating they were referred to a source of primary care by the total number of focus group participants. Compare this ratio across the five years of the Waiver to determine if there are increases in proportions of participants obtaining a primary care referral over the life of the Waiver.
D.3	Increase understanding about reasons for non-participation.	Reasons for non participation.	Non-participant survey	Beginning with Waiver Year Two, to assess why enrolled individuals do not participate in the Waiver program, we will annually survey, by mail, a statewide sample of non-participants. Non-participants are defined as those enrolled in the program but not receiving services within 12 months of their enrollment. The sample size for the survey will be based on the number of non-participants in any given 12 months but will not exceed 1,000 non-participants in any one survey. Our aim will be to determine the reasons non-participants choose not to participate, the circumstances surrounding their decisions and their likelihood of participating in the future.
D.4	Funds available through the Waiver will not supplement or substitute for Title X funds that could also be used for providing family planning services to low-income populations.	Number of reproductive age women and men receiving either Title X or Title XIX funded family planning services.	MMIS paid claims and HSIS reports	Count the unduplicated number of men and women who received family planning services through Title X and Title XIX.

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APPENDIX C DATA SOURCES

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The following data sources were proposed in the evaluation plan as potential sources to use to develop the measures to test the Waiver hypotheses. Navigant Consulting has used these data sources, as proposed, in our analyses, as shown in Exhibit 1 at the end of the Annual Report.

Medical Management Information System (MMIS) Claims and Eligibility Files

MMIS provides a database of clients served through the Family Planning Waiver, the "enrollment database" and the procedures paid for by the Waiver (including preventive services and sterilizations), the "claims database." Navigant Consulting will use the claims database to analyze the frequency of continuity of visits for clients who received services through the Family Planning Waiver. We will use the enrollment data to count the number of enrollees in a Waiver year and to make comparisons to paid claims data to identify participants, i.e., enrollees who received at least one Family Planning Waiver service during that Waiver year.

Since Waiver Year Five is currently underway the data available for analysis is not yet complete. Therefore, for Waiver Year Five, Navigant Consulting reviewed paid MMIS claims data from the Family Planning Waiver with dates of service from October 1, 2009 through January 30, 2010. For certain analyses, we also included claims from Waiver Years One through Four in our analyses. We counted enrollees from the enrollment file as having enrollment in the Waiver at any time between October 1, 2009 and September 30, 2010. We counted participants as those Waiver Year Five enrollees with at least one Family Planning Waiver service.

Health Services Information System (HSIS) Reports

The DHHS, Division of Public Health, Office of Women's Preventive Health tracks clients using family planning services at public health clinics in North Carolina for both Title X and Medicaid (Family Planning Waiver) funding.

Vital Statistics Data (Baby Love)

North Carolina's State Center for Health Statistics (SCHS) maintains a database of Medicaid claims linked with birth certificates. This provides information about birth spacing and birth outcomes for women whose delivery was paid by Medicaid. Since the population who qualify for Medicaid when pregnant (at or below 185 percent of FPL) is the same as the eligible population for the Family Planning Waiver, this will be used to monitor birth outcomes and birth spacing for the Family Planning Waiver eligible population. This data is linked to DMA claims, which will provide the costs associated with a pregnancy, birth, and infant care through the child's first year of life. These data, known as "Baby Love," are readily available through the North Carolina Center for Health Statistics.

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For Waiver Year Five, Navigant Consulting used calendar year 2007 Baby Love data to estimate infant care through the child's first year of life because data associated with the Waiver year were not available at the time of analysis.

<u>Pregnancy Risk Assessment Monitoring System (PRAMS)</u>

PRAMS is an ongoing, population-based surveillance system that was designed to identify and monitor selected self-reported maternal behaviors and experiences that occur before, during and after pregnancy among women who deliver live-born infants. To obtain adequate information about poor birth outcomes, the sample of mothers surveyed in North Carolina is weighted to contain a larger portion of low birth weight babies. Every month, a stratified systematic sample of 200 new mothers is selected from a sampling frame of eligible birth certificates.

The PRAMS measure for intendedness of pregnancy is used in evaluating the Family Planning Waiver objective of decreasing unintended pregnancies in the State. The Center for Disease Control (CDC) collects the PRAMS data by means of a random survey of women who have delivered babies. The random survey is collected up to three months after a women's delivery, and the data is released on an annual basis after the random survey is collected, analyzed, and the data set is weighted to represent all pregnancies in North Carolina. This data for the State is maintained by and is available through the North Carolina State Center for Health Statistics.

The PRAMS survey identifies a proportion of the women who were eligible for Family Planning Waiver services by their use of Medicaid during pregnancy. There is a question on the survey that allows respondents to identify Medicaid as their source of payment for delivery.

American Community Survey (ACS)

The ACS is a new survey conducted by the U.S. Census Bureau. This survey uses a series of monthly samples to produce annually updated data for the same small areas (census tracts and block groups) that the decennial census long-form sample formerly surveyed. The most recent data available is from calendar year 2007.

Navigant Consulting used the ACS data to identify population figures for North Carolina for the eligibles reported in measure C.1.1. We identified eligibles by sex for those individuals between 45 percent and 185 percent of the FPL who indicated they were U.S. citizens. This is the best estimate of the population of men and women in North Carolina who may be eligible for the Family Planning Waiver. This estimate of the eligible population includes women who are pregnant and women who cannot become pregnant, thus overstating the estimate of eligible women in North Carolina.

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A Pocket Guide to Managing Contraception¹

The Bridging the Gap Foundation publishes *A Pocket Guide to Managing Contraception*. The mission of the Bridging the Gap Foundation is to improve reproductive health and contraceptive decision-making for women and men by providing up-to-date educational resources to the physicians, nurses and public health leaders.

Navigant Consulting used *A Pocket Guide to Managing Contraception* 2007 – 2009 edition as the source for contraception failure rates used for measure C.1.6.

Baseline Fertility Rate Calculations

Budget neutrality is determined by a formula that compares the reduced costs for healthcare services associated with a reduced fertility rate among Waiver participants, relative to a baseline fertility rate prior to the Waiver, against the increased costs for family planning services provided to Waiver participants.

The baseline fertility rate for potential Waiver participants in the budget neutrality formula must be calculated from public survey data about women in North Carolina and from the State's MMIS claims data for all Medicaid participants.² The baseline fertility rate cannot be calculated from data about the specific women who would have been potentially eligible, enrolled or participated in the Waiver during the baseline year, as these women cannot be identified prior to the year that the Waiver began.

The baseline fertility rate is calculated as the estimated number of births per 1,000 women who would have participated in the Waiver Program in North Carolina if the Waiver Program had been operating during calendar year 2003:

Baseline fertility rate = <u>Number of births to "participating women" in NC in 2003</u> * 1,000 Number of "participating women" in NC in 2003

Navigant Consulting calculated the baseline fertility rate for all women below 185 percent of the FPL. Table 3 shows the results of the baseline fertility rate calculation. As required in the evaluation plan for the Waiver, we present the fertility rates in age groups.

¹ Hatcher RA, Zieman M, et al. "A Pocket Guide to Managing Contraception." Tiger, Georgia: Bridging the Gap Foundation, 2007, p. 40.

² An example of public survey data is the decennial census. We use other public survey data from the U.S. Bureau of the Census that are from sample surveys conducted in the years between the censuses.

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Table 3: Baseline Fertility Rate

Measure	Ages 19 – 24	Ages 25 – 29	Ages 30 – 34	Ages 35 – 39	Ages 40 – 55	Ages 19 – 55
Baseline Fertility Rate	155	158	62	31	3	78

The baseline fertility rate for the 19-55 age group means that approximately seventy eight women out of every one thousand women in this age group, and below 185 percent of the FPL, had a live birth in 2003. Women in younger age groups tend to have a higher fertility rate.

The Baseline Fertility Report is available on-line at http://www.ncdhhs.gov/dma/MFPW/MFPWprovider.htm

Primary Care Surveys

Primary care surveys have not yet been distributed for Waiver Year Five. For Waiver Year Four, DHHS replaced the use of focus groups with a mail survey to gather information about participants' experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, barriers they may have encountered and their satisfaction with the referral process.

Navigant Consulting conducted two mail surveys of male and female participants in July 2009 to assess primary care referrals under Waiver Year Four (October 1, 2008 – September 30, 2009) of the Family Planning Waiver. The response rate for the female survey was 33 percent (413 female respondents) and the response rate for the male survey was 44 percent (20 male respondents).

The primary care referral report is available on-line at http://www.ncdhhs.gov/dma/MFPW/MFPWprovider.htm.

Non-Participant Survey

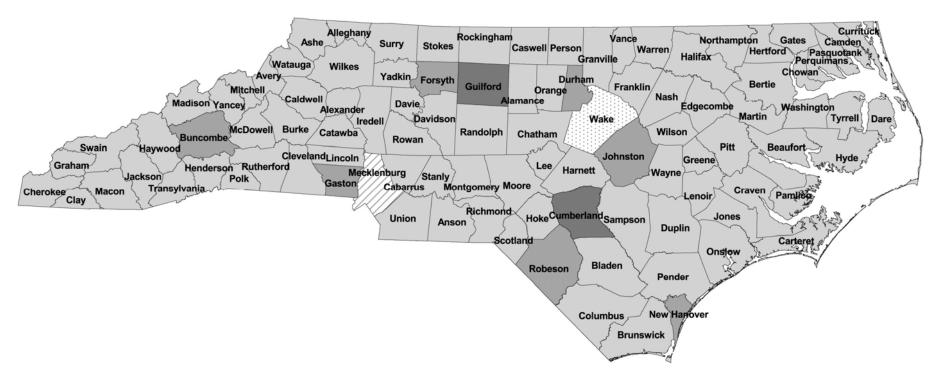
The Waiver Evaluation Plan specified a survey of non-participants to determine the reasons non-participants choose not to participate, the circumstances surrounding their decisions and their likelihood of participating in the future. Non-participants are defined as those enrolled in the program, but not receiving services within 12 months of their enrollment. The sample size for the survey for Waiver Year Four was 1,000 non-participants, with a response rate of 22 percent.

The Non–Participant Survey report is available on-line at http://www.ncdhhs.gov/dma/MFPW/MFPWprovider.htm

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APPENDIX D MAPS OF ENROLLMENT AND PARTICIPATION

Figure D.1: Distribution of Female Waiver Enrollees, by County





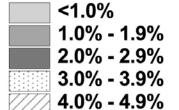
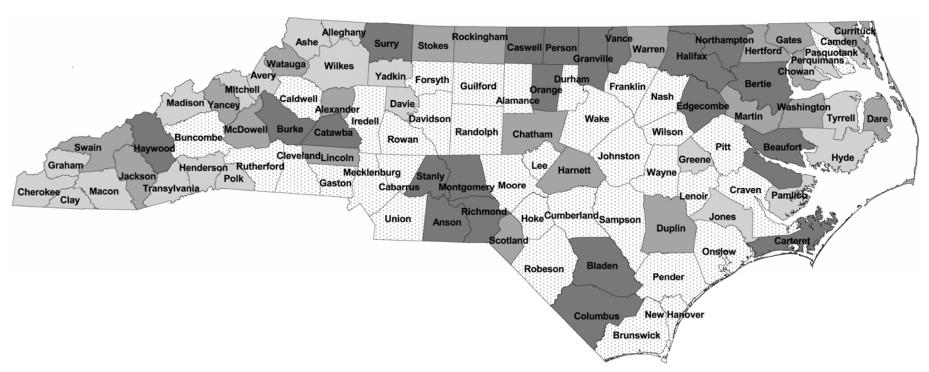


Figure D.2: Distribution of Male Waiver Enrollees, by County



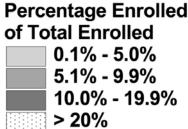
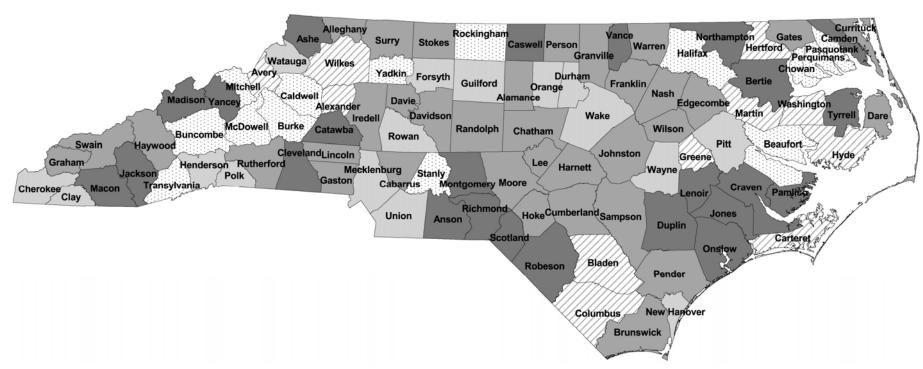


Figure D.3: Rate of Female Waiver Participation, by County





25% - 35%

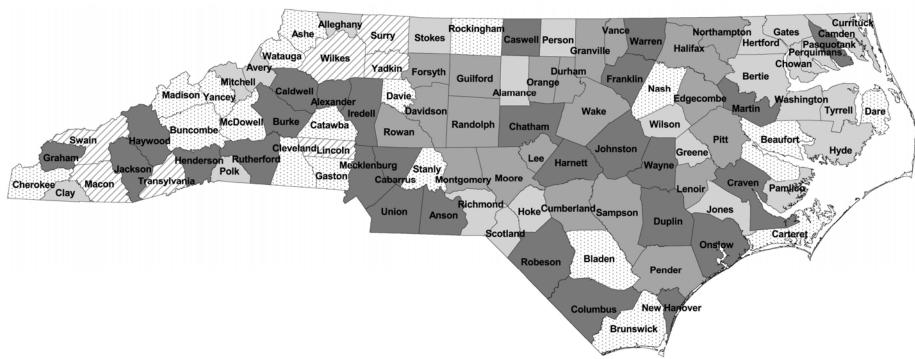
36% - 40%

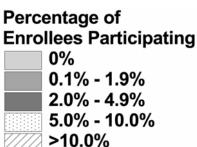
41% - 45%

46% - 50%

>50%

Figure D.4: Rate of Male Waiver Participation, by County





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Appendix E.1 Count and Location of Provider Specialties Providing Services to Waiver Year Four Participants, by County

North Carolina Division of Medical Assistance

Family Planning Waiver

Appendix E.1: Count and Location of Provider Specialties Providing Services To Waiver Year Five Participants, by County

								CLINIC -
								AMBULATORY
	1-100	101-200 BEDS	201-300 BEDS	301-474 BEDS	475 UP BEDS		CHAIN	SURGERY OR
	BEDS NC	NC	NC	NC	NC		PHARMACY	BIRTHING
COUNTY	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	ANESTHESIOLOGY	(TCC)	CENTER
ALAMANCE							181	
ALEXANDER							32	
ALLEGHANY							27	
ANSON							55	
ASHE	2						36	
AVERY							44	
BEAUFORT		1					123	
BERTIE							17	
BLADEN							46	
BRUNSWICK	1						291	
BUNCOMBE					2		451	
BURKE							100	
CABARRUS				19			536	
CALDWELL		1					192	
CAMDEN								
CARTERET		3					235	
CASWELL								
CATAWBA			1			2	217	
СНАТНАМ							45	
CHEROKEE							18	
CHOWAN							41	
CLAY							7	
CLEVELAND			2			1	151	
COLUMBUS							207	

North Carolina Division of Medical Assistance

Family Planning Waiver

Appendix E.1: Count and Location of Provider Specialties Providing Services To Waiver Year Five Participants, by County

								CLINIC -
								AMBULATORY
	1-100	101-200 BEDS	201-300 BEDS	301-474 BEDS	475 UP BEDS		CHAIN	SURGERY OR
	BEDS NC	NC	NC	NC	NC		PHARMACY	BIRTHING
COUNTY	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	ANESTHESIOLOGY	(TCC)	CENTER
CRAVEN			3			1	160	
CUMBERLAND					61	2	849	1
CURRITUCK							22	
DARE	1						105	
DAVIDSON	2						258	
DAVIE							40	
DUPLIN						1	85	
DURHAM					15		459	
EDGECOMBE							95	
FORSYTH					55		738	
FRANKLIN							106	
GASTON					2		300	
GATES								
GRAHAM							36	
GRANVILLE	4					2	113	
GREENE							8	
GUILFORD				9		2	975	
HALIFAX							195	
HARNETT							119	
HAYWOOD							52	-
HENDERSON			3			2	57	
HERTFORD				_			100	
НОКЕ							21	
HYDE				_	_		_	

North Carolina Division of Medical Assistance

Family Planning Waiver

Appendix E.1: Count and Location of Provider Specialties Providing Services To Waiver Year Five Participants, by County

								CLINIC -
								AMBULATORY
	1-100	101-200 BEDS	201-300 BEDS	301-474 BEDS	475 UP BEDS		CHAIN	SURGERY OR
	BEDS NC	NC	NC	NC	NC		PHARMACY	BIRTHING
COUNTY	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	ANESTHESIOLOGY	(TCC)	CENTER
IREDELL		2				1	417	
JACKSON	4					1	44	
JOHNSTON		4					405	
JONES							4	
LEE		2					117	
LENOIR							146	
LINCOLN	1						120	
MACON							26	
MADISON							27	
MARTIN							61	
MCDOWELL	1						108	
MECKLENBURG					116		1455	
MITCHELL							44	
MONTGOMERY							84	
MOORE			2			2	78	2
NASH			1			1	239	
NEW HANOVER				50			598	
NORTHAMPTON								
ONSLOW		3				4	240	
ORANGE					1		107	
OUT-OF-STATE <= 40 MILES							25	
OUT-OF-STATE > 40 MILES								
PAMLICO							9	
PASQUOTANK			1				128	

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								CLINIC -
								AMBULATORY
	1-100	101-200 BEDS	201-300 BEDS	301-474 BEDS	475 UP BEDS		CHAIN	SURGERY OR
	BEDS NC	NC	NC	NC	NC		PHARMACY	BIRTHING
COUNTY	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	ANESTHESIOLOGY	(TCC)	CENTER
PENDER							68	
PERQUIMANS								
PERSON							38	
PITT							360	
POLK							21	
RANDOLPH							148	
RICHMOND						1	128	
ROBESON			15				584	
ROCKINGHAM						1	162	
ROWAN							282	
RUTHERFORD		2				1	90	
SAMPSON							102	
SCOTLAND							143	
STANLY		2				1	210	
STOKES							44	
SURRY	1					2	131	
SWAIN	2						10	
TRANSYLVANIA							8	
TYRRELL	_							
UNION		1					328	
VANCE							179	
WAKE					5	2	1576	
WARREN							35	
WASHINGTON							70	

North Carolina Division of Medical Assistance

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COUNTY	1-100 BEDS NC HOSPITAL	101-200 BEDS NC HOSPITAL	201-300 BEDS NC HOSPITAL	301-474 BEDS NC HOSPITAL	475 UP BEDS NC HOSPITAL	ANESTHESIOLOGY	CHAIN PHARMACY (TCC)	CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER
WATAUGA							40	
WAYNE							262	
WILKES							74	
WILSON							175	
YADKIN							37	
YANCEY							51	
TOTAL	19	21	28	78	257	30	17783	3

North Carolina Division of Medical Assistance

Family Planning Waiver

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COUNTY	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)	GASTROENTEROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY
ALAMANCE	25		1		88	
ALEXANDER					21	
ALLEGHANY			3			
ANSON			2		20	
ASHE			4	2	6	
AVERY			2			
BEAUFORT			1		29	
BERTIE					17	
BLADEN			1		32	
BRUNSWICK			6		25	
BUNCOMBE			14		184	
BURKE					27	
CABARRUS			8		57	
CALDWELL					68	
CAMDEN					4	
CARTERET					21	
CASWELL	10				19	
CATAWBA		1	2		95	2
СНАТНАМ	22		6		7	
CHEROKEE					2	
CHOWAN					13	
CLAY					2	
CLEVELAND					82	
COLUMBUS			8		38	4

North Carolina Division of Medical Assistance

Family Planning Waiver

т т					
FEDERALLY QUALIFIED HEALTH CLINIC (FOHC)	GASTROENTEROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY
1		6			
				1	
		3			
7					
		2			
		20		70	
		1		49	
		17		214	
				2	
		1		23	
1				2	
				215	193
				55	
7		19		27	
		1		29	
1		4		9	
2		1		19	
		11		3	
				1	
	QUALIFIED HEALTH CLINIC (FQHC) 7 7 1 7 1 7	QUALIFIED HEALTH CLINIC (FQHC) 1 1 7 1 1 7 1 1 7 1 1 1 1	QUALIFIED HEALTH CLINIC (FQHC) GASTROENTEROLOGY GENERAL FAMILY PRACTICE 1 6 2 3 3 4 7 2 2 20 1 17 1 1 1 1 1 1 2 1 3 1 4 1 5 1 6 1 6 1 6 1 2 1 3 4 4 7 1 1 1 1 2 1 3 1 4 1 5 1 6 1 7 1 9 1 1 1 4 1 4 1 4 1 4 1 <t< td=""><td>QUALIFIED HEALTH CLINIC (FQHC) GASTROENTEROLOGY GENERAL FAMILY PRACTICE THORACIC SURGERY, PROCTOLOGY 1 6 ————————————————————————————————————</td><td>QUALIFIED HEALTH CLINIC (FQHC) GASTROENTEROLOGY GENERAL FAMILY PROCTOLOGY THORACIC SURGERY, PROCTOLOGY HEALTH DEPARTMENT 1 6 30 30 1 6 30 31 2 3 88 88 3 4 15 15 4 1 15 14 5 5 55 55 6 3 3 88 7 4 15 14 8 5 5 55 9 2 7 7 1 1 49 14 1 1 49 14 1 1 1 23 1 1 1 23 2 1 1 23 3 1 1 23 4 1 2 2 5 1 1 2 1 1 2 2</td></t<>	QUALIFIED HEALTH CLINIC (FQHC) GASTROENTEROLOGY GENERAL FAMILY PRACTICE THORACIC SURGERY, PROCTOLOGY 1 6 ————————————————————————————————————	QUALIFIED HEALTH CLINIC (FQHC) GASTROENTEROLOGY GENERAL FAMILY PROCTOLOGY THORACIC SURGERY, PROCTOLOGY HEALTH DEPARTMENT 1 6 30 30 1 6 30 31 2 3 88 88 3 4 15 15 4 1 15 14 5 5 55 55 6 3 3 88 7 4 15 14 8 5 5 55 9 2 7 7 1 1 49 14 1 1 49 14 1 1 1 23 1 1 1 23 2 1 1 23 3 1 1 23 4 1 2 2 5 1 1 2 1 1 2 2

North Carolina Division of Medical Assistance

Family Planning Waiver

			T			
COUNTY	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)	GASTROENTEROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY
IREDELL					61	
JACKSON					15	
JOHNSTON			7		47	
JONES					7	
LEE			11		8	
LENOIR	31				29	
LINCOLN					10	
MACON					5	
MADISON					3	
MARTIN					16	
MCDOWELL			1		28	
MECKLENBURG	48		45		89	15
MITCHELL					7	
MONTGOMERY					27	
MOORE			3		22	
NASH					56	
NEW HANOVER	15		60		22	3
NORTHAMPTON	2				32	
ONSLOW			1		14	
ORANGE	11		1		17	
OUT-OF-STATE <= 40 MILES			2			25
OUT-OF-STATE > 40 MILES						58
PAMLICO					3	
PASQUOTANK			1		36	

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COLINERY	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)	GASTROENTEROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY
COUNTY	CLINIC (FQHC)	GASTROENTEROLOGY				LABUKATUKI
PENDER			3		34	
PERQUIMANS					8	
PERSON					19	
PITT			11		9	
POLK					2	
RANDOLPH			2		17	
RICHMOND					33	
ROBESON	33		3		48	
ROCKINGHAM			1		18	
ROWAN			13		33	
RUTHERFORD					31	
SAMPSON			1		67	
SCOTLAND			1		31	
STANLY			3		41	
STOKES			1			
SURRY					34	
SWAIN					1	
TRANSYLVANIA					1	
TYRRELL					10	
UNION			30		49	
VANCE			7		29	
WAKE	15		12		244	
WARREN					13	
WASHINGTON					24	

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COUNTY	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)	GASTROENTEROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY
WATAUGA					4	
WAYNE			4		31	
WILKES					2	
WILSON	12				41	
YADKIN					6	
YANCEY			1		10	
TOTAL	243	1	373	2	3342	300

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Family Planning Waiver

ļ	1						ı	1
					NURSE			OUT-OF-STATE
	INSTITUTION	INTERNAL	MULTI-	NURSE	PRACTITIONER	OBSTETRICS	OUT-OF-STATE	PHARMACY
COUNTY	PHARMACY (TCC)	MEDICINE	SPECIALTY	MIDWIFE	OR CRNA	GYNECOLOGY	HOSPITAL	(TCC)
ALAMANCE						20		
ALEXANDER								
ALLEGHANY								
ANSON								
ASHE					2			
AVERY		1						
BEAUFORT		2	18			10		
BERTIE								
BLADEN								
BRUNSWICK						37		
BUNCOMBE				6	3	87		
BURKE						8		
CABARRUS			3			75		
CALDWELL						13		
CAMDEN								
CARTERET	8				1	92		
CASWELL					2			
CATAWBA						9		
СНАТНАМ								
CHEROKEE								
CHOWAN						20		
CLAY								
CLEVELAND						7		
COLUMBUS		2				41		

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					NURSE			OUT-OF-STATE
	INSTITUTION	INTERNAL	MULTI-	NURSE	PRACTITIONER	OBSTETRICS	OUT-OF-STATE	
COUNTY	PHARMACY (TCC)	MEDICINE	SPECIALTY	MIDWIFE	OR CRNA	GYNECOLOGY	HOSPITAL	(TCC)
CRAVEN		1			1	31		
CUMBERLAND		7	14			206		
CURRITUCK								
DARE			1		1	2		
DAVIDSON						12		
DAVIE								
DUPLIN						9		
DURHAM	6					50		
EDGECOMBE								
FORSYTH	1		1		1	39		
FRANKLIN								
GASTON		1			1	2		
GATES								
GRAHAM								
GRANVILLE						44		
GREENE								
GUILFORD	2	1	1		2	84		
HALIFAX						65		
HARNETT						25		
HAYWOOD			1					
HENDERSON					2	2		
HERTFORD						17		
HOKE						2		
HYDE								

North Carolina Division of Medical Assistance

Family Planning Waiver

					I			
					NURSE			OUT-OF-STATE
	INSTITUTION	INTERNAL	MULTI-	NURSE	PRACTITIONER	OBSTETRICS	OUT-OF-STATE	
COUNTY	PHARMACY (TCC)	MEDICINE	SPECIALTY	MIDWIFE	OR CRNA	GYNECOLOGY	HOSPITAL	(TCC)
IREDELL						27		
JACKSON					1	10		
JOHNSTON						94		
JONES			1					
LEE						18		
LENOIR						10		
LINCOLN						20		
MACON								
MADISON								
MARTIN						59		
MCDOWELL						14		
MECKLENBURG	15	22	21			120		2
MITCHELL								
MONTGOMERY								
MOORE			23		2	23		
NASH			7			36		
NEW HANOVER		2			2	59		
NORTHAMPTON								
ONSLOW		2	4			66		
ORANGE			19			22		
OUT-OF-STATE <= 40 MILES						9	1	25
OUT-OF-STATE > 40 MILES								
PAMLICO								
PASQUOTANK		_	_	_	3	57		

North Carolina Division of Medical Assistance

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					NURSE			OUT-OF-STATE
	INSTITUTION	INTERNAL	MULTI-	NURSE	PRACTITIONER	OBSTETRICS	OUT-OF-STATE	
COUNTY	PHARMACY (TCC)	MEDICINE	SPECIALTY	MIDWIFE	OR CRNA	GYNECOLOGY	HOSPITAL	(TCC)
PENDER								
PERQUIMANS								
PERSON								
PITT		5	25	3		1		
POLK								
RANDOLPH						22		
RICHMOND						27		
ROBESON					1	16		
ROCKINGHAM						52		
ROWAN					9	1		
RUTHERFORD					2	9		
SAMPSON								
SCOTLAND						34		
STANLY		3		7		57		
STOKES								
SURRY						11		
SWAIN	9							
TRANSYLVANIA								
TYRRELL								
UNION						23		
VANCE			_			2		
WAKE	5	4	4		2	72		
WARREN								
WASHINGTON								

North Carolina Division of Medical Assistance

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					NURSE			OUT-OF-STATE
	INSTITUTION	INTERNAL	MULTI-	NURSE	PRACTITIONER	OBSTETRICS	OUT-OF-STATE	PHARMACY
COUNTY	PHARMACY (TCC)	MEDICINE	SPECIALTY	MIDWIFE	OR CRNA	GYNECOLOGY	HOSPITAL	(TCC)
WATAUGA						2		
WAYNE						1		
WILKES			1			18		
WILSON						60		
YADKIN								
YANCEY								
TOTAL	46	53	144	16	38	2061	1	27

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			I I		
COUNTY	PATHOLOGY	PEDIATRICS	PRIVATELY OWNED PHARMACY	RURAL HEALTH CLINIC (RHC)	UROLOGY
ALAMANCE			21	1	
ALEXANDER			58	1	
ALLEGHANY			3		
ANSON			18		
ASHE			7		
AVERY			20		
BEAUFORT			75		1
BERTIE			23		
BLADEN			58	18	
BRUNSWICK			70		
BUNCOMBE			82		
BURKE			39		
CABARRUS			26		
CALDWELL			50		2
CAMDEN					
CARTERET			69		
CASWELL			51		
CATAWBA			67		1
СНАТНАМ			10		
CHEROKEE			6	_	
CHOWAN			16		
CLAY			2		
CLEVELAND			10		
COLUMBUS			124	1	

North Carolina Division of Medical Assistance

Family Planning Waiver

	<u> </u>				
COUNTY	PATHOLOGY	PEDIATRICS	PRIVATELY OWNED PHARMACY	RURAL HEALTH CLINIC (RHC)	UROLOGY
CRAVEN		2	53	5	
CUMBERLAND			81		
CURRITUCK			34		
DARE			25		
DAVIDSON			36		
DAVIE			50		
DUPLIN			23	1	
DURHAM		1	5		
EDGECOMBE			45		
FORSYTH			36		
FRANKLIN			6		
GASTON			56		
GATES			24		
GRAHAM					
GRANVILLE				1	
GREENE			10		
GUILFORD	2		56		1
HALIFAX			151		
HARNETT			95		
HAYWOOD			29		
HENDERSON			9		1
HERTFORD			86		
НОКЕ			48		
HYDE				_	_

North Carolina Division of Medical Assistance

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					_
COUNTY	PATHOLOGY	PEDIATRICS	PRIVATELY OWNED PHARMACY	RURAL HEALTH CLINIC (RHC)	UROLOGY
IREDELL			37		
JACKSON			30		
JOHNSTON			26		
JONES					
LEE			61		
LENOIR			46		
LINCOLN			36		
MACON			13		
MADISON			14		
MARTIN			43		
MCDOWELL			38		
MECKLENBURG		2	60		
MITCHELL			8		
MONTGOMERY			56		
MOORE			56		
NASH			25		1
NEW HANOVER			15		
NORTHAMPTON			20		
ONSLOW			69		
ORANGE					
OUT-OF-STATE <= 40 MILES	3				
OUT-OF-STATE > 40 MILES					
PAMLICO			6		
PASQUOTANK			70		

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COUNTY	PATHOLOGY	PEDIATRICS	PRIVATELY OWNED PHARMACY	RURAL HEALTH CLINIC (RHC)	UROLOGY
PENDER			34		
PERQUIMANS			23		
PERSON			5		
PITT	55	5	29		
POLK			2		
RANDOLPH			47		
RICHMOND			84		
ROBESON	50		207	9	
ROCKINGHAM			113		
ROWAN	1		14		
RUTHERFORD			40		
SAMPSON			99		
SCOTLAND		2	57		
STANLY			97		
STOKES			12		
SURRY			17		1
SWAIN			33		
TRANSYLVANIA			4		
TYRRELL			9		
UNION			10		
VANCE			57	22	
WAKE		19	45		
WARREN			3		
WASHINGTON			17		

North Carolina Division of Medical Assistance

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COUNTY	PATHOLOGY	PEDIATRICS	PRIVATELY OWNED PHARMACY	RURAL HEALTH CLINIC (RHC)	UROLOGY
WATAUGA	14	TEDITINES	17	(IIIIC)	CKOLOGI
WATAUGA	14		17		
WAYNE		2	64		1
WILKES		1	18		
WILSON			6		
YADKIN			5		
YANCEY					
TOTAL	125	34	3760	59	9

North Carolina Family Planning Waiver Waiver Year Five Interim Annual Report

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	1-100	101-200 REDS	201-300 BEDS	201_474 REDS	475 UP REDS			CLINIC - AMBULATORY SURGERY OR
	BEDS NC	NC	NC	NC	NC		CHAIN	BIRTHING
	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	HOSPITAL	ANESTHESIOLOGY	PHARMACY (TCC)	CENTER
ALAMANCE							1	
ALEXANDER							1	
ALLEGHANY							1	
ANSON							1	
ASHE	1						1	
AVERY	 						1	
BEAUFORT		1					1	
BERTIE		<u> </u>					1	
BLADEN							1	
BRUNSWICK	1						1	
BUNCOMBE	+				1		1	
BURKE							1	
CABARRUS	+	<u> </u>		1			1	
CALDWELL		1		_			1	
CAMDEN		<u> </u>					1	
CARTERET		1					1	
CASWELL		<u> </u>					1	
CATAWBA	+	<u> </u>	1			1	1	
СНАТНАМ	+	<u> </u>	-			1	1	
CHEROKEE							1	
CHOWAN	+	<u> </u>					1	
CLAY	+	<u> </u>					1	
CLEVELAND		1	1			1	1	
COLUMBUS	+	<u> </u>				1	1	
CRAVEN	+		1			1	1	
CUMBERLAND	+		1		1	1	1	1
CURRITUCK	+				1	1	1	1
DARE	1						1	
DAVIDSON	1 1						1	
DAVIE	+						1	
DUPLIN	-					1	1	
	-				4	1	1	
DURHAM					1		1	

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	1-100 BEDS NC HOSPITAL	101-200 BEDS NC HOSPITAL	201-300 BEDS NC HOSPITAL	301-474 BEDS NC HOSPITAL	475 UP BEDS NC HOSPITAL	ANESTHESIOLOGY	CHAIN PHARMACY (TCC)	CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER
EDGECOMBE							1	
FORSYTH					1		1	
FRANKLIN							1	
GASTON					1		1	
GATES								
GRAHAM							1	
GRANVILLE	1					1	1	
GREENE							1	
GUILFORD				1		1	1	
HALIFAX							1	
HARNETT							1	
HAYWOOD							1	
HENDERSON			1			1	1	
HERTFORD							1	
НОКЕ							1	
HYDE								
IREDELL		1				1	1	
JACKSON	1					1	1	
JOHNSTON		1					1	
JONES							1	
LEE		1					1	
LENOIR							1	
LINCOLN	1						1	
MACON							1	
MADISON							1	
MARTIN							1	
MCDOWELL	1						1	
MECKLENBURG					1		1	
MITCHELL							1	
MONTGOMERY							1	
MOORE			1			1	1	1
NASH			1			1	1	

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	1-100 BEDS NC HOSPITAL	101-200 BEDS NC HOSPITAL	201-300 BEDS NC HOSPITAL	301-474 BEDS NC HOSPITAL	475 UP BEDS NC HOSPITAL	ANESTHESIOLOGY	CHAIN PHARMACY (TCC)	CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER
NEW HANOVER				1			1	
NORTHAMPTON								
ONSLOW		1				1	1	
ORANGE					1		1	
OUT-OF-STATE <= 40 MILES							1	
OUT-OF-STATE > 40 MILES								
PAMLICO							1	
PASQUOTANK			1				1	
PENDER							1	
PERQUIMANS								
PERSON							1	
PITT							1	
POLK							1	
RANDOLPH							1	
RICHMOND						1	1	
ROBESON			1				1	
ROCKINGHAM						1	1	
ROWAN							1	
RUTHERFORD		1				1	1	
SAMPSON							1	
SCOTLAND							1	
STANLY		1				1	1	
STOKES							1	
SURRY	1					1	1	
SWAIN	1						1	
TRANSYLVANIA							1	
TYRRELL								
UNION		1					1	
VANCE							1	
WAKE					1	1	1	
WARREN							1	
WASHINGTON							1	

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	1-100 BEDS NC HOSPITAL	101-200 BEDS NC HOSPITAL	201-300 BEDS NC HOSPITAL	301-474 BEDS NC HOSPITAL	475 UP BEDS NC HOSPITAL		CHAIN PHARMACY (TCC)	CLINIC - AMBULATORY SURGERY OR BIRTHING CENTER
WATAUGA							1	
WAYNE							1	
WILKES							1	
WILSON							1	
YADKIN							1	
YANCEY							1	
TOTAL	10	10	8	3	8	19	94	2

North Carolina Division of Medical Assistance

Family Planning Waiver

FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)	GASTROENTROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY	INSTITUTION PHARMACY (TCC)
2		1		1		
				1		
		1				
		1		1		
		1	1	1		
		1				
		1		1		
				1		
		1		1		
		2		1		
		1		1		
				1		
		1				
				1		
				1		
				1		1
2				1		
	1	1		1	1	
2		1		1		
				1		
				1		
				1		
				1		
		2		1	1	
				1		
1		1		1		
				1		
		1		1		
		1		1		
1				1		
		1		1		1
	QUALIFIED HEALTH CLINIC (FQHC) 2 2 2 2	QUALIFIED HEALTH CLINIC (FQHC) 2 ASTROENTROLOGY 2 ASTROENTROLOGY 1 ASTROENTROLOGY 1 ASTROENTROLOGY 1 ASTROENTROLOGY ASTROENTROLOGY	QUALIFIED HEALTH CLINIC (FQHC) GASTROENTROLOGY GENERAL FAMILY PRACTICE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 3 2 1 4 1 1 5 1 1 6 1 1 7 1 1 8 1 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	QUALIFIED HEALTH CLINIC (FQHC) GASTROENTROLOGY PRACTICE PRACTICE SURGERY, PROCTOLOGY 1 1 1 1 1 1 1 1 1 1 1 1 1	QUALIFIED HEALTH CLINIC (FQHC) GASTROENTROLOGY GENERAL FAMILY PROCTOLOGY THORACIC SURGERY, PROCTOLOGY HEALTH DEPARTMENT 2 1	QUALIFIED HEALTH CLINIC (FHC) GASTROENTROLOGY PRACTICE FAMILY PRACTICE SURGERY, PRACTOCY DEPARTMENT LABORATORY

North Carolina Division of Medical Assistance

Family Planning Waiver

1						1	1
	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)	GASTROENTROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY	INSTITUTION PHARMACY (TCC)
EDGECOMBE					1		
FORSYTH			1		1		1
FRANKLIN			1		1		_
GASTON			1		1		
GATES					1		
GRAHAM							
GRANVILLE			1		1		
GREENE	1				1		
GUILFORD					1	1	1
HALIFAX					1		
HARNETT	2		2		1		
HAYWOOD			1		1		
HENDERSON	1		1		1		
HERTFORD	1		1		1		
НОКЕ			2		1		
HYDE					1		
IREDELL					1		
JACKSON					1		
JOHNSTON			2		1		
JONES					1		
LEE			2		1		
LENOIR	1				1		
LINCOLN					1		
MACON					1		
MADISON					1		
MARTIN					1		
MCDOWELL			1		1		
MECKLENBURG	1		2		1	1	1
MITCHELL					1		
MONTGOMERY					1		
MOORE		_	1		1		
NASH					1		

North Carolina Division of Medical Assistance

Family Planning Waiver

	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)	GASTROENTROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY	INSTITUTION PHARMACY (TCC)
NEW HANOVER	2		2		1	1	
NORTHAMPTON	1				1		
ONSLOW			1		1		
ORANGE	2		1		1		
OUT-OF-STATE <= 40 MILES			1			1	
OUT-OF-STATE > 40 MILES						1	
PAMLICO					1		
PASQUOTANK			1		1		
PENDER			2		1		
PERQUIMANS					1		
PERSON					1		
PITT			1		1		
POLK					1		
RANDOLPH			1		1		
RICHMOND					1		
ROBESON	1		1		1		
ROCKINGHAM			1		1		
ROWAN			1		1		
RUTHERFORD					1		
SAMPSON			1		1		
SCOTLAND			1		1		
STANLY			1		1		
STOKES			1				
SURRY					1		
SWAIN					1		1
TRANSYLVANIA					1		
TYRRELL					1		
UNION			1		1		
VANCE			1		1		
WAKE	1		2		1		1
WARREN					1		
WASHINGTON					1		

North Carolina Division of Medical Assistance

Family Planning Waiver

	FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)	GASTROENTROLOGY	GENERAL FAMILY PRACTICE	GENERAL THORACIC SURGERY, PROCTOLOGY	HEALTH DEPARTMENT	INDEPENDENT LABORATORY	INSTITUTION PHARMACY (TCC)
WATAUGA					1		
WAYNE			2		1		
WILKES					1		
WILSON	2				1		
YADKIN					1		
YANCEY			1		1		
TOTAL	24	1	62	1	95	7	7

North Carolina Division of Medical Assistance

Family Planning Waiver

	1		ı	T		1	
	INTERNAL MEDICINE	MULTI- SPECIALTY	NURSE MIDWIFE	NURSE PRACTITIONER OR CRNA	OBSTETRICS GYNECOLOGY	OUT-OF-STATE HOSPITAL	OUT-OF- STATE PHARMACY (TCC)
ALAMANCE					2		
ALEXANDER							
ALLEGHANY							
ANSON							
ASHE				2			
AVERY	1						
BEAUFORT	1	1			1		
BERTIE							
BLADEN							
BRUNSWICK					1		
BUNCOMBE			1	1	2		
BURKE					2		
CABARRUS		1			1		
CALDWELL					2		
CAMDEN							
CARTERET				1	2		
CASWELL				1			
CATAWBA					1		
СНАТНАМ							
CHEROKEE							
CHOWAN					1		
CLAY							
CLEVELAND					1		
COLUMBUS	2				1		
CRAVEN	1			1	1		
CUMBERLAND	2	1			1		
CURRITUCK							
DARE		1		1	1		
DAVIDSON					1		
DAVIE							
DUPLIN					1		
DURHAM					1		

North Carolina Division of Medical Assistance

Family Planning Waiver

			1	1			
	INTERNAL MEDICINE	MULTI- SPECIALTY	NURSE MIDWIFE	NURSE PRACTITIONER OR CRNA	OBSTETRICS GYNECOLOGY	OUT-OF-STATE HOSPITAL	OUT-OF- STATE PHARMACY (TCC)
EDGECOMBE							
FORSYTH		1		1	2		
FRANKLIN							
GASTON	1			1	1		
GATES							
GRAHAM							
GRANVILLE					1		
GREENE							
GUILFORD	1	1		1	2		
HALIFAX					1		
HARNETT					1		
HAYWOOD		1					
HENDERSON				1	1		
HERTFORD					1		
HOKE					2		
HYDE							
IREDELL					2		
JACKSON				1	1		
JOHNSTON					1		
JONES		1					
LEE					2		
LENOIR					2		
LINCOLN					1		
MACON							
MADISON							
MARTIN					1		
MCDOWELL					2		
MECKLENBURG	2	1			2		1
MITCHELL							
MONTGOMERY							
MOORE		1		1	1		
NASH		1			1		

North Carolina Division of Medical Assistance

Family Planning Waiver

	1			T			
	INTERNAL MEDICINE	MULTI- SPECIALTY	NURSE MIDWIFE	NURSE PRACTITIONER OR CRNA	OBSTETRICS GYNECOLOGY	OUT-OF-STATE HOSPITAL	OUT-OF- STATE PHARMACY (TCC)
NEW HANOVER	1			1	2		
NORTHAMPTON							
ONSLOW	1	1			2		
ORANGE		1			1		
OUT-OF-STATE <= 40 MILES					2	1	1
OUT-OF-STATE > 40 MILES							
PAMLICO							
PASQUOTANK				1	2		
PENDER							
PERQUIMANS							
PERSON							
PITT	1	2	1		1		
POLK							
RANDOLPH					1		
RICHMOND					2		
ROBESON				1	1		
ROCKINGHAM					1		
ROWAN				1	1		
RUTHERFORD				1	1		
SAMPSON							
SCOTLAND					1		
STANLY	1		1		1		
STOKES							
SURRY					1		
SWAIN							
TRANSYLVANIA							
TYRRELL							
UNION					1		
VANCE					1		
WAKE	2	1		2	2		
WARREN							
WASHINGTON							

North Carolina Division of Medical Assistance

Family Planning Waiver

	INTERNAL MEDICINE	MULTI- SPECIALTY	NURSE MIDWIFE	NURSE PRACTITIONER OR CRNA	OBSTETRICS GYNECOLOGY	OUT-OF-STATE HOSPITAL	OUT-OF- STATE PHARMACY (TCC)
WATAUGA					1		
WAYNE					1		
WILKES		1			1		
WILSON					1		
YADKIN							
YANCEY							
TOTAL	17	17	3	20	79	1	2

North Carolina Division of Medical Assistance

Family Planning Waiver

	PATHOLOGY	PEDIATRICS	PRIVATELY OWNED PHARMACY	RURAL HEALTH CLINIC (RHC)	UROLOGY
	FAIHOLOGI	FEDIATRICS			UKULUGI
ALAMANCE			1	1	
ALEXANDER			1	1	
ALLEGHANY			1		
ANSON			1		
ASHE			1		
AVERY			1		
BEAUFORT			1		1
BERTIE			1		
BLADEN			1	1	
BRUNSWICK			1		
BUNCOMBE			1		
BURKE			1		
CABARRUS			1		
CALDWELL			1		1
CAMDEN					
CARTERET			1		
CASWELL			1		
CATAWBA			1		1
СНАТНАМ			1		
CHEROKEE			1		
CHOWAN			1		
CLAY			1		
CLEVELAND			1		
COLUMBUS			1	1	
CRAVEN		1	1	1	
CUMBERLAND			1		
CURRITUCK			1		
DARE			1		
DAVIDSON			1		
DAVIE			1		
DUPLIN			1	1	
DURHAM		1	1		
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1		

North Carolina Division of Medical Assistance

Family Planning Waiver

	PATHOLOGY	PEDIATRICS	PRIVATELY OWNED PHARMACY	RURAL HEALTH CLINIC (RHC)	UROLOGY
EDGECOMBE			1		
FORSYTH			1		
FRANKLIN			1		
GASTON			1		
GATES			1		
GRAHAM					
GRANVILLE				1	
GREENE			1		
GUILFORD	1		1		1
HALIFAX			1		
HARNETT			1		
HAYWOOD			1		
HENDERSON			1		1
HERTFORD			1		
HOKE			1		
HYDE					
IREDELL			1		
JACKSON			1		
JOHNSTON			1		
JONES					
LEE			1		
LENOIR			1		
LINCOLN			1		
MACON			1		
MADISON			1		
MARTIN			1		
MCDOWELL			1		
MECKLENBURG		1	1		
MITCHELL			1		
MONTGOMERY			1		
MOORE			1		
NASH			1		1

North Carolina Division of Medical Assistance

Family Planning Waiver

			PRIVATELY OWNED	RURAL HEALTH	
	PATHOLOGY	PEDIATRICS	PHARMACY	CLINIC (RHC)	UROLOGY
NEW HANOVER			1		
NORTHAMPTON			1		
ONSLOW			1		
ORANGE					
OUT-OF-STATE <= 40 MILES	1				
OUT-OF-STATE > 40 MILES					
PAMLICO			1		
PASQUOTANK			1		
PENDER			1		
PERQUIMANS			1		
PERSON			1		
PITT	1	1	1		
POLK			1		
RANDOLPH			1		
RICHMOND			1		
ROBESON	1		1	1	
ROCKINGHAM			1		
ROWAN	1		1		
RUTHERFORD			1		
SAMPSON			1		
SCOTLAND		1	1		
STANLY			1		
STOKES			1		
SURRY			1		1
SWAIN			1		
TRANSYLVANIA			1		
TYRRELL			1		
UNION			1		
VANCE			1	1	
WAKE		1	1		
WARREN			1		
WASHINGTON			1		

North Carolina Division of Medical Assistance

Family Planning Waiver

	PATHOLOGY	PEDIATRICS	PRIVATELY OWNED PHARMACY	RURAL HEALTH CLINIC (RHC)	UROLOGY
WATAUGA	1		1		
WAYNE		1	1		1
WILKES		1	1		
WILSON			1		
YADKIN			1		
YANCEY					
TOTAL	6	8	93	9	8

North Carolina Family Planning Waiver Program Waiver Year Five Annual Report

APPENDIX F NEW ENROLLEE SURVEY



We would like to know how you learned about the "Be Smart" Family Planning Program. Please take a moment to complete the question below and place the questionnaire in the postage-paid envelope so that the return address (see reverse side) shows through the window of the envelope. Then, mail the envelope to the Division of Medical Assistance. Thank you for your cooperation.

program from more than one source, please check all that apply.

Health Care Provider
Health Department Staff
Family or friends
Case manager

How did you find out about the "Be Smart" Family Planning Program? If you heard about the

□ Other____

Quisiéramos saber cómo se enteró del programa "Póngase Listo" de Planificación Familiar. Por favor, tome un momento para contestar la pregunta de abajo, y ponga el cuestionario en el sobre con costo de envío pagado asegurándose que la dirección (vea la parte de atrás) se vea en al ventana del sobre. Envíelo por correo a la División de Asistencia Médica. Gracias por su cooperación.

¿Cómo se enteró del programa "Póngase Listo" de Planificación Familiar? Si escuchó hablar del programa de más de una fuente, por favor marque todas las apliquen.

Ш	Proveedor de cuidado médico / doctor
	Departamento de Salud - personal
	Familia o amigos
	Trabajador del caso
	Folleto o póster
	Carta para el nuevo beneficiario
	No me acuerdo
	Otro

☐ Brochure or poster☐ New Enrollee Letter☐ Don't remember

Be Smart. Be Ready.

Free Reproductive Health Services in North Carolina Facts for Providers about the Medicaid Family Planning Waiver

What is the Medicaid Family Planning Waiver?

The Medicaid Family Planning Waiver, or "BE SMART" program, is designed to reduce unintended pregnancies and improve the well-being of children and families in North Carolina. Family planning/reproductive health services are provided to eligible men and women whose income is at or below 185% of the federal poverty level.

Who can enroll with Medicaid to provide Family Planning Services under the BE SMART program?

- Ambulatory surgery centers
- Birthing centers
- Certified Registered Nurse Anesthetists
- Federally Qualified Health Centers
- Laboratories
- Local health departments

- Nurse practitioners
 - Nurse midwives
 - Outpatient hospitals
- Physicians
- Rural health clinics

For information on enrolling as a North Carolina Medicaid provider, refer to the Division of Medical Assistance (DMA) website at http://www.dhhs.state.nc.us/dma/provenroll.htm.

What services are covered under the BE SMART program?

The following services are covered through the waiver when provided as part of a family planning visit:

- Annual and periodic office visits (including counseling, patient education, and treatment)
- Specific laboratory procedures (i.e., pap smears, pregnancy tests)
- FDA-approved and Medicaid-covered birth control methods, procedures, pharmaceutical supplies, and devices
- Screening for HIV (Human Immunodeficiency Virus)
- Screening and treatment for specific Sexually Transmitted Infections (STIs)
- Voluntary sterilization (in accordance with federal sterilization guidelines)

Note: There is no co-payment for services received through the BE SMART program.

When services are not covered under the BE SMART program and the provider does not offer affordable or free care, refer patients to their local department of social services (DSS) for a list of primary care "safety net" providers.

Who can sign up for the BE SMART program?

Women ages 19 through 55 and men ages 19 through 60 whose income is at or below 185% of the federal poverty level and who are:

- U.S. citizens or qualified aliens;
- Residents of North Carolina;
- Not incarcerated;
- Not pregnant; and
- Not permanently sterilized.

How can I sign my patients up for the BE SMART program?

Individuals interested in applying may get an application from their local DSS, health department or on-line at http://www.dhhs.state.nc.us/dma. The completed application must be returned to their local DSS.

Where can I get educational information for my patients about the BE SMART program?

For a set of educational materials about the waiver, call the N.C. Family Health Resource Line, 1-800-367-2229. To order multiple copies, call the N.C. Healthy Start Foundation, 1-919-828-1819.

Who do I call if I have questions about the BE SMART program?

For more information about this special Medicaid program, please visit North Carolina's Medicaid website at http://www.dhhs.state.nc.us/dma/prog.htm

The BE SMART program will end October 1, 2010 unless extended by the Centers for Medicare and Medicaid.

Renewal Evaluation Plan North Carolina Be Smart Family Planning Waiver March 15, 2010

A. Background

The North Carolina Department of Health and Human Services received approval of its 1115 Medicaid Waiver (Waiver) application from the Centers for Medicare and Medicaid Services, US Department of Health and Human Services in November 2004 to expand Medicaid income eligibility and to provide family planning services to those newly eligible persons. This documents the evaluation plan for the renewal period beginning October 1, 2010 through September 30, 2013.

The overall goal of the Waiver is to reduce unintended pregnancies, demonstrate cost savings and improve the health and well being of children and families in North Carolina. The Waiver is designed to expand eligibility for family planning services and increase the number of low-income persons receiving family planning services throughout North Carolina. Over time, reductions are expected in State costs for maternity and infant health care. The first component of the evaluation plan is designed to evaluate the overall impact of the Waiver (Waiver Evaluation) using the following Waiver objectives to:

- 1. Increase the number of reproductive age women and men receiving either Title XIX or Title X funded family planning services by improving access to and use of Medicaid family planning services.
- 2. Reduce the number of inadequately spaced pregnancies by women in the target group thus improving birth outcomes and health of those women.
- 3. Reduce the number of unintended pregnancies among women eligible for Medicaid.
- 4. Impact positively the utilization of and "continuation rates" for contraceptive use among the target population.
- 5. Increase the use of more effective methods of contraception in the target population.
- 6. Decrease the number of Medicaid paid deliveries, which will reduce annual expenditures for prenatal, delivery, newborn and infant care.
- 7. Estimate the overall savings in Medicaid spending attributable to providing family planning services to women and men through the demonstration.

An independent evaluator will evaluate the North Carolina Family Planning Waiver over its three-year renewal (2010-2013). The following sections describe each component of the Waiver Evaluation.

B. Logic Model

The design for assessing overall programmatic impact associated with implementation of the Waiver is described in the North Carolina Family Planning Waiver Evaluation Logic Model (Appendix A). The Logic Model forms the basis for our evaluation since it illustrates how the Waiver program is expected to change family planning program participation and associated outcomes. It links services received by the target population within the context of other conditions affecting participation and availability of services to desired results of the Waiver in the short, intermediate and long term.

B.1 Target Population: The Waiver extends Medicaid coverage for all Medicaid family planning services to women and men who have family incomes at or below 185% of the federal poverty level.

Exclusions:

- 1. Women who
 - a. Are less than 19 years of age and over the age of 55
 - b. Have been sterilized
 - c. Are not North Carolina residents
 - d. Are not US citizens or qualified aliens
 - e. Are incarcerated
- 2. Men who
 - a. Are less than 19 years of age and over the age of 60
 - b. Have been sterilized
 - c. Are not North Carolina residents
 - d. Are not US citizens or qualified aliens
 - e. Are incarcerated

B.2 Context or External Environment: The Waiver program occurs within a context of change regarding North Carolina's economic conditions, health and related policy initiatives and other state health programs for women and children. All of these factors have the potential to directly affect program outcomes.

Program Activities and Processes:

Family Planning Services: The Waiver program provides:

- Initial, annual and periodic family planning office visits
- Family planning counseling visits
- Pregnancy tests
- Contraceptive supply visits
- Medicaid-covered FDA-approved birth control methods
- Voluntary sterilization including tubal ligations and vasectomies
- Lab tests

- Screening for HIV
- Limited diagnosis and treatment for other sexually transmitted infections
- Pap smears

Outreach/Recruitment strategies:

- Development of statewide council
- Develop brochure and posters
- Initiate Family Health Resource Line for information and questions
- Establish collaboration with Healthy Start Foundation for material production and distribution
- Develop announcements for television, radio, and newspapers
- Develop family-centered recruitment, outreach and health education strategies
- Develop and distribute local, community-based recruitment plan for local health departments
- Engage local health and human services providers to inform potential enrollees into the Waiver program
- Encourage local providers to participate in the Waiver

Processes to support implementation of the Waiver are provided by DPH and local sites and include:

- Clinical protocol development for local health departments
- Training
- Monitoring and feedback
- On-site and telephone technical assistance
- Data collection
- Outreach
- Provider recruitment
- Primary care referral

B.3 Outcome Measures

The measures and outcomes are described in greater detail in Appendix B to this document.

Short-term Outcomes

The Waiver is expected to increase access to and use of family planning services by low-income women and men. Access to services will be improved by conducting outreach to eligible populations and providers, expanding eligibility requirements and making family planning services available from any qualified, Medicaid enrolled provider who accepts Medicaid coverage, whether or not these providers are also Title X service providers. We will track the following short-term outcomes:

- 1. Increased proportion of eligible women and men enrolled in the Waiver
- 2. Increased number of women receiving family planning services
- 3. Increased number of men receiving family planning services
- 4. Increased utilization of highly effective contraceptive methods and among women enrolled in the Waiver
- 5. Higher continuous use of contraception among women enrolled in the Waiver

Intermediate Outcomes

Intermediate outcomes are expected to be influenced by short term outcomes (e.g., increased proportion of eligible population enrolled). Improvements in short term outcomes should lead to improvements in intermediate outcomes that will be assessed through evaluation of:

- 1. Longer inter-pregnancy intervals among Waiver participants
- 2. Lower numbers of unintended pregnancies among Waiver participants

Long-term Outcomes

As short and intermediate indicators improve, there should also be improvement in long-term measures of success for the Waiver program. For example, increased access and use of family planning services should result in fewer Medicaid paid deliveries and therefore increased cost savings to the Medicaid program. The potential effect of the Waiver on these long term outcomes will include evaluation of:

- 1. Decrease in the number of Medicaid-paid deliveries
- 2. Savings in Medicaid spending

Process Indicators

- 1. Increased proportion of enrollees indicating that they heard about the Waiver from one or more sources
- 2. Increased rate of referral to primary care providers for both women and men enrolled in the Waiver
- 3. Investigation and assessment of reasons for non-participation

4. Evaluation that funds available through the Waiver will not supplement or substitute for Title X funds that could also be used from providing family planning services to low-income populations

C. Hypotheses and Methods for Assessing Programmatic Impact

The framework for the overall evaluation has been summarized in Appendix A. This table includes each Hypothesis, Waiver Objective, Measure, Data Source and Expected Change for assessing programmatic impact of the Waiver.

The evaluation model as currently proposed is designed to measure the overall impact of the Medicaid Waiver in North Carolina. Comparisons across the waiver years will form the bases for analyzing the overall program impact. The overall evaluation includes a retrospective cohort study and a process evaluation. The retrospective cohort study involves secondary analyses of information routinely obtained at the State Center for Health Statistics including the Pregnancy Risk Assessment Monitoring System (PRAMS), the Behavior Risk Factor Surveillance Systems (BRFSS), vital records and other administrative data on all Medicaid recipients of childbearing age. To the extent possible, linkages among these data sets will be performed. Trend and other statistical analyses will be used to assess changes in client participation, services received, births to enrolled women and associated costs; and, to the extent possible, show how these trends vary geographically within the state.

Specific hypotheses and methods for investigating specific components of the overall Waiver Evaluation follow:

C. 1. Linking the Target Population to Program Activities and Short Term Outcomes (Waiver Objectives 1, 4 and 5)

We anticipate implementation of the Waiver (i.e., provision of family planning services and outreach to eligible populations) will increase access and use of family planning services by low-income women and men (Waiver Objective 1), utilization and continuation rates for contraceptive use among enrolled women (Waiver Objective 4) and the use of more effective methods of contraception by enrolled women (Waiver Objective 5). The potential impact will be measured by:

C.1.1. Increased proportions of eligible women and men will be enrolled in the Waiver each year: Unduplicated counts of clients enrolled in the Waiver from Medicaid Management Information System (MMIS) claims paid data will be compared to estimates of eligible clients based on data from the American Community Survey. The proportion of enrolled clients relative to those eligible for enrollment should increase over the life of the Waiver. We will compare enrollment between the Title X Statewide Family Planning Program as currently structured and the Waiver. The North Carolina

Statewide Title X Family Planning Program provided comprehensive family planning services to 138,270 men and women in CY 2004 (FPAR 04) through a network of approximately 120 service providers located in all 100 counties of the state. The majority of providers are local health departments, with a handful of rural health, federally qualified community health centers, primary care centers, and a few private providers. Over the last five years, the program has served an average of approximately 138,000 unduplicated patients. Data is reported through the Health Services Information System (HSIS) for all Title X providers. We anticipate an increase in enrollment (significantly greater than normal increases in enrollment) when comparing times before and after the Waiver implementation for the target population. The proportion of Medicaid patients enrolled in the Title X Family Planning Program, currently at approximately 22% of the total caseload, is expected to increase to at least 30% with the expanded income eligibility criteria under the Waiver after the first year of implementation. Trend data will assess the anticipated increase in enrollment over the duration of the study period in one-year intervals.

- **C.1.2.** <u>More low-income women will receive family planning services</u>: Unduplicated counts of enrollees and of those enrollees receiving services (participants) will be obtained from MMIS paid claims data. We expect annual increases in the percentages of participants (i.e., enrolled women receiving services within one year of enrollment) compared to similar rates of participation in the prior years of the study.
- **C.1.3.** More low-income men will receive family planning services: Using claims data from MMIS, the unduplicated count of male enrollees and participants will be evaluated in one-year intervals over the study period. The number of vasectomies for Waiver enrollees will also be evaluated. Both of these variables will be used to measure access and use of Waiver services. We anticipate that the number of vasectomies will increase by at least 5%, and the total number of men enrolled and participating in the Waiver will increase by less than 5%.
- **C.1.4.** Participant women will be less likely to be lost to follow up: Claims data from MMIS and (e.g., patient continuation rates) will be assessed to evaluate the proportion of new enrollees who return for the annual or periodic clinic visit following the initial enrollment visit (as afforded by the Waiver). We anticipate that the proportion of return visits will increase over the duration of the study period in one-year intervals.
- C.1.5. Participant women will be more likely to report continuous use of a contraceptive method: Claims data from MMIS will be collected to assess the frequency with which enrollees fill and refill their contraceptive supplies. Consistent claims data for a method of contraception over the course of each study year will represent consistent use of contraception over the year's time period. Less consistent claims data msignify less consistent use. We anticipate that the proportion of enrolled women with more

consistent contraceptive use, as measured by claims data, will increase over the duration of the study in one-year intervals.

C.1.6. Participant women will be more likely to report use of a highly effective method of contraception: (Hatcher 2004)¹ Claims data from MMIS will be collected to assess the specific method type that each enrollee chooses (only methods that require a prescription will be measured in the MMIS). We will calculate the weighted average of female Waiver participants' continuous use of contraception methods indicated in claims data and the estimated percent of women <u>not</u> experiencing an unintended pregnancy within the first year of use to develop an average effectiveness score for the Waiver year. We anticipate that the effectiveness score for women using a prescription contraception will continue to increase each year and expect the effectiveness score to be maintained at 98.0.

C. 2. Linking Short Term Outcomes to Intermediate Impact (Wavier Objectives 2-3)

As noted in the logic framework, improvement in short term indicators should result in improvement in intermediate-term measures of success for the Waiver program – such as longer inter-pregnancy intervals and lower numbers of unintended pregnancies.

C.2.1. Longer inter-pregnancy intervals among Waiver participants: Claims data from MMIS will provide measures of inter-pregnancy intervals for Waiver participants. Trend analyses will be used to track, from year to year, the timing of births occurring to women enrolled in the Waiver. Inter-pregnancy intervals of less than 12 months will be considered inadequate and the percentage of inadequately spaced pregnancies against adequately spaced pregnancies by Waiver participants will be compared.

Lower unintended pregnancies among Waiver participants: Population survey data from the Pregnancy Risk Assessment and Monitoring System (PRAMS) and the Behavior Risk Factor Surveillance System (BRFSS) will provide cross-sectional measures unintended pregnancy rates for Waiver and non-Waiver participants. Secondary analyses of this information and the linkage to vital records and other administrative data on all Medicaid recipients of childbearing age will be tracked. Trend and other statistical analyses will be used to track, from year to year, the timing and number of unintended births occurring to women enrolled in the Waiver. Due to the lengthy delay in the availability of this data, reporting on this measure will likewise be delayed.

C. 3. Linking Intermediate Impact to Long Term Impact (Waiver Objectives 6-7)

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¹ Hatcher, R. A., & et al. (2004). Contraceptive Technology (18th ed.). New York: Ardent Media, Inc.

C.3.1. Fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn and infant care: We will assess if Waiver participants, compared to other recipients of family planning services and other low-income women, will experience fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn and infant care. To do this, we will assess Medicaid client, vital statistics, and population survey data using trend analysis of client participation, services received, births to enrolled women and program costs. Paid claims data from MMIS provided the number of clients as well as the cost per client served at baseline and through the five years of the program and will continue to be used for the renewal. Vital statistics from the SCHS will track the number of births occurring to women enrolled in the program from year to year.

C.3.2. <u>Cost savings</u>: To assess cost savings we propose the following method for monitoring budget neutrality of the North Carolina Family Planning Waiver Program, we will track the number of expenditures compared to Medicaid birth costs in each year.

D. Process Indicators: Performance Indicators and Quality Improvement

The Family Planning Waiver Program has established a standard set of quality of care indicators, which are required deliverables in contractual arrangements with local health department. They are also used as the basis for periodic monitoring, and require providers to report their quality indicators. These same standards will be applied in measuring the effectiveness of the delivery system, as well as the quality of care provided under the Waiver.

We will use DPH and DMA administrative and claims data to track numbers and types of services received, enrollees, non-participants, participant attrition and provider participation. We will monitor program processes so that we can accurately describe the Waiver program and its inputs as well as provider participation in both Medicaid and the Waiver so that we can better understand access and use issues for the eligible population.

We will also include specific process and quality indicators including:

D.1. Increased percentages of enrollees will indicate that they heard about Waiver services from one or more sources. Current Population Survey data and MMIS – Claims Paid records will be used to monitor the number of individuals in the general population and in population subgroups eligible for, and enrolling in, the Waiver. We will also periodically survey (no less than once per year) a statewide sample of enrollees to determine how they heard about the Waiver and whether they heard about the Waiver from more than one source and/or through a specific outreach or recruitment activity.

- **D. 2.** Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of primary care: To evaluate the extent of participants' follow-up on primary care referrals received from their family planning providers, a survey will be mailed annually to male and female enrollees who have participated in the program for at least 6 months, using a statewide sample of randomly selected participants. We will explore their experiences in obtaining primary care referrals from their family planning providers, their success in following up on the referrals, barriers they may have encountered in either process and their satisfaction with the referral process.
- **D. 3.** Assess or evaluate reasons for non-participation in the Waiver program: To assess why enrolled individuals do not participate in the Waiver program, we will annually survey, by mail, a statewide sample of non-participants. Non-participants are defined as those enrolled in the program but not receiving services within 12 months of their enrollment. The sample size for the survey will be based on the number of non-participants in any given 12 months but will not exceed 1,000 non-participants in any one survey. Our aim will be to determine the reasons non-participants choose not to participate, the circumstances surrounding their decision and their likelihood of participating in the future. We believe that lost to follow-up rates will be high and response rates very low for this population.
- **D.4.** Funds available through the Waiver will not supplement or substitute for Title X funds that could also be used from providing family planning services to low-income populations: We propose using, for comparison, the Statewide Title X Family Planning Program as currently structured. The North Carolina Statewide Title X Family Planning Program provided comprehensive family planning services to 138,270 men and women in CY 2004 (FPAR 04) through a network of approximately 120 service providers located in all 100 counties of the state.

The effectiveness of the new delivery system relative to the existing Title X Family Planning Program and the current patient mix will also utilize a pre and post measurement methodology. In general, the number of reproductive age women and men receiving either Title XIX or Title X funded family planning services is expected to increase compared to a baseline one year after implementation. The family planning patient census trend has been increasing slowly for the past five years. More specifically, the proportion of Medicaid patients enrolled in the Title X Family Planning Program, currently at approximately 22% of the total caseload, is expected to increase to at least 30% with the expanded income eligibility criteria under the Waiver after the first year of implementation.

Data on these and other process indicators will be reviewed on a periodic basis with DMA and DPH and options for corrective action based on geographic, population and other variations will be developed.

E. Comparison with Other States: We will compare findings and trends for each hypothesis with data from similar states with approved and operating Medicaid Family Planning 1115 Demonstration programs to the extent possible.

F. Limitations

Secondary and related trend and other analyses of administrative and vital records data provide information to suggest that the program had an impact on the eligible population, but since none of these data provide concurrent control groups, specific conclusions about the direct impact of the program are difficult to make using these analyses alone. Secular effects or other programmatic changes from year to year could also affect the measured outcomes. Population based survey data available for the evaluation provide no longitudinal assessment of the changes in behavior for particular people within the eligible population from year to year. Identifying specific individuals and following them over time through a cohort design (either historically or concurrently) would provide more evidence about the relationship between the intervention (the Family Planning Waiver program) and the outcomes of concern (unintended pregnancy, contraceptive use, etc.) but funds are not available to undertake such a design.

G. Success/Best Practices

The Waiver has been successful at maintaining a population of enrollees and participants with increasing numbers of women and men using services each year. The State will continue to evaluate its successes and identify its best practices to share with other states and at the same time continue to communicate with other state waiver programs to learn and understand best practices from those experiences. Whenever possible, the State will incorporate best practices from other states into its own practices if these practices are determined to improve the performance and effectiveness of its Waiver.

H. Documentation of Study Findings

We will prepare semi-annual and annual reports of all study findings and organize them around the hypotheses presented in this evaluation plan. We will also prepare quarterly updates on the progression of the evaluation, which will be included in the quarterly progress reports to CMS.

I. Interpretations/Conclusions

Each semi-annual and annual report of study findings will include interpretations of the results of the analysis. These interpretations will be used to influence whether changes

to the evaluation or the program are needed for the Waiver to meet its target goals. For the final report summarizing the entire renewal period, we will include conclusions about the results of the Waiver.

J. Revisions to Strategy or Goals

With the conclusion of the five-year demonstration, the State is able to better determine realistic targets for performance of each of its stated measures. The State will be working towards these targets/goals and will determine the strategies necessary to achieve the goals by the conclusion of the three-year renewal period.

With regard to revisions of strategies or goals, the State's primary goal is to continue to work towards increasing the number of participants enrolled and receiving family planning services throughout the state. A number of additions to covered services for enrollees under the Family Planning Waiver program were approved by CMS, effective November 4, 2009. We anticipate that the recent expansion of covered services will result in an increase in enrollees in the Family Planning Waiver program. Including new services, such as Implanon, has already shown an increasing number of women willing to use longer acting and reversible contraceptives. In addition, the Family Planning Waiver program has added several other covered health care services in the last several years for enrollees, including Essure, as an alternative to tubal ligation, as well as routine screening family planning services. We expect these services will increase the number of recipients using family planning services under the Waiver program.

Some of the State's efforts in promoting the Family Planning Waiver program, have been diminished due to the State's budgetary restraints, which have impacted DMA's ability to increase outreach efforts, attend conferences, provide incentives for participants, and promote the program through brochures, print and broadcast media. The State, however, will continue to convene stakeholders of the Family Planning Waiver program to develop cost-effective and creative strategies, with a special focus on outreach to men and women who have not previously been served, and to continue to follow up and provide support for those who have been served by the program.

K. Recommendations and Implications at the State and Federal Level

The State and its evaluator will continue to participate in monthly evaluator calls with the Sheps Center based out of the University of North Carolina. This group of evaluators and state staff collaborate to share knowledge and ideas about the family planning demonstrations. These discussions lead to recommendations to states and to CMS regarding improvements for the family planning demonstrations.

Appendix A. North Carolina Family Planning Waiver Evaluation Logic Model

Target Population Activities/Processes Short Term Outcomes Long Term Intermediate Outcomes Outcomes Family Planning Services • Initial, annual and periodic family planning office visits • Family planning counseling visits Women and men up to Pregnancy tests 185% of the Federal • Contraceptive supply visits Poverty Level • Medicaid-covered FDA-approved birth control methods Exclusions • Voluntary sterilization including tubal ligations and • Increase proportion of Men or women who vasectomies women and men have been sterilized. • Lab tests enrolled in the Waiver are not NC residents. • Screening for HIV (C.1.1)US citizens, or • Limited diagnosis and treatment for other sexually • Increase inter- Decrease number of qualified aliens, transmitted infections · Increase numbers of pregnancy interval Medicaid paid women less than 19 • Pap smears FPW-enrolled women (C.2.1)deliveries (C.3.1) vears of age or over receiving services the age of 55, men less Outreach/Recruitment (C.1.2)• Reduce number of • Savings in Medicaid than 19 years of age or • Development of statewide council unintended pregnancies spending (C.3.2) over the age of 60. • Develop brochure and posters · Increase numbers of (C.2.2)• Initiate Family Health Resource Line for information FPW-enrolled men and questions receiving services · Establish collaboration with Healthy Start (C.1.3)Foundation for material production and distribution · Develop announcements for television and · Decrease in lost to newspapers follow-up (C.1.4) • Develop family-centered recruitment, outreach, and health education strategies • Increase use of highly • Develop and distribute local community-based effective contraceptive recruitment plan for local health departments methods (C.1.5) • Engage local health and human services providers to Context inform potential enrollees into the Waiver program • Economic • Higher continuous use • Encourage local providers to participate in the conditions Waiver Policy Issues • Increase percentage of • Other state enrollees indicating that they women's health heard about Waiver from at Processes programs least two sources (D.1.1) • Clinical Protocol Development • Training · Increase rate of referral of • Monitoring and Feedback Waiver participants to primary

care providers (D.1.2)

• Evaluate if Waiver funds

• Fewer non-participants (D.1.3)

substitute for Title X (D.1.4)

• Service Administration

• Data Collection

· Provider recruitment

· Primary care referral

Outreach

• On-site and telephone technical assistance

Appendix B: Assessing Overall Programmatic Impact: North Carolina Family Planning Waiver: Hypothesis, Waiver Objective, Measure, Data Source and Approach to Analysis

Hypo- thesis Number	Hypothesis	Measure	Data Source	Approach to Analysis
C.1.1	Increased proportions of eligible women and men will be enrolled in the Waiver each year.	Unduplicated count of clients enrolled divided by unduplicated count of eligible clients.	Numerator: MMIS Eligibility file Denominator: ACS population data	Calculate the ratio of unduplicated clients enrolled in the Waiver to the eligible population in North Carolina. Compare this ratio across the five years of the Waiver to determine if there are an increased proportion of eligibles enrolling in the Waiver over the life of the Waiver. Target: 20 percent for women and 5% for men
C.1.2	More low-income women who are enrolled in the Waiver will receive family planning services.	Unduplicated count of enrollees receiving services in the last 12 months (participants).	Numerator: MMIS paid claims Denominator: MMIS Eligibility file	Calculate the ratio of unduplicated female Waiver enrollees who received at least one paid family planning service in the Waiver year to the total number of female Waiver enrollees who could have received a service. Compare this ratio across the Waiver to determine if there are an increased proportion of enrollees obtaining family planning services. Target: 45%
C.1.3	More low-income men who are enrolled in the Waiver will receive family planning services.	Unduplicated count of enrollees, participants and vasectomies.	Numerator: MMIS paid claims Denominator: MMIS Eligibility file	Calculate the ratio of unduplicated male Waiver enrollees who received at least one paid family planning service in the Waiver year to the total number of male Waiver enrollees who could have received a service. Compare this ratio across the five years of the Waiver to determine if there are an increased proportion of male enrollees obtaining family planning services. Target: 10%

Appendix B: Assessing Overall Programmatic Impact: North Carolina Family Planning Waiver: Hypothesis, Waiver Objective, Measure, Data Source and Approach to Analysis

Hypo- thesis Number	Hypothesis	Measure	Data Source	Approach to Analysis
C.1.4	Participant women will be less likely to be lost to follow-up.	Participant return to clinic for annual visit and reason for visit.	Numerator: MMIS paid claims Denominator: MMIS paid claims	Calculate the ratio of female participants who received a follow-up annual exam within a 12 – 15 month time period to all females from the prior Waiver year who received a well woman exam. Compare this ratio across the Waiver years to determine if there is an increased proportion of female participants returning for services. Target: 35%
C.1.5	Participant women will be more likely to report continuous use of a contraceptive method.	Continuous use of contraception during the year.	Numerator: MMIS paid claims Denominator: MMIS paid claims	Calculate the ratio of unduplicated female participants with continuous use of a contraceptive method to all female participants who had a contraceptive claim in the Waiver year. Consistent claims data for a method of contraception over the course of each study year will represent consistent use of contraception over the year's time period. Less consistent claims data will signify less consistent use. Compare this ratio across the Waiver years to determine if there is an increased proportion of female participants who continuously use a contraceptive method. Target: 30%
C.1.6	Participant women will be more likely to report use of a highly effective method of contraception.	Types of methods used over the course of the year.	Numerator: MMIS paid claims Denominator: MMIS paid claims	Calculate the weighted average of female Waiver participants' continuous use of contraception methods indicated in claims data and the estimated percent of women <u>not</u> experiencing an unintended pregnancy within the first year of use to develop an average effectiveness score for the Waiver year. Compare the average effectiveness score across the Waiver years to determine if there is an increased proportion of female participants who use a highly effective method of contraception. Target: 98.0%

Appendix B: Assessing Overall Programmatic Impact: North Carolina Family Planning Waiver: Hypothesis, Waiver Objective, Measure, Data Source and Approach to Analysis

Hypo- thesis Number	Hypothesis	Measure	Data Source	Approach to Analysis		
C.2.1	Participant women will be less likely to have inadequately spaced pregnancies.	Percent of Waiver enrollees with inter- pregnancy interval of at least 12 months.	MMIS paid claims	Calculate the ratio of female participants with inadequately spaced pregnancies to all female participants who became pregnant during the Waiver year. Target: <12%		
C.2.2	Lower rates of unintended pregnancy among Waiver participants.	Rate of unintended pregnancy among low-income women and among Waiver enrollees.	PRAMS	Use trend and other statistical analyses to track, from year to year, the number of unintended births occurrir to women participating in the Waiver. Target: <50%		
C.3.1	Fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn, and infant care.	Age-adjusted births averted rate and births averted.	Numerator: MMIS paid claims Denominator: MMIS paid claims	Calculate the annual results for this measure in three steps. First, calculate the Waiver year's fertility rate by age category. Second, calculate the Waiver year's births averted rate by age category. Third, calculate the Waiver year's births averted. Target: budget neutrality		
C.3.2	The program achieves cost savings and is budget neutral.	Averted Medicaid Costs, Overall Medicaid Cost Savings, and Budget Neutrality.	MMIS paid claims ACS population data	Calculate the averted Medicaid costs and then calculate the overall Medicaid cost savings for the Waiver year. Assess budget neutrality for the Waiver year and assess cumulative budget neutrality across Waiver years. Target: budget neutrality		
D.1	Increased percentages of enrollees will indicate that they heard about Waiver services from at least two sources.	Percentage of clients indicating that they heard about the Waiver from at least two sources.	Survey conducted at intake	Beginning in Waiver Year Three, report the percentage of intake survey respondents who heard about the Waiver from more than one source. Compare this percentage across the remaining years of the Waiver. Target: 30%		

Appendix B: Assessing Overall Programmatic Impact: North Carolina Family Planning Waiver: Hypothesis, Waiver Objective, Measure, Data Source and Approach to Analysis

Hypo- thesis Number	Hypothesis	Measure	Data Source	Approach to Analysis
D.2	Increased proportion of Waiver participants lacking a source of primary care at the time of their enrollment in the Waiver will be referred to an appropriate source of primary care.	Reports of problems obtaining and following up for primary care referrals, including specific barriers encountered.	Survey results	Divide the number of Waiver participants indicating they were referred to a source of primary care by the total number of focus group participants. Compare this ratio across the five years of the Waiver to determine if there are increases in proportions of participants obtaining a primary care referral over the life of the Waiver. Target: 45%
D.3	Increase understanding about reasons for non-participation.	Reasons for non participation.	Non-participant survey	To assess why enrolled individuals do not participate in the Waiver program, we will annually survey, by mail, a statewide sample of non-participants. Non-participants are defined as those enrolled in the program but not receiving services within 12 months of their enrollment. The sample size for the survey will be based on the number of non-participants in any given 12 months but will not exceed 1,000 non-participants in any one survey. Our aim will be to determine the reasons non-participants choose not to participate, the circumstances surrounding their decisions and their likelihood of participating in the future. Target: 20% response rate
D.4	Funds available through the Waiver will not supplement or substitute for Title X funds that could also be used for providing family planning services to low-income populations.	Number of reproductive age women and men receiving either Title X or Title XIX funded family planning services.	MMIS paid claims and HSIS reports	Count the unduplicated number of men and women who received family planning services through Title X and Title XIX. Target: 5% increase in overall family planning participation

ATTACHMENT B North Carolina Family Planning Waiver Procedure Code List

State	Code	Description	90% FFP	90% FFP with FP &/or V25-V25.99	FMAP	Approved
NC	11976	Norplant – implant removal		X		10/01/2005
NC	11981	Insertion, non-biodegradable drug delivery implant		X		11/04/2009
NC	11982	Removal, non-biodegradable drug delivery implant		X		11/04/2009
NC	55450	Ligation of vas deferens, unilateral or bilateral		X		10/01/2005
NC	57170	Diaphragm – fitting with instructions		X		10/01/2005
NC	57250	Vasectomy, unilateral or bilateral (including postop semen examination(s))		X		10/01/2005
NC	58300	IUD insertion		X		10/01/2005
NC	58301	IUD removal		X		10/01/2005
NC	58340	Catheterization and introduction of saline or contracst material for saline infusion sonohysterography (SIS) or hysterosalpingography.		х		11/04/200
NC	58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants		X		11/04/2009
NC	58600	Tubal ligation by abdominal incision		X		10/01/2005
NC	58615	Tubal ligation by suprapubic approach		X		10/01/2005
NC	58670	Tubal ligation by laparoscopic surgery		X		10/01/2005
NC	58671	Tubal ligation by laparoscopic surgery		X		10/01/2005
NC	71010	Radiology examination; chest; single view, frontal			Χ	10/01/2005
NC	74740	Hysterosalpinography, radiological supervision and interpretation		X		11/04/2009
NC	81000	Urinalysis by dip stick or tablet reagent		X		10/01/2005
NC	81001	Urinalysis; automated with microscopy		X		10/01/2005
NC	81002	Urinalysis; non-automated without microscopy		X		10/01/2005
NC	81003	Urinalysis; automated without microscopy		X		10/01/2005
NC	81025	Urine pregnancy test		X		10/01/2005
NC	84702	HCG quantitative		X		10/01/2005
NC	84703	HCG qualitative		X		10/01/2005
NC	85013	Blood count; spun microhematocrit		X		10/01/2005
NC	85014	Blood count; other than spun hematocrit		X		10/01/2005
NC	85018	Blood count; hemoglobin		X		10/01/2005
NC	85027	Blood count; complete		X		10/01/2005
NC	86592	Syphilis		X		10/01/2005
NC	86593	Syphilis		X		10/01/2005
NC	86631	Chlamydia		X		10/01/2005
NC	86632	Chlamydia, IgM		X		10/01/2005
NC	86689	HTLV or HIV antibody		X		10/01/2005

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NC	86694	Herpes simplex, non-specific type test	X	10/01/2005
NC	86695	Herpes simples, type 1	X	10/01/2005
NC	86696	Herpes simplex, type 2	X	10/01/2005
NC	86701	HIV – 1	X	10/01/2005
NC	86702	Antibody HIV-2	X	10/01/2005
NC	86703	HIV – 1&2	X	10/01/2005
NC	86781	Treponema pallidum, confirmatory test	X	10/01/2005
NC	87081	Culture, bacterial, screening only, for single organisms	X	10/01/2005
NC	87110	Culture, chlamydia	X	10/01/2005
NC	87207	Smear, primary source, with interpretation, special stain for inclusion bodies or intracellular parasites (e.g.,	Х	10/01/2005
	87210	Smear, primary source, with interpretation, wet mount with simple stain, for bacteria, fungi, ova, and/or		
NC		parasites	X	10/01/2005
	87270	Infectious agent antigen detection by enzyme immunoflourescent technique; adenovirus; Chlamydia		
NC		trachomatis	X	10/01/2005
NC	87273	Herpes symplex virus, type 2	X	10/01/2005
NC	87274	Herpes simplex virus, type 1	X	10/01/2005
NC	87285	Treponema pallidum	X	10/01/2005
	87320	Infectious agent antigen detection by enzyme immunoassay technique; adenovirus; Chlamydia trachomatis		
NC			X	10/01/2005
NC NC	87390	HIV-1	X	10/01/2005
NC	87391	HIV-2	X	10/01/2005
	87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia Trachomatis. Direct probe technique.		
NC			X	10/01/2005
	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia Trachomatis. Amplified probe		
NC		technique.	X	10/01/2005
NC	87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	X	10/01/2005
NC	87528	Herpes simplex virus, direct probe technique	X	10/01/2005
NC	87529	Herpes simplex virus, amplified probe technique	X	10/01/2005
NC	87530	Herpes simplex virus, quantification	X	10/01/2005
NC	87534	HIV-1, direct probe technique	X	10/01/2005
NC	87535	HIV-1, amplified probe technique	X	10/01/2005
NC	87536	HIV-1, quantification	X	10/01/2005
NC	87537	HIV-2, direct probe technique	X	10/01/2005
NC	87538	HIV-2, amplified probe technique	X	10/01/2005
NC	87539	HIV-2, quantification	X	10/01/2005

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NC	87590	Neisseria gonorrhea, direct probe technique	X		10/01/2005
NC	87591	Neisseria gonorrhea, amplified probe technique	X		10/01/2005
NC	87592	Neisseria gonorrhea, quantification	X		10/01/2005
NC	87810	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis			10/01/2005
NC	87850	Neisseria gonorrhea	X		10/01/2005
NC	88141	Cytopathology, cervical or vaginal; requiring interpretation by physician (use in conjunction with 88142-88154, 88164-88167)	Х		10/01/2005
NC	88142	Cytopathology, cervical or vaginal, automated thin layer preparation	X		10/01/2005
NC	88143	Cytopathology, manual screening & rescreening under physician supervision	X		10/01/2005
NC	88147	Cytopathology smears, screening by automated system under physician supervision	X		10/01/2005
NC	88148	Cytopathology, screening by automated system with manual rescreening	X		10/01/2005
NC	88150	Cytopathology, manual screening under physician supervision	X		10/01/2005
NC	88152	Cytopathology, slides, cervical or vaginal	X		10/01/2005
NC	88153	Cytopathology, slides, manual screening & rescreening under physician supervision (use in conjunction with 88142-88154, 88164-88167)	X		10/01/2005
NC	88154	Cytopathology, slides, computer assisted	X		10/01/2005
NC	88164	Cytopathology, slides, cervical or vaginal	X		10/01/2005
NC	88165	Cytopathology, slides, cervical or vaginal	X		10/01/2005
NC	88166	Cytopathology, slides, computer assisted rescreening	X		10/01/2005
NC	88167	Cytopathology, slides, cervical or vaginal	X		10/01/2005
NC	88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	Х		11/04/2009
NC	88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision.	x		11/04/2009
NC	88302	Surgical pathology, gross and microscopic examination	X		10/01/2005
NC	89310	Semen analysis; motility and count (not including Huhner test)	X		10/01/2005
NC	93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report		Х	10/01/2005
NC	93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only		Х	10/01/2005
NC	99050	Services requested after posted office hours in addition to basic service	X		10/01/2005
NC	99201	Office/outpatient visit; new patient physician time approximately 10 minutes	Х		10/01/2005
NC	99202	Office/outpatient visit; new patient moderate, physician time approximately 20 minutes	X		10/01/2005
NC	99203	Office/outpatient visit; new patient moderate, physician time approximately 30 minutes	X		10/01/2005
NC	99204	Office/outpatient visit; new patient complex, physician time approximately 40 minutes	Х		10/01/2005
NC	99205	Office/outpatient visit; new patient complex, physician time approximately 60 minutes	X		10/01/2005

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ATTACHMENT B

North Carolina Family Planning Waiver Procedure Code List

NC	99211	Office/outpatient visit; established patient minimal, physician time approximately 5 minutes	X	10/01/2005
NC	99212	Office/outpatient visit; established patient minor, physician time approximately 10 minutes	X	10/01/2005
NC	99213	Office/outpatient visit; established patient severe, physician time approximately 15 minutes	X	10/01/2005
NC	99214	Office/outpatient visit; established patient severe, physician time approximately 25 minutes	X	10/01/2005
NC	99215	Office/outpatient visit; established patient severe, physician time approximately 40 minutes	X	10/01/2005
NC	99241	Office consultation; new or established patient minor, physician time approximately 15 minutes	X	10/01/2005
NC	99242	Office consultation; new or established patient low, physician time approximately 30 minutes	X	10/01/2005
NC	99243	Office consultation; new or established patient moderate, physician time approximately 40 minutes	X	10/01/2005
NC	99244	Office consultation; new or established patient severe, physician time approximately 60 minutes	X	10/01/2005
NC	99245	Office consultation; new or established patient complex, physician time approximately 80 minutes	X	10/01/2005
NC	99281	Emergency Department visit	X	10/01/2005
NC	99385	Initial comprehensive preventive medicine, new patient, 18-39 years	X	10/01/2005
NC	99386	Initial comprehensive preventive medicine, new patient, 40-64 years	X	10/01/2005
NC	99395	Periodic comprehensive preventive medicine, established patient, 18-39 years	X	10/01/2005
NC	99396	Periodic comprehensive preventive medicine, established patient, 40-64 years	X	10/01/2005
NC	00840	Anesthesia Intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified.	X	10/01/2005
NC	00851	Anesthesia Intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection.	X	10/01/2005
	00921	Anesthesia for procedure on male genitalia (including open urethral procedures); vasectomy, unilateral or		
NC		bilateral.	X	10/01/2005
NC	J1055	Depo-Provera – 150mg/ml – Limited to one injection <u>every 70 days</u>	X	10/01/2005
NC	J7300	Intrauterine copper contraceptive (Paragard T380A)	X	10/01/2005
NC	J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena IUD)	X	10/01/2005
NC	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies (Implanon)	X	11/04/2009
NC	S4993	Contraceptive pills for birth control	X	11/04/2009
		NEW CODES PROPOSED FOR APPROVAL BY CMS UNDER RENEWAL WAIVER*		
	87621	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative;		
NC		papillomavirus, human, probe technique amplified	x	
NC	Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	X	
NC	11983	Removal, with reinsertion, non-biodegradable drug delivery implant	X	
1		* Approved by Dr. Forest prior to her departure, after discussion in Clinical/MMIS Committee 12/09		

4/20/2012