Oregon**Contraceptive**Care (CCare)
Annual Project Evaluation Report for the Life of the Program
1999 - 2015
Submitted January 2016

Introduction

Oregon ContraceptiveCare, or CCare, (formerly known as FPEP) aims to reduce unintended pregnancies and improve the well-being of children and families in Oregon. Under CCare, a Section 1115(a) waiver is used to expand Medicaid coverage for family planning services to all men and women of reproductive capacity with household incomes at or below 250% of the federal poverty level (FPL). Teens' eligibility is based on their own incomes. The project was authorized for a five-year period beginning in January 1999, was renewed for an additional three years in 2000, 2006 and in 2009. The state is proposing to extend the waiver for an additional 5-years. This evaluation report covers the entire lifetime of the waiver, from 1999 to2015. However, data availability varies by measure, 2014 being the most current year for most measures.

The objectives discussed in this report can be grouped into three categories: (1) immediate outcomes for CCare clients; (2) intermediate outcomes for both CCare clients and the waiver's target population; and (3) long-range outcomes for Oregon's reproductive-age population as a whole. The objectives will be discussed in that order. Charts and figures are included following the narrative. Please note that the objectives are numbered according to their original order. It should also be noted that the below objectives were first outlined in the evaluation plan of the waiver renewal application approved in 2009. Thus, they do not reflect the widespread changes to the health care and policy landscape, including ACA and Medicaid expansion, which have impacted both the objectives and their original targets.

Immediate Outcomes

Objective 1: Increase the number of clients seen at OHA family planning clinics. [2012 target: 70,000 at Title X clinics; 135,000 system-wide.]

Expanding the availability of birth control and reproductive health services is the primary mechanism by which CCare is intended to avert unintended pregnancies and improve child and family well-being. To determine whether improved availability of subsidized services is resulting in increased utilization, we have been tracking the number of clients seen at Oregon Health Authority (OHA) family planning clinics over time. Data for tracking this objective came from the Oregon family planning client data system and are available through 2014.

OHA's public family planning network consists of two types of sites: Title X clinics that existed before CCare and started offering CCare services to eligible clients when the project began; and CCare-only sites, which have joined the network in the years since the project's inception. Currently, there are 141 Title X and CCare clinic sites throughout the state. For Objective 1, we monitor client volume first at Title X sites only and secondly at all sites together. Changes in client volume at Title X sites illustrate how CCare has affected utilization of family planning services under a relatively static level of provider capacity. In

contrast, system-wide variations in client volume reflect changes in both utilization and system capacity.

As shown in *Figure 1*, the number of clients seen in OHA Title X clinics has increased since CCare began. Before 1999, the annual number of clients was fairly stable, averaging about 52,000. After 1999, the number of clients served increased each year until 2005, with a net increase of 72% from 1998 to 2004. Client volume increased within each of the sub-groups that are particular foci for CCare: clients at less than 185% of FPL (the FPL limit for the time period of interest); male clients; and teen clients.

The 2005 drop seen in *Figure 1* is a result of one of the largest providers in the state becoming a direct Title X grantee in July of that year; because the provider is no longer a delegate of the state, its clients do not count toward our Title X total. Client numbers continued to decline between 2005 and 2008; this decline can be attributed to three factors: 1) the citizenship documentation requirements of the Deficit Reduction Act (DRA); 2) mandatory collection of Social Security Numbers (SSNs) for teen applicants; and 3) restriction of eligibility to individuals without creditable insurance coverage. These requirements were implemented in 2006. Despite sustained outreach efforts, client numbers continued to decline.

Changes in client volume system-wide are shown in *Figure 2*, where the impact of the Medicaid waiver is most clearly visible. Total number of clients served at OHA-affiliated clinics grew from an average of 52,000 per year before CCare to almost 157,000 in 2005. However, total client volume declined by 6% in 2006, the first-ever decline in clients served since the waiver began. This decline continued through 2014, as ACA provisions, including Medicaid expansion, went into effect. Examining payment source data implicates the CCare eligibility changes described above as the primary cause of the pre-2014 changes in client volume; the number of CCare clients dropped by 38% between 2005 and 2013.

Further analyses of family planning visits by time period and payer has demonstrated a 33% overall drop in CCare clients since 18 months prior to the 2006 eligibility changes and 18 months after the eligibility changes. Teenage and African American clients have been particularly affected by the eligibility changes, with a 47% decline in visits among teenage clients and a 49% decline in visits among African American clients. The precipitous drop in these two client groups further indicates that the citizenship documentation requirements of the DRA negatively impacted those who are truly eligible for the program.

Between 2009 and 2010, however, client volume increased approximately 27%, with 137,032 clients seen at all agencies, surpassing the 2012 target of 135,000. However, visit data indicate that client numbers have begun to decrease since, to 78,980 in 2014. In particular, there were notable decreases in client numbers among clients with CCare as a source of pay between 2013 and 2014 (59,467 and 35,948, respectively). This decrease can be attributed to Medicaid expansion, in which approximately 38% of clients enrolled in CCare during 2014 transitioned to the state's full-benefit Medicaid program, the Oregon Health Plan (OHP).

Objective 8: Increase the proportion of clients who receive help to access primary care services and comprehensive health coverage. [2012 target: 55%]

Objective 8 was created at the time of CCare's first renewal to monitor progress toward the newly added goal of ensuring that clients received assistance with access to primary care services and coverage. To track this objective, we use data from our own Customer Satisfaction Survey (CSS), a system-wide, self-administered client exit survey conducted approximately every other year. Sample selection for the CSS takes place at the clinic level and is typically designed to ensure representation of all but the very smallest volume clinics (those with less than 10 visits per week). Both CCare and non-CCare clients participate at the sampled clinics. The most recent data available come from the CSS administered in the fall of 2013. Results from 2003 (baseline), 2005, 2007, 2009, 2011, 2013, and 2015 are shown in *Figure 3*.

In 2003, 25% of clients reported that they had been offered help to locate a primary care provider. Thirty-six percent (36%) reported that they had been offered a brochure or other help to access comprehensive health coverage. In 2005, these figures climbed to 59% and 48%, respectively. In 2007, 42% of respondents reported receiving help finding a place to go for general health services and 44% reported receiving help accessing health insurance. In 2009, a greater percentage of survey respondents reported receiving help than in any other year. Sixty-four percent (64%) reported receiving information about where to access general health services and 60% reported receiving help accessing health insurance. In 2009, survey participants were also asked about their insurance status. In 2013, 49.9% of clients said they had been offered information on one or more of the following: Medicaid, the Oregon Health Plan, FHIAP (Family Health Insurance Assistance Plan), or other public health insurance and 48.7% of clients said they had been offered information about where to go for general health services. Both of these proportions represent an increase compared to the 2011 survey, in which 37% of respondents said they were offered information about public health insurance and 42% said they were offered information about where to go for general health services.

In 2015, approximately 40% of CSS respondents indicated that they had received help getting primary care services and coverage. This represents a fairly dramatic decline which can be attributed to two factors. First, only 20% of all survey respondents answered these questions, highlighting the need to review the phrasing of these questions and possibly reword them in future iterations of the survey. Second, as more individuals gain comprehensive insurance coverage and access to primary care services through ACA and Medicaid expansion, it is possible that clinic staff are not offering assistance to individuals to get primary care coverage or services if there is no need (i.e. the client already has both coverage and access to services). As shown in *Figure 4*, those without insurance for primary care were much more likely to have received information about both public health insurance and accessing general health services than those with insurance.

It should be noted that it is not possible to distinguish between clients with CCare and other sources of pay in the CSS data. Therefore, we are unable to assess whether those who did not report receiving assistance are non-CCare clients, to whom the requirement does not apply and which may account for the low figures.

CCare program staff continue to conduct ongoing CCare Enrollment Form audits on a random sample of medical records. These audits include a review of the primary care referral requirement to ensure that this objective is met. Furthermore, the primary care referral requirement continues to be a focus for CCare provider training.

Objective 9: Restore CCare client volume to pre-2006 levels. [2012 target: 100,000 CCare clients served]

This objective was added in 2006 in response to three waiver eligibility changes that occurred that year: documentation of U.S. citizenship in accordance with the DRA; restriction of enrollment to individuals without creditable insurance; and mandatory collection of SSNs from teens. (Note: sub-analyses have been conducted to determine whether minors who voluntarily provided an SSN prior to its being required were more likely to return after the eligibility change than minors who were not able to supply their SSNs. Findings indicate that among those minors who voluntarily provided an SSN prior to its requirement, 52.3% returned to the clinic compared to 37.2% of minors who did not provide an SSN before the requirement.) Anticipating that these changes would increase barriers to family planning services and therefore reduce the number of clients served, Oregon's goal for this measure was to restore client volume to its pre-2006 levels by 2009.

Number of CCare clients served each year is shown in *Figure 5*. As noted above, CCare clients dropped in 2006 for the first time in the waiver's history due to eligibility changes. More recently, a precipitous decline in client volume between 2013 and 2014 can be attributed to Medicaid expansion and the transition of CCare clients into full-benefit Medicaid. This objective will be retired for the next waiver renewal period, as it has been rendered less relevant since implementation of ACA and Medicaid expansion.

Intermediate Outcomes

Objective 2: Increase the proportion of clients who use a highly effective contraceptive method. [2012 target: 75% for adults; 83% for teens.]

Highly effective methods of birth control, such as IUDs or hormonal methods, tend to be more expensive than barrier methods like condoms or diaphragms. For clients who must pay full or partial fees for reproductive health services, the greater cost of highly effective methods may present a barrier to their use. Objective 2 allows us to judge whether CCare, which expanded the number of people eligible to receive contraception at no cost to themselves, has led to increased use of highly effective methods among family planning clients.

The data used to track this objective came from the Region X Title X Information System. In the analysis, we focused on data from Title X-supported clinics; clients who visited CCare-only providers were excluded because of a lack of comparative data for the time period before CCare began. Methods categorized as "highly effective" were: IUDs, oral contraceptives, the Patch (Ortho Evra®), the Ring (NuvaRing®), Depo-Provera®, implants,

sterilization, and abstinence. (Less effective methods include condoms, spermicides, diaphragms, cervical caps, sponges, withdrawal, and the rhythm method.) Women using unspecified "other" methods were excluded from analysis since it was not possible to determine how effective their method might be.

Figure 6 shows what proportion of female clients at Title X-supported sites were using a highly effective method, from 1996 to 2014. Among adults, the proportion increased from 69% to 72% over the first year of CCare and has gradually increased since then, with a slight dip in 2014. Among teen clients, the proportion using highly effective methods has increased by over 22% since CCare began. In 2014, 74.9% of adults and 86.6% of teens used highly effective contraceptive methods. The 1996–2014 increases are statistically significant for both adults and teens, and appear to be continuing on an upward trend. Nevertheless, it is unlikely that the proportion of clients using highly effective methods will ever approach 100%. A significant number of women are unable or unwilling to use methods with high contraceptive efficacy because of contraindications (e.g., oral contraceptives are contraindicated for smokers) or unacceptable side effects (e.g., heavy menstrual bleeding associated with Copper-T IUDs). Family planning services research suggests that women are most likely to use contraception effectively when they are able to choose a method with which they feel comfortable.[1] So while CCare providers are required to provide information about all contraceptive choices, including the effectiveness of each method, the primary message is to "choose the method that's right for you."

Objective 4a: Increase the proportion of reproductive-age Oregonians who use a highly effective contraceptive method. [2012 target: 73%.]

This objective has the same rationale as Objective 2 above but the population of interest in this case is Oregon's adult population of childbearing age rather than family planning clients. To monitor this objective, we use data from the Oregon Behavioral Risk Factor Surveillance System (BRFSS), a CDC-sponsored, population-based, telephone survey of non-institutionalized adults in the state. The specific BRFSS item used to track this objective first appeared on the questionnaire in 1998 and asks respondents what method they and/or their partners currently use to prevent pregnancy. Beginning in 2002, both male and female respondents answered this item but we restrict our analysis to female respondents to facilitate year-to-year comparisons. In all other respects, the analysis for this objective mirrors what is conducted for Objective 2.

Figure 7 reveals that the proportion of adult females in Oregon using a highly effective method changed slowly during the first few years of CCare but then climbed to a high of about 74% in 2002. Since then, the proportion has remained fairly consistent. In 2011, the year for which we have most recent data, 73.6% of adult women in Oregon reported using a highly effective method. This represents an increase from 2010 (70.0%). The 2002 figure is a statistically significant improvement from 1999 but none of the other year-to-year differences are statistically significant. *Figure 8* shows effective method use by respondent FPL, split at 185% as a proxy for CCare's target population through 2011, and subsequently split at 250% starting in 2012 when CCare's eligibility limit increased to 250% FPL. Over the time period

[1] Becker et al. (2007). The quality of family planning services in the United States: Findings from a Literature Review. Perspectives on Sexual and Reproductive Health 39(4), 206-215.

shown, the overall trend among women under 185% FPL is toward increased use of effective methods, with an observable increase from 2004 to 2009. In 2011, 73.5% of women under 185% FPL reported using highly effective methods, similar to rates seen during the previous 5 years. Use of more effective methods among women above 185%/250% FPL has remained fairly steady since 2005.

As with any survey data source, however, BRFSS estimates are subject to sampling error. Error bars are included in *Figures 7* and *8* to show the 95% confidence interval around each yearly estimate. Overlapping confidence intervals can be interpreted as evidence of no statistically significant difference between estimates. The sub-analysis by FPL has some additional limitations. The first is that BRFSS respondents report their income in ranges, not exact amounts, so the FPL categorization is approximate at best. In some years, more than 10% of respondents refuse to supply income information at all. Furthermore, FPL can only act as a partial proxy for the CCare target population. U.S. citizenship, a second key CCare eligibility requirement, is not captured in BRFSS data, so the under 185%/250% FPL group used above may include women who were in fact not eligible for CCare because they were not citizens. Finally, the margins of error around estimates of contraceptive use by FPL are quite large: +/- 7% in some cases.

Objective 4b: Increase the proportion of sexually experienced high school students who report using a method of contraception at last intercourse. [2012 target: 90%]

To determine whether expanded availability of subsidized birth control and contraceptive management services is affecting birth control use among teens, we use data from the Youth Risk Behavior Survey (YBRS) and Oregon Healthy Teens Survey (OHT). Both are school-based surveys. The YRBS includes students in grades 9-12 and is conducted every odd year; the OHT focuses on 8th and 11th grade students specifically. Between 2001 and 2009, OHT was conducted annually; it is now administered every odd year. Both the YRBS and OHT questionnaires include an item asking participants what *one* method of contraception they used to prevent pregnancy at last intercourse. In our analysis, we examined responses to this question only among sexually experienced students, defined as those who had ever had intercourse. Students who said they used birth control pills, Depo® shots, condoms, withdrawal, or an unspecified "other" method were counted among contraceptive method users. Those who responded that they didn't know or were not sure about the method used were counted among the "no method" group.

Figure 9 shows the proportion of sexually experienced Oregon high school students who used a method of contraception at last intercourse. (*Note, the YRBS was not conducted after 2007, due to lack of school participation. Only OHT data is reported for this objective after 2007.) YRBS data indicate that the proportion increased by a statistically significant 5 percentage points from 1997 (81.9%) to 2007 (86.9%). Error bars are included for the YRBS figures but may not be visible on the graph because they are fairly small. 2013 OHT data show that 84.7% of 11th graders and 77.2% of 8th graders reported using contraception at last intercourse. It should be noted that starting in 2013, students reporting withdrawal as their method were no longer included in the numerator, which may account for the slight drop in rates among 11th graders.

Long-range Outcomes

Objective 5a: Decrease the proportion of Oregon births classified as unintended. [2012 target: 37%]

Information on the intendedness of births in Oregon is found in Oregon's Pregnancy Risk Assessment Monitoring System (PRAMS). Launched in 1998, Oregon PRAMS is a population-based, mail and phone survey of women that draws its sample from the state birth certificate file. National standard methodology is used to assess pregnancy intent: women are asked to think back before their recent pregnancy and report whether they had wanted to become pregnant at that time, sooner, later, or not at all. Pregnancies that occur too soon are classified as mistimed, those that are not wanted at all are labeled unwanted, and those two categories together form the unintended group. Pregnancies that occur too late or "at about the right time" are considered intended. Using this categorization, the proportion of Oregon births that were unintended was estimated at 39.5% in 1998-99 and decreased to a low of 37.3% in 2004. Between 2005 and 2009, however, this figure has increased each year to a high of 41.2% in 2009. However, 2010 and 2011 data indicate a statistically significant decrease in the rate; 36.6% of Oregon births were unintended in both 2010 and 2011. 2012 data indicate a slight backtracking in the proportion of births that were unintended; we will continue to track this measure closely to assess if this increase persists in coming years *(Figure 10).*

We also examined birth intent by FPL and source of payment for delivery. For the first analysis, PRAMS data on approximate income and number of family members were used to create two groups of women: those whose pre-pregnancy income was at or below 185% FPL (i.e., within the range for CCare eligibility) and those whose income was above that level. For the second analysis, responses to a question regarding payment for labor and delivery were coded to distinguish between Medicaid-paid deliveries and all others. Results of these two sub-analyses are shown in *Figures 11 and 12*.

Figure 11 reveals that women under 185% of FPL (the target population for CCare prior to April 2012) are generally more likely to have an unintended birth than those over 185%. Interestingly, women in the CCare target population experienced a stronger decline in unintended births from 1999-2001 than their counterparts (a reduction of 9.7% vs. 2.5%). While data for 2011 demonstrate a decrease in the unintended birth rate among women under 185% FPL, the rate returned to previous-year levels in 2012. Given the relatively large margins of error around each estimate, these changes are not statistically significant.

Some evidence of the same trends can be seen *Figure 12*. Overall, Medicaid-paid births in Oregon are more likely to be unintended than non-Medicaid paid births; this is consistent with national data.[2] The proportion of Medicaid paid births that were unintended has fluctuated between approximately 52% -56% since 1998-99, the first year the PRAMS was administered. In contrast, the proportion of non-Medicaid paid births that were unintended

[2] Williams L, Morrow B, Shulman H, Stephens R, D'Angelo D, Fowler CI. PRAMS 2002 Surveillance Report. Atlanta GA: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 2006.

has decreased steadily from 33.3% in 2000 to a low of 23.3% in 2005. Both sets of rates have continued to decrease since then, with the exception of unintended births among non-Medicaid-paid births in 2012. It should be noted, however, that all of these changes are well within the margin of error for this measure.

There are several limitations to both of these sub-analyses. The first is that FPL is at best a proxy for the waiver's target population, since income is only one aspect of CCare eligibility. Quality of the income and birth payment data is a second problem. PRAMS respondents give their income in ranges, rather than specific figures, and between 5 and 10% do not provide the information at all. Some women may not know, or may not be able to recall accurately, the source of payment for their child's delivery. Finally, the relatively small number of PRAMS participants (generally around 1,500 each year) means that the margin of error around estimates of birth intent by FPL or delivery source of pay is about +/- 5%.

The delivery payer results, in particular, should be interpreted in the context of demographic and programmatic shifts affecting Oregon's Medicaid population. Since 2000, the group of women with Medicaid-paid deliveries has included a growing proportion of women with Medicaid coverage for emergency services only. (Their Medicaid eligibility status is Citizen/Alien-Waived Emergency Medical, or CAWEM.) Because they are not citizens, these women are ineligible for the CCare services that could have helped them to avoid an unintended childbirth.

Objective 5c: Decrease the unintended pregnancy rate in Oregon. [2012 target: 36.5 per 1,000]

To estimate the unintended pregnancy *rate*, we use a three-step procedure very similar to the one outlined by Stanley Henshaw in his well-known article "Unintended Pregnancy in the United States."[3] In the first step, we estimate the proportion of Oregon's births (not pregnancies) that are unintended using PRAMS data. We then multiply the actual number of births in each year (obtained from the Center for Health Statistics, or CHS) by the unintended proportion to produce an annual number of unintended births in the state. Next, we multiply the annual number of abortions in the state by approximately 0.95 to derive an annual estimate of the number of unintended abortions in the state. [4] Finally, we add the unintended birth and abortion numbers together and divide the result by state population figures to produce an estimated unintended pregnancy rate per 1,000 women aged 15-44. The results of this analysis are shown in *Figure 13*. The state's unintended pregnancy rate declined from 44.3 per 1,000 in 1999 to a low of 36.6 per 1,000 in 2004. The decline between 2000 and 2004 is largely attributable to a reduced number of abortions each year. Between 2005 and 2007, the unintended pregnancy rate increased slightly to 40.8 per 1,000 women in 2007, but has since decreased to 33.1 per 1,000 women in 2012, the lowest rate since the measure has been tracked. This recent decrease can be attributed largely to the decline in the total number of pregnancies since 2007 and the drop in the unintended birth rate in 2010 and 2011.

[3] Henshaw, S. (1998). Unintended Pregnancy in the United States. Family Planning Perspectives, 30(1), 24-29 & 46.

[4] Approximately 95% of abortions are thought to result from unintended pregnancies. Personal communication: M. Zolna to R. Linz, 01/10/14.

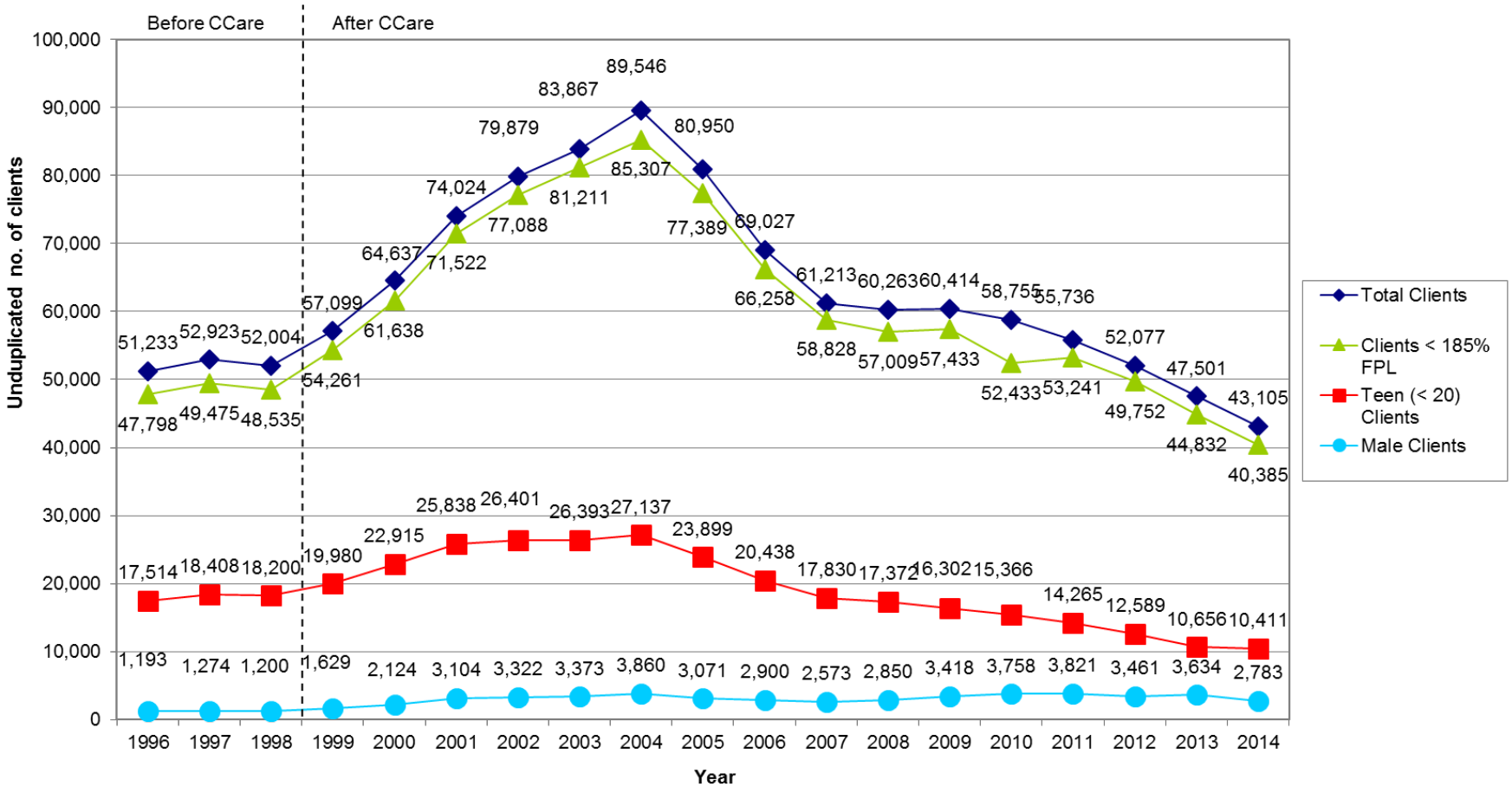
Objective 7: Decrease teen pregnancy rates in Oregon. (2012 target: 23.5 per 1,000 for 15-17 year olds; 80.0 per 1,000 for 18-19 year olds)

Teen pregnancy remains a topic of national concern. In the Oregon Vital Statistics Annual Report, CHS publishes data on the pregnancy rate for a variety of adolescent age groups. *Figure 14* presents these data for 1996 through 2014.

Teen pregnancy declined dramatically between 1996 and 2004: the 18-19 year old rate fell by 35% (122.9 per 1,000 to 79.5 per 1,000); the 15-19 year old fell by 40% (77.1 per 1,000 to 45.8 per 1,000); and the 15-17 rate fell by 50% (47.3 per 1,000 to 23.8 per 1,000). In all three age groups, the drop that occurred in the three years following CCare implementation (1999-2002) was greater than the decline experienced in the previous three-year period (1996 to 1999). Starting in 2005, Oregon teen pregnancy rates increased for the first time in about 10 years, depending on the age group. This trend is reflected nationally, where both teen birth and pregnancy rates rose in 2006, for the first time since 1991.[5] This increase appears to be reversing, however, with Oregon teen pregnancy rates among all age groups continuing to dramatically decline between 2006 and 2014. They are currently at their lowest rates ever since tracking began for this measure (12.4 per 1,000 per 15-17 year olds, 45.4 per 1,000 for 18-19 year olds; and 26.1 per 1,000 for 15-19 year olds.

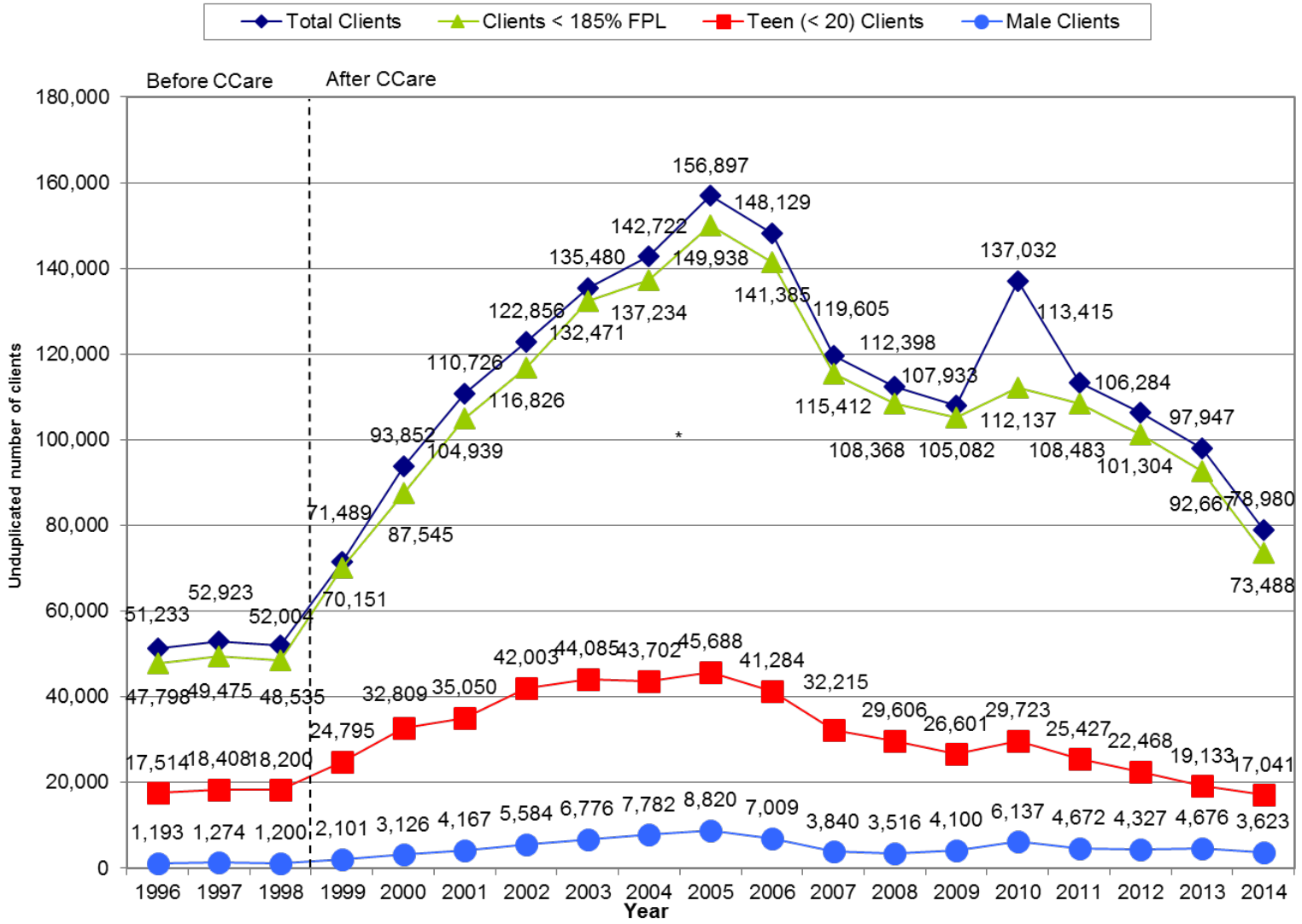
[5] Guttmacher Institute data report. "U.S. Teenage Pregnancies, Births, and Abortions: National and State Trends and Trends by Race and Ethnicity." January 2010. Accessible at: http://www.guttmacher.org/pubs/USTPtrends.pdf

Figure 1. Clients seen at Oregon *Title X* family planning agencies, 1996-2014. (Objective 1).



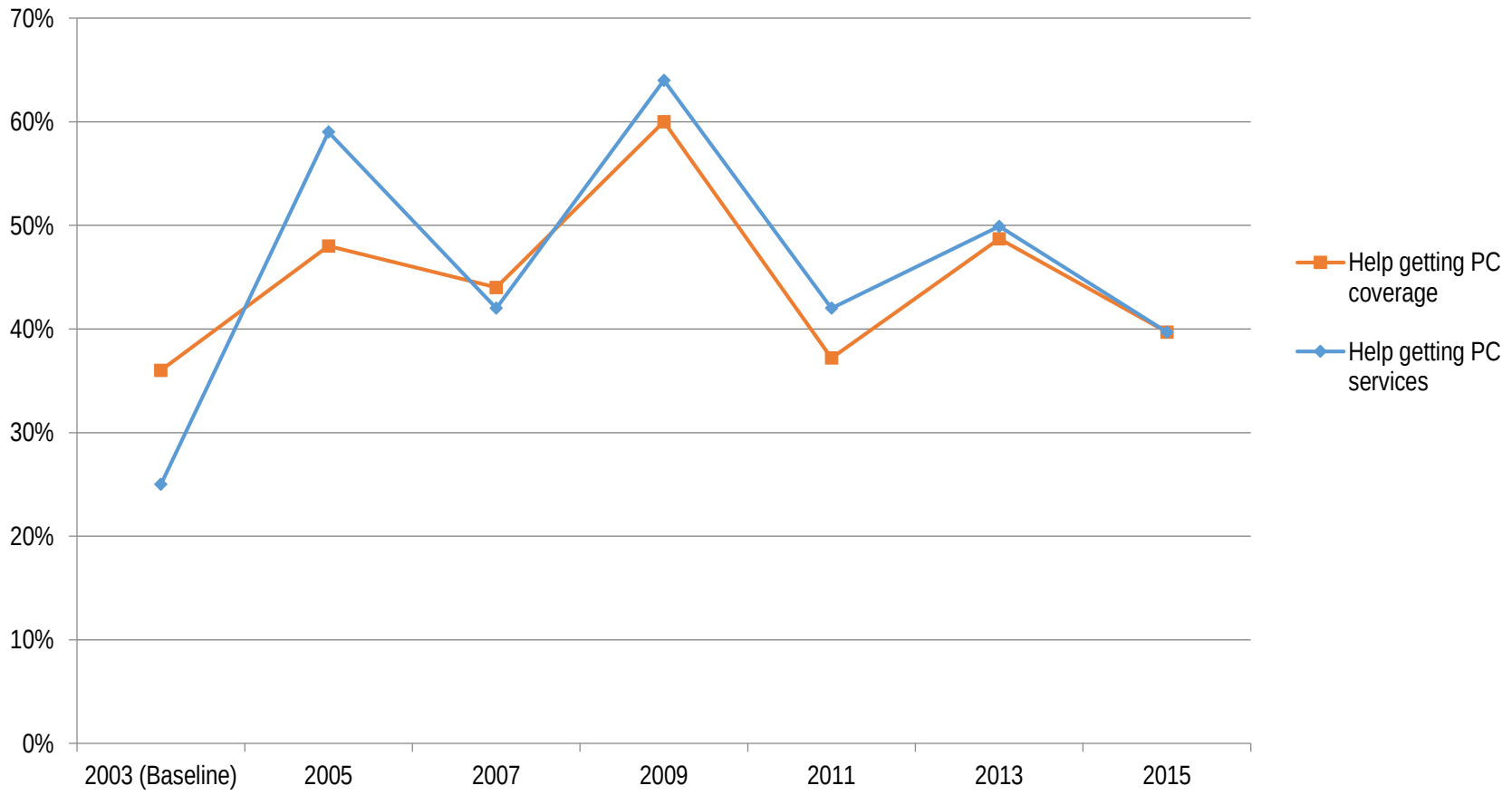
Data source: Oregon Information System

Figure 2. Clients seen at *all* Oregon family planning agencies (Title X and CCare), 1996-2014. (Objective 1).



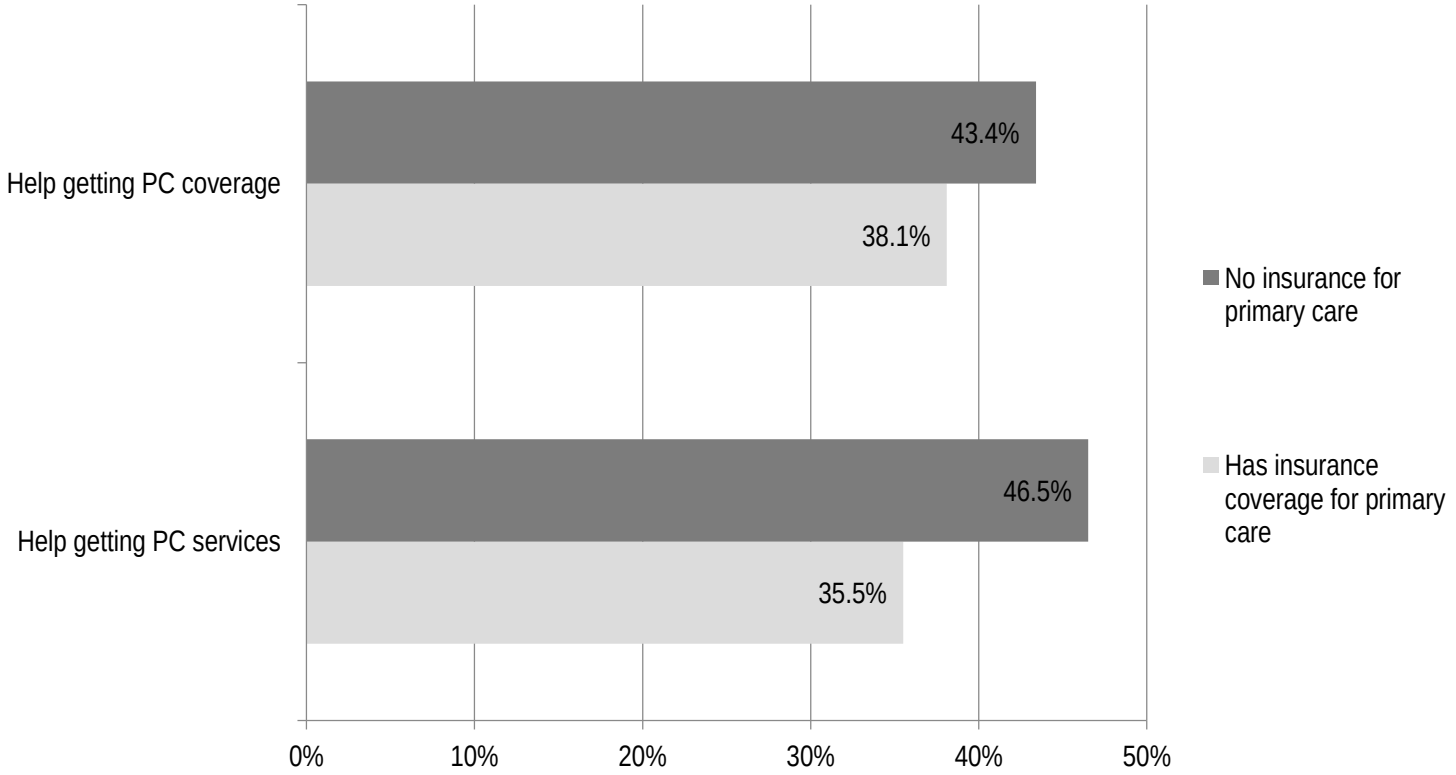
Data source: Oregon Information System

Figure 3. Proportion of Oregon family planning clients who received assistance with accessing primary care services and coverage, 2003, 2005, 2007, 2009, 2011, 2013 and 2015 (Objective 8).



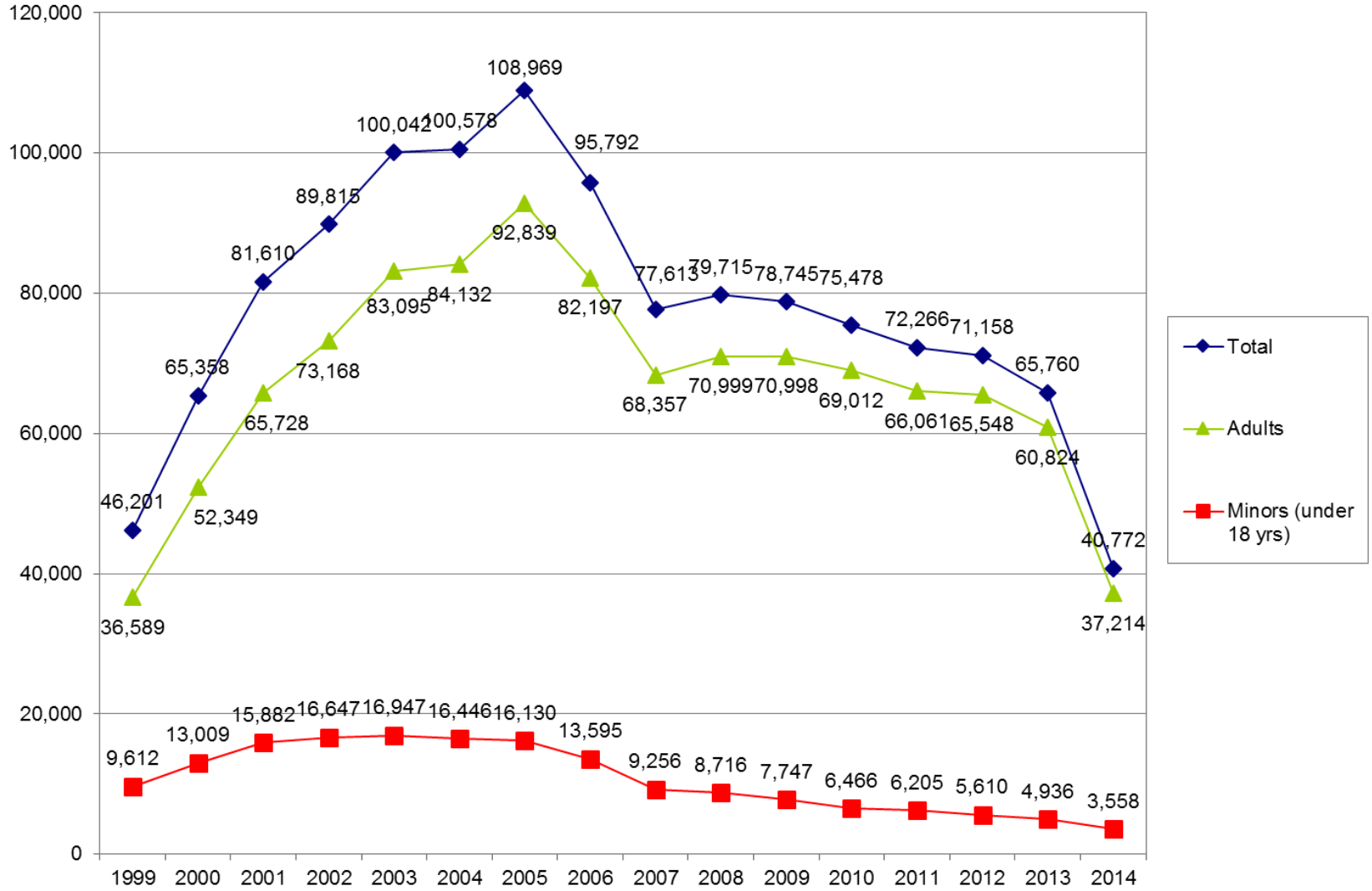
Data source: Oregon Reproductive Health Program, Client Satisfaction Survey

Figure 4. Proportion of Oregon family planning clients who received assistance with accessing primary care services and coverage, by insurance status, 2015.



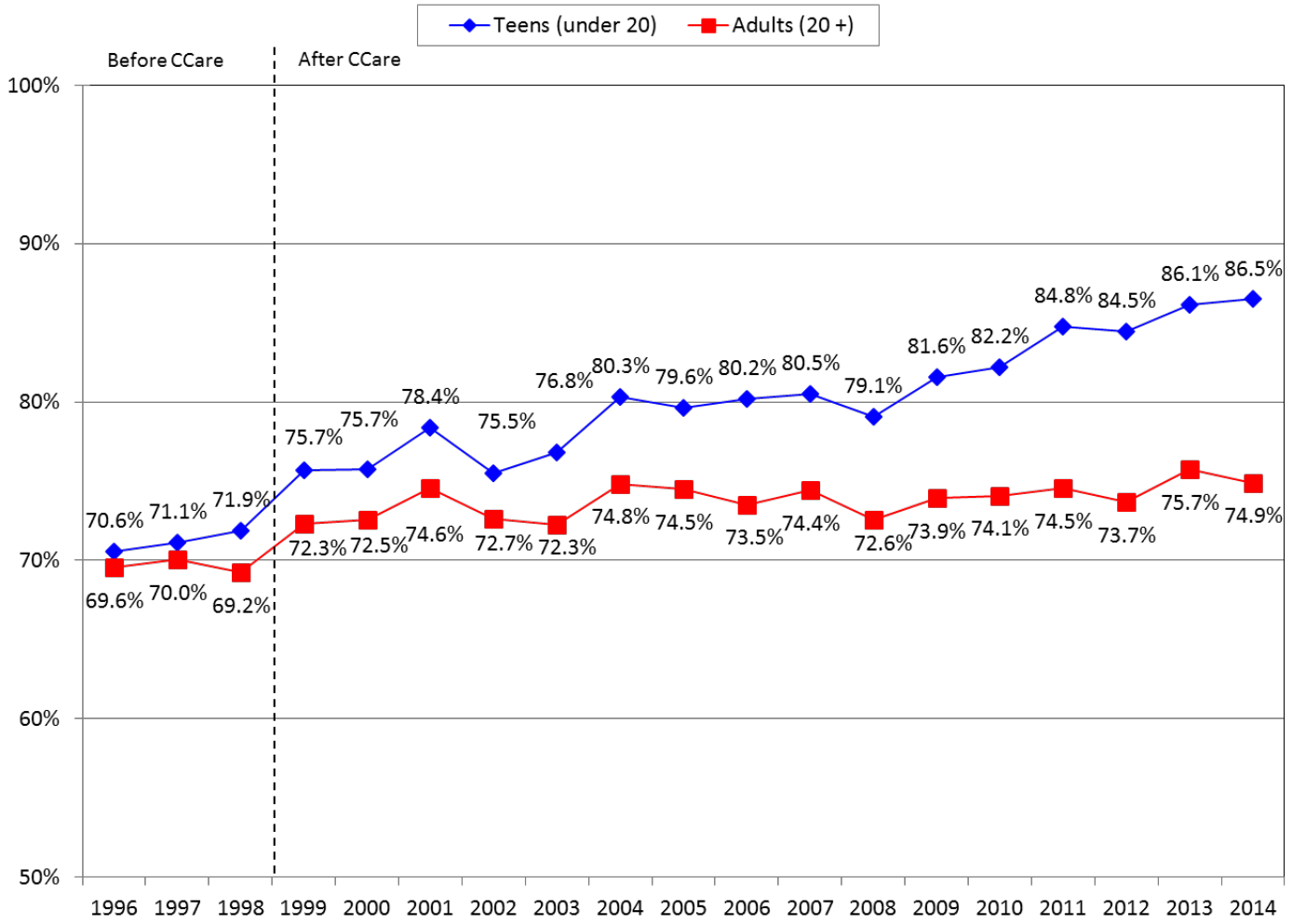
Data source: Oregon Reproductive Health Program, Customer Satisfaction Survey

Figure 5. CCare clients served, 1999 – 2014. (Objective 9).



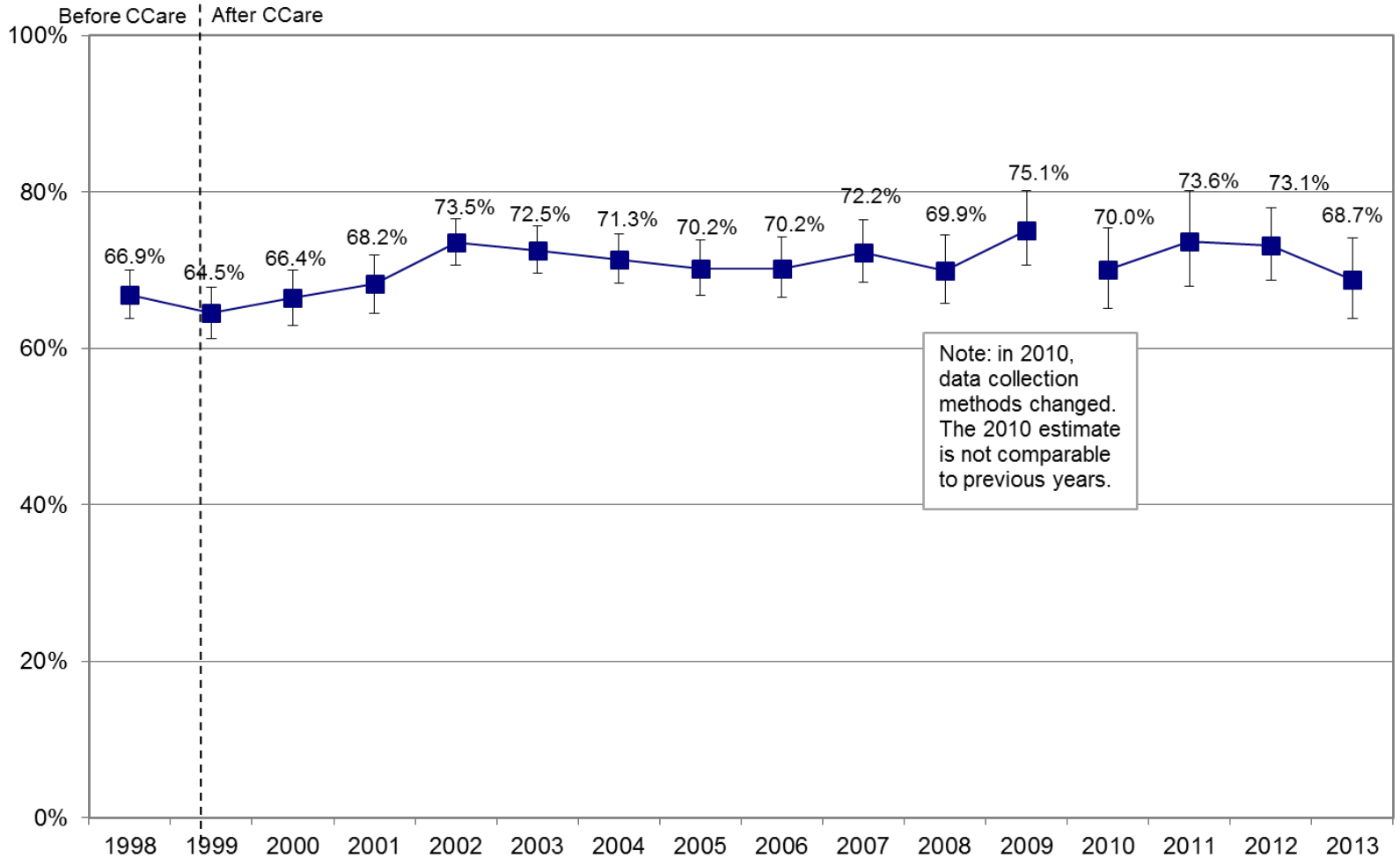
Data source: Oregon Information System

Figure 6. Proportion of female family planning clients at Oregon Title X agencies using highly effective contraceptive methods, 1996 – 2014. (Objective 2).



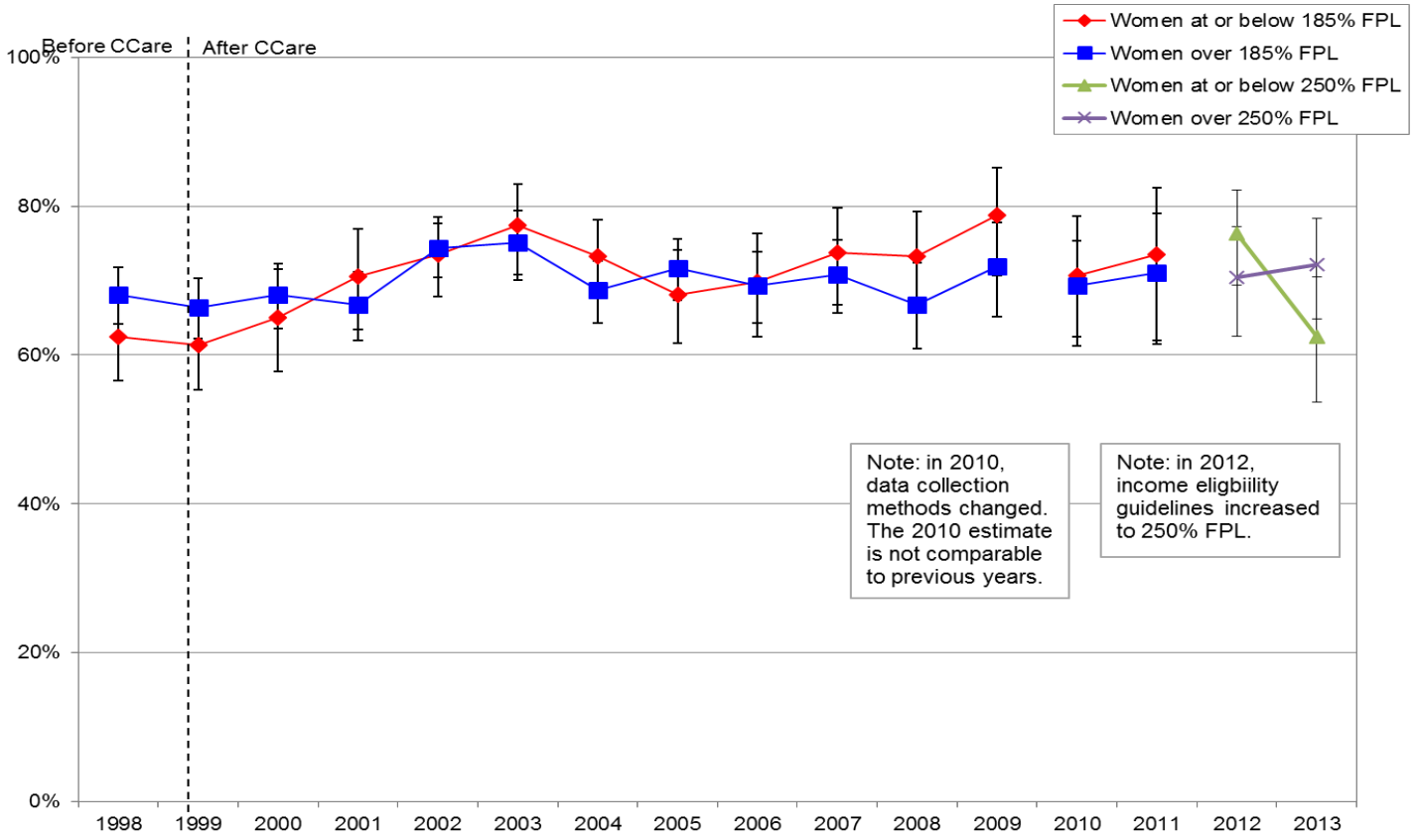
Data source: Region X Information System

Figure 7. Proportion of Oregon's female, reproductive-population using highly effective contraceptive methods, 1998-2013. (Objective 4a).



Data source: Oregon Behavioral Risk Factor Surveillance System (BRFSS). Error bars indicate 95% confidence interval around each estimate.

Figure 8. Proportion of Oregon's female, reproductive-population using highly effective contraceptive methods, by FPL, 1998-2013. (Objective 4a).



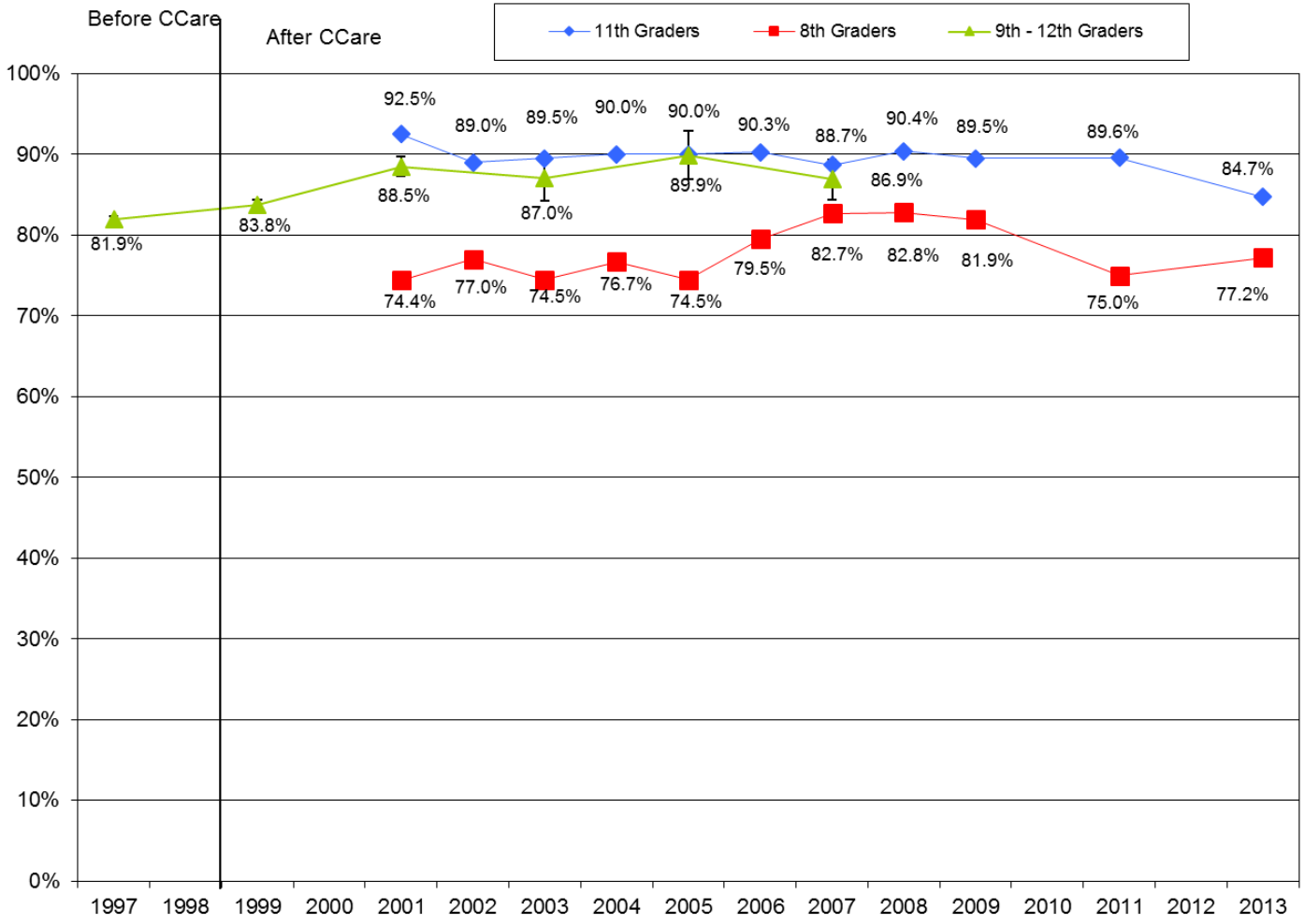
Data Table

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012^	2013^
At/under 185%^	62.4	61.4	65.0	70.5	73.5	77.4	73.3	68.1	69.8	73.8	73.2	78.8	70.7	73.5	76.3	62.4
Over 185%^	68.1	66.4	68.1	66.8	74.3	75.1	68.7	71.7	69.3	70.8	66.8	71.9	69.3	71.0	70.4	72.1

^Data table changes to at/under and over 250% FPL in 2012.

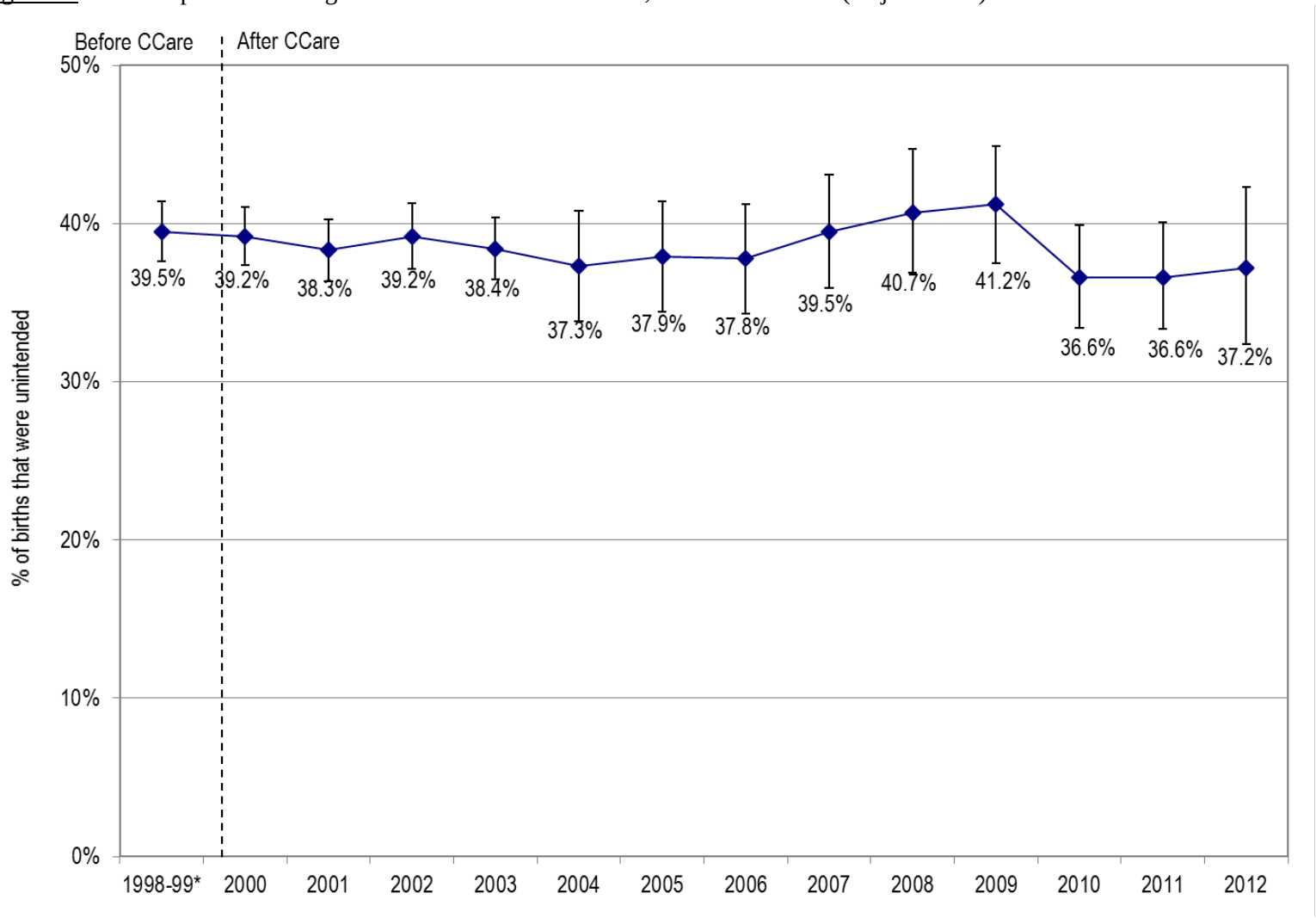
Data source: Oregon Behavioral Risk Factor Surveillance System (BRFSS). Error bars indicate 95% confidence interval around each estimate.

Figure 9. Proportion of Oregon sexually experienced students who used contraception at last intercourse, 1997 – 2013. (Objective 4b).



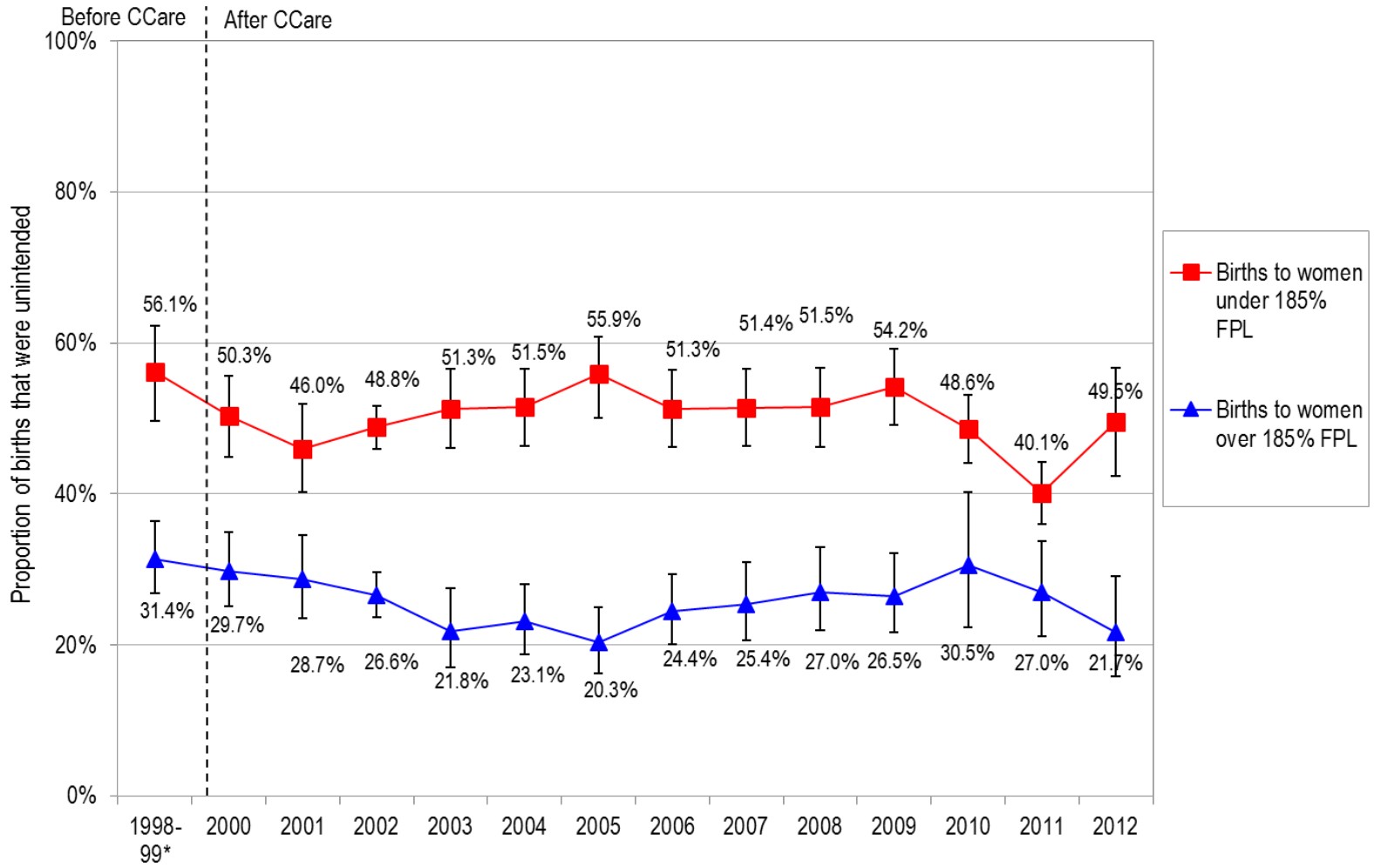
Data source: Oregon Youth Risk Behavior Survey (YRBS) for 9-12th grade and Oregon Healthy Teens survey (OHT) for 8th and 11th grade. Error bars indicate the 95% confidence interval around the YRBS-based estimates. YRBS not conducted after 2007.

Figure 10. Proportion of Oregon births that were unintended, 1998-99 – 2012. (Objective 5a).



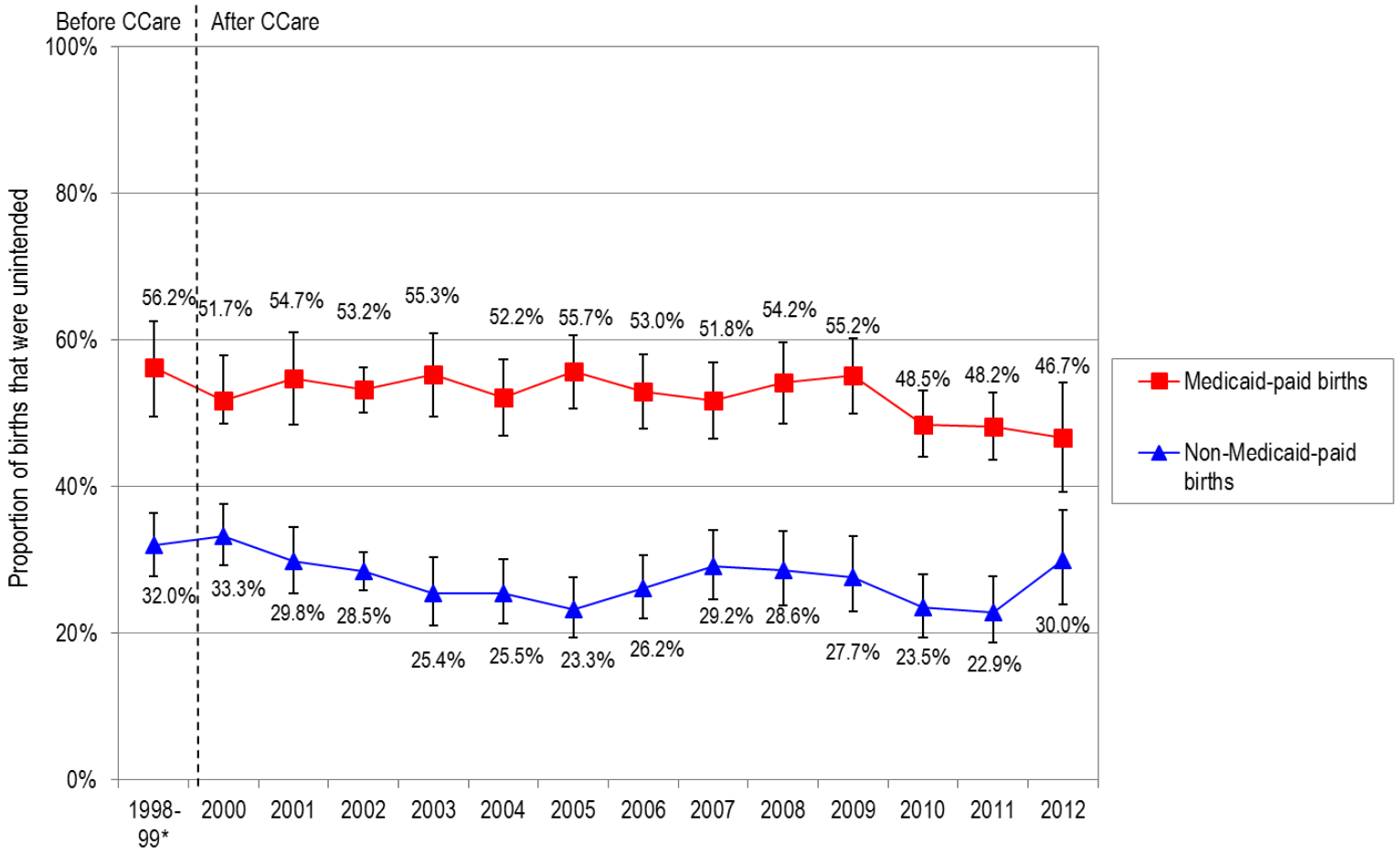
Data source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS). Error bars indicate 95% confidence interval around each estimate. *Data for births from August 1998 to August 1999

Figure 11. Proportion of Oregon births that were unintended, by FPL, 1998-99 – 2012. (Objective 5a).



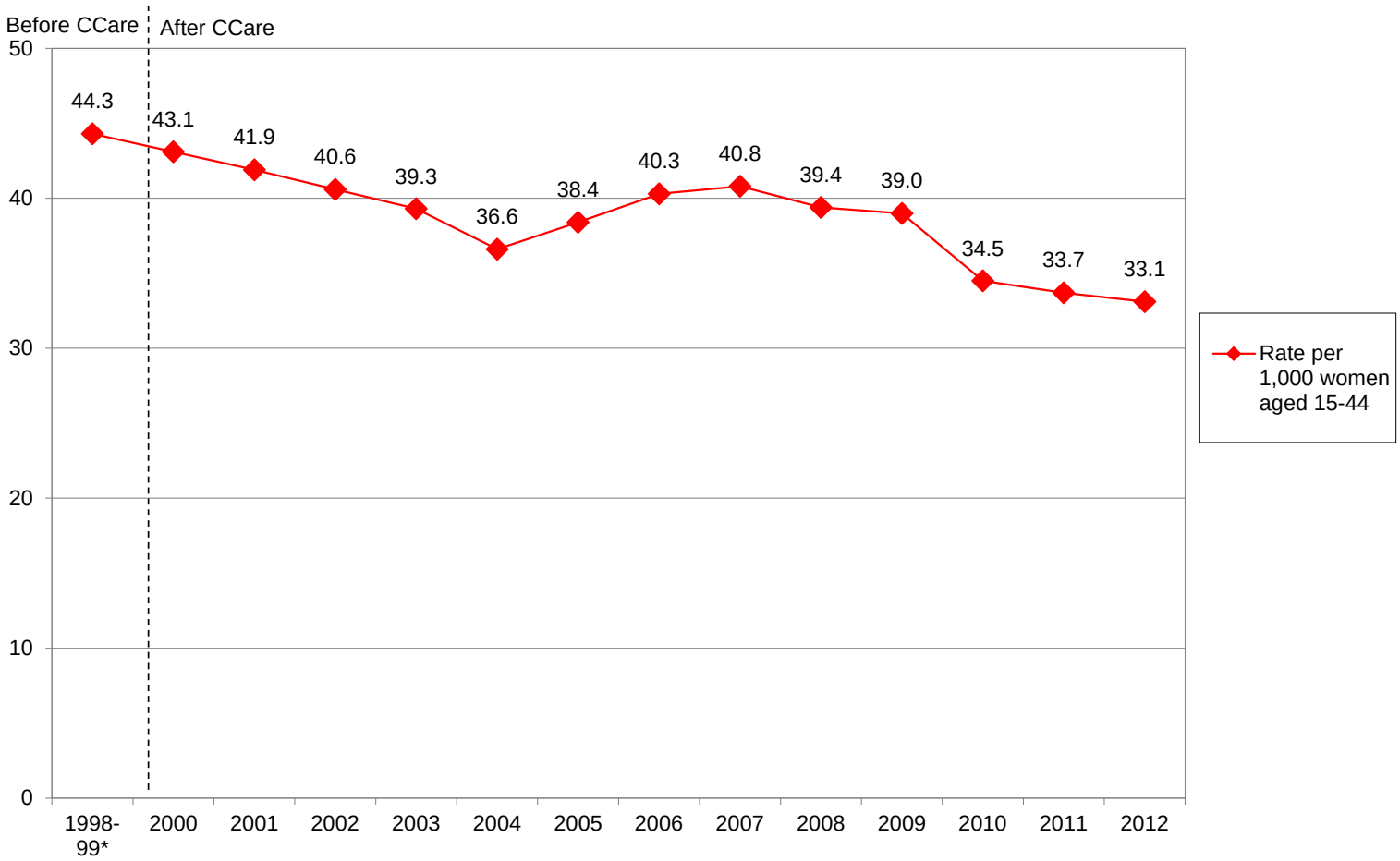
Data source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS). Error bars indicate 95% confidence interval around each estimate. *Data for births from August 1998 to August 1999

Figure 12. Proportion of Oregon births that were unintended, by delivery source of pay, 1998-99 – 2012. (Objective 5a).



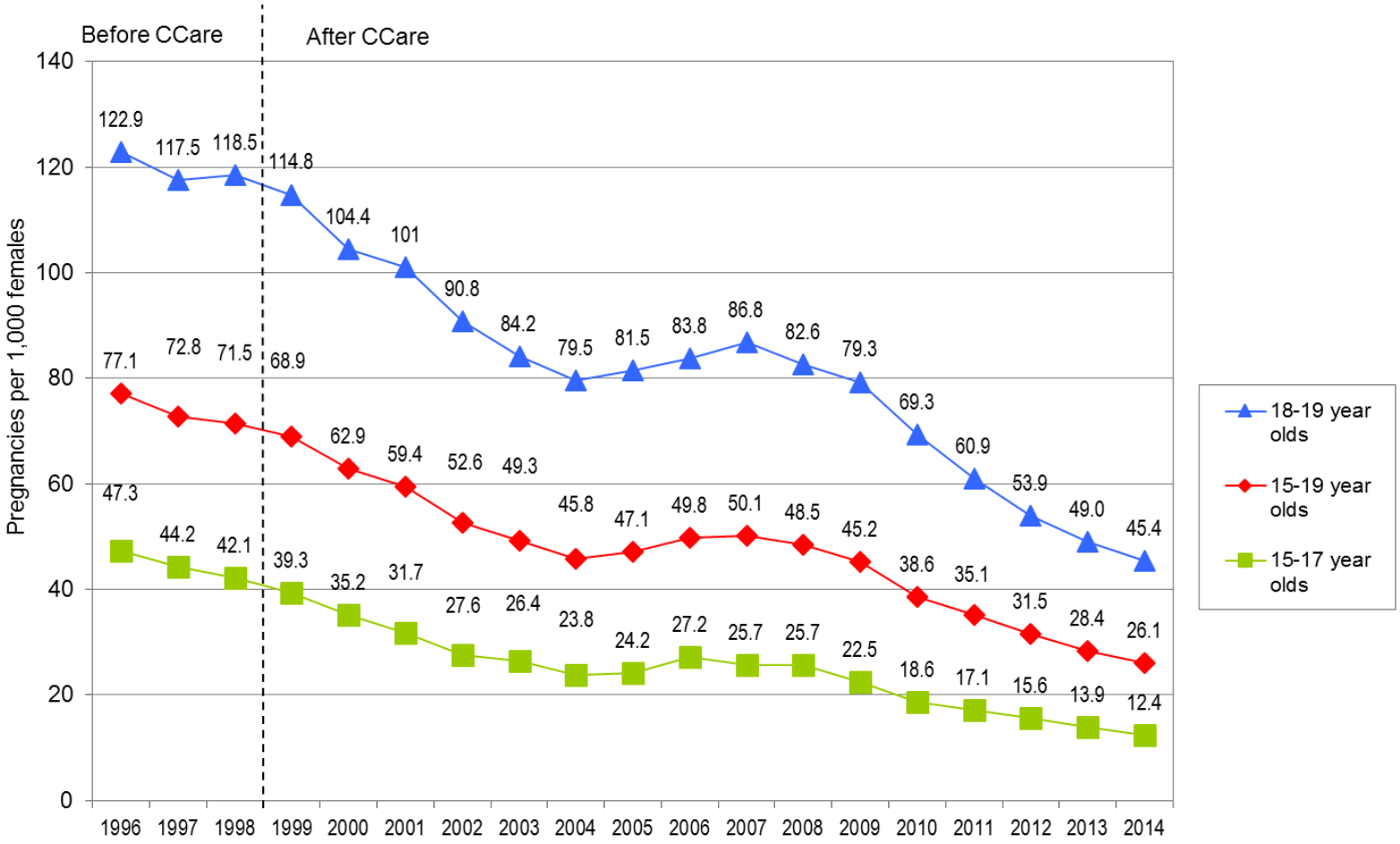
Data source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS). Error bars indicate 95% confidence interval around each estimate. *Data for births from August 1998 to August 1999

Figure 13. Unintended pregnancy rate in Oregon (per 1,000 women 15-44), 1998-99 – 2012. (Objective 5c).



Data source: Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) and Oregon Center for Health Statistics. *Data for births from August 1998 to August 1999

Figure 14. Oregon teen pregnancy rates (per 1,000 females in age group), 1996 – 2014. (Objective 7).



Data source: Oregon Center for Health Statistics.

Budget Neutrality Spreadsheet Narrative

For OregonContraceptiveCare (CCare), formerly known as FPEP, to be budget-neutral, the cost of providing contraceptive management services must be equal to or less than the savings realized through pregnancies averted. Fortunately for the program and its clients, family planning is very cost effective. Analysts have estimated that nationally, every $1.00 invested in helping women avoid pregnancies they did not want to have saved $3.74 in Medicaid expenditures that otherwise would have been needed. [1] A very stringent econometric analysis of CCare put Oregon's Medicaid savings at $1.30 per dollar spent.[2]

The following notes provide explanatory detail for the budget spreadsheets.

ALL Costs - WITHOUT DEMONSTRATION

- FP Services under Medicaid State Plan

  Persons: Actual number of Oregon Health Plan (OHP) enrollees who received a family planning service.

  Cost per person: Average fee-for-service cost/person for family planning services under OHP (among those who received a family planning service). Actual for 1999 – 2014; projected for 2015 using the average annual increase in CPI-Medical for 1999-2015 (3.67%).

  Total: Persons served x per capita service cost

- Deliveries under Medicaid State Plan

  Persons: Calculated for 1999-2014 as: Actual number of Medicaid deliveries + the estimated number of births averted by the waiver. For 2015, the without waiver number of deliveries is projected using the "annualized deliveries" growth rate specified in CMS' FP Budget Worksheet.

  Births averted were calculated for 1999-2015 by applying the base year (1998) fertility rate to the number of female clients served through CCARE. Oregon's base-year fertility rate is 99 per 1,000 women. It was calculated as the number of Medicaid births divided by the total number of women who were eligible for a Medicaid-paid birth. Oregon's Division of Medical Assistance Programs (DMAP) supplied the numerator data

[1]Guttmacher Institute, Contraceptive Needs and Services, 2008 Update, New York: Guttmacher Institute, 2010, <http://www.guttmacher.org/pubs/win/contraceptive-needs-2008.pdf>, accessed January 12, 2012.

[2] R. Lindrooth, "Measuring the Effect of Oregon's Family Planning Medicaid Waiver," (2008). Available upon request.

(Medicaid births). The denominator data came from the National Survey of Family Growth (conducted by the National Center for Health Statistics) and were the estimated number of fertile, sexually active women in Oregon who are under 185% FPL and neither pregnant nor seeking pregnancy in that year.

Cost per person: Actual for 1999-2015. Actual costs provided by DMAP and calculated by multiplying the per-member-per month (PMPM) cost of Medicaid coverage for women with pregnancy-related eligibility by the average number of months covered.

Total: Persons x cost per person

- First Year Infant Costs under Medicaid State Plan

  Persons: Same as persons for Deliveries under Medicaid State Plan above (1 delivery assumed to represent 1 infant).

  Cost per person: Actual for 1999-2015. Actual costs provided by DMAP and calculated by multiplying the per-member-per month (PMPM) cost of Medicaid coverage for infants under 1 year of age by the average number of months covered.

  Total: Persons x cost per person

ALL Costs - WITH DEMONSTRATION

- FP Services under Medicaid State Plan

  Persons: Number of Oregon Health Plan (OHP) enrollees who received a family planning service. Actual for 1999 – 2015.

  Cost per person: Average fee-for-service cost/person for family planning services under OHP (among those who received a family planning service). Actual for 1999 – 2015.

  Total: Persons x cost per person

- Deliveries under Medicaid State Plan adjusted for Demonstration Effects

  Persons: Number of Medicaid-paid births (including Medicaid births to waiver clients) identified in Oregon Health Plan (OHP) claims data. Actual for 1999-2014; projected for 2015 using average annual change over those years (1.5%).

  Cost per person: Actual for 1999-2015. Actual costs provided by DMAP and calculated by multiplying the per member-per month (PMPM) cost of Medicaid coverage for women with pregnancy-related eligibility by the average number of months covered.

  Total: Persons x cost per person

- First Year Infant Costs adjusted for Demonstration Effects

  Persons: Same as persons for Deliveries under Medicaid State Plan above (1 delivery assumed to represent 1 infant).

  Cost per person: Actual for 1999-2015. Actual costs provided by DMAP and calculated by multiplying the per-member-per month (PMPM) cost of Medicaid coverage for infants under 1 year of age by the average number of months covered.

  Total: Persons x cost per person

- Family Planning Services for Demonstration Participants

  Persons: Total CCARE-paid clients in time period. Actual for 1999-2015.

Cost per person:	Cost of family planning services delivered to clients. Actual for 1999-2015.
Total:	Persons x cost per person

FEDERAL Costs

All actual and projected data on the Federal Costs page were produced as noted above. The only difference between the All Costs and Federal Costs pages is that per capita line items on the Federal Costs page are adjusted to reflect the degree of Federal Financial Participation (FFP) for different categories. Oregon's regular and family planning federal matching rates (FMAP) are shown under Parameter Assumptions. Federal Cost calculations for 2014 and 2015 were obtained from the online Federal Register (http://aspe.hhs.gov/health/fmap.htm). It should be noted that the federal costs reported for family planning services for demonstration participants for 2011 include the actual costs based on all adjustments made to the CMS64 (including adjustments made due to Office of Inspector General Audit findings) during this time period. They are not based solely on the family planning matching rates (FMAP) for 2011.

Administrative Costs

Actual for 1999-2015 (2015 not yet final).

Personnel	Staff salaries and benefits
Systems Changes	Ongoing operation of eligibility and billing systems for CCare
Public Awareness	CCare client and provider outreach materials/activities
Evaluation	Survey administration and other data collection; analytic software and activities
Other	All remaining costs

BIRTHS AVERTED CALCULATIONS FOR OREGON

Last updated:

	Base Rate Calculation, 1998			Calculations for 1999				
	B	C	D	E	F	G	H	I
			B/C x 1000		Sum(DxE by age)/Total E x 1000		G/E x 1000	(F-H) x E
AGE GROUP	Medicaid births	Est. eligible population	Medicaid birth rate (per 1000 est. eligibles)	Female FPEP Clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid birth rate (per 1000 FPEPclients)	Births Averted
10-14	112	34,648	3.23	815		3	3.68	
15-19	3,860	31,003	124.50	17,435		61	3.50	
20-24	6,243	21,799	286.39	14,275		62	4.34	
25-29	3,771	26,482	142.40	6,802		15	2.21	
30-34	1,754	12,448	140.91	3,429		10	2.92	
35-44	1,008	25,283	39.87	2,965		4	1.35	
45-59	26	17,838	1.46	480		2	4.17	
TOTAL	16,774	169,501	98.96	46,201	169.53	157	3.40	7,675

	Calculations for 2000					Calculations for 2001				
	J	K	L	M	N	O	P	Q	R	S
		Sum (DxJ by age) /Total J x 1000		L/J x 1000	K-M x J		Sum (DxO by age) /Total O x 1000		Q/O x 1000	P - R x O
AGE GROUP	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid birth rate (per 1000 FPEP clients)	Births Averted	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted
10-14	1155		3	2.60		1419		0	0.00	
15-19	24,665		136	5.51		31,489		243	7.72	
20-24	21,649		160	7.39		29,137		317	10.88	
25-29	8,848		47	5.31		10,895		107	9.82	
30-34	4,496		25	5.56		5,185		24	4.63	
35-44	3,825		5	1.31		4,403		11	2.50	
45-59	720		2	2.78		895		0	0.00	
TOTAL	65,358	173.23	378	5.78	10,944	83,423	176.55	702	8.41	14,026

	Calculations for 2002					Calculations for 2003				
	T	U	V	W	X	Y	Z	AA	AB	AC
		Sum (DxT by age) /Total T x 1000		V/T x 1000	U - W x O		Sum (DxY by age) /Total Y x 1000		AA/Y x 1000	Z - AB x Y
AGE GROUP	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted
10-14	1,458		1	0.69		1,574		6		
15-19	32,028		353	11.02		33,372		666		
20-24	30,864		402	13.02		35,384		1065		
25-29	11,234		136	12.11		13,242		446		
30-34	5,190		60	11.56		5,993		192		
35-44	4,283		21	4.90		4,766		94		
45-59	793		0	0.00		899		2		
TOTAL	85,850	178.62	973	11.33	14,361	95,230	180.77	2471	25.95	14,744

	Calculations for 2004					Calculations for 2005				
	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM
		Sum (DxAD by age) /Total AD x 1000		AF/AD x 1000	AE-AG x AD		Sum (DxAI by age) /Total AI x 1000		AK/AI x 1000	AJ-AL x AI
AGE GROUP	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted
10-14	1504		4			1,405		1		
15-19	32,733		410			34,445		314		
20-24	36,316		817			41,239		712		
25-29	13,911		331			17,094		276		
30-34	5,869		104			6,873		85		
35-44	4,922		47			6,199		36		
45-59	1,056		0			1,714		1		
TOTAL	96,311	181.56	1713	17.79	15,773	108,969	181.30	1,425	13.08	18,331

	Calculations for 2006					Calculations for 2007				
	AN	AO	AP	AQ	AR	AS	AT	AU	AV	AW
		Sum (DxAN by age) /Total AN x 1000		AP/AN x 1000	AO-AQ x AN		Sum (DxAS by age) /Total AS x 1000		AU/AS x 1000	AT-AV x AS
AGE GROUP	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted
10-14	987		1			481		6		
15-19	29,220		245			21,825		279		
20-24	35,701		588			30,611		505		
25-29	15,148		257			14,024		220		
30-34	5,905		87			5,207		77		
35-44	5,284		33			4,205		40		
45-59	1,126		1			883		0		
TOTAL	93,371	182.79	1,212	12.98	15,855	77,236	186.25	1,127	14.59	13,258

	Calculations for 2008					Calculations for 2009				
	AX	AY	AZ	BA	BB	BC	BD	BE	BF	BG
		Sum (DxAX by age) /Total AX x 1000		AZ/AX x 1000	AY-BA x BB		Sum (DxBC by age) /Total BC x 1000		BE/BC x 1000	BD-BF x BC
AGE GROUP	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted	Female FPEP clients	Age-adjusted base year birth rate	Actual Medicaid births to FPEP clients	Medicaid Birth Rate (per 1000 FPEP Clients)	Births Averted
10-14	456		1			439		2		
15-19	20,255		198			16,956		173		
20-24	31,913		353			28,825		425		
25-29	15,775		194			15,488		242		
30-34	5,859		95			6,184		68		
35-44	4,557		41			4,878		33		
45-59	1,049		0			1,182		0		
TOTAL	79,864	186.79	882	11.04	14,036	73,952	184.45	943	12.75	12,698

	Calculations for 2010					Calculations for 2011				
	BH	BI	BJ	BK	BL	BM	BN	BO	BP	BQ
		Sum (DxBH by age) /Total BH x 1000		BJ/BH x 1000	BI-BK x BH		Sum (DxBM by age) /Total BM x 1000		BO/BM x 1000	BN-BP x BM
AGE GROUP	Female CCare clients	Age-adjusted base year birth rate	Actual Medicaid births to CCare clients	Medicaid Birth Rate (per 1000 CCare Clients)	Births Averted	Female CCare clients	Age-adjusted base year birth rate	Actual Medicaid births to CCare clients	Medicaid Birth Rate (per 1000 CCare Clients)	Births Averted
10-14	454		1			439		0		
15-19	16,053		105			14,557		66		
20-24	30,446		388			27,189		265		
25-29	17,035		197			16,343		164		
30-34	6,949		59			6,980		59		
35-44	5,278		21			5,115		24		
45-59	1,264		0			1,255		0		
TOTAL	77,479	185.04	771	9.95	13,566	71,878	182.49	578	8.04	12,539

	Calculations for 2012					Calculations for 2013				
	BR	BS	BT	BU	BV		BX	BY	BZ	CA
		Sum (DxBR by age) /Total BR x 1000		BT/BR x 1000	BS-BU x BR		Sum (DxBW by age) /Total BW x 1000		BY/BW x 1000	BX-BZ x BW
AGE GROUP	Female CCare clients	Age-adjusted base year birth rate	Actual Medicaid births to CCare clients	Medicaid Birth Rate (per 1000 CCare Clients)	Births Averted	Female CCare clients	Age-adjusted base year birth rate	Actual Medicaid births to CCare clients	Medicaid Birth Rate (per 1000 CCare Clients)	Births Averted
10-14	358		0			277		0		
15-19	12,472		56			11,507		55		
20-24	23,516		218			23,551		242		
25-29	14,669		185			14,606		155		
30-34	6,889		75			7,241		75		
35-44	5,128		17			5,175		25		
45-59	1,240		0			1,322		1		
TOTAL	64,272	179.78	551	8.57	11,004	63,679	180.39	553	8.68	10,934

	Calculations for 2014					**PRELIMINARY** Calculations for 2015				
	CB	CC	CD	CE	CF	CB	CC	CD	CE	CF
		Sum (DxCB by age) /Total CB x 1000		CD/CB x 1000	CC-CE x CB		Sum (DxCB by age) /Total CB x 1000		CD/CB x 1000	CC-CE x CB
AGE GROUP	Female CCare clients	Age-adjusted base year birth rate	Actual Medicaid births to CCare clients	Medicaid Birth Rate (per 1000 CCare Clients)	Births Averted	Female CCare clients (preliminary)	Age-adjusted base year birth rate	Projected Medicaid births to CCare clients**	Medicaid Birth Rate (per 1000 CCare Clients)	Births Averted
10-14	327		0			176		0		
15-19	11,967		37			6,266		13		
20-24	21,771		132			9,803		33		
25-29	11,870		81			4,939		24		
30-34	5,771		35			2,383		16		
35-44	3,976		21			1,788		8		
45-59	924		1			393		0		
TOTAL	56,606	183.54	307	5.42	10,082	25,748	182.50	94	3.65	4,605

**** Projected Medicaid births - claims data only available through Sept. so birth numbers divided by 9, then multipled by 12**

Model Budget Neutrality Worksheet for : ALL COSTS		
		Base Year
		1998
WITHOUT DEMONSTRATION		
FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	Persons	3,657
	Cost per Person	$ 148.54
	Total	$ 543,211
DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal care, deliveries, and 60- days postpartum)	Persons	16,774
	Cost per Person	$ 2,981.52
	Total	$ 50,012,016
FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN	Persons	16,774
	Cost per Person	$ 1,893.05
	Total	$ 31,754,021
TOTAL BASE YEAR (WITHOUT DEMONSTRATION COSTS)		$ 82,309,248
PARAMETER ASSUMPTIONS		
REGULAR FMAP	61.46%	
FP FMAP =	90.00%	
MCPI COST TREND	3.67%	
DELIVERY REDUCTION	n/a	
DELIVERY TO FIRST YEAR PERSON FACTOR	1 to 1	
BASE YEAR FERTLITY RATE	98.96 per 1,000	
AVERAGE GROWTH RATE FOR MEDICAID STATE PLAN ENROLLEES/PARTICIPANTS	2.1%	
AVERAGE GROWTH RATE FOR DEMONSTRATION PARTICIPANTS	14.0%	

Model Budget Neutrality Worksheet for : ALL COSTS

WITHOUT DEMONSTRATION

		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	Persons	7,051	7,913	8,784	11,875	13,263	20,721	21,730	17,293	16,960	18,161	15,326	19,026	22,565	22,673	29,324	23,916	21,569	298,150
	Cost per Person	$ 177.39	$ 181.02	$ 174.08	$ 199.23	$ 238.74	$ 207.63	$ 227.24	$ 221.16	$ 229.13	$ 226.01	$ 172.80	$ 147.82	$ 146.30	$ 152.50	$ 158.67	$ 218.76	$ 231.73	$ 194.21
	Total	$ 1,250,798	$ 1,432,406	$ 1,529,105	$ 2,365,808	$ 3,166,430	$ 4,302,380	$ 4,937,993	$ 3,824,520	$ 3,886,045	$ 4,104,568	$ 2,648,333	$ 2,812,423	$ 3,301,260	$ 3,457,633	$ 4,652,839	$ 5,231,864	$ 4,998,184	$ 57,902,588
DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal care, deliveries, and 60- days postpartum)	Persons	19,784	21,194	24,017	26,311	26,626	28,046	30,856	29,189	26,433	27,867	27,935	30,011	29,426	28,495	29,028	29,215	29,984	464,418
	Cost per Person	$ 2,981.52	$ 2,919.13	$ 3,372.90	$ 3,709.55	$ 3,062.99	$ 3,900.15	$ 5,048.89	$ 4,119.62	$ 4,422.95	$ 5,436.85	$ 5,702.61	$ 6,982.26	$ 13,306.22	$ 11,129.91	$ 11,806.02	$ 16,626.06	$ 12,064.76	$ 7,111.25
	Total	$ 58,987,116	$ 61,867,085	$ 81,008,620	$ 97,603,346	$ 81,555,338	$ 109,385,265	$ 155,787,270	$ 120,247,572	$ 116,912,501	$ 151,508,499	$ 159,300,797	$ 209,542,694	$ 391,548,382	$ 317,141,269	$ 342,702,089	$ 485,735,067	$ 361,755,254	$ 3,302,588,165
FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN	Persons	19,784	21,194	24,017	26,311	26,626	28,046	30,856	29,189	26,433	27,867	27,935	30,011	29,426	28,495	18,094	19,133	19,420	432,837
	Cost per Person	$ 1,893.05	$ 1,733.20	$ 2,327.28	$ 2,470.80	$ 3,331.11	$ 3,667.27	$ 2,168.27	$ 2,096.86	$ 2,187.70	$ 3,379.38	$ 3,754.46	$ 4,271.65	$ 4,787.35	$ 4,865.24	$ 5,222.41	$ 5,531.74	$ 4,736.51	$ 3,400.00
	Total	$ 37,452,561	$ 36,732,873	$ 55,895,443	$ 65,010,135	$ 88,694,315	$ 102,853,814	$ 66,903,590	$ 61,205,238	$ 57,827,803	$ 94,173,058	$ 104,879,778	$ 128,195,319	$ 140,872,400	$ 138,632,602	$ 94,494,309	$ 105,838,781	$ 91,983,001	$ 1,471,645,021
TOTAL WITHOUT-DEMONSTRATION COSTS		$ 97,690,476	$ 100,032,364	$ 138,433,168	$ 164,979,289.99	$ 173,416,083	$ 216,541,459	$ 227,628,853	$ 185,277,330	$ 178,626,349	$ 249,786,125	$ 266,828,908	$ 340,550,436	$ 535,722,041	$ 459,231,504	$ 441,849,237	$ 596,805,713	$ 458,736,438	$ 4,832,135,773

WITH DEMONSTRATION

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
FAMILY PLANNING SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	$ 177.39	$ 181.02	$ 174.08	$ 199.23	$ 238.74	$ 207.63	$ 227.24	$ 221.16	$ 229.13	$ 226.01	$ 172.80	$ 147.82	$ 146.30	$ 152.50	$ 158.67	$ 218.76	$ 231.73	$ 194.21
	$1,250,798	$1,432,406	$1,529,105	$2,365,808	$3,166,430	$4,302,380	$4,937,993	$3,824,520	$3,886,045	$4,104,568	$2,648,333	$2,812,423	$3,301,260	$3,457,633	$4,652,839	$5,231,864	$4,998,184	$57,902,588
DELIVERIES UNDER MEDICAID STATE PLAN ADJUSTED FOR EFFECTS OF THE DEMONSTRATION (include costs for prenatal care, deliveries, and 60- days postpartum)	12,109	10,250	9,991	11,950	11,882	12,273	12,525	13,334	13,175	13,831	15,237	16,445	16,887	17,491	18,094	19,133	19,420	244,027
	$ 2,981.52	$ 2,919.13	$ 3,372.90	$ 3,709.55	$ 3,062.99	$ 3,900.15	$ 5,048.89	$ 4,119.62	$ 4,422.95	$ 5,436.85	$ 5,702.61	$ 6,982.26	$ 13,306.22	$ 11,129.91	$ 11,806.02	$ 16,626.06	$ 12,064.76	$ 7,651.05
	$ 36,103,226	$ 29,921,083	$ 33,698,644	$ 44,329,123	$ 36,394,447	$ 47,866,541	$ 63,237,347	$ 54,931,013	$ 58,272,366	$ 75,197,072	$ 86,890,669	$ 114,823,266	$ 224,702,137	$ 194,673,256	$ 213,618,126	$ 318,106,406	$ 234,297,579	$ 1,867,062,299
FIRST YEAR INFANT COSTS ADJUSTED FOR EFFECTS OF THE DEMONSTRATION	12,109	10,250	9,991	11,950	11,882	12,273	12,525	13,334	13,175	13,831	15,237	16,445	16,887	17,491	18,094	19,133	19,420	244,027
	$ 1,893.05	$ 1,733.20	$ 2,327.28	$ 2,470.80	$ 3,331.11	$ 3,667.27	$ 2,168.27	$ 2,096.86	$ 2,187.70	$ 3,379.38	$ 3,754.46	$ 4,271.65	$ 4,787.35	$ 4,865.24	$ 5,222.41	$ 5,531.74	$ 4,736.51	$ 3,665.36
	$ 22,922,942	$ 17,765,300	$ 23,251,854	$ 29,526,060	$ 39,580,249	$ 45,008,405	$ 27,157,582	$ 27,959,531	$ 28,822,948	$ 46,740,205	$ 57,206,707	$ 70,247,284	$ 80,843,979	$ 85,097,913	$ 94,494,309	$ 105,838,781	$ 91,983,001	$ 894,447,050
FAMILY PLANNING SERVICES FOR DEMONSTRATION PARTICIPANTS	46,201	65,358	81,610	89,815	100,042	100,578	108,969	95,792	77,613	79,715	78,745	75,478	72,266	70,924	65,347	43,105	31,047	1,282,605
	$ 228.68	$ 227.40	$ 221.09	$ 251.16	$ 232.91	$ 231.48	$ 224.21	$ 225.85	$ 270.57	$ 253.58	$ 248.86	$ 265.82	$ 280.23	$ 294.29	$ 271.19	$ 273.36	$ 289.94	$ 248.85
	$ 10,565,245	$ 14,862,409	$ 18,043,156	$ 22,557,935	$ 23,300,782	$ 23,281,795	$ 24,431,939	$ 21,634,623	$ 20,999,749	$ 20,214,130	$ 19,596,481	$ 20,063,562	$ 20,251,101	$ 20,872,224	$ 17,721,362	$ 11,783,154	$ 9,001,824	$ 319,181,471
TOTAL WITH DEMONSTRATION COSTS	$ 70,842,211	$ 63,981,197	$ 76,522,758	$ 98,778,926	$ 102,441,908	$ 120,459,121	$ 119,764,862	$ 108,349,687	$ 111,981,108	$ 146,255,974	$ 166,342,189	$ 207,946,535	$ 329,098,477	$ 304,101,025	$ 330,486,635	$ 440,960,206	$ 340,280,588	$ 3,138,593,409

DIFFERENCE	$ 26,848,265	$ 36,051,167	$ 61,910,409	$ 66,200,364	$ 70,974,174	$ 96,082,338	$ 107,863,992	$ 76,927,642	$ 66,645,241	$ 103,530,151	$ 100,486,719	$ 132,603,901	$ 206,623,564	$ 155,130,479	$ 111,362,602	$ 155,845,507	$ 118,455,851	**$ 1,693,542,365**

PARAMETER ASSUMPTIONS

TP FMAP	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
REGULAR FMAP	60.10%	59.96%	60.00%	59.20%	60.16%	63.76%	61.12%	61.57%	61.07%	65.21%	73.92%	74.00%	74.00%	74.04%	73.71%	74.20%	64.06%

Model Budget Neutrality Worksheet for: FEDERAL COSTS

WITHOUT DEMONSTRATION

		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
FP SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	Persons	7,051	7,913	8,784	11,875	13,263	20,721	21,730	17,293	16,960	18,161	15,326	19,026	22,565	22,673	29,324	23,916	21,569	298,150
	Cost per Person	$ 159.65	$ 162.92	$ 156.67	$ 179.30	$ 214.87	$ 186.87	$ 204.52	$ 199.04	$ 206.22	$ 203.41	$ 155.52	$ 133.04	$ 131.67	$ 137.25	$ 142.80	$ 196.88	$ 208.56	174.79
	Total	$ 1,125,718	$ 1,289,165	$ 1,376,194	$ 2,129,228	$ 2,849,787	$ 3,872,142	$ 4,444,194	$ 3,442,068	$ 3,497,440	$ 3,694,111	$ 2,383,500	$ 2,531,181	$ 2,971,134	$ 3,111,869	$ 4,187,555	$ 4,708,678	$ 4,498,366	$ 52,112,329
DELIVERIES UNDER MEDICAID STATE PLAN (include costs for prenatal care, deliveries, and 60- days postpartum)	Persons	19,784	21,194	24,017	26,311	26,626	28,046	30,856	29,189	26,433	27,867	27,935	30,011	29,426	28,495	29,028	29,215	29,984	464,418
	Cost per Person	$ 1,791.89	$ 1,750.31	$ 2,023.74	$ 2,196.05	$ 1,842.69	$ 2,486.74	$ 3,085.88	$ 2,536.45	$ 2,701.10	$ 3,545.37	$ 4,215.37	$ 5,166.87	$ 9,846.60	$ 8,240.59	$ 8,702.22	$ 12,336.54	$ 7,728.69	$ 4,907.93
	Total	$ 35,451,257	$ 37,095,504	$ 48,605,172	$ 57,781,181	$ 49,063,691	$ 69,744,045	$ 95,217,180	$ 74,036,430	$ 71,398,465	$ 98,798,692	$ 117,755,149	$ 155,061,593	$ 289,745,802	$ 234,811,395	$ 252,605,710	$ 360,415,420	$ 231,740,415	$ 2,279,327,103
FIRST YEAR INFANT COSTS UNDER MEDICAID STATE PLAN	Persons	19,784	21,194	24,017	26,311	26,626	28,046	30,856	29,189	26,433	27,867	27,935	30,011	29,426	28,495	18,094	19,133	19,420	432,837
	Cost per Person	$ 1,137.72	$ 1,039.23	$ 1,396.37	$ 1,462.71	$ 2,004.00	$ 2,338.25	$ 1,325.25	$ 1,291.04	$ 1,336.03	$ 2,203.69	$ 2,775.30	$ 3,161.02	$ 3,542.64	$ 3,602.22	$ 3,849.44	$ 4,104.55	$ 3,034.21	$ 2,303.84
	Total	$ 22,508,989	$ 22,025,031	$ 33,537,266	$ 38,486,000	$ 53,358,500	$ 65,579,592	$ 40,891,474	$ 37,684,065	$ 35,315,439	$ 61,410,251	$ 77,527,132	$ 94,864,536	$ 104,245,576	$ 102,643,579	$ 69,651,755	$ 78,532,376	$ 58,924,310	$ 997,185,871
TOTAL WITHOUT-DEMONSTRATION COSTS		$ 59,085,964	$ 60,409,700	$ 83,518,632	$ 98,396,409	$ 105,271,978	$ 139,195,779	$ 140,552,848	$ 115,162,563	$ 110,211,344	$ 163,903,055	$ 197,665,781	$ 252,457,310	$ 396,962,512	$ 340,566,844	$ 326,445,020	$ 443,656,473	$ 295,163,091	$ 3,328,625,303

WITH DEMONSTRATION

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
FP SERVICES UNDER MEDICAID STATE PLAN -- All current Medicaid eligibles/participants	$ 159.65	$ 162.92	$ 156.67	$ 179.30	$ 214.87	$ 186.87	$ 204.52	$ 199.04	$ 206.22	$ 203.41	$ 155.52	$ 133.04	$ 131.67	$ 137.25	$ 142.80	$ 196.88	$ 208.56	174.79
	$1,125,718	$1,289,165	$1,376,194	$2,129,228	$2,849,787	$3,872,142	$4,444,194	$3,442,068	$3,497,440	$3,694,111	$2,383,500	$2,531,181	$2,971,134	$3,111,869	$4,187,555	$4,708,678	$4,498,366	$52,112,329
DELIVERIES UNDER MEDICAID STATE PLAN ADJUSTED FOR EFFECTS OF THE DEMONSTRATION (include costs for prenatal care, deliveries, and 60- days postpartum)	12,109	10,250	9,991	11,950	11,882	12,273	12,525	13,334	13,175	13,831	15,237	16,445	16,887	17,491	18,094	19,133	19,420	244,027
	$ 1,791.89	$ 1,750.31	$ 2,023.74	$ 2,196.05	$ 1,842.69	$ 2,486.74	$ 3,085.88	$ 2,536.45	$ 2,701.10	$ 3,545.37	$ 4,215.37	$ 5,166.87	$ 9,846.60	$ 8,240.59	$ 8,702.22	$ 12,336.54	$ 7,728.69	$ 4,707.34
	$ 21,698,039	$ 17,940,681	$ 20,219,186	$ 26,242,841	$ 21,894,899	$ 30,519,707	$ 38,650,667	$ 33,821,025	$ 35,586,934	$ 49,036,011	$ 64,229,582	$ 84,969,217	$ 166,279,581	$ 144,136,079	$ 157,457,920	$ 236,034,953	$ 150,091,029	$ 1,148,717,321
FIRST YEAR INFANT COSTS ADJUSTED FOR EFFECTS OF THE DEMONSTRATION	12,109	10,250	9,991	11,950	11,882	12,273	12,525	13,334	13,175	13,831	15,237	16,445	16,887	17,491	18,094	19,133	19,420	244,027
	$ 1,137.72	$ 1,039.23	$ 1,396.37	$ 1,462.71	$ 2,004.00	$ 2,338.25	$ 1,325.25	$ 1,291.04	$ 1,336.03	$ 2,203.69	$ 2,775.30	$ 3,161.02	$ 3,542.64	$ 3,602.22	$ 3,849.44	$ 4,104.55	$ 3,034.21	$ 31,641.24
	$ 13,776,688	$ 10,652,074	$ 13,951,113	$ 17,479,428	$ 23,811,478	$ 28,697,359	$ 16,598,714	$ 17,214,683	$ 17,602,174	$ 30,479,288	$ 42,287,198	$ 51,982,990	$ 59,824,545	$ 63,006,495	$ 69,651,755	$ 78,532,376	$ 58,924,310	$ 614,472,667
FAMILY PLANNING SERVICES FOR DEMONSTRATION PARTICIPANTS	46,201	65,358	81,610	89,815	100,042	100,578	108,969	95,792	77,613	79,715	78,745	75,478	72,266	70,924	65,347	43,105	31,047	1,282,605
	$ 205.81	$ 204.66	$ 198.98	$ 226.04	$ 209.62	$ 208.33	$ 201.79	$ 203.27	$ 243.51	$ 228.22	$ 223.97	$ 239.24	$ 252.21	$ 264.86	$ 244.07	$ 246.02	$ 260.95	$ 260.95
	$ 9,508,720	$ 13,376,168	$ 16,238,839	$ 20,302,142	$ 20,970,704	$ 20,953,616	$ 21,988,746	$ 19,471,161	$ 18,899,774	$ 18,192,717	$ 17,636,833	$ 18,057,206	$ 18,225,991	$ 18,785,002	$ 15,949,226	$ 10,604,839	$ 8,101,642	$ 287,263,324
TOTAL WITH DEMONSTRATION COSTS	$ 46,109,165	$ 43,258,088	$ 51,785,333	$ 66,153,637	$ 69,526,868	$ 84,042,823	$ 81,682,320	$ 73,948,937	$ 75,586,323	$ 101,402,126	$ 126,537,112	$ 157,540,594	$ 247,301,251	$ 229,039,444	$ 247,246,456	$ 329,880,845	$ 221,615,347	$ 2,252,656,670

DIFFERENCE	$ 12,976,799	$ 17,151,612	$ 31,733,299	$ 32,242,771	$ 35,745,110	$ 55,152,956	$ 58,870,528	$ 41,213,626	$ 34,625,021	$ 62,500,929	$ 71,128,668	$ 94,916,717	$ 149,661,261	$ 111,527,399	$ 79,198,564	$ 113,775,628	$ 73,547,745	**$ 1,075,968,632**

PARAMETER ASSUMPTIONS

MCPI COST TREND =	**0.0367**

	Year	CPI - Medical Care
Year 1	1999	250.6
Year 17	2015	446.4
	# steps	16
	avg. growth	3.674%

Source for CPI data:
Conusmer Price Index - All Urban Consumers - Item: Medical Care
http://data.bls.gov/cgi-bin/surveymost?cu
*Used most current annual CPI data available - 2015 - Average Jan - Nov. (December not available)
File located here: Consumer Price Index 2015 - Average Jan-Nov.xlsx

If you are completeing this budget for a renewal, please use this worksheet to calculate the annualized rate of without demonstration deliveries. In Year 1, input the number of without demonstration deliveries calculated for the first year of the demo. In Year X, put the last year of the demonstration for which you have a births averted calculation that was used to create the without demonstration deliveries, and then input the number of deliveries. The formula will then calculate the trend rate. Use this trend rate to project forward the without demonstration deliveries for the renewal years.

	Year	**Number of Without Demonstration Deliveries**
Year 1	1999	19,784
Year X	2014	29,215
	# steps	15
	avg. growth	2.633%

CCare Annual Budget Limits

First Limit: *Annual waiver cost can be no larger than savings realized through births averted.*

Year	Waiver Participants	Per Capita Cost Total	Per Capita Cost Federal	Actual Waiver Cost Total	Actual Waiver Cost Federal	Births Averted	Cost per Birth Total	Cost per Birth Federal	Annual Budget Limit Total	Annual Budget Limit Federal
1999	46,201	$228.68	$205.81	$10,565,245	$9,508,720	7,675	$4,874.57	$2,929.62	$37,413,510	$22,485,519
2000	65,358	$227.40	$204.66	$14,862,409	$13,376,168	10,944	$4,652.33	$2,789.54	$50,913,576	$30,527,780
2001	81,610	$221.09	$198.98	$18,043,155	$16,238,839	14,026	$5,700.18	$3,420.11	$79,953,564	$47,972,139
2002	89,815	$251.16	$226.04	$22,557,935	$20,302,142	14,361	$6,180.35	$3,658.77	$88,758,299	$52,544,913
2003	100,042	$232.91	$209.62	$23,300,782	$20,970,704	14,744	$6,394.10	$3,846.69	$94,274,957	$56,715,814
2004	100,578	$231.48	$208.33	$23,281,795	$20,953,616	15,773	$7,567.42	$4,824.99	$119,364,134	$76,106,572
2005	108,969	$224.21	$201.79	$24,431,939	$21,988,746	18,331	$7,217.16	$4,411.13	$132,295,931	$80,859,273
2006	95,792	$225.85	$203.27	$21,634,623	$19,471,161	15,855	$6,216.48	$3,827.49	$98,562,265	$60,684,787
2007	77,613	$270.57	$243.51	$20,999,749	$18,899,774	13,258	$6,610.65	$4,037.12	$87,644,990	$53,524,796
2008	79,715	$253.58	$228.22	$20,214,130	$18,192,717	14,036	$8,816.23	$5,749.06	$123,744,281	$80,693,645
2009	78,745	$248.86	$223.97	$19,596,481	$17,636,833	12,698	$9,457.07	$6,990.67	$120,083,199	$88,765,501
2010	75,478	$265.82	$239.24	$20,063,562	$18,057,206	13,566	$11,253.91	$8,327.89	$152,667,463	$112,973,922
2011	72,266	$280.23	$252.21	$20,251,101	$18,225,991	12,539	$18,093.57	$13,389.24	$226,874,665	$167,887,252
2012	70,924	$294.29	$264.86	$20,872,224	$18,785,002	11,004	$15,995.15	$11,842.81	$176,002,703	$130,312,401
2013	65,347	$271.19	$244.07	$17,721,362	$15,949,226	10,934	$17,028.43	$12,551.66	$186,184,455	$137,236,562
2014	43,105	$273.36	$246.02	$11,783,154	$10,604,839	10,082	$22,157.80	$16,441.09	$223,401,236	$165,763,717
2015	31,047	$289.94	$260.95	$9,001,824	$8,101,642	4,605	$16,801.27	$10,762.89	$77,372,029	$49,564,522

Second Limit: *Annual per capita waiver cost should not increase more rapidly than CPI Medical*

Year	ACTUAL Per Capita Cost Total	ACTUAL Per Capita Cost Federal	CPI-trended Per Capita Cost Total	CPI-trended Per Capita Cost Federal
1999	$228.68	$205.81		
2000	$227.40	$204.66	$238.62	$213.37
2001	$221.09	$198.98	$248.99	$221.21
2002	$251.16	$226.04	$259.82	$229.34
2003	$232.91	$209.62	$271.11	$237.77
2004	$231.48	$208.33	$282.98	$246.51
2005	$224.21	$201.79	$294.93	$255.56
2006	$225.85	$203.27	$306.79	$264.95
2007	$270.57	$243.51	$320.35	$274.69
2008	$253.58	$228.22	$332.25	$284.78
2009	$248.86	$223.97	$342.75	$295.25
2010	$265.82	$239.24	$354.43	$306.10
2011	$280.23	$252.21	$365.25	$317.34

2012	$294.29	$264.86	$378.63	$329.00
2013	$271.19	$244.07	$393.20	$349.12
2014	$273.36	$246.02	$407.91	$362.19
2015	$289.94	$260.95	$422.90	$375.50

Estimates (based on 9 months - not a full year - of matching)

	1999	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Administrative Costs													
PERSONNEL	$197,277	$247,220	$328,076	$323,328	$334,208	$452,069	$397,209	$282,879	$325,627	$648,551	$736,494	$779,997	$615,327
SYSTEMS CHANGES	$22,936	$56,392	$75,924	$76,788	$97,528	$105,549	$171,613	$148,169	$86,676	$102,761	$73,142	$53,180	$45,093
PUBLIC AWARENESS	$102,804	$85,162	$214,047	$255,776	$205,890	$52,857	$316	$6,839	$130,979	--	$812,773	$379,497	$28,900
EVALUATION	$6,721	$15,833	$22,176	$42,281	$31,811	$32,638	$32,295	$25,075	$26,251	$5,867	$12,613	$1,250	$0
OTHER	$14,264	$118,134	$96,189	$90,523	$64,353	$23,442	$14,901	$47,870	$60,258	$92,926	$261,371	$29,951	$70,083
Total	$344,003	$522,741	$736,412	$788,696	$733,790	$666,555	$616,334	$510,832	$629,790	$850,105	$1,896,393	$1,243,875	$759,403