

Washington State Family Planning Only 1115 Demonstration

Evaluation Design for Extension Period 07-01-18 through 06-30-2023

A. Demonstration Objectives/Goals

The purpose of the Family Planning Only 1115 Demonstration (FPO) is to provide Medicaid coverage for family planning (FP) and/or family planning-related services for low income individuals not otherwise eligible for Medicaid. The program's goals are to improve the health of women, children, and families by decreasing unintended pregnancies and lengthening intervals between births and reducing state and federal Medicaid expenditures for births from unintended pregnancies.

The FPO 1115 Demonstration serves individuals from these three populations: 1) recently pregnant women who lose Medicaid coverage after their pregnancy coverage ends; 2) uninsured women and men with family incomes at or below 260% federal poverty level (FPL) who seek FPO services to prevent an unintended pregnancy; and 3) teens and domestic violence victims who need confidential FPO services and are covered under their perpetrator's or parent's health insurance and are at or below 260% (FPL).

The specific objectives of the Washington State FPO program that will be tested include:

- Ensure access to FP services and/or FP-related services.
- Improve or maintain health outcomes for the target population as a result of access to FP services and/or FP-related services.

B. Evaluation Questions and Hypotheses

The demonstration's core evaluation questions, hypothesis, data sources, and analytic approaches are provided in the below table.

C. Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measures (to be reported for each Demonstration Year)	Data Source	Analytic Approach	Time Periods
Demonstration Objective 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid.						
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of beneficiaries who had a family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries	ProviderOne and FSDB	Descriptive statistics (frequencies and percentages)	Compute for each year of the demonstration extension and calculate annual rates for each measures specified.
			Number of family planning services utilized/total number of beneficiaries			
			Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries			
			Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries			
			Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries			
			Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries			
			Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries			

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measures (to be reported for each Demonstration Year)	Data Source	Analytic Approach	Time Periods
	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more 12 month enrollment period.	Number of beneficiaries who completed one spell of 12 month enrollment/total number of beneficiaries Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries	ProviderOne	Descriptive statistics (frequencies and percentages)	Available on a monthly basis approximately 1 month after the end of each quarter
Demonstration Objective 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services.						
Outcome/ Impact	Does the demonstration improve health outcomes? [Calculate for target population and similar population from Medicaid within-state]	Health outcomes will improve as a result of the demonstration.	Number of subsequent live births that occurred at an interval of 18 months or longer/ total number of subsequent live births Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries Number of premature babies born in the beneficiaries/total number of babies born to beneficiaries	ProviderOne and FSDB	Descriptive statistics (proportions) and significance testing (chi-squared of the proportions); trend analysis when applicable.	Calculate annual and biannual rates for each measures specified and conduct a trend analysis after year three.
	Does the demonstration increase the use of more effective contraceptive methods among FPO beneficiaries?	Beneficiaries will have a higher rate of using more effective contraceptive methods compared to other members of	Compare the rates separately for most effective and moderately effective methods. Example: compare the proportion of LARC insertions among FPO beneficiaries to the proportion of other eligible Medicaid beneficiaries.	ProviderOne and FSDB	Descriptive statistics (proportions) and significance testing (Chi ² test)	Annual rates available for statistical testing.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measures (to be reported for each Demonstration Year)	Data Source	Analytic Approach	Time Periods
		Medicaid beneficiaries.				

D. Methodology

1. Evaluation design: The evaluation design will utilize a post-only assessment with a comparison group.

The timeframe for the post-only period will begin when the current demonstration period begins on 1/1/2018, and ends when the current demonstration period ends on 12/31/2022. There will be annual evaluations during the extension period and a final evaluation when the demonstration period ends. We will construct a comparison group when applicable for various evaluation processes.

2. Data Collection and sources: For the data sources identified in the above table, describe how the data will be collected. Additionally, identify the frequency of the data collection, and limitations of the data. Identify which data will be collected prospectively via beneficiary surveys or interviews (if applicable), or retrospectively through administrative data.

Data collection

All data for the evaluation will be administrative data collected retrospectively.

Data Sources

Data for evaluation are based on eligibility, birth certificates, and linked claims file with vital records also known as the First Steps Database (FSDB). Claims and eligibility data are available for all Medicaid clients. Even though these data are highly reliable and valid, claims data are subject to more interpretation as providers submitting claims do not necessarily conform to uniform standards for the finer details describing services provided; in some cases, claims may reflect contraceptive methods provided, not the method in use by the client as clients may discontinue methods.

ProviderOne: HCA's claims file contains a record for every claim submitted for reimbursement. For all FPO eligible clients, the FSDB staff obtains a service history for appropriate time periods for each client. ProviderOne services history data are used to describe the types of FP services provided. ProviderOne is updated monthly.

First Steps Database (birth certificates linked to Medicaid clients): All Washington birth certificates are linked at the individual level to Medicaid claims and eligibility history. FSDB begins with births in August 1988 and currently contains linked birth certificates through 2016. The annual unduplicated count of FPO eligible clients is linked to the FSDB by ProviderOne ID. The First Steps Database is created biannually.

3. Data Analysis Strategy: Describe the analytic methods that will be utilized to answer the evaluation questions identified in the above table. If the design is mixed-methods (collecting both quantitative and qualitative), the state should explain how the evaluation team plans to integrate the findings from both types of assessments.

Only quantitative data analyses will be applied.

- **Quantitative Methods:** For each evaluation question, include the statistical and analytical methods that will be employed (and are consistent with what was listed in the table above).

For objective #1, we will apply descriptive methods of frequency and proportions to demonstrate service utilization of FPO beneficiaries for all the service utilization measures as specified in the table. The monthly enrollment into Medicaid program will be the key indicator for measuring 1) whether the beneficiaries maintain coverage long term, i.e., continues enrollment of 12 months or more, and 2) whether there is a re-enrollment for at least the second spell of coverage three years prior to and three years post the current enrollment year.

For objective #2, most of the data analyses for the outcome measures specified will be descriptive that utilizes basic statistic tests of Chi-squared statistics for comparison on the differences in frequencies or proportions between groups and Cochran-Armitage test for examining the changes in proportion of the outcomes over time among FPO program beneficiaries when applicable. The comparison group will be selected from the same data source and restricted to women of reproductive ages 15-44 who were Medicaid eligible during the same evaluation period but were not participating in the FPO program. For the outcome measures of birth span, low birth weight and premature babies, the differences in proportions of the outcomes will be tested at an annual basis. We will also calculate the proportions of these outcome measures at a biannual basis and therefore, Cochran-Armitage test for trend can be conducted when applicable.

On the state added evaluation question: “Does the demonstration increase use of more effective contraceptive methods?,” we are proposing the following study design and analysis.

Brief description

By allowing women access to the contraceptive services they need and want, women seeking FPO services during the year are able to achieve their childbearing goals by reducing the number of unintended pregnancies. The objective of this evaluation is to examine whether FPO services increase the proportion of women using the more effective contraceptive methods.

Methods

We will use the First Steps Database, including ProviderOne data on contraceptives dispensed, to track contraceptive methods used by FPO program beneficiaries. Contraceptive methods will be categorized as most effective, i.e., long-acting reversible contraceptives (LARC) and moderately effective methods including injectable, patch, pill, ring, and diaphragm. We will exclude sterilization due to potential small sample sizes which would lead to less power to detect statistical differences. We will also exclude less effective methods due to lack of claims data on non-prescriptive devices. Basic statistics of Chi-squared test, student’s t-test, or analysis of variance (ANOVA) will be conducted to detect statistical inferences.

Key measures

1. Describe prescribing/dispensing patterns for contraceptive methods used by FPO eligible women at the first visit, as an index month, within a calendar year and compare their contraceptive use history during the 12 month prior to the index month;
2. Track women who received a contraceptive method longitudinally to identify LARC insertions and to describe monthly contraceptive coverage for other contraceptive dispensed.

Hypotheses:

1. Women enrolling in FPO were likely to leave their first visit with more effective contraceptive than they used before the visit.
2. Women enrolling in FPO were likely to use more effective contraceptive and more monthly coverage than their Medicaid counterpart who did not use FP services.

4. Simplified Evaluation Budget:

The required budget will consist of the following line items:

1. Computer programming (cost per hour x hours);
2. Analysis of the data (cost per hour x hours);
3. Preparation of the report (cost per hour x hours);
4. Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.

E. Independent Contractor: Indicate and describe the process the state will follow to acquire an independent entity or entities to conduct the evaluation (either a competitive procurement or those with an existing contractual relationship with the state). Include the timeframe for the independent contractor to begin and complete the evaluation work.

HCA has contracted with the Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) Division to conduct the FPO waiver extension evaluation. RDA provides valid, rigorous, and policy-relevant analyses of government-funded social and health services in the State of Washington. Since RDA staff have performed previous 1115 Family Planning Only waiver evaluations, along with other maternity and family-planning-related studies, they are very knowledgeable about Medicaid programs in general and the family planning waiver program called TAKE CHARGE in particular. They are prepared to begin evaluation activities for the coming five-year period promptly, upon approval of the extension and the evaluation design.

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Evaluation Tasks and Budget for Extension Period 07-01-18 through 06-30-2023

Time Period	Reporting Period	Deliverables	Tasks and Special Analyses
Year 1 1/1/2018 - 12/31/2018	CY 2017	6/30/2019 Submit baseline measures	<ul style="list-style-type: none"> • Create SAS code to track prescribing/ dispensing patterns for contraceptive methods used; Review SAS code to determine all other measures per CMS specifications are compatible with our environment; adapt as needed. • Access Medicaid claims/encounter data. • Run SAS code; review output; test and analyze results. • Prepare and review report. • Provide feedback on specifications to measure steward. • Report to CMS.
Year 2 1/1/2019 - 12/31/2019	CY 2018	6/30/2020 Submit 1 st re-measurement	<ul style="list-style-type: none"> • Implement changes or updates to SAS code. • Access Medicaid claims/encounter data. • Run SAS code; review output; test and analyze results. • Compare baseline measures with 1st re-measurement. • Prepare and review report. • Provide feedback on specifications to measure steward. • Report to CMS.
Year 3 1/1/2020 - 12/31/2020	CY 2019	6/30/2021 Submit 2 nd re-measurement	<ul style="list-style-type: none"> • Implement changes or updates to SAS code. • Access Medicaid claims/encounter data. • Run SAS code; review output; test and analyze results. • Compare baseline measures with 1st and 2nd re-measurements. • Prepare and review report. • Provide feedback on specifications to measure steward. • Report to CMS.
Year 4 1/1/2021 - 12/31/2021	CY 2020	6/30/2022 Submit 3 rd re-measurement	<ul style="list-style-type: none"> • Implement changes or updates to SAS code. • Access Medicaid claims/encounter data. • Run SAS code; review output; test and analyze results. • Compare baseline measures with 1st, 2nd, and 3rd re-measurements. • Prepare and review report. • Provide feedback on specifications to measure steward. • Report to CMS.
Year 5 1/1/2022 - 12/31/2022	CY 2021	6/30/2023 Submit 4 th re-measurement Submit Final Report	<ul style="list-style-type: none"> • Implement changes or updates to SAS code. • Access Medicaid claims/encounter data. • Run SAS code; review output; test and analyze results. • Compare baseline measures with 1st – 4th re-measurements. • Prepare and review report. • Provide feedback on specifications to measure steward. • Report to CMS.

D4. Simplified Evaluation Budget

	Year 1		Year 2		Year 3		Year 4		Year 5	
	1/1/18 - 12/31/18		1/1/19 - 12/31/19		1/1/20 - 12/31/20		1/1/21 - 12/31/21		1/1/22 - 12/31/22	
Evaluation Tasks	Hours	\$/hour	Hours	\$/hour	Hours	\$/hour	Hours	\$/hour	Hours	\$/hour
Computer programming	350	\$44	300	\$45	300	\$47	300	\$48	300	\$49
Analysis of the data	200	\$44	260	\$45	260	\$47	260	\$48	300	\$49
Preparation of the report	340	\$53	340	\$55	340	\$57	340	\$58	400	\$60
Review and reporting	50	\$54	50	\$55	50	\$57	50	\$59	100	\$60
Sub Total	940	\$44,953	950	\$46,754	950	\$48,157	950	\$49,601	1,100	\$59,689
Benefits		\$13,036		\$13,559		\$13,965		\$14,384		\$17,310
Miscellaneous (Cost Recovery)		\$5,245		\$5,507		\$5,783		\$6,072		\$6,376
BUDGET TOTAL		<u>\$63,235</u>		<u>\$65,820</u>		<u>\$67,905</u>		<u>\$70,058</u>		<u>\$83,374</u>