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DY16 Final Report

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Executive Summary

Florida has had the Medicaid Family Planning Waiver (FPW) Program since 1998. The purpose of the program is to expand eligibility for family planning services for up to 2 years to individuals who otherwise are not financially eligible for full Medicaid. Eligibility is limited to women of childbearing age (14 -55) who have a family income at or below 185 percent of the Federal Poverty Level; who are not covered by a health insurance program that provides family planning services; and who have lost Medicaid eligibility within the last two years.

The program offers a wide range of reproductive health services to eligible women. Services include preconception counseling, pregnancy tests, colposcopies, screening and treatment of sexually transmitted infections, contraception supplies [pill, patch, ring, injection, implant, IUD, condom], and sterilization.

The University of Florida (UF) was contracted to assess the extent to which four program objectives were accomplished during the most recent three-year extension of the FPW (July 1, 2011 through June 30, 2014). The four objectives of the FPW program were: 1) to increase rates of enrollment and participation; 2) to increase child spacing (interbirth) interval; 3) to decrease unintended pregnancies; and 4) to demonstrate cost savings to Medicaid. The University of Florida linked Medicaid eligibility and claims files to Florida birth certificates and Healthy Start Prenatal Risk Screens to assess the extent to which the FPW program accomplished its objectives.

Key findings from UF's analysis of the data are summarized below and a corresponding set of lessons learned have been generated. These lessons provide some possible explanations for why certain program objectives were more successful in being accomplished than others.

Objective 1: Increase Rates of Enrollment and Participation

There was a statistically significant decline in the number of teenagers (14-19 years old) who were newly enrolled in the FPW between demonstration year (DY) 11 (July 1, 2009 - June 30, 2010) and DY16 (July 1, 2013 - June 30, 2014) (from 6,317 to 2,296). This decline mirrors decreases in enrollment by adolescents in other state-administered family planning programs. This decline in enrollment may reflect the impact of school-based sex education programs. These

programs have been shown to change behaviors that put young people at risk of pregnancy: they delay sexual initiation, increase condom or contraceptive use, and reduce frequency of sex and number of partners.*

Another possible explanation for the decline in enrollment by adolescents in the FPW program is implementation of the Patient Protection and Affordable Care Act (PPACA), which provides a reproductive health benefits package that includes family planning. Through the law's mandated expansion of preventive health care coverage, the 14-19 age group now has access to contraceptive services from a variety of providers (including private insurers). This enlarged access and availability of family planning providers may be just the latest factor that is contributing to the continuing decline in births to teenagers.

There was also a statistically significant decline in the percentage of newly enrolled women who went on to receive family planning services--from 30% in DY11 to 24% in DY16. There are several possible reasons why women who were automatically enrolled in the FPW program did not go on to obtain services. They include: women's decision to start a family or enlarge an existing one; out of date or incorrect contact information (eligible women may not receive the automatic notification that they are enrolled); and changes that have occurred in the healthcare landscape which now provides more options to low income women for access to contraceptive services.

Specifically, the PPACA enacted by Congress in March 2010 may be impacting how Medicaid-eligible women secure access to family planning services and partially explain this decrease in participation. The Act created standards for a reproductive health benefits package and expanded coverage for contraception and other clinical preventive services, specifically teen pregnancy prevention programs and abstinence education. The law's requirement to have some form of medical insurance may have induced more low-income women to seek contraceptive services through their primary care provider.

* Guttmacher Institute. Fact Sheet. April 2016: American Teens' Sources of Sexual Health Education [page 3]. Available at: https://www.guttmacher.org/sites/default/files/factsheet/american-teens-sources-of-sexual-health-education_0.pdf

The count of New Enrollee Participant women who re-enrolled for a second year in DY16 increased by 66% from the count of New Enrollee Participant women who re-enrolled for a second year in DY11. This difference between the counts of re-enrolled participants between the two DYs was statistically significant.

Objective 2: Increase Child Spacing (Interbirth) Interval

The average Interbirth Interval was two months shorter among Participants compared to Non-Participants (17 months vs. 19 months). This finding suggests that many Medicaid women may access family planning services outside the FPW program. UF did not investigate whether there were systematic differences in the motivation of Medicaid-eligible women who chose to receive FPW services versus Medicaid-eligible women who chose not to receive FPW services. Therefore, the finding of a shorter interbirth interval among FPW Participants compared to Non-Participants may reflect the presence of an unmeasured selection bias into the program.

Objective 3: Decrease Unintended Pregnancies

Fifty-nine percent of New Enrollees in the FPW program (who were linked to a Healthy Start Prenatal Risk Screen) indicated that their pregnancy was unintended. This same rate of unintended pregnancy has also been reported by *all* women of childbearing age in Florida, irrespective of income level. Therefore, despite the availability of family planning services through a variety of public and private health care delivery systems, unintended pregnancy remains an issue that confronts a majority of all women of reproductive age.

Seventy-four percent of women aged 14-19 reported that their pregnancy was unintended. This finding suggests that this youngest age group may need special attention during FPW enrollment because an unexpected pregnancy during adolescence is often accompanied by stressful economic and emotional challenges.

Objective 4: Demonstrate Cost Savings to Medicaid

UF built on the budget neutrality methodology required by the federal Centers for Medicare and Medicaid to estimate cost savings. By providing reproductive health services to over 42 thousand women during DY14-16 (July1, 2011 - June 30, 2014), the FPW program saved

Medicaid 23 million dollars. These savings represent a return on investment of approximately four dollars for each public dollar spent.

UF was also contracted to draft recommendations that can be used by Agency management and legislative staff to improve program implementation. Based on the data that were collected and analyzed, UF offers three recommendations for strengthening accomplishment of the program's objectives.

1. Investigate why the proportion of New Enrollees who went on to receive Medicaid-funded family planning services declined six percentage points between DY11 and DY16 (from 30% to 24%).
2. Ask preconception counselors to equip more women of child bearing age with effective methods for postponing pregnancy because 59% of DY14-16 New Enrollees linked to the Healthy Start Prenatal Risk Screen (15,589 of 26,404) indicated that their pregnancy was unintended.
3. Widely disseminate the finding that implementing the Family Planning Waiver program saved Florida Medicaid 23 million dollars over a three year period.

Introduction

The Final Report by the Family Data Center at the University of Florida (UF) provides information about Enrollees and Participants in Florida’s Medicaid Family Planning Waiver (FPW) program during demonstration years (DY) 14 -16 (July 1, 2011 to June 30, 2014). The report consists of eight sections (A through H):

- A. Descriptive Statistics of DY16 New Enrollees and New Enrollee Participants and Rate of Change as Compared to DY11
- B. Trend Analysis of DY16 New Enrollees and New Enrollee Participants as Compared to DY11
- C. Rate of Re-Enrollment by DY16 New Enrollee Participants as Compared to DY11
- D. Interbirth Interval for Enrollees and New Enrollee Participants for DY14-16 as Compared to DY9-11
- E. Final Results for Reduction in Unintended Pregnancies from Healthy Start Prenatal Risk Screen for FPW Participants and Non-Participants DY14-16
- F. Final Results of Cost-Savings Analysis for DY14-16
- G. Lessons Learned and Recommendations for Program Implementation, Including Improvements Supported by the Data Presented
- H. Summary of Meetings Held with Identified FPW Program Administrators to Discuss DY16 Success Trends, Measures and Outcomes

Definitions

- 1. “Study period” refers to the duration of time used for reporting program measures and outcomes. The study period for the FPW typically includes either one or several demonstration years (DY).
- 2. “Eligibility period” refers to the time a woman is determined to be eligible to receive services. The eligibility period for the FPW is defined as the time between the Aid

Category Effective Date and the Aid Category Effective End Date on the woman's Medicaid Eligibility file.

3. "Enrollee" refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days regardless of the Aid Category Effective Date.
4. "New Enrollee" refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and the Aid Category Effective Date falls within the study period.
5. "New Enrollee Participant" refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file, the Aid Category Effective Date falls within the study period, and she *has received* at least one paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.
6. "New Enrollee Non-Participant" refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file, the Aid Category Effective Date falls within the study period, and she *has not received* any paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.
7. "Enrollee Participant" refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days regardless of the Aid Category Effective Date and *has received* at least one paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.
8. "Enrollee Non-Participant" refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days regardless of the Aid Category Effective Date and *has not received* any paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.
9. "Observed birth" refers to a live birth recorded in the annual Florida Vital Statistics file.

10. “Weighted number” refers to an adjustment made to the number of observed births in a given year that reflects the proportion of each age group [14-19; 20-29; 30-34; 35-44] comprising the total number of women who deliver in a given year.

A. Descriptive Statistics of DY16 New Enrollees and New Enrollee Participants and Rate of Change as Compared to DY11

Appendix C contains a map of Medicaid’s 11 Regions to orient readers to the set of four descriptive statistics tables in Appendix D, describing DY16 New Enrollees and New Enrollee Participants as compared to DY11. Tables 1-4 provide information about DY11 and DY16 New Enrollees and New Enrollee Participants.

- Tables 1 and 2 report counts by race/ethnicity and age group categories of women newly enrolled in the FPW during DY11 and DY16 for each Medicaid Region and County.
- Table 3 reports for each Medicaid Region and each County within that Region the total number of women newly enrolled in the FPW during DY11 and DY16, the total number of newly enrolled women who participated in the FPW during DY11 and DY16, and the ratio of New Participants to New Enrollees.
- Table 4 provides detailed information about enrollment patterns and services utilized by FPW New Enrollees during DY11 and DY16 by age group category. Specifically, the first panel in Table 4 provides details about participation including: total months of enrollment, average length of enrollment and average number of months that DY11 and DY16 New Enrollees were enrolled out of the total number of months that elapsed since the waiver period began. The second panel contains information about evaluation and management services, including treatment of sexually transmitted infections and family planning counseling. The third panel reports on contraceptives including: the total number of women receiving such services and types of contraceptives dispensed. The last panel reports sterilizations during DY11 and DY16 among the six age groups.

The following sections correspond to the tables in Appendix D. The bullets provide key descriptive statistics and the figures illustrate main findings.

Summarized Results from Table 1

- Of the 73,170 DY16 New Enrollees statewide, 27% were Black, 27% were Hispanic, and 40% were White. Black and Hispanic New Enrollees account for more than half of all statewide DY16 New Enrollees (Figure 1). Distributions of race/ethnicity groups did not differ noticeably from DY11. Of the 71,903 DY11 New Enrollees statewide, there 27% Black and 25% Hispanic New Enrollees, together accounting also for more than half of all statewide DY11 New Enrollees. White DY11 New Enrollees constituted 44% of all New Enrollees.

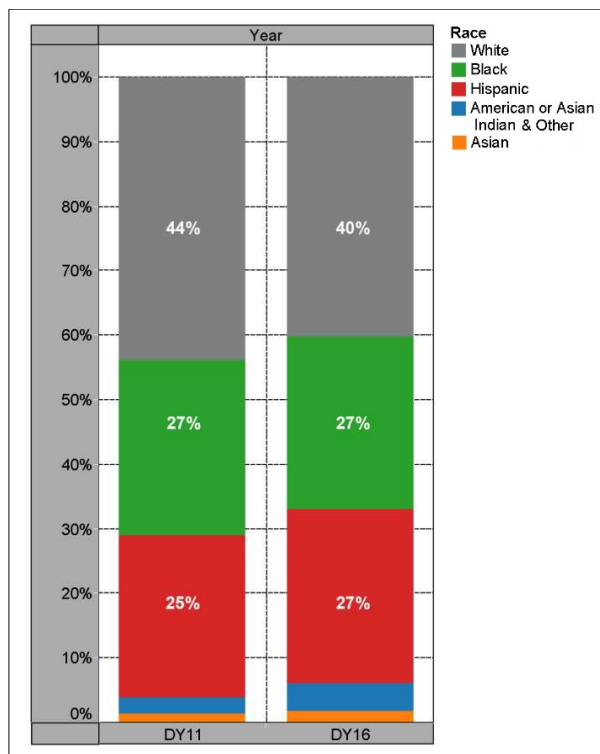


Figure 1: Percent Distribution of Race/Ethnicity of New Enrollees by Demonstration Year

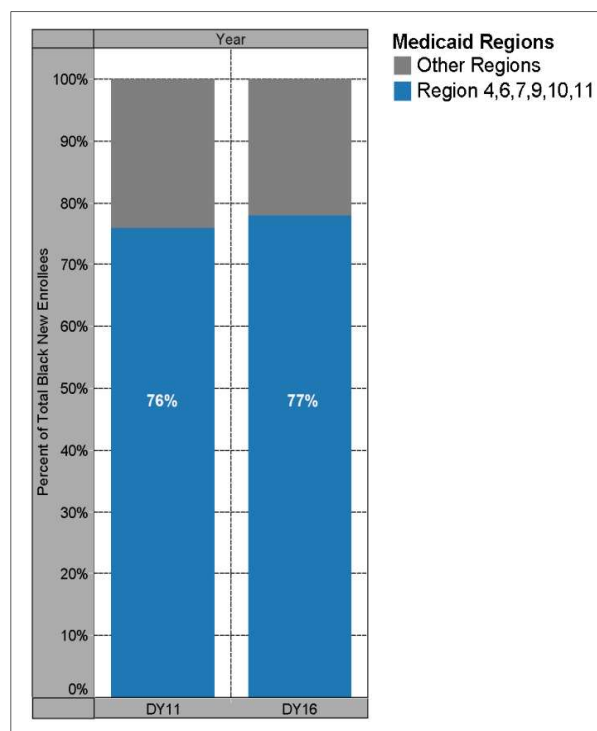


Figure 2: Percent Distribution of Black New Enrollees by Medicaid Region and Demonstration Year

- Of all DY16 Black New Enrollees statewide, 77% are enrolled in Regions 4, 6, 7, 9, 10, and 11 (Figure 2). Similarly, approximately three quarters of all DY11 Black New Enrollees statewide were enrolled in Regions 4, 6, 7, 9, 10, and 11. Within these regions in DY16, the percent of Black New Enrollees ranges from 23% of all New Enrollees in Region 6 to 48% in Region 10 (Figure 3). Within these same regions, the percent of DY11 Black New Enrollees ranged from 25% in Region 6 to 51% in Region 10. The

similar distribution of Black New Enrollees across regions supports our conclusion that there were no noticeable changes in regional percentages of Black New Enrollees between DY11 and DY16. In DY16, 62% of Black New Enrollees were enrolled in Broward, Duval, Hillsborough, Miami Dade, Orange, and Palm Beach counties. In these counties, the percent of DY16 Black New Enrollees ranges from 25% in Miami Dade to 48% in Broward County. In DY11, 61% of Black New Enrollees were enrolled in these same counties. In these counties, the percent of DY11 Black New Enrollees ranged from 27% in Miami Dade to 51% in Broward County. There were no noticeable changes in county percentages of Black New Enrollees between DY11 and DY16.

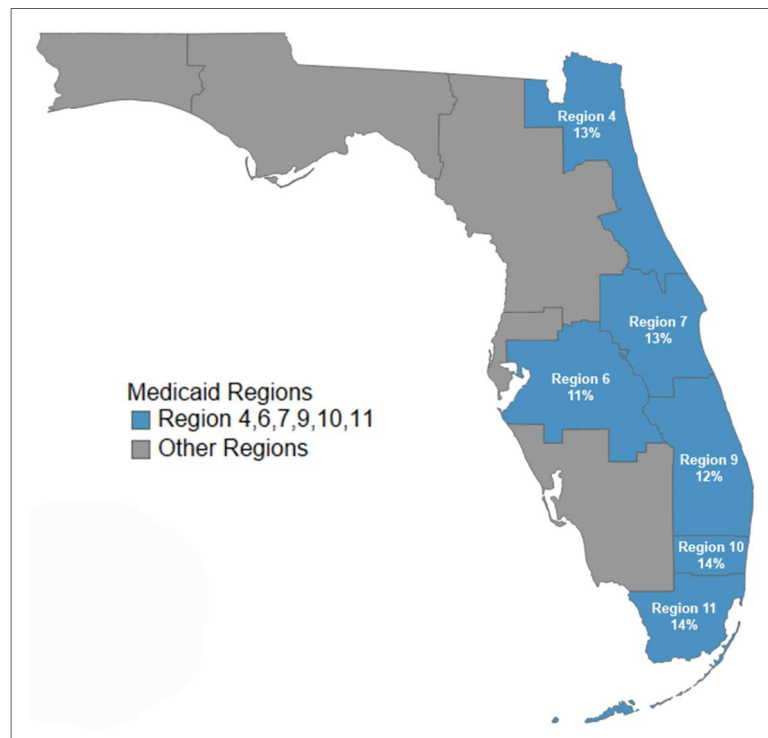


Figure 3: Medicaid Regions with the majority of DY16 Black New Enrollees

- Of all DY16 White New Enrollees statewide, 64% were enrolled in Regions 3, 4, 5, 6, and 7. Similarly, 64% of all DY11 White New Enrollees statewide were enrolled in Regions 3, 4, 5, 6, and 7. Within these regions, the percent of DY16 White New Enrollees ranged from 35% in Region 7 to 65% in Region 3. More than half of the DY16 White New Enrollees were in Regions 1, 2, 3, 4, 5, and 8 with Region 1 containing the largest proportion at 70% White New Enrollees. In DY11, the regional percentages of White New Enrollees were

approximately the same. Slightly more than half (51%) of all DY16 White New Enrollees statewide resided or received services in Brevard, Broward, Duval, Hillsborough, Lee, Marion, Orange, Palm Beach, Pasco, Pinellas, Polk, and Volusia counties. In these counties, the percent of DY16 White New Enrollees ranged from 18% in Broward County to 73% in Pasco County. In DY11, a nearly identical percentage (52%) of all White New Enrollees statewide resided or received services in the same twelve counties as in DY16. Moderate decreases in percentages of White New Enrollees occurred in two counties: 69% in DY11 to 64% in DY16 in Brevard County, and 51% in DY11 to 46% in DY16 in Lee County.

- In DY16, Hispanics in Miami Dade County accounted for about 37% of statewide Hispanic New Enrollees, similar to DY11 when Miami Dade County had 35% of statewide Hispanic New Enrollees. In Miami Dade, Hispanics represented 68% of all New Enrollees statewide, which was the same percentage as in DY11.

Summarized Results from Table 2

- In DY16, 59% of all New Enrollees statewide were in the 20-29 age group and 21% were in the 30-34 age group. In DY11, a similar distribution of New Enrollees existed, with 64% of all New Enrollees in the 20-29 age group and 15% in the 30-34 age group. The 14-19 age group accounts for about 3% of all statewide DY16 New Enrollees. It is notable that in DY11, the 14-19 age group accounted for 9% of all statewide New Enrollees (a decrease in this age group by 4,021 New Enrollees, from 6,317 to 2,296). More than half of the DY16 New Enrollees in each county

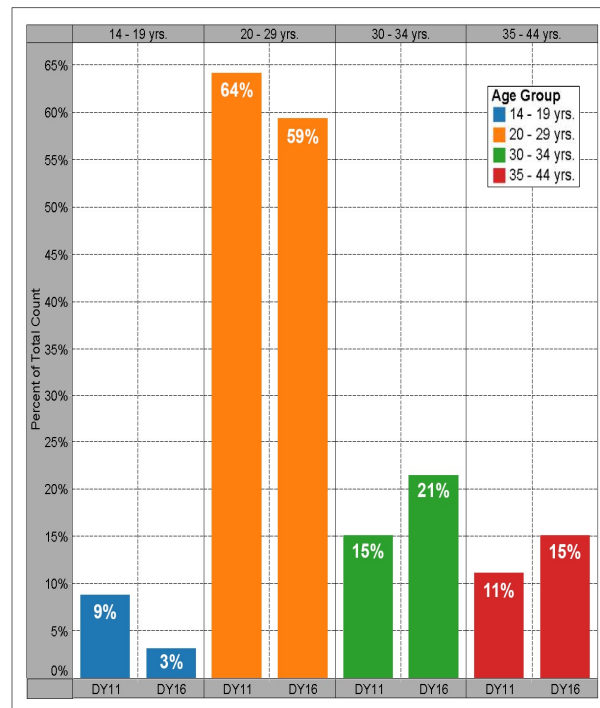


Figure 4: Percent of New Enrollees in Top Four Age Categories by Demonstration Year

were in the 20-29 age group. The same pattern existed across all DY11 counties. Figure 4 compares the DY11 and DY16 statewide percent of total New Enrollees within each of the top four age groups (i.e., the groups with substantial numbers of New Enrollees).

- Half of the New Enrollees from DY16 ages 14-19 were enrolled in Broward, Duval, Hillsborough, Miami Dade, Orange, Palm Beach, Pasco, Pinellas, Polk and Volusia Counties. A similar proportion of New Enrollees ages 14-19 were enrolled in these same counties in DY11. In these counties in DY16, the percent of New Enrollees who were ages 14-19 ranges from a low of 4% in both Pasco County and Pinellas County to 8% in Miami Dade County. In these counties in DY11, the percent of New Enrollees who were ages 14-19 ranged from a low of 3% in Volusia County to 8% in Miami Dade County.
- In DY16, the percent of New Enrollees who were in the 35-44 age group ranges from a low of 6% in Regions 1 and 2 to a high of 21% in Region 11. In DY11, a similar distribution across the regions existed with a low of 6% in Regions 1 and 2 to a high of 22% in Region 11. At the county level, more than half of statewide New Enrollees who were ages 35-44 were enrolled in Broward, Duval, Hillsborough, Miami Dade, Orange, and Palm Beach counties. In these counties, the percent of New Enrollees who were ages 35-44 ranged from a low of 5% in Duval County to 21% in Miami Dade County. A similar distribution of New Enrollees who were ages 35-44 resided in DY11 and the percent range was from a low of 4% in Duval County to a high of 21% in Miami Dade County.

Summarized Results from Table 3

- The statewide ratio of New Enrollee Participants to New Enrollees in DY16 was 24% (17,722 of 73,170). In DY11, the statewide ratio of New Enrollee Participants to New Enrollees was 30% (21,858 of 71,903). In other words, the percentage of newly enrolled women who went on to receive FP services declined by six percentage points between DY11 and DY16 (from 30% to 24%).
- The ratio of New Enrollee Participants to New Enrollees by Medicaid Region in DY16 ranges from 19% in Region 10 to 34% in Region 1. Regionally, there were decreases in participation from DY11 to DY16. Specifically, the ratio of New Enrollee Participants to New Enrollees in Region 2 decreased by 7.4%, decreased by 9% in Region 3 and decreased

by 9% in Region 4. At the county level in DY16, the ratio of New Enrollee Participants to New Enrollees ranges from 15% in Gilchrist County (11 New Enrollee Participants of 76 New Enrollees) to 46% in Franklin County (28 New Enrollee Participants of 61 New Enrollees). At the county level in DY11, the ratio of New Enrollee Participants to New Enrollees ranged from 24% in Miami Dade County (2,252 New Enrollee Participants of 9,318 New Enrollees) to 59% in Lafayette County (13 New Enrollee Participants of 22 New Enrollees). At the county level, there was an average decrease in participation from DY11 to DY16 of 15% across Alachua, Calhoun, Dixie, Duval, Gadsden, Gilchrist, Glades, Gulf, Hardee, Hendry, Highlands, Jackson, Jefferson, Lafayette, Marion, Okeechobee, Suwanee, and Union counties. In these counties, the percent decrease of participation is the greatest in Jefferson County at 22% and the smallest in Duval County at 11%.

Summarized Results from Table 4

- The average length of enrollment in DY16 and DY11 was exactly the same: 7 months.
- Out of the total number of women newly enrolled in the FPW during DY16 (73,170), approximately 5% (3,731) received at least one Family Planning counseling service. In DY11, approximately 9% (6,682) received at least one Family Planning counseling service out of the total number of newly enrolled women in the FPW (71,903).
- 0.9% of DY16 New Enrollees received contraceptive services. 2% of DY11 New Enrollees received contraceptive services.
- 316 DY16 New Enrollees received sterilization services. 389 DY11 New Enrollees received sterilization services.

B. Trend Analysis of DY16 New Enrollees and New Enrollee Participants as Compared to DY11

The evaluation team looked at participation trends from DY11 to DY16 at both the regional level and the county level. The first section summarizes the regional trends with the following information: (1) the change in regional participation from DY11 to DY16 (as indicated by the difference in the participation ratio); (2) the change in Black, White and Hispanic New Enrollees from DY11 to DY16 (as indicated by the difference in the percents of the regional totals of these

race/ethnicities); and (3) the change in 14-19, 20-29, and 30-34 year old New Enrollees (as indicated by the difference in the percents of the regional totals of these age categories).

For sections two through four, four groups of counties were selected from the population for the trend analyses: the High Participation Urban Counties, the Low Participation Urban Counties, the High Participation Rural Counties, and the Low Participation Rural Counties. First, the counties were separated into rural and urban subgroups in order to isolate any potential effects of the size of the population of counties on the trends from DY11 to DY16. Then, the counties were divided into either high or low participation subgroups in order to provide the reader with an understanding of whether race/ethnicity or age category trends differ between counties that participate more versus counties that participate less. The following series of steps were used in order to identify these four groups of counties. Group selection is necessary so that the High Participation Counties represent a group of counties with a meaningfully higher level of participation and the Low Participation Counties represent a group of counties with a meaningfully lower level of participation.

Group Selection Steps

1. All Florida counties were divided into two groups: Urban and Rural (for a complete list of counties, refer to Table 1 in Appendix D). These groupings are based on the 2010 Florida Census Data classifications of Florida counties as Urban or Rural.
2. After parsing the data into these two subgroups, the counties were ranked based on DY16 participation ratio.
3. The 10 Counties with the highest participation ratio and 10 Counties with the lowest participation ratio were identified from both the Urban counties and the Rural counties producing the following four groups: 10 High Participation Urban Counties, 10 Low Participation Urban Counties, 10 High Participation Rural Counties, and 10 Low Participation Rural Counties.
4. From these four groups of 10 counties, the five counties with the largest number of New Enrollees were identified. As a result this process identified four groups of counties: the High Participation Urban Counties, the Low Participation Urban Counties, the High Participation Rural Counties, and the Low Participation Rural Counties.

The second section compares participation at the county level between DY11 and DY16 as indicated by the difference in the participation ratio among the High Participation Counties and the Low Participation Counties for both Urban and Rural groups. The third section reports the race/ethnicity trends from DY11 to DY16 among the High Participation Counties and the Low Participation Counties for both urban and rural groups (as indicated by the difference in the percents of the county totals of Black, White, and Hispanic New Enrollees). Lastly, the fourth section details the age trends from DY11 to DY16 among the High Participation Counties and the Low Participation Counties for both urban and rural groups (as indicated by the difference in the percents of the county totals of 14-19, 20-29, and 30-34 year old age categories).

Section 1: Regional Participation, Regional Race/Ethnicity, and Regional Age Trends

- Across all Medicaid regions, participation decreased by an average of 6% from DY11 to DY16. The largest decreases in participation occurred in Regions 3 and 4 at 9% each and the smallest decrease in participation occurred in Region 11 at 2%. There were no increases in participation at the regional level.
- There was a 1% average decrease in Black New Enrollees across all regions. The decrease in the rate of Black New Enrollees from DY11 to DY16 did not exceed 2% in any region.
- There was a 2% average decrease in White New Enrollees across all regions. The decrease in the rate of White New Enrollees from DY11 to DY16 did not exceed 4% in any region.
- There was a 1% average increase in Hispanic New Enrollees across all regions. The increase in the rate of Hispanic New Enrollees from DY11 to DY16 did not exceed 2% in any region.
- There was a 6% average decrease of New Enrollees in the 14-19 age category across all regions. The largest decreases in this age category occurred in Regions 5 and 6 at 7% each and the smallest decreases in this age category occurred in Regions 10 and 11 at 4% each.

- There was a 4% average decrease of New Enrollees in the 20-29 age category across all regions. The decrease in rates of New Enrollees in this age category from DY11 to DY16 did not exceed 3% in Regions 2, 3, 5, 6, and 8. The largest decrease occurred in Region 10 at 9%.
- There was a 6% average increase of New Enrollees in the 30-34 age category across all regions. The largest increase in this age category occurred in Region 1 at 8% and the smallest increase in this age category occurred in Region 8 at 4%.
- There was a 4% average increase of New Enrollees in the 35-44 age category across all regions. The largest increase in this age category occurred in Regions 10 at 6% and the smallest increase in this age category occurred in Region 8 at 2%.

Section 2: Participation Trends among Urban and Rural Counties

Population Category	Selected High Participation Counties	Participation Ratio	Total New Enrollees	Selected Low Participation Counties	Participation Ratio	Total New Enrollees
Urban	Okaloosa	41%	934	Marion	23%	1,595
	Pasco	30%	1,723	Duval	22%	4,207
	St. Lucie	30%	1,234	Miami Dade	22%	10,955
	Escambia	30%	1,172	Orange	22%	5,010
	Leon	27%	851	Broward	19%	5,819

- The High Participation Urban Counties and Low Participation Urban Counties are listed in descending order by participation ratio in the table above.
- The DY16 High Participation Urban Counties’ participation decreased on average by 2% as compared to the same counties from DY11. Escambia County decreased the most at 8%. As the only increase, participation in Okaloosa County increased by 6%. The DY16 Low Participation Urban Counties decreased in participation on average by 8% compared to the same counties in DY11. Participation in Marion County decreased the most at 13%, followed by Duval County at 11% and Miami Dade decreased the least at 2%. There were no increases in participation among the Low Participation Urban Counties.

Population Category	Selected High Participation Counties	Participation Ratio	Total New Enrollees	Selected Low Participation Counties	Participation Ratio	Total New Enrollees
Rural	Walton	41%	264	Dixie	26%	81
	Taylor	41%	110	Monroe	26%	252
	Madison	39%	88	Columbia	26%	335
	Gadsden	37%	177	Hendry	24%	164
	Levy	35%	187	Baker	20%	123

- The High Participation and Low Participation Rural Counties are listed in descending order by participation ratio in the table above.
- The DY16 High Participation Rural Counties’ participation decreased on average by 3% as compared to the same counties from DY11. Gadsden County decreased the most at 11%, followed by Levy County at 8%. Madison County showed the only meaningful increase in participation by 6%. The DY16 Low Participation Rural Counties decreased in participation on average by 11% compared to the same counties in DY11. Participation in Hendry and Dixie Counties decreased the most at 15% each. Participation in the remaining counties decreased between 7% and 9%. There were no increases in participation across the Low Participation Rural Counties.

Section 3: Race/Ethnicity Trends among Urban and Rural Counties

- Overall, the average race/ethnicity trends from DY11 to DY16 among High Participation and Low Participation Urban Counties did not meaningfully differ. The average race/ethnicity trends from DY11 to DY16 among High Participation and Low Participation Rural Counties also did not meaningfully differ. In the analyses in which the percentages ranged widely, the average race/ethnicity trends should be interpreted with caution because they do not reflect a consistent change across every county.
- The High Participation Urban Counties showed no change on average in the percentage of New Enrollees who were Black from DY11 to DY16. The Low Participation Urban Counties showed an average decrease of 1% in the percentage of New Enrollees who

were Black from DY11 to DY16. The change in the percentage of Black New Enrollees ranged from a 2% decrease to a 2% increase across all urban counties.

- The proportion of White New Enrollees in urban counties decreased by an average of 3% from DY11 to DY16. The decrease in the percentage of White New Enrollees ranged from 0% to 5% in these counties.
- The proportion of Hispanic New Enrollees in urban counties increased by an average of 1% from DY11 to DY16. The change in the percentage of Hispanic New Enrollees ranged from a 1% decrease to a 3% increase in these counties.
- The High Participation Rural Counties showed an increase on average of 1% in the percentage of New Enrollees who were Black from DY11 to DY16. The Low Participation Rural Counties showed an increase on average of 2% in the percentage of New Enrollees who were Black from DY11 to DY16. The change in the percentage of Black New Enrollees ranged widely from a 6% decrease to a 9% increase across all rural counties.
- The High Participation Rural Counties showed a decrease on average of 4% in the percentage of New Enrollees who were White from DY11 to DY16. The Low Participation Rural Counties showed a decrease on average of 6% in the percentage of New Enrollees who were White from DY11 to DY16. The change in the percentage of White New Enrollees ranged widely from a 13% decrease to 2% increase across all rural counties.
- The proportion of Hispanic New Enrollees in rural counties increased by an average of 2% from DY11 to DY16. The change in the percentage of Hispanic New Enrollees ranged from a 1% decrease to a 5% increase in these counties.

Section 4: Age Trends among Urban and Rural Counties

- Overall, the average age trends from DY11 to DY16 among High Participation Urban and Low Participation Urban Counties did not meaningfully differ. The average age trends from DY11 to DY16 among High Participation Rural and Low Participation Rural Counties also did not meaningfully differ. In the analyses in which the percentages

ranged widely, the average age trends should be interpreted with caution because they do not reflect a consistent change across every county.

- The proportion of New Enrollees who were 14-19 years old in urban counties decreased by an average of 5% from DY11 to DY16. The decrease ranged from 3% to 6% in these counties.
- The High Participation Urban Counties showed a decrease on average of 6% in the percentage of New Enrollees who were 20-29 years old from DY11 to DY16. The Low Participation Urban Counties showed a decrease on average of 5% in the percentage of New Enrollees who were 20-29 years old from DY11 to DY16. The decrease in the percentage of this age category ranged widely from 1% to 11% across all urban counties.
- The High Participation Urban Counties showed an increase on average of 7% in the percentage of New Enrollees who were 30-34 years old from DY11 to DY16. The Low Participation Urban Counties showed an increase on average of 6% in the percentage of New Enrollees who were 30-34 years old from DY11 to DY16. The increase in the percentage of this age category ranged from 5% to 9% across all urban counties.
- The High Participation Urban Counties showed an increase on average of 3% in the percentage of New Enrollees who were 35-44 years old from DY11 to DY16. The Low Participation Urban Counties showed an increase on average of 4% in the percentage of New Enrollees who were 35-44 years old from DY11 to DY16. The increase in the percentage of this age category ranged from 1% to 6% across all urban counties.
- The High Participation Rural Counties showed a decrease on average of 7% in the percentage of New Enrollees who were 14-19 years old from DY11 to DY16. The decrease in the percentage of this age category ranged from 5% to 10% across the High Participation Rural Counties. The Low Participation Rural Counties showed a decrease on average of 5% in the percentage of New Enrollees who were 14-19 years old from DY11 to DY16. The decrease in the percentage of this age category ranged widely in the Low Participation Rural Counties from 1% in Dixie County to 10% in Baker County.

- The High Participation Rural Counties showed a decrease on average of 1% in the percentage of New Enrollees who were 20-29 years old from DY11 to DY16. The Low Participation Rural Counties showed a decrease on average of 3% in the percentage of New Enrollees who were 20-29 years old from DY11 to DY16. The change in the percentage of this age category ranged widely from a 7% decrease to a 4% increase across all rural counties.
- The High Participation Rural Counties showed an increase on average of 5% in the percentage of New Enrollees who were 30-34 years old from DY11 to DY16. The Low Participation Urban Counties showed an increase on average of 5% in the percentage of New Enrollees who were 30-34 years old from DY11 to DY16. The increase in the percentage ranged from 2% to 9% across all rural counties.
- The High Participation Rural Counties showed an increase on average of 3% in the percentage of New Enrollees who were 35-44 years old from DY11 to DY16. The change in the percentage of this age category ranged widely in High Participation Rural Counties from a 3% decrease in Madison County to an 8% increase in Levy County. The Low Participation Rural Counties showed an increase on average of 3% in the percentage of New Enrollees who were 35-44 years old from DY11 to DY16. The increase in the percentage of this age category ranged from 1% to 5% across the Low Participation Rural Counties.

C. Rate of Re-Enrollment by DY16 New Enrollee Participants as Compared to DY11

Re-enrollment is a measure of the extent to which women who were automatically enrolled in the FPW program for one year and received at least one family planning service, applied to participate in the program for one more year. Appendix F contains two tables illustrating rates of re-enrollment among DY11 and DY16 New Enrollee Participants.

Table 10 provides information about the count and rate of Participants who did or did not re-enroll in the FPW program in DY11 and DY16, broken out by race/ethnicity.

- The count of Participants increased 2% between DY11 and DY16 (from 71,903 to 73,170).

- Nearly 3,000 more women re-enrolled in the FPW program in DY16 compared to DY11 (7,491 vs. 4,500), a 66% increase.
- The overall rate of re-enrollment increased four percentage points between DY11 and DY16 (from 6% to 10%).
- The White race/ethnicity subgroup constituted the largest percentage of women who re-enrolled in DY16 (3,288 of 7,491 or 44%).
- The count of re-enrolled Hispanic Participants increased 72%, from 1,083 in DY11 to 1,898 in DY16.

Table 11 provides information about the count and rate of re-enrollment of Participants in DY11 and DY16, broken out by age.

- The count of 14-19 year olds who participated in the FPW program declined 64% between DY11 and DY16, from 6,317 to 2,296.
- However, the count of 14-19 year old FPW Participants who re-enrolled increased from DY11 to DY16, from 4 to 38, the largest increase of any age group.
- In both DY11 and DY16, 20-29 year old Participants represent the largest age group (46,140 and 43,453 respectively).
- Although this count of 20-29 year olds represents a decrease of 6% between DY11 and DY16, the count of re-enrolled participants for this age group increased 35% between DY11 (3,310) and DY16 (4,457).
- The overall rate of re-enrollment in the 30-34 year old Participants group increased five percentage points between DY11 and DY16 (from 6% to 11%).

D. Interbirth Interval for New Enrollee Participants and New Enrollee Non-Participants for DY14-16 as Compared to DY9-11

One of the four program objectives of the FPW Program is to increase the child spacing interval through effective contraceptive use. The attainment of this objective is measured by examining the Interbirth Interval (IBI) of FPW Participants and Non-Participants. IBI is a

measure of duration and is defined as the elapsed time (quantified as number of months) between two successive births. An IBI of less than 24 months is considered suboptimal, and is associated with adverse infant outcomes including preterm birth (gestational age less than 37 completed weeks), low birth weight (less than 2500 g or 5.5 pounds), and small for gestational age (less than the 10th percentile of weight at a given gestational age).*

To measure the impact of the FPW in increasing the child spacing interval through effective contraceptive use, UF compared the Interbirth Interval (IBI) of New Enrollee Participants and New Enrollee Non-Participants in the current waiver period DY14-16 to the IBI of New Enrollee Participants and Non-Participants in the previous waiver period, DY9-11. Specifically, UF conducted three measurements of IBI to assess whether or not Participants are more likely to have an IBI of at least twenty-four (24) months than Non-Participants; 1) comparison of percent distributions of women in the study sample by age group, race/ethnicity, and demonstration period; 2) comparison of the proportion of women with an IBI under 24 months by age group, race/ethnicity, and demonstration period; and 3) comparison of average IBI length by age group, race/ethnicity, and demonstration period.

To enable these comparisons, UF first constructed a study sample that enabled UF to compare the Interbirth Interval (IBI) of New Enrollees Participants and Non-Participants in the current waiver period (DY14-16) to the IBI of New Participants and Non-Participants in the previous waiver period, DY9-11. The latest data source that UF has available for analysis of IBI is the 2014 Birth Vital Statistics. Given that the last birth date observable in this dataset is December 31, 2014, UF (in consultation with the Agency) decided to include as many New Enrollees Participants in the DY14-16 waiver as possible. Our rationale was that the program evaluation calls for determining the impact that the FPW waiver had on extending the IBI of New Enrollees Participants. With that objective in mind, UF worked backward from the last delivery to New Enrollees occurring in each waiver period (June 30, 2014 for DY14-16 and November 30, 2009 for DY9-11).

* <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-13-S3-S6>;
<http://www.globalhealthaction.net/index.php/gha/article/view/29724>

The steps below summarize the steps that UF used in constructing the study sample that allows for a valid comparison of the suboptimal Interbirth Interval of less than 24 months among DY14-16 New Enrollees and DY9-11 New Enrollees, some of whom were Participants and some of whom were Non-Participants.

Steps to construct the study sample for the DY14-16 waiver period

1. Identify DY14-16 New Enrollees who meet the following three conditions:
 - a. Delivered the first child (index birth) within one year before enrolling in the FPW program.
 - b. Conceived the second child (repeat birth) within one year after enrolling in the FPW program and delivered this child on or before the end of the waiver period (June 30, 2014).
 - c. The date of FPW enrollment occurred on or before September 1, 2012.
2. Among New Enrollees who meet the three conditions in Step 1, identify DY14-16 Participants (received at least one FPW service during enrollment with a date of service on or before the end of the waiver period, June 30, 2014) who also meet the following condition:
 - a. Conceived the second child (repeat birth) on or after the date of receiving their first FPW service.
3. Among New Enrollees who meet the three conditions in Step 1, identify DY14-16 Non-Participants (did not receive FPW services during enrollment with a date of service that is on or before the end of the waiver period, June 30, 2014) who also meet the following condition:
 - a. Did not receive a family planning service through a different Medicaid delivery system than the FPW while enrolled in the FPW.

Steps to construct the study sample for the DY9-11 waiver period

4. Identify DY9-11 New Enrollees who meet the following three conditions:

- a. Delivered the first child (index birth) within one year before enrolling in the FPW program.
 - b. Conceived the second child (repeat birth) within one year after enrolling in the FPW program and delivered this child on or before the end of the waiver period (November 30, 2009).
 - c. The date of FPW enrollment occurred on or before February 1, 2008.
5. Among New Enrollees who meet the three conditions in Step 4, identify DY9-11 Participants (received at least one FPW service during enrollment with a date of service on or before the end of the waiver period, November 30, 2009) who also meet the following condition:
- a. Conceived the second child (repeat birth) on or after the date of receiving their first FPW service.
6. Among New Enrollees who meet the three conditions in Step 1, identify DY9-11 Non-Participants (did not receive FPW services during enrollment with a date of service that is on or before the end of the waiver period, November 30, 2009) who also meet the following condition:
- a. Did not receive a family planning service through a different Medicaid delivery system than the FPW while enrolled in the FPW.

Once UF established a valid study sample for calculating IBI less than 24 months among DY14-16 FPW Participants and Non-Participants, it was then in a position to compare those two groups' IBI with that of DY9-11 FPW Participants and Non-Participants.

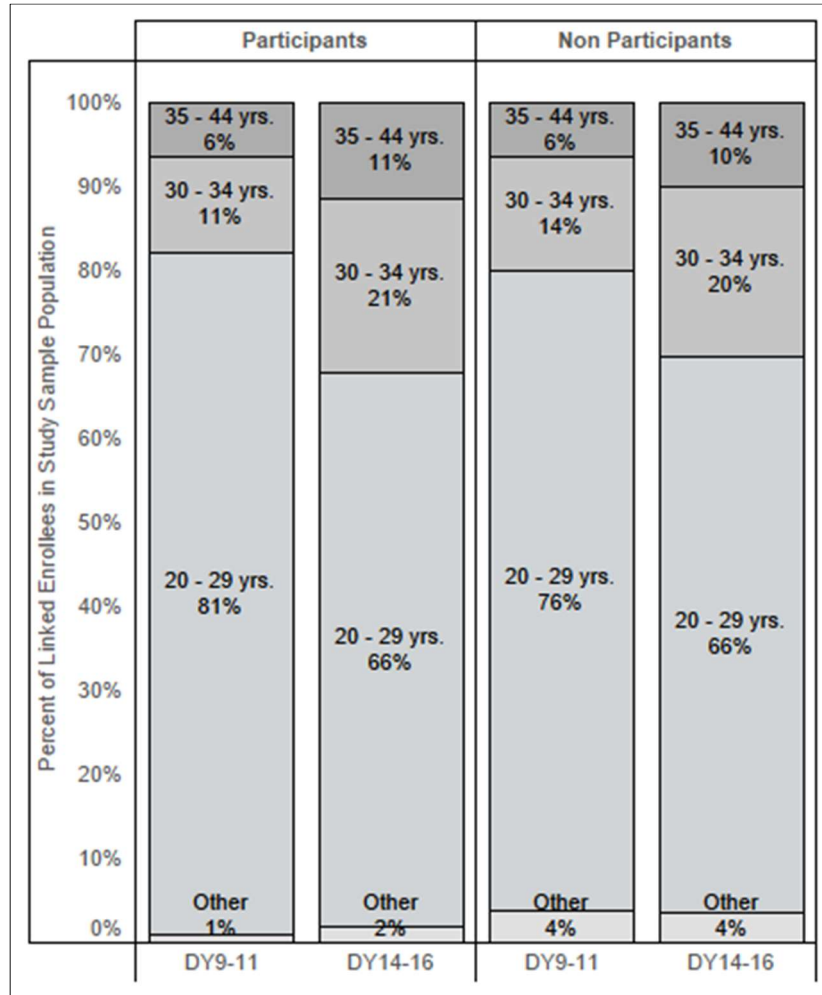


Figure 5: Percent Distribution of New Enrollees in Study Sample Population by Age Group

Figure 5 summarizes the percent distribution of newly enrolled women in the study sample populations during both waiver periods, DY9-11 and DY14-16. The numerators and denominators used to derive these percent distributions can be found on Appendix G, Table 12. The percent distributions are then further disaggregated for the three major age group categories for women found to have repeat births during these periods (20-29, 30-34, and 35-44). Other age groups include women of age 14-19 and 45-55 and are illustrated as “Other” age groups. As an example on how to read this figure, we observe that 21% of New Enrollee Participants included in the study sample population for the DY14-16 period were in the 30-34 age group. In the DY9-11 period, women of age 30-34 represented 11% of the New Enrollee Participants group. The following findings are derived from this figure:

- The percent difference in the distribution among age groups of New Enrollees in the IBI study population did not exceed 2% during the DY14-16 waiver period between the Participant and Non-Participant groups.
- During the DY9-11 waiver period, there were 5% more women in the 20-29 age group in the Participants group (81%) compared to women of age 20-29 in the Non-Participant group (76%). This difference of 5% in the number of women in the 20-29 age group within Participants corresponded to less women of ages 30-34 (-3%; 11-14%) and “Other” (-3%; 1-4%) when compared to the DY9-11 Non-Participants group. There was no difference in the percent distribution (6%) of women in age group 35-44 among Participants and Non-Participants during DY9-11.

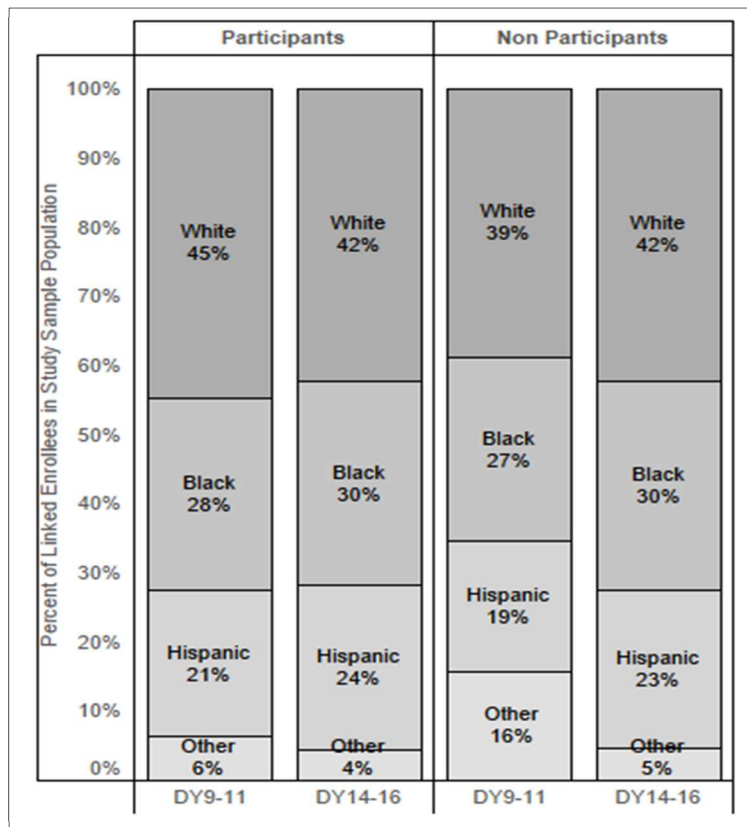


Figure 6: Percent Distribution of New Enrollees in Study Sample Population by Race/Ethnicity

Figure 6 visually represents the percent distribution of newly enrolled women in the study sample population during both waiver periods, DY9-11 and DY14-16, by race/ethnicity categories (White, Black, and Hispanic). Other race/ethnicity groups include Asian, American or

Asian Indian, and other races, which are labeled as “Other” race/ethnicity groups in Figure 6. The numerators and denominators used to derive these percent distributions can be found in Appendix G, Table 12. As an example of how to read this figure, we observe that 30% of New Enrollee Participants included in the study sample population for the DY14-16 period, were in the Black race/ethnicity category. In the DY9-11 period, Black women represented 28% of the New Enrollee Participants group. The following bullets summarize the highlights from this figure:

- The percent difference in the distribution among race/ethnicity groups of New Enrollees in the IBI study population did not exceed 1% during the DY14-16 waiver period between the Participant and Non-Participants groups.
- During the DY9-11 waiver period, there were 6% more White women in the Participants group (45%) compared to White women in the Non-Participant group (39%). This difference of 6% in White women within Participants corresponded to slightly less (3%) Black and Hispanic women in the Participants group when compared to the DY9-11 Non-Participants group. New Enrollees of “Other” race/ethnicity groups during the DY9-11 were 10% less (6% - 16%) in the participant group than in the Non-Participant group.

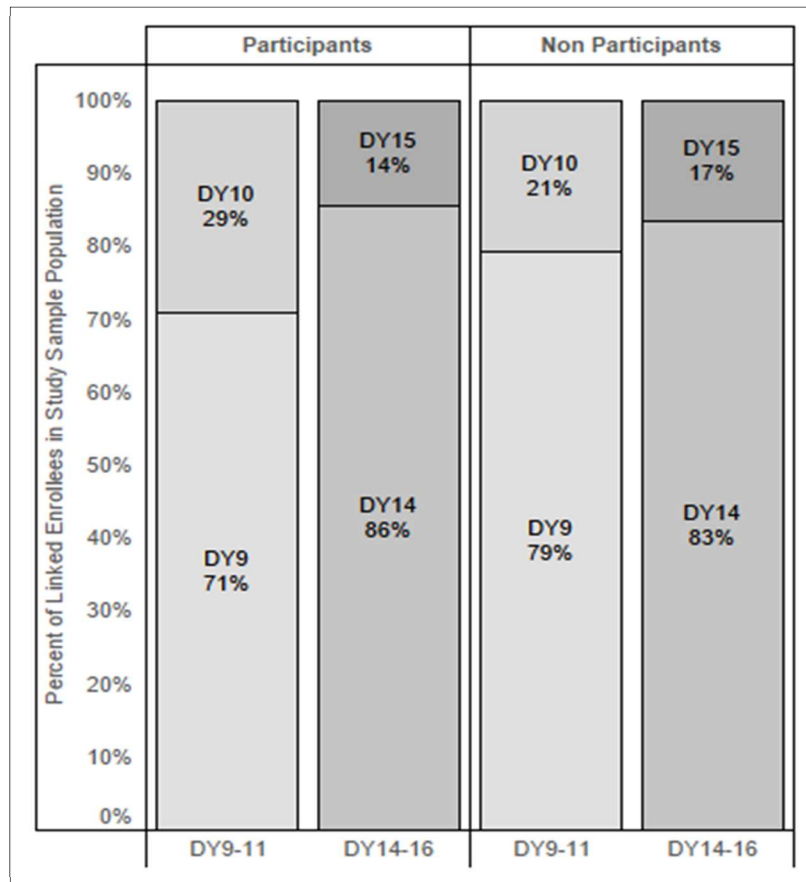


Figure 7: Percent Distribution of New Enrollees in Study Sample Population by Demonstration Year

Similar to Figures 5 and 6, Figure 7 summarizes the percent distribution of newly enrolled women in the study sample populations during both waiver periods, DY9-11 and DY14-16. The numerators and denominators used to derive percent distributions by demonstration year can be found in Appendix G, Table 13. The percent distributions are disaggregated by the demonstration year in which women enrolled in the program. Women who enrolled during DY11 and DY16, the third and last year on each waiver period, are not part of the study sample construction. Therefore women who enrolled during either DY11 or DY16 are not included in this analysis.

This figure indicates that 14% of New Enrollee Participants in the study sample population for the DY14-16 period enrolled during DY15. In the DY9-11 period, women who enrolled in DY10 accounted for 29% of the New Enrollee Participants group. A selection of highlights from this figure is presented below:

- The percent difference in the distribution among years of enrollment of New Enrollees in the IBI study population did not exceed 3% during the DY14-16 waiver period between the Participant and Non-Participant groups.
- During the DY9-11 waiver period, there were 8% more Participant women who enrolled in DY10 compared to Non-Participant women.
- Fifteen percent more Participant women in the IBI study sample population for DY14-16 enrolled during the first year of the waiver period (DY14) when compared to Participant women in the IBI study sample population for DY9-11 who enrolled in the first year of the waiver period (DY9). In contrast, this percent difference was only 4% with the Non-Participant groups across waiver periods.

Table 14 in Appendix G shows the percent of New Enrollees whose IBI period lasted less than 24 months by participation status. The percent of IBI less than 24 months was constructed from Appendix G, Tables 14 (numerators) and Table 12 (denominators). Accompanying Table 14, Figure 10 in Appendix G is further disaggregated by age group category. Highlights from this figure are summarized below:

- During DY14-16, 8% more Participant women had an IBI under 24 months than Non-Participant women across all age groups. In contrast, 3% more Participant women during the DY9-11 period had an IBI under 24 months when compared to Non-Participant women.
- The differences in the percentage of Participant women whose IBI was under 24 months across (and within) age groups between waiver periods did not exceed 2%.

Also accompanying Table 14, Figure 11 in Appendix G shows the percent of Participants and Non-Participants whose IBI period was less than 24 months by race/ethnicity categories. The following from Figure 11 is observed:

- More Participant women had an IBI under 24 months than Non-Participant women across and within all race/ethnicity categories in both waiver periods.
- The differences in the percentage of Participant women whose IBI was under 24 months across (and within) race/ethnicity groups between waiver periods did not exceed 1%.

Accompanying Table 16 in Appendix G, Figure 12 shows the average length of the IBI in months by age group. This figure was developed using the average IBI reported in Appendix G, Table 16. Highlights from Figure 12 are summarized below:

- The average IBI of DY14-16 Participant woman (17 months) was two months less than the average IBI of Non-Participant women (19 months) across all age groups.
- There was no difference in the average IBI of DY9-11 Participant (18 months) and Non-Participant women across all age groups.

Also accompanying Table 16 in Appendix G Figure 13 shows the average length of the IBI in months by race/ethnicity category. This figure was developed using the average IBI reported in Appendix G, Table 16. Highlights are described below:

- The average IBI of Participant woman during DY14-16 was shorter than the average IBI of Non-Participant women across (and within) all race/ethnicity groups.
- The difference in the average IBI of Participants between waiver periods did not exceed one month. Similarly, the difference in the average IBI of Non-Participants between waiver periods did not exceed one month.

Table 17 in Appendix G provides another dimension to further understand the differences between Participant and Non-Participants with regards to IBI. Specifically, Table 17 shows the range of IBIs in months by age group and race/ethnicity categories. From this table we observe, for instance that the calculated IBI periods range from 9-32 months which is consistent with the constraints set forth in construction with the study sample.

In conclusion, these findings support that participation in the waiver did not result in increasing the (IBI) to twenty-four (24) months regardless of age, race, and demonstration period.

E. Final Results for Reduction in Unintended Pregnancies from Healthy Start Prenatal Risk Screen for FPW Participants and Non-Participants DY14-16

The evaluation of the FPW Program measures attainment of four program objectives of the FPW Program. One of the four program objectives is to reduce the number of unintended

pregnancies in Florida. The Centers for Disease Control and Prevention (CDC) define unintended pregnancy as a “pregnancy that is mistimed, unplanned, or unwanted at the time of conception.”*

To measure the impact of the FPW in reducing the number of unintended pregnancies through provision of Family Planning services, UF compared the difference in the rate of unintended pregnancies during DY14-16 among two groups of women: New Enrollee Participants and New Enrollee Non-Participants. To estimate whether there was a difference in the rate of unintended pregnancies among these two groups, UF examined pregnancy intendedness by age group, race/ethnicity, and demonstration year.

UF employed the following steps to construct the study population groups for determining and comparing the rate of unintended pregnancies:

1. Identify DY14-16 New Enrollees who meet the following three conditions:
 - a. Are linked to at least one Healthy Start Prenatal Risk Screen record dated July 1, 2011 through June 30, 2014.
 - b. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record is not missing.
 - c. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record occurred on or after their date of enrollment and on or before the end of the waiver period, June 30, 2014.
2. Among New Enrollees who meet the three conditions in Step 1, identify DY14-16 Participants (received at least one FPW service during enrollment with a date of service on or before the end of the waiver period, June 30, 2014) who also meet the following condition:
 - a. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record occurred on or after their first FPW service.

* <http://www.cdc.gov/reproductivehealth/UnintendedPregnancy/index.htm>

3. Among New Enrollees who meet the three conditions in Step 1 and do not meet the first condition of Step 2 (did not receive FPW services during enrollment with a date of service that is on or before the end of the waiver period, June 30, 2014) identify those who also meet the following condition:
 - a. Did not receive a family planning service through a different Medicaid delivery system than the FPW while enrolled in the FPW.

Tables 18 and 19 provide information about New Enrollees in the study population by age group, race/ethnicity, demonstration year, and participation status. Participation status was derived from Steps 2 and 3 listed above. The New Enrollee Participants subgroup was identified in Step 2 while the New Enrollee Non-Participants subgroup was identified in Step 3. Highlights from Tables 18 and 19 include:

- During DY14-16, 26,404 (10% of all New Enrollees) were linked to a Healthy Start Prenatal Risk Screen record.
- Of these 26,404 DY14-16 New Enrollees:
 - 18,292 (69%) were between 20-29 years of age; 4,874 (18%) were 30-34; 2,370 (9%) were 35-44; and 829 (3%) were 14-19.
 - 11,212 (42%) were in the White race/ethnicity subgroup; while Black (7,790) and Hispanic (6,352) subgroups accounted for 30% and 25% respectively.
 - 17,233 (65%) enrolled during DY14; 6,544 (25%) enrolled during DY15; and 2,627 (10%) enrolled during DY16.
 - 9,214 (35%) were Participants and 17,190 (65%) were Non-Participants.

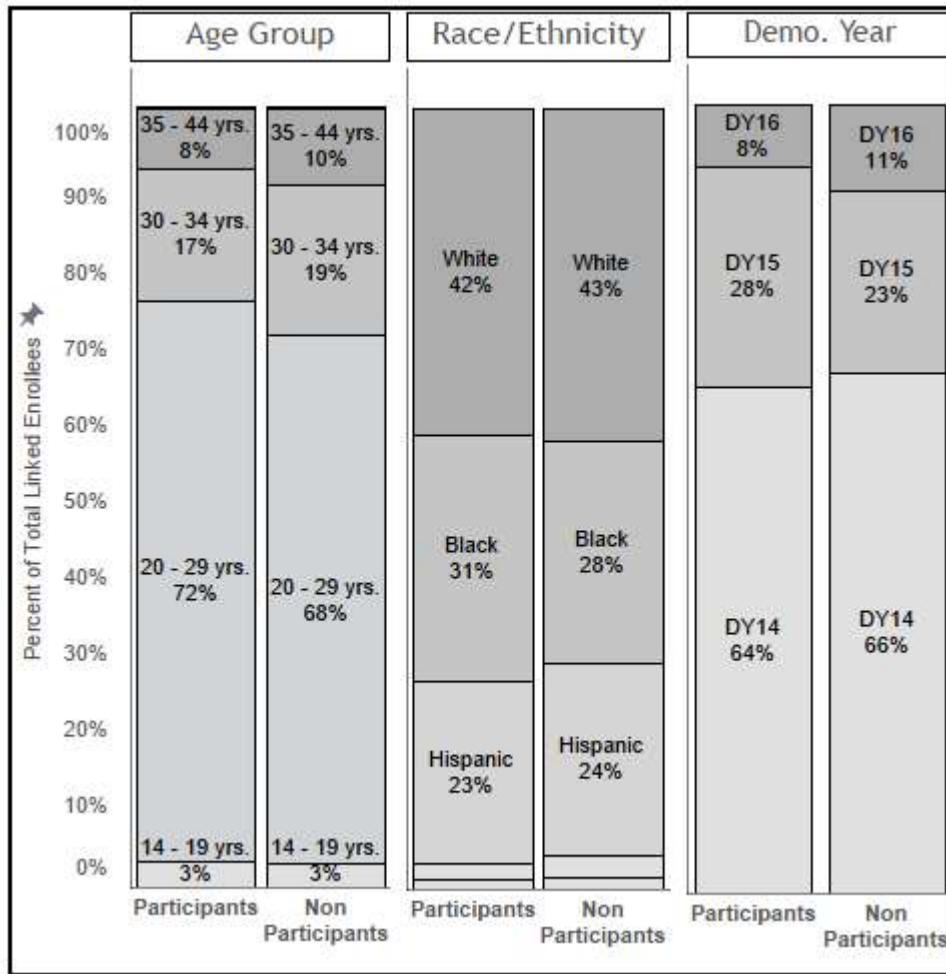


Figure 8: Percent Distribution of Total Linked Enrollees by Age, Race, and Demonstration Year within Participation Status Subgroups DY14-16

Figure 8 summarizes the New Enrollee counts provided in Tables 18 and 19 by showing the percent distribution of age, race, and demonstration year of New Enrollees linked to Healthy Start Prenatal Risk Screen records among the Participants and Non-Participants subgroups. Labels are not shown for the Asian and Asian or Native American Indians race groups to prevent the overlap of visual elements. All percent distributions can be derived from Tables 18 and 19, including percent distribution for small race or age groups. One observation from this figure is that New Enrollees of age 30-34 comprised 17% of the Participants subgroup and 19% of the Non-Participants subgroup. The following information summarizes the findings from this figure:

- The percent distribution of New Enrollees age 20-29 was slightly higher (+4%) in the Participants subgroup (72%) when compared to the percent distribution of New Enrollees age 20-29 in the Non-Participants subgroup (68%). The percent distribution of New

Enrollees in all other age groups (14-19, 30-34, and 35-44) differed by 2% or less between Participants and Non-Participants.

- The percent distribution of New Enrollees did not differ noticeably between the race/ethnicity subgroups among Participants and Non-Participants. The Black race/ethnicity subgroup had the highest percent distribution difference (+3%) between Participants (31%) and Non-Participants (28%).
- The percent distribution of New DY15 Enrollees was slightly higher (+5%) in the Participants subgroup (28%) when compared to the percent distribution of New DY15 Enrollees in the Non-Participants subgroup (23%).

Tables 18 and 19 provide the counts of New Enrollees comprising the study population for whom a link to a Healthy Start Prenatal Risk Screen record was established. Based on the responses recorded on the Healthy Start Prenatal Risk Screen, UF determined whether or not the pregnancy being screened was mistimed, unplanned, or unwanted. According to the CDC, a pregnancy that meets one of these characteristics is considered an unintended pregnancy. UF operationalized “mistimed” pregnancy as a negative response to Question 5 on the Healthy Start Prenatal Risk Screen, “Is this a good time for you to be pregnant?” UF operationalized “unplanned” as the response “not pregnant now” that was given by women to Question 14 on the Healthy Start Prenatal Risk Screen, “Thinking back to just before you got pregnant, did you want to be . . .?” UF operationalized “unwanted” as the response “not pregnant” that was given by women to Question 14 on the Healthy Start Prenatal Risk Screen, “Thinking back to just before you got pregnant, did you want to be . . .?” For these analyses, UF operationalized unintended pregnancy as any one of the three responses described above and recorded on the Healthy Start Prenatal Risk Screen.

Tables 20 and 21 provide count and percent of New Enrollees who were linked to a Healthy Start Prenatal Risk Screen record and reported an unintended pregnancy by race, age, demonstration year, and participation status. The denominators used to calculate the proportion of unintended pregnancies are the counts provided in Tables 13 and 14. Highlights from Tables 20 and 21 include:

- 59% of DY14-16 New Enrollees linked to the Healthy Start Prenatal Risk Screen (15,589 of 26,404) indicated that their pregnancy was unintended.
- The proportion of women who reported that their pregnancy was unintended declined as age increased: 74% among women aged 14-19; 61% among women aged 20-29; 55% among women aged 30-34; and 49% among women aged 35-44.
- 70% of Black women (5,484 of 7,790) reported that their pregnancy was unintended. This proportion was 15%-16% higher than the proportion of unintended pregnancies for both White (55%) and Hispanic (54%) race/ethnicity subgroups.
- The percentage of women who reported that their pregnancy was unintended increased with Enrollment (Demonstration) Year. The proportion of unintended pregnancies was 58% (10,036 of 17,233) for DY14, 60% (3,951 of 6,544) for DY15 New Enrollees, and 61% (1,602 of 2,627) for DY16 New Enrollees.

Figure 9 summarizes data from Table 20. The figure shows the proportion of DY14-16 New Enrollees who reported their pregnancies to be unintended by age group and race/ethnicity among both Participant and Non-Participant subgroups. For example, 70% of New Enrollee Participants ages 14-19 reported their pregnancies to be unintended compared to 76% of New Enrollee Non-Participants ages 14-19.

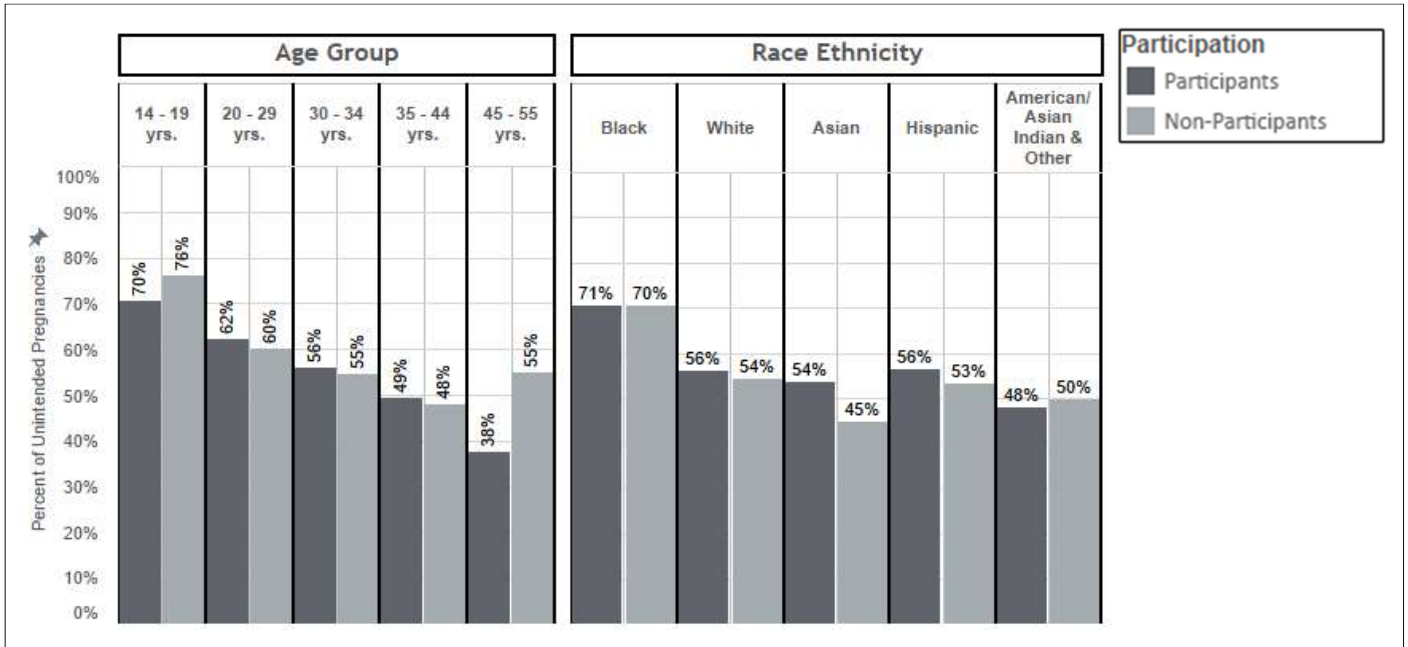


Figure 9: Percent of Women who Reported their Pregnancies as Unintended by Age and Race /Ethnicity within Participants and Non-Participants

The following findings are derived from Figure 9:

- Among Participants, two age groups, the youngest and oldest, 14-19 and 44-55, reported a lower percent of unintended pregnancies than Non-Participants.
- Only in the 20-29 age group was the difference in proportion of unintended pregnancies statistically significant (62% Participants vs. 60% Non-Participants). This finding may be an artifact of statistical testing due to the fact that this age group contained the largest sample size. The larger the sample size, the more likely a statistical test can find a significant difference.
- The proportions of unintended pregnancies did not differ noticeably between the race/ethnicity subgroups comprising Participant and Non-Participant New Enrollees. In both subgroups, Black women reported the highest percentage of unintended pregnancies: 71% among Participants; 70% among Non-Participants.
- The difference in proportion of unintended pregnancies was statistically significant for Hispanic New Enrollees only (56% Participants vs. 53% Non-Participants).

The difference in the proportion of unintended pregnancies among Participant and Non-Participant Enrollees over the three demonstration years is illustrated in Table 22. A minus sign indicates that there were less unintended pregnancies in the Participant group. (See formula note under Table 22.) For example, among Hispanic adolescents aged 14-19, 63.1% of pregnancies for Participants and 80% for Non-Participants were unintended (Table 20). Subtracting the Non-Participant Unintended Pregnancy rate from the Participant Unintended Pregnancy rate for Hispanic adolescents yields -16.9% (63.1% - 80%), meaning that Hispanic adolescents who participated in the FPW had 16.9% fewer Unintended Pregnancies than those who did not participate in the FPW.

UF conducted statistical tests on the 36 percent differences in Table 22 to determine which ones were significantly different. UF set the level of significance at <0.05 , meaning that the difference in the proportion of each subgroup could be due to chance fewer than 5 times out of a hundred. The asterisk next to -16.9% indicates that the percent difference indicating fewer Unintended Pregnancies in Hispanic Participant adolescents was most likely not a chance occurrence, but was related to this group's receiving services through the FPW program. In contrast, the fact that there is no asterisk next to the -4.2% percent difference between White adolescents aged 14-19 who were Participants and White adolescents aged 14-19 who were Non-Participants in the FPW means that this 4.2% difference in Unintended Pregnancies was not statistically significant, that is, the percent difference observed between the two groups during DY14-16 could have occurred by chance.

F. Final Results of Cost-Savings Analysis for DY14-16

Overview of Cost-Savings Methodology

To estimate the overall cost-savings associated with implementing the FPW, UF followed a six-step process:

1. UF calculated births averted. The term births averted refers to the difference in the observed fertility rate of Medicaid women in a given demonstration year versus the baseline (or expected) fertility rate of Medicaid women in 1996-97, the year prior to Florida's implementation of the FPW program.

2. UF calculated the average pregnancy, delivery, and first-year costs associated with births averted in a given demonstration year.
3. UF multiplied the average annual maternal and infant costs in a given demonstration year by the number of births averted in a given demonstration year to arrive at the annual gross savings to Medicaid of the FPW program in a given demonstration year.
4. UF determined how much the Agency spent in a given demonstration year to provide family planning services.
5. UF deducted the cost to the Agency of providing family planning services in a given demonstration year from the gross savings calculated in step three, above, to arrive at the net savings to Medicaid of implementing the FPW program in a given demonstration year.
6. UF summed the annual net cost-savings during DY14, 15, and 16 to arrive at an overall cost-savings achieved by implementing the FPW program from July 1, 2011 to June 30, 2014 based on the data available as of December, 2015.

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

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

Data Sources

We used the following data sources for the cost-savings analysis: birth vital statistics records, Medicaid eligibility files, and Medicaid claims files. Birth vital statistics records from the Florida Department of Health were available through December 31, 2014.

Construction of the Study Sample

Below we summarize the steps UF followed to construct the study sample used to estimate the fertility rate of DY14-16 New Enrollee Participants. This is a necessary first step toward calculating averted births. The fertility rate in turn forms the basis for estimating the cost-savings to Medicaid of implementing the FPW.

Construction of study sample to estimate the fertility rates of women who were New Enrollees in the FPW program, DY14-16

1. Identify all DY14-16 New Enrollee Participants who were enrolled in the program until April 1, 2014 or before. New Enrollee Participants enrolled after April 1, 2014 would most likely give birth nine months later, that is, after December 31, 2014. Information about births that occurred after December 31, 2014 is not yet available to UF.
2. Link New Enrollee Participants identified in Step 1 to Florida Birth Certificates available who also meet all three following conditions:
 - Conceived on or after receiving their first FPW service.
 - Conceived during FPW enrollment.
 - Delivered on or before the end of the waiver period (June 30, 2014).

The resulting subgroup from Step 2 is operationalized as the numerator in calculating the observed fertility rate.

3. Link New Enrollee Participants identified in Step 1 to Florida Birth Certificates available who also meet any of the following conditions:
 - Conceived after FPW enrollment but before receiving their first FPW service.
 - Conceived after the end of FPW enrollment.
 - Delivered after June 30, 2014.

4. Subtract New Enrollee Participants identified in Step 3 from New Enrollee Participants identified in Step 1. The resulting subgroup is used as the denominator in calculating the Observed Fertility Rate.

Moving from Fertility Rates to Births Averted

Baseline Fertility Rate. The table below documents the fertility rate of women under 185 percent of the federal poverty level in Florida during 1997. CMS has allowed the fertility rate to be adjusted to reflect changes in the age distribution of women who are enrolled each year in the FPW program since the 1997 baseline fertility rate was established prior to the program’s implementation.

Age Group	1997 Florida Population	Births to Women in Florida <185% Federal Poverty Level	1997 Base Year Expected Fertility Rate
14-19	216,460	20,870	0.096
20-29	347,540	49,967	0.144
30-34	162,540	11,265	0.069
35-44	287,640	6,043	0.021
Total	1,014,180	88,145	0.087

Source: U.S. Census

DY14-16 Observed Fertility Rate for New Enrollee Participants. The table below reports the observed fertility rate of New Enrollee Participants who had a live birth during the waiver period as outlined in the steps for constructing the study sample.

Observed Fertility Rates of New Enrollee Participants

Age Group	DY14-16		
	New Enrollee Participants (A) ¹	Live Births from New Enrollee Participants (B) ²	Observed Fertility Rates (B/A)
14-19	1,346	84	0.0624
20-29	26,579	1,703	0.0641
30-34	8,616	429	0.0498
35-44	5,881	171	0.0291
Total	42,422	2,387	0.0563

¹ New Enrollee Participants refer to women whose enrollment period ended on or before April 1, 2014, did not conceive before receiving their first FPW service, did not conceive after the end of their FPW enrollment, and did not deliver after June 30, 2014.

² Births to New Enrollee Participants refer to women who delivered on or before June 30, 2014, whose enrollment period ended before April 1, 2014 and became pregnant after receiving their first FPW service. Conception must also have occurred during their FPW enrollment and delivery must have occurred on or before the end of the waiver period June 30, 2014.

Births Averted Calculation

Births averted were estimated using the formula in the box below:

$$\text{Births Averted} = (\text{Adjusted Baseline [1997] Fertility Rate} - \text{Observed DY14-16 Fertility Rates of New Enrollee Participants}) \times \text{Number of New Enrollee Participants during DY14-16}$$

Adjustment of the 1997 baseline fertility rate allows UF to take into account changes in the age distribution of women in the waiver more than a decade after the baseline year. The adjustment consists of counting the number of women who were New Enrollee Participants in each age group during DY14-16. For example, to calculate the adjusted fertility rate for DY14-16, we multiplied the proportion of New Enrollee Participants in each age group out of the total number of New Enrollee Participants in DY14-16 (according to the study sample construction steps) by the base-year fertility rate, then summed the results over all age groups. In the table below, we illustrate the results of adjusting the base-year fertility rate.

Age-Adjusted Base Year Fertility Rate for DY14-16

Age Group	(# in age group)/(total # all age groups) * (baseline fertility rate in age group)
14-19	(1,346 / 42,422) * 0.096 = 0.0028
20-29	(26,579 / 42,422) * 0.143 = 0.0894
30-34	(8,616 / 42,422) * 0.069 = 0.0141
35-44	(5,881 / 42,422) * 0.021 = 0.0030
Adjusted base-year fertility rate	0.0028 + 0.0894 + 0.0141 + 0.0030 = 0.1093

We then calculate the number of births averted in DY14-16 by using the formula above. The formula consists of subtracting the Observed Fertility Rate from the Adjusted Baseline [1997] fertility rate, multiplied by the number of New Enrollee Participants during DY14.

$$\begin{aligned}
 & (\text{Adjusted Baseline [1997] Fertility Rate [0.1093]} - \text{Observed DY14-16 Fertility Rate of New} \\
 & \quad \text{Enrollee Participants [0.0563]}) \times \text{New Enrollee Participants during DY14 [42,422]}^* \\
 & \quad = 2,248 \text{ Births Averted}
 \end{aligned}$$

*New Enrollee Participants refer to women whose enrollment period ended on or before April 1, 2014, did not conceive before receiving their first FPW service, did not conceive after one year past the end of their FPW enrollment, and did not deliver after June 30, 2014.

Cost-Savings Calculation

We estimated cost-savings to Medicaid from births averted among New Enrollee Participants using the method for calculating budget neutrality. We multiplied the number of averted births among New Enrollee Participants during DY14-16 by the average Medicaid birth costs (Medicaid birth costs = the cost of prenatal services, pregnancy-related services, delivery and services to infants from birth to age 1) to arrive at gross cost-savings.

The average Medicaid birth costs were calculated for the subgroup of New Enrollee Participants derived in the study sample construction (step 2). The count of New Enrollee Participants identified in this group was also the numerator of the observed fertility rate. From this group of New Enrollee Participants, only New Enrollee Participants who delivered on or before June 30, 2013 moved to the next step in calculation of average Medicaid birth costs. This delivery date condition was necessary to be able to capture infant services during the first year of life ending on or before June 30, 2014.

To determine net cost-savings, the cost of providing family planning services during DY14-16 was deducted from the estimated cost-savings attributed to averted births (see table below). Program expenditures included all program costs associated with provision of FPW services* during DY14-16. The table below indicates that the overall (net) savings to Medicaid of implementing the FPW program during DY14-16 was \$23 million.

DY	Births Averted among New Enrollee Participants (A)	Average Medicaid Birth Cost (B)	Averted Births Cost-Savings (C=AxB)	FPW Program Expenditures (D)*	Overall (Net) Savings (C-D)
DY14-16	2,248	\$20,048	\$45,067,904	\$21,942,090	\$23,125,814

G. Lessons Learned and Recommendations for Program Implementation, Including Improvements Supported by the Data Presented

Lessons Learned

Presented below are lessons learned from an examination of the key findings reported as descriptive results in Sections A through F. When applicable, these lessons learned were submitted to statistical significance testing using chi square analyses and post hoc comparisons†.

Section A: Descriptive Statistics of DY16 New Enrollees and New Enrollee Participants and Rate of Change as Compared to DY11

- The majority of New Enrollees and New Enrollee Participants in both DY11 and DY16 were minorities. The 4% increase in enrollment of minorities between DY11 and DY16 (from 56% to 60%) was not statistically significant. The proportion of minorities who enrolled and participated in the FPW program did not change significantly over the five year period.

* A paid Medicaid claim with a Waiver Family Planning (WFP) benefit plan code and an FP program code.

† Cox, M. K., & Key, C. H. (1993). Post hoc pair-wise comparisons for the chi-square test of homogeneity of proportions. *Educational and Psychological Measurement*, 53(4), 951-962.

- The increases and decreases in regional FPW enrollment that occurred between DY11 and DY16 in the 11 Medicaid Regions were not statistically significant. This finding means that the changes in regional enrollment between DY11 and DY16 reported in Section A were likely due to chance and no inferences should be made on these regional changes.
- There was a statistically significant decline in the number of teenagers (14-19 years old) newly enrolled in the FPW between DY11 and DY16 (from 6,317 to 2,296). This decline mirrors decreases in enrollment by adolescents in other state-administered family planning programs. California, for example, reported that 20,000 fewer females under the age of 20 enrolled in its Family Planning, Access, Care, and Treatment (PACT) program between FY 2004-05 and FY 2010-11^{*}. This decline in enrollment may reflect the impact of school-based sex education programs. These programs have been shown to change behaviors that put young people at risk of pregnancy: they delay sexual initiation, increase condom or contraceptive use, and reduce frequency of sex and number of partners[†].
- There was a statistically significant decline in the percentage of newly enrolled women who went on to receive FP services from 30% in DY11 to 24% in DY16 (i.e., a statistically significant decrease in participation). There are numerous possible reasons why women who were automatically enrolled in the FPW program did not go on to obtain services. These include: women's decision to start a family or enlarge an existing one; out of date or incorrect contact information (women did not receive automatic notification they were enrolled); and changes that have occurred in the healthcare landscape which now provides more options to low income women for access to contraceptive services.

^{*} Bixby Center for Global Reproductive Health, University of California, San Francisco. [Decline in Adolescent Female Participation in the Family PACT Program](http://bixbycenter.ucsf.edu/sites/bixbycenter.ucsf.edu/files/2013_Adolescent%20Decline%20Study_Report_0.pdf), San Francisco, CA. Report submitted to the California Department of Health Care Services, Office of Family Planning. June 2013. Available at: http://bixbycenter.ucsf.edu/sites/bixbycenter.ucsf.edu/files/2013_Adolescent%20Decline%20Study_Report_0.pdf

[†] Heather D. Boonstra, What Is Behind the Declines in Teen Pregnancy Rates? Guttmacher Policy Review, Summer 2014, Volume 17, Number 3, pp. 15-21. Available at: <http://www.guttmacher.org/pubs/gpr/17/3/gpr170315.pdf>

The Patient Protection and Affordable Care Act (PPACA) enacted by Congress in March 2010 also may have impacted how Medicaid-eligible women secure access to family planning services and as a consequence could explain this decrease in participation. The Act created standards for a reproductive health benefits package and expanded coverage for contraception and other clinical preventive services, specifically teen pregnancy prevention programs and abstinence education. The law's requirement to have some form of medical insurance may have induced more low income women to seek contraceptive services through their primary care provider. For an overview of the potential impact that the PPACA may be having on provision and utilization of family planning by low income women, see Adam Sonfield and Harold Pollack, The PPACA and Reproductive Health: Potential Gains and Serious Challenges. *Journal of Health Politics, Policy and Law*, Vol. 38, No. 2, April 2013, Pages 373-391.

Section B: Trend Analysis of DY16 New Enrollees and New Enrollee Participants as Compared to DY11

- There was a 64% decline in the count of New Enrollees in the 14-19 year old age group between DY11 and DY16. One possible explanation for the decline in enrollment by adolescents in the FPW program is implementation of the PPACA which provides a reproductive health benefits package that includes family planning. Through the law's mandated expansion of preventive health care coverage, the 14-19 age group now has access to contraceptive services from a variety of providers (including private insurers). This enlarged access and availability of family planning providers may be contributing to the continuing decline in births to teenagers.*
- It was noted that between DY11 and DY16 in High Participation Urban counties, the rate of participation declined for women in the two youngest age groups (14-19 and 20-29) whereas in these same counties the rate of participation increased for the next oldest age group (30-34). Women in this third age group likely have a greater incentive to enroll in

* U.S. Department of Health and Human Services, Office of Adolescent Health. Trends in Teen Pregnancy and Child Bearing. Last Updated February 25, 2016. Available at <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html>

and participate in the FPW program because they already have children and seek assistance to curtail their fertility.

Section C: Rate of Re-Enrollment by DY16 New Enrollee Participants as Compared to DY11

- The count of New Enrollee Participant women who re-enrolled for a second year in DY16 increased by 66% from the count of New Enrollee Participant women who re-enrolled for a second year in DY11. This increased re-enrollment count between the two DYs was statistically significant.
- Despite the fact that significantly more women re-enrolled for a second year in DY16 as compared to DY11, the overall percentage of re-enrollment within DY16 remains low. Just one tenth of New Enrollee Participant women who enrolled in the FPW in DY15 re-enrolled in DY16. Further inquiry needs to be conducted to determine reasons why so few New Enrollee Participant women re-enroll in the program.
- Only 2% of New Enrollee Participants in the 14-19 year old age group receiving FPW services in DY15 re-enrolled in DY16 (38 out of 2,292). A first step toward understanding this decline in re-enrollment in the FPW program by adolescents is to determine whether this age group is accessing family planning services through other forms of health insurance coverage required by the PPACA.

Section D. Interbirth Interval for New Enrollees and New Enrollee Participants for DY14-16 as Compared to DY9-11

- Across all age groups, there was a statistically significant decrease of 6% in suboptimal IBI (less than 24 months) between DY9-11 and DY14-16 among Non-Participants, as was the 1% decrease in suboptimal IBI among Participants over this same period. The fact that Medicaid women who did not receive FPW services showed a greater improvement in reducing suboptimal IBI suggests that Medicaid women may be accessing family planning services outside those provided by the FPW program.

- In DY14-16, the mean IBI was two months longer among Non-Participants compared to Participants (19 months vs. 17 months). This finding further suggests that Medicaid women likely access family planning services outside the FPW program.

Section E. Final Results for Reduction in Unintended Pregnancies from Healthy Start Prenatal Risk Screen for FPW Participants and Non-Participants DY14-16

- The finding that 59% of New Enrollees in the FPW program (who are linked to a Healthy Start Prenatal Risk Screen) indicated that their pregnancy was unintended is the same rate of unintended pregnancy that has been reported by all women of child bearing age in Florida, irrespective of income level*. Therefore, despite the availability of family planning services through a variety of health care delivery systems, unintended pregnancy remains an issue that confronts a majority of all women of reproductive age.
- Aggregating into a single construct, “unintended pregnancy” three different reasons that a woman might give for not expecting to be pregnant (it was mistimed, unplanned, or unwanted) obscures possible differences in the experiences of FPW Participants and Non-Participants.
- The finding that 74% of women aged 14-19 reported that their pregnancy was unintended indicates that this youngest age group needs special attention during FPW enrollment since an accidental pregnancy during adolescence is often accompanied by stressful economic and emotional challenges.
- Hispanic Participants in the 14-19 age group had a statistically significant 16.9% lower unintended pregnancy rate than Hispanic Non-Participants from this age group. Hispanic participants in the 20-29 age group had a statistically significant 4% higher unintended pregnancy rate compared to Non-Participants from that age group. For the Hispanic Participants in the 14-19 age group, it is possible that the receipt of services through the FPW may have made a difference in delaying early parenthood. Further research is needed to ascertain the factors that contributed to Non-Participant Hispanic women in the

* <http://www.guttmacher.org/statecenter/unintended-pregnancy/FL.html#9>

20-29 age group experiencing fewer unintended pregnancies than Participant Hispanic women in the 20-29 age group.

Section F: Final Results of Cost-Saving Analysis for DY14-16

During DY14-16 the average Medicaid birth costs (consisting of payments for prenatal services, pregnancy and delivery services, and medical services to infants birth to age 1) was \$20,048.

- During DY14-16 the costs associated to the Medicaid program for delivering family planning services was \$21,942,090.
- By providing family planning services during DY14-16, the waiver program averted 2,248 births and saved Medicaid over 23 million dollars.

Recommendations

- Because the statewide ratio of New Enrollee Participants to New Enrollees declined six percentage points between DY11 to DY16 (from 30% to 24%), additional effort should be made to ensure that more FPW Enrollees participate in receiving Medicaid funded family planning services.
- The ratio of New Enrollee Participants to New Enrollees at the county level ranged from 24% in Miami Dade County to 59% in Lafayette County during DY16. The next evaluation of the FPW should include a qualitative investigation to understand the reasons for this wide variation in participation ratio.
- Fewer women received contraceptive and sterilization services in DY16 compared to DY11, despite the fact that the FPW program served 2,000 more women in DY16 than in DY11. Future evaluations of FPW services should investigate whether this decline in choice of services is part of a nationwide trend among women who participate in family planning programs.
- Fifty-nine percent of DY14-16 New Enrollees who were linked to the Healthy Start Prenatal Risk Screen (15,589 of 26,404) indicated that their pregnancy was unintended. Further educational efforts are needed to equip Medicaid women with the resources they need for choosing when to become pregnant.

H. Summary of Meetings Held with Identified FPW Program Administrators to Discuss DY15 Area Success Trends, Measures and Outcomes

By agreement with the Agency, UF was allowed to conduct interviews with evaluators of three Medicaid-supported family planning programs in three southeastern states as an alternative to summarizing meetings with FPW Program Administrators about DY15 Area Success Trends, Measures and Outcomes. The reasons for the substitution were two-fold: UF had previously conducted an online survey of FPW Program Administrators about DY14 area success, trends, measures, and outcomes. Answers of 13 respondents to this survey had been summarized and reported in Deliverable 1.5. Second, these three southeast evaluators had been regular contributors to the Sheps Center monthly conference calls and are responsible for assessing implementation and outcomes of the Medicaid family planning program in their states. These family planning programs are financed either through a Section 1115 Demonstration Waiver or a State Plan Amendment. Unlike a waiver, which is time-limited, a State Plan Amendment is a permanent change to a state's Medicaid program. Highlights about the current status of three states' family planning programs administered under the auspices of Medicaid are presented below.

North Carolina

- In September 2014, an amendment to the North Carolina Medicaid State Plan was approved by the Centers for Medicare & Medicaid Services (CMS) to convert its “Be Smart” Family Planning Waiver program to the “Be Smart” Family Planning State Plan Program, effective October 1, 2014.
- Changes to the “Be Smart” program associated with the State Plan Amendment included:
 - Expanded coverage to include the same family planning services and supplies that general (full-coverage) Medicaid recipients receive.
 - The program continues to cover one annual exam or physical per year and up to six inter-periodic visits per year.

- Removal of eligibility restrictions based on age. It now covers family planning services and supplies to *all* individuals who meet the state's income and other eligibility guidelines.
- Expanded coverage, screening and treatment for sexually transmitted infections (STI) and screening for HIV, which can occur at any of the six inter-periodic family planning visits per year.
- Coverage of non-emergency medical transportation to and from family planning appointments. This service was not previously covered under the Waiver.
- Eligible recipients of the new family planning program can have an income of no greater than 195% of the federal poverty level. There are no co-payments for the “Be Smart” program.
- Like all SPAs, North Carolina's does not require an independent third party evaluation to verify budget neutrality. Funds which formerly were required to be spent on contracting for an independent third party evaluation of the FPW are being spent by North Carolina Medicaid's Be Smart Family Planning Program to monitor reduction in unintended pregnancies and improve optimal birth spacing.

South Carolina

South Carolina transitioned from a Section 1115 Demonstration Waiver to a State Plan Amendment in October 2011. The aim of adopting the SPA was to more fully integrate family planning services into the mainstream of the state's Medicaid program. The SPA expanded the number of people who were eligible for family planning services, most notably men. The SPA also expanded preventive screening services beyond reproductive health.

South Carolina's Medicaid program is now called Healthy Connections and the expanded screening services are called Healthy Connections Checkup. Checkup is a Medicaid limited-benefit program. Eligibility for Healthy Connections Checkup has to be reviewed each year. Enrollees can see a provider every year to discuss family planning. At this annual visit, enrollees are screened for the following health conditions:

- Alcohol Misuse
- Depression
- Intimate Partner Violence
- Obesity
- Tobacco Use
- Healthy Diet
- Skin Cancer Prevention
- Cholesterol Abnormalities
- Diabetes
- Hepatitis C Virus Infection
- Breast Cancer
- Abdominal Aortic Aneurysm
- Colorectal Cancer
- Lung Cancer

Healthy Connections Checkup does not include follow-up care for problems identified during the annual physical examination. With regard to specific family planning services, Healthy Connections Checkup provides:

- Annual Pap test for women
- Testing, examination and counseling related to birth spacing
- Sexually Transmitted Infection (STI) testing
- One course of medication per year for certain STIs
- Contraceptive methods (including birth control pills, IUDs, injections, implants and male condoms)
- Permanent sterilization procedures (including vasectomy and tubal ligation)
- Transportation to Checkup services

South Carolina, like all states that adopt a SPA, no longer has to demonstrate budget neutrality. Rather it has to show CMS that the costs of the implementing the program do not exceed the Medical inflation rate.

Alabama

Alabama, like Florida, applied for a renewal of its Section 1115 Demonstration Waiver in 2014. Alabama's Medicaid Family Planning Waiver program is called Plan First and was approved by CMS in 2015. Plan First has slightly different eligibility criteria than Florida's FPW: Alabama's program provides services to women between the ages of 19-55 whose income is at or below 141% of the Federal Poverty Level (FPL). Like Florida's FPW program, Plan First is predicated on the recognized need for continued family planning once Medicaid eligibility for pregnancy ends and for covering women who would not otherwise qualify for Medicaid unless pregnant. Women who were able to obtain Medicaid services during their pregnancy-related eligibility period often lost benefits when postpartum eligibility ended. Plan First allows Alabama to extend Medicaid eligibility after the birth of a child to women who may not otherwise qualify for Medicaid. The program's main goal is to reduce unintended pregnancies.

The bulleted list below highlights some features of the Alabama program that differ from Florida's FPW program:

- Through Plan First, enrolled women are able to take advantage of smoking cessation counseling and smoking cessation products, services that began to be covered by the program in October 2012.
- Alabama Medicaid implemented a Social Security Administration data match starting in January 2010 to verify citizenship which has streamlined the eligibility determination process.
- Alabama implemented an automated Express-Lane Eligibility (ELE) renewal for Plan First women and children in February 2013. This expedited renewal process relies on income findings from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) program to determine eligibility and requires no participation from case workers or recipients.
- The result of implementing an expedited renewal process is that enrollment reached 65% of potential eligibles in 2012.
- Using the averted births methodology sanctioned by CMS to establish budget neutrality (that is, by comparing the number of infants that would have been born to Plan First service users had their fertility rates remained unchanged as those recorded by the

Medicaid population before implementation of the FP waiver program), Alabama reported an annual cost-savings of 75 million dollars in 2011 (their demonstration year 11).

- In its renewal application, Alabama plans to add coverage of vasectomies for eligible males 21 years of age or older whose income is at or below 141% of the FPL.
- Alabama will add removal of a migrated or embedded IUD in an office setting or outpatient surgical facility to its Demonstration-Only Benefit Package.
- Plan First has set a performance target of maintaining an overall birth rate of 100 births or less per 1000 enrollees.
- Other performance targets, that is, measurable program goals, have been established:
 - Enroll 80% of all eligible clients (based on census estimates of the eligible population) under age 40 across all race/ethnicity and geographic areas, thereby eliminating disparities.
 - 90% of surveyed enrollees will have heard of the program and 85% of these will be aware that they are enrolled in the program. Telephone surveys of enrollees will be used to track changes in levels of awareness of the program and enrollment in the program.
 - 70% of enrollees will report utilization of services by the end of the three year period.
 - A 70% return rate will be recorded for the 12 month and 24 month visits by enrollees using services during the renewal period. Data are generated from service use claims data.

This summary of other states' decisions in designing, implementing, and assessing their Medicaid-supported family planning programs suggests alternative ways to improve service utilization and accomplish program objectives. Several features of other states' Medicaid family planning program are presented with further details in the Recommendations portion of Section G, Lessons Learned and Recommendations.

Appendix A:

Project Status, Accomplishments and Challenges as Discussed in Agency Conference Calls

Throughout State Fiscal Year 2014-15, UF had conference calls with the Agency and exchanged emails to define more precisely different categories of Enrollees and Participants. (See list of definitions beginning on page 1)

Accomplishments

- UF submitted MED145 Deliverables 1.1 through 2.3 and the Agency approved them.
- UF submitted all Quarterly Progress Reports stipulated in MED145.
- UF secured all data use agreements with the Florida Department of Health permitting linkage during 2015 of 2014 Birth Vital Statistics to Medicaid Eligibility and Claims.
- UF and the Agency agreed on how Participant and Enrollee groups are defined, counted and analyzed.
- UF and the Agency agreed on the inclusion and exclusion criteria for calculating observed fertility rates and unintended pregnancies.
- UF and the Agency agreed on definitions and calculations for cost-savings methodology.
- UF and the Agency agreed that UF summaries of evaluation reports posted on three southeastern states FPW websites (Alabama, North Carolina, South Carolina) would serve as an allowable substitute for summaries of monthly conference calls with southeastern FPW state evaluators, which ended in March 2015.

Challenges

- UF encountered a challenge in summarizing the distribution of age/race and the change in participation rates among groups of regions or groups of counties with different population sizes (number of FPW newly enrolled women). To address this challenge, UF used grouping of regions or counties to stabilize the size of the population within comparison groups. UF chose to report descriptive statistics using the regions or counties comprising the majority of statewide enrollees based on the age/race category being compared. For example, to compare the distribution of Black enrollees among regions

and between DY11 and DY16, only six regions (4, 6, 7, 9, 10, and 11) were used as a comparison group. These regions comprised 77% of Black enrollees Statewide. This smaller group of regions allowed UF to report narrower ranges of percent distribution of Black enrollees, ultimately helping to better identify and compare the statewide regional clusters of Black newly enrolled women. To compare distribution of new enrollees who were ages 14-19 at the county level, for instance, UF chose adolescents enrolled in ten counties (Broward, Duval, Hillsborough, Miami Dade, Orange, Palm Beach, Pasco, Pinellas, Polk and Volusia) instead of reporting statistics for all 67 counties. These ten counties accounted for more than half of all new enrollees of ages 14-19 statewide. This smaller group of counties allowed UF to report narrower ranges of percent distribution of enrollees of ages 14-19, ultimately helping to better identify and compare the statewide county clusters of adolescent new enrollees.

- A similar challenge was encountered in analyzing participation trends between DY16 and DY11 among groups of counties with different population sizes (number of FPW newly enrolled women). To address this challenge, UF used a different grouping method to stabilize the size of the population within comparison groups. Four groups of counties were selected from the population for the trend analyses: the High Participation Urban Counties, the Low Participation Urban Counties, the High Participation Rural Counties, and the Low Participation Rural Counties. First, the counties were separated into rural and urban subgroups in order to isolate any potential effects of the size of the population of counties on the trends from DY11 to DY16. Then, the counties were divided into either high or low participation subgroups in order to provide the reader with an understanding of whether race/ethnicity or age category trends differ between counties that participate more versus counties that participate less.

Appendix B:
Key, Relevant Information from Conference Calls with FPW State Evaluators

The final monthly conference call for southeastern state FPW state evaluators, hosted by the Cecil G. Sheps Center for Health Services Research, University of North Carolina, took place on March 9, 2015. During the call, the chair of the group, after reviewing the published research, concluded that one of the most important questions about the waiver (Do state Medicaid agencies save money implementing the program?) had been conclusively answered in the affirmative. Thereupon, the participants agreed to suspend the monthly calls indefinitely. From October 2005 to March 2015, 100 conference calls had been hosted by the Sheps Center. The conference call hosts have posted on their website minutes of each of the southeastern state evaluators' monthly conference calls, state evaluation designs and presentations, and relevant research about states' experiences with FPW (<https://www.shepscenter.unc.edu/data-2/rndmu/fp-medicaid-waiver/>).

An outstanding feature of the calls was the diversity of perspectives represented among the call participants, which included Medicaid administrators, university-based evaluators, and state agency staff responsible for implementing reproductive health programs. Over the 10-year period, call participants made numerous efforts to share information between states about key features of the waiver: in particular, enrollment rates, service utilization, and program outcomes.

Summary of Southeastern FPW Evaluators' Common Definitions and Procedures

From the inception of the monthly conference calls, evaluators and Medicaid officials in charge of implementing FPW programs sought to arrive at a set of common definitions for basic terms such as Enrollee and Participant. The motive for seeking consensus about basic terms was that it would be a necessary first step for possibly comparing rates of enrollment and participation across states, with the view of learning from programs that were implementing successful strategies for recruitment and retention. The document that follows show an early attempt (in the third year of the calls) to achieve a set of consensual definitions of key terms.

Summary of Southeastern FPW Evaluators' Common Definitions and Procedures (continued)

6/12/06 (updated 2/8/08)

Region IV Medicaid Waivers SUMMARY OF COMMON DEFINITIONS/PROCEDURES

1) Outcome Measures:

Fertility Rate: Number of live births per 1,000 women in their child-bearing years. The overall rate usually uses women age 15-44 years as the denominator. Age-specific rates can also be calculated. The National Center for Health Statistics reports rates for the following age groups: 10-14, 15-17, 18-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49 (numerator is births to women up to age 54). (11/14/05 conference call)

2) Populations of Interest:

Eligible Population: This will not usually be defined consistently by each state but it is the population in the state that would be able to enroll in the Medicaid Family Planning Waiver.

Criteria for Ineligibility: Enrollee would become ineligible as soon as s/he did not meet an eligibility requirement as defined by the state. (12/12/05 conference call)

Enrollee: Persons meeting the eligibility criteria and in the Medicaid Waiver enrollment file. States have different ways of enrolling women, including flipping over from maternity coverage, having children covered by SOBRA, and voluntarily enrolling (12/12/05 conference call)

Handling Sterilizations: SOBRA women who have been sterilized as part of the family planning waiver should be included in the SOBRA enrolled population for as many years following their sterilization as they would have otherwise been eligible for fertility rate calculations, since this is a permanent method of family planning and they would no longer need to receive services. (12/12/05 conference call)

Counting Enrollees: An unduplicated count should be obtained on the same date each year for comparison. (12/12/05 conference call)

Participant/User/Client: Any enrollee who has used a Medicaid Family Planning Waiver service in a particular year. (12/12/05 conference call)

New Participant: Someone who has NEVER been on the Medicaid Family Planning Waiver before. (12/12/05 conference call)

Dropout: A participant/user/client who has not been seen in a particular year. (Mentioned on the 6/12/06 call but not defined. Pris drafted the definition.)

Summary of Southeastern FPW Evaluators' Common Definitions and Procedures (continued)

6/12/06 (updated 2/8/08)

3) Measuring Budget Neutrality:

Estimate of the Population of Women Eligible for SOBRA in the Pre-waiver

Baseline Year: Use the same dataset (say CPS) for all states and contract out the calculations so that they are done consistently for all states. To correct for small numbers, use three years of data prior to the waiver. If numbers are large enough, age-adjust using the following age groups (15-24, 25-34, 35-44). (3/13/06 conference call)

Baseline Fertility Rate: Births to women covered by Medicaid under SOBRA in the year prior to the Medicaid Family Planning Waiver divided by the estimate of the population of women eligible for SOBRA in the pre-waiver baseline year (defined above). (2/13/06 conference call)

Expected Births: The baseline fertility rate applied to the number of demonstration participants in a particular year. (2/13/06 conference call)

Number of SOBRA Births: Emergency Medicaid births (primarily to women not eligible for Title X due to residency status) should be eliminated, provided this type of woman can also be eliminated from the estimate of the SOBRA population. If not possible, the number should be small. (3/13/06 conference call)

Number of Births Averted: The actual number of births to participants in a particular waiver year subtracted from the expected births to get births averted (defined above). Births to participants seen for the first time that year under the Medicaid Family Planning waiver and who were pregnant on their first visit should be excluded. (3/13/06 and 6/12/06 conference calls)

Birth Cost Savings: The number of births averted multiplied by an estimate of the costs of prenatal care and delivery as well as the cost for the first year of life for the infants had they been born. (2/13/06 conference call) These estimates should come from the Medicaid Offices in each state. (6/12/06 conference call)

4) Birth-to-Conception Interval (High Risk):

A birth-to-conception interval of less than 18 months is considered high risk. (5/8/06 conference call and 1/15/08 e-mail from Jeff Roth)

Estimating Eligible Populations

One of the first challenges southeastern states faced as they attempted to lay the groundwork for potential across-state comparison of rates was to agree on a common method for estimating the eligible FPW population. There would have to be agreement on what data source all states would consult to determine how many Medicaid-eligible women could potentially be enrolled in each state's FPW program. The documents that follow outline the data sources and methods recommended for calculating the number of Medicaid-eligible women that a state could potentially enroll in their FPW program.

March 10 Draft

ESTIMATING ELIGIBLE POPULATION

We propose to estimate the eligible population for a state's waiver program using the following method:

- 1) Use national survey data (either the Current Population Survey, CPS, or the American Community Survey, ACS) to estimate the number of state residents of the appropriate sex, age and income.
- 2) Use the CPS to estimate the proportion of those people who are uninsured (because individuals with Medicaid or private insurance coverage are not eligible for state waiver programs).
- 3) Adjust the CPS estimate of uninsurance, so that it represents people uninsured at any point during the year (to parallel states' data on enrollment, which include people enrolled at any point during the year).

To ease comparison across states, we suggest limiting the estimate in step 1 to women aged 19-44 (which is the "lowest common denominator" among states). The income cut-off for step 1 should be set at the appropriate cut-off for each state's waiver (133%, 185% or 200% of the federal poverty level).

For step 3, we propose using an adjustment factor of 1.54, developed by the Guttmacher Institute in an August 2006 report estimating the potential impact of a nationwide Medicaid family planning expansion that used a methodology similar to the one we are proposing here. A description of that adjustment can be found on pages 35 and 36 of the report at <http://www.guttmacher.org/pubs/2006/08/16/or28.pdf>

The rest of this document explores the differences between CPS and ACS in step 1 of this methodology.

Estimating Eligible Populations (continued)

March 10 Draft

CPS Only Method

Go to http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

1. Select 3 year; one table multi-year average.
2. universe: persons in poverty universe
3. State – as needed; Sex – females; all races, all nativity, all workforce
4. Row variables select (1) age, (2) income to poverty ratio; Column (1) health insurance coverage
5. {skip}
6. Customize age ranges to 19-24, 25-34, 35-44; select desired income to poverty ratio % cut offs
7. Display sums as whole numbers

Press Get table.

To correct for uninsured at any time, we would calculate the percentage uninsured and multiply by 1.54

Variation Using ACS for Population Estimate

Go to

[http://factfinder.census.gov/servlet/CTGeoSearchByListServlet?ds_name=ACS_2006_EST_G00 & lang=en&_ts=223120399234](http://factfinder.census.gov/servlet/CTGeoSearchByListServlet?ds_name=ACS_2006_EST_G00_lang=en&_ts=223120399234)

1. For women below poverty:
 - a. Geographic Type: State
 - b. Geographic Area: [your state] then Add then Next
 - c. Select table: "B17001. Poverty Status In The Past 12 Months By Sex By Age"
 - d. Press Go
 - e. Select Below Poverty, Female, and your desired age ranges, then Add and Next
 - f. Press Show Results
 - g. Download as Excel file or right click table and export to Excel.
2. To estimate females above poverty:
 - a. Geographic Type: State
 - b. Geographic Area: [your state] then Add then Next
 - c. Select table: "B17024. Age By Ratio Of Income To Poverty Level In The Past 12 Months"
 - d. Press Go
 - e. Select desired Income/Poverty Ratios for your age ranges, then Add and Next
 - f. Press Show Results
 - g. Download as Excel file or right click table and export to Excel.

For each age range, use the data from B17001 to calculate the % of population below poverty who are female and apply that proportion to the population income bands above poverty.

Use data from CPS method above to estimate % of women uninsured at any time during year.

Estimating Eligible Populations (continued)

March 10 Draft

U.S. Census Bureau

CPS 3-year average - Data Collected in 2005 to 2007

NOTE: The Current Population Survey Annual Social and Economic Supplement is an annual survey of approximately 78,000 households nationwide. Therefore, use extreme caution when making inferences when the cell sizes are small.

Some CPS questions, such as income, ask about the previous year. Others, such as age, refer to the time of the survey. The column labels indicate any subject with a reference year which differs from the survey year.

NOTE: Health insurance data for 2005 and 2006 were updated on April 10, 2007. Refer to the [Revised CPS ASEC Health Insurance Data](#) page for more information. The health insurance data from 2003 and 2004 were constructed for consistency with the revision to the 2005 and 2006 data. The health insurance coverage tables created should match the results from our new historical series tables HIA-1 through HIA-8.

State: SC & Female		Totals	Health Insurance Coverage in 2004 to 2006	
			Insured	Uninsured
Totals	Totals	796,448	632,026	164,422
	Income-to-Poverty Ratio in 2004 to 2006			
	Below 100%	127,947	76,845	51,102
	100% to below 175%	130,062	86,374	43,687
	175% to below 200%	49,644	39,372	10,273
	200% and above	488,794	429,434	59,360
Age 18 to 24	Totals	191,244	145,037	46,207
	Income-to-Poverty Ratio in 2004 to 2006			
	Below 100%	43,851	30,087	13,764
	100% to below 175%	40,918	28,764	12,155
	175% to below 200%	9,255	8,485	770
	200% and above	97,220	77,701	19,518
25 to 34	Totals	293,875	232,614	61,261
	Income-to-Poverty Ratio in 2004 to 2006			
	Below 100%	39,599	20,354	19,245
	100% to below 175%	48,316	30,017	18,299
	175% to below 200%	21,222	16,482	4,739
	200% and above	184,738	165,761	18,977
35 to 44	Totals	311,329	254,375	56,954
	Income-to-Poverty Ratio in 2004 to 2006			
	Below 100%	44,497	26,404	18,093
	100% to below 175%	40,827	27,594	13,233
	175% to below 200%	19,168	14,405	4,763
	200% and above	206,837	185,972	20,865

Source: U.S. Census Bureau

Current Population Survey, Annual Social and Economic Supplement, 2005 through 2007

Estimating Eligible Populations (continued)

March 10 Draft

1. Estimates for South Carolina, 2006 American Community Survey¹

	18-24		25-34		35-44	
	Below FPL	100-185% FPL	Below FPL	100-185% FPL	Below FPL	100-185% FPL
Population	95,735	72,948	8,1464	90,460	68,156	88,010
Females	56,787		50,038		45,317	
% Female	59%		61%		66%	

2. Assume proportion of females from 100-185% is similar to below 100%.

	18-24		25-34		35-44	
	Below FPL	100-185% FPL	Below FPL	100-185% FPL	Below FPL	100-185% FPL
Population	95,735	72,948	81,464	90,460	68,156	88,010
Females	56,787	43,270	50,038	55,564	45,317	58,518
% Female	59%	59%	61%	61%	66%	66%

3. Estimated women at or below 185% FPL is 309,494.²

Comparison of eligible women before adjustment for uninsured:

- CPS (2004-06 avg) Women <185% FPL = 127,947+130,062+(40%*49,644) = 277,867
- ACS (2006) Women <185% FPL = 309,494
- CPS estimate is 10% lower than ACS

CPS estimate of uninsurance for women below 185% poverty = 34%
 AGI adjustment for uninsured at any time during year = 1.54
 Adjusted rate of uninsurance = 52%

Estimated eligible population using CPS only = 144,491
 Estimated eligible population using ACS/CPS = 160,937

¹ ACS has population income/poverty ratio increments of: below 50%, 50-74%, 75-99%, 100-124%, 125-149%, 150-174%, 175-184%

² ACS custom table is not available for 2005; using rough estimates from 2005 ACS detailed tables, the estimated women below 185% poverty is 322,687.

Potential Service Utilization Variables for Alabama, North Carolina, South Carolina, Florida and Arkansas

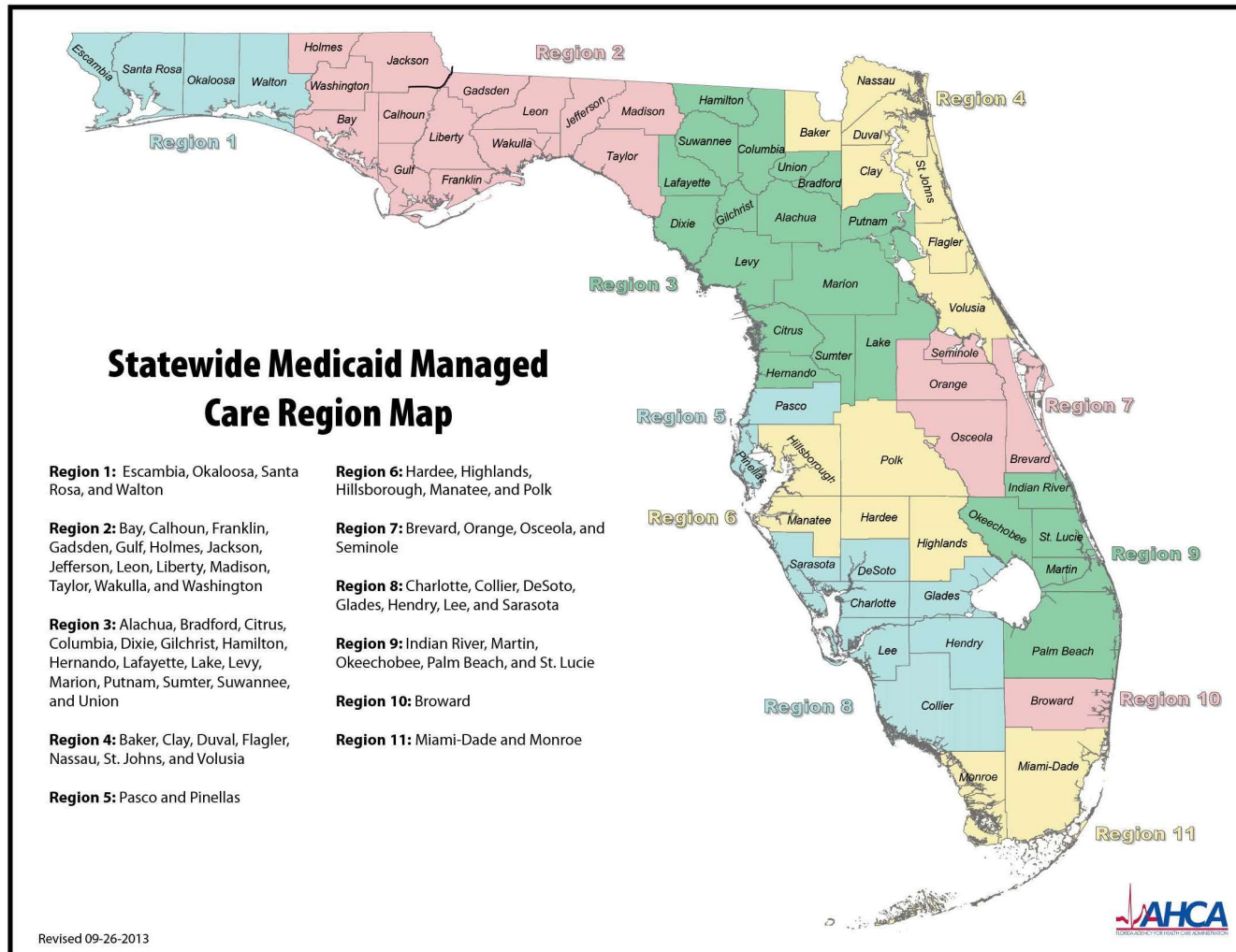
Another program area in which conference call participants were interested in exchanging information was service utilization. To that end, five southeastern states were asked if they were willing to share information about which years of service utilization data they had collected, what types of services they offered, and the sociodemographic characteristics of service recipients. The document that follows reports the responses of five state Medicaid offices after review of their service utilization data holdings. The motive for generating this and other potential across-state comparisons was to offer states that had recently applied for and received a Section 1115 waiver some direction about what key information to collect. Analysis of such information could help establish the efficacy and effectiveness of their FPW programs.

Southeast Medicaid Family Planning Waiver Evaluators: Potential Service Utilization Variables

	Alabama	North Carolina	South Carolina	Florida	Arkansas
Most recent years of data to which you have access	2000-2013	2007-2011	1995-2009	2012-2014	1997-2013
Can you manipulate/query these data or do you only have reports?	Can manipulate data	Only have reports	Only reports. Can seek raw data w/ permission	individual file view only	Can manipulate data
Did you conduct a survey of enrollees these same years?	Yes		Yes (2006, 2009)		2008, 2011
If yes, did you ask women why they had not used services in the last year?	Yes		Yes (2006)		Yes
Characteristics of women enrolled					
Age (if not individual years, what are the predefined categories?)	individual years	19-24, 25-29, 30-34, 35-39, 40-55	15-19, 20-24, 25-29, 30-34, 35-39, 40-44	individual years	individual years
Race/ethnicity	White, Black Hispanic, Other		Survey	White, Black Hispanic, Asian, Native American/Pacific Islander	white, black, Hispanic
Parity	Not available	not available	Survey	no	not available
Residence	County (urban/rural)	County	County	County, Medicaid area	city, county, public health region, rural, urban
Information on service use during enrollment					
Had any claim for clinical services?	Yes	Yes	Yes	yes	yes
Received any method in the last 12 months?	Yes	Yes	Survey	yes	Yes
Received oral contraceptive pills	Yes, but may not capture all OC users	Yes	Survey	yes	Yes
Received Depo injections	Yes	Yes	Survey	yes	Yes
Received LARC (IUD or implant)	Yes	Yes	Survey	yes	yes
Got sterilized	Yes	Yes	No	yes	yes
Received Emergency Contraception	No (not covered under the waiver)	Yes	No	yes	no
Had a Pap smear	May be combined with pelvic exam	Yes	No	yes	not currently available but could be determined
Had a pelvic exam	Yes	Yes	No	yes	not currently available but could be determined
Had a pregnancy test	Yes	Yes	No	yes	not currently available but could be determined
Was screened for STIs	Yes	Yes	Yes	Yes	not currently available but could be determined
Was tested for HIV	Yes	Yes	No	Yes	not currently available but could be determined

Collated by the Sheps Center October 2014

Appendix C: Florida Medicaid Regions



**Appendix D:
Descriptive Statistics of DY16 New Enrollees and New Enrollee Participants as Compared to DY11**

Table 1: Race/Ethnicity of FPW Newly Enrolled Women, DY11 vs. DY16

Sorted alphabetically by county within Region.

Medicaid Region	County	Black		White		Asian		Hispanic		American or Asian Indian & Other		Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
Region 1	Escambia	475	402	795	683	34	25	33	22	26	40	1,363	1,172
	Okaloosa	124	154	642	665	27	28	42	57	10	30	845	934
	Santa Rosa	24	31	522	474	8	12	12	16	11	16	577	549
	Walton	17	17	236	228	2	1	14	12	4	6	273	264
	Total	640	604	2,195	2,050	71	66	101	107	51	92	3,058	2,919
Region 2	Bay	181	149	815	671	15	20	24	41	16	35	1,051	916
	Calhoun	7	3	70	61	1		3	2	1	3	82	69
	Franklin	6	6	52	51					1	4	59	61
	Gadsden	159	122	34	32			17	20	1	3	211	177
	Gulf	10	8	62	60	1		1	1	1		75	69
	Holmes	4	2	142	75		1	2	1	2	2	150	81
	Jackson	101	76	175	154	1	2	7	2	4	4	288	238
	Jefferson	26	19	17	19		1	3		1		47	39
	Leon	536	492	305	291	16	6	20	30	17	32	894	851
	Liberty	2	2	26	29			1	2		1	29	34
	Madison	49	45	63	39					5	4	117	88
	Taylor	28	28	98	76	1	1		3	2	2	129	110
	Wakulla	12	14	59	75				1		2	71	92
	Washington	10	25	90	96			1	1	2	3	103	125
Total	1,131	991	2,008	1729	35	31	79	104	53	95	3,306	2,950	
Region 3	Alachua	275	375	392	423	13	19	46	52	30	41	756	910
	Bradford	13	19	81	83	1	1	1	4	1	2	97	109

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Medicaid Region	County	Black		White		Asian		Hispanic		American or Asian Indian & Other		Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
	Citrus	22	24	508	477	6	5	31	26	11	18	578	550
	Columbia	63	83	237	230	3	1	17	15	7	6	327	335
	Dixie	4	8	69	70		1			1	2	74	81
	Gilchrist	5	2	74	71				2	1	1	80	76
	Hamilton	19	24	43	27			5	2		1	67	54
	Hernando	63	53	553	569	5	8	73	95	23	33	717	758
	Lafayette	6	2	15	26			1	3			22	31
	Lake	182	211	756	809	10	18	174	242	41	55	1,163	1,335
	Levy	22	21	135	146		1	6	14	3	5	166	187
	Marion	318	321	1,044	973	16	24	187	233	33	44	1,598	1,595
	Putnam	96	91	305	250	3	1	35	38	7	10	446	390
	Sumter	38	30	163	152		1	14	19	4	1	219	203
	Suwanee	35	32	158	120	1	2	8	18	3	10	205	182
	Union	11	6	46	52		1	2	3	2	3	61	65
	Total	1,172	1,302	4,579	4,478	58	83	600	766	167	232	6,576	6,861
Region 4	Baker	16	15	114	104	1	2		1	2	1	133	123
	Clay	70	85	467	462	11	16	42	37	19	36	609	636
	Duval	1,980	1,963	1,749	1,551	103	159	271	323	127	211	4,230	4,207
	Flagler	68	55	239	259	3	5	36	34	13	17	359	370
	Nassau	24	20	252	193	5	2	5	5	6	8	292	228
	St. John's	59	70	385	373	4	5	21	23	5	21	474	492
	Volusia	371	364	1,321	1,308	30	27	273	303	47	74	2,042	2,076
		Total	2,588	2,572	4,527	4,250	157	216	648	726	219	368	8,139
Region 5	Pasco	88	106	1,284	1,261	21	26	202	251	55	79	1,650	1,723
	Pinellas	786	645	1,828	1,502	87	93	253	272	120	164	3,074	2,676
		Total	874	751	3,112	2,763	108	119	455	523	175	243	4,724
Region 6	Hardee	13	7	63	69	2	1	90	80	5	4	173	161

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Medicaid Region	County	Black		White		Asian		Hispanic		American or Asian Indian & Other		Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
	Highlands	79	58	246	211	5	1	88	85	2	18	420	373
	Hillsborough	1,442	1,232	1,802	1,577	79	94	1,526	1,445	209	296	5,058	4,644
	Manatee	223	221	582	552	11	17	251	253	25	55	1,092	1,098
	Polk	583	602	1,388	1,394	18	42	523	615	57	104	2,569	2,757
	Total	2340	2120	4081	3803	115	155	2,478	2,478	298	477	9,312	9,033
Region 7	Brevard	360	330	1,354	1,157	22	31	162	179	59	114	1,957	,1811
	Orange	1,659	1,656	1,361	1,281	104	132	1,735	1,747	156	194	5,015	5,010
	Osceola	186	171	451	405	15	25	938	912	78	78	1,668	1,591
	Seminole	289	275	639	599	18	38	312	317	25	74	1,283	1,303
	Total	2,494	2,432	3,805	3,442	159	226	3,147	3,155	318	460	9,923	9,715
Region 8	Charlotte	38	30	378	328	6	5	39	28	6	9	467	400
	Collier	170	116	361	258	15	4	433	332	23	36	1,002	746
	Desoto	27	20	88	97	2	1	48	48	2	2	167	168
	Glades	6	1	15	6			6	4		1	27	12
	Hendry	43	20	99	51		2	131	87	1	4	274	164
	Lee	410	316	1,205	858	32	30	649	607	50	74	2,346	1,885
	Sarasota	155	123	737	747	13	11	112	161	29	71	1,046	1,113
	Total	849	626	2,883	2,345	68	53	1,418	1,267	111	197	5,329	4,488
Region 9	Indian River	115	112	298	298	5	5	83	90	5	9	506	514
	Martin	44	44	195	182	1	2	59	87	6	21	305	336
	Okeechobee	13	14	147	129	1	2	51	50	4	2	216	197
	Palm Beach	1,644	1,804	1,088	1,099	55	82	1,007	1,113	69	193	3,863	4,291
	St. Lucie	356	365	559	541	9	22	233	247	21	59	1,178	1,234
	Total	2,172	2,339	2,287	2,249	71	113	1,433	1,587	105	284	6,068	6,572
Region 10	Broward	2,699	2,822	1,065	1,059	104	141	1,258	1,447	200	350	5,326	5,819
	Total	2,699	2,822	1,065	1,059	104	141	1,258	1,447	200	350	5,326	5,819
Region 11	Miami Dade	2,484	2,728	459	524	50	73	6,223	7,403	102	227	9,318	10,955

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Medicaid Region	County	Black		White		Asian		Hispanic		American or Asian Indian & Other		Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
	Monroe	30	42	128	116	2	5	55	76	3	13	218	252
	Total	2,514	2,770	587	640	52	78	6,278	7,479	105	240	9,536	11,207
Unknown*	Unknown	99	203	362	547	7	12	121	240	17	73	606	1,075
	Total	99	203	362	547	7	12	121	240	17	73	606	1,075
Statewide		19,572	19,532	31,491	29,355	1,005	1,293	18,016	19,879	1,819	3,111	71,903	73,170

* Unknown Medicaid Region groups Enrollees whose county of residence was unknown.

Table 2: Age of FPW Newly Enrolled Women, DY11 vs. DY16

Sorted alphabetically by county within Region.

Medicaid Region	County	14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups*		Grand Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
Region 1	Escambia	137	44	938	773	160	224	120	123	6	5	2	3	1,363	1,172
	Okaloosa	72	49	608	567	104	202	59	109	2	3		4	845	934
	Santa Rosa	57	27	398	357	68	108	49	54	2	1	3	2	577	549
	Walton	38	10	175	179	38	50	20	25	2				273	264
	Total	304	130	2,119	1,876	370	584	248	311	12	9	5	9	3,058	2,919
Region 2	Bay	127	39	718	623	112	162	90	86	2	4	2	2	1,051	916
	Calhoun	12	5	59	47	8	13	3	4					82	69
	Franklin	15	2	31	45	10	9	3	5					59	61
	Gadsden	30	12	141	106	28	40	12	17		1		1	211	177
	Gulf	5	6	50	42	13	11	6	8	1	1		1	75	69
	Holmes	14	4	109	55	16	10	10	11	1			1	150	81
	Jackson	41	12	193	155	34	45	16	25	3		1	1	288	238
	Jefferson	6		35	25	3	10	3	4					47	39
	Leon	66	27	640	545	134	170	52	101	1	4	1	4	894	851
	Liberty	3	2	20	23	3	3	3	6					29	34
	Madison	14	6	73	59	18	16	12	6		1			117	88
	Taylor	14	5	91	77	14	17	9	10	1	1			129	110
	Wakulla	6	7	52	55	8	21	5	9					71	92
	Washington	12	12	69	88	10	15	12	10					103	125
Total	365	139	2,281	1,945	411	542	236	302	9	12	4	10	3,306	2,950	
Region 3	Alachua	65	28	536	607	104	165	50	106	1	4			756	910
	Bradford	12	3	69	75	10	22	6	8		1			97	109

* Other Age Groups refers to women who were younger than 14 or older than 55 on June 30, 2014 or on the last day of enrollment if it was before June 30, 2014.

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Medicaid Region	County	14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups*		Grand Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
	Citrus	62	21	382	374	74	103	53	50	5	2	2		578	550
	Columbia	39	17	228	224	43	60	17	33		1			327	335
	Dixie	9	9	51	50	9	13	5	9					74	81
	Gilchrist	8	6	56	45	11	14	5	11					80	76
	Hamilton	7	5	41	38	14	6	5	5					67	54
	Hernando	68	24	472	467	106	157	68	108	3	2			717	758
	Lafayette	5	3	16	19	1	6		1			2		22	31
	Lake	121	44	780	849	153	264	104	171	2	6	3	1	1,163	1,335
	Levy	17	5	109	115	26	39	11	28	2		1		166	187
	Marion	159	57	1,056	1,043	221	307	151	177	8	10	3	1	1,598	1,595
	Putnam	39	18	311	256	52	63	41	48	2	5	1		446	390
	Sumter	26	12	156	137	12	33	24	20		1	1		219	203
	Suwanee	15	7	148	108	25	36	17	30		1			205	182
	Union	10	3	39	44	6	12	5	6	1				61	65
	Total	662	262	4,450	4,451	867	1,300	562	811	24	33	11	4	6,576	6,861
Region 4	Baker	23	9	94	89	10	16	6	8		1			133	123
	Clay	55	20	414	398	95	140	42	74	3	4			609	636
	Duval	370	150	2,923	2,649	559	859	348	527	17	18	13	4	4,230	4,207
	Flagler	37	7	220	210	59	96	37	55	5	1	1	1	359	370
	Nassau	35	7	198	148	38	38	21	31		4			292	228
	St. John's	52	21	298	292	70	113	51	65		1	3		474	492
	Volusia	180	85	1,382	1,325	273	399	193	255	6	9	8	3	2,042	2,076
		Total	752	299	5,529	5,111	1,104	1,661	698	1,015	31	38	25	8	8,139
Region 5	Pasco	168	83	1,060	1,076	254	354	160	192	5	16	3	2	1,650	1,723
	Pinellas	335	83	1,929	1,606	477	591	317	365	14	23	2	8	3,074	2,676
		Total	503	166	2,989	2,682	731	945	477	557	19	39	5	10	4,724
Region 6	Hardee	38	17	98	102	25	23	11	19	1				173	161

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Medicaid Region	County	14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups*		Grand Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
	Highlands	46	11	295	228	48	88	28	44	2	1	1	1	420	373
	Hillsborough	488	147	3,282	2,872	753	958	508	628	19	34	8	5	5,058	4,644
	Manatee	142	44	694	682	140	210	104	153	5	7	7	2	1,092	1,098
	Polk	287	112	1,786	1,784	297	513	190	335	7	12	2	1	2,569	2,757
	Total	1,001	331	6,155	5,668	1,263	1,792	841	1,179	34	54	18	9	9,312	9,033
Region 7	Brevard	155	53	1,347	1,094	272	390	168	261	12	10	3	3	1,957	1,811
	Orange	426	137	3,219	2,918	826	1,109	506	796	22	43	16	7	5,015	5,010
	Osceola	154	62	1,066	938	254	337	189	241	4	12	1	1	1,668	1,591
	Seminole	116	30	869	782	180	296	110	190	5	3	3	2	1,283	1,303
	Total	851	282	6,501	5,732	1,532	2,132	973	1,488	43	68	23	13	9,923	9,715
Region 8	Charlotte	56	11	292	250	76	93	40	44	2	2	1		467	400
	Collier	97	28	593	437	147	153	156	119	8	8	1	1	1,002	746
	Desoto	28	8	107	121	16	24	15	15	1				167	168
	Glades	5	2	17	8	4	1		1	1				27	12
	Hendry	36	12	166	100	42	29	29	19	1	4			274	164
	Lee	219	71	1,506	1,175	367	351	244	272	8	13	2	3	2,346	1,885
	Sarasota	92	34	641	681	177	233	128	156	7	8	1	1	1,046	1,113
	Total	533	166	3,322	2,772	829	884	612	626	28	35	5	5	5,329	4,488
Region 9	Indian River	60	25	319	299	66	99	56	87	3	4	2		506	514
	Martin	36	12	195	199	43	71	31	47		7			305	336
	Okeechobee	28	6	143	150	23	23	19	16	2	2	1		216	197
	Palm Beach	267	102	2,338	2,325	618	1,007	580	817	31	34	29	6	3,863	4,291
	St. Lucie	97	41	745	713	174	265	152	197	6	16	4	2	1,178	1,234
	Total	488	186	3,740	3,686	924	1,465	838	1,164	42	63	36	8	6,068	6,572
Region 10	Broward	302	115	3,227	2,986	987	1,499	763	1,169	39	43	8	7	5,326	5,819
	Total	302	115	3,227	2,986	987	1,499	763	1,169	39	43	8	7	5,326	5,819
Region 11	Miami Dade	490	177	5,259	5,670	1,776	2,673	1,707	2,293	72	136	14	6	9,318	10,955

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Medicaid Region	County	14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups*		Grand Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
	Monroe	10	3	133	136	35	61	38	52			2		218	252
	Total	500	180	5,392	5,806	1,811	2,734	1,745	2,345	72	136	16	6	9,536	11,207
Unknown*	Unknown	56	40	435	738	75	191	40	103		3			606	1,075
	Total	56	40	435	738	75	191	40	103		3			606	1,075
Statewide		6,317	2,296	46,140	43,453	10,904	15,729	8,033	11,070	353	533	156	89	71,903	73,170

* The unknown Medicaid Region groups enrollees for which the County of residence is unknown.

Table 3: Participation Ratio of DY11 and DY16 Total Women Newly Enrolled

Sorted highest to lowest by Participation Ratio within Region.

Medicaid Region	County	Total Women Newly Enrolled		Total Newly Enrolled Women Participating		Participation Ratio	
		DY11	DY16	DY11	DY16	DY11	DY16
Region 1	Escambia	1,363	1,172	506	339	37.1%	28.9%
	Okaloosa	845	934	299	386	35.4%	41.3%
	Santa Rosa	577	549	223	164	38.6%	29.9%
	Walton	273	264	126	109	46.2%	41.3%
	Total	3,058	2,919	1,154	998	37.7%	34.2%
Region 2	Bay	1,051	916	316	205	30.1%	22.4%
	Calhoun	82	69	35	18	42.7%	26.1%
	Franklin	59	61	29	28	49.2%	45.9%
	Gadsden	211	177	102	66	48.3%	37.3%
	Gulf	75	69	32	18	42.7%	26.1%
	Holmes	150	81	54	30	36.0%	37.0%
	Jackson	288	238	135	72	46.9%	30.3%
	Jefferson	47	39	25	12	53.2%	30.8%
	Leon	894	851	294	233	32.9%	27.4%
	Liberty	29	34	12	12	41.4%	35.3%
	Madison	117	88	38	34	32.5%	38.6%
	Taylor	129	110	52	45	40.3%	40.9%
	Wakulla	71	92	22	27	31.0%	29.3%
	Washington	103	125	42	43	40.8%	34.4%
	Total	3,306	2,950	1,188	843	35.9%	28.6%
Region 3	Alachua	756	910	272	223	36.0%	24.5%
	Bradford	97	109	30	31	30.9%	28.4%
	Citrus	578	550	191	139	33.0%	25.3%
	Columbia	327	335	114	86	34.9%	25.7%
	Dixie	74	81	30	21	40.5%	25.9%

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Medicaid Region	County	Total Women Newly Enrolled		Total Newly Enrolled Women Participating		Participation Ratio	
		DY11	DY16	DY11	DY16	DY11	DY16
	Gilchrist	80	76	23	11	28.8%	14.5%
	Hamilton	67	54	30	19	44.8%	35.2%
	Hernando	717	758	208	176	29.0%	23.2%
	Lafayette	22	31	13	12	59.1%	38.7%
	Lake	1,163	1,335	322	311	27.7%	23.3%
	Levy	166	187	72	66	43.4%	35.3%
	Marion	1,598	1,595	574	370	35.9%	23.2%
	Putnam	446	390	166	124	37.2%	31.8%
	Sumter	219	203	81	55	37.0%	27.1%
	Suwanee	205	182	102	56	49.8%	30.8%
	Union	61	65	24	13	39.3%	20.0%
	Total	6,576	6,861	2,252	1,713	34.2%	25.0%
Region 4	Baker	133	123	35	24	26.3%	19.5%
	Clay	609	636	166	148	27.3%	23.3%
	Duval	4,230	4,207	1,394	944	33.0%	22.4%
	Flagler	359	370	129	103	35.9%	27.8%
	Nassau	292	228	94	56	32.2%	24.6%
	St. John's	474	492	174	135	36.7%	27.4%
	Volusia	2,042	2,076	680	511	33.3%	24.6%
	Total	8,139	8,132	2,672	1,921	32.8%	23.6%
Region 5	Pasco	1,650	1,723	521	509	31.6%	29.5%
	Pinellas	3,074	2,676	947	669	30.8%	25.0%
	Total	4,724	4,399	1,468	1,178	31.1%	26.8%
Region 6	Hardee	173	161	75	50	43.4%	31.1%
	Highlands	420	373	161	98	38.3%	26.3%
	Hillsborough	5,058	4,644	1,482	1,231	29.3%	26.5%
	Manatee	1,092	1,098	384	288	35.2%	26.2%

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Medicaid Region	County	Total Women Newly Enrolled		Total Newly Enrolled Women Participating		Participation Ratio	
		DY11	DY16	DY11	DY16	DY11	DY16
	Polk	2,569	2,757	851	660	33.1%	23.9%
	Total	9,312	9,033	2,953	2,327	31.7%	25.8%
Region 7	Brevard	1,957	1,811	652	426	33.3%	23.5%
	Orange	5,015	5,010	1,408	1,087	28.1%	21.7%
	Osceola	1,668	1,591	451	393	27.0%	24.7%
	Seminole	1,283	1,303	385	324	30.0%	24.9%
	Total	9,923	9,715	2,896	2,230	29.2%	23.0%
Region 8	Charlotte	467	400	130	109	27.8%	27.3%
	Collier	1,002	746	290	191	28.9%	25.6%
	Desoto	167	168	57	48	34.1%	28.6%
	Glades	27	12	10	2	37.0%	16.7%
	Hendry	274	164	107	39	39.1%	23.8%
	Lee	2,346	1,885	724	500	30.9%	26.5%
	Sarasota	1,046	1,113	275	243	26.3%	21.8%
	Total	5,329	4,488	1,593	1,132	29.9%	25.2%
Region 9	Indian River	506	514	160	113	31.6%	22.0%
	Martin	305	336	102	94	33.4%	28.0%
	Okeechobee	216	197	97	62	44.9%	31.5%
	Palm Beach	3,863	4,291	1,181	1,057	30.6%	24.6%
	St. Lucie	1,178	1,234	364	360	30.9%	29.2%
	Total	6,068	6,572	1,904	1,686	31.4%	25.7%
Region 10	Broward	5,326	5,819	1,387	1,128	26.0%	19.4%
	Total	5,326	5,819	1,387	1,128	26.0%	19.4%
Region 11	Miami Dade	9,318	10,955	2,252	2,434	24.2%	22.2%
	Monroe	218	252	75	65	34.4%	25.8%

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Medicaid Region	County	Total Women Newly Enrolled		Total Newly Enrolled Women Participating		Participation Ratio	
		DY11	DY16	DY11	DY16	DY11	DY16
	Total	9,536	11,207	2,327	2,499	24.4%	22.3%
Unknown*	Unknown	606	1,075	64	67	10.6%	6.2%
	Total	606	1,075	64	67	10.6%	6.2%
Grand Total		71,903	73,170	21,858	17,722	30.4%	24.2%

* Unknown Medicaid Region groups Enrollees whose county of residence was unknown.

Table 4: Participation; Evaluation and Management Services; Contraceptives; and Sterilization, DY11 vs. DY16

Indicator	Measure	14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups*		All ages	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
Participation	Total # of women newly enrolled in the FPW	6,317	2,296	46,140	43,453	10,904	15,729	8,033	11,070	353	533	156	89	71,903	73,170
	Total months of enrollment	37,897	10,215	341,181	294,580	78,882	114,246	57,452	81,306	2,544	3,926	1,040	688	518,996	504,961
	Average period of enrollment (months)	6	4	7	7	7	7	7	7	7	7	7	8	7	7
	Portion of the waiver that women remained enrolled†	17.1%	12.7%	21.1%	19.4%	20.7%	20.8%	20.4%	21.0%	20.6%	21.0%	19.0%	22.1%	20.6%	19.7%
Evaluation and Management Services	Total natural FP visits	0	11	14	177	1	55	0	21	0	0	0	0	15	264
	Total FP services for treatment of STIs	730	286	3,747	3,305	518	785	340	466	15	18	0	0	5,350	4,860
	Total # of women enrolled for 90+ days	5,011	1,380	38,907	32,912	9,077	12,444	6,694	8,899	300	456	131	80	60,120	56,171
	Total # receiving at least one FP Counseling service	700	136	4,643	2,358	818	744	498	470	23	23	0	0	6,682	3,731
	Participation Ratio	14.0%	9.9%	11.9%	7.2%	9.0%	6.0%	7.4%	5.3%	7.7%	5.0%	-	-	11.1%	6.6%
Contraceptives	Total # of contraceptive services	150	30	785	448	113	111	41	48	1	0	0	0	1,090	637
	Total # of women receiving at least one of the below contraceptive services	232	277	1,141	3,662	163	794	107	388	4	33	0	0	1,647	5,154
	J1055 - Depo-Provera	67	0	304	0	39	0	15	0	0	0	0	0	425	0
	J7300 - Paraguard	7	5	94	133	14	41	12	25	0	0	0	0	127	204
	J7302 - Mirena	71	8	380	206	59	51	13	17	1	0	0	0	524	282
	J7307 - Implanon	5	17	17	112	3	20	1	6	0	0	0	0	26	155
Sterilization	Total # of services	0	0	188	168	96	83	103	65	2	0	0	0	389	316

* Other Age Groups refers to women who were younger than 14 or older than 55 on June 30, 2014 or on the last day of enrollment if it was before June 30, 2014.

† Portion of the waiver period that women remain enrolled refers to the number of months that an average DY11 or DY16 New Enrollee is enrolled out of the number of months elapsed since the waiver period began (December 1, 2006) and the of DY11 (November 30, 2009) for the DY11 calculation, and (July 1, 2011) and the end of DY16 (June 30, 2014) for the DY16 calculation.

Table 5: Percent Difference between DY11 New Enrollees and DY16 New Enrollees by Race, Age, and Participation Ratio

Medicaid Region	Participation Ratio % Difference	Black % Diff	White % Diff	Hispanic % Diff	14 - 19 yrs. % Diff	20 - 29 yrs. % Diff	30 - 34 yrs. % Diff	35 - 44 yrs. % Diff
Region 1	-3.5%	-0.2%	-1.5%	0.4%	-5.5%	-5.0%	7.9%	2.5%
Region 2	-7.4%	-0.6%	-2.1%	1.1%	-6.3%	-3.1%	5.9%	3.1%
Region 3	-9.3%	1.2%	-4.4%	2.0%	-6.2%	-2.8%	5.8%	3.3%
Region 4	-9.2%	-0.2%	-3.4%	1.0%	-5.6%	-5.1%	6.9%	3.9%
Region 5	-4.3%	-1.4%	-3.1%	2.3%	-6.9%	-2.3%	6.0%	2.6%
Region 6	-6.0%	-1.7%	-1.7%	0.8%	-7.1%	-3.3%	6.3%	4.0%
Region 7	-6.2%	-0.1%	-2.9%	0.8%	-5.7%	-6.5%	6.5%	5.5%
Region 8	-4.7%	-2.0%	-1.8%	1.6%	-6.3%	-0.6%	4.1%	2.4%
Region 9	-5.7%	-0.2%	-3.5%	0.5%	-5.2%	-5.5%	7.1%	3.9%
Region 10	-6.7%	-2.2%	-1.8%	1.2%	-3.7%	-9.3%	7.2%	5.8%
Region 11	-2.1%	-1.6%	-0.4%	0.9%	-3.6%	-4.7%	5.4%	2.6%
Average	-6%	-1%	-2%	1%	-6%	-4%	6%	4%

**Appendix E:
Trend Analysis of DY16 Enrollees and Participants as Compared to DY11**

Table 6: Percent Difference between DY11 Urban High Participation New Enrollees and DY16 Urban High Participation New Enrollees by Race, Age, and Participation Ratio

<u>Selected High</u> Participation Counties	Participation Ratio % Diff	Black % Diff	White % Diff	Hispanic % Diff	14 - 19 yrs. % Diff	20 - 29 yrs. % Diff	30 - 34 yrs. % Diff	35 - 44 yrs. % Diff
Okaloosa	5.9%	1.8%	-4.8%	1.1%	-3.3%	-11.2%	9.3%	4.7%
Pasco	-2.0%	0.8%	-4.6%	2.3%	-5.4%	-1.8%	5.2%	1.4%
St. Lucie	-1.7%	-0.6%	-3.6%	0.2%	-4.9%	-5.5%	6.7%	3.1%
Escambia	-8.2%	-0.5%	-0.1%	-0.5%	-6.3%	-2.9%	7.4%	1.7%
Leon	-5.5%	-2.1%	0.1%	1.3%	-4.2%	-7.5%	5.0%	6.1%
Average	-2%	0%	-3%	1%	-5%	-6%	7%	3%

Table 7: Percent Difference between DY11 Urban Low Participation New Enrollees and DY16 Urban Low Participation New Enrollees by Race, Age, and Participation Ratio

<u>Selected Low</u> Participation Counties	Participation Ratio % Diff	Black % Diff	White % Diff	Hispanic % Diff	14 - 19 yrs. % Diff	20 - 29 yrs. % Diff	30 - 34 yrs. % Diff	35 - 44 yrs. % Diff
Marion	-12.7%	0.2%	-4.3%	2.9%	-6.4%	-0.7%	5.4%	1.6%
Duval	-10.5%	-0.1%	-4.5%	1.3%	-5.2%	-6.1%	7.2%	4.3%
Miami Dade	-2.0%	-1.8%	-0.1%	0.8%	-3.6%	-4.7%	5.3%	2.6%
Orange	-6.4%	0.0%	-1.6%	0.3%	-5.8%	-5.9%	5.7%	5.8%
Broward	-6.7%	-2.2%	-1.8%	1.2%	-3.7%	-9.3%	7.2%	5.8%
Average	-8%	-1%	-3%	1%	-5%	-5%	6%	4%

Table 8: Percent Difference between DY11 Rural High Participation New Enrollees and DY16 Rural High Participation New Enrollees by Race, Age, and Participation Ratio

<u>Selected High</u> Participation Counties	Participation Ratio % Diff	Black % Diff	White % Diff	Hispanic % Diff	14 - 19 yrs. % Diff	20 - 29 yrs. % Diff	30 - 34 yrs. % Diff	35 - 44 yrs. % Diff
Walton	-4.9%	0.2%	-0.1%	-0.6%	-10.1%	3.7%	5.0%	2.1%
Taylor	0.6%	3.7%	-6.9%	2.7%	-6.3%	-0.5%	4.6%	2.1%
Madison	6.2%	9.3%	-9.5%	0.0%	-5.1%	4.7%	2.8%	-3.4%
Gadsden	-11.1%	-6.4%	2.0%	3.2%	-7.4%	-6.9%	9.3%	3.9%
Levy	-8.1%	-2.0%	-3.3%	3.9%	-7.6%	-4.2%	5.2%	8.3%
Average	-3%	1%	-4%	2%	-7%	-1%	5%	3%

Table 9: Percent Difference between DY11 Rural Low Participation New Enrollees and DY16 Rural Low Participation New Enrollees by Race, Age, and Participation Ratio

<u>Selected Low</u> Participation Counties	Participation Ratio % Diff	Black % Diff	White % Diff	Hispanic % Diff	14 - 19 yrs. % Diff	20 - 29 yrs. % Diff	30 - 34 yrs. % Diff	35 - 44 yrs. % Diff
Dixie	-14.6%	4.5%	-6.8%	0.0%	-1.1%	-7.2%	3.9%	4.4%
Monroe	-8.6%	2.9%	-12.7%	4.9%	-3.4%	-7.0%	8.2%	3.2%
Columbia	-9.2%	5.5%	-3.8%	-0.7%	-6.9%	-2.9%	4.8%	4.7%
Hendry	-15.3%	-3.5%	-5.0%	5.2%	-5.8%	0.4%	2.4%	1.0%
Baker	-6.8%	0.2%	-1.2%	0.8%	-10.0%	1.7%	5.5%	2.0%
Average	-11%	2%	-6%	2%	-5%	-3%	5%	3%

**Appendix F:
Rate of Re-Enrollment of DY16 New Enrollee Participants as Compared to DY11***

Table 10: Rate of Re-Enrollment by Race/Ethnicity of DY16 New Enrollee Participants as Compared to DY11

		Black		White		Asian		Hispanic		American or Asian Indian & Other		Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
Re-Enrolled	Count	1,193	1,977	2,052	3,288	78	133	1,083	1,898	94	195	4,500	7,491
	Percent	6%	10%	7%	11%	8%	10%	6%	10%	5%	6%	6%	10%
Did Not Re-Enroll	Count	18,379	17,555	29,439	26,067	927	1,160	16,933	17,981	1,725	2,916	67,403	65,679
	Percent	94%	90%	93%	89%	92%	90%	94%	90%	95%	94%	94%	90%
Grand Total		19,572	19,532	31,491	29,355	1,005	1,293	18,016	19,879	1,819	3,111	71,903	73,170

Table 11: Rate of Re-Enrollment by Age of DY16 New Enrollee Participants as Compared to DY11

		14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Other Age Groups		Grand Total	
		DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16	DY11	DY16
Re-Enrolled	Count	4	38	3,310	4,457	691	1,801	481	1,154	14	41			4,500	7,491
	Percent	0%	2%	7%	10%	6%	11%	6%	10%	4%	8%	0%	0%	6%	10%
Did Not Re-Enroll	Count	6,313	2,258	42,830	38,996	10,213	13,928	7,552	9,916	339	492	156	89	67,403	65,679
	Percent	100%	98%	93%	90%	94%	89%	94%	90%	96%	92%	100%	100%	94%	90%
Grand Total		6,317	2,296	46,140	43,453	10,904	15,729	8,033	11,070	353	533	156	89	71,903	73,170

* Percent numerator is Count of Re-Enrolled or Did Not Re-Enroll. Percent denominator is Grand Total of DY11 and DY16 Participants.

**Appendix G:
Interbirth Interval for New Enrollees in DY14-16 as compared to DY9-11**

Table 12: New Enrollees in study sample population by Age and Race by Participation Status

Participation	Race/Ethnicity	14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Total	
		DY9-11	DY14-16	DY9-11	DY14-16	DY9-11	DY14-16	DY9-11	DY14-16	DY9-11	DY14-16	DY9-11	DY14-16
Participants	Black	6	14	404	417	63	143	37	73	1		511	647
	White	5	16	708	642	72	177	40	86	1	1	826	922
	Hispanic	1	12	302	340	55	100	35	71			393	523
	Other	2		90	43	19	32	8	20			119	95
	Total	14	42	1,504	1,442	209	452	120	250	2	1	1,849	2,187
Non-Participants	Black	48	57	988	789	170	210	79	98	1	3	1,286	1,157
	White	60	49	1,455	1,086	235	313	113	154	1	1	1,864	1,603
	Hispanic	24	19	658	547	157	196	75	99	1		915	861
	Other	53	4	562	92	89	53	46	30	1		751	179
	Total	185	129	3,663	2,514	651	772	313	381	4	4	4,816	3,800
Grand Total		200	171	5,173	3,962	861	1,223	433	631	6	5	6,673	5,992

Table 13: New Enrollees in study sample population by Demonstration Year by Participation Status

	DY9-11			DY14-16		
Participation	DY9	DY10	Total	DY14	DY15	Total
Participants	1,309	537	1,846	1,874	316	2,190
Non-Participants	3,830	997	4,827	3,174	628	3,802
Grand Total	5,139	1,534	6,673	5,048	944	5,992

Table 14: Percent of New Enrollees in Study Sample with IBI Under 24 by Age Group and Race by Participation Status
Source: Denominators (Table 12)*

Participation	Race/Ethnicity		14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Total		
			DY 9-11	DY 14-16	DY 9-11	DY 14-16	DY 9-11	DY 14-16	DY 9-11	DY 14-16	DY 9-11	DY 14-16	DY 9-11	DY 14-16	
Participants	Black	Count	6	14	385	400	60	137	34	67	1		486	618	
		Percent	100.0%	100.0%	95.3%	95.9%	95.2%	95.8%	91.9%	91.8%	100.0%		95.1%	95.5%	
	White	Count	5	16	681	614	69	166	37	85	1	1	793	882	
		Percent	100.0%	100.0%	96.2%	95.6%	95.8%	93.8%	92.5%	98.8%	100.0%	100.0%	96.0%	95.7%	
	Hispanic	Count	1	12	289	328	53	92	32	64			375	496	
		Percent	100.0%	100.0%	95.7%	96.5%	96.4%	92.0%	91.4%	90.1%			95.4%	94.8%	
	Other	Count	2		87	39	18	31	7	20			114	90	
		Percent	100.0%		96.7%	90.7%	94.7%	96.9%	87.5%	100.0%			95.8%	94.7%	
	Total	Count	14	42	1,442	1,381	200	426	110	236	2	1	1,768	2,086	
		Percent	100.0%	100.0%	95.9%	95.8%	95.7%	94.2%	91.7%	94.4%	100.0%	100.0%	95.6%	95.4%	
	Non-Participants	Black	Count	46	48	899	705	155	184	74	78	1	2	1,175	1,017
			Percent	95.8%	84.2%	91.0%	89.4%	91.2%	87.6%	93.7%	79.6%	100.0%	66.7%	91.4%	87.9%
White		Count	54	47	1,367	956	211	262	110	132	1	1	1,743	1,398	
		Percent	90.0%	95.9%	94.0%	88.0%	89.8%	83.7%	97.3%	85.7%	100.0%	100.0%	93.5%	87.2%	
Hispanic		Count	21	18	612	468	143	162	68	80	1		845	728	
		Percent	87.5%	94.7%	93.0%	85.6%	91.1%	82.7%	90.7%	80.8%	100.0%		92.3%	84.6%	
Other		Count	49	4	521	76	82	45	41	26	1		694	151	
		Percent	92.5%	100.0%	92.7%	82.6%	92.1%	84.9%	89.1%	86.7%	100.0%		92.4%	84.4%	
Total		Count	170	117	3,399	2,205	591	653	293	316	4	3	4,457	3,294	
		Percent	91.9%	90.7%	92.8%	87.7%	90.8%	84.6%	93.6%	82.9%	100.0%	75.0%	92.5%	86.7%	
Grand Total		Count	184	159	4,841	3,586	791	1,079	403	552	6	4	6,225	5,380	
		Percent	92.5%	93.0%	93.7%	90.6%	92.0%	88.2%	93.1%	87.5%	100.0%	80.0%	93.4%	89.9%	

* Percent calculations use the rows labeled "Count" as the numerator and the numbers reported in Table 12 as denominators.

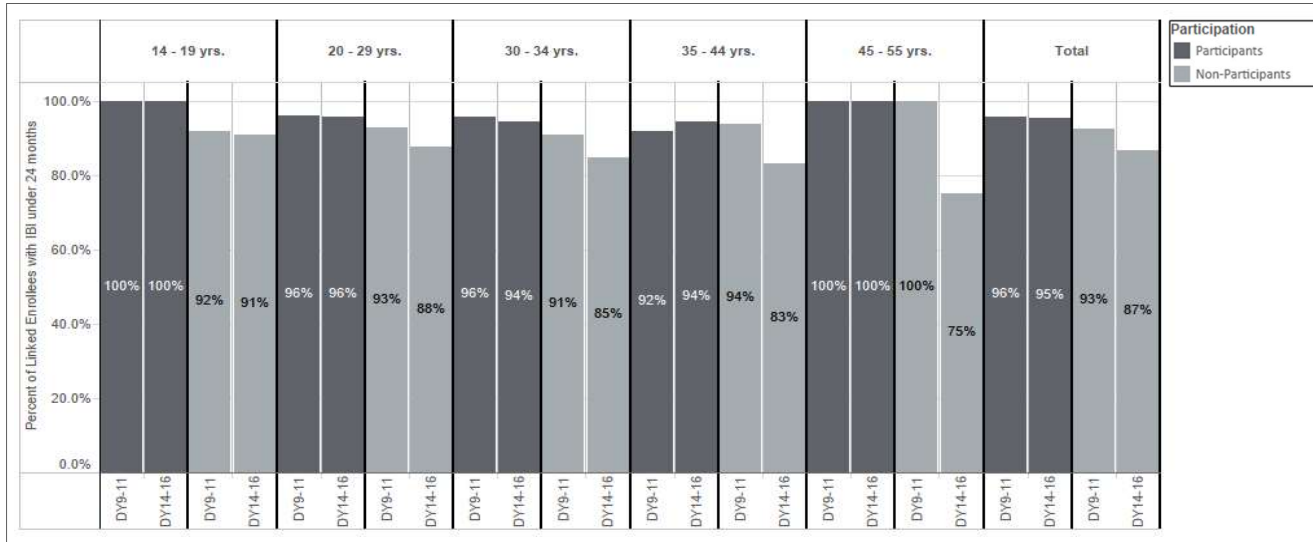


Figure 10: Percent of New Enrollees in Study Sample Population with IBI Under 24 Months by Age Group and Participation status

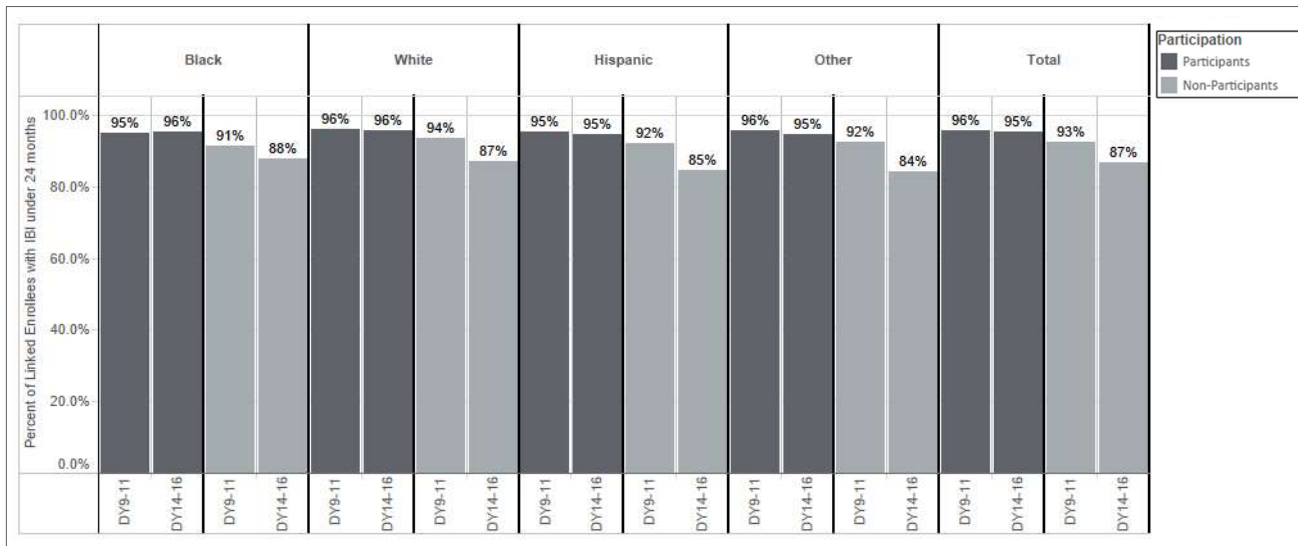


Figure 11: Percent of New Enrollees in Study Sample Population with IBI Under 24 Months by Race/Ethnicity and Participation status

Table 15: Percent of New Enrollees in Study Sample with IBI Under 24 by Demonstration Year by Participation Status
Source: Denominators (Table 13)

Participation		DY9-11			DY14-16		
		DY9	DY10	Total	DY14	DY15	Total
Participants	Count	1,242	526	1,768	1,789	297	2,086
	Percent	94.7%	97.8%	95.6%	95.6%	94.0%	95.4%
Non-Participants	Count	3,554	903	4,457	2,746	548	3,294
	Percent	93.0%	90.8%	92.5%	86.6%	87.1%	86.7%
Grand Total	Count	4,796	1,429	6,225	4,535	845	5,380
	Percent	93.5%	93.2%	93.4%	89.9%	89.4%	89.9%

Table 16: Mean and Standard Deviation of IBI by Age Group and Race by Participation Status

Participation	Race/Ethnicity		14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Total	
			DY 9-11	DY 14-16	DY 9-11	DY 14-16	DY 9-11	DY 14-16	DY 9-11	DY 14-16	DY 9-11	DY 14-16	DY 9-11	DY 14-16
Participants	Black	Mean	18	16	18	17	17	17	18	18	16		17	17
		Standard Deviation	1	4	4	4	4	4	3	4			4	4
	White	Mean	17	16	18	17	18	18	17	17	19	19	18	17
		Standard Deviation	3	3	4	4	3	4	3	3			3	4
	Hispanic	Mean	21	15	18	17	18	18	19	18			18	18
		Standard Deviation		4	3	4	3	4	4	4			3	4
	Other	Mean	21		18	17	19	18	20	18			18	17
		Standard Deviation	2		3	4	4	3	4	3			4	4
Total	Mean	18	16	18	17	18	18	18	18	18	19	18	17	
	Standard Deviation	2	4	4	4	4	4	4	4	4	2	4	4	
Non-Participants	Black	Mean	17	18	18	19	19	19	19	20	13	22	18	19
		Standard Deviation	4	5	4	4	4	4	4	4		4	4	4
	White	Mean	17	18	18	19	19	20	19	20	18	18	18	19
		Standard Deviation	4	4	4	4	4	4	3	4			4	4
	Hispanic	Mean	19	18	18	19	19	20	19	19	20		19	19
		Standard Deviation	4	4	4	4	4	4	4	4			4	4
	Other	Mean	17	17	18	19	19	20	19	19	17		18	19
		Standard Deviation	4	5	4	4	4	4	4	3			4	4
Total	Mean	17	18	18	19	19	19	19	20	17	21	18	19	
	Standard Deviation	4	4	4	4	4	4	4	4	3	4	4	4	

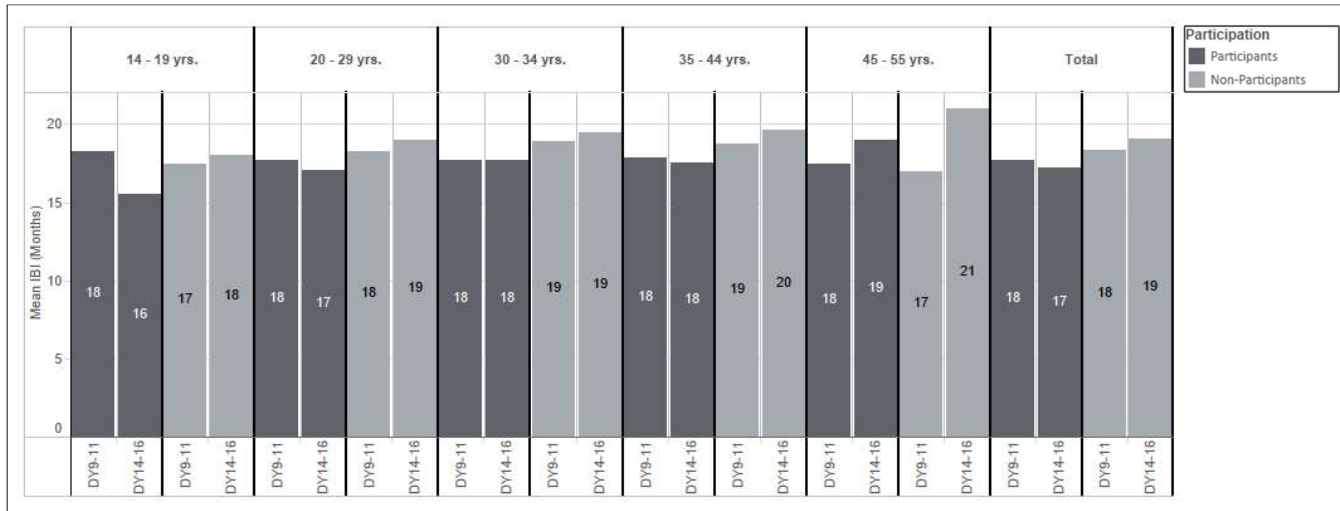


Figure 12: Mean IBI for New Enrollees in Study Sample Population by Age

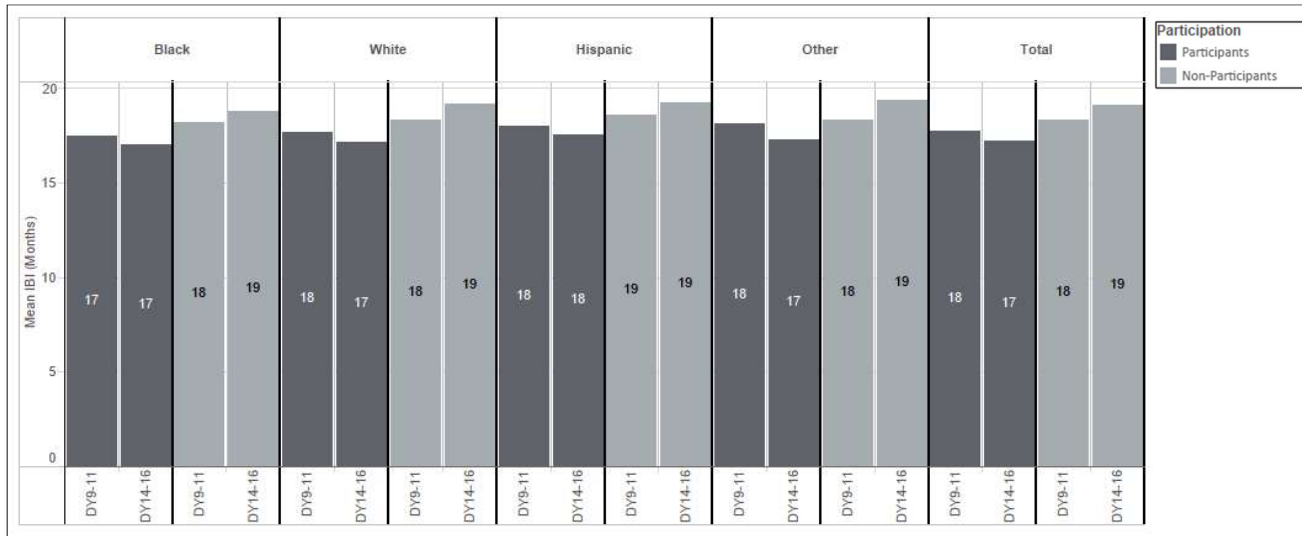


Figure 13: Mean IBI for New Enrollees in Study Sample Population by Race/Ethnicity

Table 17: Range of IBI by Age Group and Race by Participation Status

Participation	Race/Ethnicity	14 - 19 yrs.		20 - 29 yrs.		30 - 34 yrs.		35 - 44 yrs.		45 - 55 yrs.		Total	
		DY9-11	DY14-16	DY9-11	DY14-16	DY9-11	DY14-16	DY9-11	DY14-16	DY9-11	DY14-16	DY9-11	DY14-16
Participants	Black	16-20	9-23	10-30	9-30	9-29	9-31	12-26	9-29	16-16		9-30	9-31
	White	14-21	11-22	10-29	9-29	11-25	11-29	13-25	10-25	19-19	19-19	10-29	9-29
	Hispanic	21-21	9-22	11-29	10-28	12-25	10-27	12-29	10-26			11-29	9-28
	Other	19-22		12-24	11-24	13-32	13-24	13-24	13-23			12-32	11-24
	Total	14-22	9-23	10-30	9-30	9-32	9-31	12-29	9-29	16-19	19-19	9-32	9-31
Non-Participants	Black	11-27	10-29	10-30	10-31	10-26	11-31	11-27	12-28	13-13	19-26	10-30	10-31
	White	10-25	11-24	9-32	10-30	12-30	10-31	12-25	11-28	18-18	18-18	9-32	10-31
	Hispanic	12-24	12-27	9-30	10-31	9-30	11-30	12-32	11-30	20-20		9-32	10-31
	Other	12-30	12-21	10-31	11-29	10-28	12-26	12-27	13-26	17-17		10-31	11-29
	Total	10-30	10-29	9-32	10-31	9-30	10-31	11-32	11-30	13-20	18-26	9-32	10-31

**Appendix H:
Tables of Unintended Pregnancies from Healthy Start Prenatal Risk Screen**

Table 18: DY14-16 New Enrollees Linked to a Healthy Start Prenatal Risk Screen by Race, Age, and Participation Status

	Race/Ethnicity	14 - 19 yrs.	20 - 29 yrs.	30 - 34 yrs.	35 - 44 yrs.	45 - 55 yrs.	Grand Total
DY14-16 Screened New Enrollee Participants	Black	102	2,082	497	219	1	2,901
	White	142	2,893	599	230	2	3,866
	Asian	2	57	35	15	1	110
	Hispanic	65	1,462	399	221	4	2,151
	American/Asian Indian & Other	4	120	39	23	0	186
	Total	315	6,614	1,569	708	8	9,214
DY14-16 Screened New Enrollee Non- Participants	Black	186	3,262	961	467	13	4,889
	White	211	5,230	1,336	561	8	7,346
	Asian	2	137	72	53	2	266
	Hispanic	105	2,751	825	516	4	4,201
	American/Asian Indian & Other	10	298	111	65	4	488
	Total	514	11,678	3,305	1,662	31	17,190
Grand Total		829	18,292	4,874	2,370	39	26,404

Table 19: DY14-16 New Enrollees Linked to a Healthy Start Screening by Demonstration Year by Participation Status

	DY14	DY15	DY16	Grand Total
DY14-16 Screened New Enrollee Participants	5,914	2,577	723	9,214
DY14-16 Screened New Enrollee Non-Participants	11,319	3,967	1,904	17,190
Grand Total	17,233	6,544	2,627	26,404

Table 20: DY14-16 New Enrollees Linked to a Healthy Start Prenatal Risk Screen who reported an unintended pregnancy by Race, Age, and Participation Status (Source: Denominators from Table 18)

Race/Ethnicity			14 - 19 yrs.	20 - 29 yrs.	30 - 34 yrs.	35 - 44 yrs.	45 - 55 yrs.	Grand Total	
DY14-16 Screened New Enrollee Participants	Black	Count	83	1,513	327	123	0	2,046	
		Percent	81.4%	72.7%	65.8%	56.2%	0.0%	70.5%	
	White	Count	93	1,649	302	115	1	2,160	
		Percent	65.5%	57.0%	50.4%	50.0%	50.0%	55.9%	
	Asian	Count	2	34	17	5	1	59	
		Percent	100.0%	59.6%	48.6%	33.3%	100.0%	53.6%	
	Hispanic	Count	41	858	211	99	1	1,210	
		Percent	63.1%	58.7%	52.9%	44.8%	25.0%	56.3%	
	American/Asian Indian & Other	Count	3	58	21	7	0	89	
		Percent	75.0%	48.3%	53.8%	30.4%		47.8%	
	Total	Count	222	4,112	878	349	3	5,564	
		Percent	70.5%	62.2%	56.0%	49.3%	37.5%	60.4%	
	DY14-16 Screened New Enrollee Non- Participants	Black	Count	151	2,380	620	281	6	3,438
			Percent	81.2%	73.0%	64.5%	60.2%	46.2%	70.3%
White		Count	147	2,906	683	255	5	3,996	
		Percent	69.7%	55.6%	51.1%	45.5%	62.5%	54.4%	
Asian		Count	2	68	30	19	0	119	
		Percent	100.0%	49.6%	41.7%	35.8%	0.0%	44.7%	
Hispanic		Count	84	1,504	424	215	3	2,230	
		Percent	80.0%	54.7%	51.4%	41.7%	75.0%	53.1%	
American/Asian Indian & Other		Count	7	159	48	25	3	242	
		Percent	70.0%	53.4%	43.2%	38.5%	75.0%	49.6%	
Total		Count	391	7,017	1,805	795	17	10,025	
		Percent	76.1%	60.1%	54.6%	47.8%	54.8%	58.3%	
Grand Total		Count	613	11,129	2,683	1,144	20	15,589	
		Percent	73.9%	60.8%	55.0%	48.3%	51.3%	59.0%	

Table 21: DY14-16 New Enrollees Linked to a Healthy Start Prenatal Risk Screen who reported an unintended pregnancy by Demonstration Year and Participation Status (Source: Denominators from Table 19)

		DY14	DY15	DY16	Grand Total
DY14-16 Screened New Enrollee Participants	Count	6,477	2,394	1,154	10,025
	Percent	57.2%	60.3%	60.6%	58.3%
DY14-16 Screened New Enrollee Non-Participants	Count	3,559	1,557	448	5,564
	Percent	60.2%	60.4%	62.0%	60.4%
Grand Total	Count	10,036	3,951	1,602	15,589
	Percent	58.2%	60.4%	61.0%	59.0%

Table 22: Percent Difference between DY14-16 New Enrollee Participants and DY14-16 New Enrollee Non-Participants for Enrollees Linked to a Healthy Start Prenatal Risk Screen who reported an unintended pregnancy by Race and Age (Source: Percents from Table 20)

Race/Ethnicity	14 - 19 yrs.	20 - 29 yrs.	30 - 34 yrs.	35 - 44 yrs.	45 - 55 yrs.	Grand Total
Black	0.2%	-0.3%	1.3%	-4.0%	-46.2%	0.2%
White	-4.2%	1.4%	-0.7%	4.5%	-12.5%	1.5%
Asian	0.0%	10.0%	6.9%	-2.5%	100.0%	8.9%
Hispanic	-16.9%*	4.0%*	1.5%	3.1%	-50.0%	3.2%*
American/Asian Indian & Other	5.0%	-5.0%	10.6%	-8.0%		-1.7%
Grand Total	-5.6%	2.1%*	1.3%	1.5%	-17.3%	2.1%*

*Asterisk indicates that percent difference is statistically significant: Probability of percent difference due to chance is less than 0.05.

Note: A minus sign indicates that there were less unintended pregnancies in the New Enrollee Participant group. Empty cells indicate that there were no Screened New Enrollee Participants for that race/age group combination