Florida Medicaid Family Planning Waiver Program

Final Evaluation Report for Demonstration Years (DY) 18 (SFY 2015-2016) and DY19 (SFY 2016-2017) MED184: Deliverable 7 June 28, 2018

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Definitions and Acronyms

Aid category effective date: The first day of the month in which the enrollee became eligible. For example, if an enrollee became eligible on the 17th of the month, the effective date would be retroactive to the 1st of the month.

Continuing Enrollee: a woman who was enrolled in the Family Planning Waiver (FPW) program as of July 1, 2015 for DY18 and July 1, 2016 for DY19, but who first enrolled prior to the current study period based on the Aid Category Effective Date. This includes a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days regardless of the Aid Category Effective Date.

Continuing Enrollee Non-Participant: a woman who has a Family Planning (FP) Aid Category in the Medicaid Eligibility file and whose eligibility period falls within the study period but whose initial enrollment in the FPW was prior to July 1, 2015 for DY18 and July 1, 2016 for DY19 based on the Aid Category Effective Date and who has not received any paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.

Continuing Enrollee Participant: a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period but whose initial enrollment in the FPW was prior to July 1, 2015 for DY18 and July 1, 2016 for DY19 based on the Aid Category Effective Date and who has received at least one paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period.

Demonstration Year (DY): the period for which the Family Planning Waiver was approved (i.e. state fiscal year)

Demonstration Year (DY) 17: represents the state fiscal year of July 1, 2014 to June 30, 2015 **Demonstration Year (DY) 18**: represents the state fiscal year of July 1, 2015 to June 30, 2016 **Demonstration Year (DY) 19**: represents the state fiscal year of July 1, 2016 to June 30, 2017 **Department of Health (DOH) frontline staff**: Health care staff who work on the frontlines of FPW program services in DOH clinics, including DOH staff who interact directly with women between the ages of 14 and 55 years of age potentially eligible for FPW services.

Eligibility period: The span of dates comprising the recipient's Family Planning Waiver eligibility.

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

Fertility rate: Defined as the total number of live births (for a specific area and time period) divided by the female population ages 15-44 (for that same area and time) multiplied by 1,000. **Inter-birth interval (IBI)**: A continuous variable measured in months of the average interval between the end of the most recent previous pregnancy and last menstrual date of the current pregnancy as indicated on the birth certificate.

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

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

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

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

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

Non-SOBRA: includes women who: 1) are less than 19 years of age and whose income is less than or equal to 133 percent of the Federal Poverty Level (FPL); or 2) are parents or caretakers of a child under 18 and whose income is based on the 1996 Aid to Families with Dependent Children (AFDC) income limits; or 3) are 19-20 years old and whose income is based on the 1996 Aid to Families with Dependent Children (AFDC) income limits.

Observed birth: refers to a live birth recorded in the annual Florida Vital Statistics file. **Participant:** a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days regardless of the Aid Category Effective Date and who has received at least one paid service with a Waiver Family Planning (WFP) benefit plan code during her FP eligibility period. **SOBRA:** includes pregnant women who have a family income up to 185 percent of the Federal Poverty Level (FPL). These women are eligible for Medicaid only during their pregnancy and for 60 days following the birth of their child.

State Fiscal Year (SFY): includes the time period beginning on July 1 and ending on June 30. **Study Population**: includes women who are enrolled in the FPW program. The study population will be categorized based on date of enrollment, participation, and eligibility category.

Florida Medicaid Family Planning Waiver (FPW) Program Final Evaluation Report Deliverable 6: Demonstration Years (DY) 18 (SFY 2015-2016) and DY19 (SFY 2016-2017)

Executive Summary

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

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

In DY18 (SFY2015-2016) and DY19 (SFY2016-2017), 802,217 and 869,919 women, respectively, were potentially eligible for the FPW program after applying the inclusion and exclusion criteria. Potentially eligible women included all women between the ages of 14 and 55 who lost Medicaid eligibility for any reason within two years of DY18 (SFY2015-2016) and

DY19 (SFY2016-2017). Of the 802,217 women in DY18 (SFY2015-2016), 10% were new enrollees and 8% were continuing enrollees in the FPW program. The remaining 82% of potentially eligible women were not enrolled. Potential reasons for this may be that these women were not eligible for the FPW program because they already used their two years of eligibility for the FPW program or chose not to re-enroll for their second year of eligibility. Sixteen percent of the FPW new enrollees and 15% of the FPW continuing enrollees were participants who used one or more FPW services in DY18 (SFY2015-2016). In DY19 (SFY2016-2017), 15% of the FPW new enrollees and 12% of the FPW continuing enrollees were participants who used one or more FPW services in DY19 (SFY2016-2017). Approximately 70% of the FPW program participants in DY18 (SFY2015-2016) and DY19 (SFY2016-2017) were either white or African-American.

In both DY18 (SFY2015-2016) and DY19 (SFY2016-2017), SOBRA enrollees used more FPW services than Non-SOBRA enrolled women. Compared to DY17 (SFY2014-2015), the number and proportion of new enrollee participants declined in DYs 18 and 19; however, the number and proportion of continuing enrollee participants decreased only slightly in the two subsequent years. In DY18 (SFY2015-2016), the average inter-birth interval (IBI) for FPW participants was 19.5 months and the IBI for non-participants was 19.7 months. Approximately 57% of FPW program participants had unintended pregnancies compared to approximately 56% of nonparticipant women. In DY18 (SFY2015-2016), the cost savings to Medicaid from 2,422 births averted among Enrollee Participants was approximately \$37.6 million. Because birth certificate data was not available for the 24 month period following DY19 (SFY2016-2017) at the time of this report, inter-birth intervals and cost savings could not be calculated. This information will be included in subsequent reports. Finally, based on interviews with frontline staff, the primary benefit of utilizing point-of-service eligibility is the face-to-face contact with enrollees and potentially eligible women, meaning that the woman is in the clinic in front of the staff member, which results in better customer service such as answering questions immediately and providing more detailed information.

Introduction and Background

The Florida Medicaid Family Planning Waiver (FPW) program is a Section 1115(a) waiver demonstration approved by the U. S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). The initial FPW demonstration was approved for a five-year period on August 23, 1998 and implemented October 1, 1998. The demonstration was temporarily extended from September 30, 2003 through November 30, 2003, then renewed for three years through November 30, 2006. The demonstration was renewed for a second time in 2006 for a three-year period and subsequently operated under temporary extensions through June 30, 2011. The FPW was renewed for an additional three-year period through December 31, 2013. The demonstration then operated under a temporary extension until December 31, 2014. On December 29, 2014, CMS approved the FPW demonstration for an additional three-year period of January 1, 2015 through December 31, 2017. CMS approved a six month temporary extension through June 30, 2018 to allow the state and CMS time to continue working together to approve the extension of the demonstration.

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

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

¹ Post Modified Adjusted Gross Income conversion

expiration of the 60-day postpartum period to women between 14 and 55 years of age with family incomes at or below 191% of the FPL (post MAGI conversion). The FPW provides medically necessary services and supplies related to reproductive health, birth control, and pregnancy prevention.

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

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

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

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

FPW Program Evaluation Research Questions

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

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

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

Data and Methods

Data

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

DOH Birth Vital Statistics (BVS) birth certificates (2000 - 2016)

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

DOH Healthy Start Prenatal Screens (2011 – 2016)

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

Medicaid Eligibility Files (2011-2017)

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

Medicaid Claims Files (2011-2017)

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

Medicaid Enrollment Files (2011-2017)

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

State of Florida Hospital Discharge Data (2011-2016)

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

Qualitative Interview Data from DOH Frontline Staff (DY18)

Qualitative interviews were conducted in SFY 2017-18 with DOH frontline staff through webbased surveys to assess: the number of enrollees that are determined eligible by using the pointof-service method²; the percentage of the population that is enrolled in the FPW using the point-

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

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

Methods

For DY18 (SFY2015-2016), the research team used a mixed methods approach, which is a combination of quantitative and qualitative methods to evaluate Florida's FPW program. For DY19 (SFY2016-2017), the research team primarily used quantitative methods to evaluate Florida's FPW program. To determine whether the FPW program achieved its goals, the research team analyzed outcome measures associated with each of the four program objectives which included:

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

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

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

- Average inter-birth intervals (IBI) in number of months for Participants in DY18 (SFY2015-2016) compared to DYs14-16 (SFY2011-2014).
- ii. Inter-birth intervals of Participants compared to Non-Participants by DY.

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

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

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

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

FPW Program Study Population

The study population includes all women who were enrolled in the FPW program during DY18 (SFY2015-2016) and DY19 (SFY2016-2017). The FPW population was separated into several groups for comparison.³

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

Quantitative Methods

For DY18 (SFY2015-2016) and DY19 (SFY2016-2017), a variety of analytic strategies were used to evaluate the FPW program and address the research questions and methodologies.

For research question 1 (What are the eligibility, enrollment and participation rates for the FPW for each year of the demonstration?), Medicaid eligibility and claims files were linked to obtain descriptive statistics of eligibility, enrollment, and participation rates and to assess the number of women who enroll (through any mechanism including point-of-service, auto enrollment and enrollee initiated enrollment) per DY distributed by eligibility group (SOBRA and Non-SOBRA); the total number of enrollee participants and new enrollee participants per DY; and the number of women who participate in the FPW per DY by eligibility group (SOBRA and Non-SOBRA). Women potentially eligible to enroll in DY18 (SFY2015-2016) are identified from Medicaid eligibility data and include all women between the ages of 14-55 who lost and did not regain Medicaid eligibility between July 1, 2012 and June 30, 2016. Women potentially eligible to enroll in DY19 (SFY2016-2017) are identified from Medicaid eligibility data and include all women between the ages of 14-55 who lost and include all women between the ages of 14-55 who lost and did not regain Medicaid eligibility between July 1, 2012 and June 30, 2016. Women potentially eligible to enroll in DY19 (SFY2016-2017) are identified from Medicaid eligibility data and include all women between the ages of 14-55 who lost and did not regain Medicaid eligibility between July 1, 2013 and June 30, 2017. The tables associated with research question 1 display the total number of enrollees for DY18 (SFY2015-2016) and DY19 (SFY2016-2017)divided into FPW new enrollees, FPW continuing enrollees, FPW new enrollee participants, and FPW continuing

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

enrollee participants. One benefit of looking at continuing enrollees compared to new enrollees is to determine whether there were any differences in participation during the second year or subsequent years of enrollment compared to the first or initial year of enrollment.

For research question 2 (What differences in recipient demographic characteristics exist between FPW Participants and Non-Participants per demonstration year (DY)?), Medicaid eligibility and claims files were used and linked when applicable to obtain descriptive statistics of the demographic characteristics for FPW continuing enrollees, continuing enrollee participants, continuing enrollee non-participants, new enrollees, new enrollee participants, and new enrollee non-participants in DY18 (SFY2015-2016) and DY19 (SFY2016-2017).

For research question 3 (What is the percentage of FPW enrollees who receive one or more FPW service per DY based on eligibility group?), Medicaid eligibility and claims files were linked to provide descriptive statistics of FPW enrollee participants and new enrollee participants who received one or more FPW services in DY18 (SFY2015-2016) and DY19 (SFY2016-2017) based on eligibility group.

For research question 4 (What are the inter-birth intervals (IBIs) for FPW Participants and Non-Participants per DY?), Medicaid claims and eligibility data, as well as vital statistics birth certificate data, were used to compare the average inter-birth intervals (IBI) in number of months for FPW enrollee participants and non-participants in DY18 (SFY2015-2016) to DY14-16 (SFY2011-2014). Analyzing the average IBIs for women enrolled in the program during DY18 (SFY2015-2016) requires examining the birth certificates for calendar years 2016 and 2017. For this report, the birth certificate data was available through December 2016 for the IBI analysis. An outline of the methodology and flowchart with inclusion and exclusion criteria for the IBI analysis can be found in Appendix C.

For research question 5 (What is the rate of unintended pregnancies for FPW Participants and Non-Participants per DY?), Medicaid claims and DOH data were used for the analyses which included measuring the rates of unintended pregnancies by comparing responses to questions 5

and 14 on the Healthy Start Prenatal Risk Screen⁴ related to pregnancy intendedness for FPW participants and non-participants who became pregnant anytime during DY18 (SFY2015-2016). See appendix D for a specific outline of the methodology and the inclusion and exclusion criteria for the unintended pregnancies analysis.

For research question 6 (Is Medicaid achieving cost savings by reducing the number of unintended pregnancies through the use of FPW services?), the difference in the birthrates between DY18 (SFY2015-2016) and DY19 (SFY2016-2017) from birthrates to the year immediately prior to the implementation of the FPW waiver was used to estimate the number of averted births in order to calculate the cost savings for DY18 (SFY2015-2016)(total cost savings is the total number of averted births times the average cost of a birth – which includes the cost of the birth as well as the Medicaid costs for the infant during the first year of life). Cost savings for DY19 (SFY2016-2017) will be calculated when data becomes available. See Appendix E for a specific outline of the methodology and the inclusion and exclusion criteria for the cost savings analysis.

Qualitative Methods

To address research question 7, the evaluation team completed analyses of qualitative data based on interview responses obtained in SFY 2017-18 from DOH identified frontline staff⁵. The research team administered the Agency approved interview tool found in Appendix A of this report using the Agency approved web-based survey data collection software vendor, Qualtrics (Qualtrics, Provo, UT). To achieve a minimum of six interviews, the research team made at least three email attempts to reach and obtain feedback from all employees identified by the DOH as interviewees. Based on the survey responses, the research team used information regarding perceived barriers and benefits to enrolling women through the point-of-service method to address costs related to the point-of-service method of enrollment. The research team also conducted data analyses, which included describing common themes and the similarities and differences of the processes based on the responses.

⁴ The Healthy Start Prenatal Risk Screen is located in Appendix B.

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

General Findings

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

The basic analytic strategy for research question 1 was to provide descriptive statistics of eligibility, enrollment, and participation trends for each DY overall and by eligibility group. Data sources included Medicaid claims and eligibility data. Table 1a presents the total number of newly enrolled women and new enrollee participants by eligibility group, either SOBRA or Non-SOBRA, for DY16 (SFY2013-2014), DY17 (SFY2014-2015), DY18 (SFY2015-2016), and DY19 (SFY2016-2017). Table 1b presents the total number of continuing enrollees and continuing enrollee participants by eligibility group for DY16 (SFY2013-2014), DY17 (SFY2014-2015), DY18 (SFY2013-2014), DY17 (SFY2014-2015), DY18 (SFY2013-2014), DY17 (SFY2014-2015), DY18 (SFY2013-2014), DY17 (SFY2014-2015), DY18 (SFY2015-2016), and DY19 (SFY2014-2015), DY18 (SFY2015-2016), and DY19 (SFY2016-2017).

Enrollment in the FPW program can occur either through auto-enrollment or by an eligible women applying for enrollment. Women who give birth covered by Medicaid but lose coverage 60 days after the birth are auto-enrolled for one year in the FPW program. These women are eligible for a second year of FPW enrollment, but must complete an application to be re-enrolled for a second year. Additionally, any woman between the ages of 14 and 55 who loses Medicaid eligibility for any other reason, but whose income still falls below the FPW income limit can enroll in the program, but must complete an application to be enrolled in the FPW program. The number of potentially eligible women to enroll in the FPW program in DY18 (SFY2015-2016) was 802,217. In DY19 (SFY2016-2017), 869,919 women were potentially eligible. The method used to identify these women, which is described in more detail in the methods section, may lead to the inclusion of women who might not be eligible for FPW services because of income, having a hysterectomy or tubal ligation, having medical insurance that covered family planning, having moved out of the state or having died. As shown in Table 1a, the total number of FPW new enrollees was 80,410 in DY18 (SFY2015-2016) and 77,642 in DY19 (SFY2016-2017). Of the DY18 (SFY2015-2016) new enrollees, 78,057 (97%) were in the SOBRA eligibility group and 2,353 (3%) were in the Non-SOBRA eligibility group. In DY19 (SFY2016-2017), there were 65,977 (85%) new SOBRA enrollees and 11,665 (15%) new Non-SOBRA enrollees. In DY18, there were 13,247 new enrollee participants while in DY19, there were 11,503. Of those

DY18 (SFY2015-2016) new enrollee participants, 12,080 (91%) were in the SOBRA eligibility group and 1,167 (9%) were in the non-SOBRA eligibility group. Of the DY19 (SFY2016-2017) new enrollee participants, 9,015 (78%) were in the SOBRA eligibility group and 2,488 (22%) were in the Non-SOBRA eligibility group.

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

 Group

Ĩ	DY16		DY17		DY18		Ľ	OY19
FPW New Enrollees	Count	% of New Enrollees						
SOBRA	71,076	97%	77,457	97%	78,057	97%	65,977	85%
Non-SOBRA	2,106	3%	2,229	3%	2,353	3%	11,665	15%
Total	73,182		79,686		80,410		77,642	
FPW New Enrollee Participants	Count	% of New Enrollee Participants						
SOBRA	7,945	93%	17,230	92%	12,080	91%	9,015	78%
Non-SOBRA	596	7%	1,413	8%	1,167	9%	2,488	22%
Total	8,541		18,643		13,247		11,503	

As shown in Table 1b, in DY18 (SFY2015-2016) there were 64,913 FPW continuing enrollees and 71,055 in DY19 (SFY2016-2017). Among the DY18 (SFY2015-2016) and DY19 (SFY2016-2017) continuing enrollees, 92% and 82% were in the SOBRA eligibility group, respectively. In DY18 (SFY2015-2016), 8% were in the Non-SOBRA eligibility group and in DY19 (SFY2016-2017) there were 18%. The total number of FPW continuing enrollee participants in DY18 (SFY2015-2016) was 9,578, of which, 87% were in the SOBRA eligibility group and 13% were in the non-SOBRA eligibility group. The total number of FPW continuing enrollee participants in DY19 (SFY2016-2017) was 8,643, of which, 77% were in the SOBRA eligibility group and 23% were in the non-SOBRA eligibility group.

	DY16		DY17		DY18		DY19	
FPW Continuing Enrollees	Count	% of Continuing Enrollees						
SOBRA	67,883	95%	62,481	97%	59,892	92%	58,010	82%
Non- SOBRA	3,829	5%	1,924	3%	5,021	8%	13,045	18%
Total	71,712		64,405		64,913		71,055	
FPW Continuing Enrollee Participants	Count	% of Continuing Enrollee Participants						
SOBRA	968	85%	9,749	92%	8,318	87%	6,630	77%
Non- SOBRA	173	15%	893	8%	1,260	13%	2,013	23%
Total	1,141		10,642		9,578		8,643	

 Table 1b: Enrollment for FPW Continuing Enrollees & Continuing Enrollee Participants

 by Eligibility Group

From DY17 (SFY2014-2015) to DY18 (SFY2015-2016), the number of new enrollees stayed approximately the same but the number of new enrollee participants decreased. For the same time period, the number of continuing enrollees and continuing enrollee participants stayed the same.

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

Two years of data will be presented separately and the same tables will be presented for each demonstration year (DY18 (SFY2015-2016) and DY19 (SFY2016-2017)). Previously reported DY17 (SFY2014-2015) results are located in Appendix F.

RQ2-DY18: What differences in recipient demographic characteristics exist between FPW Participants and Non-Participants per demonstration year (DY)?

New Enrollees

Table 2a-DY18 (SFY2015-2016) presents the distribution of FPW new enrollees by age group and race/ethnicity for DY18 (SFY2015-2016).

		Age	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African-American	453	13,192	4,762	3,508	140	22,055	27%
White	733	18,379	6,810	4,278	186	30,386	38%
Asian	6	458	385	305	20	1,174	2%
Hispanic	443	12,088	5,187	3,833	182	21,733	27%
American/Asian Indian & Other	137	2,643	1,200	1,029	50	5,059	6%
Total FPW New	1,772	46,760	18,344	12,953	578	80,407 ⁶	
Enrollees	2%	58%	23%	16%	1%		100%

Table 2a-DY18: Demographic Characteristics of FPW New Enrollees DY18

New Enrollee Participants

Table 2b-DY18 presents the distribution of FPW new enrollee participants by age group and race/ethnicity for DY18 (SFY2015-2016). As shown below, 33% of the new enrollee participants were African-American, 36% were White, and 1% were Asian. Hispanic women made up 25% of new enrollee participants and American/Asian Indian and Other races comprised 5% of the FPW new enrollee participants. The largest percentage of new enrollee participants were white women between the ages of 20 and 29. The age group and race category of the fewest number of new enrollee participants in DY18 were Asian women between the ages of 14 and 19. New enrollee participants between 20 and 29 years of age made up the largest group at 64%.

		Ag	To	Total			
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African-American	89	2,857	853	496	12	4,307	33%
White	168	3,107	953	574	30	4,832	36%
Asian	0	61	40	33	2	136	1%
Hispanic	83	2,067	634	448	25	3,257	25%
American/Asian Indian & Other	27	417	155	106	10	715	5%
Total FPW New	367	8,509	2,635	1,657	79	13,247	
Enrollee Participants ⁷	3%	64%	20%	13%	1%		100%

 Table 2b-DY18: Demographic Characteristics of FPW New Enrollee Participants DY18

⁶ Demographic information was missing for 3 enrollees.

⁷ The row total does not equal to 100 due to rounding

New Enrollee Non-Participants

Table 2c-DY18 presents the distribution of FPW new enrollee non-participants by age group and race/ethnicity for DY18 (SFY2015-2016).

		Ag	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African-American	364	10,335	3,909	3,012	128	17,748	26%
White	565	15,272	5,857	3,704	156	25,554	38%
Asian	6	397	345	272	18	1,038	2%
Hispanic	360	10,021	4,553	3,385	157	18,476	28%
American/Asian Indian & Other	110	2,253	1,045	923	40	4,344	6%
Total FPW New	1,405	38,251	15,709	11,296	499	67,160 ⁸	
Enrollee Non- Participants	2%	57%	23%	17%	1%		100%

Table 2c-DY18: Demographic Characteristics of FPW New Enrollee Non-ParticipantsDY18

Continuing Enrollees

Table 2d-DY18 presents the distribution of FPW continuing enrollees by age group and

race/ethnicity for DY18 (SFY2015-2016).

Table 2d-DY18: Demogra	ohic Characteristics of FPW	Continuing Enrollees DY18
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		Ag		Total			
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African-American	156	9,711	4,239	3,309	241	17,656	27%
White	238	13,905	6,242	4,126	231	24,742	38%
Asian	1	319	372	330	17	1,039	2%
Hispanic	107	9,177	4,602	3,849	272	18,007	28%
American/Asian Indian & Other	31	1,653	941	784	50	3,459	5%
Total FPW	533	34,765	16,396	12,398	811	64,903 ⁹	
Enrollees	1%	54%	25%	19%	1%		100%

Continuing Enrollee Participants

Table 2e-DY18 presents the distribution of FPW continuing enrollee participants by age group and race/ethnicity for DY18.

⁸ Demographic information was not available for 3 enrollees.

⁹ Demographic information was missing for 10 enrollees.

		Age	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African-American	33	2,022	623	422	34	3,134	33%
White	37	2,160	800	453	27	3,477	36%
Asian	0	40	49	28	3	120	1%
Hispanic	21	1,406	537	416	27	2,407	25%
American/Asian Indian & Other	6	236	104	83	11	440	5%
Total FPW	97	5,864	2,113	1,402	102	9,578	
Enrollee Participants	1%	61%	22%	15%	1%		100%

Table 2e-DY18: Demographic Characteristics of FPW Continuing Enrollee ParticipantsDY18

Continuing Enrollee Non-Participants

Table 2f-DY18 presents the distribution of FPW continuing enrollee non-participants by age group and race/ethnicity for DY18 (SFY2015-2016).

Table 2f-DY18: Demographic Characteristics of FPW Continuing Enrollee Non-	•
Participants DY18	

		A	To	Total			
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African- American	123	7,689	3,616	2,887	207	14,522	26%
White	201	11,745	5,442	3,673	204	21,265	38%
Asian	1	279	323	302	14	919	2%
Hispanic	86	7,771	4,065	3,433	245	15,600	28%
American/Asian Indian & Other	25	1,417	837	701	39	3,019	6%
Total FPW	436	28,901	14,283	10,996	709	55,325 ¹⁰	
Enrollee Non- Participants	1%	52%	26%	20%	1%		100%

Enrollee Group Findings

In DY18 (SFY2015-2016) enrollment of African American and White women are fairly similar for continuing enrollee participants. However, White women have the largest percentage of continuing enrollee non-participants.

¹⁰ Demographic information was not available for 10 enrollees.

RQ2-DY19: What differences in recipient demographic characteristics exist between FPW Participants and Non-Participants per demonstration year (DY)?

New Enrollees

Table 2a-DY19 presents the distribution of FPW new enrollees by age group and race/ethnicity for DY19 (SFY2016-2017). The age distribution in DY19 is very similar to DY18.

		Age	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African-American	410	12,679	5,091	3,808	184	22,172	29%
White	563	16,331	6,453	4,193	179	27,719	36%
Asian	9	450	358	308	13	1,138	1%
Hispanic	373	11,786	5,180	3,903	186	21,428	28%
American/Asian Indian & Other	129	2,568	1,335	1,096	54	5,182	6%
Total FPW New	1,484	43,814	18,417	13,308	616	77,63911	
Enrollees	2%	56%	24%	17%	1%		100%

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Table 2a-DY19: Demographic	Characteristics of FPW	New Enrollees DY 19

New Enrollee Participants

Table 2b-DY19 presents the distribution of FPW new enrollee participants by age group and race/ethnicity for DY19 (SFY2016-2017). As shown in Table 2b-DY19, 33% of the new enrollee participants were African-American, 35% were White, and 1% were Asian. Hispanic women made up 25% of new enrollee participants and American/Asian Indian and Other races comprised 6% of the FPW new enrollee participants. The largest percentage of new enrollee participants were white women between the ages of 20 and 29. The age group and race category of the fewest number of new enrollee participants were Asian women between the ages of 14 and 19.

	8	Ag	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African-American	89	2,387	765	497	32	3,770	33%
White	120	2,593	809	519	27	4,068	35%
Asian	0	51	40	43	1	135	1%
Hispanic	66	1,743	618	436	20	2,883	25%
American/Asian Indian & Other	20	378	124	117	7	646	6%
Total FPW New	295	7,152	2,356	1,612	87	11,502	
Enrollee Participants	3%	62%	20%	14%	1%		100%

 Table 2b-DY19: Demographic Characteristics of FPW New Enrollee Participants DY19

¹¹ Demographic information was missing for 3 enrollees.

New Enrollee Non-Participants

Table 2c-DY19 presents the distribution of FPW new enrollee non-participants by age group and race/ethnicity for DY19 (SFY2016-2017). The age distribution and race/ethnicity distribution is nearly identical to demographics of all new enrollees.

		Ag	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent ¹² (%)
African-American	321	10,292	4,326	3,311	152	18,402	28%
White	443	13,738	5,644	3,674	152	23,651	36%
Asian	9	399	318	265	12	1,003	2%
Hispanic	307	10,043	4,562	3,467	166	18,545	28%
American/Asian Indian & Other	109	2,190	1,211	979	47	4,536	7%
Total FPW New	1,189	36,662	16,061	11,696	529	66,137 ¹⁴	
Enrollee Non- Participants ¹³	2%	56%	24%	18%	1%		100%

Table 2c-DY19: Demographic Characteristics of FPW New Enrollee Non-ParticipantsDY19

Continuing Enrollees

Table 2d-DY19 presents the distribution of FPW continuing enrollees by age group and race/ethnicity for DY19 (SFY2016-2017). The distribution is very similar to new enrollee and DY18 (SFY2015-2016) distributions.

Dogo/Ethnicity		Age (Т	Total			
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African- American	136	10,442	4,650	3,699	199	19,126	27%
White	234	14,899	6,640	4,679	238	26,690	38%
Asian	1	374	359	345	28	1,107	2%
Hispanic	146	9,917	5,076	4,093	265	19,497	27%
American/Asia n Indian & Other	48	2,173	1,206	1,127	68	4,622	6%
Total FPW	565	37,805	17,931	13,943	798	71,042 ¹⁵	
Enrollees	1%	53%	25%	20%	1%		100%

Table 2d-DY19: Demographic Characteristics of FPW Continuing Enrollees DY19

¹² The column total does not equal to 100 due to rounding.

¹³ The row total does not equal to 100 due to rounding.

¹⁴ Demographic information was missing for two enrollees.

¹⁵ Demographic information was missing for 13 enrollees.

Continuing Enrollee Participants

Table 2e-DY19 presents the distribution of FPW continuing enrollee participants by age group and race/ethnicity for DY19 (SFY2016-2017). The distribution was nearly identical to DY18 (SFY 2015-2016).

		Age	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%)
African-American	30	1,893	565	382	19	2,889	33%
White	51	1,889	671	425	33	3,069	36%
Asian	0	39	24	34	2	99	1%
Hispanic	19	1,232	485	326	33	2,095	24%
American/Asian Indian & Other	9	272	115	89	6	491	6%
Total FPW	109	5,325	1,860	1,256	93	8,643	
Enrollee Participants ¹⁶	1%	62%	22%	15%	1%		100%

Table 2e-DY19: Demographic Characteristics of FPW Continuing Enrollee ParticipantsDY19

Continuing Enrollee Non-Participants

Table 2f-DY19 presents the distribution of FPW continuing enrollee non-participants by age group and race/ethnicity for DY19 (SFY2016-2017). The distribution was nearly identical to the DY18 (SFY 2015-2016) distribution.

Table 2f-DY19: Demographic Characteristics of FPW Continuing Enrollee Non-Participants DY19

		Age	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent (%) ¹⁷
African-American	106	8,549	4,085	3,317	180	16,237	26%
White	183	13,010	5,969	4,254	205	23,621	38%
Asian	1	335	335	311	26	1,008	2%
Hispanic	127	8,685	4,591	3,767	232	17,402	28%
American/Asian Indian & Other	39	1,901	1,091	1,038	67	4,131	7%
Total FPW	456	32,480	16,071	12,687	705	62,399 ¹⁸	
Enrollee Non- Participants	1%	52%	26%	20%	1%		100%

¹⁶ The row total does not equal to 100 due to rounding.

¹⁷ The column total does not equal to 100 due to rounding.

¹⁸ Demographic information was missing for 13 enrollees.

Enrollee Group Findings

In DY19 (SFY2016-2017), enrollment of African American and White women are fairly similar for continuing enrollee participants. However, White women have the largest percentage of continuing enrollee non-participants.

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

Table 3 presents the proportion of FPW continuing enrollees and new enrollees who received one or more services in DY17 (SFY2014-2015), DY18 (SFY2015-2016) and DY19 (SFY2016-2017) by eligibility group. Those enrollees who received one or more services are also referred to as participants in other sections of this report. The total number of continuing enrollee participants who received one or more FPW services in DY18 (SFY2015-2016) was 9,578. A total of 8,318 (6.0% of the 145,323 total new and continuing FPW enrollees) of the continuing enrollee participants who received one or more services in DY18 (SFY2015-2016) were in the SOBRA eligibility group. In DY19, the total number of continuing enrollee participants who received one or more FPW services was 8,643. A total of 6,630 (5.0% of the 148,697 total new and continuing FPW enrollees) of the continuing enrollee participants who received one or more services in DY19 were in the SOBRA eligibility group. Among the FPW continuing enrollee participants, women in the SOBRA eligibility group received more services on average in DY18 (SFY2015-2016) and DY19 (SFY2016-2017) compared to the women in the Non-SOBRA eligibility group.

Table 3 also presents the proportion of FPW new enrollee participants who received one or more services in DY18 (SFY2015-2016) and DY19 (SFY2016-2017) by eligibility group. The total number of new enrollee participants who received one or more FPW services in DY18 (SFY2015-2016) was 13,247. A total of 12,080 (8.0% of total new and continuing FPW enrollees) of new enrollee participants who received one or more services in DY18 (SFY2015-2016) were in the SOBRA eligibility group. In DY19 (SFY2016-2017), the total number of new enrollee participants who received one or more FPW services was 11,503 with 9,015 (6.0% of total new and continuing FPW enrollees) women in the SOBRA eligibility group. Among FPW new enrollee participants, women in the SOBRA eligibility group received more services in DY18 (SFY2015-2016) and DY19 (SFY2016-2017) compared to women in the Non-SOBRA

group. Compared to DY17 (SFY2014-2015), the number and proportion of new enrollee participants declined in DY18 (SFY2015-2016) and DY19 (SFY2016-2017). However, the number and proportion of continuing enrollee participants decreased only slightly in the two subsequent years.

Table 3: Number and Proportion of FPW Continuing Enrollee and FPW New Enrollee
Participants Receiving Services by Eligibility Group in DYs 17, 18, and 19

Eligibility Group	DY17 Number of enrollees receiving one or more FPW services	DY17 Proportion of enrollees receiving one or more FPW services (%) ¹⁹	DY18 Number of enrollees receiving one or more FPW services	DY18 Proportion of enrollees receiving one or more FPW services (%) ¹⁹	DY19 Number of enrollees receiving one or more FPW services	DY19 Proportion of enrollees receiving one or more FPW services (%) ¹⁹
FPW Continuing Enrollee Participants						
SOBRA	9,749	6.8%	8,318	6.0%	6,630	5.0%
Non-SOBRA	893	0.6%	1,260	1.0%	2,013	1.0%
Total	10,642	7.4%	9,578	7.0%	8,643	6.0%
FPW New Enrollee Participants						
SOBRA	17,230	12.0%	12,080	8.0%	9,015	6.0%
Non-SOBRA	1,413	1.0%	1,167	1.0%	2,488	2.0%
Total	18,643	12.9%	13,247	9.0%	11,503	8.0%

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

Table 4 below presents the average inter-birth intervals (IBIs) in number of months for FPW participants and FPW non-participants for DY17 (SFY2014-2015) and DY18 (SFY2015-2016) as well as the average IBIs for FPW participants and non-participants from DY14 (SFY2011-2012) to DY16 (SFY2013-2014). It was not possible to calculate IBIs for DY19 (SFY2016-2017) due to birth record data availability. The methods and inclusion and exclusion criteria for calculating the IBIs are found in detail in Appendix C. For the analysis, the denominator included only women that had at least two births within the 24 month index period. When inter-

¹⁹ Percent of total all new and continuing FPW enrollees.

birth intervals are calculated, only those women who have a second birth are included in the calculations, thus, dropping all women who did not give birth a second time during the study period, which should be considered a positive outcome attributable to the program. By calculating the proportion of women who do not give birth within 24 months of enrollment in the program, women who do not have a second birth can be included in the calculations related to the positive outcomes of the program. To answer this question, birth records are required for 24 months after the end of the demonstration year. Currently, data are not available to complete these calculations for DY18 and DY19, but will be calculated once data become available. For this research question, it was expected that FPW participants would be more likely to have longer average inter-birth intervals than non-participants. Data is not yet available to examine the likelihood of having an IBI greater than 24 months in DY18 (SFY2015-2016) or DY19 (SFY2016-2017), so these calculations have not been completed and are not included in this report. Future reports will include these calculations.

As displayed in Table 4, the average IBI for FPW participants was 19.5 months and the average IBI for FPW non-participants was slightly higher at 19.7 months in DY18 (SFY2015-2016). In DY17, the average IBI for FPW participants and non-participants was 18.5 months. Between DY14 (SFY2011-2012) and DY16 (SFY2013-2014), the average IBI for FPW participants was 17.0 months and the average IBI for FPW non-participants was 19.0 months. In DY18 (SFY2015-2016), the average IBI for FPW participants was slightly longer compared to the same group in DY17 (SFY2014-2015). The average IBI for FPW non-participants was slightly longer in DY18 (SFY2015-2016), compared to the same group in DY17 (SFY2015-2016), compared to the same group in DY17 (SFY2014-2015). It should be noted that the IBI calculations for DY14 (SFY2011-2012) to DY16 (SFY2013-2014) were limited to new enrollees, while DY17 (SFY2014-2015) to DY18 (SFY2015-2016) included both new and continuing enrollees.

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

	DY14-16 (2011-2014)	DY17 (2014-2015)	DY18 (2015-2016)
Average IBI for FPW	17.0	18.5	19.5
Participants (months)	17:0	18:5	19.5
Average IBI for FPW	19.0	18.5	19.7
Non-Participants (months)	19.0	18.3	19.7

<u>RQ5-DY17:</u> What is the rate of unintended pregnancies for FPW Participants and Non-<u>Participants per DY?</u>

The number of unintended pregnancies was measured by comparing responses to questions 5 and 14 on the Healthy Start Prenatal Risk Screen among FPW participants and non-participants. For women who became pregnant anytime during DY17 (SFY2014-2015), the research team identified FPW enrollees who indicated on the Healthy Start Prenatal Risk Screens that their pregnancies were unwanted or unintended. The methods and inclusion and exclusion criteria for calculating the unintended pregnancies are found in detail in Appendix D. It was expected that FPW participants would be less likely to have unintended pregnancies than non-participants. Tables 5a and 5b illustrate the number of responses to each question on the Healthy Start Prenatal Risk Screen as well as the rates of unintended pregnancies. In DY17 (SFY2014-2015), for FPW participants, the overall rate of unintended pregnancies was 59.3%. Among non-participants, in DY17 (SFY2014-2015), the overall rate of unintended pregnancies was 57.6%.

Table 5a-DY17: Rate of Unintended Pregnancies for FPW Participants DY17 (SFY2014-2015)

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

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

Table 5b-DY17: Rate of Unintended Pregnancies for FPW Non-Participants DY17 (SFY2014-2015)

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

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

<u>RQ5-DY18: What is the rate of unintended pregnancies for FPW Participants and Non-</u></u> <u>Participants per DY?</u>

The methodology used to calculate DY18 (SFY2015-2016) measures is the same methodology used to calculate DY17 (SFY2014-2015) measures. Tables 5a and 5b illustrate the number of responses to each question on the Healthy Start Prenatal Risk Screen as well as the rates of unintended pregnancies. In DY18, for FPW participants, the overall rate of unintended pregnancies was 57.1%. Among non-participants in DY18, the overall rate of unintended pregnancies was 55.7%. Similar to DY17 (SFY2014-2015) findings, the DY18 (SFY2015-2016) rate of unintended pregnancies was higher for FPW participants compared to non-participants. However, the DY18 (SFY2015-2016) rate of unintended pregnancies for both participants and non-participants was slightly lower than DY17 (SFY2014-2015) rates. The rate of unintended pregnancies for participants and non-participants will be calculated for DY19 (SFY2016-2017) when data becomes available.

Question 5. Is this a good time for you to be pregnant?	Number
Yes	698
No	122
Total Responses Question 5	820
Question 5 Rate of Unintended Pregnancies (%)	14.9%
Question 14. Thinking back to just before you got pregnant, did you want to be?	
Pregnant Now	362
Pregnant Later	360
Not Pregnant	103
Total Pregnant Later & Not Pregnant	463
Total All Responses Question 14	825
Question 14 Rate of Unintended Pregnancies (%)	56.1%
Negative Responses Question 5 & Question 14	
Question $5 = No$	122
Question 5 = Yes & Question 14 = "pregnant later" or "not pregnant"	349
Total Number of Negative Responses Question 5 & Question 14	471
Total Number of Responses Question 5 & Question 14*	825
Overall Rate of FPW Participant Unintended Pregnancies DY18 (%)	57.1%

Table 5a-DY18: Rate of Unintended Pregnancies for FPW Participants DY18

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

Question 5. Is this a good time for you to be pregnant?	Number
Yes	6,942
No	987
Total Responses Question 5	7,929
Question 5 Rate of Unintended Pregnancies (%)	12.4%
Question 14. Thinking back to just before you got pregnant, did you want to be?	
Pregnant Now	3,581
Pregnant Later	3,407
Not Pregnant	992
Total Pregnant Later & Not Pregnant	4,399
Total All Responses Question 14	7,980
Question 14 Rate of Unintended Pregnancies (%)	55.1%
Negative Responses Question 5 & Question 14	
Question $5 = No$	987
Question 5 = Yes & Question 14 = "pregnant later" or "not pregnant"	3,457
Total Number of Negative Responses Question 5 & Question 14	4,444
Total Number of Responses Question 5 & Question 14*	7,980
Overall Rate of FPW Participant Unintended Pregnancies DY18 (%)	55.7%

Table 5b-DY18: Rate of Unintended Pregnancies for FPW Non-Participants DY18

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

<u>RQ5-DY19</u>: What is the rate of unintended pregnancies for FPW Participants and Non-Participants per DY?

The methodology used to calculate DY19 (SFY2016-2017) measures is the same methodology used to calculate DY18 (SFY2015-2016) measures. Tables 5a and 5b illustrate the number of responses to each question on the Healthy Start Prenatal Risk Screen as well as the rates of unintended pregnancies. In DY19, for FPW participants, the overall rate of unintended pregnancies was 60.3%. Among non-participants in DY19, the overall rate of unintended pregnancies was 56.0%. Similar to DY18 (SFY2015-2016) findings, the DY19 (SFY2016-2017) rate of unintended pregnancies was higher for FPW participants compared to non-participants. In addition, the DY19 rate of unintended pregnancies for both participants and non-participants was slightly higher than DY18 rates.

Question 5. Is this a good time for you to be pregnant?	Number			
Yes	133			
No	731			
Total Responses Question 5	864			
Question 5 Rate of Unintended Pregnancies (%)	15.4%			
Question 14. Thinking back to just before you got pregnant, did you want to be?				
Pregnant Now	358			
Pregnant Later	402			
Not Pregnant	108			
Total Pregnant Later & Not Pregnant	510			
Total All Responses Question 14	868			
Question 14 Rate of Unintended Pregnancies (%)	58.8%			
Negative Responses Question 5 & Question 14				
Question $5 = No$	133			
Question 5 = Yes & Question 14 = "pregnant later" or "not pregnant"	388			
Total Number of Negative Responses Question 5 & Question 14	521			
Total Number of Responses Question 5 & Question 14*	864			
Overall Rate of FPW Participant Unintended Pregnancies DY19 (%)	60.3%			

Table 5a-DY19: Rate of Unintended Pregnancies for FPW Participants DY19

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

Question 5. Is this a good time for you to be pregnant?	Number
Yes	5,768
No	828
Total Responses Question 5	6,596
Question 5 Rate of Unintended Pregnancies (%)	12.6%
Question 14. Thinking back to just before you got pregnant, did you want to be?	
Pregnant Now	2,989
Pregnant Later	2,859
Not Pregnant	790
Total Pregnant Later & Not Pregnant	3,649
Total All Responses Question 14	6,638
Question 14 Rate of Unintended Pregnancies (%)	55.0%
Negative Responses Question 5 & Question 14	
Question $5 = No$	828
Question 5 = Yes & Question 14 = "pregnant later" or "not pregnant"	2,867
Total Number of Negative Responses Question 5 & Question 14	3,695
Total Number of Responses Question 5 & Question 14*	6,596
Overall Rate of FPW Participant Unintended Pregnancies DY19 (%)	56.0%

Table 5b-DY19: Rate of Unintended Pregnancies for FPW Non-Participants DY19

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

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

The analytic strategy for this question was to calculate the number of averted births using the inter-birth intervals (a measure of the birth rate) by comparing the birthrate pre- and post-FPW program. The difference in the birthrate was then used to estimate the number of averted births to calculate the cost savings. The total cost savings is the total number of averted births times the average cost of a birth which includes the cost of the birth as well as the Medicaid costs for the infant during the first year of life. The difference in the birthrates was used to calculate the number of averted births associated with the use of FPW services, which were then used to calculate the cost savings. For the cost savings, average Medicaid birth costs were calculated during DY17 (SFY2014-2015), and then the net savings was determined by finding the difference between the FPW program expenditures and the averted birth cost savings. To make sure cost savings were a function of differences in averted births across DYs and not a function of inflation, we used the average birth costs for DY17 when calculating cost savings for each of the three Demonstration Years. The methods and inclusion and exclusion criteria for calculating the cost savings are found in detail in Appendix E. It was expected that Medicaid would achieve cost savings through the FPW program by decreasing the number of unintended pregnancies and births.

The number of averted births among enrollees was estimated using the following formula: *Number of Births Averted* = (Adjusted Baseline [1997] Fertility Rate – Observed DY18 (SFY2015-2016) Fertility Rate of Participants) x Number of Participants during DY18 (SFY2015-2016)

Total Medicaid birth costs for DY17 (SFY2014-2015) were estimated using the following formula:

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

Average DY17 (SFY2014-2015) FPW Medicaid birth costs were calculated using the following formula:

Average DY17 Medicaid Birth Costs for FPW Enrollees = Total DY17 Medicaid birth costs / Total number of FPW enrollee births during DY17

The estimated gross cost savings due to averted births calculation was: *DY18* (SFY2015-2016) *Averted Births Gross Cost Savings* = *DY18* (SFY2015-2016) *Number of FPW Participant Births Averted x Average DY17 Medicaid Birth Costs for FPW Enrollees*

Cost Savings Calculation

Cost savings to Medicaid from births averted among enrollees was estimated using the method for calculating budget neutrality. The number of averted births among participants during DY18 (SFY2015-2016) was multiplied by the average Medicaid birth costs for FPW enrollees who delivered during DY17 (SFY2014-2015) to arrive at gross cost savings. To determine net cost savings, FPW program expenditures during DY17 (SFY2014-2015) were deducted from the estimated cost savings attributed to averted births. FPW program expenditures included all program costs associated with provision of FPW services during DY17 (SFY2014-2015). Table 6 shows that in DY18 (SFY2015-2016), the number of births averted among FPW enrollees was 2,422. Average Medicaid birth costs were \$17,854 and averted births costs savings was \$43,242,388. Total FPW program expenditures were \$5,648,667. Thus, the overall (net) savings to Medicaid of implementing the FPW program during DY18 (SFY2015-2016) was

approximately \$37.6 million dollars. The overall savings to Medicaid of implementing the FPW program during DY19 (SFY2016-2017) will be calculated when data becomes available.

Demonstration Year (DY)	Number of Births Averted among Enrollees (A)	Average Medicaid Birth Costs (\$) (B)	Averted Births Cost Savings (C=AxB)	FPW Program Expenditures (\$) (D)	Overall (Net) Savings (\$) (C- D)
DY17	1,735	\$17,854	\$30,976,690	\$5,648,667	\$25,328,023
DY18	2,422	\$17,854	\$43,242,388	\$5,648,667	\$37,593,721

Table 6: Medicaid Cost Savings DY17 and DY18

<u>RQ7</u>: What are the costs and benefits of the utilization of point-of-service eligibility? (DY18)

The primary data source for research question 7 was the responses to the qualitative surveys (see Appendix A) completed by the DOH frontline staff. The survey response data was generated using Qualtrics software (Qualtrics, 2015). Twenty-seven survey responses were received from DOH frontline staff.

Point-of-service enrollment allows a woman to complete an application for the FPW at a County Health Department and find out immediately if she meets program requirements. If program requirements have been met, she can begin receiving services within the same visit. The benefit of using point-of-service enrollment most frequently reported by respondents was having faceto-face contact with the enrollees. Personal interaction allowed staff to answer questions immediately and explain the FPW program including services and benefits, resulting in better customer service for enrollees. The three most frequent challenges reported by survey respondents were 1) not having the required information or documents from the eligible women in order to complete enrollment, 2) that eligible and enrolled women have little or no knowledge of eligibility or enrollment status, particularly among women who are eligible for a second year of FPW services, and 3) inefficiencies related to processing of applications.

Conclusions, Positive Outcomes, Challenges, and Lessons Learned

In summary, both the number of new enrollees in the FPW program and the number of new enrollees that were participants declined between DY18 (SFY2015-2016) and DY19 (SFY2016-2017). In DY18 (SFY2015-2016), the cost savings to Medicaid due to averted births was nearly \$37.6 million dollars, similar to savings experienced in previous demonstration years. In DY18 (SFY2015-2016), compared to previous DYs, the IBI for participants increased. However, the IBI among non-participants was longer for DYs14-16 (SFY2011-2014) and DY18 (SFY2015-2016) and the same as participants in DY17 (SFY2014-2015); thus, further examination may be required. DOH Frontline staff indicated the main benefit of using the point-of-service eligibility method was the direct interaction or face-to-face contact with the clients. The biggest challenges based on responses from the DOH frontline staff were lack of knowledge of the program and the inability to obtain additional documentation from the women so that the enrollment process could be completed. Because of this, many women who are eligible for the FPW program are not enrolled. Additionally, the majority of women who are enrolled in the FPW program do not use any FPW services. If program participation is to increase, it will be important to understand the reasons why most women who are enrolled in the program do not access any FPW services to uncover possible barriers to participation.

In terms of the evaluation process, several changes could be made to allow for more meaningful and actionable results. First, several of the research questions for DY19 (SFY2016-2017) could not be addressed due to lags in availability of data. To better understand the impact of the FPW program births, it is important that births can be assessed for at least two years following enrollment and participation in the FPW program. Given that there is also up to a two year lag in the availability of birth records, assessment of inter-birth intervals and cost savings should ideally be conducted four years after the end of the demonstration year (i.e. two year follow-up combined with up to two year lag in data availability); however, this would require approval from CMS. Additionally, the current approach categorizes women as either new enrollees or continuing enrollees based on whether they were newly enrolled during a demonstration year. However, this categorization results in some "new enrollees" being exposed to the program for up to 12 months while others as little as one month. Likewise, "continuing enrollees" may have

been previously exposed to the program for as little as one month before being categorized as a "continuing enrollee". Future evaluations may be more informative if women are instead categorized as either "first year" or "second year" enrollees based on the number of months the woman has been enrolled in the FPW program, where a woman is not categorized as a "second year" enrollee until she begins her 13th month of enrollment. An additional consideration is with regard to the survey administered to clinic staff, where the wording of RQ7 was confusing for several frontline staff and somewhat misleading for the reader with respect to the findings. Future surveys should use the word "challenges" in lieu of "costs" as it better captures what staff are describing.

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Appendices

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

Survey Tool

Dear County Health Department Official:

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

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

Appendix B: Healthy Start Prenatal Screen



Help your baby have a healthy start in life!



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

То	day's Date:	YES NO	
1.	Have you graduated from high school or received a GED?		11. What race are you? Check one or more. White Black Other
2.	Are you married now?	1	12. In the last month, how many alcoholic drinks did you have per week?
3.	Are there any children at home younger than 5 years old?		drinks 🕇 🗖 did not drink
4.	Are there any children at home with medical or special needs?		 In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes)
-			cigarettes₁ 🛛 🖬 did not smoke
5.	Is this a good time for you to be pregnant?		14. Thinking back to just before you got pregnant, did you want to be?
6.	In the last month, have you felt down,		
	depressed or hopeless?		□ pregnant now □ pregnant later □ ₁ not pregnant
7	In the last month, have you felt alone		15. Is this your first pregnancy?
	when facing problems?		□₂ Yes □ No If no, give date your last pregnancy ended:
8.	Have you ever received mental health		Date: (month/year)
0.	services or counseling?		16. Please mark any of the following that have happened.
9.	In the last year, has someone you know		□₃ Had a baby that was not born alive
	tried to hurt you or threaten you?		□₂ Had a baby born 3 weeks or more before due date
10.	Do you have trouble paying your bills?		\square_{3} Had a baby that weighed less than 5 pounds, 8 ounces
			None of the above

ATION	Name:	First	Last	M.I.	Social Security Number:	Date of Birth (n	no/day/yr):	17. Age:	□ ₁ <18
INFORM.	Street	address (apart	tment complex name/number):		County:	City:	State: Zip Code:		
Prenatal Care covered by: Medicaid Private Inst No Insurance Other			Private Insurance		Best time to contact me:	Phone #1 Phone #2			

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

Patient Signature:
Please initial:

Date:

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

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

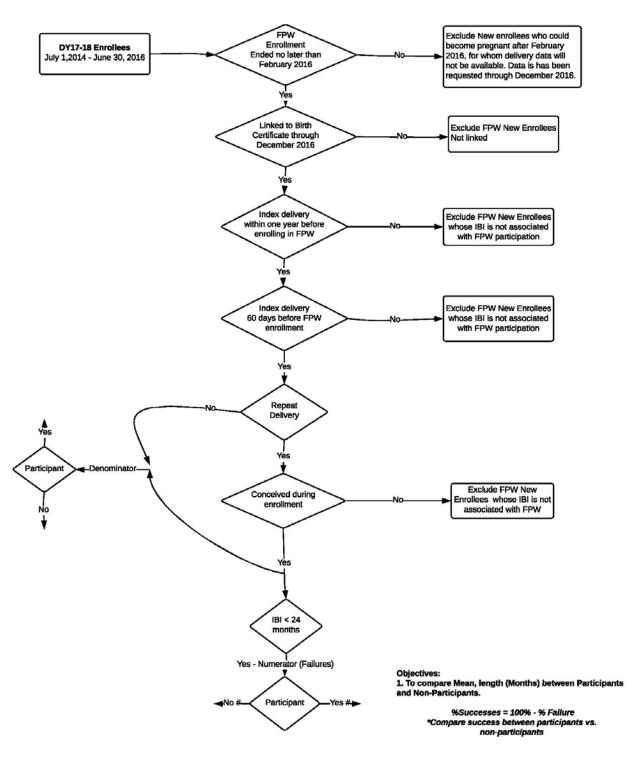
	LMP (mo/day/yr):	EDD (mo/day/yr):	18. Pre-Pregnancy:	∎ ₁ < 19.8		
			Wt:lbs. Height:ftin. BMI:	2 > 3 5.0		
۲	Provider's Name:	Provider's ID:	19. Pregnancy Interval Less Than 18 Months? 🛛 N/A 🔲 No	I Yes		
ONL			20. Trimester at 1st Prenatal Visit?	1 2nd		
DER	Provider's Phone Number:	's Phone Number: Provider's County: 21. Does patient have an illness that requires ongoing medical of				
ROVI			Specify illness: 🛛 No	2 Yes		
P	Healthy Start Screening Score:					
	Provider's/Interviewer's Signature a	and Title	Date (mo/day/yr)			
	DH 3134, 04/08, stock number 5744-100-3134-7	Distribution	of copies: WHITE & YELLOW-County Health Department in county where screeni	ng occurred		

PINK—Retained in patient's record GREEN—Patient's Copy

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

To measure the impact of the FPW in increasing the child spacing interval through effective contraceptive use, the research team compared the average Inter-birth Intervals (IBI) of Enrollee Participants and Enrollee Non-Participants in the current waiver period DY18 to the previous waiver periods DY17 and DY14-16. For this report, the research team conducted comparisons of percent distributions of women in the study sample by participation status and comparisons of average IBI length by participation status.

- 1. Inclusion Criteria for participants and non-participants for IBI
 - a. For DY18 enrollees, FPW enrollment ended no later than March 2016
 - b. Linked to birth certificate data through December 2016
 - c. Conceived after enrolling in FPW
 - d. Conceived no later than one year after the end of FPW enrollment
 - e. Previous delivery within one year before enrolling in FPW.
- 2. Exclusion Criteria for IBI
 - Exclude enrollees who could become pregnant after March 2016 for whom 2016 birth certificate data is not available
 - b. Exclude enrollees not linked to a birth certificate
 - c. Exclude enrollees whose IBI cannot be extended by FPW services
 - d. Exclude enrollees whose IBI is not associated with FPW participation
 - e. Exclude FPW non- participants who received Family Planning Services through Title X (Planned Parenthood).

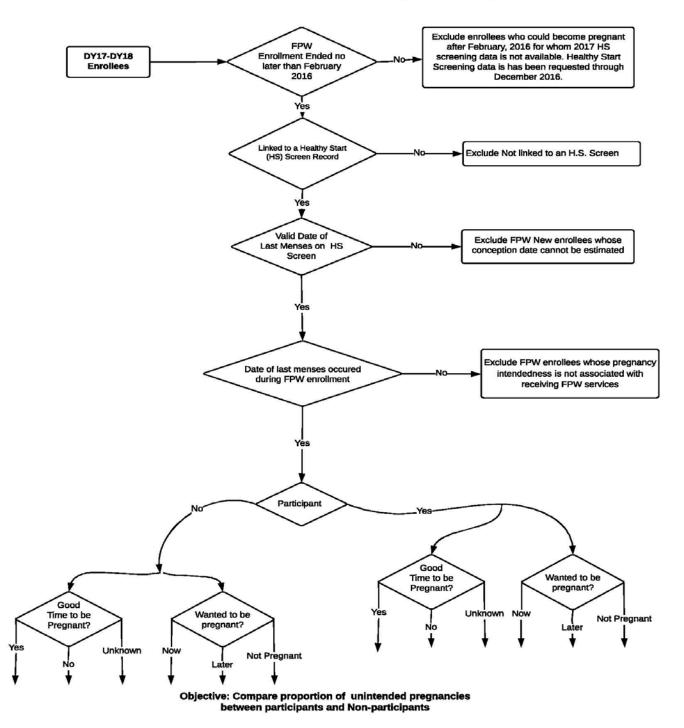


Inclusion/Exclusion criteria for Interbirth Interval (IBI) analysis (SUCCESS)

Appendix D: Unintended Pregnancies Methodology and Flowchart

To measure the impact of the FPW in reducing the number of unintended pregnancies through provision of Family Planning services, the research team assessed whether there was a difference in the rate of unintended pregnancies during DY18 among Participants and Non-Participants. The research team employed the following steps for determining and comparing the rate of unintended pregnancies between participants and non-participants:

- 1. Identify DY18 Participants who meet the following three conditions:
 - Are linked to at least one Healthy Start Prenatal Risk Screen record dated July 1, 2015 through June 30, 2016.
 - 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, 2016.
- 2. Among Participants who meet the three conditions in Step 1, identify DY18 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, 2016) who also meet the following condition:
 - a. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record occurred on or after their first FPW service.
- 3. Among Participants who meet the three conditions in Step 1 and do not meet the first condition of Step 2 (did not receive FPW services during enrollment with a date of service that is on or before the end of the waiver period, June 30, 2016) identify those who also meet the following condition:
 - a. Did not receive a family planning service through a different Medicaid delivery system than the FPW while enrolled in the FPW.



Inclusion/Exclusion criteria for Unintended Pregnancies Analysis

Appendix E: Cost Saving Methodology and Flowchart

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

- The research team calculated births averted. The term births averted refers to the difference in the observed fertility rate of Medicaid women in a given demonstration year versus the age-adjusted baseline (or expected) fertility rate of Medicaid women in 1996-97, the year prior to Florida's implementation of the FPW program.
- The research team calculated the average pregnancy, delivery, and first-year costs by summing all amounts either FFS claims and/or MMA claims in a given demonstration year. The summed costs are for both the mother and infant that occurred from the date of conception through the child's first birthday.
- The research team multiplied the average annual maternal and infant costs in a given demonstration year by the number of births averted, to arrive at the annual gross savings to Medicaid of the FPW program in a given demonstration year.
- 4. The research team determined how much the Agency spent in a given demonstration year to provide family planning services.
- 5. The research team deducted the cost to the Agency of providing family planning services in a given demonstration year from the gross savings calculated in step three, above, to arrive at the net savings to Medicaid of implementing the FPW program in a given demonstration year.
- Last, the research team summed the annual net cost-savings during DY18 to arrive at an overall cost-savings achieved by implementing the FPW program from July 1, 2015 to June 30, 2016 based on the data available as of May, 2018.

Baseline (1996-97) calculation of fertility rates did not include the 45-55 age group due to its negligible contribution to the age adjusted baseline fertility rate. To better understand the decision made to exclude this group, the research team queried Florida Charts to estimate the

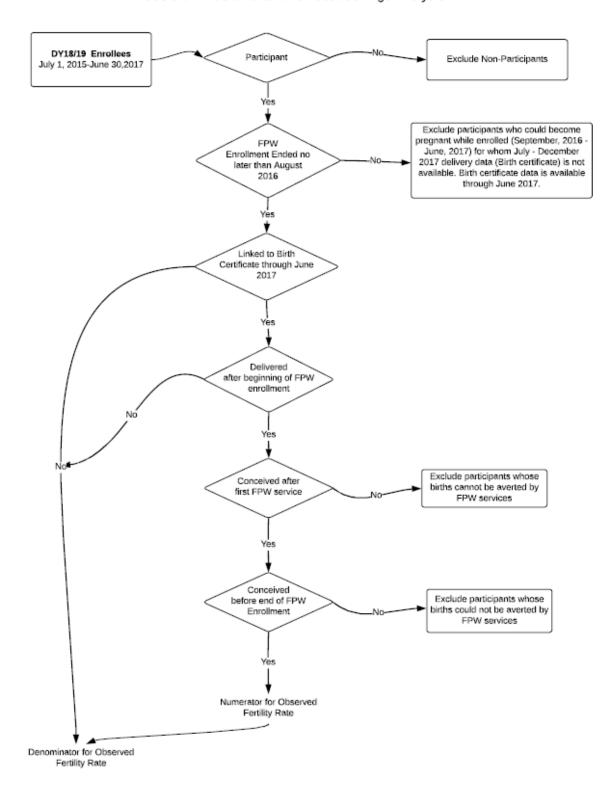
fertility rate for all women ages 45-54 in Florida during 1997. The rate obtained was of approximately 16 births per 100,000 women in this age group (155/936,957).

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

DY17 Calculation of Average Costs

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

Appendix E: Cost Savings Methodology and Flowchart



Inclusion/Exclusion criteria for Cost Savings Analysis

Appendix F: DY17 Research Question 2 Results

<u>RQ2-DY17:</u> What differences in recipient demographic characteristics exist between FPW Participants and Non-Participants per demonstration year (DY)?

New Enrollees

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

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

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

New Enrollee Participants

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

²⁰ The column total does not equal to 100 due to rounding.

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

		Ag	Total				
Race/Ethnicity	14-19	20-29	30-34	35-44	45-55	Number	Percent ²¹ (%)
African-American	157	4,000	1,124	704	45	6,030	32%
White	237	4,601	1,331	716	40	6,925	37%
Asian	3	104	77	50	2	236	1%
Hispanic	125	2,800	993	699	33	4,650	25%
American/Asian Indian & Other	29	454	175	133	11	802	4%
Total FPW New	551	11,959	3,700	2,302	131	18,643	
Enrollee Participants	3%	64%	20%	12%	1%		100%

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

New Enrollee Non-Participants

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

²¹ The column total does not equal to 100 due to rounding.

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

Table 2c-DY17: Demographic Characteristics of FPW New Enrollee Non-ParticipantsDY17

Continuing Enrollees

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

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

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

Continuing Enrollee Participants

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

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

Table 2e-DY17: Demographic Characteristics of FPW Continuing Enrollee ParticipantsDY17

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

Continuing Enrollee Non-Participants

Table 2f presents the distribution of FPW continuing enrollee non-participants by age group and race/ethnicity for DY17. Of the total, 2% of the continuing enrollee non-participants were between the ages of 14 and 19. Continuing enrollee non-participants between 20 and 29 years of

²² The column total does not equal to 100 due to rounding.

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

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

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

Enrollee Group Findings

While African-American women made up 29% of new enrollees, they made up 32% of new enrollee participants. Conversely, Hispanic women who made up 28% of new enrollees only made up 25% of new enrollee participants. The percentage of White, Asian, American Indian/Asian and Other race/ethnicity women was relatively consistent across the three new enrollee groups. While African-American women made up 26% of continuing enrollees, they made up 31% of continuing enrollee participants. Conversely, Hispanic women who made up 28% of continuing enrollees only made up 25% of continuing enrollees only made up 25% of continuing enrollee participants. The percentage of White, Asian, American Indian/Asian and Other race/ethnicity women was relatively consistent across the three continuing enrollee groups. The DY17 data presented above in the tables will be included in future reports for comparison to subsequent demonstration years as data becomes available.