Florida Medicaid Family Planning Waiver Program

Family Planning Waiver DY20/21 (SFY2017-2018 and 2018-2019) Final Evaluation Report

MED206: Deliverable 14

November 24, 2020

Prepared by the Department of Behavioral Sciences and Social Medicine at the Florida State University College of Medicine with assistance from the Department of Health Outcomes and Policy at the University of Florida under contract with the Florida Agency for Health Care Administration.

Table of Contents

Table of Contents 2

Executive Summary 4

DY20 and DY21 Findings **6**

Conclusions **8**

Recommendations **8**

Definitions and Acronyms 11

Introduction and Background 13

FPW Program Evaluation Research Questions 15

Data and Methods 15

Data 15

DOH Birth Vital Statistics (BVS) birth certificates (CY2000 – CY2019) **16**

DOH Healthy Start Prenatal Screens (CY2011 – CY2019) **16**

Medicaid Eligibility Files (CY2015-CY2019) **16**

Medicaid Claims Files (CY2015-CY2019) **16**

FPW Eligibility and Enrollment Survey **17**

FPW Eligible Women and Enrollee Participation Surveys **17**

FPW Enrollee Satisfaction Survey **17**

DOH Staff Survey **17**

Methods 18

FPW Program Study Population **18**

Methods **19**

General Findings **20**

RQ1: What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per Demonstration Year? **20**

RQ2: What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period? **21**

RQ3: What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per Demonstration Year? **22**

RQ4: What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program? **24**

RQ5: Is the FPW achieving cost savings by slowing the birth rate? **25**

RQ6: What are the reasons that women eligible for the FPW program choose to not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate? 26

Survey Sample 26

Enrolled but did not participate 27

RQ7: How did FPW enrollees utilize covered health services? 28

RQ8: What gaps in coverage are experienced by FPW enrollees over time? 29

RQ9: Are FPW enrollees satisfied with services? 31

RQ10: What strategies are being used by the Department of Health to increase FPW participation rates? 33

Conclusions, Positive Outcomes, Challenges, and Lessons Learned 35

Lessons Learned and Recommendations 36

References 37

Appendix A: Specific Methods for Each Research Question 38

Appendix B: Qualitative Surveys 42

Appendix C: Healthy Start Prenatal Screen 45

Appendix D: Interbirth Interval (IBI) Methodology and Flowchart 46

Appendix E: Unintended Pregnancies Methodology and Flowchart 48

Appendix F: Cost Saving Methodology 50

Appendix G: Procedure Codes for All FPW Services 51

Appendix H: Procedure Codes to Identify Family Planning Services, Cancer Screening Services, and STD Screening Services 57

Florida Medicaid Family Planning Waiver (FPW) Program
Interim Evaluation Report
Demonstration Years (DY) 20 (SFY 2017-2018) and 21 (SFY 2018-2019)

Executive Summary

Florida's Family Planning Waiver was initially approved on August 23, 1998. Since the program's inception, the Department of Health (DOH) has been the operational agency tasked with determining eligibility and maintaining participant enrollment for Family Planning Waiver services. The Bureau of Family Health Services within DOH works with the local county health departments to provide a vast array of both Medicaid and non-Medicaid community health and family planning services, including preconception counseling, pregnancy tests, screening and treatment of sexually transmitted infections, cancer screening, and contraception supplies.

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 years of age up through and including women who are 55 years of age; 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, including women who lost Medicaid pregnancy coverage after 60 days postpartum.

On March 8, 2019, the Centers for Medicare and Medicaid Services (CMS) approved the State's request to extend Florida's 1115 Family Planning Waiver through June 30, 2023. As part of the extension review and approval process, it was determined that compliance with section 1943 of the Act and implementing regulations was required. To achieve this, the eligibility determination process for the Family Planning Waiver will need to be integrated into the Medicaid State Plan eligibility system, operated by the Department of Children and Families. The Department of Children and Families (DCF) is the Florida agency responsible for determining all Medicaid eligibility, with the exception of the Family Planning Waiver. DCF has ownership of the Access Florida System where Medicaid applications are submitted and eligibility determinations are made. This system works in conjunction with the Florida Medicaid Management Information System to track individuals' Medicaid eligibility.

The expectation for the State to build the Family Planning Waiver eligibility process into the Medicaid State Plan process was codified in the Special Terms and Conditions (STCs) approved by CMS with the waiver extension request. The STCs outline mitigations the State will use prior to full compliance, and require the State to submit a three-year timeline with milestones to demonstrate the State's plan for aligning the Family Planning Waiver eligibility and the Medicaid State Plan eligibility processes. The State is required to fully implement this change within three years of CMS approval of the waiver extension, which is March 8, 2022.

In order to come into compliance with the approved STCs, the Agency, in coordination with DOH and DCF, have developed an implementation plan to seamlessly and efficiently transition the Family Planning Waiver eligibility determination process from DOH to DCF. The transition is primarily operational and focuses on systematic changes. Beginning in March 2022, the process for eligibility determinations under the waiver will transition from the Department of Health to the Department of Children and Families.

Florida State University (FSU) in collaboration with the University of Florida (UF) was contracted to evaluate the program during the most recent four-year extension of the FPW (March 8, 2019, through June 30, 2023). The evaluation team and the Agency for Health Care Administration (Agency) identified key issues of importance to policy makers and FPW stakeholders. The evaluation team, in concert with the Agency, developed ten research questions (RQs) to guide this evaluation, which uses quantitative and qualitative analytical methods to support findings. The RQs addressed in this final report are:

- Research Question 1: What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per Demonstration Year?
- Research Question 2: What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?
- Research Question 3: What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per Demonstration Year?
- Research Question 4: What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?
- Research Question 5: Is the FPW achieving cost savings by slowing the birth rate?
- Research Question 6: What are the reasons that women eligible for the FPW program choose to enroll or not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate?
- Research Question 7: How did FPW enrollees utilize covered health services?
- Research Question 8: What gaps in coverage are experienced by FPW enrollees over time?

- Research Question 9: Are FPW enrollees satisfied with services?
- Research Question 10: What strategies are being used by the Department of Health to increase FPW participation rates?

According to the Centers for Medicare and Medicaid Services (CMS) approved Evaluation Design for the FPW approved extension period, the five objectives of the FPW program are:

(1) to increase access to family planning services;

(2) to increase child spacing intervals through effective contraceptive use;

(3) to reduce the number of unintended pregnancies in Florida;

(4) to reduce Florida's Medicaid costs by by slowing the birth rate among females who would otherwise be eligible for Medicaid pregnancy-related services; and,

(5) to improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services.

The primary data sources used to evaluate the effectiveness of the FPW program during the extension period include Medicaid eligibility, enrollment, and claims files, State of Florida Hospital Discharge data, Florida birth certificates, Healthy Start Prenatal Risk Screen data from the Department of Health (DOH), and qualitative survey data.

DY20 and DY21 Findings

Demographics (RQ1): The distribution of FPW enrollees by age and race were similar for DY20 and DY21, as was the case for the distribution for eligible women who did not enroll for DY20 and DY21. Eligible women who did not enroll were, on average, slightly older than FPW enrollees (31.3 vs. 28.6) and were more likely to be White (32.3% vs. 34.6%) and less likely to be Black (22.5% vs. 29.2%) or Hispanic (35.0% vs. 27.9%).

Interbirth Intervals (RQ2): Interbirth intervals were slightly longer in both DY20 and DY21 for FPW enrollees compared to eligible women who did not enroll (18.0 months vs. 16.7 months in DY20, 17.2 months vs. 16.1 months in DY21), a positive outcome of the FPW program.

Unintended pregnancies (RQ3): The proportion of pregnancies that were unintended were greater for FPW enrollees compared to eligible women who did not enroll in both DY20 and DY21 (58.03% vs. 44.78% in DY20, 57.82% vs. 42.06% in DY21).

Low birth weight and preterm births (RQ4): The proportion of births that were identified as low birth weight (<2,500 grams) or preterm birth (< 37 weeks gestation) were both slightly lower for FPW enrollees compared to eligible women who did not enroll in both DY20 and DY21 (Low birth weight: 9.0% vs. 9.4% in DY20 and 9.0% vs. 9.6% in DY21, Preterm birth: 13.3% vs. 13.6% in DY20 and 13.2% vs. 13.9% in DY21), a positive outcome of the program that may be due to access to STD screening because STD infections often lead to low birth weight and preterm birth (see https://www.cdc.gov/std/pregnancy/stdfact-pregnancy.htm#:~:text=Yes.,you%20and%20your%20unborn%20baby).

Cost savings (RQ5): Cost savings were calculated based on differences in the birth rate between FPW enrollees and eligible women who did not enroll in FPW. Examining differences in birth rates resulted in estimated cost savings for the FPW program of $34,446,417 in DY20, but estimated costs were greater in DY21, costing an additional $26,631,641.

Reasons for non-enrollment or non-participation (RQ6): When women who were eligible for the FPW program but did not enroll were asked reasons for non-enrollment, nearly all women responded that they were not aware of the FPW program. When women who were enrolled but did not participate in the program (use any of the services offered), nearly all women indicated that they were not aware that they were enrolled in the program and/or were not aware of the services offered through the program.

Service utilization (RQ7): In both DY20 and DY21, approximately 11% of all FPW enrollees utilized at least one covered service. The total number of enrollees that used services was similar in both years, as were the proportion of first year enrollees at 24% and second year enrollees at 76%. Among women who used any services, contraceptive and STD screening services were most commonly used by both first year enrollees and second year enrollees in both DYs. Cancer screening services were used by the fewest number of enrollees in both DY20 and DY21.

Coverage gaps (RQ8): Among DY20 enrollees, 23.8% only had coverage during their first 12 months, while 76.2% maintained coverage during their second year of eligibility. Among DY21 enrollees, 22.9% only had coverage during their first 12 months, while 77.1% maintained coverage during their second year. Among the women in DY20 who were enrolled beyond the first year, 83.4% lost coverage after two years. Among the women in DY21 who were enrolled beyond the first year, 84.0% lost coverage after two years. Although not explicitly examined in the evaluation, women who maintained coverage after two years likely maintained coverage because they gave birth, thus triggering another enrollment span. However, this is speculation and determining reasons for coverage spans longer than two years goes beyond the scope of this evaluation.

Satisfaction with services (RQ9): Women identified as FPW participants (used services provided through the FPW program) were asked to rate their satisfaction. Of the 300 women that were contacted, 266 (89%) were unaware that they were in the FPW program and that they used a FPW service. Of the few women who were aware that they were using FPW services (n=26), nearly all indicated that they were "satisfied" or "very satisfied" with the services they received.

Strategies being used by DOH clinics to increase participation in FPW (RQ10): Only 10 of the 67 (15%) DOH clinics responded to our survey. Two clinics responded that there were no strategies being used. Of the remaining 8 clinics, the strategies included external outreach, staff incentivization, pre-appointment eligibility review, sharing information during appointments, and follow-up with eligible patients.

Positive Outcomes

Overall, there were several positive outcomes of the FPW program. The total number of women enrolled in the program increased between DY20 and DY21. Additionally, compared to eligible women who did not enroll in the program, FPW enrollees had lower rates of low birth weight and preterm birth and had longer interbirth intervals, suggesting that the program has been successful at reducing birth rates and improving birth outcomes when FPW enrollees give birth. Additionally, reduced birth rates among FPW enrollees compared to eligible women who did not enroll generated over $34 million in cost savings in DY20. However, it should be noted that cost savings were not observed for DY21.

Conclusions

Enrollment rates among women eligible for the FPW program remain very low, with about 20% of eligible women enrolling in the program. Additionally, only 11% of FPW enrollees use any FPW services in a given year. While the types of services provided through the FPW program have been shown to be effective and women are typically satisfied with the services they receive, the impact of the program is greatly reduced because of very low enrollment and participation rates. The vast majority of women who were interviewed indicated that they were unaware of the program, including women who used services provided through the FPW program.

Recommendations

Given the consistent finding of lack of knowledge of the FPW program, both among eligible women who do not enroll and enrolled women, future activities should focus on increasing enrollment and enrollee

participation rates in the FPW program through interventions designed to increase awareness of the program. Steps are already being taken by the State to improve the eligibility determination process for the FPW program by moving this activity from the DOH to the Department of Children and Families (DCF), which currently does all of the eligibility determinations for Florida's Medicaid program. Other potential strategies should be considered and could include using strategies identified by some of the DOH clinics, including outreach, education, and proactively engaging with women to get them enrolled in the FPW program if additional information is needed for their enrollment for the second 12-month period. Increasing enrollment and participation in the program will increase the number of women experiencing the positive outcomes of the program and potentially generate cost savings by reducing birth rates.

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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.

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. 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.

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

Demonstration Year (DY) 20: Represents the state fiscal year of July 1, 2017 to June 30, 2018.

Demonstration Year (DY) 21: Represents the state fiscal year of July 1, 2018 to June 30, 2019.

Demonstration Year (DY) 22: Represents the state fiscal year of July 1, 2019 to June 30, 2020.

Demonstration Year (DY) 23: Represents the state fiscal year of July 1, 2020 to June 30, 2021.

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 who are 14 years of age through and including women who are 55 years of age who are potentially eligible for FPW services.

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

Eligible: A woman who is 14 years of age through and including a woman who is 55 years of age with a family income at or below 191% of the Federal Poverty Level (FPL) who loses Medicaid pregnancy coverage after 60 days postpartum or a woman who is 14 years of age through and including a woman who is 55 years of age 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.

Interbirth 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.

Observed birth: Refers to a live birth recorded in the DOH's annual Florida Vital Statistics file.

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.

Target Population: All FPW program enrollees.

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 has been continually renewed, with the most recent renewal beginning on March 8, 2019, and going through June 30, 2023.

Florida's Family Planning Waiver was initially approved on August 23, 1998. Since the program's inception, the Department of Health (DOH) has been the operational agency tasked with determining eligibility and maintaining participant enrollment for Family Planning Waiver services. The Bureau of Family Health Services within DOH works with the local county health departments to provide a vast array of both Medicaid and non-Medicaid community health and family planning services, including preconception counseling, pregnancy tests, screening and treatment of sexually transmitted infections, cancer screening, and contraception supplies.

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 years of age up through and including women who are 55 years of age; 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, including women who lost Medicaid pregnancy coverage after 60 days postpartum.

On March 8, 2019, the Centers for Medicare and Medicaid Services (CMS) approved the State's request to extend Florida's 1115 Family Planning Waiver through June 30, 2023. As part of the extension review and approval process, it was determined that compliance with section 1943 of the Act and implementing regulations was required. To achieve this, the eligibility determination process for the Family Planning Waiver will need to be integrated into the Medicaid State Plan eligibility system, operated by the Department of Children and Families. The Department of Children and Families (DCF) is the Florida agency responsible for determining all Medicaid eligibility, with the exception of the Family Planning Waiver. They have

ownership of the Access Florida System where Medicaid applications are submitted and eligibility determinations are made. This system works in conjunction with the Florida Medicaid Management Information System to track individuals' Medicaid eligibility.

The expectation for the State to build the Family Planning Waiver eligibility process into the Medicaid State Plan process was codified in the Special Terms and Conditions (STCs) approved by CMS with the waiver extension request. The STCs outline mitigations the State will use prior to full compliance, and require the State to submit a three-year timeline with milestones to demonstrate the State's plan for aligning the Family Planning Waiver eligibility and the Medicaid State Plan eligibility processes. The State is required to fully implement this change within three years of CMS approval of the waiver extension, which is March 8, 2022.

In order to come into compliance with the approved STCs, the Agency, in coordination with DOH and DCF, have developed an implementation plan to seamlessly and efficiently transition the Family Planning Waiver eligibility determination process from DOH to DCF. The transition is primarily operational and focuses on systematic changes. Beginning in March 2022, the process for eligibility determinations under the waiver will transition from the Department of Health to the Department of Children and Families. Additionally, the State will be automatically enrolling all eligible women into the FPW program for the initial 12-month period as well as for the second 12-month period if no additional information is needed to determine eligibility. Thus, most eligible women will be automatically enrolled for the full 24-month period. This new enrollment process is also expected to be fully implemented by March 2022.

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 March 8, 2019, through June 30, 2023. Contained within the Special Terms and Conditions (STCs) of the waiver renewal are requirements for an evaluation of the demonstration during the renewal period.

One of the goals of the FPW program is to increase the number of women receiving FPW services who are 14 years of age up through and including women who are 55 years of age and have incomes at or below 191% of the FPL (post MAGI conversion). Specifically, the FPW program has five objectives:

1. To increase access to family planning services;
2. To increase child spacing intervals through effective contraceptive use;
3. To reduce the number of unintended pregnancies in Florida; and,
4. To reduce Florida's Medicaid costs by by slowing the birth rate among females who would otherwise be eligible for Medicaid pregnancy-related services
5. To improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services

FPW Program Evaluation Research Questions

To evaluate whether Florida's FPW program achieved its objectives, the following 10 research questions will be addressed:

- Research Question 1: What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per Demonstration Year?
- Research Question 2: What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?
- Research Question 3: What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per Demonstration Year?
- Research Question 4: What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?
- Research Question 5: Is the FPW achieving cost savings by slowing the birth rate?
- Research Question 6: What are the reasons that women eligible for the FPW program choose to enroll or not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate?
- Research Question 7: How did FPW enrollees utilize covered health services?
- Research Question 8: What gaps in coverage are experienced by FPW enrollees over time?
- Research Question 9: Are FPW enrollees satisfied with services?
- Research Question 10: What strategies are being used by the Department of Health to increase FPW participation rates?

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 FPW enrollees and non-enrollees as well as DOH staff; and (4) Medicaid enrollment, eligibility, and claims files. Each data source is described below.

DOH Birth Vital Statistics (BVS) birth certificates (CY2000 – CY2019)

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 FPW enrollees and eligibile women not enrolled in FPW. 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 (CY2011 – CY2019)

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 (CY2015-CY2019)

Data on Medicaid eligibility include personal identifiers for all female recipients including names, date of birth, address, and social security number that are linked 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 (CY2015-CY2019)

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 (CY2015-CY2019)

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

FPW Eligibility and Enrollment Survey

Qualitative interviews were conducted in SFY2019-2020 and SFY2020-2021 with FPW enrollees and eligible women who do not enroll in FPW through telephone and text-based surveys to assess the reasons that women eligible for the FPW program choose to enroll or not enroll in the FPW program. Additional qualitative interviews will be conducted later in SFY2020-2021 and SFY2021-2022.

FPW Eligible Women and Enrollee Participation Surveys

Qualitative interviews with eligible women who do not enroll in the FPW program and FPW enrollees who do not use FPW services will be conducted in SFY2019-2020 and SFY2020-2021 to identify common themes. Additional qualitative interviews will be conducted later in SFY2020-2021 and SFY2021-2022.

FPW Enrollee Satisfaction Survey

Quantitative/qualitative interviews were conducted in SFY2019-2020 and SFY2020-2021 with FPW enrollees who used FPW services through a telephone-based satisfaction survey. Additional satisfaction surveys will be conducted later in SFY2020-2021 and SFY2021-2022.

DOH Staff Survey

Qualitative interviews were conducted in SFY2020-2021 with DOH staff through an Agency approved web-based survey to determine common FPW strategies used by DOH staff to increase FPW engagement/participation rates.

Methods

For DY20 (SFY2017-2018) and DY21 (SFY2018-2019), the research team used a mixed methods approach, which is a combination of quantitative and qualitative 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 five 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.

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

i. Average interbirth intervals (IBI) in number of months for FPW enrollees in DY20 (SFY2017-2018) and DY21 (SFY2018-2019) compared to eligible women who did not enroll in the FPW program.

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

i. The number of unintended pregnancies among FPW enrollees and eligible women who did not enroll in the FPW program.

Objective 4 (To reduce Florida's Medicaid costs by slowing the birth rate of FPW enrollees compared to eligible women who did not enroll in the FPW program):

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

Objective 5(to improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services):

i. Number of low birth weight and preterm births.

FPW Program Study Population

The study population includes all women who were enrolled in the FPW program during DY20 (SFY2017-2018) and DY21 (SFY2018-2019). While not all evaluation questions will use a comparison population,

those that do will use women who are eligible for the FPW program in a given year, but who do not enroll in the program. This will maximize comparability, as these women will also be of childbearing age and will have recently lost Medicaid coverage and will, thus, likely have similar incomes and sociodemographic characteristics as FPW enrollees. While selection bias using this population is possible, it will be minimal given that fewer than 10% of eligible women enroll in FPW in any given year. Because most of the eligible women who do not enroll are likely to still have need for and benefit from family planning services, it is unlikely that the decision to enroll or not enroll is strongly correlated with need for these services, which is the main cause of selection bias. Depending on the research question, qualitative analyses target eligible women who do not enroll in the FPW, FPW enrollees, FPW enrollees who do not use FPW services, FPW enrollees who use services, and Department of Health (DOH) staff who administer the FPW program.

Additionally, some of the evaluation questions will compare first year FPW enrollees to second year FPW enrollees. First year enrollees are those enrollees within 12 months of their Aid Category Effective Date in the study period (e.g., for DY20, an Aid Category Effective Date between July 1, 2017, and June 30, 2018). Second year enrollees are those enrollees between 12 and 24 months of their Aid Category Effective Date within the study period.

Methods

Detailed descriptions of the methods used for each of the research questions are included in Appendix A.

General Findings

RQ1: What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per Demonstration Year?

Table 1a presents the total number of FPW enrolled women for DY20 and DY21, respectively. There was an increase in FPW enrollees from DY20 to DY21 and the average ages of enrollees across both years were similar. Specifically, in DY20 (SFY2017-2018), the total number of FPW enrollees was 135,489; the average age of enrollees was 28.5 years (range = 14-56). In DY21 (SFY2018-2019), the total number of FPW enrollees was 137,651; the average age of enrollees was 28.7 years (range = 14-56).

Enrollees

Table 1a. presents the distribution of FPW enrollees by age group and race/ethnicity for DY20 (SFY2017-2018) and DY21 (SFY2018-2019).

Table 1a: Demographic Characteristics of FPW Enrollees DY20 and DY21

DY20	**Age Group (years)**					**Total**	
Race/Ethnicity	**14-19**	**20-29**	**30-34**	**35-44**	**45-55**	**Number**	**Percent (%)***
African-American	1,151	22,847	8,831	6,370	272	**39,471**	**29.1**
White	1,480	28,223	10,564	6,545	257	**47,069**	**34.7**
Asian	25	865	675	513	20	**2,098**	**1.5**
Hispanic	1,086	21,179	8,881	6,355	275	**37,776**	**27.9**
American/Asian Indian & Other	257	4,639	2,268	1,841	69	**9,074**	**6.7**
Total FPW New Enrollees (%)	**3,999**	**77,753**	**31,219**	**21,624**	**893**	**135,488**	
	2.9	**57.4**	**23.0**	**16.0**	**0.7**		**100**
DY21	**Age Group (years)**					**Total**	
Race/Ethnicity	**14-19**	**20-29**	**30-34**	**35-44**	**45-55**	**Number**	**Percent (%)***
African-American	1,078	22,824	9,388	6,802	261	**40,353**	**29.3**
White	1,368	27,964	11,003	6,813	261	**47,409**	**34.4**
Asian	22	770	612	475	14	**1,893**	**1.4**
Hispanic	1,020	21,234	9,270	6,510	282	**38,316**	**27.8**
American/Asian Indian & Other	254	4,955	2,403	1,997	70	**9,679**	**7.0**
Total FPW Enrollees (%)	**3,742**	**77,747**	**32,676**	**22,597**	**888**	**137,650**	**100**
	2.7	**56.5**	**23.7**	**16.4**	**0.6**		

* Column totals may not equal 100% due to rounding

Table 1b shows the demographic characteristics of FPW eligible women that did not enroll in DY20 and DY21. There was an increase in the number of FPW eligible women who did not enroll from DY20 to DY21 and the average ages of these women across both years were similar. Specifically, the total number of FPW eligible women who did not enroll in DY20 was 533,845 with an average age of 31.5 years (range = 13-57). In DY21, the total number of FPW eligible women who did not enroll was 577,334 with an average age of 31.0 years (range = 13-57).

FPW Eligible Non-Enrollees

Table 1b. presents the distribution of FPW new enrollee non-participants by age group and race/ethnicity for DY20 and DY21 (SFY2017-2018).

Table 1b: Demographic Characteristics of FPW Eligible Non-Enrollees DY20 and DY21

DY20	**Age Group (years)**					**Total**	
Race/Ethnicity	**14-19**	**20-29**	**30-34**	**35-44**	**45-55**	**Number**	**Percent* (%)**
African-American	13,330	40,437	17,606	27,661	12,620	**111,654**	**21.6**
White	24,131	53,990	26,968	40,055	24,164	**169,308**	**32.8**
Asian	1,101	2,096	1,314	2,006	838	**7,355**	**1.4**
Hispanic	20,364	59,020	29,534	45,513	26,710	**181,141**	**35.1**
American/Asian Indian & Other	9,085	13,548	6,229	10,515	7,227	**46,604**	**9.0**
Total FPW Non-Enrollees (%)	**68,011**	**169,091**	**81,651**	**125,750**	**71,559**	**516,062**	
	13.2	**32.7**	**15.8**	**24.4**	**13.9**		**100**
DY21	**Age Group (years)**					**Total**	
Race/Ethnicity	**14-19**	**20-29**	**30-34**	**35-44**	**45-55**	**Number**	**Percent* (%)**
African-American	17,794	43,506	19,348	30,332	13,368	**124,348**	**22.3**
White	27,036	55,528	28,196	42,279	24,159	**177,198**	**31.8**
Asian	1,305	2,138	1,325	2,140	880	**7,788**	**1.4**
Hispanic	27,876	61,364	31,004	48,310	25,891	**194,445**	**34.9**
American/Asian Indian & Other	10,641	15,855	7,029	11,860	7,394	**52,779**	**9.5**
Total FPW Non-Enrollees (%)	**84,652**	**178,391**	**86,902**	**134,921**	**71,692**	**556,558**	
	15.2	**32.0**	**15.6**	**24.2**	**12.9**		**100**

* Column totals may not equal 100% due to rounding.

RQ2: What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?

Table 2 presents the average interbirth intervals (IBIs) in number of months for FPW enrollees and FPW non-enrollees for DY20 (SFY2017-2018). In the analysis, the denominator includes only women who had at least two births within the 24-month index period. Only those women who have a second birth were 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. In DY20, the average IBI for women enrolled in the FPW program was 18.0 months and the average IBI for women not enrolled in the FPW program was 16.7 months. In DY21, the average IBI for women enrolled in the FPW program was 17.2 months. The average IBI for women not enrolled in the FPW program was 16.1 months in DY21.

Table 2: Average Interbirth Intervals in Months for FPW Enrollees and Non-Enrollees by DY

	DY20 (2017-2018)	DY21 (2018-2019)
Average IBI for FPW Enrollees (months)	17.5	16.3
Average IBI for FPW Non-Enrollees (months)	15.6	14.7

RQ3: What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per Demonstration Year?

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 DY20 or DY21, 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 the Appendix D. Tables 3a and 3b illustrate the number of responses to each question on the Healthy Start Prenatal Risk Screen as well as the rates of unintended pregnancies.

DY20. For DY20 (SFY2017-2018), 13.66% (Table 3a) of FPW enrollees indicated that it was not a good time to be pregnant (question 5) as compared to 9.23% (Table 3b) of FPW non-enrollees. Responses to question 14 indicated that 57.47% of FPW enrollees answered "later" or "not pregnant" as compared to 44.01% of FPW non-enrollees. When combining all negative responses across both questions 5 and 14 to capture the overall rate of unintended pregnancies, 58.03% of FPW enrollees indicated that their pregnancy was unintended as compared to 44.78% of FPW non-enrollees. These findings as well as findings from DY21 may be due to selection bias, with women who are enrolled in the FPW program being more likely to

become pregnant in general compared to women who did not enroll in the program. However, it was not possible to account for unmeasured factors that might confound the results.

DY21. For DY21 (SFY2018-2019), 12.74% (Table 3a) of FPW enrollees indicated that it was not a good time to be pregnant (question 5) as compared to 9.69% (Table 3b) of FPW non-enrollees. Responses to question 14 indicated that 57.17% of FPW enrollees answered "later" or "not pregnant" as compared to 41.27% of FPW non-enrollees. When combining all negative responses across both questions 5 and 14 to capture the overall rate of unintended pregnancies, 57.82% of FPW enrollees indicated that their pregnancy was unintended as compared to 42.06% of FPW non-enrollees.

Table 3a: Rate of Unintended Pregnancies for FPW Enrollees DY20 and DY21 (SFY2017-2018)

Question 5. Is this a good time for you to be pregnant?	**DY20**	**DY21**
Yes (#)	10,636	7,471
No (#)	1,683	1,091
Total Responses Question 5 (#)	**12,319**	**8,562**
Question 5 Rate of Unintended Pregnancies (%)	**13.66**	**12.74**
Question 14. Thinking back to just before you got pregnant, did you want to be?		
Pregnant Now (#)	5,272	3,693
Pregnant Later (#)	5,301	3,627
Not Pregnant (#)	1,823	1,302
Total Pregnant Later & Not Pregnant (#)	7,124	4,929
Total All Responses Question 14 (#)	**12,396**	**8,622**
Question 14 Rate of Unintended Pregnancies (%)	**57.47**	**57.17**
Negative Responses Question 5 & Question 14		
Question 5 = No (#)	1,683	1,091
Question 5 = Yes & Question 14 = "pregnant later" or "not pregnant" (#)	5,510	3,894
Total Number of Negative Responses Question 5 & Question 14 (#)	**7,193**	**4,985**
Total Number of Responses Question 5 & Question 14* (#)	**12,396**	**8,622**
Overall Rate of FPW Participant Unintended Pregnancies (%)	**58.03**	**57.82**

***** 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 3b: Rate of Unintended Pregnancies for FPW Non-Enrollees DY20 and DY21

Question 5. Is this a good time for you to be pregnant?	**DY20**	**DY21**
Yes (#)	6,393	3,969
No (#)	650	426
Total Responses Question 5 (#)	**7,043**	**4,395**
Question 5 Rate of Unintended Pregnancies (%)	**9.23**	**9.69**
Question 14. Thinking back to just before you got pregnant, did you want to be...?		
Pregnant Now (#)	3,966	2,593
Pregnant Later (#)	2,281	1,368
Not Pregnant (#)	837	454
Total Pregnant Later & Not Pregnant (#)	3,118	1,822
Total All Responses Question 14 (#)	**7,084**	**4,415**
Question 14 Rate of Unintended Pregnancies (%)	**44.01**	**41.27**
Negative Responses Question 5 & Question 14		
Question 5 = No (#)	650	426
Question 5 = Yes & Question 14 = "pregnant later" or "not pregnant" (#)	2,522	1,431
Total Number of Negative Responses Question 5 & Question 14 (#)	**3,172**	**1,857**
Total Number of Responses Question 5 & Question 14* (#)	**7,084**	**4,415**
Overall Rate of FPW Non-Participant Unintended Pregnancies (%)	**44.78**	**42.06**

* 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.

RQ4: What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?

Table 4 shows the number of births considered "low birth weight" (<2,500 grams) and "pre-term births" (<37 weeks) to FPW enrollees and non-enrollees for DY20 and DY21. In DY20, there were 44,037 births to FPW enrollees and 46,764 births to FPW non-enrollees. Of the 44,037 births to FPW enrollees in DY20, 9.03% (3,976 births) were classified as low birth weight, compared to 9.44% (4,414) of births to FPW non-enrollees. The proportion of pre-term births to FPW enrollees was also slightly smaller at 13.3% (5,858 births), compared with 13.6% (6,360) of births to FPW non-enrollees. Note that "low birth weight" and "pre-term births" are not mutually exclusive categories and may overlap. In DY21, there were 45,241 births to FPW enrollees and 43,473 births to FPW non-enrollees. Of the 45,241 births to FPW enrollees in DY21, 9.0% (4,072 births) were classified as low birth weight, compared to 9.63% (4,186) of births to FPW non-enrollees. The proportion of pre-term births to FPW enrollees was also slightly smaller at 13.22% (5,979 births), compared with 13.86% (6,024 births) of births to FPW non-enrollees. FPW enrollees have a slightly smaller proportion of low birth weight births and pre-term births than the FPW non-enrollees in DY20, with the gap slightly widening in DY21 between the two groups.

Table 4: Rates of Low Birth Weight and Preterm Births for FPW Enrollees and FPW Non-Enrollees

	DY20		DY21	
FPW Enrollees	**Count**	**%**	**Count**	**%**
Low birth weight (<2,500 grams)	3,976	9.03%	4,072	9.0%
Pre-term births (<37 weeks)	5,858	13.30%	5,979	13.22%
Total Births	**44,037**	**100%**	**45,241**	**100%**
FPW Non-Enrollees	**Count**	**%**	**Count**	**%**
Low birth weight (<2,500 grams)	4,414	9.44%	4,186	9.63%
Pre-term births (<37 weeks)	6,360	13.60%	6,024	13.86%
Total Births	**46,764**	**100%**	**43,473**	**100%**

Note: "Low birth weight" and "pre-term births" are not mutually exclusive categories.

RQ5: Is the FPW achieving cost savings by slowing the birth rate?

The analytic strategy used for this question was to determine the total number of averted births that are attributed to the FPW program. This was done by comparing birth rates between women enrolled in FPW and eligible women who do not enroll in the FPW program. Net cost savings were calculated by multiplying the number of averted births by average birth costs (includes costs for the birth and the first year of the baby's life) and then subtracting FPW program expenditures from that total. The methods and inclusion and exclusion criteria for calculating the cost savings are found in detail in Appendix F.

The number of averted births among enrollees is estimated using the following formula:
Number of Births Averted = (Estimated number of births of FPW enrollees assuming they had the same birth rate as eligible women not enrolled in FPW in DY20 – Observed number of births in DY20 (SFY2017-2018) *by FPW enrollees)*

Total Medicaid birth/infant costs for DY20 (SFY2017-2018) is estimated using the following formula:
Total DY20 Medicaid Birth Costs = Cost of services for the birth + costs of services provided to infants from birth to age 1

Average DY20 (SFY2017-2018) FPW Medicaid birth costs is calculated using the following formula:

Average DY20 Medicaid Birth Costs for FPW Enrollees = Total DY20 Medicaid birth costs / Total number of FPW enrollee births during DY20

The estimated gross cost savings due to averted births calculation is:

DY20 (SFY2017-2018) *Averted Births Gross Cost Savings = DY20* (SFY2017-2018) *Number of FPW Enrollee Births Averted x Average DY20 Medicaid Birth Costs for FPW Enrollees*

As shown in Table 5a, in DY20 women enrolled in the FPW program had nearly 2,800 fewer births than women eligible but not enrolled in FPW for a total cost savings of approximately $34.5 million dollars. In DY21, women in the FPW program had almost 1,700 more births than women not in the FPW program resulting in total additional costs of $26.6 million.

Table 5a: Medicaid Costs DY20 and DY21 – Birth Rates

Demonstration Year (DY)	Difference in Number of Births	Average Medicaid Birth Costs ($)	Costs of Births	FPW Program Expenditures	Total ($)
DY20	2,727	$14,089	$(38,420,976)	$3,974,559	$(34,446,417)
DY21	1,659	$13,490	$22,384,440	$4,247,202	$26,631,642

RQ6: What are the reasons that women eligible for the FPW program choose to not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate?

The primary data source for research question 6 are the responses to qualitative interviews conducted by the evaluation team with eligible women who did not enroll in FPW as well as qualitative interviews with FPW enrollees who did not use services. Identification of common themes were analyzed using NVivo software (NVivo, 2015).

Survey Sample

At the start of the surveys, it was extremely difficult to contact any participants by calling. After many unanswered phone calls, the research team began texting participants in an attempt to get responses. Using text messages, the needed number of completed surveys were achieved. Below are the details for each group.

- For the eligible but not enrolled group, we contacted 667 people and were able to obtain 25 completed surveys. Of those 667 contacted, 115 were phone calls, 535 were text messages, 14 were

text and phone calls, and 3 people had numbers that were disconnected. This group was contacted from 9/2/2020 to 9/21/2020.

- For the enrolled non-participant group, we contacted 625 people and were able to obtain 25 complete surveys. Of those 625 contacted, 595 were text messages and 29 were phone calls. This group was contacted from 9/1/2020 to 9/17/2020.
- For the enrolled non-participant group, we contacted 700 people and were able to obtain 14 complete surveys. Of those 700, 174 were phone calls 526 were text messages. This group was contacted from 9/3/2020 to 9/22/2020.

Eligible but not enrolled

Of the 25 individuals from this group who participated in the survey, the most cited reason for not enrolling in the program was the lack of awareness concerning the program (n=18). One individual exclaimed "… To answer why I didn't enroll in the program is because I didn't know what the program was about." Of these people, a handful of them cited not being cognizant of their eligibility for the program (n=7). One individual stated "Not aware I was eligible for these services. Please let me know how to have access to it."

Other reasons cited for not enrolling included the following: incorrectly classified as eligible for the program (n=3), moving out of state (n=2), and deeming the services as unnecessary (n=2). All of the incorrect classifications were age-related. One individual incorrectly classified for the program asserted "I will be 70 in October. I think this is a mistake." Additionally, one individual deeming the FPW services unnecessary stated they "can receive through the local health department, if needed."

Enrolled but did not participate

Similar themes emerged for the enrolled, but not participated group as for the eligible, but not enrolled group. Among the 25 enrollees from this group who participated in the survey, the most cited reason was a lack of awareness (n=20). This can be further parsed into a lack of awareness of their enrollment (n=11) and a lack of knowledge about the program and what it offers (n=9). One enrollee speaking about the enrollment aspect said "…the reason I did not use it was because no one told me I was approved. It's like you fill out for the services but never received response." Another enrollee speaking about their lack of knowledge declared "Sorry but I'm not sure what's the plan offering? What kind of services?" The only other cited reasons for not participating involved moving out of state (n=3) and a general lack of interest in the program (n=1). One of the enrollees mentioned a wrong number.

Enrolled and participated

The people who enrolled and participated were asked why they chose to participate. However, none of the 14 enrollees in this group who responded to the survey provided reasons for participating in the program and two enrollees did not provide a meaningful response (i.e., replied “Stop”). In fact, most of the enrollee reported not being aware of using the program (n=9). For example, one enrollee noted "I have no clue what you're talking about." The rest of the enrollees reported not being eligible for the program (n=1; e.g., "Well, I no longer can get pregnant."), not aware of their enrollment into the program (n=1; e.g., "I'm not enrolled in any family planning. Please remove me from whatever this is."), or a wrong number (n=1; e.g., "Take this number off your list, I am not [name of contact]”). As in the other two groups (eligible but not enrolled and enrolled but did not participate), a common thread among this group is being unaware of what the family planning waiver entails.

RQ7: How did FPW enrollees utilize covered health services?

Table 7 presents the number and proportion of enrollees that used at least one covered service by first and second year FPW enrollees for DY20 and DY21.

In DY20, there were 135,489 total FPW enrollees. The total number of both first and second year FPW enrollees that used at least one covered service was 14,605. Twenty-four percent were first year enrollees and 76% were second year enrollees. Among first year enrollees, about 40% (1,319) used contraceptive services and 40% (1,253) used STD screening services. Similarly, around 40% of the total second year enrollees used contraceptive services (4,118) and STD screening services (4,272), respectively. The fewest numbers of first- and second-year enrollees used cancer screening services. Overall, in DY20, slightly over eight percent of all enrollees used either contraceptive or STD screening services.

In DY21, there were a total of 137,651 FPW enrollees that used at least one covered service. Around 3,700 (24%) were first year enrollees and nearly 11,400 (76%) were second year enrollees for a total of 15,099. Among first year enrollees, about 40% (1,469) used contraceptive services and 38% (1,412) used STD screening services. Similarly, among second year enrollees, approximately 40% used contraceptive services (4,538) and 40% used STD screening services (4,469). The fewest numbers of first- and second-year

enrollees used cancer screening services. Overall, in DY21, nearly 9% of all enrollees used either contraceptive or STD screening services. In DY20 and DY21, approximately 11% FPW enrollees used at least one covered service and over eight percent used either contraceptive or STD screening services.

Table 7: Utilization of Covered Services by FPW Enrollees in DY20 and DY21

DY20 (Total N = 135,489)						
FPW Covered Service	**Number of First Year Enrollees**	**Proportion of First Year Enrollees (%)**	**Second Year Enrollees**	**Proportion of Second Year Enrollees (%)**	**Total First and Second Year Enrollees**	**Proportion of All Enrollees (%)**
Contraception	1,319	37.7	4,118	37.1	5,437	4.0
STD screening	1,253	35.8	4,272	38.5	5,525	4.1
Cancer screening	342	9.8	1,292	11.6	1,634	1.2
Other services*	589	16.8	1,420	12.8	2,009	1.5
Total	**3,503**		**11,102**		**14,605**	**10.8**
DY21 (Total N =137,651)						
FPW Covered Service	**First Year Enrollees**	**Proportion of First Year Enrollees (%)**	**Second Year Enrollees**	**Proportion of Second Year Enrollees (%)**	**Total First and Second Year Enrollees**	**Proportion of All Enrollees (%)**
Contraception	1,469	39.6	4,538	39.8	6,007	4.4
STD screening	1,412	38.1	4,469	39.2	5,881	4.3
Cancer screening	314	8.5	1,180	10.4	1,494	1.1
Other services*	511	13.8	1,206	10.6	1,717	1.2
Total	**3,706**		**11,393**		**15,099**	**11.0**

*Other services category contains CPT codes that are services not categorized as contraceptive, STD, or cancer screening services from the "Medicaid Family Planning Waiver Services CPT Codes and ICD-10 Diagnosis Codes" document provided by the Agency.

RQ8: What gaps in coverage are experienced by FPW enrollees over time?

Table 8.1 shows the total number of FPW enrollees for DY20 and DY21, by number of years enrolled. There are 135,489 enrollees in DY20, and 137,651 enrollees in DY21. Among DY20 enrollees, 23.8% (32,253 individuals) only have coverage during their first 12 months, while 76.2% (103,236) maintain coverage during their second year of eligibility. Among DY21 enrollees, 22.9% (31,524) only have coverage during their first 12 months, while 77.1% (106,127) maintain coverage during their second year.

Table 8.1: First and Second Year FPW Enrollment in DY20 and DY21

Enrollment	DY20 Enrollees	DY21 Enrollees
First Year Only	32,253 (23.8%)	31,524 (22.9%)
Second Year	103,236	106,127

	(76.2%)	(77.1%)
Total	135,489 (100%)	137,651 (100%)

Note: Second year includes individuals with more than 12 months of enrollment but may not be a full 24 months of enrollment. "First year only" includes individuals with 1-12 months of enrollment, and "second year" includes individuals with more than 12 months enrollment.

Table 8.2 shows the total number of women who maintain coverage beyond the first year, broken down by those who lose coverage after two years, and those who maintain coverage beyond 2 years. Among the 103,236 DY20 women who are enrolled beyond the first year, 83.36% (86,053 individuals) lose coverage after two years. Among the 106,127 DY21 women who are enrolled beyond the first year, 84.04% (89,185 individuals) lose coverage after two years.

Table 8.2: Enrollees who Lose Coverage after Two Years in DY20 and DY21, among Individuals Enrolled Beyond 1 Year

Enrollment	DY20 Enrollees	DY21 Enrollees
Lose Coverage after 2 Years	86,053 (83.36%)	89,185 (84.04%)
Maintain Coverage beyond 2 years	17,183 (16.64%)	16,942 (15.96%)
Total	103,236 (100%)	106,127 (100%)

Note: Length of enrollment for DY21 enrollees may not be fully competed. The number of individuals enrolled beyond 1 year includes individuals with more than 12 months of enrollment but may not be a full 24 months of enrollment. Those who maintain coverage beyond 2 years have more than 24 months of consecutive enrollment.

Table 8.3 looks at gaps in FPW coverage between enrollment spans. Among the DY20 enrollees, 23,548 individuals had a prior enrollment span in the last 5 years, which accounts for 22.8% (N=103,236) of all DY20 enrollees. The average length of time between prior enrollment ending and DY20 enrollment beginning is 7.37 months, and ranges from 1 to 27 months. There were 24,507 DY21 enrollees who had a prior enrollment span in the last 5 years, which accounts for 23.1% (N=106,127) of all DY21 enrollees. The average length of time between prior enrollment ending and DY21 enrollment beginning is 7.49 months, and ranges from 1 to 26 months. The average of 7.49 months between enrollment periods for the DY21 group is therefore consistent with the mean of 7.37 months between enrollment for the DY20 group. These consistent results show that gaps in enrollment average less than 1 year between enrollment spans, with the longest gaps for each group being just over 2 years long (27 months for DY20 and 26 months for DY21).

Table 8.3: Average length of time between FPW enrollees' most recent enrollment period and the previous enrollment period (limited to previous 5 years)

DY	N	Mean (in months)	Std Dev (in months)	Min (in months)	Max (in months)
DY20	23,548	7.37	5.33	1	27
DY21	24,507	7.49	5.38	1	26

Note: only individuals who had a prior enrollment span and had a gap in coverage are included in N.

RQ9: Are FPW enrollees satisfied with services?

The primary data source for research question 9 is the responses to the quantitative telephone-based surveys completed by FPW enrollees who used services in DY20 and DY21.

Enrollee Awareness of Enrollment

Within the qualitative interview, one screening question probed enrollees whether they were aware of being enrolled in the FPW program. A vast majority (89%) reported being unaware of their enrollment into the program (n=266). Of the rest, only 9% (n=26) reported being aware of their enrollment into the program while other enrollees either responded by reporting they "don't know" whether or not they were aware of being enrolled (n=7) or by refusing to participate (n=1). Thus, an overarching theme gleaned from these interviews was the lack of awareness of enrollment into the FPW program.

Enrollee Satisfaction

In the qualitative interviews, FPW enrollees were asked to report their level of satisfaction with three types of services: contraceptive care, sexually transmitted disease (STD) testing, and cervical cancer screening. Of the 19 enrollees that met the survey participation requirements (i.e,. reported being eligible for FPW services and aged 18 years or older), 8 enrollees reported receiving contraceptive care, 7 enrollees reported receiving STD testing and 8 enrollees reported receiving cervical cancer screening. Additionally, 7 enrollees reported either not knowing what services they received or refused to provide information about the services they received. The results of the enrollee satisfaction among those who reported receiving services are displayed in Table 9.

Of the enrollees that responded to these questions, a vast majority reported being satisfied (i.e., either "Satisfied" or "Very Satisfied") with services including 88% of enrollees for contraceptive care, 100% of enrollees for STD testing, and 100% of enrollees for cervical cancer screening. Only 1 enrollee reported being dissatisfied with any of the services provided.

Table 9: Enrollee Satisfaction Survey Quantitative Results

	Satisfaction Category		
Response Category	**Contraceptive care (n=8)**	**STD Testing (n=7)**	**Cervical Cancer Screening(n=8)**
Very Satisfied	50 (4)	29 (2)	12 (1)
Satisfied	38 (3)	71 (5)	88 (7)
Dissatisfied	0 (0)	0 (0)	0 (0)
Very Dissatisfied	12 (1)	0 (0)	0 (0)

Enrollee Recommendations for Improvement

In the qualitative interviews, FPW enrollees were asked to provide any recommendations for improving access or other aspects of the program. Of the 11 enrollees who responded to the question, roughly half (n=6) provided no recommendations for improving any aspect of the program. Of the enrollees who provided recommendations (n=5), they fell under the following two categories: need for expanded coverage (n=3) or the need for improved communication (n=2).

Of the enrollees who cited limited coverage, two cited a limitation in procedures covered (e.g., "The types of contraceptives were too limited") while one indicated a limitation in providers that cover the service (e.g., "Expand their service providers who can accept the program"). Of the enrollees who cited the need for improved communication, both cited issues with lack of readily accessible information to promote awareness of program enrollment (e.g., "Send information that she is in the program because I did not know") while one individual discussed the need to improve customer service (e.g., "…retrain customer service people, did not want to tell me my information").

RQ10: What strategies are being used by the Department of Health to increase FPW participation rates?

The primary data source for research question 10 is the responses to the qualitative surveys completed by nine DOH frontline staff. Among the nine DOH employees who participated in the survey, two of them stated their agency does not use any strategies to increase FPW participation rates. From the remaining responses (n=7), the strategies used by DOH employees to increase FPW participation rates include the following: employee incentivization (i.e., conducting a competition for identifying and enrolling the most individuals into the program), active external outreach (i.e., direct communication with community partners to facilitate the process for potential enrollees), passive external outreach (i.e., using flyers and postings in outside clinics and agencies such as Women, Infants, and Children (WIC), dental and immunization clinics), pre-appointment patient eligibility review (i.e., using systems such as FLMMIS Medicaid and Department of Labor's Suntax to determine eligibility of individuals), pre-appointment and in-appointment information sharing (i.e., distributing FPW materials or information before or during the appointment) and following up with potential enrollees post-appointment concerning application materials. Excerpts associated with each of these strategies are displayed in Table 10.1.

Table 10.1: Selected Quotes from Strategies (n=9)

Strategy	Quote(s)
Employee Incentivization	"In the past we've had competitions as to who can identify and obtain the most potentially eligible FPW applications."

Strategy	Quote(s)
External Outreach-Active	"Reached out to other community partners and set up a fax-in system for the FPW applications."
External Outreach-Passive	"We have signage posted in other departments such as WIC, Dental and Immunization clinics."
Pre-appointment Patient Eligibility Review	1. "We also review all schedules for patients coming in to determine if they would be eligible for FP Waiver program and enter a comment in the computer system to explain the program and provide the patient with an application." 2. "The appointment schedules are checked at least a day in advance and all women presenting have FLMMIS Medicaid computer system checked for potential FPW eligibility." 3. "Each and every time the client comes in for any services, we check to see if they qualify for FP Waiver and encourage them to fill out paperwork and return to office." 4. "Use Department of Labor Suntax and provide other assistance when possible to verify income." 5. "Check Medicaid on all clients and give application to anyone who has had Medicaid in the last year."
Pre-appointment and In-appointment Information Sharing	1. "Those who've lost their Medicaid within the past 2 years are sent a letter with enclosed application regarding the FPW Medicaid Program." 2. "Clients who come in for family planning services are informed of FPW Medicaid program by clinic FP provider and given an application." 3. "Clients are educated when making appointments on needed documents to enroll in Family Planning wavier program they are also instructed again at reminder call for appointment."
Follow Up	1. "Sending letters and application." 2. "Also, I call the clients that were on the first year FP Waiver, and notify them of the second if qualified." 3. "We also follow-up with clients two weeks after they complete application if they are missing documents to process application."

Conclusions, Positive Outcomes, Challenges, and Lessons Learned

Overall, there were several positive outcomes of the FPW program. The total number of women enrolled in the program increased between DY20 and DY21. Additionally, compared to eligible women who did not enroll in the program, FPW enrollees had lower rates of low birth weight and preterm birth and had longer interbirth intervals, suggesting that the program has been successful at reducing birth rates and improving birth outcomes when FPW enrollees give birth. Additionally, reduced birth rates among FPW enrollees compared to eligible women who did not enroll generated over $34 million in cost savings in DY20, although cost savings were not observed in DY21.

Some challenges were also observed. Enrollment rates among women eligible for the FPW program remain very low, with about 20% of eligible women enrolling in the program. Additionally, only 11% of FPW enrollees use any FPW services in a given year. While the types of services provided through the FPW program have been shown to be effective at producing positive outcomes, the impact of the program is greatly reduced because of very low enrollment and participation rates. The vast majority of women who were interviewed indicated that they were unaware of the program, including women who used services provided through the FPW program.

In terms of conducting the evaluation, some challenges were present, particularly with regard to data availability and lack of measures of potentially confounding factors. The finding of increased rates of unintended pregnancies among FPW enrollees is unexpected given that the FPW program provides access to contraception. This finding may be due to selection bias, with women who are enrolled in the FPW program being more likely to become pregnant in general compared to women who did not enroll in the program. Similarly, differences in rates of insurance coverage and employment rates between FPW enrollees and non-enrollees may also be impacting the results. However, it was not possible to account for these unmeasured factors due to limitations of available data. Other data issues such as women with multiple overlapping enrollment spans made it difficult to determine exactly when a woman was or was not enrolled in the program.

Lessons Learned and Recommendations

Given the consistent finding of lack of knowledge of the FPW program, both among eligible women who do not enroll and enrolled women, future activities should focus on increasing enrollment and enrollee participation rates in the FPW program. Given the lack of awareness of the program among both FPW enrollees and non-enrollees, future activities should focus on increasing awareness of both eligibility and/or enrollment in the program as well as services provided through the program. Steps are already being taken by the State to improve the eligibility determination process for the FPW program by moving this activity from the DOH to the Department of Children and Families (DCF), which currently does all of the eligibility determinations for Florida's Medicaid program, and automatically enrolling all eligible women into the FPW program for the initial 12-month period as well as for the second 12-month period if no additional information is needed to determine eligibility. Thus, most eligible women will be automatically enrolled for the full 24-month period, improving enrollment rates, but this strategy is unlikely to increase awareness or participation in the FPW program. Additional strategies that could be considered include using strategies identified by some of the DOH clinics, including outreach, education, and proactively engaging with women to get them enrolled in the FPW program.

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Appendices

Appendix A: Specific Methods for Each Research Question

For research question 1 (What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per DY?), Medicaid eligibility files were used to identify women who are eligible for the FPW program as well as women enrolled in the FPW program. Medicaid eligibility files were also used to identify demographic characteristics for eligible and enrolled women, and descriptive statistics of the demographic characteristics of FPW enrollees as well as eligible women who did not enroll in the FPW program were calculated for each demonstration year in the study period (DY20-DY21. Eligible women were identified as women 14 years of age up through and including women who are 55 years of age who lost Medicaid eligibility for any reason in the two years prior to the DY being examined. FPW enrollees were identified from Medicaid eligibility files.

For research question 2 (What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?), Medicaid claims and eligibility data, as well as vital statistics birth certificate data, were merged and used to compare the average interbirth intervals (IBI) in number of months for FPW enrollees and eligible women who do not enroll in the FPW program. The IBI is the time between the first birth that occurred during the DY being examined and the second live birth observed with available birth certificate data. IBI rates were compared between FPW enrollees and eligible women who are not enrolled in the FPW program using descriptive statistics for each DY.

For research question 3 (What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per DY?), Medicaid claims and DOH data were merged. Unintended pregnancies were identified using questions 5 and 14 on the Healthy Start Prenatal Risk Screen (see Appendix E) related to pregnancy intendedness. Unintended pregnancy rates were calculated as the number of unintended pregnancies for FPW enrollees divided by the total number of births by FPW enrollees. This rate was also calculated for eligible women who do not enroll in the FPW program and compared to the rate for FPW enrollees using descriptive statistics for each DY.

For research question 4 (What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?), Medicaid eligibility and claims data were merged with Vital Statistics birth certificate data and hospital discharge data to identify low birth weight births, defined as a baby that is less than 2,500 grams at birth, and preterm births, defined as a birth at less than 37 weeks gestation. The rate of preterm births and rates of low birth weight were calculated for both FPW enrollees and eligible women who do not enroll in the FPW program by dividing the total number of preterm or low birthweight births in a DY by the total number of births by each group in the DY. Preterm and low birthweight rates were compared between FPW enrollees and eligible women who are not enrolled in the FPW program using descriptive statistics for each DY.

For research question 5 (Is the FPW program achieving cost savings by lowering the birth rate?), the difference in the birth rate between FPW enrollees and eligible women who do not enroll in the FPW program were used to calculate the number of births averted. Total cost savings were calculated as the total number of births averted times the average cost of the birth, which included the cost of the birth as well as the Medicaid costs for the infant during the first year of life, minus the cost of administering the FPW program. This was calculated for each DY.

For research question 6 (What are the reasons that women eligible for the FPW program choose to enroll or not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate?), qualitative interviews were administered to identify common themes. Separate qualitative interviews were administered to eligible women who do not enroll in the FPW program and FPW enrollees who do not use FPW services (non-participants). Eligible women who do not enroll were asked for reasons why they did not enroll. FPW non-participants were asked why they did not use any FPW services. The samples (FPW enrollee non-participants, eligible women who do not enroll in the FPW program) for the qualitative interviews were identified from Medicaid eligibility and claims data. A total of 25 women were interviewed from each group or until saturation was achieved, whichever came first. Interviews will take place in SFY2020-2021. Interviews will not be repeated in future DYs as we do not expect responses to change from year to year. Common themes were identified using a grounded theory approach utilizing NVivo qualitative data analysis software. Draft survey questions are included in Appendix B.

For research question 7 (How did FPW enrollees utilize covered health services?), Medicaid eligibility, enrollment, and claims data were used to assess enrollment rates, utilization rates (use of any service covered by FPW), contraceptive services utilization rates, cancer screening utilization rates, and sexually transmitted disease (STD) screening utilization rates for all FPW enrollees per DY. Overall utilization rates were also compared between first year FPW enrollees and second year FPW enrollees. FPW contraceptive care rates were calculated as the total number of FPW enrollees who use contraceptive services/total number of FPW enrollees. FPW cancer screening rates were calculated as the total number of FPW enrollees who use any cancer screening services/total number of FPW enrollees. FPW STD screening rates were calculated as the total number of FPW enrollees who use STD screening services/total number of FPW enrollees. Each of these rates were calculated separately for each DY. The following algorithm was used to assign women as first or second year FPW enrollees as well as to a DY. First year enrollees are women who are within 12 months of their initial enrollment dates. Second year enrollees are women who are between 13-24 months of their initial enrollment dates. Service utilization was calculated based on the services that the enrollee used during either the first 12 months of enrollment or the second 12 months of enrollment, regardless of whether their service utilization during that year occurred over the course of two demonstration years. Women were assigned a demonstration year based on which of the demonstration years had 6 or more months of enrollment.

For research question 8 (What gaps in coverage are experienced by FPW enrollees over time?), Medicaid enrollment and eligibility data were used. The following measures will be calculated for each DY and used to assess coverage experience: (1) total number of FPW enrollees who are only enrolled for the first year/total number of FPW enrollees; (2) total number of FPW enrollees who are enrolled for the second year/total number of FPW enrollees; (3) average length of time between FPW enrollees' most recent enrollment period and the previous enrollment period (limited to the previous five years); and (4) total number of women who lose FPW coverage after the two year enrollment period.

For research question 9 (Are FPW enrollees satisfied with services?), satisfaction surveys were administered to FPW enrollees. Surveys will be administered during each DY. FPW enrollees will be randomly selected and administered a telephone-based satisfaction survey (see Appendix B for satisfaction survey instrument). Surveys will be administered each year until 300 completed surveys are achieved. Surveys were administered during the third quarter of CY2020 and will be subsequently administered during the fourth

quarter of each calendar year. Descriptive statistics of survey responses will be used to summarize FPW enrollee experiences and satisfaction.

For research question 10, (What strategies are being used by the Department of Health to increase FPW participation rates?), qualitative interviews were administered to staff at all DOH clinics offering FPW services. Knowledgeable staff members were identified and asked what strategies are employed to increase use of FPW services. Interviews were administered during SFY2020-2021. These interviews will only take place during the first year of the evaluation. Common themes/strategies were identified using a grounded theory approach utilizing NVivo qualitative data analysis software. Interview questions are included in Appendix B.

Appendix B: Qualitative Surveys

Family Planning Waiver Satisfaction Surveys

You are currently enrolled in Florida's Family Planning Waiver program, which offers you access to family planning services including contraceptive services, cervical cancer screening services, and sexually transmitted disease screening services. We have been contracted with Florida's Agency for Health Care Administration to assess Family Planning Waiver enrollees' satisfaction with the services provided through the Family Planning Waiver program. You may refuse to answer any question and you may choose to end the survey at any time. None of your responses to the survey will be linked to you and will not impact your enrollment in the Family Planning Waiver program.

1. How satisfied are you with the types of services offered to you through the Family Planning Waiver program?
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied
    e. I have not used any family planning services
    f. I was not aware that I was enrolled in the Family Planning Waiver program (if selected, end survey)

2. How satisfied were you with the information and customer service provided to you about the Family Planning Waiver program?
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied

3. How easy was it to access these family planning services?
    a. Very easy
    b. Somewhat easy
    c. Somewhat difficult
    d. Very difficult
    e. I did not attempt to access family planning services (if selected, exit survey)

4. Which of the following family planning services did you use? Please select all that apply.
    a. Contraceptive care (e.g. contraception, contraceptive counseling/education)
    b. Sexually transmitted disease testing (e.g. pap smears, pelvic exams)
    c. Cervical cancer screening (e.g. pap smears, pelvic exams)

5. How satisfied were you with [insert name of FPW service used by respondent in question 4]? (this question can be repeated up to 3 times depending on the number of types of FPW benefits used by the respondent)
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied

6. Do you have any recommendations for improving access or other aspects of the program?

Qualitative Survey of Reasons Why Eligible Women Do Not Enroll in the Family Planning Waiver Program

You are currently eligible for Florida's Family Planning Waiver program, which offers you access to family planning services including contraceptive services, cervical cancer screening services, and sexually transmitted disease screening services. We have been contracted with Florida's Agency for Health Care Administration to assess why women who are eligible for the Family Planning Waiver program are not enrolled. You may refuse to answer any question and you may choose to end the survey at any time. None of your responses to the survey will be linked to you and will not impact your eligibility for the Family Planning Waiver program.

1. Although you are eligible for the Family Planning Waiver program, you have not chosen to enroll in the program. Could you please provide the reasons why you have chosen not to enroll in this program?

Qualitative Survey of Reasons Why Enrolled Women Do Not Participate in the Family Planning Waiver Program

You are currently enrolled in Florida's Family Planning Waiver program, which offers you access to family planning services including contraceptive services, cervical cancer screening services, and sexually transmitted disease screening services. We have been contracted with Florida's Agency for Health Care Administration to assess why women who are enrolled in the Family Planning Waiver program choose not to use any of the family planning services provided through the program. You may refuse to answer any question and you may choose to end the survey at any time. None of your responses to the survey will be linked to you and will not impact your enrollment in the Family Planning Waiver program.

1. Although you are enrolled in the Family Planning Waiver program, you have not chosen to participate in the program by using any of the covered services. Could you please provide the reasons why you have chosen to not participate in the program?

Qualitative Survey of DOH Clinic Staff's Strategies to Increase Family Planning Waiver Program Participation Rates

Use of family planning services among women enrolled in Florida's Family Planning Waiver program are very low. We have been contracted with Florida's Agency for Health Care Administration to assess the strategies being used by Department of Health clinics to increase participation rates in the Family Planning Waiver program by enrolled women. You may refuse to answer the survey and end the survey at any time. None of your responses to the survey will be linked to you. All results of the survey will be presented anonymously.

1. What strategies are being used by your clinic to increase Family Planning Waiver program participation rates among Family Planning Waiver enrollees?

Appendix C: 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 confidential. 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.)*

Today's Date: _____

	YES	NO
1. Have you graduated from high school or received a GED?	☐	☐1
2. Are you married now?	☐	☐1
3. Are there any children at home younger than 5 years old?	☐	☐
4. Are there any children at home with medical or special needs?	☐	☐
5. Is this a good time for you to be pregnant?	☐	☐
6. In the last month, have you felt down, depressed or hopeless?	☐1	☐
7. In the last month, have you felt alone when facing problems?	☐	☐
8. Have you ever received mental health services or counseling?	☐	☐
9. In the last year, has someone you know tried to hurt you or threaten you?	☐	☐
10. Do you have trouble paying your bills?	☐	☐

11. What race are you? Check one or more.
☐ White ☐3 Black ☐ Other _____

12. In the last month, how many alcoholic drinks did you have per week?
_____ drinks 1 ☐ did not drink

13. In the last month, how many cigarettes did you smoke a day? *(a pack has 20 cigarettes)*
_____ cigarettes 1 ☐ did not smoke

14. Thinking back to just before you got pregnant, did you want to be.....?
☐ pregnant now ☐ pregnant later ☐1 not pregnant

15. Is this your first pregnancy?
☐2 Yes ☐ No If no, give date your last pregnancy ended:
Date: (month/year)_____

16. Please mark any of the following that have happened.
☐3 Had a baby that was not born alive
☐3 Had a baby born 3 weeks or more before due date
☐3 Had a baby that weighed less than 5 pounds, 8 ounces
☐ None of the above

PATIENT INFORMATION

Name: First / Last / M.I.	Social Security Number:	Date of Birth (mo/day/yr):	17. Age:	☐1 <18
Street address (apartment complex name/number):	County:	City: / State: / Zip Code:		
Prenatal Care covered by: ☐ Medicaid ☐ Private Insurance _____ ☐ No Insurance ☐ Other _____	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: _____ **Date:** _____

Please initial: _____ 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:* _____

PROVIDER ONLY

LMP (mo/day/yr):	EDD (mo/day/yr):	18. Pre-Pregnancy: Wt: _____lbs. Height: ____ft. ____in. BMI: _____	☐1 < 19.8 ☐2 > 35.0
Provider's Name:	Provider's ID:	19. Pregnancy Interval Less Than 18 Months? ☐ N/A ☐ No	☐1 Yes
		20. Trimester at 1st Prenatal Visit? _____	☐1 2nd
Provider's Phone Number:	Provider's County:	21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ ☐ No	☐2 Yes
Healthy Start Screening Score: _____	**Check One:** ☐ **Referred to Healthy Start. If score <6, specify:**_____ ☐ **Not Referred to Healthy Start.**		
Provider's/Interviewer's Signature and Title _____ **Date (mo/day/yr)**_____			

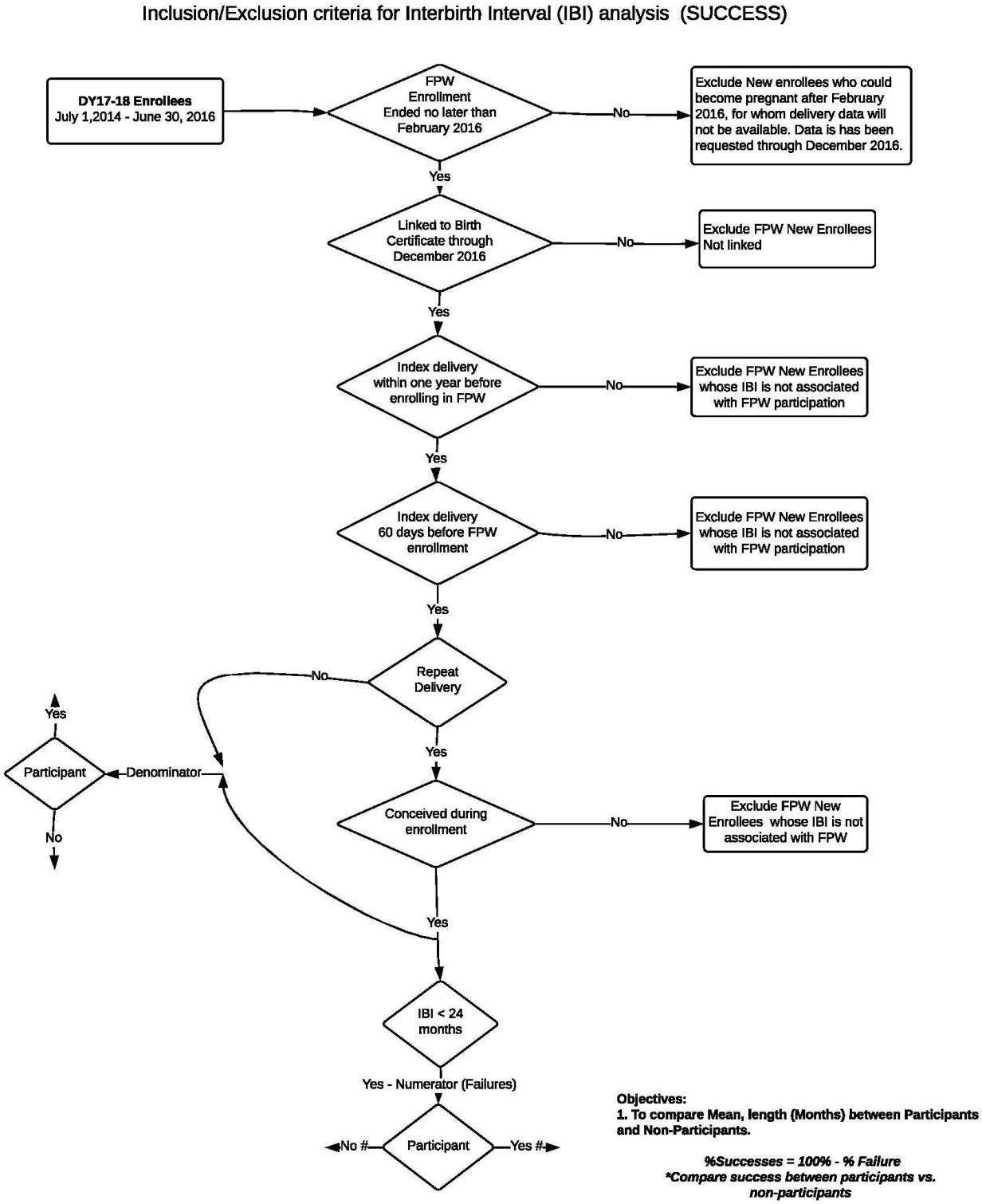
DH 3134, 04/08, stock number 5744-100-3134-7 Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred PINK—Retained in patient's record GREEN—Patient's Copy

Appendix D: Interbirth 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 Interbirth Intervals (IBI) of Enrollees and FPW Eligible Non-Enrollees in the current waiver period DY20. 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 DY20 enrollees, FPW enrollment ended no later than March 2018
    b. Linked to birth certificate data through December 2018
    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
    a. Exclude enrollees who could become pregnant after March 2018 for whom 2018 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

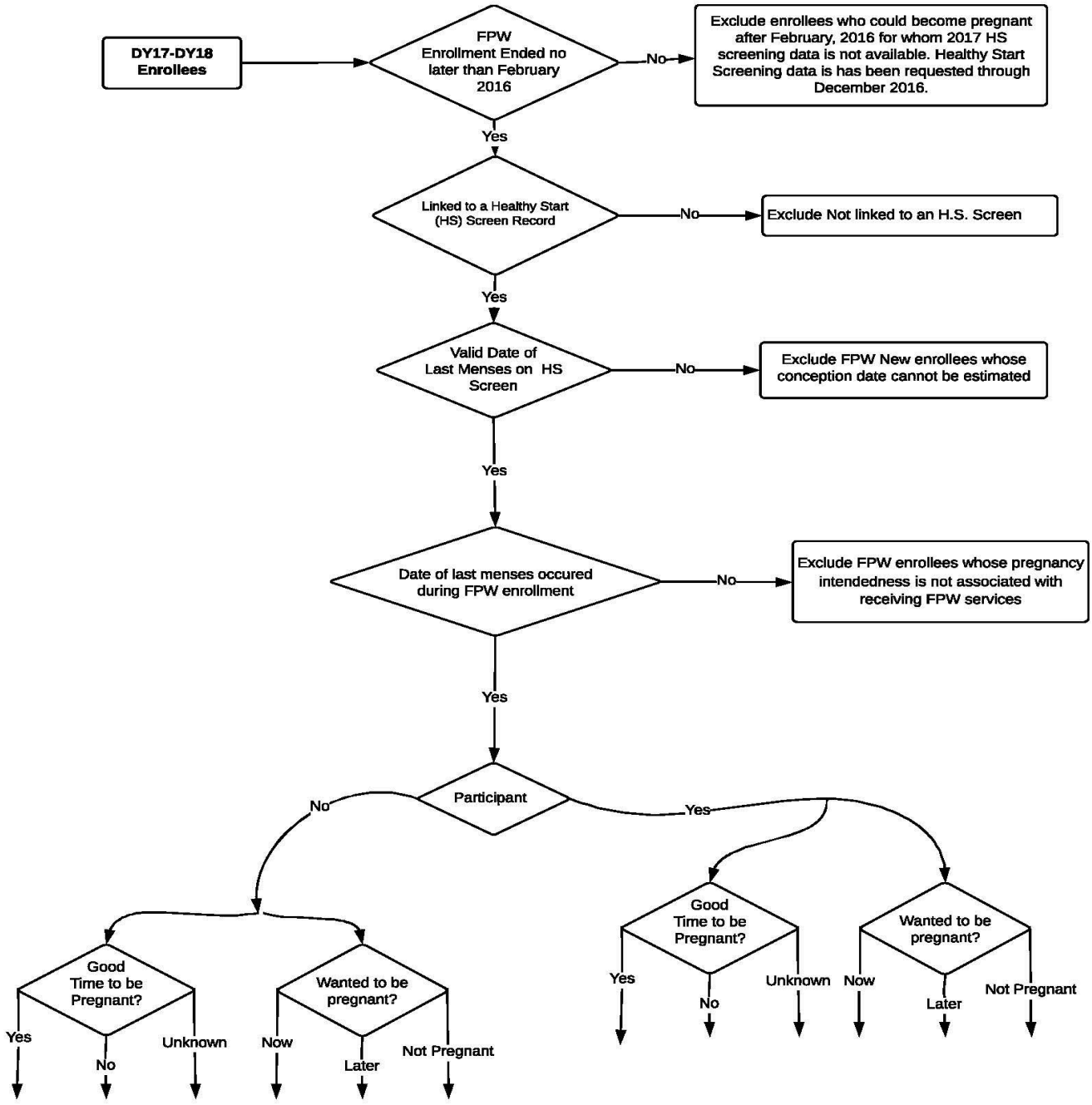


Appendix E: Unintended Pregnancies Methodology and Flowchart

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 DY20 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 DY20 Participants who meet the following three conditions:
    a. Are linked to at least one Healthy Start Prenatal Risk Screen record dated July 1, 2017 through June 30, 2019.
    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, 2024.
2. Among Participants who meet the three conditions in Step 1, identify DY20 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, 2024) 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, 2024) 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



Objective: Compare proportion of unintended pregnancies between participants and Non-participants

Appendix F: Cost Saving Methodology

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

1. The research team calculated births averted. The term births averted refers to the difference in the observed birth rate of women enrolled in FPW program in a given demonstration year versus the expected birth rate of women enrolled in the FPW program if they instead had the birth rate of women eligible for the FPW program who did not enroll.

2. The research team calculated the average delivery and first-year costs by summing all amounts either FFS claims and/or MMA claims in a given demonstration year and dividing by the total number of births. The summed costs are for both the cost of the birth and the costs of the infant that occurred from the date of birth through the child's first birthday.

3. The research team multiplied the average annual 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.

6. Last, the research team summed the annual net cost-savings during DY20 or DY21 to arrive at an overall cost-savings achieved by implementing the FPW program in the DY being examined.

Appendix G: Procedure Codes for All FPW Services

CPT Code	Description of Covered Codes
	Evaluation and Management
99384FP	Family planning new visit
99385FP	
99386FP	
99394FP	Family planning established visit
99395FP	
99396FP	
99401FP	HIV counseling (pre-test) 15 min
99402FP	HIV counseling (post-test) 30 min
99403FP	Family planning counseling visit
99211FP	Family planning supply visit
99201	Extended family planning services-new patient (treatment of STI)
99211	Extended family planning services-established patient (treatment of STI)
	Medication/Device
J1050	Injection medroxyprogesterone acetate (Depo-Provera)
J7300	Intrauterine copper device (Paraguard)
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg
J7307	Etonogestrel implant system, including implant and supplies (Nexplanon)
J7296	Levonorgestrel-releasing intrauterine contraceptive (Kylenna), 19.5 mg
	Anesthesia, Surgical and Radiology
00840	Anesthesia for Intraperitoneal procedures in lower abdomen including laparoscopy
00851	Anesthesia for tubal ligation/transection
11976	Removal of implantable contraceptive capsules
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
57170	Diaphragm or cervical cap fitting with instructions
57410	Pelvic examination under anesthesia
57452	Colposcopy of the cervix
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage
57460	Colposcopy with loop electrode biopsy(s)
58300	Insertion of intrauterine device
58301	Removal of intrauterine device
58340	Catheterization and introduction of saline or contrast material for saline infusion for hysterosalpingography
58600	Ligation or transection of fallopian tube(s)
58615	Occlusion of fallopian tube(s) by device (e.g. band, clip, Falope ring)
58670	Surgical laparoscopy, with fulguration of oviducts (with or without transection)

CPT Code	Description of Covered Codes
58671	Surgical laparoscopy, with occlusion of oviducts by device (e.g. band, clip, or Falope ring)
74740	Radiological supervision and interpretation x-ray of uterine tubes and ovaries
76856	Ultrasound of pelvis, non-obstetric (to check placement of intrauterine devices)
76882	Ultrasound of extremity, limited, anatomic specific (to check for implantable contraceptive device)
	Laboratory
81000	Urinalysis, non-automated, with microscopy
81001	Automated, with microscopy
81002	Non-automated, without microscopy
81003	Automated, without microscopy
81005	Urinalysis; qualitative or semi-qualitative
81007	Urinalysis; bacteriuria screen, by kit
81015	Urinalysis; bacteriuria screen, microscopic only
81025	Urine pregnancy test, by visual color comparison
82947	Glucose; quantitative, blood
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Gonadotropin, chorionic (hCG); qualitative
85007	Blood count; manual differential WBC count
85014	Hematocrit
85018	Hemoglobin
86255	Fluorescent antibody; screen, each antibody (HIV & herpes)
86382	Neutralization test, viral
86403	Rubella screen (IgG)
86580	Tuberculosis, intradermal
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis test; quantitative
86689	HTLV or HIV antibody, confirmatory test (western blot)
86694	Herpes simplex, non-specific type test
86695	Herpes simplex, type I
86696	Herpes simplex, type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single assay
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86762	Rubella titer
86780	Treponema pallidum
86803	Hepatitis C antibody
87070	Culture, bacterial, definitive; any other source (GC)
87075	Culture, bacterial, any source; anaerobic (isolation)
87081	Culture, bacterial, screening only (GC)
87086	Culture, bacterial, urine; quantitative, colony count

CPT Code	Description of Covered Codes
87088	Culture, bacterial, urine; quantitative colony count, with isolation and presumptive identification of each isolate
87110	Culture, chlamydia
87164	Dark field examination, any source, includes specimen collection
87205	Smear, primary source, with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; (gonorrhea)
87206	Smear, primary source, with interpretation; (chlamydia)
87210	Smear, primary source, wet mount isolation, with stain
87252	Virus identification; tissue culture inoculation & observation
87270	Infectious agent antigen detection by immunofluorescent technique, chlamydia trachomatis
87273	Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 2
87274	Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 1
87340	Hepatitis B surface antigen (HBsAg)
87341	Hepatitis B surface antigen (HBsAg) neutralization
87350	Hepatitis Be antigen (HBeAg)
87390	HIV-1
87480	Candida species, direct probe technique
87481	Candida species, amplified probe technique
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87516	Hepatitis B virus, amplified probe technique
87520	Hepatitis C virus, direct probe technique
87521	Hepatitis C virus, amplified probe technique
87522	Hepatitis C virus, quantification
87528	Herpes simplex virus, direct probe technique
87529	Herpes simplex virus, amplified probe technique
87530	Herpes simplex, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87623	HPV low-risk type detection test
87624	HPV high-risk type detection test
87660	Trichomonas vaginitis, direct probe technique
87661	Trichomonas vaginitis, amplified probe technique
87810	Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis

87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
88141	Cytopathology, cervical or vaginal (any system) requiring physician interpretation
88142	Cytopathology, cervical or vaginal (preservative fluid) under physician supervision
88143	Cytopathology, cervical or vaginal with manual screen & re-screen under physician supervision
88150	Cytopathology, slides, cervical or vaginal, manual screen under physician supervision
88152	Cytopathology, slides, cervical or vaginal with manual screening and computer-assisted rescreen under physician supervision
88153	Cytopathology, slides, with manual screen & re-screen under physician supervision
88155	Cytopathology, slides, cervical or vaginal, with definitive hormonal evaluation
88164	Cytopathology, slides, cervical or vaginal, (Bethesda System); with manual screening under physician supervision
88165	Cytopathology. slides, cervical or vaginal (Bethesda System);with manual screen & re-screen under physician supervision
88166	Cytopathology, slides, cervical or vaginal (Bethesda System), manual screen & computer-assisted re-screen under physician supervision
88167	Cytopathology, slides, cervical or vaginal, (Bethesda System), using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal, (any reporting system), collected in preservative fluid, automated thin layer preparation, screen by automated system, under physician supervision
88175	With screen by automated system and manual rescreening or review, under physician supervision
88302	Level II surgical pathology, gross and microscopic (sterilization)
88305	Level IV surgical pathology, gross and microscopic (colposcopy)
ICD-10 Code	**Description of Covered Diagnosis Codes**
A51	Early syphilis (Select appropriate diagnosis code)
A51.0 – A51.9	
A53.9	
A60	Anogenital herpesviral(herpes simplex) infections (Select appropriate diagnosis code)
A60.0 - A60.9	
A54	Gonococcal infection (Select appropriate diagnosis code)
A54.0 – 54.21	
A54.24 – A54.29	
A54.5 – A54.6	
A54.9	
A55	Chlamydial Infections (Select appropriate diagnosis code)
A56.0 – A56.8	
A74.89-A74.9	

A57	Chancroid
A58	Granuloma Inguinale
A59	Trichomoniasis (Select appropriate diagnosis code)
A59.0 – A59.9	
A60	Anogenital herpesviral Infections (Select appropriate diagnosis code)
A60.00	
A60.03–A60.9	

A63	Other predominantly sexually transmitted diseases, not elsewhere classified (Select appropriate diagnosis code)
A63.0 - A64	
B37	Candidiasis (Select appropriate diagnosis code)
B37.3-B37.49	
B07.8-B07.9	Other viral warts
N34.1	Nonspecific urethritis
N86	Erosion and ectropion of cervix uteri
N87.0 - N87.9	Cervical dysplasia
N87.1	Moderate cervical dysplasia
N87.9	Dysplasia of cervix uteri, unspecified (Select appropriate diagnosis code)
N88	Other noninflammatory disorders of cervix uteri (Select appropriate diagnosis code)
N88.0 - N88.9	
R87.6	Abnormal cytological findings in specimens from female genital organs (Select appropriate diagnosis code)
R87.610 - R87.9	
Z01.41	Encounter for gynecological examination (Select appropriate diagnosis code)
Z01.411 - Z01.42	
Z11.5	Encounter for screening for other viral diseases (Select appropriate diagnosis code)
Z11.51-Z11.9	
Z30	Encounter for contraceptive management (Select appropriate diagnosis code)
Z30.0 - Z30.09	
Z30.2	Encounter for sterilization

Z32.0	Encounter for pregnancy test (Select appropriate diagnosis code)
Z32.00- Z32.02	

Appendix H: Procedure Codes to Identify Family Planning Services, Cancer Screening Services, and STD Screening Services

Family Planning Evaluation and Management Services	
Evaluation and Management CPT Code	***Description of Covered Codes***
99384FP	Family planning new visit
99385FP	
99386FP	
99394FP	Family planning established visit
99395FP	
99396FP	
99403FP	Family planning counseling visit
99211FP	Family planning supply visit
Contraceptive Services	
Medication/Device CPT Code	***Description of Covered Codes***
J1050	Injection medroxyprogesterone acetate (Depo-Provera)
J7300	Intrauterine copper device (Paraguard)
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg
J7307	Etonogestrel implant system, including implant and supplies (Nexplanon)
J7296	Levonorgestrel-releasing intrauterine contraceptive (Kylenna), 19.5 mg
Anesthesia, Surgical and Radiology CPT Code	***Description of Covered Codes***
11981	Insertion, non-biodegradable drug delivery implant
11983	Removal with reinsertion, non-biodegradable drug delivery implant
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of intrauterine device
58600	Ligation or transection of fallopian tube(s)
58615	Occlusion of fallopian tube(s) by device (e.g. band, clip, Falope ring)
58670	Surgical laparoscopy, with fulguration of oviducts (with or without transection)
58671	Surgical laparoscopy, with occlusion of oviducts by device (e.g. band, clip, or Falope ring)
76856	Ultrasound of pelvis, non-obstetric (to check placement of intrauterine devices)
76882	Ultrasound of extremity, limited, anatomic specific (to check for implantable contraceptive device)
88302	Level II surgical pathology, gross and microscopic (sterilization)
Laboratory CPT Code	***Description of Covered Codes***
81025	Urine pregnancy test, by visual color comparison

Cancer Screening Services	
Anesthesia, Surgical and Radiology CPT Code	***Description of Covered Codes***
57410	Pelvic examination under anesthesia
57452	Colposcopy of the cervix
57454	Colposcopy with biopsy(s) of the cervix and endocervical curettage
57460	Colposcopy with loop electrode biopsy(s)
88141	Cytopathology, cervical or vaginal (any system) requiring physician interpretation
88142	Cytopathology, cervical or vaginal (preservative fluid) under physician supervision
88143	Cytopathology, cervical or vaginal with manual screen & re-screen under physician supervision
88150	Cytopathology, slides, cervical or vaginal, manual screen under physician supervision
88152	Cytopathology, slides, cervical or vaginal with manual screening and computer-assisted rescreen under physician supervision
88153	Cytopathology, slides, with manual screen & re-screen under physician supervision
88305	Level IV surgical pathology, gross and microscopic (colposcopy)
Laboratory CPT Code	***Description of Covered Codes***
88155	Cytopathology, slides, cervical or vaginal, with definitive hormonal evaluation
88164	Cytopathology, slides, cervical or vaginal, (Bethesda System); with manual screening under physician supervision
88165	Cytopathology. slides, cervical or vaginal (Bethesda System);with manual screen & re- screen under physician supervision
88166	Cytopathology, slides, cervical or vaginal (Bethesda System), manual screen & computer-assisted re-screen under physician supervision
88167	Cytopathology, slides, cervical or vaginal, (Bethesda System), using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal, (any reporting system), collected in preservative fluid, automated thin layer preparation, screen by automated system, under physician supervision

STD Screening Services	
Evaluation and Management CPT Code	***Description of Covered Codes***
99401FP	HIV counseling (pre-test) 15 min
99402FP	HIV counseling (post-test) 30 min
Laboratory CPT Code	***Description of Covered Codes***
86255	Fluorescent antibody; screen, each antibody (HIV & herpes)
86592	Syphilis test; qualitative (e.g., VDRL, RPR, ART)
86593	Syphilis test; quantitative
86689	HTLV or HIV antibody, confirmatory test (western blot)
86694	Herpes simplex, non-specific type test
86695	Herpes simplex, type I
86696	Herpes simplex, type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single assay
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86803	Hepatitis C antibody
87110	Culture, chlamydia
87205	Smear, primary source, with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; (gonorrhea)
87206	Smear, primary source, with interpretation; (chlamydia)
87270	Infectious agent antigen detection by immunofluorescent technique, chlamydia trachomatis
87273	Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 2
87274	Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 1
87340	Hepatitis B surface antigen (HBsAg)
87341	Hepatitis B surface antigen (HBsAg) neutralization
87350	Hepatitis Be antigen (HBeAg)
87390	HIV-1
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique

STD Screening Services continued	
Laboratory CPT Code	***Description of Covered Codes***
87516	Hepatitis B virus, amplified probe technique
87520	Hepatitis C virus, direct probe technique
87521	Hepatitis C virus, amplified probe technique
87522	Hepatitis C virus, quantification
87528	Herpes simplex virus, direct probe technique
87529	Herpes simplex virus, amplified probe technique
87530	Herpes simplex, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87592	Neisseria gonorrhoeae, quantification
87623	HPV low-risk type detection test
87624	HPV high-risk type detection test
87810	Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis
87850	Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae