

Florida's Family Planning Waiver (FPW) Program Evaluation Design

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Centers for Medicare and Medicaid Services

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A. General Background Information

1. Issues Addressed by This Demonstration

Under the FPW demonstration, Florida seeks to continue building upon the following objectives that have been fundamental to Florida's Medicaid improvement efforts over the past 21 years:

- Increasing access to family planning services.
- Increasing child spacing intervals through effective contraceptive use.
- Reducing the number of unintended pregnancies.
- Reducing Florida's Medicaid costs by reducing the number of unintended pregnancies by women who would be eligible for Medicaid pregnancy-related services.

Based on recent guidance from the Centers for Medicare and Medicaid Services (CMS) and Florida's continued efforts to improve its Medicaid program, the following objective will also be explored:

- Improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services;

Florida's motivation for improving its Medicaid program stems from two factors: (1) the nationwide concerns about ensuring continued access to high quality care for its Medicaid enrollees while (2) simultaneously addressing the rapid increases in Medicaid costs that have propelled the Medicaid program to the very top of states' budget priorities nationwide.

Individuals eligible under this demonstration will receive family planning services and supplies as described in section 1905(a)(4)(C) of the Act, which are reimbursable at the 90 percent Federal matching rate. The specific family planning services provided under this demonstration are as follows:

- FDA-approved methods of contraception;
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams. Note: The laboratory tests done during an initial family planning visit for contraception include a Pap smear, screening tests for STIs/STDs, blood count and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program or provider. Additional laboratory tests may be needed to address a family planning problem or need during an inter-periodic family planning visit for contraception;
- Drugs, supplies, or devices related to women's health services described above that are prescribed by a health care provider who meets the state's provider enrollment requirements (subject to the national drug rebate program requirements); and
- Contraceptive management, patient education, and counseling.

Individuals eligible under this demonstration will also receive family planning-related services and supplies defined as those services provided as part of or as follow-up to a family planning visit and are reimbursable at the state's regular Federal Medical Assistance Percentage (FMAP) rate. Such services are provided because a "family planning-related" problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-

related services and supplies that would be provided under this demonstration include:

- Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.
- Drugs for the treatment of STIs/STDs, except for HIV/AIDS and hepatitis, regardless of the purpose of the visit, consistent with CMS guidance issued April 14, 2014, SMDL#14-03/ACA# 31. This includes behavioral counseling and a follow-up visit/encounter for the treatment/drugs and subsequent follow-up visits to rescreen for STIs/STDs based on the Centers for Disease Control and Prevention guidelines may be covered.
- Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may also be covered.
- Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting. An example of a preventive service could be a vaccination to prevent cervical cancer.
- Treatment of major complications arising from a family planning procedure.

A complete listing of all reimbursable service codes for the FPW is available at: http://ahca.myflorida.com/Medicaid/Family_Planning/reim_services.shtml.

2. Name of the Demonstration, Approval Date, and Time Period

Family Planning Waiver 1115 Waiver Demonstration Extension, Approved March 8, 2019 through June 30, 2023.

3. Description of the Demonstration and History of the Implementation

The Centers for Medicare and Medicaid Services (Federal CMS) initially approved Florida's 1115 Family Planning demonstration, "Florida Medicaid Family Planning Waiver", for a 5-year period on August 23, 1998 and the program was implemented October 1, 1998.

The demonstration was originally implemented to provide a limited Medicaid benefit package of family planning and family planning-related services to an expansion population of women of childbearing age losing Medicaid pregnancy coverage or full Medicaid coverage, that had family income at or below 185 percent of the Federal Poverty Level (FPL), and who were not otherwise eligible for Medicaid or CHIP, or enrolled in other health insurance coverage that provided family planning services. With the implementation of the Affordable Care Act's requirement to transition to the use of Modified Adjusted Gross Income (MAGI) for determining Medicaid income eligibility, the state's comparable income limit increased to 191 percent of the FPL effective January 1, 2014. The state has not had any other program changes.

On September 27, 2017, Florida submitted a request to extend the demonstration for a five-year period with no program changes. On March 8, 2019, Federal CMS approved the State's request for an extension to the FPW 1115 waiver demonstration, along with newly amended STCs and waiver and expenditure authorities through June 30, 2023. Federal CMS approved an extension of the FPW 1115 waiver demonstration (Project No. 11-W-00135/4) for a period of

five years beginning March 8, 2019 through June 30, 2023.

4. Changes to the Demonstration

On September 27, 2017, Florida submitted a request to extend the demonstration for a five-year period with no major operational changes.

5. Populations Covered in the FPW Program

The FPW program provides family planning services to eligible women, ages 14 through 55. Services are provided up to 24 months. Eligibility is limited to family incomes at or below 191 percent of the Federal Poverty Level who are not otherwise eligible for Medicaid, Children's Health Insurance Program, or health insurance coverage that provides family planning services; and who have lost Medicaid eligibility within the last two years. This includes women losing Medicaid managed care coverage.

Recipients losing SOBRA (pregnancy Medicaid) eligibility are automatically enrolled in the FPW program during the first 12 months of losing Medicaid. Non-SOBRA women have to actively apply for the first year of benefits at their local county health department. All women enrolled in the family planning waiver will have active re-determination of eligibility through their local county health department after 12 months of family planning waiver eligibility. In order to receive the second year of benefits, recipients must reapply at their local county health department.

B. Evaluation Questions and Hypothesis

This section presents each evaluation question and corresponding hypothesis. The state of Florida established the FPW program to provide a limited Medicaid benefit package of family planning and family planning-related services to an expansion population of women of childbearing age losing Medicaid pregnancy coverage or full Medicaid coverage, that had family income at or below 185% of the FLP, and who were not otherwise eligible for Medicaid or CHIP, or enrolled in other health insurance coverage that provided family planning services.

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

Hypothesis: There will be demographic differences between FPW enrollees and eligible women who do not enroll in the FPW program.

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?

Hypothesis: Interbirth intervals will be longer for FPW enrollees compared to eligible women who do not enroll in the FPW program.

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?

Hypothesis: The rate of unintended pregnancies will be lower for FPW enrollees compared to eligible women who do not enroll in the FPW program.

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?

Hypothesis: The rate of low birth weight (<2,500 grams) and preterm births (<37 weeks) will be lower for FPW enrollees compared to eligible women who do not enroll in the FPW program.

5. Is the FPW achieving cost savings by slowing the birthrate?

Hypothesis: The FPW is achieving cost savings by slowing the birthrate among FPW enrollees.

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?

Hypothesis: This is a qualitative assessment, thus there is no hypothesis to test.

7. How did FPW enrollees utilize covered health services?

Hypothesis: Research question 8 is included to provide context (description of the FPW services used by enrollees). Therefore, there is no hypothesis to test for this research question.

8. What gaps in coverage are experienced by FPW enrollees over time?

Hypothesis: Research question 9 is included to provide context (description of FPW enrollment spells). Therefore, there is no hypothesis to test for this research question.

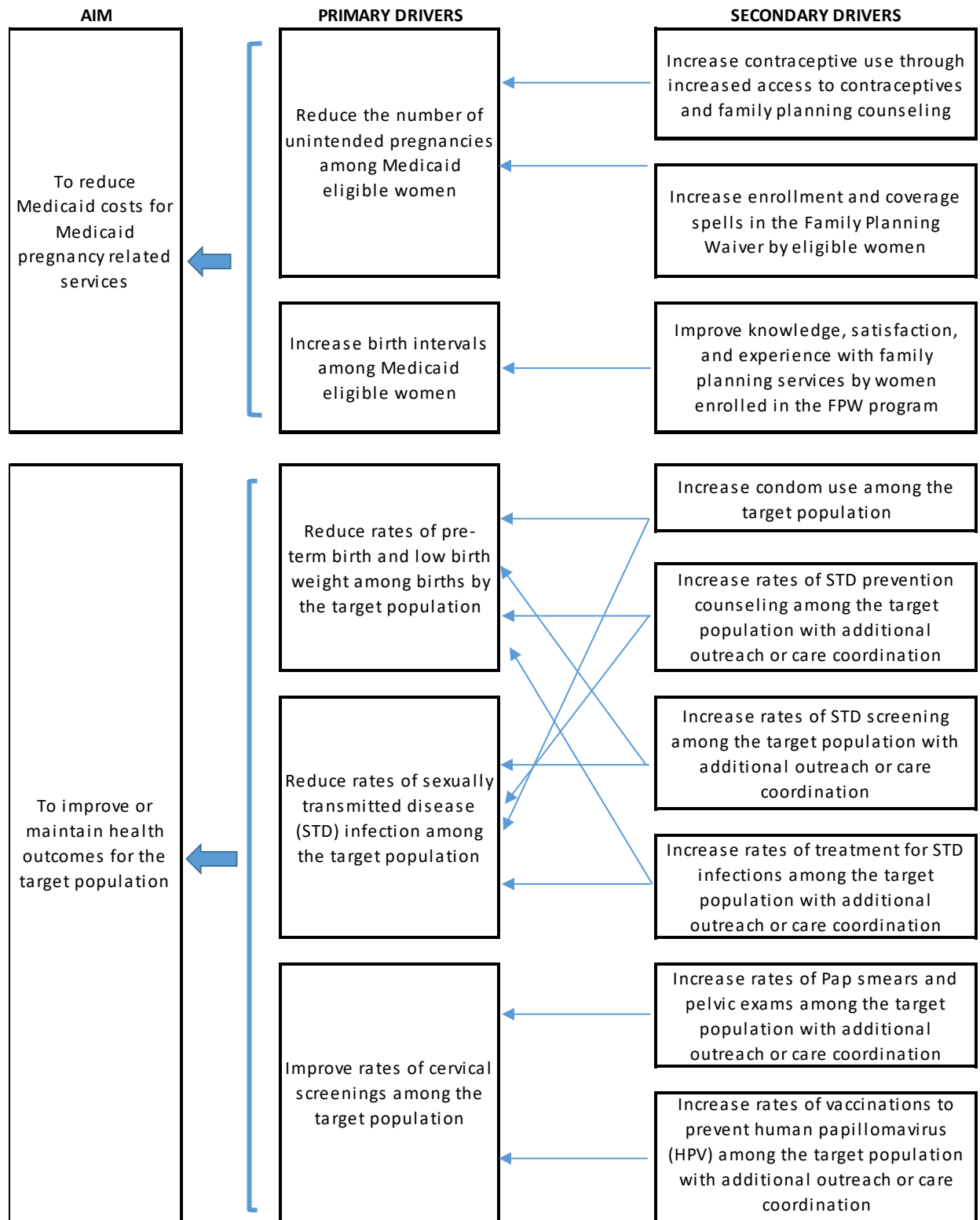
9. Are FPW enrollees satisfied with services?

Hypothesis: FPW enrollees who used FPW services will be satisfied with the services used.

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

Hypothesis: Research question 11 is included to provide context (identifying strategies and practices by Department of Health clinics to increase use of FPW services). Therefore, there is no hypothesis to test for this research question.

Driver Diagram



C. Methodology

1. Evaluation Design

This evaluation employs post-only analyses. Because the FPW program was initiated over 20 years ago, a pre-post approach is not ideal. Because the majority of women eligible for the FPW program do not enroll in a given year, this creates an opportunity for a relevant comparison group for several of the evaluation questions. Thus, this will be a post-only analysis with a comparison group where outcomes for FPW enrollees will be compared to outcomes for a control group which will consist of women eligible for FPW but that do not enroll in the program.

The qualitative design is discussed in the context of a specific research questions in “Analytic Methods” below.

2. Target and Comparison Populations

The target population is all FPW program enrollees. 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 child bearing 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, we believe that 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 will 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 will be 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 will be those enrollees between 12 and 24 months of their Aid Category Effective Date within the study period.

3. Evaluation Period

The evaluation period began with SFY17/18 (Demonstration Year 20 (DY20)) and extends through SFY20/21 (DY23).

4. Evaluation Measures

Table 1. Evaluation Measures

Measure	Description	Research Question(s)
Demographic characteristics of FPW enrollees and eligible women who do not enroll in the FPW program	Descriptive statistics of the population enrolled in FPW compared to eligible women who do not enroll.	1
Interbirth intervals for FPW enrollees and eligible women who do not enroll in the FPW program	Average number of months between multiple births (deliveries) by FPW enrollees within the 24 month index period and the proportion of women having a second birth within the 24 month index period. Average number of months between multiple births (deliveries) by eligible women who do not enroll in the FPW program within the 24 month index period and the proportion of women having a second birth within the 24 month index period.	2
FPW enrollees' unintended pregnancy rates	Rate of unintended pregnancies among FPW enrollees: Number of FPW enrollees that gave birth and recorded a negative response to Ques. 5 & 14 on the Healthy Start Prenatal Risk Screen /Total Number of FPW enrollees who responded to Ques. 5 & 14 on the Healthy Start Prenatal Risk Screen.	3
Eligible women who do not enroll in the FPW program unintended pregnancy rates	Rate of unintended pregnancies among eligible women who do not enroll in the FPW program: Number of eligible women who do not enroll in the FPW program that gave birth and recorded a negative response to Ques. 5 & 14 on the Healthy Start Prenatal Risk Screen /Total Number of eligible women who do not enroll in the FPW program who responded to Ques. 5 & 14 on the Healthy Start Prenatal Risk Screen.	3
Rate of low birth weight babies born to FPW enrollees	Number of low birth weight babies (<2,500 grams) born to FPW enrollees/total number of babies born to FPW enrollees	4
Rate of low birth weight babies born to eligible women who do not enroll in the FPW program	Number of low birth weight babies (<2,500 grams) born to eligible women who do not enroll in the FPW program/total number of babies born to eligible women who do not enroll in FPW	4
Rate of preterm babies born to FPW enrollees	Number of preterm (<37 weeks) babies born to FPW enrollees/total number of babies born to FPW enrollees	4
Rate of preterm babies born to eligible women who do not enroll in the FPW program	Number of preterm (<37 weeks) babies born to eligible women who do not enroll in FPW/total number of babies born to eligible women who do not enroll in the FPW program	4
FPW Cost Savings	(Averted birth costs – Cost of providing FPW services)	5
FPW enrollment/non-enrollment and participation/non-participation reasons	Common themes from samples of women enrolled in FPW, women eligible for the FPW program but not enrolled, women enrolled in the FPW program who participate, and women enrolled in the FPW program who do not participate	6
FPW enrollment rate	Number of FPW enrollees/number of women eligible for the FPW program	7
FPW participation rate	Number of FPW enrollees who had any FPW related service encounter (including contraceptive care, cancer screen, or STD screen) in each year of the demonstration/total number of FPW enrollees	7

Measure	Description	Research Question(s)
FPW Contraceptive participation rate	Number of FPW enrollees who had an encounter for family planning counseling and/or contraceptive care/ total number of FPW enrollees	7
FPW Cancer screening rate	Number of FPW enrollees who received a cancer screening/total number of FPW enrollees	7
FPW STD screening rate	Number of FPW enrollees tested for any sexually transmitted disease (by STD) as defined by Rule 64D-3.028, Florida Administrative Code/total number of FPW enrollees	7
FPW participation rate by eligibility group	Number of FPW first year enrollee participants/total number of first year FPW enrollees Number of FPW second year enrollee participants/total number of second year FPW enrollees	7
FPW enrollment rate by length of enrollment	Number of women enrolled for 1 year vs. 2 years	8
FPW enrollment rate by time between current and previous enrollment	Average length of time between an enrollee's most recent enrollment period and the previous enrollment period (limited to the last 5 years)	8
FPW enrollment rate by coverage loss	Number of enrollees who lose coverage after the 2 year period	8
Satisfaction with FPW services	Proportion of FPW participants rating satisfaction with FPW services as 8, 9, or 10 on a 10-point satisfaction scale	9
Strategies to improve FPW participation rates	Common themes from DOH central administration and clinic staff	10

5. Data Sources

This evaluation will collect both quantitative and qualitative data from a variety of sources as outlined below in Table 2, “Quantitative and Qualitative Data Sources for Florida FPW Evaluation”. Quantitative data will be collected predominantly from secondary sources (e.g., claims and encounter data) although some data will be obtained through primary data collection (e.g satisfaction surveys with FPW participants). Qualitative data will be collected using structured surveys. Fully coded transcriptions of qualitative interviews will be analyzed through iterations of content analysis and grounded theory to identify salient themes.

The cleaning of Medicaid eligibility, enrollment, encounter, and claims data is done by both the Agency and the evaluation team. These data are extensively error-checked upon receipt to ensure that the data are complete and error-free.

Additional checks may produce questions from the evaluation team for the Agency data team concerning errors and anomalies. Answers given by the Agency data team are documented for future reference. Questions that cannot be readily answered are resolved by the involvement of additional data personnel and/or the transmittal of corrected data as needed. Florida hospital discharge, vital statistics, Healthy Start prenatal screens, and other data obtained from DOH are cleaned and error-checked by the Florida Health Data Center upon receipt.

Table 2. Data Sources

Data Source	Time Period	Variables
DOH Birth Vital Statistics (BVS) birth certificates	2000 - 2021	Birth certificate data including infant and mother names, date of birth, address, and social security number.
DOH Healthy Start Prenatal Screens	2011 - 2021	Names, date of birth, address, and social security number. Data elements to estimate gestational age and conception date pregnancy intendedness responses
DOH HIV Registry data	2017 - 2021	Names, date of birth, address, and social security number
Medicaid Eligibility Files	2011 - 2021	Names, date of birth, address, and social security number for all female recipients aid category code and the eligibility begin and end dates
Medicaid Claims Files	2011 - 2021	All claims paid during the month including the following data elements: date of service, amount paid, program code, procedures and diagnosis
Medicaid Enrollment Files	2011 - 2021	Personal identifiers for all female recipients including names, date of birth, address, and social security number to link to the birth certificate and the Healthy Start Prenatal Screens
State of Florida Hospital Discharge Data	2011- 2021	Patient discharge data from all licensed acute care hospitals (including psychiatric and comprehensive rehabilitation units); comprehensive rehabilitation hospitals; ambulatory surgical centers and emergency departments, as directed by Section 408.061, Florida Statutes
Qualitative Interview Data	2020	Qualitative interviews from FPW eligible women and FPW enrollees. Qualitative interviews from DOH staff.
Satisfaction Survey Data	2020 – 2022	Structured interviews with FPW participants conducted each DY.

6. Analytic Methods

This evaluation will employ both quantitative and qualitative methods in answering the research questions outlined above. The quantitative methods will be simple descriptive methods and the qualitative methods will include analysis of structured administrative interview data and thematic analyses of semi-structured interview data (using content analyses and grounded theory).

The remainder of this section describes these methods in greater detail. Table 3 following these descriptions lists each research question along with the associated analytic method to be used in answering that 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 will be used to identify women who are eligible for the FPW program as well as women enrolled in the FPW program. Medicaid eligibility files will also be 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 do not enroll in the FPW program will be calculated for each demonstration year in the study period (DY20-DY23). Eligible women will be identified as women between the ages of 14-55 who lost Medicaid eligibility for any reason in the two years prior to the DY being examined. FPW enrollees will be 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, will be merged and used to compare the average inter-birth intervals (IBI) in number of months for FPW enrollees and eligible women who do not enroll in the FPW program. The IBI will be 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 will be 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 will be merged. Unintended pregnancies will be identified using questions 5 and 14 on the Healthy Start Prenatal Risk Screen related to pregnancy intendedness. Unintended pregnancy rates will be calculated as the number of unintended pregnancies for FPW enrollees divided by the total number of births by FPW enrollees. This rate will also be 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 will be 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 birthweight will be 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 will be 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 slowing the birth rate?), the difference in the birth rate from unintended pregnancies between FPW enrollees and eligible women who do not enroll in the FPW program will be used to calculate the number of unintended births averted. Total cost savings will be calculated as the total number of unintended births averted times the average cost of the birth, which will include 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 will be 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 will be administered to identify common themes. Separate qualitative interviews will be administered to eligible women who do not enroll in the FPW program, FPW enrollees who use FPW services (participants), and FPW enrollees who do not use FPW services (non-participants). Eligible women who do not enroll will be asked for reasons why they did not enroll. FPW enrollees (both participants and non-participants) will be asked for reasons why they enrolled. FPW non-participants will be asked why they did not use any FPW services. The samples (FPW enrollee participants, FPW enrollee non-participants, eligible women who do not enroll in the FPW program) for the qualitative interviews will be identified from Medicaid eligibility and claims data. A total of 25 women will be interviewed from each of the three groups or until saturation is achieved, whichever comes first. Interviews will take place in spring 2020. Interviews will not be repeated in future DYs as we do not expect responses to change from year to year. Common themes will be identified using a grounded theory approach utilizing NVivo qualitative data analysis software. Draft survey questions are included in the Appendix.

For research question 7 (How did FPW enrollees utilize covered health services?), Medicaid eligibility, enrollment, and claims data will be used to assess enrollment rates, participation rates (use of any service covered by FPW), contraceptive services participation rates, cancer screening participation rates, and STD screening participation rates for all FPW enrollees per DY. Overall participation rates will also be compared between first year FPW enrollees and second year FPW enrollees. Enrollment rates will be calculated as the total number of women enrolled in FPW/total number of women eligible for FPW for all enrollees. FPW participation rates will be calculated as the total number of FPW enrollees who use any FPW service/total number of FPW enrollees. These participation rates will also be calculated separately for first year enrollees and second year enrollees. FPW contraceptive care participation rates will be calculated as the total number of FPW enrollees who use contraceptive services/total number of FPW enrollees. FPW cancer screening rates will be calculated as the total number of FPW enrollees who use any cancer screening services/total number of FPW enrollees. FPW STD screening rates will be calculated as the total number of FPW enrollees who use STD screening services/total number of FPW enrollees. Each of these rates will be calculated separately for each DY.

For research question 8 (What gaps in coverage are experienced by FPW enrollees over time?), Medicaid enrollment and eligibility data will be 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 previous 5 years); and (4) total number of women who lose FPW coverage after the 2 year enrollment period.

For research question 9 (Are FPW enrollees satisfied with services?), satisfaction surveys will be 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 for satisfaction survey instrument). Surveys will be administered each year until 300 completed surveys are achieved. Surveys will be 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 will be administered to staff at DOH clinics offering FPW services. Florida DOH clinics will be randomly selected and a knowledgeable staff member will be identified and asked what strategies are employed to increase use of FPW services. Qualitative interviews will be conducted until saturation is achieved (e.g. no new strategies are identified). It is expected that saturation will be achieved with 25 or fewer qualitative interviews. Interviews will be administered during the first two quarters of 2020. These interviews will only take place during the first year of the evaluation. Common themes/strategies will be identified using a grounded theory approach utilizing NVivo qualitative data analysis software. Draft interview questions are included in the Appendix.

Table 3. Design Table

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	1. What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in the FPW program per DY?	There will be demographic differences between FPW enrollees and eligible women who do not enroll.	<p>Distribution of age and race/ethnicity for FPW enrollees</p> <p>Distribution of age and race/ethnicity for eligible women who do not enroll in the FPW program</p>	Medicaid enrollment, eligibility and claims files	Descriptive statistics including demographic characteristics
Outcome/impact	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?	The interbirth intervals will be longer for FPW enrollees compared to eligible women who do not enroll in FPW.	Time between the first birth that occurred during the DY and the second live birth	Medicaid eligibility, Medicaid claims, Vital statistics birth certificates, hospital discharge data	Descriptive statistics
Outcome/impact	3. What is the rate of unintended pregnancies for FPW enrollees compared to eligible women who do not enroll in	The rate of unintended pregnancies will be lower for FPW enrollees compared to eligible women	Number of unintended pregnancies for women enrolled in the FPW program/total number of FPW enrollees	Healthy Start screens, Medicaid eligibility, Vital statistics birth certificate data, hospital discharge data	Descriptive statistics

	the FPW program per DY?	who do not enroll in FPW.	Number of unintended pregnancies for women who are eligible but do not enroll in FPW/total number of eligible women who do not enroll in the FPW program		
Outcome/impact	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?	The rate of low birth weight (<2,500 grams) babies and preterm babies (<37 weeks) for FPW enrollees will be lower compared to eligible women who do not enroll in FPW	<p>Number of low birth weight or preterm birth babies born to FPW enrollees/total number of babies born to FPW enrollees</p> <p>Number of low birth weight or preterm birth babies born to women who are eligible but do not enroll in FPW/total number of babies born to women who are eligible but do not enroll in the FPW program</p>	Medicaid eligibility, Vital statistics birth certificate data	Descriptive statistics
Outcome/impact	5. Is the FPW program achieving cost savings by slowing the birthrate?	The FPW is achieving cost savings by reducing the number of unintended pregnancies among FPW enrollees.	Difference in the number of unintended pregnancies between FPW enrollees and eligible women who did not enroll in FPW * cost of the birth and first year of care for the baby.	Medicaid enrollment, eligibility, and claims data, vital statistics birth certificate data, Healthy Start screening data.	1. To determine the total number of averted births that are attributed to the FPW program, compare the number of observed births from unintended pregnancies by women enrolled in the FPW program in the

					<p>DY to the number of observed births from unintended pregnancy by women eligible for the FPW program who do not enroll in the DY.</p> <p>2. To determine gross savings, multiply the number of averted births by average birth costs (includes costs for the first year of the baby's life).</p> <p>3. To calculate net cost savings, subtract FPW program expenditures from gross savings.</p>
Process	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?	This is a qualitative assessment, thus there are no hypotheses to test.	Reasons for FPW enrollment or non-enrollment	Qualitative interviews with FPW enrollees and eligible women who do not enroll in FPW	Identification of common themes using qualitative statistical software (NVivo)
			Reasons for FPW participation or non-participation	Qualitative interviews with FPW participants and FPW enrollees who do not participate	
Process	7. How do FPW enrollees utilize	This is descriptive, so there is no	Total number of women enrolled in FPW/total		Descriptive statistics

	covered health services?	hypotheses associated with this question	<p>number of women eligible for FPW</p> <p>Total number of FPW enrollees who use any FPW services/total number of FPW enrollees</p> <p>Total number of FPW enrollees who use contraceptive services/total number of FPW enrollees</p> <p>Total number of FPW enrollees who use any cancer screening services/total number of FPW enrollees</p> <p>Total number of FPW enrollees who use any STD screening services/total number of FPW enrollees</p> <p>Total number of first year FPW enrollees who use any FPW services/total number of first year FPW enrollees</p> <p>Total number of second year FPW enrollees who use any FPW services/total number of second year FPW enrollees</p>	Medicaid enrollment, eligibility, and claims data	
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Process	8. What gaps in coverage are experienced by FPW enrollees over time?	This is descriptive, so there are no hypotheses associated with this question	Total number of FPW enrollees who are only enrolled for first year/Total number of FPW enrollees	Medicaid enrollment and eligibility data	Descriptive statistics
			Total number of FPW enrollees who enrolled for the second year/total number of FPW enrollees		
			Average length of time between FPW enrollees most recent enrollment period and the pervious enrollment period (limited to the previous 5 years)		
			Total number of women who lose FPW coverage (i.e. did not regain Medicaid coverage) after the 2 year enrollment period		
Outcome/impact	9. Are FPW enrollees satisfied with services?	FPW enrollees who used FPW services will be satisfied with the services used.	Proportion of survey respondents indicating that they are satisfied with FPW services received	Telephone based satisfaction survey	Descriptive statistics
Process	10. What strategies are being used by the Department of Health to increase FPW participation rates?	This is a qualitative assessment, thus there are no hypotheses to be tested	Common FPW engagement strategies used by DOH staff	Qualitative surveys	Description of strategies used by DOH staff to increase participation rates.

D. Methodological Limitations

Because the waiver was initially implemented over 20 years ago, a pre-post comparison is not appropriate, and analyses will be limited to a post-only approach. Using a post-only approach will limit causal inference. However, for several of the evaluation questions, a comparison group will be used. FPW program enrollees will be compared to women who are eligible for the FPW program but do not enroll. While this approach will improve causal inference, there is still the potential for unobserved confounding to bias results. All analyses will control for the demographic characteristics of the populations being compared to minimize potential bias.

Additionally, measures of health status are not available for FPW enrollees, thus it is not possible to directly assess the impact of the FPW program on the health status of enrollees.

E. Special Methodological Considerations (if applicable)

Not applicable

F. Attachments

1) Independent Evaluator

The Agency contracts with Florida State University to perform an independent evaluation of the Family Planning Waiver.

The Principal Investigator for the project is Dr. Jeffrey Harman, whose contact information is as follows:

Behavioral Sciences and Social Medicine, Florida State University College of Medicine
1115 West Call Street
Tallahassee, FL 32306-4300
(850) 645-1540
Jeffrey.harman@med.fsu.edu

The state has assured that the Independent Evaluator will conduct a fair and impartial evaluation, will prepare an objective Evaluation Report, and that there will be no conflict of interest. "Conflict of interest" statements have been signed by appropriate Agency staff attesting to the following: No immediate family or business partners have financial interest in the vendor, no immediate family or business partners have a personal relationship with the vendor or their representatives; no gratuities, favors, or anything of monetary value has been offered to or accepted by the vendor or their representatives; no state parties have been employed by the vendor within the past 24 months; no discussions to seek or accept future employment with the

vendor or their representatives; and, no other conditions exist which may cause conflict of interest.

2) Evaluation Budget

The Agency's most recent contract with Florida State University was for a period of three (3) years (SFY 2016-17 through SFY 2018-19) at a total cost of \$441,816.00.

The Agency is currently renewing the contract for a period of three years (SFY 2019-20 through SFY 2021-22) with an anticipated total budget of \$3,003,075.00*. The satisfaction survey will be added upon Agency approval, at which time a revised budget will be requested from the evaluators.

Simplified Evaluation Budget:

1. Computer programming (\$61.87 x 2,517 hours) = \$155,736.64
2. Analysis of the data (\$61.88 x 5,663 hours) = \$350,407.43
3. Preparation of the report (\$61.87 x 1,888 hours) = \$116,802.48
4. Other (project and contract management) (\$61.87 x 2,517 hours) = \$155,737.00

*Note: The total budget includes cost share contributed by the University.

3) Timeline and Major Milestones

The below table outlines the timeline for conducting the evaluation activities, including deliverable submissions and activities related to the renewal and reprocurement of a contract.

The satisfaction survey will be added to the table upon Agency approval.

Table 4. FPW Evaluation Activities

Deliverable/Activity	Due Date
Evaluation Design submitted to CMS*	July 5, 2019
DY 20 (SFY17/18) Medicaid Data Request and Verification	March 23, 2020
Quarterly Monitoring Report*	August 29, 2019
Quarterly Monitoring Report*	November 29, 2019
DY21 (SFY18/19) Medicaid Data Request and Verification	March 24, 2020
Quarterly Monitoring Report*	February 29, 2020
FPW DY 20 (SFY17/18) and DY 21 (SFY18/19) Interim Evaluation Report	May 15, 2020

Quarterly Monitoring Report*	May 30, 2020
Quarterly Monitoring Report*	August 29, 2020
Annual Monitoring Report*	September 30, 2020
FPW DY 20 (SFY17/18) and DY 21 (SFY18/19) Final Evaluation Report	October 15, 2020
Quarterly Monitoring Report*	November 29, 2020
DY22 (SFY19/20) Medicaid Data Request and Verification	Request due: January 15, 2021 Verification due: 30 calendar days after data delivery
Quarterly Monitoring Report*	February 29, 2021
Quarterly Monitoring Report*	May 30, 2021
FPW DY22 (SFY19/20) Evaluation Report	May 14, 2021
Quarterly Monitoring Report*	August 29, 2021
Annual Monitoring Report*	September 30, 2021
Quarterly Monitoring Report*	November 29, 2021
DY23 (SFY 20/21) Medicaid Data Request and Verification	Request due: January 14, 2022 Verification due: 30 calendar days after data delivery
Quarterly Monitoring Report*	February 29, 2022
Draft of Draft Interim Evaluation Report DY20, 21 and 22 (SFY17/18, 18/19, and 19/20) due to the Agency	March 1, 2022
FPW DY23 (SFY20/21) Draft Evaluation Report	April 1, 2022
Final Draft Interim Evaluation Report DY20, 21 and 22 (SFY17/18, 18/19, and 19/20) due to the Agency	May 1, 2022
Quarterly Monitoring Report*	May 30, 2022
Quarterly Monitoring Report*	August 29, 2022
Annual Monitoring Report*	September 30, 2022
Quarterly Monitoring Report*	November 29, 2022
Draft Interim Evaluation Report DY20, 21 and 22 (SFY17/18, 18/19, and 19/20) due to CMS*	December 31, 2022

DY24 (SFY21/22) Medicaid Data Request and Verification	Request due: January 16, 2023 Verification due: 30 calendar days after data delivery
Quarterly Monitoring Report*	February 29, 2023
FPW DY24 (SFY21/22) Evaluation Report	April 3, 2023
Quarterly Monitoring Report*	May 30, 2023
Draft of Draft Summative Evaluation Report due to Agency	August 15, 2023
Final Draft Summative Report due to Agency	November 1, 2024
Draft Summative Evaluation Report due to CMS*	December 31, 2024

*Deliverables due to CMS

4) APPENDIX (Survey Instruments)

The appropriate qualitative interview questions below will be administered to the relevant sample group:

- **Women who are eligible for FPW but did not enroll**

Florida's Agency for Health Care Administration has contracted with FSU to talk to women who have lost Medicaid coverage but are still eligible to enroll in their Family Planning Waiver program, which offers free family planning services to women of child bearing age who no longer qualify for Medicaid. Records provided by the Agency for Health Care Administration show that you are potentially eligible for the Family Planning Waiver program but have not enrolled. Could you please describe the reasons why you did not enroll in the Family Planning Waiver program?
- **Women who are enrolled in the FPW program but did not use services**

Florida's Agency for Health Care Administration has contracted with FSU to talk to women who have enrolled in their Family Planning Waiver program, which offers free family planning services to women of child bearing age who no longer qualify for Medicaid, but who did not use any of the family planning services available. Records provided by the Agency for Health Care Administration show that you are enrolled in the Family Planning Waiver program but did not use any services. Could you please describe the reasons why you enrolled in the Family Planning Waiver program and why you did not use any of the family planning services available?
- **Women who are enrolled in FPW and used family planning services**

Florida's Agency for Health Care Administration has contracted with FSU to talk to women who have enrolled in their Family Planning Waiver program and who used at least one of the family planning services available through the program. Records provided by the Agency for Health Care Administration show that you are enrolled in the Family Planning Waiver program and used at least one of these services. Could you please describe the reasons why you enrolled in the Family Planning Waiver program and why you decided to use at least one of the family planning services available?
- **DOH Clinic Staff**

Florida's Agency for Health Care Administration has contracted with FSU to determine strategies being used by DOH clinics to increase participation in the Family Planning Waiver program. What strategies are you currently using to get women who are enrolled in FPW to use the family planning services that are available to them?

The proposed Family Planning Waiver Satisfaction Survey below will be administered to a sample of enrollees who use FPW services:

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.

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 questions 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?