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# Iowa Family Planning Demonstration Evaluation: Annual Report

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*March 2010*

# **Family Planning Demonstration Evaluation**

*Annual Report*

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*March 9, 2010*

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## **Annual Report**

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## Introduction

The University of Iowa Public Policy Center (PPC) is contracted with the State of Iowa Department of Human Services (IDHS) to provide an evaluation of the Medicaid Family Planning Demonstration. This evaluation began on February 1, 2006, and will continue through January 31, 2011. The evaluation encompasses five hypotheses focusing primarily on the use of family planning services for women in the Medicaid program, rates of repeat births, and rates and savings from averted births under the demonstration. The demonstration provides access to family planning services for women under 200% of poverty, as well as women who delivered a child while in Medicaid, who would normally have been disenrolled 2 months postpartum. The intention was to have a total enrollment of over 70,000 women by the second year of the demonstration.

Services are provided through family planning clinics or other Medicaid providers. The purpose of the demonstration was originally to reduce the number of repeat births for women in Medicaid. More recently, the focus has been on averted births as a measure of success. Budget neutrality is the final goal, and it is expected that the costs of family planning services will be more than offset by the savings from births averted through service use.

## Data sources

The data currently available for this research encompasses the enrollment files and medical, institutional, and pharmacy claims files for individuals within the Medicaid program. Enrollment and claims files are available for all enrollees for the period January 1, 2001, through July 1, 2009. Claims files normally require a 6-month run-out to be certain that all paid claims for a specific period are included in the analyses. Therefore, the complete files for the fourth year of the project, ending January 31, 2010, will not be available until July 2010. Files are updated on a monthly basis with the claims paid during the month. The data are housed in the Research Computing Center, a unit of the Dental Informatics Department of the University of Iowa College of Dentistry. This Center is dedicated to providing ongoing support for all types of investigative projects within the College of Dentistry. Activities include database design, implementation, administration, end-user access software development, general hardware, software, and network support services. The Research Computing Center consists of three full-time staff members and six associates, who provide ancillary services. The primary Research Computing Center staff member is Kevin Sellers, who has over twenty years of database design,

implementation, and programming experience encompassing both industrial and educational environments.

## Enrollment

Enrollment analyses are contained in the Annual Report for the year ending January 2009 (Appendix A). Enrollment numbers became steady in October 2006, having built from 3,808 at the inception of the program (February 2006) to over 21,000. The population of women served through the program changes from month to month, with approximately 1500 women entering and leaving the program in any given month.

## Timeline

The following timeline indicates the original expectations for the evaluation project. At this point, we have changed the project in many ways due to the lack of data accessibility and the difficulty in determining protocols for measurement. The new timeline is contained in the second table.

Table 1. Original timeline for the evaluation of the Iowa Family Planning Demonstration

<b>Time period</b>	<b>Activity</b>
Quarters 1-3	Establish availability of data from IDPH, determine protocols for transferring data, provide test data, receive and assimilate first set of data
Quarters 4-6	Baseline rates for Hypotheses 1 and 2
Quarters 4-18	Receive and assimilate data on an ongoing basis
Quarters 6-9	Analytical method for Hypothesis 3
Quarters 8-9	Baseline rates for Hypotheses 3 and 4
Quarters 9-12	Begin Client Survey development
Quarters 9-12	Establish sampling design and sample for Client Survey
Quarters 10-12	Calculate evaluation rates for Hypotheses 1-4 for year 1 and 2 of the program
Quarters 12-17	Calculate rates for Hypotheses 5 for years 1-3 of the program
Quarters 13-15	Implement Client Survey
Quarters 15-17	Calculate rates for Hypothesis 6 for years 1-3 of the program
Quarters 16-19	Analyze Client Survey
Quarters 13-20	Present results and write report

Table 2. New timeline for the evaluation of the Iowa Family Planning Demonstration

<b>Time period</b>	<b>Activity</b>
Quarters 1-3	Establish availability of data from IDPH, determine protocols for transferring data, provide test data, receive and assimilate first set of data
Quarters 4-6	Baseline rates for Hypotheses 1 and 2
Quarters 4-18	Receive and assimilate data on an ongoing basis
Quarters 6-9	Analytical method for Hypothesis 3
Quarters 8-9	Baseline rates for Hypotheses 3 and 4
Quarters 10-12	Calculate evaluation rates for Hypotheses 1-4 for year 1 and 2 of the program
Quarters 12-17	Calculate rates for Hypotheses 5 for years 1-3 of the program
Quarters 13-15	Begin Client Survey development
Quarters 16-18	Establish sampling design and sample for Client
Quarters 18-19	Analyze Client Survey
Quarters 13-20	Present results and write report

## Hypotheses and measures

The original hypotheses and measures were adapted due to lack of data and a need for efficiency in data analyses. The base years include the time period January 2001-December 2005, the implementation year includes the time period January 2006-December 2006, and the demonstration years include the period January 2007-December 2009, with the period January 2008-December 2008 being the most recent demonstration year with adequate data for analysis.

### Family planning services

**The demonstration waiver will result in an increase in the annual proportion of clients receiving Medicaid-paid family planning services in Iowa.**

To address this hypothesis we will track the number of women in the eligible population who have had a Medicaid-paid family planning service, as defined on the CMS website, during the measurement years.

- **Data Source**—Medicaid claims and encounter and enrollment data
- **Eligible population**—Women between the ages of 13 and 44 who were enrolled in Medicaid for at least one month during the measurement year



- **Measurement year**—2003-2008
- **Measure**—Costs per member month for women in the demonstration

### **Results**

The costs for family planning services to women in the expanded program were calculated for 2007 and 2008, the only two demonstration years with full enrollment for which data is available. The cost for 2007 was nearly 7 million dollars (\$6,926,759), while the cost for 2008 was approximately 8.2 million dollars (\$8,249,507). The state originally estimated the cost per enrollee in the expanded program as \$88.87; however, costs were significantly higher, as can be seen in Table 3, which reflects the cost per member-month, as well as over a 12-month period, by age.

Though the number of women enrolled in the program was only half of the number anticipated and reflected in the budget neutrality worksheet, the amount spent for family planning services was very close to the estimate due to the higher per capita costs.

Table 3. Cost of family planning services (2008)

Age	Cost per member month	Average number of months enrolled	Average 12 month cost
14	\$48.97	5	\$587.58
15	\$40.16	6	\$481.90
16	\$38.55	7	\$462.60
17	\$34.60	7	\$415.16
18	\$32.24	8	\$386.90
19	\$32.13	7	\$385.56
20	\$32.25	8	\$387.01
21	\$30.99	8	\$371.90
22	\$31.07	8	\$372.84
23	\$30.03	7	\$360.37
24	\$28.90	7	\$346.77
25	\$27.27	7	\$327.22
26	\$27.69	7	\$332.23
27	\$27.74	7	\$332.85
28	\$28.62	7	\$343.42
29	\$28.32	7	\$339.88
30	\$26.77	7	\$321.26
31	\$26.08	7	\$312.95
32	\$24.32	7	\$291.84
33	\$25.53	7	\$306.38
34	\$29.78	7	\$357.33
35	\$31.73	7	\$380.80
36	\$25.95	7	\$311.42
37	\$27.91	7	\$334.96
38	\$32.34	7	\$388.12
39	\$28.56	8	\$342.66
40	\$33.65	8	\$403.85
41	\$28.58	7	\$342.96
42	\$36.61	8	\$439.29
43	\$39.38	8	\$472.50
44	\$30.38	7	\$364.54
<b>Total</b>	<b>\$30.37</b>	<b>7</b>	<b>\$364.40</b>

Source – Preliminary report – Family Planning Waiver Evaluation (PPC)

## Repeat deliveries

**The proportion of women in the target population who experience repeat Medicaid deliveries within two years will decline.**

One of the key outcomes in the family planning waiver is the avoidance of repeat births. Women who have coverage for family planning services for an extended time following a delivery are expected to increase their use of family planning services and be better equipped to avoid pregnancy. We will be accounting the delivery to the measurement year in which it occurred. This may make it difficult to interpret the number for 2006, as many of the deliveries in this year would have been conceived in 2005, the year prior to the waiver activities. We will compute three rates for this hypothesis. The first rate will include all women 13-44 years of age in MAC, the second rate will encompass all women CMAP (primarily teens), and the third rate will encompass women in FMAP.

- **Data Source**—Medicaid claims and enrollment files
- **Eligible population**—Women enrolled in Medicaid between the ages of 13 and 44 who had a delivery during the measurement year
- **Measurement years**—2001-2007

### ***Rate 1: Rate of repeat births for all women in Medicaid***

- **Numerator**—Number of women in the eligible population with a repeat delivery in the 24 months following the first delivery
- **Denominator**—Number of women in the eligible population

Table 4 provides the baseline numbers for repeat birth comparisons during a period when demonstration had not yet begun. With 2007 as the first full demonstration year, the first year of data to assess the two-year repeat birth rate is 2009. This data will be complete and clean in July 2010.

## Results

Table 4. Number of repeat births for women enrolled in Medicaid through income-eligible programs by program, CY 2001-2005

Year	Total births for year	Number of repeat births	Percent with repeat birth
<b>FMAP</b>			
2001	2,951	369	12.5%
2002	2,828	381	13.5%
2003	2,732	386	14.1%
2004	3,216	503	15.6%
2005	3,686	594	16.1%
<b>CMAP</b>			
2001	454	77	17.0%
2002	480	87	18.1%
2003	486	117	24.1%
2004	439	96	21.9%
2005	608	165	27.1%
<b>MAC</b>			
2001	6,828	742	10.9%
2002	7,445	900	12.1%
2003	7,792	1,016	13.0%
2004	8,961	1,236	13.8%
2005	10,292	1,469	14.3%

## Medicaid deliveries

The demonstration will result in a decrease in the annual rate of Medicaid paid deliveries in Iowa.

A decrease in the number of repeat births by nature indicates a decrease in the rate of Medicaid-paid deliveries. In addition, covering family planning services for women who have not qualified for such coverage previously should result in fewer births, as women are able to access continuous family planning. Given that the use of family planning services normally results in the avoidance of pregnancy, we anticipate that the annual rate of Medicaid paid deliveries will decrease. As the annual rate of deliveries decreases we would also expect that the annual rate of growth in deliveries will decrease.

- **Data Source**—Medicaid claims and enrollment files
- **Eligible population**—Women enrolled in Medicaid between the ages of 13 and 44 who had a delivery during the measurement year
- **Measurement years**—2003-2008
- **Count of deliveries**—A count of all deliveries regardless of status at birth will be counted for each measurement year. Multiple births will be counted as one delivery.

## Results

Figure 1 provides a graphical representation of demonstration effects. There are 4 lines on the graph, two for FMAP (before and after the demonstration) and two for MAC (same). The upper bound estimated for averted births is provided by subtracting the MAC slope after the program from the MAC slope before the program. This estimation procedure results in 468 averted births in 2007 and 1,218 averted births in 2008.

A conservative estimation procedure that attempts to account for enrollment changes was also used. The slope of the line for MAC before the demonstration, minus the adjusted value for the slope of the FMAP line before the demonstration, provides an estimate of the slope of the MAC line before the program that may be attributed to by fertility rates before the program. The slope of the MAC line after the program began, minus the adjusted slope of the line of FMAP, provides an estimate of the slope of the MAC line that may be attributed to by fertility rates after the program. Subtracting the after program slope from the before program slope provides a quarterly number of averted births. This number must be multiplied by the actual quarter in the program to determine the total number of averted births per quarter. According to this methodology, a conservative estimate of the averted births is 193 in 2007 and 501 in 2008. This estimate provides a lower bound.

**A decrease in Medicaid paid deliveries in Iowa will result in a decrease in annual expenditures for prenatal, birth, newborn and infant care expenditures.**

Costs will be divided into 2 categories: mother and child. The mother's costs include prenatal care and delivery. Child's costs include birth, infant care and care up to 5 years of age.

- **Data Source**—Medicaid claims files
- **Eligible population**—Women enrolled in Medicaid between the ages of 13 and 44 and children enrolled in Medicaid from birth through 5 years of age


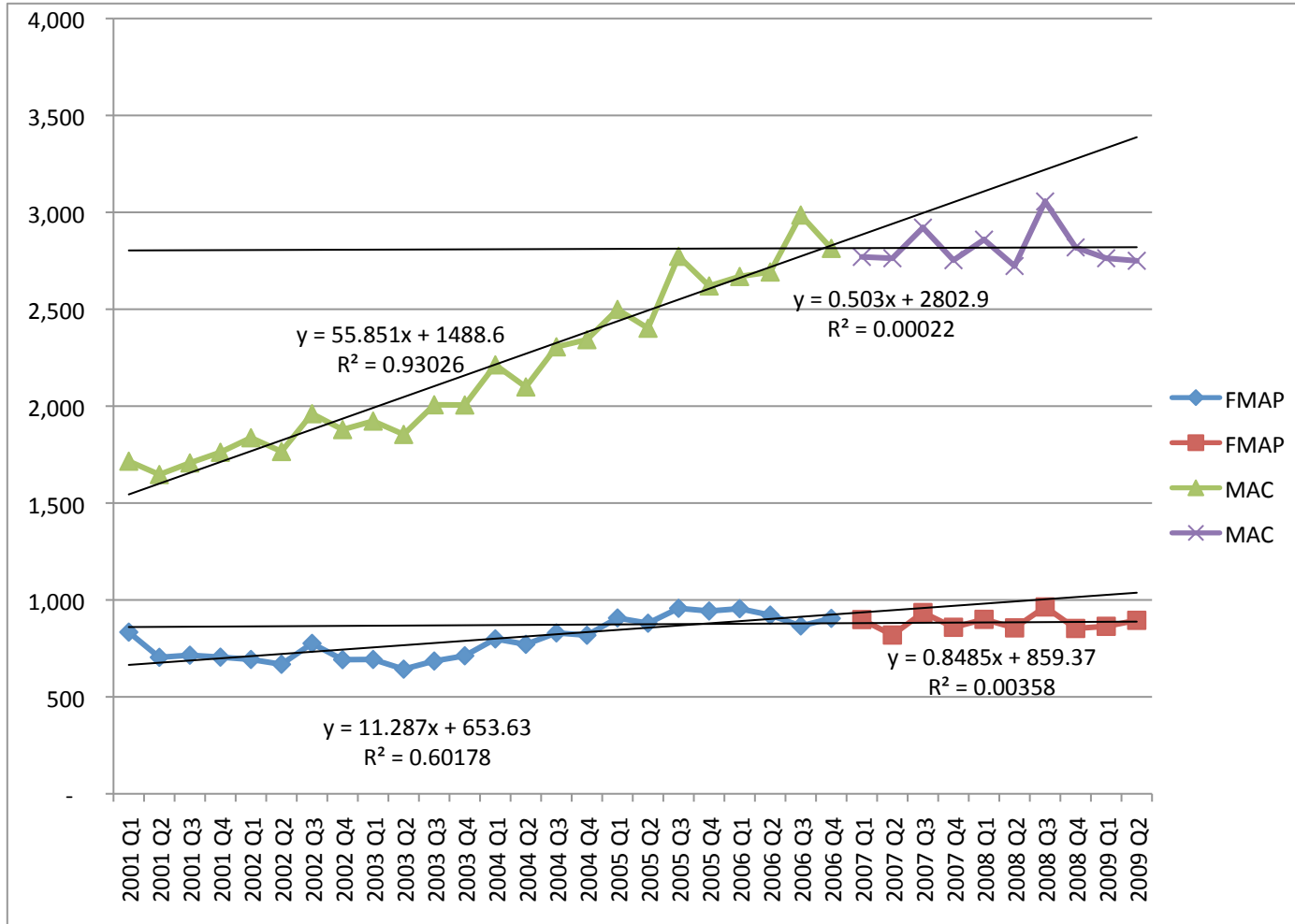
- 
- **Measurement years**—2003-2008
  - ***Cost of care-mother***—Medicaid costs associated with claims bearing a diagnosis code indicating prenatal care or delivery for women in the eligible population for the measurement year
  - ***Cost of care-child***—Medicaid costs associated with claims bearing a diagnosis code indicating birth, infant care or care during first 5 years of life

Figure 1. Numbers of births by quarter, 2001-2008



## Results

The costs of care were calculated for 2008. Tables 5-8 provide medical, institutional, pharmaceutical and total reimbursements by age for mothers. The average cost for the mother was \$6,200.

Table 5. Medicaid Reimbursements for Delivery by Category—Medical Reimbursement (2008)

Age	Number of Women Served	Prenatal	Delivery	Postpartum	Reimbursements	
					Total	Average
14	36	\$33,148	\$47,067	\$7,581	\$87,796	\$2,439
15	110	\$177,366	\$128,328	\$18,720	\$324,414	\$2,949
16	262	\$288,670	\$326,310	\$61,312	\$676,292	\$2,581
17	523	\$517,604	\$656,236	\$100,953	\$1,274,793	\$2,437
18	959	\$939,478	\$1,300,988	\$209,347	\$2,449,813	\$2,555
19	1,241	\$1,299,083	\$1,774,680	\$293,030	\$3,366,793	\$2,713
20	1,289	\$1,365,480	\$1,816,924	\$312,141	\$3,494,545	\$2,711
21	1,323	\$1,296,141	\$1,829,013	\$293,232	\$3,418,386	\$2,584
22	1,224	\$1,169,644	\$1,722,686	\$257,712	\$3,150,042	\$2,574
23	1,231	\$1,221,730	\$1,747,214	\$279,081	\$3,248,025	\$2,639
24	1,073	\$1,007,895	\$1,470,435	\$228,393	\$2,706,723	\$2,523
25	958	\$861,200	\$1,274,215	\$173,635	\$2,309,050	\$2,410
26	906	\$771,370	\$1,217,104	\$185,637	\$2,174,111	\$2,400
27	818	\$767,195	\$1,095,600	\$147,336	\$2,010,131	\$2,457
28	649	\$543,957	\$852,393	\$118,075	\$1,514,425	\$2,333
29	527	\$415,448	\$663,255	\$97,251	\$1,175,954	\$2,231
30	414	\$381,387	\$567,000	\$71,759	\$1,020,146	\$2,464
31	377	\$322,537	\$472,789	\$81,852	\$877,178	\$2,327
32	289	\$217,078	\$391,820	\$41,722	\$650,620	\$2,251
33	262	\$203,149	\$348,708	\$38,514	\$590,371	\$2,253
34	196	\$180,749	\$252,544	\$35,988	\$469,281	\$2,394
35	152	\$137,023	\$203,800	\$32,363	\$373,186	\$2,455
36	154	\$105,525	\$178,819	\$30,055	\$314,399	\$2,042
37	122	\$106,316	\$146,903	\$26,671	\$279,890	\$2,294
38	82	\$64,606	\$88,260	\$9,537	\$162,403	\$1,981
39	62	\$46,958	\$81,191	\$7,695	\$135,844	\$2,191
40	51	\$53,724	\$78,875	\$9,300	\$141,899	\$2,782
41	33	\$42,275	\$46,707	\$12,401	\$101,383	\$3,072
42	18	\$13,614	\$25,317	\$2,274	\$41,205	\$2,289
43	8	\$13,643	\$13,384	\$1,742	\$28,769	\$3,596
44	6	\$3,384	\$6,954	\$306	\$10,644	\$1,774
<b>Total</b>	<b>15,355</b>	<b>\$14,567,377</b>	<b>\$20,825,519</b>	<b>\$3,185,615</b>	<b>\$38,578,511</b>	<b>\$2,512</b>

Source – Preliminary report – Family Planning Waiver Evaluation (PPC)



Table 6. Medicaid Reimbursement for Delivery by Category—Institutional Reimbursement (2008)

Age	Number of Women Served	Prenatal	Delivery	Postpartum	Reimbursements	
					Total	Average
14	36	\$15,368	\$80,342	\$3,072	\$98,782	\$2,744
15	110	\$85,598	\$232,820	\$8,758	\$327,176	\$2,974
16	262	\$197,398	\$563,248	\$37,557	\$798,203	\$3,047
17	523	\$405,310	\$1,141,180	\$55,551	\$1,602,041	\$3,063
18	959	\$802,624	\$2,264,405	\$169,827	\$3,236,856	\$3,375
19	1,241	\$1,134,659	\$2,992,147	\$248,329	\$4,375,135	\$3,525
20	1,289	\$1,251,186	\$3,133,907	\$261,841	\$4,646,934	\$3,605
21	1,323	\$1,205,882	\$3,269,831	\$198,572	\$4,674,285	\$3,533
22	1,224	\$1,050,457	\$3,083,524	\$237,407	\$4,371,388	\$3,571
23	1,231	\$1,143,207	\$3,055,488	\$255,911	\$4,454,606	\$3,619
24	1,073	\$1,009,025	\$2,626,502	\$212,051	\$3,847,578	\$3,586
25	958	\$786,203	\$2,211,754	\$183,917	\$3,181,874	\$3,321
26	906	\$757,589	\$2,192,027	\$180,744	\$3,130,360	\$3,455
27	818	\$665,011	\$2,000,597	\$132,722	\$2,798,330	\$3,421
28	649	\$573,697	\$1,541,973	\$123,880	\$2,239,550	\$3,451
29	527	\$362,761	\$1,231,344	\$85,597	\$1,679,702	\$3,187
30	414	\$379,022	\$1,017,052	\$87,683	\$1,483,757	\$3,584
31	377	\$301,843	\$918,744	\$93,639	\$1,314,226	\$3,486
32	289	\$205,101	\$716,112	\$37,779	\$958,992	\$3,318
33	262	\$225,670	\$655,334	\$45,985	\$926,989	\$3,538
34	196	\$173,936	\$493,608	\$68,541	\$736,085	\$3,756
35	152	\$105,189	\$348,095	\$46,634	\$499,918	\$3,289
36	154	\$106,388	\$354,654	\$49,292	\$510,334	\$3,314
37	122	\$119,369	\$291,306	\$18,604	\$429,279	\$3,519
38	82	\$63,632	\$191,448	\$6,942	\$262,022	\$3,195
39	62	\$63,092	\$161,293	\$1,205	\$225,590	\$3,639
40	51	\$59,473	\$155,421	\$10,989	\$225,883	\$4,429
41	33	\$37,952	\$90,574	\$5,757	\$134,283	\$4,069
42	18	\$17,098	\$53,035	\$3,355	\$73,488	\$4,083
43	8	\$6,145	\$27,891	\$234	\$34,270	\$4,284
44	6	\$2,966	\$12,446	\$928	\$16,340	\$2,723
<b>Total</b>	<b>15,355</b>	<b>\$13,312,851</b>	<b>\$37,108,102</b>	<b>\$2,873,303</b>	<b>\$53,294,256</b>	<b>\$3,471</b>

Source – Preliminary report – Family Planning Waiver Evaluation (PPC)

Table 7. Medicaid Reimbursement for Delivery by Category—Pharmaceutical Reimbursement (2008)

Age	Number of Women Served	Prenatal	Delivery	Postpartum	Reimbursements	
					Total	Average
14	36	\$3,209	\$188	\$1,236	\$4,633	\$129
15	110	\$17,038	\$619	\$4,487	\$22,144	\$201
16	262	\$26,562	\$1,842	\$8,149	\$36,553	\$140
17	523	\$49,888	\$3,679	\$17,818	\$71,385	\$136
18	959	\$103,720	\$6,675	\$42,711	\$153,106	\$160
19	1,241	\$175,345	\$11,201	\$62,520	\$249,066	\$201
20	1,289	\$170,642	\$11,681	\$56,064	\$238,387	\$185
21	1,323	\$179,111	\$10,258	\$65,905	\$255,274	\$193
22	1,224	\$177,389	\$9,971	\$61,467	\$248,827	\$203
23	1,231	\$242,263	\$11,419	\$61,298	\$314,980	\$256
24	1,073	\$158,434	\$9,218	\$43,645	\$211,297	\$197
25	958	\$160,194	\$8,022	\$50,687	\$218,903	\$229
26	906	\$166,516	\$6,843	\$47,044	\$220,403	\$243
27	818	\$172,988	\$7,348	\$46,777	\$227,113	\$278
28	649	\$107,494	\$5,104	\$37,782	\$150,380	\$232
29	527	\$85,358	\$3,020	\$22,296	\$110,674	\$210
30	414	\$85,928	\$3,149	\$32,599	\$121,676	\$294
31	377	\$58,472	\$3,012	\$20,488	\$81,972	\$217
32	289	\$64,663	\$2,587	\$22,829	\$90,079	\$312
33	262	\$52,249	\$1,509	\$12,062	\$65,820	\$251
34	196	\$33,777	\$933	\$8,251	\$42,961	\$219
35	152	\$36,036	\$1,051	\$11,786	\$48,873	\$322
36	154	\$23,963	\$1,277	\$8,301	\$33,541	\$218
37	122	\$27,838	\$1,313	\$11,005	\$40,156	\$329
38	82	\$11,998	\$384	\$3,546	\$15,928	\$194
39	62	\$8,835	\$552	\$1,688	\$11,075	\$179
40	51	\$12,616	\$343	\$3,599	\$16,558	\$325
41	33	\$10,256	\$280	\$3,249	\$13,785	\$418
42	18	\$3,439	\$209	\$1,037	\$4,685	\$260
43	8	\$867	\$15	\$207	\$1,089	\$136
44	6	\$794	\$39	\$67	\$900	\$150
<b>Total</b>	<b>15,355</b>	<b>\$2427,882</b>	<b>\$123,741</b>	<b>\$770,600</b>	<b>\$3,322,223</b>	<b>\$216</b>

Source – Preliminary report – Family Planning Waiver Evaluation (PPC)

Table 8. Medicaid Reimbursement for Delivery by Category—Total Reimbursement (2008)

Age	Number of Women Served	Prenatal	Delivery	Postpartum	Reimbursements	
					Total	Average
14	36	\$51,725	\$127,597	\$11,889	\$191,211	\$5,311
15	110	\$280,002	\$361,767	\$31,965	\$673,734	\$6,125
16	262	\$512,630	\$891,400	\$107,018	\$1,511,048	\$5,767
17	523	\$972,802	\$1,801,095	\$174,322	\$2,948,219	\$5,637
18	959	\$1,845,822	\$3,572,068	\$421,885	\$5,839,775	\$6,089
19	1,241	\$2,609,087	\$4,778,028	\$603,879	\$7,990,994	\$6,439
20	1,289	\$2,787,308	\$4,962,512	\$630,046	\$8,379,866	\$6,501
21	1,323	\$2,681,134	\$5,109,102	\$557,709	\$8,347,945	\$6,310
22	1,224	\$2,397,490	\$4,816,181	\$556,586	\$7,770,257	\$6,348
23	1,231	\$2,607,200	\$4,814,121	\$596,290	\$8,017,611	\$6,513
24	1,073	\$2,175,354	\$4,106,155	\$484,089	\$6,765,598	\$6,305
25	958	\$1,807,597	\$3,493,991	\$408,239	\$5,709,827	\$5,960
26	906	\$1,695,475	\$3,415,974	\$413,425	\$5,524,874	\$6,098
27	818	\$1,605,194	\$3,103,545	\$326,835	\$5,035,574	\$6,156
28	649	\$1,225,148	\$2,399,470	\$279,737	\$3,904,355	\$6,016
29	527	\$863,567	\$1,897,619	\$205,144	\$2,966,330	\$5,629
30	414	\$846,337	\$1,587,201	\$192,041	\$2,625,579	\$6,342
31	377	\$682,852	\$1,394,545	\$195,979	\$2,273,376	\$6,030
32	289	\$486,842	\$1,110,519	\$102,330	\$1,699,691	\$5,881
33	262	\$481,068	\$1,005,551	\$96,561	\$1,583,180	\$6,043
34	196	\$388,462	\$747,085	\$112,780	\$1,248,327	\$6,369
35	152	\$278,248	\$552,946	\$90,783	\$921,977	\$6,066
36	154	\$235,876	\$534,750	\$87,648	\$858,274	\$5,573
37	122	\$253,523	\$439,522	\$56,280	\$749,325	\$6,142
38	82	\$140,236	\$280,092	\$20,025	\$440,353	\$5,370
39	62	\$118,885	\$243,036	\$10,588	\$372,509	\$6,008
40	51	\$125,813	\$234,639	\$23,888	\$384,340	\$7,536
41	33	\$90,483	\$137,561	\$21,407	\$249,451	\$7,559
42	18	\$34,151	\$78,561	\$6,666	\$119,378	\$6,632
43	8	\$20,655	\$41,290	\$2,183	\$64,128	\$8,016
44	6	\$7,144	\$19,439	\$1,301	\$27,884	\$4,647
Total	15,355	\$30,308,110	\$58,057,362	\$6,829,518	\$95,194,990	\$6,200

Table 9 provides the cost for children from birth through 5 years of age. Costs for birth and the first year of life (\$6,147) were used for the averted cost calculations. This results in a savings of \$12,347 for each averted birth. This number is slightly less than the number used for the budget neutrality worksheet in the application document.

Table 9. Medicaid Reimbursements for Child Health Care by Cost Category (2007)

Age	Medical Costs	Institutional Costs	Pharmacy Costs	Total Costs
<1	\$1,868	\$3,818	\$461	6,147
2	\$903	\$836	\$324	2,063
3	\$677	\$629	\$233	1,539
4	\$817	\$692	\$209	1,718
5	\$918	\$599	\$231	1,748
Total	\$5,183	\$6,574	\$1,458	13,215

Source – Preliminary report – Family Planning Waiver Evaluation (PPC)

Table 10 provides the upper and lower bound estimates of averted costs due to the family planning program.

Table 10. Changes in Medicaid Costs Due to Averted Births

Year	Averted births	Total costs averted
Upper Bound		
2007	553	\$6,827,891
2008	1,439	\$17,767,333
1 <sup>st</sup> half 2009	1,052	\$12,989,044
Total	1,686	\$37,584,268
Lower Bound		
2007	318	\$3,926,346
2008	828	\$10,223,316
1 <sup>st</sup> half 2009	605	\$7,469,935
Total	1,751	\$21,619,597

## Net savings

**The demonstration waiver will produce a net annual savings in State and Federal Medicaid expenditures for birth-related services.**

To determine the savings from averted births we will plot the number of births for the various age groups and determine whether and how the trend line has

changed during the time 5 years prior to the program and for the 3 years since the program began.

- **Data Source**—Medicaid claims and enrollment files
- **Eligible population**—Women in Medicaid
- **Measurement years**—2006-2008
- **Births averted**—The plot lines and resulting formulas provide the necessary information to determine averted births
- **Average costs**—Cost of care for mother and child will determine the associated costs

### Results

Table 10 provides estimates of the net savings to Medicaid resulting from the family planning demonstration. Though there are no savings with the lower bound estimate in the first three years, Table 9 indicates that there are significant savings in the first half of the fourth year. There are considerable savings with the upper bound estimate. It is difficult to provide exact net savings numbers, however; the true value most likely lies somewhere between the two. It is important to note that both estimation procedures indicate an increase in averted births in 2008 and the first half of 2009. The cost effects of these averted births are reflected in Table 11.

Table 11. Net savings in Medicaid costs due to the family planning demonstration program

Year	Total costs averted	FP service costs	Net savings
Upper Bound			
2006	\$0	\$4,579,156	-\$4,579,156
2007	\$6,827,891	\$6,926,759	-\$98,868
2008	\$17,767,333	\$8,249,507	\$9,517,826
Total	\$24,595,224	\$19,755,422	\$4,839,802
Lower Bound			
2006	\$0	\$4,579,156	-\$4,579,156
2007	\$3,926,346	\$6,926,759	-\$3,000,413
2008	\$10,223,316	\$8,249,507	\$1,973,809
Total	\$14,149,662	\$19,755,422	-\$5,605,760



## **Primary care utilization**

**The demonstration waiver will result in an increased awareness of the primary care services available at FQHCs/RHCs.**

The family planning demonstration has as one of its goals to increase the use of FQHCs and RHCs through primary care referrals from family planning providers. To evaluate this, we will ask the family planning providers in Iowa to document any primary care referrals made to FQHCs and RHCs. We will also develop an enrollee follow-up survey to determine how many women referred for primary care services to the FQHCs and RHCs were actually treated there. We will also ask how they became aware of these services, and how comfortable they are accessing them.

The survey will be administered to all Medicaid-covered clients at the family planning clinics who were referred for primary care services to a FQHC or RHC on randomly selected days of the year. No identifying information will be included in the survey and the privacy of the individual will be ensured through the clinics.

This has not yet begun.



# Conclusions

## Successes

The demonstration has increased the number of women receiving family planning services within the Medicaid program. In addition, between 694 and 1,686 births have been averted.

## Opportunities for improvement

- Automatic enrollment of women who are being disenrolled from Medicaid 2 months after delivery should be activated. This was one of the original goals of the program. However, it has not been activated to date.

An increase in the number of women enrolled in the program would increase the cost of providing family planning services, but it should also increase the number of averted births. With the current cost structure, the savings from 1 averted birth is sufficient to provide family planning services to 33 women.

- Major adjustments to the budget neutrality documents are required. The original numbers underestimated the number of women who would be enrolled in the program, underestimated the cost of family planning services for women in the program, and overestimated the averted birth costs.
- It has been difficult to determine the fertility rates for women under 200% of poverty in Iowa. Analyses were adapted due to a lack of information regarding the numbers and fertility rates among women under 200% of poverty.



## **Appendix A: Annual Report Year 4**



# FAMILY PLANNING WAIVER REPORT

## YEAR 3

### **Table 1: FPW Program Monthly Enrollment**

The family planning waiver (FPW) program commenced in February 2006 and by October 2006 it had attained a monthly enrollment of over 21,000 women. Since that time through December 2008, total monthly enrollment has remained relatively stable ranging from around 21,000 to a little over 24,000 women per month. Of the women who were FPW enrolled in November 2008 a total of 1,319 left the program and the remaining 22,804 women remained enrolled. For December 2008 an additional 1,046 women who had never previously been in the FPW were enrolled and 461 women who had previously been in the FPW program rejoined. For 2008, approximately 6% of monthly enrollments left the program the following month, 93% were continuing enrollees, 5% were new to the program, and 2% were women rejoining the program. The low numbers reported leaving in August and September of 2008 were a result of a special waiver (Project Number 11-W-00239/7) to retain enrollees following the severe flooding in some parts of Iowa. Consequences of this feature are seen in some of the later tables. In 2006 a total of 25,255 women were enrolled in the FPW program, an additional 14,943 new women were enrolled during 2007, and an additional 13,442 during 2008. From the program's commencement in February 2006 through to December 2008 a total of 53,640 women had been enrolled in the FPW program for some period of time.

### **Table 2: Post-month Enrollment of Women Leaving FPW Program**

This table examines the program destination of women who leave the FPW program. Across 2008 approximately 71% of women leaving the FPW program were not enrolled in a Medicaid program in the month following FPW departure. About 11% transferred to FMAP, 9% became MAC eligible, and 4% joined the Iowa Care program. The impact of the August-September 2008 anomaly noted for Table 1 is seen here impacting the number numbers not transferring to another program; indicating that the majority of those who seemed not to have been removed from FPW in those two months would have ended their enrollment in FPW without transfer to another program.

### **Table 3: Prior-month Enrollment of Women New to FPW Program**

A little more than a 1,000 women per month join the FPW with no prior experience with the program. Among these women approximately 67% across 2008 joined the FPW having not been enrolled in any other program in the preceding month. About 23% of these new enrollees transferred from the MAC program continuing their eligibility to receive family planning services after the expiration of their post-partum period under MAC. An additional 5% transferred from the FMAP program.

**Table 4: Prior-month Enrollment of Women Returning to FPW Program**

Around 400 to 500 women per month rejoin the FPW program after some period of absence. The majority of those rejoining the program, 62% across 2008, were not enrolled in any program in the month prior to rejoining the FPW. An additional 16% transferred eligibility from the MAC program and 10% from FMAP.


**Table 5: First-Year Coverage of New and Returning FPW Enrollees**

Since December 2006 the percentage of women joining (or rejoining) the FPW program in any given month who will remain eligible for at least 12 months is about 70%, and the average time enrolled over the first year is a little over 10 months. So for example, among women newly enrolled in the FPW for the first time in January 2008, 70.9% were eligible under FPW for the entirety of January to December 2008, and the average number of months they were eligible for over that year was 10.4 months.

**Table 6: Length of Enrollment of Women Leaving FPW Program**

The enrollment history of those leaving the FPW program is presented in this table. Among the 1,319 women who left the program in December 2008, (i.e. were enrolled in November but not in December), 67.5% had been enrolled for 12 months or longer, for an average of 11.7 months. The first 12 month administrative removal of enrollees occurred in February 2007 and the data before that month reflect this programmatic effect, and by definition no one could have been enrolled for 12 months until that time. The impact of the August-September 2008 removal anomaly is again noted here with a much lower rate of 12 month enrollment and lower average months of enrollment indicating that those not removed were very likely women who had been enrolled for 12 months or more.

**Claim rate**



A preliminary investigation of a FPW claim rate was undertaken. In the first quarter of 2008 there were 18,704 women who were continuously eligible under the FPW program. Among these women 12,458 (66.6%) had made a claim under the FPW program in the first quarter of 2008. A time window of three months was selected as a reasonable time period within which to identify a claim since oral contraceptives can be dispensed for a three-month supply which would therefore require only one visit per quarter. Among those who did not make a claim there is potentially a group of women who were enrolled and had received long-term birth control under the program at some earlier time and no longer are in need of receiving services to prevent unplanned pregnancies.

**TABLE 1: FPW PROGRAM MONTHLY ENROLLMENT**

	Leaving from prior month	Continuing from prior month	New to FPW program	Returning to FPW program	Total enrolled for month
2006					
February	—	—	3,803	—	3,803
March	58	3,745	4,377	0	8,122
April	104	8,018	3,008	1	11,027
May	175	10,852	2,539	9	13,400
June	200	13,200	2,354	16	15,570
July	217	15,353	1,463	30	16,846
August	276	16,570	1,776	32	18,378
September	303	18,075	1,569	36	19,680
October	331	19,349	1,592	70	21,011
November	348	20,663	1,443	74	22,180
December	351	21,829	1,332	78	23,239
2007					
January	427	22,812	1,480	80	24,372
February	2,562	21,810	1,274	94	23,178
March	3,074	20,104	1,378	286	21,768
April	2,182	19,586	1,291	482	21,359
May	1,956	19,403	1,273	478	21,154
June	1,818	19,336	1,225	380	20,941
July	1,337	19,604	1,213	362	21,179
August	1,574	19,605	1,283	393	21,281
September	1,383	19,898	1,072	335	21,305
October	1,390	19,915	1,343	390	21,648
November	1,273	20,375	1,116	379	21,870
December	1,150	20,720	995	311	22,026
2008					
January	1,405	20,621	1,229	391	22,241
February	1,699	20,542	1,057	350	21,949
March	1,894	20,055	1,139	444	21,638
April	1,794	19,844	1,152	460	21,456
May	1,686	19,770	1,102	497	21,369
June	1,561	19,808	1,154	508	21,470
July	1,216	20,254	1,152	509	21,915
August	441	21,474	1,068	472	23,014
September	508	22,506	1,126	452	24,084
October	1,659	22,425	1,204	458	24,087
November	1,468	22,619	1,013	491	24,123
December	1,319	22,804	1,046	461	24,311

**TABLE 2: POST-MONTH ENROLLMENT OF WOMEN LEAVING FPW PROGRAM**

	No program	308	370	372	37E	86E	920	Other	Total
<b>2006</b>									
February	—	—	—	—	—	—	—	—	—
March	9	18	0	2	2	12	12	3	58
April	16	35	0	5	5	19	23	1	104
May	28	41	1	9	11	48	35	2	175
June	39	59	1	9	16	30	42	4	200
July	37	69	0	17	6	35	48	5	217
August	45	78	1	30	16	31	69	6	276
September	65	87	3	24	17	35	71	1	303
October	52	114	1	18	27	30	76	13	331
November	76	91	1	25	18	50	82	5	348
December	83	94	3	17	11	35	101	7	351
<b>2007</b>									
January	64	117	4	28	24	48	125	17	427
February	2,231	113	1	17	23	49	111	17	2,562
March	2,717	121	2	26	15	52	130	11	3,074
April	1,840	121	5	22	13	35	136	10	2,182
May	1,629	125	3	20	18	51	99	11	1,956
June	1,468	147	5	23	15	49	94	17	1,818
July	973	149	5	24	20	50	111	5	1,337
August	1,096	219	6	21	34	57	131	10	1,574
September	985	181	3	30	18	52	103	11	1,383
October	992	151	3	25	24	53	137	5	1,390
November	921	135	1	28	21	53	100	14	1,273
December	822	121	1	26	28	42	100	10	1,150
<b>2008</b>									
January	988	146	4	37	24	53	138	15	1,405
February	1,338	135	6	26	17	57	109	11	1,699
March	1,520	160	3	22	14	48	118	9	1,894
April	1,416	147	4	19	31	48	118	11	1,794
May	1,295	167	2	23	29	61	105	4	1,686
June	1,184	161	1	26	23	45	116	5	1,561
July	822	138	4	39	34	60	108	11	1,216
August	38	160	4	19	18	73	119	10	441
September	63	170	3	33	35	55	133	16	508
October	1,174	167	4	35	28	85	157	9	1,659
November	1,019	185	7	34	20	85	112	6	1,468
December	928	153	6	33	11	61	117	10	1,319

308: FAM-MED-ASSIST-PGM; 370: FIP-TRANS-EXT-MCAID; 372: CHILD-MEDICAL-ASSIST;  
37E: MED-NEEDY-FIP-RLATED; 86E: IACARE-FAMPLAN; 920: PREG-WOMEN-MAC

**TABLE 3: PRIOR-MONTH ENROLLMENT OF WOMEN NEW TO FPW PROGRAM**

	No program	308	370	372	37E	86E	920	Other	Total
<b>2006</b>									
February	3,763	6	5	1	2	0	22	3	3,802
March	4,277	15	10	9	4	6	53	3	4,377
April	2,858	14	9	11	16	9	89	2	3,008
May	2,197	33	18	10	8	8	260	5	2,539
June	1,956	32	17	12	7	18	309	3	2,354
July	1,076	39	12	16	10	30	274	6	1,463
August	1,354	49	13	14	7	34	299	6	1,776
September	1,113	58	19	12	5	35	325	2	1,569
October	1,171	52	18	13	8	26	303	1	1,592
November	1,046	49	18	17	7	30	276	0	1,443
December	926	51	25	13	12	29	273	3	1,332
<b>2007</b>									
January	1,089	46	18	18	10	30	265	4	1,480
February	912	50	26	9	18	16	242	1	1,274
March	976	40	28	14	11	24	282	3	1,378
April	929	43	25	13	8	14	257	2	1,291
May	882	59	34	15	7	21	251	4	1,273
June	819	69	32	16	5	16	266	2	1,225
July	817	54	26	13	6	28	267	2	1,213
August	892	57	30	14	6	17	266	1	1,283
September	674	48	25	12	9	20	281	3	1,072
October	909	55	30	20	5	16	304	4	1,343
November	668	45	24	18	4	12	343	2	1,116
December	574	48	22	13	10	7	320	1	995
<b>2008</b>									
January	797	54	28	17	8	10	313	2	1,229
February	701	61	17	8	4	12	251	3	1,057
March	810	54	18	15	14	7	217	4	1,139
April	772	54	21	15	11	10	265	4	1,152
May	724	58	23	11	7	14	264	1	1,102
June	760	57	21	16	7	16	273	4	1,154
July	821	60	19	15	7	4	226	0	1,152
August	739	46	12	15	7	8	240	1	1,068
September	773	65	20	12	6	11	239	0	1,126
October	806	71	23	12	5	22	261	4	1,204
November	619	52	18	19	5	20	278	2	1,013
December	641	61	28	11	7	21	273	4	1,046

308: FAM-MED-ASSIST-PGM; 370: FIP-TRANS-EXT-MCAID; 372: CHILD-MEDICAL-ASSIST;  
37E: MED-NEEDY-FIP-RLATED; 86E: IACARE-FAMPLAN; 920: PREG-WOMEN-MAC

**TABLE 4: PRIOR-MONTH ENROLLMENT OF WOMEN RETURNING TO FPW PROGRAM**

	No program	308	370	372	37E	86E	920	Other	Total
<b>2006</b>									
February	—	—	—	—	—	—	—	—	—
March	0	0	0	0	0	0	0	0	0
April	0	0	0	0	1	0	0	0	1
May	1	5	0	1	0	0	1	1	9
June	2	8	0	1	4	0	1	0	16
July	1	10	1	0	7	3	7	1	30
August	2	10	0	4	8	6	1	1	32
September	0	14	0	3	0	16	2	1	36
October	2	28	2	5	8	16	8	1	70
November	2	31	1	4	7	16	10	3	74
December	4	26	1	10	14	12	6	5	78
<b>2007</b>									
January	5	25	3	5	14	15	12	1	80
February	5	19	4	12	18	12	16	8	94
March	207	27	5	6	10	15	14	2	286
April	397	29	2	9	13	12	17	3	482
May	385	28	2	6	15	13	24	5	478
June	290	29	5	3	14	16	21	2	380
July	268	31	2	7	8	15	30	1	362
August	270	36	4	11	11	24	33	4	393
September	205	40	3	8	12	18	49	0	335
October	254	41	3	9	19	16	45	3	390
November	233	55	1	10	10	17	49	4	379
December	160	44	7	7	26	14	51	2	311
<b>2008</b>									
January	258	38	5	8	18	10	51	3	391
February	210	28	5	8	13	15	69	2	350
March	311	44	4	5	11	8	59	2	444
April	311	44	7	13	11	13	57	4	460
May	357	41	4	12	16	16	50	1	497
June	336	41	6	11	18	12	82	2	508
July	362	45	6	8	20	3	64	1	509
August	298	39	7	13	22	9	82	2	472
September	241	53	8	9	22	28	89	2	452
October	226	62	7	13	14	26	107	3	458
November	239	63	9	16	22	45	96	1	491
December	239	46	13	12	21	29	100	1	461

308: FAM-MED-ASSIST-PGM; 370: FIP-TRANS-EXT-MCAID; 372: CHILD-MEDICAL-ASSIST;  
37E: MED-NEEDY-FIP-RELATED; 86E: IACARE-FAMPLAN; 920: PREG-WOMEN-MAC

**TABLE 5: FIRST-YEAR COVERAGE OF NEW AND RETURNING FPW ENROLLEES**

	Average number of months enrolled in first 12 months from initial enrollment			Percent enrolled for all first 12 months from initial enrollment		
	New to FPW program	Returning to FPW program	Total new for month	New to FPW program	Returning to FPW program	Total new for month
<b>2006</b>						
February	11.3	—	11.3	87.7%	—	87.7%
March	11.3	*	11.3	86.6%	*	86.6%
April	11.1	*	11.1	84.0%	*	84.0%
May	11.1	*	11.1	83.0%	*	82.8%
June	11.0	*	11.0	81.1%	*	80.7%
July	10.9	*	10.8	78.7%	*	77.3%
August	10.8	*	10.8	77.7%	*	76.8%
September	10.7	*	10.6	75.7%	*	74.3%
October	10.8	*	10.6	75.3%	*	72.9%
November	10.7	*	10.5	74.9%	*	72.1%
December	10.4	*	10.2	72.1%	*	69.9%
<b>2007</b>						
January	10.6	*	10.3	73.9%	*	70.6%
February	10.5	*	10.1	73.6%	*	69.7%
March	10.4	9.5	10.2	71.8%	66.4%	70.9%
April	10.4	10.3	10.4	72.4%	76.8%	73.6%
May	10.3	10.6	10.4	70.9%	77.8%	72.8%
June	10.0	10.6	10.2	69.0%	77.1%	70.9%
July	10.2	10.2	10.2	69.6%	72.4%	70.2%
August	10.4	10.1	10.3	72.6%	69.2%	71.8%
September	10.3	9.7	10.2	72.8%	64.5%	70.8%
October	10.4	9.7	10.2	72.9%	63.6%	70.8%
November	10.4	9.7	10.2	71.0%	66.8%	69.9%
December	10.4	9.4	10.1	72.6%	61.7%	70.0%
<b>2008</b>						
January	10.4	9.9	10.3	70.9%	68.8%	70.4%

\* The number returning to FPW program in these months is very low and the estimates for these months are subject to high estimation errors.



**TABLE 6: LENGTH OF ENROLLMENT OF WOMEN LEAVING FPW PROGRAM**

	Average number of months enrolled prior to leaving	Percent enrolled for 12 months or longer	Total number leaving from prior month
2006			
March	1.0	0.0%	58
April	1.4	0.0%	104
May	1.9	0.0%	175
June	2.5	0.0%	200
July	3.1	0.0%	217
August	3.4	0.0%	276
September	4.2	0.0%	303
October	4.5	0.0%	331
November	5.2	0.0%	348
December	5.4	0.0%	351
2007			
January	5.8	0.0%	427
February	10.9	82.2%	2,562
March	11.0	84.2%	3,074
April	10.7	78.6%	2,182
May	10.4	75.7%	1,956
June	10.3	74.4%	1,818
July	9.7	63.8%	1,337
August	9.8	64.7%	1,574
September	9.7	64.5%	1,383
October	10.0	65.2%	1,390
November	10.0	65.7%	1,273
December	10.0	65.8%	1,150
2008			
January	10.4	65.1%	1,405
February	14.3	74.4%	1,699
March	14.2	75.3%	1,894
April	13.3	74.0%	1,794
May	12.6	72.1%	1,686
June	12.6	71.5%	1,561
July	11.1	65.0%	1,216
August	7.3	18.8%	441
September	8.4	24.0%	508
October	11.9	67.4%	1,659
November	11.5	65.3%	1,468
December	11.7	67.5%	1,319



## **Appendix B: Annual Report Year 2**



# **IOWA FAMILY PLANNING DEMONSTRATION EVALUATION**

## **YEAR 2**

### **FEBRUARY 21, 2008**

Elizabeth T Momany, PhD  
Knute D Carter, Bsc (Ma&CompSc) (Hons)  
Natoshia M Askelson, MPH  
Peter C Damiano, DDS, MPH

# **EVALUATION REPORT**

## **STATE OF IOWA MEDICAID FAMILY PLANNING DEMONSTRATION**

**FEBRUARY 1, 2006-JANUARY 31, 2008**

### **Introduction**

In an effort to build the final report for the Medicaid Family Planning Demonstration evaluation we have chosen to include information from the first year report, expanding the tables and charts to include the second year. In addition, we have added information regarding birth rates and repeat rates that were calculated during the second year. Recent conversations with family planning clinics indicate that funds provided through this initiative will be used primarily to build capacity, and not for the direct provision of services. However, we are currently unable to determine whether enrollment rates for the Medicaid Family Planning Demonstration have changed in response to this program.

### **Evaluation description**

The University of Iowa Public Policy Center is contracted with the State of Iowa Department of Human Services to provide an evaluation of the Medicaid Family Planning Demonstration. This evaluation began on February 1, 2006 and will continue through January 31, 2011. The evaluation encompasses five hypotheses focusing primarily on the costs and rates of repeat births and use of family planning services for women in the Medicaid program. The demonstration provides access to family planning services for all women who have delivered a baby while enrolled in Medicaid but would normally become disenrolled 60 days postpartum and all women under 200% of poverty. Services can be provided through family planning clinics or other Medicaid providers. The purpose of the demonstration is to reduce the number of repeat births for women in Medicaid.

### **Demonstration Population**

After the initiation of the program in February 2006, enrollment built rather quickly going from 3,802 in the first month to 17,760 in the final month of CY2006. Figure 1 shows the number of women within the demonstration by month over the first year by age group. All three age groups, 13-17 years of age, 18-20 years of age, and non-teen, grew steadily throughout the year. Figure 2 indicates the percent of the demonstration population that resided

within each group over the first year. These percentages remained stable throughout the year, indicating that the growth of the demonstration population was the same for all three age groups. From this we can ascertain that no one age group was more likely to enroll in the program than another.

Figure 1. Women in Family Planning Demonstration - Feb 2006 to Jan 2007

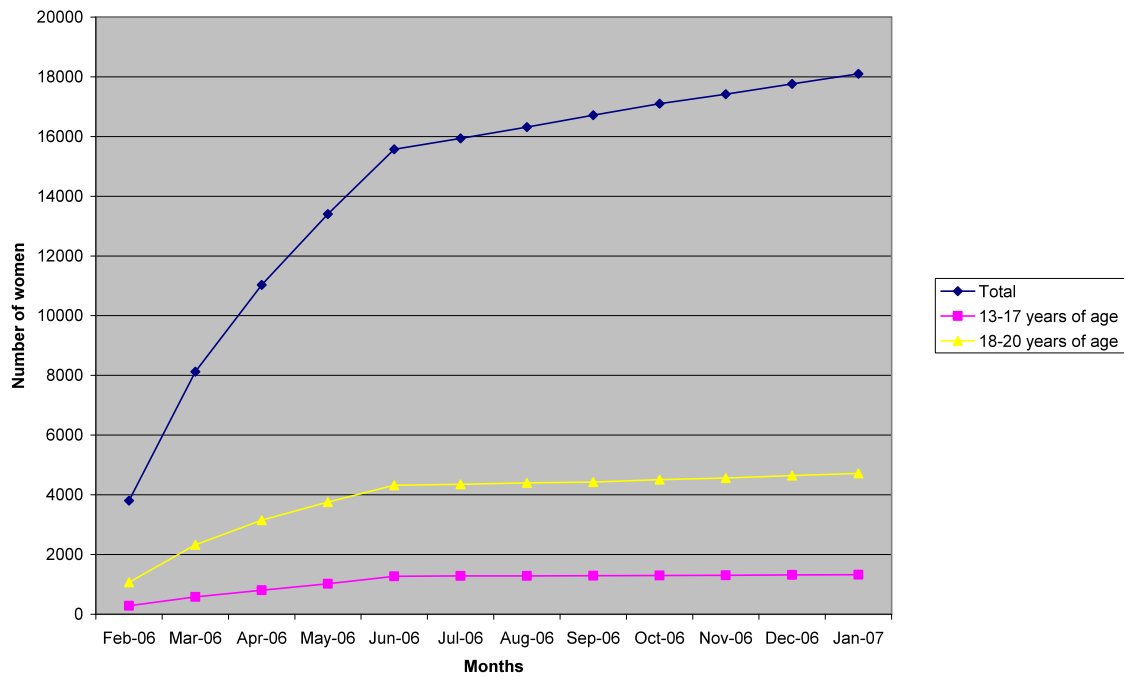
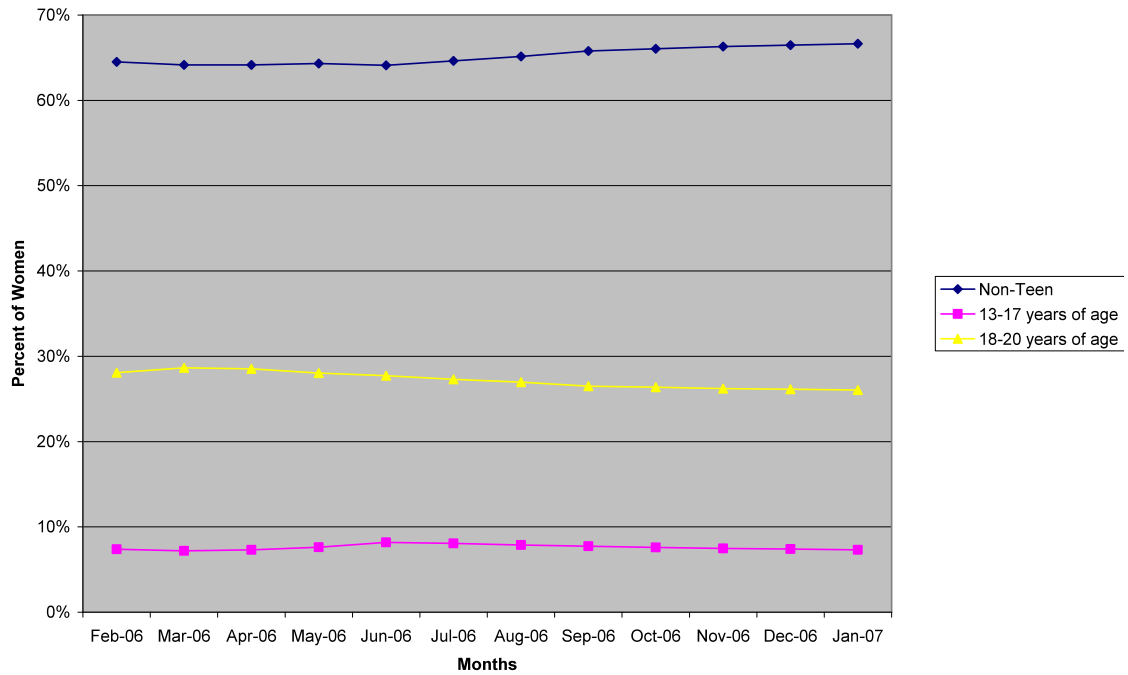


Figure 2. Percent of Women in Family Planning Demonstration by Age - Feb 2006 to Jan 2007




### Current protocol decisions

Within the current evaluation a number of decisions have been made to clarify the methods and operationalize variables and formulas needed to complete the study. As we continue to assimilate the data planning for future analysis we will design protocols to refine the hypothesis testing. In the paragraphs below we outline the recent protocol development that has taken place.

**Year to allocate services** - The services provided on a claim are counted within the measurement year if the surgical date occurred within the measurement year or, in the absence of a surgical date, the first date of service occurs within the measurement year. This decision rule is important in determining the costs for prenatal care and birth for the baseline numbers.

**Mothers and children** – We have decided that we will not match children and mothers when determining rates or costs. Costs for all women who are enrolled in CMAP, FMAP and MAC when they deliver will be used to determine the cost per delivery by year. Any claim with a DRG of 370-375 or diagnosis code with V27 or 650 is considered a delivery claim, this is unique to the mother. All costs for deliveries will be calculated and divided by the number of women delivering in a given year to determine average delivery cost per year. All costs for birth, unique to the child, will be calculated and divided by the number of children to determine the



average birth cost per year. Delivery cost and birth cost for each year will be added to determine the total birth cost per year.

Number of women under 200% poverty – We are investigating sources to estimate the total number of women within the state who are under 200% of poverty. We are hopeful that a survey that is currently given to all delivering mothers, may provide adequate income information to estimate this number.

Prenatal care costs – The costs for prenatal care will require us to separate prenatal care reimbursement from the bundled coding in Medicaid. From previous research we have found that approximately 40% of women delivering a child have at least some of their prenatal visits reflected on a bundled claim with the physician's delivery claim. We will separate out costs by line item within a claim to uniquely identify costs for prenatal care when bundled.

Birth rate determinations – we have concerns about the appropriate birth rate within the demonstration population. Since we are keeping women who are using family practice services within the program, they will skew the birth rate. For example, we may have 45,000 of 50,000 women giving birth within Medicaid giving birth during the baseline period. This is a birth rate of 90%. Once women are kept on the program for family planning services after birth or enrolled at a FP clinic, the number of women within Medicaid will increase. Instead of going off the program 2 months after delivery, women will remain on the program for an additional year while obtaining FP services. Our numbers may then be 45,000 giving birth with 75,000 on the program. This is a birth rate of 60%. We are currently investigating methods for adapting the rates to address this issue.

Populations – We will separate women in the Medicaid program who are receiving family planning services as an expansion of Medicaid following delivery from women who are receiving these services as an expansion of Medicaid due to income level below 200% FPL.

Other progress – The CPT codes indicating family planning services have been entered into the database to allow us to retrieve all family planning related claims. Demonstration results for other states have been assimilated and are being reviewed to help inform methods discussions.



## **Appendix C: Annual Report Year 1**





# **IOWA FAMILY PLANNING DEMONSTRATION EVALUATION**

**YEAR 1**

**MARCH 23, 2007**

Elizabeth T Momany, PhD  
Knute D Carter, Bsc (Ma&CompSc) (Hons)  
Natoshia M Askelson, MPH  
Peter C Damiano, DDS, MPH



# Evaluation Report

## State of Iowa Medicaid Family Planning Demonstration

**February 1, 2006-January 31, 2007**

### Introduction

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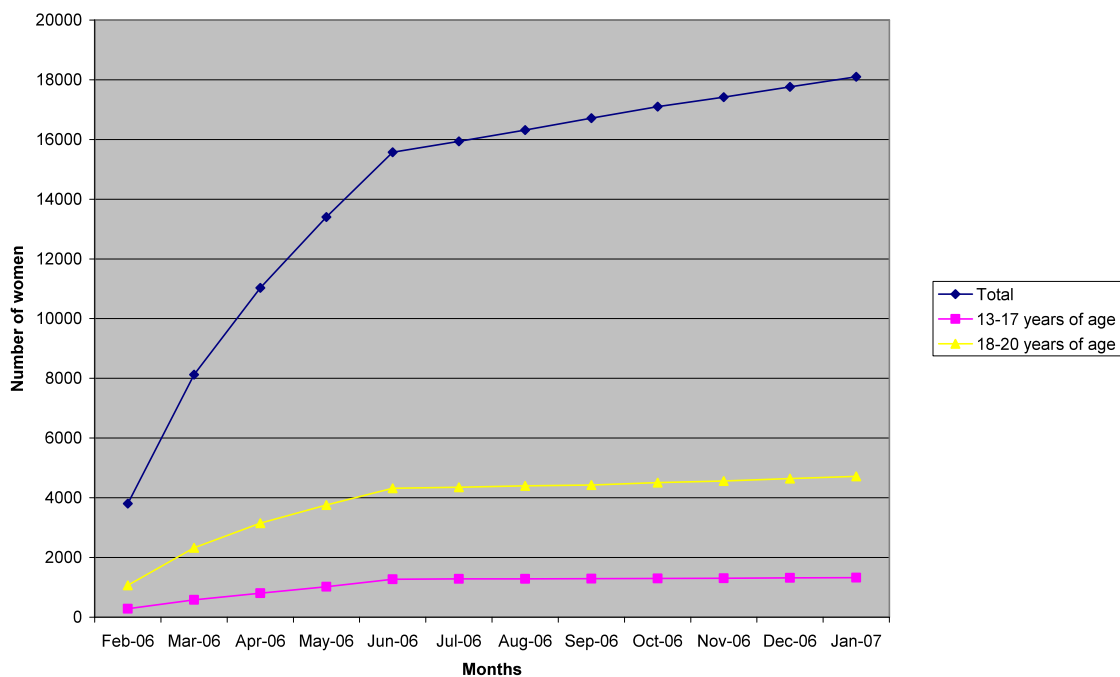
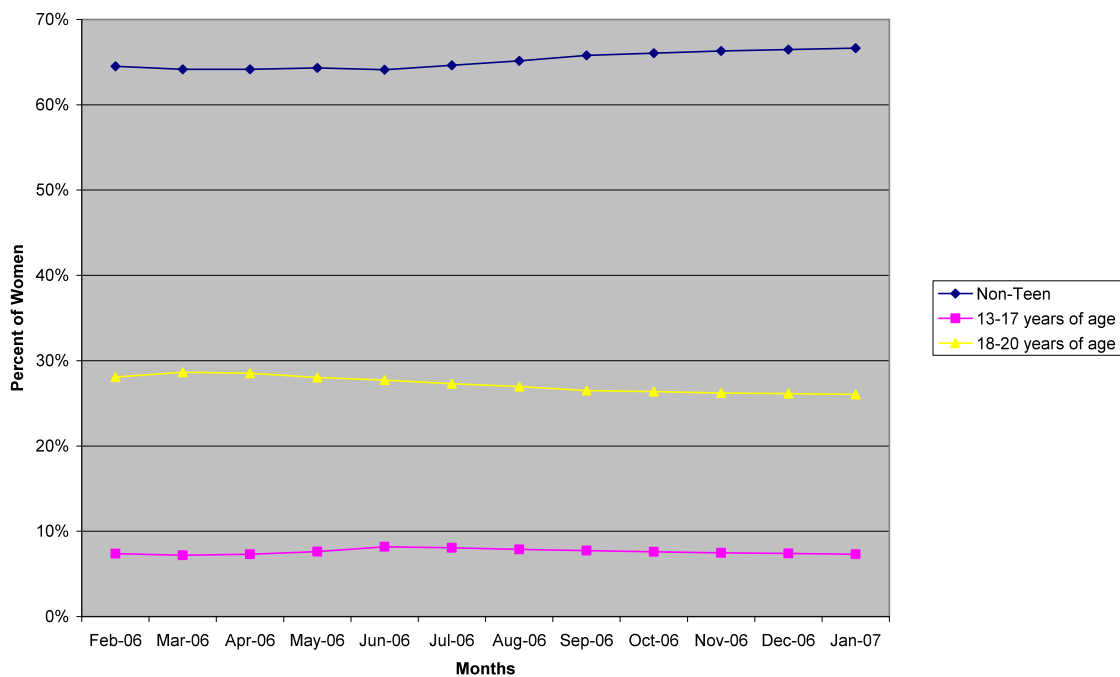



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