

**Region IV Medicaid Waivers
SUMMARY OF COMMON DEFINITIONS/PROCEDURES**

1) Outcome Measures:

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

2) Populations of Interest:

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

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

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

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

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

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

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

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

3) Measuring Budget Neutrality:

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

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

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

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

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

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

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

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