

**Common Medicaid Family Planning Indicators for Women Age 19-44**

	AL (1) 2005-06	AL (1) 2006-07	FL (2) 2006	FL (2) 2007	MS (3) 2006	MS (3) 2007	NC (4) 2006	NC (4) 2007	SC (5) 2006	SC (5) 2007	Overall for Region IV 2006	Overall for Region IV 2007	VA (6) 2006	VA (6) 2007	LA (10) 2006	LA (10) 2007
B) Number of Women Eligible for the Waiver	146,381	146,381	228,071				324,959	324,959	150,666	150,666	<b>850,077</b>	<b>622,006</b>	(7)	(7)	NA	223,603
C) Unduplicated Number of Enrollees	115,625	113,852	5,891				29,587	42,922	115,052	99,611	<b>266,155</b>	<b>256,385</b>	21,523	20,664	NA	20,239
D) Unduplicated Number of Participants Receiving Any Waiver Service	62,729	54,271	2,342				12,095	16,797	59,741	51,016	<b>136,907</b>	<b>122,084</b>	6,583	6,821	NA	9,241
Total Clients Seen by Title X (FPAR) (9)	75,348	81,411	173,131	171,131			112,044	105,235	80,987	77,105	<b>441,510</b>	<b>434,882</b>				
4a) Expected Number of Births	15,145	13,288	335						6,097		<b>21,577</b>		970	1,015	NA	
4b) Estimated Number of Births Averted	8,709	9,626	314				(8)		2,963		<b>11,978</b>		641	618	NA	
Est. Total Waiver Clients Seen Primarily by Title X (FPAR)			2,009				5,034	7,550	36,756	29,678	<b>79,173</b>	<b>67,815</b>				
Total Waiver Clients Seen Primarily by Title X (EVAL)	35,374	30,587														
Percent of the Eligible Population Enrolled [C/B x 100]	79.0%	77.8%	2.6%				9.1%	13.2%	76.4%	66.1%	<b>31.3%</b>	<b>41.2%</b>			NA	9.1%
Percent of the Enrolled Population Seen for Any Waiver Service [D/C x 100]	54.3%	47.7%	39.8%				40.9%	39.1%	51.9%	51.2%	<b>51.4%</b>	<b>47.6%</b>	30.6%	33.0%	NA	45.7%
Percent of the Eligible Population Seen for Any Waiver Service [D/B x 100]	42.9%	37.1%	1.0%				3.7%	5.2%	39.7%	33.9%	<b>16.1%</b>	<b>19.6%</b>			NA	4.1%
Percent of Waiver Clients Seen Primarily in the Health Department	56.4%	56.4%	85.8%				41.6%	44.9%	61.5%	58.2%	<b>57.8%</b>	<b>55.5%</b>				
Percent of Title X/Health Department Clients Covered by the Waiver	46.9%	37.6%	1.2%				4.5%	7.2%	45.4%	38.5%	<b>17.9%</b>	<b>15.6%</b>				
Number of Births Averted per Program Participant (4b/D)	0.14	0.18	0.13						0.05		<b>0.09</b>		0.10	0.09	NA	
Percent of Expected Births Estimated to be Averted (4b/4a X 100)	57.5%	72.4%	93.7%						48.6%		<b>55.5%</b>		66.1%	60.9%	NA	
E. Number of Births to Program Participants	6,436	3,662	21				374		3,134		<b>9,965</b>		329	397		
Percent of Active Participants Who Gave Birth During Specified Year [E/D x 100]	10.3%	6.7%	0.9%				3.1%		5.2%		<b>7.3%</b>		5.0%	5.8%		
Ratio of Expected Births to Actual Births [4a/E]: x : 1	2.4	3.6	16.0						1.9		2.2		2.9	2.6		
F. Demonstration Year	6	7	8				1		13				5	6		

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(1) Used 2005-06 and 2006-07 fiscal years instead of 2006 and 2007 calendar years respectively for enrollees and users and cannot go back and do calendar year. year, Cannot get FPAR data on Title X clients served for the fiscal, so used 2006 total Title X users for 05-06 and 2007 Title X users for 06-07. Population for all three items was women age 19-44. The overall eligible population is any female age 18-44, not on full Medicaid, and their income is <133% FPL. For birth averted to following age groups were used (18-19, 20-29 and over 30).

Numbers for actual births in 2006 and 2007 will need to be updated but should be close. These are births that occur within the dates of the demonstration year to women who are enrolled in the waiver and used any services during the year. It is not corrected for whether the birth occurred before or after enrollment or service use, and the time frame is not extended to account for births that occur for pregnancies begun during the time frame.

(2) Used 2006 calendar year for enrollees and users. Until 12/1/06 the eligible population was only women who had a Medicaid-financed delivery and women who had a pregnancy-related service within 2 years of losing Medicaid eligibility. The current definition increases the eligibility to cover uninsured (defined as not having creditable coverage) women ages 14-55; with family incomes  $\leq$ 185% FPL and are not otherwise eligible for Medicaid, SCHIP, or Medicare; and who have lost Medicaid eligibility within the last 2 years. For this table FL did not use the CPS method to calculate the eligible population. They tried to do a more reasonable estimate based on their eligibility criteria. but this is a slight overestimate because it includes women with a second birth during the three-year period they used to make the estimate and they used 14-44 as their age group instead of 19-44. For birth averted to following age groups were used (14-19, 20-29, 30-34, 35-44). The evaluators have not received the 2007 Medicaid data yet.

Methodology used in Florida to obtain numbers and for counting actual births: Extract FP eligible women from Medicaid eligibility data from AHCA. Extract women with FP in AHCA claims data (inpatient, outpatient, medical, and pharmacy). Merge sets from 1 and 2 to get FP eligible women that had claims, i.e. active FP participants. This merge uses the Medicaid ID as the linking field. Merge set from 3 with Florida birth certificate/Medicaid eligibility linkage to find births given by active FP participants. This merge uses the Medicaid ID as the linking field. The birth certificate/Medicaid eligibility linkage used common demographic fields in a multistep, deterministic algorithm. If the baby was born prior to the first claim date, then delete (first FP claim after birth). If the baby was born prior to the first claim date+270 days, then delete (already pregnant at the first FP claim).

(3)

(4) Used 2006 and 2007 calendar year for enrollees and users. Population for all three items was women age 19-44. The overall eligible population for the waiver is women 19-55 and men 19-60 whose income is below 185% of federal poverty level; a US citizen or qualified alien and a NC resident; and not eligible under any other Medicaid coverage category, a Medicare recipient, sterilized, pregnant, or incarcerated.

The data source for births is "Baby Love", which is a NC Vital Statistics data set with additional information merged from Medicaid MMIS. Only live births are counted. Pregnancies that began in October 2005, the first month of Waiver Year One, are associated with births nine months later in July 2006, however, we do include births that occurred in June 2006 to account for premature births.

(5) Used 2006 calendar year for enrollees and users. Population for all three items was women age 19-44, <185% FPL. The overall eligible population is any female age 10-55, not on full Medicaid, and their income is <185% FPL. For birth averted to following age groups were used (15-19, 20-24, 25-29, 30-34, 35-39, and 40-44) but 2963 is the total for 15-44.

South Carolina counts births to waiver participants occurring during the last three months of the demonstration year and the first nine months of the next demonstration year. We have the number of actual births by age group.

(6) Used 2005-06 fiscal year for enrollees and users. Eligible population is any women who received a pregnancy-related service paid for by Medicaid during her most recent pregnancy, has not had a hysterectomy or tubal ligation, is less than 24 months from end of her pregnancy, is not eligible for another Medicaid covered group, has income  $\leq$  133% FPL, and meets the citizenship and residency requirements. Live births are counted based on date of birth by federal fiscal year (Oct - Sept), which is the same as the Family Planning Waiver (FPW) demonstration year. The count is infants, not women or deliveries, e.g., twins = 2 births, still births are not counted. Births are identified through Medicaid eligibility files as follows: Medicaid enrollee with a date of birth during the year and whose eligibility begin date is on or close to their date of birth (definition used for baseline measure in waiver application). Infants are linked to the mother in one of two ways: Mother's Medicaid number in the infant's eligibility record (field not always completed).or Relationship codes in the eligibility case record. (Will not pick up infants who are not in the mother's home.) A birth is counted if the mother had a paid claim under the FPW and the infant's date of birth is greater than the date of service of the first claim paid under the FPW during the most recent FPW enrollment period that began prior to the infant's date of birth. The waiver service may have been received in a previous fiscal year. Except: Do not count births that occur > 9 months after the mother's eligibility in the FPW eligibility was canceled. Do not count births that occurred while the woman was enrolled in the FPW if there is no Medicaid paid claim for the delivery (beginning with FFY 2007). [All of these had some irregularity. Most had the first claim within three months prior to delivery. This criterion was not applied to women who were not enrolled in the FPW during the

(7) Unable to calculate eligible population due to lack of resources to do the additional programming, citizenship measurement problems, and problems in determining eligibility numbers for women during redetermination 12 months after delivery.

(8) Births averted were not calculated for 2006 because they would not be able to report a full 12 months.

(9) Estimated from FPAR data by summing the women served between 20 and 44 and adding 50% of the 18-19 year olds. For FL, this includes only DOH and CHC. Planned parenthood does not accept Medicaid.

(10) Used 06-07 fiscal year fiscal year instead of 2007 calendars year respectively. Although the waiver was approved effective July 1, 2006, enrollment in TAKE CHARGE did not begin until October 1, 2006. Eligible population is women ages 19-44 at or below 200% poverty for 2006 calendar year.