

Virginia Family Planning Expansion Project

Project Number 11-W-00152/3

EVALUATION PLAN

Revised July 25, 2008

Background

Virginia Medicaid Family Planning Benefits for Post Partum Women began October 1, 2002, and ended September 30, 2007. This Section 1115 Research and Demonstration Project provided payment for family planning services on behalf of women who were Medicaid-eligible for prenatal care and delivery for an additional 22 months, for a total of 24 months postpartum, if the woman continued to meet the financial eligibility requirements for a pregnant woman under Medicaid. Financial eligibility requirements were based on income up to 133 percent of the federal poverty level.

The original demonstration had a positive but limited impact on Medicaid births due to the small number of women served. Given the relatively small proportion of women eligible for the demonstration, it was unrealistic to expect the demonstration to reduce the total number of pregnancies and deliveries paid by Medicaid. Factors in the broader environment of the Commonwealth that influenced the number of Medicaid births – a growing population of women of childbearing age, increased pregnancy rates, increased fertility rates – and a campaign to increase enrollment in public health care coverage were stronger influences than the family planning demonstration on the number and growth rate of Medicaid-funded births.

The Virginia Department of Medical Assistance Services (DMAS) conducted an initial evaluation of the family planning services demonstration during the fourth year of the demonstration (FFY 06). Subsequently, several program improvements were initiated that address findings from the evaluation:

- Education of enrollees: The evaluation found that over half of the enrolled women were unfamiliar with the Family Planning Waiver program.

In September 2006 DMAS initiated a letter to all new enrollees in Medicaid program categories for pregnant women that included information about the Family Planning Waiver. In October 2006 DMAS initiated a letter to all new enrollees in the Family Planning Waiver describing the covered services. Plans to print and distribute printed fliers or brochures were postponed in anticipation of expansion of the eligible population and service coverage. The outreach plan to enrollees for the second waiver period is described in the extension proposal.

- Education of providers: The evaluation found that many Medicaid providers were unfamiliar with Family Planning Waiver services.

In December 2006 following approval of an amendment to cover additional procedure codes, a Medicaid Memo clarifying eligibility, covered services, and billing requirements was distributed to all providers and posted on the DMAS web site along with an updated Family Planning Program fact sheet. The outreach plan to providers for the second waiver period is described in the extension proposal.

- Expansion of eligible population: The evaluation found that the demonstration program had limited potential for impacting Medicaid births due to the narrow definition of the eligible population.

The 2006 Virginia General Assembly passed legislation directing DMAS to seek a waiver to expand eligibility for Medicaid coverage of family planning services to individuals with a family income to 133 percent of the federal poverty level without regard to prior Medicaid eligibility or pregnancy.

Changes for the Waiver Extension

Virginia’s Family Planning Waiver extension and expansion proposal for the period October 1, 2008, through September 30, 2011, reflects a major change in the population eligible for waiver services. Effective January 1, 2008, eligibility for Medicaid coverage of family planning services will be expanded to both men and women with family income up to 133 percent of the federal poverty level without regard to prior Medicaid eligibility or pregnancy. This changes the basis of eligibility to income only. A signed application will be required for all individuals, including postpartum women following a Medicaid funded birth, prior to enrollment in the waiver and for annual renewal.

The expanded program will be called Plan First. No other State Medicaid initiatives are planned that are expected to affect the implementation and outcomes of this demonstration.

Healthy People 2010

At the turn of the decade, the Virginia Department of Health (VDH) organized the Healthy Virginians 2010 Advisory Team to make recommendations about how Virginia could best address Healthy People 2010 objectives. The group believed that in order to be effective and manageable, the emphasis in Virginia should be on approximately 50 statewide objectives for the decade. The team identified two Healthy People 2010 Family Planning objectives for emphasis in Virginia. The two Healthy Virginians 2010 objectives for family planning have been adapted to serve as objectives for the next demonstration evaluation.

Healthy Virginians 2010 Objectives	Family Planning Demonstration Objectives
Increase the proportion of pregnancies that are intended.	Increase the proportion of Medicaid births that are intended.
Increase male involvement in pregnancy prevention and family planning efforts.	Increase male involvement in Medicaid pregnancy prevention and family planning efforts.

VDH has no plans for new initiatives or significant changes in services related to these objectives within the next three years.

Evaluation Design

Objectives for the second demonstration period were selected to address: (1) opportunities for improvement identified in the previous evaluation, (2) the program expansion directed by the 2006 Virginia General Assembly, (3) Healthy People 2010 objectives targeted by the Healthy Virginians 2010 Prevention Initiative, and (4) referrals to primary care.

DMAS plans to contract with Virginia Commonwealth University (VCU) to conduct enrollee and provider surveys. The Virginia Department of Health (VDH) has agreed to provide analysis of PRAMS data. DMAS will analyze claims data in-house.

No other initiatives occurring in the Commonwealth have been identified that would be expected to have an impact on any of the following objectives.

Research and Analytic Capabilities

The Community Health Research Initiative (CHRI) of VCU was organized to address critical health disparities in HIV/AIDS, maternal child health, tobacco prevention, and other community health concerns. Their purpose is to promote the health of individuals, families, and communities by reducing the negative impact of disease and social disadvantage. Faculty and staff experts in social and behavioral health research, program evaluation, prevention and care coordination, and community capacity building work closely with government agencies, nonprofit organizations, and affected communities to accomplish these goals. The Survey & Evaluation Research Laboratory (SERL) of VCU conducts surveys and provides research and evaluation support for governmental units, public and private non-profit agencies, the mass media and for VCU's faculty and administration. In 2006 the CHRI and SERL conducted a telephone survey of demonstration enrollees and a mail survey of providers and analyzed the results for evaluation of Virginia's original family planning services demonstration.

In April 2006 the Centers for Disease Control and Prevention awarded VDH a grant to develop a Pregnancy Risk Assessment and Monitoring System (PRAMS). VDH contracts with VCU SERL to administer the PRAMS survey. The VDH maternal and child health epidemiologist, an Assistant Professor of Epidemiology & Community Health at VCU, co-directs the PRAMS project and is responsible for ensuring appropriate analysis of the data.

DMAS staff have extensive experience analyzing Medicaid eligibility and claims data. The DMAS Maternal and Child Health Policy Analyst will ensure appropriate analysis of the data for measuring progress on the demonstration objectives.

Objective 1: Increase the proportion of demonstration enrollees who are familiar with the Plan First family planning program from 37 percent to 90 percent of enrollees.

Hypothesis: Implementation of the outreach plan to potential and actual Plan First family planning demonstration enrollees and the requirement for active enrollment will increase the proportion of enrollees who are familiar with the program.

Data source: Enrollee survey

Data analysis plan: DMAS will contract with VCU to conduct a survey of demonstration enrollees during the second year of the renewal period. The survey will be similar to the 2006 enrollee survey. In 2006, 45 percent of participants (enrollees with a paid claim) and 34 percent of non-participant enrollees were aware of the Family Planning Waiver program prior to the survey. Of those who said they had heard of the waiver, 81 percent of participants and 64 percent of non-participants knew that they were enrolled in the program and could receive family planning services at no cost.

Familiarity with Plan First family planning services is defined as an affirmative response to the following survey questions:

Before this phone call had you ever heard of the Medicaid Plan First family planning services program?

Did you know that you were enrolled in the Medicaid Plan First program and could receive family planning services at no cost?

Objective 2: Increase the proportion of Medicaid family planning service providers who are familiar with the Plan First family planning program from 58 percent to 70 percent of practitioners who provided family planning services under the waiver and from 14 percent to 50 percent of practitioners who provided family planning services under the Medicaid State Plan only.

Hypothesis: Implementation of the outreach plan to Medicaid family planning services providers will increase the proportion of enrollees who are familiar with the program.

Data source: Provider survey

Data analysis plan: DMAS will contract with VCU to conduct a survey of Medicaid family planning service providers during the second year of the renewal period. The survey will be similar to the 2006 provider survey. In 2006, 58 percent of providers with a paid claim under the demonstration and 14 percent of potential providers responded that they were aware of the Family Planning Waiver. Forty-one percent of demonstration service providers and 9 percent of potential providers were familiar with claims codes reimbursable under the waiver.

For the demonstration renewal, the method of developing the survey sample will be revised to better target potential demonstration service providers. Only providers who provided a Medicaid

family planning service under the State Plan or waiver in the previous year will be included. In addition, survey questions to measure this hypothesis will be revised. Familiarity with the Plan First program will be defined as an affirmative response to the following questions:

Are you aware of the Medicaid Plan First family planning services program for men and women not otherwise eligible for Medicaid?

Are you familiar with what services are reimbursable under the Plan First program?

Objective 3: Increase the proportion of Medicaid births that are intended. A performance target will be established when baseline data are available.

Hypothesis: Expansion of Medicaid family planning services to individuals with income less than 133 percent FPL will prevent unintended pregnancies, increasing the proportion of Medicaid births that are intended.

Data source: Virginia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Data analysis plan: VDH will provide statistics from PRAMS annually, approximately six months after the end of the calendar year. VDH was awarded a PRAMS grant in April 2006 and began data collection using the PRAMS survey in April 2007. The baseline for this hypothesis will be established based on data from births that occurred from January 1, 2007, through September 30, 2008, nine months after the effective date of the family planning expansion to all individuals with income at or below 133 percent FPL. VDH is working to improve the survey response rate to 70 percent.

Medicaid births will be identified as follows:

- Question: How was your delivery paid for?
- Answer: Medicaid.

Intended births will be defined as follows:

- Question: Thinking back to just before you got pregnant with your new baby, how did you feel about becoming pregnant?
- Answer: I wanted to be pregnant sooner.
OR I wanted to be pregnant then.

Objective 4: Increase male involvement in Medicaid pregnancy prevention and family planning efforts by 100 percent.

Hypothesis: Expansion of Medicaid family planning services to individuals with income less than or equal to 133 percent FPL will increase the number of males who receive family planning services paid by Medicaid.

Data source: Medicaid claims

Data analysis plan: DMAS will tabulate an annual unduplicated count of males with a paid Medicaid claim coded as a family planning service and date of service during the demonstration

year. An average of 95 males per year received a Medicaid family planning service in the three years prior to the start of the expansion.

Objective 5: Ensure access to primary care services for Plan First participants. The proportion of participants who receive an effective referral for needed health care services not covered under the demonstration will increase to 25 percent.

Hypothesis: Participants without a usual source of care will receive effective referrals for needed health care services not covered under the demonstration.

Data source: Enrollee survey

Data analysis plan: The enrollee survey to be conducted in the second year of the renewal period will measure access to primary care. The 2006 enrollee survey found that 55 percent of women who participated in the family planning demonstration had a source of primary care (other than a hospital emergency department) for needs other than family planning compared to 47 percent of women who were enrolled but did not use the service. A total of 20 women surveyed, 12 participants and 8 non-participant enrollees, reported that at a family planning visit the doctor or nurse told them that they had further medical problems that should be addressed. The number of respondents is too small to draw reliable conclusions about referrals for these problems. To overcome this problem, the survey methodology for the renewal period will be revised to include a larger sample of program participants.

Source of primary care is measured as follows:

- Question: Is there a place that you USUALLY go to when you are sick or need advice about your health other than family planning?
Answer: Yes
OR There is MORE THAN ONE place [go to third question]
- Question: What kind of place is it - a clinic, doctor's office, emergency room, or some other place?
Answer: Clinic or health center
OR Doctor's office or HMO
OR Hospital outpatient department
- Question: [if more than one place] What kind of place do you go to most often - a clinic, doctor's office, emergency room, or some other place?
Answer: Clinic or health center
OR Doctor's office or HMO
OR Hospital outpatient department

Need for health care services not covered under the demonstration will be defined as an affirmative response to the following question:

At any of your family planning visits in the past year, did the doctor or nurse tell you that you had any further medical problems that should be taken care of (that is, medical conditions that were not treated at the family planning visit)?

An effective referral will be defined as an affirmative response to all of the following questions:

Did the doctor or nurse suggest a place that you could go to get treatment for the medical problems?

Did you go anywhere to get treatment for this other medical condition?

Did you go to the place that the doctor or nurse suggested?

Monitoring

In addition to the evaluation of program objectives, DMAS plans to monitor the following program statistics on a quarterly or annual basis.

Quarterly monitoring

- Point-in-time count of enrollees by gender
Date source: Medicaid eligibility files
- Number of new enrollees during the quarter by gender
Data source: Medicaid eligibility files
- Number of individuals ever enrolled during the federal fiscal year by gender
Data source: Medicaid eligibility files
- Number of enrollees receiving a paid service by gender
Data sources: Medicaid eligibility and fee-for-service claims files
- Number of claims by provider type
Data source: Medicaid fee-for-service claims files
- Expenditures by provider type
Data source: Medicaid fee-for-service claims files

Annual monitoring

- Estimated number of Medicaid-funded births resulting from unintended pregnancies.
Data source: PRAMS
- Number of Medicaid-funded births resulting from pregnancies to waiver participants. DMAS and VDH have entered into an interagency agreement whereby DMAS will share family planning waiver eligibility and claims data with VDH for the purpose of linking the data to birth records. While the final resident birth file will not be available until two years after the end of each demonstration year, provisional birth data will be available within three months of the end of each demonstration year.

- Estimated number of averted births
Calculated based on the formula specified in Attachment A of the Special Terms and Conditions.
- Average cost of a Medicaid-funded birth
Data source: Medicaid claims data
- Cost of waiver services
Data source: CMS 64 reports from Medicaid claims data
- Annual budget limit
Calculated based on the formula specified in Attachment A of the Special Terms and Conditions.

Conclusions and Recommendations

Information from evaluation of each objective and periodic monitoring data will be integrated with more qualitative information for an overall analysis of the project. The analysis will include:

- limitations, challenges, and future opportunities of the expansion project;
- successes and best practices of the expansion project;
- interpretations and conclusions of the analyses;
- suggested revisions to the strategy or goals of the expansion project; and
- implications of the expansion project and recommendations at the state and national levels.