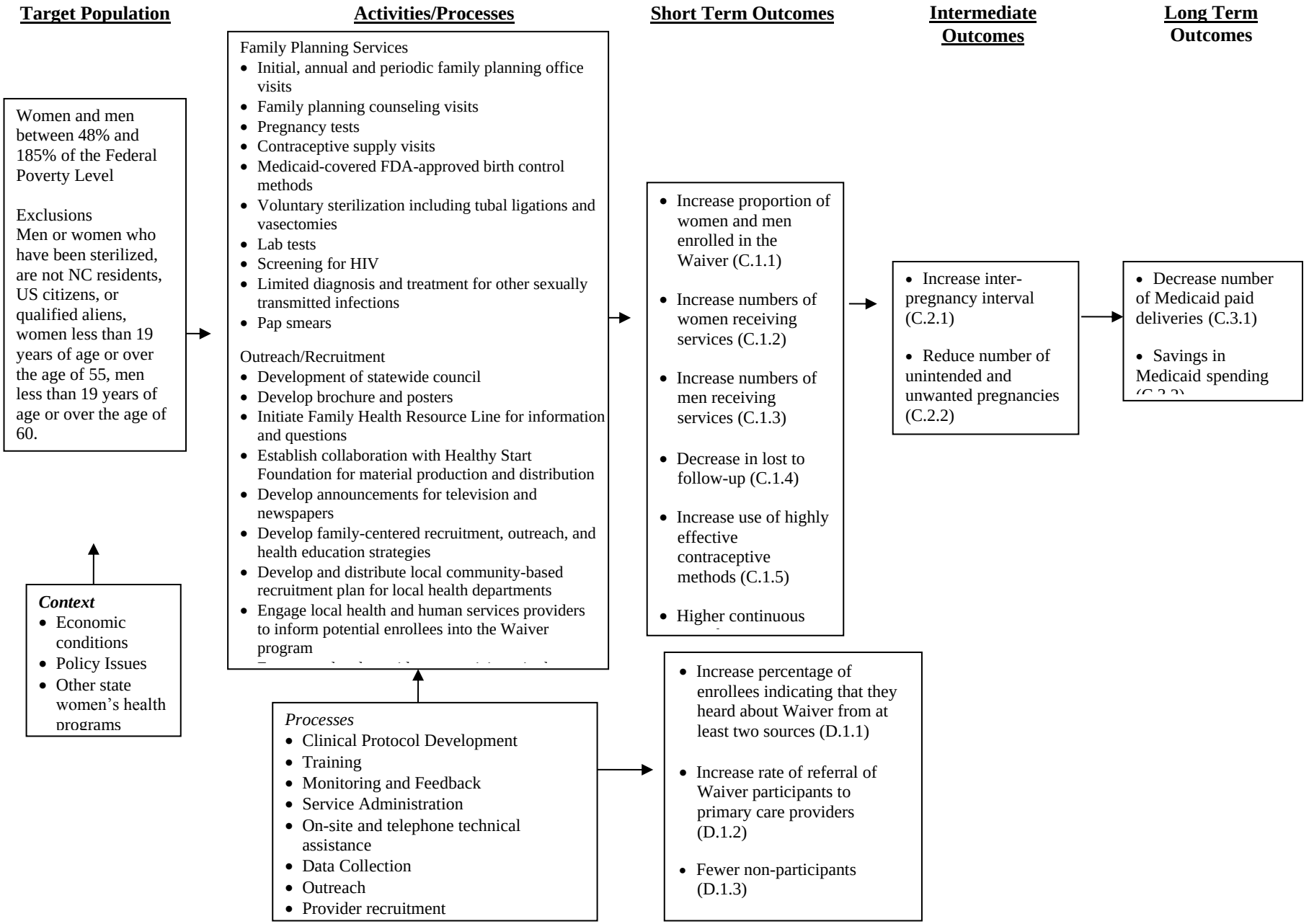
North Carolina Family Planning Waiver Evaluation Logic Model



Assessing Impact: Family Planning Waiver: Hypothesis, Waiver Objective, Measure, Data Source and Expected Change

Hypothesis	Waiver Objective	Measure	Data Source	Expected Change
Short Term				
C.1.1. More eligible population enrolled.	1. Increase the number of men and women receiving services.	Unduplicated count of clients enrolled divided by unduplicated count of eligible clients.	MMIS – Claims Paid and Current Population Survey (CPS).	Anticipate increasing proportions of eligible populations and population subgroups enrolling in the Waiver as a result of outreach strategies.
C.1.2. More low-income women receiving family planning services.	1. Increase the number of women and men receiving services.	Unduplicated count of enrollees receiving services in the last 12 months (participants).	MMIS – Claims Paid Unduplicated Patients Served, HSIS HBS081 CY, FY.	Anticipate increased participation over time by low-income women.
C.1.3. More low-income men receiving services.	1. Increase the number of men receiving services.	Unduplicated count of enrollees, participants and vasectomies.	MMIS – Claims Paid Total number of males served by age, HSIS HBS085.	Anticipate increased enrollment and participation over time by low- income men.
C.1.4. Fewer women lost to follow-up	1. Increase the number of women receiving services.	Participant return to clinic for annual visit and reason for visit.	MMIS – Claims Patient Continuation Rates (20-44), HSIS HBS084 CY, FY.	Anticipate higher percentage of participants returning for annual clinic visit 12-15 mos. following the initial visit.
C.1.5. Participant women more likely to report continuous use.	4. Impact positively the utilization of & "continuation rates" for contraceptive use in target population.	Continuous use of contraception during the year	MMIS – Claims Paid Total Patients by Contraceptive Method, by Gender, by Age, HSIS HBS085 CY, FY.	Anticipate higher rate of continuous contraceptive use during the year among enrolled women.
C.1.6. Participant women more likely to use highly effective method.	5. Increase the use of more effective methods of contraception in the target population.	Types of methods used over the course of the year.	MMIS – By procedure code (method) show unduplicated count of enrollees Contraceptive Method, by Gender, by Age, HSIS HBS085 CY, FY.	Anticipate higher use of high efficacy methods of contraception.

Intermediate Outcomes				
Hypothesis	Waiver Objective	Measure	Data Source	Expected Change
C.2.1. Longer inter-pregnancy intervals among waiver participants.	2. Reduce number of inadequately spaced pregnancies to enrolled women.	Percent of Waiver enrollees with inter-pregnancy interval of at least 12 months.	Linked live birth certificate, MMIS – Paid Claims and PRAMS[1] data.	Anticipate decreases in the percentage of births with short inter-pregnancy intervals among Waiver enrollees.
C.2.2. Lower rates of unintended and unwanted pregnancy among waiver participants.	3. Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.	Rate of unintended pregnancy among low-income women and among Waiver enrollees.	PRAMS[1] and MMIS – Paid Claims.	Anticipate lower unintended pregnancy rate among Medicaid enrolled and/or low-income women.
Long-term Outcomes				
Hypothesis	Waiver Objective	Measure	Data Source	Expected Change
C.3.1. Fewer Medicaid paid deliveries and lower annual costs for prenatal, delivery, newborn, and infant care.	6. Decrease the number of Medicaid paid deliveries and annual expenditures for pregnancy, newborn and infant care.	Births Averted Fertility Rates.	Linked live birth records, Title X user records from HSIS, and MMIS – Claims Paid records.	Anticipate more births averted and lower fertility rates among family planning users regardless of source of family planning services. Anticipate some differential in measures across family planning programs.
C.3.2. Does the program achieve cost savings?	7. Estimate overall cost savings in Medicaid spending.	Births Averted, Fertility Rates, Per Year Program Expenditures.	Linked live birth records, Title X user records and MMIS – Claims Paid records.	Anticipate more births averted and lower fertility rates among family planning users, fewer Medicaid paid deliveries and associated costs.

Process Indicators				
Hypothesis	Waiver Objective	Measure	Data Source	Expected Change
D.1.1. More Waiver enrollees indicating that they heard about Waiver from at least two sources.	Process goal for Waiver.	Percentage of clients indicating that they heard about the Waiver from at least two sources.	Periodic random survey of enrollees at intake. Two questions will be asked: How did you hear about the Waiver? And Did the information encourage you to seek services?	Anticipate increases in the proportion of eligible population enrolling in the Waiver as a result of outreach and recruitment strategy implementation.
D.1.2. More Waiver participants referred to source of primary care.	Process goal for Waiver.	Reports of problems obtaining and following up for primary care referrals, including specific barriers encountered.	Focus groups with enrollees participating in the Waiver program for at least 6 months.	Anticipate fewer reports of problems obtaining and following up on primary care referrals.
D.1.3. Reasons for non-participation in the Waiver program.	Process goal for Waiver.	Reasons for non participation.	Focus Groups.	Information gained regarding barriers to access.
D.1.4. Does the program supplement or substitute for Title X funds that could also be used for providing family planning services to low-income populations?	Process goal for Waiver.	Number of reproductive age women and men receiving either Title XIX or Title X funded family planning. The proportion of Medicaid patients enrolled in the Family Planning Program.	Title X User Records from HSIS linked with MMIS – Claims Paid records.	Number of women and men receiving either family planning services is expected to increase compared to a baseline one year after implementation. The proportion of Medicaid patients enrolled in the Family Planning Program is expected to increase to at least 30%.