# Florida Medicaid Family Planning Waiver Program

## Family Planning Waiver DY22 (SFY2019-2020) Evaluation Report

**MED206: Deliverable 18**

**December 7, 2021**

**Prepared by the Department of Behavioral Sciences and Social Medicine at the Florida State University College of Medicine with assistance from the Department of Health Outcomes and Policy at the University of Florida under contract with the Florida Agency for Health Care Administration.**

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## Executive Summary

Florida's Family Planning Waiver was initially approved on August 23, 1998. Since the program's inception, the Department of Health (DOH) has been the operational agency tasked with determining eligibility and maintaining participant enrollment for Family Planning Waiver services. The Bureau of Family Health Services within DOH works with the local county health departments to provide a vast array of both Medicaid and non-Medicaid community health and family planning services, including preconception counseling, pregnancy tests, screening and treatment of sexually transmitted infections, cancer screening, and contraception supplies.

The purpose of the program is to expand eligibility for family planning services for up to two years to individuals who otherwise are not financially eligible for full Medicaid. Eligibility is limited to women of childbearing age, 14 years of age up through and including women who are 55 years of age; who have a family income at or below 191 percent of the Federal Poverty Level (FPL) (post Modified Adjusted Gross Income (MAGI) conversion); who are not covered by a health insurance program that provides family planning services; and who have lost Medicaid coverage within the last two years, including women who lost Medicaid pregnancy coverage after 60 days postpartum.

On March 8, 2019, the Centers for Medicare and Medicaid Services (CMS) approved the State's request to extend Florida's 1115 Family Planning Waiver through June 30, 2023. As part of the extension review and approval process, it was determined that compliance with section 1943 of the Act and implementing regulations was required. To achieve this, the eligibility determination process for the Family Planning Waiver will need to be integrated into the Medicaid State Plan eligibility system, operated by the Department of Children and Families. The Department of Children and Families (DCF) is the Florida agency responsible for determining all Medicaid eligibility, with the exception of the Family Planning Waiver. DCF has ownership of the Access Florida System where Medicaid applications are submitted and eligibility determinations are made. This system works in conjunction with the Florida Medicaid Management Information System to track individuals' Medicaid eligibility.

The expectation for the State to build the Family Planning Waiver eligibility process into the Medicaid State Plan process was codified in the Special Terms and Conditions (STCs) approved by CMS with the waiver extension request. The STCs outline mitigations the State will use prior to full compliance, and require the State to submit a three-year timeline with milestones to demonstrate the State's plan for aligning the Family Planning Waiver eligibility and the Medicaid State Plan eligibility processes. The State is required to fully implement this change within three years of CMS approval of the waiver extension, which is March 8, 2022.

In order to come into compliance with the approved STCs, the Agency for Health Care Administration (Agency), in coordination with DOH and DCF, has developed an implementation plan to seamlessly and efficiently transition the Family Planning Waiver eligibility determination process from DOH to DCF. The transition is primarily operational and focuses on systematic changes. Beginning in March 2022, the process for eligibility determinations under the waiver will transition from the Department of Health to the Department of Children and Families.

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Florida State University (FSU) in collaboration with the University of Florida (UF) was contracted to evaluate the program during the most recent four-year extension of the FPW (March 8, 2019, through June 30, 2023). The evaluation team and the Agency identified key issues of importance to policy makers and FPW stakeholders. The evaluation team, in concert with the Agency, developed ten research questions (RQs) to guide this evaluation, which uses quantitative and qualitative analytical methods to support findings. The RQs addressed in this final report are:

- Research Question 1: What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per Demonstration Year?
- Research Question 2: What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?
- Research Question 3: What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per Demonstration Year?
- Research Question 4: What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?
- Research Question 5: Is the FPW achieving cost savings by slowing the birth rate?

- Research Question 6: What are the reasons that women eligible for the FPW program choose to enroll or not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate?
- Research Question 7: How do FPW enrollees utilize covered health services?
- Research Question 8: What gaps in coverage are experienced by FPW enrollees over time?
- Research Question 9: Are FPW enrollees satisfied with services?
- Research Question 10: What strategies are being used by the Department of Health to increase FPW participation rates?

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According to the Centers for Medicare and Medicaid Services (CMS) approved Evaluation Design for the FPW approved extension period, the five objectives of the FPW program are:

(1) to increase access to family planning services;

(2) to increase child spacing intervals through effective contraceptive use;

(3) to reduce the number of unintended pregnancies in Florida;

(4) to reduce Florida's Medicaid costs by slowing the birth rate among females who would otherwise be eligible for Medicaid pregnancy-related services; and,

(5) to improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services.

The primary data sources used to evaluate the effectiveness of the FPW program during the extension period include Medicaid eligibility, enrollment, and claims files, State of Florida Hospital Discharge data, Florida birth certificates, Healthy Start Prenatal Risk Screen data from the Department of Health (DOH), and qualitative survey data.

**DY22 Findings**

Demographics (RQ1): The distribution of FPW enrollees and non-enrollees by age was similar for DY22. FPW enrollees were, on average, approximately 29 years of age, while non-enrollees were, on average, approximately 30 years of age. Regarding race, most FPW enrollees identified as either White (34.4%), Black (29.4%), or Hispanic (27.0%). Most non-enrollees identified as either Hispanic (33.8%), White (31.4%), or Black (23.7%).

Interbirth Intervals (RQ2): Interbirth intervals were slightly longer in DY22 for FPW enrollees compared to eligible women who did not enroll, 16.8 months vs. 14.2 months, a positive outcome of the FPW program.

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Unintended pregnancies (RQ3): For DY22, 12.32% of FPW enrollees indicated that it was not a good time to be pregnant (question 5) as compared to 11.74% of FPW non-enrollees. Responses to question 14 indicated that 54.51% of FPW enrollees answered "later" or "not pregnant" as compared to 49.41% of FPW non-enrollees. When combining all negative responses across both questions 5 and 14 to capture the overall rate of unintended pregnancies, 55.84% of FPW enrollees indicated that their pregnancy was unintended as compared to 50.86% of FPW non-enrollees.

Low birth weight and preterm births (RQ4): In DY22, there were 34,733 births to FPW enrollees and 50,724 births to FPW non-enrollees. Of the 34,733 births to FPW enrollees in DY22, 9.10% (3,161 births) were classified as low birth weight, compared to 9.71% (5,684) of births to FPW non-enrollees. The proportion of pre-term births to FPW enrollees was also slightly smaller at 11.1% (3,857 births), compared with 11.21% (5,684) of births to FPW non-enrollees. Note that "low birth weight" and "pre-term births" are not mutually exclusive categories and may overlap. FPW enrollees have a slightly smaller proportion of low birth weight births and pre-term births than the FPW non-enrollees in DY22. This trend continues from DY20 and DY21 where the FPW enrollees also had slightly smaller proportions of low birth weight births and pre-term births.

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Cost savings (RQ5): Cost savings are calculated based on differences in the birth rate between FPW enrollees and eligible women who did not enroll in FPW. Examining differences in birth rates resulted in estimated cost savings for the FPW program of $89,531,614.73 in DY22.

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Reasons for non-enrollment or non-participation (RQ6): When women who were eligible for the FPW program but did not enroll (N=25) were asked reasons for non-enrollment, nearly all women responded that they were not aware of the FPW program. When women who were enrolled but did not participate in the program (did not use any of the services offered; N=25), nearly all women indicated that they were not aware that they were enrolled in the program and/or were not aware of the services offered through the program.

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Service utilization (RQ7): In DY22, about 17.4% of all FPW enrollees utilized at least one covered service. The total number of enrollees that used services was slightly higher among second year enrollees as compared to first year enrollees. Among women who used any services, contraceptive and STD screening services were most commonly used by both first year enrollees and second year enrollees. Cancer screening services were used by the fewest number of enrollees in DY22.

Coverage gaps (RQ8): There are 125,641 enrollees in DY22, and among these enrollees, 15.6% (19,547) individuals) only have coverage during their first 12 months, while 84.4% (106,094) maintain coverage during their second year of eligibility.

Satisfaction with services (RQ9): Of the 52 people that met the survey participation requirements (i.e., reported being eligible for FPW services, aged 18 years or older, and indicated that they were aware of using at least one service), 65% (n=34) reported receiving contraceptive care, 38% (n=20) reported receiving STD testing and 25% (n=13) reported receiving cervical cancer screening. Additionally, 25% (n=13) of people reported either not knowing what services they received or refused to provide information about the services they received. Of the individuals that responded to these questions, a vast majority of them reported being satisfied (i.e. either "Satisfied" or "Very Satisfied") with services including 85% (n=29) of enrollees for contraceptive care, 95% (n=19) of enrollees for STD testing, and 100% (n=13) of enrollees for cervical cancer screening.

Strategies being used by DOH clinics to increase participation in FPW (RQ10): By agreement with the Agency, no additional survey data was obtained for DY22. As reported for DY20/DY21, only 9 of the 67 (13%) DOH clinics responded to our survey. Strategies identified included external outreach, staff incentivization, pre-appointment eligibility review, sharing information during appointments, and follow-up with eligible patients.

**Positive Outcomes**

Overall, there were several positive outcomes of the FPW program. The total proportion of eligible women enrolled in the program increased between DY21 and DY22 as well as the proportion of enrolled women

who used any FPW service. Additionally, the vast majority of women surveyed who used FPW services indicated that they were satisfied with those services and found them easy to access.

**Conclusions**

Enrollment rates among women eligible for the FPW program remain very low, with about 17% of eligible women enrolling in the program. Additionally, only 17% of FPW enrollees use any FPW services in a given year, although both enrollment and participation rates increased from DY21. While the types of services provided through the FPW program have been shown to be effective and women are typically satisfied with the services they receive, the impact of the program is greatly reduced because of very low enrollment and participation rates. The vast majority of women who were interviewed indicated that they were unaware of the program, including women who used services provided through the FPW program.

**Recommendations**

Given the consistent finding of lack of knowledge of the FPW program, both among eligible women who do not enroll and enrolled women, future activities should focus on increasing enrollment and enrollee participation rates in the FPW program through interventions designed to increase awareness of the program. Steps are already being taken by the State to improve the eligibility determination process for the FPW program by moving this activity from the DOH to the Department of Children and Families (DCF), which currently does all of the eligibility determinations for Florida's Medicaid program. Other potential strategies should be considered and could include using strategies identified by some of the DOH clinics, including outreach, education, and proactively engaging with women to get them enrolled in the FPW program if additional information is needed for their enrollment for the second 12-month period. Increasing enrollment and participation in the program will increase the number of women experiencing the positive outcomes of the program and potentially generate cost savings by improving or maintaining health outcomes.

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## Definitions and Acronyms

**Aid category effective date**: The first day of the month in which the enrollee became eligible. For example, if an enrollee became eligible on the 17th of the month, the effective date would be retroactive to the 1st of the month.

**Enrollee**: Refers to a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and the Aid Category Effective Date falls within the study period. This includes a woman who has a Family Planning (FP) Aid Category Code in the Medicaid Eligibility file and whose eligibility period falls within the study period by any given day or span of days regardless of the Aid Category Effective Date.

**Demonstration Year (DY)**: The period for which the Family Planning Waiver was approved (i.e., state fiscal year).

**Demonstration Year (DY) 20**: Represents the state fiscal year of July 1, 2017 to June 30, 2018.

**Demonstration Year (DY) 21**: Represents the state fiscal year of July 1, 2018 to June 30, 2019.

**Demonstration Year (DY) 22**: Represents the state fiscal year of July 1, 2019 to June 30, 2020.

**Demonstration Year (DY) 23**: Represents the state fiscal year of July 1, 2020 to June 30, 2021.

**Department of Health (DOH) frontline staff**: Health care staff who work on the frontlines of FPW program services in DOH clinics, including DOH staff who interact directly with women who are 14 years of age through and including women who are 55 years of age who are potentially eligible for FPW services.

**Eligibility period**: The span of dates comprising the recipient's Family Planning Waiver eligibility.

**Eligible:** A woman who is 14 years of age through and including a woman who is 55 years of age with a family income at or below 191% of the Federal Poverty Level (FPL) who loses Medicaid pregnancy coverage after 60 days postpartum or a woman who is 14 years of age through and including a woman who is 55 years of age with a family income at or below 191% of the FPL for a period of two years after losing Medicaid coverage for reasons other than the expiration of the 60-day postpartum period.

**Interbirth interval (IBI)**: A continuous variable measured in months of the average interval between the end of the most recent previous pregnancy and last menstrual date of the current pregnancy as indicated on the birth certificate.

**Modified Adjusted Gross Income (MAGI) Conversion:** MAGI-based eligibility standards that are used to determine Medicaid and CHIP eligibility.

**Observed birth:** Refers to a live birth recorded in the DOH's annual Florida Vital Statistics file.

**State Fiscal Year (SFY)**: Includes the time period beginning on July 1 and ending on June 30.

**Study Population**: Includes women who are enrolled in the FPW program. The study population will be categorized based on date of enrollment, participation, and eligibility category.

**Target Population:** All FPW program enrollees.

## Introduction and Background

The Florida Medicaid Family Planning Waiver (FPW) program is a Section 1115(a) waiver demonstration approved by the U. S. Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS). The initial FPW demonstration was approved for a five-year period on August 23, 1998, and implemented October 1, 1998. The demonstration has been continually renewed, with the most recent renewal beginning on March 8, 2019, and going through June 30, 2023.

Since the program's inception on August 23, 1998, the Department of Health (DOH) has been the operational agency tasked with determining eligibility and maintaining participant enrollment for Family Planning Waiver services. The Bureau of Family Health Services within DOH works with the local county health departments to provide a vast array of both Medicaid and non-Medicaid community health and family planning services, including preconception counseling, pregnancy tests, screening and treatment of sexually transmitted infections, cancer screening, and contraception supplies.

The purpose of the program is to expand eligibility for family planning services for up to two years to individuals who otherwise are not financially eligible for full Medicaid. Eligibility is limited to women of childbearing age, 14 years of age up through and including women who are 55 years of age; who have a family income at or below 191 percent of the Federal Poverty Level (FPL) (post Modified Adjusted Gross Income (MAGI) conversion); who are not covered by a health insurance program that provides family planning services; and who have lost Medicaid coverage within the last two years, including women who lost Medicaid pregnancy coverage after 60 days postpartum.

On March 8, 2019, the Centers for Medicare and Medicaid Services (CMS) approved the State's request to extend Florida's 1115 Family Planning Waiver through June 30, 2023. As part of the extension review and approval process, it was determined that compliance with section 1943 of the Act and implementing regulations was required. To achieve this, the eligibility determination process for the Family Planning Waiver will need to be integrated into the Medicaid State Plan eligibility system, operated by the Department of Children and Families. The Department of Children and Families (DCF) is the Florida agency responsible for determining all Medicaid eligibility, with the exception of the Family Planning Waiver. They have ownership of the Access Florida System where Medicaid applications are submitted and eligibility

determinations are made. This system works in conjunction with the Florida Medicaid Management Information System to track individuals' Medicaid eligibility.

The expectation for the State to build the Family Planning Waiver eligibility process into the Medicaid State Plan process was codified in the Special Terms and Conditions (STCs) approved by CMS with the waiver extension request. The STCs outline mitigations the State will use prior to full compliance, and require the State to submit a three-year timeline with milestones to demonstrate the State's plan for aligning the Family Planning Waiver eligibility and the Medicaid State Plan eligibility processes. The State is required to fully implement this change within three years of CMS approval of the waiver extension, which is March 8, 2022.

In order to come into compliance with the approved STCs, the Agency, in coordination with DOH and DCF, has developed an implementation plan to seamlessly and efficiently transition the Family Planning Waiver eligibility determination process from DOH to DCF. The transition is primarily operational and focuses on systematic changes. Beginning in March 2022, the process for eligibility determinations under the waiver will transition from the Department of Health to the Department of Children and Families. Additionally, the State will be automatically enrolling all eligible women into the FPW program for the initial 12-month period as well as for the second 12-month period if no additional information is needed to determine eligibility. Thus, most eligible women will be automatically enrolled for the full 24-month period. This new enrollment process is also expected to be fully implemented by March 2022.

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This document is part of a series of reports produced by Florida State University (FSU) with assistance from the University of Florida (UF) in evaluating the Florida Medicaid Family Planning Waiver (FPW) program during its renewal from March 8, 2019, through June 30, 2023. Contained within the Special Terms and Conditions (STCs) of the waiver renewal are requirements for an evaluation of the demonstration during the renewal period.

One of the goals of the FPW program is to increase the number of women receiving FPW services who are 14 years of age up through and including women who are 55 years of age and have incomes at or below 191% of the FPL (post MAGI conversion). Specifically, the FPW program has five objectives:

1. To increase access to family planning services;

2. To increase child spacing intervals through effective contraceptive use;
3. To reduce the number of unintended pregnancies in Florida;
4. To reduce Florida's Medicaid costs by slowing the birth rate among females who would otherwise be eligible for Medicaid pregnancy-related services; and,
5. To improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services.

**FPW Program Evaluation Research Questions**

To evaluate whether Florida's FPW program achieved its objectives, the following 10 research questions will be addressed:

- Research Question 1: What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per Demonstration Year?
- Research Question 2: What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?
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- Research Question 5: Is the FPW achieving cost savings by slowing the birth rate?
- Research Question 6: What are the reasons that women eligible for the FPW program choose to enroll or not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate?
- Research Question 7: How do FPW enrollees utilize covered health services?
- Research Question 8: What gaps in coverage are experienced by FPW enrollees over time?
- Research Question 9: Are FPW enrollees satisfied with services?
- Research Question 10: What strategies are being used by the Department of Health to increase FPW participation rates?

## Data and Methods

### Data

The data sources for this project come from the Florida Department of Health (DOH) and the Agency for Health Care Administration (AHCA or "the Agency"). The sources include: (1) Vital Statistics birth certificate data; (2) Healthy Start Prenatal Risk Screen data; (3) Qualitative survey data for FPW enrollees and non-enrollees as well as DOH staff; and (4) Medicaid enrollment, eligibility, and claims files. Each data source is described below.

**DOH Birth Vital Statistics (BVS) birth certificates (CY2000 – CY2019)**

Birth certificate data include personal identifiers for both the infant and the mother, including names, date of birth, address, and social security number. The identifiers were used to link births that occurred during the evaluation period to previous births since year 2000 using the mother's personal identifiers. This linkage allowed the research team to estimate the length of the interbirth interval for FPW enrollees and eligible women not enrolled in FPW. Data elements to estimate gestational age and conception date were used to answer the research questions. There is an 18-month lag between the date of a birth and the date a final birth certificate is released by BVS. Preliminary birth certificate data may be generated earlier within the Florida DOH, but birth records are not available until reporting counties have had up to one year to resubmit final corrected versions to the State Register of Vital Statistics.

**DOH Healthy Start Prenatal Screens (CY2011 – CY2020)**

Healthy Start Prenatal Risk Screen data include personal identifiers such as names, date of birth, address, and social security number. Data elements to estimate gestational age and conception date were used in combination with pregnancy intendedness responses to answer the research questions. There is an approximate ten-month lag between the completion of the Healthy Start Prenatal Risk Screen and the time the data is released by DOH.

**Medicaid Eligibility Files (CY2015-CY2020)**

Data on Medicaid eligibility include personal identifiers for all female recipients including names, date of birth, address, and social security number that are linked to the birth certificate and the Healthy Start Prenatal Screens. The aid category code and the eligibility begin and end dates were used to derive enrollment and participation in the program.

**Medicaid Claims Files (CY2015-CY2020)**

Monthly Medicaid claims files include all claims paid during the month, but may not include claims for all services provided during the month. There is a time lag between the time the service is provided and when the claim is submitted and paid. Most claims are submitted and paid within three months of the service date; however, providers have up to one year to submit claims. Data elements in the claims files include date of service, amount paid, program code, procedures and diagnosis to derive program participation measures.

**Medicaid Enrollment Files (CY2015-CY2020)**

Medicaid enrollment files include personal identifiers for all female recipients including names, date of birth, address, and social security number that are linked to the birth certificate and the Healthy Start Prenatal Screens.

**FPW Eligibility and Enrollment Survey**

Qualitative interviews were conducted in SFY2020-2021 with FPW enrollees and eligible women who do not enroll in FPW through telephone and text-based surveys to assess the reasons that women eligible for the FPW program choose to enroll or not enroll in the FPW program. Additional qualitative interviews will be conducted later in SFY2020-2021 and SFY2021-2022.

**FPW Eligible Women and Enrollee Participation Surveys**

Seventy-five (75) qualitative telephone interviews were conducted with eligible women who do not enroll in the FPW program and FPW enrollees who do not use FPW services to identify common themes. Additional qualitative interviews will be conducted later in SFY2021-2022.

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**FPW Enrollee Satisfaction Survey**

Quantitative/qualitative interviews were conducted in SFY2020-2021 with FPW enrollees who used FPW services through a telephone-based satisfaction survey. Additional satisfaction surveys will be conducted later in SFY2020-2021 and SFY2021-2022.

**DOH Staff Survey**

Qualitative interviews were conducted in SFY2020-2021 with DOH staff through an Agency approved web-based survey to determine common FPW strategies used by DOH staff to increase FPW engagement/participation rates.

## Methods

For DY22 (SFY2019-2020), the research team used a mixed methods approach, which is a combination of quantitative and qualitative methods, to evaluate Florida's FPW program. Detailed descriptions of the methods used for each of the research questions are included in Appendix A.

To determine whether the FPW program achieved its goals, the research team analyzed outcome measures associated with each of the five program objectives which included:

*Objective 1 (To increase access to family planning services):*

i. The number of eligible women receiving Title XIX funded family planning services each year of the demonstration.

*Objective 2 (To increase child spacing intervals through effective contraceptive use):*

i. Average interbirth intervals (IBI) in number of months for FPW enrollees in DY22 (SFY2019-2020) compared to eligible women who did not enroll in the FPW program.

*Objective 3 (To reduce the number of unintended pregnancies in Florida):*

i. The number of unintended pregnancies among FPW enrollees and eligible women who did not enroll in the FPW program.

*Objective 4 (To reduce Florida's Medicaid costs by slowing the birth rate of FPW enrollees compared to eligible women who did not enroll in the FPW program):*

i. Cost savings to Medicaid for the number of averted births.

*Objective 5 (To improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services):*

i. Number of low birth weight and preterm births.

**FPW Program Study Population**

The study population includes all women who were enrolled in the FPW program during DY22 (SFY2019-2020). While not all evaluation questions will use a comparison population, those that do will use women who are eligible for the FPW program in a given year, but who do not enroll in the program. This will maximize comparability, as these women will also be of childbearing age and will have recently lost Medicaid coverage and will, thus, likely have similar incomes and sociodemographic characteristics as FPW enrollees. While selection bias using this population is possible, it will be minimal given that fewer than 20% of eligible women enroll in FPW in any given year. Because most of the eligible women who do not enroll are likely to still have need for and benefit from family planning services, it is unlikely that the decision to enroll or not enroll is strongly correlated with need for these services, which is the main cause of selection bias. Depending on the research question, qualitative analyses target eligible women who do not enroll in the FPW, FPW enrollees, FPW enrollees who do not use FPW services, FPW enrollees who use services, and Department of Health (DOH) staff who administer the FPW program.

Additionally, some of the evaluation questions will compare first year FPW enrollees to second year FPW enrollees. First year enrollees are those enrollees within 12 months of their Aid Category Effective Date in the study period (e.g., for DY22, an Aid Category Effective Date between July 1, 2019, and June 30, 2020). Second year enrollees are those enrollees between 12 and 24 months of their Aid Category Effective Date within the study period.

**General Findings**

**RQ1: What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per Demonstration Year?**

Table 1a and 1b present the demographic characteristics existing between 125,639 FPW enrolled women and 614,962 eligible non-FWP enrollees for DY22.

***FPW Enrollees***

Table 1a presents the demographic characteristics of FPW enrolled females for DY22 (SFY2019-2020) by age group and race/ethnicity group. Specifically, the total number of eligible FPW enrollees was 125,639 representing a decrease from DY21 (eligible FPW enrollees: 137,650); the average age of enrollees was 28.9 years (standard deviation (SD) = 5.9; range = 14-55). Most enrollees identified as either White (34.4%), Black (29.4%), or Hispanic (27.0%).

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**Table 1a. Demographic Characteristics of FPW Enrollees DY22**

| DY22 | Age Group (years) | | | | | Total | |
|---|---|---|---|---|---|---|---|
| **Race/Ethnicity** | **14-19** | **20-29** | **30-34** | **35-44** | **45-55** | **Number** | **Percent (%)*** |
| **American/Asian Indian & Other** | 252 | 5,046 | 2,451 | 2,030 | 87 | **9,866** | **7.9** |
| **Asian** | 24 | 612 | 511 | 490 | 11 | **1,648** | **1.3** |
| **Black** | 920 | 20,465 | 8,806 | 6,476 | 289 | **36,956** | **29.4** |
| **Hispanic** | 791 | 18,359 | 8,567 | 6,004 | 215 | **33,936** | **27.0** |
| **White** | 1,143 | 24,770 | 10,353 | 6,704 | 263 | **43,233** | **34.4** |
| **Total FPW New Enrollees** | **3,130** | **69,252** | **30,688** | **21,704** | **865** | **125,639** | |
| **(%)*** | **2.5** | **55.1** | **24.4** | **17.3** | **0.7** | | **100** |

* Row/column percent totals may not equal 100% due to rounding

***FPW Eligible Non-Enrollees***

Table 1b presents the demographic characteristics of FPW eligible females who did not enroll in DY22 (SFY2019-2020) by age group and race/ethnicity group. Specifically, the total number of FPW eligible females who did not enroll in DY22 was 614,962 representing an increase from DY21 (eligible FPW non-enrollees: 556,558); the average age of non-enrollees was 30.3 years (SD=10.7; range = 14-55). Most eligible females who did not enroll identified as either Hispanic (33.8%), White (31.4%), or Black (23.7%).

**Table 1b: Demographic Characteristics of FPW Eligible Non-Enrollees DY22**

| DY22 | Age Group (years) | | | | | Total | |
|---|---|---|---|---|---|---|---|
| **Race/Ethnicity** | **14-19** | **20-29** | **30-34** | **35-44** | **45-55** | **Number** | **Percent (%)*** |
| **American/Asian Indian & Other** | 11,984 | 19,480 | 8,640 | 12,966 | 7,100 | **60,170** | **9.8** |
| **Asian** | 1,336 | 2,370 | 1,389 | 2,129 | 825 | **8,049** | **1.3** |
| **Black** | 19,621 | 55,749 | 24,129 | 33,271 | 12,973 | **145,743** | **23.7** |
| **Hispanic** | 31,002 | 72,000 | 34,154 | 48,691 | 21,860 | **207,707** | **33.8** |
| **White** | 28,984 | 65,737 | 32,096 | 43,781 | 22,695 | **193,293** | **31.4** |
| **Total FPW New Enrollees (%)*** | **92,927** | **215,336** | **100,408** | **140,838** | **65,453** | **614,962** | |
| | **15.1** | **35.0** | **16.3** | **22.9** | **10.6** | | **100** |

* Row/column percent totals may not equal 100% due to rounding

**RQ2: What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?**

Table 2 presents the average interbirth intervals (IBIs) in number of months for FPW enrollees and FPW non-enrollees for DY22 (SFY2019-2020). The analysis includes only women who had at least two births within the 24-month index period, as data is not currently available beyond 24 months. Thus, all women who did not give birth a second time during the study period were dropped from the analysis when calculating average number of months between births. Because going more than 24 months between births should be considered a positive outcome attributable to the program, these women will be included in the denominator in future reporting. In DY22, the average IBI for women enrolled in the FPW program was 16.8 months and the average IBI for women not enrolled in the FPW program was 14.2 months for a difference of 2.6 months.

Commented [A16]: Added 12/7/2021

**Table 2: DY22 Average Interbirth Intervals in Months for FPW Enrollees and Non-Enrollees**

| | DY22 (2019-2020) |
|---|---|
| **Average IBI for FPW Enrollees (months)** | 16.8 |
| **Average IBI for FPW Non-Enrollees (months)** | 14.2 |

**RQ3: What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per Demonstration Year?**

The number of unintended pregnancies was measured by comparing responses to questions 5 and 14 on the Healthy Start Prenatal Risk Screen among FPW participants and non-participants. For women who became pregnant anytime during DY22, the research team identified FPW enrollees who indicated on the Healthy Start Prenatal Risk Screens that their pregnancies were unwanted or unintended. The methods and inclusion and exclusion criteria for calculating the unintended pregnancies are found in detail in the Appendix. Tables 3a and 3b illustrate the number of responses to each question on the Healthy Start Prenatal Risk Screen as well as the rates of unintended pregnancies.

For DY22 (SFY2019-2020), 12.32% (Table 3a) of FPW enrollees indicated that it was not a good time to be pregnant (question 5) as compared to 11.74% (Table 3b) of FPW non-enrollees. Responses to question 14 indicated that 54.51% of FPW enrollees answered "later" or "not pregnant" as compared to 49.41% of FPW non-enrollees. When combining all negative responses across both questions 5 and 14 to capture the overall rate of unintended pregnancies, 55.84% of FPW enrollees indicated that their pregnancy was unintended as compared to 50.86% of FPW non-enrollees.

**Table 3a: Rate of Unintended Pregnancies for FPW Enrollees DY22** (SFY2019-2020)

| **Question 5. Is this a good time for you to be pregnant?** | **DY22** |
|---|---|
| Yes (#) | 6,721 |
| No (#) | 945 |
| Total Responses Question 5 (#) | **7,666** |
| Question 5 Rate of Unintended Pregnancies (%) | **12.32** |
| **Question 14. Thinking back to just before you got pregnant, did you want to be?** | |
| Pregnant Now (#) | 3,502 |
| Pregnant Later (#) | 3,150 |
| Not Pregnant (#) | 1,047 |
| Total Pregnant Later & Not Pregnant (#) | 4,197 |
| Total All Responses Question 14 (#) | **7,699** |
| Question 14 Rate of Unintended Pregnancies (%) | **54.51** |
| **Negative Responses Question 5 & Question 14** | |
| Question 5 = No (#) | 945 |
| Question 5 = Yes or Missing & Question 14 = "pregnant later" or "not pregnant" (#) | 3,354 |
| Total Number of Negative Responses Question 5 & Question 14 (#) | **4,299** |
| | |
| Total Number of Responses Question 5 & Question 14* (#) | **7,699** |
| **Overall Rate of FPW Participant Unintended Pregnancies (%)** | **55.84** |

***** The total number of responses for questions 5 and 14 represents those unique individuals who responded to either question 5 or question 14 or both.

**Table 3b: Rate of Unintended Pregnancies for FPW Non-Enrollees DY22**

| **Question 5. Is this a good time for you to be pregnant?** | **DY22** |
|---|---|
| Yes (#) | 17,460 |
| No (#) | 2,323 |
| Total Responses Question 5 (#) | **19,783** |
| Question 5 Rate of Unintended Pregnancies (%) | **11.74** |
| **Question 14. Thinking back to just before you got pregnant, did you want to be…….?** | |
| Pregnant Now (#) | 10,063 |
| Pregnant Later (#) | 7,543 |
| Not Pregnant (#) | 2,289 |
| Total Pregnant Later & Not Pregnant (#) | 9,832 |
| Total All Responses Question 14 (#) | **19,895** |
| Question 14 Rate of Unintended Pregnancies (%) | **49.41** |
| **Negative Responses Question 5 & Question 14** | |
| Question 5 = No (#) | 2,323 |
| Question 5 = Yes or Missing & Question 14 = "pregnant later" or "not pregnant" (#) | 7,797 |
| Total Number of Negative Responses Question 5 & Question 14 (#) | **10,120** |
| | |
| Total Number of Responses Question 5 & Question 14* (#) | **19,895** |
| **Overall Rate of FPW Non-Participant Unintended Pregnancies (%)** | **50.86** |

* The total number of responses for questions 5 and 14 represents those unique individuals who responded to either question 5 or question 14 or both.

**RQ4: What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?**

DY22 births were identified by a date of birth that occurred during DY22 (July 1, 2019-June 30, 2020). Cases with missing birth weight and/or clinical conception dates were excluded (N=34). Low birth weight births were identified by reported birth weight less than 2,500 grams. Pre-term births were classified as births occurring before 37 weeks gestation. Gestation length was calculated using the estimated clinical conception dates and dates of birth (29 cases with a gestation span of 99 weeks were excluded). These birth records were then matched to DY22 FPW enrollees and FPW non-enrollees. For the DY22 FPW enrollees, DY22 births were excluded if they did not happen during the woman's enrollment span (n=1,160), for a total of 34,733 births to DY22 FPW enrollees. There were 50,724 DY22 births to non-enrollees.

Table 4 shows the number of births considered "low birth weight" (<2,500 grams) and "pre-term births" (<37 weeks) to FPW enrollees and non-enrollees for DY22. In DY22, there were 34,733 births to FPW enrollees and 50,724 births to FPW non-enrollees. Of the 34,733 births to FPW enrollees in DY22, 9.10% (3,161 births) were classified as low birth weight, compared to 9.71% (5,684) of births to FPW non-enrollees. The proportion of pre-term births to FPW enrollees was also slightly smaller at 11.1% (3,857

births), compared with 11.21% (5,684) of births to FPW non-enrollees. Note that "low birth weight" and "pre-term births" are not mutually exclusive categories and may overlap. FPW enrollees have a slightly smaller proportion of low birth weight births and pre-term births than the FPW non-enrollees in DY22. This trend continues from DY20 and DY21 where the FPW enrollees also had slightly smaller proportions of low birth weight births and pre-term births.

**Table 4: Rates of Low Birth Weight and Preterm Births for FPW Enrollees and FPW Non-Enrollees**

| | DY20 | | DY21 | | DY22 | |
|---|---|---|---|---|---|---|
| **Low birth weight (<2,500 grams)** | **Count** | **%** | **Count** | **%** | **Count** | **%** |
| FPW Enrollees | 3,976 | 9.03% | 4,072 | 9.0% | 3,161 | 9.10% |
| FPW Non-Enrollees | 4,414 | 9.44% | 4,186 | 9.63% | 4,923 | 9.71% |
| **Pre-term births (<37 weeks)** | | | | | | |
| FPW Enrollees | 5,858 | 13.30% | 5,979 | 13.22% | 3,857 | 11.10% |
| FPW Non-Enrollees | 6,360 | 13.60% | 6,024 | 13.86% | 5,684 | 11.21% |
| **Total births** | | | | | | |
| FPW Enrollees | 44,037 | 100% | 45,241 | 100% | 34,733 | 100% |
| FPW Non-Enrollees | 46,764 | 100% | 43,473 | 100% | 50,724 | 100% |

Note: "Low birth weight" and "pre-term births" are not mutually exclusive categories.

**Commented [A17]:** Added 11/30/2021

**RQ5: Is the FPW achieving cost savings by slowing the birth rate?**

The analytic strategy used for this question was to determine the total number of averted births that were attributed to the FPW program. This was done by comparing a combined birth and conception rate between women enrolled in FPW and eligible women who did not enroll in the FPW program. Net cost savings was calculated by multiplying the number of averted births by average birth costs which includes the costs for the birth and the first year of the baby's life and then subtracting FPW program expenditures. The methods and inclusion and exclusion criteria for calculating the cost savings are found in detail in Appendix F.

The number of averted births among enrollees was estimated using the following formula:

*Number of Births Averted = (Estimated number of births of FPW enrollees assuming they had the same birth rate as eligible women not enrolled in FPW in DY22 – Observed number of births by FPW enrollees in DY22 (SFY2019-2020)*

Total Medicaid birth/infant costs for DY22 (SFY2019-2020) was estimated using the following formula:

*Total DY22 Medicaid Birth Costs = Cost of services for the birth + costs of services provided to infants from birth to age 1*

Average DY22 (SFY2019-2020) FPW Medicaid birth costs was calculated using the following formula:

*Average DY22 Medicaid Birth Costs for FPW Enrollees = Total DY22 Medicaid birth costs / Total number of FPW enrollee births during DY22*

The estimated gross cost savings due to averted births calculation is:

*DY22 (SFY2019-2020) Averted Births Gross Cost Savings = DY22 (SFY2019-2020) Number of FPW Enrollee Births Averted x Average DY22 Medicaid Birth Costs for FPW Enrollees*

***Cost Savings Calculation***

Cost savings to Medicaid from births averted among enrollees was estimated using birth rates. The number of averted births among enrollees during DY22 (SFY2019-2020) was multiplied by the average Medicaid birth costs for FPW enrollees who delivered during DY22 and the costs for the baby for the first year to arrive at gross cost savings. To determine net cost savings, FPW program expenditures during DY22 (SFY2019-2020) were deducted from the estimated cost savings attributed to averted births. FPW program expenditures included all program costs associated with provision of FPW services during DY22.

**Table 5a: DY22 Medicaid Cost Savings**

| Demonstration Year (DY) | Difference in Number of Births | Average Medicaid Birth Costs ($) | Gross Cost Savings | FPW Program Expenditures* | Total Net Cost Savings ($) |
|---|---|---|---|---|---|
| DY22 | 6,171 | $14,508.21 | $89,531,614 | $3,392,609 | $86,139,005 |

* Does not include administrative costs, just costs of services provided through the program.

**Commented [A18]:** Added 12/7/2021

**RQ6: What are the reasons that women eligible for the FPW program choose to not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate?**

The primary data source for research question 6 is the responses to qualitative interviews conducted by the evaluation team with eligible women who did not enroll in FPW as well as qualitative interviews with FPW

enrollees who did not use services. Identification of common themes were analyzed using NVivo software (NVivo, 2015).

**Survey Sample**

Seventy-five (75) qualitative telephone interviews were conducted by the University of Florida survey research center. The respondents included:

- Twenty-five (25) women enrolled in the FPW program and using FPW services
- Twenty-five (25) women eligible for the FPW program but not enrolled, and
- Twenty-five (25) women enrolled in the FPW program but not using any FPW services

**Eligible but not enrolled**

Among the 25 individuals from this group who participated in the survey, the most cited reason for not enrolling in the program was the lack of awareness (n=18) which can be further parsed into lack of awareness concerning the program (n=16) and lack of awareness concerning their enrollment (n=2). One individual speaking of their lack of awareness concerning the program exclaimed "I've have never heard about the program, so I wouldn't have been able to enroll in something I didn't even know about." One of the individuals citing not being cognizant of their eligibility for the program stated "No one told me that I was eligible for this program."

Other reasons cited for not enrolling included the following: prior negative experience (n=2; e.g., "Planning with other natural means. Using injections gave me bad reactions and stress. That's why I couldn't do the plan again."), incorrectly classified as eligible for the program (n=1; e.g., "Because I was told I was not eligible for Medicaid."), and lack of interest (n=3; e.g., "I don't want family planning. Not sexually active, I'm not interested in birth control."). One individual refused to give a reason.

**Enrolled but did not participate**

Similar themes emerged for the enrolled, but did not participate group as for the eligible, but not enrolled group. Among the 25 enrollees from this group who participated in the survey, the most cited reason was a lack of awareness (n=12). This can be further parsed into a lack of awareness of their enrollment (n=5) and a lack of knowledge about the program and what it offers (n=7). One enrollee speaking about the enrollment aspect said "Actually, I didn't know I am enrolled in the program. Never heard that lingo before." Another enrollee speaking about their lack of knowledge declared "I do not have any insurance, I was pregnant at the

time and I ended up having a miscarriage. And I'm not sure of all of what you're talking about, what the benefits were."

The only other cited reasons for not participating involved a lack of need for the program (n=6) and a lack of convenience (n=1). For the lack of need, one enrollee asserted "I mean right now I am, I don't like, I had kids but now I don't have kids, so yeah." For the one enrollee discussing a lack of convenience, they stated "I was trying to change my Medicaid so I can go to north Florida instead of Shands." Four enrollees reported actually using the services, thus, they were incorrectly classified as not participating. One of these enrollees exclaimed "I did use the services, I used it to get my birth control." Two individuals refused to give a reason.

**Enrolled and participated**

Of the 25 enrollees that enrolled and participated, they were asked the reasons for participation. The most commonly cited reason entailed the need to use it for their current or past pregnancy (n=8). One enrollee stated "I just went for the check-up but did not use for any means of prevention and ended up pregnant and used it for prenatal." The second most commonly cited reason was the need for birth control (n=6). One enrollee stated "The reason was because I wanted to get birth control after my daughter was born." Additional reasons cited include financial considerations (n=4; e.g., "You guys offer free benefits, and most of the providers I've already had weren't as good as the one I'm enrolled in now."), and promoting their health (n=1; e.g., "For health."). Additionally, four enrollees mentioned being unaware of their participation in the program stating "I don't know what plan you're talking about." Two enrollees refused to give a reason for their participation.

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**RQ7: How do FPW enrollees utilize covered health services?**

Table 7 presents the number and proportion of enrollees that used at least one covered service by first and second year FPW enrollees for DY22.

In DY22, the total number of both first and second year FPW enrollees that used at least one covered service was 21,878, or 17.4% of enrollees. Twenty-two percent were first year enrollees and 78% were second year enrollees for DY22. Among first year enrollees, about 6.1% (1,669) used contraceptive services and 6.3% (1,727) used STD screening services. For second year enrollees, service utilization was slightly higher with

about 8% who used contraceptive services (7,839) and 6.7% who used STD screening services (6,608). The fewest numbers of first- and second-year enrollees used cancer screening services.

Overall, service utilization is increasing since DY20. In DY20, 10.8% of enrollees utilized an FPW service. In DY21, 11.0% of enrollees utilized an FPW service. In DY22, 17.4% utilized an FPW service. In addition, second year enrollees continue to report higher service utilization than first year enrollees.

**Table 7: Utilization of Covered Services by FPW Enrollees in DY22**

| DY22 (Total N =125,641) | | | | | | |
|---|---|---|---|---|---|---|
| **FPW Covered Service** | **First Year Enrollees with FPW Claims** | **Proportion of Total First Year Enrollees (%)** | **Second Year Enrollees with FPW Claims** | **Proportion of Total Second Year Enrollees (%)** | **Total First and Second Year Enrollees with FPW Claims** | **Proportion of All Enrollees (%)** |
| **Contraception** | 1,669 | 6.1 | 7,839 | 8.0 | 9,508 | 7.6 |
| **STD screening** | 1,727 | 6.3 | 6,608 | 6.7 | 8,335 | 6.6 |
| **Cancer screening** | 354 | 1.3 | 1,373 | 1.4 | 1,727 | 1.4 |
| **Other services*** | 630 | 2.3 | 1,678 | 1.7 | 2,308 | 1.8 |
| **Total** | **4,380** | **15.9 (N=27,573)** | **17,498** | **17.8 (N=98,068)** | **21,878** | **17.4 (N=125,641)** |

*Other services category contains CPT codes that are services not categorized as contraceptive, STD, or cancer screening services from the "Medicaid Family Planning Waiver Services CPT Codes and ICD-10 Diagnosis Codes" document provided by the Agency.

**RQ8: What gaps in coverage are experienced by FPW enrollees over time?**

Table 8.1 shows the total number of FPW enrollees for DY22, by number of years enrolled. There are 125,641 enrollees in DY22, and among these enrollees, 15.6% (19,547 individuals) only have coverage during their first 12 months, while 84.4% (106,094) maintain coverage during their second year of eligibility. The proportion of individuals who maintain coverage during their second year of eligibility has increased since DY20. Among the 135,489 enrollees in DY20, 23.8% (32,253 individuals) only had coverage during their first 12 months, while 76.2% (103,236) maintained coverage during their second year of eligibility. Among the 137,651 DY21 enrollees, 22.9% (31,524) only had coverage during their first 12 months, while 77.1% (106,651) maintained coverage during their second year.

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**Table 8.1: First and Second Year FPW Enrollment in DY20, DY21, and DY22**

| Enrollment | DY20 Enrollees | DY21 Enrollees | DY22 Enrollees |
|---|---|---|---|
| First Year Only | 32,253<br>(23.8%) | 31,524<br>(22.9%) | 19,547<br>(15.6%) |
| Second Year | 103,236<br>(76.2%) | 106,127<br>(77.1%) | 106,094<br>(84.4%) |
| Total | 135,489<br>(100%) | 137,651<br>(100%) | 125,641<br>(100%) |

Note: Second year includes individuals with more than 12 months of enrollment, but may not be a full 24 months of enrollment. "First year only" includes individuals with 1-12 months of enrollment, and "second year" includes individuals with more than 12 months enrollment.

Table 8.2 shows the total number of women who maintain coverage beyond the first year, broken down by those who lose coverage after two years, and those who maintain coverage beyond 2 years. Among the 106,094 DY22 women who are enrolled beyond the first year, 62.43% (66,237 individuals) lose coverage after two years.

In comparison with DY20 and DY21, a smaller proportion of DY22 women lost coverage after two years. Among the 103,236 DY20 women who were enrolled beyond the first year, 83.36% (86,053 individuals) lost coverage after two years. Among the 106,127 DY21 women who were enrolled beyond the first year, 84.04% (89,185 individuals) lost coverage after two years.

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**Table 8.2: Enrollees who Lose Coverage after Two Years (DY20, DY21, and DY22), among Individuals Enrolled Beyond 1 Year**

| Enrollment | DY20 Enrollees | DY21 Enrollees | DY22 Enrollees |
|---|---|---|---|
| Lose Coverage after 2 Years | 86,053 (83.36%) | 89,185 (84.04%) | 66,237 (62.43%) |
| Maintain Coverage beyond 2 years | 17,183 (16.64%) | 16,942 (15.96%) | 39,857 (37.57%) |
| Total | 103,236 (100%) | 106,127 (100%) | 106,094 (100%) |

Note: The number of individuals enrolled beyond 1 year includes individuals with more than 12 months of enrollment, but may not be a full 24 months of enrollment. Those who maintain coverage beyond 2 years have more than 24 months of consecutive enrollment.

Table 8.3 looks at gaps in FPW coverage between enrollment spans. Among the DY22 enrollees, 22,020 individuals had a prior enrollment span in the last 5 years. The average length of time between prior enrollment ending and DY22 enrollment beginning is 6.98 months, and ranges from 1 to 25 months. The average length of time between prior enrollments has decreased since DY20. Among the DY20 enrollees, 23,548 individuals had a prior enrollment span in the last 5 years. The average length of time between prior enrollment ending and DY20 enrollment beginning is 7.37 months, and ranges from 1 to 27 months. There were 24,507 DY21 enrollees who had a prior enrollment span in the last 5 years. The average length of time between prior enrollment ending and DY21 enrollment beginning is 7.49 months, and ranges from 1 to 26 months.

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**Table 8.3: Average length of time (in months) between FPW enrollees' most recent enrollment period and the previous enrollment period (limited to previous 5 years)**

| DY | N | Mean | Std Dev | Min | Max |
|---|---|---|---|---|---|
| DY20 | 23,548 | 7.37 | 5.33 | 1 | 27 |
| DY21 | 24,507 | 7.49 | 5.38 | 1 | 26 |
| DY22 | 22,020 | 6.98 | 4.98 | 1 | 25 |

Note: only individuals who had a prior enrollment span and had a gap in coverage are included in N.

**RQ9: Are FPW enrollees satisfied with services?**

The primary data source for research question 9 is the responses to the quantitative telephone-based surveys completed by FPW enrollees who used services in DY22.

**Enrollee Awareness of Enrollment**

Within the qualitative interview, one screening question probed enrollees whether they were aware of being enrolled in the FPW program. A vast majority of them (76%) reported being unaware of their enrollment in the program (n=227). Of the rest, only 24% (n=71) reported being aware of their enrollment in the program while others either responded by reporting they "don't know" whether or not they were aware of being enrolled (n=1) or by refusing to participate (n=1). Thus, an overarching theme gleaned from these interviews was the lack of awareness of enrollment into the FPW program.

**Enrollee Satisfaction**

In the qualitative interviews, FPW enrollees were asked to rate their level of satisfaction with the types of services offered through the FPW program. Of the 71 enrollees who reported being aware of their enrollment in the program, 76% (n=54) reported using the services. Of these 54 enrollees who reported using the services, a vast majority (91% ; n=49) reported being satisfied (i.e. either "Satisfied" or "Very Satisfied") with the types of services offered through the FPW program.

In the qualitative interviews, FPW enrollees were also asked to report their level of satisfaction with three types of services: contraceptive care, sexually transmitted disease (STD) testing, and cervical cancer screening. Of the 54 enrollees that reported using the FPW services, 2 enrollees refused to answer which services they received. Of the remaining 52 people that participated and met the survey participation requirements (i.e. reported being eligible for FPW services and aged 18 years or older), 65% (n=34) reported receiving contraceptive care, 38% (n=20) reported receiving STD testing and 25% (n=13) reported receiving cervical cancer screening. Additionally, 25% (n=13) of people reported either not knowing what services they received or refused to provide information about the services they received. The results of the enrollee satisfaction among those who reported receiving services are displayed in Table 9.

**Commented [A27]:** Why were only 52 out of 143 interviewed eligible?

**Commented [A28R27]:** Only 71 enrollees reported being aware of their enrollment into the program as mentioned in the previous paragraph. These were the only people who could answer the questions about satisfaction with services. Of these 71 people, 17 reported not using the services when asked about their general satisfaction with the types of services received through the Family Planning Waiver program. I added those results in the first paragraph to provide more context for the final "n" of 52. Thus, only 54 people could answer the question about their level of satisfaction with the three types of services. 2 of those 54 people refused to answer whether they received any of the services. That leaves only 52 people who responded to these questions.

Of the individuals that responded to these questions, a vast majority of them reported being satisfied (i.e. either "Satisfied" or "Very Satisfied") with services including 85% (n=29) of enrollees for contraceptive care, 95% (n=19) of enrollees for STD testing, and 100% (n=13) of enrollees for cervical cancer screening.

**Table 9: Enrollee Satisfaction Survey Quantitative Results**

| | **Satisfaction Category** | | |
|---|---|---|---|
| **Response Category** | **Contraceptive care (n=34)** | **STD Testing (n=20)** | **Cervical Cancer Screening(n=13)** |
| | **% (n)** | **% (n)** | **% (n)** |
| Very Satisfied | 70 (24) | 75 (15) | 38 (5) |
| Satisfied | 15 (5) | 20 (4) | 62 (8) |
| Dissatisfied | 3 (1) | 5 (1) | 0 (0) |
| Very Dissatisfied | 12 (4) | 0 (0) | 0 (0) |

**Enrollee Ease of Access to Services**

In the qualitative interviews, FPW enrollees were asked to report the ease in which they were able to access family planning services. Nearly a quarter (22%; n=15) reported not attempting to access the family planning services. Of those that attempted to access the family planning services and responded, a vast majority of them (82%; n=41) reported it was easy to access the family planning services (i.e. responded "Very easy" or "Somewhat easy" to the question).

**How Enrollees Found out about FPW Program**

In the qualitative interviews, FPW enrollees were asked to report how they found out about the FPW program. The main sources cited were through the hospital, clinic, or their provider (n=18 ; e.g., "I think when I was pregnant and they gave it to me at the hospital."), phone call or mail (n=13; e.g., "Someone called me and told me about it."), Medicaid (n=8; e.g., "I was on Medicaid and then something changed after I had my daughter, I got a letter, the letter said I was eligible for the family plan, I was enrolled and did not object to it."), friends or family (n=5'; e.g., "I have a friend who works in the health department and she told

me so (translated).”), and health department (n=5; e.g., “I found out through my local Health Dept.”). The rest of the enrollees either reported they did not know where they found out about the program (n=4), they were unaware of the program (n=2), found out through their insurance provider (n=1), or found out through the SNAP benefits (n=1).

**Enrollee Recommendations for Florida Medicaid**

In the qualitative interviews, FPW enrollees were asked to provide recommendations to Florida Medicaid for helping those in their community learn more about the FPW program in which 143 enrollees responded. The overarching themes of the cited recommendations included Better Enrollee Outreach (n=79), Better Marketing Efforts (n=25), and Better Linkage (n=8). The rest of respondents either reported being unsure of what recommendations to provide (n=22) or not having any suggestions (n=8). One enrollee recommended changing the program requirements.

For the Better Enrollee Outreach theme, there were three subthemes including outreach for the purpose of improving awareness of enrollment (n=20; e.g., “Inform via email or USPS that members are in program.”), outreach for improving general communication (i.e. expanding the frequency of communication either through mail or email) (n=38; e.g., “Sending email, or phone calls related to it, consistent correspondence.”), and outreach for improving enrollee education (i.e. giving more information about the program once they enroll) (n=21; e.g., “A presentation so more people are aware of program and benefits.”).

For the Better Marketing Efforts theme, the specific suggestions involved advertising on social media platforms (e.g., “Advertise on Facebook.”), spurring community-based messaging (e.g., “ Put the word out there to the community and put a flyer.”), and advertising through traditional media platforms (e.g., “Marketing with tv and radio.”).

For the Better Linkage theme, the subthemes are parsed into better linkage of the program with providers (n=4) and better linkage of the program to Medicaid (n=4). For better linkage with providers, the recommendations involve collaborating better with providers and getting them more involved with the program. One enrollee said “Being quick about getting things authorized through doctors” while another

stated “Maybe when we go to the doctor’s office, the doctor or nurse could mention it, I don’t know if they’re aware of it or not.” For better linkage to Medicaid, the recommendations involved getting the program better integrated with medical services. One enrollee exclaimed “Include in Medicaid management package” whole another enrollee asserted “Provide the information to the people in Medicaid.”

**RQ10: What strategies are being used by the Department of Health to increase FPW participation rates?**

The primary data source for research question 10 is the responses to the qualitative surveys completed by DOH frontline staff. These surveys with DOH staff were not repeated this year. Results presented here are from last year’s survey. Among the nine DOH employees who participated in the survey, two of them stated their agency does not use any strategies to increase FPW participation rates. From the remaining responses (n=7), the strategies used by DOH employees to increase FPW participation rates include the following: employee incentivization (i.e., conducting a competition for identifying and enrolling the most individuals into the program), active external outreach (i.e., direct communication with community partners to facilitate the process for potential enrollees), passive external outreach (i.e., using flyers and postings in outside clinics and agencies such as Women, Infants, and Children (WIC), dental and immunization clinics), pre-appointment patient eligibility review (i.e., using systems such as FLMMIS Medicaid and Department of Labor’s Suntax to determine eligibility of individuals), pre-appointment and in-appointment information sharing (i.e., distributing FPW materials or information before or during the appointment) and following up with potential enrollees post-appointment concerning application materials. Excerpts associated with each of these strategies are displayed in Table 10.1.

**Table 10.1: Selected Quotes from Strategies (n=9)**

| Strategy | Quote(s) |
|---|---|
| Employee Incentivization | “In the past we've had competitions as to who can identify and obtain the most potentially eligible FPW applications.” |
| External Outreach-Active | “Reached out to other community partners and set up a fax-in system for the FPW applications.” |

| Strategy | Quote(s) |
|---|---|
| External Outreach-Passive | "We have signage posted in other departments such as WIC, Dental and Immunization clinics." |
| Pre-appointment Patient Eligibility Review | 1. "We also review all schedules for patients coming in to determine if they would be eligible for FP Waiver program and enter a comment in the computer system to explain the program and provide the patient with an application."<br>2. "The appointment schedules are checked at least a day in advance and all women presenting have FLMMIS Medicaid computer system checked for potential FPW eligibility."<br>3. "Each and every time the client comes in for any services, we check to see if they qualify for FP Waiver and encourage them to fill out paperwork and return to office."<br>4. "Use Department of Labor Suntax and provide other assistance when possible to verify income."<br>5. "Check Medicaid on all clients and give application to anyone who has had Medicaid in the last year." |
| Pre-appointment and In-appointment Information Sharing | 1. "Those who've lost their Medicaid within the past 2 years are sent a letter with enclosed application regarding the FPW Medicaid Program."<br>2. "Clients who come in for family planning services are informed of FPW Medicaid program by clinic FP provider and given an application."<br>3. "Clients are educated when making appointments on needed documents to enroll in Family Planning wavier program they are also instructed again at reminder call for appointment." |
| Follow Up | 1. "Sending letters and application."<br>2. "Also, I call the clients that were on the first year FP Waiver, and notify them of the second if qualified."<br>3. "We also follow-up with clients two weeks after they complete application if they are missing documents to process application." |

## Conclusions, Positive Outcomes, Challenges, and Lessons Learned

Overall, there were several positive outcomes of the FPW program. The total proportion of eligible women who enrolled in the FPW program increased in DY22 compared to DY20 and DY21. Additionally, among those women who used FPW services, they were overwhelmingly satisfied with those services and indicated that the services were easy to access.

FPW enrollees have a slightly smaller proportion of low birth weight births and pre-term births than the FPW non-enrollees in DY22, which is consistent with DY20 and DY21. The rate of low birth weight was lower for the FPW enrollees in DY22 at 9.10%, compared with 9.71% for the FPW non-enrollees. The rate of pre-term births was also slightly lower for the FPW enrollees in DY22 at 11.1%, compared with 11.21% for the FPW non-enrollees.

**Commented [A29]:** Added 11/30/2021

Some challenges were also observed:

- Enrollment rates among women eligible for the FPW program, while improving, still remain very low, with 17% of eligible women enrolling in the program in DY22. Additionally, only 17% of FPW enrollees used any FPW services in DY22, although this represents an increase from DY21, when only 11% of FPW enrollees used any services. While the types of services provided through the FPW program have been shown to be effective at producing positive outcomes, the impact of the program is greatly reduced because of low enrollment and participation rates. The majority of women who were interviewed indicated that they were unaware of the program, including women who used services provided through the FPW program.
- Some program evaluation challenges primarily stemmed from managing and using the data to properly classify enrollees vs. non-enrollees. More specifically, enrollee data had many cases with multiple, short enrollment spans, that often overlapped. We were able to overcome this challenge by using the multiple dates to identify the full enrollment span.
- Another challenge came from matching birth records to the appropriate demonstration year and FPW enrollee status. For example, some births occurred in DY22, but did not have an enrollment record (enrollee or non-enrollee) for DY22, and instead had an enrollment record in a different DY.

- Finally, there was some ambiguity on whether to use the estimated clinical conception date or the date or birth to classify the demonstration year of births as the span of a pregnancy can last through parts of two demonstration years. For RQ4, date of birth was used because it gave the fewest missing cases, and the question is focused specifically on the birth outcomes.

**Commented [A30]:** Added 11/30/2021

Note:Changed wording from "Challenges primarily stemmed…to Some program evaluation challenges…

**Lessons Learned and Recommendations**

Given the consistent finding of lack of knowledge of the FPW program, both among eligible women who do not enroll and enrolled women, future activities should focus on increasing enrollment and enrollee participation rates in the FPW program. Steps are already being taken by the State to improve the eligibility determination process for the FPW program by moving this activity from the DOH to the DCF, which currently does all of the eligibility determinations for Florida's Medicaid program, and automatically enrolling all eligible women into the FPW program for the initial 12-month period as well as for the second 12-month period if no additional information is needed to determine eligibility. Thus, most eligible women will be automatically enrolled for the full 24-month period, improving enrollment rates, but this strategy is unlikely to increase awareness or participation in the FPW program. As indicated in the Healthy People 2020 initiative (https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning), increased awareness of family planning services is needed and can be achieved through public outreach and improved collaboration between health care providers. Marketing of the program through social media and other platforms such as television, radio, and billboards has successfully increased awareness of public health programs, as well as additional mailings and emails by the Agency to inform eligible and/or enrolled women of the program and benefits of the program. The Agency should also attempt to collaborate more with providers of FPW services to encourage participation as well as using strategies identified by some of the DOH clinics, including outreach, education, and proactively engaging with women to get them enrolled in the FPW program.

**Commented [A31]:** What about targeted outreach to entities such as hospitals, clinics, providers, and other agencies as identified in Enrollee Recommendations?

**Commented [A32R31]:** Additional strategies have been added.

**Commented [A33]:** It appears that some of these recommendations are passive. It would be helpful if the evaluation team could state in the text or provide evidence for any of these recommendations that have proven to be effective for other programs and/or in other states.

**Commented [A34R33]:** I have added a link to the Healthy People 2020 initiative which endorses these methods of outreach and edited the langague to be less passive.

**Commented [A35R33]:** Resolved.

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# Appendices

## Appendix A: Specific Methods for Each Research Question

For research question 1 (What differences in recipient demographic characteristics exist between FPW enrollees and eligible women who do not enroll in FPW per DY?), Medicaid eligibility files were used to identify women who are eligible for the FPW program as well as women enrolled in the FPW program. Medicaid eligibility files were also used to identify demographic characteristics for eligible and enrolled women, and descriptive statistics of the demographic characteristics of FPW enrollees as well as eligible women who did not enroll in the FPW program were calculated for each demonstration year in the study period (DY20-DY21. Eligible women were identified as women 14 years of age up through and including women who are 55 years of age who lost Medicaid eligibility for any reason in the two years prior to the DY being examined. FPW enrollees were identified from Medicaid eligibility files.

For research question 2 (What are the interbirth intervals for FPW enrollees compared to eligible women who do not enroll in the FPW program who gave birth during the study period?), Medicaid claims and eligibility data, as well as vital statistics birth certificate data, were merged and used to compare the average interbirth intervals (IBI) in number of months for FPW enrollees and eligible women who do not enroll in the FPW program. The IBI is the time between the first birth that occurred during the DY being examined and the second live birth observed with available birth certificate data. IBI rates were compared between FPW enrollees and eligible women who are not enrolled in the FPW program using descriptive statistics for each DY.

For research question 3 (What is the rate of unintended pregnancies for FPW enrollees and eligible women who do not enroll in the FPW program per DY?), Medicaid claims and DOH data were merged. Unintended pregnancies were identified using questions 5 and 14 on the Healthy Start Prenatal Risk Screen (see Appendix E) related to pregnancy intendedness. Unintended pregnancy rates were calculated as the number of unintended pregnancies for FPW enrollees divided by the total number of births by FPW enrollees. This rate was also calculated for eligible women who do not enroll in the FPW program and compared to the rate for FPW enrollees using descriptive statistics for each DY.

For research question 4 (What is the rate of low birth weight and preterm births for FPW enrollees compared to women who are eligible but do not enroll in the FPW program?), Medicaid eligibility and claims data were merged with Vital Statistics birth certificate data and hospital discharge data to identify low birth

weight births, defined as a baby that is less than 2,500 grams at birth, and preterm births, defined as a birth at less than 37 weeks gestation. The rate of preterm births and rates of low birth weight were calculated for both FPW enrollees and eligible women who do not enroll in the FPW program by dividing the total number of preterm or low birthweight births in a DY by the total number of births by each group in the DY. Preterm and low birthweight rates were compared between FPW enrollees and eligible women who are not enrolled in the FPW program using descriptive statistics for each DY.

For research question 5 (Is the FPW program achieving cost savings by lowering the birth rate?), the difference in the birth rate between FPW enrollees and eligible women who do not enroll in the FPW program were used to calculate the number of births averted. Total cost savings were calculated as the total number of births averted times the average cost of the birth, which included the cost of the birth as well as the Medicaid costs for the infant during the first year of life, minus the cost of administering the FPW program. This was calculated for each DY.

For research question 6 (What are the reasons that women eligible for the FPW program choose to enroll or not enroll in the FPW program and the reasons women enrolled in the FPW program do not participate?), qualitative interviews were administered to identify common themes. Separate qualitative interviews were administered to eligible women who do not enroll in the FPW program and FPW enrollees who do not use FPW services (non-participants). Eligible women who do not enroll were asked for reasons why they did not enroll. FPW non-participants were asked why they did not use any FPW services. The samples (FPW enrollee non-participants, eligible women who do not enroll in the FPW program) for the qualitative interviews were identified from Medicaid eligibility and claims data. A total of 25 women were interviewed from each group or until saturation was achieved, whichever came first. Interviews will take place in SFY2020-2021. Interviews will not be repeated in future DYs as the evaluation team does not expect responses to change from year to year. Common themes were identified using a grounded theory approach utilizing NVivo qualitative data analysis software. Draft survey questions are included in Appendix B.

**Commented [A36]:** AGENCY: "the evaluation team does not…"

**Commented [A37R36]:** Corrected

For research question 7 (How do FPW enrollees utilize covered health services?), Medicaid eligibility, enrollment, and claims data were used to assess enrollment rates, utilization rates (use of any service covered by FPW), contraceptive services utilization rates, cancer screening utilization rates, and sexually transmitted disease (STD) screening utilization rates for all FPW enrollees per DY. Overall utilization rates were also compared between first year FPW enrollees and second year FPW enrollees. FPW contraceptive care rates were calculated as the total number of FPW enrollees who use contraceptive services/total number of FPW

enrollees. FPW cancer screening rates were calculated as the total number of FPW enrollees who use any cancer screening services/total number of FPW enrollees. FPW STD screening rates were calculated as the total number of FPW enrollees who use STD screening services/total number of FPW enrollees. Each of these rates were calculated separately for each DY. The following algorithm was used to assign women as first or second year FPW enrollees as well as to a DY. First year enrollees are women who are within 12 months of their initial enrollment dates. Second year enrollees are women who are between 13-24 months of their initial enrollment dates. Service utilization was calculated based on the services that the enrollee used during either the first 12 months of enrollment or the second 12 months of enrollment, regardless of whether their service utilization during that year occurred over the course of two demonstration years. Women were assigned a demonstration year based on which of the demonstration years had 6 or more months of enrollment.

For research question 8 (What gaps in coverage are experienced by FPW enrollees over time?), Medicaid enrollment and eligibility data were used. The following measures will be calculated for each DY and used to assess coverage experience: (1) total number of FPW enrollees who are only enrolled for the first year/total number of FPW enrollees; (2) total number of FPW enrollees who are enrolled for the second year/total number of FPW enrollees; (3) average length of time between FPW enrollees' most recent enrollment period and the previous enrollment period (limited to the previous five years); and (4) total number of women who lose FPW coverage after the two year enrollment period.

For research question 9 (Are FPW enrollees satisfied with services?), satisfaction surveys were administered to FPW enrollees. Surveys will be administered during each DY. FPW enrollees will be randomly selected and administered a telephone-based satisfaction survey (see Appendix B for satisfaction survey instrument). Surveys will be administered each year until 300 completed surveys are achieved. Surveys were administered during the third quarter of CY2020 and will be subsequently administered during the fourth quarter of each calendar year. Descriptive statistics of survey responses will be used to summarize FPW enrollee experiences and satisfaction.

For research question 10, (What strategies are being used by the Department of Health to increase FPW participation rates?), qualitative interviews were administered to staff at all DOH clinics offering FPW services. Knowledgeable staff members were identified and asked what strategies are employed to increase use of FPW services. Interviews were administered during SFY2020-2021. These interviews will only take place during the first year of the evaluation. Common themes/strategies were identified using a grounded

theory approach utilizing NVivo qualitative data analysis software. Interview questions are included in Appendix B.

## Appendix B: Qualitative Surveys

**Family Planning Waiver Satisfaction Surveys**

You are currently enrolled in Florida's Family Planning Waiver program, which offers you access to family planning services including contraceptive services, cervical cancer screening services, and sexually transmitted disease screening services. We have been contracted with Florida's Agency for Health Care Administration to assess Family Planning Waiver enrollees' satisfaction with the services provided through the Family Planning Waiver program. You may refuse to answer any question and you may choose to end the survey at any time. None of your responses to the survey will be linked to you and will not impact your enrollment in the Family Planning Waiver program.

1. How satisfied are you with the types of services offered to you through the Family Planning Waiver program?
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied
    e. I have not used any family planning services
    f. I was not aware that I was enrolled in the Family Planning Waiver program (if selected, end survey)

2. How satisfied were you with the information and customer service provided to you about the Family Planning Waiver program?
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied

3. How easy was it to access these family planning services?
    a. Very easy
    b. Somewhat easy
    c. Somewhat difficult
    d. Very difficult
    e. I did not attempt to access family planning services (if selected, exit survey)

4. Which of the following family planning services did you use? Please select all that apply.
    a. Contraceptive care (e.g., contraception, contraceptive counseling/education)
    b. Sexually transmitted disease testing (e.g., pap smears, pelvic exams)
    c. Cervical cancer screening (e.g., pap smears, pelvic exams)

5. How satisfied were you with [insert name of FPW service used by respondent in question 4]? (this question can be repeated up to 3 times depending on the number of types of FPW benefits used by the respondent)
    a. Very satisfied
    b. Satisfied
    c. Dissatisfied
    d. Very Dissatisfied

6. Do you have any recommendations for improving access or other aspects of the program?

**Qualitative Survey of Reasons Why Eligible Women Do Not Enroll in the Family Planning Waiver Program**

You are currently eligible for Florida's Family Planning Waiver program, which offers you access to family planning services including contraceptive services, cervical cancer screening services, and sexually transmitted disease screening services. We have been contracted with Florida's Agency for Health Care Administration to assess why women who are eligible for the Family Planning Waiver program are not enrolled. You may refuse to answer any question and you may choose to end the survey at any time. None of your responses to the survey will be linked to you and will not impact your eligibility for the Family Planning Waiver program.

1. Although you are eligible for the Family Planning Waiver program, you have not chosen to enroll in the program. Could you please provide the reasons why you have chosen not to enroll in this program?

**Qualitative Survey of Reasons Why Enrolled Women Do Not Participate in the Family Planning Waiver Program**

You are currently enrolled in Florida's Family Planning Waiver program, which offers you access to family planning services including contraceptive services, cervical cancer screening services, and sexually transmitted disease screening services. We have been contracted with Florida's Agency for Health Care Administration to assess why women who are enrolled in the Family Planning Waiver program choose not to use any of the family planning services provided through the program. You may refuse to answer any question and you may choose to end the survey at any time. None of your responses to the survey will be linked to you and will not impact your enrollment in the Family Planning Waiver program.

1. Although you are enrolled in the Family Planning Waiver program, you have not chosen to participate in the program by using any of the covered services. Could you please provide the reasons why you have chosen to not participate in the program?

**Qualitative Survey of DOH Clinic Staff's Strategies to Increase Family Planning Waiver Program Participation Rates**

Use of family planning services among women enrolled in Florida's Family Planning Waiver program are very low. We have been contracted with Florida's Agency for Health Care Administration to assess the strategies being used by Department of Health clinics to increase participation rates in the Family Planning Waiver program by enrolled women. You may refuse to answer the survey and end the survey at any time. None of your responses to the survey will be linked to you. All results of the survey will be presented anonymously.

1. What strategies are being used by your clinic to increase Family Planning Waiver program participation rates among Family Planning Waiver enrollees?

## Appendix C: Healthy Start Prenatal Screen

# Help your baby have a healthy start in life!

Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are confidential. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)*

**Today's Date:** _____

| | YES | NO |
|---|---|---|
| 1. Have you graduated from high school or received a GED? | ☐ | ☐ 1 |
| 2. Are you married now? | ☐ | ☐ 1 |
| 3. Are there any children at home younger than 5 years old? | ☐ | ☐ |
| 4. Are there any children at home with medical or special needs? | ☐ | ☐ |
| 5. Is this a good time for you to be pregnant? | ☐ | ☐ |
| 6. In the last month, have you felt down, depressed or hopeless? | ☐ 1 | ☐ |
| 7. In the last month, have you felt alone when facing problems? | ☐ | ☐ |
| 8. Have you ever received mental health services or counseling? | ☐ | ☐ |
| 9. In the last year, has someone you know tried to hurt you or threaten you? | ☐ | ☐ |
| 10. Do you have trouble paying your bills? | ☐ | ☐ |

**11. What race are you? Check one or more.**
☐ White ☐ 3 Black ☐ Other _____

**12. In the last month, how many alcoholic drinks did you have per week?**
_____ drinks 1 ☐ did not drink

**13. In the last month, how many cigarettes did you smoke a day?** ***(a pack has 20 cigarettes)***
_____ cigarettes 1 ☐ did not smoke

**14. Thinking back to just before you got pregnant, did you want to be…….?**
☐ pregnant now ☐ pregnant later ☐ 1 not pregnant

**15. Is this your first pregnancy?**
☐ 2 Yes ☐ No If no, give date your last pregnancy ended:
Date: (month/year)_____

**16. Please mark any of the following that have happened.**
☐ 3 Had a baby that was not born alive
☐ 3 Had a baby born 3 weeks or more before due date
☐ 3 Had a baby that weighed less than 5 pounds, 8 ounces
☐ None of the above

**PATIENT INFORMATION**

| | | | |
|---|---|---|---|
| Name: First Last M.I. | Social Security Number: | Date of Birth (mo/day/yr): | 17. Age: ☐ 1 <18 |
| Street address (apartment complex name/number): | County: | City: State: | Zip Code: |
| Prenatal Care covered by: ☐ Medicaid ☐ Private Insurance _____ ☐ No Insurance ☐ Other _____ | Best time to contact me: | Phone #1 _____ Phone #2 _____ | |

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

**Patient Signature:** _____ **Date:** _____

**Please initial:** _____ Yes _____ No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

** If you do not want to participate in the screening process, please complete the patient information section only and sign below:*

*Signature:* _____ *Date:* _____

**PROVIDER ONLY**

| | | | |
|---|---|---|---|
| LMP (mo/day/yr): | EDD (mo/day/yr): | 18. Pre-Pregnancy: Wt: _____lbs. Height: _____ft. _____in. BMI: _____ | ☐ 1 <19.8 ☐ 2 > 35.0 |
| Provider's Name: | Provider's ID: | 19. Pregnancy Interval Less Than 18 Months? ☐ N/A ☐ No | ☐ 1 Yes |
| | | 20. Trimester at 1st Prenatal Visit? _____ | ☐ 1 2nd |
| Provider's Phone Number: | Provider's County: | 21. Does patient have an illness that requires ongoing medical care? Specify Illness: _____ ☐ No | ☐ 2 Yes |
| **Healthy Start Screening Score:** _____ | **Check One:** ☐ Referred to Healthy Start. If score <6, specify:_____ ☐ Not Referred to Healthy Start. | | |
| **Provider's/Interviewer's Signature and Title** _____ **Date (mo/day/yr)**_____ | | | |

DH 3134, 04/08, stock number 5744-100-3134-7 Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred PINK—Retained in patient's record GREEN—Patient's Copy

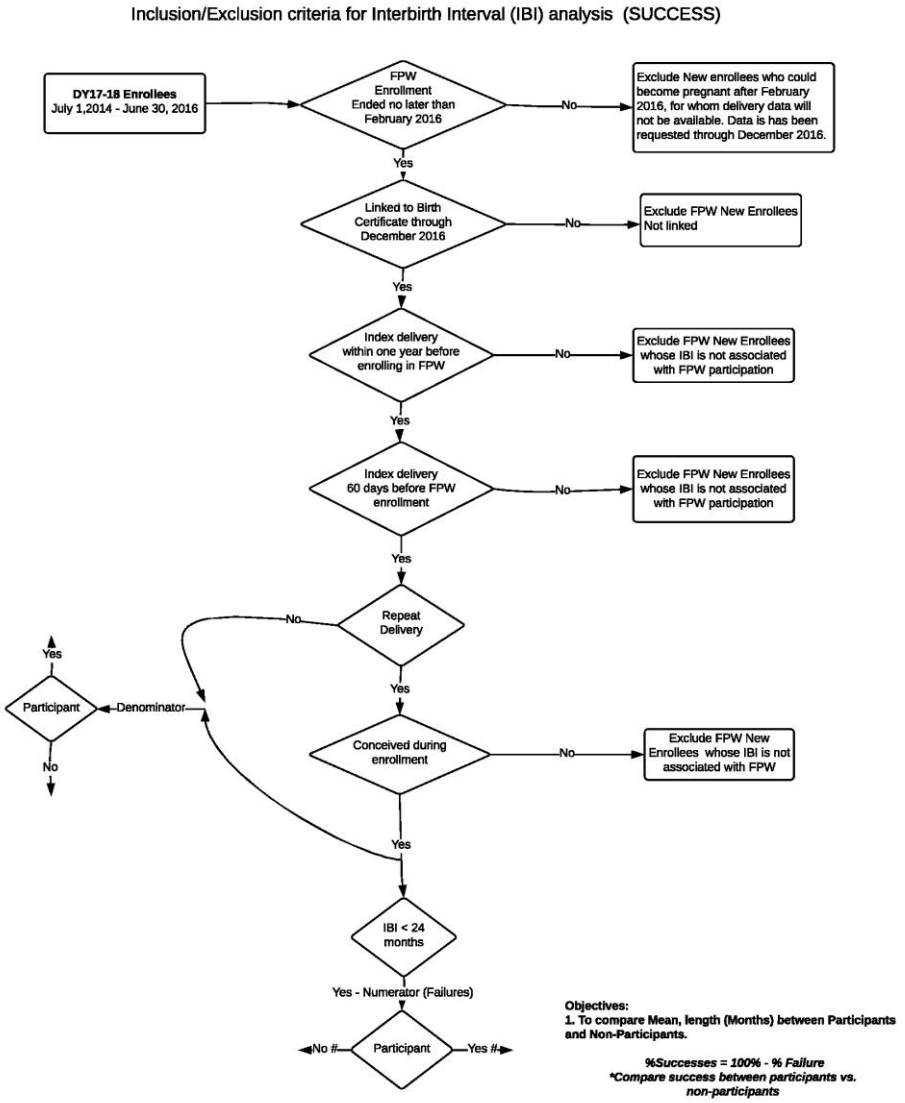
## Appendix D: Interbirth Interval (IBI) Methodology and Flowchart

To measure the impact of the FPW in increasing the child spacing interval through effective contraceptive use, the research team compared the average Interbirth Intervals (IBI) of Enrollees and FPW Eligible Non-Enrollees in the current waiver period DY22. For this report, the research team conducted comparisons of average IBI length by enrollment status.

1. Inclusion Criteria for enrollees and eligible non-enrollees for IBI
    a. For DY22 enrollees, FPW enrollment ended no later than March 2020
    b. Linked to birth certificate data through December 2020
    c. Conceived after enrolling in FPW
    d. Conceived no later than one year after the end of FPW enrollment
    *e.* Previous delivery within one year before enrolling in FPW.
2. Exclusion Criteria for IBI
    a. Exclude enrollees who could become pregnant after March 2020 for whom 2020 birth certificate data is not available
    b. Exclude enrollees not linked to a birth certificate
    c. Exclude enrollees whose IBI cannot be extended by FPW services
    d. Exclude FPW non- enrollees who received Family Planning Services through Title X (Planned Parenthood).

**Commented [A38]:** Updated 12/7/2021

**Inclusion/Exclusion criteria for Interbirth Interval (IBI) Analysis**

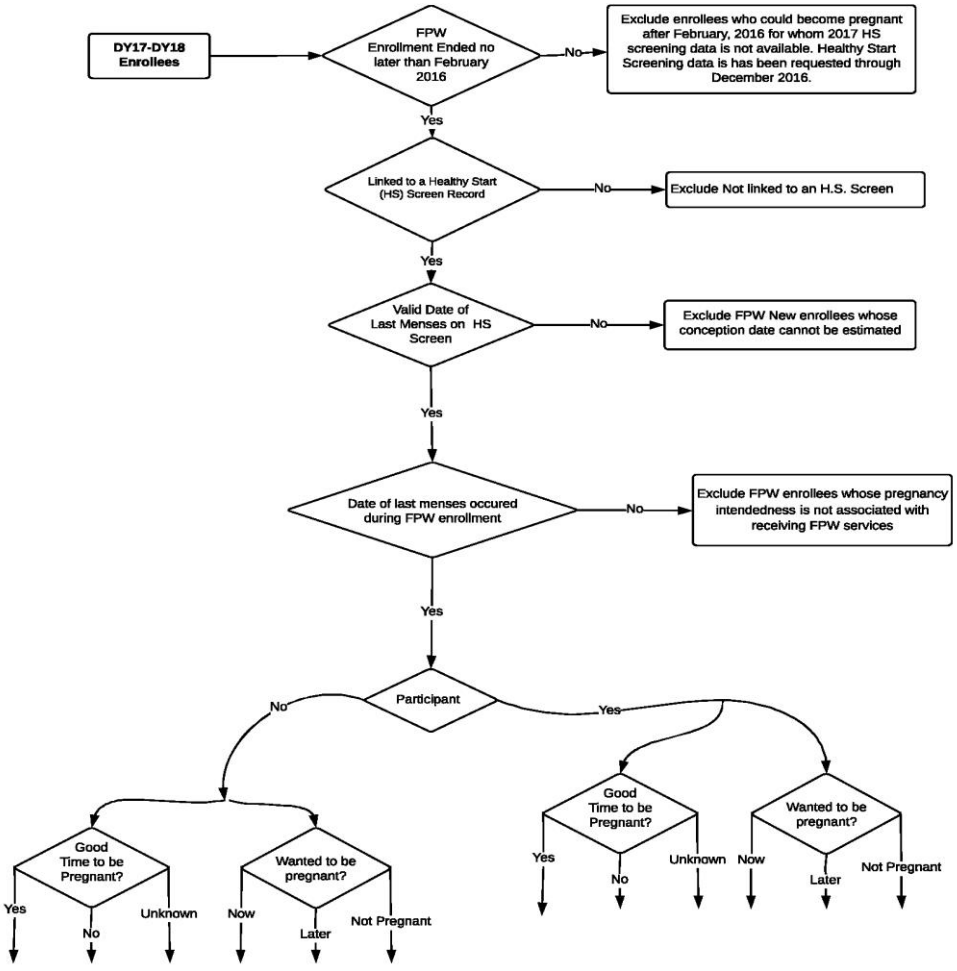


## Appendix E: Unintended Pregnancies Methodology and Flowchart

To measure the impact of the FPW in reducing the number of unintended pregnancies through provision of Family Planning services, the research team assessed whether there was a difference in the rate of unintended pregnancies during DY20 among Participants and Non-Participants. The research team employed the following steps for determining and comparing the rate of unintended pregnancies between participants and non-participants:

1. Identify DY20 Participants who meet the following three conditions:
    a. Are linked to at least one Healthy Start Prenatal Risk Screen record dated July 1, 2017 through June 30, 2019.
    b. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record is not missing.
    c. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record occurred on or after their date of enrollment and on or before the end of the waiver period, June 30, 2024.
2. Among Participants who meet the three conditions in Step 1, identify DY20 Participants (received at least one FPW service during enrollment with a date of service on or before the end of the waiver period, June 30, 2024) who also meet the following condition:
    a. Their date of last menses as reported on at least one linked Healthy Start Prenatal Risk Screen record occurred on or after their first FPW service.
3. Among Participants who meet the three conditions in Step 1 and do not meet the first condition of Step 2 (did not receive FPW services during enrollment with a date of service that is on or before the end of the waiver period, June 30, 2024) identify those who also meet the following condition:
    a. Did not receive a family planning service through a different Medicaid delivery system than the FPW while enrolled in the FPW.

Inclusion/Exclusion criteria for Unintended Pregnancies Analysis




**Objective: Compare proportion of unintended pregnancies between participants and Non-participants**

## Appendix F: Cost Saving Methodology

To estimate the overall cost-savings associated with implementing the FPW, the research team followed the process outlined below:

1. The research team calculated births averted. The term births averted refers to the difference in the observed birth rate of women enrolled in FPW program in a given demonstration year versus the expected birth rate of women enrolled in the FPW program if they instead had the birth rate of women eligible for the FPW program who did not enroll.
2. The research team calculated the average delivery and first-year costs by summing all amounts either FFS claims and/or MMA claims in a given demonstration year and dividing by the total number of births. The summed costs are for both the cost of the birth and the costs of the infant that occurred from the date of birth through the child's first birthday.
3. The research team multiplied the average annual costs in a given demonstration year by the number of births averted, to arrive at the annual gross savings to Medicaid of the FPW program in a given demonstration year.
4. The research team determined how much the Agency spent in a given demonstration year to provide family planning services.
5. The research team deducted the cost to the Agency of providing family planning services in a given demonstration year from the gross savings calculated in step three, above, to arrive at the net savings to Medicaid of implementing the FPW program in a given demonstration year.

**Commented [A39]:** Updated 12/7/2021

## Appendix G: Procedure Codes for All FPW Services

| CPT Code | Description of Covered Codes |
|---|---|
| | **Evaluation and Management** |
| 99384FP | Family planning new visit |
| 99385FP | |
| 99386FP | |
| 99394FP | Family planning established visit |
| 99395FP | |
| 99396FP | |
| 99401FP | HIV counseling (pre-test) 15 min |
| 99402FP | HIV counseling (post-test) 30 min |
| 99403FP | Family planning counseling visit |
| 99211FP | Family planning supply visit |
| 99201 | Extended family planning services-new patient (treatment of STI) |
| 99211 | Extended family planning services-established patient (treatment of STI) |
| | **Medication/Device** |
| J1050 | Injection medroxyprogesterone acetate (Depo-Provera) |
| J7300 | Intrauterine copper device (Paraguard) |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg |
| J7307 | Etonogestrel implant system, including implant and supplies (Nexplanon) |
| J7296 | Levonorgestrel-releasing intrauterine contraceptive (Kylenna), 19.5 mg |
| | **Anesthesia, Surgical and Radiology** |
| 00840 | Anesthesia for Intraperitoneal procedures in lower abdomen including laparoscopy |
| 00851 | Anesthesia for tubal ligation/transection |
| 11976 | Removal of implantable contraceptive capsules |
| 11981 | Insertion, non-biodegradable drug delivery implant |
| 11982 | Removal, non-biodegradable drug delivery implant |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant |
| 57170 | Diaphragm or cervical cap fitting with instructions |
| 57410 | Pelvic examination under anesthesia |
| 57452 | Colposcopy of the cervix |
| 57454 | Colposcopy with biopsy(s) of the cervix and endocervical curettage |
| 57460 | Colposcopy with loop electrode biopsy(s) |
| 58300 | Insertion of intrauterine device |
| 58301 | Removal of intrauterine device |
| 58340 | Catheterization and introduction of saline or contrast material for saline infusion for hysterosalpingography |
| 58600 | Ligation or transection of fallopian tube(s) |
| 58615 | Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) |
| 58670 | Surgical laparoscopy, with fulguration of oviducts (with or without transection) |
| 58671 | Surgical laparoscopy, with occlusion of oviducts by device (e.g., band, clip, or Falope ring) |
| 74740 | Radiological supervision and interpretation x-ray of uterine tubes and ovaries |

| CPT Code | Description of Covered Codes |
|---|---|
| 76856 | Ultrasound of pelvis, non-obstetric (to check placement of intrauterine devices) |
| 76882 | Ultrasound of extremity, limited, anatomic specific (to check for implantable contraceptive device) |
| | **Laboratory** |
| 81000 | Urinalysis, non-automated, with microscopy |
| 81001 | Automated, with microscopy |
| 81002 | Non-automated, without microscopy |
| 81003 | Automated, without microscopy |
| 81005 | Urinalysis; qualitative or semi-qualitative |
| 81007 | Urinalysis; bacteriuria screen, by kit |
| 81015 | Urinalysis; bacteriuria screen, microscopic only |
| 81025 | Urine pregnancy test, by visual color comparison |
| 82947 | Glucose; quantitative, blood |
| 84702 | Gonadotropin, chorionic (hCG); quantitative |
| 84703 | Gonadotropin, chorionic (hCG); qualitative |
| 85007 | Blood count; manual differential WBC count |
| 85014 | Hematocrit |
| 85018 | Hemoglobin |
| 86255 | Fluorescent antibody; screen, each antibody (HIV & herpes) |
| 86382 | Neutralization test, viral |
| 86403 | Rubella screen (IgG) |
| 86580 | Tuberculosis, intradermal |
| 86592 | Syphilis test; qualitative (e.g., VDRL, RPR, ART) |
| 86593 | Syphilis test; quantitative |
| 86689 | HTLV or HIV antibody, confirmatory test (western blot) |
| 86694 | Herpes simplex, non-specific type test |
| 86695 | Herpes simplex, type I |
| 86696 | Herpes simplex, type 2 |
| 86701 | Antibody; HIV-1 |
| 86702 | Antibody; HIV-2 |
| 86703 | Antibody; HIV-1 and HIV-2, single assay |
| 86706 | Hepatitis B surface antibody (HBsAb) |
| 86707 | Hepatitis Be antibody (HBeAb) |
| 86762 | Rubella titer |
| 86780 | Treponema pallidum |
| 86803 | Hepatitis C antibody |
| 87070 | Culture, bacterial, definitive; any other source (GC) |
| 87075 | Culture, bacterial, any source; anaerobic (isolation) |
| 87081 | Culture, bacterial, screening only (GC) |
| 87086 | Culture, bacterial, urine; quantitative, colony count |
| 87088 | Culture, bacterial, urine; quantitative colony count, with isolation and presumptive identification of each isolate |
| 87110 | Culture, chlamydia |
| 87164 | Dark field examination, any source, includes specimen collection |

| CPT Code | Description of Covered Codes |
|---|---|
| 87205 | Smear, primary source, with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; (gonorrhea) |
| 87206 | Smear, primary source, with interpretation; (chlamydia) |

| | |
|---|---|
| 87210 | Smear, primary source, wet mount isolation, with stain |
| 87252 | Virus identification; tissue culture inoculation & observation |
| 87270 | Infectious agent antigen detection by immunofluorescent technique, chlamydia trachomatis |
| 87273 | Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 2 |
| 87274 | Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 1 |
| 87340 | Hepatitis B surface antigen (HBsAg) |
| 87341 | Hepatitis B surface antigen (HBsAg) neutralization |
| 87350 | Hepatitis Be antigen (HBeAg) |
| 87390 | HIV-1 |
| 87480 | Candida species, direct probe technique |
| 87481 | Candida species, amplified probe technique |
| 87490 | Chlamydia trachomatis, direct probe technique |
| 87491 | Chlamydia trachomatis, amplified probe technique |
| 87510 | Gardnerella vaginalis, direct probe technique |
| 87511 | Gardnerella vaginalis, amplified probe technique |
| 87516 | Hepatitis B virus, amplified probe technique |
| 87520 | Hepatitis C virus, direct probe technique |
| 87521 | Hepatitis C virus, amplified probe technique |
| 87522 | Hepatitis C virus, quantification |
| 87528 | Herpes simplex virus, direct probe technique |
| 87529 | Herpes simplex virus, amplified probe technique |
| 87530 | Herpes simplex, quantification |
| 87534 | HIV-1, direct probe technique |
| 87535 | HIV-1, amplified probe technique |
| 87590 | Neisseria gonorrhoeae, direct probe technique |
| 87591 | Neisseria gonorrhoeae, amplified probe technique |
| 87592 | Neisseria gonorrhoeae, quantification |
| 87623 | HPV low-risk type detection test |
| 87624 | HPV high-risk type detection test |
| 87660 | Trichomonas vaginitis, direct probe technique |
| 87661 | Trichomonas vaginitis, amplified probe technique |
| 87810 | Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis |
| 87850 | Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae |
| 88141 | Cytopathology, cervical or vaginal (any system) requiring physician interpretation |
| 88142 | Cytopathology, cervical or vaginal (preservative fluid) under physician supervision |

| | |
|---|---|
| 88143 | Cytopathology, cervical or vaginal with manual screen & re-screen under physician supervision |
| 88150 | Cytopathology, slides, cervical or vaginal, manual screen under physician supervision |
| 88152 | Cytopathology, slides, cervical or vaginal with manual screening and computer-assisted rescreen under physician supervision |
| 88153 | Cytopathology, slides, with manual screen & re-screen under physician supervision |
| 88155 | Cytopathology, slides, cervical or vaginal, with definitive hormonal evaluation |
| 88164 | Cytopathology, slides, cervical or vaginal, (Bethesda System); with manual screening under physician supervision |
| 88165 | Cytopathology. slides, cervical or vaginal (Bethesda System);with manual screen & re-screen under physician supervision |
| 88166 | Cytopathology, slides, cervical or vaginal (Bethesda System), manual screen & computer-assisted re-screen under physician supervision |
| 88167 | Cytopathology, slides, cervical or vaginal, (Bethesda System), using cell selection and review under physician supervision |
| 88174 | Cytopathology, cervical or vaginal, (any reporting system), collected in preservative fluid, automated thin layer preparation, screen by automated system, under physician supervision |
| 88175 | With screen by automated system and manual rescreening or review, under physician supervision |
| 88302 | Level II surgical pathology, gross and microscopic (sterilization) |
| 88305 | Level IV surgical pathology, gross and microscopic (colposcopy) |
| **ICD-10 Code** | **Description of Covered Diagnosis Codes** |
| A51 | Early syphilis (Select appropriate diagnosis code) |
| A51.0 – A51.9 | |
| A53.9 | |
| | |
| A60 | Anogenital herpesviral(herpes simplex) infections (Select appropriate diagnosis code) |
| A60.0 - A60.9 | |
| | |
| A54 | Gonococcal infection (Select appropriate diagnosis code) |
| A54.0 – 54.21 | |
| A54.24 – A54.29 | |
| A54.5 – A54.6 | |
| A54.9 | |
| | |
| A55 | Chlamydial Infections (Select appropriate diagnosis code) |
| A56.0 – A56.8 | |
| A74.89-A74.9 | |
| | |
| A57 | Chancroid |
| A58 | Granuloma Inguinale |
| A59 | Trichomoniasis (Select appropriate diagnosis code) |
| A59.0 – A59.9 | |

| | |
|---|---|
| | |
| A60 | Anogenital herpesviral Infections (Select appropriate diagnosis code) |
| A60.00 | |
| A60.03–A60.9 | |
| | |

| | |
|---|---|
| A63 | Other predominantly sexually transmitted diseases, not elsewhere classified (Select appropriate diagnosis code) |
| A63.0 - A64 | |
| | |
| B37 | Candidiasis (Select appropriate diagnosis code) |
| B37.3-B37.49 | |
| B07.8-B07.9 | Other viral warts |
| | |
| N34.1 | Nonspecific urethritis |
| | |
| N86 | Erosion and ectropion of cervix uteri |
| N87.0 - N87.9 | Cervical dysplasia |
| | |
| N87.1 | Moderate cervical dysplasia |
| N87.9 | Dysplasia of cervix uteri, unspecified (Select appropriate diagnosis code) |
| | |
| N88 | Other noninflammatory disorders of cervix uteri (Select appropriate diagnosis code) |
| N88.0 - N88.9 | |
| | |
| R87.6 | Abnormal cytological findings in specimens from female genital organs (Select appropriate diagnosis code) |
| R87.610 - R87.9 | |
| | |
| Z01.41 | Encounter for gynecological examination (Select appropriate diagnosis code) |
| Z01.411 - Z01.42 | |
| | |
| Z11.5 | Encounter for screening for other viral diseases (Select appropriate diagnosis code) |
| Z11.51-Z11.9 | |
| | |
| Z30 | Encounter for contraceptive management (Select appropriate diagnosis code) |
| Z30.0 - Z30.09 | |
| | |
| Z30.2 | Encounter for sterilization |
| | |
| Z32.0 | Encounter for pregnancy test (Select appropriate diagnosis code) |
| Z32.00-Z32.02 | |
| | |

## Appendix H: Procedure Codes to Identify Family Planning Services, Cancer Screening Services, and STD Screening Services

| **Family Planning Evaluation and Management Services** | |
|---|---|
| ***Evaluation and Management CPT Code*** | ***Description of Covered Codes*** |
| 99384FP | Family planning new visit |
| 99385FP | |
| 99386FP | |
| 99394FP | Family planning established visit |
| 99395FP | |
| 99396FP | |
| 99403FP | Family planning counseling visit |
| 99211FP | Family planning supply visit |
| | |
| **Contraceptive Services** | |
| ***Medication/Device CPT Code*** | ***Description of Covered Codes*** |
| J1050 | Injection medroxyprogesterone acetate (Depo-Provera) |
| J7300 | Intrauterine copper device (Paraguard) |
| J7301 | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg |
| J7297 | Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg |
| J7298 | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg |
| J7307 | Etonogestrel implant system, including implant and supplies (Nexplanon) |
| J7296 | Levonorgestrel-releasing intrauterine contraceptive (Kylenna), 19.5 mg |
| | |
| ***Anesthesia, Surgical and Radiology CPT Code*** | ***Description of Covered Codes*** |
| 11981 | Insertion, non-biodegradable drug delivery implant |
| 11983 | Removal with reinsertion, non-biodegradable drug delivery implant |
| 57170 | Diaphragm or cervical cap fitting with instructions |
| 58300 | Insertion of intrauterine device |
| 58600 | Ligation or transection of fallopian tube(s) |
| 58615 | Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring) |
| 58670 | Surgical laparoscopy, with fulguration of oviducts (with or without transection) |
| 58671 | Surgical laparoscopy, with occlusion of oviducts by device (e.g., band, clip, or Falope ring) |
| 76856 | Ultrasound of pelvis, non-obstetric (to check placement of intrauterine devices) |
| 76882 | Ultrasound of extremity, limited, anatomic specific (to check for implantable contraceptive device) |
| 88302 | Level II surgical pathology, gross and microscopic (sterilization) |
| | |
| ***Laboratory CPT Code*** | ***Description of Covered Codes*** |
| 81025 | Urine pregnancy test, by visual color comparison |

| **Cancer Screening Services** | |
|---|---|
| ***Anesthesia, Surgical and Radiology CPT Code*** | ***Description of Covered Codes*** |
| 57410 | Pelvic examination under anesthesia |
| 57452 | Colposcopy of the cervix |
| 57454 | Colposcopy with biopsy(s) of the cervix and endocervical curettage |
| 57460 | Colposcopy with loop electrode biopsy(s) |
| 88141 | Cytopathology, cervical or vaginal (any system) requiring physician interpretation |
| 88142 | Cytopathology, cervical or vaginal (preservative fluid) under physician supervision |
| 88143 | Cytopathology, cervical or vaginal with manual screen & re-screen under physician supervision |
| 88150 | Cytopathology, slides, cervical or vaginal, manual screen under physician supervision |
| 88152 | Cytopathology, slides, cervical or vaginal with manual screening and computer-assisted rescreen under physician supervision |
| 88153 | Cytopathology, slides, with manual screen & re-screen under physician supervision |
| 88305 | Level IV surgical pathology, gross and microscopic (colposcopy) |
| ***Laboratory CPT Code*** | ***Description of Covered Codes*** |
| 88155 | Cytopathology, slides, cervical or vaginal, with definitive hormonal evaluation |
| 88164 | Cytopathology, slides, cervical or vaginal, (Bethesda System); with manual screening under physician supervision |
| 88165 | Cytopathology. slides, cervical or vaginal (Bethesda System);with manual screen & re- screen under physician supervision |
| 88166 | Cytopathology, slides, cervical or vaginal (Bethesda System), manual screen & computer-assisted re-screen under physician supervision |
| 88167 | Cytopathology, slides, cervical or vaginal, (Bethesda System), using cell selection and review under physician supervision |
| 88174 | Cytopathology, cervical or vaginal, (any reporting system), collected in preservative fluid, automated thin layer preparation, screen by automated system, under physician supervision |

| **STD Screening Services** | |
|---|---|
| ***Evaluation and Management CPT Code*** | ***Description of Covered Codes*** |
| 99401FP | HIV counseling (pre-test) 15 min |
| 99402FP | HIV counseling (post-test) 30 min |
| | |
| ***Laboratory CPT Code*** | ***Description of Covered Codes*** |
| 86255 | Fluorescent antibody; screen, each antibody (HIV & herpes) |
| 86592 | Syphilis test; qualitative (e.g., VDRL, RPR, ART) |
| 86593 | Syphilis test; quantitative |
| 86689 | HTLV or HIV antibody, confirmatory test (western blot) |
| 86694 | Herpes simplex, non-specific type test |
| 86695 | Herpes simplex, type I |
| 86696 | Herpes simplex, type 2 |
| 86701 | Antibody; HIV-1 |
| 86702 | Antibody; HIV-2 |
| 86703 | Antibody; HIV-1 and HIV-2, single assay |
| 86706 | Hepatitis B surface antibody (HBsAb) |
| 86707 | Hepatitis Be antibody (HBeAb) |
| 86803 | Hepatitis C antibody |
| 87110 | Culture, chlamydia |
| 87205 | Smear, primary source, with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types; (gonorrhea) |
| 87206 | Smear, primary source, with interpretation; (chlamydia) |
| 87270 | Infectious agent antigen detection by immunofluorescent technique, chlamydia trachomatis |
| 87273 | Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 2 |
| 87274 | Infectious agent antigen detection by immunofluorescent technique, herpes simplex virus type 1 |
| 87340 | Hepatitis B surface antigen (HBsAg) |
| 87341 | Hepatitis B surface antigen (HBsAg) neutralization |
| 87350 | Hepatitis Be antigen (HBeAg) |
| 87390 | HIV-1 |
| 87490 | Chlamydia trachomatis, direct probe technique |
| 87491 | Chlamydia trachomatis, amplified probe technique |

| STD Screening Services continued | |
|---|---|
| ***Laboratory CPT Code*** | ***Description of Covered Codes*** |
| 87516 | Hepatitis B virus, amplified probe technique |
| 87520 | Hepatitis C virus, direct probe technique |
| 87521 | Hepatitis C virus, amplified probe technique |
| 87522 | Hepatitis C virus, quantification |
| 87528 | Herpes simplex virus, direct probe technique |
| 87529 | Herpes simplex virus, amplified probe technique |
| 87530 | Herpes simplex, quantification |
| 87534 | HIV-1, direct probe technique |
| 87535 | HIV-1, amplified probe technique |
| 87590 | Neisseria gonorrhoeae, direct probe technique |
| 87591 | Neisseria gonorrhoeae, amplified probe technique |
| 87592 | Neisseria gonorrhoeae, quantification |
| 87623 | HPV low-risk type detection test |
| 87624 | HPV high-risk type detection test |
| 87810 | Infectious agent antigen detection by immunoassay with direct optical observation; chlamydia trachomatis |
| 87850 | Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae |