

**BUDGET NEUTRALITY:
Definitions, Assumptions, and Methodology
DEMONSTRATION YEARS 1-10 (SFYS 2002-2011)**

All years use actual data. After March 2010, Washington's claims processing system changed from MMIS to ProviderOne.

All Current Medicaid Eligibles (data not shown):

These are all clients eligible for family planning services with full-scope medical coverage. This population includes men & women, ages 13-55, having Medicaid eligibility during the specified periods (source: OFM Eligibility History File). Records showing alien and family planning services only eligibility are excluded.

All Current Medicaid Participants:

This group is defined as "all women and men who obtain one or more covered medical family planning service(s)." Family planning services were specified by ICD-9 and procedure codes that were sufficient to define them as family planning services

Cost per person:

FP services costs = [actual total TXIX payments (MMIS or ProviderOne) for FP services ÷ total number of eligible clients].

Deliveries under Medicaid State Plan (without waiver):

Number of TXIX deliveries to eligible female clients based on linkage of individual piccodes/ ProviderOne IDs for eligibles in base year & birth certificates contained in First Steps Database.

Base year fertility rate, 128.0 per 1000, computed for all full-scope Medicaid clients in CY 2000 e.g., FertRate = [1000 X 27,074 TXIX deliveries ÷ 211,592 female TXIX clients age 15-44].

Without-waiver deliveries were estimated by adding the "annual estimate of averted births to with-demonstration deliveries" to the actual number of deliveries to eligible clients.

Deliveries under Medicaid State Plan Adjusted for Effects of the Demonstration (with waiver):

Number of TXIX deliveries to eligible female clients based on linkage of individual piccodes/ ProviderOne IDs for eligibles in base year & birth certificates contained in First Steps Database.

Base year fertility rate, 128.0 per 1000, computed for all full-scope Medicaid clients in CY 2000 e.g., Fert Rate = [1000 X 27,074 TXIX deliveries ÷ 211,592 female TXIX clients age 15-44].

The number of deliveries that occurred to demonstration participants in the first nine months of demonstration year one (4,195) was subtracted from the total number of Medicaid deliveries in year one (27,625), resulting in 23,430 deliveries for which the demonstration could have had an effect. Actual data for DY9-10 are preliminary at this time because final birth certificates were not available.

Family Planning Services for Demonstration Participants:

Participants are defined as all women and men who obtain one or more covered medical family planning service(s) through their Medicaid full-scope medical coverage.
(annual unduplicated count)

Historical Births Averted Methodology

Base Year: In 5/2006, at CMS's request, our previous method for computing the base year fertility rate was changed to correspond to the "Medicaid fertility rate."

$$128.0 = 1000 * 27,074 \text{ Medicaid-paid births} \div 211,592 \text{ Medicaid women, age 15-44, all full-scope Medicaid and S Pregnancy Medical women, excluding Non-citizens}$$

The denominator (N=211,592) was determined from client/eligibility history files. Deliveries with Washington birth certificates were individually linked to the clients in the denominator using mother's name, mother's date of birth, baby's date of birth, and address information. Medicaid status of the delivery was determined by reviewing claims data.

Demonstration Years 1-10:

In accordance with Attachment A of the Special Terms and Conditions: The fertility rate, computed for each year of the waiver, equals the actual number of Medicaid-paid live births to demonstration participants (times 1000) divided by the total number of demonstration participants.

Demonstration participants are defined as all women (and men) who obtain one or more covered medical family planning service(s) through the demonstration. Only women (age 15-44 with few exceptions) are included in the denominator. Receipt of a covered medical family planning service is determined by reviewing the claims history for all TAKE CHARGE enrolled female clients; eligible clients without a paid claim for a covered medical family planning service are excluded from the denominator. The female TAKE CHARGE participants are individually matched to birth certificates contained in the First Steps Database (and previously matched to Medicaid claims and eligibility history to determine which deliveries were Medicaid-paid). The total number of actual Medicaid-paid births (times 1000) divided by the number of female participants equals the (unadjusted) fertility rate. An age-adjusted fertility rate is also computed.