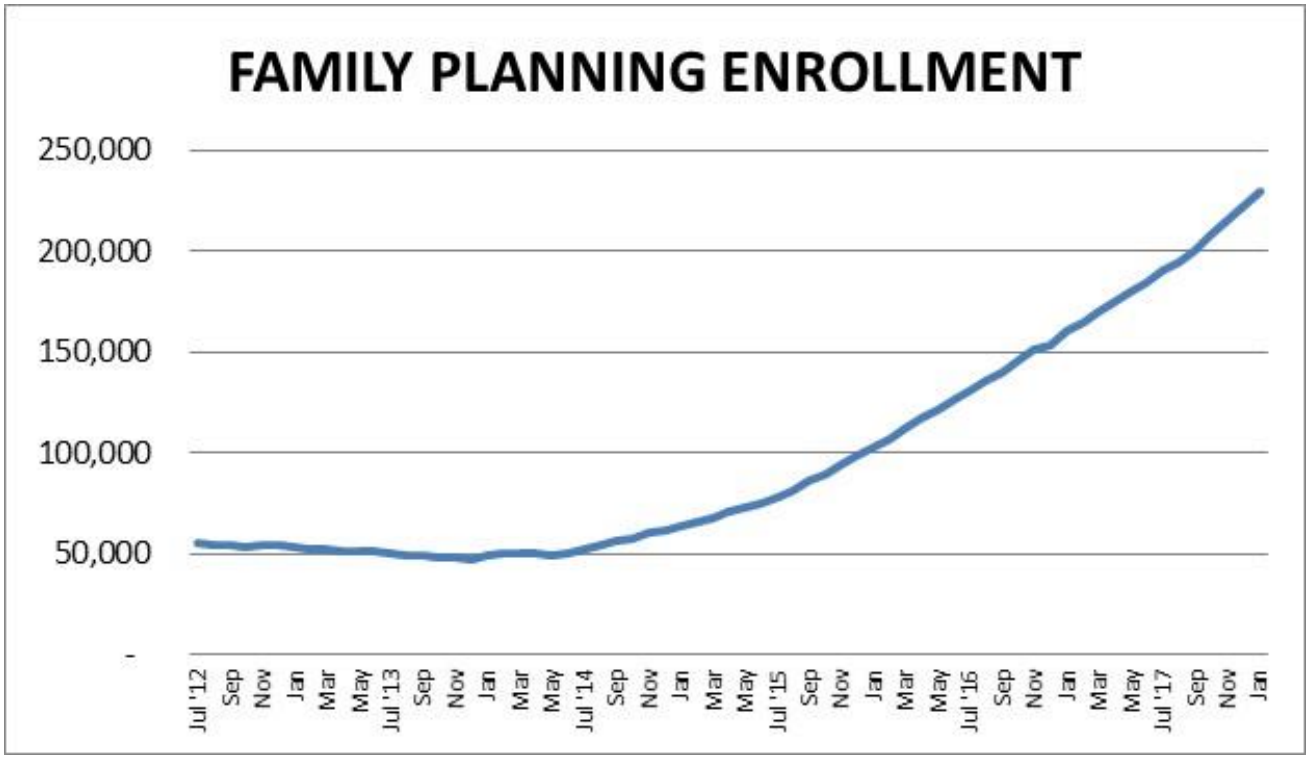
Joint Legislative Oversight Committee on Medicaid and NC Health Choice

Family Planning Enrollment

Steve Owen,
Fiscal Research Division

February 28, 2018

Trends in Family Planning Enrollment



WHY HAS THE ENROLLMENT TREND CHANGED AND WHAT IS THE IMPACT?

Changes in Eligibility Determination

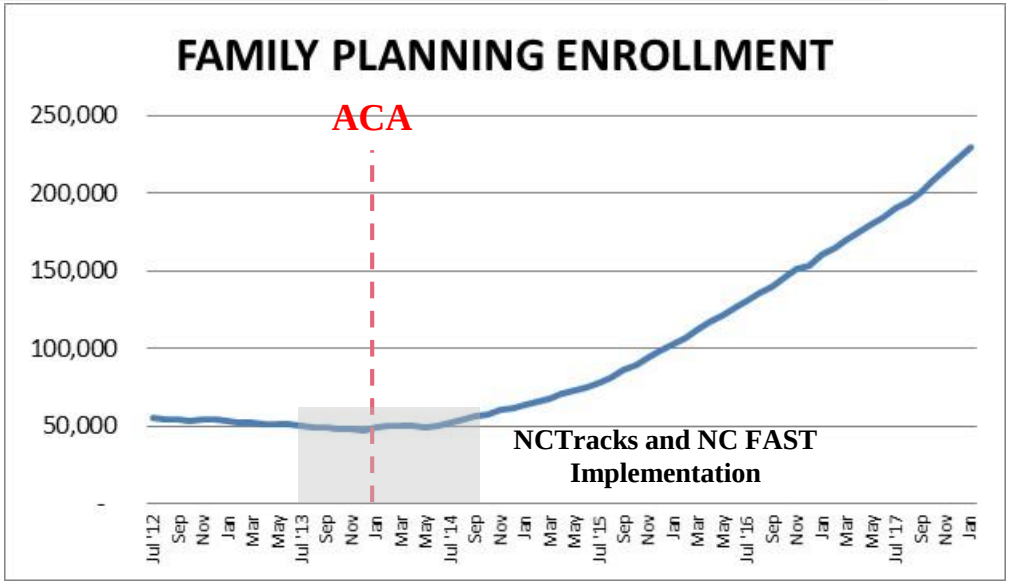
- Effective 1/1/14 the Affordable Care Act changed the income determination criteria to Modified Adjusted Gross Income

- Beginning in July 2013 NC Tracks and NCFAST were being implemented – *IMPACT was to automate the process of identifying the most appropriate eligibility category for each applicant*

Trends in Family Planning Enrollment

PRIMARY FACTORS DRIVING ENROLLMENT GROWTH:

- The process of enrollment through NCFAST resulted in category determination in a more accurate manner
- Since Family Planning income criteria is up to 195% of FPL individuals applying for Medicaid that did not meet other category eligibilities have been increasingly enrolled in Family Planning



Impact of Family Planning Trends

- Mix of enrollees
- Utilization
- Spending
- Birth Rate
- Other

Mix of Enrollees

- Increased proportion of males enrolled for family planning

	2012	*2013*	*2014*	*2015*	*2016*	*2017*
% of Enrollees	17.0%	17.0%	18.6%	22.1%	25.6%	27.8%

IMPACT would be a higher cost for procedures and lower cost for birth control; net decrease overall PMPM costs

Utilization and Spending

- % of Enrollees accessing planning services

FY 2015-16	*FY 2016-17*	*Est'd FY 2017-18*
25.2%	22.1%	15.2%

- PMPM Spending

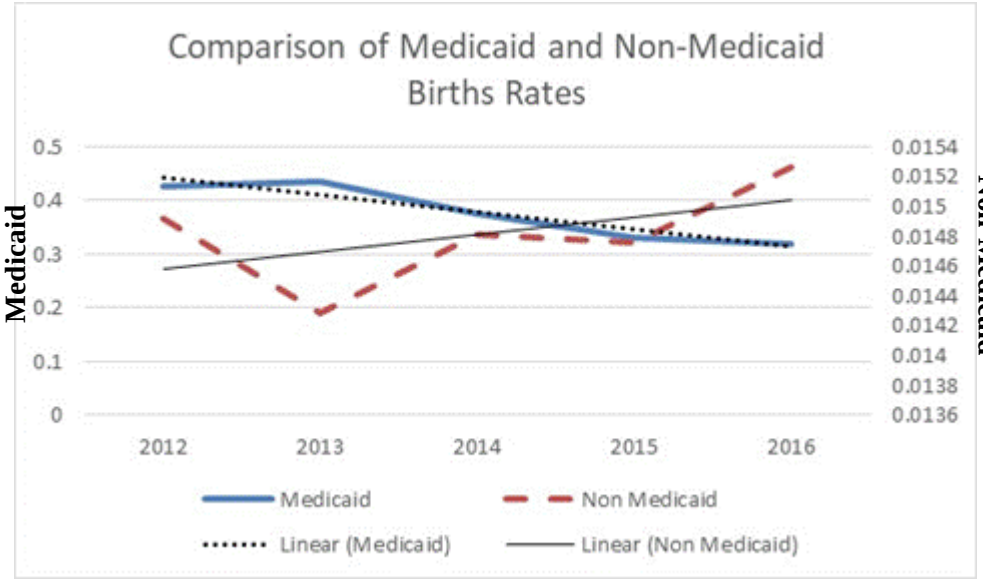
FY 2012-13	*FY 2015-16*	*FY 2016-17*	*Est'd FY 2017-18*
$ 14.23	$ 7.75	$ 5.87	$ 4.41

- Per Capita Spending

FY 2015-16	*FY 2016-17*	*Est'd FY 2017-18*
$ 369	$ 319	$ 348

Birth Rates

Changes in enrollment not determined to be causal for the changes in birth rate; but it is apparent that trends in Medicaid birth rates are different after Family Planning enrollment began to increase



- *The percentage of mothers that were previously in Family Planning increased each year from 17.1% in 2012 to 22.3% in 2017 - Months between family planning enrollment and birth increased each year from 21.3 months in 2012 to 31.6 months in 2017*
- *LARC Utilization: 1) Approximately 2% of the enrollees received LARC in 2017; 2) Less than 15% of LARC insertions or implants are for Family Planning enrollees; 3) Non-Family Planning inserts and implants declining; 4) Proportion of removals to insertions for Family Planning enrollees has doubled since 2012.*

Other Observations

- Births increasingly occurring at urban hospitals
- Births that have received a NICU service has increased each year since 2013

	2013	***2014***	***2015***	***2016***
	6.0%	6.4%	6.8%	6.9%
% <2,500g	*9.6%*	*9.7%*	*10.1%*	*10.6%*

- Given the rate of increase in Family Planning compared to other categories; it can skew the conclusions about trends and we should consider always presenting enrollment data with and without Family Planning when evaluating Medicaid

QUESTIONS

Steve Owen – steve.owen@ncleg.net
919-733-4910