Family Planning and Medicaid Managed Care: Improving Access and Quality Through Integration

Appendix 2: Study Methods

June 2021

Sara Rosenbaum, JD
Peter Shin, PhD, MPH
Maria Casoni, MPH
Morgan Handley, JD
Rebecca Morris, MPP
Caitlin Murphy, MPA-PNP
Jessica Sharac, PhD, MSc, MPH
Akosua Tuoffer, JD
Devon Minnick, JD

In collaboration with Health Management Associates

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

Arnold Ventures

This study involves two major phases. Phase 1 included the analysis of state Medicaid managed care contracts and interviews with state Medicaid officials from 10 states with varying degrees of integration of family planning into their contracts. This phase involved a deep exploration of the core legal documents on which the entire Medicaid managed care enterprise rests — the publicly available purchasing agreements between states and plans that spell out the duties and expectations of the parties.

In Phase 2 of this project, we will interview other key stakeholders who have specific interests in family planning coverage, payment, and care arrangements — health plans, network providers, and independent family planning clinics that have elected to remain outside of managed care.

Contract Analysis

For the contract analysis in Phase 1, we collected managed care purchasing documents for all states that utilize comprehensive plans (currently 39 states and the District of Columbia). In states that utilize a standard contract offer, we used the standard "boilerplate" contract. In states with more than one standard contract (for example, California has one contract for its county plans and one for other plans), we collected and analyzed both.

In analyzing the contracts, we prepared a review instrument that focused on six major family planning-related domains: Coverage, Access to Coverage and Provider Networks, Information for Plan Members, Payment Incentives, Social Determinants of Health, and Quality Improvement and Performance. The draft domains and sub-topics were developed in close collaboration with Health Management Advisors (HMA) and shared with a small group of informal advisors identified at the beginning of the project. These advisors possess a range of expertise in state purchasing, managed care operations (recruited from industry experts), provision of care (clinical experts in family planning), health care for medically underserved and low-income populations (experts in serving the target populations), and consumer protections in managed care (e.g., the National Health Law Program).

Using this instrument, we extracted actual contract language into six tables. This allowed the project team to see not only whether states addressed any particular sub-topic within a domain but the actual details of how a sub-topic may be addressed. We have learned over the years that state contracts that bear a high-level similarity to one another can vary in crucial detail. The final six final that display our contractual findings by domain and sub-topic can be found in **Appendix 1**.

State Selection

Following contract review, the project team selected 10 "case study" states which reflected varying levels of integration of family planning into their managed care contracts. To sort state contracts into varying levels of integration, we used seven key measures:

- Measure 1: Contract addresses coverage of all FDA-approved methods
- Measure 2: Contract addresses adequacy of family planning provider network
- Measure 3: Contract bars family planning utilization management
- Measure 4: Contract includes family planning-related QI projects
- Measure 5: Contract includes family planning-related access measures
- Measure 6: Contract includes family planning-related performance measures
- Measure 7: Contract includes family planning-related performance incentives

To further narrow our selection, we included the following criteria to better capture a broader representation of the state's policy environment, geography, and other factors:

- Geographic and demographic factors
- Length of time/experience as a Medicaid managed care state
- Medicaid expansion/non-expansion state
- State response to changes to the Title X Family Planning program

- Strengths of independent women's health networks

In sum, we chose three high-tier states (IL, LA, WA) that reflected greater integration of the key measures into their contracts and seven mid- or lower-tier states (AZ, CO, GA, KS, KY, MA, NJ). (See **Appendix 4**).

State Medicaid Agency Interviews

We recognize that the direction a state takes in the development of its managed care contract may depend on its purchasing customs, the preferences and customs of the industry members with which it is contracting, the on-the-ground conditions related to health care access, the level of priority given a particular issue, cost, and other factors.

Our state purchaser interviews represent the first leg of the stakeholder interview process. In our interviews, we inquired about the state's efforts to improve and integrate family planning services into managed care. In particular, we focused on their contract language pertaining to access to FDA-approved family planning methods, network adequacy, access, quality, and performance.

In Phase 2 of this project, we will interview the other stakeholders who have specific interests in family planning coverage, payment, and care arrangements — in this case, plans, network providers, and independent family planning clinics that have elected to remain outside of managed care.