

Appendix C: Methodology

The Kaiser Family Foundation and Health Management Associates developed a questionnaire (see Appendix D) to collect information from 50 states and the District of Columbia on their family planning policies. Forty states and the District of Columbia responded to the survey. Non-responding states are: Florida, Kansas, Louisiana, New Jersey, North Dakota, Pennsylvania, Rhode Island, South Dakota, Utah and Wisconsin.

The survey asked about policies in place as of July 2015, and Health Management Associates conducted the survey between October 2015 and February 2016. The questionnaires were sent to Medicaid Directors or identified Medicaid family planning policy staff requesting information about state benefit policies in place as of July 1, 2015 for family planning services and perinatal services. The survey asked states about coverage across various Medicaid eligibility pathways (“Traditional Medicaid,” the program in place prior to the ACA; “ACA Medicaid Expansion,” for states that have opted to expand eligibility under the ACA; and “Family Planning Waiver or SPA,” which is available in some states to cover family planning services for some individuals who do not qualify for full Medicaid benefits). The survey also asked states to respond based on state Medicaid policy only (rather than managed care policies). The survey also inquired about any limitations or utilization controls on coverage of specific benefits, such as prior authorization. In general, coverage of all Medicaid benefits is limited to “medical necessity.” Therefore, this analysis does not include “medical necessity” within the count of states with utilization controls when this is indicated by a state since medical necessity is a requirement for federal reimbursement of Medicaid services. However, we have noted some instances when states included “medical necessity” in their response in the Appendix A tables. We note any deviation of this approach within the narrative of the report.