Appendix B: Methodology

The Kaiser Family Foundation and Health Management Associates developed a questionnaire (see Appendix C) 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 reproductive health policy staff. The survey asked states about coverage as of July 1, 2015 for family planning services and perinatal services 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 "pregnancy-only Medicaid eligibility.") Multiple states reported that they provide the same scope of Medicaid benefits to women who are eligible for Medicaid through the eligibility pathway for pregnant women. Through the survey response, we found that many states tended not to recognize the "pregnancy-only Medicaid" eligibility pathway as a discrete program, but as fully integrated into their traditional Medicaid program, and thus did not respond to the questions for "pregnancy-only." HMA staff followed up with these states to verify that pregnant women receive the same perinatal benefits as women who are financially eligible for the traditional Medicaid program during pregnancy. For purposes of this report, the analyses apply the state's reported coverage policies in the traditional Medicaid program to the "pregnancy-only Medicaid" pathway as well.

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.