

Detailed Methodology for Enumerating the Number of Women Receiving Public-Sector Contraceptive Services in 2006

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A total of 9.4 million women are estimated to have received public-sector contraceptive services in the United States in 2006. The majority, 7.2 million, received contraceptive services from publicly subsidized clinics; some 2.2 million are estimated to have received Medicaid-funded contraceptive services from private physicians.

Data on women receiving services at clinics come from Guttmacher's 2006 Census of Publicly Funded Family Planning Clinics. The methodology and definitions used to enumerate the numbers of women served at clinics are similar to those used in previous surveys^{1,2,3} and include the collection of service data for 2006 for all agencies and clinics that provided publicly funded family planning services in the 50 states, the District of Columbia, and the six Pacific territories and two Caribbean territories of the United States. The full methodology for the 2006 census is described below.

To estimate the number of women receiving Medicaid-funded contraceptive services from private physicians, we developed a methodology using service data available from the Medicaid Statistical Information System. A number of adjustments were needed to account for the impact of managed care on reporting in some states, and we supplemented the Medicaid service data with information on payment and source of care for contraceptive services reported by respondents to the 2002 National Survey of Family Growth. The full methodology for estimating the number of women receiving Medicaid-funded contraceptive services from private physicians is described below.

2006 CENSUS OF PUBLICLY FUNDED FAMILY PLANNING CLINICS

Key Definitions

Family planning agencies are defined as organizations that have operating responsibility for clinics where contraceptive services are provided.* An agency qualifies for inclusion in the universe of publicly funded family planning agencies only if it offers contraceptive services to the general public and provides those services free of charge or at a reduced fee to at least some of its clients, or its services are subsidized by public funds (including Medicaid). This definition excludes private physicians and health care centers that serve only restricted populations, such as health maintenance organization enrollees, students, veterans and military personnel. It includes sites that provide only education and counseling and dispense only nonmedical contraceptive methods if sites maintain individual charts for contraceptive clients. Individual sites are referred to as “clinics” in this report; in other Guttmacher publications, these same sites are sometimes referred to using the synonymous term “center”.

Data Collection

In this investigation, we identified all publicly funded family planning agencies and clinic sites that provided contraceptive services in 2006, and collected data for each clinic on the total number of female contraceptive clients served in 2006, the number of those clients who were younger than 20 and whether or not the clinic received Title X funds. To identify agencies and clinics fitting our definition, we began with the universe identified in the 2001 census of family planning clinics.¹ We updated addresses and added names of potential agencies and clinics from the following sources: the directory of Title X–funded clinics from the Office of Population Affairs, U.S. Department of Health and Human Services (DHHS);⁴ the directory of Planned Parenthood centers from Planned Parenthood Federation of America;⁵ and the directory of community or migrant health centers from the DHHS Bureau of Primary Care.⁶ In adding sites from the Bureau of Primary Care directory, we included those that received or qualified for

* The census request for data was accompanied by the following definitions: (a) An agency “is the facility that has operating responsibility (i.e., provides most of the staff, space and supplies) for family planning clinic services. It may be a hospital, health department (city, county, district, regional or state), Planned Parenthood affiliate, community action agency, neighborhood health center, women’s health center, free clinic or family planning council;” (b) A publicly funded family planning clinic “is a site where contraceptive counseling, education and services are provided. This includes sites providing comprehensive medical contraceptive services, i.e., sites where women can receive a medical examination related to the provision of a method for postponing or preventing conception; this examination is performed by a physician, a nurse-midwife, a registered nurse or other authorized personnel. Also included are sites that provide counseling and education and dispense nonmedical methods of contraception without performing a medical examination, as long as an individual chart is created for at least some contraceptive clients. Finally, to be classified as ‘publicly funded,’ the site must provide services to at least some clients using public or private subsidies. Thus, clinics must receive Title X funds or any other federal, state or local funds or private donations and must provide family planning care to at least some of their clients for free or at a reduced fee;” (c) A family planning or contraceptive client “is a woman who has made one initial or at least one return visit for contraceptive services during the 12-month reporting period. This includes all clients who have received a medical examination related to provision of a method for postponing or preventing conception. In addition, this includes all active contraceptive clients for whom a chart is maintained, including those who made supply revisits during the 12-month period, but did not have a medical examination; clients who received counseling and method prescription and deferred the initial medical examination (i.e., new oral contraceptive clients); and women who chose the rhythm method or natural family planning. This definition does not include clients who received only abortion services, only pregnancy tests, only infertility services or clients who received only counseling and were then referred to another provider for method prescription or provision.”

federal Community Health Center (329) or Migrant Health Center (330) funds and appeared to offer general health services. During the data collection process, we confirmed whether each site provided publicly subsidized family planning services, retaining those that did in the final universe of providers.

Data requests were mailed in the spring of 2007 to the 84 Title X grantees that administer/oversee Title X facilities and to the 13 non–Title X state family planning administrators. Respondents were provided with an updated list of all agencies and clinics in their state or territory and were asked to further update the names, addresses and operating status of listed agencies and clinics reporting to them, to add any agencies or clinics not on the list and to indicate whether any listed agencies or clinics had closed.

For each clinic, respondents were also asked to provide the total number of female contraceptive clients and the number of female contraceptive clients younger than 20 served in 2006. If respondents could provide only agency (rather than clinic) totals, we asked them to estimate the distribution of clients across clinics. In addition, we asked the grantees to indicate whether each clinic received Title X funding in 2006.

To assist the grantees and administrators with our data request, we provided them with study definitions of client, agency and clinic, and asked them to describe the characteristics of any reported clients not meeting our exact definition. We informed them that our updated list included community or migrant health centers whose family planning service status had not yet been confirmed. We also advised them that we would be sending a similar data request directly to independent clinics, community or migrant health centers, and Planned Parenthood affiliates.

All nonrespondents were issued a reminder letter and, later, contacted by phone to ensure as high a response rate as possible. We received complete responses from 80 of the 84 Title X grantees. Others provided incomplete responses or did not respond. Seven of the 13 non–Title X state family planning administrators provided data for all agencies and clinics under their jurisdiction. The remaining state family planning administrators did not or could not provide these data. Altogether, Title X grantees and state family planning administrators provided client data for 4,560 family planning clinics, which represent 55% of all publicly subsidized clinics and 66% of all sites for which we obtained data. When reviewing and finalizing grantee and state family planning administrator responses, we followed up by e-mail, fax or phone on all discrepancies, comments, and missing or incomplete data.

To obtain data for the remaining sites providing publicly subsidized family planning services (including those that did not receive Title X funds), we separately surveyed more than 1,100 agencies, including those unlikely to report client numbers to either a Title X grantee or a state family planning administrator—all hospitals, community or migrant health centers and other (nonaffiliated) agencies listed in the database, Planned Parenthood affiliates that were not Title X grantees, and a small number of health departments located in one state in which the state health department could not provide data. The instructions and data requests sent to the individual agencies were basically the same as those sent to the grantees and administrators. Specific instructions were given to hospitals to exclude data for physicians' private practices on their premises, and to agencies to indicate whether client data were estimated. All nonrespondents were contacted by telephone, and additional requests were mailed or faxed to potential respondents identified in telephone follow-up.

After one mailing and extensive telephone follow-up, 621 agencies reported data for 1,946 family planning clinics. Of agencies that received the initial individual mailing, many either did

not provide publicly funded family planning services or reported data to a Title X grantee or state family planning administrator who provided those data to us after the initial individual mailing. All agencies for which no data were received from any source were contacted by phone to confirm that they and all their clinic sites provide publicly subsidized family planning services.

Additionally, we collected data from the Indian Health Service (IHS). After navigating the difficult bureaucratic channels to obtain approval for our project, the IHS provided us with data for 405 clinics that provided contraceptive services in 2006, as well as the number of contraceptive clients served at each site.

Finally, for a few sites, we relied on estimates made from aggregate 2006 data: For 13 sites we used data from Planned Parenthood Federation of America, and for 61 sites located in Puerto Rico and the U.S. territories, we used data from the Title X Family Planning Annual Report.⁷ These 61 clinics are included in the count of 4,560 clinics for which data was provided by Title X grantees.

Data Review and Adjustments

All data received were reviewed, cleaned, entered and verified. Some agencies were unable to provide exact numbers of contraceptive clients served. We followed up with all sites for which data were not given or were combined with data for other sites, or for which dates of operation were not clear.

Some respondents were unable to provide data in the requested format, even after follow-up. In cases where the number of clients was reported as one agency total (7% of clinic sites), we distributed the total evenly across that agency's sites. (For all but thirty of these agencies—representing 1.1% of all sites—the agency and all clinic sites were located in the same county.) The data for fewer than 1% of clinics were applicable to a reporting period other than calendar year 2006, usually a fiscal year that included part of 2006; we used the data provided, assuming that the number of clients served during the 2006 calendar year would have been similar to the number served during a partly overlapping 12-month fiscal year.

Estimating Missing Data

We identified a total of 3,030 agencies and 8,270 clinics that provided publicly subsidized family planning services in 2006. The number of female contraceptive clients was reported for 84% (6,924) of all family planning clinics. After confirming that the remaining 16% of clinics (1,346) had indeed provided family planning services in 2006, we used two methods to estimate how many clients they had served. First, when available, we used agency-provided data from the 2001 enumeration of clients for 7% of clinics (589). For the remaining 9% of clinics (757), no earlier data were available, so we imputed estimates using the average number of clients served by other clinics in the same region and of the same Title X funding status, metropolitan status and provider type. Among all 1,346 sites for which client numbers were estimated, most were either community or migrant health centers (530) or hospitals (206).

Overall, 8% of all female contraceptive clients enumerated were served at the 16% of sites for which client data were either imputed (5%) or estimated with 2001 data (3%). For teenagers, the total proportion estimated was 10%. This proportion is higher than that for all women because there were more clinics without data for teenagers—some clinics were able to provide total client numbers but could not provide separate figures for teenage clients. For these sites, we

used the average percentage of total clients represented by teenagers at similar sites to estimate the number of teenage clients served.

Final Estimate

After taking into account all adjustments, we estimate that a total of 7,198,200 women received services from publicly funded family planning clinics in the 50 states and District of Columbia; of these, 1,794,900 were younger than 20. An additional 41,900 women were served in publicly funded clinics in the eight U.S. territories.

Limitations

Although we used rigorous methods to obtain accurate information on publicly funded clinics and the number of contraceptive clients served, several limitations may affect our interpretation of these data. First, we believe this to be a near-complete count of providers fitting our definition; nevertheless, given the rapid changes occurring in health care provision generally, we may have inadvertently omitted a small number of qualified sites. Second, some agencies—generally hospital outpatient departments or community or migrant health centers—provided us with estimates of contraceptive clients served in 2006 because they did not have documented service figures. Finally, for 16% of clinics, we used either prior data or numbers for similar clinics to estimate the number of clients served. Each of these limitations may have introduced error into the final counts of providers and contraceptive clients. Although the potential level of error resulting from these factors is unlikely to influence the national or state-level estimates of contraceptive clients, it may have greater implications for county estimates.

ESTIMATING THE NUMBER OF WOMEN RECEIVING MEDICAID-FUNDED CONTRACEPTIVE SERVICES FROM PRIVATE PHYSICIANS

This analysis can be divided into two separate steps:

1. Estimating the total number of women who received Medicaid-funded family planning services in 2006
2. Estimating the percentage (and number) of this total that received their family planning care from a private doctor

Step 1: Estimating the Total Number of Women Who Received Medicaid-Funded Family Planning Services in 2006

The principal data source used to make this calculation is the Medicaid Statistical Information System (MSIS). For each state, data are available from this system on the total number of “unique beneficiaries” who were female and aged 13–44 and who received a family planning service. Data are also available on the number of these beneficiaries who were served under the state’s Medicaid family planning expansion (waiver) program, if the state has such a program. For 2006, a total of 3.67 million family planning beneficiaries were reported. Ideally, we would simply use this number. However, we know that MSIS undercounts family planning beneficiaries in most states with Medicaid managed care plans. For beneficiaries enrolled in a capitated managed care plan, receipt of family planning services is not always coded separately, and such women are excluded from the MSIS family planning counts. Some states have found ways to code these clients as having received a family planning service (they have an incentive to do so, since the federal government reimburses states for 90% of family planning expenditures, considerably more than for other services), but most have not. Therefore, we have adjusted the number of clients receiving Medicaid-funded family planning care for some states, based on the overall percentage of eligible women who are reported to be in a capitated managed care plan. These adjustments are similar to those developed and used in earlier analyses.^{8,9}

- **Overall managed care adjustment.** To generate a complete estimate of beneficiaries that includes women enrolled in capitated Medicaid managed care plans, we need to inflate the reported number of beneficiaries based on the proportion of enrollees enrolled in capitated managed care. For sixteen states, virtually no enrollees are in capitated managed care, and no adjustments were needed to the data reported in MSIS. For 27 states and the District of Columbia, the proportion of enrollees in capitated plans varies between 2% and 92%. For these jurisdictions, the number of family planning beneficiaries was adjusted by inflating the reported number to account for the proportion of enrollees in capitated managed care.

- **Exclusions from managed care adjustment:** Some states have found ways to count all or some of the women who receive family planning care in capitated plans, and in some cases they appear to report these numbers in MSIS. In Guttmacher’s FY 2006 Survey of State Expenditures on Reproductive Health,⁸ Medicaid directors were asked specifically if managed care enrollees were included in their reported expenditures. Three states that reported being able to identify 100% of family planning expenditures under capitated managed care did not receive any adjustment, and we used the number of family planning beneficiaries reported in MSIS.

- **“Freedom of choice” adjustment:** Some Medicaid managed care enrollees make use of their right to “freedom of choice” and obtain family planning services outside of their managed care plan. In such cases, the services provided are reported as fee-for-service, and women receiving care outside the managed care plan are included among the reported family planning beneficiaries. As in prior studies, we assumed that 10% of Medicaid managed care enrollees make use of this option (all 28 states adjusted for managed care received this adjustment) and reduced the managed care adjustment accordingly to avoid double-counting these beneficiaries.
- **Family planning waiver program adjustment:** Enrollees in Medicaid family planning waiver programs are always enrolled in fee-for-service (FFS) plans and never enrolled in capitated plans. Thus, for 13 of the 28 jurisdictions adjusted for managed care, we first subtracted women enrolled in a waiver program from the total before making the managed care adjustment. All of the women in a waiver program were included in the adjusted total.
- **Alternative estimation for states with flawed MSIS data.** For unknown reasons, the number of family planning beneficiaries reported in MSIS in three states is unbelievably small or zero. As an alternative methodology for these three states, we estimated the total number of family planning beneficiaries by dividing each state’s Medicaid expenditures for family planning client services⁸ by the estimated cost per client of providing those services.⁹ This methodology was also used for a fourth state, because, with the inflation adjustment, the result was unbelievably large. We suspect that for that state, some—but not all—managed care clients are being counted in the MSIS total.
- **National results.** The final results estimate that a total of 4.7 million women received Medicaid-funded family planning services in 2006. Of these, three-quarters, some 3.7 million women, were reported as Medicaid family planning beneficiaries in MSIS. The remaining quarter were estimated based on the adjustments described above.
- **Comparison with the National Survey of Family Growth (NSFG).** These overall numbers can be compared with the number of women who reported receiving family planning services in the prior year that were paid for with Medicaid. In 2002, 3.1 million women reported in the NSFG that they received at least one of five specific contraceptive services in the prior year. If we include receipt of a Pap test or pelvic exam, the number rises to 5.0 million, and if we only count women receiving a Pap/pelvic who are “at risk” of unintended pregnancy, the number is 3.9 million. Given that there is some margin of error around the NSFG estimates (of as much as 500,000 in either direction), and that these estimates are for 2002 (prior to some of the Medicaid family planning expansion waivers in some states), we conclude that our estimate using MSIS data is consistent with the NSFG results.

Step 2: Estimating the Percentage (and Number) of Women from Step 1 Who Received Their Family Planning Care from a Private Doctor

Given the total number of women who are estimated to have received Medicaid-funded family planning services in 2006, the second step is to divide this number into two groups: those who were served in a family planning clinic (this group has already been counted in our census of clinics and must be excluded here) and those who went to a private doctor.

- **Original MSIS plans.** We had hoped to be able to complete this step using MSIS data and a methodology that would allow for both national and state estimates to be made. Unfortunately, although the MSIS data system does have some information on type of provider, 44% of beneficiaries are not classified according to a code that clearly indicates clinic vs. private doctor (many of these have the code “lab” or “drugs” for the type of provider), and the numbers and percentages of beneficiaries by provider-type code vary widely by state without following any observable pattern.

Nationally, among the 56% of beneficiaries for whom provider type was specified as something that could be classified as a clinic or private doctor, 40% went to a private doctor and 60% went to a clinic. However, at the state level, all three of these percentages—the percentage specifying a provider type that could be classified as either a doctor or clinic, and the distribution between doctors and clinics—vary widely and lead us to believe that in some states the coding of provider type is not consistent and cannot be trusted. In a few states, more than 90% of family planning beneficiaries are coded as having gone to a provider whose type was classified as labs or drugs, while in other states none are classified as such and all beneficiaries are coded as having been served by a doctor or clinic.

Given the wide variation in MSIS provider-type data, we do not feel that the distribution between doctors and clinics for those women for whom it can be specified is a reliable estimate of the overall distribution for all women receiving Medicaid family planning care. And without an estimate from MSIS, we have no way to make state-level estimates of the number of women served by private doctors through Medicaid.

- **Comparison with the NSFG.** Among comparable women reporting Medicaid-funded contraceptive care in the NSFG (both the 3.1 million women reporting a specific contraceptive service and the 3.8 million women reporting a contraceptive service or an annual exam), 46% reported receiving their Medicaid-funded care from private doctors and 54% reported care from publicly funded clinics.

This percentage of Medicaid clients being served by private doctors is slightly higher than what we calculated using MSIS (46% versus 40%), but since the MSIS calculation excluded 44% of beneficiaries, it is altogether possible that the actual percentage might have risen to 46% if complete data were available.

We therefore decided that the distribution derived from the NSFG between private doctors and clinics among women receiving Medicaid-funded family planning services is the most reliable and accurate estimate possible.

- **Final estimate.** Our final national estimate divides the total number of women receiving Medicaid-funded family planning care in 2006—4,748,000—into those who got that care from a clinic (54%, or 2,545,000—) and those who received that care from private doctors (46%, or 2,203,000). By adding this last figure to the number of women served by public clinics (7,198,200), we obtain our final estimate: Some 9,401,200 women have received public-sector contraceptive services in 2006.

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