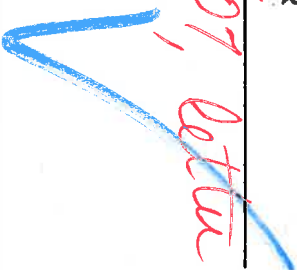


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>2-28-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000547		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>Cleaved 3/7/07, letter attached.</i> 		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-9-07</i> _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

From: Linda E Price
To: Annmarie McCanne
Date: 2/27/2007 11:24 am
Subject: Fwd: Guttmacher Survey of Public Funding for Family Planning

CC: Beverly Hamilton
Annie, could you get this assigned as a log letter? Thanks.

*Log. Bowling
"Approp. Sign."*

RECEIVED

FEB 27 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Annmarie McCanne
To: Brenda James
Date: 2/27/2007 11:46 am
Subject: Fwd: Guttmacher Survey of Public Funding for Family Planning

CC: Beverly Hamilton; Linda E Price
Can you get the attached survey assigned as a log letter?

Thanks,
Annie
8-4614

From: "Alrich, Casey" <calrich@guttmacher.org>
To: "Alrich, Casey" <calrich@guttmacher.org>
Date: 2/27/2007 10:44 am
Subject: Guttmacher Survey of Public Funding for Family Planning

Dear Colleague:

With support from the Office of Population Affairs of the Department of Health and Human Services, the Guttmacher Institute is conducting a survey of state health, social services and Medicaid agencies to assess trends in the public financing of family planning, sterilization and abortion services. As we have done in the past, we will be obtaining data on federally reimbursed Medicaid expenditures directly from the federal Centers for Medicare and Medicaid Services. We are asking state Medicaid agencies to provide data only on two small pieces of the puzzle-state-only expenditures and claims for capitated managed care enrollees.

For over two decades, your agency, along with other agencies, has made it possible for us to assemble and analyze a considerable amount of state-specific and national information related to reproductive health services. This information has proven important to state and federal policymakers in enacting legislation, making appropriations, formulating policy and administering programs. As always, we will send you a copy of the resulting publication. We hope you will continue to help us in these efforts by completing the brief questionnaire attached.

In a departure from our past surveys, we are fielding this one electronically. Please be careful to save the attachment early and often, as the saying goes, to avoid losing any data. As noted on the questionnaire itself, once you have completed the survey, you can save and close it and return it to us via e-mail. Alternatively, you can print it out and return it via regular mail or fax. If you have any questions, please contact Casey Alrich in our Washington, DC, office by replying to this e-mail address (calrich@guttmacher.org) or calling toll-free at (877) 823-0262 ext. 4220.

Sincerely,

Adam Sonfield

Senior Public Policy Associate

Guttmacher Institute

1301 Connecticut Avenue, NW

Suite 700

Washington, DC 20036

(877) 823-0262

fax: (202) 223-5756

www.guttmacher.org <<http://www.guttmacher.org/>>



FY 2006 Survey of State Medicaid Agency Expenditures on Family Planning, Sterilization and Abortion Services

Advancing sexual and reproductive health worldwide
through research, policy analysis and public education.

1301 Connecticut Avenue, NW
Suite 700
Washington, DC 20036
Phone: (202) 296-4012
Fax: (202) 223-5756

All questions refer to federal fiscal year 2006 (October 1, 2005 – September 30, 2006). If data are available only for calendar year 2006 or for state fiscal year 2006, please provide those data and indicate the time period here: _____.

You can complete the survey electronically, in Microsoft Word. Once you complete the survey, please:

- save and close the file and return it via e-mail to Casey Alrich at calrich@guttmacher.org; or
- print out the survey and return it via regular mail or fax to the address/number above.

Please direct any questions to Casey Alrich by e-mail or toll-free at (877) 823-0262.

Name of respondent: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-mail: _____

Fax: _____

1. State/Local Expenditures and Services

Data on federally reimbursed Medicaid expenditures are being obtained directly from the federal Centers for Medicare and Medicaid Services (CMS). As a result, we asking state Medicaid agencies to provide data only on expenditures for which no federal reimbursement was claimed.

- a. For the services below, please list the amount of state/local-only expenditures (expenditures for which no federal reimbursement was claimed) made through the state Medicaid agency during FY 2006.

	<u>Amount spent</u>	<u>No expenditures</u>	<u>Amount unknown</u>
Family planning services and supplies	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive sterilization services	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Abortion services	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Notes: For family planning services and supplies, include any services that—if eligible for federal reimbursement—would have been claimed at the 90% rate for family planning (aside from sterilization).

Amount unknown should be checked when expenditures were made, but the amount spent is unknown.

- b. Please provide the *number* of abortion procedures funded entirely with state/local dollars through the state Medicaid agency in FY 2006.

Number: _____

☐ No such procedures

☐ Number unknown

2. Family Planning Expenditures for Recipients in Managed Care Plans

If expenditures to provide family planning services and supplies to Medicaid recipients in capitated plans are not separated out from the capitation rate, or otherwise identified or estimated by the state, they cannot be claimed at the 90% rate (90% FFP) for family planning, and will not be included in the data provided to us by CMS. As a result, we are asking state Medicaid agencies whether these expenditures are claimed at 90%.

- a. In FY 2006, were any female Medicaid recipients aged 15–44 enrolled in fully or partially capitated plans?

☐ Yes

☐ No

- b. If Yes, for approximately what, if any, percentage of that population did your state claim federal reimbursement at the 90% rate for family planning?

☐ 100%

☐ _____%

☐ none

Please insert any notes
or comments here: _____

#547
3-7-07



Advancing sexual and reproductive health worldwide
through research, policy analysis and public education.

FY 2006 Survey of State Medicaid Agency Expenditures on Family Planning, Sterilization and Abortion Services

1301 Connecticut Avenue, NW
Suite 700
Washington, DC 20036
Phone: (202) 296-4012
Fax: (202) 223-5756

All questions refer to federal fiscal year 2006 (October 1, 2005 – September 30, 2006). If data are available only for calendar year 2006 or for state fiscal year 2006, please provide those data and indicate the time period here: State Fiscal Year-July 1, 2005 through June 30, 2006.

You can complete the survey electronically, in Microsoft Word. Once you complete the survey, please:

- save and close the file and return it via e-mail to Casey Alrich at calrich@guttmacher.org; or
- print out the survey and return it via regular mail or fax to the address/number above.

Please direct any questions to Casey Alrich by e-mail or toll-free at (877) 823-0262.

Name of respondent: Linda E. Price
Title: Team Leader
Organization: South Carolina Department of Health and Human Services
Address: P.O. Box 8206
1801 Main Street
City, State, Zip: Columbia SC 29202
Telephone: (803) 898-2614 Fax: (803) 255-8232
E-mail: pricele@scdhhs.gov

1. State/Local Expenditures and Services

Data on federally reimbursed Medicaid expenditures are being obtained directly from the federal Centers for Medicare and Medicaid Services (CMS). As a result, we asking state Medicaid agencies to provide data only on expenditures for which no federal reimbursement was claimed.

- a. For the services below, please list the amount of state/local-only expenditures (expenditures for which no federal reimbursement was claimed) made through the state Medicaid agency during FY 2006.

	<u>Amount spent</u>	<u>No expenditures</u>	<u>Amount unknown</u>
Family planning services and supplies	\$ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contraceptive sterilization services	\$ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abortion services	\$ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes: For family planning services and supplies, include any services that—if eligible for federal reimbursement—would have been claimed at the 90% rate for family planning (aside from sterilization).

Amount unknown should be checked when expenditures were made, but the amount spent is unknown.

- b. Please provide the *number* of abortion procedures funded entirely with state/local dollars through the state Medicaid agency in FY 2006.

Number: _____ ☒ No such procedures ☐ Number unknown

2. Family Planning Expenditures for Recipients in Managed Care Plans

If expenditures to provide family planning services and supplies to Medicaid recipients in capitated plans are not separated out from the capitation rate, or otherwise identified or estimated by the state, they cannot be claimed at the 90% rate (90% FFP) for family planning, and will not be included in the data provided to us by CMS. As a result, we are asking state Medicaid agencies whether these expenditures are claimed at 90%.

- a. In FY 2006, were any female Medicaid recipients aged 15–44 enrolled in fully or partially capitated plans?

☒ Yes ☐ No

- b. If Yes, for approximately what, if any, percentage of that population did your state claim federal reimbursement at the 90% rate for family planning?

☐ 100% ☐ _____% ☒ none

Please insert any notes
or comments here: _____