Family Planning Medicaid Waiver Evaluators Conference Call
April 11, 2011, 1:00-2:00 pm EST

Participants

Evaluators: Jeff Roth (FL); Dave Murday (SC); Michelle Bensenberg, (TX)

State Staff: Jocelyne Maurice and Brenda McCormick (FL); Bernie Operario, Andrea Phillips and Marcia Swartz (NC); Stacey Johnston and Alex Melis (TX)

Other: Adam Sonfield (Guttmacher) Julie DeClerque and Ellen Shanahan (Sheps)

Minutes

Approval of March Minutes: The March minutes were approved with minor modifications and will be moved to the public side of our group web page.

Update on Waivers and SPAs: Georgia now has a waiver. We will invite their evaluators and state staff to join the group. Illinois still has the waiver, not a SPA as previously noted.

Currently Wisconsin, South Carolina, New Mexico and California have moved from having a waiver to a SPA. Ohio is in the process of being approved for a SPA.

CMS has a new "stream-lined" budget neutrality process. It is not focused on predicting births averted, but is based on *per capita* spending for Family Planning and demonstrating that funds are used for "rational expenditures". These monitoring changes will take effect once each state renews its program. The Waiver demonstrations have shown that "reasonable" Family Planning expenditures save the government money, so going forward waivers no longer need to justify cost-effectiveness, rather they will be showing the *extent* of cost-savings. This should be a less involved process and therefore an easier task for the programs to complete. Since states can expand under the SPAs, serving what can be considered a "pass through population," the requirement is not quite the same as it used to be under the Waiver.

Data are nice to have as the focus shifts from tracking financial, budgetary indicators to indicators focused more on access and quality of care. The literature clearly shows that Family Planning saves money.

Dave reported that he now has data on financial indicators for three states: North Carolina, South Carolina and Texas. A preview of the numbers show that in Texas, the baseline fertility is 115 births per 1,000 and the observed fertility is 43 per 1,000. There are 93,000 demonstration participants in Texas (compared to 60,000 in South Carolina at its peak waiver enrollment). In that population, one would expect 10,700 births. The actual number of births was 4,000; therefore, 6,700 births were averted. The average charge for prenatal care, delivery and first year of life in Texas is $11,192 In South Carolina it is $14000. With average service expenditures per participants of $246 in Texas and $313 in South Carolina, the savings were $23 million in South Carolina and $46 million in Texas.

States report data in various ways. In California, the Family PACT website presents data going back to the start of its waiver. Adam has data for many other states on file from which standard information like budget neutrality may be easy to extract.

Adam was asked what might be contributed from our Waiver evaluations to the literature in terms of national interest. The Guttmacher Institute has a new project to review applications and evaluations in order to summarize findings on outreach and enrollment, especially where there are not much data on file. He may be able to offer more specifics on our next call.

The SPAs are shifting some of the data tracking focus *off* financial requirements. There may more opportunity going forward to focus on access to care, clinical indicators and quality of care. If the Nation goes forward with family planning reductions, and if we have strategic access and quality measures, we may be able to show the effect of downsizing reimbursements on access, use and outcomes. We need data to challenge proposed reductions and the expected effects of such reductions.

Texas confirmed the importance of having such data, but notes a concern regarding whether there are funds to collect the needed data. A further concern relates to data availability for tracking purposes: if Medicaid is privatized, will the data be considered proprietary, and if so, will it be available for use by evaluators and researchers?

The Office of Population Affairs is planning for a Performance Information Management System (PIMS) which will expand the information collected by Title X grantees (which include Rural Health Centers, Health Departments and Planned Parenthood agencies) in the Family Planning Annual Report.

What are the best measures for quality and access?
What about the use of electronic health records and health information exchanges?
How will these impact tracking and reporting on quality of services and access to care?

Can we use the list to come up with anything meaningful for reproductive health status among family planning users? Might Rebecca Burch Mack (CMS) be able to identify someone to talk about their process and thinking concerning such measures?
The new bill for the 2012 budget focuses on national and state-level data.

Next Steps for the Group

- Financial data
- Clinical, quality, access measures
  (Health Information Exchanges, Electronic Health Records, and future developments)
- CMS: Standards developed
- OPA: (PIMS) project update, possibly from RTI

Next call: Monday, May 9 at 1:00 pm. The call-in number is (919) 962-2740