Family Planning Medicaid Waiver Evaluators Conference Call

August 13, 2007, 1.00-2.00 pm EDT

Participants

Evaluators: State Staff: Sheps Center: Others:	Mario Ariet (FL), Janet Bronstein (AL), Molly Carpenter (VA), Rajeeb Das (FL), Bo Martin, (NC), Dave Murday (SC), Mike Resnick (FL), and Jeff Roth (FL) Danni Atkins (FL), Sydney Atkinson (NC), Susan Barber (TN), Kellie Caswell (FL), Tysha David (NC), Geneva Fearrington (NC), Karen Jackson (FL), Lois Lockett (LA), Margaret Major (TN), Marie Melton (FL), Bernie Operario (NC), Marcia Swartz (NC), Tri Tran (LA), and Betsy Wood (FL) Priscilla Guild and Ellen Shanahan Sherry Armstead (CMSO) and Adam Sonfield (Guttmacher),
Not on the Call	
Evaluators:	Paul Buescher (NC), Kim Dauner (SC), Holly Felix (AR), Andrea Johnson (NC), Kathy Langlois (MS), Debeshi Maitra (SC), Ila Sarkar (MS), and Catherine Sreckovich (NC),
State Staff:	Emily Anderson (KY), Sondra Burns (LA), Bonnie Cox (GA), Joe Holliday (NC), George Johnston (NC), Catherine McGrath (FL), Paris Mock (NC), Traci Perry (LA), Tahirah Rashadeen (LA), Bill Sappenfield (FL), Cliff Schmidt (FL), Janet Sheridan (SC), Cindy Thames (MS), and Ron Young (LA)
Sheps Center: Others:	No one Nancy Dieter (CMSO), Kathleen Farrell (CMSO), Meredith Robertson (CMSO), Melissa Romaire (CMSO), and Paul Youket (CMSO)

There have been several changes in our participants since the last call. Lorie Williams has taken a new position and Tysha David is her replacement for NC. Rajeeb Das is a data manager for the evaluation team in FL, Kellie Caswell is a nurse consultant for the waiver in FL, Susan Barber is the new Title X Director in TN, and Sherry Armstead works with Melissa Romaire at CMSO. Melissa will leave CMSO at the end of August to return to school. Although as we speak Kim Dauner is moving outside of SC, she will remain on the SC evaluation team and can be reached using her SC e-mail address.

The topic for today's call was, "North Carolina's Methodology for Calculating a Baseline Fertility Rate." Bo Martin took the lead on this call. Last week Bo sent Ellen a copy of summary tables that were distributed to all participants on our distribution list with the reminder about the call. A copy is also attached to the minutes.

The material prepared by Bo contained six tables. The first three relate to calculating the baseline fertility rate for 2003. The last three compare the baseline fertility rate for 2003 to fertility rates using other years, other data sources, or other definitions for age and income categories. These comparisons are meant to assess the reasonableness of the baseline fertility rate for 2003. North Carolina's target population to use in calculating the baseline fertility rate for the waiver is all women age 19-55 who are <185% of the federal poverty level (FPL) and not already eligible for regular Medicaid. The baseline year that is being used is 2003, while the waiver began in 2005. This figure will be used to calculate budget neutrality and hopefully cost savings because of the increased access to contraception for women who desire it.

The figures in Table 2, the numerator for the baseline fertility rate, were obtained from a linked birth and Medicaid file that has been produced for a number of years and is used in the Baby-Love, North Carolina's prenatal care management program for Medicaid-eligible women, evaluation. It is the number births to "women" <185% FPL who were on Medicaid in 2003. In this calculation for every mother/infant pair the "woman" was included if either she and/or the infant were on Medicaid. The question was asked as to whether the linked file in NC includes eligibility. Bo did not use this and was not sure whether it was included or not. It would be a useful piece of information to have so if not included, NC will see whether it could be added. Table 3 is an estimate of the number of women <185% FPL in North Carolina in 2003 and is the denominator for the fertility rates. It is taken from the Current Population Survey (CPS). Both of

these tables include women who are <50% FPL, most of whom would be eligible for the regular Medicaid program, so the baseline fertility rates for waiver clients would be slightly over-estimated. There was discussion about possibly removing them from both the numerator and denominator but it was agreed that this might introduce an unknown bias, while by including them at least we know the bias that is introduced. Table 1 contains the fertility rates that are produced from the numbers in Tables 2 and 3.

Table 5 compares the fertility rates for 2003 and 2004, both years before the waiver started. Table 6 compares the population estimates obtained from the CPS with what were obtained from the ACS for 2004. Data from both of these sources produce similar fertility rates. Finally Table 7 compares the fertility rates for all women in NC who were age 15-44, the only consistent age group for these four sets of data used: 1) Guttmacher Institute for the year 2000, 2) ACS for 2000-2003, 3) National Center for Health Statistics (NCHS) for 2000-2003, and 4) rate produced by the NC State Center for Health Statistics for 2003. Although not the same all these rates are similar.

A question was asked as to whether women in NC seen as a "regular" Medicaid client received different services than the waiver clients. The answer was no, unless the waiver clients were in the several counties selected to study an enhanced services package.

The September call will cover two topics. Molly Carpenter will discuss the outcome measures that VA used during its first waiver period and what they have proposed in their renewal. Dave Murday will present data on "intendedness of pregnancy" that he hoped would be a good outcome measure. Unfortunately, to date Dave has not been able to show any effect in SC. We will start with Molly because she will have to leave the call a little early to get to a prior commitment.

Jeff Roth is still planning on leading a call on primary care but FL is not ready for this yet. He will also present data on repeat pregnancies for waiver vs. non-waiver clients on a future call.

Next Call: September 10th from 1 until 2 PM EDT. The call-in number for all the calls is (919) 962-2740.