Family Planning Medicaid Waiver Evaluators Conference Call
December 14, 2009, 1:00-2:00 pm EST

Participants

Evaluators: Janet Bronstein (AL), Ruth Eudy (AR), Kathy Vetter (IL), Donna Albright, Michelle Bensenberg, Kendra Sippel-Theodore, Aradhana Sathiadevan (TX), Dave Murday (SC), and Molly Carpenter (VA);

State Staff: Kathy Canfield, Catherine McGrath, Lynn Smith (FL), Bernie Operario, Marcia Swartz (NC);

Other: Tom Hennessy, Julie Sharp (CMS), Adam Sonfield (Guttmacher Institute), Julie DeClerque, Ellen Shanahan (Sheps).

Minutes: for November were approved for posting on the public side of website. Additionally, the group agreed that the document summarizing final recommendations on evaluating primary care referrals in FP Medicaid waivers be posted on the public side of the website. Florida requested that Janet Bronstein's summary of different states' strategies for evaluating primary care referrals also be shared via the website

The main topic of the meeting was hearing feedback from CMS on the group's recommendation regarding evaluation of primary care referrals within Medicaid waiver programs.

CMS Response and Next Steps
Julie Sharp and Tom Hennessy from CMS first thanked the group for the hard work in analyzing and organizing ideas related to the issue of evaluating primary care referrals to FP Waiver clients. They emphasized the usefulness of the group's work in sending forward the issue to the CMS administration for consideration, and provided the following feedback:

- CMS acknowledges the challenges involved in tracking and evaluating primary care referrals within FP waiver programs.
- CMS invites states to identify the specific challenges they would face within their program if they were to include PC referral tracking within the scope of the FP Waiver evaluation.
- Evaluation of the impact of primary care referrals in FP Waiver programs would be made optional in such instances.
- There will remain the expectation that providers will continue to make referrals as necessary.
- CMS is open to states continuing to track referrals and include this as part of their evaluation package, or it is acceptable that a state may choose to shift emphasis to another aspect of the program and dedicate evaluation resources elsewhere.
- States are invited to discuss their concerns individually with CMS regarding the terms and conditions of their contracts and what makes sense within the limitations and confinements of their program. CMS is open to making adjustments and shifting resources.

Next steps include circulating the package through the necessary authorities at CMS for formal approval. We will continue to follow progress through our calls, and the group expressed their thanks to both Julie and Tom for their guidance and leadership in moving this ahead at CMS.

Updating Common Indicators: Budget Neutrality, Births Averted

Over the past year, the evaluator's group has worked to identify a set of common indicators related to the FP Waivers that could be compared across the states. We will be returning to a review of these indicators and begin updating them over the next few months. One indicator of particular concern is calculating budget neutrality, which the group confirmed also involves the key issue of calculating births averted. There is considerable inconsistency across programs in how this is calculated and who is included in the calculations — pregnancies only during the demonstration year, or all pregnancies during the last three months of the demonstration year plus the first nine months of the next year…or ?

CMS suggested that if the group wants to use the same process with this issue as we did with the primary care referrals, then CMS can review our recommendation, once we have one, and take it up through the policy level for consideration. CMS views Medicaid as a Federal/State partnership and wants to emphasize the team approach in solving some of these key issues. The January meeting of the FP Waiver Evaluator's group therefore will be devoted to a general discussion of cross-state indicators, highlighting the set related to budget neutrality and establishing a follow-up workgroup to continue progress between monthly calls. Please consider volunteering to work on this essential issue.

Publications and Contributions of Workgroup Findings to the Literature

[Background: several months back, the question was asked about what we could / should do with all the information we were collecting. Janet Bronstein offered to lead a group of volunteers and have a call be devoted discuss this (see July 2009 call notes and November 09 minutes for more details). Should we write up some of what we do for professional journals?]

Dave called on Adam Sonfield (Guttmacher Institute) to solicit his advice regarding what might be useful to contribute or consider for wider distribution. Adam commented that there have been several excellent articles and reports on CA, AR, AL programs, to date. He also outlined the following priority areas: cross-state comparisons (there are currently 29 states, each with their own evaluations, but very few discussion in the literature of cross-program trends or analyses). His top areas he would think would be most useful to include in cross state comparisons would include: birth spacing, STIs, access to primary care, and variations in case management models and outreach efforts.

Several additional questions and points were raised from the group:

- Assessing FP Waivers in conjunction with Title X services and how to reconcile some of the inherent issues of tracking, assessing increased coverage, and de-duplicating clients served. Adam confirmed the difficulties involved, and mentioned some work Guttmacher has done in this regard (see http://www.guttmacher.org/sections/index.php)

- Small Area Analyses considering different method mixes and unintended pregnancy rates. Do we see variations in outcome that correlate with differences in method mixes?

- What should be the "beacon of success"? Currently it is budget neutrality. What about efficiency or relative effectiveness (cost per birth averted, or person served)? This may be more useful, especially when looking across different states and programs.

- What about the issue of enrollment, populations *not* being served, and effectiveness of outreach? Current evaluation does not place much value on these key issues. Would require major shift in what is emphasized and funded. Some states are including small amount of participant feedback and surveys in their evaluations: "Have you heard of the program? Are you aware of services available?" But high costs and field logistics are often prohibitive. AK shared that they managed to do a small, local survey of FP clients who were given referrals but who did not get the care needed… and determined that in 60-70% of these cases the reason given was due to lack of ability to pay for care. Group suggested taking inventory of the range of surveys being used, developing a uniform survey, and using it across states to bring commonality and allow benchmarking trends for comparisons. Julie Sharp offered to check with CMS to determine if there might be funding to support such an effort across states.

Other Business

Next Call: Monday, January 11th from 1 until 2 PM EST. The call-in number is (919) 962-2740.