

**Family Planning Medicaid Waiver Evaluators Conference Call  
MINUTES**

February 11, 2008, 1:00-2:00 pm EST

**Participants**

**Evaluators:** Janet Bronstein (AL), Molly Carpenter (VA), Kim Dauner (SC), Farida Reyes (FL), Nancy Hardt (FL), Andrea Johnson (NC), Bo Martin (NC), Dave Murday (SC), and Jeff Roth (FL),  
**State Staff:** Danni Atkins (FL), Susan Barber (TN), Sondra Burns (LA), Kellie Caswell (FL), Karen Jackson (FL), Margaret Major (TN), Marie Melton (FL), Bernie Operario (NC), and Tri Tran (LA),  
**Sheps Center:** Julie DeClerque, Priscilla Guild, and Ellen Shanahan  
**Others:** Nancy Dieter (CMSO), Tonya Moore (CMSO), and Adam Sonfield (Guttmacher)

**Not on the Call**

**Evaluators:** Mario Ariet (FL), Paul Buescher (NC), Rajeeb Das (FL), Holly Felix (AR), Kathy Langlois (MS), Debeshi Maitra (SC), Mike Resnick (FL), Ila Sarkar (MS), and Catherine Sreckovich (NC)  
**State Staff:** Sydney Atkinson (NC), Bonnie Cox (GA), Tysha David (NC), Geneva Fearrington (NC), Joe Holliday (NC), George Johnston (NC), Lois Lockett (LA), Catherine McGrath (FL), Traci Perry (LA), Margaret Rankin (FL), Tahirah Rashadeen (LA), Bill Sappenfield (FL), Cliff Schmidt (FL), Janet Sheridan (SC), Lynn Smith (FL), Marcia Swartz (NC), Janet Temkin (FL), Cindy Thames (MS), and Ron Young (LA)  
**Sheps Center:** No one  
**Others:** Kathleen Farrell (CMSO), Meredith Robertson (CMSO), and Paul Youket (CMSO)

Priscilla started by saying that that she was very pleased to announce that Adam Sonfield has agreed to take the lead on the content and minutes for these calls when Pris retires. Ellen Shanahan will continue to handle the logistics. Adam then told the group how pleased he was to be able to do this and how much he has appreciated the participation from the states and CMS.

The topic of today's conference call was "Collection of Comparable Data on a Set of Medicaid Family Planning Waiver Indicators." Prior to the call (last Friday) Pris sent a list of five draft indicators to start the discussion.

There was agreement to keep the following first and second indicators that Pris had suggested.

**1) Percent Eligible Population Enrolled**

$$\frac{\text{Number Enrolled as of (pick date) Each Year}}{\text{Number in the Eligible Population as of (pick date) Each Year}} \times 100$$

Picking the date was not discussed. States currently have to get unduplicated counts of enrollees for CMS.

**2) Percent Enrolled Population Seen**

$$\frac{\text{Number of Participants in a (calendar or fiscal) Year}}{\text{Number Enrolled in the Medicaid Family Planning Waiver as of (pick date) in the (calendar or fiscal) Year}} \times 100$$

Pris suggested on her draft that there might be two ways to define a participant, a person who receives any covered waiver service and a person who receives some sort of contraceptive method. The first definition is similar to the one that CMS uses to define a participant, any individual that receives 1 or more Medicaid approved covered services (i.e., approved CPT codes). It was agreed that we would use this definition of a participant. The group also liked the idea of looking at participants who had received a contraceptive service both in terms of what method(s) were received and how effective the method(s) were. Adam Sonfield suggested we come up with some sort of index of the effectiveness of contraceptive methods. Bo Martin has already done something like this for NC. Hopefully in the long-term we can show some progress toward choosing more effective methods. Some states, like SC, are

collecting information on contraceptive method via survey and some would only have the Medicaid data to use. Pris said that whatever method of measurement is used, it should be able to be done reasonably consistently by all the states. Adam Sonfield, Bo Martin, and Kim Dauner agreed discuss how to define “effective” method(s) and bring a suggestion to the March conference call.

Picking the date and whether to use the fiscal or calendar year were not discussed. States currently have to get unduplicated counts of enrollees and participants for CMS.

Adam suggested a third indicator, Percent of Eligible Population Seen, defined as follows.

### 3) Percent Eligible Population Seen

$$\frac{\text{Number of Participants in a (calendar or fiscal) Year}}{\text{Number in the Eligible Population as of (pick date) Each Year}} \times 100$$

This would control for some of the inconsistency in how states enroll their eligible population. Everyone agreed to add this indicator to the list.

Differences in the way states measure the number of their eligible population came up and it was suggested that at least for these indicators, states try to define them the same way. Dave Murday, Janet Bronstein, Bo Martin, and Adam Sonfield agreed to discuss this before the next call and propose a method for everyone to agree on. Some things to consider include: what dataset(s) to use (ACS, CPS, Guttmacher, some other), can those with insurance be eliminated, and can data be obtained for the entire population to be served in terms of age and sex. In some cases it may be difficult to get accurate estimates for the entire eligible population.

It was agreed to keep Pris’ indicators #3 (now #4) and #4 (now #5) as she had defined them.

### 4) Estimated Birth Cost Savings

$$(\text{Estimated Number of Birth Averted in a (calendar or fiscal) Year}) \times (\text{Estimated Cost of the Birth})$$

To estimate the number of birth averted follow the following steps:

- a) Ideally to estimate the population of women eligible for SOBRA in the pre-waiver baseline year the same dataset (say CPS) should be used for all states and the calculations should be contracted out so that they are done consistently for all states. To correct for small numbers, three years of data prior to the waiver should be used. If numbers are large enough, age-adjust using the following age groups (15-24, 25-34, 35-44). [How consistently do we need to have this for initial comparisons?]
- b) The estimated baseline fertility rate is the births to women covered by Medicaid under SOBRA in the year prior to the Medicaid Family Planning Waiver divided by the estimate of the population of women eligible for SOBRA in the pre-waiver baseline year (defined above). [How consistently do we need to have this for initial comparisons?]
- c) The expected births are calculated by applying the baseline fertility rate to the number of Medicaid Waiver participants in a particular year.
- d) The estimated number of births averted is the actual number of births to participants in a particular waiver year subtracted from the expected births. Births to participants seen for the first time that year under the Medicaid Family Planning waiver and who were pregnant on their first visit should be excluded. Emergency Medicaid births (primarily to women not eligible for Title X due to residency status) should be eliminated, provided this type of woman can also be eliminated from the estimate of the SOBRA population. If not possible, the number should be small and not have a great impact on the estimate.

Estimated cost of a birth should include estimated cost of prenatal care, delivery, and cost for the first year of life for the infant.

**5) Ratio of the Estimated Birth Cost Savings to the Cost of the Medicaid Family Planning Waiver**

$$\frac{\text{Estimate of the Birth Cost Savings in a (calendar or fiscal) Year}}{\text{Cost of the Medicaid Family Planning Waiver in the (calendar or fiscal) Year}}$$

It was also suggested that we include an indicator on the expenditures per participant. Although not discussed specifically, this is how it could be measured.

**6) Cost of the Medicaid Family Planning Waiver per Participant**

$$\frac{\text{Cost of the Medicaid Family Planning Waiver in the (calendar or fiscal) Year}}{\text{Number of Participants in a (calendar or fiscal) Year}}$$

Although not all states will be able to measure Pris' suggested indicator #5 (now #7), Percent of Medicaid Waiver Live Births (Excluding First Pregnancies) With Interval to Conception of  $\leq 18$  Months, this measure will be kept (at least for now) to see what it looks like for the states that can measure it. The suggested formula is:

**7) Percent of Medicaid Waiver Live Births (Excluding First Pregnancies) With Interval to Conception of  $\leq 18$  Months**

$$\frac{\text{\# of Medicaid Waiver LBs with an Interval to Conception from Last LB or Other Term. of } \leq 18 \text{ months}}{\text{\# of Medicaid Waiver Live Births (LBs) for Which This Was the Second or Greater Pregnancy}}$$

Pris explained that what she had in mind was collecting the information for the numerators, denominators, etc. from the states for a number of years. For #4, she might even collect all the data necessary to calculate births averted and do that calculation too. Although not discussed on the call, we might start with 3-5 years. This will allow Pris to make sure all the indicators are calculated the same way and to also calculate indicators for all states combined if this seems useful. Dave will work with Pris to figure out exactly what she needs to ask for.

At the end of the call, Kim Dauner asked all states who conduct a survey to collect data on primary care referrals to send her the questions they use. She is in the process of revising the SC survey and wants to make it as consistent as possible with what other states are collecting. Pris will send everyone the survey from Tri Tran that is being used in Louisiana.

The next call will follow-up on following issues identified in this call:

- Consistent method to define the eligible population (Dave Murday, Janet Bronstein, Bo Martin, and Adam Sonfield),
- Method to define "effective" contraceptive methods (Adam Sonfield, Bo Martin, and Kim Dauner),
- Choosing dates and time periods to use not discussed on this call, and
- Draft form for collecting the data (Pris Guild with help from Dave Murday).

**Next Call:** March 10<sup>th</sup> from 1 until 2 PM EST. The call-in number for all the calls is (919) 962-2740.