Family Planning Medicaid Waiver Evaluators Conference Call
February 11th, 2013, 1:00-2:00 pm EST

Participants

Evaluators: Kari White (AL); Jeff Roth (FL); Dave Murday (SC)

State Staff: Dion Baker, Regina King, Brenda McCormick and Jocelyne Maurice (FL); Lyndolyn Campbell (GA); Regina Williams (LA); Andrea Phillips and Marcia Swartz (NC); Margaret Major (TN)

Other: Julie DeClerque and Ellen Shanahan (Sheps Center)

Approval of Minutes: Minutes of the January meeting were approved after changes made following clarification sought by Jeff Roth concerning whether FP counseling was a separate billable item (outside of assumed counseling provide as part of annual visit). Dave responded saying at least in SC, it was a separate billable item.

Updates: NC legislature (Senate) passed a resounding "no" to Medicaid Expansion. Implementation of the SPA in NC was delayed (again) until Nov 1st because of change in contractor for Medicaid billing claims. So program will continue under Waiver. Evaluation been providing reports, Medicaid is $1.4 billion in hole. Audit report substantiates the debt. Jeff asked for clarification as to what the $1.4 billion represents: the fed share, or lack of funds to make the match? (The debt was based on funds borrowed from the State General Fund, due to Medicaid budget shortfalls, which have not been repaid. Some of the budget shortfalls were due to disallowances for Federal payments for services, which had to be repaid, and a number of other factors.) For the interim, NC FP Waiver is continuing. As far as we know, no state in our Region is signing on to expansions, so those states are not eligible subjects for the RFA from CDC to evaluate the impact of Medicaid expansions. [After our conference call, Florida's governor reversed his opposition to the expansion but the legislature had not yet made a decision.]

What are CDC thoughts on about evaluating FP Waiver evaluations, and possible agenda items for collaborative workshop going forward? Is there a connection between IOM report (see below) and CDC's efforts to review Waiver evaluation?

IOM Report Recommendations / thinking re: using it as a framework for our Lessons Learned

Many of the Title X clinic clients are in fact Medicaid patients. So we do have claims data on many of these women at the encounter level. Recommendation 5-4: should work with grantee to refine evaluation tools for outreach and evaluation. Well, we have states that have that have done outreach. Can we draw on Medicaid data to augment other sources of data? Even where we don't have Medicaid data, we do have evaluations that have looked at outreach and education.

The two programs have very different goals: delivery of care for the health of low-income population in need and realizing health outcomes; versus fiscal efficiency measures re: cost-containment "below medical inflation rate". Makes a difference in terms of how to go forward and the strategies to pursue. Different if two goals are somewhat divergent.

We do have experiences describing costs ($386 per year per woman) and cost-benefits. It's the savings per birth averted that is compelling information. Information is clearly out there and has been for years, as to cost-effectiveness and worth of timely contraception. Gathering more localized figures into a report on Southeast states and summarized at the Regional level would provide a compelling story to garner support. (For example, NC has projections for federal and state spending for the first two years of the SPA, and the State has Navigant data showing $4.4-$5.4 million in cost savings per year for the first five years of the Waiver), primarily from averted births.)

We think we have asked questions and collected data that extends beyond what is reflected in our official, annual evaluation reports; survey data, focus groups and additional data (pregnancy intendedness if birth rate is below what you anticipated (Guttmacher). Other of us have gone beyond this such as the Florida study on effects on other birth outcomes, LBW for example.

Is there a group that is charged with following up on IOM recommendations? Dave, Julie and Ellen will draft an approach document to share with Lorrie Gavin re: their efforts to summarize Waiver evaluation reports and lessons learned.

What is it about the Medicaid FP program and the expansions specifically, that we want to keep tabs on and that the current system of Medicaid will not be monitoring, given their fiscal management and financial focus? In a world where FP is not treated much differently than other Medicaid services, what information should continue to be examined (outside of cost-effectiveness)? What are the consequences of receipt of care, given what was delivered? This is very much along the lines of the recent funding announcement from CDC assessing impact of Medicaid expansions on women's health during the reproductive years. It requires linkage to vital records and other linkable databases (Medicaid, hospital discharge files, etc.) to track impacts and answer questions about different program components and relative effectiveness.

There was an informal SPA group looking at OPA proposed indicators. (Margaret Major; ask Sydney about it)

LARCS and uptakes: Dave will describe Pharma (other drug co) study investigating reason for low uptake in LARCs; Discuss funding possible sources for future work; question from Jeff on FL information in Guttmacher report (if FL had gone to income based program, vs. ACA expansions (133%) versus subsidized insurance, what will numbers look like?). Adam explained information in report focused on SPA/Waiver and not full expansions being currently considered for 2014.

Next Steps: 1: Compile draft focusing on IOM recommendation and check in with CDC, OPA, and CMS and see if fits with any of their activities and work underway. Is there an audience for our conversations? Will our work be useful to national efforts underway?

2. Review draft and send finalized version to CDC, OPA, CMS groups for feedback, reaction.
3. Create document re: scientific merits of waiver program.

Next call: March 11th at 1:00 pm EDT, noon CDT. Call in number is (919) 962 2739.