Family Planning Medicaid Waiver Evaluators Conference Call
January 11, 2010, 1:00-2:00 pm EST

Participants

Evaluators: Janet Bronstein (AL); Jeff Roth (FL); Kathy Vetter (IL); Andrea Johnson (NC); Donna Albright, Michelle Bensenberg, Veronica Neville (TX); Dave Murday (SC)

State Staff: Kathy Canfield, Brenda McCormick, Catherine McGrath, Susan McNamara, Margaret Rankin (FL); Julie Doestch, Linda Wheal (IL); Sondra Burns, Tri Tran (LA); Bernie Operario, Marcia Swartz (NC); Margaret Major (TN); Kendra Sippel-Theodore (TX), Marianna Gomez (TX); Gerald Craver (VA)

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

Minutes (revised 2.4.2010)

Minutes: for December were approved for posting on the public side of website.

The main topic of the meeting was consideration of common indicators, especially budget neutrality and births averted.

Updating Common Indicators: Budget Neutrality, Births Averted
Dave Murday sent to the group a chart listing the common indicators developed to-date. The list was also posted on the workgroup (private) side of the RNDMU. Questions about best way to proceed were discussed.

Issues raised about task or process: Michelle (TX) says they do not customarily do all the items, but will be happy to participate in this process of reviewing more broadly than just what they submit to CMS. Dave clarified that the purpose is to find common items to enable cross-program comparisons, in which case we would need to assure comparability of data across states. Not limited to official CMS submission, but need to assure indicators are measured in a way that enables us to review across programs. There are key areas of difference we need to keep in mind:

> Eligibility criteria will vary across states: age groups, poverty thresholds (waiver profiles again would be helpful (IL no teens, for example and NC includes men).
> Service package, services covered (men, teens, STI treatment)
> Providers: Just Title X, or a broader set?
> Outreach: what if any activities?

Does any chart or summary exist of this across states? Yes, CMS may have this for eligibility criteria. Julie Sharp is checking and will bring back to group.
Guttmacher: website has basic age, income, gender, teens. (See website address below)

How standardized are things with CMS for FP waiver programs? Earlier days, process was more negotiation with CMS on state-by-state basis. Recently, CMS has tried to hone down list of services required/expected, as well as how and to whom they are delivered.

Would AGI recommend not even trying to create standard definitions/categories? For services, outreach, enrollment practices – the exercise would work… but provider mix for example is very complicated to distill (as our evaluator group found with our efforts last year). Probably possible to consider provider mix in very broad areas (AL: mainly HD, SC: other providers outside DOH are encouraged to participate) to capture general differences as a descriptive tool, but it is not really feasible to do so in a way that could be quantified or coded for true analytical purposes.

To Adam: Is there any sort of Title X listing that exists describing state programs? No, probably not… but, maybe on *overall* FP network in terms of Health Departments, Planned Parenthoods, Hospitals, but not necessarily useful for this task. Adam will look into that to see if anything might help us with cross-state comparisons. (Update: consider this from Guttmacher's website: http://www.guttmacher.org/pubs/win/allstates2006.pdf)
See tables 3, 6 and 7, for breakdowns of family planning clinics and clients by type of provider. (This is for all publicly funded family planning centers, not just within Medicaid waiver programs. But it could be useful in explaining differences among states.) Even still, the group can look at effectiveness of programs, but limited in terms of explaining what might be reasons for differences across programs (causality).

Also, here is Guttmacher's latest fact sheet on state waiver programs, complete with eligibility criteria (note these are updated monthly and available on the Guttmacher website):

http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf

Any state that wants to revise their indicators on the list may do so; it will be considered a work in progress for the next few months. We'll look into having a live/interactive mechanism on the website in the near future.

Budget Neutrality

Dave Murday asked the group about level of interest in reviewing these related calculations.

There is considerable inconsistency across programs in how this is calculated and who is included in the calculations. For any given calendar year, you would need to allow /look ahead after pregnancy would have occurred to assess prevention of the event, count births averted. Can we agree on a "best" way to accomplish this?

Discussion: Women who qualify for SOBRA, not just limited to pregnancy services, but full package of health care. So, for cost savings calculation woman off SOBRA saving not only pregnancy related costs but broader health-related services as well. Do we want to tackle this? Janet had outlined strategy that corrects across program years. How do others do it? IL has not formally done it, still in process. Not in terms and agreement. FL looks at birth spacing/interval. Not by month of averted birth (part of budget neutrality calc), but by last birth to conception…

more reliable to look at duration between two births…if <18 months, use that as a benchmark of failure/less success. Medicaid office in FL is the one that does the calculation for budget neutrality, and they do not do averted births. NC does like Janet's "correction" method above. TX looks at date that participant's first claim, and then look for births occurring at least 9 months later, so like AL's, can go into 9 months of following year. Difference is TX doesn't start counting until they have a claim.

So, fair amount of variation… Is there a best way to do it? We are clear we want to show, but would states want to adjust to common approach?

CMS does not have summary chart. CMS is interested in any data or help analyzing data and making recommendations and would appreciate the efforts of the group in this regard.

Conclusion: This is a key area that would benefit from improvement in refined measure. The group agrees that it is a worthwhile effort to pursue further, even if complicated.

Additional points covered: Tackle issues in chunks – averted births occurring in "base year fertility rate" prior to waiver is fixed upon birth distribution by age and race that may be pragmatic in a broad sense, but may limit validity of participation rates and costs calculations…

Remember, waiver programs were not expected to continue 17 years… and so methodology wasn't necessarily intended to be precisely suited to every state variation. HC reform legislation may change the landscape considerably. But no matter what, budget neutrality will remain a central issue and calculating averted births is a core part of budget neutrality. So, this effort should move forward.

Dave Murday will therefore circulate another document to collect the different ways each state is calculating averted births. Note there may be difference between terms and conditions in contracts and basic state formula, and how each interprets what they do and which births they actually include. Dave's chart should be filled out by the person/office in each state who/that is doing the calculation (evaluators, Medicaid offices).

<u>Innovative Program Features</u> (aka help Dave put something new and exciting in his upcoming application)
Care Coordination: (AL) has impacted follow up rates and contraceptive use; no other states doing this! Janet will send to group publication and we will post on website.

Adjunctive Eligibility (TX): a woman is <u>adjunctively</u> income-eligible for WHP if she or a member of her family currently participates in:

- Temporary Assistance for Needy Families (TANF) cash assistance.
- Food Stamps.
- The Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Children's Medicaid.

Proof of current participation in any of these programs means a woman has already proven her <u>income eligibility</u> for WHP to the state. However, she must still provide verification of citizenship and identity.

Also, see Guttmacher publication by Sonfield, Alrich and Benson Gold (March 2008) *Innovation in the Design and Implementation of Medicaid Family Planning Expansions* http://www.guttmacher.org/pubs/2008/03/28/StateMFPEpractices.pdf

Other

Question: In list of indicators that Dave Murday distributed, what is "continuation rate" referring to? Answer: general patient participation rates, not specific contraceptive continuation necessarily.

Other Business

Next Call: Monday, February 8th from 1 until 2 PM EST. The call-in number is (919) 962-2740.