Family Planning Medicaid Waiver Evaluators Conference Call
January 9, 2012, 1:00-2:00 pm EST

Participants

Evaluators: Janet Bronstein, Kari White (AL); Loretta Alexander (AR): Kathleen Adams, Sarah Blake and Anne Dunlop (GA); Dave Murday (SC); Kristin Christensen (TX)

State Staff: Ghasi Phillips (FL); Debra Israel (KY); Perry Allen and Jennifer Hopkins (MS); Andrea Phillips and Marcia Swartz (NC); Margaret Major (TN

Other: Anne Chiang (CMS); Adam Sonfield (Guttmacher Institute), Julie DeClerque, Priscilla Guild and Ellen Shanahan (Sheps Center)

MINUTES

Approval of Minutes: Minutes of the December meeting were reviewed, and approved with two clarifications: (1) SC Waiver measures of program impact and PRAMS pregnancy intention data; and (2) page 2, 2nd paragraph, is it true that CMS is not approving Waivers past Dec 2011? (see below for continued discussion).

Introductions: We welcomed back Janet Bronstein and she introduced her new colleague Keri White at UAB SPH. Also joining for the first time were Sarah Blake, GA evaluator at Emory University, and Deborah Israel, Director of Kentucky Title X Program. And we were happy to have Anne Chiang from CMS, colleagues from MS program, both social work (Perry Allen) and nurse consultant (Jennifer Hopkins), and as usual Adam Sonfield from Guttmacher. Dave reminded the group that we are now an interesting blend of program and evaluation folks coming from States with variety of SPAs, Waivers, and interested States like TN with dynamic FP programs so, we have expanded our range of models and experience on the calls.

CMS Update and Guidance: Anne Chiang was asked to address the question of the future of family planning waivers in general and specific questions for states regarding indicators and how CMS may be thinking about tracking programs. Texas received a *denial* of this year's Waiver application, not based on fiscal problems or budget neutrality, but because their proposal excluded Planned Parenthood and that was not in accord with Federal law. CMS is working with Texas to settle the issue so they can move forward.

Anne was asked, in light of Health Reform law and looking forward, can you give us a sense of the thinking at the Federal level, and in CMS, regarding Waivers. She responded that we are seeing States as they come in for renewals with end date of Dec 31, 2013 because global caps are due to begin in January 2014. As we near increased implementation of ACA and health care reforms, we will have a lot of populations transitioning to different types of health care coverage. The division that handles demonstration programs is now considering, with no end date in mind, looking at # to be covered, and what exactly the "demonstrations" will be demonstrating and the on-going need to continue. Have seen end date of 2013 for future 1115 demo programs. There

remain lots of challenges in trying to predict what might happen beyond 2013.) 2nd to last para on page 1: CMS is keeping options open regarding Waivers and SPAs to gauge on-going need, political will, and how programs will be configured.

How to measure performance of FP programs: We learned that both OPA and CDC are interested in performance indicators for family planning programs. As a group we were trying to see if there would be some benefit in coordinating our efforts with theirs. Even if Waivers cease to exist, having a list of common benchmarking indicators for FP program in general, would be beneficial.

Historically what CMS has asked states to report on, their performance measures, has varied based on the individual waiver design. Georgia, for example has an interpregnancy focus, so we would expect them to look at VLBW and LBW rates to measure program effectiveness. So, there has not yet been an effort to standardize across waiver projects. When we have given Waiver programs flexibility to set their own evaluation goals, and considered the usual method of # births, in terms of how much they need ($$), we see more moving to a pregnancy managed care (PMC) structure and therefore using a *per member per month* (PMPM) methodology. In short, CMS has not figured out best set of indicators, but would be interested in looking at what this waiver evaluators' group has done, and might be interested in collaborating on determining some standard set of measures going forward.

Dave asked if there were further questions for CMS. Anne was asked to say more about the "per member per month" approach mentioned above. Based on the success of 1115 Waivers, how many unintended births have been averted, and how much savings has resulted from averted births? Now, in a *per member* structure instead of PMPM how much money would it take to provide services to achieve the results required based on a rate that is negotiated at application instead of reported retrospectively.

July 2, 2010 there was an official CMS Guidance letter issued that specifies this exact information. Adam will provide to the group (update: it is attached, thanks Adam; also is on RNDMU website under FP Waiver Evaluation section).

Question: In our December minutes, Arkansas said they were being held to a 4% increase cap… is that what this PMPM also refers to? Cost per client varies significantly from state to state… is this the same? Look more at historical expenditures for a State, and trending that rate forward to arrive at reasonable allocation for the State more based on these over time, would be more practical.

OPA and CDC do not yet have a list of indicators to share for review. Once they are made available, there may be an opportunity for us to review and coordinate going forward. We may want to put our discussions on hold until we see this draft.

Question: what will be motivation to evaluate FP programs if states go to Medicaid-only straight reimbursements without requirement for tracking?

If we can establish a list of indicators for performance measures for FP quality of care to determine whether or not Title X, Medicaid or other family planning clients are receiving good quality care. We are in a good position to make recommendations. Expert panels at OPA and CDC will determine their indicators. So even if indicators from Waivers are not part of the picture and if we (Waiver evaluators) aren't around, can we leave some "legacy" for others going forward who may find the results of our work useful?

Anne Chiang noted internal discussions are still on-going within CMS, so by no means is 2013 a definitive end date. The fact that CMS has not renewed any waivers past 2013, does not mean they will be going away.

Indicator tracking and nailing down loose ends on discussion of contraceptive method indicators
CDC's workgroup (Laurie Gaven, along with OPA's Susan Moskosky, CMS's Stephanie Balfuss and other Technical Experts on their Taskforce) is in the process of reviewing which indicators they endorse for evaluating success of FP programs. It makes sense to coordinate with their recommendations, once available. We will therefore delay our final selection of FP Waiver evaluation indicators and data review until we receive word from them.

Importance of *effective contraceptive use* as key measure of performance and impact (like birth outcomes): Some very complex assumptions underlie health information exchanges when involving linkage of vital records and Medicaid claims. Many states would have a big "ramp-up" curve to put this type of IT/data coordination in place. Movement to EMRs and more sophisticated Health IT is an opportunity to contribute our expertise in design and tracking of key indicators. Most programs want to do the best job with the money they have, and will be asking for technical advice about which indicators will help them assess and report on their progress.

What have we learned from demonstrations that would help inform health reform going forward?
Many levels: individual level (exchanges) versus population level: birth outcome impacts on states. Adam noted that work on Health Reform more likely to be at individual level and insurance coverage, while the Guttmacher Institute's efforts are more at the program level. Does CMS think that some of the clinical indicators OPA is looking at might also be useful to CMS? How will data be collected and how might we fit in to assist in the process? We will seek to follow up with CMS for their response to these issues.

These are useful questions to raise with colleagues from CMS and other Feds (OPA and CDC) going forward. What are the lessons learned from 15-16 years Waivers and FP programs and services (in general, focused on issues delivery system) that going forward could build on Guttmacher's meta-analysis and states' own possible data sets and within-state experiences to inform designers of family planning programs going forward. Kathleen and Sarah are members of a six-state OPA evaluation, so some coordination may be possible with them. Data sources they have included: PRAMS, the California Women's Health Survey, a qualitative piece they will be submitting soon, Arkansas stand alone, and 3 states in Health service research. Site visit summaries will be produced in PDF form, and OPA will have them available.

The next call will be on Monday, February 13th, 1 pm EST (noon CST) using the regular telephone number: (919) 962-2740.