Family Planning Evaluators Conference Call

July 7, 2006, 1.00-2.00 pm EDT

Participants

Evaluators: Janet Bronstein, Paul Buescher, Molly Carpenter, Kim Dauner, Dave Murday, Jeff Roth

State Staff: Joe Holliday, Susan McNamara, Bernie Operario, Janet Sheridan, Lori Williams

Sheps Center Staff: Ellen Shanahan

Guests: Nancy Dieter (CMS), Meredith Robertson (CMS)

Not on the Call

Evaluators: Mario Ariet, Lynne Cossman, Mike Resnick

State Staff: Kay Aloi, Mel Chang, Bonnie Cox, Cindy Thames, Betsy Wood

Sheps Center Staff: Priscilla Guild

The meeting started with introductions so old and new participants would know who was on the call. The Region IV Medicaid Waivers <u>Summary of Common Definitions/Procedures</u> (dated 6/12/06) was used to structure the discussion.

- **Fertility Rate.** To assure comparability among state outcomes data, the group recommended that CMS adopt a common method (and preferably contract with a single entity) to estimate the baseline fertility rates in FP Waiver states.
 - o The estimate of the baseline denominator (total female waiver target population) would be based on three years of data and would be stratified by broad age bands and racial/ethnic groupings. The <u>Summary</u> document suggested age bands: 15-24, 25-34, 35-44; another suggestion was: 15-19, 20-29, 30-39, 40+. The racial/ethnic groups would vary by state . . . a standard method of determining when to include a racial/ethnic group would be needed.
 - The estimate of the baseline numerator (births to female waiver target population) could be based on Medicaid claims data. However a common method of counting is needed . . . some women eligible for emergency Medicaid coverage of births might not be eligible for waiver coverage, births to some women in the waiver target population might not have been covered by Medicaid in the baseline year, etc.
- Enrollees. The group recommended to CMS that all states include waiver participants who have been sterilized through the waiver continue to be included in the denominator for calculation of future demonstration year fertility rates (even though they are technically ineligible for continued waiver coverage).
- **Birth Interval.** The group recommended to CMS that all states adopt a birth to conception interval of less than 18 months as the definition of a high risk birth interval (based on most recent scientific review article).

Topics for Future Discussions. CMS staff identified several additional topics of which they would appreciate future discussion. Since some decisions regarding these topics might be made in the near future, they would appreciate the opportunity to participate in the calls for the next few months and might facilitate some e-mail discussion as well.

- Methods for growth projections.
- Methods for calculating demonstration year fertility rates.
- Methods for calculating budget limits.
- Use of CMS64 data.
- Methods to include third party liability (TPL) collections in budget neutrality calculations.

Next Call: August 14th from 1 until 2 PM EDT. The phone number for all the calls will be 919-962-2740.