

Family Planning Medicaid Waiver Evaluators Conference Call

March 8, 2010, 1:00-2:00 pm EST

Participants

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

State Staff: Brenda McCormick, Catherine McGrath, Lynn Smith (FL); Bernie Operario, Andrea Phillips, Marcia Swartz (NC); Susan Barber (TN); Marianna Gomez, Kendra Sippel-Theodore (TX), Gerald Craver (VA)

Other: Tom Hennessey, Julie Sharp (CMS); Adam Sonfield (Guttmacher); Julie DeClerque, Ellen Shanahan (Sheps)

Minutes

Minutes: for February were approved for posting on the public side of website with edits as discussed related to VA services as sent by Molly Carpenter.

Old Business:

Interactive document sharing: It would be good if we could establish some simple way of having interactive document sharing on the RNDMU/Waiver Evaluators' page of the Sheos website. Julie DeC checked with Sheps IT folks, and while it maybe a possibility in the future, it does not seem feasible at this time. We will continue with our current system of sending documents to Sheps Center staff, and they will upload to appropriate location on our website.

Updates from CMS: Illinois' waiver renewal that was approved 12/30/09 allowed the State to include in their demonstration waiver individuals with health insurance coverage for FP with the stipulation that the State would follow Medicaid 3rd party liability requirements. So, CMS wants everyone to know that this option is now open to other States either through amending currently approved demos, or working with states when they renew.

What are future implications for FP waivers, given the bills that are currently being considered by Congress? CMS will let everyone know once there's clarity from the budget process and they hope to be able to provide more detail during next month's meeting. Adam (Guttmacher) mentioned that we need to see if HC Reform passes, as that will impact directly and indirectly on services covered by the FP Waivers. If HC Reform passes, the FP related components are not part of any of the provisions that would be effective immediately (10/1/2010) or even within the first year. What does this mean? Even if passed, the reforms would not necessarily override activities or funding of currently approved waivers. States could choose to maintain waivers.

New Business: Addressing Key Topics of Interest to Waiver Evaluators

Dave Murday outlined three topics he has noted over the past several years that are recurrent themes and would benefit from the groups' concentrated work. They are below. But Dave also

requested that each member of the group consider if they have additional topics that would benefit their State's work, and to send those topics or issues forward for inclusion in future discussion. He then asked for volunteers to form workgroups around each topic so that work will continue between meetings in an efficient and timely way. The three areas he has noted with loose ends are as follows.

I. Profiling Characteristics of Waiver States

We need to finalize the work we have done in establishing a template that could be used to categorize the features of each state's waiver program. Items such as income limits, population covered, services provided, and constellation of service providers included have all been discussed as distinguishing factors in past. We will need this especially for cross-state comparisons. Kathy Vetter and the "provider group" has done much of this work. We also have the Guttmacher article, and what Julie Sharp from CMS shared. Are there two or three people to identify the critical elements of waivers that we would want to use on this? What do you need to know about a state to understand what is different in terms of features to be able to understand or explain evaluation differences? Kathy (IL) volunteered to work on this, and Priscilla Guild was suggested as well and ...volunteered in absentia.

The following materials on Guttmacher website may be useful for this workgroup.

<http://www.guttmacher.org/pubs/win/allstates2006.pdf> includes basic information such as age, income, gender, teen enrollment and eligibility criteria that shows cross-state comparisons. 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.)

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

II. Identifying a Master List of FP Waiver Evaluation Indicators to Track

We have discussed this over the past several years and there is a draft posted on the website that the workgroup can use as a start. We want to not only consider what indicators State's are currently tracking, but what would be some other items that would also be useful to include? We would like to include specific clinical indicators and some process indicators, as well as births averted and budget neutrality as indicators of success. We want indicators that are important to track and more innovative than what is necessarily required in current evaluation (example: AL program tracks HIV testing). Dave volunteered to lead a workgroup on this. Bernie (NC) also volunteered along with Lynn (FL).

III. Calculating Budget Neutrality / Births Averted

We would benefit from reviewing the budget neutrality language in each of our contracted terms and conditions. We could create a general framework, using this language and how each State varies in its interpretation. Can we come up with a standard methodology to propose to CMS Dave asked if CMS has already made a decision on this, or would it be helpful still for this group to make recommendations?

Julie Sharp from CMS shared that they are in the process of clarifying the requirements and are open to States' input and feedback. It would need to be received within the next month or so for CMS to consider as part of their final decision-making.

Michelle (TX) asked that their documents sent forward be posted on the private side of the website (done). The direction is generally to move to counting births nine months after the year of participation. CMS' guidance was that States have to track beyond the 9mos postpartum time period. SC was accustomed to tracking only nine months after the index project year. So, there is a move to looking more at a "cohort year" and individual level rather than the administrative project year. SC batches them, for example for CY 2008, we'd follow the year's births that occur in the last 3 months of CY 2008 and the 1st 3-mo of CY 2009. Can we come up with one (or two) more standardized ways to count actual births averted? This will help calculate cost savings in a more logical and consistent way.

So are there several people to work on this in-between calls? These different definitions need to be gleaned from the set of documents already received and then discussed on 1-2 conference calls. Kathy (IL) and Dave (SC) volunteered and will bring report back to the group in April. Janet (AL) was also volunteered, in absentia. Bernie (NC) identified some literature (somewhat dated but useful) that he will send to Dave for the workgroup. He will also send to Sheps for posting on the website.

Other Business

Any agenda items for future calls, please send forward to Dave Murday, Julie DeClerque, or Ellen Shanahan.

Next Call: Monday, April 12th from 1 until 2 PM EST. The call-in number is (919) 962-2740.