

**Family Planning Medicaid Waiver Evaluators Conference Call**  
May 10, 2010, 1:00-2:00 pm EST

**Participants**

**Evaluators:** Janet Bronstein (AL); Kathy Vetter (IL); Andrea Johnson (NC); Donna Albright, Michelle Bensenberg, Veronica Neville, (TX); Molly Carpenter (VA).

**State Staff:** Julie Beaman, Kathy Canfield, Mary Canova, Robbie Fiore, Brenda McCormick, Dan Thompson, Regina Wiggins (FL); Andrea Phillips, Marcia Swartz (NC); Margaret Major (TN); Gerald Craver (VA); Kendra Sippel-Theodore (TX)

**Other:** Tom Hennessy (CMS); Julie DeClerque, Priscilla Guild, Ellen Shanahan (Sheps)

**Minutes**

**Minutes:** for April were approved for posting on the public side of the website with edits to the participants list.

**CMS Update**

Tom Hennessy and CMS colleagues are in discussion about FP issues on Affordability of Care Option. They have been more in listening mode and eager to hear from states about what they would like to see in the Guidance, how it should be focused, and what it should include. They have heard back from some States who have shared many good ideas, raising questions CMS had not considered before. These suggestions will be considered in drafting the new Guidance and are appreciated. The status of the demonstration/waiver programs is still up in the air.

1. Discussion about calculation of income and using household of two in calculations for determining eligibility. Questions regarding how males will be treated in that regard. New issue for us. We're taking that back and reviewing how guidance will be modified.
2. Age limits (currently have specific limits) and impact that might have if moving to a state plan option. Ability of states to be able to control parameters like age in their programs.
3. How to handle clients who are sterilized? Still eligible under State Plan to receive benefits that are FP? Also for men... will shape guidance and we will be considering and working on and tailoring guidance.

**States thinking in terms of transitioning into State Plans?**

There was consensus the call that each of the States represented may be thinking about it but until written guidance is received, no final decisions will be made. Molly (VA) shared that their waiver renewal is pending, final guidance for State Plan, and political decisions will all drive final move to switch or not.

If keep Waivers as Demonstration project... can the budget neutrality requirement be dropped? There are advantages and disadvantages either way. VA for example, has requested an extension of their family planning waiver with an expansion to cover individuals with family income up to 200% FPL. They might be limited to covering individuals up to 133% FPL under the State Plan Option because they cover pregnant women from 133%-200% FPL under a waiver rather than the Medicaid or CHIP State Plan.

Other states? Too soon to ask. CMS offers to States to send in questions or concerns that might benefit from being included in the Guidance before it is finalized. Send to Tom or Julie directly.

**Uniform Recommendation re: Calculating Budget Neutrality.** Do we have common definition to recommend? There is a range of ways that States do it...for example,

NC: batch lag approach: 3 months of previous year and 9 months following.

SC: batch lag approach.

TX: cohort mainly but some variations (identifying users versus what is time lag; how well does numerator match denominator...

VA: Population focus on budget neutrality versus clinic users and births; keep doing it same way (cohort /batch lag, but numerator and denominator are not same – the numerator is all births and then we look back and see if service at any time on program); we have system and it works (we are showing budget neutrality). FP programs already showing cost-savings, so more important may be Cohort method might be better if we did go to improving measure that looks more favorable.

AL: only count one year's worth...

NC: count participants using claims data with FP prescription filled and had certain method like IUD count full participant... use all 5 years and see who was participating from births and see if any claim for them for FP service...do annual updates.

Andrea Johnson clarified that NC considers as non-averted births babies born in 2010 to mothers who used services in 2009.

### **Conclusion: We Do Not Have a Common Definition**

To what extent is there commonality or utility in standardizing some definition? Can we recommend a standard way? Probably not. There are many measures of success beyond budget neutrality. Also, what is the implication if a State changes their local state formula—how comparable would their data be over time? *Where we differ most is how we count the number of births, not the actual calculation of neutrality.*

**Question to CMS:** Are there new states expected to be coming in under waiver application and how should they also try to conform to calculations? CMS has put their applications on hold to determine if they can commit to these applications after guidance is released.

**Possible Option:** Another approach for us as evaluation group is to put budget neutrality aside and look instead at how to evaluate *impact on births*... ie, evaluating program and on-going issues. Refine measures that are more population- and program-focused (increased use of longer-acting contraceptives, LBW, spacing, PTB). Fertility rates are contracting? Sub-groups by ethnic groups and changes in fertility rates...this would be at population level using sources such as PRAMS.

FL: not sure as Catherine McGrath not on call in terms of how they do calculations. Anything else in evaluation that is used as an indicator of waiver impact on births? Jeff is not on the call...and he is the evaluator who would know.

Any other States where program folks not involved at all in calculating births averted? IL also in that mode where evaluator and program folks are not involved...but most states the evaluator is involved in counting the births. TX initially had budget folks doing it, but now data folks who is one of our evaluators does it.

New goal: to develop indicators that measure program performance and impact that go beyond budget neutrality.

**Next Call:** Monday, June 14<sup>th</sup> from 1 until 2 PM EST. The call-in number is (919) 962-2740.