

Family Planning Medicaid Waiver Evaluators Conference Call

May 11, 2011, 1:00-2:00 pm EST

Participants

Evaluators: Loretta Alexander and Ruth Eudy (AR); Jeff Roth (FL); Kathleen Adams (GA); Dave Murday (SC); Michelle Bensenberg, Kristi Christensen and Veronica Neville (TX)

State Staff: Jeff Bacen, Jocelyne Maurice, Brenda McCormick and Lynn Smith (FL); Linda Wheal (IL); Andrea Phillips and Marcia Swartz (NC); Margaret Major (TN); Stacey Johnston and Alex Melis (TX)

Other: Adam Sonfield (Guttmacher) Julie DeClerque, Priscilla Guild and Ellen Shanahan (Sheps)

Minutes

Approval of April Minutes: The April minutes were approved with clarification regarding the PIMS project at Research Triangle Institute (reviewing Title X FPAR data indicators) and will be moved to the public side of our group web page.

The group began to look at Dave's Financial Evaluation Indicator Table. The table indicates a range in average cost per delivery; FP services through HD. The baseline fertility rate year is the beginning of Waiver for each state and thus is not the same across the entries (1993 SC; 2003 TX; 1997 or 1998 AR). The dates will be added to the table. Dave clarified that he did not calculate rates for NC since there are both men and women participants. If the number of women participants were provided, rates could be calculated. The NC state staff said they would look into this since the evaluators' contract was terminated as NC prepared to implement the SPA. Additional calculations were suggested and will be added to the table: average net savings per participant and births averted per 1,000 participants.

Jeff Roth will ask Medicaid office staff if Florida is able to provide information for the table and if they can share information since negotiations about that Waiver are still continuing. Purpose is to be able to compare trends, both in-state and over time, across different Waiver programs.

At this point in the call, Adam emailed the group a memo outlining the new budget neutrality methodology for Medicaid family planning waivers that he and Rachel Benson Gold released March 25 2011. He noted that the information was pretty straightforward, but if people had questions or comments, they are welcome to call him (see website for contact information for any participants).

Kathleen Adams, the evaluator of Georgia's new FP Waiver joined the call. After the group welcomed her, Kathleen provided a brief overview of the Georgia waiver. It is income-based enrolling women age 18-44 years and below 200%. It is administered primarily through their Managed Care entity, except for a few that are Fee for Service. A unique feature is the interconceptional care component that is offered to anyone with LBW baby. This provides two years of eligibility for a Resource Mother to help coordinate the participant's primary care and other needs; and manage chronic conditions, smoking cessation and other risk behaviors. The program is designed to reduce repeat VLBW babies. The waiver was approved for three years. Georgia will revise the evaluation design with CMS. A team at

Emory University Rollins School of Public Health was selected as the evaluator. Their work was the inspiration for the innovative design of the waiver. In planning for the waiver application, a pilot was conducted for the interconceptional care component, done through two MDs and several researchers at Emory. It has a qualitative component covering clients' enrollment experiences, and barriers encountered to enrollment. This component is funded external to the waiver evaluation funds. Additional activity related to the GA FP Waiver evaluation included a six-state study on inter-pregnancy intervals, funded through OPA, and using PRAMS data. There was an increase in postpartum contraceptive method use. Focus groups and qualitative data collection have also been done in IL, WI and CA.

Among members of our group, SC, AL, IL and VA have also surveyed eligible women, participants and non-participants. AL and VA surveys are on the public side of our website in the section titled, *Family Planning Waiver Evaluation Outreach and Improving Utilization*. IL, SC and any other states that have conducted surveys or focus groups are invited to send their surveys/results to the Sheps folks (jperry@schsr.unc.edu) for the website.

Next Steps: In looking over the revised list of indicators (emailed February 14), what does the group wish to address now that we have considered #7 (financial indicators). Shall we consider indicators focused more on access issues? Or clinical quality of care issues? Or pregnancy/birth/ health outcome items?

The group decided to consider preterm birth, low birth weight, age at first birth and interconceptional interval.

Dave noted that to determine age at first birth, SC links to birth records where indicator include 1st birth or not, and what was age at first birth for SOBRA, Medicaid, and general populations. It also has PRAMS data stratified by Waiver versus non-Waiver. The trend data are interesting, not so much for Waiver enrollment, but for age-at-first-birth for regular Medicaid (age much lower) versus SOBRA versus rest of population (higher age).

The suggestion was made to start with outcomes to see who is doing what (PTB? LBW?). Texas is doing that as time allows but does not have data yet to contribute. The group agreed to start there and take inventory to see what data we, as a group, have and then maybe work with OPA or Title X to recommend what issues might be roadblocks or difficulties going forward to collect and use as benchmarks.

The comment was made that it is good to use indicators that are standard and available for national/US rates so we can benchmark outside of our group as well.

If the delivery is a first birth, i.e., birth interval is not relevant, should we still have age at first birth for primiparous women as an outcome indicator? In other words, that would allow us to have indicator of "effectiveness" for all ages/parity scenarios. We would still need to agree on exact parameters/definitions.

The question was asked whether we might involve CMS more in the process? After the April meeting Ellen spoke to Angela Garner (in a week when Rebecca Burch Mack was out of the office) about

whether someone at CMS might be able to join the call to talk about CMS' process and thinking about reproductive health status measures among family planning users now that projected savings from averted births are no longer required to be submitted. Angela agreed to follow-up and check on that for us for future calls.

Next call: Monday, June 13 at 1:00 pm. The call-in number is (919) 962-2740