

Family Planning Medicaid Waiver Evaluators Conference Call

November 13, 2006, 1.00-2.00 pm EDT

Participants

Evaluators: Mario Ariet (FL), Janet Bronstein (AL), Kim Dauner (SC), Dave Murday (SC), Jeff Roth (FL)
State Staff: Emily Anderson (KY), Joe Holliday (NC), Susan McNamara (FL), Bernie Operario (NC), Joan Sartin (TN), Janet Sheridan (SC), Betsy Wood (FL),
Sheps Center Staff: Priscilla Guild, Ellen Shanahan
Others: Meredith Robertson (CMS) and Melissa Romaine (CMS)

Not on the Call

Evaluators: Paul Buescher (NC), Molly Carpenter (VA), Lynne Cossman (MS), Holly Felix (AR), Debeshi Maitra (SC), Mike Resnick (FL)
State Staff: Bonnie Cox (GA), Sherry Lange (FL), Helen Sancho (FL), Bill Sappenfield (FL), Robyn Slate (NC), Cindy Thames (MS), Lorie Williams (NC), and Angie Yow (NC)
Sheps Center Staff: No one
Others: Nancy Dieter (CMS), Kathleen Farrell (CMS), Dave Mlawski (CMS), Adam Sonfield (AGI)

The topic for discussion at this month's call was a method for calculating the population eligible for the waiver. Prior to the call, Bernie Operario and Joe Holliday prepared a summary of the methodology that NC is using based on AGI estimates that Ellen distributed to all conference call participants (A copy is also attached to these minutes.). Bernie pointed out that the method is not perfect and a number of assumptions had to be made that may not be correct. They also do not have a way of estimating eligible males. Any suggestions from conference call participants would be appreciated. Once the methodology is agreed upon NC plans to take this down to the county-level. These women could be served by Title X or private providers.

Priscilla said that she had worked through the methodology and suggests that step 4 should be the second step. In step 4 the women (age 20-44) who are 185-249% poverty or above are subtracted out. Since step 1 includes the total population of women needing contraceptive services who are age 20-44 and are <250% poverty, the women in this group who are not financially eligible in NC probably need to be removed before any subgroups. Doing this and following the rest of the procedures as described gave a slightly higher estimate of the eligible population (181,290).

Jeff asked for a description of the methodology that AGI used. The detailed methodology can be found at <http://www.guttmacher.org/pubs/win/index.html> and clicking on "Detailed Methodology for Calculating 2002 Women in Need" that is directly under the map. Janet Bronstein, Bernie, and Priscilla gave some information about the methodology, but participants who are interested should go this site and read it. It involves using data from the National Survey of Family Growth [updated with data from the Youth Risk Behavior Survey (YRBS) for adolescents less than 20] to get a proportion of the female population age 15-44 who are sexually active, fecund, and neither pregnant or trying to get pregnant. Census and Current Population Survey Data were used to get population estimates for various subgroups by age, marital status, race/ethnicity, and family income. AGI has been in the business for a long time and is recognized nationally as the expert in this field. Dr. Stanley Henshaw at AGI has been willing to update these figures at the state-level for the eight Region IV states each year. CMS is also recommending that states use the AGI material in estimating their eligible populations.

Of course NC had to make a number of assumptions in order to use these data (i.e., half the population 18-19 is 19, proportion of Hispanic/Latinas who are Medicaid eligible, estimate of the women who would be Medicaid eligible before the Waiver). Kim suggested that it should not be assumed that all Hispanic/Latina women age 20-44 would not be eligible for Medicaid and that maybe the same proportion used for teens

(age <20) be used for women. Since NC would need to remove all teens <18 in addition to those 19 who would not be eligible, this may not work.

There are several shortcomings in the data available to estimate the population eligible for the Medicaid Family Planning waiver. Those otherwise eligible women with health insurance cannot be estimated, the number of eligible women between 45-55 cannot be estimated, and there are no estimates of the number of eligible males. In the latter case there are so few males receiving family planning services right now, any improvement in the numbers would be a good sign. It should be noted that right now NC is the only state in Region IV that is serving males with the waiver.

The group thought NC was on the right track with these estimates and although not perfect, they would be useful in planning needed outreach services. They would not be useful in looking at births averted.

If Florida has received word that their waiver has been extended by then, we will be discussing their evaluation plan that apparently was well received at CMS on the December call. Jeff will send Ellen a copy to send to all participants as soon as he receives word about funding. Janet would like to talk about primary care referral issues at an upcoming call but not necessarily in December.

Next Call: December 11th from 1 until 2 PM EST. The phone number for all the calls is 919-962-2740.