

**Family Planning Medicaid Waiver Evaluators Conference Call
MINUTES**

November 10, 2008, 1:00-2:00 pm EST

Participants

Evaluators: Janet Bronstein (AL); Nancy Hardt and Jeff Roth (FL); Kathy Vetter (IL); Bo Martin (NC); Dave Murday (SC); Molly Carpenter (VA)
State Staff: Kathy Canfield, Karen Jackson and Susan McNamara (FL); Bernie Operario (NC); Margaret Major (TN)
Sheps Center: Julie DeClerque, Priscilla Guild and Ellen Shanahan
Others: Adam Sonfield (Guttmacher Institute)

The November 10 conference call began with a discussion of the mix of providers participating in the waiver programs, drawing on information gathered over the past month from several states. The general consensus was that states are not currently collecting information on that subject in any consistent or complete way. The group did, however, see this information as important to gauging the effectiveness and capacity of the waiver programs; for example, one evaluator speculated that low participation rates may stem from a lack of providers, particularly in states that rely primarily on county health departments (which have limited hours and little flexibility to expand their service capacity). The group's decision was to explore the possibility of developing common definitions/categories of providers for future data runs (so that no state would have to attempt a special data run mid-cycle). **Kathy Vetter in Illinois volunteered to be part of a sub-group to work on common definitions/categories. Anyone interested in volunteering as well should email Kathy at kvettel@uic.edu.**

The group next discussed developing a possible new indicator of provider capacity. One participant suggested, for example, that we look at the percentage of counties with a waiver provider. Other possibilities might provide an indication of how many people are seen by providers in each county, perhaps on a per-capita basis. **The take-home assignment was that participants mull over an appropriate indicator and make suggestions at the December meeting.**

After that, the group turned again to a discussion of procedure codes, drawing on a collection of codes used by several of the waiver programs (distributed to the group before the call). Participants debated the relevance of various codes for different types of providers (e.g., tubal ligation for obstetricians; well-women/exam codes for clinic-based providers). They noted that certain codes may not mean the same thing in different settings, and that we may need to look at related codes for the same procedure (for example, some states use codes related to the length of an exam; others, to the age of the patient). Some participants promoted focusing on codes for expensive procedures, and others suggested focusing on the most frequently used codes. **Dave Murday's subgroup was assigned to pare down the list based on expense and frequency of use.** After the list of codes is pared down, we will need to figure out how reimbursement works for these services for different types of providers.

Next Call: December 8th from 1 until 2 PM EDT. The call-in number for all the calls is (919) 962-2740.