

Family Planning Medicaid Waiver Evaluators Conference Call

September 10, 2007, 1.00-2.00 pm EDT

Participants

Evaluators: Janet Bronstein (AL), Molly Carpenter (VA), Rajeeb Das (FL), Kim Dauner (SC), Kathy Langlois (MS), Debeshi Maitra (SC), Bo Martin, (NC), Jeff Roth (FL), and Ila Sarkar (MS),
State Staff: Emily Anderson (KY), Susan Barber (TN), Kellie Caswell (FL), Tysha David (NC), Geneva Fearington (NC), Joe Holliday (NC), Karen Jackson (FL), Lois Lockett (LA), Margaret Major (TN), Bernie Operario (NC), Janet Sheridan (SC), Marcia Swartz (NC), and Betsy Wood (FL)
Sheps Center: Priscilla Guild and Ellen Shanahan
Others: Sherry Armstead (CMSO), Nancy Dieter (CMSO), and Adam Sonfield (Guttmacher),

Not on the Call

Evaluators: Mario Ariet (FL), Paul Buescher (NC), Holly Felix (AR), Andrea Johnson (NC), Dave Murday (SC), Mike Resnick (FL), and Catherine Sreckovich (NC),
State Staff: Danni Atkins (FL), Sydney Atkinson (NC), Sondra Burns (LA), Bonnie Cox (GA), George Johnston (NC), Catherine McGrath (FL), Marie Melton (FL), Paris Mock (NC), Traci Perry (LA), Tahirah Rashadeen (LA), Bill Sappenfield (FL), Cliff Schmidt (FL), Janet Temkin (FL), Cindy Thames (MS), Tri Tran (LA), and Ron Young (LA)
Sheps Center: No one
Others: Kathleen Farrell (CMSO), Meredith Robertson (CMSO), and Paul Youket (CMSO)

Two topics were discussed on today's call. Molly Carpenter began with a discussion of the material she sent out last week on the outcome measures VA used for its initial waiver and what they have proposed for their renewal, including a summary of enrollee and provider survey results from the initial waiver. Kim Dauner then covered material that Dave Murday distributed last week on unintended pregnancy measures in SC that came both from their PRAMS survey and a survey of participants, enrollees, eligibles, and providers done by the evaluation team.

Outcome Measures Used by Virginia:

Molly started by giving the group an overview of the Virginia Medicaid Family Planning Waiver and how they have set-up their evaluation. The Virginia Family Planning Waiver was implemented October 1, 2002. It covers women with a Medicaid birth for two years postpartum if they are not eligible for enrollment in a Medicaid full benefit coverage group (effectively excluding teens), meet citizenship requirements, did not receive a sterilization procedure, and continue to have family income <133% FPL. Assuming approval of the renewal application, effective January 1, 2008, the Virginia program will expand eligibility to all qualified individuals, including men, with family income up to 133% FPL regardless of prior pregnancy status. Outreach plans were not fully implemented during the first waiver period, affecting waiver participation and outcomes. Feasibility issues led to some modifications to the original evaluation plan.

In their initial waiver Virginia had seven evaluation questions that were to be measured using data from vital records, Medicaid, enrollee and provider surveys, and key informant interviews. They ranged from process questions related to pregnancies/deliveries paid for by Medicaid and use of expanded family planning services to outcome questions related to birth interval, poor birth outcomes, continuity of care and access to primary care, and cost savings. Data analysis related to these questions proved difficult and in many cases administrative data had to be used. The evaluation was also hampered by not having clear operational definitions for key factors, such as pregnancies and births. In addition, births were defined using Medicaid eligibility and claims data alone. In response to this the renewal evaluation questions were simplified in an effort to make them easier to measure. Objectives for the renewal application were selected to address: 1) enrollee and provider awareness of the program, opportunities for improvement identified in the original evaluation; 2) the program expansion to all qualified individuals with income up to 133% FPL; 3) Healthy People 2010 objectives targeted by the Healthy Virginians 2010 Prevention Initiative; and 4) referrals to primary care. Although not stated as an objective in the renewal, cost savings will be measured as defined by CMS. In addition, Medicaid data will be linked to the birth file to look at births to Medicaid clients.

Molly then moved into discussing the data from enrollee and provider surveys conducted by Virginia Commonwealth University. For the enrollee survey, enrollees with family planning waiver (FPW) claims (hereafter referred to as participants) [n=157] were compared to enrollees without FPW claims (hereafter referred to as non-participants) [n=154]. Although participants were more likely than non-participants to know about the waiver in both cases more than half of them had never heard about the waiver. Of those who knew about the waiver in each group, participants were more likely (81.2%) to know they could receive family planning services at no cost than non-participants (64.2%). The most frequently made suggestion by enrollees was to increase the awareness of the waiver program. In the provider survey, providers who had submitted a FPW claim (n=201 out of a possible 500) were compared to providers who had not submitted a FPW claim (n=122 out of a possible 500). Although the response rates were low (40% for providers submitting a claim and 24% for providers not submitting a claim), as might be expected, providers with FPW claims were more likely (58%) to know about the waiver than providers without claims (14%), but the fact that 42 percent of providers submitting a claim were not aware of the waiver leads one to believe that maybe the provider is not the best source of this type of information. Someone in the billing office might be a more appropriate respondent. This was a survey of providers and it might have given a better picture if it has been a survey of practices. Finally, the enrollee survey did not prove to be the best source of information on access to primary care due to the small number of respondents indicating that the doctor or nurse had told them on any of their family planning visits that they had farther medical problem that should be taken care of.

Measurement of Unintended Pregnancy in South Carolina:

Kim Dauner reviewed the material Dave Murday had distributed on unintended pregnancies using both PRAMS data and a survey of participants, enrollees, and eligibles. Yearly PRAMS data were graphed from 1993 through 2003 for unintended pregnancies (those that were wanted later or not wanted then or at any time in the future) [Figures 7a, 7c, and 7d] and unwanted pregnancies (not wanted then or at any time in the future) [Figures 7b, 7e, 7f, and 7g] for Medicaid-eligible women. None of these graphs showed a clear effect of the waiver on unintended or unwanted pregnancies regardless of poverty level (Figures 7a and b), waiver participation (Figures 7c and d), parity (Figure 7e), race (Figure 7f), and marital status (Figure 7g). Although slight, there is a suggested lowering of unintended pregnancies (Figure 7a) and unwanted pregnancies (Figure 7b) primarily for women <50% FPL and a lowering of unwanted pregnancies for unmarried women (Figure 7g). Due to the fact that PRAMS is a sample survey and the numbers in this sub-sample are probably small it was suggested that some multi-year rates be used to see if a more obvious effect could be seen.

Kim then moved on to a discussion of the 2006 survey of participants (n=209), enrollees (n=209), and eligibles (n=310). This survey was done by calling from a list of women until at least 200 women responded in each group. For the subset of women who had given birth in the past year in all three groups they were asked if they were trying to get pregnant just before learning of the pregnancy. Overall, 20% of participants, 18% of enrollees, and 29.4% of eligibles were trying to get pregnant with their last baby but the majority of all three groups were not. Because of the way the sample was selected it would be helpful to know something about those who refused to complete the survey to see what, if any, biases might be introduced.

The information presented in both of these discussions gives states much to think about as they are planning outcome measures for their evaluations.

For the October call Jeff Roth and Rajeeb Das will present data on repeat birth/pregnancies and/or repeat birth/pregnancy intervals. All states that have information/data on this issue are invited to send it to Ellen Shanahan by Thursday, October 4th for distribution prior to the call.

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