

REGION IV MEDICAID FAMILY PLANNING WAIVER
EVALUATOR'S WORKGROUP

Response to CMS Request for Recommendations
Evaluating Primary Care Referrals for Medicaid Family Planning Waivers

November 2009

1. **The meaning of primary care in this context.** Operationally, it seems that Medicaid Family Planning Waiver programs are defining primary care in this context as medically indicated health care services that are beyond the scope of those covered by the family planning waiver. This includes, for example, care for chronic diseases such as hypertension and follow-up care for abnormal findings noted during family planning care.
2. **Expectations related to interactions between the waiver program and providers.**
 - a. We believe it is an expectation of good practice that all providers covered under Medicaid family planning waivers will make appropriate referrals as medically indicated for conditions identified during family planning visits.
 - b. We believe it is reasonable to expect that waiver programs will support the ability of family planning providers to make appropriate referrals. For example, states may supply family planning providers with information about providers who will accept referrals for various services for clients who do not have general health insurance coverage.
3. **Expectations related to interactions between the waiver program and clients.** If states believe that providing toll free numbers, web sites, printed material or other resources directly to either clients or all enrollees would be effective and helpful to them in terms of acting on medically indicated referrals, this could also be part of the waiver programs.
4. **Expectations related to waiver evaluations.**
 - a. It seems to us that the requirement to evaluate the impact of primary care referrals is beyond the scope of waiver program evaluations, since the impact of referrals is contingent on so many other factors. However, it would be appropriate for CMS to consider funding research on the role of referrals in assisting clients with accessing primary care.
 - b. We also believe that there are major data validity problems associated with evaluating the impact of primary care referrals or even assessing whether the referrals actually took place. Because relatively few family planning clients require referrals, a very large survey sample is needed to obtain a large enough number of family planning clients who received a primary care referral and would respond to a query about the referral. There would also be difficulties gathering data from providers. The normative value for providers is to refer for care as needed, so it is hard to get valid information on when this is not occurring.

- c. In the standard terms and conditions currently being issued by CMS, there is an added objective that the family planning waiver programs “increase the proportion of clients who receive assistance with [or by in some states] accessing primary care services and comprehensive health coverage”. **We feel that assisting with access to primary care services is not well defined, and assistance with accessing comprehensive health coverage is beyond the scope of family planning waivers.** Access to primary care and comprehensive health coverage are contingent on individual client choices, health care systems and health policies that are not under the purview of state Medicaid Agencies.

- d. It is possible and appropriate to evaluate whether waiver programs are effectively providing resources that assist providers in making primary care referrals, and assisting clients in accessing primary care. These would likely be process measures of whether the assistance activity actually occurred and whether it could be improved.