

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

April 14, 2008, 1:00-2:00 pm EDT

**Participants**

**Evaluators:** Mario Ariet (FL), Janet Bronstein (AL), Molly Carpenter (VA), Rajeeb Das (FL), Kim Dauner (SC), Nancy Hardt (FL), Andrea Johnson (NC), Bo Martin (NC), Mike Resnick (FL), Farida Reyes (FL), and Kathy Vetter (IL)

**State Staff:** Danni Atkins (FL), Susan Barber (TN), Sondra Burns (LA), Tysha David (NC), Karen Jackson (FL), Catherine McGrath (FL), Marie Melton (FL), Bernie Operario (NC), Margaret Rankin (FL), and Marcia Swartz (NC)

**Sheps Center:** Julie DeClerque, Priscilla Guild, and Ellen Shanahan

**Others:** Tonya Moore (CMSO) and Adam Sonfield (Guttmacher)

**Not on the Call**

**Evaluators:** Paul Buescher (NC), Holly Felix (AR), Kathy Langlois (MS), Dave Murday (SC), Jeff Roth (FL), Ila Sarkar (MS), and Catherine Sreckovich (NC)

**State Staff:** Sydney Atkinson (NC), Kellie Caswell (FL), Bonnie Cox (GA), Geneva Fearington (NC), Joe Holliday (NC), George Johnston (NC), Lois Lockett (LA), Margaret Major (TN), Traci Perry (LA), Tahirah Rashadeen (LA), Bill Sappenfield (FL), Cliff Schmidt (FL), Janet Sheridan (SC), Lynn Smith (FL), Janet Temkin (FL), Cindy Thames (MS), Tri Tran (LA), Linda Wheal (IL), and Ron Young (LA)

**Sheps Center:** No one

**Others:** Nancy Dieter (CMSO), Kathleen Farrell (CMSO), Meredith Robertson (CMSO), and Paul Youket (CMSO)

Today's conference call continued our discussion on the collection of comparable data as a set of Medicaid family planning waiver indicators. At the end of our March call, we decided to make our first test of the indicators we have been discussing. Each state was asked to produce numbers and send them to Priscilla Guild prior to Monday, April 7th for three data items included in our working draft of data needed: items B, C, and D, for 2006 defined as follows:

- B) Estimated number of women (age 19-44) eligible for the FP Waiver using the 2004-2006 average and the CPS-only method,
- C) Number (unduplicated) of women age 19-44 enrolled in the waiver during 2006, and
- D) Number (unduplicated) female participants age 19-44 who received any Medicaid waiver covered service during 2006.

(The CPS-only method for calculating item B was agreed upon during our March call as well and is included in the minutes from that call.)

Last Friday, Pris sent out a spreadsheet compiling those numbers from all of the states that participated and producing three indicators:

- 1) Percent of the eligible population enrolled,
- 2a) Percent of the enrolled population seen for any Medicaid waiver covered service, and
- 3) Percent of the eligible population seen for any Medicaid waiver covered service.

The first 45 minutes of today's call focused on that spreadsheet:

- There was considerable discussion about the appropriateness of item B (number of women eligible) for waiver programs that are limited to women leaving Medicaid postpartum (including Florida and, until recently, Virginia) or to people leaving Medicaid for any reason (including, until recently, Illinois). Other differences among those programs (e.g., whether people are auto-enrolled into the program and the duration of enrollment) might cause problems as well.

*Action items:* 1) We decided that states with limited waiver programs should use data from their Medicaid systems to calculate the number of women eligible for their programs, based on the parameters of their

individual programs. 2) Pris asked that states provide details about who is eligible for their waiver program, so that she can appropriately footnote the tables and make it easier for states to compare themselves with similar programs.

- We also discussed whether some differences among the results may be the result of the age of each waiver program—particularly, whether North Carolina’s data was reflecting the fact that the program was implemented earlier during the year in question, 2006. Participants noted that Alabama and South Carolina—the two longest-standing programs represented on the call—had the highest levels of enrollment.

*Action item:* North Carolina would look into providing data limited to a period after the initial ramp-up period, so as to be able to better compare their data with those from other states.

- States provided data from similar but overlapping time periods: calendar year 2006, federal fiscal year 2006, or a program year that best conformed with 2006. *Action item:* States should more specifically identify the year at issue when providing data going forward.
- Other areas of discussion (without action items) included the remarkable similarity among states for indicator 2a (% of enrolled population seen for any waiver service) and whether we could compare indicators across sub-populations and across time.

Discussion then turned to a proposed measure for estimating the use of effective contraceptive methods that Adam Sonfield, Bo Martin, and Kim Dauner worked on and distributed prior to the March call. A description of that proposed measure is attached.

- In brief, the measure uses two data elements: 1) the proportion of waiver participants using each method paid for by Medicaid in a given year (available from Medicaid family planning waiver claims); and, 2) the typical-use effectiveness rate of each specific method (available from Trussell J, Kowal D. The essentials of contraception. In: Hatcher RA, et al. *Contraceptive Technology*, 18th ed. New York: Ardent Media, 2004). These data can then be combined to create an index (i.e., a weighted average) of the effectiveness of the methods paid for by Medicaid.
- Discussion around that measure focused on problems related to discontinuation of methods during a given year and continuation across multiple years. One suggestion was to use “person-months” as the denominator. This discussion will continue next month.

*Action item:* Participants are asked to review the attached, proposed methodology and consider changes and alternatives, including the use of person-months.

The agenda for the next call includes:

- continuing the discussion of the proposed measure for estimating the use of effective contraceptive methods;
- discussing any revisions or additions to the three indicators discussed today, based on new data from states with limited waivers in 2006; and,
- (time allowing) choosing dates and time periods to use going forward and the next indicators to test.

**Next Call:** May 12<sup>th</sup> from 1 until 2 PM EDT. The call-in number for all the calls is (919) 962-2740.