

**Family Planning Evaluators
Conference Call**
December 12, 2005, 1.00-2.00 pm EST

Participants

Evaluators: Dave Murday, Jeff Roth, Mario Ariet (FL evaluation)
State Staff: Joe Holliday, Bernie Operario, Lorie Williams
Sheps Center Staff: Priscilla Guild, Ellen Shanahan
Guest: No one

Not on the Call

Evaluators: Janet Bronstein, Lynne Cossman, Cathy Melvin, Paul Buescher, Ruth Petersen, Nancy Ross,
State Staff: Bonnie Cox, Janet Sheridan, Cindy Thames
Sheps Center Staff: No one

The topics for this conference call were a discussion of items 2 (Eligibility Criteria) and 3 (Definition of enrollee, participant, user/client, new user/client) in the grid. For a topic that might have appeared “pretty cut and dry” there was a very lively discussion.

Eligibility Criteria: Lori Williams added the following information to the NC grid on recertification. Women in NC will need to be recertified once a year. As far as loss of eligibility (2b), all states on the call (FL, NC, and SC) indicated that enrollees would become ineligible as soon as they did not meet all the eligibility criteria therefore we probably do not need this part of the grid. Of course there are other more general reasons for disenrollment, such as death, refusal, etc. If AL and MS disagree with this, please let Pris know. The most interesting part of the discussion centered on how states would (or felt they should) handle sterilizations related to eligibility.

Sterilizations: For all states on the call, sterilization is a reason for disenrollment. For sure how sterilizations are handled in years after the year of sterilization would impact either positively or negatively on the evaluation. In comparisons of fertility rates for the Medicaid Waiver population vs. the total population, women who have received a sterilization are included in the total population since there is no way to exclude them. If they are not included for the Medicaid population, this would bias the comparisons against the Waiver. Since sterilization (male or female) is a permanent family planning method, ideally women who are sterilized (or whose partners are sterilized) should be included in the fertility calculations in the years after their sterilization, even though they are no longer getting waiver-covered services. Sterilization is the most expensive form of family planning in a given year, so the cost savings only comes if they are considered in the evaluation in future years when they no longer need to receive family planning services. Everyone felt that it would be good to have a standardized way that sterilizations were handled in this Region and that it would be good to communicate this as a group to the CMS Office nationally. Priscilla said that she would help the group put together a letter to CMS when they are ready and suggested it be signed by at least three parties in each state (Medicaid, Title X, and the evaluator).

Definition of Enrollee, Participant, User/Client, New Participant: Other than NC, each state at least has a portion of the enrollees who are automatically enrolled (passive enrollment). The information that was included for Florida for 3b is not correct. They do all their analyses using enrollees and do not use the terms participant, user, or client. For the other states there appears to be no difference between how a participant (3b) is defined and how a user/client (3c) is defined. This can be reduced to one category on the grid for simplicity. Even for states that define a participant as different from an enrollee, there is no common way this is done between states. Although it is not clearly indicated on the table, for NC an enrollee/participant in the Waiver must have received an annual family planning exam or have received an emergency contraceptive, which is covered. This did not appear to be the case for FL or SC. The

information on 3d (What makes a previous user a new user) does not seem to be useful. It does seem reasonable to look at how many new users a new program, like the Medicaid Waiver, has each year for the beginning years of the program to track growth. This should be defined as a person who has never been on the Medicaid Family Planning Waiver before. Everyone is asked to review the information on the attached table and make changes as needed. No changes have been made yet based on the conference call discussion but responses from MS received after the call have been added.

How/When to Count Enrollees: There are two ways in which this might be done in a year. The enrollees on a particular date each year or total unduplicated count of enrollees that year could be used. The latter is probably a better measure to track over time because it would correct for seasonal variation.

Next Call(s): These calls will continue in 2006 as long as the participants feel they are useful. They will occur on the second Monday of each month from 1 until 2 PM EST. The next call will be on January 9th and the topic will be definitions of budget neutrality and cost savings. Dave Murday will take the lead on this and prepare material for SC to add to the grid. He will send this to Ellen who will add it to the grid and distribute update grids all participants. Prior to the call the other evaluators should send similar information to Ellen who will add it to the grid. Updated grids will be distributed to participants prior to the next call along with a reminder with the number to call.