

Family Planning Medicaid Waiver Evaluators Conference Call

December 11, 2006, 1.00-2.00 pm EDT (revised 12/13/06)

Participants

Evaluators: Mario Ariet (FL), Molly Carpenter (VA), Kim Dauner (SC), Dave Murday (SC), Jeff Roth (FL)
State Staff: Danni Atkins (FL), Karen Jackson (FL), Sherry Lange (FL), Marie Melton (FL), Joan Sartin (TN),
Sheps Center Staff: Priscilla Guild, Ellen Shanahan
Others: Nancy Dieter (CMSO), Melissa Romaire (CMSO), and Paul Youket (Division of Quality, Evaluation, and Health Outcomes at CMSO)

Not on the Call

Evaluators: Janet Bronstein (AL), Paul Buescher (NC), Lynne Cossman (MS), Holly Felix (AR), Debeshi Maitra (SC), Mike Resnick (FL)
State Staff: Emily Anderson (KY), Bonnie Cox (GA), Joe Holliday (NC), Bernie Operario (NC), Helen Sancho (FL), Bill Sappenfield (FL), Janet Sheridan (SC), Robyn Slate (NC), Cindy Thames (MS), Lorie Williams (NC), Betsy Wood (FL), and Angie Yow (NC)
Sheps Center Staff: No one
Others: Kathleen Farrell (CMSO), Meredith Robertson (CMSO), Adam Sonfield (AGI)

The topic for discussion at this month's call was the status of the Medicaid Family Planning Waiver renewal for Florida. Sherry Lange started with an update on the status of the renewal. Florida has gotten a one-month extension of their waiver to finish fine-tuning several aspects of the evaluation plan. Nancy Dieter said that when the new waiver is approved it will be retroactive to December 1, 2006 but during this extension and until the state decides that all the conditions of the new waiver are implemented, the conditions of the current waiver will apply. Once implemented the conditions of the new waiver will apply. These new conditions do not need to be applied retrospectively. The evaluation needs to address the entire life of the waiver, regardless of the conditions.

Jeff Roth then covered the following four points that had been identified by CMS that the evaluation needed to address before the waiver could be approved:

- The stated objectives needed to be quantified and turned into performance measures. The Department of Health did this, which will be helpful for the evaluation.
- A timeline for the implementation of the evaluation needed to be included. This was easily responded to since it was in the Evaluation contract but had just not been included in the waiver application.
- The sampling methodology needed to be provided that would be used to calculate fertility rates for the target, enrolled, and user populations. Points that need to be considered around this point include how to collect data from the private sector and measure access to primary care. They are considering identifying the group of women in the Medicaid population that is at highest risk for a poor birth outcome and targeting these women to get into primary care.
- The findings and recommendations of earlier evaluations needed to be integrated into the new evaluation plan.

Dave Murday said that it would be helpful to know how other states were doing relative to the objectives in order to quantify an objective. He was also concerned that as programs age they may not feel they would be able to make big improvements in the targets for their objectives but just may be able to maintain current levels. He also said that if a state knew others states were doing much better it might want to look at what those states were doing in order to improve its program. Paul Youket said that CMS is currently in the early stages of developing their evaluation criteria and are hoping in time to be able to provide comparable data among states. Tables A and B are the first steps to doing this. He also said that it is NOT unreasonable for a state that had had a waiver for a number of years to set a target for an objective that indicated that just did not want to lose ground.

There was then a general discussion on the collection and use of comparable data and its use in setting targets. The following issues were raised:

- Setting reasonable targets is difficult, especially in the first year of a program. As time progresses and a state can track its own experience on a particular objective, this becomes easier.
- In order to begin to collect comparable data between states they at least have to use the same methodology for estimating their target population. The method may over or underestimate this population but this would at least be consistent between states. AGI has a methodology to calculate the population in-need of Title X services nationally and these estimates are provided by various percents of poverty. CMS was asked to consider something like this for the waiver.

Ellen Shanahan reminded us that this was our last scheduled conference call. Those on the call wanted the calls to continue but suggested that we check with the Janet Bronstein, Joe Holiday, and Bernie Operario who are regularly on the calls but were not on the call today. Jeff suggested that we use the January call to set the goals for the conference calls in 2007.

Next Call: January 8th from 1 until 2 PM EST. Once the 2007 calls are scheduled, Julie Perry will send out the dates and the phone number.