

## Family Planning Medicaid Waiver Evaluators Conference Call

December 10, 2007, 1.00-2.00 pm EST

### Participants

**Evaluators:** Kim Dauner (SC), Andrea Johnson (NC), Kathy Langlois (MS), Dave Murday (SC), Jeff Roth (FL), and Ila Sarkar (MS)  
**State Staff:** Susan Barber (TN), Tysha David (NC), Geneva Fearington (NC), Margaret Major (TN), Bernie Operario (NC), and Marcia Swartz (NC)  
**Sheps Center:** Priscilla Guild and Ellen Shanahan  
**Others:** Tonya Moore (CMSO) and Adam Sonfield (Guttmacher)

### Not on the Call

**Evaluators:** Mario Ariet (FL), Janet Bronstein (AL), Paul Buescher (NC), Molly Carpenter (VA), Rajeeb Das (FL), Holly Felix (AR), Debeshi Maitra (SC), Bo Martin (NC), Mike Resnick (FL), and Catherine Sreckovich (NC)  
**State Staff:** Emily Anderson (KY), Danni Atkins (FL), Sydney Atkinson (NC), Sondra Burns (LA), Kellie Caswell (FL), Bonnie Cox (GA), Joe Holliday (NC), Karen Jackson (FL), George Johnston (NC), Lois Lockett (LA), Catherine McGrath (FL), Marie Melton (FL), 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), Betsy Wood (FL), and Ron Young (LA)  
**Sheps Center:** No one  
**Others:** Sherry Armstead (CMSO), Nancy Dieter (CMSO), Kathleen Farrell (CMSO), Meredith Robertson (CMSO), and Paul Youket (CMSO)

The topic of today's conference call was "Evaluating the Coverage of STI's by the Medicaid Family Planning Waiver." Kim Dauner led the discussion

Kim said that on January 1, 2008 SC will begin to cover the cost of one round of treatment for clients diagnosed with a STI on their family planning visit. She thought that NC and MS were also including this. NC is but the evaluators in MS are not sure about MS. Kim is planning on counting the number of women receiving this benefit but would like the evaluation to look at more substantive issues.

One of Kim's concerns is how it might affect budget neutrality since the costs would be added in but no births would necessarily be averted. No one on the call has had experience with this but Adam said that he did not think this has been a problem in other states covering this service. To date CMS has only been willing to consider births averted in their budget neutrality calculations but Adam encouraged others to try and see if there is a way STIs can be worked into the formula and a show a reduction in long-term costs.

Jeff was interested in how this was pitched to CMS so that STIs could be a covered waiver service. Since Janet Sheridan was not on the call, Kim and Dave did not know for sure but Dave felt that one of the reasons was that it would add an incentive for private practicing providers to participate. Screening for Chlamydia, gonorrhea, and HIV is a requirement on the annual family planning visit. If the client is seen in the health department there are other programs to cover the costs of treatment. Health departments would also see the clients diagnosed in the private sector but it is another stop the client would have to make in order to be treated. With this benefit added to the waiver package, the client can now be treated in the private sector and the provider reimbursed for the treatment. To look at the implications of this the evaluation should look at what is happening in the private sector separately from the public sector. In the public sector a case needs to be able to be made for how the funds that would have paid for treatment without the waiver are being used to serve others, such as partners of women being treated by the waiver in the private sector.

Since coverage of STIs will increase the immediate costs for infected clients, Dave suggested we look at other ways to evaluate this. Some suggestions were as follows:

- See if treating lowers the re-infection rate. Since the waiver cannot cover treatment of the partner unless males are included in the waiver, look into the impact of not treating the partner on the re-infection rate. Also investigate ways to encourage partners to go to the health department for services.
- Look into the performance measures used by CDC for treatment of Chlamydia and gonorrhea. They have measures for two time frames that can be gotten from the infectious disease units in each state.
- See if treating STIs by the family planning provider increases the probability that the client will return the next year for the annual visit.

Having data to look at some of these measures may be difficult and require a record review of a sample of clients served in both the public and private sectors. One example is that you could select a sample of clients in the year prior to covering SDIs who did not return for their annual visit and see if the rate of SDIs is different for the public and private sectors. This could then be done a year after the waiver coverage started to see there was any change.

Discussion then moved on to topics for future calls. Attached to these minutes is a summary of the topics discussed to date. Measurement of primary care referrals is the one topic suggested for discussion this year that we have not covered, so it will be one topic for the January call. Since no one has had much experience with this it will be an open discussion. The second half of the call will be used to plan the calls for 2008, including topics and frequency.

**Next Call:** January 14<sup>th</sup> from 1 until 2 PM EST. The call-in number for all the calls is (919) 962-2740.