

Family Planning Medicaid Waiver Evaluators Conference Call

December 13, 2010, 1:00-2:00 pm EST

Participants

Evaluators: Janet Bronstein (AL); Loretta Alexander and Ruth Eudy (AR); Dave Murday (SC); Michelle Bensenberg, Kristen Christensen and Veronica Neville (TX); Molly Carpenter (VA)

State Staff: Mary Canova and Brenda McCormick (FL); Gwen Alexander-Woodard (MS); Andrea Phillips, Marcia Swartz and Bernie Operario (NC); Kimberly Davis, Stacey Johnston and Alex Melis (TX); Gerald Craver (VA)

Other: Adam Sonfield (AGI); Julie DeClerque and Ellen Shanahan (Sheps)

Minutes (Draft for review)

NOVEMBER Minutes: SC page 3 state decisions: at the time of call were not reviewing data so now going with SPA. Approved for posting on public side within two weeks to give anyone a chance to revise anything for public consumption. Revised to reflect comments re: common measures and example of pregnancy intention as well as clarification regarding the Texas waiver program.

Update from CMS on State FP Waivers

Busy time of the year, so no CMS representatives on the call today.

Update from Guttmacher (National Perspective)

SPA vs Waiver updates? No word of any discussion nationally on this, given other issues and priorities". Add Julie Sharp note here. Georgia? No waiver yet but likely close.

Update on State Decisions (SPA vs Waivers):

AL: We are planning to renew the Waiver due in February. Our Medicaid Commissioner is stepping down end of the week. No discussion of State Plan at this point.

MS: No information available. Medicaid may be examining data but unsure about that.

SC: Medicaid set to run out of \$\$ in April... everything will probably be unloaded from program to deal with drastic cuts needed. As of this date, we are sticking with the Waiver.

AR: Still are in a holding pattern, probably keeping Waiver until 2012.

TX: In January, the legislators will begin their decision-making. The Session does not end until Memorial Day so it is doubtful we will have a decision before June. Waiver is on-going. CMS letter asking about CME requirement and let Waiver expire and yes, we do have that option. Nothing in writing but we had a call-back from them. So an option is to let the Waiver expire Dec 31 2011, and then drop it. We are exploring all options, everything is still on the table.

VA: State budget coming out Friday, and we currently have a 6-month extension on our Waiver. Only issue is expanding coverage to 250% FPL. Do we want to make it a separate income category, or move the 133% FPL group to Medicaid in a few years (by 2014)?

NC: Waiver extended to 3/31/11. We are still leaning toward the SPA option, but there are many steps in front of us for approval process. Our state's financial situation is dire. Temp taxes expire this year, so we are faced with consolidating public services.

List of Indicators to Illustrate Waiver Success:

What are the important indicators for FP Waiver programs? Some are quality of care. Others relate to access and utilization. Some try and show outcomes. List has 40 + so we need to be narrowing performance measures down...which ones strike the group as most important?

The Workgroup picked up the discussion from last month, reviewing the next groups of indicators to see if there may be good candidates that would be useful as comparative benchmarks to assess historical benefits of the FP Waiver. We think that if we can focus on a limited number of indicators across our states, and collect those data, we might be able to produce something very worthwhile and informative. Reference document distributed and posted on the web: [State Family Planning Waiver Evaluation Indicators \(By Topic/Focus\)](#)

Finance Indicators We have four items listed...per capita expenditure, total expenditures, LA: expenditure for women Waiver participants versus non-(SOBRA) Waiver participants. Budget neutrality? What other \$\$ indicator is there that would indicate success? Cost-benefit analysis...effectiveness or efficiency? To the extent budget neutrality includes costs and savings, this is one way to compare across our programs, as long as we have similar definitions and formulas in our estimations.

Guttmacher considers this as standard for Waiver program and uses dollars saved per dollars spent. C/B analysis that we (Guttmacher) do periodically is pretty standard. We consider it is a secondary benefit with primary benefit being health improvement for mothers and their families. Does Guttmacher have a specific formula we could all apply to our programs? Looking at net changes in contra use and extrapolating from contraceptive failure rates among the before and after population using the Waiver, and compare method mix before and after to get at *new users* and *improved users* and then extrapolating from failure rates... only avail at national level though, as it uses National Survey of Family Growth data. CA does have month to month usage under their waiver and uses it to compare measure of "before" program... obviously complicated and unless you had equivalent of NSFG at state level with method mix... can't apply it to your programs, so... Waiver method (i.e., budget neutrality) is probably best.

Unless we go with ratio of cost of average FP and cost of birth.... How many births would you have to avert to realize impact? Due out in January, Guttmacher will have estimates of FP waiver program... will have state data for some indicators but not number of averted births per 1,000 participants only at national level. Waiver indicator we all have from our states we may have enough similarity in our methods to get cost savings estimate to compare among states. Or per capita expenditure trends to get state variations in trajectory. Look at ratio of average FP

costs to average State birth costs...just the ratio not the dollars necessarily. Costs per each component may be helpful to see where differences may end up coming out.

Conclusion: Break out "Success" measured as follows:

1. Federal budget neutrality calculation except instead of simple dollar savings (FP expenses as compared to saving attributable to FP)
2. Per capita expenditure (Expenditures/# participants) and
3. Birth costs: average cost of MCH/birth expenditures/ # births

Third one is good idea and we have it already.

Then want to go another step and calculate # births averted in context of # participants and can get ratio and compare with other states.

Concern about too much emphasis on births averted. We report all these items in our analyses but don't play up the births averted due to assumptions that may raise issues. Births averted is the slipperiest part of these calculation. But there is not really a better way, and it would be good to at least examine this internally, in our Workgroup.

Clinical Care Indicators:

Can we identify several that are sensitive to *quality of clinical care*? Established monitoring schedule over a two/three year cycle tool to assess quality of clinical services. NC has established minimum standards for clinics for the following items: follow-up abnormal tests results, LARCs (long-acting reversible contraceptive methods), content of FP visits over time (critical elements). This is monitored based on tracking claims (% change in general HIV counseling, % STD screening, medical protocol being followed acc to chart review), provider types (public versus private).

What about STD screening and counseling, and HIV screening and counseling? What do we think would be possible to track as an indicator of clinical care quality? Percent of Waiver participants who are getting these services? Percent participants using effective methods (surgical or pharmaceutical)? LARCs do not include pill, but NC calculates effective method use including pill. What are some services being delivered to women who should be getting... and then effective means and use of contraception traced through claims and estimate of percent of women using. We need to apply a common index of contraceptive effectiveness...

Can we decide on a common way to categorize effective use and patterns across states? And then demonstrate better use, related costs, and (hopefully) cost savings?

Let's try and finalize this review and agree on which items we'd like to collect. We may be able to create a common set and use for benchmarking.

Next call January 10th at 1:00 pm. The call-in number is (919) 962-2740.