

Family Planning Medicaid Waiver Evaluators Conference Call

November 8, 2010, 1:00-2:00 pm EST

Participants

Evaluators: Janet Bronstein (AL); Jeff Roth (FL); Kathy Vetter (IL); Karumah Cosey (NC); Dave Murday, Leslie Wingard (SC); Michelle Bensenberg and Kimberley Davis (TX); Molly Carpenter (VA)

State Staff: Kris-Tena Albers, Jocelyn Maurice, Ghasi Phillips, and Lynn Smith (FL); Linda Wheal (IL); Gwen Alexander-Woodard, Larry Smith (MS); Andrea Phillips, Bernie Operario, Marcia Swartz (NC); Stacey Johnston and Alex Melis (TX); Gerald Craver (VA)

Other: Adam Sonfield (AGI); Julie DeClerque, Priscilla Guild, Ellen Shanahan (Sheps)

Minutes

Welcome to new members: (from Texas – Michelle is sending their names to include in our minutes)

October 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

Federal Holiday, so no CMS representatives on the call today.

Update from Guttmacher (National Perspective)

Recent elections, any comments? SPA is a state authority so Congress is not as involved. SPA not endangered as an election issue. Tons of turn-over in governors and legislators which certainly will affect decision making on this option. But “you guys are the experts, not us”.

Update on State Decisions (SPA vs Waivers):

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

FL: Expiration was Nov 30 2009. We have not yet received final acceptance and we are functioning with extensions every 3 months. Similar to AL, we have major changes occurring in our Medicaid program, so we are likely to have changes for FP. Official determination will be based on cost. We do not have an income-based waiver now, so it would mean a major expansion in terms of population served, if we did go to a SPA.

IL: We are strongly considering the SPA option. We are waiting for election results. In anticipation of political climate, we proactively drafted a SPA. We did get a Democratic governor elected, so now we are likely to proceed to higher levels for approval.

MS: No information available. We are evaluating data to determine which is our best option.

SC: First thought was to convert to SPA option. Once the decision was made, SC looked at cost data, CPS data for females and males, and used NC data looking at # enrolled and then # actually used and shrank number to 90 men. We crunched data on low-income families for Medicaid category to get annual cost for men. Annual cost was \$229 per year. 90/10 match... adding men in SC is a cost increase, but for Medicaid program it is small amount. Since elections, no additional questions being asked for data...As of this date, we are sticking with the SPA option.

Question to SC: what was the proportion of enrollees?

Answer: Users represent very small % (1-3%). One was 2% and the other was 3% — 2% of eligibles enrolled and then 3% actually used. So even if start with a couple hundred 1000, we still end up with low number of users.

NC: Keep in mind that there are a very limited set of services offered for males, so even if there is a big increase in male enrollees, it does not represent a very big change in “service burden”.

Adam: We have collected informal numbers from other states on male utilization (please do not share these publically until published): average of 17 men per 1000 women served. (Data will be included in the upcoming Guttmacher Institute report on Medicaid Family Planning SPAs slated for publication in January 2011.)

AR: Waiver just renewed to 2012, and with so many other issues being discussed in Medicaid, this is not on the plate at this point.

TN: we (evaluators) keep asking, and powers that be not addressed it yet

TX: In January, the legislators will determine decision. The Session does not end until Memorial Day so it is doubtful if we will have a decision before then. From an evaluator’s standpoint, we haven’t been asked to provide any data. Evaluators are concerned about the impact of expanding eligibility to the under 18 yr olds, politically very sensitive. (Even though Medicaid and CHIP do provide FP services already).

VA: Our waiver ended Sept 30. We have an extension. The SPA option is being considered but we’re not sure how high up the decision will need to go before becoming final. Our Medicaid Budget Division has or will be calculating the costs of converting to a SPA, but at this point that information is confidential. Budget impact is not a significant issue for Virginia since waiver eligibility, services, and operations are basically the same under the waiver as they would be under a SPA, except for the addition of transportation services and possibly some selected family planning-related services and a reduction in administrative cost.

NC: We are working to reassess our transportation cost estimates thanks to Adam. We're leaning toward the SPA option but there are still many steps in the approval process.

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 you as most important?

The Workgroup tried to organize the indicators into categories and identify if there may be good candidates that could be used as comparative benchmarks to assess benefits of the 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. We'll begin discussion today of first set of items and continue next month. Please send any comments to Sheps for inclusion in minutes if you think of something after our call today. (refer to document distributed and posted on the web: [State Family Planning Waiver Evaluation Indicators \(By Topic/Focus\)](#))

Utilization: First two utilization items are very general...they seem to be most basic. Can be operationalized several different ways. Use eligible group for the waiver then look at enrollees? Group thinks "Yes"... at least, no opposition indicated on the call.

Access indicators: Either qualitative or provider mix that are most relevant

Provider Mix: decided some states don't have sufficient info and classification is wide range across states to do in systematic and comprehensive way... codes are very different, billing very complicated. Small groups, private individual MDs, other clinics, public clinics. How to count pharmacies or labs as providers? Clinicians who bill for annual visits vs diagnostic visits? To be mutually exclusive have to go to annual visit Code providers differently at high enough level so could get that across states well enough. Assumption being, if provider mix "rich" in private/public sectors... then greater access. In states where Title X is not exclusively in county HD then the mix would be more important... so how Title X is structured in each state will determine how Waivers work and function and their evolution.

Percent of Need Met: see indicator sheet for details. Everyone agrees this is an important and a "core" indicator.

Qualitative: awareness of program, source of information, barriers to participation. Any way to gather information on distance traveled? Current client transportation needs, and possible helpful sources.

Look at Financing Clinical care and Outcomes for next call. Review attached sheet.

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 December 13th at 1:00 pm. The call-in number is (919) 962-2740.