

Family Planning Medicaid Waiver Evaluators Conference Call
October 9, 2006, 1.00-2.00 pm EDT

Participants

Evaluators: Mario Ariet (FL), Kim Dauner (SC), Dave Murday (SC), Jeff Roth (FL)
State Staff: Emily Anderson (KY), Joe Holliday (NC), Susan McNamara (FL), Bernie Operario (NC), Bill Sappenfield (FL), Joan Sartin (TN), Betsy Wood (FL)
Sheps Center Staff: Priscilla Guild, Ellen Shanahan
Others: No one

Not on the Call

Evaluators: Janet Bronstein (AL), Paul Buescher (NC), Molly Carpenter (VA), Lynne Cossman (MS), Debeshi Maitra (SC), Mike Resnick (FL)
State Staff: Bonnie Cox (GA), Sherry Lange (FL), Helen Sancho (FL), Janet Sheridan (SC), Robyn Slate (NC), Cindy Thames (MS), Lorie Williams (NC), Angie Yow (NC)
Sheps Center Staff: No one
Others: Nancy Dieter (CMS), Kathleen Farrell (CMS), Holly Felix (AR), Dave Mlawski (CMS), Meredith Robertson (CMS), Melissa Romaine (CMS), Adam Sonfield (AGI)

Participation on the call was much lower this month, primarily due to the Columbus Day holiday. Since no agenda items had been suggested, Pris used the call to begin discussion on the collection of data using the agreed upon common definitions from the Medicaid family planning waiver states. As background, during this year's RNDMU Workshop the Region IV states came together to look at a number of factors that could be impacting three reproductive health outcome measures: adolescent pregnancy and repeat pregnancy, adult unintended pregnancy, and short birth interval. Several of the indicators included percent of the population in-need of publicly-funded services served [adolescents (age 13-19), women age 20-44, less than 150% of poverty, and total) and percent of the family planning program expenditures that come from Title X and Medicaid separately. Yearly rates for all of these indicators were available from 1995-2005. In both of these cases, for a waiver state it would have been helpful to have some information of the population served by the waiver each year during this time period. The indicators Pris suggested were:

- percent of the population eligible for the waiver that were enrolled each year and
- percent of the population enrolled served each year.

The biggest problem is estimating the eligible population consistently among states. There was some discussion on the work done by Dr. Stanley Henshaw at AGI, to periodically estimate the population in-need of publicly funded family planning services at the county-level for each state. He updates these each year for all Region IV states at the state-level to use in calculating the rates in the RNDMU Databook. Bernie Operario and Joe Holliday have used this information to update their estimates of the population in-need of the Medicaid Family Planning Waiver for North Carolina. Bernie will share this methodology with the evaluators and on the next call we will talk about whether this seems like it will work for the other states. In addition, it would be helpful to be able to look at where the Medicaid waiver recipients are receiving services (i.e., Title X clinic, community health center, private practicing provider, etc.), to monitor these rates over time, and to be able to make comparisons between states. In order to carry out this type of evaluation it is imperative that the Title X and Medicaid staff be involved along with the evaluators in each state.

Discussion also moved into the possibility of comparing outcomes for waiver clients seen in the different settings. The outcomes that one might look at could be the same ones used at the RNDMU Workshop this year. Since the package of services that are offered by Title X programs are standardized nationally, comparisons could be made between states and numbers from different state should be able to be combined. This would be particularly interesting in light of the fact that there are usually more support services available in Title X clinics and community health centers than in private practitioner's offices. If the outcomes look better in the Title X clinics and community health centers than private practitioner offices, states might need to look at ways to offer some on the services in the private practice community. Further discussion of this will not be the topic of the next call. Until we can make sure we have good ways

of measuring where a person is receiving services and linking service, Medicaid, and birth certificate data, it would be hard to look at these issues.

Next Call: November 13th from 1 until 2 PM EST. The phone number for all the calls is 919-962-2740. Additional suggestions for topics to discuss should be sent to Priscilla prior to the call.