

## Family Planning Medicaid Waiver Evaluators Conference Call

October 11, 2010, 1:00-2:00 pm EDT

### Participants

**Evaluators:** Janet Bronstein (AL); Loretta Alexander and Ruth Eudy (AR); Jeff Roth (FL); Kumarah Cosey (NC); Dave Murday (SC); Michelle Bensenberg, Kristen Christensen and Veronica Neville (TX)

**State Staff:** Mary Canova, Jocelyn Maurice, Brenda McCormick, Ghasi Phillips, and Lynn Smith (FL); Gwen Alexander-Woodard (MS); Andrea Phillips and Marcia Swartz (NC); Susan Barber and Margaret Major (TN)

**Other:** Adam Sonfield (AGI) and Julie DeClerque (Sheps)

### Minutes

**September Minutes:** 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**

Guttmacher should be releasing a memo within the next few weeks, dealing with the State Plan Amendment (SPA) option and the associated requirements. The purpose of the memo is to help clarify the requirements and some of the related issues that have arisen since passage of the SPA.

*Question:* Is there any attempt in the memo to include information that would /could encourage states with hesitations about things like male services, and other expansions that states are grappling with in terms of decisions to convert to SPA?

*Answer:* The memo is not data oriented as much as it is an analysis of provision and requirements. Guttmacher can provide information at the macro-level (example: men and teens) but in terms of service-mix, who is providing them and such local level issues, leaving that to the states. We do not have access to each states' Medicaid files, so you all will have to examine that and look at options, current program level of use, and what is your best scenario going forward... this will have to be based on local information. For example, transportation services, what is the cost? Is it a significant budgetary cost (relative to whole budget)? Stay tuned.

Adam's next report (that he is collecting data on now) will update his 2006 report (looking at the impact of a FP waiver) for states that do not currently have a Waiver and may want to add this on instead of going the SPA route. The differences between SPA and waiver are very hard to quantify. There are a few concrete issues like – men – and we are trying to estimate increases to enrollment and associated costs of adding men.

## **SPA versus Waiver Discussion of Issues**

Impact of SPA Enrolling Males Requirement: Most of the data come from CA and they are sort of a best/worst-case scenario (assuming you do/don't want men in the program). Even in CA, only about 10% of the Waiver population is male. Hoping for help from any other states (NC?) that might have data on men. There's likely a big range, and so there will be big differences across states in terms of what men would respond to, given any new service options. In NC, for example, only limited services are offered for males, so the utilization for males has been relatively low – 1% to 3%. NC hasn't targeted men, per se, or done much outreach for this group. So, given Waiver budget neutrality of services offered to women, and the relatively small number of men who choose to use the services offered, we wouldn't expect a significant increase in cost of providing services under a SPA compared with Waiver based on requirement to include males.

Calculating budget neutrality is quite conservative (and not merely a zero balance, but in fact showing \$\$ millions in cost savings). So the net effect of adding services would have to cost millions before a SPA program was “budget-adverse” (negative versus neutral). But many states are concerned about even a slight shift in current budgets, even if it means future savings.

Adding minors issue? i.e.,... those already eligible for M'caid or CHIP. Will this really result in new enrollees? In NC: utilization issue of added cost depends on what services we are providing under the program. But under a SPA, states will be required as routine care to provide comparable FP program services that are currently offered under existing Medicaid program. How much more would it cost given increased enrollment? Unclear.

Determining Eligibility: Adolescents... would require parent to take to DSS office and apply for services? May depend on what service provider they intend to use. For example, Planned Parenthood no parental consent required. Health Departments? How do adolescents present? Alone or with parent? So will there be a big influx of teens enrolling under SPA when states have option to enroll minor based on their own income rather than household income? Is this likely to have a major impact on numbers eligible? Additionally, states would have option to use the “pregnant woman counts as two people” rule in terms of income levels and eligibility requirements.

Issue of Providing Family Planning Related Services: In terms of women under SPA it is pretty even for basic FP service provision, but for example in NC, it is the FP-related services that may result in increased costs... considering just regular Medicaid coverage, looking at STI screenings... right now they are covered only during annual exams, not currently covered under FP waiver. So, NC is still deciding on financial feasibility of “adding more” than what is provided under - Waiver.

Cost Saving under SPA: Remember that there would be cost savings due to no required evaluation, and administrative costs that would be saved from not needing to calculate budget neutrality. These both require considerable resources that would not be required under a SPA.

Expected Utilization Rates: NC determined that people using FP under Medicaid come once per year. The group raised several questions about definitions and calculations for these data.

Climate of Extreme Fiscal Concern in State Legislatures: State of Washington is closing down its entire FP Waiver program. One of the most successful in the country, and showed millions in cost savings over time in terms of averted births.

Canvass of Current State Positions: Would it be useful if what we try to do is canvas states in our Waiver group to compile decision criteria, and where we stand now? What are the sticking points and how do/can the data inform them?

*State Decisions:*

**SC:** at this point, we are not reviewing data, we are sticking with Waiver

**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:** from an evaluators standpoint, we haven't been asked to provide any data. Legislature will play big role (they will be back in January). Evaluators are concerned about the impact of expanding eligibility to the under age 18 yrs, politically very sensitive. (Even though Medicaid and CHIP do provide FP services already).

**VA:** 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:** Working closely with data and budget folks and coming up with narrative showing + and - of going to SPA vs staying with Waiver.

- Estimating transportation based on the percentage of Medicaid recipients who use transportation (1% of eligibles), and assumed the percentage for FP State Plan recipients who use transportation would be comparable to that of regular Medicaid recipients. We then projected the estimated average cost per recipient, based on the average cost for each regular Medicaid recipient for the past year. Based on the projected number of FP State Plan recipients expected to be seen in years 1-5, with projected increases in utilization, (kept costs constant for years one - three, then anticipated increases in costs of 3% in years 4 & 5), and came up with costs for transportation;
- We're estimating cost of adding adolescents: Average of 58 adolescents per month in first year estimated will be accessing services through State Plan and would increase up to 65 per month by year five (SFY2015).
- We're using the fact that regular FP population currently has only 1 FP visit per year.
- We're thinking if we were to select one service to add or enhance - what should it be? Adolescents? Transportation? Balancing needs of citizens and budget realities, what is best package?
- Utilization of STI screening and treatment costs being bundled with FP provider and possible savings if more efficient all in one. Estimated NC \$532 per person for 53,235 FPW recipients; \$39 million in NC last State Fiscal year for NEMT (non-emergency medical transportation) for regular Medicaid; cost for FP State Plan NEMT projected to be \$196,949 in first year up to \$263,000 by year SFY2015.

- Average visits estimates for services for FP and Medicaid recipients are based on services provided: and having one visit per year.

Evaluating Waivers and Their Success: List of evaluation indicators sent out by Dave and his workgroup will be re-circulated with the minutes. We can discuss during November call.

Questions to be considering: 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?

Going Forward: We might send out a small request to states to determine the range in process of decision-making and what data have been useful or are currently being considered. To the extent we have some detailed data or information, it may be helpful. We will include a brief survey. (Update: see questions below. Please answer and return to Sheps staff by November 4<sup>th</sup>.)

**Next Call:** Monday, November 8<sup>th</sup> from 1 until 2 PM EST. The call-in number is (919) 962-2740.

Survey questions:

Are you in the process of calculating costs and benefits of converting to SPA? Yes no

What sorts of factors are you considering?

- 1.
- 2.
- 3.
- 4.

What criteria are you using to guide your decision?

- 1.
- 2.
- 3.
- 4.

Do you have any data related to these factors that you would be able to share within our group?

If so, please send to Sheps Center (in whatever form is most convenient; note: all data would be shared privately, only)