

Family Planning Medicaid Waiver Evaluators Conference Call
September 12, 2011, 1:00-2:00 pm EDT

Participants

Evaluators: Dave Murday (SC); Michelle Bensenberg (TX)

State Staff: Jocelyne Maurice, Brenda McCormick, Lynn Smith and Dan Thompson (FL); Bernie Operario and Marcia Swartz (NC); Stacey Johnston (TX)

Other: Adam Sonfield (Guttmacher Institute), Julie DeClerque and Ellen Shanahan (Sheps Center)

Minutes

Jeff Roth, who was to present on PTB and LBW was unable to participate in the call.

Dave Murday announced that his successor as department chair arrived last week, thus freeing up a bit more of his time.

Minutes of the August call were approved without correction and may be posted on public side of the web page.

Dave noted that it has been quite a while since CMS representatives have been on call. Because the group values their input but understands the demands on their time, we might undertake some activities to keep conversation with them alive. These include sending questions or issues in advance that we'd like them to address at an upcoming call, or requesting periodic, perhaps quarterly participation for about 15 minutes so that the group can hear updates from CMS and respond.

Summarizing the activities of the group over the summer, we arrived at list of indicators that can be categorized as access, clinical and financial. It was suggested that it might be appropriate to track:

1) access indicators (eligible persons who are enrolled; enrollees who receive services; participants served by private providers; sources of information about waiver services and satisfaction with services (from the perspective of both users and providers); access indicators such as wait-time for appointments and distance travelled to appointments;

2) financial indicators: budget neutrality indicators valuable even though no longer required in reports to CMS; and

3) outcome indicators: interpregnancy or interbirth intervals dependent on whether states are able to link to birth certificate data (for IPI at or <6 months, <12 months, and /or <18 months) or only Medicaid claims (for IBI at 15 months , 21 months, and 27 months since delivery).

Dave noted that he would set up a template to gather information from each state about their capacity to collect data on these three types of indicators. He asked the group whether their states can link Medicaid files to BC data to calculate IPI? Do we want to collect <6 for IPI? And for IBI: <15 months, <18months or <24 months?

Turning to the topic for the day. Since we haven't yet talked about preterm birth (PTB) and low birth weight (LBW): do we know what categories we want to ask for? No. We need to ask states what they are collecting or could collect routinely. As has been noted repeatedly, no matter how good the measure, if enough states are not or cannot collect data for it, it's of no use for cross-state comparison.

Adam noted that almost no states are now collecting LBW or PTB data but most are collecting some sort of interval data. Even then they are all over the map as to what comprises the comparison group. The choice of comparison group is often driven by other trends or state-level issues, but it is very important to have a comparison group.

A poll of participants indicated that no one would be on holiday for Columbus Day on October 10. Therefore the next call will be held on the regular day. Dave will ask Jeff Roth and the Georgia evaluators to address measurement of preterm birth and low birth weight indicators on the October call.

The call concluded with a number of questions we would like information on from the Office of Population Affairs (OPA) and the Centers for Medicare and Medicaid Services (CMS).

- 1) Is OPA coordinating its revision of Title X Performance Measures with Medicaid Waiver staff at CMS?
- 2) Since CMS moved away from budget neutrality, what indicators are they using to measure progress?
- 3) Is OPA considering changes to the indicators we have been talking about?
- 4) Does CMS think that some of the clinical indicators OPA is looking at might also be useful to CMS?

Bernie noted that the revisions to Family Planning Annual Report (FPAR) for the most part concern Pap smears and breast self-exam. Julie DeClerque will bring information about the revision of the (FPAR) to October meeting.