



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
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February 27, 2017

Felix Milburn, Project Officer
Department of Health and Human Services
Center for Medicaid, CHIP & Survey & Certification
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Mailstop C5-11-24
Baltimore, Maryland 21244-1850

RE: Project Number 11-W-00215/5 – Michigan's Family Planning Waiver, Plan First!

Dear Mr. Milburn

Enclosed is Michigan's Family Planning Waiver Quarterly Report. This document provides waiver program information covering the second quarter of calendar year 2016, which encompasses April 1, 2016 through June 30, 2016. This report provides information for Family Plan Waiver on operational information, policy changes, and program enrollment as specified in the Special Terms and Conditions of the waiver.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman. She may be reached by phone at (517) 284-1190 or by e-mail at colemanj@michigan.gov.

Sincerely,



Penny L. Rutledge, Director
Actuarial Division

cc: Keri Toback, Region V, CMS
Patricia Hansen, Central Office, CMS

Enclosure

State of Michigan
Department of Health and Human Services
Family Planning Waiver
PLAN FIRST!

Project Number 11-W-00215/5

Quarterly Report: April 1, 2016 – June 30, 2016

**State of Michigan
Department of Health and Human Services
Family Planning Waiver
PLAN FIRST!**

Section 1115 Demonstration Project

**Quarterly Progress Report
April 1, 2016 – June 30, 2016**

I. General Program Overview

The Michigan Department of Health and Human Services (MDHHS) is submitting this quarterly progress report for its Section 1115 Family Planning Waiver in compliance with the Special Terms and Conditions established for the program. This document provides waiver progress information for the second quarter of calendar year 2016, April 1 through June 30, 2016.

The Medical Services Administration submitted a Section 1115 Family Planning Waiver application to the Centers for Medicare and Medicaid Services (CMS) on October 20, 2004, which was approved March 1, 2006. This waiver enables MDHHS to provide family planning services to women who would otherwise not have medical coverage for these services. “Plan First!” is the official name of the program, and it was implemented July 1, 2006.

Through this waiver, MDHHS offers eligibility for family planning services to women who: (a) are 19 through 44 years of age; (b) would not otherwise be Medicaid eligible; (c) do not have creditable health insurance that covers family planning (including Medicare); and (d) have family income at or below 185 percent of the federal poverty level (FPL). Coverage is limited to women who reside in Michigan and meet Medicaid citizenship requirements.

II. Significant Program Changes

Enrollment for Plan First! was closed as of March 31, 2014. Beneficiaries can remain enrolled until June 30, 2016. The deadline was extended because of a court order requiring benefits to be maintained pending a court hearing.

III. PLAN FIRST! Enrollment

Table 1 shows enrollment data for the second quarter of calendar year 2016.

Table 1
April – June 2016 Enrollment

Month	Total Enrollment
April	7,664
May	2,031
June	242

Enrollment figures pulled 02/14/2017

On average, 3,312 beneficiaries were enrolled during the quarter.

IV. Eligibility Verification Activities

MDHHS staff made eligibility determinations using the same programs and protocols applicable to the full benefit Medicaid program with appropriate coding configurations to represent this population. Applicants determined eligible for participation in the family planning waiver program were sent a plastic mihealth card to show providers as verification of their eligibility.

From the start of the waiver, through March of 2014, beneficiaries were eligible for a 12-month period before going through a redetermination process. Since new enrollments for PLAN FIRST! ended in April 2014, this 12-month redetermination has been suspended. MDHHS will allow beneficiaries to stay enrolled until the phase out of the waiver is complete. If a beneficiary is determined to be eligible for more comprehensive coverage, MDHHS will remove them from PLAN FIRST! and move them into the more comprehensive benefit.

PLAN FIRST! beneficiaries are included in the State's current Medicaid quality control audit pool and are subject to the same random sample procedures as a full Medicaid case. PLAN FIRST! beneficiaries are also subject to the same Income Verification System checks as full benefit Medicaid beneficiaries. In an effort to assure consistency of the review process, the State elected not to develop a separate targeted post-eligibility income validation process for family planning waiver beneficiaries.

V. Program Costs

Claims activity includes office visits, laboratory procedures, contraceptive reimbursement provided in the office setting, and other family planning related services. Providers are submitting claims appropriately and, if they have any trouble with claim rejection, the toll-free provider inquiry line is available to provide assistance. Once electronic claims are submitted, the MDHHS adjudicates the claims within 14-21 days. Please refer to the CMS-64.9 quarterly financial reports for service expenditure information.

Administrative costs for this quarter were primarily used to pay for staff and ongoing program operational procedures. Please refer to the CMS-64.10 quarterly financial reports for administrative expenditure information.

VI. Outreach Activities

The phase-out process for the Plan First! Program has begun, so no outreach activities occurred in the quarter.

VII. Next Quarter Activities

As of April 1, 2014, women eligible for the Plan First! Program are eligible for comprehensive coverage through multiple options under the Affordable Care Act. First, women with incomes up to 133% of the federal poverty level are eligible to receive comprehensive Medicaid coverage through Michigan's Healthy Michigan Plan (Medicaid expansion program) which was approved by CMS in December 2013. Second, women with incomes between 133% and 185% of the federal poverty level are eligible to receive comprehensive coverage through non-Medicaid options on the Federally Facilitated Marketplace with premium subsidies from the federal government. The State of Michigan will work with CMS to phase out the waiver and conclude the waiver program.