Minnesota Family Planning Program

§1115 Waiver No. 11-W-00183/5

Demonstration Year VII July 1, 2012 through June 30, 2013 Annual Report

Submitted to:

U.S. Department of Health & Human Services Centers for Medicare and Medicaid Services Center for Medicaid and State Operations

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Program Overview

Background

The Minnesota Department of Human Services (DHS) began implementation of the Minnesota Family Planning Program (MFPP) section 1115 waiver on July 1, 2006. This program was initially approved by the Centers for Medicare & Medicaid Services (CMS) for a 5-year period, ending June 30, 2011. A three-year extension of the Minnesota Family Planning Program section 1115 waiver was approved by CMS on December 29, 2011 for the period July 1, 2011 through December 31, 2013. On December 31, 2012 the Department submitted an initial waiver extension request to continue operating MFPP for an additional three years. In June of 2013, CMS approved an extension of MFPP until December 31, 2014.

Program Objectives

The purpose of the Minnesota Family Planning Program is to demonstrate positive health outcomes and cost savings by providing an accessible, preventive approach to family planning services for individuals who normally don't access such services.

Under the demonstration Minnesota expects to achieve the following objectives:

- Increase the number of Minnesotans who have access to family planning services through Minnesota Health Care Programs (MHCP);
- Increase the proportion of men and women enrolled in MHCP who utilize family planning services;
- Reduce the number of births to MHCP enrollees that are spaced less than 2 years apart; and
- Reduce the teen birth rate among MHCP enrollees.

Eligibility

An applicant must meet the following requirements to be eligible for the program:

- Be a citizen of the United States or a qualified non-citizen eligible for Medical Assistance with federal financial participation;
- Be a Minnesota resident;
- Be 15 years of age or older and under age 50;
- Have income at or below 200 percent of the federal poverty guideline (applicants under age 21 are treated as a household of one);
- Not be pregnant;
- Not be enrolled in another Minnesota health care program administered by the Department of Human Services; and

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Not reside in a medical institution.

Participation in the program does not require the consent of anyone other than the applicant. Applicants must report available third-party coverage and cooperate with the Department in obtaining third-party payments. The Department may waive this requirement if the applicant states that reporting third-party coverage would place the applicant at risk of physical or emotional harm.

Program Application Process

Individuals apply for family planning benefits using the MFPP application. The application is available in providers' offices and on-line. The Department determines an applicant's eligibility for the program within 45 days of receipt of a complete application. Coverage must be renewed annually.

Individuals may also apply at a provider's office for presumptive eligibility. A certified family planning services provider will screen a person for eligibility using preliminary information provided by the person. A person who, based on the preliminary information, appears to meet the eligibility requirements is presumptively eligible. The period of presumptive eligibility begins the first day of the month that a certified family planning services provider determines that a person is presumptively eligible. The period ends the last day of the month following the month that the certified family planning services provider determines that a person was presumptively eligible. During the presumptive eligibility period the applicant must apply for ongoing eligibility. The Department then makes the final determination of ongoing eligibility.

Eligibility Verification Activities

The Department documents the income of applicants and enrollees annually. Applicants must document citizenship as required by the Deficit Reduction Act of 2005, Public Law 109-71. The Department utilizes the Systematic Alien Verification for Entitlement (SAVE) program to conduct immigration status verifications for ongoing eligibility determinations. The presumptive eligibility process does not require documentation of citizenship.

An enrollee is eligible for the MFPP for one year from the determination of eligibility regardless of changes in income or family size. MFPP eligibility will end prior to the annual renewal if the enrollee:

- Is no longer a Minnesota resident;
- Enrolls in another Minnesota health care program
- Reaches 50 years of age;

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• Becomes pregnant; or

• Becomes an institutionalized individual.

Enrollment

The demonstration has four eligible populations:

Population 1: Women ages 15-50 with family income at or below 200 of the FPL;

Population 2: Men ages 15-50 with family income at or below 200 of the FPL;

Population 3: Women who are determined to be presumptively eligible by a certified

MFPP provider; and

Population 4: Men who are determined to be presumptively eligible by a certified MFPP

provider.

Enrollment Data

The chart below provides enrollee, participant and member month data for each of the four population groups for demonstration year VII.

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	Population 1	Population 2	Total Population 1 and 2	Population 3	Population 4	Total Population 3 and 4	Total Unique Demonstration Enrollees (Populations 1-4)
# of Total Enrollees	26,945	465	27,419	30,752	788	31,540	44,778
# of Participants	16,627	57	16,684	25,518	554	26,072	34,918
# of Member Months	184,338	2,373	186,711	57,143	1,482	58,625	245,336

Graphs illustrating the analysis of MFPP data for demonstration year VII are provided as follows:

Attachment A MFPP enrollment by population for demonstration year VII

Attachment B MFPP enrollment by race/ethnicity for demonstration year VII

Attachment C MFPP Demonstration Enrollees & Participants for demonstration year VII

Services and Providers

Services Covered

The demonstration project covers contraception management services and certain additional medical diagnosis or treatment services that are provided within the context of a visit for contraception management services. The benefit package under MFPP is the same as the family planning and family planning-related benefit package under Minnesota's Medicaid state plan.

Service Utilization

The following table illustrates service utilization rates and service expenditures for MFPP participants during the period of July 1, 2012 through June 30, 2013.

Category of Service	Unique Participants	Total Paid
Outpatient Hospital Services	408	\$101,075
Pharmacy Services	3,081	\$636,944
Medical Supply/DME	23,096	\$310,319
Anesthesia	15	\$2,728
Physician Services	6,602	\$1,780,300
Ambulatory Surgery	1	
Radiology, Technical Component	81	\$7,137
Laboratory	18,604	\$1,862,111
Nurse Midwife Services	6,266	\$2,058,064
Nurse Practitioner Services	25,592	\$8,088,328
Unique participants across all services	34,918	\$14,847,004.61

Certified Providers of Family Planning Services

Certain requirements must be met to become a certified family planning provider who can determine presumptive eligibility for the program. A family planning services provider must:

- Sign the business associate agreement;
- Complete required training;
- Provide information about presumptive eligibility to interested persons:

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- Help interested persons complete MFPP application forms;
- Use the Department's eligibility verification system to verify a person screened for MFPP eligibility does not receive MHCP coverage;
- Determine presumptive eligibility;
- Give required notices to a person screened for eligibility;
- Promptly forward completed applications and forms to the Department; and
- Comply with Department requirements regarding program monitoring and evaluation activities.

There were 137 certified MFPP providers in Minnesota as of June 30, 2013.

MFPP Education and Outreach

DHS Public Web Site

Information on MFPP is available to the public on the DHS website at www.dhs.state.mn.us/familyplanning. This web page provides descriptive information about program eligibility and how to access services, including an electronic directory of certified MFPP providers and paper application or online application options.

The MFPP provider web page at www.dhs.state.mn.us/provider/mfpp includes outreach materials for providers to utilize including MFPP program posters, brochures, fact sheets and program FAQs.

MFPP Provider Web Sites

Many certified MFPP provider agencies provide education and outreach through their web pages. Following are a few examples:

Gustavus Adolphus College https://gustavus.edu/healthservice/myPlan.php (They renamed MFPP "My Plan")

St. Cloud State University - http://www.stcloudstate.edu/healthservices/mfpp.asp (They renamed MFPP "Free 4 U @ SCSU")

Minnesota State University, Mankato - http://www.mnsu.edu/shs/clinic/free4u.html (They also renamed MFPP "Free 4 U @ MSU)

Family Planning Special Projects (FPSP) Grant Program

Family Planning Special Projects (FPSP) is a state-funded grant program established by the Minnesota Legislature in 1978. FPSP funds are appropriated biannually by the Minnesota Legislature to fund family planning programs throughout the state of Minnesota. Local public health departments, tribal governments and 501(c)3 non-profit organizations may apply for FPSP funds to provide family planning services to low-income, high risk individuals in Minnesota.

Most contracted clinics operating with the support of an FPSP grant are eligible to serve MFPP enrollees. These clinics disseminate information and provide education and outreach designed to inform about family planning services available in the geographic area, including services available under the MFPP. Outreach Activities include one-to-one and group activities designed to inform members of the target population about family planning and all family planning services available in the geographic area. Group outreach activities include presentations and classes at places such as group homes or colleges that provide factual information on reproductive and sexual health, including pregnancy prevention and all contraceptive methods. They may also include information and exercises designed to enhance the individual's decision-making, communication skills, and healthy lifestyles. All FPSP grantee outreach includes information on the Minnesota Family Planning Program (MFPP). FPSP grantees complete an annual report each state fiscal year that includes statistical information on education and outreach activities. A summary of the SFY 2012 reports show that FPSP grantees reached over 42,000 people with their outreach efforts:

Number of people served by one to one meetings: 14,727 Number of group sessions convened: 1,904 Number of people reached through group secessions: 27,514 Number of community awareness events such as health fairs, county fairs: 463 Total number of people who received information about MFPP: 42,241

Program Evaluation

On September 17, 2012 DHS submitted the proposed evaluation design for the MFPP waiver extension period of July 1, 2011 through December 31, 2013 for CMS review and comment. On June 1, 2013 DHS submitted the MFPP Evaluation Report. This report presents the results of the DHS evaluation of the MFPP program covering the period July 1, 2006 through June 30, 2011.

Transition Plan

Demonstration year VIII of the MFPP was scheduled to expire on December 31, 2013. On December 31, 2012, Minnesota submitted an initial waiver extension request to continue operating the MFPP under current program rules for an additional three years. A subsequent application that included all the required information for a complete waiver extension request was submitted to CMS on May 17, 2013. On June 27, 2013, CMS granted a one-year extension of MFPP waiver authority through December 31, 2014.

During this one-year extension period DHS will continue its work on a plan to integrate MAGI standards and methodologies into the MFPP demonstration.

Annual Expenditure Data

Demonstration expenditures are reported quarterly using the Form CMS-64, 64.9 and 64.10. Please refer to the table below for annual expenditure data. Actual expenditures per person per month were lower than the negotiated PMPM limit of \$67.40 for this period.

Demonstration Year 7 July 1, 2012-June 30, 2013

,	Total Unique Demonstration Enrollees (Populations 1-4)
# Member Months	245,336
PMPM	\$60.52
Total Expenditures (Member months multiplied by PMPM)	\$14,847,005

Actual Number of Births to Demonstration Population

The following table provides the number of actual births that occurred to MFPP participants within demonstration year VII.

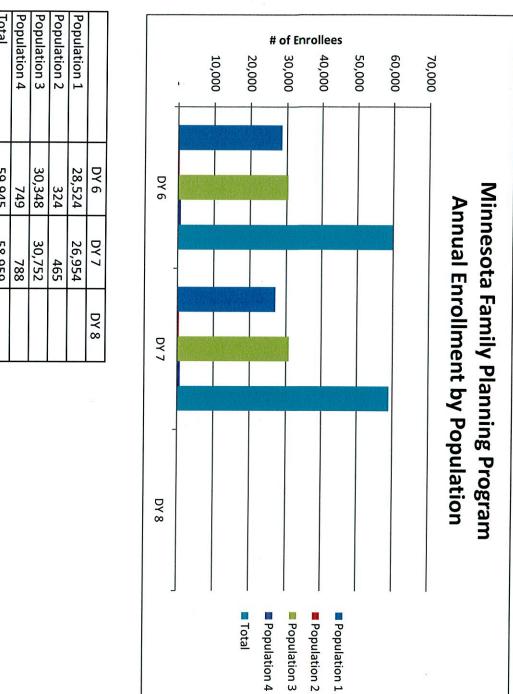
	# of Births to Demonstration Participants ¹
Demonstration Year 6	1,084
Demonstration Year 7	1,114
Demonstration Year 8	

Cost of Medicaid Funded Births

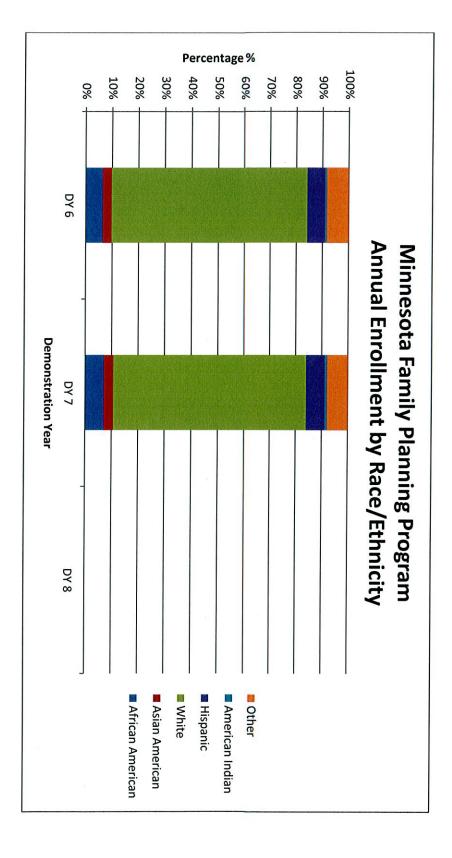
The following table provides the average total Medicaid expenditures for a Medicaid-funded birth for demonstration year VII. The cost of a birth includes the cost of prenatal care, labor and delivery, postnatal care and medical care for the first year of life.

	Cost of Medicaid Funded Births	# of Medicaid Funded Births	Average Cost of a Medicaid-funded Birth
DY 6	\$300,726,767	29,081	\$10,341
DY 7	\$322,439,885	30,007	\$10,745
DY 8			

¹ Demonstration participants include those individuals who received services under MFPP in this reporting year and the previous year. Each live birth is counted once so twins would be counted as two live births.

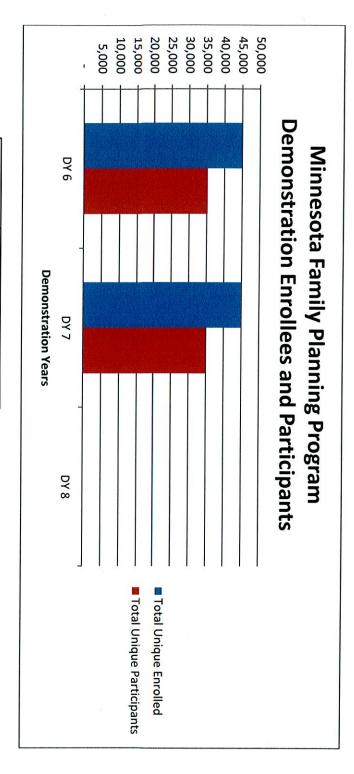


	DY 6	DY 7	DY 8
Population 1	28,524	26,954	
Population 2	324	465	
Population 3	30,348	30,752	
Population 4	749	788	
Total	59,945	58,959	1



Actual	DY 6	DY 7	DY 8
African American	3,802	4,150	1
Asian American	2,000	2,115	1
White	44,604	43,269	1
Hispanic	4,091	4,202	1
American Indian	474	560	r.
Other	4,974	4,663	r.
Total	59,945	959,85	1

Percent	DY 6	DY 7	DY 8
African American	6.3%	7.0%	0
Asian American	3.3%	3.6%	0
White	74.4%	73.4%	0
Hispanic	6.8%	7.1%	0
American Indian	0.8%	0.9%	0
Other	8.3%	7.9%	0
Total	100.0%	100.0%	0.0%



1	34,918	35,238	Participants
		560	Total Unique
	44,778	44,997	Enrolled
8 AG	DY 7	DY 6	Total I I i i i i i i i i i i i i i i i i i

Figures represent unique enrollees and unique participants across populations 1 through 4.