

Minnesota Family Planning Program

§1115 Waiver No. 11-W-00183/5

**Demonstration Year 10
Annual Report
July 1, 2015 through June 30, 2016**

Submitted to:

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

Submitted by:

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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 five-year period, ending June 30, 2011. A three-year extension of the MFPP waiver was approved by CMS in December 2011 for the period July 1, 2011 through December 31, 2013. On December 31, 2012, DHS submitted a request to extend the waiver for an additional three years. In June of 2013, CMS approved a one-year extension of the MFPP waiver through December 31, 2014. Since this initial one-year extension a series of temporary extensions have been approved by CMS. The waiver is currently operating under a temporary extension approved through December 31, 2016. This temporary extension will allow the State to conduct necessary activities related to the phase-out of the demonstration during the transition of the MFPP to state plan authority.

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 do not 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 two years apart; and
- Reduce the rate of teen births 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

- 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. Eligibility 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;
- 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.

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

Enrollment Data

	Demonstration Year 10 (July 1, 2015 – June 30, 2016)						
	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	15,784	547	16,331	19,062	850	19,912	27,983
# of Participants	7,554	86	7,640	14,353	664	15,017	19,295
# of Member Months	103,774	3,128	106,902	35,033	1,587	36,620	143,522

Service 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, 2015 through June 30, 2016.

Category of Service	Unique Participants	Total Paid
Outpatient Hospital Services	316	\$80,074.18
Pharmacy Services	1,028	\$155,124.61
Medical Supply/DME	11,491	\$488,550.91
Anesthesia	16	\$4,025.85
Physician Services	4,110	\$1,385,707.26
Radiology, Technical Component	64	\$6,421.95
Laboratory	10,597	\$887,801.12
Nurse Midwife Services	4,329	\$1,462,667.10
Nurse Practitioner Services	12,599	\$4,755,897.17
Unique Participants across all services	19,336	\$9,226,270.15

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;
- 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 a total of 135 certified family planning providers as of June 30, 2016.

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 MFPP covering the period July 1, 2006

through June 30, 2011. An Interim Evaluation Report for the MFPP waiver period of July 1, 2011 to June 30, 2014 was submitted as Attachment B of the State's renewal request on June 30, 2015.

Transition Plan

State law requires DHS to seek state plan authority for the MFPP. On June 16, 2016, a temporary extension of the MFPP waiver through December 31, 2016 was granted. The extension of the waiver will allow the program to operate under the existing terms and conditions as DHS prepares for the transition to state plan authority.

Expenditure Reporting and Budget Neutrality Monitoring

Demonstration expenditures are reported quarterly using Form CMS-64, 64.9 and 64.10.

Activities for Next Quarter

Completion of the MFPP quarterly report for the period July 1, 2016 through September 30, 2016 is underway.

Demonstration Year 10
(July 1, 2015 - June 30, 2016)

	Population 1	Population 2	Total Population 1 and 2	Population 3	Population 4
# of Total Enrollees	15,784	547	16,331	19,062	850
# of Participants	7,554	86	7,640	14,353	664
# of Member Months	103,774	3,128	106,902	35,033	1,587

Total Population 3 and 4	Total Unique Demonstration Enrollees (Populations 1 - 4)
19,912	27,983
15,017	19,295
36,620	143,522

COS	COS Description	Unique Participants	Total Paid
007	OUTPATIENT HOSPITAL SERVICES	316	80,074.18
030	PHARMACY SERVICES	1,028	155,124.61
032	MEDICAL SUPPLY/DME	11,491	488,550.91
041	ANESTHESIA	16	4,025.85
043	PHYSICIAN SERVICES	4,110	1,385,707.26
056	AMBULATORY SURGERY	-	-
079	RADIOLOGY, TECHNICAL COMPONENT	64	6,421.95
080	LABORATORY	10,597	887,801.12
090	NURSE MIDWIFE SERVICES	4,329	1,462,667.10
091	NURSE PRACTITIONER SERVICES	12,599	4,755,897.17
		*19336	9,226,270.15

* Unique FP participants across all services.

Service dates 7/1/15 - 6/30/16