

Minnesota Family Planning Program

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**Demonstration Year VII
First Quarter Report
July 1, 2012 through September 30, 2012**

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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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;
- Becomes pregnant; or

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- Becomes an institutionalized individual.

Applicants and enrollees must report a change in an eligibility factor to the Department within ten days of learning about the change. Enrollees who fail to report a change that would have resulted in ineligibility for the program will be disenrolled and will be ineligible for the program for a period of 12 months following the date of disenrollment.

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 the first quarter of demonstration year VII.

Enrollment Data

DY 7	Quarter I (July 1, 2012 – September 30, 2012)					
	Population 1	Population 2	Total Population 1 and 2	Population 3	Population 4	Total Population 3 and 4
# of Newly Enrolled	1,047	23	1,070	7,081	203	7,284
# of Total Enrollees	17,606	200	17,806	10,101	253	10,354
# of Participants	8,548	18	8,566	6,711	152	6,863
# of Member Months	46,038	522	46,560	15,435	391	15,826
Unique MFPP Enrollees: 25, 779 (unduplicated)						

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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, 2012 through September 30, 2012.

Category of Service	Unique Participants	Total Paid
Outpatient Hospital Services	72	\$12,011
Pharmacy Services	1,574	\$172,516
Medical Supply/DME	7,853	\$68,984
Anesthesia	2	\$479
Physician Services	2,398	\$429,518
Radiology, Technical Component	17	\$1,452
Laboratory	4,801	\$445,709
Nurse Midwife Services	2,035	\$457,896
Nurse Practitioner Services	10,113	\$2,030,731
Unique Participants across all services	15,590	\$3,619,295

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;

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- 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 121 certified family planning providers as of September 30, 2012.

Program Evaluation

The proposed evaluation design for the MFPP extension period July 1, 2011 through December 31, 2013 was submitted to CMS on September 17, 2012.

Transition Plan

Analysis is underway to develop a transition plan consistent with the provisions of the Affordable Care Act for individuals enrolled in the MFPP.

Expenditure Reporting and Budget Neutrality Monitoring

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

Activities for Next Quarter

Work will begin on the MFPP report for the period October 1, 2012 through December 31, 2012.