

# Minnesota Family Planning Program

§1115 Waiver No. 11-W-00183/5

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**Demonstration Year 10  
Second Quarter Report  
October 1, 2015 through December 31, 2015**

**Submitted to:**

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

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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. A second one-year extension through December 31, 2015 was approved by CMS in July of 2014. In November 2015, a temporary extension of the MFPP waiver through July 1, 2016 was granted. This temporary extension will allow the State to conduct necessary activities related to the phaseout of the demonstration during the transition of the MFPP to state plan authority.

### **Program Objectives**

The purpose of the MFPP 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 at least 15 years of age or older, but under age 50;
- Have income at or below 200 percent of the federal poverty guidelines (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 DHS in obtaining third-party payments. DHS 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 provider offices and on the DHS website. DHS determines an applicant's eligibility for the program within 45 days of receiving 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. At that time, DHS makes the final determination of ongoing eligibility.

### **Eligibility Verification Activities**

DHS 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. DHS 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 the first quarter of demonstration year 10.

### Enrollment Data

DY 10	Quarter 1 (October 1, 2015 – December 31, 2015)					
	Population 1	Population 2	Total Population 1 and 2	Population 3	Population 4	Total Population 3 and 4
# of Newly Enrolled	97	3	100	3,764	198	3,962
# of Total Enrollees	9,502	261	9,763	5,515	253	5,768
# of Participants	3,048	11	3,059	2,492	121	2,613
# of Member Months	25,354	698	26,052	8,346	402	8,748
Unique MFPP Enrollees: 14,688 (unduplicated)						

## 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 the 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 October 1, 2015 through December 31, 2015.

Category of Service	Unique Participants	Total Paid
Outpatient Hospital Services	31	\$5,417
Pharmacy Services	412	\$39,448
Medical Supply/DME	2,639	\$34,192
Anesthesia	2	\$559
Physician Services	1,018	\$260,200
Radiology, Technical Component	17	\$1,295
Laboratory	2,107	\$144,031
Rural Health Clinic Services	0	\$0
Nurse Midwife Services	837	\$240,743
Nurse Practitioner Services	3,457	\$947,233
Unique Participants across all services	5,629	\$1,673,118

### 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 DHS eligibility verification system to verify that the 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 DHS; and
- Comply with DHS requirements regarding program monitoring and evaluation activities.

There were a total of 132 certified family planning providers as of December 31, 2015.

### 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. In November 2015, a temporary extension of the MFPP waiver through July 1, 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 January 1, 2016 through March 31, 2015 is underway.