

Annual Report
State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Calendar Year 4
January 1– December 31, 2015



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State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Annual Report
CY4 Annual Report (January 1– December 31, 2015)

Executive Summary

Brief Description of Demonstration Population

Plan First eligible individuals are:

- Montana women ages 19 through 44;
- not eligible for other Medicaid benefits;
- able to become pregnant but are not now pregnant; and
- earning a household income through 211% of the federal poverty level.
- This program is limited to 4,000 women at any given time.

Goals of Demonstration

The goals of the demonstration are:

- Improved access to and use of family planning services among the participants;
- Fewer unintended pregnancies; and
- Improved birth outcomes and women’s health by increasing the child spacing interval.

Program Highlights

Family Planning Benefits: Family planning services and supplies are limited to services and supplies with the primary purpose of family planning, and are provided in a family planning or other medical setting. Family planning services and supplies include:

- FDA approved methods of contraception;
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap tests and pelvic exams;
- Drugs, supplies, or devices related to women health services; and
- Contraceptive management, patient education, and counseling.

Family Planning-Related Services: Family planning-related services and supplies are services provided as part of, or as follow-up to, a family planning visit. Such services are provided because a family planning-related problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

- Colposcopy (and procedures done with/during a colposcopy), or a repeat Pap test performed as a follow-up to an abnormal Pap test, done as part of a routine or periodic family planning visit;
- Drugs for the treatment of STI/STDs, except for HIV, AIDS, or hepatitis, when the STI/STDs is identified or diagnosed during a routine or periodic family planning visit. A follow-up visit or encounter for the treatment or prescription of drugs, and subsequent

follow-up visits to rescreen for STIs and STDs, based on the Centers for Disease Control and Prevention guidelines may be covered;

- Drugs and treatment for vaginal infections and disorders, other lower genital tract and genital skin infections and disorders, and urinary tract infections, where these conditions are identified or diagnosed during a routine or periodic family planning visit. A follow-up visit for treatment or drugs may also be covered;
- Other medical diagnosis, treatment, and preventive services, routinely provided during family planning visit in a family planning or other medical setting. An example of a preventive service could be a vaccination to prevent cervical cancer; and
- Treatment of major complications arising from a family planning procedure such as, but not limited to:
 - Treatment of a perforated uterus due to an intrauterine device insertion;
 - Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring dilation and curettage; or
 - Treatment of surgical or anesthesia-related complications caused during a sterilization procedure.

Demonstration Year	Begin Date	End Date	Annual Report Due Date (90 days following end of Annual date)
DY1	June 1, 2011	June 30, 2012	September 28, 2012
DY2	June 1, 2012	June 30, 2013	September 28, 2013
DY3	June 1, 2013	June 30, 2014	September 28, 2014
CY4	January 1, 2015	December 31, 2015	March 31, 2015

- ***Significant Program Changes***

- **Narrative describing any administrative and operational changes to the Demonstration, such as eligibility and enrollment processes, proposed or implemented changes to the enrollment limit, eligibility redetermination processes (including the option to utilize administrative redetermination), systems, health care delivery, benefits, quality of care, anticipated or proposed changes in payment rates, and outreach changes; and**

Plan First lost a substantial number of members during the suspension of administrative redetermination due to conversion to the MAGI methodology in 2014. So, 2015 was an enrollment building year.

Plan First changed the enrollment process in the third quarter of 2015 to better identify and enroll women losing Medicaid pregnancy coverage. Also, a targeted Plan First outreach program using nursing students was coordinated through Planned Parenthood in Billings. This created an increase in the enrollment in the fall of 2015.

- **Narrative on any noteworthy Demonstration changes, such as changes in enrollment, service utilization, education and outreach, and provider participation. Discussion of any action plan if applicable.**

The Montana Legislature adopted Medicaid expansion due to begin January 1, 2016. Applications were accepted starting November 1, 2015. It is apparent that this increase in the Medicaid population will affect Plan First enrollment. Montana will monitor the change to the number of Plan First members.

- ***Policy Issues and Challenges***

- **Brief narrative on noteworthy policy issues and challenges from previous Demonstration years and actions if applicable:**
- **Narrative providing an overview of any policy issues the State is considering, including pertinent legislative/budget activity and potential Demonstration amendments;**

Medicaid expansion for adults was adopted during the 2015 session of the Montana Legislature. Coverage begins in January 2016.

- **Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable;**
- **Narrative on progress updates to the transition plan as specified in STC 27.**

Plan First applicants are mostly referred by Title X family planning clinics or by ACA Navigators. These enrollment assistants only refer women who do not qualify for full Medicaid benefits. Now that Medicaid expansion has been approved by the Montana Legislature, more members will be enrolled with full Medicaid benefits rather than in Plan First.

- **Narrative on any budget neutrality issues the State has identified. Please include a description of action plan if applicable.**

The costs of benefits PMPM has gone down from the previous year and clearly meets the guidelines set forth in the STCs.

Enrollment and Renewal

- **Enrollment figures- Please utilize the chart below to provide data on the enrollees and participants within the Demonstration in addition to member months. The chart should provide information to date, over the lifetime of the Demonstration extension.**
 - **As outlined in STCs 25 and 33,**

1. **Enrollees are defined as all individuals enrolled in the Demonstration;**

- The number of newly enrolled should reflect the number of individuals enrolled for the quarter reported.
 - The number of total enrollees should reflect the total number of individuals enrolled for the current DY.
 - 2. **Participants** are defined as all individuals who obtain one or more covered family planning services through the Demonstration; and
 - 3. **Member months** refer to the number of months in which persons enrolled in the Demonstration are eligible for services. For example, a person who is eligible for 3 months contributes to 3 eligible member months to the total.
- This Demonstration has two eligible populations, as described in STC 14.

Population 1: Women losing Medicaid pregnancy coverage the conclusion of 60 days postpartum; and

Population 2: Women who have an income at or below 200 percent of the FPL.

	DY1 (July 1, 2011 - June 30, 2012)		
	Population 1	Population 2	Total Population
# of Total Enrollees	0	92	92
# of Participants	0	36	36
# of Member Months	0	92	92

	DY2 (July 1, 2012 - June 30, 2013)		
	Population 1	Population 2	Total Population
# of Total Enrollees	70	2,220	2,290
# of Participants	51	1,780	1,831
# of Member Months	224	15,526	15,750

	DY3 (July 1, 2013 - June 30, 2014)		
	Population 1	Population 2	Total Population
# of Total Enrollees	112	5,648	5,760
# of Participants	100	3,465	3,565
# of Member Months	472	32,667	33,139

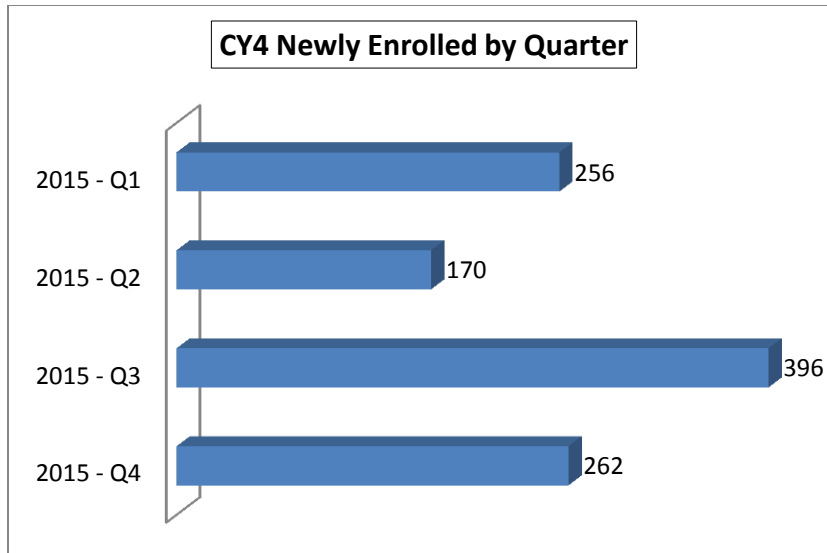
	CY4 (January 1-December 31, 2015)		
	Population 1	Population 2	Total Population
# of Total Enrollees	302	2,657	2,959
# of Participants	111	1,773	1,884
# of Member Months	822	28,507	29,329

The **# of Participants** reflects the number of Plan First enrollees who had at least one paid claim for Plan First covered services. Demonstration Years 1-3 are cumulative and CY4 starts over as the STCs require data for the demonstration extension.

- **Provide narrative on observed trends and analysis of data, including any proposed actions for improvement. As per STC 26, the State must include a narrative of any changes in enrollment and/or participation that fluctuate 10 percent or more in relation to the previous Demonstration year (DY). Also discuss actions identified that could improve enrollment numbers, if applicable.**

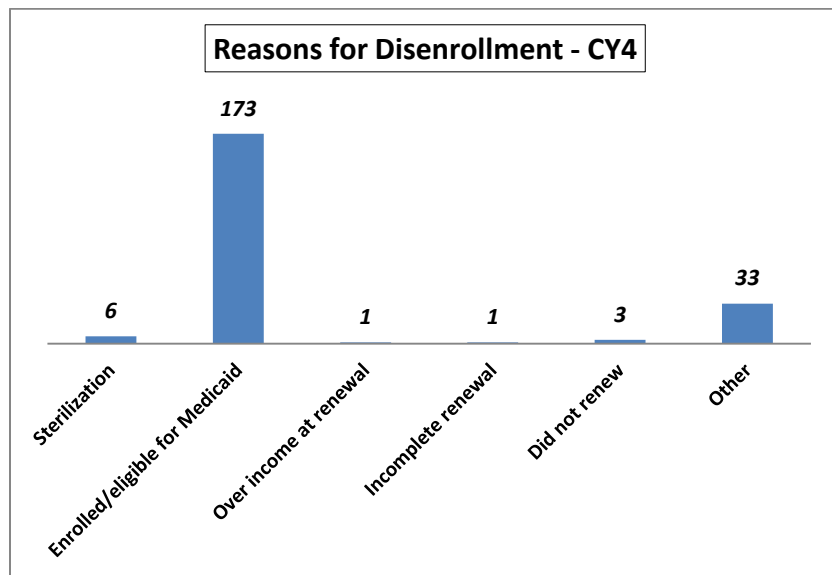
Montana reinstated administrative renewals in 2015 and worked on better enrolling women losing pregnancy Medicaid. This has increased the Plan First enrollment.

- **Provide graphs/charts for the data indicated below:**
 - 1) **Annual enrollment by population for each Demonstration Year over the lifetime of the Demonstration.**



2) Annual Disenrollment and Retention Figures

- **Discuss the current Demonstration year’s retention and disenrollment figures, including the top reasons for disenrollment, compared to the last Demonstration year and trends observed throughout the current Demonstration year’s quarters.**
- **Provide charts and graphs to illustrate the data.**



	Sterilization	Enrolled or eligible for Medicaid	Over income	Incomplete renewal	Did not renew	Other	Total
DY2	4(5.3%)	15(19.7%)	6(7.9%)	0	0	51(67.1%)	76
DY3	7(0.6%)	117(10.3%)	28(2.5%)	47(4.1%)	872(76.8%)	64(5.7%)	1,135
CY4	6(2.7%)	173(79.7%)	1(0.5%)	1(0.5%)	3(1.40%)	33(15.2%)	217

Administrative renewals were reinstated in 2015, so the number of members not renewing went down drastically. The main reason for disenrollment in 2015 is Medicaid enrollment.

Service and Providers

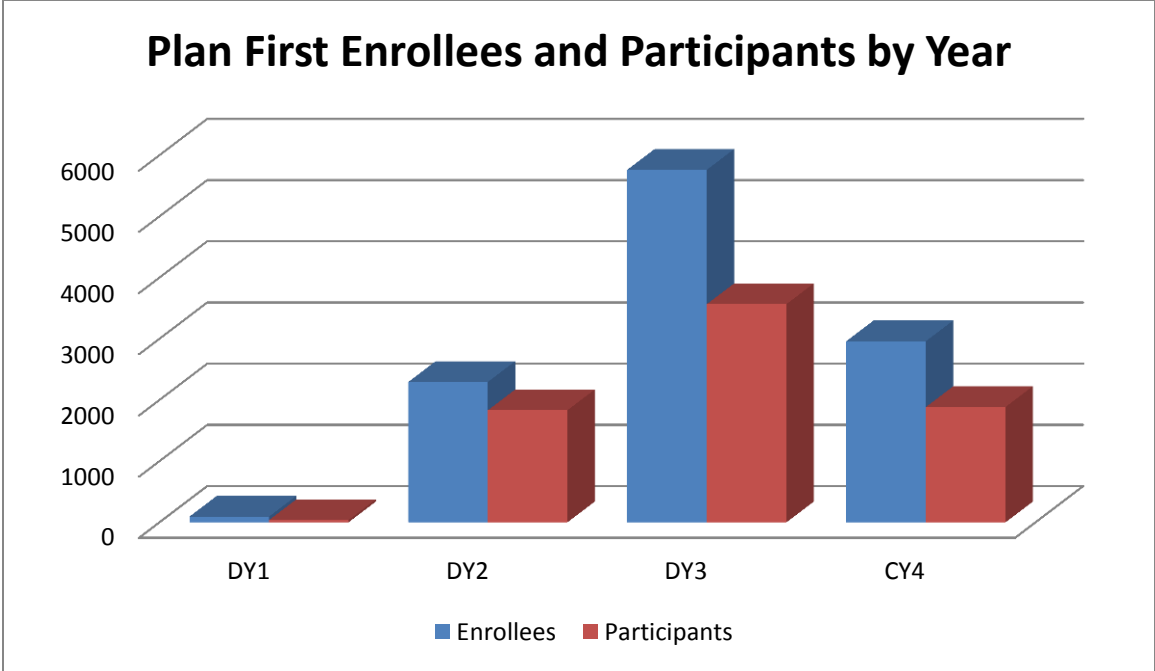
- *Service Utilization*
 - **Provide a narrative on trends observed with family planning and family planning-related services and supplies utilization. Please also describe any changes in service utilizations or change to the Demonstration’s benefit package. Provide any relevant charts/graphs illustrating data found.**

The top five Claim Diagnosis Codes for CY4 were:

1. Contraceptive Pill Surveillance
2. Routine Gynecological Exam
3. Contraceptive Surveillance – Other
4. Chlamydia Screening
5. Pap Screening

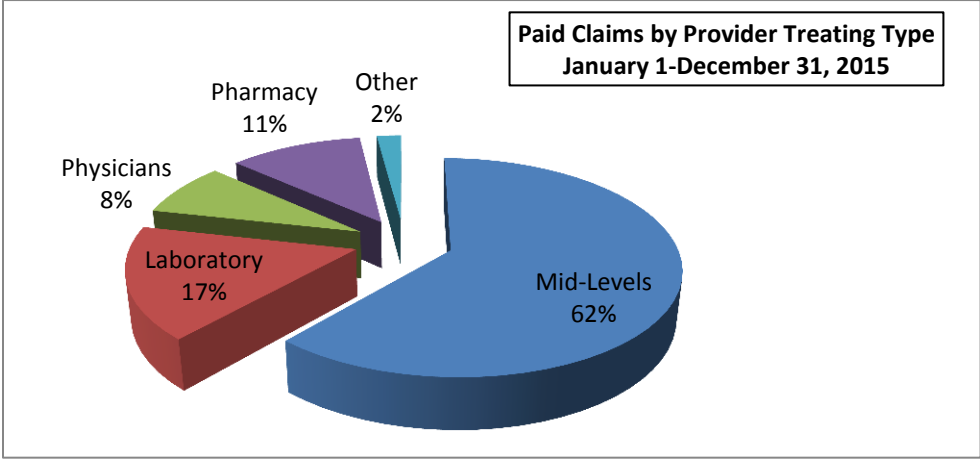
These were also the top five codes for DY2 and DY3. With the change to the use of ICD-10 diagnoses October 1, 2015, the diagnoses may be different in next year’s report.

- **Provide a cumulative graph highlighting the enrollees and participants over the lifetime of the Demonstration.**



Demonstration Years 1-3 are cumulative and CY4 starts over as the STCs require data for the demonstration extension.

- **Provider Participation**
 - **Provide a narrative on the current provider participation in rendering services during this Demonstration year highlighting any current or expected changes in provider participation, planned provider outreach and implications for health care delivery.**



A large portion of Plan First members are enrolled in Title X family planning clinics. These clinics are usually staffed with mid-level providers. If family planning-related issues are discovered during the family planning visit, members are referred to other providers to address those issues. For instance, a woman may receive a Pap test at a

family planning clinic and then be referred to an OB/Gyn provider to receive a colposcopy.

Program Outreach Awareness and Notification

- **Provide information on the public outreach activities conducted this Demonstration Year.**

ACA navigators housed in the Planned Parenthood of Montana offices provide outreach to women who do not qualify for Medicaid.

DPHHS continues to determine which women losing Medicaid for pregnant women are eligible for Plan First.

- **Provide a brief assessment on the effectiveness of outreach programs throughout the Demonstration Year.**

Family planning clinics have assisted the enrollment of the largest portion of women into Plan First.

- ***Target Outreach Campaign(s) (if applicable)***

No additional targeted outreach campaigns were conducted.

Plan First enrollments continue to steadily climb. Plan First will continue to try to identify women who have lost pregnant woman coverage and qualify them.

Program Evaluation, Transition Plan and Monitoring

- **Identify any quality assurance and monitoring activities in current Demonstration Year. Also, please discuss program evaluation activities and interim findings;**

Program evaluation activities have not begun at this time.

- **Provide a narrative of any feedback and grievances made by beneficiaries, providers and the public, including any public hearings or other notice procedures, with a summary of the State's response or planned response.**

Billing and enrollment issues are dealt with as they occur, and there are no outstanding issues at this time.

- **Provide progress updates to the transition plan as specified in STC 27.**

The Transition Plan was submitted to CMS January 1, 2013. DPHHS will make continued updates to the transition plan as its impact on the Affordable Care Act is understood and operationalized.

Interim Evaluation of Goals and Progress

Goal 1: The demonstration will result in an increase in the number of female Medicaid members ages 19 through 44 receiving family planning services paid by Medicaid.

Measure: The number of women ages 19 through 44 who receive Medicaid family planning services each waiver year.

Data required: The number of women ages 19 through 44 who receive Medicaid family planning services as identified by a code unique to Plan First members.

Progress Update: A total of 4,595 Plan First members have received a Medicaid family planning service since the beginning of the demonstration.

Goal 2: The demonstration will result in a decrease in the percentage of births paid by Medicaid for women ages 19 through 44.

Measure: The percentage of births to women ages 19 through 44 paid by Medicaid.

Data required: The total number of births. The number of births to Medicaid members ages 19 through 44. The total number of female Medicaid members ages 19 through 44.

Progress Update: Data detailing the number of Montana births is not available by age, so the number of Montana births has been compared to the number of Medicaid paid births. A Medicaid Births Report, 2010-2013 was published in November of 2015. The report explained that the Medicaid birth rate increased from 2012 to 2013, 43.6% and 45.8% respectively for a 2.4% increase. The increase in birth rate corresponds to an even larger increase in Medicaid enrollment from the beginning of 2012 to the end of 2013, of 5.7%.

Goal 3: The demonstration will reduce annual Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care.

Measure: Estimated Medicaid savings from births averted by the family planning waiver less the cost of family planning services paid under the waiver, and the percent decrease in Medicaid births.

Data required: The difference in cost and the percent difference between the expected number of Medicaid births and the actual number of Medicaid births for Medicaid members ages 19 through 44 each waiver year. The estimated cost of each birth including prenatal care, delivery, and newborn and infant care costs. The cost of providing family planning services to the waiver population.

Progress Update: The number of Medicaid births has not yet decreased, so there is not a reduction in Medicaid birth-related expenditures.

Goal 4: The demonstration will improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

Measure: The proportion of women ages 19 through 44 with a Medicaid paid birth in a waiver year with a subsequent Medicaid paid birth within 18 months.

Data required: The number of Medicaid paid births to Medicaid members ages 19 through 44 each waiver year and the number of subsequent Medicaid paid births for those women within 18 months.

Progress Update: The data has just become available for women with Medicaid paid births in DY2. Of the 4,499 women who had Medicaid paid births from July 1, 2012, through June 30, 2013, 362, or 8%, had a subsequent Medicaid paid birth within 18 months. We will continue to monitor this figure as the demonstration continues.

Annual Expenditures

- **The State is required to provide quarterly expenditure reports using the Form CMS-64 to report expenditures for services provided under the Demonstration in addition to administrative expenditures. Please see Section VII of the STCs for more details.**
- **Please utilize the chart below to include expenditure data, as reported on the Form CMS-64. Provide information to date, over the lifetime of the Demonstration extension.**

	DY 1-3 and CY4 (July 1, 2011 – December 31, 2015)			
	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS-64	Total Expenditures as Reported on the CMS-64	Expenditures as requested on the CMS- 37
DY1 Total Annual Expenditures	\$0	\$0	* \$0	NA
DY2 Total Annual Expenditures	\$787,429	\$83,082	\$870,511	NA
DY3 Total Annual Expenditures	\$1,247,636	\$91,867	\$1,339,503	NA
CY4 Total Annual Expenditures	\$856,319	\$157,792	\$1,014,111	NA

* Although Plan First became operational on June 1, 2012, no claims were processed and paid during that time.

	DY2 (July 1, 2012 – June 30, 2013)		
	Population 1	Population 2	Total Population
# Member Months	224	15,526	15,750
PMPM	\$55.27	\$55.27	\$55.27
Total Expenditures	\$12,381	\$858,130	\$870,511

	DY3 (July 1, 2013 – June 30, 2014)		
	Population 1	Population 2	Total Population
# Member Months	472	32,667	33,139
PMPM	\$40.42	\$40.42	\$40.42
Total Expenditures	\$19,078	\$1,320,425	\$1,339,503

	CY4 (January 1- December 31, 2015)		
	Population 1	Population 2	Total Population
# Member Months	822	28,507	29,329
PMPM	\$34.58	\$34.58	\$34.58
Total Expenditures	\$284,425	\$729,686	\$1,014,111

Population 1 and population 2 are combined in the payment system, and we are not currently able to separate the costs. The expenditures and the PMPM are split out equally by total population.

The PMPM cost went down in CY4. This is likely due to the fact that more women losing pregnant woman Medicaid are enrolled. These women did not actively enroll in Plan First.

Actual Numbers of Births to Demonstration Population

- **Provide the number of actual births that occur to family planning demonstration participants within the DY over the lifetime of the demonstration (participants include all individuals who obtain one or more covered family planning services each year.)**

	# Births
Demonstration Year 1	0
Demonstration Year 2	0
Demonstration Year 3	0
Calendar Year 4	0

Cost of Medicaid Funded Births

- **For each demonstration year, provide the average total Medicaid expenditures for a Medicaid-funded birth. The cost of a birth includes prenatal services and delivery and pregnancy-related services and services to infants from birth up to age 1 (the services should be limited to the services that are available to women who are eligible for Medicaid because of their pregnancy and their infants).**

The Montana Medicaid Program published a report in November 2015 on the cost of Montana Medicaid prenatal, delivery, postnatal, and infant costs for 2010 through 2013. The total pregnancy-related costs for 2012 and 2013 were \$11,018 and \$10,955 per birth, respectively.

Activities for Next Year

- **Report on any anticipated activities for next year.**

Activities for the next year include increasing Plan First enrollment by continuing to focus on enrolling Population 1.

Contraceptive Methods

- Please indicate the number of each contraceptive method dispensed in the demonstration year.

Montana Family Planning Demonstration-Contraceptive Methods			
CY 2015 January 1-December 31, 2015			
	Number of Contraceptive Method Dispensed	Number of Unique Contraceptive Users	Data Source
Male Condom	124	108	MMIS
Female Condom	0	0	MMIS
Sponge	NA	NA	MMIS
Diaphragm	3	3	MMIS
Pill	3,024	1,386	MMIS
Patch	121	57	MMIS
Ring	542	273	MMIS
Injectable	555	255	MMIS
Implant	129	128	MMIS
IUD	188	183	MMIS
Emergency Contraception	70	55	MMIS
Sterilization	34	34	MMIS

History

Narrative on a brief introduction of Demonstration, provide historical background from previous Demonstration years and trends.

In January 2012, modifications were made to the Montana's Medicaid Management Information System (MMIS) to process the family planning waiver plan of benefits. An online application and eligibility process were developed and tested. In April 2012, the MMIS enhancements were completed.

Public notice of Plan First was published in newspapers in early February 2012. Later that month the administrative rule hearing was held.

On May 30, 2012, the special terms and conditions (STCs) and approval letter were received, and on June 12, 2012, Montana accepted the Plan First Family Planning Demonstration Award.

The Montana Plan First website went live in early June, 2012. The website contains general information on Plan First including eligibility criteria, documents, resources, contact information, the Plan First brochure, and an easy-to-use online application.

Medicaid providers including physicians, pharmacies, mid-level practitioners, family planning clinics, public health clinics, Indian Health Services, federally qualified health centers, and rural

health clinics were all introduced to Plan First through the Montana Department of Health and Human Services website. In addition, an article about Plan First was published in the Claim Jumper, an on-line provider newsletter published by Montana Health Care Programs' fiscal agent and available electronically to all Medicaid providers.

The Plan First announcement to the media, public, and providers was completed during the month of June 2012.

On January 1, 2014, Montana adopted the modified adjusted gross income (MAGI) family and income counting eligibility methodology required by the Affordable Care Act (ACA). This change increased Plan First's federal poverty level (FPL) percentage from 200% to 211%, requiring a new state administrative rule and eligibility application. The administrative redetermination process, which automatically enrolls members who do not report any household or income changes, was suspended for 2014.

CMS extended the original waiver to December 31, 2014. Waiver renewal activities began in early 2014 to prepare for a new three-year waiver cycle beginning January 1, 2015. Tribal notification was sent April 2, 2014. Public meetings were held in Billings and Helena on April 9, 2014, and April 14, 2014 respectively. Public notice was published in Billings and Missoula newspapers on April 1, 2014, and April 6, 2014 respectively. The waiver renewal application was submitted on June 30, 2014.

Montana received the preliminary waiver renewal STCs on December 30, 2014, and formally accepted the waiver renewal on January 22, 2015.

The draft evaluation report was submitted June 2, 2015.

A public notice meeting for the waiver was held December 1, 2015.