Annual Report

State of Montana

Montana Plan First Family Planning Demonstration

Section 1115 Family Planning Waiver

Calendar Year 5

January 1– December 31, 2016

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Introduction

Narrative on a brief introduction of demonstration, provide historical background, such as amendment changes, extension request and dates of CMS approval.

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.

Montana Medicaid expansion began January 1, 2016.

Public notice meetings for the waiver renewal were held October 4, 2016, in Helena, Montana, and October 5, 2016, in Billings, Montana.

Plan First was discussed at the Montana Health Coalition meeting held in Helena, Montana on November 28, 2016.

Montana submitted a Plan First waiver renewal application December 31, 2016.

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, 2012	June 30, 2012	September 28, 2012
DY2	July 1, 2012	June 30, 2013	September 28, 2013
DY3	July 1, 2013	June 30, 2014	September 28, 2014
CY4	January 1, 2015	December 31, 2015	March 31, 2016
CY5	January 1, 2016	December 31, 2016	March 31, 2017

- ***Significant Program Changes from previous demonstration years***

    - **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**

Montana implemented Medicaid expansion, effective 01/01/2016. Some of the previous Plan First members dis-enrolled as they became eligible for a full benefit package.

    - **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.**

Montana implemented Medicaid expansion, effective 01/01/2016. A decline in enrollees was expected due to the availability of this more comprehensive coverage for many women who qualify.

- ***Policy Issues and Challenges***

    - **Brief narrative on noteworthy policy issues and challenges from previous Demonstration years and actions if applicable:**

There have been no significant policy issues this calendar year.

    - **Narrative providing an overview of any policy issues the State is considering, including pertinent legislative/budget activity and potential Demonstration amendments;**

There are no policy changes under consideration.

    - **Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable;**

No policy, administrative or budget issues have been identified.

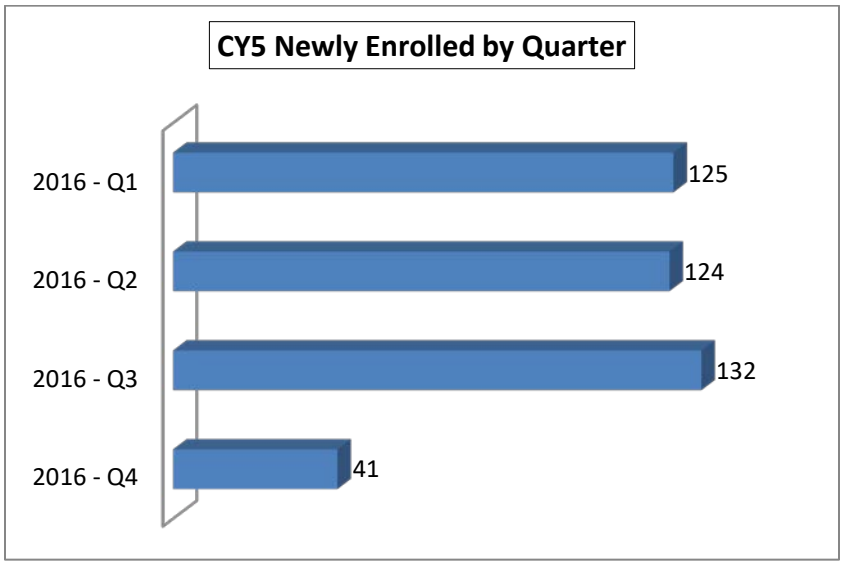
    - **Narrative on any budget neutrality issues the State has identified. Please include a description of action plan if applicable.**

The cost of benefits PMPM has continued to go down from previous years 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 27 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 16.**

  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.** (Affordable Care Act Survey of Income and Program Participation conversion changes to 211% FPL on January 1, 2014)

	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

	CY5 (January 1 – December 31, 2016		
	Population 1	**Population 2**	**Total Population**
# of Total Enrollees	362	2,996	3,358
# of Participants	141	2,253	2,394
# of Member Months	970	52,096	53,066

Demonstration Years 1-3 are cumulative and CY4 starts over as the STCs require data for the demonstration extension. CY4 and CY5 are cumulative.

- **Provide narrative on observed trends and analysis of data, including any proposed actions for improvement. As per STC 26 and 27, 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**

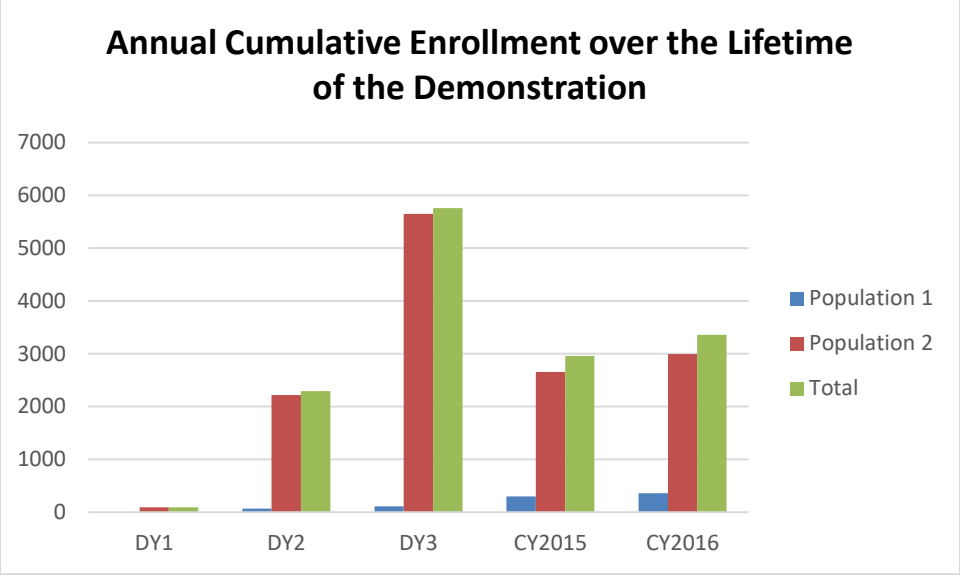
Montana reinstated administrative renewals in 2015 and worked on better enrolling women losing pregnancy Medicaid. This has increased the Plan First enrollment.

Due to the implementation of Medicaid Expansion, enrollment rate for Plan First has slowed but we continue to have good retention and new enrollees. Total enrollees for CY5 had increased by 13.5% and total participants increased by 27% over CY4.

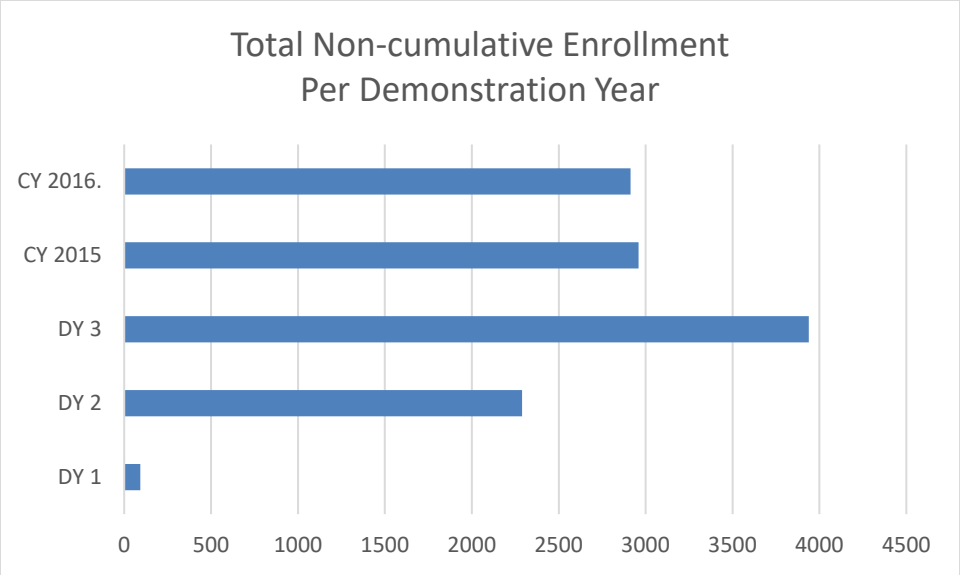
The above calculation of Member Months is certified to be accurate by Montana Medicaid.

- **Provide graphs/charts for the data indicated below:**

  1) **Annual enrollment by population for each Demonstration Year over the lifetime of the Demonstration.**



Demonstration Years 1-3 are cumulative and CY2015 starts over as the STCs require data for the demonstration extension. CY2015 and CY2016 are cumulative.



2) It is the state's option to provide graphs and analysis of annual enrollment by characteristics, such as race/ethnicity, and age.

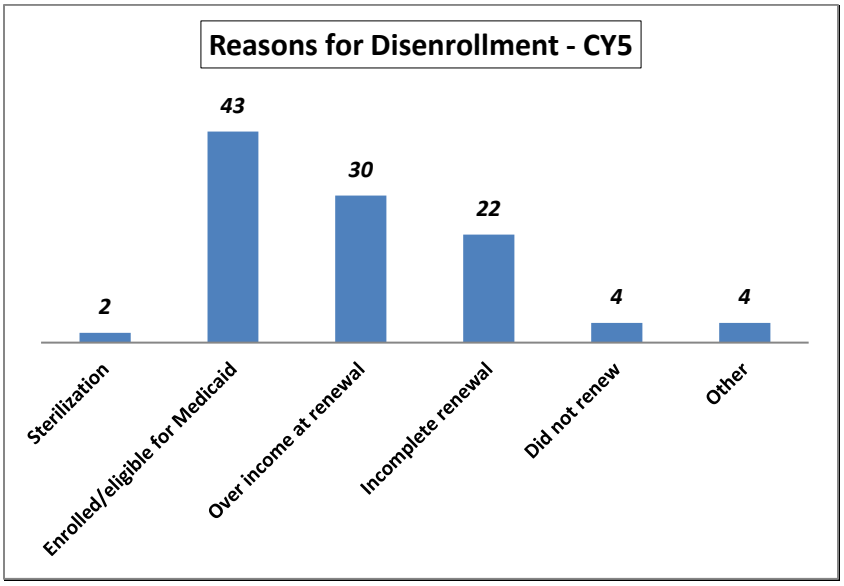
Not provided at this time.

3) 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.**

The Plan First Waiver retention remains strong. Total enrollment figures are small enough that disenrollment is not tracked on a quarterly basis, only annually.

- **Provide charts and graphs to illustrate the data.**



Disenrollment throughout the Demonstration													
	Sterilization # and %		Enrolled or eligible for Standard Medicaid or Medicaid Expansion # and %		Over Income # and %		Incomplete renewal # and %		Did not renew # and %		Other # and %		**Total**
DY2	4	5.3%	15	19.7%	6	7.9%	0	0%	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**
CY5	2	1.9%	43	40.9%	30	28.6%	22	20.9%	4	3.8%	4	3.8%	**105**

Administrative renewals were reinstated in 2015 (CY 4), so the number of members not renewing went down drastically. The main reason for disenrollment in 2016 is Medicaid enrollment. Implementation of Medicaid Expansion in 2016 caused many women to switch from Plan First to the more comprehensive coverage.

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**

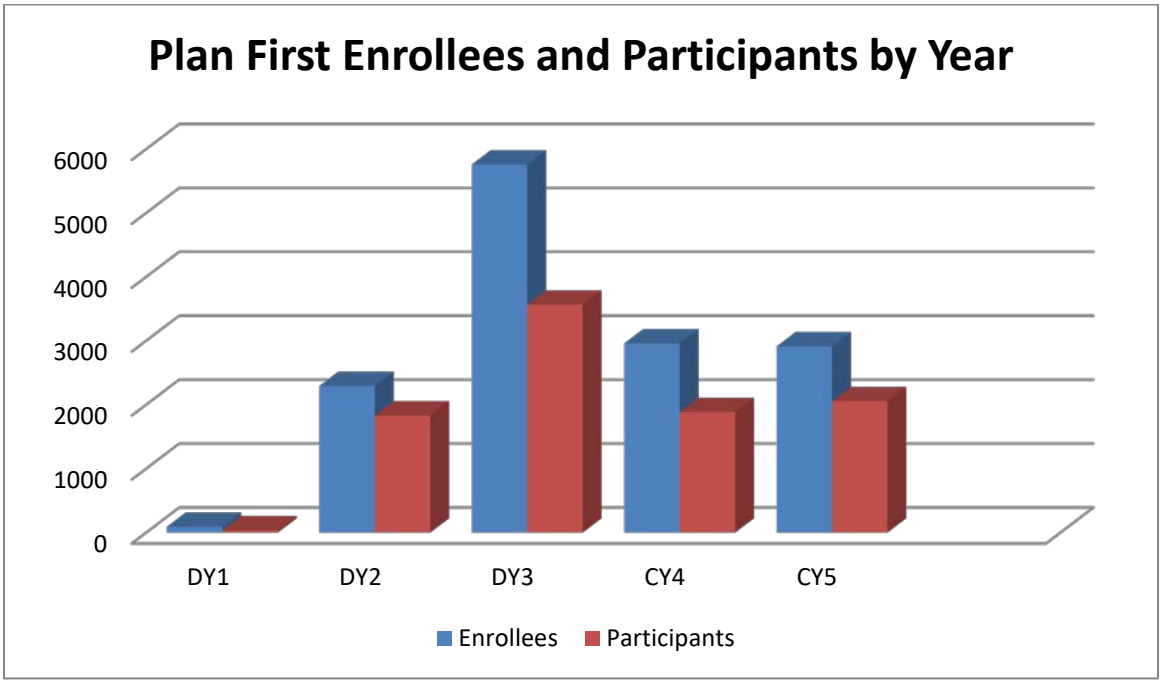
changes in service utilizations or change to the demonstration's benefit package. Provide any relevant charts/graphs illustrating data found.

The top five claim diagnosis codes for CY5 were:

- Contraceptive Pill Surveillance
- Routine Gynecological Exam
- Contraceptive Surveillance
- Chlamydia Screening
- Pap Screening

These were also the top five codes for DY2, DY3, and CY4.

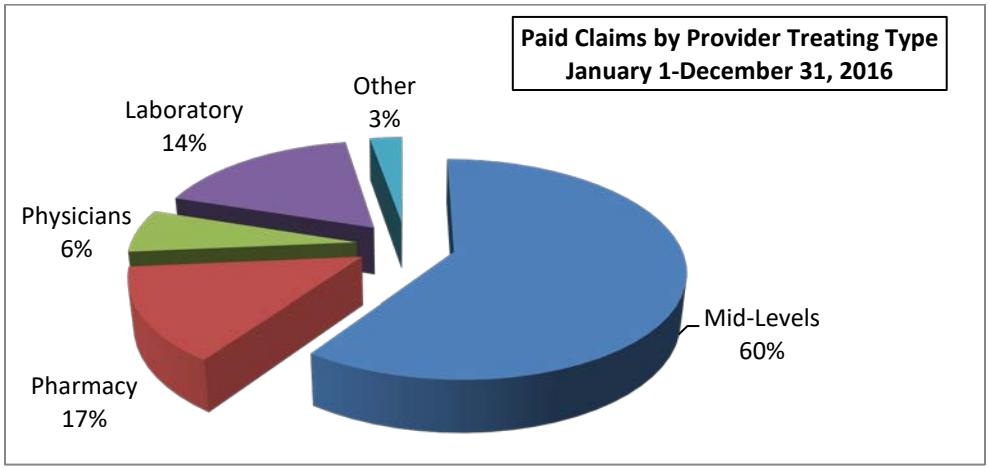
- **Provide a cumulative graph highlighting the enrollees and participants over the lifetime of the Demonstration.**



Demonstration Years 1-3 show cumulative data. Beginning in CY4 the state began a new accumulation cycle. CY4 and CY5 are cumulative.

- ***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 through Title X family planning clinics. These clinics are commonly 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 example, 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 Standard 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.

Outreach efforts are mostly provided by the Title X family planning clinics that occasionally receive funding from the Women's and Men's Reproductive and Sexual Health sections of the Montana Public Health & Safety Division. Grants received can't be used for service provision, but may be used for education and outreach. Montana has not assessed the effectiveness of outreach activities.

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

The Affordable Care Act (ACA) navigators at family planning clinics and Federally Qualified Health Centers (FQHC) suggest Plan First to the women whose income exceeds Medicaid eligibility.

No additional targeted outreach campaigns were conducted.

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

Program Evaluation, Transition Plan and Monitoring

- **A summary of program integrity and related audit activities for the demonstration, including an analysis of point-of-service eligibility procedures;**

Plan First claims are eligible to be selected during Payment Error Rate Measurement audits.

Plan First does not have point-of-service eligibility determination. Providers educate and assist potential members toward Plan First application.

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

Plan First claims are included in any Medicaid quality assurance activity.

Montana accessed data to measure progress on demonstration goals. Evaluation data was provided in the application for renewal.

- **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.

Interim Evaluation of Goals and Progress

Hypothesis 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.

> Utilization of family planning services increased from 16% in DY1 to 21% in SFY2016. Montana expanded Medicaid effective January 1, 2016, which explains the significant increase in Female Medicaid Members in CY2016.

Hypothesis 2: The demonstration will result in a decrease in births paid by Medicaid for women aged 19 through 44.

Births paid by Medicaid seem to be levelling off while Medicaid members have significantly increased. Also, Montana began a long acting reversible contraceptive (LARC) initiative in January 2016. The consequences of this initiative will also be monitored.

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

The information available at this time of this report does not include newborn care. It will be included on a future report. Even though all claims for SFY2016 services have not yet been paid, it appears that the costs for Medicaid births for SFY2016 has not significantly increased from SFY2015.

Hypothesis 4: The demonstration will improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population. The measure is the number of women ages 19 through 44 with a Medicaid paid birth in a waiver year with a subsequent Medicaid paid birth within 18 months.

It is still too early in the demonstration to identify any trends in decreasing subsequent births. Recent data shows a slight increase in child spacing (.54%) from State Fiscal Year (SFY) 2014 to SFY 2015 as Medicaid enrollment has increased. Montana will continue to monitor this as well as the influence of the LARC initiative.

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.**

The below table is NOT cumulative.

	DY 1-3 and CY4 & CY5 (July 1, 2011 – December 31, 2016)			
	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	$882,109	$157,792	$1,039,901	NA
CY5 Total Annual Expenditures	$623,476	$145,887	$769,363	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

	CY5 (January 1- December 31, 2016)		
	Population 1	Population 2	Total Population
# Member Months	150	23,587	23,737
PMPM	$32.41	$32.41	$32.41
Total Expenditures	$4,862	$765,501	$769,363

Population 1 and population 2 are combined in the payment system, and we are not able to separate the costs. The expenditures and the PMPM are proportionately by population.

The PMPM cost decreased in CY5. This is likely due to the fact that more women losing pregnant woman Medicaid are enrolled, and did not actively enroll in Plan First. Some women may have enrolled in Plan First and transitioned to Medicaid Expansion later in the year.

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
DY 1	**0**
DY 2	**0**
DY 3	**0**
CY 4	**0**
CY 5	**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. This report hasn't been repeated recently. We do have current data showing the expenses incurred by the mothers only during this demonstration year. The mothers-only average expenditures for a Medicaid-funded birth were $4,172.

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 CY5 January 1-December 31, 2016			
	Number of Contraceptive Method Dispensed	Number of Unique Contraceptive Users	Data Source
Male Condom	20	17	MMIS
Female Condom	1	1	MMIS
Sponge	NA	NA	MMIS
Diaphragm	0	0	MMIS
Pill	2,001	680	MMIS
Patch	5	5	MMIS
Ring	359	117	MMIS
Injectable	348	146	MMIS
Implant	37	36	MMIS
IUD	447	228	MMIS
Emergency Contraception	56	42	MMIS
Sterilization	29	29	MMIS