

**State of Montana**  
**Montana Plan First Family Planning Demonstration**  
**Section 1115 Quarterly Report**  
**DY5, CY 2016, Quarter 1**  
**Fiscal Quarter January 1-March 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 FPL.
- 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 Years (DY) 5 & 6 Calendar Year 2016	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	January 1, 2016	March 31, 2016	May 30, 2016
Quarter 2	April 1, 2016	June 30, 2016	August 29, 2016
Quarter 3	July 1, 2016	September 30, 2016	November 29, 2016
Quarter 4	October 1, 2016	December 31, 2016	March 1, 2017

**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;**

Montana implemented adult Medicaid Expansion effective January 1, 2016. We will be monitoring enrollment to see how this affects Plan First. Medicaid Expansion serves members with incomes up to 138% FPL, while Plan First enrolls women with incomes up to 211% FPL. There is still an opportunity to serve women with incomes above the Medicaid Expansion level.

The Plan First 2016 eligibility FPL was updated at the end of this quarter. This

included a website and brochure update.

- **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.**

### **Policy Issues and Challenges**

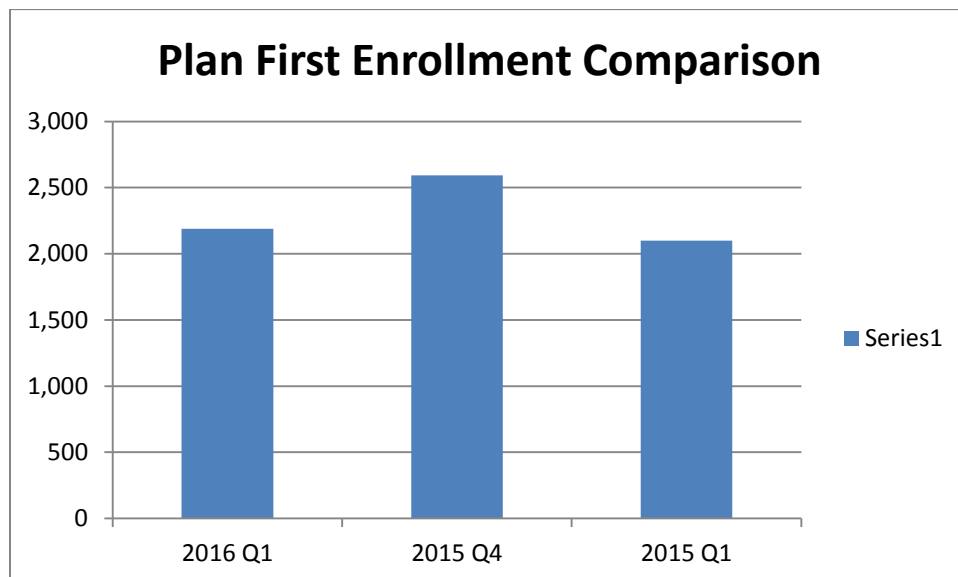
- **Narrative providing an overview of any policy issues the state is considering, including pertinent legislative/budget activity and potential demonstration amendments;**

No significant policy issues are currently planned.

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

### **Enrollment**

- **Provide narrative on observed trends and explanation of data. 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 quarter with the same calendar year (CY) and the same quarter in the previous CY. (This waiver renewal numbers quarters according to CY, whereas the quarters were previously numbered according to demonstration year (DY).)**



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.

Beginning January 2016, many of the women previously automatically enrolled after losing Medicaid pregnancy coverage are now eligible for Medicaid expansion. This trend should continue and enrollment will likely decrease in the future.

- **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 26 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 at the conclusion of 60 days postpartum; and

Population 2: Women who have an income at or below 211 percent of the FPL.

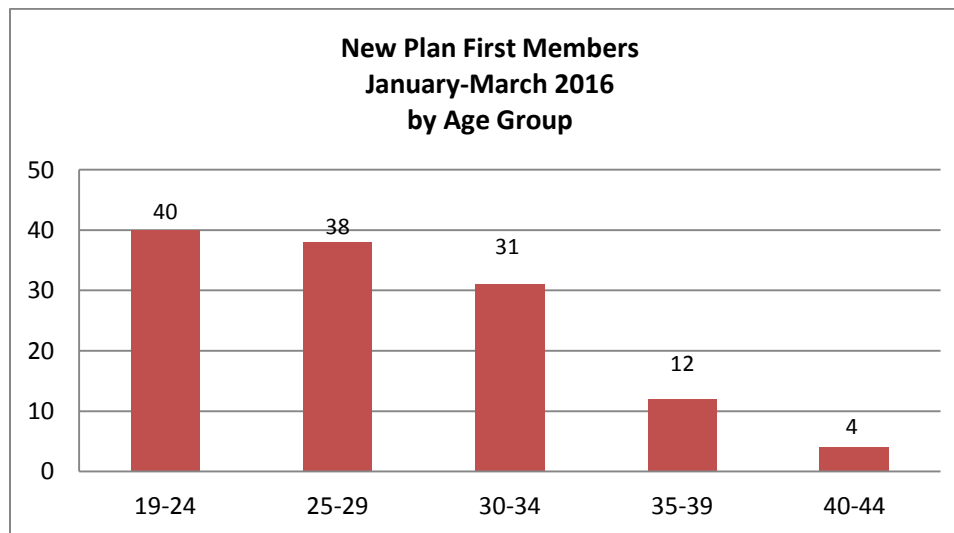
<b>DY5: 2016</b>	<b>2016 Quarter 1 (January 1-March 31, 2016)</b>
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	Population 1	Population 2	Total Population
# of Newly enrolled	33	92	125
# of Total Enrollees	277	2,806	3,083
# of Participants	37	1,943	1,980
# of Member Months	232	35,774	36,006

The number of participants reflects the number of Plan First enrollees who had at least one paid claim for Plan First covered services. Less than half of the members received a service. A number of Plan First enrollees for the quarter were ultimately enrolled in expanded Medicaid by the end of the quarter.

### Service Utilization

- **Provide a narrative on trends observed with service utilization. Please also describe any changes in service utilizations or change to the demonstration's benefit package.**



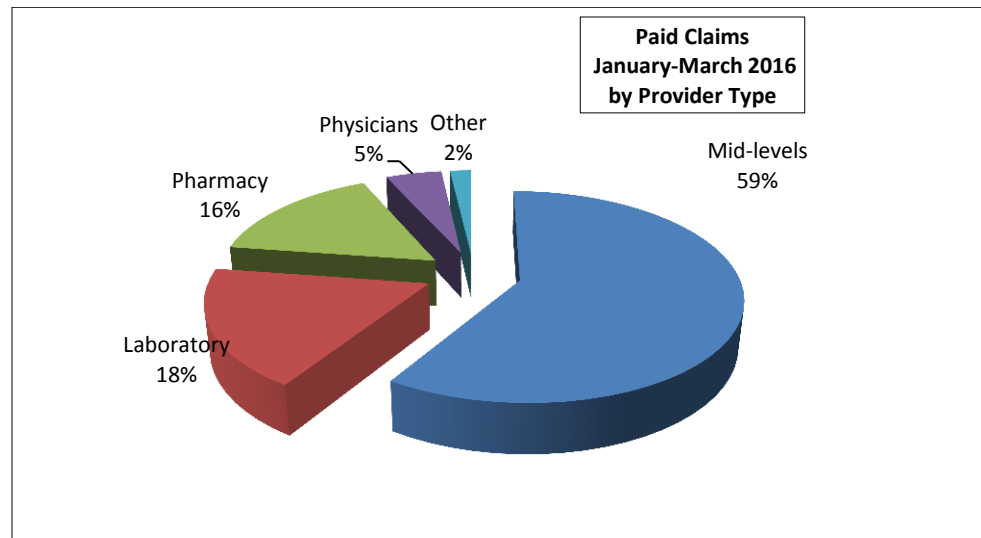
As expected, enrollment is concentrated in the youngest age group. It is theorized that as women get older, their incomes increase, and they become eligible for insurance through employment or marriage, or are no longer fertile. Montana will monitor whether Medicaid expansion affects age distribution.

### Provider Participation

- **Provide a narrative on the current provider participation in rendering services during this quarter 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**

- **General Outreach and Awareness**
  - **Provide information on the public outreach activities conducted this quarter.**

ACA navigators housed in the Planned Parenthood of Montana offices provide outreach to women who do not qualify for Medicaid.
  - **Provide a brief assessment on the effectiveness of outreach programs.**

Family planning clinics have assisted the enrollment of the largest portion of women into Plan First.
- **Target Outreach Campaign(s) (if applicable)**
  - **Provide a narrative on who the targeted populations for these outreaches are, and reasons for targeted outreach; and**

No target outreach campaigns were conducted this quarter.

- **Provide a brief assessment on the effectiveness of the targeted outreach program(s).**

**Program Evaluation, Transition Plan and Monitoring**

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

No specific quality assurance or monitoring activities were performed this quarter.

- **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.**

**Quarterly Expenditures**

	<b>Calendar Year 2015 (January 1- March 31, 2016)</b>			
	<b>Service Expenditures as Reported on the CMS-64</b>	<b>Administrative Expenditures as Reported on the CMS-64</b>	<b>Total Expenditures as Reported on the CMS-64</b>	<b>Expenditures as requested on the CMS-37</b>
<b>January 1-March 31, 2016</b>	\$199,672	\$26,309	\$225,981*	NA
<b>Total Annual Expenditures</b>	\$199,672	\$26,309	\$225,981	NA

\*This figure is preliminary and will be updated with the final CMS-64 figures when the next report is submitted.

**Activities for Next Quarter**

- **Provide details and report on any anticipated activities for next quarter.**

Montana plans to actively enroll as many eligible women as possible.

**History**

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.