

State of Montana
Montana Plan First Family Planning Demonstration

Section 1115 Quarterly Report
DY7, 2018, Quarter 3
Fiscal Quarter July 1 –September 30, 2018

Introduction / 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 of 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 through 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/extension 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. The following year, on November 29, 2017, the progress of the Plan First Demonstration including an upcoming five-year extension request, was discussed at the Montana Health Coalition meeting held in Helena, Montana. The public will again have opportunity to hear about, and comment on, the progress of the Plan First Demonstration during the 2018 Montana Health Coalition meeting scheduled for December 12, 2018, in Helena Montana.

Montana submitted a Plan First waiver extension application December 31, 2016. A revised version of this application was submitted December 15, 2017, with requested extension period January 1, 2018, through December 31, 2022. On December 22, 2017, this revised application for extension request was deemed incomplete by CMS and a temporary extension was granted. The prior demonstration with the prior Special Terms and Conditions and associated expenditure authorities was continued through May 31, 2018. Montana resubmitted a revised extension application May 11, 2018 which is currently under consideration by CMS. A new temporary extension of the current authorities was granted by CMS on May 25, 2018, effective through November 30, 2018.

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:

- 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.
- The demonstration will result in a decrease in the annual number of births paid by Medicaid for women ages 19 through 44.
- The demonstration will reduce annual Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care.
- The demonstration will improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

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/STD is identified or diagnosed during a routine or periodic family planning visit. Follow-up visits or encounters 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.

Calendar Year 7 2018	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter or extended)
Quarter 1	January 1, 2018	March 31, 2018	May 31, 2018
Quarter 2	April 1, 2018	June 30, 2018	August 29, 2018 Extended to November 30, 2018
Quarter 3	July 1, 2018	September 30, 2018	November 29, 2018
Quarter 4	October 1, 2018	December 31, 2018	February 28, 2019
Annual Report	January 1, 2018	December 31, 2018	March 31, 2019

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. Plan First enrollment is being monitored to see if there are any effects. 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.

- **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.**

Since the implementation of Medicaid expansion, effective 01/01/2016, an expected decline in enrollees is noted. This is due to the availability of more comprehensive coverage for many women who qualify.

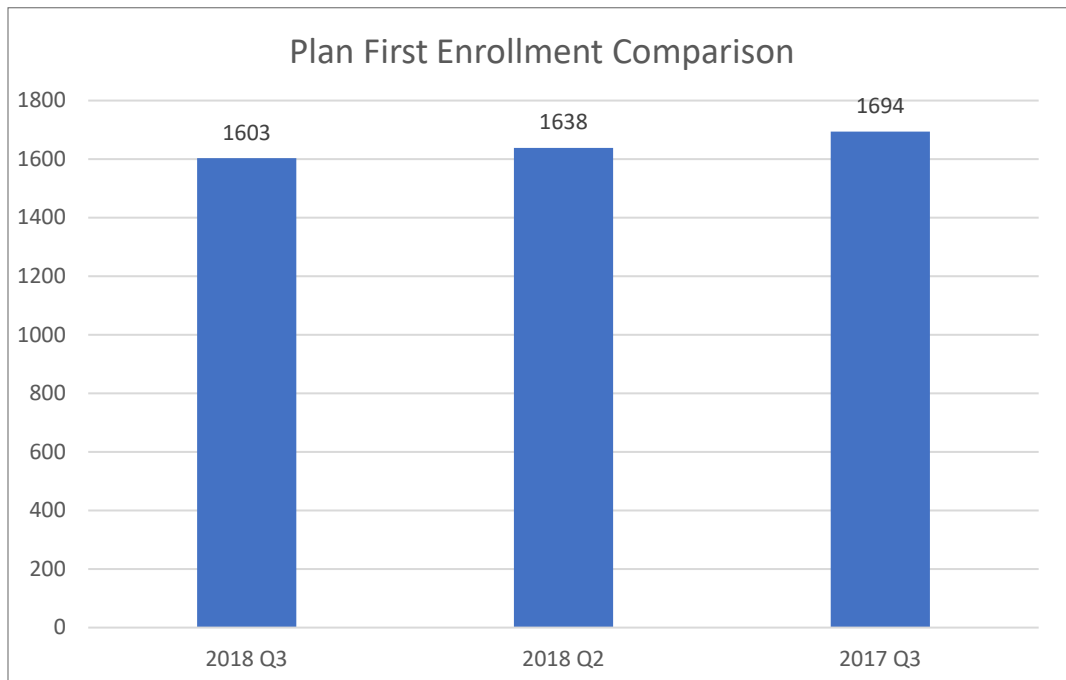
Policy Issues and Challenges

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

The State will update the list of covered codes in early 2019, to remove hysterectomy codes.

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).)**



There is a 5% enrollment decline from Q3 of 2017 to Q3 of 2018. We believe this is due to ongoing movement of women from Plan First coverage to expanded Medicaid as the women who qualify learn of the more comprehensive coverage available.

Plan First Enrolled Members

N/A	2012	2013	2014	2015	2016	2017	2018
January	0	1,411	2,962	1,858	2,364	1,919	1,615
February	0	1,582	3,098	1,969	2,300	1,879	1,669
March	0	1,793	3,052	2,018	2,279	1,846	1,600
April	0	1,961	2,783	2,090	2,268	1,787	1,580
May	0	2,114	2,811	2,080	2,221	1,795	1,561
June	184	2,264	2,746	2,124	2,168	1,769	1,565
July	344	2,415	2,532	2,168	2,156	1,687	1,569
August	525	2,619	2,413	2,224	2,100	1,653	1,534
September	686	2,732	2,165	2,193	2,167	1,681	1,538
October	891	2,778	2,103	2,286	2,092	1,515	
November	1,069	2,895	2,076	2,550	1,903	1,558	
December	1,208	2,902	1,804	2,488	2,035	1,585	
Average	701	2,658	2,545	2,170	2,171	1,723	1,598

- **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 16.**

Population 1: Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum.

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

**Quarter 1 (January 1- March 31, 2015)
DY 4, 2015**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	38	251	289
# of Total Enrollees	122	2,120	2,242
# of Participants	96	1,826	1,922
# of Member Months	292	6,162	6,454

**Quarter 2 (April 1- June 30, 2015)
DY 4, 2015**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	11	147	158
# of Total Enrollees	119	2,222	2,341
# of Participants	88	1,939	2,027
# of Member Months	292	6,397	6,689

**Quarter 3 (July 1- September 30, 2015)
DY 4, 2015**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	205	191	396
# of Total Enrollees	295	2,299	2,594
# of Participants	115	1,874	1,989
# of Member Months	673	6,561	7,234

**Quarter 4 (October 1- December 31, 2015)
DY 4, 2015**

N/A	Population 1	Population 2	Total Population
# of Newly Enrolled	146	167	313
# of Total Enrollees	398	2,320	2,718
# of Participants	122	1,784	1,906
# of Member Months	950	6,725	7,675

**Quarter 1 (January 1 – March 31, 2016)
DY 5, 2016**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	105	67	172
# of Total Enrollees	418	2,083	2,501
# of Participants	139	1,861	2,000
# of Member Months	1,053	5,984	7,037

**Quarter 2 (April 1 – June 30, 2016)
DY 5, 2016**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	130	236	366
# of Total Enrollees	479	2,125	2,604
# of Participants	170	1,846	2,016
# of Member Months	1,182	6,004	7,186

**Quarter 3 (July 1 – September 30, 2016)
DY 5, 2016**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	156	278	434
# of Total Enrollees	437	2,133	2,570
# of Participants	164	1,836	2,000
# of Member Months	926	5,813	6,739

**Quarter 4 (October 1 – December 31, 2016)
DY 5, 2016**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	42	150	192
# of Total Enrollees	281	2,065	2,346
# of Participants	81	1,801	1,882
# of Member Months	554	5,556	6,110

**Quarter 1 (January 1 – March 31, 2017)
DY 6, 2017**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	7	67	74
# of Total Enrollees	142	1,897	2,039
# of Participants	45	1,785	1,830
# of Member Months	306	5,173	5,479

**Quarter 2 (April 1 – June 30, 2017)
DY 6, 2017**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	92	153	245
# of Total Enrollees	146	1,826	1,972
# of Participants	55	509	564
# of Member Months	266	5,037	5,303

**Quarter 3 (July 1 – September 30, 2017)
DY 6, 2017**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	52	72	124
# of Total Enrollees	70	1,624	1,694
# of Participants	22	459	481
# of Member Months	149	4,817	4,966

**Quarter 4 (October 1 – December 31, 2017)
DY 6, 2017**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	50	56	106
# of Total Enrollees	67	1,518	1,585
# of Participants	14	362	376
# of Member Months	155	4,503	4,658

**Quarter 1 (January 1 – March 31, 2018)
DY 7, 2018**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	49	72	121
# of Total Enrollees	184	1,521	1,705
# of Participants	46	382	428
# of Member Months	480	4,404	4,884

**Quarter 2 (April 1 – June 30, 2018)
DY 7, 2018**

N/A	Population 1	Population 2	Total Population
# of Newly enrolled	51	41	92
# of Total Enrollees	173	1,465	1,638
# of Participants	55	296	351
# of Member Months	431	4,275	4,706

**Quarter 3 (July 1 – September 30, 2018)
DY 7, 2018**

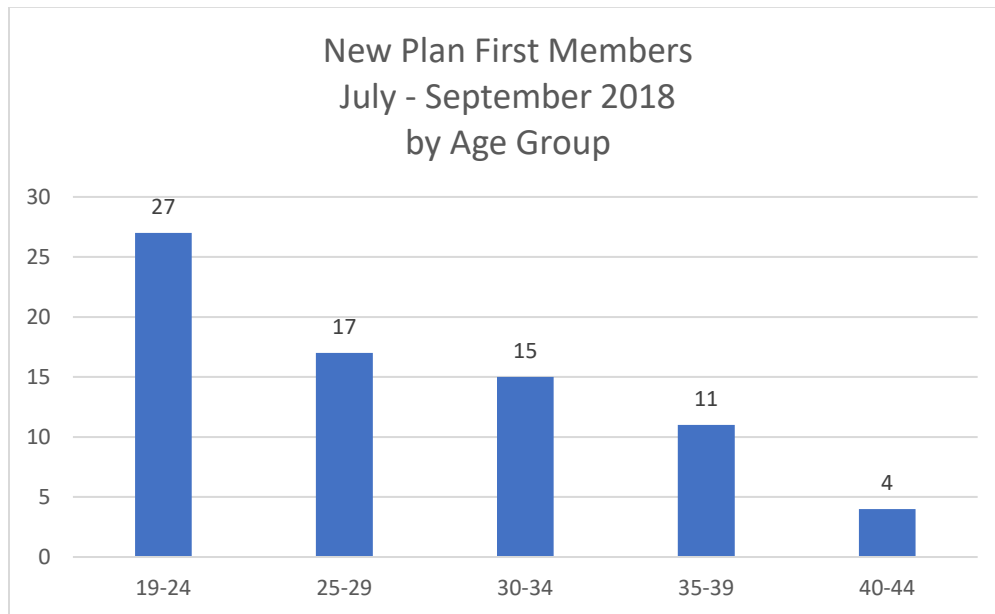
N/A	Population 1	Population 2	Total Population
# of Newly enrolled	41	33	74
# of Total Enrollees	148	1,455	1,603
# of Participants	33	258	291
# of Member Months	374	4,267	4,641

The number of participants reflects the number of Plan First enrollees who had at least one paid claim for Plan First covered services. Over 18% of the members received a service this quarter.

Service and Providers

- **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 two youngest age groups. 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.

The comparison of participants to enrollees in the preceding eight quarters is as follows:

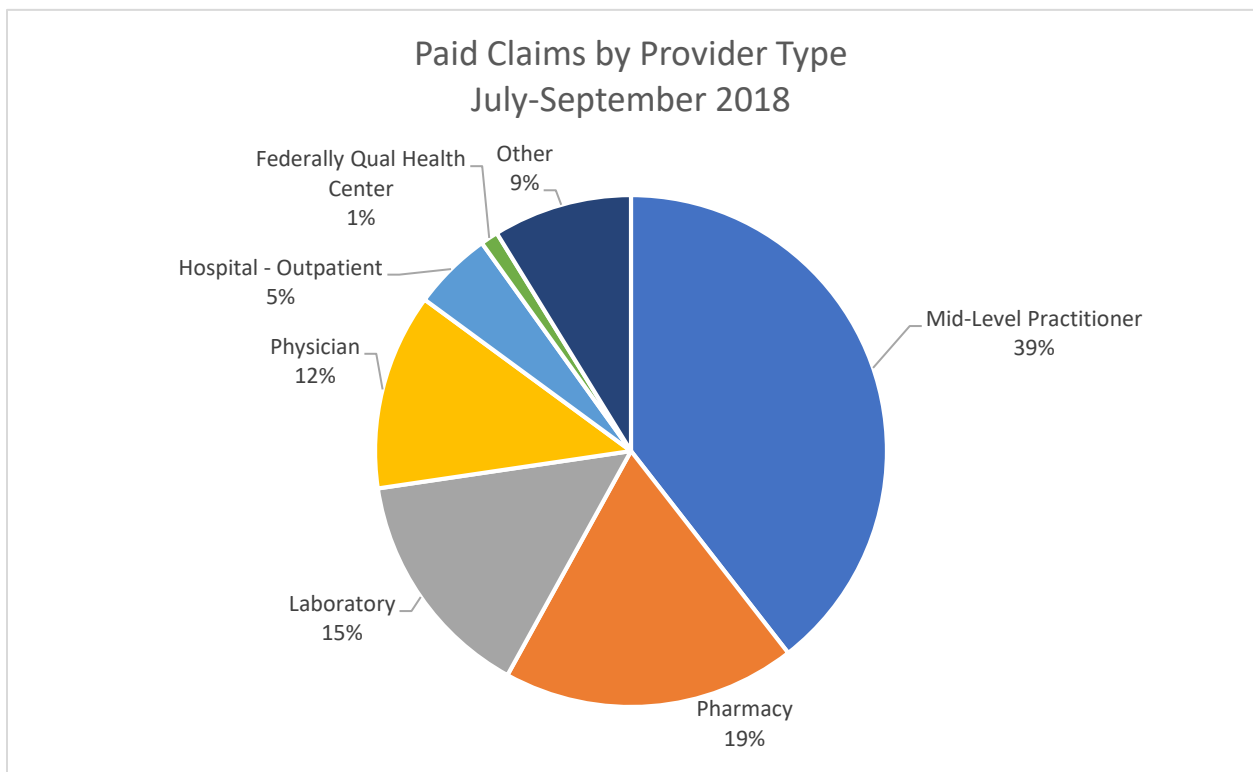
2016 Q4: 1 participant per 1.25 members or 80.22% service utilization
2017 Q1: 1 participant per 1.11 members or 89.75% service utilization
2017 Q2: 1 participant per 3.50 members or 28.60% service utilization
2017 Q3: 1 participant per 3.50 members or 28.39% service utilization
2017 Q4: 1 participant per 4.22 members or 23.72% service utilization
2018 Q1: 1 participant per 3.98 members or 25.13% service utilization
2018 Q2: 1 participant per 4.67 members or 21.41% service utilization
2018 Q3: 1 participant per 5.50 members or 18.15% service utilization

The total enrollment has decreased by over 31% over the last eight quarters and the overall service utilization per participant has decreased by over 62%.

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. The public notices required for our Extension Application increased the public outreach.

- **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 targeted 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. Due to the specific goals, young life and small enrollment of this waiver, evaluation is not done on a quarterly basis, but instead done annually.

- **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.**

Montana submitted an extension application for this 1115 waiver in early May of 2018. The 30-day public comment period began just shortly after the first quarter ended and yielded no comments. Grievances are handled as they arise.

The annual Public Forum to present information and solicit comments on the Demonstration is scheduled for December 12, 2018.

Quarterly 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.

CY 4, Calendar Year 2015
(January 1, 2015 – December 31, 2015)

N/A	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
January 1st-March 31st	\$162,065	\$27,337	\$189,402	NA
April 1st-June 30th	\$203,063	\$77,465	\$280,528	NA
July 1st-September 30th	\$224,161	\$23,745	\$247,906	NA
October 1st-December 31st	\$217,112	\$29,245	246,357	NA
Total Annual Expenditures	\$806,401	\$157,792	\$964,193	NA

**CY 5, Calendar Year 2016
(January 1, 2016 – December 31, 2016)**

N/A	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
January 1-March 31, 2016	\$186,497	\$29,232	\$215,729	NA
April 1-June 30, 2016	\$150,488	\$62,484	\$212,972	NA
July 1-September 30, 2016	\$124,120	\$23,826	\$147,946	NA
October 1-December 31, 2016	\$142,463	\$30,345	\$172,808	NA
Total Annual Expenditures	\$603,568	\$145,887	\$749,455	NA

**CY 6, Calendar Year 2017
(January 1, 2017 – December 31, 2017)**

N/A	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
January 1-March 31, 2017	\$107,900	\$35,201	\$143,101	N/A
April 1-June 30, 2017	\$ 109,964	\$ 38,549	\$ 148,513	N/A
July 1-September 30, 2017	\$98,248	\$37,918	\$136,166	N/A
October 1-December 31, 2017	\$ 78,081	\$22,282	\$100,363	N/A
Total Annual Expenditures	\$ 394,193	\$133,950	\$528,143	N/A

**CY 7, Calendar Year 2018
(January 1, 2018 – December 31, 2018)**

N/A	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
January 1-March 31, 2018*	\$ 69,658	\$ 37,918	\$ 107,576	N/A
April 1-June 30, 2018*	\$ 69,886	\$ 26,347	\$ 96,233	N/A
July 1-September 30, 2018	\$ 71,231	\$ 34,297	\$ 105,528	N/A
October 1-December 31, 2018	N/A	N/A	N/A	N/A
Total Annual Expenditures	N/A	N/A	N/A	N/A

* These figures are preliminary and may be updated as final CMS-64 reports are submitted.

Updated Budget Neutrality Monitoring

Budget Neutrality Update is contained in the accompanying spreadsheet.

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. A temporary extension of the Plan First demonstration with the same STCs, is applicable through November 30, 2018. Montana resubmitted a revised extension application to CMS on May 11, 2018 which is currently under consideration.

MONTANA PLAN FIRST BUDGET NEUTRALITY UPDATE
DY7-(CY18) Q3
From CY2013 Forward

With Waiver and Without Waiver

n/a	DY2 – (CY13) 1/1/13- 12/31/13	DY3-(CY14) 1/1/14- 12/31/14	DY4-(CY15) 1/1/15- 12/31/15	DY5-(CY16) 1/1/16- 12/31/16	DY6-(CY17) 1/1/17- 12/31/17	DY7-(CY18) 1/1/18- 12/31/18	DY8-(CY19) 1/1/19- 12/31/19	DY9-(CY20) 1/1/20- 12/31/20	DY10-(CY21) 1/1/21- 12/31/21	DY11-(CY22) 1/1/22- 12/31/22
Member Months	36,000	36,000	36,000	36,000	36,000	36,000	36,000	36,000	36,000	36,000
Medicaid Services PMPM	\$ 49.51	\$ 51.99	\$ 54.59	\$ 57.37	\$ 60.29	\$ 60.29	\$ 60.29	\$ 60.29	\$ 60.29	\$ 60.29
Total Expense	\$1,782,530.61	\$1,871,657.14	\$1,965,240.00	\$2,065,320.00	\$2,170,440.00	\$2,170,440.00	\$2,170,440.00	\$2,170,440.00	\$2,170,440.00	\$2,170,440.00

Actual Expenditures and Enrollment

n/a	DY2 – (CY13) 1/1/13- 12/31/13	DY3-(CY14) 1/1/14- 12/31/14	DY4-(CY15) 1/1/15- 12/31/15	DY5-(CY16) 1/1/16- 12/31/16	DY6-(CY17) 1/1/17- 12/31/17	DY7-(CY18) 1/1/18- 12/31/18 (1/1/18 – 9/30/18 accumulating through the year)	DY8-(CY19) 1/1/19- 12/31/19	DY9-(CY20) 1/1/20- 12/31/20	DY10-(CY21) 1/1/21- 12/31/21	DY11-(CY22) 1/1/22- 12/31/22
Member Months	27,062	32,384	28,052	27,072	20,406	14,231	(pending)	(pending)	(pending)	(pending)
Medicaid Services PMPM	\$ 45.60	\$34.95	\$34.37	\$27.68	\$25.88	\$29.30	(pending)	(pending)	(pending)	(pending)
Total Expense	\$ 1,234,073	\$ 1,131,820	\$ 964,193	\$ 749,455	\$528,143	\$416,913	(pending)	(pending)	(pending)	(pending)

“With Waiver” and “Without Waiver” PMPMs for calendar years 2015, 2016, and 2017 were provided to Montana in the most recently approved ST&Cs. PMPMs for previous demonstration years were calculated by decreasing by 5% backwards, per the President’s Budget rate. Per direction from CMS, after CY2017, the state calculates future PMPMs by using a 0% growth rate because the actual growth rates have been negative.

Multiple CMS-64 adjustments were made 10/31/2018. Recent totals may be preliminary and subject to update when/if there are adjustments to the CMS-64.

