

**Annual Report
State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Demonstration Year 8, Calendar Year 2019
January 1– December 31, 2019**

Submitted May 29, 2020



Healthy People. Healthy Communities.

Department of Public Health & Human Services

APPENDIX A

ANNUAL MONITORING REPORT TEMPLATE

Purpose and Scope of Annual Monitoring Report:

The state must submit annual progress reports in accordance with the Special Terms and Conditions (STC) and 42 CFR 431.420. The intent of these reports is to present the state's analysis of collected data and the status of the various operational areas, reported by month in the demonstration year. The report should also include a discussion of trends and issues over the year, including progress on addressing any issues affecting access, quality, or costs. Each annual monitoring report must include:

- A. Executive Summary
- B. Utilization Monitoring
- C. Program Outreach and Education
- D. Program Integrity
- E. Grievances and Appeals
- F. Annual Post Award Public Forum
- G. Budget neutrality
- H. Demonstration evaluation activities and interim findings.

A. Executive Summary

1. Synopsis of the information contained in the report

Montana's Plan First program entered its eighth demonstration year with few changes planned. The enrollment has dropped steadily, as expected since the implementation of Medicaid Expansion in 2016. Enrollment in both the youngest age group (19-20) and the older age group (21-44) declined each quarter of 2019. Interestingly, service utilization increased in the younger group in the second half of the year and decreased each quarter for the older age group. The primary service of Contraceptive Surveillance remained strong, with STD Testing occurring in almost 20% of the members and Cervical Cancer Screening in over 12%.

By late 2019 it became clear that changes were coming to Montana Plan First. CMS directed Montana to begin plans for both a new Evaluation Design and a Mitigation Plan to more completely integrate Plan First eligibility into the larger Montana Medicaid system.

The new Evaluation Design, not yet complete, will include a more robust system of measuring our goal reaching effectiveness. In 2019, our efforts to create this design significantly added to the administrative burden of managing this demonstration.

The new Mitigation Plan directive had been expected as Montana's initial process of Plan First enrollment and renewal was developed as a temporary system, not well aligned with the CFR. This plan was submitted only days before the end on 2019

though working toward that submission required many administrative hours. Some details of the plan seem to forewarn more decline in Plan First enrollment, while others indicate applicants will get better exposure to all the healthcare coverage for which they may qualify. The planned changes have also revitalized collaboration efforts between the Plan First program and our two primary service providers. We look forward to seeing how these changes will affect the viability of this demonstration in Montana.

2. Program Updates, Current Trends or Significant Program Changes

- a. Narrative describing the impact of any administrative and operational changes to the demonstration, such as eligibility and enrollment processes, 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.

In May of 2019, Montana Plan First removed several hysterectomy codes from our covered code list. The elimination of these services, on a routine basis, better aligns our covered services with the goals of this demonstration.

In late 2019, Montana began plans to implement a mitigation process to more completely integrate the Plan First eligibility, enrollment and redetermination methods with the greater Montana Medicaid system. The schedule of mitigation plans includes:

- Implement an annual redetermination process that includes continued proof of financial eligibility;
- Integrate Medicaid application information into the Plan First public web page, including a link to the greater Montana Medicaid electronic application and income threshold guidelines for both Pregnancy Medicaid and Standard Medicaid, that would include Medicaid Expansion;
- Integrate Plan First information into Medicaid denial letters;
- Written communication with our state-wide application assistants informing them of the upcoming change in workflow process;
- Terminate Plan First specific application acceptance as all applications will be submitted through the greater Montana Medicaid application system;
- Implementation of a workflow change process whereby the Office of Public Assistance will supply the Plan First enrollment program with a monthly list of denied Medicaid applicants who meet the Plan First eligibility criteria; and
- Plan First staff will then enroll the new members and send them an introductory letter.

The above change in the application process promises to give Plan First applicants better access to the larger Montana Medicaid system and the Marketplace. It should also give Medicaid applicants better access to the Plan First program. However, the addition of the requirement to prove financial eligibility at annual

redetermination has the potential to reduce the number of long-term members who are accustomed to a much simpler renewal process.

Additional items and details are expected to be added to the mitigation plan as Montana moves through this process and needed actions are identified.

Montana has plans to create a new Early Childhood and Family Support Division of DPHHS in early 2020. The goal of this division is to improve collaboration while aligning funding, priorities, and practices. The Family & Community Health Bureau in this division will house the Family Planning staff who will work closely with the Title X Family Planning clinics. They hope to use some of their outreach budget to increase outreach and expand membership and utilization of the Plan First waiver.

- b.** Narrative on any demonstration changes, such as changes in enrollment, renewal processes service utilization, and provider participation. Discussion of any action plan if applicable.

DY4/CY2015 – 3,088
DY5/CY2016 – 2,913
DY6/CY2017 – 2,341
DY7/CY2018 – 1,934
DY8/CY2019 – 1,821

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. Enrollment has continued to decline and the planned 2020 revisions to Montana’s renewal criteria and application process, that are a part of our mitigation plan mentioned in Executive Summary section, part 2, are somewhat burdensome. It’s possible these may further reduce the number of women who renew or enroll each year.

Montana plans to increase engagement with our Planned Parenthoods and Title X Family Planning Clinics in early 2020. These clinics provide most of our Plan First services and have often assisted women with enrollment. Both groups have offered to help us distribute the brochures that will contain updated application information. In mid-2020, Montana Plan First staff are scheduled to meet with Title X Family Planning Clinic directors to share information about the upcoming changes and to brainstorm ways to further promote Plan First membership.

- c.** Narrative on the existence of or results of any audits, investigations, or lawsuits that impact the demonstration.

Plan First claims are eligible to be selected during Payment Error Rate Measurement audits and are included in any Medicaid quality assurance activity. No issues have been identified.

3. Policy Issues and Challenges

a. Narrative of any operational challenges or issues the state has experienced.

Two operational challenges became evident in 2019. The first was Montana’s need to create, and then follow, the mitigation plan mentioned above in Executive Summary section, part 2. The other was the new requirement by CMS to implement a far more detailed demonstration evaluation plan than our prior two approved plans.

b. Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.

N/A

c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.

The same two challenges mentioned above apply to this question:

- The mitigation process to more completely integrate the Plan First eligibility, enrollment, and redetermination methods with the greater Montana Medicaid system, to be implemented in 2020.
- The new Evaluation Plan is due to be submitted in early May, 2020. (Covid-19 may delay this submission)

B. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

Table 1. Summary of Utilization Monitoring Measures

Topic: Utilization Monitoring

Measure [Reported for each month included in the annual report]

Unduplicated Number of Enrollees by Quarter (See table 2 below)
Unduplicated Number of Beneficiaries with any Claim by Age Group, Gender, and Quarter (See table 3 below)
Contraceptive Utilization by Age Group (See table 4 below)
Total Number of Beneficiaries Tested for any Sexually Transmitted Disease (See table 5 below)
Total Number of Female Beneficiaries who Obtained a Cervical Cancer Screening (See table 6 below)
Total Number of Female Beneficiaries who Received a Clinical Breast Exam (See table 7 below)

Table 2: Unduplicated Number of Enrollees by Quarter
Number of Female Enrollees by Quarter

Note: Montana Plan First covers women between the ages of 19 through 44 only

N/A	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Unduplicated Female Enrollment:
Quarter 1	N/A	29	1,559	N/A	1,588
Quarter 2	N/A	25	1,527	N/A	1,552
Quarter 3	N/A	28	1,515	N/A	1,543
Quarter 4	N/A	24	1,511	N/A	1,535

*Total column is calculated by summing columns 2-5.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year

Number of Females Who Utilize Services by Age and Quarter

Note: Montana Plan First covers women between the ages of 19 through 44 only

N/A	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users*	Percentage of Total Unduplicated Female Enrollment
Quarter 1	N/A	9	342	N/A	351	22.10%
Quarter 2	N/A	7	299	N/A	306	19.72%
Quarter 3	N/A	14	305	N/A	319	20.67%
Quarter 4	N/A	10	287	N/A	297	19.35%
Total Unduplicated**	N/A	21	811	N/A	832	45.69%

*Total column is calculated by summing columns 2-5.

**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters and remove the duplication so that each user is only counted once per demonstration year.

Table 4: Contraceptive Utilization by Age Group per Demonstration Year

Effectiveness

Users of Contraceptives

Note: Montana Plan First covers women between the ages of 19 through 44 only

N/A	N/A	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Mostly and Moderately Effective*	Numerator	N/A	15	434	N/A	449
Mostly and Moderately Effective*	Denominator	N/A	30	1,791	N/A	1,821
N/A	N/A	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	8	100	N/A	108
Long-acting reversible contraceptive (LARC)*	Denominator	N/A	30	1,791	N/A	1,821
N/A	N/A	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Total	Numerator	N/A	23	534	N/A	557
Total	Denominator	N/A	30	1,791	N/A	1,821

*This measure is calculated as per the Medicaid and CHIP Child and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20): <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Adult Core Set (CCW-AD measure for ages 21-44): <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Table 5: Number Beneficiaries Tested for any STD by Demonstration Year

N/A	Female Tests	Female Tests	Total Tests	Total Tests
Test	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	360	19.77%	360	19.77%

Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Note: Montana Plan First covers women between the ages of 19 through 44 only

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	221	1,821	12.14%

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov

Table 7: Breast Cancer Screening

Note: Montana Plan First covers women between the ages of 19 through 44 only.

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	N/A	N/A	N/A

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACQualityTA@cms.hhs.gov.

C. Program Outreach and Education

1. General Outreach and Awareness

- a.** Provide information on the public outreach and education activities conducted this demonstration year; and,

Family planning clinics and the Planned Parenthood of Montana offices have staff familiar with Montana Medicaid and Plan first who 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. Qualifying women are enrolled automatically, notified by letter, and given the opportunity to dis-enroll if they wish.

- b.** Provide a brief assessment on the effectiveness of these outreach and education activities.

Family planning clinics, including Planned Parenthood 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.

2. Target Outreach Campaign(s) (if applicable)

- a.** Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting; and,

Staff familiar with Montana Medicaid and Plan First at family planning clinics and Federally Qualified Health Centers (FQHC) suggest Plan First to the women whose income exceeds Medicaid eligibility.

- b.** Provide a brief assessment on the effectiveness of these targeted outreach and education activities.

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

D. Program Integrity

Provide 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.

E. Grievances and Appeals

Provide a narrative of grievances and appeals made by beneficiaries, providers, or the public, by type and highlighting any patterns. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

No official grievances or appeals were received in 2019. Occasional claims issues are resolved on a case by case basis. Most claims issues are solved by referring providers to the covered code list with modifier instructions, found on the Plan First public web page and on the Medicaid provider Plan First web page.

F. Annual Post Award Public Forum

Provide a summary of the annual post award public forum conducted by the state as required by 42 CFR §431.420(c) that includes a report of any issues raised by the public and how the state is considering such comments in its continued operation of the demonstration.

The post award forum was held August 15, 2019 in conjunction with the Montana Health Coalition annual meeting. There were fifteen total people in attendance via phone and in-person. No Plan First related comments were made.

G. Budget Neutrality

1. Please complete the budget neutrality workbook.

The budget neutrality workbook is included with this report submission.

2. Discuss any variance noted to the estimated budget, including reasons for variance in enrollment and/or in total costs, and/or in per enrollee costs. Describe any plans to mitigate any overages in budget neutrality by the end of the demonstration period.

The annual year over year decline was overall a smaller decline from DY7 to DY8 than it has been in the last 3 years. The member months only declined 5.8% this year, when it declined 14.0% from DY5 to DY6 and declined 7.6% from DY6 to DY7. Montana believes this relative stabilization is due to the passage of time, and

related increase in public knowledge of the more comprehensive coverage available under Medicaid Expansion, implemented in 2016.

H. Demonstration Evaluation Activities and Interim Findings

Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

1. Status of progress against timelines outlined in the approved Evaluation Design.

The new Evaluation Design was presented to CMS in July of 2019. CMS requested revisions that were submitted in August of 2019. That version also needed further revision and by year end, no new design had met CMS approval.

As a part of Montana's Draft Evaluation Design, a member satisfaction survey is scheduled for early 2020, asking Plan First members for whom we have email addresses, if they were satisfied with the Plan First services they received in 2019. Possible responses will be: Yes, No, or I didn't receive and Plan First services in 2019.

2. Any challenges encountered and how they are being addressed.

No challenges were identified at year end as the Design itself had not yet been approved.

3. Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable).

Montana plans to conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

4. Description of any interim findings or reports, as they become available. Provide any evaluation reports developed as an attachment to this document. Also discuss any policy or program recommendations based on the evaluation findings.

Not applicable at this time.