

**Annual Report
State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Demonstration Year 11, Calendar Year 2022
January 1– December 31, 2022**

Submitted March 22, 2023



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.

The Montana Family Planning Section 1115(a) Medicaid demonstration referred to as the Plan First program entered its eleventh demonstration year (DY) amidst the ongoing Public Health Emergency (PHE).

This report is an overview of the progress made in achieving the following goals of the demonstration.

- *Ensure access to family planning and/or family planning related services for individuals not otherwise eligible for Medicaid.*
- *Improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning related services.*

Plan First continues to expand the provision of family planning services and family planning related services to women aged 19 through 44, with income up to 211 percent of the Federal Poverty Level (FPL) who are not otherwise eligible for Medicaid, who are losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum period, losing Medicaid or CHIP coverage, or who have private health insurance coverage but meet all other demonstration eligibility criteria.

In accordance with the Standard Terms and Conditions (STCs), this Annual Monitoring Report will provide the status of the demonstration's various operational areas and an analysis of program data collected for the period of January 1, 2022 to

December 31, 2022. The information reflected in this report represents the most current information available at the time that it was compiled.

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.

During this additional PHE year, Montana provided continued coverage for Plan First members in accordance with the increased FMAP conditions in section 6008(b)(3) of the Families First Coronavirus Relief Act Montana did not disenroll members from the Plan First Waiver during the PHE. In DY10, Montana implemented the following temporary changes to Plan First member services:

- *More services became available through telephone conversations and electronic visits;*
- *Allowed a 90-day supply for all drugs except C II drugs, (retroactive to March 1, 2020);*
- *Allowed early refills for members on a case-by-case basis;*
- *Authorized non-preferred medications due to shortages; and*
- *Authorized COVID-19 vaccination coverage.*

At the end of December, 2022, the above temporary PHE related adjustments remained in place and the available services through telephone conversations and electronic visits have become ongoing services that Montana plans to continue, post PHE.

Montana notes there were no additional administrative or operational changes to Plan First in DY11.

Future program change plans are related to the Consolidated Appropriations Act, 2023 (P.L. 117-328) (CAA, 2023) and the expected unwinding of other PHE flexibilities. In 2023, Montana will begin moving forward toward reinstatement of scheduled qualification redetermination activities. Plans are to implement a portioned redetermination process beginning in early April, 2023, with the goal of full completion in ten months. Members who cannot be automatically renewed will receive a letter with renewal packet at least 30-days prior to their renewal deadline. If no response within approximately 3-weeks, a reminder letter and/or text message will be sent. The specifics of this plan are tentative as the continuous eligibility unwinding plan is pending CMS approval. The additional PHE implemented flexibilities remain in place as the PHE continues.

- 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.

DY7/CY2018 – 1,934
DY8/CY2019 – 1,821
DY9/CY2020 – 1,719
DY10/CY2021 - 1,812
DY11/CY2022- 2,150

Enrollment into Plan First had continued to decline from 2017 through 2020. However, Montana finalized the integration of Plan First eligibility, enrollment and redetermination into the Montana Medicaid eligibility system, Combined Healthcare Information and Montana Eligibility System (CHIMES) in early 2021.

Post PHE, Montana assumes the new application process may be burdensome to those members seeking redetermination of Plan First enrollment since the new redetermination application process using CHIMES will be more extensive. The process, new to both recent enrollees since the PHE began, and to long-term Plan First members, will require additional information from the member to screen for more Montana Healthcare programs eligibility. Past renewals under the original application process were achieved by a simple report of no significant change without the responsibility to demonstrate continued eligibility. Once the continued coverage conditions in section 6008(b)(3) of the FFCRA conclude, Montana will analyze the impact of the more extensive redetermination process on the retention of long-term members up for renewal.

There was a noted Plan First enrollment increase of nearly 42 members each month of DY10/CY2021 after the full integration of into CHIMES. In DY11/CY2022 the total Plan First enrollment increased an average of only 13 members each month over the course of 2022. The largest increase in enrollment occurred in December with 48 more members than in November.

The 2022 unduplicated enrollment count has risen since last year by 338 members. With the continued coverage conditions in section 6008(b)(3) of the FFCRA, it is likely this increase is mostly due to the increased member retention.

There are no significant changes to enrollment, service utilization or provider participation during this reporting period.

- 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 reporting of audits, investigations, or lawsuits that would have an impact on the Plan First demonstration were identified.

3. Policy Issues and Challenges

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

Montana has not experienced any operational challenges or issues during DY11.

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

Montana is not considering any new policies related to legislative/budget activity or amendments to the current approved demonstration.

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

In a review of provider portal information in 2022, Montana determined some of the verbiage was imprecise. Updates to the provider portal are expected to be completed very early in CY2023. This should provide clarity and improved understanding of the program.

No additional policy, administrative or budget issues were identified.

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

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

Number of Female Enrollees by Quarter

<small>n/a</small>	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	56	1,515	N/A	1,571
Quarter 2	N/A	44	1,473	N/A	1,517
Quarter 3	N/A	31	1,440	N/A	1,471
Quarter 4	N/A	21	1,425	N/A	1,446

*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

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

Number of Females Who Utilize Services by Age and Quarter

^{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	27	203	N/A	230	10.70%
Quarter 2	N/A	21	200	N/A	221	10.28%
Quarter 3	N/A	13	165	N/A	178	8.28%
Quarter 4	N/A	13	172	N/A	185	8.60%
Total Unduplicated**	N/A	47	401	N/A	448	20.8% ⁴

*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

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

Users of Contraceptives

Effectiveness	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	18	149	N/A	167
Mostly and Moderately Effective*	Denominator	N/A	60	2,090	N/A	2,150
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	5	18	N/A	23
Long-acting reversible contraceptive (LARC)*	Denominator	N/A	60	2,090	N/A	2,150

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	18	149	N/A	167
Total	Denominator	N/A	60	2,090	N/A	2,150

*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

TEST	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	142	6.60%	142	6.60%

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*	74	2,150	3.99%

*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.

In 2022, the youngest age group, (19-20), increased service utilization in quarters 1 and 2, decreased slightly in quarter 3, and decreased by nearly 63% in quarter 4. The older age group (21-44) decreased service utilization each quarter by an average of over 11% each quarter. Montana theorizes that service utilization may be declining due to non-disenrollment. We expect many women remain enrolled but are not utilizing Plan First services as they access service coverage from private insurance or more comprehensive Medicaid programs. This theory will be tested as eligibility redetermination resumes in 2023. More detailed information about service utilization by age categories can be found in Table 3 of this report.

Contraceptive Surveillance remained the primary service, as expected, and the low percentage of screening service utilization reflected the 2020 and 2021 trends. Montana believes the reduced percentage of members receiving screening services is due to both providers and members safety responses to the COVID-19 pandemic and the retention of Plan First members who may be utilizing screening services via other insurers or Medicaid programs. More information about contraceptive utilization is found in Table 4 of this report.

The chart below compares the CY2021 (DY10) and the CY2022 (DY11) trends in enrollment and service utilization.

CY2021 (DY10)	CY2022 (DY11)
<i>Enrollment of members aged 19-20</i>	<i>Enrollment of members aged 19-20</i>
<i>Q1 – increase (33)</i>	<i>Q1 – increase (56)</i>
<i>Q2 – increase (42)</i>	<i>Q2 – increase (44)</i>
<i>Q3 – increase (44)</i>	<i>Q3 – decrease (31)</i>
<i>Q4 – increase (69)</i>	<i>Q4 – decrease (21)</i>
<i>Enrollment of members aged 21-44</i>	<i>Enrollment of members aged 21-44</i>
<i>Q1 – decrease (1374)</i>	<i>Q1 – increase (1515)</i>
<i>Q2 – increase (1422)</i>	<i>Q2 – increase (1473)</i>
<i>Q3 – increase (1483)</i>	<i>Q3 – decrease (1440)</i>
<i>Q4 – increase (1554)</i>	<i>Q4 – decrease (1425)</i>
<i>Primary Service</i>	<i>Primary Service</i>
<i>Contraceptive Surveillance</i>	<i>Contraceptive Surveillance</i>
<i>STD Testing</i>	<i>STD Testing</i>
<i>6.5% of all members</i>	<i>6.6% of all members</i>
<i>Cervical Cancer Screening</i>	<i>Cervical Cancer Screening</i>
<i>3.8% of all members</i>	<i>3.99% of all members</i>

C. Program Outreach and Education

1. General Outreach and Awareness

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

Montana Department of Health and Human Services receives Plan First outreach and education assistance from our provider network.

Some providers have a small volume of Plan First member patients so specific questions about covered services will arise out of unfamiliarity. Providers are encouraged to call the Plan First Program Officer when seeking coverage clarity on behalf of their patients. Callers are referred to the Plan First public webpage containing detailed information about eligibility and service coverage. The providers then share this information with their patients.

Providers with a higher volume of family planning seeking patients, like family planning clinics, are very familiar with the Plan First program. They provide valuable face-to-face outreach and awareness of Plan First to their patients, often assisting with the enrollment application process and providing education materials.

The most concise presentation of the Plan First program is our brochure. This is available electronically on the Plan First webpage and also available in paper form upon request.

In 2021, Montana moved the free-standing Plan First application and eligibility determination system into the CHIMES eligibility and application system. In 2022 and beyond, we believe this continues to increase program awareness and funnels women into Plan First who were attempting to apply for standard Medicaid benefits but did not qualify. We also believe this directs more Montana women who do not qualify for Montana Healthcare Programs into the federal Marketplace.

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

Family planning clinics have assisted with the enrollment of the largest portion of women into Plan First indicating their outreach and education activities are effective in reaching the population they serve.

Although not a direct outreach campaign, Montana believes the change in application and eligibility determinations has positively impacted awareness of the Plan First program.

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,

Montana Department of Health and Human Services coordinates outreach and education activities with 21 Family planning clinics and 5 Planned Parenthood of Montana offices. These facilities provide outreach and education materials to women who do not qualify for Standard Medicaid.

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

Family planning clinics, including Planned Parenthood clinics, have assisted the enrollment of the largest portion of women into Plan First indicating their outreach and education activities are effective in engaging the targeted population they serve.

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 and Surveillance Utilization Review. No findings were identified in DY11.

Plan First does not have point-of-service eligibility determination. Beginning in 2021, all Plan First applications were filtered through the Medicaid program hierarchy to determine all programs for which the applicant may qualify. The prior system of eligibility

determination was inclusive of Plan First only. Applicants applied through a process that made eligibility determinations for Plan First only, thus they either qualified or they did not. After the conversion to eligibility via the CHIMES system, applicants are now screened for eligibility for all Montana Healthcare Programs. Those who may intend to apply for Plan First only, may discover they qualify for more comprehensive coverage and those who do not qualify financially for any Montana Healthcare Programs are referred to the Marketplace. Plan First members have the additional advantage of rescreening at redetermination time when changes in income or family size may then alert them of qualification for more comprehensive coverage.

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 2022. 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 2022 post award forum was held November 29, 2022 in conjunction with the Montana Health Coalition annual meeting. The forum was held virtually. Twenty-four people attended via Teams link. 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 increase from DY10 to DY11 was 36.0%. Montana believes the increase is due to the PHE and the and the lack of disenrolling. The expenditures have continued to decrease. Montana believes this is due to an increased use of long-acting reversible contraceptives.

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 approved Evaluation Design directs baseline data obtained from 2019 processed claims and comparative data obtained from 2020 processed claims. Montana allows providers a 365-day submission window for claims processing. Therefore, this update presents 2021 year-end data as the 2022 year-end data will not be complete until early 2024. .

As a part of Montana's Draft Evaluation Design, a member satisfaction survey was conducted in 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 were: Yes, No, or I didn't receive any Plan First services in 2019. This satisfaction survey was repeated, applicable to CY2020, in late January of 2021, again late January of 2022, applicable to CY2021 and will be repeated in late January/early February of 2023, applicable to 2022.

The CY2021 data and survey findings are reported in Attachment A of this report.

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

*Montana reviewed the procedure codes for each measure that were originally submitted in Appendix A of the approved Evaluation Design to validate the appropriate codes were identified for each measure. The below changes, in **red**, were suggested and are reflected in the baseline data pull. The code review process will be completed prior to every data pull and updates will be noted in the table below as CPT, HCPCS and ICD 10 coding changes are updated on a quarterly/annual basis. Prior to the 2021 Annual Report submission, the code review was repeated as related to 2020 data, and changes are recorded below in **green**. Prior to this 2022 Annual Report submission, the code review was repeated as related to 2021 data, and this year's changes are recorded below in **blue**.*

(Changes to Appendix A from the approved Evaluation Design)

Measure	Codes
Number of female beneficiaries who utilized any contraceptive in each year of the demonstration/total number of female beneficiaries.	A4261, A4266, A4269, A4267, A4264, A4268, J7300, J7304, J7297, J7298, J7296, J7307, J7306, J7301, J7303 , J1050, S4993, S4989, \$4981, J7294
Number of female beneficiaries who utilized long- acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries.	J7300, J7297, J7298, J7296, J7307, S4989, S4981, J7301
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries.	<p>General STD Testing: 88142, 80081, 87801</p> <p>Chlamydia: 87110, 86631, 86632, 87490, 87491, 87492, 87270, 87320, 87810, 87492, 87487, 87485, 87486, 87490, 87491, 87801</p> <p>Herpes: 87273, 87274, 87530, 87533, 87532, 87528, 87529, 87531, 87483, 86696, 86695, 86694, 87207</p> <p>Syphilis: 86592, 86593</p> <p>Gonorrhea: 87850, 87592, 87590, 87591, 87801, 87810, 87592, 87590, 87591</p> <p>Chlamydia, Syphilis, Gonorrhoeae: G9228, G9229, G9230</p> <p>HIV: 86689, 86703, 86701, 86702, 87806, 80081, 87536, 87539, 87534, 87537, 87535, 87538, 87389, 87390, 87391</p> <p>HPV: 57455, 57454, 57460, 57461, 57456, 87623, 87624, 87625</p>
Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries.	G0101, G0476, G0123, G0124, G0148, G0141, G0147, G0144, G0143, G0145, 88150, 88153, 88141, 88147, 88152, 88155 (maybe related to cancer evaluation) , 88148, 88142, 88143, 88164, 88165, 88166, 88167, 88174, 88175, 57455, 57454, 57460, 57461, 57456, 57500, 57522, 63275, 87623, 87624, 87625
Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries.	G0101 77065, 77066, 77067, 77061, 77062, 77063, 77048, 77049, 77053, 77054, 76641, 76642, 99381, 99382, 99383, 99384, 99385, 99386, 99387
The number of beneficiaries who have a live birth within 12 months of being on the Plan First Program.	<p>APR DRG: 540-1-542-4 & 560-1-560-4</p> <p>ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8</p> <p>ICD10 Diagnosis: O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 & O60.20X0-O60.23X9 CPT Procedure: 59400, 59409, 59410, 59610, 59612, 59614, 59618, 59620, 59622 Z37.0, Z37.2, Z37.3, Z37.5, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.6, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.8</p>
Number of second live births that occurred at an interval of 18 months or longer/total number of second live births.	<p>APR DRG: 540-1-542-4 & 560-1-560-4</p> <p>ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8</p> <p>ICD10 Diagnosis: O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 & O60.20X0-O60.23X9</p> <p>CPT Procedure: 59400, 59409, 59410, 59610, 59612, 59614, 59618, 59620, 59622 Z37.0, Z37.2, Z37.3, Z37.5, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.6, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.8</p>

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

Montana conducts the evaluation utilizing state staff only. Outside evaluation contractors are not 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.

Because we are early in this evaluation plan, and because Plan First utilization has likely been impacted by the pandemic including many months of full membership retention, Montana elects to report findings without further analysis at this time.

**Attachment A:
Baseline, Annual Data and Annual Satisfaction Survey Results**

Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach	Baseline Data CY 2019	Annual Data CY 2020	Annual Data CY 2021	Annual Data CY 2022	Annual Data CY 2023	Annual Data CY 2024	Annual Data CY 2025	Annual Data CY 2026	Annual Data CY 2027	Annual Data CY 2028
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of beneficiaries who had at least one family planning or family planning related service encounter in each year of the demonstration/ total number of beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of Plan First beneficiaries, counting the beneficiary only once regardless of the number of services covered by their Plan First Enrollment.	Base line data will be claims with Dates of Service between 01/01/2019- 12/31/2019. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.	30.59%	29.00%	23.28%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of family planning services utilized/total number of beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Base line data will be claims with Dates of Service between 01/01/2019- 12/31/2019. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.	3.38	3.41	0.79	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that received a contraceptive service based on the codes listed for this measure in Appendix A. This list will be updated as needed.	Base line data will be claims with Dates of Service between 01/01/2019- 12/31/2019. Will track annual trends to see if the proportion/ percent of female beneficiaries utilizing contraceptives increases, decreases, or remains flat.	16.69%	16.2%	11.80%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that received a long-acting reversible contraceptive service based on the	Base line data will be claims with Dates of Service between 01/01/2019- 12/31/2019. Will track annual trends to see if the percent of female beneficiaries using LARC increases, decreases, or remains flat.	3.51%	3.80%	1.72%	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach	Baseline Data CY 2019	Annual Data CY 2020	Annual Data CY 2021	Annual Data CY 2022	Annual Data CY 2023	Annual Data CY 2024	Annual Data CY 2025	Annual Data CY 2026	Annual Data CY 2027	Annual Data CY 2028
			the demonstration/ total number of female beneficiaries	codes listed for this measure in Appendix A. This list will be updated as needed. We will keep a running total of women who have LARC and count them every year that they have continuous enrollment and have not had a removal claim or a replacement device.											
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries	All codes are used for determining overall STD testing, while specific groups are used to determine testing for specific STDs based on the codes listed for this measure in Appendix A. This list will be updated as needed.	Base line data will be claims with Dates of Service between 01/01/2019- 12/31/2019. Will track annual trends to see if the percent of female beneficiaries getting tested for STDs increases, decreases, or remains flat.	13.95%	10.81%	6.79%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that received a cervical cancer screen STDs based on the codes listed for this measure in Appendix A. This list will be updated as needed.	Base line data will be claims with Dates of Service between 01/01/2019- 12/31/2019. Will track annual trends to see if the percent of female beneficiaries getting Cervical Cancer screenings increases, decreases, or remains flat.	9.28%	6.04%	4.09%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that received a breast cancer screen based on the codes listed for this measure in Appendix A. This list will be updated as needed.	Base line data will be claims with Dates of Service between 01/01/2019- 12/31/2019. Will track annual trends to see if the percent of female beneficiaries getting breast exams increases, decreases, or remains flat.	0.88%	1.27%	0.70%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Process	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more 12-month enrollment period.	Number of beneficiaries who completed at least one spell of continuous 12-month enrollment/total number of beneficiaries.	Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that have continuous and unbroken enrollment for the entire demonstration year.	Base line data will be claims with Dates of Service between 01/01/2019- 12/31/2019. Will track annual trends to see if the percentage of women beneficiaries with continuous enrollment increases, decreases, or remains flat.	68.53%	63.83%	64.12%	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Demonstration Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (To be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach	Baseline Data CY 2019	Annual Data CY 2020	Annual Data CY 2021	Annual Data CY 2022	Annual Data CY 2023	Annual Data CY 2024	Annual Data CY 2025	Annual Data CY 2026	Annual Data CY 2027	Annual Data CY 2028
Outcome	Does the demonstration improve health outcomes?	Health outcomes will improve as a result of the demonstration.	The number of beneficiaries who have a live birth within 12 months of being on the Plan First Program.	Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Plan First Claims data from the MT claims reporting system compared to MT Medicaid Claims data from the MT claims reporting system. We will use the recipients from this enrollment pull and try to find Medicaid Pregnancy claims with Dates of Service between 01/01/2019 - 12/31/2019. Will track annual trends to observe if the pregnancy rates for Plan First beneficiaries increased, decreased, or remained the same over time.	Base line data will be Plan First Enrollment between 01/01/2019-12/31/2019. We will use the recipients from this enrollment pull and try to find Medicaid Pregnancy claims with Dates of Service between 01/01/2019 - 12/31/2019. Will track annual trends to observe if the pregnancy rates for Plan First beneficiaries increased, decreased, or remained the same over time.	144	27	53	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Outcome	Are beneficiaries	Beneficiaries will be satisfied with services.	Percentage of current Plan First members	Responses to emailed survey	Percentage calculations.	1471 current	1309 current	1812 current	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (To be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach	Baseline Data CY 2019	Annual Data CY 2020	Annual Data CY 2021	Annual Data CY 2022	Annual Data CY 2023	Annual Data CY 2024	Annual Data CY 2025	Annual Data CY 2026	Annual Data CY 2027	Annual Data CY 2028
	satisfied with services?		who respond to the survey asking: "Are you satisfied with the Plan First services you received in 2019?" (The question will always refer to the prior calendar year.) -Yes -No - I didn't receive any Plan First services in 2019 (prior calendar year)			members as of 12/2019 737 members sent a survey, 50.1% 77 responses, 10.4% of those sent a survey 15 responses of "none," 19.5% of received responses. 62 responses of "yes," 80.5% of received responses. 0 Responses of "no" 0% of received responses.	members as of 12/2020 699 members sent a survey, 53.4% 69 responses 9.9% of those sent a survey 15 responses of "none" 21.7% of received responses 54 responses of "yes" 78.3% of received responses 0 responses of "no," 0% of received responses	members as of 12/2021 840 members sent a survey, 46% 48 responses 6% of those sent a survey 14 responses of "none" 29% of received responses 32 responses of "yes" 67% of received responses 2 responses of "no" 4% of received responses							