

**Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Evaluation Design**

**Submitted 07/26/2019
Revised and Resubmitted 8/16/2019**

A. Demonstration Objectives/Goals

The purpose of this demonstration is to provide Medicaid coverage for family planning and/or family planning-related services for states that have not elected to include these benefits in their state plan through the new eligibility group authorized in section 1902(a)(10)(A)(ii)(XXI) of the Social Security Act (the Act).

The minimum demonstration goals that will be tested are as follows:

1. Ensure access to family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid;
2. Improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning-related services;
3. Other goals the state may identify.

B. Evaluation Questions and Hypotheses

The demonstration's core evaluation questions, hypothesis, recommended data sources, and analytic approaches are provided in the below table. The state should report on the measures in the table and can add additional measures if desired. The state should confirm the data sources it plans to use to measure each hypothesis in the table. If the state has listed additional goals in section A, it should add the associated evaluation question, hypothesis, data source, and analytic approach in the table below. Please note:

- Evaluation questions should include an assessment of process and outcome.
- Measures should be specified with a numerator and denominator. Recommended sources for measures are nationally recognized indicators, such as the National Quality Forum (NQF), HEDIS measures, the Family Planning Annual Reports (FPAR), or taken from existing validated instruments, such as the Behavioral Risk Factor Surveillance System (BRFSS)
- Recommended/potential data sources for consideration:
 - Medicaid claims
 - Managed care encounter data - *NA*
 - Enrollment and disenrollment data
 - EHR and/or HIE clinical data repositories
 - Enrollee surveys
 - Interviews - *NA*
 - Focus groups - *NA*
 - State data warehouses

C. Summary of Key Evaluation Questions, Hypotheses, Data Sources, and Analytic Approaches

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
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	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
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	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
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	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
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 the demonstration/ total number of female beneficiaries	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
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	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
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	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
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	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
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 one spell of 12-month enrollment/total number of beneficiaries	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
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 re-enrolled for at least their second spell of coverage/total number of beneficiaries	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)

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
Outcome	Does the demonstration improve health outcomes?	Health outcomes will improve as a result of the demonstration.	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	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
Outcome	Does the demonstration improve health outcomes?	Health outcomes will improve as a result of the demonstration.	Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
Outcome	Does the demonstration improve health outcomes?	Health outcomes will improve as a result of the demonstration.	Number of premature babies born in the state/total number of babies born to beneficiaries	Administrative data (state should specify source)	Descriptive statistics (frequencies and percentages)
Outcome	Are beneficiaries satisfied with services?	Beneficiaries will be satisfied with services.	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey questions	CAHPS	Descriptive statistics (frequencies and percentages)

Demonstration Goal 3: Other (specify)

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
SPECIFY DETAILS	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>

D. Methodology

1. Evaluation design: The evaluation design will utilize a post-only assessment. Note: The timeframe for the post-only period will begin when the current demonstration period begins and ends when the current demonstration period ends.

Montana's current demonstration authorities began April 1, 2019 and ends December 31, 2028. However, the demonstration year aligns with the calendar year so all of calendar year 2019 is considered demonstration year eight. The post-assessment is planned for mid-2028.

2. Data Collection and sources: For the data sources identified in the above table, describe how the data will be collected.

Demonstration Goal 1 Data Collection Process

Measure	Source
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	Medicaid Claims
Number of family planning services utilized/total number of beneficiaries	Medicaid Claims
Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries	Medicaid Claims
Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries	Medicaid Claims
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries	Medicaid Claims
Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	Medicaid Claims
Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries	Medicaid Claims
Number of beneficiaries who completed one spell of 12-month enrollment/total number of beneficiaries	Enrollment Data
Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries	Enrollment Data

Demonstration Goal 2 Data Collection Process

Measure	Source
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	Medicaid Claims
Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries	Medicaid Claims
Number of premature babies born in the state/total number of babies born to beneficiaries	Medicaid Claims
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey questions	Enrollee survey

Additionally, identify the frequency of the data collection, and limitations of the data.

A collection of baseline data will be submitted in March of 2020 at the time of the Annual Report submission. Montana Medicaid allows 365-days from date of service for claim

submission. To include all services provided for the calendar year, the baseline data will be pulled from the entire twelve-months of processed claims from January 1, 2018 through December 31, 2018.

Data will be collected annually, when the full 365-day allowable billing cycle of the demonstration year has been completed. Our first non-baseline annual cycle of data collection will apply to data from January 1, 2019 through December 31, 2019, so will be collected by March of 2021.

Annual evaluation data will be submitted each year with the Annual Report submission. This will include data comparisons to prior years, with analysis, when applicable.

The evaluation of how the Plan First Program contributes to improving health outcomes related to births of premature and low birth weight babies will be difficult to quantify. Pregnancy itself disqualifies a woman from Plan First, but such women would likely, though not always, move to Pregnant Woman Medicaid. Medicaid premature and low birth weight births would be tracked under the baby's Medicaid ID number, not the mother's so it is not possible to directly tie a premature or low birth weight baby to a mother who was on Plan First prior to her pregnancy. Also, the Plan First Program has a very small number of members compared to the number of women in the same age group covered under standard Medicaid. The measure instructions of, "Number of low birth weight babies born to beneficiaries/total number of babies born to beneficiaries" and "Number of premature babies born in the state/total number of babies born to beneficiaries" (in our measures, beneficiaries who have been on the Plan First Program sometime in the 12 months prior to giving birth) will give us a number to compare year to year, but it would be difficult to conclude improvement of health outcomes with any certainty.

Identify which data will be collected prospectively via beneficiary surveys or interviews (if applicable), or retrospectively through administrative data.

Beneficiaries satisfaction information will be collected via beneficiary survey, not interviews, either through the CAHPS system or through an independent survey. Since the survey isn't needed until mid-2028, Montana intends to decide on the precise details of the survey method in mid-2027.

3. **Data Analysis Strategy:** Describe the analytic methods that will be utilized to answer the evaluation questions identified in the above table. If the design is mixed-methods (collecting both quantitative and qualitative), the state should explain how the evaluation team plans to integrate the findings from both types of assessments.
 - **Quantitative Methods:** For each evaluation question, include the statistical and analytical methods that will be employed (and are consistent with what was listed in the table above).

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	<i>Percentage rate comparisons per measure per year</i>
Do beneficiaries maintain coverage long-term (12 months or more)?	<i>Percentage rate comparisons per measure per year</i>
Does the demonstration improve health outcomes?	<i>Percentage rate comparisons per measure per year</i>
Are beneficiaries satisfied with services?	<i>Percentage rate comparisons per year</i>

- **Qualitative Methods:** If conducting interviews or focus groups, describe the process for selecting interviewees and focus group attendees, and any incentives used in recruitment. Explain reasons for and how focus groups will be stratified. Identify the analysis plan, to include if the interviews/focus groups will be transcribed, the analysis approach the evaluation team will utilize (e.g., thematic analysis, grounded theory, etc.). The evaluation design should reference draft interview and focus group questions.

N/A

4. Simplified Evaluation Budget:

The required budget will consist of the following line items:

1. Computer programming (cost per hour x hours);
2. Analysis of the data (cost per hour x hours);
3. Preparation of the report (cost per hour x hours);
4. Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.

Evaluation Budget

Activity	Cost
Computer programming (cost per hour x hours)	<i>\$ 4,900.00</i>
Analysis of the data (cost per hour x hours)	<i>\$ 332.00</i>
Preparation of the report (cost per hour x hours)	<i>\$ 390.00</i>
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	<i>(Survey task estimated to take total of 24 hours of staff time. Since survey is not scheduled to occur until 2027 it's not possible to estimate needed staffing or labor cost at this time)</i>

E. Justification for Excluding Comparison Groups and Baseline Data

CMS expects evaluation designs for section 1115 demonstration evaluations to include baseline data and comparison groups to help identify the impact of the demonstration on the target population. However, CMS recognizes that it might not be the most appropriate approach for all states given each state's unique circumstances.

1. Justification for excluding baseline data: The state should provide a narrative explanation for why baseline data will not be included in the evaluation. For example, the state may insert the following paragraph:

Where applicable, [include name of state] has included national and state Healthy People 2020 data as the baseline for the family planning and family planning metrics for this demonstration. However, other data elements do not have available baseline data due to the long-standing nature of the demonstration (i.e., more than 10 years without significant change) which makes it excessively difficult to collect the baseline data.

Montana plans to run baseline data for January 1, 2018 through December 31, 2018 for most of the components of Goal 1 and Goal 2. Goal 3 will not have baseline data as surveys for member satisfaction will not occur until near the end of the demonstration period in mid-2028. Montana's prior approved evaluation plan did not include member surveys. Since all claims for the 2018 baseline data year will be processed by early 2020, Montana will report our baseline data with the 2019 Annual Report, to be submitted in March of 2020

2. Justification for excluding comparison group data: The state should provide a narrative of explanation for why comparison group data will not be included in the evaluation. For example, the state may insert the following paragraph:

Due to the limited nature of family planning eligibility and benefits, Montana is expecting to only provide each service to a relatively small number of beneficiaries. Our current enrollment is approximately 1,500 with a service utilization of less than 20%. As a result, Montana will not be able to meet the criteria for the minimum sample size that is necessary to produce a significantly-valid, statistical test result. Therefore, Montana has modified the evaluation design to remove the evaluation components that require a comparison group.