

Montana Plan First Family Planning Demonstration

Section 1115 Family Planning Waiver

Evaluation Design

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A. Demonstration Objectives/Goals

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;

B. Evaluation Questions and Hypotheses

The Montana Department of Public Health and Human Services (DPHHS), Health Resources Division (HRD), Member Health Management Bureau (MHMB) and Operations Research Section (ORS) will manage the evaluation of the Montana Plan First Family Planning Demonstration. At the end of each waiver year, the MHMB/ORS will complete the evaluation and deliver a report within 90 days of waiver year end. The evaluation will include the rate in expenditure growth for family planning services on a per capita basis, using total expenditures.

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	<i>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.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.</i>
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	<i>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.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to see if service utilization per beneficiary increases, decreases or remains flat.</i>
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	<i>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.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to see if the proportion/ percent of female beneficiaries utilizing contraceptives increases, decreases or remains flat.</i>
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	<i>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 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 a LARC and count them every year that they have continuous enrollment and have not had a removal claim or a replacement device.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to see if the percent of female beneficiaries using LARC increases, decreases or remains flat.</i>
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	<i>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.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to see if the percent of female beneficiaries getting tested for STDs increases, decreases or remains flat.</i>

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 female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	<i>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.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to see if the percent of female beneficiaries getting Cervical Cancer screenings increases, decreases or remains flat.</i>
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	<i>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.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to see if the percent of female beneficiaries getting breast exams increases, decreases or remains flat.</i>
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	<i>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.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to see if the percentage of women beneficiaries with continuous enrollment increases, decreases or remains flat.</i>
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	<i>Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that have a minimum of twelve months of enrollment but split over multiple broken spans. Note for the first demonstration year this is not applicable.</i>	<i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to see if percentage of female beneficiaries with continuous enrollment with only one break in coverage over a 12-month period increases, decreases or remains flat.</i>

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	<p><i>Plan First Enrollment Data pulled from the database that receives information from the eligibility system.</i></p> <p><i>Plan First Claims data from the MT claims reporting system compared to MT Medicaid Claims data from the MT claims reporting system.</i></p> <p><i>We will use the recipients from this enrollment pull and try to find Medicaid Pregnancy claims from the MT claims reporting system.</i></p> <p><i>Mothers will be identified using the codes provided for this measure in Appendix A. Mothers will be reduced to only those that had a Plan First enrollment that started within 12 months prior to the date of service.</i></p>	<p><i>Base line data will be Plan First Enrollment between 04/01/2017-03/31/2018. We will use the recipients from this enrollment pull and try to find Medicaid Pregnancy claims with Dates of Service between 04/01/2018-03/31/2019. Will track annual trends to observe if the pregnancy rates for Plan First beneficiaries increased, decreased or remained the same over time.</i></p>
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	<p><i>Plan First Claims data from the MT claims reporting system compared to MT Medicaid Claims data from the MT claims reporting system. We will pull all Plan First IDs for the previous 5 years and look for live births in the MMIS and compare the average inter-birth intervals to that of all MT Medicaid inter-birth intervals removing the Plan First members. We will have to assume that the Plan First females move to pregnancy Medicaid if they become pregnant</i></p> <p><i>Mothers will be identified using the codes provided for this measure in Appendix A. We will remove all women that did not have a second live birth.</i></p>	<p><i>Base line data will be claims with Dates of Service between 04/01/2014-03/31/2019</i></p> <p><i>Will track observe annual trends over time for increases, decreases, or no changes for the Plan First inter-birth intervals as compared to MT Medicaid Program.</i></p>
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	<p><i>Plan First Claims data from the MT claims reporting system compared to Medicaid Claims data from the MT claims reporting system. Will look at the adherence levels of Plan First and MT Medicaid beneficiaries, and calculate the average length that women are on contraception in a 12-month period using the codes listed in Appendix A for this measure. This list will be updated as needed.</i></p>	<p><i>Base line data will be claims with Dates of Service between 04/01/2018-03/31/2019</i></p> <p><i>Will track annual trends to see if the average adherence levels between Plan First and MT Medicaid increases, decreases or remains flat.</i></p>
Outcome	Are beneficiaries satisfied with services?	Beneficiaries will be satisfied with services.	<p><i>Percentage of current Plan First members 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</i></p>	<p><i>Responses to emailed survey</i></p>	<p><i>Percentage calculations.</i></p>

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
			<i>calendar year.)</i> - <i>Yes</i> - <i>No</i> - <i>I didn't receive any Plan First services in 2019 (prior calendar year)</i>		

The annual CAHPS survey would likely include a very small sample of the Plan First members, if any. In order to collect a better representation of member satisfaction, Montana will survey all current Plan First members for whom we have email addresses. Currently, in early 2020, 737 members, or 50% of our current membership have supplied us with their email addresses.

Appendix A

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
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
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries.	General STD Testing: 88142, 80081 Chlamydia: 87110, 86631, 86632, 87490, 87491, 87492, 87270, 87320, 87810, 87492, 87487, 87485, 87486, 87490, 87491, 87801 Herpes: 87273, 87274, 87530, 87533, 87532, 87528, 87529, 87531, 87483, 86696, 86695, 86694, 87207 Syphilis: 86592, 86593 Gonorrhoeae: 87850, 87592, 87590, 87591, 87801, 87810, 87592, 87590, 87591 HIV: 86689, 86703, 86701, 86702, 87806, 80081, 87536, 87539, 87534, 87537, 87535, 87538, 87389, 87390 HPV: 57455, 57454, 57460, 57461, 57456, 87623, 87624, 87625
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, 88148, 88142, 88143, 88164, 88165, 88166, 88167, 88174, 88175
Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries.	G0101
Contraceptive Adherence Levels for Plan First beneficiaries compared to non-Plan First beneficiaries.	A4261, A4266, A4269, A4267, A4264, A4268, J7300, J7304, J7297, J7298, J7296, J7307, J7306, J7301, J7303, J1050, S4993
The number of beneficiaries who have a live birth within 12 months of being on the Plan First Program.	APR DRG: 540-1 – 542-4 & 560-1 – 560-4 ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8 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

Measure	Codes
Number of second live births that occurred at an interval of 18 months or longer/total number of second live births.	APR DRG: 540-1 – 542-4 & 560-1 – 560-4 ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8 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

D. Methodology

1. Evaluation design: *The evaluation design will utilize a post-only assessment. Two prior evaluation designs have been approved and utilized for this long-standing demonstration. Upon suggestion and assistance from CMS, this new evaluation design was developed for use from 2020 forward. According to instruction from Valisha Andrus of CMS, dated 06/12/2019, a post only assessment is due when Montana submits a waiver extension request, and the extension request is due at least one year prior to the expiration of the demonstration. In Montana's case, the current extension expiration date is 12/31/2028. Therefore, Montana will collect baseline data in early 2020 and report that baseline data with Montana's 2019 annual report.*

*Each subsequent year, comparative data will be collected and briefly reported upon in the annual reports. A **full post-only assessment report will be submitted with the next extension application, approximately six months prior to 12/31/2027.** Therefore, the post-only assessment will encompass data measures relevant to DY7, CY2018, the year relevant to most of the baseline data collection, through the final year where a full calendar year's claims data will be available, that is DY14, CY2025. The one exception will be the beneficiary satisfaction survey data as that information is collected early in a calendar year and relevant to the prior calendar year. Therefore, the post-only assessment beneficiary satisfaction survey data baseline and subsequent year's information will encompass DY8, CY2019 through DY15, CY2026.*

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.

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. Thus, the baseline data will include information from the last three months (January, February and March) of the prior demonstration period. Additionally, the member satisfaction survey results will apply to the calendar year January 1, 2019 through December 31, 2019. The one year off-set of claims data and member satisfaction data is necessary to collect all submitted claims within a processing period and also to collect member responses within a reasonable timeframe.

The interim evaluation report is planned for mid-2027, approximately eighteen months before the demonstration expiration date. The bulk of the report will encompass demonstration years eight through fourteen with demonstration year seven being the baseline year. The beneficiary satisfaction survey baseline information will be collected in early 2020 and reflect beneficiary impressions of Plan First services received in 2019. Therefore, the beneficiary satisfaction survey portion of the report will encompass demonstration years nine through fifteen with demonstration year eight being the baseline year.

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

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	<i>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.</i>
Number of family planning services utilized/total number of beneficiaries	<i>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.</i>
Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries	<i>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.</i>
Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries	<i>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.</i>
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries	<i>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.</i>
Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	<i>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.</i>
Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries	<i>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.</i>
Number of beneficiaries who completed one spell of 12-month enrollment/total number of beneficiaries	<i>Plan First Enrollment Data pulled from the database that receives information from the eligibility system.</i>
Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries	<i>Plan First Enrollment Data pulled from the database that receives information from the eligibility system.</i>

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	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.
Number of low birth weight babies born to beneficiaries /total number of babies born to 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.
Number of premature babies born in the state/total number of babies born to 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.
All current members who have provided Montana with their email addresses will be electronically mailed a single question survey with three possible responses. Members will have three weeks to respond. Calculations of responses will be compiled.	Enrollee emailed survey

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, (Note: it thus will include data from the last three months of the prior approved demonstration period) so will be collected by March of 2021.

Brief 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.

*Beneficiaries satisfaction information will be collected annually, in mid-January to mid-February via beneficiary survey only. In early 2020, a high percentage of our Plan First enrollees (50%) have available email addresses. A simple single-question survey will be electronically mailed to those current enrollees for whom we have email addresses. The question will state: “**Are you satisfied with the Plan First services you received in (the prior calendar year)?**” The answer options will be the below:*

- Yes
- No
- I didn't receive any Plan First services in 2019 (prior calendar year)

Results will be compiled and briefly reported upon with the other evaluation data, each year with the demonstration annual report. The member satisfaction survey results will apply to the calendar year January 1 through December 31 of the directly preceding year. The one year off-set of claims data and member satisfaction data is necessary to collect all submitted claims within a processing period and also to collect member responses within a reasonable timeframe.

3. **Data Analysis Strategy:** *Due to the Plan First population being so small, we will include the full population in all the metrics as the Plan First recipient meets the criteria of the measure. Target population is the number of Montana women ages 19 through 44 with incomes at or below 211 percent FPL with access to family planning services over the life of the waiver. We will identify the service codes received by women ages 19 through 44 for family planning services, prenatal care, delivery, and newborn and infant care costs for the infant’s first year, over the life of the waiver. We will calculate yearly trends for the measures in table C above.*

Quantitative Methods

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>

4. **Simplified Evaluation Budget:**

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 will be completed by a non-cost-allocated employee so no additional charge will be incurred for this data collection task. The cost of including this data in the report is covered under the “Preparation of the report” category.</i>

E. Justification for Excluding Comparison Groups and Baseline Data

1. Justification for excluding baseline data: *Montana plans to collect baseline data for January 1, 2018 through December 31, 2018 for most of the components of Goal 1 and Goal 2. The beneficiary satisfaction measure in Goal 2 will be collected via member survey in January and February of 2020, so it is expected that respondents will report on experiences that occurred in 2019, as asked. This pattern of surveying and reporting on member satisfaction would follow each subsequent year. Montana’s prior approved evaluation plans did not include member surveys. Since all claims for the 2018 baseline*

data year will be processed by early 2020, and the member satisfaction survey logically applicable to 2019 will be complete by end of February 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: *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.*