

**Annual Report  
State of Montana  
Montana Plan First Family Planning Demonstration  
Section 1115 Family Planning Waiver  
Demonstration Year 9, Calendar Year 2020  
January 1– December 31, 2020**

Submitted March 12, 2021



## **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 ninth demonstration year with anticipated changes ahead.

Enrollment in Plan First has dropped steadily, as expected since the implementation of Medicaid Expansion in 2016. The youngest age group, (19-20), increased in enrollment the first two quarters but then decreased the second two, with a net per-quarter change of zero. The older age group, (21-44) declined each quarter of 2020. Interestingly, service utilization increased in the younger group in the first three quarters and then decreased in quarter four. Service utilization decreased each quarter for the older age group. The primary service of Contraceptive Surveillance remained strong, though did reduce some from 2019. STD Testing occurred in almost 11% of the members compared to almost 20% last year, and Cervical Cancer Screening in nearly 6%, compared to over 12% last year. Montana believes the reduced percentage of

members receiving these screening services is due to both providers and members safety responses to the COVID-19 emergency.

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 and Timeline to more completely integrate Plan First eligibility into the larger Montana Medicaid system.

The new Evaluation Design, approved November 30, 2020, includes a more robust system of measuring our goal reaching effectiveness. The baseline data and survey results reflect calendar year 2019 and are recorded beginning on page 18 of this report.

The Mitigation Plan and Timeline 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 of 2019. 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 also revitalized collaboration efforts between the Plan First program and our two primary service providers. The Mitigation Plan and Timeline actions had a completion goal date of September 1, 2020.

As implementation of the Mitigation Plan and Timeline proceeded, the idea to fully integrate Plan First into the greater Montana Medicaid enrollment and management system was discussed. This was not a new idea. Full integration had been considered a few times in the past but was deemed cost prohibitive. The full integration idea was again eliminated in early June of 2020 as the Mitigation Plan and Timeline goals were, for the most part, being met. In late July of 2020, Office of Public Assistance (OPA) leadership once again presented the plan of full integration as a labor-saving measure and this time permission was granted.

The change in plans to full integration eliminated the need for much of the Mitigation Plan as Montana pivoted to a workflow change plan that would move the Plan First eligibility and renewal processes into the established Medicaid eligibility system. This change in plans also necessitated a change in completion goal date to January 1, 2021. CMS requested an updated Mitigation Workplan and Timeline comparing details of what had been accomplished of the original goals and what needed to be accomplished as Montana moved toward the full integration goal. This updated plan and timeline was submitted to CMS December 2, 2020. As of the end of December, 2020, the plans for full integration have gone smoothly and full implementation was expected by January 1, 2021.

## 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 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 included:

- Implementation of an annual redetermination process that included continued proof of financial eligibility;
- Integration of 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;
- Integration of Plan First information into Medicaid denial letters;
- Written communication with our state-wide application assistants informing them of the upcoming change in workflow process;
- Termination of Plan First specific application acceptance as all applications were to be submitted through the greater Montana Medicaid application system;
- Implementation of a workflow change process whereby the Office of Public Assistance was to supply the Plan First enrollment program with a monthly list of denied Medicaid applicants who met the Plan First eligibility criteria; and
- Plan First staff would then enroll the new members and send them an introductory letter.

Some of the above changes in the application process happened prior to the change in plans that occurred in late July of 2020. Both the original Mitigation Plan and the change to the full integration plan promise 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, under the full integration plan, 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.

In early 2020, Montana created a new Early Childhood and Family Support Division of DPHHS. The goal of this division is to improve collaboration while aligning funding, priorities, and practices. The Family & Community Health Bureau in this division house the Family Planning staff who will work closely with the Title X Family Planning clinics.

They are using some of their outreach budget to increase outreach and expand membership and utilization of the Plan First waiver.

In response to the 2020 COVID-19 state of emergency, effective April 1, 2020, Montana implemented several temporary changes to member eligibility and services:

- A moratorium on non-voluntary dis-enrollments to Montana Healthcare Programs, including no dis-enrollment in Plan First for failure to renew eligibility;
- More services became available through telephone conversations and electronic visits; and
- Suspension of face-to-face requirements for some programs.

The Montana Healthcare Programs Pharmacy Program also made temporary adjustments in response to the 2020 COVID-19 emergency:

- Allowed early refills for members on a case-by-case basis;
- Authorized non-preferred medications due to shortages;
- Allowed flexibility so members limited by the application of 42 CFR 431.54(e) can obtain medications at a pharmacy other than their lock-in, if necessary and appropriate.

In April, May and June of 2020, these additional temporary COVID-19 related adjustments were made:

- Amendment to provider enrollment instructions
- Non-covered services agreement policy change
- Suspension of the PCP referral requirement
- National correct coding initiative announcement
- Allowing a 90-day supply for all drugs except C II drugs, (retroactive to March 1, 2020)

As of the end of December, 2020, the above temporary COVID-19 related adjustments remained in place.

- 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.

**DY5/CY2016** – 2,913  
**DY6/CY2017** – 2,341  
**DY7/CY2018** – 1,934  
**DY8/CY2019** – 1,821  
**DY9/CY2020** – 1,719

Montana implemented Medicaid Expansion, effective 01/01/2016. Some of the previous Plan First members disenrolled as they became eligible for a full benefit package. Enrollment has continued to decline and the planned 2021 revision to Montana’s renewal criteria and application process, mentioned above, are somewhat burdensome. This, especially for those long-term members who renew as the renewal process will require more effort than it has in the past. It’s possible these may further reduce the number of women who renew or enroll each year.

Montana increased engagement with our Planned Parenthoods and Title X Family Planning Clinics in 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 met with Title X Family Planning Clinic directors to share information about the upcoming changes and to brainstorm ways to further promote Plan First membership.

After the planned changes from the Mitigation Plan to the integration plan were firm, Montana sent a Provider Notice to all Plan First provider types alerting them of the new application and renewal process, effective January 1, 2021. Since the Planned Parenthoods and Title X Family Planning Clinics are the main providers under this waiver, and often assist patients with the application process, those Provider Notices were sent directly to each clinic with the assistance of the Early Childhood and Family Support Division of DPHHS and Planned Parenthood of Montana. Additionally, the Early Childhood and Family Support Division conducted an electronic question and answer forum where providers could ask questions of the Plan First program officer and those questions and answers were shared with the Title X Family Planning Clinic network.

- 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 were navigated in 2020. The first was Montana’s need to create, and then follow, the mitigation plan mentioned above followed by the sudden and unexpected pivot to the integration plan. Fortunately, the integration plan, though expensive, came together more easily than anticipated. The other was the new requirement by CMS to implement a far more detailed demonstration evaluation plan than our prior two approved plans. This effort took Montana four separate draft submissions between late July of 2019 through late June of 2020 before receiving approval of the plan on November 30, 2020. Part H of this annual report contains an update on the evaluation activities thus far.

**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 cost incurred in integrating the eligibility piece into the greater Combined Healthcare Information and Montana Eligibility System (CHIMES) was initially expected to be an expensive addition to the 2020 Plan First operating budget. Fortunately, upon further investigation and collaboration with the Human and Community Services Division, the cost of this integration was assigned to the existing maintenance and operations budget of CHIMES. The integration had no net effect on the Plan First operations budget.

**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	32	1,497	N/A	1,529
Quarter 2	N/A	30	1,344	N/A	1,374
Quarter 3	N/A	24	1,308	N/A	1,332
Quarter 4	N/A	20	1,354	N/A	1,374

\*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	16	307	N/A	323	21.12%
Quarter 2	N/A	15	254	N/A	254	19.58%
Quarter 3	N/A	11	249	N/A	249	19.52%
Quarter 4	N/A	8	248	N/A	248	18.63%
Total Unduplicated**	N/A	17	632	N/A	649	37.75%

\*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	17	269	N/A	283
Mostly and Moderately Effective*	Denominator	N/A	22	1,697	N/A	1,719
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	2	62	N/A	64
Long-acting reversible contraceptive (LARC)*	Denominator	N/A	22	1,697	N/A	1,719
N/A	N/A	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
<b>Total</b>	Numerator	N/A	17	269	N/A	283
<b>Total</b>	Denominator	N/A	22	1,697	N/A	1,719

\*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](mailto: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	183	10.64%	183	10.64%

**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*	100	1719	5.82%

\*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](mailto: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](mailto: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.

In 2020, DPHHS continued to determine which women losing Medicaid for pregnant women were eligible for Plan First. Qualifying women were 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 educated and assisted potential members toward Plan First application. In 2021, this process will change as all applications will be filtered through the cascading eligibility spectrum to determine all programs for which the applicant may qualify, including Plan First.

**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 2020. 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 2020 post award forum was held November 17, 2020 in conjunction with the Montana Health Coalition annual meeting. The forum was held virtually due to COVID-19 concerns. Nineteen people attended via Zoom. 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 from DY8 to DY9 was 9.3%. A slightly larger decrease than what was experienced from DY7 to DY8 which declined 5.8%. Montana believes the larger decrease is most likely due to the COVID-19 pandemic and the public seeking or being eligible for more comprehensive coverage available under Medicaid or Medicaid Expansion.

**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.

Montana’s Plan First new Evaluation Design was not approved until November 30, 2020. The late-in-the-year approval limited the amount of progress that could be accomplished prior to calendar year end. The approval, however, did solidify our plans for establishing baseline data from CY2019 for comparison use as our evaluation moves forward.

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 is scheduled to be repeated, applicable to CY2020, in late January of 2021.

The CY2019 baseline data and initial survey findings are reported in Attachment A of this report.

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

During the data pull process, the analysts had the on staff RHIA take another look at the codes for each measure that were originally submitted in Appendix A of the approved Evaluation Design. This was to make sure they had the most appropriate codes for each measure. The below changes 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.

**(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
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.	<p><b>General STD Testing:</b> 88142, 80081</p> <p><b>Chlamydia:</b> 87110, 86631, 86632, 87490, 87491, 87492, 87270, 87320, 87810, 87492, 87487, 87485, 87486, 87490, 87491, 87801</p> <p><b>Herpes:</b> 87273, 87274, 87530, 87533, 87532, 87528, 87529, 87531, 87483, 86696, 86695, 86694, 87207</p> <p><b>Syphilis:</b> 86592, 86593</p> <p><b>Gonorrhoeae:</b> 87850, 87592, 87590, 87591, 87801, 87810, 87592, 87590, 87591</p> <p><b>Chlamydia, Syphilis, Gonorrhoeae:</b> G9228, G9229, G9230</p> <p><b>HIV:</b> 86689, 86703, 86701, 86702, 87806, 80081, 87536, 87539, 87534, 87537, 87535, 87538, 87389, 87390</p> <p><b>HPV:</b> 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, 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.	<del>G0101</del> 77065, 77066, 77067, 77061, 77062, 77063, 77048, 77049, 77053, 77054, 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 &amp; 560 1 – 560 4</p> <p>ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 &amp; 10D07Z8</p> <p>ICD10 Diagnosis: O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 &amp; 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 &amp; 560 1 – 560 4</p> <p>ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 &amp; 10D07Z8</p> <p>ICD10 Diagnosis: O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 &amp; 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 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.

**Attachment A:  
CY2019 Baseline Data and 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%	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	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,	3.38	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
				beneficiary count of services utilized.	decreases, or remains flat.										
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%	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 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 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 LARC and	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%	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
				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%	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%	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
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%	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%	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 from the MT claims reporting system. 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.	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	n/a								
Outcome	Are beneficiaries satisfied with services?	Beneficiaries will be satisfied with services.	Percentage of current Plan First members who respond to the	Responses to emailed survey	Percentage calculations.	1471 current members as of 12/2019	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
			<p>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)</p>			<p>737 members sent a survey, 50.1%</p> <p>77 responses, 10.4% of those sent a survey.</p> <p><b>15 responses of "none," 19.5% of received responses.</b></p> <p><b>62 responses of "yes," 80.5% of received responses.</b></p> <p><b>0 responses of "no," 0% of received responses.</b></p>									