Annual Report
State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Demonstration Year 7, Calendar Year 2018
January 1– December 31, 2018

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Introduction

Narrative on a brief introduction of demonstration, provide historical background, such as amendment changes, extension request and dates of CMS approval.

In January 2012, modifications were made to the Montana's Medicaid Management Information System (MMIS) to process the family planning waiver plan of benefits. An online application and eligibility process were developed and tested. In April 2012, the MMIS enhancements were completed.

Public notice of Plan First was published in newspapers in early February 2012. Later that month the administrative rule hearing was held.

On May 30, 2012, the special terms and conditions (STCs) and approval letter were received, and on June 12, 2012, Montana accepted the Plan First Family Planning Demonstration Award.

The Montana Plan First website went live in early June, 2012. The website contains general information on Plan First including eligibility criteria, documents, resources, contact information, the Plan First brochure, and an easy-to-use online application.

Medicaid providers including physicians, pharmacies, mid-level practitioners, family planning clinics, public health clinics, Indian Health Services, federally qualified health centers, and rural health clinics were all introduced to Plan First through the Montana Department of Health and Human Services website. In addition, an article about Plan First was published in the Claim Jumper, an on-line provider newsletter published by Montana Health Care Programs' fiscal agent and available electronically to all Medicaid providers.

The Plan First announcement to the media, public, and providers was completed during the month of June 2012.

On January 1, 2014, Montana adopted the modified adjusted gross income (MAGI) family and income counting eligibility methodology required by the Affordable Care Act (ACA). This change increased Plan First's federal poverty level (FPL) percentage from 200% to 211%, requiring a new state administrative rule and eligibility application. The administrative redetermination process, which automatically enrolls members who do not report any household or income changes, was suspended for 2014.

CMS extended the original waiver to December 31, 2014. Waiver renewal activities began in early 2014 to prepare for a new three-year waiver cycle beginning January 1, 2015. Tribal notification was sent April 2, 2014. Public meetings were held in Billings and Helena on

April 9, 2014, and April 14, 2014 respectively. Public notice was published in Billings and Missoula newspapers on April 1, 2014, and April 6, 2014 respectively. The waiver renewal application was submitted on June 30, 2014.

Montana received the preliminary waiver renewal STCs on December 30, 2014, and formally accepted the waiver renewal on January 22, 2015.

The draft evaluation report was submitted June 2, 2015.

A public notice meeting for the waiver was held December 1, 2015.

Montana Medicaid expansion began January 1, 2016.

Public notice meetings for the waiver renewal/extension were held October 4, 2016, in Helena, Montana, and October 5, 2016, in Billings, Montana.

Plan First was discussed at the Montana Health Coalition meeting held in Helena, Montana on November 28, 2016. The following year, on November 29, 2017, the progress of the Plan First Demonstration including an upcoming five-year extension request, were discussed at the Montana Health Coalition meeting held in Helena, Montana. With the five-year extension request still pending approval, on December 12, 2018, the progress of the Demonstration and five-year extension request was again discussed at the Montana Health Coalition meeting in Helena, Montana.

Montana submitted a Plan First waiver renewal application December 31, 2016. A revised version of this application was submitted December 15, 2017 with requested extension period January 1, 2018 through December 31, 2022. On December 22, 2017, this revised application for extension request was deemed incomplete by CMS and a temporary extension was granted. The prior demonstration with the prior Special Terms and Conditions and associated expenditure authorities continued through May 31, 2018. Montana resubmitted a revised extension application May 11, 2018 which is currently under consideration by CMS. A new temporary extension of the current authorities was granted by CMS effective through November 30, 2018 and an additional extension was granted through March 31,2019. During this last temporary extension period, Montana was asked to update the Budget Neutrality and the Interim Evaluation sections of the revised extension application. Additionally, CMS had a few process clarification questions for the State. These answers and updates are currently under CMS consideration.

Executive Summary

Brief Description of Demonstration Population

Plan First eligible individuals are:

- Montana women ages 19 through 44;
- not eligible for other Medicaid benefits;
- able to become pregnant but are not now pregnant; and
- earning a household income through 211% of the federal poverty level.

- This program is limited to 4,000 women at any given time.

Goals of Demonstration

The goals of the demonstration are:

- Improved access to and use of family planning services among the participants;
- Fewer unintended pregnancies; and
- Improved birth outcomes and women's health by increasing the child spacing interval.

Program Highlights

Family Planning Benefits: Family planning services and supplies are limited to services and supplies with the primary purpose of family planning, and are provided in a family planning or other medical setting. Family planning services and supplies include:

- FDA approved methods of contraception;
- Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap tests and pelvic exams;
- Drugs, supplies, or devices related to women health services; and
- Contraceptive management, patient education, and counseling.

Family Planning-Related Services: Family planning-related services and supplies are services provided as part of, or as follow-up to, a family planning visit. Such services are provided because a family planning-related problem was identified and/or diagnosed during a routine or periodic family planning visit. Examples of family planning-related services and supplies include:

- Colposcopy (and procedures done with/during a colposcopy), or a repeat Pap test performed as a follow-up to an abnormal Pap test, done as part of a routine or periodic family planning visit;
- Drugs for the treatment of STI/STDs, except for HIV, AIDS, or hepatitis, when the STI/STDs is identified or diagnosed during a routine or periodic family planning visit. A follow-up visit or encounter for the treatment or prescription of drugs, and subsequent follow-up visits to rescreen for STIs and STDs, based on the Centers for Disease Control and Prevention guidelines may be covered;
- Drugs and treatment for vaginal infections and disorders, other lower genital tract and genital skin infections and disorders, and urinary tract infections, where these conditions are identified or diagnosed during a routine or periodic family planning visit. A follow-up visit for treatment or drugs may also be covered;
- Other medical diagnosis, treatment, and preventive services routinely provided during family planning visit in a family planning or other medical setting. An example of a preventive service could be a vaccination to prevent cervical cancer; and
- Treatment of major complications arising from a family planning procedure such as, but not limited to:
    - Treatment of a perforated uterus due to an intrauterine device insertion;

- Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring dilation and curettage; or
- Treatment of surgical or anesthesia-related complications caused during a sterilization procedure.

Demonstration Year	Begin Date	End Date	Annual Report Due Date (90 days following end of Annual date)
DY1 (one-month long DY)	June 1, 2012	June 30, 2012	September 28, 2012
DY2	July 1, 2012	June 30, 2013	September 28, 2013
DY3(eighteen-month long DY)	July 1, 2013	December 31, 2014	March 31,2015
DY (CY2015)	January 1, 2015	December 31, 2015	March 31, 2016
DY5 (CY2016)	January 1, 2016	December 31, 2016	March 31, 2017
DY6(CY2017)	January 1, 2017	December 31, 2017	March 31, 2018
DY7 (CY2018)	January 1, 2018	December 31, 2018	March 31, 2019
DY8 (CY2019)	January 1, 2019	December 31, 2019	March 31, 2020

- ***Significant Program Changes from previous demonstration years***

1. **Narrative describing any administrative and operational changes to the Demonstration, such as eligibility and enrollment processes, proposed or implemented changes to the enrollment limit, 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; and**

Montana implemented Medicaid expansion, effective 01/01/2016. Some of the previous Plan First members dis-enrolled as they became eligible for a full benefit package.

Early in 2018, Montana revised the way enrollees are counted. Quarterly reports beginning with Q1 of 2018, utilized this new, more accurate methodology. All enrollment information in this report, including pre-2018, has been recalculated using the new methodology. This accounts for data disagreements with previous annual reports.

In 2018 CMS suggested Montana change its evaluation design for its Plan First Family Planning Waiver. This 2018 Annual Report contains the information related to our existing evaluation design. Beginning in 2019, Montana intends to use the evaluation design suggested by CMS.

2. **Narrative on any noteworthy Demonstration changes, such as changes in enrollment, service utilization, education and outreach, and provider participation. Discussion of any action plan if applicable.**

Montana implemented Medicaid expansion, effective 01/01/2016. A decline in enrollees was expected due to the availability of this more comprehensive coverage for many women who qualify. At the close of this second-year post Medicaid expansion, this decline continues. Monthly average enrollment went from 2,171 in 2016 (prior to Medicaid expansion), to 1,723 in 2017 (one-year post-expansion), to 1,571 in 2018.

- ***Policy Issues and Challenges***

    - **Brief narrative on noteworthy policy issues and challenges from previous Demonstration years and actions if applicable:**

There have been no significant policy issues this calendar year.

    - **Narrative providing an overview of any policy issues the State is considering, including pertinent legislative/budget activity and potential Demonstration amendments;**

There are no policy changes under consideration.

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

The State plans to update the list of covered codes in early 2019, to remove hysterectomy codes.

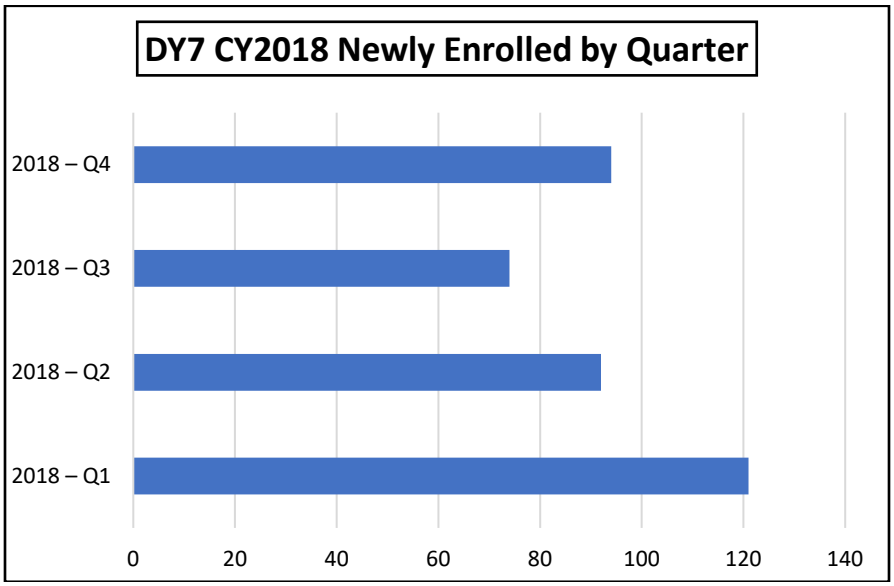
    - **Narrative on any budget neutrality issues the State has identified. Please include a description of action plan if applicable.**

The cost of benefits PMPM has continued to go down from previous years and clearly meets the guidelines set forth in the STCs.

<u>Enrollment and Renewal</u>

- **Enrollment figures- Please utilize the chart below to provide data on the enrollees and participants within the Demonstration in addition to member months. The chart should provide information to date, over the lifetime of the Demonstration extension.**
    - **As outlined in STCs 27 and 33,**

        1. **<u>Enrollees</u> are defined as all individuals enrolled in the Demonstration;**
            - **The number of newly enrolled should reflect the number of individuals enrolled for the quarter reported.**



- **The number of total enrollees should reflect the total number of individuals enrolled for the current DY.**

2. **<u>Participants</u> are defined as all individuals who obtain one or more covered family planning services through the Demonstration; and**

3. **<u>Member months</u> refer to the number of months in which persons enrolled in the Demonstration are eligible for services. For example, a person who is eligible for 3 months contributes to 3 eligible member months to the total.**

- **This Demonstration has two eligible populations, as described in STC 16.**

Population 1: **Women losing Medicaid pregnancy coverage the conclusion of 60 days postpartum; and**

Population 2: **Women who have an income at or below 200 percent of the FPL.** (Affordable Care Act Survey of Income and Program Participation conversion changes to 211% FPL on January 1, 2014.

DY1 (June 1, 2012 – June 30, 2012) (1-month DY)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	4	180	184
# of Participants	3	118	121
# of Member Months	4	180	184

DY2 (July 1, 2012 – June 30, 2013)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	264	2,043	2,307
# of Participants	256	1,864	2,120
# of Member Months	1,878	16,188	18,066

DY3 (July 1, 2013 – December 31, 2014) (18-month DY)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	694	3,510	4,204
# of Participants	683	3,304	3,987
# of Member Months	9,634	62,118	71,752

Demonstration Years 1-3 are cumulative and Demonstration Years 4 (CY2015) through 7 (CY2018) starts again and are separately cumulative. The STCs require separate cumulative data for the demonstration extension/renewal.

DY4/CY2015 (January 1, 2015 – December 31, 2015)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	537	2,551	3,088
# of Participants	488	1,872	2,360
# of Member Months	3,006	25,050	28,056

DY5/CY2016 (01/01/2016 – 12/31/2016)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	777	2,749	3,526
# of Participants	734	2,263	2,997
# of Member Months	7,666	37,928	45,594

DY6/CY2017 (January 1, 2017 – December 31, 2017)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	989	2,878	3,867
# of Participants	951	2,473	3,424
# of Member Months	6,626	33,851	40,477

DY7/CY2018 (January 1, 2018 – December 31, 2018)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	1,147	2,986	4,133
# of Participants	1,103	2,599	3,702
# of Member Months	4,116	17,756	21,872

- **Provide narrative on observed trends and analysis of data, including any proposed actions for improvement. As per STC 26 and 27, the State must include a narrative of any changes in enrollment and/or participation that fluctuate 10 percent or more in relation to the previous demonstration year (DY). Also discuss actions identified that could improve enrollment numbers, if applicable.**

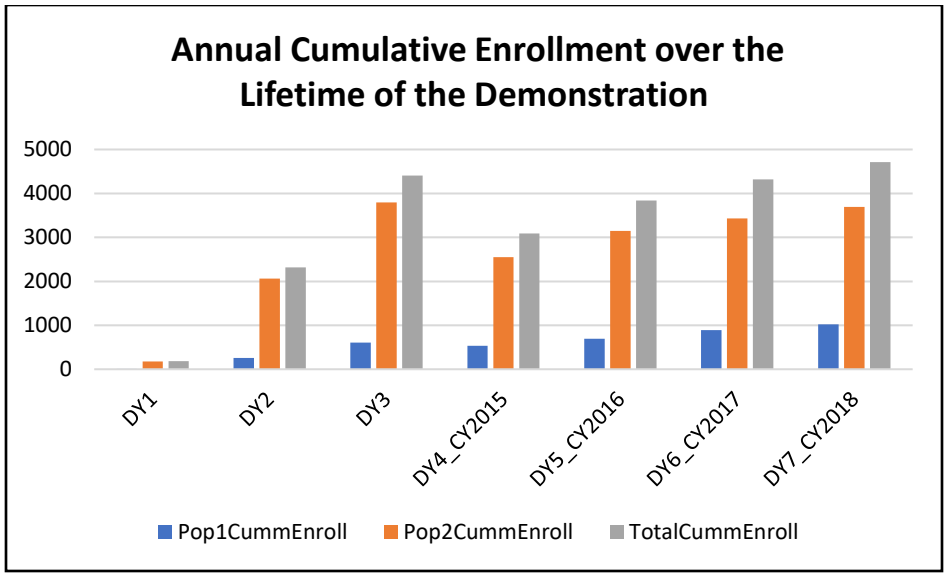
Montana reinstated administrative renewals in 2015 and worked on better enrolling women losing pregnancy Medicaid. This contributed to an increase in Plan First enrollment. Enrollment on December 31st of 2014 was 2,116 and by December 31st of 2015, the count was 2,550.

Due to the implementation of Medicaid Expansion in 2016, enrollment rate for Plan First has slowed but we continue to have adequate retention and new enrollees. Total enrollees for DY7 (CY2018) was 1,929, a decrease of about 21% from the DY6 (CY2017) total.

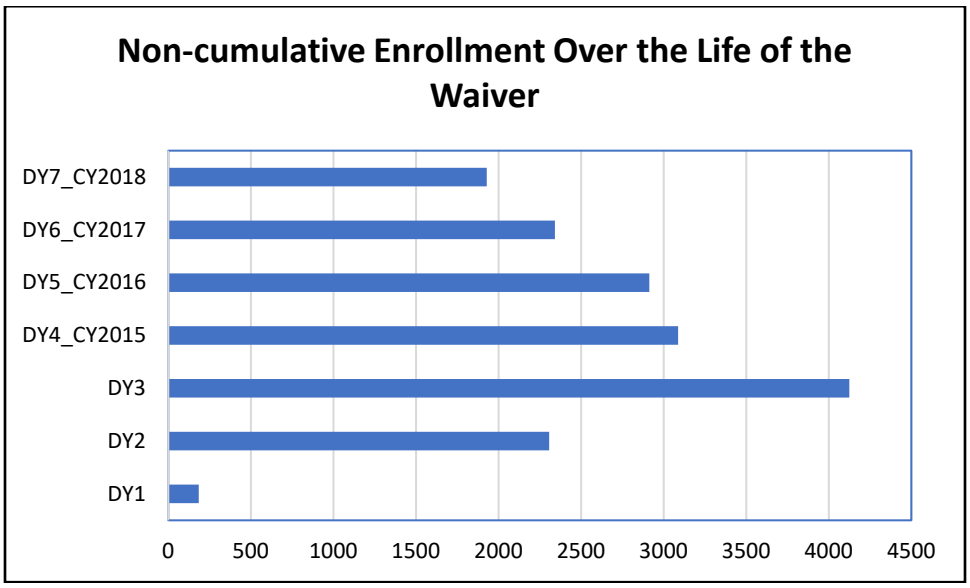
The above calculation of Member Months is certified to be accurate by Montana Medicaid.

- **Provide graphs/charts for the data indicated below:**
  Annual enrollment by population for each Demonstration Year over the lifetime of the Demonstration.

Demonstration Years 1-3 are cumulative, Demonstration Years 4-7 are separately cumulative as the STCs require separate data for the demonstration extension/renewal. Note that DY1 was one month long only and DY3 was 18-months long.



Again, please note DY1 was one month long only, and DY3 was 18-months long.



2) It is the state's option to provide graphs and analysis of annual enrollment by characteristics, such as race/ethnicity, and age.

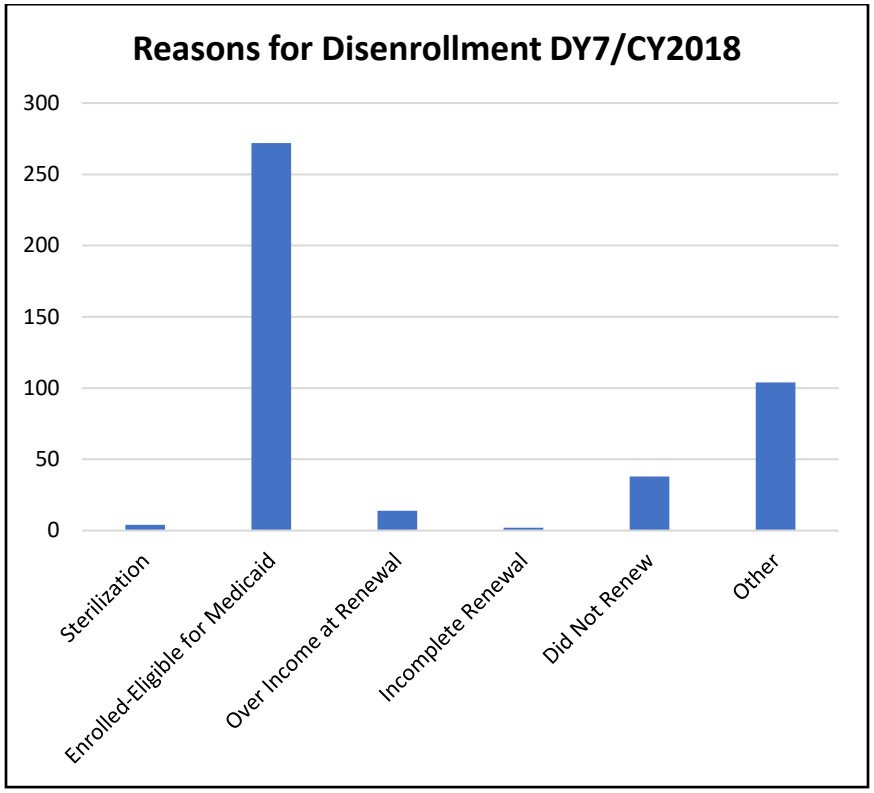
Not provided at this time.

3) Annual Disenrollment and Retention figures

Discuss the current Demonstration year's retention and disenrollment figures, including the top reasons for disenrollment, compared to the last Demonstration

year and trends observed throughout the current Demonstration year's quarters.

The Plan First Waiver retention remains strong, especially among women who do not qualify for Medicaid Expansion. Total enrollment figures are small enough that disenrollment is not tracked on a quarterly basis, only annually. **Provide charts and graphs to illustrate the data.**



Disenrollment throughout the Demonstration

n/a	DY2 (7/1/12-6/30/13)	DY3 18-mo DY (7/1/13-12/31/14)*	DY4 CY2015	DY5 CY2016	DY6 CY2017	DY7 CY2018
NUMBER by Sterilization	4	14	6	2	14	4
PERCENTAGE by Sterilization	5.3%	0.6%	2.7%	1.9%	2.0%	0.92%
NUMBER by Enrolled or eligible for Standard Medicaid or Medicaid Expansion	15	247	173	43	501	272
PERCENTAGE by Enrolled or eligible for Standard Medicaid or Medicaid Expansion	19.7%	10.3%	79.7%	40.9%	73.2%	62.7%
NUMBER by Over Income	6	60	1	30	13	14
PERCENTAGE by Over Income	7.9%	2.5%	0.5%	28.6%	1.9%	3.2%
NUMBER by Incomplete renewal	0	98	1	22	5	2
PERCENTAGE by Incomplete renewal	0%	4.1%	0.5%	20.9%	0.7%	0.46%
NUMBER by Did not renew	0	1,845	3	4	20	38
PERCENTAGE by Did not renew	0%	76.8%	1.40%	3.8%	2.9%	8.8%
NUMBER by Other	51	135	33	4	131	104
PERCENTAGE by Other	67.1%	5.6%	15.2%	3.8%	19.3%	24%
NUMBER TOTAL	76	2,399	217	105	684	434
PERCENTAGE TOTAL	100%	100%	100%	100%	100%	100%

*The disenrollment numbers for DY3 have been estimated as records currently exist for the 12-month period 7/1/13-6/30/14 but no detailed (with disenrollment reason) records exist for the 6-month period of 7/1/14 – 12/31/14. The 18-month DY estimate was calculated by taking the total number disenrolled in the 6-month period of 7/1/14-12/31/14 (1,264) and applying the same percentage factors of reason for disenrollment as applies to the prior 12-months of the 18-month DY, and then adding that % of the 6-month disenrollment total to the prior 12-month disenrollment total to create the estimated 18-month disenrollment total.

Administrative renewals were reinstated in DY4/CY2015 so the number of members not renewing went down drastically. The main reason for disenrollment in DY5/CY2016 is Medicaid enrollment. Implementation of Medicaid Expansion in 2016 caused many women to switch from Plan First to the more comprehensive coverage. Notice the large increase (40.9% to 73.2%) from DY5/CY2016 to DY6/CY2017, and from DY6/CY2017 to DY7/CY2018 (73.2% to a still significant 62.7%). We believe this is mostly due to women enrolling in Medicaid Expansion as public knowledge about this program grows.

Service and Providers

- ***Service Utilization***

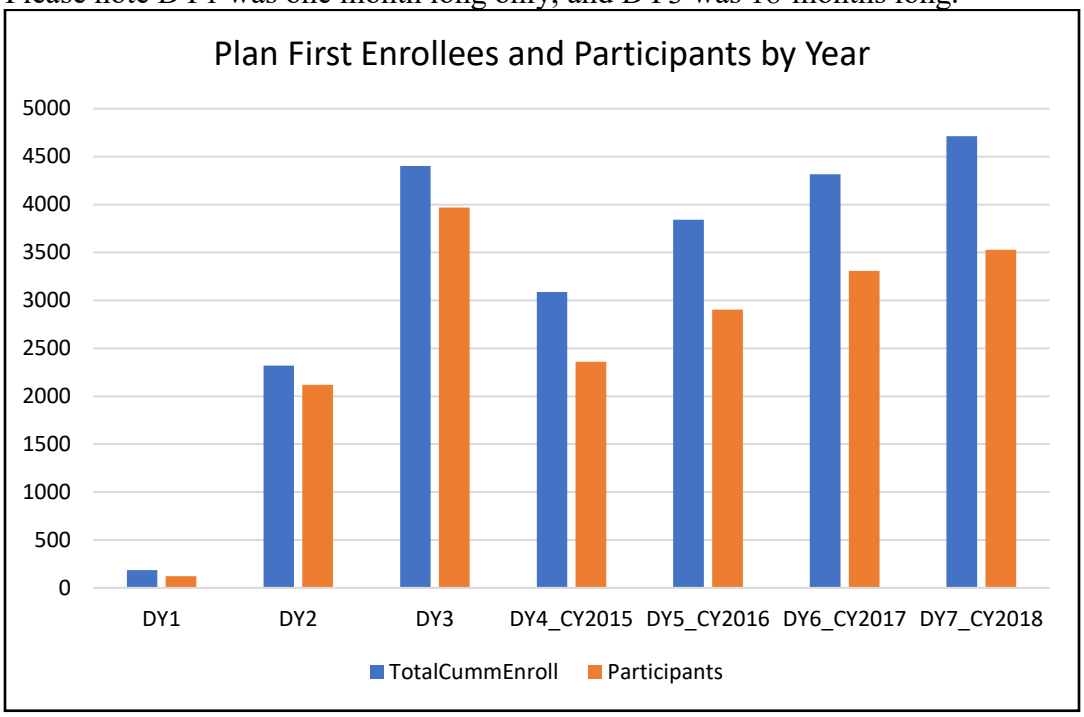
    - **Provide a narrative on trends observed with family planning and family planning-related services and supplies utilization. Please also describe any changes in service utilizations or change to the demonstration's benefit package. Provide any relevant charts/graphs illustrating data found.**

The top five claim diagnosis codes for DY7/CY2018 were:

- Contraceptive Surveillance
- STD Screening
- Routine Gynecological Exam
- Pap Screening
- Pregnancy Test

    - **Provide a cumulative graph highlighting the enrollees and participants over the lifetime of the Demonstration.**

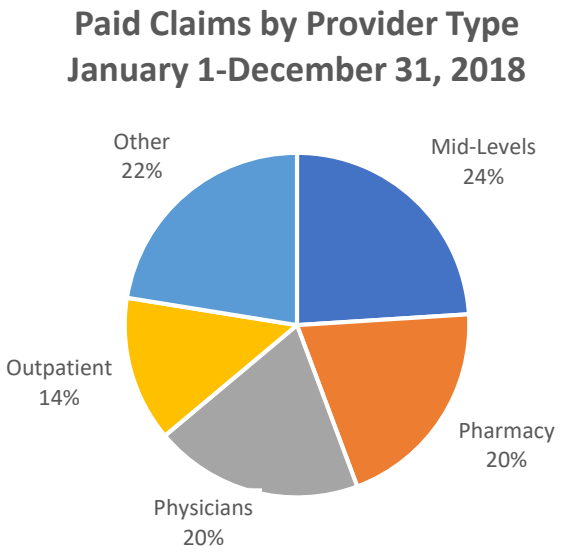
Please note DY1 was one month long only, and DY3 was 18-months long.



DY1 through DY3 show cumulative data. Beginning in DY4/CY2015the state began a new accumulation cycle. DY4/CY2015 through DY7/CY2018 are cumulative.

Provider Participation

- **Provide a narrative on the current provider participation in rendering services during this Demonstration year highlighting any current or expected changes in provider participation, planned provider outreach and implications for health care delivery.**



A large portion of Plan First members are enrolled through Title X family planning clinics. These clinics are commonly staffed with mid-level providers. If family planning-related issues are discovered during the family planning visit, members are referred to other providers to address those issues. For example, a woman may receive a Pap test at a family planning clinic and then be referred to an OB/Gyn provider to receive a colposcopy.

Program Outreach Awareness and Notification

- **Provide information on the public outreach activities conducted this Demonstration Year.**

ACA navigators housed in the Planned Parenthood of Montana offices provide outreach to women who do not qualify for Standard Medicaid.

DPHHS continues to determine which women losing Medicaid for pregnant women are eligible for Plan First.

In late 2017, Montana submitted a revised application for extension of this Plan First demonstration and the Public Notice portion of the application was repeated in May of 2018. The public notice announcements and notifications to interested parties contributed to public awareness of this program.

- **Provide a brief assessment on the effectiveness of outreach programs throughout the Demonstration Year.**

Family planning 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.

- ***Target Outreach Campaign(s) (if applicable)***

The Affordable Care Act (ACA) navigators at family planning clinics and Federally Qualified Health Centers (FQHC) suggest Plan First to the women whose income exceeds Medicaid eligibility.

No additional targeted outreach campaigns were conducted.

Plan First will continue to identify women who have lost pregnant woman coverage and qualify them.

Program Evaluation, Transition Plan and Monitoring

- **A summary of program integrity and related audit activities for the demonstration, including an analysis of point-of-service eligibility procedures;**

Plan First claims are eligible to be selected during Payment Error Rate Measurement audits.

Plan First does not have point-of-service eligibility determination. Providers educate and assist potential members toward Plan First application.

- **Identify any quality assurance and monitoring activities in current Demonstration Year. Also, please discuss program evaluation activities and interim findings;**

Plan First claims are included in any Medicaid quality assurance activity.

Evaluation data was provided in the prior application for extension and then submitted in updated form in December of 2018. Evaluation data is captured by state fiscal year (most recent available ends June 30, 2018) so that same revised evaluation information is included in this report, beginning on the next page.

In 2018 CMS suggested Montana change its evaluation design for its Plan First Family Planning Waiver. This 2018 Annual Report contains information following our existing evaluation design. Beginning in 2019, Montana intends to use the evaluation design suggested by CMS.

- **Provide a narrative of any feedback and grievances made by beneficiaries, providers and the public, including any public hearings or other notice procedures, with a summary of the State's response or planned response.**

Billing and enrollment issues are dealt with as they occur, and there are no outstanding issues at this time.

The annual Public Forum to solicit input on the Plan First Demonstration was held December 12, 2018 in Helena, Montana. The public had no comments on the demonstration.

Interim Evaluation of Goals and Progress

Baseline and Interim Data

Data is reported for State Fiscal Year (SFY) 2012 which coincides with demonstration year (DY) 1, SFY2013 which coincides with DY2, and SFY2014 which coincides with DY3. Beginning 2015, the demonstration year changed from Montana's State Fiscal Year (SFY) (July 1-June 30), to a calendar year. This means that SFY 2015 consists of the last two quarters of DY4 and the first two quarters of CY2015. SFY 2016 consists of the last two quarters of CY2015 and the first two quarters of CY2016. For consistency, the data is reported below by State Fiscal Year (July 1-June 30) for each of the five years reported on below. DY1 only consists of June 2012, the first month of the demonstration. This year is being used as a baseline.

Hypothesis 1: The demonstration will result in an increase in the number of female Medicaid members ages 19 through 44 receiving family planning services paid by Medicaid.

- The Medicaid Management Information System (MMIS) was queried to determine if a female Montana Medicaid member, aged 19 through 44, received a service with one of the following characteristics: a family planning indicator diagnosis, a diagnosis for contraceptive management, a contraceptive prescription, or a service designated as family planning related for a Plan First member. The results are compared with the female Montana Medicaid enrollment for the demonstration years described above.
- Similarly, the MMIS was queried to determine the number of Plan First Members who obtained one or more covered family planning services through the Demonstration. These Plan First Members (group C.) would be a sub-set of group B., which is a subset of group A.

N/A	**(SFY2012)**	**(SFY2013)**	**(SFY2014)**	**(SFY2015)**	**(SFY2016)**	**(SFY2017)**	**(SFY2018)**
(Group A.) Female Medicaid Members aged 19-44 years	22,616	24,581	28,339	32,085	47,139	58,190	63,254
(Group B.) Female Medicaid Members aged 19-44 years receiving Family Planning Services	3,747	6,563	9,713	8,060	10,021	14,666	17,174
(Group C.) Female Plan First Members aged 19-44 years receiving Family Planning Services	36	1,795	1,734	2,173	1,776	1,172	771

Utilization of family planning services by all Female Medicaid Members in the 19-44 years age group increased from 16% in DY1 to 27% in SFY2018. Montana expanded Medicaid effective January 1, 2016, which explains the significant increase in Female Medicaid Members in CY2016, and the decrease of Plan First Members receiving family planning services as many prior members now qualify for more comprehensive coverage. However, the data shows that, even after Medicaid expansion, there has been and remains an isolated block of low-income Montana women age 19-44 years who access family planning services through the Montana Plan First 1115 Waiver and thus, contribute to the overall increase in the number of female Medicaid members ages 19 through 44 receiving family planning services paid by Medicaid.

Hypothesis 2: The demonstration will result in a decrease in births paid by Medicaid for women aged 19 through 44.

- The Medicaid Management Information System (MMIS) was queried to determine the number of Female Medicaid Members aged 19-44 years in each of

the completed State fiscal years and the number of births paid by Medicaid in the corresponding State fiscal years.

- The number of births to Female Medicaid Members in that age range compared to all Female Medicaid Members in that same age range gives us an approximate ratio of births to potential child-bearer per demonstration year.

N/A	**(SFY2012)**	**(SFY2013)**	**(SFY2014)**	**(SFY2015)**	**(SFY2016)**	**(SFY2017)**	**(SFY2018)**
Female Medicaid Members aged 19-44 years	22,616	24,581	28,339	32,085	47,139	58,190	63,254
Births paid by Medicaid	4,341	4,405	4,922	5,167	5,284	5,217	4,861
Approximate Ratio of Births paid by Medicaid to Female Medicaid Members aged 19-44 years	1: 5.2	1; 5.8	1: 5.8	1: 6.2	1: 8.9	1: 11.2	1: 13.0

The number of Female Medicaid Members aged 19-44 years has increased by nearly 180% between SFY2012 and SFY2018 where the births paid by Medicaid in that same timeframe increased by only 12%. Additionally, the ratio of births per Female Medicaid Member in the applicable age range slowly dropped from SFY2012 through SFY2015, then began dropping significantly in the last three years, concurrently with Medicaid Expansion. It is difficult to isolate the reasons for this decline, but we believe it is due in large part to Montana's implementation of Medicaid expansion, the long acting reversible contraceptive (LARC) initiative (both implemented in January of 2016) and the ongoing utilization of the Plan First 1115 Waiver services.

Hypothesis 3: The demonstration will reduce annual Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care.

- The method used to determine the annual Federal and State Medicaid cost reduction for prenatal, delivery, and newborn/infant care is thus: Estimated Medicaid savings from births averted by the family planning waiver less the cost of family planning services paid under the waiver, and the percent decrease in Medicaid births.

N/A	(SFY2012)	(SFY2013)	(SFY2014)	(SFY2015)	(SFY2016)	(SFY2017	(SFY2018)
Female Medicaid Members aged 19-44 years	22,616	24,581	28,339	32,085	47,139	58,190	63,254
Total Medicaid expenditures for births and newborn care.	$30,185,053	$36,158,716	$38,090,779	$31,548,766	$45,041,418	$44,271,561	$49,771,000
Approximate Medicaid expenditures for pregnancy, birth and newborn care, per Female Medicaid Member aged 19-44 years.	$1,334	$1,471	$1,344	$983	$955	$760	$787

Even though all claims for SFY2018 services have not yet been paid, it appears the costs for Medicaid births for SFY2018 have increased somewhat from SFY2017 after showing decreases in both SFY2015 and SFY2016. The Medicaid expenditure for pregnancy and birth per Female Medicaid Member in the applicable age range increased only 3.6% in SFY2018 (with all claims not yet paid). The expenditures for pregnancy, birth and newborn care per applicable member have decreased by 41% since the beginning of the demonstration. The precise reasoning for this is difficult to isolate the reasons for this decline but we believe it is due in large part to Montana's implementation of Medicaid expansion, the long acting reversible contraceptive (LARC) initiative (both implemented in January of 2016) and the ongoing utilization of the Plan First 1115 Waiver services.

Hypothesis 4: The demonstration will improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population. The measure is the number of women ages 19 through 44 with a Medicaid paid birth in a waiver year with a subsequent Medicaid paid birth within 18 months.

- The Medicaid Management Information System (MMIS) was queried to determine the number of women ages 19 – 44 with a Medicaid paid birth in a waiver year that have a subsequent Medicaid paid birth within 18 months.

N/A	SFY2010	SFY2011	SFY2012	SFY2013	SFY2014	SFY2015	SFY2016	SFY2017	SFY2018
Female Medicaid Members aged 19-44 years	23,004	23,538	22,616	24,581	28,339	32,085	47,139	58,190	63,254
Number of women with a Medicaid paid birth that had a subsequent Medicaid paid birth within 18 months of the previous birth.	307	303	318	362	367	300	325	279	134
Approximate Ratio of women with a Medicaid paid birth within 18 months of the previous Medicaid paid birth to number of Female Medicaid Members aged 19-44 years.	1: 75	1: 78	1: 71	1: 68	1: 77	1: 106	1: 145	1: 209	1: 472

The SFY2018 claims have not all been processed yet so the 1 :472 birth spacing ratio for that year may be misleading. However, if we look at SFY2017, where all claims have been processed, we see significant success in Medicaid women spacing their births by 18 months or more. Again, the desired spacing trend seems to have improved from SFY2010 through SFY2015. However, SFY2015, 2016 and 2017 show significant improvement. We believe this desired outcome is due in large part to Montana's implementation of Medicaid expansion, the long acting reversible contraceptive (LARC) initiative (both implemented in January of 2016) and the ongoing utilization of the Plan First 1115 Waiver services.

Montana does not use point-of-service eligibility.

Evaluation Design

The Montana Department of Public Health and Human Services (DPHHS), Health Resources Division (HRD), Member Health Management Bureau (MHMB) will manage the evaluation of the Montana Plan First Family Planning Demonstration. At the end of each waiver year, the MHMB 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 recorded during the second year of the demonstration as a baseline. (The first year of the Montana Demonstration has only one month of data). MHMB will also compare the annual rate of growth of actual expenditures with the baseline amount trended forward using the Medical Consumer Price Index (MCPI).

Performance Measures/Data Sources: Specific performance measures and the rationale for selection, including statistical reliability and validity include:

1. The percent increase in the number of women ages 19 through 44 receiving family planning services paid by Medicaid. Rationale for selection: High statistical reliability and validity because claims data for actual services received will be used (not sample data).

2. The percent decrease in the annual number of births paid by Medicaid for women ages 19 through 44. Rationale for selection: High statistical reliability and validity because actual claims data for births paid by Medicaid will be used to compare to previous years' data (not sample data).

3. The percent decrease in the amount of Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care. Rationale for selection: High statistical reliability and validity because claims data for actual services will be used to compare previous years' data (not sample data).

4. The percent decrease in the number of subsequent births to Medicaid members ages 19 through 44 who gave birth in the past 18 months. Rationale for selection: High statistical reliability and validity because claims data for actual services will be used to compare to previous years' data (not sample data).

Measurement methodology and specifications, including eligible/target populations and time period of study for the specific measure:
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.

Data sources, method for data collection, rationale for the approach, and sampling methodology: Data source—MMIS; method for data collection—Medicaid decision support system; rationale for approach—identification of 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.

Annual Expenditures

- **The State is required to provide quarterly expenditure reports using the Form CMS-64 to report expenditures for services provided under the Demonstration in addition to administrative expenditures. Please see Section VII of the STCs for more details.**
- **Please utilize the chart below to include expenditure data, as reported on the Form CMS-64. Provide information to date, over the lifetime of the Demonstration extension.**

The Plan First Demonstration Years were based on a July 1 through June 30 year in its first three years of existence. Effective January 1, 2015 the Demonstration Years began to align with the calendar year. Financial data for the six-month period between July 1 and

December 31, 2014 has been folded into DY3 to create an 18-month demonstration year. Subsequent demonstration years follow the calendar year schedule.

The below tables are NOT cumulative.

DY1 – DY2

n/a	Service Expenditures as reported on the CMS-64	Administrative Expenditures as reported on the CMS-64	Total Expenditures as reported on the CMS-64	Expenditures as requested on the CMS-37
DY1 Total (1-month DY) Annual Expenditures	$ 397	$ 0	$ 397	N/A
DY2 Total Annual Expenditures	$ 797,820	$ 83,082	$ 880,902	N/A

DY3 (18-month DY)

n/a	Service Expenditures as reported on the CMS-64	Administrative Expenditures as reported on the CMS-64	Total Expenditures as reported on the CMS-64	Expenditures as requested on the CMS-37
DY3 (18-month DY) Total Annual Expenditures	$ 1,677,013	$ 137,962	$ 1,814,975	N/A

DY4/CY2015– DY7/CY2018

n/a	Service Expenditures as reported on the CMS-64	Administrative Expenditures as reported on the CMS-64	Total Expenditures as reported on the CMS-64	Expenditures as requested on the CMS-37
DY4/CY2015 Total Annual Expenditures	$ 889,798	$ 127,560	$ 1,017,358	N/A
DY5/CY2016 Total Annual Expenditures	$ 614,818	$ 145,887	$ 760,705	N/A
DY6/CY2017 Total Annual Expenditures	$ 394,193	$ 133,950	$ 528,143	N/A
DY7/CY2018 Total Annual Expenditures	$ 276,117	$ 111,137	$ 387,254	N/A

The below tables show Total Expenditures including both the above Service and Administrative Expenditures. Therefore, they will not match the "Total Expense" showing on the accompanying Budget Neutrality Update as those expenses include Service Expenditures only.

DY1
(1-month Demonstration Year)
June 1, 2012 – June 30, 2012

n/a	Population 1	Population 2	Total Population
# Member Months	4	180	184
PMPM	$ 2.16	$ 2.16	$ 2.16
Total Expenditures	$ 9	$ 389	$ 397

DY2
July 1, 2012 – June 30, 2013

n/a	Population 1	Population 2	Total Population
# Member Months	1,626	14,230	15,856
PMPM	$ 55.56	$ 55.56	$ 55.56
Total Expenditures	$ 90,341	$ 790,619	$ 880,902

DY3
(18-month Demonstration Year)
July 1, 2013 – December 31, 2014

n/a	Population 1	Population 2	Total Population
# Member Months	5,512	43,315	48,287
PMPM	$ 37.59	$ 37.59	$ 37.59
Total Expenditure	$ 207,196	$ 1,628,211	$ 1,814,975

DY4/CY2015
January 1, 2015 – December 31, 2015

n/a	Population 1	Population 2	Total Population
# Member Months	3,006	25,050	28,056
PMPM	$ 36.26	$ 36.26	$ 36.26
Total Expenditures	$ 108,998	$ 908,313	$ 1,017,358

DY5/CY2016
January 1, 2016 – December 31, 2016

n/a	Population 1	Population 2	Total Population
# Member Months	2,091	24,987	27,078
PMPM	$ 28.09	$ 28.09	$ 28.09
Total Expenditures	$ 58,736	$ 701,885	$ 760,705

DY6/CY2017
January 1, 2017 – December 31, 2017

n/a	Population 1	Population 2	Total Population
# Member Months	1,525	19,518	21,043
PMPM	$ 25.10	$ 25.10	$ 25.10
Total Expenditures	$ 38,277	$ 489,902	$ 528,143

DY7/CY2018
January 1, 2018 – December 31, 2018

n/a	Population 1	Population 2	Total Population
# Member Months	943	17,934	18,877
PMPM	$ 20.51	$ 20.51	$ 20.51
Total Expenditures	$ 19,341	$ 367,826	$387,254

Population 1 and population 2 are combined in the payment system, and we are not able to separate the costs. The expenditures and the PMPM are proportionately by population.

The PMPM cost continues to decrease. This is likely due to women with decreased income, and possibly higher family planning related expenses, moving from Plan First to Medicaid Expansion.

Actual Numbers of Births to Demonstration Population

- **Provide the number of actual births that occur to family planning demonstration participants within the DY over the lifetime of the demonstration (participants include all individuals who obtain one or more covered family planning services each year.)**

n/a	# Births
DY1	**0**
DY2	**0**
DY3	**0**
DY4/CY2015	**0**
DY5/CY2016	**0**
DY6/CY2017	**0**
DY7/CY2018	**0**

Cost of Medicaid Funded Births

- **For each demonstration year, provide the average total Medicaid expenditures for a Medicaid-funded birth. The cost of a birth includes prenatal services and delivery and pregnancy-related services and services to infants from birth up to age 1 (the services should be limited to the services that are available to women who are eligible for Medicaid because of their pregnancy and their infants).**

These expenses are tracked by State Fiscal Year, not by Demonstration Year. Please see the "Interim Evaluation of Goals and Progress" section of this report for details (pp. 17-23).

Activities for Next Year

- **Report on any anticipated activities for next year.**

Activities for the next year include increasing Plan First enrollment by continuing to focus on enrolling Population 1. A temporary extension of the Plan First demonstration, and same STCs, is applicable through March 31, 2019. Montana's 5-year extension application is currently under CMS consideration.

Contraceptive Methods

Please indicate the number of each contraceptive method dispensed in the demonstration year.

Montana Family Planning Demonstration – Contraceptive Methods
DY7/CY2018: January 1 – December 31, 2018

n/a	Number of Contraceptive Method Dispensed	Number of Unique Contraceptive Users	Data Source
Male Condom	2	2	MMIS
Female Condom	0	0	MMIS
Sponge	NA	NA	MMIS
Diaphragm	0	0	MMIS
Pill	1,088	317	MMIS
Patch	58	6	MMIS
Ring	124	36	MMIS
Injectable	183	69	MMIS
Implant	26	25	MMIS
IUD	73	70	MMIS
Emergency Contraception	0	0	MMIS
Sterilization	0	0	MMIS