

Revision to
Appendix C
(revised 12/12/2018)

Interim Evaluation of the Impact of the Demonstration

Montana Plan First

Section 1115 Family Planning Demonstration Waiver

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	DY1 (SFY2012)	DY2 (SFY2013)	DY3 (SFY2014)	DY4 & CY2015 (SFY2015)	CY2015 & CY2016 (SFY2016)	CY2016 & CY2017 (SFY2017)	CY2017 & CY2018 (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
<i>(Group C.) Female Plan First Members aged 19-44 years receiving Family Planning Services</i>	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	DY1 (SFY2012)	DY2 (SFY2013)	DY3 (SFY2014)	DY4 & CY2015 (SFY2015)	CY2015 & CY2016 (SFY2016)	CY2016 & CY2017 (SFY2017)	CY2017 & CY2018 (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	DY1 (SFY2012)	DY2 (SFY2013)	DY3 (SFY2014)	DY4 & CY2015 (SFY2015)	CY2015 & CY2016 (SFY2016)	CY2016 & CY2017 (SFY2017)	CY2017 & CY2018 (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	DY1 SFY2012	DY2 SFY2013	DY3 SFY2014	DY4 & CY205 SFY2015	CY2015 & CY2016 SFY2016	CY2016 & CY2017 SFY2017	CY2017 & CY2018 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.