

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

Submitted 07/26/2019

Revised and Resubmitted 08/16/2019

Revised and Resubmitted 02/04/2020

Revised and Resubmitted 06/30/2020

The Montana Plan First demonstration aims to provide family planning and family planning-related services to:

- 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 (FPL).

The benefits for this demonstration are offered through a fee for service model to individuals who do not have any other health insurance coverage. Plan First benefits are also available to those eligible individuals who have other insurance coverage, but family planning services are not covered under their policy.

Historical Information

Montana was granted waiver authorities on a three-year, July through June cycle and implemented the Plan First demonstration in June of 2012 with a single month demonstration year, DY1. During the first month of operation 184 women were enrolled. July 1, 2012 began the full twelve-month demonstration year, DY2, ending June 30, 2013. CMS extended the original waiver to December 31, 2014 so the third demonstration year, DY3, was eighteen-months long (July 1, 2013 through December 31, 2014).

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) 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 approved Montana's renewal application completed in 2014 and a new three-year waiver cycle began January 1, 2015, now on a

calendar year. During this demonstration cycle, on June 2, 2015, the draft evaluation report was submitted. Also, during this demonstration cycle, on January 1, 2016, Montana implemented Medicaid expansion. It was expected that expansion would decrease the number of Plan First enrollees as women who qualified would move to the more comprehensive coverage.

CMS then temporarily extended the waiver authorities three times: From January 1, 2018 through May 31, 2018, then from June 1, 2018 through November 30, 2018, and again from December 1, 2018 through March 31, 2019 as Montana sought to submit an acceptable renewal application. Calendar year 2018 was deemed DY7 and quarter one (January through March of 2019) was deemed the first quarter of DY8 with that demonstration year ending December 31, 2019.

On March 29, 2019, Montana’s application for renewal was accepted with authorities granted April 1, 2019 through December 31, 2028. The first calendar year, and DY9 of this nine-year renewal cycle began January 1, 2020. Additionally, revisions to the prior approved evaluation design were approved as a part of the renewal application.

Below is a table showing the changes in Plan First enrollment over the life of the demonstration.

Demonstration Year	Number of New Enrollees During the DY	Total Number of Women Enrolled During the DY	Percentage Change in Total Enrollment from Prior DY
DY 1 (June 2012 only)	184	184	N/A
DY2 (July 1, 2012 through June 30, 2013)	2125	2307	1154%
DY3 (July 1, 2013 through December 31, 2014, 18-month Demonstration Year)	2193	4124	79%
DY4 (January 1, 2015 through December 31, 2015)	1249	3087	-25%
DY5 (January 1, 2016 through December 31, 2016)	890	2913	-6%
DY6 (January 1, 2017 through December 31, 2017)	569	2341	-20%
DY7 (January 1, 2018 through December 31, 2018)	383	1934	-17%
DY8 (January 1, 2019 through December 31, 2019)	362	1821	-6%

A. Demonstration Objectives/Goals

The objective of the evaluation design is to assess the effectiveness of the demonstration in achieving the stipulated goals of the demonstration. The minimum demonstration goals that will be tested are as follows:

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

B. Evaluation Questions and Hypotheses

In order to evaluate the performance of the demonstration, focusing on the two goals outlined above, the state will test four specific hypotheses, two each for each of the demonstration goals.

- 1) Enrollees will utilize family planning services and/or family planning related services;
- 2) Beneficiaries will maintain coverage for one or more 12-month enrollment period;
- 3) Health outcomes will improve as a result of the demonstration; and
- 4) Beneficiaries will be satisfied with services.

These four hypotheses will be tested using four broad research questions utilizing thirteen measures. Section C provides details on the evaluation hypotheses, questions, and the data sources and analytic approaches that will be employed in examining these research questions.

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

Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of beneficiaries who had at least one family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries	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.
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 beneficiary count of services utilized.	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, 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.
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 count them every year that they have continuous enrollment and have not had a removal claim or a replacement device.	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.
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.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	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.
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.
Process	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more 12-month enrollment period.	Number of beneficiaries who completed one spell of 12-month enrollment/total number of beneficiaries	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.
Process	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more 12-month enrollment period.	Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries	Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that have a minimum of twelve months of enrollment but split over multiple broken spans. Note for the first demonstration year this is not applicable.	Base line data will be claims with Dates of Service between 01/01/2019-12/31/2019. Will track the proportion of women who have at least one break during a 12-month enrollment period. Calculate the average length of break between enrollment of the reenrolled.

Demonstration Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services.

Evaluation Component	Evaluation Question	Evaluation Hypotheses	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach
Outcome	Does the demonstration improve health outcomes?	Health outcomes will improve as a result of the demonstration.	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.
Outcome	Does the demonstration improve health outcomes?	Health outcomes will improve as a result of the demonstration.	Number of second live births that occurred at an interval of 18 months or longer/total number of second live births.	Plan First Claims data from the MT claims reporting system compared to MT Medicaid Claims data from the MT claims reporting system. We will pull all Plan First IDs for the previous 5 years and look for live births in the MMIS and compare the average inter-birth intervals to that of all MT Medicaid inter-birth intervals removing the Plan First members. We will have to assume that the Plan First females move to pregnancy Medicaid if they become pregnant. Mothers will be identified using the codes provided for this measure in Appendix A. We will remove all women that did not have a second live birth.	Base line data will be claims with Dates of Service between 01/01/2019-12/31/2019. Will track observed annual trends over time for increases, decreases, or no changes for the Plan First inter-birth intervals as compared to MT Medicaid Program.
Outcome	Does the demonstration improve health outcomes?	Health outcomes will improve as a result of the demonstration.	Contraceptive Adherence Levels for Plan First beneficiaries compared to non-Plan First beneficiaries.	Plan First Claims data from the MT claims reporting system compared to Medicaid Claims data from the MT claims reporting system. Will look at the adherence levels of Plan First and MT Medicaid beneficiaries, and calculate the average length that women are on contraception in a 12-month period using the codes listed in Appendix A for this measure. This list will be updated as needed.	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 average adherence levels between Plan First and MT Medicaid increases, decreases, or remains flat.
Outcome	Are beneficiaries satisfied with services?	Beneficiaries will be satisfied with services.	Percentage of current Plan First members who respond to the survey asking: “Are you satisfied with the Plan First services you received in 2019?” (The question will always refer to the prior calendar year.) - Yes - No I didn’t receive any Plan First services in 2019 (prior calendar year)	Responses to emailed survey	Percentage calculations.

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

At the end of this document is Appendix A, a table that contains the codes used to derive the data relevant to seven contraceptive use and adherence measures, sexually transmitted disease measures, cervical cancer screening measures, clinical breast exam measures, and live birth measures.

D. Methodology

1. Evaluation design: The evaluation design will utilize a post-only assessment. The evaluation will show trend analysis for all measures described in Section C, with appropriate statistical testing to show if the changes, over time, are statistically significant.

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

The evaluation hypotheses of, "Beneficiaries will be satisfied with services," will be measured via a simple email survey, conducted in January or February, and referencing satisfaction with Plan First services during the preceding calendar year. Respondents may not be representative of the entire beneficiary population and thus the satisfaction measures may not be fully generalizable to the demonstration.

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

To create a comparative context, though not a true comparison, Montana plans to compare the state's data measures with other states that have similar demonstrations with similar data measuring criteria. It appears Mississippi, Texas and Washington have Evaluation Designs pending CMS approval. Since CMS has recently recommended the design that Montana plans to use, it is reasonable to assume Mississippi, Texas and Washington would be potential candidates for trends and findings comparisons. Florida appears to have an approved Evaluation Design that is comparable to Montana's pending design. Montana expects to compare trends and finding with Florida, and one or more of the other three states if their approved designs prove similar.

2. Data Collection and Sources: For the data sources identified in the above Goal 1 and Goal 2 tables, data will be collected in the following manner.

Demonstration Goal 1 Data Collection Process

Measure	Source
Number of beneficiaries who had at least one family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the data base that receives information from the eligibility system.
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 data base that receives information from the eligibility system.
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 data base that receives information from the eligibility system.
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 data base that receives information from the eligibility system.
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the data base that receives information from the eligibility system.
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 data base that receives information from the eligibility system.
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 data base that receives information from the eligibility system.
Number of beneficiaries who completed one spell of 12-month enrollment/total number of beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the data base that receives information from the eligibility system.
Number of beneficiaries re-enrolled for at least their second spell of coverage/total number of beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the data base that receives information from the eligibility system.

Demonstration Goal 2 Data Collection Process

Measure	Source
Number of beneficiaries who had at least one family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the data base that receives information from the eligibility system.
Number of low birth weight babies born to beneficiaries /total number of babies born to beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the data base that receives information from the eligibility system.
Number of premature babies born in the state/total number of babies born to beneficiaries	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the data base that receives information from the eligibility system.
All current members who have provided Montana with their email addresses will be electronically mailed a single question survey with three possible responses. Members will have three weeks to respond. Calculations of responses will be compiled.	Plan First Claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the data base that receives information from the eligibility system.

Montana plans to collect baseline data from January 1, 2019 through December 31, 2019 for the components of Goal 1 and Goal 2. Montana Medicaid allows 365-days from date of service for claim submission. To include all services provided for the calendar year, the baseline data will be pulled from the entire twelve-months of processed claims from January 1, 2019, through December 31, 2019.

The baseline beneficiary satisfaction measure in Goal 2 was collected via member survey in January and February of 2020. Respondents reported on experiences that occurred in 2019, as asked.

A high percentage of our Plan First enrollees (50%) had provided email addresses. A simple single-question survey was electronically mailed to those current enrollees for whom we had email addresses. The question stated: “**Are you satisfied with the Plan First services you received in (the prior calendar year)?**” The answer options were the below:

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

This pattern of data collection will follow a similar schedule each subsequent year.

The first non-baseline annual cycle of data collection will apply to data from January 1, 2020 through December 31, 2020. All data, including the satisfaction survey, will be relevant to CY2020 and collected before March 31, 2021.

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

Quantitative Methods

Evaluation Question	Method of Evaluation
How did beneficiaries utilize covered health services?	Measure trend over the demonstration life cycle.
Do beneficiaries maintain coverage long-term (12 months or more)?	Measure trend over the demonstration life cycle.
Does the demonstration improve health outcomes?	Measure trend over the demonstration life cycle.
Are beneficiaries satisfied with services?	Measure trend over the demonstration life cycle.

4. Simplified Evaluation Budget:

Evaluation Budget

The state will conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be employed for this project.

Activity	Cost
Computer programming (cost per hour x hours)	\$ 4,900.00
Analysis of the data (cost per hour x hours)	\$ 332.00
Preparation of the report (cost per hour x hours)	\$ 390.00
Other (specify work, cost per hour, and hours). If work is outside the requirements of the basic evaluation this should be identified in the draft evaluation design along with justification for an increased budget match.	Survey task will be completed by a non-cost-allocated employee so no additional charge will be incurred for this data collection task. The cost of including this data in the report is covered under the “Preparation of the report” category.

Deliverable Schedule

Montana Plan First
 Demonstration Approved: March 29, 2019
 Approval Period: April 1, 2019 – December 31, 2028
 Demonstration Year: January through December

Proposal				
Deliverable	Timeframe	Due Date	STC	Content Included in the Report
2019 Annual Monitoring Report	Due 90 days following the end of the fourth quarter	Originally due by 03/30/2020 Extended by CMS Now due 06/01/2020 (completed)	STC #27	Must include Operational Updates, Performance Metrics, Budget Neutrality and Financial Reporting Requirements, and Evaluation Activities and Interim Findings
Draft of the Evaluation Design for Current Approval Period	Due no later than one hundred twenty (120) calendar days after the effective date of these STCs	Originally due by 07/30/2019 Extended by CMS Now due 07/08/2020 (completed)	STC #48	n/a
Revised Draft of the Evaluation Design for Current Approval Period	Due within sixty (60) calendar days after receipt of CMS' comments on the Draft Evaluation Design	TBD	STC #49	n/a
Post the approved Evaluation Design for Current Approval Period to the state's website	Due within thirty (30) calendar days of CMS approval	TBD	STC #49	n/a
Draft Final Evaluation Report for Previous Approval Period	Due to CMS 180 days after the expiration of the demonstration (March 30, 2019)	Originally due by 09/27/2019 Extended by CMS Now due 06/30/2020 (completed)	STC #28	Must describe the impact of the demonstration, including the extent to which the state met the goals of the demonstration
Final Evaluation Report for Previous Approval Period	Due within 60 days of receipt of CMS comments	TBD	STC #28	Must describe the impact of the demonstration, including the extent to which the state met the goals of the demonstration
Post Award Forum	Pursuant to 42 CFR 431.420©, within six (6) months of the demonstration's implementation, and annually thereafter, the state shall afford the public with an opportunity to provide meaningful comment on the progress of the demonstration. At least thirty (30) days prior to the date of the planned public forum, the state must publish the date, time, and location of the forum in a prominent location on its website.	Annually (TBD 2020)	STC #32	n/a

Deliverable	Timeframe	Due Date	STC	Content Included in the Report
2020 Annual Monitoring Report	Report is due no later than ninety (90) calendar days following the end of the DY	Due by 03/31/2021	STC #28	Must include Operational Updates, Performance Metrics, Budget Neutrality and Financial Reporting Requirements, and Evaluation Activities and Interim Findings
Draft Interim Evaluation Report	Due when the application for extension is submitted. If the state is not requesting an extension of the demonstration, a draft Interim Evaluation Report is due one year prior to the end of the demonstration. For demonstration phase-outs prior to the expiration of the approval period, the draft Interim Evaluation Report is due to CMS on the date that will be specified in the notice of termination or suspension.	TBD	STC #52	n/a
Final Interim Evaluation Report	Due within sixty (60) calendar days after receiving CMS comments on the draft Interim Evaluation Report and post the documents to the state's website.	TBD	STC #52	n/a
Draft Close-Out Report to CMS for comments	Due within 120 calendar days of the expiration of the demonstration if the state does not renew the demonstration. (if applicable)	Due by 04/30/2029 (if applicable)	STC #30	n/a
Draft Summative Evaluation Report	Due within eighteen (18) months of the end of the approval period (12/31/2018) (This covers the entire demonstration period of performance)	Due by 07/01/2030	STC #53	n/a
Final Summative Evaluation Report	Due within sixty (60) calendar days of receiving comments from CMS on the draft Summative Evaluation Report	TBD	STC #53	n/a
Post the Final Summative Evaluation Report to the state's Medicaid website.	Due within thirty (30) calendar days of approval by CMS	TBD	STC #53	n/a
Final close-out report	Due thirty (30) calendar days after receipt of CMS' comments	TBD	STC #30	n/a

Appendix A

Measure	Codes
Number of female beneficiaries who utilized any contraceptive in each year of the demonstration /total number of female beneficiaries.	A4261, A4266, A4269, A4267, A4264, A4268, J7300, J7304, J7297, J7298, J7296, J7307, J7306, J7301, J7303, J1050, S4993
Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries.	J7300, J7297, J7298, J7296, J7307, S4989, S4981
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries.	General STD Testing: 88142, 80081 Chlamydia: 87110, 86631, 86632, 87490, 87491, 87492, 87270, 87320, 87810, 87492, 87487, 87485, 87486, 87490, 87491, 87801 Herpes:87273, 87274, 87530, 87533, 87532, 87528, 87529, 87531, 87483, 86696, 86695, 86694, 87207 Syphilis: 86592, 86593 Gonorrhoeae: 87850, 87592, 87590, 87591, 87801, 87810, 87592, 87590, 87591 HIV: 86689, 86703, 86701, 86702, 87806, 80081, 87536, 87539, 87534, 87537, 87535, 87538, 87389, 87390 HPV: 57455, 57454, 57460, 57461, 57456, 87623, 87624, 87625
Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries.	G0101, G0476, G0123, G0124, G0148, G0141, G0147, G0144, G0143, G0145, 88150, 88153, 88141, 88147, 88152, 88148, 88142, 88143, 88164, 88165, 88166, 88167, 88174, 88175
Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries.	G0101
Contraceptive Adherence Levels for Plan First beneficiaries compared to non-Plan First beneficiaries.	A4261, A4266, A4269, A4267, A4264, A4268, J7300, J7304, J7297, J7298, J7296, J7307, J7306, J7301, J7303, J1050, S4993
The number of beneficiaries who have a live birth within 12 months of being on the Plan First Program.	APR DRG: 540-1 – 542-4 & 560-1 – 560-4 ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8 ICD10 Diagnosis: O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 & O60.20X0-O60.23X9 CPT Procedure: 59400, 59409, 59410, 59610, 59612, 59614, 59618, 59620, 59622
Number of second live births that occurred at an interval of 18 months or longer/total number of second live births.	APR DRG: 540-1 – 542-4 & 560-1 – 560-4 ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8 ICD10 Diagnosis: O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 & O60.20X0-O60.23X9 CPT Procedure: 59400, 59409, 59410, 59610, 59612, 59614, 59618, 59620, 59622

