Annual Monitoring Report
State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Demonstration Year 12, Calendar Year 2023
January 1, 2023 – December 31, 2023

Submitted March 29, 2024

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Annual Monitoring Report

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
I. Attachments

A. Executive Summary

1. *Synopsis of the Information Contained in the Report.*

The Montana Family Planning Section 1115(a) Medicaid demonstration referred to as Plan First entered its twelfth demonstration year amidst the ongoing Public Health Emergency (PHE).

This report is an overview of the progress made in achieving the following goals of the demonstration.

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

Plan First continues to expand the provision of family planning services and family planning related services to women ages 19 through 44, with income up to 211 percent of the Federal Poverty Level (FPL) who are not otherwise eligible for Medicaid, who are losing Medicaid pregnancy coverage at the conclusion of the post-partum period, losing Medicaid or CHIP coverage, or who have private health insurance coverage but meet all other demonstration eligibility criteria.

In accordance with the Standard Terms and Conditions (STCs), this Annual Monitoring Report will provide the status of the demonstration's various operational areas and an analysis of program data collected for the period of January 1, 2023, to December 31,

2023. The information reflected in this report represents the most current information available at the time it was compiled.

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.*

The current waiver, Plan First, was granted approval to extend by the Centers for Medicare and Medicaid (CMS) and will be effective until December 31, 2028. The renewal did not include any significant changes and services will continue to be provided as before. In 2023, Montana provided continued coverage for Plan First members in accordance with the increased FMAP conditions in section 6008(b)(3) of the Families First Coronavirus Relief Act. Montana did not disenroll members from the Plan First Waiver during the Public Health Emergency (PHE).

Due to the Consolidated Appropriations Act, 2023 (P.L. 1117-328) (CAA, 2023) and the PHE ending on May 11, 2023, some programs changes began. With the ending of the PHE and the CAA, the unwinding of the PHE flexibilities commenced. Montana began moving toward reinstatement of scheduled qualification redetermination activities. The State of Montana began the processes of unwinding the 12-month continuous coverage in April 2023 with distributing redetermination packets. The goal was to have every case begin the redetermination process within 10 months of the start date.

Members who could not be automatically renewed received a letter with a renewal packet at least 30 days prior to their renewal deadline. If there was no response from the member within approximately 3 weeks, a reminder letter and/or text message was sent.

Another change affecting Plan First members in 2023 includes the alterations made to the coverage time frame for postpartum women. Although this postpartum coverage impacts those on standard Medicaid, Medicaid expansion, or CHIP, it is expected to impact the enrollment numbers in Plan First. The Montana Department of Health and Human Services (DPHHS) extended coverage to postpartum women, effective July 1, 2023. The previous postpartum coverage was for 60 days after a change in the status of the pregnancy. This change will now allow women enrolled in Montana's Medicaid and CHIP to be eligible for 12-month continuous coverage.

During the PHE, Montana also implemented additional services for Plan First members including: telephone conversations with providers and electronic visits,

90-day supply for all drugs except C II drugs, early prescription refills for members on a case-by-case basis, authorized non-preferred medications due to shortages, and authorized COVID-19 vaccination coverage. These temporary PHE related adjustments remained in place during the PHE. Although 90-day supply for all drugs except C II drugs, early prescription refills for members on a case-by-case basis and authorized non-preferred medications due to shortages were discontinued post PHE, the available services through provider telephone conversations and electronic visits and authorized COVID-19 vaccinations have become ongoing services that Montana plans to continue.

There were no additional administrative or operational changes in DY12.

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.*

Enrollment into Plan First had continued to decline from 2017 through 2020. However, Montana finalized the integration of Plan First eligibility, enrollment, and redetermination into the Montana Medicaid eligibility system, Combined Healthcare Information and Montana Eligibility System (CHIMES) in early 2021. Since then, Montana has seen a steady increase in Plan First enrollment. This move to CHIMES is thought to have proven effective in increasing member enrollment numbers and member education of the Plan First program. Prior to the move to CHIMES, members had to have the knowledge of Plan First and had to seek out an enrollment determination request from the program officer(s). Now, Montanans can apply for any program that is related to Medicaid through the Office of Public Assistance (OPA) and the CHIMES system will determine what program(s) they are eligible for. Many members that end up on Plan First did not necessarily apply specifically wanting Plan First but were able to find out about the program once CHIMES determined that was what they were eligible for.

DY7/CY2018 – *1,934*
DY8/CY2019 – *1,821*
DY9/CY2020 – *1,741*
DY10/CY2021*- 1,856*
DY11/CY2022*- 2,161*
DY12/CY2023 *– 3,134*

At the completion of the PHE continuous eligibility unwinding and redetermination procedures, coverage renewal processes for Plan First members will return to how they were done pre-PHE.

There were some issues associated with the PHE unwinding and redetermination process, as expected. When sending out the redetermination packets, some members did not have updated or accurate address information and therefore did not receive the packet despite the outreach and campaigns by DPHHS

encouraging members to update their information before the end of the PHE. DPHHS had TV and Radio campaigns to outreach more members. The Montana DPHHS website was updated with information on how to contact OPA or access apply.mt.gov to update information online if the member chose. There were also materials put into our Medicaid Member Newsletter, MESSENGER, continuing reminders and encouragements for members to update their information for the redetermination processes. Prior to the redetermination processes, multiple webinars were held with providers starting in November 2022 and these presentations were posted online for public view. Additionally, letters were sent to providers about how they can support their clients through this, and DPHHS met with multiple associations for the same reason. DPHHS included this information on their Facebook page for public view. DPHHS also reached out to Senior and Long-Term Care facilities and advised them to be proactive and assist their clients with the redetermination processes. Similarly to the outdated addresses, some members did not have updated or accurate contact information and were unable to receive the follow up texts or calls regarding this. For the members who did not or could not complete their redetermination packets whether via paper, online, or over the phone, their coverage was terminated. It seems there were higher numbers of this associated with standard Medicaid or Medicaid expansion members than with Plan First members as Plan First enrollment increased exponentially. Another attributing factor to the large increase is when Medicaid members were being redetermined and no longer met the financial criteria for Standard Medicaid or Medicaid expansion, they could still qualify for Plan First as it has a higher income threshold.

It is difficult to predict future member enrollment numbers based off the member enrollment data for 2023 as it is thought to have some deviating factors associated with the redetermination processes.

There was a Post Award Public Forum held on December 5, 2023. The information shared to the public during this time included numbers that the State had up to that point and was covering the State Fiscal Year (SFY) (July 2022-June 2023), not calendar year or DY. These numbers provided an update on how many different providers provided Plan First services to Plan First members, Plan First enrollment numbers, and Plan First total expenditures for that time frame.

There were 232 different providers that provided Plan First services to Plan First members in SFY 2023. 2,299 women were enrolled in Plan First in the SFY 2023 with a total expenditure of $152,400.

When measuring the State Fiscal Year numbers for 2023 to the previous year, we can see there have been improvements. For instance, member enrollment has increased from SFY 2022 to SFY 2023 by about 500 members. Even with the enrollment increase, there was a decrease in total expenditures from SFY 2022 to SFY 2023. From SFY 2022 to SFY 2023, there was a total decrease of $32,764 in total expenditures from $185,164 (DY11) to $152,400 (DY12).

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 reporting of audits, investigations, or lawsuits that would have an impact on the Plan First demonstration were identified.

3. *Policy Issues and Challenges*

a. *Narrative of any operational challenges or issues the state has experienced.*

Montana has not experienced any operational challenges or issues during DY12.

b. *Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.*

There was no legislative activity regarding Plan First during the 2023 legislative session. Montana is not currently considering any new policies related to legislative or budget activity. Montana is also not currently considering any amendments to the current approved demonstration. The next Montana legislative session will begin in January 2025.

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

There is billing information on the provider website to inform providers how to bill for Plan First members. This also includes the allowed billing codes along with contact information listed for the Plan First Program Officer. In DY12, it was decided we should revamp the program information available to providers to make it more accessible and detailed to assist providers with a more in depth understanding of Plan First. Although there is information on the provider site and the DPHHS Plan First webpage, there is no provider manual. Drafting of the Plan First provider manual began at the end of DY12 and is currently in progress. The manual is expected to be completed in DY13. Upon completion, the manual will be available on both the provider webpage and the DPHHS Plan First webpage.

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:

The data below is based on processed claims from the calendar year (CY) 2022. Montana allows providers a 365-day submission window for claims processing. Therefore, this update presents 2022 (DY11) year-end data as the 2023 (DY12) year-end data will not be complete until all claims are received with the deadline being the end of 2024. Any data that is not based off

provider claims will be compiled for the currently demonstration year, DY12, unless otherwise specified.

Table 1. Summary of Utilization Monitoring Measures

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	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 Diseases (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				
	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	69	2,263	N/A	2,332
Quarter 2	N/A	64	2,016	N/A	2,080
Quarter 3	N/A	115	2,257	N/A	2,372
Quarter 4	N/A	140	2,438	N/A	2,578
Total Unduplicated	N/A	15	2,146	N/A	2,161

*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					
	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	9	192	N/A	201	9.30%
Quarter 2	N/A	12	186	N/A	198	9.16%
Quarter 3	N/A	22	181	N/A	203	9.39%
Quarter 4	N/A	29	198	N/A	227	10.50%
Total Unduplicated**	N/A	53	471	N/A	524	24.25%

*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					
		14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Most and Moderately Effective*	Numerator	N/A	22	157	N/A	179
	Denominator	N/A	16	2,145	N/A	2,161
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	1	28	N/A	29
	Denominator	N/A	16	2,145	N/A	2,161
Total	Numerator	N/A	22	157	N/A	179
	Denominator	N/A	16	2,145	N/A	2,161

*This measure is calculated as per the Medicaid and CHIP Children 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

Table 5. Number of Beneficiaries Tested for any STD by Demonstration Year

Test	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	124	5.74%	124	5.74%

Table 6. Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	64	2,161	2.96%

*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

Table 7. Breast Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	13	2,161	0.6%

*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

Table 8. Claim Count

2021 Claim Count	2022 Claim Count
1,468	1,572

Overall member enrollment continues to increase. This is thought to be in part due to continued coverage from the PHE and the utilization of CHIMES as described in Section A.2.b. Overall service utilization has increased as well. There was an increase from 20.8% in overall service utilization in DY10 as compared with DY11 overall service utilization being 24.25%. There were slight decreases in all other reporting categories: contraceptive use, STD testing, cervical cancer screening, and breast cancer screening. This means Plan First members are using more services, but they are using different services than what we are currently reporting on when comparing to the previous year (DY10).

The following Tables, Goal 1 and Goal 2, are abbreviated tables for the narrative purposes. Please see Attachment A for the complete Goal 1 and Goal 2 Tables.

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

Measure	Annual (Baseline) Data CY2019	Annual Data CY2020	Annual Data CY2021	Annual Data CY2022
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.	30.59%	29.00%	23.28%	22.83%
Number of family planning services utilized/total number of beneficiaries.	3.38	3.41	0.79	0.77
Number of female beneficiaries who utilized any contraceptive in each year of the demonstration/total number of female beneficiaries.	16.69%	16.20%	11.80%	8.39%
Number of female beneficiaries who utilized long-acting reversable contraceptives in each year of the demonstration/total number of female beneficiaries.	3.51%	3.80%	1.72%	1.13%
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries.	13.95%	10.81%	6.79%	7.17%
Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries.	9.28%	6.04%	4.09%	3.83%
Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries.	0.88%	1.27%	0.70%	0.79%
Number of beneficiaries who completed at least one spell of continuous 12-month enrollment/total number of beneficiaries.	68.53%	63.83%	64.12%	72.74%

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. (abbreviated table)

The following data is not based on provider claims and therefore is able to be compiled up to the current demonstration year, DY12.

Measure	Annual (Baseline) Data CY2019	Annual Data CY2020	Annual Data CY2021	Annual Data CY2022	Annual Data CY2023
The number of beneficiaries who had a live birth within 12 months of being on the Plan First Program.	144	27	53	67	N/A
Percentage of current Plan First members who responded to the survey asking: "Are you satisfied with the Plan First services you received in (prior calendar year is inserted here)?" – Yes, –No, or – I didn't receive any Plan First services in (prior calendar year)	1,471 members as of 12/2019 737 members sent a survey, 50.1% 77 responses, 10.4% of those sent a survey 15 "I didn't receive any services", 19.5% of received responses 62 "Yes", 80.5% of received responses 0 "No", 0% of received responses	1,309 members as of 12/2020 699 members sent a survey, 50.1% 69 responses, 9.9% of those sent a survey 15 "I didn't receive any services", 21.7% of received responses 54 "Yes", 78.3% of received responses 0 "No", 0% of received responses	1,812 members as of 12/2021 840 members sent a survey, 50.1% 48 responses, 6% of those sent a survey 14 "I didn't receive any services", 29% of received responses 32 "Yes", 67% of received responses 2 "No", 4% of received responses	2,161 members as of 12/2022 1,138 members sent a survey, 52.7% 57 responses, 5% of those sent a survey 23 "I didn't receive any services", 40.4% of received responses 30 "Yes", 52.6% of received responses 4 "No", 7% of received responses	3,134 members as of 12/2023 1,905 members sent a survey, 60.8% 69 responses, 3.6% of those sent a survey 20 "I didn't receive any services", 29% of received responses 28 "Yes", 40.6% of received responses 21 "No", 30.4% of received responses

C. Program Outreach and Education

1. *General Outreach and Awareness*

a. *Provide information on the public outreach and education activities conducted this demonstration year.*

Montana Department of Health and Human Services receives Plan First outreach and education assistance from our provider network and Title X clinics.

Some Providers have a small volume of Plan First member patients so specific questions about covered services will typically arise out of unfamiliarity. Providers are encouraged to call the Plan First Program Officer when seeking coverage clarity on behalf of their patients. Callers are referred to the Plan First public webpage containing detailed information about eligibility and service coverage. The providers then share this information with their patients.

Providers with a higher volume of family planning seeking patients, like family planning clinics, are very familiar with the Plan First program. They provide valuable face-to-face outreach and awareness of Plan First to their patients, often assisting with enrollment application processes and providing education materials.

The most concise presentation of the Plan First program is our brochure. This is available electronically on the Plan First webpage and available in paper form upon request.

In 2021, Montana moved to the free-standing Plan First application and eligibility determination system into the CHIMES eligibility and application system. In 2022 and beyond, we believe this continues to increase program awareness and funnels women into Plan First who were attempting to apply for Standard Medicaid or other Medicaid benefits but did not qualify. We also believe this directs Montana women who do not qualify for Montana Healthcare Programs into the federal Marketplace.

b. *Provide a brief assessment on the effectiveness of these outreach and education activities.*

Family planning clinics have assisted with the enrollment of a large portion of women into Plan First indicating their outreach and education activities are effective in reaching the population they serve.

Although not a direct outreach campaign, Montana believes the change in application and eligibility determinations has positively impacted awareness of the Plan First program. We assume the increase in enrollment is also due to the redetermination process as those who no longer qualified for Medicaid but still qualified for Plan First had their coverage shifted during this time.

2. *Target Outreach Campaign(s) (if applicable)*

a. *Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting.*

In March of 2022, the U.S. Department of Health and Human Services (HHS) awarded the Title X federal grant funds to Bridgercare. Bridgercare is to utilize these funds to support a statewide network of Title X providers known as Montana Family Planning with usage of funds to start in April of 2022. Montana Family Planning will replace the Montana Department of Public Health and Human Services as the sole administrator of federal Title X funds. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventative health services. Bridgercare has served as a subrecipient of Title X funding since 1972 and is the largest freestanding family planning clinic in the current Montana Title X network.

The Title X network of clinics consists of 22 clinics and that includes local health departments, FQHCs, and non-profits. These facilities provide outreach and education materials to women who do not qualify for other Medicaid programs and assist with supporting the goals and utilization of Plan First.

b. *Provide a brief assessment on the effectiveness of these targeted outreach and education activities.*

Family planning clinics, including Planned Parenthood clinics, have assisted the enrollment of a large portion of women into Plan First including outreach and education activities that are effective in engaging the targeted population they serve.

D. Program Integrity

Provide a summary of the 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 and Surveillance Utilization Review. No findings were identified in DY12. Plan First does not have point-of-service eligibility determination. Beginning in 2021 and continuing today, all Plan First applications are filtered through the Medicaid program hierarchy to determine all programs for which the applicant may qualify. The prior system of eligibility determination was inclusive of Plan First only. Applicants applied through a process that made eligibility determinations for Plan First only, thus they either qualified or they did not. After the conversion to eligibility via the CHIMES system, applicants are now screened for eligibility for all Montana Healthcare Programs. Those who may intend to apply for Plan First only, may discover they qualify for more comprehensive coverage and those who do not qualify financially for any Montana Healthcare Programs are referred to the Marketplace.

Plan First members have the additional advantage of rescreening at redetermination time when changes in income or family size may then alert them of qualification for more comprehensive coverage.

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.

There have been no official grievances or appeals identified during DY12. If there are claims issues, they are resolved on a case-by-case basis. Most claims issues are solved by referring providers to the covered codes list with modifier instructions, found on the Plan First public webpage and on the Medicaid provider Plan First webpage.

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 annual post-award public forum for DY12 was held on December 5, 2023. There were 24 attendees, and the meeting was held via Zoom. During the forum, there were no comments or concerns regarding the Plan First waiver.

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 over year spending increase from DY11 to DY12 was 7.80%. Montana believes the increase is due to the PHE and the lack of disenrolling. The expenditures had continued to decrease from DY8 up to DY11. Montana believes this is due to an increased use of long-acting reversible contraceptives. The total expenditures appear to be increasing again starting this year, DY12, and Montana expects them to continue to increase as the Plan First demonstration goes on and as member enrollment steadily increases. With expenditures coinciding with member enrollment, future expenditures could be impacted by the change in coverage for postpartum women. The 12-month postpartum coverage is expected to impact the enrollment numbers in Plan First as those women who would have previously been enrolled in Plan First 60 days postpartum will now have a full 12-months of Standard Medicaid coverage.

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.*

   The approved Evaluation Design directs baseline data obtained from 2019 processed claims and compares the results by year. Montana allows providers a 365-day submission window for claims processing. Therefore, this update presents 2022 year-end data as the 2023 year-end data will not be complete until early 2025. Any data that is not based off provider claims will be compiled for the current demonstration year, DY12, unless otherwise specified.

   As a part of Montana's Draft Evaluation Design, a member satisfaction survey was conducted in early 2024, asking Plan First members for whom we have email addresses, if they were satisfied with the Plan First services they received in 2023. This satisfaction survey is completed on a yearly basis and additional results and information can be located in Attachment A of this report. As a result of the responses received in DY12, there will be discussions about whether the survey is providing adequate feedback for Plan First and whether new evaluation criteria need to be implemented. If the survey were to be altered, it would include more extensive questions and allow members to provide greater feedback.

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

   Montana recognized there is somewhat limited information for providers on the provider site related to Plan First specifically. There is also some ambiguous information regarding the difference between Medicaid Family Planning services and Plan First Waiver services. Montana is currently in the process of creating a provider manual specific to Plan First to address any of these issues for providers. Montana expects to have the Plan First Provider Manual completed and published on the provider site in 2024.

3. *Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable)*

   Montana conducts evaluations utilizing state staff only. Outside evaluation contractors are not 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.*

   Because we are early in this evaluation plan, and because Plan First utilization has likely been impacted by the pandemic, including many months of full membership

retention, and the disruption with the redetermination processes, Montana elects to report findings without further analysis at this time.

I. Attachments

Attachment A: Baseline, Annual Data, and Annual 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 Hypothesis	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.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.	30.59%	29.00%	23.28%	22.83%						
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.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.	3.38	3.41	0.79	0.77						
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 if 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 Attachment B. This list will be updated as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the proportion/percent of female beneficiaries utilizing contraceptives increases, decreases, or remains flat.	16.69%	16.2%	11.80%	8.39%						
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 od the demonstration/total number of female beneficiaries	Plan First claims data from the MY 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 lusted for this measure in Attachment B. This list will be updated as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percent of female beneficiaries using LARC increases, decreases, or remains flat.	3.51%	3.80%	1.72%	1.13%						
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 Attachment B. This list will be updates as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percent of female beneficiaries getting tested for STDs increases, decreases, or remains flat.	13.95%	10.81%	6.79%	7.17%						

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 received 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 Attachment B. This list will be updated as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percent of female beneficiaries getting cervical cancer screening increases, decreases, or remains flat.	9.28%	6.04%	4.09%	3.83%						
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 Attachment B. This list will be updated as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percent of female beneficiaries getting breast exams increases, decreases, or remains flat.	0.88%	1.27%	0.70%	0.79%						
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 completes at least one spell of continuous 12-month enrollment/total number of beneficiaries	Plan First enrollment data pulled from the database that received information from the eligibility system. Will pull the unique count of members that have continuous and unbroken enrollment for the entire demonstration year.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percentage of women beneficiaries with continuous enrollment increases, decreases, or remains flat.	68.53%	63.83%	64.12%	72.74%						

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 Hypothesis	Measure (T 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?	Heath 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 MY claims reporting system. Mother will be identified using the codes provided for this measure in Attachment B. Mothers will be reduces to only those that has a Plan First enrollment that started within 12 months prior to the date of service.	Baseline data will be Plan First enrollment between 01/01/CY – 12/31/CY. We will use the recipients from this enrollment pull and try to find Medicaid pregnancy claims with dates of service between 01/01CY – 12/31/CY. Will track annual trends to observe if the pregnancy rates for Plan First beneficiaries increased, decreased, or remained the same over time.	144	27	53	67						
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 (prior calendar year is inserted here)?" – Yes, –No, or – I didn't receive any Plan First services in (prior calendar year)	Responses to emailed survey.	Percentage calculations.	1471 members as of 12/2019 737 members sent a survey, 50.1% 77 responses, 10.4% of those sent a survey 15 "I didn't receive any services", 19.5% of received responses 62 "Yes", 80.5% of received responses 0 "No", 0% of received responses	1309 members as of 12/2020 699 members sent a survey, 50.1% 69 responses, 9.9% of those sent a survey 15 "I didn't receive any services", 21.7% of received responses 54 "Yes", 78.3% of received responses 0 "No", 0% of received responses	1812 members as of 12/2021 840 members sent a survey, 50.1% 48 responses, 6% of those sent a survey 14 "I didn't receive any services", 29% of received responses 32 "Yes", 67% of received responses 2 "No", 4% of received responses	2161 members as of 12/2022 1,138 members sent a survey, 52.7% 57 responses, 5% of those sent a survey 23 "I didn't receive any services", 40.4% of received responses 30 "Yes", 52.6% of received responses 4 "No", 7% of received responses	3,134 members as of 12/2023 1,905 members sent a survey, 60.8% 69 responses, 3.6% of those sent a survey 20 "I didn't receive any services", 29% of received responses 28 "Yes", 40.6% of received responses 21 "No", 30.4% of received responses					

Attachment B: Procedure Codes

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, S4989, $4981, J7294
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, J7301
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries.	General STD Testing: 88142, 80081, 87801 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 Gonorrhea: 87850, 87592, 87590, 87591, ~~87801, 87810, 87592, 87590, 87591~~ Chlamydia, Syphilis, Gonorrhoeae: ~~G9228, G9229, G9230~~ HIV: 86689, 86703, 86701, 86702, 87806, 80081, 87536, 87539, 87534, 87537, 87535, 87538, 87389, 87390, 87391 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, 88155 (may be related to cancer evaluation), 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.	~~G0101~~ 77065, 77066, 77067, 77061, 77062, 77063, 77048, 77049, 77053, 77054, 76641, 76642, 99381, 99382, 99383, 99384, 99385, 99386, 99387
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~~ 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~~
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~~ 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