

Annual Report
State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Calendar Year 6
January 1– December 31, 2017



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State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Annual Report
CY6 Annual Report (January 1– December 31, 2017)

Introduction

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

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

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

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

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

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

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

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

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

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

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

The draft evaluation report was submitted June 2, 2015.

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

Montana Medicaid expansion began January 1, 2016.

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

Plan First was discussed at the Montana Health Coalition meeting held in Helena, Montana on November 28, 2016. The following year, on November 29, 2017, the progress of the Plan First Demonstration including an upcoming five-year extension request, were discussed at the Montana Health Coalition meeting held in Helena, Montana.

Montana submitted a Plan First waiver renewal application December 31, 2016. A revised version of this application was submitted December 15, 2017 with requested extension period January 1, 2018 through December 31, 2022. On December 22, 2017, this revised application for extension request was deemed incomplete by CMS and a temporary extension was granted. The prior demonstration with the prior Special Terms and Conditions and associated expenditure authorities will continue through May 31, 2018. Montana plans to resubmit a revised extension application before the end of the temporary extension period.

Executive Summary

Brief Description of Demonstration Population

Plan First eligible individuals are:

- Montana women ages 19 through 44;
- not eligible for other Medicaid benefits;
- able to become pregnant but are not now pregnant; and
- earning a household income through 211% of the federal poverty level.
- This program is limited to 4,000 women at any given time.

Goals of Demonstration

The goals of the demonstration are:

- Improved access to and use of family planning services among the participants;
- Fewer unintended pregnancies; and

- Improved birth outcomes and women's health by increasing the child spacing interval.

Program Highlights

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

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

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

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

Demonstration Year	Begin Date	End Date	Annual Report Due Date (90 days following end of Annual date)
DY1	June 1, 2012	June 30, 2012	September 28, 2012
DY2	July 1, 2012	June 30, 2013	September 28, 2013
DY3	July 1, 2013	June 30, 2014	September 28, 2014
CY4	January 1, 2015	December 31, 2015	March 31, 2016
CY5	January 1, 2016	December 31, 2016	March 31, 2017
CY6	January 1, 2017	December 31, 2017	March 31, 2018

- *Significant Program Changes from previous demonstration years*

1. **Narrative describing any administrative and operational changes to the Demonstration, such as eligibility and enrollment processes, proposed or implemented changes to the enrollment limit, eligibility redetermination processes (including the option to utilize administrative redetermination), systems, health care delivery, benefits, quality of care, anticipated or proposed changes in payment rates, and outreach changes; and**

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

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

Montana implemented Medicaid expansion, effective 01/01/2016. A decline in enrollees was expected due to the availability of this more comprehensive coverage for many women who qualify.

- *Policy Issues and Challenges*

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

There have been no significant policy issues this calendar year.

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

There are no policy changes under consideration.

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

No policy, administrative or budget issues have been identified.

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

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

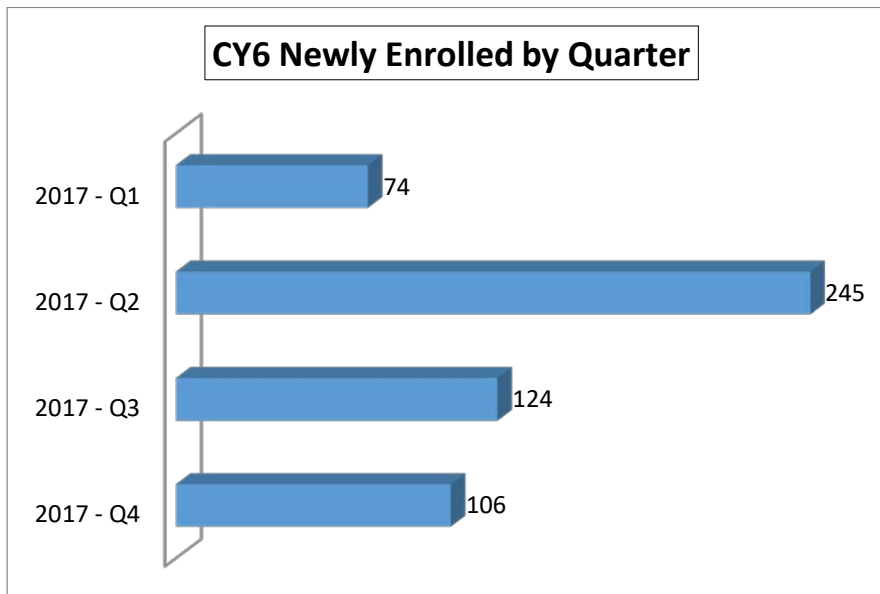
Enrollment and Renewal

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

- **As outlined in STCs 27 and 33,**

1. **Enrollees are defined as all individuals enrolled in the Demonstration;**

- **The number of newly enrolled should reflect the number of individuals enrolled for the quarter reported.**



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

2. **Participants** are defined as all individuals who obtain one or more covered family planning services through the Demonstration; and
 3. **Member months** refer to the number of months in which persons enrolled in the Demonstration are eligible for services. For example, a person who is eligible for 3 months contributes to 3 eligible member months to the total.
- This Demonstration has two eligible populations, as described in STC 16.

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

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

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

DY1 (July 1, 2011 – June 30, 2012)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	0	92	92
# of Participants	0	36	36
# of Member Months	0	92	92

DY2 (July 1, 2012 – June 30, 2013)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	70	2,220	2,290
# of Participants	51	1,780	1,831
# of Member Months	224	15,526	15,750

DY3 (July 1, 2013 – June 30, 2014)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	112	5,648	5,760
# of Participants	100	3,465	3,565
# of Member Months	472	32,667	33,139

CY4 (January 1 – December 31, 2015)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	302	2,657	2,959
# of Participants	111	1,773	1,884
# of Member Months	822	28,507	29,329

CY5 (January 1 – December 31, 2016)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	362	2,996	3,358
# of Participants	141	2,253	2,394
# of Member Months	970	52,096	53,066

CY6 (January 1 – December 31, 2017)

n/a	Population 1	Population 2	Total Population
# of Total Enrollees	225	2,113	2,338
# of Participants	67	1,269	1,336
# of Member Months	792	19,614	20,406

Demonstration Years 1-3 are cumulative and CY4 starts over as the STCs require data for the demonstration extension. CY4, CY5 and CY6 are cumulative.

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

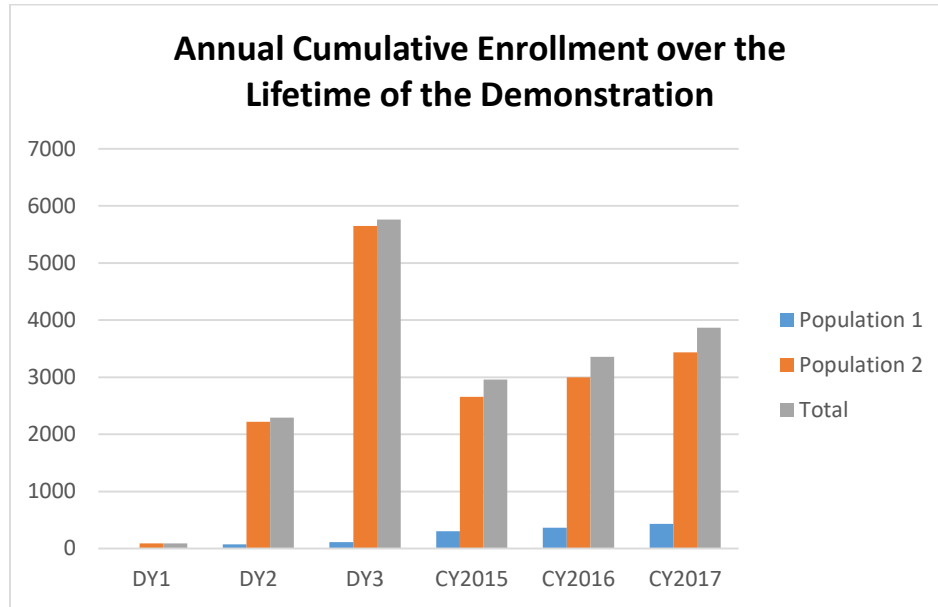
Montana reinstated administrative renewals in 2015 and worked on better enrolling women losing pregnancy Medicaid. This increased the Plan First enrollment.

Due to the implementation of Medicaid Expansion in 2016, enrollment rate for Plan First has slowed but we continue to have adequate retention and new enrollees. Total enrollees for CY6 has decreased by 30% and total participants decreased by 44% ~~over~~ compared to CY5.

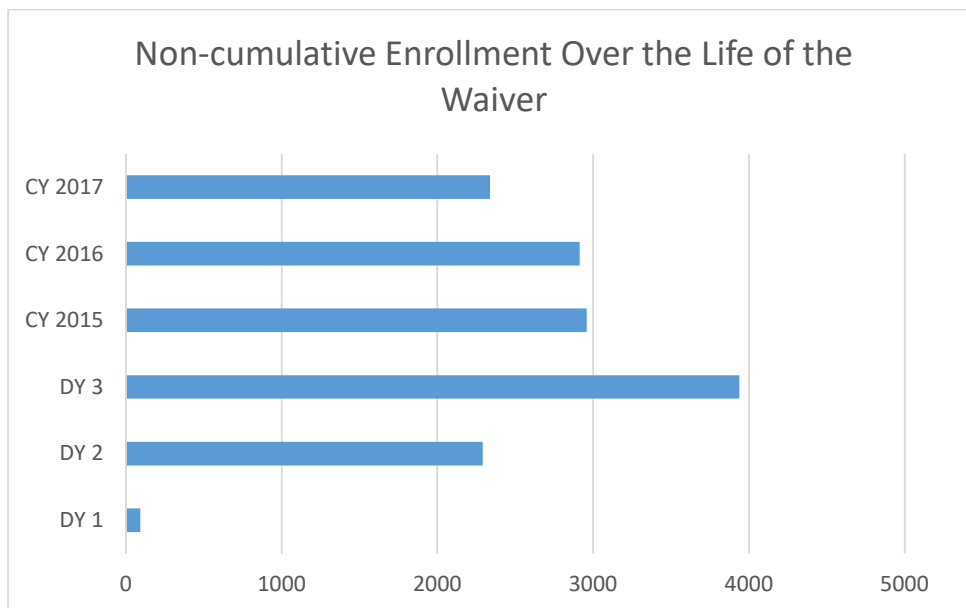
The above calculation of Member Months is certified to be accurate by Montana Medicaid.

- Provide graphs/charts for the data indicated below:

Annual enrollment by population for each Demonstration Year over the lifetime of the Demonstration.



Demonstration Years 1-3 are cumulative and CY2015 starts over as the STCs require data for the demonstration extension. CY2015, CY2016 and CY2017 are cumulative.



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

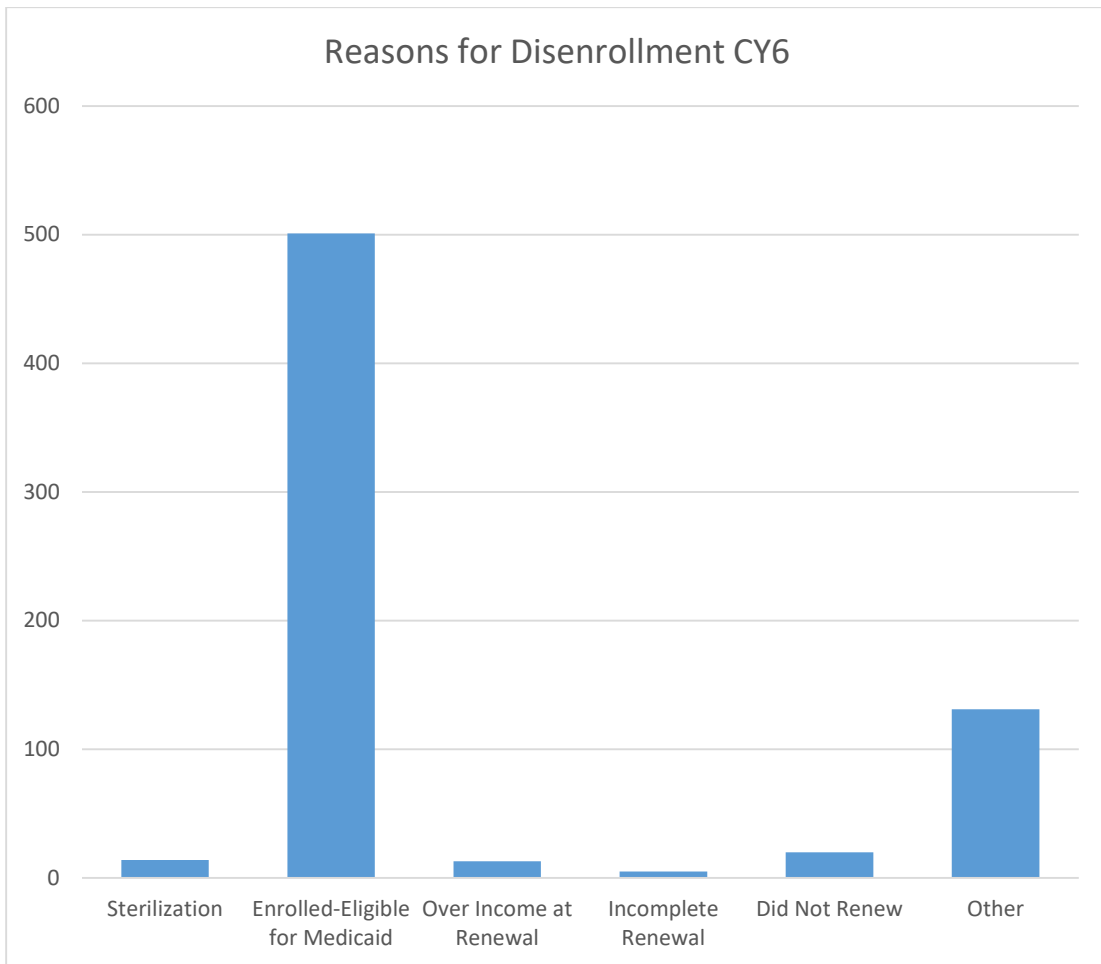
Not provided at this time.

3) Annual Disenrollment and Retention figures

- **Discuss the current Demonstration year’s retention and disenrollment figures, including the top reasons for disenrollment, compared to the last Demonstration year and trends observed throughout the current Demonstration year’s quarters.**

The Plan First Waiver retention remains strong, especially among women who do not qualify for Medicaid Expansion. Total enrollment figures are small enough that disenrollment is not tracked on a quarterly basis, only annually.

- **Provide charts and graphs to illustrate the data.**



Disenrollment throughout the Demonstration

n/a	DY2	DY3	CY4	CY5	CY6
NUMBER by Sterilization	4	7	6	2	14
PERCENTAGE by Sterilization	5.3%	0.6%	2.7%	1.9%	2.0%
NUMBER by Enrolled or eligible for Standard Medicaid or Medicaid Expansion	15	117	173	43	501
PERCENTAGE by Enrolled or eligible for Standard Medicaid or Medicaid Expansion	19.7%	10.3%	79.7%	40.9%	73.2%
NUMBER by Over Income	6	28	1	30	13
PERCENTAGE by Over Income	7.9%	2.5%	0.5%	28.6%	1.9%
NUMBER by Incomplete renewal	0	47	1	22	5
PERCENTAGE by Incomplete renewal	0%	4.1%	0.5%	20.9%	0.7%
NUMBER by Did not renew	0	872	3	4	20
PERCENTAGE by Did not renew	0%	76.8%	1.40%	3.8%	2.9%
NUMBER by Other	51	64	33	4	131
PERCENTAGE by Other	67.1%	5.7%	15.2%	3.8%	19.3%
NUMBER TOTAL	76	1135	217	105	684
PERCENTAGE TOTAL	100%	100%	100%	100%	100%

Administrative renewals were reinstated in 2015 (CY 4), so the number of members not renewing went down drastically. The main reason for disenrollment in 2016 (CY 5) is Medicaid enrollment. Implementation of Medicaid Expansion in 2016 caused many women to switch from Plan First to the more comprehensive coverage. Notice the large increase (40.9% to 73.2%) from CY5 to CY6. We believe this is due to more women enrolling in Medicaid Expansion as public knowledge about this program grows.

Service and Providers

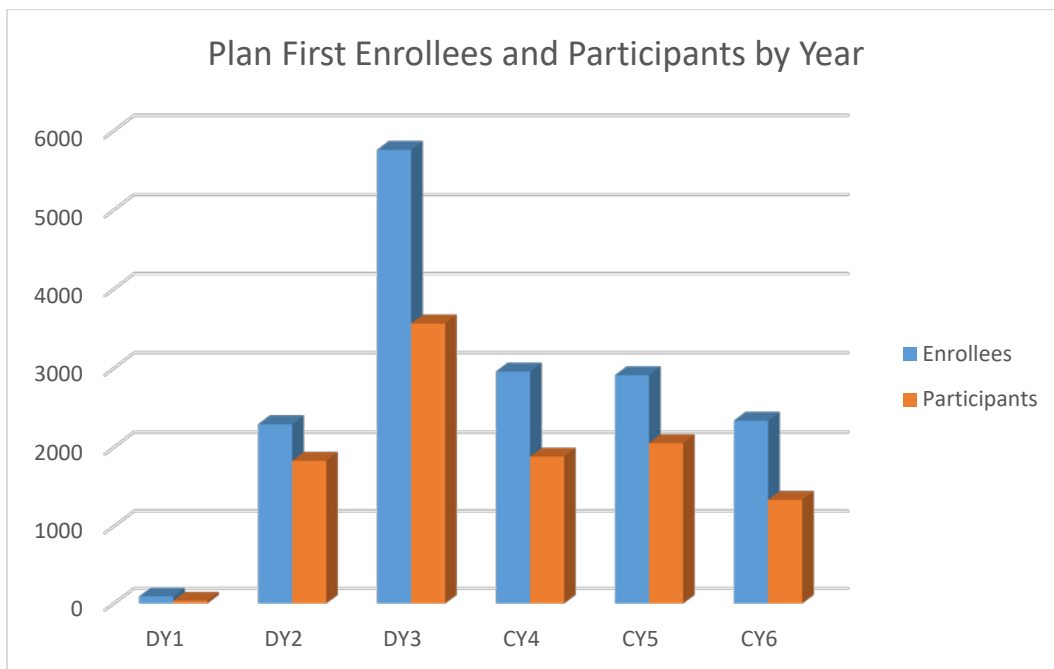
- *Service Utilization*
 - **Provide a narrative on trends observed with family planning and family planning-related services and supplies utilization. Please also describe any changes in service utilizations or change to the demonstration’s benefit package. Provide any relevant charts/graphs illustrating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

The top five claim diagnosis codes for CY6 were:

- Contraceptive Pill Surveillance
- Contraceptive Surveillance
- Routine Gynecological Exam
- Chlamydia Screening
- Pap Screening

These were also the top five codes for DY2, DY3, CY4 and CY5.

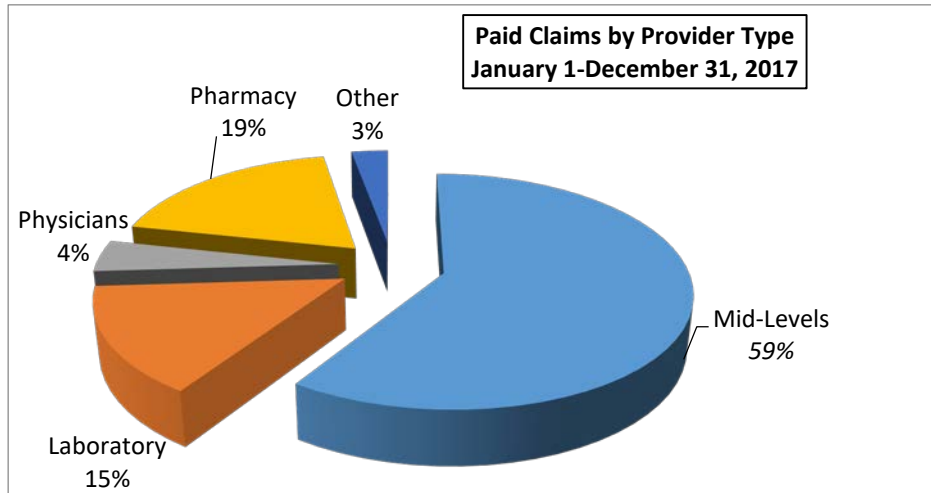
- **Provide a cumulative graph highlighting the enrollees and participants over the lifetime of the Demonstration.**



Demonstration Years 1-3 show cumulative data. Beginning in CY4 the state began a new accumulation cycle. CY4, CY5 and CY6 are cumulative.

- ***Provider Participation***

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



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

Program Outreach Awareness and Notification

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

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

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

In late 2017, Montana submitted a revised application for extension of this Plan First demonstration. Though the application was later withdrawn by the Department, the public notice announcements and notifications to interested parties contributed to public awareness of this program.

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

Family planning clinics have assisted the enrollment of the largest portion of women into Plan First.

Outreach efforts are mostly provided by the Title X family planning clinics that occasionally receive funding from the Women's and Men's Reproductive and Sexual Health sections of the Montana Public Health & Safety Division. Grants received can't be used for service provision, but may be used for education and outreach. Montana has not assessed the effectiveness of outreach activities.

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

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

No additional targeted outreach campaigns were conducted.

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

Program Evaluation, Transition Plan and Monitoring

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

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

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

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

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

Montana accessed data to measure progress on demonstration goals. Evaluation data was provided in the prior application for extension and evaluation activities and findings are planned to be included in the 2018 annual report to be submitted in March of 2019.

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

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

Interim Evaluation of Goals and Progress

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.

Plan First provided family planning services to 2,054 women in calendar year 2016 and 1,336 women in calendar year 2017. By eligibility criteria, these women who received family planning services through Plan First would not have access to Standard Medicaid family planning services. Therefore, because of the Plan First waiver, in calendar year 2016, over 2,050 more women ages 19 – 44 received family planning services paid by Medicaid than would have without the waiver and in calendar year 2017, over 1,330 more women ages 19 – 44 received family planning services paid by Medicaid than would have without the waiver.

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

The Montana Vital Records systems lists births by payment source. The Montana Medicaid paid births are listed as 6,394 in 2015, 6,330 in 2016, and 5,620 in 2017. The 2017 numbers are preliminary but is showing a slight decline in Medicaid births per year.

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

The information available at this time of this report does not include newborn care. It will be included on a future report. Even though all claims for SFY2017 services have not yet been paid, it appears that the costs for Medicaid births for SFY2017 has not significantly increased from SFY2016. There have been no significant provider rate increases, and a slight decrease in births, so we would expect the expenditures to remain neutral or decrease slightly.

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.

Birth spacing data is difficult to obtain as births are recorded in multiple payment systems beginning in 2016. If we consider the trend of a .54% increase in spacing from SFY 2014 to SFY 2015, a decrease in the number of Medicaid paid births over the last few years, and the advent of Plan First and the LARC initiative, it is very likely that the birth spacing increase continues.

Annual Expenditures

- **The State is required to provide quarterly expenditure reports using the Form CMS-64 to report expenditures for services provided under the Demonstration in**

addition to administrative expenditures. Please see Section VII of the STCs for more details.

- Please utilize the chart below to include expenditure data, as reported on the Form CMS-64. Provide information to date, over the lifetime of the Demonstration extension.
- The below table is NOT cumulative.

**DY 1-3 and CY 4-6
(July 1, 2011 – December 31, 2017)**

n/a	Service Expenditures as Reported on the CMS-64	Administrative Expenditures as Reported on the CMS-64	Total Expenditures as Reported on the CMS-64	Expenditures as requested on the CMS- 37
DY1 Total Annual Expenditures	\$0	\$0	* \$0	NA
DY2 Total Annual Expenditures	\$787,429	\$83,082	\$870,511	NA
DY3 Total Annual Expenditures	\$1,247,636	\$91,867	\$1,339,503	NA
CY4 Total Annual Expenditures**	\$806,401	\$157,792	\$964,193	NA
CY5 Total Annual Expenditures**	\$603,568	\$145,887	\$749,455	NA
CY6 Total Annual Expenditures***	\$394,193	\$133,950	\$528,143	<u>NA</u>

* Although Plan First became operational on June 1, 2012, no claims were processed and paid during that time.

** These Service Expenditures and Total Expenditures were adjusted to align with CMS-64 adjustments submitted August 1, 2017.

*** These figures are preliminary and may be updated as final CMS-64 reports are submitted.

DY2
(July 1, 2012 – June 30, 2013)

n/a	Population 1	Population 2	Total Population
# Member Months	224	15,526	15,750
PMPM	\$55.27	\$55.27	\$55.27
Total Expenditures	\$12,381	\$858,130	\$870,511

DY3
(July 1, 2013 – June 30, 2014)

n/a	Population 1	Population 2	Total Population
# Member Months	472	32,667	33,139
PMPM	\$40.42	\$40.42	\$40.42
Total Expenditures	\$19,078	\$1,320,425	\$1,339,503

CY4
(January 1 – December 31, 2015)

n/a	Population 1	Population 2	Total Population
# Member Months	822	28,507	29,329
PMPM**	\$32.88	\$32.88	\$32.88
Total Expenditures**	\$28,926	\$935,267	\$964,193

** PMPM Expenditures and Total Expenditures were adjusted to align with CMS-64 adjustments submitted August 1, 2017.

CY5
(January 1 – December 31, 2016)

n/a	Population 1	Population 2	Total Population
# Member Months	150	23,587	23,737
PMPM**	\$31.57	\$31.57	\$31.57
Total Expenditures**	\$7,495	\$741,960	\$749,455

** PMPM Expenditures and Total Expenditures were adjusted to align with CMS-64 adjustments submitted August 1, 2017.

**CY6
(January 1 – December 31, 2017)**

n/a	Population 1	Population 2	Total Population
# Member Months	792	19,614	20,406
PMPM***	\$25.88	\$25.88	\$25.88
Total Expenditures***	\$21, 126	\$507,017	\$528,143

** PMPM Expenditures and Total Expenditures are preliminary and may be updated as final CMS-64 reports are submitted.

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

The PMPM cost decreased in CY5. This is likely due to more women losing pregnant woman Medicaid are enrolled, and did not actively enroll in Plan First. Some women may have enrolled in Plan First and transitioned to Medicaid Expansion later in the year.

Actual Numbers of Births to Demonstration Population

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

n/a	# Births
DY 1	0
DY 2	0
DY 3	0
CY 4	0
CY 5	0
CY6	0

Cost of Medicaid Funded Births

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

The Montana Medicaid Program published a report in November 2015 on the cost of Montana Medicaid prenatal, delivery, postnatal, and infant costs for 2010 through 2013. The total pregnancy-related costs for 2012 and 2013 were \$11,018 and \$10,955 per birth, respectively. This report hasn't been repeated recently. We do have current data showing the expenses incurred by the mothers only during this demonstration year. The mothers-only average expenditures for a Medicaid-funded birth were \$4,172. Montana is working to obtain a more comprehensive evaluation of birth costs to be available in the next annual report.

Activities for Next Year

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

Activities for the next year include increasing Plan First enrollment by continuing to focus on enrolling Population 1. A temporary extension of the Plan First demonstration, and same STCs, is applicable through May 31, 2018. Montana plans to resubmit a revised extension application before the end of the temporary extension period.

Contraceptive Methods

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

**Montana Family Planning Demonstration – Contraceptive Methods
CY6 January 1 – December 31, 2017**

n/a	Number of Contraceptive Method Dispensed	Number of Unique Contraceptive Users	Data Source
Male Condom	10	9	MMIS
Female Condom	0	0	MMIS
Sponge	NA	NA	MMIS
Diaphragm	0	0	MMIS
Pill	1,469	417	MMIS
Patch	46	7	MMIS
Ring	232	122	MMIS
Injectable	1	1	MMIS
Implant	5	2	MMIS
IUD	63	54	MMIS
Emergency Contraception	35	19	MMIS
Sterilization	24	24	MMIS