

Annual Report

State of Montana

**Montana Plan First Family Planning
Demonstration
Section 1115 Family Planning Waiver**

**June 1, 2012 – June 30, 2012
Federal Fiscal Year 2012**

October 26, 2012



Table of Contents

Introduction	1
Executive Summary	2
Enrollment and Renewal	4
Service and Providers	6
Program Outreach Awareness and Notification	7
Program Evaluation, Transition Plan and Monitoring	7
Interim Evaluation of Goals and Progress	8
Annual Expenditures	8
Annual Number of Births to Demonstration Population	9
Cost of Medicaid Funded Births	10
Activities for Next Year	10

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Section 1115 Annual Report
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Introduction

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

In preparation for the implementation of the Montana Plan First Family Planning Demonstration, a number of action items needed to be completed and a framework put in place to manage the waiver.

In January, 2012 modifications were made to the Montana Medicaid Information System (MMIS) to process the Family Planning 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 and later that month the Plan First - Administrative Rule Hearing was held.

On May 30, 2012 the Special Terms and Conditions and Approval Letter was received and on June 12, 2012 Montana accepted the Plan First Family Planning Demonstration Award from CMS.

The Montana Plan First website became operational in early June. The website contains general information on Plan First including eligibility criteria, documents and 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 Service and rural health centers were notified of Plan First through the Montana Department of Public Health and Human Services website. In addition, an article was written on Plan First and published in the Montana Health Care Programs *Claim Jumper*. The *Claim Jumper* is an on-line provider newsletter published by Medicaid's fiscal agent and distributed electronically to all Medicaid providers.

Beginning in June, WebEx training for Plan First enrollment partners and providers commenced. Seven sessions were held to introduce the program. During the sessions, discussions focused on accessing the Plan First website, how to enroll members, eligibility requirements and claims reimbursement. Question and answer sessions were included.

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

Executive Summary

- ***Brief description of Demonstration population***

Individuals eligible for Plan First are Montana women ages 19 through 44, who are not eligible for other Medicaid benefits, are able to become pregnant but are not now pregnant, with household incomes of 200% of the Federal Poverty Level or less, and have no other insurance coverage for family planning services. This program is limited to 4,000 at any given time.

- ***Goal of Demonstration (list out)***

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

- ***Program highlights (e.g. summary of benefits provided to the Demonstration population)***

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

- 1) FDA approved methods of contraception;
- 2) Sexually transmitted infection (STI)/sexually transmitted disease (STD) testing, Pap smears and pelvic exams;
- 3) Drugs, supplies, or devices related to women's health services; and
- 4) 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:

- 1) Colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine or periodic family planning visit;

- 2) Drugs for the treatment of STI/STDs, except for HIV or AIDS and hepatitis, when the STI/STD 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;
- 3) 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.
- 4) Other medical diagnosis, treatment, and preventative services that are routinely provided pursuant to family planning services in a family planning or other medical setting. An example of a preventative service could be a vaccination to prevent cervical cancer.
- 5) Treatment of major complications arising from a family planning procedure such as, but not limited to:
 - a) Treatment of a perforated uterus due to an intrauterine device insertion;
 - b) Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
 - c) Treatment of surgical or anesthesia-related complications during a sterilization procedure.

(Fill in chart- Indicate when each annual year begins and when it ends, see example below)

Demonstration Year	Begin Date (SFY)	End Date (SFY)	Annual Report Due Date (90 days following end of Annual date)
DY 1	June 1, 2012	June 30, 2012	September 28, 2012

- ***Significant program changes from previous Demonstration years***
 - **Narrative describing 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; and**

- **Narrative on any noteworthy Demonstration changes, such as changes in enrollment, service utilization, education and outreach, and provider participation. Please include a description of action plan if applicable.**

The Demonstration evaluation period was 30 days. No significant program changes to report.

- ***Policy issues and challenges***

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

NA

- **Narrative providing an overview of any policy issues the State has dealt with in the reporting year, including pertinent legislative/budget activity and potential Demonstration amendments;**

No policy issues and/or amendments are being considered at this time.

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

NA

- **Narrative on progress updates to the transition plan as specified in STC 27.**

No transition plan progress updates to report. The State will submit a draft transition plan to CMS by January 1, 2013.

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

The State has not identified any budget neutrality issues at this time.

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 26 and 33,**
 1. **Enrollees are defined as all individuals enrolled in the Demonstration,**
 - i. **The number of newly enrolled should reflect the number of individuals enrolled for the quarter reported.**

- ii. 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
 - 3. **Member months** refers 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 14.

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

Population 2: Women who have an income at or below 200 percent of the FPL.

	Demonstration Year 1 (June 1, 2012 - June 30, 2012)		
	Population 1	Population 2	Total Demonstration Population
# of Total Enrollees	0	92	92
# of Participants	0	36	36
# of Member Months	0	92	92

	Demonstration Year 2 (July 1, 2012 – June 30, 2013)		
	Population 1	Population 2	Total Demonstration Population
# of Total Enrollees	NA	NA	NA
# of Participants	NA	NA	NA
# of Member Months	NA	NA	NA

- Provide narrative on observed trends and analysis of data, including any proposed actions for improvement. As per STC 26, 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.

Not applicable at this early date.

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

Only one month of data are available. NA

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

NA

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

NA

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

NA

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.**

NA

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

Not applicable at this early date.

- ***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.

Of the 44 claims paid in June 2012, the majority (36) were paid to mid-level providers. Laboratories followed with six (6) and physicians with two (2).

Program Outreach Awareness and Notification

- ***General Outreach and Awareness***
 - **Provide information on the public outreach activities conducted this Demonstration year, and**
 - **Provide a brief assessment on the effectiveness of outreach programs throughout the Demonstration Year.**

NA

- ***Target Outreach Campaign(s) (if applicable)***
 - **Provide a narrative on who the targeted populations for these outreaches are, and reasons for targeted outreach,**

NA

- **Provide a brief assessment on the effectiveness of the targeted outreach program(s); and**

NA

- **Describe any trends observed and any identified actions that could improve the outreach programs.**

NA

Program Evaluation, Transition Plan and Monitoring

- **A summary of program integrity and related audit activities for the Demonstration;**

NA – the Demonstration period is very brief, 30 days.

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

NA

- **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;**

A limited number of providers voiced concern about the use of *Custom Agreements*. Providers were informed that they could bill Plan First members for services not in the Plan First benefits plan. First, the provider must have the Medicaid member sign a custom agreement prior to providing services. The agreement would list the services the member would receive (that are not part of the Plan First benefit plan), state that the services are not covered by Medicaid, and state that the member agrees to pay for them.

The feedback we received was that providers would have to “switch gears” and focus on payment and paperwork instead of the patient. If the custom agreement was not signed and medical procedures not covered by Plan First were performed, the provider would be responsible for the charges.

- **Provide progress updates to the transition plan as specified in STC 27;**

No transition plan progress updates to report.

Interim Evaluation of Goals and Progress

Goal 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.

Progress Update: The first year of Montana’s Demonstration has only one month of data. NA

Goal 2: The demonstration will result in a decrease in the annual number of births paid by Medicaid for women ages 19 through 44.

Progress Update: NA

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

Progress Update: NA

Goal 4: The demonstration will improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

Progress Update: NA

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 this expenditure data, as reported on the Form CMS-64. The chart should provide information to date, over the lifetime of the Demonstration extension.

	Service Expenditures as reported on the CMS-64		Administrative Expenditures as reported on the CMS-64		Expenditures as requested on the CMS-37	Total Expenditures as reported on the CMS-64
	Total Computable	Federal Share	Total Computable	Federal Share		
Demonstration Year 1	\$0	\$0	\$0	\$0	NA	NA
Demonstration Year 2	NA	NA	NA	NA	NA	NA

	Demonstration Year 1 (July 1, 2011 – June 30, 2012)		
	Population 1	Population 2	Total Demonstration Population
# Member Months	0	92	92
Total Expenditures	\$0	\$0	\$0

	Demonstration Year 2 (July 1, 2012 – June 30, 2013)		
	Population 1	Population 2	Total Demonstration Population
# Member Months	NA	NA	NA
Total Expenditures	NA	NA	NA

Actual Number 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).

	# of Births to Demonstration Participants
Demonstration Year 1	0
Demonstration Year 2	NA

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);

NA

Activities for Next Year

- Report on any anticipated activities for next year.

To date, we do not have a mechanism in place which allows us to identify Demonstration Population 1: *Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum.*

Beginning in Demonstration Year 2, efforts will be focused on ways to capture the needed information. When a workable solution has been identified, it will be operationalized. Enrolling this population is a priority and will begin once the demographic information becomes available.