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State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Quarterly Report
Demonstration Year 2012, Quarter 4
Fiscal Quarter April 1, 2013 – June 30, 2013
Date Due: August 29, 2013

Introduction

Narrative on a brief introduction of Demonstration, provide historical background from previous Demonstration years and trends.

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.

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 all notified of Plan First through the Montana Department of 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 newsletter published by Medicaid's fiscal agent. The Claim Jumper is distributed electronically to all Medicaid providers

Beginning in June, WebEx training for Plan First enrollment partners and providers commenced. Seven (7) sessions were held to introduce the Demonstration. 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:

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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 which are 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/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

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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 quarter begins and when it ends, see example below)

Demonstration Year (DY) 2	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	July 1st	September 30th	November 29th
Quarter 2	October 1st	December 31st	March 1st
Quarter 3	January 1st	March 31st	May 30th
Quarter 4	April 1st	June 30th	August 29, 2013

- **Significant program changes**
 - **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;**

The Plan First re-enrollment process began in April. Sixty (60) days prior to a Plan First member's original application date, a copy of their current application is sent to them. A request is made that the member reviews the application, makes any needed changes and returns it to the Plan First program. If the renewal application is not returned the assumption is made that there were no changes and the member is re-enrolled for another year. If the application is returned to Plan First it is processed again with the updated information.

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- **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.**

At the request of several family planning providers, seven (7) codes were added to the list of covered Plan First services. Code requests were reviewed by program and professional staff. New codes include:

- CPT 90649 Gardasil and CPT 90650 Cervarix, Human Papilloma Virus Vaccines
 - CPT Hepatitis B Vaccine
 - CPT Immunization Administration
 - CPT Subsequent Immunization Administration
 - CPT Biopsy of Vulva or Perineum, 1 lesion
 - CPT Biopsy of Vulva or Perineum, each additional lesion
 - Drug Code W1X Second Generation Cephalosporius
 - HCPCS Q0090 Skyla (levonorgestrel-releasing intrauterine system)
- **Policy issues and challenges**
 - **Narrative providing an overview of any policy issues the State is considering, including pertinent legislative/budget activity and potential Demonstration amendments;**

Regarding other health insurance coverage for Plan First members, Plan First members are now able to have other health insurance coverage. Plan First will only pay for family planning services that are not covered services through other coverage. Plan First does not pay coinsurance, copayments, or deductibles.

- **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 progress updates to report.

Enrollment

- **Provide narrative on observed trends and explanation of data. As per STC 25, 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 quarter with the same Demonstration year (DY) and the same quarter in the previous DY.**

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This reporting period is Quarter 4 of Demonstration Year 2. Montana's Demonstration became operational in June, 2012 (Quarter 4 of Demonstration Year 1). Given that Demonstration Year 1, Quarter 4 has only one month of data, no meaningful comparisons can be made with the current quarter.

- ***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 25 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 14.***

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

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

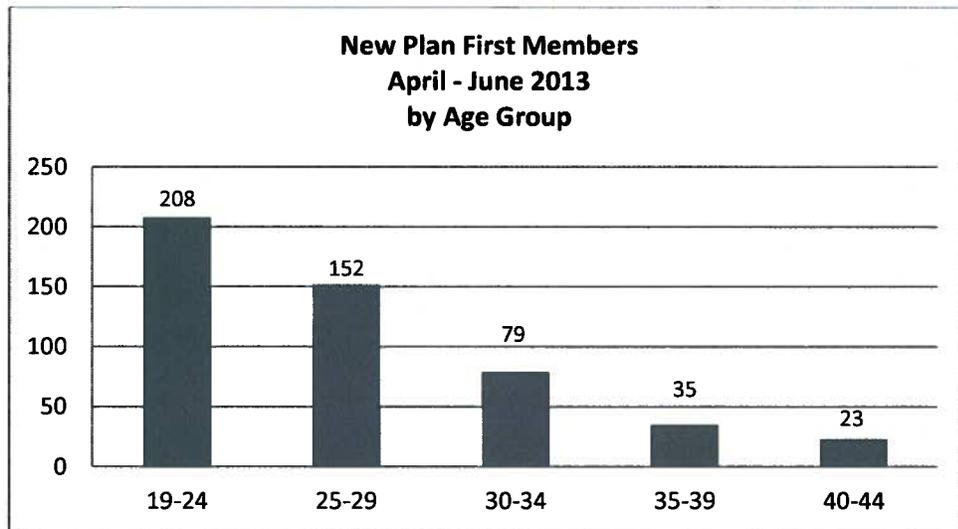
<i>DY 2: 2012</i>	<i>Quarter 4 (April 1- June 30, 2013)</i>		
	<i>Population 1</i>	<i>Population 2</i>	<i>Total Population</i>
<i># of Newly enrolled</i>	20	477	497
<i># of Total Enrollees</i>	70	2,220	2,290
<i># of Participants</i>	51	1,780	1,831
<i># of Member Months</i>	224	15,456	15,750

The # of Participants reflects the number of Plan First enrollees who had at least one paid claim for Plan First covered services. Some providers continue to bill incorrectly and claims are denied. Staff continues to work with providers to assist them to correctly bill for Plan First services.

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- **Service Utilization**

- **Provide a narrative on trends observed with service utilization. Please also describe any changes in service utilizations or change to the Demonstration's benefit package.**

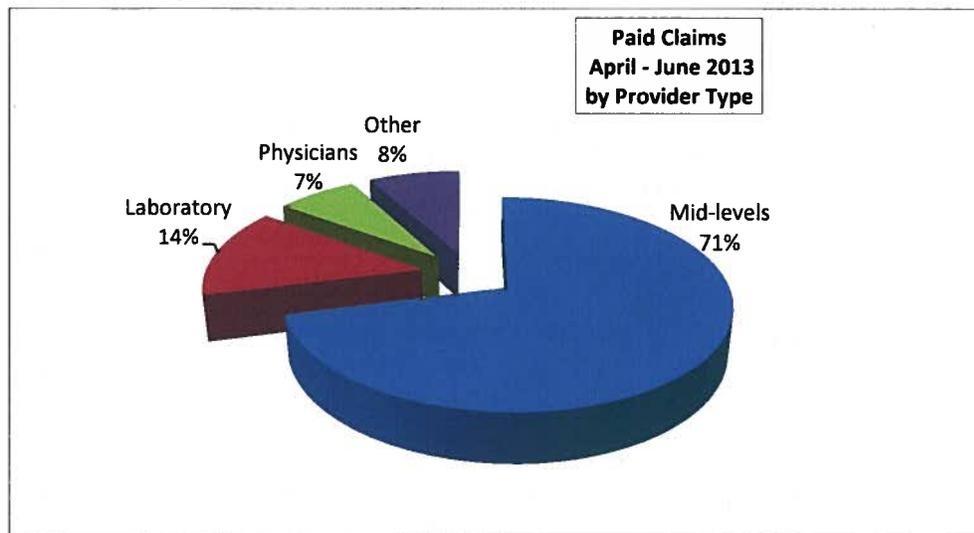


The greatest number of new members for this quarter is in the age-group 19-24. This represents forty-two percent (42%) of enrollment.

- **Provider Participation**

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

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Of the 2,860 claims paid in Quarter 4 (April 1 – June 30, 2013), the majority, 2,030, were paid to Mid-level providers. Laboratories followed with 401.

Program Outreach Awareness and Notification

- **General Outreach and Awareness**
 - **Provide information on the public outreach activities conducted this quarter.**

The Department of Health and Human Services (DPHHS), Women’s and Men’s Health Section is disseminating information about Plan First to Family Planning clinics throughout Montana. They provide information in the form of outreach materials that include posters and mailers.

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

No information is available on the effectiveness of the outreach materials.

- **Target Outreach Campaign(s) (if applicable)**
 - **Provide a narrative on who the targeted populations for these outreaches are, and reasons for targeted outreach; and**
 - **Provide a brief assessment on the effectiveness of the targeted outreach program(s).**

Demonstration Population 1: Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum was identified as our targeted population.

Beginning in January 2013 the Plan First program developed the ability to identify women who were recently pregnant, had a Medicaid paid birth and are currently enrolled in the Plan First program.

Between January and June of this year, a total of seventy (70) women were determined to be in Population 1. For that same time period, 1,017 women were identified as Population 2. For Quarter 3 and Quarter 4 of Demonstration Year 2,

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approximately 6 % of Plan First members are women who lost Medicaid pregnancy coverage and are now enrolled in Plan First.

Program Evaluation, Transition Plan and Monitoring

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

Program evaluation activities have not begun at this time.

- **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.**

- Several Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) were billing Plan First services on a UB claim form. This resulted in the health centers being reimbursed at a set fee, regardless of the services rendered. In those instances where the provider supplied an intrauterine device (IUD), the cost of the IUD was not reimbursed. This resulted in a significant loss of revenue to the health centers.

The health centers were contacted and reminded that the Medicaid website explains how FQHCs and RHCs should bill for Plan First services. It was also noted that, particularly when providing IUDs, billing on a UB claim form results in a substantially reduced reimbursement. Plan First providers were reminded that they should use a 1500 claim form. It ensures that they are appropriately reimbursed for services rendered.

- One Plan First member called to ask if vasectomies were a covered service. The member said that she faced medical challenges by using any form of birth control. She said her husband was willing to having a vasectomy but they knew the procedure was expensive. Vasectomies are not a covered Montana Plan First service. The member was given information about a program offered through the Montana Department of Public Health and Human Services, Women's and Men's Health Section. The program has limited funds for Title X patients for sterilization procedures for men. If the family falls below 100% of poverty (based on family size/income), the provider can be reimbursed up to \$650 for the vasectomy procedure. The member was sent a contact list of Family Planning sites that participate in the program.
- Shortly after enrolling in the Plan First program, one member obtained employment that included health insurance which covers family planning services. The member did not disclose this information. Within a month the member had an Essure procedure performed and Plan First paid for it. When the error was discovered the Essure payment was recovered. The member then wanted an endometrial ablation and insisted that Plan First should pay the balance of whatever her insurance did not cover for the procedure. Documentation was provided to the member, restating that Plan First does not pay for services that are covered by other insurance.

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- Again this quarter, several phone calls were received from Plan First members who were billed for Plan First covered benefits. In all cases the provider did not properly bill for services. The providers were contacted by phone and told how to correct the claim and resubmit for payment. Providers were referred to the Medicaid website for billing instructions. In addition, providers were reminded, as reflected in Administrative Rule of Montana 37.85.406 (11) (e) that they may not bill a recipient for services when Medicaid does not pay as a result of the provider's failure to comply with requirements necessary to obtain payment.
- **Provide progress updates to the transition plan as specified in STC 27.**

The Transition Plan will be updated once it is determined what impact the Affordable Care Act (ACA) will have on Montana's Plan First program.

Quarterly 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.**

	Demonstration (June 1, 2012 – June 30, 2013)			
	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
Quarter 4, DY 1 Expenditures	\$0	\$0	\$0	NA
Quarter 1, DY 2 Expenditures	\$88,637	\$20,280	\$108,917	NA
Quarter 2, DY 2 Expenditures	\$195,966	\$20,542	\$216,508	NA
Quarter 3, DY 2 Expenditures	\$196,897	\$16,932	\$213,829	NA
Quarter 4, DY 2 Expenditures	\$305,929	\$25,328	\$331,257	NA

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Total Annual Expenditures	\$787,429	\$83,082	\$870,511	NA
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Activities for Next Quarter

- **Provide details and report on any anticipated activities for next quarter.**

A Plan First informational mailing will take place in September, 2013. The mailing will include a letter as well as color brochures of the Montana Plan First program and will target the following populations:

- Medical professionals who provide family planning services
- Pediatricians who see the children of women who have given birth. Such women might qualify and be interested in applying for the Plan First program
- Females who have recently lost or soon will lose Children’s Health Insurance Program (CHIP) coverage. This population would include females who are 19 years old.

At the current time Plan First enrollment is 2,290. Given that the capacity is 4,000, there is opportunity to expand the program.