

State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Quarterly Report
Demonstration Year 2012, Quarter 3
Fiscal Quarter January 1, 2013 – March 31, 2013
Date Due: May 30, 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.

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 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 | NA | NA | NA |

- **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;**

As reported in the previous Plan First quarterly report, a programming error was discovered for Plan First members who were also eligible for State-funded Mental Health Services. An incorrect 'fund code' was used to pay for mental health services. The fund code was assigned to Plan First instead of the correct 'State' fund code. A mass-adjustment was made and the billing error has been corrected.

- **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 a family planning clinic, codes were added to the Plan First service code list. They include: CPT 57520 (conization of cervix, with or without

fulguration, with or without dilation and curettage, with or without repair; cold knife or laser) and CPT 57522 (conization of cervix; loop electrical excision procedure - LEEP).

A family planning resident, working at an FQHC, wanted clarification on how FQHCs should bill for Plan First services. She was concerned that the expense of providing intrauterine devices would preclude her from prescribing them. The physician was referred to the Montana Health Care Programs Notice website which details how FQHCs are to bill on 1500 claim forms. Reimbursement will be made according to the physician fee schedule.

The physician also mentioned that there was a great need for the intrauterine device Skyla, because she saw a significant number of college-age females who would do well with the smaller IUD. She asked that Skyla be approved and added to the list of Plan First services.

Additional requests for adding Plan First services were received by several family planning providers. Those requests included coverage for Human Papilloma Virus (HPV) and Hepatitis vaccines.

- ***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;**

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 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.**

NA – This reporting period is Quarter 3 of Demonstration Year 2. Montana's Demonstration was not operational in Quarter 3 of Demonstration Year 1.

- **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

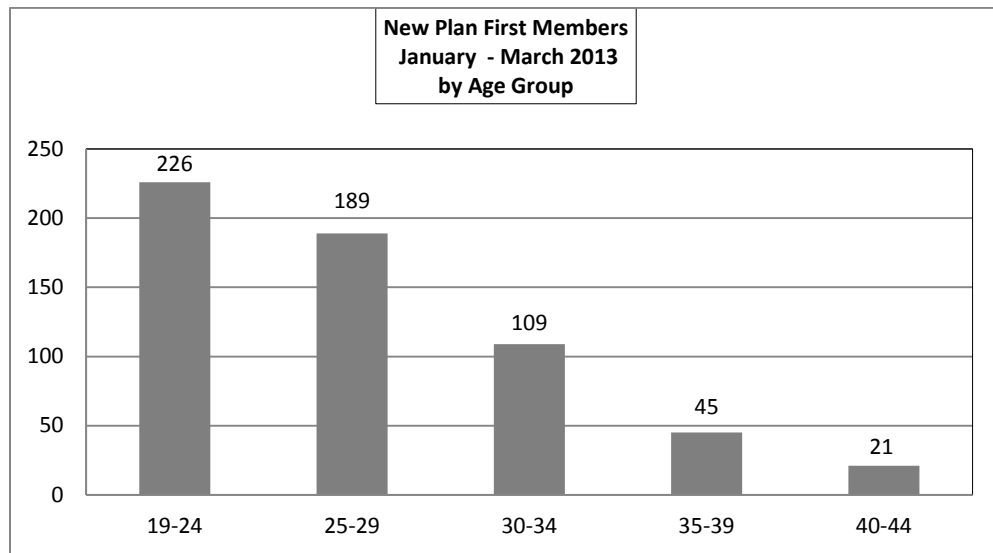
Population 2: Women who have an income at or below 200 percent of the FPL.

| <i>DY 2: 2012</i> | Quarter 3 (January 1- March 31, 2013) | | |
|-----------------------------|--|--------------|------------------|
| | Population 1 | Population 2 | Total Population |
| # of Newly enrolled | 50 | 540 | 590 |
| # of Total Enrollees | 50 | 1,718 | 1,768 |
| # of Participants | 16 | 1,300 | 1,316 |
| # of Member Months | 96 | 9,436 | 9,532 |

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.

- **Service Utilization**

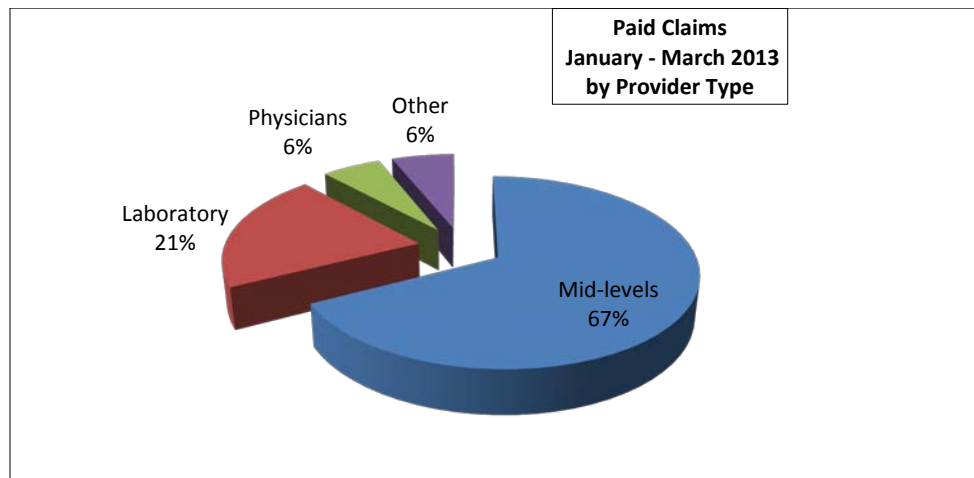
- **Provide a narrative on trends observed with service utilization. Please also describe any changes in service utilizations or change to the Demonstration’s benefit package.**



The greatest number of new members for this quarter is in the age-group 19-24. This represents thirty-eight percent (38%) 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.**



Of the 1,916 claims paid in Quarter 3 (January 1 – March 31, 2013), the majority, 1,293, were paid to Mid-level providers. Laboratories followed with 395 and Physicians with 111.

Program Outreach Awareness and Notification

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

Medicaid Providers continue to be encouraged to print the Plan First Brochure and make copies available to their patients.

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

No information is available on the effectiveness of the Plan First Brochures being available in provider offices.

- ***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.

During this quarter 3,596 women who had been identified as having recently been pregnant or approaching delivery (and their maternity care/delivery was paid by Medicaid) were mailed a Plan First information packet. Approximately 80 enrollments resulted from this outreach.

Medicaid now has the capability to identify and report enrollment numbers for Population 1.

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.**

One Plan First member called and asked if Plan First would pay for an IUD. The member received medical services at the university she attended. The university health center is an enrolled Medicaid provider and was able to bill Plan First for the IUD. The cost of the insertion was paid by the student's university health coverage.

Three 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. Additionally, providers were reminded of Administrative Rule of Montana 37.85.406 (11) (e). The rule states that “The provider may not bill a recipient for services when Medicaid does not pay as a result of the provider’s failure to comply with applicable enrollment, prior authorization, billing or other requirements necessary to obtain payment.” Affected Plan First members were contacted as well and told that the medical provider would resubmit the claim for billing. Members were asked to contact the Plan First program officer if additional bills were sent to them.

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

The Transition Plan will be updated after adjournment of the 2013 legislative session.

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 – March 31, 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 |
| Total Annual Expenditures | \$481,500 | \$57,754 | \$539,254 | NA |

Activities for Next Quarter

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

The Montana Plan First enrollment capacity is 4,000. As of March 30, 2013 the total enrollment was 1,768. We anticipate doing a mailing to Medicaid providers who provide family planning services to the targeted population. The mailing would include Plan First color brochures and a letter reminding providers of Plan First services.

Also, we will meet with Title X staff to brainstorm and begin activities that will heighten awareness of the Plan First program. Enrollment in the program continues to increase. Enhanced efforts at outreach to the targeted population and to family planning providers could result in accelerated growth in the number of women who use Plan First services.