

State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Quarterly Report
Calendar Year 4, Quarter 3
Fiscal Quarter July 1, 2015-September 30, 2015
Date Due: November 29, 2015

Introduction

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

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. 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.

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 FPL.
- 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.

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

Demonstration Year (DY) 4 Calendar Year 2015	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	January 1, 2015	March 31, 2015	May 30, 2015
Quarter 2	April 1, 2015	June 30, 2015	August 29, 2015
Quarter 3	July 1, 2015	September 30, 2015	November 29, 2015
Quarter 4	October 1, 2015	December 31, 2015	February 29, 2016

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 Department began using MAGI eligibility guidelines for all Montana Medicaid enrollments and redeterminations in 2014. As each member's eligibility was evaluated using different family and income criteria, individual response was

necessary for all members. Many members were disenrolled due to failure to respond. Administrative redetermination began again in 2015.

Women with other health insurance are now able to enroll in Plan First. Claims are submitted to a woman's insurance before being processed by the MMIS.

- **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.**

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

The covered code list for Plan First was updated, and an associated provider notice was posted.

Enrollment

- **Provide narrative on observed trends and explanation of data. 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 quarter with the same calendar year (CY) and the same quarter in the previous CY. (This waiver renewal numbers quarters according to CY, whereas the quarters were previously numbered according to demonstration year (DY).)**
 - 2,464 Plan First enrollees for DY5, CY (2015) – Q3 (July 1, 2015-June 30, 2015).
 - 2,714 Plan First enrollees for DY4 – Q1 (July 1, 2014-June 30, 2014).
 - 2,170 Plan First enrollees for the quarter immediately preceding this one (April 1, 2015-June 30, 2015).

Plan First lost a substantial number of members during the suspension of administrative redetermination due to conversion to the MAGI methodology in 2014. It is also unclear how many members did not renew Plan First enrollment because they purchased insurance on the exchange and no longer needed additional family planning coverage.

Plan First changed the enrollment process in the 3rd quarter of 2015 to better identify and enroll women losing pregnant woman Medicaid. Also, a targeted Plan First outreach program using nursing students was coordinated through Plan Parenthood in Billings. The enrollment continues to climb.

- **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;**
 - **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

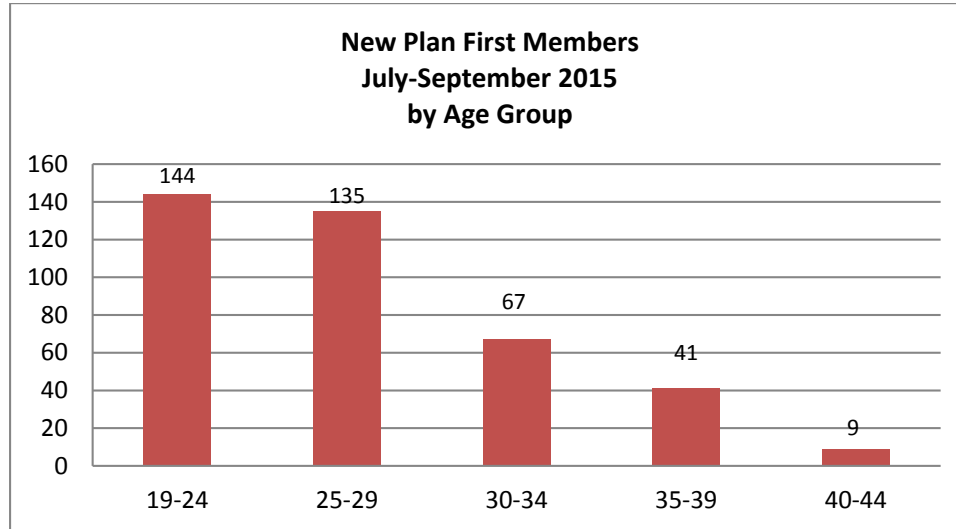
Population 2: Women who have an income at or below 211 percent of the FPL.

CY 4: 2015	Quarter 3 (July 1-September 30, 2015)		
	Population 1	Population 2	Total Population
# of Newly enrolled	205	191	396
# of Total Enrollees	214	2,456	2,670
# of Participants	18	1,629	1,647
# of Member Months	521	18,554	19,075

The number of participants reflects the number of Plan First enrollees who had at least one paid claim for Plan First covered services. A little less than half of the members received a service during the quarter.

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.**

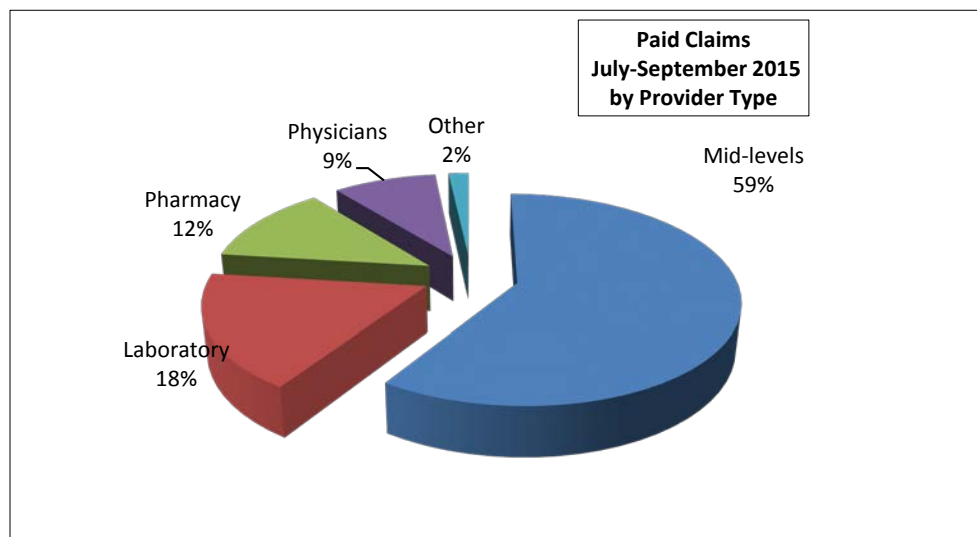


As expected, enrollment is concentrated in the youngest age group. It is theorized that as women get older, their incomes increase, and they become eligible for their own insurance through employment or marriage, or they are no longer fertile.

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.**

A large portion of Plan First members are enrolled in Title X family planning clinics. These clinics are usually 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 instance, 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

- **General Outreach and Awareness**

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

The only outreach provided this quarter was provided by ACA navigators housed in the Planned Parenthood of Montana offices.

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

The navigators continue to promote enrollment of uninsured and underinsured women into Plan First.

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

- **Provide a narrative on who the targeted populations for these outreaches are, and reasons for targeted outreach; and**

The only outreach provided this quarter was provided by ACA navigators housed in the Planned Parenthood of Montana offices.

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

The navigators continue to promote enrollment of uninsured and underinsured women into 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;**

No specific quality assurance or monitoring activities were performed this quarter.

- **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.**

Some providers continue to bill incorrectly and claims are denied. Staff continue to work with providers to assist them in billing correctly for Plan First services. If a provider does not indicate, either through diagnosis code, or with a modifier, that a service is family planning-related, the claim is denied. Consequently, members are billed for services they thought were covered. The Montana Medicaid provider website and provider notices are being revised to more accurately communicate with providers what Plan First covers and how to indicate these covered services on claims.

Quarterly Expenditures

	DY 5, Calendar Year 2015 (January 1st, 2015 – December 31st, 2015)			
	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
January 1st-March 31st	\$176,515	\$27,337	\$203,852	NA
April 1st-June 30th	\$215,181	\$77,465	\$292,646	NA
July 1st-September 30th	\$235,325	\$23,745	\$259,070	NA
October 1st-December 31st				NA
Total Annual Expenditures	\$ 627,021	\$128,547	\$755,568	NA

Activities for Next Quarter

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

Plan First enrollment in September of 2015 was 2,396. Given that the capacity is 4,000, there is opportunity to expand the program.

The Plan First 1115 Waiver public information meeting is scheduled for December 1, 2015.

Montana Medicaid will transition to ICD-10 on October 1, 2015. Plan First covered codes and diagnoses will be updated in this transition.