

**State of Montana**  
**Montana Plan First Family Planning Demonstration**  
**Section 1115 Quarterly Report**  
**Demonstration Year 2012, Quarter 1**  
**Fiscal Quarter July 1, 2012 – September 30, 2012**  
**Date Submitted: November 29, 2012**

**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 available 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 Demonstration. During the sessions, discussions focused on accessing the Plan First website, how to enroll members, eligibility requirements and claims reimbursement. A question and answer session was 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	NA	NA	NA
Quarter 3	NA	NA	NA
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; and**

No significant program changes were made during this reporting period.

- **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.**

Plan First will pay for family-planning and family-planning-related services for Medicaid members who have Third Party Insurance Coverage but whose coverage does not cover those of Plan First.

A Custom Agreement was added to the Plan First website. The Custom Agreement allows providers to bill Plan First members for services not in the Plan First Benefits Plan. 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.

- ***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 transition plan 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 1 of Demonstration Year 2. Montana’s Demonstration was not operational in Quarter 1 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 the conclusion of 60 days postpartum; and*

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

<i>DY 1: 2011</i>	Quarter 4 (April 1- June 30, 2012)		
	Population 1	Population 2	Total Population
# of Newly enrolled	0	92	92
# of Total Enrollees	0	92	92
# of Participants	0	36	36
# of Member Months	0	92	92

<i>DY 2: 2012</i>	Quarter 1 (July 1- September 30, 2012)		
	Population 1	Population 2	Total Population
# of Newly enrolled	0	507	507
# of Total Enrollees	0	507	507
# of Participants	0	384	384
# of Member Months	0	1,013	1,013

Note: Montana Medicaid is working on a process to identify women who would be eligible for Plan First in the Population 1 group. Some of the women in Population 2 may actually belong to Population 1, but the state has no way to identify them at this time.

- **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 top three Claim Diagnosis Codes were

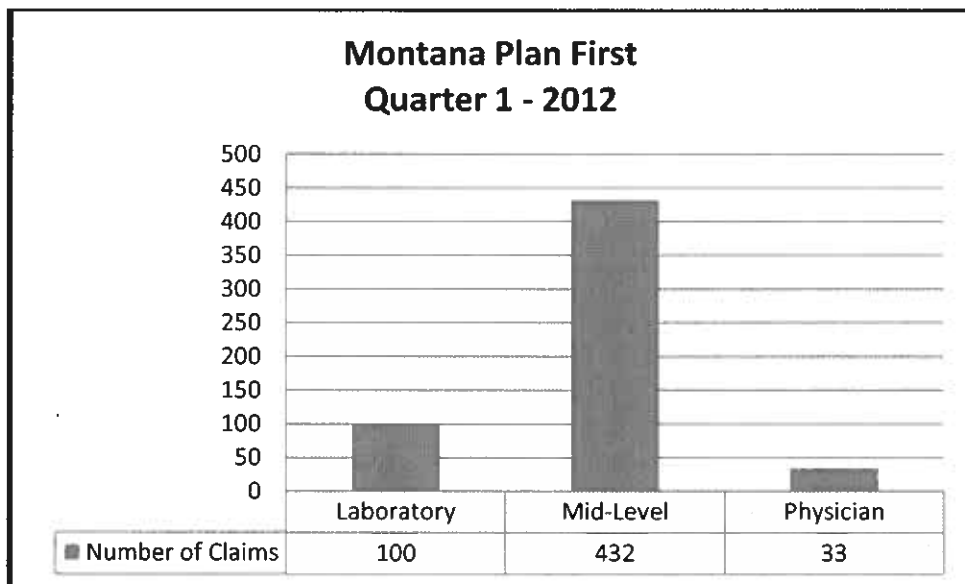
1. Encounter for Contraceptive Management,
2. Routine Gynecological Exam, and
3. Screening for Sexually Transmitted Disease.

No benefit package changes have occurred.

- **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 565 claims paid in Quarter 1 (July 1 – September 30, 2012), the majority, 432, were paid to Mid-level providers. Laboratories followed with 100 and Physicians with 33.



**Program Outreach Awareness and Notification**

- **General Outreach and Awareness**

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

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

Also, we work closely with Montana's Title X Family Planning Program. Montana has twenty-six (26) Family Planning Clinics that provide confidential, comprehensive reproductive health services, education and outreach in communities around the state. Montana's Family Planning Clinics provide the majority of Plan First benefits.

- **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).**

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

During this quarter efforts were made to establish a mechanism that would identify the targeted population. Significant barriers exist that interferes with our ability to reach this population in a timely manner.

In Montana, after a Medicaid member gives birth, it usually takes between eight and twelve weeks before claims data are available. (Providers have up to one year to submit claims for payment.) In addition, Vital Statistics birth data become available for analysis in two to three months post-delivery. In both instances, there is significant time delay before this population can be identified and contacted with information about Plan First.

The Office of Public Assistance (OPA) captures information on pregnant Medicaid members, including demographics and pregnancy due date. Such information would greatly assist us in identifying the target population before delivery. OPA simply doesn't have the resources at this time to assist us with our request.

The state continues to work on methods of identifying women in Demonstration Population 1, and plans to begin identification and outreach to this target group during DY 2 Quarter 2 of the Demonstration.

## **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 wanted to know why we did not provide fertility drugs. Another member wanted to know why we did not cover folic acid. She needed the folic acid for a blood condition that caused her to miscarry. The Medicaid Staff Pharmacist contacted both women and told them that Plan First covers drugs related to family planning or infections discovered during a family planning visit. Vitamins and fertility drugs are not medications that are covered under Plan First.

Beginning in July of this year there were Plan First pharmacy process issues that needed to be addressed. Although an internet Provider Notice was made available to pharmacies, many pharmacies do not have internet access and consequently did not have the information needed to fill Plan First prescriptions.

Also, some prescriptions for Plan First members did not have the correct diagnosis code (V25 - Encounter for Contraceptive Management) on the prescription. This caused the prescription(s) to be denied for payment. Plan First prescriptions were also being denied when the diagnosis code on the prescription was Sexually Transmitted Disease (STD). This was an education issue for providers. STD treatment is covered under Plan First because the STD is treated when associated with family planning or family planning-related services. Once providers understood that the primary diagnosis code for Plan First members is V25 and that code was put on the prescription, the problem was eliminated.

Some pharmacies had software issues that precluded them from being able to fill Plan First prescriptions. The software issue was the result of the pharmacy not being able to enter a diagnosis code. The issue was resolved once 'diagnosis code' was opened up in the software.

The Montana Medicaid Pharmacy Program works closely with Plan First. Issues that are identified through the pharmacy program are addressed immediately by them. In addition, the Montana Medicaid Pharmacy Program works with the Montana Pharmacy Association to disseminate Plan First information directly to registered pharmacists.



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

No transition plan progress updates to report at this time. The state plans to submit the draft Transition Plan by January 1, 2013, as required.

**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.**

	<b>Demonstration Year 2 (July 1 – September 30, 2012)</b>			
	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 1 Expenditures	\$88,637	\$20,280	\$108,917	NA
<b>Total Annual Expenditures</b>	\$88,637	\$20,280	\$108,917	NA

**Activities for Next Quarter**

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

Given the barriers described on page 7 under *Target Outreach Campaign(s)*, we will focus our efforts on identifying *Population 1*: Women losing Medicaid pregnancy coverage the conclusion of 60 days postpartum, using the Montana Medicaid Information System (MMIS) database. Specifically, we will identify Medicaid members who are currently pregnant – although ‘due date’ is not information that is captured. Once this population is identified, we will contact them by mail and send them information on Plan First. If they are interested in the program they can contact us by mail, email or phone. Additionally, we will do outreach to Obstetricians/Gynecologists and send them information about Plan First, asking them to share it with their pregnant Medicaid patients as well as women eligible for Plan First. Population 1 women identified before Medicaid pregnancy coverage ends will be enrolled in Plan First, with the ability for them to opt out if they wish.