State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Quarterly Report
Demonstration Year 2012, Quarter 2
Fiscal Quarter October 1, 2012 – December 31, 2012
Date Due: March 1, 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	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;**

    During this quarter a small number of providers expressed having difficulty in verifying Plan First member eligibility. When a Plan First member becomes eligible for the demonstration they receive a Plan First identification card. For Plan First members who have never received Medicaid services in the past, a second number was put on the ID card to distinguish that their Medicaid eligibility was not determined by the Office of Public Assistance. The number contained the alpha character "F". The web portal used by providers to check eligibility does not

recognize identification numbers containing alpha characters. A Provider Notice was prepared to informed providers to use the numeric ID solely. In addition, a programming change was made to remove the ID number which contained the alpha character from all future Plan First ID cards.

An additional 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 will be made to properly bill for the mental health services next quarter.

- **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.**

  A request was made by a family planning clinic to include CPT 57522 (Conization of cervix; loop electrical excision procedure - LEEP) in the list of covered services. The family planning clinic stated that many Plan First members would benefit from its inclusion. Medicaid is seeking guidance from CMS on the process to add or eliminate procedure codes on the Plan First table.

- ***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 2 of Demonstration Year 2. Montana's Demonstration was not operational in Quarter 2 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.**

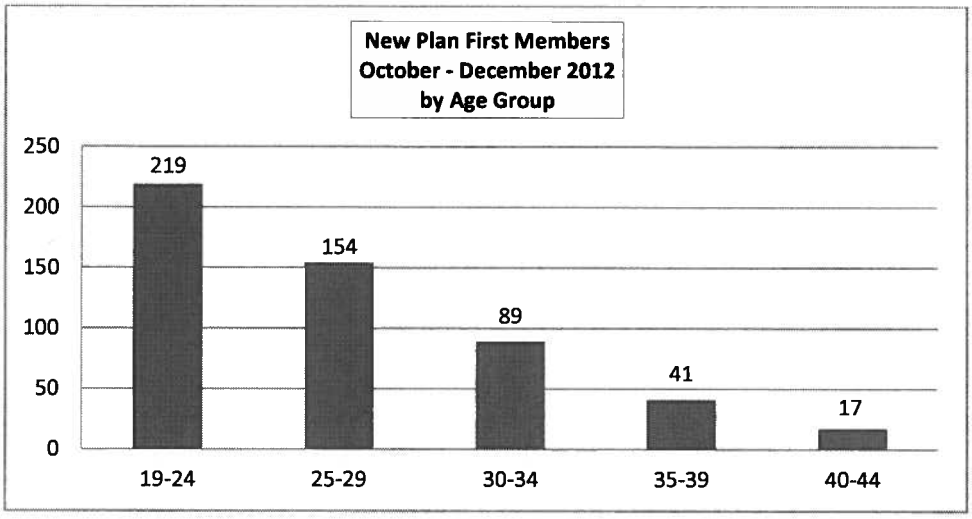
    Population 1: **Women losing Medicaid pregnancy coverage the conclusion of 60 days postpartum; and**

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

DY 2: 2012	Quarter 2 (October 1- December 31, 2012)		
	Population 1	**Population 2**	**Total Population**
# of Newly enrolled	0	520	520
# of Total Enrollees	0	1,189	1,189
# of Participants	0	929	929
# of Member Months	0	4,677	4,677

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

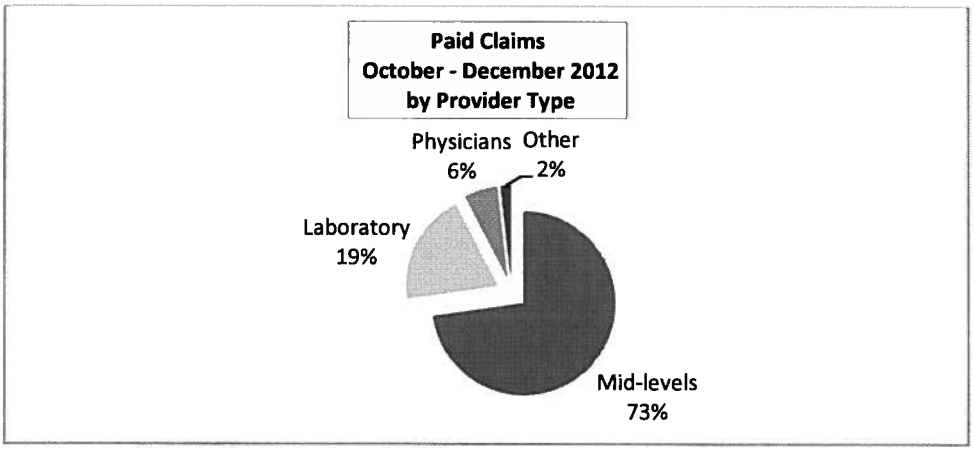
- *Service Utilization*
  - **Provide a narrative on trends observed with service utilization. Please also describe any changes in service utilizations or change to the Demonstration's benefit package.**



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

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 1,022 claims paid in Quarter 2 (October 1 – December 31, 2012), the majority, 743, were paid to Mid-level providers. Laboratories followed with 201, Physicians with 60 and Other (hospitals, FQHC, PHC) with 18.

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 were identified as having recently been pregnant or approaching delivery and their maternity care/delivery was paid by Medicaid.

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.**

  Five phone calls were received from Plan First members who were billed for Plan First covered benefits. In all cases the provider did not bill properly for services. Administrative Rule of Montana 37.85.406 (11) (e) clearly 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." Providers were contacted to assist with billing issues and to also be reminded about Montana Rule 37.85.406 (11) (e). Affected Plan First members were told that the medical provider will resubmit claims for billing. If the Plan First member continues to receive bills they are asked to contact the Plan First Program Officer.

One Plan First member was billed for a hysterectomy by a Medicaid provider. The Medicaid provider said that they had no knowledge that the woman was eligible for Plan First. They billed her as a private pay patient. Upon further review the Medicaid provider had, indeed, seen the Plan First member on numerous occasions and had been reimbursed for services covered under Plan First. Before the Plan First member had the hysterectomy she was not told that the procedure was not covered under Plan First. Additionally, there was no signed agreement between the Medicaid provider and Plan First member stating that the member was responsible for charges incurred for the hysterectomy. Medicaid advised the provider that billing of the member may not continue.

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

  The Transition Plan was submitted to CMS before the due date of January 1, 2013. DPHHS will make continued updates to the transition plan after adjournment of the current 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 – December 31, 2012)			
	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
Total Annual Expenditures	$284,603	$40,822	$325,425	NA

Activities for Next Quarter

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

  Beginning in early January 2013, the Plan First program will mail out Plan First information to 3,596 women. This targeted mail out will include Medicaid eligible women who were identified as either recently pregnant or having given birth. During the quarter we will evaluate how effective this activity was at increasing Plan First enrollment. If the enrollment does not approach the capacity of 4,000 women, an outreach will be done to Medicaid providers who provide family planning services to females in the 19-44 age group. It is believed that receiving family planning information directly from a medical provider will help inform this targeted population of Plan First services.