

Annual Monitoring Report
State of Montana

Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver

Demonstration Year 13, Calendar Year 2024
January 1, 2024 – December 31, 2024

Submitted March 27, 2025



**DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES**

Annual Monitoring Report

Purpose and Scope of Annual Monitoring Report:

The state must submit annual progress reports in accordance with the Special Terms and Conditions (STC) and 42 CFR 431.420. The annual report follows the outline provided in the Annual Monitoring Report Template in Attachment A of the STCs. The intent of these reports is to present the state's analysis of collected data and the status of the various operational areas, reported by month in the demonstration year. The report should also include a discussion of trends and issues over the year, including progress on addressing any issues affecting access, quality, or costs. Each annual monitoring report must include:

- A. Executive Summary
- B. Utilization Monitoring
- C. Program Outreach and Education
- D. Program Integrity
- E. Grievances and Appeals
- F. Annual Post Award Public Forum
- G. Budget Neutrality
- H. Demonstration Evaluation Activities and Interim Findings
- I. Attachments

A. Executive Summary

1. Synopsis of the Information Contained in the Report.

The Montana Family Planning Section 1115(a) Medicaid demonstration referred to as Plan First entered its thirteenth demonstration year in 2024.

This report is an overview of the progress made in achieving the following goals of the demonstration.

- Ensure access to family planning and/or family planning related services for individuals not otherwise eligible for Medicaid.
- Improve or maintain health outcomes for the target population as a result of access to family planning services and/or family planning related services.

Plan First continues to expand the provision of family planning services and family planning related services to women ages 19 through 44, with income up to 211 percent of the Federal Poverty Level (FPL) who are not otherwise eligible for Medicaid, who are losing Medicaid pregnancy coverage at the conclusion of the post-partum period, losing Medicaid or CHIP coverage, or who have private health insurance coverage but meet all other demonstration eligibility criteria.

In accordance with the Standard Terms and Conditions (STCs), this Annual Monitoring Report will provide the status of the demonstration's various operational areas, and an analysis of program data collected for the period of January 1, 2024, to December 31, 2024. The information reflected in this report represents the most current information available at the time it was compiled.

2. Program Updates, Current Trends or Significant Program Changes.

- a. Narrative describing the impact of any administrative and operational changes to the demonstration, such as eligibility and enrollment processes, 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 current waiver, Plan First, was granted an extension by the Centers for Medicare and Medicaid (CMS) and will be effective until December 31, 2028. The renewal did not include any significant changes and services will continue to be provided as before.

Plan First has seen an overall increase in enrollment as 2024 progressed. This is thought to be partly caused by the redeterminations that began in April 2023 and continued through the beginning of 2024. Enrollment numbers were expected to increase due to the redeterminations as some members who were now determined ineligible for Medicaid could be determined eligible for Plan First.

Members who no longer qualified under other Medicaid program criteria would either be reassigned to a different Medicaid program or would lose coverage. For some women, this different Medicaid program was Plan First.

There have not been any other significant impacts regarding enrollment since the end of the redetermination, but it is important to note that during this time, Traditional Medicaid, Medicaid Expansion, and most other Medicaid programs saw a decrease in enrollment while Plan First saw an increase.

In 2024, benefits for Plan First members remained the same and no covered codes were altered. There were also no known changes to health care delivery systems, quality of care, or outreach changes. All eligibility and enrollment processes for Plan First members have returned to how they were done pre-Public Health Emergency (PHE).

Plan First's billing and payment processes are consistent with those of Montana's other Medicaid programs. Plan First billing information as well as covered codes list can be located on both the Member and Provider webpages. Payment rates for Plan First are also consistent with those of Montana's other Medicaid programs.

There were no additional administrative or operational changes in DY13.

- b. Narrative on any demonstration changes, such as changes in enrollment, renewal processes, service utilization, and provider participation. Discussion of any action plan if applicable.*

Enrollment into Plan First had continued to decline from 2017 through 2020. However, Montana finalized the integration of Plan First eligibility, enrollment, and redetermination into the Montana Medicaid eligibility system, Combined Healthcare Information and Montana Eligibility System (CHIMES) in early 2021. Since then, Montana has seen a steady increase in Plan First enrollment. This move to CHIMES is thought to have proven effective in increasing member enrollment numbers and member education of the Plan First program. Prior to the move, members had to have the knowledge of Plan First and seek out an enrollment determination request from the program officer(s). Now, Montanans can apply for any program related to Medicaid through the Office of Public Assistance (OPA) and the CHIMES system will determine for which program(s) they are eligible.

In DY13 we are noticing continued increases in enrollment but with the member survey, we are noticing a decrease in member knowledge of the program. Many members who end up on Plan First did not necessarily apply specifically wanting Plan First but were approved for the program once CHIMES determined their eligibility. This could be one of the reasons member knowledge of the program has seemed to decrease over time. When members apply to OPA, they submit a general application. The application is then processed to determine for the member's program eligibility. As will be discussed later in the member survey section, some members want the full coverage of Medicaid rather than the targeted benefits they receive from Plan First. This is something DPHHS is working on to find ways to increase member knowledge of the program and benefits.

DY7/CY2018 – 1,934
DY8/CY2019 – 1,821
DY9/CY2020 – 1,741
DY10/CY2021- 1,856
DY11/CY2022- 2,161
DY12/CY2023 – 3,134
DY13/CY2024 – 4,036

Although the PHE ended in 2023, it is important to note the impacts it had on Plan First as they continued into the beginning of 2024. Redetermination processes were more challenging and time consuming than initially expected and redeterminations continued initiating cases monthly through January 2024 with the end of the unwinding period being determined as March 2024.

There were some issues associated with the PHE unwinding and redetermination process, as expected. When sending out the redetermination packets, some members did not have updated or accurate address information and therefore did not receive the packet despite the outreach and campaigns by DPHHS encouraging members to update their information before the end of the PHE. DPHHS had TV and Radio campaigns to outreach more members. The Montana DPHHS website was updated with information on how to contact OPA or access apply.mt.gov to update information online if the member chose. There were also materials put into our Medicaid Member Newsletter, MESSENGER, continuing reminders and encouragements for members to update their information for the redetermination processes. Prior to the redetermination processes, multiple webinars were held with providers starting in November 2022 and these presentations were posted online for public view. Additionally, letters were sent to providers about how they can support their clients through this, and DPHHS met with multiple associations for the same reason. DPHHS included this information on their Facebook page for public view. DPHHS also reached out to Senior and Long-Term Care facilities and advised them to be proactive and assist their clients with the redetermination processes. Similarly to the outdated addresses, some members did not have updated or accurate contact information and were unable to receive the follow up texts or calls. For the members who did not or could not complete their redetermination packets whether via paper, online, or over the phone, their coverage was terminated. It seems there were higher numbers of this associated with standard Medicaid or Medicaid expansion members than with Plan First members as Plan First enrollment increased exponentially. Another attributing factor to the large increase is when Medicaid members were being redetermined and no longer met the financial criteria for Standard Medicaid or Medicaid

expansion, they could still qualify for Plan First as it has a higher income threshold.

It is difficult to predict future member enrollment numbers based off member enrollment data for 2023 and 2024 as it is thought to have some deviating factors associated with the redetermination processes.

There was a Post Award Public Forum held on December 5, 2023. The information shared to the public during this time included data the State had up to that point and was covering the State Fiscal Year (SFY) (July 2022-June 2023), not calendar year or DY. These numbers provided an update on how many different providers provided Plan First services to Plan First members, Plan First enrollment numbers, and Plan First total expenditures for that time frame.

There were 232 different providers who provided Plan First services to Plan First members in SFY 2023. In SFY 2023, 2,299 women were enrolled in Plan First with a total expenditure of \$152,400.

Due to the 2025 Legislative Session and internal hiring changes, the annual post-award public forum for DY13 is expected to be held in June after the Legislative Session ends. We will include any information presented at the June 2025 forum in the DY14 Annual Report.

We have run the data for the annual public forum to be held in 2025 which covers SFY 2024. There were 493 different providers who provided Plan First services to Plan First members in SFY 2024. In SFY 2024, a total of 4,084 women were enrolled in Plan First with a total expenditure of \$270,562. When measuring the State Fiscal Year numbers for 2024 to the previous year, we can see there are some changes. For instance, member enrollment has almost doubled from SFY 2023 to SFY 2024 with an increase of 1,785 members. As expected with this considerable increase in member enrollment, the total expenditures also increased. The expenditures increased by \$118,162 from SFY 2023 to SFY 2024 but the overall money spent per member remained almost unchanged. If you take the amount spent per year and divide it by the total number of members served in that year you will get \$66.29 for SFY 2023 and \$66.25 for SFY 2024.

- c. Narrative on the existence of or results of any audits, investigations, or lawsuits that impact the demonstration.*

Plan First claims are eligible to be selected during Payment Error Rate Measurement audits and are included in any Medicaid quality assurance

activity. No reporting of audits, investigations, or lawsuits that would have an impact on the Plan First demonstration were identified.

3. Policy Issues and Challenges

a. Narrative of any operational challenges or issues the state has experienced.

Montana has not experienced any operational challenges or issues during DY13. In December of 2024, Montana was notified by CMS of some upcoming technical adjustments that would be made to Plan First. CMS informed Montana that during a review of another state's family planning demonstration, CMS determined that categorizing sexually transmitted infections (STI) testing and treatment services as a family planning service does not conform with the statutory requirements in the Affordable Care Act. In this guidance, CMS clarified that family planning related services are those services that are medical diagnosis and treatment services, including STIs that are provided pursuant to the family planning services in a family planning setting and family planning services must be for the purpose of preventing or delaying pregnancy (or at the state's opinion for treating infertility). CMS also states they will identify testing for the diagnosis or an STI and all STI treatment services as a family planning-related service, instead of a family planning service in the Montana Plan First special terms and conditions. Montana expects ongoing communications with CMS regarding this change to continue into 2025.

b. Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.

There was no legislative activity regarding Plan First during the 2023 legislative session. Montana is not currently considering any new policies related to legislative or budget activity for Plan First. Montana is also not currently considering any amendments to the current approved demonstration.

At the time of this Annual Report being drafted and submitted, Montana is in the midst of their bi-annual Legislative Session. Because the 2025 Montana Legislative Session has not come to completion, there are no additional legislative impacts on the waiver to report.

c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.

There is billing information on the provider website to inform providers how to bill for Plan First members. This also includes the allowed billing codes

along with contact information listed for the Plan First Program Officer. It was decided we should revamp the program information available to providers to make it more accessible and detailed to assist providers with a more in depth understanding of Plan First. Although there is information on the provider site and the DPHHS Plan First webpage, there is no provider manual. Drafting of the Plan First provider manual began at the end of DY12 and is currently in progress. The manual is expected to be completed in DY14. Upon completion, the manual will be available on both the provider webpage and the DPHHS Plan First webpage.

B. Utilization Monitoring

The state will summarize utilization through a review of claims/encounter data for the demonstration population in the subsequent tables. This includes the following:

Some of the data below is based on processed claims from the calendar year (CY) 2023. Montana allows providers a 365-day submission window for claims processing. The 2024 (DY13) year-end data will not be complete until all claims are received with the deadline being the end of 2025. Tables one through eight are pulled from 2024 data. Some of these tables are based off claims received up to that point and therefore have the potential of missing some information. We pull the data for Tables one through eight from the current reporting year to give the most up to date data we have. Under Demonstration Goals one and two, we compile the data based off claims from the year prior (2023) to get a full picture and understanding of the numbers once all claims have been received. It is uncommon for providers to wait extensive amounts of time to submit their claims and because of this, we do not see a significant change in the data re-running it after the full 365-day submission window has concluded.

The 2023 Annual Report had data pulled and reported on from the year prior, 2022. It was discovered that some of this data should have been pulled from 2023 to align with the information in the paragraph above. To correct this mistake, this report will also include 2023 data for Tables one through eight.

Table 1. Summary of Utilization Monitoring Measures

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter (See table 2 below)
	Unduplicated Number of Beneficiaries with any Claim by Age Group, Gender, and Quarter (See table 3 below)
	Contraceptive Utilization by Age Group (See table 4 below)
	Total Number of Beneficiaries Tested for any Sexually Transmitted Diseases (See table 5 below)
	Total Number of Female Beneficiaries who Obtained a Cervical Cancer Screening (See table 6 below)
	Total Number of Female Beneficiaries who Received a Clinical Breast Exam (See table 7 below)

Table 2. 2023 Unduplicated Number of Enrollees by Quarter

	Number of Female Enrollees by Quarter (2023)				
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Unduplicated Female Enrollment*
Quarter 1	N/A	69	2,263	N/A	2,332
Quarter 2	N/A	64	2,016	N/A	2,080
Quarter 3	N/A	115	2,257	N/A	2,372
Quarter 4	N/A	140	2,438	N/A	2,578
Total Unduplicated	N/A	164	2,970	N/A	3,134

*Total column is calculated by summing columns 2-5.

Table 2. 2024 Unduplicated Number of Enrollees by Quarter

	Number of Female Enrollees by Quarter (2024)				
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Unduplicated Female Enrollment*
Quarter 1	N/A	155	2,688	N/A	2,843
Quarter 2	N/A	156	2,371	N/A	2,527
Quarter 3	N/A	154	1,924	N/A	2,076
Quarter 4	N/A	138	1,840	N/A	1,978
Total Unduplicated	N/A	174	3,862	N/A	4,036

*Total column is calculated by summing columns 2-5.

Table two shows the increase in enrollees broken down by quarter for both DY12 and DY13. The total unduplicated enrollment for DY13 shows 4,036. This number was initially concerning to Montana as Plan First is only approved to have 4,000 women on it at any given time. When breaking it out by quarter it is easier to see we did not go over our 4,000-member enrollee limit. There was an impressive increase in the total number of women who were covered under Plan First at some time in CY2024. The total unduplicated number of women covered by Plan First increased by 902 members from DY12 to DY13.

Table 3. 2023 Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year

	Number of Females Who Utilize Services by Age and Quarter (2023)					
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users*	Percentage of Total Unduplicated Female Enrollment
Quarter 1	N/A	9	192	N/A	201	6.41%
Quarter 2	N/A	12	186	N/A	198	6.32%
Quarter 3	N/A	22	181	N/A	203	6.48%
Quarter 4	N/A	29	198	N/A	227	7.24%
Total Unduplicated**	N/A	53	471	N/A	524	16.72%

*Total column is calculated by summing columns 2-5

**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters, and remove the duplication so each user is only counted once per demonstration year.

Table 3. 2024 Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year

	Number of Females Who Utilize Services by Age and Quarter (2024)					
	14 years old and under	15-20 years old	21-44 years old	45 years and older	Total Female Users*	Percentage of Total Unduplicated Female Enrollment
Quarter 1	N/A	29	272	N/A	301	7.46%
Quarter 2	N/A	31	217	N/A	248	6.14%
Quarter 3	N/A	35	189	N/A	224	5.55%
Quarter 4	N/A	33	201	N/A	234	5.80%
Total Unduplicated**	N/A	82	605	N/A	687	17.02%

*Total column is calculated by summing columns 2-5

**Total unduplicated row cannot be calculated by summing quarter 1 – quarter 4. Total unduplicated users must account for users who were counted in multiple quarters, and remove the duplication so each user is only counted once per demonstration year.

With the member enrollment increasing significantly in DY13, the utilization of services also increased. The percentage of total unduplicated female enrollment takes the claims total and compares it against member enrollment to get insights into member utilization of services. There was an overall increase in service utilization from DY12 to DY 13 by 0.3 percent.

Table 4. 2023 Contraceptive Utilization by Age Group per Demonstration Year

Effectiveness	Users of Contraceptives (2023)					
		14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Most and Moderately Effective*	Numerator	N/A	22	157	N/A	179
	Denominator	N/A	164	2,970	N/A	3,134
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	1	28	N/A	29
	Denominator	N/A	164	2,970	N/A	3,134
Total	Numerator	N/A	22	157	N/A	179
	Denominator	N/A	164	2,970	N/A	3,134

*This measure is calculated as per the Medicaid and CHIP Children and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20):
<https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Adult Core Set (CCW-AD measure for ages 21-44):
<https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

Table 4. 2024 Contraceptive Utilization by Age Group per Demonstration Year

Effectiveness	Users of Contraceptives (2024)					
		14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Most and Moderately Effective*	Numerator	N/A	29	185	N/A	214
	Denominator	N/A	174	3,862	N/A	4,036
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	8	27	N/A	35
	Denominator	N/A	174	3,862	N/A	4,036
Total	Numerator	N/A	29	185	N/A	214
	Denominator	N/A	174	3,862	N/A	4,036

*This measure is calculated as per the Medicaid and CHIP Children and Adult Core Set measure for contraceptive care for all women. Measure specifications can be found at the links below:

- Child Core Set (CCW-CH measure for ages 15-20):
<https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Adult Core Set (CCW-AD measure for ages 21-44):
<https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

Table four breaks down contraceptive utilization by age group. It is somewhat expected that total contraceptive utilization is not significant because it is consistent with somewhat low overall utilization of services under Plan First. It is important to note that both contraceptive measures are higher compared to enrollment total in the 15-20 age range than in the 21-44 age range. This means women ages 15-20 are using contraceptives at a far greater rate than those in the 21-44 age range. Under Plan First, DY13 total contraceptive utilization for 15–20-year-olds is 16.7 percent, whereas total contraceptive utilization for 21-44-year-olds is only 4.8 percent.

Table 5. 2023 Number of Beneficiaries Tested for any STD by Demonstration Year

Test	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	124	3.96%	124	3.96%

Table 5. 2024 Number of Beneficiaries Tested for any STD by Demonstration Year

Test	Female Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	174	4.31%	174	4.31%

The number of STD tests increased in DY13 and the overall percentage of members receiving an STD test increased from 3.96 percent in DY12 to 4.31 percent in DY13. It is thought some of this data could be skewed for DY12 and DY13 due to the large changes in enrollment count. It will be important to compare this data against additional years to determine actual trends.

Table 6. 2023 Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	64	3,134	2.04%

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

Table 6. 2024 Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	81	4,036	2.01%

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for cervical cancer screening and is defined as women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years or women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

Although there was an increase in total cervical cancer screenings, there was a decrease in the percentage of members receiving a screening. It is important to note that even though the overall percentage of Plan First members receiving a cervical cancer screening decreased from DY12 to DY13 by 0.03 percent, more Montana women did receive this screening with an increase of 17 women from DY12 to DY13.

Table 7. 2023 Breast Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	13	3,134	0.41%

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

Table 7. 2024 Breast Cancer Screening

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	17	4,036	0.42%

*This measure is calculated as per the Medicaid and CHIP Adult Core Set measure for breast cancer screening and is defined as the percentage of women ages 50 to 74 who had a mammogram to screen for breast cancer and is reported for two age groups (as applicable): ages 50 to 64 and ages 65 to 74.

Measure specifications can be found at: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>

The increase in breast cancer screening from DY12 to DY13 was only 4 screenings. Due to the large increase in enrollment total, this did not increase the overall percentage of Plan First members who received this screening with any real significance. We would like this number to increase in future demonstration years as only 0.42 percent of Plan First members received one in DY13. Montana is hopeful that future demonstration year data will stabilize and provide more informative trends to see where the demonstration can make improvements.

Table 8. Claim Count

2023 Claim Count	2024 Claim Count
1,724	1,917

Total claim count increased from DY12 to DY13. Not all claims have been received yet for 2024. This is why the table below compares claim count and utilization measures by year and does not include the most recent year.

The following Tables, Goal 1 and Goal 2, are abbreviated tables for the narrative purposes. Please see Attachment A for the complete Goal 1 and Goal 2 Tables.

Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid. (abbreviated table)

Measure	Annual (Baseline) Data CY2019	Annual Data CY2020	Annual Data CY2021	Annual Data CY2022	Annual Data CY2023
Number of beneficiaries who had at least one family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries.	30.59%	29.00%	23.28%	22.83%	28.36%
Number of family planning services utilized/total number of beneficiaries.	3.38	3.41	0.79	0.77	0.83
Number of female beneficiaries who utilized any contraceptive in each year of the demonstration/total number of female beneficiaries.	16.69%	16.20%	11.80%	8.39%	9.02%
Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/total number of female beneficiaries.	3.51%	3.80%	1.72%	1.13%	1.63%
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries.	13.95%	10.81%	6.79%	7.17%	6.81%
Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries.	9.28%	6.04%	4.09%	3.83%	3.60%
Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries.	0.88%	1.27%	0.70%	0.79%	0.67%
Number of beneficiaries who completed at least one spell of continuous 12-month enrollment/total number of beneficiaries.	68.53%	63.83%	64.12%	72.74%	28.29%

Demonstration Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services. (abbreviated table)

The following member survey data is not based on provider claims and therefore is able to be compiled up to the current demonstration year, DY13.

Measure	Annual (Baseline) Data CY2019	Annual Data CY2020	Annual Data CY2021	Annual Data CY2022	Annual Data CY2023	Annual Data CY2024
The number of beneficiaries who had a live birth within 12 months of being on Plan First	144	27	53	67	98	N/A
Percentage of current Plan First members who responded to the survey asking: "Are you satisfied with the Plan First services you received in (prior calendar year is inserted here)?" – Yes, – No, or – I didn't receive any Plan First services in (prior calendar year)	1,471 members as of 12/2019 737 members sent a survey, 50.1% 77 responses, 10.4% of those sent a survey 15 "I didn't receive any services", 19.5% of received responses 62 "Yes", 80.5% of received responses 0 "No", 0% of received responses	1,309 members as of 12/2020 699 members sent a survey, 50.1% 69 responses, 9.9% of those sent a survey 15 "I didn't receive any services", 21.7% of received responses 54 "Yes", 78.3% of received responses 0 "No", 0% of received responses	1,812 members as of 12/2021 840 members sent a survey, 50.1% 48 responses, 6% of those sent a survey 14 "I didn't receive any services", 29% of received responses 32 "Yes", 67% of received responses 2 "No", 4% of received responses	2,161 members as of 12/2022 1,138 members sent a survey, 52.7% 57 responses, 5% of those sent a survey 23 "I didn't receive any services", 40.4% of received responses 30 "Yes", 52.6% of received responses 4 "No", 7% of received responses	3,134 members as of 12/2023 1,905 members sent a survey, 60.8% 69 responses, 3.6% of those sent a survey 20 "I didn't receive any services", 29% of received responses 28 "Yes", 40.6% of received responses	4,036 members as of 12/2024 2,751 members sent a survey, 68.6% 82 responses, 2.0% of those sent a survey 30 "I didn't receive any services", 36.6% of received responses 32 "Yes", 39% of received responses 20 "No", 24.4% of received responses

					21 "No", 30.4% of received responses	
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In DY13, we chose to add two additional questions to the survey to gather more information about how members felt about Plan First. These added questions were meant only for CY13. Because we received good feedback from members on the additional questions, the State will consider continuing them on future surveys for Plan First. The State will not be requesting any amendments to the Evaluation Design for Plan First regarding these questions.

Montana was interested in getting some additional feedback to work on addressing outreach and education of the program to get a sense on if we are needing improvements in those areas. The second question added asked, "Do you feel you understand your Plan First benefits?" Out of the 82 respondents, 22 (26.8%) answered "Yes", 34 (41.5%) answered "No", and 26 (31.7%) answered "Unsure". From these responses, we can gather that outreach and education about the Plan First program could use improvements. There were far more members who either felt they did not understand or were unsure if they understood their Plan First benefits.

In addition to this, we also added a third question. This question was an open-ended question that allowed for any feedback or comments members may have about Plan First. This question is harder to add to the report as there were 40 members who left comments or feedback out of the 82 respondents. One interesting thing about the responses on question 3, was only one of the members asked for more education or outreach. There was mixed feedback on question 3 with some positive comments about member's experience with Plan First and some negative responses related to concerns members had about the condensed benefits.

It appears when members know about the program, how they ended up on Plan First, and know what benefits are available to them, they tend to have a more positive outlook of Plan First. When members do not feel they know about the program, do not know why they are on the program, and do not understand what their benefits are, they have a more negative outlook of Plan First.

C. Program Outreach and Education

1. General Outreach and Awareness

- a. Provide information on the public outreach and education activities conducted this demonstration year.*

Montana Department of Health and Human Services receives Plan First outreach and education assistance from our provider network and Title X clinics.

Some providers have a small volume of Plan First member patients so specific questions about covered services will typically arise out of unfamiliarity. Providers are encouraged to call the Plan First Program Officer when seeking coverage clarity on behalf of their patients. Callers can be referred to the Plan First public webpage containing detailed information about eligibility and service coverage. The providers can also share this information with their patients.

Providers with a higher volume of family planning seeking patients, like family planning clinics, are very familiar with the Plan First program. They provide valuable face-to-face outreach and awareness of Plan First to their patients, often assisting with enrollment application processes and providing education materials.

The most concise presentation of the Plan First program is our brochure. This is available electronically on the Plan First webpage and available in paper form upon request.

- b. *Provide a brief assessment on the effectiveness of these outreach and education activities.*

Family planning clinics have assisted with the enrollment of a large portion of women into Plan First indicating their outreach and education activities are effective in reaching the population they serve.

Although not a direct outreach campaign, Montana believes the change in application and eligibility determinations initially had positively impacted awareness of the Plan First program. This awareness has seen a decrease recently according to our Plan First member survey prompting further discussion on what outreach activities could be added or improved upon.

2. *Target Outreach Campaign(s) (if applicable)*

- a. *Provide a narrative on the populations targeted for outreach and education campaigns and reasons for targeting.*

In March of 2022, the U.S. Department of Health and Human Services (HHS) awarded the Title X federal grant funds to Bridgercare. Bridgercare is to utilize these funds to support a statewide network of Title X providers known as Montana Family Planning with usage of funds to start in April of

2022. Montana Family Planning replaced the Montana Department of Public Health and Human Services as the sole administrator of federal Title X funds. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventative health services. Bridgercare has served as a subrecipient of Title X funding since 1972 and is the largest freestanding family planning clinic in the current Montana Title X network.

The Title X network of clinics consists of 22 clinics, including local health departments, FQHCs, and non-profits. These facilities provide outreach and education materials to women who do not qualify for other Medicaid programs and assist with supporting the goals and utilization of Plan First.

- b. *Provide a brief assessment on the effectiveness of these targeted outreach and education activities.*

Family planning clinics, including Planned Parenthood clinics, have assisted the enrollment of a large portion of women into Plan First including outreach and education activities that are effective in engaging the targeted population they serve.

D. Program Integrity

Provide a summary of the program integrity and related audit activities for the demonstration, including an analysis of point-of-service eligibility procedures.

Plan First claims are eligible to be selected during Payment Error Rate Measurement audits and Surveillance Utilization Review. No findings were identified in DY13. Plan First does not have point-of-service eligibility determination. Beginning in 2021 and continuing today, all Plan First applications are filtered through the Medicaid program hierarchy to determine all programs for which the applicant may qualify. The prior system of eligibility determination was inclusive of Plan First only. Applicants applied through a process that made eligibility determinations for Plan First only, thus they either qualified or they did not. After the conversion to eligibility via the CHIMES system, applicants are now screened for eligibility for all Montana Healthcare Programs. Those who may intend to apply for Plan First only, may discover they qualify for more comprehensive coverage and those who do not qualify financially for any Montana Healthcare Programs are referred to the Marketplace. Plan First members have the additional advantage of rescreening at redetermination time when changes in income or family size may then alert them of qualification for more comprehensive coverage.

One area of issue discovered in DY13 was regarding coverage of Non-Emergency Medical Transportation (NEMT). Montana uses a contractor, Mountain Pacific Quality Health, to complete transportation prior authorizations and scheduling for NEMT

services. Upon reviewing an NEMT denial for a member, it was discovered that MPQH had provided a prior authorization for a Plan First member to received NEMT services. NEMT is not currently a covered benefit of Plan First. Montana has worked with MPQH to remedy this situation and make sure it will not occur in the future.

E. Grievances and Appeals

Provide a narrative of grievances and appeals made by beneficiaries, providers, or the public, by type and highlighting any patterns. Describe actions being taken to address any significant issues evidenced by patterns of appeals.

There have been no official grievances or appeals identified during DY13. If there are claims issues, they are resolved on a case-by-case basis. Most claims issues are solved by referring providers to the covered codes list with modifier instructions, found on the Plan First public webpage and on the Medicaid provider Plan First webpage.

F. Annual Post Award Public Forum

Provide a summary of the annual post award public forum conducted by the state as required by 42 CFR §431.420(c) that includes a report of any issues raised by the public and how the state is considering such comments in its continued operation of the demonstration.

The annual post-award public forum for DY12 was held on December 5, 2023. There were 24 attendees, and the meeting was held via Zoom. During the forum, there were no comments or concerns regarding the Plan First waiver.

Due to the 2025 Legislative Session and internal hiring changes, the annual post-award public forum for DY13 is expected to be held in June after the Legislative session ends. We will include any information from that in the DY14 Annual Report.

G. Budget Neutrality

1. *Please complete the budget neutrality workbook.*

The budget neutrality workbook is included with this report submission.

2. *Discuss any variance noted to the estimated budget, including reasons for variance in enrollment and/or in total costs, and /or in per enrollee costs. Describe any plans to mitigate any overages in budget neutrality by the end of the demonstration period.*

The annual over year spending increase from DY12 to DY13 was 32.02 percent. Montana believes the increase is due to the increased enrollment count as previously discussed. The expenditures had continued to decrease from DY8

up to DY11. Montana believes this is due to an increased use of long-acting reversible contraceptives. The total expenditures appear to be increasing again starting in DY12, and Montana expects them to continue to increase as the Plan First demonstration goes on and as member enrollment steadily increases.

H. Demonstration Evaluation Activities and Interim Findings

Please provide a summary of the progress of evaluation activities, including key milestones accomplished. Include:

1. *Status of progress against timelines outlined in the approved Evaluation Design.*

The approved Evaluation Design directs baseline data obtained from 2019 processed claims and compares the results by year. Montana allows providers a 365-day submission window for claims processing. Therefore, some of this update presents 2023 year-end data as the 2024 year-end data will not be complete until early 2026. Any data not based off provider claims will be compiled for the current demonstration year, DY13, unless otherwise specified.

The 2023 Annual Report had data pulled and reported on from the year prior, 2022. It was discovered that some of this data should have been pulled from 2023. To correct this mistake, this report will also include 2023 data for Tables one through eight in Section B Utilization Monitoring.

As a part of Montana's Draft Evaluation Design, a member satisfaction survey was conducted in early 2025, asking Plan First members for whom we have email addresses, if they were satisfied with the Plan First services they received in 2024. This satisfaction survey is completed on a yearly basis and additional results and information are found in Attachment A of this report. As a result of the responses received in DY13, there were discussions about whether the survey was providing adequate feedback for Plan First members in DY12. This is one of the reasons we added the temporary additional questions for DY13. Again, Montana will not be requesting any amendments to the Evaluation Design, and it has not been determined whether these additional questions will be continued in DY 14.

2. *Any challenges encountered and how they are being addressed.*

Montana recognized there was somewhat limited information for providers on the provider site related to Plan First specifically. There was also some ambiguous information regarding the difference between Medicaid Family Planning services and Plan First Waiver services. Montana is currently in the process of creating a provider manual specific to Plan First to address any of these issues for providers. Montana expects to have the Plan First Provider Manual completed and published on the provider site in 2025. In addition,

Montana chose to amend and create Administrative Rules of Montana (ARMs) for Plan First. ARM 37.86.1701 was amended to provide clarification between family planning benefits under Medicaid and Plan First benefits under the 1115 waiver. Montana also created a new rule, ARM 37.86.1707 titled 1115 Plan First Waiver. ARM 37.86.1707 was created to provide guidance for members and providers who receive and/or provide services under Plan First. This rule also provided clarification on billing, reimbursement, claims processing, and payment provision standards for providers to verify alignment with standard Medicaid.

3. *Status of any evaluation staff recruitment or any RFPs or contracts for evaluation contractual services (if applicable)*

Montana conducts evaluations utilizing state staff only. Outside evaluation contractors are not employed for this project.

4. *Description of any interim findings or reports, as they become available. Provide any evaluation reports developed as an attachment to this document. Also discuss any policy or program recommendations based on the evaluation findings.*

Because we are early in this evaluation plan, and because Plan First utilization has likely been impacted by the pandemic, including many months of full membership retention, and the disruption with the redetermination processes, findings up to this point may not show accurate trends for Plan First. Succinct analyses of the measures have been provided in Section B Utilization Monitoring.

I. Attachments

Attachment A: Baseline, Annual Data, and Annual Satisfaction Survey Results

Demonstration Goal 1: Ensure access to and utilization of family planning and/or family planning-related services for individuals not otherwise eligible for Medicaid.

Evaluation Component	Evaluation Question	Evaluation Hypothesis	Measure (to be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach	Baseline Data CY 2019	Annual Data CY 2020	Annual Data CY 2021	Annual Data CY 2022	Annual Data CY 2023	Annual Data CY 2024	Annual Data CY 2025	Annual Data CY 2026	Annual Data CY 2027	Annual Data CY 2028
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of beneficiaries who had at least one family planning or family planning related service encounter in each year of the demonstration/total number of beneficiaries	Plan First claims data from the MT claims reporting system and Plan First Enrollment Data pulled from the database that receives information from the eligibility system. Both the numerator and the denominator will be a distinct count of Plan First beneficiaries, counting the beneficiary only once regardless of the number of services covered by their Plan First enrollment.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends over time to monitor if a higher proportion of beneficiaries are using services.	30.59%	29.00%	23.28%	22.83%	28.36%					
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of family planning services utilized/total number of beneficiaries	Plan First claims data from the MT claims reporting system and Plan First enrollment data pulled from the database that receives information from the eligibility system. Will pull the total count of services to get an average annual per beneficiary count of services utilized.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if service utilization per beneficiary increases, decreases, or remains flat.	3.38	3.41	0.79	0.77	0.83					
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who utilized any contraceptive in each year if the demonstration/total number of female beneficiaries.	Plan First claims data from the MT claims reporting system and Plan First enrollment data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that received a contraceptive service based on the codes listed for this measure in Attachment B. This list will be updated as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the proportion/percent of female beneficiaries utilizing contraceptives increases, decreases, or remains flat.	16.69%	16.2%	11.80%	8.39%	9.02%					
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/total number of female beneficiaries	Plan First claims data from the MY claims reporting system and Plan First enrollment data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that received a long-acting reversible contraceptive service based on the codes listed for this measure in Attachment B. This list will be updated as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percent of female beneficiaries using LARC increases, decreases, or remains flat.	3.51%	3.80%	1.72%	1.13%	1.63%					
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize	Number of beneficiaries tested	All codes are used for determining overall STD testing,	Baseline data will be claims with dates of	13.95%	10.81%	6.79%	7.17%	6.81%					

	utilize covered health services?	family planning services and/or family planning related services.	for any sexually transmitted disease (by STD)/total number of beneficiaries	while specific groups are used to determine testing for specific STDs based on the codes listed for this measure in Attachment B. This list will be updated as needed.	service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percent of female beneficiaries getting tested for STDs increases, decreases, or remains flat.										
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries	Plan First claims data from the MT claims reporting system and Plan First enrollment data pulled from the database that received information from the eligibility system. Will pull the unique count of members that received a cervical cancer screening based on the codes listed for this measure in Attachment B. This list will be updated as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percent of female beneficiaries getting cervical cancer screening increases, decreases, or remains flat.	9.28%	6.04%	4.09%	3.83%	3.60%					
Process	How did beneficiaries utilize covered health services?	Enrollees will utilize family planning services and/or family planning related services.	Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries	Plan First claims data from the MT claims reporting system and Plan First enrollment data pulled from the database that receives information from the eligibility system. Will pull the unique count of members that received a breast exam based on the codes listed for this measure in Attachment B. This list will be updated as needed.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percent of female beneficiaries getting breast exams increases, decreases, or remains flat.	0.88%	1.27%	0.70%	0.79%	0.67%					
Process	Do beneficiaries maintain coverage long-term (12 months or more)?	Beneficiaries will maintain coverage for one or more 12-month enrollment period.	Number of beneficiaries who completes at least one spell of continuous 12-month enrollment/total number of beneficiaries	Plan First enrollment data pulled from the database that received information from the eligibility system. Will pull the unique count of members that have continuous and unbroken enrollment for the entire demonstration year.	Baseline data will be claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to see if the percentage of women beneficiaries with continuous enrollment increases, decreases, or remains flat.	68.53%	63.83%	64.12%	72.74%	28.29%					

Demonstration Goal 2: Improve or maintain health outcomes for the target population as a result of access to family planning and family planning-related services.

Evaluation Component	Evaluation Question	Evaluation Hypothesis	Measure (To be reported for each Demonstration Year)	Recommended Data Source	Analytic Approach	Baseline Data CY 2019	Annual Data CY 2020	Annual Data CY 2021	Annual Data CY 2022	Annual Data CY 2023	Annual Data CY 2024	Annual Data CY 2025	Annual Data CY 2026	Annual Data CY 2027	Annual Data CY 2028
Outcome	Does the demonstration improve health outcomes?	Health outcomes will improve as a result of the demonstration.	The number of beneficiaries who have a live birth within 12 months of being on the Plan First program.	Plan First enrollment data pulled from the database that receives information from the eligibility system. Plan First claims data from the MT claims reporting system compared to MT Medicaid claims data from the MT claims reporting system. We will use the recipients from this enrollment pull and try to find Medicaid pregnancy claims from the MY claims reporting system. Mother will be identified using the codes provided for this measure in Attachment B. Mothers will be reduced to only those who have a Plan First enrollment that started within 12 months prior to the date of service.	Baseline data will be Plan First enrollment between 01/01/CY – 12/31/CY. We will use the recipients from this enrollment pull and try to find Medicaid pregnancy claims with dates of service between 01/01/CY – 12/31/CY. Will track annual trends to observe if the pregnancy rates for Plan First beneficiaries increased, decreased, or remained the same over time.	144	27	53	67	98					
Outcome	Are beneficiaries satisfied with services?	Beneficiaries will be satisfied with services.	Percentage of current Plan First members who respond to the survey asking: "Are you satisfied with the Plan First services you received in (prior calendar year is inserted here)?" – Yes, – No, or – I didn't receive any Plan First services in (prior calendar year)	Responses to emailed survey.	Percentage calculations.	1471 members as of 12/2019 737 members sent a survey, 50.1% 77 responses, 10.4% of those sent a survey 15 "I didn't receive any services", 19.5% of received responses 62 "Yes", 80.5% of	1309 members as of 12/2020 699 members sent a survey, 50.1% 69 responses, 9.9% of those sent a survey 15 "I didn't receive any services", 21.7% of received responses 54 "Yes", 78.3% of	1812 members as of 12/2021 840 members sent a survey, 50.1% 48 responses, 6% of those sent a survey 14 "I didn't receive any services", 29% of received responses 32 "Yes", 67% of	2161 members as of 12/2022 1,138 members sent a survey, 52.7% 57 responses, 5% of those sent a survey 23 "I didn't receive any services", 40.4% of received responses 30 "Yes", 52.6% of	3,134 members as of 12/2023 1,905 members sent a survey, 60.8% 69 responses, 3.6% of those sent a survey 20 "I didn't receive any services", 29% of received responses 28 "Yes", 40.6% of	4,036 members as of 12/2024 2,751 members sent a survey, 68.6% 82 responses, 2.0% of those sent a survey 30 "I didn't receive any services", 36.6% of received responses 32 "Yes", 39% of				

						received responses	received responses	received responses	received responses	received responses	received responses				
						0 "No", 0% of received responses	0 "No", 0% of received responses	2 "No", 4% of received responses	4 "No", 7% of received responses	21 "No", 30.4% of received responses	20 "No", 24.4% of received responses				

Attachment B: Procedure Codes

Measure	Codes
Number of female beneficiaries who utilized any contraceptive in each year of the demonstration/total number of female beneficiaries.	A4261, A4266, A4269, A4267, A4264, A4268, J7300, J7304, J7297, J7298, J7296, J7307, J7306, J7301, J7303, J1050, S4993, S4989, S4981, J7294
Number of female beneficiaries who utilized long-acting reversible contraceptives in each year of the demonstration/ total number of female beneficiaries.	J7300, J7297, J7298, J7296, J7307, S4989, S4981, J7301
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries.	General STD Testing: 88142, 80081, 87801 Chlamydia: 87110, 86631, 86632, 87490, 87491, 87492, 87270, 87320, 87810, 87492, 87487, 87485, 87486, 87490, 87491, 87801 Herpes:87273, 87274, 87530, 87533, 87532, 87528, 87529, 87531, 87483, 86696, 86695, 86694, 87207 Syphilis: 86592, 86593 Gonorrhea: 87850, 87592, 87590, 87591, 87801, 87810, 87592, 87590, 87591 Chlamydia, Syphilis, Gonorrhoeae: G9228, G9229, G9230 HIV: 86689, 86703, 86701, 86702, 87806, 80081, 87536, 87539, 87534, 87537, 87535, 87538, 87389, 87390, 87391 HPV: 57455, 57454, 57460, 57461, 57456, 87623, 87624, 87625
Number of female beneficiaries who obtained a cervical cancer screening/total number of female beneficiaries.	G0101, G0476, G0123, G0124, G0148, G0141, G0147, G0144, G0143, G0145, 88150, 88153, 88141, 88147, 88152, 88155 (may be related to cancer evaluation), 88148, 88142, 88143, 88164, 88165, 88166, 88167, 88174, 88175, 57455, 57454, 57460, 57461, 57456, 57500, 57522, 63275, 87623, 87624, 87625
Number of female beneficiaries who received a clinical breast exam/total number of female beneficiaries.	G0101 77065, 77066, 77067, 77061, 77062, 77063, 77048, 77049, 77053, 77054, 76641, 76642, 99381, 99382, 99383, 99384, 99385, 99386, 99387
Number of beneficiaries who have a live birth within 12 months of being on the Plan First program.	APR DRG: 540-1 – 542-4 & 560-1 – 560-4 ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8 ICD10 Diagnosis: O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 & O60.20X0-O60.23X9 CPT Procedure: 59400, 59409, 59410, 59610, 59612, 59614, 59618, 59620, 59622 Z37.0, Z37.2, Z37.3, Z37.5, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, <u>Z37.6</u> , Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.8

Number of second live births that occurred at an interval of 18 months or longer/total number of second live births.

APR DRG: ~~540-1 – 542-4 & 560-1 – 560-4~~
ICD10 Procedure: ~~10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8~~
ICD10 Diagnosis: ~~O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 & O60.20X0-O60.23X9~~
CPT Procedure: ~~59400, 59409, 59410, 59610, 59612, 59614, 59618, 59620, 59622~~ Z37.0, Z37.2, Z37.3, Z37.5, Z37.50, Z37.51, Z37.52, Z37.53, Z37.54, Z37.59, Z37.6, Z37.60, Z37.61, Z37.62, Z37.63, Z37.64, Z37.69, Z37.8