

State of Montana Family Planning Data System Manual

(CVR Manual)



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State of Montana Family Planning Data System Manual

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MONTANA FAMILY PLANNING DATA SYSTEM MANUAL

INTRODUCTION

Ahlers & Associates became the Montana Title X family planning data system contractor for Montana in 2004. Their responsibilities include:

- Receipt or uploading of Client Visit Record (CVR) data.
- Production and printing of monthly processing reports.
- Production and printing of quarterly and annual management reports (including the Family Planning Annual Report (FPAR)).
- Posting data to the Ahlers web site for ad hoc reporting needs.
- Answering questions about the data system and resolving any functions which are not clear to you.
- Producing special reports when you have a data need. These are often done at no cost to you.

The purpose of the Title X family planning data system is to provide needed demographic and visit information about all family planning clients. The various reports produced by Ahlers provide local management and the state with information to monitor clinic activity and service to target populations. The goal of the data system is to capture all demographic and visit data once and have all subsequent requests for information automatically available.

The functions of the Title X Family Planning Data System include the following:

- Collect data on each client (demographic, services provided, etc.).
- Check the data for accuracy and ensure that all data is being processed
- Maintain a statewide database of all accepted data.
- Produce standard management reports on a quarterly, semi-annual and annual basis.
- Produce special reports as needed at the clinic, project, and state level
- Produce client-specific special reports to allow agencies to provide better follow-up care to clients

IF YOU NEED HELP

Database and software questions (e.g., reports, errors, software problems or other system issues) should be directed to:

Ahlers Software
Phone: 800-888-1836
Fax: 254-755-0267
Email: customerservice@ahlerssoftware.com

Policy questions should be directed to:

DPHHS Family Planning Program
Phone: 406-444-3775

VISITS THAT QUALIFY

CVRs should be completed for all clients who meet the following Family Planning Annual Report (FPAR) definitions:

Family Planning Visit

A Title X family planning visit is a documented, face-to-face contact between an individual and a Title X family planning provider (clinical or non-clinical) that takes place in a family planning clinic. The purpose of a family planning visit, whether clinical or non-clinical, is to provide family planning and related preventive health services to clients who want to avoid unintended pregnancies or achieve intended pregnancies.

A written record of the service(s) provided during the Title X family planning visit must be documented in the client record. All Title X data collection and reporting requirements (e.g., income assessment, completion of CVR) must be met for each Title X family planning visit.

Family Planning Services:

Title X family planning services are those related to preventing or achieving a pregnancy. Title X family planning services also include those that can influence a person's ability to conceive or to have a healthy birth outcome including:

- Contraceptive services to prevent or space pregnancies
- Pregnancy testing and counseling
- Services to assist in achieving pregnancy
- Basic infertility services
- Preconception health services
- Screening and treatment services for STIs, including HIV/AIDS

When a client receives a Title X service described above (such as a Chlamydia or HIV test), the accompanying office visit must also be considered a Title X service, offered on the sliding fee scale and reported on the CVR.

Title X Family Planning Client:

A Title X client is a person who receives at least one of the family planning services listed above and has a medical record documenting the services.

A client using sterilization (e.g. vasectomy or tubal ligation) as a contraceptive method may still qualify as a Title X client.

A menopausal client is a person who ceases to have a menstrual period for 12 or more consecutive months. Because a Title X visit is related to preventing or achieving pregnancy, post-menopausal clients are not eligible for Title X services, including STI services. Menopausal clients are still in need of services and clinics should look for additional funding to provide services to these clients in need. This criterion does not apply to clients who produce sperm as they do not have a definite end in their reproductive years.

Group Sessions:

A CVR can be completed for clients in group sessions if they meet one of the above definitions of a client and if: 1) The services are documented in each person's medical record; 2) a consent for services, consent for birth control methods (if applicable), and a social and medical history are completed for each client; 3) income and family size is documented and charges are

assessed appropriately, and 4) the client receives appropriate counseling (sexual health assessment, reproductive life plan, etc.) which is documented in the medical record.

Family Planning Clinic

A family planning service site refers to an established unit where subrecipient or satellite staff provide Title X services (clinical, counseling, educational, or referral) that comply with Title X Program Guidelines, and where at least some of the encounters between the family planning providers and the individuals served meet the requirements of a family planning visit. Established units include clinics, hospital outpatient departments, homeless shelters, detention and correctional facilities, and other location where Title X agency staff provide these family planning services. Service sites may also include equipped mobile vans or schools.

Client Records

Title X projects must establish a medical record for every client who obtains clinical services or other screening or laboratory services (e.g., blood pressure check, urine-based pregnancy or STD test). The medical record contains personal data; a medical history; physical exam data; laboratory test orders, results, and follow-up; treatment and special instructions; scheduled revisits; informed consent forms; documentation of refusal of services; and information on allergies and untoward reactions to identified drugs. The medical record also contains clinical findings; diagnostic and therapeutic orders; and documentation of continuing care, referral, and follow-up. The medical record allows for entries by counseling and social service staff. The medical record is a confidential record, accessible only to authorized staff and secured by lock when not in use. The client medical record must contain sufficient information to identify the client, indicate where and how the client can be contacted, justify the clinical impression or diagnosis, and warrant the treatment and end results.

If a family planning user receives no clinical services, the provider still must establish a client record that enables the site to complete the required FPAR data reporting. Like a medical record, this client record must contain sufficient information to identify the client, indicate where and how the client can be contacted, and fully document the encounter. This record is confidential, accessible only to authorized staff, and secured by lock when not in use.

HOW TO RECORD THE VISIT

The CVR (Exhibit 1) is arranged to follow the field sequence in WINCVR for those clinics that use the Ahlers system to enter CVRs. If you have an internal encounter form, you may prefer to key data from that record.

There are two ways to record client demographics and visit specific information. First is to use the Ahlers WINCVR software. Second is to produce electronic records from an in-house system. In any case the records will be sent to Ahlers for subsequent processing and inclusion in the statewide database.

It is very important that all information coded on the CVR be accurate and complete. Information received from the CVRs is used for federal reports, the allocation of funds, and program planning and evaluation. Coding errors in CVRs will be detected by an edit program which will require the forms to be resubmitted with the correct information.

DEMOGRAPHIC DATA:

- **CLINIC NUMBER** – This number is assigned by the state office and is automatically transmitted by WINCVR. In-house systems will include the clinic number in each record. See Exhibit 2 for a list of current clinics.
- **CLIENT NUMBER** – This number may be up to nine digits. Each client must be assigned a unique client identification number. A list of assigned numbers and numbers to be assigned must be kept assuring no duplication of client identification numbers exists. New clients must be given new numbers and returning clients must be given their previous number, regardless of how long it has been since their last visit, unless previous records have been destroyed according to State law. WINCVR allows (but does not require) the automatic assigning of numbers to new clients. The list of numbers must be kept as a permanent record.
- **BIRTH DATE** – Enter the client's date of birth.
- **GENDER** – This data point asks about the client's sex assigned at birth. Enter the client's sex, "Male" or "Female". FPAR allows only these two choices. Enter the sex that most aligns with the medical services received. Medical services such as a Pap test can only be entered for a client entered as "Female".
- **LAST NAME** – Enter the client's last name.
- **FIRST NAME** – Enter the client's first name.
- **COUNTY CODE** – Record the county code in which the client resides. WINCVR allows you to set up City, County and Zip Code so that one keystroke will record all three of these fields. See Exhibit 3 for a list of county codes.
- **MONTHLY INCOME** – Enter the monthly average of all money coming in which contributes to the support of the family. Income and family size information must be obtained and updated at least annually. It is a good practice to ask about changes in income at every visit to ensure the client is charged appropriately and the clinic receives maximum reimbursement for every clinic visit. This item is used to determine the client's poverty level and must always be completed, even if a client chooses to pay the full fee

for services. Blank entries are not acceptable. Every effort must be made to determine an income based on the client's occupation type or resources available. If a client's household income is not available, enter 88888.

Use the following table to determine income sources for Title X services (*see MT TX Administrative Manual Policy 3.4* and adapted from the Affordable Care Act (ACA) Medicaid Eligibility Criteria):

Do consider	Don't consider
Wages	Social security disbursements
Salary	Food or rent in lieu of wages (if not claimed on taxes)
Training stipends	Military allotments
Net receipts from self-employment (after deductions for business expenses)	Tax refunds
Strike benefits from union funds	Child support
Capital gains	Lump-sum inheritances
Alimony	One-time insurance payments or compensation for injury
Gifts (over \$14,000)	Non-cash benefit such as employer-paid or union-paid portion of health insurance and other employee fringe benefits
Regular support from absent family member or someone not living in the household	Assistance from Federal Aid Programs like Medicaid, Food Stamps, public housing, TANF, SSI
Private pensions	
Regular insurance or annuity payments	
Income from dividends	
Interest rent, royalties	
Food or rent in lieu of wages (if claimed on taxes)	
Assets drawn down as bank withdrawals (if claimed on taxes)	
Proceeds from sale of house car or property (if claimed on taxes)	
Periodic receipts from estates or trusts (if claimed on taxes)	

- **FAMILY SIZE** – The total number of persons supported by the income, adults and children, including the client. Example: 01

Determining Minors' Income and Family Size – The following can be used as a guide to determining adolescent income in a variety of situations (*see MT TX Administrative Manual Policy 3.4*)

Adolescent's income should be used when:

- The adolescent is self-supporting

- The adolescent is supported by a parent or guardian, but requests confidential services, OR
- The adolescent is supported by a parent or guardian, but parents are unwilling to pay for services

Family income should be used when:

- The adolescent is partially or completely supported by a parent or guardian who is willing to pay, and the adolescent has no concerns about confidentiality.

- **PRIMARY CARE PROVIDER** – Does the client have a primary care provider? Choose Yes or No. Some Title X clients consider their Title X clinic to be their primary care provider. However, for Title X reporting purposes, only clinics such as Community Health Centers that offer primary care services (i.e. diagnosis and treatment of acute and chronic illnesses such as bronchitis and sinus infections, diabetes management, or hypertension, etc.) would be able to consider themselves as a primary care practice. Clinics which do not provide these services should indicate “no” in this situation.
- **HISPANIC ORIGIN** – Enter “Yes” or “No”. A person is considered to be of hispanic origin if they are of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- **LIMITED ENGLISH/INTERPRETER NEEDED** – Limited English Proficient (LEP) users refer to clients who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. Record “Yes” if the client required language assistance services (interpretation or translation) to optimize their use of Title X services. This includes any client who received Title X services from bilingual staff in the user’s preferred non-English language, who was assisted by a competent agency or contracted interpreter such as the Language Line, or who opted to use a family member or friend as an interpreter after refusing the provider’s offer of free language assistance services. Unless they are also LEP, do not include users who are visually or hearing impaired or have other disabilities.
- **RACE** – Select one or more of these choices: White, Black, American Indian/Alaskan, Asian, Pacific Islander/Hawaiian, Other, Unknown. The designated racial categories are defined by US Office of Management and Budget as described below. Clients of more than one race will be reported as Multiracial on the reports received.
 - American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - Black – A person having origins in any of the black racial groups of Africa.
 - Pacific Islander/Hawaiian – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.

- White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

CONTACT STATUS – This field is not transmitted to Ahlers. WINCVR users will be allowed to perform client follow-up (due for exams, etc.) with assurance that you will not breach client confidentiality.

VISIT SPECIFIC DATA:

DATE OF VISIT – Enter date of visit on the CVR. A client can only have one visit per day.

PURPOSE OF VISIT – Record the one “Purpose of Visit” that most closely fits the reason for the client's visit. The significance of this data element is evident on the first management report. The purpose of visit is displayed as the top columns and services are shown under each category. This allows you to monitor compliance with your medical protocol.

- **Physical Assessment** – Code this choice when a client receives a physical assessment. This purpose of visit encompasses the initial and annual exam and applies to clients of any sex. Guidelines for the physical assessment may be found in the MT TX Clinical Protocol Manual Policy 1.1 *Comprehensive Female Health History and Periodic Physical Assessment*, and Policy 1.2 *Comprehensive Male Health History and Periodic Physical Assessment*.
- **Contraception** – Code this choice when the primary reason for the visit is for the provision of contraception only and without a physical assessment. For example, it would be appropriate to use this visit code for RN contraceptive starts, contraceptive checks or Depo shots.
- **Other Medical** – Code this choice when the client receives medical services due to a medical problem not captured in any other purpose of visit listed.
- **Pregnancy Test** – Code this choice when the primary reason for the client's visit was for a pregnancy test, even though other services may have been performed. This code should not be used with clients who cannot get pregnant.
- **Education/Counseling** – Code this category for a visit for the purpose of education or counseling and which does not involve any medical services. (e.g. HIV and Pre-exposure Prophylaxis (PrEP) counseling, and IUD or sterilization counseling).
- **Emergency Contraception** – Code this category when the primary reason for the client's visit was to receive Emergency Contraception, even if other services were provided. While any client can purchase EC over the counter, Title X allows such a prescription to be written only for the client being seen at the clinic. This code should not be used with clients who cannot get pregnant. Note: Provision of EC over-the-counter does not qualify as a Title X visit.
- **Preconception Health Services** – Code this category if the primary purpose of the visit is to identify and modify medical, behavioral, and social risks to the client's health and

pregnancy outcomes through prevention and management. Preconception health services contribute to the improvement of the client's health and well-being, regardless of their childbearing intentions. Preconception health services may address the client's direct contributions to the infant's health as well as recognizing their impact on their partner's health. Preconception health services may also include services for clients who want to become pregnant (e.g. how to maximize fertility) that do not meet one of the standard definitions for basic infertility services.

- **STI/HIV Services** – Code this category for visits in which the primary purpose is for STI or HIV testing and treatment, including HIV pre-exposure prophylaxis (PrEP).
- **Basic Infertility Services** – Code this category for visits when a client expresses concern regarding their ability to achieve pregnancy after 12 months or longer of regular unprotected penile-vaginal intercourse. Infertility services include services to determine potential causes of infertility and making referrals as necessary to specialty care. Earlier assessment may be indicated based on certain circumstances, see *MT TX Clinical Protocol Manual Policy 8.0 Basic Infertility Services*, for more information.
- **Related Preventative Health Services** – Code this category for visits in which the primary purpose of the visit may be linked to reproductive health but is not a core family planning service related to achieving or preventing pregnancy or protection of reproductive health. In some cases, the provider will deliver the initial screening service, but then refer to another provider for further diagnosis or follow-up care.

CLIENT INSURANCE STATUS – Code one category. For individuals who have coverage under more than one health plan, code the principal insurance, defined as the insurance plan that would be billed first if a claim were to be filed. If a client has insurance but chooses to pay in full or requests confidential services, the type of insurance the client has must still be coded.

- **Public** – This is coded if the client receives a broad set of primary medical benefits from federal, state, or local government health insurance programs. This includes Medicaid, MT HELP Plan, Medicare, TRICARE, CHAMPVA, Healthy Montana Kids (HMK), etc. Clients with Plan First are not considered to have public health insurance since it does not cover a broad set of benefits.
- **Private** – This code is selected if the client has insurance from commercial or non-profit insurance companies. This insurance may be obtained through the client's employer, union, on their own, etc.
- **Uninsured** – This code is selected if the client has no Public or Private coverage which covers a broad set of primary medical benefits, except Plan First. Clients who services are subsidized through other state or local indigent care programs are considered uninsured.
- **Unknown** – This code is selected if the client does not know about their coverage or if the clinic did not capture the client's insurance status.
- **Elect Self-Pay** – DO NOT USE THIS CODE – it would have been removed completely but we were not able to remove this option in time for the most recent CVR changes.

The intention of the “client insurance status” data point is to collect insurance status regardless of whether that insurance was used. If a client has insurance but chooses to pay in full or requests confidential services, the type of insurance the client has must still be coded.

- **Plan First** – This code is selected if the client uses the MT Medicaid Family Planning Waiver “Plan First”.

CONTRACEPTIVE METHOD – Code the client’s primary contraceptive method. If the client uses more than one contraceptive method, report the most effective method. Code the contraceptive method that has been prescribed or dispensed, even when other non-prescription methods, such as condoms, have been given as an interim method. If a client is relying on their partner’s method, code the partner’s method.

Record the “Before Visit” and “After Visit” method for the client at each visit.

If the client is not using a contraceptive method, Code 12 – NONE and explain why in the “Reason for No Method” section.

- **REASON FOR NO METHOD** – Choose the reason which best describes why the client is not using a contraceptive method:
 - Seeking pregnancy
 - Not currently sexually active
 - Infertility
 - Other. This may apply to clients who have same sex partners or who are not interested in using contraception.

When Positive Pregnancy Test is chosen as a medical service, then either Pregnancy Planned or Unplanned must be selected.

REFERRALS – Code any referrals for which written information has been given to the client regarding another agency, clinic or health care provider for services needed by the client which are beyond the scope of the family planning program. All referrals must be documented in the client’s medical record. A medical referral should be written and refer a client to another health care provider or agency.

Note that Code 03 – Abnormal Breast Follow Up should be coded for clients referred for further evaluation based on clinical breast exam results.

VISIT CODES – For WINCVR users, this field is for your internal use and is not transmitted to Ahlers. Use A - Z or 1 - 9. You may record Abnormal Pap Tests, positive STIs, marital status, etc. by assigning a letter or number to each. Then you can produce a Visit Codes Report for any time period you choose. That report gives you a client list and a total count.

NEXT EXAM DATE – For WINCVR users, this field is for internal use and is not transmitted to Ahlers. WINCVR automatically keeps up with when Annual Exams are due. Any clients seen for an annual in September of last year will appear on the Clients Due for Exam report for September of this year. You may also record a Recall Date for a repeat Pap, Depo, etc. and the Clients Due for Exam report will list them and print mailing labels.

PROVIDER OF MEDICAL/COUNSELING SERVICES – Code for all applicable provider types who provided services to the client during the visit.

- Physicians
- Physicians Assistants, Nurse Practitioners, Certified Nurse Midwives
- Other Clinical Providers (RNs, LPNs)
- Non-Clinical Providers (health educators, medical assistants, social workers, etc.)

MEDICAL SERVICES PROVIDED – All visits (except for an education/counseling visit) must have at least one medical service coded to qualify as a visit. All services that are provided during the visit should be included in the CVR record.

- **PREVENTIVE VISIT** – Indicate whether the client is a new client or is returning for an annual visit.
- **OFFICE VISIT** – Choose the appropriate office visit type based on the evaluation and management done during the visit: minimal, brief, intermediate, extended, or comprehensive.

COUNSELING SERVICES PROVIDED – Code all counseling services provided during the visit.

- **BCM/EC** – Includes appropriate counseling on approved birth control methods (BCM) and emergency contraception (EC) as described in the MT TX Clinical Protocol Manual.
- **BSA/TSA** – Counseling on breast self-awareness (BSA) for any client and testicular self-awareness (TSA) for clients with testes.
- **STI Counseling** – Individualized counseling on the client's personal risks for sexually transmitted infections (STIs) and the steps to be taken to reduce the risk, as appropriate.
- **HIV Counseling** – Individualized counseling on the client's personal risks for HIV transmission, the importance of determining one's HIV status (per CDC's recommendations) and/or the steps to be taken to reduce the risk, as appropriate.
- **Adolescent Counseling** – Counseling on all of the following:
 - Abstinence as a birth control method, including the benefits of delaying sexual activity
 - Family involvement
 - Resisting sexual coercion
- **Mental Health** – Counseling on issues related to mental health, such as depression and/or anxiety. This may include issues related to oral contraceptives and depression.
- **Intimate Partner Violence** – Counseling on domestic and intimate partner violence. Also includes counseling on sexual abuse and coercion for adult clients.
- **Substance Abuse** – Counseling on use and cessation of alcohol and/or drugs.

- **Immunization** – Counseling on the benefits and/or availability of immunization. Includes, but is not limited to, counseling on Flu, Hepatitis A, Hepatitis B, MMR and HPV vaccination.
- **Nutrition/Exercise** – Counseling on the benefits of nutrition and exercise on individual health. This includes counseling on the benefits of adequate calcium intake as well as counseling on diabetes risk and prevention.
- **Pregnancy** – Counseling for a pregnant client, whether non-directive pregnancy options counseling (provided by a physician or advanced practice provider) or support and basic factual information (provided by any clinical staff).
- **Reproductive Life Plan** – Counseling on the client's reproductive life plan, which determines if the client is planning a pregnancy in the next year and/or what their plans for children are for the future. A reproductive life plan must be assessed of all Title X clients capable of having a child, regardless of sex or gender. Every Title X visit must include Reproductive Life Plan counseling.
- **Sexual Health Assessment** – A sexual health assessment considers a client's sexual practices, partners, past STI history, pregnancy prevention, and protection from STIs. Every Title X visit must include a Sexual Health Assessment unless the purpose of the visit is for pregnancy testing.
- **Tobacco Cessation** – Counseling offered to clients using tobacco products, including e-cigarettes. Counseling includes assessing where a person is in their desire to quit using tobacco, their readiness and confidence in quitting. Counseling involves assisting in identifying the person's readiness to quit, utilizing the 5 A's (As, Advise, Assess, Assist & Arrange follow-up) and providing information and phone number to the Montana Tobacco Quit Line (1-866-485-7848). Direct client referrals to the Quit line should be documented on the CVR as a referral.
- **Infertility** – Counseling should be guided by information elicited from the client during the medical and reproductive histories and the findings of the physical exam and should address the emotional and educational needs of clients with infertility.
- **PrEP** – Counseling should include discussions on the client's risk factors for HIV, the value of PrEP in preventing HIV infection, and information on taking the required medication and appropriate follow-up.
- **Preconception Care** – Counseling should discuss medical, behavioral, and social risk factors that may impact pregnancy outcomes.
- **Other** – Counseling that does not fit in any of the above categories. This may include, but is not limited to, counseling on anatomy/physiology, sexual concerns, body image; hygiene; diabetes; and/or the reason for delayed menses.

CORRECTING ERRORS

GENERAL INFORMATION

CVRs which are submitted to Ahlers are subjected to numerous edits, some to check for accuracy and some to check data entry accuracy.

There are two levels of errors:

- Warning - CVR contains an error but is not serious enough to warrant a correction (e.g. Age > 70). The agency should note the types of warnings on the SUMMARY OF CVR ERRORS and attempt to improve in the future.
- Reject - CVR contains an error which prevents any/all information from being added to the database (e.g. Client Number missing).

Those agencies using the Ahlers WINCVR System should rarely receive an error during the month-end processing cycle. If you do, access the visit as identified on the CVR Error List and make the necessary change. The visit will be included on your next transmission to Ahlers.

Those agencies transmitting from an in-house computer system will follow the same procedure. Locate the visit identified on the CVR Error List and make the necessary change. It will be included on your next transmission. See the separate Third Party File Format for specifications on how to code the corrected record.

A complete list of Error Codes appears in Exhibit 6 - Error Message Master File List.

WINCVR USERS

The WINCVR System will warn you of missing or invalid answers. Records which contain "reject errors" will not be transmitted to Ahlers.

You are encouraged to run the Incomplete Visit Report before running your transmission to confirm that all visits have been completed and transmitted.

It is possible that a visit was transmitted without all applicable services being coded or demographics not being updated. You can send a correction by locating the visit, keying the correct data and clicking OK to accept the visit. It will be included on your next transmission.

IN-HOUSE SYSTEMS

Use the CVR Error List (Exhibit 6) (described in the Reports Section) to locate the rejected visit. Correct the missing or inaccurate item and include the new record in your next transmission file.

TRANSMITTING VISITS

Whether using WINCVR or an in-house system, you may transmit your visits to Ahlers via the Internet. Email is not secure, therefore not HIPAA-compliant.

The transmission via the Internet is described in the WINCVR manual. You should receive an email confirmation from Ahlers within 24 hours. If you do not receive confirmation call or email Ahlers.

Phone: 800-888-1836

Email: customerservice@ahlerssoftware.com

The confirmation will show the range of visit dates received. If it is September and the confirmation shows March visits, the wrong file has likely been sent.

Most agencies transmit monthly, but you may do so as often as you wish. Wait an hour between transmissions to keep from overwriting the earlier file. All CVR data for the previous month must be submitted by the 10th of the month.

REPORTS

Ahlers produces two types of reports. The first group is Monthly Accountability Reports and the second group is Management Reports.

MONTHLY ACCOUNTABILITY REPORT

Following the tenth day of each month, Ahlers uploads all transmission files to the mainframe computer. During this process, the visit records are edited for accuracy and the database is updated with all records which passed the edit program. Additionally, several reports are generated, usually within ten days. These reports are:

TRANSACTION LIST (Exhibit 5) - This report is useful in resolving differences between your count of visits for the month and those shown on the CVRs Processed Report.

The Transaction List shows all visit records processed in Date of Visit sequence. This allows a quick spot check to see if a day or group of days visits were not processed.

CVRS PROCESSED REPORT (Exhibit 6) - Check this report each month to assure that all your visits were processed. If your Transaction Report(s) show 210 visits but the CVRs Processed Report shows 160 visits, check it out with Ahlers promptly.

The agency summary of this report shows the visits processed for each clinic. It allows management to note unusual volumes (high or low) and variations in the Purposes of Visit being coded by clinic staff.

Save these reports until the quarterly Management Reports are prepared. The three monthly reports should approximately equal the quarterly report.

CVR ERROR LISTING (Exhibit 7) - If you are using WINCVR you should rarely get one of these reports. The report lists the specifics of which client visit record failed and why it failed. You can access the specific record in WINCVR to correct the error, which will be submitted in your next transmission.

SUMMARY OF CVR ERRORS (Exhibit 8) - This report summarizes the errors discovered during monthly processing. If a particular error is being made often, management can focus training around that issue with staff.

Management Reports

Management reports are prepared by Ahlers after the close of each calendar quarter. Your reports are typically available by the 20th of April, July, October and January. Additionally, the standard management reports are prepared for the fiscal year and the FPAR is prepared in January for the preceding calendar year.

Management reports are prepared for each clinic and the clinics are accumulated to produce an agency-wide set of reports. The agency totals are accumulated to produce state-wide totals.

While the reports are mailed, they are also available on the Ahlers website (www.ahlerssoftware.com) and may be printed. Since two years of reports are maintained on the website, some agencies have elected to not receive the printed copies. Access to the reports on the website is password secured. Contact Customer Service if you need a password.

The website also allows you to:

- Download your data to use in your favorite report writer, or
- Produce your desired report using Ahlers' "Build A Report" function. Files are updated there within 24 hours of receipt and allow you to define the data elements you wish to see. You can also prepare graphs. See the demo on the website for instructions.
- View pre-determined reports

The standard management reports include:

TABLE 1 - VISIT COUNTS BY PURPOSE OF VISIT (Exhibit 9) - Table 1 provides a count of all Medical, Counseling and Referral Services provided for each type of visit for the reporting period. The "Visit Types" heading refers to the Purpose of Visit coded on the CVR. This should provide an effective monitoring device for compliance with Title X guidelines. As you look at QL-1, "Visits This Period" refers to visits occurring within the time frame of the date in the upper right-hand corner.

By comparing the visit types and medical services, you can monitor the services provided for each type of service.

TABLE 2 - UNDUPLICATED BY NEW AND CONTINUING AND SEX (Exhibit 10) - This table is segregated into four categories by New and Continuing, Male and Female, all being unduplicated counts. A "Continuing" client is a client who has been provided services before this reporting period. The four time periods refer to current quarter count, clients seen "YTD Calendar" are counted from January 1; "Fiscal" clients are counted since July 1; "Clients-Active All" is the count of clients in your Master File since the last purge.

Poverty Level - Federal - The system uses the Family Income and Size, coded on the CVR, to determine how far above or below the federal definition of poverty the client's income lies. Before tables for a first quarter are processed, the federal poverty levels are updated in the system.

Race – As coded on the CVR.

These statistics produced from Table 11 can be used for determining the provider's growth and client retention, income levels and race, and the effectiveness of client fee policies.

TABLE 3 - UNDUPLICATED CLIENT COUNTS BY AGE (Exhibit 11) - This table categorizes and provides the same information as Table 2 except the calculations are based on age. "Age" of clients is based on the age of the client at the first visit of a reporting period. It is valuable in tracking the effectiveness of programs to serve teens besides showing the age groups which are decreasing or increasing.

TABLE 4 - NEW CLIENTS BY AGE AND TYPE OF VISIT (Exhibit 12) - Table 4 cross-tabulates the new clients by age and the reason for the first visit, i.e., the age of the client and the reason she came to the clinic the first time.

TABLE 5 - CONTRACEPTIVE CLIENTS BY MALE OR FEMALE AND AGE (Exhibit 13) - This table provides a computation of Methods by Male and Female and by Age Group. The "Age" is again based on the first visit of the reporting period. For those not having a method, the reason is shown. Both elements of this table are calculated by the coding on the CVR. The "Method" and "Reason For None" is based on the last visit on file for the reporting period.

TABLE 6 - CLIENT COUNTY CODES (Exhibit 14) - This section of the table prints the county code of clients as reported on the CVR. It provides an unduplicated count by New/Continuing and Age of Clients served within each county of residence.

TABLE 7 - OFFICE VISIT SERVICES BY NEW AND ESTABLISHED (Exhibit 15) - Five of the typical office visit descriptions (which correlate to CPT Coding) are shown on this report. Visits are shown by Visit Description and divided between New and Established Clients. Reporting the visits in this manner allows the correct CPT Code to be determined and reported since each of the Visit Descriptions has separate codes for new clients and for established clients.

The primary use for this report will be in cost analyses which may be requested.

TABLE 8 - UNDUPLICATED CLIENT INSURANCE STATUS (Exhibit 16) - This report mirrors FPAR Report #5. It provides quarterly reports so that management can determine that the insurance question is being recorded and that the numbers are reasonable (i.e., not all in one category).

FPAR Tables

The FPAR (Family Planning Annual Report) tables (Exhibit 17) are produced to meet the Title X reporting requirements. All tables are produced annually. The FPAR tables are numbered to correspond with the table numbers in the federal FPAR report.

FPAR TABLE 1 - USERS BY RACE, AGE AND GENDER - This table reports users by age and gender. It includes individuals receiving at least one face-to-face family planning encounter during the reporting period.

FPAR TABLE 2 & 3 - USERS BY ETHNICITY AND RACE - Table 2 reports females and Table 3 reports males. In both tables the Race is reported in the left axis and Ethnicity is reported on the top axis.

FPAR TABLE 4 - NUMBER OF USERS BY INCOME LEVEL - This table shows unduplicated count of users by poverty level.

FPAR TABLE 5 - USERS BY INSURANCE COVERAGE STATUS - This table reports the insurance status of all users. Public health insurance is reported on the top line and Private health insurance is reported in total as well as by family planning coverage. Uninsured and Unknown status is also reported.

FPAR TABLE 6 - USERS WITH LIMITED ENGLISH PROFICIENCY - This table reports the total number of users who need an interpreter while being seen in the clinic.

FPAR TABLE 7 - CONTRACEPTIVE METHODS FOR FEMALE USERS - This table provides information on the contraceptive method adopted or continued by female users (only) at the end of their last visit. The method does not have to have been provided by the agency and it may have been dispensed/performed during an earlier visit. In addition to the Method the client age groups are shown.

FPAR TABLE 8 - CONTRACEPTIVE METHODS FOR MALES - Same as Table 7 except that this report is for male clients.

FPAR TABLE 9 - CERVICAL CANCER SCREENING ACTIVITIES - Only the first two lines of this report will be produced by Ahlers. Those are (1) unduplicated users who received a Pap test and (2) total Pap tests performed.

The specific Pap results will have to be kept by the clinic. Ahlers' Lab Results software will prove useful in this collection.

FPAR TABLE 10 - CLINICAL BREAST EXAMS AND REFERRALS - All clients who received a breast exam are reported on line one. Those who are referred for further evaluation are reported on line two.

FPAR TABLE 11 - USERS TESTED FOR CHLAMYDIA - All clients who received a Chlamydia test during the year and reported by sex and by several age categories.

FPAR TABLE 12 - SELECTED SERVICES FOR MALE AND FEMALE DURING VISITS - This table provides information on the number of Gonorrhea, Syphilis and HIV Tests during the period. These are important indicators for family planning providers and include all individuals who have received at least one of the named tests during the period.

FPAR TABLE 13 - MID-LEVEL AND PHYSICIAN STAFFING - This table reports the number of encounters for Clinical Service Providers and for Non-Clinical Service Providers. The number of FTE's (full time equivalent) must be reported by the agency.

SPECIAL REPORTS

Special reports may be requested from Ahlers. For example, these reports may include fiscal year reports of visits, demographics or clients who did not return for a follow-up visit. These special reports are often provided at no cost.

List of Exhibits

1. CVR (Client Visit Record)
2. Family Planning Programs & Satellite Clinic ID Numbers
3. County of Residence Codes
4. Error Message Master File List
5. Transaction List
6. CVRs Processed Report
7. CVR Error Listing
8. Summary of CVR Errors
9. Table 1 - Visit Counts By Purpose of Visit
10. Table 2 - Unduplicated by New and Continuing and Sex
11. Table 3 - Unduplicated Client Counts by Age
12. Table 4 - Poverty Levels by Source of Payment and New Clients by Age and Type of Visit
13. Table 5 - Contraceptive Clients by Male or Female and Age
14. Table 6 - Client Zip Codes by New/Continuing and Age
15. Table 7 - Office Visit Services by New and Established
16. Table 8 - Unduplicated Client Insurance Status
17. FPAR Tables
 - Table 1 - Users by Race, Age and Gender
 - Table 2 & 3 - Users by Ethnicity and Race
 - Table 4 - Number of Users by Income Level
 - Table 5 - Users by Insurance Coverage Status
 - Table 6 - Users with Limited English Proficiency
 - Table 7 - Contraceptive Methods for Female Users
 - Table 8 - Contraceptive Methods for Males
 - Table 9 - Cervical Cancer Screening Activities
 - Table 10 - Clinical Breast Exams and Referrals
 - Table 11 - Users Tested for Chlamydia
 - Table 12 - Selected Services for Male and Female During Visits
 - Table 13 - Mid-Level and Physician Staffing

Exhibit 1

MONTANA CLINIC VISIT RECORD

COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM			1. CLINIC NO. _____		
CLIENT 2. NUMBER 		3. DATE OF BIRTH 		4. GENDER: <input type="checkbox"/> F <input type="checkbox"/> M	
20. LAST NAME _____		FIRST NAME _____		M.I. _____	
5. COUNTY _____		6. MONTHLY INCOME _____		7. FAMILY SIZE _____	
21. PATIENT HAS PRIMARY CARE PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
COMPLETE AT FIRST VISIT ONLY					
8. HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO		9. LIMITED ENGLISH / INTERPRETER NEEDED ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
10. RACE (check all that apply)					
<input type="checkbox"/> 1. White		<input type="checkbox"/> 3. Am. Ind./Alaskan		<input type="checkbox"/> 5. Other	
<input type="checkbox"/> 2. Black		<input type="checkbox"/> 4. Asian		<input type="checkbox"/> 6. Pacific Is. / Hawaiian	
				<input type="checkbox"/> 7. Unknown	
COMPLETE AT EACH VISIT					
11. VISIT DATE - - 20					
12. PURPOSE OF VISIT (check one)					
<input type="checkbox"/> 1. Physical Assessment		<input type="checkbox"/> 6. Emergency Contraception			
<input type="checkbox"/> 2. Contraception		<input type="checkbox"/> 7. Preconception Health Svcs			
<input type="checkbox"/> 3. Other Medical		<input type="checkbox"/> 8. STD/HIV Svcs			
<input type="checkbox"/> 4. Pregnancy Test		<input type="checkbox"/> 9. Basic Infertility Svcs			
<input type="checkbox"/> 5. Education/Counseling		<input type="checkbox"/> 0. Related Preventive Health Svcs			
13. CLIENT INSURANCE STATUS (check one)					
<input type="checkbox"/> 1. Public (Medicaid, HMK, Champus)		<input type="checkbox"/> 4. Unknown			
<input type="checkbox"/> 2. Private Health Insurance		<input type="checkbox"/> 5. Elect Self-Pay			
<input type="checkbox"/> 3. Uninsured		<input type="checkbox"/> 6. Plan First			
14. CONTRACEPTIVE METHOD (Complete before and after blocks)					
01. Abstinence		09. Hormone Implant		16. Sponge	
02. Diaphragm/Cap		10. IUD		17. Unknown	
03. Female Condom		11. Male Condom		18. Vaginal Ring	
04. Female Sterilization		12. None		19. Vasectomy	
05. Fertility Awareness		13. Orals			
07. Hormonal Inj-3 mo		14. Other			
08. Hormonal Patch		15. Spermicide (only)			
Before Visit <input type="checkbox"/>		After Visit <input type="checkbox"/>			
(Complete at Each Visit)					
15. IF NO METHOD AT THE END OF THIS VISIT GIVE REASON					
IF PREGNANT:		<input type="checkbox"/> 2. Seeking Pregnancy		<input type="checkbox"/> 4. Infertility	
<input type="checkbox"/> 1. Planned		<input type="checkbox"/> 3. Not Currently Sexually Active		<input type="checkbox"/> 6. Other	
<input type="checkbox"/> 7. Unplanned					
16. REFERRED ELSEWHERE (check all applicable)					
<input type="checkbox"/> 03. Abnormal Breast Follow-up					
<input type="checkbox"/> 04. Abnormal Pap Follow-up					
<input type="checkbox"/> 08. HIV Treatment					
<input type="checkbox"/> 10. Mental Health					
<input type="checkbox"/> 13. Other					
<input type="checkbox"/> 14. Pregnancy					
<input type="checkbox"/> 15. Primary Care					
<input type="checkbox"/> 16. Follow-up for Elevated Blood Pressure					
<input type="checkbox"/> 17. Social Service					
<input type="checkbox"/> 18. Weight Management					
<input type="checkbox"/> 19. Follow-up for Medical Findings					
<input type="checkbox"/> 20. Quit Line					
<input type="checkbox"/> 21. Substance Abuse					
<input type="checkbox"/> 22. Infertility (new)					
<input type="checkbox"/> 23. PrEP (new)					
VISIT CODES					
NEXT EXAM DATE					

17. PROVIDERS OF MEDICAL / COUNSELING SERVICES (Check all applicable)
☐ 1. Physicians ☐ 3. Other Clinical Providers
☐ 2. PA, NP, CNM ☐ 4. Non-Clinical Providers

18. MEDICAL SERVICES PROVIDED (check all applicable)

PREVENTIVE VISIT
☐ 04. New (99384-87)
☐ 05. Annual (99394-97)

OFFICE VISIT
☐ 06. Minimal (99201-11)
☐ 07. Brief (99202-12)
☐ 08. Intermediate (99203-13)
☐ 09. Extended (99204-14)
☐ 10. Comprehensive (99205-15)

PREGNANCY SERVICES
☐ 35. Negative Pregnancy Test
☐ 36. Positive Pregnancy Test

EXAM & LAB SERVICES
☐ 11. Blood Pressure Normal
☐ 12. Blood Pressure Abnormal
☐ 13. Breast Exam
☐ 14. Colo-Rectal Cancer Screen
☐ 16. Hgb / Hct
☐ 17. Hep. B Screen
☐ 18. Hep. C Screen
☐ 20. Other Lab / Exam
☐ 21. Pap Test (Smear or Liquid)
☐ 15. Pelvic Exam
☐ 19. Male Genitalia Exam
☐ 24. UTI Treatment
☐ 25. Urinalysis (Dipstick or Micro)

CONTRACEPTIVE SERVICES
☐ 29. EC-Immediate Need
☐ 30. EC-Future Need
☐ 31. Hormonal Injection
☐ 32. Hormonal Implant Insert
☐ 41. Hormonal Implant Removal
☐ 33. IUD/IUS Insert
☐ 34. IUD/IUS Removal

STD SERVICES
☐ 37. Chlamydia Test
☐ 39. Gonorrhea Test
☐ 40. Herpes Culture/Serology
☐ 42. HIV Rapid Test
☐ 50. HIV Serum Test
☐ 38. PrEP
☐ 43. HPV Test
☐ 44. HPV Vaccine
☐ 45. Syphilis Test
☐ 46. Pt Delivered Partner Therapy
☐ 47. STI Treatment
☐ 48. Wart Treatment
☐ 49. Wet Mount/Gram Stain

19. COUNSELING SERVICES PROVIDED (check all applicable)

☐ 02. BSA/TSA
☐ 03. BCM/EC
☐ 04. STI Counseling
☐ 05. Immunization
☐ 06. Sexual Health Assessment
☐ 07. Adolescent Counseling
☐ 08. Reprod. Life Plan
☐ 10. Nutrition/Exercise
☐ 11. Other

☐ 13. Pregnancy
☐ 17. Substance Abuse
☐ 18. Tobacco Cessation
☐ 19. Mental Health
☐ 20. HIV Counseling
☐ 21. Intimate Partner Violence
☐ 22. Infertility (new)
☐ 23. PrEP (new)
☐ 24. Preconception Care (new)

Exhibit 2

Montana Family Planning Programs and Satellites

CLINICS	CLINIC ID #
Planned Parenthood of Montana BILLINGS (101)	5
Billings – Billings Heights	7
BridgerCare – BOZEMAN (102)	20
Butte Family Planning (103)	85
Anaconda – Deer Lodge County	86
Beaverhead Co – DILLON (104)	21
Dawson Co. Family Planning – GLENDIVE (105)	15
Baker – Fallon County	13
Glasgow – Valley County	22
Sidney – Richland County	16
Wolf Point – Roosevelt County	18
Planned Parenthood of Montana GREAT FALLS (118)	65
Hill Co. Family Planning – HAVRE (108)	50
Malta – Phillips County	
Planned Parenthood of Montana HELENA (116)	35
Flathead Co. Family Planning – KALISPELL (110)	30
Hungry Horse Clinic	32
Columbia Falls High School	33
Central MT Family Planning – LEWISTOWN (111)	25
Northwest Community Health Center – LIBBY (112)	62
Libby High School	66
Troy	61
OneHealth Family Planning – MILES CITY (113)	10
Broadus – Powder River County	12
Colstrip – Rosebud Public Health Dept., Colstrip	14
Forsyth – Rosebud Public Health Dept., Forsyth	11
Planned Parenthood of Montana MISSOULA (117)	60
Lake Co. Family Planning – POLSON (115)	55

Exhibit 3
COUNTY OF RESIDENCE CODES

01 – Beaverhead	21 – Hill	41 – Ravalli
02 – Big Horn	22 – Jefferson	42 – Richland
03 – Blaine	23 – Judith Basin	43 – Roosevelt
04 – Broadwater	24 – Lake	44 – Rosebud
05 – Carbon	25 – Lewis & Clark	45 – Sanders
06 – Carter	26 – Liberty	46 – Sheridan
07 – Cascade	27 – Lincoln	47 – Silver Bow
08 – Chouteau	28 – McCone	48 – Stillwater
09 – Custer	29 – Madison	49 – Sweet Grass
10 – Daniels	30 – Meagher	50 – Teton
11 – Dawson	31 – Mineral	51 – Toole
12 – Deer Lodge	32 – Missoula	52 – Treasure
13 – Fallon	33 – Musselshell	53 – Valley
14 – Fergus	34 – Park	54 – Wheatland
15 – Flathead	35 – Petroleum	55 – Wibaux
16 – Gallatin	36 – Phillips	56 – Yellowstone
17 – Garfield	37 – Pondera	98 – Out-of-State
18 – Glacier	38 – Powder River	99 – Unknown
19 – Golden Valley	39 – Powell	
20 – Granite	40 – Prairie	

Exhibit 4

Error Message Master File List

Error ID	Error Description
100	REJECT: VERSION NUMBER INVALID
101	REJECT: SITE MISSING/INVALID
102	REJECT: PROJECT INVALID FOR THIS SITE
103	REJECT: CLIENT NUMBER MISSING
104	REJECT: DATE OF BIRTH MISSING/INVALID
105	REJECT: DATE OF BIRTH IS FUTURE DATE
106	REJECT: DATE OF BIRTH EQUAL TO DATE OF VISIT
107	REJECT: DATE OF BIRTH DOES NOT MATCH MASTER
108	REJECT: GENDER CODE IS MISSING/INVALID
109	REJECT: GENDER CODE DOES NOT MATCH MASTER
110	REJECT: RACE REQUIRED ON 1ST VISIT
111	REJECT: RACE INVALID
112	REJECT: ETHNICITY CODE REQUIRED ON 1ST VISIT
113	REJECT: ETHNICITY INVALID
114	REJECT: DATE OF VISIT MISSING/INVALID
115	REJECT: DATE OF VISIT IS FUTURE DATE
116	REJECT: DATE OF VISIT EXCEEDS 2 YEARS
117	REJECT: COUNTY CODE INVALID
118	REJECT: INCOME REQUIRED ON 1ST VISIT
119	REJECT: INCOME INVALID
120	REJECT: MAINTENANCE DOES NOT MATCH PRIOR VISIT
151	WARNING: LIMITED ENGLISH REQUIRED ON 1ST VISIT (DEFAULT TO NO)
152	WARNING: FAMILY SIZE INVALID (DEFAULT 1)
153	WARNING: FAMILY SIZE EXCEEDS 19
154	WARNING: AGE OF CLIENT <10 OR >70
155	WARNING: COUNTY CODE MISSING ON 1ST VISIT (DEFAULT TO 99)
156	WARNING: INCOME EXCEEDS 5000
157	WARNING: FAMILY SIZE BLANK ASSUME 1
158	WARNING: DATE OF BIRTH DOES NOT MATCH MASTER
201	REJECT: PURPOSE OF VISIT MISSING
202	REJECT: PURPOSE OF VISIT INVALID
251	WARNING: COUNSELING 03 MUST BE CODED FOR POV 1,2
252	WARNING: PREGNANCY VISIT W/O TEST

303	REJECT: DUPLICATE VISIT ON FILE
451	WARNING: INSURANCE STATUS MISSING/INVALID (DEFAULT TO 4)
501	REJECT: METHOD INVALID
520	REJECT: ENDING METHOD MISSING
521	REJECT: ENDING METHOD INVALID
522	REJECT: ENDING METHOD NONE CODED/REASON MISSING
523	REJECT: REASON INVALID
524	REJECT: ENDING METHOD <> NONE BUT REASON GIVEN
551	WARNING: END METH AND SVC CONFLICT ABSTINENCE W/INJ/IUD
552	WARNING: END METH AND SVC CONFLICT DIAPHRAGM W/INJ/IUD
553	WARNING: END METH AND SVC CONFLICT STERILIZ W/INJ/IUD
554	WARNING: END METH AND SVC CONFLICT INJ W/IUD
555	WARNING: END METH AND SVC CONFLICT IMPLANT W/INJ/IUD
557	WARNING: END METH AND SVC CONFLICT NONE W/INJ/IUD
558	WARNING: END METH AND SVC CONFLICT ORALS W/INJ/IUD
559	WARNING: END METH AND SVC CONFLICT SPONGE W/IUD
Error ID	Error Description
651	WARNING: END METH AND SVC CONFLICT UNKNOWN W/IUD/INJ
652	WARNING: END METH AND SVC CONFLICT VASECTOMY W/INJ/IUD
654	WARNING: STERILIZATION CLIENT UNDER 21
701	REJECT: REFERRED ELSEWHERE INVALID
751	WARNING: MALE CLIENT HAS FEMALE REFERRALS
801	REJECT: MEDICAL PROVIDER MISSING
802	REJECT: MEDICAL PROVIDER INVALID
901	REJECT: MEDICAL SERVICE INVALID
903	REJECT: MALE CLIENT HAS FEMALE SERVICE
905	REJECT: TWO OR MORE MED SVCS 4-10 CODED ON SAME VISIT
906	REJECT: FEMALE CLIENT HAS MALE SERVICE
950	REJECT: POS PREG TEST WITHOUT REAS PLANNED/UNPLANNED
951	WARNING: POSITIVE AND NEGATIVE PREG TEST ON SAME VISIT
952	WARNING: IUD/INJ CODED ON SAME VISIT
953	WARNING: NORMAL AND ABNORMAL BP CODED ON SAME DAY
955	WARNING: POSITIVE PREG TEST CODED WITHOUT OPTIONS COUNSELING
1001	REJECT: COUNSELING SERVICE INVALID

1002	REJECT: COUNSELING ONLY VISIT BUT NO COUNSELING CODED
1003	REJECT: MALE CLIENT HAS FEMALE COUNSELING SERVICE
1004	REJECT: ENDING METHOD UNKNOWN W/POSITIVE PREG TEST

Exhibit 5

[illegible]

Exhibit 6

MONTANA FAMILY PLANNING DATA SYSTEM												ROW DATE	1/24/2008
CUR% PROCESSED REPORT												MTN110	PAGE 1
DECEMBER, 2007													
CLINIC NUMBER	CLINIC NAME	INITIAL VISITS	ANNUAL VISITS	OTR. MED VISITS	PG. TEST VISITS	CDUWS VISITS	EC VISITS	MAINT TRANS	TOTAL VISITS	REJECTS	TOTAL CURS	% REJECTED	
1	1	50	245	31	81	1	105	0	521	3	524	.6	
1	2	10	72	2	17	1	42	0	144	3	147	2.0	
1	3	50	252	63	47	2	22	0	436	4	440	.9	
1	4	24	76	71	32	2	13	0	219	0	219	0	
0		142	645	167	177	6	182	0	1319	10	1329	.8	
P/C PROCESSING : 0													

Exhibit 7

MONTANA FAMILY PLANNING DATA SYSTEM										RUN DATE	1/24/2008
CURS ERROR LISTING										MTM115	PAGE 1
DECEMBER, 2007											
PATIENT NO.	CUR	LAST	TYPE	CUR	MASTER	BATCH	SEN.	ERROR	ERROR DESCRIPTION	CORRECTED	BY ABLENS
4	12/07/2007		4	8/24/1989			18	40	00950 REJECT: POS PREG TEST WITHOUT REAS PLANNED/UNPLA	YES	NO
94	12/07/2007	11/19/2007	4	2/16/1992	2/16/1992		18	423	00950 REJECT: POS PREG TEST WITHOUT REAS PLANNED/UNPLA	YES	NO
94	12/03/2007		4	12/02/1984			18	434	00950 REJECT: POS PREG TEST WITHOUT REAS PLANNED/UNPLA	YES	NO

Exhibit 8

5 BILLINGS		MONTANA FAMILY PLANNING DATA SYSTEM SUMMARY OF CURS ERRORS DECEMBER, 2007				RUN DATE 1/24/2008 MTM120 PAGE 1	
		CURS PROCESSED	524				
		CURS REJECTED	3		.57		
TYPE	ERROR	ERROR MESSAGE			NUMBER	%	
REJECT	00950	REJECT: POS PREG TEST WITHOUT REAS PLANNED/UNPLA			3	.57	
WARNING	00156	WARNING: INCOME EXCEEDS 5000			14	2.67	
WARNING	00291	WARNING: COUNSELING 03 MUST BE CODED FOR PIDV 1,2			20	3.82	
WARNING	00252	WARNING: PREGNANCY VISIT W/B TEST			10	1.91	
WARNING	00554	WARNING: END METH AND SCU CONFLICT INJ W/IUD			2	.38	
WARNING	00558	WARNING: END METH AND SVC CONFLICT ORALS W/INJ/TU			2	.38	

Exhibit 9

MONTANA DATA SYSTEM									
TABLE AL-1 VISIT TYPES BY SERVICES									
11/07/2000 336	MONTANA TOTALS								PAGE 1
									1/01/2008-12/31/2008
	TOTAL	INITIAL MEDICAL	%	ANNUAL REVISIT	%	OTHER MEDICAL	COUNS ONLY	PG TEST ONLY	EC VISIT
VISITS THIS PERIOD	33,144	3,890	11.7	11,831	35.7	11,652	3,095	693	1,983
VISITS YTD - CALENDAR	33,144	3,890	11.7	11,831	35.7	11,652	3,095	693	1,983
VISITS YTD - FISCAL	11,746	1,438	12.2	4,119	35.1	4,356	1,030	177	626
MEDICAL SERVICES									
01 PHYSICAL EXAM OFFSITE	487	47	1.2	57	.5	263	78	14	28
02 PHYSICAL EXAM ONSITE	14,187	3,052	78.5	10,138	85.7	906	29	52	10
03 PHYSICAL EXAM DEFERRED	2,148	238	6.1	133	1.1	1,299	111	53	314
04 NEW	981	246	19.2	113	1.0	79	22	7	14
05 ANNUAL	3,473	149	3.8	3,149	26.6	149	19		7
06 INITIAL	5,735	286	7.4	233	2.0	3,240	952	223	801
07 PROBLEM FOCUSED	5,812	370	9.5	825	7.0	3,624	391	65	537
08 DETAILED	8,940	1,697	43.6	6,025	50.9	1,081	22	96	19
09 COMPREHENSIVE	1,545	475	12.2	904	7.6	122	11	32	1
10 HIGH COMPLEXITY	187	41	1.1	57	.5	66	6	13	4
35 NEGATIVE PREGNANCY TEST	4,574	570	14.7	1,205	10.2	1,123	1,446	24	206
36 POSITIVE PREGNANCY TEST	1,371	7	.2	49	.4	32	1,282	1	
11 BLOOD PRESSURE NORMAL	21,908	3,419	87.9	10,641	89.9	5,910	714	396	828
12 BLOOD PRESSURE ABNORMAL	483	81	2.1	163	1.4	180	20	27	12
13 BREAST EXAM	14,510	3,092	79.5	10,280	86.9	1,038	31	56	13
14 COLD-RECTAL CANCER SCREEN	53	10	.3	41	.3	2			
16 HGB / HCT	119	12	.3	22	.2	78	2	5	
17 HEP. B SCREEN	36	6	.2	4	.1	26			
18 HEP. C SCREEN	148	11	.3	15	.1	118		3	1
20 OTHER LAB OR EXAM	362	26	.7	44	.4	275	10	3	4
21 PAP SMEAR	5,024	951	24.4	3,887	32.9	182	3	1	
22 PAP LIQUID	6,239	1,134	29.2	4,924	41.6	153		26	2
15 PELVIC EXAM	5,744	1,171	30.1	3,669	31.0	878	10	11	5
19 MALE GENITALIA EXAM	233	17	.4	4	.1	212			
23 REPEAT PAP - SMEAR	176	1	.1	23	.2	150	1	1	
41 REPEAT PAP - LIQUID	27			4	.1	23			
24 UTI TREATMENT	238	13	.3	28	.2	194	2		1
25 URINALYSIS/DIPSTICK	650	55	1.4	125	1.1	460	9		1
26 URINALYSIS MICROSCOPE	74	1	.1	6	.1	67			
27 DIAPHRAGM/CAP FIT	28	2	.1	3	.1	18	1		4
28 DRUG ADMINISTRATION	3,943	192	4.9	629	5.3	2,584	160	5	365
29 EC - IMMEDIATE NEED	1,846	123	3.2	174	1.5	224	94	14	1,217
30 EC - FUTURE NEED	3,000	554	14.2	1,835	15.5	277	82	23	229
31 HORMONAL INJECTION	2,793	159	4.1	349	2.9	2,240	15	19	11
32 HORMONE IMPLANT - INSERT/DM	4			1	.1	3			
33 IUD/IUS INSERT	270	2	.1	44	.4	200			24
34 IUD/IUS REMOVAL	134	16	.4	39	.3	75		1	3
37 CHLAMYDIA TEST	9,883	2,331	59.9	5,319	45.0	2,057	89	39	48
38 CHLAMYDIA TREATMENT	475	14	.4	31	.3	423	5	2	
39 GONORRHEA TEST	966	128	3.3	247	2.1	578	5	3	5
40 HERPES CULTURE/SEROLOGY	231	14	.4	14	.1	203			
42 HIV RAPID TEST	1,344	209	5.4	391	3.3	736	2	5	1
50 HIV SERUM TEST	581	236	6.1	217	1.8	77	43	8	
43 HPV TEST	241	28	.7	124	1.0	88			1
44 HPV VACCINNE	65	6	.2	15	.1	44			
45 SYPHILIS TEST	106	6	.2	10	.1	89		1	

Exhibit 9 (cont.)

MONTANA DATA SYSTEM									
TABLE AL-1 VISIT TYPES BY SERVICES							PAGE 2		
MONTANA TOTALS							1/01/2008-12/31/2008		
	TOTAL	INITIAL MEDICAL	%	ANNUAL REVISIT	%	OTHER MEDICAL	CONDOMS ONLY	PE TEST ONLY	EC VISIT
MEDICAL SERVICES									
46 VAGINITIS/STD/EVAL/DX	676	92	2.4	187	1.6	392	3		2
47 OTHER STD TX/RX	139	22	.6	42	.4	74	1		
48 WART TREATMENT	552	18	.5	46	.4	487		1	
49 WET MOUNT/GRAM STAIN	1,514	199	5.1	438	3.7	869	3	2	3
COUNSELING SERVICES									
01 INITIAL	2,485	1,324	34.0	274	2.3	345	251	216	75
02 USE/USE	15,368	3,184	81.9	9,934	84.0	1,368	300	414	166
03 BIRTH CONTROL METHODS	28,284	3,451	88.7	10,836	91.6	9,825	1,758	649	1,765
04 STD	19,311	3,339	85.8	8,841	74.7	5,135	639	477	680
20 HIV - ABC COUNSELING	3,340	539	13.9	1,127	9.5	1,183	85	268	138
05 IMMUNIZATION	5,069	1,613	41.5	1,830	15.5	755	297	345	229
06 ABNORMAL PAP	800	110	2.8	297	2.5	313	19	53	9
07 ADOLESCENT COUNSELING	2,162	607	15.6	447	3.8	481	162	219	246
08 FERTILITY AWARENESS	369	87	2.2	41	.3	43	105	64	29
09 HANDBOOK/ULTRASOUND	759	145	3.7	491	4.2	74	18	30	1
10 NUTRITION	12,610	2,089	53.7	6,204	52.4	2,922	710	342	343
11 OTHER	4,274	848	21.8	2,532	21.4	1,921	358	224	341
12 PRECONCEPTUAL	379	43	1.1	123	1.0	63	127	17	6
13 PREGNANCY PROBLEMS	362	6	.2	12	.1	29	299	8	8
14 PERINATAL	892	18	.5	29	.2	32	810	2	1
15 PRESCRIPTIONS	2,578	374	9.6	817	6.9	937	217	172	61
16 SEXUAL COERCION	1,607	446	11.5	269	2.3	374	139	173	206
17 SUBSTANCE USE	1,006	165	4.2	73	.6	307	311	88	62
18 TOBACCO USE	2,806	517	13.3	1,054	8.9	659	377	129	70
REFERRED ELSEWHERE									
01 ABORTION	50	1		1		5	41	1	1
02 ADOPTION	71			3		2	65	1	
03 ABNORMAL BREAST FU	21	3	.1	7	.1	10	1		
04 ABNORMAL PAP FU	8					6		2	
05 DOMESTIC ABUSE	6	3	.1			1	1		1
06 GENETIC COUNSELING	2			1			1		
07 GYNECOLOGY	188	11	.3	10	.1	15	150	1	1
08 HIV	4					2	1	1	
09 INFERTILITY	6	5	.1	1					
10 MENTAL HEALTH	21	4	.2	4		5	4		2
11 NUTRITION	268			3		5	256	3	1
12 OTHER MEDICAL	168	21	.5	54	.5	46	40	3	4
13 OTHER	131	4	.1	11	.1	14	96	4	2
14 PREGNANCY	444	1		5		14	424		
15 PERINATAL	512			5		14	492	1	
16 STD	15			1		3	7	1	3
17 SOCIAL SERVICES	248			4		7	236	1	
18 STERILIZATION	7			1		1	2	3	
19 SUBSTANCE ABUSE	16			1		4	11		
20 INTIMATE PARTNER VIOLENCE	5	1		1			3		

Exhibit 10

MONTANA DATA SYSTEM										
TABLE AL-2 UNDUPLICATED CLIENT COUNTS BY NEW OR CONTINUING AND SEX										PAGE 3
11/07/2008 338	MONTANA TOTALS									1/01/2008-12/31/2008
	TOTAL	PCNT	NEW	PCNT	CONT	PCNT	MALE	PCNT	FEMALE	PCNT
CLIENTS THIS- PERIOD	22,676	100.0	8,305	36.6	14,371	63.4	1,505	6.6	21,171	93.4
CLIENTS YTD - CALENDAR	22,676	100.0	8,305	36.6	14,371	63.4	1,505	6.6	21,171	93.4
CLIENTS YTD - FISCAL	10,012	100.0	2,994	29.9	7,018	70.1	559	5.6	9,453	94.4
CLIENTS ACTIVE - ALL	63,907	100.0	44,279	69.3	19,628	30.7	4,961	7.8	58,946	92.2
POVERTY LEVEL: FEDERAL										
100% OR LESS	12,424	54.8	4,965	59.8	7,459	51.9	669	44.5	11,755	55.5
101% - 150%	3,454	15.2	1,097	13.2	2,357	16.4	138	9.2	3,316	15.7
151% - 200%	2,079	9.2	642	7.7	1,437	10.0	138	9.2	1,941	9.2
201% - 250%	1,147	5.1	345	4.2	802	5.6	108	7.2	1,039	4.9
> 250%	3,572	15.8	1,256	15.1	2,316	16.1	452	30.0	3,120	14.7
UNKNOWN										
TOTAL	22,676	100.0	8,305	100.0	14,371	100.0	1,505	100.0	21,171	100.0
RACE										
WHITE	21,484	94.7	7,795	93.9	13,689	95.3	1,407	93.5	20,077	94.8
BLACK	117	.5	62	.7	55	.4	20	1.3	97	.5
AMER. IND./ALASKAN	500	2.2	231	2.8	269	1.9	46	3.1	454	2.1
ASIAN	145	.6	60	.7	85	.6	4	.3	141	.7
OTHER	106	.5	43	.5	63	.4	8	.5	98	.5
PACIFIC ISLANDER	24	.1	15	.2	9	.1	1	.1	23	.1
UNKNOWN	45	.2	24	.3	21	.1	5	.3	40	.2
MULTI-RACIAL	255	1.1	75	.9	180	1.3	14	.9	241	1.1
TOTAL	22,676	100.0	8,305	100.0	14,371	100.0	1,505	100.0	21,171	100.0
HISPANIC ORIGIN										
WHITE	305	1.3	120	1.4	185	1.3	27	1.8	278	1.3
BLACK	5	.0	3	.0	2	.0			5	.0
OTHER	111	.5	54	.7	57	.4	7	.5	104	.5
NO	22,255	98.1	8,128	97.9	14,127	98.3	1,471	97.7	20,784	98.2

Exhibit 11

MONTANA DATA SYSTEM								
TABLE AL-3 UNDUPLICATED CLIENT COUNTS BY AGE					PAGE 4			
11/07/2008 339		MONTANA TOTALS			1/01/2008-12/31/2008			
	TOTAL	< 15	15-17	18-19	20-24	25-29	30-34	35+
CLIENTS THIS - PERIOD	22,676	275	2,866	3,339	7,656	4,192	1,780	2,568
CLIENTS YTD - CALENDAR	22,676	275	2,866	3,339	7,656	4,192	1,780	2,568
CLIENTS YTD - FISCAL	10,012	120	1,263	1,490	3,316	1,926	789	1,188
CLIENTS ACTIVE - ALL	63,907	1,110	10,026	10,209	20,838	10,334	4,582	6,808
CLIENTS - NEW CYTD	8,305	218	1,568	1,414	2,427	1,293	567	818
CLIENTS - CONTINUING CYTD	14,371	57	1,298	1,925	5,229	2,899	1,213	1,750
POVERTY LEVEL: FEDERAL								
100% OR LESS	12,424	242	2,502	2,499	4,118	1,589	640	834
101% - 150%	3,454	11	150	415	1,397	744	338	399
151% - 200%	2,079	6	44	188	849	528	193	271
201% - 250%	1,147	4	19	67	401	331	115	210
> 250%	3,572	12	151	170	891	1,000	494	854
UNKNOWN								
TOTAL	22,676	275	2,866	3,339	7,656	4,192	1,780	2,568
RACE								
WHITE	21,484	246	2,686	3,188	7,282	3,958	1,680	2,444
BLACK	117	3	12	27	43	21	5	6
AM. IND./ALASKAN	300	12	99	63	144	93	41	48
ASIAN	145	1	12	12	54	31	13	22
OTHER	106	3	15	13	28	26	13	8
PACIFIC ISLANDER	24	2	3	1	9	3	3	3
UNKNOWN	45	1	3	2	8	15	4	12
MULTI-RACIAL	255	7	36	33	88	45	21	25
TOTAL	22,676	275	2,866	3,339	7,656	4,192	1,780	2,568
HISPANIC ORIGIN								
WHITE	385	7	36	47	97	53	32	33
BLACK	5	1		1	2	1		
OTHER	111	4	17	10	27	26	13	14
NO	22,255	263	2,813	3,281	7,530	4,112	1,735	2,521
SEX								
FEMALE	21,171	270	2,787	3,195	7,088	3,862	1,616	2,353
MALE	1,505	5	79	144	568	330	164	215

Exhibit 12

MONTANA DATA SYSTEM

TABLE AL-4A NEW CLIENTS BY AGE AND TYPE OF FIRST VISIT

11/07/2008 340

MONTANA TOTALS

PAGE 5

1/01/2008-12/31/2008

		AGE					
TYPE OF FIRST VISIT	TOTAL	< 15	15-17	18-19	20-24	25-29	30+
INITIAL MEDICAL EXAM	2,904	70	498	464	877	480	513
ANNUAL MEDICAL EXAM	913	8	90	135	308	167	205
OTHER MEDICAL	2,582	71	388	417	782	434	490
COUNSELING ONLY	967	16	192	194	302	147	116
PREGNANCY TEST ONLY	292	22	126	54	34	25	31
EMERGENCY CONTRACEPTION	647	31	274	148	124	40	30
TOTAL	8,305	218	1,568	1,414	2,427	1,293	1,385

TABLE AL-4B EMERGENCY CONTRACEPTION BY AGE

AGE

	TOTAL	< 15	15-17	18-19	20-24	25-29	30+
EC DISP THIS PERIOD	4,846	82	987	888	1,805	730	354
EC CLIENTS PER PERIOD	4,043	64	752	731	1,552	636	308
CHLAMYDIA TESTS	9,883	99	1,418	1,779	3,857	1,515	1,215

Exhibit 13

MONTANA DATA SYSTEM										
TABLE AL-5 CONTRACEPTIVE CLIENTS BY NEW OR CONTINUING AND AGE										PAGE 6
MONTANA TOTALS										1/01/2008-12/31/2008
AGE										
CONTRACEPTIVE METHOD (AT END OF PERIOD)	TOTAL	PCHT	MALE	FEMALE	< 15	15-17	18-19	20-24	25-29	30+
01 ABSTINENCE	362	1.6	97	265	12	40	20	80	72	138
02 DIAPHRAGM/CAP	54	.2	1	53			2	12	13	27
03 FEMALE CONDOM	4			4	1		1	1		1
04 FEMALE STERILIZATION	311	1.4	10	301				15	48	248
05 FERTILITY AWARENESS	26	.1	1	25		1		2	7	16
07 HORMONE INJ - 3 MONTH	2,458	10.8	5	2,453	61	461	373	679	373	511
08 HORMONAL PATCH	414	1.8		414	8	81	67	145	71	42
09 HORMONE IMPLANT	10			10	1		2	5		2
10 IUD	537	2.4	4	533		5	20	148	161	203
11 MALE CONDOM	2,412	10.6	999	1,413	18	306	329	814	477	460
12 NONE	2,692	11.9	188	2,504	23	323	368	914	513	551
13 ORALS	11,266	49.7	49	11,217	138	1,481	1,875	4,057	1,999	1,716
14 OTHER	27	.1	8	19		1	2	8	3	13
15 SPERMICIDE (ONLY)	11			11		3		4	1	3
16 SPONGE	2			2				1		1
17 UNKNOWN	475	2.1	117	358	6	65	68	147	89	100
18 VAGINAL RING	1,419	6.3	6	1,413	7	96	210	609	337	160
19 VASECTOMY	164	.7	18	146		2		8	20	136
20 WITHDRAWAL	30	.1	2	28		1	2	7	8	12
TOTAL	22,676	100.0	1,505	21,171	275	2,866	3,339	7,656	4,192	4,348
REASON FOR NO METHOD										
1 PREGNANT PLANNED	288	10.7	2	286		9	37	117	79	46
7 PREGNANT UNPLANNED	785	29.2	2	783	3	96	150	308	134	94
2 SEEKING PREGNANCY	161	6.0	2	159	2	2	11	58	54	34
3 NOT CURRENTLY SEXUALLY	67	2.5	10	57	5	6	6	20	11	19
4 INFERTILITY	19	.7	2	17				1	2	16
5 OTHER MEDICAL	57	2.1	8	49		1	4	16	6	30
6 OTHER	1,315	48.8	162	1,153	13	209	160	394	227	312
TOTAL	2,692	100.0	188	2,504	23	323	368	914	513	551

Exhibit 14

MONTANA DATA SYSTEM									
TABLE AL-6 CLIENT COUNTY CODES BY NEW OR CONTINUING AND AGE								PAGE 8	
MONTANA TOTALS								1/01/2008-12/31/2008	
COUNTY CODE	TOTAL	NEW	CONT	< 19	20+	< 150%	> 150%	WOMEN 20-44 %	
53 Ut	85	46	39	30	55	76	9	44	
54 Wb	16	2	14	3	13	9	7	9	
55 Wl	9	7	2	5	4	9		3	
56 Yel	3,698	1,175	2,523	1,127	2,571	2,574	1,124	1,879	
98 Out	130	52	78	20	110	80	50	25	
99 Unk	556	383	173	203	353	460	96	229	
TOTAL	22,676	8,305	14,371	6,480	16,196	15,878	6,798	11,673	

Exhibit 15

MONTANA DATA SYSTEM			
11/07/2008 344	TABLE AL-7 OFFICE VISIT SERVICES BY NEW AND ESTABLISHED	PAGE 9	
	MONTANA TOTALS	1/01/2008-12/31/2008	
	TOTAL	NEW	ESTABLISHED
06 MINIMAL	5,735	2,278	3,457
07 PROBLEM FOCUSED	5,812	2,495	3,317
08 DETAILED	8,940	2,754	6,186
09 COMPREHENSIVE	1,545	613	932
10 HIGH COMPLEXITY	187	77	110

Exhibit 16

TABLE AL-8 UNDUPLICATED CLIENT INSURANCE STATUS				
TOTAL	PUBLIC	PRIVATE	UNINSURED	UNKNOWN
22,676	1,042	6,459	14,842	333

Exhibit 17

MONTANA DATA SYSTEM				
8/16/2006 157	FPAR TABLE 1: UNDUPLICATED USERS BY AGE AND GENDER			
	REPORTING UNIT: TOTAL FOR MONTANA			
	FOR PERIOD BEGINNING	7/01/2005	ENDING	6/30/2006
AGE GROUP	FEMALES	MALES	TOTAL	
UNDER 15	303	4	307	
15 - 17	3,535	146	3,681	
18 - 19	4,040	167	4,207	
20 - 24	9,319	453	9,772	
25 - 29	4,565	235	4,800	
30 - 34	2,031	89	2,120	
35 - 39	1,265	47	1,312	
40 - 44	970	31	1,001	
OVER 44	825	53	878	
TOTAL	26,853	1,225	28,078	

Exhibit 17

MONTANA DATA SYSTEM				
8/16/2006 158	FPAR TABLE 2: UNDUPLICATED FEMALES BY ETHNICITY AND RACE			
	REPORTING UNIT: TOTAL FOR MONTANA			
	FOR PERIOD BEGINNING	7/01/2005	ENDING	6/30/2006
RACE	HISPANIC OR LATINO	NOT HISPANIC OR LATINO	UNKNOWN NOT REPORTED	TOTAL FEMALE USERS
AMERICAN INDIAN OR ALASKA NATIVE	29	592		621
ASIAN	13	178		191
BLACK OR AFRICAN AMERICAN	5	190		195
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	5	22		27
WHITE	263	25,100		25,363
MORE THAN ONE RACE	44	272		316
UNKNOWN/NOT REPORTED	51	89		140
TOTAL FEMALE USERS	410	26,443		26,853

Exhibit 17

8/16/2006 159		MONTANA DATA SYSTEM			
		FPAR TABLE 3: UNDUPLICATED MALES BY ETHNICITY AND RACE			
		REPORTING UNIT: TOTAL FOR MONTANA			
		FOR PERIOD BEGINNING	7/01/2005	ENDING	6/30/2006
			NOT	UNKNOWN	TOTAL
RACE		HISPANIC	HISPANIC	NOT	MALE
		OR LATINO	OR LATINO	REPORTED	USERS
AMERICAN INDIAN OR ALASKA NATIVE			39		39
ASIAN			3		3
BLACK OR AFRICAN AMERICAN			18		18
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			2		2
WHITE		6	1,104		1,110
MORE THAN ONE RACE		5	19		24
UNKNOWN/NOT REPORTED		17	12		29
TOTAL MALE USERS		28	1,197		1,225

Exhibit 17

8/16/2006 160		MONTANA DATA SYSTEM			
		FPAR TABLE 4: UNDUPLICATED USERS BY INCOME LEVEL			
		REPORTING UNIT: TOTAL FOR MONTANA			
		FOR PERIOD BEGINNING	7/01/2005	ENDING	6/30/2006
INCOME AS % OF POVERTY	NUMBER				
OF USERS					
100% OR LESS	15,759				
101% - 150%	3,987				
151% - 200%	2,429				
201% - 250%	2,368				
OVER 250%	3,535				
UNKNOWN					
TOTAL	28,078				

Exhibit 17

8/16/2006 161		MONTANA DATA SYSTEM			
		FPAR TABLE 5: UNDUPLICATED USERS BY HEALTH INSURANCE			
		REPORTING UNIT: TOTAL FOR MONTANA			
		FOR PERIOD BEGINNING	7/01/2005	ENDING	6/30/2006
				NUMBER	
				OF USERS	
PRINCIPAL HEALTH INSURANCE COVERING PRIMARY MEDICAL CARE					
PUBLIC HEALTH INSURANCE COVERING PRIMARY MEDICAL CARE				1,542	
PRIVATE HEALTH INSURANCE COVERING PRIMARY MEDICAL CARE				7,083	
COVERAGE FOR ALL OR SOME FAMILY PLANNING SERVICES					
COVERAGE FOR NO FAMILY PLANNING SERVICES					
COVERAGE UNKNOWN FOR FAMILY PLANNING SERVICES					
UNINSURED (NO PUBLIC OR PRIVATE HEALTH INSURANCE)				18,722	
UNKNOWN/NOT REPORTED				731	
TOTAL				28,078	

Exhibit 17

8/16/2006	162	MONTANA DATA SYSTEM			
		FFAR TABLE 6: UNDUPLICATED USERS WITH LIMITED ENGLISH PROFICIENCY (LEP)			
		REPORTING UNIT: TOTAL FOR MONTANA			
		FOR PERIOD BEGINNING	7/01/2005	ENDING	6/30/2006
				NUMBER	
				OF USERS	
USERS WITH LIMITED ENGLISH PROFICIENCY (LEP)				354	

Exhibit 17

8/16/2006	163	MONTANA DATA SYSTEM								
		FFAR TABLE 7: UNDUPLICATED FEMALES BY PRIMARY METHOD AND AGE								
		REPORTING UNIT: TOTAL FOR MONTANA								
		FOR PERIOD BEGINNING 7/01/2005 ENDING 6/30/2006								
		UNDUPLICATED NUMBER OF FEMALE USERS BY AGE								
PRIMARY METHOD		< 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	> 44
FEMALE SURGICAL STERILIZATION				1	18	50	74	58	77	69
INTRAUTERINE DEVICE (IUD)			4	14	103	108	67	50	38	23
HORMONAL IMPLANT					2	2		1		
1-MONTH HORMONAL INJECTION			1			3				1
3-MONTH HORMONAL INJECTION		39	436	386	713	404	205	146	123	59
ORAL CONTRACEPTIVE		152	1,942	2,369	5,714	2,565	1,024	632	433	293
HORMONAL/CONTRACEPTIVE PATCH		24	163	202	428	165	59	22	11	8
VAGINAL RING		2	67	99	344	195	59	18	11	6
CERVICAL CAP/DIAPHRAGM				1	30	23	9	8	8	20
CONTRACEPTIVE SPONGE				1	1	1	3			
FEMALE CONDOM										1
SPERMICIDE (USED ALONE)			1		3		1	1	4	7
FERTILITY AWARENESS METHOD (FAM)				2	2	9	10	3	2	6
ABSTINENCE		11	38	30	83	37	23	18	26	29
OTHER METHOD			1	5	16	16	6	6	4	25
METHOD UNKNOWN		5	25	31	69	34	14	8	4	10
NO METHOD										
PREGNANT OR SEEKING PREGNANCY		6	127	230	505	286	127	63	13	4
OTHER REASON		38	348	304	629	338	180	114	103	143
RELY ON MALE METHOD										
VASECTOMY				1	19	16	19	39	52	60
MALE CONDOM		26	382	364	640	313	151	78	61	61
TOTAL FEMALE USERS		303	3,535	4,040	9,319	4,565	2,031	1,265	970	825

Exhibit 17

8/16/2006		164		MONTANA DATA SYSTEM						
				FFAR TABLE 8: UNDUPLICATED MALES BY PRIMARY METHOD AND AGE						
				REPORTING UNIT: TOTAL FOR MONTANA						
				FOR PERIOD BEGINNING 7/01/2005 ENDING 6/30/2006						
				UNDUPLICATED NUMBER OF MALE USERS BY AGE						
PRIMARY METHOD		< 15	15-17	18-19	20-24	25-29	30-34	35-39	40-44	> 44
VASECTOMY							2	1	3	2
MALE CONDOM		3	132	151	375	186	64	53	15	31
FERTILITY AWARENESS METHOD						1	1		1	1
ABSTINENCE			3	3	19	8	2	1	1	4
OTHER METHOD				1	2	1		1		
METHOD UNKNOWN					3	3	2		1	3
NO METHOD										
PREGNANT OR SEEKING PREGNANCY				1	6	2	1			
OTHER REASON			5	6	18	15	8	4	4	6
RELYING ON FEMALE METHOD		1	6	5	30	19	9	7	6	6
TOTAL		4	146	167	453	235	89	47	31	53

Exhibit 17

8/16/2006	165	MONTANA DATA SYSTEM
SCREENING ACTIVITY	FPAR TABLE 9:	CERVICAL CANCER SCREENING ACTIVITIES
UNDUP. USERS WITH PAP TEST	REPORTING UNIT:	TOTAL FOR MONTANA
PAP TEST PERFORMED	FOR PERIOD BEGINNING	7/01/2005
	ENDING	6/30/2006
	UNDULICATED NUMBER OF	
	USERS OR NUMBER OF TESTS	
	12,258	
	12,770	

Exhibit 17

8/16/2006	166	MONTANA DATA SYSTEM
UNDUP. USERS RECEIVING A CLINICAL BREAST EXAM (CBE)	FPAR TABLE 10:	CLINICAL BREAST EXAMS AND REFERRALS
UNDUP. USERS REFERRED FOR FUTHER EVAL BASED ON (CRE)	REPORTING UNIT:	TOTAL FOR MONTANA
	FOR PERIOD BEGINNING	7/01/2005
	ENDING	6/30/2006
	NUMBER	
	OF USERS	
	20,229	
	29	

Exhibit 17

8/16/2006	167	MONTANA DATA SYSTEM
AGE GROUP	FPAR TABLE 11:	UNDULICATED USERS TESTED FOR CHLAMYDIA BY AGE AND GENDER
	REPORTING UNIT:	TOTAL FOR MONTANA
	FOR PERIOD BEGINNING	7/01/2005
	ENDING	6/30/2006
	NUMBERS OF USERS	
	FEMALES	MALES
UNDER 15	99	2
15 - 17	1,317	42
18 - 19	1,456	92
20 - 24	2,981	283
25 +	1,840	283
TOTAL	7,693	702

Exhibit 17

8/16/2006	168	MONTANA DATA SYSTEM
TEST TYPE	FPAR TABLE 12:	NUMBER OF GONORRHEA, SYPHILIS, AND HIV TESTS
	REPORTING UNIT:	TOTAL FOR MONTANA
	FOR PERIOD BEGINNING	7/01/2005
	ENDING	6/30/2006
	NUMBER OF TESTS	TOTAL
	FEMALE	MALE
GONORRHEA	1,078	162
SYPHILIS	41	32
HIV - ALL CONFIDENTIAL TESTS	578	281
HIV - POSITIVE CONFIDENTIAL TESTS		
HIV - ANONYMOUS TESTS		

Exhibit 17

8/16/2006 169		MONTANA DATA SYSTEM			
		FPAR TABLE 13: NUMBER OF FAMILY PLANNING ENCOUNTERS BY TYPE OF PROVIDER			
		REPORTING UNIT: TOTAL FOR MONTANA			
		FOR PERIOD BEGINNING	7/01/2005	ENDING	6/30/2006
PROVIDER TYPE					NUMBER OF ENCOUNTERS
CLINICAL SERVICE PROVIDERS					42,084
PHYSICIAN					615
PHYSICIANS ASSISTANTS/NURSE PRACTITIONERS/CERTIFIED NURSE MIDWIVES					34,480
OTHER CLINICAL SERVICES PROVIDERS (E.G. NURSES)					6,989
NON-CLINICAL SERVICES PROVIDERS					1,454
TOTAL FAMILY PLANNING ENCOUNTERS					43,538