

**Annual Report
State of Montana
Montana Plan First Family Planning Demonstration
Section 1115 Family Planning Waiver
Demonstration Year 10, Calendar Year 2021
January 1– December 31, 2021**

Submitted April 14, 2022



APPENDIX A

ANNUAL MONITORING REPORT TEMPLATE

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 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.

A. Executive Summary

1. Synopsis of the information contained in the report

The Montana Family Planning Section 1115(a) Medicaid demonstration referred to as the Plan First program entered its tenth demonstration year (DY) amidst the Public Health Emergency (PHE), and a significant change to the waiver enrollment process.

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 aged 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 60 days postpartum 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, 2021 to

December 31, 2021. The information reflected in this report represents the most current information available at the time that 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.

In early 2021, 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). This change gave applicants improved access to Plan First and other Montana Medicaid eligibility groups.

During the PHE, Montana provided continued coverage for Plan First members in accordance with the increased FMAP conditions in section 6008(b)(3) of the Families First Coronavirus Relief Act Montana did not disenroll members from the Plan First Waiver during the PHE. Additionally, Montana implemented the following temporary changes to Plan First member services:

- More services became available through telephone conversations and electronic visits;*
- Allowed a 90-day supply for all drugs except C II drugs, (retroactive to March 1, 2020);*
- Allowed early refills for members on a case-by-case basis;*
- Authorized non-preferred medications due to shortages; and*
- Authorized COVID-19 vaccination coverage.*

At the end of December, 2021, the above temporary PHE related adjustments remained in place.

Montana notes there were no additional administrative or operational changes to Plan First in DY10.

- 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.

DY6/CY2017 – 2,341

DY7/CY2018 – 1,934

DY8/CY2019 – 1,821

DY9/CY2020 – 1,719

DY10/CY2021- 1,812

Enrollment into Plan First had continued to decline from 2017 through 2020. However, as mentioned above, 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.

Montana assumed the new application process may be burdensome to those members seeking redetermination of Plan First enrollment since the new redetermination application process using CHIMES is more extensive. The new process requires additional information from the member to screen for more Montana Healthcare programs eligibility. Past renewals under the original application process were achieved by a simple report of no significant change without the responsibility to demonstrate continued eligibility. Once the continued coverage conditions in section 6008(b)(3) of the FFCRA conclude, Montana will analyze the impact of the more extensive redetermination process on the retention of long-term members up for renewal.

There was a noted increase in Plan First's 2021 enrollment each month after the full integration of Plan First into CHIMES. The total Plan First enrollment increased an average of nearly 42 members each month over the course of 2021. The largest increases in enrollment occurred in November (with 50 more members than in October) and December (with 166 more members than in November).

The 2021 unduplicated enrollment count has risen since last year by 93 members. With the continued coverage conditions in section 6008(b)(3) of the FFCRA, it is possible this increase is due to the increased member retention only. It is also possible the integration of Plan First eligibility, enrollment and redetermination with CHIMES has funneled more eligible applicants into the Plan First program. Additionally, our provider partners, the Title X Family Planning Clinics, increased their outreach efforts in 2021 by creating posters for display in provider offices and promoting the new Plan First brochure. The Planned Parenthoods of Montana also promoted Plan First in 2021 by distributing the new brochures and assisting their patients with the new application procedure.

In January of 2021, Montana submitted an application for a section 1115(a) COVID-19 Vaccine Administration PHE amendment for Plan First. This application was intended to allow Plan First members to receive the COVID-19 vaccine at no cost, and for Plan First providers to be reimbursed for providing this service. In late December of 2021, Montana received a draft notice from CMS that the application was complete, and the expenditure authority would be effective from December 14, 2020, through March 10, 2021.

There are no additional changes to enrollment, service utilization or provider participation during this reporting period.

- 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 DY 10.

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

Montana is not considering any new policies related to legislative/budget activity or amendments to the current approved demonstration.

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

In a review of website resources in 2021, Montana determined some of the verbiage was imprecise. Updates to the provider and member resources were necessary to provide clarity and improved understanding of the program.

No additional policy, administrative or budget issues were identified.

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:

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 Disease (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: Unduplicated Number of Enrollees by Quarter*Note: Montana Plan First covers women between the ages of 19 through 44 only*

N/A	Number of Female Enrollees by Quarter				
	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	33	1,374	N/A	1,407
Quarter 2	N/A	42	1,422	N/A	1,464
Quarter 3	N/A	44	1,483	N/A	1,527
Quarter 4	N/A	69	1,554	N/A	1,623

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

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year*Note: Montana Plan First covers women between the ages of 19 through 44 only*

N/A	Number of Females Who Utilize Services by Age and Quarter					
	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	14	235	N/A	249	17.70%
Quarter 2	N/A	19	220	N/A	239	16.33%
Quarter 3	N/A	14	202	N/A	216	14.15%
Quarter 4	N/A	35	182	N/A	217	13.37%
Total Unduplicated**	N/A	58	610	N/A	668	33.66%

*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 that each user is only counted once per demonstration year

Table 4: Contraceptive Utilization by Age Group per Demonstration Year

Note: Montana Plan First covers women between the ages of 19 through 44 only

Effectiveness	Users of Contraceptives					
	N/A	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Mostly and Moderately Effective*	Numerator	N/A	11	161	N/A	169
Mostly and Moderately Effective*	Denominator	N/A	77	1,735	N/A	1,812
N/A	N/A	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Long-acting reversible contraceptive (LARC)*	Numerator	N/A	2	30	N/A	32
Long-acting reversible contraceptive (LARC)*	Denominator	N/A	77	1,735	N/A	1,812
N/A	N/A	14 years old and under	15-20 years old	21-44 years old	45 years old and older	Total
Total	Numerator	N/A	11	161	N/A	169
Total	Denominator	N/A	77	1,735	N/A	1,812

*This measure is calculated as per the Medicaid and CHIP Child 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>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

Table 5: Number 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	118	6.51%	118	6.51%

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

Note: Montana Plan First covers women between the ages of 19 through 44 only

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who obtained a cervical cancer screening*	69	1,812	3.81%

*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>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov

Table 7: Breast Cancer Screening

Note: Montana Plan First covers women between the ages of 19 through 44 only.

Screening Activity	Numerator*	Denominator*	Percent
Unduplicated number of female beneficiaries who received a Breast Cancer Screening*	N/A	N/A	N/A

*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>

States needing technical assistance in applying the Core Set specifications to their family planning demonstration can send an email to MACqualityTA@cms.hhs.gov.

The youngest age group, (19-20), decreased service utilization each quarter until quarter four, but then more than doubled compared to quarter three. The older age group (21-44) decreased service utilization each quarter of 2021. More detailed information about service utilization by age categories can be found in Table 3 of this report.

Contraceptive Surveillance remained the primary service, as expected, and the low percentage of screening service utilization reflected the 2020 trend. Montana believes the reduced percentage of members receiving screening services is due to both providers and members safety responses to the COVID-19 pandemic. More information about contraceptive utilization is found in Table 4 of this report.

The chart below compares the CY2020 (DY9) and the CY2021 (DY10) trends in enrollment and service utilization.

CY2020 (DY9)	CY2021 (DY10)
<i>Enrollment of members aged 19-20</i>	<i>Enrollment of members aged 19-20</i>
<i>Q1 – increase (32)</i>	<i>Q1 – increase (33)</i>
<i>Q2 – increase (30)</i>	<i>Q2 – increase (42)</i>
<i>Q3 – decrease (24)</i>	<i>Q3 – increase (44)</i>
<i>Q4 – decrease (20)</i>	<i>Q4 – increase (69)</i>
<i>Enrollment of members aged 21-44</i>	<i>Enrollment of members aged 21-44</i>
<i>Q1 – decrease (1497)</i>	<i>Q1 – decrease (1374)</i>
<i>Q2 – decrease (1344)</i>	<i>Q2 – increase (1422)</i>
<i>Q3 – decrease (1308)</i>	<i>Q3 – increase (1483)</i>
<i>Q4 – decrease (1354)</i>	<i>Q4 – increase (1554)</i>
<i>Primary Service</i>	<i>Primary Service</i>
<i>Contraceptive Surveillance</i>	<i>Contraceptive Surveillance</i>
<i>STD Testing</i>	<i>STD Testing</i>
<i>Almost 11% of all members</i>	<i>6.5% of all members</i>
<i>Cervical Cancer Screening</i>	<i>Cervical Cancer Screening</i>
<i>6% of all members</i>	<i>3.8% of all members</i>

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.

Some providers have a small volume of Plan First member patients so specific questions about covered services will arise out of unfamiliarity. Providers are encouraged to call the Plan First Program Officer when seeking coverage clarity on behalf of their patients. Callers are referred to the Plan First public webpage containing detailed information about eligibility and service coverage. The providers then 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 the enrollment application process 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 also available in paper form upon request

In 2021, Montana moved the free-standing Plan First application and eligibility determination system into the CHIMES eligibility and application system. We believe this has increased program awareness and funneled women into Plan First who were attempting to apply for standard Medicaid benefits but did not qualify. We also believe this has directed more Montana women who do not qualify for Montana Healthcare Programs into the federal Marketplace.

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

Family planning clinics have assisted with the enrollment of the largest 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 has positively impacted awareness of the Plan First program.

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

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

Montana Department of Health and Human Services coordinates outreach and education activities with 23 Family planning clinics and 5 Planned Parenthood of Montana offices. These facilities provide outreach and education materials to women who do not qualify for Standard Medicaid.

Montana continuously updates and develops Plan First brochures, to reach more potential eligible members served through family planning clinics and Planned Parenthood of Montana offices. In early 2021, 900-brochures were printed and disseminated throughout the state and used in all family planning clinics and Planned Parenthood of Montana offices, to increase awareness for members and the public about the Plan First program benefit. Additionally, our provider partner, the Title X Family Planning Clinics, increased their outreach efforts in 2021 by creating posters for display in other medical provider offices and promoting the new Plan First brochure that introduced the new application procedure.

- 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 the largest portion of women into Plan First indicating their outreach and education activities are effective in engaging the targeted population they serve.

D. Program Integrity

Provide a summary of 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 DY10.

Plan First does not have point-of-service eligibility determination. Beginning in 2021, all Plan First applications were 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.

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.

No official grievances or appeals were received in 2021. Occasional claims issues are resolved on a case-by-case basis. Most claims issues are solved by referring providers to the covered code list with modifier instructions, found on the Plan First public web page and on the Medicaid provider Plan First web page.

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 2021 post award forum was held July 29, 2021 in conjunction with the Montana Health Coalition annual meeting. The forum was held virtually due to COVID-19 concerns. Twenty-five people attended via Zoom. No Plan First related comments were made.

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 year over year decline from DY9 to DY10 was 1.0%. Montana believes the decrease is most likely due to the PHE and the public seeking or being eligible for more comprehensive coverage available under Medicaid or Medicaid Expansion.

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.

Montana's Plan First new Evaluation Design was not approved until November 30, 2020. The late-in-the-year approval limited the amount of progress that could be accomplished prior to 2020 calendar year end. The approval, however, did solidify our plans for establishing baseline data from CY2019 for comparison use as our evaluation moves forward.

The approved Evaluation Design directs baseline data obtained from 2019 processed claims and comparative data obtained from 2020 processed claims. Montana allows providers a 365-day submission window for claims processing. Therefore we do not present 2021 year-end data as it is incomplete.

As a part of Montana's Draft Evaluation Design, a member satisfaction survey was conducted in early 2020, asking Plan First members for whom we have email addresses, if they were satisfied with the Plan First services they received in 2019. Possible responses were: Yes, No, or I didn't receive any Plan First services in 2019. This satisfaction survey was repeated, applicable to CY2020, in late January of 2021 and will be repeated in late January/early February of 2022, applicable to 2021.

The CY2019 baseline data and initial survey findings are reported in Attachment A of this report. The 2020 data and second survey information are newly included in this 2021 Annual Report to allow providers 365-days to submit claims.

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

Montana reviewed the procedure codes for each measure that were originally submitted in Appendix A of the approved Evaluation Design to validate the appropriate codes were identified for each measure. The below changes, in red, were suggested and are reflected in the baseline data pull. The code review process will be completed prior to every data pull and updates will be noted in the table below as CPT, HCPCS and ICD 10 coding changes are updated on a quarterly/annual basis. Prior to this 2021 Annual Report submission, the code review was repeated as related to 2020 data, and this year's changes are recorded below in green.

(Changes to Appendix A from the approved Evaluation Design)

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
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
Number of beneficiaries tested for any sexually transmitted disease (by STD)/total number of beneficiaries.	<p>General STD Testing: 88142, 80081, 87801</p> <p>Chlamydia: 87110, 86631, 86632, 87490, 87491, 87492, 87270, 87320, 87810, 87492, 87487, 87485, 87486, 87490, 87491, 87801</p> <p>Herpes: 87273, 87274, 87530, 87533, 87532, 87528, 87529, 87531, 87483, 86696, 86695, 86694, 87207</p> <p>Syphilis: 86592, 86593</p> <p>Gonorrhea: 87850, 87592, 87590, 87591, 87801, 87810, 87592, 87590, 87591</p> <p>Chlamydia, Syphilis, Gonorrhoeae: G9228, G9229, G9230</p> <p>HIV: 86689, 86703, 86701, 86702, 87806, 80081, 87536, 87539, 87534, 87537, 87535, 87538, 87389, 87390, 87391</p> <p>HPV: 57455, 57454, 57460, 57461, 57456, 87623, 87624, 87625</p>
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
The number of beneficiaries who have a live birth within 12 months of being on the Plan First Program.	<p>APR DRG: 540-1 – 542-4 & 560-1 – 560-4</p> <p>ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8</p> <p>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</p>
Number of second live births that occurred at an interval of 18 months or longer/total number of second live births.	<p>APR DRG: 540-1 – 542-4 & 560-1 – 560-4</p> <p>ICD10 Procedure: 10E0XZZ, 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7 & 10D07Z8</p> <p>ICD10 Diagnosis: O80, O82, Z37.0-Z37.9, O60.10X0-O60.14X9 & O60.20X0-O60.23X9</p> <p>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</p>

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

Montana plans to conduct the evaluation utilizing state staff only. Outside evaluation contractors will not be 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 very early in this evaluation plan, and because of the possibly dynamic and yet unknown impact of the pandemic on Plan First utilization, Montana has elected to report findings without further analysis at this time.