Alabama Medicaid

Plan First Family Planning

Section 1115 Annual Report

Demonstration Year 13 Annual Report

April 2013 – April 2014

Fiscal Year 14

July 29, 2014

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Introduction

The Alabama Medicaid Plan First program began October 1, 2000. It represents a collaborative effort between the Alabama Medicaid Agency (AMA) and the Alabama Department of Public Health (ADPH) to increase the availability of family planning services to all women of childbearing age (19-55) with incomes at or below 133% of the federal poverty level (FPL) that would not otherwise qualify for Medicaid. Effective January 1, 2014, the FPL increased to 141% of the FPL. A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income. Plan First was predicated on the recognized need for continued family planning services once Medicaid maternity eligibility was terminated after the postpartum period and for those women who would not otherwise qualify for Medicaid unless pregnant. The Plan First Demonstration Program allows the Alabama Medicaid Agency to extend coverage for family planning services to women ages 19 to 55 that are not currently eligible for Medicaid, but would be eligible if they became pregnant. Enrollees can choose any provider enrolled in Plan First for services, including health department clinics, community health centers and non-Title X providers. Contraception and surgical sterilization services, lab tests, pap smears, HIV counseling and smoking cessation are all covered by Medicaid under the waiver. The program's overall goal is to reduce unintended pregnancies, and positive progress has been made over time in meeting goals and performance targets.

Executive Summary

- **Brief description of Demonstration population**

  The Plan First program extends Medicaid eligibility for family planning services to all women of childbearing age (19 through 55) with incomes at or below 133% of the federal poverty level who would not otherwise qualify for Medicaid, with the overall goal of preventing unintended pregnancies. Effective January 1, 2014, the FPL increased to 141%. A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income.

Goals of Demonstration

Goal 1. Increase the portion of income eligible women, ages 19 – 55, enrolled in Plan First and reduce age, race, and geographic disparities among enrollees.

Goal 2. Maintain the high level of awareness of the Plan First program among program enrollees.

Goal 3. Increase the portion of Plan First enrollees using family planning services initially after enrollment and in subsequent years of enrollment by improving access to services and increasing the rate of return visits for care.

Goal 4. Increase the portion of family planning visits that include referrals for primary care services where indicated.

Goal 5. Maintain birth rates among Plan First service users that are lower than the estimated birth rates that would be occurring in the absence of the Plan First demonstration.

Program highlights

Plan First continued to function well into Demonstration Year 12. Enrollment for the key participant group, women ages 20 – 29, included nearly all of the women estimated to be eligible. Awareness of the program continues to be strong among enrollees, with the use of risk assessments and use of effective contraceptives increasing among service users. Through Plan First, women are able to take advantage of family planning and pregnancy prevention services and products offered through the Alabama Medicaid Agency, which also includes smoking cessation products and counseling through ADPH's Quitline. Any qualified provider can enroll as a provider for the Plan First Program. Direct services are augmented with care coordination and tracking for "high risk" and "at risk" women to ensure compliance with the woman's chosen birth control method. Care coordination services are designed to provide special assistance to those women who are at high risk for an unintended pregnancy and allows for enhanced contraceptive education on appropriate use of the chosen method, further assurance of correct and continued usage, and successful family planning with spacing of pregnancies.

- **Table 1.1 Reporting Schedule**

Demonstration Year	Begin Date	End Date	Quarterly Report Due Date (60 days following

			end of quarter)
Quarter 1	April 1	June 30	August 30
Quarter 2	July 1	September30	November 30
Quarter 3	October 1	December 31	February 28
Quarter 4	January 1	March 31	May 31

Significant program changes

Initially enrollment goals were met at the end of the first demonstration period, but net enrollment declined over the next five years due to the annual re-enrollment requirement that Medicaid put in place in 2006 to retain coverage in Plan First. Since that time, the portion of eligible recipients enrolled has increased, and in 2011-2012 enrollment reached 65% of estimated eligible women, or 132,055 women. This is lower than the target proportion of 75% but is higher in the most recent demonstration year than in previous years. The Alabama Medicaid Agency began using a Social Security Administration data match in January 2010 to verify citizenship, which has helped to streamline the enrollment process. Currently, Alabama uses Express-Lane Eligibility (ELE) by relying on the income findings from the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) programs to determine the eligibility for many children and Plan First women, and uses an administrative renewal for Plan First women with children. Going forward, Medicaid will continue to work on increasing service utilization in the Plan First Program by improving communication with enrollees on enrollment and coverage issues, and making improvements to our mechanisms for verifying eligibility to facilitate enrollment for new participants. The placement of Care Coordinators in private provider offices to enhance progress toward these goals have been received favorably and will be expanded as allowed.

Effective January 1, 2014, Alabama Medicaid Agency implemented policy on eligibility coverage groups such as Pregnant Women, Children under age 19, Family Planning, Parents and Other Caretaker Relatives, and Former Foster Care Children who were affected by the Affordable Care Act (ACA) of 2010 (also known as Patient Protection and Affordable Care Act of 2010). The ACA mandates the use of Modified Adjusted Gross Income (MAGI) methodology for eligibility determinations for specific groups of Medicaid applicants and beneficiaries such as pregnant women, children under age 19, family planning, and parents and other caretaker relatives. The income amount for these women now goes up to 141% of the Federal Poverty Level. A standard income disregard of 5% of the federal poverty level is applied if the individual is not eligible for coverage due to excess income.

Beginning in October 2012 coverage of nicotine substitutes and referral to the Alabama Department of Public Health Tobacco Quitline were provided to applicable recipients. A satellite training opportunity was offered to providers

and Plan First care coordinators in September 2012 to educate them on Plan First program changes, updates with the waiver renewal, and coverage of smoking cessation. Training is still available for new providers and care coordinators via the Alabama Department of Public Health Training Network's on-demand webcast. For the previous contract year (April 2013 – April 2014) Medicaid paid 3,542 claims for smoking cessation products, for a total of $66,080.08, an indication that this coverage option is being utilized.

In 2014 Medicaid Agency initiated a schedule of administrative audits of Plan First providers and care coordinators. Random samplings of recipient records will evaluate compliance with contractual requirements, treatment guidelines and utilization at intervals during each contract year. This is in conjunction with regularly scheduled internal audits by the Alabama Department of Public Health. Ongoing Plan First program evaluations also continue through the University of Alabama at Birmingham School of Public Health.

Policy issues and challenges

The Alabama Medicaid Agency anticipates that changes in eligibility determination, such as the implementation of Expresslane Eligibility determinations and acceptance of insured women, may increase the number of never-before-enrolled women enrolling in Plan First, and may increase the portion of women who renew eligibility within 60 days of the end of the previous enrollment period. The changes in determination processes have impacted low income women, but not the women automatically enrolled from the Medicaid Maternity care program, and the acceptance of enrollment of women with other forms of insurance should impact women with third party liability (TPL). Alabama Medicaid also implemented, with the waiver renewal, the use of an administrative renewal for Plan First women without children, which was not allowed in the previous period. These measures should ease barriers to enrollment and re-enrollment and will shift the composition of the enrolled population closer to that of the eligible population. Although there were less enrollee turnover between Demonstration Year (DY) 11 and DY 12, the annual re-enrollment policy continued to cause some users to stop re-enrolling in Plan First, especially if they did not use the services in the previous year. Effective January 1, 2014, Plan First recipients were given the opportunity to check on their initial applications whether they want to renew their eligibility automatically up to 5 years using income data from tax returns. Also, effective January 1, 2014, the Agency no longer has a separate Plan First online web application. Applicants for Plan First will use the regular online web application used by anyone applying for Medicaid. Applicants applying for Alabama Medicaid through the Federal Facilitated Marketplace do not have the option of applying for Plan First.

The Alabama Medicaid Agency submitted their initial transition plan to CMS on 6/13/2012. On November 13, 2012 Governor Robert Bentley announced that

the state of Alabama would not set up a state-run health insurance exchange and would not opt into an expansion of Medicaid required under the Affordable Care Act. On June 27, 2013, Alabama Medicaid was granted an automatic extension of its 1115 Waiver by CMS through December 31, 2014. Currently, Alabama Medicaid is completing submission of a waiver renewal to cover family planning services from January 1, 2015 through December 31, 2017.

Enrollment and Renewal

Alabama Medicaid's goal is to enroll 75% of all eligible clients (based on census estimated of the eligible population) across all race, age and geographic area groups. Enrollment in Plan First is voluntary, and both Medicaid maternity covered women and low income women with children covered by Medicaid have the option on their Medicaid application to decline enrollment in Plan First. Thus it is not expected that the enrolled population reflect the exact demographics of the estimated eligible population. It is expected, however, that easing barriers to enrollment and re-enrollment through ELE and acceptance of women with other insurance will shift the composition of the enrolled population closer to that of the eligible population. Since the requirement for annual renewal was implemented in February 2006, the portion of potentially eligible women who actually enrolled in Plan First has fluctuated between 50% and 70%. This is lower than the target proportion of 75%, but is higher in the most recent demonstration year than in previous years. In 2011 – 2012 enrollment reached 65% of estimated eligible women, or 134,495 actual enrollees. Enrollment rates are highest in the age 20-29 group and much lower for older women, with the numbers for the 20-29 age group basically equivalent to the number estimated to be eligible. Enrollment rates for the youngest group, however, are not really reliable because of the rapid turnover in this age group. Turnover is lowest among the women who actually used family planning services in DY 11. In DY 11 and DY 12 there was an increase in enrollment for Hispanic, Asian and Native American women, but no racial disparity was noted between Black and White women in the slight increase for women ages 20 – 29, or in the more substantial increase for older women. The increase in older women's enrollment is likely due to the expansion of eligibility from age 44 to age 55 in October, 2008.

Enrollment figures*

Please utilize the chart below to provide data on the enrollees and participants within the Demonstration in addition to member months. The chart should provide information to date, over the lifetime of the Demonstration extension.

- As outlined in Special Terms and Conditions (STC)26 & 33

    1. Enrollees are defined as all individuals enrolled in the Demonstration:

- The number of newly enrolled should reflect the number of individuals enrolled for the year reported.
- The number of total enrollees should reflect the total number of individuals enrolled for the current DY.

2. Participants are defined as all individuals who obtain one or more covered family planning services through the Demonstration.

3. Member months refers to the number of months in which persons enrolled in the Demonstration are eligible for services. For example, a person who is eligible for 3 months contributes to 3 eligible member months to the total.

- This Demonstration has two eligible populations, as described in STC14:
  - Population 1: women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum.
  - Population 2: women who have an income at or below 133 percent of the FPL, 146 percent of the FPL January –March 2014.

Table 1.2 Quarterly Population Total

DY 13	**Quarter 1: April – June 2013**		
	Population 1	**Population 2**	**Total Population**
# of Newly Enrolled	5,730	13,087	113,959
# of Total Enrollees	5,730	13,087	113,959
# of Participants	*	*	40,188♦
# of Member Months	11,481	26,873	244,068

DY 13	Quarter 2: July – September 2013		
	Population 1	**Population 2**	**Total Population**
# of Newly Enrolled	6226	12,272	116,204
# of Total Enrollees	6226	12,272	116,204
# of Participants	*	*	35,297♦
# of Member Months	12,289	24,833	293,118

DY 13	Quarter 3: October – December 2013		
	Population 1	**Population 2**	**Total Population**
# of Newly Enrolled	6888	10,481	119,593
# of Total Enrollees	6888	10,481	119,593
# of Participants	*	*	28,246♦
# of Member Months	13,798	21,678	306,672

DY 13	Quarter 4: January – March 2014		
	Population 1	**Population 2**	**Total Population**
# of Newly Enrolled	6,897	5744	119,354
# of Total Enrollees	6,897	5744	119,354
# of Participants	*	*	36,266♦
# of Member Months	13,769	11,376	320,139

DY 13	Totals for the Contract Year		
	Population 1	**Population 2**	**Total Population**
# of Newly Enrolled	25,741	41,490	151,161
# of Participants	*	*	73,326
# of Member Months	160,927	307,530	1,007,160

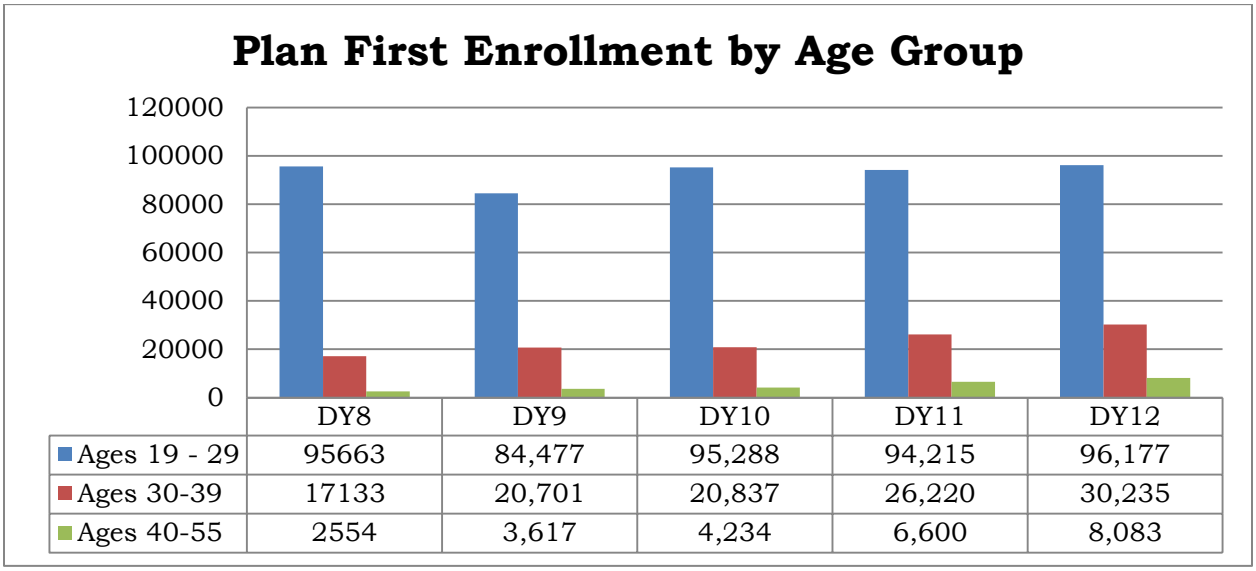
♣ For the purposes of this report, figures based on DY are for FY months (October 1 – September 30), figures for contract periods are based on contract start month (April), and calendar year numbers are based on calendar months, January – December.

*Currently Alabama Medicaid is unable to track Populations 1 & 2 as once a recipient "flips" from maternity to Plan First after their 60th postpartum day, or is awarded Plan First, they become part of the total population the following month – they do not stay in separate populations ongoing.

♦Of the total population of eligibles, this is the number of recipients with a billable service during the quarter (active participants).

- **Provide graphs/charts for the data indicated below (samples of the graph structure are included):**

  1) Annual enrollment by population for each Demonstration Year over the past 4 years of the Demonstration*



	DY8	DY9	DY10	DY11	DY12
Ages 19 - 29	95663	84,477	95,288	94,215	96,177
Ages 30-39	17133	20,701	20,837	26,220	30,235
Ages 40-55	2554	3,617	4,234	6,600	8,083

*Note: Data tables submitted in the 2013 report were labeled incorrectly – corrected version submitted above

- **Annual Disenrollment and Retention figures**

  Enrollment Change Year 10 to Year 12 – Enrollment and Claims Data

  Table 1.3 shows the service user status of the 121,392 recipients who were enrolled in during DY 10 (October 2009-September 2010) and the number in each category who were not enrolled in Plan First during DY 11 (October 2010-September 2011). Table 1.4 shows the service user status of the 127,104 recipients who were enrolled during DY 11 and the number in each category who were not enrolled in Plan First during DY 12. Over 60% of DY 10 enrollees did not enroll in DY 11. Only 18% of DY 11 enrollees did not enroll in DY 12. As in previous years, disenrollment rates were highest for those who had not used services in the previous year, followed by the rates for those who had not used services in the previous two years. Disenrollment rates were lowest for those who had used services in the previous year, but not the year before. The annual re-enrollment policy continues to cause non-service users to stop re-enrolling in Plan First.

Table 1.3 Dis-enrollment Between DY 10 and DY 11

	Enrolled in DY 10	Percent of all who were enrolled in DY 10	Dis-enrolled before DY 11	Percent of this user group that disenrolled before DY 11	Percent of all who dis-enrolled before DY 11
User DY 9, Non-User DY 10	14,995	12.35%	10,906	72.73%	14.65%
User DY 10, Non-User DY 9	26,752	22.04%	13,059	48.82%	17.54%
User, DY 9 and DY 10	35,396	29.16%	22,379	63.22%	30.06%
Non-User DY 9 and DY 10	44,249	36.45%	28,114	63.54%	37.76%
Total	121,392		74,458	61.34	100.00%

Table 1.4 Dis-enrollment Between DY 11 and DY 12

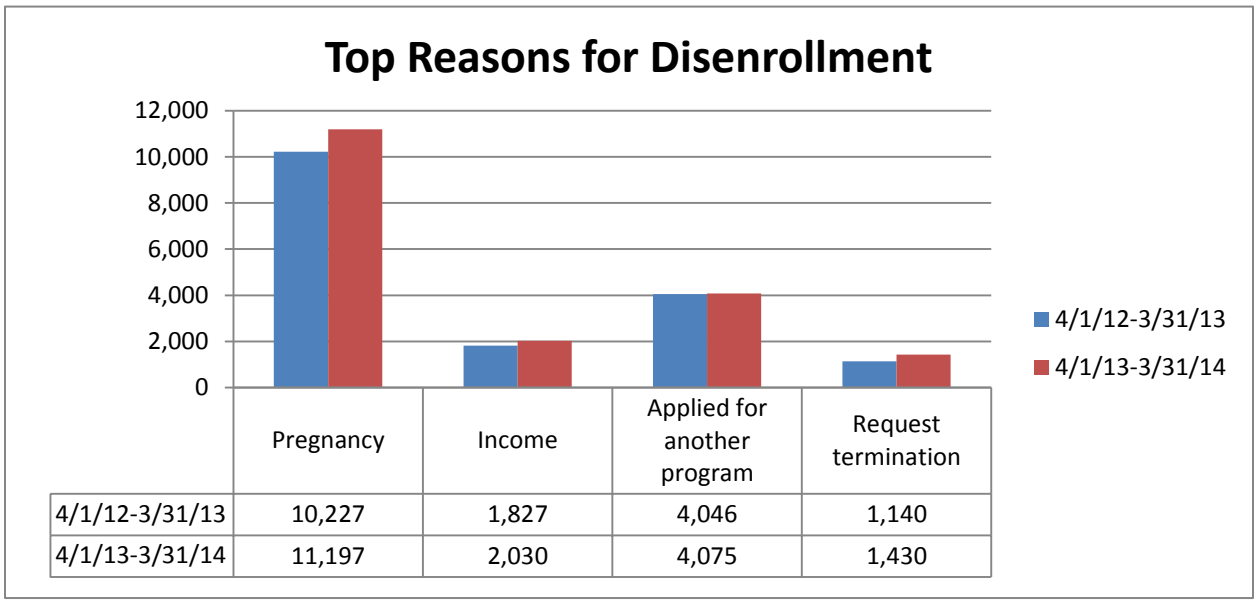
	Enrolled in DY 11	Percent of all who were enrolled in DY 11	Dis-enrolled before DY 12	Percent of this user group that disenrolled before DY 12	Percent of all who disenrolled before DY 12
User DY 10, Non-User DY 11	13,335	10.49%	4,361	32.70%	18.82%
User DY 11, Non-User DY 10	29,810	23.45%	2,919	9.79%	12.60%
User, DY 10 and DY 11	40,526	31.88%	6,120	15.10%	26.42%
Non-User DY 10 and DY 11	43,433	34.17%	9,768	22.49%	42.16%
Total	127,104		23,168	18.23%	100.00%

Plan First has an enrollment goal of 75% of potentially eligible women. While this goal was met at the end of the initial five years of the program, during the two renewal periods enrollment averaged about 55% of those potentially eligible. For DY 12, overall enrollment was about 65% of potential eligibles. However, the number of women ages 20-29 enrolled in Plan First was basically equivalent to the number estimated to be

eligible. There was much less enrollee turnover between DY 11 and DY 12 than has been observed in previous years – overall only 18% of DY 11 enrollees were not enrolled in DY 12, where the rate was 60% for DY 10 enrollees who did not enroll in DY 11. As in previous years, disenrollment rates were highest for those who had not used services in the previous year. For DY 10-12 return visit rates were higher for women who received care coordination services in the initial year. Women who were neither White nor Black (Hispanic, Native American, and Asian) increased their enrollment over the renewal period.

Reasons cited in enrollee surveys for not using family planning services have remained consistent over the years in which surveys were conducted. Some Plan First enrollees continue to be dissatisfied with the choice of providers, and some continue to believe they cannot afford family planning services. In DY 12, those who did not know were enrolled frequently reported barriers in transportation, lack of child care and inconvenient provider office hours as reasons for not utilizing Plan First. Retention of private providers as Plan First providers after the initial postpartum visit, or advising them to encourage their patients to follow up family planning care with Title X providers might increase the number of return visits. Improved outreach to women that included education regarding the need for annual visits, eligibility status and coverage of Plan First (including lack of cost associated with visits), and provider availability will address the reasons for the low rate of return visits and disenrollment.

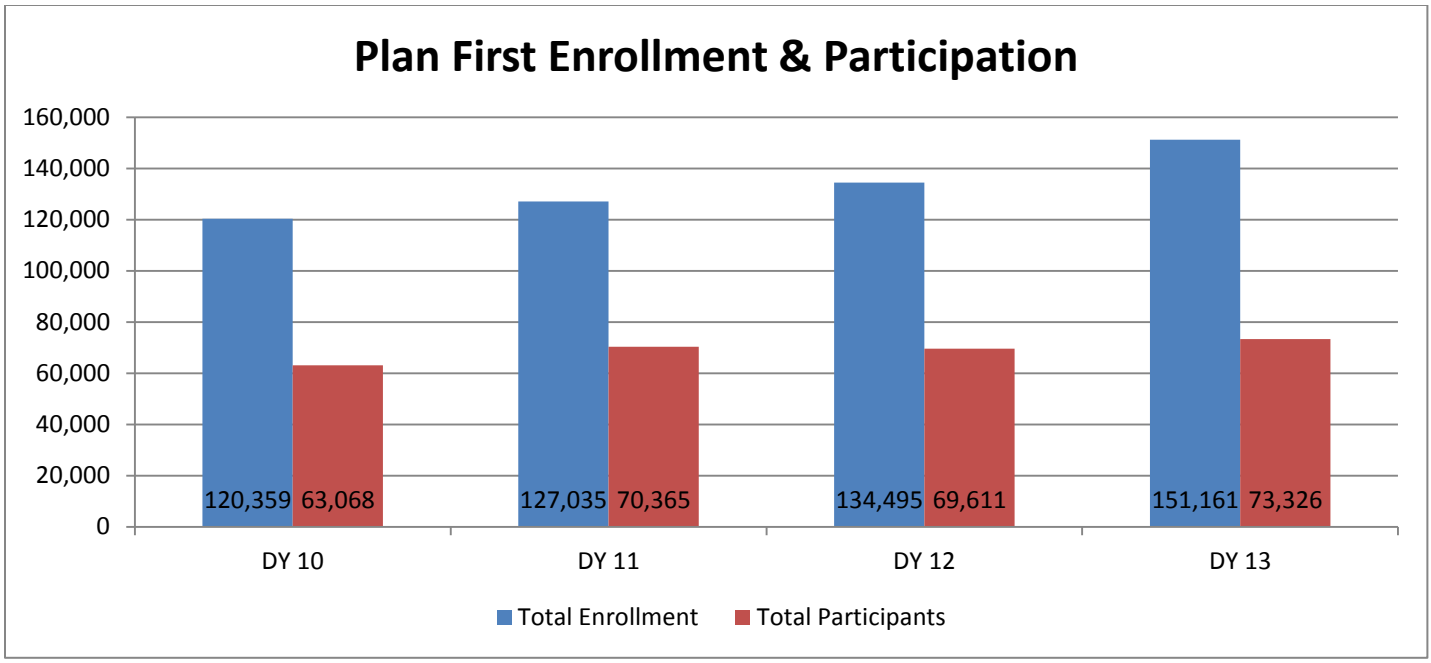
The graph below illustrates the top reasons for disenrollment taken from Alabama Medicaid maternity worker on-line activity reports for the current contract year and the year prior. For the current year there were 41,490 individuals awarded, with 372,367 the previous year.



	Pregnancy	Income	Applied for another program	Request termination
4/1/12-3/31/13	10,227	1,827	4,046	1,140
4/1/13-3/31/14	11,197	2,030	4,075	1,430

Service and Providers

Plan First's goal is to have 70% enrollee utilization, along with a 70% rate for 12 and 24 month return visits for those using services during the renewal period. As of DY 12 the portion of enrollees using services increased by about 5% between DY 8 and DY 12 to about 52% enrollment, which is improved but is still lower than the performance target. The portion of women using second visits in the demonstration year following their initial visit decreased from 62% in DY 11 for DY 10 service users to 46% in DY 12 for DY 11 users. The rate of use of family planning services by women with recent Medicaid paid delivery services decreased across all districts, which may be in part because more women are receiving family planning services during the postpartum period when they are still covered under Medicaid maternity care. Based on these statistics the performance targets still have not been met but continue to move closer than performance in previous demonstration years. All Alabama counties currently have public provider options for Plan First care, and the number of private providers participating increased between DY 11 and DY 12.



Providers must enroll with Medicaid to participate in the Plan First program, but participation is voluntary. They must be certified to participate in the Alabama Medicaid program, be in full compliance with federal civil rights and anti-discrimination legislation, provide services to clients until they elect to terminate care, provide family planning on a voluntary and confidential basis, and assure freedom of choice of family planning method unless medically contraindicated. The distribution of service users across providers has been fairly consistent over time and type of provider services offered by each provider type is consistent. The total number of individual providers in private practice increased between DY 11 and DY 12, with a corresponding increase in the total number and percentage of visits to private providers. In DY 10, 4 counties gained a private provider and by DY 11 only 2 counties did not have private provider participation. Currently all counties have public provider options for Plan First care. Currently Plan First continues to pay only for pregnancy prevention, birth control services and supplies, with the addition of smoking cessation products and counseling in October 2012. With submission of the new waiver for 2015-2017, Medicaid anticipates two changes: addition of the removal of migrated or imbedded IUD devices in an office setting or outpatient surgical facility; and coverage of vasectomies for eligible male recipients 21 years of age or older.

Program Outreach Awareness and Notification

- **General Outreach and Awareness**

Medicaid's performance targets for awareness of the program and knowledge of enrollment were both met in DY 12. Mass media has not proved to be an effective outreach mechanism compared to personal networks and contact from Medicaid and health care providers. Telephone surveys of enrollees performed by UAB' s Department of Public Health have been conducted since the initial year of the first demonstration period, tracking changes in levels of awareness of the program and of enrollment in the program. Tracking shows there was an increase from DY 5 through DY 12 in the portion of enrollees who had heard of Plan First, from 85% to 89%, and there was also a significant increase in the portion of respondents who knew they were enrolled in the program, from 64% to 87% of respondents. Surveys have confirmed that the primary source of information about Plan First has come from referrals from a health department family planning provider and correspondence from Medicaid. The portion of survey respondents using family planning services has remained stable over the renewal period and is higher among those who knew they were enrolled in Plan First.

Program outreach strategies have and will continue to include relationship building and partnerships with other programs, such as maternal health programs, to link patients to Plan First. Training of private providers in outreach strategies and promotions will also continue to be a part of future efforts, with funding for outreach programs and materials coming from the State's Public Health Department. General community-based outreach provided by ADPH Care Coordinators through the use of posters, brochures, presentations and booths at health fairs, continues to be an effective ongoing activity. Care coordinators contact women by phone or mail who have just had a Medicaid delivery and advise them of their automatic enrollment in Plan First once their maternity coverage has ended, as well as how they can obtain Plan First services. Care Coordinators will also continue to ensure the placement of posters promoting the smoking cessation project for Plan First recipients in County Health Departments as well as sending them to Plan First private providers that they work within the county. Medicaid can also provide publications, flyers and other printed materials upon request to Plan First providers and have them available through their website.

ADPH also has updates, links, fact sheets and other sources of information on the Family Planning page of its website. The Plan First hotline takes calls from recipients in search of referrals and information related to family planning. Al.com, an on-line news source, has also been utilized to spread information about Plan First across the urban areas it serves and its affiliates with a commercial, text link, display ads and directions to the program website. The ads followed the internet usage and smart phone aps of this group, and women searching the web using

target words, such as contraception, birth control, STD, etc., were identified as potential Plan First participants. Results of these efforts will be evaluated and repeated if successful.

Medicaid will continue its efforts in provider outreach through brochures, "Alert" notices, website updates, and publications, such as the "Provider Insider". Training for new providers on the smoking cessation benefit can be accessed via ADPH television network's on-demand webcast.

Program Evaluation, Transition Plan, and Monitoring

The Medicaid Agency provides general quality oversight for the Plan First program through direct monitoring and serves as the clearinghouse for other activities done in this area. Managed Care QA has responsibility for tracking and handling complaints/grievances received by Plan First recipients and providers. Over the past 4 quarters only 4 grievances/complaints were received by Medicaid. They were resolved without incident.

Totals from quarterly ADPH audits submitted this year by the eleven Public Health Areas identified that 83,751 women received a Plan First care coordination service. Of those, 35,902 women received their annual face-to-face risk assessment and 19,657 were identified as high risk for an unintended pregnancy and offered care coordination. A total of 3,831 audits were completed over the year, with a compliance rate over 99%. No complaints or grievances were received at ADPH over the past year.

The University of Alabama at Birmingham is responsible for ongoing internal evaluation for this waiver, with Dr. Janet Bronstein, Associate Professor at the University Of Alabama School Of Public Health, as the contact person. Dr. Bronstein evaluates the program using data collection tools designed by UAB that collect, compile and analyze data, providing feedback on a regular basis to the Alabama Medicaid Agency and the Department of Public Health regarding program operation and outcomes. A yearly progress report is produced from this data that illustrates progress, goal achievement and areas for continued improvement. UAB is not involved in direct patient care for the Plan First Program.

According to evaluations by UAB, Plan First continues to make substantial progress in achieving the program objectives, functioning well into DY 12 and demonstrating program improvement over time. Enrollment for the key participant group, women ages 20-29, included nearly all of the women estimated to be eligible. Enrollee turnover was relatively low this year. Participation in the program remains stable at about half of enrollees. The use of risk assessments and effective contraceptives have increased among Plan First service users. There is increased awareness of the program to enrollees, with personal networks,

Medicaid contacts and contact from health care providers proving more effective than mass media efforts to promote the program and its benefits. Births to enrollees in Plan First remain lower than they would have been in the absence of the waiver, and counties state-wide all have public provider options for Plan First care.

Interim Evaluation of Goals and Progress

Goal 1: Increase the portion of income eligible women, ages 19 – 55 enrolled in Plan First and reduce age, race, and geographic disparities among enrollees.

Progress update: The portion of eligible clients enrolled in Plan First has increased since the annual renewal requirement was put into place in 2006, with enrollment reaching 65% of eligible women in 2011-2012. Enrollment of women ages 20 – 29 exceeded population estimates for the size of that group, while enrollment for women over 30, and particularly over age 40, was lower. While short of the performance target, it constitutes program improvement over time. There was much less enrollee turnover between DY 11 and DY 12 than has been observed in previous years, and turnover was lowest among women who actually used family planning services in DY 11.

Goal 2: Maintain the high level of awareness of the Plan First program among program enrollees.

Progress Update: This measure has been met in DY 12 with 89% of survey respondents reporting awareness of the program and 85% reporting that they knew they were enrolled. Mass media has not proven to be an effective outreach mechanism compared to personal networks and contact from health care workers. Awareness and family planning service use rates were fairly similar across all Public Health Areas. Hispanic women were less likely to have heard of Plan First. Married women and those with previous pregnancies were less likely to use family planning services than unmarried women who had not been pregnant.

Goal 3: Increase the portion of Plan First enrollees using family planning services initially after enrollment and in subsequent years of enrollment by improving access to services and increasing the rate of return visits for care.

Progress Update: While the number of service users increased in DY 11 and DY 12 compared to DY 10, the number of enrollees increased as well, so the net portion of enrollees using services was 52%, below the performance target of 70%. Return visit rates for women who first used services in DY 11 were also below the target rate at 46%, while the return visit rate for recipients receiving care coordination services was 64%. There was also a marked decline in the

portion of women with Medicaid deliveries in the year and previous year who used Plan First services in DY 12.

Goal 4: Increase the portion of family planning visits that include referrals for primary care services where indicated.

Progress Update: In DY 12 84% of survey respondents reported that their family planning provider offered them a choice of contraceptives, similar to the portion reporting this in DY 11 but an overall decline from rates of 97% over the previous 4 years. Consistent with past years, about 80% of Plan First clients received a risk assessment or had received a risk assessment in previous years. Nearly half of these were assessed as high risk, and over 90% received case management services. The portion of recipients who received a referral from their family planning provider for primary care after reporting a medical problem declined from 77% in DY 10 to 69% in DY 11 and 65% in DY 12, short of the performance target of 80%. About 44% of the women with medical problems reported they did not receive treatment for their problems, the major barrier being affordability of care. There was a large increase, as expected, in the portion of smokers who were advised on specific ways to quit when they discussed smoking with their family planning provider, since smoking cessation products were approved in October 1012.

Goal 5: Maintain birth rates among Plan First service users that are lower than the estimated birth rates that would be occurring in the absence of the Plan First demonstration.

Progress Update: By several measures the Plan First program continues to reduce the likelihood that potentially eligible Medicaid women will become pregnant. The performance target was met for this measure, with births to enrollees in Plan First remaining lower than they would have been in the absence of the waiver.

Annual Expenditures

- The State is required to provide quarterly expenditure reports using the Form CMS-64 to report expenditures for services provided under the Demonstration in addition to administrative expenditures. Please see Section VII of the STCs for more details.

- Please utilize the chart below to include expenditure data, as reported on the Form CMS-64. The chart should provide information to date, over the lifetime of the Demonstration extension.

	Service Expenditures as reported on the CMS-64		Administrative Expenditures as reported on the CMS-64		Expenditures as requested on the CMS-37	Total Expenditures as reported on the CMS-64
	Total Computable	Federal Share	Total Computable	Federal Share		
Demonstration Year 12	$97,444.81	$87,700.33	$165,693.73	$149,124.36	$38,9008,908	$263,138.54

Demonstration Year 12 (Contract Period April 12, 2012 – March 31, 2013)			
	Population 1	**Population 2**	**Total Demonstration Population**
# Member Months	154,878	339,440	800,160
Total Expenditures	-------☆		$263,138.54

☆ As mentioned previously, Populations 1 & 2 becomes part of the total population the month after they are enrolled or flip to Plan First. They do not remain separate and distinct populations. The cumulative totals are provided from each quarter but expenditures for these populations as separate populations are not available.

- **Actual Number of Births to Demonstration Population**

  Provide the number of actual births that occur to family planning Demonstration participants within the DY over the lifetime of the Demonstration (participants include all individuals who obtain one or more covered family planning services each year).

	# of Births to Demonstration Participants
Demonstration Year 13	23,240

- **Cost of Medicaid Funded Births**

  For each Demonstration year, provide the average total Medicaid expenditures for a Medicaid-funded birth. The cost of a birth includes prenatal services and delivery, and pregnancy-related services and services to infants from birth up to age 1 (the services should be limited to the services that are available to women who are eligible for Medicaid because of their pregnancy and infants).

	Average Medicaid Expenditures for a Medicaid Funded Birth
Demonstration Year 13	6,565

Activities for Next Year

Going forward, the Alabama Medicaid Agency will continue striving to meet identified goals and, in partnership with ADPH, provide family planning services to all women eligible for coverage. While not all of the goals have been met, measurable progress has been made over time, and continued improvement in all aspects of the program will be implemented as challenges are identified.

Plan First coverage will continue to provide annual evaluations by a physician, care management by care coordinators, risk assessments with risk management services for high risk recipients, smoking cessation products and counseling, birth control products, and options to space pregnancies, with the overall goal of improving reproductive health for all eligible women between the ages of 19 and 55. Efforts will continue to improve access to services, add participating providers and streamline the enrollment process. ADPH will continue to explore and improve statewide outreach activities to recipients and potential enrollees, contacting women who have recently delivered by phone or mail to inform them of Plan First services. Medicaid Maternity Care Program care coordinators will assist with these efforts by informing maternity recipients of the Plan First program before and after delivery, and facilitating referrals to Plan First care coordinators. Utilization of smoking cessation products and services, made available in October, 2012, will be evaluated and analyzed by ADPH, as will quarterly audit results from the eleven Public Health Areas. Complaints and grievances will be accepted and evaluated by Medicaid and ADPH, with appropriate follow-up. Plan First Providers will continue to receive education, updates and Medicaid program/policy issues through the “Provider Insider” and

through “Alert” messages sent by the Agency. Ongoing program evaluations will also continue through the University of Alabama at Birmingham School of Public Health.

In short, ADPH and Alabama Medicaid’s partnership will continue to analyze and evaluate Plan First utilization as the program seeks to provide needed services to its target population. By several measures the Plan First program continues to reduce the likelihood that potentially Medicaid eligible women will become pregnant, and the overreaching goal is that the program continues to function and improve to meet the demands of the population it serves.

The Alabama Medicaid Agency is currently working on a three year Plan First Waiver renewal.