

Alabama
Plan First Medicaid Family Planning
Section 1115 Quarterly Report
Demonstration Year 16, Quarter 2
Fiscal Year 16 Quarter 3
April 1, 2016 through June 30, 2016

Introduction

The Alabama Medicaid Plan First program began October 1, 2000. It represents a collaborative effort between the Alabama Medicaid Agency 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 141% of the Federal Poverty Level (FPL) that would not otherwise qualify for Medicaid or lost Medicaid coverage 60 days postpartum. Plan First was predicated on the recognized need for continued family planning once Medicaid Maternity eligibility was terminated after the postpartum period, and for those women who would not otherwise qualify for Medicaid unless they were pregnant. Enrollees can choose any Medicaid enrolled Plan First 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.

Executive Summary

- **Brief Description of Demonstration Population**

The Plan First program extends Medicaid eligibility for family planning services to women ages 19 through 55 losing Medicaid 60 days postpartum with incomes up to 141% of the FPL (post Modified Adjust Gross Income (MAGI) conversion); women age 19 through 55 with incomes up to 141% of the FPL (post MAGI conversion) who are not otherwise eligible for Medicaid; and men age 21 years or older with incomes up to 141% of the FPL (post MAGI conversion) for vasectomies. A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income.

- **Goal of Demonstration**

Goal 1. Increase the portion of income eligible women, ages 19 –55 enrolled in Plan First and reduce race/ethnicity 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. Survey data suggest that approximately one third of Plan First enrollees are cigarette smokers, and 85% of these were advised by their family planning providers to quit smoking. Our goal is that 25% of Plan First service users (85% of the 30% who are smokers) will receive either a covered Nicotine Reduction Therapy (NRT) prescription, a referral to the Quit Line or both.

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.

Goal 6. Increase the usage of the Plan First Waiver by making sterilizations available to males ages 21 years or older.

- **Program Highlights**

Effective January 1, 2015, coverage was added for men age 21 years or older with incomes up to 141% of the FPL (post MAGI conversion) for vasectomies.

As a requirement in Special Terms and Conditions of the approved 1115 Demonstration Waiver, the state held a Public Forum on July 21, 2016 at 10:30 a.m. at the Alabama Medicaid Agency, Commissioner's Boardroom. This forum was open to the public and notification of the forum date, time and location was posted on the Alabama Medicaid Agency's website in a prominent location on June 15, 2016 (see attachments).

The Public Forum afforded an opportunity to provide meaningful comments on the progress of the demonstration. Ten (10) attendees were present. A powerpoint presentation was presented by the Plan First Program Manager, Ruth Harris (see attachment). Comments/questions and issues were raised by the public. See the attachment for further details.

Demonstration Year 16	Begin Date	End Date	Quarterly Report Due Date (60 days following end of quarter)
Quarter 1	January 1	March 31	May 31
Quarter 2	April 1	June 30	August 30
Quarter 3	July 1	September 30	November 30
Quarter 4	October 1	December 31	February 28

- **Significant Program Changes**

None this quarter.

- **Policy Issues and Challenges**

None this quarter.

Enrollment

Effective January 1, 2014, Medicaid income limits and rules changed for Plan First women. Eligibility for Plan First is determined by MAGI (Modified Adjusted Gross Income) established by income tax guidelines. This new way of figuring household size and income brought to us by the Affordable Care Act (ACA) increased the eligibility threshold to 146% of the Federal Poverty Level, which will make more women eligible for the Plan First Program. In addition, the Plan First Program has a new Plan First application and renewal application to include the MAGI information to be used in determining eligibility. Plan First women will now be given the

opportunity to indicate on their initial application whether they want to renew eligibility automatically up to 5 years using income data from tax returns.

- The Plan First Waiver has been approved to include men age 21 and older for vasectomies only. Men may complete a simplified shortened application, Agency Form 357 Plan First application. An eligibility determination must be completed using poverty level eligibility rules and standards. Eligibility will only be for a 12-month period; therefore, retro-eligibility and renewals are not allowed. If the individual has completed the sterilization procedure but has not completed authorized follow-up treatments by the end of the 12-month period, a supervisory override will be allowed for the follow-up treatments. If the individual does not receive a vasectomy within the 12-month period of eligibility, the individual will have to reapply for Medicaid eligibility.
- Effective November 1, 2015, pregnant SOBRA women can now qualify for all non-pregnancy related services covered by Medicaid.
- **Enrollment Figures:** enrollees and participants within the Demonstration in addition to member months, as outlined in STCs 27 & 34. This Demonstration has three eligible populations, as described in STC16:
 - Population 1: women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum
 - Population 2: women who have an income at or below 146 percent of the FPL.
 - Population 3: Men ages 21 or older with incomes up to 141 percent of the FPL for vasectomies.

DY 15	Quarter 1 (January – March 2015)				Quarter 2 (April-June 2015)			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	5,340	5,185	0	111,144	4,280	2,891	0	108,546
# of Total Enrollees	5,340	5,185	0	111,144	4,280	2,891	0	108,546
# of Participants	*	*	*	31,316	*	*	*	29,760♦
# of Member Months	10,749	10,599	0	301,857	8,662	5,837	0	304,125

DY 15	Quarter 3 (July-September 2015)				Quarter 4 (October-December 2015)			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3,829	2,847	89	106,233	3,779	2,413	160	103,288
# of Total Enrollees	3,829	2,847	89	106,233	3,779	2,413	160	103,288
# of Participants	*	*	*	29,564♦	*	*	*	26,672
# of Member Months	7,637	5842	142	277,836	22,674	14,478	960	195,528

**Currently Alabama Medicaid is unable to track Populations 1 & 2 ongoing as once a recipient “flips” from maternity to Plan First after the 60th postpartum day or is awarded Plan First coverage, they do not stay in that group and become part of the total population the following month – they do not stay in Population 1 (flips) or Population 2 (awards) ongoing. Likewise there is no mechanism for tracking which flips or awards are active participants, only the active participants for the total population. Alabama Medicaid is also unable to track those enrolled with Express-lane Eligibility ongoing as markers identifying those recipients are removed when matching with SNAP and TANF data.*

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

DY 16	Quarter 1				Quarter 2			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population
# of Newly Enrolled	3411	2454	3	101,079	2,989	2,569	152	97,696
# of Total Enrollees	3411	2454	3	101,079	2,989	2,569	152	97,696
# of Participants	*	*	3	♦27,026	*	*	*	24,855
# of Member Months	20,466	14,724	18	197,613	17,934	15,414	912	190,308

DY 16	Quarter 3				Quarter 4			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population

# of Newly Enrolled								
# of Total Enrollees								
# of Participants	*	*	*		*	*	*	
# of Member Months								

**Currently Alabama Medicaid is unable to track Populations 1 & 2 ongoing as once a recipient “flips” from maternity to Plan First after the 60th postpartum day or is awarded Plan First coverage, they do not stay in that group and become part of the total population the following month – they do not stay in Population 1 (flips) or Population 2 (awards) ongoing. Likewise there is no mechanism for tracking which flips or awards are active participants, only the active participants for the total population. Alabama Medicaid is also unable to track those enrolled with Express-lane Eligibility ongoing as markers identifying those recipients are removed when matching with SNAP and TANF data.*

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

DY 17	Quarter 1				Quarter 2			
	Population 1	Population 2	Population 3	Total Population	Populat ion 1	Population 2	Population 3	Total Population
# of Newly Enrolled								
# of Total Enrollees								
# of Participants	*	*			*	*		
# of Member Months								

DY 17	Quarter 3				Quarter 4			
	Population 1	Population 2	Population 3	Total Population	Population 1	Population 2	Population 3	Total Population

# of Newly Enrolled								
# of Total Enrollees								
# of Participants	*	*			*	*		
# of Member Months								

**Currently Alabama Medicaid is unable to track Populations 1 & 2 ongoing as once a recipient “flips” from maternity to Plan First after the 60th postpartum day or is awarded Plan First coverage, they do not stay in that group and become part of the total population the following month – they do not stay in Population 1 (flips) or Population 2 (awards) ongoing. Likewise there is no mechanism for tracking which flips or awards are active participants, only the active participants for the total population. Alabama Medicaid is also unable to track those enrolled with Express-lane Eligibility ongoing as markers identifying those recipients are removed when matching with SNAP and TANF data.*

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

Service and Providers

- **Service Utilization**

Since Plan First began providing smoking cessation products and counseling to recipients on October 1, 2012, recipients have been taking advantage of the new benefit. ADPH referred 2,359 recipients for smoking cessation treatment and counseling. As of the end of April 1 – June 30, 2016, ADPH had referred 50 Plan First recipients to the Alabama Quitline for smoking cessation treatment and counseling.

- **Provider Participation**

Providers must enroll with Alabama 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 have been fairly consistent over time and type of provider services offered by each provider type is consistent, with half of recipients using health department care and one quarter using private provider care. Currently all counties have public provider options for Plan First care. Currently there are 1,688 Plan First Provider locations servicing Plan First recipients in Alabama.

Program Outreach Awareness and Notification

General Outreach and Awareness

Program outreach strategies have included relationship building and partnerships with other programs, such as maternal health programs, to link patients to Plan First. These efforts will continue in the future as they have proved an effective tool in reaching the targeted recipient

population of young adults ages 19 – 29. Training of private providers in outreach strategies and promotions, such as marketing materials and flyers containing “coupons” to pass on to family and friends, will continue to be a part of future efforts. Funding for these outreach programs comes 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 ongoing activity. Care Coordinators contact women by phone or mail who have just had a Medicaid delivery. These women are advised of their automatic enrollment in Plan First once their maternity coverage has ended and 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 with within the county. Alabama Medicaid can also provide the posters upon request to Plan First providers.

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.

Alabama 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

Alabama Medicaid tracks complaints/grievances received from recipients and providers related to Plan First services. During this reporting period, there were no complaints or grievances received.

The quarterly audits submitted by the eleven Public Health Areas identified that, of the enrolled recipients receiving Plan First care coordination services, 9,756 received their annual face-to-face risk assessment and 5,741 were identified as high risk for an unintended pregnancy and offered care coordination. A total of 775 audits were completed for the reporting quarter and the compliance rate was 99%.

Quarterly Expenditures

	Demonstration Year 15			
	January 1, 2015 – December 31, 2015			
	Service Expenditures as Reported on CMS-64	Administrative Expenditures as Reported on CMS-64	Total Expenditures as Reported on CMS-64	Expenditures as requested on CMS-37
Quarter 1 Expenditures	\$8,567,910.13	\$24,536.18	\$8,592,446.31	\$8,856,390.00
Quarter 2 Expenditures	\$7,957,903.81	\$40,225.70	\$7,998,129.51	\$9,328,719.00

Quarter 3 Expenditures	\$7,345,144.00	\$34,633.00	\$7,379,777.00	\$9,973,592.00
Quarter 4 Expenditures	\$10,633,801.00	\$80,837.00	\$10,714,638.00	\$8,600,338.00
Total Annual Expenditures	\$34,504,758.94	\$180,231.88	\$34,684,990.82	\$36,759,039.00

*See chart on page 3 for reporting quarters and report due dates.

	Demonstration Year 16 January 1, 2016 – December 31, 2016			
	Service Expenditures as Reported on CMS-64	Administrative Expenditures as Reported on CMS-64	Total Expenditures as Reported on CMS-64	Expenditures as requested on CMS-37
Quarter 1 Expenditures	\$7,329,227.71	\$42,920.80	\$7,372,148.51	\$8,856,390
Quarter 2 Expenditures	\$7,933,696.33	\$53,669.58	\$7,987,365.91	\$9,328,719
Quarter 3 Expenditures				
Quarter 4 Expenditures				
Total Annual Expenditures				

	Demonstration Year 17 January 1, 2017 – December 31, 2017			
	Service Expenditures as Reported on CMS-64	Administrative Expenditures as Reported on CMS-64	Total Expenditures as Reported on CMS-64	Expenditures as requested on CMS-37
Quarter 1 Expenditures				
Quarter 2 Expenditures				
Quarter 3 Expenditures				

Quarter 4 Expenditures				
Total Annual Expenditures				

Contraceptive Methods

- Please insert the state name, demonstration year, and start and end dates for the demonstration year into the chart below. Using this chart, please indicate the *number of each contraceptive method dispensed* in the previous demonstration year. If a state did not receive any claims for a specific contraceptive method in the last year, enter a zero (“0”). If a state does not cover a specific method under its demonstration, enter not applicable (“N/A”). The *number of unique contraceptive users* should identify the number of unique beneficiaries who received a given method in the previous year. The *data source* column should specify the type of data used to describe the specified contraceptive method (i.e., MMIS data, claims data, chart review, etc.).

Alabama Plan First Demonstration – Contraceptive Methods			
Demonstration Year 14 (01/01/14 – 12/31/14)			
	Number of contraceptive method dispensed	Number of unique contraceptive users	Data source
Male Condom	N/A	N/A	N/A
Female Condom	N/A	N/A	N/A
Sponge	N/A	N/A	N/A
Diaphragm	N/A	N/A	N/A
Pill	61,143	22,253	Paid claims
Patch	3,216	1,014	Paid claims
Ring	7,273	752	Paid claims
Injectable	49,074	21,016	Paid claims
Implant	3,621	2,106	Paid claims
IUD	1,867	879	Paid claims
Emergency Contraception	N/A	N/A	N/A
Sterilization	643	643	Paid claims

Activities for Next Quarter

The state is in the process of updating the Plan First Operational Manual. The state is also considering submitting a waiver amendment to add care coordination for males enrolling into the program to receive a vasectomy and vasectomy related services.



1115 Demonstration Waiver
An Extension of
Family Planning Services
for
Eligible Medicaid Recipients

Alabama Medicaid Agency
Public Forum
Thursday, July 21, 2016

Plan First Program

- A federally approved Research and Demonstration Waiver for family planning services
- A collaboration between the Alabama Department of Public Health and Medicaid
- Extends family planning and family planning-related services
- A program to prevent or delay pregnancy



Who Is Eligible?

Females who:

- are between 19-55 years of age
- have not previously been sterilized
- meet citizenship and alienage requirements
- meet poverty level guidelines
- meet Medicaid Eligibility Criteria

Men who:

- are age 21 years of age or older
- have not previously been sterilized
- meet citizenship and alienage requirements
- meet poverty level guidelines
- meet Medicaid Eligibility Criteria



Changes in Services (January 2015)

- Increased income level for women ages 19-55 to 141% of FPL
- Surgical removal of migrated or embedded IUDs in an office or outpatient hospital setting
- Allow vasectomies for eligible men ages 21 or older

Savings for Medicaid

- Births Averted in DY12 -- 12,000
- At an average of \$3,000 per delivery
- Savings of \$36,000,000



Key Numbers

- Plan First Provider Locations: 2,586 (CY15)
- Plan First Participants: 117,312 (DY15)
- Budgeted Yearly Amount Spent:

<u>2013</u>	<u>2014</u>	<u>2015</u>
39 million	35 million	32 million



Provider Types

- Physicians
- Clinics
- Nurse Midwives
- Nurse Practitioners
- Physician Assistants



Covered Services

- Doctor/clinic visits for Medicaid covered family planning services
- Birth control methods such as pills, injections, contraceptive patch, vaginal ring, IUDs, diaphragms
- Tubal ligations and vasectomies in approved settings
- Plan First care coordination services for high risk women
- Surgical removal of migrated or embedded IUDs in an office or outpatient hospital setting
- Initial Visit (99205-FP)
- Annual Visit (99214-FP)
- Periodic Revisit (99213-FP)
- STD/HIV Risk Screening and Pre-HIV test Counseling (99401 with Diagnosis Code Z309)
- STD/HIV post test counseling (99402 with Diagnosis Code Z309)
- Smoking cessation counseling and smoking cessation products

Care Coordination Services

- Perform initial risk assessment to determine if and what type of care coordination services needed
- Provides special assistance to women who:
 - are at high risk for unintended pregnancy
 - need enhanced contraceptive education
 - need assistance with removing barriers to successful pregnancy planning
 - need encouragement to continue with family spacing plans
- Provided by the Alabama Department of Public Health by licensed social workers and nurses.



Goals for DY14-DY17

- Increase the portion of income eligible women, ages 19 –55 enrolled in Plan First and reduce race/ethnicity and geographic disparities among enrollees.
- Maintain the high level of awareness of the Plan First program among program enrollees.
- Telephone surveys of enrollees will be used to track changes in levels of awareness of the program and enrollment in the program.
- 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.
- Survey data suggest that approximately one third of Plan First enrollees are cigarette smokers, and 85% of these were advised by their family planning providers to quit smoking. Increase the number of enrollees who are cigarette smokers to receive either a Nicotine Reduction Therapy prescription, a referral to the Quit line or both.
- 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.
- Increase the usage of the Plan First Waiver by making sterilizations available to males ages 21 years or older.




To Find Out More Information About Plan First:

- Call the Toll Free Hotline Number at: 1-888-737-2083
- Click the following link to access Medicaid's website for a list of providers:
http://medicaid.alabama.gov/documents/4.0_Programs/4.4_Medical_Services/4.4.4_Family_Planning/4.4.4.1_Plan_First/4.4.4.1_Plan_First_Providers_5-13-16.pdf
- Contact the local Health Departments for a list of providers
- Click the following link to access Medicaid's Provider Manual, Appendix C, Family Planning:
http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx



To Find Out More Information About Plan First



Alabama Medicaid Agency


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Regional Care Organizations








Gateway to Community Living

Plan First Program

The Plan First Program is an 1115 Research and Demonstration waiver that extends family planning and birth control services only to eligible women ages 19-55 who do not otherwise qualify for full Medicaid coverage.

- [Section 1115 Demonstration Waiver Renewal Application](#) - Submitted to CMS 8/7/14
- [Brochure - Plan First](#)
- [Care Coordinator List](#) - Updated 5/1/15
- [Forms](#) - Family Planning and Plan First
- [Forms](#) - Maternity
- [Form](#) - Smoking Cessation Prior Authorization Form for Plan First Recipients
- [Plan First Provider Agreement/Enrollment Form](#)
- [General Information - Plan First](#)
- [Provider List](#) - Updated 3/24/14
- [Provider Manual](#) - Appendix C
- [Plan First Summary Evaluation](#)
- [Plan First Provider Presentation](#)

[Plan First Public Forum](#)
10:00 a.m., Thursday, June 11, 2015



Access Plan First information on Alabama Medicaid website at
<http://medicaid.alabama.gov/>.
Under Programs tab click on Medical Services followed by Family Planning/Plan First, then Plan First Program.

MES Login | ACE Email Login | Home | Statements & Policies | Alabama.gov | Online Services | Media | Top

Program Contact Information

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- Ruth Harris, Program Manager
Plan First/Family Planning Program
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334.353.3562
- Pamela Moore, Program Coordinator
Maternity & Plan First/Family Planning Programs
pamela.moore@medicaid.Alabama.gov
334.353.9404



General Contact Information

- Alabama Department of Public Health 334-293-6525
- Program Questions 334-353-3562
- Provider Assistance Center 800-688-7989
- Recipient Call Center 800-362-1504
- Recipient Call Center Fax 334-215-4140

Medicaid's Website www.medicaid.alabama.gov

July 21, 2016 Plan First Public Forum

Questions/Comments and Issues and Responses

Question: What happens to a Plan First recipient /patient who has a migrated or embedded IUD?

Answer: There is a new covered service that has been added to Plan First and is of great benefit to providers. Medicaid has now added coverage for migrated and embedded IUDS to the Plan First Program.

Question: (Katie Magoulich- MY CARE) Let's say a lot of women have full Medicaid. If a Plan First woman has high blood pressure and doesn't have full Medicaid coverage what happens to her then and who manages that?

Answer: (Meredith Adams-ADPH) The recipient can be referred to an FQHC or seen by a Care Coordinator who will then arrange a referral to a Primary Care M.D. or an FQHC or a rural health provider from an available list.

Answer #2: (Ruth Harris/Plan First Program Manager) In the past safe and effective hypertensive medicines have been given free by the ADPH who were unable to purchase these medications. Also with the assistance of a Care Coordinator free or low cost medications may be provided to a recipient by a drug manufacturer thru indigent medication programs.

Question: (Katie Magoulich- MY CARE) From an RCO perspective how can we be supportive of the Plan First Program? What is the role of the RCO in Plan First? Can collaboration be done with Plan First so there is quicker access to care for these recipient's to meet their needs, these would include women and now men.

Answer: (Sylisa) If a recipient has full Medicaid she will receive Family Planning in the RCO. If she's a Plan First recipient, she won't be carved into the RCOs. What RCO's can do now is to get familiar and make a collaboration effort to educate and establish relationships with Plan First Providers. A list of Providers can be found on the Medicaid website. Initial contact and communication with them is very important.

Question: Now that the gentleman are being included in Plan First will Care Coordination services be extended to them at the level the females receive?

Answer: #1 (Sylisa) Medicaid is currently reviewing a request to add care coordination for males to the Waiver. This will take a waiver amendment approved by CMS.

Answer #2 (Meredith): Care Coordination Services would not be needed at the extent that a female receive services because he is not at risk for pregnancy and does not have the same risk factors.