

Alabama
Plan First Medicaid Family Planning
Section 1115 Quarterly Report
Demonstration Year 13, Quarter 4
Fiscal Quarter 2
May 29, 2014

Introduction

The Alabama Medicaid Plan First program began October 1, 2000, and represents a collaborative effort between the Alabama Medicaid Agency and the Alabama Department of Public Health 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 that would not otherwise qualify for Medicaid. 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. Plan First was predicated on the recognized need for continued family planning once Medicaid eligibility for pregnancy 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 141% of the federal poverty level who would not otherwise qualify for Medicaid. 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.

- **Goal 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 has continued to function well, with enrollment for the key participant group, women ages 20-29, including nearly all the women estimated to be eligible. Through Plan First, women are able to take advantage of all family planning services that are offered through the Alabama Medicaid Agency. 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. Effective for dates of service October 1, 2012, the Alabama Medicaid Agency began covering selected smoking cessation products for recipients enrolled in the Plan First program. Products covered are nicotine patches, nicotine gum, nicotine lozenges, bupropion tablets and varenicline tablets. Education on this benefit continues to be available for new providers and appropriate staff as an on-demand webcast through the ADPH television network.

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	September 30	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. 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 SNAP or TANF programs to determine the eligibility for many children and Plan First women, and uses an administrative renewal for Plan First women with children. Effective January 1, 2014, Alabama Medicaid Agency implemented a 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. ELE continues to be used on the Plan First women age 19 to 55 to determine and redetermine eligibility. In addition, Plan First women will be given the opportunity to check on their initial application whether they want to renew eligibility automatically up to 5 years using income data from tax returns. Going forward, Medicaid will continue 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 has been received favorably and will be expanded as allowed.

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 re 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. Since providing coverage of smoking cessation products, more than 734 claims have been submitted for payment, indicating recipients are taking advantage of the coverage option.

- **Policy issues and challenges**

Changes in eligibility determination, such as the implementation of Express-lane Eligibility in February 2013, and acceptance of insured women will increase the number of never-before-enrolled women enrolling in Plan First, and will increase the portion of women who renew eligibility within 60 days of the end of the previous enrollment period. The changes in determination processes should impact low income women, but not the women automatically enrolled from the Maternity Care program, and the acceptance of enrollment of women with other forms of insurance should impact women with TPL (third party liability). Alabama Medicaid 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 was much less enrollee turnover between DY11 and DY12, the annual re-enrollment policy continues to cause non-service users to stop re-enrolling in Plan First.

The Agency no longer has a separate Plan First online web application. Applicants applying 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, to run through December 31, 2014.

Enrollment

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. Enrollment rates for the youngest group are not really reliable because of the rapid turnover in this age group. 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. Turnover is lowest among the women who actually used family planning services in DY11. In DY11 and DY12 there was an increase in enrollment for Hispanic, Asian and Native American women.

As mentioned, Medicaid proposes to continue increasing utilization in Plan First by improving communication with enrollees and making improvements to our mechanisms for verifying eligibility. At or near the first working day of each month, before the regular renewal packets are sent, Medicaid sends DHR a file

of recipients approaching redetermination that will be matched by DHR with their SNAP and TANF data. Those cases where all individuals match will receive an Express-lane eligibility renewal and those who do not match will be sent a regular review package so they can renew. Individuals who are renewed through Express-lane eligibility receive a letter informing them their case has been renewed, and there is no action required of an eligibility worker or the family. Alabama implemented automated Express-lane Eligibility renewals, an expedited renewal completed totally by the system without worker or recipient participation, on Plan First women as well as children in February, 2013. With changes in the system using the automated ELE feature, tracking of recipients enrolled with ELE is no longer available as indicators added to match with TANF and SNAP are removed from recipients who are no longer active through ELE. Going forward, Alabama Medicaid will continue to monitor enrollment trends on an ongoing basis, quarterly and annually.

- **Enrollment figures:** enrollees and participants within the Demonstration in addition to member months, as outlined in STCs 25 & 33. 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 146 percent of the FPL.

DY 12	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 12	Quarter 2: July - September 2013		
	Population 1	Population 2	Total Population
# of Newly Enrolled	6,226	12,272	116,204
# of Total Enrollees	6,226	12,272	116,204
# of Participants	*	*	35,297♦
# of Member Months	12,289	24833	293,118

DY 12	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 12	Quarter 4: January - March 2014		
	Population 1	Population 2	Total Population
# of Newly Enrolled	6,897	5,744	119,354
# of Total Enrollees	6,897	5,744	119,354
# of Participants	*	*	36,266
# of Member Months	13,769	11,376	320,139

*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. 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

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. While the number of service users increased in DY11 compared to DY10, the number of enrollees increased as well, so the net portion of enrollees using services was below 45%, accompanied by a decline in the portion of women with Medicaid deliveries in the year and previous year that used Plan First services in DY11, 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. By DY12, however, the portion of enrollees using services increased from 47% to 52% of enrollees, which is improved but still lower than the targeted population. The portion of women using second visits in the demonstration year following their initial visit decreased from 62% in DY11 for DY10 service users to 46% in DY12 for DY11 users. All Alabama counties currently have public and private provider options for Plan First care, which may be an asset for continued progress toward this goal.

There was also a decline in the portion of women with Medicaid deliveries who used Plan First services in DY11. Based on these statistics the performance targets still have not been met but continue to move closer than performance in previous demonstration years.

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, and ADPH referred 1,608 recipients for smoking cessation treatment and counseling. During the reporting quarter there were 207 recipient referrals and claims paid for smoking cessation products totaling of \$8,753.14.

• Provider participation

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. In DY10, 4 counties gained a private provider and by DY11 only 2 counties did not have private provider participation. Currently all counties have public provider options for Plan First care. The portion of women using private sources for Plan First services remains relatively stable.

Program Outreach Awareness and Notification

- **General Outreach and Awareness**

Outreach strategies include relationship building and partnerships with other programs, such as maternal health programs, to link patients to Plan First. The targeted recipient population is young adults ages 19 – 29. Training of private providers to outreach targeted populations, distribute marketing materials to CHIP clinics/providers and flyers containing “coupons” to pass on to family and friends are also outreach strategies. Funding for these outreach programs comes from the State’s Public Health Department. Medicaid will continue its efforts in provider outreach through brochures, Alert notices, website updates, and publications such as the “Provider Insider”.

General community based outreach, provided by the ADPH Care Coordinators through the use of posters, brochures, presentations and booths at health fairs, is 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 and how they can obtain services. The Plan First hotline received 644 calls during the reporting quarter. There were 1,342 phone calls received since October 1, 2013.

Program Evaluation, Transition Plan, and Monitoring

The Alabama Medicaid Agency tracks complaints/grievances received from recipients and providers related to Plan First services. During the quarter ending 3/31/2014, one Plan First complaint was received at Medicaid from a recipient, and information was provided to the recipient as requested. The complaint is still being resolved.

The quarterly audit submitted by the eleven Public Health Areas identified that, of the enrolled recipients receiving Plan First care coordination services, 7,687 received their annual face-to-face risk assessment and 4,327 were identified as high risk for an unintended pregnancy and offered care coordination. A total of 933 audits were completed for the reporting quarter and the compliance rate was 99%. No complaints or grievances were received at ADPH during this quarter.

Quarterly Expenditures

Demonstration Year 13				
October 1, 2013 – September 30, 2014				
Reporting Quarter*	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 4 Expenditures	\$7,491,687.15	♣	\$7,491,687.15	\$9,316,441.00

*Reporting quarters for waiver renewal do not coincide with quarters in fiscal year. See chart on page 2 for reporting quarters and report due dates.

♣ As of this report date, figures for expenditures separated into service and administrative categories was not available.

Activities for Next Quarter

State-wide outreach will continue on an on-going basis with general community based efforts provided by the ADPH Care Coordinators using posters, brochures, presentations and booths at health fairs. Care Coordinators will also continue to contact women by phone or mail who have recently had a Medicaid delivery to advise them of automatic enrollment in Plan First and how they can obtain services.

Providers will continue to have access to the Smoking Cessation Initiative satellite training, and materials for instruction, promotion and patient awareness through Medicaid and ADPH. Responses to questions regarding smoking from recipient surveys will be evaluated as they are received and help to establish a baseline for further evaluation of smoking cessation products and counseling. The expectation is that this participation will continue as the program is promoted by care coordinators in the Maternity Care Program and 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 evaluation will also continue through the University of Alabama at Birmingham School of Public Health.