

Alabama
Plan First Medicaid Family Planning
Section 1115 Quarterly Report
Demonstration Year 12, Quarter 2
Fiscal Quarter 4
November 30, 2012

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 133% of the federal poverty level that would not otherwise qualify for Medicaid. Plan First was predicated on the recognized need for continued family planning once SOBRA Medicaid eligibility for pregnancy was terminated after the post partum period and for those women who would not otherwise qualify for Medicaid unless pregnant. The program's overall goal is to reduce unintended pregnancies. When the program began, approximately 60,000 women were automatically enrolled. Enrollment increased steadily for the first five years of the program to over 100,000 women, after which there was a decline. Despite the initial decline and the increased potential eligible population due to the recession of 2008, actual enrollment numbers in the Plan First program have been stable overall, with enrollment exceeding 75% for eligibles in the key reproductive age group of 20 – 29. The program continues to make substantial progress in achieving the program objectives.

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.

- **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**

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. Beginning in October 2012 coverage of nicotine substitutes and referral to the Alabama Department of Public Health Tobacco Quit Line will be 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 changes, updates with the waiver renewal, and coverage of smoking cessation.**

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 requirement for annual re-enrollment in Medicaid to retain coverage in Plan First. By DY10, however, the percent of enrollees increased to 54%, with overall actual enrollment numbers in the Plan First program quite stable. 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 program to determine the eligibility for many children **and Plan First women**, and uses of an administrative renewal for Plan First women with children. Going forward, Medicaid proposes to 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. Ongoing program evaluation will continue through the University of Alabama at Birmingham School of Public Health.

Department of Public Health (ADPH) Care Coordinators have been placed in some private provider offices around the State. The reception to this new service being provided has been very positive and other Plan First providers have inquired about placement of care coordinators in their practices. (See Program Outreach and Awareness Notification for more information regarding this quarter's activity).

- **Policy issues and challenges**

Changes in eligibility determination such as the implementation of Expresslane Eligibility determinations 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 SOBRA maternity, and the acceptance of enrollment of women with other forms of insurance should impact women with TPL (third party liability). Alabama Medicaid also plans, 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.

The Alabama Medicaid Agency submitted their initial transition plan to CMS on 6/13/2012. On November 13 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.

Enrollment

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. Medicaid will communicate directly with DHR, sending a file of recipients approaching redetermination on the first working day of each month that will be matched by DHR with their SNAP and TANF data. Those who match will receive Expresslane eligibility renewal, and those who do not match will be

sent a regular review package so they can renew.. This change should impact the population of low income women and women with other forms of insurance. **To date 12,033 Family Planning individuals have had eligibility determined through ELE.** Going forward, Alabama Medicaid will monitor trend 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 133 percent of the FPL.

DY 12	Quarter 1: April – June 2012		
	Population 1	Population 2	Total Population
# of Newly Enrolled	5,508	11,098	105,431
# of Total Enrollees	5,508	11,098	105,431
# of Participants	*	*	38,141♦
# of Member Months	11,090	21,911	266,475
Total # Recipients Enrolled w/ ELE to date			---▲
DY 12	Quarter 2: July – September 2012		
	Population 1	Population 2	Total Population
# of Newly Enrolled	6209	14,239	106,446
# of Total Enrollees	---	---	106,446
# of Participants	*	*	38,673♦
# of Member Months	12,186	28,668	257,994
Total Recipients Enrolled w/ ELE to date			12,033

♠See amended report 11/30/12

*Currently Alabama Medicaid is unable to track Populations 1 & 2 ongoing as once a recipient “flips” or is awarded Plan First, they become part of the total population the following month – they do not stay in Population 1 or Population 2

♦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**

As reported in January, 2012, the overall portion of enrollees using services increased between DY6 and DY10 from 54% to about 56% of enrollment. The increase in portion of enrollees using services occurred primarily because the size of the enrolled population declined, and non-service users in particular did not re-enroll. The actual number of clients using services increased 1.3% between DY6 and DY10, while the number of enrollees declined by 24%. The portion of maternity care service users who received at least one Plan First visit increased by nearly 18% between DY6 and DY10. The portion of maternity care service users now receiving a Plan First visit is over 31%. Examination of DY10 visit return rates after 12 and 24 months shows that 12 month return rates are over 60% of service users in DY8 and DY9, and 24 month return visit rates for users first seen in DY7 were 44%. **Based on these statistics the performance targets still have not been met but continue to move closer than performance in previous demonstration years.**

▪ **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. All Alabama counties currently have public provider options for Plan First care. In DY10, 4 counties gained a private provider. Though not all counties have private providers, the total number of private providers participating in Plan First increased across the state. Likewise, the total number of visits made to private providers has increased, suggesting that these were re-distributed across other providers in neighboring counties. **As mentioned, providers were given access to satellite training in September 2012 re the Plan First waiver renewal with coverage of tobacco cessation products and counseling through the ADPH Quitline. Providers who missed the initial training can access training, handouts, forms and other information via the ADPH website on the Plan First page.**

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.

ADPH developed patient awareness posters to be placed in Plan First provider offices to announce the start of the smoking cessation initiative during this past quarter. Care Coordinators will ensure the placement of the posters in County Health Departments as well as sending them to Plan First private providers that they work within the county. Medicaid also has the posters available upon request for Plan First providers.

The Plan First commercial continued its run with “al.com.”, an online source of news for the 4 major urban areas in Alabama utilizing several local affiliates to cover other areas of the state. The Plan First commercial, as well as a text link and display ads ran from June 1 through August 31. Each if these ads featured a click to program site web page for more information. During the run, al.com redirected 4,042 readers to the Plan First web page.

The Plan First hotline received 919 calls during July through September. Total calls for FY’12 were 3,832, surpassing the 3,367 calls for FY’11.

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 9/30/2012 Medicaid received 4 complaints/inquiries from providers re Plan First coverage issues.**

As specified in the transition plan submitted to CMS 6/13/12, the Agency intends to expand enrollment using the “Flip” process currently in place for recipients who “flip” from maternity coverage to Plan First coverage after the 60th post partum day. This would allow for a seamless transition from the Plan First category to the expanded coverage category should coverage expansion go into effect January 1,

2014. This process already works effectively for transition from maternity to family planning coverage, and will likewise facilitate transition to full coverage.

The quarterly audit submitted by the eleven Public Health Areas identified that 20,895 women received a Plan First care coordination service. Of those, 9,865 women received their annual face-to-face risk assessment and 5,379 were identified as high risk for an unintended pregnancy and offered care coordination. A total of 983 audits were completed for this quarter and the compliance rate was 99%.

No recipient grievances were received during this reporting period.

Quarterly Expenditures

	Demonstration Year 12 October 1, 2011 – September 30, 2012			
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 1 Expenditures	\$12,534,596.00	\$42,561.00	\$12,577,157.00	\$9,612,000.00
	Demonstration Year 13 October 1, 2012 – September 30, 2013			
Quarter 2 Expenditures	\$9,521,225.00	\$47,392.00	\$9,568,617.00	\$9,612,000.00
Quarter 3 Expenditures				
Quarter 4 Expenditures				
Total Annual Expenditures				

*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.

- **Activities for Next Quarter**

Alabama Medicaid has received approval with the newly approved terms and conditions to provide smoking cessation services to Plan First recipients, and ongoing evaluations of utilization will be instituted.

Providers will continue to have access to the Smoking Cessation

Initiative satellite training done September 2012. Patient awareness posters for provider offices are available through Medicaid and ADPH. Questions regarding smoking were added to the recipient survey for services provided before October 1, 2012 to establish a baseline for further evaluation regarding the addition of smoking cessation products and counseling. Medicaid will continue to provide education to providers through the Provider Insider and Alert messages for changes and program issues, which will also be available on the Medicaid website. Ongoing program evaluation will also continue through the University of Alabama at Birmingham School of Public Health.