

Alabama
Plan First Medicaid Family Planning
Section 1115 Quarterly Report
Demonstration Year 15, Quarter 3
Fiscal Year Quarter 4
July 1–September 30, 2015
November 30, 2015

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. 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 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. The Plan First Demonstration Program allows the Medicaid 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. 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. A standard income disregard of 5% of the FPL is applied if the individual is not eligible for coverage due to excess income.

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**

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 and pregnancy prevention services and products offered through Alabama Medicaid, which also includes smoking cessation products, and counseling through ADPH's Quitline.

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. 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 April 1, 2014, Alabama Medicaid began covering long acting birth control in the inpatient hospital setting **immediately** after a delivery or up to the time of the inpatient discharge for postpartum women, or in an outpatient setting **immediately** after discharge from the inpatient hospital. Medicaid is encouraged that this additional service will help with spacing, unplanned pregnancies and improve birth outcomes.

Demonstration Year	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**

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) and 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. Effective January 1, 2014, Medicaid 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 FPL. A standard income disregard of 5% of the FPL 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 are 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, Alabama 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.

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.

Effective February 1, 2015 through the renewal of the Alabama Plan First Section 1115 Family Planning Demonstration Waiver, Alabama Medicaid covers the removal of embedded intrauterine devices in an office or outpatient hospital setting for Medicaid-eligible Plan First recipients.

In efforts of expediting reimbursement to providers, effective September 25, 2015 Medicaid made provisions for the Sterilization Consent Form (Form 193) to be available on the Alabama Medicaid Agency's website in an electronic fillable format. The form must be printed to complete signatures and dates. The electronic fillable version can now be faxed to Medicaid's fiscal agent for consideration of payment for services rendered to recipients.

- **Policy Issues and Challenges**

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.

Alabama Medicaid 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. Alabama Medicaid applied for a three year renewal of the Waiver and was granted an extension to continue family planning services for three years, beginning January 1, 2015, through December 31, 2017.

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 40% and 60%. This is lower than the target proportion of 75%, but is higher in the most recent demonstration year than in previous years. In 2012 – 2013 enrollment reached 60% of estimated eligible women, an increase of 10 percentage points compared with DY12. Enrollment of women ages 20-29 group and much lower for older women, with the numbers for the 20-29 actually exceeded population estimates for the size of this group, while enrollment of women over age 30 and particularly over age 40 was lower than the target. While this finding is short of the performance target, it constitutes a program improvement over time. There was much more enrollee turnover between DY12 and DY 13 than we have observed in previous years-overall more than one-half of DY12 enrollees disenrolled before DY 13. Turnover is lowest among the women who actually used family planning services in the previous two years and highest among those that hadn't used services in the previous two years.

Medicaid income limits and rules changed for Plan First women effective January 1, 2014. 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), will increase the eligibility threshold to 146% of the FPL, 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.

Plan First Waiver has been approved to include men on this waiver for age 21 and up. Therefore, effective August 1, 2015 Plan First include Men age 21 and up for vasectomies. Males age 21 and over are eligible for sterilization services only. Men may complete a simplified shortened application, the 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, then he will have to reapply for Medicaid eligibility.

As mentioned, Alabama 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, Alabama Medicaid sends the Department of Human Resources (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 ELE renewal and those who do not match will be sent a regular review package so they can renew. Individuals who are renewed through ELE receive a letter informing them their case has been renewed, and there is no action required of an eligibility worker or the family. Automated ELE renewals, an expedited system completed totally by the system without worker or recipient participation, were implemented in February 2013, and automatic ELE updates on pending applications began in July 2013, allowing for more efficient processing of pending applications. Prior to these dates Alabama Medicaid had only automated renewals for ELE and the application process was still manual. 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 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			
	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	*	*	0	29,760♦
# of Member Months	10,749	10,599	0	301,857	8,662	5,837	0	304,125

DY 15	Quarter 3				Quarter 4			
	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				
# of Total Enrollees	3,829	2,847	89	106,233				
# of Participants	*	*	*	29,564♦	*	*	*	
# of Member Months	7,637	5842	142	277,836				

DY 16	Quarter 1	Quarter 2
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	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								

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								

DY 17	Quarter 1				Quarter 2			
	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								
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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

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. An additional goal is the maintenance of at least one Title X and one non-Title X Plan First provider in each county. Between DY9 and DY13 the number of service users increased and the number of individuals enrolled increased, but the net portion of enrollees using services has decreased from 55% in DY9 to 51% in DY13, well below the performance target; however, the target of 70% was met among women 20 years and under. The portion of women using second visits in the demonstration year following their initial visit increased to 62% for DY10 service users in DY11, but declined to 46% for DY11 service users in DY12, and further still to 40% for DY12 users in DY13. Since DY11,

there has been a significant increase in the portion of all family planning visits that were made to private providers in all eleven Public Health Areas. There was also a marked increase in utilization of family planning services by women after maternity care, across all maternity care districts.

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 2,207 recipients for smoking cessation treatment and counseling. As of the end of July 1, 2015 through September 30, 2015 there were 74 Plan First recipient referrals to the Alabama Quitline. For the reporting quarter there were 348 claims paid for smoking cessation products totaling of \$3,333.18.

• **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 1,659 actively enrolled Plan First Providers.

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. The Plan First hotline received 543 calls during the reporting quarter. 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 apps 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.

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 the quarter ending 9/30/2015, there were no complaints or grievances.

The quarterly audits submitted by the eleven Public Health Areas identified that, of the enrolled recipients receiving Plan First care coordination services, 8,405 received their annual face-to-face risk assessment and 4,445 were identified as high risk for an unintended pregnancy and offered care coordination. A total of 843 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	\$34,633	7,379,777	\$9,973,592.00
Quarter 4 Expenditures				
Total Annual Expenditures				

*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				
Quarter 2 Expenditures				
Quarter 3 Expenditures				
Quarter 4 Expenditures				
Total Annual Expenditures				

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	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

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 Alabama 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 Alabama 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 and administrative reviews of Plan First by the Alabama Medicaid Agency.