

**Alabama Medicaid Agency  
Section 1115 Demonstration Waiver Quarterly Report  
Plan First/Family Planning Program  
Demonstration Year 16, Quarter3  
Fiscal Year 16 Quarter 4  
July 1, 2016 through September 30, 2016**

**Introduction**

The Alabama Medicaid Agency (AMA) Plan First Program began on October 1, 2000. It represents a collaborative effort between the 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 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 eligible enrollees were 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 for their Plan First services, including health department clinics, community health centers and Non-Title X providers. Contraceptives, 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 demonstration population includes women age 19 through 55 losing Medicaid eligibility 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.

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**

- 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 AMA is unable to track Populations 1 & 2 ongoing as once a recipient “flips” from maternity to Plan First after the 60<sup>th</sup> 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. AMA 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	2,727	2,570	166	95,034				
# of Total Enrollees	2,727	2,570	166	95,034				
# of Participants	*	*	*	22,528	*	*	*	
# of Member Months	16,362	15,420	996	186,768				

\*Currently AMA is unable to track Populations 1 & 2 ongoing as once a recipient “flips” from maternity to Plan First after the 60<sup>th</sup> 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. AMA 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
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	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 AMA is unable to track Populations 1 & 2 ongoing as once a recipient “flips” from maternity to Plan First after the 60<sup>th</sup> 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. AMA 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 2,415 recipients for smoking cessation treatment and counseling. As of the July 1 through September 30, 2016, ADPH had referred 56 Plan First recipients to the Alabama Quitline for smoking cessation treatment and counseling.

- **Provider Participation**

Providers must enroll with (AMA) to participate in the Plan First program, but participation is voluntary. Also, they must 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 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 services. Currently there are 1,766 Plan First Providers 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 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. AMA 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.

AMA 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**

AMA 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, 6,709 received their annual face-to-face risk assessment and 4,055 were identified as high risk for an unintended pregnancy and offered care coordination. A total of 798 audits were completed for the reporting quarter and the compliance rate was 99%.

**Quarterly Expenditures**

	<b>Demonstration Year 15 January 1, 2015 – December 31, 2015</b>			
	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
<b>Total Annual Expenditures</b>	\$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.

	<b>Demonstration Year 16 January 1, 2016 – December 31, 2016</b>			
	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	\$9,630,208.21	\$28,971.27	\$9,659,179.48	\$8,703,638

Quarter 4 Expenditures				
<b>Total Annual Expenditures</b>				

	<b>Demonstration Year 17 January 1, 2017 – December 31, 2017</b>			
	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				
<b>Total Annual Expenditures</b>				

**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.).

<b>Alabama Plan First Demonstration – Contraceptive Methods</b>			
<b>Demonstration Year 14 (01/01/14 – 12/31/14)</b>			
	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 has submitted a waiver amendment to add care coordination for male enrollee to receive vasectomies and vasectomy related services.

Interim Section 1115 Demonstration Application Budget Neutrality Table Shell

	A	B	C	D	E	F	G
1	<b>5 YEARS OF HISTORIC DATA</b>						
2							
3	<b>SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:</b>						
4							
5	<b>Medicaid Pop 1</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>5-YEARS</b>
6	<b>TOTAL EXPENDITURES</b>	\$ 36,932,754	\$ 39,299,089	\$ 39,303,008	\$ 35,767,356	\$ 30,605,643	\$ 181,907,850
7	<b>ELIGIBLE MEMBER MONTHS</b>	1,076,590	1,149,654	1,277,929	1,301,052	1,194,078	
8	<b>PMPM COST</b>	\$ 34.31	\$ 34.18	\$ 30.76	\$ 27.49	\$ 25.63	
9	<b>TREND RATES</b>						<b>5-YEAR</b>
10				<b>ANNUAL CHANGE</b>			<b>AVERAGE</b>
11	TOTAL EXPENDITURE		6.41%	0.01%	-9.00%	-14.43%	-4.59%
12	ELIGIBLE MEMBER MONTHS		6.79%	11.16%	1.81%	-8.22%	2.62%
13	PMPM COST		-0.36%	-10.03%	-10.61%	-6.77%	-7.03%
14							99,507

HEALTH INSURANCE FLEXIBILITY AND ACCOUNTABILITY DEMONSTRATION COST DATA

	A	B	C	D	E	F	G	H	I	J	K
1	<b>DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS</b>										
2											
3											
4	<b>ELIGIBILITY</b>	<b>TREND</b>	<b>MONTHS</b>	<b>BASE YEAR</b>	<b>TREND</b>	<b>DEMONSTRATION YEARS (DY)</b>					<b>TOTAL</b>
5	<b>GROUP</b>	<b>RATE 1</b>	<b>OF AGING</b>	<b>DY 00</b>	<b>RATE 2</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>WOW</b>
6											
7	<b>Medicaid Pop 1</b>										
8	<b>Pop Type:</b>	<b>Medicaid</b>									
9	Eligible Member Months	2.6%		1,194,078	2.6%	1,225,363	1,257,467	1,290,412.99	1,324,222	1,358,916	
10	PMPM Cost	-7.0%	0	\$ 25.63	-7.0%	\$ 23.83	\$ 22.16	\$ 20.60	\$ 19.15	\$ 17.80	
11	Total Expenditure					\$ 29,200,397	\$ 27,865,052	\$ 26,582,508	\$ 25,358,848	\$ 24,188,712	\$ 133,195,516
12											

**DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS**

ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			2016	2017	2018	2019	2020	
<b>Medicaid Pop 1</b>								
<b>Pop Type: Medicaid</b>								
Eligible Member								
Months	1,194,078	2.6%	1,225,363	1,257,467	1,290,413	1,324,222	1,358,916	
PMPM Cost	\$ 25.63	-7.0%	\$ 23.83	\$ 22.16	\$ 20.60	\$ 19.15	\$ 17.80	
Total Expenditure			\$ 29,200,397	\$ 27,865,052	\$ 26,582,508	\$ 25,358,848	\$ 24,188,712	\$ 133,195,516

**NOTES**

For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections.

This is the default setting.

Budget Neutrality Summary

Without-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	2016	2017	2018	2019	2020	
<u>Medicaid Populations</u>						
Medicaid Pop 1	\$ 29,200,397	\$ 27,865,052	\$ 26,582,508	\$ 25,358,848	\$ 24,188,712	\$ 133,195,516

With-Waiver Total Expenditures

	DEMONSTRATION YEARS (DY)					TOTAL
	2016	2017	2018	2019	2020	
<u>Medicaid Populations</u>						
Medicaid Pop 1	\$ 29,200,397	\$ 27,865,052	\$ 26,582,508	\$ 25,358,848	\$ 24,188,712	\$ 133,195,516