

Alabama
Plan First Medicaid Family Planning
Section 1115 Quarterly Report
Demonstration Year 14, Quarter 3
Fiscal Quarter 1
February 27, 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 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. 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 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 FPL who would not otherwise qualify for Medicaid. 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 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 and pregnancy prevention services and products offered through the Alabama Medicaid Agency, 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.

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, or 132,055 women. This is lower than the target proportion of 75% but is higher in the most recent demonstration year than in previous years. 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, 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 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, 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.

- **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 Third Party Liability (TPL). With the last waiver renewal, Alabama Medicaid implemented 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 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. Plan First recipients now have the option to check on their initial applications whether they want to renew their eligibility automatically up to 5 years using income data from tax returns.

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. On December 29, 2014, CMS granted Alabama Medicaid an extension of its 1115 Family Planning Demonstration waiver to continue family planning services 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 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, or 134,495 actual enrollees. 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. Enrollment rates for the youngest group, however, are not really reliable because of the rapid turnover in this age group. Turnover is lowest among the women who actually used family planning services in DY 11. In DY 11 and DY 12 there was an increase in enrollment for Hispanic, Asian and Native American women, but no racial disparity was noted between Black and White women in the slight increase for women ages 20 – 29, or in the more substantial increase for older 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 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 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 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 14	Quarter 1 October –December 2014		
	Population 1	Population 2	Total Population
# of Newly Enrolled	5,791	5,711	113,137
# of Total Enrollees	5,791	5,711	113,137
# of Participants	*	*	23,456♦
# of Member Months	11,652	12,020	304,905

*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. As of DY 12 the portion of enrollees using services increased by about 5% between DY 8 and DY 12 to about 52% enrollment, which is improved but is still lower than the performance target. The portion of women using second visits in the demonstration year following their initial visit decreased from 62% in DY 11 for DY 10 service users to 46% in DY 12 for DY 11 users. The rate of use of family planning services by women with recent Medicaid paid delivery services decreased across all districts, 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. Based on

these statistics the performance targets still have not been met but continue to move closer than performance in previous demonstration years. All Alabama counties currently have public provider options for Plan First care, and the number of private providers participating increased between DY 11 and DY 12.

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 1,957 recipients for smoking cessation treatment and counseling. During the reporting quarter there were 89 Plan First recipient referrals to the Alabama Quitline. For the reporting quarter there were 403 claims paid for smoking cessation products totaling of \$5,097.54.

• **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. The distribution of service users across providers has 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.

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. 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 555 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.

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

The Alabama Medicaid Agency tracks complaints/grievances received from recipients and providers related to Plan First services. During the quarter ending 12/31/2014, only one Plan First inquiry was received at Medicaid from a provider and information was provided as requested for resolution. During the reporting quarter administrative audits were completed by Medicaid of Care Coordinators. Random samplings of recipient records were evaluated for compliance with contractual requirements, treatment guidelines and utilization at intervals during the 2013 contract year.

The quarterly audits submitted by the eleven Public Health Areas identified that, of the enrolled recipients receiving Plan First care coordination services, 8,701 received their annual face-to-face risk assessment and 4,574 were identified as high risk for an unintended pregnancy and offered care coordination. A total of 950 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 14 October 1, 2013 – September 30, 2014			
Reporting Quarter* October – December 2014	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	\$8,207,492.67	\$95,950.42	\$8,303,4432.09	\$9,327,000

*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

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 and administrative reviews of Plan First by Medicaid.

The Managed Care Division Plan First Program staff will complete a quality and utilization review analysis of care coordination services performed by the Alabama Department of Public Health. Random samplings of recipient records will be evaluated for compliance with contractual requirements,

treatment guidelines and utilization for the audit period of January 1, 2014 through July 31, 2014.

Alabama Medicaid will also send out a Provider Alert to notify Plan First Providers of the coverage of embedded intrauterine devices in an office or outpatient setting, effective for dates of service February 1, 2015, and thereafter.