

Alabama Medicaid Agency

Plan First Program

Section 1115 Demonstration Waiver

Annual Report

Demonstration Year 19

October 1, 2018 through September 30, 2019

Revised September 17, 2020

Revised July 20, 2020

December 16, 2019

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Introduction:

The Alabama Medicaid Agency (“Medicaid”) Plan First demonstration was initially approved on July 1, 2000 and implemented October 1, 2000. The demonstration has been consistently extended since that date. At its inception, the Alabama Plan First Program was implemented to provide family planning services to women whose Medicaid eligibility for pregnancy had ended and for those women who would not otherwise qualify for Medicaid unless pregnant, with an income at or below 141 percent of the Federal Poverty Level (FPL). With the December 2014 extension of the demonstration, the state was approved to provide two new services: 1) removal of migrated or embedded intrauterine devices in an office setting or outpatient surgical facility; and 2) coverage of vasectomies for males 21 years of age or older with income at or below 141 percent of the FPL.

On November 29, 2016, Alabama submitted a request to amend the demonstration to provide an enhanced family planning counseling benefit referred to as "care coordination" to males enrolled in the demonstration receiving vasectomy services. The purpose of adding care coordination services is to help qualifying Plan First males with establish Medicaid eligibility, locate an appropriate doctor to perform the vasectomy procedure, and assist with making and keeping appointments for initial consultations and follow-up visits. CMS approved this amendment to the demonstration on June 28, 2017.

On June 15, 2017, Medicaid submitted a request to extend the demonstration for a five-year period with no program changes. CMS is approving this extension request through September 30, 2022, as agreed upon with the state, to realign Plan First's annual demonstration cycles back to the original date of implementation. The Special Terms and Conditions (STCs), accompanying the CMS approval letter, permit section 1115 demonstration authority for the Plan First demonstration through September 30, 2022. The program’s overall goal is to reduce unintended pregnancies.

CMS and Medicaid expect that this demonstration program will promote the Medicaid program objectives by:

- Increasing the enrollment of women eligible for Plan First, with a focus to reduce race/ethnicity and geographic disparities in enrollment;
- Maintaining a high level of awareness of the Plan First program among enrollees;
- Increasing the proportion of Plan First enrollees who use family planning services in the initial year of enrollment and in subsequent years;
- Increasing the portion of Plan First enrollees who receive tobacco cessation services or nicotine replacement products;
- Maintaining birth rates among Plan First participants that are lower than the estimated birth rates that would have occurred in the absence of the Plan First demonstration; and,
- Increasing enrollment of men eligible for Plan First and undergoing vasectomy services.

**ANNUAL MONITORING REPORT
ALABAMA MEDICAID AGENCY
1115 PLAN FIRST DEMONSTRATION WAIVER**

State: Alabama

Demonstration Reporting Period: October 1, 2018- September 30, 2019

Demonstration Year: 18

Demonstration Approval Period: November 27, 2017 through September 30, 2022

A. Executive Summary

1. The Plan First Program was designed to improve the well-being of children and families in Alabama whose income is at or below 141% of the Federal Poverty Level (FPL) by extending Medicaid eligibility for family planning services to eligible childbearing women between the ages of 19-55 and males, ages 21 or older, for vasectomy related services only. Recipients have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary without any form of duress or coercion applied to gain such acceptance. Recipients are required to give written consent prior to receiving family planning services. Plan First recipients are exempt from co-payments on services and prescription drugs/supplies designated as family planning.

Plan First enrollees must meet one of the eligibility criteria described below:

Group 1

Women 19 through 55 years of age who have Medicaid eligible children (poverty level), who become eligible for family planning without a separate eligibility determination. They must answer “yes” to the Plan First question on the Alabama Medicaid application. Income is verified at initial application and re-verified at recertification of their children. Eligibility is re-determined every 12 months.

Group 2

Poverty level pregnant women 19 through 55 years of age whose pregnancy ends while she is on Medicaid. The Plan First Waiver system automatically determines Plan First eligibility for every female Medicaid member entitled to Plan First after a pregnancy has ended. Women automatically certified for the Plan First Program receive a computer-generated award notice by mail. If the woman does not wish to participate in the program, she can notify the caseworker to be decertified. Women who answered “no” to the Plan First question on the Alabama Medicaid application and women who do not meet the citizenship requirement do not receive automatic eligibility. Income is verified at initial application and re-verified at re-certification of their children. Eligibility is re-determined every 12 months.

Group 3

Other women age 19 through 55 years of age who are not pregnant, postpartum or who are not applying for a child must apply using a simplified Plan First application (Form 357). A Modified Adjusted Gross Income (MAGI) determination will be completed using poverty level eligibility rules and standards. Recipient declaration of income will be accepted unless there is a discrepancy. Medicaid will process the information through data matches with state and federal agencies. If a discrepancy exists between the recipient’s declaration and the income reported through data matches, the recipient will be required to provide documentation and resolve the discrepancy. Eligibility is re-determined every 12 months.

Group 4

Plan First men, ages 21 and older, wishing to have a vasectomy may complete a simplified shortened Plan First application (Form 357). 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.

The Alabama Medicaid Plan First 1115 Demonstration Waiver was renewed in November 2017 and the renewed waiver specified six goals for evaluation. This Annual Monitoring report contains information for demonstration year 19, October 1, 2018, through September 30, 2019, that represents the status of the Demonstration's various operational areas and the State's analysis of program data collected for the demonstration year. This report also includes findings related to trends and issues that have occurred over the demonstration year, including progress on addressing any issues affecting access, quality, or costs.

2. Program Updates

a. Current Trends or Significant Program Changes

i. Operational / Administrative Changes

Outreach

During this past demonstration year, a change was made to increase participation in the Plan First program.

The PT+3 Partnership hotline number previously operated by the Alabama Department of Public Health (ADPH) transferred to Medicaid. A log of all calls is maintained in Medicaid's Communications Division. Future outreach activities will include, but are not limited to:

- Updates to all literacy-based materials to support the PT+3 counseling method;
- Continued promotion of long-acting reversible contraception (LARCs);
- Statewide academic detailing effort to promote smoking cessation among women of childbearing age to Plan First providers (began December 2018);
- Alabama Coordinated Health Networks (ACHNs) were approved by CMS and will address barriers to care such as transportation or other issues. The Networks will provide a single care coordination delivery system combining Health Homes, the Maternity Program and Plan First. ACHNs were implemented on October 1, 2019, and care coordination started November 1, 2019.
- Training was provided to ACHNs on the PT+3 counseling method.

ii. Narrative on any demonstration changes, such as changes in enrollment, service utilization, and provider participation. Discussion of any action plan if applicable.

Services and Enrollment

Total enrollment varied across quarters throughout the year. Overall quarterly enrollment increased between Quarter 1 (October-December 2018) and Quarter 4 (July-September 2019). Quarter 3 (April-June 2019) had the lowest number of enrollees by age and overall. However, quarterly enrollment among women ages 19-20 increased throughout the year.

Provider Participation

Providers must enroll with Medicaid 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. Participation in Plan First by non-Title X agencies (private physicians and community health centers) and the total number of participants using services in the non-Title X sector decreased slightly, but the portion of total visits increased relative to previous years. Currently, all counties have public provider options for Plan First services. There are currently 1,802 Plan First providers enrolled in Alabama.

iii. Audits

During this past demonstration year, Medicaid completed audits for family planning services for Plan First Providers enrolled in the Medicaid Plan First Program. Findings were identified, and education was provided.

For demonstration year 2020, Medicaid's Managed Care Audit Unit will conduct Quality Assurance reviews for ACHN care coordination compliance and adherence to the ACHN RFP. Ongoing Plan First Program evaluations are also conducted through the University of Alabama at Birmingham School of Public Health.

To accomplish the Waiver requirements, Medicaid implemented the following monitoring and quality functions:

- Review utilization reports from claims data to monitor trends and utilization
- Review care coordinator activity summary reports
- Review summary reports from UAB
- Monitor complaints and grievances to acceptable resolution.
- Built in claims system edits and audits to prevent duplication of payments

ADPH district supervisors audit Plan First care coordination patient records quarterly utilizing a standardized audit tool. These audits are submitted to the Public Health Central Office and are available for review by Medicaid. All care coordination patient records are documented electronically. Six weeks after Care Coordinators complete certification training, the Central Office training staff

reviews their documentation and submits a written report to their supervisor. The Public Health Program Integrity staff randomly reviews patient records in county health departments for compliance with travel reimbursement, billing of appropriate time for services, and ensuring that all time coded to Plan First has appropriate documentation to justify billing. A total of 2,855 audits were conducted by Medicaid’s monitoring agency with a reported compliance rate of 99%.

3. Policy Issues and Challenges

a. Narrative of any operational challenges or issues the state has experienced.

In June 2019, Medicaid began reimbursement separately for the cost of LARCs to the facility when provided in the inpatient hospital setting *immediately* after a delivery or up to the time of the inpatient discharge for postpartum women, or in the outpatient setting *immediately after discharge from the inpatient hospital for postpartum women*.

b. Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.

There are not any policy issues the state is considering, including pertinent legislative/budget activity, or potential demonstration amendments at this time.

c. Discussion of any action plans addressing any policy, administrative or budget issues identified, if applicable.

There are not any policy issues the state is considering, including pertinent legislative/budget activity, or potential demonstration amendments at this time.

B. Utilization Monitoring

Table 1. Utilization Monitoring Measures

Topic	Measure [Reported for each month included in the annual report]
Utilization Monitoring	Unduplicated Number of Enrollees by Quarter
	Unduplicated Number of Beneficiaries with any Claim by Quarter (by key demographic characteristics such as age, gender, and income level)
	Utilization by Primary Method and Age Group
	Total number of beneficiaries tested for any sexually transmitted disease
	Total number of female beneficiaries who obtained a cervical cancer screening
	Total number of female beneficiaries who received a clinical breast exam

Table 2: Unduplicated Number of Enrollees by Quarter

	Number of Female Enrollees by Quarter
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	14 years old and under	19-20 years old	21-44 years old	Over 45 years old	Total Unduplicated Female Enrollment*
Quarter 1	n/a	2,392	66,814	3,642	72,848
Quarter 2	n/a	3,319	69,547	3,583	76,449
Quarter 3	n/a	4,310	67,549	3,318	75,177
Quarter 4	n/a	5,401	68,434	3,305	77,140
Number of Male Enrollees by Quarter					
	14 years old and under	19-20 years old	21-44 years old	Over 45 years old	Total Unduplicated Male Enrollment*
Quarter 1	n/a	0	678	66	744
Quarter 2	n/a	0	670	62	732
Quarter 3	n/a	0	675	65	740
Quarter 4	n/a	0	742	74	816

*Total column is calculated by summing columns 2-5.

Table 3: Unduplicated Number of Beneficiaries with any Claim by Age Group and Gender per Quarter in the Demonstration Year

Number of Females Who Utilize Services by Age and Quarter						
	14 years old and under	19-20 years old	21-44 years old	Over 45 years old	Total Female Users *	Percentage of Total Unduplicated Female Enrollment
Quarter 1	n/a	1,247	16,913	604	18,764	25.7
Quarter 2	n/a	1,538	16,273	558	18,369	24.0
Quarter 3	n/a	1,593	13,151	442	15,186	20.2
Quarter 4	n/a	1,859	12,146	432	14,437	18.7
Number of Males Who Utilize Services by Age and Quarter						
	14 years old and under	19-20 years old	21-44 years old	Over 45 years old	Total Male Users*	Percentage of Total Unduplicated Male Enrollment
Quarter 1	n/a	0	6	1	7	0.9
Quarter 2	n/a	0	9	3	12	1.3
Quarter 3	n/a	0	7	0	7	0.7
Quarter 4	n/a	0	8	0	8	0.7

*Total column is calculated by summing columns 2-5.

Table 4: Utilization by Primary Method and Age Group per Demonstration Year

Primary Method	Total Users					Percent of All Devices
	14 years old and under	19 – 20 years old	21 – 44 years old	45 years old and older	Total*	
Sterilization	n/a	0	219	1	220	1.7
Emergency Contraception	n/a	0	0	0	0	0
Intrauterine Device (IUD)	n/a	27	369	11	407	2.0
Hormonal Implant	n/a	67	638	9	714	3.5

1-Month Hormonal Injection	n/a	0	0	0	0	0
3-Month Hormonal Injection	n/a	845	6,993	254	8,092	39.5
Oral Contraceptive	n/a	1,152	9,259	306	10,717	52.4
Contraceptive Patch	n/a	62	541	3	606	3.0
Vaginal Ring	n/a	40	667	3	710	3.5
Diaphragm	n/a	1	0	0	1	0
Sponge **	n/a	-	-	-	-	-
Female Condom **	n/a	-	-	-	-	-
Male Condom **	n/a	-	-	-	-	-

*Total column is calculated by summing columns 2-5.

**Not included in claims for Plan First

Table 5: Number Beneficiaries Tested for any STD by Demonstration Year

Test	Female Tests		Male Tests		Total Tests	
	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Unduplicated number of beneficiaries who obtained an STD test	15,162	14.7	0	0%	15,162	14.7

Table 6: Total Number of Female Beneficiaries who obtained a Cervical Cancer Screening

Screening Activity	Number	Percent of Total Enrolled Females
Unduplicated number of female beneficiaries who obtained a cervical cancer screening	6,150	6.0%

Table 7: Breast Cancer Screening

Screening Activity	Number	Percent of Total Enrolled Females
Unduplicated number of female beneficiaries who received a Breast Cancer Screening	8,719	8.4%

C. Program Outreach and Education

1. General Outreach and Awareness

a. Public Outreach and Education Activities

As the Medicaid population continues to grow in the State of Alabama, Medicaid took the initiative to create a more efficient and effective way to serve its Medicaid eligible individuals. Medicaid evaluated its managed care programs, currently acting in a standalone manner, and took the approach of creating and implementing a coordinated care network in order to better monitor, serve, and treat actively enrolled Medicaid participants, with the goal of improving quality of care. Prior to the implementation of ACHNs, during this past demonstration year, Medicaid held several webinars to provide education to the

networks and providers, which included Plan First care coordination, various types of birth control methods, office visits, HIV counseling, labs and sterilizations. In addition, Medicaid staff provided on-site readiness reviews for each ACHN region. ACHN quality measures were put in place which include, but not limited to, cervical cancer screening, and treatment for substance abuse disorders. Furthermore, general public outreach activities during the demonstration year were conducted by the ADPH and Medicaid to include distribution of information and collateral materials through maternity care providers, health departments and safety net providers.

b. Effectiveness Outreach and Education Activities

ACHN is an innovative plan to transform health care provided to Medicaid recipients in Alabama. ACHN transforms the Medicaid delivery system into a more flexible and cost-efficient effort. This effort will build off Medicaid's current case management program structure. This program is designed to create a single care coordination delivery system that effectively links patients, providers and community resources in each of the seven newly defined regions.

One of the changes included the move of the PT+3 Partnership hotline previously operated by ADPH to the Alabama Medicaid Agency. Future outreach activities include, but are not limited to:

- Update of all literacy-based materials to support the PT+3 counseling method;
- Promotion of LARCs;
- Statewide academic detailing effort to promote smoking cessation among women of childbearing age to Plan First providers (began December 2018);
- Integration of care coordination activities through the ACHNs to address barriers to care.

General outreach will be directed to all potentially eligible women. This includes basic information about applying for the program and accessing services.

Updates, links, fact sheets and other sources of information about family planning services are accessible online to recipients and providers. This information can be found on Medicaid's website at <http://www.medicaid.alabama.gov/> and ADPH's website at <http://alabamapublichealth.gov/>.

Medicaid will continue its efforts in provider outreach through brochures, Alabama Medicaid ALERT notices, website updates, and publications, such as the "Provider Insider".

2. Target Outreach Campaign(s) (if applicable)

There are seven pre-defined regions with one ACHN in each region. The ACHN serves the General Medicaid Population (formerly Patient 1st), maternity care population, and the Plan First population.

- Included Populations: Children, Pregnant Women, Aged/Blind/Disabled and Plan First recipients;
- Optional Groups: Breast and Cervical Cancer recipients; Native Americans;
- Excluded Groups: Medicare/Medicaid (dually eligible).

The ACHNs will focus on Quality improvement projects on population priorities, such as:

- Substance Abuse
- Infant Mortality
- Obesity and Obesity Prevention

D. Program Integrity

During this past demonstration year, no Program Integrity audits were performed. For Demonstration Year 20, audits will be requested from the Program Integrity Division and findings will be submitted to the Plan First Unit.

E. Grievances and Appeals

Complaints and grievances are tracked and monitored until resolution. There were no complaints or grievances received during this reporting period.

F. Annual Post Award Public Forum

Plan First Program 1115 Waiver Extension Post Award Public Forum
Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, Alabama
May 1, 2019
Questions and Answers

Question: Will Plan First services be replaced by Alabama Coordinated Health Networks (ACHNs)?

Answer:

ACHNs will only be providing Care Coordination services to Plan First recipients.

G. Budget Neutrality

1. Budget Neutrality Workbook

5 YEARS OF HISTORIC DATA						
SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:						
Medicaid Pop 1	2012	2013	2014	2015	2016	5-YEARS
TOTAL EXPENDITURES	40,057,737	41,344,489	38,224,716	31,809,996	27,315,612	\$ 178,752,550
ELIGIBLE MEMBER MONTHS	1,149,592	1,277,918	1,301,043	1,194,096	1,069,348	
PMPM COST	\$ 34.85	\$ 32.35	\$ 29.38	\$ 26.64	\$ 25.54	
TREND RATES						5-YEAR AVERAGE
			ANNUAL CHANGE			
TOTAL EXPENDITURE		3.21%	-7.55%	-16.78%	-14.13%	-9.13%
ELIGIBLE MEMBER MONTHS		11.16%	1.81%	-8.22%	-10.45%	-1.79%
PMPM COST		-7.15%	-9.19%	-9.33%	-4.11%	-7.47%
						89.112

<u>Without-Waiver Total Expenditures</u>								
			18	19	20	21	22	TOTAL
<u>Hypothetical Per Capita</u>	-	-						
Family Planning	1	Total	\$ 23,475,183	\$ 22,851,782	\$ 22,222,762	\$ 22,851,782	\$ 22,851,782	
		PMPM	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	
		Mem-Mon	877,249	853,953	830,447	853,953	853,953	
Tobacco Cessation	2	Total	\$ 261	\$ 128	\$ 123	\$ 128	\$ 128	
		PMPM	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	
		Mem-Mon	522	255	246	255	255	
TOTAL			\$23,475,444	\$22,851,910	\$22,222,885	\$22,851,910	\$22,851,910	\$114,254,058

<u>With-Waiver Total Expenditures</u>								
			18	19	20	21	22	TOTAL
<u>Hypothetical Per Capita</u>								
Family Planning	1	Total	\$22,803,394	\$23,433,478	\$11,910,942	\$13,431,624	\$14,671,498	
		PMPM						
		Mem-Mon						
Tobacco Cessation	2	Total	\$9,446	\$7,077	\$9,193	\$9,193	\$9,193	
		PMPM						
		Mem-Mon						
TOTAL			\$ 22,812,840	\$ 23,440,555	\$ 11,920,135	\$ 13,440,817	\$ 14,680,691	\$ 86,295,038

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. Actual member months and total expenditures have been entered for the October 2017 – September 2020 time periods for DY 2017 and DY 2020.

Budget Neutrality Summary

	18	19	20	21	22
Cumulative Target Percentage (CTP)	2.0%	1.5%	1.0%	0.5%	
Cumulative Budget Neutrality Limit (CBNL)	\$ 23,475,444	\$ 46,327,354	\$ 68,550,239	\$ 91,402,149	\$ 114,254,058
Allowed Cumulative Variance (= CTP X CBNL)	\$ 469,509	\$ 694,910	\$ 685,502	\$ 457,011	\$ -
Actual Cumulative Variance (Positive = Overspending)	\$ (662,604)	\$ (73,959)	\$ (10,376,709)	\$ (19,787,802)	\$ (27,959,020)
Is a Corrective Action Plan needed?					

Note 1: Used the historic expenditures and member months from 2012-2016

Note 2: Actual member months and total expenditures have been entered for the October 2017 – June 2020 time periods for DY 2018, DY2019 and DY2020 (up until June 30, 2020).

2. There was no variance noted to the estimated budget.

Demonstration Evaluation Activities and Interim Findings

1. Summary of the Progress of Evaluation Activities

- **Evaluation Progress**

For the current reporting period, (October 1, 2018 through September 30, 2019), is the second year of the evaluation for the five-year demonstration. The University of Alabama at Birmingham (UAB) evaluation team has completed their analysis of the enrollment data and claims for family planning services and births for this evaluation year. The team has also begun data collection for the beneficiary surveys.

- **Evaluation Goal – Increasing Use of Smoking Cessation Modalities**

Smoking cessation coverage has been available in Plan First since 2012. The program goal is to have 85% of smokers receiving these services.

Hypothesis: Data from recent surveys of Plan First enrollees indicate that approximately 25% are smokers. We expect that the majority of enrolled smokers will report that their health care provider advised them to quit smoking and about half will report they were provided with information about smoking cessation services.

Findings – Survey Data

Approximately 23% of women enrolled in Plan First smoke or use e-cigarettes. Almost 90% of smokers surveyed reported that they were asked about smoking by their Plan First Provider. About 70% reported that their family planning provider advised them to quit Smoking, but only about half of smokers reported discussing how to quit with their Provider. Overall, 60% received either a referral to the Quit Line or a recommendation to use a Nicotine Replacement Therapy (NRT) product. Thus, as in past evaluation years, the portion of Plan First service users receiving some type of smoking cessation services is lower than the target of 85% of smokers.

Plan First covers NRT products for Plan First recipients without prior authorization. However, 12% of all smokers, or 25% of those whose family planning care provider Recommended NRT products, reported paying for these products out of pocket.

About 71% of smokers reported that they planned to quit smoking in the next year.

Table - Smoking among Plan First participants and content of smoking cessation discussions at family planning visits:

Source: DY 19 Enrollee Survey	N	%
Reported Smoking	179	22.8
Asked about smoking at FP visit*	160	89.4

Advised to quit by FP provider*	124	69.3
Discussed how to quit with FP provider*	88	49.2
Provider recommended NRT*	87	48.6
Referred to Quit Line*	76	42.4
Recommended NRT or Quit Line referral*	107	59.7
Paid out of pocket for NRT products*	22	12.2
Plans to quit smoking in the next year*	127	70.9

*Among women who reported smoking.

Findings – Claims Data

Claims data from FY 19 indicate that 63 service users had claims paid for NRT products. Each service user had on average about 3 claims filed over the year for these products.

Table - Smoking cessation based on claims:

	N	%
Plan First service users DY 19	35,180	--
Estimated number of smokers (based on survey data)	8,021	22.8
Service users with claims for covered NRT products (% of estimated number of smokers)	63	0.8%

Conclusion-Increasing Use of Smoking Cessation Modalities

By report of enrollees, smoking cessation is commonly discussed in family planning settings and providers regularly advise clients to quit smoking. Fewer providers engage in a detailed discussion with clients about how to quit smoking. The estimates for DY 19 indicate that the majority of smokers plan to quit smoking in the next year and 60% reported receiving either a prescription for a Nicotine Replacement Therapy (NRT) or a referral to the Quit Line. However, based on claims data, there is relatively little use of prescriptions paid by Medicaid among Plan First enrollees. Women and/or their providers may be unaware that NRT products are covered by Plan First.

Trends in Use of Smoking Cessation Services

The enrollee survey has shown a slight decrease in the portion of survey respondents who reported they were smokers over the last several years. The percentage who were asked about smoking by their Plan First provider remained high, although the portion of women who report that their provider advised them to quit declined slightly from previous years. The portion receiving either a referral to the Quit Line or were recommended a Nicotine Replacement (NRT) product did not meet the target 85% (currently at 60%). Recommendations for NRT increased, but referrals to the Quit Line declined in DY 19.

Table - Smoking cessation based on enrollee survey data

	DY14 N (%)	DY15 N (%)	DY16 N (%)	DY17* N (%)	DY18 N (%)	DY 19 N (%)
Reported Smoking	283 (28.6)	269 (25.8)	265 (26.1)	534 (26.0)	190 (24.2)	179 (22.8)
Asked about smoking at FP visit	265 (93.6)	248 (92.2)	240 (90.6)	488 (91.4)	174 (91.6)	160 (89.4)
Advised to quit by FP provider	212 (80.0)	205 (82.7)	197 (82.1)	402 (82.4)	133 (76.4)	124 (69.3)
Recommended NRT	111 (41.9)	121 (48.8)	112 (46.7)	233 (47.7)	76 (43.7)	87 (48.6)
Referred to Quit Line	110 (41.5)	132 (53.2)	133 (55.4)	265 (54.3)	88 (50.6)	76 (42.4)
Received either NRT or Quit Line referral	149 (56.2)	158 (63.7)	158 (65.8)	316 (64.7)	113 (64.9)	107 (59.7)
Paid out of pocket for NRT products	--	30 (12.1)	27 (11.2)	57 (11.7)	25 (14.4)	22 (12.2)

-- Not asked in Enrollee Survey

* Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

Reports from Plan First case managers on referrals to the Quit Line were not available for DY 19.

Table - Smoking cessation based on claims and Quit Line data

	DY16 N (%)	DY17 N (%)	DY18 N (%)	DY 19 N (%)
Number of service users	62,608	52,359	39,196	35,180
Estimated number of smokers	16,341	13,613	9,485	8,021
Number receiving NRT (had a paid claim)	39	167	715	63
Number receiving Quit Line referral from care coordinator	93	155	99	N/A

- **Evaluation Goal – Maintaining Low Birth Rates among Plan First Service Users**

A rate of about 100 births per 1000 enrollees is estimated to be sufficient to achieve budget neutrality for Plan First.

Hypothesis: Based on prior evaluations of Plan First, we hypothesize that the birth rate among program participants will be less than the expected birth rate in the absence of the program. We also anticipate that birth rates will be lower among women who used Plan First services than those who enrolled but did not have a clinical encounter.

Findings: Birth Rates

For Demonstration Year 19, we have calculated the birth rates for all enrollees, and separately for enrollees who did not use services and enrollees in six categories of service use. The count of births excludes deliveries that occurred immediately before service use (or enrollment, for non-service users) and excludes deliveries that occurred within nine months of the first service date (or enrollment date, for non-service users). Deliveries were included if they occurred up to nine months after the end of the demonstration year. Because of this time lag, data are only available to complete the estimates for Demonstration Year 18, counting births that occurred through August 2019.

Overall, we estimate that, based on fertility rates for age and race groups of Medicaid recipients before the Plan First program began in October 2000, the population of women covered by Plan First in Demonstration Year 19 would have had a birth rate of 160.2 per thousand women if they were not covered by Plan First. Instead, this population had an overall birth rate of 35.7 per thousand women, well within the budget neutrality parameters.

As would be expected, the highest birth rates among Plan First enrollees (36.5 per thousand) occurred for those enrollees who used no services during the year. The second highest birth rates (30.8 per thousand) occurred for women who had a claim for a service that did not involve either a clinical visit or a case management service (for example, a laboratory test or a filled prescription). Women seeing private providers and having no referral for case management had the lowest birth rate (15.5 per 1,000), while women seeing Title X providers and receiving a risk assessment and, if referred, case management services, had the second lowest birth rates (23.9 per thousand).

Table - Birth rates for enrollees and service users, Demonstration Year 18

	Number Enrollees	Number of Births	Births/1000
		Assuming pre-waiver fertility levels	
All enrollees	116,693	18,692	160.2

	Number Enrollees	Number of Births	Births/1000
		Actual births after enrollment	
All enrollees not pregnant at enrollment	116,415	4,161	35.7
Service Users not pregnant at first visit	38,842	942	24.3
Case management or assessment only	7898	198	25.1
Case management or assessment and visit to private provider	270	8	29.6
Case management or assessment and visit to Title X provider	12,104	289	23.9
No case management, assessment or clinical service	7,367	227	30.8
No case management or assessment, visit to private provider	7,337	114	15.5
No case management or assessment, visit to Title X provider	3,866	106	27.4
Non-service users not pregnant at enrollment	77,377	2821	36.5

Conclusion – Maintaining Low Birth Rates among Plan First Service Users

In DY18, the most recent year for which a count of the births occurring to participants during the demonstration year can be assessed, overall birth rates for participants was 24.3 per thousand, and the birth rate for women who were enrolled but did not use services was 36.5 per thousand. In contrast, the estimate of expected births, given the fertility rates before the start of the Plan First demonstration, was 160.2 per thousand for the women enrolled in the program.

Trends in Estimated and Actual Birth Rates

An accurate calculation of birth rates can only be made two years after the Demonstration Year, because births are counted if Plan First enrollees or service users became pregnant during the year. Birth rates for women enrolled in Plan First in DY18 were less than one-quarter of the estimated birth rate that would have occurred without the waiver (based on fertility rates in 1999, before the start of Plan First). Birth rates to service users are lower than those to enrollees who did not use services. Both rates are lower than the estimated 100 births per 1000 enrollees required for the program to be budget neutral, in terms of the costs of maternity and delivery care.

Table - Estimated and actual birth rates to women enrolled in Plan First

	Estimated birth rate if fertility rates continued at pre-waiver levels	Actual birth rates <u>all enrollees</u> – pregnancies starting during DY	Actual birth rates <u>service users</u> – pregnancies starting during DY	Actual birth rates <u>non-service users</u> – pregnancies starting during DY
DY1	189.8	60.0	47.8	72.3
DY2	200.7	87.5	54.3	118.9
DY3	204.7	96.6	56.5	131.1
DY4	205.9	92.0	56.2	122.9
DY5	202.6	98.3	58.6	121.7
DY6	224.1	81.8	31.1	105.4
DY7	215.0	57.2	44.0	69.7
DY8	214.8	75.7	65.0	86.6
DY9	127.1	59.1	43.3	78.2
DY10	202.3	69.1	60.8	97.0
DY11	200.1	73.3	58.3	92.6
DY12	180.1	77.3	60.8	97.0
DY13	199.9	84.0	72.5	88.6
DY14	203.1	72.4	58.3	84.9
DY15	196.7	62.7	61.0	63.9
DY16	182.4	60.9	63.1	59.0
DY17	176.9	46.4	34.5	53.6
DY 18	160.2	35.7	24.3	36.5

- **Challenges**

- **Beneficiary satisfaction surveys:**

In this second evaluation year, UAB planned to conduct two surveys with women about their experiences with Plan First: a survey of 800 women currently enrolled in the program and a survey of 300 women who are no longer enrolled. Data collection for the surveys began later than anticipated due to delays in obtaining enrollee contact information. To date, the University of Alabama at Birmingham evaluation team has completed 514 enrollee surveys (64% of the target sample) with 604 refusals and 75 surveys with women who are no longer enrolled (25% of the target sample). UAB anticipates data collection will be complete within 6 to 8 weeks.

- **Evaluation Staff**

The University of Alabama at Birmingham evaluation team is the independent contractor that conducts the evaluation of the Plan First Program.

2. Interim Findings

Assessment of Demonstration Program Objectives:

- Program outcomes for women: Among the population of potentially Medicaid eligible women in Alabama, Plan First enrollment falls short of the 80% enrollment goal, with an estimated 29% of eligible women enrolled in the program. Enrollment among potentially eligible women is highest among women 19-24, Black women and women of other races/ethnicities. Yet, the majority (59%) of women who were enrolled in the program in the previous year renewed their enrollment for the current reporting period. Re-enrollment was more common for women who had a clinical visit or received case management.
- Program outcomes for men: Vasectomy and care coordination for men seeking vasectomy are the only services for men enrolled in Plan First. During the evaluation period, 14 men obtained a vasectomy, less than 1% of those enrolled. Overall, 21 men received care coordination services, with less than one-quarter (n=5) obtaining a vasectomy.
- Quality of Care: In this evaluation year, 20% of all enrollees and 58% of all services had a claim for a moderately or highly effective contraceptive method, including female sterilization, the contraceptive implant, intrauterine devices or systems (IUD/IUS), injectables, oral contraceptives, hormonal patch, vaginal ring or diaphragm. Additionally, 43% of women enrolled who used Plan First services were tested for sexually transmitted infections, such as chlamydia, gonorrhea, and HIV.
- Access to Care: Although there are some differences in contraceptive claims submitted according to provider type (e.g., health department vs private providers) and women's geographic residence, claims data indicate that women enrolled in Plan First generally have access to the full range of contraceptive methods at different types of providers and across health districts. In contrast, there were notable differences in vasectomy procedure claims according to men's geographic residence, with service use being higher in the Northeastern public health district, compared to other areas in the state.