



## CENTER FOR MEDICAID & CHIP SERVICES (CMCS) SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE

This document serves as a template for Monitoring Leads to summarize and capture key content of section 1115 Demonstration Monitoring Reports (MRs) submitted by states for approved section 1115 Demonstrations on quarterly and annual basis. For additional guidance, please refer to [Section 1115 Monitoring Report Review Guide.pdf](#).

**Instructions:** During your review of an 1115 quarterly/annual monitoring report, consider the following:

- (1) Engage the internal demonstration team in reviewing monitoring reports (especially for the first one or two reports submitted).
- (2) Discuss with the PO and others (where applicable) any issues or “high risk” areas identified during the initial review and approval of the 1115 demonstration or through previous monitoring reports (e.g. potential beneficiary access to care issues, financing arrangements, “grandfathered” IMD authority). This information will assist in identifying any issues that need to be monitored closely; documented in summary report; and/or entered into the Issue Register.
- (3) If the data provided in the report is unstructured, please work with your internal demonstration team to assess and ensure that any significant changes to enrollment, eligibility, grievances, appeals, and denial of services are identified and captured in the summary template.
- (4) If a Demonstration has different policy areas, clarify applicability of reported information (i.e. if information is applicable to the entire Demonstration or only a portion of the Demonstration, such as SUD, managed care, etc.).
- (5) If the MR does not include information for any of the elements below, state “Not included in MR” under the “Summary of Information” column below. Identify whether that particular element was a required MR element in the Demonstration Special Terms and Conditions (STCs) and include that information in the summary column.
- (6) For demonstration deliverables that include home and community-based (HCBS) and/or managed care authority, ensure that the DHCBSO and/or DCMO SME enters feedback in the sections at the end of the template.

**Complete the following fields:**

<b>Monitoring Report Information</b>	<b>Summary of Information</b>
<b>State and Demonstration Name</b>	<i>Alabama Medicaid Agency – Plan First Program</i>
<b>Monitoring Lead reviewing MR</b>	Rita E. Nimmons



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)  
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

<p><b>MR Time Period (please specify quarterly vs. annual report and time period covered by MR)</b></p>	<p>Annual Report – October 1, 2021 thru September 30, 2022 (DY22)</p>
<p><b>Did the State submit the MR timely? If not, please note length of delay and reasons for delay (if known)</b></p>	<p>State submitted Annual Report on 12/29/2022; due date was 12/31/2022</p>
<p><b>Please specify if there are any required elements missing in the MR per STCs</b></p> <p><b>If this is an annual report, please review the list of required content in footnote 1 of the <u>Monitoring Report Review Guide</u>. Determine if any required content is missing, including the summary of the annual forum.</b></p>	<p>No required elements missing</p>
<p><b>Summary of key accomplishments and activities during reporting period</b></p>	<p>Enrollment declined 7.4% between DY 21 and DY 22. According to the state this was primarily due to a 49% decline in new enrollees. Many new enrollees in Plan First are women who transitioned from other Medicaid eligibility categories, particularly SOBRA coverage during pregnancy. Changes in enrollment and disenrollment policies in place in 2020 in response to the COVID-19 pandemic is the likely explanation for much of this change in enrollment.</p> <p>Enrollment in Plan First by women with recent deliveries increased by 2.4% from the previous Demonstration Year. There were about 700 more deliveries in Demonstration Year 22 compared to Demonstration Year 21. Birth rates remain much lower with the Plan First program than estimated to be, based on pre-program birth rates. Birth rates were lower for clinical service users than for enrollees who did not use</p>



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)  
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

	<p>services. Birth rates were lower in DY 21 than they had been in DY 20.</p> <p>47.8% of service users used some form of contraceptive services during Demonstration Year 22, a decrease from 52.6% in the previous year. Statewide, over 70% received services from public health departments, either only or in combination with services from private providers.</p> <p>Approximately 23% of women enrolled in Plan First smoke or use e-cigarettes. 66.7% received a referral to the Quit Line; more than 20% received a recommendation to use a Nicotine Replacement Therapy (NRT) product, and 13.5% received a prescription for NRT products.</p> <p>Male enrollment in Plan First increased by 16.2% between DY21 and DY22. The portion of male enrollees receiving a vasectomy remains extremely low, at less than 1%. Receiving care coordination did not increase the likelihood that men received vasectomies.</p> <p>The number of private providers seeing patients in each ACHN region declined slightly between Demonstration Year 21 and Demonstration Year 22, and the number of visits made to private providers decreased as well.</p> <p>There was a decrease in the portion of women using case management or care coordination services in Demonstration Year 22.</p>
<b>Enrollment numbers for MR period</b>	71,571 for DY22 ending September 30, 2022 (page 57 of monitoring report)
<b>Enrollment numbers for past MR period (for quarterly MR please refer to previous quarter; for annual MR please refer to previous year)</b>	DY21 - 77,211 (page 57 of monitoring report)



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)  
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

<p><b>Did the state provide context/explanation for enrollment increases or decreases? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call.</b></p>	<p>Yes, according to the state’s report the decrease was due to Center for Medicaid and Medicare Services altering some policies for Medicaid coverage during the coronavirus pandemic. Enrollees who would typically enter Plan First from maternity care coverage under SOBRA retained their SOBRA coverage over the year. This policy continued through DY22. Also, many services, particularly case management and care coordination services, were provided telephonically rather than face to face.</p>
<p><b>For eligibility and coverage demonstrations, please enter disenrollment numbers for report period.</b></p>	<p>Not included in MR</p>
<p><b>Did the state provide context/explanation for increases or decreases in grievances? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.</b></p>	<p>The state reported that there were no complaints or grievances received during this reporting period.</p>
<p><b>Did the state provide context/explanation for increases or decreases in appeals? If yes, please provide detail here. If no, please consider whether to include as a discussion item in an upcoming monitoring call agenda.</b></p>	<p>The state reported that there were no complaints or grievances received during this reporting period, therefore no appeals.</p>
<p><b>Did the state provide context/explanation regarding increases or decreases in denial of services? If yes, please provide detail here. If no, please consider whether to include as a discussion</b></p>	<p>No mention of services being denied in report since the waiver included Eligible Individuals (EIs).</p>



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)  
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

<p><b>item in an upcoming monitoring call agenda.</b></p>	
<p><b>Did number of providers for MR period increase or decrease significantly from the previous MR period? If yes, please enter reason if identified in report. If no reason provided, please review with state in an upcoming Monitoring Call.</b></p>	<p>Yes, all counties have public provider options for Plan First services. Plan First providers enrolled in Alabama have increased from 1,906 providers in October of 2020 to 2,275.</p>
<p><b>Operational, implementation and beneficiary Issues identified in MR (Note: Discuss with team and determine whether these should be entered in <a href="#">Monitoring Issue Register</a>)</b></p>	<p>The COVID-19 PHE significantly impacted the provider’s ability to provide in-person Family Planning/Plan First services.</p> <p>Collaboration between the Alabama Department of Public Health (ADPH) and Alabama Coordinated Health Networks (ACHNs) continues to be a struggle.</p>
<p><b>Any notable policy, operational and implementation updates or changes included in MR</b></p>	<p>Again, there were no policy issues the State is considering, including pertinent legislative/budget activity, or potential demonstration amendments.</p>
<p><b>Were there any evaluation updates included in MR? If yes, please summarize here.</b></p>	<p>Yes, The University of Alabama at Birmingham (UAB) evaluation team completed their analysis of the enrollment data and claims for family planning services and births for this evaluation year.</p> <ul style="list-style-type: none"> <li>• Enrollment in Plan First declined by 7.4% from the previous Demonstration Year;</li> <li>• Enrollment in Plan First by women with recent deliveries increased by 2.4% from the previous Demonstration Year;</li> <li>• Family Planning Service Use show that 26.4% of enrollees used services in Demonstration Year 22,</li> </ul>



**CENTER FOR MEDICAID & CHIP SERVICES (CMCS)  
SECTION 1115 MONITORING REPORT SUMMARY TEMPLATE**

	<p>down from 32.2% utilization in Demonstration Year 21;</p> <ul style="list-style-type: none"> <li>• The number of women receiving Medicaid-covered Nicotine Replacement Therapy remains extremely low;</li> <li>• Birth rates for Plan First enrollees and service users align with past years;</li> <li>• Male enrollment in Plan First increased 16% between Demonstration Year 21 and Demonstration Year 22;</li> <li>• The number of visits provided by private providers in Plan First decreased even though the entire count of visits in the program has remained steady.</li> </ul>
--	---

**The following sections are only completed for demonstrations that include HCBS and/or managed care authority:**

For 1115 Demonstrations authorizing managed care, the DMCO SME will complete the following fields (add as many rows as needed):

<b>Monitoring Report/Issue/Requirement Information</b>	<b>Summary of Information</b>

For 1115 Demonstrations authorizing HCBS services, the DHCBSO SME will complete the following fields (add as many rows as needed):

<b>Monitoring Report/Issue/Requirement Information</b>	<b>Summary of Information</b>