



Plan first

1115 Demonstration Waiver
An Extension of
Family Planning Services
for
Eligible Medicaid Recipients

Alabama Medicaid Agency
Public Hearing

Friday, May 12, 2017
10:00 AM-11:00 AM
Alabama Medicaid Agency Boardroom
501 Dexter Avenue
Montgomery, AL 36104

Thursday, May 11, 2017
10:00 AM-11:00 AM
Alabama Medicaid Agency District Office
468 Palisades Blvd.
Birmingham, AL 35209

Plan First Program

A federally approved Research and Demonstration Waiver for family planning services. The current waiver will expire December 31, 2017. The Alabama Medicaid Agency will request a 5 year waiver renewal.

- ✓ A collaboration between the Alabama Department of Public Health and Medicaid
- ✓ Extends family planning to a designated eligibility group
- ✓ A program to prevent or delay pregnancy



Who Is Eligible?

Females who:

- are between 19-55 years of age
- have not previously been sterilized
- meet citizenship and alienage requirements
- meet poverty level guidelines
- meet Medicaid Eligibility Criteria

Men who:

- are age 21 years of age or older
- have not previously been sterilized and desire a vasectomy
- meet citizenship and alienage requirements
- meet poverty level guidelines
- meet Medicaid Eligibility Criteria



Changes in Services (January 2015)

- Increased income level for women ages 19-55 to 141% of FPL (with a 5% disregard)
- Surgical removal of migrated or embedded IUDs in an office or outpatient hospital setting
- Allow vasectomies for eligible men ages 21 or older

Savings for Medicaid

- Births Averted in FY14 – 8,406
- At an average of \$7,000 per delivery (includes prenatal, delivery, postpartum and the infant's first year of life)
- Savings of \$58,842,000



Key Numbers

- Plan First Provider Locations as of CY2016: 2,727
- Plan First Enrollees as of 4th Quarter CY2016: 91,770
- Plan First Participants (recipients with a billable service per claims data) as of 4th Quarter CY2016: 17,252
- Budgeted Yearly Amount Spent per Fiscal Year:

<u>2014</u>	<u>2015</u>	<u>2016</u>
35 million	32 million	≈ 35 million



Provider Types

- Physicians
- Clinics
- Nurse Midwives
- Nurse Practitioners
- Physician Assistants



Covered Services

- Doctor/clinic visits for Medicaid covered family planning services
- Birth control methods such as pills, injections, contraceptive patch, vaginal ring, IUDs, diaphragms
- Tubal ligations and vasectomies in approved settings
- Plan First care coordination services for high risk women
- Surgical removal of migrated or embedded IUDs in an office or outpatient hospital setting
- Initial Visit (99205-FP)
- Annual Visit (99214-FP)
- Periodic Revisit (99213-FP)
- STD/HIV Risk Screening and Pre-HIV test Counseling (99401 with Diagnosis Code Z309)
- STD/HIV post test counseling (99402 with Diagnosis Code Z309)
- Smoking cessation counseling and smoking cessation products

Care Coordination Services

- Perform initial risk assessment to determine if and what type of care coordination services are needed
- Provides special assistance to women who:
 - are at high risk for unintended pregnancy
 - need enhanced contraceptive education
 - need assistance with removing barriers to successful pregnancy planning
 - need encouragement to continue with family spacing plans
- Provided by the Alabama Department of Public Health by licensed social workers.

Pending Program Changes

Care Coordination for Males

- In November 2016, the state submitted a waiver amendment to add care coordination for males enrolled on the Plan First Program to receive vasectomies and vasectomy related services.
- Modified version of care coordination
 - ~less service and less time than tradition care coordination

Goals for DY14-DY16

Goal 1. Addressing Disparities in Enrollment - *Increase the portion of income eligible women, ages 19–55 enrolled in Plan First and reduce race/ethnicity and geographic disparities among enrollees. Our goal is to enroll 80% of all eligible clients (based on census estimates of the eligible population) under age 40 across all race/ethnicity and geographic area groups, thereby eliminating disparities across these groups. Data Source-Census data was used to determine the eligible population.*

~~Enrollment for Black women residents of Alabama who are ages 19-24 and 25-34 is somewhat below the target rate, at 68% and 67% of those estimated to be eligible, respectively. Enrollment is lower for White women, 51% for those age 19-24 and 56% for those age 25-34. More urban areas of the state tended to have more racial disparity in enrollment. About 25% of enrolled women in DY 14 failed to re-enroll in DY 15. Those most likely to renew their enrollment from one year to the next are women who had contact with a Plan First provider.

Goal 2. *Maintain the high level of awareness of the Plan First program among program enrollees. Maintain the high level of awareness of the Plan First program among program enrollees. Our goal is that 90% of surveyed enrollees will have heard of the program and 85% of these will be aware that they are enrolled in the program. Data Source-Telephone surveys.*

~~Overall awareness of Plan First remains quite high (>90%) among enrollees. However, just over 20% of enrollees are not aware of their enrollment status, including the 7% who report they have never heard of Plan First, and another 14% who have heard of the program but did not know they were enrolled.

As a requirement of the 1115 Waiver Demonstration, the goals and outcomes were reported by UAB School of public Health



Goals for DY14-DY16

Goal 3. Increasing Family Planning Service Use among Plan First Enrollees- Our goal is to have 70% utilization of services by the end of the three year period, along with a 70% rate for 12 and 24 month return visits for individuals using services during the renewal period. Data Source- Eligibility data, Plan First service use and postpartum contraceptive use.

~~With this analysis, it is clear that there is a sub-group of enrollees whose participation meets the target rate of 70% use: enrollees who have used shorter acting reversible contraception (e.g. Depo, pills) for at least a year. Women using long-acting reversible contraception (LARC) for at least a year also participate in subsequent years, but at a lower rate (45%). Participation is also lower for new enrollees who are not postpartum (56%). Women with no evidence of any use of contraception services in previous years have the lowest participation (<15%).

Goal 4. Increasing Use of Smoking Cessation Modalities-*Survey data suggest that approximately one third of Plan First enrollees are cigarette smokers, and 85% of these were advised by their family planning provider 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. Data Source- claims for NRT products, from client information provided by the Quit Line contractor, and from the enrollee survey.*

~~By report of enrollees, there has been an increase over time in the extent to which smoking cessation is discussed in family planning settings, and in the concrete advice that providers give to clients about quitting tobacco use. In DY 15, 64% of smokers reported receiving either a prescription for a Nicotine Reduction Therapy or a referral to the Quit Line. However, based on claims data, there is relatively little use of prescriptions among Plan First enrollees, and a very small percentage of the estimated smokers (<1%) have contacted the Quit Line and indicated they were referred by their care coordinator.

As a requirement of the 1115 Waiver Demonstration, the goals and outcomes were reported by UAB School of public Health



Goals for DY14-DY16

Goal 5. Maintaining Low Birth Rates among Plan First Service Users-*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. Our goal is to maintain the overall birth rate of about 100 births per 1000 Plan First enrollees.*

~~Birth rates vary from year to year, but remain low enough for Plan First to be budget neutral. In DY 14, the most recent year for which a count of the births occurring to participants during the demonstration year can be counted, overall birth rates for participants was 58.3 per thousand and the birth rate for women who were enrolled but did not use services was 84.9 per thousand.

Goal 6. Provide Vasectomy Services to Qualified Enrollees-*Increase the usage of the Plan First Waiver by making sterilizations available to males ages 21 years or older. This goal will be evaluated based on the number of sterilizations performed statewide.*

~~There were no claims for vasectomy services in DY15, the first year the service was covered by Plan First. This information will be included in future years, and we will continue to track vasectomy service delivery.

As a requirement of the 1115 Waiver Demonstration, the goals and outcomes were reported by UAB School of public Health



Goals for DY18-DY22

Goal 1. Increase the portion of women eligible for Plan First who enroll, and reduce race/ethnicity and geographic disparities in enrollment. The program goal is to enroll 80% of eligible women under age 40 into Plan First.

Goal 2. Maintain a high level of awareness of the Plan First program among enrollees. The program goal is that 90% of surveyed enrollees will have heard of Plan First, and 85% will be aware that they are enrolled in the program.

Goal 3. Increase the proportion of Plan First enrollees who use family planning services in the initial year of enrollment and in subsequent years. The program goal is to achieve 70% in the initial year and increase service use to 60% in subsequent years.

Goal 4. Increase the portion of Plan First enrollees who receive smoking cessation services or nicotine replacement products. The program goal is to have 85% of smokers receiving these services.

Goal 5. Maintain birth rates among Plan First participants, which are lower than the estimated birth rates that would have occurred in the absence of the Plan First demonstration. A rate of about 100 births per 1000 enrollees is estimated to be sufficient to achieve budget neutrality for Plan First.

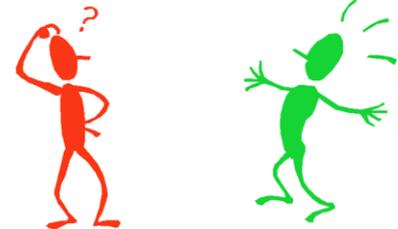
Goal 6. Increase the number of income-eligible men age ≥ 21 years who are enrolled in the Plan First program and the proportion of male enrollees undergoing vasectomy. The program goal is that men's enrollment in Plan First will increase by 10% annually and 75% of male enrollees will undergo vasectomy within the enrollment year.

As a requirement of the 1115 Waiver Demonstration, the goals and outcomes were reported by UAB School of public Health



To Find Out More Information About Plan First:

- Call the Toll Free Hotline Number at: 1-888-737-2083
- Click the following link to access Medicaid's website for a list of providers:
http://www.medicaid.alabama.gov/documents/4.0_Programs/4.2_Medical_Services/4.2.4_Family_Planning/4.2.4_Plan_First_Providers_3-1-17.pdf
- Contact the local Health Departments for a list of providers
- Click the following link to access Medicaid's Provider Manual, Appendix C, Family Planning:
http://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1G_April2017/Apr17_C.pdf



To Find Out More Information About Plan First



Family Planning / Plan First

Family Planning services are designed to help Medicaid eligible men and women prevent or delay pregnancy. Females of childbearing age, 8 through 55, and males of any age who may be sexually active and meet the criteria for Medicaid eligibility may receive family planning services. Women who qualify for pregnancy-related services only are covered for family planning services through the end of the month in which the 60th postpartum day falls.

Women ages 19 through 55 may also qualify for family planning services through the Plan First Program. Men age 21 or older may qualify for vasectomies only.

Family Planning Program

- [Administrative Code - Chapter 14](#)
- [Provider Manual - Appendix C - Family Planning](#)
- [Patient Education Materials](#)
- [Adolescent Pregnancy Prevention](#)
- [Smoking Cessation Services - Covered for family planning and Plan First patients](#)

Plan First Program

- [Section 1115 Demonstration Waiver Extension Application - Website Page for Public Hearings Scheduled on May 11 and May 12, 2017](#)
- [Presentation - Section 1115 Demonstration Waiver - Plan First Forum - 3/1/17](#)
- [Brochure - Overview of the Plan First Program for Women and Men](#)
- [Brochure - Explaining Plan First for Men](#)
- [Care Coordinator List - Updated 4/1/17](#)
- [Provider List - Updated 3/1/17](#)
- [Fact Sheet - Overview of the Plan First Program](#)

Plan First Annual Reports

- [Plan First Annual Report DY15](#)
- [Attachment A \(DY15 Budget Neutrality\)](#)
- [Plan First Annual Report DY16](#)
- [Attachment A \(Six-Month Public Forum Q&A\)](#)
- [Attachment B \(Annual Public Forum Q&A\)](#)
- [Attachment C \(Plan First Evaluation DY15\)](#)

Related Links

- [ALERT - Alabama adds smoking cessation to family planning](#)
- [Forms - Family Planning and Plan First](#)
- [Forms - Maternity](#)

Learn More:

- [Covered Services](#)
- [Medical Services](#)
- [Pharmacy/DME Services](#)
- [Medical Facilities](#)
- [Transportation](#)
- [Managed Care](#)

Link to:

- [EPSDT Screening Program](#)
- [Dental Program](#)
- [Frequently Asked Questions](#)
- [Forms Library](#)
- [Maternity Care Program](#)
- [Synagis Information 2016-2017](#)
- [Contact Information](#)

Program Contact Information

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General Contact Information

- ADPH Family Health Services 334-206-5675
- AMA Plan Program Questions 334-353-9404
- AMA Provider Assistance Center 800-688-7989
- AMA Recipient Call Center 800-362-1504
- AMA Recipient Call Center Fax 334-215-4140

- Medicaid's Website www.medicaid.alabama.gov