

## **Plan First Program 1115 Waiver Extension Public Forum**

**Montgomery, Alabama**

**Friday, May 12, 2017**

### **Questions and Answers**

**Question:** What fiscal year/calendar year is Demonstration Year (DY) 2014?

**Answer:** The Demonstration years are calendar years. This Waiver extension is on calendar years. The Annual Report has a Demonstration year but fiscal year dates. We will have to verify these dates with the developer of the report.

#### **Additional Follow-up Response:**

According to Centers for Medicare and Medicaid (CMS) the upcoming renewal extension will start with DY18. Based on the date of original implementation of the Waiver, (October 2000), the AL Family Planning Demonstration should be on an October – September DY cycle. During one of the renewals, CMS set the Demonstration cycle to coincide with the period of a temporary extension, which was incorrect. Therefore, CMS will work with the State to go back to the Oct-Sept cycle.

In light of this additional information provided by CMS, the Demonstration year timeframe as indicated in the Annual Demonstration Report is correct.

**Question:** Are births averted in Demonstration Year 2014 reflecting the fiscal year or calendar year?

**Answer:** The births averted data is based on fiscal year.

**Question:** Is there a difference between an eligible and enrollee?

**Answer:** An eligible is a recipient who meets Medicaid guidelines for Plan First services. An enrollee is a recipient who is enrolled in the Plan First Program. These words are used interchangeably.

**Question:** If a person is enrolled but does not receive a service, is that person a participant or enrollee?

**Answer:** That person is an enrollee.

**Question:** If a household is deemed eligible for Medicaid, is the male automatically eligible to receive Plan First?

**Answer:** No, the male is not automatically deemed eligible for Plan First services. Because the males can only receive vasectomy and vasectomy related, he must complete an application for the Plan First Program if a decision is made to receive this service.

**Question:** Does the physician have to execute a Plan First agreement, to be a Medicaid provider?

**Answer:** In order to be reimbursed for Plan First services, the physician must be a Medicaid enrolled Plan First provider. The Urologists must be a Medicaid enrolled provider but does not have to be a Plan First provider.

**Question:** In the application process to be considered for a vasectomy, does the male applicant need to check a box on the application indicating that he wants family planning?

**Answer:** If a male applicant is applying for Plan First, it is automatically assumed that he wants a vasectomy, because a vasectomy is the only Plan First service offered to male applicants at this time.

**Question:** Is the key number for Plan First recipient as of December 2016 shown as 17,252 accurate?

**Answer:** Yes, this number is accurate. The number is pulled from claims data. The agency is aware of the decrease in participation. One of the future goals in the waiver extension is to increase recipient participation. The Agency will be working with Alabama Department of Public Health on recipient and provider outreach.