

Alabama Medicaid Agency

Plan First Program

Section 1115 Demonstration Waiver

Annual Report

Demonstration Year 18

October 1, 2017 through September 30, 2018

December 28, 2018

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Introduction:

The Alabama Medicaid Agency (AMA) 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, AMA 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 AMA expect that this demonstration program will promote 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, 2017- September 30, 2018

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. AMA 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 18, October 1, 2017, through September 30, 2018, 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, several changes were made to increase participation in the Plan First program, as well as to support correct and consistent use of the recipient's chosen birth control method.

Two outreach contracts with the Alabama Department of Public Health (ADPH) were terminated during the demonstration year and the State assumed leadership for these activities effective with the new fiscal year. This change was made after the State determined that contracts in place with ADPH for more than 20 years to perform family planning outreach activities and provide support for the PT+3 literacy-based counseling method were not achieving the goals established by the Agency.

Other changes included the move of the Family Planning outreach hotline previously operated by ADPH to the Alabama Medicaid Agency. Future outreach activities will include, but are not limited to:

- Update of all literacy-based materials to support the PT+3 counseling method;
- 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);

- Integration of care coordination activities through the Alabama Coordinated Health Networks (pending CMS approval) to address barriers to care such as transportation or other issues;
- Updated training 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

The number of women enrolled in Plan First declined between DY17 and DY18. The number of women utilizing Plan First services also decreased. One factor the State anticipates that may be influencing the decline in enrollment is that applicants can go through the Federally Facilitated Marketplace to get an Insurance Affordability Plan that will cover services above and beyond family planning services. It is beneficial for the applicant to receive the greater benefit package through an IAP from the Marketplace instead of getting limited coverage through Plan First.

Provider Participation

Providers must enroll with AMA 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 1,811 Plan First providers enrolled in Alabama.

iii. **Audits**

The State AMA audited ADPH's Care Coordination program in September 2017. Findings were identified, and a corrective action plan was implemented by ADPH. Funds were recouped for services that were billed inappropriately. Medicaid's Program Integrity Division also conducted a focus review based on a referral by the Plan First Program area and as a result of the findings noted above. Further findings were identified based on inappropriate billing, by the Program Integrity review and addressed with the providers. Funds are in the process of being recouped for these findings.

Education was provided to providers regarding the requirements of the Plan First Program.

Medicaid continues to conduct its quality assurance processes. Random samplings of recipient records are evaluated to ensure compliance with program requirements. This is in conjunction with regularly scheduled internal audits by ADPH. Ongoing Plan First Program evaluations are also conducted through the University of Alabama at Birmingham School of Public Health.

To accomplish the Waiver requirements, the Agency 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 area 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, and the Central Office conducts an annual desk review of the patient records for each Care Coordinator, submitting a written report to supervisors. 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 3,114 audits were conducted by Medicaid's monitoring agency with a reported compliance rate of 97%.

3. Policy Issues and Challenges

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

The State requested permission from the CMS Medicaid NCCI Workgroup to deactivate Medically Unlikely Edits (MUEs) with a proposed value of 1 for HCPCS codes J7303 (contraceptive supply, hormone containing vaginal ring, each) and J7304 (contraceptive supply, hormone containing patch, each) that are planned for implementation on 1/1/19 with a proposed value of 1 for the PRA and OPH. AMA provided documentation that it allows recipients in certain programs to receive a 12-month supply at one time. Therefore, the workgroup decided that the state has permission to deactivate the MUEs for those two codes.

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				
	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	7,366	70,506	3,373	81,245
Quarter 2	n/a	8,173	69,144	3,216	80,533
Quarter 3	n/a	9,027	69,049	3,164	81,240
Quarter 4	n/a	9,919	65,816	2,807	78,542
	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	4	679	84	767
Quarter 2	n/a	4	660	86	750
Quarter 3	n/a	5	671	84	760
Quarter 4	n/a	4	742	100	846

*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	3,511	18,281	429	22,221	27.3%
Quarter 2	n/a	3,259	14,928	324	18,511	23.0%
Quarter 3	n/a	3,600	14,341	302	18,243	22.5%
Quarter 4	n/a	3,018	10,931	199	14,148	18.0%
	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	8	0	8	1.0%
Quarter 2	n/a	0	9	2	11	1.5%
Quarter 3	n/a	0	23	3	26	3.4%
Quarter 4	n/a	0	12	1	13	1.5%

*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	176	1	177	0.7
Emergency Contraception	n/a	0	0	0	0	0
Intrauterine Device (IUD)	n/a	37	398	10	445	1.7
Hormonal Implant	n/a	123	514	7	644	2.5
1-Month Hormonal Injection	n/a	0	0	0	0	0
3-Month Hormonal Injection	n/a	1,734	8,223	153	10,110	39.8
Oral Contraceptive	n/a	2,469	9,778	225	12,472	49.1
Contraceptive Patch	n/a	135	572	0	707	2.8
Vaginal Ring	n/a	109	728	2	839	3.3
Diaphragm	n/a	0	0	1	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	16,559	14.2	0	0%	16,559	14.2

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	13,776	11.8%

Table 7: Breast Cancer Screening

Screening Activity	Number	Percent of Total Enrolled Females
Unduplicated number of female beneficiaries who received a Breast Cancer Screening	11,194	9.6%

C. Program Outreach and Education

1. General Outreach and Awareness

a. Public Outreach and Education Activities

During this past demonstration year, several changes were made to increase participation in the Plan First program, as well as to support correct and consistent use of the recipient's chosen birth control method. 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

At the same time that changes above were made, Medicaid determined that contracts in place with ADPH for more than 20 years to perform family planning outreach activities and to provide support for the PT+3 literacy-based counseling method were not achieving the goals established by AMA. As a result, two outreach contracts with ADPH were terminated during the demonstration year and the AMA assumed leadership for these activities effective with the new year.

One of the changes included the move of the 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 Alabama Coordinated Health Networks (pending CMS approval) to address barriers to care such as transportation or other issues;
- Updated training on the PT+3 counseling method

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 AMA's website at <http://www.medicaid.alabama.gov/> and ADPH's website at <http://alabamapublichealth.gov/>.

AMA 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)

Populations targeted for specific outreach efforts in the next demonstration year include:

- Outreach to Medicaid eligible college-age women who may seek contraceptive services through university health clinics;
- Awareness activities to promote the Plan First program to Medicaid-eligible women who are served by the Medicaid Maternity Program;
- Outreach to women not served by Title X programs in health departments. These include women served at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

b. AMA began implementation of these new outreach changes in December 2018 and will continue to monitor its effectiveness moving forward to ensure that enrollment and participation goals are being addressed.

D. Program Integrity

AMA audited Alabama Department of Public Health (ADPH's) Care Coordination program in September 2017. Findings were identified, and a corrective action plan was implemented by ADPH. Funds were recouped for services that were billed inappropriately. Medicaid's Program Integrity Division also conducted a focused review based on a referral by the Plan First Program area as a result of the inappropriate findings noted above. Further findings were identified by the Program Integrity review and addressed with the providers. Funds are also in the process of being recouped for these inappropriately billed services.

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, 2018
Questions and Answers

Question: When you all met with the Maternity Contractors, how did it go to encourage referrals?

Answer: The State recommended that the Maternity Primary Contractors pull out all information regarding family planning and put it in a separate folder, then reintroduce the information to the recipient at another visit. They can follow up with the recipient pertaining to the information by a phone call to ask to have they read over the education material and see if there are any questions they may have. A follow up meeting will be held with the Contractors concerning the referrals.

Additional Follow-up Response: Maternity Primary Contractor Care Coordinators complete the Family Planning referral form at time of delivery and it is faxed to the county health department in which the patient lives.

Our OBGYN and/or midwife providers either give the patient their chosen birth control method at their office (IUD, Depo, etc.) or they complete the Referral Form and give it to the patient to take to the health department to obtain birth control.

Question: For clarification sake, can you share some of the Primary Contractors for the Maternity Care Program?

Answer: There are Maternity Contractors throughout Alabama except in District 10 and District 12 (previously called Gift of Life (GOL). GOL did not renew their contract.

Question: What are some barriers affecting this program?

Answer: One barrier is that we believe recipients are not checking the “Are you applying to receive Family Planning” box on the application, or if they are rolling over from SOBRA and getting missed. Another barrier is recipient LARC (Long-Acting Reversible Contraceptive) usage. LARCs are not being utilized as we would like. Dr. White has sent out a survey to try and identify those barriers and as to why recipients are not using the services. We have also found there is a lack of knowledge of Family Planning (FP) services. If it’s a SOBRA (pregnant woman), they are automatic to go to FP services. Other problems other than FP are not covered. Anyone that receives a sterilization, they are not available for FP services. FP does not pay for NET (non-emergency transportation). Recipient must be between the ages of 19-55.

Comment: Rural areas may be far challenging.

Integration of care coordination activities through the Alabama Coordinated Health Networks (pending CMS approval) to address barriers to care such as transportation or other issues is one of the ways that AMA plans to target barriers to care for 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

DEMONSTRATION WITHOUT WAIVER (WOW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	TREND RATE 1	MONTHS OF AGING	BASE YEAR DY 00	TREND RATE 2	DEMONSTRATION YEARS (DY)					TOTAL WOW
					2017	2018	2019	2020	2021	
Medicaid Pop 1										
Pop Type:	Medicaid									
Eligible Member Months	-1.8%		1,069,348	-1.8%	1,050,567	1,031,762	1,013,293	995,155	977,342	
PMPM Cost	0.0%	0	\$ 25.54	0.0%	\$ 26.01	\$ 26.01	\$ 26.01	\$ 26.01	\$ 26.01	
Total Expenditure					\$ 27,327,762	\$ 26,836,117	\$ 26,355,751	\$ 25,883,983	\$ 25,420,660	\$ 131,824,273

DEMONSTRATION WITH WAIVER (WW) BUDGET PROJECTION: COVERAGE COSTS FOR POPULATIONS

ELIGIBILITY GROUP	DY 00	DEMO TREND RATE	DEMONSTRATION YEARS (DY)					TOTAL WW
			2017	2018	2019	2020	2021	
Medicaid Pop 1								
Pop Type: Medicaid								
Eligible Member Months	1,069,348	-1.8%	969,203	876,835	861,140	845,725	830,587	
PMPM Cost	\$ 25.54	0.0%	\$ 28.06	\$ 26.83	\$ 26.83	\$ 26.83	\$ 26.83	
Total Expenditure			\$ 27,200,317	\$ 23,529,751	\$ 23,104,377	\$ 22,690,809	\$ 22,284,643	
							\$ 118,809,897	

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, 2016 - September, 2018 time periods for DY 2017 and DY 2018.

Budget Neutrality Summary						
Without-Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	2017	2018	2019	2020	2021	
Medicaid Populations						
Medicaid Pop 1	\$ 27,327,762	\$ 26,836,117	\$ 26,355,751	\$ 25,883,983	\$ 25,420,660	\$ 131,824,273
With-Waiver Total Expenditures						
	DEMONSTRATION YEARS (DY)					TOTAL
	2017	2018	2019	2020	2021	
Medicaid Populations						
Medicaid Pop 1	\$ 27,200,317	\$ 23,529,751	\$ 23,104,377	\$ 22,690,809	\$ 22,284,643	\$ 118,809,897

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 2016 – September 2018 time periods for DY 2017 and DY 2018.

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

H. Demonstration Evaluation Activities and Interim Findings

1. Summary of the Progress of Evaluation Activities

a. Evaluation Progress

For the current reporting period, October 1, 2017 through September 30, 2018, is the first year of 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.

b. Challenges

Beneficiary satisfaction surveys:

In this first evaluation year, UAB planned to conduct 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 635 enrollee surveys (79% of the target sample) and 186 surveys with women who are no longer enrolled (62% of the target sample). UAB anticipates data collection will be complete by the end of the 2018 calendar year.

c. 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 33% 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 (65%) of women who were enrolled in the program in the previous year renewed their enrollment for the current reporting period. Birth rates among women enrolled in the program (46.4/1,000) also continue to be lower than the birth rates estimated to have occurred in the absence of the Plan First demonstration (176.9/1,000). Plan First also offers coverage for smoking cessation, and there were 715

paid claims for nicotine replacement therapy products (e.g., nicotine gum, patch). There were 99 women who contacted the Quit Line and indicated that they were referred by their care coordinator.

- Program outcomes for men: Only vasectomy and care coordination services are available for men enrolled in Plan First. During the evaluation period, 26 men obtained a vasectomy, approximately 2% of those enrolled. Overall, 21 men received care coordination services, all of whom obtained a vasectomy.
- Quality of Care: In this evaluation year, nearly two-thirds (64.8%) of women who were enrolled in Plan First and used clinical 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, 42% of women enrolled who used Plan First services were tested for sexually transmitted infections, such as chlamydia, gonorrhea, and HIV. Just over one-third of age-eligible women enrolled who used services were tested for chlamydia and screened for cervical cancer.
- Cost of Care: As of September 30, 2018, there were over \$19.9 million dollars paid for claims submitted during the current reporting period (October 1, 2017 through September 30, 2018). The vast majority of claims were paid for women's family planning services; approximately \$8,200 were paid for vasectomy-related services for men. The final amount of paid claims for the reporting period will likely be higher than \$19.9 million as some claims for services received in the fourth quarter 4 (July-September) were not submitted or paid before September 30, 2018.
- 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.