Alabama Medicaid Agency

Plan First Program

Section 1115 Demonstration Waiver

Annual Monitoring Report

Demonstration Year 20

October 1, 2019 through September 30, 2020

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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 established 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 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, 2019 - September 30, 2020
Demonstration Year: 20
Demonstration Approval Period: November 27, 2017 through September 30, 2022

A. EXECUTIVE SUMMARY

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 through 55, and males ages 21 or older for vasectomy related services only. Plan First enrollees are also eligible to receive tobacco cessation counseling and products provided by the Alabama Department of Public Health through a partnership with the Alabama Medicaid Agency. 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. However, due to the current Public Health Emergency (PHE) declared in March 2020, verbal consent for services has been accepted when needed. 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 the 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 the initial application and re-verified at recertification 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 (DY) 20, October 1, 2019, through September 30, 2020, representing 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.

PROGRAM UPDATES

1. Current Trends or Significant Program Changes from Previous Demonstration Years

a. Operational / Administrative Changes

- Family Planning care coordination was transitioned from the Alabama Department of Public Health (ADPH) to Alabama Coordinated Health Networks (ACHNs) in October 2019. ACHNs receive monthly assignment file reports of all eligible Plan First/Family Planning eligible individuals (EIs). Care Coordinators utilize these reports to attempt outreach to EIs and to offer Family Planning Care Coordination services.

b. 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

- Medicaid began allowing dual enrollment for care coordination services. However, family planning services can only be provided to maternity EIs the month of delivery and after to facilitate early engagement with the family planning service options, this allows family planning care coordination to begin at the hospital after the birth and this helps in the continuity of care and positively impacts enrollment.

- Medicaid approved with oversight from the Agency, the Waiver submitted by the ACHNs requesting that Associate Degree Nurses (ADNs) be allowed to provide transitional care services.

Provider Participation

Currently, all counties have public provider options for Plan First services. Plan First providers enrolled in Alabama have increased to 1,906 as of October 1, 2020.

c. Audits

During this past demonstration year, Alabama Medicaid completed 99 audits of family planning care coordination services for Plan First Providers enrolled in the Medicaid Plan First Program. Findings were identified, and education was provided.

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

- Reviewed utilization reports from claims data to monitor trends and utilization
- Reviewed care coordinator activity summary reports
- Reviewed summary reports from UAB
- Monitored complaints and grievances to an acceptable resolution
- Added claims system edits and audits to prevent duplication of payments

Additionally, each ACHN conducted self-audits during this past demonstration year related to the Plan First services provided.

ACHN	**Self-Audits During Past Demonstration Year**

North Alabama Community Care (NACC)	The Family Planning Supervisor completed internal audits on a monthly basis to include auditing a minimum of 1 to 2 eligible individual's (EIs) case files per Family Planning Care Coordinator.
Alabama Care Network Mid-State (ACN-M)	Sixty-five total self-audits were conducted on a monthly basis.
Alabama Care Network Southeast (ACNS)	Approximately 5% of newly enrolled family planning charts were self-audited on a monthly basis.
Gulf Coast Total Care (GCTC)	Each Family Planning Care Coordinator has 1-2 new family planning cases audited monthly, which equates to a total of approximately 6% of newly enrolled family planning charts.
My Care Alabama Northwest (MCANW)	Seventy-five self-audits were conducted during this past demonstration year. Each Associate and the Supervisors conducted audits on randomly chosen EIs on a weekly basis.
My Care Alabama Central (MCAC)	Eighty-eight total self-audits were conducted on a weekly basis.
My Care Alabama East (MCAE)	One hundred thirty-nine total self-audits were conducted on a weekly basis.

POLICY ISSUES AND CHALLENGES

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

- The COVID-19 PHE took effect in March 2020, which significantly impacted the provider's ability to provide in-person Family Planning/Plan First services.
    - At least one ACHN reported an impact on numbers of strictly family planning only service referrals from the FQHCs to ACHNs due to activities transitioning to remote/telephonic activities and providers placing limits on the number of patients being seen in the clinics per day.
    - The Agency's need to shift to the allowance of telephonic service delivery instead of the required face-to-face visit(s) for both care coordination services and contraceptive visits.

- Collaboration between the Alabama Department of Public Health (ADPH) and Alabama Coordinated Health Networks (ACHNs) has been a struggle.
    - Some ACHNs were not allowed access into the health departments.
    - ADPH did not send family planning care coordination referrals or provide ACHN contact information to the EIs.

2. 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.

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

- In response to the COVID-19 pandemic, ADPH began providing Plan First recipients Family Planning services telephonically in March 2020. With the deferment of the physical exam component, telephone visits were available when clinically appropriate for recipients who preferred not to come into a county health department to receive Family Planning services. However, ADPH is also scheduling clinic appointments for patients who desire an in-person visit and/or those whose deferred physical exams are due, per ADPH Family Planning Clinic Protocol.
- Effective March 18, 2020, Medicaid did not terminate individuals from Medicaid coverage during the PHE if they were enrolled in the program in March 2020 or became enrolled during the PHE, unless the individual voluntarily terminated eligibility or was no longer a resident of the state.

B. UTILIZATION MONITORING

Addressed in Goal 1. Addressing Disparities in Enrollment Section of the report

C. PROGRAM OUTREACH AND EDUCATION

General Outreach and Awareness
Alabama Coordinated Health Networks (ACHNs):

ACHN	Strategies	Effectiveness
Alabama Care Network Mid-State (ACN-M)	Care Coordinators were provided a list of eligible individuals (EIs), otherwise known as recipients eligible for family planning	Successfully connecting with EIs for Family Planning services has been a challenge. , the deferral rate for family planning outreach was 80%.

	services. Calls were made to eligible EIs. ACN-M educated DHCPs and provided information about ACN-M's family planning care coordination services.	
Alabama Care Network Southeast (ACNS)	Care Coordinators were provided a list of EIs who were eligible for family planning services. Calls were made to eligible EIs. For EIs could not be reached due to an outdated phone number or unable to be contacted due to an outdated phone number or voicemail set up, letters were mailed to offer family planning care coordination services. ACNS also met with the Medicaid eligibility workers in the Auburn office. They agreed to attach a family planning business card to new Family Planning recipient letters with our contact information. ACNS had two meetings during the fiscal year with delivering health care providers in the region and provided information about our family planning care coordination services.	Cold calls to eligible EIs were not very successful. In December, 100 EIs were called to outreach for family planning care coordination. The results were: • Four appointments made, • Seven EIs refused services, • 52 voicemails left (0 callbacks), and; • 37 calls were either incorrect phone numbers, or voicemail was full. Due to the low success rate, ACNS did not continue to pursue cold calls for outreach. Family Planning letters offering services were somewhat successful as ACNS did receive calls from EIs who had received the outreach letters. ACNS did receive calls from new Family Planning EIs that resulted from the business card attached to their award letter. ACNS plans to reach out to additional eligibility offices to send more business cards along with the family planning award letters. The outreach to ACNS's delivering healthcare providers has been helpful - especially from the providers who offer family planning services to EIs.

		ACNS's enrollment rate was approximately 31.6% of the EIs contacted by either phone or mail.
My Care Alabama Northwest (MCANW)	Plan First outreach and provider education is addressed during quarterly Medical management Meetings. **MCANW's** Medical Director updates the Network with any Plan First Medicaid ALERTS. Attempts to engage ADPH were made early on, but they were not successful. EI outreach is provided using MCANW marketing materials based at ADPH lobbies, PCP and Pediatrician offices, FQHCs, DHCP offices, faith-based organizations, and Pregnancy Centers. MCANW also works with the board members and CAC to Network in dispersing information regarding Plan First services and the ACHN requirements.	All quality partners and ACHN providers are encouraged to support the PF program and the enrollment of all eligible individuals. MCANW has discussed developing specific PF services materials in an effort to reach the targeted population. Attempts to engage ADPH were done early on, but attempts were unsuccessful in receiving referrals on those receiving clinical services at the Health departments. If EIs are not enrolled, it will continue to be an MCANW priority to have PF educational materials distributed amongst the Region. Some pregnancy centers in the Region will not allow birth control literature to be distributed, this is a barrier that limits education to EIs.
North Alabama Community Care (NACC)	Family Care Coordinator mailed introductory outreach letters to Family Planning only EIs attributed to Central North. Three pads of 100 informational tear-offs were provided to each county health department in NACC's region to reach potential Family Planning EIs. Tear-offs were made available in both English and Spanish.	Emphasis was heavily placed on continued collaboration and partnership with all local health departments and primary care providers (to include gynecological providers). This was extremely vital to NACC's overall outreach for Plan First/Family Planning services to all women and men eligible for coverage. NACC's continued efforts will help to improve access to services, including care coordination. NACC's hope is that that they continue to expand and improve outreach across all service counties to Eligible Individuals (EIs) and

		potential EIs. Thus by continuing to work closely with Maternity Care Coordinators per contacting EIs who have delivered (before or after delivery) to offer to complete Family Planning Risk Screenings and Family Planning Enrollments at such encounters, either telephonically or via face-to-face engagement; and by intentionally reviewing on a consistent basis EI Medicaid Assignment Files so to contact (by phone or outreach letters) eligible women and men to share about Plan First/Family Planning services, to include facilitation of referrals for care coordination and utilization of smoking cessation products and other relatable services.
Gulf Coast Total Care (GCTC)	All maternity EIs received education on the Family Planning care coordination program and was reflected in their maternity care plan. All DHCP offices received information regarding the Family Planning care coordination program offered by GCTC and the referral process for identified EIs. Care coordinators placed outreach phone calls to newly awarded Plan First recipients in an attempt to enroll in services. All maternity EIs were given a Plan First education brochure at the maternity follow-up encounter.	GCTC feels that their efforts of outreach currently available to have been effective. All maternity EIs are given information regarding family planning services multiple times throughout their pregnancy. It appears that GCTC have had an increase in EIs accepting services, specifically those that are transitioning from maternity services. The outreach to DHCPs within GCTC's region has been very helpful in helping to secure needed service referrals. As for "cold call" outreach from the list of newly assigned Plan First recipients, GCTC found those have not been as successful as GCTC would have liked. GCTC had a very low success rate in reaching the EIs due to incorrect phone numbers and addresses. Additionally, when able to reach the EIs, many declined services from cold call lists alone. GCTC have found EIs are more receptive when we have been able to work in partnership with their primary

		family planning medical service provider, and the provider had first discussed the topic of care coordination services. Unfortunately, in seven of GCTC's eight-county region, family planning services are primarily provided by ADPH, from which GCTC have been unsuccessful thus far in receiving family planning care coordination referrals or active family planning management listings.
My Care Alabama Central (MCAC)	MCAC has conducted numerous outreach activities to providers and local community organizations. MCAC are continuously educating PCPs, including pediatricians and DHCPs, on family planning services and how our care coordinators can assist them with their patients. GCTC does this individually and through medical management meetings. MCAC also targets community organizations such as pregnancy centers to educate on family planning services. MCAC continues to struggle with referrals from the Health Departments who hold most of the Plan First EIs.	Pediatrician outreach has proven the most effective. These providers need services for their adolescent patients. Pregnancy centers have been a great source of referrals also. The pregnancy centers are happy to be able to provide resources to EIs whose pregnancy test is negative. MCAC continuously finds that EIs still have not heard of the ACHN program or MCAC. A lesson learned is to provide more EI outreach from the ACHNs and Medicaid. Attempts to collaborate and engage ADPH for the betterment of shared patients have proven unsuccessful despite numerous attempts.
My Care Alabama East (MCAE)	MCAE has conducted numerous outreach activities to providers and local community organizations. We are continuously educating PCPs, including pediatricians and DHCPs, regarding family planning services and how our care coordinators can assist them with their patients.	All quality partners and ACHN providers are educated and encouraged to support the Plan First program and the enrollment of all eligible individuals. My Care Alabama has discussed developing specific family planning services materials in an effort to reach the targeted population.

	Plan First outreach and provider education is also addressed during quarterly Medical Management Meetings. MCAE continues to struggle with referrals from the Health Department who provides services to the majority of the Plan First EIs.	MCAE continuously finds that EIs still have not heard of the ACHN program or MCAE, creating initial skepticism that must be overcome. Navigating how to provide additional EI outreach from the ACHNs and Medicaid has been a lesson learned.

Alabama Medicaid Agency:

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:

- 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);

General outreach will be directed to all potentially eligible women to include 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/.

D. PROGRAM INTEGRITY

During this past Demonstration Year, the Program Integrity Division did not submit any audit findings to the Plan First Unit.

E. GRIEVANCES AND APPEALS

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, 2020
Questions and Answers

There were no questions at the Annual Plan First Public Forum held on May 1, 2020.

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
			ANNUAL CHANGE			AVERAGE
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

Without-Waiver Total Expenditures								
			18	**19**	**20**	**21**	**22**	**TOTAL**
Hypothetical Per Capita	-	-						
Family Planning	1	**Total**	$ 23,475,183	$ 22,851,782	$ 23,646,661	$ 22,851,782	$ 22,851,782	
		PMPM	$26.76	$26.76	$26.76	$26.76	$26.76	
		Mem-Mon	877,249	853,953	883,657	853,953	853,953	

Tobacco Cessation	2	**Total**	$ 261	$ 128	$ 272	$ 128	$ 128	
		PMPM	$0.50	$0.50	$0.50	$0.50	$0.50	
		Mem-Mon	522	255	543	255	255	
TOTAL			**$23,475,444**	**$22,851,910**	**$23,646,933**	**$22,851,910**	**$22,851,910**	**$115,678,106**

With-Waiver Total Expenditures								
			18	**19**	**20**	**21**	**22**	**TOTAL**
Hypothetical Per Capita								
Family Planning	1	**Total**	$22,803,379	$23,635,913	$11,490,506	$13,431,624	$14,671,498	
		PMPM						
		Mem-Mon						
Tobacco Cessation	2	**Total**	$9,446	$7,077	$9,058	$9,193	$9,193	
		PMPM						
		Mem-Mon						
TOTAL			**$ 22,812,825**	**$ 23,642,990**	**$ 11,499,564**	**$ 13,440,817**	**$ 14,680,691**	**$ 86,076,887**

NOTE: 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	$ 69,974,287	$ 92,826,197	$ 115,678,106
Allowed Cumulative Variance (= CTP X CBNL)	$ 469,509	$ 694,910	$ 699,743	$ 464,131	$ -
Actual Cumulative Variance (Positive = Overspending)	$ (662,619)	$ 128,461	$ (12,018,908)	$ (21,430,001)	$ (29,601,219)

Is a Corrective Action Plan needed?					

Note 1: Used the historical expenditures and member months from 2012-2016
Note 2: Actual member months and total expenditures have been entered for the October 2017 – September 2020 time periods for DY 2018, DY2019, and DY2020.

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

H. DEMONSTRATION EVALUATION ACTIVITIES AND INTERIM FINDINGS

SUMMARY OF THE PROGRESS OF EVALUATION ACTIVITIES

Evaluation Progress: The current reporting period (October 1, 2019, through September 30, 2020) is the third year of the evaluation for the five-year demonstration. The University of Alabama at Birmingham (UAB) evaluation team is 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. NOTE: This is a partial report due to evaluation design changes approved by CMS in March 2021 and the Agency's inability to have all needed data prior to April 30, 2021, due date established by CMS at that time.

Evaluation Goal 1 – Addressing Disparities in Enrollment

The program goal is to enroll into Plan First 80% of eligible women between ages 19 and 40 across all racial/ethnic groups and geographic areas.

Hypotheses: We anticipate that the composition of the enrolled population will be demographically similar to the population of eligible participants because of programmatic features designed to reduce barriers to enrollment, such as automatic enrollment following delivery and allowing re-enrollment through Express Lane Eligibility. However, we do not expect the enrolled population to reflect the exact distribution of eligible women because enrollment in the program is voluntary. For example, based on past evaluations of Plan First, we anticipate lower enrollment rates among older women compared to younger women.

Findings as of April 2021: Enrollment in Plan First remains significantly below the goal of 80% of eligible women. Enrollment declined 12.5% between DY 19 and DY 20. This was primarily due to a 53% decline in new enrollees. Many new enrollees in Plan First are flips from other Medicaid eligibility categories, particularly SOBRA coverage during pregnancy. Changes in enrollment and disenrollment policies in place in 2020 in response to the PHE Maintenance of Effort requirements are likely explanations for much of this change in enrollment.

Table 1.1. Estimates of low-income women eligible for and enrolled in Plan First, by age, race, and public health district. (Enrollment and Census data)

		Enrolled in Plan First in DY 19	Enrolled in Plan First DY 20	Change in percent of population enrolled DY 19-DY 20
	ACS Population Estimate	**N (% Enrollees of low-income population in 2019)**	**N (% Enrollees of low-income population in 2020)**	**%**
TOTAL	**N**			
	353,394	103,275 (29.2)	90,318 (25.6)	-12.5
Age, years				
19-24[a]	93,937 (26.6)	27,597 (26.8)	24,434 (27.1)	-11.5
24-44	188,070 (53.2)	70,961 (68.9)	61,576 (68.2)	-13.2
45-54	71,387 (20.2)	4,663 (4.3)	4,308 (4.8)	-7.6
Race				
White	172,797 (48.9)	37,558 (36.4)	32,784 (36.3)	-12.7
Black	149,569 (42.3)	55,168 (53.4)	47,912 (53.1)	-13.2
Hispanic	20,047 (5.7)	2,169 (2.1)	2,018 (2.2)	-7.0
Asian/Pacific Islander	4,242 (1.2)	470 (0.5)	405 (0.5)	-13.8
American Indian	1,986 (0.6)	317 (0.3)	293 (0.3)	-7.6
Other race/ethnicity/unknown	4,436 (1.3)	7,593 (7.4)	6,906 (7.1)	-9.1
ACHN Regions[b]				
Central	38,691 (11.0)	14,775 (14.3)	12,763 (14.1)	-13.6
East	44,143 (12.5)	12,992 (12.6)	10,982 (12.2)	-15.5
Gulf/Southwest	53,081 (15.0)	19,254 (18.6)	16,929 (18.7)	-12.1
Mid-state	65,502 (18.6)	14,943 (14.5)	13,459 (14.9)	-9.9
Northeast	58,059 (16.5)	11,863 (11.5)	10,535 (11.7)	-11.2
Northwest	46,933 (13.3)	14,187 (13.7)	12,542 (13.9)	-11.6
Southeast	46,419 (13.2)	15,256 (14.8)	13,108 (14.5)	-14.1

[a]County-level population estimates of low-income women are not available for those 19-20 and 21-24, separately, due to ACS reporting

[b]ACHN region population estimates were calculated using the Census Vintage 2019 county population estimates, ages 18-24 with 30% poverty estimate https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-detail.html

Table 1.2. Changes in re-enrollment rates from previous year (Enrollment data)

	Enrolled in DY19			Enrolled in DY20			% change DY19 to DY20		
	Total	**Returning**	**New**	**Total**	**Returning**	**New**	**Total**	**Returning**	**New**
TOTAL	103,275	68,837	34,438	90,318	73,950	16,368	-12.5%	7.4%	-52.5%
Age, years									
19-24	27,597	16,439	11,158	24,434	18,767	5,667	-11.5%	14.2%	-49.2%
25-34	49,885	34,150	15,735	42,450	34,748	7,702	-14.9%	1.8%	-51.1%
35-44	21,076	14,767	6,309	19,126	16,618	2,508	-9.3%	12.5%	-60.2%
45-54	4,663	3,427	1,236	4,308	3,817	491	-7.6%	11.4%	-60.3%
Race‡									
White	37,558	24,900	12,658	32,784	26,404	6,380	-12.7%	6.0%	-49.6%
Black	55,168	37,300	17,868	47,912	39,613	8,299	-13.2%	6.2%	-53.6%
Hispanic	2,169	1,412	757	2,018	1,558	460	-7.0%	10.3%	-39.2%
Asian /Pacific Islander	470	326	144	405	337	68	-13.8%	3.4%	-52.8%
American Indian	317	210	107	293	241	52	-7.6%	14.8%	-51.4%
Other or unknown race/ ethnicity	7,599	4,694	2,905	6,906	5,797	1,109	-9.1%	23.5%	-80.8%
ACHN Region									
Central	14,775	10,111	4,664	12,763	10,538	2,225	-13.6%	4.2%	-52.3%
East	12,992	8,493	4,499	10,982	8,870	2,112	-15.5%	4.4%	-53.1%
Gulf	19,254	12,609	6,645	16,929	13,911	3,018	-12.1%	10.3%	-54.6%
Mid-state	14,943	10,064	4,879	13,459	11,037	2,422	-9.9%	9.7%	-50.4%

	Enrolled in DY19			Enrolled in DY20			% change DY19 to DY20		
	Total	**Returning**	**New**	**Total**	**Returning**	**New**	**Total**	**Returning**	**New**
Northeast	11,863	8,064	3,799	10,535	8,478	2,057	-11.2%	5.1%	-45.9%
Northwest	14,187	9,591	4,596	12,542	10,348	2,194	-11.6%	7.9%	-52.3%
Southeast	15,256	9,908	5,348	13,108	10,768	2,340	-14.1%	8.7%	-56.2%

Survey data for Table 1.3, report on barriers to enrollment from the disenrollee survey, is not yet available.

Evaluation Goal 2 – Maintaining High Level of Awareness of Plan First

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.

Hypotheses: Since Plan First is a well-established program, we expect that the majority of women enrolled will have heard of it and will be aware that they are enrolled.

Survey data to assess this program goal is not yet available.

Evaluation Goal 3 – Increasing Family Planning Service Use among Plan First Enrollees

The program goal is to achieve 70% in the initial year and increase service use to 60% in subsequent years.

Hypotheses: Based on prior evaluations of Plan First, we expect service use to be more common among younger women than among older women since younger women tend to rely on shorter-acting hormonal methods for contraception and are recommended for routine STI and cervical cancer screening, both of which require more regular contact with providers. Because Plan First offers no-cost contraception, we also expect more than half of women using services to have a claim for a moderate or highly effective contraceptive method.

Claims data showing previous use of LARC and showing DY 20 use of care coordination services is not yet available.

Evaluation Goal 4 – 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.

Survey data for Table 4.1, the content of smoking cessation discussions at family planning visits, is not yet available.

This provisional table 4.2 assumes that the same proportion of individuals used services in DY 20 as in DY 19 (34%), and the same portion of these service users are smokers as found in DY 19 (22.8%). Based on these provisional assumptions, only half a percent of clinical service users had a claim filed for an NRT product.

Table 4.2. Smoking cessation based on claims

	DY 18		DY 19		DY 20	
	N	%	N	%		
Plan First service users	39,196	--	35,180	--	31,267*	--
Estimated number of smokers (based on survey data)	9,485	24.2	8,021	22.8	7,129	22.8*
Service users with claims for covered NRT products (% of estimated number of smokers)	102	1.1%	63	0.8%	38	0.5%

* estimate

Evaluation Goal 5 – 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.

This section reports birth rates from the previous demonstration year to allow time for pregnancies starting during the demonstration year, to be counted through the following year. 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 services. Birth rates were slightly higher in DY 19 than they had been in DY 18.

In Demonstration Year 19, there were 103,281 enrollees. Of these, 291 were pregnant at enrollment.

Table 5.1 Birth rates for enrollees and service users, Demonstration Year Previous to Current One (Claims data)

	Number Enrollees	**Number of Births**	**Births/1000**
		Assuming pre-waiver fertility levels*	
All enrollees	**103,281**	**16,484**	**159.6**
		Actual births after enrollment	
All enrollees not pregnant at enrollment	**102,990**	**5,257**	**51.0**
Service Users not pregnant at first visit	**35,173**	**1,725**	**49.0**
Non-service users not pregnant at enrollment	**67,817**	**3,532**	**52.1**

* Adjusted for age and race

Table 5.2 Estimated and actual birth rates to women enrolled in Plan First (Claims data)

	Estimated birth rate if fertility rates continued at pre-waiver levels*	**Actual birth rates all enrollees – pregnancies starting during DY**	**Actual birth rates service users – pregnancies starting during DY**	**Actual birth rates non-service users – 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
DY18	160.2	42.4	40.8	43.1

	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
DY19	159.6	51.0	49.0	52.1

*Adjusted for age and race

Evaluation Goal 6 – Increase Male Enrollment and Vasectomy Service Use

Our goal is that the number of men enrolled in Plan First for vasectomies and vasectomy-related covered services will increase by 10% annually, 85% of male Plan First enrollees will receive care coordination services, and 75% of male enrollees will undergo the procedure within the enrollment year. We will evaluate this goal based on the number of men enrolled and claims for care coordination and vasectomies.

<u>Hypothesis:</u> *We anticipate that men's use of vasectomy services will increase over time and that those who receive care coordination services will be more likely to obtain a vasectomy through Plan First than those who do not receive care coordination.*

Male enrollment in Plan First increased almost 10% (9.8%) between DY 19 and DY 20. Claims data are not yet processed to calculate actual vasectomy rates.

Table 6.1. Percentage of men enrolled who obtained a vasectomy through Plan First (Claims and enrollment data)

	DY 19		DY 20		% Change DY 19 - DY 20	
	Enrolled N	Obtained vasectomy N (%)*	Enrolled N	Obtained vasectomy N (%)*	Enrolled %	Obtained vasectomy %
TOTAL	1,500	14 (0.9)	1,647			
Race						
White	905	14 (1.5)	988			
Black	382	0 (0.0)	448			
Hispanic	37	0 (0.0)	45			
Asian/Pacific Islander	16	0 (0.0)	16			
American Indian	14	0 (0.0)	12			
Other race/ethnicity	146	0 (0.0)	138			
Care Coordination						

	DY 19		DY 20		% Change DY 19 - DY 20	
	Enrolled N	**Obtained vasectomy N (%)***	**Enrolled N**	**Obtained vasectomy N (%)***	**Enrolled %**	**Obtained vasectomy %**
Received care coordination	21	5 (23.8)	N/A			
Did not receive care coordination	1479	9 (0.6)	N/A			
ACHN Regions						
Central	145	1 (0.7)	145			
East	230	8 (3.5)	234			
Gulf	266	1 (0.4)	317			
Mid-state	221	0 (0.0)	258			
Northeast	268	0 (0.0)	288			
Northwest	170	2 (1.2)	191			
Southeast	200	2 (13.3)	214			

* Row percentages

Survey data for Table 6.2, experience with vasectomy services, is not yet available.

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.