

Evaluation of Plan First

Demonstration Year 16 (October 2015-September 2016)

Kari White, Ph.D. MPH

UAB School of Public Health

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Executive Summary

The Alabama Medicaid Plan First 1115 Demonstration Waiver was renewed in February 2015. The renewed waiver specified six goals for evaluation:

- (1) Increase the portion of women eligible for Plan First who actually 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.
- (2) Maintain a high level of awareness of the Plan First program among enrollees.
- (3) Increase the portion of Plan First enrollees who use family planning services, both in the initial year of enrollment and in subsequent years. The program goal is to achieve 70% initial year and 70% subsequent year utilization.
- (4) Increase the portion of Plan First enrollees who receive smoking cessation services. The program goal is to have 85% of smokers receiving these services.
- (5) Maintain birth rates among Plan First participants which are lower than the birth rates estimated to 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.
- (6) Make sterilization services available to income-eligible men over age 21.

This report presents data for Demonstration Year 16, October 1, 2015 through September 30, 2016. Part I of this report provides baseline data for the six goals included in the renewal. Demonstration Year (DY) 16 is the second renewal year. Part II of this report continues the reporting of selected utilization measures that have been included in previous Plan First evaluations.

Findings in Part I

Goal 1: Increase the portion of women eligible for Plan First who actually enroll, and reduce race/ethnicity and geographic disparities in enrollment.

Enrollment for Black women residents of Alabama who are ages 19-24 and 25-34 is somewhat below the target rate, at 64% and 63% of those estimated to be eligible, respectively. Enrollment is lower for White women, 42% for those age 19-24 and 50% for those age 25-34. More urban areas of the state tended to have more racial disparity in enrollment. About 33% of enrolled women in DY 15 failed to re-enroll in DY 16. Those most likely to renew their enrollment from one year to the next are women who had contact with a Plan First provider. When service use is taken in to account, there is a fall-off in enrollment for White women and younger women.

Goal 2. Maintain a high level of awareness of the Plan First program among enrollees.

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 8% who report they have never heard of Plan First, and another 13% who have heard of the program but did not know they were enrolled. Some of these are women who are concerned about the safety and effectiveness of contraception and thus may not have an incentive to learn about Plan First. However, others are women who do use contraception, and have concerns about affordability and access to services, which reflect the fact that they are not aware of their enrollment status.

Goal 3. Increase the portion of Plan First enrollees who use family planning services, both in the initial year of enrollment and in subsequent years.

In previous Plan First evaluations, we have reported overall rates of participation without exploring differences across sub-groups of enrollees, and without differentiating between participation for first year enrollees and for enrollees in subsequent years. 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 (44%). Participation is also lower for new enrollees who are not postpartum (40%). Women with no evidence of any use of contraception services in previous years have the lowest participation (<20%). Women with Plan First participation but no actual clinical service use are about evenly divided between those with case management contact only, and those who fill contraceptive prescriptions but have no clinical contact.

Goal 4. Increase the portion of Plan First enrollees who receive smoking cessation services.

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 16, 66% 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.

Goal 5. Maintain birth rates among Plan First participants which are lower than the birth rates estimated to have occurred in the absence of the Plan First demonstration.

Birth rates vary from year to year, but remain low enough for Plan First to be budget neutral. In DY 15, 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 61.0 per thousand and the birth rate for women who were enrolled but did not use services was 63.9 per thousand. In contrast, the estimate of expected births, given the fertility rates before the start of the Plan First demonstration, was 196.7 per thousand for the women enrolled in the program.

Goal 6. Make sterilization services available to income-eligible men over age 21.

There were very few claims for vasectomy in DY16, the second year the service was covered by Plan First. The majority of women who get counseled about female sterilization do not receive counseling about vasectomy as well. By report of female enrollees who do not want more children, 20% of male partners may be interested in vasectomy if they could get the procedure covered by Plan First.

Findings in Part II

The number of women participating (having any paid claim) in Plan First increased slightly in DY 16, to 59,775 women, compared to 58,009 in DY 15. Enrollment in the program also increased slightly, but the portion of enrollees participating in Plan First was similar to DY 15, 45.5% vs 45.1% (Part II, Section 1.1). The portion of women with deliveries in the previous two years who used Plan First services remained the same or decreased across all Maternity Care District (Part II, Section 1.2). Participation in Plan First by non-Title X agencies (private physicians and community health centers) increased, but the portion of total visits and total participants using services in the non-Title X sector decreased slightly (Part II, Sections 1.3 and 3.1).

Use of any contraceptives and use of effective contraceptives decreased slightly in DY 16 (82% and 74% respectively), according to the annual enrollee survey (Part II, Section 4.3). The primary reason for not using contraceptives, as identified by survey respondents, is that they are not sexually active (41%), they don't think they can get pregnant (9%), or they want to get pregnant (12%). Some women do report that they do not use birth control because they can't afford it (10%) or can't find a provider that they want to see (5%) (Part II, Section 4.3). Affordability and difficulty finding a preferred provider are also listed as reasons for not making a visit to a family planning provider in the past year (Part II, Section 2.1).

The portion of Plan First participants with a risk assessment, completed either in DY 16 or in previous years, remained stable at 73% in DY 16. Risk assessment coverage remains high for users of Health Department services (>90%) and decreased slightly for users of private sector services. Almost all of the clients assessed as high risk received some form of care coordination services, and those with care coordination more frequently received HIV counseling and effective contraception (Part II, Sections 5.1 and 5.2).

The portion of women with non-family planning medical problems who received referrals from their family planning providers for primary care was 67% (compared to a target of 80%). As in past years, about two-thirds of women with medical issues reported receiving primary care, with inability to afford care as the primary reason cited for not obtaining services (Part II, Sections 6.1 and 6.2).

Finally, this evaluation continues the approach of estimating birth rates from pregnancies starting during the Demonstration Year separately for enrollees who did and did not participate in Plan First, and, among participants, for clients visiting different provider types and whether they received risk

assessment and/or care coordination. Participants with the lowest birth rates are those who received risk assessments or care coordination, who use Title X family planning services (Part II, Section 7.1).

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Part I: Progress Toward Evaluation Goals

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. Census data will be used to generate estimates of the eligible population.

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.

1.1. Findings: Statewide Disparities

Statewide, enrollment for Black women ages 19-24 and 25-34 is at approximately 80% of the goal. For non-Hispanic White women, enrollment is 52% of the goal for ages 19-24 and 62% of the goal for women ages 25-34. As expected, Plan First enrollment rates are much lower for women age 35 and older. Enrollment rates are also lower for women classified as “other” ethnicity, including Hispanic, Asian and American Indian women. Census estimates are based on county-level American Community Survey (ACS) data, averaged over 2011-2015.

Table 1.1. Estimated portion of Plan First Eligibles Enrolled Statewide, by age and race/ethnicity

	White			Black			Other			Total
	ACS Estimate	Enrolled DY16	% Enrolled	ACS Estimate	Enrolled DY16	% Enrolled	ACS Estimate	Enrolled DY16	% Enrolled	% Enrolled
19-24	51,738	21,694	41.9	40,352	25,975	64.4	7,544	3,206	42.5	51.1
25-34	47,505	23,569	49.6	50,276	31,313	62.3	11,568	2,841	24.6	52.8
35-44	37,169	6,999	18.8	34,848	10,331	29.6	8,005	1,086	13.6	23.0
45-54	40,149	1,670	4.2	31,369	2,332	7.4	3,339	271	8.1	5.7

1.2. Findings – Disparities by PHA

Overall, enrollment among eligible women 19-24 and 25-34 is higher than the statewide average in PHA 7 (southwestern Alabama), PHA 9 (southern coast), PHA 10 (southeastern Alabama), and PHA 11 (Mobile County), and lower in PHA 4 (Jefferson County) and PHA 8 (Montgomery County). Differences in enrollment patterns by race are observable across all of the Public Health Areas and are similar to those observed statewide. Black women under age 35 tend to have the highest enrollment rates, relative to the number eligible. PHA 3 (Tuscaloosa County), PHA 4 (Jefferson County), and PHA 8 (Montgomery County) also are notable for the relatively lower enrollment rates for White women ages 19-24.

Table 1.2 Estimated portion of Plan First Eligibles Enrolled – by PHA

	White			Black			Other			Total
	ACS Estimate	Enrolled DY16	% Enrolled	ACS Estimate	Enrolled DY16	% Enrolled	ACS Estimate	Enrolled DY16	% Enrolled	% Enrolled
PHA1										
19-24	5,086	2,850	56.0	729	677	92.9	522	249	47.7	59.6
25-34	5,605	2,640	47.1	1,014	702	69.2	366	153	41.8	50.0
35-44	4,168	822	19.7	572	219	38.3	632	60	9.5	20.5
45-54	4,875	197	4.0	743	50	6.7	253	14	5.5	4.4
PHA2										
19-24	6,676	3,756	56.3	3,202	1,916	59.8	1,949	631	32.4	53.3
25-34	8,644	4,690	54.3	3,852	2,567	66.6	3,586	633	17.7	49.1
35-44	7,007	1,291	18.4	2,524	820	32.5	2,105	222	10.5	20.0
45-54	7,354	306	4.2	2,419	165	6.8	762	36	4.7	4.8
PHA3										
19-24	6,438	1,200	18.6	3,581	2,110	58.9	484	168	34.7	33.1
25-34	2,338	1,096	46.9	3,676	2,312	62.9	509	115	22.6	54.0
35-44	1,899	290	15.3	2,100	697	33.2	286	29	10.1	23.7
45-54	1,899	67	3.5	1,922	144	7.5	65	7	10.8	5.6
PHA4										
19-24	4,626	802	17.3	7,511	3,987	53.1	676	303	44.8	39.7
25-34	3,596	1,259	35.0	10,424	5,954	57.1	1,675	307	18.3	47.9
35-44	2,997	422	14.1	6,892	2,154	31.3	1,033	151	14.6	25.0
45-54	3,028	124	4.1	6,202	427	6.9	301	46	15.3	6.3
PHA5										
19-24	4,498	2,966	65.9	804	762	94.8	983	430	43.7	66.2
25-34	6,447	3,026	46.9	1,064	889	83.6	1,402	392	28.0	48.3
35-44	5,610	923	16.5	923	281	30.4	1,068	148	13.9	17.8
45-54	5,779	194	3.4	588	62	10.5	568	33	5.8	4.2
PHA6										

19-24	3,536	2,393	67.7	2,888	1,983	68.7	312	177	56.7	67.6
25-34	4,165	2,227	53.5	3,870	2,088	54.0	476	117	24.6	52.1
35-44	3,324	563	16.9	2,408	583	24.2	273	51	18.7	19.9
45-54	3,478	143	4.1	1,924	112	5.8	301	12	4.0	4.7
PHA7										
19-24	754	321	42.6	3,161	2,354	74.5	56	78	139.3	69.3
25-34	665	302	45.4	4,025	2,269	56.4	82	46	56.1	54.8
35-44	679	94	13.8	3,149	866	27.5	135	11	8.1	24.5
45-54	364	18	4.9	3,683	278	7.5	52	3	5.8	7.3
PHA8										
19-24	10,520	1,954	18.6	8,891	4,919	55.3	867	379	43.7	35.8
25-34	5,369	2,254	42.0	10,135	6,076	60.0	1,581	338	21.4	50.7
35-44	3,648	616	16.9	6,852	1,774	25.9	1,137	113	9.9	21.5
45-54	3,574	156	4.4	5,390	443	8.2	378	41	10.8	6.9
PHA9										
19-24	3,137	2,098	66.9	2,316	1,872	80.8	611	220	36.0	69.1
25-34	3,672	2,221	60.5	2,915	1,850	63.5	615	217	35.3	59.5
35-44	3,066	730	23.8	2,659	654	24.6	305	69	22.6	24.1
45-54	4,129	166	4.0	2,775	166	6.0	180	15	8.3	4.9
PHA10										
19-24	2,958	1,913	64.7	2,711	2,150	79.3	616	264	42.9	68.8
25-34	3,282	1,882	57.3	3,508	2,168	61.8	789	188	23.8	55.9
35-44	2,437	504	20.7	2,668	670	25.1	501	65	13.0	22.1
45-54	2,473	121	4.9	2,170	123	5.7	269	14	5.2	5.3
PHA11										
19-24	3,509	1,441	41.1	4,558	3,245	71.2	468	307	65.6	58.5
25-34	3,722	1,972	53.0	5,792	4,438	76.6	487	335	68.8	67.4
35-44	2,334	744	31.9	4,101	1,613	39.3	530	167	31.5	36.2
45-54	3,196	178	5.6	3,553	362	10.2	210	50	23.8	8.5

1.3. Findings – Statewide Disparities in Enrollment Renewal

Another way of looking at disparities in enrollment is to examine which groups of enrollees did not renew their Plan First enrollment in the following year. Overall, 32% of enrollees did not re-enroll in the following year, and this was similar across age groups. Re-enrollment is more common for Black women enrolled and for women who made contact with a family planning provider or had a clinical visit.

Table 1.3 Portion of DY15 Enrollees who Re-Enrolled in 2016 - Statewide

	N	% Total		No Renewal	Renewal
All	148,988	--		31.9	68.1
Age 18-24	50,943	34.2		31.8	68.2
Age 25-34	69,946	47.0		32.1	67.8
Age 35-44	22,402	15.0		30.6	69.4
Age 45-54	5,697	3.8		35.5	64.5
White	64,549	43.3		36.2	63.8
Black	77,850	52.2		28.5	71.5
Hispanic	2,863	1.9		31.7	68.3
Other race/ethnicity	3,726	2.5		30.0	70.0
No Plan First Contact	86,212	57.9		37.0	63.0
Any Plan First Contact	62,776	42.1		25.0	75.0
No Plan First Clinical Visit	102,356	68.7		36.4	63.6
Any Plan First Clinical Visit	46,632	31.3		22.0	78.0
Any Plan First Visit with LARC*	3,475	7.5		21.4	78.6
Any Plan First Visit with no LARC*	43,157	92.5		22.0	78.0
No Case Management	126,212	84.7		33.0	67.0
Any Case Management	22,776	15.3		25.8	74.2
Received Tubal	534	0.4		32.4	67.6

*Among those with a Plan First visit

1.4 Findings- Disparities in Enrollment Renewal by PHA

A similar renewal pattern is seen across all Public Health Areas (PHAs). Black women are somewhat more likely to renew enrollment relative to women in other racial/ethnic groups. The greatest difference in renewal is between women who have made contact with a family planning provider and those who have not. Renewals are highest in PHA 7 (73%), which also has the highest portion of women who have made contact with a family planning provider (56%). Renewals are also high in PHAs 3, 10, and 11 (70%). PHA 5 had the lowest rate of renewal between DY15 and DY16 (64%).

Table 1.4 Portion of DY15 Enrollees who Re-Enrolled in 2016 – by PHA

	N	% Total		No Renewal	Renewal
PHA 1					
All	9,713	--		32.2	67.8
Age 18-24	3,768	38.8		31.2	68.8
Age 25-34	4,262	43.9		33.0	67.0
Age 35-44	1,347	13.9		31.6	68.4
Age 45-54	336	3.5		35.4	64.6
White	7,554	77.7		33.5	66.5
Black	1,778	18.3		28.0	72.0
Hispanic	191	2.0		26.7	73.3
Other race/ethnicity	190	2.0		24.2	75.8
Any Plan First Contact	4,622	47.6		26.1	73.9
No Plan First Contact	5,091	52.4		37.7	62.3
Any Plan First Clinical Visit	3,509	36.1		23.6	76.4
No Plan First Clinical Visit	6,204	63.9		37.0	63.0
Any Plan First Visit with LARC*	333	9.5		19.2	80.8
Any Plan First Visit with no LARC*	3,176	90.5		24.1	75.9
Any Case Management	2,121	21.8		27.2	72.8
No Case Management	7,592	78.2		33.6	66.4
Received Tubal	41	0.4		48.8	51.2
PHA 2					
All	19,614	--		33.7	66.3
Age 18-24	6,484	33.1		34.4	65.6
Age 25-34	9,540	48.6		33.2	66.8
Age 35-44	2,862	14.6		32.2	67.8
Age 45-54	728	3.7		39.1	60.8
White	12,075	61.6		36.2	63.8
Black	6,098	31.1		29.3	70.7
Hispanic	755	3.8		29.1	70.9

	N	% Total		No Renewal	Renewal
Other race/ethnicity	686	3.5		32.9	67.1
Any Plan First Contact	6,858	35.0		26.0	74.0
No Plan First Contact	12,756	65.0		37.8	62.2
Any Plan First Clinical Visit	5,135	26.2		23.2	76.8
No Plan First Clinical Visit	14,479	73.8		37.3	62.7
Any Plan First Visit with LARC*	509	9.9		26.9	73.1
Any Plan First Visit with no LARC*	4,626	90.1		22.8	77.2
Any Case Management	1,615	8.2		27.7	72.3
No Case Management	17,999	91.8		34.2	65.8
Received Tubal	99	0.5		27.3	72.7

PHA 3

All	9,178	--		29.7	70.3
Age 18-24	3,437	37.4		29.3	70.7
Age 25-34	4,249	46.3		30.3	69.7
Age 35-44	1,224	13.3		28.4	71.6
Age 45-54	268	2.9		29.8	70.2
White	3,132	34.1		34.8	65.2
Black	5,795	63.1		26.8	73.2
Hispanic	78	0.8		32.0	68.0
Other race/ethnicity	173	1.9		31.8	68.2
Any Plan First Contact	4,250	46.3		24.8	75.2
No Plan First Contact	4,928	53.7		33.8	66.2
Any Plan First Clinical Visit	3,228	35.2		21.9	78.1
No Plan First Clinical Visit	5,950	64.8		33.9	66.1
Any Plan First Visit with LARC*	183	5.7		20.2	79.8
Any Plan First Visit with no LARC*	3,045	94.3		22.0	78.0
Any Case Management	1,899	20.7		24.5	75.5
No Case Management	7,279	79.3		31.0	69.0
Received Tubal	25	0.3		32.0	68.0

PHA 4

All	19,120	--		34.3	65.7
Age 18-24	5,321	27.8		35.3	64.7
Age 25-34	9,518	49.8		34.3	65.7
Age 35-44	3,482	18.2		32.2	67.7
Age 45-54	799	4.2		35.8	64.2
White	3,550	18.6		43.2	56.8

	N	% Total		No Renewal	Renewal
Black	14,868	77.8		32.3	67.7
Hispanic	291	1.5		35.4	64.6
Other race/ethnicity	411	2.1		28.7	71.3
Any Plan First Contact	5,965	31.2		26.4	73.6
No Plan First Contact	13,155	68.8		37.8	62.2
Any Plan First Clinical Visit	4,287	22.4		23.2	76.8
No Plan First Clinical Visit	14,833	77.6		37.5	62.5
Any Plan First Visit with LARC*	226	5.3		19.9	80.1
Any Plan First Visit with no LARC*	4,061	94.7		23.3	76.7
Any Case Management	1,180	6.1		26.6	73.4
No Case Management	17,940	93.8		34.8	65.2
Received Tubal	22	0.1		36.4	63.6

PHA 5

All	11,956	--		36.4	63.6
Age 18-24	4,360	36.5		35.2	64.8
Age 25-34	5,462	45.7		37.3	62.7
Age 35-44	1,691	14.1		35.1	64.9
Age 45-54	443	3.7		42.0	58.0
White	8,678	72.6		38.0	62.0
Black	2,306	19.3		33.7	66.3
Hispanic	630	5.3		27.3	72.7
Other race/ethnicity	342	2.9		31.9	68.1
Any Plan First Contact	4,587	38.4		28.8	71.2
No Plan First Contact	7,369	61.6		41.1	58.9
Any Plan First Clinical Visit	3,337	27.9		26.2	73.8
No Plan First Clinical Visit	8,619	72.1		40.4	59.6
Any Plan First Visit with LARC*	296	8.9		25.7	74.3
Any Plan First Visit with no LARC*	3,041	91.1		26.2	73.8
Any Case Management	1,990	16.6		30.9	69.1
No Case Management	9,966	83.4		37.5	62.5
Received Tubal	50	0.4		32.0	68.0

PHA 6

All	11,636	--		31.4	68.6
Age 18-24	4,509	38.8		30.8	69.2
Age 25-34	5,352	46.0		32.1	67.9
Age 35-44	1,422	12.2		29.5	70.5
Age 45-54	353	3.0		35.7	64.3

	N	% Total		No Renewal	Renewal
White	6,083	52.3		33.7	66.3
Black	5,266	45.3		28.9	71.1
Hispanic	122	1.0		35.2	64.7
Other race/ethnicity	165	1.4		24.2	75.8
Any Plan First Contact	5,442	46.8		26.6	73.4
No Plan First Contact	6,194	53.2		35.6	64.4
Any Plan First Clinical Visit	4,010	34.5		23.4	76.6
No Plan First Clinical Visit	7,626	65.5		35.6	64.4
Any Plan First Visit with LARC*	381	9.5		19.2	80.8
Any Plan First Visit with no LARC*	3,629	90.5		23.9	76.1
Any Case Management	2,102	18.1		29.3	70.7
No Case Management	9,534	81.9		31.9	68.1
Received Tubal	37	0.3		29.7	70.3

PHA 7

All	7,176	--		26.6	73.4
Age 18-24	2,639	36.8		26.9	73.1
Age 25-34	3,082	42.9		27.1	72.9
Age 35-44	1,099	15.3		23.3	76.7
Age 45-54	356	5.0		29.8	70.2
White	843	11.7		32.7	67.3
Black	6,254	87.2		25.7	74.3
Hispanic	18	0.2		33.3	66.7
Other race/ethnicity	61	0.9		29.5	70.5
Any Plan First Contact	4,145	57.8		23.9	76.1
No Plan First Contact	3,031	42.2		30.2	69.8
Any Plan First Clinical Visit	3,119	43.5		20.6	79.4
No Plan First Clinical Visit	4,057	56.5		31.2	68.8
Any Plan First Visit with LARC*	98	3.1		18.4	81.6
Any Plan First Visit with no LARC*	3,021	96.9		20.6	79.4
Any Case Management	2,668	37.2		23.6	76.4
No Case Management	4,508	62.8		28.3	71.6
Received Tubal	24	0.3		29.2	70.8

PHA 8

All	21,350	--		31.5	68.5
Age 18-24	7,215	33.8		32.0	68.0
Age 25-34	10,294	48.2		31.2	68.8

	N	% Total		No Renewal	Renewal
Age 35-44	3,009	14.1		31.1	68.9
Age 45-54	832	3.9		32.9	67.1
White	5,991	28.1		37.6	62.4
Black	14,620	68.5		29.0	71.0
Hispanic	240	1.1		38.7	61.2
Other race/ethnicity	499	2.3		30.5	69.5
Any Plan First Contact	8,730	40.9		23.6	76.4
No Plan First Contact	12,620	59.1		37.0	63.0
Any Plan First Clinical Visit	6,752	31.6		20.9	79.1
No Plan First Clinical Visit	14,598	68.4		36.4	63.6
Any Plan First Visit with LARC*	482	7.1		21.2	78.8
Any Plan First Visit with no LARC*	6,270	92.9		20.9	79.1
Any Case Management	2,254	10.6		25.7	74.3
No Case Management	19,096	89.4		32.2	67.8
Received Tubal	56	0.3		26.8	73.2

PHA 9

All	11,581	--		32.1	67.9
Age 18-24	4,144	35.8		36.3	63.7
Age 25-34	5,218	45.1		33.2	66.8
Age 35-44	1,759	15.2		31.1	68.8
Age 45-54	460	4.0		36.3	63.7
White	6,269	54.1		36.7	63.2
Black	4,832	41.7		25.8	74.1
Hispanic	164	1.4		37.8	62.2
Other race/ethnicity	316	2.7		31.6	63.2
Any Plan First Contact	5,534	47.8		38.5	61.5
No Plan First Contact	6,047	52.2		25.1	74.9
Any Plan First Clinical Visit	4,099	35.4		21.5	78.5
No Plan First Clinical Visit	7,482	64.6		37.8	62.1
Any Plan First Visit with LARC*	332	8.1		22.0	78.0
Any Plan First Visit with no LARC*	3,767	90.9		21.5	78.5
Any Case Management	2,646	22.8		24.6	75.4
No Case Management	8,935	77.1		34.3	65.7
Received Tubal	54	0.5		35.2	64.8

PHA 10

All	10,927	--		29.6	70.4

	N	% Total		No Renewal	Renewal
Age 18-24	4,129	37.8		28.8	71.2
Age 25-34	5,017	45.9		29.8	70.2
Age 35-44	1,451	13.3		29.4	70.2
Age 45-54	330	3.0		36.4	63.6
White	5,052	46.2		33.9	66.1
Black	5,449	49.9		25.3	74.7
Hispanic	197	1.8		35.0	65.0
Other race/ethnicity	229	2.1		29.7	70.3
Any Plan First Contact	5,381	49.2		23.5	76.5
No Plan First Contact	5,546	50.8		35.4	64.6
Any Plan First Clinical Visit	4,043	37.0		20.2	79.8
No Plan First Clinical Visit	6,884	63.0		35.1	64.9
Any Plan First Visit with LARC*	281	6.9		19.9	80.1
Any Plan First Visit with no LARC*	3,762	93.1		20.2	79.8
Any Case Management	2,925	26.8		23.1	76.9
No Case Management	8,002	73.2		31.9	68.1
Received Tubal	42	0.4		33.3	66.7

PHA 11

All	16,736	--		29.7	70.3
Age 18-24	4,936	29.5		30.5	69.5
Age 25-34	7,952	47.5		29.4	70.6
Age 35-44	3,056	18.3		27.9	72.1
Age 45-54	792	4.7		34.7	65.3
White	5,322	31.8		37.0	63.0
Black	10,583	63.2		26.0	74.0
Hispanic	177	1.1		35.6	64.4
Other race/ethnicity	654	3.9		28.1	71.9
Any Plan First Contact	7,262	43.4		21.7	78.3
No Plan First Contact	9,474	56.6		35.8	64.2
Any Plan First Clinical Visit	5,113	30.5		18.9	81.1
No Plan First Clinical Visit	11,623	69.5		34.5	65.5
Any Plan First Visit with LARC*	354	6.9		17.8	82.2
Any Plan First Visit with no LARC*	4759	93.1		18.9	81.0
Any Case Management	1,376	8.2		22.2	77.8
No Case Management	15,360	91.8		30.4	69.6
Received Tubal	84	0.5		33.3	66.7

1.5. Findings – Primary Factors Associated with Non-Renewal

In order to take into account the overlap across characteristics of women who do and don't renew their Plan First enrollment, we conducted a statistical analysis that takes all features into account, and examines which ones are associated with re-enrollment for DY15 into DY16. Cases where women received sterilization procedures in DY15 and cases where women had a delivery in 2016 were excluded. The analysis shows that the strongest factor associated with re-enrolling in Plan First in DY16 is having a clinical encounter with a family planning provider in 2015. Taking this into account, women 25-44 are actually more likely to renew than women 19-24, as are Black and Hispanic women. Women entering Plan First in 2015 postpartum also are more likely to renew, and there was no difference in renewal for women whose clinical encounters included LARC vs another method. Finally, when all of these factors are taken into account, residents of PHA 2 (Decatur/Huntsville), PHA 4 (Birmingham), PHA 5 (Gadsen), PHA 8 (Montgomery) and PHA 9 (Bay Minette) were less likely to renew their enrollment in 2016, compared to PHA 1.

This suggests that some part of the racial and geographic disparities in the portion of women enrolled in Plan First occurs because White women, younger women and some urban residents are more likely not to renew their enrollment.

Table 1.5 Factors associated with Re-enrollment in Plan First in 2016

	Odds Ratio	95% Confidence Limits		Probability compared to chance
Age				
Age 25-34 (vs 18-24)	1.035	1.010	1.062	More likely
Age 35-44 (vs 18-24)	1.172	1.131	1.214	More likely
Age 45-55 (vs 18-24)	0.973	0.917	1.032	No difference
Race/ethnicity				
Black (vs White)	1.360	1.326	1.394	More likely
Hispanic (vs White)	1.224	1.128	1.328	More likely
Other (vs White)	1.246	1.152	1.347	More likely
Recent program participation				
Pregnant in 2014	0.970	0.943	0.997	Less likely
Entered postpartum in 2015	1.250	1.190	1.313	More likely
Service use 2015				
Clinical visit in 2015	2.005	1.974	2.064	More likely
Long Acting contraceptive in 2015 (IUD, implant)	1.079	0.990	1.174	No difference
Case Management in 2015	0.939	0.905	0.974	Less likely
Public Health Area				
PHA 2 (vs PHA 1)	0.939	0.891	0.991	Less likely
PHA 3 (vs PHA 1)	0.989	0.928	1.054	No difference
PHA 4 (vs PHA 1)	0.814	0.770	0.860	Less likely
PHA 5 (vs PHA 1)	0.854	0.806	0.904	Less likely
PHA 6 (vs PHA 1)	0.962	0.907	1.021	No difference
PHA 7 (vs PHA 1)	1.022	0.952	1.097	No difference
PHA 8 (vs PHA 1)	0.902	0.854	0.952	Less likely
PHA 9 (vs PHA 1)	0.936	0.882	0.993	Less likely

	Odds Ratio	95% Confidence Limits		Probability compared to chance
PHA 10 (vs PHA 1)	1.030	0.969	1.095	No difference
PHA 11 (vs PHA 1)	0.997	0.942	1.055	No difference

Conclusions- Reducing Disparities in Enrollment

Enrollment for Black women residents of Alabama who are ages 19-24 and 25-34 is somewhat below the target rate, at 64% and 63% of those estimated to be eligible, respectively. Enrollment is lower for White women, 42% for those age 19-24 and 50% for those age 25-34. More urban areas of the state tended to have more racial disparity in enrollment. About 33% of enrolled women in DY 15 failed to re-enroll in DY 16. Those most likely to renew their enrollment from one year to the next are women who had contact with a Plan First provider. When service use is taken in to account, there is a fall-off in enrollment for White women and younger women.

Goal 2. Maintaining High Levels of Awareness of Plan First

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. Telephone surveys of enrollees will be used to track changes in levels of awareness of the program and enrollment in the program.

Hypothesis: 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.

2.1. Findings- Awareness of Plan First and Enrollment Status

Awareness of Plan First among enrollees exceeds the target of 90%. The percentage of those who are aware of Plan First and know that they are enrolled in program meets the 85% target.

Table 2.1. Awareness of Plan First

	Had heard of Plan First Before Call (%)	Aware of enrollment (%)	
		Among all surveyed	Among those who had heard of Plan First
DY1	76.8	56.2	73.1
DY2	82.5	64.2	77.9
DY3-4	81.0	64.9	80.2
DY5	85.3	63.6	74.9
DY6	86.8	70.2	82.5
DY7	92.9	80.8	87.1
DY8	88.9	85.3	85.9
DY9	90.8	79.7	87.8
DY10	88.7	78.3	88.2
DY11	90.1	79.3	88.1
DY12	88.7	77.2	87.0
DY13	89.9	79.9	88.9
DY14	90.1	74.9	83.2
DY15	92.6	78.8	85.0
DY16	91.1	77.6	85.2

2.2. Findings – Characteristics of Women Who Do Not Know They are Plan First Enrollees

Overall, 249 (22%) of survey respondents did not know they were enrolled in Plan First, and 83 of these (38%) had not heard of Plan First. Comparing the responses of these women to those who knew they were enrolled, on selected survey questions, shows that those who did not know they were enrolled were less likely to have had a family planning visit, less likely to be using contraception, and were more concerned about the affordability of a family planning visit and contraception. They also were more likely to have less than a high school education, be Black or Hispanic and more likely to report difficulty getting a timely appointment or finding a provider they wanted to see that accepted Medicaid.

Table 2.2. Characteristics of survey respondents according to awareness of enrollment in Plan First

Characteristic	Know Enrolled n=863 (77.6%)	Do Not Know Enrolled n=249 (22.4%)
	(%)	(%)
Family planning visit*		
In last year	65.8	48.2
More than year ago	23.6	28.5
Never	6.8	15.7
Reason for no visit in last year*		
I did not think I needed one	21.6	18.9
I was too busy to arrange an appointment	27.1	22.2
I couldn't afford it	5.9	17.8
I did not want to go to the place I went before	2.1	0.0
The place I went before could not see me	3.8	5.6
Other	34.7	28.9
Reasons for not using family planning		
Don't like exam	3.0	3.6
No provider you wanted to see*	7.6	7.2
Hard to reach on the phone*	6.0	10.8
Couldn't get appointment soon enough*	8.1	15.3
Waiting time too long at location	13.0	18.1
Hours not convenient*	3.1	7.2
No transportation*	1.8	6.0
Family member opposes	0.2	0.4
No child care	3.7	4.0
No money to pay for visit*	6.5	21.7
Preferred provider does not take Medicaid*	10.8	14.9
Any birth control method used*	82.4	72.3
Reasons for not using birth control		
Not having sex	38.0	46.8

Characteristic	Know Enrolled n=863 (77.6%)	Do Not Know Enrolled n=249 (22.4%)
Want to get pregnant	18.1	26.2
Concerned about side effects	57.8	61.9
Don't think birth control works	18.1	28.6
Religious reasons	5.2	7.1
Too much trouble	8.6	7.1
Don't think you can get pregnant	17.2	9.5
Partner doesn't want you to	7.8	4.8
Can't pay for method	16.4	19.1
Can't find a place to go	6.9	16.7
Demographics		
Ever pregnant	92.8	90.7
Mean age	30.1	29.7
Education*		
< high school	7.1	10.1
high school	36.2	43.9
more than high school	56.7	46.0
Race/ethnicity		
White	43.0	35.7
Black	50.4	54.2
Hispanic	3.4	6.4
Other	3.2	3.6
Marital Status		
Never married	55.8	59.0
Married	27.2	28.5
Previously married	17.0	12.4

*difference is significant between those who know they are enrolled and those who do not know they are enrolled

Conclusions – Maintaining High Levels of Awareness of Plan First

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 8% who report they have never heard of Plan First, and another 13% who have heard of the program but did not know they were enrolled. Some of these are women who are concerned about the safety and effectiveness of contraception and thus may not have an incentive to learn about Plan First. However, others are women who do use contraception, and have concerns about affordability and access to services, which reflect the fact that they are not aware of their enrollment status.

Goal 3. Increasing Family Planning Service Use among Plan First Enrollees

Increase the portion of Plan First enrollees using family planning services initially after enrollment and in subsequent years of enrollment by improving access to services and increasing the rate of return visits for care. 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 will be generated from eligibility data and Plan First service use.

Hypothesis: We expect that participation will be somewhat lower for women using long-acting reversible contraception (IUDs and implant) compared to women receiving short-acting hormonal methods. We also expect both groups of women to have higher participation rates than those enrolled without claims for clinical services.

3.1. Findings – Participation and Clinical Service Use

Participation, or “contact,” in Plan First is defined as having an interaction that generates a Medicaid claim, while clinical service use, or “service,” is defined as having a Medicaid claim for an evaluation and management encounter, for the placement of an IUD, hormonal patch, or implant, for the receipt of a Depo-Provera injection, or for a surgical sterilization procedure. Table 3.1 shows that 39% of enrollees in Demonstration Year 16 had contact with Plan First, while just over one quarter received a clinical service.

Rates of contact exceed target levels for two sub-groups of Plan First enrollees: new enrollees who received LARC or other contraceptives at a postpartum visit and previous enrollees who received a non-LARC method in the prior year (100% contact). Rates of contact are lowest (<30%, or about two-fifths of the target rate), for enrollees with no use of family planning services.

Clinical service use exceeds the target rate for new enrollees who received LARC or other contraceptives at a postpartum visit and previous enrollees who received a non-LARC method in the prior year (>71% use). Clinical service use is about half of the target rate for previous enrollees who received a LARC method in a prior year and about two-fifths of the target rate for new enrollees who were not postpartum. Service use is very low (<19%) among women who had no family planning use postpartum or in the years they were previously enrolled.

Table 3.1. Utilization Assessment for Demonstration Year 16

	N (%)	% Initial Plan First Participation	% Participation 12 months after initial visit	% Participation 24 months after initial visit
All Enrollees, DY16	131,302	38.9% Contact 29.9% Service		
New DY16 Enrollee, Postpartum	6,224 (4.7)	29.9% contact 19.0% service	--	--
Received LARC postpartum	15 (0.2)	100% contact 100% service	--	--
Received other method postpartum	31 (0.5)	100% contact 71.0% service	--	--
Received no method postpartum	6,178 (99.3)	29.4% contact 18.6% service	--	--
New DY16 Enrollee, Not Postpartum	23,644 (18.0)	40.3% contact 30.3% service	--	--
Enrolled DY15 & DY16	29,153 (22.2)	38.3% contact 26.5% service		--
Received LARC DY15	806 (2.8)	--	44.0% contact 31.6% service	--
Received other method DY15	7,281 (25.0)	--	100% contact 100% service	--
Received no method DY15	21,066 (72.3)	16.8% contact 0.8% service	--	--
Enrolled DY14 - DY16	72,281 (55.1)	39.5% contact 28.4% service		
Received LARC DY14 or DY15	3,707 (5.1)	--	--	44.3% contact 32.4% service
Received other method DY14 or DY15	18,893 (26.1)	--	--	100% contact 100% service
Received no method DY15 or DY15	49,681 (68.7)	16.1% contact 0.8% service	--	--

-- Not applicable

3.2. Findings – Content of Contacts Without Clinical Services

Overall, about one third of all Demonstration Year 15 enrollees who participated, or had any claim in Plan First did not receive clinical services. Table 3.2 shows that about 25% of those without clinical service use had an interaction with a care manager. Approximately two-thirds had laboratory testing, but no claim for a clinical service and just under 25% filled a prescription. Some care manager contact represents attempted contacts in which the client was not actually reached.

Table 3.2 Content of contacts for those with and without clinical services

	Enrollees with Clinical Services n= 41,451 (64.1%)	Enrollees without Clinical Services n=23,166 (35.8%)
Risk Assessment by Social Worker	20,103 (48.5)	3,430 (14.8)
High Risk with Case Management	11,591 (28.0)	1,907 (8.2)
High Risk No Case Management	82 (0.2)	18 (0.1)
Low Risk with Case Management	627 (1.5)	86 (0.4)
Low Risk No Case Management	7,803 (18.8)	1,419 (6.1)
No Risk Assessment, with Case Management	2,970 (7.2)	2,738 (11.8)
HIV Counseling	18,494 (44.6)	1,921 (8.3)
Laboratory test	34,270 (82.7)	14,522 (62.7)
Pregnancy test	25,013 (60.3)	556 (2.4)
Prescription filled	7,830 (18.9)	5,057 (21.8)
BC Pills at pharmacy	1,192 (2.9)	1,675 (7.2)
BC Pills from Clinical Site	11,065 (26.7)	1,488 (6.4)

Conclusions – Increasing Family Planning Service Use

In previous Plan First evaluations, we have reported overall rates of participation without exploring differences across sub-groups of enrollees, and without differentiating between participation for first year enrollees and for enrollees in subsequent years. 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 (44%). Participation is also lower for new enrollees who are not postpartum (40%). Women with no evidence of any use of contraception services in previous years have the lowest participation (<20%). Women with Plan First participation but no actual clinical service use are about evenly divided between those with case management contact only, and those who fill contraceptive prescriptions but have no clinical contact.

Goal 4. Increasing Use of Smoking Cessation Modalities

Past 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 will be generated from claims for NRT products, from client information provided by the Quit Line contractor, and from the enrollee survey.

Hypothesis: 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.

4.1. Findings- Survey Data

Enrollee survey data from Demonstration Year 16 (DY16) shows a decrease in the portion of survey respondents who reported they were smokers compared to the baseline year (DY11). The percentage who were asked about smoking by their Plan First provider in DY16 and the percentage that were advised by their provider to quit smoking were similar to DY15, and notably higher than in DY11-DY13 when we began reporting on these outcomes. Although the portion receiving either a referral to the Quit Line or an NRT product did not meet the target 85% (currently at 66%), there was an increase from the previous year.

Table 4.1. Smoking Cessation Based on Enrollee Survey Data

	DY11 (baseline) N (%)	DY12 (NRT covered) N (%)	DY13 (NRT covered) N (%)	DY14 (NRT covered) N (%)	DY15 (NRT covered) N (%)	DY16 (NRT covered) N (%)
Reported Smoking	343 (36.3)	317 (30.8)	312 (30.5)	283 (28.6)	269 (25.8)	265 (26.1)
Asked about smoking at FP visit	313 (91.2)	281 (88.6)	268 (85.9)	265 (93.6)	248 (92.2)	240 (90.6)
Advised to quit by FP provider	245 (71.4)	267 (84.2)	215 (68.9)	212 (80.0)	205 (82.7)	197 (82.1)
Received NRT	94 (27.4)	104 (32.8)	100 (32.0)	111 (41.9)	121 (48.8)	112 (46.7)
Referred to Quit Line	115 (33.5)	122 (38.5)	119 (38.1)	110 (41.5)	132 (53.2)	133 (55.4)
Received either NRT or Quit Line referral	148 (43.1)	155 (48.9)	151 (48.4)	149 (56.2)	158 (63.7)	158 (65.8)
Paid out of pocket for NRT products	--	--	--	--	30 (12.1)	27 (11.2)

-- Not asked in Enrollee Survey

4.2 Findings- Claims and Quit Line Data

Claims and data from the Quit Line vendor indicate that very few Plan First recipients are receiving these smoking cessation services.

Table 4.2. Smoking Cessation based on Claims and Quit Line Data

	DY13 (baseline) N (%)	DY14 (baseline) N (%)	DY15 N (%)	DY16 N (%)
Number of service users	75,660	68,993	63,075	64,617
Estimated number of smokers	23,076	19,732	16,273	16,865
Number receiving NRT (paid claim)	586	442	527	39
Number receiving Quit Line referral from care coordinator	1163	692	124*	93
Number (%) reporting to care coordinator that Quit Line used	356 (30.6)	153 (22.1)	--	--
Number (%) reporting to care coordinator that script filled for NRT	388 (33.4)	236 (34.1)	--	--
Number reporting to care coordinator that NRT used	337 (30.0)	213 (30.8)	--	--
Number reporting receiving either NRT or Quit Line use	505 (43.4)	277 (40.0)	--	--

*Vendor did not begin tracking referrals until early 2015.

-- Information not collected.

Conclusion-Increasing Use of Smoking Cessation Modalities

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 16, 66% 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.

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.

Hypothesis: 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.

5.1. Findings- Birth Rates

An accurate calculation of birth rates can only be made two years after the Demonstration year, because births are counted if Plan First enrollees or service users became pregnant during the year. Birth rates for women enrolled in Plan First in DY 15 were less than one-third of the estimated birth rate that would have occurred without the waiver (based on fertility rates in 1999, before the start of Plan First). Birth rates to service users are somewhat lower than those to enrollees. Both rates are lower than the estimated 100 births per 1000 enrollees required for the program to be budget neutral, in terms of the costs of maternity and delivery care.

Table 5.1. Birth Rates per 1000

	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
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

Conclusion – Maintaining Low Birth Rates among Plan First Service Users

Birth rates vary from year to year, but remain low enough for Plan First to be budget neutral. In DY 15, 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 61.0 per thousand and the birth rate for women who were enrolled but did not use services was 63.9 per thousand. In contrast, the estimate of expected births, given the fertility rates before the start of the Plan First demonstration, was 196.7 per thousand for the women enrolled in the program.

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.

Hypothesis: We anticipate that men's use of vasectomy services will increase over time as awareness of this coverage option becomes more well known.

6.1. Findings- Use of Vasectomy Services

In DY16, 823 men enrolled in Plan First, the majority of which were between ages 21-39 and White. Overall, 14 men (1.7%) obtained a vasectomy. The small percentage of enrollees obtaining services, particularly in areas with high enrollment, suggest men may experience barriers identifying and arranging visits with providers.

Table 6.1. Vasectomies provided to men through Plan First

	DY15		DY16	
	Number (%) enrolled	Number (%) obtaining vasectomy	Number (%) enrolled	Number (%) obtaining vasectomy
Total number of men enrolled	n/a	0 (0)	823	14 (1.7)
Age				
<21			20 (2.4)	0 (0)
21-29			331 (40.2)	3 (0.9)
30-39			317 (38.5)	7 (2.2)
≥40			155 (18.8)	4 (2.6)
Race/ethnicity				
White			522 (63.4)	13 (2.5)
Black			211 (35.6)	0 (0)
Other			90 (10.9)	1 (1.3)
PHA				
1			48 (5.8)	0 (0)
2			167 (20.3)	3 (1.8)
3			26 (3.2)	0 (0)
4			91 (11.1)	0 (0)
5			104 (12.6)	6 (5.7)
6			57 (6.9)	4 (7.0)
7			10 (1.2)	0 (0)
8			121 (14.7)	0 (0)
9			72 (8.7)	1 (1.4)
10			42 (5.1)	0 (0)
11			85 (10.3)	0 (0)

n/a – information on gender was not included in the enrollment files

6.2 Findings - Counseling and Potential Demand around Vasectomy

In the DY16 enrollee survey, we asked several questions to assess the potential demand for vasectomy services. Approximately one-quarter (26%) of the 211 women who reported counseling about female sterilization also reported that they received counseling about vasectomy, and a slightly higher percentage of women who went to a private doctor reported vasectomy counseling than those who were seen at the health department or other source of care. Among the 527 women who reported that they do not want more children, 21% said their male partner may be interested in getting a vasectomy through Plan First.

Table 6.2. Counseling female partners and their perception of men's interest in vasectomy

	DY15	DY16
	N (%)	N (%)
Women who received counseling about female sterilization & vasectomy	58 (28.7)	55 (26.1)
Health Department	26 (34.2)	20 (24.7)
Private Doctor	25 (25.0)	29 (28.7)
Other source	7 (28.0)	5 (20.0)
Partner would be interested in vasectomy through Plan First, among women who do not want more children		
Yes	94 (20.2)	113 (21.4)
No	232 (49.9)	293 (55.6)
Don't know	124 (26.7)	119 (22.6)

Conclusions - Increasing Vasectomy Counseling and Use of Vasectomy Services

There were very few claims for vasectomy in DY16, the second year the service was covered by Plan First. The majority of women who get counseled about female sterilization do not receive counseling about vasectomy as well. By report of female enrollees who do not want more children, 20% of male partners may be interested in vasectomy if they could get the procedure covered by Plan First.

Evaluation of Plan First

Demonstration Year 16 (October 2015-September 2016)

Part II On-Going Monitoring of the Plan First Program

1. General Service Use Measured in Claims Data

1.1 Portion of Enrollees with Plan First Participation

The number of participants in Plan First declined between DY 15 and DY 16. The number of enrollees also decreased. Overall, 45% of enrollees used services, which was similar to DY15 (46%) but lower than service utilization in previous years.

Table 1.1a. Number of Enrollees with Plan First Participation by Race and Age Group

Group	Number of Participants						Change in # of Participants	
	DY11	DY12	DY13	DY14	DY15	DY16	DY11-DY16	DY15-DY16
Total	70,365	69,611	75,660	68,199	58,009	59,775	-10,590	1,766
Age <20	5,324	5,120	5,284	7,118	4,127	5,096	-228	969
Black	2,699	2,768	2,748	3,842	2,263	2,581	-118	318
White	2,347	2,139	2,295	3,034	1,732	2,061	-286	329
Other	206	154	161	242	132	454	248	322
Age 20 – 29	49,833	48,705	52,076	45,216	39,005	38,738	-11,095	-267
Black	27,427	26,906	28,678	25,363	22,578	22,010	-5,417	-568
White	21,099	20,434	21,866	18,421	15,149	14,829	-6,270	-320
Other	606	609	680	1,432	1,278	1,899	1,293	621
Age 30 – 39	12,457	12,868	14,868	12,856	12,081	13,007	550	926
Black	7,295	7,620	8,891	7,827	7,584	8,021	726	437
White	4,735	4,784	5,480	4,605	4,087	4,381	-354	294
Other	196	213	257	424	410	605	409	195
Age 40 +	2,751	2,918	3,432	3,009	2,796	2,934	183	138
Black	1,530	1,666	1,934	1,763	1,714	1,716	186	2
White	1,134	1,158	1,370	1,131	960	1,043	-91	83
Other	47	48	63	115	122	175	128	53
Race/Age not known	1,044	1,112	1,237	N/A	N/A	N/A	N/A	N/A

Table 1.1a (Continued) Portion of Enrollees with Plan First Participation by Race and Age Group

	Number of Enrollees					
Group	DY11	DY12	DY13	DY14	DY15	DY16
Total	127,035	134,495	147,263	148,060	128,473	131,287
Age < 20	9,760	7,002	7,281	10,568	6,028	8,660
Black	4,989	3,685	3,802	5,427	3,087	4,321
White	4,463	3,084	3,215	4,744	2,718	3,558
Other	308	225	264	397	223	781
Age 20 – 29	84,455	89,175	93,740	91,901	80,119	77,827
Black	42,960	45,151	47,515	46,951	41,800	40,692
White	38,957	41,232	43,086	41,699	35,431	32,964
Other	2,538	2,728	3,139	3,251	2,888	4,171
Age 30 – 39	26,220	30,235	35,637	34,982	32,566	34,524
Black	14,484	16,590	19,227	19,001	18,176	19,332
White	10,758	12,509	15,048	14,607	13,094	13,384
Other	978	1,119	1,362	1,374	1,296	1,808
Age 40 +	6,600	8,083	10,605	10,609	9,760	10,276
Black	3,613	4,321	5,331	5,337	5,184	5,606
White	2,721	3,449	4,835	4,839	4,147	4,026
Other	266	307	439	433	429	644

Table 1.1a (Continued) Portion of Enrollees with Plan First Participation by Race and Age Group

	% Participants of Enrollees						% Change in % Participants of Enrollees
Age Group	DY11	DY12	DY13	DY 14	DY 15	DY 16	DY11-DY16
Total	55.4%	51.8%	51.4%	46.1%	45.1%	45.5%	-17.8
Age <20	54.6%	73.1%	72.6%	67.4%	68.5%	58.8%	7.8
Black	54.1%	75.1%	72.3%	70.8%	73.3%	59.7%	10.4
White	52.6%	69.4%	71.4%	64.0%	63.7%	57.9%	10.1
Other	66.9%	68.4%	61.0%	61.0%	59.2%	58.1%	-13.1
Age 20 – 29	59.0%	54.6%	55.6%	49.2%	48.7%	49.8%	-15.6
Black	63.8%	59.6%	60.4%	54.0%	54.0%	54.1%	-15.2
White	54.2%	49.6%	50.7%	44.2%	42.8%	45.0%	-17.0
Other	23.9%	22.3%	21.7%	44.0%	44.2%	45.5%	90.5
Age 30 – 39	47.5%	42.6%	41.7%	36.8%	37.1%	37.7%	-20.7
Black	50.4%	45.9%	46.2%	41.2%	41.7%	41.5%	-17.7
White	44.0%	38.2%	36.4%	31.5%	31.2%	32.7%	-25.6
Other	20.0%	19.0%	18.9%	30.9%	31.6%	33.5%	67.3
Age 40 +	41.7%	36.1%	32.4%	28.4%	28.6%	28.6%	-31.5
Black	42.4%	38.6%	36.3%	33.0%	33.1%	30.6%	-27.8
White	41.7%	33.6%	28.3%	23.4%	23.1%	25.9%	-37.9
Other	17.7%	15.6%	14.4%	26.6%	28.4%	27.2%	53.5

The greatest decline in portion participants of enrollees over the last six years was in Public Health Area 4 (Jefferson County). Participation among enrollees in PHA4 also has been lower than in areas of the state during this period.

Table 1.1b Number of Enrollees with Plan First Participation by Public Health Area

Public Health Area	Number of Participants						Change in # of Participants DY11-DY16
	DY11	DY12	DY13	DY14	DY15	DY16	
Total	70,233	69,521	75,588	68,199	58,009	59,775	-10,458
1	5,168	5,040	5,513	5,079	4,230	4,652	-516
2	8,566	8,348	9,108	7,822	6,320	6,524	-2,042
3	5,000	4,860	5,186	4,628	3,996	4,139	-861
4	7,575	7,506	7,376	6,266	5,438	5,279	-2,296
5	5,493	5,510	5,729	5,050	4,182	4,421	-1,072
6	6,040	5,903	6,380	5,890	5,066	5,372	-668
7	4,274	4,300	4,808	4,515	3,967	3,972	-302
8	9,388	9,339	10,188	9,476	8,059	8,340	-1,048
9	5,604	5,790	6,463	5,987	5,055	4,999	-605
10	5,576	5,644	6,447	5,703	5,055	5,622	46
11	7,549	7,281	8,390	7,783	6,641	6,455	-10,458

Public Health Area	Number of Enrollees					
	DY11	DY12	DY13	DY14	DY15	DY16
Total	127,035	134,495	147,183	148,060	128,473	131,386
1	8,362	8,925	9,463	9,587	8,309	8,583
2	16,897	18,251	19,599	19,530	16,845	17,149
3	8,015	8,550	9,098	9,144	8,161	8,233
4	16,693	17,873	19,297	19,516	16,004	15,980
5	10,158	11,085	11,998	11,898	10,099	10,105
6	10,046	10,769	11,481	11,466	10,251	10,422
7	6,153	6,522	7,103	7,121	6,370	6,539
8	18,003	18,602	20,663	20,959	18,312	19,173
9	9,573	10,052	11,285	11,350	9,864	10,272
10	8,724	9,238	10,535	10,724	9,737	10,050
11	14,166	14,628	16,661	16,765	14,481	14,880

Table 1.1b (Continued) Portion of Enrollees with Participation by Public Health Area

Public Health Area	Percent Participation of Enrollees						% Change in % Participants of Enrollees DY11-DY16
	DY11	DY12	DY13	DY14	DY15	DY16	
Total	55.4%	51.7%	51.4%	46.1%	45.1%	44.6%	-19.5
1	61.8%	56.5%	58.3%	53.0%	50.9%	52.9%	-14.4
2	50.7%	45.7%	46.5%	40.0%	37.5%	37.6%	-25.8
3	62.4%	56.8%	57.0%	50.6%	49.0%	49.4%	-20.8
4	45.4%	42.0%	38.2%	32.1%	33.9%	32.6%	-28.2
5	54.1%	49.7%	47.7%	42.4%	41.4%	42.6%	-21.3
6	60.1%	54.8%	55.6%	51.4%	49.4%	49.9%	-17.0
7	69.5%	65.9%	67.7%	63.4%	62.3%	59.8%	-14.0
8	52.2%	50.2%	49.3%	45.2%	44.0%	42.8%	-18.0
9	58.5%	57.6%	57.3%	52.7%	51.2%	46.9%	-19.8
10	63.9%	61.1%	61.2%	53.2%	51.9%	54.7%	-14.4
11	53.3%	49.8%	50.4%	46.4%	45.9%	43.2%	-18.9

1.2 Portion of Medicaid Postpartum Women With Plan First Participation

The portion of women with Medicaid deliveries who participate in Plan First in the year of and the year following their deliveries decreased in DY16 compared to DY15. Participation is lowest in the district that includes Birmingham. This table does not take into account women who received contraception at their postpartum visit, see Part 1, Goal 3.

Table 1.2. Plan First Participation by Women with Recent Medicaid Maternity Care, by Maternity Care Program District

Maternity Care Program District	Demonstration Year (DY)					
	DY11	DY12	DY13	DY14	DY15	DY16
Total						
Women with SOBRA deliveries in the previous year and this year	44,949	47,827	48,313	49,760	38,575	36,978
Women with Plan First participation in DY	1,912	7,465	14,724	13,901	10,406	8,345
% of women with deliveries participating in Plan First	37.1%	15.6%	30.5%	27.9%	27.0%	22.6%
District 1 (Colbert, Franklin, Lauderdale, Marion)						
Women with SOBRA deliveries in the previous year and this year	2,077	2,168	2,165	2,194	1,627	1,606
Women with Plan First participation in DY	704	387	697	684	493	431
% of women with deliveries participating in Plan First	33.9%	17.9%	32.2%	31.2%	30.3%	26.8%
District 2 (Jackson, Lawrence, Limestone, Madison, Marshall, Morgan)						
Women with SOBRA deliveries in the previous year and this year	6,441	6,763	6,796	7,099	5,500	5,569
Women with Plan First participation in DY	1,724	980	1,834	1,658	1,242	1,043
% of women with deliveries participating in Plan First	26.8%	14.5%	27.0%	23.4%	22.6%	18.7%
District 3 (Calhoun, Cherokee, Cleburne, DeKalb, Etowah)						
Women with SOBRA deliveries in the previous year and this year	3,012	3,411	3,571	3,686	2,934	2,817
Women with Plan First participation in DY	899	515	1,046	953	764	625
% of women with deliveries participating in Plan First	29.8%	15.1%	29.3%	25.8%	26.0%	22.2%

District 4 (Bibb, Fayette, Lamar, Pickens, Tuscaloosa)						
Women with SOBRA deliveries in the previous year and this year	2,474	2,614	2,619	2,618	2,089	2,157
Women with Plan First participation in DY	772	378	751	731	550	515
% of women with deliveries participating in Plan First	31.2%	14.5%	28.7%	27.9%	26.3%	23.9%
District 5 (Blount, Chilton, Cullman, Jefferson, St. Clair, Shelby, Walker, Winston)						
Women with SOBRA deliveries in the previous year and this year	9,915	10,501	10,467	10,797	8,353	7,249
Women with Plan First participation in DY	2,719	1,373	2,393	2,277	1,692	1,105
% of women with deliveries participating in Plan First	27.4%	13.1%	22.9%	16.4%	20.3%	15.2%
District 6 (Clay, Coosa, Randolph, Talladega, Tallapoosa)						
Women with SOBRA deliveries in the previous year and this year	1,630	1,788	1,850	1,849	1,509	1,461
Women with Plan First participation in DY	493	269	578	550	445	425
% of women with deliveries participating in Plan First	30.2%	15.0%	31.2%	29.7%	29.5%	29.1%
District 7 (Greene, Hale)						
Women with SOBRA deliveries in the previous year and this year	319	338	310	332	257	226
Women with Plan First participation in DY	111	81	110	122	93	38
% of women with deliveries participating in Plan First	34.8%	24.0%	35.5%	36.7%	36.2%	16.8%
District 8 (Choctaw, Marengo, Sumter)						
Women with SOBRA deliveries in the previous year and this year	414	428	452	469	356	333
Women with Plan First participation in DY	132	67	168	172	131	108
% of women with deliveries participating in Plan First	31.9%	15.6%	37.2%	36.7%	36.8%	32.4%
District 9 (Dallas, Perry, Wilcox)						
Women with SOBRA deliveries in the previous year and this year	843	857	871	838	541	554

Women with Plan First participation in DY	359	186	401	390	233	239
% of women with deliveries participating in Plan First	42.6%	21.7%	46.0%	46.5%	43.1%	43.1%
District 10 (Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery, Pike)						
Women with SOBRA deliveries in the previous year and this year	4,551	4,846	4,808	5,062	4,019	3,770
Women with Plan First participation in DY	1510	797	1,591	1,465	1,120	877
% of women with deliveries participating in Plan First	33.2%	16.4%	33.1%	28.9%	27.9%	23.3%
District 11 (Barbour, Chambers, Lee, Macon, Russell)						
Women with SOBRA deliveries in the previous year and this year	2,275	2,487	2,671	2,783	2,125	2,094
Women with Plan First participation in DY	642	365	781	817	595	495
% of women with deliveries participating in Plan First	28.2%	14.7%	29.2%	29.4%	28.0%	23.6%
District 12 (Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe, Washington)						
Women with SOBRA deliveries in the previous year and this year	3,476	3,598	3,612	3,660	2,778	2,687
Women with Plan First participation in DY	1,209	644	1,410	1,286	889	621
% of women with deliveries participating in Plan First	34.8%	17.9%	39.0%	35.1%	32.0%	23.1%
District 13 (Coffee, Dale, Geneva, Henry, Houston)						
Women with SOBRA deliveries in the previous year and this year	2,366	2,604	2,667	5,708	2,040	2,083
Women with Plan First participation in DY	880	494	1,029	2,022	605	586
% of women with deliveries participating in Plan First	37.2%	19.0%	38.6%	35.4%	29.7%	28.1%
District 14 (Mobile)						
Women with SOBRA deliveries in the previous year and this year	5,156	5,424	5,454	5,708	4,447	4,372
Women with Plan First participation in DY	1,912	929	1,935	2,022	1,554	1,205
% of women with deliveries participating in Plan First	37.1%	17.1%	35.5%	35.4%	34.9%	27.6%

1.3 Private Provider Participation in Plan First

Overall, the number of private providers providing services to Plan First participants in DY16 was similar to the number providing services in DY15 in all Public Health Areas (PHAs). Additionally, the portion of Plan First visits that were made to private providers in DY16 was similar compared to previous years.

Table 1.3. Availability and Visit Volume for Private Providers

PHA	# Private Providers			# Visits to Private Providers			% Total Visits to Private Providers		
	DY14	DY15	DY16	DY14	DY15	DY16	DY14	DY15	DY16
Total	693	933	960	41,295	34,413	29,929	28.0%	25.3%	24.9%
1	49	66	63	1,278	1,407	1,216	15.2%	17.6%	17.1%
2	98	166	178	3,176	4,336	3,915	28.6%	38.9%	40.7%
3	26	29	47	756	897	901	9.3%	11.8%	14.4%
4	65	101	83	1,492	2,180	1,703	17.5%	25.3%	22.2%
5	46	59	58	862	987	812	10.6%	13.2%	12.2%
6	55	72	75	1,730	1,889	1,770	17.7%	20.8%	22.3%
7	37	45	45	1,906	2,092	1,927	24.1%	26.7%	27.6%
8	97	129	133	9,179	8,509	7,353	18.4%	18.7%	17.8%
9	86	102	99	5,147	3,725	3,137	48.9%	40.8%	39.4%
10	42	56	63	916	795	720	9.1%	8.4%	8.4%
11	92	111	116	14,853	7,596	6,475	99.7%	61.9%	63.6%

2. General Service Use Measured in Enrollee Survey Data

2.1 Reported Reasons for Not Using Family Planning Services in Past Year

Of the 1112 respondents to the enrollee survey, 373, or about 33%, reported not having had a family planning visit in the previous year. The reasons given for not having a family planning visit have remained consistent over the years. The most frequently cited reasons are not being able to afford the visit, the time it takes to get an appointment, and wanting to see a provider that does not accept Medicaid.

Table 2.1a. Reasons for delay among those who did not use family planning services in the past year

Reasons for Delay with FP Visit	DY11	DY12	DY13	DY14	DY15	DY16
N	182	334	384	320	375	373
No money to pay for appointment	17.1%	17.6%	16.6%	18.1%	14.4%	14.2%
Provider you wanted to see did not take Medicaid	18.4%	16.5%	12.3%	16.6%	14.9%	12.3%
Had to wait too long at appointment	22.5%	16.5%	12.3%	9.7%	12.0%	13.4%
Couldn't get appointment soon enough	17.3%	12.9%	11.5%	13.1%	12.8%	11.3%
No provider in the area that you wanted to see	16.4%	11.7%	11.3%	10.0%	10.7%	7.8%
Dislikes family planning exam	8.8%	7.8%	8.1%	3.4%	5.3%	3.5%
Couldn't reach provider on the telephone	14.9%	8.2%	7.1%	9.4%	6.9%	7.2%
Office was not open when convenient	5.5%	6.0%	6.8%	4.7%	5.6%	5.9%
No transportation	8.8%	6.2%	6.3%	8.7%	5.3%	4.0%
No childcare	7.8%	4.9%	3.3%	6.6%	4.0%	6.7%
Family or partner did not want her to go	0.0%	0.6%	0.7%	0.9%	1.1%	0.0%

Similar to past years, affordability, time to get an appointment and availability of preferred providers were of greater concern for women who were not aware that they were enrolled in Plan First.

Table 2.1b. Reasons for delay among those who are and are not aware of their enrollment in Plan First

Reasons for Delay with FP Visit	DY13		DY14		DY15		DY16	
	Aware enrolled	Unaware enrolled	Aware enrolled	Unaware enrolled	Aware enrolled	Unaware enrolled	Aware enrolled	Unaware enrolled
	N=883	N = 102	N=830	N=157	N=886	N=156	N=863	N=150
	%	%	%	%	%	%	%	%
No money to pay for appointment	7.9	16.4	7.3	15.3	7.6	18.0	6.5	20.7
Provider you wanted to see did not take Medicaid	9.0	12.4	13.0	17.8	10.2	16.7	10.8	11.3
Had to wait too long at appointment	13.5	11.1	13.1	9.6	12.4	12.8	13.0	18.7
Couldn't get appointment soon enough	8.9	6.5	11.1	8.3	11.6	12.8	8.1	15.3
No provider in the area that you wanted to see	10.7	4.7	10.1	8.3	8.1	11.5	7.6	6.7
Dislikes family planning exam	5.7	5.9	3.2	5.1	4.7	6.4	3.0	4.0
Couldn't reach provider on the telephone	6.5	4.7	7.7	8.9	7.0	7.7	6.0	12.0
Office was not open when convenient	5.3	1.9	3.5	6.4	6.1	2.6	3.1	7.3
No transportation	4.3	5.5	4.5	6.4	4.1	4.5	1.8	6.7
No childcare	3.7	4.6	2.3	7.6	3.4	4.5	3.7	4.0
Family or partner did not want her to go	1.1	0.0	0.4	1.3	0.8	0.6	0.2	0.7

3. Specific Content of Care Measured in Claims Data

3.1 Categories of Providers

Since DY11, there has been an 4% annual decrease in the number of Plan First participants (not shown). Between DY13 and DY16, there has been a 8.5% annual decrease in the number of Plan First participants. In DY16, almost 50% of Plan First participants received clinical services from health department and nearly one third (32%) of participants received services without clinical encounters. Overall, 20% obtained services from private providers, which is largely similar to use over the last 6 years.

Table 3.1 Service Users by Provider Type

	Demonstration Year (DY)						Annual % Change in Number of Service Users
	DY11	DY12	DY13	DY14	DY15	DY16	DY13-DY16
Health Department Providers only	34,589 (49.2)	39,843 (57.2)	36,550 (48.3)	32,532 (47.4)	28,825 (49.7)	27,411 (45.9)	-9.5%
Private Providers only	16,733 (23.8)	15,258 (22.0)	16,970 (22.4)	17,512 (25.7)	13,427 (23.1)	11,977 (20.0)	-12.0%
Both Health Department and Private Providers	1,671 (2.4)	4,063 (5.8)	1,953 (2.6)	1,409 (2.1)	1,337 (2.3)	1,070 (1.8)	-17.4%
Non-clinical services only	17,372 (24.7)	10,447 (15.0)	20,187 (26.7)	16,926 (24.8)	14,420 (24.9)	19,317 (32.3)	-2.9%
Total	70,365	69,611	75,660	68,199	58,009	59,775	-8.5%

3.2 Types of Services by Providers

In DY16, the provision of care coordination services decreased relative to previous years. The overall percentage of clients receiving sterilization services and Depo Provera injections remained similar. Less than 10% of women received oral contraception from private providers, which is lower than in health department settings. Some private provider clients may receive free samples of birth control pills, which are not captured in claims data. HIV counseling remains more common in the health department than in private care settings.

Table 3.2 Portion of Each Provider Type's Clients Using Services

Service Type	Provider Type	DY11	DY12	DY13	DY14	DY15	DY16
Care Coordination	Health Department	47.5%	53.0%	53.0%	52.5%	53.3%	51.1%
	Private	9.6%	0.0%	11.7%	11.6%	4.6%	3.3%
	Both	57.6%	64.6%	57.8%	60.6%	57.1%	51.8%
	Neither	26.3%	0.0%	25.8%	34.2%	33.4%	23.3%
	Total with Service	23,579	23,729	27,709	25,654	21,559	19,475
	% All Clients	33.5%	34.1%	36.6%	37.6%	37.2%	32.6%
HIV Counseling	Health Department	0.2%	0.2%	3.7%	44.6%	61.7%	63.4%
	Private	0.7%	2.1%	0.8%	1.7%	2.5%	2.5%
	Both	0.5%	4.9%	3.0%	37.1%	56.1%	58.5%
	Neither	0.4%	0.0%	2.5%	6.8%	8.1%	9.9%
	Total with Service	259	593	2,049	16,391	20,042	20,205
	% All Clients	0.4%	0.9%	2.7%	24.0%	34.5%	33.8%
Tubal Ligations	Health Department	0.2%	0.3%	0.3%	0.2%	0.1%	0.2%
	Private	1.5%	1.1%	1.3%	1.0%	1.2%	1.0%
	Both	7.1%	3.2%	5.2%	6.3%	5.8%	4.4%
	Neither	2.2%	2.9%	2.3%	1.5%	1.7%	0.9%
	Total with Service	804	692	868	564	515	400
	% All Clients	1.1%	1.0%	1.2%	0.8%	0.9%	0.7%
Depo Provera	Health Department	32.7%	28.8%	30.9%	40.6%	42.2%	42.7%
	Private	22.7%	20.4%	21.9%	37.3%	38.1%	38.4%
	Both	34.5%	22.1%	36.1%	42.2%	45.0%	45.5%
	Neither	0%	0%	0%	0%	0%	0%
	Total with Service	15,665	15,471	17,533	20,257	17,895	16,806
	% All Clients	22.3%	22.2%	23.2%	29.7%	30.8%	28.1%
Birth Control Pills	Health Department	34.1%	2.3%	1.7%	28.5%	36.6%	38.8%
	Private	5.0%	30.1%	12.3%	18.0%	1.4%	8.5%
	Both	24.7%	25.0%	6.8%	24.8%	29.2%	30.0%
	Neither	5.5%	47.5%	11.5%	27.7%	6.3%	16.0%
	Total with Service	13,996	11,480	5,153	17,406	12,036	15,081
	% All Clients	19.9%	16.5%	6.8%	25.5%	20.7%	25.2%

4. Specific Content of Care Measured in Enrollee Survey Data

4.1 Choice of Birth Control

Consistent with the past few years, about 85% of survey respondents with a family planning visit reported that they had been given a choice of birth control methods by their family planning provider.

Table 4.1a Choice of Birth Control

Did the doctor or nurse offer you several different choices of birth control methods and allow you to select the one you wanted?

	DY11	DY12	DY13	DY14	DY15	DY16
	N=1,021	N=1,028	N=1,020	N=1,107	N=1,042	N=1,014
Yes	83.0%	84.1%	83.0%	83.9%	85.6%	84.9%
No	16.2%	15.0%	15.7%	14.6%	13.8%	13.8%
Don't know, Not sure	0.9%	1.0%	1.0%	1.4%	0.5%	0.7%

Respondents seeing health department providers, private physician providers, and Planned Parenthood clinics reported equivalent rates of having choice in birth control methods, while those using other types of clinics reported having less choice.

Table 4.1b Choice of Birth Control by Provider Seen in Demonstration Year 16

Did the doctor or nurse offer you several different choices of birth control methods and allow you to select the one you wanted?

	Health Department	Private Doctor	Planned Parenthood or special clinic	Community Health Center	Other or Not Known
N	475	416	40	46	24
Yes	88.2%	83.2%	87.5%	73.9%	75.0%
No	11.4%	15.1%	10.0%	23.9%	25.0%

4.2 Reported Content of Family Planning Visit

Reported content of family planning visits within the enrollee survey remains consistent with previous years, with about two-thirds of women receiving a contraceptive method at their visit, and less than half getting counseling on HIV.

Receipt of a contraceptive method or prescription is somewhat higher at the health department than at private providers. Consistent with the claims data, counseling on HIV and STDs occurs more frequently in health department settings than at other sources of care.

Table 4.2a Reported Content of Family Planning Visit

	DY12	DY13	DY14	DY15	DY16
All providers	%	%	%	%	%
Receive counseling on birth control options	72.1	70.4	71.9	70.9	71.0
Receive a method or prescription	72.1	74.1	72.3	71.5	67.6
Pelvic Exam	70.8	68.5	68.9	69.7	70.4
Pap Test	69.7	69.1	64.9	67.4	69.4
HIV Testing or Counseling	49.3	47.8	44.7	41.9	45.9
STD Test or Counseling	61.1	61.3	57.4	59.1	57.6
Pregnancy Test	56.8	57.4	54.6	57.2	57.1
Counseling on Tubal Ligation	12.5	13.9	14.7	19.4	20.8
Health Department	(n=576)	(n=552)	(n=524)	(n=491)	(n=475)
Receive counseling on birth control options	74.8	77.4	80.3	75.4	77.3
Receive a method or prescription	76.4	76.6	75.9	73.2	73.5
Pelvic Exam	66.0	62.9	63.9	65.6	66.3
Pap Test	64.9	64.7	58.6	62.5	66.5
HIV Testing or Counseling	54.3	54.9	50.8	51.1	54.7
STD Test or Counseling	65.6	69.9	62.6	67.8	67.2
Pregnancy Test	57.6	62.9	58.4	64.4	67.2
Counseling on Tubal Ligation	10.8	10.8	11.1	15.5	17.1
Private Provider	(n=446)	(n=460)	(n=447)	(n=425)	(n=416)
Receive counseling on birth control options	68.2	70.5	63.5	66.8	65.1
Receive a method or prescription	65.9	63.2	67.1	69.4	63.9
Pelvic Exam	74.7	75.5	74.9	73.9	74.8
Pap Test	72.9	74.5	72.3	72.5	72.6
HIV Testing or Counseling	37.0	39.2	36.8	33.2	35.6
STD Test or Counseling	51.6	50.7	51.2	50.6	47.4
Pregnancy Test	52.0	50.9	50.6	51.5	43.7
Counseling on Tubal Ligation	14.6	17.8	18.3	23.5	24.3
Other or Not known	(n=6)	(n=5)	(n=19)	(n=114)	(n=110)
Receive counseling on birth control options	50.0	33.3	57.9	67.5	77.0
Receive a method or prescription	50.0	50.0	67.1	71.9	57.3
Pelvic Exam	50.0	50.0	63.2	70.2	75.4

Pap Test	50.0	33.3	68.4	67.5	72.7
HIV Testing or Counseling	33.3	33.3	36.8	36.0	49.1
STD Test or Counseling	33.3	50.0	57.9	56.1	56.4
Pregnancy Test	50.0	50.0	47.4	51.7	65.4
Counseling on Tubal Ligation	16.7	0.0	31.6	21.9	22.7

In DY 16, slightly more women chose to have tubal ligations after counseling, compared to previous years. Almost half of women reported that they were given a different type of birth control instead of having their tubes tied, consistent with previous years. Less than one in five women reported that they changed their mind about having their tubes tied after talking to a provider.

Table 4.2b Outcomes from Counseling on Tubal Ligations

Responses	DY 14	DY15	DY16
	N=146 (%)	N=202 (%)	N=211 (%)
They helped me arrange to have my tubes tied.	33 (22.6)	38 (18.8)	62 (29.4)
They gave me a different kind of birth control and did not have my tubes tied.	66 (45.2)	96 (47.5)	92 (43.6)
I decided not to have my tubes tied after talking about it.	30 (20.6)	39 (19.3)	37 (17.5)
Advised against it (Health complications, too young, too few children)	3 (2.0)	4 (2.0)	2 (0.9)
Haven't decided yet.	4 (2.7)	4 (2.0)	0 (0)
Don't know	5 (3.4)	3 (1.5)	6 (2.8)

4.3 Use of Contraceptives since Plan First enrollment

In general, contraceptive use has been fairly consistent over time, with more than 80% using any contraception. Approximately three quarters of women reported having used an effective method in DY16, slightly less than in prior years. Although oral contraceptives and Depo Provera are the most common methods, use of long-acting reversible methods - the implant or IUD – have increased and 33% of women relied on these methods in DY16.

Table 4.3a Use of Contraceptives

Use of Contraceptives	DY11	DY12	DY13	DY14	DY15	DY16
N	1,102	1,097	1,109	1,070	1,080	1,070
% used any contraception	78.9	84.8	84.2	84.1	85.6	81.6
% used effective contraception*	69.9	79.1	77.8	75.8	81.3	74.5
% Tubal	1.3	2.8	2.6	5.3	5.0	9.7
% Vasectomy	2.1	1.5	2.4	1.3	2.0	2.5
% IUD	19.9	16.5	20.3	16.4	20.0	18.1
% Implanon/Nexplanon	9.3	10.4	10.8	15.1	15.6	15.7
% Depo	40.0	38.1	41.9	39.1	41.5	36.9
% BC Pills	59.6	58.9	58.0	58.0	53.5	53.3
Got BC pills from Health Dept.	66.1	63.0	57.1	58.4	51.7	53.5
Got BC pills from free sample	17.2	16.0	20.4	18.5	21.8	19.7
Got BC pills from drug store	16.4	20.4	21.7	22.7	26.1	25.9
Don't know, not sure	0.4	0.5	0.6	0.4	0.4	0.9
% Nuva-Ring	8.2	7.9	8.8	8.5	7.6	7.9
Got ring from Health Dept.	50.7	63.5	50.6	46.7	47.1	34.8
Got ring from free sample	29.6	25.7	33.3	29.9	31.4	40.6
Got ring from drug store	19.7	10.8	16.1	20.8	21.4	23.2
Don't know, not sure	0.0	0.0	0.0	2.6	0.0	1.4
% Patch	6.2	4.9	7.3	6.8	5.7	5.9
Got patch from Health Dept.	55.6	56.5	43.3	54.1	35.8	40.4
Got patch from free sample	25.9	26.1	37.3	24.6	26.4	30.8
Got patch from drug store	14.8	17.4	16.4	21.3	37.7	26.9
Don't know, not sure	3.7	0	3.0	0.2	0.0	1.9
% Plan B	6.8	7.6	7.4	9.3	7.8	7.4
% Condoms	76.5	73.8	76.2	78.6	71.0	70.1
% Natural FP	5.1	7.3	7.5	7.9	8.0	9.4
% Withdrawal	46.6	45.4	44.7	50.3	51.0	48.2

*includes any respondent reporting use of tubal ligation, partner vasectomy, IUD, Nexplanon, Depo-Provera, Birth Control Pills, Nuva Ring and/or Patch.

Among women 19-24, use of birth control pills has decreased over the last several years while use of the implant has increased. Women 25-34 have the highest reported use of long acting reversible methods (37%) than any other age group. Reliance on permanent contraception increased among women ≥ 35 in DY16 compared to previous years, with 18% of women reporting female sterilization (i.e., tubal ligation) and nearly 7% of women reporting vasectomy as their current method.

Table 4.3b Use of contraceptives by age groups

Methods	Age 19-24				Age 25-34				Age ≥ 35			
	DY13	DY14	DY15	DY16	DY13	DY14	DY15	DY16	DY13	DY14	DY15	DY16
	N=405	N=385	N=345	N=239	N=502	N=515	N=594	N=629	N=181	N=170	N=184	N=244
% Used any method	87.2	88.0	88.5	81.6	83.3	85.6	85.6	83.4	82.3	70.6	80.6	76.8
% Used effective method*	81.1	80.6	85.0	74.7	76.5	77.6	81.6	76.2	74.3	58.7	73.9	69.8
Tubal ligation	0.6	1.2	1.8	2.1	2.2	7.0	5.3	9.4	8.7	10.7	10.3	18.2
Vasectomy	0.6	0.3	0.3	0.0	1.9	1.8	2.2	1.2	8.1	2.5	4.8	6.6
IUD	13.6	11.5	14.8	9.6	27.5	21.5	24.9	20.5	16.1	11.6	13.7	20.4
Implanon/Nexplanon	10.5	16.5	16.6	18.7	11.7	14.9	17.4	16.7	9.2	11.6	7.5	9.9
Depo	50.7	46.8	43.0	43.8	36.4	35.1	39.5	36.2	36.2	32.2	45.2	31.5
BC pills	63.2	58.5	55.3	50.3	53.1	58.8	53.6	54.3	59.7	53.7	50.0	53.6
Nuva-Ring	7.1	10.3	5.6	8.0	10.8	8.1	9.3	8.1	7.4	5.0	5.5	7.2
Patch	5.1	6.5	3.5	4.3	9.6	7.9	6.7	6.3	6.0	3.3	6.8	6.6
Plan B	10.5	10.9	8.1	8.0	6.5	8.4	7.9	8.9	2.7	8.3	6.8	2.8
Condoms	77.6	81.5	72.2	74.3	74.6	79.2	71.5	69.7	77.2	68.6	67.1	66.8
Natural FP	5.4	5.0	4.9	9.1	8.4	9.3	9.3	9.2	10.1	10.7	9.6	9.9
Withdrawal	55.0	59.1	59.1	56.7	40.4	47.7	49.8	47.6	32.2	34.7	39.0	40.9

* includes any respondent reporting use of tubal ligation, partner vasectomy, IUD, Nexplanon, Depo-Provera, Birth Control Pills, Nuva Ring and/or Patch.

Overall satisfaction with current contraceptive method is high, except for women who rely on condoms.

Table 4.3c. Current Contraceptive Method Use and Preference, DY 15

Method Using Now	Age 19-24 N=165		Age 25-34 N=471		Age ≥35 N=168	
	% using method	% prefer using this method	% using method	% prefer using this method	% using method	% prefer using this method
Tubal ligation	1.8	100	10.0	87.2	17.9	100
Vasectomy	0	--	0.8	100	3.4	100
IUD	8.5	92.9	13.2	90.3	15.5	92.3
Implanon/Nexplanon	12.1	75.0	8.7	85.4	5.4	88.9
Depo Provera Injection	25.4	90.5	20.0	92.5	11.3	100
Birth Control Pills	33.3	92.7	29.7	95.0	19.6	87.9
Patch	0.6	100	0.8	75.0	0	--
Condoms	10.9	72.2	10.4	77.6	18.5	83.9
Natural Family Planning	1.8	33.3	0.8	75.0	1.2	100
Withdrawal	0.6	0	0.2	100	0	--
Other	4.2	85.7	5.1	83.3	5.4	88.9

Respondents' reasons for not using birth control were fairly consistent between DY14 and DY16. The most common reason cited was not being sexually active, but concerns about side effects were also reported by about one-third of respondents.

Table 4.3d Reasons for Not Using Birth Control

Primary reason for <u>not</u> using birth control (more than one response possible)	DY14 (N = 214)	DY15 (N=237)	DY16 (N=265)
Not sexually active	39.2%	38.0%	40.7%
Concerned about side effects	28.0%	37.1%	35.1%
Don't think you can get pregnant	14.0%	17.3%	9.1%
Want to get pregnant	10.7%	14.3%	12.1%
Can't pay for birth control	11.2%	9.7%	10.2%
Don't think birth control methods work	13.1%	13.5%	12.5%
Can't find a place to get family planning services	8.4%	8.9%	5.3%
Too much trouble	3.7%	3.8%	4.9%
Religious reasons	1.9%	1.7%	3.4%
Partner does not want you to use	6.1%	6.7%	4.1%

5. Use of Risk Assessments and Care Coordination in Claims Data

5.1 Provision of Risk Assessments

Psychosocial risk assessments are provided to Plan First clients by care coordinators based in local health departments. Private Plan First providers may secure assessments for their clients upon request. Assessments do not need to be completed every year. The overall portion of Plan First clients assessed reached a peak of over 70% in DY16.

As in previous years, more health department clients received assessments in DY16 than clients of other provider types. There was also a slight increase in DY16 in proportion of clients who did not obtain clinical services receiving assessments.

Table 5.1a Provision of Risk Assessments to Plan First Clients Overall and by Provider Category

	Demonstration Year (DY)					
	DY11	DY12	DY13	DY14	DY15	DY16
All Providers						
Number of clients	70,365	69,611	75,660	68,199	58,009	59,775
This year only	18,796	13,530	14,849	9,208	5,910	7,462
Previous years only	10,402	16,308	16,391	19,020	17,345	20,257
This year and previous years	11,171	15,518	19,419	19,226	19,302	15,870
Total number ever assessed	40,369	45,356	50,659	47,454	42,557	43,589
% of clients ever assessed	57.4	65.1	67.0	69.6	73.4	72.9
Health Department						
Number of clients	40,835	39,843	36,550	32,352	28,825	27,411
This year only	16,906	11,997	11,146	7,096	4,730	5,772
Previous years only	4,730	9,419	5,944	6,441	5,968	6,406
This year and previous years	10,188	14,220	16,078	15,795	16,329	12,999
Total number assessed	31,824	35,636	33,168	29,332	27,027	25,177
% of clients ever assessed	77.9	89.4	90.7	90.7	93.8	91.8
Private Providers						
Number of clients	15,592	15,258	16,970	17,512	13,427	11,977
This year only	0	0	1,085	899	272	153
Previous years only	3,135	3,358	3,874	4,880	4,299	3,910
This year and previous years	0	0	988	1,247	484	310
Total number assessed	3,135	3,358	5,947	7,026	5,055	4,373
% of clients ever assessed	20.1	22.0	35.0	40.1	37.6	36.5
Both Health Department/Private						
Number of clients	4,067	4,063	1,953	1,409	1,337	1,070
This year only	1,890	1,533	667	368	309	267
Previous years only	401	821	295	269	247	228
This year and previous years	983	1,298	730	618	646	454
Total number assessed	3,274	3,652	1,692	1,255	1202	949
% of clients ever assessed	80.5	90.6	86.6	89.1	89.9	88.7

Neither						
Number of clients	9,871	10,447	20,187	16,926	14,420	19,317
This year only	0	0	1,951	845	599	1,270
Previous years only	2,136	2,710	6,278	7,430	6,831	9,713
This year and previous years	0	0	1,623	1,566	1,834	2,107
Total number assessed	2,136	2,710	9,852	9,841	9264	13,090
% of clients ever assessed	21.6	25.9	48.8	58.1	64.2	67.8

In general, the relative rates of assessments by county varied in the same way that they have in previous years, with PHA 11 (Mobile) having the lowest assessment rates, and PHA 10 (southern coast) having among the highest assessment rates.

Table 5.1b Risk Assessments in DY 16 by County

	DY13		DY14		DY15		DY16	
	N assessed	% assessed	N assessed	% assessed	N assessed	% assessed	N assessed	% assessed
PHA1 (County)								
17	663	55.1	501	44.6	414	45.3	428	43.8
30	204	41.9	195	43.1	164	40.4	181	44.0
39	1,029	59.7	865	54.1	737	54.1	687	46.6
47	389	66.5	282	53.5	238	58.6	243	48.6
64	751	64.5	604	57.2	519	61.6	563	57.6
67	211	60.6	197	60.8	196	65.5	140	44.6
PHA2 (County)								
22	681	63.3	503	54.2	372	50.7	179	25.2
36	201	27.6	112	19.5	97	22.4	103	23.0
40	359	66.4	311	65.2	248	60.5	195	43.1
42	499	46.9	405	43.8	315	43.3	196	26.8
45	958	29.8	773	28.2	597	26.8	495	21.5
48	429	44.4	402	46.8	355	49.6	331	41.8
52	834	55.0	629	47.8	417	39.0	379	34.9
PHA3 (County)								
4	211	50.1	171	47.1	156	49.2	128	40.6
29	232	71.2	127	47.6	146	64.6	144	59.5
32	211	65.9	146	53.9	144	64.0	108	52.9
38	169	67.9	159	62.6	147	63.6	128	59.0
54	323	66.7	261	57.5	237	63.2	205	53.8
63	2,049	60.5	1,635	54.2	1,567	59.8	1,390	50.0
PHA4 (County)								
37	2,642	35.8	2,452	39.1	2,298	42.3	2,312	43.8

PHA5 (County)								
5	293	47.9	244	42.4	189	44.1	201	42.3
10	203	53.0	143	46.7	140	49.5	119	44.9
25	382	39.4	329	35.8	325	40.3	318	38.9
28	953	58.0	702	50.0	675	56.0	778	57.7
58	517	56.1	403	50.1	346	55.0	382	53.3
59	646	53.8	442	42.5	360	43.4	263	32.8
PHA6 (County)								
8	1,110	49.2	861	42.8	758	44.1	821	45.6
9	398	53.8	378	53.0	329	55.9	348	52.1
14	173	60.9	164	56.2	138	53.3	99	36.0
15	142	47.3	100	40.6	78	40.2	83	45.6
19	68	56.2	64	56.1	62	53.4	67	48.5
56	259	63.3	182	46.3	190	52.6	158	40.3
61	588	39.9	498	36.6	443	38.6	368	29.5
62	543	68.1	383	50.4	415	61.0	362	54.2
PHA7 (County)								
12	257	75.8	202	61.2	184	59.9	202	63.1
24	669	43.4	50	35.8	491	41.7	428	35.7
33	405	73.4	362	64.3	357	68.4	278	54.0
43	199	53.2	119	34.6	132	43.4	156	50.2
46	338	55.1	286	51.2	270	56.8	285	59.6
53	244	58.5	171	45.5	168	49.1	160	49.7
60	293	60.9	237	55.5	211	58.4	179	50.1
66	340	69.4	325	65.4	321	67.1	283	60.2
PHA8 (County)								
1	299	44.2	314	51.1	211	42.0	207	41.5
6	116	37.7	66	23.7	44	20.2	47	23.4
11	321	51.9	319	54.0	284	54.0	281	46.5
26	351	39.8	340	39.9	282	40.3	256	32.3
41	586	43.2	459	35.1	485	43.0	362	27.9
44	226	44.2	184	37.8	157	38.9	136	32.1
51	1,628	33.1	1,417	31.9	1,288	33.1	1,046	27.9
57	412	45.4	360	39.9	292	42.0	289	37.3
PHA9 (County)								
2	447	17.6	349	15.3	315	18.0	336	19.7
7	364	59.9	357	58.6	391	66.5	317	50.7
13	449	58.9	329	44.5	306	49.3	286	47.6
18	133	50.6	105	38.3	112	45.5	98	37.0
20	359	48.2	323	45.6	294	47.6	307	47.9
27	321	40.2	268	38.1	282	42.7	211	33.7
50	243	53.1	196	48.6	179	53.6	143	43.5

65	124	44.0	134	50.4	130	54.4	83	40.1
PHA10 (County)								
3	409	66.0	329	54.6	307	55.5	311	52.4
16	448	66.3	393	62.4	339	62.5	329	54.7
21	368	68.5	250	63.3	205	59.1	212	59.5
23	595	66.0	529	69.1	442	61.7	447	56.4
31	392	73.3	342	70.1	318	75.0	309	68.1
34	222	70.7	180	59.4	145	55.3	143	53.6
35	1,584	73.8	1,151	66.5	972	65.5	1,109	62.2
55	563	63.4	501	63.5	457	65.0	429	55.3
PHA11 (County)								
49	1,340	16.0	1,406	18.1	1,029	15.5	765	11.8
Total	34,365	53.9	28,434	41.7	25,212	43.5	23,332	39.0

5.2 Care Coordination Services

Clients who are assessed as being high risk are referred for care coordination services in order to facilitate their use of family planning care. Table 5.2a shows that a total of 13,469 clients were assessed as high risk in DY16. This is 22% of all 59,775 clients using services in DY16, and 69% of the 19,475 clients assessed in the year. This is an increase over prior years, suggesting that risk assessments may be focused on a narrower range of clients. An additional 9,351 Plan First participants in DY16 had been assessed as high risk in DY14 or DY15.

Almost all of the clients assessed as high risk in DY16 received care coordination, which is consistent with previous years. About half of those who had previously been assessed as high risk and who returned for services continued to receive care coordination services, a somewhat lower percentage than in DY15 (65%).

Table 5.2a Portion of High Risk Clients Receiving Care Coordination Services

	Number Assessed as high risk	Number receiving care coordination services	Percent receiving care coordination services in DY15
Assessed as high risk in DY16 only	8,736	8,651	99.0%
Assessed as high risk in DY14 or DY15 and also in DY16	4,733	4,720	99.7%
Assessed as high risk in DY14 or DY15 only	9,351	4,863	52.0%

Table 5.2b compares service use for clients with and without care coordination. Proportions have remained fairly consistent over recent years. Care coordination clients had more public family planning visits in the year, on average, and were more likely to receive Depo-Provera injections, prescriptions or supplies of birth control pills, and HIV counseling.

Table 5.2b Use of Services by Clients With and Without Care Coordination

	DY13		DY14		DY15		DY16	
Received Care Coordination?	No	Yes	No	Yes	No	Yes	No	Yes
Number of clients	47,951	27,709	42,545	25,654	36,450	21,559	40,300	19,475
Mean number of visits (days of contact)	0	7.1	0	6.7	0	6.9	0	6.5
% with public visits	37.5	74.0	37.4	69.6	38.5	74.7	34.5	74.8
Mean number <u>public</u> visits for those with any	4.8	6.4	3.7	4.8	3.0	4.2	2.9	4.0
% with private visits	33.0	11.2	37.7	11.2	36.7	6.4	30.0	4.9
Mean number <u>private</u> visits for those with any	4.2	5.1	3.8	4.9	3.2	2.9	3.2	2.7
% with HIV counseling	2.1	3.8	18.0	34.0	25.5	49.8	24.1	53.9
% with tubal ligations	1.3	0.9	0.9	0.7	1.0	0.7	0.7	0.6
% with birth control pills	1.4	2.2	26.9	23.3	15.4	28.7	15.0	32.7
% with Depo Provera	15.4	36.6	24.2	38.8	25.0	40.7	22.0	40.7

6. Primary Care Referrals Measured in Enrollee Survey Data

6.1 Referral to and Receipt of Primary Care

For the past several years, enrollee surveys have included a series of questions on receipt of referrals to primary care from family planning providers. Consistently over time, just over 10% of enrollees reported talking with their family planning provider about another health or medical problem. The portion of those respondents who learned of a medical problem at the family planning visit and received a referral for care was 61% in DY16. This is the same as the percentage in DY15, but lower than the original performance target for this measure (80% of those with an identified problem receiving a referral).

The proportion of clients who sought care and received care for their medical problem has remained consistent over time, and is higher for those that have a regular source of medical care than those without a usual source for care.

Table 6.1 Referrals for care and care seeking behavior for clients with and without a usual source of care for other medical problem(s)

	DY14			DY15			DY16		
	Total N (%)	Usual Source of Care (%)		Total N (%)	Usual Source of Care (%)		Total N (%)	Usual Source of Care (%)	
		Yes	No		Yes	No		Yes	No
Informed of other medical problem	110 (10.1)	10.6	8.9	127 (12.2)	13.0	11.1	131 (12.9)	15.4	9.6
Told about place for treatment*	76 (76.0)	78.0	71.0	78 (61.4)	61.2	61.7	80 (61.1)	66.7	48.8
Tried to get care for medical problem*	72 (72.0)	78.0	65.8	91 (71.6)	75.0	65.0	96 (73.3)	78.9	61.0
Received care for medical problem*	60 (60.0)	72.7	52.8	77 (64.7)	69.7	55.8	84 (68.3)	71.3	61.1

*Among those who were told they had a medical problem.

6.2 Reasons for Not Receiving Primary Care

As in previous years, lack of insurance coverage or concern about the cost of medical care is the primary reason why referred clients do not receive care for their identified medical problems.

Table 6.2a Reasons for Not Trying to get Care for Other Medical Problems

	DY14 N=28	DY15 N=36	DY16 N=35
I can't afford to get care	19 (67.8)	24 (66.7)	17 (51.5)
I don't know where to go to get treatment	4 (14.3)	4 (11.1)	8 (24.2)
I don't think these problems really need treatment	4 (14.3)	2 (5.6)	4 (12.1)
I don't have time to get treatment	2 (7.1)	3 (8.3)	3 (9.1)
I don't have transportation to get treatment	2 (7.1)	1 (2.8)	2 (6.1)
Other – uninsured or not aware of being insured, provider wouldn't take Medicaid	5 (17.8)	8 (22.2)	8 (24.2)

Table 6.2b Reasons for Not Receiving Care if Sought

	DY14	DY15 N=40	DY16 N=36
I couldn't pay for the care	--	27 (67.5)	24 (66.7)
I couldn't find a doctor who would see me	--	3 (7.5)	4 (11.1)
Other reasons for not getting treatment	--	12 (30.0)	11 (30.6)

-- Information not available.

7. Birth Rates by FP Utilization

As in previous Plan First evaluations, we have calculated the birth rates for enrollees who did not use services and enrollees in four categories of service use. The count of births excludes deliveries that occurred immediately before service use (or enrollment, for non-service users) and excludes deliveries that occurred within nine months of the first service date (or enrollment date, for non-service users). Deliveries were included if they occurred up to nine months after the end of the demonstration year. Because of this time lag, data are only available to complete the estimates for Demonstration Year 15, counting births that occurred through August 2016.

Table 7.1 shows that birth rates for Plan First participants are somewhat lower than birth rates of enrollees who do not use any Plan First services. In DY 15, the participant group with the lowest birth rates – from pregnancies occurring while they were participants – was the group of women who used family planning services at Title X funded facilities. The group with the highest birth rates was those who had contact with Plan First at facility that did not receive Title X.

Note that these birth rates are slightly higher than those shown for Goal 5, because they exclude recently pregnant women from the population count, which serves as the denominator for the rate.

Table 7.1 Birth Rates for Enrollees and Service Users, Demonstration Year 15*

	Number Enrollees	Number of Births	Births/1000
Non-service users	80,520	5,146	63.9
Service Users	59,650	3,641	61.0
Any risk assessment or case management	32,733	1,710	52.2
No risk assessment or case management	26,917	1,931	71.7
Any visit to Title X clinic	31,176	1,416	45.5
No visit to Title X clinic	28,474	2,225	78.1
All Enrollees	140,170	8,787	62.7

*Does not include women who delivered prior to enrollment or who were pregnant at first Plan First visit.

Appendix: Demographics of Survey Respondents

Table A.1. Demographic composition of survey respondents

	DY11	DY12	DY13	DY14	DY15	DY16
	N=1,126	N=1,126	N=1,127	N=1,107	N=1,125	N=1,112
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Age (years)						
19	16 (1.42)	55 (4.9)	45 (4.0)	22 (2.0)	5 (0.4)	8 (0.7)
20 – 29	529 (47.0)	710 (63.1)	686 (60.9)	704 (63.6)	702 (62.4)	602 (54.1)
30 – 39	244 (21.7)	267 (23.7)	309 (27.4)	306 (27.6)	368 (32.7)	411 (37.0)
40+	82 (7.3)	88 (7.8)	87 (7.7)	75 (6.8)	48 (4.3)	86 (7.7)
Not answered ¹	255 (22.6)	6 (0.5)	0	0	2 (0.2)	5 (0.4)
Race						
Black	388 (34.5)	561 (49.8)	593 (52.6)	565 (51.0)	570 (50.7)	571 (51.3)
White	444 (39.4)	504 (44.8)	495 (43.9)	493 (44.5)	503 (44.7)	460 (41.4)
American Indian	8 (0.7)	13 (1.1)	9 (0.8)	2 (0.2)	13 (1.2)	7 (0.6)
Asian/Pacific Islander	6 (0.5)	8 (0.7)	8 (0.7)	9 (0.8)	6 (5.3)	5(0.4)
Other	23 (2.0)	38 (3.4)	19 (1.7)	32 (2.9)	29 (2.6)	63 (5.7)
Don't know/Refused	2 (0.2)	2 (0.2)	3 (0.3)	6 (0.6)	4 (0.4)	6 (0.5)
Not answered ¹	255 (22.6)	--	--	--	--	--
Hispanic						
Yes	30 (2.7)	42 (3.7)	20 (1.8)	36 (3.2)	34 (3.0)	45 (4.1)
No	839 (74.5)	1,080 (95.9)	1,107 (98.2)	1,070 (96.7)	1,091 (97.0)	1,064 (95.7)
Not Answered ¹	255 (22.6)	2 (0.4)	--	1 (0.1)	--	3 (0.3)
Marital status						
Never married	684 (60.7)	712 (63.2)	675 (59.9)	672 (60.7)	679 (60.4)	627 (56.4)
Married	248 (22.0)	22(20.2))	249 (22.1)	241 (21.8)	272 (24.2)	305 (27.4)
Previously married	190 (16.9)	185 (16.4)	199 (17.6)	189 (17.1)	172 (15.3)	177 (15.9)
Don't know/Refused	4 (0.4)	1 (0.1)	4 (0.4)	5 (0.5)	0 (0.2)	3 (0.3)
Education						
Less than high-school	94 (8.3)	96 (8.5)	80 (7.1)	77 (6.9)	80 (7.1)	86 (7.7)
High school or GED	344 (30.6)	415 (36.9)	424 (37.6)	395 (35.7)	413 (36.7)	421 (37.9)
More than high-school	433 (38.4)	612 (54.3)	622 (55.2)	633 (57.2)	631 (56.1)	603 (54.2)
Not answered	255 (22.6)	3 (0.3)	1 (0.1)	2 (0.2)	0	2 (0.2)
Ever pregnant						
Yes	871 (77.4)	816 (72.5)	844 (74.9)	823 (78.0)	934 (86.5)	988 (88.8)
No	254 (22.6)	260 (23.1)	240 (21.3)	229 (21.7)	142 (13.4)	124 (11.2)
Length of enrollment (months)						
< 6	221 (19.6)	1 (0.1)	214 (19.0)	197 (17.8)	151 (13.4)	134 (12.1)

6 – 12	313 (27.8)	223 (19.8)	240 (21.3)	266 (24.0)	202 (18.0)	220 (19.8)
13 – 24	291 (25.8)	873 (77.5)	296 (26.3)	271 (24.5)	240 (21.3)	223 (20.1)
> 24	301 (26.7)	29 (2.5)	268 (23.8)	373 (33.7)	532 (47.3)	535 (48.1)

¹ Due to an error in the skip patterns for the survey administration, age, race and education were not asked for women responding that they had never been pregnant.