

# **Alabama Medicaid Agency Plan First Program**

Section 1115 Demonstration Waiver

**Annual Monitoring Report  
Demonstration Year 2021  
October 1, 2020 through September 30, 2021**



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### **Certification of Member Months and Attestation of Data**

“I certify that I am authorized by the Alabama Medicaid Agency to submit this report and I certify and attest to the accuracy of the member months and data contained in this Annual Monitoring Report.”

## **Introduction:**

The Alabama Medicaid Agency (Medicaid) Plan First demonstration was initially approved on July 1, 2000, and implemented October 1, 2000. The demonstration has been consistently extended since that date. At its inception, the Alabama Plan First Program was implemented to provide family planning services to women whose Medicaid eligibility for pregnancy had ended and for those women who would not otherwise qualify for Medicaid unless pregnant, with an income at or below 141 percent of the Federal Poverty Level (FPL). With the December 2014 extension of the demonstration, the State was approved to provide two new services: 1) removal of migrated or embedded intrauterine devices in an office setting or outpatient surgical facility, and 2) coverage of vasectomies for males 21 years of age or older with income at or below 141 percent of the FPL.

On November 29, 2016, Alabama submitted a request to amend the demonstration to provide an enhanced family planning counseling benefit referred to as "care coordination" to males enrolled in the demonstration receiving vasectomy services. The purpose of adding care coordination services is to help qualifying Plan First males with established Medicaid eligibility, locate an appropriate doctor to perform the vasectomy procedure, and assist with making and keeping appointments for initial consultations and follow-up visits. CMS approved this amendment to the demonstration on June 28, 2017.

On November 30, 2021, Medicaid submitted a request to extend the demonstration for a five-year period with a recommended change. CMS is approving this extension request through September 30, 2022, as agreed upon with the State, to realign Plan First's annual demonstration cycles back to the original date of implementation. The Special Terms and Conditions (STCs), accompanying the CMS approval letter, permit section 1115 demonstration authority for the Plan First demonstration through September 30, 2022. The program's overall goal is to reduce unintended pregnancies.

CMS and Medicaid expect that this demonstration program will promote the Medicaid program objectives by:

- Increasing the enrollment of women eligible for Plan First, with a focus to reduce race/ethnicity and geographic disparities in enrollment;
- Maintaining a high level of awareness of the Plan First program among enrollees;
- Increasing the proportion of Plan First enrollees who use family planning services in the initial year of enrollment and subsequent years;
- Increasing the portion of Plan First enrollees who receive tobacco cessation services or nicotine replacement products;
- Maintaining birth rates among Plan First participants that are lower than the estimated birth rates that would have occurred in the absence of the Plan First demonstration; and
- Increasing enrollment of men eligible for Plan First and undergoing vasectomy services.

**ANNUAL MONITORING REPORT  
ALABAMA MEDICAID AGENCY  
1115 PLAN FIRST DEMONSTRATION WAIVER**

**State:** Alabama

**Demonstration Reporting Period:** October 1, 2020 - September 30, 2021

**Demonstration Year:** 20

**Demonstration Approval Period:** November 27, 2017 through September 30, 2022

**A. EXECUTIVE SUMMARY**

The Plan First Program was designed to improve the well-being of children and families in Alabama whose income is at or below 141% of the Federal Poverty Level (FPL) by extending Medicaid eligibility for family planning services to eligible childbearing women between the ages of 19 through 55, and males ages 21 or older for vasectomy related services only. Plan First enrollees are also eligible to receive tobacco cessation counseling and products provided by the Alabama Department of Public Health through a partnership with the Alabama Medicaid Agency. Recipients have freedom of choice in deciding to receive or reject family planning services. Acceptance of any family planning service must be voluntary without any form of duress or coercion applied to gain such acceptance. Recipients are required to give written consent prior to receiving family planning services. However, due to the current Public Health Emergency (PHE) declared in March 2020, verbal consent for services has been accepted when needed. Plan First recipients are exempt from co-payments on services and prescription drugs/supplies designated as family planning. “

Plan First enrollees must meet one of the eligibility criteria described below:

**Group 1**

Women 19 through 55 years of age who have Medicaid eligible children (poverty level) who become eligible for family planning without a separate eligibility determination. They must answer "yes" to the Plan First question on the Alabama Medicaid application. Income is verified at the initial application and re-verified at recertification of their children. Eligibility is re-determined every 12 months.

**Group 2**

Poverty level pregnant women 19 through 55 years of age whose pregnancy ends while she is on Medicaid. The Plan First Waiver system automatically determines Plan First eligibility for every female Medicaid member entitled to Plan First after a pregnancy has ended. Women automatically certified for the Plan First Program receive a computer-generated award notice by mail. If the woman does not wish to participate in the program, she can notify the caseworker to be decertified. Women who answered "no" to the Plan First question on the Alabama Medicaid application and women who do not meet the citizenship requirement do not receive automatic eligibility. Income is verified

at the initial application and re-verified at recertification of their children. Eligibility is re-determined every 12 months.

### **Group 3**

Other women age 19 through 55 years of age who are not pregnant, postpartum, or who are not applying for a child must apply using a simplified Plan First application (Form 357). A Modified Adjusted Gross Income (MAGI) determination will be completed using poverty level eligibility rules and standards. Recipient declaration of income will be accepted unless there is a discrepancy. Medicaid will process the information through data matches with state and federal agencies. If a discrepancy exists between the recipient's declaration and the income reported through data matches, the recipient will be required to provide documentation and resolve the discrepancy. Eligibility is re-determined every 12 months.

### **Group 4**

Plan First men, ages 21 and older, wishing to have a vasectomy may complete a simplified, shortened Plan First application (Form 357). An eligibility determination must be completed using poverty level eligibility rules and standards. Eligibility will only be for a 12-month period; therefore, retro-eligibility and renewals are not allowed. If the individual has completed the sterilization procedure but has not completed authorized follow-up treatments by the end of the 12-month period, a supervisory override will be allowed for the follow-up treatments. If the individual does not receive a vasectomy within the 12-month period of eligibility, then he will have to reapply for Medicaid eligibility.

The Alabama Medicaid Plan First 1115 Demonstration Waiver was renewed in November 2017, and the renewed waiver specified six goals for evaluation. This Annual Monitoring report contains information for Demonstration Year (DY) 21, October 1, 2020, through September 30, 2021, representing the Demonstration's various operational areas and the State's analysis of program data collected for the demonstration year. This report also includes findings related to trends and issues that have occurred over the demonstration year, including progress on addressing any issues affecting access, quality, or costs.

## **PROGRAM UPDATES**

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

#### **a. Operational / Administrative Changes**

- Family Planning care coordination was transitioned from the Alabama Department of Public Health (ADPH) to Alabama Coordinated Health Networks (ACHNs) in October 2019. ACHNs receive monthly assignment file reports of all

eligible Plan First/Family Planning eligible individuals (EIs). Care Coordinators utilize these reports to attempt outreach to EIs and to offer Family Planning Care Coordination services.

**b. Narrative on any demonstration changes, such as changes in enrollment, service utilization, and provider participation. Discussion of any action plan, if applicable.**

**Services and Enrollment**

- Medicaid began allowing dual enrollment for care coordination services. However, family planning services can only be provided to maternity EIs the month of delivery and after to facilitate early engagement with the family planning service options, this allows family planning care coordination to begin at the hospital after the birth and this helps in the continuity of care and positively impacts enrollment.
- Upon the request of the ACHNs and with oversight from the Agency, Associate Degree Nurses (ADNs) began provided transitional care services.
- ACHNs have seen a significant increase in the number of Family Planning eligible individuals enrolled for care coordination.

**Provider Participation**

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

**c. Audits**

During this past demonstration year, Alabama Medicaid's Audit Unit completed 133 audits of family planning care coordination services. Audit findings were identified and education was provided to the providers.

**Alabama Medicaid Monitoring and Quality Functions**

Alabama Medicaid performed the following monitoring and quality functions:

- Reviewed utilization reports from claims data to monitor trends and utilization
- Reviewed care coordinator activity summary reports
- Reviewed summary reports from the University of Alabama at Birmingham (UAB), external independent evaluator for the Family Planning demonstration
- Monitored complaints and grievances to an acceptable resolution
- Added claims system edits and audits to prevent duplication of payments

**ACHN Self Audits**

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

<b>ACHN</b>	<b>Self-Audits During Past Demonstration Year</b>
North Alabama Community Care (NACC)	The Family Planning Supervisor completed internal audits on a monthly basis to include auditing a minimum of 1 to 2 eligible individual's (EIs) case files per Family Planning Care Coordinator.
Alabama Care Network Mid-State (ACN-M)	Self audits were conducted on a monthly basis. 254 were completed for the year.
Alabama Care Network Southeast (ACNS)	Approximately 5% of charts for newly enrolled family planning eligible individuals were self-audited on a monthly basis.
Gulf Coast Total Care (GCTC)	Each Family Planning Care Coordinator has 1-2 new family planning cases audited monthly. A total of 45 records were self audited for FY 2021.
My Care Alabama Northwest (MCANW)	57 self-audits were conducted during this past demonstration year. Each Associate and the Supervisors conducted audits on randomly on chosen EIs on a weekly basis.
My Care Alabama Central (MCAC)	120 total self-audits were conducted on a weekly basis.
My Care Alabama East (MCAE)	36 total self-audits were conducted on a weekly basis by Care Coordination Supervisors.

## **POLICY ISSUES AND CHALLENGES**

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

- The COVID-19 PHE took effect in March 2020 which significantly impacted the provider's ability to provide in-person Family Planning/Plan First services.
  - At least one ACHN reported an impact on numbers of strictly family planning only service referrals from the FQHCs to ACHNs due to activities transitioning to remote/telephonic activities and providers placing limits on the number of patients being seen in the clinics per day.
  - The Agency's need to shift to the allowance of telephonic service delivery instead of the required face-to-face visit(s) for both care coordination services and contraceptive visits.
- Collaboration between the Alabama Department of Public Health (ADPH) and Alabama Coordinated Health Networks (ACHNs) has been a struggle.
  - Some ACHNs were not allowed access into the health departments.
  - ADPH did not send family planning care coordination referrals or provide ACHN contact information to the EIs.

### **2. Narrative of any policy issues the state is considering, including pertinent legislative/budget activity, and potential demonstration amendments.**



There are not any policy issues the State is considering, including pertinent legislative/budget activity, or potential demonstration amendments at this time.

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

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

## **B. UTILIZATION MONITORING**

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

## C. PROGRAM OUTREACH AND EDUCATION

### General Outreach and Awareness

#### Alabama Medicaid Agency:

The PT+3 Partnership hotline number previously operated by the Alabama Department of Public Health (ADPH) was transferred to Medicaid. A log of all calls is maintained in Medicaid's Communications Division. Future outreach activities will include, but are not limited to:

- Continued promotion of long-acting reversible contraception (LARCs);
- Statewide academic detailing effort to promote smoking cessation among women of childbearing age to Plan First providers (began December 2018);

General outreach will be directed to all potentially eligible women to include basic information about applying for the program and accessing services.

Updates, links, fact sheets, and other sources of information about family planning services are accessible online to recipients and providers. This information can be found on Medicaid's website at <http://www.medicaid.alabama.gov/> and ADPH's website at <http://alabamapublichealth.gov/>.

#### Alabama Coordinated Health Networks (ACHNs):

Alabama Care Network Mid-State (ACN-M)	
Strategies	Effectiveness
Educational of Maternity EIs on Family Planning Services.	This strategy proves to be effective. The majority of enrolled EIs verbalized an understanding of family planning services offered by ACN-M.
Alabama Care Network Southeast (ACNS)	
Strategies	Effectiveness
Discussed family planning services at Medical Management Meetings	Received a few referrals. Most of the ACHN's primary care providers do not provide family planning services and refer to a specialist or to the health department.
Reviewed Family Planning care coordination with Delivering Health Care Professionals.	

<p>Phone calls to School Nurses to ask if ACNS could provide family planning education/flyers for students.</p> <p>In-person event: Networked with over 20 vendors to provide education about our Family Planning services. Family Planning flyers were given to all agencies.</p> <p>In-person meeting to educate different medical staff regarding Family Planning services. Family Planning flyers were left at their office.</p> <p>Mailed letters to eligible individuals (EIs) with recent Family Planning coverage.</p>	<p>Received a few referrals. DCHP offices share their daily schedules and we can identify family planning EIs.</p> <p>School administration was not agreeable for us to provide family planning education.</p> <p>Good outreach event to educate community partners</p> <p>Good resource</p> <p>This mailout strategy to EIs was not successful.</p>
<b>My Care Alabama Northwest (MCANW)</b>	
<b>Strategies</b>	<b>Effectiveness</b>
<p>Plan First (PF) outreach and provider education is addressed during quarterly Medical management Meetings. MCANW's Medical Director updates the Network with any Plan First Medicaid ALERTS.</p> <p>EI outreach is provided using MCANW marketing materials based at ADPH lobbies, PCP and Pediatrician offices, FQHCs, DHCP offices, faith-based organizations, and Pregnancy Centers. MCANW also works with its board members and Citizen's Advisory Committee in the dispersing of information regarding PF services and the ACHN services. The Region also asked the Medicaid Agency for additional marketing assistance from the Agency to assist with updating our</p>	<p>All quality partners and ACHN providers are encouraged to support the PF program and the enrollment of all eligible individuals. MCANW has discussed developing specific PF services materials in an effort to reach the targeted population.</p> <p>Attempts to engage ADPH remain unsuccessful in getting timely referrals for services. Nevertheless, MCANW continues to have it a priority to have Plan First educational materials for the Region. Some pregnancy centers in the Region will not allow birth control literature to be distributed, this is a barrier that limits education to our EIs.</p>

populations about our services to aid in the resistance during a time where many are leery due to scams.	
<b>North Alabama Community Care (NACC)</b>	
<b>Strategies</b>	<b>Effectiveness</b>
<p>Discussed Family Planning services at Medical Management Meetings and DHCP Meetings.</p> <p>NACC developed Family Planning tear offs and posters to distribute to PCPs, DHCPs, and other community partners. The Executive Director and other designated staff hand delivered 28 packets and had the opportunity to meet with staff on many of these visits. 124 packets were mailed to the remaining PCPs and DHCPs.</p>	<p>Received a few referrals. We saw a slight increase from the previous year.</p> <p>NACC received some referrals based upon this outreach. NACC plans to revamp this effort in late spring and early summer of 2022.</p>
<b>Gulf Coast Total Care (GCTC)</b>	
<b>Strategies</b>	<b>Effectiveness</b>
<p>Education of Maternity EIs on Family Planning services</p> <p>Provider education of GCTC Family Planning Services</p> <p>We are working on the newly eligible Plan First recipient listing.</p>	<p>This strategy proved to be effective. The majority of enrolled EIs verbalized an understanding of family planning services offered by GCTC.</p> <p>Providers verbalized understanding of GCTC Family Planning Services. We have found EIs are more receptive when we have been able to work in partnership with their primary family planning medical service provider and when the provider had first discussed the subject of care coordination services.</p> <p>As for “cold call” outreach from the list of newly assigned Plan First recipients, we found those have not been as successful as we would have liked. We had a very low success rate in reaching the EIs due to incorrect phone numbers and addresses. Additionally, we found that EIs were less receptive to the calls without primary provider discussions prior to the call. An opportunity exists for us to strengthen our partnership with ADPH in our rural communities</p>

	and reach out to pediatric/adolescent medicine groups to generate increased referrals.
<b>My Care Alabama Central (MCAC)</b>	
<b>Strategies</b>	<b>Effectiveness</b>
MCAC has conducted numerous outreach activities to providers and local community organizations. MCAC are continuously educating PCPs, including pediatricians and DHCPs, on family planning services and how our care coordinators can assist them with their patients. GCTC does this individually and through medical management meetings.	Pediatrician outreach has proven the most effective. These providers need services for their adolescent patients.
MCAC also targets community organizations such as pregnancy centers to educate on family planning services.	Pregnancy centers have been a great source of referrals also. The pregnancy centers are happy to be able to provide resources to EIs whose pregnancy test is negative. MCAC continuously finds that EIs still have not heard of the ACHN program or MCAC. A lesson learned is to provide more EI outreach from the ACHNs and Medicaid.
MCAC continues to struggle with referrals from the Health Departments who hold most of the Plan First EIs.	Attempts to collaborate and engage ADPH for the betterment of shared patients have proven unsuccessful despite numerous attempts.
<b>My Care Alabama East (MCAE)</b>	
<b>Strategies</b>	<b>Effectiveness</b>
All quality partners and ACHN provider are educated and encouraged to support the Plan First program and the enrollment of all eligible individuals during one-on-one outreach sessions and regional quarterly Medical Management Meetings. Internal staff are also provided with re-education periodically during bi-weekly team meetings and monthly staff trainings.	MCAE has found that continual education is the most successful mechanism for bringing the Plan First program to the forefront of daily operations both with our healthcare partners and internal staff.

#### **D. PROGRAM INTEGRITY**

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

#### **E. GRIEVANCES AND APPEALS**

There were no complaints or grievances received during this reporting period.

#### **F. ANNUAL POST AWARD PUBLIC FORUM**

The annual post award public forum for the Plan First Program 1115 Demonstration was conducted on May 1, 2021. Although the forum was held at the Alabama Medicaid Agency's central office, the attendance was completely virtual for attendees outside of the Medicaid Agency. There were no comments or questions from the attendees.

Meeting Location Information:  
Alabama Medicaid Agency  
501 Dexter Avenue  
Montgomery, Alabama

## G. BUDGET NEUTRALITY

### Budget Neutrality Workbook

5 YEARS OF HISTORIC DATA						
SPECIFY TIME PERIOD AND ELIGIBILITY GROUP DEPICTED:						
Medicaid Pop 1	2012	2013	2014	2015	2016	5-YEARS
TOTAL EXPENDITURES	40,057,737	41,344,489	38,224,716	31,809,996	27,315,612	\$ 178,752,550
ELIGIBLE MEMBER MONTHS	1,149,592	1,277,918	1,301,043	1,194,096	1,069,348	
PMPM COST	\$ 34.85	\$ 32.35	\$ 29.38	\$ 26.64	\$ 25.54	
TREND RATES						5-YEAR
			ANNUAL CHANGE			AVERAGE
TOTAL EXPENDITURE		3.21%	-7.55%	-16.78%	-14.13%	-9.13%
ELIGIBLE MEMBER MONTHS		11.16%	1.81%	-8.22%	-10.45%	-1.79%
PMPM COST		-7.15%	-9.19%	-9.33%	-4.11%	-7.47%
						89,112

<u>Without-Waiver Total Expenditures</u>								
			18	19	20	21	22	TOTAL
<u>Hypothetical Per Capita</u>	-	-						
Family Planning	1	Total	\$ 23,475,183	\$ 22,851,782	\$ 23,646,661	\$ 22,851,782	\$ 22,851,782	
		PMPM	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	
		Mem-Mon	877,249	853,953	883,657	853,953	853,953	
Tobacco Cessation	2	Total	\$ 261	\$ 128	\$ 272	\$ 128	\$ 128	
		PMPM	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	
		Mem-Mon	522	255	543	255	255	
TOTAL			\$23,475,444	\$22,851,910	\$23,646,933	\$22,851,910	\$22,851,910	\$115,678,106



<b><u>With-Waiver Total Expenditures</u></b>								
			18	19	20	21	22	TOTAL
Hypothetical 1 Per Capita								
Family Planning	1		\$22,526,321	\$23,638,029	\$12,733,294	\$10,862,743	\$14,671,498	
Tobacco Cessation	2		\$9,446	\$7,077	\$10,383	\$11,531	\$9,193	
TOTAL			\$22,535,767	\$23,645,106	\$12,743,677	\$10,874,274	\$14,680,691	\$84,479,515
<b>HYPOTHETICAS VARIANCE 1</b>			\$939,677	\$(793,196)	\$10,903,256	\$11,977,636	\$8,171,219	Excluded
			18	19	20	21	22	TOTAL

**NOTE:** For a per capita budget neutrality model, the trend for member months is the same in the with-waiver projections as in the without-waiver projections. This is the default setting. Actual member months and total expenditures have been entered for the October 2017 – September 2020 time periods for DY 2017 and DY 2020

### **Budget Neutrality Summary**

-	18	19	20	21	22
<b>Cumulative Target Percentage (CTP)</b>	<b>2.0%</b>	<b>1.5%</b>	<b>1.0%</b>	<b>0.5%</b>	
<b>Cumulative Budget Neutrality Limit (CBNL)</b>	<b>\$ 23,475,444</b>	<b>\$ 46,327,354</b>	<b>\$ 69,974,287</b>	<b>\$ 92,826,197</b>	<b>\$ 115,678,106</b>
<b>Allowed Cumulative Variance (= CTP X CBNL)</b>	<b>\$ 469,509</b>	<b>\$ 694,910</b>	<b>\$ 699,743</b>	<b>\$ 464,131</b>	<b>\$ -</b>
<b>Actual Cumulative Variance (Positive = Overspending)</b>	<b>\$ (939,677)</b>	<b>\$ (146,481)</b>	<b>\$ (11,049,737)</b>	<b>\$ (23,027,373)</b>	<b>\$ (31,198,591)</b>
<b>Is a Corrective Action Plan needed?</b>					

**Note 1:** Used the historical expenditures and member months from 2012-2016

**Note 2:** Actual member months and total expenditures have been entered for the October 2017 – September 2020 time periods for DY 2018, DY2019, and DY2020.

## **H. DEMONSTRATION EVALUATION ACTIVITIES AND INTERIM FINDINGS (UAB Report)**

The information included in this section of the report has been provided by the University of Alabama at Birmingham (UAB). UAB is the contracted independent evaluator for the Alabama's 1115 Family Planning Demonstration.

## SUMMARY OF THE PROGRESS OF EVALUATION ACTIVITIES

**Evaluation Progress:** The current reporting period (October 1, 2020, through September 30, 2021) is the third year of the evaluation for the five-year demonstration. The University of Alabama at Birmingham (UAB) evaluation team has completed their analysis of the enrollment data and claims for family planning services and births for this evaluation year. The team has also begun data collection for the beneficiary surveys.

**Evaluation Summary:** This evaluation of Alabama's Plan First 1115 Research and Demonstration waiver for Demonstration Year 21, October 2020 through September 2021, includes all data available through the Medicaid enrollment and claims system as well as the data from the three surveys included in the evaluation plan: surveys of female enrollees, female disenrollees, and males enrolled to receive vasectomy services. These three surveys were fielded in the Fall of 2021.

Two significant structural changes occurred during Demonstration Year 20. First, beginning in October 2019, the seven Alabama Coordinated Health Network (ACHN) organizations took responsibility for providing all case management and care coordination services for Plan First. Previously, the Alabama Department of Public Health provided these services, usually in combination with family planning services in Title X clinics. Second, the Center for Medicaid and Medicare Services altered some policies for Medicaid coverage during the coronavirus pandemic, beginning in March 2020. Enrollees who would typically enter Plan First from maternity care coverage under SOBRA retained their SOBRA coverage over the year. This policy continued through Demonstration Year 2021. Also, many services, particularly case management and care coordination services, were provided telephonically rather than face to face.

**Goal 1: Addressing Disparities in Enrollment.** Enrollment in Plan First declined by 16% from the previous Demonstration Year. This decline represented a 73% decrease in the number of new entrants into Plan First, combined with a 3% decrease in the portion of women retaining Plan First coverage from the previous year. These rates were similar across demographic groups, so no group stands out as having disparate enrollment changes. As shown in **Part 2: On-going Monitoring of the Plan First Program**, enrollment in Plan First by women with recent deliveries declined by 91% from the pre-pandemic Demonstration Year 2019. These changes are most likely related to temporary Medicaid enrollment policy changes.

The tables under **Goal 3: Increasing Family Planning Service Use** show that 19% of enrollees used services in Demonstration Year 21, down from 42% utilization in Demonstration Year 20 and well short of the program goal of 70% utilization. Overall, about 60% of service users had contraceptive use (including those with long-acting contraception received before the demonstration year), and 30% used case management or care coordination services, a decline from the 44% who used care coordination services in the previous demonstration year.

The table under **Goal 4: Increasing Use of Smoking Cessation Modalities** shows that the number of women receiving Medicaid-covered Nicotine Replacement Therapy remains extremely low. The tables under **Goal 5: Maintaining Low Birth Rates** show that birth rates for Plan First enrollees and service users align with past years and indicate budget neutrality for the program. The table under **Goal 6: Increase Male Enrollment and Vasectomy Service Use** shows that male enrollment in Plan First increased 6% between Demonstration Year 20 and Demonstration Year 21, in line with program goals. However, the number of men who received vasectomies (paid claims) is minimal and less than the previous year.

Finally, the tables in **Part 2: On-going Monitoring of the Plan First Program** show that the number of visits provided by private providers in Plan First remained relatively stable, even though the entire count of visits in the program decreased with the decrease in enrollees. Compared to previous years, a much more significant proportion of Plan First visits were provided by private providers rather than the health department in Demonstration Year 21. Tables also show a gradual increase in the use of long-acting contraceptives, oral contraceptives, pap smears, and case management services over time.

This portion of the report includes two parts: Part I: Progress Toward Evaluation Goals and Part II: On-going Monitoring of the Plan First Program.

## Part I: Progress Toward Evaluation Goals

### Goal 1. Addressing Disparities in Enrollment

Increase the portion of women eligible for Plan First who enroll and reduce racial/ethnic and geographic disparities in enrollment.

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

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

Enrollment in Plan First remains significantly below the goal of 80% of eligible women, at 21.8% of eligible women. Enrollment declined 16.0% between DY 20 and DY 21. This was primarily due to a 74% decline in new enrollees. Many new enrollees in Plan First are women who transitioned from other Medicaid eligibility categories, particularly SOBRA coverage during pregnancy. Changes in enrollment and disenrollment policies in place in 2020 in response to the COVID-19 pandemic is the likely explanation for much of this change in enrollment.

We contacted 51 women who were enrolled in Plan First in 2019 but were no longer enrolled in the program in 2020. Overall, 88.2% of those contacted were aware that they were no longer enrolled in Plan First. The remaining 11.8% were either not aware or were not sure if they were still enrolled in Plan First. Table 1.5 describes some of the experiences of women who were no longer enrolled in Plan First. Overall, 63% of women who disenrolled got other health insurance coverage, most often from private sources rather than Medicaid. Additionally, slightly less than a quarter ended their Plan First coverage because they became pregnant.

**Table 1.1. Estimates of Low-Income Women Eligible for and Enrolled in Plan First, by Age, Race and ACHN. (Enrollment and Census data\*)**

	<b>2019 ACS Population Estimate (N)</b>	<b>Enrolled in Plan First in DY 20 (N)</b>	<b>% Enrollees of 2019 ACS low- income population (DY20)</b>	<b>Enrolled in Plan First DY21 (N)</b>	<b>% Enrollees of 2019 ACS low- income population (DY21)</b>	<b>Change in percent of population enrolled DY 20-DY 21</b>
<b>TOTAL</b>	353,394	91,962	26.0%	77,211	21.8%	-16.0%
<b>Age, years</b>						
19-24 <sup>a</sup>	93,937	24,560	26.1%	24,526	18.4%	-29.7%
24-44	188,070	62,862	33.4%	61,843	29.3%	-12.4%
45-54	71,387	4,540	6.4%	4,314	6.8%	7.0%
<b>Race</b>						
White	172,797	33,772	19.5%	27,956	16.2%	-17.2%
Black	149,569	48,357	32.3%	40,973	27.4%	-15.3%
Hispanic	20,047	2,063	10.3%	1,824	9.1%	-11.6%
Asian/Pacific Islander	4,242	421	9.9%	40,367	8.7%	-12.8%
American Indian	1,986	305	15.4%	249	12.5%	-18.4%
Other race/ethnicity	4,436	2,883	65.0%	2,435	55.9%	-15.4%
<b>Not stated</b>	N/A	4,161	N/A	3,407	N/A	
<b>ACHN Regions<sup>b</sup></b>						
Central	38,691	12,908	33.4%	10,694	27.6%	-17.2%
East	44,143	11,216	25.4%	9,277	21.0%	-17.3%
Gulf/ Southwest	53,081	17,245	32.5%	14,564	27.4%	-15.6%
Mid-state	65,502	13,717	20.9%	11,598	17.7%	-15.5%
Northeast	58,059	10,823	18.6%	8,930	15.4%	-17.5%
Northwest	46,933	12,733	27.1%	10,728	22.9%	-15.8%
Southeast	46,419	13,320	28.7%	11,138	24.0%	-16.4%
Not specified				282		

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

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

\*2020 census data are not yet available; only 2020 ACS) 1-year experimental estimates available

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

	Enrolled in DY20			Enrolled in DY21			% Change DY20 to DY21		
	Total	Returning	New	Total	Returning	New	Total	Returning	New
<b>TOTAL</b>	91,962	75,099	16,863	77,211	72,747	4,464	-16.0%	-3.1%	-73.5%
<b>Age, years</b>									
19-24	24,560	18,847	5,713	17,225	15,679	1,546	-29.9%	-16.8%	-72.9%
25-34	43,198	35,259	7,939	35,755	34,007	1,748	-17.2%	-3.5%	-78.0%
35-44	19,664	17,004	2,660	19,098	18,192	906	-2.9%	7.0%	-65.9%
45-54	4,540	3,989	551	4,851	4,610	241	6.9%	15.6%	-56.3%
<b>Race<sup>‡</sup></b>									
White	33,772	27,095	6,677	27,956	26,165	1,791	-17.2%	-3.4%	-73.2%
Black	48,357	39,923	8,434	40,973	38,861	2,112	-15.3%	2.7%	-75.0%
Hispanic	2,063	1,585	478	1,824	1,665	159	-11.6%	5.0%	-66.7%
Asian /Pacific Islander	421	350	71	367	335	32	-12.8%	-4.3%	-54.9%
American Indian	305	252	53	249	230	19	-18.4%	-8.7%	-64.2%
Other or unknown race/ ethnicity	7,044	5,894	1,150	5,842	5,491	351	-17.1%	-6.8%	-69.5%
<b>ACHN Region</b>									
Central	12,908	10,633	2,275	10,694	10,141	553	-17.2%	-4.6%	-75.7%
East	11,216	9,041	2,175	9,277	8,682	595	-17.3%	-4.0%	-72.6%
Gulf	17,245	14,125	3,120	14,564	13,762	802	-15.5%	-2.6%	-74.3%
Mid-state	13,717	11,231	2,486	11,598	10,942	656	-15.4%	-2.6%	-73.6%
Northeast	10,823	8,673	2,150	8,930	8,358	572	-17.5%	-3.6%	-73.4%
Northwest	12,733	10,480	2,253	10,728	10,146	582	-15.7%	-3.2%	-74.2%
Southeast	13,320	10,916	2,404	11,138	10,457	681	-16.4%	-4.2%	-71.7%

**Table 1.3 Reasons women did not re-enroll in Plan First (survey)**

<b>All women not enrolled (n=51)</b>	
Aware not enrolled	88.2% (45)
Not aware not enrolled	11.8% (6)
<b>Main reason not re-enrolled:</b>	
Health insurance	63.9% (23)
Tubes tied or hysterectomy	19.4% (7)
IUD/LARC	5.6% (2)
Pregnant	2.8% (1)
No desired providers in area	2.8% (1)
Believed not eligible for Medicaid	5.6% (2)
Refused	N=16

## Goal 2. Maintaining High Levels of Awareness of Plan First

The program goal is that 90% of surveyed enrollees will have heard of Plan First, and 85% will be aware that they are enrolled in the program.

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

We surveyed 703 current Plan First enrollees in Fall 2021. Over 98% of respondents to the survey were aware of Plan First. The percentage of those who are aware of Plan First and know that they are enrolled in program exceeds the 85% target, although 11% of respondents were not aware that they were enrolled. Comparing the responses of women who were not aware of their enrollment to those who knew they were enrolled shows that those who did not know they were enrolled were less likely to have had a family planning visit, were more concerned about the affordability of a family planning visit and contraception, and more likely to report difficulty getting a timely appointment. Women who did not know they were enrolled were less likely to be using birth control.



**Table 2.1. Demographic characteristics of survey respondents according to awareness of enrollment in Plan First (Survey data)**

	<b>Know Enrolled (N=623)</b>	<b>Do Not Know Enrolled (N=80)</b>
	% (n)	%
<b>All women</b>	88.6%	11.4%
<b>Heard of Plan First</b>		
Yes	98.4% (612)	77.5% (62)
No	1.6% (10)	22.5% (18)
<b>Pregnant in the last 18 months</b>		
<b>Education</b>		
< high school	8.4% (52)	6.4% (5)
high school	37.4% (231)	48.7% (38)
more than high school	54.1% (334)	44.9% (35)
<b>Race/ethnicity</b>		
White	36.5% (224)	29.1% (23)
Black	58.6% (360)	67.1% (53)
Asian/Pacific Islander	0.5% (3)	0
Native American	0.7% (4)	1.3% (1)
Other race/ethnicity	3.8% (23)	2.5% (2)
Hispanic	3.2% (20)	3.8% (3)
<b>Marital Status</b>		
Not married or in a relationship	49.8% (306)	38.5% (30)
Non-cohabiting relationship	13.5% (83)	15.4% (12)
Married or cohabiting	30.1% (185)	35.9% (28)
Previously married	6.7% (41)	10.3% (8)
<b>ACHN Region</b>		
Central	90.2% (92)	9.8% (10)
East	87.1% (88)	12.9% (13)
Gulf	84.2% (85)	15.8% (16)
Mid-state	85.0% (85)	15.0% (15)
Northeast	97.0% (97)	3.0% (3)
Northwest	88.9% (88)	11.1% (11)
Southeast	88.0% (88)	12.0% (12)

**Table 2.2. Difference in family planning use related to knowledge of enrollment status (Survey data)**

	<b>Know Enrolled (N=623)</b>	<b>Do Not Know Enrolled (N=80)</b>
	% (n)	% (n)
<b>All women</b>	88.6%	11.4%
<b>Heard of Plan First</b>		
Yes	98.4% (612)	77.5% (62)
No	1.6% (10)	22.5% (18)
<b>Problems enrolling</b>		
<i>Can select more than one of the following problems</i>		
Didn't know how	11.4% (9)	27.0% (10)
Didn't receive a notice	38.0% (30)	29.7% (11)
Problems completing the application	15.2% (12)	16.2% (6)
Problems getting transportation to sign up	6.3% (5)	5.4% (2)
Told not eligible	5.1% (4)	0
No Plan First providers in area	13.9% (11)	5.4% (2)
No providers wanted to see	10.1% (8)	8.1% (3)
Language difficulty	0	8.1% (3)
<b>Last family planning visit</b>		
In last year	62.5% (383)	47.4% (37)
More than a year ago, but within 3 years	25.6% (157)	29.5% (23)
More than 3 years ago/don't know	9.1% (56)	12.8% (10)
Never	2.8% (17)	10.3% (8)
<b>Reason for no visit in last year</b>		
I did not think I needed one	18.9% (46)	13.0% (6)
I was too busy to arrange an appointment	23% (56)	10.9% (5)
I couldn't afford it	4.9% (12)	13.0% (6)
I did not want to go to the place I went before	4.1% (10)	0
The place I went before could not see me	2.5% (6)	2.2% (1)
I did not know that I was enrolled in Plan First	4.5% (11)	19.6% (9)
I had a tubal ligation	7.4% (18)	8.7% (4)
Language difficulty	0.8% (2)	2.2% (1)
Other	34.0% (83)	30.4% (14)
<b>Reasons for not using family planning</b>		
Don't like exam	8.5% (18)	12.8% (5)
No provider you wanted to see	8.5% (18)	5.1% (2)
Hard to reach on the phone	9.4% (20)	20.5% (8)
Couldn't get appointment soon enough	12.3% (26)	17.9% (7)
Waiting time too long at location	3.3% (7)	2.6% (1)
Hours not convenient	4.2% (9)	5.1% (2)
No transportation	5.2% (11)	2.6% (1)
No childcare	7.5% (16)	10.3% (4)
No money to pay for visit	12.3% (26)	10.3% (4)
Preferred provider does not take Medicaid	2% (0.9)	2.6% (1)
Other	11.3% (24)	5.1% (2)
<b>Any birth control method used</b>	48.7% (302)	40.0% (32)
<b>Reasons for not using birth control</b>		
Not having sex	18.4% (67)	3.5% (2)

	<b>Know Enrolled (N=623)</b>	<b>Do Not Know Enrolled (N=80)</b>
Want to get pregnant	9.6% (35)	15.8% (9)
Concerned about side effects	28.6% (104)	35.1% (20)
Don't think birth control works	0.5% (2)	3.5% (2)
Religious reasons	0.8% (3)	3.5% (2)
Too much trouble	1.1% (4)	1.8% (1)
Cannot use preferred method	2.5% (9)	1.8% (1)
Don't think you can get pregnant	3.6% (13)	5.3% (3)
Partner doesn't want you to	0.3% (1)	0
Can't pay for method	1.1% (4)	0
Can't find a place to go	1.4% (5)	1.8% (1)
Other	32.1% (117)	28.1% (16)

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

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

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

In Demonstration Year 21, net utilization of services, including Plan First enrollees who received long-acting contraceptive methods in previous years, was very low. Less than 25% of those enrolled had any types of services, including only care coordination (Table 3.1). Considering enrollees who received clinical services during Demonstration Year 21, utilization was 22.6% of enrollees. Utilization rates not only were affected by COVID-19, but the continuous coverage of those who delivered babies under SOBRA Medicaid during this timeframe also decreased the enrollment in Plan First. The percent change from the previous year was generally consistent across age groups, racial and ethnic groups, and ACHN regions apart from Asian/Pacific Islanders and American Indians. (Table 3.2).

Overall, 52.6% of service users used some form of contraceptive services during Demonstration Year 21, a decrease from 59% in the previous year. Statewide, almost 60% received services from public health departments, either only or in combination with services from private providers. The balance of use between health departments and private providers varied across state regions. Most testing for sexually transmitted infections and HIV occurred in health department settings (Table 3.3). Overall, about 30% of clinical service users received some form of case management or care coordination, but the portions varied markedly across ACHN regions (Table 3.4).

**Table 3.1 Portion of Plan First Enrollees Using Services (Enrollment and Claims data)**

	Total (% of total)	Had LARC under Medicaid in DY 19-DY 20	Had LARC under Medicaid in DY 21	Had surgical in DY 21	Sum – Had most effective contraception during DY 21	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 21	Had only non-contraception services DY 21	Had only care coordination in DY 21	Had no contact in DY 21
<b>Total</b>									
<b>N</b>	77,211	4,284	862	52	5,198	6,052	6,178	844	58,939
<b>%</b>	<b>100%</b>	<b>5.5%</b>	<b>1.1 %</b>	<b>0.07%</b>	<b>6.7%</b>	<b>7.8%</b>	<b>8.0%</b>	<b>1.1%</b>	<b>76.3%</b>
<b>New PF enrollees N</b>	4,082	90	89	1	180	296	346	40	3,220
<b>%</b>	<b>5.3%</b>	<b>2.2%</b>	<b>2.2%</b>	<b>0.0%</b>	<b>4.4%</b>	<b>7.3%</b>	<b>8.5%</b>	<b>1.0%</b>	<b>78.9%</b>
<b>New PF enrollees with previous MLIF or SOBRA Medicaid coverage N</b>	38	29	16	2	47	47	10	7	271
<b>%</b>	<b>0.4%</b>	<b>7.6%</b>	<b>4.2%</b>	<b>0.5%</b>	<b>12.3%</b>	<b>12.3%</b>	<b>2.6%</b>	<b>1.8%</b>	<b>70.9%</b>
<b>Returning PF enrollees N</b>	72,747	4,165	757	49	4,971	5,709	5,822	797	55,448
<b>%</b>	<b>94.2%</b>	<b>5.7%</b>	<b>1.0%</b>	<b>0.1%</b>	<b>6.8%</b>	<b>7.8%</b>	<b>8.0%</b>	<b>1.1%</b>	<b>76.2%</b>
<b>Age</b>									
19-29									
<b>N</b>	35,981	2,526	455	21	3,002	3,415	3,300	406	25,858
<b>%</b>	<b>46.6%</b>	<b>7.0%</b>	<b>1.3%</b>	<b>0.1%</b>	<b>8.3%</b>	<b>9.5%</b>	<b>9.2%</b>	<b>1.1%</b>	<b>71.9%</b>
30-39									
<b>N</b>	29,154	1,484	325	24	1,833	2,026	2,128	314	22,853
<b>%</b>	<b>37.8%</b>	<b>5.1%</b>	<b>1.1%</b>	<b>0.1%</b>	<b>6.3%</b>	<b>6.9%</b>	<b>7.3%</b>	<b>1.1%</b>	<b>78.4%</b>
≥40									
<b>N</b>	12,076	274	82	7	363	611	750	124	10,228
<b>%</b>	<b>15.6%</b>	<b>2.3%</b>	<b>0.7%</b>	<b>0.1%</b>	<b>3.0%</b>	<b>5.1%</b>	<b>6.2%</b>	<b>1.0%</b>	<b>84.7%</b>
<b>Race</b>									
Black									
<b>N</b>	40,973	1,757	326	23	2,106	3,476	3,997	484	30,910
<b>%</b>	<b>53.1%</b>	<b>4.3%</b>	<b>0.8%</b>	<b>0.1%</b>	<b>5.1%</b>	<b>8.5%</b>	<b>9.8%</b>	<b>1.2%</b>	<b>75.4%</b>
White									
<b>N</b>	27,956	1,986	410	27	2,423	2,005	1,630	288	2,1610

	Total (% of total)	Had LARC under Medicaid in DY 19-DY 20	Had LARC under Medicaid in DY 21	Had surgical in DY 21	Sum – Had most effective contracept- ion during DY 21	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 21	Had only non- contracept-ion services DY 21	Had only care coordination in DY 21	Had no contact in DY 21
<b>%</b>	<b>36.2%</b>	<b>7.1%</b>	<b>1.5%</b>	<b>0.1%</b>	<b>8.7%</b>	<b>7.2%</b>	<b>5.8%</b>	<b>1.0%</b>	<b>77.3%</b>
Hispanic	1,824	176	42	1	219	120	104	21	1,360
<b>%</b>	<b>2.4%</b>	<b>9.6%</b>	<b>2.3%</b>	<b>0.1%</b>	<b>12.0%</b>	<b>6.6%</b>	<b>5.7%</b>	<b>1.2%</b>	<b>74.6%</b>
Asian/Pacific Islander	367	27	3	0	31	17	14	1	305
<b>%</b>	<b>0.5%</b>	<b>7.4%</b>	<b>0.8%</b>	<b>0.0%</b>	<b>8.4%</b>	<b>4.6%</b>	<b>3.8%</b>	<b>0.3%</b>	<b>83.1%</b>
American Indian	249	19	2	0	21	17	12	2	197
<b>%</b>	<b>0.3%</b>	<b>7.6%</b>	<b>0.8%</b>	<b>0.0%</b>	<b>8.4%</b>	<b>6.8%</b>	<b>4.8%</b>	<b>0.8%</b>	<b>79.1%</b>
Other	2,435	163	35	1	199	165	178	20	1,873
<b>%</b>	<b>3.2%</b>	<b>6.7%</b>	<b>1.4%</b>	<b>0.0%</b>	<b>8.2%</b>	<b>6.8%</b>	<b>7.3%</b>	<b>0.8%</b>	<b>76.9%</b>
Not Stated	3,407	156	44	0	200	252	243	28	2,684
<b>%</b>	<b>4.4%</b>	<b>4.6%</b>	<b>1.3%</b>	<b>0.0%</b>	<b>5.9%</b>	<b>7.4%</b>	<b>7.1%</b>	<b>0.8%</b>	<b>78.8%</b>
<b>ACHN Regions</b>									
Central N	10,694	412	74	6	492	818	927	100	8,357
<b>%</b>	<b>13.9%</b>	<b>3.9%</b>	<b>0.7%</b>	<b>0.1%</b>	<b>4.6%</b>	<b>7.6%</b>	<b>8.7%</b>	<b>0.9%</b>	<b>78.1%</b>
East N	9,277	595	103	6	704	682	742	112	7,037
<b>%</b>	<b>12.0%</b>	<b>6.4%</b>	<b>1.1%</b>	<b>0.1%</b>	<b>7.6%</b>	<b>7.4%</b>	<b>8.0%</b>	<b>1.2%</b>	<b>75.9%</b>
Gulf N	14,564	793	191	12	996	1,362	1,196	8	11,002
<b>%</b>	<b>18.9%</b>	<b>5.4%</b>	<b>1.3%</b>	<b>0.1%</b>	<b>6.8%</b>	<b>9.4%</b>	<b>8.2%</b>	<b>0.1%</b>	<b>75.5%</b>
Mid-state N	11,598	671	131	2	804	907	735	242	8,910
<b>%</b>	<b>15.0%</b>	<b>5.8%</b>	<b>1.1%</b>	<b>0.0%</b>	<b>6.9%</b>	<b>7.8%</b>	<b>6.3%</b>	<b>2.1%</b>	<b>76.8%</b>
Northeast N	8,930	588	135	14	737	593	598	60	6,942
<b>%</b>	<b>11.6%</b>	<b>6.6%</b>	<b>1.5%</b>	<b>0.2%</b>	<b>8.3%</b>	<b>6.6%</b>	<b>6.7%</b>	<b>0.7%</b>	<b>77.7%</b>
Northwest N	10,728	683	127	5	815	790	914	292	7,917
<b>%</b>	<b>13.9%</b>	<b>6.4%</b>	<b>1.2%</b>	<b>0.0%</b>	<b>7.6%</b>	<b>7.4%</b>	<b>8.5%</b>	<b>2.7%</b>	<b>73.8%</b>
Southeast	11,138	528	100	7	635	888	1,057	26	8,532

	Total (% of total)	Had LARC under Medicaid in DY 19-DY 20	Had LARC under Medicaid in DY 21	Had surgical in DY 21	Sum – Had most effective contracept- ion during DY 21	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 21	Had only non- contracept-ion services DY 21	Had only care coordination in DY 21	Had no contact in DY 21
N									
%	14.4%	4.7%	0.9%	0.1%	5.7%	8.0%	9.5%	0.2%	76.6%

**Table 3.2. Portion of Plan First Enrollees Using Services in the DY Over Time (Enrollment and Claims data)**

	DY16	DY17	DY18	DY19	DY20	DY21	% Change current year from previous year
<b>Total</b>	45.5%	41.8%	33.5%	34.1%	37.7%	18.7%	-50.4%
<b>Age</b>							
19-29	50.7%	46.9%	39.0%	40.3%	43.7%	22.1%	-49.4%
30-39	37.7%	34.7%	26.7%	28.0%	32.7%	16.8%	-48.6%
≥40	28.6%	26.8%	20.6%	22.8%	25.7%	13.2%	-48.6%
<b>Race</b>							
Black	49.1%	44.5%	35.0%	35.3%	40.4%	20.9%	-48.3%
White	41.4%	38.4%	32.1%	33.0%	34.8%	16.2%	-53.4%
Hispanic			31.2%	29.4%	32.8%	16.0%	-51.2%
Asian/Pacific Islander			22.1%	20.4%	24.5%	9.5%	-61.1%
American Indian			29.9%	34.1%	36.2%	14.9%	-59.0%
Other/unknown	42.3%	39.9%	29.9%	32.5%	34.9%	16.9%	-51.5%
<b>ACHN Region</b>							
Central				35.8%	37.0%	18.4%	-50.2%
East				37.7%	40.1%	18.5%	-53.9%
Gulf				34.7%	38.5%	19.6%	-49.1%
Mid-state				22.8%	31.8%	18.0%	-43.5%
Northeast				29.2%	34.4%	16.3%	-52.7%
Northwest				38.4%	41.8%	20.6%	-50.6%
Southeast				39.2%	40.2%	19.1%	-52.5%



**Table 3.3. Service Use by Provider Type, Overall and by ACHN Region (Claims data)**

Service Users with visits including this type of service	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
<b>Statewide</b>					
All service users					
N	14,447	7,773	2,704	824	2,226
%	<b>100.0%</b>	<b>53.8%</b>	<b>18.7%</b>	<b>5.7%</b>	<b>15.4%</b>
LARC in DY 20					
N	862	214	213	59	7
%	<b>6.0%</b>	<b>24.8%</b>	<b>24.7%</b>	<b>6.8%</b>	<b>0.8%</b>
LARC removal in DY 20					
N	396	154	202	40	-
%	<b>2.7%</b>	<b>38.9%</b>	<b>51.0%</b>	<b>10.1%</b>	<b>0.0%</b>
Tubal ligation					
N	62	-	52	10	-
%	<b>0.4%</b>	<b>0.0%</b>	<b>83.9%</b>	<b>16.1%</b>	<b>0.0%</b>
Injectable					
N	1,384	299	617	131	337
%	<b>9.6%</b>	<b>21.6%</b>	<b>44.6%</b>	<b>9.5%</b>	<b>24.3%</b>
Oral Contraception					
N	4,949	2,427	429	206	1,887
%	<b>34.3%</b>	<b>49.0%</b>	<b>8.7%</b>	<b>4.2%</b>	<b>38.1%</b>
Other moderately effective contraception					
N	330	43	54	23	210
%	<b>2.3%</b>	<b>13.0%</b>	<b>16.4%</b>	<b>7.0%</b>	<b>63.6%</b>
STI and Chlamydia screening					
N	4,979	4,203	124	652	-
%	<b>34.5%</b>	<b>84.4%</b>	<b>2.5%</b>	<b>13.1%</b>	<b>0.0%</b>
Pap smear with HPV co-testing					
N	1,786	1,278	107	401	-
%	<b>12.4%</b>	<b>71.6%</b>	<b>6.0%</b>	<b>22.5%</b>	<b>0.0%</b>
HIV screening					
N	2,588	2,161	23	404	-
%	<b>17.9%</b>	<b>83.5%</b>	<b>0.9%</b>	<b>15.6%</b>	<b>0.0%</b>
Breast Exam					
N	4,129	2,767	869	493	-
%	<b>28.6%</b>	<b>67.0%</b>	<b>21.0%</b>	<b>11.9%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>Central ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
All service users					
N	1,971	1,082	422	42	321
%	<b>100.0%</b>	<b>54.9%</b>	<b>21.4%</b>	<b>2.1%</b>	<b>16.3%</b>

Service Users with visits including this type of service <b>Central ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
LARC in DY 20					
N	74	30	13	1	-
%	<b>3.8%</b>	<b>40.5%</b>	<b>17.6%</b>	<b>1.4%</b>	<b>0.0%</b>
LARC removal in DY 20					
N	33	21	12	-	-
%	<b>1.7%</b>	<b>63.6%</b>	<b>36.4%</b>	<b>0.0%</b>	<b>0.0%</b>
Tubal ligation					
N	6	-	4	2	-
%	<b>0.3%</b>	<b>0.0%</b>	<b>66.7%</b>	<b>33.3%</b>	<b>0.0%</b>
Injectable					
N	236	3	157	8	68
%	<b>12.0%</b>	<b>1.3%</b>	<b>66.5%</b>	<b>3.4%</b>	<b>28.8%</b>
Oral Contraception					
N	614	294	54	12	254
%	<b>31.2%</b>	<b>47.9%</b>	<b>8.8%</b>	<b>2.0%</b>	<b>41.4%</b>
Other moderately effective contraception					
N	29	-	5	1	23
%	<b>1.5%</b>	<b>0.0%</b>	<b>17.2%</b>	<b>3.4%</b>	<b>79.3%</b>
STI and Chlamydia screening					
N	622	581	14	27	-
%	<b>31.6%</b>	<b>93.4%</b>	<b>2.3%</b>	<b>4.3%</b>	<b>0.0%</b>
Pap smear with HPV co-testing					
N	155	135	10	10	-
%	<b>7.9%</b>	<b>87.1%</b>	<b>6.5%</b>	<b>6.5%</b>	<b>0.0%</b>
HIV screening					
N	380	359	8	13	-
%	<b>19.3%</b>	<b>94.5%</b>	<b>2.1%</b>	<b>3.4%</b>	<b>0.0%</b>
Breast Exam					
N	506	382	113	11	-
%	<b>25.7%</b>	<b>75.5%</b>	<b>22.3%</b>	<b>2.2%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>East ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
All service users					
N	1,714	1,036	273	33	251
%	<b>100.0%</b>	<b>60.4%</b>	<b>15.9%</b>	<b>1.9%</b>	<b>14.6%</b>
LARC in DY 20					
N	103	27	32	4	-
%	<b>6.0%</b>	<b>26.2%</b>	<b>31.1%</b>	<b>3.9%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>East ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
LARC removal in DY 20					
N	66	23	38	5	-
%	<b>3.9%</b>	<b>34.8%</b>	<b>57.6%</b>	<b>7.6%</b>	<b>0.0%</b>
Tubal ligation					
N	9	-	8	1	-
%	<b>0.5%</b>	<b>0.0%</b>	<b>88.9%</b>	<b>11.1%</b>	<b>0.0%</b>
Injectable					
N	45	4	27	2	12
%	<b>2.6%</b>	<b>8.9%</b>	<b>60.0%</b>	<b>4.4%</b>	<b>26.7%</b>
Oral Contraception					
N	677	364	64	11	238
%	<b>39.5%</b>	<b>53.8%</b>	<b>9.5%</b>	<b>1.6%</b>	<b>35.2%</b>
Other moderately effective contraception					
N	41	6	8	1	26
%	<b>2.4%</b>	<b>14.6%</b>	<b>19.5%</b>	<b>2.4%</b>	<b>63.4%</b>
STI and Chlamydia screening					
N	541	523	6	12	-
%	<b>31.6%</b>	<b>96.7%</b>	<b>1.1%</b>	<b>2.2%</b>	<b>0.0%</b>
Pap smear with HPV co-testing					
N	215	161	33	21	-
%	<b>12.5%</b>	<b>74.9%</b>	<b>15.3%</b>	<b>9.8%</b>	<b>0.0%</b>
HIV screening					
N	293	289	-	4	-
%	<b>17.1%</b>	<b>98.6%</b>	<b>0.0%</b>	<b>1.4%</b>	<b>0.0%</b>
Breast Exam					
N	521	393	105	23	-
%	<b>30.4%</b>	<b>75.4%</b>	<b>20.2%</b>	<b>4.4%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>Gulf ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
All service users					
N	2,854	827	888	519	611
%	<b>100.0%</b>	<b>29.0%</b>	<b>31.1%</b>	<b>18.2%</b>	<b>21.4%</b>
LARC in DY 20					
N	191	19	64	28	3
%	<b>6.7%</b>	<b>9.9%</b>	<b>33.5%</b>	<b>14.7%</b>	<b>1.6%</b>
LARC removal in DY 20					
N	73	5	50	18	-
%	<b>2.6%</b>	<b>6.8%</b>	<b>68.5%</b>	<b>24.7%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>Gulf ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
Tubal ligation					
N	16	-	12	4	-
%	<b>0.6%</b>	<b>0.0%</b>	<b>75.0%</b>	<b>25.0%</b>	<b>0.0%</b>
Injectable					
N	454	6	236	98	114
%	<b>15.9%</b>	<b>1.3%</b>	<b>52.0%</b>	<b>21.6%</b>	<b>25.1%</b>
Oral Contraception					
N	982	229	127	126	500
%	<b>34.4%</b>	<b>23.3%</b>	<b>12.9%</b>	<b>12.8%</b>	<b>50.9%</b>
Other moderately effective contraception					
N	101	7	13	16	65
%	<b>3.5%</b>	<b>6.9%</b>	<b>12.9%</b>	<b>15.8%</b>	<b>64.4%</b>
STI and Chlamydia screening					
N	1,005	499	66	440	-
%	<b>35.2%</b>	<b>49.7%</b>	<b>6.6%</b>	<b>43.8%</b>	<b>0.0%</b>
Pap smear with HPV co-testing					
N	427	134	47	246	-
%	<b>15.0%</b>	<b>31.4%</b>	<b>11.0%</b>	<b>57.6%</b>	<b>0.0%</b>
HIV screening					
N	496	211	3	282	-
%	<b>17.4%</b>	<b>42.5%</b>	<b>0.6%</b>	<b>56.9%</b>	<b>0.0%</b>
Breast Exam					
N	759	153	290	316	-
%	<b>26.6%</b>	<b>20.2%</b>	<b>38.2%</b>	<b>41.6%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>Mid-state ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
All service users					
N	2,082	1,235	295	35	258
%	<b>100.0%</b>	<b>59.3%</b>	<b>14.2%</b>	<b>1.7%</b>	<b>12.4%</b>
LARC in DY 20					
N	131	26	33	6	-
%	<b>6.3%</b>	<b>19.8%</b>	<b>25.2%</b>	<b>4.6%</b>	<b>0.0%</b>
LARC removal in DY 20					
N	44	17	23	4	-
%	<b>2.1%</b>	<b>38.6%</b>	<b>52.3%</b>	<b>9.1%</b>	<b>0.0%</b>
Tubal ligation					
N	2	-	2	-	-
%	<b>0.1%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Injectable					
N	340	277	33	3	27
%	<b>16.3%</b>	<b>81.5%</b>	<b>9.7%</b>	<b>0.9%</b>	<b>7.9%</b>
Oral Contraception					
N	598	306	53	11	228
%	<b>28.7%</b>	<b>51.2%</b>	<b>8.9%</b>	<b>1.8%</b>	<b>38.1%</b>
Other moderately effective contraception					
N	71	20	18	-	33
%	<b>3.4%</b>	<b>28.2%</b>	<b>25.4%</b>	<b>0.0%</b>	<b>46.5%</b>
STI and Chlamydia screening					
N	697	670	-	27	-
%	<b>33.5%</b>	<b>96.1%</b>	<b>0.0%</b>	<b>3.9%</b>	<b>0.0%</b>
Pap smear with HPV co-testing					
N	300	285	2	13	-
%	<b>14.4%</b>	<b>95.0%</b>	<b>0.7%</b>	<b>4.3%</b>	<b>0.0%</b>
HIV screening					
N	232	220	-	12	-
%	<b>11.1%</b>	<b>94.8%</b>	<b>0.0%</b>	<b>5.2%</b>	<b>0.0%</b>
Breast Exam					
N	715	593	98	24	-
%	<b>34.3%</b>	<b>82.9%</b>	<b>13.7%</b>	<b>3.4%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>Northeast ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
All service users					
N	1,454	700	349	64	272
%	<b>100.0%</b>	<b>48.1%</b>	<b>24.0%</b>	<b>4.4%</b>	<b>18.7%</b>

Service Users with visits including this type of service <b>Northeast ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
LARC in DY 20					
N	135	32	34	9	2
%	<b>9.3%</b>	<b>23.7%</b>	<b>25.2%</b>	<b>6.7%</b>	<b>1.5%</b>
LARC removal in DY 20					
N	60	25	30	5	-
%	<b>4.1%</b>	<b>41.7%</b>	<b>50.0%</b>	<b>8.3%</b>	<b>0.0%</b>
Tubal ligation					
N	15	-	15	-	-
%	<b>1.0%</b>	<b>0.0%</b>	<b>100.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Injectable					
N	109	2	71	7	29
%	<b>7.5%</b>	<b>1.8%</b>	<b>65.1%</b>	<b>6.4%</b>	<b>26.6%</b>
Oral Contraception					
N	520	204	63	12	241
%	<b>35.8%</b>	<b>39.2%</b>	<b>12.1%</b>	<b>2.3%</b>	<b>46.3%</b>
Other moderately effective contraception					
N	29	1	6	1	21
%	<b>2.0%</b>	<b>3.4%</b>	<b>20.7%</b>	<b>3.4%</b>	<b>72.4%</b>
STI and Chlamydia screening					
N	481	405	29	47	-
%	<b>33.1%</b>	<b>84.2%</b>	<b>6.0%</b>	<b>9.8%</b>	<b>0.0%</b>
Pap smear with HPV co-testing					
N	123	82	9	32	-
%	<b>8.5%</b>	<b>66.7%</b>	<b>7.3%</b>	<b>26.0%</b>	<b>0.0%</b>
HIV screening					
N	265	232	9	24	-
%	<b>18.2%</b>	<b>87.5%</b>	<b>3.4%</b>	<b>9.1%</b>	<b>0.0%</b>
Breast Exam					
N	408	241	125	42	-
%	<b>28.1%</b>	<b>59.1%</b>	<b>30.6%</b>	<b>10.3%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>Northwest ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
All service users					
N	2,214	1,354	223	75	240
%	<b>100.0%</b>	<b>61.2%</b>	<b>10.1%</b>	<b>3.4%</b>	<b>10.8%</b>
LARC in DY 20					
N	127	49	15	7	1
%	<b>5.7%</b>	<b>38.6%</b>	<b>11.8%</b>	<b>5.5%</b>	<b>0.8%</b>

Service Users with visits including this type of service <b>Northwest ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
LARC removal in DY 20					
N	61	34	21	6	-
%	<b>2.8%</b>	<b>55.7%</b>	<b>34.4%</b>	<b>9.8%</b>	<b>0.0%</b>
Tubal ligation					
N	7	-	5	2	-
%	<b>0.3%</b>	<b>0.0%</b>	<b>71.4%</b>	<b>28.6%</b>	<b>0.0%</b>
Injectable					
N	87	5	50	3	29
%	<b>3.9%</b>	<b>5.7%</b>	<b>57.5%</b>	<b>3.4%</b>	<b>33.3%</b>
Oral Contraception					
N	741	484	25	21	211
%	<b>33.5%</b>	<b>65.3%</b>	<b>3.4%</b>	<b>2.8%</b>	<b>28.5%</b>
Other moderately effective contraception					
N	36	8	1	3	24
%	<b>1.6%</b>	<b>22.2%</b>	<b>2.8%</b>	<b>8.3%</b>	<b>66.7%</b>
STI and Chlamydia screening					
N	757	693	9	55	-
%	<b>34.2%</b>	<b>91.5%</b>	<b>1.2%</b>	<b>7.3%</b>	<b>0.0%</b>
Pap smear with HPV co-testing					
N	285	232	6	47	-
%	<b>12.9%</b>	<b>81.4%</b>	<b>2.1%</b>	<b>16.5%</b>	<b>0.0%</b>
HIV screening					
N	432	395	3	34	-
%	<b>19.5%</b>	<b>91.4%</b>	<b>0.7%</b>	<b>7.9%</b>	<b>0.0%</b>
Breast Exam					
N	583	478	62	43	-
%	<b>26.3%</b>	<b>82.0%</b>	<b>10.6%</b>	<b>7.4%</b>	<b>0.0%</b>

Service Users with visits including this type of service <b>Southeast ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
All service users					
N	2,129	1,526	247	56	268
%	<b>100.0%</b>	<b>71.7%</b>	<b>11.6%</b>	<b>2.6%</b>	<b>12.6%</b>
LARC in DY 20					
N	100	30	22	4	1
%	<b>4.7%</b>	<b>30.0%</b>	<b>22.0%</b>	<b>4.0%</b>	<b>1.0%</b>
LARC removal in DY 20					
N	57	29	26	2	-

Service Users with visits including this type of service <b>Southeast ACHN Region</b>	Total Service Users (column %)	Health Department (row %)	Private or FQHC Setting (row %)	Both types of provider settings over the year (row %)	Pharmacy only (row %)
%	<b>2.7%</b>	<b>50.9%</b>	<b>45.6%</b>	<b>3.5%</b>	<b>0.0%</b>
Tubal ligation N	7	-	6	1	-
%	<b>0.3%</b>	<b>0.0%</b>	<b>85.7%</b>	<b>14.3%</b>	<b>0.0%</b>
Injectable N	112	2	42	10	58
%	<b>5.3%</b>	<b>1.8%</b>	<b>37.5%</b>	<b>8.9%</b>	<b>51.8%</b>
Oral Contraception N	807	541	43	13	210
%	<b>37.9%</b>	<b>67.0%</b>	<b>5.3%</b>	<b>1.6%</b>	<b>26.0%</b>
Other moderately effective contraception N	22	-	3	1	18
%	<b>1.0%</b>	<b>0.0%</b>	<b>13.6%</b>	<b>4.5%</b>	<b>81.8%</b>
STI and Chlamydia screening N	867	823	-	44	-
%	<b>40.7%</b>	<b>94.9%</b>	<b>0.0%</b>	<b>5.1%</b>	<b>0.0%</b>
Pap smear with HPV co-testing N	277	245	-	32	-
%	<b>13.0%</b>	<b>88.4%</b>	<b>0.0%</b>	<b>11.6%</b>	<b>0.0%</b>
HIV screening N	485	450	-	35	-
%	<b>22.8%</b>	<b>92.8%</b>	<b>0.0%</b>	<b>7.2%</b>	<b>0.0%</b>
Breast Exam N	632	524	74	34	-
%	<b>29.7%</b>	<b>82.9%</b>	<b>11.7%</b>	<b>5.4%</b>	<b>0.0%</b>



**Table 3.4. Use of Case Management Services (Claims Data)**

	Service Users	CM services included in managed care	CM services billed separately	CM services received both ways	No CM services
	N (column %)	N (row %)	N (row %)	N (row %)	N (row %)
<b>Total</b>	14,447	1,225	2,960	102	10,160
	<b>100%</b>	<b>8.5%</b>	<b>20.5%</b>	<b>0.7%</b>	<b>70.3%</b>
New PF enrollees N	750	53	172	4	521
%	<b>5.2%</b>	<b>7.1%</b>	<b>22.9%</b>	<b>0.5%</b>	<b>69.5%</b>
New PF enrollees with previous MLIF or SOBRA Medicaid coverage N	73	9	7	0	57
%	<b>0.51%</b>	<b>12.3%</b>	<b>9.6%</b>	<b>0.0%</b>	<b>78.1%</b>
Returning PF enrollees N	13,624	1,163	2,781	98	9,582
%	<b>94.3%</b>	<b>8.5%</b>	<b>20.4%</b>	<b>0.7%</b>	<b>70.3%</b>
<b>Age</b>					
19-29 N	7,954	632	1,660	51	5,611
%	<b>55.1%</b>	<b>7.9%</b>	<b>20.9%</b>	<b>0.6%</b>	<b>70.5%</b>
30-39 N	4,898	426	978	38	3,456
%	<b>33.9%</b>	<b>8.7%</b>	<b>20.0%</b>	<b>0.8%</b>	<b>70.6%</b>
≥40 N	1,595	167	322	13	1,093
%	<b>11.0%</b>	<b>10.5%</b>	<b>20.2%</b>	<b>0.8%</b>	<b>68.5%</b>
<b>Race</b>					
Black N	8,561	686	1,824	63	5,988
%	<b>59.3%</b>	<b>8.0%</b>	<b>21.3%</b>	<b>0.7%</b>	<b>69.9%</b>
White N	4,534	431	865	33	3,205
%	<b>31.4%</b>	<b>9.5%</b>	<b>19.1%</b>	<b>0.7%</b>	<b>70.7%</b>
Hispanic N	292	33	50	1	208
%	<b>2.0%</b>	<b>11.3%</b>	<b>17.1%</b>	<b>0.3%</b>	<b>71.2%</b>
Asian/Pacific Islander N	35	4	5	0	26
%	<b>0.24%</b>	<b>11.4%</b>	<b>14.3%</b>	<b>0.0%</b>	<b>74.3%</b>
American Indian N	37	4	3	0	30
%	<b>0.26%</b>	<b>10.8%</b>	<b>8.1%</b>	<b>0.0%</b>	<b>81.1%</b>
Other /Unknown N	988	67	213	5	703
%	<b>6.8%</b>	<b>6.8%</b>	<b>21.6%</b>	<b>0.5%</b>	<b>71.2%</b>
<b>ACHN Regions</b>					
Central	1,971	135	413	8	1,415

	Service Users	CM services included in managed care	CM services billed separately	CM services received both ways	No CM services
	N (column %)	N (row %)	N (row %)	N (row %)	N (row %)
N					
%	<b>13.6%</b>	<b>6.8%</b>	<b>21.0%</b>	<b>0.4%</b>	<b>71.8%</b>
East N	1,714	186	366	22	1,140
%	<b>11.9%</b>	<b>10.9%</b>	<b>21.4%</b>	<b>1.3%</b>	<b>66.5%</b>
Gulf N	2,854	13	196	0	2,645
%	<b>19.8%</b>	<b>0.5%</b>	<b>6.9%</b>	<b>0.0%</b>	<b>92.7%</b>
Mid-state N	2,082	320	540	32	1,190
%	<b>14.4%</b>	<b>15.4%</b>	<b>25.9%</b>	<b>1.5%</b>	<b>57.2%</b>
Northeast N	1,454	95	266	3	1,090
%	<b>10.1%</b>	<b>6.5%</b>	<b>18.3%</b>	<b>0.2%</b>	<b>75.0%</b>
Northwest N	2,214	427	576	34	1,177
%	<b>15.3%</b>	<b>19.3%</b>	<b>26.0%</b>	<b>1.5%</b>	<b>53.2%</b>
Southeast N	2,129	45	599	3	1,482
%	<b>14.7%</b>	<b>2.1%</b>	<b>28.1%</b>	<b>0.1%</b>	<b>69.6%</b>

**Table 3.5. Beneficiaries Screened for Sexually Transmitted Infections, Cervical and Breast Cancer during the Demonstration Year (Claims data)**

	Number of women tested or screened	Percent of women enrolled	Percent of women using services
Sexually transmitted infections*	4,979	6.4%	34.5%
Chlamydia†	1,450	9.1%	36.8%
Cervical cancer‡	941	2.3%	14.5%
Breast cancer	4,129	5.3%	28.6%

\* Includes chlamydia, gonorrhea, herpes, HIV, syphilis and trichomonas

† Reported for women 21-24 only

‡ Assessed using claims for a Pap test in the demonstration year and claims for HPV co-testing in the demonstration year for women 30-55.

**Table 3.6. Plan First service use in DY21, according to women's duration of enrollment (Claims and Enrollment data)**

	Newly enrolled		Re-enrolled	
	Entered from other Medicaid program	Newly entered	Renewed from previous year only	Renewed from previous year and before
	N (column %)	N (column %)	N (column %)	N (column %)
<b>Total Enrolled (row %)</b>	<b>363 (0.5%)</b>	<b>3779 (4.9%)</b>	<b>18,462 (23.9%)</b>	<b>54,607 (70.7%)</b>
Used contraceptive method, clinical services and care coordination	6 (1.7%)	69 (1.8%)	457 (2.5%)	1,032 (1.9%)

Used contraceptive method and clinical services	22 (6.1%)	151 (4.0%)	888 (4.8 %)	2,090 (3.8%)
Used contraceptive method and care coordination	0 (0.0%)	3 (0.1%)	68 (0.4%)	74 (0.1%)
Used contraceptive method only	63 (17.4%)	218 (5.8%)	1,899 (10.3%)	4,210 (7.7%)
<b>Subtotal with claim for a contraceptive method</b>	<b>91 (25.1%)</b>	<b>441 (11.7%)</b>	<b>3,312 (17.9%)</b>	<b>7,406 (13.6%)</b>
Used clinical services and care coordination, no contraceptive method	3 (25.1%)	99 (2.6%)	425 (2.3%)	1,209 (2.2%)
Used clinical services, no contraceptive method	8 (2.2%)	229 (6.1%)	1,140 (6.2%)	3,097 (5.7%)
Used care coordination, no contraceptive method	7 (1.9%)	36 (1.0%)	329 (1.8%)	470 (0.9%)
<b>Subtotal using services but no contraceptive method</b>	<b>18 (5.0%)</b>	<b>364 (9.6%)</b>	<b>1,894 (10.3%)</b>	<b>4,776 (8.7%)</b>
<b>Did not use services</b>	<b>254 (70.0%)</b>	<b>2,974 (78.7%)</b>	<b>13,256 (71.8%)</b>	<b>42,425 (77.7%)</b>

DY: Demonstration Year

#### Goal 4. Increasing Use of Smoking Cessation Modalities

Smoking cessation coverage has been available in Plan First since 2012. The program goal is to have 85% of smokers receiving these services.

*Hypothesis: Data from recent surveys of Plan First enrollees indicate that approximately 25% are smokers. We expect that most 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.*

Approximately 23% of women enrolled in Plan First smoke or use e-cigarettes. More than 90% of smokers surveyed reported that they were asked about smoking by their Plan First provider. More than 80% reported that their family planning provider advised them to quit smoking, but less than half of smokers reported discussing how to quit with their provider. Overall, 41% received either a referral to the Quit Line, a recommendation to use a Nicotine Replacement Therapy (NRT) product, or a prescription for NRT products. Thus, as in past evaluation years, the portion of Plan First service users receiving some type of smoking cessation services is lower than the target of 85% of smokers.

Plan First covers NRT products for Plan First recipients without prior authorization. However, 8.7% of all smokers reported paying for these products out of pocket. About 77% of smokers reported that they planned to quit smoking in the next year.

Table 4.2 assumes that approximately the same portion of these service users are smokers as found in DY 20 (22.8%). Based on these assumptions, only 1.0% of clinical service users had a claim filed for an NRT product.

**Table 4.1. Smoking among Plan First participants and content of smoking cessation discussions at family planning visits (Survey data)**

	N	%
Reported Smoking	156	22.9
Asked about smoking at FP visit	153	93.9
Advised to quit by FP provider*	128	82.1
Discussed how to quit with FP provider*	74	47.4
Provider recommended NRT*	84	24.6
Referred to Quit Line*	44	12.9
Provider prescribed NRT	12	3.5
Paid out of pocket for NRT products*	15	8.7
Plans to quit smoking in the next year*	116	76.8

\*Among women who reported smoking.

**Table 4.2. Smoking Cessation Modalities (Claims data)**

	DY 18		DY 19		DY 20		DY21	
	N	%	N	%	N	%	N	%
Plan First service users	39,196	--	35,180	--	34,154	--	14,447	--
Estimated number of smokers (based on survey data)	9,485	24.2	8,021	22.8	7,787*	22.8	3,308	22.9%
Service users with claims for covered NRT products (% of estimated number of smokers)	102	1.1%	63	0.8%	38	0.5%	38	1.2%

\*Estimate

## Goal 5. Maintaining Low Birth Rates among Plan First Service Users

A rate of about 100 births per 1000 enrollees is estimated to be sufficient to achieve budget neutrality for Plan First.

*Hypothesis: Based on prior evaluations of Plan First, we hypothesize that the birth rate among program participants will be less than the expected birth rate in the absence of the program. We also anticipate that birth rates will be lower among women who used Plan First services than those who enrolled but did not have a clinical encounter.*

This section reports birth rates from the previous demonstration year, to allow time for pregnancies starting during the demonstration year, to be counted through the following year. Birth rates remain much lower with the Plan First program than they were estimated to be, based on pre-program birth rates. Birth rates were lower for clinical service users than for enrollees who did not use services. Birth rates were slightly higher in DY 20 than they had been in DY 19.

In Demonstration Year 20, there were 90,683 enrollees. Of these, 166 were pregnant at enrollment.

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

	<b>Number Enrollees</b>	<b>Number of Births</b>	<b>Births/1000</b>
		<b>Assuming pre-waiver fertility levels*</b>	
<b>All enrollees</b>	90,683	14,194	156.5
		<b>Actual births after enrollment</b>	
<b>All enrollees not pregnant at enrollment</b>	90,517	4,992	55.1
<b>Service Users not pregnant at first visit</b>	33,734	1,832	54.3
<b>Non-service users not pregnant at enrollment</b>	56,783	3,160	55.7

\*Adjusted for age and race

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

	<b>Estimated birth rate if fertility rates continued at pre-waiver levels*</b>	<b>Actual birth rates <u>all enrollees</u> – pregnancies starting during DY</b>	<b>Actual birth rates <u>service users</u> – pregnancies starting during DY</b>	<b>Actual birth rates <u>non-service users</u> – pregnancies starting during DY</b>
DY1	189.8	60.0	47.8	72.3
DY2	200.7	87.5	54.3	118.9
DY3	204.7	96.6	56.5	131.1
DY4	205.9	92.0	56.2	122.9
DY5	202.6	98.3	58.6	121.7
DY6	224.1	81.8	31.1	105.4
DY7	215.0	57.2	44.0	69.7
DY8	214.8	75.7	65.0	86.6
DY9	127.1	59.1	43.3	78.2
DY10	202.3	69.1	60.8	97.0
DY11	200.1	73.3	58.3	92.6
DY12	180.1	77.3	60.8	97.0
DY13	199.9	84.0	72.5	88.6
DY14	203.1	72.4	58.3	84.9
DY15	196.7	62.7	61.0	63.9
DY16	182.4	60.9	63.1	59.0
DY17	176.9	46.4	34.5	53.6
DY18	160.2	42.4	40.8	43.1
DY19	159.6	51.0	49.0	52.1
DY20	156.5	55.1	54.3	55.6

\*Adjusted for age and race



## Goal 6. Increase Male Enrollment and Vasectomy Service Use

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

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

Male enrollment in Plan First increased by roughly 6.0% (6.3%) between DY20 and DY21. However, the portion of male enrollees receiving a vasectomy remains extremely low, at less than 1%. Receiving care coordination did not increase the likelihood that men received vasectomies (Table 6.1).

In late summer 2021, all eligible males received a postcard, inviting them to participate in an online survey related to their experience with Plan First services. The survey response was very low, with only 12 surveys completed. Only one of the respondents had had a vasectomy, with a positive experience. Based on this small sample, over 50% considered having a vasectomy. Almost 75% of the respondents learned of the services and program online or from their partner's prenatal care visit. Only 25% of respondents had had an appointment with a doctor about a vasectomy. The reasons indicated for no appointment include change in desire for children, no provider, or the partner having had tubal ligation. (Table 6.2)

**Table 6.1. Percentage of Men Enrolled Who Obtained a Vasectomy through Plan First (Claims and Enrollment data)**

	DY 20		DY 21		% Change DY 20 - DY 21	
	Enrolled N	Obtained vasectomy N (%)*	Enrolled N	Obtained vasectomy N (%)*	Enrolled %	Obtained vasectomy %
<b>TOTAL</b>	1,647	10 (0.6)	1750	6 (0.3)	6.3%	-40.0%
<b>Race</b>						
White	988	9 (0.9)	1065	4 (0.4)	7.8%	-55.6%
Black	448	0 (0.0)	462	0 (0.0)	3.1%	0.0%
Hispanic	45	0 (0.0)	53	0 (0.0)	17.8%	0.0%
Asian/Pacific Islander	16	0 (0.0)	17	0 (0.0)	6.3%	0.0%
American Indian	12	0 (0.0)	12	0 (0.0)	0.0%	0.0%
Other or unknown race/ethnicity	138	0 (0.0)	141	2 (1.4)	2.2%	200.0%
<b>Care Coordination</b>						
Received care coordination	14	1 (7.1)	25	1 (4.0)	78.6%	0.0%
Did not receive care coordination	1633	9 (0.60)	1725	5 (0.3)	5.6%	-44.4%
<b>ACHN Regions</b>						
Central	145	0 (0.0)	149	0 (0.0)	2.8%	0.0%
East	234	5 (2.1)	244	1 (0.4)	4.3%	-80.0%
Gulf	317	0 (0.0)	350	3 (0.9)	10.4%	0.0%
Mid-state	258	0 (0.0)	259	0 (0.0)	0.4%	0.0%
Northeast	288	1 (0.3)	290	0 (0.0)	0.7%	-100.0%
Northwest	191	2 (1.0)	228	0 (0.0)	19.4%	-100.0%
Southeast	214	2 (0.9)	217	0 (0.0)	1.4%	-100.0%

\*Row percentages

**Table 6.2. Experience with vasectomy services (online survey data)**

<b>Total surveys completed (n=12)</b>	
<b>Number of vasectomies (n=1)</b>	
<b>Vasectomies considered</b>	54.5% (6)
<b>Learned of services/program</b>	
Online	55.6% (5)
Partner's prenatal visit	22.2% (2)
Department of Human Resources	11.1% (1)
Family member/friend	11.1% (1)
<b>Received care coordination</b>	16.7% (2)
Had doctor visit about vasectomy	25.0% (3)

<b>Main reason no appointment</b>	
Partner changed mind about more children	11. 1% (1)
No provider in area	16.7% (2)
Partner had tubes tied	11. 1% (1)
Other	16.7% (2)
<b>Main reason no vasectomy</b>	
Partner had tubes tied	16.7% (2)
Partner changed mind about children	11. 1% (1)
No provider nearby	11. 1% (1)
Price	11. 1% (1)
Did not want one	11. 1% (1)
No time off for appointment	11. 1% (1)

## **Part II: On-Going Monitoring of the Plan First Program**

The information included in this section of the report has been provided by the University of Alabama at Birmingham (UAB). UAB is the contracted independent evaluator for the Alabama's 1115 Family Planning Demonstration.

The average annual change between Demonstration Year 16 and Demonstration Year 21 was about a 9% decrease in enrollment and a 17% decrease in the portion of enrollees using services. The change was concentrated in younger women.

There were about 3000 fewer deliveries in Demonstration Year 21 compared to Demonstration Year 20, a decline of 9.5%. However, there were over 5,000 fewer women with a Medicaid covered delivery who enrolled in Plan First, a decline of 77%. This most likely occurred because of enrollment policy changes related to the COVID 19 pandemic: women covered by Medicaid for maternity services remained in Medicaid throughout the year. The portion of these enrollees using services decreased dramatically between the two Demonstration Years and was similar across ACHN regions (Table 1.3).

The number of private providers seeing patients in each ACHN region declined slightly between Demonstration Year 20 and Demonstration Year 21, and the number of visits made to private providers decreased as well. In contrast though, the total number of visits made to providers by Plan First enrollees declined markedly. As a consequence, the portion of visits made to private providers increased in most areas between the two years. The level of participation of private providers in Plan First varied across ACHN regions (Table 1.4).

Table 2.1, trends in awareness of Plan First, is based on survey data. Awareness of Plan First among enrollees has consistently exceeded the target of 90% for most of the last 10 years. The percentage of those who are aware of Plan First and know that they are enrolled in program also has met the 85% target for much of the last decade.

Table 3.1 shows time trends in the use of services by Plan First service users over time. There was a sharp decrease in the portion of women using case management or care coordination services in Demonstration Year 21. There was a continuing decline in the use of moderately effective hormone injections as birth control, as well as a decrease in the use of oral contraceptives, along with an increase in the use of long-acting contraceptives and surgical procedures (Table 3.1).

**Table 1.1 Plan First Enrollment Over Time (Enrollment data)**

	DY16	DY17	DY18	DY19	DY20	DY 21	Average annual change N (%)
<b>Total</b>	131,287	119,420	116,683	103,040	90,318	77,211	-10,121 (-8.7%)
<b>Age</b>							
19-29	86,487	75,783	69,550	55,886	47,911	35,981	-9,498 (-13.6%)
30-39	34,524	33,612	36,189	35,622	31,337	29,154	-833 (-2.3%)
≥40	10,276	10,025	10,944	11,532	11,070	12,076	210 (2.1%)
<b>Race</b>							
Black	69,951	64,555	63,959	55,168	48,357	40,973	-5,106 (-8.4%)
White	53,932	46,790	42,926	37,558	33,772	27,956	-5,419 (-11.4%)
Hispanic	--	--	2,359	2,169	2,063	1,824	-178 (-8.2%)
Asian/Pacific Islander	--	--	607	470	421	367	-80 (-15.3%)
American Indian	--	--	374	317	305	249	-42 (-12.5%)
Other	7,404	8,075	6,458	7,599	7,044	5,842	55 (3.4%)
<b>ACHN Regions</b>							
Central	--	--	--	14,775	12,763	10,694	-2,041 (-14.9%)
East	--	--	--	12,992	10,982	9,277	-1,858 (-15.5%)
Gulf	--	--	--	19,254	16,929	14,564	-2,345 (-13.0%)
Mid-state	--	--	--	14,943	13,459	11,598	-1,673 (-11.9%)
Northeast	--	--	--	11,863	10,535	8,930	-1,467 (-13.2%)
Northwest	--	--	--	14,187	12,542	10,728	-1,730 (-13.0%)
Southeast	--	--	--	15,256	13,108	11,138	-2,059 (-14.6%)

**Table 1.2. Trends in Plan First Service Use (Claims data)**

	DY16	DY17	DY18	DY19	DY20	DY21	Average annual change N (%)
<b>Total</b>	59,775	49,929	39,076	35,146	34,154	14,447	-7,679 (-17.2%)
<b>Age</b>							
19-29	43,834	35,579	27,142	22,533	21,025	7,954	-6,340 (-20.6%)
30-39	13,007	11,667	9,677	9,985	10,275	4,898	-1,137 (-10.3%)
≥40	2,934	2,683	2,257	2,628	2,854	1,595	-202 (-6.5%)
<b>Race</b>							
Black	34,328	28,756	22,382	19,469	19,409	8,561	-4,319 (-17.0%)
White	22,314	17,953	13,785	12,397	11,448	4,534	-3,237 (-19.8%)
Hispanic	--	--	735	638	669	292	-148 (-21.6%)
Asian/Pacific Islander	--	--	134	96	100	35	-33 (-29.7%)
American Indian	--	--	112	108	106	37	-25 (-23.5%)
Other	3,133	3,220	1,928	2,472	2,422	988	-175 (-3.0%)
<b>ACHN Regions</b>							
Central	--	--	--	5,290	4,722	1,971	-1,660 (-34.5%)
East	--	--	--	4,904	4,400	1,714	-1,595 (-35.7%)
Gulf	--	--	--	6,679	6,521	2,854	-1,913 (-29.3 %)
Mid-state	--	--	--	3,410	4,284	2,082	-664 (-12.9%)
Northeast	--	--	--	3,463	3,625	1,454	-1,005 (-27.6%)
Northwest	--	--	--	5,448	5,239	2,214	-1,617 (-30.8%)
Southeast	--	--	--	5,984	5,266	2,129	-1,928 (-35.8%)

**Table 1.3. Plan First participation by women with recent Medicaid maternity care, by ACHN (Claims and Enrollment data)**

	DY19	DY20	DY21
<b>Total</b>			
Women with SOBRA deliveries in the previous year and this year	34,978	30,556	27,660
Women enrolled in Plan First in DY	16,502	6,300	1,430
% of women enrolled in Plan First in DY	47.2	20.6	5.2
Women using services in Plan First in DY	4691	1908	61
% of Plan First enrollees using PF services in DY	28.4	30.3	4.3
% of women with SOBRA births using PF services in DY	13.4	6.2	0.2
<b>Central</b>			
Women with SOBRA deliveries in the previous year and this year	3,692	3,980	3,415
Women enrolled in Plan First in DY	1844	797	137
% of women enrolled in Plan First in DY	49.9	20.0	4.0
Women using services in Plan First in DY	585	244	3
% of Plan First enrollees using PF services in DY	31.7	30.6	2.2
% of women with SOBRA births using PF services in DY	15.8	6.1	0.1
<b>East</b>			
Women with SOBRA deliveries in the previous year and this year	5,024	4,191	3,871
Women enrolled in Plan First in DY	2,072	805	170
% of women enrolled in Plan First in DY	41.2	19.6	4.4
Women using services in Plan First in DY	592	240	7
% of Plan First enrollees using PF services in DY	28.6	29.8	4.1
% of women with SOBRA births using PF services in DY	11.8	5.8	0.2
<b>Gulf</b>			
Women with SOBRA deliveries in the previous year and this year	5,521	5,307	5019
Women enrolled in Plan First in DY	2,923	1,316	283
% of women enrolled in Plan First in DY	52.9	24.8	5.6
Women using services in Plan First in DY	939	419	17
% of Plan First enrollees using PF services in DY	32.1	31.8	6.0
% of women with SOBRA births using PF services in DY	17.0	7.9	0.3
<b>MidState</b>			
Women with SOBRA deliveries in the previous year and this year	4,514	4,540	3,900
Women enrolled in Plan First in DY	2,234	877	217
% of women enrolled in Plan First in DY	49.5	19.3	5.6
Women using services in Plan First in DY	466	207	3
% of Plan First enrollees using PF services in DY	20.9	23.6	1.4
% of women with SOBRA births using PF services in DY	10.3	4.6	0.1
<b>Northeast</b>			

	DY19	DY20	DY21
Women with SOBRA deliveries in the previous year and this year	5,936	4,349	3,743
Women enrolled in Plan First in DY	2,570	777	173
% of women enrolled in Plan First in DY	43.3	17.9	4.6
Women using services in Plan First in DY	671	226	6
% of Plan First enrollees using PF services in DY	26.1	29.1	3.5
% of women with SOBRA births using PF services in DY	11.3	5.2	0.2
<b>Northwest</b>			
Women with SOBRA deliveries in the previous year and this year	5,284	4,110	3,652
Women enrolled in Plan First in DY	2,491	876	223
% of women enrolled in Plan First in DY	47.1	21.3	6.1
Women using services in Plan First in DY	721	278	14
% of Plan First enrollees using PF services in DY	28.9	31.7	6.3
% of women with SOBRA births using PF services in DY	13.6	6.8	0.4
<b>Southeast</b>			
Women with SOBRA deliveries in the previous year and this year	5,007	4,109	3,859
Women enrolled in Plan First in DY	2,368	850	225
% of women enrolled in Plan First in DY	47.3	20.7	5.8
Women using services in Plan First in DY	717	294	11
% of Plan First enrollees using PF services in DY	30.3	34.6	4.9
% of women with SOBRA births using PF services in DY	14.3	7.2	0.3



**Table 1.4. Availability and visit volume for private providers (Claims data)**

ACHN regions	# Private providers serving clients residing in ACHN regions			# Visits to Private Providers			Total # Visits			% Total Visits to Private Providers		
	DY 19	DY 20	DY21	DY 19	DY 20	DY21	DY 19	DY 20	DY21	DY 19	DY 20	DY21
	532	448	361	15,269	16,657	12,565	157,577	88,135	47,562	9.7	18.9	26.4
Central	77	65	55	2,004	2,200	1611	25,883	12,160	6442	7.7	18.1	25.0
East	77	58	46	1,221	1,374	1160	23,865	11,700	6140	5.1	11.7	18.9
Gulf	76	80	71	6,630	6,897	4738	23,490	15,807	9307	28.2	43.6	50.9
Mid-State	60	47	31	1,039	1,180	1065	8,160	10,968	6017	13.7	10.8	17.7
Northeast	97	71	55	1,840	2,209	1635	13,336	8,248	4937	12.7	26.8	33.1
Northwest	83	75	56	1,109	1,406	1217	30,924	14,697	7173	3.6	9.6	17.0
Southeast	62	52	47	1,426	1,391	1139	31,919	14,555	7546	4.1	9.6	15.1

**Table 2.1. Awareness of Plan First program and program enrollment**

	Had heard of Plan First before survey (%)	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
DY17*	91.9	78.2	85.1
DY18	90.5	77.8	86.0
DY19	100.0	87.6	87.6
DY20-21**	96.0	88.7	90.5

	<b>Had heard of Plan First before survey (%)</b>	<b>Aware of enrollment (%)</b>	
		<b>Among all surveyed</b>	<b>Among those who had heard of Plan First</b>

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

\*\*Survey was conducted only among those in enrolled in 2020 due to COVID changes

**Table 3.1. Percent of Clinical Service Users Receiving These Services (Claims data)**

	<b>DY14</b>	<b>DY15</b>	<b>DY16</b>	<b>DY17</b>	<b>DY18</b>	<b>DY19</b>	<b>DY20</b>	<b>DY21</b>
Care Coordination	37.6%	37.2%	29.6%	36.8%	38.4%	36.4%	43.7%	29.7%
HIV Testing	24.0%	34.5%	30.1%	36.9%	23.4%	25.9%	26.5%	17.9%
Pap Smear (over age 30)						17.5%	20.4%	14.5%
Tubal ligation	0.8%	0.9%	0.8%	0.7%	0.4%	0.6%	0.7%	0.4%
LARC					2.8%	3.2%	3.3%	6.0%
Contraceptive injection	29.7%	30.8%	27.6%	37.4%	25.9%	23.0%	14.5%	9.6%
Oral contraception	25.5%	20.7%	22.4%	29.7%	31.8%	30.5%	37.6%	34.3%

## Appendix: Demographics of Survey Respondents

**Table A.1. Demographic composition of survey respondents**

	<b>DY14</b>	<b>DY15</b>	<b>DY16</b>	<b>DY17*</b>	<b>DY18</b>	<b>DY19</b>	<b>DY20/21</b>
	N=1,107	N=1,125	N=1,112	N=2,237	N=819	N=808 <sup>‡</sup>	N=754
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n(%)
<b>Age (years)</b>							
19	22 (2.0)	5 (0.4)	8 (0.7)	13 (0.6)	19 (2.3)	4 (0.5)	0
20 – 29	704 (63.6)	702 (62.4)	602 (54.1)	1,304 (58.3)	367 (44.8)	368 (45.5)	289 (38.2)
30 – 39	306 (27.6)	368 (32.7)	411 (37.0)	779 (34.8)	265 (32.4)	326 (40.3)	319 (42.2)
40+	75 (6.8)	48 (4.3)	86 (7.7)	136 (6.1)	166 (20.3)	110 (13.6)	148 (19.6)
Not answered <sup>1</sup>	0	2 (0.2)	5 (0.4)	5 (0.2)	2 (0.2)	0	0
<b>Race</b>							
Black	565 (51.0)	570 (50.7)	571 (51.3)	1,137 (50.8)	483 (59.0)	432 (58.3)	438 (58.1)
White	493 (44.5)	503 (44.7)	460 (41.4)	963 (43.0)	280 (34.2)	269 (36.3)	272 (36.1)
American Indian	2 (0.2)	13 (1.2)	7 (0.6)	13 (0.6)	11 (1.3)	9 (1.2)	6 (0.8)
Asian/Pacific Islander	9 (0.8)	6 (5.3)	5(0.4)	9 (0.4)	4 (0.5)	4 (0.5)	3 (0.4)
Other	32 (2.9)	29 (2.6)	63 (5.7)	105 (4.7)	34 (4.1)	24 (3.2)	25 (3.3)
Don't know/Refused	6 (0.6)	4 (0.4)	6 (0.5)	0 (0)	7 (0.8)	3 (0.3)	10 (1.3)
<b>Hispanic</b>							
Yes	36 (3.2)	34 (3.0)	45 (4.1)	79 (3.5)	31 (3.8)	26 (3.5)	24 (3.2)
No	1,070 (96.7)	1,091 (97.0)	1,064 (95.7)	2,155 (96.3)	785 (96.1)	713 (96.2)	720 (95.5)
Not Answered <sup>1</sup>	1 (0.1)	--	3 (0.3)	3 (0.2)	1 (0.1)	2 (0.3)	10 (1.3)
<b>Marital status</b>							
Single	672 (60.7)	679 (60.4)	627 (56.4)	1,306 (58.4)	349 (42.9)	286 (38.6)	336 (44.6)
Non-cohabiting	--	--	--	--	154 (18.9)	133 (17.9)	95 (12.6)
Married/cohabiting	241 (21.8)	272 (24.2)	305 (27.4)	577 (25.8)	251 (30.9)	260 (35.1)	213 (28.2)
Previously married	189 (17.1)	172 (15.3)	177 (15.9)	349 (15.6)	59 (7.3)	54 (7.3)	49 (6.5)

Don't know/Refused	5 (0.5)	0 (0.2)	3 (0.3)	5 (0.2)	0	8 (1.0)	61 (8.1)
<b>Education</b>							
Less than high school	77 (6.9)	80 (7.1)	86 (7.7)	166 (7.4)	58 (7.1)	49 (6.1)	60 (8.0)
High school or GED	395 (35.7)	413 (36.7)	421 (37.9)	834 (37.3)	292 (35.6)	275 (37.1)	290 (38.5)
More than high school	633 (57.2)	631 (56.1)	603 (54.2)	1,234 (55.2)	465 (56.8)	415 (55.9)	369 (49.0)
Not answered	2 (0.2)	0	2 (0.2)	3 (0.1)	4 (0.5)	2 (0.3)	35 (4.6)
<b>Ever pregnant</b>							
Yes	823 (78.0)	934 (86.5)	988 (88.8)	1,922 (85.9)	667 (81.6)	589 (79.4)	589 (83.9)
No	229 (21.7)	142 (13.4)	124 (11.2)	226 (10.1)	149 (18.2)	151 (20.4)	113 (16.1)

\*Results for DY17 represent the average of those reported in DY15 and DY16, as a separate survey was not conducted for this reporting year.

<sup>1</sup> 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.

‡ Note, 67 respondents did not complete the demographic questions.