Alabama Medicaid Agency

Plan First Program

Section 1115 Demonstration Waiver

Annual Monitoring Report

Demonstration Year 2022

October 1, 2021 through September 30, 2022

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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. On September 27, 2022, CMS granted a one-year temporary extension that will expire September 30, 2023.

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, 2021 - September 30, 2022
Demonstration Year: 22
Demonstration Approval Period: November 27, 2017 through September 30, 2023

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) 22, October 1, 2021, through September 30, 2022, 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 (ACHN) in October 2019. ACHN 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.
- 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.

Effective March 2020, Family Planning care coordination services were solely provided telephonically by the ACHN entities. This service delivery method ended September 30, 2022, with the introduction of a hybrid delivery model effective October 1, 2022.

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

<u>Services and Enrollment</u>

- 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 ACHN 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.

<u>Provider Participation</u>

Currently, all counties have public provider options for Plan First services. Plan First providers enrolled in Alabama have increased from 1,906 providers in October of 2020 to 2,275.

c. Audits

During this past demonstration year, Alabama Medicaid's Audit Unit completed 128 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.

ACHN	Self-Audits During Past Demonstration Year
North Alabama Community Care (NACC)	The Family Planning Supervisor completed internal audits on a monthly basis to include auditing a minimum of 1 to 2 eligible individual's (EIs) case files per Family Planning Care Coordinator. 231 audits were completed for the year.
Alabama Care Network Mid-State (ACN-M)	Self-audits were conducted on a monthly basis. A total of 427 audits 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. A total of 95 were audits completed for the year.
Gulf Coast Total Care (GCTC)	Each Family Planning Care Coordinator has 1-2 new family planning cases audited monthly. A total of 47 records were self-audited for FY 22.
My Care Alabama Northwest (MCANW)	Each Associate and the Supervisors conducted audits on randomly on chosen EIs on a weekly basis. 80 self-audits were conducted during this past demonstration year.
My Care Alabama Central (MCAC)	434 total self-audits were conducted for FY 22.
My Care Alabama East (MCAE)	48 total self-audits were conducted for FY 22 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 ACHN 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 (ACHN) has been a struggle.
     - Some ACHN 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.**

   Not applicable

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 (ACHN):

Alabama Care Network Mid-State (ACN-M)	
Strategies	**Effectiveness**
Education 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 ACNM.
Provider Education of Family Planning Services during semi-annual DHCP meetings.	Providers verbalized understanding of ACNM Family Planning Services during DHCP meetings. We have found EIs are more receptive when we have received a referral directly from their DHCP or PCP.
We are providing outreach to newly eligible Plan First Medicaid recipients.	Enrollments proved to be more successful for those eligible individuals who had just delivered a baby vs. those who were contacted from the Medicaid eligibility list. 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. ACNM does occasionally receive return calls from individuals

	who have received letters from the outreach attempted from the eligibility list.
Alabama Care Network Southeast (ACNS)	
Strategies	**Effectiveness**
Medical Management Meetings- Four different meetings each year- Remind our primary care providers of our family planning care coordination services	Not effective. Very few of our primary care providers are Plan First providers.
Reviewed Family Planning care coordination with Delivering Health Care Professionals.	Received a few referrals. DCHP offices share their daily schedules, and we can identify family planning EIs.
In-person event: Booth at Ozark on the Square- Networked with over twenty vendors to provide education about our family planning services. Family Planning flyers were given to all agencies.	Good outreach and able to provide educational information to attendees and community partners.
In-person meeting with Pregnancy Resource Center partner in Coffee County area to educate staff regarding family planning services. Family Planning flyers were left at their office.	Great Resource for our patients and good referral source
Outreach to schools in our region. ACNS asked if we could provide the school nurse or counselor with Family Planning brochures.	Schools declined this resource.
My Care Alabama Northwest (MCANW)	
Strategies	**Effectiveness**
FP LARC education	Moderately effective
Enrollment at Delivery	Most effective
Enrollment during Postpartum	Minimal but may pick up with return to field
Embedding at ADPH	MCANW returned to field discussions with ADPH Directors and were told that our care

	coordinators could not embed in their departments.
Referrals from ADPH	Attempts to engage ADPH remain unsuccessful in getting timely referrals or ACHN onsite services.
Referrals from Pregnancy Centers	Minimal
Referrals from Pediatricians	Minimal
North Alabama Community Care (NACC)	
Strategies	**Effectiveness**
Family Planning was covered at Bi-annual DHCP Meetings and reminders were provided at multiple Medical Management Meetings	This outreach technique continues to be effective as it helps to remind our Plan 1st Family Planning Providers – OB/GYN Providers – General Family Practitioners of Family Planning Care Coordination available to eligible individuals at no cost to the recipient.
NACC continued its Provider Outreach by continuing to supply tear-offs of NACC's Family Planning Care Coordination services to DHCP/GYN Providers as needed/requested via mail and/or on-site deliveries	This outreach mechanism has been very effective, as it helps to disseminate information about Family Planning Care Coordination services available to eligible individuals on site per provider offices. Many of the Family Planning self-referrals for care coordination were received as a result of an EI sharing tear-offs located at their doctor's office. Tear-offs are also to be provided at upcoming health fairs, community events and/or per local college campuses in the coming year now that NACC is back on the ground and can attend these venues as means for sharing about access to Family Planning Care coordination/Plan 1st Family Planning services per Plan 1st Medicaid Providers.
NACC joined in partnership with local Pregnancy Resource Centers (in Madison, Morgan and Marshall County) to share of available Family Planning Care Coordination	This outreach partnership has shown to be extremely effective and a referral process was birthed from the collaboration. The Pregnancy Resource Centers share NACC – Family

services to eligible EIs and those desiring to apply for possible Plan First/Family Planning Medicaid. NACC met with representatives of the Pregnancy Resource Center located at 220 Rands Ave. SE, Huntsville, AL, 35801, on July 26, 2022, at 10:00 am**.**	Planning Care Coordination services by way of providing their clients with a NACC Family Planning tear-off, as part of their intake packets, as a reminder post-delivery, of available resources (like that of Family Planning Care Coordination), that's available to the EIs.
Gulf Coast Total Care (GCTC)	
Strategies	**Effectiveness**
Education of Maternity EIs on Family Planning services	This strategy proved to be effective. The majority of enrolled EIs verbalized an understanding of family planning services offered by GCTC.
Provider education of GCTC Family Planning Services	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. An opportunity exists for us to strengthen our partnership with ADPH in our rural communities and to reach out to pediatric/adolescent medicine groups to generate increased referrals.
Working the newly eligible Plan First recipient listing.	Due to the PHE and continuation of benefits, the number of newly eligible Plan First recipients per listing have been low. 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 and reach out to pediatric/adolescent medicine groups to generate increased referrals. Post-training, we had small successes in recruiting new family planning case management enrollees. However, as previously stated, during FY 22 the success rate was not as

Cross-training of General Care Coordination Staff	high as hoped primarily due to 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 and reach out to pediatric/adolescent medicine groups to generate increased referrals. The initial implementation was slow but improved as the care coordinator's comfort level increased with the subject area.
My Care Alabama Central (MCAC)	
Strategies	**Effectiveness**
Provider Outreach: MMM and meetings Discussed the family planning services provided by the ACHN programs. We discussed who is eligible and what services are available. We also discussed coverage criteria, any Medicaid changes as well as encouraged collaboration with their ACHN on Family Planning recipients.	Moderately effective
Preconception Health education in schools MCAC is in our 3rd year of providing sexual education in local middle and high schools. We use evidence-based curriculums as a part of our Adverse Birth Outcomes quality improvement project. We discussed different forms of contraception and education around making the right choice for them. We also discussed how to access family planning services in their local areas by educating the students on their options of providers as well as care coordination services.	Very effective
My Care Alabama East (MCAE)	
Strategies	**Effectiveness**
All quality partners and ACHN providers are educated and encouraged to support the Plan First program and the enrollment of all eligible individuals. My Care Alabama has developed specific family planning services materials in an effort to reach the targeted population.	MCAE continuously finds that EIs still have not heard of the ACHN program or MCAE, creating initial skepticism that must be overcome.

MCAE has conducted numerous outreach activities to providers and local community organizations. We are continuously educating Providers, including pediatricians and DHCPs, regarding family planning services and how our care coordinators can assist them with their patients.	MCAE continues to struggle with referrals from the Health Department who holds the majority of the Plan First EIs.
Approval letter education for the male plan first population	Moderate
Education to PCP providers	Minimal but may pick up with return to field
Education to Pregnancy Testing Centers to increase enrollment	Minimal
Education to pediatric offices to increase teen enrollment	Moderately Effective
Education to OBGYNs to increase enrollment	Very Effective

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 3, 2022. 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 ELIGIBLY GROUP DEPICTED:

Medicaid Pop 1	DY18	DY19	DY20	DY21	DY22	5-YEARS
TOTAL EXPENDITURES (With Waiver)						
FAMILY PLANNING EXPENDITURES	$ 22,526,321	$ 23,638,217	$ 12,734,033	$ 11,842,722	$ 8,916,406	$ 79,657,699
TOBACCO CESSATION	$ 9,446	$ 7,077	$ 10,383	$ 11,555	$ 1,867	$ 40,328
TOTAL EXPENDITURES	**$ 22,535,767**	**$ 23,645,294**	**$ 12,744,416**	**$ 11,854,277**	**$ 8,918,273**	**$ 79,698,027**
ELIGIBLE MEMBER MONTHS	877,249	853,953	871,650	842,535	802,831	**4,248,218**
PMPM COSTS						
FAMILY PLANNING EXPENDITURES	$ 25.68	$ 27.68	$ 14.61	$ 14.06	$ 11.11	$ 18.75
TOBACCO CESSATION	$ 0.01	$ 0.01	$ 0.01	$ 0.01	$ 0.00	$ 0.01
TOTAL PMPM	**$ 25.69**	**$ 27.69**	**$ 14.62**	**$ 14.07**	**$ 11.11**	**$ 18.76**

TREND RATES						5-YEAR
	ANNUAL CHANGE					AVERAGE
TOTAL EXPENDITURES						
FAMILY PLANNING EXPENDITURES		4.9%	-46.1%	-7.0%	-24.7%	-20.7%
TOBACCO CESSATION		-25.1%	46.7%	11.3%	-83.8%	-33.3%
TOTAL EXPENDITURES		**4.9%**	**-46.1%**	**-7.0%**	**-24.8%**	**-20.7%**
ELIGIBLE MEMBER MONTHS		-25.1%	46.7%	11.3%	-83.8%	-2.2%
PMPM COSTS						
FAMILY PLANNING EXPENDITURES		7.8%	-47.2%	-3.8%	-21.0%	-18.9%
TOBACCO CESSATION		-23.0%	43.7%	15.1%	-83.0%	-31.8%
TOTAL PMPM		**7.8%**	**-47.2%**	**-3.8%**	**-21.0%**	**-18.9%**

Source: |Summary TC|, Budget Neutrality Workbook

Without-Waiver Total Expenditures

			18	19	20	21	22	TOTAL
Hypothetical 1 Per Capita								
Family Planning	1	Total	$ 23,475,183	$ 22,851,782	$ 23,325,354	$ 22,546,237	$ 21,483,758	
		PMPM	$26.76	$26.76	$26.76	$26.76	$26.76	
		Mem-Mon	877,249	853,953	871,650	842,535	802,831	
Tobacco Cessation	2	Total	$ 438,625	$ 426,977	$ 435,825	$ 421,268	$ 401,416	
		PMPM	$0.50	$0.50	$0.50	$0.50	$0.50	
		Mem-Mon	877,249	853,953	871,650	842,535	802,831	
TOTAL			$23,913,808	$23,278,759	$23,761,179	$22,967,504	$21,885,173	$115,806,423

With-Waiver Total Expenditures

			18	19	20	21	22	TOTAL
Hypothetical 1 Per Capita								
Family Planning	1		$22,526,321	$23,638,217	$12,734,033	$11,842,722	$8,916,406	
Tobacco Cessation	2		$9,446	$7,077	$10,383	$11,555	$1,867	
TOTAL			$ 22,535,767	$ 23,645,294	$ 12,744,416	$ 11,854,277	$ 8,918,273	$ 79,698,027
HYPOTHETICALS VARIANCE 1			$ 1,378,041	$ (366,535)	$ 11,016,763	$ 11,113,227	$ 12,966,900	Excluded

Budget Neutrality Summary

HYPOTHETICALS TEST 1 Cumulative Target Limit							
			18	19	20	21	22
Cumulative Target Percentage (CTP)			2.0%	1.5%	1.0%	0.5%	
Cumulative Budget Neutrality Limit (CBNL)			$ 23,913,808	$ 47,192,567	$ 70,953,746	$ 93,921,250	$ 115,806,423
Allowed Cumulative Variance (= CTP X CBNL)			$ 478,276	$ 707,888	$ 709,537	$ 469,606	$ -
Actual Cumulative Variance (Positive = Overspending)			$ (1,378,041)	$ (1,011,506)	$ (12,028,269)	$ (23,141,496)	$ (36,108,396)
Is a Corrective Action Plan needed?							

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, 2021, through September 30, 2022) is the fourth 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 22, October 2021 through September 2022, includes all data available through the Medicaid enrollment and claims system as well as the data from the two surveys included in the evaluation plan: surveys of female enrollees and female dis-enrollees. These two surveys were fielded in the Fall of 2022.

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.

The impact of the eligibility change is observable in the tables under **Goal 1: Addressing Disparities in Enrollment**. Enrollment in Plan First declined by 7.4% from the previous Demonstration Year. This decline represented a 49% decrease in the number of new entrants into Plan First, combined with a 6.1% decrease in the portion of women retaining Plan First coverage from the previous year. These rates were highest among young women, as well as Black and American Indian women. However, these rates were similar across the seven ACHN organizations, so no region 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 increased by 2.4% from the previous Demonstration Year.

The tables under **Goal 3: Increasing Family Planning Service Use** show that 26.4% of enrollees used services in Demonstration Year 22, down from 32.2% utilization in Demonstration Year 21 and well short of the program goal of 70% utilization. Overall, about 48% of service users had contraceptive use (including those with long-acting contraception received before the demonstration year), and roughly 28 percent used case management or care coordination services, only a slight decline from the almost 30% 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 16% between Demonstration Year 21 and Demonstration Year 22, 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 has decreased even though the entire count of visits in the program has remained steady. Compared to previous years, a much smaller proportion of Plan First visits were provided by private providers rather than the health department in Demonstration Year 22. Tables also show a gradual increase in the use of long-acting contraceptives, oral contraceptives, pap smears, and case management services over time.

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 20.3% of eligible women, as defined by the 2019 American Community Survey (ACS) Population estimates. Enrollment declined 7.4% between DY 21 and DY 22. This was primarily due to a 49% 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 23 women who were enrolled in Plan First in DY21 but were no longer enrolled in the program in DY22. Overall, 82.6% of those contacted were aware that they were no longer enrolled in Plan First. The remaining 17.4% were either not aware or were not sure if they were still enrolled in Plan First. Table 1.3 describes some of the experiences of women who were no longer enrolled in Plan First. Overall, 78.3% of women who disenrolled got other health insurance coverage, most often from private sources rather than Medicaid. Additionally, roughly one fifth ended their Plan First coverage because they obtained surgical family planning options, either tubes tied or hysterectomy.

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

	2020 ACS Population Estimate (N)[+]		Enrolled in Plan First DY21 (N)	% Enrollees of 2019 ACS low-income population (DY21)	Enrolled in Plan First DY22 (N)	% Enrollees of 2020 ACS low-income population (DY22)	Change in percent of population enrolled DY 21-DY 22
TOTAL	359,822		77,211	21.8	71,571	19.9%	-7.4%
Age, years							
18-24[a]	70,921		24,526	18.4%	13,049	18.4%	-31.4%
24-44	193,431		61,843	29.3%	52,800	27.3%	-4.3%
45-54	95,287		4,314	6.8%	5,722	6.0%	15.0%
Race							
White	223,436		27,956	16.2%	26,461	11.8%	-5.9%
Black	103,849		40,973	27.4%	36,457	35.1%	-12.3%
Hispanic	16,747		1,824	9.1%	1717	10.3%	-5.8%
Asian/Pacific Islander	6,402		367	8.7%	360	5.6%	-2.4%
American Indian	1,886		249	12.5%	219	11.6%	-13.6%
Other race/ethnicity	7,502		2,435	55.9%	2,288	30.5%	-8.3%
Not stated	N/A		3,407	N/A	3,069	N/A	
ACHN Regions							
Central	39,159		10,694	27.6%	9,765	24.9%	-9.5%
East	44,423		9,277	21.0%	8,624	19.4%	-7.7%
Gulf/ Southwest	53,128		14,564	27.4%	13,409	25.2%	-8.3%
Mid-state	65,784		11,598	17.7%	10,762	16.4%	-7.9%
Northeast	57,952		8,930	15.4%	8,348	14.4%	-6.9%
Northwest	47,451		10,728	22.9%	10,030	21.4%	-7.0%
Southeast	46,788		11,138	24.0%	10,383	22.4%	-7.1%
Not specified			282		250		

[+]Population estimates were calculated using the Census Vintage 2020 county population estimates, ages 18-24 with 30% poverty estimate https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-detail.html

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

	Enrolled in DY21			Enrolled in DY22			% Change DY21 to DY22		
	Total	Total	Total	Total	Return-ing	New	Total	Return-ing	New
TOTAL	77,211	72,747	4,464	71,571	68,575	2,996	-7.9%	-6.1%	-49.0%
Age, years									
19-24	17,225	15,679	1,546	13,049	12,053	996	-32.0%	-30.1%	-55.2%
25-34	35,755	34,007	1,748	32,814	31,627	1,187	-9.0%	-7.5%	-47.3%
35-44	19,098	18,192	906	19,986	19,351	635	4.4%	6.0%	-42.7%
45-54	4,851	4,610	241	5,722	5,544	178	15.2%	16.8%	-35.4%
Race‡									
White	27,956	26,165	1,791	26,461	25,101	1,360	-5.6%	-4.2%	-31.7%
Black	40,973	38,861	2,112	36,457	36,230	1,227	-12.4%	-7.3%	-72.1%
Hispanic	1,824	1,665	159	1717	1,595	122	-6.2%	-4.4%	-30.3%
Asian /Pacific Islander	367	335	32	360	334	26	-1.9%	-0.3%	-23.1%
American Indian	249	230	19	219	213	6	-13.7%	-8.0%	-216.7%
Other or unknown race/ ethnicity	5,842	5,491	351	5,357	5,102	255	-9.1%	-7.6%	-37.6%
ACHN Region									
Central	10,694	10,141	553	9,765	9,402	363	-9.5%	-7.9%	-52.3%
East	9,277	8,682	595	8,624	8,230	394	-7.6%	-5.5%	-51.0%
Gulf	14,564	13,762	802	13,409	12,852	557	-8.6%	-7.1%	-44.0%
Mid-state	11,598	10,942	656	10,762	10,369	393	-7.8%	-5.5%	-66.9%
Northeast	8,930	8,358	572	8,348	7,974	374	-7.0%	-4.8%	-52.9%
Northwest	10,728	10,146	582	10,030	9,589	441	-7.0%	-5.8%	-32.0%
Southeast	11,138	10,457	681	10,383	9,923	460	-7.3%	-5.4%	-48.0%

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

All women not enrolled (n=23)	
Aware not enrolled	82.6% (19)
Not aware not enrolled	17.4% (4)
Main reason not re-enrolled:	
Health insurance	78.3% (18)
Tubes tied or hysterectomy	17.4% (4)
IUD/LARC	4.3 (1)
Pregnant	N=0
No desired providers in area	N=0
Believed not eligible for Medicaid	N=0
Refused	N=0

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 707 current Plan First enrollees in Fall 2022. Over 94% 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 14% 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)

	Know Enrolled (N=606)	**Do Not Know Enrolled** (N=101)
	% (n)	%
All women	85.4%	14.3%
Heard of Plan First		
Yes	97.2% (589)	77.2% (78)
No	2.8% (17)	19.8% (20)
Pregnant in the last 18 months	19.5% (118)	23.7% (24)
Education		
< high school	6.6% (40)	6.9% (7)
high school	36.8% (223)	36.6% (37)
more than high school	55.9% (339)	54.5% (55)
Race/ethnicity		
White	37.3% (226)	33.7% (34)
Black	56.8% (344)	57.4% (58)
Asian/Pacific Islander	0.3% (2)	0
Native American	0.9% (6)	0
Other race/ethnicity	3.8% (23)	6.9% (7)
Hispanic	4.5% (27)	6.9% (7)
Marital Status		
Not married or in a relationship	46.0% (279)	43.6% (44)
Non-cohabiting relationship	13.0% (79)	14.9% (15)
Married or cohabiting	32.3% (196)	32.7% (33)
Previously married	7.6% (46)	4.9% (5)
ACHN Region		
Central	89.0% (89)	10.0% (10)
East	79.0% (79)	21.0% (21)
Gulf	83.0% (83)	17.0% (17)
Mid-state	83.0% (83)	16.0% (16)
Northeast	83.3% (85)	15.7% (16)
Northwest	88.6% (93)	11.4% (12)
Southeast	91.3% (94)	8.7% (39)

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

	Know Enrolled (N=606)	Do Not Know Enrolled (N=101)
	% (n)	% (n)
All women	85.4%	14.3%
Heard of Plan First		
Yes	97.2% (589)	77.2% (78)
No	2.8% (17)	19.8% (20)
Problems enrolling		
Can select more than one of the following problems		
Didn't know how	14.9% (7)	30.8% (8)
Didn't receive a notice	46.8% (22)	53.8% (14)
Problems completing the application	8.5% (4)	3.8% (1)
Problems getting transportation to sign up	2.1% (1)	3.8% (1)
Told not eligible	6.4% (3)	3.8% (1)
No Plan First providers in area	12.8% (6)	3.8% (1)
No providers wanted to see	6.4% (3)	(0)
Language difficulty	2.1% (1)	(0)
Last family planning visit		
In last year	60.7% (368)	46.5% (47)
More than a year ago, but within 3 years	21.9% (133)	14.9% (15)
More than 3 years ago/don't know	10.7% (65)	16.8% (17)
Never	4.0% (24)	12.9% (13)
Reason for no visit in last year		
I did not think I needed one	22.4% (54)	16.4% (10)
I was too busy to arrange an appointment	31.5% (76)	19.7% (12)
I couldn't afford it	5.4% (13)	9.8% (6)
I did not want to go to the place I went before	2.5% (6)	1.6% (1)
The place I went before could not see me	4.6% (11)	0
I did not know that I was enrolled in Plan First	4.6% (11)	23.0% (14)
I had a tubal ligation	6.2% (15)	3.3% (2)
Language difficulty		
Other	22.8% (55)	26.2% (16)
Reasons for not using family planning		
Don't like exam	2.9% (4)	5.7% (2)
No provider you wanted to see	6.4% (9)	2.9% (1)
Hard to reach on the phone	8.6% (12)	8.6% (3)
Couldn't get appointment soon enough	17.1% (24)	20.0% (7)
Waiting time too long at location	23.6% (33)	8.6% (3)
Hours not convenient	2.1% (3)	2.9% (1)
No transportation	8.6% (12)	2.9% (1)
No childcare	2.1% (3)	0
No money to pay for visit	6.4% (9)	5.7% (2)
Preferred provider does not take Medicaid	13.6% (19)	22.9% (8)
Other	8.6% (12)	20.0% (7)
Any birth control method used	53.6% (325)	42.6% (43)

	Know Enrolled (N=606)	**Do Not Know Enrolled** (N=101)
Reasons for not using birth control		
Not having sex	16.3% (53)	20.9% (9)
Want to get pregnant	11.4% (37)	16.3% (7)
Concerned about side effects	30.2% (98)	39.5% (17)
Don't think birth control works	1.8% (6)	1.7% (1)
Religious reasons	0.6% (2)	0
Too much trouble	0.9% (3)	4.7% (2)
Cannot use preferred method	1.8% (6)	2.3% (1)
Don't think you can get pregnant	4.6% (15)	9.3% (4)
Can't pay for method	0.9% (3)	4.7% (2)
Can't find a place to go	0.9% (3)	1.7% (1)
Other (not specified)	26.2% (85)	34.9% (15)

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 22, net utilization of services, including Plan First enrollees who received long-acting contraceptive methods in previous years, was very low. Just over 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 22, utilization was 26.4% 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, 47.8% of service users used some form of contraceptive services during Demonstration Year 22, a decrease from 52.6% in the previous year. Statewide, over 70% 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, almost 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 20-DY 21	Had LARC under Medicaid in DY 22	Had surgical in DY 22	Sum – Had most effective contracept-ion during DY 22	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 22	Had only non-contracept-ion services DY 22	Had only care coordination in DY 22	Had no contact in DY 22
Total N	71,571	2,514	626	73	3,213	7,713	9,189	381	51,075
%	**100.0%**	**3.5%**	**0.9%**	**0.1%**	**4.5%**	**10.8%**	**12.8%**	**0.5%**	**71.4%**
New PF enrollees N	2,568	19	47	2	68	305	447	42	1,706
%	**3.6%**	**0.7%**	**1.8%**	**0.1%**	**2.6%**	**11.9%**	**17.4%**	**1.6%**	**66.4%**
New PF enrollees with previous MLIF or SOBRA Medicaid coverage									
N	428	31	15	0	46	73	42	5	262
%	**0.6%**	**7.2%**	**3.5%**	**0.0%**	**10.7%**	**17.1%**	**9.8%**	**1.2%**	**61.2%**
Returning PF enrollees N	68,575	2,464	564	71	3,099	7,335	8,700	334	49,107
%	**95.8%**	**3.6%**	**0.8%**	**0.1%**	**4.5%**	**10.7%**	**12.7%**	**0.5%**	**71.6%**
Age									
19-29	29,557	1,272	313	20	1,605	4,000	4,401	159	19,392
%	**41.3%**	**4.3%**	**1.1%**	**0.1%**	**5.4%**	**13.5%**	**14.9%**	**0.5%**	**65.6%**
30-39	28,323	989	244	44	1,277	2,708	3,430	141	20,767
%	**39.6%**	**3.5%**	**0.9%**	**0.2%**	**4.5%**	**9.6%**	**12.1%**	**0.5%**	**73.3%**
≥40	13,691	253	69	9	331	1005	1358	81	10,916
%	**19.1%**	**1.8%**	**0.5%**	**0.1%**	**2.4%**	**7.3%**	**9.9%**	**0.6%**	**79.7%**

	Total (% of total)	Had LARC under Medicaid in DY 20-DY 21	Had LARC under Medicaid in DY 22	Had surgical in DY 22	Sum – Had most effective contracept-ion during DY 22	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 22	Had only non-contracept-ion services DY 22	Had only care coordination in DY 22	Had no contact in DY 22
Race									
Black	37,457	950	270	22	1,242	4,391	5,823	238	25,763
%	**52.34%**	**2.54%**	**0.72%**	**0.06%**	**3.32%**	**11.72%**	**15.55%**	**0.64%**	**68.78%**
White	26,461	1,242	283	45	1,570	2,572	2,559	103	19,657
%	**36.97%**	**4.69%**	**1.07%**	**0.17%**	**5.93%**	**9.72%**	**9.67%**	**0.39%**	**74.29%**
Hispanic	1,717	96	15	2	113	160	176	17	1,251
%	**2.40%**	**5.59%**	**0.87%**	**0.12%**	**6.58%**	**9.32%**	**10.25%**	**0.99%**	**72.86%**
Asian/Pacific Islander	360	17	3	0	20	30	24	2	284
%	**0.50%**	**4.72%**	**0.83%**	**0.00%**	**5.56%**	**8.33%**	**6.67%**	**0.56%**	**78.89%**
American Indian	219	9	2	0	11	22	18	0	168
%	**0.31%**	**4.11%**	**0.91%**	**0.00%**	**5.02%**	**10.05%**	**8.22%**	**0.00%**	**76.71%**
Other	2,288	103	22	1	126	219	250	8	1,685
%	**3.20%**	**4.50%**	**0.96%**	**0.04%**	**5.51%**	**9.57%**	**10.93%**	**0.35%**	**73.65%**
Not Stated	3,069	97	31	3	131	319	339	13	2,267
%	**4.29%**	**3.16%**	**1.01%**	**0.10%**	**4.27%**	**10.39%**	**11.05%**	**0.42%**	**73.87%**
ACHN Regions									
Central	9,765	197	55	5	257	1031	1271	65	7,141
%	**13.6%**	**2.0%**	**0.6%**	**0.1%**	**2.6%**	**10.6%**	**13.0%**	**0.7%**	**73.1%**
East	8,624	336	88	14	438	885	1213	31	6,057
%	**12.0%**	**3.9%**	**1.0%**	**0.2%**	**5.1%**	**10.3%**	**14.1%**	**0.4%**	**70.2%**
Gulf	13,409	482	122	20	624	1,653	1,919	1	9,212
%	**18.7%**	**3.6%**	**0.9%**	**0.1%**	**4.7%**	**12.3%**	**14.3%**	**0.0%**	**68.7%**
Mid-state	10,762	359	89	6	454	1149	969	200	7,990
%	**15.0%**	**3.3%**	**0.8%**	**0.1%**	**4.2%**	**10.7%**	**9.0%**	**1.9%**	**74.2%**
Northeast	8,348	378	72	8	458	757	916	4	6,213

	Total (% of total)	Had LARC under Medicaid in DY 20-DY 21	Had LARC under Medicaid in DY 22	Had surgical in DY 22	Sum – Had most effective contracept-ion during DY 22	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 22	Had only non-contracept-ion services DY 22	Had only care coordination in DY 22	Had no contact in DY 22
%	**11.7%**	**4.5%**	**0.9%**	**0.1%**	**5.5%**	**9.1%**	**11.0%**	**0.0%**	**74.4%**
Northwest	10,030	438	112	10	560	1126	1358	78	6,908
%	**14.0%**	**4.4%**	**1.1%**	**0.1%**	**5.6%**	**11.2%**	**13.5%**	**0.8%**	**68.9%**
Southeast	10,383	313	87	10	410	1092	1,532	2	7,347
%	**14.5%**	**3.0%**	**0.8%**	**0.1%**	**3.9%**	**10.5%**	**14.8%**	**0.0%**	**70.8%**

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

	DY17	DY18	DY19	DY20	DY21	DY22	% Change current year from previous year
Total	41.8%	33.5%	34.1%	37.7%	32.2%	26.4%	-22.0%
Age							
19-29	46.9%	39.0%	40.3%	43.7%	46.6%	31.7%	-32.0%
30-39	34.7%	26.7%	28.0%	32.7%	37.8%	24.4%	-35.5%
≥40	26.8%	20.6%	22.8%	25.7%	15.6%	19.0%	21.8%
Race							
Black	44.5%	35.0%	35.3%	40.4%	35.4%	29.7%	-19.2%
White	38.4%	32.1%	33.0%	34.8%	28.4%	22.5%	-26.2%
Hispanic		31.2%	29.4%	32.8%	29.3%	24.2%	-21.1%
Asian/Pacific Islander		22.1%	20.4%	24.5%	19.9%	16.9%	-17.8%
American Indian		29.9%	34.1%	36.2%	27.7%	21.5%	-28.8%
Other/unknown	39.9%	29.9%	32.5%	34.9%	29.5%	23.9%	-23.4%
ACHN Region**							
Central			35.8%	37.0%	30.9%	25.6%	-20.7%
East			37.7%	40.1%	32.8%	27.1%	-21.0%
Gulf			34.7%	38.5%	34.2%	29.4%	-16.3%
Mid-state			22.8%	31.8%	29.0%	23.4%	-23.9%
Northeast			29.2%	34.4%	28.7%	22.4%	-28.1%
Northwest			38.4%	41.8%	35.4%	28.4%	-24.6%
Southeast			39.2%	40.2%	33.6%	27.4%	-22.6%

+Race only captured as "Black, White, and Other" until DY18

*ACHN began in DY20 (October 1, 2019)

** DY19 percentages based on residential county designations

Table 3.3. Service Use by Provider Type, Overall (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 %)
Statewide					
All service users	18,895	11,369	3,457	1941	1,736
%	**100.0%**	**60.2%**	**18.3%**	**10.3%**	**9.2%**
LARC in DY 22	626	250	218	105	0
%	**3.3%**	**39.9%**	**34.8%**	**16.8%**	**0.0%**
LARC removal in DY 22	854	453	294	107	0
%	**4.5%**	**53.0%**	**34.4%**	**12.5%**	**0.0%**
Tubal ligation	82	0	48	34	0
%	**0.4%**	**0.0%**	**58.5%**	**41.5%**	**0.0%**
Injectable	1,799	397	721	410	271
%	**9.5%**	**22.1%**	**40.1%**	**22.8%**	**15.1%**
Oral Contraception	6,281	3,565	695	560	1,461
%	**33.2%**	**56.8%**	**11.1%**	**8.9%**	**23.3%**
Other moderately effective contraception	251	61	47	45	98
%	**1.3%**	**24.3%**	**18.7%**	**17.9%**	**39.0%**
STI and Chlamydia screening	9,819	8,017	179	1623	0
%	**52.0%**	**81.6%**	**1.8%**	**16.5%**	**0.0%**
Pap smear with HPV co-testing	4,378	3,153	144	1081	0
%	**23.2%**	**72.0%**	**3.3%**	**24.7%**	**0.0%**
HIV screening	6,129	5,010	31	1088	0
%	**32.4%**	**81.7%**	**0.5%**	**17.8%**	**0.0%**
Breast Exam	8,367	5,655	1344	1367	0
%	**44.3%**	**67.6%**	**16.1%**	**16.3%**	**0.0%**

Tables 3.3a-g. Service Use by Provider Type for ACHN regions

Table 3.3a. Service Use by Provider Type for Central ACHN region (Claims data)

Service Users with visits including this type of service **Central ACHN Region**	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	2,496	1,556	506	92	273
%	**100.0%**	**62.3%**	**20.3%**	**3.7%**	**10.9%**
LARC in DY 22	55	26	20	3	0
%	**2.2%**	**47.3%**	**36.4%**	**5.5%**	**0.0%**
LARC removal in DY 22	67	47	18	2	0
%	**2.7%**	**70.1%**	**26.9%**	**3.0%**	**0.0%**
Tubal ligation	6	0	5	1	0
%	**0.2%**	**0.0%**	**83.3%**	**16.7%**	**0.0%**
Injectable	308	9	206	29	64
%	**12.3%**	**2.9%**	**66.9%**	**9.4%**	**20.8%**
Oral Contraception	758	436	88	26	208
%	**30.4%**	**57.5%**	**11.6%**	**3.4%**	**27.4%**
Other moderately effective contraception	23	1	4	1	17
%	**0.9%**	**4.3%**	**17.4%**	**4.3%**	**73.9%**
STI and Chlamydia screening	1,168	1,079	28	61	0
%	**46.8%**	**92.4%**	**2.4%**	**5.2%**	**0.0%**
Pap smear with HPV co-testing	483	447	12	24	0
%	**19.4%**	**92.5%**	**2.5%**	**5.0%**	**0.0%**
HIV screening	830	781	15	34	0
%	**33.3%**	**94.1%**	**1.8%**	**4.1%**	**0.0%**
Breast Exam N	972	791	153	28	0
%	**38.9%**	**81.4%**	**15.7%**	**2.9%**	**0.0%**

Table 3.3b. Service Use by Provider Type for East ACHN region (Claims data)

Service Users with visits including this type of service **East ACHN Region**	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	2,341	1,578	425	119	188
%	**100.0%**	**67.4%**	**18.2%**	**5.1%**	**8.0%**
LARC in DY 22	88	32	38	11	0
%	**3.8%**	**36.4%**	**43.2%**	**12.5%**	**0.0%**
LARC removal in DY 22	144	54	73	17	0
%	**6.2%**	**37.5%**	**50.7%**	**11.8%**	**0.0%**
Tubal ligation	15	0	3	12	0
%	**0.6%**	**0.0%**	**20.0%**	**80.0%**	**0.0%**
Injectable	79	3	45	13	18
%	**3.4%**	**3.8%**	**57.0%**	**16.5%**	**22.8%**
Oral Contraception	846	515	121	40	170
%	**36.1%**	**60.9%**	**14.3%**	**4.7%**	**20.1%**
Other moderately effective contraception	26	5	6	5	10
%	**1.1%**	**19.2%**	**23.1%**	**19.2%**	**38.5%**
STI and Chlamydia screening	1,240	1,147	19	74	0
%	**53.0%**	**92.5%**	**1.5%**	**6.0%**	**0.0%**
Pap smear with HPV co-testing	538	431	42	65	0
%	**23.0%**	**80.1%**	**7.8%**	**12.1%**	**0.0%**
HIV screening	821	784	0	37	0
%	**35.1%**	**95.5%**	**0.0%**	**4.5%**	**0.0%**
Breast Exam	1184	888	204	92	0
%	**50.6%**	**75.0%**	**17.2%**	**7.8%**	**0.0%**

Table 3.3c. Service Use by Provider Type for Gulf ACHN region (Claims data)

Service Users with visits including this type of service **Gulf ACHN Region**	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	3,943	1,155	1,162	1,217	408
%	**100.0%**	**29.3%**	**29.5%**	**30.9%**	**10.3%**
LARC in DY 22	122	16	47	52	0
%	**3.1%**	**13.1%**	**38.5%**	**42.6%**	**0.0%**
LARC removal in DY 22	115	18	57	40	0
%	**2.9%**	**15.7%**	**49.6%**	**34.8%**	**0.0%**
Tubal ligation	23	0	18	5	0
%	**0.6%**	**0.0%**	**78.3%**	**21.7%**	**0.0%**
Injectable	584	12	226	271	75
%	**14.8%**	**2.1%**	**38.7%**	**46.4%**	**12.8%**
Oral Contraception	1,153	283	205	335	330
%	**29.2%**	**24.5%**	**17.8%**	**29.1%**	**28.6%**
Other moderately effective contraception	73	4	13	27	29
%	**1.9%**	**5.5%**	**17.8%**	**37.0%**	**39.7%**
STI and Chlamydia screening	2,052	872	83	1097	0
%	**52.0%**	**42.5%**	**4.0%**	**53.5%**	**0.0%**
Pap smear with HPV co-testing	1,046	273	56	717	0
%	**26.5%**	**26.1%**	**5.4%**	**68.5%**	**0.0%**
HIV screening	1,339	553	4	782	0
%	**34.0%**	**41.3%**	**0.3%**	**58.4%**	**0.0%**
Breast Exam	1,757	366	491	899	0
%	**44.6%**	**20.8%**	**27.9%**	**51.2%**	**0.0%**

Table 3.3d. Service Use by Provider Type for Mid-State ACHN region (Claims data)

Service Users with visits including this type of service **Mid-state ACHN Region**	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	2,523	1,650	343	101	227
%	**100.0%**	**65.4%**	**13.6%**	**4.0%**	**9.0%**
LARC in DY 22	89	34	34	8	0
%	**3.5%**	**38.2%**	**38.2%**	**9.0%**	**0.0%**
LARC removal in DY 22	100	55	36	9	0
%	**4.0%**	**55.0%**	**36.0%**	**9.0%**	**0.0%**
Tubal ligation	6	0	3	3	0
%	**0.2%**	**0.0%**	**50.0%**	**50.0%**	**0.0%**
Injectable	450	354	44	28	24
%	**17.8%**	**78.7%**	**9.8%**	**6.2%**	**5.3%**
Oral Contraception	772	464	74	31	203
%	**30.6%**	**60.1%**	**9.6%**	**4.0%**	**26.3%**
Other moderately effective contraception	65	37	9	3	16
%	**2.6%**	**56.9%**	**13.8%**	**4.6%**	**24.6%**
STI and Chlamydia screening	1,338	1,253	0	85	0
%	**53.0%**	**93.6%**	**0.0%**	**6.4%**	**0.0%**
Pap smear with HPV co-testing	642	605	2	35	0
%	**25.4%**	**94.2%**	**0.3%**	**5.5%**	**0.0%**
HIV screening	511	486	0	25	0
%	**20.3%**	**95.1%**	**0.0%**	**4.9%**	**0.0%**
Breast Exam	1,049	878	118	53	0
%	**41.6%**	**83.7%**	**11.2%**	**5.1%**	**0.0%**

Table 3.3e. Service Use by Provider Type for Northeast ACHN region (Claims data)

Service Users with visits including this type of service **Northeast ACHN Region**	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	1,867	1,129	395	121	218
%	**100.0%**	**60.5%**	**21.2%**	**6.5%**	**11.7%**
LARC in DY 22	72	29	29	9	0
%	**3.9%**	**40.3%**	**40.3%**	**12.5%**	**0.0%**
LARC removal in DY 22	106	69	30	7	0
%	**5.7%**	**65.1%**	**28.3%**	**6.6%**	**0.0%**
Tubal ligation	9	0	6	3	0
%	**0.5%**	**0.0%**	**66.7%**	**33.3%**	**0.0%**
Injectable	131	5	81	19	26
%	**7.0%**	**3.8%**	**61.8%**	**14.5%**	**19.8%**
Oral Contraception	658	345	82	38	193
%	**35.2%**	**52.4%**	**12.5%**	**5.8%**	**29.3%**
Other moderately effective contraception	19	2	5	2	10
%	**1.0%**	**10.5%**	**26.3%**	**10.5%**	**52.6%**
STI and Chlamydia screening	933	810	32	91	0
%	**50.0%**	**86.8%**	**3.4%**	**9.8%**	**0.0%**
Pap smear with HPV co-testing	401	312	23	66	0
%	**21.5%**	**77.8%**	**5.7%**	**16.5%**	**0.0%**
HIV screening	598	527	11	60	0
%	**32.0%**	**88.1%**	**1.8%**	**10.0%**	**0.0%**
Breast Exam	777	515	176	86	0
%	**41.6%**	**66.3%**	**22.7%**	**11.1%**	**0.0%**

Table 3.3f. Service Use by Provider Type for Northwest ACHN region (Claims data)

Service Users with visits including this type of service **Northwest ACHN Region**	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	2,845	2,138	267	149	208
%	**100.0%**	**75.1%**	**9.4%**	**5.2%**	**7.3%**
LARC in DY 22	112	71	18	12	0
%	**3.9%**	**63.4%**	**16.1%**	**10.7%**	**0.0%**
LARC removal in DY 22	166	120	28	18	0
%	**5.8%**	**72.3%**	**16.9%**	**10.8%**	**0.0%**
Tubal ligation	12	0	6	6	0
%	**0.4%**	**0.0%**	**50.0%**	**50.0%**	**0.0%**
Injectable	119	8	60	23	28
%	**4.2%**	**6.7%**	**50.4%**	**19.3%**	**23.5%**
Oral Contraception	1,063	784	48	49	182
%	**37.4%**	**73.8%**	**4.5%**	**4.6%**	**17.1%**
Other moderately effective contraception	33	11	6	5	11
%	**1.2%**	**33.3%**	**18.2%**	**15.2%**	**33.3%**
STI and Chlamydia screening	1,481	1,358	16	107	0
%	**52.1%**	**91.7%**	**1.1%**	**7.2%**	**0.0%**
Pap smear with HPV co-testing	651	553	6	92	0
%	**22.9%**	**84.9%**	**0.9%**	**14.1%**	**0.0%**
HIV screening	936	863	0	73	0
%	**32.9%**	**92.2%**	**0.0%**	**7.8%**	**0.0%**
Breast Exam	1,283	1,096	77	110	0
%	**45.1%**	**85.4%**	**6.0%**	**8.6%**	**0.0%**

Table 3.3g. Service Use by Provider Type for Southeast ACHN region (Claims data)

Service Users with visits including this type of service **Southeast ACHN Region**	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	2,845	2,142	354	140	207
%	**100.0%**	**75.3%**	**12.4%**	**4.9%**	**7.3%**
LARC in DY 22	87	41	32	10	0
%	**3.1%**	**47.1%**	**36.8%**	**11.5%**	**0.0%**
LARC removal in DY 22	153	87	52	14	0
%	**5.4%**	**56.9%**	**34.0%**	**9.2%**	**0.0%**
Tubal ligation	11	0	7	4	0
%	**0.4%**	**0.0%**	**63.6%**	**36.4%**	**0.0%**
Injectable	123	5	56	26	36
%	**4.3%**	**4.1%**	**45.5%**	**21.1%**	**29.3%**
Oral Contraception	1014	729	77	40	168
%	**35.6%**	**71.9%**	**7.6%**	**3.9%**	**16.6%**
Other moderately effective contraception	12	1	4	2	5
%	**0.4%**	**8.3%**	**33.3%**	**16.7%**	**41.7%**
STI and Chlamydia screening	1,590	1,483	1	106	0
%	**55.9%**	**93.3%**	**0.1%**	**6.7%**	**0.0%**
Pap smear with HPV co-testing	610	527	3	80	0
%	**21.4%**	**86.4%**	**0.5%**	**13.1%**	**0.0%**
HIV screening	1,080	1,004	1	75	0
%	**38.0%**	**93.0%**	**0.1%**	**6.9%**	**0.0%**
Breast Exam	1,328	1,108	123	97	0
%	**46.7%**	**83.4%**	**9.3%**	**7.3%**	**0.0%**

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 %)
Total	18,895	613	4,583	75	13,624
	100%	**3.2%**	**24.3%**	**0.4%**	**72.1%**
New PF enrollees	851	61	191	9	590
%	**4.50%**	**7.2%**	**22.4%**	**1.1%**	**69.3%**
New PF enrollees with previous MLIF or SOBRA Medicaid coverage					
N	140	10	15	0	115
%	**0.74%**	**7.1%**	**10.7%**	**0.0%**	**82.1%**
Returning PF enrollees	17,904	542	4,377	66	12,919
%	**94.8%**	**3.03%**	**24.5%**	**0.37%**	**72.6%**
Age					
19-29	9,384	281	2,371	50	6,682
%	**49.7%**	**3.0%**	**25.3%**	**0.5%**	**71.2%**
30-39	6,908	230	1,605	19	5,054
%	**36.6%**	**3.3%**	**23.2%**	**0.3%**	**73.2%**
≥40	2,603	102	607	6	1,888
%	**13.8%**	**3.9%**	**23.3%**	**0.2%**	**72.5%**
Race					
Black	11,129	379	2,791	48	7,911
%	**58.9%**	**3.4%**	**25.1%**	**0.4%**	**71.1%**
White	5963	170	1,401	23	4,369
%	**31.6%**	**2.9%**	**23.5%**	**0.4%**	**73.3%**
Hispanic	416	25	83	2	306
%	**2.2%**	**6.0%**	**20.0%**	**0.5%**	**73.6%**
Asian/Pacific Islander	61	2	9	0	50
%	**0.3%**	**3.3%**	**3.3%**	**14.8%**	**0%**
American Indian	47	0	8	0	39
%	**0.3%**	**0%**	**17.0%**	**0%**	**83.0%**
Other /Unknown	1,279	37	291	2	949
%	**6.8%**	**2.9%**	**22.8%**	**0.2%**	**74.2%**
ACHN Regions					
Central	2,496	106	614	3	1,773
%	**13.2%**	**4.3%**	**24.6%**	**0.1%**	**71.0%**
East	2,341	43	612	2	1,684
%	**12.4%**	**1.8%**	**26.1%**	**0.1%**	**71.9%**
Gulf	3,943	3	312	0	3,628
%	**20.9%**	**0.1%**	**7.9%**	**0%**	**92.0%**
Mid-state	2,523	280	828	38	1,377
%	**13.4%**	**11.1%**	**32.8%**	**1.5%**	**54.6%**

Northeast	1,867	11	404	3	1,449
%	**9.9%**	**0.6%**	**21.6%**	**0.2%**	**77.6%**
Northwest	2,845	162	954	28	1,701
%	**15.1%**	**5.7%**	**33.5%**	**1.0%**	**59.8%**
Southeast	2845	7	851	1	1,986
%	**15.1%**	**0.3%**	**29.9%**	**0.04%**	**69.8%**
None	35	1	8	0	26
%	0.2%	2.9%	22.9%	0%	74.3%

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*	9,819	13.7%	52.0%
Chlamydia†	2,402	19.5%	54.8%
Cervical cancer‡	2,327	5.5%	24.5%
Breast cancer	8,367	11.7%	44.3%

* 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 DY22, 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 %)
Total Enrolled (row %)	**404 (0.6%)**	**2,418 (3.4%)**	**6,941 (9.7%)**	**61,808 (86.4%)**
Used contraceptive method, clinical services, and care coordination	12 (3.0%)	92 (3.8%)	383 (5.5%)	1,816 (2.9%)
Used contraceptive method and clinical services	41 (10.1%)	160 (6.6%)	616 (8.9 %)	3,893 (6.3%)
Used contraceptive method and care coordination	2 (0.5%)	6 (0.2%)	14 (0.2%)	37 (0.1%)
Used contraceptive method only	58 (14.4%)	97 (4.0%)	387 (5.6%)	3,312 (5.4%)
Subtotal with claim for a contraceptive method	**113 (28.0%)**	**355 (14.7%)**	**1,400 (20.2%)**	**9,058 (14.7%)**
Used clinical services and care coordination, no contraceptive method	6 (1.5%)	109 (4.5%)	380 (5.5%)	2,034 (3.3%)
Used clinical services, no contraceptive method	32 (7.9%)	319 (13.2%)	850 (12.2%)	5,509 (8.9%)
Used care coordination, no contraceptive method	5 (1.2%)	38 (1.6%)	142 (2.0%)	195 (0.3%)
Subtotal using services but no contraceptive method	**43 (10.6%)**	**466 (19.3%)**	**1,372 (19.8%)**	**7,738 (12.5%)**
Did not use services	**248 (61.4%)**	**1,606 (66.4%)**	**4,169 (60.1%)**	**45,012 (72.8%)**

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 58% reported that their family planning provider advised them to quit smoking, but only about 35% of smokers reported discussing how to quit with their provider. Overall, 66.7% received a referral to the Quit Line; more than 20% received a recommendation to use a Nicotine Replacement Therapy (NRT) product, and 13.5% received a prescription for NRT products. The proportion of Plan First service users receiving some type of smoking cessation services is approaching the target of 85% of smokers.

Plan First covers NRT products for Plan First recipients without prior authorization. However, 12.3% of all smokers reported paying for these products out of pocket. About 73% 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 22 survey data (22.9%). Based on these assumptions, less than 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	162	22.9
Asked about smoking at FP visit	149	92.0%
Advised to quit by FP provider*	95	58.6%
Discussed how to quit with FP provider*	56	34.6%
Provider recommended NRT*	108	66.7%
Referred to Quit Line*	35	21.6%
Provider prescribed NRT	22	13.6%
Paid out of pocket for NRT products*	20	12.3%
Plans to quit smoking in the next year*	118	72.8%

*Among women who reported smoking.

Table 4.2. Smoking Cessation Modalities (Claims data)

Table 4.2. Smoking Cessation Modalities (Claims data)	DY 19		DY 20		DY 21		DY22	
	N	%	N	%	N	%	N	%
Plan First service users	35,180	--	34,154	--	14,447	--	18,895	--
Estimated number of smokers (based on survey data)	8,021*	22.8	7,787*	22.8	3,308*	22.9%	4,326*	22.9%
Service users with claims for covered NRT products (% of estimated number of smokers)	63	0.8 %	38	0.5%	38	1.2%	16	0.3%

*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 lower in DY 21 than they had been in DY 20.

In Demonstration Year 21, there were 77,211 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)

	Number Enrollees	Number of Births	Births/1000
		Assuming pre-waiver fertility levels*	
All enrollees	77,211	10,838	140.4
		Actual births after enrollment	
All enrollees not pregnant at enrollment	77,188	3,416	44.3
Service Users not pregnant at first visit	23,261	1,026	44.1
Non-service users not pregnant at enrollment	50,511	2,390	47.3

*Adjusted for age and race

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

	Estimated birth rate if fertility rates continued at pre-waiver levels*	Actual birth rates <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
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
DY21	140.0	44.2	44.1	47.3

*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 16.0% (16.2%) between DY21 and DY22. 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).

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

	DY 21		DY 22		% Change DY 21 - DY 22	
	Enrolled N	**Obtained vasectomy N (%)***	**Enrolled N**	**Obtained vasectomy N (%)***	**Enrolled %**	**Obtained vasectomy %**
TOTAL	1750	6 (0.3)	2088	5 (0.2)	16.2%	-20.0%
Race						
White	1065	4 (0.4)	1269	4 (0.3)	16.1%	0.0%
Black	462	0 (0.0)	549	0 (0.0)	15.8%	0.0%
Hispanic	53	0 (0.0)	74	0 (0.0)	28.4%	0.0%
Asian/Pacific Islander	17	0 (0.0)	23	0 (0.0)	26.1%	0.0%
American Indian	12	0 (0.0)	14	0 (0.0)	14.3%	0.0%
Other or unknown race/ethnicity	141	2 (1.4)	159	1 (0.6)	11.3%	-100.0%
Care Coordination						
Received care coordination	25	1 (4.0)	36	1 (2.8)	30.6%	0.0%
Did not receive care coordination	1725	5 (0.3)	2052	4 (0.2)	15.9%	-25.0%
ACHN Regions						
Central	149	0 (0.0)	173	0 (0.0)	13.9%	0.0%
East	244	1 (0.4)	298	1 (0.3)	18.1%	0.0%
Gulf	350	3 (0.9)	418	1 (0.2)	16.3%	-200.0%
Mid-state	259	0 (0.0)	306	0 (0.0)	15.4%	0.0%
Northeast	290	0 (0.0)	339	0 (0.0)	14.5%	-100.0%
Northwest	228	0 (0.0)	276	2 (0.7)	17.4%	200.0%
Southeast	217	0 (0.0)	267	0 (0.0)	18.7%	0.0%

*Row percentages

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 17 and Demonstration Year 22 was about an 11% decrease in enrollment and a 22% decrease in the portion of enrollees using services. The change was concentrated in younger women (Table 1.1 and 1.2).

There were about 700 more deliveries in Demonstration Year 22 compared to Demonstration Year 21, an increase of 2.4%. However, there were nearly 400 fewer women with a Medicaid covered delivery who enrolled in Plan First, a decline of 34.7%. 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 21 and Demonstration Year 22, 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 remained relatively steady between the two Demonstration Years. As a consequence, the portion of visits made to private providers decreased 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 decrease in the portion of women using case management or care coordination services in Demonstration Year 22. 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 a decrease in the use of long-acting contraceptives. Surgical procedures have remained constant over the past two Demonstration Years (Table 3.1).

Table 1.1 Plan First Enrollment Over Time (Enrollment data)

	DY17	DY18	DY19	DY20	DY 21	DY 22	Average annual change N (%)
Total	119,420	116,683	103,040	90,318	77,211	71,571	-9,570(-10.9%)
Age							
19-29	75,783	69,550	55,886	47,911	35,981	13,049	-12,547 (-51.8%)
30-39	33,612	36,189	35,622	31,337	29,154	52,800	3,838 (5.8%)
≥40	10,025	10,944	11,532	11,070	12,076	5,722	-861 (-18.7%)
Race							
Black	64,555	63,959	55,168	48,357	40,973	26,461	-7,619 (-20.8%)
White	46,790	42,926	37,558	33,772	27,956	36,457	-2,067 (-6.4%)
Hispanic	--	2,359	2,169	2,063	1,824	1717	-161 (-8.3%)
Asian/Pacific Islander	--	607	470	421	367	360	-62 (-14.4%)
American Indian	--	374	317	305	249	219	-39 (-14.5%)
Other	8,075	6,458	7,599	7,044	5,842	5,357	-544 (-9.5%)
ACHN Regions							
Central	--	--	14,775	12,763	10,694	9,765	-1,670 (-14.9%)
East	--	--	12,992	10,982	9,277	8,624	-1,456 (-14.8%)
Gulf	--	--	19,254	16,929	14,564	13,409	-1,948 (-12.9%)
Mid-state	--	--	14,943	13,459	11,598	10,762	-1,394 (-11.6%)
Northeast	--	--	11,863	10,535	8,930	8,348	-1,172 (-12.5%)
Northwest	--	--	14,187	12,542	10,728	10,030	-1,386 (-12.3%)
Southeast	--	--	15,256	13,108	11,138	10,383	-1,624 (-13.8%)

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

	DY17	DY18	DY19	DY20	DY21	DY22	Average annual change N (%)
Total	49,929	39,076	35,146	34,154	24,254	18,895	-5,359 (-22.1%)
Age							
19-29	35,579	27,142	22,533	21,025	13,396	9,384	-5,359 (-29.9%)
30-39	11,667	9,677	9,985	10,275	8,209	6,908	-1,301 (-15.8%)
≥40	2,683	2,257	2,628	2,854	2,649	2603	-46 (-1.7%)
Race							
Black	28,756	22,382	19,469	19,409	14,516	11,129	-3,525 (-21.6%)
White	17,953	13,785	12,397	11,448	7,932	5,963	-2,398 (-25.4%)
Hispanic	--	735	638	669	534	416	-80 (-16.1%)
Asian/Pacific Islander	--	134	96	100	73	61	-18 (-23.1%)
American Indian	--	112	108	106	69	47	-16 (-26.5%)
Other	3,220	1,928	2,472	2,422	1,722	1,279	-388 (-24.5%)
ACHN Regions							
Central	--	--	5,290	4,722	3,309	2,496	-931 (-29.1%)
East	--	--	4,904	4,400	3,041	2,341	-854 (-28.7%)
Gulf	--	--	6,679	6,521	4,981	3,943	-912 (-19.9%)
Mid-state	--	--	3,410	4,284	3,362	2,523	-296 (-13.4%)
Northeast	--	--	3,463	3,625	2,565	1,867	-532 (-24.7%)
Northwest	--	--	5,448	5,239	3,799	2,845	-868 (-25.1%)
Southeast	--	--	5,984	5,266	3,738	2,845	-1,046 (-28.6%)

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

	DY20	DY21	DY22
Total			
Women with SOBRA deliveries in the previous year and this year	30,556	27,660	28,345
Women enrolled in Plan First in DY	6,300	1,430	1,062
% of women enrolled in Plan First in DY	20.6	5.2	3.7
Women using services in Plan First in DY	1908	61	181
% of Plan First enrollees using PF services in DY	30.3	4.3	17
% of women with SOBRA births using PF services in DY	6.2	0.2	0.6
Central			
Women with SOBRA deliveries in the previous year and this year	3,980	3,415	3,385
Women enrolled in Plan First in DY	797	137	114
% of women enrolled in Plan First in DY	20.0	4.0	3.4
Women using services in Plan First in DY	244	3	14
% of Plan First enrollees using PF services in DY	30.6	2.2	12.3
% of women with SOBRA births using PF services in DY	6.1	0.1	0.4
East			
Women with SOBRA deliveries in the previous year and this year	4,191	3,871	3,985
Women enrolled in Plan First in DY	805	170	139
% of women enrolled in Plan First in DY	19.6	4.4	3.5
Women using services in Plan First in DY	240	7	26
% of Plan First enrollees using PF services in DY	29.8	4.1	18.7
% of women with SOBRA births using PF services in DY	5.8	0.2	0.6
Gulf			
Women with SOBRA deliveries in the previous year and this year	5,307	5019	4,711
Women enrolled in Plan First in DY	1,316	283	211
% of women enrolled in Plan First in DY	24.8	5.6	4.5
Women using services in Plan First in DY	419	17	49
% of Plan First enrollees using PF services in DY	31.8	6.0	23.2
% of women with SOBRA births using PF services in DY	7.9	0.3	1
MidState			
Women with SOBRA deliveries in the previous year and this year	4,540	3,900	4,212
Women enrolled in Plan First in DY	877	217	137
% of women enrolled in Plan First in DY	19.3	5.6	3.2
Women using services in Plan First in DY	207	3	18
% of Plan First enrollees using PF services in DY	23.6	1.4	13.1
% of women with SOBRA births using PF services in DY	4.6	0.1	0.4

	DY20	DY21	DY22
Northeast			
Women with SOBRA deliveries in the previous year and this year	4,349	3,743	4,119
Women enrolled in Plan First in DY	777	173	135
% of women enrolled in Plan First in DY	17.9	4.6	3.3
Women using services in Plan First in DY	226	6	15
% of Plan First enrollees using PF services in DY	29.1	3.5	11.1
% of women with SOBRA births using PF services in DY	5.2	0.2	0.4
Northwest			
Women with SOBRA deliveries in the previous year and this year	4,110	3,652	3,864
Women enrolled in Plan First in DY	876	223	183
% of women enrolled in Plan First in DY	21.3	6.1	4.7
Women using services in Plan First in DY	278	14	39
% of Plan First enrollees using PF services in DY	31.7	6.3	21.3
% of women with SOBRA births using PF services in DY	6.8	0.4	1
Southeast			
Women with SOBRA deliveries in the previous year and this year	4,109	3,859	4,048
Women enrolled in Plan First in DY	850	225	143
% of women enrolled in Plan First in DY	20.7	5.8	3.5
Women using services in Plan First in DY	294	11	20
% of Plan First enrollees using PF services in DY	34.6	4.9	14
% of women with SOBRA births using PF services in DY	7.2	0.3	0.5

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 20	DY21	DY22	DY 20	DY21	DY22	DY 20	DY21	DY22	DY 20	DY21	DY22
	448	361	301	16,657	12,565	9,463	88,135	47,562	46,806	18.9	26.4	20.2
Central	65	55	41	2,200	1611	1,221	12,160	6442	6,363	18.1	25.0	19.2
East	58	46	37	1,374	1160	812	11,700	6140	5,990	11.7	18.9	13.6
Gulf	80	71	53	6,897	4738	4,328	15,807	9307	9,471	43.6	50.9	45.7
Mid-State	47	31	37	1,180	1065	704	10,968	6017	5,933	10.8	17.7	11.9
Northeast	71	55	41	2,209	1635	909	8,248	4937	4,126	26.8	33.1	22.0
Northwest	75	56	49	1,406	1217	694	14,697	7173	7,033	9.6	17.0	9.5
Southeast	52	47	43	1,391	1139	795	14,555	7546	7,890	9.6	15.1	10.1

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
DY22	94.3	85.4	92.4

*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)

	DY14	DY15	DY16	DY17	DY18	DY19	DY20	DY21	DY22
Care Coordination	37.6%	37.2%	29.6%	36.8%	38.4%	36.4%	43.7%	29.7%	27.9%
HIV Testing	24.0%	34.5%	30.1%	36.9%	23.4%	25.9%	26.5%	17.9%	32.4%
Pap Smear (over age 30)						17.5%	20.4%	14.5%	24.5%
Tubal ligation	0.8%	0.9%	0.8%	0.7%	0.4%	0.6%	0.7%	0.4%	0.4%
LARC					2.8%	3.2%	3.3%	6.0%	3.3%
Contraceptive injection	29.7%	30.8%	27.6%	37.4%	25.9%	23.0%	14.5%	9.6%	9.5%
Oral contraception	25.5%	20.7%	22.4%	29.7%	31.8%	30.5%	37.6%	34.3%	33.2%

Appendix A: Demographics of Survey Respondents

Table A.1. Demographic composition of survey respondents

	DY14	DY15	DY16	DY17*	DY18	DY19	DY20/ 21	DY22
	N=1,107	N=1,125	N=1,112	N=2,237	N=819	N=808 ‡	N=754	N=733
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Age (years)								
19	22 (2.0)	5 (0.4)	8 (0.7)	13 (0.6)	19 (2.3)	4 (0.5)	0	2 (0.3)
20 – 29	704 (63.6)	702 (62.4)	602 (54.1)	1,304 (58.3)	367 (44.8)	368 (45.5)	289 (38.2)	274 (37.4)
30 – 39	306 (27.6)	368 (32.7)	411 (37.0)	779 (34.8)	265 (32.4)	326 (40.3)	319 (42.2)	301 (41.1)
40+	75 (6.8)	48 (4.3)	86 (7.7)	136 (6.1)	166 (20.3)	110 (13.6)	148 (19.6)	129 (17.6)
Not answered[1]	0	2 (0.2)	5 (0.4)	5 (0.2)	2 (0.2)	0	0	27 (3.7)
Race								
Black	565 (51.0)	570 (50.7)	571 (51.3)	1,137 (50.8)	483 (59.0)	432 (58.3)	438 (58.1)	403 (57.1)
White	493 (44.5)	503 (44.7)	460 (41.4)	963 (43.0)	280 (34.2)	269 (36.3)	272 (36.1)	262 (37.1)
American Indian	2 (0.2)	13 (1.2)	7 (0.6)	13 (0.6)	11 (1.3)	9 (1.2)	6 (0.8)	6 (0.85)
Asian/Pacific Islander	9 (0.8)	6 (5.3)	5 (0.4)	9 (0.4)	4 (0.5)	4 (0.5)	3 (0.4)	2 (0.28)
Other	32 (2.9)	29 (2.6)	63 (5.7)	105 (4.7)	34 (4.1)	24 (3.2)	25 (3.3)	30 (4.25)
Don't know/ Refused	6 (0.6)	4 (0.4)	6 (0.5)	0 (0)	7 (0.8)	3 (0.3)	10 (1.3)	1 (0.14)
Hispanic								
Yes	36 (3.2)	34 (3.0)	45 (4.1)	79 (3.5)	31 (3.8)	26 (3.5)	24 (3.2)	34 (4.8)
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)	671 (95.0)
Not Answered[1]	1 (0.1)	--	3 (0.3)	3 (0.2)	1 (0.1)	2 (0.3)	10 (1.3)	1 (0.14)
Marital status								
Single	672 (60.7)	679 (60.4)	627 (56.4)	1,306 (58.4)	349 (42.9)	286 (38.6)	336 (44.6)	325 (46.0)
Non-cohabiting	--	--	--	--	154 (18.9)	133 (17.9)	95 (12.6)	95 (13.5)

Married/ cohabiting	241 (21.8)	272 (24.2)	305 (27.4)	577 (25.8)	251 (30.9)	260 (35.1)	213 (28.2)	229 (32.4)
Previously married	189 (17.1)	172 (15.3)	177 (15.9)	349 (15.6)	59 (7.3)	54 (7.3)	49 (6.5)	51 (7.2)
Don't know/ Refused	5 (0.5)	0 (0.2)	3 (0.3)	5 (0.2)	0	8 (1.0)	61 (8.1)	6 (0.8)
Education								
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)	49 (6.9)
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)	260 (36.8)
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)	395 (55.9)
Not answered	2 (0.2)	0	2 (0.2)	3 (0.1)	4 (0.5)	2 (0.3)	35 (4.6)	2 (0.3)
Ever pregnant								
Yes	823 (78.0)	934 (86.5)	988 (88.8)	1,922 (85.9)	667 (81.6)	589 (79.4)	589 (83.9)	564 (79.8)
No	229 (21.7)	142 (13.4)	124 (11.2)	226 (10.1)	149 (18.2)	151 (20.4)	113 (16.1)	142 (20.1)

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

[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.

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