

Alabama Medicaid Agency Plan First Program

Section 1115 Demonstration Waiver

**Annual Monitoring Report
Demonstration Year 2024
October 1, 2023 through September 30, 2024**



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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 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, 2024, 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 expired September 30, 2023. On June 15, 2023, CMS granted an additional one-year temporary extension that will expire on September 30, 2024. On September 4, 2024, CMS granted an additional one-year temporary extension that will expire on September 30, 2025.

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, 2023 - September 30, 2024

Demonstration Year: 24

Demonstration Approval Period: November 27, 2017 through September 30, 2024

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) 24, October 1, 2023, through September 30, 2024, 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.
- Effective June 1, 2023, the Alabama Medicaid Agency began its unwinding process. This process involved redetermination of Medicaid recipients that were still eligible for Medicaid services due to PHE. In addition, on October 1, 2023, SOBRA recipients were eligible for 12 months postpartum coverage. Because of these two changes, the Medicaid Agency expects the Plan First totals will decrease but not significantly. However, we found that Plan First enrollments actually increased. In DY24, 93,964 recipients were enrolled in Plan First compared to 71,640 in DY23. The increase was due to recipients that transitioned from SOBRA pregnancy coverage at the end of COVID-19 unwinding.

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 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.

Provider Participation

Currently, all counties have public provider options for Plan First services. As of October 2024, Plan First providers enrolled in Alabama have increased to 2,605 from 1,906 providers in October of 2020.

c. Audits

During this past demonstration year, Alabama Medicaid's Audit Unit completed 89 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)	Self- audits were conducted on a monthly basis. A total of 126 audits were completed for DY24.
Alabama Care Network Mid-State (ACN-M)	Self-audits were conducted on a monthly basis. A total of 256 audits were completed for the year.
Alabama Care Network Southeast (ACNS)	Charts were audited on a monthly basis. A total of 88 audits were 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 82 records were self-audited for DY24.
My Care Alabama Northwest (MCANW)	Self- audits were conducted on a monthly basis. A total of 200 audits were completed for DY24.
My Care Alabama Central (MCAC)	Supervisors conduct 20 chart audits a month on average for plan first recipients.

My Care Alabama East (MCAE)	24 total self-audits were conducted for DY24. Audits are conducted on a monthly basis.
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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.
 - As of September 2023, the Alabama Medicaid Agency is working with its fiscal agent to implement telephonic family planning services.
 - The Alabama Medicaid Agency continues to have challenges with providers that are willing to offer Family Planning services. The Agency is collaborating with the Alabama Department of Public Health to embed Family Planning providers and care coordinators in county health departments.
 - 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.

Operational challenges over the past year included limited direct access to the Plan First population. This population is hard to reach via phone due to outdated phone numbers and lack of claim history in order to reach out to providers for updated contact information. Additionally, due to the sensitive nature of this topic, many recipients when reached telephonically are reticent to consent to discussion and enrollment into family planning case management as they feel their needs are being adequately handled by their chosen care provider and their provider has not discussed the need for additional care coordination activities with them.

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

In early 2024, CMS notified the Alabama Medicaid Agency that they were removing the non-emergency medical transportation restriction from the Plan First waiver. Effective January 1,

2025, Alabama Medicaid Agency anticipates offering non-emergency medical transportation to Plan First only recipients. The goal is to help eliminate transportation barriers to family planning appointments.

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 and Quarterly Medical Management Meetings.	This strategy proves to be effective. The majority of enrolled recipients verbalized an understanding of family planning services offered by ACNM.
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 recipients due to incorrect phone numbers and addresses. Additionally, we found that recipients 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.
DHCP Meetings- Reviewed family planning care coordination with Delivering Health Care Professionals	Received a few referrals. DHCP offices share their daily schedules and we can identify family planning EIs.
Pregnancy Resource Center partners in Coffee County, Dale, and Pike Counties. We have staff in each of these centers once a week and meet with eligible individuals to discuss family planning options.	Great Resource for our patients and good referral source

My Care Alabama Northwest (MCANW)	
Strategies	Effectiveness
Approval letter education for the male plan first population	Minimally effective
Enrollment at Delivery	Most effective
Education to PCP providers	Moderately effective
Education to Pregnancy Testing Centers to increase enrollment	Minimally effective
Education to pediatric offices to increase teen enrollment	Moderately effective
Education to OBGYNs to increase enrollment	Moderately effective
Referrals from Pediatricians	Minimally effective
Referrals from ADPH	Minimally effective
North Alabama Community Care (NACC)	
Strategies	Effectiveness
Discussed family planning services at Medical Management Meetings	Received very few referrals. Most of our 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	Received a very few referrals.
Internal referrals of Maternity EI	Very Successful
Gulf Coast Total Care (GCTC)	
Strategies	Effectiveness
DHCP Meetings- Review family planning care coordination services available through GCTC at each DHCP Meeting.	Fair. We receive a small number of referrals from private DHCP offices. As for FQHC/ADPH were most of recipients go for family planning provider services, few referrals are received on a routine basis as those agencies usually have support staff/services to assist

<p>Medical Management Meetings- Reviewed with primary care providers available family planning care coordination services.</p> <p>Enrolled Maternity Recipients- Education provided to all maternity recipients on family planning services available post-delivery.</p> <p>Regional Perinatal Advisory Meetings- Reminders given at each bi-monthly meeting, comprised of region providers, of available care coordination services to include family planning services.</p> <p>The Women's Resource Center (Mobile and Baldwin Counties)- In-person visits to educate staff on available GCTC services for pregnant and childbearing aged women. Flyers and referral forms were left with the agency.</p>	<p>with barriers/missed appointments</p> <p>Not effective as few of our primary care providers are Plan First providers.</p> <p>Effective. The majority of our enrolled family planning recipients are transitioned from maternity care coordination post delivery</p> <p>Fair. Most family planning care in the rural areas are provided by FQHCs/ADPH. Success rate was not as high as hoped primarily due to EIs were less receptive to the calls without primary provider discussions prior to the call about need for services.</p> <p>Effective. The Women's Resource Center frequently refers women for maternity/family planning services.</p>
My Care Alabama Central (MCAC)	
Strategies	Effectiveness
Medical Management Meetings and Provider education to Plan First recipients	Moderately effective
Provide education to PCPs	Minimally effective
Provide education to MCPs	Very effective
Provide education to Pediatric offices	Minimally effective
Provide education to pregnancy centers	Very Effective

My Care Alabama East (MCAE)	
Strategies	Effectiveness
Approval letter education for the male Plan First population	Moderately effective
Education to PCP providers	Minimally effective
Education to Pregnancy Testing Centers to increase enrollment	Minimally effective
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

Two annual public forums for the Plan First Program 1115 Demonstration were conducted in June 2024. The first public forum was held June 11, 2024, at Alabama Medicaid Central office in Montgomery, AL. Attendance was in person and virtual. The second public forum was held June 12, 2024, at the Alabama Medicaid District office in Birmingham, AL. Attendance was in person and virtual.

There were no public comments.

Meeting Location Information:

June 11, 2024

Alabama Medicaid Agency

501 Dexter Avenue

Montgomery, Alabama 36104

June 12, 2024

Alabama Medicaid Birmingham District Office

Beacon Ridge Tower, Suite 300

600 Beacon Pkwy West

Birmingham, AL 35209

G. BUDGET NEUTRALITY

Without Waiver

Without-Waiver Total Expenditures										
			18	19	20	21	22	23	24	TOTAL
Hypothetical 1 Per Capita										
Family Planning	1	Total	\$ 23,475,183	\$ 22,851,782	\$ 23,325,354	\$ 22,546,237	\$ 21,483,758	\$ 20,305,033	\$ 18,239,348	
		PMPM	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	\$26.76	
		Mem-Mon	877,249	853,953	871,650	842,535	802,831	758,783	681,590	
Tobacco Cessation	2	Total	\$ 438,625	\$ 426,977	\$ 435,825	\$ 421,268	\$ 401,416	\$ 379,392	\$ 340,795	
		PMPM	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	
		Mem-Mon	877,249	853,953	871,650	842,535	802,831	758,783	681,590	
TOTAL			\$23,913,808	\$23,278,759	\$23,761,179	\$22,967,504	\$21,885,173	\$20,684,425	\$18,580,143	\$155,070,991

With Waiver

With-Waiver Total Expenditures										
			18	19	20	21	22	23	24	TOTAL
Hypothetical 1 Per Capita										
Family Planning	1		\$22,526,321	\$23,638,217	\$12,733,417	\$11,842,330	\$9,708,596	\$8,645,249	\$8,766,759	
Tobacco Cessation	2		\$9,446	\$7,077	\$10,383	\$11,555	\$1,888	\$4,923	\$1,918	
TOTAL			\$ 22,535,767	\$ 23,645,294	\$ 12,743,800	\$ 11,853,885	\$ 9,710,484	\$ 8,650,172	\$ 8,768,677	\$ 97,908,079
HYPOTHETICALS VARIANCE 1										
			\$ 1,378,041	\$ (366,535)	\$ 11,017,379	\$ 11,113,619	\$ 12,174,689	\$ 12,034,253	\$ 9,811,466	Excluded

Budget Neutrality Summary

HYPOTHETICALS TEST 1 Cumulative Target Limit										
			18	19	20	21	22	23	24	
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	\$ 136,490,847	\$ 155,070,991	
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)	\$ (12,028,885)	\$ (23,142,504)	\$ (35,317,193)	\$ (47,351,445)	\$ (57,162,912)	

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, 2023, through September 30, 2024) is the fifth 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 24, October 2023 through September 2024, 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 2024.

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. 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 increased by 31.2% from the previous Demonstration Year. This increase represented a 329.7% jump in the number of new entrants into Plan First, compared to a 5.0% increase in the portion of women retaining Plan First coverage from the previous year. These rates were highest among younger women, as well as Hispanic and Asian/Pacific Islander women. However, these rates were similar across the seven ACHN organizations, so no region stands out as having disparate enrollment changes.

The tables under Goal 3: Increasing Family Planning Service Use show that 18.8% of enrollees used services in Demonstration Year 24, a decrease from 24.9% in Demonstration Year 23 and well short of the program goal of 70% utilization. Overall, about 43.2% of service users had contraceptive use (including those with long-acting contraception received before the demonstration year), and roughly 40 percent used case management or care coordination services, a significant increase from the less than 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 decreased by 9.8% between Demonstration Year 23 and Demonstration Year 24, but the number of men who received vasectomies (paid claims) increased by 200%.

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 and the entire county of visits in the program have decreased even though the number of private providers participating in the program has remained steady. Compared to previous years, a similar proportion of Plan First visits were provided by private providers rather than the health department in Demonstration Year 24. Tables also show a decrease in the use of long-acting contraceptives, oral contraceptives, pap smears in this Demonstration Year, but an increase in the use of case management services.

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 roughly 45% of eligible women, as defined by the 2023 ACS 1-yr Population estimates. Enrollment increased 31.2% between DY 23 and DY 24. This was primarily due to a 329.7% increase 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 303 women who were enrolled in Plan First in DY23 but were no longer enrolled in the program in DY24. Overall, 48.2% of those contacted were aware that they were no longer enrolled in Plan First. Table 1.3 describes some of the experiences of women who were no longer enrolled in Plan First. Of the women who knew that they were not enrolled, 52.1% got other health insurance coverage. Additionally, roughly about 5.5% 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*)

	2023 ACS Population 1- yr Estimate (N) ⁺	Enrolled in Plan First DY23 (N)	% Enrollees of 2022 ACS low-income population (DY23)	Enrolled in Plan First DY24 (N)	% Enrollees of 2023 ACS low-income population (DY24)	Change in percent of population enrolled DY 23-DY 24
TOTAL	209,911	71,640	19.90%	93,964	44.76%	31.20%
Age, years						
18-24	57, 837	10,512	14.80%	14,669	25.40%	39.50%
24-44	112,176	54,149	28.00%	71,447	63.69%	31.90%
45-54	39,898	6,979	7.30%	7,848	19.67%	12.50%
Race						
White	93,461	26,735	12.00%	34,772	37.20%	30.10%
Black	86,026	37,220	35.80%	49,020	56.98%	31.70%
Hispanic	18,876	1,875	11.20%	3,051	16.16%	62.70%
Asian/Pacific Islander	2,296	379	5.90%	491	21.39%	29.60%
American Indian	1,217	221	11.70%	284	23.34%	28.50%
Other race/ethnicity	8035	2,342	31.20%	3,198	39.80%	36.50%
Not stated	N/A	2,868	N/A	3,148	N/A	9.80%
ACHN Regions						
Central	32,914	9,669	24.70%	12,494	37.96%	29.20%
East	32262	8,643	19.50%	11,362	35.22%	31.50%
Gulf/ Southwest	31927	13,251	24.90%	17,351	54.35%	30.90%
Mid-state	30873	10,923	16.60%	15,061	48.78%	37.90%
Northeast	29670	8,384	14.50%	11,055	37.26%	31.90%
Northwest	27081	9,961	21.00%	12,775	47.17%	28.30%
Southeast	23391	10,547	22.50%	13,618	58.22%	29.10%
Not specified	1793	262	N/A	248	13.83%	-5.30%

+ACS data are available only on select counties due to small numbers

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

	Enrolled in DY23			Enrolled in DY24			% Change DY23 to DY24		
	Total	Return-ing	New	Total	Return-ing	New	Total	Return-ing	New
TOTAL	71,640	65,877	5,763	93,964	69,199	24,765	31.2%	5.0%	329.7%
Age, years									
19-24	10,512	8,812	1,700	14,669	8,837	5,832	39.5%	0.3%	243.1%
25-34	32,713	30,149	2,564	44,977	32,350	12,627	37.5%	7.3%	392.5%
35-44	21,436	20,240	1,196	26,470	21,172	5,298	23.5%	4.6%	343.0%
45-54	6,979	6,676	303	7,848	6,840	1,008	12.5%	2.5%	232.7%
Race[‡]									
White	26,735	24,464	2,271	34,772	25,630	9,142	30.1%	4.8%	302.6%
Black	37,220	34,427	2,793	49,020	36,110	12,910	31.7%	4.9%	362.2%
Hispanic	1,875	1,634	241	3,051	2,067	984	62.7%	26.5%	308.3%
Asian /Pacific Islander	379	342	37	491	374	117	29.6%	9.4%	216.2%
American Indian	221	203	19	284	206	78	28.5%	1.5%	310.5%
Other or unknown race/ ethnicity	5,210	4,807	403	6,346	4,812	1,534	21.8%	0.1%	280.6%
ACHN Region									
Central	9,669	8,922	747	12,494	9,153	3,341	29.2%	2.6%	347.3%
East	8,643	7,920	723	11,362	8,317	3,045	31.5%	5.0%	321.2%
Gulf	13,251	12,205	1,046	17,351	12,846	4,505	30.9%	5.3%	330.7%
Mid-state	10,923	10,014	909	15,061	10,902	4,159	37.9%	8.9%	357.5%
Northeast	8,384	7,712	672	11,055	8,278	2,777	31.9%	7.3%	313.2%
Northwest	9,961	9,242	719	12,775	9,531	3,244	28.3%	3.1%	351.2%
Southeast	10,547	9,614	933	13,618	9,988	3,630	29.1%	3.9%	289.1%

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

All women not enrolled (n=303)	N (%)
Aware not enrolled	146 (48.2)
Not aware not enrolled	157 (51.8)
Main reason not re-enrolled*:	
Health insurance	76 (52.1)
Tubes tied or hysterectomy	8 (5.5)
IUD/LARC	3 (2.1)
Pregnant	0 (0.0)
No desired providers in area	5 (3.4)
Believed not eligible for Medicaid	0 (0.0)
Not interested in family planning services at this time	7 (4.8)
Other	6 (4.1)
Refused	41 (28.1)

*Of those aware not enrolled

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 794 current Plan First enrollees in Fall 2023. Over 90% 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 the program does not meet the 85% target, with 82.9% of respondents 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 among those who did not know they were enrolled, 38.7% had a family planning visit within the last year compared to the 60% with visits among those who did know they were enrolled. Roughly 45% of those who did know that they were enrolled were using birth control compared to 34.3% of those who did not know they were enrolled.

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

	Know Enrolled N (%)	Do Not Know Enrolled N (%)
	657 (82.8)	137 (17.2)
All women		
Heard of Plan First		
Yes	626 (95.3)	93 (67.9)
No	31 (4.7)	42 (30.7)
Ever pregnant	576 (88.3)	117 (86.0)
Education		
< High school	33 (5.0)	9 (6.6)
High school	252 (38.4)	52 (38.0)
More than high school	365 (55.6)	74 (54.0)
Race/ethnicity		
White	243 (37.0)	59 (43.1)
Black	382 (58.1)	73 (53.3)
Asian/Pacific Islander	3 (0.5)	0 (0.0)
Native American	3 (0.5)	1 (0.7)
Other race/ethnicity	20 (3.0)	2 (1.5)
Hispanic	27 (4.1)	4 (2.9)
Marital Status		
Not married or in a relationship	304 (46.3)	61 (44.5)
Non-cohabiting relationship	85 (12.9)	6 (4.4)
Married or cohabiting	201 (30.6)	57 (41.6)
Previously married	50 (7.6)	9 (6.6)
ACHN Region		
Central	102 (15.5)	16 (11.7)
East	93 (14.2)	19 (13.9)
Gulf	91 (13.9)	23 (16.8)
Mid-state	96 (14.6)	18 (13.1)
Northwest	90 (13.7)	25 (18.2)
Northeast	95 (14.5)	15 (10.9)
Southeast	90 (13.7)	21 (15.3)

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

	Know Enrolled N (%)	Do Not Know Enrolled N (%)
	657 (82.8)	137 (17.2)
All women		
Heard of Plan First		
Yes	626 (95.3)	93 (67.9)
No	31 (4.7)	42 (30.7)
Problems enrolling		
<i>Can select more than one of the following problems</i>	53 (8.1)	32 (23.4)
Did not know how	7 (13.2)	10 (31.3)
Did not receive a notice	20 (37.7)	14 (43.8)
Problems completing the application	6 (11.3)	3 (9.4)
Problems getting transportation to sign up	2 (3.8)	1 (3.1)
Told not eligible	8 (15.1)	4 (12.5)
No Plan First providers in area	14 (26.4)	1 (3.1)
No providers wanted to see	9 (17.0)	0 (0.0)
Language difficulty		
Last family planning visit		
In last year	390 (59.4)	53 (38.7)
More than a year ago, but within 3 years	134 (20.4)	30 (21.9)
More than 3 years ago/do not know	96 (14.6)	29 (21.2)
Never	24 (3.7)	15 (11.0)
Reason for no visit in last year	267 (40.6)	84 (61.1)
I did not think I needed one	69 (25.8)	21 (25.0)
I was too busy to arrange an appointment	75 (28.1)	13 (15.5)
I could not afford it	7 (2.6)	9 (10.7)
I did not want to go to the place I went before	7 (2.6)	1 (1.2)
The place I went before could not see me	10 (3.7)	3 (3.6)
I did not know that I was enrolled in Plan First	14 (5.2)	20 (23.8)
I had a tubal ligation	24 (9.0)	8 (9.5)
Language difficulty		
Other	87 (32.6)	18 (21.4)
Reasons for not using family planning	94 (14.3)	33 (24.1)
Do not like exam	16 (17.0)	4 (12.1)
No provider you wanted to see	12 (12.8)	4 (12.1)
Hard to reach on the phone	8 (8.5)	3 (9.1)
Could not get appointment soon enough	13 (13.8)	5 (15.2)
Waiting time too long at location	16 (17.0)	2 (6.1)
Hours not convenient	12 (12.8)	1 (3.0)
No transportation	7 (7.4)	3 (9.1)
No childcare	10 (10.6)	1 (3.0)
No money to pay for visit	15 (16.0)	2 (6.1)
Preferred provider does not take Medicaid	26 (27.7)	5 (15.2)
Other	20 (21.3)	12 (36.4)
Any birth control method used	293 (44.6)	47 (34.3)

Reasons for not using birth control	364 (55.4)	90 (65.7)
Not having sex	86 (23.6)	24 (26.7)
Want to get pregnant	31 (8.5)	10 (11.1)
Concerned about side effects	106 (29.1)	26 (28.9)
Do not think birth control works	5 (1.4)	2 (2.2)
Religious reasons	3 (0.8)	1 (1.1)
Too much trouble	3 (0.8)	0 (0.0)
Cannot use preferred method	5 (1.4)	1 (1.1)
Do not think you can get pregnant	27 (7.4)	4 (4.4)
Partner does not want to use it	1 (0.3)	5 (5.6)
Cannot pay for method	3 (0.8)	1 (1.1)
Cannot find a place to go	5 (1.4)	0 (0.0)
Other	126 (34.6)	29 (32.2)

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 24, net utilization of services, including Plan First enrollees who received long-acting contraceptive methods in previous years, was low. Just over 23% of those enrolled had any types of services, including only care coordination (Table 3.1). About 25% of new Plan First enrollees with previous MLIF or SOBRA had any type of services. Considering enrollees who received clinical services during Demonstration Year 24, utilization was 18.8% of enrollees. 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, 43.2% of service users used some form of contraceptive services during Demonstration Year 24, a decrease from 47.8% 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, less than 40% 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 22-DY 23	Had LARC under Medicaid in DY 24	Had surgical in DY 24	Sum – Had most effective contraception during DY 24	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 24	Had only non- contraception services DY 4	Had only care coordination in DY 24	Had no contact in DY 24
Total N	93,964	4,340	914	46	5,300	7,071	8,690	221	72,682
%	100.0	4.6%	1.0%	0.1%	5.6%	7.5%	9.2%	0.2%	77.4%
New PF enrollees N	4,506	163	60	3	226	471	729	5	3,075
%	4.8%	3.6%	1.3%	0.1%	5.0%	10.5%	16.2%	0.1%	68.8%
New PF enrollees with previous MLIF or SOBRA Medicaid coverage									
N	20,259	1,808	359	10	2,177	1,656	1,324	71	15,031
%	21.6%	8.9%	1.8%	0.1%	10.7%	8.2%	6.5%	0.4%	74.2%
Returning PF enrollees N	69,199	2,369	495	33	2,897	4,944	6,637	145	54,576
%	73.6%	3.4%	0.7%	0.1%	4.2%	7.1%	9.6%	0.2%	78.9%
Age									
19-29	37,682	2,424	479	14	2,917	3,716	4,056	103	26,890
%	40.1%	6.4%	1.3%	0.1%	7.7%	9.9%	10.8%	0.3%	71.4%
30-39	38,229	1,615	341	27	1,983	2,395	3,357	66	30,428
%	40.7%	4.2%	0.9%	0.1%	5.2%	6.3%	8.8%	0.2%	79.6%
≥40	18,053	301	94	5	400	960	1,277	52	15,364
%	19.2%	1.7%	0.5%	0.1%	2.2%	5.3%	7.1%	0.3%	85.1%
Race									
Black (n)	49,020	1,954	396	3	2,353	4,167	5,525	102	36,873
%	52.2%	4.0%	0.8%	0.0%	4.8%	8.5%	11.3%	0.2%	75.2%
White (n)	34,772	1,782	395	36	2,213	2,227	2,374	86	27,872
%	37.0%	5.1%	1.1%	0.1%	6.4%	6.4%	6.8%	0.2%	80.2%
Hispanic (n)	3,051	256	44	6	306	196	225	20	2,304
%	3.2%	8.4%	1.4%	0.2%	10.0%	6.4%	7.4%	0.0%	75.5%
Asian/Pacific Islander	491	27	3	0	30	24	12	1	424

	Total (% of total)	Had LARC under Medicaid in DY 22-DY 23	Had LARC under Medicaid in DY 24	Had surgical in DY 24	Sum – Had most effective contraception during DY 24	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 24	Had only non- contraception services DY 4	Had only care coordination in DY 24	Had no contact in DY 24
%	0.5%	5.5%	0.6%	0.0%	6.1%	4.9%	2.4%	0.2%	86.4%
American Indian	284	16	5	0	21	23	19	0	221
%	0.3%	5.6%	1.8%	0.0%	7.4%	8.1%	6.7%	0.0%	77.8%
Other	3,198	184	40	1	225	212	267	7	2,487
%	3.4%	5.8%	1.3%	0.0%	7.0%	6.6%	8.3%	0.2%	77.8%
Not Stated	3,148	121	31	0	152	222	268	5	2,501
%	3.4%	3.8%	1.0%	0.0%	4.8%	7.1%	8.5%	0.2%	79.4%
ACHN Regions									
Central	12,494	395	97	0	492	994	1,327	5	9,676
%	13.3%	3.2%	0.8%	0.0%	3.9%	8.0%	10.6%	0.1%	77.4%
East	11,362	545	124	14	683	844	1,167	86	8,582
%	12.1%	4.8%	1.1%	0.1%	6.0%	7.4%	10.3%	0.8%	75.5%
Gulf	17,351	871	168	3	1,042	1,509	1,480	3	13,317
%	18.5%	5.0%	1.0%	0.0%	6.0%	8.7%	8.5%	0.0%	76.8%
Mid-state	15,061	722	122	1	845	935	822	105	12,354
%	16.0%	4.8%	0.8%	0.0%	5.6%	6.2%	5.5%	0.7%	82.0%
Northeast	11,055	558	107	12	677	655	801	5	8,917
%	11.8%	5.0%	1.0%	0.1%	6.1%	5.9%	7.2%	0.1%	80.7%
Northwest	12,775	661	167	6	834	1,009	1,302	15	9,615
%	13.6%	5.2%	1.3%	0.0%	6.5%	7.9%	10.2%	0.1%	75.3%
Southeast	13,618	582	127	10	719	1,109	1,780	2	10,008
%	14.5%	4.3%	0.9%	0.1%	5.3%	8.1%	13.1%	0.0%	73.5%

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	DY23	DY24	% Change current year from previous year
Total	41.8%	33.5%	34.1%	37.7%	32.2%	26.4%	24.9%	18.8%	-24.5%
Age									
19-29	46.9%	39.0%	40.3%	43.7%	46.6%	31.7%	28.7%	23.4%	-18.5%
30-39	34.7%	26.7%	28.0%	32.7%	37.8%	24.4%	24.7%	16.8%	-32.0%
≥40	26.8%	20.6%	22.8%	25.7%	15.6%	19.0%	18.7%	13.6%	-27.3%
Race									
Black	44.5%	35.0%	35.3%	40.4%	35.4%	29.7%	27.7%	21.6%	-22.0%
White	38.4%	32.1%	33.0%	34.8%	28.4%	22.5%	21.9%	15.6%	-28.8%
Hispanic		31.2%	29.4%	32.8%	29.3%	24.2%	19.7%	27.4%	39.1%
Asian/Pacific Islander		22.1%	20.4%	24.5%	19.9%	16.9%	13.7%	9.2%	-32.8%
American Indian		29.9%	34.1%	36.2%	27.7%	21.5%	14.9%	17.3%	16.1%
Other/unknown	39.9%	29.9%	32.5%	34.9%	29.5%	23.9%	23.4%	17.3%	-26.1%
ACHN Region									
Central			35.8%	37.0%	30.9%	25.6%	24.9%	20.0%	-19.7%
East			37.7%	40.1%	32.8%	27.1%	26.9%	20.5%	-23.8%
Gulf			34.7%	38.5%	34.2%	29.4%	26.1%	19.2%	-26.4%
Mid-state			22.8%	31.8%	29.0%	23.4%	19.6%	13.7%	-30.1%
Northeast			29.2%	34.4%	28.7%	22.4%	21.0%	15.0%	-28.6%
Northwest			38.4%	41.8%	35.4%	28.4%	27.5%	20.7%	-24.7%
Southeast			39.2%	40.2%	33.6%	27.4%	28.0%	23.0%	-17.9%

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	17,691	10,892	3,062	1,141	2,351
%	100.0%	61.6%	17.3%	6.4%	13.3%
LARC in DY 23	914	278	238	59	6
%	5.2%	30.4%	26.0%	6.5%	0.7%
LARC removal in DY 23	574	309	213	52	0
%	3.2%	53.8%	37.1%	9.1%	0.0%
Tubal ligation	49	0	34	15	0
%	0.3%	0.0%	69.4%	30.6%	0.0%
Injectable	1,873	343	822	271	437
%	10.6%	18.3%	43.9%	14.5%	23.3%
Oral Contraception	5,723	2,909	517	301	1,846
%	32.3%	50.8%	9.0%	5.3%	32.3%
Other moderately effective contraception	233	49	25	29	130
%	1.3%	21.0%	10.7%	12.4%	55.8%
STI and Chlamydia screening	7,324	6,330	112	882	0
%	41.4%	86.4%	1.5%	12.0%	0.0%
Pap smear with HPV co-testing	2,536	1,912	63	561	0
%	14.3%	75.4%	2.5%	22.1%	0.0%
HIV screening	5,466	4,845	2	619	0
%	30.9%	88.6%	0.0%	11.3%	0.0%
Breast Exam	6,527	4,658	1,119	750	0
%	36.9%	71.4%	17.1%	11.5%	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	2,495	1,701	376	58	354
%	100.0%	68.2%	15.1%	2.3%	14.2%
LARC in DY 23	97	43	18	2	1
%	3.9%	44.3%	18.6%	2.1%	1.0%
LARC removal in DY 23	58	41	14	3	0
%	2.3%	70.7%	24.1%	5.2%	0.0%
Tubal ligation	1	0	1	0	0
%	0.1%	0.0%	100.0%	0.0%	0.0%
Injectable	296	6	182	26	82
%	11.9%	2.0%	61.5%	8.8%	27.7%
Oral Contraception	736	413	53	12	258
%	29.5%	56.1%	7.2%	1.6%	35.1%
Other moderately effective contraception	29	2	2	3	22
%	1.2%	6.9%	6.9%	10.3%	75.9%
STI and Chlamydia screening	1,059	1,014	0	45	0
%	42.4%	95.8%	0.0%	4.2%	0.0%
Pap smear with HPV co-testing	258	249	0	9	0
%	10.3%	96.5%	0.0%	3.5%	0.0%
HIV screening	904	877	0	27	0
%	36.2%	97.7%	0.0%	3.0%	0.0%
Breast Exam	832	718	96	18	0
%	33.3%	86.3%	11.5%	2.2%	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	2,326	1,470	395	76	286
N					
%	100.0%	63.2%	17.0%	3.3%	12.3%
LARC in DY 23	124	27	42	6	2
%	5.3%	21.8%	33.9%	4.8%	1.6%
LARC removal in DY 23	87	42	42	3	0
%	3.7%	48.3%	48.3%	3.4%	0.0%
Tubal ligation	14	0	9	5	0
%	0.6%	0.0%	64.3%	35.7%	0.0%
Injectable	113	7	62	3	41
%	4.9%	6.2%	54.9%	2.7%	36.3%
Oral Contraception	781	412	100	30	239
%	33.6%	52.8%	12.8%	3.8%	30.6%
Other moderately effective contraception	25	6	5	1	13
%	1.1%	24.0%	20.0%	4.0%	52.0%
STI and Chlamydia screening	940	890	4	46	0
%	40.4%	94.7%	0.4%	4.9%	0.0%
Pap smear with HPV co-testing	328	285	11	32	0
%	14.1%	86.9%	3.4%	9.8%	0.0%
HIV screening	718	682	0	36	0
%	30.9%	95.0%	0.0%	5.0%	0.0%
Breast Exam	934	689	189	56	0
%	40.2%	73.8%	20.2%	6.0%	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 N	3,339	1,182	866	666	622
%	100.0%	35.4%	25.9%	19.9%	18.6%
LARC in DY 23	168	22	55	32	2
%	5.0%	13.1%	32.7%	19.0%	1.2%
LARC removal in DY 23	99	20	57	22	0
%	3.0%	20.2%	57.6%	22.2%	0.0%
Tubal ligation	3	0	2	1	0
%	0.1%	0.0%	66.7%	33.3%	0.0%
Injectable	612	16	275	174	147
%	18.3%	2.6%	44.9%	28.4%	24.0%
Oral Contraception	1,001	257	129	154	461
%	30.0%	25.7%	12.9%	15.4%	46.1%
Other moderately effective contraception	75	6	10	17	42
%	2.2%	8.0%	13.3%	22.7%	56.0%
STI and Chlamydia screening	1,409	783	73	553	0
%	42.2%	55.6%	5.2%	39.2%	0.0%
Pap smear with HPV co-testing	558	181	31	346	0
%	16.7%	32.4%	5.6%	62.0%	0.0%
HIV screening	1,049	615	0	434	0
%	31.4%	58.6%	0.0%	41.1%	0.0%
Breast Exam	1,105	324	302	479	0
%	33.1%	29.3%	27.3%	43.3%	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 N	2,062	1,272	322	50	307
%	100.0%	61.7%	15.6%	2.4%	14.9%
LARC in DY 23	122	28	29	4	0
%	5.9%	23.0%	23.8%	3.3%	0.0%
LARC removal in DY 23	48	24	23	1	0
%	2.3%	50.0%	47.9%	2.1%	0.0%
Tubal ligation	1	0	1	0	0
%	0.1%	0.0%	100.0%	0.0%	0.0%
Injectable	396	281	54	18	43
%	19.2%	71.0%	13.6%	4.5%	10.9%
Oral Contraception	575	267	43	10	255
%	27.9%	46.4%	7.5%	1.7%	44.3%
Other moderately effective contraception	59	25	3	1	30
%	2.9%	42.4%	5.1%	1.7%	50.8%
STI and Chlamydia screening	730	689	2	39	0
%	35.4%	94.4%	0.3%	5.3%	0.0%
Pap smear with HPV co-testing	234	216	7	11	0
%	11.3%	92.3%	3.0%	4.7%	0.0%
HIV screening	220	209	0	11	0
%	10.7%	95.0%	0.0%	5.0%	0.0%
Breast Exam	652	518	115	19	0
%	31.6%	79.4%	17.6%	2.9%	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	1,661	921	413	77	242
N					
%	100.0%	55.4%	24.9%	4.6%	14.6%
LARC in DY 23	107	23	33	3	1
%	6.4%	21.5%	30.8%	2.8%	0.9%
LARC removal in DY 23	66	32	31	3	0
%	4.0%	48.5%	47.0%	4.5%	0.0%
Tubal ligation	12	0	10	2	0
%	0.7%	0.0%	83.3%	16.7%	0.0%
Injectable	137	5	89	14	29
%	8.2%	3.6%	65.0%	10.2%	21.2%
Oral Contraception	560	256	79	21	204
%	33.7%	45.7%	14.1%	3.8%	36.4%
Other moderately effective contraception	14	4	1	3	6
%	0.8%	28.6%	7.1%	21.4%	42.9%
STI and Chlamydia screening	623	555	8	60	0
%	37.5%	89.1%	1.3%	9.6%	0.0%
Pap smear with HPV co-testing	193	149	11	33	0
%	11.6%	77.2%	5.7%	17.1%	0.0%
HIV screening	448	419	2	27	0
%	27.0%	93.5%	0.4%	6.0%	0.0%
Breast Exam	649	418	174	57	0
%	39.1%	64.4%	26.8%	8.8%	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 N	2,641	1,934	294	110	287
%	100.0%	73.2%	11.1%	4.2%	10.9%
LARC in DY 23	167	87	31	6	0
%	6.3%	52.1%	18.6%	3.6%	0.0%
LARC removal in DY 23	113	87	17	9	0
%	4.3%	77.0%	15.0%	8.0%	0.0%
Tubal ligation	7	0	2	5	0
%	0.3%	0.0%	28.6%	71.4%	0.0%
Injectable	132	9	73	12	38
%	5.0%	6.8%	55.3%	9.1%	28.8%
Oral Contraception	929	599	49	43	238
%	35.2%	64.5%	5.3%	4.6%	25.6%
Other moderately effective contraception	16	4	1	2	9
%	0.6%	25.0%	6.3%	12.5%	56.3%
STI and Chlamydia screening	1,090	1,003	24	63	0
%	41.3%	92.0%	2.2%	5.8%	0.0%
Pap smear with HPV co-testing	487	415	0	72	0
%	18.4%	85.2%	0.0%	14.8%	0.0%
HIV screening	822	790	0	32	0
%	31.1%	96.1%	0.0%	3.9%	0.0%
Breast Exam	1,066	912	99	57	0
%	40.4%	85.6%	9.3%	5.3%	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 N	3,138	2,396	388	103	249
%	100.0%	76.4%	12.4%	3.3%	7.9%
LARC in DY 23	127	47	30	6	0
%	4.0%	37.0%	23.6%	4.7%	0.0%
LARC removal in DY 23	101	62	29	10	0
%	3.2%	61.4%	28.7%	9.9%	0.0%
Tubal ligation	11	0	9	2	0
%	0.4%	0.0%	81.8%	18.2%	0.0%
Injectable	183	17	85	24	57
%	5.8%	9.3%	46.4%	13.1%	31.1%
Oral Contraception	979	700	62	30	187
%	31.2%	71.5%	6.3%	3.1%	19.1%
Other moderately effective contraception	15	2	3	2	8
%	0.5%	13.3%	20.0%	13.3%	53.3%
STI and Chlamydia screening	1,465	1,390	0	75	0
%	46.7%	94.9%	0.0%	5.1%	0.0%
Pap smear with HPV co-testing	472	413	2	57	0
%	15.0%	87.5%	0.4%	12.1%	0.0%
HIV screening	1,301	1,249	0	52	0
%	41.5%	96.0%	0.0%	4.0%	0.0%
Breast Exam	1,278	1,071	141	66	0
%	40.7%	83.8%	11.0%	5.2%	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	17,691	314	6,145	36	11,196
	100.0%	1.8%	34.7%	0.2%	63.3%
New PF enrollees	1,310	7	573	4	726
%	7.4%	0.5%	43.7%	0.3%	55.4%
New PF enrollees with previous MLIF or SOBRA Medicaid coverage					
N	3,552	107	708	7	2,730
%	20.1%	3.0%	19.9%	0.2%	76.9%
Returning PF enrollees	12,829	200	4,864	25	7,740
%	72.5%	1.6%	37.9%	0.2%	60.3%
Age					
19-29	8,824	162	3,034	21	5,607
%	49.9%	1.8%	34.4%	0.2%	63.5%
30-39	6,413	85	2,182	8	4,138
%	36.3%	1.3%	34.0%	0.1%	64.5%
≥40	2,454	67	929	7	1,451
%	13.9%	2.7%	37.9%	0.3%	59.1%
Race					
Black	10,566	142	3,687	18	6,719
%	59.7%	1.3%	34.9%	0.2%	63.6%
White	5,400	126	1,895	13	3,366
%	30.5%	2.3%	35.1%	0.2%	62.3%
Hispanic	531	25	174	3	329
%	3.0%	4.7%	32.8%	0.6%	62.0%
Asian/Pacific Islander	45	1	7	0	37
%	0.3%	2.2%	15.6%	0.0%	82.2%
American Indian	49	1	12	0	36
%	0.3%	2.0%	24.5%	0.0%	73.5%
Other /Unknown	1,100	19	370	2	709
%	6.2%	1.7%	33.6%	0.2%	64.5%
ACHN Regions					
Central	2,495	10	1,003	31	1,479
%	14.1%	0.4%	40.2%	1.2%	59.3%
East	2,326	115	865	11	1,335
%	13.1%	4.9%	37.2%	0.5%	57.4%
Gulf	3,339	6	438	0	2,895
%	18.9%	0.2%	13.1%	0.0%	86.7%
Mid-state	2,062	135	572	12	1,343
%	11.7%	6.5%	27.7%	0.6%	65.1%
Northeast	1,661	9	572	0	1,080
%	9.4%	0.5%	34.4%	0.0%	65.0%
Northwest	2,641	35	1,257	9	1,340
%	14.9%	1.3%	47.6%	0.3%	50.7%

Southeast	3,138	3	1,429	1	1,705
%	17.7%	0.1%	45.5%	0.0%	54.3%
None	29	1	9	0	19
%	0.2%	3.4%	31.0%	0.0%	65.5%

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*	7,324	7.8%	41.4%
Chlamydia†	1,180	10.0%	36.7%
Cervical cancer‡	1,432	2.6%	16.2%
Breast cancer	6,527	7.0%	36.9%

* 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 DY23, 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 %)	18,170 (19.3%)	4,135 (4.4%)	11,516 (12.3%)	60,143 (64.0%)
Used contraceptive method, clinical services, and care coordination	296 (1.6%)	239 (5.8%)	391 (3.4%)	1,634 (2.7%)
Used contraceptive method and clinical services	826 (4.5%)	181 (4.4%)	426 (3.7%)	2,090 (3.5%)
Used contraceptive method and care coordination	18 (0.1%)	0 (0.0%)	7 (0.1%)	16 (0.1%)
Used contraceptive method only	2,341 (12.9%)	222 (5.4%)	1,050 (9.1%)	2,639 (4.4%)
Subtotal with claim for a contraceptive method	3,481 (19.2%)	642 (15.5%)	1,874 (16.3%)	6,379 (10.6%)
Used clinical services and care coordination, no contraceptive method	379 (2.1%)	296 (7.2%)	548 (4.8%)	2,455 (4.1%)
Used clinical services, no contraceptive method	828 (4.6%)	374 (9.0%)	658 (5.7%)	3,181 (5.3%)
Used care coordination, no contraceptive method	64 (0.4%)	5 (0.1%)	29 (0.3%)	123 (0.2%)
Subtotal using services but no contraceptive method	1,271 (7.0%)	675 (16.3%)	1,235 (10.7%)	5,759 (9.6%)
Did not use services	13,428 (73.9%)	2,818 (68.1%)	8,407 (73.0%)	48,005 (79.8%)

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. Roughly 92% of smokers surveyed reported that they were asked about smoking by their Plan First provider. About 65% reported that their family planning provider advised them to quit smoking, but only 41% of smokers reported discussing how to quit with their provider. Overall, 27.3% received a referral to the Quit Line; 76% received a recommendation to use a Nicotine Replacement Therapy (NRT) product, and 15.8% received a prescription for NRT products. The proportion of Plan First service users were referred to or received some type of smoking cessation services is above the target of 85% of smokers.

Plan First covers NRT products for Plan First recipients without prior authorization. However, 11.9% 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 24 survey data (22.7%). 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	183	22.7
Asked about smoking at FP visit	168	91.8
Advised to quit by FP provider*	119	65.0
Discussed how to quit with FP provider*	75	41.0
Provider recommended NRT*	139	76.0
Referred to Quit Line*	50	27.3
Provider prescribed NRT*	29	15.8
Paid out of pocket for NRT products*	18	9.8
Plans to quit smoking in the next year*	138	75.4

*Among women who reported smoking.

Table 4.2. Smoking Cessation Modalities (Claims data)

	DY 20		DY 21		DY22		DY23		DY24	
	N	%	N	%	N	%	N	%	N	%
Plan First service users	34,154	--	14,447	--	18,895	--	17,827	--	17,691	--
Estimated number of smokers (based on survey data)	7,787*	22.8	3,308*	22.9%	4,326*	22.9%	3,690*	20.7%	4,016*	22.7%
Service users with claims for covered NRT products (% of estimated number of smokers)	38	0.5%	38	1.2%	16	0.3%	17	0.3%	24	0.1%

*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 23 than they had been in DY 22.

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	93,964	11,741/7757	125.0
		Actual births after enrollment	
All enrollees not pregnant at enrollment	70,893/71,159	2,912/1,832	41.0
Service Users not pregnant at first visit	16,760/17,604	810/516	48.3
Non-service users not pregnant at enrollment	51,221/53,555	2,102/1,316	41.0

*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
DY22	116.2	34.2	37.0	34.9
DY23	125.0	41.0	48.3	41.0

*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 decreased by roughly 10% between DY23 and DY24. 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) OK

	DY 23		DY24		% Change DY 23 - DY 24	
	Enrolled N	Obtained vasectomy N (%)*	Enrolled N	Obtained vasectomy N (%)*	Enrolled %	Obtained vasectomy %
TOTAL	2,473	5 (0.2)	2,230	10	-9.8%	200.0%
Race						
White	1,477	5 (0.3)	1,315	7	-11.0%	40.0%
Black	673	0 (0.0)	624	2	-7.3%	-
Hispanic	94	0 (0.0)	87	1	-7.4%	-
Asian/Pacific Islander	26	0 (0.0)	26	0	0.0%	0.0%
American Indian	12	0 (0.0)	8	0	-33.3%	0.0%
Other or unknown race/ethnicity	191	0 (0.0)	170	0	-11.0%	0.0%
Care Coordination						
Received care coordination	26	0 (0.0)	10	2 (0.1)	-71.6%	-
Did not receive care coordination	2,447	5 (0.2)	2,220	8 (0.4)	-9.3%	60.0%
ACHN Regions						
Central	232	0 (0.0)	215	1	-7.3%	-
East	360	3 (0.8)	315	4	-12.5%	33.3%
Gulf	484	0 (0.0)	412	1	-14.9%	-
Mid-state	358	0 (0.0)	328	0	-8.4%	0.0%
Northeast	399	0 (0.0)	380	2	-4.8%	-
Northwest	315	0 (0.0)	290	1	-7.9%	-
Southeast	310	2 (0.7)	286	1	-7.7%	-50.0%

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

The average annual change between Demonstration Year 17 and Demonstration Year 23 was about an 2% decrease in enrollment and a 13.2% decrease in the portion of enrollees using services. The change was concentrated in younger women (Table 1.1 and 1.2).

There were about 1,102 fewer deliveries in Demonstration Year 24 compared to Demonstration Year 23, a decrease of 3.8%. However, there were nearly 575 more women with a Medicaid covered delivery who enrolled in Plan First. 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 23 and Demonstration Year 24, and the number of visits made to private providers decreased. Similarly, the total number of visits made to providers by Plan First enrollees decreased between the two Demonstration Years. The portion of visits made to private providers declined slightly 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 slight decrease in the portion of women using case management or care coordination services in Demonstration Year 24. There was an increase in the use of moderately effective hormone injections as birth control, as well as an increase in the use of oral contraceptives and in the use of long-acting contraceptives. Surgical procedures have remained fairly constant over the past three Demonstration Years (Table 3.1).

Table 1.1 Plan First Enrollment Over Time (Enrollment data)

	DY17	DY18	DY19	DY20	DY 21	DY 22	DY23	DY24	Average annual change N (%)
Total	119,420	116,683	103,040	90,318	77,211	71,571	71,640	93,964	-7,963 (-9.1%)
Age									
19-29	75,783	69,550	55,886	47,911	35,981	13,049	26,905	37,682	-8,146 (-34.6%)
30-39	33,612	36,189	35,622	31,337	29,154	52,800	28,976	38,229	-773 (-8.8%)
≥40	10,025	10,944	11,532	11,070	12,076	5,722	15,759	18,053	956 (-5.0%)
Race									
Black	64,555	63,959	55,168	48,357	40,973	26,461	37,220	49,020	-4,556 (-12.5%)
White	46,790	42,926	37,558	33,772	27,956	36,457	26,735	34,772	-3,343 (-11.4%)
Hispanic	--	2,359	2,169	2,063	1,824	1717	1,875	3,051	-97 (-5.0%)
Asian/Pacific Islander	--	607	470	421	367	360	379	491	-46 (-10.5%)
American Indian	--	374	317	305	249	219	221	284	-31 (-11.4%)
Other	8,075	6,458	7,599	7,044	5,842	5,357	5,210	6,346	-478 (-8.4%)
ACHN Regions									
Central	--	--	14,775	12,763	10,694	9,765	9,669	12,494	-1,277 (-11.4%)
East	--	--	12,992	10,982	9,277	8,624	8,643	11,362	-1,087 (-11.0%)
Gulf	--	--	19,254	16,929	14,564	13,409	13,251	17,351	-1,501 (-9.9%)
Mid-state	--	--	14,943	13,459	11,598	10,762	10,923	15,061	-1,005 (-8.3%)
Northeast	--	--	11,863	10,535	8,930	8,348	8,384	11,055	-870 (-9.3%)
Northwest	--	--	14,187	12,542	10,728	10,030	9,961	12,775	-1,057 (-9.4%)
Southeast	--	--	15,256	13,108	11,138	10,383	10,547	13,618	-1,177 (-9.9%)

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

	DY17	DY18	DY19	DY20	DY21	DY22	DY23	D24	Average annual change N (%)
Total	49,929	39,076	35,146	34,154	24,254	18,895	17,827	17,690	-5,350 (-19.5%)
Age									
19-29	35,579	27,142	22,533	21,025	13,396	9,384	7,729	8,811	-4,642 (-30.0%)
30-39	11,667	9,677	9,985	10,275	8,209	6,908	7,147	6,415	-753 (-9.2%)
≥40	2,683	2,257	2,628	2,854	2,649	2,603	2,951	2,464	45 (0.9%)
Race									
Black	28,756	22,382	19,469	19,409	14,516	11,129	10,294	10,567	-3,077 (-19.3%)
White	17,953	13,785	12,397	11,448	7,932	5,963	5,857	5,408	-2,016 (-21.5%)
Hispanic	--	735	638	669	534	416	370	533	-73 (-15.3%)
Asian/Pacific Islander	--	134	96	100	73	61	52	44	-16 (-21.9%)
American Indian	--	112	108	106	69	47	33	49	-16 (-29.7%)
Other	3,220	1,928	2,472	2,422	1,722	1,279	1,221	1,089	-333 (-21.2%)
ACHN Regions									
Central	--	--	5,290	4,722	3,309	2,496	2,412	2,497	-720 (-22.7%)
East	--	--	4,904	4,400	3,041	2,341	2,326	2,326	-645 (-21.7%)
Gulf	--	--	6,679	6,521	4,981	3,943	3,462	3,335	-804 (-18.4%)
Mid-state	--	--	3,410	4,284	3,362	2,523	2,146	2,059	-316 (-14.5%)
Northeast	--	--	3,463	3,625	2,565	1,867	1,757	1,661	-427 (-20.1%)
Northwest	--	--	5,448	5,239	3,799	2,845	2,735	2,645	-678 (-19.9%)
Southeast	--	--	5,984	5,266	3,738	2,845	2,958	3,315	-757 (-20.5%)

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

	DY21	DY22	DY23	DY24
Total				
Women with SOBRA deliveries in the previous year and this year	27,660	28,345	29,005	27,903
Women enrolled in Plan First in DY	1,430	1,062	850	1,423
% of women enrolled in Plan First in DY	5.2	3.7	2.9	5.1
Women using services in Plan First in DY	61	181	164	139
% of Plan First enrollees using PF services in DY	4.3	17	19.3	9.8
% of women with SOBRA births using PF services in DY	0.2	0.6	0.6	0.5
Central				
Women with SOBRA deliveries in the previous year and this year	3,415	3,385	3,507	3,179
Women enrolled in Plan First in DY	137	114	92	228
% of women enrolled in Plan First in DY	4.0	3.4	2.6	7.2
Women using services in Plan First in DY	3	14	14	20
% of Plan First enrollees using PF services in DY	2.2	12.3	15.2	8.8
% of women with SOBRA births using PF services in DY	0.1	0.4	0.4	0.6
East				
Women with SOBRA deliveries in the previous year and this year	3,871	3,985	4,259	4,020
Women enrolled in Plan First in DY	170	139	124	158
% of women enrolled in Plan First in DY	4.4	3.5	2.9	3.9
Women using services in Plan First in DY	7	26	23	14
% of Plan First enrollees using PF services in DY	4.1	18.7	18.6	8.9
% of women with SOBRA births using PF services in DY	0.2	0.6	0.5	0.4
Gulf				
Women with SOBRA deliveries in the previous year and this year	5019	4,711	4,760	4,775
Women enrolled in Plan First in DY	283	211	176	295
% of women enrolled in Plan First in DY	5.6	4.5	3.7	6.2
Women using services in Plan First in DY	17	49	30	36
% of Plan First enrollees using PF services in DY	6.0	23.2	17.1	12.2
% of women with SOBRA births using PF services in DY	0.3	1	0.6	0.8
MidState				
Women with SOBRA deliveries in the previous year and this year	3,900	4,212	4,263	4,138
Women enrolled in Plan First in DY	217	137	133	239
% of women enrolled in Plan First in DY	5.6	3.2	3.1	5.8
Women using services in Plan First in DY	3	18	35	21
% of Plan First enrollees using PF services in DY	1.4	13.1	26.3	8.8
% of women with SOBRA births using PF services in DY	0.1	0.4	0.8	0.5

	DY21	DY22	DY23	DY24
Northeast				
Women with SOBRA deliveries in the previous year and this year	3,743	4,119	4,179	4,3116
Women enrolled in Plan First in DY	173	135	74	154
% of women enrolled in Plan First in DY	4.6	3.3	1.8	3.6
Women using services in Plan First in DY	6	15	14	17
% of Plan First enrollees using PF services in DY	3.5	11.1	18.9	11.0
% of women with SOBRA births using PF services in DY	0.2	0.4	0.3	0.4
Northwest				
Women with SOBRA deliveries in the previous year and this year	1333,652	3,864	3,880	3,825
Women enrolled in Plan First in DY	223	183	138	173
% of women enrolled in Plan First in DY	6.1	4.7	3.6	4.5
Women using services in Plan First in DY	14	39	23	14
% of Plan First enrollees using PF services in DY	6.3	21.3	16.7	8.1
% of women with SOBRA births using PF services in DY	0.4	1	0.6	0.4
Southeast				
Women with SOBRA deliveries in the previous year and this year	3,859	4,048	4,128	3,606
Women enrolled in Plan First in DY	225	143	113	175
% of women enrolled in Plan First in DY	5.8	3.5	2.7	4.9
Women using services in Plan First in DY	11	20	25	17
% of Plan First enrollees using PF services in DY	4.9	14	22.1	9.7
% of women with SOBRA births using PF services in DY	0.3	0.5	0.6	0.5

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

ACHN regions	# Private providers <i>serving clients residing in ACHN regions</i>				# Visits to Private Providers				Total # Visits				% Total Visits to Private Providers			
	DY21	DY22	DY23	DY24	DY21	DY22	DY23	DY24	DY21	DY22	DY23	DY24	DY21	DY22	DY23	DY24
	361	301	305	285	12,565	9,463	7,290	6,510	47,562	46,806	36,428	34,370	26.4	20.2	20.0	18.9
Central	55	41	42	42	1611	1,221	683	755	6442	6,363	4,924	5,108	25.0	19.2	13.9	14.8
East	46	37	43	39	1160	812	715	667	6140	5,990	4,789	4,443	18.9	13.6	14.9	15.0
Gulf	71	53	54	54	4738	4,328	3,355	2,464	9307	9,471	7,268	6,010	50.9	45.7	46.2	41.0
Mid-State	31	37	36	26	1065	704	457	520	6017	5,933	3,865	3,145	17.7	11.9	11.8	16.5
Northeast	55	41	41	40	1635	909	829	739	4937	4,126	3,070	2,871	33.1	22.0	27.0	25.7
Northwest	56	49	50	42	1217	694	598	635	7173	7,033	5,723	5,605	17.0	9.5	10.5	11.3
Southeast	47	43	47	42	1139	795	653	730	7546	7,890	6,789	7,188	15.1	10.1	9.6	10.2

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
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
DY23	92.3	85.8	88.9
DY24	90.6	82.8	95.3

*A survey was not conducted for DY17

**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	DY23	DY24
Care Coordination	37.6 %	37.2 %	29.6 %	36.8 %	38.4 %	36.4 %	43.7 %	29.7 %	27.9 %	36.4 %	30.5 %
HIV Testing	24.0 %	34.5 %	30.1 %	36.9 %	23.4 %	25.9 %	26.5 %	17.9 %	32.4 %	28.5 %	30.9 %
Pap Smear (over age 30)						17.5 %	20.4 %	14.5 %	24.5 %	18.1 %	14.3 %
Tubal ligation	0.8%	0.9%	0.8%	0.7%	0.4%	0.6%	0.7%	0.4%	0.4%	0.4%	0.3%
LARC					2.8%	3.2%	3.3%	6.0%	3.3%	3.4%	5.2%
Contraceptive injection	29.7 %	30.8 %	27.6 %	37.4 %	25.9 %	23.0 %	14.5 %	9.6%	9.5%	8.6%	10.6 %
Oral contraception	25.5 %	20.7 %	22.4 %	29.7 %	31.8 %	30.5 %	37.6 %	34.3 %	33.2 %	29.8 %	31.5 %

