Alabama Medicaid Agency

Plan First Program

Section 1115 Demonstration Waiver

Annual Monitoring Report

Demonstration Year 2023

October 1, 2022 through September 30, 2023

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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.

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, 2022 - September 30, 2023
Demonstration Year: 23
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) 23, October 1, 2022, through September 30, 2023, 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 are now eligible for 12 months postpartum coverage. Because of these two changes, the Medicaid Agency expects the Plan First totals will decrease but not significantly.

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.

Provider Participation

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 2280.

c. Audits

During this past demonstration year, Alabama Medicaid's Audit Unit completed 212 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. 78 audits were completed for the year.
Alabama Care Network Mid-State (ACN-M)	Self-audits were conducted on a monthly basis. A total of 404 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 71 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 15 records were self-audited for FY 23.
My Care Alabama Northwest (MCANW)	Self- audits were conducted on a monthly basis. A total of 120 audits were completed for FY 23.
My Care Alabama Central (MCAC)	594 total self-audits were conducted for FY23.

My Care Alabama East (MCAE)	30 total self-audits were conducted for FY 23 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.
     - As of September 2023, the Alabama Medicaid Agency is working with its fiscal agent to implement telephonic family planning services.

   - 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.**
   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..	Providers verbalized understanding of ACNM Family Planning Services during DHCP meetings and Medical Management meetings. We have found EIs are more receptive when we have received a referral directly from their DHCP or PCP.
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.
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.
Met with Pregnancy Resource Center partner in Dale County- in-person meeting to educate staff regarding family planning services. Family Planning flyers were left at their office.	Good outreach and able to provide educational information to the center. They also asked if we could embed a care coordinator in their office one day a week to enroll patients when they come to the Pregnancy Resource Center to verify pregnancy.
Met with Pregnancy Resource Center partner in Coffee County area -In-person meeting to educate staff regarding family planning services. Family Planning flyers were left at their office.	Good outreach and able to provide educational information to the center. They also asked if we could embed a care coordinator in their office one day a week to enroll patients when they come to the Pregnancy Resource Center to verify pregnancy.
Save-a-Life in Pike County- In-person meeting to educate staff regarding family planning services. Family Planning flyers were left at their office	Good outreach and able to provide educational information to the center. They also asked if we could embed a care coordinator in their office one day a week to enroll patients when they come to the Pregnancy Resource Center to verify pregnancy.
Women's Hope Group – Dothan (Houston County)- In-person meeting to educate staff regarding family planning services. Family Planning flyers were left at their office	Great outreach. The Hope Group refers patients to us as needed.

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**
NACC continued its Provider Outreach by continuing to supply tear-offs of NACC's Family Planning Care Coordination services to DHCP/GYN/PCP Providers as needed/requested via mail and/or on-site deliveries and by sharing about Family Planning Care Coordination services at DHCP biannual meetings.	Providers seem to enjoy the tear-offs and have reported it being an easy way to share of NACC's Family Planning Care Coordination services. This appeared to be ineffective as no increase in referrals was noted.
Family Planning was covered at Bi-annual DHCP Meetings and reminders were provided at multiple Medical Management Meetings.	This appeared to be ineffective as no increase in referrals was indicated.
NACC has continued its partnership with local Pregnancy Resource Centers (in Madison, Morgan, and Marshall County) and the agencies share of available Family Planning Care Coordination services to eligible EIs. Those EIs desiring to apply for possible Plan First/Family Planning Medicaid are referred to NACC.	This appeared to be ineffective as we received no referrals, however, have still received maternity referrals.
NACC continues to have virtual follow up meetings with the Pregnancy Resource Centers as needed/requested. The last virtual meeting was hosted on April 19, 2023, at 10:30 am.	This was an educational opportunity and NACC cannot assess effectiveness or ineffectiveness regarding Family Planning referrals.
On June 23, 2023, NACC's Maternity and Family Planning Supervisor, Ms. Virginia Wiggins-Motton, presented at the State Perinatal Program Region 1- Nurse Managers Meeting and shared about Family Planning and Maternity Care Coordination and shared about how referrals can be made for Family Planning services per eligible Medicaid recipients.	This was an educational opportunity and NACC cannot assess effectiveness or ineffectiveness regarding Family Planning referrals.

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 with barriers/missed appointments
Medical Management Meetings- Reviewed with primary care providers available family planning care coordination services.	Not effective as few of our primary care providers are Plan First providers.
Enrolled Maternity Recipients- Education provided to all maternity recipients on family planning services available post-delivery.	Effective. The majority of our enrolled family planning recipients are transitioned from maternity care coordination post delivery
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.	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.
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.	Effective. The Women's Resource Center frequently refers women for maternity/family planning services.

My Care Alabama Central (MCAC)	
Strategies	**Effectiveness**
Provider Outreach: MMM and meetings- During Medical Management Meetings pediatricians were encouraged to promote family planning services. The providers were educated on 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 encourage collaboration with their ACHN on Family Planning recipients.	Moderately effective
Preconception Health education in schools- MCAC is in our 4th year of providing sexual education in local middle and high schools. We used evidence based curriculums as a part of our Adverse Birth Outcomes quality improvement project and expanded to two additional sites with the Boys and Girls Club. We discussed different forms of contraception and education around making the right choice for them. We also discuss how to access family planning services in their local areas by educating the student on their options of providers as well as care coordination services.	Very effective
Promote services within area Universities- MCAC promoted family planning services with area colleges and Universities including Alabama State University and Auburn University-Montgomery through in person expos and virtual meetings.	Moderately effective
Representatives on the following advisory committees: Maternity Care Coordinator - ADPH's Office of Women Health Committee MCAC Unit Manager - Region V Perinatal Advisory Council - MCAC leadership actively participates in advisory committees to promote family planning care coordination services.	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

The annual post award public forum for the Plan First Program 1115 Demonstration was conducted on May 3, 2023. 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 was one public comment in which the Alabama Medicaid agency addressed.

Question: Did the Agency request any updates to the Demonstration Waiver renewal, or will the program be similar to the current waiver?

Alabama Medicaid response: The program will be similar to the current waiver.

Meeting Location Information:
Alabama Medicaid Agency
501 Dexter Avenue
Montgomery, Alabama 36104

G. BUDGET NEUTRALITY

Budget Neutrality Workbook

DEMONSTRATION YEAR 19 THROUGH DEMONSTRATION YEAR 23

WITHOUT WAIVER	DY19 10/1/2018 9/30/2019	DY20 10/1/2019 9/30/2020	DY21 10/1/2020 9/30/2021	DY22 10/1/2021 9/30/2022	DY23 10/1/2022 9/30/2023	5-YEAR TOTAL
TOTAL EXPENDITURES						
FAMILY PLANNING EXPENDITURES	$ 22,851,782	$ 23,325,354	$ 22,546,237	$ 21,483,758	$ 20,305,033	**$ 110,512,164**
TOBACCO CESSATION	$ 426,977	$ 435,825	$ 421,268	$ 401,416	$ 379,392	**$ 2,064,876**
TOTAL EXPENDITURES	**$ 23,278,759**	**$ 23,761,179**	**$ 22,967,504**	**$ 21,885,173**	**$ 20,684,425**	**$ 112,577,040**
ELIGIBLE MEMBER MONTHS	**853,953**	**871,650**	**842,535**	**802,831**	**758,783**	**4,129,752**
PMPM COSTS						
FAMILY PLANNING EXPENDITURES	$ 26.76	$ 26.76	$ 26.76	$ 26.76	$ 26.76	**$ 18.65**
TOBACCO CESSATION	$ 0.50	$ 0.50	$ 0.50	$ 0.50	$ 0.50	**$ 0.01**
TOTAL PMPM	**$ 25.69**	**$ 26.69**	**$ 27.69**	**$ 28.69**	**$ 29.69**	**$ 18.66**

WITH WAIVER	DY19	DY20	DY21	DY22	DY23	5-YEAR TOTAL
TOTAL EXPENDITURES						
FAMILY PLANNING EXPENDITURES	$ 23,638,217	$ 12,733,417	$ 11,842,330	$ 9,706,081	$ 7,879,385	**$ 65,799,430**
TOBACCO CESSATION	$ 7,077	$ 10,383	$ 11,555	$ 1,888	$ 5,438	**$ 36,341**
TOTAL EXPENDITURES	**$ 23,645,294**	**$ 12,743,800**	**$ 11,853,885**	**$ 9,707,969**	**$ 7,884,823**	**$ 65,835,771**
ELIGIBLE MEMBER MONTHS	**853,953**	**871,650**	**842,535**	**802,831**	**758,783**	**4,129,752**
PMPM COSTS						
FAMILY PLANNING EXPENDITURES	$ 27.68	$ 14.61	$ 14.06	$ 12.09	$ 10.38	**$ 15.93**
TOBACCO CESSATION	$ 0.01	$ 0.01	$ 0.01	$ 0.00	$ 0.01	**$ 0.01**
TOTAL PMPM	**$ 27.69**	**$ 14.62**	**$ 14.07**	**$ 12.09**	**$ 10.39**	**$ 15.94**

WITHOUT WAIVER MINUS WITH WAIVER	DY19	DY20	DY21	DY22	DY23	5-YEAR TOTAL
HYPOTHETICALS VARIANCE 1	**$ (366,535)**	**$ 11,017,379**	**$ 11,113,619**	**$ 12,177,204**	**$ 12,799,602**	**$ 46,741,269**

BUDGET NEUTALITY EVALUATION

	DY19	DY20	DY21	DY22	DY23
Cumulative Target Percentage (CTP)	2.0%	1.5%	1.0%	0.5%	0.0%
Cumulative Budget Neutrality Limit (CBNL)	$ 23,278,759	$ 47,039,938	$ 70,007,442	$ 91,892,615	$ 112,577,040
Allowed Cumulative Variance (= CTP X CBNL)	$ 465,575	$ 705,599	$ 700,074	$ 459,463	$ -
Actual Cumulative Variance (Positive = Overspending)	**$ 366,535**	**$ (10,650,844)**	**$ (21,764,463)**	**$ (33,941,667)**	**$ (46,741,269)**

Source: |Summary TC|, Budget Neutrality Workbook - Data pulled 12/20/2023

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	$ 16,815,797	
		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	628,393	
Tobacco Cessation	2	Total	$ 438,625	$ 426,977	$ 435,825	$ 421,268	$ 401,416	$ 379,392	$ 314,197	
		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	628,393	
TOTAL			$23,913,808	$23,278,759	$23,761,179	$22,967,504	$21,885,173	$20,684,425	$17,129,993	$153,620,840

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	$9,706,081	$7,879,385	$8,792,733	
Tobacco Cessation	2		$9,446	$7,077	$10,383	$11,555	$1,888	$5,438	$3,663	
TOTAL			$ 22,535,767	$ 23,645,294	$ 12,743,800	$ 11,853,885	$ 9,707,969	$ 7,884,823	$ 8,796,396	$ 97,167,934
HYPOTHETICALS VARIANCE 1			$ 1,378,041	$ (366,535)	$ 11,017,379	$ 11,113,619	$ 12,177,204	$ 12,799,602	$ 8,333,597	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	$ 153,620,840
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)	$ (35,319,708)	$ (48,119,309)	$ (56,452,906)
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, 2022, through September 30, 2023) 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 23, October 2022 through September 2023, 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 2023.

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 0.1% from the previous Demonstration Year. This increase represented a 92.4% jump in the number of new entrants into Plan First, compared to a 3.9% decrease in the portion of women retaining Plan First coverage from the previous year. These rates were highest among older 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 26.6% of enrollees used services in Demonstration Year 23, like the 26.4% in Demonstration Year 22 but well short of the program goal of 70% utilization. Overall, about 43% 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

increased 18.4% between Demonstration Year 22 and Demonstration Year 23, in line with program goals. However, the number of men who received vasectomies (paid claims) is minimal.

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 23. 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 19.9% of eligible women, as defined by the 2020 ACS Population estimates. Enrollment increased 0.1% between DY 22 and DY 23. This was primarily due to a 92.4% 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 175 women who were enrolled in Plan First in DY22 but were no longer enrolled in the program in DY23. Overall, 54.3% 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, 54.3% got other health insurance coverage. Additionally, roughly about 11% 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*)

	2022 ACS Population 1-yr Estimate (N)+		Enrolled in Plan First DY22 (N)	% Enrollees of 2020 ACS low-income population (DY22)	Enrolled in Plan First DY23 (N)	% Enrollees of 2020 ACS low-income population (DY23)	Change in percent of population enrolled DY 22-DY 23
TOTAL	214,565		71,571	19.9%	71,640	19.9%	0.1%
Age, years							
18-24	57, 601		13,049	18.4%	10,512	14.8%	-19.4%
24-44	116,549		52,800	27.3%	54,149	28.0%	2.6%
45-54	40,565		5,722	6.0%	6,979	7.3%	22.0%
Race							
White	101,396		26,461	11.8%	26,735	12.0%	1.0%
Black	91,092		36,457	35.1%	37,220	35.8%	2.1%
Hispanic	16,222		1717	10.3%	1875	11.2%	9.2%
Asian/Pacific Islander	1,914		360	5.6%	379	5.9%	5.3%
American Indian	1,217		219	11.6%	221	11.7%	0.9%
Other race/ethnicity	2,724		2,288	30.5%	2,342	31.2%	2.4%
Not stated	N/A		3,069	N/A	2,868	N/A	-6.5%
ACHN Regions							
Central	12,566		9,765	24.9%	9,669	24.7%	-1.0%
East	17,217		8,624	19.4%	8,643	19.5%	0.2%
Gulf/ Southwest	29,582		13,409	25.2%	13,251	24.9%	-1.2%
Mid-state	31,332		10,762	16.4%	10,923	16.6%	1.5%
Northeast	27,776		8,348	14.4%	8,384	14.5%	0.4%
Northwest	15,929		10,030	21.4%	9,961	21.0%	-0.7%
Southeast	12,493		10,383	22.4%	10,547	22.5%	1.6%
Not specified			250	N/A	262	N/A	4.8%

+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 DY22			Enrolled in DY23			% Change DY22 to DY23		
	Total	**Return-ing**	**New**	**Total**	**Return-ing**	**New**	**Total**	**Return-ing**	**New**
TOTAL	71,571	68,575	2,996	71,640	65,877	5,763	0.1%	-3.9%	92.4%
Age, years									
19-24	13,049	12,053	996	10,512	8,812	1,700	-19.4%	-26.9%	70.7%
25-34	32,814	31,627	1,187	32,713	30,149	2,564	-0.3%	-4.7%	116.0%
35-44	19,986	19,351	635	21,436	20,240	1,196	7.3%	4.6%	88.3%
45-54	5,722	5,544	178	6,979	6,676	303	22.0%	20.4%	70.2%
Race‡									
White	26,461	25,101	1,360	26,735	24,464	2,271	1.0%	-2.5%	67.0%
Black	36,457	36,230	1,227	37,220	34,427	2,793	2.1%	-5.0%	127.6%
Hispanic	1717	1,595	122	1,875	1,634	241	9.2%	2.4%	97.5%
Asian /Pacific Islander	360	334	26	379	342	37	5.3%	2.4%	42.3%
American Indian	219	213	6	221	203	19	0.9%	-4.7%	216.7%
Other or unknown race/ ethnicity	5,357	5,102	255	5,210	4,807	403	-2.7%	-5.8%	58.0%
ACHN Region									
Central	9,765	9,402	363	9,669	8,922	747	-1.0%	-5.1%	105.8%
East	8,624	8,230	394	8,643	7,920	723	0.2%	-3.8%	83.5%
Gulf	13,409	12,852	557	13,251	12,205	1,046	-1.2%	-5.0%	87.8%
Mid-state	10,762	10,369	393	10,923	10,014	909	1.5%	-3.4%	131.3%
Northeast	8,348	7,974	374	8,384	7,712	672	0.4%	-3.3%	79.7%
Northwest	10,030	9,589	441	9,961	9,242	719	-0.7%	-3.6%	63.0%
Southeast	10,383	9,923	460	10,547	9,614	933	1.6%	-3.1%	102.8%

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

All women not enrolled (n=175)	
Aware not enrolled	54.3% (95)
Not aware not enrolled	45.7% (80)
Main reason not re-enrolled*:	
Health insurance	56.8% (54)
Tubes tied or hysterectomy	11.6% (11)
IUD/LARC	1.1% (1)
Pregnant	0.0% (0)
No desired providers in area	4.2% (4)
Believed not eligible for Medicaid	6.3% (6)
Other	19.0% (18)
Refused	1.1% (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 684 current Plan First enrollees in Fall 2022. Over 92% 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 meets 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=587)	Do Not Know Enrolled (N=97)
	% (n)	% (n)
All women	85.80%	14.20%
Heard of Plan First		
Yes	95.7% (561)	72.2% (70)
No	4.3% (25)	27.8% (27)
Ever pregnant	86.3% (505)	68.8% (66)
Education		
< High school	5.7% (33)	6.4% (6)
High school	33.4% (195)	52.1% (49)
More than high school	61.0% (356)	41.5% (39)
Race/ethnicity		
White	34.7% (203)	37.5% (36)
Black	60.4% (353)	53.1% (51)
Asian/Pacific Islander	0.7% (4)	1.0% (1)
Native American	1.4% (8)	1.0% (1)
Other race/ethnicity	2.7% (16)	7.3% (7)
Hispanic	5.5% (32)	5.3% (5)
Marital Status		
Not married or in a relationship	47.6% (277)	51.0% (48)
Non-cohabiting relationship	13.2% (77)	16.0% (15)
Married or cohabiting	30.2% (176)	26.6% (25)
Previously married	8.9% (52)	6.4% (6)
ACHN Region		
Central	14.7% (86)	13.4% (13)
East	14.1% (83)	14.4% (14)
Gulf	15.0% (88)	9.3% (9)
Mid-state	12.8% (75)	13.4% (13)
Northwest	15.0% (88)	22.7% (22)
Northeast	15.0% (88)	13.4% (13)
Southeast	13.4% (79)	13.4% (13)

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

	Know Enrolled (N=587)	Do Not Know Enrolled (N=97)
	% (n)	% (n)
All women	85.80%	14.20%
Heard of Plan First		
Yes	95.7% (561)	72.2% (70)
No	4.3% (25)	27.8% (27)
Problems enrolling	13.1% (77)	18.6% (18)
Can select more than one of the following problems		
Did not know how	7.8% (6)	22.2% (4)
Did not receive a notice	57.1% (44)	44.4% (8)
Problems completing the application	10.4% (8)	11.1% (2)
Problems getting transportation to sign up	2.6% (2)	0.0% (0)
Told not eligible	13.0% (10)	11.1% (2)
No Plan First providers in area	14.3% (11)	11.1% (2)
No providers wanted to see	11.7% (9)	11.1% (2)
Language difficulty	0.0% (0)	0.0% (0)
Last family planning visit		
In last year	60.8% (357)	55.7% (54)
More than a year ago, but within 3 years	17.7% (104)	16.5% (16)
More than 3 years ago/do not know	17.2% (101)	17.5% (17)
Never	4.3% (25)	10.3% (10)
Reason for no visit in last year		
I did not think I needed one	25.7% (59)	20.9% (9)
I was too busy to arrange an appointment	30.4% (70)	30.2% (13)
I could not afford it	3.0% (7)	4.7% (2)
I did not want to go to the place I went before	2.2% (5)	0.0% (0)
The place I went before could not see me	5.7% (13)	0.0% (0)
I did not know that I was enrolled in Plan First	8.7% (20)	11.6% (5)
I had a tubal ligation	5.7% (13)	9.3% (4)
Language difficulty	0.0% (0)	0.0% (0)
Other	26.1% (60)	30.2% (13)
Reasons for not using family planning		
Do not like exam	6.5% (15)	4.7% (2)
No provider you wanted to see	2.2% (5)	0.0% (0)
Hard to reach on the phone	2.2% (5)	4.7% (2)
Could not get appointment soon enough	6.1% (14)	7.0% (3)
Waiting time too long at location	4.8% (11)	4.7% (2)
Hours not convenient	1.7% (4)	4.7% (2)
No transportation	1.7% (4)	2.3% (1)
No childcare	0.9% (2)	2.3% (1)
No money to pay for visit	3.0% (7)	0.0% (0)
Preferred provider does not take Medicaid	7.8% (18)	4.7% (2)
Other	5.7% (13)	7.0% (3)
Any birth control method used	50.5% (296)	38.1% (37)
Reasons for not using birth control		
Not having sex	23.2% (67)	21.7% (13)

Want to get pregnant	10.4% (30)	11.7% (7)
Concerned about side effects	29.8% (86)	25.0% (15)
Do not think birth control works	2.8% (8)	3.3% (2)
Religious reasons	1.4% (4)	1.7% (1)
Too much trouble	2.1% (6)	0.0% (0)
Cannot use preferred method	2.4% (7)	1.7% (1)
Do not think you can get pregnant	7.6% (22)	5.% (3)
Partner does not want to use it	1.4% (4)	0.0% (0)
Cannot pay for method	2.4% (7)	0.0% (0)
Cannot find a place to go	0.4% (1)	0.0% (0)
Other	32.5% (94)	41.7% (25)

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 23, 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 23, utilization was 26.6% 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 23, 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, almost 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 21-DY 22	Had LARC under Medicaid in DY 23	Had surgical in DY 23	Sum – Had most effective contracept-ion during DY 23	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 23	Had only non-contracept-ion services DY 23	Had only care coordination in DY 23	Had no contact in DY 23
Total N	71,640	1,872	611	77	2,560	6,524	9,801	155	52,600
%	**100.0**	2.6%	0.9%	0.1%	3.6%	9.1%	13.7%	0.2%	73.4%
New PF enrollees N	2,057	12	35	5	52	224	391	0	1,390
%	**2.9**	0.6%	1.7%	0.2%	2.5%	10.9%	19.0%	0.0%	67.6%
New PF enrollees with previous MLIF or SOBRA Medicaid coverage									
N	3,706	319	78	0	397	236	184	4	2,885
%	**5.2**	8.6%	2.1%	0.0%	10.7%	6.4%	5.0%	0.1%	77.8%
Returning PF enrollees N	65,877	1,541	498	72	2,111	6,064	9,226	151	48,325
%	**91.9**	2.3%	0.8%	0.1%	3.2%	9.2%	14.0%	0.2%	73.4%
Age									
19-29	26,905	879	274	19	1,172	3,083	3,976	81	18,593
%	**37.6%**	3.3%	1.0%	0.1%	4.4%	11.5%	14.8%	0.3%	69.1%
30-39	28,976	751	266	47	1,064	2,408	4,108	48	21,348
%	**40.4%**	2.6%	0.9%	0.2%	3.7%	8.3%	14.2%	0.2%	73.7%
≥40	15,759	242	71	11	324	1,033	1,717	26	12,659
%	**22.0%**	1.5%	0.5%	0.1%	2.1%	6.6%	10.9%	0.2%	80.3%
Race									
Black (n)	37,220	736	247	18	1,001	3,695	5,950	95	26,479

	Total (% of total)	Had LARC under Medicaid in DY 21-DY 22	Had LARC under Medicaid in DY 23	Had surgical in DY 23	Sum – Had most effective contracept-ion during DY 23	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 23	Had only non-contracept-ion services DY 23	Had only care coordination in DY 23	Had no contact in DY 23
%	**52.0%**	2.0%	0.7%	0.0%	2.7%	9.9%	16.0%	0.3%	71.1%
White (n)	26,735	874	285	48	1,207	2,243	2,972	44	20,269
%	**37.3%**	3.3%	1.1%	0.2%	4.5%	8.4%	11.1%	0.2%	75.8%
Hispanic (n)	1,875	86	21	3	110	129	177	8	1,451
%	**2.6%**	4.6%	1.1%	0.2%	5.9%	6.9%	9.4%	0.4%	77.4%
Asian/Pacific Islander	379	7	4	0	11	20	25	2	321
%	**0.5%**	1.8%	1.1%	0.0%	2.9%	5.3%	6.6%	0.5%	84.7%
American Indian	221	6	2	0	8	13	18	0	182
%	**0.3%**	2.7%	0.9%	0.0%	3.6%	5.9%	8.1%	0.0%	82.4%
Other	2,342	81	25	6	112	188	285	4	1,753
%	**3.3%**	3.5%	1.1%	0.3%	4.8%	8.0%	12.2%	0.2%	74.9%
Not Stated	2,868	82	27	2	11	236	374	2	2,145
%	**4.0%**	2.9%	0.9%	0.1%	0.4%	8.2%	13.0%	0.1%	74.8%
ACHN Regions									
Central	9,669	160	51	3	214	881	1,408	7	7,159
%	**13.5%**	1.7%	0.5%	0.0%	2.2%	9.1%	14.6%	0.1%	74.0%
East	8,643	249	80	22	351	802	1,325	18	6,147
%	**12.1%**	2.9%	0.9%	0.3%	4.1%	9.3%	15.3%	0.2%	71.1%
Gulf	13,251	371	133	17	521	1,336	1,859	0	9,535
%	**18.5%**	2.8%	1.0%	0.1%	3.9%	10.1%	14.0%	0.0%	72.0%
Mid-state	10,923	267	73	1	341	961	945	79	8,597
%	**15.2%**	2.4%	0.7%	0.0%	3.1%	8.8%	8.7%	0.7%	78.7%
Northeast	8,384	267	70	10	347	594	979	1	6,463
%	**11.7%**	3.2%	0.8%	0.1%	4.1%	7.1%	11.7%	0.0%	77.1%
Northwest	9,961	287	121	11	419	972	1,474	46	7,050
%	**13.9%**	2.9%	1.2%	0.1%	4.2%	9.8%	14.8%	0.5%	70.8%
Southeast	10,547	266	83	12	361	970	1,971	3	7,422

	Total (% of total)	Had LARC under Medicaid in DY 21-DY 22	Had LARC under Medicaid in DY 23	Had surgical in DY 23	Sum – Had most effective contracept-ion during DY 23	Had moderately effective contraception (oral, injectable, patch, ring diaphragm) DY 23	Had only non-contracept-ion services DY 23	Had only care coordination in DY 23	Had no contact in DY 23
%	**14.7%**	2.5%	0.8%	0.1%	3.4%	9.2%	18.7%	0.0%	70.4%

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	% Change current year from previous year
Total	41.8%	33.5%	34.1%	37.7%	32.2%	26.4%	24.9%	-6.0%
Age								
19-29	46.9%	39.0%	40.3%	43.7%	46.6%	31.7%	28.7%	-10.5%
30-39	34.7%	26.7%	28.0%	32.7%	37.8%	24.4%	24.7%	1.2%
≥40	26.8%	20.6%	22.8%	25.7%	15.6%	19.0%	18.7%	-1.6%
Race								
Black	44.5%	35.0%	35.3%	40.4%	35.4%	29.7%	27.7%	-7.2%
White	38.4%	32.1%	33.0%	34.8%	28.4%	22.5%	21.9%	-2.7%
Hispanic		31.2%	29.4%	32.8%	29.3%	24.2%	19.7%	-22.8%
Asian/Pacific Islander		22.1%	20.4%	24.5%	19.9%	16.9%	13.7%	-23.4%
American Indian		29.9%	34.1%	36.2%	27.7%	21.5%	14.9%	-44.3%
Other/unknown	39.9%	29.9%	32.5%	34.9%	29.5%	23.9%	23.4%	-2.1%
ACHN Region								
Central			35.8%	37.0%	30.9%	25.6%	24.9%	-2.8%
East			37.7%	40.1%	32.8%	27.1%	26.9%	-0.7%
Gulf			34.7%	38.5%	34.2%	29.4%	26.1%	-12.6%
Mid-state			22.8%	31.8%	29.0%	23.4%	19.6%	-19.4%
Northeast			29.2%	34.4%	28.7%	22.4%	21.0%	-6.7%
Northwest			38.4%	41.8%	35.4%	28.4%	27.5%	-3.3%
Southeast			39.2%	40.2%	33.6%	27.4%	28.0%	2.1%

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	17,827	11,473	3,123	1,307	1,765
%	100.0%	64.4%	17.5%	7.3%	9.9%
LARC in DY 23	611	260	175	65	0
%	3.4%	42.6%	28.6%	10.6%	0.0%
LARC removal in DY 23	647	342	220	85	0
%	3.6%	52.9%	34.0%	13.1%	0.0%
Tubal ligation	80	0	48	32	0
%	0.4%	0.0%	60.0%	40.0%	0.0%
Injectable	1,529	350	567	278	334
%	8.6%	22.9%	37.1%	18.2%	21.8%
Oral Contraception	5,305	3,038	455	382	1,430
%	29.8%	57.3%	8.6%	7.2%	27.0%
Other moderately effective contraception	180	31	31	33	85
%	1.0%	17.2%	17.2%	18.3%	47.2%
STI and Chlamydia screening	6,457	5,261	145	1,051	0
%	36.2%	81.5%	2.2%	16.3%	0.0%
Pap smear with HPV co-testing	3,224	2,378	114	732	0
%	18.1%	73.8%	3.5%	22.7%	0.0%
HIV screening	5,089	4,293	5	791	0
%	28.5%	84.4%	0.1%	15.5%	0.0%
Breast Exam	6,844	4,729	1,177	938	0
%	38.4%	69.1%	17.2%	13.7%	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	2,412	1,712	369	70	273
%	100.0%	71.0%	15.3%	2.9%	11.3%
LARC in DY 23	51	29	5	5	0
%	2.1%	56.9%	9.8%	9.8%	0.0%
LARC removal in DY 23	51	42	7	2	0
%	2.1%	82.4%	13.7%	3.9%	0.0%
Tubal ligation	3	0	2	1	0
%	0.1%	0.0%	66.7%	33.3%	0.0%
Injectable	256	11	149	17	79
%	10.6%	4.3%	58.2%	6.6%	30.9%
Oral Contraception	661	406	45	15	195
%	27.4%	61.4%	6.8%	2.3%	29.5%
Other moderately effective contraception	19	1	1	3	14
%	0.8%	5.3%	5.3%	15.8%	73.7%
STI and Chlamydia screening	881	841	2	38	0
%	36.5%	95.5%	0.2%	4.3%	0.0%
Pap smear with HPV co-testing	325	303	4	18	0
%	13.5%	93.2%	1.2%	5.5%	0.0%
HIV screening	762	734	0	28	0
%	31.6%	96.3%	0.0%	3.7%	0.0%
Breast Exam N	824	687	107	30	0
%	34.2%	83.4%	13.0%	3.6%	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 N	2,326	1,608	410	70	220
%	100.0%	69.1%	17.6%	3.0%	9.5%
LARC in DY 23	80	32	32	5	0
%	3.4%	40.0%	40.0%	6.3%	0.0%
LARC removal in DY 23	103	49	42	12	0
%	4.4%	47.6%	40.8%	11.7%	0.0%
Tubal ligation	22	0	10	12	0
%	0.9%	0.0%	45.5%	54.5%	0.0%
Injectable	82	7	38	5	32
%	3.5%	8.5%	46.3%	6.1%	39.0%
Oral Contraception	747	447	87	26	187
%	32.1%	59.8%	11.6%	3.5%	25.0%
Other moderately effective contraception	17	0	6	2	9
%	0.7%	0.0%	35.3%	11.8%	52.9%
STI and Chlamydia screening	797	744	9	44	0
%	34.3%	93.4%	1.1%	5.5%	0.0%
Pap smear with HPV co-testing	389	324	34	31	0
%	16.7%	83.3%	8.7%	8.0%	0.0%
HIV screening	659	631	0	28	0
%	28.3%	95.8%	0.0%	4.2%	0.0%
Breast Exam N	947	691	202	54	0
%	40.7%	73.0%	21.3%	5.7%	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	3,642	1,283	986	790	403
%	100.0%	35.2%	27.1%	21.7%	11.1%
LARC in DY 23	133	17	59	28	0
%	3.7%	12.8%	44.4%	21.1%	0.0%
LARC removal in DY 23	111	24	60	27	0
%	3.0%	21.6%	54.1%	24.3%	0.0%
Tubal ligation	18	0	13	5	0
%	0.5%	0.0%	72.2%	27.8%	0.0%
Injectable	460	13	189	177	81
%	12.6%	2.8%	41.1%	38.5%	17.6%
Oral Contraception	956	278	133	221	324
%	26.2%	29.1%	13.9%	23.1%	33.9%
Other moderately effective contraception	55	4	10	22	19
%	1.5%	7.3%	18.2%	40.0%	34.5%
STI and Chlamydia screening	1,387	608	85	694	0
%	38.1%	43.8%	6.1%	50.0%	0.0%
Pap smear with HPV co-testing	727	215	46	466	0
%	20.0%	29.6%	6.3%	64.1%	0.0%
HIV screening	1,005	464	1	540	0
%	27.6%	46.2%	0.1%	53.7%	0.0%
Breast Exam N	1,315	324	393	598	0
%	36.1%	24.6%	29.9%	45.5%	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	2,146	1,441	317	60	248
%	100.0%	67.1%	14.8%	2.8%	11.6%
LARC in DY 23	73	32	17	7	0
%	3.4%	43.8%	23.3%	9.6%	0.0%
LARC removal in DY 23	77	46	25	6	0
%	3.6%	59.7%	32.5%	7.8%	0.0%
Tubal ligation	1	0	1	0	0
%	0.0%	0.0%	100.0%	0.0%	0.0%
Injectable	397	299	37	18	43
%	18.5%	75.3%	9.3%	4.5%	10.8%
Oral Contraception	624	361	37	21	205
%	29.1%	57.9%	5.9%	3.4%	32.9%
Other moderately effective contraception	41	17	6	2	16
%	1.9%	41.5%	14.6%	4.9%	39.0%
STI and Chlamydia screening	644	605	3	36	0
%	30.0%	93.9%	0.5%	5.6%	0.0%
Pap smear with HPV co-testing	441	413	1	27	0
%	20.5%	93.7%	0.2%	6.1%	0.0%
HIV screening	360	341	0	18	0
%	16.8%	94.7%	0.0%	5.0%	0.0%
Breast Exam N	910	764	103	43	0
%	42.4%	84.0%	11.3%	4.7%	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 N	1,757	1,070	404	90	191
%	100.0%	60.9%	23.0%	5.1%	10.9%
LARC in DY 23	70	25	26	5	0
%	4.0%	35.7%	37.1%	7.1%	0.0%
LARC removal in DY 23	77	34	30	13	0
%	4.4%	44.2%	39.0%	16.9%	0.0%
Tubal ligation	12	0	11	1	0
%	0.7%	0.0%	91.7%	8.3%	0.0%
Injectable	97	6	58	12	21
%	5.5%	6.2%	59.8%	12.4%	21.6%
Oral Contraception	531	262	71	30	168
%	30.2%	49.3%	13.4%	5.6%	31.6%
Other moderately effective contraception	14	1	3	2	8
%	0.8%	7.1%	21.4%	14.3%	57.1%
STI and Chlamydia screening	592	508	21	63	0
%	33.7%	85.8%	3.5%	10.6%	0.0%
Pap smear with HPV co-testing	273	210	19	44	0
%	15.5%	76.9%	7.0%	16.1%	0.0%
HIV screening	480	436	4	40	0
%	27.3%	90.8%	0.8%	8.3%	0.0%
Breast Exam N	629	393	177	59	0
%	35.8%	62.5%	28.1%	9.4%	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	2,735	2,045	288	127	228
%	100.0%	74.8%	10.5%	4.6%	8.3%
LARC in DY 23	121	79	19	6	0
%	4.4%	65.3%	15.7%	5.0%	0.0%
LARC removal in DY 23	117	77	28	12	0
%	4.3%	65.8%	23.9%	10.3%	0.0%
Tubal ligation	11	0	5	6	0
%	0.4%	0.0%	45.5%	54.5%	0.0%
Injectable	120	6	56	24	34
%	4.4%	5.0%	46.7%	20.0%	28.3%
Oral Contraception	897	625	41	38	193
%	32.8%	69.7%	4.6%	4.2%	21.5%
Other moderately effective contraception	26	8	3	2	13
%	1.0%	30.8%	11.5%	7.7%	50.0%
STI and Chlamydia screening	963	856	21	86	0
%	35.2%	88.9%	2.2%	8.9%	0.0%
Pap smear with HPV co-testing	529	448	5	76	0
%	19.3%	84.7%	0.9%	14.4%	0.0%
HIV screening	785	726	0	59	0
%	28.7%	92.5%	0.0%	7.5%	0.0%
Breast Exam N	1,018	884	70	64	0
%	37.2%	86.8%	6.9%	6.3%	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	2,958	2,296	345	116	197
%	100.0%	77.6%	11.7%	3.9%	6.7%
LARC in DY 23	83	46	17	9	0
%	2.8%	55.4%	20.5%	10.8%	0.0%
LARC removal in DY 23	111	70	28	13	0
%	3.8%	63.1%	25.2%	11.7%	0.0%
Tubal ligation	12	0	5	7	0
%	0.4%	0.0%	41.7%	58.3%	0.0%
Injectable	117	8	40	25	44
%	4.0%	6.8%	34.2%	21.4%	37.6%
Oral Contraception	881	656	41	31	153
%	29.8%	74.5%	4.7%	3.5%	17.4%
Other moderately effective contraception	8	0	2	0	6
%	0.3%	0.0%	25.0%	0.0%	75.0%
STI and Chlamydia screening	1,183	1,092	4	87	0
%	40.0%	92.3%	0.3%	7.4%	0.0%
Pap smear with HPV co-testing	535	463	5	67	0
%	18.1%	86.5%	0.9%	12.5%	0.0%
HIV screening	1,031	954	0	77	0
%	34.9%	92.5%	0.0%	7.5%	0.0%
Breast Exam N	1,193	981	124	88	0
%	40.3%	82.2%	10.4%	7.4%	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	17,827	219	6,691	50	10,867
	100.0%	1.2%	37.5%	0.3%	61.0%
New PF enrollees	657	1	283	0	373
%	3.7%	0.2%	43.1%	0.0%	56.8%
New PF enrollees with previous MLIF or SOBRA Medicaid coverage					
N	480	6	71	1	402
%	2.7%	1.3%	14.8%	0.2%	83.8%
Returning PF enrollees	16,690	212	6,337	49	10,092
%	93.6%	1.3%	38.0%	0.3%	60.5%
Age					
19-29	7,729	110	3,183	27	4,409
%	43.4%	1.4%	41.2%	0.3%	57.0%
30-39	7,147	74	2,465	13	4,595
%	40.1%	1.0%	34.5%	0.2%	64.3%
≥40	2,951	35	1,043	10	1,863
%	16.6%	1.2%	35.3%	0.3%	63.1%
Race					
Black	10,294	133	3,998	29	6,134
%	57.7%	1.3%	38.8%	0.3%	59.6%
White	5,857	60	2,093	13	3,691
%	32.9%	1.0%	35.7%	0.2%	63.0%
Hispanic	370	11	122	2	235
%	2.1%	3.0%	33.0%	0.5%	63.5%
Asian/Pacific Islander	52	2	9	2	39
%	0.3%	3.8%	17.3%	3.8%	75.0%
American Indian	33	0	9	0	24
%	0.2%	0.0%	27.3%	0.0%	72.7%
Other /Unknown	1,221	13	460	4	744
%	6.8%	1.1%	37.7%	0.3%	60.9%
ACHN Regions					
Central	2,412	10	1,066	3	1,333
%	13.5%	0.4%	44.2%	0.1%	55.3%
East	2,326	21	987	7	1,311
%	13.0%	0.9%	42.4%	0.3%	56.4%
Gulf	3,462	2	512	0	2,948
%	19.4%	0.1%	14.8%	0.0%	85.2%
Mid-state	2,146	107	755	25	1,259
%	12.0%	5.0%	35.2%	1.2%	58.7%
Northeast	1,757	2	601	2	1,152
%	9.9%	0.1%	34.2%	0.1%	65.6%
Northwest	2,735	71	1,363	12	1,289

%	15.3%	2.6%	49.8%	0.4%	47.1%
Southeast	2,958	5	1,397	1	1,555
%	16.6%	0.2%	47.2%	0.0%	52.6%
None	31	1	10	0	20
%	0.2%	3.2%	32.3%	0.0%	64.5%

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*	6,457	9.0%	36.2%
Chlamydia†	641	6.7%	20.7%
Cervical cancer‡	1,797	4.0%	17.8%
Breast cancer	6,844	9.6%	38.4%

* 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 %)	**3,367 (4.7%)**	**1,925 (2.7%)**	**1,382 (1.9%)**	**64,966 (90.7%)**
Used contraceptive method, clinical services, and care coordination	30 (0.9%)	94 (4.9%)	114 (8.2%)	2,436 (3.7%)
Used contraceptive method and clinical services	90 (2.6%)	78 (4.1%)	81 (5.9%)	2,553 (3.9%)
Used contraceptive method and care coordination	2 (0.1%)	0 (0.0%)	0 (0.0%)	15 (0.1%)
Used contraceptive method only	457 (13.6%)	81 (4.2%)	93 (6.7%)	2,961 (4.6%)
Subtotal with claim for a contraceptive method	**579 (17.2%)**	**253 (13.2%)**	**288 (20.8%)**	**7,965 (12.3%)**
Used clinical services and care coordination, no contraceptive method	38 (1.1%)	170 (8.9%)	182 (13.2%)	3,725 (5.8%)
Used clinical services, no contraceptive method	129 (3.8%)	195 (10.1%)	139 (10.1%)	5,276 (8.1%)
Used care coordination, no contraceptive method	4 (0.1%)	0 (0.0%)	3 (0.1%)	148 (0.2%)
Subtotal using services but no contraceptive method	**171 (5.1%)**	**365 (19.0%)**	**324 (23.4%)**	**9,149 (14.1%)**
Did not use services	**2,617 (64.4%)**	**1,307 (67.9%)**	**770 (55.7%)**	**47,852 (73.7%)**

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 20% of women enrolled in Plan First smoke or use e-cigarettes. Roughly 88% of smokers surveyed reported that they were asked about smoking by their Plan First provider. More than 70% reported that their family planning provider advised them to quit smoking, but only 44% of smokers reported discussing how to quit with their provider. Overall, 25.3% received a referral to the Quit Line; more than 65% received a recommendation to use a Nicotine Replacement Therapy (NRT) product, and 9.3% 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 approaching 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 22 survey data (20.7%). 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	150	20.7%
Asked about smoking at FP visit	133	88.1%
Advised to quit by FP provider*	110	73.3%
Discussed how to quit with FP provider*	66	44.0%
Provider recommended NRT*	98	65.3%
Referred to Quit Line*	38	25.3%
Provider prescribed NRT*	14	9.3%
Paid out of pocket for NRT products*	18	11.9%
Plans to quit smoking in the next year*	111	73.5%

*Among women who reported smoking.

Table 4.2. Smoking Cessation Modalities (Claims data)

	DY 19		DY 20		DY 21		DY22		DY23	
	N	%	N	%	N	%	N	%	N	%
Plan First service users	35,180	--	34,154	--	14,447	--	18,895	--	17,827	--
Estimated number of smokers (based on survey data)	8,021*	22.8	7,787*	22.8	3,308*	22.9%	4,326*	22.9%	3,690*	20.7%
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%	17	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 22 than they had been in DY 21.

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	71,640	8,328	116.2
		Actual births after enrollment	
All enrollees not pregnant at enrollment	71,467	2,446	34.2
Service Users not pregnant at first visit	17,816	660	37.0
Non-service users not pregnant at enrollment	51,205	1,786	34.9

*Adjusted for age and race

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

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

*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 18% (18.4%) between DY22 and DY23. 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 22		DY23		% Change DY 22 - DY 23	
	Enrolled N	**Obtained vasectomy N (%)***	**Enrolled N**	**Obtained vasectomy N (%)***	**Enrolled %**	**Obtained vasectomy %**
TOTAL	2088	5 (0.2)	2,473	5 (0.2)	18.4%	0.0%
Race						
White	1269	4 (0.3)	1,477	5 (0.3)	16.4%	25.0%
Black	549	0 (0.0)	673	0 (0.0)	22.6%	0.0%
Hispanic	74	0 (0.0)	94	0 (0.0)	27.0%	0.0%
Asian/Pacific Islander	23	0 (0.0)	26	0 (0.0)	13.0%	0.0%
American Indian	14	0 (0.0)	12	0 (0.0)	-14.3%	0.0%
Other or unknown race/ethnicity	159	1 (0.6)	191	0 (0.0)	20.1%	-100.0%
Care Coordination						
Received care coordination	36	1 (2.8)	26	0 (0.0)	-27.8%	-100.0%
Did not receive care coordination	2052	4 (0.2)	2,447	5 (0.2)	19.2%	25.0%
ACHN Regions						
Central	173	0 (0.0)	232	0 (0.0)	34.1%	0.0%
East	298	1 (0.3)	360	3 (0.8)	20.8%	200.0%
Gulf	418	1 (0.2)	484	0 (0.0)	15.8%	-100.0%
Mid-state	306	0 (0.0)	358	0 (0.0)	17.0%	0.0%
Northeast	339	0 (0.0)	399	0 (0.0)	17.7%	0.0%
Northwest	276	2 (0.7)	315	0 (0.0)	14.1%	-200.0%
Southeast	267	0 (0.0)	310	2 (0.7)	16.1%	200.0%

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 9% decrease in enrollment and a 19.5% decrease in the portion of enrollees using services. The change was concentrated in younger women (Table 1.1 and 1.2).

There were about 660 more deliveries in Demonstration Year 23 compared to Demonstration Year 22, an increase of 2.3%. However, there were nearly 200 fewer women with a Medicaid covered delivery who enrolled in Plan First, a decline of 24.9%. 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 remained similar between Demonstration Year 22 and Demonstration Year 23, however 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. Therefore, the portion of visits made to private providers remained steady 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 an increase in the portion of women using case management or care coordination services in Demonstration Year 23. 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, however a slight increase in the use of long-acting contraceptives. Surgical procedures have remained 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	Average annual change N (%)
Total	119,420	116,683	103,040	90,318	77,211	71,571	71,640	-7,963 (-9.1%)
Age								
19-29	75,783	69,550	55,886	47,911	35,981	13,049	26,905	-8,146 (-34.6%)
30-39	33,612	36,189	35,622	31,337	29,154	52,800	28,976	-773 (-8.8%)
≥40	10,025	10,944	11,532	11,070	12,076	5,722	15,759	956 (-5.0%)
Race								
Black	64,555	63,959	55,168	48,357	40,973	26,461	37,220	-4,556 (-12.5%)
White	46,790	42,926	37,558	33,772	27,956	36,457	26,735	-3,343 (-11.4%)
Hispanic	--	2,359	2,169	2,063	1,824	1717	1,875	-97 (-5.0%)
Asian/Pacific Islander	--	607	470	421	367	360	379	-46 (-10.5%)
American Indian	--	374	317	305	249	219	221	-31 (-11.4%)
Other	8,075	6,458	7,599	7,044	5,842	5,357	5,210	-478 (-8.4%
ACHN Regions								
Central	--	--	14,775	12,763	10,694	9,765	9,669	-1,277 (-11.4%)
East	--	--	12,992	10,982	9,277	8,624	8,643	-1,087 (-11.0%)
Gulf	--	--	19,254	16,929	14,564	13,409	13,251	-1,501 (-9.9%)
Mid-state	--	--	14,943	13,459	11,598	10,762	10,923	-1,005 (-8.3%)
Northeast	--	--	11,863	10,535	8,930	8,348	8,384	-870 (-9.3%)
Northwest	--	--	14,187	12,542	10,728	10,030	9,961	-1,057 (-9.4%)
Southeast	--	--	15,256	13,108	11,138	10,383	10,547	-1,177 (-9.9%)

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

	DY17	DY18	DY19	DY20	DY21	DY22	DY23	Average annual change N (%)
Total	49,929	39,076	35,146	34,154	24,254	18,895	17,827	-5,350 (-19.5%)
Age								
19-29	35,579	27,142	22,533	21,025	13,396	9,384	7,729	-4,642 (-30.0%)
30-39	11,667	9,677	9,985	10,275	8,209	6,908	7,147	-753 (-9.2%)
≥40	2,683	2,257	2,628	2,854	2,649	2603	2,951	45 (0.9%)
Race								
Black	28,756	22,382	19,469	19,409	14,516	11,129	10,294	-3,077 (-19.3%)
White	17,953	13,785	12,397	11,448	7,932	5,963	5,857	-2,016 (-21.5%)
Hispanic	--	735	638	669	534	416	370	-73 (-15.3%)
Asian/Pacific Islander	--	134	96	100	73	61	52	-16 (-21.9%)
American Indian	--	112	108	106	69	47	33	-16 (-29.7%)
Other	3,220	1,928	2,472	2,422	1,722	1,279	1,221	-333 (-21.2%)
ACHN Regions								
Central	--	--	5,290	4,722	3,309	2,496	2,412	-720 (-22.7%)
East	--	--	4,904	4,400	3,041	2,341	2,326	-645 (-21.7%)
Gulf	--	--	6,679	6,521	4,981	3,943	3,462	-804 (-18.4%)
Mid-state	--	--	3,410	4,284	3,362	2,523	2,146	-316 (-14.5%)
Northeast	--	--	3,463	3,625	2,565	1,867	1,757	-427 (-20.1%)
Northwest	--	--	5,448	5,239	3,799	2,845	2,735	-678 (-19.9%)
Southeast	--	--	5,984	5,266	3,738	2,845	2,958	-757 (-20.5%)

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

	DY20	DY21	DY22	DY23
Total				
Women with SOBRA deliveries in the previous year and this year	30,556	27,660	28,345	29,005
Women enrolled in Plan First in DY	6,300	1,430	1,062	850
% of women enrolled in Plan First in DY	20.6	5.2	3.7	2.9
Women using services in Plan First in DY	1908	61	181	164
% of Plan First enrollees using PF services in DY	30.3	4.3	17	19.3
% of women with SOBRA births using PF services in DY	6.2	0.2	0.6	0.6
Central				
Women with SOBRA deliveries in the previous year and this year	3,980	3,415	3,385	3,507
Women enrolled in Plan First in DY	797	137	114	92
% of women enrolled in Plan First in DY	20.0	4.0	3.4	2.6
Women using services in Plan First in DY	244	3	14	14
% of Plan First enrollees using PF services in DY	30.6	2.2	12.3	15.2
% of women with SOBRA births using PF services in DY	6.1	0.1	0.4	0.4
East				
Women with SOBRA deliveries in the previous year and this year	4,191	3,871	3,985	4,259
Women enrolled in Plan First in DY	805	170	139	124
% of women enrolled in Plan First in DY	19.6	4.4	3.5	2.9
Women using services in Plan First in DY	240	7	26	23
% of Plan First enrollees using PF services in DY	29.8	4.1	18.7	18.6
% of women with SOBRA births using PF services in DY	5.8	0.2	0.6	0.5
Gulf				
Women with SOBRA deliveries in the previous year and this year	5,307	5019	4,711	4,760
Women enrolled in Plan First in DY	1,316	283	211	176
% of women enrolled in Plan First in DY	24.8	5.6	4.5	3.7
Women using services in Plan First in DY	419	17	49	30
% of Plan First enrollees using PF services in DY	31.8	6.0	23.2	17.1
% of women with SOBRA births using PF services in DY	7.9	0.3	1	0.6
MidState				
Women with SOBRA deliveries in the previous year and this year	4,540	3,900	4,212	4,263
Women enrolled in Plan First in DY	877	217	137	133
% of women enrolled in Plan First in DY	19.3	5.6	3.2	3.1
Women using services in Plan First in DY	207	3	18	35
% of Plan First enrollees using PF services in DY	23.6	1.4	13.1	26.3
% of women with SOBRA births using PF services in DY	4.6	0.1	0.4	0.8
Northeast				

	DY20	DY21	DY22	DY23
Women with SOBRA deliveries in the previous year and this year	4,349	3,743	4,119	4,179
Women enrolled in Plan First in DY	777	173	135	74
% of women enrolled in Plan First in DY	17.9	4.6	3.3	1.8
Women using services in Plan First in DY	226	6	15	14
% of Plan First enrollees using PF services in DY	29.1	3.5	11.1	18.9
% of women with SOBRA births using PF services in DY	5.2	0.2	0.4	0.3
Northwest				
Women with SOBRA deliveries in the previous year and this year	4,110	1333,652	3,864	3,880
Women enrolled in Plan First in DY	876	223	183	138
% of women enrolled in Plan First in DY	21.3	6.1	4.7	3.6
Women using services in Plan First in DY	278	14	39	23
% of Plan First enrollees using PF services in DY	31.7	6.3	21.3	16.7
% of women with SOBRA births using PF services in DY	6.8	0.4	1	0.6
Southeast				
Women with SOBRA deliveries in the previous year and this year	4,109	3,859	4,048	4,128
Women enrolled in Plan First in DY	850	225	143	113
% of women enrolled in Plan First in DY	20.7	5.8	3.5	2.7
Women using services in Plan First in DY	294	11	20	25
% of Plan First enrollees using PF services in DY	34.6	4.9	14	22.1
% of women with SOBRA births using PF services in DY	7.2	0.3	0.5	0.6

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	DY23	DY 20	DY21	DY22	DY 23	DY 20	DY21	DY22	DY23	DY 20	DY21	DY22	DY23
	448	361	301	305	16,657	12,565	9,463	7,290	88,135	47,562	46,806	36,428	18.9	26.4	20.2	20.0
Central	65	55	41	42	2,200	1611	1,221	683	12,160	6442	6,363	4,924	18.1	25.0	19.2	13.9
East	58	46	37	43	1,374	1160	812	715	11,700	6140	5,990	4,789	11.7	18.9	13.6	14.9
Gulf	80	71	53	54	6,897	4738	4,328	3,355	15,807	9307	9,471	7,268	43.6	50.9	45.7	46.2
Mid-State	47	31	37	36	1,180	1065	704	457	10,968	6017	5,933	3,865	10.8	17.7	11.9	11.8
Northeast	71	55	41	41	2,209	1635	909	829	8,248	4937	4,126	3,070	26.8	33.1	22.0	27.0
Northwest	75	56	49	50	1,406	1217	694	598	14,697	7173	7,033	5,723	9.6	17.0	9.5	10.5
Southeast	52	47	43	47	1,391	1139	795	653	14,555	7546	7,890	6,789	9.6	15.1	10.1	9.6

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

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