

Evaluation of Plan First

Demonstration Year 15 (October 2014-September 2015)

Kari White, Ph.D. MPH

UAB School of Public Health

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Executive Summary

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

- (1) Increase the portion of women eligible for Plan First who actually enroll, and reduce race/ethnicity and geographic disparities in enrollment. The program goal is to enroll 80% of eligible women under age 40 into Plan First.
- (2) Maintain a high level of awareness of the Plan First program among enrollees.
- (3) Increase the portion of Plan First enrollees who use family planning services, both in the initial year of enrollment and in subsequent years. The program goal is to achieve 70% initial year and 70% subsequent year utilization.
- (4) Increase the portion of Plan First enrollees who receive smoking cessation services. The program goal is to have 85% of smokers receiving these services.
- (5) Maintain birth rates among Plan First participants which are lower than the birth rates estimated to have occurred in the absence of the Plan First demonstration. A rate of about 100 births per 1000 enrollees is estimated to be sufficient to achieve budget neutrality for Plan First.
- (6) Make sterilization services available to income-eligible men over age 21.

This report presents data for Demonstration Year 15, October 1, 2014 through September 30, 2015. Part I of this report provides baseline data for the six goals included in the renewal. Demonstration Year (DY) 15 is the first renewal year. Part II of this report continues the reporting of selected utilization measures that have been included in previous Plan First evaluations.

Findings in Part I

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

Enrollment for Black women residents of Alabama who are ages 19-24 and 25-34 is somewhat below the target rate, at 68% and 67% of those estimated to be eligible, respectively. Enrollment is lower for White women, 51% for those age 19-24 and 56% for those age 25-34. More urban areas of the state tended to have more racial disparity in enrollment. About 25% of enrolled women in DY 14 failed to re-enroll in DY 15. Those most likely to renew their enrollment from one year to the next are women who had contact with a Plan First provider. When service use is taken in to account, there is a fall-off in enrollment for White women and younger women.

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

Overall awareness of Plan First remains quite high (>90%) among enrollees. However, just over 20% of enrollees are not aware of their enrollment status, including the 7% who report they have never heard of Plan First, and another 14% who have heard of the program but did not know they were enrolled. Some of these are women who prefer not to use contraception and thus do not have an incentive to learn about Plan First. However, others are women who do use contraception, and have concerns about affordability and access to services which reflect the fact that they are not aware of their enrollment status.

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

In previous Plan First evaluations, we have reported overall rates of participation without exploring differences across sub-groups of enrollees, and without differentiating between participation for first year enrollees and for enrollees in subsequent years. With this analysis, it is clear that there is a sub-group of enrollees whose participation meets the target rate of 70% use: enrollees who have used shorter acting reversible contraception (e.g. Depo, pills) for at least a year. Women using long-acting reversible contraception (LARC) for at least a year also participate in subsequent years, but at a lower rate (45%). Participation is also lower for new enrollees who are not postpartum (56%). Women with no evidence of any use of contraception services in previous years have the lowest participation (<15%). Women with Plan First participation but no actual clinical service use are evenly divided between those with case management contact only, and those who fill contraceptive prescriptions but have no clinical contact.

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

By report of enrollees, there has been an increase over time in the extent to which smoking cessation is discussed in family planning settings, and in the concrete advice that providers give to clients about quitting tobacco use. In DY 15, 64% of smokers reported receiving either a prescription for a Nicotine Reduction Therapy or a referral to the Quit Line. However, based on claims data, there is relatively little use of prescriptions among Plan First enrollees, and a very small percentage of the estimated smokers (<1%) have contacted the Quit Line and indicated they were referred by their care coordinator.

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

Birth rates vary from year to year, but remain low enough for Plan First to be budget neutral. In DY 14, the most recent year for which a count of the births occurring to participants during the demonstration year can be counted, overall birth rates for participants was 58.3 per thousand and the birth rate for women who were enrolled but did not use services was 84.9 per thousand. In contrast, the estimate of expected births, given the fertility rates before the start of the Plan First demonstration, was 203.1 per thousand for the women enrolled in the program.

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

There were no claims for vasectomy services in DY15, the first year the service was covered by Plan First. The majority of women who get counseled about female sterilization do not receive counseling about vasectomy as well. By report of female enrollees who do not want more children, 20% of male partners may be interested in vasectomy if they could get the procedure covered by Plan First.

Findings in Part II

The number of women participating (having any paid claim) in Plan First declined slightly in DY 15, to 58,009 women, compared to 68,199 in DY 14. Enrollment in the program also decreased slightly, but the portion of enrollees participating in Plan First was similar to DY 14, 45.1% vs 46.1% (Part II, Section 1.1). The portion of women with deliveries in the previous two years who used Plan First services decreased across all Maternity Care District (Part II, Section 1.2). Participation in Plan First by non-Title X agencies (private physicians and community health centers) increased, but the portion of total visits and total participants using services in the non-Title X sector decreased slightly (Part II, Sections 1.3 and 3.1).

Use of any contraceptives and use of effective contraceptives remained stable in DY 15 (86% and 81% respectively), according to the annual enrollee survey (Part II, Section 4.3). The primary reason for not using contraceptives, as identified by survey respondents, is that they are not sexually active (38%), they don't think they can get pregnant (17%), or they want to get pregnant (14%). Some women do report that they do not use birth control because they can't afford it (10%) or can't find a provider that they want to see (9%) (Part II, Section 4.3). Affordability and difficulty finding a preferred provider are also listed as reasons for not making a visit to a family planning provider in the past year (Part II, Section 2.1).

The portion of Plan First participants with a risk assessment, completed either in DY 15 or in previous years, reached a high of 73% in DY 15. Risk assessment coverage remains high for users of Health Department services (>90%) and decreased slightly for users of private sector services. Almost all of the clients assessed as high risk received some form of care coordination services, and those with care coordination more frequently received HIV counseling and effective contraception (Part II, Sections 5.1 and 5.2).

The portion of women with non-family planning medical problems who received referrals from their family planning providers for primary care was 61% (compared to a target of 80%). As in past years, about 60% of women with medical issues reported receiving primary care, with inability to afford care as the primary reason cited for not obtaining services (Part II, Sections 6.1 and 6.2).

Finally, this evaluation continues the approach of estimating birth rates from pregnancies starting during the Demonstration Year separately for enrollees who did and did not participate in Plan First, and, among participants, for clients visiting different provider types and whether they received risk assessment and/or care coordination. All participants except those with no clinical services had birth

rates that were lower than the rates for enrollees without services. Participants with the lowest birth rates are those who received risk assessments or care coordination, who use Title X family planning services (Part II, Section7.1).

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Part I: Progress Toward Evaluation Goals

Goal 1. Addressing Disparities in Enrollment

Increase the portion of income eligible women, ages 19 –55 enrolled in Plan First and reduce race/ethnicity and geographic disparities among enrollees. Our goal is to enroll 80% of all eligible clients (based on census estimates of the eligible population) under age 40 across all race/ethnicity and geographic area groups, thereby eliminating disparities across these groups. Census data will be used to generate estimates of the eligible population.

1.1. Findings: Statewide Disparities

Statewide, enrollment for Black women ages 19-24 and 25-34 is at approximately 85% of the goal. For non-Hispanic White women, enrollment is 63% of the goal for ages 19-24 and 70% of the goal for women ages 25-34. As expected, Plan First enrollment rates are much lower for women age 35 and older. Enrollment rates are also lower for women classified as “other” ethnicity, including Hispanic, Asian and American Indian women. Census estimates are based on county-level American Community Survey (ACS) data, averaged over 2010-2014.

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

	Age 19-24			Age 25-34			Age 35-44		
	ACS Estimate	Enrollment DY15	% Enrolled	ACS Estimate	Enrollment DY15	% Enrolled	ACS Estimate	Enrollment DY15	% Enrolled
White	45,356	23,007	50.7	42,591	23,744	55.7	33,786	6,856	20.3
Black	38,084	26,038	68.4	45,999	30,662	66.7	30,616	9,446	30.9
Other	7,632	1,949	25.5	10,818	1,967	18.2	7,042	747	10.6
Total	91,133	50,994	56.0	99,465	56,373	56.7	71,502	17,049	23.8

1.2. Findings – Disparities by PHA

Similar enrollment patterns are observable across all of the Public Health Areas. Black women ages 25-34 tend to have the highest enrollment rates, relative to the number eligible, followed by Black women ages 19-24. PHA 3 (Tuscaloosa County), PHA 4 (Jefferson County), and PHA 8 (Montgomery County) are notable for the relatively lower enrollment rates for non-Hispanic White women ages 19-24. PHA 5 (northeastern Alabama) and PHA 9 (southeastern Alabama) are notable for the relatively higher enrollment rates for Black and White women ages 19-24.

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

	Age 19-24			Age 25-34			Age 35-44		
	ACS Estimate	Enrollment DY15	% Enrolled	ACS Estimate	Enrollment DY15	% Enrolled	ACS Estimate	Enrollment DY15	% Enrolled
PHA1									
White	4,381	2,881	65.8	5,166	2,660	51.5	3,642	767	21.1
Black	888	648	73.0	968	656	67.8	623	193	31.0
Other	462	133	28.8	504	91	18.1	539	38	7.1
Total	5,736	3,662	63.8	6,641	3,407	51.3	4,810	998	20.7
PHA2									
White	5,978	4,183	70.0	7,827	4,652	59.4	6,098	1,286	21.1
Black	3,005	1,942	64.6	3,040	2,465	81.1	2,077	726	35.0
Other	1,866	464	24.9	3,154	456	14.5	1,521	150	9.9
Total	10,857	6,589	60.7	14,028	7,573	54.0	9,701	2,162	22.3
PHA3									
White	5,108	1,251	24.5	2,408	1,146	47.6	1,870	297	15.9
Black	3,108	2,164	69.6	3,334	2,291	68.7	1,870	648	34.7
Other	556	97	17.4	366	60	16.4	270	19	7.0
Total	8,778	3,512	40.0	6,113	3,497	57.2	4,012	964	24.0
PHA4									
White	4,287	952	22.2	3,009	1,353	45.0	2,651	469	17.7
Black	6,873	4,109	59.8	9,598	6,115	63.7	5,883	2,058	35.0
Other	748	157	21.0	1,424	199	14.0	899	99	11.0
Total	11,908	5,218	43.8	14,033	7,667	54.6	9,434	2,626	27.8
PHA5									
White	4,082	3,202	78.4	5,750	3,060	53.2	5,221	901	17.3

Black	770	748	97.1	1,040	886	85.2	917	265	28.9
Other	1,017	307	30.2	1,528	307	20.1	1,151	115	10.0
Total	5,876	4,257	72.4	8,324	4,253	51.1	7,295	1,281	17.6
PHA6									
White	3,152	2,466	78.2	4,025	2,198	54.6	3,510	542	15.4
Black	3,067	2,005	65.4	3,635	2,045	56.3	2,381	524	22.0
Other	233	93	39.9	556	80	14.4	254	34	13.4
Total	6,458	4,564	70.7	8,226	4,323	52.6	6,152	1,100	17.9
PHA7									
White	551	328	59.5	533	294	55.2	553	88	15.9
Black	3,031	2,306	76.1	3,875	2,251	58.1	2,901	787	27.1
Other	8	23	287.5	65	19	29.2	129	3	2.3
Total	3,593	2657	73.9	4,477	2,564	57.3	3,588	878	24.5
PHA8									
White	9,498	2,055	21.6	4,569	2,232	48.9	3,150	578	18.3
Black	8,377	4,977	59.4	8,961	5,797	64.7	5,618	1,573	28.0
Other	914	200	21.9	1,427	223	15.6	860	75	8.7
Total	18,799	7,232	38.5	14,964	8,252	55.1	9,637	2,226	23.1
PHA9									
White	2,374	2,198	92.6	3,288	2,212	67.3	2,640	689	26.1
Black	2,252	1,780	79.0	2,805	1,762	62.8	2,479	572	23.1
Other	583	139	23.8	593	130	21.9	356	47	13.2
Total	5,217	4,117	78.9	6,693	4,104	61.3	5,481	1,308	23.9
PHA10									
White	2,848	1,948	68.4	2,784	1,896	68.1	2,277	488	21.4
Black	2,691	2,154	80.0	3,098	2,087	67.4	2,286	593	25.9
Other	558	137	24.6	758	147	19.4	507	44	8.7
Total	6,105	4,239	69.4	6,646	4,130	62.1	5,081	1,125	22.1
PHA11									
White	3,097	1,543	49.8	3,232	2,041	63.1	2,174	751	34.5
Black	4,022	3,205	79.7	5,645	4,307	76.3	3,581	1,507	42.1
Other	687	199	29.0	443	255	57.6	556	123	22.1
Total	7,806	4,947	63.4	9,320	6,603	70.8	6,311	2,381	37.7

1.3. Findings – Statewide Disparities in Enrollment Renewal

Another way of looking at disparities in enrollment is to examine which groups of enrollees did not renew their Plan First enrollment in the following year. Overall, 23% of enrollees did not re-enroll in the following year, and this was similar across age groups. Re-enrollment is more common for Black enrollees and for women who made contact with a family planning provider or had a clinical visit.

Table 1.3 Portion of DY14 Enrollees who Re-Enrolled in 2015 - Statewide

	N	% Total		No Renewal	Renewal
All	148,062	--		23.4	76.6
Age 18-24	63,905	43.2		22.6	77.4
Age 25-34	61,532	41.6		23.7	76.3
Age 35-44	18,187	12.3		23.8	76.2
White	65,889	44.5		27.0	72.0
Black	76,718	51.8		20.2	79.8
Hispanic	2,746	1.8		23.8	76.2
Other race/ethnicity	2,709	1.8		25.1	74.9
No Plan First Contact	79,963	54.1		31.0	69.0
Any Plan First Contact	68,099	46.0		14.5	85.5
No Plan First Clinical Visit	96,866	65.4		29.7	70.3
Any Plan First Clinical Visit	51,196	34.6		11.5	88.5
Any Plan First Visit with LARC*	22,718	15.3		10.4	89.6
Any Plan First Visit with no LARC*	28,478	19.2		12.4	87.6
Any Case Management	25,654	17.3		14.8	85.2
No Case Management	122,408	82.7		25.2	74.8
Received Tubal	564	0.4		45.7	54.3

*Among those with a Plan First visit

1.4 Findings- Disparities in Enrollment Renewal by PHA

A similar pattern of renewals is seen across all Public Health Areas. Black women are somewhat more likely to renew enrollment relative to women in other racial/ethnic groups. The greatest difference in renewal is between women who have made contact with a family planning provider and those who have not. Renewals are highest in Public Health Areas 7 and 11. Public Health Area 7 also has the highest portion of women who have made contact with a family planning provider. Public Health Area 5 has the lowest rate of renewal between DY14 and DY15.

Table 1.4 Portion of DY14 Enrollees who Re-Enrolled in 2015 – by PHA

	N	% Total	No Renewal	Renewal
PHA 1				
All	9,587	--	23.5	76.5
Age 18-24	4,475	46.7	22.5	77.5
Age 25-34	3,764	39.3	24.0	76.0
Age 35-44	1,070	11.2	24.0	76.0
White	7,567	78.9	24.3	75.7
Black	1,748	18.2	20.7	79.3
Hispanic	168	1.7	19.0	81.0
Other race/ethnicity	104	1.1	19.2	80.8
Any Plan First Contact	5,087	53.1	16.0	84.0
No Plan First Contact	4,500	46.9	32.0	68.0
Any Plan First Clinical Visit	3,914	40.8	12.5	87.5
No Plan First Clinical Visit	5,673	59.2	31.1	68.9
Any Plan First Visit with LARC*	1,516	25.2	12.8	87.2
Any Plan First Visit with no LARC*	2,398	25.0	12.3	87.7
Any Case Management	2,417	25.2	17.1	82.9
No Case Management	7,170	74.8	25.7	74.3
Received Tubal	42	0.4	38.1	61.9
PHA 2				
All	19,531	--	24.8	75.2
Age 18-24	8,258	42.3	24.0	76.0
Age 25-34	8,306	42.5	25.1	74.9
Age 35-44	2,387	12.2	25.3	74.7
White	12,324	63.1	26.6	73.4
Black	5,996	30.7	21.5	78.5
Hispanic	705	3.6	21.4	78.6
Other race/ethnicity	506	2.6	24.3	75.7

	N	% Total		No Renewal	Renewal
Any Plan First Contact	7,804	40.0		14.5	85.5
No Plan First Contact	11,727	60.0		31.6	68.4
Any Plan First Clinical Visit	5,898	30.2		11.9	88.1
No Plan First Clinical Visit	13,633	69.8		30.4	69.6
Any Plan First Visit with LARC*	2,462	12.6		12.0	88.0
Any Plan First Visit with no LARC*	3,436	17.6		11.8	88.2
Any Case Management	2,045	10.5		15.1	84.9
No Case Management	17,486	89.5		25.9	74.1
Received Tubal	79	0.4		39.2	60.8

PHA 3

All	9,133	--		22.6	77.4
Age 18-24	4,231	46.3		22.0	78.0
Age 25-34	3,685	40.3		22.6	77.4
Age 35-44	1,017	11.1		23.2	76.8
White	3,231	35.4		28.0	72.0
Black	5,698	62.4		19.3	80.7
Hispanic	85	0.9		29.4	70.6
Other race/ethnicity	119	1.3		26.9	73.1
Any Plan First Contact	4,619	50.6		14.1	85.9
No Plan First Contact	4,514	49.4		31.3	68.7
Any Plan First Clinical Visit	3,540	38.8		10.4	89.6
No Plan First Clinical Visit	5,593	61.2		30.3	69.7
Any Plan First Visit with LARC*	1,772	19.4		10.2	89.8
Any Plan First Visit with no LARC*	1,768	19.4		10.7	89.3
Any Case Management	2,069	22.6		16.0	84.0
No Case Management	7,064	77.3		24.5	75.5
Received Tubal	26	0.3		46.1	53.8

PHA 4

All	19,516	--		24.5	75.5
Age 18-24	7,304	37.4		24.5	75.5
Age 25-34	8,819	45.2		24.9	75.1
Age 35-44	2,818	14.4		22.5	77.5
White	3,839	19.7		32.0	68.0
Black	15,118	77.5		22.6	77.4
Hispanic	285	1.5		27.0	73.0
Other race/ethnicity	274	1.4		25.2	74.8

	N	% Total		No Renewal	Renewal
Any Plan First Contact	6,241	32.0		14.3	85.7
No Plan First Contact	13,275	68.0		29.3	70.7
Any Plan First Clinical Visit	4,628	23.7		12.0	88.0
No Plan First Clinical Visit	14,888	76.3		28.4	71.6
Any Plan First Visit with LARC*	1,738	8.9		9.0	91.0
Any Plan First Visit with no LARC*	2,890	14.8		13.7	86.3
Any Case Management	1,192	6.1		14.9	85.1
No Case Management	18,324	93.9		25.1	74.8
Received Tubal	32	0.2		56.2	43.8

PHA 5

All	11,876	--		26.0	74.0
Age 18-24	5,338	45.0		25.0	75.0
Age 25-34	4,721	39.7		26.4	73.6
Age 35-44	1,467	12.3		26.6	73.4
White	8,843	74.5		27.4	72.6
Black	2,206	18.6		22.4	77.6
Hispanic	598	5.0		18.2	81.8
Other race/ethnicity	229	1.9		27.9	72.1
Any Plan First Contact	5,055	42.4		15.9	84.1
No Plan First Contact	6,841	57.6		33.4	66.6
Any Plan First Clinical Visit	3,702	31.2		12.2	87.8
No Plan First Clinical Visit	8,174	68.8		32.3	67.7
Any Plan First Visit with LARC*	1,433	12.1		11.6	88.4
Any Plan First Visit with no LARC*	2,269	19.1		12.6	87.4
Any Case Management	2,236	18.8		17.2	82.8
No Case Management	9,640	81.2		28.0	72.0
Received Tubal	52	0.4		40.4	59.6

PHA 6

All	11,400	--		22.4	77.6
Age 18-24	5,445	47.8		21.0	79.0
Age 25-34	4,490	39.4		22.6	77.4
Age 35-44	1,171	10.3		26.5	73.5
White	6,031	52.9		24.8	75.2
Black	5,137	45.1		19.5	80.5
Hispanic	110	1.0		18.2	81.8
Other race/ethnicity	122	1.1		26.3	73.7

	N	% Total		No Renewal	Renewal
Any Plan First Contact	5,868	51.5		14.4	85.6
No Plan First Contact	5,532	48.5		30.9	69.1
Any Plan First Clinical Visit	4,395	38.6		10.8	89.2
No Plan First Clinical Visit	7,005	61.4		29.6	70.4
Any Plan First Visit with LARC*	2,054	18.0		9.5	90.5
Any Plan First Visit with no LARC*	2,341	20.5		12.0	88.0
Any Case Management	2,424	21.3		15.0	85.0
No Case Management	8,976	78.7		24.4	75.6
Received Tubal	52	0.5		38.5	61.5

PHA 7

All	7,121	--		18.6	81.4
Age 18-24	3,249	45.6		17.8	82.2
Age 25-34	2,687	37.7		19.3	80.7
Age 35-44	740	12.6		18.8	82.2
White	876	12.3		26.6	73.4
Black	6,189	86.9		17.3	82.7
Hispanic	19	0.3		36.8	63.2
Other race/ethnicity	37	0.5		24.3	75.7
Any Plan First Contact	4,522	63.5		13.0	87.0
No Plan First Contact	2,599	36.5		28.4	71.6
Any Plan First Clinical Visit	3,488	49.0		9.9	90.1
No Plan First Clinical Visit	3,633	51.0		27.0	73.0
Any Plan First Visit with LARC*	1,971	27.7		8.6	91.4
Any Plan First Visit with no LARC*	1,517	21.3		11.5	88.5
Any Case Management	2,901	40.7		12.2	87.8
No Case Management	4,220	59.3		22.9	77.1
Received Tubal	20	0.3		40.0	60.0

PHA 8

All	20,929	--		23.3	76.7
Age 18-24	9,174	43.8		22.6	77.4
Age 25-34	8,739	41.8		23.4	76.6
Age 35-44	2,372	11.3		24.7	75.3
White	6,166	29.5		29.0	71.0
Black	14,175	67.7		20.6	79.4
Hispanic	231	1.1		32.5	67.5
Other race/ethnicity	357	1.7		26.9	73.1

	N	% Total		No Renewal	Renewal
Any Plan First Contact	9,440	45.1		13.7	86.3
No Plan First Contact	11,489	54.9		31.2	68.8
Any Plan First Clinical Visit	7,366	35.2		11.2	88.8
No Plan First Clinical Visit	13,563	64.8		29.9	70.1
Any Plan First Visit with LARC*	3,585	17.1		10.3	89.7
Any Plan First Visit with no LARC*	3,781	18.1		12.0	88.0
Any Case Management	2,679	12.8		14.9	85.1
No Case Management	18,250	87.2		24.6	75.4
Received Tubal	53	0.2		54.7	45.3

PHA 9

All	11,281	--		23.2	76.8
Age 18-24	5,019	44.5		21.4	78.6
Age 25-34	4,505	39.9		24.3	75.7
Age 35-44	1,372	12.2		24.3	75.7
White	6,254	55.4		26.8	73.2
Black	4,631	41.0		18.0	82.0
Hispanic	170	1.5		32.9	67.1
Other race/ethnicity	226	2.0		24.8	75.2
Any Plan First Contact	5,937	52.6		15.0	85.0
No Plan First Contact	5,344	47.4		32.3	67.7
Any Plan First Clinical Visit	4,288	38.0		11.4	88.6
No Plan First Clinical Visit	6,993	62.0		30.5	69.5
Any Plan First Visit with LARC*	1,989	17.6		10.3	89.7
Any Plan First Visit with no LARC*	2,299	20.4		12.4	87.6
Any Case Management	2,820	25.0		12.9	87.1
No Case Management	8,461	75.0		26.7	73.3
Received Tubal	60	0.5		51.7	48.3

PHA 10

All	10,706	--		22.3	77.7
Age 18-24	5,028	47.0		21.6	78.4
Age 25-34	4,258	39.8		22.5	77.5
Age 35-44	1,167	10.9		23.8	76.2
White	5,045	47.1		25.7	74.3
Black	5,288	49.4		18.8	81.2
Hispanic	187	1.7		22.5	77.5
Other race/ethnicity	186	1.7		30.6	69.4

	N	% Total		No Renewal	Renewal
Any Plan First Contact	5,705	53.3		14.1	85.9
No Plan First Contact	5,001	46.7		31.6	68.4
Any Plan First Clinical Visit	4,373	40.8		11.7	88.3
No Plan First Clinical Visit	6,333	59.2		29.7	70.3
Any Plan First Visit with LARC*	1,922	17.9		9.8	90.2
Any Plan First Visit with no LARC*	2,451	22.9		13.1	86.9
Any Case Management	3,155	29.5		14.3	85.7
No Case Management	7,551	70.5		25.7	74.3
Received Tubal	56	0.5		46.4	53.6

PHA 11

All	16,765	--		21.9	78.1
Age 18-24	6,308	37.6		22.0	78.0
Age 25-34	7,451	44.4		21.7	78.3
Age 35-44	2,417	14.4		21.1	78.9
White	5,608	33.4		27.6	72.4
Black	10,427	62.2		18.6	81.4
Hispanic	183	1.1		30.0	70.0
Other race/ethnicity	547	3.3		22.3	77.7
Any Plan First Contact	7,753	46.2		14.2	85.8
No Plan First Contact	9,012	53.8		28.5	71.5
Any Plan First Clinical Visit	5,541	33.0		11.7	88.3
No Plan First Clinical Visit	11,224	67.0		26.9	73.1
Any Plan First Visit with LARC*	2,257	13.5		10.2	89.8
Any Plan First Visit with no LARC*	3,284	19.6		12.6	87.4
Any Case Management	1,683	10.0		12.9	87.1
No Case Management	15,082	90.0		22.8	77.2
Received Tubal	85	0.5		45.9	54.1

1.5. Findings – Primary Factors Associated with Non-Renewal

In order to take into account the overlap across characteristics of women who do and don't renew their Plan First enrollment, we conducted a statistical analysis that takes all features into account, and examines which ones predict re-enrollment for DY14 into DY15. Cases where women received sterilization procedures in DY14 and cases where women had a delivery in 2015 were excluded. The analysis shows that the strongest predictor of re-enrolling in Plan First in DY15 is having a clinical encounter with a family planning provider in 2014. Taking this into account, older women are actually more likely to renew than younger women, as are Black and Hispanic women. Women entering Plan First in 2014 postpartum are more likely to renew. Women whose clinical encounters included LARC and women who received case management were also more likely to renew. Finally, when all of these factors are taken into account, residents of PHA 2 (Decatur/Huntsville), PHA 6 (Anniston), PHA 7 (Linden) and PHA 11 (Mobile) were more likely to renew their enrollment in 2015, compared to PHA 1.

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

Table 1.5 Factors associated with Re-enrollment in Plan First in 2015

	Odds Ratio	95% Confidence Limits		Probability compared to chance
Age				
Age 25-34 (vs 18-24)	1.059	1.031	1.088	More likely
Age 35-44 (vs 18-24)	1.166	1.120	1.215	More likely
Race/ethnicity				
Black (vs White)	1.338	1.301	1.376	More likely
Hispanic (vs White)	1.195	1.090	1.311	More likely
Other (vs White)	1.085	0.989	1.191	No difference
Recent program participation				
Pregnant in 2013	1.049	1.018	1.081	More likely
Entered postpartum in 2014	1.209	1.153	1.267	More likely
Service use 2015				
Clinical visit in 2014	3.121	3.015	3.231	More likely
Long Acting contraceptive in 2014 (IUD, implant)	1.249	1.101	1.416	More likely
Case Management in 2014	1.109	1.063	1.157	More likely
Public Health Area				
PHA 2 (vs PHA 1)	1.070	1.010	1.135	More likely
PHA 3 (vs PHA 1)	1.020	0.950	1.094	No difference
PHA 4 (vs PHA 1)	1.021	0.961	1.085	No difference
PHA 5 (vs PHA 1)	1.019	0.956	1.086	No difference
PHA 6 (vs PHA 1)	1.092	1.022	1.166	More likely
PHA 7 (vs PHA 1)	1.083	1.000	1.174	More likely
PHA 8 (vs PHA 1)	1.008	0.950	1.070	No difference
PHA 9 (vs PHA 1)	1.057	0.989	1.129	No difference
PHA 10 (vs PHA 1)	1.054	0.985	1.127	No difference
PHA 11 (vs PHA 1)	1.138	1.069	1.211	More likely

Conclusions- Reducing Disparities in Enrollment

Enrollment for Black women residents of Alabama who are ages 19-24 and 25-34 is somewhat below the target rate, at 68% and 67% of those estimated to be eligible, respectively. Enrollment is lower for White women, 51% for those age 19-24 and 56% for those age 25-34. More urban areas of the state tended to have more racial disparity in enrollment. About 25% of enrolled women in DY 14 failed to re-enroll in DY 15. Those most likely to renew their enrollment from one year to the next are women who had contact with a Plan First provider. When service use is taken in to account, there is a fall-off in enrollment for White women and younger women.

Goal 2. Maintaining High Levels of Awareness of Plan First

Maintain the high level of awareness of the Plan First program among program enrollees. Our goal is that 90% of surveyed enrollees will have heard of the program and 85% of these will be aware that they are enrolled in the program. Telephone surveys of enrollees will be used to track changes in levels of awareness of the program and enrollment in the program.

2.1. Findings- Awareness of Plan First and Enrollment Status

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

Table 2.1. Awareness of Plan First

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

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

Overall, 239 (21%) of survey respondents did not know they were enrolled in Plan First, and 83 of these (35%) had not heard of Plan First. Comparing the responses of these women to those who did know they were enrolled, on selected survey questions, shows that those who did not know they were enrolled were less likely to have had a family planning visit, less likely to be using contraception, and were more concerned about the affordability of family planning and contraception. They also were more likely to be Hispanic and more likely to report having difficulty finding a provider they wanted to see or that accepted Medicaid.

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

Characteristic	Know Enrolled n=886 (78.8%) (%)	Do Not Know Enrolled n=239 (21.2%) (%)
Family planning visit*		
In last year	65.2	51.5
More than year ago	27.0	22.2
Never	3.7	20.9
Reason for no visit in last year*		
I did not think I needed one	21.4	12.1
I was too busy to arrange an appointment	32.4	9.1
I couldn't afford it	2.9	24.2
I did not want to go to the place I went before	3.3	0
The place I went before could not see me	2.9	0
Other	34.5	47.0
Reasons for not using family planning		
Don't like exam*	4.7	7.1
No provider you wanted to see*	8.1	10.9
Hard to reach on the phone*	7.0	8.8
Couldn't get appointment soon enough*	11.6	12.1
Waiting time too long at location	12.4	12.5
Hours not convenient*	6.1	3.8
No transportation	4.1	5.9
Family member opposes	0.8	1.7
No child care	3.4	4.6
No money to pay for visit*	7.6	18.0
Preferred provider does not take Medicaid*	10.2	16.7
Any birth control method used*	87.6	75.2
Reasons for not using birth control		
Not having sex	38.1	37.1

Characteristic	Know Enrolled n=886 (78.8%)	Do Not Know Enrolled n=239 (21.2%)
Want to get pregnant	26.9	15.9
Concerned about side effects	62.5	54.5
Don't think birth control works	20.2	25.0
Religious reasons	2.9	2.3
Too much trouble	7.7	4.5
Don't think you can get pregnant	26.9	29.5
Partner doesn't want you to	10.6	11.4
Can't pay for method*	6.7	36.4
Can't find a place to go*	9.6	20.5
Demographics		
Ever pregnant	86.0	88.1
Mean age	28.4	28.4
Education		
< high school	6.9	8.0
high school	36.1	39.1
more than high school	57.0	56.1
Race/ethnicity*		
White	44.2	40.6
Black	50.4	50.6
Hispanic	2.3	5.9
Other	3.0	2.9
Marital Status		
Never married	59.5	63.9
Married	24.5	23.1
Previously married	15.9	13.0

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

Conclusions – Maintaining High Levels of Awareness of Plan First

Overall awareness of Plan First remains quite high (>90%) among enrollees. However, just over 20% of enrollees are not aware of their enrollment status, including the 7% who report they have never heard of Plan First, and another 14% who have heard of the program but did not know they were enrolled. Some of these are women who prefer not to use contraception and thus do not have an incentive to learn about Plan First. However, others are women who do use contraception, and have concerns about affordability and access to services which reflect the fact that they are not aware of their enrollment status.

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

Increase the portion of Plan First enrollees using family planning services initially after enrollment and in subsequent years of enrollment by improving access to services and increasing the rate of return visits for care. Our goal is to have 70% utilization of services by the end of the three year period, along with a 70% rate for 12 and 24 month return visits for individuals using services during the renewal period. Data will be generated from eligibility data, Plan First service use and postpartum contraceptive use.

3.1. Findings – Participation and Clinical Service Use

Participation, or “contact,” in Plan First is defined as having an interaction that generates a Medicaid claim, while clinical service use, or “service,” is defined as having a Medicaid claim for an evaluation and management encounter, for the placement of an IUD, hormonal patch, or implant, for the receipt of a Depo-Provera injection, or for a surgical sterilization procedure. Table 3.1 shows that 40% of enrollees in Demonstration Year 15 had contact with Plan First, while almost one third received a clinical service.

Rates of contact exceed target levels for two sub-groups of Plan First enrollees: new enrollees who received LARC or other contraceptives at a postpartum visit and previous enrollees who received a non-LARC method in the prior year (100% contact). Rates of contact are lowest (<33%, or one-third of the target rate), for enrollees with no use of family planning services.

Clinical service use exceeds the target rate for new enrollees who received LARC or other contraceptives at a postpartum visit and previous enrollees who received a non-LARC method in the prior year (>89% use). Clinical service use is about half of the target rate for previous enrollees who received a LARC method in a prior year and about two-thirds of the target rate for new enrollees who were not postpartum. Service use is very low (<22%) among women who had no family planning use postpartum or in the years they were previously enrolled.

Table 3.1. Utilization Assessment for Demonstration Year 15

	N (%)	% Initial Plan First Participation	% Participation 12 months after initial visit	% Participation 24 months after initial visit
All Enrollees, DY15	128,473	40.3% Contact 31.3% Service		
New DY15 Enrollee, Postpartum	7,080 (5.5)	33.4% contact 23.0% service	--	--
Received LARC postpartum	17 (0.2)	100% contact 100% service	--	--
Received other method postpartum	36 (0.5)	100% contact 88.9% service	--	--
Received no method postpartum	7,027 (99.2)	32.9% contact 22.5% service	--	--
New DY15 Enrollee, Not Postpartum	7,971 (6.2)	55.7% contact 48.1% service	--	--
Enrolled DY14 & DY15	27,963 (21.8)	35.6% contact 26.5% service		--
Received LARC DY14	731 (2.6)	--	45.5% contact 31.7% service	--
Received other method DY14	10,204 (36.5)	--	100% contact 100% service	--
Received no method DY14	17,028 (60.9)	12.8% contact 0.7% service	--	--
Enrolled DY13 - DY15	85,461 (66.5)	41.0% contact 32.1% service		
Received LARC DY13 or DY14	4,112 (4.8)	--	--	47.6% contact 36.8% service
Received other method DY13 or DY14	43,792 (51.2)	--	--	100% contact 100% service
Received no method DY13 or DY14	37,557 (44.0)	13.9% contact 1.0% service	--	--

-- Not applicable

3.2. Findings – Content of Contacts Without Clinical Services

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

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

	Enrollees with Clinical Services n= 46,889 (74.3%)	Enrollees without Clinical Services n=16,186 (25.7%)
Risk Assessment by Social Worker	26,316 (51.0)	2,683 (16.6)
High Risk with Case Management	13,229 (28.2)	1,348 (8.3)
High Risk No Case Management	84 (0.2)	48 (0.3)
Low Risk with Case Management	1,110 (2.4)	108 (0.7)
Low Risk No Case Management	9,496 (20.2)	1,179 (7.3)
No Risk Assessment, with Case Management	3,223 (6.7)	4,115 (25.4)
HIV Counseling	19,949 (42.5)	1,222 (7.6)
Laboratory test	35,752 (76.2)	5,501 (34.0)
Pregnancy test	25,171 (53.7)	488 (3.0)
Prescription filled	8,692 (18.5)	5,349 (33.0)
BC Pills at pharmacy	1,745 (3.7)	2,033 (12.6)
BC Pills from Clinical Site	11,768 (25.1)	815 (5.0)

Conclusions – Increasing Family Planning Service Use

In previous Plan First evaluations, we have reported overall rates of participation without exploring differences across sub-groups of enrollees, and without differentiating between participation for first year enrollees and for enrollees in subsequent years. With this analysis, it is clear that there is a sub-group of enrollees whose participation meets the target rate of 70% use: enrollees who have used shorter acting reversible contraception (e.g. Depo, pills) for at least a year. Women using long-acting reversible contraception (LARC) for at least a year also participate in subsequent years, but at a lower rate (45%). Participation is also lower for new enrollees who are not postpartum (56%). Women with no evidence of any use of contraception services in previous years have the lowest participation (<15%). Women with Plan First participation but no actual clinical service use are evenly divided between those with case management contact only, and those who fill contraceptive prescriptions but have no clinical contact.

Goal 4. Increasing Use of Smoking Cessation Modalities

Survey data suggest that approximately one third of Plan First enrollees are cigarette smokers, and 85% of these were advised by their family planning provider to quit smoking. Our goal is that 25% of Plan First service users (85% of the 30% who are smokers) will receive either a covered Nicotine Reduction Therapy (NRT) prescription, a referral to the Quit Line, or both. Data will be generated from claims for NRT products, from client information provided by the Quit Line contractor, and from the enrollee survey.

4.1. Findings- Survey Data

Enrollee survey data from Demo Year 15 shows a slight decrease in the portion of survey respondents who reported they were smokers. The percentage who were asked about smoking by their Plan First provider and the percentage that were advised by their provider to quit smoking were similar to the previous year, and notably higher than in DY11-DY13 when we began reporting on these outcomes. Although the portion receiving either a referral to the Quit Line or an NRT product did not meet the target 85% (currently at 64%), there was an increase from the previous year.

Table 4.1. Smoking Cessation Based on Enrollee Survey Data

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

-- Not asked in Enrollee Survey

4.2 Findings- Claims and Quit Line Data

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

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

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

*Vendor did not begin tracking referrals until early 2015.

-- Information not collected.

Conclusion-Increasing Use of Smoking Cessation Modalities

By report of enrollees, there has been an increase over time in the extent to which smoking cessation is discussed in family planning settings, and in the concrete advice that providers give to clients about quitting tobacco use. In DY 15, 64% of smokers reported receiving either a prescription for a Nicotine Reduction Therapy or a referral to the Quit Line. However, based on claims data, there is relatively little use of prescriptions among Plan First enrollees, and a very small percentage of the estimated smokers (<1%) have contacted the Quit Line and indicated they were referred by their care coordinator.

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

Maintain birth rates among Plan First service users that are lower than the estimated birth rates that would be occurring in the absence of the Plan First demonstration. Our goal is to maintain the overall birth rate of about 100 births per 1000 Plan First enrollees.

5.1. Findings- Birth Rates

An accurate calculation of birth rates can only be made two years after the Demonstration year, because births are counted if Plan First enrollees or service users became pregnant during the year. Birth rates for women enrolled in Plan First in DY 14 were less than one-third of the estimated birth rate that would have occurred without the waiver (based on fertility rates in 1999, before the start of Plan First). Birth rates to service users are less than those to enrollees. Both rates are lower than the estimated 100 births per 1000 enrollees required for the program to be budget neutral, in terms of the costs of maternity and delivery care.

Table 5.1. Birth Rates per 1000

	Estimated birth rate if fertility rates continued at pre-waiver levels	Actual birth rates 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

Conclusion – Maintaining Low Birth Rates among Plan First Service Users

Birth rates vary from year to year, but remain low enough for Plan First to be budget neutral. In DY 14, the most recent year for which a count of the births occurring to participants during the demonstration year can be counted, overall birth rates for participants was 58.3 per thousand and the birth rate for

women who were enrolled but did not use services was 84.9 per thousand. In contrast, the estimate of expected births, given the fertility rates before the start of the Plan First demonstration, was 203.1 per thousand for the women enrolled in the program.

Goal 6. Provide Vasectomy Services to Qualified Enrollees

Increase the usage of the Plan First Waiver by making sterilizations available to males ages 21 years or older. This goal will be evaluated based on the number of sterilizations performed statewide.

6.1. Findings- Use of Vasectomy Services

No vasectomies were provided through Plan First in DY15. The number of men who enrolled in the program is unknown because information on enrollee gender was not included in the enrollment files. This information will be included in future years, and we will continue to track vasectomy service delivery.

Table 6.1. Vasectomies provided to men through Plan First

	DY15 (10/14-9/15)
Number of men enrolled	n/a
Number obtaining vasectomy	0
% enrolled obtaining vasectomy	--

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

6.2 Findings - Counseling and Potential Demand around Vasectomy

In the DY15 enrollee survey, we asked several questions to assess the potential demand for vasectomy services. Less than one-third (29%) of the 202 women who reported counseling about female sterilization also reported that they received counseling about vasectomy, and a higher percent of women who were seen at the health department reported vasectomy counseling than those who went to a private doctor or other source of care. Among the 465 women who reported that they do not want more children, 20% said their male partner may be interested in getting a vasectomy through Plan First.

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

	DY15 N (%)
Women who received counseling about female sterilization & vasectomy	58 (28.7)
Health Department	26 (34.2)
Private Doctor	25 (25.0)
Other source	7 (28.0)
Partner would be interested in vasectomy through Plan First, among women who do not want more children	
Yes	94 (20.2)
No	232 (49.9)
Don’t know	124 (26.7)

Conclusions - Increasing Vasectomy Counseling and Use of Vasectomy Services

There were no claims for vasectomy services in DY15, the first year the service was covered by Plan First. The majority of women who get counseled about female sterilization do not receive counseling about vasectomy as well. By report of female enrollees who do not want more children, 20% of male partners may be interested in vasectomy if they could get the procedure covered by Plan First.

Evaluation of Plan First

Demonstration Year 15 (October 2014-September 2015)

Part II On-Going Monitoring of the Plan First Program

1. General Service Use Measured in Claims Data

1.1 Portion of Enrollees with Plan First Participation

The number of participants in Plan First declined between DY 14 and DY 15. The number of enrollees also decreased. Overall, 45% of enrollees used services, which was similar to DY14 (46%) but lower than service utilization in previous years.

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

Group	Number of Participants						Change in # of Participants	
	DY10	DY11	DY12	DY13	DY14	DY15	DY10-DY15	DY14-DY15
Total	63,068	70,365	69,611	75,660	68,199	58,009	-5,059	-10,190
Age <20	5,135	5,324	5,120	5,284	7,118	4,127	-1,008	-2,991
Black	2,643	2,699	2,768	2,748	3,842	2,263	-380	-1,579
White	2,370	2,347	2,139	2,295	3,034	1,732	-638	-1,302
Other	51	206	154	161	242	132	81	-110
Age 20 – 29	45,153	49,833	48,705	52,076	45,216	39,005	-6,148	-6,211
Black	25,427	27,427	26,906	28,678	25,363	22,578	-2,849	-2,785
White	18,627	21,099	20,434	21,866	18,421	15,149	-3,478	-3,272
Other	514	606	609	680	1,432	1,278	764	-154
Age 30 – 39	10,552	12,457	12,868	14,868	12,856	12,081	1,529	-775
Black	6,406	7,295	7,620	8,891	7,827	7,584	1,178	-243
White	3,818	4,735	4,784	5,480	4,605	4,087	269	-518
Other	166	196	213	257	424	410	244	-14
Age 40 +	2,228	2,751	2,918	3,432	3,009	2,796	568	-213
Black	1,221	1,530	1,666	1,934	1,763	1,714	493	-49
White	927	1,134	1,158	1,370	1,131	960	33	-171
Other	36	47	48	63	115	122	86	7
Race/Age not known	862	1,044	1,112	1,237	N/A	N/A	N/A	N/A

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

	Number of Enrollees					
Group	DY10	DY11	DY12	DY13	DY14	DY15
Total	120,359	127,035	134,495	147,263	148,060	128,473
Age < 20	18,175	9,760	7,002	7,281	10,568	6,028
Black	9,002	4,989	3,685	3,802	5,427	3,087
White	8,686	4,463	3,084	3,215	4,744	2,718
Other	487	308	225	264	397	223
Age 20 – 29	77,113	84,455	89,175	93,740	91,901	80,119
Black	39,350	42,960	45,151	47,515	46,951	41,800
White	35,377	38,957	41,232	43,086	41,699	35,431
Other	2,146	2,538	2,728	3,139	3,251	2,888
Age 30 – 39	20,837	26,220	30,235	35,637	34,982	32,566
Black	11,472	14,484	16,590	19,227	19,001	18,176
White	8,595	10,758	12,509	15,048	14,607	13,094
Other	770	978	1,119	1,362	1,374	1,296
Age 40 +	4,234	6,600	8,083	10,605	10,609	9,760
Black	2,334	3,613	4,321	5,331	5,337	5,184
White	1,743	2,721	3,449	4,835	4,839	4,147
Other	157	266	307	439	433	429

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

Age Group	% Participants of Enrollees						% Change in % Participants of Enrollees
	DY10	DY11	DY12	DY13	DY 14	DY 15	DY10-DY15
Total	52.4%	55.4%	51.8%	51.4%	46.1%	45.1%	-13.9%
Age <20	63.8%	54.6%	73.1%	72.6%	67.4%	68.5%	7.4%
Black	65.4%	54.1%	75.1%	72.3%	70.8%	73.3%	12.1%
White	62.6%	52.6%	69.4%	71.4%	64.0%	63.7%	1.8%
Other	23.7%	66.9%	68.4%	61.0%	61.0%	59.2%	149.8%
Age 20 – 29	54.6%	59.0%	54.6%	55.6%	49.2%	48.7%	-10.8%
Black	60.5%	63.8%	59.6%	60.4%	54.0%	54.0%	-10.7%
White	48.6%	54.2%	49.6%	50.7%	44.2%	42.8%	-11.9%
Other	22.5%	23.9%	22.3%	21.7%	44.0%	44.2%	96.4%
Age 30 – 39	43.3%	47.5%	42.6%	41.7%	36.8%	37.1%	-14.3%
Black	47.8%	50.4%	45.9%	46.2%	41.2%	41.7%	-12.8%
White	37.9%	44.0%	38.2%	36.4%	31.5%	31.2%	-17.7%
Other	19.4%	20.0%	19.0%	18.9%	30.9%	31.6%	62.9%
Age 40 +	42.2%	41.7%	36.1%	32.4%	28.4%	28.6%	-32.2%
Black	42.1%	42.4%	38.6%	36.3%	33.0%	33.1%	-21.4%
White	42.6%	41.7%	33.6%	28.3%	23.4%	23.1%	-45.8%
Other	17.5%	17.7%	15.6%	14.4%	26.6%	28.4%	62.3%

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

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

Public Health Area	Number of Participants						Change in # of Participants DY10-DY15
	DY10	DY11	DY12	DY13	DY14	DY15	
Total	66,384	70,233	69,521	75,588	68,199	58,009	-8,375
1	4,957	5,168	5,040	5,513	5,079	4,230	-727
2	7,890	8,566	8,348	9,108	7,822	6,320	-1,570
3	4,765	5,000	4,860	5,186	4,628	3,996	-769
4	7,476	7,575	7,506	7,376	6,266	5,438	-2,038
5	5,221	5,493	5,510	5,729	5,050	4,182	-1,039
6	5,581	6,040	5,903	6,380	5,890	5,066	-515
7	4,280	4,274	4,300	4,808	4,515	3,967	-313
8	8,774	9,388	9,339	10,188	9,476	8,059	-715
9	5,155	5,604	5,790	6,463	5,987	5,055	-100
10	4,652	5,576	5,644	6,447	5,703	5,055	403
11	7,633	7,549	7,281	8,390	7,783	6,641	-992

Public Health Area	Number of Enrollees					
	DY10	DY11	DY12	DY13	DY14	DY15
Total	120,359	127,035	134,495	147,183	148,060	128,473
1	8,398	8,362	8,925	9,463	9,587	8,309
2	15,793	16,897	18,251	19,599	19,530	16,845
3	7,832	8,015	8,550	9,098	9,144	8,161
4	15,436	16,693	17,873	19,297	19,516	16,004
5	9,679	10,158	11,085	11,998	11,898	10,099
6	9,919	10,046	10,769	11,481	11,466	10,251
7	6,070	6,153	6,522	7,103	7,121	6,370
8	16,916	18,003	18,602	20,663	20,959	18,312
9	9,039	9,573	10,052	11,285	11,350	9,864
10	8,321	8,724	9,238	10,535	10,724	9,737
11	12,956	14,166	14,628	16,661	16,765	14,481

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

Public Health Area	Percent Participation of Enrollees						% Change in % Participants of Enrollees DY10-DY15
	DY10	DY11	DY12	DY13	DY14	DY15	
Total	55.1%	55.4%	51.7%	51.4%	46.1%	45.1%	-18.1%
1	59.0%	61.8%	56.5%	58.3%	53.0%	50.9%	-13.7%
2	50.0%	50.7%	45.7%	46.5%	40.0%	37.5%	-25.0%
3	60.8%	62.4%	56.8%	57.0%	50.6%	49.0%	-19.4%
4	48.4%	45.4%	42.0%	38.2%	32.1%	33.9%	-30.0%
5	53.9%	54.1%	49.7%	47.7%	42.4%	41.4%	-23.2%
6	56.3%	60.1%	54.8%	55.6%	51.4%	49.4%	-12.3%
7	70.5%	69.5%	65.9%	67.7%	63.4%	62.3%	-11.6%
8	51.9%	52.2%	50.2%	49.3%	45.2%	44.0%	-15.2%
9	57.0%	58.5%	57.6%	57.3%	52.7%	51.2%	-10.2%
10	55.9%	63.9%	61.1%	61.2%	53.2%	51.9%	-7.2%
11	58.9%	53.3%	49.8%	50.4%	46.4%	45.9%	-22.1%

1.2 Portion of Medicaid Postpartum Women With Plan First Participation

The portion of women with Medicaid deliveries who participate in Plan First in the year of and the year following their deliveries did not change significantly in DY 14, compared to DY 13. Participation rates are lowest in the district that includes Birmingham. This table does not take into account women who received contraception at their postpartum visit, see Part 1, Goal 3.

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

Maternity Care Program District	Demonstration Year (DY)					
	DY10	DY11	DY12	DY13	DY14	DY15
Total						
Women with SOBRA deliveries in the previous year and this year	44,746	44,949	47,827	48,313	49,760	38,575
Women with Plan First participation in DY	13,439	1,912	7,465	14,724	13,901	10,406
% of women with deliveries participating in Plan First	30.0%	37.1%	15.6%	30.5%	27.9%	27.0%
District 1 (Colbert, Franklin, Lauderdale, Marion)						
Women with SOBRA deliveries in the previous year and this year	2,017	2,077	2,168	2,165	2,194	1,627
Women with Plan First participation in DY	618	704	387	697	684	493
% of women with deliveries participating in Plan First	30.6%	33.9%	17.9%	32.2%	31.2%	30.3%
District 2 (Jackson, Lawrence, Limestone, Madison, Marshall, Morgan)						
Women with SOBRA deliveries in the previous year and this year	6,149	6,441	6,763	6,796	7,099	5,500
Women with Plan First participation in DY	1,602	1,724	980	1,834	1,658	1,242
% of women with deliveries participating in Plan First	26.0%	26.8%	14.5%	27.0%	23.4%	22.6%
District 3 (Calhoun, Cherokee, Cleburne, DeKalb, Etowah)						
Women with SOBRA deliveries in the previous year and this year	3,179	3,012	3,411	3,571	3,686	2,934
Women with Plan First participation in DY	883	899	515	1,046	953	764
% of women with deliveries participating in Plan First	27.8%	29.8%	15.1%	29.3%	25.8%	26.0%

District 4 (Bibb, Fayette, Lamar, Pickens, Tuscaloosa)						
Women with SOBRA deliveries in the previous year and this year	2,333	2,474	2,614	2,619	2,618	2,089
Women with Plan First participation in DY	6,99	772	378	751	731	550
% of women with deliveries participating in Plan First	30.0%	31.2%	14.5%	28.7%	27.9%	26.3%
District 5 (Blount, Chilton, Cullman, Jefferson, St. Clair, Shelby, Walker, Winston)						
Women with SOBRA deliveries in the previous year and this year	9,761	9,915	10,501	10,467	10,797	8,353
Women with Plan First participation in DY	2,615	2,719	1,373	2,393	2,277	1,692
% of women with deliveries participating in Plan First	26.8%	27.4%	13.1%	22.9%	16.4%	20.3%
District 6 (Clay, Coosa, Randolph, Talladega, Tallapoosa)						
Women with SOBRA deliveries in the previous year and this year	1,677	1,630	1,788	1,850	1,849	1,509
Women with Plan First participation in DY	469	493	269	578	550	445
% of women with deliveries participating in Plan First	28.0%	30.2%	15.0%	31.2%	29.7%	29.5%
District 7 (Greene, Hale)						
Women with SOBRA deliveries in the previous year and this year	315	319	338	310	332	257
Women with Plan First participation in DY	108	111	81	110	122	93
% of women with deliveries participating in Plan First	34.3%	34.8%	24.0%	35.5%	36.7%	36.2%
District 8 (Choctaw, Marengo, Sumter)						
Women with SOBRA deliveries in the previous year and this year	435	414	428	452	469	356
Women with Plan First participation in DY	160	132	67	168	172	131
% of women with deliveries participating in Plan First	36.8%	31.9%	15.6%	37.2%	36.7%	36.8%
District 9 (Dallas, Perry, Wilcox)						
Women with SOBRA deliveries in the previous year and this year	897	843	857	871	838	541

Women with Plan First participation in DY	370	359	186	401	390	233
% of women with deliveries participating in Plan First	41.2%	42.6%	21.7%	46.0%	46.5%	43.1%
District 10 (Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery, Pike)						
Women with SOBRA deliveries in the previous year and this year	4,674	4,551	4,846	4,808	5,062	4,019
Women with Plan First participation in DY	1,498	1510	797	1,591	1,465	1,120
% of women with deliveries participating in Plan First	32.0%	33.2%	16.4%	33.1%	28.9%	27.9%
District 11 (Barbour, Chambers, Lee, Macon, Russell)						
Women with SOBRA deliveries in the previous year and this year	2,181	2,275	2,487	2,671	2,783	2,125
Women with Plan First participation in DY	552	642	365	781	817	595
% of women with deliveries participating in Plan First	25.3%	28.2%	14.7%	29.2%	29.4%	28.0%
District 12 (Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe, Washington)						
Women with SOBRA deliveries in the previous year and this year	3,487	3,476	3,598	3,612	3,660	2,778
Women with Plan First participation in DY	1,176	1,209	644	1,410	1,286	889
% of women with deliveries participating in Plan First	33.7%	34.8%	17.9%	39.0%	35.1%	32.0%
District 13 (Coffee, Dale, Geneva, Henry, Houston)						
Women with SOBRA deliveries in the previous year and this year	2,351	2,366	2,604	2,667	5,708	2,040
Women with Plan First participation in DY	634	880	494	1,029	2,022	605
% of women with deliveries participating in Plan First	27.0%	37.2%	19.0%	38.6%	35.4%	29.7%
District 14 (Mobile)						
Women with SOBRA deliveries in the previous year and this year	5,290	5,156	5,424	5,454	5,708	4,447
Women with Plan First participation in DY	2,055	1,912	929	1,935	2,022	1,554
% of women with deliveries participating in Plan First	38.8%	37.1%	17.1%	35.5%	35.4%	34.9%

1.3 Private Provider Participation in Plan First

The number of private providers providing services to Plan First participants increased in all public health areas in the state. The overall portion of Plan First visits that were made to private providers in DY 15 was similar compared to previous years. However, there was a marked decrease in the portion of Plan First visits made to private providers in PHA11 (Mobile), from 99.7% in DY14 to 61.9% DY15.

Table 1.3. Availability and Visit Volume for Private Providers

PHA	# Private Providers			# Visits to Private Providers			% Total Visits to Private Providers		
	DY13	DY14	DY15	DY13	DY14	DY15	DY13	DY14	DY15
Total	687	693	933	40,451	41,295	34,413	24.8%	28.0%	25.3%
1	68	49	66	1,400	1,278	1,407	14.6%	15.2%	17.6%
2	109	98	166	2,837	3,176	4,336	22.9%	28.6%	38.9%
3	39	26	29	569	756	897	6.2%	9.3%	11.8%
4	76	65	101	1,682	1,492	2,180	17.3%	17.5%	25.3%
5	51	46	59	1,053	862	987	11.3%	10.6%	13.2%
6	61	55	72	1,588	1,730	1,889	15.8%	17.7%	20.8%
7	36	37	45	1,375	1,906	2,092	17.0%	24.1%	26.7%
8	84	97	129	7,797	9,179	8,509	13.8%	18.4%	18.7%
9	68	86	102	5,139	5,147	3,725	46.2%	48.9%	40.8%
10	33	42	56	1,309	916	795	11.5%	9.1%	8.4%
11	62	92	111	15,702	14,853	7,596	97.7%	99.7%	61.9%

2. General Service Use Measured in Enrollee Survey Data

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

Of the 1125 respondents to the enrollee survey, 375, or about 33%, reported not having had a family planning visit in the previous year. The reasons given for not having a family planning visit have remained consistent over the years. The two most frequently cited reasons are not being able to afford the visit, and preferred provider does not accept Medicaid. There are also concerns about the time it takes to get an appointment and whether the provider can be reached on the telephone.

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

Reasons for Delay with FP Visit	DY10	DY11	DY12	DY13	DY14	DY15
N	315	182	334	384	320	375
No money to pay for appointment	18.9%	17.1%	17.6%	16.6%	18.1%	14.4%
Provider you wanted to see did not take Medicaid	11.7%	18.4%	16.5%	12.3%	16.6%	14.9%
Had to wait too long at appointment	12.1%	22.5%	16.5%	12.3%	9.7%	12.0%
Couldn't get appointment soon enough	11.8%	17.3%	12.9%	11.5%	13.1%	12.8%
No provider in the area that you wanted to see	10.0%	16.4%	11.7%	11.3%	10.0%	10.7%
Dislikes family planning exam	9.4%	8.8%	7.8%	8.1%	3.4%	5.3%
Couldn't reach provider on the telephone	9.3%	14.9%	8.2%	7.1%	9.4%	6.9%
Office was not open when convenient	5.1%	5.5%	6.0%	6.8%	4.7%	5.6%
No transportation	6.7%	8.8%	6.2%	6.3%	8.7%	5.3%
No childcare	4.1%	7.8%	4.9%	3.3%	6.6%	4.0%
Family or partner did not want her to go	1.0%	0.0%	0.6%	0.7%	0.9%	1.1%

As in past years, affordability and availability of preferred providers was of greater concern for women who were not aware that they were enrolled in Plan First.

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

Reasons for Delay with FP Visit	DY12		DY13		DY14		DY15	
	Aware enrolled	Unaware enrolled						
	N=869	N = 127	N=883	N = 102	N=830	N=157	N=886	N=156
	%	%	%	%	%	%	%	%
No money to pay for appointment	8.6	27.4	7.9	16.4	7.3	15.3	7.6	18.0
Provider you wanted to see did not take Medicaid	12.0	25.8	9.0	12.4	13.0	17.8	10.2	16.7
Had to wait too long at appointment	18.0	19.8	13.5	11.1	13.1	9.6	12.4	12.8
Couldn't get appointment soon enough	11.7	14.9	8.9	6.5	11.1	8.3	11.6	12.8
No provider in the area that you wanted to see	10.8	13.8	10.7	4.7	10.1	8.3	8.1	11.5
Dislikes family planning exam	5.3	5.9	5.7	5.9	3.2	5.1	4.7	6.4
Couldn't reach provider on the telephone	8.9	9.1	6.5	4.7	7.7	8.9	7.0	7.7
Office was not open when convenient	3.8	9.0	5.3	1.9	3.5	6.4	6.1	2.6
No transportation	4.1	6.5	4.3	5.5	4.5	6.4	4.1	4.5
No childcare	3.3	6.4	3.7	4.6	2.3	7.6	3.4	4.5
Family or partner did not want her to go	0.6	0.0	1.1	0.0	0.4	1.3	0.8	0.6

3. Specific Content of Care Measured in Claims Data

3.1 Categories of Providers

Since DY10, there has been a 13% decrease in the number of Plan First participants. Nearly 50% of Plan First participants received clinical services from health department and 25% obtained services from private providers. Approximately 25% of participants received services without clinical encounters in DY15. These patterns in use are largely similar over the last 6 years.

Table 3.1 Service Users by Provider Type

	Demonstration Year (DY)						% Change in Number (%) Service Users
	DY10	DY11	DY12	DY13	DY14	DY15	DY10-DY15
Health Department Providers only	31,416 (46.9)	34,589 (49.2)	39,843 (57.2)	36,550 (48.3)	32,532 (47.4)	28,825 (49.7)	-8.2 (6.0)
Private Providers only	16,865 (25.2)	16,733 (23.8)	15,258 (22.0)	16,970 (22.4)	17,512 (25.7)	13,427 (23.1)	-20.4 (-8.3)
Both Health Department and Private Providers	1,786 (2.7)	1,671 (2.4)	4,063 (5.8)	1,953 (2.6)	1,409 (2.1)	1,337 (2.3)	-25.1 (-14.8)
Non-clinical services only	16,883 (25.2)	17,372 (24.7)	10,447 (15.0)	20,187 (26.7)	16,926 (24.8)	14,420 (24.9)	-14.6 (-1.2)
Total	66,950	70,365	69,611	75,660	68,199	58,009	-13.3

3.2 Types of Services by Providers

While rates of the provision of care coordination and sterilization services remained similar over time, in DY15 more clients received HIV counseling and Depo Provera injections than in previous years. The percentage of women receiving prescriptions or supplies of birth control pills decreased in DY15. Some clients of private providers may receive free samples of birth control pills, which are not captured in claims data. HIV counseling is more common in the health department than in private care settings.

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

Service Type	Provider Type	DY10	DY11	DY12	DY13	DY14	DY15
Care Coordination	Health Department	47.6%	47.5%	53.0%	53.0%	52.5%	53.3%
	Private	10.3%	9.6%	0.0%	11.7%	11.6%	4.6%
	Both	59.9%	57.6%	64.6%	57.8%	60.6%	57.1%
	Neither	30.9%	26.3%	0.0%	25.8%	34.2%	33.4%
	Total with Service	22,983	23,579	23,729	27,709	25,654	21,559
	% All Clients	34.3%	33.5%	34.1%	36.6%	37.6%	37.2%
HIV Counseling	Health Department	31.4%	0.2%	0.2%	3.7%	44.6%	61.7%
	Private	3.0%	0.7%	2.1%	0.8%	1.7%	2.5%
	Both	30.9%	0.5%	4.9%	3.0%	37.1%	56.1%
	Neither	6.1%	0.4%	0.0%	2.5%	6.8%	8.1%
	Total with Service	11,960	259	593	2,049	16,391	20,042
	% All Clients	17.9%	0.4%	0.9%	2.7%	24.0%	34.5%
Tubal Ligations	Health Department	0.3%	0.2%	0.3%	0.3%	0.2%	0.1%
	Private	1.6%	1.5%	1.1%	1.3%	1.0%	1.2%
	Both	6.3%	7.1%	3.2%	5.2%	6.3%	5.8%
	Neither	2.7%	2.2%	2.9%	2.3%	1.5%	1.7%
	Total with Service	927	804	692	868	564	515
	% All Clients	1.4%	1.1%	1.0%	1.2%	0.8%	0.9%
Depo Provera	Health Department	34.0%	32.7%	28.8%	30.9%	40.6%	42.2%
	Private	26.4%	22.7%	20.4%	21.9%	37.3%	38.1%
	Both	31.1%	34.5%	22.1%	36.1%	42.2%	45.0%
	Neither	0%	0%	0%	0%	0%	0
	Total with Service	15,698	15,665	15,471	17,533	20,257	17,895
	% All Clients	23.5%	22.3%	22.2%	23.2%	29.7%	30.8%
Birth Control Pills	Health Department	36.9%	34.1%	2.3%	1.7%	28.5%	36.6%
	Private	8.5%	5.0%	30.1%	12.3%	18.0%	1.4%
	Both	34.9%	24.7%	25.0%	6.8%	24.8%	29.2%
	Neither	10.4%	5.5%	47.5%	11.5%	27.7%	6.3%
	Total with Service	15,421	13,996	11,480	5,153	17,406	12,036
	% All Clients	23.0%	19.9%	16.5%	6.8%	25.5%	20.7%

4. Specific Content of Care Measured in Enrollee Survey Data

4.1 Choice of Birth Control

Consistent with the past few years, about 86% of survey respondents with a family planning visit reported that they had been given a choice of birth control methods by their family planning provider.

Table 4.1a Choice of Birth Control

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

	DY10	DY11	DY12	DY13	DY14	DY15
	N=1,075	N=1,021	N=1,028	N=1,020	N=1,107	N=1,042
Yes	97.3%	83.0%	84.1%	83.0%	83.9%	85.6%
No	1.9%	16.2%	15.0%	15.7%	14.6%	13.8%
Don't know, Not sure	0.7%	0.9%	1.0%	1.0%	1.4%	0.5%

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

Table 4.1b Choice of Birth Control by Provider Seen in Demo Year 15

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

	Health Department	Private Doctor	Planned Parenthood or special clinic	Community Health Center	Other or Not Known
N	491	425	51	37	26
Yes	85.7%	85.9%	86.3%	81.1%	84.6%
No	13.6%	13.6%	11.8%	18.9%	15.4%

4.2 Reported Content of Family Planning Visit

Reported content of family planning visits within the enrollee survey remains consistent with previous years, with about three quarters of visits including a contraceptive method, and less than half including counseling on HIV.

Receipt of a contraceptive method or prescription is somewhat higher at the health department and other clinics (community health center, Planned Parenthood) than at private providers. Counseling on HIV and STDs occurs more frequently in health department settings than at other sources of care.

Table 4.2a Reported Content of Family Planning Visit

	DY11	DY12	DY13	DY14	DY15
All providers					
Receive counseling on birth control options	73.1	72.1	70.4	71.9	70.9
Receive a method or prescription	75.3	72.1	74.1	72.3	71.5
Pelvic Exam	70.3	70.8	68.5	68.9	69.7
Pap Test	68.9	69.7	69.1	64.9	67.4
HIV Testing or Counseling	52.0	49.3	47.8	44.7	41.9
STD Test or Counseling	64.4	61.1	61.3	57.4	59.1
Pregnancy Test	56.5	56.8	57.4	54.6	57.2
Counseling on Tubal Ligation	13.3	12.5	13.9	14.7	19.4
Health Department	(n=593)	(n=576)	(n=552)	(n=524)	(n=491)
Receive counseling on birth control options	76.7%	74.8%	77.4%	80.3%	75.4%
Receive a method or prescription	74.5%	76.4%	76.6%	75.9%	73.2%
Pelvic Exam	65.1%	66.0%	62.9%	63.9%	65.6%
Pap Test	65.1%	64.9%	64.7%	58.6%	62.5%
HIV Testing or Counseling	54.6%	54.3%	54.9%	50.8%	51.1%
STD Test or Counseling	67.8%	65.6%	69.9%	62.6%	67.8%
Pregnancy Test	57.7%	57.6%	62.9%	58.4%	64.4%
Counseling on Tubal Ligation	11.0%	10.8%	10.8%	11.1%	15.5%
Private Provider	(n=401)	(n=446)	(n=460)	(n=447)	(n=425)
Receive counseling on birth control options	74.1%	68.2%	70.5%	63.5%	66.8%
Receive a method or prescription	70.1%	65.9%	63.2%	67.1%	69.4%
Pelvic Exam	79.0%	74.7%	75.5%	74.9%	73.9%
Pap Test	74.8%	72.9%	74.5%	72.3%	72.5%
HIV Testing or Counseling	40.1%	37.0%	39.2%	36.8%	33.2%
STD Test or Counseling	55.9%	51.6%	50.7%	51.2%	50.6%
Pregnancy Test	49.4%	52.0%	50.9%	50.6%	51.5%
Counseling on Tubal Ligation	16.7%	14.6%	17.8%	18.3%	23.5%
Other or Not known	(n=27)	(n=6)	(n=5)	(n=19)	(n=114)

Receive counseling on birth control options	55.5%	50.0%	33.3%	57.9%	67.5%
Receive a method or prescription	66.6%	50.0%	50.0%	67.1%	71.9%
Pelvic Exam	55.5%	50.0%	50.0%	63.2%	70.2%
Pap Test	66.7%	50.0%	33.3%	68.4%	67.5%
HIV Testing or Counseling	44.4%	33.3%	33.3%	36.8%	36.0%
STD Test or Counseling	48.1%	33.3%	50.0%	57.9%	56.1%
Pregnancy Test	44.4%	50.0%	50.0%	47.4%	51.7%
Counseling on Tubal Ligation	3.7%	16.7%	0.0%	31.6%	21.9%

In DY 14, slightly more women chose to have tubal ligations after counseling, compared to DY 13. The table suggests that the decision to have a tubal ligation is made by the client, and is not consistently promoted or opposed by the care provider.

Table 4.2b Outcomes from Counseling on Tubal Ligations

Responses	DY 13	DY 14	DY15
	N=138 (%)	N=146 (%)	N=202 (%)
They helped me arrange to have my tubes tied.	18 (13.0)	33 (22.6)	38 (18.8)
They gave me a different kind of birth control and did not have my tubes tied.	59 (42.7)	66 (45.2)	96 (47.5)
I decided not to have my tubes tied after talking about it.	47 (34.0)	30 (20.6)	39 (19.3)
Advised against it (Health complications, too young, too few children)	9 (6.5)	3 (2.0)	4 (2.0)
Haven't decided yet.	5 (3.6)	4 (2.7)	4 (2.0)
Don't know	0	5 (3.4)	3 (1.5)

4.3 Use of Contraceptives since Plan First enrollment

In general, contraceptive use has been fairly consistent over time, with 84% using any contraception. More women reported having used an effective method in DY15 than in previous years. Additionally, use of the implant has increased overtime and in DY15, 36% of women reported having used a long-acting reversible method like the implant or IUD.

Table 4.3a Use of Contraceptives

Use of Contraceptives	DY10	DY11	DY12	DY13	DY14	DY15
N	1,125	1,102	1,097	1,109	1,070	1,080
% used any contraception	85.1	78.9	84.8	84.2	84.1	85.6
% used effective contraception*	54.1	69.9	79.1	77.8	75.8	81.3
% Tubal	2.2	1.3	2.8	2.6	5.3	5.0
% Vasectomy	1.9	2.1	1.5	2.4	1.3	2.0
% IUD	18.3	19.9	16.5	20.3	16.4	20.0
% Implanon/Nexplanon	7.7	9.3	10.4	10.8	15.1	15.6
% Depo	40.4	40.0	38.1	41.9	39.1	41.5
% BC Pills	58.8	59.6	58.9	58.0	58.0	53.5
Got BC pills from Health Dept.	66.3	66.1	63.0	57.1	58.4	51.7
Got BC pills from free sample	13.2	17.2	16.0	20.4	18.5	21.8
Got BC pills from drug store	20.0	16.4	20.4	21.7	22.7	26.1
Don't know, not sure	0.5	0.4	0.5	0.6	0.4	0.4
% Nuva-Ring	10.7	8.2	7.9	8.8	8.5	7.6
Got ring from Health Dept.	64.0	50.7	63.5	50.6	46.7	47.1
Got ring from free sample	19.0	29.6	25.7	33.3	29.9	31.4
Got ring from drug store	16.0	19.7	10.8	16.1	20.8	21.4
Don't know, not sure	1.0	0.0	0.0	0.0	2.6	0.0
% Patch	6.6	6.2	4.9	7.3	6.8	5.7
Got patch from Health Dept.	54.1	55.6	56.5	43.3	54.1	35.8
Got patch from free sample	31.2	25.9	26.1	37.3	24.6	26.4
Got patch from drug store	14.7	14.8	17.4	16.4	21.3	37.7
Don't know, not sure	0.0	3.7	0	3.0	0.2	0.0
% Plan B	5.9	6.8	7.6	7.4	9.3	7.8
% Condoms	77.4	76.5	73.8	76.2	78.6	71.0
% Natural FP	5.3	5.1	7.3	7.5	7.9	8.0
% Withdrawal	49.2	46.6	45.4	44.7	50.3	51.0

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

Use of Depo among women 19-24 has decreased over the last several years and among women ≥ 35 , reported use of this method was higher in DY15 (45%) than in earlier years. Compared to younger and older women, those 25-34 are more likely to use long-acting reversible methods, especially the IUD.

Table 4.3b Use of contraceptives by age groups

Methods	Age 19-24				Age 25-34				Age ≥ 35			
	DY12 N=432	DY13 N=405	DY14 N=385	DY15 N=345	DY12 N=499	DY13 N=502	DY14 N=515	DY15 N=594	DY12 N=172	DY13 N=181	DY14 N=170	DY15 N=184
% Used any method	88.8	87.2	88.0	88.5	83.6	83.3	85.6	85.6	80.6	82.3	70.6	80.6
% Used effective method*	82.6	81.1	80.6	85.0	74.6	76.5	77.6	81.6	68.2	74.3	58.7	73.9
Tubal	0.5	0.6	1.2	1.8	3.7	2.2	7.0	5.3	5.8	8.7	10.7	10.3
Vasectomy	0.5	0.6	0.3	0.3	1.2	1.9	1.8	2.2	5.1	8.1	2.5	4.8
IUD	12.0	13.6	11.5	14.8	22.0	27.5	21.5	24.9	13.1	16.1	11.6	13.7
Implanon/Nexplanon	13.4	10.5	16.5	16.6	9.9	11.7	14.9	17.4	5.1	9.2	11.6	7.5
Depo	38.8	50.7	46.8	43.0	37.8	36.4	35.1	39.5	38.7	36.2	32.2	45.2
BC pills	62.0	63.2	58.5	55.3	57.0	53.1	58.8	53.6	56.2	59.7	53.7	50.0
Nuva-Ring	7.2	7.1	10.3	5.6	8.0	10.8	8.1	9.3	1.6	7.4	5.0	5.5
Patch	4.0	5.1	6.5	3.5	5.9	9.6	7.9	6.7	4.4	6.0	3.3	6.8
Plan B	10.2	10.5	10.9	8.1	7.2	6.5	8.4	7.9	2.9	2.7	8.3	6.8
Condoms	75.1	77.6	81.5	72.2	72.4	74.6	79.2	71.5	76.6	77.2	68.6	67.1
Natural FP	7.5	5.4	5.0	4.9	6.7	8.4	9.3	9.3	9.5	10.1	10.7	9.6
Withdrawal	51.3	55.0	59.1	59.1	43.2	40.4	47.7	49.8	38.7	32.2	34.7	39.0

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

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

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

Method Using Now	Age 19-24 N=284		Age 25-34 N=494		Age ≥35 N=146	
	% using method	% prefer using this method	% using method	% prefer using this method	% using method	% prefer using this method
Tubal ligation	2.0	100	5.1	95.6	10.5	92.9
Vasectomy	0.4	100	0.7	100	3.0	100
IUD	11.0	75.0	17.7	93.7	9.8	92.3
Implanon/Nexplanon	12.9	81.8	11.7	83.0	5.3	85.7
Depo Provera Injection	23.5	90.0	19.4	89.8	27.7	91.2
Birth Control Pills	31.4	95.0	23.0	91.3	22.6	86.7
Patch	0.8	100	1.1	100	0.7	100
Condoms	9.8	68.0	11.5	57.7	15.0	65.0
Natural Family Planning	0.4	100	0.7	66.7	0.7	0
Withdrawal	0.8	100	1.3	50.0	0.7	100
Other	6.3	93.7	7.5	82.3	5.3	57.1

Respondents' reasons for not using birth control were fairly consistent across DY 13 and DY 14. The most common reason cited was not being sexually active, but concern about side effects was also reported. In DY 14, more women stated that their partners did not want them to use birth control.

Table 4.3d Reasons for Not Using Birth Control

Primary reason for <u>not</u> using birth control (more than one response possible)	DY13 (N=239)	DY14 (N = 214)	DY15 (N=237)
Not sexually active	37.2%	39.2%	38.0%
Concerned about side effects	24.3%	28.0%	37.1%
Don't think you can get pregnant	16.3%	14.0%	17.3%
Want to get pregnant	14.6%	10.7%	14.3%
Can't pay for birth control	13.8%	11.2%	9.7%
Don't think birth control methods work	13.4%	13.1%	13.5%
Can't find a place to get family planning services	6.3%	8.4%	8.9%
Too much trouble	3.3%	3.7%	3.8%
Religious reasons	1.7%	1.9%	1.7%
Partner does not want you to use	1.7%	6.1%	6.7%

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

5.1 Provision of Risk Assessments

Psychosocial risk assessments are provided to Plan First clients by care coordinators based in local health departments. Private Plan First providers may secure assessments for their clients upon request. Assessments do not need to be completed every year. The overall portion of Plan First clients assessed reached a peak of over 70% in DY15.

As in previous years, more health department clients received assessments in DY15 than clients of other provider types. There was also a slight increase in DY15 in proportion of clients who did not obtain clinical services receiving assessments.

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

	Demonstration Year (DY)					
	DY10	DY11	DY12	DY13	DY14	DY15
All Providers						
Number of clients	63,058	70,365	69,611	75,660	68,199	58,009
This year only	12,667	18,796	13,530	14,849	9,208	5,910
Previous years only	13,206	10,402	16,308	16,391	19,020	17,345
This year and previous years	12,883	11,171	15,518	19,419	19,226	19,302
Total number ever assessed	38,756	40,369	45,356	50,659	47,454	42,557
% of clients ever assessed	61.5%	57.4%	65.1%	67.0%	69.6%	73.4%
Health Department						
Number of clients	36,871	40,835	39,843	36,550	32,352	28,825
This year only	11,279	16,906	11,997	11,146	7,096	4,730
Previous years only	8,675	4,730	9,419	5,944	6,441	5,968
This year and previous years	11,879	10,188	14,220	16,078	15,795	16,329
Total number assessed	31,833	31,824	35,636	33,168	29,332	27,027
% of clients ever assessed	86.3	77.9	89.4	90.7	90.7	93.8
Private Providers						
Number of clients	14,318	15,592	15,258	16,970	17,512	13,427
This year only	0	0	0	1,085	899	272
Previous years only	2,058	3,135	3,358	3,874	4,880	4,299
This year and previous years	0	0	0	988	1,247	484
Total number assessed	2,058	3,135	3,358	5,947	7,026	5055
% of clients ever assessed	14.4	20.1	22.0	35.0	40.1	37.6
Both Health Department/Private						
Number of clients	3,487	4,067	4,063	1,953	1,409	1,337
This year only	1,388	1,890	1,533	667	368	309
Previous years only	957	401	821	295	269	247
This year and previous years	1,004	983	1,298	730	618	646
Total number assessed	3,349	3,274	3,652	1,692	1,255	1202
% of clients ever assessed	96.0	80.5	90.6	86.6	89.1	89.9

Neither						
Number of clients	8,032	9,871	10,447	20,187	16,926	14,420
This year only	0	0	0	1,951	845	599
Previous years only	1,516	2,136	2,710	6,278	7,430	6,831
This year and previous years	0	0	0	1,623	1,566	1,834
Total number assessed	1,516	2,136	2,710	9,852	9,841	9264
% of clients ever assessed	18.9	21.6	25.9	48.8	58.1	64.2

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

Table 5.1b Risk Assessments in DY 15 by County

	DY12		DY13		DY14		DY15	
	N assessed	% assessed						
PHA1 (County)								
17	561	51.5	663	55.1	501	44.6	414	45.3
30	169	36.8	204	41.9	195	43.1	164	40.4
39	899	58.3	1,029	59.7	865	54.1	737	54.1
47	309	58.1	389	66.5	282	53.5	238	58.6
64	577	52.0	751	64.5	604	57.2	519	61.6
67	171	55.7	211	60.6	197	60.8	196	65.5
PHA2 (County)								
22	497	52.4	681	63.3	503	54.2	372	50.7
36	173	25.6	201	27.6	112	19.5	97	22.4
40	359	64.5	359	66.4	311	65.2	248	60.5
42	412	41.7	499	46.9	405	43.8	315	43.3
45	801	28.0	958	29.8	773	28.2	597	26.8
48	392	45.0	429	44.4	402	46.8	355	49.6
52	562	38.8	834	55.0	629	47.8	417	39.0
PHA3 (County)								
4	197	48.1	211	50.1	171	47.1	156	49.2
29	176	64.7	232	71.2	127	47.6	146	64.6
32	179	56.8	211	65.9	146	53.9	144	64.0
38	145	62.5	169	67.9	159	62.6	147	63.6
54	305	63.0	323	66.7	261	57.5	237	63.2
63	1,806	57.4	2,049	60.5	1,635	54.2	1,567	59.8

PHA4 (County)								
37	2,068	27.6	2,642	35.8	2,452	39.1	2,298	42.3
PHA5 (County)								
5	261	46.0	293	47.9	244	42.4	189	44.1
10	156	46.2	203	53.0	143	46.7	140	49.5
25	398	39.9	382	39.4	329	35.8	325	40.3
28	891	56.1	953	58.0	702	50.0	675	56.0
58	471	55.9	517	56.1	403	50.1	346	55.0
59	687	58.4	646	53.8	442	42.5	360	43.4
PHA6 (County)								
8	994	48.3	1,110	49.2	861	42.8	758	44.1
9	341	51.0	398	53.8	378	53.0	329	55.9
14	131	55.0	173	60.9	164	56.2	138	53.3
15	120	45.1	142	47.3	100	40.6	78	40.2
19	67	50.4	68	56.2	64	56.1	62	53.4
56	216	57.1	259	63.3	182	46.3	190	52.6
61	574	39.6	588	39.9	498	36.6	443	38.6
62	399	56.2	543	68.1	383	50.4	415	61.0
PHA7 (County)								
12	191	61.4	257	75.8	202	61.2	184	59.9
24	467	34.1	669	43.4	50	35.8	491	41.7
33	286	57.0	405	73.4	362	64.3	357	68.4
43	139	42.9	199	53.2	119	34.6	132	43.4
46	264	50.7	338	55.1	286	51.2	270	56.8
53	176	44.8	244	58.5	171	45.5	168	49.1
60	208	49.5	293	60.9	237	55.5	211	58.4
66	273	59.2	340	69.4	325	65.4	321	67.1
PHA8 (County)								
1	332	50.8	299	44.2	314	51.1	211	42.0
6	98	36.7	116	37.7	66	23.7	44	20.2
11	353	56.4	321	51.9	319	54.0	284	54.0
26	323	40.8	351	39.8	340	39.9	282	40.3
41	615	48.4	586	43.2	459	35.1	485	43.0
44	286	56.5	226	44.2	184	37.8	157	38.9
51	1,417	32.8	1,628	33.1	1,417	31.9	1,288	33.1
57	384	42.7	412	45.4	360	39.9	292	42.0

PHA9 (County)								
2	439	19.1	447	17.6	349	15.3	315	18.0
7	287	55.5	364	59.9	357	58.6	391	66.5
13	385	56.2	449	58.9	329	44.5	306	49.3
18	97	42.4	133	50.6	105	38.3	112	45.5
20	234	34.8	359	48.2	323	45.6	294	47.6
27	296	41.5	321	40.2	268	38.1	282	42.7
50	176	48.4	243	53.1	196	48.6	179	53.6
65	94	30.8	124	44.0	134	50.4	130	54.4
PHA10 (County)								
3	303	60.1	409	66.0	329	54.6	307	55.5
16	420	71.3	448	66.3	393	62.4	339	62.5
21	182	52.2	368	68.5	250	63.3	205	59.1
23	488	62.2	595	66.0	529	69.1	442	61.7
31	345	70.6	392	73.3	342	70.1	318	75.0
34	135	54.7	222	70.7	180	59.4	145	55.3
35	1,360	69.6	1,584	73.8	1,151	66.5	972	65.5
55	437	60.0	563	63.4	501	63.5	457	65.0
PHA11 (County)								
49	1,090	15.0	1,340	16.0	1,406	18.1	1,029	15.5
Total	29,044	41.8	34,365	53.9	28,434	41.7	25,212	43.5

5.2 Care Coordination Services

Clients who are assessed as being high risk are referred for care coordination services in order to facilitate their use of family planning care. Table 5.2a shows that a total of 13,844 clients were assessed as high risk in DY15. This is 24% of all 58,009 clients using services in DY15, and 55% of the 25,212 clients assessed in the year. An additional 10,268 Plan First participants in DY15 had been assessed as high risk in DY13 or DY14. Additionally, almost all of the clients assessed as high risk in DY15 received care coordination, while about two-thirds of those who had previously been assessed as high risk and who returned for services in DY14 continued to receive care coordination services. These rates are consistent with previous years.

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

	Number Assessed as high risk	Number receiving care coordination services	Percent receiving care coordination services in DY15
Assessed as high risk in DY15 only	6,023	5,964	99.0%
Assessed as high risk in DY13 or DY14 and also in DY15	7,821	7,813	99.3%
Assessed as high risk in DY13 or DY14 only	10,268	6,665	64.9%

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

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

	DY12		DY13		DY14		DY15	
	No	Yes	No	Yes	No	Yes	No	Yes
Received Care Coordination?								
Number of clients	45,882	23,729	47,951	27,709	42,545	25,654	36,450	21,559
Mean number of visits (days of contact)	0	7.2	0	7.1	0	6.7	0	6.9
% with public visits	44.0	100.0	37.5	74.0	37.4	69.6	38.5	74.7
Mean number <u>public</u> visits for those with any	5.2	12.9	4.8	6.4	3.7	4.8	3.0	4.2
% with private visits	36.4	11.1	33.0	11.2	37.7	11.2	36.7	6.4
Mean number <u>private</u> visits for those with any	4.7	5.2	4.2	5.1	3.8	4.9	3.2	2.9
% with HIV counseling	1.1	0.5	2.1	3.8	18.0	34.0	25.5	49.8
% with tubal ligations	1.1	0.8	1.3	0.9	0.9	0.7	1.0	0.7
% with birth control pills	22.5	4.8	1.4	2.2	26.9	23.3	15.4	28.7
% with Depo Provera	15.3	35.6	15.4	36.6	24.2	38.8	25.0	40.7

6. Primary Care Referrals Measured in Enrollee Survey Data

6.1 Referral to and Receipt of Primary Care

For the past several years, enrollee surveys have included a series of questions on receipt of referrals to primary care from family planning providers. Consistently over time, just over 10% of enrollees reported talking with their family planning provider about another health or medical problem. The portion of those respondents who learned of a medical problem at the family planning visit and received a referral for care was 61% in DY15. This is lower than the percentage observed in the previous 2 years, and is lower than the original performance target for this measure (80% of those with an identified problem receiving a referral).

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

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

	DY13			DY14			DY15		
	Total N (%)	Usual Source of Care (%)		Total N (%)	Usual Source of Care (%)		Total N (%)	Usual Source of Care (%)	
		Yes	No		Yes	No		Yes	No
Informed of other medical problem	117 (11.4)	14.3	8.0	110 (10.1)	10.6	8.9	127 (12.2)	13.0	11.1
Told about place for treatment*	80 (68.4)	66.7	72.2	76 (76.0)	78.0	71.0	78 (61.4)	61.2	61.7
Tried to get care for medical problem*	80 (68.4)	77.8	47.2	72 (72.0)	78.0	65.8	91 (71.6)	75.0	65.0
Received care for medical problem*	67 (60.9)	68.0	43.8	60 (60.0)	72.7	52.8	77 (64.7)	69.7	55.8

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

6.2 Reasons for Not Receiving Primary Care

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

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

	DY13 N=37	DY14 N=28	DY15 N=36
I can't afford to get care	25 (73.5)	19 (67.8)	24 (66.7)
I don't know where to go to get treatment	5 (13.5)	4 (14.3)	4 (11.1)
I don't think these problems really need treatment	4 (10.8)	4 (14.3)	2 (5.6)
I don't have time to get treatment	3 (8.1)	2 (7.1)	3 (8.3)
I don't have transportation to get treatment	6 (16.2)	2 (7.1)	1 (2.8)
Other – uninsured or not aware of being insured, provider wouldn't take Medicaid	4 (13.5)	5 (17.8)	8 (22.2)
Waiting for Appointment	---	2 (7.1)	--

Table 6.2b Reasons for Not Receiving Care if Sought

	DY13 N=43	DY14	DY15 N=40
I couldn't pay for the care	27 (62.8)	--	27 (67.5)
I couldn't find a doctor who would see me	4 (9.8)	--	3 (7.5)
Other reasons for not getting treatment	2 (4.7)	--	12 (30.0)

-- Information not available.

7. Birth Rates by FP Utilization

As in previous Plan First evaluations, we have calculated the birth rates for enrollees who did not use services and enrollees in four categories of service use. The count of births excludes deliveries that occurred immediately before service use (or enrollment, for non-service users) and excludes deliveries that occurred within nine months of the first service date (or enrollment date, for non-service users). Deliveries were included if they occurred up to nine months after the end of the demonstration year. Because of this time lag, data are only available to complete the estimates for Demonstration Year 14, counting births that occurred through August 2015.

Table 7.1 shows that birth rates for Plan First participants are much lower than birth rates of enrollees who do not use any Plan First services. In DY 14, the participant group with the lowest birth rates – from pregnancies occurring while they were participants – was the group of women who used the Health Department for family planning services. The group with the highest birth rates was those who had contact with Plan First, but received no clinical services.

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

Table 7.1 Birth Rates for Enrollees and Service Users, Demonstration Year 14*

	Number Enrollees	Number of Births	Births/1000
Non-service users	70,018	5,945	84.9
Service Users	62,058	3,618	58.3
Any risk assessment or case management	35,531	1,820	51.2
No risk assessment or case management	26,527	1,798	67.8
Any visit to Title X clinic	32,083	1,359	42.3
No visit to Title X clinic	29,975	2,259	75.4
All Enrollees	132,076	9,563	72.4

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

Appendix: Demographics of Survey Respondents

Table A.1. Demographic composition of survey respondents

	DY10	DY11	DY12	DY13	DY14	DY15
	N=1,144	N=1,126	N=1,126	N=1,127	N=1,107	N=1,125
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Age (years)						
19	39 (3.4)	16 (1.42)	55 (4.9)	45 (4.0)	22 (2.0)	5 (0.4)
20 – 29	748 (65.4)	529 (47.0)	710 (63.1)	686 (60.9)	704 (63.6)	702 (62.4)
30 – 39	288 (25.2)	244 (21.7)	267 (23.7)	309 (27.4)	306 (27.6)	368 (32.7)
40+	50 (4.4)	82 (7.3)	88 (7.8)	87 (7.7)	75 (6.8)	48 (4.3)
Not answered ¹	19 (1.7)	255 (22.6)	6 (0.5)	0	0	2 (0.2)
Race						
Black	630 (55.1)	388 (34.5)	561 (49.8)	593 (52.6)	565 (51.0)	570 (50.7)
White	468 (40.9)	444 (39.4)	504 (44.8)	495 (43.9)	493 (44.5)	503 (44.7)
American Indian	9 (0.8)	8 (0.7)	13 (1.1)	9 (0.8)	2 (0.2)	13 (1.2)
Asian/Pacific Islander	4 (0.4)	6 (0.5)	8 (0.7)	8 (0.7)	9 (0.8)	6 (5.3)
Other	30 (2.6)	23 (2.0)	38 (3.4)	19 (1.7)	32 (2.9)	29 (2.6)
Don't know/Refused	3 (0.3)	2 (0.2)	2 (0.2)	3 (0.3)	6 (0.6)	4 (0.4)
Not answered ¹	--	255 (22.6)	--	--	--	--
Hispanic						
Yes	31 (2.71)	30 (2.7)	42 (3.7)	20 (1.8)	36 (3.2)	34 (3.0)
No	1,113 (97.3)	839 (74.5)	1,080 (95.9)	1,107 (98.2)	1,070 (96.7)	1,091 (97.0)
Not Answered ¹	--	255 (22.6)	2 (0.4)	--	1 (0.1)	--
Marital status						
Never married	749 (65.5)	684 (60.7)	712 (63.2)	675 (59.9)	672 (60.7)	679 (60.4)
Married	214 (18.7)	248 (22.0)	22(20.2))	249 (22.1)	241 (21.8)	272 (24.2)
Previously married	177 (15.5)	190 (16.9)	185 (16.4)	199 (17.6)	189 (17.1)	172 (15.3)
Don't know/Refused	4 (0.4)	4 (0.4)	1 (0.1)	4 (0.4)	5 (0.5)	0 (0.2)
Education						
Less than high-school	112 (9.8)	94 (8.3)	96 (8.5)	80 (7.1)	77 (6.9)	80 (7.1)
High school or GED	377 (33.0)	344 (30.6)	415 (36.9)	424 (37.6)	395 (35.7)	413 (36.7)
More than high-school	653 (57.1)	433 (38.4)	612 (54.3)	622 (55.2)	633 (57.2)	631 (56.1)
Not answered	2 (0.2)	255 (22.6)	3 (0.3)	1 (0.1)	2 (0.2)	0
Ever pregnant						
Yes	879 (76.8)	871 (77.4)	816 (72.5)	844 (74.9)	823 (78.0)	934 (86.5)
No	262 (22.9)	254 (22.6)	260 (23.1)	240 (21.3)	229 (21.7)	142 (13.4)
Length of enrollment (months)						
< 6	12 (1.1)	221 (19.6)	1 (0.1)	214 (19.0)	197 (17.8)	151 (13.4)

6 – 12	545 (47.6)	313 (27.8)	223 (19.8)	240 (21.3)	266 (24.0)	202 (18.0)
13 – 24	578 (50.5)	291 (25.8)	873 (77.5)	296 (26.3)	271 (24.5)	240 (21.3)
> 24	9 (0.8)	301 (26.7)	29 (2.5)	268 (23.8)	373 (33.7)	532 (47.3)

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