

Alabama's Plan First Medicaid Demonstration Program

Evaluation, Demonstration Year Thirteen

October 2012 - September 2013

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Contents

Executive Summary	4
Goal 1. Increase the portion of income eligible women ages 19–44 enrolled in Plan First.....	10
Portion Enrolled of Eligible by Age Group – Enrollment and Census Data	10
Enrollment Change by Age, Race and Residence – Enrollment Data	12
Enrollment Change from Year 11 to Year 13 – Enrollment and Claims Data.....	15
Summary and Conclusions.....	16
Goal 2. Increase the portion of enrollees who are aware of the program and know that they are enrolled in the program.....	17
Awareness of Plan First – Survey Data	17
Summary and Conclusions.....	24
Goal 3. 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	25
Service Use – Claims Data and Delivery Data	25
Return Visit Rates - Claims Data.....	33
Provider Availability – Claims Data.....	34
Reasons for Not Using Family Planning Services – Survey Data	35
Summary and Conclusions.....	39
Goal 4. Increase the portion of family planning visits that result in prescription of more effective contraceptives, that include referrals for primary care services where indicated and include counseling and education.	40
Use of General Family Planning Services – Claims Data.....	40
Content of Family Planning Visits – Survey Data.....	42
Use of Risk Assessments and Care Coordination – Claims Data	54
Primary Care Referrals – Survey Data.....	61
Smoking Cessation Activity at Family Planning Visits	64
Summary and Conclusions.....	65
Goal 5. Decrease birth rates among Plan First service users relative to what birth rates would have been in the absence of the Plan First demonstration.	67
Overall Medicaid Birth Rates	67
Estimate of Births Averted	70

Estimate of Birth Rates	71
Summary and Conclusions.....	77
Methodological Appendix.....	78
Census Based Estimate of Potential Eligibles.....	78
Demographics of Survey Respondents	79

Executive Summary

This report presents the findings from the evaluation of the fourth year of the current demonstration period for Plan First, Demonstration Year Thirteen, October 2012-September 2013.

Below is a summary of the goals, performance targets and findings for this period. This is followed by an overall summary.

Goal 1. Increase the portion of income-eligible women ages 19-55 enrolled in Plan First.

Performance Target

Our goal is to enroll 75% of all eligible clients (based on census estimates of the eligible population) across all race, age and geographic area groups, thereby eliminating disparities across these groups.

Findings

The portion of eligible clients enrolled in Plan First has increased since the annual renewal requirement was put into place in 2006; in 2012-2013 enrollment reached 60% of estimated eligible women, an increase of 10 percentage points compared with DY12. Enrollment of women ages 20-29 actually exceeded population estimates for the size of this group, while enrollment of women over age 30 and particularly over age 40 was lower than the target. While this finding is short of the performance target, it constitutes a program improvement over time. There was much more enrollee turnover between DY12 and DY13 than we have observed in previous years - overall more than one-half of DY12 enrollees disenrolled before DY13. Turnover is lowest among the women who actually used family planning services in the previous two years and highest among those that hadn't used services in the previous two years.

Goal 2. Increase the portion of enrollees who are aware of the program and know that they are enrolled in the program.

Performance Target

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.

Findings

Both of these performance measures were met in DY13, with 90% reporting awareness of the program in the enrollee survey, and 89% reporting that they knew they were enrolled. Controlling for other factors, women aged 25 to 34 years, White, with a High School education or greater, those who had been enrolled more than two years, and those who had never been pregnant were more likely to have heard of Plan First, whereas women aged 35-47 and those who had never been pregnant were more likely to know they were enrolled. As we have noted consistently, mass media does not appear to be an effective outreach mechanism, compared to personal networks and contact from Medicaid and health care providers.

Goal 3. 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.

Performance Target

Our goal is to have 70% enrollee 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. An additional goal is the maintenance of at least one Title X and one non-Title X Plan First provider in each county.

Findings

Between DY9 and DY13 the number of service users increased and the number of individuals enrolled increased, but the net portion of enrollees using services has decreased from 55% in DY9 to 51% in DY13, well below the performance target; however, the target of 70% was met among women 20 years and under. The portion of women using second visits in the demonstration year following their initial visit increased to 62% for DY10 service users in DY11, but declined to 46% for DY11 service users in DY 12, and further still to 40% for DY12 users in DY13.

Since DY11, there has been a significant increase in the portion of all family planning visits that were made to private providers in all eleven Public Health Areas. There was also a marked increase in utilization of family planning services by women after maternity care, across all maternity care districts.

Goal 4. Increase the portion of family planning visits that result in prescription of more effective contraceptives, that include referrals for primary care services where indicated and include counseling and education.

Performance Target

For primary care referrals, based on survey data collected in Year 5, about 30% of clients who reported being told of a medical problem were not provided with a referral for primary care services. Our goal is to reduce that rate to about 20% of clients reporting health problems by the end of the three year period. This would be a 33% decrease in failures to refer, as reported by clients. Other quality of care measures have no explicit performance target.

Findings

In DY13, 83% of survey respondents reported that their family planning provider offered them a choice of contraceptives. This is similar to the portion reporting this in DY12, but a decline from rates of 97% reported 4 years ago. In DY11 we reported a notable decline compared with DY10 in counseling for tubal ligations, but this year, we see a slight increase. The portion of women reporting using effective contraception (birth control pills, injections, patches, implants, IUDs or surgical methods) remains high at 78% of all respondents. Women who did not use any birth control reported two main reasons - they were not sexually active or were concerned about the side effects of contraception methods.

Overall, Plan First clients who received a risk assessment or had received a risk assessment in previous years represent 67% of all respondents and is the largest portion to date. In DY13 87% or more of those that saw a Health Department provider only or saw both Health Department and private providers received risk

assessments. Nearly 100% of women assessed as high-risk received case management services.

The portion of clients reporting a medical problem who said that they received a referral for primary care from their family planning provider has remained somewhat stable at 60%, short of the performance target of 80%. About 39% of the women that were told about a medical problem reported not receiving treatment for these problems. The major barrier to receiving treatment for other medical problems is affordability of care which has been consistently reported over the past five years. Access is better for respondents who reported already having a usual source of care to resolve other medical problems.

As in DY12, we included questions about smoking cessation services in the enrollee survey. Among Plan First enrollees who completed the survey in DY13, roughly 31% had smoked any cigarettes in the past year which represents a small decline in smoking among enrollees since DY11. Following the beginning of coverage for smoking cessation products, the proportion of smokers who were advised to quit was at 95% in DY12, but has declined to 80% in the current demonstration year. In DY13, less than one-half of those who discussed smoking with their provider were advised on a specific method to quit smoking. When advised, providers discussed the Quitline (44%) and the use of NRTs - Patch (31%) and Gum (24%).

Goal 5. Decrease birth rates among Plan First service users relative to what birth rates would have been in the absence of the Plan First demonstration.

Performance Target

Our goal is to maintain the overall birth rate of about 100 births per 1000 Plan First enrollees.

Findings

By several measures, the Plan First program continues to reduce the likelihood that potentially Medicaid eligible women will become pregnant. The performance target was met for this measure. In DY12, counting births through nine months after the demonstration year but excluding births before Plan First enrollment, we estimate there were nearly 3,890 actual births to demonstration participants, about 13,065 births fewer than would be expected if demonstration participants had maintained pre-waiver fertility rates. In DY12 the birth rate to participants was 60.8 per thousand, well below the performance target. Plan First continues to meet the performance goal of 100 births per thousand enrollees or less.

Overall Summary

Plan First continued to function well in Demonstration Year 13. Enrollment for the key participant group, women ages 20-29, included nearly all of the women estimated to be eligible. Enrollee turnover was relatively high this year. Awareness of the Plan First program is strong among enrollees. Participation in the program remains stable at about half of enrollees, and participation among women with SOBRA deliveries has increased. Use of risk assessments and use of effective contraceptives have increased among Plan First service users. Births to enrollees in Plan First remain lower than they would have been in the absence of the waiver.

Goal 1. Increase the portion of income eligible women ages 19–44 enrolled in Plan First.

Performance Target

Our goal is to enroll 75% of all eligible clients (based on census estimates of the eligible population) across all race, age and geographic area groups, thereby eliminating disparities across these groups.

Findings

Portion Enrolled of Eligible by Age Group – Enrollment and Census Data

Table 1.1 shows that since 2007 the portion of potentially eligible women who actually enrolled in Plan First has fluctuated between 40% and 60%. This is lower than the target proportion of 75%, but is higher in the most recent demonstration year than in previous years. Enrollment rates for the youngest group are not really reliable because of the rapid turnover in age of this group. Enrollment rates are highest in the age 20-29 group, and significantly lower among older women. Census population survey data estimates for 2010 and 2011 were unusually low for the younger age groups compared to estimates from previous years. An average of 2010 and 2011 census data were used for the 2011 population estimates included here, but 2012 and 2013 data are used as reported in the census. Based on these data, it is likely that the target of enrolling 75% of eligible clients has been met for the population under age 30.

Table 1.1 Percent of Potentially Eligible Clients Enrolled¹

Potential Enrollees Based on Income (CPS data) All Alabama Females under 133% FPL excluding those estimated to be on Medicaid through MLIF

	Potential Enrollees						
Age	2007	2008	2009	2010	2011	2012	2013
18-19	23,960	22,702	26,182	28,613	16,907	11,175	15,556
20-29	86,556	91,773	91,482	82,861	68,131	64,757	78,388
30-39	74,688	64,297	89,264	84,550	74,934	95,793	83,652
	40-44	40-44	40-44	40-44	40-55 yrs	40-55	40-55
40-44 DY11+ 40-55	17,723	18,584	46,280	28,164	90,048	96,776	66,776
all total	202,925	197,355	253,209	224,188	250,021	268,501	244,372

	Actual Enrollees						
Age	DY7	DY8	DY9	DY10	DY11	DY12	DY13
18-19	21,357	26,195	7,265	18,175	9,760	7,002	7,281
20-29	73,255	69,468	77,212	77,113	84,455	89,175	93,740
30-39	16,785	17,133	20,701	20,837	26,220	30,235	35,637
					40-55 years	40-55	40-55
40-44 DY11+ 40-55	2,455	2,554	3,617	4,234	6,600	8,083	10,605
total	113,852	115,350	108,795	120,359	127,035	134,495	147,263

¹ Methodology for the population estimate is included in the Methodological Appendix to this Report.

Table 1.1 (continued) Percent of Eligible Population Actually Enrolled

Age	DY7	DY8	DY9	DY10	DY11	DY12	DY13
	with 2007 pop data	with 2008 pop data	with 2009 pop data	with 2010 pop data	with 2011 pop data	with 2012 pop data	with 2013 pop data
18-19	89.1%	115.4%	27.7%	63.5%	34.1%	62.7%	46.8%
20-29	84.6%	75.7%	84.4%	93.1%	101.9%	137.7%	113.8%
30-39	22.5%	26.6%	23.2%	24.6%	31.0%	31.6%	42.6%
40-44 DY11+ 40-55	13.8%	13.7%	7.8%	15.0%	7.3%	6.8%	15.9%
total	55.9%	58.4%	43.0%	53.7%	50.8%	50.2%	60.3%

Enrollment Change by Age, Race and Residence – Enrollment Data

Table 1.2 shows an overall increase in enrollment of 35% between DY9 and the current DY13. The moderate increase in enrollment rates for women ages 20-29 was equal among Black and White women. Enrollment rates among 30-39 year-old women changed at a greater rate among White enrollees than Black enrollees. A substantial enrollment rate increase occurred among older women and is largely driven by racial disparities with White women having larger increases in enrollment over time than Black women. The increase in older women’s enrollment is also in part due to the expansion of eligibility from age 44 to age 55 in October 2008 (DY9). Women who were neither White nor Black (Hispanic, Native American, Asian) increased their enrollment over the renewal period regardless of age.

Table 1.2. Change in Enrollment over Time by Age and Race Group

Group	DY9	DY10	DY11	DY12	DY13	% Change DY9 to DY13
Total	108,795	120,359	127,035	134,495	147,263	35.4%
Age < 20	7,265	18,175	9,760	7,002	7,281	0.2%
Black	3,740	9,002	4,989	3,685	3,802	1.7%
White	3,349	8,686	4,463	3,084	3,215	-4.0%
Other	176	487	308	225	264	50.0%
Missing	0	0	0	8	0	---
Age 20 – 29	77,212	77,113	84,455	89,175	93,740	21.4%
Black	39,645	39,350	42,960	45,151	47,515	19.9%
White	35,645	35,377	38,957	41,232	43,086	20.9%
Other	1,922	2,146	2,538	2,728	3,139	63.3%
Missing	0	0	0	64	0	---
Age 30 – 39	20,701	20,837	26,220	30,235	35,637	72.2%
Black	11,522	11,472	14,484	16,590	19,227	66.9%
White	8,461	8,595	10,758	12,509	15,048	77.9%
Other	718	770	978	1,119	1,362	89.7%
Missing	0	0	0	17	0	---
Age 40 +	3,617	4,234	6,600	8,083	10,605	193.2%
Black	2,017	2,334	3,613	4,321	5,331	164.3%
White	1,472	1,743	2,721	3,449	4,835	228.5%
Other	128	157	266	307	439	243.0%
Missing	0	0	0	6	0	---

Table 1.3 compares enrollment rates across Public Health Areas of the state. There was considerable geographic variability in percent change in enrollment rates since DY9 with the PHAs for Jefferson and Mobile counties showing the largest increases.

Table 1.3 Change in Enrollment over Time by Public Health Area

Public Health Area	DY9	DY10	DY11	DY12	DY13	Change DY9 to DY13
Total Enrollees	108,795	120,359	127,035	134,495	147,183	35.3%
1	7,946	8,398	8,362	8,925	9,463	19.1%
2	14,116	15,793	16,897	18,251	19,599	38.8%
3	7,324	7,832	8,015	8,550	9,098	24.2%
4	13,132	15,436	16,693	17,873	19,297	46.9%
5	8,655	9,679	10,158	11,085	11,998	38.6%
6	9,105	9,919	10,046	10,769	11,481	26.1%
7	5,783	6,070	6,153	6,522	7,103	22.8%
8	15,442	16,916	18,003	18,602	20,663	33.8%
9	8,086	9,039	9,573	10,052	11,285	39.6%
10	7,883	8,321	8,724	9,238	10,535	33.6%
11	11,323	12,956	14,166	14,628	16,661	47.1%

Enrollment Change from Year 11 to Year 13 – Enrollment and Claims Data

Table 1.4 shows the service user status of the 127,104 recipients who were enrolled during DY11 (October 2010-September 2011) and the number in each category who were not enrolled in Plan First during DY12 (October 2011-September 2012). Table 1.5 shows the service user status of the 136,087 recipients who were enrolled during DY12 and the number in each category who were not enrolled in Plan First during DY13. Almost 39% of DY11 enrollees did not enroll in DY12. About 52% of DY12 enrollees did not enroll in DY13. Disenrollment rates were highest for those who had not used services in the previous two years. The annual re-enrollment policy continues to cause non-service users to stop re-enrolling in Plan First.

Table 1.4 Dis-enrollment Between DY11 and DY12

	Enrolled in DY11	Percent of all who were enrolled in DY11	Disenrolled before DY12	Percent of this user group that disenrolled before DY12	Percent of all who disenrolled before DY12
User DY10, Non-User DY11	13,335	10.5%	11,650	87.4%	23.6%
User DY11, Non-User DY10	29,810	23.5%	3,031	10.2%	6.1%
User, DY10 and DY11	40,526	31.9%	6,642	16.4%	13.5%
Non-User DY10 and DY11	43,433	34.2%	28,038	64.6%	56.8%
Total	127,104	68.5%	49,361	38.8%	100.0%

Table 1.5 Dis-enrollment Between DY12 and DY13

	Enrolled in DY12	Percent of all who were enrolled in DY12	Disenrolled before DY13	Percent of this user group that disenrolled before DY13	Percent of all who disenrolled before DY13
User DY11, Non-User DY12	32,555	23.9%	15,991	49.1%	22.5%
User DY12, Non-User DY11	8,727	6.4%	1,197	13.7%	1.7%
User, DY11 and DY12	28,910	21.2%	5,226	18.1%	7.3%
Non-User DY11 and DY12	65,895	48.4%	48,753	74.0%	68.5%
Total	136,087	73.4%	71,167	52.4%	100.0%

Summary and Conclusions

Plan First has an enrollment goal of 75% of potentially eligible women. While this goal was met at the end of the initial five years of the program, during the two renewal periods, enrollment averaged about 55% of potential eligible women. For DY13, overall enrollment was 60% of potential eligibles. In DY13, the number of women ages 20-29 enrolled in Plan First was actually higher than the number estimated to be eligible by more than ten thousand women. Turnover is lowest among the women who actually used family planning services in the two previous years and highest among those that hadn't used services in the previous two years.

Goal 2. Increase the portion of enrollees who are aware of the program and know that they are enrolled in the program.

Performance Target

Our goal is that, by the end of the three-year period, 90% of surveyed enrollees will have heard of the program and 85% of these will be aware that they are enrolled in the program.

Findings

Awareness of Plan First – Survey Data

Telephone surveys of enrollees have been conducted since the initial year of the first demonstration period, tracking changes in levels of awareness of the program and of enrollment in the program. Comparative demographics of survey respondents in all survey years are included in the Methodology Appendix. Table 2.1 shows that there was an increase from DY6 through DY13 in the portion of enrollees who had heard of Plan First, from 85% to 90%. There was also a significant increase in the portion of respondents who knew they were enrolled in the program, from 64% to 89% of respondents. The primary source of information about Plan First is referral from a health department family planning provider. Correspondence from Medicaid is the other primary source of information about the program. The impact of radio and television advertising on enrollee awareness remained low. The portion of survey respondents using family planning services has remained stable over the renewal period and is higher among those who knew they were enrolled in Plan First. Both performance measures for awareness of Plan First among enrollees have been met.

Table 2.1 Level of Awareness of Plan First (Surveyed=1,127)

	DY5	DY6	DY7	DY8	DY9	DY10	DY11	DY12	DY13
Before this call, had you heard of Plan First?									
--Yes	85.3%	86.8%	92.9%	88.9%	90.8%	88.7%	90.1%	88.7%	89.8%
If so, how did you hear?									
Letter from Medicaid				17.2%	17.2%	17.7%	19.7%	22.6%	21.9%
Postcard	10.4%	36.3%	13.2%	12.2%	13.9%	15.0%	15.9%	9.3%	9.0%
Referral from Health Department FP Provider	42.4%	39.6%	42.7%	43.5%	41.5%	39.1%	30.2%	30.5%	32.7%
Referral from other Health Department source								10.0%	9.6%
Referral from Service Provider	4.8%	5.4%	5.9%	7.0%	7.2%	9.1%	7.7%	7.0%	7.6%
Family or friend	6.9%	9.2%	7.4%	10.4%	11.2%	11.4%	8.2%	12.8%	11.7%
Poster	1.6%	1.3%	1.0%	1.3%	1.0%	0.6%	0.6%	0.8%	0.6%
Pamphlet	3.6%	2.4%	3.1%	1.5%	2.0%	1.6%	1.4%	2.1%	2.0%
Radio	0.2%	0.1%	0.1%	0.3%	0.2%	0.2%	0.2%	0.2%	0.3%
Television	2.7%	1.4%	2.7%	1.8%	1.2%	0.9%	0.9%	0.6%	0.4%
Other	2.6%	4.3%	3.3%	3.6%	2.9%	3.3%	3.2%	3.1%	2.1%
Did you know you were enrolled?									
Yes, of all those surveyed	63.6%	70.2%	80.8%	85.3%	79.7%	88.2%	88.1%	87.0%	88.9%
Yes, of those who had heard of Plan First	74.9%	82.5%	87.1%	85.9%	87.8%	88.4%	88.1%	87.0%	88.9%

	DY5	DY6	DY7	DY8	DY9	DY10	DY11	DY12	DY13
Have you used any family planning services since enrolling in Plan First?									
Yes, of all those surveyed	63.6%	69.8%	69.4%	65.0%	67.4%	71.4%	71.9% ¹	68.4%	71.4%
Yes, of those who knew they were enrolled	75.6%	78.7%	74.2%	70.4%	71.9%	76.4%	75.6% ¹	73.7%	77.5%
Yes, of those who had heard of Plan First but did not know they were enrolled	51.9%	51.1%	52.6%	51.0%	48.8%	53.0%	55.9% ¹	49.6%	41.8%
Yes, of those who had not heard of Plan First	24.4%	43.4%	46.2%	45.5%	51.0%	54.3%	59.8% ¹	51.6%	50.5%

¹ Due to an error in the skip pattern for this year's survey, the data for Y12 represent the portion of respondents who reported having a family planning visit in the last year, rather than over their whole enrollment period.

Table 2.2 shows the responses to the awareness survey conducted in Demonstration Year 13 by Public Health Area. Awareness of Plan First is high and consistent across the state. Areas 3, 7 and 10 have the highest portion of women with family planning visits in the last year.

Table 2.2 Level of awareness of Plan First by Public Health Area (Surveyed = 1,127)

	PHA	1	2	3	4	5	6	7	8	9	10	11
Before this call, had you heard of Plan First?	Yes	81.2%	90.0%	93.1%	85.2%	92.0%	86.0%	86.1%	91.2%	92.1%	89.2%	93.2%
Did you know you were enrolled in Plan First?	Yes, of those who had heard of Plan First	91.4%	90.0%	84.4%	89.8%	88.0%	86.1%	94.3%	81.7%	92.5%	92.3%	88.5%
When was your last family planning visit	PHA	1	2	3	4	5	6	7	8	9	10	11
Within the last one year		69.6%	68.0%	79.2%	64.4%	58.0%	71.0%	88.1%	66.7%	70.3%	76.5%	68.9%
More than a year ago		18.6%	20.0%	12.9%	24.4%	25.0%	16.0%	10.9%	17.7%	15.8%	15.7%	21.4%
Never had a family planning visit		10.8%	9.0%	5.9%	9.6%	12.0%	12.0%	1.0%	14.7%	12.9%	5.9%	7.8%

Table 2.3 shows the results of four multivariate analyses examining factors associated with the survey questions about awareness of Plan First, knowledge of enrollment, use of family planning services in Demonstration Year 13 and previous pregnancy. The asterisks mark statistically significant comparisons at the $p < .05$ level (or less). For DY13, awareness of Plan First is higher among women ages 25-34 than those older or younger than those ages. Awareness is higher among white women, those with more education and those enrolled for more than 24 months. Awareness is lower for women who have been pregnant; this may be because women are automatically entered into Plan First after delivery. Older women (over age 35) are more likely to know they are enrolled in Plan First, but women who have been pregnant are less likely to know they are enrolled. Controlling for other factors, non-white women are more likely to have used family planning services in the past year, but women who have been pregnant are less likely to have done so. Women who have been enrolled longer and women who have never been married are more likely to have used family planning since enrolling in Plan First. Public Health Area of residence was not related to awareness of Plan First or use of family planning services.

Table 2.3. Factors associated with responses to awareness of Plan First, knowledge of enrollment and whether any family planning services were used within the last year or since enrollment

Table 2.3 Variable	Before this call, had you ever heard of Plan First?	Did you know you were enrolled in Plan First?	Have you used any FP services within last one year?	Have you used any FP services since enrolling in Plan First?
	adjusted OR	adjusted OR	adjusted OR	adjusted OR
	(95% CI)	(95% CI)	(95% CI)	(95% CI)
Age years				
19 – 24	Reference	Reference	Reference	Reference
25 – 34	2.339 (1.359-4.027)*	1.524 (0.942-2.465)	0.920 (0.650-1.300)	0.840 (0.594-1.188)
35 – 47	1.858 (0.897-3.851)	2.318 (1.092-4.922)*	0.903 (0.563-1.448)	1.019 (0.630-1.648)
Race				
White	Reference	Reference	Reference	Reference

Table 2.3 Variable	Before this call, had you ever heard of Plan First?	Did you know you were enrolled in Plan First?	Have you used any FP services within last one year?	Have you used any FP services since enrolling in Plan First?
	adjusted OR	adjusted OR	adjusted OR	adjusted OR
	(95% CI)	(95% CI)	(95% CI)	(95% CI)
Non-White†	0.366 (0.199-0.673)*	0.662 (0.394-1.112)	1.746 (1.228-2.481)*	1.020 (0.716-1.454)
Hispanic				
No	Reference	Reference	Reference	Reference
Yes	1.225 (0.251-5.972)	2.896 (0.353-23.766)	1.069 (0.362-3.155)	1.358 (0.444-4.151)
Education				
< High-school	Reference	Reference	Reference	Reference
High school or GED	3.048 (1.418-6.551)*	1.033 (0.458-2.327)	1.104 (0.614-1.986)	0.861 (0.490-1.511)
> High-school	2.914 (1.399-6.071)*	1.387 (0.622-3.090)	0.824 (0.467-1.453)	1.254 (0.722-2.177)
Length of enrollment, months				
< 12	Reference	Reference	Reference	Reference
13 – 24	1.241 (0.720-2.138)	1.304 (0.774-2.197)	0.955 (0.672-1.357)	2.027 (1.419-2.894)*
> 24	2.349 (1.198-4.603)*	1.282 (0.761-2.158)	0.806 (0.566-1.149)	2.414 (1.653-3.526)*
Marital status				
Never married	Reference	Reference	Reference	Reference
Currently married	0.688 (0.361-1.312)	0.773 (0.433-1.380)	0.745 (0.508-1.094)	0.644 (0.436-0.950)*
Previously	0.707	0.788	0.855	0.697

Table 2.3 Variable	Before this call, had you ever heard of Plan First?	Did you know you were enrolled in Plan First?	Have you used any FP services within last one year?	Have you used any FP services since enrolling in Plan First?
	adjusted OR	adjusted OR	adjusted OR	adjusted OR
	(95% CI)	(95% CI)	(95% CI)	(95% CI)
married	(0.348-1.435)	(0.415-1.497)	(0.579-1.354)	(0.453-1.072)
Ever pregnant				
No	Reference	Reference	Reference	Reference
Yes	0.457 (0.235-0.890)*	0.352 (0.182-0.681)*	0.540 (0.351-0.830)*	0.660 (0.435-1.003)
Area of residence				
PHA 1	Reference	Reference	Reference	Reference
PHA 2	1.877 (0.581-6.060)	0.751 (0.263-2.147)	1.098 (0.571-2.108)	0.813 (0.412-1.604)
PHA 3	1.945 (0.628-6.027)	0.537 (0.197-1.461)	1.375 (0.686-2.758)	0.705 (0.357-1.393)
PHA 4	0.934 (0.354-2.463)	1.022 (0.344-3.033)	0.575 (0.304-1.089)	0.680 (0.347-1.334)
PHA 5	1.827 (0.564-5.922)	0.577 (0.209-1.597)	0.704 (0.376-1.320)	0.723 (0.370-1.411)
PHA6	1.043 (0.375-2.900)	0.536 (0.196-1.463)	1.158 (0.596-2.249)	0.813 (0.412-1.606)
PHA 7	0.832 (0.301-2.300)	1.505 (0.400-5.663)	2.155 (0.933-4.974)	1.346 (0.611-2.964)
PHA 8	1.777 (0.586-5.388)	0.395 (0.147-1.062)	0.635 (0.331-1.218)	0.632 (0.318-1.255)
PHA 9	1.410 (0.459-4.330)	1.161 (0.367-3.673)	1.349 (0.691-2.634)	1.160 (0.571-2.358)
PHA 10	0.988 (0.355-2.744)	1.062 (0.349-3.236)	1.490 (0.755-2.939)	1.204 (0.591-2.456)
PHA 11	2.876 (0.810-10.214)	0.781 (0.269-2.264)	0.981 (0.500-1.926)	0.643 (0.324-1.276)
Had you ever heard of Plan First?				

Table 2.3 Variable	Before this call, had you ever heard of Plan First?	Did you know you were enrolled in Plan First?	Have you used any FP services within last one year?	Have you used any FP services since enrolling in Plan First?
	adjusted OR	adjusted OR	adjusted OR	adjusted OR
	(95% CI)	(95% CI)	(95% CI)	(95% CI)
No	N/A	N/A	Reference	Reference
Yes			1.184 (0.700-2.001)	2.108 (1.302-3.413)*

* significant at $p < 0.05$ or less † Non-White: Black, American Indian, Asian/Pacific Islander, others

Summary and Conclusions

Our performance targets for awareness of the program and for knowledge of enrollment were both met in DY13. Mass media does not appear to be an effective outreach mechanism, compared to personal networks and contact from Medicaid and health care providers. Awareness and family planning service use rates were fairly similar across Public Health Areas. Controlling for other factors, women aged 25 to 34 years, White, with a High School education or greater, those who had been enrolled more than two years, and those who had never been pregnant were more likely to have heard of Plan First, while women aged 35-47 and those who had never been pregnant were more likely to know they were enrolled. Family planning use was higher among non-white women and lower among currently married women and women who had ever been pregnant.

Goal 3. 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

Performance Target

Our goal is to have 70% enrollee utilization of services by the end of the three year period, along with a 70% 12-24- month return visit rate for individuals using services during the renewal period. An additional goal is the maintenance of at least one Title X and one non-Title X Plan First provider in each county.

Findings

Service Use – Claims Data and Delivery Data

Table 3.1 shows that the raw number of service users in the Plan First program increased between DY9 and DY13. At the same time, the number of individuals enrolled in Plan First increased. By DY13, the portion of enrollees using services decreased from 55% in DY9 to 51% of enrollees (Table 3.1). Overall, service utilization among those enrolled is lower than the targeted proportion of service users, however the target was met for women 20 years and under.

Table 3.1 Number of Enrollees using Services by Race Group

Group	Number of Service Users				
	DY9	DY10	DY11	DY12	DY13
Total	59,473	63,068	70,365	69,611	75,660
Age <20	4,823	5,135	5,324	5,120	5,284
Black	2,494	2,643	2,699	2,768	2,748
White	2,216	2,370	2,347	2,139	2,295
Other	43	51	206	154	161
Age 20 – 29	43,098	45,153	49,833	48,705	52,076
Black	24,268	25,427	27,427	26,906	28,678
White	17,886	18,627	21,099	20,434	21,866
Other	427	514	606	609	680
Age 30 – 39	9,707	10,552	12,457	12,868	14,868
Black	5899	6,406	7,295	7,620	8,891
White	3,527	3,818	4,735	4,784	5,480
Other	143	166	196	213	257
Age 40 +	1,845	2,228	2,751	2,918	3,432
Black	1,038	1,221	1,530	1,666	1,934
White	742	927	1,134	1,158	1,370
Other	34	36	47	48	63
Race/Age not known	756	862	1,044	1,112	1,237

Table 3.1. (Continued) Portion of Enrollees using Services by Age and Race Group

Age Group	% Service Users of Enrollees					Change in # of Service Users Year 9- Year 13	% Change in % Service Users of enrollees Year 9 - Year 13
	DY9	DY10	DY11	DY12	DY13		
Total	54.7%	52.4%	55.4%	51.8%	51.4%	16,187	-6.0%
Age <20	66.4%	63.8%	54.6%	73.1%	72.6%	461	9.3%
Black	66.7%	65.4%	54.1%	75.1%	72.3%	254	8.4%
White	66.2%	62.6%	52.6%	69.4%	71.4%	79	7.8%
Other	24.4%	23.7%	66.9%	68.4%	61.0%	118	149.6%
Age 20 – 29	55.8%	54.6%	59.0%	54.6%	55.6%	8,978	-0.5%
Black	61.2%	60.5%	63.8%	59.6%	60.4%	4,410	-1.4%
White	50.2%	48.6%	54.2%	49.6%	50.7%	3,980	1.1%
Other	22.2%	22.5%	23.9%	22.3%	21.7%	253	-2.4%
Age 30 – 39	46.9%	43.3%	47.5%	42.6%	41.7%	5,161	-11.0%
Black	51.2%	47.8%	50.4%	45.9%	46.2%	2,992	-9.7%
White	41.7%	37.9%	44.0%	38.2%	36.4%	1,953	-12.6%
Other	19.9%	19.4%	20.0%	19.0%	18.9%	114	-5.0%
Age 40 +	51.0%	42.2%	41.7%	36.1%	32.4%	1,587	-36.6%
Black	51.4%	42.1%	42.4%	38.6%	36.3%	896	-29.5%
White	50.4%	42.6%	41.7%	33.6%	28.3%	628	-43.8%
Other	26.8%	17.5%	17.7%	15.6%	14.4%	29	-46.4%

Table 3.2 shows some geographic variation among service users across the state. Public Health Area 4 (Jefferson County) has had the greatest loss of service users and the lowest service use rates. Public Health Areas 7 (Southwest Alabama) and 10 (Southeast Alabama) had the highest service use rates. Public Health Areas 9 (Southwest Alabama) and 10 (Southeast Alabama) were the only areas that showed increases in their rates since DY9 although both changed only slightly.

Table 3.2 Number of Enrollees Using Services by Public Health Area

Public Health Area	Number of Service Users				
	DY9	DY10	DY11	DY12	DY13
Total	60,346	66,384	70,233	69,521	75,588
1	4,814	4,957	5,168	5,040	5,513
2	6,977	7,890	8,566	8,348	9,108
3	4,635	4,765	5,000	4,860	5,186
4	6,402	7,476	7,575	7,506	7,376
5	4,783	5,221	5,493	5,510	5,729
6	5,272	5,581	6,040	5,903	6,380
7	3,996	4,280	4,274	4,300	4,808
8	7,910	8,774	9,388	9,339	10,188
9	4,565	5,155	5,604	5,790	6,463
10	4,530	4,652	5,576	5,644	6,447
11	6,462	7,633	7,549	7,281	8,390

Table 3.2 (Continued) Portion of Enrollees Using Services by Public Health Area

Percent Service Users of Enrollees							
Public Health Area	DY9	DY10	DY11	DY12	DY13	Change in number of service users from DY 9 to DY13	% Change in % Service users of enrollees from DY9 to DY13
Total	55.5%	55.1%	55.4%	51.7%	51.4%	15,242	-7.4%
1	60.6%	59.0%	61.8%	56.5%	58.3%	699	-3.8%
2	49.4%	50.0%	50.7%	45.7%	46.5%	2,131	-5.9%
3	63.3%	60.8%	62.4%	56.8%	57.0%	551	-10.0%
4	48.8%	48.4%	45.4%	42.0%	38.2%	974	-21.7%
5	55.3%	53.9%	54.1%	49.7%	47.7%	946	-13.7%
6	57.9%	56.3%	60.1%	54.8%	55.6%	1,108	-4.0%
7	69.1%	70.5%	69.5%	65.9%	67.7%	812	-2.0%
8	51.2%	51.9%	52.2%	50.2%	49.3%	2,278	-3.7%
9	56.5%	57.0%	58.5%	57.6%	57.3%	1,898	+1.4%
10	57.5%	55.9%	63.9%	61.1%	61.2%	1,917	+6.4%
11	57.1%	58.9%	53.3%	49.8%	50.4%	1,928	-11.7%

Table 3.3 shows the rate of use of family planning services under Plan First by women with recent Medicaid paid delivery services. The data are shown by Maternity Care Program District. All beneficiaries completing SOBRA Medicaid maternity coverage are automatically enrolled in Plan First for 12 months. In DY12, rates of use of services in Plan First decreased dramatically compared to DY11 across all districts, and were the lowest rates we had ever observed. In DY13, Plan First service use rates increased nearly two-fold across all of the districts compared to the previous year's rates mentioned above.

Table 3.3. Plan First Usage by Women with Recent Medicaid Maternity Care, by Maternity Care Program District

Maternity Care Program District	Demonstration Year	Women with SOBRA deliveries in Previous Year and This Year	Women with Plan First Service use in Demo Year	% of Women with deliveries using Plan First services
(1 Colbert, Franklin, Lauderdale, Marion)	DY9	2,055	1,159	56.4
	DY10	2,017	618	30.6
	DY11	2,077	704	33.9
	DY12	2,168	387	17.9
	DY13	2,165	697	32.2
2 (Jackson, Lawrence, Limestone, Madison, Marshall, Morgan)	DY9	6,309	3,316	52.6
	DY10	6,149	1,602	26.0
	DY11	6,441	1,724	26.8
	DY12	6,763	980	14.5
	DY13	6,796	1,834	27.0
3 (Calhoun, Cherokee, Cleburne, DeKalb, Etowah)	DY9	3,483	1,860	53.4
	DY10	3,179	883	27.8
	DY11	3,012	899	29.8
	DY12	3,411	515	15.1
	DY13	3,571	1,046	29.3
4 (Bibb, Fayette, Lamar, Pickens, Tuscaloosa)	DY9	2,408	1,377	57.2
	DY10	2,333	6,99	30.0
	DY11	2,474	772	31.2
	DY12	2,614	378	14.5
	DY13	2,619	751	28.7
5 (Blount, Chilton, Cullman, Jefferson, St.Clair, Shelby, Walker, Winston)	DY9	10,090	5,476	54.3
	DY10	9,761	2,615	26.8
	DY11	9,915	2,719	27.4
	DY12	10,501	1,373	13.1
	DY13	10,467	2,393	22.9

Maternity Care Program District	Demonstration Year	Women with SOBRA deliveries in Previous Year and This Year	Women with Plan First Service use in Demo Year	% of Women with deliveries using Plan First services
6 (Clay, Coosa, Randolph, Talladega, Tallapoosa)	DY9	1,782	981	55.1
	DY10	1,677	469	28.0
	DY11	1,630	493	30.2
	DY12	1,788	269	15.0
	DY13	1,850	578	31.2
7 (Greene, Hale)	DY9	336	198	58.9
	DY10	315	108	34.3
	DY11	319	111	34.8
	DY12	338	81	24.0
	DY13	310	110	35.5
8 (Choctaw, Marengo, Sumter)	DY9	486	312	64.2
	DY10	435	160	36.8
	DY11	414	132	31.9
	DY12	428	67	15.6
	DY13	452	168	37.2
9 (Dallas, Perry, Wilcox)	DY9	961	630	65.6
	DY10	897	370	41.2
	DY11	843	359	42.6
	DY12	857	186	21.7
	DY13	871	401	46.0
10 (Autauga, Bullock, Butler, Crenshaw, Elmore, Lowndes, Montgomery, Pike)	DY9	5,035	2,787	55.3
	DY10	4,674	1,498	32.0
	DY11	4,551	1,510	33.2
	DY12	4,846	797	16.4
	DY13	4,808	1,591	33.1
11 (Barbour, Chambers, Lee, Macon, Russell)	DY9	2,285	1,201	52.6
	DY10	2,181	552	25.3

Maternity Care Program District	Demonstration Year	Women with SOBRA deliveries in Previous Year and This Year	Women with Plan First Service use in Demo Year	% of Women with deliveries using Plan First services
	DY11	2,275	642	28.2
	DY12	2,487	365	14.7
	DY13	2,671	781	29.2
12 (Baldwin, Clarke, Conecuh, Covington, Escambia, Monroe, Washington)	DY9	3,607	1,999	55.4
	DY10	3,487	1,176	33.7
	DY11	3,476	1,209	34.8
	DY12	3,598	644	17.9
	DY13	3,612	1,410	39.0
13 (Coffee, Dale, Geneva, Henry, Houston)	DY9	2,505	1,323	52.8
	DY10	2,351	634	27.0
	DY11	2,366	880	37.2
	DY12	2,604	494	19.0
	DY13	2,667	1,029	38.6
14 (Mobile)	DY9	5,803	3,508	60.4
	DY10	5,290	2,055	38.8
	DY11	5,156	1,912	37.1
	DY12	5,424	929	17.1
	DY13	5,454	1,935	35.5
Total	DY9	47,145	26,127	55.4
	DY10	44,746	13,439	30.0
	DY11	44,949	1,912	37.1
	DY12	47,827	7,465	15.6
	DY13	48,313	14,724	30.5

Return Visit Rates - Claims Data

As noted above, the target one year return visit rate for Plan First is 70% of users. Table 3.4 shows that one year return visit rates for new users in DY10 were 62% (DY11); two year return visit rates were 32% (DY12) and three year return visit rates were 33% (DY13). Similarly, one year return visit rates for new users in DY11 were 46% (DY12), and two year return visit rates were 40% (DY13). One year return visit rates for new users in DY12 were equivalent at 40% (DY13). Thus, the return visit rate declined in DY13.

Table 3.4. Portion of Clients Returning for Follow up Visits

	DY11	DY12	DY13
New Service users in DY10 (n=27,900)	17,173 (61.6%)	8,890 (31.9%)	9,349 (33.5%)
New Service users in DY11 (n=30,322)	----	14,075 (46.4%)	12,264 (40.4%)
New Service users in DY12 (n=35,643)	----	----	14,288 (40.1%)

Table 3.5 shows that across all three years, return visit rates were higher for women who received care management services in the initial year.

Table 3.5. Portion of Clients Returning for Follow up Visits by Care Coordination Status

	Care Management	DY11	DY12	DY13
New Service users in DY10	No (n=21,145)	11,555 (54.7%)	6,136 (29.0%)	6,583 (31.1%)
	Yes (n=6,755)	5,618 (83.2%)	2,754 (40.8%)	2,766 (40.9%)
New Service users in DY11	No (n=22,490)	----	9,055 (40.3%)	8,482 (37.7%)
	Yes (n=7,829)	----	5,020 (64.1%)	3,783 (48.3%)
New Service users in DY12	No (n=25,477)	----	----	9,097 (35.7%)
	Yes (n=10,166)	----	----	5,191 (51.1%)

Provider Availability – Claims Data

An important component of assuring stable or increased use of family planning services among Plan First enrollees is the maintenance or increase in the number of providers available across the state. Table 3.6 shows that the total number of individual providers in private practice (individual billing provider ID numbers) increased between DY12 and DY13. Statewide there was a decrease in the total number of visits to private providers and this trend was similar across most of the PHAs except for PHAs 8 and 11.

However, between the two demonstration years, DY12 and DY13, the portion of visits (family planning encounters that included exams or provision of contraception) provided by private providers increased substantially in all PHAs except in PHA 4 (Jefferson County). In particular, there were significant increases in the portion of visits to private providers represented among all visits in PHA 9 (Southwest Alabama) and 11 (Mobile County).

Table 3.6 Availability and Visit Volume for Private Providers

PHA	Number private providers			Number visits to private providers			% private of all visits to providers		
	DY11	DY12	DY13	DY11	DY12	DY13	DY11	DY12	DY13
1	37	47	68	1,974	1,587	1,400	7.3%	5.2%	14.6%
2	87	89	109	3,894	3,679	2,837	14.0%	13.8%	22.9%
3	32	28	39	767	581	569	2.1%	1.9%	6.2%
4	65	72	76	1,853	2,602	1,682	14.1%	22.3%	17.3%
5	50	51	51	1,898	1,274	1,053	6.1%	4.1%	11.3%
6	44	51	61	1,815	2,127	1,588	6.7%	8.7%	15.8%
7	30	33	36	1,845	1,741	1,375	8.1%	7.8%	17.0%
8	86	89	84	6,743	6,890	7,797	10.0%	10.3%	13.8%
9	93	95	68	5,842	5,693	5,139	22.3%	20.0%	46.2%
10	37	38	33	1419	1,323	1,309	4.8%	4.6%	11.5%
11	78	83	62	16,749	15,338	15,702	75.3%	75.7%	97.7%
Total	639	676	687	44,799	42,835	40,451	13.6%	13.3%	24.8%

Reasons for Not Using Family Planning Services – Survey Data

To understand better some of the reasons why enrollees did not use family planning services, we examined survey questions that asked if women encountered any difficulties that may have caused them to put off or not use services. The question was asked of all respondents. Table 3.7, below, shows the responses only for those survey respondents who did not have a family planning visit in the previous year. These responses are parallel to the way the question was asked in previous surveys. Table 3.7 shows that, as in past years, affordability and availability of preferred providers are the major reasons cited for not using services. Waiting time at the appointment and waiting time to get the appointment were cited less often in DY13 compared to DY12.

Table 3.7. Reasons for Delay among Those who Did Not Use Family Planning Services during the Past Year.

Reasons for Delay with FP Visit	DY6	DY7	DY8	DY9	DY10	DY11 FP visit > 1 year ago	DY12 FP visit > 1 year ago	DY13 FP visit > 1 year ago
N	366	402	382	372	315	182	334	384
No money to pay for appointment	15.1%	14.9%	19.1%	17.2%	18.9%	17.1%	17.6%	16.6%
Provider you wanted to see did not take Medicaid	N/A	18.2%	15.8%	17.6%	11.7%	18.4%	16.5%	12.3%
Had to wait too long at appointment	17.2%	21.1%	15.6%	20.8%	12.1%	22.5%	16.5%	12.3%
Couldn't get appointment soon enough	11.7%	13.5%	13.2%	12.8%	11.8%	17.3%	12.9%	11.5%
No provider in the area that you wanted to see	15.1%	16.0%	13.6%	11.0%	10.0%	16.4%	11.7%	11.3%
Dislikes family planning exam	11.3%	9.1%	9.3%	7.1%	9.4%	8.8%	7.8%	8.1%
Couldn't reach provider on the telephone	9.6%	9.6%	9.0%	11.2%	9.3%	14.9%	8.2%	7.1%
Office was not open	4.9%	7.7%	6.8%	7.6%	5.1%	5.5%	6.0%	6.8%

Reasons for Delay with FP Visit	DY6	DY7	DY8	DY9	DY10	DY11 FP visit > 1 year ago	DY12 FP visit > 1 year ago	DY13 FP visit > 1 year ago
N	366	402	382	372	315	182	334	384
when convenient								
No transportation	8.2%	10.0%	9.2%	6.5%	6.7%	8.8%	6.2%	6.3%
No childcare	7.1%	5.3%	6.1%	6.8%	4.1%	7.8%	4.9%	3.3%
Family or partner did not want her to go	1.3%	1.3%	2.4%	1.1%	1.0%	0.0%	0.6%	0.7%

Table 3.8 shows the responses to the same series of questions for all respondents in DY10, DY11, DY12 and DY13 and according to whether or not women knew that they were enrolled in Plan First. As in previous years, in DY13 most of the women who did not know they were enrolled in Plan First were concerned about the affordability of family planning services. They also reported more frequently that the provider they wanted to see did not take Medicaid. In DY13, those who did not know they were enrolled more frequently reported barriers with transportation to get to appointments.

Table 3.8. Reasons for Delay among those who were and were not aware of their Plan First Enrollment.

Reasons for Delay with FP Visit	DY10		DY11 FP visit > 1 year ago		DY12 FP visit > 1 year ago		DY13 FP visit > 1 year ago	
	Know they were enrolled in Plan First	Did Not Know they were enrolled in Plan First	Know they were enrolled in Plan First	Did Not Know they were enrolled in Plan First	Know they were enrolled in Plan First	Did Not Know they were enrolled in Plan First	Know they were enrolled in Plan First	Did Not Know they were enrolled in Plan First
	N = 895	N = 117	N=893	N = 111	N=869	N = 127	N=883	N = 102
	% of total	% of total						
No money to pay for appointment	9.2	22.4	8.3	22.7	8.6	27.4	7.9	16.4
Provider you wanted to see did not take Medicaid	9.4	14.9	10.3	20.0	12.0	25.8	9.0	12.4
Had to wait too long at appointment	17.9	17.1	20.1	31.8	18.0	19.8	13.5	11.1
Couldn't get appointment soon enough	10.5	17.1	12.3	20.7	11.7	14.9	8.9	6.5
Dislikes family planning exam	6.6	12.1	7.7	11.5	5.3	5.9	5.7	5.9
No transportation	3.7	10.3	4.6	11.2	4.1	6.5	4.3	5.5
No provider in the area that you wanted to see	8.5	12.6	11.3	12.6	10.8	13.8	10.7	4.7
Couldn't reach provider on the telephone	8.7	10.3	9.4	9.0	8.9	9.1	6.5	4.7

Reasons for Delay with FP Visit	DY10		DY11 FP visit > 1 year ago		DY12 FP visit > 1 year ago		DY13 FP visit > 1 year ago	
	Know they were enrolled in Plan First	Did Not Know they were enrolled in Plan First	Know they were enrolled in Plan First	Did Not Know they were enrolled in Plan First	Know they were enrolled in Plan First	Did Not Know they were enrolled in Plan First	Know they were enrolled in Plan First	Did Not Know they were enrolled in Plan First
	N = 895	N = 117	N=893	N = 111	N=869	N = 127	N=883	N = 102
	% of total	% of total						
No childcare	3.7	4.3	4.1	8.1	3.3	6.4	3.7	4.6
Office was not open when convenient	3.6	5.1	5.8	12.5	3.8	9.0	5.3	1.9
Family or partner did not want her to go	0.3	0.9	0.5	1.1	0.6	0.0	1.1	0.0

Summary and Conclusions

The overall portion of enrollees using services decreased by about 4% between DY9 and DY13 to about 51% of enrollment.

All counties currently have public provider options for Plan First care. The number of private providers participating in the Plan First program increased between DY12 and DY13. The portion of women using private sources for Plan First services increased substantially from 13% to 25%.

The portion of women using second visits in the demonstration year following their initial visit increased to 62% for DY11 service users in DY10, but declined to 46% for DY12 service users, and further still to 40% for DY12 users in DY13. The performance target for the proportion of service users with one-year follow-up visits is 70% however we are losing ground in meeting this target.

Survey data show that women who did not use family planning services had concerns about provider choice and affordability and women who did not know they were enrolled in Plan First were even more concerned about these factors as well as transportation barriers.

Goal 4. Increase the portion of family planning visits that result in prescription of more effective contraceptives, that include referrals for primary care services where indicated and include counseling and education.

Findings

Use of General Family Planning Services – Claims Data

Table 4.1 shows the distribution of clients by provider type across the previous and current demonstration periods. In DY13, a much larger portion of clients received non-clinical services only, and fewer had health department services only compared with DY12. Since DY9, the number of women receiving family planning services exclusively from health department or private providers has increased at the same rate.

Table 4.1 Service Users by Provider Type

	DY9	DY10	DY11	DY12	DY13	% Change in # (%) service users DY9 to DY13
Health Department Providers only	31,985 (53.0%)	31,416 (46.9%)	34,589 (49.2%)	39,843 (57.2%)	36,550 (48.3%)	+14.3% (-8.9%)
Private Providers only	14,848 (24.6%)	16,865 (25.2%)	16,733 (23.8%)	15,258 (22.0%)	16,970 (22.4%)	+14.3% (-8.9%)
Both Health Department and Private Providers	2,241 (3.7%)	1,786 (2.7%)	1,671 (2.4%)	4,063 (5.8%)	1,953 (2.6%)	-12.9% (-29.7%)
Non-clinical services only	11,307 (18.7%)	16,883 (25.2%)	17,372 (24.7%)	10,447 (15.0%)	20,187 (26.7%)	+78.5% (+42.8%)
Total	60,381	66,950	70,365	69,611	75,660	+25.3%

Table 4.2 continues the analysis we have conducted annually since the start of the program for the portion of clients receiving specific types of care services, by provider type. Only services that are billed separately can be examined in this manner. The table shows consistency in the array of services per provider type with the exception of HIV counseling. It appears there has been a change in billing procedures for HIV counseling because since DY11 there has been a marked decline in claims filed for this procedure

Table 4.2 Portion of Each Provider Type's Clients Using Services

Service Type	Provider Type	DY9	DY10	DY11	DY12	DY13
Care Coordination	Health Department	45.9%	47.6%	47.5%	53.0%	53.0%
	Private	12.0%	10.3%	9.6%	0.0%	11.7%
	Both	57.2%	59.9%	57.6%	64.6%	57.8%
	Neither	37.7%	30.9%	26.3%	0.0%	25.8%
	Total with Service	22,007	22,983	23,579	23,729	27,709
	% All Clients	36.4%	34.3%	33.5%	34.1%	36.6%
HIV Counseling	Health Department	71.2%	31.4%	0.2%	0.2%	3.7%
	Private	5.0%	3.0%	0.7%	2.1%	0.8%
	Both	57.2%	30.9%	0.5%	4.9%	3.0%
	Neither	15.9%	6.1%	0.4%	0.0%	2.5%
	Total with Service	26,608	11,960	259	593	2,049
	% All Clients	44.1%	17.9%	0.4%	0.9%	2.7%
Tubal Ligations	Health Department	0.3%	0.3%	0.2%	0.3%	0.3%
	Private	2.0%	1.6%	1.5%	1.1%	1.3%
	Both	6.1%	6.3%	7.1%	3.2%	5.2%
	Neither	3.9%	2.7%	2.2%	2.9%	2.3%
	Total with Service	981	927	804	692	868
	% All Clients	1.6%	1.4%	1.1%	1.0%	1.2%
Depo Provera	Health Department	34.2%	34.0%	32.7%	28.8%	30.9%
	Private	28.9%	26.4%	22.7%	20.4%	21.9%
	Both	31.7%	31.1%	34.5%	22.1%	36.1%
	Neither	0.0%	0.0%	0.0%	0.0%	0.0%
	Total with Service	15,937	15,698	15,665	15,471	17,533

Service Type	Provider Type	DY9	DY10	DY11	DY12	DY13
	% All Clients	26.4%	23.5%	22.3%	22.2%	23.2%
Birth Control Pills	Health Department	40.9%	36.9%	34.1%	2.3%	1.7%
	Private	16.0%	8.5%	5.0%	30.1%	12.3%
	Both	42.8%	34.9%	24.7%	25.0%	6.8%
	Neither	16.5%	10.4%	5.5%	47.5%	11.5%
	Total with Service	18,290	15,421	13,996	11,480	5,153
	% All Clients	30.3%	23.0%	19.9%	16.5%	6.8%

Content of Family Planning Visits – Survey Data

In the DY7-DY13 surveys, we asked clients whether their providers gave them a choice of contraceptives. The survey question and responses are shown below. In DY7-DY10, almost all respondents reported that they had a choice of birth control methods. However in between DY11 and DY13 nearly 16% of respondents consistently said they were not able to select the birth control method they preferred. There was no difference by type of provider (health department or private) in the portion reporting that they did not have a choice of methods.

Table 4.3 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?

	DY7	DY8	DY9	DY10	DY11	DY12	DY13
	N = 1,268	N = 1,103	N =1,167	N=1,075	N=1,021	N=1,028	N=1,020
Yes	96.8%	96.6%	96.2%	97.3%	83.0%	84.1%	83.0%
No	3.2%	3.2%	3.2%	1.9%	16.2%	15.0%	15.7%
Don't know, not sure	0.2%	0.2%	0.6%	0.7%	0.9%	1.0%	1.0%

Table 4.4 shows responses of surveyed enrollees who used family planning services in the year to questions about the content of the visit. The rates of reporting services are relatively consistent with those of previous years, with one exception. The portion of respondents who report that they received counseling on tubal ligations declined markedly since DY10.

Table 4.4 Reported Content of Family Planning Visit

	Contra- ceptive Method	Counsel- ing on Birth Control	Exam or Pap Test	HIV Test or Counsel- ing	STD Test or Counseling	Preg- nancy Test	Counsel- ing on Tubal Ligation
Recall before DY1	39.4%	51.2%	43.7%	29.2%	19.1%	5.9%	4.8%
DY1	79.1%	62.9%	70.3%	37.9%	19.3%	3.3%	7.6%
DY2	84.4%	71.1%	75.1%	43.3%	51.0%	35.8%	19.5%
DY3-4	78.8%	73.5%	78.6%	52.5%	61.2%	41.7%	17.8%
DY5	79.5%	73.4%	79.1%	57.0%	63.1%	41.1%	21.2%
DY6	79.7%	75.4%	79.0%	57.2%	65.3%	52.2%	23.6%
DY7	77.2%	71.4%	73.6%	49.4%	58.9%	40.5%	17.2%
DY8	73.3%	71.2%	72.2%	51.5%	61.5%	48.2%	15.3%
DY9	75.9%	73.4%	75.4%	55.6%	64.6%	51.7%	16.7%
DY10	75.2%	76.2%	73.3%	55.1%	66.0%	56.4%	18.0%
DY11	75.3%	73.1%	78.0%	52.0%	64.6%	56.5%	13.3%
		Exam	70.3%				
DY12		Pap smear	68.9%				
	72.1%	72.1%	74.6%	49.3%	61.1%	56.8%	12.5%
DY13		Exam	70.8%				
		Pap smear	69.7%				
DY13	74.1%	70.4%		47.8%	61.3%	57.4%	13.9%
		Exam	68.5%				
		Pap smear	69.1%				

Table 4.5 compares the responses to questions on content of the family planning visit by respondents who used health department clinics and those who used private providers. Consistent with previous years, women were less likely to report receiving a contraceptive method, counseling on birth control, HIV testing, STD testing or counseling and pregnancy testing if they used private providers instead of the health department. However, women who used private providers were more likely to report having pap or pelvic exams compared with those using public providers, Counseling on tubal ligations is reported more frequently among women visiting with private providers.

Table 4.5 Reported Content of Family Planning Visit by Provider Type

Provider type	Contra- ceptive Method	Couns- eling on Birth Control	Exam or Pap Test		HIV Test or Couns- eling	STD Test or couns- eling	Preg- nancy Test	Counseling on Tubal Ligation
Health Department								
DY9 Health Dept. (N=635)	79.6%	77.9%	76.2%		63.7%	71.6%	52.8%	15.5%
DY10 Health Dept. (N=638)	79.0%	78.9%	73.7%		66.3%	73.7%	59.4%	18.0%
			Exam	Pap				
DY11 Health Dept. (N=593)	76.7%	74.5%	65.1%	65.1%	54.6%	67.8%	57.7%	11.0%
DY12 Health Dept. (N=576)	74.8%	76.4%	66.0%	64.9%	54.3%	65.6%	57.6%	10.8%
DY13 Health Dept. (N=552)	77.4%	76.6%	62.9%	64.7%	54.9%	69.9%	62.9%	10.8%
Private Provider								
DY9	71.7%	68.4%	74.9%		45.9%	56.5%	50.8%	18.3%

Provider type	Contra- ceptive Method	Couns- eling on Birth Control	Exam or Pap Test		HIV Test or Couns- eling	STD Test or couns- eling	Preg- nancy Test	Counseling on Tubal Ligation
			Exam	Pap				
Private Provider (N=526)								
DY10 Private Provider (N=432)	70.3%	72.6%	73.5%		38.8%	54.6%	52.3%	17.9%
			Exam	Pap				
DY11 Private Provider (N=401)	74.1%	70.1%	79.0%	74.8%	40.1%	55.9%	49.4%	16.7%
DY12 Private Provider (N=446)	68.2%	65.9%	74.7%	72.9%	37.0%	51.6%	52.0%	14.6%
DY13 Private Provider (N=460)	70.5%	63.2%	75.5%	74.5%	39.2%	50.7%	50.9%	17.8%
<i>Provider Type Not Known</i>								
DY9 Don't Know (N=9)	50.0%	50.0%	50.0%		42.9%	37.5%	25.0%	0.0%
DY10 Don't Know (N=9)	44.4%	55.6%	44.4%		44.4%	66.7%	42.9%	22.2%
			Exam	Pap				
DY11 Don't Know (N=27)	55.5%	66.6%	55.5%	66.7%	44.4%	48.1%	44.4%	3.7%
DY12 Don't Know (N=6)	50.0%	50.0%	50.0%	50.0%	33.3%	33.3%	50.0%	16.7%
DY13 Don't Know (N=5)	33.3%	50.0%	50.0%	33.3%	33.3%	50.0%	50.0%	0.0%

Table 4.6 shows survey respondents' reports of the outcome of counseling on tubal ligations. The question posed in the survey, for those who indicated that they spoke to their provider about a tubal ligation was "When you talked about having your tubes tied did your doctor or nurse help you to get the operation, or give you a different form of birth control?" The responses are shown below, categorized by provider type. Note that the vast majority of women who discuss tubal ligations with their family planning providers do not receive the procedure.

Table 4.6 Outcomes from Counseling on Tubal Ligations

Responses	Health Department	Private Provider or CHC or FP clinic	Other
	N (% with each response)	N (% with each response)	N (% with each response)
They helped me arrange to have my tubes tied.	6 (10.1%)	11 (14.9%)	1 (20%)
They gave me a different kind of birth control and did not have my tubes tied.	25 (42.4%)	31 (41.9%)	3 (60%)
I decided not to have my tubes tied after talking about it.	24 (40.6%)	22 (29.7%)	1 (20%)
Health complications or too young.	2 (3.4%)	6 (8.1%)	0
Advised against it.	1 (1.7%)	0	0
Haven't decided yet.	1 (1.7%)	4 (5.4%)	0
Total	59	74	5

Table 4.7 shows the reported contraceptive use among survey respondents. The portion of respondents who reported using any contraceptives in DY13 remained similar to DY12 at roughly 84%. Use of most contraceptive methods remained stable, with small increases in women reporting use of the patch, IUDs, Depo Provera, Nuva Ring and condoms. Among those reporting use of the Patch, the Nuva-Ring, IUDs and Birth Control Pills there was an increase in use of free samples. The overall portion of women reporting use of effective contraceptives in the current DY is 78% of all service users.

Table 4.7 Use of Contraceptives

Use of Contraceptives	DY9	DY10	DY11	DY12	DY13
N	1,179	1,125	1,102	1,097	1,109
% used any contraceptives	84.6%	85.1%	78.9%	84.8%	84.2%
% Tubal*	2.1%	2.2%	1.3%	2.8%	2.6%
% Vasectomy*	1.5%	1.9%	2.1%	1.5%	2.4%
% Norplant/Implanon*	7.7%	7.7%	9.3%	10.4%	10.8%
% Depo*	38.8%	40.4%	40.0%	38.1%	41.9%
% Patch*	7.7%	6.6%	6.2%	4.9%	7.3%
Got patch from Health Dept.	64.9%	54.1%	55.6%	56.5%	43.3%
Got patch from free sample	19.5%	31.2%	25.9%	26.1%	37.3%
Got patch from drug store	11.7%	14.7%	14.8%	17.4%	16.4%
Don't know, not sure	3.9%	0.0%	3.7%	0%	3.0%
% IUD*	21.0%	18.3%	19.9%	16.5%	20.3%
% Nuva-Ring*	7.4%	10.7%	8.2%	7.9%	8.8%
Got Nuva-Ring from Health Dept.	70.3%	64.0%	50.7%	63.5%	50.6%
Got Nuva-Ring from free sample	20.3%	19.0%	29.6%	25.7%	33.3%
Got Nuva-Ring from drug store	6.8%	16.0%	19.7%	10.8%	16.1%
Don't know, not sure	0.1%	1.0%	0.0%	0.0%	0.0%

Use of Contraceptives	DY9	DY10	DY11	DY12	DY13
% BC Pills*	64.0%	58.8%	59.6%	58.9%	58.0%
Got BC pills from Health Dept.	72.1%	66.3%	66.1%	63.0%	57.1%
Got BC pills from free sample	11.7%	13.2%	17.2%	16.0%	20.4%
Got BC pills from drug store	15.1%	20.0%	16.4%	20.4%	21.7%
Don't know, not sure	1.1%	0.5%	0.4%	0.5%	0.6%
% Plan B	5.3%	5.9%	6.8%	7.6%	7.4%
% Condoms	80.3%	77.4%	76.5%	73.8%	76.2%
% Natural FP	6.7%	5.3%	5.1%	7.3%	7.5%
% Withdrawal	46.6%	49.2%	46.6%	45.4%	44.7%
% Using effective contraception*	52.2%	54.1%	69.9%	79.1%	77.8%

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

Table 4.8 shows use of contraceptives by age group for DY9, 10, 11, 12 and 13. Among women under age 35, there was a large increase in the portion using hormonal implants such that one-half of 25-34 year-olds and more than one-third of 19-24 year-olds were using them by DY13. Among the youngest group, more than 50% report using Depo Provera which is a sharp increase compared to just 39% in DY12. Use of the Patch remains stable at under 10% across the age groups. Condoms remain the method used by the largest portion of women regardless of age. In DY13 a large majority of women aged 19 to 24 years (81%), women aged 25 to 34 years (76%) and women 35 years and older (74%) used an effective method of birth control.

Table 4.8 Use of contraceptives by age groups

Age groups Methods	Age 19 - 24			Age 25 - 34			Age 35+					
	DY10	DY11	DY12	DY13	DY10	DY11	DY12	DY13	DY10	DY11	DY12	DY13
% Used any	N=465	N=293	N=432	N=405	N=518	N=403	N=499	N=502	N=142	N=157	N=172	N=181
	87.4%	84.7%	88.8%	87.2%	86.1%	78.5%	83.6%	83.3%	76.1%	70.7%	80.6%	82.3%
% Condoms	81.2%	72.1%	75.1%	77.6%	76.2%	75.8%	72.4%	74.6%	68.6%	72.1%	76.6%	77.2%
% BC pills*	60.4%	54.1%	62.0%	63.2%	59.0%	59.9%	57.0%	53.1%	51.4%	60.4%	56.2%	59.7%
% Withdrawal	58.9%	46.8%	51.3%	55.0%	45.6%	44.0%	43.2%	40.4%	27.6%	36.0%	38.7%	32.2%
% Depo*	41.6%	38.2%	38.8%	50.7%	40.5%	36.9%	37.8%	36.4%	35.2%	37.8%	38.7%	36.2%
% Norplant/Implanon*	10.2%	16.7%	13.4%	37.4%	6.3%	8.9%	9.9%	49.5%	4.8%	0.9%	5.1%	13.1%
% IUD*	13.7%	29.6%	12.0%	13.6%	22.9%	26.4%	22.0%	27.5%	16.2%	13.5%	13.1%	16.11%
% Plan B	6.9%	5.6%	10.2%	10.5%	6.0%	7.0%	7.2%	6.5%	1.9%	4.5%	2.9%	2.7%
% Nuva-Ring*	10.1%	6.8%	7.2%	7.1%	8.5%	7.2%	8.0%	10.8%	5.6%	2.7%	1.6%	7.4%
% Natural FP	4.8%	3.0%	7.5%	5.4%	5.1%	6.1%	6.7%	8.4%	7.6%	9.9%	9.5%	10.1%
% Patch*	5.3%	6.4%	4.0%	5.1%	7.9%	7.0%	5.9%	9.6%	5.7%	5.4%	4.4%	6.0%
% Tubal*	0.8%	0.4%	0.5%	0.6%	2.1%	1.3%	3.7%	2.2%	7.6%	5.4%	5.8%	8.7%
% Vasectomy*	1.0%	0.4%	0.5%	0.6%	2.3%	2.2%	1.2%	1.9%	3.8%	5.4%	5.1%	8.1%
% Using effective contraception*	81.1%	76.0%	82.6%	81.1%	76.4%	72.5%	74.6%	76.5%	62.7%	62.1%	68.2%	74.3%

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

Table 4.9 uses multivariate analysis to examine the factors associated with respondents reporting that they used any contraceptives and those reporting that they used effective contraceptives. Effective contraceptives include the surgical and pharmacological methods. Use of any contraceptives was more common for those who had been enrolled more than 24 months and those who knew they were enrolled in Plan First. Use of effective contraceptives was more likely for women younger than 24 years and those that knew they were enrolled in Plan First. Women residing in PHAs 4 (Jefferson), 3 (West Central, Alabama), 8 (Eastern, Black Belt Counties) and 11 (Mobile) were significantly less likely to have *any* use of contraceptives since enrolling in the Plan First Program. No other factors were significantly associated with contraceptive use, suggesting that use is more widespread in DY13 than in previous years, when associations with education, race/ethnicity and marital status were observed.

Table 4.9. Factors associated with Use of Contraceptives, DY13

Variable	Since enrollment have you used any contraceptives?: Yes vs. No		(Among those reporting use) Use of more effective contraceptives ¹ vs. use of other contraceptive and none	
	N=844		N=839	
	Adjusted OR (95% CI)	P	Adjusted OR (95% CI)	P
Age, years				
19 – 24	Reference		Reference	
25 – 34	0.858 (0.530-1.388)	0.53	0.271 (0.100-0.732)	0.01**
≥ 35	0.841 (0.433-1.636)	0.61	0.243 (0.075-0.785)	0.02**
Race				
White	Reference		Reference	
Non-White	1.358 (0.834-2.211)	0.22	1.218 (0.543-2.729)	0.63
Hispanic				
No	Reference		Reference	
Yes	0.855 (0.179-4.081)	0.85	>999.999 (<0.001->999.99)	0.99
Education				

Variable	Since enrollment have you used any contraceptives?: Yes vs. No		(Among those reporting use) Use of more effective contraceptives ¹ vs. use of other contraceptive and none	
	N=844		N=839	
	Adjusted OR (95% CI)	P	Adjusted OR (95% CI)	P
< High-school	Reference		Reference	
High school or GED	1.127 (0.532-2.386)	0.76	0.653 (0.130-3.270)	0.60
> High-school	1.736 (0.823-3.662)	0.15	0.589 (0.123-2.823)	0.51
Length of enrollment, months				
< 6 – 12	Reference		Reference	
13 – 24	1.268 (0.789-2.036)	0.33	0.564 (0.258-1.229)	0.15
> 24	1.782 (1.061-2.992)	0.03*	0.873 (0.376-2.030)	0.75
Marital status				
Never married	Reference		Reference	
Currently married	0.867(0.502-1.498)	0.61	0.569 (0.247-1.310)	0.18
Previously married	0.792 (0.434-1.447)	0.45	1.269 (0.444-3.626)	0.66
Have you ever been pregnant?				
Yes	Reference		Reference	
No	0.709 (0.416-1.208)	0.21	0.722 (0.273-1.908)	.51
Area of residence				
PHA 1	Reference		Reference	
PHA 2	0.787 (0.268-2.309)	0.66	1.900 (0.332-10.884)	0.47
PHA 3	0.355 (0.132-0.955)	0.04*	3.613 (0.380-34.318)	0.26
PHA 4	0.254 (0.095-0.681)	0.001*	0.535 (0.130-2.204)	0.39
PHA 5	0.607 (0.220-1.675)	0.34	0.549 (0.147-2.052)	0.37
PHA 6	0.994 (0.314-3.147)	0.99	0.844 (0.210-3.391)	0.81
PHA 7	0.622 (0.194-1.992)	0.42	0.988 (0.189-5.152)	0.98
PHA 8	0.330 (0.122-0.897)	0.03*	1.409 (0.285-6.982)	0.67
PHA 9	0.450 (0.165-1.226)	0.12	2.191 (0.377-12.742)	0.38
PHA 10	0.938 (0.297-2.961)	0.91	0.802 (0.198-3.254)	0.76
PHA 11	0.358 (0.133-0.964)	0.04*	1.676 (0.282-19.954)	0.57
Did you know you were enrolled in Plan First?				
Yes	Reference		Reference:	
No	0.459 (0.269-0.782)	0.004*	0.355 (0.150-0.841)	0.02*

* Statistically significant; ¹Effective contraceptives: those using at least one of the following: tubal ligation, vasectomy, Norplant, Depo, BC pills, patch, IUD. Categorized based on method reported using most frequently.

Table 4.10 shows the results from a question added to the enrollee survey this year, which asks respondents which contraceptive method they are using now, and whether this is their first choice of method. Injectables and birth control pills are the most common current methods used, with substantial condom use among older women. Condoms are the least preferred methods. Almost 20% of respondents aged 25-34 years are currently using an IUD with 92% stating that it is their preferred method.

Table 4.10. Current Contraceptive Method Use and Preference

Method Using Now	Age 19-24 N=324		Age 25-34 N=391		Age 35+ N=141	
	%	% this is preferred method	%	% this is preferred method	%	% this is preferred method
Birth Control Pills	35.2%	90.4%	29.2%	88.6%	27.8%	100.0%
Depo Provera Injection	34.3%	91.0%	20.2%	92.4%	22.5%	97.1%
Condoms	7.4%	62.5%	11.5%	57.8%	13.3%	75.0%
IUD	9.3%	93.3%	18.2%	91.6%	11.9%	88.9%
Tubal ligation	0.0%	0.0%	2.1%	100.0%	8.0%	91.7%
Implanon	8.0%	84.6%	9.5%	100.0%	6.6%	90.0%
Withdrawal	0.3%	0.0%	0.8%	66.7%	5.3%	100.0%
Vasectomy	0.3%	100.0%	0.8%	66.7%	2.7%	100.0%
Patch	2.2%	100.0%	1.3%	100.0%	0.7%	100.0%
Natural Family Planning	0.0%	0.0%	1.0%	100.0%	0.7%	100.0%
Other	2.3%	100.0%	5.6%	90.9%	0.0%	0.0%
Not Sure	0.3%	100.0%	0.0%	0.0%	0.0%	0.0%
Plan B	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Method Using Now	Age 19-24 N=324		Age 25-34 N=391		Age 35+ N=141	
	%	% this is preferred method	%	% this is preferred method	%	% this is preferred method
None	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 4.11 shows the reasons that respondents who were not using birth control gave for their decision. The two major reasons reported were not being sexually active and concerns about side effects.

Table 4.11 Reasons for Not Using Birth Control

Primary reason for <u>not</u> using birth control (more than one response possible)	N = 239
Not sexually active	37.2%
Concerned about side effects/ choices	24.3%
Don't think you can get pregnant	16.3%
Want to get pregnant	14.6%
Can't pay for birth control	13.8%
Don't think birth control methods work	13.4%
Can't find a place to get family planning services/ bad experiences and provider	6.3%
Too much trouble/ can't take off work	3.3%
Religious reasons	1.7%
Partner does not want you to use	1.7%
Other reasons: breastfeeding, prefers not to use; unaware of benefit; uses condoms	1.7%

Use of Risk Assessments and Care Coordination – Claims Data

Table 4.12 continues our analysis of the provision of risk assessment services to Plan First clients. Ideally, every client should receive at least one risk assessment over the course of their care, so that high risk clients can be referred for care coordination services. Regardless of provider type, the rate of risk assessment has increased over the renewal period overall from 63% in DY9 to 67% in DY13. By DY11, there was a decline with just 57% of clients being risk assessed, either in the current year only (27%), in this year and past years (16%) or past years only (15%). DY12 showed a moderate increase in the assessment rate overall to 65% from the previous year. In the current evaluation year, the assessment rates increased slightly to 67% with increases in rates among those that saw private providers and providers that were neither public nor private. The portion of clients being assessed by public health providers has remained above 85% consistently over time.

Table 4.12 Provision of Risk Assessments to Plan First Clients

Overall rates	Number of Clients	This Year Only	Previous Years Only	This Year and Previous Years	Total n Assessed	% with Assessment Overall
DY9	59,473	17,452	9,025	11,173	37,660	63.3%
DY10	63,058	12,667	13,206	12,883	38,756	61.5%
DY11	70,365	18,796	10,402	11,171	40,369	57.4%
DY12	69,611	13,530	16,308	15,518	45,356	65.1%
DY13	75,660	14,849	16,391	19,419	50,659	67.0%

Table 4.12 (Continued) Provision of Risk Assessments to Plan First Clients by Provider Type

	Provider Type	Number of Clients	This Year Only	Previous Years Only	This Year and Previous Years	Total n Assessed	% with Assessment
DY9	Health Department	38,096	14,972	6,553	10,031	31,566	82.8%
	Both	5,203	2,480	800	1,142	4,422	85.0%
	Private Providers	11,844	0	967	0	967	8.2%
	Neither	4,330	0	705	0	705	16.3%
	Total	59,473	17,452	9,025	11,173	37,660	63.3%
DY10	Health Department	36,871	11,279	8,675	11,879	31,833	86.3%
	Both	3,487	1,388	957	1,004	3,349	96.0%
	Private Providers	14,318	0	2,058	0	2,058	14.4%
	Neither	8,032	0	1,516	0	1,516	18.9%
	Total	63,058	12,667	13,206	12,883	38,756	61.5%
DY11	Health Department	40,835	16,906	4,730	10,188	31,824	77.9%
	Both	4,067	1,890	401	983	3,274	80.5%
	Private Providers	15,592	0	3,135	0	3,135	20.1%
	Neither	9,871	0	2,136	0	2,136	21.6%
	Total	70,365	18,796	10,402	11,171	40,369	57.4%
DY12	Health Department	39,843	11,997	9,419	14,220	35,636	89.4%
	Both	4,063	1,533	821	1,298	3,652	90.6%
	Private Providers	15,258	0	3,358	0	3,358	22.0%
	Neither	10,447	0	2,710	0	2,710	25.9%
	Total	69,611	13,530	16,308	15,518	45,356	65.1%

	Provider Type	Number of Clients	This Year Only	Previous Years Only	This Year and Previous Years	Total n Assessed	% with Assessment
DY13	Health Department	36,550	11,146	5,944	16,078	33,168	90.7%
	Both	1,953	667	295	730	1,692	86.6%
	Private Providers	16,970	1,085	3,874	988	5,947	35.0%
	Neither	20,187	1,951	6,278	1,623	9,852	48.8%
	Total	75,660	14,849	16,391	19,419	50,659	67.0%

Table 4.13 shows the rate of risk assessments by county, comparing the two previous years to this year's rate. This does not take into account whether clients had previously had an assessment. The counts are derived from the number of bills submitted for payment for risk assessment services by providers.

Table 4.13 Risk Assessment Rates by County

		DY10		DY11		DY12		DY13	
PHA	County	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients
1	17	468	43.8%	548	49.2%	561	51.5%	663	55.1%
1	30	167	39.2%	173	37.3%	169	36.8%	204	41.9%
1	39	801	51.5%	908	55.8%	899	58.3%	1,029	59.7%
1	47	224	46.6%	284	57.0%	309	58.1%	389	66.5%
1	64	509	47.7%	579	51.6%	577	52.0%	751	64.5%
1	67	217	46.9%	179	52.0%	171	55.7%	211	60.6%
2	22	451	52.4%	539	55.5%	497	52.4%	681	63.3%
2	36	177	27.2%	159	22.9%	173	25.6%	201	27.6%

		DY10		DY11		DY12		DY13	
PHA	County	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients
2	40	342	64.5%	311	55.0%	359	64.5%	359	66.4%
2	42	385	41.2%	428	42.3%	412	41.7%	499	46.9%
2	45	763	28.1%	873	29.7%	801	28.0%	958	29.8%
2	48	427	50.8%	408	47.2%	392	45.0%	429	44.4%
2	52	698	51.7%	643	42.1%	562	38.8%	834	55.0%
3	4	187	47.4%	196	49.0%	197	48.1%	211	50.1%
3	29	134	55.8%	166	61.7%	176	64.7%	232	71.2%
3	32	147	51.4%	201	65.1%	179	56.8%	211	65.9%
3	38	160	60.8%	143	61.1%	145	62.5%	169	67.9%
3	54	363	71.9%	359	68.5%	305	63.0%	323	66.7%
3	63	1,777	57.0%	1,846	56.6%	1,806	57.4%	2,049	60.5%
4	37	2,674	35.8%	2,712	35.8%	2,068	27.6%	2,642	35.8%
5	5	278	34.6%	247	41.9%	261	46.0%	293	47.9%
5	10	204	63.0%	137	41.6%	156	46.2%	203	53.0%
5	25	435	43.2%	394	38.8%	398	39.9%	382	39.4%
5	28	837	60.9%	843	55.0%	891	56.1%	953	58.0%
5	58	480	54.1%	478	53.2%	471	55.9%	517	56.1%
5	59	624	58.6%	662	58.6%	687	58.4%	646	53.8%
6	8	816	41.2%	1,286	61.0%	994	48.3%	1,110	49.2%
6	9	321	51.2%	283	43.5%	341	51.0%	398	53.8%
6	14	162	58.5%	163	59.5%	131	55.0%	173	60.9%
6	15	113	53.6%	139	55.6%	120	45.1%	142	47.3%
6	19	83	52.9%	83	52.2%	67	50.4%	68	56.2%
6	56	200	55.1%	225	57.4%	216	57.1%	259	63.3%

		DY10		DY11		DY12		DY13	
PHA	County	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients
6	61	617	43.2%	691	46.4%	574	39.6%	588	39.9%
6	62	403	58.2%	425	59.3%	399	56.2%	543	68.1%
7	12	182	61.1%	175	55.9%	191	61.4%	257	75.8%
7	24	455	33.5%	460	33.3%	467	34.1%	669	43.4%
7	33	261	54.6%	288	57.7%	286	57.0%	405	73.4%
7	43	116	34.2%	137	41.4%	139	42.9%	199	53.2%
7	46	304	58.7%	240	49.4%	264	50.7%	338	55.1%
7	53	136	37.6%	153	41.1%	176	44.8%	244	58.5%
7	60	217	47.3%	197	45.6%	208	49.5%	293	60.9%
7	66	284	60.8%	264	57.3%	273	59.2%	340	69.4%
8	1	260	44.3%	290	45.7%	332	50.8%	299	44.2%
8	6	98	40.3%	97	34.4%	98	36.7%	116	37.7%
8	11	342	56.4%	330	54.0%	353	56.4%	321	51.9%
8	26	266	39.4%	270	35.3%	323	40.8%	351	39.8%
8	41	515	46.7%	443	37.1%	615	48.4%	586	43.2%
8	44	242	54.8%	258	53.8%	286	56.5%	226	44.2%
8	51	1,474	35.4%	1,468	32.9%	1,417	32.8%	1,628	33.1%
8	57	549	54.6%	434	45.0%	384	42.7%	412	45.4%
9	2	323	17.5%	343	16.2%	439	19.1%	447	17.6%
9	7	288	56.1%	241	50.2%	287	55.5%	364	59.9%
9	13	370	56.3%	358	52.3%	385	56.2%	449	58.9%
9	18	96	42.9%	105	45.1%	97	42.4%	133	50.6%
9	20	238	35.3%	211	32.5%	234	34.8%	359	48.2%
9	27	289	40.6%	235	32.2%	296	41.5%	321	40.2%

		DY10		DY11		DY12		DY13	
PHA	County	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients	Number assessed	% assessed of all clients
9	50	152	41.0%	192	50.1%	176	48.4%	243	53.1%
9	65	137	44.5%	106	32.3%	94	30.8%	124	44.0%
10	3	260	56.6%	252	50.9%	303	60.1%	409	66.0%
10	16	199	42.3%	403	69.4%	420	71.3%	448	66.3%
10	21	169	55.1%	197	60.1%	182	52.2%	368	68.5%
10	23	389	57.6%	547	69.8%	488	62.2%	595	66.0%
10	31	205	55.1%	380	77.2%	345	70.6%	392	73.3%
10	34	106	47.8%	120	49.4%	135	54.7%	222	70.7%
10	35	995	66.9%	1,333	70.7%	1,360	69.6%	1,584	73.8%
10	55	366	53.5%	465	60.6%	437	60.0%	563	63.4%
11	49	941	12.3%	1,261	16.7%	1,090	15.0%	1,340	16.0%
Total		27,708	48.1%	29,964	42.6%	29,044	41.8%	34,365	53.9%

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 4.14 shows that a total of 12,474 clients were assessed as high risk in DY13. This is 17% of all clients using services in DY13 (from Table 4.11, total clients = 75,660), and 36% of all of those clients assessed during the year (from Table 4.11, total clients assessed in DY13 = 34,268). An additional 6,992 service users in DY13 had been assessed as high risk in DY11 or DY12. Table 4.14 also shows that almost all of the clients assessed as high risk in DY12 received case management services and about two-thirds of those who had previously been assessed as high risk and who returned for services in DY13 continued to receive case management services.

Table 4.14. Portion of High Risk Clients Receiving Case Management Services

	Number Assessed as high risk	Number receiving case management services	Percent receiving case management services in DY13
Assessed as high risk in DY13 only	12,474	12,238	98.1%
Assessed as high risk in DY11 or DY12 and also in DY13	6,992	6,966	99.6%
Assessed as high risk in DY11 or DY12 only	9,968	6,489	65.1%

Table 4.15 compares service use for clients with and without care coordination. Proportions have remained fairly consistent over recent years. Case management clients had more public family planning visits in the year on average and were more likely to receive birth control pills and Depo-Provera injections.

Table 4.15 Use of Services by Clients With and Without Care Coordination

	DY10		DY11		DY12		DY13	
	No	Yes	No	Yes	No	Yes	No	Yes
Care Coordination?								
N	43,967	22,983	46,786	23,579	45,882	23,729	47,951	27,709
Mean number of CM visits	0	7	0	6.7	0	7.2	0	7.1
Care Coordination units								
% with public visits	39.1%	69.7%	40.3%	73.8%	44.0%	100.0%	37.5%	74.0%
Mean number <u>public</u> visits for those with any	3.3	4.5	4	5.5	5.2	12.9	4.8	6.4
% with private visits	36.0%	12.2%	33.8%	10.9%	36.4%	11.1%	33.0%	11.2%
Mean number <u>private</u> visits for those with any	3.8	3.9	4.1	4.6	4.7	5.2	4.2	5.1

Care Coordination?	DY10		DY11		DY12		DY13	
	No	Yes	No	Yes	No	Yes	No	Yes
% with HIV counseling	14.1%	25.1%	0.5%	0.2%	1.1%	0.5%	2.1%	3.8%
% with tubal ligations	1.5%	1.1%	1.3%	0.9%	1.1%	0.8%	1.3%	0.9%
% with birth control pills	18.7%	31.3%	15.3%	28.9%	22.5%	4.8%	1.4%	2.2%
% with Depo Provera	18.9%	32.2%	16.4%	34.0%	15.3%	35.6%	15.4%	36.6%

Primary Care Referrals – Survey Data

For the past several years, enrollee surveys have included a series of questions on receipt of referrals to primary care from family planning providers. In general, about 11% of enrollees reported discussing a non-family planning problem with their family planning provider. The portion of those respondents who learned of a medical problem at the family planning visit that received a referral for care has remained stable at about 69% over this period. The performance target for this measure is 80% referrals for those with an identified problem.

Table 4.16 Referrals for Care for Clients With and Without a Usual Source of Care for Other Medical Problem(s)

	Doctor or nurse told client about other medical problems					(Among those told of a problem) Doctor or nurse suggested place for treatment				
	DY9	DY10	DY11	DY12	DY13	DY9	DY10	DY11	DY12	DY13
Overall N (%)	141 (12.1%)	101 (9.4%)	105 (10.3%)	124 (12.1%)	117 (11.4%)	92 (65.3%)	78 (77.2%)	72 (68.6%)	81 (65.3%)	80 (68.4%)
Usual source of care	12.0%	10.0%	10.3%	13.2%	14.3%	67.6%	77.4%	66.7%	70.1%	66.7%
No usual source of care	13.3%	8.9%	10.3%	10.6%	8.0%	62.9%	77.1%	70.6%	62.8%	72.2%

Table 4.17 shows that the proportion of respondents who sought care for their health problem declined just slightly in DY13 from DY12. The portion who received care increased to 61% in DY13 compared to less than 60% in reports in the past two years. Women with a usual source of care were more likely to receive care for their identified medical problem than were those without a usual source of care.

Table 4.17 Use of Care for Clients With and Without a Usual Source of Care for Other Medical Problem(s)

	(Of those told of a problem) Tried to get care for the other problem(s)					(Of those told of a problem) Received care for the other problem(s)				
	DY9	DY10	DY11	DY12	DY13	DY9	DY10	DY11	DY12	DY13
Overall N (%)	95 (67.3)	77 (76.2)	65 (61.9)	86 (69.4)	80 (68.4)	95 (67.5%)	63 (68.5)	59 (58.4)	66 (55.9)	67 (60.9)
Usual source of care	66.2%	79.3%	68.5%	74.7%	77.8%	67.6%	76.1%	65.4%	63.5%	68.0%
No usual source of care	68.6%	72.9%	54.9%	61.4%	47.2%	67.1%	63.6%	51.0%	44.2%	43.8%

Tables 4.18 and 4.19 examine the reasons why women reported not being able to get care for the medical problem identified by the family planning provider. The most common problem reported was the inability to pay for the care. This has been consistent over the past five years, but the portion reporting affordability concerns increased substantially since DY10. These findings suggest that making resources on low cost primary care services available to Plan First clients could help facilitate access to this care. There is no indication that rates of referral or ability to access primary care services have improved over the renewal period.

Table 4.18 Reasons for Not Trying to get Care for Other Medical Problems

Of those who reported <u>not</u> seeking care for the medical problem	DY9	DY10	DY11	DY12	DY13
	N=46	N=24	N= 40	N= 37	N=37
I can't afford to get care for these problems N (%)	23 (50.0%)	13 (54.1%)	30 (75.0%)	25 (70.2%)	25 (73.5%)
I don't know where to go to get treatment for these problems N (%)	2 (4.3%)	1 (4.1%)	1 (2.5%)	8 (21.6%)	5 (13.5%)
I don't think these problems really need treatment N (%)	4 (8.6%)	2 (8.3%)	3 (7.5%)	3 (8%)	4 (10.8%)
I don't have time to get treatment for these problems N (%)	3 (6.5%)	2 (8.8%)	1 (2.5%)	5 (13.5%)	3 (8.1%)
I don't have transportation to get treatment for these problems N (%)	2 (4.3%)	1 (4.1%)	1 (2.5%)	5 (13.5%)	6 (16.2%)
Other - uninsured or not aware of being insured, provider wouldn't take Medicaid (%)	---	---	---	---	4 (13.5%)

Table 4.19 Reasons for Not Receiving Care if Sought

Of those who reported <u>not</u> receiving care for the medical problem	DY9	DY10	DY11	DY12	DY13
	N=35	N=27	N=42	N=51	N=43
I couldn't find a doctor who would see me for this problem N (%)	6 (17.1%)	2 (7.4%)	5 (11.9%)	2 (4.0%)	4 (9.8%)
I had to miss my appointment N (%)	0 (0.0%)	0 (0.0%)	2 (4.8%)	0 (0.0%)	0 (0.0%)
I couldn't pay for the care N (%)	18 (51.4%)	16 (59.3%)	22 (52.4%)	33 (64.7%)	27 (62.8%)
Any other reasons for inability to get treatment N (%)	10 (28.6%)	8 (29.6%)	12 (28.6%)	15 (29.4%)	2 (4.7%)

Smoking Cessation Activity at Family Planning Visits

As of October 2012, Plan First covers smoking cessation treatment. In the DY11 survey (conducted in the summer of 2012) we collected data on whether family planning visits included smoking cessation counseling, in order to have baseline data for future comparison years. The same questions were repeated in the DY12 and DY13 surveys. Among Plan First enrollees who completed the survey in DY13, roughly 31% had smoked any cigarettes in the past year. The portion of clients who were asked about smoking was the same in the two years after the program started. In DY12, almost all smokers were advised to quit whereas in DY13, 80% of smokers who discussed smoking at their family planning visit reported being advised to quit smoking. In DY13, less than one-half of those who discussed smoking with their provider were advised on a specific method to quit smoking. When advised, providers discussed the Quitline (44%) and the use of NRTs - Patch 31% and Gum (24%).

Table 4.20 Discussion of Smoking at Family Planning Visit

	DY11 (before Plan First coverage)	DY12 (after Plan First coverage)	DY13 (after Plan First coverage)
In the past year, have you smoked any cigarettes?	343 (36.3%)	317 (30.8%)	312 (30.5%)
For <u>smokers</u> , did your Family Planning Provider ask you about smoking?	313 (91.2% of smokers)	281 (88.6% of smokers)	268 (85.9% of smokers)
For <u>non-smokers</u> , did your Family Planning Provider ask you about smoking?	N/A	550 (77.4% of non-smokers)	541 (76.2% of non-smokers)
For smokers who discussed smoking with their providers, did your Family Planning Provider advise you to quit smoking?	245 (78.3% of those who discussed smoking)	267 (95.0% of those who discussed smoking)	215 (80.2% of those who discussed smoking)
Were you advised on a specific method to quit smoking?	105 (33.5% of those who discussed smoking)	191 (68.0% of those who discussed smoking)	126 (47.0% of those who discussed smoking)

Table 4.20 (continued) Method of Quitting Advised to Smokers

Method	DY11 N (% of all who discussed smoking advised on this method)	DY12 N (% of all who discussed smoking advised on this method)	DY13 N (% of all who discussed smoking advised on this method)
Nicotine gum	51 (16.3%)	96 (34.2%)	65 (24.2%)
Nicotine patch	68 (21.7%)	107 (38.1%)	82 (30.6%)
Nicotine nasal spray or inhaler	7 (2.2%)	24 (8.5%)	15 (5.6%)
Prescription pill	6 (1.9%)	22 (7.8%)	21 (7.8%)
Quit Line	77 (24.6%)	150 (53.4%)	119 (44.4%)

Summary and Conclusions

The distribution of service users across providers has been fairly consistent over time in Plan First, with almost one-half of clients using health department care and close to one-quarter using private provider care. The type of provider services offered by each provider type has been consistent. While there were steep declines in services related to birth control pills among private providers, this may be due to changes in provision practices (e.g., if women received free samples from their private providers, claims data would have no record of birth control pill use). While clients less frequently reported receiving tubal ligations or partner vasectomy in current years, 78% report using another effective type of contraceptive. The reasons respondents give most frequently for not using contraceptives include not being sexually active, concern about side effects, and they don't think they can get pregnant.

The portion of Health Department clients receiving risk assessments has increased markedly over time to more than 80% as of DY12. However, because very

few enrollees who use private providers receive risk assessments, the net portion of the Plan First service using population with risk assessments in either the current year or in previous years or both is 67%. Slightly more than one-third of those assessed are categorized as high risk and almost all of these receiving care management services. As observed in previous years, use of services is higher among clients who receive care management.

Referral to primary care services for health problems beyond family planning has remained stable over time at roughly 60% but is below the performance target of 80%. Following the beginning of coverage for smoking cessation products, the proportion of smokers who were advised to quit was at 95% in DY12, but has declined to 80% in the current demonstration year. The portion of smokers that were advised on a specific cessation method has also declined from 68% in DY12 to 47% in DY13.

Goal 5. Decrease birth rates among Plan First service users relative to what birth rates would have been in the absence of the Plan First demonstration.

Performance Target

Our goal is to maintain the overall birth rate of about 100 births per 1000 Plan First enrollees.

Findings

Overall Medicaid Birth Rates

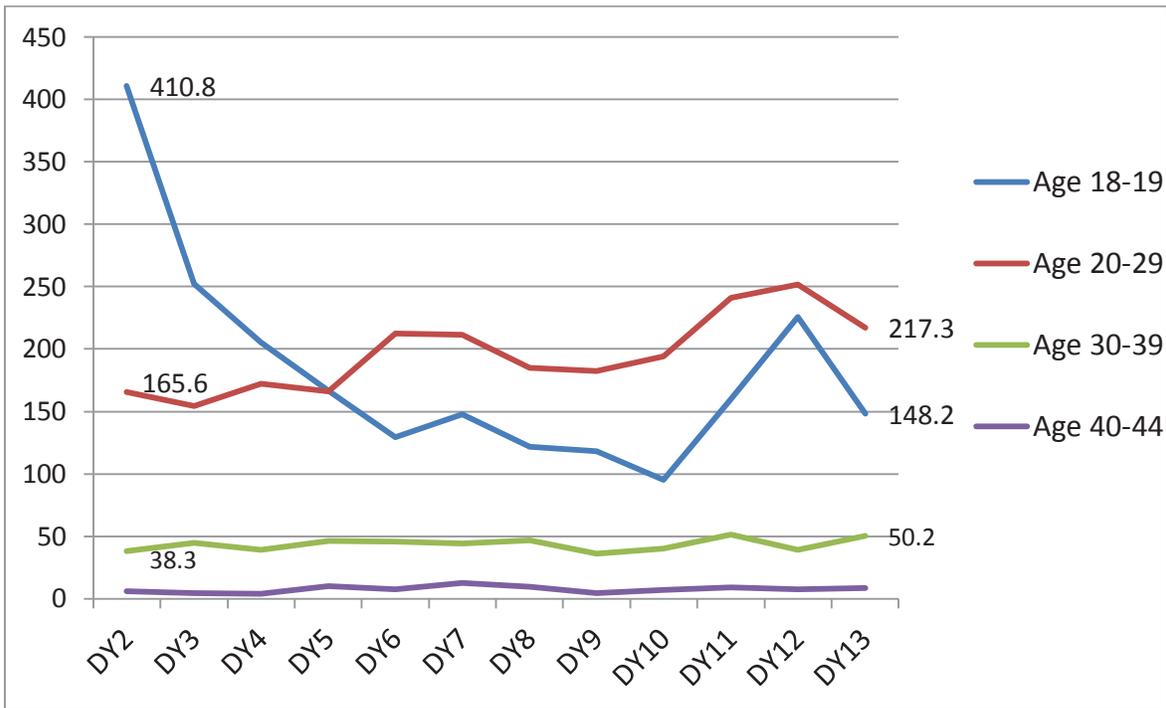
Table 5.1 shows trends in deliveries covered by Medicaid through the SOBRA program from 2002 through 2013, or Demonstration Years 2 through 13 of Plan First. The population denominators are drawn from Table 1.1. (except that, for consistency, we retain the practice of using the counts of women only through age 44) showing the number of women estimated to be eligible for both Plan First and SOBRA coverage. The number of births is drawn from Medicaid claims for delivery services. The table shows that the trend in overall birth rates has fluctuated between 100 and 125 per thousand over the decade, with a lower rate in 2008-2009 and higher rates in 2006-2007 and 2010 -2011. Birth rates to women ages 18 to 19 declined significantly over the entire period but that may be a distortion based on the very low census count for women in the age group in that year - actual births are about the same as the previous year. There was also a steady incline among women aged 20 to 29 years since DY2. Figure 5.1 shows the trends in graph form.

A weakness of this analysis is the instability of the eligible population counts over time. As noted above, the eligible population counts are based on income and insurance coverage estimates made from surveys collected by the Census Bureau annually. As the numbers in Table 5.1 indicate, in Years 6 and 7 there was a slight increase in actual number of deliveries covered by Medicaid, but a decrease in the estimated size of the eligible population. In Year 8 there was a decline in both the number of deliveries covered by Medicaid and the estimated size of the eligible population. In Year 9 the number of births was stable, but the estimated eligible population increased because of the economic recession. In Year 10, the estimated eligible population decreased and the number of births decreased markedly. Births in Year 11 were similar to those in Year 10, but the estimated number of eligible women declined. In Year 13, the estimated number of eligible women declined somewhat, but the count shifted from older women to younger women.

Table 5.1 Birth Rates for Population Estimated to be Eligible for SOBRA Medicaid 2002-2013

	DY2 (2001- 2002)	DY3 (2002- 2003)	DY4 (2003- 2004)	DY5 (2004- 2005)	DY6 (2005- 2006)	DY7 (2006- 2007)	DY8 (2007- 2008)	DY9 (2008- 2009)	DY10 (2009- 2010)	DY11 (2010- 2011)	DY12 (2011- 2012)	DY13 (2012- 2013)
Pop age 18-19	8,908	13,491	17,583	19,733	27,410	23,960	22,702	26,182	28,613	16,907	11,175	15,556
Births	3,659	3,407	3,610	3,285	3,547	3,540	2,766	3,094	2,720	2,706	2,520	2,306
Birthrate/1000	410.8	252.5	205.3	166.5	129.4	147.7	121.8	118.2	95.1	160.1	225.5	148.2
Pop age 20-29	89,075	99,714	92,480	103,333	82,999	86,556	91,773	91,482	82,861	68,131	64,757	78,388
Births	14,747	15,390	15,903	17,143	17,621	18,288	16,960	16,667	16,084	16,411	16,315	17,032
Birthrate/1000	165.6	154.3	172.0	165.9	212.3	211.3	184.8	182.2	194.1	240.9	251.9	217.3
Pop age 30-39	63,080	59,735	69,823	64,731	68,543	74,688	64,297	89,264	84,550	74,934	95,793	83,652
Births	2,414	2,681	2,732	2,983	3,134	3,309	3,001	3,225	3,396	3,857	3,756	4,199
Birthrate/1000	38.3	44.9	39.1	46.1	45.7	44.3	46.7	36.1	40.2	51.5	39.2	50.2
Pop age 40-44	27,460	39,899	47,442	20,862	26,261	17,723	18,584	46,280	28,163	28,454	34,436	25,985
Births	160	176	196	206	202	221	175	201	191	249	251	226
Birthrate/1000	5.8	4.4	4.1	9.9	7.7	12.5	9.4	4.3	6.8	8.8	7.3	8.7
Total	188,523	212,839	227,328	208,659	205,213	202,925	197,356	253,209	224,188	188,427	206,161	203,581
Births	20,980	21,654	22,441	23,617	24,504	25,358	22,902	22,886	22,391	23,223	23,703	24,547
Birthrate/1000	111.3	101.7	98.7	113.2	119.4	125.0	116.0	90.4	99.9	123.3	115.0	120.6

Figure 5.1. Trends in Medicaid Births per Thousand Rates by Age Group



Estimate of Births Averted

The renewals of the Plan First waiver maintained the same approach to estimating births averted, although the terms for estimating budget neutrality changed to a budget limit model. To estimate budget neutrality we use a baseline birth rate period of 1998-1999 to calculate the number of births we would expect to see among the current Plan First service users. This number is adjusted for the age and race composition of the service-using population. Per agreement with CMS, women who received tubal ligations through the demonstration program in all years are included in the participant denominator for estimating births averted, as they would have been active in the population if they had not received the waiver services.

While historically we have compared these expected births to the number of births actually occurring among the Plan First service users in the Demonstration year, in this evaluation we will use the more appropriate approach of counting births that occurred from pregnancies that started during the demonstration year. This

approach does not count births that occurred before a participant enrolled in Plan First, but does count births 9 months out from the end of the demonstration year. For this reason, births averted are shown here for years 9, 10, 11 and 12. Over this time period, the portion of expected births averted via participation in Plan First has declined slightly, from 80% to 72%.

Table 5.2. Births Averted Estimate Comparing Expected Births based on Baseline Fertility Rates to Actual Births

	DY9	DY10	DY11	DY12
Number of Participants (excludes Native Americans, includes women with tubal ligations since DY 1)	59,783	63,389	71,333	81,699
Expected births, adjusted for demographics	14,813	15,640	16,955	16,684
Actual Births	2,959	3,327	3,890	4,632
Births Averted	11,854	12,313	13,065	12,002
% of Expected Births Averted	80.0%	78.7%	77.0%	71.9%

Estimate of Birth Rates

As an alternative approach to examining birth rates for demonstration participants, we have calculated the birth rates for enrollees who did not use services and enrollees in seven 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 are included if they occurred up to nine months after the end of the demonstration year. Because of this time lag, data are only available at this point to complete the estimates for Demonstration years before the current year.

The data for the previous years, DY10 and DY11, are shown in Tables 5.3 and 5.4. The data for the year currently being assessed in this way, DY12, are shown in Table 5.5. As in previous years, the group of service users in DY12 with the lowest birth rates is those who received risk assessments, but were not categorized as high risk and therefore needing care coordination services. The group of service users with the highest birth rates was those who used some Plan First service, but did not have an actual visit. The group with the highest birth rates overall were enrollees who used no Plan First services.

As assessed in DY12, birth rates to Plan First met the performance target of 100 births or less per thousand per enrollee. The birth rate for enrollees in DY12 was 77.3 per thousand.

Table 5.3 Birth Rates for Enrollees and Service Users, Demonstration Year 10

Enrollees in DY10 = 120,359							
No use of FP Services in DY10 = 58,308 (48.4%)	Any Use of FP Services in DY10 = 63,068 (52.4%)						
Number with deliveries in DY10 before enrollment = 6,059 (5.0%)	Number with deliveries in DY10 before service use = 4,951 (4.1%)						
Number with deliveries within 9 months of enrollment (pregnant at enrollment) = 285 (0.2%)	Number with deliveries within 9 months of first service use (pregnant at first service use) = 1,220 (1.0%)						
	Non-Title X visits only		Title X visits				
Number with deliveries within 9 months of enrollment (pregnant at enrollment) = 285 (0.2%)	Number with no visit in Year 10 = 16,003 (13.3%)	Number with no Assess or CC in Year 10 = 13,799 (11.5%)	Number with Assess, no CC in Year 10 = 381 (0.3%)	Number with CC in Year 10 = 1,605 (1.3%)	Number with no Assess or CC in Year 10 = 7,142 (5.9%)	Number with Assess, no CC in Year 10 = 9,262 (7.7%)	Number with CC in Year 10 = 15,201 (12.6%)
Number with births from pregnancies beginning in DY10 = 4,184 (3.5%)	Number with no visit in Year 10 = 1175	Number with births from pregnancies beginning in Year 10 = 597	Number with births from pregnancies beginning in Year 10 = 26	Number with births from pregnancies beginning in Year 10 = 101	Number with births from pregnancies beginning in Year 10 = 403	Number with births from pregnancies beginning in Year 10 = 326	Number with births from pregnancies beginning in Year 10 = 711
Birth rate for non-service using enrollees not pregnant or immediately post-partum (4,184/51,964) = 80.5 per thousand	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate
	73.4 per thousand	43.3 per thousand	68.2 per thousand	62.9 per thousand	56.4 per thousand	35.2 per thousand	46.8 per thousand
	Overall Birth rate for service users not pregnant or immediately post-partum (3,339/56,897) = 58.7 per thousand						
Overall Birth rate for Plan First enrollees not pregnant or immediately post-partum (7,523/108,861) = 69.1 per thousand							

Table 5.4 Birth Rates for Enrollees and Service Users, Demonstration Year 11

Enrollees in DY11 = 127,971						
No use of FP Services in DY11 = 57,247 (44.7%)	Any Use of FP Services in DY11 = 70,724 (55.3%)					
Number with deliveries in DY11 before enrollment = 7,222 (12.6%)	Number with deliveries in DY11 before service use= 4,419 (6.2%)					
Number with deliveries within 9 months of enrollment (pregnant at enrollment) = 422 (0.7%)	Number with deliveries within 9 months of first service use (pregnant at first service use)= 1,979 (2.8%)					
Number with deliveries within 9 months of enrollment (pregnant at enrollment) = 422 (0.7%)	Non-Title X visits only	Number with no visit in Year 11 = 8,203 (12.7%)	Number with no CC in Year 11 = 13,619 (21.2%)	Number with CC in Year 11 = 0 (0.0%)	Number with no Assess or CC in Year 11 = 7,228 (11.2%)	Number with Assess, no CC in Year 11 = 12,979 (20.2%)
Number with births from pregnancies beginning in DY11 = 4,595 (8.0%)	Number with births from pregnancies beginning in Year 11 = 603	Number with births from pregnancies beginning in Year 11 = 762	Number with births from pregnancies beginning in Year 11 = 0	Number with births from pregnancies beginning in Year 11 = 0	Number with births from pregnancies beginning in Year 11 = 514	Number with births from pregnancies beginning in Year 11 = 1,346
Birth rate for non-service using enrollees not pregnant or immediately post-partum (4,595 /49,603) = 92.6 per thousand	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate
	73.5 per thousand	56.0 per thousand	0 per thousand	0 per thousand	73.0 per thousand	39.6 per thousand
	Overall Birth rate for service users not pregnant or immediately post-partum (3,753/64,326)= 58.3 per thousand					
Overall Birth rate for Plan First enrollees not pregnant or immediately post-partum (8,348/113,929) = 73.3 per thousand						

Table 5.5 Birth Rates for Enrollees and Service Users, Demonstration Year 12

		Enrollees in DY12 = 136,096							
No use of FP Services in DY12 = 66,096 (48.6%)	Any Use of FP Services in DY12 = 70,000 (51.4%)								
Number with deliveries in DY12 before enrollment = 6,858 (10.4%)	Number with deliveries in DY12 before service use= 3,883 (5.6%)								
Number with deliveries within 9 months of enrollment (pregnant at enrollment) = 6,331 (9.6%)	Number with deliveries within 9 months of first service use (pregnant at first service use)= 2,007 (2.9%)								
Number with deliveries from pregnancies beginning in DY12 = 45,240 (7.9%)	Non-Title X visits only	Number with no visit in Year 12 = 8,730 (13.6%)	Number with no Assess or CC in Year 12 = 13,593 (21.2%)	Number with no Assess no CC in Year 12 = 0 (0.0%)	Number with CC in Year 12 = 0 (0.0%)	Title X visits	Number with no Assess or CC in Year 12 = 7,005 (10.9%)	Number with Assess no CC in Year 12 = 12,221 (19.1%)	Number with CC in Year 12 = 22,561 (35.2%)
Birth rate for non-service using enrollees not pregnant or immediately post-partum (5,240 /53,998) = 97.0 per thousand	Number with births from pregnancies beginning in Year 12 = 685	Number with births from pregnancies beginning in Year 12 = 833	Number with births from pregnancies beginning in Year 12 = 0	Number with births from pregnancies beginning in Year 12 = 0	Number with births from pregnancies beginning in Year 12 = 0	Number with births from pregnancies beginning in Year 12 = 497	Number with births from pregnancies beginning in Year 12 = 575	Number with births from pregnancies beginning in Year 12 = 1,306	
	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate	Birth rate	
	78.5 per thousand	61.3 per thousand	0 per thousand	0 per thousand	0 per thousand	70.9 per thousand	47.1 per thousand	57.9 per thousand	
	Overall Birth rate for service users not pregnant or immediately post-partum (38,961/64,110)= 60.8 per thousand								
Overall Birth rate for Plan First enrollees not pregnant or immediately post-partum (9,136/118,108) = 77.3 per thousand									

Table 5.6 summarizes the birth rates for the Plan First Demonstration since the first year of the first approved waiver. Four rates are shown. The first is the estimate of the number of births that would have occurred to women enrolled in Plan First, if they maintained the fertility rates we estimated for the Medicaid eligible population in 1998-1999. This is calculated by multiplying the baseline fertility rates for age/race group by the race/age composition of the enrolled population in the year. The second is the birth rate actually observed for enrollees in the waiver, using the estimate described for Table 5.2. The third is the overall birth rate for Plan First service users, and the fourth is the overall birth rate for non-service users. The table also shows the proportion of enrollees using any services during the demonstration year. Data are shown only through DY12, because births are counted through nine months after the end of the demonstration year.

Table 5.6 shows a fairly stable birth rate for enrollees and service users. The rates are considerably lower than the estimated fertility rates for the population based on births to Medicaid recipients in 1998-1999. This could be because the Plan First enrollee population includes more post-partum women than the general population, because women are automatically enrolled in Plan First when their Medicaid maternity coverage concludes. These women probably have a lower fertility rate than the general Medicaid maternity eligible population. Also, the decline in birth rates for the enrollee group not using services shows the effect of the annual renewal requirement, which is reducing the number of consistent non-users of family planning services who remain enrolled. Still, it is clear that receiving services through Plan First reduces the likelihood that women will become pregnant.

Table 5.6 Birth Rates in Plan First over First Ten Years

	Estimated birth rate that would have occurred for Plan First enrollees if fertility rates continued at pre-waiver levels	Actual birth rates for all Plan First enrollees – pregnancies starting during DY	Percent service users of enrollees	Actual birth rates for service users – pregnancies starting during DY	Actual birth rates for enrollees who did not use any services during DY
DY1	189.8/1000	60.0/1000	46.8%	47.8/1000	72.3/1000
DY2	200.7/1000	87.5/1000	49.0%	54.3/1000	118.9/1000
DY3	204.7/1000	96.6/1000	47.4%	56.5/1000	131.1/1000
DY4	205.9/1000	92.0/1000	47.5%	56.2/1000	122.9/1000
DY5	202.6/1000	98.3/1000	45.4%	58.6/1000	121.7/1000
DY6	224.1/1000	81.8/1000	33.0%	31.1/1000	105.4/1000
DY7	215.0/1000	57.2/1000	47.9%	44.0/1000	69.7/1000
DY8	214.8/1000	75.7/1000	49.6%	65.0/1000	86.6/1000
DY9	127.1/1000	59.1/1000	54.3%	43.3/1000	78.2/1000
DY10	202.3/1000	69.1/1000	52.4%	58.7/1000	80.5/1000
DY11	200.1/1000	73.3/1000	55.4%	58.3/1000	92.6/1000
DY12	180.1/1000	77.3/1000	51.8%	60.8/1000	97.0/1000

Summary and Conclusions

By several measures, the Plan First program continues to reduce the likelihood that potentially Medicaid eligible women will become pregnant. The performance target was met for this measure. The group of enrollees with the lowest birth rates was clients who used Title X clinics, received risk assessments, and were not categorized as high risk.

Plan First continues to meet the performance goal of 100 births per thousand enrollees or less.

Methodological Appendix

Census Based Estimate of Potential Eligibles

The methodology used to estimate the population denominators for Table 1.1 was as follows. Plan First covers women up to 133% of the FPL, excluding those eligible for full Medicaid coverage under the MLIF program. The income threshold for that program is about 20% of the FPL. The microdata from the CPS were used to estimate the potentially eligible population in the following way: For each available year, we generated a table for Alabama females in our four selected age groupings using three of the available income-to-poverty-level ratios: below 50% of the federal poverty level (FPL), 50-125% of the FPL and 125-150% of the FPL. We included counts in the CPS table for women reporting and not reporting Medicaid coverage.

For the count of women below 50% of the FPL in each age group, we assumed that the number was evenly distributed across income levels, so we estimated the number of women under 20% of the FPL as 40% of the total. We used the count of women below 50% FPL who were covered by Medicaid to estimate a percentage of the category covered by Medicaid. We applied that percentage to the number under the 20% income threshold to estimate how many of the women in this income category had Medicaid coverage under MLIF. This estimated number was subtracted from the total count of women below 50% of the FPL; the remainder of the women was assumed to be potentially eligible for Plan First. The entire count of women between 50% and 125% of the FPL in each age category were added to the eligible population count. We then assumed that the count of women between 125% and 150% of the FPL was evenly distributed across income levels, so that 32% of this group would represent the count of women between 125 and 133% of the FPL. We added 32% of the count of women in this income category to the count of women potentially eligible for Medicaid. This was done for each age grouping. Where CPS did not provide an estimate for the number of women covered by Medicaid in the lowest income group, we assumed that all of those women were eligible for Plan First.

Demographics of Survey Respondents

Table A.1. Demographic composition of survey respondents

	DY9	DY10	DY11	DY12	DY13
Demographic characteristic	N=1,164	N=1,144	N=1,126	N=1,126	N=1,127
	N (%)	N (%)	N (%)	N (%)	N (%)
Age (years)					
19	36 (3.1)	39 (3.4)	16 (1.42)	55 (4.9)	45 (4.0)
20 – 29	851 (73.1)	748 (65.4)	529 (47.0)	710 (63.1)	686 (60.9)
30 – 39	231 (19.9)	288 (25.2)	244 (21.7)	267 (23.7)	309 (27.4)
40+	44 (3.8)	50 (4.4)	82 (7.3)	88 (7.8)	87 (7.7)
Not answered¹	2 (0.2)	19 (1.7)	255 (22.6)	6 (0.5)	0
Race					
Black	581 (49.9)	630 (55.1)	388 (34.5)	561 (49.8)	593 (52.6)
White	531 (45.6)	468 (40.9)	444 (39.4)	504 (44.8)	495 (43.9)
American Indian	8 (0.7)	9 (0.8)	8 (0.7)	13 (1.1)	9 (0.8)
Asian/Pacific Islander	4 (0.3)	4 (0.4)	6 (0.5)	8 (0.7)	8 (0.7)
Other	37 (3.2)	30 (2.6)	23 (2.0)	38 (3.4)	19 (1.7)
Don't know/Not sure	1 (0.1)	2 (0.2)	1 (0.1)	1 (0.1)	1 (0.1)
Refused	2 (0.2)	1 (0.1)	1 (0.1)	1 (0.1)	2 (0.2)
Not answered¹			255 (22.6)		
Hispanic					
Yes	30 (2.6)	31 (2.71)	30 (2.7)	42 (3.7)	20 (1.8)
No	1,131 (97.2)	1,113 (97.3)	839 (74.5)	1,080 (95.9)	1,107 (98.2)
Not Answered¹			255 (22.6)	2 (0.4)	

	DY9	DY10	DY11	DY12	DY13
Demographic characteristic	N=1,164	N=1,144	N=1,126	N=1,126	N=1,127
	N (%)				
Marital status					
Married	231 (19.9)	214 (18.7)	248 (22.0)	22(20.2))	249 (22.1)
Widowed	12 (1.0)	11 (1.0)	12 (1.1)	10 (0.9)	8 (0.7)
Divorced	110 (9.5)	95 (8.3)	101 (9.0)	97 (8.6)	112 (9.9)
Separated	74 (6.4)	71 (6.2)	77 (6.8)	78 (6.9)	79 (7.0)
Never married	732 (62.9)	749 (65.5)	684 (60.7)	712 (63.2)	675 (59.9)
Refused/ Don't know/Not sure	5 (0.4)	4 (0.4)	4 (0.4)	1 (0.1)	4 (0.4)
Education					
Less than high-school	133 (11.4)	112 (9.8)	94 (8.3)	96 (8.5)	80 (7.1)
High school or GED	418 (35.9)	377 (33.0)	344 (30.6)	415 (36.9)	424 (37.6)
More than high-school	607 (52.3)	653 (57.1)	433 (38.4)	612 (54.3)	622 (55.2)
Not answered	6 (0.5)	2 (0.2)	255 (22.6)	3 (0.3)	1 (0.1)
Ever pregnant					
Yes	892 (76.6)	879 (76.8)	871 (77.4)	816 (72.5)	844 (74.9)
No	269 (23.1)	262 (22.9)	254 (22.6)	260 (23.1)	240 (21.3)
Length of enrollment (months)					
< 6	3 (0.3)	12 (1.1)	221 (19.6)	1 (0.1)	214 (19.0)
6 - 12	581 (49.9)	545 (47.6)	313 (27.8)	223 (19.8)	24 (21.3)
13 - 24	575 (49.4)	578 (50.5)	291 (25.8)	873 (77.5)	296 (26.3)
> 24	5 (0.4)	9 (0.8)	301 (26.7)	29 (2.5)	268 (23.8)

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