

Quarterly Report

Planning for Healthy Babies Program[®] (P4HB[®])

1115 Demonstration in Georgia

Year 6

Quarter 2

April 1-June 30, 2016

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By:

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OVERVIEW

This report describes the programmatic activities and performance of the Planning for Healthy Babies (P4HB) program during the second quarter (Q2) of 2016 (April through June 2016). The report follows our standard format with the exception that it includes an analysis of the member and provider satisfaction surveys conducted by the CMOs during June of 2016. The topic areas within this report include:

- Measures of program awareness
- Eligibility
- Enrollment
- P4HB Outreach Activities
- CMO Member and Provider Satisfaction Surveys
- Evaluation Activities
- Action Plans
- Expenditures and Budget Neutrality

The following enrollment changes were noted when Q2 2016 was compared with Q1 2016:

- There were 315 fewer women enrolled in a CMO to receive family planning only services at the end of Q2 compared with the end of Q1 (10,333 women at the end of Q2 versus 10,648 women at the end of Q1 2016);
- There were 40 fewer women enrolled in a CMO to receive Interpregnancy Care services at the end of Q2 compared with the end of Q1 (179 women at the end of Q2 versus 219 women at the end of Q1 2016); and
- There were 30 fewer women enrolled in a CMO to receive Resource Mother only services at the end of Q2 compared with the end of Q1 (231 women at the end of Q2 versus 261 women at the end of Q1 2016).

The enrollment numbers relate closely to the numbers of women deemed eligible for P4HB. An analysis of the monthly eligibility reports prepared by PSI/Maximus for Q1 and Q2 2016 revealed that when compared to Q1 2016, the number of women deemed eligible during Q2 2016 decreased in the counties of Bibb, Chatham, Clayton, Cobb, DeKalb, Fulton, Gwinnett,

Muscogee, and Richmond while the number of women deemed eligible increased in Dougherty County. Table 1 below identifies the counts of women deemed eligible for FP services in Q1 2016 (March 2016) and Q2 2016 (June 2016) for select counties as well as the difference between these two quarters.

Table 1: FP Eligibility Differences of P4HB Participants for Select Counties for Q1 & Q2 2016			
County	March 2016	June 2016	Difference (Q1 to Q2 2016)
Bibb	398	394	-4
Chatham	548	498	-50
Clayton	613	556	-57
Cobb	450	401	-49
DeKalb	988	928	-60
Dougherty	361	366	+5
Fulton	1440	1376	-64
Gwinnett	456	432	-24
Muscogee	351	312	-39
Richmond	368	352	-16

Enrollment in the P4HB program has hovered near 11,000 since implementation of the Affordable Care Act in 2014. The P4HB program does not provide minimum essential coverage which is likely a substantial contributing factor to the low enrollment in the program.

MEASURES OF PROGRAM AWARENESS

Call Volume

The monthly call volume data provided by PSI/Maximus documents the calls to the P4HB call center that are answered by their customer service agents. These data reflect calls from those interested in learning more about the P4HB program as well as calls from current P4HB enrollees who have questions regarding the program. Although the mean total number of calls answered during each quarter had been approximately 8,500 since Q4 2013, by the end of Q1 2016, the total number of calls answered during the quarter had declined to 8,287 then declined further to 7,458 by the end of Q2 2016, a decrease of 10.0%. PSI Maximus staff acknowledged

that the number of calls has declined over time and when the opportunity arises, they take the initiative to reach out to P4HB members scheduled for disenrollment to encourage them to comply with the renewal process. **Figure 1** provides the P4HB total calls answered per quarter since program inception.

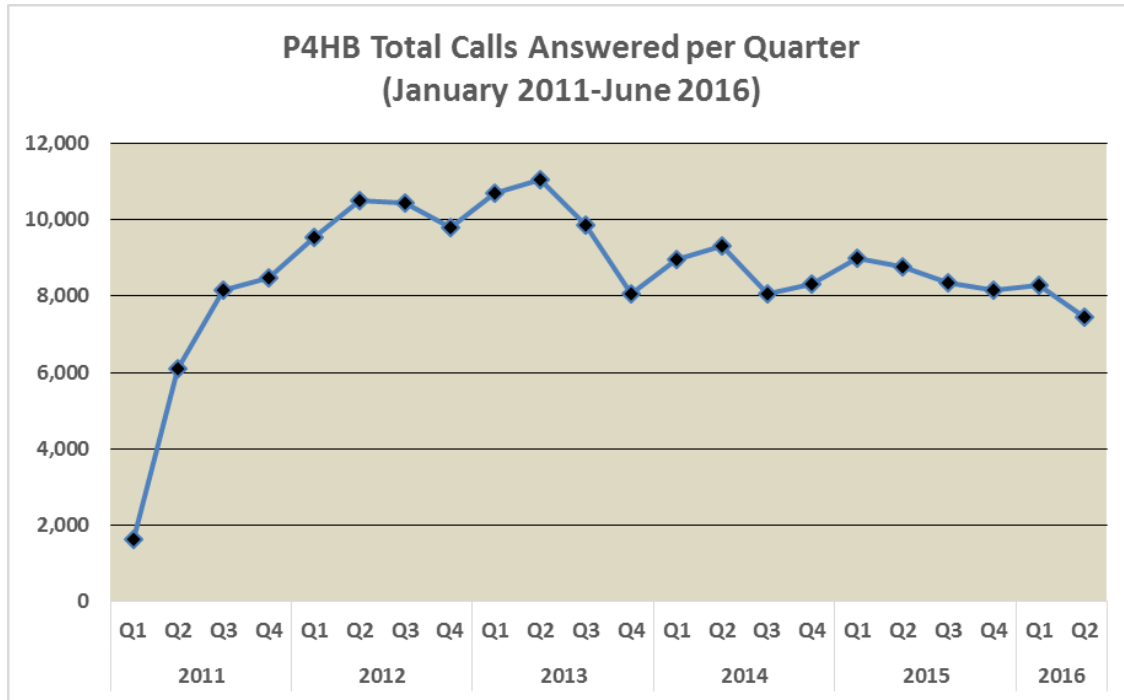


Figure 1: P4HB Total Calls (Answered) per Quarter (January 2011-June 2016)
Source: PSI – Contact Center Performance Report Current YTD (January 2011–June 2016)

Sources of Information

As DCH continued to find ways to increase enrollment in the P4HB program, PSI Maximus monitored, via the electronic applications and some paper applications submitted by the FQHCs, information regarding the sources through which women learned about the P4HB program. **Figure 2** reflects data obtained from these electronic and paper applications in response to the question, “How Did You Hear about the P4HB program?” For Q2 2016, the top three sources of information about the P4HB program continued to be: 1) friends; 2) health departments, and 3) federally qualified health centers (FQHCs), also known as community health centers. These data suggest the importance of word-of-mouth referrals from friends to the P4HB program, and the ongoing efforts by local health department and FQHC staff members across the state to educate eligible women about the program.

The Georgia Family Planning System (GFPS) partners with over 100 FQHC sites across Georgia. DCH combines the FQHC paper applications with the electronic applications to obtain the total impact of the work being performed by FQHC staff members to educate women about the P4HB program. Combining the categories of FQHC paper applications, FQHCs and community health centers, there were 353 respondents who reported learning about the P4HB program through the FQHCs during Q2 2016, compared with 487 respondents in Q1 2016, a 27.5% decrease. This decline is the result of the DCH contact at the GFPS being reassigned with no new staff member assigned to encourage the FQHC staff to educate women about the P4HB program. The GFPS no longer has grant funding to assist with educating women about the P4HB program and they also reported that there continues to be a decline in the number of women seeking assistance, at the FQHCs, with their applications for insurance through the ACA. DCH will continue to track this data.

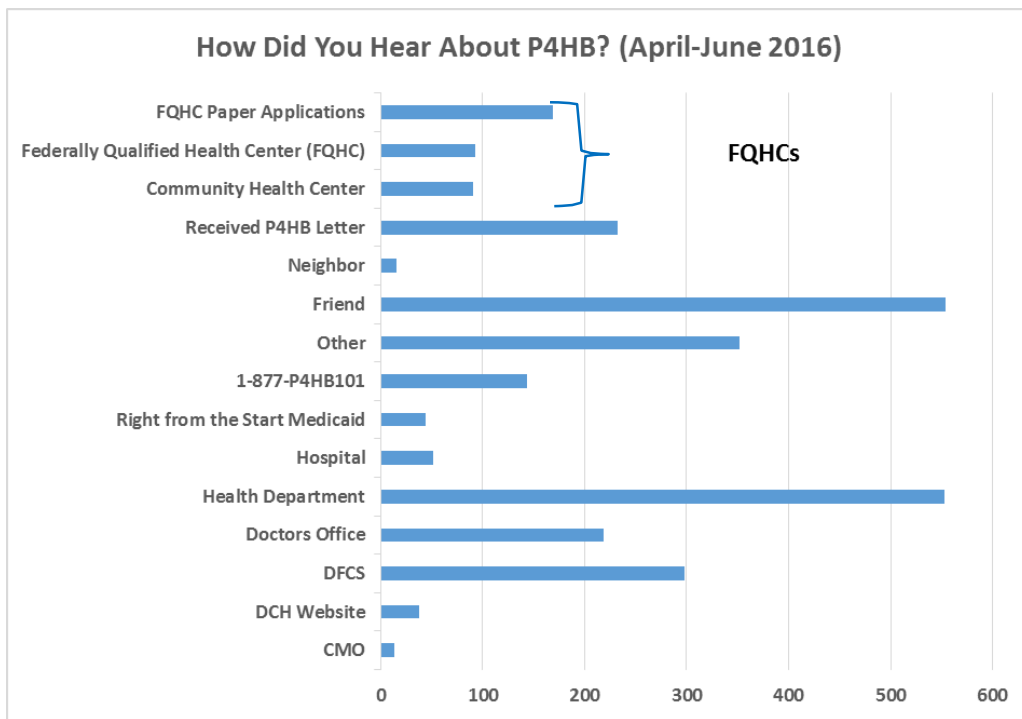


Figure 2: How Did You Hear About P4HB? (April-June 2016)

ELIGIBILITY

The following PSI Maximus generated reports provide information about the women submitting applications to the P4HB program as well as those deemed eligible for the program.

Paper and electronic unique individual applications for the program by month.

The total number of unique paper and web applications decreased during Q2 2016 when compared with Q1 2016. One thousand thirty six paper applications and 1,357 web applications were received during Q2 for a total of 2,393 applications compared with 999 paper applications and 1,484 web applications for a total of 2,483 applications received during Q1 2016 – a 3.6% decrease in the number of applications submitted. We note that the percentage of web applications was similar this quarter (59.3%) to that of Q1 2016 (59.8 %). Since the program’s inception, 70,757 women have submitted a web or paper application for the P4HB program as of June 30, 2016.

Application Denials. The two main reasons identified for application denials for the FP component of P4HB remained unchanged during Q2 from previous quarters. They were: 1) non-response within 14 days of a request for additional information; and 2) failure to verify income. These reasons have been fairly consistent since program inception.

Enrollee terminations from the P4HB program. Throughout Q2 2016, the most frequently documented reasons for termination from the P4HB program were failure to complete the review (monthly frequency ranged from 53% to 65%), and Medicaid was now the insurance they had access to (monthly frequency ranged from 17% to 26%). These reasons have also been fairly consistent since program inception.

Average age of the women deemed eligible for the P4HB program. The majority of the women deemed eligible for the FP and IPC components of the P4HB program ranged in age from 23 - 29 years. Table 2 below provides the age distribution of women deemed eligible in June 2016 and illustrates that 88.7% or 10,167 of the women deemed eligible for the FP and the IPC components of the P4HB program in that month (a total of 11,460 women) were under the age of 36. There were 5,061 women aged 23 – 29 years deemed eligible for the FP and IPC components of the program in Q2 - 44.2% of all of the women deemed eligible for the FP and IPC components of the program. Forty-three of the total number of women deemed eligible during the month of June 2016 were eighteen years of age.

Table 2: Individuals Deemed Eligible for FP and IPC By Age – June 2016		
Deemed Eligible	Family Planning	IPC
18-22	2,736	53
18	40	3
19	409	7
20	626	13
21	726	16
22	935	14
23-29	4,961	100
30-35	2,262	55
36-40	939	19
41-44	330	2
45	3	0
Total	11,231	229

Source – PSI P4HB RP004 and 005 for June 2016. The Resource Mothers only component was not included in this table.

Average Income: The average monthly income among women deemed eligible for the FP only component of P4HB continues to climb. In June 2016 it was \$1,300.46, compared with the March 2016 average monthly income of \$1,290.53. In January 2011, the average monthly income was \$927.75 for the few members deemed eligible for services beginning in February 2011. For the IPC component, the average monthly income was \$1,472.97 in June 2016, approximately \$62.18 higher than the March 2016 average of \$1,410.79. Because these monthly income levels exceed the income limits for parent/caretaker Medicaid eligibility, these women are not eligible for full Medicaid coverage.

Eligibility by Race/Ethnicity: The race/ethnicity information is self-reported on the applications submitted to our vendor. At the end of Q2 2016, approximately 73% of P4HB eligible women were Black, while 21% were White. Only 4% of P4HB eligible women were identified as Hispanic and about 96% were identified as “unspecified” ethnicity.

ENROLLMENT

As of June 30, 2016, a total of 10,564 women were enrolled in one of the Georgia Families CMOs and able to receive P4HB services. This total included 10,333 FP enrollees, 179 IPC enrollees, and 52 RM enrollees. The overall trend in enrollment is shown in Figure 3 which reflects average

quarterly FP enrollment. As evidenced by the trend line, there was a slight decrease (3.5%) in average enrollment in the FP component from Q1 2016 to Q2 2016 (10,863 to 10,480). In addition, as shown in **Figure 4**, the average quarterly enrollment in the IPC component decreased by almost 9.7 percent (from 217 in Q1 2016 to 196 in Q2 2016).

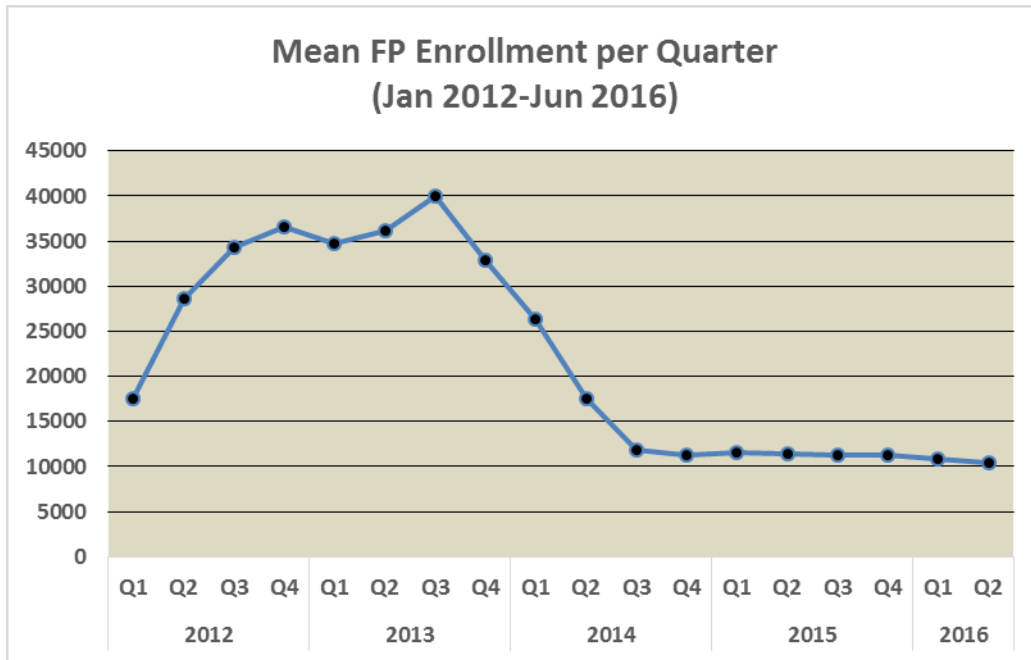


Figure 3: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-June 2016)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

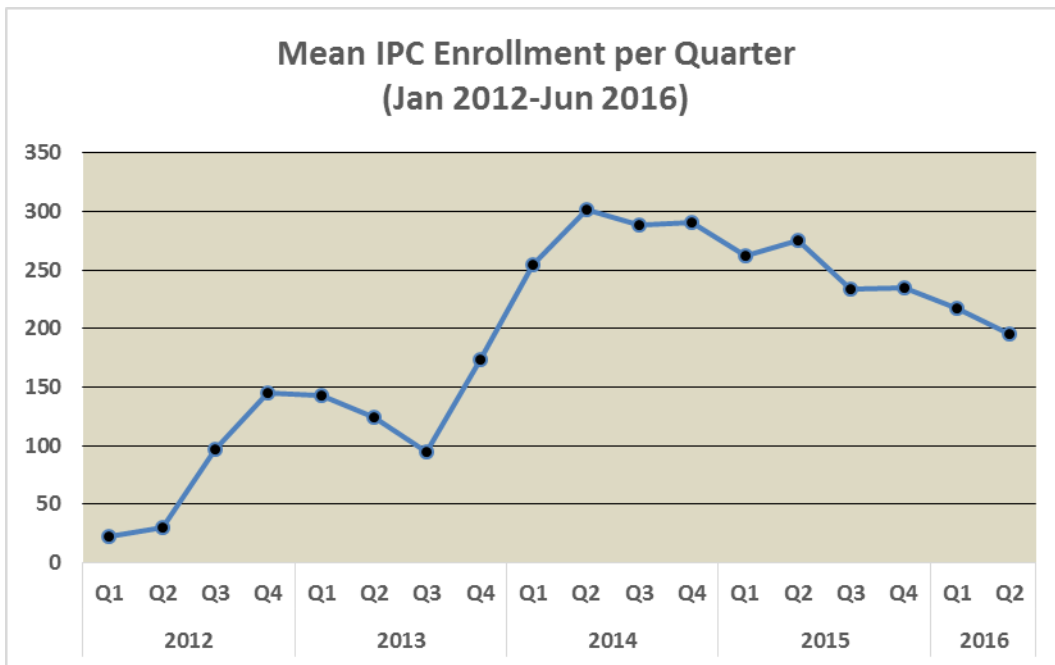


Figure 4: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-June 2016)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

Tables 3 and 4 below provide information pertaining to the enrollment and disenrollment processes for the FP and IPC components of the P4HB program including the average time from:

- receipt of an application to a referral to an RSM worker for the eligibility determination;
- the RSM worker's request for more information to the PSI Maximus response; and
- sending the renewal letter to P4HB women about to lose their eligibility to referral to the RSM worker for closure of the women's P4HB eligibility.

In Q2 2016, there was a full one day increase in the average time from submission of an application for the P4HB program to referral to the RSM worker for the eligibility determination compared with Q1 2016. There was a slight decline during Q2 in the average time from the RSM worker's request for more information to the PSI Maximus response (2.42 days in Q1 to 2.29 days in Q2).

Regarding the average time from renewal to referral to an RSM worker for case closure, PSI Maximus sends renewal letters to P4HB eligible women sixty days prior to the end of their twelve month eligibility period. When these women fail to respond to the renewal request within thirty days, PSI Maximus refers them to the RSM workers who then prepare the women's files for closure of their P4HB eligibility spans. The renewal report, which provides information regarding the percentage of women who complete the renewal process within the specified timeframe before their program eligibility is terminated, identified that of the 880 renewals issued in April 2016, only 248 renewals were completed by June 2016. That is, 28.5 percent of the FP renewals and 20.0 percent of the IPC renewals were completed timely. A separate report provides details about the women who did not renew timely. For the women who lost eligibility at the end of March 2016, 95 of them were reinstated by April 1, 2016 with no gap in coverage and 30 women re-enrolled with a one month gap in coverage. For the women who lost eligibility at the end of April 2016, 140 women were reinstated with no gap in coverage by May 1, 2016 and 41 women re-enrolled with a one month gap in coverage. For the women who lost eligibility at the end of May 2016, 106 were reinstated by June 1, 2016 with no gap in coverage and 52 women re-enrolled with a one month gap in coverage.

Table 3: Source of Enrollment Delays, FP Component		
Measure	Q1 2016	Q2 2016
Average Time (In Days) from Application to Referral to RSM	10.21 (January) 11.21 (February) 14.40 (March) Average: 11.94 days	11.77 (April) 12.28 (May) 13.43 (June) Average: 12.49 days
Average Time (In Days) from RSM request for more info to PSI response	1.51 (January) 2.29 (February) 3.47 (March) Average: 2.42 days	2.24 (April) 2.19 (May) 2.44 (June) Average: 2.29 days
Average Time (In Days) from Renewal to Referral to RSM	30 (January) 32 (February) 24 (March) Average: 28.67 days	26 (April) 31 (May) 25 (June) Average: 27.33 days

Source – PSI P4HB RP015 for January 2016-June 2016

Table 4: Source of Enrollment Delays, IPC Component		
Measure	Q1 2016	Q2 2016
Average Time (In Days) from Application to Referral to RSM	9.17 (January) 14.67 (February) 15.17 (March) Average: 13.00 days	11.00 (April) 10.20 (May) 16.33 (June) Average: 12.51 days
Average Time (In Days) from RSM request for more info to PSI response	0 (January) 0 (February) 0.67 (March) Average: 0.22 days	0 (April) 0 (May) 0 (June) Average: 0 days
Average Time (In Days) from Renewal to Referral to RSM	30 (January) 30 (February) 20 (March) Average: 26.67 days	20 (April) 18 (May) 27 (June) Average: 21.67 days

Source – PSI P4HB RP015 for January 2016-June 2016

CMO Enrollment, Service Utilization, and Outreach

The following information reflects enrollment, service utilization and CMO outreach activities as provided to DCH through the Q2 2016 P4HB reports submitted by the Georgia Families CMOs. Additional sources of data include the monthly MMIS Report MGD-3823-M, the MCHB Enrollment after EOM Processing Report, and the Family Planning/Resource Mother Quarterly CMO Reports. **Table 5** provides information from each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q2 2016. **Table 6** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q2 2016.

Table 5: CMO Enrollment and Utilization of Services, April-May 2016 as of June 2016

CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 2,410 IPC: 41 RM/LIM: 15 Total Enrollment: 2,466 % of all P4HB enrollment: 23.3% % of all P4HB enrollment in previous quarter: 26.6%</p> <p><u>CMO Reported Enrollment</u> FP: 3,148 IPC: 69 RM//LIM: 17 Total Enrollment: 3,234 % of all P4HB enrollment: 26.5%</p>	<p><u>Use of Known Contraception</u> FP: 537 IPC: 6 Total: 543</p> <p><u>Most common form of contraception</u> FP: Oral contraception (52.3%); injectable (43.2%) IPC: Oral contraception (66.7%); injectable (33.3%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 623 IPC: 20 Total: 643</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 1,044 IPC: 26 RM: 10 Total: 1,080</p> <p><u>IPC Service Utilization</u> Dental care: 12 Primary care: 36</p>
Peach State	<p><u>DCH Reported Enrollment</u> FP: 4,205 IPC: 94 RM//LIM: 8 Total Enrollment: 4,307 % of all P4HB enrollment: 40.8% % of all P4HB enrollment in previous quarter: 36.8%</p> <p><u>CMO Reported Enrollment</u> FP: 4,882 IPC: 136 RM//LIM: 13 Total Enrollment: 5,031 % of all P4HB enrollment: 41.3%</p>	<p><u>Use of Known Contraception</u> FP: 2,068 IPC: 42 RM: 4 Total: 2,114</p> <p><u>Most common form of contraception</u> FP: Injectable (37.3%); oral contraception (51.5%), implants (6.8%); IUDs (4.5%) IPC: Oral contraception (42.9%), injectable (33.3%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 70 IPC: 5 RM: 1 Total: 76</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 1,809 IPC: 737 RM: 13 Total: 2,559</p> <p><u>IPC Service Utilization</u> Primary Care: 210 Substance Abuse: 3 Resource Mother: 17</p>

Table 5: CMO Enrollment and Utilization of Services, April-May 2016 as of June 2016			
CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
WellCare	<p><u>DCH Reported Enrollment</u> FP: 3,718 IPC: 44 RM//LIM: 29 Total Enrollment: 3,791 % of all P4HB enrollment: 35.9% % of all P4HB enrollment in previous quarter: 36.7%</p> <p><u>CMO Reported Enrollment:</u> FP: 3,848 IPC: 48 RM//LIM: 22 Total Enrollment: 3,918 % of all P4HB enrollment: 32.2%</p>	<p><u>Use of Known Contraception</u> FP: 1,119 IPC: 6 Total: 1,125</p> <p><u>Most common form of contraception</u> FP: Oral contraception (53.4%); injectable (35.5%); IUDs (7.6%) IPC: Oral contraception (50%), injectable 33%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 41 IPC: 0 Total: 41</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,073 IPC/ RM: 26 Total: 2,099</p> <p><u>IPC Service Utilization:</u> Dental: 12 Primary Care: 37</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q1 to Q2 2016. Amerigroup reported a decline in its FP and IPC enrollees, although this CMO reported a small increase in RM/LIM enrollees. Peach State reported an increase in enrollment among all P4HB enrollees, and almost 1,000 new enrollees in the FP only component. Peach State has been the recipient of quality based auto-assignment during Q1 and Q2 2016. In contrast, WellCare experienced a small decrease in overall enrollment during Q2 2016 with small increases in enrollment of IPC and RM/LIM enrollees. Utilization patterns also varied across the CMOs. Use of known contraception decreased among Amerigroup’s and WellCare’s enrollees in Q2 2016, but increased among Peach State’s enrollees. Two of the three CMOs reported low numbers of women with an unknown form of contraception. The known forms of contraception included in the tables above do not include the less effective contraceptive types such as condoms, abstinence, other forms or no contraceptive use at all. Also not included are sterilizations. Following sterilization, women are no longer eligible for the program. One CMO reported substantial numbers of P4HB women with an unknown form of contraception. This will be further investigated.

Oral contraception was the preferred form of contraception across all three CMOs' FP only enrollees (52.3% for Amerigroup, 51.5% for Peach State, and 53.4% for WellCare). The most common forms of contraception among all of the CMOs' IPC enrollees were oral and injectable contraceptives. Long acting reversible contraceptives (LARCs) were used by only a small percentage of P4HB enrollees. As an example, 6.8% of Peach State's FP enrollees used implants, and 4.5% used IUDs during Q2 2016. The total number of participants who utilized one or more covered family planning services decreased slightly for Amerigroup's and WellCare's enrollees, but increased for Peach State's enrollees. Service utilization increased among all CMOs' IPC enrollees, especially utilization of primary care services.

CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 34 outreach activities • 1,115 participants • 164 provider relations activities 	<ul style="list-style-type: none"> • 15 face-to-face RM visits • 47 telephone contacts by RM workers • Community “Baby Showers” • “Diaper Days”
Peach State	<ul style="list-style-type: none"> • 808 calls made to new members • 838 new P4HB member packets mailed • 300 members (new and existing) received educational materials 	<ul style="list-style-type: none"> • 144 members who had a VLBW infant received telephone calls • A total of 872 mothers seen in a high volume delivery hospital were educated face-to-face
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 1,686 members who recently delivered • P4HB mailings sent to 815 members determined to be within 60 days of their estimated delivery date. 	<ul style="list-style-type: none"> • 66 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff. • Resource Mothers attended 46 outreach events and educated a total of 479 potential members and community partners. Resource Mothers distributed applications to each potential member.

P4HB OUTREACH ACTIVITIES

During Q2 2016, the DCH P4HB program staff and the DCH Communications Team finalized the short survey for P4HB women who fail to respond to their renewal letter within thirty days of receipt. These women are referred for disenrollment following the initial 30 days of no response. The survey will be administered during the month of July 2016 and will assist DCH in determining the reasons why women are not renewing their eligibility for the program.

Ongoing P4HB outreach activities include:

- The eighth month letters, sent by the CMOs and PSI Maximus (approximately 5,000 per month are sent by PSI Maximus) to RSM pregnant Medicaid members, provide information about the P4HB program including eligibility for the program, the enrollment process, and details about selecting a CMO.
- Education about the P4HB program provided by staff members at the FQHCs (participating in the Georgia Title X program) and the local county health departments across the state.
- Updates to the P4HB website and the P4HB fact sheets posted on the website. DCH also reviews and approves the CMOs' P4HB handbooks and other P4HB related member and provider information.
- Ongoing engagement by PSI Maximus of women recommended by the CMOs for disenrollment from the IPC component. PSI Maximus staff conduct telephone outreach to these women and many of them elect to remain enrolled in the P4HB program.

CMO MEMBER AND PROVIDER SURVEYS

Overview

As part of the P4HB program, the CMOs, in collaboration with DCH, monitor member and provider overall knowledge and understanding of the program 1-2 times a year through an analysis of member and provider surveys. The CMOs and DCH review the results of each wave of the surveys to identify areas of poor understanding about the P4HB program. Analyses of these survey results help the CMOs and DCH better understand and improve member and provider experiences with the P4HB program, as it is important to both the CMOs and DCH to identify any area that could negatively impact the satisfaction of members and providers who participate in the program. Any areas that do not meet the CMOs' performance goals are analyzed for barriers and opportunities for improvement. Although there are concerns with the low response rates for the surveys and the lack of information on representativeness of the respondents, these surveys provide DCH with an overall 'view' of member and provider involvement with the P4HB program and any barriers to greater awareness and involvement in the program.

Survey Methods

To date, the member and provider surveys have been administered in nine waves – in December 2011, April 2012, September 2012, April 2013, September 2013, May 2014, November 2014, July 2015 and June 2016. The most recent wave of the member and provider surveys, the ninth wave, was conducted in June of 2016. Members identified by the CMOs as being enrolled in the P4HB program during the period of June 2015 to December 2015 were contacted by phone for the survey (4,190 participants). Of the 4,190 program participants contacted, 391 (9.3%) responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (1,500) were sent the provider survey via the online “Survey Monkey” tool. Only 36 (2.4%) providers responded. The sections below provide a summary of the responses from the most recent two waves of the CMOs’ member and provider surveys (waves eight and nine) and, when applicable, the recent waves were compared with responses from waves six and seven.

CMO Member Survey Results

A total of 9000, 7934, 7907, and 4190 members met the selection criteria for the CMOs’ member survey for waves six through nine, respectively. The rate of participation in the member surveys, across the three CMOs, was 7.7% of members for wave seven, 10.7% for wave eight and 9.3% for wave nine. For wave nine, the member response rates were: 7.2% (107/1,492) for Peach State, 10.5% (157/1,500) for Amerigroup, and 10.6% (127/1,198) for WellCare.

Table 7 summarizes the members’ responses regarding reasons for their enrollment in the P4HB program, the services they have used, the services they had trouble accessing prior to enrollment in P4HB and the types of problems encountered with accessing those services, as well as changes the P4HB program has made for the member. A substantial number of members reported enrolling in the P4HB program to receive primary care services (from a low of 48% in waves six and nine to a high of 53.4% in wave eight), such as routine check-ups and care for illnesses in addition to birth control or family planning services. The P4HB program, however, only allows family planning related visits for women enrolled in the FP only component. Limited primary care services are covered under the IPC component of the program. Across waves six through nine of the member survey, between 44% (wave six) and 53.5% (wave eight) of respondents indicated that birth control or family planning was their reason for enrolling in the P4HB program. There was

also a small increase in the percentage of members reporting enrollment in P4HB to obtain testing for pregnancy or sexually transmitted infections from approximately 25% for both of these services in wave six to nearly 30% in waves eight and nine. From waves six through nine of the survey, respectively, there was little change in the percentage of survey respondents who reported using P4HB for birth control or family planning services (from 43% to 45.8%), primary care services (from 40% to 38.1%), and testing for pregnancy and sexually transmitted infections (from approximately 22% to 25% for both of these).

In addition, a fairly stable percentage of respondents across waves six through nine of the survey reported that their enrollment in the P4HB program made changes for them in terms of starting a method of birth control (approximately 30% across survey waves), changing a method of birth control (approximately 15% across survey waves), and having more choices of birth control methods (approximately 35% across survey waves). Of some concern, however, there was an apparent decline in the percentage of respondents reporting other changes in reasons for their enrollment in the P4HB program in survey wave nine compared to waves six through eight. These included: 1) not having to use their own money for family planning services or birth control (31.5% in wave nine vs. approximately 36% in waves six through eight), and 2) being able to get preventive care and family planning counseling (42.5% in wave nine vs. 46-51% in waves six through eight).

Table 7. Enrollment and Utilization of Services in P4HB®				
	6th Wave N=806 Responses n (%)	7th Wave N=611 Responses n (%)	8th Wave N=848 Responses n (%)	9th Wave N=391 Responses n (%)
Enrollment in P4HB® to get...				
Birth control or family planning services	355 (44%)	267 (44%)	454 (53.5%)	183 (46.8%)
Pregnancy testing	211 (26%)	144 (24%)	252 (29.7%)	117 (29.9%)
Testing or treatment for sexually-transmitted infections	203 (25%)	148 (24%)	249 (29.4%)	116 (29.7%)
Primary care (such as routine check-up, care for an illness)	388 (48%)	310 (51%)	453 (53.4%)	188 (48.1%)
Other	51 (6%)	51 (8%)	71 (8.4%)	18 (4.6%)
Have used these P4HB® services...				
Birth control or family planning services	345 (43%)	266 (44%)	425 (50.1%)	179 (45.8%)
Pregnancy testing	178 (22%)	130 (21%)	222 (26.2%)	98 (25.1%)

Testing or treatment for sexually-transmitted infections	195 (24%)	128 (21%)	222 (26.2%)	101 (25.8%)
Primary care (such as routine check-up, care for an illness)	320 (40%)	239 (39%)	344 (40.6%)	149 (38.1%)
Other	23 (3%)	13 (2%)	30 (3.5%)	7 (1.8%)
Before enrolling in P4HB®, had trouble getting...				
Birth control or family planning services	174 (22%)	127 (21%)	239 (28.2%)	92 (23.5%)
Pregnancy testing	88 (11%)	55 (9%)	115 (13.6%)	51 (13.0%)
Testing or treatment for sexually-transmitted infections	100 (12%)	60 (10%)	127 (15.0%)	48 (12.3%)
Primary care (such as routine check-up, care for an illness)	220 (27%)	168 (28%)	281 (33.1%)	114 (29.2%)
Other	58 (7%)	62 (10%)	96 (11.3%)	35 (9.0%)
Changes P4HB® made for the participant...				
I am going to a different doctor or nurse for family planning services or birth control	145 (18%)	122 (20%)	185 (21.8%)	51 (13.0%)
I am going to a different doctor or nurse for primary care	109 (14%)	82 (13%)	147 (17.3%)	49 (12.5%)
I have started using a birth control method	242 (30%)	174 (29%)	282 (33.3%)	114 (29.2%)
I have changed the birth control method I use	119 (15%)	102 (17%)	140 (16.5%)	53 (13.6%)
I have more choices of birth control methods	284 (35%)	228 (37%)	326 (38.4%)	136 (34.8%)
I do not have to use my own money for family planning services or birth control	298 (37%)	218 (36%)	310 (36.6%)	123 (31.5%)
I am able to get preventive care (such as Pap smears) and family planning counseling	369 (46%)	292 (48%)	438 (51.7%)	166 (42.5%)
With the Purple Card (IPC), I am able to get care for illnesses	11 (1%)	6 (1%)	8 (0.9%)	7 (1.8%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	9 (1%)	5 (1%)	7 (0.8%)	7 (1.8%)
Other	32 (4%)	19 (3%)	29 (3.4%)	6 (1.5%)

The data in **Table 8** provides information regarding the knowledge that members had about the P4HB program with respect to both eligibility criteria for the specific components of P4HB and services covered under specific components of P4HB. Knowledge and understanding remains low. The percentage responding correctly to the range of eligibility criteria for the FP (“Pink Card”) component of the P4HB program has remained fairly consistent across waves six through nine of the survey, with substantial variation in correct knowledge of the specific eligibility criteria. Approximately 15-22% of respondents were aware of the criterion of not otherwise being insured for family planning services or eligible for Medicaid or the PeachCare for Kids® program (Georgia’s CHIP program) while approximately 33-38% were aware of the criteria of being

between 18-44 years of age, a US resident, and a citizen of Georgia. Knowledge and understanding of the eligibility criteria for the IPC (“Purple Card”) component of the Demonstration remained low with approximately 3% or fewer of respondents being aware of the various criteria across waves six through nine of the survey.

Responses regarding knowledge of the services covered under the “Pink Card” of the P4HB program indicate that a slightly lower percentage of respondents across the last four waves of the survey understood that birth control services and methods, Pap smears and pelvic examinations, and follow-up of an abnormal Pap smear are covered (a range of 24 - 33%), with a range of 20% to 22% being aware of the coverage for treatment for sexually transmitted infections. However, substantially smaller percentages were aware of the coverage of other family planning and related services. For example, a range of only 11-15% of respondents from the last four survey waves reported being aware of coverage for vitamins with folic acid and coverage for certain vaccinations. There was very little understanding of the coverage afforded under the “Purple Card” across the last four waves of the survey, with 1.8% or fewer of respondents correctly identifying the covered services. Of importance in interpreting the member survey results concerning the “Purple Card”, the surveyed members are asked to skip the questions of the survey that are not pertinent to them and there is a ‘not applicable’ response option, such that the member survey is not asking women who are only participating in the FP only component about the IPC eligibility criteria and covered services. Considering this, it is particularly clear that additional outreach must occur so that women are not confused about the eligibility requirements and covered services for the IPC (“Purple Card”) component of the P4HB program.

Table 8. Knowledge of Members about P4HB®				
Knowledge of...	6th Wave N=806 Responses n (%)	7th Wave N=611 Responses n (%)	8th Wave N=848 Responses n (%)	9th Wave N=391 Responses n (%)
Services available through the “Pink Card” (Family Planning Component)				
Birth control services and methods	213 (26%)	184 (30%)	236 (27.8%)	110 (28.1%)
Pap smear and pelvic exam	234 (29%)	202 (33%)	258 (30.4%)	106 (27.1%)
Tubal Ligation (tubes tied)	67 (8%)	37 (6%)	51 (6.0%)	35 (9.0%)
Pregnancy testing	213 (26%)	178 (29%)	220 (25.9%)	104 (26.6%)

Screening for sexually transmitted infections	201 (25%)	167 (27%)	213 (25.1%)	94 (24.0%)
Follow-up of an abnormal Pap smear	195 (24%)	160 (26%)	212 (25.0%)	93 (23.8%)
Treatment for sexually transmitted infections	158 (20%)	132 (22%)	186 (21.9%)	83 (21.2%)
Treatment for major problems related to family planning services	131 (16%)	103 (17%)	141 (16.6%)	72 (18.4%)
Vitamins with folic acid	92 (11%)	80 (13%)	103 (12.1%)	57 (14.6%)
Some vaccinations	89 (11%)	67 (11%)	89 (10.5%)	58 (14.8%)
Non-emergency transportation	57 (7%)	41 (7%)	44 (5.2%)	39 (10.0%)
Services available through the “Purple Card” (Interpregnancy Care Component)				
Primary care services (up to 5 visits per year)	11 (1%)	5 (1%)	7 (0.8%)	7 (1.8%)
Treatment for medical problems like high blood pressure and diabetes	10 (1%)	3 (1%)	3 (0.4%)	3 (0.8%)
Medicines for medical problems like high blood pressure and diabetes	9 (1%)	3 (1%)	4 (0.5%)	2 (0.5%)
Care for drug and alcohol abuse (such as rehab programs)	3 (0%)	3 (1%)	3 (0.4%)	2 (0.5%)
Some dental services	7 (1%)	4 (1%)	5 (0.6%)	4 (1.0%)
Non-emergency transportation	5 (1%)	4 (1%)	4 (0.5%)	1 (0.3%)
Nurse case management/Resource Mother	11 (1%)	5 (1%)	5 (0.6%)	4 (1.0%)
Eligibility for ‘Pink Card’ (Family Planning Component)				
Be between 18-44 years of age	264 (33%)	204 (33%)	281 (33.1%)	133 (34.0%)
Be a resident of Georgia	297 (37%)	212 (35%)	295 (34.8%)	146 (37.3%)
Be a U.S. Citizen	299 (37%)	207 (34%)	297 (35.0%)	150 (38.4%)
Have a household income that is at or below 200% of the federal poverty level	230 (29%)	153 (25%)	211 (24.9%)	111 (28.4%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	174 (22%)	113 (19%)	165 (19.5%)	79 (20.2%)
Not otherwise insured for Family FP Services	172 (21%)	108 (18%)	133 (15.7%)	86 (22.0%)
Other	22 (3%)	33 (5%)	32 (3.8%)	9 (2.3%)
Eligibility for ‘Purple Card’ (Interpregnancy Care Component)				
Be between 18-44 years of age	16 (2%)	11 (2%)	14 (1.7%)	13 (3.3%)
Be a resident of Georgia	25 (3%)	11 (2%)	13 (1.5%)	13 (3.3%)
Be a U.S. Citizen	24 (3%)	12 (2%)	15 (1.8%)	12 (3.1%)

Have a household income that is at or below 200% of the federal poverty level	12 (2%)	10 (2%)	12 (1.4%)	11 (2.8%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	13 (2%)	4 (1%)	10 (1.2%)	10 (2.6%)
Not otherwise insured for health care services	13 (2%)	4 (1%)	9 (1.1%)	9 (2.3%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	8 (1%)	4 (1%)	10 (1.2%)	5 (1.3%)
Other	1 (0%)	0 (0%)	0 (0%)	0 (0%)

Newly added to the member survey during wave six were questions to assess covered service utilization by members (**Table 9**). Among the women surveyed who were enrolled in the FP (“Pink Card”) component, the most commonly utilized services were consistent from survey waves six through nine. The most commonly utilized services under the “Pink Card”, according to members’ responses, were: both birth control services and methods (approximately 41% to 44%) and Pap smears and pelvic exams (approximately 40% to 50%) across survey waves six through nine, and testing for pregnancy and sexually transmitted infections (approximately 24% to 27%). The least commonly utilized services under the “Pink Card” were non-emergency transportation (1.5% to 3.9%) and vaccinations (4.5% to 5.9%). Of note is the fact that non-emergency transportation is not a covered service under the “Pink Card”.

Among the women surveyed who were enrolled in the IPC (“Purple Card”) component, the most commonly utilized services were also consistent for survey waves six, eight, and nine (noting that much lower percentages reported service utilization for wave seven). The most commonly utilized services for survey waves six, eight, and nine were similar to those utilized by those with the “Pink Card”, namely: birth control services and methods (approximately 20-28%), Pap smear and pelvic exam (approximately 26-30%), and testing for pregnancy (approximately 14-17%) and sexually transmitted infections (approximately 10-14%). In comparing responses for survey waves six to survey wave nine, there were notable differences in the reported utilization of some services for the women who were enrolled in the IPC component. Most notable is that while approximately 9% of respondents enrolled in the IPC component reported using primary care services in survey wave six, nearly 15% did so in survey wave nine. Also, while only 16% of respondents in the IPC component reported having a family planning visit in survey wave six, approximately 25% did in survey wave nine.

Table 9. Services Used by Members of P4HB®								
SERVICES USED	6th Wave N= 488** Responses n (%)		7th Wave N= 371** Responses n (%)		8th Wave N= 524** Responses n (%)		9th Wave N= 274** Responses n (%)	
Component of P4HB®	“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27	“Pink Card” n = 489	“Purple Card” n = 35	“Pink Card” n = 254	“Purple Card” n = 20
Birth control services and methods	189 (42.5%)	12 (27.9%)	151 (43.9%)	2 (7.4%)	211 (43.1%)	9 (25.7%)	105 (41.3%)	4 (20.0%)
Family planning visit	121 (27.2%)	7 (16.3%)	101 (29.4%)	1 (3.7%)	160 (32.7%)	9 (25.7%)	79 (31.1%)	5 (25.0%)
Pap smear and pelvic exam	197 (44.3%)	11 (26.6%)	172 (50%)	1 (3.7%)	223 (45.6%)	9 (25.7%)	102 (40.2%)	6 (30.0%)
Tubal Ligation (tubes tied)	13 (3%)	1 (2.3%)	5 (1.5%)	0 (0%)	9 (1.8%)	1 (2.9%)	8 (3.1%)	0 (0%)
Pregnancy testing	109 (24.5%)	6 (14%)	91 (26.5%)	0 (0%)	119 (24.3%)	6 (16.7%)	67 (26.4%)	3 (15.0%)
Screening for sexually transmitted infections	111 (24.9%)	6 (14%)	93 (27%)	0 (0%)	131 (26.8%)	5 (11.4%)	66 (26.0%)	2 (10.0%)
Follow-up of an abnormal Pap smear	73 (16.4%)	4 (9.3%)	60 (17.4%)	1 (3.7%)	90 (18.4%)	2 (5.7%)	56 (22.0%)	5 (25.0%)
Treatment for sexually transmitted infections	49 (11%)	2 (4.7%)	49 (14.2%)	0 (0%)	70 (14.3%)	4 (0.5%)	42 (16.5%)	1 (5.0%)
Treatment for major problems related to family planning services	35 (7.9%)	2 (4.7%)	27 (7.8%)	0 (0%)	41 (8.3%)	3 (8.6%)	26 (10.2%)	1 (5.0%)
Vitamins with folic acid	36 (8.1%)	1 (2.3%)	24 (7%)	0 (0%)	34 (7.0%)	3 (8.6%)	22 (8.7%)	2 (10.0%)
Any vaccinations	25 (5.6%)	3 (7%)	17 (5%)	0 (0%)	22 (4.5%)	1 (2.9%)	15 (5.9%)	1 (5.0%)
Non-emergency transportation	9 (2%)	1 (2.3%)	5 (1.5%)	1 (3.7%)	12 (2.5%)	2 (5.7%)	10 (3.9%)	0 (0%)
Primary care services (up to 5 visits per year)	----	4 (9.3%)	----	2 (7.4%)	----	3 (8.6%)	----	3 (15.0%)
Treatment for medical problems like high blood pressure and diabetes	----	1 (2.3%)	----	1 (3.7%)	----	2 (5.7%)	----	0 (0%)
Medicines for medical problems like high blood pressure and diabetes	----	2 (4.7%)	----	1 (3.7%)	----	1 (2.9%)	----	0 (0%)
Care for drug and alcohol abuse (such as rehab programs)	----	0 (0%)	----	1 (3.7%)	----	0 (0.0%)	----	0 (0%)
Any dental services	-----	0 (0%)	-----	1 (3.7%)	-----	1 (2.9%)	-----	0 (0%)
Nurse case management/Resource Mother	-----	2 (4.7%)	-----	1 (3.7%)	-----	3 (8.6%)	-----	0 (0%)

** Note: The sample size for this component of the survey is 488, 371, 524, and 274 respectively as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Table 10 summarizes the members’ responses to the problems they have encountered with the P4HB program since enrollment, with member responses for the FP (“Pink Card”) and IPC (“Purple Card”) components assessed separately in survey waves six through nine (so only those are reported here); prior to wave six, these problems were assessed for both components of P4HB combined. For survey respondents in the FP only component, there was an apparent increase in the percentage reporting problems with the following aspects of P4HB when comparing responses to survey waves six through eight to wave nine: ‘getting the family planning services I want’ (7.6% vs. 9.4%), ‘getting the referrals or follow-up care I need’ (5.7-7.4% vs.9.1%), ‘not having transportation’ (2.0-5.5% vs. 10.2%), ‘cannot get to the doctor or nurse when they are open’ (2.7-6.1% vs. 12.2%), ‘my P4HB doctor or nurse will not prescribe the birth control method I want to use’ (0-3.5% vs. 16.1%). Conversely, there was an apparent decrease in the percentage reporting problems with the following aspects of P4HB when comparing responses to survey waves six through eight to wave nine: ‘cannot find a doctor or nurse willing to take P4HB clients’ (10.6-12.8% vs. 4.3%) and ‘don’t want to leave my current doctor or nurse’ (4.0-5.7% vs. 3.5%). For women enrolled in the IPC component, there were apparent reductions in the percentage in the IPC component reporting all problems for survey waves six through eight compared to wave nine, except for ‘my P4HB doctor or nurse will not prescribe the birth control method I want to use’, for which there was little change, and ‘other’ for which there was a large change (22.2-32.6% vs. 65%).

Table 10. Problems Encountered by Members Enrolled in P4HB®								
Problems Under P4HB®	6th Wave N= 488** Responses n (%)		7th Wave N= 371** Responses n (%)		8th Wave N= 524** Responses n (%)		9th Wave N= 274** Responses n (%)	
	“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27	“Pink Card” n = 489	“Purple Card” n = 35	“Pink Card” n = 254	“Purple Card” n = 20
I cannot get the family planning services I want	34 (7.6%)	3 (7.0%)	26 (7.6%)	1 (3.7%)	37 (7.6%)	3 (8.6%)	24 (9.4%)	0 (0%)
I cannot get referrals or follow-up for care I need	33 (7.4%)	3 (7.0%)	27 (7.8%)	1 (3.7%)	28 (5.7%)	2 (5.7%)	23 (9.1%)	0 (0%)

I cannot find a doctor or nurse willing to take P4HB clients	47 (10.6%)	3 (7.0%)	44 (12.8%)	2 (7.4%)	59 (12.1%)	4 (11.4%)	11 (4.3%)	1 (5.0%)
I don't want to leave my current doctor or nurse	18 (4.0%)	2 (4.7%)	18 (5.2%)	0 (0%)	28 (5.7%)	2 (5.7%)	9 (3.5%)	0 (0%)
I have to wait too long to get services	28 (6.3%)	5 (11.6%)	36 (10.5%)	2 (7.4%)	38 (7.8%)	2 (5.7%)	12 (4.7%)	0 (0%)
I do not have transportation	9 (2.0%)	4 (9.3%)	17 (4.9%)	0 (0%)	27 (5.5%)	2 (5.7%)	26 (10.2%)	1 (5.0%)
I cannot get to the doctor or nurse when they are open	12 (2.7%)	3 (7.0%)	21 (6.1%)	1 (3.7%)	17 (3.5%)	2 (5.7%)	31 (12.2%)	1 (5.0%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	2 (0%)	2 (4.7%)	7 (2.0%)	0 (0%)	17 (3.5%)	1 (2.9%)	41 (16.1%)	1 (5.0%)
Other	17 (3.8%)	14 (32.6%)	17 (4.9%)	6 (22.2%)	21 (4.3%)	9 (25.7%)	7 (2.8%)	13 (65.0%)

** Note: The sample size for this component of the survey is 488, 371, 524, and 274 respectively as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Data displayed in **Tables 11** and **12** concern members’ reported needs for more information or difficulties in understanding the P4HB program. These data reveal the following (**Table 11**): There were improvements in the percentage of responding members reporting a need for more information about the following when comparing responses for waves six through eight to wave nine of the survey: where to go for services (15-17% vs. 10.2%); services available with the Pink Card (18-22% vs. 15.1%); services available with the Purple Card (14-16% vs. 11.3%); and cost of services (18-19% vs. 13%). Regarding reported areas of P4HB that were hard to understand, there were some improvements noted when comparing responses for waves six through eight to wave nine of the survey for enrollees in both the FP (“Pink Card”) and IPC (“Purple Card”) components (**Table 12**). For those enrolled in the FP component, there was a decline in the percentage of women who reported they found it somewhat or very hard to understand the following aspects of P4HB from survey waves six through eight compared to wave nine: ‘who can get P4HB’ (9.8-13.3% vs. 11.4%), ‘whether I can get P4HB’ (8.4-11% vs. 6.7%), ‘how to complete the web form to sign up for P4HB’ (6.5-6.7% vs. 3.5%), ‘how to get the required documents to sign up for P4HB’ (8.0-10.8% vs. 7.5%), ‘how to pick a CMO’ (11.9-14.2% vs. 2.0%), ‘how to pick a provider’ (12.8-17.2% vs. 2.8%), and ‘what I can get from P4HB’ (20.7-25.6% vs. 2.4%). In contrast, there was an apparent increase in the percentage of FP enrollees

who reported they found it somewhat or very hard to understand ‘how to complete the paper work to sign up for P4HB’ (5.9-7.3% vs. 9.8%). For women enrolled in the IPC component of P4HB, there was an observed decrease in the percentages of women who reported that they found it somewhat or very hard to understand the various surveyed areas for survey waves six through eight compared to wave nine, except for ‘how to complete the required paperwork to sign up for P4HB’ for which there was an increase from 5.9-7.4% to 10%. Notably, a relatively high proportion of respondents in the IPC component (ranging from 25% to 58%) reported “other” aspects of P4HB were somewhat or very hard to understand. Note these data are only shown for survey waves six through nine, as prior to survey wave six these responses were not broken out by P4HB component.

Table 11. Information Needs about P4HB®				
Type of Information	6th Wave N=806 Responses	7th Wave N=611 Responses	8th Wave N=848 Responses	9th Wave N=391 Responses
	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)
Where to go for service	118 (15%)	100 (16%)	147 (17.3%)	40 (10.2%)
Services available with the Pink Card	141 (18%)	132 (22%)	187 (22.1%)	59 (15.1%)
Services available with the Purple Card	114 (14%)	95 (16%)	134 (15.8%)	44 (11.3%)
Cost of services	144 (18%)	115 (19%)	161 (18.9%)	51 (13.0%)

Table 12. Areas of P4HB® that Were Hard to Understand								
Area	6th Wave N=488*** Responses		7th Wave N=371*** Responses		8th Wave N=524*** Responses		9th Wave N=274*** Responses	
	Hard to Understand n (%)							
	“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27	“Pink Card” n = 489	“Purple Card” n = 35	“Pink Card” n = 254	“Purple Card” n = 20
Who can get P4HB®	59 (13.3%)	5 (11.6%)	38 (11.0%)	2 (7.4%)	48 (9.8%)	4 (11.4%)	18 (7.1%)	1 (5.0%)
Whether I can get P4HB®	46 (10.3%)	1 (2.3%)	38 (11.0%)	3 (11.1%)	41 (8.4%)	3 (8.6%)	17 (6.7%)	0 (0%)

Complete the paper work to sign up for P4HB®	29 (6.5%)	3 (7.0%)	25 (7.3%)	2 (7.4%)	29 (5.9%)	1 (2.9%)	25 (9.8%)	2 (10.0%)
Complete the web form to sign up for P4HB®	29 (6.5%)	2 (4.7%)	23 (6.7%)	2 (7.4%)	32 (6.5%)	2 (5.7%)	9 (3.5%)	1 (5.0%)
Get the required documents to sign up for P4HB®	48 (10.8%)	4 (9.3%)	32 (9.3%)	1 (3.7%)	39 (8.0%)	2 (5.7%)	19 (7.5%)	0 (0%)
Pick a Care Management Organization (CMO)	53 (11.9%)	3 (7.0%)	49 (14.2%)	1 (3.7%)	63 (12.9%)	5 (14.3%)	5 (2.0%)	0 (0%)
Pick a provider	57 (12.8%)	5 (11.6%)	59 (17.2%)	2 (7.4%)	73 (14.9%)	7 (20.0%)	7 (2.8%)	0 (0%)
Understand what I can get from P4HB®	98 (22.0%)	4 (9.3%)	88 (25.6%)	5 (18.5%)	101 (20.7%)	6 (17.1%)	6 (2.4%)	0 (0%)
Other	14 (3.1%)	25 (58.1%)	12 (3.5%)	12 (44.4%)	17 (3.5%)	15 (42.9%)	101 (39.8%)	5 (25.0%)

*** Note: While the sample sizes for this component of the survey were 488 for wave 6, 371 for wave seven, 524 for wave eight, and 274 for wave 9 as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included, the results (percentages) are reported per the populations surveyed.

During wave four of the survey, additional questions were added to the member survey to probe the following areas: whether the member was asked about key reproductive health topics during her last health care appointment and whether the member would like to be asked those questions (**Table 13**); whether the member received key reproductive health information during her last health care appointment and whether the member would like to receive such information (**Table 14**).

When examining members’ responses to waves six through eight compared to wave nine of the survey (**Table 13**), there was a decrease in the percentage of members reporting that the provider asked them about all of the key identified reproductive health topics, despite there having been a small but steady increase in those percentages from waves six through eight. The percentage of responding members who reported that they would like to be asked about each of the key reproductive health topics at the encounter also decreased somewhat in wave nine compared with waves six through eight of the survey as well.

Table 13. Provider Inquiry about Reproductive Health Topics during Encounters								
Reproductive Health Topic	6 th Wave N=806	7 th Wave N=611	8 th Wave N=848	9 th Wave N=391	6 th Wave N=806	7 th Wave N=611	8 th Wave N=848	9 th Wave N=391
	During your last appointment, did a doctor or nurse ask you about...? N (%) Yes				As part of an appointment, would you like a doctor or nurse to ask you about...?			
Your thoughts or plans about having or not having children in the future	158 (20%)	151 (25%)	241 (28.4%)	79 (20.2%)	204 (25%)	177 (29%)	239 (28.2%)	92 (23.5%)
Your thoughts or plans about timing or spacing pregnancies	94 (12%)	79 (13%)	151 (17.8%)	55 (14.1%)	180 (22%)	155 (25%)	202 (23.8%)	81 (20.7%)
Your sexual practices	177 (22%)	140 (23%)	259 (30.5%)	85 (21.7%)	174 (22%)	148 (24%)	222 (26.2%)	81 (20.7%)
Whether you use birth control to prevent or space pregnancies	222 (28%)	178 (29%)	308 (36.3%)	95 (24.3%)	232 (29%)	190 (31%)	269 (31.7%)	105 (26.9%)
Whether you use male or female condoms to prevent STIs	194 (24%)	159 (26%)	259 (30.5%)	88 (22.5%)	205 (25%)	183 (30%)	250 (29.5%)	99 (25.3%)
Your life plans or goals	137 (17%)	128 (21%)	184 (21.7%)	69 (17.6%)	190 (24%)	168 (28%)	231 (27.2%)	82 (21.0%)

Of the members responding to waves six through nine of the survey (**Table 14**), there were also small but consistent decreases in the percentage reporting that their provider offered them counseling about the various reproductive health topics when comparing responses for survey waves six through eight to survey wave nine. There were also small decreases in the percentage of responding members who reported that they would like to be counseled about each of the key reproductive health topics at the encounter from survey waves six through eight compared to nine.

Table 14. Provider Counseling about Reproductive Health Topics during Encounters								
Reproductive Health Topic	6th Wave N=806	7th Wave N=611	8th Wave N=848	9th Wave N=391	6th Wave N=806	7th Wave N=611	8th Wave N=848	9th Wave N=391
	During your last appointment, did a doctor or nurse give you information or advice about...n (%) Yes				As part of an appointment, would you like for a doctor or nurse to give you information or advice about...n (%) Yes			
Plans about having or not having children in the future	143 (18%)	114 (19%)	206 (24.3%)	59 (15.1%)	186 (23%)	156 (26%)	220 (25.9%)	79 (20.2%)
Plans about timing or spacing pregnancies	106 (13%)	90 (15%)	152 (17.9%)	53 (13.6%)	172 (21%)	151 (25%)	206 (24.3%)	84 (21.5%)
Your sexual practices	126 (16%)	121 (20%)	182 (21.5%)	63 (16.1%)	148 (18%)	129 (21%)	190 (22.4%)	68 (17.4%)
Whether you use birth control to prevent or space pregnancies	168 (21%)	148 (24%)	220 (25.9%)	77 (19.7%)	187 (23%)	155 (25%)	230 (27.1%)	86 (22.0%)
Whether you use male or female condoms to prevent STIs	147 (18%)	130 (21%)	196 (23.1%)	66 (16.9%)	171 (21%)	145 (24%)	212 (25.0%)	77 (19.7%)
Your life plans or goals	103 (13%)	101 (17%)	143 (16.9%)	54 (13.8%)	152 (19%)	135 (22%)	193 (22.8%)	73 (18.7%)

A new question that was asked on survey waves six through nine was whether the member was willing to recommend the P4HB program to family and friends. Of the respondents from these last 4 waves, 40% (319 of 806 in round 6), 42% (256 of 611 in round 7), 46% (394 of 848 in round 8), and 35% (135 of 391 in round 9), respectively, responded that they would make this recommendation. The most recent wave reflects a decline of 12 percentage points in being willing to recommend the P4HB program.

CMO Provider Survey Results

For each of waves six through nine of the CMO provider survey administration, a total of 1080, 1198, 1208, and 1500 providers met the selection criteria for the survey. Of those eligible, the participation rate decreased from a high of 3.5% in wave six of the CMO provider survey to 2.4% in wave nine. It is not clear whether this low response was a self-selection of those providers who

still had questions about the P4HB program.

In the following tables (**Tables 15-18**), we report on results of the provider survey. As found for the members, providers demonstrated some lack of clarity surrounding the P4HB program. In particular, it appeared that providers did not have adequate knowledge of the availability of the P4HB program and services covered under their CMO contract for P4HB.

During waves six through nine of the survey, providers were asked whether they needed more information about eligibility and covered services for each component of the P4HB program. For the FP only component, it is notable that across waves six through nine of the survey, there was a decline in the percentage of providers reporting that they needed more information about each of the covered services. For the IPC component, there was also a decline in the percentage of providers reporting that they needed more information about all of the covered services except dental services, where there was essentially no change from waves six through nine.

Table 15. Providers' Information Level about Services Covered Under their P4HB® Contract				
Information Needed about Services Covered Under P4HB®	6th Wave N=38 Responses n (%)	7th Wave N=21 Responses n (%)	8th Wave N=14 Responses n (%)	9th Wave N=36 Responses n (%)
Family Planning Component (Pink Card Services)				
Family planning initial and follow-up exams, including Pap smear.	10 (26.3%)	7 (33.3%)	3 (21.4%)	7 (19.4%)
Contraceptive services and methods	10 (26.3%)	7 (33.3%)	3 (21.4%)	5 (13.9%)
Tubal ligation	10 (26.3%)	7 (33.3%)	2 (14.3%)	5 (13.9%)
Pregnancy Testing	7 (18.4%)	5 (23.8%)	2 (14.3%)	5 (13.9%)
Screening for sexually transmitted infections	8 (21.1%)	5 (23.8%)	3 (21.4%)	6 (16.7%)
Follow-up of an abnormal Pap smear, including colposcopy	12 (31.6%)	6 (28.6%)	4 (28.6%)	7 (19.4%)
Treatment for sexually transmitted infections	10 (26.3%)	5 (23.8%)	3 (21.4%)	5 (13.9%)
Treatment for major complications related to family planning services	10 (26.3%)	8 (38.1%)	3 (21.4%)	7 (19.4%)
Multivitamins with folic acid	10 (26.3%)	5 (23.8%)	4 (28.6%)	5 (13.9%)
Hepatitis B and Tetanus-Diphtheria vaccines	9 (23.7%)	4 (19.0%)	4 (28.6%)	6 (16.7%)
Interpregnancy Care Component (Purple Card Services)				
Primary care services (up to 5 outpatient visits per year)	11 (28.9%)	9 (42.9%)	4 (28.6%)	7 (19.4%)
Management and follow-up of chronic diseases	11 (28.9%)	6 (28.6%)	5 (35.7%)	10 (27.8%)

Prescription medications for chronic diseases	11 (28.9%)	6 (28.6%)	5 (35.7%)	9 (25.0%)
Detoxification and outpatient rehabilitation for substance abuse	11 (28.9%)	5 (23.8%)	5 (35.7%)	7 (19.4%)
Limited dental services	5 (13.2%)	5 (23.8%)	4 (28.6%)	6 (16.7%)
Nurse case management and Resource Mother outreach for health and social service coordination and support of health behaviors	11 (28.9%)	9 (42.9%)	4 (28.6%)	9 (25.0%)
Non-emergency transportation	12 (31.6%)	5 (23.8%)	4 (28.6%)	9 (25.0%)

The survey also asked providers what they perceived as barriers to participation in the P4HB program and a comparison of their responses to survey waves six through eight compared to wave nine indicates their increased understanding of the program as there was a decline in the percentages incorrectly reporting that the waiver does not cover the following in waves six through eight compared to wave nine: the full range of family planning services (29-57.1% vs. 19.4%), referrals or follow-up care (32-71.4% vs. 25%), and complications of family planning services (34-64.3% vs. 25.0%) (**Table 16**).

Factor	6th Wave N=38 Perceived as Barrier n (%)	7th Wave N=21 Perceived as Barrier n (%)	8th Wave N=14 Perceived as Barrier n (%)	9th Wave N=36 Perceived as Barrier n (%)
Waiver does not cover the full range of family planning services	11 (29%)	12 (57.1%)	8 (57.1%)	7 (19.4%)
Waiver does not cover referrals or follow-up care	12 (32%)	13 (61.9%)	10 (71.4%)	9 (25.0%)
Waiver does not cover complications of family planning service	13 (34%)	13 (61.9%)	9 (64.3%)	9 (25.0%)
Your practice is full	1 (3%)	3 (14.3%)	3 (21.4%)	4 (11.1%)

From wave four of the survey onward, additional questions were added to the provider survey to probe whether providers assessed key reproductive health topics during health care appointments with women of reproductive age (**Table 17**) and whether they provided information or counseling about key reproductive health topics during visits for women of reproductive age (**Table 18**). From wave six to wave eight of the provider survey, there was a consistent upward trend in the percentages of providers reporting performance of key reproductive health assessments during health care encounters with women of reproductive age: assessing clients' desires or plans to have

or not have children in the future (from 13% to 35.7%), assessing clients’ desires or plans for timing or spacing pregnancies (from 11% to 28.6%), assessing sexual behaviors as well as methods used for preventing or spacing pregnancies and sexually transmitted infections, assessing dual protection (from 29% to 42.9%), assessing risks for unintended pregnancy (from 26% to 42.9%), and assessing life plans or goals (from 13% to 28.6%) (**Table 17**). However, there was a decline in the percentage of providers reporting that they assessed (**Table 17**) and provided information and counseling (**Table 18**) for each of the items for survey wave nine compared to waves six through eight.

Table 17. Assessment of Reproductive Health Topics				
Reproductive Health Topic	6th Wave N=38	7th Wave N=21	8th Wave N=14	9th Wave N=36
	n (%) Yes	n (%) Yes	n (%) Yes	n (%) Yes
Do you assess the following				
Desire or plans to have or not have children in the future	5 (13%)	6 (29%)	5 (35.7%)	4 (11.1%)
Desire or plans for timing or spacing pregnancies	4 (11%)	5 (24%)	4 (28.6%)	3 (8.3%)
Sexual behaviors, including risk and protective behaviors	13 (34%)	7 (33%)	6 (42.9%)	7 (19.4%)
Method(s) she uses for preventing or spacing pregnancies	11 (29%)	7 (33%)	6 (42.9%)	8 (22.2%)
Method(s) she uses for preventing STIs	13 (34%)	7 (33%)	6 (42.9%)	8 (22.2%)
Risks for unintended (unwanted or mistimed) pregnancy	10 (26%)	4 (19%)	6 (42.9%)	6 (16.7%)
Life plans or goals	5 (13%)	2 (10%)	4 (28.6%)	4 (11.1%)

From wave six to wave eight of the provider survey, the percentages of providers reporting performance of key reproductive health education and counseling during health care encounters with women of reproductive age also showed consistent increases across all of the areas of education and counseling that were assessed: having a plan to have or not have children in the future (from 11% to 35.7%); having a plan for timing or spacing pregnancies (from 11% to 28.6%); sexual behaviors (from 24% to 42.9%); methods for preventing or spacing pregnancies (from 19% to 35.7%); methods for preventing sexually transmitted infections (from 14% to 42.9%); dual-protection (from 11% to 28.6%); risks for unintended pregnancy (from 14% to 21.4%); and life plans or goals (12% to 28.6%) (**Table 18**).

Table 18. Education and Counseling of Reproductive Women				
Reproductive Health Topic	6th Wave N=38 n (%) Yes	7th Wave N=21 n (%) Yes	8th Wave N=14 n (%) Yes	9th Wave N=36 n (%) Yes
Do you educate or counsel about the following items as part of health care encounters with women of reproductive age?				
Having a plan to have or not have children in the future	4 (11%)	3 (14%)	5 (35.7%)	5 (13.9%)
Having a plan for timing or spacing pregnancies	4 (11%)	3 (14%)	4 (28.6%)	4 (11.1%)
Sexual behaviors, including risk and protective behaviors	12 (32%)	5 (24%)	6 (42.9%)	6 (16.7%)
Method(s) for preventing or spacing pregnancies	8 (21%)	4 (19%)	5 (35.7%)	6 (16.7%)
Method(s) for preventing STIs	10 (26%)	3 (14%)	6 (42.9%)	6 (16.7%)
Dual-protection (using condom plus another method)	4 (11%)	4 (19%)	4 (28.6%)	3 (8.3%)
Risks for unintended (unwanted or mistimed) pregnancy	6 (16%)	3 (14%)	3 (21.4%)	4 (11.1%)
Life plans or goals	2 (5%)	2 (10%)	4 (28.6%)	3 (8.3%)

In the most recent wave of the survey (wave nine), providers were asked if they would recommend or refer patients to P4HB with 16 of 36 (44.4%) providers indicating that they would recommend or refer patients to P4HB. As previously stated, the survey results raise the question of whether the providers responding were primarily those with limited knowledge of the program who desired more information or even those who were more likely to include the key reproductive health assessments, counseling and education in their practice. Collaborative effort to provide awareness and education about the program remains the goal of the outreach activities to both the member and provider communities.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q2 2016:

- 1) The evaluation team analyzed and reported on the CMOs’ member and provider surveys.
- 2) Data from the State’s Title X staff were used along with the Medicaid claims and enrollment data to draft a paper for the *Journal of Women’s Health* over one year ago. Modifications to the paper were required by the journal and it has now been formally accepted for publication. The Emory team will alert DCH and CMS as to the

publication date.

- 3) The Emory evaluation team worked on the crosswalk of ICD-9 to ICD-10 diagnosis and procedure codes and will confer with Truven on the final list of codes to be used in identifying deliveries, infants and users of family planning services in the Medicaid files for 2015 forward. The team will include a discussion of any major implications of this change in coding for the trends seen in deliveries/infants paid by Georgia Medicaid from 2014 to 2015.
- 4) The Emory team developed code to identify women with evidence of two conditions—chronic or gestational diabetes and chronic or gestational hypertension—that will be used to assess the number of IPC and RM women with these conditions during the pregnancy leading to their low birth weight infant. The team will measure the number and percentage of women receiving appropriate follow-up care post-partum such as glucose tolerance tests, post-partum check-ups which should include blood pressure monitoring, etc. The Emory team anticipates including these results in the upcoming Year 5 annual report.

ACTION PLANS

- 1) The CMOs will continue their ongoing outreach about the P4HB program, including the IPC component, and will continue to focus their efforts on the appropriate network providers who provide care for high risk pregnant women.
- 2) The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
- 3) While DCH has seen improvements in some of the results of the provider and member surveys, the DCH Communications Team will collaborate with the P4HB program staff to develop a new communications plan that will address concerns identified by the member and provider surveys. This development will occur following final approval of the extension request for the P4HB program.
- 4) DCH will continue to respond to requests from CMS for additional information in support of the approval of the P4HB extension request.

EXPENDITURES

Because the number of women enrolled in the FP and IPC components of the P4HB program fluctuated in Q2 of 2016, the total spending for the program also fluctuated by month since the CMOs administering the program are paid on a capitated basis. For Q2 2016 and as shown in past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. There were CMS approved changes to the capitation rates for the P4HB program for FY 2016 including an increase in the capitation rates for the FP component and a decrease in the capitation rates for the IPC and RM components. We continue to exclude from the program costs the costs for the women receiving Resource Mother/Case Management only services since their costs cannot be combined at this time with that of the women enrolled in the IPC component of the P4HB program. We are planning for these costs to be included once the P4HB extension request has been approved.

Budget Neutrality

The Q2 2016 budget neutrality calculation can be found on the following page of this report. Because of the CMS approved changes in the capitation rates for FY 2016 for the P4HB program effective July 1, 2015, the budget neutrality calculations for Q3 2015, Q4 2015 and Q1 2016 are also included in this report.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2016						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg FMAP rates (multivits, immunizations, admin., etc)</i>	FP Enrollee Member Months	33,517	40,917			74,434
	IPC Enrollee Member Months	684	397			1,081
	PMPM for FP Members FP related Services	\$25.71	\$25.71	\$25.71	\$25.71	\$25.71
	PMPM for IPC Members FP related Services	\$25.55	\$25.55	\$25.55	\$25.55	\$25.55
	Total	\$ 879,143	\$ 1,062,052	\$ -	\$ -	\$ 1,941,196
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 64,872.90
	Total	\$ -	\$ -	\$ -	\$ -	\$ 137,335,929
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 8,429.88
	Total	\$ -	\$ -	\$ -	\$ -	\$ 48,623,548
TOTAL WITHOUT- DEMONSTRATION COSTS		\$ 879,143	\$ 1,062,052	\$ -	\$ -	\$ 187,900,673
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	684	397	-	-	1,081
	PMPM	\$ 115.81	\$ 115.81	\$ 115.81	\$ 115.81	\$ 115.81
	Total	\$ 79,212	\$ 45,976	\$ -	\$ -	\$ 125,188
First Year Infant Costs VLBW Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)						
	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)						
	Persons	0	0	0		0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC						
	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH DEMONSTRATION COSTS		\$ -	\$ -	\$ -	\$ -	\$ 125,188
DIFFERENCE						\$ 187,775,485

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2015 - REVISED						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg FMAP rates (multivits, immunizations, admin., etc)</i>	FP Enrollee Member Months	34,611	35,136	34,802	34,657	139,206
	IPC Enrollee Member Months	787	876	801	754	3,218
	PMPM for FP Members FP related Services	\$23.17	\$23.17	\$25.68	\$25.71	\$24.43
	PMPM for IPC Members FP related Services	\$33.64	\$33.64	\$25.55	\$25.55	\$29.60
	Total	\$ 828,242	\$ 843,398	\$ 914,279	\$ 910,240	\$ 3,496,088
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 64,872.90
	Total	\$ -	\$ -	\$ -	\$ -	\$ 137,335,929
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 8,429.88
	Total	\$ -	\$ -	\$ -	\$ -	\$ 48,623,548
TOTAL WITHOUT- DEMONSTRATION COSTS		\$ 828,242	\$ 843,398	\$ 914,279	\$ 910,240	\$ 189,455,565
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	787	876	801	754	3,218
	PMPM	\$ 122.89	\$ 122.89	\$ 114.76	\$ 115.81	\$ 119.09
	Total	\$ 96,713	\$ 107,650	\$ 91,924	\$ 87,319	\$ 383,607
First Year Infant Costs VLBW Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)						
	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)						
	Persons	0	0	0		0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC						
	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH DEMONSTRATION COSTS		\$ -	\$ -	\$ -	\$ -	\$ 383,607
DIFFERENCE						\$ 189,071,958

Revised 8.22.16 with the CMS approved FY 2016 PMPM rates for the P4HB program