

**Quarterly Report**

**Planning for Healthy Babies Program<sup>®</sup> (P4HB<sup>®</sup>)**

**1115 Demonstration in Georgia**

**Year 7**

**Quarter 2**

**April 1- June 30, 2017**

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**By:**

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## TABLE OF CONTENTS

<b>Item</b>	<b>Page</b>
OVERVIEW	3
GEORGIA GATEWAY	3
PROGRAM ELIGIBILITY	5
CMO ENROLLMENT	6
CMO QUARTERLY REPORTS	8
CMO MEMBER AND PROVIDER SURVEYS	12
P4HB OUTREACH, TRANSITION, AND READINESS REVIEW ACTIVITIES	30
EVALUATION ACTIVITIES	30
ACTION PLANS	32
EXPENDITURES	32
<b>Budget Neutrality Spreadsheet</b>	33

## **OVERVIEW**

This second quarter (Q2) P4HB report provides information on enrollment of women into P4HB as determined under the new integrated eligibility system, Georgia Gateway, which has been implemented by county beginning in early 2017. This report summarizes the changes seen in P4HB program enrollment from prior quarters as the rollout of this new system continues across the state. Other topics discussed in this Q2 report include:

- Program Eligibility and CMO Enrollment
- CMO Quarterly Reports
- DCH P4HB Outreach Activities
- Member and Provider Surveys
- Evaluation Activities
- Action Plans
- Expenditures and Budget Neutrality

## **GEORGIA GATEWAY**

As described in our Q1 2017 report, Georgia transitioned to a new integrated eligibility system, Georgia Gateway, with Henry County as the pilot county on February 6, 2017. This computer based integrated eligibility system supports six State benefit programs: Medical Assistance, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Low Income Home Energy Assistance Program (LIHEAP), Women, Infants, and Children (WIC), and Child Care and Parent Services (CAPS). As with any new system rollout, we identified some processes within the system that needed further refinement such as better alignment of the eligibility algorithm for the P4HB program with our policy and requirements. We identified this concern through our review of the reports generated by the system and reviews of

the disenrollment reports sent from the care management organizations (CMOs) through which the program is administered. As an example, it was identified that the Gateway system did not recognize Medicare as Third Party Liability insurance and incorrectly approved a Medicare eligible woman for enrollment into the P4HB program. A work around was implemented to address this issue. Another issue identified was that some women who had not delivered very low birthweight babies were deemed eligible to enroll in the Resource Mother Only component of the P4HB program. These women were reported on the CMOs' disenrollment reports. Capitation funds paid to the CMOs for these enrollees were recouped. We will continue to monitor the system for such issues.

Wave one of the Georgia Gateway system implementation occurred on May 1, 2017, and the State will have two additional waves in July 2017 and September 2017. When we noticed enrollment into the P4HB program dropped significantly after wave one, we discussed this with our eligibility team. It appears that there was confusion as new counties were brought on board and staff members were still getting used to the new system. As they gain more understanding of the new system, applications will likely be processed in a timelier fashion. We were also reminded that there is no stand-alone P4HB application since applicants now complete one application for all available assistance programs. The new system checks the applicant's eligibility for all programs offered and the P4HB program is the last health care option available for the applicant since it does not meet minimum essential coverage. Therefore, while more applicants may be exposed to the P4HB program, there is a strong likelihood that some applicants who, under the old system, may have applied only for the P4HB program are now considered for, and become enrolled in, full medical assistance benefits. We will continue to monitor enrollment into the P4HB program with each successive wave of the Georgia Gateway system implementation.

## PROGRAM ELIGIBILITY

During Q2 2017, the Georgia Gateway system also began applying the new FPL limit for the P4HB program - 211%. **Table 1** below, generated from data in the Georgia Gateway system, displays the number of women deemed eligible for the P4HB program in June along with the total number of women in transition during the month. Client additions are showing throughout the month how many women were approved or reinstated for the P4HB program. Client dispositions are showing the denied or terminations for the program during the month.

<b>Table 1: Q2 2017 P4HB Program Eligibility (April-June 2017)</b>									
		CLIENT ADDITIONS				CLIENT DISPOSITIONS			CLIENTS
PROGRAM /COA	ACTIVE BOM	TOTAL	APPROVE	REINSTATED		TOTAL	DENIED	TERMINATED	ACTIVE EOM
ARM - Inter-Pregnancy Care	427	269	253	16		159	36	123	450
ARM - Family Planning Services	10154	3864	3650	214		3317	1853	1464	10003
ARM - Resource Mother Services - ABD Medicaid	2	0	0	0		1	0	1	2
ARM - Resource Mother Services - Family Medicaid	581	352	320	32		136	0	136	586
Totals	11164	4485	4223	262		3613	1889	1724	11041

“BOM” = “beginning of the month”

“EOM” = “end of the month”

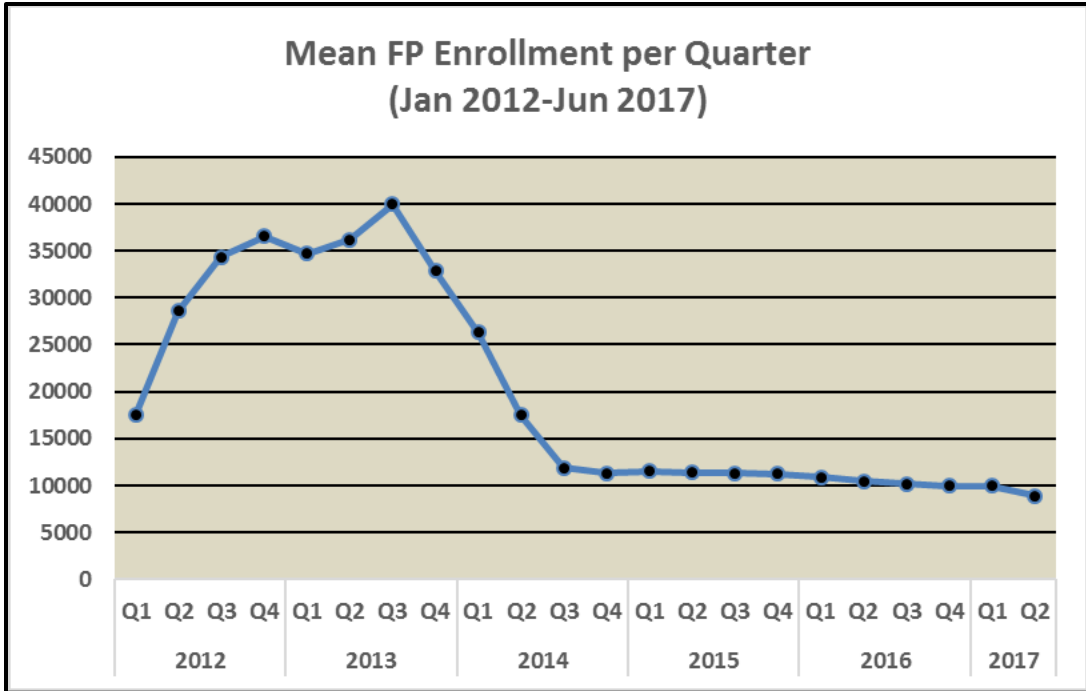
As a result of all transitions, the Georgia Gateway system reported that at the end of Q2 2017, there were 10,003 women deemed eligible for family planning only services; 450 deemed eligible for inter-pregnancy care services; and 588 women deemed eligible for resource mother only services for a total of 11,041 women deemed eligible. The P4HB program staff worked with the eligibility staff to ensure accurate reporting of the counts of P4HB eligible women generated by the Georgia Gateway system. This collaborative effort will continue throughout the implementation of the Georgia Gateway system.

### CMO ENROLLMENT

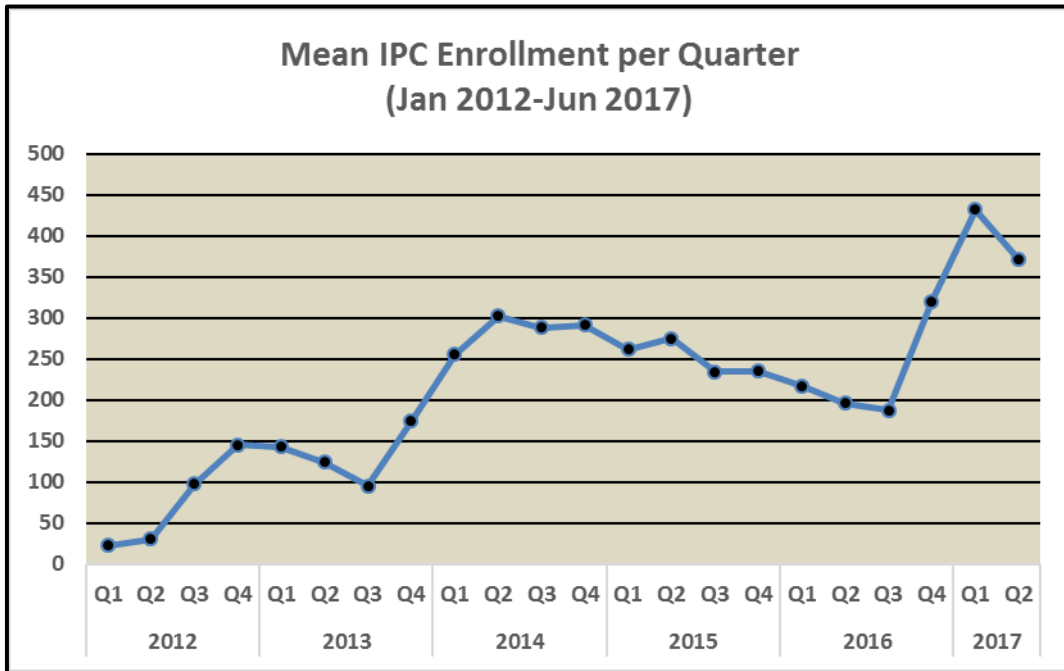
As of June 1, 2017, there were 8,575 women enrolled of the 11,041 deemed eligible in one of the three Georgia Families CMOs and able to receive P4HB services. This total included 7,867 FP enrollees, 322 IPC enrollees, and 386 RM enrollees. These enrollment counts represent changes in enrollment within each of the program's three components when the Q2 2017 (Q2) data were compared with Q1 2017 (Q1) data as described below:

- A *decrease* in the number of women enrolled in a CMO to receive family planning only services (7,867 women at the end of Q2 2017 versus 9,825 women at the end of Q1 2017);
- A *decrease* in the number of women enrolled in a CMO to receive interpregnancy care services (322 women at the end of Q2 2017 versus 426 women at the end of Q1 2017); and
- An *increase* in the number of women enrolled in a CMO to receive Resource Mother services (a combination of Resource Mother only and IPC women). At the end of Q2 2017, there were 708 women enrolled versus 598 women enrolled at the end of Q1 2017.

The data on enrollment, shown in **Figure 1**, reflects average quarterly FP only enrollment. As evidenced by the data noted above and the trend line, there are have been decreases in enrollment in the FP only component. A decrease of 10.9% in average enrollment in the FP component occurred from Q1 2017 to Q2 2017 (9,953 to 8,869). Additionally, as shown in **Figure 2**, the average quarterly enrollment in the IPC component decreased by 14.1 percent (from 432 in Q1 2017 to 371 in Q2 2017).



**Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Jun 2017)**  
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing



**Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Jun 2017)**  
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

## CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs' Q2 2017 P4HB quarterly reports sent to DCH at the end of June 2017. Those reports described the CMOs' enrollment counts, service utilization, and CMO outreach activities. Additional data sources for the tables below 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 2** provides information from each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q2 2017. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs. DCH data is pulled from the beginning of the last month of the quarter versus the CMOs who pulls data from the last day of the reporting quarter. One-on-one meetings with the CMOs have been scheduled to address these discrepancies. **Table 3** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q2 2017.



**Table 2: CMO Enrollment and Utilization of Services, Q2 2017 (April-June 2017)**

CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
Amerigroup	<p><b><u>DCH Reported Enrollment</u></b>  <b>FP:</b> 2,008  <b>IPC:</b> 55  <b>RM/LIM:</b> 68  <b>Total Enrollment:</b> 2,131  <b>% of all P4HB enrollment:</b> 24.9%  <b>% of all P4HB enrollment in previous quarter:</b> 23.0%</p> <p><b><u>CMO Reported Enrollment</u></b>  <b>FP:</b> 3,230  <b>IPC:</b> 96  <b>RM//LIM:</b> 105  <b>Total Enrollment:</b> 3,431  <b>% of all P4HB enrollment:</b> 29.6%</p>	<p><b><u>Use of Known Contraception</u></b>  <b>FP:</b> 322  <b>IPC:</b> 10  <b>Total:</b> 332</p> <p><b><u>Most common form of contraception</u></b>  <b>FP:</b> Injectable (49.7%);  Oral contraception (45.0%)  <b>IPC:</b> Injectable (50.0%); Oral contraception (30%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>  <b>FP:</b> 721  <b>IPC:</b> 30  <b>Total:</b> 751</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>  <b>FP:</b> 960  <b>IPC:</b> 39  <b>RM:</b> 69  <b>Total:</b> 1,068</p> <p><b><u>IPC Service Utilization</u></b>  <b>Dental care:</b> 19  <b>Primary care:</b> 62</p>
Peach State	<p><b><u>DCH Reported Enrollment</u></b>  <b>FP:</b> 3,037  <b>IPC:</b> 185  <b>RM//LIM:</b> 194  <b>Total Enrollment:</b> 3,416  <b>% of all P4HB enrollment:</b> 39.8%  <b>% of all P4HB enrollment in previous quarter:</b> 41.8%</p> <p><b><u>CMO Reported Enrollment</u></b>  <b>FP:</b> 4,310  <b>IPC:</b> 343  <b>RM/LIM:</b> 189  <b>Total Enrollment:</b> 4,842  <b>% of all P4HB enrollment:</b> 41.7%</p>	<p><b><u>Use of Known Contraception</u></b>  <b>FP:</b> 1,915  <b>IPC:</b> 93  <b>Total:</b> 2,008</p> <p><b><u>Most common form of contraception</u></b>  <b>FP:</b> Injectable (33.9%); oral contraception (43.6%), implants (7.4%), IUDs (5.0%)  <b>IPC:</b> Oral contraception (17.2%), IUDs (20.4%); injectable (34.4%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>  <b>FP:</b> 282  <b>IPC:</b> 46  <b>Total:</b> 328</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>  <b>FP:</b> 2,197  <b>IPC:</b> 139  <b>RM:</b> 107  <b>Total:</b> 2,443</p> <p><b><u>IPC Service Utilization</u></b>  <b>Primary Care:</b> 31  <b>Substance Abuse:</b> 0</p>

<b>Table 2: CMO Enrollment and Utilization of Services, Q2 2017 (April-June 2017)</b>			
<b>CMO</b>	<b>Enrollment</b>	<b>Contraception Utilization</b>	<b>Family Planning and IPC Service Utilization</b>
<b>WellCare</b>	<p><b><u>DCH Reported Enrollment</u></b>  <b>FP: 2,822</b>  <b>IPC: 82</b>  <b>RM//LIM: 124</b>  <b>Total Enrollment: 3,028</b>  <b>% of all P4HB enrollment: 35.3%</b>  <b>% of all P4HB enrollment in previous quarter: 35.2%</b></p> <p><b><u>CMO Reported Enrollment:</u></b>  <b>FP: 3,197</b>  <b>IPC: 102</b>  <b>RM//LIM: 39</b>  <b>Total Enrollment: 3,338</b>  <b>% of all P4HB enrollment: 28.7%</b></p>	<p><b><u>Use of Known Contraception</u></b>  <b>FP: 1,459</b>  <b>IPC: 32</b>  <b>Total: 1,491</b></p> <p><b><u>Most common form of contraception</u></b>  <b>FP: Oral contraception (54.5%); injectable (34.8%); IUDs (7.3%)</b>  <b>IPC: Oral contraception (43.8%), injectable (40.6%)</b></p> <p><b><u>Number of women with unknown form of contraception</u></b>  <b>FP: 66</b>  <b>IPC: 0</b>  <b>Total: 66</b></p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>  <b>FP: 1432</b>  <b>IPC: 43</b>  <b>RM: 26</b>  <b>Total: 1,501</b></p> <p><b><u>IPC Service Utilization:</u></b>  <b>Dental: 26</b>  <b>Primary Care: 2</b></p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q1 2017 to Q2 2017. Amerigroup reported an overall enrollment increase of 30.5 % from Q1 2017 to Q2 2017 with an increase in FP, IPC and RM-LIM enrollment. Peach State reported an overall increase of 2.7% in P4HB enrollment, with an increase in FP, IPC, and RM-LIM enrollment. WellCare experienced an overall P4HB enrollment decrease of 6.9% from Q1 2017 to Q2 2017. While WellCare’s FP enrollment decreased (9.2%), there were increases in enrollment observed in both the IPC and RM-LIM components (64.5% and 254% respectively).

Utilization patterns also varied across the CMOs. Use of known contraception increased among Amerigroup, Peach State, and WellCare enrollees in Q2 2017. Oral contraception was the

preferred form of contraception for the women in two of the three CMOs' FP only components (43.6% for Peach State and 54.5% for WellCare). Injectables were the most common form of contraception among Amerigroup's FP enrollees (49.7%). The CMOs' IPC enrollees preferred different forms of contraception. Injectables were the preferred form of contraception for Amerigroup's IPC enrollees (50%) and Peach State's IPC enrollees (34.4%), while oral contraception was the preferred form of contraception for WellCare's IPC enrollees (43.8%).

The total number of P4HB women who utilized one or more covered family planning services decreased for Peach State's and WellCare's enrollees during Q2 2017, but increased for Amerigroup's enrollees. Service utilization among the CMOs' IPC enrollees varied. Utilization of primary care services increased among Amerigroup's IPC enrollees (63.2%). Utilization of primary care services stayed the same for WellCare's IPC enrollees. In addition, dental care utilization decreased among Amerigroup's IPC enrollees (67.8%) but increased greatly among WellCare's IPC enrollees (333%).

<b>CMO</b>	<b>All Outreach Activities</b>	<b>IPC Specific Outreach</b>
<b>Amerigroup</b>	<ul style="list-style-type: none"> <li>• 43 outreach activities</li> <li>• 1,451 participants</li> <li>• 329 provider relations activities</li> </ul>	<ul style="list-style-type: none"> <li>• 153 telephone contacts by RM workers</li> <li>• Community "Baby Showers"</li> <li>• "Diaper Days"</li> </ul>
<b>Peach State</b>	<ul style="list-style-type: none"> <li>• 1,150 calls made to new members</li> <li>• 861 new P4HB member packets mailed</li> <li>• 201 members (new and existing) received educational materials</li> </ul>	<ul style="list-style-type: none"> <li>• 70 members who had a VLBW infant received telephone calls</li> <li>• A total of 716 mothers seen in a high volume delivery hospital were educated face-to-face</li> </ul>
<b>WellCare</b>	<ul style="list-style-type: none"> <li>• P4HB mailings sent to 646 members who recently delivered.</li> </ul>	<ul style="list-style-type: none"> <li>• 13 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff.</li> <li>• Resource Mothers attended 26 outreach events and educated a total of 311 potential members and community partners.</li> </ul>

## **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 ten waves – in December 2011, April 2012, September 2012, April 2013, September 2013, May 2014, November 2014, July 2015, June 2016 and April 2017. The most recent wave of the member and provider surveys, the tenth wave, was conducted in April of 2017. Members identified by the CMOs as being enrolled in the P4HB program during the period of April 2016 to October 2016 were contacted by phone for the survey (3,000 participants). Of the 3,000 program participants contacted, 449 (15.0%) 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 31 (2.1%) providers responded. The sections below provide a summary of the responses from the most recent four waves of the CMOs’ member and provider surveys (waves seven through ten).

### **CMO Member Survey Results**

A total of 7934, 7907, 4190 and 3000 members met the selection criteria for the CMOs’ member survey for waves seven through ten, 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, 9.3% for wave nine and 15.0% for wave ten. For wave ten, the member response rates were: 10.0% (100/1,000) for Peach State, 15.9% (159/1,000) for Amerigroup, and 19.0% (190/1,000) for WellCare.

**Table 4** 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 benefits of the P4HB program to the member. A substantial number of members reported enrolling in the P4HB program to receive primary care services (from a low of 48.1% in wave nine to a high of 59% in wave ten), such as primary care (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 seven through ten of the member survey, between 44% (wave seven) and 60.4% (wave ten) 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 24% for both of these services in wave seven to over one-third in wave ten.

From waves seven through ten of the survey, there were substantial increases in the percentage of survey respondents who reported using P4HB for birth control or family planning services (from 44% to 58.6%), primary care services (from 39% to 49.7%), and testing for pregnancy and sexually transmitted infections (from approximately 21% to approximately 30% for both of these). From waves seven through ten of the survey, there were also substantial increases in the percentage of survey respondents who reported positive changes that P4HB made for them including starting to use a method of birth control (from 29% to 39.9%), not having to use their own money for family planning services or birth control (from 36% to 45%), being able to get preventive care and family planning counseling (from 48% to 57.5%). A fairly stable percentage of respondents across waves seven through ten of the survey reported that their enrollment in the P4HB program made changes for them in terms of going to a different doctor or nurse for family planning services (13% to 21%), having more choices of birth control methods (37% to 42%), and, for those with the Purple Card, being able to get care for illnesses and medicines for illnesses, which increased from only 1% in wave seven to 2% in wave ten.

<b>Table 4. Enrollment and Utilization of Services in P4HB®</b>				
	<b>7th Wave N=611 Responses n (%)</b>	<b>8th Wave N=848 Responses n (%)</b>	<b>9th Wave N=391 Responses n (%)</b>	<b>10<sup>th</sup> Wave N=449 Responses n (%)</b>
<b>Enrollment in P4HB® to get...</b>				
Birth control or family planning services	267 (44%)	454 (53.5%)	183 (46.8%)	271 (60.4%)
Pregnancy testing	144 (24%)	252 (29.7%)	117 (29.9%)	150 (33.4%)
Testing or treatment for sexually-transmitted infections	148 (24%)	249 (29.4%)	116 (29.7%)	153 (34.1%)
Primary care (such as routine check-up, care for an illness)	310 (51%)	453 (53.4%)	188 (48.1%)	265 (59.0%)
Other	51 (8%)	71 (8.4%)	18 (4.6%)	38 (8.5%)

<b>Have used these P4HB® services...</b>				
Birth control or family planning services	266 (44%)	425 (50.1%)	179 (45.8%)	263 (58.6%)
Pregnancy testing	130 (21%)	222 (26.2%)	98 (25.1%)	145 (32.3%)
Testing or treatment for sexually-transmitted infections	128 (21%)	222 (26.2%)	101 (25.8%)	131 (29.2%)
Primary care (such as routine check-up, care for an illness)	239 (39%)	344 (40.6%)	149 (38.1%)	223 (49.7%)
Other	13 (2%)	30 (3.5%)	7 (1.8%)	24 (5.3%)
<b>Before enrolling in P4HB®, had trouble getting...</b>				
Birth control or family planning services	127 (21%)	239 (28.2%)	92 (23.5%)	146 (32.5%)
Pregnancy testing	55 (9%)	115 (13.6%)	51 (13.0%)	65 (14.5%)
Testing or treatment for sexually-transmitted infections	60 (10%)	127 (15.0%)	48 (12.3%)	81 (18.0%)
Primary care (such as routine check-up, care for an illness)	168 (28%)	281 (33.1%)	114 (29.2%)	174 (38.8%)
Other	62 (10%)	96 (11.3%)	35 (9.0%)	48 (10.7%)
<b>Changes P4HB® made for the participant...</b>				
I am going to a different doctor or nurse for family planning services or birth	122 (20%)	185 (21.8%)	51 (13.0%)	96 (21.4%)
I am going to a different doctor or nurse for primary care	82 (13%)	147 (17.3%)	49 (12.5%)	80 (17.8%)
I have started using a birth control	174 (29%)	282 (33.3%)	114 (29.2%)	179 (39.9%)
I have changed the birth control method I	102 (17%)	140 (16.5%)	53 (13.6%)	93 (20.7%)
I have more choices of birth control methods	228 (37%)	326 (38.4%)	136 (34.8%)	190 (42.3%)
I do not have to use my own money for family planning services or birth control	218 (36%)	310 (36.6%)	123 (31.5%)	202 (45.0%)
I am able to get preventive care (such as Pap smears) and family planning counseling	292 (48%)	438 (51.7%)	166 (42.5%)	258 (57.5%)
With the Purple Card (IPC), I am able to get care for illnesses	6 (1%)	8 (0.9%)	7 (1.8%)	10 (2.2%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	5 (1%)	7 (0.8%)	7 (1.8%)	9 (2.0%)
Other	19 (3%)	29 (3.4%)	6 (1.5%)	22 (4.9%)

The data in **Table 5** provides information regarding the knowledge that members had about the P4HB program with respect to both services covered under and eligibility criteria for the specific components of P4HB. Responses regarding knowledge of the services covered under the “Pink Card” of the P4HB program indicate little change across waves seven through ten of the survey.

Approximately one third of respondents across all waves were aware of coverage for birth control services and methods, Pap smear and pelvic exam, and pregnancy testing. Fewer than 30% across all waves had knowledge of coverage of screening and for sexually transmitted infections and follow-up of an abnormal Pap smear. Knowledge of other covered services was substantially lower. 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.

Responses indicate that member knowledge and understanding of P4HB eligibility criteria remains quite 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 seven through ten of the survey, with some variation in correct knowledge of the specific eligibility criteria. Throughout waves seven through ten of the survey, between one third to one half of participants knew of the age, residential, and citizenship requirements; between one quarter to one third knew of the household income criteria; and fewer than one quarter knew of the other



insurance criteria. Knowledge and understanding of the eligibility criteria for the IPC (“Purple Card”) component of the Demonstration remained low with approximately 3% or fewer being aware of the various criteria across waves seven through ten of the survey.

<b>Table 5. Knowledge of Members about P4HB®</b>				
<b>Knowledge of...</b>	<b>7th Wave N=611 Responses n (%)</b>	<b>8th Wave N=848 Responses n (%)</b>	<b>9th Wave N=391 Responses n (%)</b>	<b>10<sup>th</sup> Wave N=449 Responses n(%)</b>
<b>Services available through the “Pink Card” (Family Planning Component)</b>				
Birth control services and methods	184 (30%)	236 (27.8%)	110 (28.1%)	147 (32.7%)
Pap smear and pelvic exam	202 (33%)	258 (30.4%)	106 (27.1%)	155 (34.5%)
Tubal Ligation (tubes tied)	37 (6%)	51 (6.0%)	35 (9.0%)	37 (8.2%)
Pregnancy testing	178 (29%)	220 (25.9%)	104 (26.6%)	147 (32.7%)
Screening for sexually transmitted infections	167 (27%)	213 (25.1%)	94 (24.0%)	134 (29.8%)
Follow-up of an abnormal Pap smear	160 (26%)	212 (25.0%)	93 (23.8%)	130 (29.0%)
Treatment for sexually transmitted infections	132 (22%)	186 (21.9%)	83 (21.2%)	114 (25.4%)
Treatment for major problems related to family planning services	103 (17%)	141 (16.6%)	72 (18.4%)	92 (20.5%)
Vitamins with folic acid	80 (13%)	103 (12.1%)	57 (14.6%)	60 (13.4%)
Some vaccinations	67 (11%)	89 (10.5%)	58 (14.8%)	60 (13.4%)
Non-emergency transportation	41 (7%)	44 (5.2%)	39 (10.0%)	30 (6.7%)
<b>Services available through the “Purple Card” (Interpregnancy Care Component)</b>				
Primary care services (up to 5 visits per year)	5 (1%)	7 (0.8%)	7 (1.8%)	8 (1.8%)
Treatment for medical problems like high blood pressure and diabetes	3 (1%)	3 (0.4%)	3 (0.8%)	5 (1.1%)
Medicines for medical problems like high blood pressure and diabetes	3 (1%)	4 (0.5%)	2 (0.5%)	5 (1.1%)
Care for drug and alcohol abuse (such as rehab programs)	3 (1%)	3 (0.4%)	2 (0.5%)	4 (0.9%)
Some dental services	4 (1%)	5 (0.6%)	4 (1.0%)	5 (1.1%)
Non-emergency transportation	4 (1%)	4 (0.5%)	1 (0.3%)	3 (0.7%)
Nurse case management/Resource Mother	5 (1%)	5 (0.6%)	4 (1.0%)	6 (1.3%)
<b>Eligibility for ‘Pink Card’ (Family Planning Component)</b>				
Be between 18-44 years of age	204 (33%)	281 (33.1%)	133 (34.0%)	178 (39.6%)
Be a resident of Georgia	212 (35%)	295 (34.8%)	146 (37.3%)	188 (41.9%)
Be a U.S. Citizen	207 (34%)	297 (35.0%)	150 (38.4%)	201 (44.8%)
Have a household income that is at or below 200% of the federal poverty level	153 (25%)	211 (24.9%)	111 (28.4%)	146 (32.5%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	113 (19%)	165 (19.5%)	79 (20.2%)	106 (23.6%)

Not otherwise insured for Family FP Services	108 (18%)	133 (15.7%)	86 (22.0%)	100 (22.3%)
Other	33 (5%)	32 (3.8%)	9 (2.3%)	22 (4.9%)
<b>Eligibility for ‘Purple Card’ (Interpregnancy Care Component)</b>				
Be between 18-44 years of age	11 (2%)	14 (1.7%)	13 (3.3%)	11 (2.4%)
Be a resident of Georgia	11 (2%)	13 (1.5%)	13 (3.3%)	15 (3.3%)
Be a U.S. Citizen	12 (2%)	15 (1.8%)	12 (3.1%)	14 (3.1%)
Have a household income that is at or below 200% of the federal poverty level	10 (2%)	12 (1.4%)	11 (2.8%)	11 (2.4%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	4 (1%)	10 (1.2%)	10 (2.6%)	9 (2.0%)
Not otherwise insured for health care services	4 (1%)	9 (1.1%)	9 (2.3%)	7 (1.6%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	4 (1%)	10 (1.2%)	5 (1.3%)	6 (1.3%)
Other	0 (0%)	0 (0%)	0 (0%)	1 (0.2%)

The data in **Table 6** provides information about covered service utilization by members. Among the women surveyed who were enrolled in the FP (“Pink Card”) component, the most commonly utilized services were quite consistent from survey waves seven through ten. 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 seven through ten, 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 7.3%). 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, there were notable increases in the proportion of respondents who reported using a range of services (noting that much lower percentages reported service utilization for wave seven such that comparisons will consider waves eight through ten). From survey wave eight through ten there was a substantial increase in the percentage of respondents who reported using a range of primary care and

preventive services, including treatment for medical problems such as hypertension and diabetes (from approximately 3% to 18%), care for drug and alcohol abuse (from 0% to 4.5%), Pap smear and pelvic exam services (from approximately 25% to 40%), receipt of vitamins (from approximately 8% to 18%), and receipt of vaccinations (from approximately 3% to 13%). In addition, there were also notable increases in the percentage of respondents who reported using a range of family planning services, including pregnancy testing (from approximately 16% to 31%), screening for sexually transmitted infections (from approximately 11% to 23%), treatment for sexually transmitted infections (from approximately 0.5% to 18%), and treatment for major problems related to family planning services (from approximately 9% to 27%).

<b>Table 6. Services Used by Members of P4HB®</b>								
<b>SERVICES USED</b>	<b>7th Wave N= 371** Responses n (%)</b>		<b>8th Wave N= 524** Responses n (%)</b>		<b>9th Wave N= 274** Responses n (%)</b>		<b>10<sup>th</sup> Wave N=324** Responses n (%)</b>	
<b>Component of P4HB®</b>	<b>“Pink Card” n = 344</b>	<b>“Purple Card” n = 27</b>	<b>“Pink Card” n = 489</b>	<b>“Purple Card” n = 35</b>	<b>“Pink Card” n = 254</b>	<b>“Purple Card” n = 20</b>	<b>“Pink Card” n = 302</b>	<b>“Purple Card” n = 22</b>
Birth control services and methods	151 (43.9%)	2 (7.4%)	211 (43.1%)	9 (25.7%)	105 (41.3%)	4 (20.0%)	135 (44.7%)	7 (31.8%)
Family planning visit	101 (29.4%)	1 (3.7%)	160 (32.7%)	9 (25.7%)	79 (31.1%)	5 (25.0%)	96 (31.8%)	6 (27.3%)
Pap smear and pelvic exam	172 (50%)	1 (3.7%)	223 (45.6%)	9 (25.7%)	102 (40.2%)	6 (30.0%)	142 (47.0%)	9 (40.9%)
Tubal Ligation (tubes tied)	5 (1.5%)	0 (0%)	9 (1.8%)	1 (2.9%)	8 (3.1%)	0 (0%)	10 (3.3%)	2 (9.1%)

Pregnancy testing	91 (26.5%)	0 (0%)	119 (24.3%)	6 (16.7%)	67 (26.4%)	3 (15.0%)	81 (26.8%)	7 (31.8%)
Screening for sexually transmitted infections	93 (27%)	0 (0%)	131 (26.8%)	5 (11.4%)	66 (26.0%)	2 (10.0%)	85 (28.1%)	5 (22.7%)
Follow-up of an abnormal Pap smear	60 (17.4%)	1 (3.7%)	90 (18.4%)	2 (5.7%)	56 (22.0%)	5 (25.0%)	62 (20.5%)	7 (31.8%)
Treatment for sexually transmitted infections	49 (14.2%)	0 (0%)	70 (14.3%)	4 (0.5%)	42 (16.5%)	1 (5.0%)	48 (15.9%)	4 (18.2%)
Treatment for major problems related to family planning services	27 (7.8%)	0 (0%)	41 (8.3%)	3 (8.6%)	26 (10.2%)	1 (5.0%)	34 (11.3%)	6 (27.3%)
Vitamins with folic acid	24 (7%)	0 (0%)	34 (7.0%)	3 (8.6%)	22 (8.7%)	2 (10.0%)	23 (7.6%)	4 (18.2%)
Any vaccinations	17 (5%)	0 (0%)	22 (4.5%)	1 (2.9%)	15 (5.9%)	1 (5.0%)	22 (7.3%)	3 (13.6%)
Non-emergency transportation	5 (1.5%)	1 (3.7%)	12 (2.5%)	2 (5.7%)	10 (3.9%)	0 (0%)	5 (1.7%)	3 (13.6%)
Primary care services (up to 5 visits per year)	----	2 (7.4%)	----	3 (8.6%)	----	3 (15.0%)	----	6 (27.3%)
Treatment for medical problems like high blood pressure and diabetes	----	1 (3.7%)	----	2 (5.7%)	----	0 (0%)	----	3 (13.6%)
Medicines for medical problems like high blood pressure and diabetes	----	1 (3.7%)	----	1 (2.9%)	----	0 (0%)	----	4 (18.2%)
Care for drug and alcohol abuse (such as rehab programs)	----	1 (3.7%)	----	0 (0.0%)	----	0 (0%)	----	1 (4.5%)
Any dental services	-----	1 (3.7%)	-----	1 (2.9%)	-----	0 (0%)	-----	3 (13.6%)
Nurse case management/Resource Mother	-----	1 (3.7%)	-----	3 (8.6%)	-----	0 (0%)	-----	4 (18.2%)

\*\* Note: The sample size for this component of the survey is 371, 524, 274 and 324 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 7** summarizes the members’ responses to the problems they have encountered with the P4HB program since enrollment. Across waves seven through ten of the survey, there were not consistent notable changes in the percentage of respondents reporting particular problems with the FP only (“Pink Card”) component or the IPC (“Purple Card”) component. For the FP only component, the most commonly cited problems reported across survey waves seven through ten were in finding a doctor or nurse to take P4HB clients (ranged from approximately 4% to 12%) and having to wait too long to get services (ranged from 5% to 10%). The most commonly cited problems reported among the IPC clients were similar to those for the FP only clients, with 7-11%

reporting problems finding a doctor or nurse to take P4HB and 5-9% reporting having to wait too long to get services.

<b>Table 7. Problems Encountered by Members Enrolled in P4HB®</b>								
<b>Problems Under P4HB®</b>	<b>7th Wave N= 371** Responses n (%)</b>		<b>8th Wave N= 524** Responses n (%)</b>		<b>9th Wave N= 274** Responses n (%)</b>		<b>10<sup>th</sup> Wave N=324** Responses n (%)</b>	
	<b>“Pink Card” n = 344</b>	<b>“Purple Card” n = 27</b>	<b>“Pink Card” n = 489</b>	<b>“Purple Card” n = 35</b>	<b>“Pink Card” n = 254</b>	<b>“Purple Card” n = 20</b>	<b>“Pink Card” n = 302</b>	<b>“Purple Card” n = 22</b>
<b>I cannot get the family planning services I want</b>	26 (7.6%)	1 (3.7%)	37 (7.6%)	3 (8.6%)	24 (9.4%)	0 (0%)	14 (4.6%)	1 (4.5%)
<b>I cannot get referrals or follow-up for care I need</b>	27 (7.8%)	1 (3.7%)	28 (5.7%)	2 (5.7%)	23 (9.1%)	0 (0%)	20 (6.6%)	0 (0.0%)
<b>I cannot find a doctor or nurse willing to take P4HB clients</b>	44 (12.8%)	2 (7.4%)	59 (12.1%)	4 (11.4%)	11 (4.3%)	1 (5.0%)	32 (10.6%)	1 (4.5%)
<b>I don’t want to leave my current doctor or nurse</b>	18 (5.2%)	0 (0%)	28 (5.7%)	2 (5.7%)	9 (3.5%)	0 (0%)	12 (4.0%)	1 (4.5%)
<b>I have to wait too long to get services</b>	36 (10.5%)	2 (7.4%)	38 (7.8%)	2 (5.7%)	12 (4.7%)	0 (0%)	28 (9.3%)	1 (4.5%)
<b>I do not have transportation</b>	17 (4.9%)	0 (0%)	27 (5.5%)	2 (5.7%)	26 (10.2%)	1 (5.0%)	7 (2.3%)	0 (0.0%)
<b>I cannot get to the doctor or nurse when they are open</b>	21 (6.1%)	1 (3.7%)	17 (3.5%)	2 (5.7%)	31 (12.2%)	1 (5.0%)	11 (3.6%)	1 (4.5%)
<b>My P4HB doctor or nurse will not prescribe the birth control method I want to use</b>	7 (2.0%)	0 (0%)	17 (3.5%)	1 (2.9%)	41 (16.1%)	1 (5.0%)	11 (3.6%)	0 (0.0%)
<b>Other</b>	17 (4.9%)	6 (22.2%)	21 (4.3%)	9 (25.7%)	7 (2.8%)	13 (65.0%)	8 (2.6%)	11 (50.0%)

\*\* Note: The sample size for this component of the survey is 371, 524, 274, and 324 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 8** and **9** concern members’ reported needs for more information or difficulties in understanding the P4HB program. There were no consistent changes in members’ reported information needs across survey waves seven through ten (**Table 8**). Notably, in the most recent wave of the survey from approximately 18% to 25% of respondents reported a need for more information regarding all areas surveyed, including where to go for services, services

available, and cost of services. Likewise, there was little change regarding members' reported areas of P4HB that were hard to understand with no consistent trends noted (**Table 9**).

Type of Information	7th Wave N=611 Responses	8th Wave N=848 Responses	9th Wave N=391 Responses	10 <sup>th</sup> Wave N=449 Responses
	<b>Needs More Information n (%)</b>	<b>Needs More Information n (%)</b>	<b>Needs More Information n (%)</b>	<b>Needs More Information n (%)</b>
Where to go for service	100 (16%)	147 (17.3%)	40 (10.2%)	82 (18.3%)
Services available with the Pink Card	132 (22%)	187 (22.1%)	59 (15.1%)	110 (24.5%)
Services available with the Purple Card	95 (16%)	134 (15.8%)	44 (11.3%)	91 (20.3%)
Cost of services	115 (19%)	161 (18.9%)	51 (13.0%)	94 (20.9%)

Area	7th Wave N=371*** Responses		8th Wave N=524*** Responses		9th Wave N=274*** Responses		10 <sup>th</sup> Wave N=324** Responses n (%)	
	<b>Hard to Understand n (%)</b>							
	<b>“Pink Card” n = 344</b>	<b>“Purple Card” n = 27</b>	<b>“Pink Card” n = 489</b>	<b>“Purple Card” n = 35</b>	<b>“Pink Card” n = 254</b>	<b>“Purple Card” n = 20</b>	<b>“Pink Card” n = 302</b>	<b>“Purple Card” n = 22</b>
Who can get P4HB®	38 (11.0%)	2 (7.4%)	48 (9.8%)	4 (11.4%)	18 (7.1%)	1 (5.0%)	35 (11.6%)	1 (4.5%)
Whether I can get P4HB®	38 (11.0%)	3 (11.1%)	41 (8.4%)	3 (8.6%)	17 (6.7%)	0 (0%)	25 (8.3%)	1 (4.5%)
Complete the paper work to sign up for P4HB®	25 (7.3%)	2 (7.4%)	29 (5.9%)	1 (2.9%)	25 (9.8%)	2 (10.0%)	18 (6.0%)	0 (0.0%)
Complete the web form to sign up for P4HB®	23 (6.7%)	2 (7.4%)	32 (6.5%)	2 (5.7%)	9 (3.5%)	1 (5.0%)	18 (6.0%)	0 (0.0%)

Get the required documents to sign up for P4HB®	32 (9.3%)	1 (3.7%)	39 (8.0%)	2 (5.7%)	19 (7.5%)	0 (0%)	21 (7.0%)	0 (0.0%)
Pick a Care Management Organization (CMO)	49 (14.2%)	1 (3.7%)	63 (12.9%)	5 (14.3%)	5 (2.0%)	0 (0%)	32 (10.6%)	1 (4.5%)
Pick a provider	59 (17.2%)	2 (7.4%)	73 (14.9%)	7 (20.0%)	7 (2.8%)	0 (0%)	39 (12.9%)	1 (4.5%)
Understand what I can get from P4HB®	88 (25.6%)	5 (18.5%)	101 (20.7%)	6 (17.1%)	6 (2.4%)	0 (0%)	58 (19.2%)	2 (9.1%)
Other	12 (3.5%)	12 (44.4%)	17 (3.5%)	15 (42.9%)	101 (39.8%)	5 (25.0%)	9 (3.0%)	15 (68.2%)

\*\*\* Note: While the sample sizes for this component of the survey were 371 for wave seven, 524 for wave eight, 274 for wave 9, and 324 for wave ten 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.

The member survey probes the following areas to assess whether key reproductive health assessments and counseling occurred during the encounter: 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 10**); 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 11**). When examining members’ responses to waves seven through ten of the survey (**Table 10**), there were small but consistent increases in the percentage of members reporting each of the key assessments that were monitored, with the largest percentage increase noted for assessment of whether the woman uses birth control to prevent or space pregnancies (from approximately 29% to 38%) and the smallest increase noted for assessment of the woman’s life plans or goals (from approximately 21% to 23%). The percentages of responding members who reported that they would like to be asked about each of the key reproductive health topics at the encounter were essentially unchanged across survey waves seven through ten.

<b>Table 10. Provider Inquiry about Reproductive Health Topics during Encounters</b>								
<b>Reproductive Health Topic</b>	<b>7<sup>th</sup> Wave N=611</b>	<b>8<sup>th</sup> Wave N=848</b>	<b>9<sup>th</sup> Wave N=391</b>	<b>10<sup>th</sup> Wave N=449</b>	<b>7<sup>th</sup> Wave N=611</b>	<b>8<sup>th</sup> Wave N=848</b>	<b>9<sup>th</sup> Wave N=391</b>	<b>10<sup>th</sup> Wave N=449</b>
	<b>During your last appointment, did a doctor or nurse ask you about...? n (%) Yes</b>				<b>As part of an appointment, would you like a doctor or nurse to ask you about...? n (%) Yes</b>			
Your thoughts or plans about having or not having children in the future	151 (25%)	241 (28.4%)	79 (20.2%)	126 (28.1%)	177 (29%)	239 (28.2%)	92 (23.5%)	129 (28.7%)
Your thoughts or plans about timing or spacing pregnancies	79 (13%)	151 (17.8%)	55 (14.1%)	72 (16.0%)	155 (25%)	202 (23.8%)	81 (20.7%)	110 (24.5%)
Your sexual practices	140 (23%)	259 (30.5%)	85 (21.7%)	126 (28.1%)	148 (24%)	222 (26.2%)	81 (20.7%)	110 (24.5%)
Whether you use birth control to prevent or space pregnancies	178 (29%)	308 (36.3%)	95 (24.3%)	170 (37.9%)	190 (31%)	269 (31.7%)	105 (26.9%)	155 (34.5%)
Whether you use male or female condoms to prevent STIs	159 (26%)	259 (30.5%)	88 (22.5%)	145 (32.3%)	183 (30%)	250 (29.5%)	99 (25.3%)	140 (31.2%)
Your life plans or goals	128 (21%)	184 (21.7%)	69 (17.6%)	103 (22.9%)	168 (28%)	231 (27.2%)	82 (21.0%)	128 (28.5%)

Of the members responding to waves seven through ten of the survey (**Table 11**), there were also small but consistent increases in the percentage reporting that their provider offered them counseling about the various reproductive health topics when comparing responses for survey waves seven through ten. Likewise, the percentages 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 seven through ten remain unchanged.



<b>Table 11. Provider Counseling about Reproductive Health Topics during Encounters</b>								
<b>Reproductive Health Topic</b>	<b>7th Wave N=611</b>	<b>8th Wave N=848</b>	<b>9th Wave N=391</b>	<b>10th Wave N=449</b>	<b>7th Wave N=611</b>	<b>8th Wave N=848</b>	<b>9th Wave N=391</b>	<b>10th Wave N=449</b>
	<b>During your last appointment, did a doctor or nurse give you information or advice about... n (%) Yes</b>				<b>As part of an appointment, would you like for a doctor or nurse to give you information or advice about... n (%) Yes</b>			
Plans about having or not having children in the future	114 (19%)	206 (24.3%)	59 (15.1%)	98 (21.8%)	156 (26%)	220 (25.9%)	79 (20.2%)	112 (24.9%)
Plans about timing or spacing pregnancies	90 (15%)	152 (17.9%)	53 (13.6%)	79 (17.6%)	151 (25%)	206 (24.3%)	84 (21.5%)	104 (23.2%)
Your sexual practices	121 (20%)	182 (21.5%)	63 (16.1%)	94 (20.9%)	129 (21%)	190 (22.4%)	68 (17.4%)	100 (22.3%)
Whether you use birth control to prevent or space pregnancies	148 (24%)	220 (25.9%)	77 (19.7%)	131 (29.2%)	155 (25%)	230 (27.1%)	86 (22.0%)	122 (27.2%)
Whether you use male or female condoms to prevent STIs	130 (21%)	196 (23.1%)	66 (16.9%)	117 (26.1%)	145 (24%)	212 (25.0%)	77 (19.7%)	117 (26.1%)
Your life plans or goals	101 (17%)	143 (16.9%)	54 (13.8%)	82 (18.3%)	135 (22%)	193 (22.8%)	73 (18.7%)	106 (23.6%)

A new question that was asked on survey waves seven through ten was whether the member was willing to recommend the P4HB program to family and friends. Of the respondents from these last 4 waves, 42% (256 of 611 in round 7), 46% (394 of 848 in round 8), 35% (135 of 391 in round 9), and 47% (209 of 449 in round 10) respectively, responded that they would recommend the P4HB program to family and friends.

**CMO Provider Survey Results**

For each of waves seven through ten of the CMO provider survey administration, a total of 1198, 1208, 1500 and 1500 providers met the selection criteria for the survey. Of those eligible, the participation rate among providers has averaged less than 2.0% during waves seven through ten. It is not clear whether this low response was a self-selection of those providers who still had questions about the P4HB program or whether other factors are leading to these very low response rates.

In the following tables (**Tables 12-15**), 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 seven through ten 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 when comparing provider responses across waves seven through ten of the survey, there was a decline in the percentage of providers reporting that they needed more information about each of the covered services but a slight increase when comparing the two most recent waves (waves nine and ten). Similar patterns were observed for the IPC component.

<b>Table 12. Providers' Information Level about Services Covered Under their P4HB® Contract</b>				
<b>Information Needed about Services Covered Under P4HB®</b>	<b>7th Wave N=21 Responses n (%)</b>	<b>8th Wave N=14 Responses n (%)</b>	<b>9th Wave N=36 Responses n (%)</b>	<b>10th Wave N=31 Responses n (%)</b>
Family Planning Component (Pink Card Services)				
Family planning initial and follow-up exams, including Pap smear.	7 (33.3%)	3 (21.4%)	7 (19.4%)	2 (6.5%)
Contraceptive services and methods	7 (33.3%)	3 (21.4%)	5 (13.9%)	4 (12.9%)
Tubal ligation	7 (33.3%)	2 (14.3%)	5 (13.9%)	3 (9.7%)
Pregnancy Testing	5 (23.8%)	2 (14.3%)	5 (13.9%)	4 (12.9%)
Screening for sexually transmitted infections	5 (23.8%)	3 (21.4%)	6 (16.7%)	6 (19.4%)
Follow-up of an abnormal Pap smear, including colposcopy	6 (28.6%)	4 (28.6%)	7 (19.4%)	6 (19.4%)
Treatment for sexually transmitted infections	5 (23.8%)	3 (21.4%)	5 (13.9%)	6 (19.4%)
Treatment for major complications related to family planning services	8 (38.1%)	3 (21.4%)	7 (19.4%)	6 (19.4%)
Multivitamins with folic acid	5 (23.8%)	4 (28.6%)	5 (13.9%)	5 (16.1%)
Hepatitis B and Tetanus-Diphtheria vaccines	4 (19.0%)	4 (28.6%)	6 (16.7%)	6 (19.4%)

<b>Interpregnancy Care Component (Purple Card Services)</b>				
Primary care services (up to 5 outpatient visits per year)	9 (42.9%)	4 (28.6%)	7 (19.4%)	7 (22.6%)
Management and follow-up of chronic diseases	6 (28.6%)	5 (35.7%)	10 (27.8%)	8 (25.8%)
Prescription medications for chronic diseases	6 (28.6%)	5 (35.7%)	9 (25.0%)	8 (25.8%)
Detoxification and outpatient rehabilitation for substance abuse	5 (23.8%)	5 (35.7%)	7 (19.4%)	9 (29.0%)
Limited dental services	5 (23.8%)	4 (28.6%)	6 (16.7%)	7 (22.6%)
Nurse case management and Resource Mother outreach for health and social service coordination and support of health behaviors	9 (42.9%)	4 (28.6%)	9 (25.0%)	9 (29.0%)
Non-emergency transportation	5 (23.8%)	4 (28.6%)	9 (25.0%)	7 (22.6%)

The survey also asked providers what they perceived as barriers to participation in the P4HB program. When examining provider responses across waves seven through ten, it is notable that there was a decline then increase in the percentage of providers perceiving that the waiver does not cover the full range of family planning services, referrals or follow-up care, and complications of family planning services, however, the downward trend in providers reporting that their practice was full declined throughout survey wave ten (**Table 13**).

<b>Table 13. Providers' Perception of Barriers for P4HB® Participation</b>				
<b>Factor</b>	<b>7th Wave N=21 Perceived as Barrier n (%)</b>	<b>8th Wave N=14 Perceived as Barrier n (%)</b>	<b>9th Wave N=36 Perceived as Barrier n (%)</b>	<b>10<sup>th</sup> Wave, N=31 Perceived as Barrier n (%)</b>
Waiver does not cover the full range of family planning services	12 (57.1%)	8 (57.1%)	7 (19.4%)	11 (35.5%)
Waiver does not cover referrals or follow-up care	13 (61.9%)	10 (71.4%)	9 (25.0%)	14 (45.2%)
Waiver does not cover complications of family planning service	13 (61.9%)	9 (64.3%)	9 (25.0%)	12 (38.7%)
Your practice is full	3 (14.3%)	3 (21.4%)	4 (11.1%)	2 (6.5%)

Questions on the provider survey probe whether providers assess key reproductive health topics during health care appointments with women of reproductive age (**Table 14**) and whether they provide information or counseling about key reproductive health topics during visits for women

of reproductive age (**Table 15**). From wave seven to ten of the provider survey, there was little change in the percentage of providers reporting performance of key reproductive health assessments during health care encounters with women of reproductive age with two notable exceptions: There was a substantial increase in the percentage of providers reporting assessment of clients' risks for unintended pregnancy (from 19% to 32.2%) and clients' life plans or goals (from 10% to 29%) (**Table 14**).

<b>Table 14. Assessment of Reproductive Health Topics</b>				
<b>Reproductive Health Topic</b>	<b>7th Wave N=21</b>	<b>8th Wave N=14</b>	<b>9th Wave N=36</b>	<b>10<sup>th</sup> Wave N=31</b>
	<b>n (%) Yes</b>	<b>n (%) Yes</b>	<b>n (%) Yes</b>	<b>n (%) Yes</b>
Do you assess the following				
Desire or plans to have or not have children in the future	6 (29%)	5 (35.7%)	4 (11.1%)	9 (29.0%)
Desire or plans for timing or spacing pregnancies	5 (24%)	4 (28.6%)	3 (8.3%)	7 (22.6%)
Sexual behaviors, including risk and protective behaviors	7 (33%)	6 (42.9%)	7 (19.4%)	10 (32.3%)
Method(s) she uses for preventing or spacing pregnancies	7 (33%)	6 (42.9%)	8 (22.2%)	9 (29.0%)
Method(s) she uses for preventing STIs	7 (33%)	6 (42.9%)	8 (22.2%)	10 (32.3%)
Risks for unintended (unwanted or mistimed) pregnancy	4 (19%)	6 (42.9%)	6 (16.7%)	10 (32.2%)
Life plans or goals	2 (10%)	4 (28.6%)	4 (11.1%)	9 (29.0%)

From wave seven to wave ten 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 some improvements, including in the percentage of providers reporting that they educate or counsel about having a plan to have or not have children

(from 14% to 22.6%), methods for preventing sexually transmitted infections (from 14% to 29%), risks for unintended pregnancy (from 14% to 19.4%), and life plans and goals (from 10% to 22.6%). However, there was a noted in the percentage of providers who reported that they educate or counsel about dual-protection (from 19% to 16.1%) (**Table 15**).

<b>Table 15. Education and Counseling of Reproductive Women</b>				
<b>Reproductive Health Topic</b>	<b>7th Wave N=21 n (%) Yes</b>	<b>8th Wave N=14 n (%) Yes</b>	<b>9th Wave N=36 n (%) Yes</b>	<b>10<sup>th</sup> Wave N=31 n (%) Yes</b>
<b>Do you educate or counsel about the following items as part of health care encounters with women of</b>				
Having a plan to have or not have children in the future	3 (14%)	5 (35.7%)	5 (13.9%)	7 (22.6%)
Having a plan for timing or spacing pregnancies	3 (14%)	4 (28.6%)	4 (11.1%)	5 (16.1%)
Sexual behaviors, including risk and protective behaviors	5 (24%)	6 (42.9%)	6 (16.7%)	9 (29.0%)
Method(s) for preventing or spacing pregnancies	4 (19%)	5 (35.7%)	6 (16.7%)	6 (19.4%)
Method(s) for preventing STIs	3 (14%)	6 (42.9%)	6 (16.7%)	9 (29.0%)
Dual-protection (using condom plus another method)	4 (19%)	4 (28.6%)	3 (8.3%)	5 (16.1%)
Risks for unintended (unwanted or mistimed) pregnancy	3 (14%)	3 (21.4%)	4 (11.1%)	6 (19.4%)
Life plans or goals	2 (10%)	4 (28.6%)	3 (8.3%)	7 (22.6%)

In the most recent wave of the survey (wave ten), providers were asked if they would recommend or refer patients to P4HB with 17 of 31 (41.9%) 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.

## **DCH P4HB OUTREACH, TRANSITION AND READINESS REVIEW ACTIVITIES**

DCH staff participated in onsite readiness reviews for the transition of the three current GF CMOs to the new GF contract and to ensure the CMOs were well-versed in the P4HB program in order to inform their members and potential members about the program. One new CMO will join the GF team effective July 1, 2017 and was required to demonstrate their knowledge and understanding about the program by interviews of key staff and through presentation. Also, once the new Georgia Gateway system was implemented, DCH and the CMOs resumed issuance of the eighth month letters to pregnant women during June. Other outreach activities included:

- DCH website for P4HB has been updated with new information such as the , FAQ, the P4HB fact sheet, new eligibility page and the new Gateway application
- DCH has also updated the post card for P4HB and sent a PDF version to requesting entities such as the CMOs and the health departments
- DCH continues to conduct readiness reviews for the new CMO contracts including the reviews of all P4HB-related member and provider materials.

## **EVALUATION ACTIVITIES**

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q2 2017:

- 1) The Emory team has used the 2013 GA PRAMS dataset in its last year's annual report. While the team would like to update the analysis with the 2014 PRAMS data, the state did not achieve the required response rate for PRAMS data in order for it to be disseminated

through the CDC. We will work directly with the state's PRAMS coordinator and colleagues at the Georgia Health Policy Center (GHPC) to obtain these data and update the PRAMS analysis. Once combined with the analysis of the more current claims and vital records, the team will draft a paper for review by DCH before submission to a journal.

- 2) The Emory team will continue to use coding for identifying the use of contraceptives by type as identified in our earlier reports and now published in an *erratum* at the following site: [http://www.whijournal.com/article/S1049-3867\(17\)30157-3/fulltext?cc=y](http://www.whijournal.com/article/S1049-3867(17)30157-3/fulltext?cc=y).
- 3) The Emory team will work with the new director of the P4HB program and CMS to discern how to move the emphasis of the analysis to the IPC and RM women. The Emory team has planned to use ICD-9 and ICD-10 codes to assess the receipt of glucose tolerance tests and post-partum check-ups that should include blood pressure monitoring, etc. Once this type of analysis is approved by DCH and/or enhanced, the Emory team will then present results in an upcoming quarterly report.
- 4) The Emory team is now in the process of entering into a subcontract with fellow researchers from the Georgia Health Policy Center (GHPC) to review and report on the differences between results from the P4HB and separate GHPC analysis of contraceptive use by teens and women enrolled in Medicaid. They will first report to the Medicaid Commissioner on these comparisons and will collaborate further on analysis of PRAMS data on access to contraceptives among Medicaid women at risk for unintended pregnancy.
- 5) The Emory team has assisted DCH with its application for an extension of the P4HB Section 1115 Demonstration. Emory assembled data from the American Community Survey (ACS) and PRAMS to estimate expected fertility rates for the demonstration over the next several years. These estimates were reported to DCH by the end of July. Emory

plans to work with the new director of the P4HB program at DCH on the assumptions made in assembling these estimates as well as their incorporation into the renewal application. The Emory team will also work with the P4HB staff on suggested changes to the budget neutrality sheet and quarterly/annual reporting process to be used as the waiver is renewed.

### **ACTION PLANS**

- 1) DCH began drafting this new extension application and new budget neutrality calculations during the quarter. Submission of the extension request is slated to occur as soon as possible once the budget neutrality calculation is finalized. The current temporary extension end date is March 31, 2018.
- 2) The CMOs will continue their ongoing outreach about the P4HB program and will continue to focus their efforts on the appropriate network providers who provide care for high-risk pregnant women.
- 3) The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
- 4) The DCH Communications Team will collaborate with the P4HB program staff to develop a new communications plan to be included in the new extension application.

### **EXPENDITURES**

For Q2 2017 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. We continue to use the CMS approved capitation rates for the P4HB program in making these calculations. We continue to exclude from the total programmatic 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 under the current special terms and conditions. DCH is planning for these costs to be included once the P4HB extension request is approved.

### **Budget Neutrality**

The budget neutrality calculation for Q2 2017 is provided on the following page.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2017						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
<b>WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)</b>						
<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	29,860	26,610			56,470
	IPC Enrollee Member Months	1,297	1,112			2,409
	PMPM for FP Members FP related Services	\$26.59	\$26.59	\$26.59	\$26.59	\$26.59
	PMPM for IPC Members FP related Services	\$22.69	\$22.69	\$22.69	\$22.69	\$22.69
	<b>Total</b>	<b>\$ 823,468</b>	<b>\$ 732,846</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,556,314</b>
<b>First Year Infant Costs for VLBW Babies &lt; 1,500 grams (all Medicaid paid births)</b>						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 64,872.90
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 137,335,929</b>
<b>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)</b>						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 8,429.88
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 48,623,548</b>
<b>TOTAL WITHOUT- DEMONSTRATION COSTS</b>		<b>\$ 823,468</b>	<b>\$ 732,846</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 187,515,791</b>
<b>WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only</b>						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	1,297	1,112	-	-	2,409
	PMPM	\$ 115.96	\$ 115.96	\$ 115.96	\$ 115.96	\$ 115.96
	<b>Total</b>	<b>\$ 150,404</b>	<b>\$ 128,951</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 279,355</b>
<b>First Year Infant Costs VLBW Infants &lt; 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)</b>						
	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)</b>						
	Persons	0	0	0		0
	Cost per Person					
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>First Year Infant Costs for Normal Weight &gt; 2,500 grams only for women who participated in the IPC</b>						
	Persons	0	0	0	0	0
	Cost per Person					
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL WITH DEMONSTRATION COSTS</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 279,355</b>
<b>DIFFERENCE</b>						<b>\$ 187,236,436</b>