

**Quarterly Report**

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

**1115 Demonstration in Georgia**

**Year 7**

**Quarter 1**

**January 1-March 31, 2017**

**Submitted to the Centers for Medicare and Medicaid Services**

**By:**

**The Georgia Department of Community Health**

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## **OVERVIEW**

As of January 1, 2017, the Planning for Healthy Babies (P4HB) program entered its seventh year of operation. This report provides information pertinent to the first quarter (Q1) of this seventh year and includes such topics as:

- Georgia Gateway – the new integrated eligibility system
- Program Eligibility and CMO Enrollment
- CMO Quarterly Reports
- DCH P4HB Outreach Activities
- Evaluation Activities
- Action Plans
- Expenditures and Budget Neutrality

## **GEORGIA GATEWAY**

On February 6, 2017, the State of Georgia transitioned to a new integrated eligibility system, Georgia Gateway, which will process eligibility for Georgians seeking public assistance. The new system rolled out in Henry County, Georgia – a county representative of the state’s population – which, has needs served by the programs participating in the integrated system. Agencies participating in Georgia Gateway include the Department of Human Services, the Department of Public Health, the Department of Community Health (DCH) and the Department of Early Care and Learning. The 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). Following the initial pilot county’s rollout, Georgia Gateway will be implemented across the State in three additional waves – May 2017, July 2017 and September 2017. Eligibility for the Planning

for Healthy Babies (P4HB) program went live statewide at the time of implementation of the pilot.

While the state was preparing for implementation of the pilot on February 6, 2017, all P4HB applications were withheld from processing from January 20, 2017 until after go live. In addition, on January 17, 2017, the P4HB.org website’s functionality for online applications transitioned to the new DCH P4HB website. Women were and still are able to go to the DCH P4HB website to print and complete the paper application for the P4HB program. The paper application processes through the Georgia Gateway system in the same fashion as the online application. When the P4HB applicant is deemed eligible for full Medicaid, she is notified of such. **Table 1** below shows the comparison of the data pertaining to P4HB applications from the old PSI Maximus system with data from Georgia Gateway.

**Table 1**

		<u>Paper Applications</u>	<u>Web Applications</u>
<u>PSI Maximus</u>	January 20, 2017	149	260
<u>Georgia Gateway</u>	February	145	1515
<u>Georgia Gateway</u>	March	135	1079
	<b>Total</b>	<b>429</b>	<b>2854</b>

We will continue to monitor the enrollment of women into the P4HB program under the new Georgia Gateway system.

**PROGRAM ELIGIBILITY**

**Table 2** below, generated from data in the Georgia Gateway system, displays the number of women deemed eligible for the P4HB program at the beginning of March 2017 along with the total number of women in transition during the month.

**Table 2**

PROGRAM /COA	ACTIVE BOM	CLIENT ADDITIONS			CLIENT DISPOSITIONS		
		TOTAL	APPROVE	REINSTATED	TOTAL	DENIED	TERMINATED
ARM - Inter-Pregnancy Care	512	343	341	2	147	16	131
ARM - Family Planning Services	10,701	8,720	8,659	61	1,842	685	1,157
ARM - Resource Mother Services - ABD Medicaid	0	2	2	0	2	2	0
ARM - Resource Mother Services - Family Medicaid	270	228	226	2	15	0	15
<b>P4HB Total</b>	<b>11,483</b>	<b>9,293</b>	<b>9,228</b>	<b>65</b>	<b>2,006</b>	<b>703</b>	<b>1,303</b>

As a result of all transitions, the Georgia Gateway system reported that at the end of Q1 2017, there were 10,565 women deemed eligible for family planning only services; 489 deemed eligible for inter-pregnancy care services; and 334 women deemed eligible for resource mother only services for a total of 11,388 women. The P4HB program staff will continue to work with the eligibility staff to ensure accurate reporting of the counts of P4HB eligible women generated by the Georgia Gateway system.

**CMO ENROLLMENT**

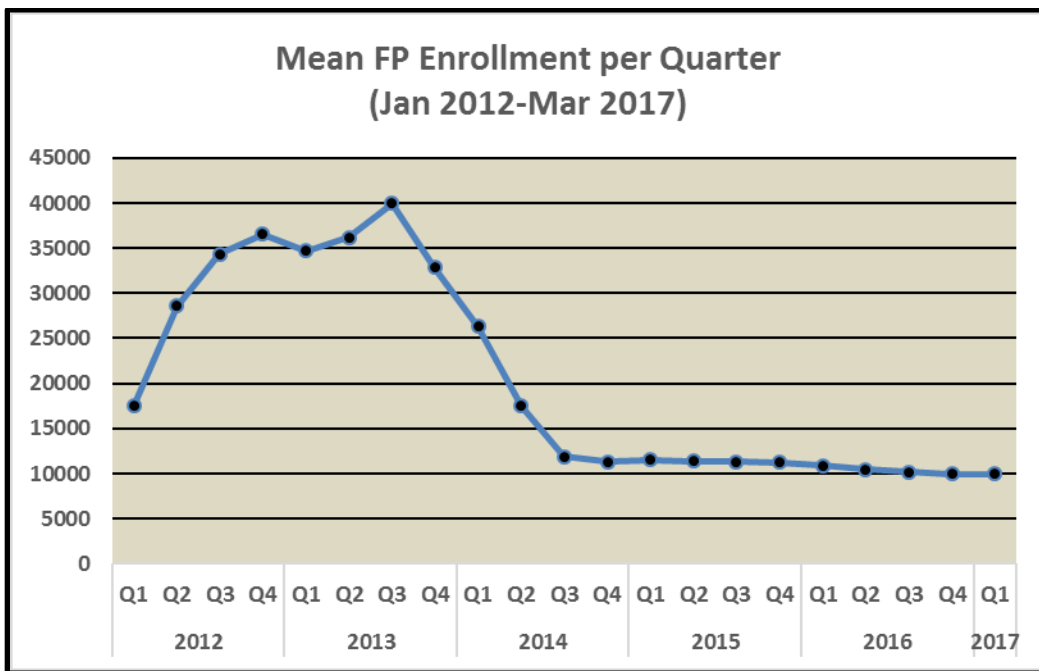
As of March 31, 2017, there were 10,423 women enrolled in one of the Georgia Families CMOs and able to receive P4HB services. This total included 9,825 FP enrollees, 426 IPC enrollees, and 172 RM enrollees. These enrollment counts represent a slight increase in enrollment within each of the program’s three components when the Q1 2017 (Q1) data were compared with Q4 2016 (Q4) data as described below:

- An increase in the number of women enrolled in a CMO to receive family planning only

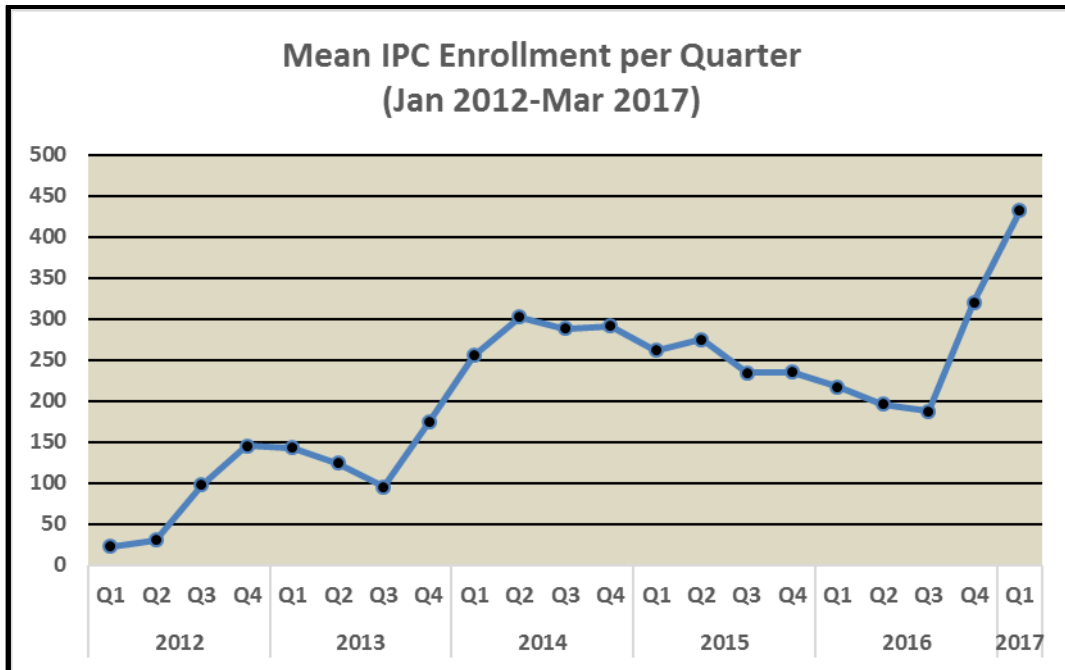
services (9,825 women at the end of Q1 2017 versus 9,736 women at the end of Q4 2016);

- An increase in the number of women enrolled in a CMO to receive interpregnancy care services (426 women at the end of Q1 2017 versus 411 women at the end of Q4 2016); 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 Q1 2017, there were 598 women enrolled versus 549 women enrolled at the end of Q4 2016.

The overall trend in enrollment, shown in **Figure 1**, reflects average quarterly FP only enrollment. As evidenced by the trend line, there was a slight increase (0.1%) in average enrollment in the FP component from Q4 2016 to Q1 2017 (9,939 to 9,953). In contrast, as shown in **Figure 2**, the average quarterly enrollment in the IPC component increased by 35.0 percent (from 320 in Q4 2016 to 432 in Q1 2017).



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



**Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Mar 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’ Q1 2017 P4HB quarterly reports sent to DCH at the end of April 2017. Those reports described the CMOs’ enrollment counts (the numbers are different from the DCH static enrollment counts which are based on enrollment during the last month of the quarter), 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 3** provides information from each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q1 2017. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus the counts of their contraceptive utilization. One-on-one meetings with the CMOs have been scheduled to address these discrepancies. **Table 4** provides information from each CMO

regarding outreach activities to potential FP and IPC enrollees during Q1 2017.

<b>Table 3: CMO Enrollment and Utilization of Services, Q1 2017 (January-March 2017)</b>			
<b>CMO</b>	<b>Enrollment</b>	<b>Contraception Utilization</b>	<b>Family Planning and IPC Service Utilization</b>
<b>Amerigroup</b>	<p><b><u>DCH Reported Enrollment</u></b>  <b>FP: 2,315</b>  <b>IPC: 54</b>  <b>RM/LIM: 28</b>  <b>Total Enrollment: 2,397</b>  <b>% of all P4HB enrollment: 23.0%</b>  <b>% of all P4HB enrollment in previous quarter: 23.1%</b></p> <p><b><u>CMO Reported Enrollment</u></b>  <b>FP: 2,553</b>  <b>IPC: 52</b>  <b>RM//LIM: 25</b>  <b>Total Enrollment: 2,630</b>  <b>% of all P4HB enrollment: 24.1%</b></p>	<p><b><u>Use of Known Contraception</u></b>  <b>FP: 300</b>  <b>IPC: 2</b>  <b>Total: 302</b></p> <p><b><u>Most common form of contraception</u></b>  <b>FP: Oral contraception (49.3%); injectable (43.3%)</b>  <b>IPC: Oral contraception (100%)</b></p> <p><b><u>Number of women with unknown form of contraception</u></b>  <b>FP: 656</b>  <b>IPC: 19</b>  <b>Total: 675</b></p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>  <b>FP: 793</b>  <b>IPC: 19</b>  <b>RM: 14</b>  <b>Total: 826</b></p> <p><b><u>IPC Service Utilization</u></b>  <b>Dental care: 59</b>  <b>Primary care: 38</b></p>



**Table 3: CMO Enrollment and Utilization of Services, Q1 2017 (January-March 2017)**

CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
Peach State	<p><b><u>DCH Reported Enrollment</u></b>  <b>FP:</b> 3,962  <b>IPC:</b> 296  <b>RM//LIM:</b> 94  <b>Total Enrollment:</b> 4,352  <b>% of all P4HB enrollment:</b> 41.8%  <b>% of all P4HB enrollment in previous quarter:</b> 41.6%</p> <p><b><u>CMO Reported Enrollment</u></b>  <b>FP:</b> 4,276  <b>IPC:</b> 333  <b>RM//LIM:</b> 106  <b>Total Enrollment:</b> 4,715  <b>% of all P4HB enrollment:</b> 43.1%</p>	<p><b><u>Use of Known Contraception</u></b>  <b>FP:</b> 1,787  <b>IPC:</b> 35  <b>Total:</b> 1,822</p> <p><b><u>Most common form of contraception</u></b>  <b>FP:</b> Injectable (38.3%); oral contraception (44.4%), implants (7.9%), IUDs (5.4%)  <b>IPC:</b> Oral contraception (17.1%), IUDs (28.6%); injectable (40%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>  <b>FP:</b> 692  <b>IPC:</b> 103  <b>Total:</b> 795</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>  <b>FP:</b> 2,629  <b>IPC:</b> 146  <b>RM:</b> 53  <b>Total:</b> 2,828</p> <p><b><u>IPC Service Utilization</u></b>  <b>Primary Care:</b> 232  <b>Substance Abuse:</b> 8</p>
WellCare	<p><b><u>DCH Reported Enrollment</u></b>  <b>FP:</b> 3,548  <b>IPC:</b> 76  <b>RM//LIM:</b> 50  <b>Total Enrollment:</b> 3,674  <b>% of all P4HB enrollment:</b> 35.2%  <b>% of all P4HB enrollment in previous quarter:</b> 35.3%</p> <p><b><u>CMO Reported Enrollment:</u></b>  <b>FP:</b> 3,522  <b>IPC:</b> 62  <b>RM//LIM:</b> 11  <b>Total Enrollment:</b> 3,595  <b>% of all P4HB enrollment:</b> 32.9%</p>	<p><b><u>Use of Known Contraception</u></b>  <b>FP:</b> 1,450  <b>IPC:</b> 18  <b>Total:</b> 1,468</p> <p><b><u>Most common form of contraception</u></b>  <b>FP:</b> Oral contraception (48.5%); injectable (38.0%); IUDs (9.2%)  <b>IPC:</b> Oral contraception (38.9%), injectable (38.9%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>  <b>FP:</b> 60  <b>IPC:</b> 0  <b>Total:</b> 60</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>  <b>FP:</b> 1963  <b>IPC/ RM:</b> 42  <b>Total:</b> 2,005</p> <p><b><u>IPC Service Utilization:</u></b>  <b>Dental:</b> 6  <b>Primary Care:</b> 2</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q4 2016 to Q1 2017. Amerigroup reported an overall enrollment decrease of 6.9 % from Q4 2016 to Q1 2017 with a decrease in FP, IPC and RM-LIM enrollment. Peach State reported an overall decrease (5.9%) in P4HB enrollment, particularly in the FP component. However, Peach State reported increases in enrollment among its IPC and RM - LIM enrollees (3.1% and 16.4% respectively). These increases in enrollment of IPC and RM-LIM eligible women were partially due to a prior issue with processing the auto-enrollment files that had caused a backlog in the eligible women to be processed. WellCare experienced an overall P4HB enrollment decrease of 4.2% from Q4 2016 to Q1 2017. While FP enrollment increased (5.1%), there were decreases in enrollment observed in both the IPC and RM-LIM components (6.0% and 15.4% respectively).

Utilization patterns also varied across the CMOs. Use of known contraception decreased among Amerigroup and Peach State enrollees in Q1 2017, but increased slightly among WellCare enrollees. Oral contraception was the preferred form of contraception for the women in all three CMOs' FP only components (49.3% for Amerigroup, 44.4% for Peach State, and 48.5% for WellCare). The CMOs' IPC enrollees preferred different forms of contraception. Injectables were the preferred form of contraception for Peach State's IPC enrollees (40%), while oral contraception was the preferred form of contraception for Amerigroup's IPC enrollees (100%). Oral contraception and injectables were equally preferred among WellCare's IPC enrollees (38.9%). The total number of P4HB women who utilized one or more covered family planning services decreased for Amerigroup's and WellCare's enrollees during Q1 2017, but increased slightly for Peach State's enrollees. Service utilization among the CMOs' IPC enrollees varied. Utilization of primary care services increased greatly among Peach State's IPC enrollees (77.1%) but decreased

slightly among Amerigroup’s enrollees (17.4%) and more significantly among WellCare’s IPC enrollees (96.3%). In addition, dental care utilization decreased slightly among Amerigroup’s and WellCare’s IPC enrollees (33.3% and 19.2% respectively).

<b>CMO</b>	<b>All Outreach Activities</b>	<b>IPC Specific Outreach</b>
<b>Amerigroup</b>	<ul style="list-style-type: none"> <li>• 45 outreach activities</li> <li>• 1,810 participants</li> <li>• 283 provider relations activities</li> </ul>	<ul style="list-style-type: none"> <li>• 13 face-to-face RM visits</li> <li>• 95 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>• 861 calls made to new members</li> <li>• 861 new P4HB member packets mailed</li> <li>• 183 members (new and existing) received educational materials</li> </ul>	<ul style="list-style-type: none"> <li>• 2106 members who had a VLBW infant received telephone calls</li> <li>• A total of 949 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 were on hold in Q1 2017 due to DCH request.</li> </ul>	<ul style="list-style-type: none"> <li>• 61 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff.</li> <li>• Resource Mothers attended 41 outreach events and educated a total of 356 potential members and community partners. Resource Mothers distributed 144 applications to potential members.</li> </ul>

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

As noted in our Q4 2016 P4HB report, several changes were made to prepare for the transition to the new Georgia Gateway integrated eligibility system and for the transition to the new Georgia Families CMO contracts. These changes included:

- The eighth month letters, sent by the CMOs and P4HB enrollment broker to R S M pregnant Medicaid members, were temporarily discontinued. DCH is working with the Georgia Gateway team to reinstate these letters.
- The RSM team at DCH now has responsibility for review of the P4HB eligibility cases. This

team also continued their outreach activities related to the P4HB program and other medical assistance programs that DCH oversees.

- The P4HB website and the P4HB fact sheets transitioned to the DCH website in January 2017.
- DCH continues to conduct readiness reviews for the new CMO contracts including the reviews of all P4HB-related member and provider materials.
- Staff members at the FQHCs across the state who are participating in Georgia's Title X program and the local county health departments provided ongoing education about the P4HB program during Q1 2017, although we have noticed declines in some of these outreach activities.

### **EVALUATION ACTIVITIES**

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q1 2017:

- 1) The Emory team is in the process of obtaining the 2014 PRAMS data and is in conversation with representatives from the CDC on whether the 2013 GA PRAMS dataset may be updated to include more observations. Once these data are received, the Emory team will repeat the PRAMS analysis and, combined with the analysis of the claims and vital records, draft a paper for review by DCH before submission to a journal. Other data on enrollment trends, etc. will also be included where appropriate.
- 2) As noted in the Year 5 Annual Report the Emory team discerned that the Georgia Families CMOs were not using therapeutic classification codes to identify the use of oral contraceptives and proceeded to correct for this coding issue. The team used specific NDC codes to identify oral contraceptives. This led to a much higher percentage of users with

this form of pregnancy prevention and conversely, a lower percentage using LARCs. Given the importance of this correction to the results included in a publication, “Georgia's Medicaid Family Planning Waiver: Working together with Title X to Enhance Access to and Utilization of Contraceptive and Preventive Health Services” in the journal of *Women's Health Issues*, the Emory team contacted the journal and submitted an *erratum* to the paper. It is now published 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 is still in the process of moving the emphasis of the analysis to the IPC and RM women. In particular, they are refining codes to identify women with evidence of two conditions—chronic or gestational diabetes and chronic or gestational hypertension—to assess the number and percentage of women receiving appropriate follow-up care post-partum. Using ICD-9 and ICD-10 codes, they will assess the receipt of glucose tolerance tests, post-partum check-ups that should include blood pressure monitoring, etc. The Emory team anticipates including these results in the Quarter 2, Year 7 quarterly report.
- 4) The Emory team met with fellow researchers from the Georgia Health Policy Center (GHPC) to review the general methods used to derive measures of contraceptive use by teens and women enrolled in Medicaid in their respective reports. They are still in discussions about how to coordinate their efforts in this area of research and potentially, work on analysis of the PRAMS data for additional outcomes of interest to DCH.
- 5) The Emory team is assisting DCH with its application for an extension of the P4HB 1115 Demonstration. After talking with former CDC Assignee, Dr. Dave Goodman, Emory assembled some of the data needed to estimate expected fertility rates for the demonstration over the next several years. Work has begun on constructing the Excel spreadsheet to

calculate the estimates needed. The team will converse with DCH regarding the assumptions regarding the percentage of eligible women who will enroll and the percentage of those enrolling, who will use services through the P4HB program. The evaluation team will then decide how to best estimate the updated fertility rates.

### **ACTION PLANS**

- 1) DCH learned and shared with its CMOs that it must submit a new formal extension application for the P4HB program. In discussions with CMS, DCH will prepare this new extension application in time for its approval prior to the end date of the current temporary extension, 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 Q1 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 Q1 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				29,860
	IPC Enrollee Member Months	1,297				1,297
	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>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 823,468</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>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 186,782,945</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	-	-	-	1,297
	PMPM	\$ 115.96	\$ 115.96	\$ 115.96	\$ 115.96	\$ 115.96
	<b>Total</b>	<b>\$ 150,404</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 150,404</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>\$ 150,404</b>
<b>DIFFERENCE</b>						<b>\$ 186,632,541</b>