

Quarterly Report

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

1115 Demonstration in Georgia

Year 8

Quarter 1

January 1-March 31, 2018

Submitted to the Centers for Medicare and Medicaid Services

by:

The Georgia Department of Community Health

May 31, 2018

TABLE OF CONTENTS

Item	Page
OVERVIEW	3
CALL VOLUME	3
PROGRAM ELIGIBILITY	4
CMO QUARTERLY ENROLLMENT	4
CMO AVERAGE QUARTERLY ENROLLMENT	5
CMO QUARTERLY REPORTS	7
CARESOURCE PROVIDER AND MEMBER SURVEYS	12
DCH P4HB OUTREACH ACTIVITIES	18
EVALUATION ACTIVITIES	18
ACTION PLANS	20
EXPENDITURES	21
Budget Neutrality Spreadsheet	22

OVERVIEW

This first quarter (Q1) P4HB report of 2018 provides information on enrollment of women into P4HB as determined under the new integrated eligibility system, Georgia Gateway. This report summarizes the changes seen in P4HB program enrollment from the rollout of this new system. Other topics discussed in this Q4 report include:

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

CALL VOLUME

There were a total of 1,843 calls made to the Medicaid main IVR Call Center in Q1 2018. These included 619 calls in January, 552 calls in February, and 672 calls in March. The typical call lasted about 31 seconds. Calls are usually received by women wanting more information about P4HB or from current enrollees who have questions about the program. This number is not representative of all women inquiring about P4HB, we also have a line for PeachCare for Kids and P4HB only. Since the implementation of the Gateway system which was implemented in February of 2017, we have switch numbers for contact about P4HB. Women enrolling in P4HB also have the online Gateway system option and hence, do not need to call the P4HB call center for assistance.

PROGRAM ELIGIBILITY

Table 1 below, generated from data in the Georgia Gateway system, displays the number of women deemed eligible for the P4HB program in March along with the total number of women in transition during the month. The table shows additions throughout the month, denials, and terminations.

Table 1: Program Enrollment as of March 2018

PROGRAM /COA	CLIENT ADDITIONS				CLIENT DISPOSITIONS		
	ACTIVE BOM	TOTAL	APPROVE	REINSTATED	TOTAL	DENIED	TERMINATED
ARM - Inter-Pregnancy Care	1288	1326	1219	107	550	306	244
ARM - Resource Mother Services - Family Medicaid	1946	1523	1430	93	376	86	290
ARM - Family Planning Services	39507	38750	37601	1149	21339	16599	4740
ARM - Resource Mother Services - ABD Medicaid	4	2	2	0	8	5	3

“BOM” = “beginning of the month”

By the end of Q1 2018, at the beginning of the month, a total of 42,745 women were deemed eligible (see table 1). There were 39,507 women deemed eligible for family planning only services; 1,288 deemed eligible for inter-pregnancy care services; and 1,946 women deemed eligible for resource mother only services. This shows a 42.8% increase of women eligible from Q4 2017 (29,932).

CMO QUARTERLY ENROLLMENT

With the new CMO contract from the State starting July 1, 2017 passive enrollment began. Passive enrollment will enroll eligible women to a CMO automatically through an algorithm based on multiple factors including past history of a CMO, family history of a CMO, etc. The member will have a choice change period, if they do not want the health plan that is chosen for them, they can change to another health plan. They will have 90 days from the start date of their health plan to change to a new health plan. Passive enrollment will allow all women, including

P4HB enrollees, to get into a CMO faster.

As of March 2, 2018, there were 31,660 women enrolled of the 42,745 deemed eligible in one of the four Georgia Families CMOs and able to receive P4HB services. The total enrolled included 29,308 FP enrollees, 983 IPC enrollees, and 1,369 RM enrollees. DCH recognizes the difference in enrolled and eligible women, and we are hoping to see the gap get smaller as we move forward. These enrollment counts represent large changes in enrollment within each of the program's three components when enrollments at the end of Q1 2018 were compared to enrollments at the end of Q4 2017 as described below:

- An *increase of 38.3%* in the number of women enrolled in a CMO to receive family planning only services (29,308 women at the end of Q1 2018 versus 21,195 women at the end of Q4 2017);
- An *increase of 23.3%* in the number of women enrolled in a CMO to receive interpregnancy care services (983 women at the end of Q1 2018 versus 797 women at the end of Q4 2017); and
- An *increase of 19.1%* 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 2018, there were 2,352 women enrolled versus 1,975 women enrolled at the end of Q4 2017.

CMO Average Quarterly Enrollment

The data on enrollment, shown in **Figure 1**, reflects average quarterly FP only enrollment. As evidenced by the data noted above, there has been a large increase in enrollment in the FP only component. An increase of 46.3% in average quarterly enrollment in the FP component occurred from Q4 2017 to Q1 2018 (18,177 to 26,585). Additionally, as shown in **Figure 2**, the average quarterly enrollment in the IPC component increased by 36.0% (from 697 in Q4 2017 to 948 in Q1 2018). Note that these data reflect *averages* for the quarter and not

final enrollment numbers for the *end of the quarter*.

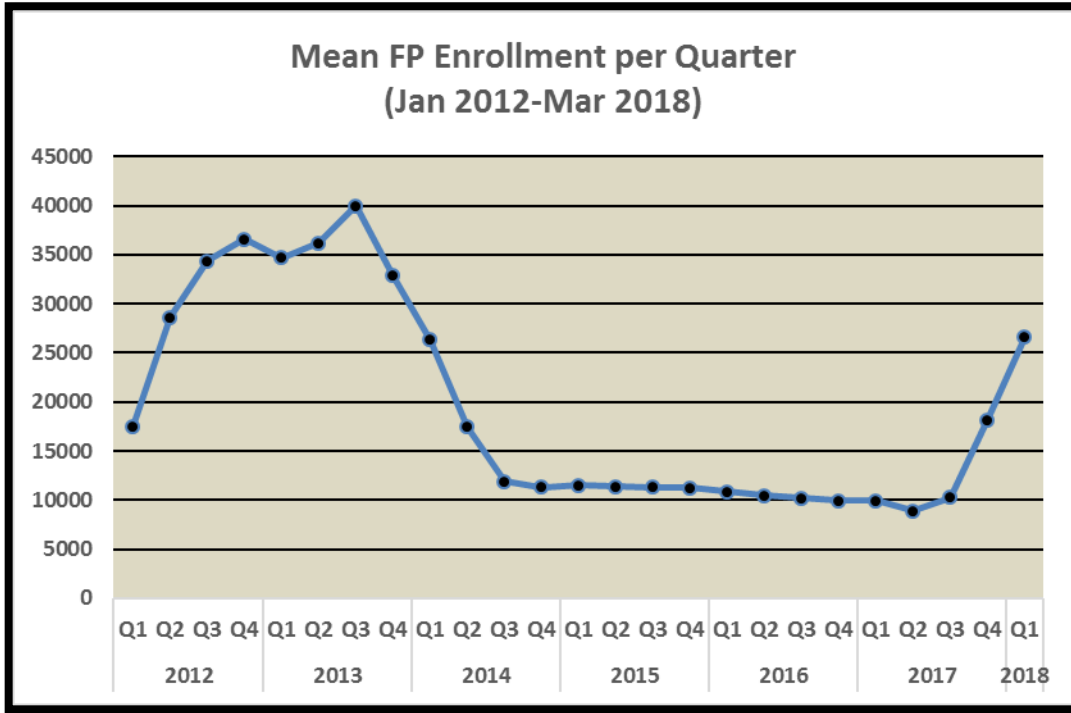


Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Mar 2018)
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

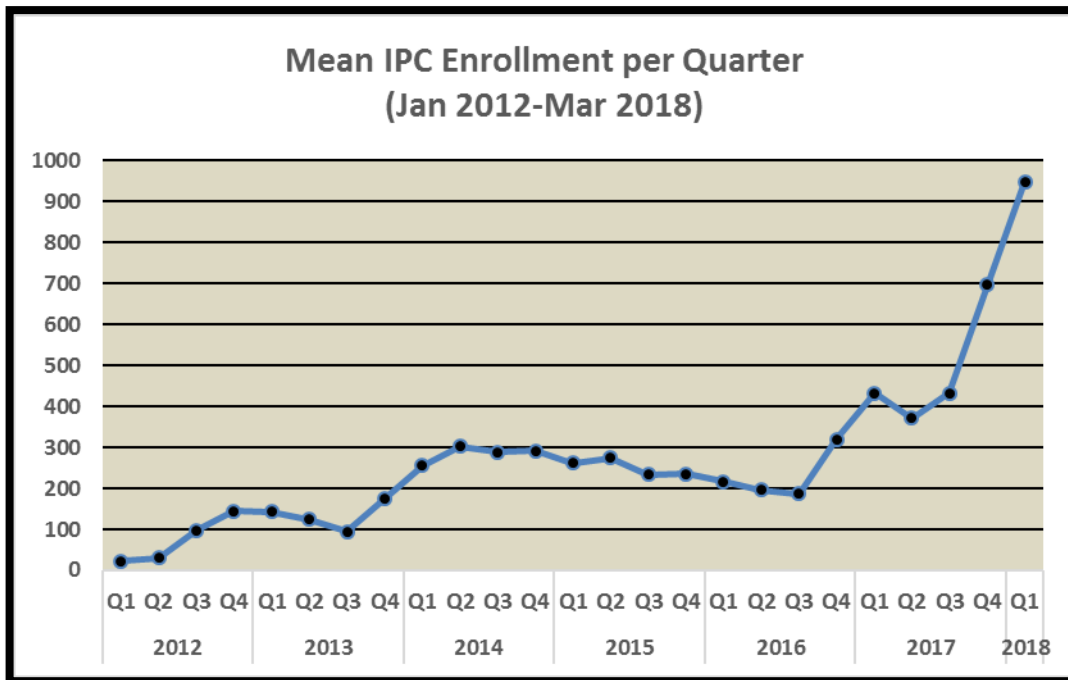


Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Mar 2018)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs' Q1 2018 P4HB quarterly reports sent to DCH at the end of April 2018. In Q3 of 2017, we began including the quarterly report information from CareSource, the fourth and newest CMO to participate in P4HB. All 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 Q1 2018. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own data. DCH data are abstracted from the beginning of the last month of the quarter while the CMOs abstract data from the last day of the reporting quarter. **Table 3** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q1 2018.

Table 2: CMO Enrollment and Utilization of Services, Q1 2018 (January-March 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 7,841 IPC: 226 RM/LIM: 307 Total Enrollment: 8,374 % of all P4HB enrollment: 26.4% % of all P4HB enrollment in previous quarter: 26.2%</p> <p><u>CMO Reported Enrollment</u> FP: 10,161 IPC: 291 RM//LIM: 362 Total Enrollment: 10,814 % of all P4HB enrollment: 28.2%</p>	<p><u>Use of Known Contraception</u> FP: 482 IPC: 18 RM: 45 Total: 545</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (46.3%); injectable (40.9%) IPC: Oral contraception (50.0%); injectable (38.9%) RM: Oral (48.9%); injectable (31.1%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,959 IPC: 91 RM: 156 Total: 2,206</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,441 IPC: 109 RM: 201 Total: 2,751</p> <p><u>IPC Service Utilization</u> Dental care: 13 Primary care: 260</p>
CareSource	<p><u>DCH Reported Enrollment</u> FP: 5,229 IPC: 161 RM//LIM: 204 Total Enrollment: 5,594 % of all P4HB enrollment: 17.7% % of all P4HB enrollment in previous quarter: 15.5%</p> <p><u>CMO Reported Enrollment</u> FP: 6,932 IPC: 209 RM/LIM: 272 Total Enrollment: 7,413 % of all P4HB enrollment: 19.4%</p>	<p><u>Use of Known Contraception</u> FP: 473 IPC: 14 RM: 4 Total: 491</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (62.4%); Injectable (20.3%); implants (10.2%) IPC: Oral contraception (50.0%); injectables (28.6%) RM: Oral contraception (75%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,351 IPC: 163 RM: 19 Total: 1,533</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 1,824 IPC: 177 RM: 23 Total: 2,024</p> <p><u>IPC Service Utilization</u> Primary Care: 6 Dental: 0 Substance Abuse: 0 Case Management: 142</p>

Table 2: CMO Enrollment and Utilization of Services, Q1 2018 (January-March 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><u>DCH Reported Enrollment</u> FP: 8,097 IPC: 291 RM//LIM: 399 Total Enrollment: 8,787 % of all P4HB enrollment: 27.8% % of all P4HB enrollment in previous quarter: 28.6%</p> <p><u>CMO Reported Enrollment</u> FP: 9,059 IPC: 347 RM//LIM: 493 Total Enrollment: 9,899 % of all P4HB enrollment: 25.8%</p>	<p><u>Use of Known Contraception</u> FP: 1,615 IPC: 86 RM: 110 Total: 1,811</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (44.2%); injectable (30.3%); implants (8.9%); IUDs (7.6%). IPC: Oral contraception (24.4%); implants (18.6%); IUDs (17.4%); injectables (11.6%) RM: Implants (31.8%); injectables (17.3%); sterilizations (17.3%); IUDs (10.9%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 865 IPC: 24 RM: 98 Total: 987</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,480 IPC: 110 RM: 208 Total: 2,798</p> <p><u>IPC Service Utilization</u> Primary Care: 27 Dental care: 0 Substance Abuse: 0</p>
WellCare	<p><u>DCH Reported Enrollment</u> FP: 8,141 IPC: 305 RM//LIM: 459 Total Enrollment: 8,905 % of all P4HB enrollment: 28.1% % of all P4HB enrollment in previous quarter: 29.7%</p> <p><u>CMO Reported Enrollment:</u> FP: 9,249 IPC: 329 RM//LIM: 606 Total Enrollment: 10,184 % of all P4HB enrollment: 26.6%</p>	<p><u>Use of Known Contraception</u> FP: 492 IPC: 16 RM: 26 Total: 534</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (41.6%); injectable (32.1%) IPC: Oral contraception (50%), injectables (25%) RM: Oral contraception (88.5%); injectables (11.5%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 2031 IPC: 107 Total: 2138</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,523 IPC: 123 RM: 39 Total: 2685</p> <p><u>IPC Service Utilization:</u> Dental: 38 Primary Care: 2</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q4 2017 to Q1 2018. Amerigroup reported an overall enrollment increase of 36.97% from Q4 2017 to Q1 2018 (7,895 to 10,814 enrollees) with an increase in each of the FP, IPC and RM-LIM groups. CareSource reported an overall enrollment increase of 127% from Q4 2017 to Q1 2018 (3,265 to 7,413 enrollees) with an increase in each of the FP, IPC, and RM-LIM groups. Peach State reported an overall increase from Q4 2017 to Q1 2018 of 30.3% in P4HB enrollment (7,599 to 9,899 enrollees), with an increase in FP, IPC, and RM-LIM enrollment. WellCare experienced an overall P4HB enrollment increase of 34.9% from Q4 2017 (7,548 enrollees) to Q1 2018 (10,184 enrollees). Enrollment increased for each of the FP, IPC, and RM/LIM WellCare enrollee groups.

Utilization patterns also varied across the CMOs. Compared to the CMO reports shown in our Quarter 4, 2017 report to CMS, the use of known contraception increased among enrollees in all four CMOs. For Amerigroup enrollees, the use of known contraception increased 22.2% (424 users in Q4 2017 to 545 users in Q2 2018). For CareSource enrollees, contraception utilization increased 71.3% (from 141 users in Q4 2017 to 491 users in Q1 2018). Utilization of contraception increased 26.6% among Peach State enrollees (1,329 users in Q4 to 1,811 users in Q1) and decreased 36.2% for WellCare enrollees (from 837 users in Q4 to 534 users in Q1 2018).

Oral contraception was the most preferred form of contraception reported for the women using a known form or contraceptives in all four CMOs' FP only components (46.3% for Amerigroup, 62.4% for CareSource, 44.2% for PeachState, and 41.6% for WellCare). The IPC enrollees in all four CMOs also preferred oral contraception (50% for both Amerigroup and CareSource IPC enrollees; 24.4% for PeachState IPC enrollees, and 50% of WellCare IPC enrollees).

Compared to the Q4 2017 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased in Q1 2018 for all four CMOs. Utilization increased 57.6% for Amerigroup enrollees, 231.8% for CareSource enrollees, 69.9% for PeachState, and 18.4% for WellCare enrollees. Service utilization among the CMOs' IPC enrollees varied. Compared to last quarter, utilization of primary care services increased among Amerigroup IPC enrollees (34.7%). CareSource IPC enrollees had no change in primary care services. Utilization of primary care services for WellCare enrollees was a 60% decrease in Q1 2018 compared to Q4 2017. Dental care utilization decreased among 100% among both CareSource and PeachState IPC enrollees (both reported no dental care visits), and among Amerigroup and WellCare IPC enrollees, dental care utilization stayed the same for Q1 2018.

CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 37 outreach activities • 934 participants • 210 provider relations activities 	<ul style="list-style-type: none"> • 166 telephone contacts by RM workers • 37 Community “Baby Showers” and “Diaper Days”
CareSource	<ul style="list-style-type: none"> • Welcome calls to all P4HB enrollees • New member mailings • Phone calls to ED utilizers to educate them on appropriate use of 	<ul style="list-style-type: none"> • Welcome calls to IPC and RM participants • Reminder letters and phone calls
Peach State	<ul style="list-style-type: none"> • 5,246 calls made to new members • 5,246 new P4HB member packets mailed • 302 members (new and existing) received educational materials 	<ul style="list-style-type: none"> • 64 members who had a VLBW infant received telephone calls • A total of 549 mothers seen in a high volume delivery hospital were educated face-to-face
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 3,079 members who recently delivered. • 817 mailers sent to members who were within 60 days of their due date. 	<ul style="list-style-type: none"> • 46 of 98 potential IPC members were contacted and received direct education about the program. • Resource Mothers attended 14 outreach events and educated a total of 181 potential members and community partners.

CARESOURCE PROVIDER AND MEMBER SURVEYS

CareSource is the fourth and newest CMO to be join the Planning for Healthy Babies (P4HB) program. Due to time limitations, CareSource worked internally to conduct its first round of provider and member surveys over a period of one week at the end of March 2018. Moving forward, it plans to work with SPH Analytics (the vendor for the other three CMOs) to conduct the provider and member survey. A summary of findings from the March 2018 surveys is provided below.

Provider Surveys

A total of 244 surveys were sent to participating providers who submitted P4HB claims from July 1, 2017-March 26, 2018 in addition to OBGYNs, federally qualified health clinics, rural health clinics, health departments, and providers listed as family medicine. Three providers completed the surveys, for a response rate of 1.2%.

Provider Characteristics:

- Two of three respondents were MDs; one respondent identified as a state health department provider. Their specialties include family planning, obstetrics, and women's health.
- All respondents also participate in Amerigroup, CareSource, and WellCare, while two of the three respondents participate with just CareSource and PeachState.
- All respondents accept new Medicaid patients and provide family planning or primary care services to women of reproductive age (18-44)

Awareness/Familiarity with P4HB program:

- All respondents are aware of P4HB and are currently providing services to women enrolled in P4HB
- All respondents learned of P4HB from the DCH website, while two respondents also learned about the program from the CMO websites and CMO mailings.
- One of the three respondents learned about P4HB from CMO emails and meetings hosted by DPH and/or professional and staff meetings.

Awareness/Familiarity with P4HB services:

- Two of three respondents indicated they had adequate information about services included in the Family Planning (Pink card) component. However, they indicated inadequate information regarding multivitamins with folic acid, Hepatitis B, and Tetanus-Diphtheria vaccines.
- Two of three respondents indicated that they needed more information about services included in the IPC (Purple card) component. These respondents indicated they had sufficient information regarding non-emergency transportation.

Experience with the P4HB program:

- Two of three respondents indicated that major barriers to P4HB were that the program does not cover the full range of family planning services, does not cover referrals or follow-up care, and it does not cover complications from use of family planning services. None of the respondents indicated that having a full practice served as a barrier to P4HB.
- Two respondents indicated they had training/and or knowledge about how to assess, educate, and counsel women about family planning services. The third respondent

indicated that he/she does not provide family planning services.

- One of three respondents indicated that a woman's reproductive life plan assessment includes sexual behaviors, including risk and protective behaviors, methods used, Methods used for preventing or spacing pregnancies, methods used for preventing STIs and risk for unintended pregnancy at every visit. All respondents indicated that they assess a women's desire or plans to have or not have children in the future, her desires or plans for timing or spacing of pregnancies and her life plans or goals less frequently but not at every visit.
- One of two respondents answered the survey question regarding educating, counseling and providing women information during health encounters. One of the two respondents indicated that they educate, counsel or provide information at each visit in regards to having a plan for timing or spacing pregnancies, sexual behaviors, including risk and protective behaviors, methods for preventing or spacing pregnancies, methods for preventing STIs and Risks for unintended pregnancy. Both of these respondents indicated that they educate, counsel or provide information to women less than every visit in regards to having a plan to have or not to have children in the future, dual protection and life plans or goals.
- Two of the three respondents answered a question about whether or not they would recommend or refer their patients to the P4HB program. The third respondent did not want to answer this question. Of these two who did respond both answered that they would not recommend nor refer their patients to P4HB. They further elaborated: "very limited benefits, patients do not understand at all that this plan has very limited coverage and they are upset to find out that not all services are covered under this plan" and "because services

are limited and most services are provided at the local health department.”

- One provider suggested that P4HB materials should be posted on clinical websites as a way to improve women’s awareness of and interest in P4HB.

Member Surveys

In March 2018, CareSource distributed a survey to a sample of 500 members from their current 6,504 P4HB enrollees. They yielded 48 completed surveys, which is 9.6% of the sample and 0.74% of their overall P4HB membership. Major findings from the surveys are summarized below. We present overall findings from the survey and then findings specifically regarding the Pink and Purple cards.

Member Characteristics

- Of the 48 respondents, 23 (47.9%) are FP-only enrollees, 13 (27.1%) are IPC enrollees, 7 (14.6%) are RM enrollees, and 5 (10.4%) were unknown.
- Mean age of respondents was 29 (range from 19 to 42)

Understanding/Awareness of P4HB

- About one-quarter of respondents (27%) learned about P4HB from a doctor or nurse at a local health department
- Most respondents were aware of the eligibility requirements for the FP only component, including age (87.0%), residency (91.3%), citizenship (91.3%), income (65.2%), no other Medicaid coverage (65.2%) or any insurance (60.9%).
- Most respondents were aware of the eligibility requirements for the IPC component, including age (84.6%), residency (84.6%), citizenship (84.6%), income (92.3%), no other Medicaid coverage (61.5%), no other insurance (61.5%), and newborn under 3 pounds (69.2%).

- Of the 48 respondents, 27.1% indicated that they have enough information about where to go for services. Also, 20.8% know which services are available through the Pink Card program, and 27.1% know which services are available through the Purple Card program. About one-third of respondents (33.3%) know how much money they have to pay for P4HB services.
- About one-quarter of respondents were asked by their doctor or nurse at their last appointment about both birth control to prevent or space pregnancies (25.0%) or whether they used male or female condoms to prevent STIs (25.0%).
- When all were asked what they would like their doctor or nurse to discuss as part of a health care appointment, the top 3 topics that respondents identified were: 1) their life plans or goals (31.3%), 2) whether they use male or female condoms to prevent STIs; and 3) their thoughts or plans about having or not having children in the future (29.2%).

P4HB Service Utilization

- Prior to enrolling in P4HB, 81% of respondents reported not having a problem identifying a provider. However, some respondents did acknowledge access barriers to care, including primary care services (20.8%) and birth control, pregnancy testing, STI testing (12.5%).
- When asked what problems the participant had prior to enrolling in P4HB, 69% reported they could not pay for services.
- The top three reasons for enrolling in P4HB were to get primary care services (66.7%), birth control (29.2%), or pregnancy testing (22.9%).

Experience with the P4HB program

- The top three services that P4HB enrollees have used are primary care services (43.8%), birth control (20.8%), and pregnancy testing (12.5%)

- A majority of respondents (83.3%) would recommend P4HB to others. Reasons why they would recommend P4HB included, “because women need preventative care,” and “it makes you feel better to know you can see the doctor when need to.”

Pink Card

- Survey respondents were asked about whether they had to pay for 11 specific services under the Pink Card program, and the range of correct answers was between 56.6% to 69.6%. Most correctly identified pap smears and pelvic exams (69.6%) and pregnancy testing, STI testing, and STI treatment (56.5%) as being free under the Pink Card program.
- Most respondents identified having used primary care services (47.8%) in the Pink Card program.
- Problems associated with accessing care under the Pink Card program related to not being able to get to the doctor when they are open (13%) or getting dental services (13%)

Purple Card

- Respondents indicated that they used only 12 of the 18 Purple Card services, including dental services (23.1%), vaccinations (23.1%), family planning visits (23.1%), primary care services (30.8%), birth control (30.8%), and pap smear and pelvic exams (30.8%).
- Two respondents (15.4%) indicated that transportation was a major barrier to accessing services available under the Purple Card program.
- Respondents were asked to select ways in which they have experienced positive changes due to P4HB. The top reasons included: 1) being able to get preventive care (pap smears) and FP counseling (60.4%), not having to pay for FP and birth control (37.5%) and being able to go to another doctor or nurse for primary care (27.1%).
- A majority of Purple Card respondents reported being able to get care for their illnesses

(53.8%) and to get medicine for their illnesses (69.2%).

DCH P4HB OUTREACH ACTIVITIES

- DCH has been helping with Healthy Mothers Healthy Baby's Strategic Plan to Address Infant Mortality in the Atlanta Perinatal Region and using this platform to explain and promote P4HB to community leaders.
- Also, DCH is giving guidance to new staff at the Georgia Family Planning System so they can continue to promote P4HB to the federally qualified health centers (FQHCs) as the current Title X grantee.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q1 2018:

- 1) The Emory team is working with colleagues at the Georgia Health Policy Center (GHPC) to obtain and analyze the 2014 PRAMS data as an update to the PRAMS analysis in an upcoming report. The Emory team will also use these data with the analysis of the more current claims and vital records for inclusions in an academic paper.
- 2) The Emory team has updated and finalized code to examine the receipt of post-partum visits, PAP screens and family planning visits as well as contraceptive use post-partum [at delivery hospitalization; after hospitalization through 90 days' post-partum; after hospitalization through 6 months' post-partum]. The Emory tea will also examine the rate of enrollment post-partum in each of these time periods. While the Emory team has been involved in finalizing this code in another state using similar claims data the team will need to adapt the code to the GA data.

- 3) The Emory team is working with the GHPC as they inform the new director of the P4HB program about the effects of the P4HB program to date. The Emory team is working with DCG and CMS to implement a new evaluation design which will focus on only the post-P4HB time period. The team hopes to move the emphasis of the analysis to the IPC and RM women and in general, focus on maternal and infant outcomes. For example, the Emory team plans 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. for IPC and RM only women.
- 4) The Emory team has a subcontract with fellow researchers from the Georgia Health Policy Center (GHPC) in place and has started analysis of contraceptive use by RSM post-partum. Two research questions using the claims/enrollment data will be addressed in this effort: 1) Do RSM women use family planning/contraceptive services post-partum at a different rate than LIM women; and 2) Has the P4HB program served as a 'safety-net' source of insurance for RSM women post-partum? They will first report to DCH and will then collaborate further on analysis of PRAMS data and an academic paper.
- 5) The Emory continues to assist DCH with its application for an extension of the P4HB Section 1115 Demonstration including estimating expected fertility rates and number of uninsured citizen women < 200% FPL eligible for the demonstration over the coming several years. More recently Emory has worked to estimate total averted births by year and averted births by LBW and VLBW on a quarterly basis. These numbers were combined with the capitated payments reported by DCH in the renewal application but will need revision per comments from CMS. Emory will continue to work with DCH as needed to develop the proposed changes to the budget neutrality sheet, the evaluation

design and the reporting process.

ACTION PLANS

- 1) DCH is receiving technical assistance from CMS to aid in the completion of the 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, 2019.
- 2) The CMOs will continue their ongoing outreach about the P4HB program and will shift to focus their efforts on the improving utilization rates
- 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 after approval of extension application.
- 5) DCH is working as a team to make corrections to the Georgia Gateway system, one of the main changes that will be made is that the application where the woman must indicate “Yes” as interested in receiving P4HB.

EXPENDITURES

For Q1 2018 and as shown in all past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. As in prior reports, 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 and to perhaps make other changes, to the budget neutrality calculation as the renewal of the P4HB extension is discussed with CMS in the process of its approval for renewal.

Budget Neutrality

The budget neutrality calculation for Q1 2018 is provided on the following page.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2018						
		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</i>	FP Enrollee Member Months	79,754				79,754
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	2,845				2,845
	PMPM for FP Members FP related Services	\$26.62	\$26.62	\$26.62	\$26.58	\$26.61
	PMPM for IPC Members FP related Services	\$22.69	\$22.69	\$22.69	\$22.69	\$22.69
	Total	\$ 2,187,542	\$ -	\$ -	\$ -	\$ 2,186,761
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		\$ 2,187,542	\$ -	\$ -	\$ -	\$ 188,146,238
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	2,845	-	-	-	2,845
	PMPM	\$ 117.00	\$ 117.00	\$ 117.00	\$ 115.50	\$ 116.63
	Total	\$ 332,879	\$ -	\$ -	\$ -	\$ 332,879
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		\$ -	\$ -	\$ -	\$ -	\$ 332,879
DIFFERENCE						\$ 187,813,359