

Quarterly Report

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

1115 Demonstration in Georgia

Year 9

Quarter 1

January 1-March 31, 2019

Submitted to the Centers for Medicare and Medicaid Services

by:

The Georgia Department of Community Health

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OVERVIEW

This first quarter (Q1) P4HB report of 2019 provides information on enrollment of women into P4HB. This report summarizes trends seen in the P4HB program by the topics noted below:

- Call Volume
- Program Eligibility and CMO Enrollment
- CMO Quarterly Reports
- DCH P4HB Outreach Activities
- Evaluation Activities
- Action Plans
- Expenditures and Budget Neutrality

CALL VOLUME

There are two call systems that women can access to learn more information about P4HB. These include the Medicaid main Interactive Voice Response (IVR) Call Center and PeachCare for Kids/P4HB call line. There were a total of 571 calls made to the Medicaid main IVR call center in Q1 2019. These included 228 calls in January, 186 calls in February, and 157 calls in March. The typical call lasted about 32 seconds. Overall, this represents a drop in calls to this line of 9.8% from Q4 2018 (633) to Q1 2019 (571). Calls are usually received from women who want 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, however, as we also have a line for PeachCare for Kids/ P4HB. Since the implementation of the Gateway system in February of 2017, we have switched telephone numbers for those interested in making 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 applying and deemed eligible for the P4HB program by the end of March 2019 along with the total number of women in transition during the month. The table shows additions to P4HB throughout the month, denials, and terminations.

Table 1: Program Enrollment as of March 31, 2019

PROGRAM/COA	CLIENT ADDITIONS				CLIENT DISPOSITIONS		
	ACTIVE BOM	TOTAL	APPROVE	REINSTATED	TOTAL	DENIED	TERMINATED
ARM - Resource Mother Services - Family Medicaid	1,190	1,318	1,008	310	549	53	496
ARM - Family Planning Services	55,394	47,361	45,236	2,125	26,373	20,357	6,016
ARM - Resource Mother Services - ABD Medicaid	5	4	4	0	6	5	1
ARM - Inter-Pregnancy Care	963	836	772	64	338	78	260
Total	57,552						

“BOM” = “beginning of the month”

“ARM” = Activity Report Month

By the end of Q1 2019, at the beginning of the month, a total of 57,552 women who were deemed eligible (see Table 1) across the several components of P4HB. There were 55,394 women deemed eligible for family planning only services; 963 deemed eligible for inter-pregnancy care services; and 1,195 women deemed eligible for resource mother (RM) only services. This shows a 2.9% increase in women eligible from Q4 2018 (55,928).

CMO QUARTERLY ENROLLMENT

The CMO contract continues to use passive enrollment for all Georgia Family (GF) health plans for new enrollees in Medicaid or PeachCare for Kids[®], including P4HB enrollees. Passive enrollment means newly eligible women will be enrolled in 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 period (90 days) to change this choice if they do not want the CMO health plan that is chosen for them. Passive enrollment will allow all GF enrollees, including P4HB enrollees, to get into a CMO faster.

As of March 1, 2019, there were 46,344 women of the 57,552 deemed eligible who were enrolled in one of the four Georgia Family CMOs and able to receive P4HB services. The main reason why a woman wouldn't automatically be placed into a CMO through passive enrollment is if there is evidence that she has other insurance or Medicare; once she is cleared of any other insurance, the system will start the passive enrollment process. If the woman is eligible but shows third-party liability (TPL) in the GAMMIS system, Gateway will not close the woman out in their system while GAMMIS does not allow her to enroll in a CMO. DCH is working on a request to fix this issue in the gateway system. The total number of women enrolled in a CMO included 44,766 FP enrollees, 724 IPC enrollees, and 854 RM enrollees. These total counts represent changes in enrollment as new women apply and are deemed eligible while others are terminated or denied eligibility within each of the program's three components and in turn, those eligible are enrolled in a CMO for services. When enrollments at the end of Q1 2019 were compared to enrollments at the end of Q4 2018 these patterns emerge:

- An *increase of 6.8%* in the number of women enrolled in a CMO to receive family planning only services (44,766 women at the end of Q1 2019 versus 41,899 women at the end of Q4 2018);
- A *decrease of 6.2%* in the number of women enrolled in a CMO to receive interpregnancy care (IPC) services (724 women at the end of Q1 2019 versus 772 women at the end of Q4 2018); and
- A *decrease of 21.3%* 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 2019, there were 1,578 women enrolled versus 2,005 women enrolled at the end of Q4 2018.

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 this program component. An increase of 7.6% in average quarterly FP only enrollment occurred from Q4 2018 to Q1 2019 (40,980 to 44,101). As shown in **Figure 2**, the average quarterly enrollment in the IPC component decreased by 8.4% (from 836 in Q4 2018 to 766 in Q1 2019). Note that these data reflect *averages* for the quarter and not final enrollment numbers for the *end of the quarter*; the trends are consistent however, with the trends in final quarterly enrollment noted above.

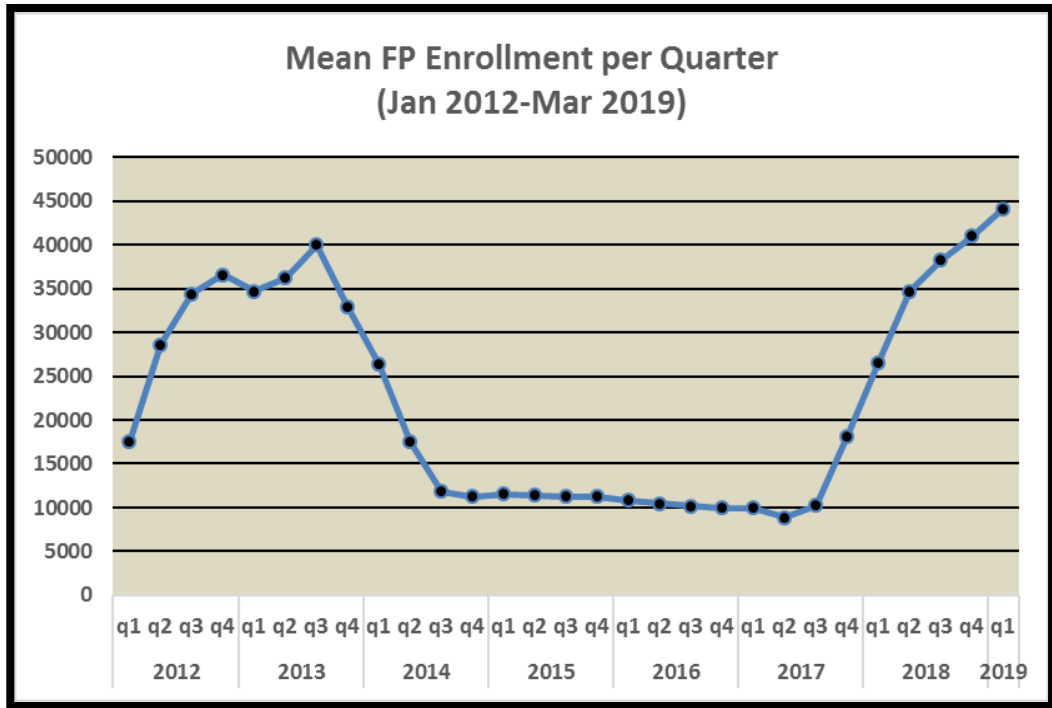


Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Mar 2019)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

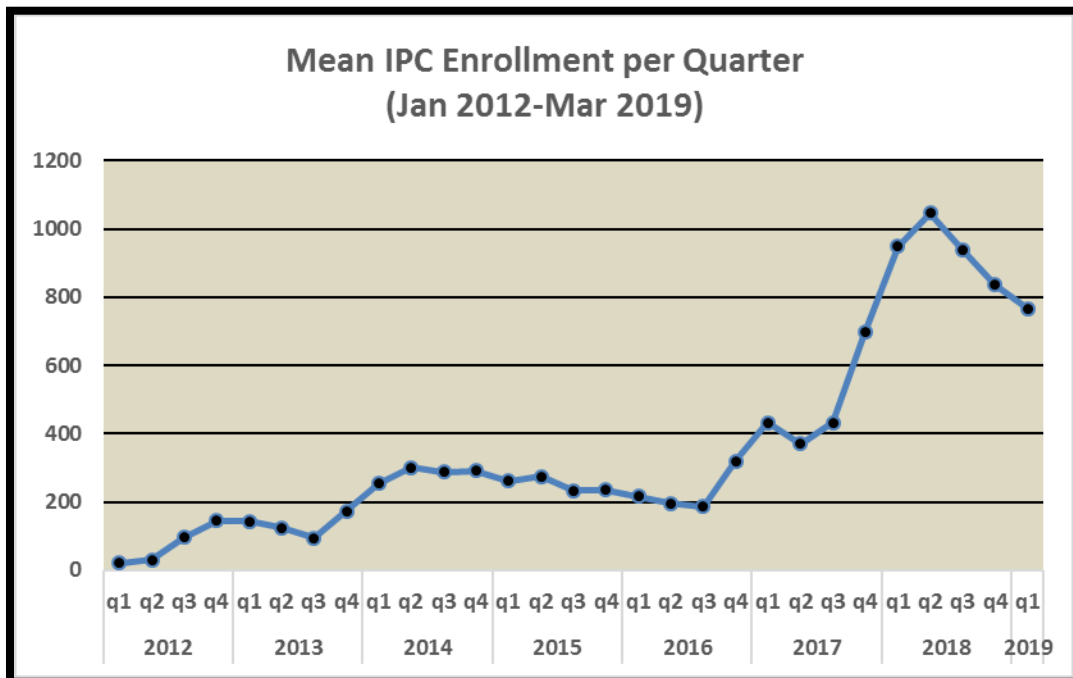


Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Mar 2019)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs' Q1 2019 P4HB quarterly reports sent to DCH at the end of March 2019. 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 2019. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own encounter data. One reason for these discrepancies is that 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** also provides information from each CMO regarding outreach activities to potential and new FP and IPC enrollees.

Table 2: CMO Enrollment and Utilization of Services, Q1 2019 (January-March 2019)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 12,156 IPC: 182 RM: 141 Total Enrollment: 12,479 % of all P4HB enrollment: 26.9% % of all P4HB enrollment in previous quarter: 26.7%</p> <p><u>CMO Reported Enrollment</u> FP: 14,809 IPC: 244 RM: 217 Total Enrollment: 15,251 % of all P4HB enrollment: 28.3%</p>	<p><u>Use of Known Contraception</u> FP: 1,005 IPC: 16 RM: 41 Total: 1,062</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (52.9%); injectable (35.6%) IPC: oral contraception (43.8%); Injectable (43.8%) RM: oral contraception (43.9%); injectable (34.2%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 3,327 IPC: 87 RM: 144 Total: 3,558</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 4,322 IPC: 103 RM: 185 Total: 4,620</p> <p><u>IPC Service Utilization</u> Dental care: 19 Primary care: 124</p>
CareSource	<p><u>DCH Reported Enrollment</u> FP: 8,591 IPC: 125 RM: 183 Total Enrollment: 8,899 % of all P4HB enrollment: 19.2% % of all P4HB enrollment in previous quarter: 19.0%</p> <p><u>CMO Reported Enrollment</u> FP: 10,626 IPC: 189 RM: 281 Total Enrollment: 11,096 % of all P4HB enrollment: 20.6%</p>	<p><u>Use of Known Contraception</u> FP: 955 IPC: 17 RM: 1 Total: 973</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (64.5%); injectables (17.8%); implants (8.8%) IPC: Oral contraception (76.5%) RM: Implants (100%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,863 IPC: 65 RM: 12 Total: 1,940</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,818 IPC: 82 RM: 13 Total: 2,913</p> <p><u>IPC Service Utilization</u> Primary Care: 5 Dental: 7 Substance Abuse: 0 Resource Mother: 13</p>

Table 2: CMO Enrollment and Utilization of Services, Q1 2019 (January-March 2019)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><u>DCH Reported Enrollment</u> FP: 12,262 IPC: 184 RM: 188 Total Enrollment: 12,634 % of all P4HB enrollment: 27.3% % of all P4HB enrollment in previous quarter: 27.0%</p> <p><u>CMO Reported Enrollment</u> FP: 14,017 IPC: 266 RM: 324 Total Enrollment: 14,607 % of all P4HB enrollment: 27.1%</p>	<p><u>Use of Known Contraception</u> FP: 1,800 IPC: 56 RM: 59 Total: 1,915</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Injectables (36.5%); oral contraception (34.5%); implants (13.3%). IPC: oral contraceptives (30.4%); injectables (25.0%); implants (19.6%) RM: Injectables (44.1%); oral contraception (18.6%); implants (23.7%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 207 IPC: 1 RM: 6 Total: 214</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,007 IPC: 57 RM: 65 Total: 2,129</p> <p><u>IPC Service Utilization</u> Primary Care: 70 Dental care: 28 Substance Abuse: 0 Resource Mother: 42</p>
WellCare	<p><u>DCH Reported Enrollment</u> FP: 11,757 IPC: 233 RM: 342 Total Enrollment: 12,332 % of all P4HB enrollment: 26.6% % of all P4HB enrollment in previous quarter: 27.3%</p> <p><u>CMO Reported Enrollment:</u> FP: 12,230 IPC: 220 RM: 466 Total Enrollment: 12,916 % of all P4HB enrollment: 24.0%</p>	<p><u>Use of Known Contraception</u> FP: 1,305 IPC: 27 RM: 44 Total: 1,376</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (55.5%); injectable (33.1%); IUDs (7.4%) IPC: Oral contraception (51.9%), injectables (37.0%); IUDs & implants (3.7%) RM: Oral contraception (70.5%); injectables (27.3%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 2,634 IPC: 53 RM: 11 Total: 2,698</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 3,939 IPC: 80 RM: 55 Total: 4,074</p> <p><u>IPC Service Utilization:</u> Dental: 25 Primary Care: 147</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q4 2018 to Q1 2019. Amerigroup reported an overall enrollment increase of 4.7% from Q4 2018 to Q1 2019 (14,570 to 15,251 enrollees) with increase in the FP group and a slight decline in the IPC and RM groups. CareSource reported an overall enrollment increase of 9.4% from Q4 2018 to Q1 2019 (10,146 to 11,096 enrollees) with an increase in the FP group and a slight decline in the IPC and RM groups. Peach State reported an overall increase from Q4 2018 to Q1 2019 of 6.1% in P4HB enrollment (13,765 to 14,607 enrollees), with an increase in the FP group and a decrease in the IPC and RM groups. WellCare experienced an overall P4HB enrollment increase of 5.5% from Q4 2018 to Q1 2019 (12,239 to 12,916 enrollees). Enrollment increased for the FP and RM groups, but decreased for the IPC group.

Utilization patterns also varied across the CMOs. Compared to the CMO reports shown in our Quarter 4, 2018 report to CMS, the use of known contraception increased among enrollees for CareSource and WellCare enrollees only. For CareSource enrollees, contraception utilization increased 22.1% (from 797 users in Q4 2018 to 973 users in Q1 2019). For WellCare enrollees, the use of known contraception increased 7.5% (1,280 users in Q4 2018 to 1,376 users in Q1 2019). For Amerigroup enrollees, contraception utilization decreased 28.0% (from 1,474 users in Q4 2018 to 1,062 users in Q1 2019). Utilization of contraception decreased 4.4% among Peach State enrollees (2,003 users in Q4 2018 to 1,915 users in Q1 2019).

Oral contraception was still the most preferred form of contraception reported for the women using a known form of contraceptive in three of the four CMOs' FP only components (52.9% for Amerigroup, 64.5% for CareSource, and 55.5% for WellCare). The preferred form of contraception for PeachState FP enrollees with a known form of contraception), however, was

injectables (36.5%). The IPC enrollees in all four CMOs also preferred oral contraception (43.8% for Amerigroup, 76.5% for CareSource; 30.4% for PeachState, and 51.9% for WellCare IPC enrollees).

Compared to the Q4 2018 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased in Q1 2019 for three of the four CMOs. Utilization increased 26.3% for Amerigroup enrollees, 24.2% for CareSource enrollees, and 6.9% for WellCare enrollees. Utilization decreased 5.2% for PeachState enrollees.

Service utilization among the CMOs' IPC enrollees varied. Compared to last quarter, utilization of primary care services decreased among Amerigroup enrollees (49.0%), and increased among WellCare enrollees (8.1% or from 136 to 147 primary care services). Utilization of primary care services also increased 25.0% among CareSource enrollees and 169.2% among PeachState enrollees from Q4 2018 to Q1 2019. Dental care utilization decreased 24.0% for Amerigroup IPC enrollees but increased 250.0% among CareSource IPC enrollees and 460.0% among PeachState enrollees. Dental care utilization decreased 7.4% among WellCare IPC enrollees in Q1 2019.

Table 3: CMO Outreach, Q1 2019 (January-March 2019)		
CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 39 outreach activities • 1,282 participants • 201 provider relations activities 	<ul style="list-style-type: none"> • 127 contacts by RM workers • 39 Community “Baby Showers” and “Diaper Days” with 1,282 participants
CareSource	<ul style="list-style-type: none"> • Welcome calls to all P4HB enrollees within 30 days of being eligible. • New member mailings 	<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"> • 3,361 calls made to new members • 3,361 new P4HB member packets mailed • 194 members (new and existing) received educational materials 	<ul style="list-style-type: none"> • 65 members who had a VLBW infant received telephone calls • A total of 514 mothers seen in a high-volume delivery hospitals were educated face-to-face
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 5,729 members who recently delivered. 	<ul style="list-style-type: none"> • 85 IPC members were contacted and received direct education about the program. • Resource Mothers attended 30 outreach events and educated a total of 512 potential members and community partners. • Resource Mothers conducted 58 face-to-face visits, 181 phone calls, and 58 care plans with IPC and RM enrollees.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q1 2019:

- 1) The Emory team is pulling together all multivariate and other analytic sections of prior annual reports to draft a comprehensive manuscript for potential publication. This paper would use the claims/enrollment data through 2017, the PRAMS data through 2013 and will include the analysis of both the family planning and IPC components of the waiver. The manuscript will reflect the key findings noted in the Year 7 Annual Report. Emory team will submit the draft to DCH for review and comment.
- 2) The Emory team helped publish the Issue Brief on ‘users versus non-users’ of family planning services under P4HB and reported on these findings in the Year 7 Annual Report.
- 3) The Emory team will work with DCH and CMS to implement a new evaluation design once the state receives approval of the waiver renewal and the STCs are sent. In the new evaluation they will incorporate more information on the follow-up services provided to IPC and RM enrollees under P4HB including the diagnosis and management of chronic conditions among IPC and RSM only women. They will focus on maternal and infant outcomes and will in that vein help shift the key outcome of P4HB to increases in normal birthweight infants. Finally, they will provide more detail on how well the CMOs ‘perform’ in terms of the metrics included in their contract for the P4HB. Emory had initially followed the waiver renewal process and participated in phone calls with CMS as they occurred but have not been on the more recent set of calls.

- 4) The Emory team will continue to assist DCH with its application for an extension of the P4HB Section 1115 Demonstration as the STCs are put forth by CMS. In the past, they helped estimate expected fertility rates and number of uninsured citizen women < 200% FPL eligible for the demonstration over the coming several years. The team stands ready to work on all aspects of the renewal application.

ACTION PLANS

- 1) DCH is receiving technical assistance from CMS to aid in the completion of the extension application, new budget neutrality calculations, and the public notice process during the quarter. DCH submitted a fast-track extension request to CMS after public notice period. The current temporary extension end date is June 30, 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 created a new page for P4HB on the Medicaid section of the DCH website
- 5) The DCH Communications Team will collaborate with the P4HB program staff to develop a new communications plan after approval of extension application.
- 6) DCH is working as a team to make corrections to the Georgia Gateway system; DCH is currently removing hundreds of non-eligible IPC/RM women who did not have the correct verification in the system for having a VLBW baby.

EXPENDITURES

For Q1 2019 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 now 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 2019, based on the original template, is provided on the following page.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2019		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
FP and FP-Related Services for All P4HB Pop - 90:10 and reg	FP Enrollee Member Months	132,302				132,302
FMAP rates (multivits, immunizations, admin., etc)	IPC Enrollee Member Months	2,299				2,299
	PMPM for FP Members FP related Services	\$26.58	\$26.58	\$26.58	\$26.57	\$26.58
	PMPM for IPC Members FP related Services	\$22.69	\$22.69	\$22.69	\$22.69	\$22.69
	Total	\$ 3,568,761	\$ -	\$ -	\$ -	\$ 3,568,290
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		\$ 3,568,761	\$ -	\$ -	\$ -	\$ 189,527,767
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
Interpregnancy Care Services at the FMAP rate	Member Months	2,299	-	-	-	2,299
	PMPM	\$ 115.50	\$ 115.50	\$ 115.50	\$ 114.96	\$ 115.37
	Total	\$ 265,538	\$ -	\$ -	\$ -	\$ 265,538
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		\$ -	\$ -	\$ -	\$ -	\$ 265,538
DIFFERENCE						\$ 189,262,229