

Quarterly Report

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

1115 Demonstration in Georgia

Year 7

Quarter 3

July 1-September 30, 2017

Submitted to the Centers for Medicare and Medicaid Services

by:

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OVERVIEW

This third quarter (Q3) P4HB report provides information on enrollment of women into P4HB as determined under the new integrated eligibility system, Georgia Gateway, which has implemented the last wave this quarter and is in full production throughout the State of Georgia. This report summarizes the changes seen in P4HB program enrollment from the rollout of this new system. . In addition, this report reflects enrollment of now four Care Management Organization (CMO), which includes the 3 incumbent CMOs and a new CMO, CareSource which began participating in P4HB in July 1 2017.

Other topics discussed in this Q3 report include:

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

GEORGIA GATEWAY

During this Quarter, the GA Gateway system is fully live, with the second wave that happened July, 2017 and the last wave being September 2017. With the new system fully implemented statewide, P4HB has seen significant enrollment since the transition February 6, 2017. We are still identifying some concern with the new system as we review 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. The issues found from last quarter that were identified are now fixed within the system and will start to see the effect of the fixes within the next two quarters. The examples from Q2 were 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 and 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. Capitation funds paid to the CMOs for these enrollees were recouped. We will continue to monitor the system for such issues.

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 September along with the total number of women in transition during the month. The table shows additions throughout the month, denials, and terminations.

Table 1

	ACTIVE BOM	CLIENT ADDITIONS			CLIENT DISPOSITIONS		
		TOTAL	APPROVE	REINSTATED	TOTAL	DENIED	TERMINATED
Inter-Pregnancy Care	695	267	253	14	176	58	118
Family Planning Services	16575	5642	5373	269	3896	2315	1581
Resource Mother Services - ABD Medicaid	4	4	3	1	3	1	2
Resource Mother Services – Parent/ Caretaker Medicaid	951	451	414	37	150	28	122

“BOM” = “beginning of the month”

During Q3, at the beginning of the month a total of 18, 225 women were deemed eligible (see table 1). There were 16,575 women deemed eligible for family planning only services; 695 deemed eligible for inter-pregnancy care services; and 955 women deemed eligible for resource mother only services. This shows a 63.25% increase of women eligible from Q2 (11,164).

CMO QUARTERLY ENROLLMENT

With the new CMO contract from the State, July 1, 2017 also brought passive enrollment. Passive enrollment will enroll eligible women to a CMO automatically through an algorithm. 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 women to get into a CMO faster.

As of September 1, 2017, there were 14,070 women enrolled of the 18,225 deemed eligible in one of the four Georgia Families CMOs and able to receive P4HB services. The total enrolled included 12,813 FP enrollees, 522 IPC enrollees, and 735 RM enrollees. DCH recognizes the difference in enrolled and eligible women, 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 Q3 2017 (Q3) were compared to enrollments at the end of Q2 2017 (Q2) as described below:

- An *increase of 62.9%* in the number of women enrolled in a CMO to receive family planning only services (12,813 women at the end of Q3 2017 versus 7,867 women at the end of Q2 2017);
- An *increase of 62.1%* in the number of women enrolled in a CMO to receive interpregnancy care services (522 women at the end of Q3 2017 versus 322 women at the end of Q2 2017);
and
- An *increase of 77.5%* 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 Q3 2017, there were 1,257 women enrolled versus 708 women enrolled at the end of Q2 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 an increase in enrollment in the FP only component. An increase of 15.7 percent in average quarterly enrollment in the FP component occurred from Q2 2017 to Q3 2017 (8,869 to 10,264). Additionally, as shown in **Figure 2**, the average quarterly enrollment in the IPC component increased by 16.4 percent (from 371 in Q2 2017 to 432 in Q3 2017). Note, these increases are smaller than those noted on the previous page since they reflect *averages* for the quarter and not final enrollment numbers for the *end of the quarter*.

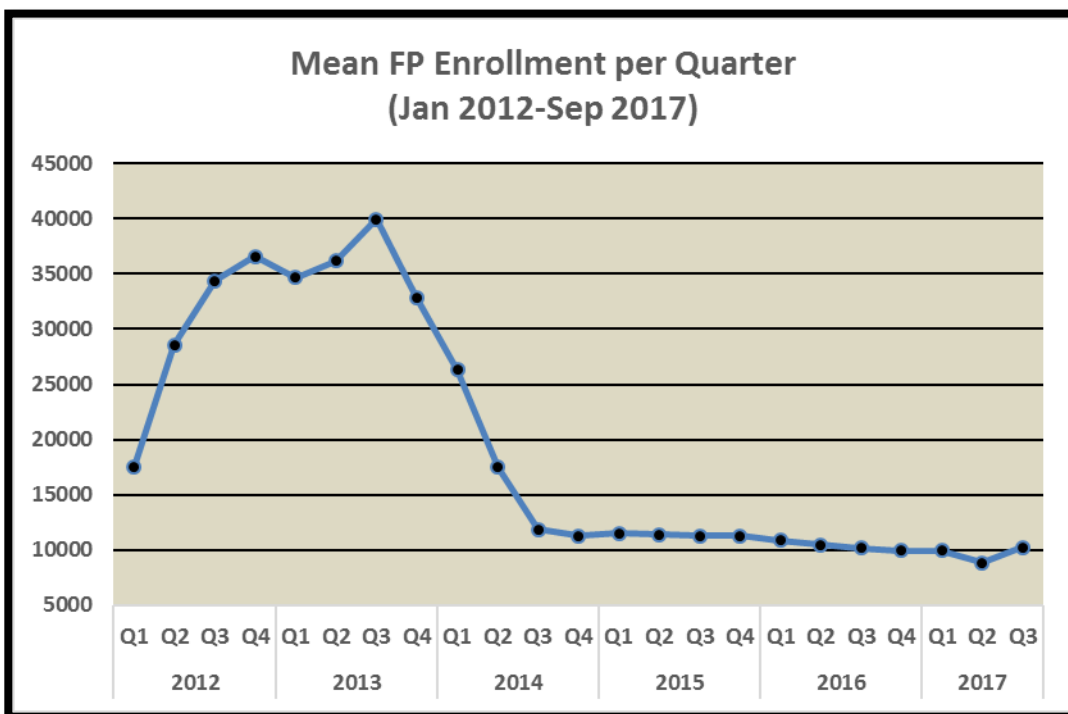


Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Sep 2017) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

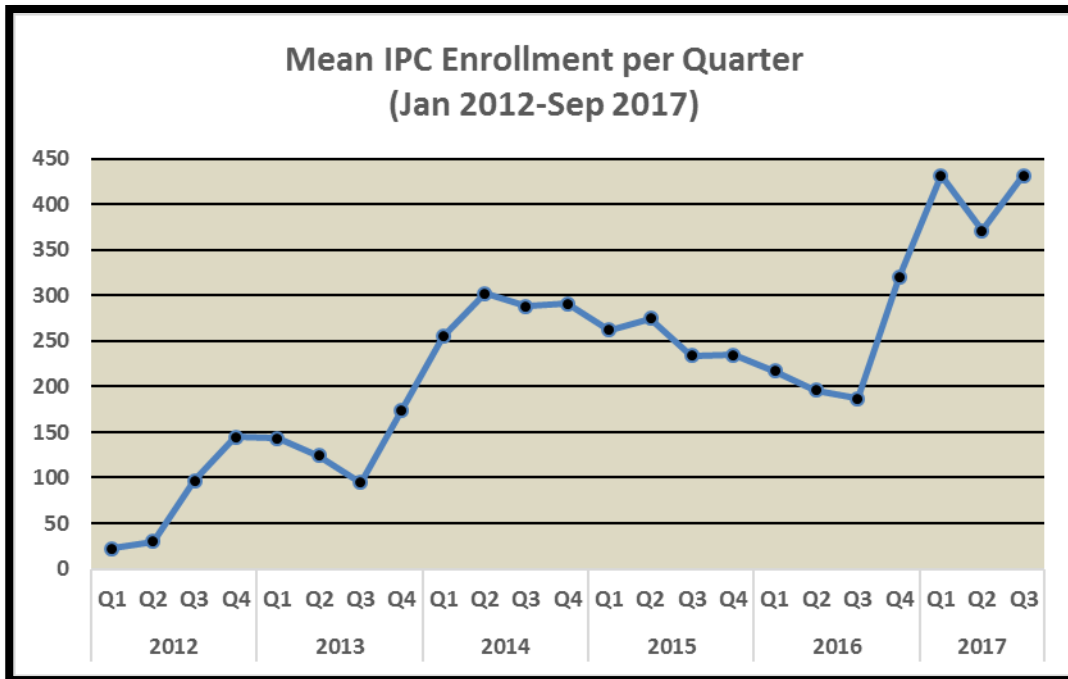


Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Sep 2017) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs’ Q3 2017 P4HB quarterly reports sent to DCH at the end of October 2017. Starting this quarter, we include the quarterly report information from Care Source, 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 Q3 2017. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own data. DCH data are pulled from the beginning of the last month of the quarter versus the CMOs who pull 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 Q3 2017.

Table 2: CMO Enrollment and Utilization of Services, Q3 2017 (July-September 2017)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 3,405 IPC: 122 RM/LIM: 131 Total Enrollment: 3,658 % of all P4HB enrollment: 26.0% % of all P4HB enrollment in previous quarter: 24.9%</p> <p><u>CMO Reported Enrollment</u> FP: 4,667 IPC: 171 RM//LIM: 185 Total Enrollment: 5,023 % of all P4HB enrollment: 28.4%</p>	<p><u>Use of Known Contraception</u> FP: 305 IPC: 15 Total: 320</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (46.6%); Injectable (40.0%) IPC: Oral contraception (73.3%); Injectable (13.3%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,047 IPC: 62 Total: 1,109</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 1,164 IPC: 67 RM: 99 Total: 1,330</p> <p><u>IPC Service Utilization</u> Dental care: 11 Primary care: 109</p>
Care Source	<p><u>DCH Reported Enrollment</u> FP: 1,468 IPC: 47 RM//LIM: 71 Total Enrollment: 1,586 % of all P4HB enrollment: 11.3% % of all P4HB enrollment in previous quarter: N/A</p> <p><u>CMO Reported Enrollment</u> FP: 2,252 IPC: 72 RM/LIM: 99 Total Enrollment: 2,423 % of all P4HB enrollment: 13.7%</p>	<p><u>Use of Known Contraception</u> FP: 53 IPC: 0 Total: 53</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Injectable (45.3%); implants (35.8%); IUDs (18.9%) IPC: 0</p> <p><u>Number of women with unknown form of contraception</u> FP: 270 IPC: 4 Total: 274</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 323 IPC: 4 RM: 1 Total: 328</p> <p><u>IPC Service Utilization</u> Primary Care: 0 Dental: 0 Substance Abuse: 0</p>

Table 2: CMO Enrollment and Utilization of Services, Q3 2017 (July-September 2017)

CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><u>DCH Reported Enrollment</u> FP: 3,973 IPC: 201 RM//LIM: 278 Total Enrollment: 4,452 % of all P4HB enrollment: 31.6% % of all P4HB enrollment in previous quarter: 39.8%</p> <p><u>CMO Reported Enrollment</u> FP: 4,679 IPC: 247 RM//LIM: 307 Total Enrollment: 5,233 % of all P4HB enrollment: 29.6%</p>	<p><u>Use of Known Contraception</u> FP: 1,527 IPC: 57 Total: 1,584</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (48.1%); Injectable (31.4%); implants (7.4%); IUDs (5.2%) IPC: Injectables (38.6%); oral contraception (10.5%); IUDs (17.5%);</p> <p><u>Number of women with unknown form of contraception</u> FP: 417 IPC: 53 Total: 328</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 1,944 IPC: 110 RM: 193 Total: 2,247</p> <p><u>IPC Service Utilization Primary Care</u>: 22 <u>Substance Abuse</u>: 0</p>
WellCare	<p><u>DCH Reported Enrollment</u> FP: 3,967 IPC: 152 RM//LIM: 255 Total Enrollment: 4,374 % of all P4HB enrollment: 31.1% % of all P4HB enrollment in previous quarter: 35.3%</p> <p><u>CMO Reported Enrollment</u> FP: 4,615 IPC: 175 RM//LIM: 204 Total Enrollment: 4,994 % of all P4HB enrollment: 28.3%</p>	<p><u>Use of Known Contraception</u> FP: 1,687 IPC: 48 Total: 1,735</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (57.8%); injectable (32.9%); IUDs (6.5%) IPC: Oral contraception (43.8%), injectable (41.7%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 74 IPC: 0 Total: 74</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 1,731 IPC: 70 RM: 37 Total: 1,838</p> <p><u>IPC Service Utilization: Dental</u>: 12 <u>Primary Care</u>: 8</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q2 2017 to Q3 2017. Amerigroup reported an overall enrollment increase of 46.6 % from Q2 2017 to Q3 2017 (3,431 to 5,023 enrollees) with an increase in each of the FP, IPC and RM-LIM groups. Peach State reported an overall increase of 8.1% in P4HB enrollment (from 4,842 enrollees in Q2 to 5,233 enrollees in Q3), with an increase in FP, IPC, and RM-LIM enrollment. WellCare experienced an overall P4HB enrollment increase of 45.98% from Q2 2017 (3,338 enrollees) to Q3 2017 (4,994 enrollees) . Enrollment increased for each of the FP, IPC, and RM/LIM Wellcare enrollee groups. CareSource is the 4th and newest CMO to participate in P4HB. As such, the data reported above will serve as the baseline enrollment for the FP, IPC, and RM-LIM components.

Utilization patterns also varied across the CMOs. Compared to the CMO reports shown in our Quarter 2, 2017 report to CMS, the use of known contraception decreased among Amerigroup enrollees (332 users in Q2 to 320 users in Q3) and Peach State enrollees (2,008 users in Q2 to 1,584 users in Q3) but increased for WellCare enrollees in Q3 2017 (from 1,491 users in Q2 to 1,735 users in Q3). We note that for two CMOs, the percentage of enrollees with a known form of contraception reported is low, with CareSource being the lowest. For Wellcare the percentage this percentage is 97%, for PeachState this percentage is 79% but Amerigroup reports a lower percentage of 27% and for CareSource enrollees, only 53 (2.2%) of the 2,252 FP enrollees using any form of family planning services had a known form of contraception. Oral contraception was the preferred form of contraception reported for the women using a known form or contraceptives in three of the four CMOs' FP only components (46.6% for Amerigroup, 48.1% for Peach State and 57.8% for WellCare). On the other hand, injectables were the most common form of contraception among CareSource's FP enrollees (45.3%) with a known form of contraceptive. The CMOs' IPC enrollees preferred different forms of contraception.

Injectables were the preferred form of contraception for Peach State’s IPC enrollees (38.6%), while oral contraception was the preferred form of contraception for Amerigroup and WellCare’s IPC enrollees (73.3% and 43.8% respectively) among those IPC women with a known type. CareSource did not report any use of contraceptive utilization of its IPC enrollees.

Compared to the Q2 2017 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased 24.5% for Amerigroup enrollees and 22.5% WellCare’s enrollees, but use decreased slightly (8%) for Peach State’s enrollees. CareSource, the new CMO, reported 2,423 of its enrollees (100%) utilized some form of family planning services. Service utilization among the CMOs’ IPC enrollees varied. Compared to last quarter, utilization of primary care services increased among Amerigroup and WellCare’s IPC enrollees (43.1% and 75% respectively). However, utilization of primary care services decreased for Peach State’s IPC enrollees (29%) compared to last quarter. In addition, dental care utilization decreased among Amerigroup’s IPC enrollees (42.1%) and WellCare’s IPC enrollees (53.9%). CareSource reported no utilization of primary care or dental services for its IPC enrollees.

CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 34 outreach activities • 1,170 participants • 320 provider relations activities 	<ul style="list-style-type: none"> • 87 telephone contacts by RM workers • Community “Baby Showers” • “Diaper Days”
Care Source	<ul style="list-style-type: none"> • Well calls to all P4HB enrollees • New member mailings • Phone calls to ED utilizers to educate them on appropriate use of ED 	<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"> • 1,938 calls made to new members • 2,512 new P4HB member packets mailed • 181 members (new and existing) received 	<ul style="list-style-type: none"> • 91 members who had a VLBW infant received telephone calls • A total of 783 mothers seen in a high volume delivery hospital were educated face-to-face

Table 3: CMO Outreach, Q3 2017 (July-September 2017)		
CMO	All Outreach Activities	IPC Specific Outreach
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 2,285 members who recently delivered. 	<ul style="list-style-type: none"> • 43 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff. • Resource Mothers attended 34 outreach events and educated a total of 659 potential members and community partners.

DCH P4HB OUTREACH, TRANSITION AND READINESS REVIEW ACTIVITIES

DCH staff participated in onsite readiness reviews for the transition of the four 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. A new CMO joined the GF team on July 1, 2017 and was required to demonstrate their knowledge and understanding about the program. This was achieved through interviews of key staff and through presentation by DCH. 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; and
- 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 Q3 2017:

- 1) The Emory team is still assessing whether colleagues at the Georgia Health Policy Center (GHPC) will work with them to obtain and analyze the 2014 PRAMS data in order to update the PRAMS analysis in an upcoming report. The Emory team hopes to combine these data with the analysis of the more current claims and vital records for inclusions in a paper to be submitted to a journal.
- 2) The Emory team is further updating and editing the coding used to identify the use of

contraceptives by type. Some changes were reports 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). Our work with another state is leading us to changes that we hope will reduce the ‘unknown’ form of contraceptives used by P4HB and other Medicaid enrolled women. The Emory team is also developing code to examine the timing of contraceptive use post-partum [at delivery hospitalization; after hospitalization through 90 days post-partum; after hospitalization through 6 months post-partum].

- 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 still working on 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 including estimating expected fertility rates and number of uninsured citizen women < 200% FPL eligible for the demonstration over the coming several years. Emory plans to work with DCH on the assumptions made in assembling these estimates, their incorporation into the renewal application and on suggested changes

to the budget neutrality sheet and quarterly/annual reporting process to be used as the demonstration is renewed.

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, 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 Q3 2017 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 Q3 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
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	29,860	26,610	30,793		87,263
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	1,297	1,112	1,297		3,706
	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
	Total	\$ 823,468	\$ 732,846	\$ 848,278	\$ -	\$ 2,404,592
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		\$ 823,468	\$ 732,846	\$ 848,278	\$ -	\$ 188,364,069
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	1,297	1,112	1,297	-	3,706
	PMPM	\$ 115.96	\$ 115.96	\$ 115.96	\$ 115.96	\$ 115.96
	Total	\$ 150,404	\$ 128,951	\$ 150,404	\$ -	\$ 429,759
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		\$ -	\$ -	\$ -	\$ -	\$ 429,759
DIFFERENCE						\$ 187,934,311