

Quarterly Report

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

1115 Demonstration in Georgia

Year 8

Quarter 3

July 1-September 30, 2018

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by:

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OVERVIEW

This third quarter (Q3) P4HB report of 2018 provides information on enrollment of women into P4HB as determined under the Georgia's integrated eligibility system, Georgia Gateway.

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
- CMO Member and Provider Surveys
- 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 was a total of 908 calls made to the Medicaid main Interactive Voice Response (IVR) call center in Q3 2018. These included 286 calls in July, 344 calls in August, and 278 calls in September. The typical call lasted about 31 seconds. Overall, this represents a drop in calls to this line of 11.9% from Q2 (1,031) to Q3 (908). 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, 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 September 2018 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 September 30, 2018

PROGRAM /COA	CLIENT ADDITIONS				CLIENT DISPOSITIONS		
	ACTIVE BOM	TOTAL	APPROVE New Applicants	REINSTATED	TOTAL	DENIED New Applicants	TERMINATED
ARM - Resource Mother Services - Family Medicaid	1910	554	505	49	340	33	307
ARM - Family Planning Services	50151	11265	10260	1005	9297	4075	5222
ARM - Resource Mother Services - ABD Medicaid	3	1	1	0	3	2	1
ARM - Inter-Pregnancy Care	1163	371	315	56	297	48	249

“BOM” = “beginning of the month”

“ARM” = Activity Report Month

By the end of Q3 2018, at the beginning of the month, a total of 53,227 women who were enrolled or deemed newly eligible (see Table 1) across the several components of P4HB. There were 50,151 women deemed eligible for family planning only services; 1,163 deemed eligible for inter-pregnancy care services; and 1,913 women deemed eligible for resource mother only services. This shows an 11.9% increase of women eligible from Q2 2018 (47,546).

CMO QUARTERLY ENROLLMENT

The recent CMO contract began passive enrollment for all Georgia Family (GF) health plans for enrollees in Medicaid or PeachCare for Kids®, including P4HB enrollees. Passive enrollment means 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 September 2, 2018, there were 41,491 women of the 53,227 deemed eligible who were enrolled in one of the four Georgia Family CMOs and able to receive P4HB services. A key reason why a woman wouldn't automatically be placed into a CMO through passive enrollment is if there is evidence she has other insurance or Medicare; once she is cleared of any other insurance, the system will start the passive enrollment process. The total number of women enrolled in a CMO included 39,205 FP enrollees, 900 IPC enrollees, and 1,386 RM enrollees. DCH recognizes this difference in enrolled versus eligible women, and is hoping to see the gap get smaller as we move forward. 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 Q3 2018 were compared to enrollments at the end of Q2 2018 these patterns emerge:

- An *increase of 9.7%* in the number of women enrolled in a CMO to receive family planning only services (39,205 women at the end of Q3 2018 versus 35,731 women at the end of Q2 2018);
- A *decrease of 8.7%* in the number of women enrolled in a CMO to receive interpregnancy care (IPC) services (900 women at the end of Q3 2018 versus 986 women at the end of Q2 2018); and
- A *decrease of 4.6%* 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 2018, there were 2,286 women enrolled versus 2,395 women enrolled at the end of Q2 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 10.3% in average quarterly FP only enrollment occurred from Q2 2018 to Q3 2018 (34,689 to 38,277). As shown in **Figure 2**, the average quarterly enrollment in the IPC component decreased by 10.1% (from 1046 in Q2 2018 to 940 in Q3 2018). 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.

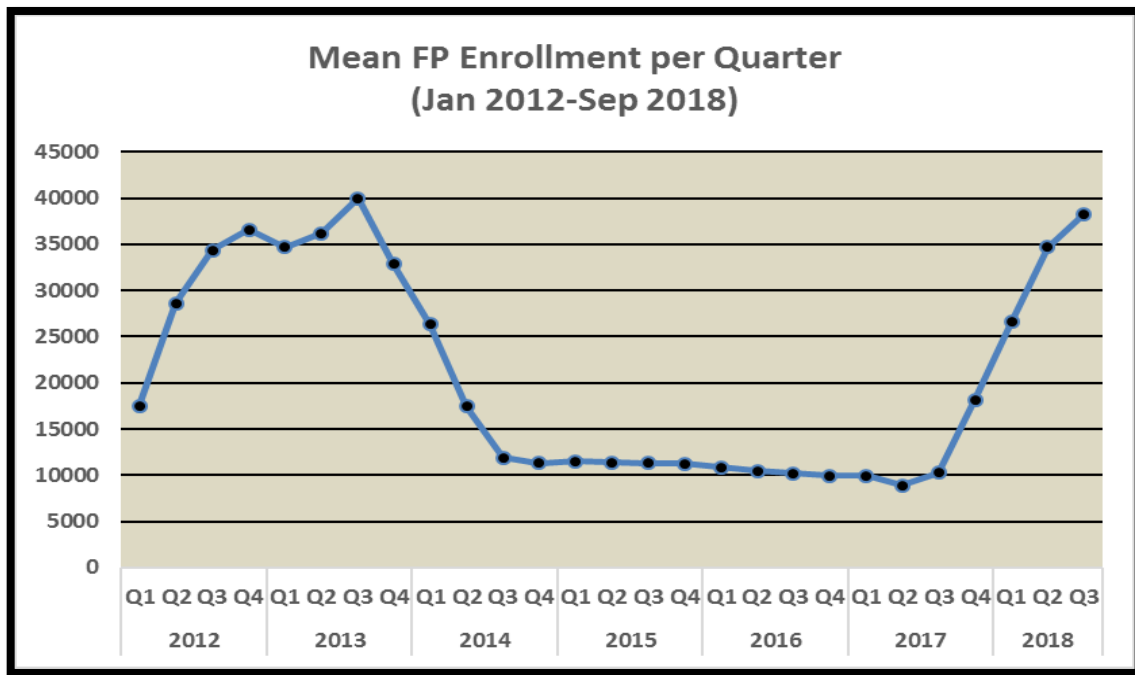


Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-September 2018)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

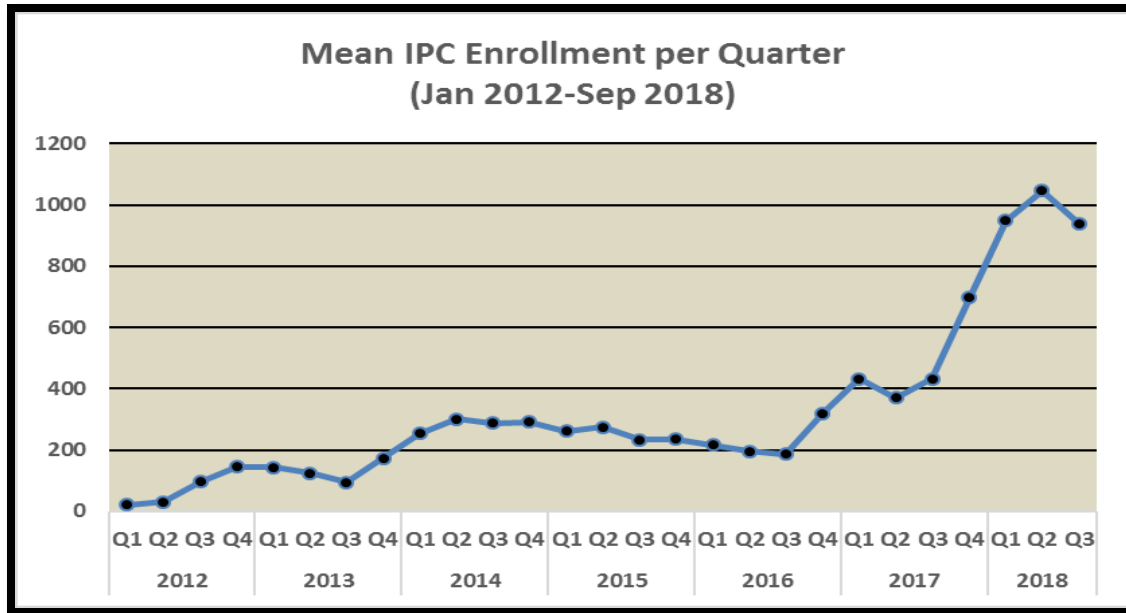


Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-September 2018)
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs’ Q3 2018 P4HB quarterly reports sent to DCH at the end of October 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 Q3 2018. 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, Q3 2018 (July-September 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 10,643 IPC: 196 RM/LIM: 302 Total Enrollment: 11,141 % of all P4HB enrollment: 26.9% % of all P4HB enrollment in previous quarter: 26.8%</p> <p><u>CMO Reported Enrollment</u> FP: 9,578 IPC: 215 RM//LIM: 376 Total Enrollment: 10,169 % of all P4HB enrollment: 22.4%</p>	<p><u>Use of Known Contraception</u> FP: 488 IPC: 14 RM: 1 Total: 503</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (47.3%); injectable (42.2%) IPC: Injectable (42.9%); oral contraception (35.7%) RM: Injectable (100%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,853 IPC: 56 RM: 5 Total: 1,914</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,341 IPC: 70 RM: 6 Total: 2,417</p> <p><u>IPC Service Utilization</u> Dental care: 12 Primary care: 201</p>
CareSource	<p><u>DCH Reported Enrollment</u> FP: 7,383 IPC: 176 RM//LIM: 252 Total Enrollment: 7,811 % of all P4HB enrollment: 18.8% % of all P4HB enrollment in previous quarter: 18.6%</p> <p><u>CMO Reported Enrollment</u> FP: 9,248 IPC: 194 RM/LIM: 304 Total Enrollment: 9,746 % of all P4HB enrollment: 21.5%</p>	<p><u>Use of Known Contraception</u> FP: 574 IPC: 13 RM: 9 Total: 596</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (78.8%); implants (10.6%); IUDs (7.8%); IPC: Oral contraception (69.2%) RM: Oral contraception (66.7%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,668 IPC: 67 RM: 9 Total: 1,744</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,242 IPC: 80 RM: 18 Total: 2,340</p> <p><u>IPC Service Utilization</u> Primary Care: 7 Dental: 4 Substance Abuse: 0 Resource Mother: 11</p>

Table 2: CMO Enrollment and Utilization of Services, Q3 2018 (July-September 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><u>DCH Reported Enrollment</u> FP: 10,663 IPC: 260 RM//LIM: 309 Total Enrollment: 11,232 % of all P4HB enrollment: 27.1% % of all P4HB enrollment in previous quarter: 27.2%</p> <p><u>CMO Reported Enrollment</u> FP: 12, 604 IPC:331 RM//LIM: 392 Total Enrollment: 13,327 % of all P4HB enrollment: 29.4%</p>	<p><u>Use of Known Contraception</u> FP: 1,823 IPC: 84 RM: 87 Total: 1,994</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (38.5%); injectable (33.0%); implants (10.2%). IPC: Oral contraceptives (22.6%); implants (17.9%); sterilization (11.9%); RM: Injectables (31.0%); implants (20.7%); sterilization (17.2%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,109 IPC:20 RM: 65 Total: 1,194</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,932 IPC 116 RM: 169 Total: 3,217</p> <p><u>IPC Service Utilization</u> Primary Care: 27 Dental care: 11 Substance Abuse: 4</p>
WellCare	<p><u>DCH Reported Enrollment</u> FP: 10,516 IPC: 268 RM//LIM: 523 Total Enrollment: 11,307 % of all P4HB enrollment: 27.3% % of all P4HB enrollment in previous quarter:27.4%</p> <p><u>CMO Reported Enrollment:</u> FP: 11,485 IPC:304 RM//LIM: 362 Total Enrollment: 12,151 % of all P4HB enrollment: 26.8%</p>	<p><u>Use of Known Contraception</u> FP: 1,239 IPC: 27 RM: 32 Total: 1,298</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (60.0%); injectable (29.0%); IUDs (8.2%) IPC: Oral contraception (55.6%), injectables (33.3%); IUDs (7.5%) RM: Oral contraception (81.3%); injectables (18.8%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 2,463 IPC:88 RM: 5 Total: 2,556</p>	<p>Number of Participants who utilized one or more covered FP services FP: 3,702 IPC: 115 RM: 37 Total: 3,854</p> <p>IPC Service Utilization: Dental: 27 Primary Care: 5</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q2 2018 to Q3 2018. Amerigroup reported an overall enrollment decrease of 23.54% from Q2 2018 to Q3 2018 (12, 815 to 9,798 enrollees) with a decrease in each of the FP, IPC and RM-LIM groups. CareSource reported an overall enrollment increase of 17.24% from Q2 2018 to Q3 2018 (8,313 to 9,746 enrollees) with an increase in the FP group and a slight decrease in the IPC and RM-LIM groups. Peach State reported an overall increase from Q2 2018 to Q3 2018 of 8.7% in P4HB enrollment (12, 264 to 13, 327 enrollees), with an increase in the FP group and a decrease in the IPC and RM-LIM groups. WellCare experienced an overall P4HB enrollment increase of 11.7% from Q2 2018 (10,877 enrollees) to Q3 2018 (12,151 enrollees). Enrollment increased for the FP group, but decreased for the IPC and RM-LIM groups.

Utilization patterns also varied across the CMOs. Compared to the CMO reports shown in our Quarter 2, 2018 report to CMS, the use of known contraception increased among enrollees in all CMOs except for Amerigroup. For Amerigroup enrollees, the use of known contraception decreased 55.5% (1,131 users in Q2 2018 to 503 users in Q3 2018). For CareSource enrollees, contraception utilization increased 8.4% (from 550 users in Q2 2018 to 596 users in Q3 2018). Utilization of contraception increased 5.3% among Peach State enrollees (1,893 users in Q2 2018 to 1,994 users in Q3 2018) and increased 13.0% for WellCare enrollees (from 1,149 users in Q2 to 1,298 users in Q3 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 (47.3% for Amerigroup, 78.8% for CareSource, 38.5% for PeachState, and 60.0% for WellCare). The IPC enrollees in three of the four CMOs also preferred oral contraception (69.2% for CareSource; and 22.6% for

Peach State; and 55.6% for WellCare IPC enrollees); however, Amerigroup IPC enrollees preferred injectables (42.9%).

Compared to the Q2 2018 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased in Q3 2018 for three of the four CMOs.

Utilization increased 21.62% for CareSource enrollees, 3.1% for PeachState, and 13.2 % for WellCare enrollees. Utilization of one or more covered family planning services decreased by 28.7% in Q3 2018 among CareSource enrollees. Service utilization among the CMOs' IPC enrollees varied. Compared to last quarter, utilization of primary care services increased among CareSource enrollees (75.0%). WellCare reported no utilization of primary care services among its IPC enrollees in Q2 2018 and 5 users of primary care services among IPC enrollees in Q3 2018. Utilization of primary care services decreased 23.9% among Amerigroup IPC enrollees and 15.6% among PeachState enrollees in Q3 2018. Dental care utilization remained the same for Amerigroup IPC enrollees but increased among PeachState enrollees (37.5%) and WellCare IPC enrollees (8.0%). Dental care utilization decreased among CareSource IPC enrollees (42.9%) in Q3 2018).

CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 37 outreach activities • 793 participants • 254 provider relations activities 	<ul style="list-style-type: none"> • 74 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 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 • Phone calls to Emergency Room (ER) utilizers and all IPC and RM members to educate them on appropriate use of the ER
Peach State	<ul style="list-style-type: none"> • 3,660 calls made to new members • 3,660 new P4HB member packets mailed • 174 members (new and existing) received educational materials 	<ul style="list-style-type: none"> • 75 members who had a VLBW infant received telephone calls • A total of 621 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"> • 88 IPC members were contacted and received direct education about the program. • Resource Mothers attended 34 outreach events and educated a total of 607 potential members and community partners. • Resource Mothers conducted 51 face-to-face visits, 199 phone calls, and 67 care plans with IPC and RM enrollees.

CMO PROVIDER AND MEMBER SURVEYS

Overview

As part of the P4HB program, the CMOs, in collaboration with DCH, monitor member and provider overall knowledge and understanding of the program 1-2 times a year through an analysis of member and provider surveys. These surveys represent four CMOs, Amerigroup, CareSource, Peach State, and Well Care. The CMOs and DCH review the results of each wave of the surveys to identify areas of poor understanding about the P4HB program. Analyses of

these survey results help the CMOs and DCH better understand and improve member and provider experiences with the P4HB program, as it is important to both the CMOs and DCH to identify any area that could negatively affect the satisfaction of members and providers who participate in the program. Any areas that do not meet the CMOs' performance goals are analyzed for barriers and opportunities for improvement. Although there are concerns with the low response rates for the surveys and the lack of information on representativeness of the respondents, these surveys provide DCH with an overall 'view' of member and provider involvement with the P4HB program and any barriers to greater awareness and involvement in the program.

Survey Methods

To date, the member and provider surveys have been administered in thirteen waves – in December 2011, April 2012, September 2012, April 2013, September 2013, May 2014, November 2014, July 2015, June 2016, April 2017, December 2017, May 2018, and September 2018. The most recent wave of the member and provider surveys, the thirteenth wave, was conducted in September of 2018. Members identified by the CMOs as being enrolled in the P4HB program during the period of September 2017 to March 2018 were contacted by phone for the survey (3,706 participants). Of the 3,706 program participants contacted, 446 (12.0%) responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (1,500) were sent the provider survey via the online "Survey Monkey" tool. A mere 16 (1.1%) providers responded. The sections below provide a summary of the responses from the most recent four waves of the CMOs' member and provider surveys (waves ten through thirteen).

CMO Member Survey Results

In each wave 10 through 12, a total of 3000 members met the selection criteria for the CMOs' member surveys. In this latest 13th wave, a total of 3,706 members met the select criteria, due to the addition of CareSource, the fourth and most recent CMO to participate in P4HB and to distribute their member survey through the same survey vendor, SPH Analytics. The rate of participation in the member surveys, across the four CMOs, was 15.0% for wave 10, 12.5% for wave 11, 10.5% for wave 12, and 12.0% for wave 13. For wave 13, the member response rates were: 13.0% (130/1,000) for Peach State, 12.0% (120/1,000) for Amerigroup, 10.5% (74/706) for WellCare, and 12.2% (122/1000) for CareSource.

Table 4 summarizes the members' responses regarding reasons for their enrollment in the P4HB program, the services they have used, the services they had trouble accessing prior to enrollment in P4HB and the types of problems encountered with accessing those services, as well as benefits of the P4HB program to the member. The percentage of responding members indicating that the reason for their enrolling in the P4HB program was for birth control or family planning was highest in wave 10 (60.4%) and substantially lower in waves 11 through 13 (from 29.3% to 35.2%). The decline in respondents indicating 'birth control or family planning' as their reason for enrollment could be due to the implementation of the Gateway system, which was implemented in February 2017 between survey waves 10 and 11. Those using the Gateway system are applying for any type of public assistance available to them; they may choose to say yes to the P4HB questions asking if they want to be considered for the program, but the family planning benefits might not necessarily be the reason that they are enrolling but rather the P4HB program is the only program for which they are eligible. The percentage of responding members indicating that testing for pregnancy was their reason for

enrolling also declined quite sharply from wave 10 (33.4%) compared to waves 11 through 13 (15.9% to 19.5%). A similar pattern was seen for the percentage of responding members indicating that testing for sexually transmitted infections was their reason for enrolling, with a high of 34.1% in wave 10 declining to 19.7% to 21.3% across waves 11 through 13. A substantial percentage of members reported enrolling in the P4HB program to receive primary care services across recent waves of the member survey (from a high of 59% in wave 10 to a low of 44.5% in wave 11 to 45.7% in wave 13). This finding is interesting as primary care services are covered only under the IPC component of the program.

Regarding reported service utilization among enrollees, there were substantial decreases in the percentage of survey respondents who reported using each of the P4HB services surveyed from wave 10 compared to subsequent waves of the survey (**Table 4**). The largest reduction was in the percentage of members reporting utilization of birth control of family planning from 58.6% in wave 10 to approximately 30% in waves 12 and 13. There was an approximately 15 percentage point decline from survey wave 10 to survey wave 13 in members who reported use of pregnancy testing, testing or treatment of sexually transmitted infections, and primary care services.

Paralleling the observations for reported service utilization, there were also reductions in the percentage of survey respondents from survey wave 10 to subsequent waves of the survey who reported positive changes that P4HB made for them (**Table 4**). The largest reduction was a nearly 22 percentage point decline from survey wave 10 to wave 13 for both the percentage reporting starting to use birth control, not having to use their own money for family planning services or birth control, and being able to get preventive care and family planning counseling. Sizable percentage point reductions were also observed from survey wave 10 to wave 13 for

respondents reporting that P4HB helped them have more choices in birth control (19 percentage point decline) or change birth control (9 percentage point decline). On the positive side, there was an approximately 9 percentage point reduction in the percentage of respondents from wave 10 to wave 13 who indicated that P4HB resulted in them going to a different doctor or nurse for family planning services or birth control and an approximately 6 percentage point decline in the percentage of respondents who indicated that P4HB resulted in them going to a different doctor or nurse for primary care.

Table 4. Enrollment and Utilization of Services in P4HB®				
	10th Wave N=449 Responses	11th Wave N=375 Responses n (%)	12th Wave N=314 Responses n (%)	13th Wave N=446 Responses n (%)
Enrollment in P4HB® to get...				
Birth control or family planning services	271 (60.4%)	132 (35.2%)	92 (29.3%)	140 (31.4%)
Pregnancy testing	150 (33.4%)	73 (19.5%)	54 (17.2%)	71 (15.9%)
Testing or treatment for sexually transmitted infections	153 (34.1%)	76 (20.3%)	67 (21.3%)	88 (19.7%)
Primary care (such as routine check-up, care for an illness)	265 (59.0%)	167 (44.5%)	160 (51.0%)	204 (45.7%)
Other	38 (8.5%)	28 (7.5%)	15 (4.8%)	21 (4.7%)
Have used these P4HB® services...				
Birth control or family planning services	263 (58.6%)	137 (36.5%)	89 (28.3%)	137 (30.7%)
Pregnancy testing	145 (32.3%)	74 (19.7%)	52 (16.6%)	63 (14.1%)
Testing or treatment for sexually-transmitted infections	131 (29.2%)	69 (18.4%)	51 (16.2%)	71 (15.9%)
Primary care (such as routine check-up, care for an illness)	223 (49.7%)	124 (33.1%)	111 (35.4%)	157 (35.2%)
Other	24 (5.3%)	10 (2.7%)	10 (3.2%)	10 (2.2%)
Before enrolling in P4HB®, had trouble getting...				
Birth control or family planning services	146 (32.5%)	75 (20%)	53 (16.9%)	84 (18.8%)
Pregnancy testing	65 (14.5%)	37 (9.9%)	30 (9.6%)	35 (7.8%)
Testing or treatment for sexually-transmitted infections	81 (18.0%)	42 (11.2%)	41 (13.1%)	38 (8.5%)
Primary care (such as routine check-up, care for an illness)	174 (38.8%)	108 (28.8%)	88 (28.0%)	100 (22.4%)
Other	48 (10.7%)	34 (9.1%)	18 (5.7%)	36 (8.1%)
Changes P4HB® made for the participant...				
I am going to a different doctor or nurse for family planning services or birth	96 (21.4%)	51 (13.6%)	40 (12.7%)	54 (12.1%)
I am going to a different doctor or nurse for primary care	80 (17.8%)	54 (14.4%)	40 (12.7%)	51 (11.4%)
I have started using a birth control	179 (39.9%)	94 (25.1%)	58 (18.5%)	81 (18.2%)

I have changed the birth control method I	93 (20.7%)	45 (12.0%)	37 (11.8%)	50 (11.2%)
I have more choices of birth control	190 (42.3%)	106 (28.3%)	101 (32.2%)	104 (23.3%)
I do not have to use my own money for family planning services or birth control	202 (45.0%)	99 (26.4%)	85 (27.1%)	104 (23.3%)
I am able to get preventive care (such as Pap smears) and family planning counseling	258 (57.5%)	143 (38.1%)	119 (37.9%)	157 (35.2%)
With the Purple Card (IPC), I am able to get care for illnesses	10 (2.2%)	1 (0.3%)	6 (1.9%)	6 (1.3%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	9 (2.0%)	1 (0.3%)	8 (2.5%)	7 (1.6%)
Other	22 (4.9%)	18 (4.8%)	9 (2.9%)	179 (40.1%)

The data in **Table 5** provides information regarding the knowledge that members had about the P4HB program with respect to both services covered and eligibility criteria for the specific components of P4HB. Responses regarding knowledge of the services covered under the FP “Pink Card” of the P4HB program indicate substantial reductions in the percentage of respondents with correct knowledge about available services from survey wave 10 compared to waves 11 through 13. The largest percentage point reductions (of approximately 14-16%) were for knowledge of the availability of birth control services and methods, Pap smear and pelvic exams, pregnancy testing, screening for sexually transmitted infections, and follow-up of an abnormal Pap smear. Substantial reductions from survey waves 10 through 13 were also observed in the percentage points of respondents with correct knowledge about the availability of tubal ligation (5.2 percentage points), treatment for sexually transmitted infections (13 percentage points), treatment for major problems related to family planning (11 percentage points), vitamin with folic acid (7 percentage points), and some vaccination (5 percentage points). Knowledge of non-emergency transportation remained low (less than 9% of respondents) across waves 10 through 13 of the survey. It appears that enrollment through the Gateway System may also be related to a drop in understanding of their benefits.

There was very little understanding of the coverage afforded under the “Purple Card” across

the most recent four waves of the survey (**Table 5**), with 2% or fewer of respondents correctly identifying the covered services. Of importance in interpreting the member survey results concerning the IPC “Purple Card”, the surveyed members are asked to skip the questions of the survey that are not pertinent to them and there is a ‘not applicable’ response option, such that the member survey is not asking women who are only participating in the FP only component about the IPC eligibility criteria and covered services. Considering this, it is particularly clear that additional outreach must occur so that women are not confused about the eligibility requirements and covered services for the IPC (“Purple Card”) component of the P4HB program.

The percentage of members responding correctly to the range of eligibility criteria for the FP (“Pink Card”) component of the P4HB program declined substantially from wave 10 compared to wave 11 through 13 of the survey for all eligibility criteria. (**Table 5**). By wave 13 of the survey, fewer than 26% of respondents were aware of any of the eligibility criteria. Responses indicate that member knowledge and understanding of P4HB eligibility criteria remains quite low, particularly for the IPC (“Purple Card”) component with fewer than 4% of respondents having knowledge of the range of eligibility criteria across waves 10 through 13 of the survey.

Table 5. Knowledge of Members about P4HB®				
Knowledge of...	10th Wave N=449 Responses	11th Wave N=375 Responses	12th Wave N=314 Responses	13th Wave N=446 Responses n(%)
Services available through the “Pink Card” (Family Planning Component)				
Birth control services and methods	147 (32.7%)	81 (21.6%)	64 (20.4%)	72 (16.1%)
Pap smear and pelvic exam	155 (34.5%)	79 (21.1%)	73 (23.2%)	91 (20.4%)
Tubal Ligation (tubes tied)	37 (8.2%)	10 (2.7%)	19 (6.1%)	13 (2.9%)
Pregnancy testing	147 (32.7%)	81 (21.6%)	70 (22.3%)	80 (17.9%)
Screening for sexually transmitted infections	134 (29.8%)	69 (18.4%)	67 (21.3%)	74 (16.6%)
Follow-up of an abnormal Pap smear	130 (29.0%)	61 (16.3%)	58 (18.5%)	65 (14.6%)
Treatment for sexually transmitted infections	114 (25.4%)	57 (15.2%)	60 (19.1%)	56 (12.6%)

Treatment for major problems related to family planning services	92 (20.5%)	36 (9.6%)	51 (16.2%)	40 (9.0%)
Vitamins with folic acid	60 (13.4%)	29 (7.7%)	33 (10.5%)	29 (6.5%)
Some vaccinations	60 (13.4%)	34 (9.1%)	39 (12.4%)	32 (7.2%)
Non-emergency transportation	30 (6.7%)	16 (4.3%)	28 (8.9%)	20 (4.5%)
Services available through the “Purple Card” (Interpregnancy Care Component)				
Primary care services (up to 5 visits per year)	8 (1.8%)	1 (0.3%)	6 (1.9%)	4 (0.9%)
Treatment for medical problems like high blood pressure and diabetes	5 (1.1%)	0 (0%)	6 (1.9%)	4 (0.9%)
Medicines for medical problems like high blood pressure and diabetes	5 (1.1%)	0 (0%)	6 (1.9%)	3 (0.7%)
Care for drug and alcohol abuse (such as rehab programs)	4 (0.9%)	0 (0%)	2 (0.6%)	2 (0.4%)
Some dental services	5 (1.1%)	0 (0%)	5 (1.6%)	5 (1.1%)
Non-emergency transportation	3 (0.7%)	1 (0.3%)	4 (1.3%)	2 (0.4%)
Nurse case management/Resource Mother	6 (1.3%)	1 (0.3%)	5 (1.6%)	2 (0.4%)
Eligibility for ‘Pink Card’ (Family Planning Component)				
Be between 18-44 years of age	178 (39.6%)	80 (21.3%)	90 (28.7%)	98 (22.0%)
Be a resident of Georgia	188 (41.9%)	90 (24.0%)	99 (31.5%)	116 (26.0%)
Be a U.S. Citizen	201 (44.8%)	83 (22.1%)	99 (31.5%)	112 (25.1%)
Have a household income that is at or below 200% of the federal poverty level	146 (32.5%)	54 (14.4%)	71 (22.6%)	60 (13.5%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	106 (23.6%)	40 (10.7%)	47 (15.0%)	32 (7.2%)
Not otherwise insured for Family FP Services	100 (22.3%)	30 (8.0%)	50 (15.9%)	29 (6.5%)
Other	22 (4.9%)	8 (2.1%)	4 (1.3%)	4 (0.9%)
Eligibility for ‘Purple Card’ (Interpregnancy Care Component)				
Be between 18-44 years of age	11 (2.4%)	2 (0.5%)	11 (3.5%)	5 (1.1%)
Be a resident of Georgia	15 (3.3%)	2 (0.5%)	11 (3.5%)	8 (1.8%)
Be a U.S. Citizen	14 (3.1%)	5 (1.3%)	11 (3.5%)	12 (2.7%)
Have a household income that is at or below 200% of the federal poverty level	11 (2.4%)	2 (0.5%)	9 (2.9%)	4 (0.9%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	9 (2.0%)	0 (0%)	9 (2.9%)	3 (0.7%)
Not otherwise insured for health care services	7 (1.6%)	0 (0%)	7 (2.2%)	4 (0.9%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	6 (1.3%)	3 (0.8%)	4 (1.3%)	2 (0.4%)
Other	1 (0.2%)	0 (0%)	1 (0.3%)	8 (1.8%)

The data in **Table 6** provides information about covered service utilization by members.

Among the women surveyed who were enrolled in the FP (“Pink Card”) component, the most commonly utilized services were quite consistent from survey waves 10 through 13. However, there were reductions in the percentage of survey respondents reporting use of particular

services for survey waves 12 and 13 compared with survey waves 10 and 11. The most commonly utilized services under the “Pink Card”, according to members’ responses, were: both birth control services and methods (approximately 36% to 45% in waves 10 and 11 and approximately 23% to 25% in waves 12 and 13) and Pap smears and pelvic exams (approximately 39% to 47% in waves 10 and 11 and approximately 30% in waves 12 and 13), and testing for pregnancy and sexually transmitted infections (approximately 24% to 28% in survey waves 10 and 11 and approximately 12% to 19% in waves 12 and 13). The least commonly utilized services under the “Pink Card” were non-emergency transportation (1.7% to 13.6% across waves 10 through 13) and vaccinations (2.4% to 13.6% across waves 10 through 13). Of note is the fact that non-emergency transportation is not a covered service under the “Pink Card”.

Among the women surveyed who were enrolled in the IPC (“Purple Card”) component, there were also notable decreases in the proportion of respondents who reported using a range of services from survey wave 10 compared to waves 11 through 13. Notably, from survey wave 10 through 13 there was a substantial decrease in the percentage of respondents who reported using a range of primary care and preventive services, including treatment for medical problems such as hypertension and diabetes (from approximately 27% to 9%), Pap smear and pelvic exam services (from approximately 41% to 18%), receipt of vitamins (from approximately 18% to 4.5%), and receipt of vaccinations (from approximately 13% to 9%). In addition, there were also notable decreases in the percentage of respondents who reported using a range of family planning services, including pregnancy testing (from approximately 32% to 14%), screening for sexually transmitted infections (from approximately 23% to 18%), treatment for sexually transmitted infections (from approximately 18% to 14%), and treatment for major problems related to family planning services (from approximately 27% to 9%). Of

note, the percentage of respondents reporting use of services for drug and alcohol abuse remained stable at approximately 4.5% from survey wave 10 through 13.

Table 6. Services Used by Members of P4HB®								
SERVICES USED	10th Wave N=324** Responses n (%)		11th Wave N=194** Responses n (%)		12th Wave N=191** Responses n (%)		13th Wave N=232** Responses n (%)	
Component of P4HB®	“Pink Card” n=302	“Purple Card” n = 22	“Pink Card” n=181	“Purple Card” n =13	“Pink Card” n=169	“Purple Card” n =22	“Pink Card” n =210	“Purple Card” n =22
Birth control services and methods	135 (44.7%)	7 (31.8%)	65 (35.9%)	2 (15.4%)	38 (22.5%)	6 (27.3%)	53 (25.2%)	4 (18.2%)
Family planning visit	96 (31.8%)	6 (27.3%)	50 (27.6%)	2 (15.4%)	33 (19.5%)	4 (18.2%)	44 (21.0%)	1 (4.5%)
Pap smear and pelvic exam	142 (47.0%)	9 (40.9%)	70 (38.7%)	3 (23.1%)	50 (29.6%)	7 (31.8%)	63 (30.0%)	4 (18.2%)
Tubal Ligation (tubes tied)	10 (3.3%)	2 (9.1%)	7 (3.9%)	0 (0%)	5 (3.0%)	0 (0%)	5 (2.4%)	1 (4.5%)
Pregnancy testing	81 (26.8%)	7 (31.8%)	48 (26.5%)	1 (7.7%)	32 (18.9%)	4 (18.2%)	26 (12.4%)	3 (13.6%)
Screening for sexually transmitted infections	85 (28.1%)	5 (22.7%)	46 (25.4%)	1 (7.7%)	33 (19.5%)	4 (18.2%)	36 (17.1%)	4 (18.2%)
Follow-up of an abnormal Pap smear	62 (20.5%)	7 (31.8%)	28 (15.5%)	1 (7.7%)	18 (10.7%)	3 (13.6%)	23 (11.0%)	3 (13.6%)
Treatment for sexually transmitted infections	48 (15.9%)	4 (18.2%)	28 (15.5%)	1 (7.7%)	15 (8.9%)	3 (13.6%)	20 (9.5%)	3 (13.6%)
Treatment for major problems related to family planning services	34 (11.3%)	6 (27.3%)	19 (10.5%)	0 (0%)	8 (4.7%)	1 (4.5%)	11 (5.2%)	2 (9.1%)
Vitamins with folic acid	23 (7.6%)	4 (18.2%)	7 (3.9%)	0 (0%)	9 (5.3%)	2 (9.1%)	10 (4.8%)	1 (4.5%)
Any vaccinations	22 (7.3%)	3 (13.6%)	12 (6.6%)	0 (0%)	4 (2.4%)	3 (13.6%)	6 (2.9%)	2 (9.1%)
Non-emergency transportation	5 (1.7%)	3 (13.6%)	5 (2.8%)	1 (7.7%)	3 (1.8%)	0 (0%)	3 (1.4%)	1 (4.5%)
Primary care services (up to 5 visits per year)	----	6 (27.3%)	----	1 (7.7%)	----	3 (13.6%)	----	2 (9.1%)
Treatment for medical problems like high blood pressure and diabetes	-----	3 (13.6%)	-----	0 (0%)	-----	2 (9.1%)	-----	1 (4.5%)
Medicines for medical problems like high blood pressure and diabetes	-----	4 (18.2%)	-----	0 (0%)	-----	2 (9.1%)	-----	1 (4.5%)
Care for drug and alcohol abuse (such as rehab programs)	-----	1 (4.5%)	-----	0 (0%)	-----	1 (4.5%)	-----	1 (4.5%)
Any dental services	-----	3	-----	0 (0%)	-----	1	-----	2 (9.1%)

		(13.6%)				(4.5%)		
Nurse case management/Resource Mother	-----	4 (18.2%)	-----	0 (0%)	-----	1 (4.5%)	-----	0 (0.0%)

** Note: The sample size for this component of the survey is 324, 194, 191 and 232 respectively as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Table 7 summarizes the members’ responses to the problems they have encountered with the P4HB program since enrollment. Across the most recent four waves of the survey, there were not consistent notable changes in the percentage of respondents reporting particular problems with the FP only (“Pink Card”) component or the IPC (“Purple Card”) component. However, some observations are notable when comparing responses from waves 10 and 11 of the survey to waves 12 and 13. For example, there was an increase in the percentage of respondents indicating that they had problems getting the family planning services that they wanted for both the FP only (from 5-6% to 10-14%) and the IPC component enrollees (from 0-5% to 9%). The most commonly cited problems for the FP only component during wave 13 of the survey, affecting approximately 11% of respondents, included not getting the family planning services that were wanted and not finding a doctor or nurse willing to take P4HB clients; the next most commonly cited problem for the FP only component was having to wait too long to get services (8.6%) and not being able to get referrals or follow-up care (6.7%). Similarly, the most commonly cited problems reported among the IPC clients were not being able to get to a doctor or nurse when they are open (approximately 13% in wave twelve compared to 5% or fewer in earlier survey waves), and not getting the family planning services that are wanted, not getting referrals or follow-up care that is needed, not finding a doctor or nurse willing to take P4HB clients, and having to wait too long to get services (all approximately 9% in wave twelve compared 5% or fewer in earlier waves). Notably, from 23-65% of IPC clients report

having an “other” problem under P4HB, which might warrant further exploration of the nature of that problem.

Problems Under P4HB®	10th Wave N=324** Responses n (%)		11th Wave N=194** Responses n (%)		12th Wave N=191** Responses n (%)		13th Wave N=232** Responses n (%)	
	“Pink Card” n=302	“Purple Card” n = 22	“Pink Card” n=181	“Purple Card” n =13	“Pink Card” n=169	“Purple Card” n =22	“Pink Card” n =210	“Purple Card” n =22
I cannot get the family planning services I want	14 (4.6%)	1 (4.5%)	11 (6.1%)	0 (0%)	24 (14.2%)	2 (9.1%)	22 (10.5%)	2 (9.1%)
I cannot get referrals or follow-up for care I need	20 (6.6%)	0 (0%)	12 (6.6%)	0 (0%)	21 (12.4%)	2 (9.1%)	14 (6.7%)	1 (4.5%)
I cannot find a doctor or nurse willing to take P4HB clients	32 (10.6%)	1 (4.5%)	19 (10.5%)	0 (0%)	25 (14.8%)	2 (9.1%)	23 (11.0%)	1 (4.5%)
I don’t want to leave my current doctor or nurse	12 (4.0%)	1 (4.5%)	6 (3.3%)	0 (0%)	17 (10.1%)	2 (9.1%)	13 (6.2%)	1 (4.5%)
I have to wait too long to get services	28 (9.3%)	1 (4.5%)	10 (5.5%)	0 (0%)	19 (11.2%)	2 (9.1%)	18 (8.6%)	2 (9.1%)
I do not have transportation	7 (2.3%)	0 (0%)	7 (3.9%)	0 (0%)	15 (8.9%)	1 (4.5%)	8 (3.8%)	1 (4.5%)
I cannot get to the doctor or nurse when they are open	11 (3.6%)	1 (4.5%)	8 (4.4%)	0 (0%)	15 (8.9%)	3 (13.6%)	9 (4.3%)	1 (4.5%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	11 (3.6%)	0 (0%)	2 (1.1%)	0 (0%)	13 (7.7%)	1 (4.5%)	7 (3.3%)	0 (0.0%)
Other	8 (2.6%)	11 (50%)	4 (2.2%)	3 (23.1%)	4 (2.4%)	5 (22.7%)	8 (3.8%)	7 (31.8%)

** Note: The sample size for this component of the survey is 324, 194, 191, and 232 respectively as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Data displayed in **Tables 8 and 9** concern members reported needs for more information or difficulties in understanding the P4HB program. There were no consistent changes in members

reported information needs across survey waves 10 through 13 (**Table 8**). Notably, across the four most recent wave of the survey from approximately 14% to 18% of respondents reported a need for more information regarding where to go for services, 17% to 24% reported a need for more information regarding services available under the Pink Card, 16% to 20% reported a need for more information regarding services available under the Purple Card, and 18% to 21% reported a need for more information about the cost of services.

Table 8. Information Needs about P4HB®				
Type of Information	10th Wave N=449 Reponses	11th Wave N=375 Reponses	12th Wave N=314 Reponses	13th Wave N=446 Responses
	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)
Where to go for service	82 (18.3%)	61 (16.3%)	44 (14.0%)	76 (17.0%)
Services available with the Pink Card	110 (24.5%)	81 (21.6%)	53 (16.9%)	95 (21.3%)
Services available with the Purple Card	91 (20.3%)	62 (16.5%)	50 (15.9%)	70 (15.7%)
Cost of services	94 (20.9%)	67 (17.9%)	56 (17.8%)	86 (19.3%)

There was little change regarding members reported areas of P4HB that were hard to understand with no consistent trends noted across waves 10 through 13 of the survey (**Table 9**). Among FP only respondents, during wave 13 approximately 17-20% of respondents reported it was hard to understand who can get P4HB, how to pick a provider, and what services were available from P4HB. Among IPC respondents, during wave 13 approximately 14-18% of respondents reported it was hard to understand how to complete the paper work and other forms to sign up for P4HB, pick a CMO, pick a provider, and understand what services were available from P4HB.

Table 9. Areas of P4HB® that Were Hard to Understand								
Area	10th Wave N=324** Responses n (%)		11th Wave N=194** Responses n (%)		12th Wave N=191** Responses n (%)		13th Wave N=232** Responses n (%)	
	“Pink Card” n=302	“Purple Card” n = 22	“Pink Card” n=181	“Purple Card” n=13	“Pink Card” n=169	“Purple Card” n=22	“Pink Card” n=210	“Purple Card” n=22
Who can get P4HB®	35 (11.6%)	1 (4.5%)	27 (14.9%)	1 (7.7%)	33 (19.5%)	4 (18.2%)	36 (17.1%)	2 (9.1%)
Whether I can get P4HB®	25 (8.3%)	1 (4.5%)	24 (13.3%)	1 (7.7%)	33 (19.5%)	4 (18.2%)	29 (13.8%)	2 (9.1%)
Complete the paper work to sign up for P4HB®	18 (6.0%)	0 (0%)	12 (6.6%)	1 (7.7%)	22 (13.0%)	3 (13.6%)	18 (8.6%)	3 (13.6%)
Complete the web form to sign up for P4HB®	18 (6.0%)	0 (0%)	19 (10.5%)	1 (7.7%)	24 (14.2%)	2 (9.1%)	21 (10.0%)	3 (13.6%)
Get the required documents to sign up for P4HB®	21 (7.0%)	0 (0%)	14 (7.7%)	0 (0%)	18 (10.7%)	3 (13.6%)	15 (7.1%)	1 (4.5%)
Pick a Care Management Organization (CMO)	32 (10.6%)	1 (4.5%)	23 (12.7%)	0 (0%)	29 (17.2%)	3 (13.6%)	31 (14.8%)	3 (13.6%)
Pick a provider	39 (12.9%)	1 (4.5%)	27 (14.9%)	0 (0%)	31 (18.3%)	3 (13.6%)	35 (16.7%)	4 (18.2%)
Understand what I can get from P4HB®	58 (19.2%)	2 (9.1%)	32 (17.7%)	1 (7.7%)	38 (22.5%)	5 (22.7%)	43 (20.5%)	3 (13.6%)
Other	9 (3.0%)	15 (68.2%)	6 (3.3%)	6 (46.2%)	4 (2.4%)	11 (50%)	7 (3.3%)	0 (0.0%)

*** Note: While the sample sizes for this component of the survey were 324 for wave 10, 194 for wave eleven, 191 for wave twelve, and 232 for wave thirteen as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included, the results (percentages) are reported per the populations surveyed.

The member survey probes the following areas to assess whether key reproductive health assessments and counseling occurred during the encounter: whether the member was asked about key reproductive health topics during her last health care appointment and whether the member would like to be asked those questions (**Table 10**); whether the member received key

reproductive health information during her last health care appointment and whether the member would like to receive such information (**Table 11**). When examining members' responses to wave 10 compared with waves 11 through 13 (**Table 10**), there were reductions in the percentage of members reporting each of the key assessments that were monitored across the survey waves.

Table 10. Provider Inquiry about Reproductive Health Topics during Encounters								
Reproductive Health Topic	10th Wave N=449	11th Wave N=375	12th Wave N=314	13th Wave N=446	10th Wave N=449	11th Wave N=375	12th Wave N=314	13th Wave N=446
	During your last appointment, did a doctor or nurse ask you about...? n (%) Yes				As part of an appointment, would you like a doctor or nurse to ask you about...? n (%) Yes			
Your thoughts or plans about having or not having children in the future	126 (28.1%)	77 (20.5%)	53 (16.9%)	88 (19.7%)	129 (28.7%)	86 (22.9%)	62 (19.7%)	99 (22.2%)
Your thoughts or plans about timing or spacing pregnancies	72 (16.0%)	46 (12.3%)	34 (10.8%)	49 (11.0%)	110 (24.5%)	74 (19.7%)	55 (17.5%)	86 (19.3%)
Your sexual practices	126 (28.1%)	81 (21.6%)	55 (17.5%)	75 (16.8%)	110 (24.5%)	78 (20.8%)	51 (16.2%)	77 (17.3%)
Whether you use birth control to prevent or space pregnancies	170 (37.9%)	96 (25.6%)	71 (22.6%)	104	155 (34.5%)	96 (25.6%)	68 (21.7%)	94 (21.1%)
Whether you use male or female condoms to prevent STIs	145 (32.3%)	84 (22.4%)	62 (19.7%)	88 (19.7%)	140 (31.2%)	95 (25.3%)	69 (22.0%)	95 (21.3%)
Your life plans or goals	103 (22.9%)	47 (12.5%)	54 (17.2%)	74 (16.6%)	128 (28.5%)	76 (20.3%)	62 (19.7%)	94 (21.1%)

Of the members responding to waves 10 through 13 of the survey (**Table 11**), there were similar reductions in the percentage of respondents reporting that their provider offered them counseling about the various reproductive health topics. Likewise, there were similar reductions in the percentages of responding members who reported that they would like to be

counseled about each of the key reproductive health topics at the encounter from survey wave 10 compared with waves 11 through 13.

Table 11. Provider Counseling about Reproductive Health Topics during Encounters								
Reproductive Health Topic	10th Wave N=449	11th Wave N=375	12th Wave N=314	13th Wave N=446	10th Wave N=449	11th Wave N=375	12th Wave N=314	13th Wave N=446
	During your last appointment, did a doctor or nurse give you information or advice about...n (%) Yes				As part of an appointment, would you like for a doctor or nurse to give you information or advice about...n (%) Yes			
Plans about having or not having children in the future	98 (21.8%)	57 (15.2%)	42 (13.4%)	68 (15.2%)	112 (24.9%)	79 (21.1%)	59 (18.8%)	89 (20.0%)
Plans about timing or spacing pregnancies	79 (17.6%)	38 (10.1%)	36 (11.5%)	50 (11.2%)	104 (23.2%)	73 (19.5%)	51 (16.2%)	77 (17.3%)
Your sexual practices	94 (20.9%)	48 (12.8%)	40 (12.7%)	60 (13.5%)	100 (22.3%)	58 (15.5%)	41 (13.1%)	64 (14.3%)
Whether you use birth control to prevent or pregnancies	131 (29.2%)	71 (18.9%)	52 (16.6%)	78 (17.5%)	122 (27.2%)	75 (20%)	54 (17.2%)	83 (18.6%)
Whether you use male or female condoms to STIs	117 (26.1%)	64 (17.1%)	50 (15.9%)	65 (14.6%)	117 (26.1%)	72 (19.2%)	53 (16.9%)	78 (17.5%)
Your life plans or goals	82 (18.3%)	36 (9.6%)	43 (13.7%)	55 (12.3%)	106 (23.6%)	62 (16.5%)	53 (16.9%)	74 (16.6%)

A new question that was asked on survey waves 10 through 13 was whether the member was willing to recommend the P4HB program to family and friends. Of the respondents from these last 4 waves, 47% (209 of 449 in wave 10), 37% (140 of 375 in wave 11), 36% (114 of 314 in wave 12), and 33% (148 of 446) in wave 13, respectively, responded that they would recommend the P4HB program to family and friends.

CMO Provider Survey Results

For each of the survey waves 10 through 13 of the CMO provider survey administration, a total of 1500 providers met the selection criteria for the survey. Of those eligible, the participation rate among providers has averaged less than 2.0% during waves 10 through 13.

There were only 16 respondents for survey wave 13. It is not clear whether this low response was a self-selection of those providers who still had questions about the P4HB program or whether other factors are leading to these very low response rates.

In the following tables (**Tables 12-15**), we report on results of the provider survey. Due to the low response rate to the survey, it is difficult to draw conclusions about trends in provider knowledge and needs across the survey waves. However, across waves 10 through 13 of the survey, it is evident that providers reported a range of informational needs (with varying percentages across the survey waves), including for essentially all areas surveyed.

Table 12. Providers' Information Level about Services Covered Under their P4HB® Contract				
Information Needed about Services Covered Under P4HB®	10th Wave N=31 Responses n (%)	11th Wave N=24 Responses n (%)	12th Wave N=25 Responses n (%)	13th Wave N=16 Response n (%)
Family Planning Component (Pink Card Services)				
Family planning initial and follow-up exams, including Pap smear.	2 (6.5%)	10 (41.7%)	6 (24.0%)	2 (12.5%)
Contraceptive services and methods	4 (12.9%)	9 (37.5%)	6 (24.0%)	1 (6.3%)
Tubal ligation	3 (9.7%)	8 (33.3%)	6 (24.0%)	1 (6.3%)
Pregnancy Testing	4 (12.9%)	7 (29.2%)	5 (20%)	0 (0.0%)
Screening for sexually transmitted infections	6 (19.4%)	8 (33.3%)	7 (28.0%)	1 (6.3%)
Follow-up of an abnormal Pap smear, including colposcopy	6 (19.4%)	10 (41.7%)	6 (24.0%)	1 (6.3%)
Treatment for sexually transmitted infections	6 (19.4%)	6 (25.0%)	5 (20%)	1 (6.3%)
Treatment for major complications related to family planning services	6 (19.4%)	9 (37.5%)	9 (36.0%)	1 (6.3%)
Multivitamins with folic acid	5 (16.1%)	6 (25.0%)	4 (16.0%)	0 (0.0%)
Hepatitis B and Tetanus-Diphtheria vaccines	6 (19.4%)	8 (33.3%)	4 (16.0%)	1 (6.3%)
Interpregnancy Care Component (Purple Card Services)				
Primary care services (up to 5 outpatient visits per year)	7 (22.6%)	10 (41.7%)	6 (24.0%)	1 (6.3%)
Management and follow-up of chronic diseases	8 (25.8%)	11 (45.8%)	6 (24.0%)	1 (6.3%)
Prescription medications for chronic diseases	8 (25.8%)	10 (41.7%)	6 (24.0%)	1 (6.3%)
Detoxification and outpatient rehabilitation for substance abuse	9 (29.0%)	12 (50%)	8 (32.0%)	2 (12.5%)
Limited dental services	7 (22.6%)	10 (41.7%)	7 (28.0%)	1 (6.3%)
Nurse case management and Resource Mother outreach for health and social service coordination and support of health behaviors	9 (29.0%)	12 (50%)	5 (20%)	1 (6.3%)

Non-emergency transportation	7 (22.6%)	7 (29.2%)	5 (20%)	2 (12.5%)
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The survey also asked providers what they perceived as barriers to participation in the P4HB program. There was some fluctuation in the percentage of providers reporting barriers across waves 10 through 13. However, across survey waves 10 through 13, it is notable that between one-third to one-half of responding providers perceived barriers including that the waiver does not cover the full range of family planning services, the waiver does not cover referrals or follow-up care, and the waiver does not cover complications of family planning services (**Table 13**).

Factor	10th Wave, N=31 Perceived as Barrier n (%)	11th Wave, N=24 Perceived as Barrier n (%)	12th Wave, N=25 Perceived as Barrier n (%)	13th Wave, N=16 Perceived as Barrier n (%)
Waiver does not cover the full range of family planning	11 (35.5%)	12 (50%)	8 (32.0%)	5 (31.3%)
Waiver does not cover referrals or follow-up care	14 (45.2%)	12 (50%)	9 (36.0%)	5 (31.3%)
Waiver does not cover complications of family planning service	12 (38.7%)	12 (50%)	9 (36.0%)	5 (31.3%)
Your practice is full	2 (6.5%)	3 (12.5%)	3 (12.0%)	0 (0.0%)

Questions on the provider survey probe whether providers assess key reproductive health topics during health care appointments with women of reproductive age (**Table 14**) and whether they provide information or counseling about key reproductive health topics during visits for women of reproductive age (**Table 15**). While the response rate was low making it difficult to draw conclusions about trends across the last four waves of the survey (waves 10 through 13), there was a notable decrease in the percentage of providers reporting performance of key reproductive health assessments during health care encounters with women of

reproductive age, with fewer than 12% reporting performing any of the assessments in survey wave 13 (**Table 14**).

Table 14. Assessment of Reproductive Health Topics				
Reproductive Health Topic	10th Wave N=31 n (%) Yes	11th Wave N=24 n (%) Yes	12th Wave N=25 n (%) Yes	13th Wave N=16 n (%) Yes
Do you assess the following				
Desire or plans to have or not have children in the future	9 (29.0%)	5 (20.8%)	3 (12.0%)	1 (6.3%)
Desire or plans for timing or spacing pregnancies	7 (22.6%)	6 (25.0%)	2 (8.0%)	0 (0.0%)
Sexual behaviors, including risk and protective behaviors	10 (32.3%)	9 (37.5%)	6 (24.0%)	2 (12.5%)
Method(s) she uses for preventing or spacing pregnancies	9 (29.0%)	8 (33.3%)	6 (24.0%)	1 (6.3%)
Method(s) she uses for preventing STIs	10 (32.3%)	9 (37.5%)	7 (28.0%)	2 (12.5%)
Risks for unintended (unwanted or mistimed) pregnancy	10 (32.2%)	8 (33.3%)	6 (24.0%)	1 (6.3%)
Life plans or goals	9 (29.0%)	1 (4.2%)	2 (8.0%)	1 (6.3%)

When comparing provider, responses regarding the performance of key reproductive health education and counseling during health care encounters with women of reproductive age across the last four waves of the survey, there were not consistent trends (**Table 15**). It is notable, however, that during survey waves 12 and 13, 20% or fewer of responding providers indicated that they educate or counsel women of reproductive age about the various reproductive health topics noted earlier.

Table 15. Education and Counseling of Reproductive Women				
Reproductive Health Topic	10th Wave N=31 n (%) Yes	11th Wave N=24 n (%) Yes	12th Wave N=25 n (%) Yes	13th Wave N=16 n (%) Yes
Do you educate or counsel about the following items as part of health care encounters with women of reproductive age				
Having a plan to have or not have children in the future	7 (22.6%)	2 (8.3%)	3 (12.0%)	2 (12.5%)
Having a plan for timing or spacing pregnancies	5 (16.1%)	3 (12.5%)	3 (12.0%)	1 (6.3%)
Sexual behaviors, including risk and protective behaviors	9 (29.0%)	4 (16.7%)	4 (16.0%)	2 (12.5%)
Method(s) for preventing or spacing pregnancies	6 (19.4%)	5 (20.8%)	4 (16.0%)	1 (6.3%)

Method(s) for preventing STIs	9 (29.0%)	4 (16.7%)	5 (20%)	2 (12.5%)
Dual-protection (using condom plus another method)	5 (16.1%)	2 (8.3%)	3 (12.0%)	2 (12.5%)
Risks for unintended (unwanted or mistimed) pregnancy	6 (19.4%)	4 (16.7%)	2 (8.0%)	1 (6.3%)
Life plans or goals	7 (22.6%)	1 (4.2%)	3 (12.0%)	1 (6.3%)

In the most recent wave of the survey (wave 13), providers were asked if they would recommend or refer patients to P4HB with only 3 of 16 (18.8%) providers indicating that they would recommend or refer patients to P4HB. As previously stated, the survey results raise the question of whether the providers responding were primarily those with limited knowledge of the program who desired more information or even those who were more likely to include the key reproductive health assessments, counseling and education in their practice. Collaborative effort to provide awareness and education about the program remains the goal of the outreach activities to both the member and provider communities.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q3 2018:

- 1) The Emory team will not be able to update the PRAMS analysis since the required response rate was not obtained. The Emory team will use the older PRAMS data with updated analysis of the claims and vital records (through 2017) for inclusion in an academic paper.
- 2) The Emory team is in the process of adapting code used in other studies 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]. They will

examine post-partum utilization among IPC and RM only enrollees for the upcoming Year 7 Annual Report. The Emory team will also incorporate the information on ‘users versus non-users’ of contraception in their analysis of time to next Medicaid pregnancy for P4HB enrollees and selected control groups.

- 3) The Emory team completed a one-page summary of results based on the quasi-experimental evaluation and budget neutrality estimates. Based on responses from DCH, Emory also assembled data on the ‘early engagement’ of P4HB enrollees [use of covered services within 90 days of enrollment] and in turn, analyzed differences in outcomes [pregnancy < 12, < 18 months] by categories of ‘engagement’. DCH is working with the Georgia Health Policy Center and Emory to finalize an Issue Brief using these analyses. Emory is now in the process of reviewing a draft of the brief
- 4) As the Emory team works with DCH and CMS to implement a new evaluation design they hope to move the emphasis of the analysis to the IPC and RM women and in general, focus on maternal and infant outcomes. Emory has followed the waiver renewal process and participated in phone calls with CMS as they occurred.
- 5) The Emory 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. DCH developed and submitted the revised budget neutrality sheet which has been approved by CMS.

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 plans to submit fast-track extension request to CMS after public notice period. 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 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 didn't have the correct verification in the system for having a VLBW baby.

EXPENDITURES

For Q3 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 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 Q3 2018, based on the original template, 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	104,068	114,831		298,653
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	2,845	3,137	2,819		8,801
	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	\$ 2,841,388	\$ 3,120,675	\$ -	\$ 8,146,681
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	\$ 2,841,388	\$ 3,120,675	\$ -	\$ 194,106,158
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	2,845	3,137	2,819	-	8,801
	PMPM	\$ 117.00	\$ 117.00	\$ 117.00	\$ 115.50	\$ 116.63
	Total	\$ 332,879	\$ 367,044	\$ 329,837	\$ -	\$ 1,029,760
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		\$ -	\$ -	\$ -	\$ -	\$ 1,029,760
DIFFERENCE						\$ 193,076,398