

Quarterly Report

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

1115 Demonstration in Georgia

Year 9

Quarter 3

July 1-September 30, 2019

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by:

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OVERVIEW

This third quarter (Q3) P4HB report of 2019 provides information on enrollment of women into P4HB and summarizes trends seen in the P4HB program by the topics noted below:

- Call Volume
- Program Eligibility and CMO Enrollment
- CMO Quarterly Reports
- CMO Provider and Member Surveys
- 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 689 calls made to the Medicaid main IVR call center in Q3 2019. These included 212 calls in July, 237 calls in August, and 240 calls in September. Overall, this represents an increase in calls to this line of 2.7% from Q2 2019 (671) to Q3 2019 (689). 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 the total number of women inquiring about P4HB, however, as we also have a line for general medical assistance questions. Women interested in enrolling in P4HB also have the online Gateway system option and hence, may not need to contact 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 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 September 30, 2019

PROGRAM /COA	CLIENT ADDITIONS				CLIENT DISPOSITIONS		
	ACTIVE BOM	TOTAL	APPROVE	REINSTATED	TOTAL	DENIED	TERMINATED
ARM - Resource Mother Services - Family Medicaid	476	123	105	18	200	12	188
ARM - Family Planning Services	60,849	15,635	14,055	1,580	10,126	4,298	5,828
ARM - Resource Mother Services - ABD Medicaid	5	0	0	0	3	2	1
ARM - Inter-Pregnancy Care	527	114	104	10	159	14	145
Total	61,857						

“BOM” = “beginning of the month”
“ARM” = Activity Report Month

By the end of Q3 2019, at the beginning of the month, there was a total of 61,857 women who were deemed eligible (see Table 1) across the several components of P4HB. There were 60,849 women deemed eligible for family planning only services; 527 deemed eligible for inter-pregnancy care services; and 481 women deemed eligible for resource mother (RM) only services. This shows a 2.2% increase in women eligible from Q2 2019 (60,510).

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 September 1, 2019, there were 48,801 women of the 61,857 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 48,084 FP enrollees, 341 IPC enrollees, and 376 RM enrollees. These total counts represent changes in enrollment as new women apply, are deemed eligible and in turn, are enrolled in a CMO for services. Others may be terminated or denied eligibility within each of the program's three components. When enrollments at the end of Q3 2019 were compared to enrollments at the end of Q2 2019 these patterns emerge:

- An *increase of 2.7%* in the number of women enrolled in a CMO to receive family planning only services (48,084 women at the end of Q3 2019 versus 46,816 women at the end of Q2 2019);

- A decrease of 35.4% in the number of women enrolled in a CMO to receive interpregnancy care (IPC) services (341 women at the end of Q3 2019 versus 528 women at the end of Q2 2019); and
- A decrease of 41.1% in the number of women enrolled in a CMO to receive Resource Mother services (a combination of Resource Mother only and IPC women). At the end of Q3 2019, there were 717 women enrolled versus 1,217 women enrolled at the end of Q2 2019.

CMO Average Quarterly Enrollment

The data on enrollment, shown in **Figure 1**, reflects average quarterly FP only enrollment. An increase of 4.6% in average quarterly FP only enrollment occurred from Q2 2019 to Q3 2019 (45,470 to 47,569). As shown in **Figure 2**, the average quarterly enrollment in the IPC component decreased by 35.1% (from 618 in Q2 2019 to 401 in Q3 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.

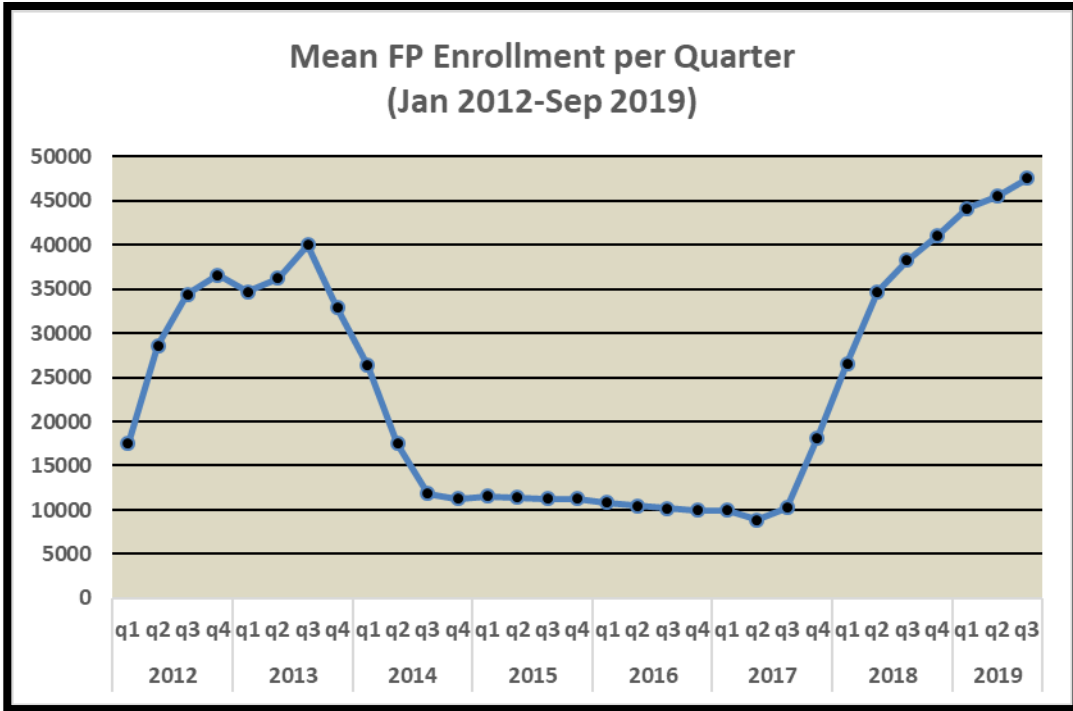


Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Sep 2019) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

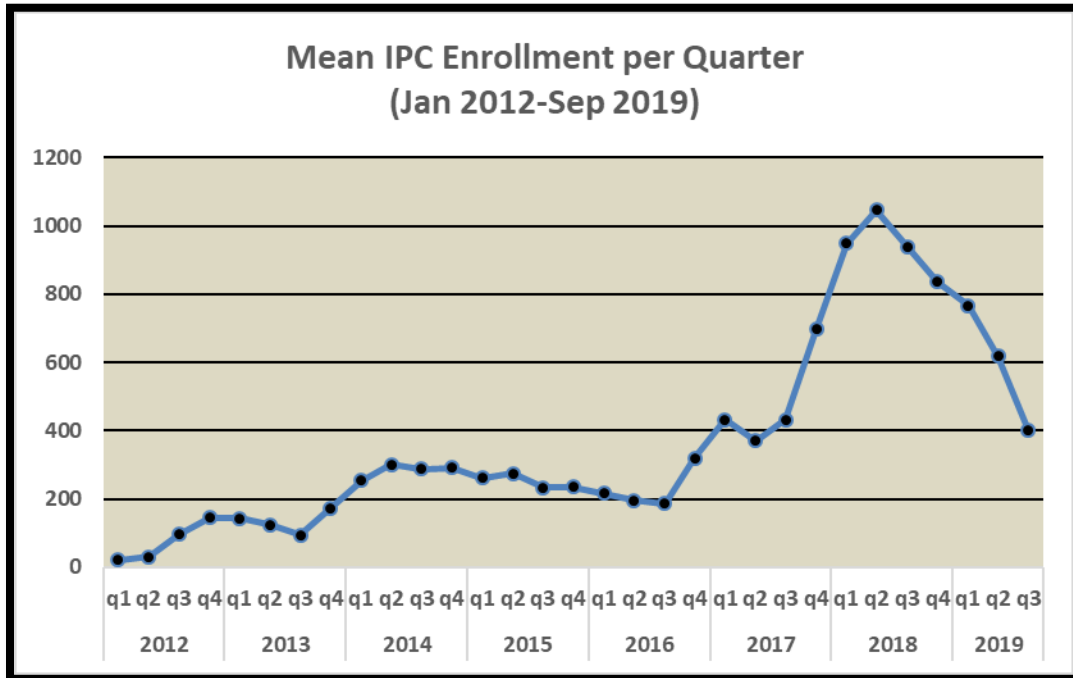


Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Sep 2019) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs' Q3 2019 P4HB quarterly reports sent to DCH at the end of October 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 Q3 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, Q3 2019 (July-September 2019)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 13,011 IPC: 75 RM: 69 Total Enrollment: 13,155 % of all P4HB enrollment: 27.0% % of all P4HB enrollment in previous quarter: 26.9%</p> <p><u>CMO Reported Enrollment</u> FP: 15,908 IPC: 121 RM: 104 Total Enrollment: 16,133 % of all P4HB enrollment: 28.1%</p>	<p><u>Use of Known Contraception</u> FP: 1146 IPC: 19 RM: 20 Total: 1185</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (51%); injectable (35.6%) IPC: Oral contraception (47.4%); injectable (31.6%); transdermal (10.5%) RM: oral contraception (55%); injectable (35%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 3,870 IPC: 43 RM: 79 Total: 3,992</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 4,518 IPC: 58 RM: 92 Total: 4,668</p> <p><u>IPC Service Utilization</u> Dental care: 19 Primary care: 43</p>
CareSource	<p><u>DCH Reported Enrollment</u> FP: 9,515 IPC: 70 RM: 82 Total Enrollment: 9,667 % of all P4HB enrollment: 19.8% % of all P4HB enrollment in previous quarter: 19.5%</p> <p><u>CMO Reported Enrollment</u> FP: 11,640 IPC: 107 RM: 190 Total Enrollment: 11,937 % of all P4HB enrollment: 20.8%</p>	<p><u>Use of Known Contraception</u> FP: 1,154 IPC: 11 RM: 4 Total: 1,169</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (65.1%); injectables (18.1%); IUDs (7.8%) IPC: Oral contraception (72.7%); injectables (18.2%) RM: Oral contraception (75.0%); implants (25.0%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,741 IPC: 27 RM: 12 Total: 1,780</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,985 IPC: 38 RM: 16 Total: 3,039</p> <p><u>IPC Service Utilization</u> Primary Care: 4 Dental: 2 Substance Abuse: 0 Resource Mother: 4</p>

Table 2: CMO Enrollment and Utilization of Services, Q3 2019 (July-September 2019)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><u>DCH Reported Enrollment</u> FP: 13,092 IPC: 97 RM: 74 Total Enrollment: 13,263 % of all P4HB enrollment: 27.2% % of all P4HB enrollment in previous quarter: 27.3%</p> <p><u>CMO Reported Enrollment</u> FP: 15,159 IPC: 211 RM: 220 Total Enrollment: 15,590 % of all P4HB enrollment: 27.2%</p>	<p><u>Use of Known Contraception</u> FP: 2,351 IPC: 44 RM: 34 Total: 2,429</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (40.8%); injectables (31.8%); implants (12.6%). IPC: Oral contraceptives (27.3%); injectables (25.0%); implants (13.6%); IUDs (13.6%) RM: oral contraception (41.2%); injectables (35.3%); implants (17.7%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 317 IPC: 8 RM: 4 Total: 329</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,558 IPC: 52 RM: 38 Total: 2,758</p> <p><u>IPC Service Utilization</u> Primary Care: 23 Dental care: 5 Substance Abuse: 1 Resource Mother: 44</p>
WellCare	<p><u>DCH Reported Enrollment</u> FP: 12,466 IPC: 99 RM: 151 Total Enrollment: 12,716 % of all P4HB enrollment: 26.1% % of all P4HB enrollment in previous quarter: 26.3%</p> <p><u>CMO Reported Enrollment:</u> FP: 13,341 IPC: 96 RM: 255 Total Enrollment: 13,692 % of all P4HB enrollment: 23.9%</p>	<p><u>Use of Known Contraception</u> FP: 1,343 IPC: 10 RM: 19 Total: 1,372</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (57.0%); injectable (31.7%); IUDs (8.3%) IPC: Oral contraception (70.0%), injectables (20.0%); implants (10.0%) RM: Oral contraception (63.2%); injectables (36.8%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 2,763 IPC: 23 RM: 4 Total: 2,790</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 4,107 IPC: 36 RM: 24 Total: 4,167</p> <p><u>IPC Service Utilization:</u> Dental: 7 Primary Care: 0</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q2 2019 to Q3 2019. Amerigroup reported an overall increase of 6.3% in enrollment from Q2 2019 to Q3 2019 (15,182 to 16,133 enrollees) with an increase in the FP group and a decrease in the IPC and RM groups. CareSource reported an overall enrollment increase of 6.2% from Q2 2019 to Q3 2019 (11,242 to 11,937 enrollees) with an increase in the FP group and a decrease in the IPC and RM groups. Peach State reported an overall increase from Q2 2019 to Q3 2019 of 6.9% in P4HB enrollment (14,586 to 15,590 enrollees), with an increase in the FP and IPC groups and no change in the RM group. WellCare experienced an overall P4HB enrollment increase of 3.8% from Q2 2019 to Q3 2019 (13,191 to 13,692 enrollees). Enrollment increased for the FP group, but decreased for the IPC and RM groups.

Utilization patterns also varied across the CMOs. Compared to the CMO reports shown in our Quarter 2, 2019 report to CMS, the use of known contraception increased among enrollees for CareSource and Peach State enrollees only in Q3 2019. We note that PeachState has a far higher percentage of 'known' contraception use than CareSource or other CMOs (15.5% for PeachState; 10.0% for WellCare, 9.7% for CareSource, and 5.0% for Amerigroup). Among CareSource enrollees, 'known' contraception utilization increased 9.7% (from 1,066 users in Q2 2019 to 1,169 users in Q3 2019). For Peach State enrollees, 'known' contraception utilization increased 14.0% (from 2,130 users in Q2 2019 to 2,429 users in Q3 2019). For WellCare enrollees, the use of 'known' contraception decreased 5.7% (1,455 users in Q2 2019 to 1,372 in Q3 2019). For Amerigroup enrollees, 'known' contraception utilization increased 23.2% (from 962 users in Q2 2019 to 1185 users in Q3 2019).

Oral contraception was still the most preferred form of contraception reported for the

women using a known form of contraceptive in all four CMOs' FP only components (51.0% for Amerigroup, 65.1% for CareSource, 40.8% for Peach State and 57.0% for WellCare). The IPC enrollees in all four CMOs preferred oral contraception (47.4% for Amerigroup, 72.7% for CareSource; 27.3% for Peach State, and 70.0% for WellCare IPC enrollees).

Compared to the Q2 2019 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased in Q3 2019 for three of the four CMOs. Utilization increased 7.6% for Amerigroup enrollees, 5.3% for CareSource enrollees, and 13.7% for Peach State enrollees. Utilization decreased 0.9% for WellCare enrollees.

Service utilization among the CMOs' IPC enrollees varied. Compared to Q2 2019, utilization of primary care services decreased in Q3 2019 among Amerigroup enrollees (51.6%), CareSource enrollees (73.3%) and Peach State enrollees (4.2%). Dental care utilization decreased among IPC enrollees of three of the four CMOs in Q3 2019. Dental care utilization decreased 60.0% for CareSource IPC enrollees, 37.5% for Peach State IPC enrollees, and 58.9% for WellCare IPC enrollees. Dental care utilization increased 11.8% for Amerigroup enrollees in Q3 2019. The large declines in primary care and dental utilization among IPC women as reported by the CMOs is also of interest to DCH. It may be that these declines are not seen in the encounter data; these data will be reported in the upcoming Annual Report.

Table 3: CMO Outreach, Q3 2019 (July-September 2019)		
CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 30 outreach activities • 690 participants • 57 provider relations activities 	<ul style="list-style-type: none"> • 138 contacts by RM workers • 30 Community “Baby Showers” and “Diaper Days” with 985 participants • 14 face-to-face visits • 82 calls to 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"> • 2,299 calls made to new members • 3,236 new P4HB member packets mailed • 200 members (new and existing) received educational materials 	<ul style="list-style-type: none"> • 85 members who had a VLBW infant received telephone calls • A total of 503 mothers seen in a high-volume delivery hospitals were educated face-to-face
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 2,909 members who recently delivered. 	<ul style="list-style-type: none"> • 49 IPC members were contacted and received direct education about the program. • Resource Mothers attended 54 outreach events and educated a total of 2,313 potential members and community partners. • Resource Mothers conducted 63 face-to-face visits, 273 phone calls, and 55 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 one to two 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 potential barriers to greater awareness and involvement in the program.

Survey Methods

To date, the member and provider surveys have been administered in fourteen 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, September 2018, and September 2019. The most recent wave of the member and provider surveys, the fourteenth wave, was conducted in September of 2019. Members identified by the CMOs as being enrolled in the P4HB program during the period of September 2018 to March 2019 were contacted by phone for the survey (4,000 participants). Of the 4,000 program participants

contacted, 484 (12.2%) responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (2,000) were sent the provider survey via the online “Survey Monkey” tool. A mere 33 (1.7%) providers responded. The sections below provide a summary of the responses from the most recent three waves of the CMOs’ member and provider surveys (waves twelve through fourteen).

CMO Member Survey Results

In wave 12, a total of 3,000 members met the selection criteria for the CMOs’ member surveys. In wave 13 a total of 3,706 members met the selection 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. In this most recent 14th wave, each CMO was able to pull a random sample of 1,000 members for a total of 4,000 that met the selection criteria for inclusion in the member survey. The rate of participation in the member surveys, across the four CMOs, was 12.5% for wave 11, 10.5% for wave 12, 12.0% for wave 13, and 12.2% for wave 14. For wave 14, the member response rates were: 17.5% (175/1,000) for Peach State, 14.3% (143/1,000) for Amerigroup, 4.8% (48/1000) for WellCare, and 12.2% (122/1000) for CareSource. As before, we note these are far below a desired level of survey response.

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. Of the three most recent waves of the survey, the percentage of responding members indicating that the reason for their enrolling in the P4HB program was for birth control or family planning was approximately 30% in waves

12 and 13, dropping to approximately 17% in wave 14, down from a high of approximately 60% in wave 10 conducted in April 2017 (data not shown). 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 be the reason that they are enrolling. 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%; data not shown) compared to waves 12 through 14 (13.5% to 17.2%). 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 (data not shown) declining to 12.7% to 21.3% across waves 12 through 14. A substantial percentage of members reported enrolling in the P4HB program to receive primary care services across recent waves of the member survey also declined (from a high of 51% in wave 12 to a low of 34.4% in wave 14).

Regarding reported service utilization among enrollees, there were substantial decreases in the percentage of survey respondents across waves 12 through 14 of the survey compared to respondents in wave 10 of the survey. For example, during wave 10 of the survey approximately 58.6% of respondents reported utilization of birth control or family planning (data not shown) compared to approximately 20.5% to 30.7% across waves 12 through 14. (**Table 4**). Similarly, there was an approximately 15 percentage point decline from survey

wave 10, when approximately 30% of respondents reported utilizing pregnant testing services and services related to testing or treatment of sexually transmitted infections (data not shown) to survey waves 12 through 14 when 12% to 16% of members reported using these services (**Table 4**). Across waves 12 through 14 of the survey from 26% to 35% of respondents report using primary care services under P4HB.

Paralleling the observations for reported service utilization, there were also reductions in the percentage of survey respondents from survey wave 10 (data not shown) to subsequent waves of the survey who reported positive changes that P4HB made for them (**Table 4**). The largest reduction was from survey wave 10 to the most recent waves of the survey for both the percentage reporting starting to use birth control (from approximately 40% in wave 10 (data not shown) to 14% to 19% across waves 12 through 14, not having to use their own money for family planning services or birth control (from 45% in wave 10 to 20% to 27% across waves 12 through 14), and being able to get preventive care and family planning counseling (from 57.5% in wave 10 to 26% to 38% across waves 12 through 14). Sizable percentage point reductions were also observed from survey wave 10 to the three recent waves of the survey for respondents reporting that P4HB helped them have more choices in birth control, with a decline from approximately 42% in wave 10 to 19% to 24% in waves 13 and 14) or to change their birth control, with a decline from approximately 21% in wave 10 to 7% to 12% across waves 12 through 14. On the positive side, there was a reduction in the percentage of respondents who indicated that P4HB resulted in them going to a different doctor or nurse for family planning services or birth control from approximately 18% in wave 10 to approximately 9% to 12% in waves 12 through 14.

Table 4. Enrollment and Utilization of Services in P4HB®			
	12th Wave N=314 Responses n (%)	13th Wave N=446 Responses n (%)	14th Wave N=488 Responses n (%)
Enrollment in P4HB® to get...			
Birth control or family planning services	92 (29.3%)	140 (31.4%)	84 (17.2%)
Pregnancy testing	54 (17.2%)	71 (15.9%)	66 (13.5%)
Testing or treatment for sexually transmitted infections	67 (21.3%)	88 (19.7%)	62 (12.7%)
Primary care (such as routine check-up, care for an illness)	160 (51.0%)	204 (45.7%)	168 (34.4%)
Other	15 (4.8%)	21 (4.7%)	27 (5.5%)
Have used these P4HB® services...			
Birth control or family planning services	89 (28.3%)	137 (30.7%)	100 (20.5%)
Pregnancy testing	52 (16.6%)	63 (14.1%)	64 (13.1%)
Testing or treatment for sexually- transmitted infections	51 (16.2%)	71 (15.9%)	59 (12.1%)
Primary care (such as routine check-up, care for an illness)	111 (35.4%)	157 (35.2%)	127 (26.0%)
Other	10 (3.2%)	10 (2.2%)	6 (1.2%)
Before enrolling in P4HB®, had trouble getting...			
Birth control or family planning services	53 (16.9%)	84 (18.8%)	63 (12.9%)
Pregnancy testing	30 (9.6%)	35 (7.8%)	38 (7.8%)
Testing or treatment for sexually- transmitted infections	41 (13.1%)	38 (8.5%)	43 (8.8%)
Primary care (such as routine check-up, care for an illness)	88 (28.0%)	100 (22.4%)	90 (18.4%)
Other	18 (5.7%)	36 (8.1%)	42 (8.6%)
Changes P4HB® made for the participant...			
I am going to a different doctor or nurse for family planning services or birth	40 (12.7%)	54 (12.1%)	41 (8.4%)
I am going to a different doctor or nurse for primary care	40 (12.7%)	51 (11.4%)	46 (9.4%)
I have started using a birth control	58 (18.5%)	81 (18.2%)	67 (13.7%)
I have changed the birth control method I use	37 (11.8%)	50 (11.2%)	34 (7.0%)
I have more choices of birth control methods	101 (32.2%)	104 (23.3%)	93 (19.1%)
I do not have to use my own money for family planning services or birth control	85 (27.1%)	104 (23.3%)	93 (19.1%)
I am able to get preventive care (such as Pap smears) and family planning counseling	119 (37.9%)	157 (35.2%)	127 (26.0%)
With the Purple Card (IPC), I am able to get care for illnesses	6 (1.9%)	6 (1.3%)	6 (1.2%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	8 (2.5%)	7 (1.6%)	5 (1.0%)
Other	9 (2.9%)	179 (40.1%)	125 (25.6%)

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 across survey waves 12 through 14. The largest percentage point reductions (of approximately 9-12% from survey wave 12 compared to wave 14) were for knowledge of the availability of birth control services and methods, Pap smear and pelvic exams, pregnancy testing, screening for sexually transmitted infections, treatment for sexually transmitted infections, and treatment for major problems related to family planning services, and some vaccinations. Substantial reductions from survey waves 12 through 14 were also observed in the percentage points of respondents with correct knowledge about the availability services related to the follow-up of an abnormal Pap smear (7 percentage points), vitamin with folic acid (7 percentage points), and tubal ligation (3 percentage points). Knowledge of non-emergency transportation remained low (less than 9% of respondents) across waves 12 through 14 of the survey. It appears that enrollment through the Gateway System may also be related to a drop in understanding of the benefits available through P4HB.

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 remained quite low across waves 12 through 14, with notable declines from wave 12 to wave 14 (**Table 5**). By wave 14 of the survey, fewer than 25% 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 12 through 14 of the survey.

Table 5. Knowledge of Members about P4HB®			
Knowledge of...	12th Wave N=314 Responses n (%)	13th Wave N=446 Responses n (%)	14th Wave N=488 Responses n (%)
Services available through the “Pink Card” (Family Planning Component)			
Birth control services and methods	64 (20.4%)	72 (16.1%)	54 (11.1%)
Pap smear and pelvic exam	73 (23.2%)	91 (20.4%)	63 (12.9%)
Tubal Ligation (tubes tied)	19 (6.1%)	13 (2.9%)	18 (3.7%)
Pregnancy testing	70 (22.3%)	80 (17.9%)	59 (12.1%)
Screening for sexually transmitted infections	67 (21.3%)	74 (16.6%)	56 (11.5%)
Follow-up of an abnormal Pap smear	58 (18.5%)	65 (14.6%)	56 (11.5%)
Treatment for sexually transmitted infections	60 (19.1%)	56 (12.6%)	49 (10.0%)
Treatment for major problems related to family planning services	51 (16.2%)	40 (9.0%)	36 (7.4%)
Vitamins with folic acid	33 (10.5%)	29 (6.5%)	24 (4.9%)
Some vaccinations	39 (12.4%)	32 (7.2%)	17 (3.5%)
Non-emergency transportation	28 (8.9%)	20 (4.5%)	19 (3.9%)
Services available through the “Purple Card” (Interpregnancy Care Component)			
Primary care services (up to 5 visits per year)	6 (1.9%)	4 (0.9%)	6 (1.2%)
Treatment for medical problems like high blood pressure and diabetes	6 (1.9%)	4 (0.9%)	2 (0.4%)
Medicines for medical problems like high blood pressure and diabetes	6 (1.9%)	3 (0.7%)	3 (0.6%)
Care for drug and alcohol abuse (such as rehab programs)	2 (0.6%)	2 (0.4%)	2 (0.4%)
Some dental services	5 (1.6%)	5 (1.1%)	2 (0.4%)
Non-emergency transportation	4 (1.3%)	2 (0.4%)	2 (0.4%)
Nurse case management/Resource Mother	5 (1.6%)	2 (0.4%)	2 (0.4%)
Eligibility for ‘Pink Card’ (Family Planning Component)			
Be between 18-44 years of age	90 (28.7%)	98 (22.0%)	71 (14.5%)
Be a resident of Georgia	99 (31.5%)	116 (26.0%)	107 (21.9%)
Be a U.S. Citizen	99 (31.5%)	112 (25.1%)	103 (21.1%)

Have a household income that is at or below 200% of the federal poverty level	71 (22.6%)	60 (13.5%)	48 (9.8%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	47 (15.0%)	32 (7.2%)	30 (6.1%)
Not otherwise insured for Family FP Services	50 (15.9%)	29 (6.5%)	40 (8.2%)
Other	4 (1.3%)	4 (0.9%)	7 (1.4%)
Eligibility for ‘Purple Card’ (Interpregnancy Care Component)			
Be between 18-44 years of age	11 (3.5%)	5 (1.1%)	8 (1.6%)
Be a resident of Georgia	11 (3.5%)	8 (1.8%)	12 (2.5%)
Be a U.S. Citizen	11 (3.5%)	12 (2.7%)	13 (2.7%)
Have a household income that is at or below 200% of the federal poverty level	9 (2.9%)	4 (0.9%)	5 (1.0%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	9 (2.9%)	3 (0.7%)	6 (1.2%)
Not otherwise insured for health care services	7 (2.2%)	4 (0.9%)	5 (1.0%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	4 (1.3%)	2 (0.4%)	2 (0.4%)
Other	1 (0.3%)	8 (1.8%)	10 (2.0%)

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 12 through 14. However, there were reductions in the percentage of survey respondents reporting use of particular services for survey waves 12 through 14 (Table 6) compared with survey wave 10 (data not shown). The most commonly utilized services under the “Pink Card”, according to members’ responses, were: both birth control services and methods (approximately 20% to 25% across waves 12 through 14 compared to approximately 45% in wave 10) and Pap smears and pelvic exams (approximately 26% to 30% across waves 12 through 14 compared to approximately 47% in wave 10), and testing for pregnancy and sexually transmitted infections (approximately 12% to 19% across waves 12 through 14 compared to approximately 27% in wave 10). The least commonly reported utilized services under the “Pink Card” were vaccinations (fewer than 3% across waves 12 through 14) and non-emergency transportation (fewer than 2% across waves 12 through 14). 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 (data not shown) compared to waves 12 through 14. Notably, from survey wave 10 through the most recent three waves, 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% in wave 10 compared to 9% to 15% in waves 12 through 14), Pap smear and pelvic exam services (from approximately 41% in wave 10 compared to 18% to 32% in waves 12 through 14), and receipt of vitamins (from approximately 18% in wave 10 compared to 9% to 13% in waves 12 through 14). 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% in wave 10 compared 13% to 20% in waves 12 through 14), screening for sexually transmitted infections (from approximately 23% in wave 10 compared to 12 % to 18% in waves 12 through 14), treatment for sexually transmitted infections (from approximately 18% in wave 10 compared to 9% to 14% in waves 12 through 14), and treatment for major problems related to family planning services (from approximately 27% in wave 10 compared to 4.5% to 9% in waves 12 through 14).

SERVICES USED	12th Wave N=191**		13th Wave N=232**		14th Wave N=236**	
	Responses n (%)		Responses n (%)		Responses n (%)	
Component of P4HB®	“Pink Card” n=169	“Purple Card” n =22	“Pink Card” n =210	“Purple Card” n =22	“Pink Card” n=203	“Purple Card” n =33
Birth control services and methods	38 (22.5%)	6 (27.3%)	53 (25.2%)	4 (18.2%)	40 (19.7%)	6 (18.2%)
Family planning visit	33 (19.5%)	4 (18.2%)	44 (21.0%)	1 (4.5%)	33 (16.3%)	5 (15.2%)
Pap smear and pelvic exam	50 (29.6%)	7 (31.8%)	63 (30.0%)	4 (18.2%)	52 (25.6%)	9 (27.3%)
Tubal Ligation (tubes tied)	5 (3.0%)	0 (0%)	5 (2.4%)	1 (4.5%)	6 (3.0%)	2 (6.1%)
Pregnancy testing	32 (18.9%)	4 (18.2%)	26 (12.4%)	3 (13.6%)	32 (15.8%)	7 (21.2%)

Screening for sexually transmitted infections	33 (19.5%)	4 (18.2%)	36 (17.1%)	4 (18.2%)	33 (16.3%)	4 (12.1%)
Follow-up of an abnormal Pap smear	18 (10.7%)	3 (13.6%)	23 (11.0%)	3 (13.6%)	19 (9.4%)	6 (18.2%)
Treatment for sexually transmitted infections	15 (8.9%)	3 (13.6%)	20 (9.5%)	3 (13.6%)	19 (9.4%)	3 (9.1%)
Treatment for major problems related to family planning services	8 (4.7%)	1 (4.5%)	11 (5.2%)	2 (9.1%)	12 (5.9%)	3 (9.1%)
Vitamins with folic acid	9 (5.3%)	2 (9.1%)	10 (4.8%)	1 (4.5%)	10 (4.9%)	4 (12.1%)
Any vaccinations	4 (2.4%)	3 (13.6%)	6 (2.9%)	2 (9.1%)	7 (3.4%)	2 (6.1%)
Non-emergency transportation	3 (1.8%)	0 (0%)	3 (1.4%)	1 (4.5%)	4 (2.0%)	1 (3.0%)
Primary care services (up to 5 visits per year)	----	3 (13.6%)	----	2 (9.1%)	----	5 (15.2%)
Treatment for medical problems like high blood pressure and diabetes	-----	2 (9.1%)	-----	1 (4.5%)	-----	2 (6.1%)
Medicines for medical problems like high blood pressure and diabetes	-----	2 (9.1%)	-----	1 (4.5%)	-----	1 (3.0%)
Care for drug and alcohol abuse (such as rehab programs)	-----	1 (4.5%)	-----	1 (4.5%)	-----	0 (0.0%)
Any dental services	-----	1 (4.5%)	-----	2 (9.1%)	-----	1 (3.0%)
Nurse case management / Resource Mother	-----	1 (4.5%)	-----	0 (0.0%)	-----	1 (3.0%)

** Note: The sample size for this component of the survey is 191, 232 and 236 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 three most recent waves of the survey, there was an decrease in the percentage of respondents indicating that they had problems getting the family planning services that they wanted for both the FP only (from 14.2% in wave 12 to 5.9% in wave 14) and the IPC component enrollees (from 9.1% in wave 12 to 0% in wave 14). For the FP only (“Pink card”) and IPC enrollees (“Purple card”) similar declines were noted in the percentage of respondents indicating that they had problems getting referrals or follow-up care that was needed and indicating they cannot find a doctor or nurse willing to take P4HB clients from survey wave 12 through 14. Yet, the most commonly cited problems for the FP only component during wave 14 of the survey, affecting approximately 9.4% of respondents,

included not finding a doctor or nurse willing to take P4HB clients; the next most commonly cited problem for the FP only component was not being able to get referrals or follow-up care (7.4%) and having to wait too long to get an appointment or not being able to get to the doctor or nurse when they are open (both at 5.4%). The most commonly cited problems reported among the IPC clients during survey wave 14 were not being able to get referrals or follow-up care that is needed, not being able to find a doctor or nurse willing to take P4HB, having to wait too long to get a service, not being able to get to the doctor or nurse when they are open, and the doctor or nurse not prescribing the birth control method that was desired (all at 3%). Notably, from 22% to 32% of IPC clients report having an “other” problem under P4HB during survey waves 12 through 14, which warrants further exploration.

Problems Under P4HB®	12th Wave N=191** Responses n (%)		13th Wave N=232** Responses n (%)		14th Wave N=236** Responses n (%)	
	“Pink Card” n=169	“Purple Card” n =22	“Pink Card” n =210	“Purple Card” n =22	“Pink Card” n=203	“Purple Card” n =33
I cannot get the family planning services I want	24 (14.2%)	2 (9.1%)	22 (10.5%)	2 (9.1%)	12 (5.9%)	0 (0.0%)
I cannot get referrals or follow-up for care I need	21 (12.4%)	2 (9.1%)	14 (6.7%)	1 (4.5%)	15 (7.4%)	1 (3.0%)
I cannot find a doctor or nurse willing to take P4HB clients	25 (14.8%)	2 (9.1%)	23 (11.0%)	1 (4.5%)	19 (9.4%)	1 (3.0%)
I don’t want to leave my current doctor or nurse	17 (10.1%)	2 (9.1%)	13 (6.2%)	1 (4.5%)	6 (3.0%)	0 (0.0%)
I have to wait too long to get services	19 (11.2%)	2 (9.1%)	18 (8.6%)	2 (9.1%)	11 (5.4%)	1 (3.0%)
I do not have transportation	15 (8.9%)	1 (4.5%)	8 (3.8%)	1 (4.5%)	7 (3.4%)	0 (0.0%)
I cannot get to the doctor or nurse when they are open	15 (8.9%)	3 (13.6%)	9 (4.3%)	1 (4.5%)	11 (5.4%)	1 (3.0%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	13 (7.7%)	1 (4.5%)	7 (3.3%)	0 (0.0%)	3 (1.5%)	1 (3.0%)
Other	4 (2.4%)	5 (22.7%)	8 (3.8%)	7 (31.8%)	6 (3.0%)	9 (27.3%)

** Note: The sample size for this component of the survey is 191, 232 and 236 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 12 through 14 (**Table 8**). Notably, across the three most recent wave of the survey from approximately 13% to 18% of respondents reported a need for more information regarding where to go for services, 16% to 21% reported a need for more information regarding services available under the Pink Card, 16% reported a need for more information regarding services available under the Purple Card, and 16% to 19% reported a need for more information about the cost of services.

Table 8. Information Needs about P4HB®			
Type of Information	12th Wave N=314 Reponses	13th Wave N=446 Responses	14th Wave N=488 Reponses
	Needs More Information n (%)		
Where to go for service	44 (14.0%)	76 (17.0%)	63 (12.9%)
Services available with the Pink Card	53 (16.9%)	95 (21.3%)	79 (16.2%)
Services available with the Purple Card	50 (15.9%)	70 (15.7%)	77 (15.8%)
Cost of services	56 (17.8%)	86 (19.3%)	77 (15.8%)

There was also little change regarding the areas that members of P4HB reported were hard to understand with no consistent trends noted across waves 12 through 14 of the survey (**Table 9**). Among FP only respondents, during wave 14 approximately 25% of respondents reported it was hard to understand what services were available from P4HB, 19% reported it was hard to understand who can get P4HB, 18% reported it was hard to pick a provider, and 16% reported it was hard to understand whether they qualified for P4HB. Among IPC respondents, during wave 14 approximately 30% of respondents reported it was hard to understand what services were available from P4HB, 24% of respondents reported it was hard to know who can get P4HB, approximately 18% reported it was hard to know whether they qualify for P4HB, to complete the web form and required documents to sign up for P4HB, while 15% reported it was hard to pick a Care Management Organization.

Area	12th Wave N=191** Responses n (%)		13th Wave N=232** Responses n (%)		14th Wave N=236** Responses n (%)	
	“Pink Card” n =169	“Purple Card” n =22	“Pink Card” n =210	“Purple Card” n =22	“Pink Card” n =203	“Purple Card” n =33
Who can get P4HB®	33 (19.5%)	4 (18.2%)	36 (17.1%)	2 (9.1%)	38 (18.7%)	8 (24.2%)
Whether I can get P4HB®	33 (19.5%)	4 (18.2%)	29 (13.8%)	2 (9.1%)	33 (16.3%)	6 (18.2%)
Complete the paper work to sign up for P4HB®	22 (13.0%)	3 (13.6%)	18 (8.6%)	3 (13.6%)	19 (9.4%)	4 (12.1%)
Complete the web form to sign up for P4HB®	24 (14.2%)	2 (9.1%)	21 (10.0%)	3 (13.6%)	17 (8.4%)	6 (18.2%)
Get the required documents to sign up for P4HB®	18 (10.7%)	3 (13.6%)	15 (7.1%)	1 (4.5%)	20 (9.9%)	6 (18.2%)
Pick a Care Management Organization (CMO)	29 (17.2%)	3 (13.6%)	31 (14.8%)	3 (13.6%)	31 (15.3%)	5 (15.2%)
Pick a provider	31 (18.3%)	3 (13.6%)	35 (16.7%)	4 (18.2%)	36 (17.7%)	4 (12.1%)
Understand what I can get from P4HB®	38 (22.5%)	5 (22.7%)	43 (20.5%)	3 (13.6%)	50 (24.6%)	10 (30.3%)
Other	4 (2.4%)	11 (50%)	7 (3.3%)	0 (0.0%)	7 (3.4%)	0 (0.0%)

*** Note: While the sample sizes for this component of the survey were 191 for wave twelve, 232 for wave thirteen and 236 for wave fourteen 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 across waves 12 through 14 (**Table 10**), there were minimal changes in the percentage of members reporting each of the key assessments that were monitored across the survey waves. For all monitored reproductive health topics, approximately 20% or fewer responded that doctors or nurses asked them about the topic during encounters. Of note, across the three most recent waves of the survey, 22% or fewer of respondents indicated that

they would like a doctor or nurse to ask about a reproductive health topic as part of the appointment.

Reproductive Health Topic	12th Wave N=314	13th Wave N=446	14th Wave N=488	12th Wave N=314	13th Wave N=446	14th Wave N=488
	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	53 (16.9%)	88 (19.7%)	80 (16.4%)	62 (19.7%)	99 (22.2%)	74 (15.2%)
Your thoughts or plans about timing or spacing pregnancies	34 (10.8%)	49 (11.0%)	46 (9.4%)	55 (17.5%)	86 (19.3%)	61 (12.5%)
Your sexual practices	55 (17.5%)	75 (16.8%)	72 (14.8%)	51 (16.2%)	77 (17.3%)	54 (11.1%)
Whether you use birth control to prevent or space pregnancies	71 (22.6%)	104 (23.3%)	85 (17.4%)	68 (21.7%)	94 (21.1%)	80 (16.4%)
Whether you use male or female condoms to prevent STIs	62 (19.7%)	88 (19.7%)	76 (15.6%)	69 (22.0%)	95 (21.3%)	77 (15.8%)
Your life plans or goals	54 (17.2%)	74 (16.6%)	51 (10.5%)	62 (19.7%)	94 (21.1%)	68 (13.9%)

Of the members responding to waves 12 through 14 of the survey (**Table 11**), there were small reductions (of approximately 2% to 5%) 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 12 through wave 14.

Reproductive Health Topic	12th Wave N=314	13th Wave N=446	14th Wave N=488	12th Wave N=314	13th Wave N=446	14th Wave N=488
	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	42 (13.4%)	68 (15.2%)	51 (10.5%)	59 (18.8%)	89 (20.0%)	61 (12.5%)
Plans about timing or spacing pregnancies	36 (11.5%)	50 (11.2%)	48 (9.8%)	51 (16.2%)	77 (17.3%)	54 (11.1%)
Your sexual practices	40 (12.7%)	60 (13.5%)	46 (9.4%)	41 (13.1%)	64 (14.3%)	49 (10.0%)
Whether you use birth control to prevent or space pregnancies	52 (16.6%)	78 (17.5%)	56 (11.5%)	54 (17.2%)	83 (18.6%)	67 (13.7%)
Whether you use male or female condoms to prevent STIs	50 (15.9%)	65 (14.6%)	51 (10.5%)	53 (16.9%)	78 (17.5%)	61 (12.5%)
Your life plans or goals	43 (13.7%)	55 (12.3%)	37 (7.6%)	53 (16.9%)	74 (16.6%)	50 (10.2%)

A new question that was asked on survey waves 12 through 14 was whether the member was willing to recommend the P4HB program to family and friends. Of the respondents from these last 3 waves, 36% (114 of 314 in wave 12), 33% (148 of 446 in wave 13), and 25% (121 of 488) in wave 14, respectively, responded that they would recommend the P4HB program to family and friends. The decline from 36% to 25% indicates a potential decrease in satisfaction with the program.

CMO Provider Survey Results

For each of the survey waves 12 through 13 of the CMO provider survey administration, a total of 1500 providers met the selection criteria for the survey. In this current wave 14, a total of 2000 providers met the selection criteria for the survey. Of those eligible, the participation rate among providers has averaged less than 2.0% during waves 12 through 14. There were only 33(1.7%) respondents for survey wave 14. 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 12 through 14 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®	12th Wave N=25 Responses n (%)	13th Wave N=16 Response n (%)	14th Wave N=33 Responses n (%)
Family Planning Component (Pink Card Services)			
Family planning initial and follow-up exams, including Pap smear.	6 (24.0%)	2 (12.5%)	10 (30.3%)
Contraceptive services and methods	6 (24.0%)	1 (6.3%)	10 (30.3%)
Tubal ligation	6 (24.0%)	1 (6.3%)	9 (27.3%)
Pregnancy Testing	5 (20%)	0 (0.0%)	6 (18.2%)
Screening for sexually transmitted infections	7 (28.0%)	1 (6.3%)	7 (21.2%)
Follow-up of an abnormal Pap smear, including colposcopy	6 (24.0%)	1 (6.3%)	10 (30.3%)
Treatment for sexually transmitted infections	5 (20%)	1 (6.3%)	10 (30.3%)
Treatment for major complications related to family planning services	9 (36.0%)	1 (6.3%)	10 (30.3%)
Multivitamins with folic acid	4 (16.0%)	0 (0.0%)	7 (21.2%)
Hepatitis B and Tetanus-Diphtheria vaccines	4 (16.0%)	1 (6.3%)	7 (21.2%)
Interpregnancy Care Component (Purple Card Services)			
Primary care services (up to 5 outpatient visits per year)	6 (24.0%)	1 (6.3%)	9 (27.3%)
Management and follow-up of chronic diseases	6 (24.0%)	1 (6.3%)	9 (27.3%)
Prescription medications for chronic diseases	6 (24.0%)	1 (6.3%)	8 (24.2%)
Detoxification and outpatient rehabilitation for substance abuse	8 (32.0%)	2 (12.5%)	9 (27.3%)
Limited dental services	7 (28.0%)	1 (6.3%)	8 (24.2%)
Nurse case management and Resource Mother outreach for health and social service coordination and support of health behaviors	5 (20%)	1 (6.3%)	10 (30.3%)
Non-emergency transportation	5 (20%)	2 (12.5%)	8 (24.2%)

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 12 through 14. However, across survey waves 12 through 14, it is notable that between one-fifth to one-third of responding providers perceived barriers including 1) that the waiver does not cover the full range of family planning services, 2) the waiver does not cover referrals or follow-up care, and 3) the waiver does not cover complications of family planning services (**Table 13**).

Factor	12th Wave, N=25 Perceived as Barrier n (%)	13th Wave, N=16 Perceived as Barrier n (%)	14th Wave, N=33 Perceived as Barrier n (%)
Waiver does not cover the full range of family planning services	8 (32.0%)	5 (31.3%)	7 (21.2%)
Waiver does not cover referrals or follow-up care	9 (36.0%)	5 (31.3%)	8 (24.2%)
Waiver does not cover complications of family planning service	9 (36.0%)	5 (31.3%)	9 (27.3%)
Your practice is full	3 (12.0%)	0 (0.0%)	2 (9.1%)

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, it is notable that in the last two waves of the survey (waves 13 and 14) fewer than 15% of providers reported performing any of the assessments (**Table 14**).

Reproductive Health Topic	12th Wave N=25 n (%) Yes	13th Wave N=16 n (%) Yes	14th Wave N=33 n (%) Yes
Do you assess the following			
Desire or plans to have or not have children in the future	3 (12.0%)	1 (6.3%)	4 (12.1%)
Desire or plans for timing or spacing pregnancies	2 (8.0%)	0 (0.0%)	3 (9.1%)
Sexual behaviors, including risk and protective behaviors	6 (24.0%)	2 (12.5%)	5 (15.2%)
Method(s) she uses for preventing or spacing pregnancies	6 (24.0%)	1 (6.3%)	3 (9.1%)
Method(s) she uses for preventing STIs	7 (28.0%)	2 (12.5%)	5 (15.2%)
Risks for unintended (unwanted or mistimed) pregnancy	6 (24.0%)	1 (6.3%)	3 (9.1%)
Life plans or goals	2 (8.0%)	1 (6.3%)	2 (6.1%)

When examining provider responses regarding the performance of key reproductive health education and counseling during health care encounters with women of reproductive age across the last three waves of the survey, there were minimal changes (**Table 15**). It is notable, however, that during survey waves 12 through 14, 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	12th Wave N=25 n (%) Yes	13th Wave N=16 n (%) Yes	14th Wave N=33 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	3 (12.0%)	2 (12.5%)	2 (6.1%)
Having a plan for timing or spacing pregnancies	3 (12.0%)	1 (6.3%)	2 (6.1%)
Sexual behaviors, including risk and protective behaviors	4 (16.0%)	2 (12.5%)	5 (15.2%)
Method(s) for preventing or spacing pregnancies	4 (16.0%)	1 (6.3%)	2 (6.1%)
Method(s) for preventing STIs	5 (20%)	2 (12.5%)	5 (15.2%)
Dual-protection (using condom plus another method)	3 (12.0%)	2 (12.5%)	4 (12.1%)
Risks for unintended (unwanted or mistimed) pregnancy	2 (8.0%)	1 (6.3%)	2 (6.1%)
Life plans or goals	3 (12.0%)	1 (6.3%)	2 (6.1%)

In the most recent wave of the survey (wave 14), providers were asked if they would recommend or refer patients to P4HB with only 13 of 33 (39.4%) 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 efforts 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 2019:

- 1) The Emory team has pulled together all multivariate and other analytic sections of prior

annual reports to draft a comprehensive manuscript for potential publication. Some additional runs (propensity scoring, only RSM women sampled, differences by race/ethnicity) have been completed. The team will identify a ‘target journal’ and send a draft of the paper to DCH in the first part of 2020.

- 2) The Emory team submitted a proposal to complete an in-depth analysis of the RM component of the waiver. This work would look at the receipt of RM services and the role that they might play in connecting these women to social support services/social determinants of health. They expect to hear about the proposal in November.
- 3) The Emory team is working with DCH and CMS to implement a new evaluation design. They are working with the CMS template to 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 RM only women. They will focus on maternal and infant outcomes and shift the key outcome of P4HB to increases in normal birthweight infants. They will consider additional pre/post analysis of severe maternal morbidities, spontaneous abortions, unintended pregnancy and receipt of primary care using both encounter/vital records and other secondary data bases. In general, they will include analysis that compares across the CMOs using data in the post P4HB time period.
- 4) The Emory team, in preparation for the upcoming Annual Report, has recently found that the list of P4HB covered services needs to be updated for incorporation of new coding systems. They are working with DCH to clarify the accuracy of these codes and will make a recommendation to DCH on how to convey to the CMOs and their contracted providers the actual codes to use in billing for P4HB covered services.

ACTION PLANS

- 1) DCH's Planning for Healthy Babies 1115 demonstration has been approved by CMS on August 29, 2019 for a 10-year extension. DCH will transition out of the 2011 Special Terms and Conditions through DY 9 and start new 2019 terms in 2020.
- 2) The Q3 2019 P4HB report is the final quarterly report due to CMS under the 2011 STCs.
- 3) The CMOs will continue their ongoing outreach about the P4HB program and will shift to focus their efforts on the improving utilization rates
- 4) The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
- 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.

EXPENDITURES

For Q3 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 Q3 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?)						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg</i>	FP Enrollee Member Months	132,302	136,409	142,706		411,417
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	2,299	1,853	1,203		5,355
	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	\$ 3,667,806	\$ 3,820,433	\$ -	\$ 11,055,536
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	\$ 3,667,806	\$ 3,820,433	\$ -	\$ 197,015,013
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	2,299	1,853	1,203	-	5,355
	PMPM	\$ 115.50	\$ 115.50	\$ 115.50	\$ 114.96	\$ 115.37
	Total	\$ 265,538	\$ 214,025	\$ 138,949	\$ -	\$ 618,512
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		\$ -	\$ -	\$ -	\$ -	\$ 618,512
DIFFERENCE						\$ 196,396,501