

**Quarterly Report**

**Planning for Healthy Babies Program<sup>®</sup> (P4HB<sup>®</sup>)**

**1115 Demonstration in Georgia**

**Year 6**

**Quarter 3**

**July 1-September 30, 2016**

**Submitted to the Centers for Medicare and Medicaid Services**

**By:**

**The Georgia Department of Community Health**

**November 28, 2016**

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## **OVERVIEW**

The Planning for Healthy Babies (P4HB) program continued to provide family planning, interpregnancy care and resource mother outreach to the women enrolled and participating in the program during the third quarter (Q3) of 2016. This report highlights the following topic areas:

- Measures of Program Awareness
- Eligibility Determination
- Enrollment Patterns
- P4HB Outreach Activities
- Evaluation Activities
- Action Plans
- Expenditures and Budget Neutrality

There were significant changes in enrollment in the various program components when Q3 was compared with Q2. Those changes include:

- 158 fewer women were enrolled in a CMO to receive family planning only services at the end of Q3 compared with the end of Q2 (10,175 women at the end of Q3 versus 10,333 women at the end of Q2 2016);
- 27 more women were enrolled in a CMO to receive Interpregnancy Care services at the end of Q3 compared with the end of Q2 (206 women at the end of Q3 versus 179 women at the end of Q2 2016); and
- 57 more women were enrolled in a CMO to receive Resource Mother services (a combination of Resource Mother only and IPC women) at the end of Q3 compared with the end of Q2 (288 women at the end of Q3 versus 231 women at the end of Q2 2016).

An analysis of the monthly eligibility reports prepared by PSI/Maximus for Q2 and Q3 2016 revealed that when compared to Q2, the number of women deemed eligible during Q3 decreased in the counties of Bibb, Chatham, Cobb, DeKalb, Dougherty, and Gwinnett while the number of women deemed eligible increased in Clayton, Fulton, Muscogee and Richmond Counties. Table 1 below identifies the counts of women deemed eligible for FP services in Q2 2016 (June 2016)

and Q3 2016 (September 2016) for select counties as well as the difference between these two quarters.

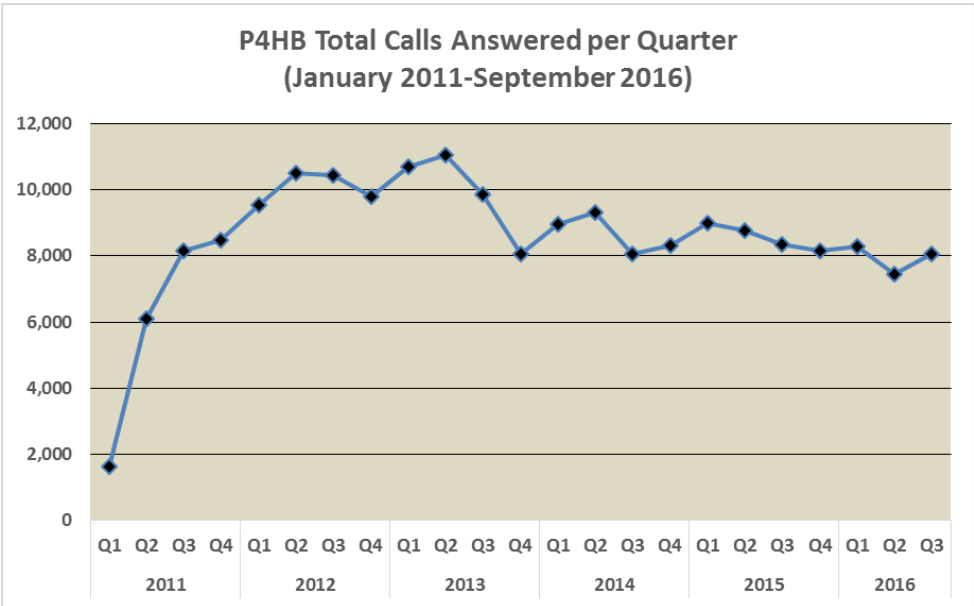
<b>Table 1: FP Eligibility Differences of P4HB Participants for Select Counties for Q1 &amp; Q2 2016</b>			
<b>County</b>	<b>June 2016</b>	<b>September 2016</b>	<b>Difference (Q2 to Q3 2016)</b>
Bibb	394	382	-12
Chatham	498	484	-14
Clayton	556	568	+12
Cobb	401	382	-19
DeKalb	928	916	-12
Dougherty	366	336	-30
Fulton	1376	1379	+3
Gwinnett	432	430	-2
Muscogee	312	314	+2
Richmond	352	359	+7

The P4HB program does not provide minimum essential coverage and this fact may be a significant contributing factor to the low enrollment in the program. However, because Georgia is a state that has not expanded Medicaid, women considering enrollment in the program would be eligible for an exemption from the Affordable Care Act tax penalty.

**MEASURES OF PROGRAM AWARENESS**

**Call Volume**

PSI/Maximus records the calls to the P4HB call center answered by their customer service agents. These data reflect calls from those interested in learning more about the P4HB program as well as calls from current P4HB enrollees who have questions regarding the program. At the end of Q2 2016, the total number of calls answered during the quarter was 7,458 but by the end of Q3, the total number of calls answered during the quarter had increased to 8,067, an increase of 8.2%. PSI Maximus staff continue to initiate outreach to P4HB members scheduled for disenrollment to encourage them to comply with the renewal process. **Figure 1** provides the P4HB total calls answered per quarter since program inception.



**Figure 1: P4HB Total Calls (Answered) per Quarter (January 2011-September 2016)**  
**Source: PSI – Contact Center Performance Report Current YTD (January 2011–September 2016)**

**Sources of Information**

PSI Maximus monitored, via the electronic applications and some paper applications submitted by federally qualified health centers (FQHCs), information regarding the sources through which women learned about the P4HB program. **Figure 2** reflects data obtained from these electronic and paper applications in response to the question, “How Did You Hear about the P4HB program?” For Q3 2016, the top three sources of information about the P4HB program were: 1) friends, 2) health departments, and 3) FQHCs. These data suggest the importance of word-of-mouth referrals from friends to the P4HB program, and the ongoing efforts by local health department and FQHC staff members across the state to educate eligible women about the program.

The Georgia Family Planning System (GFPS) collaborates with over 100 FQHC clinic sites across Georgia. DCH combines the FQHC paper applications with the electronic applications to obtain the total impact of the work performed by FQHC staff members across these sites to educate women about the P4HB program. Combining the categories of FQHC paper applications, FQHCs and community health centers, there were 356 respondents who reported learning about the P4HB program through the FQHCs during Q3 2016, compared with 353 respondents in Q2

2016, a 0.8% increase.

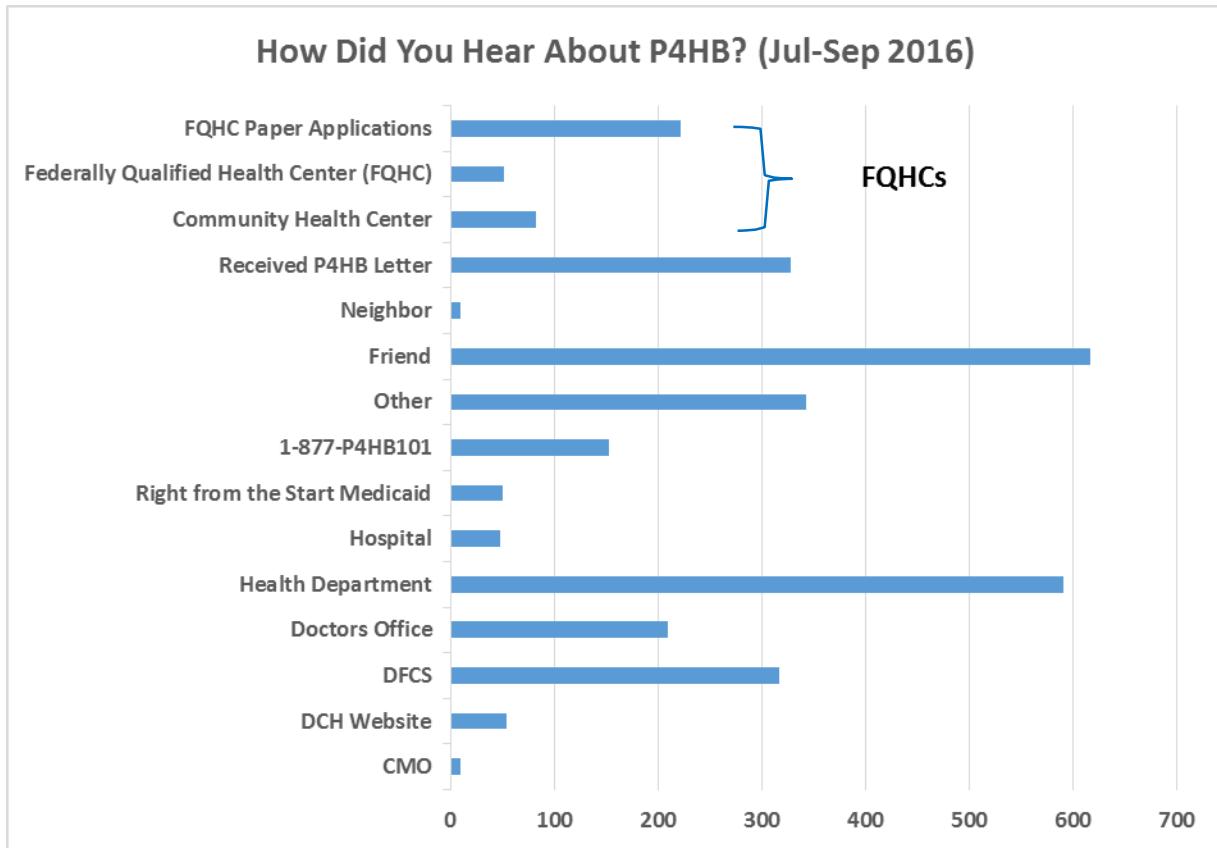


Figure 2: How Did You Hear About P4HB? (July-September 2016)

## **ELIGIBILITY**

The following information reflects data collected from the PSI Maximus generated reports about women who submitted applications to the P4HB program as well as those deemed eligible for the program.

### **Paper and electronic unique individual applications for the program by month.**

The total number of unique paper and web applications decreased during Q3 2016 when compared with Q2 2016. Nine hundred fifteen paper applications and 1,415 web applications were received for a total of 2,330 applications during Q3 compared with 1,036 paper applications and 1,357 web applications for a total of 2,393 applications received during Q2 – a 2.6% decrease in the number of applications submitted. We note that the percentage of web applications was slightly up this

quarter (60.7%) compared to that of Q2 2016 (56.7 %). Since the program's inception, 73,087 women have submitted a web or paper application for the P4HB program as of September 30, 2016.

**Application Denials.** Non-response within 14 days of a request for additional information and failure to verify income continued to be the two main reasons P4HB applications were denied. These reasons have been consistent since the start of the program.

**Enrollee terminations from the P4HB program.** Throughout Q3, the most frequently documented reasons for termination from the P4HB program were failure to complete the review (monthly frequency of 66%), and Medicaid was now the insurance they had access to (monthly frequency of 23%). These reasons have also been consistent since program inception.

**Average age of the women deemed eligible for the P4HB program.** The majority of the women deemed eligible for the FP and IPC components of the P4HB program were between the ages of 23 and 29 years. Table 2 below provides the age distribution of women deemed eligible in September 2016 and illustrates that 88.2% or 10,266 of the women deemed eligible for the FP and the IPC components of the P4HB program in that month (11,635 women) were under the age of 36. There were 5,130 women aged 23 – 29 years deemed eligible for the FP and IPC components of the program in Q3 - 44.1% of all of the women deemed eligible for the FP and IPC components of the program. There were 2,769 women aged 18-22 years deemed eligible for the FP and IPC components of the program in Q3 - 23.8% of all the women deemed eligible for the FP and IPC components of P4HB. Only 43 of the eligible women were 18 years of age.

<b>Table 2: Individuals Deemed Eligible for FP and IPC By Age – September 2016</b>		
<b>Deemed Eligible</b>	<b>Family Planning</b>	<b>IPC</b>
<b>18-22</b>	<b>2,662</b>	<b>107</b>
18	37	6
19	404	18
20	631	28
21	679	27
22	911	28
<b>23-29</b>	<b>4,932</b>	<b>198</b>
<b>30-35</b>	<b>2,272</b>	<b>95</b>
<b>36-40</b>	<b>965</b>	<b>55</b>
<b>41-44</b>	<b>336</b>	<b>11</b>
<b>45</b>	<b>2</b>	<b>0</b>
<b>Total</b>	<b>11,169</b>	<b>466</b>

Source – PSI P4HB RP004 and 005 for September 2016. The Resource Mothers only component was not included in this table.

**Average Income:** In September 2016, the average monthly income of women deemed eligible for the FP only component of the P4HB program was \$1,311.26, compared with the June 2016 average monthly income of \$1,300.46. In January 2011, the average monthly income was \$927.75 for the few members deemed eligible for services beginning in February 2011. For the IPC component, the average monthly income was \$1,460.51 in September 2016. The June 2016 average was \$1,472.97. Because these monthly income levels exceed the income limits for parent/caretaker Medicaid eligibility, these women are not eligible for full Medicaid coverage.

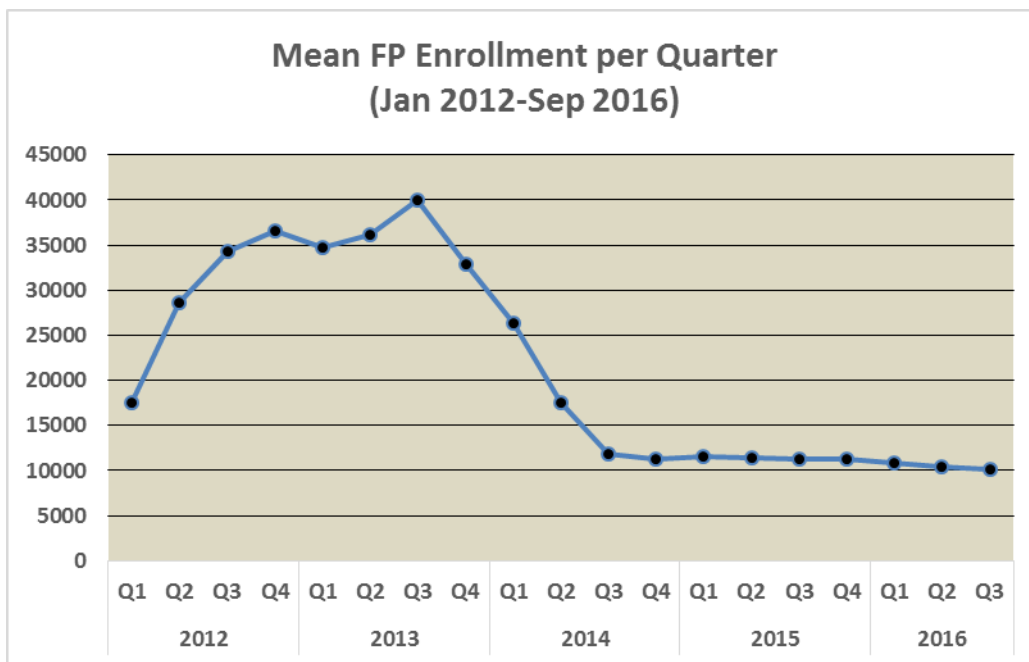
**Eligibility by Race/Ethnicity:** The race/ethnicity information is self-reported on the applications submitted to our vendor. At the end of Q3, approximately 71% of P4HB eligible women were Black, while 21% were White. Only 4% of P4HB eligible women identified themselves as Hispanic and 96% were identified as “unspecified” ethnicity.

**ENROLLMENT**

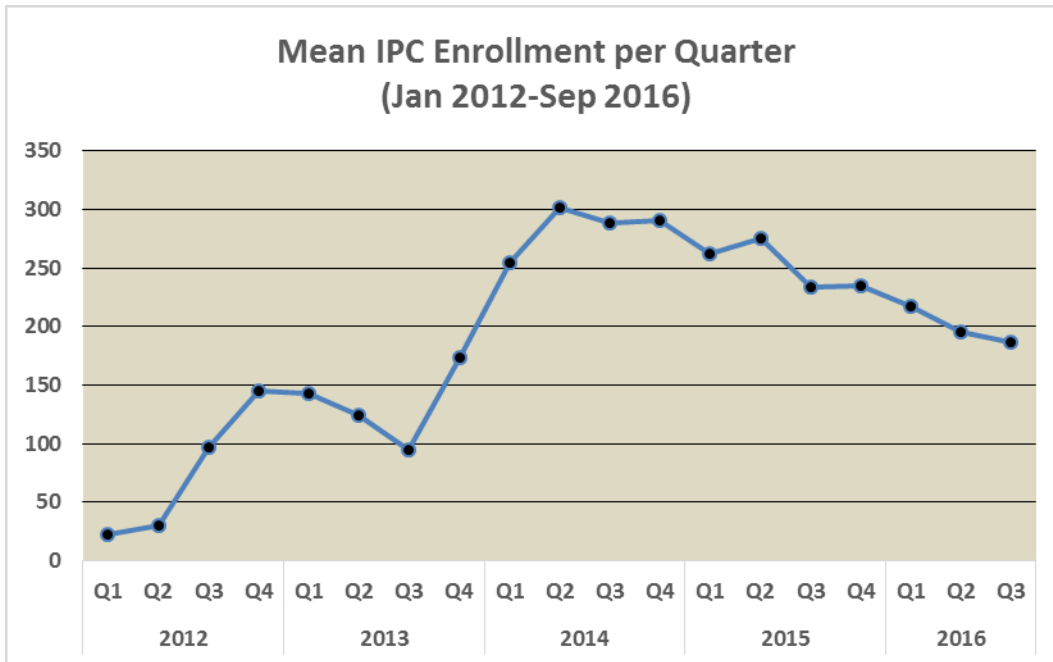
As of September 30, 2016, 10,463 women were enrolled in one of the Georgia Families CMOs and able to receive P4HB services. This total included 10,175 FP enrollees, 206 IPC enrollees, and 82 RM enrollees. Comparing the family planning and IPC eligible women to the enrolled women



in these P4HB program components, we see that of the 11,635 women deemed eligible for FP and IPC services in September 2016, only 10,381 women were enrolled in a CMO. We are not clear why there is such a large discrepancy in the number eligible versus the number enrolled. Our enrollment broker is investigating their eligibility counts. The overall trend in enrollment, shown in Figure 3, reflects average quarterly FP only enrollment. As evidenced by the trend line, there was a decrease (2.6%) in average enrollment in the FP component from Q2 2016 to Q3 2016 (10,480 to 10,209). In contrast, as shown in **Figure 4**, the average quarterly enrollment in the IPC component decreased by almost 4.6 percent (from 196 in Q2 2016 to 187 in Q3 2016).



**Figure 3: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Sep 2016)**  
**Source: MMIS Reports MGD-3823-M Enrollment after EOM processing**



**Figure 4: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Sep 2016)**  
**Source: MMIS Reports MGD-3823-M Enrollment after EOM processing**

**Tables 3-5** below provide information pertaining to the enrollment and disenrollment processes for the FP, IPC, and LIM components of the P4HB program including the average time from:

- receipt of an application to a referral to an RSM worker for the eligibility determination;
- the RSM worker’s request for more information to the PSI Maximus response; and
- sending the renewal letter to P4HB women about to lose their eligibility to a response or lack thereof from the women. If more women respond to the letter, the average period for this metric will be less than the 30 days for referral for closure due to non-response.

**Regarding the average time from application to referral to RSM worker**, there was a full one-day decrease for women in the IPC component (from 12.51 days to 11.31 days) and almost a full one-day decrease for women in the FP component (from 12.49 days to 11.52 days) in Q3 2016 compared with Q2 2016. The average was 13 days for women enrolled in the LIM component of P4HB in Q3.

**Regarding the average time from the RSM request for more information to the PSI**

**Maximus response**, there was a slight increase during Q3 for FP women (2.29 days in Q2 to 2.85 days in Q3). The average for IPC women was 0.17 days, and the average for LIM women was 0.33 days in Q3 2016.

**Regarding the average time from renewal to referral** to an RSM worker, PSI Maximus sends renewal letters to P4HB eligible women sixty days prior to the end of their twelve-month eligibility period. As stated previously, some of these women do respond to the letter and renew their eligibility. The renewal report, which provides information regarding the percentage of women who complete the renewal process within the specified timeframe before their program eligibility is terminated, identified that of the 780 renewals issued in August 2016, 209 renewals (27% of the FP renewals and 25% of the IPC renewals) were completed by September 2016. None of the LIM renewals was completed on a timely basis. When these women fail to respond to the renewal request within thirty days, PSI Maximus refers them to the RSM workers who then prepare the women's files for closure of their P4HB eligibility spans. Because the average time (in days) from renewal to referral is an average, when more women respond, the average time is shorter. A separate report provides details about the women who did not renew in a timely manner. For the women who lost eligibility at the end of June 2016, 113 of them were reinstated by July 1, 2016 with no gap in coverage and 55 women re-enrolled with a one-month gap in coverage. For the women who lost eligibility at the end of July 2016, 116 women were reinstated with no gap in coverage by August 1, 2016 and 35 women re-enrolled with a one-month gap in coverage. For the women who lost eligibility at the end of August 2016, 134 were reinstated by September 1, 2016 with no gap in coverage and 38 women re-enrolled with a one-month gap in coverage.

<b>Table 3: Enrollment and Disenrollment Processes, FP Component</b>		
<b>Measure</b>	<b>Q2 2016</b>	<b>Q3 2016</b>
<b>Average Time (In Days) from Application to Referral to RSM</b>	11.77 (April) 12.28 (May) 13.43 (June) <b>Average: 12.49 days</b>	10.89 (July) 10.22 (August) 13.44 (September) <b>Average: 11.52 days</b>
<b>Average Time (In Days) from RSM request for more info to PSI response</b>	2.24 (April) 2.19 (May) 2.44 (June) <b>Average: 2.29 days</b>	2.86 (July) 2.76 (August) 2.94 (September) <b>Average: 2.85 days</b>
<b>Average Time (In Days) from Renewal to Referral to RSM</b>	26.00 (April) 31.00 (May) 25.00 (June) <b>Average: 27.33 days</b>	24.00 (July) 22.00 (August) 20.00 (September) <b>Average: 22.00 days</b>

Source – PSI P4HB RP015 for April 2016-September 2016

<b>Table 4: Enrollment and Disenrollment Processes, IPC Component</b>		
<b>Measure</b>	<b>Q2 2016</b>	<b>Q3 2016</b>
<b>Average Time (In Days) from Application to Referral to RSM</b>	11.00 (April) 10.20 (May) 16.33 (June) <b>Average: 12.51 days</b>	8.50 (July) 13.75 (August) 11.67 (September) <b>Average: 11.31 days</b>
<b>Average Time (In Days) from RSM request for more info to PSI response</b>	0.00 (April) 0.00 (May) 0.00 (June) <b>Average: 0.00 days</b>	0.00 (July) 0.50 (August) 0.00 (September) <b>Average: 0.17 days</b>
<b>Average Time (In Days) from Renewal to Referral to RSM</b>	20.00 (April) 18.00 (May) 27.00 (June) <b>Average: 21.67 days</b>	24.00 (July) 14.00 (August) 26.00 (September) <b>Average: 21.33 days</b>

Source – PSI P4HB RP015 for April 2016-September 2016

<b>Table 5: Enrollment and Disenrollment Processes, LIM Component</b>		
<b>Measure</b>	<b>Q2 2016</b>	<b>Q3 2016</b>
<b>Average Time (In Days) from Application to Referral to RSM</b>	NR (April) NR (May) 24.00 (June) <b>Average: N/A</b>	18.00 (July) 0.00 (August) 21.00 (September) <b>Average: 13.00 days</b>
<b>Average Time (In Days) from RSM request for more info to PSI response</b>	NR (April) NR (May) 0.00 (June) <b>Average: N/A</b>	0.00 (July) 0.00 (August) 1.00 (September) <b>Average: 0.33 days</b>
<b>Average Time (In Days) from Renewal to Referral to RSM</b>	NR (April) NR (May) 27.00 (June) <b>Average: N/A</b>	27.00 (July) 11.00 (August) 0.00 (September) <b>Average: 12.67 days</b>

Source – PSI P4HB RP015 for April 2016-September 2016

**CMO Enrollment, Service Utilization, and Outreach**

The following information reflects enrollment, service utilization and CMO outreach activities as provided to DCH through the Q3 2016 P4HB reports submitted by the Georgia Families CMOs. Additional sources of data 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 6** provides information from each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q3 2016. **Table 7** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q3 2016.

<b>Table 6: CMO Enrollment and Utilization of Services, Q3 2016 (July-September 2016)</b>			
<b>CMO</b>	<b>Enrollment</b>	<b>Contraception Utilization</b>	<b>Family Planning and IPC Service Utilization</b>
<b>Amerigroup</b>	<p><b><u>DCH Reported Enrollment</u></b>  <b>FP:</b> 2,378  <b>IPC:</b> 45  <b>RM/LIM:</b> 17  <b>Total Enrollment:</b> 2,440  <b>% of all P4HB enrollment:</b> 23.3%  <b>% of all P4HB enrollment in previous quarter:</b> 23.3%</p> <p><b><u>CMO Reported Enrollment</u></b>  <b>FP:</b> 2,801  <b>IPC:</b> 54  <b>RM//LIM:</b> 17  <b>Total Enrollment:</b> 2,872  <b>% of all P4HB enrollment:</b> 24.5%</p>	<p><b><u>Use of Known Contraception</u></b>  <b>FP:</b> 549  <b>IPC:</b> 5  <b>Total:</b> 554</p> <p><b><u>Most common form of contraception</u></b>  <b>FP:</b> Oral contraception (50.8%); injectable (44.8%)  <b>IPC:</b> Oral contraception (80.0%); injectable (20.0%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>  <b>FP:</b> 633  <b>IPC:</b> 18  <b>Total:</b> 651</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>  <b>FP:</b> 1059  <b>IPC:</b> 22  <b>RM:</b> 10  <b>Total:</b> 1091</p> <p><b><u>IPC Service Utilization</u></b>  <b>Dental care:</b> 57  <b>Primary care:</b> 37</p>

**Table 6: CMO Enrollment and Utilization of Services, Q3 2016 (July-September 2016)**

CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
Peach State	<p><b><u>DCH Reported Enrollment</u></b>                      FP: 4,161                      IPC: 109                      RM//LIM: 34                      Total Enrollment: 4,304                      % of all P4HB enrollment: 41.1%                      % of all P4HB enrollment in previous quarter: 40.8%</p> <p><b><u>CMO Reported Enrollment</u></b>                      FP: 4,887                      IPC: 128                      RM//LIM: 37                      Total Enrollment: 5,052                      % of all P4HB enrollment: 43.0%</p>	<p><b><u>Use of Known Contraception</u></b>                      FP: 2,007                      IPC: 50                      RM: 9                      Total: 2,066</p> <p><b><u>Most common form of contraception</u></b>                      FP: Injectable (35.2%); oral contraception (44.2%), implants (6.2%), IUDs (4.6%)                      IPC: Oral contraception (34.0%), injectable (26.0%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>                      FP: 628                      IPC: 16                      RM: 13                      Total: 657</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>                      FP: 2,820                      IPC: 64                      RM: 22                      Total: 2,906</p> <p><b><u>IPC Service Utilization</u></b>                      Primary Care: 169                      Substance Abuse: 3</p>
WellCare	<p><b><u>DCH Reported Enrollment</u></b>                      FP: 3,636                      IPC: 52                      RM//LIM: 31                      Total Enrollment: 3,719                      % of all P4HB enrollment: 35.5%                      % of all P4HB enrollment in previous quarter: 35.9%</p> <p><b><u>CMO Reported Enrollment:</u></b>                      FP: 3,759                      IPC: 49                      RM//LIM: 17                      Total Enrollment: 3,825                      % of all P4HB enrollment: 32.6%</p>	<p><b><u>Use of Known Contraception</u></b>                      FP: 1,258                      IPC: 8                      Total: 1,266</p> <p><b><u>Most common form of contraception</u></b>                      FP: Oral contraception (50.1%); injectable (38.8%); IUDs (7.5%)                      IPC: Oral contraception (50%), injectable (37.5%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>                      FP: 55                      IPC: 0                      Total: 55</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>                      FP: 2,100                      IPC/ RM: 31                      Total: 2,131</p> <p><b><u>IPC Service Utilization:</u></b>                      Dental: 11                      Primary Care: 31</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q2 to Q3 2016. Amerigroup reported an overall enrollment decrease of 11.2% from Q2 to Q3 with a decrease in enrollment in FP and IPC enrollees. Peach State reported a slight overall increase in P4HB enrollment, particularly in the FP component. However, Peach State reported a slight decrease in enrollment among its IPC and an increase among its RM/LIM enrollees. WellCare experienced a small decrease in overall enrollment during Q3 2016 with a decrease in enrollment of FP and RM/LIM enrollees and a slight increase in IPC enrollees. Utilization patterns also varied across the CMOs. Use of known contraception decreased among Peach State’s enrollees in Q3 2016, but increased among Amerigroup and WellCare’s enrollees.

Oral contraception was the preferred form of contraception across the women in all three CMOs’ FP only enrollees (50.8% for Amerigroup, 44.2% for Peach State, and 50.1% for WellCare). The most common forms of contraception among all of the CMOs’ IPC enrollees were oral and injectable contraceptives. Long acting reversible contraceptives (LARCs) were used by only a small percentage of P4HB enrollees. As an example, 6.2% of Peach State’s FP enrollees used implants, and 4.6% used IUDs during Q3 2016. The total number of participants who utilized one or more covered family planning services increased for all three CMOs during Q3 2016. Service utilization among the CMOs’ IPC enrollees varied. Utilization of primary care services increased among Amerigroup’s IPC enrollees, but decreased for those enrolled in Peach State and WellCare. In addition, dental care utilization increased among Amerigroup’s IPC enrollees, but decreased among the WellCare enrollees.

<b>Table 7: CMO Outreach, Q3 2016 (July-September 2016)</b>		
<b>CMO</b>	<b>All Outreach Activities</b>	<b>IPC Specific Outreach</b>
<b>Amerigroup</b>	<ul style="list-style-type: none"> <li>• 30 outreach activities</li> <li>• 1,100 participants</li> <li>• 199 provider relations activities</li> </ul>	<ul style="list-style-type: none"> <li>• 17 face-to-face RM visits</li> <li>• 124 telephone contacts by RM workers</li> <li>• Community “Baby Showers”</li> <li>• “Diaper Days”</li> </ul>
<b>Peach State</b>	<ul style="list-style-type: none"> <li>• 928 calls made to new members</li> <li>• 928 new P4HB member packets mailed</li> <li>• 172 members (new and existing) received educational materials</li> </ul>	<ul style="list-style-type: none"> <li>• 147 members who had a VLBW infant received telephone calls</li> <li>• A total of 925 mothers seen in a high volume delivery hospital were educated face-to-face</li> </ul>

<b>WellCare</b>	<ul style="list-style-type: none"> <li>• P4HB mailings sent to 1,900 members who recently delivered.</li> <li>• P4HB mailings sent to 2,481 members determined to be within 60 days of their estimated delivery date.</li> </ul>	<ul style="list-style-type: none"> <li>• 79 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff.</li> <li>• Resource Mothers attended 66 outreach events and educated a total of 827 potential members and community partners. Resource Mothers distributed 111 applications to potential members.</li> </ul>
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**P4HB OUTREACH ACTIVITIES**

During Q3 2016, the DCH P4HB program staff and the DCH Communications Team finalized the short survey for P4HB women who fail to respond to their renewal letter within thirty days of receipt. The survey was posted on July 1, 2016, and a reminder e-mail was sent out 10 days prior to the closure of the survey on July 31, 2016. DCH hoped to obtain some insight into the reasons why women fail to renew their eligibility for the program. The results of the survey were inconclusive; about 4% of the women completed the survey. Moreover, no sufficient common thread was identified in their responses that would lead to an understanding about the reasons for the persistent failure to complete the renewal process. DCH is still awaiting final CMS approval of the P4HB extension request in order to begin targeted marketing of the identified counties in Georgia with the highest LBW rates.

Ongoing P4HB outreach activities include:

- The eighth month letters, sent by the CMOs and PSI Maximus (approximately 5,000 per month are sent by PSI Maximus) to RSM pregnant Medicaid members, provide information about the P4HB program including eligibility for the program, the enrollment process, and details about selecting a CMO.
- Education about the P4HB program provided by staff members at the FQHCs (participating in the Georgia Title X program) and the local county health departments across the state.
- The P4HB website and the P4HB fact sheets posted on the website. DCH also reviews and approves the CMOs’ P4HB handbooks and other P4HB related member and provider information.
- Ongoing engagement by PSI Maximus of women recommended by the CMOs for



disenrollment from the IPC component. PSI Maximus staff conduct telephone outreach to these women and many of them elect to remain enrolled in the P4HB program.

### **EVALUATION ACTIVITIES**

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q3 2016:

- 1) Data from the State's Title X grantee's staff were used along with the Medicaid claims and enrollment data to complete a paper for the *Journal of Women's Health*. The full citation for this paper that is now published is as follows:

Dunlop, AL, Adams, EK, Hawley, J, Blake, SB, and Joski, P. (2016). Georgia's Medicaid Family Planning Waiver: Working Together with Title X to Enhance Access to and Use of Contraceptive and Preventive Health Services. *Women's Health Issues*. 26 (6): 602-611. DOI: <http://dx.doi.org/10.1016/j.whi.2016.07.006>
- 2) The Emory evaluation team has completed analysis of the PRAMS data for Georgia 2009-2013 on selected outcomes (e.g. unintended pregnancy, use of pregnancy prevention methods pre conception and post-partum, age at first birth and birth outcomes) and selected comparison states. This analysis used the quasi-experimental design proposed in Emory's initial evaluation design to estimate the differences in the changes in these outcomes pre and post the P4HB program among a sample of women with Medicaid paid births in Georgia compared to a sample of these women in states without a major change in their family planning policies 2009-2013. We will include the results of this analysis in the upcoming annual report.
- 3) The Emory evaluation team worked internally and externally (with other researchers working on this topic) on the crosswalk of ICD-9 to ICD-10 diagnosis and procedure codes. Emory staff conferred with Truven on the final list of codes to be used in identifying deliveries, infants and users of family planning services in the Medicaid files for 2015 forward. The team will include a discussion of major implications of the changes brought by the ICD-10 coding change as well as changes in coding resulting from comparison to other research

efforts in deliveries/infants paid by Georgia Medicaid as well as use of family planning services.

- 4) The Emory team has developed code to identify women with evidence of two conditions—chronic or gestational diabetes and chronic or gestational hypertension—that will be used to assess the number of IPC and RM women with these conditions during the pregnancy leading to their low birth weight infant. The team plans to measure the number and percentage of women receiving appropriate follow-up care post-partum such as glucose tolerance tests, post-partum check-ups that should include blood pressure monitoring, etc. The Emory team anticipates including these results in the Quarter 4, Year 6 quarterly report.

### **ACTION PLANS**

- 1) DCH has received an extension for the P4HB program from CMS through March 2017.
- 2) The CMOs will continue their ongoing outreach about the P4HB program, including the IPC component, and will continue to focus their efforts on the appropriate network providers who provide care for high risk pregnant women.
- 3) The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
- 4) While DCH has seen improvements in some of the results of the provider and member surveys, the DCH Communications Team will collaborate with the P4HB program staff to develop a new communications plan that will address concerns identified by the member and provider surveys. This development will occur following final approval of the extension request for the P4HB program.
- 5) A newborn birth certificate document is now also accepted as valid proof of a VLBW baby in exchange for the signed IPC/RM form from the woman's delivering provider.

### **EXPENDITURES**

For Q3 2016 and as shown in past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. We continue to use the CMS approved changes to the capitation rates for the P4HB program for FY 2016 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 with that of the women enrolled in the IPC component of the P4HB program. DCH is planning for these costs to be included once the P4HB extension request has been approved.

### **Budget Neutrality**

The Q3 2016 budget neutrality calculation can be found on the following page of this report.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2016						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
<b>WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)</b>						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg FMAP rates (multivits, immunizations, admin., etc)</i>	FP Enrollee Member Months	33,517	40,917	30,834		105,268
	IPC Enrollee Member Months	684	397	562		1,643
	PMPM for FP Members FP related Services	\$25.71	\$25.71	\$25.71	\$25.72	\$25.71
	PMPM for IPC Members FP related Services	\$25.55	\$25.55	\$25.55	\$25.55	\$25.55
	<b>Total</b>	<b>\$ 879,143</b>	<b>\$ 1,062,052</b>	<b>\$ 807,051</b>	<b>\$ -</b>	<b>\$ 2,748,621</b>
<b>First Year Infant Costs for VLBW Babies &lt; 1,500 grams (all Medicaid paid births)</b>						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 64,872.90
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 137,335,929</b>
<b>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)</b>						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 8,429.88
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 48,623,548</b>
<b>TOTAL WITHOUT- DEMONSTRATION COSTS</b>		<b>\$ 879,143</b>	<b>\$ 1,062,052</b>	<b>\$ 807,051</b>	<b>\$ -</b>	<b>\$ 188,708,098</b>
<b>WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only</b>						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	684	397	562	-	1,643
	PMPM	\$ 115.81	\$ 115.81	\$ 115.81	\$ 116.39	\$ 115.95
	<b>Total</b>	<b>\$ 79,212</b>	<b>\$ 45,976</b>	<b>\$ 65,084</b>	<b>\$ -</b>	<b>\$ 190,272</b>
<b>First Year Infant Costs VLBW Infants &lt; 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)</b>						
	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)</b>						
	Persons	0	0	0		0
	Cost per Person					
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>First Year Infant Costs for Normal Weight &gt; 2,500 grams only for women who participated in the IPC</b>						
	Persons	0	0	0	0	0
	Cost per Person					
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL WITH DEMONSTRATION COSTS</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 190,272</b>
<b>DIFFERENCE</b>						<b>\$ 188,517,826</b>
Revised Q3 member month calculation due to changes in recoupment process 11.27.16.						