Quarterly Report

Planning for Healthy Babies Program® (P4HB®)

1115 Demonstration in Georgia

Year 6

Quarter 4

October 1-December 31, 2016

Submitted to the Centers for Medicare and Medicaid Services

By:

The Georgia Department of Community Health

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TABLE OF CONTENTS	
Item	**Page #**

Item	Page #
OVERVIEW	3
MEASURES OF PROGRAM AWARENESS	4
Call Volume	4
Source of Information	5
ELIGIBILITY	7
Paper and Electronic Applications	7
Application Denials	7
P4HB Terminations	7
Age of P4HB Eligible Women	8
Average Income	9
Eligibility by Race/Ethnicity	9
ENROLLMENT	10
FP enrollment per Quarter	11
IPC enrollment per Quarter	11
Time to P4HB Enrollment and Renewal	12
Enrollment and Disenrollment Processes, FP Component	12
Enrollment and Disenrollment Processes, IPC Component	13
Enrollment and Disenrollment Processes, RM - LIM Component	13
CMO Enrollment, Service Utilization, and Outreach	13
P4HB OUTREACH, TRANSITION, AND READINESS REVIEW ACTIVITIES	17
EVALUATION ACTIVITIES	18
ACTION PLANS	20
EXPENDITURES	21
Budget Neutrality Spreadsheet	22

OVERVIEW

The Planning for Healthy Babies (P4HB) program finished its sixth year of operation at the close of quarter 4 of 2016 (Q4). No changes to the programmatic components or service offerings occurred during Q4. This report provides updates related to the following 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 within the program's three components when the Q4 data was compared with Q3 2016 (Q3) data. Those changes included:

- A decline in the number of women enrolled in a CMO to receive family planning only services (9,736 women at the end of Q4 versus 10,175 women at the end of Q3);
- An increase in the number of women enrolled in a CMO to receive interpregnancy care services (411 women at the end of Q4 versus 206 women at the end of Q3); and
- An increase 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 Q4, there were 549 women enrolled versus 288 women enrolled at the end of Q3.

The changes noted above in the number of women enrolled in a CMO to receive IPC services, including Resource Mother services, resulted from the resolution of a problem with one CMO's auto-enrollment process for the IPC component. DCH was notified by that CMO that more women were eligible for IPC services than what was showing on their enrollee roster sent to them by DCH. The DCH enrollment broker researched the discrepancy and discovered the CMO was not following the proper protocol for auto-enrolling their members, who had recently given birth to a very low birth weight (VLBW) infant, into the IPC component. Once the CMO's protocol was corrected, the increased enrollment count became evident on the roster.

An analysis of the monthly eligibility reports prepared by PSI/Maximus for Q3 and Q4 revealed that when compared to Q3, the number of women deemed eligible during Q4 decreased in the metropolitan counties of Chatham, Cobb, DeKalb, Dougherty, Fulton, Gwinnett, and Muscogee while the number of women deemed eligible increased in Clayton, and Richmond Counties. **Table 1** below identifies the counts of women deemed eligible for FP services at the end of Q3 (September 2016) and Q4 (December 2016) for select counties as well as the difference between these two quarters.

Table 1: FP Eligibility Differences of P4HB Participants for Select Counties for Q3 & Q4 2016			
County	**September 2016**	**December 2016**	**Difference (Q3 to Q4 2016)**
Bibb	382	382	0
Chatham	484	458	-26
Clayton	568	569	+1
Cobb	382	373	-9
DeKalb	916	889	-27
Dougherty	336	323	-13
Fulton	1379	1327	-52
Gwinnett	430	429	-1
Muscogee	314	298	-16
Richmond	359	388	+29

MEASURES OF PROGRAM AWARENESS

Call Volume

PSI Maximus records calls received by the P4HB call center and 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 Q3, the total number of calls answered during the quarter was 8,067 but by the end of Q4, the total number of calls answered during the quarter had increased to 8,368, an increase of 3.7%. Some of this increase may have occurred because PSI Maximus temporarily discontinued sending renewal letters to P4HB women. This was done in preparation for the transition to a new integrated eligibility system – Georgia Gateway – that occurred in early February 2017. Women

may have had questions about why they had not received their renewal letters. **Figure 1** provides the P4HB total calls answered per quarter since program inception.

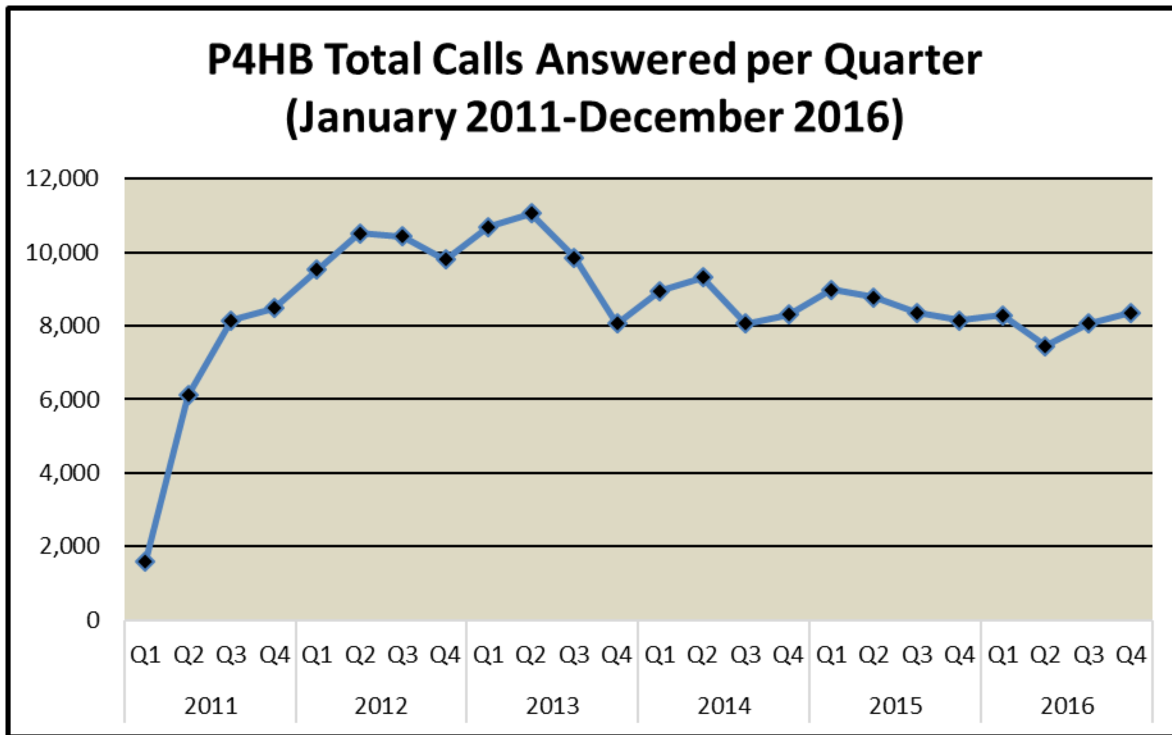

Figure 1: P4HB Total Calls (Answered) per Quarter (January 2011-December 2016)
Source: PSI – Contact Center Performance Report Current YTD (January 2011–December 2016)

Sources of Information

PSI Maximus monitored electronic applications and some paper applications submitted by federally qualified health centers (FQHCs) to determine 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 Q4, the top three sources of information about the P4HB program were: 1) friends, 2) health departments, and 3) FQHCs. We understand the importance of word-of-mouth referrals 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.

We mentioned in prior reports that the Georgia Family Planning System (GFPS) received grant

funding to assist women with their applications for the P4HB program. That funding covered one year of work and allowed for an FQHC coordinator who supported the FQHCs with their P4HB outreach activities. Following the end of the grant, the coordinator transitioned to another position and since that time, we have seen an ongoing decline in the number of women assisted by the FQHCs, with their applications for the P4HB program. Combining the categories below of FQHC paper applications with the electronic applications from the FQHCs and community health centers (FQHCs are also referred to as community health centers), there were 301 respondents who reported learning about the P4HB program through the FQHCs during Q4, compared with 356 respondents in Q3, a 15.4% decrease. There were 487 respondents in Q1 2016 (Q1) who received P4HB education and application assistance from the FQHCs.

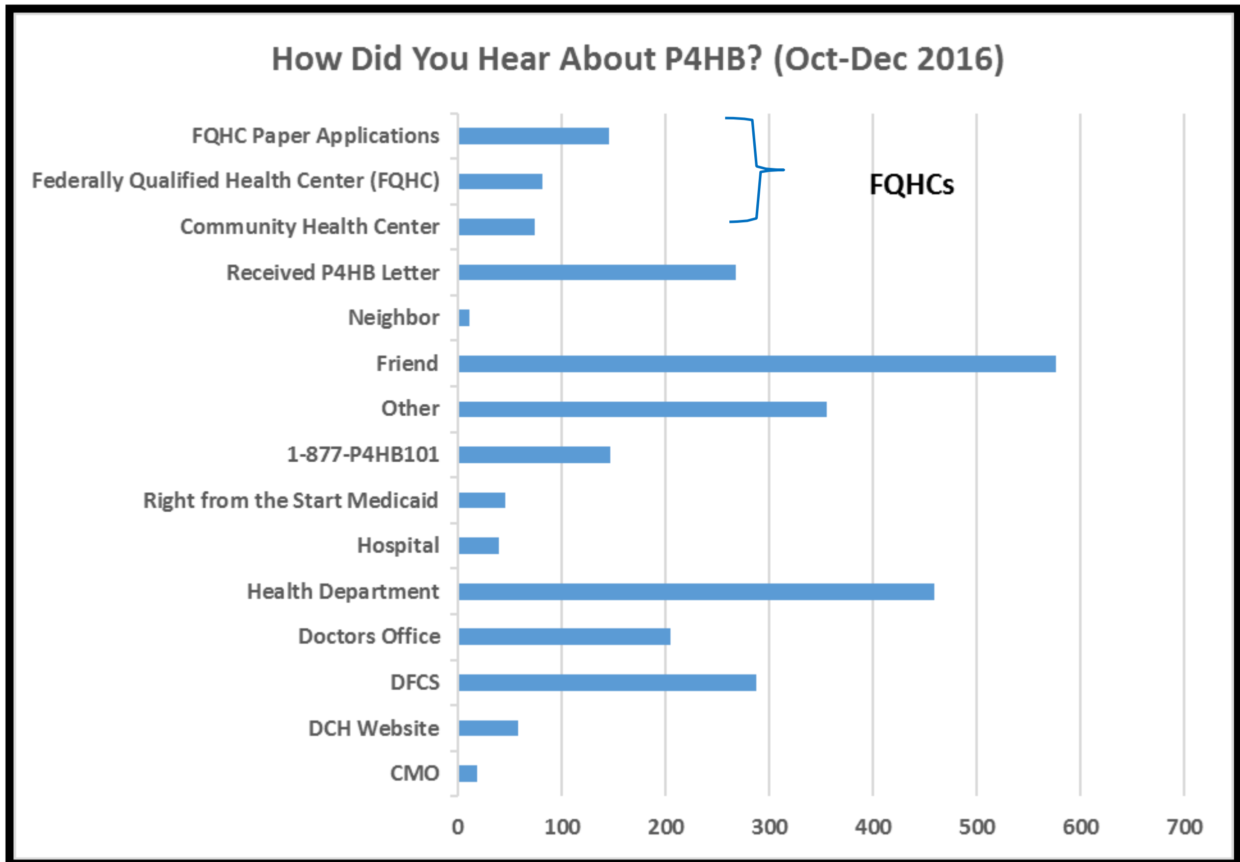

Figure 2: How Did You Hear About P4HB? (October-December 2016)

ELIGIBILITY

The following information reflects data documented in 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.

There was a decline in the total number of unique paper and web applications submitted during Q4 when compared with Q3. There were 2,145 applications submitted in Q4 of which 807 were paper applications and 1,338 were web applications. In Q3, 915 paper applications and 1,415 web applications were submitted totaling 2,330 applications. The Q4 total was a 7.9% decrease in the number of applications submitted when compared with Q3. In Q1, 2,483 total applications were received. The percentage of web applications was slightly up in Q4 (62.4%) compared with Q3 (60.7%). Since the program's inception, 75,232 women have submitted a web or paper application for the P4HB program as of December 31, 2016.

Application Denials. In Q4, non-response within 14 days of a request for additional information and failure to verify income were the two main reasons P4HB applications were denied. These reasons for denial have been consistent since the start of the program.

Enrollee terminations from the P4HB program. At the start of Q4, the most frequently documented reason for termination from the P4HB program was failure to complete the review (67% in October 2016 and 69% in November 2016), while having Medicaid as a form of insurance was a reason for termination for only 22% and 21% of enrollees respectively in these months. In December 2016, the percentage of women having Medicaid as a form of insurance increased dramatically to become the major reason for termination (68%) while failure to complete the review dropped to 1.6%. While the percentage change was dramatic, the actual number of terminations with this reason code remained stable during the quarter: 172 in October, 190 in November, and 169 in December. What did change was the actual number of terminations with the reason code of failure to complete review. In October, there were 529 terminations due to failure to complete review; in November, there were 623 terminations with that reason code; but by December, there were only four terminations with that reason code. The decline in the assignment of this reason code to the termination may have resulted from the work done in

preparation for the transition to the Georgia Gateway integrated eligibility system that occurred, as a pilot, in February 2017. Full transition to Georgia Gateway will occur on July 1, 2017. Staff reviewing the P4HB eligible women identified that many of them applied for the P4HB program without taking into consideration their household size. The eligibility staff identified, during their reviews, that several of these households were eligible for Medicaid so during the preparation for the transition, these women were transitioned to the parent/caretaker Medicaid eligibility category. We also note that pregnancy as a reason for termination rose from 1.29% in October 2016 to 7.6% in December 2016. It is not clear from our reports why the percentage of women becoming pregnant while enrolled in the program increased.

Average age of the women deemed eligible for the P4HB program. During Q4, most women deemed eligible for the FP and IPC components of the program were between the ages of 23 and 29 years. **Table 2** below provides the age distribution of women deemed eligible in December 2016 and illustrates that 88.0% (10,129) of the 11,509 women deemed eligible for the FP and the IPC components in that month were under the age of 36. This percentage declined slightly from Q1 when the percentage was 88.7%. Of the women deemed eligible for the FP and IPC components, 44.5% (5,116) were aged 23 – 29 years old. There were 2,633 women aged 18-22 years who were deemed eligible for the FP and IPC components in Q4 - 22.9% of all the women deemed eligible for the FP and IPC components of P4HB. Only 35 of the eligible women were 18 years of age. Eighteen-year-old women, considered to be Medicaid eligible children, would be better served with full Medicaid benefits rather than with the limited benefits under the P4HB program.

Table 2: Individuals Deemed Eligible for FP and IPC By Age – December 2016		
Deemed Eligible	**Family Planning**	**IPC**
18-22	**2,520**	**113**
18	31	4
19	404	22
20	609	21
21	632	32
22	844	34
23-29	**4,869**	**247**

30-35	2,268	112
36-40	958	60
41-44	350	10
45	2	0
Total	10,967	542

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

Average Income: In December 2016, the average monthly income of women deemed eligible for the FP only component was $1,325.67, compared with the September 2016 average monthly income of $1,311.26. 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 $1,463.19 in December 2016. The September 2016 average was $1,460.51. During CY 2016, the maximum monthly income for a family of four to be eligible for the "parent/caretaker with children under age 19" eligibility category was $653. Because these average monthly income levels exceed the income limits for parent/caretaker Medicaid eligibility, many of the P4HB enrollees 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 Q4, approximately 70% of P4HB eligible women were Black, while 21% were White. Only 4% of P4HB eligible women identified themselves as Hispanic and 96% identified as "unspecified" ethnicity.

ENROLLMENT

There were 10,285 women, as of December 31, 2016, enrolled in one of the Georgia Families CMOs and able to receive P4HB services. This total included 9,736 FP enrollees, 411 IPC enrollees, and 138 RM enrollees. Comparing the FP and IPC eligible women to the number of FP and IPC women actually enrolled, we see that of the 11,509 women deemed eligible for FP and IPC services in December 2016, only 10,147 women were enrolled in a CMO. We previously mentioned in this report the correction to the IPC enrollee count but have not identified other causes for this discrepancy. 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 Q3 to Q4 (10,209 to 9,939). In contrast, as shown in **Figure 4**, the average quarterly enrollment in the IPC component increased by 71.1 percent (from 187 in Q3 2016 to 320 in Q4 2016).

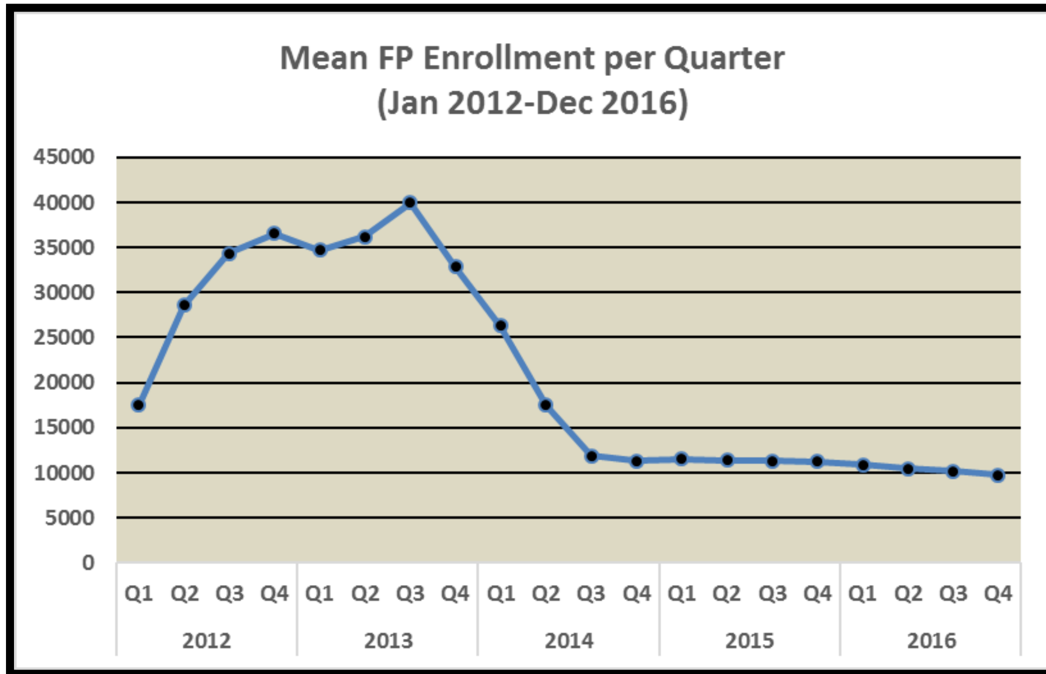

Figure 3: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Dec 2016)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

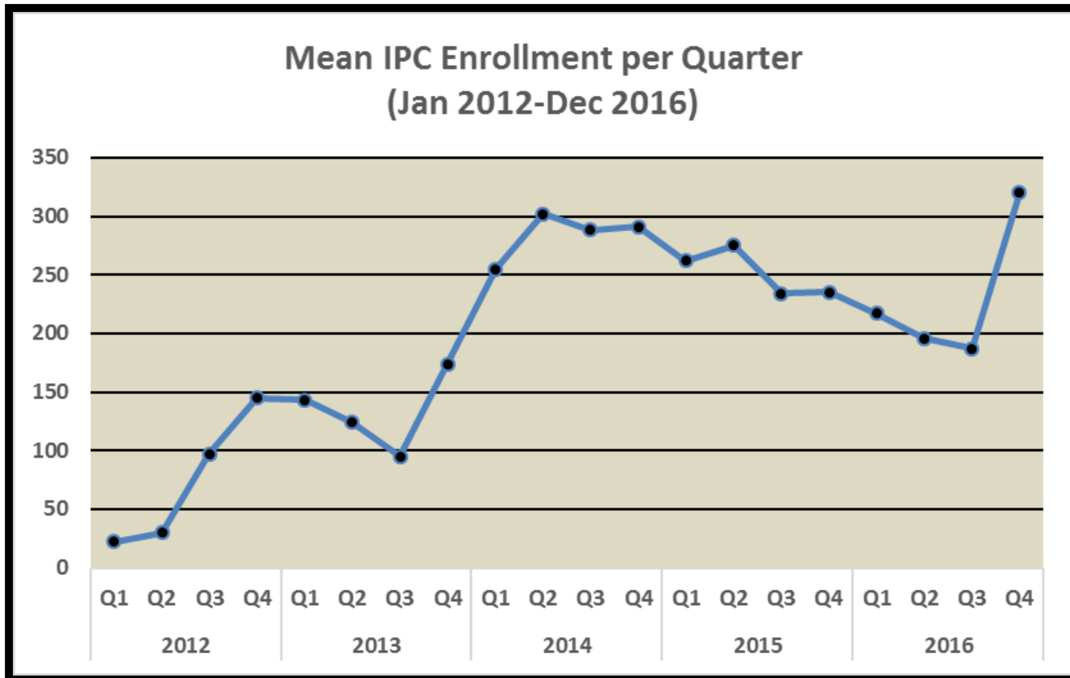

Figure 4: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Dec 2016)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

Tables 3-5 below provide information pertaining to the enrollment and disenrollment processes for the FP, IPC, and RM-LIM components of the 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 receiving a response (or not) from those women. When more women responded, the average period for this metric was less than 30 days for referral for closure due to non-response.

Regarding the average time from receipt of the application to referral to an RSM worker, there was nearly a full-day decrease for women in the IPC component (from 11.31 days to 10.44 days) and almost a full two-day increase for women in the FP component (from 11.52 days to 13.40 days) in Q4 compared with Q3. The average was 13.33 days for women enrolled in the RM - LIM component in Q4, which was about the same from the previous quarter.

Regarding the average time from the RSM request for more information to the PSI Maximus response, there was a slight decrease during Q4 for FP women (2.85 days in Q3 to 2.56 days in Q4). The average for IPC women jumped from 0.17 days in Q3 to 2.56 days in Q4,

and the average for RM-LIM women remained the same at 0.33 days in Q4.

Regarding the average time from renewal to referral to an RSM worker, PSI Maximus typically sent renewal letters to P4HB eligible women sixty days prior to the end of their twelve-month eligibility period. Due to the upcoming transition to the new integrated eligibility system, CMS approved DCH's request to suspend the renewal notifications from December 2016 through February 2017. The renewal report, which provides information regarding the percentage of women who completed the renewal process within the specified timeframe before their program eligibility is terminated, identified that of the 941 renewals issued in November 2016, 208 renewals (22% of the FP renewals and 25% of the IPC renewals) were completed by December 2016. None of the RM - LIM renewals were completed on a timely basis. The average time, in days, from renewal to referral to RSM for the month of December 2016 was not available due to the suspension or renewal notifications mentioned above.

Table 3: Enrollment and Disenrollment Processes, FP Component		
Measure	**Q3 2016**	**Q4 2016**
Average Time (In Days) from Application to Referral to RSM	10.89 (July) 10.22 (August) 13.44 (September) **Average: 11.52 days**	13.42 (October) 13.53 (November) 13.25 (December) **Average: 13.40 days**
Average Time (In Days) from RSM request for more info to PSI response	2.86 (July) 2.76 (August) 2.94 (September) **Average: 2.85 days**	2.21 (October) 2.58 (November) 3.21 (December) **Average: 2.56 days**
Average Time (In Days) from Renewal to Referral to RSM	24.00 (July) 22.00 (August) 20.00 (September) **Average: 22.00 days**	22.00 (October) 20.00 (November) N/A (December) **Average: 21.00 days**

Source – PSI P4HB RP015 for July 2016-December 2016

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 September 2016, 96 were reinstated by October 1, 2016 with no gap in coverage and 36 women re-enrolled with a one-month gap in coverage. For the women who lost eligibility at the end of October 2016, 133 of them were reinstated with no gap in coverage by November 1, 2016 and no women re-enrolled with a one-month gap in coverage. For the women who lost eligibility at the end of November 2016, 116 were reinstated by December 1, 2016 with no gap in coverage and 48 women re-enrolled with a one-month gap

in coverage. The overall trend during Q3 and Q4 showed an increase in the number of P4HB enrollees who had no gap in coverage and a decrease in the number of enrollees who had a one-month gap in coverage when they renewed their eligibility.

Table 4: Enrollment and Disenrollment Processes, IPC Component		
Measure	Q3 2016	Q4 2016
Average Time (In Days) from Application to Referral to RSM	8.50 (July) 13.75 (August) 11.67 (September) **Average: 11.31 days**	9.00 (October) 9.00 (November) 13.33 (December) **Average: 10.44 days**
Average Time (In Days) from RSM request for more info to PSI response	0.00 (July) 0.50 (August) 0.00 (September) **Average: 0.17 days**	4.00 (October) 0.00 (November) 3.67 (December) **Average: 2.56 days**
Average Time (In Days) from Renewal to Referral to RSM	24.00 (July) 14.00 (August) 26.00 (September) **Average: 21.33 days**	22.00 (October) 23.00 (November) N/A (December) **Average: 22.50 days**

Source – PSI P4HB RP015 for July 2016-December 2016

Table 5: Enrollment and Disenrollment Processes, RM - LIM Component		
Measure	Q3 2016	Q4 2016
Average Time (In Days) from Application to Referral to RSM	18.00 (July) 0.00 (August) 21.00 (September) **Average: 13.0 days**	12.00 (October) 0.00 (November) 28.00 (December) **Average: 13.33 days**
Average Time (In Days) from RSM request for more info to PSI response	0.00 (July) 0.00 (August) 1.00 (September) **Average: 0.33 days**	0.00 (October) 0.00 (November) 1.00 (December) **Average: 0.33 days**
Average Time (In Days) from Renewal to Referral to RSM	27.00 (July) 11.00 (August) 0.00 (September) **Average: 12.67 days**	15.00 (October) 0.00 (November) N/A (December) **Average: 7.5 days**

Source – PSI P4HB RP015 for July 2016-December 2016

CMO Enrollment, Service Utilization, and Outreach

Some of the information included in the following tables was abstracted from the CMOs' Q4 P4HB reports sent to DCH on January 30, 2016. Those reports described enrollment, 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 6** provides information from

each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q4 2016. **Table 7** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q4.

Table 6: CMO Enrollment and Utilization of Services, Q4 2016 (October-December 2016)			
CMO	**Enrollment**	**Contraception Utilization**	**Family Planning and IPC Service Utilization**
Amerigroup	**DCH Reported Enrollment** **FP:** 2,301 **IPC**: 55 **RM/LIM**: 18 **Total Enrollment**: 2,374 **% of all P4HB enrollment:** 23.1% **% of all P4HB enrollment in previous quarter**: 23.3% **CMO Reported Enrollment** **FP:** 2,732 **IPC**: 66 **RM//LIM**: 27 **Total Enrollment**: 2,825 **% of all P4HB enrollment:** 24.4%	**Use of Known Contraception** FP: 471 IPC: 10 Total: 481 **Most common form of contraception** **FP:** Oral contraception (50%); injectable (44%) **IPC:** Oral contraception (40%); injectable (50%) **Number of women with unknown form of contraception** FP: 801 IPC: 24 Total: 825	**Number of Participants who utilized one or more covered FP services** **FP**: 1080 **IPC**: 29 **RM:** 15 **Total**: 1124 **IPC Service Utilization** **Dental care:** 73 **Primary care:** 46

Table 6: CMO Enrollment and Utilization of Services, Q4 2016 (October-December 2016)			
CMO	**Enrollment**	**Contraception Utilization**	**Family Planning and IPC Service Utilization**
Peach State	**DCH Reported Enrollment** **FP:** 3,898 **IPC:** 292 **RM//LIM:** 91 **Total Enrollment:** 4,281 **% of all P4HB enrollment**: 41.6% **% of all P4HB enrollment in previous quarter**: 41.1% **CMO Reported Enrollment** **FP**: 4,596 **IPC**:323 **RM/LIM**: 91 **Total Enrollment**: 5,010 **% of all P4HB enrollment**: 43.3%	**Use of Known Contraception** **FP**: 1879 **IPC**: 33 **RM**: 9 **Total**: 1,922 **Most common form of contraception** **FP**: Injectable (33.8%); oral contraception (45.2%), implants (6.0%), IUDs (5.5%) **IPC**: Oral contraception (24.2%), IUDs (30.3%); injectable (21.2%) **Number of women with unknown form of contraception** **FP**: 722 **IPC:**63 **RM**: 42	**Number of Participants who utilized one or more covered FP services** **FP**: 2,634 **IPC**: 99 **RM**: 53 **Total:** 2,786 **IPC Service Utilization** **Primary Care**: 131 **Substance Abuse**: 3
WellCare	**DCH Reported Enrollment** **FP:** 3,537 **IPC**: 64 **RM//LIM**: 29 **Total Enrollment**: 3,630 **% of all P4HB enrollment:** 35.3% **% of all P4HB enrollment in previous quarter**: 35.5% **CMO Reported Enrollment:** **FP:** 3,350 **IPC**: 66 **RM//LIM**: 13 **Total Enrollment**: 3,739 **% of all P4HB enrollment**: 32.3%	**Use of Known Contraception** **FP:** 1,339 **IPC:** 13 **Total:** 1,352 **Most common form of contraception** **FP:** Oral contraception (46.8%); injectable (40.1%); IUDs (9.3%) **IPC:** Oral contraception (46.2%), injectable (30.8%) **Number of women with unknown form of contraception** **FP**: 53 **IPC**: 0 **Total**: 53	**Number of Participants who utilized one or more covered FP services** **FP:** 2050 **IPC/ RM**: 31 **Total**: 2081 **IPC Service Utilization:** **Dental:** 9 **Primary Care:** 54

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q3 to Q4. Amerigroup reported an overall enrollment decrease of 1.67% from Q3 to Q4 with a decrease in FP enrollment but an increase in IPC and RM - LIM enrollment. Peach State reported a slight overall decrease in P4HB enrollment, particularly in the FP component. However, as previously documented in this report, Peach State reported a major increase in enrollment among its IPC and RM - LIM enrollees (152.3% and 145.9% respectively). This increase in enrollment of IPC eligible women resulted from the backlog of auto-enrollments for women who had delivered VLBW infants in Q3 and early in Q4 but their paperwork had not been processed correctly. Upon resolution of the issue, the increase in their number of women receiving IPC services was evident. Peach State also attributed the increase among RM - LIM enrollees to an overall increase in outreach and education to mothers who delivered a VLBW infant. WellCare experienced an overall enrollment decrease of 2.25% from Q3 to Q4. This included a decrease in enrollment of FP and RM - LIM enrollees and a small increase in IPC enrollees.

Utilization patterns also varied across the CMOs. Use of known contraception decreased among Peach State and Amerigroup enrollees in Q4, but increased among WellCare enrollees. Oral contraception was the preferred form of contraception across the women in all three CMOs' FP only enrollees (50% for Amerigroup, 45.2% for Peach State, and 46.8% for WellCare). The CMOs' IPC enrollees preferred different forms of contraception. Injectables were the preferred form of contraception for Amerigroup's IPC enrollees (50%), while IUDs were the preferred form of contraception for Peach State's IPC enrollees (30.3%), and oral contraception was the preferred form of contraception for WellCare's IPC enrollees (46.2%). The total number of P4HB women who utilized one or more covered family planning services decreased for Amerigroup, Peach State, and WellCare during Q4. Service utilization among the CMOs' IPC enrollees varied. Utilization of primary care services increased among Amerigroup and WellCare IPC enrollees, but deceased for those enrolled in Peach State. In addition, dental care utilization increased among Amerigroup's IPC enrollees, but decreased among WellCare's enrollees.

Table 7: CMO Outreach, Q4 2016 (October-December 2016)		
CMO	**All Outreach Activities**	**IPC Specific Outreach**
Amerigroup	• 36 outreach activities • 1,234 participants • 155 provider relations activities	• 18 face-to-face RM visits • 108 telephone contacts by RM workers • Community "Baby Showers" • "Diaper Days"
Peach State	• 916 calls made to new members • 992 new P4HB member packets mailed • 217 members (new and existing) received educational materials	• 248 members who had a VLBW infant received telephone calls • A total of 694 mothers seen in a high volume delivery hospital were educated face-to-face
WellCare	• P4HB mailings sent to 1,882 members who recently delivered.	• 66 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff. • Resource Mothers attended 47 outreach events and educated a total of 365 potential members and community partners. Resource Mothers distributed 22 applications to potential members.

P4HB OUTREACH, TRANSITION AND READINESS REVIEW ACTIVITIES

Several changes have been taking place during Q4 to prepare for the transition to the new Georgia Gateway integrated eligibility system and for the transition to the new Georgia Families CMO contracts. These changes include:

- The eighth month letters, sent by the CMOs and PSI Maximus (approximately 5,000 per month were sent by PSI Maximus) to RSM pregnant Medicaid members, were temporarily discontinued in order for them to undergo revisions prior to the implementation of the new eligibility system in February 2017.
- PSI Maximus will no longer serve as the enrollment broker for the P4HB program after January 2017. The RSM team at DCH has been preparing for and will assume the responsibilities previously executed by PSI Maximus. The RSM team will continue their outreach activities related to P4HB and other medical assistance programs that DCH oversees.
- The P4HB website and the P4HB fact sheets transitioned to the DCH website in January 2017 due to the transition away from PSI Maximus as the enrollment broker.

- DCH has been and continues to conduct readiness reviews for the new CMO contracts that will be implemented in July 2017 and all P4HB-related member and provider materials, to be used by the CMOs, are under review. These include all member and provider outreach materials, handbooks, etc.
- Staff members at the FQHCs across the state who are participating in the Georgia Title X program and the local county health departments provided ongoing education about the P4HB program during Q4, although we have noticed declines in some of these outreach activities.
- During Q4, PSI Maximus engaged with women recommended by the CMOs for disenrollment from the IPC component. PSI Maximus staff conducted telephone outreach to those women and many of them elected to remain enrolled in the P4HB program.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q4:

1) The Emory evaluation team reported on the completed analysis of the PRAMS data for women insured by Medicaid at delivery in Georgia from 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). Emory compared the Georgia Medicaid insured women to Medicaid insured women at delivery residing in other states. The results were included in the Year 5 Annual Report submitted to CMS in December 2016. The results indicated an effect of P4HB on improved access to family planning services and in turn, reduced levels of unintended pregnancies ending in live births.
2) The Emory team reported on new measures of the composition of contraceptive use by users of some form of contraception in the Year 5 Annual Report based on a finding that the Georgia CMOs were not using therapeutic classification codes to identify the use of oral contraceptives. To correct for this coding issue, the Emory team used specific NDC codes to identify this form of contraceptive; this correction led to a much higher percentage of users with this form of pregnancy prevention. Revised numbers included in the Year 5 report will be used to develop and submit an *erratum* to the paper previously published on

this topic.

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. Truven Health Analytics and Emory used an agreed upon list of codes to identify deliveries, infants and users of family planning services in the Medicaid files for the Year 5 Annual Report and will use these going forward.

4) The Emory team will identify women with evidence of two conditions—chronic or gestational diabetes and chronic or gestational hypertension—to assess the number of IPC and RM women with these conditions during the pregnancy leading to their low birth weight infant. They will 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. as identified in work with other researchers. The Emory team anticipates including these results in the Quarter 1, Year 7 quarterly report.

5) The Emory team will move forward with the development of a manuscript that includes results of the analysis of the effects of the P4HB program based on a quasi-experimental design and reported in the Year 5 Annual Report. The manuscript will include the analysis of the PRAMS data as well as the linked Medicaid claims and vital records data. Other data on enrollment trends, etc. will also be included where appropriate.

6) The Emory team will meet with fellow researchers from the Georgia Health Policy Center (GHPC) to review methods used to derive measures of contraceptive use by teens and women enrolled in Medicaid. Where the methods differ, they will report on these differences to DCH and, where appropriate, adjust the code and measures presented in upcoming reports.

7) The Emory team has spoken with the CDC Assignee to the Georgia Department of Public Health about the methods used to estimate expected fertility rates for the first 5 years of the demonstration. Since new estimates will be needed going forward, the team will work to identify the data elements needed, obtain permission from CDC to use the PRAMS data for this purpose, and work to understand the calculations used to estimate these rates. In conversation with DCH, the team will then decide how to best estimate the updated fertility rates.

ACTION PLANS

1) DCH is awaiting news about its September 2014 formal extension request for the P4HB program and will outreach to CMS during Q1 2017 to determine whether the formal extension request is approved or whether another temporary request will be granted for the program. The current temporary extension expires on March 31, 2017.
2) The CMOs will continue their ongoing outreach about the P4HB program and will continue to focus their efforts on the appropriate network providers who provide care for high-risk pregnant women.
3) The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
4) 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 Q4 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 also revised the budget neutrality document to reflect the new FFP effective for October 2016. We continue to exclude from the total programmatic costs, the costs for the women receiving Resource Mother/Case Management only services since their costs cannot be combined at this time with that of the women enrolled in the IPC component under the current special terms and conditions. DCH is planning for these costs to be included once the P4HB extension request is approved.

Budget Neutrality

The cumulative budget neutrality calculation for 2016, which includes the Q4 budget neutrality calculation, is provided on the following page. Revisions were made to the Q3 member months (due to a previous calculation error) and the Q3 PMPM for FP and IPC related services because of CMS' approval of new capitation rates for the P4HB program for SFY 2017.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2016						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
FP and FP-Related Services for All P4HB Pop - 90:10 and reg	FP Enrollee Member Months	33,517	40,917	30,628	29,817	134,879
FMAP rates (multivits, immunizations, admin., etc)	IPC Enrollee Member Months	684	397	562	961	2,604
	PMPM for FP Members FP related Services	$25.71	$25.71	$26.58	$26.59	$26.15
	PMPM for IPC Members FP related Services	$25.55	$25.55	$22.69	$22.69	$24.12
	Total	$ 879,143	$ 1,062,052	$ 826,751	$ 814,701	$ 3,589,414
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		**$ 879,143**	**$ 1,062,052**	**$ 826,751**	**$ 814,701**	**$ 189,548,892**
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
Interpregnancy Care Services at	Member Months	684	397	562	961	2,604
the FMAP rate	PMPM	$ 115.81	$ 115.81	$ 115.38	$ 115.96	$ 115.74
	Total	$ 79,212	$ 45,976	$ 64,845	$ 111,440	$ 301,473
First Year Infant Costs VLBW	Persons					-
Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)	Cost per Person	$ -	$ -	$ -	$ -	
	Total	$ -	$ -	$ -	$ -	
First Year Infant Costs for LBW	Persons	0	0	0		0
Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)	Cost per Person					
	Total	$ -	$ -	$ -	$ -	
First Year Infant Costs for	Persons	0	0	0	0	0
Normal Weight > 2,500 grams	Cost per Person					
only for women who participated in the IPC	Total	$ -	$ -	$ -	$ -	$ -
TOTAL WITH DEMONSTRATION COSTS		**$ -**	**$ -**	**$ -**	**$ -**	**$ 301,473**
DIFFERENCE						**$ 189,247,418**
Revised Q1 and Q2 2016 Budget Neutrality based on FY 16 PMPM 8.22.16						