

**Quarterly Report**

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

**1115 Demonstration in Georgia**

**Year 7**

**Quarter 4**

**October 1-December 31, 2017**

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

**by:**

**The Georgia Department of Community Health**

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## OVERVIEW

This fourth quarter (Q4) P4HB report provides information on enrollment of women into P4HB as determined under the new integrated eligibility system, Georgia Gateway. This report summarizes the changes seen in P4HB program enrollment from the rollout of this new system.

Other topics discussed in this Q4 report include:

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

## PROGRAM ELIGIBILITY

**Table 1** below, generated from data in the Georgia Gateway system, displays the number of women deemed eligible for the P4HB program in December along with the total number of women in transition during the month. The table shows additions throughout the month, denials, and terminations.

	CLIENT ADDITIONS				CLIENT DISPOSITIONS		
	ACTIVE BOM	TOTAL	APPROVE	REINSTATED	TOTAL	DENIED	TERMINATED
<b>Inter-Pregnancy Care</b>	1,051	438	411	27	241	108	133
<b>Family Planning Services</b>	27,261	8,926	8,318	608	6,368	4,031	2,337
<b>Resource Mother Services - ABD Medicaid</b>	4	1	1	0	4	2	2

<b>Resource Mother Services – Parent/ Caretaker Medicaid</b>	1616	778	691	87	294	48	246
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**Table 1: Program Enrollment as of December 2017**

“BOM” = “beginning of the month”

By the end of Q4, at the beginning of the month, a total of 29,932 women were deemed eligible (see table 1). There were 27,261 women deemed eligible for family planning only services; 1,051 deemed eligible for inter-pregnancy care services; and 1,616 women deemed eligible for resource mother only services. This shows a 64.2% increase of women eligible from Q3 (18,225).

**CMO QUARTERLY ENROLLMENT**

With the new CMO contract from the State, July 1, 2017 also brought passive enrollment. Passive enrollment will enroll eligible women to a CMO automatically through an algorithm. The member will have a choice change period, if they do not want the health plan that is chosen for them, they can change to another health plan. They will have 90 days from the start date of their health plan to change to a new health plan. Passive enrollment will allow women to get into a CMO faster.

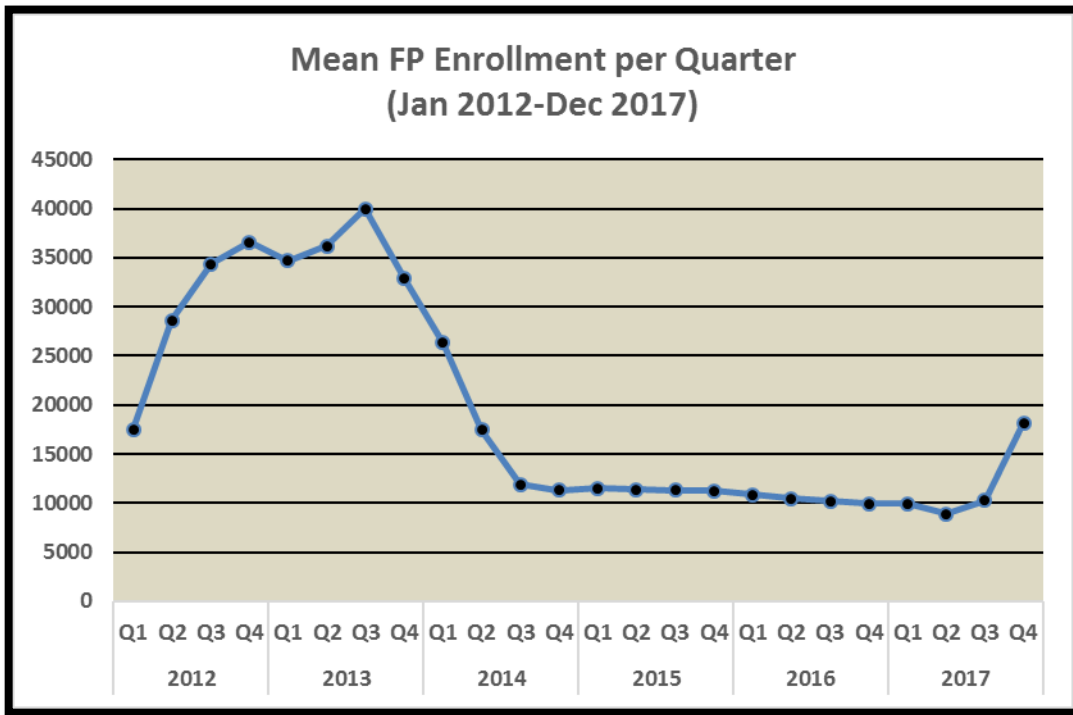
As of December 2, 2017, there were 23,170 women enrolled of the 29,932 deemed eligible in one of the four Georgia Families CMOs and able to receive P4HB services. The total enrolled included 21,195 FP enrollees, 797 IPC enrollees, and 1,178 RM enrollees. DCH recognizes the difference in enrolled and eligible women, and we are hoping to see the gap get smaller as we move forward. These enrollment counts represent large changes in enrollment within each of the program’s three components when enrollments at the end of Q4 2017

(Q4) were compared to enrollments at the end of Q3 2017 (Q3) as described below:

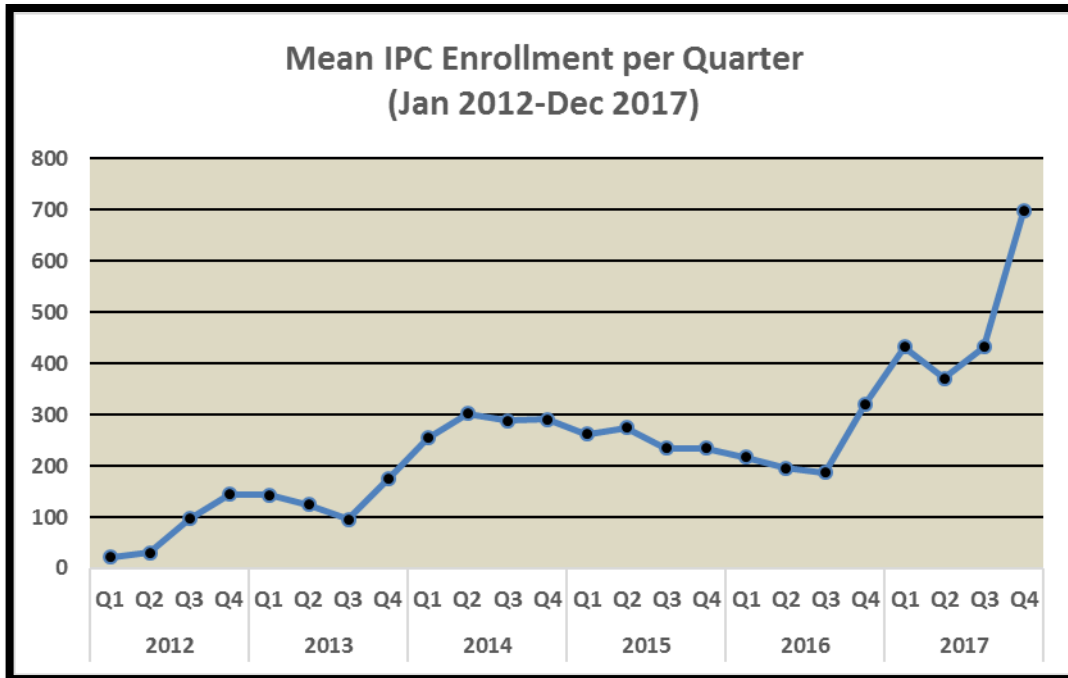
- An *increase of 65.4%* in the number of women enrolled in a CMO to receive family planning only services (21,195 women at the end of Q4 2017 versus 12,813 women at the end of Q3 2017);
- An *increase of 52.7%* in the number of women enrolled in a CMO to receive interpregnancy care services (797 women at the end of Q4 2017 versus 522 women at the end of Q3 2017); and
- An *increase of 57.1%* 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 Q4 2017, there were 1,975 women enrolled versus 1,257 women enrolled at the end of Q3 2017.

### CMO Average Quarterly Enrollment

The data on enrollment, shown in **Figure 1**, reflects average quarterly FP only enrollment. As evidenced by the data noted above, there has been an increase in enrollment in the FP only component. An increase of 77.1 percent in average quarterly enrollment in the FP component occurred from Q3 2017 to Q4 2017 (10,264 to 18,177). Additionally, as shown in **Figure 2**, the average quarterly enrollment in the IPC component increased by 61.3 percent (from 432 in Q3 2017 to 697 in Q4 2017). Note that these data reflect *averages* for the quarter and not final enrollment numbers for the *end of the quarter*.



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



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

### **CMO QUARTERLY REPORTS**

Some of the information included in the following tables was abstracted from the CMOs' Q4 2017 P4HB quarterly reports sent to DCH at the end of January 2018. Last quarter, we began including the quarterly report information from CareSource, the fourth and newest CMO to participate in P4HB. All reports described the CMOs' enrollment counts, service utilization, and CMO outreach activities. Additional data sources for the tables below include the monthly MMIS Report MGD-3823-M, the MCHB Enrollment after EOM Processing Report, and the Family Planning/Resource Mother Quarterly CMO Reports. **Table 2** provides information from each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q4 2017. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own data. 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** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q4 2017.

<b>Table 2: CMO Enrollment and Utilization of Services, Q4 2017 (October-December 2017)</b>			
<b>CMO</b>	<b>Enrollment</b>	<b>Contraception Utilization Among Family Planning Users</b>	<b>Family Planning and IPC Service Utilization</b>
<b>Amerigroup</b>	<p><b><u>DCH Reported Enrollment</u></b>            FP: 5,634            IPC: 189            RM/LIM: 251  <b>Total Enrollment: 6,074</b>  <b>% of all P4HB enrollment: 26.2%</b>  <b>% of all P4HB enrollment in previous quarter: 43.2%</b></p> <p><b><u>CMO Reported Enrollment</u></b>            FP: 7,326            IPC: 250            RM//LIM: 319  <b>Total Enrollment: 7,895</b>  <b>% of all P4HB enrollment: 30.0%</b></p>	<p><b><u>Use of Known Contraception</u></b>            FP: 412            IPC: 12            Total: 424</p> <p><b><u>Most common form of contraception among users of known contraception</u></b>            FP: Oral contraception (47.1%);            Injectable (37.9%)            IPC: Oral contraception (91.7%); implants (8.3%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>            FP: 1,333            IPC: 59            Total: 1,392</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>            FP: 1,746            IPC: 75            RM: 167            Total: 1,988</p> <p><b><u>IPC Service Utilization</u></b>            Dental care: 13            Primary care: 193</p>
<b>CareSource</b>	<p><b><u>DCH Reported Enrollment</u></b>            FP: 3,312            IPC: 118            RM//LIM: 161  <b>Total Enrollment: 3,591</b>  <b>% of all P4HB enrollment: 15.5%</b>  <b>% of all P4HB enrollment in previous quarter: 25.5%</b></p> <p><b><u>CMO Reported Enrollment</u></b>            FP: 2,920            IPC: 113            RM/LIM: 232  <b>Total Enrollment: 3,265</b>  <b>% of all P4HB enrollment: 12.4%</b></p>	<p><b><u>Use of Known Contraception</u></b>            FP: 135            IPC: 6            Total: 141</p> <p><b><u>Most common form of contraception among users of known contraception</u></b>            FP: Oral contraception (69.6%);            Injectable (14.8%); implants (5.9%); IUDs (5.2%)            IPC: injectables (66.7%); oral contraception (33.3%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>            FP: 2,785            IPC: 107            Total: 2,892</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>            FP: 556            IPC: 45            RM: 9            Total: 610</p> <p><b><u>IPC Service Utilization</u></b>            Primary Care: 6            Dental: 6            Substance Abuse: 0</p>



**Table 2: CMO Enrollment and Utilization of Services, Q4 2017 (October-December 2017)**

CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><b><u>DCH Reported Enrollment</u></b>            FP: 6,023            IPC: 263            RM//LIM: 346  <b>Total Enrollment: 6,632</b>  <b>% of all P4HB enrollment: 28.6%</b>  <b>% of all P4HB enrollment in previous quarter: 47.1%</b></p> <p><b><u>CMO Reported Enrollment</u></b>            FP: 6,846            IPC: 308            RM//LIM: 445  <b>Total Enrollment: 7,599</b>  <b>% of all P4HB enrollment: 28.9%</b></p>	<p><b><u>Use of Known Contraception</u></b>            FP: 1,247            IPC: 82  <b>Total: 1,329</b></p> <p><b><u>Most common form of contraception among users of known contraception</u></b>            FP: Injectable (37.4%); Oral contraception (34.6%); implants (10.5%); barrier contraceptives (7.5%); IUDs (6.6%).            IPC: Implants (28.1%); condoms (20.7%); oral contraception (18.3%); .Injectables (14.6%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>            FP: 169            IPC: 10</p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>            FP: 1,443            IPC: 92            RM: 112  <b>Total: 1,647</b></p> <p><b><u>IPC Service Utilization</u></b>  <b>Primary Care: 32</b>  <b>Dental care: 1</b>  <b>Substance Abuse: 4</b></p>
WellCare	<p><b><u>DCH Reported Enrollment</u></b>            FP: 6,226            IPC: 227            RM//LIM: 420  <b>Total Enrollment: 6,873</b>  <b>% of all P4HB enrollment: 29.7%</b>  <b>% of all P4HB enrollment in previous quarter: 48.9%</b></p> <p><b><u>CMO Reported Enrollment</u></b>            FP: 6,986            IPC: 271            RM//LIM: 291  <b>Total Enrollment: 7,548</b>  <b>% of all P4HB enrollment: 28.7%</b></p>	<p><b><u>Use of Known Contraception</u></b>            FP: 805            IPC: 32  <b>Total: 837</b></p> <p><b><u>Most common form of contraception among users of known contraception</u></b>            FP: Oral contraception (63.0%); injectable (25.3%); IUDs (7.6%)            IPC: Oral contraception (46.9%), injectables (40.1%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>            FP: 1,329            IPC: 61  <b>Total: 1,390</b></p>	<p><b><u>Number of Participants who utilized one or more covered FP services</u></b>            FP: 2,131            IPC: 93            RM: 44  <b>Total: 2,268</b></p> <p><b><u>IPC Service Utilization</u></b>  <b>Dental: 21</b>  <b>Primary Care: 5</b></p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q3 2017 to Q4 2017. Amerigroup reported an overall enrollment increase of 57.18 % from Q3 2017 to Q4 2017 (5,023 to 7,895 enrollees) with an increase in each of the FP, IPC and RM-LIM groups. CareSource reported an overall enrollment increase of 34.8% from Q3 2017 to Q4 2017 (2,423 to 3,265 enrollees) with an increase in each of the FP, IPC, and RM-LIM groups. Peach State reported an overall increase of 45.2% in P4HB enrollment (from 5,233 enrollees in Q3 to 7,599 enrollees in Q4), with an increase in FP, IPC, and RM-LIM enrollment. WellCare experienced an overall P4HB enrollment increase of 51.1% from Q3 2017 (4,994 enrollees) to Q4 2017 (7,548 enrollees). Enrollment increased for each of the FP, IPC, and RM/LIM WellCare enrollee groups.

Utilization patterns also varied across the CMOs. Compared to the CMO reports shown in our Quarter 3, 2017 report to CMS, the use of known contraception decreased among Peach State enrollees (1,584 in Q3 to 1,329 users in Q4) and WellCare enrollees (1,736 users in Q3 to 837 users in Q4). However, the use of known contraception increased among Amerigroup enrollees (320 users in Q3 to 424 users in Q4) and among CareSource enrollees (53 users in Q3 to 141 users in Q4). We note that for all four CMOs, the percentage of enrollees with a known form of contraception reported is low, with CareSource being the lowest (4.3%). For Amerigroup, this percentage is 5.3%, for Peach State it is 17.5%, and for WellCare, only 11.1% of enrollees had a known form of contraception.

Oral contraception was the preferred form of contraception reported for the women using a known form of contraceptives in three of the four CMOs' FP only components (47.1% for Amerigroup, 69.6% for CareSource, and 63.0% for WellCare). On the other

hand, injectables were the most common form of contraception among Peach State's FP enrollees (37.4%) with a known form of contraceptive. The CMOs' IPC enrollees preferred different forms of contraception. Injectables were the preferred form of contraception for CareSource's IPC enrollees (66.7%), while oral contraception was the preferred form of contraception for Amerigroup and WellCare's IPC enrollees (91.7% and 46.9% respectively) among those IPC women with a known type. In Q4 2018, Peach State's IPC enrollees preferred implants (28.1%).

Compared to the Q3 2017 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased 49.5% for Amerigroup enrollees, 86% for CareSource enrollees, and 23.4% for WellCare enrollees. However, the total of enrollees who utilized one or more family planning services decreased 26.7% for Peach State's enrollees. Service utilization among the CMOs' IPC enrollees varied. Compared to last quarter, utilization of primary care services increased among Amerigroup and Peach State's IPC enrollees (77.1% and 45.5% respectively). CareSource did not have any IPC utilization in Q3 2017, but it reported that six IPC enrollees received primary care services in Q4 2017. Utilization of primary care services decreased for WellCare's IPC enrollees (37.5%) in Q4. Dental care utilization increased for all four CMOs. For the first time, both CareSource and Peach State reported dental care utilization among its IPC enrollees (6 for CareSource and 1 for Peach State). Dental care utilization increased 18.2% among Amerigroup's IPC enrollees, and 75% among WellCare's IPC enrollees.

<b>CMO</b>	<b>All Outreach Activities</b>	<b>IPC Specific Outreach</b>
<b>Amerigroup</b>	<ul style="list-style-type: none"> <li>• 36 outreach activities</li> <li>• 1,294 participants</li> <li>• 211 provider relations activities</li> </ul>	<ul style="list-style-type: none"> <li>• 195 telephone contacts by RM workers</li> <li>• 36 Community “Baby Showers” and “Diaper Days”</li> </ul>
<b>CareSource</b>	<ul style="list-style-type: none"> <li>• Well calls to all P4HB enrollees</li> <li>• New member mailings</li> <li>• Phone calls to ED utilizers to educate them on appropriate use of ED</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome calls to IPC and RM participants</li> <li>• Reminder letters and phone calls</li> </ul>
<b>Peach State</b>	<ul style="list-style-type: none"> <li>• 2,855 calls made to new members</li> <li>• 2,855 new P4HB member packets mailed</li> <li>• 235 members (new and existing) received educational materials</li> </ul>	<ul style="list-style-type: none"> <li>• 74 members who had a VLBW infant received telephone calls</li> <li>• A total of 559 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 10,171 members who recently delivered.</li> <li>• 498 mailers sent to members who were within 60 days of their due date.</li> </ul>	<ul style="list-style-type: none"> <li>• 20 of 42 potential IPC members were contacted and received direct education about the program.</li> <li>• Resource Mothers attended 19 outreach events and educated a total of 225 potential members and community partners.</li> </ul>

**CMO PROVIDER AND MEMBER SURVEYS**

**Overview**

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

Analyses of these survey results help the CMOs and DCH better understand and improve member and provider experiences with the P4HB program, as it is important to both the CMOs and DCH to identify any area that could negatively affect the satisfaction of members and providers who participate in the program. Any areas that do not meet the CMOs’ performance

goals are analyzed for barriers and opportunities for improvement. Although there are concerns with the low response rates for the surveys and the lack of information on representativeness of the respondents, these surveys provide DCH with an overall ‘view’ of member and provider involvement with the P4HB program and any barriers to greater awareness and involvement in the program.

### **Survey Methods**

To date, the member and provider surveys have been administered in eleven waves – in December 2011, April 2012, September 2012, April 2013, September 2013, May 2014, November 2014, July 2015, June 2016, April 2017, and December 2017. The most recent wave of the member and provider surveys, the eleventh wave, was conducted in December of 2017. Members identified by the CMOs as being enrolled in the P4HB program during the period of December 2016 to June 2017 were contacted by phone for the survey (3,000 participants). Of the 3,000 program participants contacted, 375 (12.5%) responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (1,500) were sent the provider survey via the online “Survey Monkey” tool. Only 24 (1.6%) providers responded. The sections below provide a summary of the responses from the most recent four waves of the CMOs’ member and provider surveys (waves eight through eleven).

### **CMO Member Survey Results**

A total of 7907, 4190, 3000, and 3000 members met the selection criteria for the CMOs’ member survey for waves eight through eleven, respectively. The rate of participation in the member surveys, across the three CMOs, was 10.7% of members for wave eight, 9.3% for wave nine, 15.0% for wave ten and 12.5% for wave eleven. For wave eleven, the member

response rates were: 11.6% (116/1,000) for Peach State, 12.3% (123/1,000) for Amerigroup, and 13.6% (136/1,000) for WellCare.

**Table 4** summarizes the members' responses regarding reasons for their enrollment in the P4HB program, the services they have used, the services they had trouble accessing prior to enrollment in P4HB and the types of problems encountered with accessing those services, as well as benefits of the P4HB program to the member. The percentage of responding members indicating that the reason for their enrolling in the P4HB program was for birth control or family planning was highest in wave ten (60.4%) and lowest in the most recent wave, wave eleven (35.2%). The percentage of responding members indicating that testing for pregnancy or sexually transmitted infections was their reason for enrolling declined in wave eleven (to approximately 20% for both types of testing) from a high of approximately 33% for wave ten. A substantial yet declining percentage of members reported enrolling in the P4HB program to receive primary care services (from a high of 59% in wave ten to a low of 44.5% in wave eleven). The P4HB program, however, only allows family planning related visits for women enrolled in the FP only component. Limited primary care services are covered under the IPC component of the program.

Regarding reported service utilization among enrollees, there were substantial increases in the percentage of survey respondents who reported using each of the P4HB services surveyed across waves eight through ten of the survey (**Table 4**). However, from survey wave ten to wave eleven, there were notable reductions in the percentage of survey respondents who reported using the various P4HB services. The largest reduction from wave ten to wave eleven was a nearly 22 percentage point decline for the reported use of for birth control or family planning services. There was an approximately 10 percentage point decline from survey wave

ten to wave eleven for both the reported use of pregnancy testing and the reported use of testing or treatment for sexually transmitted infections.

Paralleling the observations for reported service utilization, there were similar reductions in the percentage of survey respondents from survey wave ten to wave eleven who reported positive changes that P4HB made for them (**Table 4**). The largest reduction was a nearly 19 percentage point decline from survey wave ten to wave eleven for both the percentage reporting not having to use their own money for family planning services or birth control and being able to get preventive care and family planning counseling. Sizable percentage point reductions were also observed from survey wave ten to wave eleven for respondents reporting that P4HB helped them start using birth control (14 percentage point decline), have more choices of birth control methods (14 percentage point decline), or be able to change birth control methods (8 percentage points). There was also a 7 percentage point reduction in the percentage of respondents from wave ten to wave eleven who indicated that P4HB resulted in them going to a different doctor or nurse for family planning services or birth control.

<b>Table 4. Enrollment and Utilization of Services in P4HB®</b>				
	<b>8th Wave N=848 Responses n (%)</b>	<b>9th Wave N=391 Responses n (%)</b>	<b>10th Wave N=449 Responses n (%)</b>	<b>11th Wave N=375 Responses n (%)</b>
<b>Enrollment in P4HB® to get...</b>				
Birth control or family planning services	454 (53.5%)	183 (46.8%)	271 (60.4%)	132 (35.2%)
Pregnancy testing	252 (29.7%)	117 (29.9%)	150 (33.4%)	73 (19.5%)
Testing or treatment for sexually- transmitted infections	249 (29.4%)	116 (29.7%)	153 (34.1%)	76 (20.3%)
Primary care (such as routine check-up, care for an illness)	453 (53.4%)	188 (48.1%)	265 (59.0%)	167 (44.5%)
Other	71 (8.4%)	18 (4.6%)	38 (8.5%)	28 (7.5%)

<b>Have used these P4HB® services...</b>				
Birth control or family planning services	425 (50.1%)	179 (45.8%)	263 (58.6%)	137 (36.5%)
Pregnancy testing	222 (26.2%)	98 (25.1%)	145 (32.3%)	74 (19.7%)
Testing or treatment for sexually-transmitted infections	222 (26.2%)	101 (25.8%)	131 (29.2%)	69 (18.4%)
Primary care (such as routine check-up, care for an illness)	344 (40.6%)	149 (38.1%)	223 (49.7%)	124 (33.1%)
Other	30 (3.5%)	7 (1.8%)	24 (5.3%)	10 (2.7%)
<b>Before enrolling in P4HB®, had trouble getting...</b>				
Birth control or family planning services	239 (28.2%)	92 (23.5%)	146 (32.5%)	75 (20.0%)
Pregnancy testing	115 (13.6%)	51 (13.0%)	65 (14.5%)	37 (9.9%)
Testing or treatment for sexually-transmitted infections	127 (15.0%)	48 (12.3%)	81 (18.0%)	42 (11.2%)
Primary care (such as routine check-up, care for an illness)	281 (33.1%)	114 (29.2%)	174 (38.8%)	108 (28.8%)
Other	96 (11.3%)	35 (9.0%)	48 (10.7%)	34 (9.1%)
<b>Changes P4HB® made for the participant...</b>				
I am going to a different doctor or nurse for family planning services or birth	185 (21.8%)	51 (13.0%)	96 (21.4%)	51 (13.6%)
I am going to a different doctor or nurse for primary care	147 (17.3%)	49 (12.5%)	80 (17.8%)	54 (14.4%)
I have started using a birth control	282 (33.3%)	114 (29.2%)	179 (39.9%)	94 (25.1%)
I have changed the birth control method I use	140 (16.5%)	53 (13.6%)	93 (20.7%)	45 (12.0%)
I have more choices of birth control methods	326 (38.4%)	136 (34.8%)	190 (42.3%)	106 (28.3%)
I do not have to use my own money for family planning services or birth control	310 (36.6%)	123 (31.5%)	202 (45.0%)	99 (26.4%)
I am able to get preventive care (such as Pap smears) and family planning counseling	438 (51.7%)	166 (42.5%)	258 (57.5%)	143 (38.1%)
With the Purple Card (IPC), I am able to get care for illnesses	8 (0.9%)	7 (1.8%)	10 (2.2%)	1 (0.3%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	7 (0.8%)	7 (1.8%)	9 (2.0%)	1 (0.3%)
Other	29 (3.4%)	6 (1.5%)	22 (4.9%)	18 (4.8%)

The data in **Table 5** provides information regarding the knowledge that members had about the P4HB program with respect to both services covered under and eligibility criteria for the specific components of P4HB. Responses regarding knowledge of the services covered under



the “Pink Card” of the P4HB program indicate fairly stable knowledge across survey waves eight through ten of the survey (with small percentage point increases in knowledge in wave ten compared to the previous waves), but substantial reductions in knowledge from survey wave ten compared to wave eleven. The largest percentage point reductions (of approximately 13 percentage points) were for knowledge of the availability of Pap smear and pelvic exams and follow-up of an abnormal Pap smear, followed by an approximately 10-11 percentage point reduction for knowledge of the availability of birth control services and methods, pregnancy testing, screening for sexually transmitted infections, treatment for sexually transmitted infections, and treatment for major problems related to family planning services. Knowledge of the availability of tubal ligation, vitamins with folic acid, some vaccinations, and non-emergency transportation remained low (less than 15% of respondents) across waves eight through eleven of the survey, with reductions in the percentage who were aware of these covered services from survey wave ten to wave eleven.

There was very little understanding of the coverage afforded under the “Purple Card” across the last four waves of the survey (**Table 5**), with 1.8% or fewer of respondents correctly identifying the covered services. Of importance in interpreting the member survey results concerning the “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.

Responses indicate that member knowledge and understanding of P4HB eligibility criteria remains quite low, particularly for the IPC (“Purple Card”) component. The percentage responding correctly to the range of eligibility criteria for the FP (“Pink Card”) component of the P4HB program remained fairly consistent across waves eight through ten of the survey (with small percentage point increases in knowledge in wave ten compared to the previous waves), with some variation in correct knowledge of the specific eligibility criteria. Throughout waves eight through ten of the survey, between one third to one half of participants knew of the age, residential, and citizenship requirements; between one quarter to one third knew of the household income criteria; and fewer than one quarter knew of the other insurance criteria. However, in wave eleven of the survey, fewer than one quarter knew of any of the eligibility criteria (**Table 5**). Knowledge and understanding of the eligibility criteria for the IPC (“Purple Card”) component of the Demonstration was low across waves eight through ten of the survey, with approximately 3% or fewer being aware of the various criteria, with even smaller percentages (approximately one percent or less) being aware of the various criteria in wave eleven.

<b>Table 5. Knowledge of Members about P4HB®</b>				
<b>Knowledge of...</b>	<b>8th Wave N=848 Responses n(%)</b>	<b>9th Wave N=391 Responses n(%)</b>	<b>10th Wave N=449 Responses n(%)</b>	<b>11th Wave N=375 Responses n(%)</b>
<b>Services available through the “Pink Card” (Family Planning Component)</b>				
Birth control services and methods	236 (27.8%)	110 (28.1%)	147 (32.7%)	81 (21.6%)
Pap smear and pelvic exam	258 (30.4%)	106 (27.1%)	155 (34.5%)	79 (21.1%)
Tubal Ligation (tubes tied)	51 (6.0%)	35 (9.0%)	37 (8.2%)	10 (2.7%)
Pregnancy testing	220 (25.9%)	104 (26.6%)	147 (32.7%)	81 (21.6%)
Screening for sexually transmitted infections	213 (25.1%)	94 (24.0%)	134 (29.8%)	69 (18.4%)
Follow-up of an abnormal Pap smear	212 (25.0%)	93 (23.8%)	130 (29.0%)	61 (16.3%)
Treatment for sexually transmitted	186 (21.9%)	83 (21.2%)	114 (25.4%)	57 (15.2%)
Treatment for major problems related to family planning services	141 (16.6%)	72 (18.4%)	92 (20.5%)	36 (9.6%)

Vitamins with folic acid	103 (12.1%)	57 (14.6%)	60 (13.4%)	29 (7.7%)
Some vaccinations	89 (10.5%)	58 (14.8%)	60 (13.4%)	34 (9.1%)
Non-emergency transportation	44 (5.2%)	39 (10.0%)	30 (6.7%)	16 (4.3%)
<b>Services available through the “Purple Card” (Interpregnancy Care Component)</b>				
Primary care services (up to 5 visits per year)	7 (0.8%)	7 (1.8%)	8 (1.8%)	1 (0.3%)
Treatment for medical problems like high blood pressure and diabetes	3 (0.4%)	3 (0.8%)	5 (1.1%)	0 (0.0%)
Medicines for medical problems like high blood pressure and diabetes	4 (0.5%)	2 (0.5%)	5 (1.1%)	0 (0.0%)
Care for drug and alcohol abuse (such as rehab programs)	3 (0.4%)	2 (0.5%)	4 (0.9%)	0 (0.0%)
Some dental services	5 (0.6%)	4 (1.0%)	5 (1.1%)	0 (0.0%)
Non-emergency transportation	4 (0.5%)	1 (0.3%)	3 (0.7%)	1 (0.3%)
Nurse case management/Resource Mother	5 (0.6%)	4 (1.0%)	6 (1.3%)	1 (0.3%)
<b>Eligibility for ‘Pink Card’ (Family Planning Component)</b>				
Be between 18-44 years of age	281 (33.1%)	133 (34.0%)	178 (39.6%)	80 (21.3%)
Be a resident of Georgia	295 (34.8%)	146 (37.3%)	188 (41.9%)	90 (24.0%)
Be a U.S. Citizen	297 (35.0%)	150 (38.4%)	201 (44.8%)	83 (22.1%)
Have a household income that is at or below 200% of the federal poverty level	211 (24.9%)	111 (28.4%)	146 (32.5%)	54 (14.4%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	165 (19.5%)	79 (20.2%)	106 (23.6%)	40 (10.7%)
Not otherwise insured for Family FP Services	133 (15.7%)	86 (22.0%)	100 (22.3%)	30 (8.0%)
Other	32 (3.8%)	9 (2.3%)	22 (4.9%)	8 (2.1%)
<b>Eligibility for ‘Purple Card’ (Interpregnancy Care Component)</b>				
Be between 18-44 years of age	14 (1.7%)	13 (3.3%)	11 (2.4%)	2 (0.5%)
Be a resident of Georgia	13 (1.5%)	13 (3.3%)	15 (3.3%)	2 (0.5%)
Be a U.S. Citizen	15 (1.8%)	12 (3.1%)	14 (3.1%)	5 (1.3%)
Have a household income that is at or below 200% of the federal poverty level	12 (1.4%)	11 (2.8%)	11 (2.4%)	2 (0.5%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	10 (1.2%)	10 (2.6%)	9 (2.0%)	0 (0.0%)
Not otherwise insured for health care	9 (1.1%)	9 (2.3%)	7 (1.6%)	0 (0.0%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	10 (1.2%)	5 (1.3%)	6 (1.3%)	3 (0.8%)
Other	0 (0%)	0 (0%)	1 (0.2%)	0 (0.0%)

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 eight through eleven. The most commonly utilized services under the “Pink Card”, according to members’ responses, were: both birth control services and methods (approximately 36% to 45%) and Pap smears and pelvic exams (approximately 39% to 47%) across survey waves eight through eleven, and testing for pregnancy and sexually transmitted infections (approximately 24% to 28%). The least commonly utilized services under the “Pink Card” were non-emergency transportation (1.7% to 3.9%) and vaccinations (4.5% to 7.3%). 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 notable increases in the proportion of respondents who reported using a range of services from survey wave eight to wave ten. Notably, from survey wave eight through ten there was a substantial increase 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 3% to 18%), care for drug and alcohol abuse (from 0% to 4.5%), Pap smear and pelvic exam services (from approximately 25% to 40%), receipt of vitamins (from approximately 8% to 18%), and receipt of vaccinations (from approximately 3% to 13%). In addition, there were also notable increases in the percentage of respondents who reported using a range of family planning services, including pregnancy testing (from approximately 16% to 32%), screening for sexually transmitted infections (from approximately 11% to 23%), treatment for sexually transmitted infections (from approximately 0.5% to 18%), and treatment for major problems related to family planning services (from

approximately 9% to 27%). However, in survey wave eleven, there were notable reductions in the proportion of respondents who reported using each of the covered services. For wave eleven, the greatest proportion of respondents using any service was 23% for Pap smear and pelvic exam followed by 15.4% for birth control services and methods or family planning visit. For all other services, fewer than 8% reported utilization. Of note, however, the sample size for this survey was only 13 women.

SERVICES USED	8th Wave N= 524** Responses n (%)		9th Wave N= 274** Responses n (%)		10th Wave N=324** Responses n (%)		11th Wave N=194** Responses n (%)	
	“Pink Card” n = 489	“Purple Card” n = 35	“Pink Card” n = 254	“Purple Card” n = 20	“Pink Card” n = 302	“Purple Card” n = 22	“Pink Card” n =181	“Purple Card” n =13
Birth control services and methods	211 (43.1%)	9 (25.7%)	105 (41.3%)	4 (20.0%)	135 (44.7%)	7 (31.8%)	65 (35.9%)	2 (15.4%)
Family planning visit	160 (32.7%)	9 (25.7%)	79 (31.1%)	5 (25.0%)	96 (31.8%)	6 (27.3%)	50 (27.6%)	2 (15.4%)
Pap smear and pelvic exam	223 (45.6%)	9 (25.7%)	102 (40.2%)	6 (30.0%)	142 (47.0%)	9 (40.9%)	70 (38.7%)	3 (23.1%)
Tubal Ligation (tubes tied)	9 (1.8%)	1 (2.9%)	8 (3.1%)	0 (0%)	10 (3.3%)	2 (9.1%)	7 (3.9%)	0 (0.0%)
Pregnancy testing	119 (24.3%)	6 (16.7%)	67 (26.4%)	3 (15.0%)	81 (26.8%)	7 (31.8%)	48 (26.5%)	1 (7.7%)
Screening for sexually transmitted infections	131 (26.8%)	5 (11.4%)	66 (26.0%)	2 (10.0%)	85 (28.1%)	5 (22.7%)	46 (25.4%)	1 (7.7%)
Follow-up of an abnormal Pap smear	90 (18.4%)	2 (5.7%)	56 (22.0%)	5 (25.0%)	62 (20.5%)	7 (31.8%)	28 (15.5%)	1 (7.7%)
Treatment for sexually transmitted infections	70 (14.3%)	4 (0.5%)	42 (16.5%)	1 (5.0%)	48 (15.9%)	4 (18.2%)	28 (15.5%)	1 (7.7%)
Treatment for major problems related to family planning services	41 (8.3%)	3 (8.6%)	26 (10.2%)	1 (5.0%)	34 (11.3%)	6 (27.3%)	19 (10.5%)	0 (0.0%)
Vitamins with folic acid	34 (7.0%)	3 (8.6%)	22 (8.7%)	2 (10.0%)	23 (7.6%)	4 (18.2%)	7 (3.9%)	0 (0.0%)
Any vaccinations	22 (4.5%)	1 (2.9%)	15 (5.9%)	1 (5.0%)	22 (7.3%)	3 (13.6%)	12 (6.6%)	0 (0.0%)
Non-emergency transportation	12 (2.5%)	2 (5.7%)	10 (3.9%)	0 (0%)	5 (1.7%)	3 (13.6%)	5 (2.8%)	1 (7.7%)
Primary care services (up to 5 visits per year)	----	3 (8.6%)	----	3 (15.0%)	----	6 (27.3%)	----	1 (7.7%)
Treatment for medical problems like high	-----	2 (5.7%)	-----	0 (0%)	-----	3 (13.6%)	-----	0 (0.0%)

blood pressure and diabetes								
Medicines for medical problems like high blood pressure and diabetes	-----	1 (2.9%)	-----	0 (0%)	-----	4 (18.2%)	-----	0 (0.0%)
Care for drug and alcohol abuse (such as rehab programs)	-----	0 (0.0%)	-----	0 (0%)	-----	1 (4.5%)	-----	0 (0.0%)
Any dental services	-----	1 (2.9%)	-----	0 (0%)	-----	3 (13.6%)	-----	0 (0.0%)
Nurse case management/Resource Mother	-----	3 (8.6%)	-----	0 (0%)	-----	4 (18.2%)	-----	0 (0.0%)

\*\* Note: The sample size for this component of the survey is 524, 274, 324, and 194 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 waves seven through ten of the survey, there were not consistent notable changes in the percentage of respondents reporting particular problems with the FP only (“Pink Card”) component or the IPC (“Purple Card”) component. For the FP only component, the most commonly cited problems reported across survey waves eight through eleven were in finding a doctor or nurse to take P4HB clients (ranged from approximately 4% to 12%), having to wait too long to get services (ranged from 5% to 10%), not being able to get desired family planning services (ranged from 5% to 9%), and not being able to get referrals or follow-up care (ranged from 6% to 9%). The most commonly cited problems reported among the IPC clients were similar to those for the FP only clients, with 7-11% reporting problems finding a doctor or nurse to take P4HB and 5-9% reporting having to wait too long to get services. Notably, from 23-65% of IPC clients report having an “other” problem under P4HB, which might warrant further exploration of the nature of that problem.

Problems Under P4HB®	8th Wave N= 524** Responses n (%)		9th Wave N= 274** Responses n (%)		10th Wave N=324** Responses n (%)		11th Wave N=194** Responses n (%)	
	“Pink Card” n = 489	“Purple Card” n = 35	“Pink Card” n = 254	“Purple Card” n = 20	“Pink Card” n = 302	“Purple Card” n = 22	“Pink Card” n =181	“Purple Card” n =13
I cannot get the family planning services I want	37 (7.6%)	3 (8.6%)	24 (9.4%)	0 (0%)	14 (4.6%)	1 (4.5%)	11 (6.1%)	0 (0.0%)
I cannot get referrals or follow-up for care I need	28 (5.7%)	2 (5.7%)	23 (9.1%)	0 (0%)	20 (6.6%)	0 (0.0%)	12 (6.6%)	0 (0.0%)
I cannot find a doctor or nurse willing to take P4HB clients	59 (12.1%)	4 (11.4%)	11 (4.3%)	1 (5.0%)	32 (10.6%)	1 (4.5%)	19 (10.5%)	0 (0.0%)
I don't want to leave my current doctor or nurse	28 (5.7%)	2 (5.7%)	9 (3.5%)	0 (0%)	12 (4.0%)	1 (4.5%)	6 (3.3%)	0 (0.0%)
I have to wait too long to get services	38 (7.8%)	2 (5.7%)	12 (4.7%)	0 (0%)	28 (9.3%)	1 (4.5%)	10 (5.5%)	0 (0.0%)
I do not have transportation	27 (5.5%)	2 (5.7%)	26 (10.2%)	1 (5.0%)	7 (2.3%)	0 (0.0%)	7 (3.9%)	0 (0.0%)
I cannot get to the doctor or nurse when they are open	17 (3.5%)	2 (5.7%)	31 (12.2%)	1 (5.0%)	11 (3.6%)	1 (4.5%)	8 (4.4%)	0 (0.0%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	17 (3.5%)	1 (2.9%)	41 (16.1%)	1 (5.0%)	11 (3.6%)	0 (0.0%)	2 (1.1%)	0 (0.0%)
Other	21 (4.3%)	9 (25.7%)	7 (2.8%)	13 (65.0%)	8 (2.6%)	11 (50.0%)	4 (2.2%)	3 (23.1%)

\*\* Note: The sample size for this component of the survey is 524, 274, 324, and 194 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 eight through eleven (**Table 8**). Notably, in the most recent wave of the survey from approximately 16% to 22% of respondents reported a need for more information regarding all areas surveyed, including where to go for services, services available, and cost of services. Likewise, there was little

change regarding members’ reported areas of P4HB that were hard to understand with no consistent trends noted (**Table 9**).

Type of Information	8th Wave N=848 Responses	9th Wave N=391 Responses	10th Wave N=449 Responses	11th Wave N=375 Responses
	<b>Needs More Information n (%)</b>	<b>Needs More Information n (%)</b>	<b>Needs More Information n (%)</b>	<b>Needs More Information n (%)</b>
Where to go for service	147 (17.3%)	40 (10.2%)	82 (18.3%)	61 (16.3%)
Services available with the Pink Card	187 (22.1%)	59 (15.1%)	110 (24.5%)	81 (21.6%)
Services available with the Purple Card	134 (15.8%)	44 (11.3%)	91 (20.3%)	62 (16.5%)
Cost of services	161 (18.9%)	51 (13.0%)	94 (20.9%)	67 (17.9%)

Area	Hard to Understand n (%)										
	8th Wave N=524*** Responses n (%)	9th Wave N=274*** Responses n (%)	10th Wave N=324** Responses n (%)	11th Wave N=194** Responses n (%)	8th Wave N=489 “Pink Card” n = 489	8th Wave N=35 “Purple Card” n = 35	9th Wave N=254 “Pink Card” n = 254	9th Wave N=20 “Purple Card” n = 20	10th Wave N=302 “Pink Card” n = 302	10th Wave N=22 “Purple Card” n = 22	11th Wave N=181 “Pink Card” n = 181
Who can get P4HB®	48 (9.8%)	4 (11.4%)	18 (7.1%)	1 (5.0%)	35 (11.6%)	1 (4.5%)	27 (14.9%)	1 (7.7%)			
Whether I can get P4HB®	41 (8.4%)	3 (8.6%)	17 (6.7%)	0 (0%)	25 (8.3%)	1 (4.5%)	24 (13.3%)	1 (7.7%)			
Complete the paper work to sign up for P4HB®	29 (5.9%)	1 (2.9%)	25 (9.8%)	2 (10.0%)	18 (6.0%)	0 (0.0%)	12 (6.6%)	1 (7.7%)			
Complete the web form to sign up for P4HB®	32 (6.5%)	2 (5.7%)	9 (3.5%)	1 (5.0%)	18 (6.0%)	0 (0.0%)	19 (10.5%)	1 (7.7%)			
Get the required documents to sign up for P4HB®	39 (8.0%)	2 (5.7%)	19 (7.5%)	0 (0%)	21 (7.0%)	0 (0.0%)	14 (7.7%)	0 (0.0%)			
Pick a Care Management Organization (CMO)	63 (12.9%)	5 (14.3%)	5 (2.0%)	0 (0%)	32 (10.6%)	1 (4.5%)	23 (12.7%)	0 (0.0%)			
Pick a provider	73 (14.9%)	7 (20.0%)	7 (2.8%)	0 (0%)	39 (12.9%)	1 (4.5%)	27 (14.9%)	0 (0.0%)			
Understand what I can get from P4HB®	101 (20.7%)	6 (17.1%)	6 (2.4%)	0 (0%)	58 (19.2%)	2 (9.1%)	32 (17.7%)	1 (7.7%)			
Other	17 (3.5%)	15 (42.9%)	101 (39.8%)	5 (25.0%)	9 (3.0%)	15 (68.2%)	6 (3.3%)	6 (46.2%)			



\*\*\* Note: While the sample sizes for this component of the survey were 524 for wave eight, 274 for wave nine, 324 for wave 10, and 194 for wave eleven as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included, the results (percentages) are reported per the populations surveyed.

The member survey probes the following areas to assess whether key reproductive health assessments and counseling occurred during the encounter: whether the member was asked about key reproductive health topics during her last health care appointment and whether the member would like to be asked those questions (**Table 10**); whether the member received key reproductive health information during her last health care appointment and whether the member would like to receive such information (**Table 11**). When examining members’ responses to waves eight through ten of the survey (**Table 10**), there were either small increases or stability in the percentage of members reporting each of the key assessments that were monitored; however, in survey wave eleven, there were consistent reductions in the percentage of members reporting each of the key assessments, with the largest percentage point decline for assessment of use of birth control to prevent pregnancies (12 percentage point decline), use of condoms to prevent sexually transmitted infections (10 percentage point decline), assessment of life goals (10 percentage point decline) and thoughts or plans about having or not having children (8 percentage point decline). The percentages of responding members who reported that they would like to be asked about each of the key reproductive health topics at the encounter fluctuated by a few percentage points across survey waves eight through eleven.

<b>Table 10. Provider Inquiry about Reproductive Health Topics during Encounters</b>								
<b>Reproductive Health Topic</b>	<b>8th Wave N=848</b>	<b>9th Wave N=391</b>	<b>10th Wave N=449</b>	<b>11th Wave N=375</b>	<b>8th Wave N=848</b>	<b>9th Wave N=391</b>	<b>10th Wave N=449</b>	<b>11th Wave N=375</b>
	<b>During your last appointment, did a doctor or nurse ask you about...? n (%) Yes</b>				<b>As part of an appointment, would you like a doctor or nurse to ask you about...? n (%) Yes</b>			
Your thoughts or plans about having or not having children in the future	241 (28.4%)	79 (20.2%)	126 (28.1%)	77 (20.5%)	239 (28.2%)	92 (23.5%)	129 (28.7%)	86 (22.9%)
Your thoughts or plans about timing or spacing pregnancies	151 (17.8%)	55 (14.1%)	72 (16.0%)	46 (12.3%)	202 (23.8%)	81 (20.7%)	110 (24.5%)	74 (19.7%)
Your sexual practices	259 (30.5%)	85 (21.7%)	126 (28.1%)	81 (21.6%)	222 (26.2%)	81 (20.7%)	110 (24.5%)	78 (20.8%)
Whether you use birth control to prevent or space pregnancies	308 (36.3%)	95 (24.3%)	170 (37.9%)	96 (25.6%)	269 (31.7%)	105 (26.9%)	155 (34.5%)	96 (25.6%)
Whether you use male or female condoms to prevent STIs	259 (30.5%)	88 (22.5%)	145 (32.3%)	84 (22.4%)	250 (29.5%)	99 (25.3%)	140 (31.2%)	95 (25.3%)
Your life plans or goals	184 (21.7%)	69 (17.6%)	103 (22.9%)	47 (12.5%)	231 (27.2%)	82 (21.0%)	128 (28.5%)	76 (20.3%)

Of the members responding to waves eight through ten of the survey (**Table 11**), there were also small but consistent increases in the percentage reporting that their provider offered them counseling about the various reproductive health topic; however, consistent reductions in the range of 6 to 10 percentage points were observed when comparing responses from survey wave eleven to wave ten. Likewise, 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 waves eight through eleven fluctuated by a few percentage points.

<b>Table 11. Provider Counseling about Reproductive Health Topics during Encounters</b>								
<b>Reproductive Health Topic</b>	<b>8th Wave N=848</b>	<b>9th Wave N=391</b>	<b>10th Wave N=449</b>	<b>11th Wave N=375</b>	<b>8th Wave N=848</b>	<b>9th Wave N=391</b>	<b>10th Wave N=449</b>	<b>11th Wave N=375</b>
	<b>During your last appointment, did a doctor or nurse give you information or advice about... n (%) Yes</b>				<b>As part of an appointment, would you like for a doctor or nurse to give you information or advice about... n (%) Yes</b>			
Plans about having or not having children in the future	206 (24.3%)	59 (15.1%)	98 (21.8%)	57 (15.2%)	220 (25.9%)	79 (20.2%)	112 (24.9%)	79 (21.1%)
Plans about timing or spacing pregnancies	152 (17.9%)	53 (13.6%)	79 (17.6%)	38 (10.1%)	206 (24.3%)	84 (21.5%)	104 (23.2%)	73 (19.5%)
Your sexual practices	182 (21.5%)	63 (16.1%)	94 (20.9%)	48 (12.8%)	190 (22.4%)	68 (17.4%)	100 (22.3%)	58 (15.5%)
Whether you use birth control to prevent or space pregnancies	220 (25.9%)	77 (19.7%)	131 (29.2%)	71 (18.9%)	230 (27.1%)	86 (22.0%)	122 (27.2%)	75 (20.0%)
Whether you use male or female condoms to prevent STIs	196 (23.1%)	66 (16.9%)	117 (26.1%)	64 (17.1%)	212 (25.0%)	77 (19.7%)	117 (26.1%)	72 (19.2%)
Your life plans or goals	143 (16.9%)	54 (13.8%)	82 (18.3%)	36 (9.6%)	193 (22.8%)	73 (18.7%)	106 (23.6%)	62 (16.5%)

A new question that was asked on survey waves eight through eleven was whether the member was willing to recommend the P4HB program to family and friends. Of the respondents from these last 4 waves, 46% (394 of 848 in wave eight), 35% (135 of 391 in wave nine), 47% (209 of 449 in wave ten), and 37% (140 of 375 in wave eleven) respectively, responded that they would recommend the P4HB program to family and friends.

### **CMO Provider Survey Results**

For each of waves eight through eleven of the CMO provider survey administration, a total of 1208, 1500, 1500, and 1500 providers met the selection criteria for the survey. Of those eligible, the participation rate among providers has averaged less than 2.0% during waves eight through eleven. 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. As found for the members, providers demonstrated some lack of clarity surrounding the P4HB program. In particular, it appeared that providers did not have adequate knowledge of the availability of the P4HB program and services covered under their CMO contract for P4HB.

During waves eight through eleven of the survey, providers were asked whether they needed more information about eligibility and covered services for each component of the P4HB program. For the FP only component, it is notable that when comparing provider responses across waves eight through ten of the survey, there was a decline in the percentage of providers reporting that they needed more information about each of the covered services but a notable increase in percentage when comparing responses to the most recent wave (wave eleven) to all other previous waves. During survey wave ten, fewer than 20% of surveyed providers indicated a need for more information about any of the topics, whereas in wave eleven 25% to 42% indicated a need for more information about the various topics. Similar patterns were observed for the IPC component.

<b>Table 12. Providers' Information Level about Services Covered Under their P4HB® Contract</b>				
<b>Information Needed about Services Covered Under P4HB®</b>	<b>8th Wave N=14 Responses n (%)</b>	<b>9th Wave N=36 Responses n (%)</b>	<b>10th Wave N=31 Responses n (%)</b>	<b>11th Wave N=24 Responses n (%)</b>
<b>Family Planning Component (Pink Card Services)</b>				
Family planning initial and follow-up exams, including Pap smear.	3 (21.4%)	7 (19.4%)	2 (6.5%)	10 (41.7%)
Contraceptive services and methods	3 (21.4%)	5 (13.9%)	4 (12.9%)	9 (37.5%)
Tubal ligation	2 (14.3%)	5 (13.9%)	3 (9.7%)	8 (33.3%)
Pregnancy Testing	2 (14.3%)	5 (13.9%)	4 (12.9%)	7 (29.2%)
Screening for sexually transmitted infections	3 (21.4%)	6 (16.7%)	6 (19.4%)	8 (33.3%)

Follow-up of an abnormal Pap smear, including colposcopy	4 (28.6%)	7 (19.4%)	6 (19.4%)	10 (41.7%)
Treatment for sexually transmitted infections	3 (21.4%)	5 (13.9%)	6 (19.4%)	6 (25.0%)
Treatment for major complications related to family planning services	3 (21.4%)	7 (19.4%)	6 (19.4%)	9 (37.5%)
Multivitamins with folic acid	4 (28.6%)	5 (13.9%)	5 (16.1%)	6 (25.0%)
Hepatitis B and Tetanus-Diphtheria vaccines	4 (28.6%)	6 (16.7%)	6 (19.4%)	8 (33.3%)
<b>Interpregnancy Care Component (Purple Card Services)</b>				
Primary care services (up to 5 outpatient visits per year)	4 (28.6%)	7 (19.4%)	7 (22.6%)	10 (41.7%)
Management and follow-up of chronic diseases	5 (35.7%)	10 (27.8%)	8 (25.8%)	11 (45.8%)
Prescription medications for chronic diseases	5 (35.7%)	9 (25.0%)	8 (25.8%)	10 (41.7%)
Detoxification and outpatient rehabilitation for substance abuse	5 (35.7%)	7 (19.4%)	9 (29.0%)	12 (50.0%)
Limited dental services	4 (28.6%)	6 (16.7%)	7 (22.6%)	10 (41.7%)
Nurse case management and Resource Mother outreach for health and social service coordination and support of health behaviors	4 (28.6%)	9 (25.0%)	9 (29.0%)	12 (50.0%)
Non-emergency transportation	4 (28.6%)	9 (25.0%)	7 (22.6%)	7 (29.2%)

The survey also asked providers what they perceived as barriers to participation in the P4HB program. Again, when examining provider responses, it is notable that there was a decline in providers' perception of each of the barriers when comparing responses between wave eight and wave ten, but then a notable increase in the percentage perceiving barriers in wave eleven. During wave eleven, half of surveyed providers perceived barriers related to the wave not covering the full range of family planning services, not covering referrals or follow-up care, and not covering complications of family planning services; a smaller percentage (12.5%) reported their practice being full as a barrier (**Table 13**).

<b>Table 13. Providers' Perception of Barriers for P4HB® Participation</b>				
<b>Factor</b>	<b>8th Wave N=14 Perceived as Barrier n (%)</b>	<b>9th Wave N=36 Perceived as Barrier n (%)</b>	<b>10th Wave, N=31 Perceived as Barrier n (%)</b>	<b>11th Wave, N=24 Perceived as Barrier n (%)</b>
Waiver does not cover the full range of family planning services	8 (57.1%)	7 (19.4%)	11 (35.5%)	12 (50.0%)
Waiver does not cover referrals or follow-up care	10 (71.4%)	9 (25.0%)	14 (45.2%)	12 (50.0%)
Waiver does not cover complications of family planning service	9 (64.3%)	9 (25.0%)	12 (38.7%)	12 (50.0%)
Your practice is full	3 (21.4%)	4 (11.1%)	2 (6.5%)	3 (12.5%)

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**). Since wave eight of the provider survey, there was been a downward trend in the percentage of providers reporting performance of key reproductive health assessments during health care encounters with women of reproductive age. The most substantial reduction in percentage points when comparing survey wave eleven to wave eight was for the assessment of life plans or goals (24 percentage point reduction) and desire or plans to have or not have children in the future (15 percentage point reduction); also there was a nearly 10 percentage point reductions for assessment of methods used to prevent or space pregnancies and risks for unintended pregnancy (**Table 14**).

<b>Table 14. Assessment of Reproductive Health Topics</b>				
<b>Reproductive Health Topic</b>	<b>8th Wave N=14 n (%) Yes</b>	<b>9th Wave N=36 n (%) Yes</b>	<b>10th Wave N=31 n (%) Yes</b>	<b>11th Wave N=24 n (%) Yes</b>
<b>Do you assess the following</b>				
Desire or plans to have or not have children in the future	5 (35.7%)	4 (11.1%)	9 (29.0%)	5 (20.8%)
Desire or plans for timing or spacing pregnancies	4 (28.6%)	3 (8.3%)	7 (22.6%)	6 (25.0%)
Sexual behaviors, including risk and protective behaviors	6 (42.9%)	7 (19.4%)	10 (32.3%)	9 (37.5%)
Method(s) she uses for preventing or spacing pregnancies	6 (42.9%)	8 (22.2%)	9 (29.0%)	8 (33.3%)
Method(s) she uses for preventing STIs	6 (42.9%)	8 (22.2%)	10 (32.3%)	9 (37.5%)
Risks for unintended (unwanted or mistimed) pregnancy	6 (42.9%)	6 (16.7%)	10 (32.2%)	8 (33.3%)
Life plans or goals	4 (28.6%)	4 (11.1%)	9 (29.0%)	1 (4.2%)

Similarly, when comparing provider responses regarding the performance of key reproductive health education and counseling during health care encounters with women of reproductive age, there were substantial reductions from survey wave eight to wave eleven. The largest reductions were in the percentage of providers reporting providing education or counseling about having a plan to have or not have children in the future, having a plan for timing or spacing pregnancies, and methods for preventing sexually transmitted infections (approximately 26 percentage point reduction for each). Substantial reductions were also noted in the percentage of providers reporting providing education or counseling about dual protection (20 percentage point reduction), having a plan for timing or spacing pregnancies (16 percentage point reduction), methods for preventing or spacing pregnancies (15 percentage point reduction). A smaller reduction of approximately 5 percentage points was observed for the percentage of providers reporting providing education or counseling about risks for unintended pregnancy comparing survey wave eleven to wave eight (**Table 15**).

<b>Table 15. Education and Counseling of Reproductive Women</b>				
<b>Reproductive Health Topic</b>	<b>8th Wave N=14 n (%) Yes</b>	<b>9th Wave N=36 n (%) Yes</b>	<b>10th Wave N=31 n (%) Yes</b>	<b>11th Wave N=24 n (%) Yes</b>
<b>Do you educate or counsel about the following items as part of health care encounters with women of reproductive age</b>				
Having a plan to have or not have children in the future	5 (35.7%)	5 (13.9%)	7 (22.6%)	2 (8.3%)
Having a plan for timing or spacing pregnancies	4 (28.6%)	4 (11.1%)	5 (16.1%)	3 (12.5%)
Sexual behaviors, including risk and protective behaviors	6 (42.9%)	6 (16.7%)	9 (29.0%)	4 (16.7%)
Method(s) for preventing or spacing pregnancies	5 (35.7%)	6 (16.7%)	6 (19.4%)	5 (20.8%)
Method(s) for preventing STIs	6 (42.9%)	6 (16.7%)	9 (29.0%)	4 (16.7%)
Dual-protection (using condom plus another method)	4 (28.6%)	3 (8.3%)	5 (16.1%)	2 (8.3%)
Risks for unintended (unwanted or mistimed) pregnancy	3 (21.4%)	4 (11.1%)	6 (19.4%)	4 (16.7%)
Life plans or goals	4 (28.6%)	3 (8.3%)	7 (22.6%)	1 (4.2%)

In the most recent wave of the survey (wave eleven), providers were asked if they would recommend or refer patients to P4HB with 15 of 24 (62.5%) providers indicating that they would recommend or refer patients to P4HB. As previously stated, the survey results raise the question of whether the providers responding were primarily those with limited knowledge of the program who desired more information or even those who were more likely to include the key reproductive health assessments, counseling and education in their practice. Collaborative effort to provide awareness and education about the program remains the goal of the outreach activities to both the member and provider communities.

**DCH P4HB OUTREACH ACTIVITIES**

- DCH has been helping with Healthy Mothers Healthy Baby’s Strategic Plan to Address Infant Mortality in the Atlanta Perinatal Region and using this platform to explain and promote P4HB to community leaders.



- Also, DCH is giving guidance to new staff at the Georgia Family Planning System so they can continue to promote P4HB to the federally qualified health centers (FQHCs).

### **EVALUATION ACTIVITIES**

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q4 2017:

- 1) The Emory team is planning to work with colleagues at the Georgia Health Policy Center (GHPC) beginning in March 2018 to obtain and analyze the 2014 PRAMS data in order to update the PRAMS analysis in an upcoming report. The Emory team will use these data with the analysis of the more current claims and vital records for inclusions in an academic paper.
- 2) The Emory team is further updating and editing code to examine the receipt of post-partum visits, PAP screens and family planning visits as well as contraceptive use post-partum [at delivery hospitalization; after hospitalization through 90 days' post-partum; after hospitalization through 6 months post-partum] after implementing this code successfully in another state using similar claims data.
- 3) The Emory team will work with the new director of the P4HB program and CMS to discern how to move the emphasis of the analysis to the IPC and RM women. The Emory team has planned to use ICD-9 and ICD-10 codes to assess the receipt of glucose tolerance tests and post-partum check-ups that should include blood pressure monitoring, etc. Once this type of analysis is approved by DCH and/or enhanced, the Emory team will then present results in an upcoming quarterly report.
- 4) The Emory team has a subcontract with fellow researchers from the Georgia Health Policy Center (GHPC) almost in place to start analysis of contraceptive use by teens and

women enrolled in Medicaid. They will first report to the Medicaid Commissioner on these comparisons and will collaborate further on analysis of PRAMS data on access to contraceptives among Medicaid women at risk for unintended pregnancy.

- 5) The Emory continues to assist DCH with its application for an extension of the P4HB Section 1115 Demonstration including estimating expected fertility rates and number of uninsured citizen women < 200% FPL eligible for the demonstration over the coming several years. More recently Emory has worked to estimate total averted births by year and averted births by LBW and VLBW on a quarterly basis. These numbers will be combined with the capitated payments reported by DCH in the renewal application. Emory will continue to work with DCH as needed to develop the proposed changes to the budget neutrality sheet and quarterly/annual reporting process.

### **ACTION PLANS**

- 1) DCH is receiving technical assistance from CMS to aid in the completion of the extension application and new budget neutrality calculations during the quarter. Submission of the extension request is slated to occur as soon as possible once the budget neutrality calculation is finalized. The current temporary extension end date is March 31, 2018.
- 2) The CMOs will continue their ongoing outreach about the P4HB program and will shift to focus their efforts on the improving utilization rates
- 3) The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
- 4) The DCH Communications Team will collaborate with the P4HB program staff to

develop a new communications plan after approval of extension application.

- 5) DCH is working as a team to make corrections to the Georgia Gateway system, one of the main changes that will be made is that the application where the woman must indicate “Yes” as interested in receiving P4HB.

### **EXPENDITURES**

For Q4 2017 and as shown in all past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. As in prior reports, we continue to use the CMS approved capitation rates for the P4HB program in making these calculations. We continue to exclude from the total programmatic costs, the costs for the women receiving Resource Mother/Case Management only services since their costs cannot be combined at this time with that of the women enrolled in the IPC component under the current special terms and conditions. DCH is planning for these costs to be included and to perhaps make other changes, to the budget neutrality calculation as the renewal of the P4HB extension is discussed with CMS in the process of its approval for renewal.

#### **Budget Neutrality**

The budget neutrality calculation for Q4 2017 is provided on the following page.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2017						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
<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</i>	FP Enrollee Member Months	29,860	26,610	30,793	54,532	141,795
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	1,297	1,112	1,297	2,090	5,796
	PMPM for FP Members FP related Services	\$26.59	\$26.59	\$26.59	\$26.62	\$26.60
	PMPM for IPC Members FP related Services	\$22.69	\$22.69	\$22.69	\$22.69	\$22.69
	<b>Total</b>	<b>\$ 823,468</b>	<b>\$ 732,846</b>	<b>\$ 848,278</b>	<b>\$ 1,499,021</b>	<b>\$ 3,903,095</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>\$ 823,468</b>	<b>\$ 732,846</b>	<b>\$ 848,278</b>	<b>\$ 1,499,021</b>	<b>\$ 189,862,572</b>
<b>WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only</b>						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	1,297	1,112	1,297	2,090	5,796
	PMPM	\$ 115.96	\$ 115.96	\$ 115.96	\$ 117.00	\$ 116.22
	<b>Total</b>	<b>\$ 150,404</b>	<b>\$ 128,951</b>	<b>\$ 150,404</b>	<b>\$ 244,540</b>	<b>\$ 674,299</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>\$ 674,299</b>
<b>DIFFERENCE</b>						<b>\$ 189,188,274</b>