

Quarterly Report

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

1115 Demonstration in Georgia

Year 8

Quarter 3

October 1-December 31, 2018

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 of 2018 provides information on enrollment of women into P4HB. This report summarizes trends seen in the P4HB program by the topics noted below:

- Call Volume
- Program Eligibility and CMO Enrollment
- CMO Quarterly Reports
- DCH P4HB Outreach Activities
- Evaluation Activities
- Action Plans
- Expenditures and Budget Neutrality

CALL VOLUME

There are two call systems that women can access to learn more information about P4HB. These include the Medicaid main Interactive Voice Response (IVR) Call Center and PeachCare for Kids/P4HB call line. There was a total of 633 calls made to the Medicaid main IVR call center in Q4 2018. These included 285 calls in October, 185 calls in November, and 163 calls in December. The typical call lasted about 32 seconds. Overall, this represents a drop in calls to this line of 30.3% from Q3 (908) to Q4 (633). Calls are usually received by women who want more information about P4HB or from current enrollees who have questions about the program. This number is not representative of all women inquiring about P4HB, however, as we also have a line for PeachCare for Kids/ P4HB. Since the implementation of the Gateway system in February of 2017, we have switched telephone numbers for those interested in making contact about P4HB. Women enrolling in P4HB also have the online Gateway system option and hence, do not need to call the P4HB call center for assistance.

PROGRAM ELIGIBILITY

Table 1 below, generated from data in the Georgia Gateway system, displays the number of women applying and deemed eligible for the P4HB program by the end of December 2018 along with the total number of women in transition during the month. The table shows additions to P4HB throughout the month, denials, and terminations.

Table 1: Program Enrollment as of December 30, 2018

PROGRAM/COA	CLIENT ADDITIONS				CLIENT DISPOSITIONS		
	ACTIVE BOM	TOTAL	APPROVE	REINSTATED	TOTAL	DENIED	TERMINATED
ARM - Resource Mother Services - Family Medicaid	1782	826	734	92	264	48	216
ARM - Family Planning Services	53008	15358	13948	1410	11605	6396	5209
ARM - Resource Mother Services - ABD Medicaid	4	4	3	1	8	6	2
ARM - Inter-Pregnancy Care	1134	507	417	90	243	72	171
Total	55,928						

“BOM” = “beginning of the month”

“ARM” = Activity Report Month

By the end of Q4 2018, at the beginning of the month, a total of 55,928 women who were deemed newly eligible (see Table 1) across the several components of P4HB. There were 53,008 women deemed eligible for family planning only services; 1,134 deemed eligible for inter-pregnancy care services; and 1,782 women deemed eligible for resource mother (RM) only services. This shows a 5.1% increase of women eligible from Q3 2018 (53,227).

CMO QUARTERLY ENROLLMENT

The recent CMO contract began passive enrollment for all Georgia Family (GF) health plans for enrollees in Medicaid or PeachCare for Kids[®], including P4HB enrollees. Passive enrollment means eligible women will be enrolled in a CMO automatically through an algorithm based on multiple factors including past history of a CMO, family history of a CMO, etc. The member will have a period (90 days) to change this choice if they do not want the CMO health plan that is chosen for them. Passive enrollment will allow all GF enrollees, including P4HB enrollees, to get into a CMO faster.

As of December 1, 2018, there were 43,894 women of the 55,928 deemed eligible who were enrolled in one of the four Georgia Family CMOs and able to receive P4HB services. A key reason why a woman wouldn't automatically be placed into a CMO through passive enrollment is if there is evidence she has other insurance or Medicare; once she is cleared of any other insurance, the system will start the passive enrollment process. The total number of women enrolled in a CMO included 41,889 FP enrollees, 772 IPC enrollees, and 1,233 RM enrollees. DCH recognizes this difference in enrolled versus eligible women, and is hoping to see the gap get smaller as we move forward. These total counts represent changes in enrollment as new women apply and are deemed eligible while others are terminated or denied eligibility within each of the program's three components and in turn, those eligible are enrolled in a CMO for services. When enrollments at the end of Q4 2018 were compared to enrollments at the end of Q3 2018 these patterns emerge:

- An *increase of 6.9%* in the number of women enrolled in a CMO to receive family planning only services (41,899 women at the end of Q4 2018 versus 39,205 women at the end of Q3 2018);

- A decrease of 14.2% in the number of women enrolled in a CMO to receive interpregnancy care (IPC) services (772 women at the end of Q4 2018 versus 900 women at the end of Q3 2018); and
- A decrease of 12.3% 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 2018, there were 2,005 women enrolled versus 2,286 women enrolled at the end of Q3 2018.

CMO Average Quarterly Enrollment

The data on enrollment, shown in **Figure 1**, reflects average quarterly FP only enrollment. As evidenced by the data noted above, there has been a large increase in enrollment in this program component. An increase of 7.1% in average quarterly FP only enrollment occurred from Q3 2018 to Q4 2018 (38,277 to 40,980). As shown in **Figure 2**, the average quarterly enrollment in the IPC component decreased by 11.1% (from 940 in Q3 2018 to 836 in Q4 2018). Note that these data reflect *averages* for the quarter and not final enrollment numbers for the *end of the quarter*; the trends are consistent however, with the trends in final quarterly enrollment noted above.

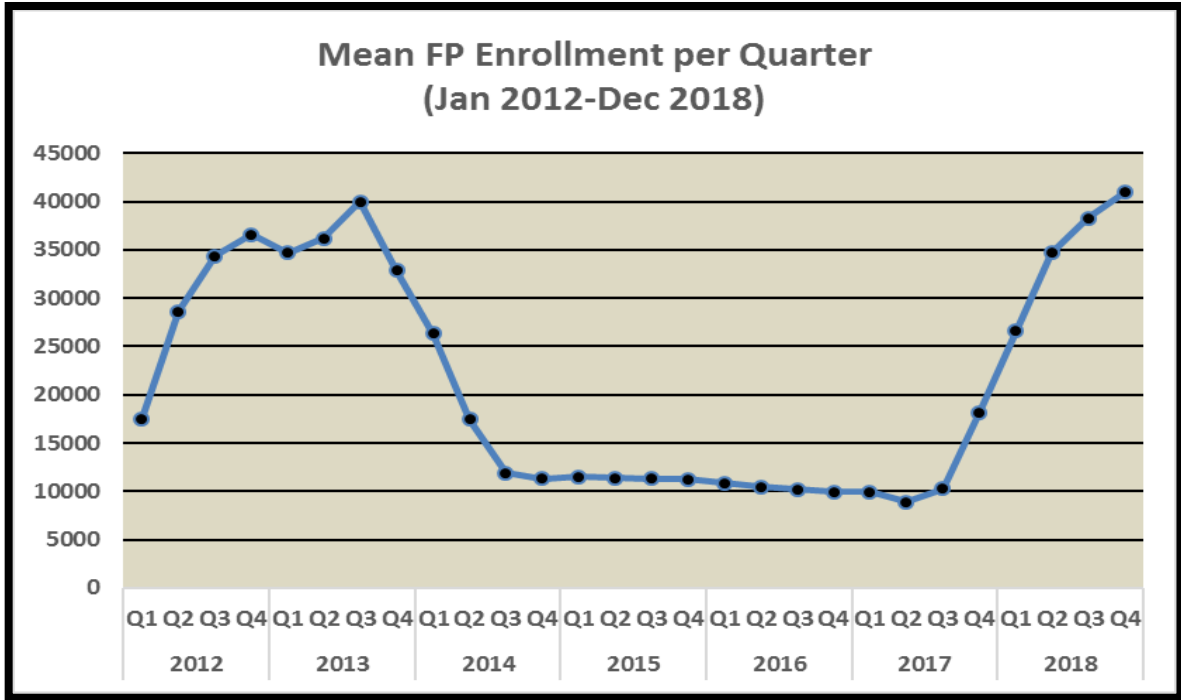


Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-December 2018)
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

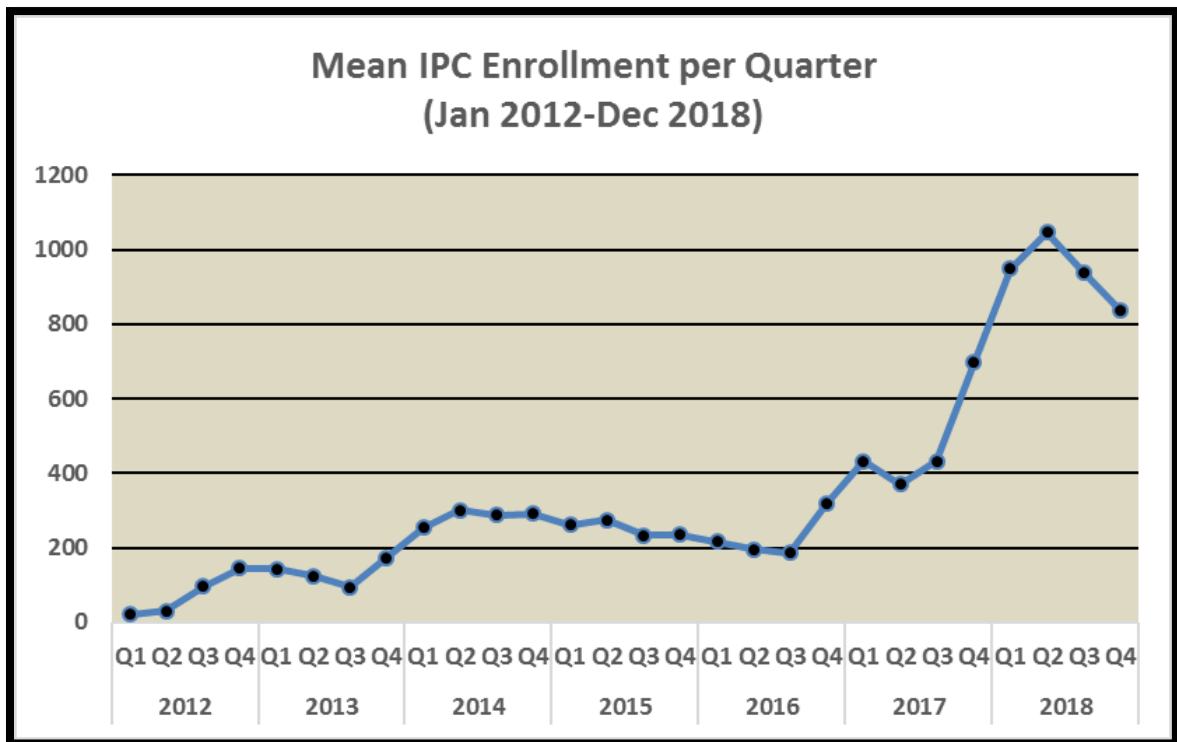


Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-December 2018)
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs' Q4 2018 P4HB quarterly reports sent to DCH at the end of December 2018. In Q3 of 2017, we began including the quarterly report information from CareSource, the fourth and newest CMO to participate in P4HB. All reports described the CMOs' enrollment counts, service utilization, and CMO outreach activities. Additional data sources for the tables below include the monthly MMIS Report MGD-3823-M, the MCHB Enrollment after EOM Processing Report, and the Family Planning/Resource Mother Quarterly CMO Reports. **Table 2** provides information from each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q4 2018. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own encounter data. One reason for these discrepancies is that DCH data are abstracted from the beginning of the last month of the quarter while the CMOs abstract data from the last day of the reporting quarter. **Table 3** also provides information from each CMO regarding outreach activities to potential and new FP and IPC enrollees.

Table 2: CMO Enrollment and Utilization of Services, Q4 2018 (October-December 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 11,377 IPC: 153 RM: 180 Total Enrollment: 11,710 % of all P4HB enrollment: 26.7% % of all P4HB enrollment in previous quarter: 26.9%</p> <p><u>CMO Reported Enrollment</u> FP: 14,027 IPC: 248 RM: 295 Total Enrollment: 14,570 % of all P4HB enrollment: 29.0%</p>	<p><u>Use of Known Contraception</u> FP: 1,292 IPC: 53 RM: 129 Total: 1,474</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (67.1%); injectable (23.3%) IPC: oral contraception (67.9%); Injectable (20.8%) RM: oral contraception (68.2%); injectable (20/2%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 2,129 IPC: 17 RM: 21 Total: 2,167</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 3,421 IPC: 70 RM: 150 Total: 3,641</p> <p><u>IPC Service Utilization</u> Dental care: 25 Primary care: 243</p>
CareSource	<p><u>DCH Reported Enrollment</u> FP: 7,892 IPC: 170 RM: 260 Total Enrollment: 8,322 % of all P4HB enrollment: 19.0% % of all P4HB enrollment in previous quarter: 18.8%</p> <p><u>CMO Reported Enrollment</u> FP: 9,603 IPC: 206 RM: 337 Total Enrollment: 10,146 % of all P4HB enrollment: 19.4%</p>	<p><u>Use of Known Contraception</u> FP: 777 IPC: 17 RM: 3 Total: 797</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (65.6%); injectables (16.6%); implants (8.2%) IPC: Oral contraception (76.5%) RM: Oral contraception (66.7%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,460 IPC: 75 RM: 14 Total: 1,549</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,237 IPC: 92 RM: 17 Total: 2,346</p> <p><u>IPC Service Utilization</u> Primary Care: 4 Dental: 2 Substance Abuse: 0 Resource Mother: 15</p>

Table 2: CMO Enrollment and Utilization of Services, Q4 2018 (October-December 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><u>DCH Reported Enrollment</u> FP: 11,376 IPC: 197 RM: 288 Total Enrollment: 11,861 % of all P4HB enrollment: 27.0% % of all P4HB enrollment in previous quarter: 27.1%</p> <p><u>CMO Reported Enrollment</u> FP: 13,071 IPC: 321 RM: 373 Total Enrollment: 13,765 % of all P4HB enrollment: 27.4%</p>	<p><u>Use of Known Contraception</u> FP: 1,843 IPC: 78 RM: 82 Total: 2,003</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Injectables (37.0%); oral contraception (34.2%); implants (12.6%). IPC: Injectables (28.8%); oral contraceptives (28.2%); implants (20.5%) RM: Injectables (40.2%); oral contraception (22.0%); implants (15.9%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 232 IPC: 2 RM: 8 Total: 242</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,076 IPC 80 RM: 190 Total: 2,246</p> <p><u>IPC Service Utilization</u> Primary Care: 26 Dental care: 5 Substance Abuse: 2</p>
WellCare	<p><u>DCH Reported Enrollment</u> FP: 11,244 IPC: 252 RM: 505 Total Enrollment: 12,001 % of all P4HB enrollment: 27.3% % of all P4HB enrollment in previous quarter: 27.3%</p> <p><u>CMO Reported Enrollment:</u> FP: 11,654 IPC: 286 RM: 299 Total Enrollment: 12,239 % of all P4HB enrollment: 24.3%</p>	<p><u>Use of Known Contraception</u> FP: 1,219 IPC: 37 RM: 24 Total: 1,280</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (58.8%); injectable (30.0%); IUDs (8.6%) IPC: Oral contraception (46.0%), injectables (40.5%); IUDs & implants (5.4%) RM: Oral contraception (70.8%); injectables (29.2%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 2,446 IPC: 82 RM: 6 Total: 2,534</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 3,664 IPC: 115 RM: 30 Total: 3,809</p> <p><u>IPC Service Utilization:</u> Dental: 27 Primary Care: 136</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q3 2018 to Q4 2018. Amerigroup reported an overall enrollment increase of 47.8% from Q3 2018 to Q4 2018 (9,798 to 14,570 enrollees) with increase in each of the FP, IPC and RM groups. CareSource reported an overall enrollment increase of 4.1% from Q3 2018 to Q4 2018 (9,746 to 10,146 enrollees) with an increase in each of the FP, IPC, and RM groups. Peach State reported an overall increase from Q3 2018 to Q4 2018 of 3.3% in P4HB enrollment (13,327 to 13,765 enrollees), with an increase in the FP group and a decrease in the IPC and RM groups. WellCare experienced an overall P4HB enrollment increase of 0.72% from Q3 2018 (12,151 enrollees) to Q4 2018 (12,239 enrollees). Enrollment increased for the FP group, but decreased for the IPC and RM groups.

Utilization patterns also varied across the CMOs. Compared to the CMO reports shown in our Quarter 3, 2018 report to CMS, the use of known contraception increased among enrollees in all CMOs except for WellCare. For WellCare enrollees, the use of known contraception decreased 1.4% (1,298 users in Q3 2018 to 1,280 users in Q4 2018). For Amerigroup enrollees, contraception utilization increased 193% (from 503 users in Q3 2018 to 1,474 users in Q4 2018). For CareSource enrollees, contraception utilization increased 33.7% (from 596 users in Q3 2018 to 797 users in Q4 2018). Utilization of contraception increased 0.45% among Peach State enrollees (1,994 users in Q3 2018 to 2,003 users in Q4 2018).

Oral contraception was still the most preferred form of contraception reported for the women using a known form of contraceptive in three of the four CMOs' FP only components (67.1% for Amerigroup, 65.6% for CareSource, and 58.8% for WellCare). The preferred form of contraception for PeachState FP enrollees with a known form of contraception (71% of all

enrollees), however, was injectables (37.0%). The IPC enrollees in three of the four CMOs also preferred oral contraception (67.9% for Amerigroup, 76.5% for CareSource; and 46.0% for WellCare IPC enrollees); however, PeachState enrollees preferred injectables (28.8%).

Compared to the Q3 2018 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased in Q4 2018 for two of the four CMOs. Utilization increased 50.6% for Amerigroup enrollees and 0.26% for CareSource enrollees. Utilization decreased 30.2% for PeachState and 1.2 % for WellCare enrollees.

Service utilization among the CMOs' IPC enrollees varied. Compared to last quarter, utilization of primary care services increased among Amerigroup enrollees (20.9%) and among WellCare enrollees (2,620% or from 5 to 136 primary care services). Utilization of primary care services decreased 42.9% for CareSource enrollees and 3.7% for PeachCare enrollees from Q3 to Q4 2018. Dental care utilization increased 108% for Amerigroup IPC enrollees but decreased by 50% among CareSource IPC enrollees and 54.5% among PeachState enrollees. Dental care utilization stayed the same among WellCare IPC enrollees in Q4 2018.

Table 3: CMO Outreach, Q4 2018 (October-December 2018)		
CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 39 outreach activities • 1,129 participants • 202 provider relations activities 	<ul style="list-style-type: none"> • 130 telephone contacts by RM workers • 39 Community “Baby Showers” and “Diaper Days” with 1,129 participants
CareSource	<ul style="list-style-type: none"> • Welcome calls to all P4HB enrollees within 30 days of being eligible. • New member mailings 	<ul style="list-style-type: none"> • Welcome calls to IPC and RM participants • Reminder letters and phone calls
Peach State	<ul style="list-style-type: none"> • 2,760 calls made to new members • 2,871 new P4HB member packets mailed • 212 members (new and existing) received educational materials 	<ul style="list-style-type: none"> • 59 members who had a VLBW infant received telephone calls • A total of 526 mothers seen in a high-volume delivery hospitals were educated face-to-face
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 5,729 members who recently delivered. 	<ul style="list-style-type: none"> • 85 IPC members were contacted and received direct education about the program. • Resource Mothers attended 30 outreach events and educated a total of 512 potential members and community partners. • Resource Mothers conducted 58 face-to-face visits, 181 phone calls, and 58 care plans with IPC and RM enrollees.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q4 2018:

- 1) The Emory team will pull together all multivariate and other analytic sections of prior annual reports to draft a comprehensive manuscript for potential publication. This paper would use the claims/enrollment data through 2017, the PRAMS data through 2013 and will include the analysis of both the family planning and IPC components of the waiver. The Emory team will submit the draft to DCH for review and comment.

- 2) The Emory team used code from other projects 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] as reported in the Year 7 Annual Report. The Emory team will continue to refine this analysis for future reports and possible journal manuscripts.
- 3) The Emory team completed a final review of the Issue Brief on 'users versus non-users' of family planning services under P4HB and will continue to work with the Georgia Health Policy Center and DCH to finalize and disseminate the brief.
- 4) As the Emory team works with DCH and CMS to implement a new evaluation design they will incorporate more information on the follow-up services provided to IPC and RM enrollees under P4HB including the management of chronic conditions these women exhibit. They will also hope to focus on maternal and infant outcomes and will in that vein, help shift the key outcome of P4HB to increases in normal birthweight infants. Emory has followed the waiver renewal process and participated in phone calls with CMS as they occurred.
- 5) The Emory team will continue to assist DCH with its application for an extension of the P4HB Section 1115 Demonstration as the STCs are put forth by CMS. In the past, they have helped estimate expected fertility rates and number of uninsured citizen women < 200% FPL eligible for the demonstration over the coming several years. The team stands ready to work on all aspects of the renewal application.

ACTION PLANS

- 1) DCH is receiving technical assistance from CMS to aid in the completion of the extension application, new budget neutrality calculations, and the public notice process during the quarter. DCH plans to submit fast-track extension request to CMS after public notice period. The current temporary extension end date is March 31, 2019.
- 2) The CMOs will continue their ongoing outreach about the P4HB program and will shift to focus their efforts on the improving utilization rates
- 3) The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
- 4) The DCH communications team created a new page for P4HB on the Medicaid section of the DCH website
- 5) The DCH Communications Team will collaborate with the P4HB program staff to develop a new communications plan after approval of extension application.
- 6) DCH is working as a team to make corrections to the Georgia Gateway system, DCH is currently removing hundreds of non-eligible IPC/RM women who didn't have the correct verification in the system for having a VLBW baby.

EXPENDITURES

For Q4 2018 and as shown in all past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. As in prior reports, we continue to use the CMS approved capitation rates for the P4HB program in making these calculations. We continue to exclude from the total programmatic costs, the costs for the women receiving Resource Mother/Case Management only services since their costs cannot be combined now with that of the women enrolled in the IPC component under the current special

terms and conditions. DCH is planning for these costs to be included and to perhaps make other changes, to the budget neutrality calculation as the renewal of the P4HB extension is discussed with CMS in the process of its approval for renewal.

Budget Neutrality

The budget neutrality calculation for Q4 2018, based on the original template, is provided on the following page.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2018						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg</i>	FP Enrollee Member Months	79,754	104,068	114,831	122,939	421,592
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	2,845	3,137	2,819	2,507	11,308
	PMPM for FP Members FP related Services	\$26.62	\$26.62	\$26.62	\$26.58	\$26.61
	PMPM for IPC Members FP related Services	\$22.69	\$22.69	\$22.69	\$22.69	\$22.69
	Total	\$ 2,187,542	\$ 2,841,388	\$ 3,120,675	\$ 3,324,611	\$ 11,474,903
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 64,872.90
	Total	\$ -	\$ -	\$ -	\$ -	\$ 137,335,929
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 8,429.88
	Total	\$ -	\$ -	\$ -	\$ -	\$ 48,623,548
TOTAL WITHOUT- DEMONSTRATION COSTS		\$ 2,187,542	\$ 2,841,388	\$ 3,120,675	\$ 3,324,611	\$ 197,434,380
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	2,845	3,137	2,819	2,507	11,308
	PMPM	\$ 117.00	\$ 117.00	\$ 117.00	\$ 115.50	\$ 116.63
	Total	\$ 332,879	\$ 367,044	\$ 329,837	\$ 289,563	\$ 1,319,323
First Year Infant Costs VLBW Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)						
	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)						
	Persons	0	0	0		0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC						
	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH DEMONSTRATION COSTS		\$ -	\$ -	\$ -	\$ -	\$ 1,319,323
DIFFERENCE						\$ 196,115,057