

Semi-Annual Report

Planning for Healthy Babies Program® (P4HB®)

1115 Demonstration in Georgia

January 1 - June 30, 2020

Submitted to the Centers for Medicare and Medicaid Services

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INTRODUCTION:

Beginning on January 1, 2011, Georgia's Planning for Healthy Babies Program (P4HB), Georgia's section 1115(a) Medicaid Demonstration, expanded the provision of family planning services to low income and uninsured women. The P4HB program was designed to meet primary and reproductive health care needs of women deemed eligible by meeting the following criteria: 1) U.S. citizens or person with qualified proof of citizenship; 2) residents of Georgia; 3) otherwise uninsured and not eligible for Medicaid; 2) 18 through 44 years of age; 3) not pregnant but able to become pregnant; and 4) with incomes at or below 200% of the Federal Poverty Level (FPL) [now 211% FPL].

The P4HB program has a unique component which provides Interpregnancy Care (IPC) services, inclusive of nurse case management/Resource Mother outreach, to women who meet the above eligibility criteria and recently delivered a very low birth weight (VLBW) infant (<1500 grams or < 3 pounds 5 ounces). This Interpregnancy care (IPC) component provides coverage for primary health care services, limited dental services, management of chronic health conditions, mental health or substance abuse treatment and detoxification, and case management services in addition to family planning services. P4HB also offers nurse case management/Resource Mother (RM) outreach services to women enrolled in the Georgia LIM (Low Income Medicaid) or ABD (Aged, Blind and Disabled) Medicaid programs who delivered a very low birth weight infant on or after January 1, 2011. In the last P4HB Annual Report, Georgia summarized the findings regarding the goals of P4HB as provided from their outside evaluator:

The P4HB program was granted multiple temporary extensions through August 29, 2019. The

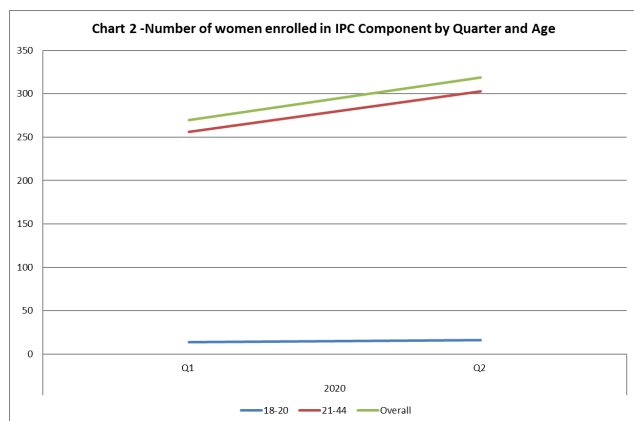
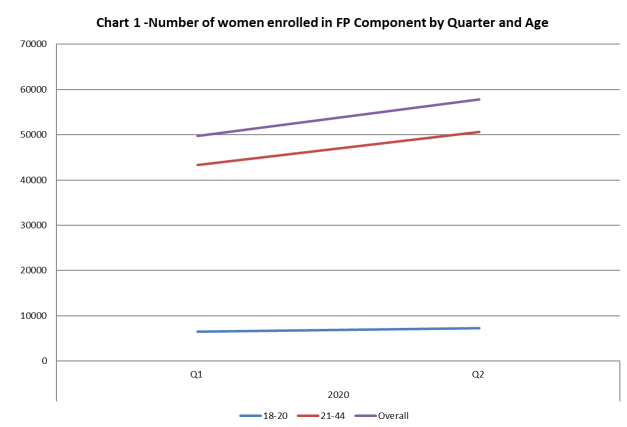
Center for Medicare and Medicaid Services (CMS) extended the P4HB waiver program effective September 1, 2019 through December 31, 2029. This approval of P4HB is based on the determination that the continued demonstration is likely to promote the objectives of Title XIX by “improving access to high-quality, person-centered family planning services that produce positive health outcomes for individuals.” It is also likely to lead to positive health outcomes through its unique program component of Interpregnancy Care (IPC) which provides targeted benefits for physical and behavioral health services postpartum to otherwise uninsured women that have delivered very low birth weight (VLBW) infants in Georgia.

Under the Special Terms and Conditions (STC’s) received from CMS for the renewal period there are two Semi-Annual reports due each year. This is the first of those reports to be sent to CMS. It covers the period from January 1, 2020 through June 30, 2020. This report includes data and text on: 1) enrollments in the components of P4HB; 2) utilization of family planning and contraceptives; 3) expenditures by program component; 4) CMO reports in Quarter 1 and Quarter 2, 2020; 5) member and provider surveys; 6) IPC and RM contacts and social services; 7) legislative developments (CARES Act); and 8) evaluation activities. We discuss each of these topics in turn.

ENROLLMENT:

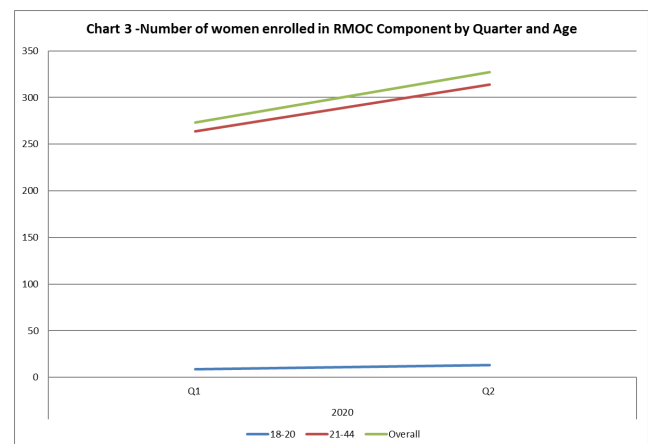
There continues to be significant growth in the total number of enrollees in the several components of P4HB. Enrollment in the family planning only (FP only) component is dominant with 57,852 total enrollees out of the grand total of 58,498 enrolled at the end of Q2 2020 (Chart 1). From Q1 to Q2 of 2020 there was an increase of 8,119 FP only enrollees or a growth of 16%.

The women entering the FP only component of P4HB are largely in the 21 to 44 age group (87%) and hence, the increase in total enrollment from Q1 to Q2 is driven by the enrolment of this age group. Their numbers grew by ~17% while the total of those 18-20 grew by 12% from Q1 to Q2 2020.



While there was also increased enrollment of women in the IPC and RM only components of P4HB over the first two quarters of 2020, the total number of enrollees is far smaller than in the FP only component. Enrollment in the IPC component grew from 270 in Q1 to 319 in Q2 of 2020.

A similar pattern is seen for enrollment in the RM only component with enrollment rising from 273 to 327 over the first six months of 2020. This indicates an increase of 18-19% in the enrollment in these unique components of P4HB over the first six months of 2020. Here too, the growth in these program components and the total number of women enrolled is predominantly among



women in the older age group. Older women are more likely to have developed the health conditions that can result in poor maternal and infant outcomes, such as the very low birth infant

(VLBW) which qualifies women for IPC/RM only services. We note that the total of 646 women in these components of the P4HB program is about 40% of the total 1,610 VLBW infants born to Medicaid women by the end of 2019 (based on claims data).

The women in the FP only and IPC/RM components of P4HB are enrolled in the four Care Management Organizations (CMOs) serving Medicaid enrollees in Georgia: Amerigroup, CareSource, Peach State, and WellCare. In Table 1 we show the counts of FP only and IPC/RM only enrollees in Q1 and Q2 for each of the four CMOs and note the percentage increase over the first two quarters as well as the share of total enrollees served by each CMO.

Table 1. Enrollment Growth and Share Served by CMO, January – June 2020

ENROLLMENT BY CMO AND AGE GROUP FOR Q1 AND Q2 2020															
	Amerigroup			Caresource			Peachstate			WellCare			All CMOs		
	Q1	Q2	Growth	Q1	Q2	Growth	Q1	Q2	Growth	Q1	Q2	Growth	Q1	Q2	Growth
FP															
18-20	1684	1955	16.1%	1306	1565	19.8%	1673	1870	11.8%	1779	1843	3.6%	6442	7233	12.3%
21-44	11759	13931	18.5%	8777	11060	26.0%	11747	13979	19.0%	11008	11649	5.8%	43291	50619	16.9%
Total	13443	15886	18.2%	10083	12625	25.2%	13420	15849	18.1%	12787	13492	5.5%	49733	57852	16.3%
% Total		27.5%			21.8%			27.4%			23.3%				
IPC															
18-20	5	5	0.0%	2	2	0.0%	4	4	0.0%	3	5	66.7%	14	16	14.3%
21-44	52	79	51.9%	63	74	17.5%	78	85	9.0%	63	65	3.2%	256	303	18.4%
Total	57	84	47.4%	65	76	16.9%	82	89	8.5%	66	70	6.1%	270	319	18.1%
% Total		26.3%			23.8%			27.9%			21.9%				
RMO															
18-20	2	0	-100.0%	2	3	50.0%	3	4	33.3%	2	6	200.0%	9	13	44.4%
21-44	50	52	4.0%	49	66	34.7%	55	77	40.0%	110	119	8.2%	264	314	18.9%
Total	52	52	0.0%	51	69	35.3%	58	81	39.7%	112	125	11.6%	273	327	19.8%
% Total		15.9%			21.1%			24.8%			38.2%				
All Programs															
18-20	1691	1960	15.9%	1310	1570	19.8%	1680	1878	11.8%	1784	1854	3.9%	6465	7262	12.3%
21-44	11861	14062	18.6%	8889	11200	26.0%	11880	14141	19.0%	11181	11833	5.8%	43811	51236	16.9%
Total	13552	16022	18.2%	10199	12770	25.2%	13560	16019	18.1%	12965	13687	5.6%	50276	58498	16.4%
% Total		27.4%			21.8%			27.4%			23.4%				

Source: Georgia Department of Community Health, MMIS (Medicaid management Information System) Reports MGD-3823-M (MCHB Enrollment after EOM processing)

These data show that the growth in enrollment over the first two quarters of 2020 varied across the CMOs and program components. Growth in FP only enrollees varied from ~6% in the

WellCare CMO to 25% in the CareSource CMO. By the end of the first two quarters the share of the total FP only enrollment in each CMO was more comparable ranging from ~22% to 27%.

The growth in enrollment of the IPC and RM only groups will reflect the rate of VLBW infants born to women enrolled in each CMO as well as the enrollment rate of those eligible for the services offered in these components of P4HB. IPC enrollment grew by ~6% in the WellCare CMO but by a markedly higher 47% in the Amerigroup CMO. The share of all women enrolled postpartum in the IPC component in each CMO ranged from ~22% to ~28% at the end of the first two quarters of 2020. There was no growth in the enrollment of women in the RM only component of P4HB in the Amerigroup CMO but a growth of ~35 to 40% in the CareSource and Peach State CMOs, respectively. The distribution of these enrollees across the CMOs varied markedly at the end of Q2 2020 with the WellCare CMO serving 38% of the total number of women enrolled in the RM only component of P4HB.

UTILIZATION:

The goals of P4HB will only be achieved with high rates of enrollment as well as utilization of covered services. In this section we report on use of family planning services, visits per user and visits specific to birth control in the first six months of enrollment. For women enrolling in P4HB in January 2019 this utilization reflects the first six months of 2020. As long as their utilization patterns are similar to others enrolling in 2019 these data provide a picture of utilization in the period of interest for the semi-annual report.

As shown in Table 2, less than 20% of women enrolled in the family planning only component used any family planning services in their first six months. While they averaged 2 visits per user

an even smaller percentage (13%) of enrollees had a visit specific to meeting their birth control needs. In contrast, a much larger percentage of women enrolled in the IPC/RM only components of P4HB had a family planning visit within the first six months. While they also averaged around 2 visits per user, a higher percentage, ~22%, had a visit specific to birth control within their first six months of enrollment.

Table 2. Use of Family Planning and Birth Control Visits in the first Six Months among P4HB Family Planning only and IPC/RM Only Enrolled any Month in 2019

	Use Among P4HB Women FP Only			Use Among P4HB Women IPC / Resource Mother		
	Any Family Planning Visit in First 6 Months	Mean Visits Per User in First 6 Months	Any Visit /Service for Birth Control in First 6 Months	Any Family Planning Visit in First 6 Months	Mean Visits Per User in First 6 Months	Any Visit /Service for Birth Control in First 6 Months
2019	19.1%	2.05	13.3%	31.1%	1.80	21.7%

Denominator is all women ages 18-44 started in P4HB during the year.

The use of contraceptives that are deemed to be most effective in the prevention of unintended pregnancies. We use the WHO ranking of effectiveness of Tiers 1- 4 as noted at the bottom on Table 3. As these data show, the great majority (~75%) of those using family planning in the FP only enrollment groups used Tier 2 methods (e.g. patch, pills) of contraception.

Table 3. Distribution of Contraceptive Methods Among Users within Six Months of Enrollment, P4HB Family Planning only and IPC/RM Only Enrolled any Month 2019

Year	% of Contraceptive Methods by Tier Paid by Medicaid: P4HB – FP Only					% of Contraceptive Methods by Tier Paid by Medicaid: P4HB – IPC/Resource Mother				
	Tier 1	Tier 2	Tier 3/4	Tier Not Specified	LARC	Tier 1	Tier 2	Tier 3/4	Tier Not Specified	LARC
2019	18.61	74.95	0.74	5.70	18.61	23.26	69.77	0.00	6.98	15.12

Notes: WHO Tiers of contraceptive effectiveness: Tier 1(High effectiveness): implants, intrauterine devices, sterilization; Tier 2 (Medium effectiveness): injectable methods, patch, pills, and vaginal ring; Tier 3 and 4 (Low effectiveness): condoms, diaphragms, fertility awareness methods, spermicides; Long-acting reversible contraceptive methods (LARC) are a subset of Tier 1 methods that are reversible and include implants and intrauterine devices. Tier not specified indicates that the tier of the method could not be assigned based on the claim's codes

The percentage of these women using the most effective (Tier 1) methods among the FP only enrollees equaled almost 19% in their first months of enrollment. All of the women using Tier 1 methods among the FP only enrollees were using Long-Acting Reversal Contraceptives or LARCs (implants and IUDs). Among women in the IPC/RM only component of P4HB ~23% were using Tier 1 methods but only a subset (15.1/23.3) were using LARCs. The other component of this

method is sterilization; the data imply a significant percentage of the IPC/RM only women used this method in their first six months of enrollment. The method used by almost 70% of the IPC/RM only group was Tier 2 methods which, as noted, includes the pill.

EXPENDITURES:

Along with the growth in enrollment, expenditures on the capitated payments per enrollee month paid to the four CMOs grew. As shown in Table 4, expenditures grew from a total of \$1.7 million in January to \$2.0 million in June of 2020 for a total of just over \$11 million by the end of the first two quarters of 2020. As would be expected from the enrollment numbers the

Table 4. P4HB Capitation Payments Jan, June and Year-to-Date 2020

	January		June		Year- to- Date	
P4HB Program	\$	%	\$	%	\$	%
FP Only	\$1,643,877	94.2%	\$1,911,906	93.8%	\$10,429,842	94.1%
IPC	\$57,675	3.3%	\$67,801	3.3%	\$353,446	3.2%
RM Only	\$43,853	2.5%	\$59,635	2.9%	\$301,901	2.7%
Total	\$1,745,404	100.0%	\$2,039,342	100.0%	\$11,085,189	100.0%

Source: Georgia Department of Community Health, MMIS (Medicaid management Information System) Reports MGD-3610-W (MCHB Payment Activity Report) Run Date – 6/13/2020, Covers January – June 2020, includes monthly expenditures and Year to Date totals for each program and overall.

bulk of the expenditures were for capitated payments to CMOs to serve the FP only enrollee group of women. Throughout the first six months of 2020, ~94% of total P4HB expenditures were for this group equaling \$10.5 million by the end of the first two quarters. The share of total spending for the IPC and RM only women was in the 2.5% to 3.3% of the total throughout this time period. These expenditures grew to a total of \$353,446 for IPC enrollees and \$301,901 for RM only enrollees by the end of the first two quarters, 2020.

CMO REPORTS:

Some of the information included in the following tables was abstracted from the CMOs P4HB 2020 quarterly reports (Q1 and Q2). 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.

In Table 5 we provide information from each of the four CMOs regarding enrollment, contraceptive utilization, and family planning and IPC service utilization. These data are presented for the first six months of 2020. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own encounter data which was presented earlier in Table 1 of this report. 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. We note that the family planning and contraceptive utilization patterns reported by the CMOs will also differ from the claims-based data discussed earlier in this report which was for the first six months of enrollment and organized by the WHO tiers of effectiveness.

Table 5: CMO Enrollment and Utilization of Services, January-June 2020			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 29,329 IPC: 141 RM: 104 Total Enrollment: 29,574 % of all P4HB enrollment: 27.2%</p> <p><u>CMO Reported Enrollment</u> FP: 34,225 IPC: 194 RM: 137 Total Enrollment: 34,356 % of all P4HB enrollment: 27.8%</p>	<p><u>Use of Known Contraception</u> FP: 1,947 IPC: 21 RM: 34 Total: 2,002</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (51.6%); injectable (35.8%) IPC: Oral contraception (45.5%); Injectable (45.5%) RM: Oral contraception (82.3%); injectables (5.9%); sterilization (5.9%)</p> <p><u>Number of Women with Unknown Form of Contraception</u> FP: 7,129 IPC: 61 RM: 60 Total: 7,250</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 9,076 IPC: 82 RM: 94 Total: 9,252</p> <p><u>IPC Service Utilization</u> Dental care: 51 Primary care: 86</p>
CareSource	<p><u>DCH Reported Enrollment</u> FP: 22,708 IPC: 141 RM: 120 Total Enrollment: 22,969 % of all P4HB enrollment: 21.1%</p> <p><u>CMO Reported Enrollment</u> FP: 26,820 IPC: 185 RM: 209 (82; 127) Total Enrollment: 27,214 % of all P4HB enrollment: 22.0%</p>	<p><u>Use of Known Contraception</u> FP: 1,977 IPC: 15 RM: 4 Total: 1,996</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (53.8%); injectables (25.7%) IPC: Injectables (46.7%); Oral contraception (40%) RM: Injectables (50%); sterilizations (50%)</p> <p><u>Number of Women with Unknown Form of Contraception</u> FP: 4,111 IPC: 48 RM: 3 Total: 4,162</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 6,088 IPC: 48 RM: 6 Total: 6,142</p> <p><u>IPC Service Utilization</u> Primary Care: 2 Dental: 7 Substance Abuse: 0 Resource Mother: 3</p>

Table 5: CMO Enrollment and Utilization of Services, January-June 2020			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><u>DCH Reported Enrollment</u> FP: 29, 269 IPC: 171 RM: 139 Total Enrollment: 29,579 % of all P4HB enrollment: 27.2%</p> <p><u>CMO Reported Enrollment</u> FP: 32, 521 IPC: 394 RM: 176 Total Enrollment: 33, 148 % of all P4HB enrollment: 26.8%</p>	<p><u>Use of Known Contraception</u> FP: 4,303 IPC: 73 RM: 53 Total: 4,429</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Injectables (39.4%); Oral contraception (28.4%) IPC: Injectables (23.3%); Oral contraception (21.9%) RM: Injectables (30.2%); Implants (20.8%)</p> <p><u>Number of Women with Unknown Form of Contraception</u> FP: 549 IPC: 30 RM: 33 Total: 612</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 4,852 IPC: 95 RM: 80 Total: 5,027</p> <p><u>IPC Service Utilization</u> Primary Care: 29 Dental care: 9 Substance Abuse: 2 Resource Mother: 105</p>
WellCare	<p><u>DCH Reported Enrollment</u> FP: 26, 279 IPC: 136 RM: 237 Total Enrollment: 26,652 % of all P4HB enrollment: 24.5%</p> <p><u>CMO Reported Enrollment</u> FP: 28, 563 IPC: 147 RM: 138 Total Enrollment: 28, 848 % of all P4HB enrollment: 23.3%</p>	<p><u>Use of Known Contraception</u> FP: 2,759 IPC: 23 RM: 15 Total: 2,797</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (57.9%); injectables (31.5%) IPC: Oral contraception (60.9%); injectables (30.4%) RM: Oral contraception (80%); injectables (20%)</p> <p><u>Number of Women with Unknown Form of Contraception</u> FP: 5,716 IPC: 35 RM: 0 Total: 5,751</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 208 IPC: 6 RM: N/A Total: 4,074</p> <p><u>IPC Service Utilization</u> Dental: 4 Primary Care: 0 Substance Abuse: 0</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q1 2020 to Q2 2020. Amerigroup reported an overall enrollment increase of 12.9% from Q1 to Q2 2020 (16,077 to 18, 479).

Enrollment increased in all categories, with the largest increase (39.5%) in IPC enrollees (from 81 to 113). CareSource reported an overall enrollment increase of 21.9% from Q1 to Q2 2020 (12,259 to 14,955). Enrollment increased in all categories, with the largest increase (54.9%) in RM enrollees (from 82 to 127). Peach State reported an overall enrollment increase of 14.3% from Q1 to Q2 2020 (15,353 to 17,554). Enrollment increased in the FP category by 14.4% (12,787 to 13,492) and in the RM category by 17.3% (81 to 95). However, there was a reported decrease of 3.7% in the IPC category (107 to 103). WellCare experienced overall enrollment increase of 16.3% from Q1 to Q2 2020 (13,339 to 15,509). Enrollment increased in all categories, with the largest increase (1,333%) in RM enrollees (from 9 to 129).

Utilization patterns also varied across the four CMOs. From Q1 to Q2 2020, the use of known contraception increased among CareSource and Peach State enrollees but decreased among Amerigroup, and WellCare enrollees. For CareSource enrollees, contraception utilization increased 24.3% (from 890 in Q1 to 1,106 in Q2). For Peach State enrollees, contraception utilization increased 6.4%. For Amerigroup enrollees, contraception utilization decreased 6.6% (from 1,035 in Q1 to 967 in Q2). For WellCare enrollees, contraception utilization decreased 0.8% (from 1,404 in Q1 to 1,393 in Q2).

Oral contraception was the most preferred form of contraception reported for FP enrollees for three of four CMOs (51.6% for Amerigroup, 53.8% for CareSource, and 57.9% for WellCare). For Peach State enrollees, the most preferred form of contraception was injectables (39.4%). The IPC enrollees in two CMOs preferred oral contraception 45.5% for Amerigroup and 60.9% for WellCare). However, CareSource and Peach State IPC enrollees preferred injectables (46.7% and 23.3% respectively).

Changes in the total number of P4HB women who utilized one or more covered family planning services varied by enrollees in each of the four CMOs. For Amerigroup, utilization decreased 6.5% for FP enrollees, increased 27.8% for IPC enrollees, and increased 4.4% for RM enrollees. For CareSource, utilization increased 5.5% for FP enrollees, increased 18.2% for IPC enrollees, and decreased by 50% for RM enrollees. For Peach State enrollees, utilization of one or more family planning services increased 4.1% for FP enrollees, decreased 27.3% for IPC enrollees, and decreased by 46.2% for RM enrollees. For WellCare enrollees, utilization increased 18.9% for FP enrollees, remained the same for IPC enrollees, and was not reported for RM enrollees.

Service utilization among the CMOs' IPC enrollees also varied. Compared to Q1 2020, utilization of primary care services increased among CareSource enrollees (200%) in Q2 2020. Primary care services decreased among Amerigroup enrollees (31.4%) and Peach State enrollees (7.1%). Primary care utilization remained the same for WellCare enrollees (0 for both quarters). Dental care utilization decreased among IPC enrollees of two of the four CMOs in Q2 2020. It remained the same for IPC enrollees in one CMO-CareSource. Dental care utilization decreased 65.8% for Amerigroup IPC enrollees and 200% for WellCare IPC enrollees. Dental care utilization increased 25% for Peach State enrollees in Q2 2020. The declines in primary care and dental care utilization from Q1 to Q2 2020 is likely the result of changes in provider practices and availability due to the COVID-19 pandemic.

CMO OUTREACH ACTIVITIES

In Table 5, we provide information from each CMO regarding outreach activities to potential and new FP and IPC enrollees in the first six months of 2020. The CMOs were able to conduct numerous outreach activities in this time period.

Table 6: CMO Outreach, January-June 2020		
CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 39 (outreach activities) • 813 participants 	<ul style="list-style-type: none"> • 235 (105; 130) contacts by RM workers • 39 Community “Baby Showers” (including 7 virtual in Q2) were held and 813 members (666; 147) were reached • 3 face-to-face visits were successful (2; 1) • 296 (205; 91) phone calls were completed by the Case Manager/Resource Mother
CareSource	<ul style="list-style-type: none"> • Welcome calls and postcards 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 • 124 (71; 53) successful outreach efforts to IPC and RM members. A total of 8 members (5;3) were successfully engaged into care management. • Conducted 3 successful home visits in Q1 2020; Due to the COVID-19 pandemic, no home visits were made in Q2 2020.
Peach State	<ul style="list-style-type: none"> • 5,182 (2,591; 2,591; calls made to new members • 7,857 (2,937; 4,920) new P4HB member packets mailed • 6, 032 (2,297; 3,735) enrollees (both new and existing PSHP members) received educational materials resulting in a phone call to the plan to inquire about P4HB. 	<ul style="list-style-type: none"> • 108 (56; 52) members who had a VLBW infant received telephone calls • A total of 316 (350; 11) mothers seen in a high-volume delivery hospital were educated face-to-face
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 1,511 (405: 1106) members who recently delivered. 	<ul style="list-style-type: none"> • Resource Mothers attended 37 outreach events in Q1 and educated a total of 5984 potential members and community partners. In-person outreach was suspended in Q2 due to the COVID-19 pandemic. • In Q2 2020, Resource Mothers attempted to conduct telephonic outreach to FPO enrollees to educate them on P4HB benefits, answer any questions they had as it related to access to care, and attempt to refer members to other community resources as needed. In Q2 2020, the Resource Mothers attempted to contact 3,333 enrollees. Of the 3,333 outreached, 1,585 (47.6%) were educated on Plan benefits. • Resource Mothers conducted 12 face-to-face visits, 313 phone calls, and 69 care plans with IPC and RM enrollees. Of the face-to-face visits, 10 were conducted in Q1 and only 2 were conducted in Q2 due to the pandemic. The number of home visits was reduced due to the pandemic as well.

These activities targeted new and prospective enrollees across the CMOs and ranged from telephone calls, mailings, and face-to-face visits. Most outreach activities were limited or conducted virtually in Q2 2020 due to the onset of the COVID-19 pandemic.

IPC&RM FILES:

The four Care Management Organizations (CMOs) track aspects of case management for women enrolled in IPC or RM only; however, the individual files reported on here have not been previously available to the evaluator. In this first semi-annual report, we use the files the CMOs provided on case management for the first two quarters of 2020 (Q1 and Q2). These files included data on 1,206 unique women enrolled in either IPC or RM only across all four CMOs. Among these 1,206 women, 685 women accepted case management, 99 women declined case management, and for 422 women information about acceptance or declination of case management was either missing or pending. The declination of case management was fairly similar for IPC (9%) and RM only (11%) enrollees.

Among the 685 women who accepted case management, 285 (42%) had at least one phone or face-to-face contact with the case manager during the quarter, whereas 400 (58%) had no documented contact with the case manager during the quarter. Among the 285 enrollees who had at least one phone or face-to-face contact with the case manager, 171 (60%) had a problem list that contained at least one problem; the most common items on this problem list were 1) annual health exam, 2) general health and social concerns, 3) employment and job skills, 4) high blood pressure, diabetes, or other specific health conditions, 5) community resources, 6) finances, 7) baby or childcare, family and intimate relationships, 8) education, and 9)

transportation. For this group of enrollees, 177 (62%) had care plan goals, with the most common goals being around healthy lifestyle education, community resource allocation, employment, and support for follow-up health care appointments.

In contrast, among the 400 enrollees who did not have at least one phone or face-to-face contact, only 29 (7.3%) had a problem list that contained at least one problem; the most common items on the problem list were 1) high blood pressure, diabetes, or other health conditions, 2) annual health exam, 3) safety/housing, drugs and alcohol and 4) job skills. For this group of enrollees, only 23 (6%) had care plan goals, the most common of which focused on healthy lifestyle education and community resource education.

Across the three case management groups: 1) those who accepted case management services and had at least one face-to-face or phone contact, 2) those who accepted case management services and did not have at least one face-to-face or phone contact, and 3) those who declined case management services, there were differences in the percentage who were using a more effective method of birth control during the quarter compared to the method they were using at the start of the quarter. The percentages and tests for statistical significance are shown in Table 7.

Table 7. IPC and RM Only Enrollees' Use of Birth Control by Case Management Group

Birth Control Outcome	Case Management Group		
	Declined N = 99	Accepted, No face-to-face or phone contact N = 400	Accepted, Face-to-face or phone contact N = 285
Participant selected more effective form of birth control	2 (2%) *	43 (11%) *	38 (13%) *
Birth control method used at end of the period:			
Sterilization	2 (2%)	19 (5%)	20 (7%)

LARC	3 (3%) *	11 (3%) *	41 (14%) *
Injectable	8 (8%) *	7 (2%) *	34 (12%) *
Oral contraceptive pills	8 (8%) *	10 (3%) *	54 (19%) *
Condoms	2 (2%) *	1 (0.3%) *	22 (8%) *
Other	0	1 (0.3%)	10 (4%)
None	12 (12%) *	1 (0.3%) *	59 (21%) *
Unknown/Missing	63 (64%) *	350 (88%) *	43 (15%) *

** indicates statistically significant difference in proportion across the three case management groups*

Only 2% of those declining case management were using a more effective method at the end of the quarter whereas 11% of those who accepted and had no face-to-face or phone contact with the case manager were and 13% of those who accepted and had at least one face-to-face or phone contact with the case manager were ($p=0.007$). Likewise, there were differences in the percentage of women across the groups who were using particular types of birth control methods. However, these results must be interpreted with caution given the high percentage of missing data on birth control type, particularly among those who declined case management or who accepted case management but had no face-to-face or phone case management encounter.

LEGISLATION (CARES Act)

The national CARES Act provided additional funding support to Medicaid and other public health programs during the COVID-19 public health emergency. The state has temporarily suspended disenrollment for RSM and other Medicaid beneficiaries as authorized by the CARES Act through the end of the COVID-19 pandemic. The retention of women in the RSM category under the CARES act will likely lead to a slowing of the growth in the FP only component of P4HB. It may, however, lead to an increase in the number of women with a VLBW in the RSM eligibility category who eventually enroll in this component of P4HB as they lose the extension under the CARES Act. Future reports on enrollment patterns will note any effects.

EVALUATION ACTIVITIES:

The Department of Community Health (DCH) submitted a highly revised Evaluation Design to CMS on September 11th. The edits to the evaluation design were made in response to comments from CMS which asked for better alignment of the goals and research questions, increased clarity in the methodology section especially as it pertained to treatment and control groups, potential bias and details on the survey instrument and sampling design. The revisions also included a table denoting major milestones and timing of the measurement of outcomes/analyses. Finally, it included a simplified budget for the full renewal period.

One of the key additions to the evaluation will be the measurement of maternal outcomes potentially affected by P4HB. A new outcome—severe maternal morbidities—will be developed for each year and multivariate analysis will be used to assess the impact of enrollment and use of services on this outcome in subsequent pregnancies. This is viewed as a key step in understanding the very high rate of maternal mortality in the state of Georgia which falls heavily on the lower income women served by the Medicaid program.

Another addition to the evaluation activities is the use of the individual files on contacts and case management of IPC and RM enrollees. These files are now being made available to the evaluator in each quarter going forward as well as historically back to 2017. This will greatly enhance the evaluation of this unique component of P4HB. A next step in the process is to link these files to the individual enrollment and claims files for women in the IPC and RM only components of P4HB. Our preliminary estimate of the linkage rate is very good which will enable the evaluator to analyze the association between case management and for example, the

use of health care services to manage chronic conditions and subsequent outcomes. These types of analysis have been missing from our earlier evaluation activities.