

Semi-Annual Report

Planning for Healthy Babies Program® (P4HB®)

1115 Demonstration in Georgia

January 1-June 30, 2021

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].

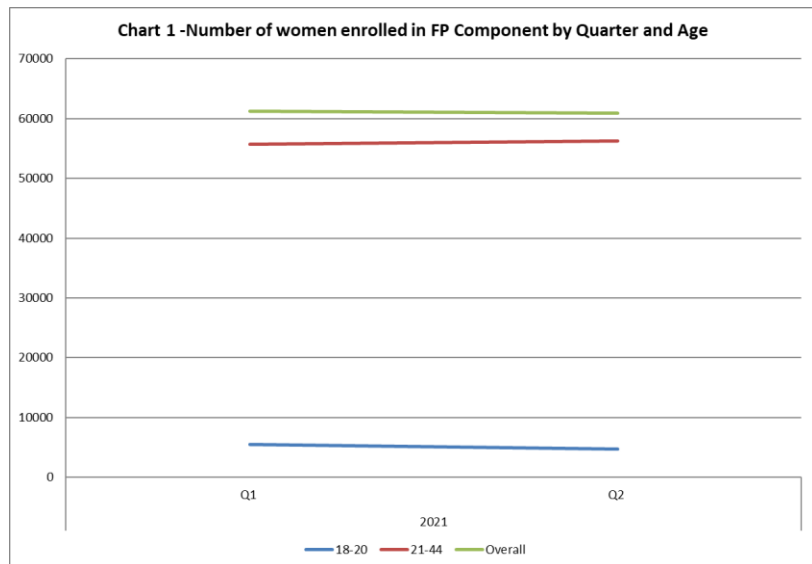
The P4HB program has a unique component which provides Interpregnancy Care (IPC) services, inclusive of nurse case management/Resource Mother outreach, to women who meet the above eligibility criteria and recently delivered a very low birth weight (VLBW) infant (<1500 grams or < 3 pounds 5 ounces). This 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 third of those reports to be sent to CMS. It covers the period from January 1, 2021 through June 30, 2021. Per discussions with CMS this report includes data and text on: 1) enrollments in the components of P4HB; 2) expenditures by program component; 4) CMO reports in Quarter 1 and Quarter 2, 2021; 5) CMO outreach activities during this period; 6) IPC and RM contacts and social services; 8) legislative developments; 9) grievances, investigations; and 10) evaluation activities. We discuss each of these topics in turn. There are no member surveys to report in this semi-annual report as the new member survey will be fielded in September.

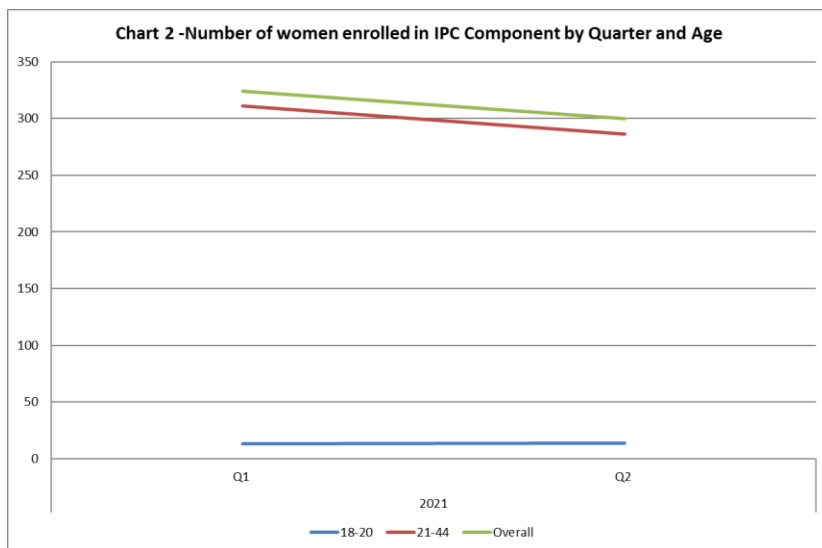
ENROLLMENT:

As shown in the following graphs, the trends in the growth of the number of enrollees in the several components of P4HB in Q1 and Q2 of 2021 are similar to those seen in Q3 and Q4 of 2020. Enrollment in the family planning only (FP only)



component at the end of Q2 2021 stood at 60,954 and dominated total program enrollment at 61,771. While it is still the largest component of P4HB, enrollment actually declined by 249 from Q1 to Q2, 2021. This was part of a total decline in FP only enrollment of 394 from the total 61,348 enrolled in this component at the end of Q4 2020.

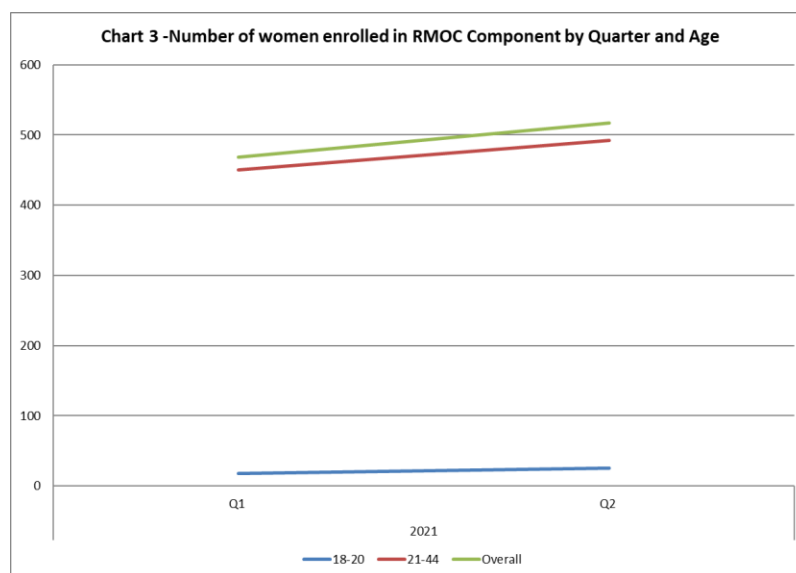
The women enrolled in the FP only component of P4HB continue to be largely in the 21 to 44 age group with this group comprising ~92% of the total FP enrollment in Q2 2021. Their enrollment grew by 1% from Q1 to Q2 2021. The enrollment of women in the 18-20 age group continued to decline (-820) over these first two quarters of 2021. By the end of Q2 2021 the total of those 18-20 years of age in the FP only component at 4,689 was 34% lower than their total of 6,364 at the end of Q4 2020.



As seen in the last quarters of 2020, there was a decline in the enrollment of women in the IPC only component of P4HB over Q1 and Q2 2021. Total enrollment in IPC declined from 333 at the end of Q4 2020 to only 300 at the end Q2

2021. This component of P4HB has been and remains, the smallest component of P4HB.

In contrast to the patterns seen for both the FP only and the IPC component, there was continued growth in enrollment in the RM only component. Enrollment in this component over the first six months of FY 2021 rose by 21% from 429 at the end



of Q4 2020 to 517 at the end of Q2 2021. Here too, the total number of women enrolled is predominantly women in the older age group (21-44) although there was also an increase in the 18-20 year old group in these first two quarters of 2021. Older women are more likely to have developed the health conditions that can result in poor maternal and infant outcomes and hence,

deliver a very low birth weight infant (VLBW) which qualifies women for IPC/RM only services. We note that the total of 817 women in the IPC and RM only components of the P4HB program at the end of Q2 2021 is about 51% 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 have been enrolled in four Care Management Organizations (CMOs) serving Medicaid enrollees in Georgia: Amerigroup, CareSource, PeachState, and WellCare. As of May 1, 2021 however, WellCare merged with PeachState and all P4HB enrollees were brought into that CMO. In Table 1 we show the counts of FP only and IPC/RM only enrollees in Q1 and Q2 2021 for each of the four CMOs. The numbers enrolled in the PeachState and WellCare CMOs in Q2 reflect the merger even though it took place only in the latter part of that quarter. We also show the percentage increase as well as the share of total enrollees served by each CMO in Table 1.

Table 1. Enrollment Growth and Share Served by CMO, January – June 2021

ENROLLMENT BY CMO AND AGE GROUP FOR Q1 AND Q2 2021															
	Amerigroup			Caresource			Peachstate			WellCare			All CMOs		
	Q1	Q2	Growth	Q1	Q2	Growth	Q1	Q2	Growth	Q1	Q2	Growth	Q1	Q2	Growth
FP															
18-20	1601	1400	-12.6%	1265	1124	-11.1%	1566	2165	38.3%	1077	0	-100.0%	5509	4689	-14.9%
21-44	16021	16411	2.4%	13527	14107	4.3%	16295	25747	58.0%	9851	0	-100.0%	55694	56265	1.0%
Total	17622	17811	1.1%	14792	15231	3.0%	17861	27912	56.3%	10928	0	-100.0%	61203	60954	-0.4%
% Total		29.2%			25.0%			45.8%			0.0%				
IPC															
18-20	3	4	33.3%	4	4	0.0%	3	6	100.0%	3	0	-100.0%	13	14	7.7%
21-44	85	74	-12.9%	104	115	10.6%	78	97	24.4%	44	0	-100.0%	311	286	-8.0%
Total	88	78	-11.4%	108	119	10.2%	81	103	27.2%	47	0	-100.0%	324	300	-7.4%
% Total		26.0%			39.7%			34.3%			0.0%				
RMOC															
18-20	2	6	200.0%	6	6	0.0%	9	13	44.4%	1	0	-100.0%	18	25	38.9%
21-44	61	88	44.3%	134	151	12.7%	100	253	153.0%	155	0	-100.0%	450	492	9.3%
Total	63	94	49.2%	140	157	12.1%	109	266	144.0%	156	0	-100.0%	468	517	10.5%
% Total		18.2%			30.4%			51.5%			0.0%				
All Programs															
18-20	1606	1410	-12.2%	1275	1134	-11.1%	1578	2184	38.4%	1081	0	-100.0%	5540	4728	-14.7%
21-44	16167	16573	2.5%	13765	14373	4.4%	16473	26097	58.4%	10050	0	-100.0%	56455	57043	1.0%
Total	17773	17983	1.2%	15040	15507	3.1%	18051	28281	56.7%	11131	0	-100.0%	61995	61771	-0.4%
% Total		29.1%			25.1%			45.8%			0.0%				

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

These data show the decline in enrollment in the FP only component among the younger 18-20 year old group of almost 15% across all CMOs. There were slight increases in the enrollment of the older age group in FP only in the Amerigroup and CareSource CMOs in Q1 and Q2 2021 and hence, overall increases of 1-3% in FP only enrollment in these two CMOs. FP only enrollment also increased (~2%) from Q4 2020 to Q1 2021 in the PeachState CMO but FP enrollment in the WellCare CMO had declined 11% over this period. This decline contributed to an overall decline in the FP only component of .4% over Q1 and Q2 of 2021. By the end of the last two quarters of 2021 the share of the total FP only enrollment in each CMO ranged from 25% to ~46% with the CareSource CMO having the lowest share. The highest share of ~46% for PeachState reflects the merger with WellCare, a CMO which had experienced declines in FP only enrollment in the prior semi-annual reporting period.

Changes 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. Across all CMOs there was a decline of almost ~7% in IPC enrollment over the first two quarters of FY 2021; this follows a 6% decline in the last two quarters of 2020.

The patterns in IPC enrollment varied across CMOs however, as CareSource enrollment increased by ~10% and Amerigroup's IPC enrollment declined by 11% in these two quarters. Both PeachState and WellCare experienced declines in IPC enrollment from Q4 2020 to Q1 2021. These patterns resulted in an overall 7.4% decline in IPC enrollment from Q1 to the end of Q2 2021 across the CMOs. The share of all women enrolled postpartum in the IPC component ranged from ~26% to ~40% at the end of the 2nd quarter of 2021 with CareSource still having the largest share of these enrolled women.

Over all the CMOs there was ~10.5% growth in the enrollment of women in the RM only component of P4HB over the first two quarters of FY 2021. Enrollment of RM only women into the Amerigroup CMO shows almost a 50% growth in these enrollees over these first two quarters of 2021. The merger of PeachState and WellCare resulted in PeachState serving almost 52% of all RM only enrollees at the end of Q2 2021 with CareSource having the next highest share at ~30%.

EXPENDITURES:

Along with the slower growth and declines in some components of P4HB, expenditures on the capitated payments per enrollee month paid to the four CMOs declined slightly from Quarter 3 to Quarter 4 2020. As shown in Table 2, total expenditures for FP only were \$2.045 million in January of Q1 2021 and declined just slightly to \$2.023 million in July at the end of Q2 2021. The total for the first six months of FY 2021 was \$12,132,250 for this component of P4HB. As in the last two quarters of 2020, the FP only component accounted for ~93 percent of the total spent on all components of P4HB. Total capitated payments for P4HB remained at the approximately \$13 million that was reported for Q3 and Q4 of FY 2020.

Table 2. P4HB Capitation Payments January, June and Year-to-Date 2021

	January		June		Total Q1 & Q2 \$	
Program	\$	%	\$	%	\$	%
FP Only	\$2,045,608	93.5%	\$2,023,026	93.1%	\$12,132,250	93.2%
IPC	\$68,968	3.2%	\$62,702	2.9%	\$387,487	3.0%
RMOC	\$74,265	3.4%	\$88,045	4.1%	\$498,156	3.8%
Total	\$2,188,842	100.0%	\$2,173,773	100.0%	\$13,017,893	100.0%

Source: Georgia Department of Community Health, MMIS (Medicaid management Information System) Reports MGD-3610-W (MCHB Payment Activity Report) Run Date – 6/30/2021, Covers January-June 2021, includes monthly expenditures and Year to Date totals for each program and overall.

The share of total P4HB capitated payments to CMOs for the IPC and RM only women comprised ~3.0 of the total P4HB spending throughout the first two quarters of FY 2021. By the end of Q1 and Q2 2021 the total expenditures for these two components were comparable at \$440 thousand for IPC enrollees and \$409 thousand for RM only enrollees.

CMO REPORTS:

The information included in the following tables was abstracted from the CMOs P4HB Q1 and Q2 2021 quarterly reports. 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 3, we provide information from each of the four CMOs regarding enrollment, contraceptive utilization, and family planning and IPC service utilization. Note that WellCare data are provided only for Q1 2021 because WellCare merged with PeachState on May 1, 2021. Additionally, we present enrollment data as of the end of the first semi-annual period (June 2021). All utilization data reflect totals for Q1 and Q2 for each CMO.

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 3: CMO Enrollment and Utilization of Services (January-June 2021)

CMO	Enrollment (as of June 2021)	Contraception Utilization Among Family Planning Users (Q1 +Q2)	Family Planning and IPC Service Utilization (Q1 +Q2)
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 17,811 IPC: 78 RM: 94 Total Enrollment: 17, 983</p> <p><u>CMO Reported Enrollment</u> FP: 19, 461 IPC: 98 RM: 91 Total Enrollment: 19, 650</p>	<p><u>Use of Known Contraception</u> FP: 2,000 (Q1: 926; Q2: 1,074) IPC: 18 (Q1:8; Q2: 10) RM: 36 (Q1:15; Q2:21) Total: 2,054 (Q1: 949; Q2: 1,105)</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (52.2%); injectable (33.8%) IPC: Oral contraception (66.3%); injectable (22.5%) RM: Oral contraception (45.7); injectables (32.4%)</p> <p><u>Number of Women with Unknown Form of Contraception</u> FP: 8,463 (Q1: 3,905; Q2: 4,558) IPC: 69 (Q1: 32; Q2: 37) RM: 90 (Q1: 45; Q2: 45) Total: 8,622</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 10,463(Q1: 4,831; Q2: 5,632) IPC: 87 (Q1: 40; Q2: 47) RM: 126 (Q1: 60; Q2: 66) Total: 10, 676</p> <p><u>IPC Service Utilization</u> Dental care: 17 (Q1: 17; Q2: 0) Primary care: 111 (Q1: 72; Q2: 39)</p>
CareSource	<p><u>DCH Reported Enrollment</u> FP: 15,231 IPC: 119 RM: 157 Total Enrollment: 15, 507</p> <p><u>CMO Reported Enrollment</u> FP: 16, 309 IPC:125 RM: 170 Total Enrollment: 16, 604</p>	<p><u>Use of Known Contraception</u> FP: 1,935 (Q1:589; Q2: 1,346) IPC: 37 (Q1: 17; Q2: 20) RM: 24 (Q1: 2; Q2:22) Total: 1,996</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (48.6%); injectables (31.8%); IPC: Implants (24.7%); injectables (22.7%) RM: Injectables (59.1%); oral contraception (45.5%)</p> <p><u>Number of Women with Unknown Form of Contraception</u> FP: 4,302 (Q1: 1,243; Q2: 3,059) IPC: 44 (Q1: 32; Q2: 12) RM: 77 (Q1:4; Q2: 73) Total: 4,423</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 6, 733 (Q1: 1,987; 4,746) IPC: 119 (Q1: 74; Q2:45) RM: 6 (Q1:6; Q2: 0) Total: 6, 858</p> <p><u>IPC Service Utilization</u> Primary Care: 10 (Q1: 7; Q2: 3) Dental: 1 (Q1:1) Substance Abuse: 0</p>

Table 3: CMO Enrollment and Utilization of Services (January-June 2021)

CMO	Enrollment (as of June 2021)	Contraception Utilization Among Family Planning Users (Q1 +Q2)	Family Planning and IPC Service Utilization (Q1 +Q2)
Peach State	<p><u>DCH Reported Enrollment</u> FP: 24, 912 IPC: 103 RM: 266 Total Enrollment: 28, 281</p> <p><u>CMO Reported Enrollment</u> FP: 29,374 IPC: 113 RM: 324 Total Enrollment: 29,811</p>	<p><u>Use of Known Contraception</u> FP: 4,481 (Q1: 2,671; Q2: 1, 810) IPC: 48 (Q1:36; Q2:12) RM: 85(Q1: 50; Q2:35) Total: 4,614</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (41.6%); injectables (31.2%) IPC: Oral contraception (38.9%); injectables (27.8%) RM: Oral contraception (38.2%); injectables (28.7%).</p> <p><u>Number of Women with Unknown Form of Contraception</u> FP: 1,420 (Q1: 250; Q2: 1,170) IPC: 68 (Q1: 16; Q2: 52) RM: 187 (Q1:9; Q2: 178) Total: 1,675</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 6,441 (Q1: 2,921; Q2:3,520) IPC: 116 (Q1: 52; Q2: 64) RM: 272(Q1:59;Q2:213) Total: 6,829</p> <p><u>IPC Service Utilization</u> Primary Care: 78 (Q1: 23; Q2:55) Dental care: 21 (Q1:11; Q2:10) Substance Abuse: 13 (Q1:5; Q2: 8)</p>
WellCare (As of Q1, 3/31/21)	<p><u>DCH Reported Enrollment</u> FP: 10, 671 IPC: 45 RM: 171 Total Enrollment: 10, 887</p> <p><u>CMO Reported Enrollment</u> FP: 12,665 IPC:51 RM: 155 Total Enrollment: 12, 871</p>	<p><u>Use of Known Contraception</u> FP: 1,018 IPC: 5 RM: 23 Total: 1,046</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (56.7%); injectables (33.5%) IPC: Oral contraception (80.0%); injectables (20.0%) RM: Oral contraception (65.2%); injectables (34.8%)</p> <p><u>Number of Women with Unknown Form of Contraception</u> FP: 2,640 IPC: 20 RM: 7 Total: 2,667</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 3,658 IPC: 25 RM: 30 Total: 3,713</p> <p><u>IPC Service Utilization</u> Dental: 0 Primary Care: 0 Substance Abuse: 0</p>

Utilization patterns varied across the four CMOs. From the second half of 2020 to the first half of 2021, the use of known contraception increased among Amerigroup and CareSource enrollees but decreased among PeachState, and WellCare enrollees. For Amerigroup enrollees, contraception utilization increased 1.6% (from 2,021 to 2,054). For CareSource enrollees, known contraception utilization increased 24.4% (from 1,604 to 1,996). For Peach State enrollees, known contraception utilization decreased 12.1% (from 5,250 to 4,614). For WellCare enrollees, known contraception utilization decreased 58.5% (from 2,522 to 1,046).

In the first half of 2021, oral contraception was the most preferred form of contraception reported for FP enrollees for all four CMOs (52.2% for Amerigroup, 48.6% for CareSource, 41.6% for Peach State; and 56.7% for WellCare). For IPC enrollees, oral contraception was the preferred form of contraception three of four CMOs (66.3% for Amerigroup, 38.9% for PeachState, and 80.0% for Wellcare). For CareSource IPC enrollees, implants were the most preferred form of contraception (24.7%).

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 increased 5.2% for FP enrollees, decreased 13% for IPC enrollees, and increased 16.7% for RM enrollees. For CareSource, utilization increased 2.2% for FP enrollees, increased 67.6% for IPC enrollees, and increased by 20% for RM enrollees. For Peach State enrollees, utilization of one or more family planning services increased 10.8% for FP enrollees, increased 63.4% for IPC enrollees, and increased by 186.3% for RM enrollees. For WellCare enrollees, utilization decreased for all enrollees, including by 57.5% for FP enrollees, by 62.7% for IPC enrollees, and by 16.7% for RM enrollees.

Service utilization among the CMOs' IPC enrollees also varied during the first half of 2021. Compared to the second half of 2020, utilization of primary care services decreased 15.3% among Amerigroup enrollees, increased 66.7% among CareSource enrollees, and increased 129.4% among Peach State enrollees. There was no change in the utilization of primary care services among WellCare enrollees. Dental care utilization decreased from the second half of 2020 among all CMO IPC enrollees. Dental care utilization decreased 39.3% for Amerigroup IPC enrollees, and 100% Wellcare IPC enrollees. It decreased 88.9% for CareSource IPC enrollees, but increased 250% for PeachState enrollees.

CMO OUTREACH ACTIVITIES. In Table 4, we provide information from each CMO regarding outreach activities to potential and new FP and IPC enrollees in the first six months of 2021 (January through June 2021). The CMO data represents a total of all outreach activities conducted by the end of this time-period.

Table 4: CMO Outreach, January-June 2021		
CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • Virtual conferencing in place of face-to-face visits. • 37 virtual and drive-through baby showers/diaper days with 1,128 participants • New member mailings and welcome calls • Recertification reminders • Loss of benefit notifications • AGP Baby Kit Delivery bags to top hospitals • Marking initiative centered around OB providers 	<ul style="list-style-type: none"> • Reminder letters and phone calls • 74 total successful welcome calls made to IPC and RM participants • 8 virtual face-to-face visits were completed. All physical F2F visits and unannounced visits are on hold until further notice.

Table 4: CMO Outreach, January-June 2021		
CMO	All Outreach Activities	IPC Specific Outreach
CareSource	<ul style="list-style-type: none"> • Welcome calls and postcards to all P4HB enrollees within 30 days of being eligible. • New member mailings and ID cards were mailed. 	<ul style="list-style-type: none"> • Welcome calls to IPC and RM participants • Reminder letters and phone calls • A total of 2,111 calls were attempted by CareSource to IPC and RM members. Of these calls, 783 calls were successful. • Due to the COVID-19 pandemic, no home visits were made.
Peach State	<ul style="list-style-type: none"> • 11,764 new enrollees received a call from PS about the P4HB benefits and services, and the same number of new enrollee packets were mailed to new members. • Hosted 18 virtual events with P4HB enrollees to discuss program services. • 270 enrollees (both new and existing PSHP members) received educational materials resulting in a phone call to the plan to inquire about P4HB. • In Q2, a total of 4,715 educational packets were mailed to member who were within 60 days of delivering a baby. 	<ul style="list-style-type: none"> • In Q1, 89 members who had a VLBW infant received telephone calls • In Q1, a total of 314 mothers seen in a high-volume delivery hospital were educated with a virtual face-to-face visit.
WellCare (as of Q1 2021)	<ul style="list-style-type: none"> • Due to the COVID-19 pandemic, most community outreach has transition to virtual activities. • P4HB mailings sent to 964 information packets to potential members. 	<ul style="list-style-type: none"> • Resource Mothers completed 45 virtual events and educated 493 Georgians to the P4HB program. • Members who delivered a VLBW baby received outreach and education in order to build rapport and reduce gaps in care through the loss of insurance. • Resource Mothers conducted telephone outreach to 464 enrollees. Of these, 145 (31.3%) were educated on Plan benefits.

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

IPC&RM FILES:

The four Care Management Organizations (CMOs) track aspects of case management for women enrolled in P4HB IPC or RM only. In this report, we review the case management files for the first two quarters of 2021 (Q1 and Q2), which included data on 1690 unique women enrolled in either IPC or RM only across all four CMOs (351 Amerigroup, 669 CareSource, 531 Peach State, 139 WellCare). We note that the data for WellCare are for the January-April time period only as most of these enrollees were moved to the PeachState CMO with the merger as of May 1. They were allowed an opportunity to choose a CMO other than PeachState and only moved if they did not make an alternative selection. Among these 1690 women, 817 (48%) accepted case management, 104 (6%) declined case management, and for 769 (46%) information about acceptance or declination of case management was either missing or pending. For Q1 and Q2, the declination of case management varied according to whether the woman was enrolled in IPC (78 declinations of 681, 11%) or RM only (76 declinations of 1014, 7.5%), which is a different pattern from the Q3 and Q4 of 2020 when the declination of case management was 5% for IPC and 10% for RM only. There was also substantial variation in women's acceptance of case management across the four CMOs, as shown in Table 5.

Table 5. Acceptance of Case Management Services by Medicaid Care Management Organization

Case Management	Medicaid Care Management Organization				TOTAL N = 1690
	Amerigroup N = 351	CareSource N = 669	Peach State N = 531	WellCare N = 139	
Accepted	29 (8%)	230 (34%)	434 (82%)	124 (89%)	817 (48%)
Declined	5 (1%)	38 (6%)	61 (11%)	0 (0%)	104 (6%)
Missing/Pending	317 (91%)	401 (60%)	36 (7%)	15 (11%)	769 (46%)

Among the 817 women who accepted case management, 293 (36%) had at least one phone or face-to-face contact with the case manager during Q1 and/or Q2, whereas 524 (64%) had no documented contact with the case manager, with substantial variation in the proportion of IPC

and RM only enrollees having at least one phone or face-to-face contact with the case manager according to CMO assignment (Table 6).

Table 6. Interaction with Case Manager (Among those Accepting) by Medicaid Care Management Organization

Case Management	Medicaid Care Management Organization				TOTAL N = 817
	Amerigroup N = 29	CareSource N = 230	Peach State N = 434	WellCare N = 124	
Face-to-face or telephone	0 (0%)	31 (13%)	221 (51%)	41 (33%)	293 (36%)

Among the 293 enrollees who had at least one phone or face-to-face contact with the case manager, 161 (55%) had a problem list that contained at least one problem; the most common items on the problem list were annual health exam, employment and job skills, high blood pressure, diabetes, other health conditions, community resources, housing, transportation, food and family and intimate relationships. For this group of enrollees with a least one phone or face-to-face contact with the case manager, 159 (54%) had care plan goals, with the most common goals being around healthy lifestyle education, community resource education, employment/job skills, and housing, finances, and education. In contrast, among the 524 enrollees who did not have at least one phone or face-to-face contact, only 51 (10%) had a problem list that contained at least one problem; the most common items on the problem list were annual health exam, community resources, high blood pressure and other contributing health conditions. For this group of enrollees, 51 (10%) also had care plan goals, the most common of which focused on healthy lifestyle education and community resource education.

Across the three groups of enrollees (*i.e.*, those who accepted case management services and had at least one face-to-face or phone contact, those who accepted case management services and did not have any face-to-face or phone contact, and 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 (Table 7). Approximately 6% of those declining case management were using a more effective method at the end of the quarter whereas 10% of those who accepted and had no face-to-face or phone contact with the case manager were and 4% of those who accepted and had at least one face-to-face or phone contact with the case manager were ($p=0.0035$). Likewise, there were differences in the percentage of women across the groups who were using particular types of birth control methods ($p<0.001$). 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.

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

Birth Control Outcome	Case Management Group			p-value inter-group comparison
	Declined N = 104	Accepted, No face-to-face or phone contact N = 524	Accepted, Face-to-face or phone contact N = 293	
Participant selected more effective form of birth control	6 (6%)*	55 (10%)*	12 (4%)*	0.0035*
Birth control method used at end of the period:				<0.001*
Sterilization	0 (0%)	27 (5%)	8 (3%)	
LARC	6 (6%)	24 (4%)	28 (10%)	
Injectable	5 (5%)	14 (3%)	25 (9%)	
Oral contraceptive pills	8 (8%)	40 (8%)	33 (11%)	
Condoms	0 (0%)	9 (2%)	13 (4%)	
Other	0 (0%)	0 (0%)	0 (0%)	
None	0 (0%)	17 (3%)	61 (21%)	
Unknown/Missing	85 (82%)	393 (75%)	125 (43%)	

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

LEGISLATION

The national CARES Act provided additional funding support to Medicaid and other public health programs during the COVID-19 public health emergency. Since March of 2020 the state has suspended disenrollment for RSM, and other Medicaid beneficiaries as authorized by the CARES Act through the end of the COVID-19 pandemic and the state plans on this extension continuing through the end of 2021. The retention of women in the RSM category under the CARES act appears to be associated with a slowing of the growth in the FP only component of P4HB but an increase in the enrollment of women in the LIM eligibility category into the RM only component of P4HB. While we anticipated an increase in the number of women with a VLBW in RSM at delivery enrolling in the IPC component of P4HB as they lose the CARES Act extension, not only is this extension still in place but Georgia's Section 1115 Postpartum Extension waiver also began in July 2021. The net effect of these pieces of legislation on enrollment patterns will be noted in future reports.

DISENROLLMENTS, SERVICE DENIALS & PROVIDER COUNTS

CMS requires that each semi-annual report show comparisons for *disenrollment; denials of service; provider counts; and complaints, grievances and appeals* for the current reporting period and comparison of these measures for the same period for the previous 2 years. Since these data were not included in earlier reports, this semi-annual report includes comparisons for the period that would have been reported in the March annual report (July-December 2020), as well as the current reporting period (January-June 2021).

We first show data on the first three measures—disenrollment, service denials and provider counts—and discuss the following comparisons:

- July-December 2020 compared to July-December 2019 and July-December 2018 (back reporting); and
- January-June 2021 compared to January-June 2020 and January-June 2019

Table 8 - Disenrollment, Denial of Service & Provider Counts 2018-2021

Reporting Period	Disenrollment	Denials of Service	Provider Counts
Jan-June 2019	750	161,778	35,784
Jan-June 2020	463	143,659	32,799
Jan-June 2021	84	104,833	32,096
July-Dec 2018	1,005	151,650	35,476
July-Dec 2019	528	158,693	36,339
July-Dec 2020	406	156,708	34,539

As the data in the bottom rows of Table 8 show, disenrollment of P4HB members declined from a total of 528 in the July-December 2019 time period to 406 in this same period in 2020 and both counts were far lower than the 1,005 disenrollment of members reported for July-December 2018. On the other hand, denials of service for the July-December 2020 were higher at 156,708 than denials occurring during the July-December 2018 period (151,650) and only slightly lower than the more recent comparison period of July-December 2019 (158,693). The provider counts shown in column three of Table 8, show a decline from 2018-2020. In the July-December 2020 time period the state reports an unduplicated count of 34, 539, ~2,000 lower than the 36, 339 providers submitting a P4HB claim reported in July-December 2019. This reversed the increase previously seen in the 2019 July-December period from the count of 35,476 reported for the July–December 2018 time period.

The data in the top rows of Table 8 include the current reporting period, January-June 2021. The pattern in disenrollment of clients in the first six months of each of the years shown is clearly one of declining disenrollment. Some of the decline to only 84 total disenrollment in January-June of 2021 likely reflects the Covid-19 extension of eligibility for Medicaid enrollees. This number compares to 463 total disenrollment in the first six months of 2020 and to an even higher total disenrollment of 750 in the January-June 2019 comparison period. Denials of service stood at 104,833 in the January-June 2021 period and reflects a significant decrease from the denials (143,659) reported in the January-June 2020 period and an even bigger decline from the number of denials (161,778) reported for this period in 2019. Finally, the provider counts for the first six months of each year clearly show a decline from 2019 to 2021. In the January-June 2021 period the state reports an unduplicated count of providers submitting a P4HB claim of 32,096, down from the 32,799 in the first six months of 2020 which was also a decline from the 35,784 reported in the first six months of 2019.

GRIEVANCES & INVESTIGATIONS

We discuss the data in Table 9 on counts of grievances overall and by CMOs and discuss the following comparisons:

- July-December 2020 compared to July-December 2019 and July-December 2018 (back reporting); and
- January-June 2021 compared to January-June 2020 and January-June 2019

Table 9 - Grievances By CMO 2018-2021

P4HB Grievance Count by CMO					
Reporting Period	Amerigroup	CareSource	PeachState	WellCare	Total
Jan-June 2019	12	0	0	0	12
Jan-June 2020	1	0	0	0	1
Jan-June 2021	21	2	0	15	38
Average 1st Half of Each Year	10.0	0.5	0.3	6.0	16.8
July-Dec 2018	13	1	0	8	22

July-Dec 2019	6	0	0	0	6
July-Dec 2020	0	0	0	0	0
Average 2nd Half of Each Year	6.3	0.3	0.0	2.7	9.3
Total (P4HB)	59	3	1	32	95

In the July-December 2020 reporting period there were no grievances reported across the CMOs; this represents a decline from the 6 grievances reported for the July-December 2019 period and a larger decrease from the 22 reported for the July-December 2018 period. As noted in the table, the average number of grievances in the July-December periods of these years was 9.3. This is in contrast to the much higher average of 16.8 grievances in the January-June 2021 time period in these years. The bulk of these 38 grievances were reported for Amerigroup (21) and WellCare (15) care. The total number of grievances in January-June 2021 (38) was higher than the total (1) in January-June 2020 and the total (12) January-June 2019.

We note that while Amerigroup has the largest number of grievances in all of the periods summarized in Table 9, they were the only CMO including this information in their most recent Quality Management (QM) reports. They noted most complaints were for either billing or related to care/benefits and importantly, their QM reports state that all grievances have been resolved.

EVALUATION ACTIVITIES:

Major evaluation activities included the submission to DCH and CMS of the 2019 Annual Report as required under the old STCs and well as the Summative Report for the full P4HB waiver period prior to its renewal. The data analysis and drafting of these reports were started in the January-March 2021 period and finalized in the April-June 2021 period. These reports have been given final approval by CMS. The 2019 Annual Report as well as prior quarterly reports can be found at: <https://medicaid.georgia.gov/all-programs/planning-healthy-babies/planning->

[healthy-babies-quarterly-reporting](#). The link to the Summative Report is:
<https://medicaid.georgia.gov/all-programs/planning-healthy-babies/planning-healthy-babies-summative-evaluation-reporting>. The semi-annual reports due in the renewal period can be found at: <https://medicaid.georgia.gov/all-programs/planning-healthy-babies/planning-healthy-babies-semi-annual-reporting>.

The Department of Community Health (DCH) submitted a highly revised Evaluation Design to CMS on September 11, 2020. CMS asked for further clarification of the survey content, sampling design and methodology for implementation. DCH worked closely with the 4 CMOs to develop: 1) a simplified member survey instrument; 2) timely and effective communication to members regarding the new survey; 3) development of sufficient samples for the FP only and separately, the IPC/RM only enrollees for power to detect changes over time in key measures; and 4) use of mail plus phone follow-up to achieve higher response rates than in the past.

Emory worked to provide advice to DCH on the sampling design. As noted in the version of the Evaluation Design sent to CMS in March, sample sizes needed were based on 80% power to detect changes over time in the answers to questions related to enrollee access to contraceptives, availability of providers and indicators of satisfaction. A sample of approximately 1,500 FP only members was estimated to allow detection of a 5 percentage point *increase* in ‘started using birth control’ and ‘able to get preventive care (such as Pap smears) and family planning counseling’ with 80% power. This same sample size should allow detection of a 2.5 percentage point *decrease* in ‘cannot find a doctor or nurse willing to take P4HB clients’ and a 1.5 percentage point *decrease* in ‘my P4HB doctor or nurse will not prescribe the birth control method I want’.

Emory estimated that a response rate of 12% or higher among the FP only enrollees, or approximately 500 of these enrollees per the three CMOs (as of May), will meet the 1,500 estimated sample size noted above. The response rate among the IPC/RM only enrollees needs to be as high as possible and Emory recommended that all IPC/RM only enrollees in the roster be contacted with the survey. There were slight edits to the Evaluation Design to clarify the due dates for the reports under the new STCs; after this CMS gave formal approval of the design to DCH. The first round of this survey is scheduled for September 2021.

An on-going addition to the evaluation activities is the use of the individual files on contacts and case management of IPC and RM enrollees. The current quarterly files are summarized in this semi-annual report to CMS. The next step of linking these files to the individual enrollment and claims files for women in the IPC and RM only components of P4HB is proceeding. Once linked for several time periods Emory will analyze the association between case management and the use of health care services to manage chronic conditions and subsequent outcomes, analyses which have been missing from earlier evaluation activities.