

Semi-Annual Report

Planning for Healthy Babies Program® (P4HB®)

1115 Demonstration in Georgia

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By:

The Georgia Department of Community Health (DCH)

And

Emory University, Rollins School of Public Health (RSPH)

Department of Health Policy and Management (HPM)

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I. Summary and Background

Georgia's Planning for Healthy Babies Program[®] (P4HB[®]), section 1115(a) Medicaid Demonstration expanded the provision of family planning services to 1) U.S. citizens and residents of Georgia who were 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 percent of the Federal Poverty Level (FPL) residing in the state. (With the state's use of the MAGI income measure, this threshold became 211% FPL as of April 2017.) The P4HB program, initially approved for a three-year period from January 1, 2011, through December 31, 2013, was granted multiple temporary extensions through August 28, 2019. The waiver was renewed in September 2019 and extended for ten years through December 31, 2029.

In addition to the family planning only (FP only) component, the P4HB program provides a unique Interpregnancy Care (IPC) component. In this component, services include nurse case management/Resource Mother (RM) outreach, to women who meet the above eligibility criteria and who recently delivered a very low birth weight (VLBW) infant (<1500 grams or < 3 pounds 5 ounces). In addition, the program offers nurse case management/Resource Mother outreach services to women enrolled in the Georgia Low Income Medicaid (LIM) or Aged, Blind and Disabled (ABD) Medicaid programs who recently delivered a VLBW infant. The P4HB program provides these women Resource Mother only services.

The approved renewal of the waiver is based on the determination that the continuation of the 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 to otherwise uninsured women that have delivered very low birth weight (VLBW) infants in Georgia.

The goals of the demonstration and related performance metrics are listed below.

Demonstration Goals:

- **Primary:** Reduce Georgia’s LBW and VLBW rates;
- **Secondary:** Reduce the number of unintended pregnancies in Georgia;
- **Tertiary:** Reduce Georgia’s Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services.

Demonstration Objectives

- Improve access to family planning services by extending eligibility for these services to newly eligible women.
- Provide access to interpregnancy primary care health services for eligible women who deliver a VLBW infant.
- Decrease unintended and high-risk pregnancies among Medicaid eligible women.
- Decrease late teen pregnancies by reducing the number of first or repeat teen births among Medicaid eligible women ages 18-19 years.
- Decrease the number of Medicaid-paid deliveries from the number expected to occur in the absence of the Demonstration beginning in the second year.
- Increase child spacing intervals through effective contraceptive use.
- Increase consistent use of contraceptive methods by providing wider access to family planning services and incorporating care coordination and patient-directed counseling into family planning visits.
- Increase family planning utilization among Medicaid eligible women by using an outreach and public awareness program designed with input from family planning patients and providers as well as women needing but not receiving services.
- Decrease Medicaid spending attributable to unintended births and LBW and VLBW babies.

Key Accomplishments.

In the first eight and a half years of the P4HB demonstration, the key accomplishments relative to the primary goals stated above were:

- P4HB was associated with the following positive outcomes for Georgia’s Medicaid population:
 - decreased unintended pregnancies;
 - decreased teen births;
 - decreased very short (< 6 months) interpregnancy intervals; and
 - increased age at first birth.

- Among Medicaid paid births, implementation of P4HB was not associated with reduction in the rates of VLBW or LBW; the percentage of Medicaid births that were VLBW or LBW actually increased from 2009 (pre-P4HB) to 2018 (post-P4HB) period. Notably, however, the composition of Medicaid program enrollees also changed from the pre- to the post-P4HB period as a result of the full implementation of the Affordable Care Act in 2014 (with those in Medicaid in the post- period compared to the pre-P4HB period being older and more likely living in impoverished census tracts, for example); thus, it is difficult to draw conclusions from this analysis until further adjusted analyses are completed.
- Following a Medicaid paid birth, P4HB enrollees who utilize covered services were less likely to conceive within a short interpregnancy interval and had improved outcomes in subsequent pregnancies relative both to P4HB enrollees *who did not utilize covered services* and to Right from the Start (RSM) women eligible for P4HB following the Medicaid paid birth *who did not enroll*.
- Women enrolled in IPC were less likely to have shorter than clinically recommended interpregnancy intervals (<12 and <18 months) than were RSM women eligible for IPC enrollment *who did not enroll*.
- Women enrolled in IPC were less likely to have an adverse outcome (fetal death, stillbirth, VLBW or LBW infant) in subsequent deliveries than were RSM women eligible for IPC enrollment *who did not enroll*.
- Low-income Medicaid mothers who participated in the Resource Mother (RM) only benefits (for which they were eligible due to delivery of a VLBW infant) were far less likely to have a repeat pregnancy within 12 or 18 months postpartum.

New findings from the Georgia PRAMS analysis are summarized below:

- In comparison to states without a change in their family planning policies, Georgia's implementation of P4HB was associated with a significant reduction in unintended pregnancies and the delivery of a VLBW infant among those uninsured but likely eligible for P4HB; notably, this latter effect was concentrated among Georgia's non-Hispanic Black mothers (who disproportionately experience VLBW deliveries).

Key Accomplishments in Reporting Period:

- The percent of uninsured women eligible in the community who were enrolled into the FP only component during DY13 increased to ~38% from ~37.1% in the prior program year, even as the number of uninsured women increased during the pandemic.
- The percent of women eligible for IPC or RM only services who were enrolled during DY13 increased to 20.4%% from 19.1% in the prior program year.
- Among FP only enrollees, 14.2% had a family planning visit and 7.2% had a visit for contraceptives within the first six months of program enrollment (compared with 14.5% and 7.2%), respectively in the prior program year.

- Among FM only enrollees using contraceptives, most (78.7%) use Tier 2 methods (injectables, patch, pills, ring), up from 75.1% in the prior program year, with 13.9% using long-acting reversible contraceptives (LARCs), down from 16% in the prior program year.
- Repeat pregnancy within 18 months (short interpregnancy interval) of an RSM-covered delivery was 8 percentage points lower among those who enrolled in P4HB FP only and who used any family planning services compared to those eligible who did not enroll.
- More than half (57.7%) of women with a chronic condition enrolled in IPC used some method of contraception by one year postpartum and 14% used LARCs.
- A similar percentage of women with a chronic condition enrolled in RM only used some method of contraception by one year postpartum (59%) and 15.1% used LARCs.
- Repeat pregnancy within 18 months of an index VLBW delivery was 8.8 percentage points lower among those who enrolled in P4HB IPC and who used any family planning services compared to those eligible who did not enroll.
- Repeat pregnancy within 18 months of an index VLBW delivery was 13.2 percentage points lower among those who enrolled in P4HB RM only and who used any family planning services compared to those eligible who did not enroll.
- Fully 78.6% of women enrolled in P4HB IPC and 83.7% of those enrolled in RM only with evidence of diabetes or hypertension received services to manage these conditions in the 12 months following delivery.
- Compared to those eligible for IPC who did not enroll, women eligible for IPC who enrolled had a 12.52 percentage point lower probability of having a repeat pregnancy and a 9.46 percentage point lower probability of having a repeat delivery within 18 months. Adverse outcomes in subsequent deliveries were 4.14 percentage points lower for women eligible for IPC who enrolled compared with those eligible who did not enroll.
- Fully 39% of P4HB enrollees surveyed noted that they had ‘trouble getting primary care (e.g. routine check-up)’ before enrolling but 80.9% said one of the changes P4HB made for them was that they ‘can get preventive care and family planning counseling’ now.
- Around 60% of those with the Purple Card in P4HB said they could now ‘get care when I need it’ and ‘get medicine when I need it’.
- A remaining problem is that 27.8% of P4HB enrollees said they cannot find a doctor or nurse willing to take P4HB clients.

II. Operational Updates

Unexpected Trends –COVID-19 Public Health Emergency (PHE). As stated in prior reports, the onset of the COVID-19 pandemic in 2020 had an unexpected impact on the Medicaid program in general and possibly, on enrollment of eligible women in the community into the P4HB FP only program component. The pandemic also likely increased the number of women eligible (uninsured and < 211% FPL) for P4HB in Georgia’s communities. The 2023 data indicated the percent of women eligible in the community enrolling in P4HB increased slightly from the prior year, to 38%. RSM and other women with a delivery on Medicaid retained full Medicaid benefits under the PHE and hence, there was little enrollment of women in Georgia’s RSM with a recent delivery of a very low birth weight infant into the IPC component of Georgia’s P4HB waiver. While women in all Medicaid eligibility categories in Georgia had lengthy postpartum extensions as a result of the PHE, they may not have been aware of their continued coverage.

Unanticipated Trends. Throughout the demonstration the enrollment of eligible women in the community into the FP only component has unexpectedly lagged behind the projections set forth in the original concept of P4HB. This has likely moderated the potential effects of the waiver on the goal of reducing VLBW infants. While based on *claims data*, implementation of P4HB was not associated with overall reductions in LBW and VLBW births in Georgia, recent work using the Pregnancy Risk Assessment Monitoring System (PRAMS) data indicates a reduction in VLBW especially among non-Hispanic Black mothers in Georgia, compared to states without a similar policy change.

Legislative Updates. Governor Kemp had declared a PHE (March 14, 2020) under which all Medicaid enrollees retained their eligibility status until the end of the emergency. There were several extensions of Georgia’s PHE. Governor Kemp declared and renewed the Economic State of Emergency continuously through April 2022 via various Executive Orders (January 18, 2022, February 18, 2022, and March 21, 2022) to keep the PHE extended through October 13, 2022. The PHE ended officially on May 11, 2023.

Another legislative change occurred on May 2, 2022 as DCH announced its intent to terminate the Georgia Postpartum Extension Section 1115 waiver and convert to a State Plan Amendment (SPA) as permitted via section 9812 of the American Rescue Plan. On August 17, 2022, DCH submitted the SPA to extend postpartum services to a full twelve (12) months and on October 26, 2022, CMS informed the state of their approval. With this, the Section 1115 demonstration authority for the six-month postpartum extension was no longer needed. The effective date for the 12-month extension of Medicaid postpartum benefits was November 1, 2022.

Disenrollment of women retained in each Medicaid eligibility category under the PHE began in Georgia on April 1, 2023. The state created a website, for enrollees seeking news and resources. Enrollees were encouraged to work through their Gateway accounts to make sure that their information was up to date, including phone number, address, job or income, and number of people in their household. Recipients are also encouraged to select "Email" notifications for the fastest alerts. States were initially required to submit monthly unwinding data to CMS, and this was continued indefinitely. Based on Kaiser Family Foundation KFF reporting through June 2024, of Georgia's cumulative renewal outcomes, over half (52%) were renewed, 31% were terminated due to procedural reasons and 11%, determined ineligible. A remaining 6% were still being processed.

Public Forum. During this reporting period, DCH afforded the public the opportunity to provide meaningful comment on the progress of the P4HB demonstration. The state posted a public notice of the post-award forum to its website on Thursday, July 11, 2024, with a copy of the most current P4HB Annual Report. The notice provided the date, time, and call in information for the virtual meeting held via Microsoft Teams. There was one comment which was summarized and addressed during the Medical Care Advisory Committee (MCAC) quarterly meeting held on Wednesday, August 14, 2024. The comment offered praises about the current Annual Report and the demonstration's accomplishments and suggested that free perinatal packages be provided to P4HB members to support them during their postpartum period.

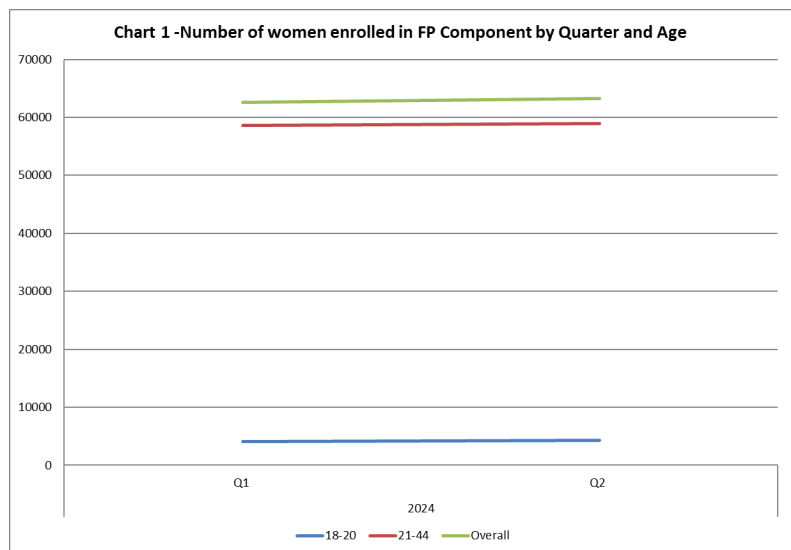
III. Impact and Performance

Objectives and Performance Metrics. For the P4HB to have an impact on the performance metrics outlined above, the enrollment of those eligible for the FP only and other components of the program is the first step. Since the implementation of the Georgia Gateway System in July 2017, enrollment in Medicaid and hence, the components of P4HB, have been centralized. The Georgia Gateway System is the state’s integrated web portal that clients can use to apply for, check and renew their benefits. Through a series of screening questions, the system determines client eligibility across multiple benefits programs. Applicants are screened for various Medicaid eligibility categories through a ‘cascading process’ and P4HB is provided as an option if the applicant is not eligible for full-scope Medicaid. In this section we report on the reach of P4HB in terms of enrollment in the first two quarters of 2024.

Objective: Improve access to family planning services by extending eligibility for these services to newly eligible women.

Outcome: Enrollment is monitored by quarter in these semi-annual reports. This report reflects data during the first two quarters of 2024. In the charts and tables below, we show the trends in enrollment by age group in each component of P4HB and the distribution of enrollees across the Care Management Organizations (CMOs) during this time period.

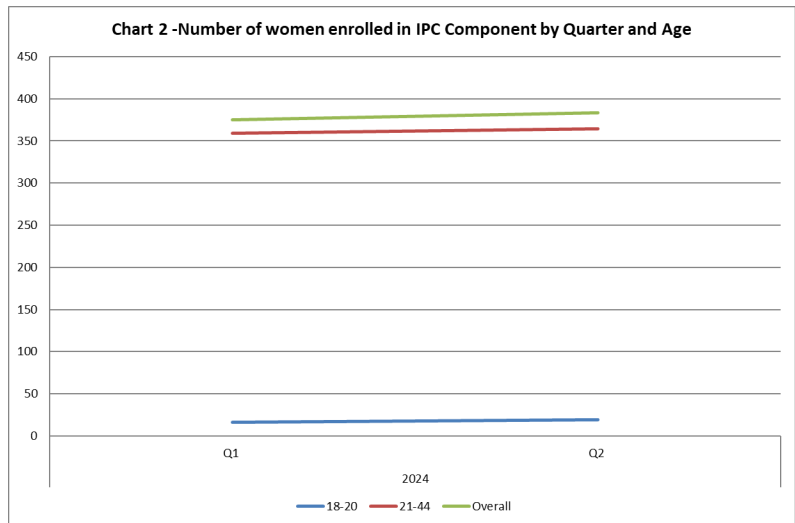
Q1&2 2024 Patterns As shown in the following graphs, the trends in the growth of the number of enrollees in the several components of P4HB over Q1 and Q2 of 2024 are fairly flat. Enrollment in the family planning only (FP only) component at the end of Q4 2023 stood at 61,828. It was still the largest component of P4HB in the



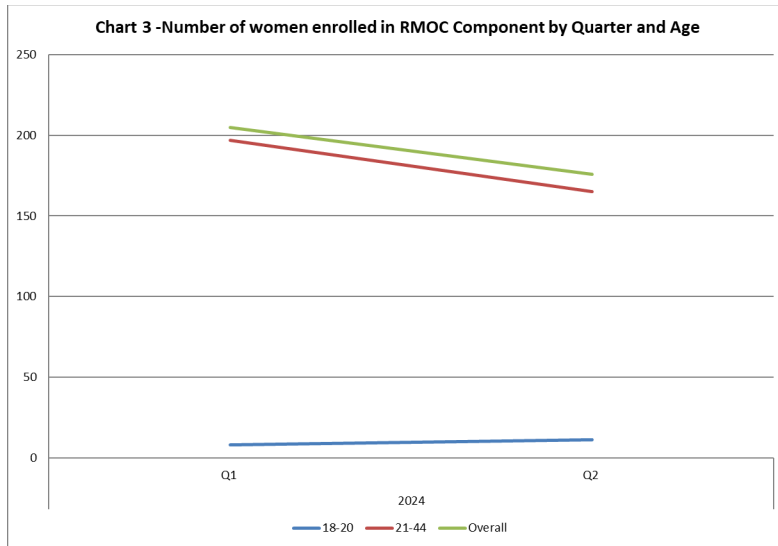
latter quarters of 2023 and enrollment in the FP only component did increase 2.2% from the 61,828 in Q4 2023 to 63,218 by the end of the second quarter of 2024.

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 ~93% of the total FP only enrollment in Q1&2 2024. By Q4 2023, the enrollment of this age group increased slightly (1.6%) over Q1 2023. This slight upward trend continued into 2024 as enrollment of the 21 to 44 age group increased to 58,918, an increase of ~1%. The enrollment of women in the 18-20 age group stood at 3,493 at the end of Q4 2023 and increased by 23% to 4,300 by the end of Q4 2024. The increased enrollment in the FP only component of P4HB may reflect the end of the PHE in Georgia as continuous Medicaid eligibility was ended. Enrollment in the FP only component of P4HB dominates the overall program at 99% of total enrollment at the end of Q2 2024.

As seen in the last quarters of 2023, there was again an increase in the enrollment of women in the IPC only component of P4HB over Q1 and Q2 of 2024. Total enrollment in the IPC only component of P4HB increased from 329 at the end of Q4 2023 to a total of 383 at the end of Q2 2024. The increase in IPC enrollment was in both age groups but the



enrollment remains largely in the 21-44 age group at 95% of the total. While the 18–20-year-olds with a VLBW infant and enrolled in IPC is the smallest component of the IPC program, it is unique to the demonstration and enrollment should be monitored as Georgia has come out of the PHE and moved into a one-year postpartum extension for all birthing individuals on Medicaid.



In contrast to the pattern of growth seen in the FP only component of P4HB, there was a continued decline in enrollment in the RM only component of P4HB in the first two quarters of 2024. Enrollment of those ages 18-20 in this component increased from 7 in Q4 2023 to 11 in the second quarter of 2024 while the number

of enrollees in the 21-44 age group, which dominates this program, declined by almost 36%. The total of 176 in the RM only component is only 66% of the 265 at the end of Q4 2023.

We note that trends in enrollment in the IPC and RM only components of P4HB reflect, in part, the trends in the rate of VLBW births. 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. In the past there has been less than 50% of the women with a VLBW infant enrolling in these components of P4HB. Attention to eligibility and enrollment in these components will be paid as the state moves forward with the one-year postpartum extension.

Access through the CMOs. Access to services and their specific modes of service delivery will vary across the three remaining CMOs based on their provider networks. The women in the FP only and IPC/RM components of P4HB are now enrolled in three CMOs serving Medicaid enrollees in Georgia: Amerigroup, CareSource and Peach State as of May 1, 2021. The data in Table 1 show the counts of FP only and IPC/RM only enrollees in Q1 and Q2 2024 for each of the CMOs and in turn, the level and percentage change in enrollment over the first two quarters of 2024 for each CMO.

Table 1. Enrollment Growth and Share Served by CMO, Jan-June 2024

ENROLLMENT BY CMO AND AGE GROUP FOR Q1-Q2 2024												
	Amerigroup			Caresource			Peachstate			Overall		
	Q1 2024	Q2 2024	Growth	Q1 2024	Q2 2024	Growth	Q1 2024	Q2 2024	Growth	Q1 2024	Q2 2024	Growth
Family Planning Only												
18-20	1245	1316	5.7%	1028	1157	12.5%	1779	1827	2.7%	4052	4300	6.1%
21-44	17551	17792	1.4%	16091	16375	1.8%	24933	24751	-0.7%	58575	58918	0.6%
Total	18796	19108	1.7%	17119	17532	2.4%	26712	26578	-0.5%	62627	63218	0.9%
% Total	30.0%	30.2%		27.3%	27.7%		42.7%	42.0%				
Inter-Pregnancy Care												
18-20	6	7	16.7%	3	3	0.0%	7	9	28.6%	16	19	18.8%
21-44	89	98	10.1%	95	102	7.4%	175	164	-6.3%	359	364	1.4%
Total	95	105	10.5%	98	105	7.1%	182	173	-4.9%	375	383	2.1%
% Total	25.3%	27.4%		26.1%	27.4%		48.5%	45.2%				
Resource Mother Outreach												
18-20	4	4	0.0%	1	4	300.0%	3	3	0.0%	8	11	37.5%
21-44	41	40	-2.4%	66	53	-19.7%	90	72	-20.0%	197	165	-16.2%
Total	45	44	-2.2%	67	57	-14.9%	93	75	-19.4%	205	176	-14.1%
% Total	22.0%	25.0%		32.7%	32.4%		45.4%	42.6%				
All Programs												
18-20	1255	1327	5.7%	1032	1164	12.8%	1789	1839	2.8%	4076	4330	6.2%
21-44	17681	17930	1.4%	16252	16530	1.7%	25198	24987	-0.8%	59131	59447	0.5%
Total	18936	19257	1.7%	17284	17694	2.4%	26987	26826	-0.6%	63207	63777	0.9%
% Total	30.0%	30.2%		27.3%	27.7%		42.7%	42.1%				

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

The data by CMO reflect the changes in enrollment in the components of P4HB over this first part of 2024 as displayed in the earlier charts. The last set of columns in Table 1 show the patterns in enrollment and levels of growth across the three CMOs for this time period. As discussed earlier, total enrollment in the FP only component grew 2.2% from the end of 2023. From Q1 to Q2 of 2024 there was also growth (0.9%) with higher growth in the 18–20-year age group (6.1%) and largely observed within the CareSource CMO (12.5%).

The increase in IPC enrollment from 2023 to the end of Q2 2024 is reflected in an overall increase of 2.1% from Q1 to Q2 of 2024. Here too, the growth over these two quarters is focused on the 18–20-year age group at 18.8% with a 1.4% growth in the 21–44-year-old group within the IPC component. The increase in enrollment of the 18–20-year-old group occurs within Amerigroup (16.7%) and the Peach State CMO (28.6%) while the increase in enrollment of the 21–44-year-olds into IPC is seen only within the Amerigroup (10.1%) and CareSource (7.4%) CMOs. As noted earlier there was a marked decline in the RM only component from Q4 of 2023 to Q2 2024. This is consistent with the 14.1% decline in total enrollment in the RM only

component from Q1 to Q2 2024. Here, there are declines within each CMO in overall RM only enrollment with only CareSource increasing enrollment from 1 to 4 18–20-year-old RM only enrollees. These trends combined for a virtually unchanged total enrollment in all components of P4HB over the first two quarters of 2024. It is important to note that where there was overall growth, it was in the 18–20-year-old age group; this equaled 6.2% over Q1 to Q2 of 2024.

As shown in Table 1, the share of all women enrolled in P4HB at the end of Q1&2 2024 ranged from ~28% to ~42% across the CMOs with Peach State having the largest share of all enrolled women. This is driven by their larger share (~42%) of the FP only enrollment which, as noted, dominates the P4HB program. However, Peach State also had the largest share of IPC and RM only components at the end of Q2 2024 (~43-45%). While the CareSource CMO had a larger share of all RM only enrollees (~32%) than Amerigroup by the end of Q2 2024, their share of all program enrollees (~28%) was lower than that of Amerigroup (~30%) due in part, to their higher share of the FP only enrollment (30%) than CareSource (~28%).

Outcome. In Table 2, we provide details of IPC enrollee’s service utilization by CMO. These data are presented for enrollees of each of the three CMOs for the last half of 2023 (Q3+Q4) and for the first half of 2024 (Q1+Q2). We have not previously reported the IPC service utilization for the last half of 2023, so these data are presented together for comparison.

Compared to the second half of 2023, utilization of primary care services in the first half of 2023 increased 79.0% among Amerigroup IPC enrollees (from 19 to 34), increased 1750% among CareSource IPC enrollees (from 2 to 37), and increased 6.3%% among Peach State IPC enrollees (from 16 to 17). Dental care utilization differed among IPC enrollees in the three CMOs in the first half of 2024, compared to the last half of 2023. Dental care utilization remained steady for Amerigroup IPC enrollees at 0 (0% change), increased 100% for CareSource IPC enrollees, (from 1 to 2), and remained the same at 0 (0% change for Peach State IPC enrollees (from 31 to 2)).

All three CMOs report the utilization of pharmacy services, both contraception-specific and non-contraception specific services. Compared to the last half of 2023, utilization of contraception-specific pharmacy services varied for IPC enrollees in all three CMOs. For Amerigroup IPC

enrollees, utilization of contraception specific pharmacy services increased 55.6% (from 9 to 14), decreased 100% for CareSource IPC enrollees (from 4 to 0), and increased 300% for Peach State IPC enrollees (from 5 to 20). The utilization of case management services also varied widely across IPC enrollees from the last half of 2023 to the first half of 2024. For Amerigroup IPC enrollees, utilization of case management services decreased 94.3% (from 87 to 5). Case management services increased slightly (2.6%) for CareSource IPC enrollees (from 38 to 39) and remained the same (no change) for Peach State IPC enrollees (from 0 to 0).

Also starting in Q4 2022, CMOs began reporting for IPC enrollees the number of Resource Mother (RM) services and count of IPC participants who had a primary care visit within the first 30 days of enrollment. For Amerigroup IPC enrollees, there were 0 RM services in Q4 2022 as well as the second half of 2023. For CareSource IPC enrollees, there were 38 RM services in Q4 2022 but 22 RM in the first half of 2023 (a 41.2% decrease). For Peach State IPC enrollees, there were 0 RM services in Q4 2022 but 3 RM services in the first half of 2023.

Table 2 also reflects IPC service utilization related to STI screening, pregnancy testing, and annual family planning exams. For STI screening, Amerigroup IPC enrollees increased their services utilization from the last half of 2023 to the first half of 2024 by 116.7% (from 6 to 13), while CareSource IPC enrollees' STI screening decreased 20% (from 5 to 4). Peach State IPC enrollees STI screening decreased by 12.5% (from 8 to 7). Pregnancy testing among IPC enrollees increased for those enrolled in Amerigroup (109.1%, from 11 to 23) and for those in CareSource (66.7%, from 6 to 10). It decreased among Peach State IPC enrolled by 66.7% (from 3 to 1). Annual family planning exams increased for IPC enrollees in Amerigroup (283.2%, from 12 to 46) and Peach State (57.5%, from 73 to 115), but decreased 100% for those enrolled in CareSource (from 2 to 0).

IPC service utilization also varied among the CMOs with regard to substance use treatment, mental health and "other" services. Substance use treatment increased from the last half of 2023 to the first half of 2024 for Amerigroup (100% increase from 4 to 8) and CareSource IPC enrollees (300% from 4 to 20). It remained the same (0% change) for Peach State enrollees (0 to 0). Mental health service utilization remained the same for all IPC enrollees across the CMOs. This included a 0% change for Amerigroup IPC enrollees (from 1 to 1),

CareSource IPC enrollees (4 to 4), and Peach State IPC enrollees (0 to 0). In the category of “other” services, there was wide variability in changes in utilization among IPC enrollees. Amerigroup IPC enrollees did not have any change in utilization of “other” services (0% change, from 0 to 0), while there was 45.7% decrease in utilization for CareSource IPC enrollees (from 71 to 44). For Peach State IPC enrollees, utilization increased 153.6% (28 to 71).

CMOs also reported the counts of IPC participants who had a primary care visit within the first 30 days of enrollment. Neither Amerigroup IPC enrollees nor CareSource IPC enrollees had any primary care visits within the first 30 days of enrollment in either the last half of 2023 or first half of 2024. Only Peach State IPC enrollees experienced a change in primary care visits, with a 96% decrease from the last half of 2023 to the first half of 2024 (from 25 to 1). Finally, there was great variability in the changes in IPC enrollees’ utilization of Resource Mother services from the last half of 2023 to the first half of 2024. For Amerigroup IPC enrollees, there was a 23.4% decrease in resource mother services (from 47 to 36), and a 58.1% decrease for CareSource IPC enrollees (from 93 to 39). Resource mother service utilization increased for Peach State enrollees by 70.6% (from 17 to 29).

Table 2: IPC Primary Care Service Utilization		
	IPC Service Utilization (Q3+Q4 2023)	IPC Service Utilization (Q1+Q2 2024)
Amerigroup	Primary care/office visits: 19 (Q3:8; Q4:11) Dental care: 0 (Q3:0; Q4:0) Pharmacy (contraception specific): 9 (Q3:3; Q4:6) Pharmacy (non-family planning): 25 (Q3:11; Q4:14) Case Management: 87 (Q3:34; Q4:53) STI Screening: 6 (Q3:2; Q4:4) Pregnancy Test: 11 (Q3:4; Q4:7) Annual family planning exam:12 (Q3:5; Q4:7) Substance Use Treatment: 4 (Q3:3; Q4:1) Mental Health:1 (Q3:0; Q4:1) “Other” services: 0 (Q3:0; Q4:0) Count of Interpregnancy Care Participants who had a Primary Care Visit Within the First 30 days of Enrollment:0 (Q3:0; Q4:0) Resource Mother: 47 (Q3:34; Q4:13)	Primary care/office visits: 34 (Q1: 17; Q2: 17) Dental care: 0 (Q1:0; Q2:0) Pharmacy (contraception specific): 14 (Q1:8; Q2:6) Pharmacy (non-family planning): 52 (Q1: 21; Q2: 31) Case Management: 5 (Q1:2; Q2:3) STI Screening: 13 (Q1: 7; Q2: 6) Pregnancy Test: 23 (Q1: 7; Q2: 16) Annual family planning exam: 46 (Q1: 20; Q2: 26) Substance Use Treatment: 8 (Q1: 3; Q2: 5) Mental Health: 1 (Q1: 0; Q2: 1) “Other” services: 0 (Q1:0; Q2: 0) Count of Interpregnancy Care Participants who had a Primary Care Visit Within the First 30 days of Enrollment:4 (Q1:2; Q2:2) Resource Mother: 36 (Q1:24; Q2:12)

CareSource	Primary Care/office visits: 2 (Q3:1; Q4:1) Dental: 1 (Q3:0; Q4:1) Pharmacy (contraception specific): 4 (Q3:3; Q4:1) Pharmacy (non-family planning): 52 (Q3:24; Q4:28) Case Management: 38 (Q3:18; Q4:20) STI Screening: 5 (Q3:1; Q4:4) Pregnancy Test: 6 (Q3:3; Q2: 3) Annual family planning exam: 2 (Q1:1; Q2:1) Substance Abuse Treatment: 3 (Q3:2; Q4:1) Mental Health Treatment 4 (Q3:3; Q4:1) “Other” services: 81 (Q3:45; Q4:36) Count of Interpregnancy Care Participants who had a Primary Care Visit Within the First 30 days of Enrollment: 0 (Q3:0 Q4:0) Resource mother: 93 (Q3:49; Q4:44)	Primary Care/office visits: 37 (Q1:0; Q2:37) Dental: 2 (Q1: 1; Q2:1) Pharmacy (contraception specific): 0 (Q0: 17; Q2: 0) Pharmacy (non-family planning); 35 (Q1: 2; Q2:33) Case Management: 39 (Q1: 16 Q2: 23) STI Screening: 4 (Q1: 2; Q2: 2) Pregnancy Test: 10 (Q1: 2; Q2: 8) Annual family planning exam: 0 (Q1:0; Q2:0) Substance Abuse Treatment: 20 (Q1:0; Q2:0) Mental Health: 4 (Q1: 0; Q2: 4) “Other” services: 44 (Q1: 20; Q2:24) Count of Interpregnancy Care Participants who had a Primary Care Visit Within the First 30 days of Enrollment: 0 (Q1:0; Q2: 0) Resource mother: 39 (Q1:16; Q2: 23)
Peach State	Primary Care/office visits: 16 (Q3:11; Q4:5) Dental Care: 0 (Q3:0; Q4:0) Case Management: 0 (Q3:0; Q4:0) Pharmacy (contraception specific): 5 (Q3:3; Q4: 2) Pharmacy (non-family planning): 1 (Q3:0; Q4:1) STI Screening: 8 (Q3: 7; Q4: 1) Pregnancy Test: 3 (Q3:3; Q4:0) Annual family planning exam: 73 (Q1:26; Q2: 47) Substance Abuse:0 (Q3:0; Q4:0) “Other” services: 28 (Q3: 1; Q4:27) Count of Interpregnancy Care Participants who had a Primary Care Visit Within the First 30 days of Enrollment: 25 (Q3:10; Q4:15) Resource mother:17 (Q3:6 Q4:11)	Primary Care/office visits: 17 (Q1: 11; Q2:6) Dental Care: 0 (Q1:0; Q2:0) Case Management: 0 (Q1:0; Q2:0) Pharmacy (contraception specific): 20 (Q1: 9; Q2: 11) Pharmacy (non-family planning): 6 (Q1: 5; Q2:1) STI Screening: 7 (Q1: 4; Q3: 3) Pregnancy Test: 1 (Q1:0; Q2: 1) Annual family planning exam: 115 (Q1:57; Q2: 58) Substance Abuse: 0 (Q1:0; Q2:0) “Other” services: 71 (Q1:37; Q2:34) Count of Interpregnancy Care Participants who had a Primary Care Visit Within the First 30 days of Enrollment: 1 (Q1:0; Q2: 1) Resource mother: 29 (Q1:12; Q2; 17)

Objective: Increase family planning utilization among Medicaid eligible women by using an outreach and public awareness program designed with input from family planning patients and providers as well as women needing but not receiving services.

Outcome. In Table 3 we provide information received from each CMO regarding outreach activities to new and prospective FP and IPC/RM enrollees and providers for the first half of 2024 (Q1 +Q2). These activities ranged from virtual and in-person events, as well as outreach delivered by “other” means, including telephone calls and mailings. While virtual events were favored by all CMOs during and immediately post-COVID-19 pandemic, most outreach activities have returned to being delivered in person and through mailings or telephone calls.

CMOs may provide qualitative, textual information about any barriers to these outreach activities as well as their strategies to overcome these barriers. Many CMOs note that barriers to delivering outreach to current members are largely due to incorrect contact information and in addition, specific lack of interest in outreach or transportation barriers experienced by IPC/RM enrollees. CMOs report that they are actively working to strengthen their P4HB outreach by utilizing other platforms (e.g., social media), strengthening their outreach campaigns and planning, and by trying to partner with organizations that can enhance promotion of their outreach activities. The CMOs report no barriers to delivering outreach activities/events to providers. These are mainly delivered virtually and through mailings and telephone calls.

CMO	FP and IPC/RM Enrollees	Provider Outreach
Amerigroup	<ul style="list-style-type: none"> • Virtual face-to-face conferencing, in-person activities/events, and activities delivered by other means (mail, calls) • Outreach activities include current FP and IPC members as well as prospective members. • FP and IPC Outreach: 74 total activities/events conducted, with 0 virtual events and 19 in-person activities delivered to 63 participants. 55 activities delivered by other means (mail, calls, etc.) to 55 participants. • Prospective Member Outreach: 2 virtual activities conducted, and 41 in-person activities conducted with a total of 582 prospective members. No activities conducted by other means (mail, calls, etc.) 	<ul style="list-style-type: none"> • 223 virtual provider outreach activities conducted. • 5 in-person provider outreach activities conducted. • 36 provider outreach activities delivered by other means (mail, calls, etc.)
CareSource	<ul style="list-style-type: none"> • Virtual face-to-face conferencing, in-person activities, and activities delivered by other means (mailings) • Outreach activities include current FP and IPC members as well as prospective members. • FP Outreach: 2 virtual activities and 0 in-person activities conducted with a total of 4 members. 16 activities delivered by other means (mail, calls) with 20, 266 members. • IPC Outreach: 2 virtual activities and 0 in-person events conducted. 11 activities delivered by other means (mail, calls, etc.) with 333 members. • Prospective Member Outreach: 0 virtual activities conducted, but 11 in-person activities conducted with 120 prospective members. No activities delivered by other means (mail, calls, etc.). 	<ul style="list-style-type: none"> • Two virtual provider outreach activities conducted, and 2 in-person provider outreach activities conducted with a total of 60 providers. • 6 provider outreach activities delivered by other means (mail, calls, etc.) with 87 providers.

CMO	FP and IPC/RM Enrollees	Provider Outreach
Peach State	<ul style="list-style-type: none"> • Virtual face-to-face conferencing, in-person activities, and activities delivered by other means (mailings) • Outreach activities include current FP and IPC members as well as prospective members. • FP Outreach: 0 virtual outreach activities conducted but 12 in-person activities conducted with 14 total members. 0 activities delivered by other means (mail, calls, etc.) with 0 participants. • IPC Outreach: 0 virtual outreach activities but 12 in-person activities delivered to 2 total participants. 0 activities delivered by other means (mail, calls, etc.) to 0 participants. • Prospective Member Outreach: 0 virtual activities delivered, but 12 in-person activities conducted with 383 prospective members. 6 activities delivered by other means (mail, calls, etc.) to 8,704 prospective members. 	<ul style="list-style-type: none"> • 1,588 virtual provider outreach activities and 2,569 in-person provider outreach activities conducted, with a total of 4,157 providers. • 72,406 provider activities conducted by other means (via mail) with a total of 73,152 providers.

Objective: Increase consistent use of contraceptive methods by providing wider *access* to family planning services and incorporating care coordination and patient-directed counseling into family planning visits.

Outcome. The Care Management Organizations (CMOs) track aspects of case management for individuals enrolled in P4HB IPC or RM only. In this report, we review the case management files for the first two quarters of 2024 (Q1 and Q2), which included data on 1536 unique individuals enrolled in either IPC (953) or RM only (583) across all three CMOs (358 Amerigroup, 458 CareSource, 720 Peach State).

Table 4 shows the proportion of IPC or RM only enrollees who were assigned to a Resource Mother. Among the 1536 unique individuals enrolled in either IPC or RM only for the combined quarters of Q1 and Q2 2024, across all CMOs a total of 1071 (69.7%) were assigned to a Resource Mother, while 465 (30.3%) were not assigned. There was substantial variation in assignment of a Resource Mother across the three CMOs, with the lowest assignment rate for CareSource (25.5%) and the highest for Peach State (100%). There was, however, minimal variability in assignment of a Resource Mother according to whether the woman was enrolled in IPC (670/953, 70.3%) or RM only (401/583, 68.8%).

Table 4. Assignment of Resource Mother (Q1-Q2 2024) by Medicaid Care Management Organization CMO

Assignment of Resource Mother	Medicaid Care Management Organization			TOTAL
	Amerigroup	CareSource	Peach State	
	N=358	N=458	N=720	
Yes	234 (65.4%)	117 (25.5%)	720 (100%)	1071(69.7%)
No	124 (34.6%)	341 (74.5%)	0	465 (30.3%)

In addition to reporting on whether IPC or RM only enrollees who were assigned to a Resource Mother, the CMOs also reported on the number of successful encounters (a composite of in person or telephone) that an enrolled individual had in a given quarter.

Table 5 shows the proportion of IPC or RM only enrollees who had any documented encounter with a Resource Mother. Among the 1536 unique individuals enrolled in either IPC or RM only for the combined quarters of Q1 and Q2 2024, across all CMOs a total of 266 (17.3%) had any documented encounter (with the number of encounters ranging from 1 to 5). There was some variability in having a documented encounter with a Resource Mother according to whether the woman was enrolled in IPC (142/953, 14.9%) or RM only (124/583, 21.3%). There was also some variation in having a documented encounter with a Resource Mother across the three CMOs, with the lowest rates for Peach State (14.2%) and equivalent rates for Amerigroup and CareSource (20.1%). CMOs also reported on whether IPC or RM only enrollees with a documented Resource Mother encounter had a problem list that contained at least one problem and/or a corresponding care plan. Table 5 also shows the proportion of IPC or RM only enrollees with a Resource Mother encounter who had any problem identified and a care plan for an identified problem. Across all CMOs, 87% of those with a Resource Mother encounter had a documented problem and corresponding care plan, with some variability across the CMOs, with Amerigroup having a comparatively low rate (68%) compared to Peach State (88%) and CareSource (100%). The problems and care plan goals that were documented are also given in Table 5 in rank order for each CMO.

Table 5. Any Encounter with Resource Mother among Interpregnancy Care or Resource Mother Only Enrollees for Q1-Q2 2024, by Medicaid Care Management Organization

Case Management	Medicaid Care Management Organization			TOTAL
	Amerigroup	CareSource	Peach State	
Any Resource Mother Encounter	72/358 (20.1%)	92/458 (20.1%)	102/720 (14.2%)	266/1536 (17.3%)
Among those with a Resource Mother Encounter				
Any Problem Identified	49/72 (68%)	92/92 (100%)	90/102 (88%)	231/266 (87%)
Problems Identified	Chronic health conditions Mental health care Contraceptive care Service coordination Child health care Coaching/peer support	Primary health care Chronic health problems Mental health care Behavioral health Coaching/peer support Dental care	Primary health care Dental care Mental health care Coaching/Peer support Contraception Child health care	
Any Care Plan Documented	49/72 (68%)	92/92 (100%)	90/102 (88%)	231/266 (87%)
Care Plan Goals	Healthy lifestyle CMO services Finding mental health care Community services Contraceptive methods	Scheduling appointments Medication adherence Self-management Contraceptive methods Workforce training	Scheduling appointments Community services Contraceptive methods	

Objective: Increase child spacing intervals through effective contraceptive use.

Outcome. One of the goals of the RM in the IPC/RM only components of P4HB is to help enrollees gain access to primary and preventive care with a focus on access to the contraceptive method they desire. As such, the CMOs report on whether participants selected a more effective method of contraception during the reporting period and the specific method of contraception that IPC and RM only enrollees are using at the end of the reporting period. Table 6 shows the proportion of IPC or RM only enrollees for whom there was documentation of selection of a more effective method of contraceptive by the end of the reporting period. Because of the extent of missingness of data (>92% across all three CMOs), it is difficult to draw conclusions from the summary data.

Table 6. IPC and RM Only Enrollees’ Use of Contraceptive Methods for Q1-Q2 2024 by Medicaid Care Management Organization

Contraceptive Method Outcome	Medicaid Care Management Organization		
	Amerigroup	CareSource	Peach State
	N=358	N=458	N=720
Participant selected more effective form			
Yes	4 (1.1%)	4 (0.7%)	0 (0%)
No	22 (6.1%)	9 (2.0%)	36 (4.6%)
Missing/Unknown	332 (92.7%)	446 (97.4%)	694 (96.4%)

Table 7 below reflects the contraception and family planning utilization as reported by each CMO for their FP, IPC, and RM only enrollees. Data are provided for the last half of 2023 (Q3+Q4) and the first half of 2024 (Q1 + Q2) and reflect the use of known contraception and the most common forms of contraception among users of known contraception.

Utilization patterns varied across the three CMOs. Compared to the second half of 2023, the use of known contraception increased in the first half of 2024 among all CMO enrollees. For Amerigroup enrollees, contraception utilization increased 8.1% (from 1, 492 to 1,613). For CareSource enrollees, known contraception utilization increased 13.2% (from 1,681 to 1,902). For Peach State enrollees, known contraception utilization increased 67.9% (from 823 to 1,382). In both the last half of 2023 and first half of 2024, oral contraception was the most preferred form of contraception reported for FP, IPC, and RM enrollees for all three CMOs. Other forms of contraception were also common across enrollees, including injectables, implants, and IUDs. Interestingly, transdermal contraception was a common form of contraception for RM Amerigroup enrollees for both the last half of 2023 and first half of 2024. Tubal ligation was a common form of contraception for Peach State RM enrollees in these time periods as well. Of note, the CMOs no longer report “unknown” forms of contraception of their enrollees, but they do note when no contraception is used. This was a common report of contraception among CareSource IPC and RM enrollees.

Changes in the total number of P4HB women who utilized one or more covered family planning services varied by FP and IPC enrollees in each of the three CMOs. CMOs no longer report utilization of FP services among RM enrollees. Total utilization of family planning services for increased for CareSource and Peach State FP and IPC enrollees but decreased for Amerigroup FP and IPC enrollees. From the last half of 2023 to the first half of 2024, utilization of one or

more covered family planning services increased 31.5% (6,965 to 9,162) for CareSource FP and IPC enrollees and 46.2% (10,361 to 15,146) for Peach State FP and IPC enrollees. Utilization decreased 12.7% for Amerigroup FP and IPC enrollees (from 15,758 to 13,757).

Table 7: CMO Contraception and Family Planning Utilization of Services, 2023 (Q3+Q4) and 2024 (Q1+Q2)				
CMO	Contraception Utilization among FP Users (2023, Q3+Q4)*	Contraception Utilization among FP Users (2024, Q1+Q2)**	Family Planning Utilization (2023, Q3+Q4)	Family Planning Utilization (2024, Q1+Q2)
Amerigroup	<p><u>Use of Known Contraception</u> FP: 1,471 (Q3: 703; Q4: 768) IPC: 10 (Q3:3; Q4:7) RM: 11 (Q3:7; Q4:4) Total: 1,492 (Q3:713; Q4:779)</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (71.5%); injectable (19.0%) IPC: Oral contraception (85.5%); injectable (14.5%) RM: Oral contraception (53.5%); transdermal (39.5%)</p>	<p><u>Use of Known Contraception</u> FP: 1,590 (Q1: 790; Q2: 800) IPC: 19 (Q1:10; Q2: 9) RM: 4 (Q1:2; Q2:2) Total: 1,613 (Q1: 802; Q2: 811)</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (69.5%); injectable (16.5%) IPC: Oral contraception (63.5%); injectables (31.0%) RM: Oral contraception (25.0%); implants (25.0%); transdermal (50%)</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 15,536(Q3: 6,958; Q4:8,578) IPC: 222 (Q3: 104; Q4:118) RM: Not reported Total: 15,758 (Q3: 7,062; Q4: 8,696)</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 13,535 (Q1: 6,738; Q2: 6,797) IPC: 232 (Q1: 109; Q2: 123) RM: Not reported Total: 13,757 (Q1: 6,847; Q2: 6,920)</p>
CareSource	<p><u>Use of Known Contraception</u> FP: 1,590 (Q3:746; Q4:844) IPC: 29 (Q3: 11; Q4:18) RM: 62 (Q3:35; Q4: 27) Total: 1,681(Q3:792; Q4:889)</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (68.0%); injectables (21.0%) IPC: None (39.0%); oral contraception</p>	<p><u>Use of Known Contraception</u> FP: 1,801 (Q1:852; Q2: 949) IPC: 68 (Q1: 32; Q2: 36) RM: 34 (Q1: 21; Q2:13) Total: 1,903 (Q1: 905; Q2: 998)</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Oral contraception (61.5%); injectables (21.0%) IPC: None (38%-Q1); Other (17%-Q2); Oral</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 6,661 (Q3: 3,079; Q4:3,582) IPC: 304 (Q3: 154; Q4: 150) RM: Not reported Total: 6,965 (Q3: 3,233; Q4:3,732)</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 8,878 (Q1: 3,486; Q2: 5,392) IPC: 284 (Q1: 71; Q2:213) RM: Not reported Total: 9,162 (Q1: 3,557; Q2: 5,605)</p>

Table 7: CMO Contraception and Family Planning Utilization of Services, 2023 (Q3+Q4) and 2024 (Q1+Q2)				
CMO	Contraception Utilization among FP Users (2023, Q3+Q4)*	Contraception Utilization among FP Users (2024, Q1+Q2)**	Family Planning Utilization (2023, Q3+Q4)	Family Planning Utilization (2024, Q1+Q2)
	(27.0%), implants (17.0%) RM: None (42.0%) (Oral contraception (14.0%); “other” (37%))	contraception (25%, Q1+Q2) RM: None (61% for Q1+Q2); IUD (10%-Q1); Injectables (10%-Q1); oral contraception (46%-Q2)		
Peach State	<p><u>Use of Known Contraception</u> FP: 808 (Q3: 415; Q4:393) IPC: 5 (Q3:3; Q4:2) RM: 10 (Q3:7; Q4:3) Total: 823 (Q3:425 Q4:398)</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Injectables (68.0%); implant (17%) IPC: Implants (58.5%); injectables (41.5%) RM: Injectables (69.0%); tubal ligation (23.5%)</p>	<p><u>Use of Known Contraception</u> FP: 1,344 (Q1: 655; Q2: 689) IPC: 20 (Q1:9; Q2:11) RM: 18 (Q1: 8; Q2:10) Total: 1,382 (Q1: 672; Q2: 710)</p> <p><u>Most Common Form of Contraception among Users of Known Contraception</u> FP: Injectables (62%); implants (17.5%) IPC: Injectables (79%); IUD (22%-Q2); oral contraception (9%-Q2) RM: Injectables (62.5%); IUD (25%-Q1); implants (20%-Q2); tubal ligation (20%-Q2)</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 10,205 (Q3: 3,539; Q4: 6,666) IPC: 156 (Q3:59; Q4: 97) RM: Notreported Total: 10,361 (Q3: 3,598; Q4: 6,763)</p>	<p><u>Number of Participants who Utilized One or More Covered FP Services</u> FP: 14,874 (Q1: 8,113; Q2: 6,761) IPC: 272 (Q1: 140; Q2: 132) RM: Notreported Total: 15,146(Q1: 8,253; Q2: 6,893)</p>

*Unknown contraception no longer reported

** Reporting of the most common form of contraception is averaged across quarters, except where noted.

Objective: Decrease unintended and *high-risk* pregnancies among Medicaid eligible women.

Outcome. The women in the IPC and RM only components of P4HB have recently delivered a VLBW infant who has high medical needs. These mothers are likely to have medical conditions with a repeat pregnancy and hence, are considered to be ‘high-risk.’ In prior reports we have used claims data to show a lower rate of repeat pregnancies paid by the Georgia Medicaid program for IPC and RM only participants. These data are not available for this semi-annual report but will be contained in the upcoming Annual Report for P4HB due to CMS.

Objective: Decrease Medicaid spending attributable to unintended births and LBW and VLBW babies.

Outcome: If the components of P4HB can increase the use of effective contraceptives and reduce unintended pregnancies delivered on Medicaid, especially those with poorer outcomes, the capitated payments made to CMOs within Georgia Medicaid could be reduced.

Table 8 shows the total capitated payments made to the CMOs for the FP only, IPC and RM only components for the months of January 2024 and June 2024 and the total for the first two quarters of 2024 (January through June). As reported in Table 1, there was virtually no growth (0.9%) in total P4HB enrollment over the first two quarters of 2024. Consistent with this, there was very little change in total capitated payments to the CMOs from the last two quarters of 2023 (-0.8%) to the ~11 million shown for Q1 & Q2 of 2024.

Table 8. P4HB Capitation Payments for January, June & Year-to-date for 2024

<i>Program</i>	<i>January</i>		<i>June</i>		<i>Total \$ Q1&Q2</i>	
FP Only	\$1,745,096	93.9%	\$1,774,631	93.9%	\$10,536,585	93.9%
IPC	\$72,450	3.9%	\$83,505	4.4%	\$470,721	4.2%
RMOC	\$40,490	2.2%	\$31,517	1.7%	\$219,087	2.0%
Total	\$1,858,036	100.0%	\$1,889,653	100.0%	\$11,226,393	100.0%

Consistent with the larger numbers enrolled, and as seen in earlier reports, the FP only component is by far the most costly for Medicaid in terms of total capitated payments. In the first two quarters of 2024 the payments of \$10.5 million to the CMOs accounted for ~94% of the total in both of the time periods reported. Payments to CMOs for women in this component were roughly equal to those in Q3&4 of 2023 (\$10.7 million) despite some growth in the FP only enrollment from Q4 2023 to the end of Q2 2024. The stability in the total expenses for the program is consistent with the dominance of the FP only component in the P4HB program.

In contrast to a slight decline (-1.6%) in capitated payments for FP only enrollees from the last two quarters of 2023 (~10.7 million) to first two quarters of 2024 (~10.5 million), payments for IPC enrollees increased ~46% from \$322,597 to \$470,721 over that time period while the RM only payments declined ~26% from \$296,388 to \$219,087 over this period. The changes seen in expenditures by the subcomponents of P4HB are not necessarily consistent with the changes in

enrollment in the P4HB components discussed earlier in this report. Changes in the PMPM payment rates to the CMOs may be behind these patterns.

Member Surveys.

Member surveys are done once a year and usually in the 4th quarter of each year. Hence, we only report on them in the annual report. The 2024 annual report that is due in Feb/March 2025 will contain the data from the 2024 member surveys.

Disenrollment, Service Denials, and Provider Claims. CMS requires that each semi-annual report show comparisons for *disenrollment; denials of service; provider claims; and complaints, grievances and appeals* for the current reporting period and comparison of these measures for the same period for the previous 2 years. These data were included in our prior semi-annual report; here we report comparisons for two years prior (July 2021-December 2021, 2022, 2023) as well as for the current reporting period (January-June 2024).

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

- January-June 2024 compared to January-June 2022 and January-June 2023; and
- July-December 2023 compared to July-December 2021 and July-December 2022 (back reporting).

Table 9 - Disenrollment, Denial of Service & Provider Claims 2021-2024

Reporting Period	Disenrollment	Denials of Service	Provider Claims
Jan-June 2022	308	87,498	33,710
Jan-June 2023	551	92,318	37,212
Jan-June 2024	617	79,243	29,988
July-Dec 2021	421	87,242	32,606
July-Dec 2022	574	85,967	35,046
July-Dec 2023	498	99,277	39,069

As the data in the top rows of Table 9 show, disenrollment of P4HB members increased from a total of only 551 in the Jan-June 2023 time period from the 308 in this same period in 2022. In the current Jan-June 2024 time period disenrollment increased further to 617.

Denials of service for the Jan-June 2023 period (92,318) were 5.5% higher than the 87,498 reported for the same period in 2022. However, the number of denials then declined by 14.2% in the Jan-June 2024 time period to 79,243. Counts of provider claims shown in column three of Table 15 were fairly stable at ~32-33,000 over the time periods through Jan-June 2022 but increased to 37,212 in Jan-June 2023 and declined further to 29,988 in Jan-June 2024.

The pattern in disenrollment of P4HB clients in the last six months of each of the 2021-2023 years is overall, a pattern of increasing disenrollment. In the July-Dec 2021 time period disenrollment stood at 421 and grew to 574 in the July-Dec 2022 time period before declining to 498 in the July-Dec 2023 time period. Denials of service which stood at 87,242 in the July-Dec 2021 period fell to 85,967 in the July-Dec 2022 period but increased by 15.5% to 99,277 in the July-Dec 2023 time period. Finally, the provider claims for the last six months of each year show a steady increase from the July-Dec 2021 (32,606) to July-Dec 2022 (35,046) and further, to 39,069 in July-Dec 2023 time period.

Grievances. We discuss the data in Table 10 on counts of grievances overall and by CMOs for the similar time periods:

- January-June 2024 compared to January-June 2023 and January-June 2022; and
- July-December 2023 compared to July-December 2022 and July-December 2021 (back reporting).

Table 10 - Grievances by County By CMO 2021-2024

P4HB Grievance Count by CMO				
Reporting Period	Amerigroup	CareSource	Peach State/WC	Total
Jan-June 2022	19	8	7	34
Jan-June 2023	31	10	5	46
Jan-June 2024	58	8	14	80
Average 1st Half of Each Year	36.0	8.7	8.7	53.4
July-Dec 2021	13	13	9	35
July-Dec 2022	24	9	15	48
July-Dec 2023	41	13	15	69
Average 2nd Half of Each Year	26.0	11.7	13.0	50.7

In the Jan-June 2022 reporting period there were a total of 34 grievances across all 4 CMOs with most (19) of those from the Amerigroup CMO. This pattern continues through the following Jan-June 2023 where grievances rose to 46 and to the Jan-June 2024 time period when

grievances grew to 80. The average for the first half of each year shows that 36.0 of the total 53.7 grievances reported were from Amerigroup enrollees. In the July-Dec 2022 time period grievances grew by 37.1% from 35 in the July-Dec 2021 time period and further grew to a total of 69 in the July-Dec 2023 time period. As the average for the second half of each year again illustrates, most of the grievances (26.0 of the 50.7) were within the Amerigroup CMO.

IV. Budget Neutrality and Financial Reporting

Objective: Decrease the number of Medicaid-paid deliveries from the number expected to occur in the absence of the Demonstration beginning in the second year.

Outcome: Expenditures for the P4HB demonstration for January 1 through June 30, 2024, appears in the Budget Neutrality Report as submitted by DCH.

V. Evaluation Activities & Interim Findings

A key milestone in the P4HB Evaluation Design approved by CMS was the 2022 Interim Evaluation Report and the update sent in March of 2024. In these reports we addressed several research questions pertaining to access and utilization based on claims data but also using survey data for Georgia and comparison states. These specific questions (numbered 1, 2, 4 and 5 in the P4HB Evaluation Design) are:

1. How did P4HB beneficiaries utilize covered health services?
2. Did P4HB enrollees maintain coverage for 12 months or longer? How did sociodemographic, county, and economic factors affect the probability of disenrollment?
4. Was P4HB associated with a reduction in the share of unintended pregnancies among Medicaid live births?
5. Did P4HB reduce Georgia's Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services?

The analysis addressing each of these research questions to date, was described and results were reported on pages 12-37 of the Draft Interim Evaluation Report, Planning for Healthy Babies Program[®] (P4HB[®]) 1115 Demonstration in Georgia, Submitted to the Centers for Medicare and Medicaid Services by the Georgia Department of Community Health (DCH) and Emory University, Rollins School of Public Health (RSPH), Department of Health Policy and Management (HPM) on March 31, 2024.