

**Annual Report**

**Planning for Healthy Babies Program® (P4HB®)**

**1115 Demonstration in Georgia**

**July 1-December 31, 2020**

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

**By:**

**The Georgia Department of Community Health (DCH)**

**And**

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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:

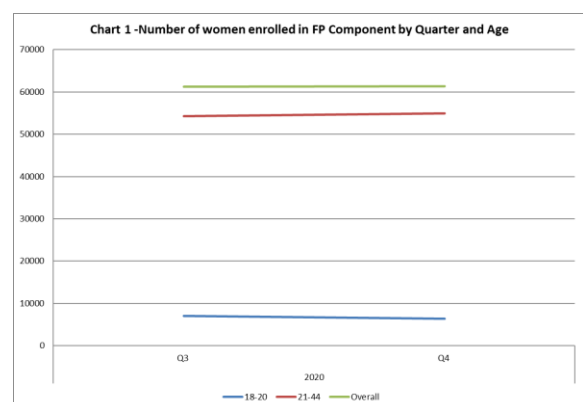
The P4HB program was granted multiple temporary extensions through August 29, 2019. The Center for Medicare and Medicaid Services (CMS) extended the P4HB waiver program effective September 1, 2019 through December 31, 2029. This approval of P4HB is based on the determination that the continued demonstration 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 second of those reports to be sent to CMS. It covers the period from July 1, 2020 through December 31, 2020. 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 3 and Quarter 4, 2020; 5) CMO outreach activities; 6) member and provider surveys from 2020; 7) IPC and RM contacts and social services; 8) legislative developments (CARES Act); 9) grievances; and 10) evaluation activities. We discuss each of these topics in turn.

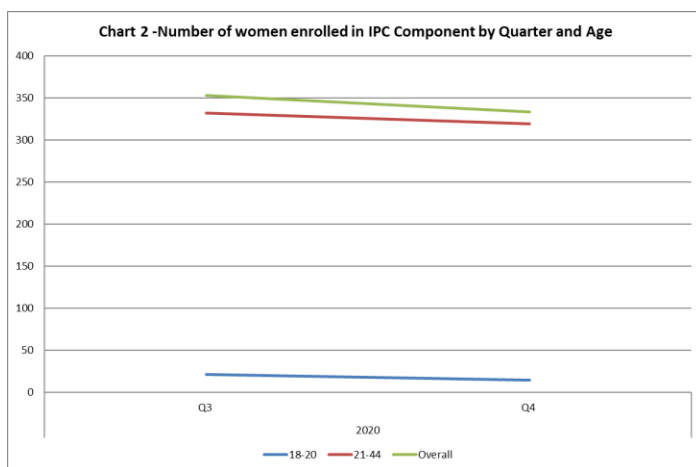
### **ENROLLMENT:**

As shown in the following graphs, the growth in the total number of enrollees in the several components of P4HB seen in the first two quarters of 2020 has stabilized in Q3 and Q4 of 2020. Enrollment in the family planning only (FP only) component is dominant with 61,348 total (Chart 1) enrollees out



of the grand total of 62,110 enrolled in P4HB at the end of Q4 2020. From Q3 to Q4 of 2020 there was virtually no change in the total number of FP only enrollees with the total changing by

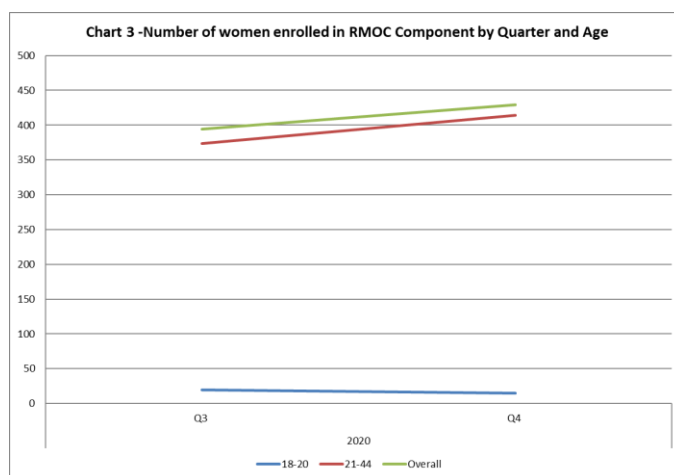
only 22 enrollees. The women entering the FP only component of P4HB continue to be largely in the 21 to 44 age group with this group comprising ~90% in the last quarter of 2020. While their numbers grew by ~17% in the first two quarters of 2020 they only grew by 1.3% in the last two quarters of 2020 while the number in the 18-20 age group actually declined 9.6% from Q3 to Q4 2020.



There was also increased enrollment of women in the IPC only component of P4HB over the first two quarters of 2020 to a total of 319 at the end of Q2. While the IPC enrollment increased further to 353 at the beginning of Q3, the total number in this component declined to

333 by the end of Q4 2020. This component of P4HB remains the much smaller component of P4HB.

In contrast to the patterns seen for the IPC component, there was growth of almost 9% in the RM only component with enrollment rising from 394 to 429 over the last six months of 2020. Here too, the growth in these program components and the total number of women enrolled is



predominantly among women in the older age group accompanied by declines among younger women. Older women are more likely to have developed the health conditions that can result in

poor maternal and infant outcomes, such as the very low birth weight infant (VLBW) which qualifies women for IPC/RM only services. We note that the total of 762 women in these components of the P4HB program at the end of 2020 is about 47% of the total 1,610 VLBW infants born to Medicaid women by the end of 2019 (based on claims data).

The women in the FP only and IPC/RM components of P4HB are enrolled in the four Care Management Organizations (CMOs) serving Medicaid enrollees in Georgia: Amerigroup, CareSource, Peach State, and WellCare. In Table 1 we show the counts of FP only and IPC/RM only enrollees in Q3 and Q4 for each of the four CMOs and note the percentage increase as well as the share of total enrollees served by each CMO over the last two quarters of 2020.

**Table 1. Enrollment Growth and Share Served by CMO, July – December 2020**

ENROLLMENT BY CMO AND AGE GROUP FOR Q3 AND Q4 2020															
	Amerigroup			Caresource			Peachstate			WellCare			All CMOs		
	Q3	Q4	Growth	Q3	Q4	Growth	Q3	Q4	Growth	Q3	Q4	Growth	Q3	Q4	Growth
<b>FP</b>															
<b>18-20</b>	1942	1786	-8.0%	1525	1405	-7.9%	1901	1775	-6.6%	1669	1398	-16.2%	7037	6364	-9.6%
<b>21-44</b>	15205	15562	2.3%	12269	12849	4.7%	15238	15700	3.0%	11577	10873	-6.1%	54289	54984	1.3%
<b>Total</b>	17147	17348	1.2%	13794	14254	3.3%	17139	17475	2.0%	13246	12271	-7.4%	61326	61348	0.0%
<b>% Total</b>		28.3%			23.2%			28.5%			20.0%				
<b>IPC</b>															
<b>18-20</b>	6	4	-33.3%	5	4	-20.0%	5	3	-40.0%	5	3	-40.0%	21	14	-33.3%
<b>21-44</b>	77	74	-3.9%	89	102	14.6%	99	88	-11.1%	67	55	-17.9%	332	319	-3.9%
<b>Total</b>	83	78	-6.0%	94	106	12.8%	104	91	-12.5%	72	58	-19.4%	353	333	-5.7%
<b>% Total</b>		23.4%			31.8%			27.3%			17.4%				
<b>RMOC</b>															
<b>18-20</b>	2	1	-50.0%	7	6	-14.3%	7	7	0.0%	4	1	-75.0%	20	15	-25.0%
<b>21-44</b>	57	59	3.5%	93	109	17.2%	80	84	5.0%	144	162	12.5%	374	414	10.7%
<b>Total</b>	59	60	1.7%	100	115	15.0%	87	91	4.6%	148	163	10.1%	394	429	8.9%
<b>% Total</b>		14.0%			26.8%			21.2%			38.0%				
<b>All Programs</b>															
<b>18-20</b>	1950	1791	-8.2%	1537	1415	-7.9%	1913	1785	-6.7%	1678	1402	-16.4%	7078	6393	-9.7%
<b>21-44</b>	15339	15695	2.3%	12451	13060	4.9%	15417	15872	3.0%	11788	11090	-5.9%	54995	55717	1.3%
<b>Total</b>	17289	17486	1.1%	13988	14475	3.5%	17330	17657	1.9%	13466	12492	-7.2%	62073	62110	0.1%
<b>% Total</b>		28.2%			23.3%			28.4%			20.1%				

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

These data show that the changes in enrollment over the last part of 2020 varied across the CMOs and across the P4HB program components. There was actually no growth in FP only enrollees in the WellCare CMO but a decline of -7.4% and only slight growth of 1-3% in the other CMO's enrollment in the FP only component of P4HB. Combined, this meant there was no growth in the total FP only enrollees across the CMOs. By the end of the last two quarters of 2020 the share of the total FP only enrollment in each CMO ranged from 20% to ~28% with the WellCare CMO having the lowest share.

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 6% in IPC enrollment over the last two quarters of 2020. These declines in IPC enrollment varied from 6 to 19% for all but one CMO. There was a growth of almost 13% in IPC enrollment in the CareSource CMO; again, this reflects some combination of their enrolled women with a VLBW infant and the rate of IPC enrollment in this CMO. The share of all women enrolled postpartum in the IPC component ranged from ~17% to ~32% at the end of the 4<sup>th</sup> quarter of 2020 with CareSource having the largest share. Overall, the CMOs there was ~9% growth in the enrollment of women in the RM only component of P4HB with CareSource again showing the highest growth rate at 15%. The distribution of the RM only enrollees across the CMOs varied markedly at the end of Q4 2020 with the WellCare CMO serving 38% of the total number of RM only enrollees and Amerigroup serving 14% of this total component of P4HB.

## **EXPENDITURES:**

Along with the slower growth and slight 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 were \$2.3 million in July and declined slightly to \$2.2 million in December of 2020 for a total of just over \$13 million in the last two quarters of 2020. As would be expected from the enrollment numbers the

**Table 2. P4HB Capitation Payments July, December and Year-to-Date 2020**

	July		December		Total Q3 and Q4 \$	
Program	\$	%	\$	%	\$	%
FP Only	\$2,114,325	93.6%	\$2,020,647	93.4%	\$12,219,146	93.5%
IPC	\$80,787	3.6%	\$68,205	3.2%	\$440,433	3.4%
RMOC	\$63,899	2.8%	\$73,640	3.4%	\$409,719	3.1%
Total	\$2,259,011	100.0%	\$2,162,492	100.0%	\$13,069,298	100.0%

*Source: Georgia Department of Community Health, MMIS (Medicaid management Information System) Reports MGD-3610-W (MCHB Payment Activity Report) Run Date – 12/13/2020, Covers July-December 2020, includes monthly expenditures and Year to Date totals for each program and overall.*

bulk of the expenditures were for capitated payments to CMOs to serve the FP only enrollee group of women. Throughout the last six months of 2020, ~93 to 94% of total P4HB expenditures were for this group equaling a total of \$12.2 million for Q3 and Q4 2020. The share of total spending for the IPC and RM only women comprised ~3.0 to almost 4% of the total throughout the last two quarters of 2020. By the end of 2020 the total expenditures in the last two quarters for these two components were close with \$440,433 expended for IPC enrollees and \$409,719 for RM only enrollees. Combining the data from our prior semi-annual report with data in Table 2 the total capitated payments for P4HB for the 2020 equaled \$24.2 million.



### **CMO REPORTS:**

Some of the information included in the following tables was abstracted from the CMOs P4HB 2020 quarterly reports (Q3 and Q4). 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. These data are presented for the second half of 2020 (July-December 2020). DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own encounter data which was presented earlier in Table 1 of this report. One reason for these discrepancies is that DCH data are abstracted from the beginning of the last month of the quarter while the CMOs abstract data from the last day of the reporting quarter. We note that the family planning and contraceptive utilization patterns reported by the CMOs will also differ from the claims-based data discussed earlier in this report which was for the first six months of enrollment and organized by the WHO tiers of effectiveness.

**Table 3: CMO Enrollment and Utilization of Services, July-December 2020**

CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><b><u>DCH Reported Enrollment</u></b>  FP: 34,495  IPC: 161  RM: 119  Total Enrollment: 34,775  % of all P4HB enrollment: 28.2%</p> <p><b><u>CMO Reported Enrollment</u></b>  FP: 38,251  IPC: 227  RM: 153  Total Enrollment: 38,631  % of all P4HB enrollment: 28.2%</p>	<p><b><u>Use of Known Contraception</u></b>  FP: 1,976  IPC: 16  RM: 29  Total: 2,021</p> <p><b><u>Most Common Form of Contraception among Users of Known Contraception</u></b>  FP: Oral contraception (53.7%); injectable (32.1%)  IPC: Injectable (37.5%); oral contraception (31.3%)  RM: Injectables (44.8%); oral contraception (34.5%)</p> <p><b><u>Number of Women with Unknown Form of Contraception</u></b>  FP: 7,973  IPC: 84  RM: 79  Total: 8,136</p>	<p><b><u>Number of Participants who Utilized One or More Covered FP Services</u></b>  FP: 9,949  IPC: 100  RM: 108  Total: 10,157</p> <p><b><u>IPC Service Utilization</u></b>  Dental care: 28  Primary care: 131</p>
CareSource	<p><b><u>DCH Reported Enrollment</u></b>  FP: 28,048  IPC: 200  RM: 215  Total Enrollment: 28,463  % of all P4HB enrollment: 22.9%</p> <p><b><u>CMO Reported Enrollment</u></b>  FP: 31,048  IPC: 232  RM: 240  Total Enrollment: 31,520  % of all P4HB enrollment: 23.0%</p>	<p><b><u>Use of Known Contraception</u></b>  FP: 1,555  IPC: 46  RM: 3  Total: 1,604</p> <p><b><u>Most Common Form of Contraception among Users of Known Contraception</u></b>  FP: Oral contraception (64.8%); injectables (23.5%)  IPC: Implants (32.6%); oral contraception (28.3%)  RM: Injectables (33.3%); condoms (33.3%)</p> <p><b><u>Number of Women with Unknown Form of Contraception</u></b>  FP: 5,043  IPC: 25  RM: 2  Total: 5,070</p>	<p><b><u>Number of Participants who Utilized One or More Covered FP Services</u></b>  FP: 6,598  IPC: 71  RM: 5  Total: 6,674</p> <p><b><u>IPC Service Utilization</u></b>  Primary Care: 6  Dental: 9  Substance Abuse: 0  Resource Mother: 5</p>

**Table 3: CMO Enrollment and Utilization of Services, July-December 2020**

CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><b><u>DCH Reported Enrollment</u></b>  FP: 34,614  IPC: 195  RM: 178  Total Enrollment: 34,987  % of all P4HB enrollment: 28.2%</p> <p><b><u>CMO Reported Enrollment</u></b>  FP: 36,404  IPC: 228  RM: 224  Total Enrollment: 36,856  % of all P4HB enrollment: 26.9%</p>	<p><b><u>Use of Known Contraception</u></b>  FP: 5,090  IPC: 67  RM: 93  Total: 5,250</p> <p><b><u>Most Common Form of Contraception among Users of Known Contraception</u></b>  FP: Injectables (35.2%); oral contraception (26.3%)  IPC: Injectables (28.4%); oral contraception (25.4%)  RM: Injectables (25.8%); oral contraception (23.7%)</p> <p><b><u>Number of Women with Unknown Form of Contraception</u></b>  FP: 723  IPC: 4  RM: 2  Total: 729</p>	<p><b><u>Number of Participants who Utilized One or More Covered FP Services</u></b>  FP: 5,813  IPC: 71  RM: 95  Total: 5,884</p> <p><b><u>IPC Service Utilization</u></b>  Primary Care: 34  Dental care: 6  Substance Abuse: 0  Resource Mother: 112</p>
WellCare	<p><b><u>DCH Reported Enrollment</u></b>  FP: 25,517  IPC: 130  RM: 311  Total Enrollment: 25,958  % of all P4HB enrollment: 20.9%</p> <p><b><u>CMO Reported Enrollment</u></b>  FP: 29,616  IPC: 169  RM: 292  Total Enrollment: 30,077  % of all P4HB enrollment: 21.9%</p>	<p><b><u>Use of Known Contraception</u></b>  FP: 2,465  IPC: 25  RM: 32  Total: 2,522</p> <p><b><u>Most Common Form of Contraception among Users of Known Contraception</u></b>  FP: Oral contraception (56.8%); injectables (32.5%)  IPC: Oral contraception (60.0%); injectables (24.0%)  RM: Oral contraception (62.5%); injectables (37.5%)</p> <p><b><u>Number of Women with Unknown Form of Contraception</u></b>  FP: 6,151  IPC: 42  RM: 4  Total: 6,219</p>	<p><b><u>Number of Participants who Utilized One or More Covered FP Services</u></b>  FP: 8,616  IPC: 67  RM: 36  Total: 8,719</p> <p><b><u>IPC Service Utilization</u></b>  Dental: 5  Primary Care: 0  Substance Abuse: 0</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from the first half of 2020 (Q1 and Q2) to the second half of 2020 (Q3 and Q4). Amerigroup reported an overall enrollment increase of 12.4% from the first to the second half of 2020 (34,456 to 38,631). Enrollment increased in all categories, with the largest increase (17.1%) in IPC enrollees (from 194 to 227). CareSource reported an overall enrollment decrease of 4.9% from the first to the second half of 2020 (33,148 to 31,520). Enrollment decreased in the FP and IPC categories but increased in the RM category. Peach State reported an overall enrollment increase of 35.4% from the first to the second half of 2020 (27,214 to 36,856). Enrollment increased in all categories with the largest increase in the FP category (35.7%) from 26,820 to 36,404 enrollees. WellCare experienced an overall enrollment increase from the first to the second half of 2020 (28,848 to 30,077). Enrollment increased in all categories, with the largest increase (111.6%) in RM enrollees (from 138 to 292).

Utilization patterns also varied across the four CMOs. From the first half to the second half of 2020, the use of known contraception increased among Amerigroup and Peach State enrollees but decreased among CareSource and WellCare enrollees. For Amerigroup enrollees, contraception utilization increased 1% (from 2,002 to 2,021). For Peach State enrollees, known contraception utilization increased 18.5% (from 4,429 to 5,250). For CareSource enrollees, known contraception utilization decreased 19.6% (from 1,996 to 1,604), and for WellCare enrollees, known contraception utilization decreased 9.8% (from 2,797 to 2,522).

In the second half of 2020, oral contraception was the most preferred form of contraception reported for FP enrollees for two of four CMOs (37.5% for Amerigroup, 28.4% for Peach State; are). For CareSource enrollees, the most preferred form of contraception was implants (32.%), while for WellCare IPC enrollees, the most preferred form of contraception was oral contraception (60.0%).

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 9.6% for FP enrollees, increased 22% for IPC enrollees, and increased 14.9% for RM enrollees. For CareSource, utilization increased 8.4% for FP enrollees, increased 47.9% for IPC enrollees, and decreased by 16.7% for RM enrollees. For Peach State enrollees, utilization of one or more family planning services increased 19.8% for FP enrollees, decreased 25.3% for IPC enrollees, and increased by 18.8% for RM enrollees. For WellCare enrollees, utilization increased 1.7% for FP enrollees, increased 15.5% for IPC enrollees, and increased 140% for RM enrollees.

Service utilization among the CMOs' IPC enrollees also varied. Compared to the first half of 2020, utilization of primary care services increased 52.3% among Amerigroup enrollees (52.3%), 200% among CareSource enrollees, and 17.2% among Peach State enrollees. There was no change in the utilization of primary care services among WellCare enrollees. Dental care utilization decreased from the first half to the second half of 2020 among IPC enrollees of Amerigroup and Peach State but increased for IPC enrollees of CareSource and WellCare enrollees. Dental care utilization decreased 45.1% for Amerigroup IPC enrollees and decreased 33.3% for Peach State IPC enrollees. Dental care utilization increased 28.6% for CareSource enrollees and 25% for WellCare 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 last six months of 2020 (July to December 2020). The CMOs were able to conduct numerous outreach activities in this time-period.

<b>Table 4: CMO Outreach, July-December 2020</b>		
<b>CMO</b>	<b>All Outreach Activities</b>	<b>IPC Specific Outreach</b>
<b>Amerigroup</b>	<ul style="list-style-type: none"> <li>• Virtual conferencing used in place of face-to-face visits.</li> <li>• New member mailings and welcome calls</li> </ul>	<ul style="list-style-type: none"> <li>• Reminder letters and phone calls</li> <li>• 55 successful welcome calls made to IPC and RM participants</li> <li>• Due to the COVID-19 pandemic, no home visits were made.</li> </ul>
<b>CareSource</b>	<ul style="list-style-type: none"> <li>• Welcome calls and postcards to all P4HB enrollees within 30 days of being eligible.</li> <li>• New member mailings</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome calls to IPC and RM participants</li> <li>• Reminder letters and phone calls</li> <li>• 315 successful outreach efforts to IPC and RM members to engage in case management.</li> <li>• Due to the COVID-19 pandemic, no home visits were made.</li> </ul>
<b>Peach State</b>	<ul style="list-style-type: none"> <li>• 4,281 new enrollees received a call from PS about the P4HB benefits and services.</li> <li>• 3,904 new enrollee packets were mailed to new members.</li> <li>• Hosted 13 virtual events with P4HB enrollees to discuss program services.</li> <li>• 1,185 enrollees (both new and existing PSHP members) received educational materials resulting in a phone call to the plan to inquire about P4HB.</li> </ul>	<ul style="list-style-type: none"> <li>• 110 members who had a VLBW infant received telephone calls</li> <li>• A total of 327 mothers seen in a high-volume delivery hospital were educated with a virtual face-to-face visit.</li> </ul>
<b>WellCare</b>	<ul style="list-style-type: none"> <li>• Due to the COVID-19 pandemic, most community outreach has transition to virtual activities.</li> <li>• P4HB mailings sent to 1,840 members who recently delivered.</li> </ul>	<ul style="list-style-type: none"> <li>• Resource Mothers attempted to contact enrollees to educate them on plan benefits.</li> <li>• 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. Members were forwarded to the state</li> <li>• In the last half of 2020, the Resource Mothers conducted telephone outreach to 4,599 enrollees. Of these, 1,912 were educated on Plan benefits.</li> </ul>

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 last two quarters of 2020 (Q3 and Q4), which included data on 1331 unique women enrolled in either IPC or RM only across all four CMOs (302 Amerigroup, 467 CareSource, 435 Peach State, 127WellCare). Among these 1331 women, 716 (54%) accepted case management, 102 (8%) declined case management, and for 379 (38%) information about acceptance or declination of case management was either missing or pending. For Q3 and Q4, the declination of case management varied according to whether the woman was enrolled in IPC (5%) or RM only (10%). 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

<b>Case Management</b>	<b>Medicaid Care Management Organization</b>				<b>TOTAL N = 1331</b>
	<b>Amerigroup N = 302</b>	<b>CareSource N = 467</b>	<b>Peach State N = 435</b>	<b>WellCare N = 127</b>	
Accepted	76 (25%)	201 (43%)	318 (73%)	121 (95%)	716 (54%)
Declined	12 (4%)	40 (9%)	47 (11%)	3 (2%)	102 (8%)
Missing/Pending	214 (71%)	226 (48%)	70 (16%)	3 (3%)	513 (38%)

Among the 716 women who accepted case management, 255 (36%) had at least one phone or face-to-face contact with the case manager during Q3 and/or Q4, whereas 461 (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 = 716
	Amerigroup N = 76	CareSource N = 201	Peach State N = 318	WellCare N = 121	
Face-to-face or telephone	0 (0%)	7 (4%)	181 (57%)	67 (55%)	255 (36%)

Among the 255 enrollees who had at least one phone or face-to-face contact with the case manager, 156 (61%) had a problem list that contained at least one problem; the most common items on the problem list were annual health exam, general health and social concerns, employment and job skills, high blood pressure, diabetes, or other health conditions, community resources, finances, baby or childcare, family and intimate relationships, education, and transportation. For this group of enrollees with a least one phone or face-to-face contact with the case manager, 143 (56%) had care plan goals, with the most common goals being around healthy lifestyle education, community resource education, employment, and support for follow-up health care appointments (setting and keeping appointments), as well as housing, finances, and education. In contrast, among the 461 enrollees who did not have at least one phone or face-to-face contact, only 65 (14%) had a problem list that contained at least one problem; the most common items on the problem list were annual health exam, community resources, other contributing health conditions, employment, housing, job skills, transportation, and childcare. For this group of enrollees, 83 (18%) 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 9% of those declining case management were using a more effective method at the end of the quarter whereas 17% of those who accepted and had no face-to-face or phone contact with the case manager were and 11% of those who accepted and had at least one face-to-face or phone contact with the case manager were ( $p=0.047$ ). 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 = 102	Accepted, No face-to-face or phone contact N = 461	Accepted, Face-to-face or phone contact N = 255	
Participant selected more effective form of birth control	9 (9%)*	76 (17%)*	29 (11%)*	<b>0.047*</b>
Birth control method used at end of the period:				<b>&lt;0.001*</b>
Sterilization	1 (1%)	42 (9%)	10 (4%)	
LARC	5 (5%)	31 (7%)	38 (15%)	
Injectable	11 (11%)	16 (4%)	24 (9%)	
Oral contraceptive pills	12 (12%)	40 (9%)	34 (13%)	
Condoms	1 (1%)	15 (3%)	13 (5%)	
Other	0	4 (1%)	5 (2%)	
None	9 (9%)	45 (10%)	61 (24%)	
Unknown/Missing	63 (63%)	268 (58%)	75 (29%)	

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

## **MEMBER & PROVIDER SURVEYS**

### **Overview**

As part of the P4HB program, the CMOs, in collaboration with DCH, monitor member and provider overall knowledge and understanding of the program one to two times a year through an analysis of member and provider surveys. These surveys represent four CMOs, Amerigroup, CareSource, Peach State, and Well Care. The CMOs and DCH review the results of each wave of the surveys to identify areas of poor understanding about the P4HB program. Analyses of these survey results help the CMOs and DCH better understand and improve member and provider experiences with the P4HB program, as it is important to both the CMOs and DCH to identify any area that could negatively affect the satisfaction of members and providers who participate in the program. Any areas that do not meet the CMOs' performance goals are analyzed for barriers and opportunities for improvement. Although there are concerns with the low response rates for the surveys and the lack of information on representativeness of the respondents, these surveys provide DCH with an overall 'view' of member and provider involvement with the P4HB program and potential barriers to greater awareness and involvement in the program.

### **Survey Methods**

To date, the member and provider surveys have been administered in sixteen waves. The most recent wave of the member and provider surveys, the sixteenth wave, was conducted in August and September of 2020. Members identified by the CMOs were contacted by phone for the survey (4,000 participants). Of the 4,000 program participants contacted, 109 (2.7%) responded to the survey. All contracted providers who participated in the program during the

same period with a valid e-mail address (2,000) were sent the provider survey via the online “Survey Monkey” tool. A mere 14 (0.7%) providers responded. The sections below provide a summary of the responses from the most recent wave of the CMOs’ member and provider surveys (wave sixteen).

### **CMO Member Survey Results**

In this most recent 16th wave, each CMO was able to pull a random sample of 1,000 members for a total of 4,000 that met the selection criteria for inclusion in the member survey. The rate of participation in the member surveys, across the four CMOs, was 2.7% for wave 16. For wave 16, the member response rates were: 2.6% (26/1,000) for Peach State, 3.3% (33/1,000) for Amerigroup, 1.6% (16/1000) for WellCare, and 3.4% (34/1000) for CareSource. As before, we note these are far below a desired level of survey response.

Table 8 summarizes the members’ responses regarding reasons for their enrollment in the P4HB program, the services they have used, the services they had trouble accessing prior to enrollment in P4HB and the types of problems encountered with accessing those services, as well as benefits of the P4HB program to the member. For the most recent waves of the survey, a substantial percentage of respondents reported enrolling in the P4HB program to receive primary care services (between 69 and 67% in waves 15 and 16, respectively), which was the most common response. The next most common response regarding reason for enrollment was to receive birth control or family planning (48% and 42% in waves 15 and 16, respectively). Approximately one-third of respondents indicated their reason for enrollment was to receive testing or treatment for sexually transmitted infections (approximately 36% in both waves) and pregnancy testing (33% and 31% in waves 15 and 16, respectively).

Regarding reported service utilization among respondents, approximately 58% and 52%,

respectively, reported that they used primary care services (the most common response) whereas 41% and 43% in waves 15 and 16 indicated they used birth control or family planning services. Between one-quarter and one-third in each of waves 15 and 16 indicated they used pregnancy testing (26% and 32%, respectively) or services for the testing or treatment of sexually transmitted infections (25% and 33%, respectively).

The most commonly reported service that respondents indicated that they had trouble accessing prior to enrolling in P4HB was primary care (38% and 46% in waves 15 and 16, respectively). Nearly thirty percent also reported having problems with accessing birth control or family planning services prior to enrolling in P4HB in both of the two most recent waves. Less commonly reported problems were in accessing testing or treatment for sexually transmitted infections (16% and 25% in waves 15 and 16, respectively) and pregnancy testing (13% and 15%, respectively).

A substantial number of respondents reported that P4HB made particular changes for them. Approximately 39% reported that with P4HB they started using a method of birth control in both of the two most recent waves of the survey. Approximately one-quarter (25% and 28% in waves 15 and 16, respectively) indicated they began going to a different doctor or nurse for family planning services or to a different doctor or nurse for primary care. Approximately 16% in both waves indicated that they changed their birth control method under P4HB.

<b>Table 8. Enrollment and Utilization of Services in P4HB®</b>		
	<b>15th Wave N=110 Responses n (%)</b>	<b>16th Wave N=109 Responses n (%)</b>
<b>Enrollment in P4HB® to get...</b>		
Birth control or family planning services	53 (48.2%)	46 (42.2%)
Pregnancy testing	37 (33.6%)	34 (31.2%)
Testing or treatment for sexually transmitted infections	40 (36.4%)	39 (35.8%)
Primary care (such as routine check-up, care for an illness)	76 (69.1%)	73 (67.0%)
Other	16 (14.5%)	10 (9.2%)
<b>Have used these P4HB® services...</b>		

Birth control or family planning services	46 (41.8%)	47 (43.1%)
Pregnancy testing	29 (26.4%)	35 (32.1%)
Testing or treatment for sexually- transmitted infections	28 (25.5%)	36 (33.0%)
Primary care (such as routine check-up, care for an	64 (58.2%)	57 (52.3%)
Other	4 (3.6%)	2 (1.8%)
<b>Before enrolling in P4HB®, had trouble getting...</b>		
Birth control or family planning services	32 (29.1%)	29 (26.6%)
Pregnancy testing	15 (13.6%)	17 (15.6%)
Testing or treatment for sexually- transmitted infections	18 (16.4%)	27 (24.8%)
Primary care (such as routine check-up, care for an illness)	42 (38.2%)	50 (45.9%)
Other	12 (10.9%)	19 (17.4%)
<b>Changes P4HB® made for the participant...</b>		
I am going to a different doctor or nurse for family planning services or birth	31 (28.2%)	31 (28.4%)
I am going to a different doctor or nurse for primary care	31 (28.2%)	27 (24.8%)
I have started using a birth control	43 (39.1%)	42 (38.5%)
I have changed the birth control method I use	18 (16.4%)	18 (16.5%)
I have more choices of birth control methods	53 (48.2%)	55 (50.5%)
I do not have to use my own money for family planning services or birth control	50 (45.4%)	55 (50.5%)
I can get preventive care (such as Pap smears) and family planning counseling	89 (80.9%)	84 (77.1%)
With the Purple Card (IPC), I can get care for illnesses	9 (8.2%)	10 (9.2%)
With the Purple Card (IPC), I can get medicines for illnesses when I need them	7 (6.4%)	10 (9.2%)
Other	34 (30.9%)	6 (5.5%)

The data in Table 9 below provides information regarding the knowledge that members had about the P4HB program with respect to both services covered and eligibility criteria for the specific components of P4HB. Responses regarding knowledge of the services covered under the FP “Pink Card” of the P4HB program indicate limited knowledge during both of the two most recent waves of the survey. Between approximately one-third to forty percent of respondents were aware that birth control services and methods, pregnancy testing, screening for sexually-transmitted infections, Pap smear, pelvic examinations, and follow-up of an abnormal Pap smear were covered. The knowledge of all other covered services was among fewer than one-third of respondents, with fewer than 20% knowing that tubal ligation and non-emergency transportation were covered in each of the two most recent waves of the survey.

Responses regarding knowledge of the services covered under the Interpregnancy “Purple Card” of the P4HB program indicate very limited knowledge. Fewer than 10% of respondents had knowledge of any of the covered services, including knowledge of coverage of primary care services (which was the most commonly reported at 8% during each of the two most recent waves of the survey).

The patterns of knowledge of enrollees about eligibility criteria was similar to knowledge of covered services. For the “Pink Card”, 45% or fewer of respondents had knowledge of the eligibility criteria during both of the two most recent waves of the survey, with the requirement for Georgia citizenship being the most commonly recognized eligibility criteria. Knowledge of the eligibility criteria for the “Purple Card” was substantially lower, with fewer than 10% of respondents knowing any of the eligibility criteria for the “Purple Card”.

<b>Table 9. Knowledge of Members about P4HB®</b>		
<b>Knowledge of...</b>	<b>15th Wave N=110 Responses n (%)</b>	<b>16th Wave N=109 Responses n (%)</b>
<b>Services available through the “Pink Card” (Family Planning Component)</b>		
Birth control services and methods	36 (32.7%)	41 (37.6%)
Pap smear and pelvic exam	38 (34.5%)	45 (41.3%)
Tubal Ligation (tubes tied)	20 (18.2%)	15 (13.8%)
Pregnancy testing	38 (34.5%)	45 (41.3%)
Screening for sexually transmitted infections	35 (31.8%)	45 (41.3%)
Follow-up of an abnormal Pap smear	38 (34.5%)	41 (37.6%)
Treatment for sexually transmitted infections	32 (29.1%)	40 (36.7%)
Treatment for major problems related to family planning services	31 (28.2%)	31 (28.4%)
Vitamins with folic acid	26 (23.6%)	26 (23.9%)
Some vaccinations	24 (21.8%)	24 (22.0%)
Non-emergency transportation	20 (18.2%)	16 (14.7%)
<b>Services available through the “Purple Card” (Interpregnancy Care Component)</b>		
Primary care services (up to 5 visits per year)	9 (8.2%)	9 (8.3%)
Treatment for medical problems like high blood pressure and diabetes	6 (5.5%)	7 (6.4%)
Medicines for medical problems like high blood pressure and diabetes	6 (5.5%)	8 (7.3%)
Care for drug and alcohol abuse (such as rehab programs)	4 (3.6%)	7 (6.4%)
Some dental services	7 (6.4%)	7 (6.4%)
Non-emergency transportation	6 (5.5%)	5 (4.6%)

Nurse case management/Resource Mother	5 (4.5%)	6 (5.5%)
<b>Eligibility for ‘Pink Card’ (Family Planning Component)</b>		
Be between 18-44 years of age	40 (36.4%)	42 (38.5%)
Be a resident of Georgia	45 (40.9%)	49 (45.0%)
Be a U.S. Citizen	43 (39.1%)	45 (41.3%)
Have a household income that is at or below 200% of the federal poverty level	37 (33.6%)	39 (35.8%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	32 (29.1%)	34 (31.2%)
Not otherwise insured for Family FP Services	32 (29.1%)	35 (31.2%)
Other	1 (0.9%)	3 (2.8%)
<b>Eligibility for ‘Purple Card’ (Interpregnancy Care Component)</b>		
Be between 18-44 years of age	9 (8.2%)	10 (9.2%)
Be a resident of Georgia	9 (8.2%)	9 (8.3%)
Be a U.S. Citizen	9 (8.2%)	9 (8.3%)
Have a household income that is at or below 200% of the federal poverty level	10 (9.1%)	7 (6.4%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	7 (6.4%)	6 (5.5%)
Not otherwise insured for health care services	8 (7.3%)	6 (5.5%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	5 (4.5%)	5 (4.6%)
Other	2 (1.8%)	1 (0.9%)

The data in Table 10 provides information about covered service utilization by members. The most commonly utilized services under the “Pink Card”, according to members’ responses, were: Pap smear and pelvic exam as well as birth control services and methods (approximately 71% to 64% in the two most recent waves of the survey), and family planning visits (57-59%) as well as screening for sexually transmitted infections (48-49%) and pregnancy testing (46%). The least commonly reported utilized services were tubal ligation (4% in wave 15, 13% in wave 16), treatment for problems related to family planning services (10% in wave 15, 26% in wave 16), and non-emergency transportation (12-13% in both waves). The most commonly utilized services under the “Purple Card” was also Pap smear and pelvic exam (100% in wave 15 and 83% in wave 16). More than half of users reported utilizing services for pregnancy testing (60% in wave 15, 67% in wave 16) and primary care services (60% in wave 15, 47% in wave 16) and half reported using services related to screening for sexually transmitted infections (50% in wave 15, 58% in wave 16), follow-up of an abnormal pap smear (50% in wave 15, 42% in wave 16). The least commonly utilized service under the “Purple Card” was vitamins (0% in wave 15, 16% in wave 16), tubal ligation (10% in wave 15, 25% in wave 16), and treatment for medical problems like high blood

pressure and diabetes (10% in wave 15, 25% in wave 16).

<b>Table 10. Services Used by Members of P4HB®</b>				
<b>SERVICES USED</b>	<b>15th Wave N=59** Responses n (%)</b>		<b>16th Wave N=66** Responses n (%)</b>	
<b>Component of P4HB®</b>	<b>“Pink Card” n=49</b>	<b>“Purple Card” n=10</b>	<b>“Pink Card” n=54</b>	<b>“Purple Card” n=12</b>
Birth control services and methods	30 (61.2%)	7 (70.0%)	34 (63.0%)	3 (25.0%)
Family planning visit	29 (59.2%)	6 (60.0%)	31 (57.4%)	9 (75.0%)
Pap smear and pelvic exam	31 (63.3%)	10 (100.0%)	35 (64.8%)	10 (83.3%)
Tubal Ligation (tubes tied)	2 (4.1%)	1 (10.0%)	7 (13.0%)	3 (25.0%)
Pregnancy testing	23 (46.9%)	6 (60.0%)	25 (46.3%)	8 (66.7%)
Screening for sexually transmitted infections	24 (49.0%)	5 (50.0%)	26 (48.1%)	7 (58.3%)
Follow-up of an abnormal Pap smear	15 (30.6%)	5 (50.0%)	18 (33.3%)	5 (41.7%)
Treatment for sexually transmitted infections	11 (22.4%)	2 (20.0%)	15 (27.8%)	5 (41.7%)
Treatment for major problems related to family planning services	5 (10.2%)	3 (30.0%)	14 (25.9%)	3 (25.0%)
Vitamins with folic acid	10 (20.4%)	0 (0.0%)	12 (22.2%)	2 (16.7%)
Any vaccinations	7 (14.3%)	4 (40.0%)	10 (18.5%)	1 (8.3%)
Non-emergency transportation	6 (12.2%)	3 (30.0%)	7 (13.0%)	0 (0.0%)
Primary care services (up to 5 visits per year)	----	6 (60.0%)	----	5 (41.7%)
Treatment for medical problems like high blood pressure and diabetes	----	1 (10.0%)	----	3 (25.0%)
Medicines for medical problems like high blood pressure and diabetes	----	1 (10.0%)	----	3 (25.0%)
Care for drug and alcohol abuse (such as rehab programs)	----	0 (0.0%)	----	1 (8.3%)
Any dental services	-----	2 (20.0%)	-----	2 (16.7%)
Nurse case management / Resource Mother	-----	0 (0.0%)	-----	2 (16.7%)

\*\* Note: The sample size for this component of the survey is 66 as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Table 11 summarizes the members’ responses to the problems they have encountered with the P4HB program since enrollment. For the “Pink Card”, 32% of respondents reported having a problem in the “other” category in wave 15, which is difficult to interpret, although this fell to 9% in wave 16. Nearly 26% reported not being able to find a doctor or nurse willing to take P4HB clients in wave 16, up from 14% in wave 15. Fewer than 20% reported any of the surveyed problems related to not being able to get services or referrals or to find a provider or clinic in both of the two most recent waves of the survey. For the “Purple Card”, 100% of



respondents reported having a problem in the “other” category in wave 15, implying that there are specific problems respondents are having that are not accounted for in the present list of options, although this fell to 0% in wave 16. Thirty percent of respondents also reported not being able to find a doctor or nurse willing to take P4HB clients in wave 15 although this fell to 17% in wave 16, whereas 20% or fewer reported not wanting to leave their current doctor or nurse, having to wait too long to get services, not having transportation services, not being able to get to the doctor or nurse when they are open, or the doctor or nurse not prescribing the birth control method they want to use in both of the two most recent waves of the survey.

<b>Table 11. Problems Encountered by Members Enrolled in P4HB®</b>				
<b>Problems Under P4HB®</b>	<b>15th Wave N=59** Responses n (%)</b>		<b>16th Wave N=66** Responses n (%)</b>	
<b>Component of P4HB®</b>	<b>“Pink Card” n=49</b>	<b>“Purple Card” n =10</b>	<b>“Pink Card” n=54</b>	<b>“Purple Card” n=12</b>
I cannot get the family planning services I want	8 (16.3%)	1 (10.0%)	12 (22.2%)	2 (16.7%)
I cannot get referrals or follow-up for care I need	9 (18.4%)	1 (10.0%)	8 (14.8%)	1 (8.3%)
I cannot find a doctor or nurse willing to take P4HB clients	7 (14.3%)	3 (30.0%)	14 (25.9%)	2 (16.7%)
I do not want to leave my current doctor or nurse	5 (10.2%)	2 (20.0%)	4 (7.4%)	1 (8.3%)
I must wait too long to get services	8 (16.3%)	2 (20.0%)	6 (11.1%)	2 (16.7%)
I do not have transportation	6 (12.2%)	2 (20.0%)	6 (11.1%)	0 (0.0%)
I cannot get to the doctor or nurse when they are open	6 (12.2%)	2 (20.0%)	8 (14.8%)	1 (8.3%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	4 (8.2%)	2 (20.0%)	1 (1.9%)	0 (0.0%)
Other	16 (32.7%)	10 (100.0%)	5 (9.3%)	0 (0.0%)

\*\* Note: The sample size for this component of the survey is 66 as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Data displayed in Tables 12 and 13 concern members reported needs for more information or difficulties in understanding the P4HB program. Notably, between 25% to 39% of respondents indicated the need for more information related to the cost of services, services available with the “Purple Card”, services available with the “Pink Card”, and where to go for services during both of the two most recent waves of the survey (Table 12). Similarly, between 10% to 29% of respondents across both the “Pink Card” and “Purple Card” and both of the two most recent

waves of the survey indicated difficulty understanding who can get P4HB, whether they could get P4HB, the required documents to sign up for P4HB, how to pick a CMO and/or provider, and what they can get from P4HB.

<b>Table 12. Information Needs about P4HB®</b>		
<b>Type of Information</b>	<b>15th Wave N=110 Responses n (%)</b>	<b>16th Wave N=109 Responses n (%)</b>
	<b>Needs More Information</b>	
Where to go for service	25 (22.7%)	38 (34.9%)
Services available with the Pink Card	30 (27.3%)	43 (39.4%)
Services available with the Purple Card	29 (26.4%)	40 (36.7%)
Cost of services	31 (28.2%)	42 (38.5%)

<b>Table 13. Areas of P4HB® that Were Hard to Understand</b>				
<b>Area</b>	<b>15th Wave N=59** Responses n (%)</b>		<b>16th Wave N=66** Responses n (%)</b>	
<b>Hard to Understand n (%)</b>	<b>“Pink Card” n =49</b>	<b>“Purple Card” n</b>	<b>“Pink Card” n =54</b>	<b>“Purple Card” n =12</b>
Who can get P4HB®	12 (24.5%)	2 (20.0%)	15 (27.8%)	2 (16.7%)
Whether I can get P4HB®	7 (14.3%)	2 (20.0%)	16 (29.6%)	2 (16.7%)
Complete the paperwork to sign up for P4HB®	1 (2.0%)	1 (10.0%)	7 (13.0%)	0 (0.0%)
Complete the web form to sign up for P4HB®	2 (4.1%)	1 (10.0%)	8 (14.8%)	0 (0.0%)
Get the required documents to sign up for P4HB®	5 (10.2%)	1 (10.0%)	6 (11.1%)	1 (8.3%)
Pick a Care Management Organization (CMO)	6 (12.2%)	1 (10.0%)	8 (14.8%)	2 (16.7%)
Pick a provider	6 (12.2%)	1 (10.0%)	12 (22.2%)	2 (16.7%)
Understand what I can get from P4HB®	10 (20.4%)	1 (10.0%)	15 (27.8%)	1 (8.3%)
Other	10 (20.4%)	0 (0.0%)	4 (7.4%)	0 (0.0%)

\*\*\* Note: While the sample size for this component of the survey was 66 for wave fifteen as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included, the results (percentages) are reported per the populations surveyed.

The member survey probes the following areas to assess whether key reproductive health assessments occurred during the encounter: whether the member was asked about key reproductive health topics during her last health care appointment and whether the member would like to be asked those questions (Table 14). Approximately half of respondents in the two most recent waves of the survey reported that a doctor or nurse asked them about whether they use birth control to prevent or space pregnancies during their last encounter, whether they use male or female condoms to prevent STIs, and their sexual practices. For all other monitored reproductive health topics, 46% or fewer report that their doctor or nurse asked them about the topic during their last encounter, with the lowest percentage report (23% in

wave 15, 26% in wave 16) being for being asked about thoughts or plans about timing or spacing pregnancies. Interestingly, between 36% and 58% of respondents in the two most recent waves of the survey indicated that they would like a doctor or nurse to ask them about the topics.

<b>Table 14. Provider Inquiry about Reproductive Health Topics during Encounters</b>				
<b>Reproductive Health Topic</b>	<b>15th Wave N=110</b>	<b>16th Wave N=109</b>	<b>15th Wave N=110</b>	<b>16th Wave N=109</b>
	<b>During your last appointment, did a doctor or nurse ask you about...? n (%) Yes</b>		<b>As part of an appointment, would you like a doctor or nurse to ask you about...? n (%) Yes</b>	
Your thoughts or plans about having or not having children in the future	42 (38.2%)	51 (46.8%)	47 (42.7%)	64 (58.7%)
Your thoughts or plans about timing or spacing pregnancies	26 (23.6%)	28 (25.7%)	47 (42.7%)	51 (46.8%)
Your sexual practices	48 (43.6%)	56 (51.4%)	40 (36.4%)	58 (53.2%)
Whether you use birth control to prevent or space pregnancies	60 (54.5%)	61 (56.0%)	51 (46.4%)	64 (58.7%)
Whether you use male or female condoms to prevent STIs	50 (45.5%)	58 (53.2%)	55 (50.0%)	64 (58.7%)
Your life plans or goals	41 (37.3%)	39 (35.8%)	50 (45.5%)	62 (56.9%)

Of the members responding to the two most recent waves of the survey (Table 15), approximately 30% to 44% indicated that a doctor or nurse gave them counseling about the reproductive health topics during their last appointment, with roughly the same percentage indicating that they would like for a doctor or nurse to give them advice about these reproductive health topics.

<b>Table 15. Provider Counseling about Reproductive Health Topics during Encounters</b>				
<b>Reproductive Health Topic</b>	<b>15th Wave N=110</b>	<b>16th Wave N=109</b>	<b>15th Wave N=110</b>	<b>16th Wave N=109</b>
	<b>During your last appointment, did a doctor or nurse give you information or advice about...n (%) Yes</b>		<b>As part of an appointment, would you like for a doctor or nurse to give you information or advice about...n (%) Yes</b>	
Plans about having or not having children in the future	38 (34.5%)	42 (38.5%)	47 (42.7%)	52 (47.7%)
Plans about timing or spacing pregnancies	34 (30.9%)	35 (32.1%)	45 (40.9%)	47 (43.1%)
Your sexual practices	36 (32.7%)	48 (44.0%)	35 (31.8%)	52 (47.7%)
Whether you use birth control to prevent or space pregnancies	48 (43.6%)	51 (46.8%)	45 (40.9%)	53 (48.6%)

Whether you use male or female condoms to prevent STIs	37 (33.6%)	48 (44.0%)	43 (39.1%)	52 (47.7%)
Your life plans or goals	37 (33.6%)	36 (33.0%)	45 (40.9%)	52 (47.7%)

The final question that was asked on survey wave 16 was whether the member was willing to recommend the P4HB program to family and friends. Of the respondents, 88.1% (96 of 109) in wave 16, responded that they would recommend the P4HB program to family and friends.

### CMO Provider Survey Results

In this current wave 16, a total of 2000 providers met the selection criteria for the survey. There were only 14(0.7%) respondents for survey wave 16. It is not clear whether this low response was a self-selection of those providers who still had questions about the P4HB program or whether other factors are leading to these very low response rates.

In the following tables (Tables 16-19), we report on results of the provider survey. Due to the low response rate to the survey, it is difficult to draw conclusions about trends in provider knowledge and needs across the survey waves. However, it is evident that providers report a range of informational needs, including for essentially all areas surveyed.

<b>Table 16. Providers' Information Level about Services Covered Under their P4HB® Contract</b>		
<b>Information Needed about Services Covered Under P4HB®</b>	<b>15th Wave N=23, Responses n (%)</b>	<b>16th Wave N=14, Responses n (%)</b>
<b>Family Planning Component (Pink Card Services)</b>		
Family planning initial and follow-up exams, including Pap smear.	5 (21.7%)	2 (14.3%)
Contraceptive services and methods	5 (21.7%)	0 (0.0%)
Tubal ligation	6 (26.1%)	1 (7.1%)
Pregnancy Testing	5 (21.7%)	0 (0.0%)
Screening for sexually transmitted infections	8 (34.8%)	1 (7.1%)
Follow-up of an abnormal Pap smear, including colposcopy	9 (39.1%)	2 (14.3%)
Treatment for sexually transmitted infections	9 (39.1%)	1 (7.1%)
Treatment for major complications related to family planning services	9 (39.1%)	2 (14.3%)
Multivitamins with folic acid	8 (34.8%)	1 (7.1%)
Hepatitis B and Tetanus-Diphtheria vaccines	9 (39.1%)	1 (7.1%)
<b>Interpregnancy Care Component (Purple Card Services)</b>		
Primary care services (up to 5 outpatient visits per year)	6 (26.1%)	4 (28.6%)
Management and follow-up of chronic diseases	7 (30.4%)	3 (21.4%)

Prescription medications for chronic diseases	7 (30.4%)	2 (14.3%)
Detoxification and outpatient rehabilitation for substance abuse	7 (30.4%)	3 (21.4%)
Limited dental services	9 (39.1%)	3 (21.4%)
Nurse case management and Resource Mother outreach for health and social service coordination and support of health behaviors	8 (34.8%)	3 (21.4%)
Non-emergency transportation	7 (30.4%)	3 (21.4%)
Multivitamins with folic acid	7 (30.4%)	1 (7.1%)
Hepatitis B and Tetanus-Diphtheria vaccines	7 (30.4%)	1 (7.1%)

The survey also asked providers what they perceived as barriers to participation in the P4HB program. In wave 15 of the survey, nearly half had reported barriers related to the waiver not covering the full range of family planning services, not covering referrals or follow-up care, or not covering complications of family planning services, whereas in wave 16 this percentage had fallen to 21%. Fewer than 10% of respondents in wave 15 and none in wave 16 indicated that their practice was full to P4HB enrollees (Table 17).

<b>Table 17. Providers' Perception of Barriers for P4HB® Participation</b>		
<b>Factor</b>	<b>15th Wave, N=23 Perceived as Barrier n (%)</b>	<b>16th Wave, N=14 Perceived as Barrier n (%)</b>
Waiver does not cover the full range of family planning	11 (47.8%)	3 (21.4%)
Waiver does not cover referrals or follow-up care	11 (47.8%)	3 (21.4%)
Waiver does not cover complications of family planning	11 (47.8%)	3 (21.4%)
Your practice is full	2 (8.7%)	0 (0.0%)

Questions on the provider survey probe whether providers assess key reproductive health topics during health care appointments with women of reproductive age (Table 18) and whether they provide information or counseling about key reproductive health topics during visits for women of reproductive age (Table 19). While the response rate was low making it difficult to draw conclusions about trends, it is notable that only 43% of responding providers in wave 15 and 21.4% in wave 16 indicated assessing sexual behaviors and methods used for preventing or spacing pregnancies, with substantially smaller percentages (14% to 34%) reporting performance of any of the other reproductive health assessments (Table 18).

<b>Table 18. Assessment of Reproductive Health Topics</b>		
<b>Reproductive Health Topic</b>	<b>15th Wave N=23 n (%) Yes</b>	<b>16<sup>th</sup> Wave N=14 n (%) Yes</b>
<b>Do you assess the following</b>		
Desire or plans to have or not have children in the future	7 (30.4%)	2 (14.3%)
Desire or plans for timing or spacing pregnancies	7 (30.4%)	2 (14.3%)
Sexual behaviors, including risk and protective behaviors	10 (43.5%)	3 (21.4%)
Method(s) she uses for preventing or spacing pregnancies	10 (43.5%)	2 (14.3%)
Method(s) she uses for preventing STIs	8 (34.8%)	3 (21.4%)
Risks for unintended (unwanted or mistimed) pregnancy	8 (34.8%)	2 (14.3%)
Life plans or goals	7 (30.4%)	3 (21.4%)

Similarly, when examining provider responses regarding the performance of key reproductive health education and counseling during health care encounters with women of reproductive age (Table 19), it is notable that fewer than 40% reported educating or counseling across the reproductive health topics of interest in wave 15 and fewer than 21% did so in wave 16.

<b>Table 19. Education and Counseling of Reproductive Women</b>		
<b>Reproductive Health Topic</b>	<b>15th Wave N=23 n (%) Yes</b>	<b>16<sup>th</sup> Wave N=14 n (%) Yes</b>
<b>Do you educate or counsel about the following items as part of health care encounters with women of reproductive age</b>		
Having a plan to have or not have children in the future	9 (39.1%)	2 (14.3%)
Having a plan for timing or spacing pregnancies	9 (39.1%)	2 (14.3%)
Sexual behaviors, including risk and protective behaviors	9 (39.1%)	3 (21.4%)
Method(s) for preventing or spacing pregnancies	8 (34.8%)	2 (14.3%)
Method(s) for preventing STIs	8 (34.8%)	3 (21.4%)
Dual protection (using condom plus another method)	7 (30.4%)	3 (21.4%)
Risks for unintended (unwanted or mistimed) pregnancy	7 (30.4%)	2 (14.3%)
Life plans or goals	7 (30.4%)	2 (14.3%)

In the most recent wave of the survey (wave 16), providers were asked if they would recommend or refer patients to P4HB with 14 of 14 (100%) providers indicating that they would recommend or refer patients to P4HB. As previously stated, the survey results raise the question of whether the providers responding were primarily those with limited knowledge of the program who desired more information or even those who were more likely to include the key reproductive health assessments, counseling and education in their practice. Collaborative efforts to provide awareness and education about the program remains the goal of the outreach activities to both the member and provider communities.

## **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 will likely lead to a slowing of the growth in the FP only component of P4HB from that source but new applications through Georgia Gateway may counteract this. While we might have expected an increase in the number of women with a VLBW in the RSM eligibility category enrolling in the IPC component of P4HB as they lose the CARES Act extension, the state planned to implement its 6-month postpartum extension beginning in July 2021. The latter is pending approval from CMS under a new Section 1115 waiver for Georgia. The net effect of these pieces of legislation on enrollment patterns will be noted in future reports.

## **GRIEVANCES:**

The Department of Community Health (DCH) is required to provide a summary of the public comments from the post-award forum to its outside evaluator (Emory) within 15 days after the forum. Pursuant to 42 CFR 431.420(c), the State of Georgia held the annual P4HB Post-Award Forum on Wednesday, August 12, 2020, as part of the quarterly Medical Care Advisory Committee (MCAC) meeting. The State posted the public notice of the forum to its website on July 6, 2020. The notice included the date, time and location of the meeting. Since the meeting was held virtually via WebEx, login and call-in access information was provided. A copy of the 2019 P4HB Annual Report was included with the notice and a Laserfiche form was embedded to allow the public to submit questions and comments in advance of the forum. However, the state did not receive any questions or comments from the public prior to or during the forum.

## **EVALUATION ACTIVITIES:**

The Department of Community Health (DCH) submitted a highly revised Evaluation Design to CMS on September 11, 2020. Edits to the evaluation design were made in response to comments from CMS which asked for 1) better alignment of the goals and research questions, 2) increased clarity in the methodology section especially as it pertained to treatment and control groups, 3) potential bias and 4) details on the survey instrument and sampling design. The revisions also included a table denoting major milestones and estimated timing of the measurement of outcomes/analyses. Finally, it included a simplified budget for the full renewal period. After review of the draft Evaluation Design by CMS, most of the edits were seen as meeting the comments from CMS.



CMS did ask for further clarification of the survey content, sampling design and methodology for implementation. DCH has 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. Edits to the evaluation design are being made for delivery to CMS by March 31, 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. These files are now being made available to the evaluator in each quarter as well as historically back to 2017. The current quarterly files are being summarized in the semi-annual reports to CMS; the next semi-annual report is due in March. 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. A preliminary estimate of the linkage rate is very good which will enable the evaluator to analyze the association between case management and for example, the use of health care services to manage chronic conditions and subsequent outcomes. These types of analysis have been missing from our earlier evaluation activities.