

## **Quarterly Report**

### **Planning for Healthy Babies Program (P4HB) 1115 Demonstration in Georgia**

**Quarter 1**

**January 1, 2011 – March 31, 2011**

**Submitted to Centers for Medicare and Medicaid Services (CMS) by:**

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

**May 31, 2011**

## Introduction

The Georgia DCH was granted authority by CMS to expand access to family planning services under the Planning for Healthy Babies (P4HB) to newly qualified women ages 18 through 44 years if they are above the LIM income eligibility level but at or below 200% of the FPL. This demonstration began January 1, 2011 and is scheduled to end December 31, 2013. Given the state's goal to reduce the rate of low and very low birth weight births in the state, the P4HB program also provides interpregnancy care services to women at or below 200% of the FPL who deliver a very low birth weight baby. Under this

Demonstration, Georgia expects to achieve the following to promote the objectives of title XIX:

- Reduce Georgia's low birth weight (LBW) and VLBW rates;
- Reduce the number of unintended pregnancies in Georgia;
- Reduce Georgia's Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services;
- Provide access to IPC health services for eligible women who have previously delivered a VLBW baby; and
- Increase child spacing intervals through effective contraceptive use.

Pursuant to the requirements of this Section 1115 waiver, the data and analysis contained herein include the following elements:

- Total number of enrollees;
- Total number of participants;
- Total expenditures (including administrative costs);
- Updated budget neutrality worksheets;
- Events occurring during the quarter, or anticipated to occur in the near future that affect health care delivery, benefits, enrollment, grievances, quality of care, access, pertinent legislative activity, eligibility, verification activities and other operational issues;
- Action plans for addressing any policy and administrative issues identified;

- Evaluation activities and interim findings.

The intent of this and subsequent Quarterly Reports is to present Georgia data on the progress of the Demonstration along with an analysis of the status of the various operational aspects of the Demonstration.

### ELIGIBILITY, ENROLLMENT AND PARTICIPATION

We report on enrollee counts from two sources of data. The first reports on all applications, denials and eligibility counts, through the end of the first Quarter (March 2011). We also provide a summary of the CMO counts of FP and IPC enrollees and participants through the end of March.

At the state level, we have a total of ~~316~~260 women deemed eligible for FP Benefits following review of their applications and supporting materials. ~~The majority~~Nearly ¾ of these women are under age ~~30~~35 with ~~30% almost one-third~~ in the 18-22 age group and another ~~41% forty percent~~, ages 23-29. Only ~~83%~~ are in the older age group of ~~36~~5+. As of the end of March, there were no women deemed eligible for the IPC or the Resource Mother Only benefit groups. The data Table 1 also indicates there is a concentration of the ~~260~~316 eligible women from metro-Atlanta counties (Fulton, DeKalb, Gwinnett and Cobb). Indeed, around ~~86~~79% (223/~~260~~316) of the FP Benefits eligibles are in these counties plus one other, Clayton County.

**Table 1: Eligibility, by age and county: January-March 2011**

Deemed Eligible	Family Planning	IPC	Resource Mother Only
<b>By Age</b>			
<b>18-22</b>	<del>100</del> <u>79</u>	0	0
<b>23-29</b>	<del>123</del> <u>106</u>	0	0

<b>30-35</b>	<del>69</del> <u>55</u>	0	0
<b>36-40</b>	<del>22</del> <u>19</u>	0	0
<b>41-44</b>	<del>2</del> <u>1</u>	0	0
<b>Total</b>	<del>316</del> <u>260</u>	0	0
<b>By County: Top 5 Counties, Program to Date with individuals Deemed Eligible</b>			
<b>Fulton</b>	67	0	0
<b>DeKalb</b>	45	0	0
<b>Gwinnett</b>	45	0	0
<b>Cobb</b>	35	0	0
<b>Clayton</b>	31	0	0
<b>Total</b>	223	0	0

As the data in Table 2 show, the total number of FP Benefits enrollees reported by the CMO's as of the end of March was 45, or only 174% of the total number of women deemed eligible as reported at the state level. Potential reasons for this difference are discussed in a later section.

**Table 2. Enrollees and Participants Reported by CMO's as of March, 2011**

Age	CMO1			CMO2			CMO3			TOTAL FOR CMO's		
	# Enrollees	# Participants	%	# Enrollees	# Participants	%	# Enrollees	# Participants	%	# Enrollees	# Participants	%
<b>18-22</b>	2			12	6	50%	2			16		
<b>23-29</b>	2			6	1	17%	3			11		
<b>30-35</b>	1			11	4	36%	2			14		
<b>36-40</b>				2			1			3		
<b>41-44</b>				1						1		
<b>TOTAL</b>	<b>5</b>	<b>5</b>	<b>100%</b>	<b>32</b>	<b>11</b>	<b>34%</b>	<b>8</b>	<b>3</b>	<b>38%</b>	<b>45</b>	<b>19</b>	<b>42%</b>

One source of delay between program eligibility and CMO enrollment is the month in which the woman has the option to choose her CMO. If she fails to choose, she is auto-assigned to a CMO. There are also delays being experienced between the initial application and receipt of the finished application by the

Right From the Start Medicaid (RSM) workers. In a later section we discuss the number of applications, reasons for denials and where the delays in enrollment appear to be.

**EXPENDITURES**

***Administrative Expenditures***

Administrative expenditures under the Demonstration were incurred largely for the RSM case-workers as well as expenses for Medicaid Management Information System (MMIS) and Policy Studies Incorporated (PSI) enrollment services. Expenses for the RSM case workers and PSI are shown below by major category of administrative costs and in total across these two sources of expenses. Expenses for the MMIS (inclusive of eligibility determination and enrollment) were not available at the time of this report.

**Table 3. Administrative Expenses for RSM, MMIS and PSI Services**

<b>Administrative Expenses for RSM Staff and Sites</b>		
Cost of Staff	\$77,594.67	
Copier, Utilities, Internet	2,246.04	
Misc (Computers, Supplies, etc)	44,236.84	
<b>Total</b>	<b>\$124,077.56</b>	
<b>Administrative Expenses for PSI</b>		
Contract with PSI	\$350k-start-up	
	\$225K/month	

In addition, the state incurred administrative expenses for DCH staff but these costs were not included here as an administrative expense for the waiver.

***Benefit Expenditures***

The total amount spent on FP Benefit enrollees through the end of March totaled less than \$2,000, all of which was paid through the CMO capitated PMPM arrangement.

## **UPDATED BUDGET NEUTRALITY**

Under the P4HB Demonstration, Georgia is subject to a limit on the amount of Federal Title XIX funding that the State may receive on selected Medicaid expenditures during the period of approval of the Demonstration. The budget neutrality expenditure targets are set on a yearly basis with a cumulative budget neutrality expenditure limit for the length of the entire Demonstration. These targets were determined separately for the ‘FP Benefits’ and the ‘IPC Benefits’. The updates to each of these are reported on below.

### **‘FP Benefits’**

Under the Demonstration Georgia is at risk for the per capita cost for Medicaid enrollees in the ‘FP Benefits’ group, but not for the number of Demonstration enrollees in this group. Thus, Georgia is not at risk for changing economic conditions that impact enrollment levels but rather, Georgia is at risk for the per capita costs for enrollees in this component of the Demonstration. CMS thereby assures that Federal Demonstration expenditures do not exceed the level of expenditures that would have occurred had there been no Demonstration.

**Budget Neutrality Annual Expenditure Limits.** For each DY, two annual limits are calculated: one for the FP Benefits component of the Demonstration and one for the IPC component of the Demonstration. The FP Component budget limit is calculated as the projected per member/per month (PMPM) cost times the actual number of member months for ‘FP Benefits,’ multiplied by the federal share.

**PMPM Cost.** The following table gives the projected PMPM (Federal share) for the FP Benefits for DY 1, Quarters 1 -3 and the actual per member per month (PMPM) paid for FP Benefits for DY, Quarter 1.

**Table 4. Projected and Actual Federal Share PMPM Payment for FP Benefits**

Projected PMPM	Trend	DY 1,Qtr1	DY 1, Qtr 2	DY1, Qtr 3	DY1, Qtr 4
	2.7%	\$ 68.17	\$68.17	\$68.17	\$68.17
Actual PMPM	--	DY 1, Qtr 1	--	--	--
		\$ 37.22	--	--	--

The PMPM of \$41.35 was paid to the CMOs for the full month of March and for one enrollee, the month of February. The federal share of the PMPM equals \$37.22 and the total expenditures for FP Benefits financed through the federal share equals this PMPM times total member months (=46) for a total of \$1,712.12.

**IPC Component Budget Limit.** The annual budget limit for the IPC component of the Demonstration will be the estimated cost-savings of the VLBW and LBW births averted as described below:

- a) VLBW Birth Averted = Birth Averted \* Medicaid Costs for VLBW Infants up to 1 year of life
  - The Medicaid Cost of a VLBW Infant equals (the cost of VLBW infants up to 1 year of life)/ number of VLBW live births, where the costs and number of VLBW live births pertain to the Georgia Medicaid Program.
  
- b) LBW Birth Averted = Birth Averted \* Medicaid Costs for LBW Infants up to 1 year of life
  - The Medicaid Cost of a LBW Infant equals (the cost of LBW infants up to 1 year of life)/ number of LBW live births, where the costs and number of LBW live births pertain to the Georgia Medicaid Program.

As noted above, there were no IPC Demonstration enrollees by the end of the first Quarter and hence, there were no expenditures nor cost savings for this component of the Demonstration. There were 2 IPC enrollees reported for the Month of May.

**EVENTS DURING THE QUARTER**

The major events during the first Quarter of Demonstration Year 1 involved communication, outreach and marketing. Since these are directly related to the enrollment numbers we are seeing for the waiver and are directly related to recommendations in our Action Plan, we include a summary of the planned communication/outreach and the events that were completed.

**Outreach**

In preparation for the launch of the Planning for Healthy Babies (P4HB) program, the Department of Community Health (DCH) developed a multi-pronged communications plan. This plan incorporates five (5) specific phases for the marketing of P4HB throughout the state. Each of these phases is described in Table 5 below.

**Table 5: P4HB Communication Plan**

Phase	Activities	Status
<p><b>Phase 1: Educate Providers and CMOs</b> Focuses on educating health care providers and CMOs about P4HB. These are the major stakeholders identified through the Communication Plan as having “the most potential to positively influence and impact the behaviors of patients through preventative care measures.”</p>	<ol style="list-style-type: none"> <li>1) Introducing a revised P4HB Communication Plan to the Work Group and the CMOs;</li> <li>2) Develop a page on the DCH website for the P4HB program that provides specific information about the program, benefits, provider network, client eligibility and enrollment and program application; and</li> <li>3) Introduce the P4HB program and program-related materials to the CMOs (including program logo, poster and postcards).</li> </ol>	<ol style="list-style-type: none"> <li>1) Ongoing. The communications plan is a living document and Draft plan updates are made periodically by the DCH Communications Team led by Joyce Burton.</li> <li>2) Completed</li> <li>3) Completed</li> </ol>
<p><b>Phase 2: Leverage the Strengths &amp; Assets of Partners</b> Purpose is to use local experts to champion LBW prevention by encouraging eligible women in their respective communities to enroll in the P4HB program</p>	<p>The Improving Birth Outcomes Work Group will identify local experts at the district level. Additional organizations and providers also identified as potential collaborators, including MCH staff, WIC staff, family practice providers, pediatricians, faith community leaders, nursing and medical schools, nurse midwives, health care professionals, OBGYNs, policymakers, media</p>	<p>All activities are still ongoing and being led by Kaprice Welsh and the RLBW group. Please see attached list of stakeholders, community leaders, health care professionals, etc. The</p>



Phase	Activities	Status
	representatives, civic and cultural leaders, and tobacco program coordinators.	RLBW initiative started in July of 2009 and there were a total of 22 monthly meetings since then. A strategic work plan was developed by the group to address the surrounding LBW/VLBW issue in Ga.
<p><b>Phase 3: Implement Consumer-Based Outreach (Statewide and Locally)</b>            Purpose is to inform consumers and providers about P4HB using media, messaging, and an organized set of communication activities</p>	<ol style="list-style-type: none"> <li>1) Introduce campaign to 18 public health districts</li> <li>2) Outline marketing proposal and estimated costs</li> <li>3) Determine overall budget and process in which marketing materials will be purchased</li> <li>4) Buy billboards, radio and print ads Advertisement will occur in 2 phases over course of program, and counties with highest LBW rates will be targeted first for billboard ads.</li> <li>5) Finalize copy for poster/postcard design</li> <li>6) Obtain approval of printing cost for posters/postcards; obtain shipping addresses</li> <li>7) Provide RSM, PH department, and DFCS officials with notice that postcards/posters will be distributed and guidance about how to use them.</li> <li>8) Draft/distribute press release announcing launch of P4HB program.</li> <li>9) Pitch background sessions to identified reporters from the Atlanta Journal &amp; Constitution.</li> <li>10) Begin brainstorming a newsworthy event for Summer 2011</li> <li>11) Other activities: theater ads, health fairs, participating in cause-related charitable</li> </ol>	<ol style="list-style-type: none"> <li>1) Ongoing. The RSM staff from the Department of Family and Children’s Services has been instrumental in our “grassroots” outreach efforts within the 18 public Health districts. Outreach activities include, training PH staff on P4HB, providing education and training to local providers, disseminating P4HB posters, postcards, and applications to community groups and offices serving women and children.</li> <li>2) Completed</li> <li>3) Completed (see below for draft marketing budget)</li> <li>4) Currently in progress. Vendor has been approved. May not be available until Spring 2011</li> <li>5) Completed</li> <li>6) Completed</li> </ol>

Phase	Activities	Status
	<p>events, articles in provider organization newsletters; news releases, media advisories, op-eds, podcast messages placed on PH4B website, FaceBook and Twitter pages. In addition, the Plan calls for media advisories, op-eds and conducting “background sessions” with area reporters to discuss the state’s efforts to reduce its LBW rate.</p>	<p>7) Completed  8) Completed  9) Completed  10) Ongoing  11) Completed activities include: provider newsletters included in following organizations: The Georgia OBGYN Society, American Academy of Pediatrics (AAP), and Georgia Association of Family Physicians ; news release; news articles about P4HB and interviews with Dr. Carson regarding P4HB</p>
<p><b>Phase 4: Use Existing Resources for Support and Coaching</b>  Goal is to use current available resources in Georgia to promote prenatal care, healthy lifestyles before and during pregnancy, and smoking cessation.</p>	<p>Reach out to WIC staff and Georgia Quit Line team and inform them of P4HB and that P4HB will reference them on the P4HB website and possible future marketing materials.</p>	<p>Contacted POWERLINE, a telephone resource sponsored by Georgia’s Healthy Mothers, Healthy Babies (HMHB) program. Training planned with HMHB for summer 2011.</p>
<p><b>Phase 5: Annual Campaign Evaluation</b>  To analyze on an annual basis the strengths and weakness of the P4HB program. Four types of evaluation are suggested: 1) formative; 2) process; 3) outcome: and 4) Impact</p>	<ol style="list-style-type: none"> <li>1) Assess the strengths and weaknesses of campaign materials and strategies</li> <li>2) Measure effort and the direct outputs of campaign</li> <li>3) Examine the campaign’s implementation and how the activities involved are working</li> <li>4) Measure effect and changes that result from the campaign. (Assess outcomes in the target populations or communities that come about as a result of the campaign’s strategies and activities; measure policy changes.)</li> <li>5) Measure community-level changes that are achieved as a result of the campaign’s aggregate effects on individuals’ behavior and</li> </ol>	<p>Activities to be led by the Communications team as well as Kaprice Welsh. Emory University assisting with evaluation.</p>

Phase	Activities	Status
	<p>the behavior’s sustainability. Attempts to determine whether the campaign caused the effects.</p> <p>6) Make recommendations for Year 2 of the campaign based on data gained from the annual evaluation; implement necessary changes in Year 2</p>	

**Provider Outreach**

**Overview**

DCH has distributed numerous educational and training materials to CMOs, the Georgia Family Planning Program (Georgia Title X Grantee) staff, and numerous providers and provider organizations throughout the state. DCH has also met with representatives from these organizations and hosted webinars about the P4HB program. Details of these activities are provided below.

***CMO Provider Education & Training***

DCH developed a Provider Outreach Information brochure and Provider Manual addendum for P4HB. The Provider Outreach Information brochure and Provider Manual addendum are concise and clearly written descriptions of the P4HB program in terms of the benefits and scope of services, reimbursement, eligibility requirements, and enrollment procedures. The brochure indicates that providers will receive training about P4HB through the CMOs, specifically that the CMOs will provide “ongoing training to all providers of family planning and family planning related services. The CMOs individually developed their Provider Education Action Plans that detail the education activities related to P4HB. Major tasks include 1) developing and distributing the Provider Addendum, 2) sending initial DCH outreach materials to all large groups/IPAs and facilities; 3) posting DCH outreach materials on each CMO’s provider portal, and share info and train provider relations representatives, who work for the

CMOs to conduct community outreach (they provide education to providers at their offices), about P4HB, conducting joint webinar training for providers with health care managers, and the creation of a quick reference card for P4HB.

To date, the Georgia CMO's have posted information about the P4HB program on their respective websites (<https://www.myamerigroup.com/English/Medicaid/GA/Pages/P4HB.aspx>; <http://georgia.wellcare.com/member/p4hb>; [http://www.pshpgeorgia.com/2011/02/18/planning-for-healthy-babies-program-p4hb-effective-january-1-2011/langswitch\\_lang/es/](http://www.pshpgeorgia.com/2011/02/18/planning-for-healthy-babies-program-p4hb-effective-january-1-2011/langswitch_lang/es/)). The DCH link for the P4HB is: [http://dch.georgia.gov/00/article/0,2086,31446711\\_31944826\\_163079898,00.html](http://dch.georgia.gov/00/article/0,2086,31446711_31944826_163079898,00.html). Also, all three CMOs have mailed informational letters and brochures directly to providers. Each of the CMO's Provider Manual addendums has been approved and posted on their CMO provider portals.

### **Other Provider Outreach**

DCH has provided additional training and educational materials (blast fax, P4HB materials) to the following provider organizations: Georgia Primary Care Association, Georgia Association of Family Physicians, American Academy of Pediatrics, the Georgia OB/GYN Society., and Georgia Primary Care Association. In addition, DCH hosted a webinar for the Georgia Hospital Association on April 5, 2011. Also, DCH has maintained regular communication about P4HB with Georgia's Title X program, the Georgia Family Planning Program. DCH provided video information conferencing system (VICS) training to all Public health district Title X sites, as well as provided them with all of the P4HB outreach materials that have been developed (i.e. postcards, applications, provider FAQ's. etc) Also, Kaprice Welsh attended a Title X statewide meeting on January 6, 2011 and provided additional training to statewide Women's Health Coordinators, who oversee the family planning clinics in Georgia.

DCH has directly distributed P4HB materials to various independent provider associations for use during face-to-face visits and has completed plans for hosting 8 webinars for all 18 health districts. Information was distributed to the six Regional Tertiary Centers and to their discharge planners. If they request materials, DCH will contact the RSM staff to provide the materials on an as needed basis (i.e., posters and post cards).

In addition, professional champions have notified their respective professional societies (Georgia Obstetric and Gynecologic Society, Georgia Academy of Family Physicians) about the P4HB program and have disseminated information and the P4HB program in their professional society newsletters. The Georgia Academy of Family Physicians is hosting an information session about the P4HB program during its summer membership meeting in June 2011 and is planning for a webinar (for those unable to attend the summer meeting) to further disseminate information about the program to its membership. The Georgia OB/Gyn society presented information on P4HB at their annual Provider Golf Tournament and plans on offering information at their annual meeting in August.

### ***P4HB Marketing***

DCH partnered with the Title V program to implement its marketing campaign for the P4HB program. The PH4B Marketing Plan budget is divided into 2 phases. In Phase 1, the total budget is: **\$56,499**. Of this amount, \$13, 190 is estimated for applications (204,500 English; 142,000 Spanish applications, \$2992 for 32,500 postcards, \$1635 for 1,000 posters, \$2242 for freight costs, \$31,500 for paid radio adds through Radio One (4 week run time in Atlanta area), and \$4,950 for radio ads though A-1 Broadcast (4 week run time, statewide). Phase 1 dates are January-June 2011.

In Phase 2, the total budget is estimated between **\$55,363-55,936**. Of this amount, \$31, 375 is estimated for PSA billboards in 10 counties which represent the highest LBW rates (*Benn Hill, Crisp, Spalding,*

*Dougherty, Bibb, Lowndes, Walker, Muscogee, Richard, and Tift*). Approximately 55 billboards will be rented for a period of 6 months. An additional line item is for advertisements in the Expectant Mother's Guide (\$1,600-2,100). These ads will appear for 6 months beginning in August 2011 and include a 10% discount for placement in multiple volumes. The Phase 2 budget also includes bus ads in the Atlanta, Savannah and Columbus markets. In the Atlanta market the costs include \$4,872 in 150 interior bus ads, and \$9,872 in 35 exterior bus ads. In Savannah, the cost include \$3,872 in 100 interior bus ads, while in Columbus, the cost is \$3,872 in 100 interior bus ads. Phase 2 dates are July-December 2011.

Thus, the total marketing budget is between **\$111, 868-\$112,435**. DCH has received some financial support from MCH for outreach efforts. This amount is unknown but estimated at approximately \$50,000. More information is needed from MCH and DCH about how much of this funding has been used and for what specific outreach activities. Also more information is needed about what funds would be necessary to achieve increased and continuous marketing of P4HB.

#### **Verification/ CMO Selection Process**

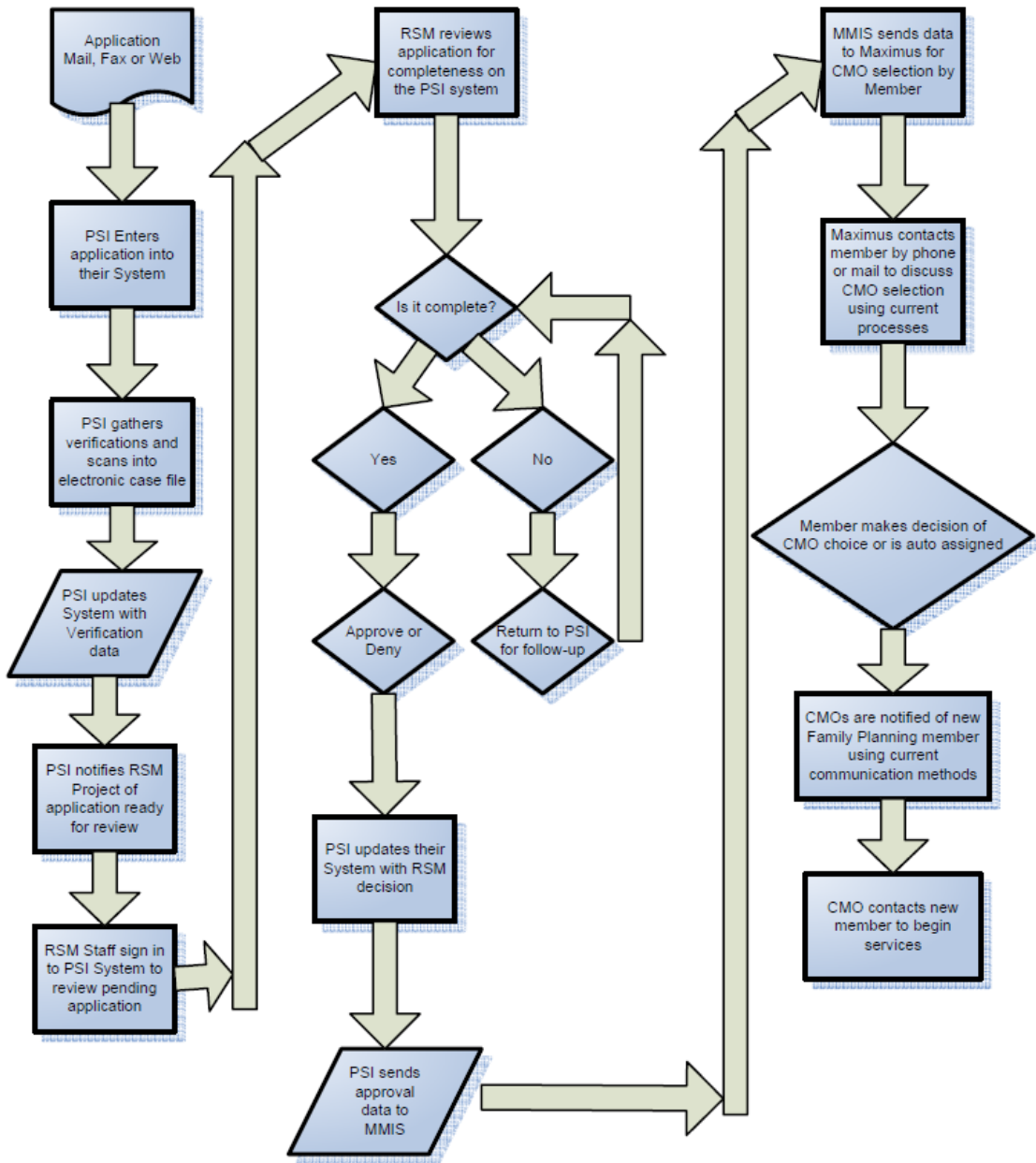
Once a P4HB application is mailed, faxed, or received electronically, Policy Studies, Incorporated (PSI) enters information into their system. PSI then gathers all (the necessary documents needed for verification of citizenship, income and/or delivery of a VLBW baby, they are scanned into an electronic case file. They are then sent to RSM for eligibility determination. PSI then notifies Right from the Start Medicaid (RSM) case workers that an application is ready for review. RSM staff sign in to the PSI System to review the pending application. If RSM workers determine that the application is not complete and it is determined that the applicant is ineligible for various reasons, i.e. not a US citizen, they do not meet the income requirements, they have been sterilized, they are eligible for another Medicaid program etc, the RSM worker will send the application back to PSI for follow-up to obtain the necessary documents.

PSI will then notify the client of the status of the applicant and request any additional documents that are required. Once those are obtained and the application is complete, PSI will forward the application back to RSM for further processing.

If the application is complete, the RSM worker either approves or denies the application. PSI then is in charge of updating their system (inputting the correct COE) with the decision as made by RSM staff. RSM then will update the system with their determination. IPSI will then send approval data to MMIS, at which point Maximus obtains the file and sends out an enrollment packet to the member notifying them they need to select a CMO for their plan coverage. A member must make a CMO selection within 30 days or is auto assigned to a CMO based on county of residence. Next, the CMO's are sent a file from the MMIS identifying the members that have selected their CMO for P4HB. The final step in this process is for the CMO to contact the new member welcoming them to the CMO and to Planning for Healthy Babies. The CMO's will send out a new member pack that details the benefits members are eligible for under P4HB. New members also receive membership cards which clearly identify which program they are enrolled (the color of the benefit card identifies which component of the program they are enrolled) and when they can begin receiving services. A diagram reflecting this process is provided as Figure 1 below. See attached.

Figure 1: P4HB Application Process Flow

Application Process flow for Planning for Healthy Babies Waiver





When examining the monthly data from PSI it is apparent that there are lags in this system that are could be serving as a barrier to enrollment and CMO choice/assignment. These are discussed below.

### ***Barriers to Enrollment***

DCH has identified a significant barrier to enrollment into the P4HB program - the application approval process. Data obtained from DCH's tracking reports indicate an mean delay of 11.5 days (during the first quarter of 2011), ~~increasing delay in average time~~ from application to referral to RSM, or the set of steps depicted on the far left of Figure 1. In January 2011, this average time was 12.5~~0~~ business days, in February, this time decreased to 12.0 business days, and further to 10.0~~3~~ days in March. Even though there has been a small decrease in average delay from 12.5 to 10.0 days (20%) from January to March, 10.0 days is still a significant delay. We have identified that potential enrollees fail to submit the required documentation in order that a timely approval process can take place.

A second barrier relates to the document verification process. A provider at the Medical College of Georgia reports that, while they have enrolled 4 women, women are being asked to send their original drivers license in for verification. The provider has identified a process where providers can become certified verification agents, and they are trying to encourage people to do that. It is Medicaid federal regulation that requires that original documents be used for verification of citizenship. In light of this, DCH has educated local PH offices that all as a qualified provider they can view originals, copy and indicate by signing the copy that the originals have been viewed. This signed copy can then be sent into PSI with the application. The criteria and process to become a "qualified provider" has been provided to any entity who desires to provide this service to potential P4HB members.

A final barrier is uncertainty among local health departments about P4HB regulations and whether these health departments are in the CMO networks. The East Central Health District Director believes that the Family Planning Clinic can't see P4HB patients because the providers are not part of the CMO networks.

DCH continues to educate the Public Health Community about the CMO provider network. In July of 2010 at the State Health Directors meeting, Dr. Carson informed all state PH Directors that as part of the CMO contract PH and Title X clinics were considered to be providers under the P4HB program.

## **ACTION PLANS**

### ***Recommendations for Improved Outreach and Marketing of PH4B***

While additional information is needed to assess the status of the proposed P4HB outreach and marketing efforts, initial assessment of the Communications Plan and Provider Outreach Information brochure highlights several areas where improvement is needed:

- 1) **Maintain ongoing communication with family planning and OBGYN providers:** While DCH has worked with family planning and OBGYN providers to inform them about P4HB, this communication should continue throughout the life of the waiver program.
- 2) **Engage Providers Involved in High Risk Pregnancies:** The slow enrollment of women into the IPC component is reflective of the requirements of the demonstration, namely that women may not enroll into this component until they have delivered a VLBW infant. Women enrolled in pregnancy Medicaid have benefits that extend for sixty (60) days post delivery. We anticipate increases in the IPC enrollment in future Demonstration quarters.
- 3) **Engage Georgia Family Planning Program:** Related to Recommendation #1 is the suggestion that DCH continues to actively and regularly engage Georgia's Family Planning Program. This program administers the state's Title X family planning program and as such, is a natural connection to family planning providers and current clients who are likely eligible for P4HB. This communication should inform the Georgia Family Planning Program of the need to include P4HB information in its current family planning campaign, "Ask Us About Safe Family Planning." Materials about this Title X campaign indicate that Medicaid is accepted, but no indication is given about P4HB specifically nor how enrollees may utilize these sites for P4HB-paid services.
- 4) **Market P4HB in Areas/Programs where Low-Income Women Receive Services:** While it is important to market through providers of family planning services such as public health

departments, those with unmet need for family planning services are not likely to be found at these sites. Teens or other young women who are uninsured and either paying out of pocket for family planning services/supplies or going without needed services are at high risk of an unintended pregnancy. DCH will increase our marketing efforts to reach these women in sites such as WIC or food stamp offices, farmer's markets or other sites where women gather and are able to receive brochures.

### **EVALUATION ACTIVITIES**

The activities during this first quarter have included: 1) submission of the Draft Evaluation Design to CMS; 2) development of a Data Sharing Agreement between DCH, Thomson Reuters, Inc, Emory University and Division of Public Health; 3) contacting Title X, PRAMS staff to outline data needs; 4) using CPS data to estimate number of uninsured women in targeted income/age group; 5) contacting Florida and other states to serve as potential control states; 6) working with contacts in Public Health to finalize protocols for linking birth/death records with Medicaid enrollment and claims data; 7) seeking funding for a full process evaluation; and 8) working with data submitted by PSI and the CMOs to ascertain enrollment, participation and barriers to each of these during the first quarter of the P4HB demonstration.