

Quarterly Report
Planning for Healthy Babies Program[®] (P4HB[®])
1115 Demonstration in Georgia
Year 4

Quarter 1
January 1- March 31, 2014

Submitted to the Centers for Medicare and Medicaid Services
By:
The Georgia Department of Community Health

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OVERVIEW

January 2014 marked the beginning of the fourth year of the Planning for Healthy Babies (P4HB[®]) program, Georgia's 1115 Demonstration. This first quarter (Q1) report, covering activities from January through March 2014, describes performance trends, enrollment and disenrollment trends, utilization of services by program participants, outreach to potential participants, and care management organization (CMO) specific information pertaining to their program participants.

Over the past three program years, the P4HB program experienced wide variations in the number of program enrollees. Early enrollment counts were low despite promotional activities that introduced the program to potential enrollees and providers alike. Year 2 marked the advent of the auto-enrollment process for women aging out of Georgia's Medicaid and CHIP programs and women losing Medicaid eligibility following a birth. During Year 3, it became evident that auto-enrolled women were not completing the eligibility re-determination process causing the state to discontinue the auto-enrollment process for the family planning only (FP) participants. By the end of Year 3, the number of women enrolled in the FP component of the P4HB program was significantly lower than the peak enrollment of 41,186 during July 2013. The FP enrollment in December 2013 was 31,690 and at the beginning of Program Year 4 in January 2014, FP enrollment was 30,715. By March 2014, FP enrollment had dropped to 23,771. While the enrollment declines continued during Q1 of Year 4 for the FP component of the Demonstration, DCH noted increases in the enrollment count for the IPC participants over the July 2013 level of 94. During Q1 2014, IPC enrollment increased from 246 in January to 264 in March. A significant number of the IPC participants were auto-enrolled into the program following the

delivery of their very low birth weight infant. The increased count of women in the IPC component combined with the count of women enrolled in the Resource Mother Only component led to an increase in the total number of women enrolled in the program who had delivered a very low birth weight infant from 310 in January 2014 to 342 in March 2014, compared with 231 for the combined IPC and Resource Mother Only component in July 2013, approximately a 50% increase. Although enrollment increased for women who had previously delivered a VLBW infant, engagement of these women with their Resource Mother was challenging. Further discussion about these challenges is included in the CMO Reports section of this report.

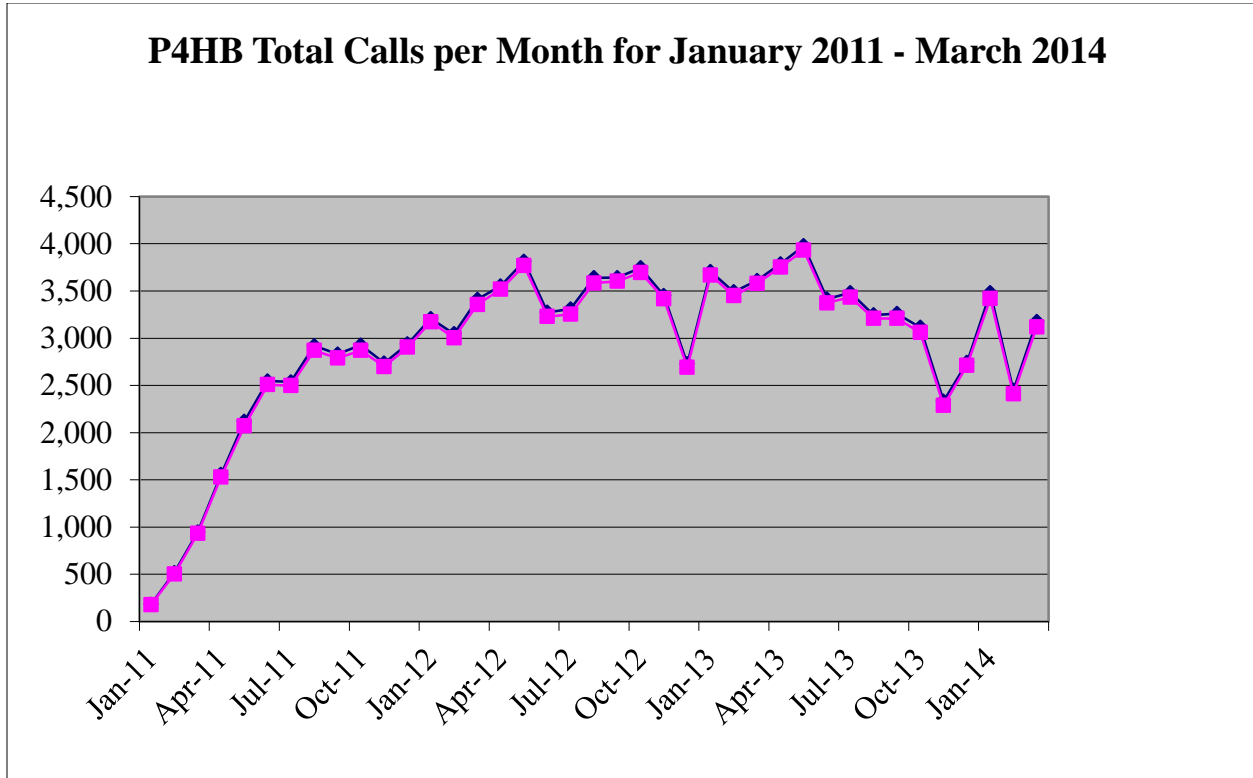
As with Q4 2013, Q1 of 2014 offered the continued opportunity of potential P4HB enrollees to apply for full health care coverage through the federally facilitated marketplace (FFM). As stated in previous quarterly reports and based on the average income report for the P4HB program, it is unlikely that current P4HB participants were eligible for subsidized private health insurance coverage through the FFM during Q1.

CALL VOLUME

PSI/MAXIMUS provided DCH with call volume data for the P4HB program and as shown in **Figure 1** below, answered call volume at the end of Q1 was higher than the levels recorded at the end of the fourth quarter of 2013, although a decrease in calls occurred in February 2014. When using call volume as the barometer of interest in the program, Figure 1 demonstrates that interest in the program has been fluctuating substantially since October 2013 but was on the rise at the end of Q1. We will continue to analyze call center and other P4HB data to gauge ongoing

interest in the program.

Figure 1: P4HB Total Calls (Answered) per Month (January 2011-March 2014)



Source: PSI – Contact Center Performance Report Current YTD (January 2011–March 2014)

ELIGIBILITY

Reports based on Q1 P4HB program data are discussed below.

- **Number of paper and electronic unique individual applications for the program by month.** (Source: PSI – P4HB Report 001, Run Date: 4/2/2014). The March 2014 program-to-date number of unique paper and web applications totaled 46,223 and the majority of the applications (27,302) were submitted as web-based applications. The total number of applications submitted during February 2014 (550) was the lowest number of applications submitted to the program since January 2011 – at program inception. In

March 2014, the total number of applications submitted increased to 862.

- **Reasons why Demonstration applications were denied.** During Q1, the top two reasons cited for denial of applications for the P4HB program were non-response within 14 days and failure to verify income. Since the implementation of this program, DCH has identified a consistent pattern of women failing to complete the application process with these two reasons being the most often reported. It is not clear why some of these women initiated the application process then failed to follow through. This pattern occurs primarily with the applications for the family planning only (FP) component of P4HB and we have not been able to impact these reasons despite the efforts made by our eligibility team.
- **Reasons why participants were terminated from the P4HB program.** As in previous quarters, failure to complete the annual redetermination review was the dominant reason for termination from the P4HB program in Q1 2014. We have not been able to impact this reason despite the efforts made by our eligibility team.
- **Average age of the women determined to be eligible for the P4HB program.** By the end of Q1, the average age of women deemed eligible for FP services program-to-date was 23.4 years (comparable to the 23.3 years program-to-date reported in Q4 of 2013). Of interest is the fact that the average age of women deemed eligible each month during Q1 has been on the rise - from 24.73 years in January 2014 to 25.12 years in March 2014. We have noticed that since January 2013, the average age for women deemed eligible each month for FP services has climbed from 23.26 years to 25.12 years. For women deemed eligible for IPC services, the average age program-to-date was 28.4 years, (comparable to the 28.5 years program-to-date reported in Q4 of 2013). **Table 1** below

provides data on the full distribution of women deemed eligible, by age group, in March 2014 and illustrates that the majority (91.5%) of the women deemed eligible for the Family Planning and IPC components of the P4HB program in March 2014 were under the age of 36. Forty-seven percent of the eligible women were in the youngest age group, 18-22. Of the total 11,647 in the 18 – 22 age group, only 61 were eighteen years of age. Georgia’s Medicaid and CHIP programs enroll females who are 18 years of age, when the young woman lives with her family. By age 19, most of these young women have lost their Medicaid or PeachCare for Kids (Georgia’s standalone CHIP program) coverage and therefore are in need of coverage for family planning and other services.

Table 1: Individuals Deemed Eligible for Family Planning and IPC By Age March 2014		
Deemed Eligible	Family Planning	IPC
18-22	11,591	56
18	61	0
19	4,634	13
20	3,704	12
21	1,836	12
22	1,356	19
23-29	7,382	151
30-35	3,612	84
36-40	1,426	29
41-44	651	5
45+	2	0
Total	24,664	325

Source – PSI P4HB RP004 and 005 for March 2014. The Resource Mothers only component was not included in this table.

- By the end of Q1, the *Average Income Report* revealed the average monthly household income to date for women enrolled in the family planning only component of P4HB was \$1,230.07. For the IPC component, the average monthly income to date was \$1,379.68, a slight decline from the Q4 2013 average monthly income to date level of \$1,461.53.
- *Average time from application to referral*. The number of days observed between the time of application and referral is discussed later in the Enrollment section of this report.
- *Top 5 Counties Enrollment*: As of the end of Q1 and as shown in **Table 2** below, 36.8% (9,076 of the 24,664 women deemed eligible for the family planning only component of the P4HB program) resided in the metro Atlanta counties of Fulton, DeKalb, Gwinnett, Cobb and Clayton. Since program inception, these counties have been home to the highest numbers of women deemed eligible for the P4HB program.

Table 2: Individuals Deemed Eligible for Family Planning only – Top 5 Counties	
County	Individuals Deemed Eligible
Fulton	2,928
DeKalb	2,002
Gwinnett	1,569
Clayton	1,401
Cobb	1,176
Total	9,076

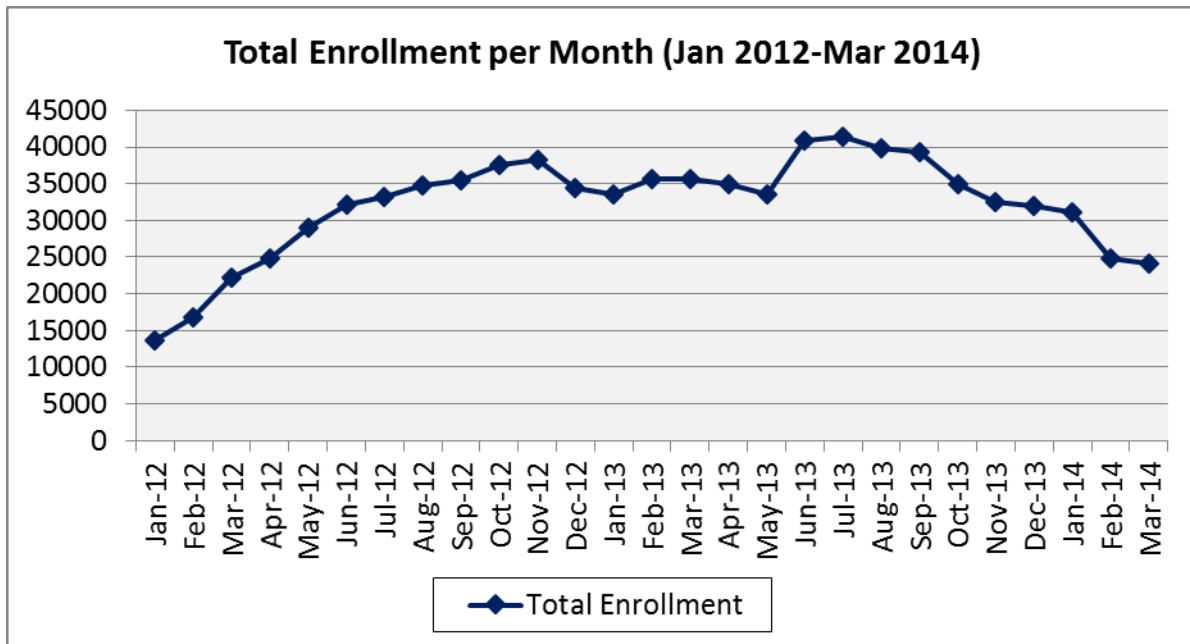
Source – PSI P4HB Report 011 for March 2014

ENROLLMENT

As of March 31, 2014, a total of 24,113 women were actually enrolled in one of the Georgia Families CMOs and eligible to receive P4HB services (see **Figure 2**). This number includes 23,771 women enrolled in the FP component, 264 women enrolled in the IPC component, and 78

enrolled in Resource Mother only services. As previously mentioned, enrollment in the P4HB program peaked at the beginning of Q3 of 2013 but since that time, there has been a 41.8% decrease in P4HB enrollment due to a 42.3% decline in enrollment in the FP component attributable to the termination of the auto-enrollment process for the FP component. Enrollment in the IPC component increased during Q1 by 7.3%.

Figure 2



Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

We have continued to monitor sources of the delays women interested in the P4HB program encounter. One of these monitors is the time from receipt of an application to referral to an RSM worker. The Q1 2014 time from the receipt of an application for P4HB to RSM referral was 4.4% lower (10.9 days) than during the fourth quarter of 2013 (11.4 days) but still close to a two week delay. The average number of days from the RSM request for more information to a PSI response was 3.5 days at the end of Q1 2014, exactly the same as the average number of days in December 2013. The 3.5 days was considerably lower than the high of 9.8 days recorded for

November 2012. By the end of Q1 2014, the average time from renewal to referral to the RSM worker was 27 days, the same as the average time in December 2013.

RENEWALS

For the annual eligibility redeterminations for the P4HB program, letters are sent to enrolled participants two months prior to their renewal date. Participants must resubmit their income documentation and comply with any additional requests for information in order to remain enrolled in the P4HB program beyond their renewal date. During Q1 2014, a total of 10,447 renewal letters were sent to eligible P4HB participants. All but 48 of these participants were enrolled in the FP component of the program.

Unfortunately, only 1,440, or 13.8%, of these eligible P4HB participants completed their renewal applications (Source: P4HB[®] Renewal Reports RP003 for January, February and March 2014). The majority of these women had been auto-enrolled into the program during 2012. As reported previously, DCH discontinued the auto-enrollment process for the FP component of the program in June 2013. Although the CMOs continue to encourage renewals and dissuade disenrollment from the program by mailing postcards and conducting automated renewal phone calls to remind participants of the renewal/recertification process, these interventions have not proven to be very effective.

CMO REPORTS and UTILIZATION OF SERVICES

The following utilization information was made available through the Q1 2014 P4HB reports prepared by the Georgia Families CMOs. Sources of data in this section of the report include the monthly MMIS report MGD-3823-M, the MCHB Enrollment after EOM Processing report, and the Family Planning/Resource Mother Quarterly CMO Reports. **Table 3** summarizes the main

findings for each CMO regarding participants and service utilization during Q1 2014.

Table 3: Care Management Organization Utilization of Services

CMO	Enrollment	Contraceptive Utilization	Service Delivery	Outreach Activities
Amerigroup	DCH's enrollment data revealed that 38.6% of all P4HB participants were enrolled with Amerigroup at the end of Q1 2014. 9,173 women were enrolled in the FP component, 100 women were enrolled in the IPC component, and 26 women were receiving Resource Mother/case management only services.	Amerigroup reported that over the course of Q1, a total of 13,098 unique women were enrolled in the P4HB program and of that total, approximately 10% (1281 women) utilized some form of contraception with oral contraceptives being the most utilized. 140 women were referred for IPC (106) and Resource Mother (34) services. 114 of the 140 declined program participation and of those who declined, 50% had a known method of contraception. Six were actively engaged IPC participants with two of them having a known form of contraception. The remaining 20 were pending program participation and of those 11 had a known form of contraception.	Amerigroup reported in Q1 that 4,132 (32%) of the 13,098 participants utilized one or more covered family planning and women's reproductive health services. The percentage of members utilizing family planning services increased by 1% from Q4 of 2013.	Amerigroup's Q1 2014 report stated they had conducted outreach and education to 1,077 participants throughout Georgia about the P4HB program. Also during this time, Amerigroup held 21 "Baby Showers," and 635 "Baby Shower" participants were provided with information about the P4HB program. Amerigroup conducted outreach with 368 providers' offices during Q1 of 2014. This outreach included new provider orientation, in office presentations and distribution of educational materials. These interventions provided education and detailed information regarding the P4HB program to 442 new and existing providers and office staff.

CMO	Enrollment	Contraceptive Utilization	Service Delivery	Outreach Activities
Peach State	DCH's enrollment data revealed that 20.8% of all P4HB participants were enrolled with Peach State Health Plan at the end of Q1 2014. Of the total, 4,868 women were enrolled in the FP component, 100 women were enrolled in the IPC component, and 43 women were receiving Resource Mother/case management only services.	Peach State reported that throughout Q1, there were 6,454 unique women who were enrolled in the program, 637 or 8.9% fewer than in Q4 of 2013. Of these enrollees, 3,465 (54%) utilized some form of contraception with injectable and oral forms being most frequently utilized. This number reflects an increase of 1% when compared with the Q4 2013 report. Peach State reported that 164 women were eligible to receive IPC (116) and Resource Mother (48) services. 74 members declined the IPC services because they felt they didn't need the services or they were working full time and did not have time for the services. Of the total IPC recipients, 32% of them used some form of contraception with injectable and oral contraceptives being the most frequently used methods by this group.	Peach State's Q1 P4HB report described that 2,909 participants had obtained one or more family planning services, which was 268 more participants than was reported for Q4 of 2013, a 9.2% increase when compared to total enrollees for the quarter.	Peach State conducted outreach activities with participants and providers during Q4. 605 new enrollees in Q1 received the enhanced P4HB postcard and of them, 152 members contacted member services to report their contraceptive use. 3396 member calls were made to new enrollees and 10% were successful. Peach State increased the number of Baby Showers during Q1 to 45 and approximately 300 expecting and new mothers attended and received information about P4HB. 605 new member packets were mailed in Q1 to P4HB households. 22 newly recruited P4HB providers in Q4 2013 received a Peach State provider tool kit during Q1 that provided valuable information about P4HB. 109 provider staff attended new provider orientations.

CMO	Enrollment	Contraception Utilization	Service Delivery	Outreach Activities
WellCare	<p>DCH’s enrollment data revealed that 40.7% of the total participants in the P4HB program were enrolled with WellCare at the end of Q1 2014. 9,732 women were enrolled in the Family Planning only component, 64 women were enrolled in the IPC component, and 9 women were receiving Resource Mother/case management only services.</p> <p>WellCare expressed concerns about the recent declines in program enrollment and shared that P4HB enrollees were not completing their eligibility re-determinations because they desired more robust benefits under the P4HB program – benefits equivalent to full Medicaid benefits.</p> <p>WellCare identified that of their 70 IPC members, 41 had been with the plan less than six months, 16 had been with the plan between seven and twelve months, 9 had been with the plan for 13 – 18 months and 4 had been with the plan for greater than 19 months.</p>	<p>WellCare reported that throughout Q1, there were 9,778 unique women who were enrolled in the program. A review of the contraceptive utilization for the FP component revealed that 770 FP participants utilized some form of contraception with 494 utilizing oral contraceptives, 132 utilizing injectables and 134 utilizing IUDs. 70 women were reported as enrolled in the IPC component with 30 of them participating and utilizing some form of contraception. Of the 30, 11 utilized oral contraceptives, 8 utilized injectables, and 5 utilized condoms.</p>	<p>A review of Q1 2014 data revealed that 12 IPC enrollees had PCP visits, a 20% increase from the fourth quarter of 2013. 5 participants utilized dental services.</p>	<p>WellCare reported that 144 of its Medicaid members were educated in 36 local community educations that took place across the state and explained that the P4HB program was one of the topics discussed during the educations. 35 members who delivered VLBW infants were educated about the P4HB program and WellCare mailed educational information to 2,154 members who had recently delivered.</p>

INTERPREGNANCY CARE

Amerigroup

In Q1, Amerigroup experienced even greater difficulty engaging potential new referrals in the IPC component of the program. These women declined participation because they reported a desire to have another child in the near future or had a family and community support system in place and felt they didn't need the program. Amerigroup continues to work in collaboration with the other CMOs as well as with DCH to develop interventions that will increase the public's interest in the program and thus increase the number of participants. Amerigroup has also continued to work with OB/GYN practices to educate new and existing providers about the advantages of the P4HB program.

Peach State Health Plan (Peach State)

During Q1, there were 88 face-to-face visits conducted for IPC members. When the Resource Mother's face-to-face home visit is successful, education on the program occurs, an assessment is completed to identify barriers the member has to good health, and a care plan is created. The Resource Mother educates the participants on the importance of birth control, birth spacing and assists the members with making appointments when needed. Women enrolled in Peach State's IPC and Resource Mothers only components of the P4HB program were included in Peach State's continued outreach and education efforts, including the enhanced strategies to encourage each participant's reporting of their contraceptive use. Also, 79 educational mailings were sent during Q1 that provided information on the P4HB/IPC benefit. Peach State's Resource Mothers conducted 88 home visits with participants in Q1 2014 and also attempted telephonic outreach. Peach State utilized claims data to identify providers who might have more up to date contact information for members unable to be contacted by telephone or face-to-face. Peach State also

collaborates with high volume delivery hospitals and FQHCs to help educate women about the IPC program and is onsite at eight high volume delivery hospitals and two FQHCs in the central and southwest regions of the state. 807 mothers were seen in the high volume delivery hospitals and educated face-to-face about the P4HB program.

WellCare of Georgia

WellCare reported that during Q1, Resource Mothers contacted 35 potential IPC members and educated them about the program. They identified that six of the newly enrolled IPC members were originally introduced to the program through the CMO's outreach to members who had a child in the NICU. WellCare also described outreaching members that recently delivered a VLBW infant at birthing centers.

P4HB OUTREACH ACTIVITIES

In addition to the P4HB outreach conducted by the CMOs during Q1, DCH conducted its own outreach to providers, members, and prospective participants regarding the P4HB program during Q1. DCH staff conducted outreach to local churches in an effort to raise awareness about the P4HB program and reinstated the "Letter P80," a letter sent to all Medicaid eligible women in their 8th month of pregnancy who were enrolled in Georgia's Right From the Start (RSM) pregnancy Medicaid program. This letter, which is provided in the Appendix, provides women information regarding P4HB eligibility and enrollment as well as details about selecting a CMO. This will be an ongoing outreach activity. DCH also reinforced the requirement with the Department of Public Health that public health departments throughout the state of Georgia must provide P4HB information to women applying for presumptive eligibility in the Medicaid Right from the Start program. Lastly, in an effort to identify how P4HB participants learned about the

program, DCH revised the P4HB application form during Q1 2014 to include “friend” as an option for sources of information about P4HB.

A new communications plan is being developed by the DCH Communications staff and once approved, it will be included in an upcoming quarterly report.

CMO MEMBER AND PROVIDER SURVEY RESULTS

This section provides a summary of the first five rounds of CMO member and provider survey results conducted from December 2011 to September 2013. Rounds 1 – 4 were reported on in the Q3 2013 P4HB Quarterly Report. The CMOs, in collaboration with DCH, monitor member and provider overall knowledge and understanding of P4HB twice yearly through an analysis of member and provider surveys. Analyses of these surveys serve to 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 impact the satisfaction of their members and providers who participate in the program. We briefly describe the survey methods used by the CMOs below. To date, the member and provider surveys have been administered in five waves -- in December 2011, April 2012, September 2012, April 2013 and September 2013. The CMOs administered the first two waves of surveys to their members and providers, while the Myers Group administered the third, fourth, and fifth waves of the surveys and will handle all future survey administration to members and providers.

Fifth Wave of Surveys: The fifth wave of member and provider surveys was completed in September, 2013, for members enrolled in the P4HB program during the period of January through June 2013. A total of 8973 participants were identified by the CMOs as being eligible to

participate in this wave of the member surveys. Only 10.7% of the participants actually responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (1500) were sent the provider survey via the online “Survey Monkey” tool; 34 (2.3%) providers responded.

The CMOs, in collaboration with DCH, reviewed the results of each wave of the surveys to identify areas for which there is apparent lack of understanding of the P4HB[®] program. Any areas that did not meet the CMOs’ performance goal were 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 their first ‘view’ of member and provider involvement with the P4HB program and the remaining barriers to greater awareness and involvement in the program.

CMO Member Survey Results (For Survey Waves 1 through 5)

The following tables summarize the survey findings regarding the P4HB program, as reported by the P4HB participants responding to the member survey. For each of the five waves of the CMO member survey, a total of 3202, 11053, 9000, 8852, and 8973 members met the selection criteria for the CMO survey, respectively; of these eligible members, 169, 396, 1151, 908, and 960 members participated in the survey, for a 5.3%, 3.6%, 12.8%, 10.3% and 10.7% survey participation rate. All three CMOs were represented across all five waves, with the following percentages in the first through fifth waves of the survey, respectively: 29, 141, 358, 316, 302 (17%, 52%, 31%, 35%, 31%) from Amerigroup; 120, 2, 297, 245, 235 (71%, 1%, 26%, 27%, 24%) from Peach State; and 20, 127, 496, 347, 423 (12%, 47%, 43%, 38%, 44%) from WellCare. The CMOs could not provide the roster they used to send out the surveys, therefore,

an analysis of the representativeness of the respondents could not be completed. The overall low response rate may reflect that there were no incentives provided to the members for survey participation. Major findings are highlighted in each table below and reflect comments similar to those made in the Q3 2013 Quarterly Report.

Enrollment and Utilization (Table 4)

- A substantial number of participants report enrolling in P4HB to receive primary care services, such as routine check-ups and care for illnesses, in addition to birth control or family planning services. DCH comment - The family planning only component of the P4HB program does not cover general care for illnesses. P4HB providers are to refer P4HB family planning only participants to other providers who will serve as the participant's primary care medical home.
- Across the five waves, 72%, 57%, 47%, 43%, and 42% respectively of the respondents said 'yes' to birth control or family planning as the reason for enrollment while 80%, 68%, 54%, 49%, and 50% respectively said 'yes' to enrolling for primary care (such as check-ups or physicals). DCH comment - While it appears that participants' have a better understanding that the purpose of the P4HB program is not to deliver general primary care, it is very concerning that birth control and family planning services are declining as the reasons for enrollment into the P4HB program.
- In first through fifth survey waves, approximately 49% - 38% respectively of those responding said they had used P4HB to obtain birth control/family planning services while 54% - 34% respectively reported they had used primary care services through the program. DCH comment – Although routine primary care services are not available through the P4HB program, the program does cover an annual examination and follow up for STCs identified during that examination. From this perspective, survey respondents may have equated these services with primary care services.
- Survey participants indicated that family planning and primary care services were difficult to access prior to their enrollment in the P4HB program and in turn, this access was identified as the largest change for them resulting from enrollment in the P4HB program. 83% of respondents in the first wave reported they were now able to get preventive care (such as Pap smears) and family planning counseling. 48% of respondents in the fifth wave also reported this change. We note that this percentage declined over the five waves. Since we do not know whether some of the same women are represented in subsequent waves of the survey, it is hard to assess the meaning of this decline.
- Across the five waves of the survey, a substantial proportion of the women reported

being able to start using a birth control method - 49% in the first wave down to 31% in the fifth wave. Again, it is difficult to interpret the declines from the first to the fifth waves.

Table 4. Enrollment and Utilization of Services in P4HB

	1st Wave N = 169 Responses n (%)	2nd Wave N = 396 Responses n (%)	3rd Wave N = 1151 Responses n (%)	4th Wave N=908 Reponses n (%)	5th Wave N=960 Responses n (%)
Enrollment in P4HB® to get...					
Birth control or family planning services	122 (72%)	224 (57%)	542 (47%)	391 (43%)	403 (42%)
Pregnancy testing	46 (28%)	100 (25%)	289 (25%)	215 (24%)	235 (24%)
Testing or treatment for sexually-transmitted infections	56 (33%)	118 (30%)	297 (26%)	215 (24%)	253 (26%)
Primary care (such as routine check-up, care for an illness)	135 (80%)	270 (68%)	616 (54%)	446 (49%)	479 (50%)
Other	18 (11%)	36 (9%)	91 (8%)	77 (8%)	68 (7%)
Have used these P4HB® services...					
Birth control or family planning services	83 (49%)	154 (39%)	471 (41%)	346 (38%)	362 (38%)
Pregnancy testing	34 (20%)	62 (16%)	205 (18%)	157 (17%)	187 (19%)
Testing or treatment for sexually-transmitted infections	56 (33%)	90 (23%)	218 (19%)	162 (18%)	179 (19%)
Primary care (such as routine check-up, care for an illness)	92 (54%)	154 (39%)	421 (37%)	303 (33%)	322 (34%)
Other	25 (15%)	11 (3%)	32 (3%)	37 (4%)	24 (3%)
Before enrolling in P4HB®, had trouble getting...					
Birth control or family planning services	85 (50%)	146 (39%)	262 (23%)	187 (21%)	225 (23%)
Pregnancy testing	57 (34%)	78 (20%)	126 (11%)	92 (10%)	106 (11%)
Testing or treatment for sexually-transmitted infections	59 (35%)	97 (24%)	133 (12%)	99 (11%)	115 (12%)
Primary care (such as routine check-up, care for an illness)	107 (63%)	138 (35%)	343 (30%)	225 (25%)	297 (31%)

Other	19 (11%)	34 (9%)	102 (9%)	76 (8%)	97 (10%)
Types of problems prior to P4HB®:					
I did not have a way to get to appointments	12 (5%)	29 (6%)	Questions not covered on survey	Questions not covered on survey	Questions not covered on survey
I could not pay for services	74 (34%)	232 (46%)			
I could not pay for birth control method	86 (40%)	135 (27%)			
I could not find a doctor or nurse that would treat me	18 (8%)	37 (7%)			
I could not get time off from work for appointments	2 (1%)	12 (2%)			
I had no one to take care of my children	11 (5%)	16 (3%)			
I was too sick to get to the doctor, nurse or clinic	3 (1.4%)	6 (1%)			
Other	10 (4%)	33 (7%)			
Changes P4HB® made for the participant...					
I am going to a different doctor or nurse for family planning services or birth control	60 (36%)	116 (29%)	291 (25%)	186 (20%)	219 (23%)
I am going to a different doctor or nurse for primary care	46 (27%)	85 (21%)	232 (20%)	146 (16%)	185 (19%)
I have started using a birth control method	82 (49%)	142 (36%)	429 (37%)	252 (28%)	300 (31%)
I have changed the birth control method I use	43 (25%)	77 (19%)	221 (19%)	152 (17%)	158 (16%)
I have more choice of birth control methods	83 (49%)	145 (37%)	498 (43%)	338 (37%)	369 (38%)
I do not have to use my own money for family planning services or birth control	91 (54%)	185 (47%)	473 (41%)	342 (38%)	375 (39%)
I am able to get preventive care (such as Pap smears) and family planning counseling	140 (83%)	243 (61%)	605 (53%)	455 (50%)	464 (48%)
With the Purple Card (IPC), I am able to get care for illnesses	5 (3%)	15 (4%)	33 (3%)	18 (2%)	14 (1%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	34 (20%)	8 (2%)	29 (3%)	18 (2%)	10 (1%)
Other	1 (0.6%)	6 (2%)	77 (7%)	30 (3%)	39 (4%)

Knowledge of Members about P4HB (Table 5)

- Substantial percentages of enrolled members understood the eligibility criteria for the family planning only ('pink' card) component of P4HB (see Eligibility for 'Pink Card' in Table 5). The percentage responding correctly to the range of eligibility criteria for the family planning component of the P4HB program showed a decline over time, ranging from 92% to 55% in wave 1 to 34% to 19% in wave 5.
- Correct responses for eligibility for the IPC component of P4HB were 26% or less for all items in all five waves of the survey (see Eligibility for 'Purple Card' in Table 5). This perhaps reflects that all women were asked these questions rather than following the skip pattern in the survey so as to ask women in each program component the questions specific to her component (e.g. FP, IPC, or Resource Mother).
- General declines were observed across the five waves of the survey in the responses regarding the services covered under specific components of P4HB. In wave 1, approximately 70% of respondents understood that birth control services and methods as well as Pap tests and pelvic exams were covered whereas only 34% understood this in the fifth survey wave. From 52% to 27% (wave 1 and wave 5 respectively) of survey respondents recognized that STD testing was provided under the 'Pink Card' with the lowest response being in the fourth survey wave. However, far smaller percentages were aware of some of the other services available under the program. For example, only 26% in wave 1 dropping to a low of 11% in wave 4 and 13% in wave 5 of survey respondents reported being aware of coverage for vitamins with folic acid. Only 21% in wave 1 and 11% in waves 4 and 5, respectively, were aware of coverage for certain vaccinations. There was very little understanding of the coverage afforded under the "Purple Card", which also may be due to women not following the intended 'skip' pattern in the survey.

Table 5. Knowledge of Members about P4HB

Knowledge of...	1st Wave N = 169 Responses n (%)	2nd Wave N = 396 Responses n (%)	3rd Wave N = 1151 Responses n (%)	4th Wave N=908 Reponses n (%)	5th Wave N=960 Responses n (%)
Services available through the “Pink Card”...					
Birth control services and methods	118 (70%)	202 (51%)	446 (39%)	289 (32%)	322 (34%)
Pap smear and pelvic exam	116 (69%)	219 (55%)	450 (39%)	314 (35%)	343 (36%)
Tubal Ligation (tubes tied)	11 (7%)	64 (16%)	90 (8%)	65 (7%)	71 (7%)
Pregnancy testing	37 (22%)	163 (41%)	391 (34%)	267 (29%)	279 (29%)
Screening for sexually transmitted infections	88 (52%)	152 (38%)	336 (29%)	234 (26%)	262 (27%)
Follow-up of an abnormal Pap smear	59 (35%)	144 (36%)	359 (31%)	248 (27%)	258 (27%)
Treatment for sexually transmitted infections	77 (46%)	109 (28%)	271 (24%)	195 (21%)	200 (21%)
Treatment for major problems related to family planning services	44 (26%)	98 (25%)	217 (19%)	155 (17%)	158 (16%)
Vitamins with folic acid	44 (26%)	84 (21%)	168 (15%)	100 (11%)	121 (13%)
Some vaccinations	36 (21%)	73 (18%)	164 (14%)	102 (11%)	105 (11%)
Non-emergency transportation	4 (8%) of 44*	27 (7%)	93 (8%)	58 (6%)	64 (7%)
Services available through the “Purple Card”...					
Primary care services (up to 5 visits per year)	9 (5%)	5 (1%)	14 (1%)	12 (1%)	9 (1%)
Treatment for medical problems like high blood pressure and diabetes	7 (4%)	3 (1%)	7 (1%)	8 (1%)	4 (0%)
Medicines for medical problems like high blood pressure and diabetes	6 (4%)	3 (1%)	6 (1%)	4 (0%)	4 (0%)
Care for drug and alcohol abuse (such as rehab programs)	2 (1%)	2 (1%)	5 (0%)	2 (0%)	4 (0%)
Some dental services	10 (6%)	5 (1%)	6 (1%)	5 (1%)	6 (1%)
Non-emergency transportation	7 (4%)	2 (1%)	8 (1%)	3 (0%)	4 (0%)
Nurse case management/Resource Mother	6 (4%)	1 (0%)	10 (1%)	2 (0%)	6 (1%)
Eligibility for ‘Pink Card’					
Be between 18-44 years of age	155 (92%)	295 (74%)	443 (38%)	285 (31%)	314 (33%)
Be a resident of Georgia	147 (87%)	278 (70%)	451 (39%)	298 (33%)	328 (34%)
Be a U.S. Citizen	144 (85%)	275 (69%)	456 (40%)	292 (32%)	300 (31%)
Have a household income that is at or below 200% of the federal poverty level	126 (75%)	224 (57%)	347 (30%)	239 (26%)	249 (26%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	103 (61%)	174 (44%)	290 (25%)	177 (19%)	191 (20%)
Not otherwise insurer for Family FP Services	27 (55%) out of 49*	139 (49%) out of 281*	270 (23%)	162 (18%)	183 (19%)
Other	1 (0.6%)	25 (6%)	40 (3%)	23 (3%)	33 (3%)
Eligibility for ‘Purple Card’					
Be between 18-44 years of age	44 (26%)	27 (7%)	27 (2%)	19 (2%)	16 (2%)
Be a resident of Georgia	42 (25%)	27 (7%)	25 (2%)	21 (2%)	19 (2%)
Be a U.S. Citizen	40 (24%)	26 (7%)	25 (2%)	19 (2%)	19 (2%)
Have a household income that is at or below 200% of the federal poverty level	35 (21%)	22 (6%)	22 (2%)	16 (2%)	18 (2%)
Not be eligible for Medicaid or the Children’s Health Insurance Program	27 (16%)	15 (4%)	18 (2%)	9 (1%)	11 (1%)

(CHIP)					
Not otherwise insured for health care services	0 (0%) of 49*	4 (1%)	17 (1%)	12 (1%)	11 (1%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	17 (10%)	5 (1%)	9 (1%)	6 (1%)	5 (1%)
Other	5 (3%)	2 (1%)	1 (0%)	0 (0%)	0 (0%)

* indicates the number responding to the survey item was less than the number who returned or completed a survey

Problems Encountered by Members Enrolled in P4HB (Table 6):

The three most prevalent problems experienced by participants in the P4HB program were:

- not getting the family planning services that were needed. Here, the lowest percentage is in the fourth survey wave, indicating fewer problems in obtaining needed services. There was minimal improvement in the fifth wave.
- not getting the referrals or follow up they needed. As there was not a follow-up ‘probe’ question in the survey that enabled members to describe the services that they felt were lacking, we do not have further information on this point.
- not being able to find a doctor or nurse willing to take P4HB clients.

Table 6. Problems Encountered by Members Enrolled in P4HB

Problems Under P4HB®	1 st Wave N = 169 Responses n (%)	2 nd Wave N = 396 Responses n (%)	3 rd Wave N = 1151 Responses n (%)	4 th Wave N=908 Responses n (%)	5 th Wave N=960 Responses n (%)
I cannot get the family planning services I want	38 (22%)	85 (21%)	167 (15%)	92 (10%)	125 (13%)
I cannot get referrals or follow-up for care I need	31 (18%)	76 (19%)	148 (13%)	96 (11%)	110 (11%)
I cannot find a doctor or nurse willing to take P4HB clients	30 (18%)	82 (21%)	150 (13%)	104 (11%)	129 (13%)
I don't want to leave my current doctor or nurse	23 (14%)	59 (15%)	112 (10%)	66 (7%)	79 (8%)
I have to wait too long to get services	18 (11%)	50 (13%)	115 (10%)	79 (9%)	86 (9%)
I do not have transportation	19 (11%)	48 (12%)	97 (8%)	63 (7%)	69 (7%)
I cannot get to the doctor or nurse when they are open	10 (6%)	40 (10%)	83 (7%)	52 (6%)	52 (5%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	9 (5%)	29 (7%)	64 (6%)	50 (6%)	44 (5%)
Other	6 (4%)	12 (3%)	583 (51%)	382 (42%)	391 (41%)

Three additional tables (**Tables 7-9**) reveal the following key findings:

- According to survey waves 1 and 2, the largest percentage (28% and 24%, respectively) of members learned about P4HB® from the doctors, nurses, and staff at local health departments or WIC offices; this question was omitted from the third, fourth and fifth waves of the survey (**Table 7**);
- Substantial percentages of members reported a need for more information about where members should go to obtain services, however, the percentage reporting these as needed information decreased over the five waves of the survey (**Table 8**); for example, in survey wave 1, 46% of responding members reported a need for more information about where to go for services, while only 28%, 21%, 16% and 19% did in survey waves 2, 3, 4, and 5 respectively;
- Although members appeared to understand a lot of the coverage available to them, 46% reported they found it somewhat or very hard to understand ‘what I can get from P4HB during survey wave 1, but this declined to 39%, 18%, 14% and 12%, respectively, during survey waves 2, 3, 4 and 5 (**Table 9**).

Table 7. Ways in Which Members Learned About P4HB

Source of Information	1st Wave N = 169 Responses n (%)	2nd Wave N = 396 Responses n (%)	3rd Wave N = 1151 Responses n (%)	4th Wave N=908 Responses n (%)	5th Wave N=960 Responses n (%)
Mailings	45 (22%)	87 (22%)	Question not covered on survey	Question not covered on survey	Question not covered on survey
E-mail	1 (0.5%)	7 (2%)			
CMO websites	2 (1%)	6 (2%)			
CMO telephone calls	4 (2%)	10 (3%)			
Georgia Department of Community Health websites	17 (8%)	23 (6%)			
Georgia Department of Community Health meetings	9 (4%)	8 (2%)			
Doctors, nurses, or other staff at health department or WIC office	57 (28%)	95 (24%)			
Doctors, nurses, or other staff at the hospital	9 (4%)	23 (6%)			
Doctors, nurses, or other staff at my doctor's office	13 (6%)	28 (7%)			
Friends or family members	28 (14%)	69 (17%)			
Postings on billboards and public transportation	5 (2%)	15 (4%)			
Other	13 (6%)	27 (7%)			

Table 8. Information Needs about P4HB

Type of Information	1 st Wave N = 169 Responses	2 nd Wave N = 396 Responses	3 rd Wave N = 1151 Responses	4 th Wave N=908 Responses	5 th Wave N=960 Responses
	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)
Where to go for service	77 (46%)	109 (28%)	244 (21%)	147 (16%)	181 (19%)
Services available with the Pink Card	108 (64%)	221 (56%)	331 (29%)	217 (24%)	231 (24%)
Services available with the Purple Card	82 (49%)	127 (32%)	184 (16%)	144 (16%)	170 (18%)
Cost of services	85 (50%)	190 (48%)	297 (26%)	193 (21%)	200 (21%)

Table 9. Areas of P4HB that Were Hard to Understand

Area	1 st Wave N = 169 Responses	2nd Wave N = 396 Responses	3rd Wave N = 1151 Responses	4th Wave N=908 Responses	5th Wave N=960 Responses
	Hard to Understand n (%)	Hard to Understand n (%)	Hard to Understand n (%)	Hard to Understand n (%)	Hard to Understand n (%)
Who can get P4HB	29 (17%)	75 (19%)	92 (8%)	58 (6%)	54 (6%)
Whether I can get P4HB	37 (22%)	87 (22%)	76 (7%)	50 (6%)	55 (6%)
Complete the paper work to sign up for P4HB	20 (12%)	58 (15%)	53 (5%)	36 (4%)	42 (4%)
Complete the web form to sign up for P4HB	18 (11%)	47 (12%)	35 (3%)	25 (3%)	33 (3%)
Get the required documents to sign up for P4HB	27 (16%)	71 (18%)	63 (5%)	36 (4%)	58 (6%)
Pick a Care Management Organization (CMO)	41 (24%)	83 (21%)	82 (7%)	55 (6%)	67 (7%)
Pick a provider	45 (27%)	85 (21%)	95 (8%)	81 (9%)	88 (9%)
Understand what I can get from P4HB	77 (46%)	156 (39%)	212 (18%)	130 (14%)	114 (12%)
Other	6 (4%)	16 (4%)	616 (54%)	393 (43%)	405 (42%)

During the fourth wave of the survey, additional questions were added to the member survey to probe the following areas: 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 10**); whether the member received key reproductive health information during her last health care appointment and whether the member would like to receive such information (**Table 11**). Subsequent waves of the survey will also include these questions such that aggregate member responses can be monitored from the fourth wave of the survey forward.

Of the 908 and 960 members responding to the fourth and fifth waves of the survey (**Table 11**), only 20% and 21% reported that their health care provider asked them about their thoughts about having children in the future; 13% and 13% reported that they were asked about their thoughts for timing or spacing pregnancies; 14% and 14% were asked about their reproductive life plan; and 28% and 28% were asked if they use birth control to prevent or space pregnancies. Similarly small percentages of responding members indicated that their health care provider asked them about their sexual health practices (23% and 21%, respectively) and whether they use condoms to prevent sexually-transmitted infections (24% and 23%, respectively).

Table 10. Provider Inquiry about Reproductive Health Topics during Encounters

Reproductive Health Topic	1 st through 3 rd Waves	4 th Wave N=908	5 th Wave N=960	1 st through 3 rd Waves	4 th Wave N=908	5 th Wave N=960
	During your last appointment, did a doctor or nurse ask you about.... n (%) Yes			As part of an appointment, would you like a doctor or nurse to ask you about... n (%) Yes		
Your thoughts or plans about having or not having children in the future	Questions not part of survey waves 1-3	181 (20%)	201 (21%)	Questions not part of survey waves 1-3	221 (24%)	261 (27%)
Your thoughts or plans about timing or spacing pregnancies		114 (13%)	123 (13%)		204 (22%)	239 (25%)
Your sexual practices		205 (23%)	205 (21%)		196 (22%)	229 (24%)
Whether you use birth control to prevent or space pregnancies		252 (28%)	270 (28%)		256 (28%)	291 (30%)
Whether you use male or female condoms to prevent STIs		219 (24%)	218 (23%)		241 (27%)	268 (28%)
Your reproductive life plan		124 (14%)	135 (14%)		221 (24%)	262 (27%)
Your life plans or goals		138 (15%)	155 (16%)		216 (24%)	247 (26%)

Of the 908 and 960 members responding to the fourth and fifth waves of the survey (**Table 11**), only 16% and 19%, respectively, reported that their health care provider provided them with information or advice about having children in the future; 12% and 14% reported that they were provided information or advice about timing or spacing pregnancies; 11% and 14% reported that they were provided information or advice about a reproductive life plan; and 21% and 22% were provided information or advice about using birth control to prevent or space pregnancies.

Similarly small percentages of responding members indicated that their health care provider

provided them information or advice about their sexual health practices (16% and 16%, respectively) and about condoms to prevent sexually-transmitted infections (18% and 18%, respectively).

Table 11. Provider Counseling about Reproductive Health Topics during Encounters

Reproductive Health Topic	1 st through 3 rd Waves	4 th Wave N=908	5 th Wave N=960	1 st through 3 rd Waves	4 th Wave N=908	5 th Wave N=960
	During your last appointment, did a doctor or nurse give you information or advice about.... n (%) Yes			As part of an appointment, would you like for a doctor or nurse to give you information or advice about... n (%) Yes		
Plans about having or not having children in the future	Questions not part of survey waves 1-3	144 (16%)	182 (19%)	Questions not part of survey waves 1-3	219 (24%)	250 (26%)
Plans about timing or spacing pregnancies		113 (12%)	131 (14%)		210 (23%)	240 (25%)
Your sexual practices		146 (16%)	155 (16%)		194 (21%)	210 (22%)
Whether you use birth control to prevent or space pregnancies		193 (21%)	214 (22%)		221 (24%)	252 (26%)
Whether you use male or female condoms to prevent STIs		164 (18%)	171 (18%)		212 (23%)	230 (24%)
Your reproductive life plan		104 (11%)	137 (14%)		214 (24%)	226 (24%)
Your life plans or goals		108 (12%)	141 (15%)		201 (22%)	210 (22%)

An additional question that was asked on the fourth and fifth waves of the survey was whether a member's thoughts about the P4HB program and what it can do for them had changed since their enrollment. This question will be included on subsequent waves of the survey as well. During

the fourth and fifth waves of the survey, 103 and 110 (11% and 11%), respectively, of responding members indicated an affirmative response to this question.

CMO Provider Survey Results

For each of the five waves of the CMO provider survey administration, a total of 1140, 1140, 1292, 1121, and 1500 providers met the selection criteria for the survey; of those eligible, a total of 62, 104, 31, 52, and 34 participated in the survey for each of the five waves, respectively, for a participation rate of 5.4%, 9.1%, 2.4%, 4.6% and 2.3%. As with the member survey, there were no incentives for providers' participation in the survey, which may account for the low response rate. The respondents to the health care provider survey represented the range of CMO affiliations (with providers being affiliated in most cases with multiple CMOs): 79%, 80%, 94%, 90% and 88%, respectively, were affiliated with Amerigroup for each of the five waves of the survey; 81%, 82%, 74%, 82% and 68%, respectively with Peach State; 95%, 95%, 94%, 94% and 100%, respectively with WellCare; and 84%, 83%, 71%, 86% and 77% with Fee-for-service Medicaid.

Among the responding providers, the provider type varied across the surveys. The percentage of responding providers who were MDs/DOs were 52%, 59%, 90%, 64% and 74%, respectively.

For the first and second waves of the survey, respondents' reported the following areas of specialization (with the option of selecting one or more specialty areas of practice): 22% and 25% OB/GYN, 14% and 13% Women's Health, 16% and 17% Family Practice or Primary Care, 13% and 15% Family Planning, 11% and 8% Pediatrics, 6% and 4% General Practice, 5% and 4% Internal Medicine, 11% and 10% other. For survey waves 1 and 2, the majority of respondents reported they provided health care services in a private practice setting (58% and

63%, respectively), but substantial percentages reported providing services in community health clinics or federally-qualified health centers (17% and 15%), public health departments (17% and 16%), or other settings (8% and 7%). The third, fourth and fifth waves of the survey did not ask providers about their provider type or site of practice.

For each of the five waves of survey, 81%, 83%, 90%, 94% and 85% of the responding providers, respectively, indicated they were accepting new Medicaid patients; and 71%, 78%, 84%, 96% and 79% indicated they were providing family planning or primary care services to women of reproductive age (ages 18-44 years); however, only 61%, 64%, 61%, 88% and 74%, respectively, reported being aware of the P4HB program despite the CMOs sending the survey to those they believed to be participating providers.

Only the first and second waves of the survey asked providers about how they learned about the program. Of the 38 and 67 provider respondents, respectively, who were aware of the P4HB program, they reported learning of the program in the following ways: 42% and 45% through mailings from the CMOs, 42% and 39% via e-mails from the CMOs, 26% and 21% through meetings hosted by DCH, 24% and 24% from information initiated by DCH, 13% and 12% via telephone calls with the CMOs, 11% and 19% from the CMOs' websites, and 8% and 7% from patients asking about the program.

In the following tables (**Tables 12-18**), we report on other key results of the provider survey. As found through the member surveys, providers reported some lack of clarity surrounding the P4HB program. At the end of Year 1, it appeared that providers did not have adequate knowledge of:

- The availability of the P4HB program;

- Eligibility criteria for the specific components of P4HB; or
- Services covered under their CMO contract for P4HB.

When asked about who was eligible for the Family Planning component of the program (under the “Pink Card”), approximately half or fewer of all providers were knowledgeable of any of the eligibility criteria for all five waves of the survey (**Table 12**). There was apparent improvement in provider knowledge from the first through the fifth surveys. Some improvements in the percentage of providers correctly identifying some eligibility criteria for the Family Planning only component were noted from wave 1 to wave 5: being 18-44 years of age (from 40% to 50%), being a Georgia resident (from 42% to 56%), being a U.S. citizen (from 39% to 44%), and not otherwise being eligible for Medicaid or CHIP-Peach care (from 31% to 52%).

Table 12. Provider Understanding of Eligibility Criteria for P4HB

Eligibility Criteria for P4HB®	Correct Response by Category of P4HB®									
	1 st Wave N = 62		2 nd Wave N = 104		3 rd Wave N = 31		4 th Wave N = 52		5 th Wave N=34	
	FP n (%)	IPC n (%)	FP n (%)	IPC n (%)	FP n (%)	IPC n (%)	FP n (%)	IPC n (%)	FP n (%)	IPC n (%)
Between 18-44 yrs of age	25 (40%)	17 (27%)	41 (39%)	28 (27%)	14 (45%)	13 (42%)	34 (65%)	16 (31%)	17 (50%)	10 (29%)
Resident of Georgia	26 (42%)	20 (32%)	43 (41%)	33 (32%)	15 (48%)	14 (45%)	39 (75%)	25 (48%)	19 (56%)	14 (41%)
U.S. Citizen	24 (39%)	18 (29%)	40 (38%)	31 (30%)	13 (42%)	12 (39%)	30 (58%)	24 (46%)	15 (44%)	12 (35%)
Household income at or below 200% FPL	19 (31%)	16 (26%)	30 (29%)	25 (24%)	9 (29%)	8 (26%)	19 (37%)	15 (29%)	6 (18%)	7 (21%)
Not otherwise eligible for Medicaid or CHIP-Peach care	19 (31%)	16 (26%)	31 (30%)	24 (23%)	10 (32%)	10 (32%)	27 (52%)	18 (35%)	10 (29%)	8 (24%)
Not otherwise insured for family planning services	16 (26%)	15 (24%)	27 (26%)	22 (21%)	10 (32%)	10 (32%)	22 (42%)	17 (33%)	9 (26%)	8 (24%)
Delivered a very low birth weight infant since January 1, 2011	----	15 (24%)	----	22 (21%)	----	8 (26%)	----	16 (31%)	----	7 (21%)
Other	2 (3%)	2 (3%)	2 (2%)	2 (2%)	----	----	----	----	----	----

The survey findings reveal that a lower percentage of providers gave correct responses regarding the eligibility criteria for the Interpregnancy Care component compared to the Family Planning component across all five waves of the survey. Among the responding providers, the best recognized eligibility criteria for the Interpregnancy Care component were being 18-44 years of age, a resident of Georgia, and a U.S. citizen, with improvement in this knowledge from the first through the fifth waves of the survey. Across all five waves of the survey, approximately 25% of responding providers recognized the other eligibility criteria, including the delivery of a very

low birth weight infant since January 1, 2011 (24%, 21%, 26%, 31% and 21%, respectively during survey waves 1, 2, 3, 4 and 5).

In addition to understanding eligibility criteria, it is important that providers understand the services that will be reimbursed by the program. As shown in **Table 13**, providers' understanding of the family planning services covered under the P4HB program improved for most covered services from the first through the fifth waves of the survey for all services. Providers' knowledge of covered Interpregnancy Care services was more variable over the course of the five waves of the survey. For example, only 19%, 16%, 23%, 17% and 26% of responding providers, respectively, recognized that primary care services were covered in survey waves 1, 2, 3, 4 and 5; lower still was providers' recognition that the management and follow-up of chronic diseases were covered services (9%, 11%, 6%, 13% and 21%, respectively), prescription medications for chronic diseases (8%, 9%, 10%, 12% and 12%, respectively), detoxification and outpatient rehabilitation (5%, 5%, 3%, 8% and 3%, respectively), limited dental services (6%, 7%, 6%, 10% and 12%, respectively), nurse case management and resource mother outreach (16%, 14%, 19%, 17% and 12%, respectively), and non-emergency transportation (8%, 6%, 16%, 10% and 6%, respectively).

Table 13. Providers' Knowledge of Services Covered Under their P4HB Contract

Services Covered Under P4HB®	1 st Wave N = 62	2 nd Wave N = 104	3 rd Wave N = 31	4 th Wave N=52	5 th Wave N=34
	Correct Responses	Correct Responses	Correct Responses	Correct Responses	Correct Responses
	n (%)	n (%)	n (%)	n (%)	n (%)
Family planning initial and follow-up exams	25 (40%)	45 (43%)	17 (55%)	39 (75%)	19 (56%)
Contraceptive services and methods	27 (44%)	46 (44%)	18 (58%)	48 (83%)	18 (53%)
Tubal ligation	17 (27%)	31 (30%)	14 (45%)	23 (44%)	11 (32%)
Pregnancy Testing	21 (34%)	41 (39%)	15 (48%)	33 (63%)	16 (47%)
Screening for sexually transmitted infections	19 (31%)	33 (32%)	14 (45%)	31 (60%)	14 (41%)
Follow-up of an abnormal Pap smear, including Colposcopy	14 (23%)	26 (25%)	5 (16%)	20 (38%)	13 (38%)
Treatment for sexually transmitted infections	18 (29%)	31 (30%)	13 (42%)	29 (56%)	12 (35%)
Treatment for major complications related to family planning services	10 (16%)	17 (16%)	11 (35%)	19 (37%)	13 (38%)
Multivitamins with folic acid	16 (26%)	25 (24%)	13 (42%)	13 (25%)	8 (24%)
Hepatitis B and Tetanus-Diphtheria vaccines	13 (21%)	18 (17%)	8 (26%)	13 (25%)	7 (21%)
Primary care services (up to 5 outpatient visits per year)	12 (19%)	17 (16%)	7 (23%)	9 (17%)	9 (26%)
Management and follow-up of chronic diseases	6 (9%)	11 (11%)	2 (6%)	7 (13%)	7 (21%)
Prescription medications for chronic diseases	5 (8%)	9 (9%)	3 (10%)	6 (12%)	4 (12%)
Detoxification and outpatient rehabilitation for substance	3 (5%)	5 (5%)	1 (3%)	4 (8%)	1 (3%)

abuse					
Limited dental services	4 (6%)	7 (7%)	2 (6%)	5 (10%)	4 (12%)
Nurse case management and Resource Mother outreach for health and social service coordination and support of health behaviors	10 (16%)	15 (14%)	6 (19%)	9 (17%)	4 (12%)
Non-emergency transportation	5 (8%)	6 (6%)	5 (16%)	5 (10%)	2 (6%)

The survey also asked providers what they perceived as barriers to participation in the P4HB program. The key responses from providers were (**Table 14**):

- The waiver does not cover the full range of family planning services (reported by 26%, 26%, 35%, 40% and 26% of responding providers, respectively, across survey waves 1, 2, 3, 4 and 5);
- The waiver does not cover referrals or follow-up care (reported by 27%, 27%, 39%, 44% and 29% of responding providers, respectively, across survey waves 1, 2, 3, 4 and 5);
- The waiver does not cover complications of family planning services (reported by 26%, 26%, 26%, 42% and 26% of responding providers across survey waves 1, 2, 3, 4 and 5).

Table 14. Providers' Perception of Barriers for P4HB Participation

Factor	1 st Wave N = 62	2 nd Wave N = 104	3 rd Wave N = 31	4 th Wave N=52	5 th Wave N=34
	Perceived as Barrier n (%)	Perceived as Barrier n (%)	Perceived as Barrier n (%)	Perceived as Barrier n (%)	Perceived as Barrier n (%)
Waiver does not cover the full range of family planning services	16 (26%)	27 (26%)	11 (35%)	21 (40%)	9 (26%)
Waiver does not cover referrals or follow-up care	17 (27%)	28 (27%)	12 (39%)	23 (44%)	10 (29%)
Waiver does not cover complications of family planning service	16 (26%)	27 (26%)	8 (26%)	22 (42%)	9 (26%)
Your practice is full	4 (6%)	8 (8%)	3 (10%)	7 (13%)	3 (9%)
Other	1 (2%)	2 (2%)	-----	-----	----

The CMOs and the DCH were interested in what information providers need and how they prefer to receive information regarding the P4HB program. A summary of the findings is shown in **Tables 15 and 16**.

Regarding their information needs, a substantial percentage of providers reported a need for more information about enrollment eligibility criteria, covered services for those enrolled in the Family Planning component, and covered services for those enrolled in the Interpregnancy Care component across all four waves of the survey (**Table 15**).

Table 15. Providers' Information Needs

Type of Information	1st Wave N = 62	2nd Wave N = 104	3rd Wave N = 31	4th Wave N=52	5th Wave N=34
	Need More Information n (%)	Need More Information n (%)	Need More Information n (%)	Need More Information n (%)	Need More Information n (%)
Enrollment eligibility criteria	21 (34%)	40 (38%)	20 (65%)	25 (48%)	18 (53%)
Covered services for those enrolled in the Family Planning component	22 (35%)	44 (42%)	24 (77%)	26 (50%)	17 (50%)
Covered services for those enrolled in the Inter-pregnancy Care component	23 (37%)	47 (45%)	25 (81%)	26 (50%)	20 (59%)

Regarding providers' preferred route for receipt of information, there was a wide variety of preferences. The most favored routes of receipt of information according to the first two waves of the survey (the questions were not included in the third and fourth waves of the survey) were websites of the CMOs' (100% and 9%, respectively in survey waves 1 and 2), e-mails to the practice (34% and 37%, respectively), and direct mailings (32% and 28%, respectively).

Table 16. Providers' Preference for Receipt of Information

	1 st Wave N = 62	2 nd Wave N = 104	3 rd Wave N = 31	4 th Wave N=52	5 th Wave N=34
Route of Receiving Information	Preferred Route n (%)	Preferred Route n (%)			
Direct mailings	20 (32%)	29 (28%)	Question not covered on survey	Question not covered on survey	Question not covered on survey
E-mails to your practice	21 (34%)	38 (37%)			
Websites of the CMOs	62 (100%)	9 (9%)			
Telephone calls to your practice	2 (3%)	6 (6%)			
Website of the Georgia Department of Community Health	11 (18%)	17 (16%)			
Meetings hosted by the Georgia Department of Community Health or CMOs	9 (15%)	15 (14%)			
Professional conferences or practice staff meetings	6 (10%)	9 (9%)			
Colleagues	2 (3%)	2 (2%)			
Posting on billboards and public transportation	0 (0%)	0 (0%)			

During the fourth wave of the survey, additional questions were added to the provider survey to probe whether they assessed key reproductive health topics during health care appointments with women of reproductive age (**Table 17**) and whether they provided information or counseling about key reproductive health topics during visits for women of reproductive age (**Table 18**). Subsequent waves of the survey will also include these questions such that aggregate provider responses can be monitored from the fourth wave of the survey forward.

The fourth and fifth waves of the survey revealed that of the responding providers, fewer than a third and a quarter, respectively, reported assessing key reproductive health topics during encounters with women of reproductive age, ranging from 33% and 24%, respectively, for assessment of the methods women of reproductive age use for preventing of spacing pregnancies; 6% and 12%, respectively, for assessment of a women's desire or plans for timing or spacing pregnancies; 6% and 15%, respectively, and 4% and 9%,

respectively, for assessment of women’s reproductive life plans or life plans/goals, respectively (Table 17).

Table 17. Assessment of Reproductive Health Topics

Reproductive Health Topic	1 st Wave	2 nd Wave	3 rd Wave	4 th Wave N=52 n (%) Yes	5 th Wave N=34 n (%) Yes
	Do you assess the following items as part of health care encounters with women of reproductive age?				
Desire or plans to have or not have children in the future	Question not covered on survey waves 1-3			7 (13%)	7 (21%)
Desire or plans for timing or spacing pregnancies				3 (6%)	4 (12%)
Sexual behaviors, including risk and protective behaviors				14 (27%)	8 (24%)
Method(s) she uses for preventing or spacing pregnancies				17 (33%)	8 (24%)
Method(s) she uses for preventing STIs				14 (27%)	8 (24%)
Risks for unintended (unwanted or mistimed) pregnancy				8 (15%)	6 (18%)
Reproductive life plan				3 (6%)	5 (15%)
Life plans or goals				2 (4%)	3 (9%)

During survey waves 4 and 5, smaller percentages of responding providers reported that they educate or counsel on key reproductive health topics during encounters with women of reproductive age. Approximately 15% and 18%, respectively, of responding providers reported that they educate or counsel about sexual behaviors, and 15% and 12%, respectively, educate or counsel about methods for preventing sexually-transmitted infections. Smaller percentages

reported providing education or counseling about the other reproductive health topics of interest (Table 18).

Table 18. Education and Counseling of Reproductive Women

Reproductive Health Topic	1 st Wave	2 nd Wave	3 rd Wave	4 th Wave	5 th Wave
				N=52 n (%) Yes	N=34 n (%) Yes
	Do you educate or counsel about the following items as part of health care encounters with women of reproductive age?				
Having a plan to have or not have children in the future	Question not covered on survey waves 1-3			3 (6%)	5 (15%)
Having a plan for timing or spacing pregnancies				3 (6%)	4 (12%)
Sexual behaviors, including risk and protective behaviors				8 (15%)	6 (18%)
Method(s) for preventing or spacing pregnancies				6 (12%)	7 (21%)
Method(s) for preventing STIs				8 (15%)	4 (12%)
Dual-protection (using condom plus another method)				4 (8%)	2 (6%)
Risks for unintended (unwanted or mistimed) pregnancy				4 (8%)	6 (18%)
Reproductive life plan				2 (4%)	5 (15%)
Life plans or goals				1 (2%)	4 (12%)

An additional question that was asked on the fourth and fifth waves of the survey was whether providers' thoughts about the P4HB program and what it could do for their patients had changed since they first learned about the program. This question will be included on subsequent waves

of the survey as well. During the fourth and fifth waves of the survey, 23% and 12%, respectively, of responding providers indicated an affirmative response to this question.

Taken together, these results indicate that, as of the first two and one half years of the P4HB program, a great deal more education was needed for those already involved in the P4HB program – whether as members or providers – to truly understand its nature, coverage and potential to affect outcomes.

EVALUATION ACTIVITIES

Emory University, the P4HB program evaluator, reported the following evaluation activities that were underway during Q1 2014:

- 1) A complete revision of the Year 2 Annual P4HB Report originally submitted in December 2013 due to the finding that the actual monthly indicator of enrollment in P4HB, which requires enrollment in a CMO, was not provided to Emory. As a consequence of this error, all tables using data related to enrollment in P4HB had to be revised based on the corrected flag for month of enrollment into the program. Key outcomes such as the number of pregnancies or births after enrollment in P4HB were estimated on the new data and along with other revised estimates, were submitted to CMS in a revised version of the Year 2 report in February 2014.
- 2) Updating of Title X and Medicaid family planning visit trends and patterns. These data are now complete through the end of 2013 and hence, provide a longer time period after the implementation of P4HB. Regressions based on the Title X data alone have been completed and the Title X and Medicaid claims files are being merged in order to update

these regression analyses. A paper is being drafted based on the pre-post analysis of service and contraceptive usage of Title X and Medicaid women with a focus on the usage patterns of P4HB women. The target journal is the *Journal of Women's Health*.

- 3) Fetal death records for 2011 have now been received by Emory and will be combined with the 2011 vital records to enable the research team to fully document the pregnancy and birth outcomes of Medicaid insured women with a focus on the P4HB enrollees.
- 4) The costs of first year of life for infants born under Medicaid coverage in CY2011 have been derived from the linked Medicaid claims and vital records. These were used to complete a revised version of the budget neutrality worksheet as shown and discussed later in this Quarterly Report.
- 5) The Emory team provided additional data as needed, to complete the state's application for a renewal of the P4HB waiver. These data included the above estimates of first year of infant life costs as well as estimates of uninsured women with income < 200% FPL who are citizens and living in Georgia. Data from the American Community Survey (ACS) were used along with published projections of the effect of the Affordable Care Act (ACA) on reducing uninsured women in Georgia through the FFM or by enrolling women currently eligible for Medicaid by not taking up these benefits to derive estimates for 2014-2018.

The evaluation team has also been holding regular team meetings to discuss proposed elements of the evaluation design and to plan the data analysis that can be started with the data in hand. To this end, the team has worked with the PRAMS data for the 'pre' P4HB data period to derive estimates of the birth weight distribution and percentage pre term births among women

uninsured pre-pregnancy and with Medicaid insurance at delivery. These calculations have been completed for the 2008-2011 time period for Georgia and three comparison states. The team will continue to meet on this and other topics related to the evaluation and potential publication of papers.

ACTION PLANS

1. DCH received official approval from CMS to extend P4HB through December 31, 2014.
DCH is currently preparing a renewal application to extend P4HB for three years beginning January 1, 2015. We anticipate submitting this renewal application to CMS during the first quarter of SFY 2015.
2. Maintain ongoing communication with family planning and OB/GYN providers:
Communication with family planning and OB/GYN providers to inform them about P4HB will continue throughout the life of the Demonstration.
3. Ongoing engagement of providers involved in High Risk Pregnancies: The CMOs continually outreach to their network providers who provide care for these high risk pregnant women.
4. Ongoing engagement of Georgia's Title X Family Planning Program: Georgia's Title X Family Planning Program has been sharing data on a quarterly basis with the P4HB evaluation team at Emory. This data is used to update the evaluator's file and complete descriptive and multivariate analyses.
5. Ongoing collaborations with the Georgia Department of Public Health (DPH) and the Georgia Department of Human Services Division of Family and Children Services (DFCS):
These collaborations aim to further outreach to teens and young women who are uninsured

and either paying out of pocket for family planning services/supplies or going without needed services. Our partnerships help us reach women in the local public health clinics and the DFCS offices.

EXPENDITURES

As the number of women enrolled in the P4HB program fluctuated over time, the total federal and state dollars spent on all components of the P4HB program fluctuated accordingly. The total spent on per member per month (capitation) payments to the Georgia Families CMOs made by DCH during Q1 2014 was \$3.5 million, down 18.6% from the total of \$4.3 million spent in the fourth quarter of 2013. This was largely due to the decline in enrollment seen in Q1 of 2014 as reported earlier. As shown in past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. A full 94% of the total Q1 2014 capitation payments were for women enrolled in the family planning only component, equal to \$3.3 million. The decrease in total payments also parallels the decrease in member months observed for this group, from 98,617 in Q4 of 2013 to 78,945 in Q1 of 2014.

A total of \$183,360 in capitation payments was made to the CMOs in Q1 2014 for the women enrolled in the IPC component of P4HB, up 46.4% from the \$125,280 paid during the fourth quarter of 2013. This increase in capitation payments from Q4 2013 to Q1 2014 reflects an increase of 4.3% in the number of IPC women enrolled in a CMO during Q1 2014 compared to Q4 2013 and in turn, a 46.4% increase in their member months. While the total number of women enrolled increased, many were also dis-enrolled for the reasons previously described in the CMOs' reports. In addition, as shown in the Budget Neutrality Worksheet below, there was an increase in member months from 522 to 764 for the IPC group.

We continue to exclude from these totals the costs for the low-income or disabled women receiving Resource Mothers/Case Management only services since their costs cannot be combined with that of the women enrolled in the IPC component of the P4HB program. The Budget Neutrality Worksheet for Q1 2014 is provided on page 48 of this report.

First Year Infant Costs Included

We note that the P4HB program now has enough of a follow-up period that the first year of life infant costs for those born in 2011 can be estimated by birth weight category and the estimated savings can be included in the second section of the budget neutrality worksheet as it was designed by CMS. Since this was the first year of the Demonstration, it is hard to argue that the differences in the distribution of infants by birth weight category, and the related savings, is caused by the Demonstration but using the data on counts of infants and their costs does allow the state to begin presenting the full budget neutrality worksheet. This full budget neutrality worksheet is provided on page 49 of this report.

As the full budget neutrality worksheet indicates, the total number of low birth weight infants (1500 to 2499 grams) born to Medicaid insured Mothers in CY2011 was 5,836 and the total very low birth weight (< 1500 grams) infants, 1,394. The infants are categorized by birth weight based on the data from vital records for those that linked (5,032 low birth weight; 1,138 very low birth weight) and on data from claims for the remaining 804 low birth weight and 256 very low birth weight infants born to Medicaid mothers in CY2011. To estimate the costs of these infants we used the claims data available through the end of 2012 and included Medicaid paid costs for their delivery as well as for inpatient, outpatient or pharmaceutical costs during the full first year

of life. As shown, the estimated mean first year of life costs for those born low birth weight is \$12,306 and for those born very low birth weight, \$94,106. When the numbers of infants born in each birth weight category in CY 2011 are entered and their total costs are compared to the total costs for the 'expected' number born very low birth weight (2,117) and low birth weight (5,768), the difference is the estimated savings that could accrue if the waiver does shift the birth weight distribution in this manner. The savings so estimated, shown in the difference row at the bottom, is approximately \$104 million. There were no infants born to IPC enrollees in CY 2011 so those cells remain at zero in this first full budget neutrality worksheet.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST 2014						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP)						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg</i>	FP Enrollee Member Months	78,945				78,945
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	764				764
	PMPM for FP Members FP related Services	\$35.99	\$35.99	\$35.99	\$35.99	\$35.99
	PMPM for IPC Members FP related Services	\$28.95	\$28.95	\$28.95	\$28.95	\$28.95
	Total	\$ 2,863,135	\$ -	\$ -	\$ -	\$ 2,863,135
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 94,800.00
	Total	\$ -	\$ -	\$ -	\$ -	\$ 200,691,600
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 54,908.00
	Total	\$ -	\$ -	\$ -	\$ -	\$ 316,709,344
TOTAL WITHOUT- DEMONSTRATION COSTS		\$ 2,863,135	\$ -	\$ -	\$ -	\$ 520,264,079
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	764				764
	PMPM	\$ 137	\$ 137	\$ 137	\$ 137	\$ 137.02
	Total	\$ 104,687	\$ -	\$ -	\$ -	\$ 104,687
First Year Infant Costs VLBW Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)						
	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)						
	Persons		0	0		0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC						
	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH DEMONSTRATION COSTS		\$ -	\$ -	\$ -	\$ -	\$ 104,687
DIFFERENCE						\$ 520,159,392

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST 2011		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg</i>	FP Enrollee Member Months	41	2,005	10,639	19,455	32,140
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	-	3	19	51	73
	PMPM for FP Members FP related Services	\$36.32	\$36.22	\$35.96	\$35.96	\$36.11
	PMPM for IPC Members FP related Services	\$28.95	\$28.95	\$28.95	\$28.95	\$28.95
	Total	\$ 1,489	\$ 72,707	\$ 383,091	\$ 701,009	\$ 1,162,758
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 94,106.00
	Total	\$ -	\$ -	\$ -	\$ -	\$ 199,222,402
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 12,306.00
	Total	\$ -	\$ -	\$ -	\$ -	\$ 70,981,008
TOTAL WITHOUT- DEMONSTRATION COSTS		\$ 1,489	\$ 72,707	\$ 383,091	\$ 701,009	\$ 271,366,168
WITH DEMONSTRATION - IPC SERVICES incl. Resource Mothers - Participants Only (Effective IPC?)						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	-	3	19	51	73
	PMPM	\$ 150	\$ 146	\$ 136	\$ 136	\$ 141.94
	Total	\$ -	\$ 439	\$ 2,580	\$ 6,925	\$ 9,944
First Year Infant Costs VLBW Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)						
	Persons	286	360	380	368	1,394
	Cost per Person	\$ 97,875	\$ 103,669	\$ 92,507	\$ 83,473	
	Total	\$ 27,992,250	\$ 37,320,840	\$ 35,152,660	\$ 30,718,064	\$ 105,775,144
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)						
	Persons	1,405	1,404	1,506	1,521	5,836
	Cost per Person	\$ 12,176	\$ 12,136	\$ 12,420	\$ 12,468	
	Total	\$ 17,107,280	\$ 17,038,944	\$ 18,704,520	\$ 18,963,828	\$ 61,591,530
First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC						
	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH DEMONSTRATION COSTS		\$ 17,205,155	\$ 17,142,613	\$ 18,797,027	\$ 19,047,301	\$ 167,376,618
DIFFERENCE						\$ 103,989,550



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**



Post Office Box 1810

Atlanta, GA 30301-1810

877- P4H-B101 (744-2101)

Fax 888-744-2102

www.planning4healthybabies.org

<V01-DATE>

<V02-NAME>

<V03-ADDRESS>

<V04-ADDRESS>

<V05-CITY, STATE ZIP>

Dear «Name_First_Current» «Name_Last_Current»:

Our Medicaid records show that you are currently or have recently been pregnant. We are contacting you today to give you information about a program that you may be eligible for called Planning for Healthy Babies (P4HB).

P4HB has three different services available:

- ✓ Family Planning (FP)
- ✓ Inter-Pregnancy Care (IPC)
- ✓ Resource Mother (RM)

FP services are for women only who:

- Are Georgia residents and U.S. citizens or qualified immigrants
- Are 18 through 44 years of age
- Are NOT currently pregnant but are able to have a baby
- Are NOT on any insurance including Medicaid, PeachCare for Kids[®], Medicare, employer sponsored or private insurance



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- Have family income at or below 200% of the Federal Poverty Level (FPL)

IPC services are for women only who:

- Are Georgia residents and U.S. citizens or qualified immigrants
- Are 18 through 44 years of age
- Are NOT currently pregnant but are able to have a baby
- Have given birth to a very low birth weight baby (less than 3 pounds 5 ounces) on or after January 1, 2011
- Are NOT on any insurance including Medicaid, PeachCare for Kids[®], Medicare, employer sponsored or private insurance
- Have family income at or below 200% of the Federal Poverty Level (FPL)

RM services are for women only who:

- Meet all of the requirements of IPC but are currently Medicaid, or PeachCare for Kids[®] eligible

IF YOU LIVE WITH:	TOTAL HOUSEHOLD	MONTHLY FPL INCOME LIMIT
ONE CHILD	2	\$2,622
TWO CHILDREN	3	\$3,300
ONE CHILD + SPOUSE	3	\$3,300
TWO CHILDREN + SPOUSE	4	\$3,976

If you are currently receiving Medicaid only because you are pregnant, your Medicaid will end at the end of the second month after you have your baby. If you are interested in receiving P4HB services, please complete an application on the web at www.planning4healthybabies.org; or you may download an application from the website. Once you have completed it, **please mail or fax your signed application back to P4HB.**



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Your P4HB application will be reviewed to see if you, your newborn and any other household members are eligible to continue to get Medicaid. If you are, then you will receive notification from your local Division of Family and Children Services (DFCS) office regarding your Medicaid application status.

If you are not eligible for any Medicaid with DFCS, then your P4HB application will be reviewed and you will be notified if any additional information is needed to process your P4HB application.

If you are approved for P4HB you can receive Family Planning services such as:

- Yearly family planning exams
- Contraceptives (birth control)
- Tubal ligation (sterilizations)
- Health education and counseling
- Screening, treatment and follow up for STDs (except HIV/AIDS and Hepatitis) discovered during your family planning exam
- Pregnancy Tests
- Prescriptions for contraceptives (birth control), multivitamins with folic acid and folic acid only
- A Tetanus, Whooping Cough, and Diphtheria booster if you are age 20 or younger and are due for a booster
- Hepatitis B vaccine if you are age 20 or younger and have not received this vaccine before
- Abortions are not covered under this program

If you deliver a very low birth weight baby on or after January 1, 2011, and are approved for Inter-Pregnancy Care (IPC) services under the Planning for Healthy Babies program, you will receive all of the Family Planning services listed above plus you will be able to have a primary care doctor, some dental services, and someone to teach you about your health and your baby's health (a Resource Mother) and more.



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If you deliver a very low birth weight baby and are approved for **Resource Mother** services, you will be able to have someone to teach you about your health and your baby's health.

Proof that you delivered a very low birth weight baby is required. Your doctor will need to fill out a form that says you had a very low birth weight baby. An Inter-Pregnancy Care or a Resource Mother form will be mailed to you once you return the completed application to P4HB. If you don't have one of these forms, please call toll free 877-744-2101 or go on line at www.planning4healthybabies.org to obtain a copy of this required form.

If you are approved for P4HB you may continue to use your same Care Management Organization (CMO) – WellCare, Peach State, or Amerigroup. You can get more information on each CMO at:

WellCare: georgia.wellcare.com or

Call 877-379-0020 (TDD/TTY 877-247-6272)

Peach State: www.pshpgeorgia.com or

Call 800-704-1484 (TDD/TTY 800-659-7487)

Amerigroup: www.myamerigroup.com or

Call 800-600-4441 (TDD/TTY 800-600-4441)

You do have the right to change your CMO within the first 30 days of approval for the Family Planning or IPC services. You cannot begin receiving P4HB services until you have chosen a CMO. To select your CMO, you will need to call **Georgia Families 888-423-6765** or visit www.georgia-families.com to get information and to select your CMO.

If you are approved for Resource Mother services, you may continue to use your same CMO and if you are not using a CMO, call Georgia Families 888-423-6765 or visit www.georgia-families.com to get information and to select your CMO.

Please call Planning for Healthy Babies at 877-744-2101 if you have any questions.