

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

Quarter 2
April 1-June 30, 2014

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

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OVERVIEW

This report documents programmatic activities and performance during the second quarter (Q2) of 2014 (April through June 2014). This is the fourth year of Georgia's Section 1115 Medicaid Demonstration, the Planning for Healthy Babies Program[®] (P4HB[®]). Topics covered for this Q2 2014 report include: 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. We also include a revised CY2011 budget neutrality worksheet along with the Q2 2014 budget neutrality worksheet.

During Q2 2014, P4HB experienced a significant decline in enrollment in the family planning (FP) component of the program despite the overall increase in applications received in Q2 compared to Q1 2014. At the end of Q1 2014, FP enrollment was 23,771 but by the end of Q2 2014, FP enrollment had dropped to 13,646. This represented a 42.6% decrease in FP enrollment from the end of Q1 to the end of Q2 2014, and a 66.9% decrease since the program's peak enrollment of 41,186 during July 2013. This decreased enrollment is primarily attributed to the failure of the FP participants to complete the eligibility redetermination process as documented in the Renewal Report.

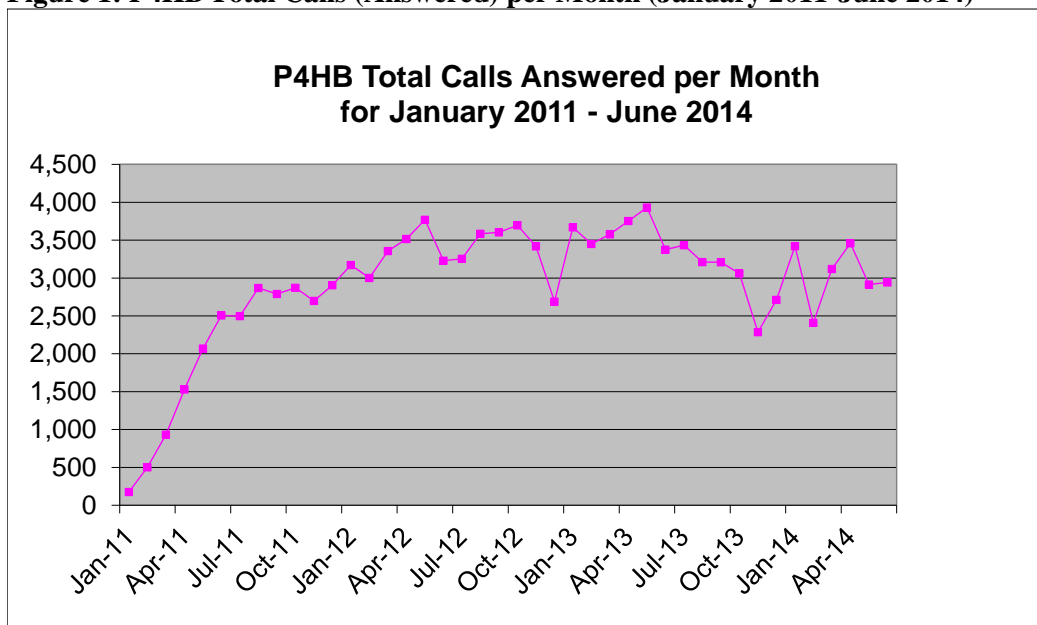
In contrast to the decreased enrollment observed in the FP component, the program experienced an overall increase in enrollment in the IPC component during Q2 2014. From an enrollment of 264 IPC women at the end of Q1 2014, the enrollment increased to 296 IPC women by the end of Q2 2014 despite some fluctuation from higher enrollment levels at the beginning of the

quarter. The P4HB program also experienced a very small increase in the total number of women receiving Resource Mother Services (IPC and Resource Mother Only women). While this combined enrollment was 342 in March 2014 (end of Q1 2014), the enrollment rose to 345 by June 2014.

CALL VOLUME

PSI/MAXIMUS provided DCH with call volume data for the P4HB program and, as shown in **Figure 1** below, the answered call volume at the end of Q2 2014 was slightly lower (2,943 calls) than the volume recorded at the end of Q1 2014 (3,120 calls), though a sharp increase in calls occurred in April 2014 (3,460 calls), followed by a decline in May 2014 (2,914 calls). **Figure 1** demonstrates that interest in the program, as measured by call volume, has been fluctuating substantially since October 2013 and may have plateaued by the end of Q2. 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-June 2014)



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

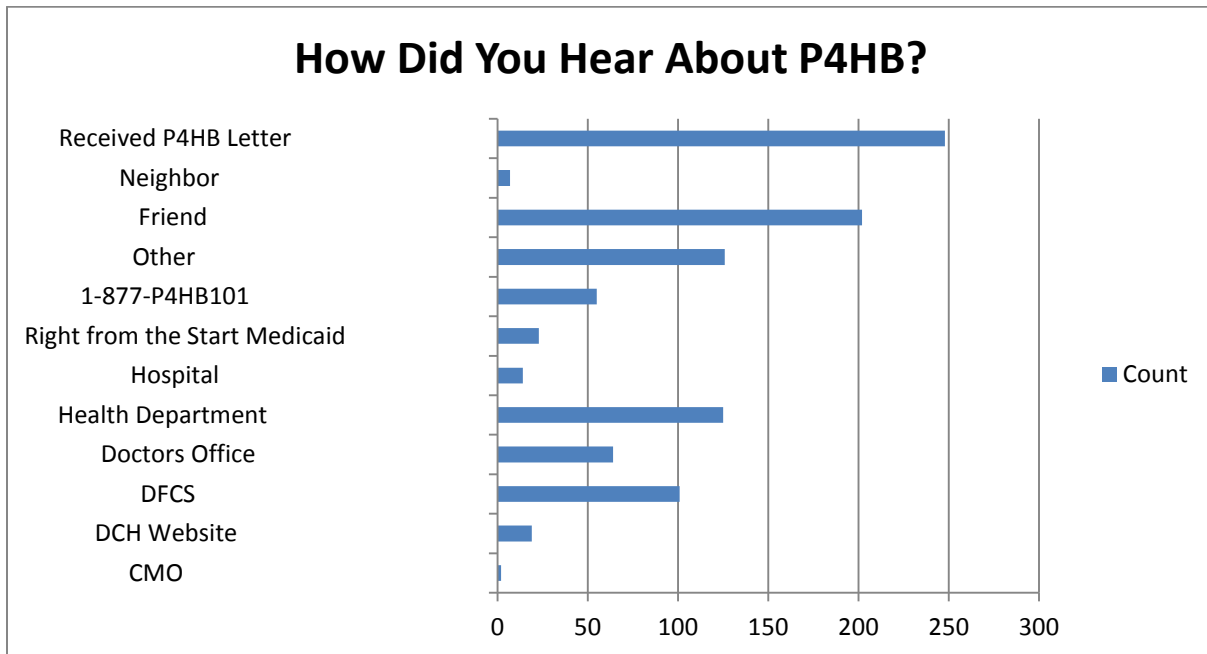
ELIGIBILITY

Reports based on Q2 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: 7/8/2014). The June 2014 program-to-date number of unique paper and web applications totaled 48,706 and the majority (59.3%) of the applications (28,874) were submitted as web-based applications. P4HB experienced an overall increase in total applications received in Q2 2014 (2,619) compared to Q1 2014 (2,167)
- **Reasons for application denials.** The two leading reasons cited for denial of applications for the P4HB program in Q2 were non-response within 14 days and failure to verify income. This is a consistent pattern - women failing to complete the application process with these two reasons being the most often reported – and it occurs primarily with the applications for the FP component of P4HB. It remains unclear why these women initiated the application process then failed to follow through despite the outreach from our enrollment broker to encourage completion of the application process.
- **Reasons enrollees were terminated from the P4HB program.** Consistent with previous quarters, P4HB enrollees were most often terminated from the program in Q2 2014 for failure to complete the annual redetermination review. We have not been able to impact this reason despite the efforts made by our enrollment broker.
- **Average age of the women determined eligible for the P4HB program.** The average age of women deemed eligible for FP services program-to-date as of the end of Q2 was 23.5 years (comparable to the 23.4 years program-to-date reported in Q1 of 2014). We have noticed upward trends in the average age of women deemed eligible for the program.

Since January 2013, the average age for women deemed eligible each month for FP services has climbed from 23.26 years to the current age of 26.14 years. Over the past two quarters, the average age of women deemed eligible each month during Q1 and Q2 2014 has climbed from 24.73 years in January 2014 to 26.14 years in June 2014. One of the initial objectives of the P4HB program was to decrease late teen pregnancies by reducing the number of repeat teen births among Medicaid eligible women. This eligibility trend may be occurring because: women in the 18 – 22 year old age group are losing interest in the P4HB program; women in this age group are accessing FP services from sources not requiring Medicaid eligibility; or knowledge about the P4HB program has declined among this age group due to limited outreach currently available for the program. We have been tracking knowledge about the P4HB program through our application process and **Chart 1** below shows data from June 2014. The top two

Chart 1



ways women are hearing about the P4HB program are through the letters DCH and the CMOs send to Medicaid eligible women during their eighth month of pregnancy and through the friends of the applicant.

The average age program-to-date as of the end of Q2 for women deemed eligible for IPC services was 28.4 years, (comparable to the 28.4 years program-to-date reported in Q1 of 2014). **Table 1** below provides detailed data on the age distribution of women deemed eligible in June 2014 and illustrates that the majority (89.7%) of the women deemed eligible for the FP and IPC components of the P4HB program in June 2014 were under the age of 36. Thirty-nine percent, or 5,841 women eligible for the FP and IPC components of the program, were in the youngest age group, 18-22. Only 52 of these women were eighteen years of age. As of January 2014, Georgia's Medicaid and CHIP programs enroll females through age 18 years. By age 19, these young women have lost their Medicaid or PeachCare for Kids (Georgia's standalone CHIP program) coverage. Our hypothesis was that at this age, many of these young women would be in need of coverage for family planning and other services so we expected our enrollment of women in this age group to grow. This does not appear to be the situation based on our data though this age group comprises the largest age group of women enrolled in the P4HB program.

Table 1: Individuals Deemed Eligible for Family Planning and IPC By Age June 2014		
Deemed Eligible	Family Planning	IPC
18-22	5,759	82
18	48	4
19	1,181	15
20	1,948	11
21	1,525	28
22	1,057	24
23-29	5,014	182
30-35	2,444	97
36-40	990	40
41-44	518	11
45+	2	0
Total	14,727	412

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

- By the end of Q2, the *Average Income Report* revealed the average monthly household income to date for women enrolled in the FP only component of P4HB was \$1,231.36. For the IPC component, the average monthly income to date was \$1,344.31, a slight decline from the Q1 2014 average monthly income to date level of \$1,379.68.
- *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 for Enrollment*: As of the end of Q2 2014 and as shown in **Table 2** below, 39.0% (5,746 of the 14,727 women deemed eligible for the FP 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 had the highest numbers of women deemed eligible for the P4HB.

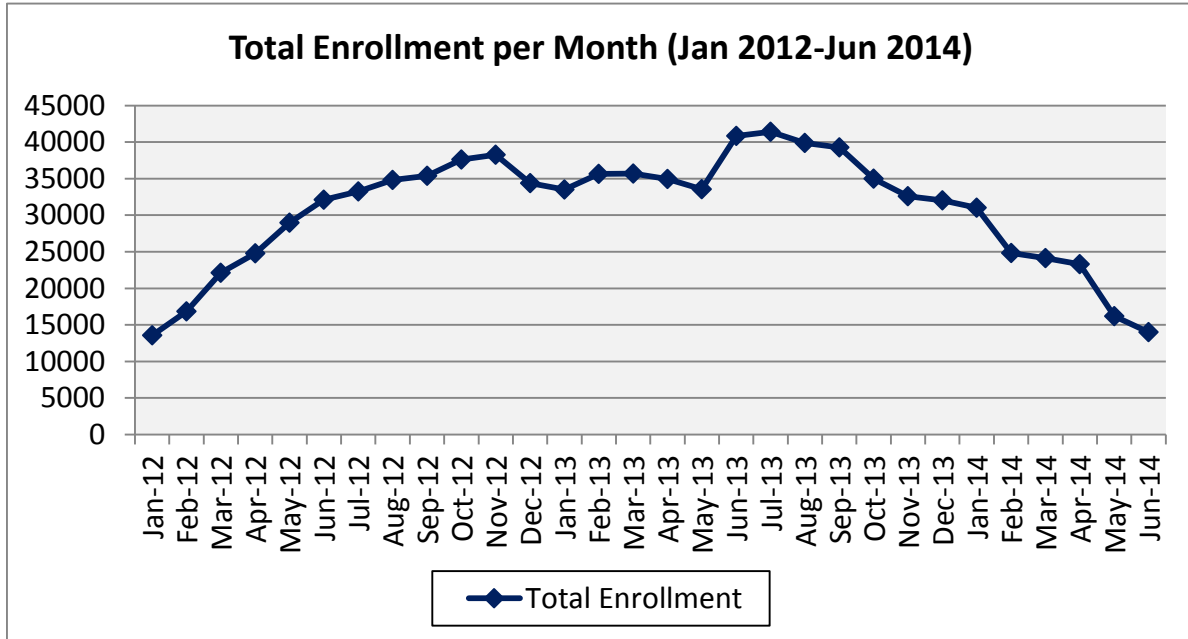
Table 2: Individuals Deemed Eligible for Family Planning only – Top 5 Counties	
County	Individuals Deemed Eligible
Fulton	2,136
DeKalb	1,256
Clayton	902
Gwinnett	794
Cobb	658
Total	5,746

Source – PSI P4HB Report 011 for June 2014

ENROLLMENT

As of June 30, 2014, a total of 13,991 women were actually enrolled in one of the Georgia Families CMOs and eligible to receive P4HB services (see **Figure 2**). This number includes 13,646 women enrolled in the FP component, 296 women enrolled in the IPC component, and 49 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 66.2% decrease (from 41,417 to 13,991) in P4HB enrollment with the majority of the decline (66.9% or from 41,186 to 13,646) due to a decline in enrollment in the FP component. Our enrollment broker updates us frequently on the number of women remaining in the program who were auto-enrolled into the FP component since it appears these women are the ones primarily failing to complete the eligibility determination process. At this point, the majority of auto-enrolled women should have come due for their 12-month eligibility redetermination. Unlike the FP component, enrollment in the IPC component increased during Q2 by 12.1% (from 264 to 296).

Figure 2



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

We have continued to monitor sources of the delays encountered by women interested in the P4HB program. One of the measures we monitor is the time from receipt of an application to referral to an RSM worker. The Q2 2014 time from the receipt of an application for P4HB to RSM referral was 4.6% higher (11.4 days) than during the first quarter of 2014 (10.9 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 22.8% higher (4.3 days) than by the end of the first quarter of 2014 (3.5 days). The 4.3 days in Q2 2014 was considerably lower than the high of 9.8 days recorded for November 2012. By the end Q2 2014, the average time from renewal to referral to the RSM worker was reduced by 1 day, from 27 days in March 2014 to 26 days at the end of June 2014.

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 Q2 2014, a total of 7,057 renewal letters were sent to eligible P4HB participants (34 of whom were enrolled in the IPC component and the remainder in the FP component of the program). As total enrollment declined over the quarter, so the number of renewal letters sent declined. In April 2014, 3317 letters were sent; in May 2618 renewal letters were sent; and in June only 1122 letters were sent.

Unfortunately, only 1,138, or 16.1%, of the 7,057 eligible P4HB eligible women completed their renewal applications (Source: P4HB[®] Renewal Reports RP003 for April, May and June 2014).

The majority of these women had been auto-enrolled into the program in 2013 prior to the termination of the auto-enrollment process for the FP component in June 2013. The primary reason eligibility was not re-determined was that these women failed to complete the review process. Although the CMOs encouraged renewals and dissuaded disenrollment from the program by mailing postcards and conducting automated renewal phone calls to remind P4HB eligible women of the renewal/recertification process and despite outreach attempts by the enrollment broker, these interventions failed to reduce the disenrollments.

CMO REPORTS and UTILIZATION OF SERVICES

The following utilization information was made available through the Q2 2014 P4HB reports submitted to DCH by the Georgia Families CMOs. Additional 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 service utilization during Q2 2014.

Table 3: Care Management Organization Utilization of Services

CMO	Enrollment	Contraceptive Utilization	Service Delivery	Outreach Activities
Amerigroup	DCH’s enrollment data revealed that 30.5% of all P4HB participants were enrolled with Amerigroup at the end of Q2 2014. This is a significant reduction from the 43.4% at the end of Q2 2013. 4,146 women were enrolled in the FP component, 102 women were enrolled in the IPC component, and 23 women were receiving Resource Mother/case management only services.	Amerigroup reported that over the course of Q2, a total of 3,427 unique women were enrolled in the P4HB program and of that total, approximately 20% (677 women) utilized a known form of contraception with oral contraceptives being the most utilized. Approximately 1,224 P4HB women (or 36%) had an unknown form of contraception. During Q2 2014, 86.7% of the active IPC/RM participants had a known form of contraception.	Amerigroup reported in Q2 that 1,758 (51%) of the 3,427 participants utilized one or more covered family planning and women’s reproductive health services. The percentage of participants utilizing family planning services increased by 19% from Q1 of 2014.	Amerigroup’s Q2 2014 report stated they had conducted outreach and education to 1,228 participants throughout Georgia about the P4HB program. Also during this time, Amerigroup held 14 “Baby Showers,” and 950 “Baby Shower” participants were provided with information about the P4HB program. Amerigroup conducted outreach with 497 providers’ offices during Q2 of 2014. This outreach included the distribution of P4HB program information to both providers and prospective members.

CMO	Enrollment	Contraceptive Utilization	Service Delivery	Outreach Activities
Peach State	<p>DCH's enrollment data revealed that 24.7% of all P4HB participants were enrolled with Peach State Health Plan at the end of Q2 2014. This is an increase from the 17.3% enrollment percentage recorded at the end of Q2 2013.</p> <p>Of the total, 3,307 women were enrolled in the FP component, 134 women were enrolled in the IPC component, and 20 women were receiving Resource Mother/case management only services.</p>	<p>Peach State reported that throughout Q2, there were 5,223 unique women who were enrolled in the program, 1,231 or 19% fewer than in Q1 of 2014. Of these enrollees, 2,853 (55%) 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 Q1 2014 report. Peach State reported a total of 164 women eligible for IPC and RM services: 146 IPC and 23 Resource Mother services. 13 women declined the IPC and RM services because they felt they had good family support and the baby was thriving. Of the total IPC/RM recipients, 32.5% of them used some form of contraception with injectable and oral contraceptives being the most frequently used methods.</p>	<p>Peach State's Q2 2014 P4HB report described that 1,909 participants had obtained one or more family planning services.</p>	<p>Peach State conducted outreach activities with participants and providers during Q2. Peach State made calls to 495 members to educate each about the P4HB program's benefits and services, and 318 (64%) were successfully completed calls. 523 new member packets were mailed during Q2 to P4HB households. Peach State increased the number of Baby Showers during Q2 to 47 (a 4.5% increase from Q1) and approximately 302 expecting and new mothers attended and received information about P4HB. 1,959 members (both new and existing members) contacted Peach State to inquire about P4HB. Of these, 241 (12.3%) were new enrollees in the program in Q2. 45 newly recruited P4HB providers in Q2 2014 received a Peach State provider toolkit that provided valuable information about P4HB. 117 provider staff attended new provider orientations.</p>

CMO	Enrollment	Contraception Utilization	Service Delivery	Outreach Activities
WellCare	DCH's enrollment data revealed that 44.7% of the total participants in the P4HB program were enrolled with WellCare at the end of Q2 2014. This is an increase from the Q2 2013 enrollment percentage of 39.3%. 6,193 women were enrolled in the Family Planning only component, 60 women were enrolled in the IPC component, and 6 women were receiving Resource Mother/case management only services.	WellCare reported that throughout Q2, there were 6,275 unique women who were enrolled in the program. A review of the contraceptive utilization revealed that of the 6,205 FP enrollees, 353 used oral contraceptives, 91 used injectables, 59 participants used an IUD, and 28 had an unknown form of contraception. For the 70 IPC/RM enrollees, 10 used oral contraceptives, 9 used injectables, 9 used IUDs, 10 used condoms, and 1 IPC enrollee was abstinent.	A review of Q2 2014 data revealed that 10 IPC enrollees had PCP visits, a 16.7% decrease from the first quarter of 2014. 8 participants utilized dental services in Q2 2014, a 60% increase from Q1 2014.	WellCare reported that it conducted over 28 outreach activities throughout the state of Georgia to 642 prospective P4HB participants. 169 of its Medicaid members were educated in 29 local community education events that took place across the state and the P4HB program was one of the topics discussed during the events. 38 members who delivered VLBW infants were educated about the program and WellCare mailed educational information to 4,202 members who had recently delivered.

INTERPREGNANCY CARE

Amerigroup

During Q2, Amerigroup experienced difficulty engaging potential new referrals in the IPC component of the program. These women declined participation because: they desired to have another child in the near future or; they had a family and community support system in place and felt they didn't need the program. Amerigroup worked with the other CMOs on interventions to increase eligible women's interest in the program. Amerigroup also worked with OB/GYN practices to educate new and existing providers about the advantages of the P4HB program for the women they serve.

Peach State Health Plan (Peach State)

During Q2, there were 21 face-to-face visits conducted by a Resource Mother for IPC participants. When the Resource Mothers were successful making face-to-face contact with the participants, education on the program occurred, assessments were completed to identify barriers the women had to good health, and care plans were created. The Resource Mothers educated the participants on the importance of birth control, birth spacing and assisted the women with making appointments when needed. Women enrolled in Peach State's IPC and Resource Mother only components 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 during Q2, Peach State's Resource Mothers attempted telephonic outreach with 76 participants who were identified as having a VLBW infant. Peach State also sent 4,161 letters to pregnant women in RSM Medicaid during their eighth month of pregnancy to educate them about the P4HB program.

Peach State utilized claims data to identify providers who might have more up-to-date contact information for P4HB enrollees unable to be contacted by telephone or face-to-face. Peach State also collaborated with high volume delivery hospitals and FQHCs to help educate women about the IPC program and was onsite at eight high volume delivery hospitals and two FQHCs in the central and southwest regions of the state. 1,026 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 Q2, Resource Mothers contacted 38 potential IPC participants and educated them about the program. They identified that eight of the nine newly enrolled IPC

participants were originally introduced to the program through the CMO's outreach to members who had a child in the NICU. WellCare also described conducting outreach to members that recently delivered a VLBW infant at birthing centers.

P4HB OUTREACH ACTIVITIES

In addition to the P4HB outreach conducted by the CMOs during Q2, DCH also sent eighth month letters to pregnant Medicaid members about the P4HB program. As described previously in this report, the eighth month letters were most frequently cited by applicants as the source of knowledge about the P4HB program. The letters provided women with information regarding P4HB eligibility and enrollment as well as details about selecting a CMO. DCH continued to reinforce the requirement with the Department of Public Health that local 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. These efforts made women aware of potential coverage for family planning and related services once they deliver and their coverage under RSM ends.

CMO MEMBER AND PROVIDER SURVEY RESULTS

This section provides a summary of the six rounds of CMO member and provider survey results conducted from December 2011 to June 2014. As part of the P4HB program, the CMOs, in collaboration with DCH, monitor member and provider overall knowledge and understanding of the program approximately bi-annually through an analysis of member and provider surveys. Analyses of these surveys 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. The survey methods used by the CMOs are described below. To date, the member and provider surveys have

been administered in six waves -- in December 2011, April 2012, September 2012, April 2013, September 2013 and May 2014. The CMOs administered the first two waves of surveys to their members and providers, while The Myers Group administered the third, fourth, fifth and sixth waves of the surveys and will handle all future survey administration to members and providers.

Sixth Wave of Surveys: The sixth wave of member and provider surveys was conducted in May and June 2014. Members identified by the CMOs as being enrolled in P4HB during the period of June 2013 to December 2013 were contacted by phone for the survey (9000 participants). Of the 9000 participants contacted, 806 (9.0%) of them responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (1080) were sent the provider survey via the online “Survey Monkey” tool. Only 38 (3.5%) providers responded.

The CMOs and DCH reviewed the results of each wave of the surveys to identify areas for which there was apparent lack of understanding about 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 an overall ‘view’ of member and provider involvement with the P4HB program and any barriers to greater awareness and involvement in the program.

CMO Member Survey Results (For Survey Waves 1 through 6)

A total of 3202, 11053, 9000, 8852, 8973 and 9000 members respectively met the selection criteria for the CMO survey for each of the six waves of the CMO member survey. Of these eligible members, 169, 396, 1151, 908, 960 and 806 members participated in the survey, for a 5.3%, 3.6%, 12.8%, 10.3%, 10.7% and 9.0% survey participation rate. All three CMOs were represented across all six waves of the survey, with the following percentages in the first through six waves of the survey, respectively: 29, 141, 358, 316, 302, 303 (17%, 52%, 31%, 35%, 31%, 38%) from Amerigroup; 120, 2, 297, 245, 235, 180 (71%, 1%, 26%, 27%, 24%, 22%) from Peach State; and 20, 127, 496, 347, 423, 323 (12%, 47%, 43%, 38%, 44%,

40%) from WellCare. The CMOs did not provide the member 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 the fact that there were no incentives provided to the members for survey participation.

The following tables summarize the survey findings regarding the P4HB program, as reported by the members responding. **Table 2** summarizes member responses regarding reasons for their enrollment in P4HB, services they have used, services they had trouble accessing prior to enrollment in P4HB and types of problems in accessing those services, as well as changes the P4HB program has made for the member. It is apparent that a substantial number of members 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. Of those responding to the first through sixth waves of the survey, 72%, 57%, 47%, 43%, 42% and 44%, respectively, of the survey respondents said ‘yes’ to birth control or family planning as the reason for enrollment while 80%, 68%, 54%, 49%, 50% and 48%, respectively, said ‘yes’ to enrolling for primary care (such as check-ups or physicals). Yet, in each survey wave, approximately 49%, 39%, 41%, 38%, 38% and 43%, respectively, of survey respondents reported they had used P4HB for birth control/family planning and 54%, 39%, 37%, 33%, 34% and 40%, respectively, reported they had used primary care services. Taken together with the large change in the percentage of responding members reporting an ability to obtain preventive and primary care due to the P4HB program across the six waves of the survey (83%, 61%, 53%, 50%, 48% and 46%, respectively), these member survey results suggest that these two types of services were difficult to access prior to their enrollment in P4HB yet the participants experienced barriers to accessing these services once enrolled in P4HB. Across the six waves of the survey, a substantial proportion of the women reported being able to start using a birth control method (49%, 36%, 37%, 28%, 31% and 30%, respectively in each survey wave) and having more choice (49%, 37%, 43%, 37%, 38% and 35%, respectively) of methods due to enrollment in P4HB.

Table 2. 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 (%)	6th Wave N=806 Responses n (%)
Enrollment in P4HB® to get...						
Birth control or family	122 (72%)	224 (57%)	542 (47%)	391 (43%)	403 (42%)	355 (44%)
Pregnancy testing	46 (28%)	100 (25%)	289 (25%)	215 (24%)	235 (24%)	211 (26%)
Testing or treatment for sexually-transmitted infections	56 (33%)	118 (30%)	297 (26%)	215 (24%)	253 (26%)	203 (25%)
Primary care (such as routine check-up, care for an illness)	135 (80%)	270 (68%)	616 (54%)	446 (49%)	479 (50%)	388 (48%)
Other	18 (11%)	36 (9%)	91 (8%)	77 (8%)	68 (7%)	51 (6%)
Have used these P4HB® services...						
Birth control or family	83 (49%)	154 (39%)	471 (41%)	346 (38%)	362 (38%)	345 (43%)
Pregnancy testing	34 (20%)	62 (16%)	205 (18%)	157 (17%)	187 (19%)	178 (22%)
Testing or treatment for sexually-transmitted infections	56 (33%)	90 (23%)	218 (19%)	162 (18%)	179 (19%)	195 (224%)
Primary care (such as routine check-up, care for an illness)	92 (54%)	154 (39%)	421 (37%)	303 (33%)	322 (34%)	320 (40%)
Other	25 (15%)	11 (3%)	32 (3%)	37 (4%)	24 (3%)	23 (3%)
Before enrolling in P4HB®, had trouble getting...						
Birth control or family	85 (50%)	146 (39%)	262 (23%)	187 (21%)	225 (23%)	174 (22%)
Pregnancy testing	57 (34%)	78 (20%)	126 (11%)	92 (10%)	106 (11%)	88 (11%)
Testing or treatment for sexually-transmitted infections	59 (35%)	97 (24%)	133 (12%)	99 (11%)	115 (12%)	100 (12%)
Primary care (such as routine check-up, care for an illness)	107 (63%)	138 (35%)	343 (30%)	225 (25%)	297 (31%)	220 (27%)
Other	19 (11%)	34 (9%)	102 (9%)	76 (8%)	97 (10%)	58 (7%)
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	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%)	145 (18%)
I am going to a different doctor or nurse for primary care	46 (27%)	85 (21%)	232 (20%)	146 (16%)	185 (19%)	109 (14%)
I have started using a birth control method	82 (49%)	142 (36%)	429 (37%)	252 (28%)	300 (31%)	242 (30%)
I have changed the birth control method I use	43 (25%)	77 (19%)	221 (19%)	152 (17%)	158 (16%)	119 (15%)
I have more choice of birth control methods	83 (49%)	145 (37%)	498 (43%)	338 (37%)	369 (38%)	284 (35%)
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%)	298 (37%)
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%)	369 (46%)
With the Purple Card (IPC), I am able to get care for illnesses	5 (3%)	15 (4%)	33 (3%)	18 (2%)	14 (1%)	11 (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%)	9 (1%)
Other	1 (0.6%)	6 (2%)	77 (7%)	30 (3%)	39 (4%)	32 (4%)

The data in **Table 3A** provides information regarding the knowledge that members had about the P4HB program with respect to both eligibility criteria for the specific components of P4HB and services covered under specific components of P4HB. Of those responding to survey waves 1 through 6, substantial percentages of enrolled members understood the eligibility criteria for the family planning only (‘pink card’) component of P4HB. The percentage responding correctly to the range of eligibility criteria for the FP (‘Pink Card’) component of the P4HB ranged from 55% to 92% (wave 1), 44% to 74% (wave 2), 23% to 40% (wave 3), 18% to 33% (wave 4), 19% to 34% (wave 5) and 21% to 37% (wave 6). However, correct responses for eligibility for the IPC (‘Purple Card’) component of the Demonstration were less

than 26% for all items in all six waves of the survey; this observation 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, Resource Mother).

Responses regarding the services covered under specific components of P4HB indicate that in waves 1 through 6 of the survey, approximately 70%, 51%, 39%, 32%, 34%, and 26%, respectively, of respondents understood that birth control services and methods as well as Pap tests and pelvic exams are covered and approximately 52%, 38%, 29%, 26%, 27%, and 25%, respectively, recognized that testing for sexually transmitted infections is provided under the ‘Pink Card’. However, far smaller percentages were aware of the coverage of other family planning and related services. For example, 26%, 21%, 15%, 11%, 13%, and 11%, respectively, reported being aware of coverage for vitamins with folic acid. Only 21%, 18%, 14%, 11%, 11%, and 11%, respectively, were aware of coverage for certain vaccinations. Across the waves of the survey, 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 3A. 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 Responses n (%)	5th Wave N=960 Responses n (%)	6th Wave N=806 Responses n (%)
Services available through the “Pink Card” (Family Planning Component)...						
Birth control services and methods	118 (70%)	202 (51%)	446 (39%)	289 (32%)	322 (34%)	213 (26%)
Pap smear and pelvic exam	116 (69%)	219 (55%)	450 (39%)	314 (35%)	343 (36%)	234 (29%)
Tubal Ligation (tubes tied)	11 (7%)	64 (16%)	90 (8%)	65 (7%)	71 (7%)	67 (8%)
Pregnancy testing	37 (22%)	163 (41%)	391 (34%)	267 (29%)	279 (29%)	213 (26%)
Screening for sexually transmitted infections	88 (52%)	152 (38%)	336 (29%)	234 (26%)	262 (27%)	201 (25%)
Follow-up of an abnormal Pap smear	59 (35%)	144 (36%)	359 (31%)	248 (27%)	258 (27%)	195 (24%)
Treatment for sexually transmitted infections	77 (46%)	109 (28%)	271 (24%)	195 (21%)	200 (21%)	158 (20%)
Treatment for major problems related to family planning services	44 (26%)	98 (25%)	217 (19%)	155 (17%)	158 (16%)	131 (16%)
Vitamins with folic acid	44 (26%)	84 (21%)	168 (15%)	100 (11%)	121 (13%)	92 (11%)
Some vaccinations	36 (21%)	73 (18%)	164 (14%)	102 (11%)	105 (11%)	89 (11%)
Non-emergency transportation	4 (8%) of 44*	27 (7%)	93 (8%)	58 (6%)	64 (7%)	57 (7%)
Services available through the “Purple Card” (Interpregnancy Care Component)...						

Primary care services (up to 5 visits per year)	9 (5%)	5 (1%)	14 (1%)	12 (1%)	9 (1%)	11 (1%)
Treatment for medical problems like high blood pressure and diabetes	7 (4%)	3 (1%)	7 (1%)	8 (1%)	4 (0%)	10 (1%)
Medicines for medical problems like high blood pressure and diabetes	6 (4%)	3 (1%)	6 (1%)	4 (0%)	4 (0%)	9 (1%)
Care for drug and alcohol abuse (such as rehab programs)	2 (1%)	2 (1%)	5 (0%)	2 (0%)	4 (0%)	3 (0%)
Some dental services	10 (6%)	5 (1%)	6 (1%)	5 (1%)	6 (1%)	7 (1%)
Non-emergency transportation	7 (4%)	2 (1%)	8 (1%)	3 (0%)	4 (0%)	5 (1%)
Nurse case management/Resource Mother	6 (4%)	1 (0%)	10 (1%)	2 (0%)	6 (1%)	11 (1%)
Eligibility for ‘Pink Card’ (Family Planning Component)						
Be between 18-44 years of age	155 (92%)	295 (74%)	443 (38%)	285 (31%)	314 (33%)	264 (33%)
Be a resident of Georgia	147 (87%)	278 (70%)	451 (39%)	298 (33%)	328 (34%)	297 (37%)
Be a U.S. Citizen	144 (85%)	275 (69%)	456 (40%)	292 (32%)	300 (31%)	299 (37%)
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%)	230 (29%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	103 (61%)	174 (44%)	290 (25%)	177 (19%)	191 (20%)	174 (22%)
Not otherwise insurer for Family FP Services	27 (55%) out of 49*	139 (49%) out of 281*	270 (23%)	162 (18%)	183 (19%)	172 (21%)
Other	1 (0.6%)	25 (6%)	40 (3%)	23 (3%)	33 (3%)	22 (3%)
Eligibility for ‘Purple Card’ (Interpregnancy Care Component)						
Be between 18-44 years of age	44 (26%)	27 (7%)	27 (2%)	19 (2%)	16 (2%)	16 (2%)
Be a resident of Georgia	42 (25%)	27 (7%)	25 (2%)	21 (2%)	19 (2%)	25 (3%)
Be a U.S. Citizen	40 (24%)	26 (7%)	25 (2%)	19 (2%)	19 (2%)	24 (3%)
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%)	12 (2%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	27 (16%)	15 (4%)	18 (2%)	9 (1%)	11 (1%)	13 (2%)
Not otherwise insured for health care services	0 (0%) of 49*	4 (1%)	17 (1%)	12 (1%)	11 (1%)	13 (2%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	17 (10%)	5 (1%)	9 (1%)	6 (1%)	5 (1%)	8 (1%)
Other	5 (3%)	2 (1%)	1 (0%)	0 (0%)	0 (0%)	1 (0%)

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

Newly added to the member survey for the sixth wave, were questions to assess covered service utilization by members (**Table 3B**). Among the women surveyed who were enrolled in the FP (“Pink Card”) component, birth control services and methods (23%) and Pap smear and pelvic exam (24%) were

the most common services utilized, followed by pregnancy testing (14%) and screening for sexually transmitted infections (14%). Among the women surveyed who were enrolled in the IPC (“Purple Card”) component, utilization was low across all covered services (2% for birth control services and methods; 1% for Pap smear and pelvic exam, pregnant testing, testing for sexually transmitted infection); and < 1% for all other covered services.

Table 3B. Services Used by Members of P4HB®

SERVICES USED	1st Wave	2nd Wave	3rd Wave	4th Wave	5th Wave	6th Wave	
	N = 169 Responses n (%)	N = 396 Responses n (%)	N = 1151 Responses n (%)	N=908 Reponses n (%)	N=960 Responses n (%)	N= 488** Responses n (%)	N= 488** Responses n (%)
COMPONENT OF P4HB®						“Pink Card” n = 445	“Purple Card” n = 43
Birth control services and methods						189 (23%)	12 (2%)
Family planning visit						121 (15%)	7 (1%)
Pap smear and pelvic exam						197 (24%)	11 (1%)
Tubal Ligation (tubes tied)						13 (2%)	1 (0%)
Pregnancy testing						109 (14%)	6 (1%)
Screening for sexually transmitted infections						111 (14%)	6 (1%)
Follow-up of an abnormal Pap smear						73 (9%)	4 (1%)
Treatment for sexually transmitted infections						49 (6%)	2 (0%)
Treatment for major problems related to family planning services						35 (4%)	2 (0%)
Vitamins with folic acid						36 (5%)	1 (0%)
Any vaccinations						25 (3%)	3 (0%)
Non-emergency transportation						9 (1%)	1 (0%)
Primary care services (up to 5 visits per year)						----	4 (0%)
Treatment for medical problems like high blood pressure and diabetes						----	1 (0%)
Medicines for medical problems like high blood pressure and diabetes						----	2 (0%)
Care for drug and alcohol abuse (such as rehab programs)						----	0 (0%)
Any dental services						-----	0 (0%)
Nurse case management/Resource Mother						-----	2 (0%)

QUESTIONS ADDED IN 6TH WAVE OF SURVEYS

** Note: The sample size for this component of the survey is 488 as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included

In **Table 4** we summarize the members' responses to the problems they have encountered with the P4HB program since enrollment, with member responses for the FP ("Pink Card") and IPC ("Purple Card") components assessed separately in the sixth wave of the survey. For survey waves, 1, 2, 3, 4, and 5, the three most prevalent problems experienced were not getting the family planning services that were needed (22%, 21%, 15%, 10% and 13%, respectively), not getting the referrals or follow-up care that was needed (18%, 19%, 13%, 11%, and 11%), and not being able to find a doctor or nurse willing to take P4HB clients (18%, 21%, 13%, 11%, and 13%, respectively) – all of which imply some level of difficulty in accessing needed services despite enrollment in P4HB. 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. For survey wave 6, a smaller percentage of enrolled members reported problems under P4HB. For women enrolled in the IPC component who were surveyed in the sixth wave, 1% reported having to wait too long to get services and 1% reported having problems with transportation, whereas all other problems were reported by a smaller percentage. For women enrolled in the FP component who were surveyed in the sixth wave, the most commonly reported problem (6% of respondents) was difficulty finding a doctor or nurse to take P4HB, while only 4% reported not getting the family planning services they wanted and having to wait too long to get services. Fewer than 4% reported other problems.

Table 4. 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 (%)	6 th Wave N= 488** Responses n (%)	
						“Pink Card” n = 445	“Purple Card” n = 43
I cannot get the family planning services I want	38 (22%)	85 (21%)	167 (15%)	92 (10%)	125 (13%)	34 (4%)	3 (0%)
I cannot get referrals or follow-up for care I need	31 (18%)	76 (19%)	148 (13%)	96 (11%)	110 (11%)	33 (4%)	3 (0%)
I cannot find a doctor or nurse willing to take P4HB clients	30 (18%)	82 (21%)	150 (13%)	104 (11%)	129 (13%)	47 (6%)	3 (0%)
I don't want to leave my current doctor or nurse	23 (14%)	59 (15%)	112 (10%)	66 (7%)	79 (8%)	18 (2%)	2 (0%)
I have to wait too long to get services	18 (11%)	50 (13%)	115 (10%)	79 (9%)	86 (9%)	28 (4%)	5 (1%)
I do not have transportation	19 (11%)	48 (12%)	97 (8%)	63 (7%)	69 (7%)	9 (1%)	4 (1%)
I cannot get to the doctor or nurse when they are open	10 (6%)	40 (10%)	83 (7%)	52 (6%)	52 (5%)	12 (2%)	3 (0%)
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%)	2 (0%)	2 (0%)
Other	6 (4%)	12 (3%)	583 (51%)	382 (42%)	391 (41%)	17 (2%)	14 (2%)

*** Note: The sample size for this component of the survey is 488 as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included*

Three additional tables (**Tables 5-7**) 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 survey waves 3 through 6 (**Table 5**);
- 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 six waves of the survey (**Table 6**). 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%, 19%, and 15% did in survey waves 2, 3, 4, 5 and 6 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%, 12%, and only 1% (for those enrolled in the IPC component), respectively during survey waves 2, 3, 4, 5 and 6 (Table 7).

Table 5. Ways in Which Members Learned About P4HB®

Source of Information	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 (%)	6 th Wave N=806 Responses n (%)
Mailings	45 (22%)	87 (22%)	Question not covered on survey	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 6. 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	6 th Wave N=806 Responses
	Needs More Information n (%)	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%)	118 (15%)
Services available with the Pink Card	108 (64%)	221 (56%)	331 (29%)	217 (24%)	231 (24%)	141 (18%)
Services available with the Purple Card	82 (49%)	127 (32%)	184 (16%)	144 (16%)	170 (18%)	114 (14%)
Cost of services	85 (50%)	190 (48%)	297 (26%)	193 (21%)	200 (21%)	144 (18%)

Table 7. Areas of P4HB® that Were Hard to Understand

Area	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	6 th Wave N=488*** Responses	
	Hard to Understand n (%)	Hard to Understand n (%)	Hard to Understand n (%)	Hard to Understand n (%)	Hard to Understand n (%)	Hard to Understand n (%)	Hard to Understand n (%)
						“Pink Card” n = 445	“Purple Card” n = 43
Who can get P4HB	29 (17%)	75 (19%)	92 (8%)	58 (6%)	54 (6%)	59 (7%)	5 (1%)
Whether I can get P4HB	37 (22%)	87 (22%)	76 (7%)	50 (6%)	55 (6%)	46 (6%)	1 (0%)
Complete the paper work to sign up for P4HB	20 (12%)	58 (15%)	53 (5%)	36 (4%)	42 (4%)	29 (4%)	3 (0%)
Complete the web form to sign up for P4HB	18 (11%)	47 (12%)	35 (3%)	25 (3%)	33 (3%)	29 (4%)	2 (0%)
Get the required documents to sign up for P4HB	27 (16%)	71 (18%)	63 (5%)	36 (4%)	58 (6%)	48 (6%)	4 (1%)
Pick a Care Management Organization	41 (24%)	83 (21%)	82 (7%)	55 (6%)	67 (7%)	53 (7%)	3 (0%)
Pick a provider	45 (27%)	85 (21%)	95 (8%)	81 (9%)	88 (9%)	57 (7%)	5 (1%)

Understand what I can get from P4HB	77 (46%)	156 (39%)	212 (18%)	130 (14%)	114 (12%)	98 (12%)	4 (1%)
Other	6 (4%)	16 (4%)	616 (54%)	393 (43%)	405 (42%)	14 (2%)	25 (3%)

*** Note: The sample size for this component of the survey is 488 as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included

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 8**); 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 9**). 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, 960 and 806 members responding to the fourth, fifth and sixth waves of the survey, (**Table 8**), only 20% , 21%, and 20%, respectively, reported that their health care provider asked them about their thoughts about having children in the future; 13%, 13%, and 12%, respectively, reported that they were asked about their thoughts for timing or spacing pregnancies; and 28% for each of the fourth, fifth, and sixth waves reported they were asked if they used 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%, 21%, and 22%, respectively) and whether they used condoms to prevent sexually-transmitted infections (24%, 23%, and 24% respectively).

Table 8. 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	6 th Wave N=806	1 st through 3 rd Waves	4 th Wave N=908	5 th Wave N=960	6 th Wave N=806
	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%)	158 (20%)	Questions not part of survey waves 1-3	221 (24%)	261 (27%)	204 (25%)
Your thoughts or plans about timing or spacing pregnancies		114 (13%)	123 (13%)	94 (12%)		204 (22%)	239 (25%)	180 (22%)
Your sexual practices		205 (23%)	205 (21%)	177 (22%)		196 (22%)	229 (24%)	174 (22%)
Whether you use birth control to prevent or space pregnancies		252 (28%)	270 (28%)	222 (28%)		256 (28%)	291 (30%)	232 (29%)
Whether you use male or female condoms to prevent STIs		219 (24%)	218 (23%)	194 (24%)		241 (27%)	268 (28%)	205 (25%)
Your life plans or goals		138 (15%)	155 (16%)	137 (17%)		216 (24%)	247 (26%)	190 (24%)

Of the 908, 960 and 806 members responding to the fourth, fifth and sixth waves of the survey (**Table 9**), only 16%, 19%, and 18%, respectively, reported that their health care provider provided them with information or advice about having children in the future; 12%, 14%, and 13%, respectively, reported that they were provided information or advice about timing or spacing pregnancies; and 21%, 22%, and 21%, respectively, 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% for survey waves 4, 5, and 6, respectively) and about condoms to prevent sexually-transmitted infections (18% for survey waves 4, 5, and 6, respectively).

Table 9. 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	6 th Wave N=806	1 st through 3 rd Waves	4 th Wave N=908	5 th Wave N=960	6 th Wave N=806
	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%)	143 (18%)	Questions not part of survey waves 1-3	219 (24%)	250 (26%)	186 (23%)
Plans about timing or spacing pregnancies		113 (12%)	131 (14%)	106 (13%)		210 (23%)	240 (25%)	172 (21%)
Your sexual practices		146 (16%)	155 (16%)	126 (16%)		194 (21%)	210 (22%)	148 (18%)
Whether you use birth control to prevent or space pregnancies		193 (21%)	214 (22%)	168 (21%)		221 (24%)	252 (26%)	187 (23%)
Whether you use male or female condoms to prevent STIs		164 (18%)	171 (18%)	147 (18%)		212 (23%)	230 (24%)	171 (21%)
Your life plans or goals		108 (12%)	141 (15%)	103 (13%)		201 (22%)	210 (22%)	152 (19%)

A new question that was asked on the sixth wave of the survey was whether the member was willing to recommend the P4HB program to family and friends; of the 806 respondents, 319 (40%) responded that they would make this recommendation.

CMO Provider Survey Results

For each of the six waves of the CMO provider survey administration, a total of 1140, 1140, 1292, 1121, 1500 and 1080 providers met the selection criteria for the survey. Of those eligible, a total of 62, 104, 31, 52, 34 and 38 participated in the survey for each of the six waves, respectively, for a participation rate of 5.4%, 9.1%, 2.4%, 4.6%, 2.3% and 3.5%. As with the member survey, there were no incentives for providers’ participation, 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%, 88% and 94%, respectively, were affiliated with Amerigroup for each of the six waves of the survey; 81%, 82%, 74%, 82%, 68% and 65%, respectively, with Peach State; 95%, 95%, 94%, 94%, 100% and 97%, respectively with WellCare; and 84%, 83%, 71%, 86%, 77% 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 MD/DOs were 52%, 59%, 90%, 64%, 74% and 62%, respectively. For the first and second wave 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% obstetrics/gynecology, 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 private practice (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 six waves of the survey, 81%, 83%, 90%, 94%, 85% and 74% of the responding providers, respectively, indicated they were accepting new Medicaid patients; and 71%, 78%, 84%, 96%, 79% and 76% 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%, 74% and 66%, 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% from mailings from the CMOs, 42% and 39% from e-mails from the CMOs, 26% and 21% from meetings hosted by DCH, 24% and 24% from information initiated by DCH, 13% and 12% from telephone calls with CMOs, 11% and 19% from websites of the CMOs, and 8% and 7% from patients asking about the program.

In the following tables (**Tables 10-16**) we report on other key results of the provider survey. As found for the members, there is some lack of clarity surrounding P4HB for providers. In particular, 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 is eligible for the FP component of the program (under the “Pink Card”), approximately half or fewer of all providers were knowledgeable of any of the eligibility criteria for the first five waves of the survey (**Table 10**). This question was not addressed in the sixth wave of the provider survey.

There was apparent improvement in provider knowledge from the first through the fifth waves of the survey. Some improvement 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 – PeachCare for Kids[®] (from 31% to 52%).

Table 10. Provider Understanding of Eligibility Criteria for P4HB®

Eligibility Criteria for P4HB®	Correct Response by Category of P4HB®										Questions not covered on survey	
	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			6 th Wave N=38
	FP n (%)	IPC n (%)	FP n (%)	IPC n (%)	FP n (%)	IPC n (%)	FP n (%)	IPC n (%)	FP n (%)	IPC n (%)		
Between 18-44 years 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 support 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 the first 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 the first five waves of the survey, approximately a quarter 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 wave 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 11**, providers' understanding of the family planning services covered under P4HB 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 first 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). During the sixth wave of the survey, providers were not asked about their knowledge of the eligibility criteria and covered services, but rather were asked about whether they needed more information about eligibility and covered services. For each of the service items listed in **Table 11**, the following percentages of providers indicated a need for more information: family planning, contraceptive services and methods, tubal ligation (all 26%); pregnancy testing (18%); screening and treating for sexually transmitted infection (21% and 26%, respectively); follow-up of abnormal Pap smear (32%); treatment for complications related to family planning services (26%); multivitamins with folic acid (26%); vaccines (24%); primary care visits (29%); management and follow-up of other chronic diseases (29%); detoxification and outpatient rehabilitation for substance abuse (29%); dental services (13%); nurse case management and Resource Mother outreach (29%); and non-emergency transportation (32%).

Table 11. 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 abuse	3 (5%)	5 (5%)	1 (3%)	4 (8%)	1 (3%)
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	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 and their responses demonstrated their lack of understanding about the P4HB program since the program does cover the full range of family planning services and the complications related to family planning services.

The key responses from providers in waves 1 through 6 of the surveys were (**Table 12**):

- The waiver does not cover the full range of family planning services, reported by 26%, 26%, 35%, 40%, 26%, and 29%, respectively of responding providers, respectively, across survey waves 1, 2, 3, 4, 5, and 6;
- The waiver does not cover referrals or follow-up care, reported by 27%, 27%, 39%, 44%, 29%, and 32%, respectively, of responding providers, respectively, across survey waves 1, 2, 3, 4, 5, and 6;
- The waiver does not cover complications of family planning services, reported by 26%, 26%, 26%, 42%, 26%, and 34%, respectively, of responding providers across survey waves 1, 2, 3, 4, 5, and 6).

Table 12. Providers’ Perception of Barriers for P4HB Participation

Factor	1 st Wave N = 62 Perceived as Barrier n (%)	2 nd Wave N = 104 Perceived as Barrier n (%)	3 rd Wave N = 31 Perceived as Barrier n (%)	4 th Wave N=52 Perceived as Barrier n (%)	5 th Wave N=34 Perceived as Barrier n (%)	6 th Wave N=38 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%)	11 (29%)
Waiver does not cover referrals or follow-up care	17 (27%)	28 (27%)	12 (39%)	23 (44%)	10 (29%)	12 (32%)
Waiver does not cover complications of family planning service	16 (26%)	27 (26%)	8 (26%)	22 (42%)	9 (26%)	13 (34%)
Your practice is full	4 (6%)	8 (8%)	3 (10%)	7 (13%)	3 (9%)	1 (3%)
Other	1 (2%)	2 (2%)	-----	-----	----	-----

Earlier in the course of the P4HB program, the CMOs and DCH were interested in what information providers needed and how they preferred to receive information regarding the P4HB program. Provider survey data related to their informational needs and preferred means of receiving information about the P4HB program were shown in former reports (Tables 13 and 14), but these questions were not repeated in the most recent waves of the survey. A summary of the findings from earlier waves of the survey is shown in **Tables 13 and 14**.

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 13**).

Table 13. Providers' Information Needs

Type 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	6 th Wave N=38
	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%)	Questions not covered on survey
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 the CMO's websites (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 14. Providers' Preference for Receipt of Information

Route of Receiving Information	1 st Wave N = 62 Preferred Route n (%)	2 nd Wave N = 104 Preferred Route n (%)	3 rd Wave N = 31	4 th Wave N=52	5 th Wave N=34	6 th Wave N=38
Direct mailings	20 (32%)	29 (28%)	Question not covered on survey	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%)				

From the fourth wave of the survey onward, 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 15**) and whether they provided information or counseling about key reproductive health topics during visits for women of reproductive age (**Table 16**).

Across the fourth, fifth, and sixth waves of the survey, there were some increases in the percentages of providers reporting performance of key reproductive health assessments during health care encounters with women of reproductive age: 6%, 12%, and 11%, respectively, for assessing desires or plans for timing or spacing pregnancies; 27%, 24%, and 34%, respectively, for assessing sexual behaviors, including risk and protective behaviors; 27%, 24%, and 34%, respectively, for assessing methods used to prevent sexually transmitted infections; 15%, 18%, and 26%, respectively, for assessing risks for unintended pregnancy; and 4%, 9%, and 13%, for assessing life plans or goals. Conversely, there was little change or a downward trend in the percentages of providers reporting performance of other

reproductive health assessments during health care encounters with women of reproductive age, including assessment of desire or plans to have or not have children and assessment of methods used for preventing or spacing pregnancies (Table 15).

Table 15. 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	6 th Wave N=38 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%)	5 (13%)
Desire or plans for timing or spacing pregnancies				3 (6%)	4 (12%)	4 (11%)
Sexual behaviors, including risk and protective behaviors				14 (27%)	8 (24%)	13 (34%)
Method(s) she uses for preventing or spacing pregnancies				17 (33%)	8 (24%)	11 (29%)
Method(s) she uses for preventing STIs				14 (27%)	8 (24%)	13 (34%)
Risks for unintended (unwanted or mistimed) pregnancy				8 (15%)	6 (18%)	10 (26%)
Life plans or goals				2 (4%)	3 (9%)	5 (13%)

Across the fourth, fifth, and sixth waves of the survey, there were also some increases in the percentages of providers reporting performance of key reproductive health education and counseling during health care encounters with women of reproductive age: from 6% to 11% (from survey wave 4 to wave 6) for counseling about having a plan to have or not have children; from 6% to 11% for counseling about having a plan for timing or spacing pregnancies; from 15% to 32% for counseling about sexual behaviors; from 12% to 21% for counseling about methods for preventing or spacing pregnancies; from 15% to 26% for methods for preventing sexually transmitted infections; from 8% to 11% for dual-protection; and from 8% to 16% for counseling about risks for unintended pregnancy (Table 16). There was, however, no obvious

trend in the percentage of providers reporting provision of education and counseling about life plans or goals (2%, 12%, and 5%, in survey waves 4, 5, and 6, respectively).

Table 16. Education and Counseling of Reproductive Women

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	6 th Wave N=38 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%)	4 (11%)
Having a plan for timing or spacing pregnancies				3 (6%)	4 (12%)	4 (11%)
Sexual behaviors, including risk and protective behaviors				8 (15%)	6 (18%)	12 (32%)
Method(s) for preventing or spacing pregnancies				6 (12%)	7 (21%)	8 (21%)
Method(s) for preventing STIs				8 (15%)	4 (12%)	10 (26%)
Dual-protection (using condom plus another method)				4 (8%)	2 (6%)	4 (11%)
Risks for unintended (unwanted or mistimed) pregnancy				4 (8%)	6 (18%)	6 (16%)
Life plans or goals	1 (2%)	4 (12%)	2 (5%)			

An additional question that was asked on the fourth and fifth waves of the survey was whether provider's thoughts about the P4HB program and what it can do for their patients had changed since they first learned about the program. During the fourth and fifth waves of the survey, 23% and 12%, respectively, of responding providers indicated an affirmative response to this question. For the sixth wave of the survey, providers were asked if they would recommend or refer their patients to the P4HB program, with 17 (45%) of providers responding that they would.

Taken together, these results indicate that a great deal more education was and is needed for those involved in the P4HB program – whether as members or providers – to truly understand its nature, coverage and potential to affect outcomes. As this Q2 2014 report also makes clear, DCH, the CMOs and

other public health personnel need to increase outreach to women who are eligible and not enrolling due to lack of understanding of the program and of their eligibility for the program or who lack access to provider sites.

EVALUATION ACTIVITIES

Emory University, the P4HB program evaluator, reported the following evaluation activities that were underway during Q2 2014:

- 1) As the due date for the Year 3 Annual P4HB Report approaches, Emory has entered into conversation with DCH and its vendors to obtain complete DRG information for all claims originally extracted. Emory has reviewed its coding for classifying infants into birth weight categories to develop a hierarchy but will assess the completeness of the DRG data before revising the coding for the upcoming report.
- 2) Updating of Title X and Medicaid family planning visit trends and patterns. These data are now complete through the second quarter of 2014 and hence, provide a longer time period after the implementation of P4HB. Regressions based on the Title X data alone have been updated with these new data and a draft paper is being updated based on these newer data. The target journal is *Journal of Women's Health*.
- 3) Fetal death records for 2011 were received by Emory from the Georgia Department of Public Health in late April 2014 (when they became available through vital records) and have been merged with the 2011 Birth records along with the Medicaid claims data, enabling 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 the first year of life for infants born under Medicaid coverage in CY2011 were derived from the linked Medicaid claims and vital records and were used to complete the revised version of the budget neutrality worksheet as reported in the Q1 report.

Unfortunately, the costs per person for the first year infant costs for LBW and VLBW

infants under the without Demonstration section were not filled in which resulted in an overstatement of CY 2011 savings. DCH and Emory worked together to revise the CY2011 budget neutrality worksheet as discussed later in this Quarterly report.

- 5) The Emory team provided additional data as needed, to complete the state's application to extend the P4HB program. These data included the above estimates of first year of infant life costs as well as estimates of uninsured women with income \leq 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 but 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, to plan the data analysis that can be started with the data in hand and to update the draft of the paper on services used under Title X and Medicaid programs. As noted last quarter, 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 has requested the 2012 PRAMS data from CDC. The team will continue to meet on this and other topics related to the evaluation and potential publication of papers.

ACTION PLANS

1. As of the date of submission of this Q2 2014 report, DCH submitted an application to extend the P4HB program for three years beginning January 1, 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. As of July 2014, Family Health Centers of Georgia, Inc. is the new Title X grantee for Georgia, replacing the Georgia Department of Public Health. DCH will work with the new grantee to request data sharing on a quarterly basis with the P4HB evaluation team at Emory. These data will continue to be used to update the evaluator's file and complete descriptive and multivariate analyses. DCH will work with DPH to help communicate the continued availability of P4HB funding for services received by clients seeking services at public health departments.
5. DCH will initiate collaborations with the Family Health Centers of Georgia, Inc., in order to expand outreach activities regarding the P4HB program.

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 Q2 2014 was \$2.4 million, down 31.4% from the total of \$3.5 million spent in the first quarter of 2014. This was largely due to the decline in enrollment seen in Q2 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 90% of the total Q1 2014 capitation payments were for women enrolled in the family planning only component, equal to \$2.2 million. The decrease in total payments also parallels the significant decrease in member months observed for this group, from 78,945 in Q1 2014 to 52,394 in Q2 2014. Again, this decline is likely due to the failure of women to complete their eligibility re-determination process.

A total of \$217,440 in capitation payments was made to the CMOs in Q2 2014 for the women enrolled in the IPC component of P4HB, up 18.6% from the \$183,360 paid during the first quarter of 2014. This increase in capitation payments from Q1 2014 to Q2 2014 reflects an increase of 12.1% in the number of

IPC women enrolled in a CMO during Q2 2014 compared to Q1 2014 and in turn, an 18.6% increase in their member months. While the total number of women enrolled increased, many were also dis-enrolled for the reasons previously described. In addition, as shown in the Budget Neutrality Worksheet below, there was an increase in member months from 764 to 906 for the IPC group.

We continue to exclude from these totals the costs for the low-income or disabled women receiving Resource Mother/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 Q2 2014 is provided on page 45 of this report.

First Year Infant Costs Included

As reported in our Q1 2014 report, the P4HB program has enough of a follow-up period so that we can estimate the first year of life infant costs for those born in CY2011 by birth weight category. When the first year of life costs for LBW and VLBW infants born in CY2011 are compared to the expected costs, the estimated savings can be derived and shown in the second section of the budget neutrality worksheet as it was designed by CMS. Since CY2011 was the first year of the Demonstration, it is hard to argue that any 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. Due to an error in the spreadsheet included in our Q1 2014 report, we present a revised, full budget neutrality worksheet on page 46 of this report. The estimated savings are lower than previously estimated.

As this budget neutrality worksheet indicates under the With Demonstration section, the total number of LBW infants (1,500 to 2,499 grams) born to Medicaid insured mothers in CY2011 is estimated at 5,836 and the total VLBW infants (< 1,500 grams), at 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 insured mothers in CY2011.

To estimate the costs of these infants we used the claims data through the end of 2012 and included Medicaid paid costs for their delivery as well as the full first year of life. Based on claims, the estimated mean first year of life costs for those born LBW is \$12,300 and for those born VLBW, \$94,381. The federal share of these estimated costs average across the four quarters, as shown in the spreadsheet, to about \$8,430 for LBW infants and \$64,873 for VLBW infants. When the numbers of infants born in each birth weight category in CY 2011 are entered and their total first year infant life costs plus the costs of interpregnancy care for IPC enrollees are compared to the total costs for the 'expected' number born very low birth weight (2,117) and low birth weight (5,768) plus the costs of family planning services, the difference is the estimated savings that could accrue if the waiver does shift the birth weight distribution in this manner. The federal savings so estimated, shown in the difference row at the bottom, is approximately \$48 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 FMAP rates (multivits, immunizations, admin., etc)</i>	FP Enrollee Member Months	78,945	52,394			131,339
	IPC Enrollee Member Months	764	906			1,670
	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	\$ 1,911,747	\$ -	\$ -	\$ 4,774,882
<i>First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)</i>	Estimated Persons					2,117
	Cost per Person					\$ 64,872.90
	Total	\$ -	\$ -	\$ -	\$ -	\$ 137,335,929
<i>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)</i>	Estimated Persons					\$ 5,768
	Cost per Person					\$ 8,429.88
	Total	\$ -	\$ -	\$ -	\$ -	\$ 48,623,548
TOTAL WITHOUT- DEMONSTRATION COSTS		\$ 2,863,135	\$ 1,911,747	\$ -	\$ -	\$ 190,734,359
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	764	906			1,670
	PMPM	\$ 137	\$ 137	\$ 137	\$ 137	\$ 137.02
	Total	\$ 104,687	\$ 124,144	\$ -	\$ -	\$ 228,831
<i>First Year Infant Costs VLBW Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)</i>	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
<i>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)</i>	Persons					0
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
<i>First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC</i>	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH DEMONSTRATION COSTS		\$ -	\$ -	\$ -	\$ -	\$ 228,831
DIFFERENCE						\$ 190,505,529

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) and associated services						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg FMAP rates (multivits, immunizations, admin, etc.)</i>	FP Enrollee Member Months	41	2,005	10,639	19,455	32,140
	IPC Enrollee Member Months	-	3	19	51	73
	PMPM for FP members FP related services	\$36.32	\$36.22	\$35.96	\$36.00	\$36.12
	PMPM for IPC members FP related services	\$28.95	\$28.95	\$28.95	\$28.95	\$28.95
	Total	\$ 1,489	\$ 72,707	\$ 383,091	\$ 701,839	\$ 1,163,100
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)						
<i>First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)</i>	Estimated Persons					2,117
	Cost per Person	\$ 70,793	\$ 73,035	\$ 60,435	\$ 55,226	\$ 64,872.09
	Total	\$ -	\$ -	\$ -	\$ -	\$ 137,334,213
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)						
<i>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)</i>	Estimated Persons					5,768
	Cost per Person	\$ 8,807	\$ 8,550	\$ 8,114	\$ 8,249	\$ 8,429.88
	Total	\$ -	\$ -	\$ -	\$ -	\$ 48,623,559
TOTAL WITHOUT DEMONSTRATION COSTS		\$ 1,489	\$ 72,707	\$ 383,091	\$ 701,839	\$ 187,120,873
WITH DEMONSTRATION - Effective IPC?						
<i>Interpregnancy Care reimbursed at the FMAP rate</i>	Member Months	-	3	19	51	73
	PMPM	\$ 150	\$ 146	\$ 136	\$ 138	\$ 142.51
	Total	\$ -	\$ 439	\$ 2,580	\$ 7,013	\$ 10,032
First Year Infant Costs VLBW Infants < 1,500 grams (All Medicaid paid births adjusted for effect of IPC Services)						
<i>First Year Infant Costs VLBW Infants < 1,500 grams (All Medicaid paid births adjusted for effect of IPC Services)</i>	Persons	286	360	380	368	1,394
	Cost per Person	\$ 70,793	\$ 73,035	\$ 60,435	\$ 55,226	
	Total	\$ 20,246,794	\$ 26,292,532	\$ 22,965,233	\$ 20,323,071	\$ 89,827,630
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (All Medicaid paid births adjusted for effect of IPC Services)						
<i>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (All Medicaid paid births adjusted for effect of IPC Services)</i>	Persons	1,405	1,404	1,506	1,521	5,836
	Cost per Person	\$ 8,807	\$ 8,550	\$ 8,114	\$ 8,249	
	Total	\$ 12,373,696	\$ 12,003,936	\$ 12,219,663	\$ 12,546,469	\$ 49,143,763
First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC						
<i>First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC</i>	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH WAIVER COSTS		\$ 12,444,489	\$ 12,076,971	\$ 12,280,098	\$ 12,601,694	\$ 138,981,425
DIFFERENCE						\$ 48,139,448