Quarterly Report

Planning for Healthy Babies Program® (P4HB®)

1115 Demonstration in Georgia

Year 5

Quarter 2

April 1 – June 30, 2015

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By:
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Table of Contents

OVERVIEW 3

MEASURES OF PROGRAM AWARENESS 5

Call Volume 5

Source of Information 6

ELIGIBILITY 8

Paper and Electronic Applications 8

Application Denials 8

P4HB Terminations 9

Age of P4HB Eligible Women 10

Average Income 11

ENROLLMENT 11

FP enrollment per Month 12

IPC enrollment per Month 12

Percent Pregnant at Time of Enrollment in P4HB for FP Enrollee 13

Source of Enrollment Delays, FP Component 14

Renewals 15

CMO Enrollment, Service Utilization, and Outreach 15

P4HB OUTREACH ACTIVITIES 18

EVALUATION ACTIVITIES 19

ACTION PLANS 20

EXPENDITURES 21

Budget Neutrality 22

OVERVIEW

This second quarter (Q2) report reflects the programmatic activities and performance of the Planning for Healthy Babies® (P4HB®) program during the months of April through June 2015 and the topics covered in this report include:

- Measures of program awareness;
- P4HB eligibility determinations;
- Enrollee counts and growth;
- Programmatic and outreach activities of the care management organizations (CMOs); and
- Evaluation activities.

The P4HB program's enrollment data for Q2 of 2015 showed that by the end of the second quarter:

- 11,251 women were enrolled in a care management organization (CMO) for family planning (FP) only services compared with 11,519 women enrolled in a CMO for FP only services at the end of Q1 2015;
- 257 women were enrolled in a CMO for Interpregnancy Care (IPC) services compared with 254 women enrolled in a CMO for IPC services at the end of Q1 2015.
- 308 women were enrolled in a CMO for Resource Mother (RM)/Case Management (CM) services (available to IPC and RM only P4HB enrolled women) compared with 302 women enrolled in a CMO for RM/CM services at the end of Q1 2015.

The P4HB RP010 Reports for Q1 and Q2 2015, prepared by Maximus/PSI, identified that the number of women deemed eligible for the P4HB program during Q2 2015 decreased in the counties of Fulton, DeKalb, Clayton, Gwinnett, Cobb and Bibb while the number increased in Chatham County, a county located on Georgia's Atlantic coast and the third largest metropolitan area in the state. Staff members from the Georgia Department of Public Health have been

collaborating with the local public health staff in Chatham County to increase the number of women submitting applications for the P4HB program. **Table 1** below identifies the eligibility differentials between Q1 and Q2 2015 for select counties.

Table 1

March 2015 Eligible Women	County	June 2015 Eligible Women
1743	Fulton	1580
1024	DeKalb	947
713	Clayton	639
642	Gwinnett	571
442	Chatham	521
492	Cobb	446
452	Bibb	398

As mentioned in the Q1 2015 P4HB report, the Georgia Medicaid program implemented a new policy on January 1, 2015, to effectively reduce the time from the woman‘s eligibility determination for the P4HB program to their actual enrollment into a CMO for receipt of P4HB services. While the required thirty day choice period for CMO selection did not change, the time span from CMO selection to CMO enrollment was substantially shortened to no more than thirty-one days for women who failed to select a CMO. Once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. This policy furthers our goal of reducing unintended pregnancies by making the family planning services accessible within a shorter timeframe than our previous policy allowed. The P4HB program evaluators analyzed the P4HB data regarding the women who applied for and subsequently were enrolled in the P4HB program and were found to be pregnant or became pregnant within the first three

months of enrollment in a CMO. These data will be presented later in this report specifically for women who enrolled in the program in January 2011 through October 2013. The evaluators focused their review on the first three months of enrollment for each of the FP enrollees and observed the codes on their claims that indicated a pregnancy, delivery or pregnancy eligibility category (RSM).

MEASURES OF PROGRAM AWARENESS

Call Volume

The monthly call volume data provided by PSI/Maximus documents those calls to the P4HB call center that are answered by their customer service agents. The data in **Figure 1** demonstrate that the program's call volume continued to fluctuate on a monthly basis during Q2 2015 just as it had each quarter during the past year. The call volume in April 2015 was higher (3,041 calls) than the call volume in March 2015 (3,004 calls), dropped to 2,766 calls in May 2015 then rose to 2,963 calls in June 2015, a volume level similarly observed at the end of Q1 2015. No discernable justification has been identified to date for the fluctuations in the call volume.

Figure 1

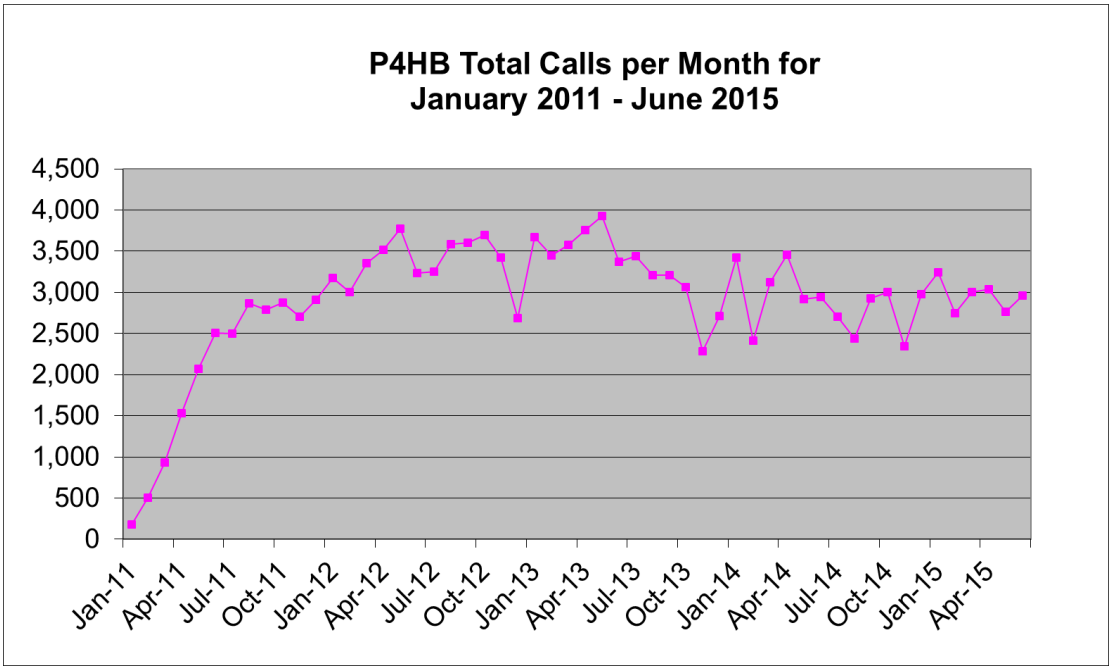

Figure 1: P4HB Total Calls (Answered) per Month (January 2011-June 2015)
Source: PSI – Contact Center Performance Report Current YTD (January 2011–June 2015)

Sources of Information

To aid our understanding of how women learn about the P4HB program, applicants are asked to identify the source through which they learned about the program on the electronic applications they complete for the program. **Figure 2** reflects data obtained from these electronic applications in response to the question, "How did you hear about the P4HB program?" The results for the Q2 2015 survey identified the top three sources of information about the P4HB program as: 1) health department staff members; 2) friends; and 3) via letters sent to Medicaid eligible women during their eighth month of pregnancy by DCH and the CMOs. These data indicate the ongoing efforts by local health department staff members across the state to educate eligible women about the program. Although CMS continues to provide month-to-month extensions for the P4HB program (this has been ongoing since the beginning of CY 2015), DCH continues to reassure the local health departments that the program is continuing and that the Special Terms and Conditions (STCs) for the program are being prepared by CMS for the three year extension of the P4HB program.

The number of women learning about the P4HB program through the federally qualified health centers (FQHCs), also known as community health centers, increased during Q2. P4HB program staff collaborated frequently during Q2 with the staff from the Georgia Family Planning System (GFPS), the current Title X grantee for the state of Georgia, who were working to spread the word about the P4HB program. The GFPS partners with over 100 FQHC sites across the state and the staff at these sites educated FQHC patients about the P4HB program and assisted them with their paper applications for the program. These FQHCs have become a critical point of access for women seeking subsidized family planning services and in particular, Medicaid paid family planning services.

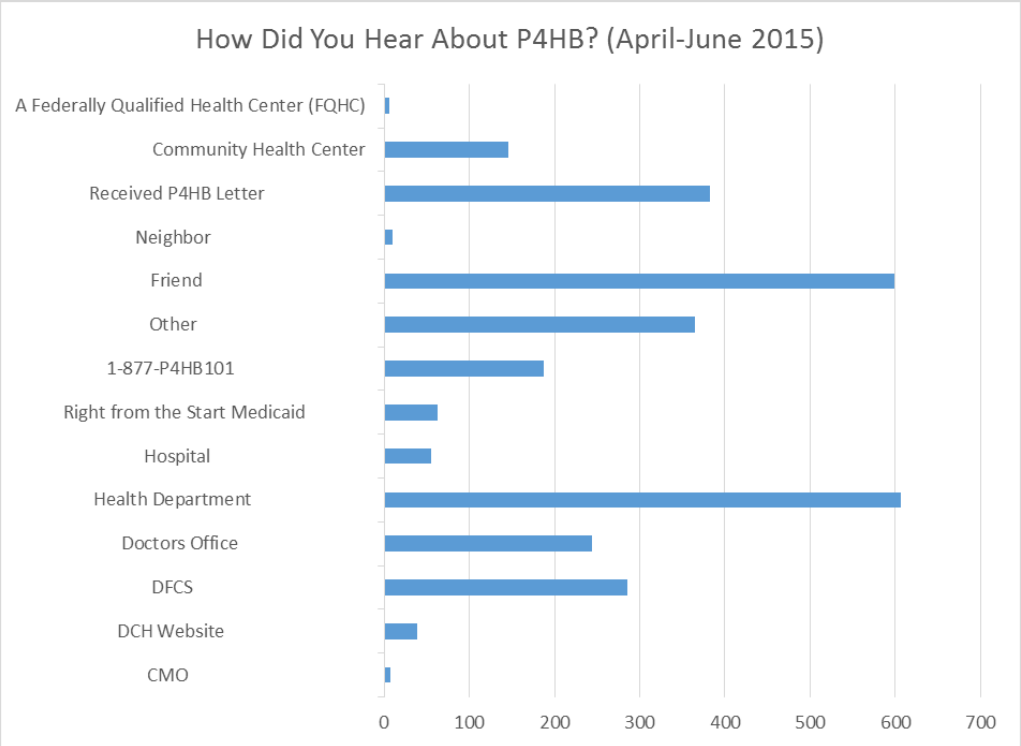

Figure 2: How Did You Hear About P4HB? (April-June 2015)

ELIGIBILITY

DCH monitors P4HB eligibility through the program specific reports discussed below.

- **Paper and electronic unique individual applications for the program by month.** (Source: PSI –P4HB Report 001, Run Date: 07/07/2015). The total number of unique paper and web applications decreased during Q2 2015 when compared with Q1 2015. Eleven hundred and nine paper applications and 1,595 web applications were received during Q2 for a total of 2,704 applications compared with 1,222 paper applications and 2,009 web applications for a total of 3,231 applications received during Q1 2015 - a 16.3% decrease in the number of applications submitted during Q2. We noted that 59.0 percent of the Q2 applications were submitted as web applications compared with 62.2 percent submitted as web applications during Q1 2015. By the end of Q2 2015, 60,509 women had submitted a web or paper application for the P4HB program since its inception in 2011.

- **Application denials.** Although thousands of women have submitted applications seeking to enroll in the P4HB program, a substantial number of the applicants have been denied eligibility for the program. These denials are not specific to the FP, IPC, and RM components of the program because in the P4HB system, women do not specifically apply to any one of those program components. Once they are determined eligible, they are placed in the appropriate P4HB program component based on the information contained in their application and the supplemental information submitted with their applications (for instance their physician signed statement regarding having delivered a very low birth weight baby). During Q2 2015, there were several leading reasons cited for application denials for the FP component of P4HB. These included: 1) non-response within 14 days; 2) failure to verify income, 3) having other Medicaid coverage or other insurance and 4) Medicaid question (self-reporting having Medicaid). There were no application denials for women deemed eligible for the IPC component in Q2 2015. It is likely that at the time of submission of the application for the P4HB, these women were applying for other health insurance coverage that

became available prior to approval of the P4HB application. Therefore, they failed to respond within the required timeframe for their P4HB application or reported they had other coverage and were no longer in need of P4HB coverage.

- **Enrollee terminations from the P4HB program.** Many of the reasons enrollees were terminated from the P4HB program during Q2 were identical to the reasons women were denied eligibility for the program. Throughout Q2, the top three reasons for termination included: 1) failure to complete the re-determination review: 2) having 'Medicaid - other insurance' and 3) having 'other insurance.' We reviewed the data regarding the disenrollment of women from the IPC component and observed similar reasons for this group. This data came from a list of IPC members each CMO submitted on a monthly basis to have disenrolled for various non-compliance reasons. The enrollment broker reached out to the women on the submitted lists to confirm their desire or reason for disenrollment prior to terminating coverage in the program, and provided DCH with the final participation determination. From our review of the list of women disenrolled from the IPC component in Q1 2015, we identified eighty-eight women. The number one reason for their disenrollment was having 'Medicaid - other insurance' (31 or 35.23%). Other disenrollment reasons included: having 'other insurance'; failure to complete the re-determination review; no longer a Georgia resident; infertility; and pregnancy (2 or 2.27%). We also noted that 29 of the IPC women were transitioned to the Family Planning component and 3 women were moved to Low Income Medicaid (LIM) by the end of the Q1. At the time of this report, data was not available for analysis regarding the Q2 IPC disenrollments. We plan to continue to monitor this data for further insight and additional information for IPC disenrollment.

Our enrollment broker also conducted an analysis for us to determine how many of the women whose enrollment was terminated were reinstated. For the months of April through June 2015, 595 women were reinstated to the P4HB program with no gap and 128 women returned with a one month gap for

a total of 723 women.

- **Average age of the women deemed eligible for the P4HB program**. The average age for women deemed eligible for the FP component of the P4HB program was between 26 and 27 years of age and for the IPC component, it was between 28 and 29 years of age. These numbers have remained stable for some time. **Table 2** below provides the age distribution of women deemed eligible in June 2015 and illustrates that 90.0% or 11, 328 of the women deemed eligible for the FP and IPC components of the P4HB program (12,581) in that month were under the age of 36. There were 5,182 women aged 23 – 29 years deemed eligible for the FP and IPC components of the program in Q2 - 41.2% of all of the women deemed eligible for the FP and IPC components of the program. Only 530 of the total number of women deemed eligible during the month of June 2015 were in their late teens (eighteen or nineteen years of age) and of these, only 46 women were 18 years of age. This is to be expected since young women who are 18 years old and meet Medicaid eligibility criteria are eligible for full benefits until their nineteenth birthday.

Table 2: Individuals Deemed Eligible for Family Planning and IPC By Age June 2015

Deemed Eligible	Family Planning	IPC
18-22	**3,689**	**58**
18	46	0
19	475	9
20	746	13
21	1,264	18
22	1,158	18
23-29	**5,032**	**150**
30-35	**2,322**	**77**
36-40	**854**	**32**
41-44	**361**	**5**
45	**1**	**0**
Total	**12,259**	**322**

Source – PSI P4HB RP004 and 005 for June 2015. The Resource Mothers only component was not included in this table.

- **Average Income**: The average monthly income among women deemed eligible for the FP only component of P4HB has remained stable and was $1,233.65 in June 2015, compared with the March 2015 average monthly income of $1, 234.42. In January 2011, the average monthly income was $927.75 for the few members deemed eligible for services beginning in February 2011. For the IPC component, the average monthly income was $1, 443.57 in June 2015, approximately $143.58 higher than the March 2015 average of $1299.99. We have seen very little change in these average income measures over time.

ENROLLMENT

As of June 30, 2015, a total of 11,559 women were enrolled in one of the Georgia Families CMOs and able to receive P4HB services, including 11,251 FP enrollees, 257 IPC enrollees, and 51 RM enrollees. These data indicate only small fluctuations in overall total enrollment during Q2 2015 and these were similar to those observed during Q1 2015. The overall trend in enrollment is shown in **Figure 3.** While the trend line appears stable since October 2014, there was a decrease of 2.3% in the FP component from Q1 2015 to Q2 2015 (11,519 to 11,251). On the other hand, as shown in **Figure 4**, enrollment in the IPC component increased slightly during Q2 by almost 1.01 percent (from 254 to 257)**.**

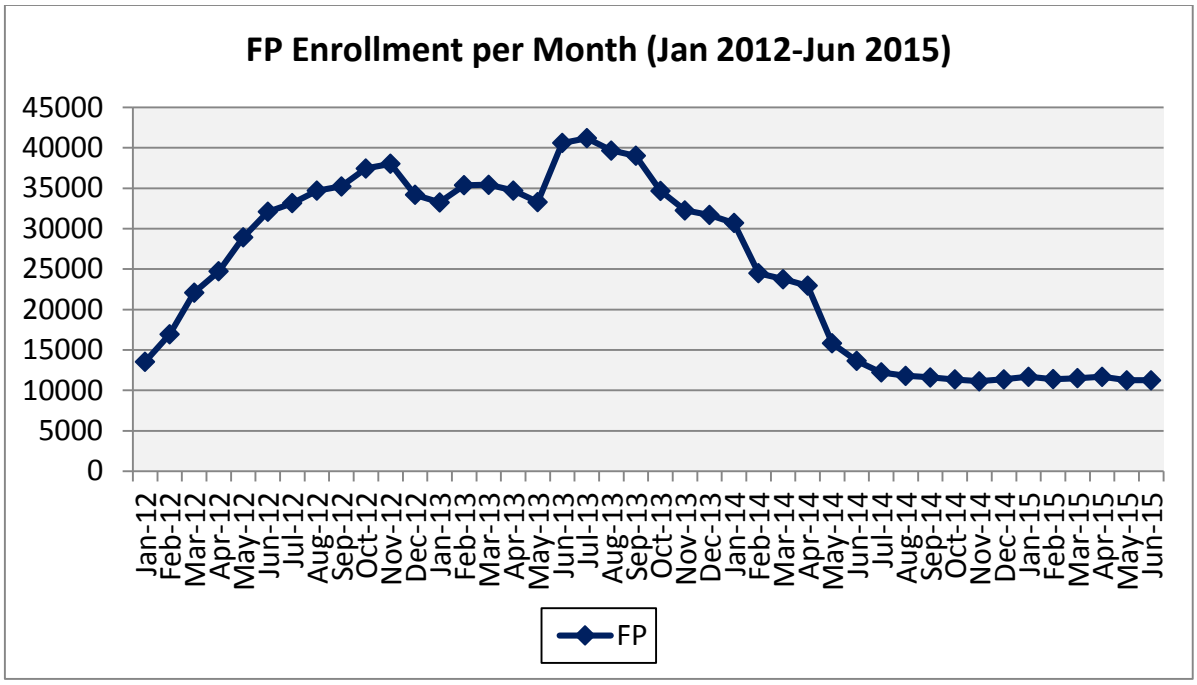

Figure 3: Enrollment per month, per FP enrollee (January 2012-June 2015)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

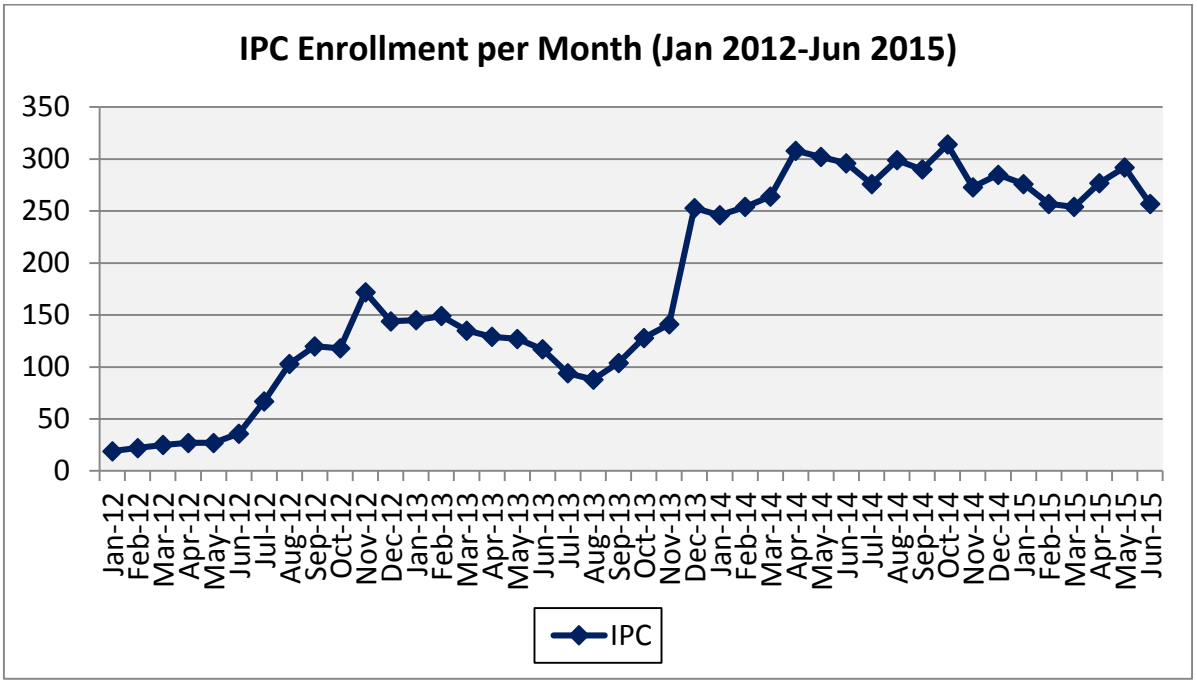

Figure 4: Enrollment per month, per IPC enrollee (January 2012-June 2015)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

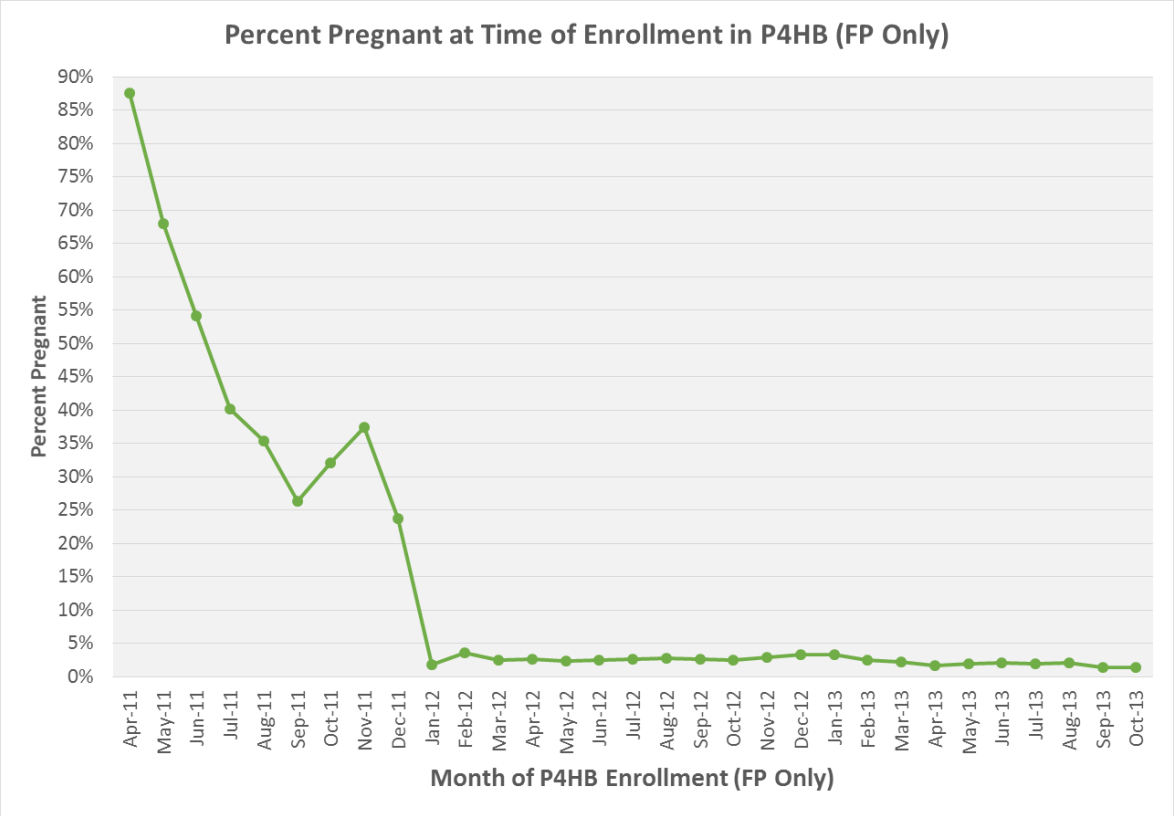

Figure 5: Percent Pregnant at Time of Enrollment in P4HB (FP Only). Women enrolling were considered pregnant if they had a pregnancy diagnosis code, procedure code, or Georgia DRG within 3 months of FP Only enrollment; switched from FP Only to RSM eligibility category within first 3 months of FP Only enrollment; or delivered within 245 days of FP Only enrollment.

The data in Figure 5 indicate the percentage of P4HB enrollees that appear to have come into the program in a state of pregnancy or to have become pregnant within the first three months of enrollment. As noted earlier, the policy change implemented in January 2015 that will move P4HB women into their chosen CMO more quickly is intended to address any access barriers that may result in P4HB women experiencing an unintended pregnancy soon after enrolling in the program. The data in Figure 5 suggest that during the first year of P4HB, women were confused about the intent of the program and enrolled when already pregnant. This confusion was quickly addressed and the percentage of women coming in pregnant dropped dramatically from the first to the last month of 2011. From that point and through much of 2012, the percentage coming in pregnant hovered around 2-3% of FP only enrollees in each month. In the last two months of 2013 (September/October) for which we can follow women for 3 months, we see the percentage of

enrollees coming in pregnant is even lower, between 1-2%. These data indicate significant progress on this goal even prior to January 2015 and indicates that the new DCH policy may drive this percentage to zero.

As shown below, during Q2 2015, the average time from receipt of a P4HB application to a referral to an RSM worker for the eligibility determination was 11.42 days; 10.87 days were observed in Q1 2015. From the RSM request for more information to the PSI Maximus response, the Q2 2015 performance was 4.18 days compared with 4.44 days in Q1 2015. Regarding the renewal process, PSI/Maximus sends renewal letters to P4HB participants sixty days prior to the end of the twelve month eligibility period. If the participants fail to respond to the renewal request within thirty days, PSI/Maximus refers those women to the RSM worker for closure of their eligibility span. The statistics for Q2 compared to Q1 2015 are provided below and demonstrate that the average time from PSI/Maximus sending the renewal request letter to the P4HB member to the PSI/Maximus referral of the member to the RSM worker for closure of the woman's P4HB eligibility (due to non-response of the member) was 26 days in Q2 2015 compared to 28 days in Q1 2015.

Table 3: Source of Enrollment Delays, FP Component

Measure	Q1 2015	Q2 2015
Average Time (In Days) from Application to Referral to RSM	10.56 (January) 11.19 (February) 10.87 (March) **Average: 10.87 days**	11.11 (April) 11.63 (May) 11.52 (June) **Average: 11.42 days**
Average Time (In Days) from RSM request for more info to PSI response	4.57 (January) 4.03 (February) 4.73 (March) **Average: 4.44 days**	4.90 (April) 3.95 (May) 3.69 (June) **Average: 4.18 days**
Average Time (In Days) from Renewal to Referral to RSM	28 (January) 26 (February) 30 (March) **Average: 28 days**	26 (April) 24 (May) 28 (June) **Average: 26 days**

Source – PSI P4HB RP015 for January – June 2015

Renewals

By the end of Q2, a total of 2,902 women were sent renewal letters (69 of whom were enrolled in the IPC component, 5 were enrolled in the LIM component and the remainder (2,828) were enrolled in the FP component of the program). Only 19.8% of the women to whom P4HB renewal letters were sent reminding them to renew their eligibility in the P4HB program actually completed their renewal applications. The primary reason why eligibility was not renewed for these women was that they simply failed to complete the review process.

CMO Enrollment, Service Utilization, and Outreach

The following information reflects enrollment, service utilization and outreach information as provided to DCH through the Q2 2015 P4HB reports submitted 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 4** highlights the main findings for each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q2 2015. **Table 5** highlights the main findings for each CMO regarding outreach activities to potential FP and IPC enrollees during Q2 2015.

Table 4: CMO Enrollment and Utilization of Services, April-June 2015			
CMO	**Enrollment**	**Contraception Utilization**	**Family Planning and IPC Service Utilization**
Amerigroup	**DCH Reported Enrollment** **FP:** 3,734 **IPC**: 103 **RM/LIM**: 12 **Total Enrollment**: 3,849 **% of all P4HB enrollment:** 33.3% **% of all P4HB enrollment in previous quarter**: 29.1% **CMO Reported Enrollment:** **FP:** 4,760 **IPC**: 139 **RM//LIM**: 19 **Total Enrollment**: 4,397 **% of all P4HB enrollment:** 31.1%	**Use of Known Contraception** **FP:** 801 **IPC:** 10 **Total:** 811 **Most common form of contraception** **FP:** Oral contraception (56.6%); injectable (40.6%) **IPC:** Oral contraception (50%) **Number of women with unknown form of contraception** **FP:** 842 **IPC:** 41 **Total:** 883	**Number of Participant who utilized one or more covered FP services** **FP**: 1, 419 **IPC**: 49 **RM:** 4 **Total**: 1,472 **IPC Service Utilization** **Dental care:** 5 **Primary care:** 32
Peach State	**DCH Reported Enrollment** **FP:** 3,120 **IPC**: 98 **RM//LIM**: 31 **Total Enrollment**: 3,249 **% of all P4HB enrollment:** 28.1% **% of all P4HB enrollment in previous quarter**: 30.0% **CMO Reported Enrollment:** **FP:** 3,754 **IPC**:141 **RM//LIM**: 37 **Total Enrollment**: 3,932 **% of all P4HB enrollment:** 31.8%	**Use of Known Contraception** **FP:** 1302 **IPC:** 40 **Total:** 1,342 **Most common form of contraception** **FP:** Oral contraception (45.5%); IUDs (4.4%); injectable (36.4%) **IPC:** Oral contraception (33.3%), injectable (20.0%) **Number of women with unknown form of contraception** **FP:** 467 **IPC:** 24 **Total:** 491	**Number of Participant who utilized one or more covered FP services** **FP**: 1,793 **IPC**: 66 **RM**: 21 **Total**: 1,880 **IPC Service Utilization:** **Primary Care:** 175 **Substance Abuse:** 2 **Resource Mother:** 34

WellCare	**DCH Reported Enrollment** **FP:** 4,397 **IPC**: 56 **RM//LIM**: 8 **Total Enrollment**: 4,461 **% of all P4HB enrollment:** 38.6% **% of all P4HB enrollment in previous quarter**: 40.9% **CMO Reported Enrollment:** **FP:** 4,532 **IPC**: 58 **RM//LIM**: 9 **Total Enrollment**: 4,599 **% of all P4HB enrollment**: 37.2%	**Use of Known Contraception** **FP:** 1191 **IPC:16** **Total:** 1207 **Most common form of contraception** **FP:** Oral contraception (65.4%); injectable (26.2 %) **IPC:** Oral contraception (64.3 %), injectable (35.8%) **Number of women with unknown form of contraception** **FP**: 81 **IPC**: 0 **Total**: 81	**Number of Participant who utilized one or more covered FP services** **FP**: 2,332 **IPC/ RM**: 33 **Total**: 2,365 **IPC Service Utilization:** **Dental:** 16 **Primary Care:** 13

Table 5: CMO Outreach, Q2 2015

CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	# of outreach activities: 147 # of participants: 1,207 Types of activities: • 30 community/marketing events • 117 provider relations activities	• 22 face-to-face RM visits • 95 telephone contacts by RM workers • Community "Baby Showers" • "Diaper Days"
Peach State	• 670 calls made to new members • 670 new P4HB member packets mailed • 944 members (new and existing) received education materials • 60 new providers received provider toolkits about P4HB • 143 provider staff members attended new provider orientations	• 90 members who had a VLBW infant received telephone calls • A total of 1,206 mothers seen in a high volume delivery hospital were educated face to face
WellCare	• P4HB mailings sent to 4,057 members who recently delivered • P4HB mailings sent to 6,563 members determined to be within 60 days of their estimated delivery date.	• 39 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff. 13 newly enrolled members received Resource Mother outreach in the NICU. • Resource Mothers attended 36 outreach events and educated a total of 417 potential members and community partners.

P4HB OUTREACH ACTIVITIES

During Q2 2015, DCH staff met with the President and CEO of the GFPS along with GFPS staff to discuss the P4HB program and ongoing outreach and enrollment at the GFPS sites. GFPS is the current state Title X grantee. DCH also attended a press conference held at the GFPS' office announcing their receipt of a grant award intended for specific assistance with P4HB application completion for women presenting to the FQHCs with family planning needs. The paper applications completed with assistance from the GFPS staff are being stamped prior to submission so they can be tracked and monitored for the "How Did you Hear" report.

DCH continued to send eighth month letters to pregnant Medicaid members (in the RSM eligibility group) about the P4HB program. The eight month letters were previously identified as the third most frequently cited source for the P4HB applicants' knowledge about the program. The letters provide women with information regarding P4HB eligibility and enrollment along with details about selecting a CMO. The local public health departments across the state also provided P4HB information to women applying for presumptive pregnant woman eligibility – a coverage option available to them should it be determined they are not pregnant and available following the termination of their Georgia Medicaid benefits sixty days post-delivery. In the "How Did you Hear" surveys, the local public health departments were ranked as the most common source of information about the P4HB program by women submitting electronic applications for the program. We continue to monitor the effectiveness of the outreach activities as they serve to raise women's awareness of the family planning and related services available through the P4HB program

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q2 2015:

1) Emory worked with DCH and GFPS to obtain the detailed data used in earlier reports on usage of family planning and contraceptives through Title X clinics and Medicaid providers. Emory plans to meet with GFPS staff again in Q3 2015 to discuss the needed data and whether a data sharing agreement can be put into place. These data would be used along with the summary Office of Population Affair's Family Planning Annual Report (FPAR) data for CY 2014 to help measure any changes in the utilization of Title X funded family planning services at the state level after the change in the grantee that occurred in July 2014.

2) The earlier data from the State's Title X staff were used along with the Medicaid claims and enrollment data to draft a paper for the *Journal of Women's Health*. This paper will be submitted to a journal in August 2015.

3) In preparation for the upcoming Annual Report and to begin to assess the effects of the P4HB program using a quasi-experimental design, Emory developed outcome measures for 2009-2012 for each Medicaid birth linked to vital records on: 1) birth weight category (LBW, normal, VLBW) of an 'index' birth (first observed) in vital records; 2) birth weight category of next birth; 3) interpregnancy interval <=6 months; 3) teen births; and 4) repeat teen births for women in the LIM and RSM eligibility groups when delivering a live birth during this period.

   These measures were also derived for women who were privately insured and with a high-school or lower education level. These women are being used as a comparison group to

examine trends in these outcomes pre and post the P4HB implementation. The Emory team estimated regression models on these outcomes, tabled initial results for team discussion and will continue to estimate alternative models in order to assess the sensitivity of the results. The Emory team hopes to include outcome measures based on the linked Medicaid and vital records for 2013 in the upcoming annual report. Measures specific to P4HB enrollees (repeat pregnancy, repeat births, and birth weight category) based on claims and used in earlier annual reports will be updated using the 2014 claims data anticipated to be delivered in August.

4) Emory has received the 2012 PRAMS data for Georgia and will begin estimating models on outcomes that can only be measured with these data (unintended pregnancy, pre-pregnancy insurance, barriers to birth control, etc.) using 2009-2012 data for Georgia and women from other PRAMS states with no major change in their Medicaid family planning coverage policies over this time period.

5) The Emory evaluation team will continue to contribute to the contents of the quarterly and annual reports by incorporating more of the pre/post analysis of the data in order to test whether there have been effects of the demonstration on the key outcomes. The Emory team will work closely with DCH in reviewing any initial analysis and its interpretation. It is anticipated that the longer run-out of claims data, for example, to include at least one more year post the implementation of the P4HB program, will stabilize the results and help in drawing conclusions regarding the effects of P4HB on low-income women of reproductive age in Georgia.

ACTION PLANS

1. The CMOs will continue to provide outreach to their network providers who provide

care for high risk pregnant women about the IPC program and to appropriate providers about the P4HB program in general.

2. Emory will conduct a retrospective study regarding the percentage of women coming into the P4HB program already pregnant or becoming pregnant within the first three months of P4HB enrollment as of January 1, 2011 and going forward.
3. DCH will continue to respond to any requests from CMS for additional information in support of the approval of the P4HB extension request.

EXPENDITURES

Because the number of women enrolled in the FP and IPC components of the P4HB program fluctuated in Q2 of 2015, the total spending for the program also fluctuated by month since the CMOs who administer the program are paid on a capitated basis. For Q2 2015 and 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. We continue to exclude from the IPC and total program costs the low-income or disabled women receiving Resource Mother/Case Management only services since their costs cannot be combined at this time with that of the women enrolled in the IPC component of the P4HB program.

Budget Neutrality

Our PY 4 Annual Report will include a budget neutrality sheet inclusive of costs for children born during the third year of the Demonstration, using the claims for CY 2014 to give us the estimates of the first year of life costs for these infants born in CY 2013. The Q2 2015 budget neutrality calculation can be found on the following page of this report.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2015						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
FP and FP-Related Services for All P4HB Pop - 90:10 and reg	FP Enrollee Member Months	34,611	35,136			69,747
FMAP rates (multivits, immunizations, admin., etc)	IPC Enrollee Member Months	787	876			1,663
	PMPM for FP Members FP related Services	$23.17	$23.17			$23.17
	PMPM for IPC Members FP related Services	$33.64	$33.64			$33.64
	Total	$ 828,242	$ 843,398	$ -	$ -	$ 1,671,641
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)	Estimated Persons					2,117
	Cost per Person	$ -	$ -	$ -	$ -	$ 64,872.90
	Total	$ -	$ -	$ -	$ -	$ 137,335,929
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)	Estimated Persons					$ 5,768
	Cost per Person	$ -	$ -	$ -	$ -	$ 8,429.88
	Total	$ -	$ -	$ -	$ -	$ 48,623,548
TOTAL WITHOUT- DEMONSTRATION COSTS		**$ 828,242**	**$ 843,398**	**$ -**	**$ -**	**$ 187,631,118**
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
Interpregnancy Care Services at the FMAP rate	Member Months	787	876	-	-	1,663
	PMPM	$ 122.89	$ 122.89			$ 122.89
	Total	$ 96,713	$ 107,650	$ -	$ -	$ 204,363
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		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		**$ -**	**$ -**	**$ -**	**$ -**	**$ 204,363**
DIFFERENCE						**$ 187,426,754**