

Quarterly Report

Planning for Healthy Babies Program[®] (P4HB[®])

1115 Demonstration in Georgia

Year 8

Quarter 2

April 1-June 30, 2018

Submitted to the Centers for Medicare and Medicaid Services

by:

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OVERVIEW

This second quarter (Q2) P4HB report of 2018 provides information on enrollment of women into P4HB as determined under the new integrated eligibility system, Georgia Gateway. This report summarizes the changes seen in P4HB program enrollment from the rollout of this new system. Other topics discussed in this Q4 report include:

- Program Eligibility and CMO Enrollment
- CMO Quarterly Reports
- DCH P4HB Outreach Activities
- CMO Member and Provider Surveys
- Evaluation Activities
- Action Plans
- Expenditures and Budget Neutrality

CALL VOLUME

There were a total of 1,031 calls made to the Medicaid main Interactive voice response (IVR) Call Center in Q2 2018. These included 403 calls in April, 346 calls in May, and 282 calls in June. Overall, this represents a drop in calls of 44.1% from Q1 (1,843) to Q2 (1,031). The typical call lasted about 31 seconds. Calls are usually received by women wanting more information about P4HB or from current enrollees who have questions about the program. This number is not representative of all women inquiring about P4HB, we also have a line for PeachCare for Kids and P4HB only. Since the implementation of the Gateway system which in February of 2017, we have switched numbers for those interested in making contact about P4HB. Women enrolling in P4HB also have the online Gateway system option and hence, do not need to call the P4HB call center for assistance.

PROGRAM ELIGIBILITY

Table 1 below, generated from data in the Georgia Gateway system, displays the number of women deemed eligible for the P4HB program in March along with the total number of women in transition during the month. The table shows additions throughout the month, denials, and terminations.

Table 1: Program Enrollment as of June 2018

PROGRAM /COA	CLIENT ADDITIONS				CLIENT DISPOSITIONS		
	ACTIVE BOM	TOTAL	APPROVE	REINSTATED	TOTAL	DENIED	TERMINATED
ARM - Resource Mother Services - Family Medicaid	1931	743	688	55	384	39	345
ARM - Family Planning Services	44252	12619	11621	998	10195	4942	5253
ARM - Resource Mother Services - ABD Medicaid	5	2	2	0	7	4	3
ARM - Inter-Pregnancy Care	1358	452	401	51	391	64	327

“BOM” = “beginning of the month”

By the end of Q2 2018, at the beginning of the month, a total of 47,546 women were deemed eligible (see table 1). There were 44,252 women deemed eligible for family planning only services; 1,358 deemed eligible for inter-pregnancy care services; and 1,931 women deemed eligible for resource mother only services. This shows an 11.2% increase of women eligible from Q1 2018 (42,745).

CMO QUARTERLY ENROLLMENT

The recent CMO contract began passive enrollment for all Georgia Family (GF) Medicaid recipients. Passive enrollment will enroll eligible women to a CMO automatically through an algorithm based on multiple factors including past history of a CMO, family history of a CMO, etc. The member will have a change choice period; if they do not want the health plan that is chosen for them, they can change to another health plan. They will have 90 days from the start

date of their health plan to change to a new health plan. Passive enrollment will allow all GF enrollees, including P4HB enrollees, to get into a CMO faster.

As of June 2, 2018, there were 38,126 women enrolled of the 47,546 deemed eligible in one of the four Georgia Families CMOs and able to receive P4HB services. A main reason why a woman wouldn't automatically be placed into a CMO through passive enrollment is because the system is showing she has other insurance or Medicare. She would have to be cleared of any other insurance for the system to start the passive enrollment process. The total enrolled included 35,731 FP enrollees, 986 IPC enrollees, and 1,409 RM enrollees. DCH recognizes the difference in enrolled and eligible women, and we are hoping to see the gap get smaller as we move forward. These enrollment counts represent variable changes in enrollment within each of the program's three components when enrollments at the end of Q2 2018 were compared to enrollments at the end of Q1 2018 as described below:

- An *increase of 21.9%* in the number of women enrolled in a CMO to receive family planning only services (35,731 women at the end of Q2 2018 versus 29,308 women at the end of Q1 2018);
- An *increase of 0.3%* in the number of women enrolled in a CMO to receive interpregnancy care (IPC) services (986 women at the end of Q2 2018 versus 983 women at the end of Q1 2018); and
- An *increase of 1.8%* in the number of women enrolled in a CMO to receive Resource Mother services (a combination of Resource Mother only and IPC women). At the end of Q2 2018, there were 2,395 women enrolled versus 2,352 women enrolled at the end of Q1 2018.

CMO Average Quarterly Enrollment

The data on enrollment, shown in **Figure 1**, reflects average quarterly FP only enrollment. As evidenced by the data noted above, there has been a large increase in enrollment in the FP

only component. An increase of 30.5% in average quarterly enrollment in the FP component occurred from Q1 2018 to Q2 2018 (26,585 to 34,689). Additionally, as shown in **Figure 2**, the average quarterly enrollment in the IPC component increased by 10.3% (from 948 in Q1 2018 to 1046 in Q2 2018). Note that these data reflect *averages* for the quarter and not final enrollment numbers for the *end of the quarter*.

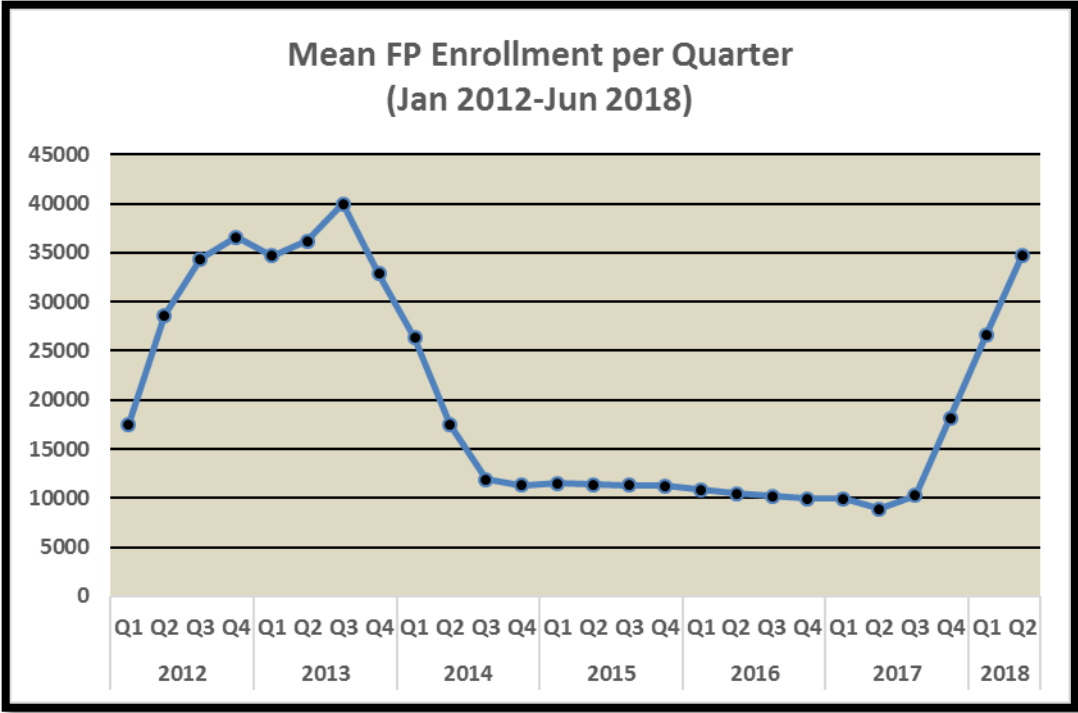


Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-June 2018)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

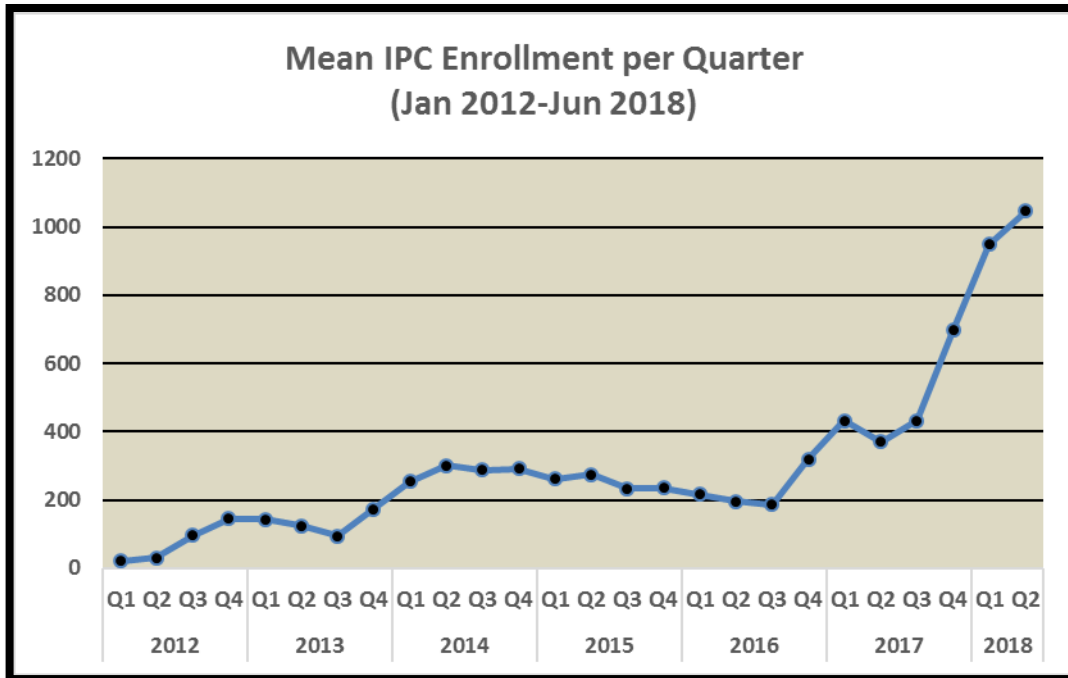


Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-June 2018)
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs’ Q2 2018 P4HB quarterly reports sent to DCH at the end of July 2018. In Q3 of 2017, we began including the quarterly report information from CareSource, the fourth and newest CMO to participate in P4HB. All reports described the CMOs’ enrollment counts, service utilization, and CMO outreach activities. Additional data sources for the tables below include the monthly MMIS Report MGD-3823-M, the MCHB Enrollment after EOM Processing Report, and the Family Planning/Resource Mother Quarterly CMO Reports. **Table 2** provides information from each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q2 2018. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own encounter data. DCH data are abstracted from the beginning of the last month of the quarter while the CMOs abstract data from the last day of

the reporting quarter. **Table 3** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q2 2018.

Table 2: CMO Enrollment and Utilization of Services, Q1 2018 (April-June 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 9,657 IPC: 232 RM/LIM: 326 Total Enrollment: 10,215 % of all P4HB enrollment: 26.8% % of all P4HB enrollment in previous quarter: 26.4%</p> <p><u>CMO Reported Enrollment</u> FP: 12,101 IPC: 320 RM//LIM: 394 Total Enrollment: 12,815 % of all P4HB enrollment: 28.9%</p>	<p><u>Use of Known Contraception</u> FP: 1,000 IPC: 41 RM: 90 Total: 1,131</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (54.6%); injectable (33.9%) IPC: Oral contraception (58.5%); injectable (26.8%) RM: Oral contraception (58.9%); injectable (28.9%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 2,066 IPC: 65 RM: 126 Total: 2,257</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 3,066 IPC: 106 RM: 216 Total: 3,388</p> <p><u>IPC Service Utilization</u> Dental care: 12 Primary care: 264</p>

Table 2: CMO Enrollment and Utilization of Services, Q1 2018 (April-June 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
CareSource	<p><u>DCH Reported Enrollment</u> FP: 6,701 IPC: 161 RM//LIM: 235 Total Enrollment: 7,097 % of all P4HB enrollment: 18.6% % of all P4HB enrollment in previous quarter: 17.7%</p> <p><u>CMO Reported Enrollment</u> FP: 7,797 IPC: 202 RM/LIM: 314 Total Enrollment: 8,313 % of all P4HB enrollment: 18.8%</p>	<p><u>Use of Known Contraception</u> FP: 533 IPC: 11 RM: 6 Total: 550</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (67.9%); IUDs (17.8%); implants (10.1%) IPC: Oral contraception (72.7%) RM: Oral contraception (83.3%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,293 IPC: 60 RM: 21 Total: 1,374</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 1,826 IPC: 71 RM: 27 Total: 1,924</p> <p><u>IPC Service Utilization</u> Primary Care: 4 Dental: 7 Substance Abuse: 0 Resource Mother: 10</p>
Peach State	<p><u>DCH Reported Enrollment</u> FP: 9,740 IPC: 288 RM//LIM: 357 Total Enrollment: 10,385 % of all P4HB enrollment: 27.2% % of all P4HB enrollment in previous quarter: 27.8%</p> <p><u>CMO Reported Enrollment</u> FP: 11,347 IPC: 391 RM/LIM: 526 Total Enrollment: 12,264 % of all P4HB enrollment: 27.7%</p>	<p><u>Use of Known Contraception</u> FP: 1,763 IPC: 57 RM: 73 Total: 1,893</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (44.4%); injectable (31.1%); IUDs (10.1%). IPC: Implants (33.3%); IUDs (26.3%); injectables (17.5%) RM: Implants (34.2%); IUDs (23.3%); injectables (20.5%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,024 IPC: 101 RM: 226 Total: 1,351</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,787 IPC: 158 RM: 291 Total: 3,216</p> <p><u>IPC Service Utilization</u> Primary Care: 32 Dental care: 8 Substance Abuse: 1</p>

Table 2: CMO Enrollment and Utilization of Services, Q1 2018 (April-June 2018)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
WellCare	<p><u>DCH Reported</u> Enrollment FP: 9,633 IPC: 305 RM//LIM: 491 Total Enrollment: 10,429 % of all P4HB enrollment: 27.4% % of all P4HB enrollment in previous quarter: 28.1%</p> <p><u>CMO Reported</u> Enrollment: FP: 10,173 IPC: 316 RM//LIM: 388 Total Enrollment: 10,877 % of all P4HB enrollment: 24.6%</p>	<p>Use of Known Contraception FP: 1,079 IPC: 30 RM: 40 Total: 1,149</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (59.5%); injectable (28.3%); IUDs (8.7%) IPC: Oral contraception (50%), injectables (36.7%); IUDs (10.0%) RM: Oral contraception (72.5%); injectables (27.5%)</p> <p>Number of women with unknown form of contraception FP: 2,166 IPC: 83 Total: 2,257</p>	<p>Number of Participants who utilized one or more covered FP services FP: 3,245 IPC: 113 RM: 48 Total: 3,406</p> <p>IPC Service Utilization: Dental: 25 Primary Care: 0</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q1 2018 to Q2 2018. Amerigroup reported an overall enrollment increase of 8.8% from Q1 2018 to Q2 2018 (10,814 to 12,815 enrollees) with an increase in each of the FP, IPC and RM-LIM groups. CareSource reported an overall enrollment increase of 12% from Q1 2018 to Q2 2018 (7,413 to 8,313 enrollees) with an increase in each of the FP, IPC, and RM-LIM groups. Peach State reported an overall increase from Q1 2018 to Q2 2018 of 23.9% in P4HB enrollment (9,899 to 12,264 enrollees), with an increase in FP, IPC, and RM-LIM enrollment. WellCare experienced an overall P4HB enrollment increase of 6.8% from Q1 2018 (10,184 enrollees) to Q2 2018 (10,877 enrollees). Enrollment increased for the FP group, but decreased for the IPC and RM-LIM groups.

Utilization patterns also varied across the CMOs.

Compared to the CMO reports shown in our Quarter 1, 2018 report to CMS, the use of known contraception increased among enrollees in all four CMOs. For Amerigroup enrollees, the use of known contraception increased 107.5% (545 users in Q1 2018 to 1,131 users in Q2 2018). For CareSource enrollees, contraception utilization increased 12.0% (from 491 users in Q1 2018 to 550 users in Q2 2018). Utilization of contraception increased 4.5% among Peach State enrollees (1,811 users in Q1 2018 to 1,893 users in Q2 2018) and increased 115.2% for WellCare enrollees (from 534 users in Q1 to 1,149 users in Q2 2018).

Oral contraception was the most preferred form of contraception reported for the women using a known form or contraceptives in all four CMOs' FP only components (54.6% for Amerigroup, 67.9% for CareSource, 44.4% for PeachState, and 59.5% for WellCare). The IPC enrollees in three of the four CMOs also preferred oral contraception (58.5% for Amerigroup; 72.7% for CareSource; and 50% for WellCare IPC enrollees; however, PeachState IPC enrollees preferred

implants (33.3%).

Compared to the Q1 2018 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased in Q2 2018 for three of the four CMOs.

Utilization increased 23.2% for Amerigroup enrollees, 14.9% for PeachState, and 26.8% for WellCare enrollees. Utilization of one or more covered family planning services decreased by 4.9% in Q2 2018 for CareSource enrollees. Service utilization among the CMOs' IPC enrollees varied. Compared to last quarter, utilization of primary care services increased among Amerigroup IPC enrollees (1.4%) and PeachState IPC enrollees (18.5%) but decreased for CareSource IPC enrollees (33.3%) and WellCare IPC enrollees (100%). Dental care utilization decreased among Amerigroup and WellCare IPC enrollees (38.5% and 34.2% respectively) but increased 100% among both CareSource and PeachState IPC enrollees for Q2 2018 (both reported no dental care visits in Q1 2018).

Table 3: CMO Outreach, Q2 2018 (April-June 2018)		
CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 35 outreach activities • 1,544 participants • 225 provider relations activities 	<ul style="list-style-type: none"> • 147 telephone contacts by RM workers • 35 Community “Baby Showers” and “Diaper Days”
CareSource	<ul style="list-style-type: none"> • Welcome calls to all P4HB enrollees in July. • New member mailings • Phone calls to Emergency Room (ER) utilizers and all IPC and RSM members to educate them on appropriate use of the ER 	<ul style="list-style-type: none"> • Welcome calls to IPC and RM participants • Reminder letters and phone calls
Peach State	<ul style="list-style-type: none"> • 3,935 calls made to new members • 3,925 new P4HB member packets mailed • 228 members (new and existing) received educational materials 	<ul style="list-style-type: none"> • 57 members who had a VLBW infant received telephone calls • A total of 604 mothers seen in a high volume delivery hospital were educated face-to-face

CMO	All Outreach Activities	IPC Specific Outreach
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 3,060 members who recently delivered. 	<ul style="list-style-type: none"> • 85 IPC members were contacted and received direct education about the program. • Resource Mothers attended 28 outreach events and educated a total of 720 potential members and community partners. • Resource Mothers conducted 70 face-to-face visits, 313 phone calls, and 76 care plans with IPC and RM enrollees.

CMO PROVIDER AND MEMBER SURVEYS

Overview

As part of the P4HB program, the CMOs, in collaboration with DCH, monitor member and provider overall knowledge and understanding of the program 1-2 times a year through an analysis of member and provider surveys. These survey's represent three CMOs, Amerigroup, Peach State, and Well Care. Care Source survey was noted in the Q1 report. The CMOs and DCH review the results of each wave of the surveys to identify areas of poor understanding about the P4HB program. Analyses of these survey results help the CMOs and DCH better understand and improve member and provider experiences with the P4HB program, as it is important to both the CMOs and DCH to identify any area that could negatively affect the satisfaction of members and providers who participate in the program. Any areas that do not meet the CMOs' performance goals are analyzed for barriers and opportunities for improvement. Although there are concerns with the low response rates for the surveys and the lack of information on representativeness of the respondents, these surveys provide DCH with an overall 'view' of member and provider involvement with the P4HB program and any

barriers to greater awareness and involvement in the program.

Survey Methods

To date, the member and provider surveys have been administered in twelve waves – in December 2011, April 2012, September 2012, April 2013, September 2013, May 2014, November 2014, July 2015, June 2016, April 2017, December 2017 and May 2018. The most recent wave of the member and provider surveys, the twelfth wave, was conducted in May of 2018. Members identified by the CMOs as being enrolled in the P4HB program during the period of May 2017 to November 2017 were contacted by phone for the survey (3,000 participants). Of the 3,000 program participants contacted, 314 (10.5%) responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (1,500) were sent the provider survey via the online “Survey Monkey” tool. A mere 25 (1.7%) providers responded. The sections below provide a summary of the responses from the most recent four waves of the CMOs’ member and provider surveys (waves nine through twelve).

CMO Member Survey Results

A total of 4190, 3000, 3000 and 3000 members met the selection criteria for the CMOs’ member survey for waves nine through twelve, respectively. The rate of participation in the member surveys, across the three CMOs, was 9.3% for wave nine, 15.0% for wave ten, 12.5% for wave eleven and 10.5% for wave twelve. For wave twelve, the member response rates were: 11.2% (112/1,000) for Peach State, 9.6% (96/1,000) for Amerigroup, and 10.6% (106/1,000) for WellCare.

Table 4 summarizes the members’ responses regarding reasons for their enrollment in the P4HB program, the services they have used, the services they had trouble accessing prior to

enrollment in P4HB and the types of problems encountered with accessing those services, as well as benefits of the P4HB program to the member. The percentage of responding members indicating that the reason for their enrolling in the P4HB program was for birth control or family planning was highest in wave ten (60.4%) and lowest in the most recent wave, wave twelve (29.3%). Low response regarding reasons for their enrollment in the P4HB program could be due to the Gateway system. Gateway women are applying for any type of assistance available, they may choose to say yes to the P4HB questions asking if they want to be considered but the benefits might not necessarily be the reason they are enrolling. It could be because that is simply the only available option. The percentage of responding members indicating that testing for pregnancy was their reason for enrolling declined in wave twelve (to approximately 17%) from a high of approximately 33% for wave ten. There was a similar percentage of responding members indicating that testing for sexually transmitted infections was their reason for enrolling in wave eleven and twelve (approximately 20-21%) compared to waves nine and ten (approximately 30-33%). A substantial percentage of members reported enrolling in the P4HB program to receive primary care services (from a high of 59% in wave ten to a low of 44.5% in wave eleven to 51% in wave twelve). This finding is interesting as primary care services are covered only under the IPC component of the program.

Regarding reported service utilization among enrollees, there were substantial increases in the percentage of survey respondents who reported using each of the P4HB services surveyed from waves nine through ten of the survey (**Table 4**). However, from survey wave ten to wave eleven, there were notable reductions in the percentage of survey respondents who reported using the various P4HB services. The largest reduction from wave ten to wave eleven was a nearly 22 percentage point decline for the reported use of for birth control or family planning

services. There was an approximately 10 percentage point decline from survey wave ten to wave eleven for both the reported use of pregnancy testing and the reported use of testing or treatment for sexually transmitted infections. From survey wave eleven to twelve, there was a further reduction in the percentage of survey respondents who reported using birth control (from approximately 20% to 17%, respectively) and essentially no change in the percentage of survey respondents who reported use of pregnancy testing, testing or treatment for sexually transmitted infection, and primary care.

Paralleling the observations for reported service utilization, there were similar reductions in the percentage of survey respondents from survey wave ten to wave eleven who reported positive changes that P4HB made for them (**Table 4**). The largest reduction was a nearly 19 percentage point decline from survey wave ten to wave eleven for both the percentage reporting not having to use their own money for family planning services or birth control and being able to get preventive care and family planning counseling. Sizable percentage point reductions were also observed from survey wave ten to wave eleven for respondents reporting that P4HB helped them start using birth control (14 percentage point decline), have more choices of birth control methods (14 percentage point decline), or be able to change birth control methods (8 percentage points). There was also a 7 percentage point reduction in the percentage of respondents from wave ten to wave eleven who indicated that P4HB resulted in them going to a different doctor or nurse for family planning services or birth control. For wave twelve of the survey, the most notable change from wave eleven was a nearly 7 percentage point reduction in the percentage of respondents who indicated that P4HB resulted in them starting birth control, but a 4 percentage point increase in the percentage of respondents who indicated that P4HB resulted in them having more choice of birth control

methods.

Table 4. Enrollment and Utilization of Services in P4HB®				
	9th Wave N=391 Responses n (%)	10th Wave N=449 Responses n (%)	11th Wave N=375 Responses n (%)	12th Wave N=314 Responses n (%)
Enrollment in P4HB® to get...				
Birth control or family planning services	183 (46.8%)	271 (60.4%)	132 (35.2%)	92 (29.3%)
Pregnancy testing	117 (29.9%)	150 (33.4%)	73 (19.5%)	54 (17.2%)
Testing or treatment for sexually transmitted infections	116 (29.7%)	153 (34.1%)	76 (20.3%)	67 (21.3%)
Primary care (such as routine check-up, care for an illness)	188 (48.1%)	265 (59.0%)	167 (44.5%)	160 (51.0%)
Other	18 (4.6%)	38 (8.5%)	28 (7.5%)	15 (4.8%)
Have used these P4HB® services...				
Birth control or family planning services	179 (45.8%)	263 (58.6%)	137 (36.5%)	89 (28.3%)
Pregnancy testing	98 (25.1%)	145 (32.3%)	74 (19.7%)	52 (16.6%)
Testing or treatment for sexually- transmitted infections	101 (25.8%)	131 (29.2%)	69 (18.4%)	51 (16.2%)
Primary care (such as routine check-up, care for an illness)	149 (38.1%)	223 (49.7%)	124 (33.1%)	111 (35.4%)
Other	7 (1.8%)	24 (5.3%)	10 (2.7%)	10 (3.2%)
Before enrolling in P4HB®, had trouble getting...				
Birth control or family planning services	92 (23.5%)	146 (32.5%)	75 (20%)	53 (16.9%)
Pregnancy testing	51 (13.0%)	65 (14.5%)	37 (9.9%)	30 (9.6%)
Testing or treatment for sexually- transmitted infections	48 (12.3%)	81 (18.0%)	42 (11.2%)	41 (13.1%)
Primary care (such as routine check-up, care for an illness)	114 (29.2%)	174 (38.8%)	108 (28.8%)	88 (28.0%)
Other	35 (9.0%)	48 (10.7%)	34 (9.1%)	18 (5.7%)
Changes P4HB® made for the participant...				
I am going to a different doctor or nurse for family planning services or birth	51 (13.0%)	96 (21.4%)	51 (13.6%)	40 (12.7%)
I am going to a different doctor or nurse for primary care	49 (12.5%)	80 (17.8%)	54 (14.4%)	40 (12.7%)
I have started using a birth control	114 (29.2%)	179 (39.9%)	94 (25.1%)	58 (18.5%)
I have changed the birth control method I use	53 (13.6%)	93 (20.7%)	45 (12.0%)	37 (11.8%)
I have more choices of birth control methods	136 (34.8%)	190 (42.3%)	106 (28.3%)	101 (32.2%)
I do not have to use my own money for family planning services or birth control	123 (31.5%)	202 (45.0%)	99 (26.4%)	85 (27.1%)
I am able to get preventive care (such as Pap smears) and family planning counseling	166 (42.5%)	258 (57.5%)	143 (38.1%)	119 (37.9%)
With the Purple Card (IPC), I am able to get care for illnesses	7 (1.8%)	10 (2.2%)	1 (0.3%)	6 (1.9%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	7 (1.8%)	9 (2.0%)	1 (0.3%)	8 (2.5%)

Other	6 (1.5%)	22 (4.9%)	18 (4.8%)	9 (2.9%)
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The data in **Table 5** provides information regarding the knowledge that members had about the P4HB program with respect to both services covered under and eligibility criteria for the specific components of P4HB. Responses regarding knowledge of the services covered under the “Pink Card” of the P4HB program indicate small gains in the percentage of respondents with correct knowledge about available services from survey wave eleven to twelve, but substantial reductions in knowledge about most covered services from survey wave nine and ten compared to waves eleven and twelve. The largest percentage point reductions were for knowledge of the availability of Pap smear and pelvic exams and follow-up of an abnormal Pap smear, followed by knowledge of the availability of birth control services and methods, pregnancy testing, screening for sexually transmitted infections, treatment for sexually transmitted infections, and treatment for major problems related to family planning services. Knowledge of the availability of tubal ligation, vitamins with folic acid, some vaccinations, and non-emergency transportation remained low (less than 15% of respondents) across waves nine through twelve of the survey.

There was very little understanding of the coverage afforded under the “Purple Card” across the last four waves of the survey (**Table 5**), with 2% or fewer of respondents correctly identifying the covered services. Of importance in interpreting the member survey results concerning the “Purple Card”, the surveyed members are asked to skip the questions of the survey that are not pertinent to them and there is a ‘not applicable’ response option, such that the member survey is not asking women who are only participating in the FP only component about the IPC eligibility criteria and covered services. Considering this, it is particularly clear

that additional outreach must occur so that women are not confused about the eligibility requirements and covered services for the IPC (“Purple Card”) component of the P4HB program.

Responses indicate that member knowledge and understanding of P4HB eligibility criteria remains quite low, particularly for the IPC (“Purple Card”) component. The percentage responding correctly to the range of eligibility criteria for the FP (“Pink Card”) component of the P4HB program did, however, increase from wave eleven to wave twelve of the survey for all eligibility criteria, although the percentage of survey respondents with knowledge of the eligibility criteria for the FP component in wave twelve remained below those for waves nine and ten for all of the eligibility criteria. For example, during waves nine and ten of the survey, between one third to one half of participants knew of the age, residential, and citizenship requirements; between one quarter to one third knew of the household income criteria; and fewer than one quarter knew of the other insurance criteria. However, in waves eleven and twelve of the survey, fewer than one third knew of any of the eligibility criteria (**Table 5**).

Knowledge and understanding of the eligibility criteria for the IPC (“Purple Card”) component of the Demonstration was low across the last four waves of the survey, with fewer than 1% to, at the highest, 3.5% being aware of the various criteria, although there were small percentage point increases of approximately 1-3% from wave eleven to wave twelve across the various criteria.

Table 5. Knowledge of Members about P4HB®				
Knowledge of...	9th Wave N=391 Responses n(%)	10th Wave N=449 Responses n(%)	11th Wave N=375 Responses n(%)	12th Wave N=314 Responses n(%)
Services available through the “Pink Card” (Family Planning Component)				
Birth control services and methods	110 (28.1%)	147 (32.7%)	81 (21.6%)	64 (20.4%)
Pap smear and pelvic exam	106 (27.1%)	155 (34.5%)	79 (21.1%)	73 (23.2%)
Tubal Ligation (tubes tied)	35 (9.0%)	37 (8.2%)	10 (2.7%)	19 (6.1%)

Pregnancy testing	104 (26.6%)	147 (32.7%)	81 (21.6%)	70 (22.3%)
Screening for sexually transmitted infections	94 (24.0%)	134 (29.8%)	69 (18.4%)	67 (21.3%)
Follow-up of an abnormal Pap smear	93 (23.8%)	130 (29.0%)	61 (16.3%)	58 (18.5%)
Treatment for sexually transmitted	83 (21.2%)	114 (25.4%)	57 (15.2%)	60 (19.1%)
Treatment for major problems related to family planning services	72 (18.4%)	92 (20.5%)	36 (9.6%)	51 (16.2%)
Vitamins with folic acid	57 (14.6%)	60 (13.4%)	29 (7.7%)	33 (10.5%)
Some vaccinations	58 (14.8%)	60 (13.4%)	34 (9.1%)	39 (12.4%)
Non-emergency transportation	39 (10%)	30 (6.7%)	16 (4.3%)	28 (8.9%)
Services available through the “Purple Card” (Interpregnancy Care Component)				
Primary care services (up to 5 visits per year)	7 (1.8%)	8 (1.8%)	1 (0.3%)	6 (1.9%)
Treatment for medical problems like high blood pressure and diabetes	3 (0.8%)	5 (1.1%)	0 (0%)	6 (1.9%)
Medicines for medical problems like high blood pressure and diabetes	2 (0.5%)	5 (1.1%)	0 (0%)	6 (1.9%)
Care for drug and alcohol abuse (such as rehab programs)	2 (0.5%)	4 (0.9%)	0 (0%)	2 (0.6%)
Some dental services	4 (1.0%)	5 (1.1%)	0 (0%)	5 (1.6%)
Non-emergency transportation	1 (0.3%)	3 (0.7%)	1 (0.3%)	4 (1.3%)
Nurse case management/Resource Mother	4 (1.0%)	6 (1.3%)	1 (0.3%)	5 (1.6%)
Eligibility for ‘Pink Card’ (Family Planning Component)				
Be between 18-44 years of age	133 (34.0%)	178 (39.6%)	80 (21.3%)	90 (28.7%)
Be a resident of Georgia	146 (37.3%)	188 (41.9%)	90 (24.0%)	99 (31.5%)
Be a U.S. Citizen	150 (38.4%)	201 (44.8%)	83 (22.1%)	99 (31.5%)
Have a household income that is at or below 200% of the federal poverty level	111 (28.4%)	146 (32.5%)	54 (14.4%)	71 (22.6%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	79 (20.2%)	106 (23.6%)	40 (10.7%)	47 (15.0%)
Not otherwise insured for Family FP Services	86 (22.0%)	100 (22.3%)	30 (8.0%)	50 (15.9%)
Other	9 (2.3%)	22 (4.9%)	8 (2.1%)	4 (1.3%)
Eligibility for ‘Purple Card’ (Interpregnancy Care Component)				
Be between 18-44 years of age	13 (3.3%)	11 (2.4%)	2 (0.5%)	11 (3.5%)
Be a resident of Georgia	13 (3.3%)	15 (3.3%)	2 (0.5%)	11 (3.5%)
Be a U.S. Citizen	12 (3.1%)	14 (3.1%)	5 (1.3%)	11 (3.5%)
Have a household income that is at or below 200% of the federal poverty level	11 (2.8%)	11 (2.4%)	2 (0.5%)	9 (2.9%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	10 (2.6%)	9 (2.0%)	0 (0%)	9 (2.9%)
Not otherwise insured for health care	9 (2.3%)	7 (1.6%)	0 (0%)	7 (2.2%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	5 (1.3%)	6 (1.3%)	3 (0.8%)	4 (1.3%)
Other	0 (0%)	1 (0.2%)	0 (0%)	1 (0.3%)

The data in **Table 6** provides information about covered service utilization by members.

Among the women surveyed who were enrolled in the FP (“Pink Card”) component, the most commonly utilized services were quite consistent from survey waves nine through twelve. However, there were reductions in the percentage of survey respondents reporting use of particular services for survey wave twelve compared to the earlier waves. The most commonly utilized services under the “Pink Card”, according to members’ responses, were: both birth control services and methods (approximately 36% to 45% in waves nine through eleven and approximately 23% in wave twelve) and Pap smears and pelvic exams (approximately 39% to 47% in waves nine through eleven and approximately 30% in wave twelve), and testing for pregnancy and sexually transmitted infections (approximately 24% to 28% in survey waves nine through eleven and approximately 19% in wave twelve). The least commonly utilized services under the “Pink Card” were non-emergency transportation (1.7% to 3.9% across waves nine through twelve) and vaccinations (2.4% to 7.3% across waves nine through twelve). Of note is the fact that non-emergency transportation is not a covered service under the “Pink Card”.

Among the women surveyed who were enrolled in the IPC (“Purple Card”) component, there were notable increases in the proportion of respondents who reported using a range of services from survey wave nine to wave ten. Notably, from survey wave nine through ten there was a substantial increase in the percentage of respondents who reported using a range of primary care and preventive services, including treatment for medical problems such as hypertension and diabetes (from approximately 0% to 13%), care for drug and alcohol abuse (from 0% to 4.5%), Pap smear and pelvic exam services (from approximately 30% to 40%), receipt of vitamins (from approximately 10% to 18%), and receipt of vaccinations (from approximately

5% to 13%). In addition, there were also notable increases in the percentage of respondents who reported using a range of family planning services, including pregnancy testing (from approximately 15% to 32%), screening for sexually transmitted infections (from approximately 11% to 23%), treatment for sexually transmitted infections (from approximately 10% to 23%), and treatment for major problems related to family planning services (from approximately 5% to 27%). Notably, in survey wave eleven, there were notable reductions in the proportion of respondents who reported using each of the covered services. From survey wave eleven to twelve, there were again substantial increases in the percentage of respondents who reported using each of the covered services, however, reported service utilization among respondents for wave twelve remained below that for waves nine and ten for all covered services.

Table 6. Services Used by Members of P4HB®

SERVICES USED	9th Wave N= 274** Responses n (%)		10th Wave N=324** Responses n (%)		11th Wave N=194** Responses n (%)		12th Wave N=191** Responses n (%)	
	“Pink Card” n = 254	“Purple Card” n = 20	“Pink Card” n = 302	“Purple Card” n = 22	“Pink Card” n =181	“Purple Card” n =13	“Pink Card” n =169	“Purple Card” n =22
Birth control services and methods	105 (41.3%)	4 (20%)	135 (44.7%)	7 (31.8%)	65 (35.9%)	2 (15.4%)	38 (22.5%)	6 (27.3%)
Family planning visit	79 (31.1%)	5 (25.0%)	96 (31.8%)	6 (27.3%)	50 (27.6%)	2 (15.4%)	33 (19.5%)	4 (18.2%)
Pap smear and pelvic exam	102 (40.2%)	6 (30%)	142 (47.0%)	9 (40.9%)	70 (38.7%)	3 (23.1%)	50 (29.6%)	7 (31.8%)
Tubal Ligation (tubes tied)	8 (3.1%)	0 (0%)	10 (3.3%)	2 (9.1%)	7 (3.9%)	0 (0%)	5 (3.0%)	0 (0%)
Pregnancy testing	67 (26.4%)	3 (15.0%)	81 (26.8%)	7 (31.8%)	48 (26.5%)	1 (7.7%)	32 (18.9%)	4 (18.2%)
Screening for sexually transmitted infections	66 (26.0%)	2 (10%)	85 (28.1%)	5 (22.7%)	46 (25.4%)	1 (7.7%)	33 (19.5%)	4 (18.2%)
Follow-up of an abnormal Pap smear	56 (22.0%)	5 (25.0%)	62 (20.5%)	7 (31.8%)	28 (15.5%)	1 (7.7%)	18 (10.7%)	3 (13.6%)
Treatment for sexually transmitted infections	42 (16.5%)	1 (5.0%)	48 (15.9%)	4 (18.2%)	28 (15.5%)	1 (7.7%)	15 (8.9%)	3 (13.6%)
Treatment for major problems related to family planning services	26 (10.2%)	1 (5.0%)	34 (11.3%)	6 (27.3%)	19 (10.5%)	0 (0%)	8 (4.7%)	1 (4.5%)

Vitamins with folic acid	22 (8.7%)	2 (10%)	23 (7.6%)	4 (18.2%)	7 (3.9%)	0 (0%)	9 (5.3%)	2 (9.1%)
Any vaccinations	15 (5.9%)	1 (5.0%)	22 (7.3%)	3 (13.6%)	12 (6.6%)	0 (0%)	4 (2.4%)	3 (13.6%)
Non-emergency transportation	10 (3.9%)	0 (0%)	5 (1.7%)	3 (13.6%)	5 (2.8%)	1 (7.7%)	3 (1.8%)	0 (0%)
Primary care services (up to 5 visits per year)	----	3 (15.0%)	----	6 (27.3%)	----	1 (7.7%)	----	3 (13.6%)
Treatment for medical problems like high blood pressure and diabetes	-----	0 (0%)	-----	3 (13.6%)	-----	0 (0%)	-----	2 (9.1%)
Medicines for medical problems like high blood pressure and diabetes	-----	0 (0%)	-----	4 (18.2%)	-----	0 (0%)	-----	2 (9.1%)
Care for drug and alcohol abuse (such as rehab programs)	-----	0 (0%)	-----	1 (4.5%)	-----	0 (0%)	-----	1 (4.5%)
Any dental services	-----	0 (0%)	-----	3 (13.6%)	-----	0 (0%)	-----	1 (4.5%)
Nurse case management/Resource Mother	-----	0 (0%)	-----	4 (18.2%)	-----	0 (0%)	-----	1 (4.5%)

** Note: The sample size for this component of the survey is 274, 324, 194 and 191 respectively as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Table 7 summarizes the members’ responses to the problems they have encountered with the P4HB program since enrollment. Across waves nine through eleven of the survey, there were not consistent notable changes in the percentage of respondents reporting particular problems with the FP only (“Pink Card”) component or the IPC (“Purple Card”) component. However, there were notable increases in the percentage of survey respondents reporting each of the problems surveyed for wave twelve compared to the earlier waves. For the FP only component, approximately 14% of respondents reported not being able to find a doctor or nurse willing to take P4HB clients and not getting the family planning services that were wanted for wave twelve compared to 10% or fewer reporting these problems in the earlier waves of the survey. The next most commonly cited problems during wave twelve of the survey, affecting approximately 11% to 12% of respondents, included not getting referrals or

follow-up care that was needed (compared to 9% or less in previous waves of the survey), having to wait too long to get services (compared to 9% or less in previous waves of the survey), and not wanting to leave the current doctor or nurse (compared to 4% or less in previous waves of the survey). Similarly, a higher percentage of respondents belonging to the IPC component cited problems during wave twelve of the survey compared to waves nine through eleven. The most commonly cited problems reported among the IPC clients were not being able to get to a doctor or nurse when they are open (approximately 13% in wave twelve compared to 5% or fewer in earlier survey waves), and not getting the family planning services that are wanted, not getting referrals or follow-up care that is needed, not finding a doctor or nurse willing to take P4HB clients, and having to wait too long to get services (all approximately 9% in wave twelve compared 5% or fewer in earlier waves). Notably, from 23-65% of IPC clients report having an “other” problem under P4HB, which might warrant further exploration of the nature of that problem.

Problems Under P4HB®	9th Wave N= 274** Responses n (%)		10th Wave N=324** Responses n (%)		11th Wave N=194** Responses n (%)		12th Wave N=191** Responses n (%)	
	“Pink Card” n = 254	“Purple Card” n = 20	“Pink Card” n = 302	“Purple Card” n = 22	“Pink Card” n =181	“Purple Card” n =13	“Pink Card” n =169	“Purple Card” n =22
I cannot get the family planning services I want	24 (9.4%)	0 (0%)	14 (4.6%)	1 (4.5%)	11 (6.1%)	0 (0%)	24 (14.2%)	2 (9.1%)
I cannot get referrals or follow-up for care I need	23 (9.1%)	0 (0%)	20 (6.6%)	0 (0%)	12 (6.6%)	0 (0%)	21 (12.4%)	2 (9.1%)
I cannot find a doctor or nurse willing to take P4HB clients	11 (4.3%)	1 (5.0%)	32 (10.6%)	1 (4.5%)	19 (10.5%)	0 (0%)	25 (14.8%)	2 (9.1%)
I don’t want to leave my current doctor or nurse	9 (3.5%)	0 (0%)	12 (4.0%)	1 (4.5%)	6 (3.3%)	0 (0%)	17 (10.1%)	2 (9.1%)
I have to wait too long to get services	12 (4.7%)	0 (0%)	28 (9.3%)	1 (4.5%)	10 (5.5%)	0 (0%)	19 (11.2%)	2 (9.1%)
I do not have	26	1	7	0 (0%)	7	0 (0%)	15	1 (4.5%)

transportation	(10.2%)	(5.0%)	(2.3%)		(3.9%)		(8.9%)	
I cannot get to the doctor or nurse when they are open	31 (12.2%)	1 (5.0%)	11 (3.6%)	1 (4.5%)	8 (4.4%)	0 (0%)	15 (8.9%)	3 (13.6%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	41 (16.1%)	1 (5.0%)	11 (3.6%)	0 (0%)	2 (1.1%)	0 (0%)	13 (7.7%)	1 (4.5%)
Other	7 (2.8%)	13 (65.0%)	8 (2.6%)	11 (50%)	4 (2.2%)	3 (23.1%)	4 (2.4%)	5 (22.7%)

** Note: The sample size for this component of the survey is 274, 324, 194 and 191 respectively as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Data displayed in **Tables 8** and **9** concern members’ reported needs for more information or difficulties in understanding the P4HB program. There were no consistent changes in members’ reported information needs across survey waves nine through twelve (**Table 8**). Notably, in the most recent wave of the survey from approximately 14% to 18% of respondents reported a need for more information regarding all areas surveyed, including where to go for services, services available, and cost of services.

Table 8. Information Needs about P4HB®				
Type of Information	9th Wave N=391 Responses	10th Wave N=449 Reponses	11th Wave N=375 Reponses	12th Wave N=314 Reponses
	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)
Where to go for service	40 (10.2%)	82 (18.3%)	61 (16.3%)	44 (14.0%)
Services available with the Pink Card	59 (15.1%)	110 (24.5%)	81 (21.6%)	53 (16.9%)
Services available with the Purple Card	44 (11.3%)	91 (20.3%)	62 (16.5%)	50 (15.9%)
Cost of services	51 (13.0%)	94 (20.9%)	67 (17.9%)	56 (17.8%)

While there was little change regarding members’ reported areas of P4HB that were hard to understand with no consistent trends noted across waves nine through eleven of the survey, there was a consistent increase in the percentage of both FP only and IPC respondents who reported difficulty understanding a range of items related to P4HB for wave twelve compared to the

earlier survey waves (**Table 9**). Among FP only respondents, during wave twelve approximately 20% to 22% of respondents reported it was hard to understand what one could get from P4HB, who could get P4HB and whether one could get P4HB compared to much smaller percentages reporting this problem in previous waves.

Table 9. Areas of P4HB® that Were Hard to Understand								
Area	9th Wave N=274*** Responses n (%)		10th Wave N=324** Responses n (%)		11th Wave N=194** Responses n (%)		12th Wave N=191** Responses n (%)	
	“Pink Card” n = 254	“Purple Card” n = 20	“Pink Card” n =302	“Purple Card” n = 22	“Pink Card” n =181	“Purple Card” n =13	“Pink Card” n =169	“Purple Card” n =22
Who can get P4HB®	18 (7.1%)	1 (5.0%)	35 (11.6%)	1 (4.5%)	27 (14.9%)	1 (7.7%)	33 (19.5%)	4 (18.2%)
Whether I can get P4HB®	17 (6.7%)	0 (0%)	25 (8.3%)	1 (4.5%)	24 (13.3%)	1 (7.7%)	33 (19.5%)	4 (18.2%)
Complete the paper work to sign up for P4HB®	25 (9.8%)	2 (10%)	18 (6.0%)	0 (0%)	12 (6.6%)	1 (7.7%)	22 (13.0%)	3 (13.6%)
Complete the web form to sign up for P4HB®	9 (3.5%)	1 (5.0%)	18 (6.0%)	0 (0%)	19 (10.5%)	1 (7.7%)	24 (14.2%)	2 (9.1%)
Get the required documents to sign up for P4HB®	19 (7.5%)	0 (0%)	21 (7.0%)	0 (0%)	14 (7.7%)	0 (0%)	18 (10.7%)	3 (13.6%)
Pick a Care Management Organization (CMO)	5 (2.0%)	0 (0%)	32 (10.6%)	1 (4.5%)	23 (12.7%)	0 (0%)	29 (17.2%)	3 (13.6%)
Pick a provider	7 (2.8%)	0 (0%)	39 (12.9%)	1 (4.5%)	27 (14.9%)	0 (0%)	31 (18.3%)	3 (13.6%)
Understand what I can get from P4HB®	6 (2.4%)	0 (0%)	58 (19.2%)	2 (9.1%)	32 (17.7%)	1 (7.7%)	38 (22.5%)	5 (22.7%)
Other	101 (39.8%)	5 (25.0%)	9 (3.0%)	15 (68.2%)	6 (3.3%)	6 (46.2%)	4 (2.4%)	11 (50%)

*** Note: While the sample sizes for this component of the survey were 274 for wave nine, 324 for wave 10, 194 for wave eleven and 191 for wave twelve as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included, the results (percentages) are reported per the populations surveyed.

The member survey probes the following areas to assess whether key reproductive health

assessments and counseling occurred during the encounter: whether the member was asked about key reproductive health topics during her last health care appointment and whether the member would like to be asked those questions (**Table 10**); whether the member received key reproductive health information during her last health care appointment and whether the member would like to receive such information (**Table 11**). When examining members' responses to waves nine through twelve of the survey (**Table 10**), there were either small reductions or stability in the percentage of members reporting each of the key assessments that were monitored across the survey waves.

Table 10. Provider Inquiry about Reproductive Health Topics during Encounters								
Reproductive Health Topic	9th Wave N=391	10th Wave N=449	11th Wave N=375	12th Wave N=314	9th Wave N=391	10th Wave N=449	11th Wave N=375	12th Wave N=314
	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	79 (20.2%)	126 (28.1%)	77 (20.5%)	53 (16.9%)	92 (23.5%)	129 (28.7%)	86 (22.9%)	62 (19.7%)
Your thoughts or plans about timing or spacing pregnancies	55 (14.1%)	72 (16.0%)	46 (12.3%)	34 (10.8%)	81 (20.7%)	110 (24.5%)	74 (19.7%)	55 (17.5%)
Your sexual practices	85 (21.7%)	126 (28.1%)	81 (21.6%)	55 (17.5%)	81 (20.7%)	110 (24.5%)	78 (20.8%)	51 (16.2%)
Whether you use birth control to prevent or space pregnancies	95 (24.3%)	170 (37.9%)	96 (25.6%)	71 (22.6%)	105 (26.9%)	155 (34.5%)	96 (25.6%)	68 (21.7%)
Whether you use male or female condoms to prevent STIs	88 (22.5%)	145 (32.3%)	84 (22.4%)	62 (19.7%)	99 (25.3%)	140 (31.2%)	95 (25.3%)	69 (22.0%)
Your life plans or goals	69 (17.6%)	103 (22.9%)	47 (12.5%)	54 (17.2%)	82 (21.0%)	128 (28.5%)	76 (20.3%)	62 (19.7%)

Of the members responding to waves nine through twelve of the survey (**Table 11**), there were

no consistent trends, with small fluctuations, in the percentage of respondents reporting that their provider offered them counseling about the various reproductive health topics. Likewise, the percentages of responding members who reported that they would like to be counseled about each of the key reproductive health topics at the encounter from survey waves nine through twelve fluctuated by a few percentage points.

Table 11. Provider Counseling about Reproductive Health Topics during Encounters								
Reproductive Health Topic	9th Wave N=391	10th Wave N=449	11th Wave N=375	12th Wave N=314	9th Wave N=391	10th Wave N=449	11th Wave N=375	12th Wave N=314
	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	59 (15.1%)	98 (21.8%)	57 (15.2%)	42 (13.4%)	79 (20.2%)	112 (24.9%)	79 (21.1%)	59 (18.8%)
Plans about timing or spacing pregnancies	53 (13.6%)	79 (17.6%)	38 (10.1%)	36 (11.5%)	84 (21.5%)	104 (23.2%)	73 (19.5%)	51 (16.2%)
Your sexual practices	63 (16.1%)	94 (20.9%)	48 (12.8%)	40 (12.7%)	68 (17.4%)	100 (22.3%)	58 (15.5%)	41 (13.1%)
Whether you use birth control to prevent or pregnancies	77 (19.7%)	131 (29.2%)	71 (18.9%)	52 (16.6%)	86 (22.0%)	122 (27.2%)	75 (20%)	54 (17.2%)
Whether you use male or female condoms to STIs	66 (16.9%)	117 (26.1%)	64 (17.1%)	50 (15.9%)	77 (19.7%)	117 (26.1%)	72 (19.2%)	53 (16.9%)
Your life plans or goals	54 (13.8%)	82 (18.3%)	36 (9.6%)	43 (13.7%)	73 (18.7%)	106 (23.6%)	62 (16.5%)	53 (16.9%)

A new question that was asked on survey waves nine through twelve was whether the member was willing to recommend the P4HB program to family and friends. Of the respondents from these last 4 waves, 35% (135 of 391 in wave nine), 47% (209 of 449 in wave ten), 37% (140 of 375 in wave eleven), and 36% (114 of 314 in wave twelve) respectively, responded that they would recommend the P4HB program to family and friends.

CMO Provider Survey Results

For each of waves nine through twelve of the CMO provider survey administration, a total of 1500 providers met the selection criteria for the survey. Of those eligible, the participation rate among providers has averaged less than 2.0% during waves nine through twelve. It is not clear whether this low response was a self-selection of those providers who still had questions about the P4HB program or whether other factors are leading to these very low response rates.

In the following tables (**Tables 12-15**), we report on results of the provider survey. As found for the members, providers demonstrated some lack of clarity surrounding the P4HB program. In particular, it appeared that providers did not have adequate knowledge of the availability of the P4HB program and services covered under their CMO contract for P4HB.

During waves nine through twelve of the survey, providers were asked whether they needed more information about eligibility and covered services for each component of the P4HB program. For the FP only component, it is notable that when comparing provider responses across waves eight through ten of the survey, there was a decline in the percentage of providers reporting that they needed more information about each of the covered services but a notable increase in percentage when comparing responses to the most recent wave (wave eleven) to all other previous waves. During survey waves nine and ten, fewer than 20% of surveyed providers indicated a need for more information about any of the topics, whereas in waves eleven and twelve 20% to 42% indicated a need for more information about the various topics (except for multivitamins and vaccinations, for which only 16% indicated a need for more information). For the IPC component, there was an increase in the percentage of responding providers indicating a need for information about all surveyed items for survey wave eleven compared to waves nine, ten, and twelve. Notably, for wave twelve, 20% or more

responding providers indicated a need for more information about each surveyed item.

Table 12. Providers' Information Level about Services Covered Under their P4HB® Contract				
Information Needed about Services Covered Under P4HB®	9th Wave N=36 Responses n (%)	10th Wave N=31 Responses n (%)	11th Wave N=24 Responses n (%)	12th Wave N=25 Responses n (%)
Family Planning Component (Pink Card Services)				
Family planning initial and follow-up exams, including Pap smear.	7 (19.4%)	2 (6.5%)	10 (41.7%)	6 (24.0%)
Contraceptive services and methods	5 (13.9%)	4 (12.9%)	9 (37.5%)	6 (24.0%)
Tubal ligation	5 (13.9%)	3 (9.7%)	8 (33.3%)	6 (24.0%)
Pregnancy Testing	5 (13.9%)	4 (12.9%)	7 (29.2%)	5 (20%)
Screening for sexually transmitted infections	6 (16.7%)	6 (19.4%)	8 (33.3%)	7 (28.0%)
Follow-up of an abnormal Pap smear, including colposcopy	7 (19.4%)	6 (19.4%)	10 (41.7%)	6 (24.0%)
Treatment for sexually transmitted infections	5 (13.9%)	6 (19.4%)	6 (25.0%)	5 (20%)
Treatment for major complications related to family planning services	7 (19.4%)	6 (19.4%)	9 (37.5%)	9 (36.0%)
Multivitamins with folic acid	5 (13.9%)	5 (16.1%)	6 (25.0%)	4 (16.0%)
Hepatitis B and Tetanus-Diphtheria vaccines	6 (16.7%)	6 (19.4%)	8 (33.3%)	4 (16.0%)
Interpregnancy Care Component (Purple Card Services)				
Primary care services (up to 5 outpatient visits per year)	7 (19.4%)	7 (22.6%)	10 (41.7%)	6 (24.0%)
Management and follow-up of chronic diseases	10 (27.8%)	8 (25.8%)	11 (45.8%)	6 (24.0%)
Prescription medications for chronic diseases	9 (25.0%)	8 (25.8%)	10 (41.7%)	6 (24.0%)
Detoxification and outpatient rehabilitation for substance abuse	7 (19.4%)	9 (29.0%)	12 (50%)	8 (32.0%)
Limited dental services	6 (16.7%)	7 (22.6%)	10 (41.7%)	7 (28.0%)
Nurse case management and Resource Mother outreach for health and social service coordination and support of health behaviors	9 (25.0%)	9 (29.0%)	12 (50%)	5 (20%)
Non-emergency transportation	9 (25.0%)	7 (22.6%)	7 (29.2%)	5 (20%)

The survey also asked providers what they perceived as barriers to participation in the P4HB program. There was some fluctuation in the percentage of providers reporting particular barriers across waves nine through twelve. For wave twelve, it is notable however, that one-third of responding providers indicated that barriers include that the waiver does not cover the full range of family planning services, the waiver does not cover referrals or follow-up care, and the waiver does not cover complications of family planning services (**Table 13**).

Table 13. Providers' Perception of Barriers for P4HB® Participation

Factor	9th Wave N=36 Perceived as Barrier n (%)	10th Wave, N=31 Perceived as Barrier n (%)	11th Wave, N=24 Perceived as Barrier n (%)	12th Wave, N=25 Perceived as Barrier n (%)
Waiver does not cover the full range of family planning	7 (19.4%)	11 (35.5%)	12 (50%)	8 (32.0%)
Waiver does not cover referrals or follow-up care	9 (25.0%)	14 (45.2%)	12 (50%)	9 (36.0%)
Waiver does not cover complications of family planning service	9 (25.0%)	12 (38.7%)	12 (50%)	9 (36.0%)
Your practice is full	4 (11.1%)	2 (6.5%)	3 (12.5%)	3 (12.0%)

Questions on the provider survey probe whether providers assess key reproductive health topics during health care appointments with women of reproductive age (Table 14) and whether they provide information or counseling about key reproductive health topics during visits for women of reproductive age (Table 15). During the last four waves of the survey (waves nine through twelve), there was not been a consistent trend in the percentage of providers reporting performance of key reproductive health assessments during health care encounters with women of reproductive age. However, a higher percentage of respondents during waves ten and eleven indicate performance of those key reproductive health assessments compared to waves nine and twelve, in general (Table 14).

Table 14. Assessment of Reproductive Health Topics

Reproductive Health Topic	9th Wave N=36 n (%) Yes	10th Wave N=31 n (%) Yes	11th Wave N=24 n (%) Yes	12th Wave N=25 n (%) Yes
Do you assess the following				
Desire or plans to have or not have children in the future	4 (11.1%)	9 (29.0%)	5 (20.8%)	3 (12.0%)
Desire or plans for timing or spacing pregnancies	3 (8.3%)	7 (22.6%)	6 (25.0%)	2 (8.0%)
Sexual behaviors, including risk and protective behaviors	7 (19.4%)	10 (32.3%)	9 (37.5%)	6 (24.0%)
Method(s) she uses for preventing or spacing pregnancies	8 (22.2%)	9 (29.0%)	8 (33.3%)	6 (24.0%)
Method(s) she uses for preventing STIs	8 (22.2%)	10 (32.3%)	9 (37.5%)	7 (28.0%)
Risks for unintended (unwanted or mistimed) pregnancy	6 (16.7%)	10 (32.2%)	8 (33.3%)	6 (24.0%)
Life plans or goals	4 (11.1%)	9 (29.0%)	1 (4.2%)	2 (8.0%)

Similarly, when comparing provider responses regarding the performance of key reproductive health education and counseling during health care encounters with women of reproductive age across the last four waves of the survey, there were not consistent trends (**Table 15**). It is notable, however, that during survey wave twelve, 20% of responding providers indicated that they educate or counsel women of reproductive age about methods for preventing sexually transmitted infections and fewer than 20% of responding providers indicating that they educate or counsel about the other reproductive health topics (with a low of 8% for risks for unintended pregnancy to 16% for methods for preventing or spacing pregnancy).

Table 15. Education and Counseling of Reproductive Women				
Reproductive Health Topic	9th Wave N=36 n (%) Yes	10th Wave N=31 n (%) Yes	11th Wave N=24 n (%) Yes	12th Wave N=25 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	5 (13.9%)	7 (22.6%)	2 (8.3%)	3 (12.0%)
Having a plan for timing or spacing pregnancies	4 (11.1%)	5 (16.1%)	3 (12.5%)	3 (12.0%)
Sexual behaviors, including risk and protective behaviors	6 (16.7%)	9 (29.0%)	4 (16.7%)	4 (16.0%)
Method(s) for preventing or spacing pregnancies	6 (16.7%)	6 (19.4%)	5 (20.8%)	4 (16.0%)
Method(s) for preventing STIs	6 (16.7%)	9 (29.0%)	4 (16.7%)	5 (20%)
Dual-protection (using condom plus another method)	3 (8.3%)	5 (16.1%)	2 (8.3%)	3 (12.0%)
Risks for unintended (unwanted or mistimed) pregnancy	4 (11.1%)	6 (19.4%)	4 (16.7%)	2 (8.0%)
Life plans or goals	3 (8.3%)	7 (22.6%)	1 (4.2%)	3 (12.0%)

In the most recent wave of the survey (wave twelve), providers were asked if they would recommend or refer patients to P4HB with 12 of 25 (48.0%) providers indicating that they would recommend or refer patients to P4HB. As previously stated, the survey results raise the question of whether the providers responding were primarily those with limited knowledge of the program who desired more information or even those who were more likely to include the key reproductive health assessments, counseling and education in their practice. Collaborative

effort to provide awareness and education about the program remains the goal of the outreach activities to both the member and provider communities.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q1 2018:

- 1) The Emory team was working with colleagues at the Georgia Health Policy Center (GHPC) to obtain and analyze the 2014 PRAMS data as an update to the PRAMS analysis in prior reports. This work has been put on hold as work on the renewal application took precedent. The Emory team will use the older PRAMS data with updated analysis of the claims and vital records for inclusion in an academic paper.
- 2) The Emory team has updated and finalized code that will allow the team to examine the receipt of post-partum visits, PAP screens and family planning visits as well as contraceptive use post-partum [at delivery hospitalization; after hospitalization through 90 days' post-partum; after hospitalization through 6 months' post-partum] if this is a priority for DCH as the waiver is renewed. The Emory team will need to adapt the code used in another analysis to the GA data.
- 3) The Emory team is working with the GHPC as they inform the new director of the P4HB program about the effects of the P4HB program to date. A one-page summary from the quasi-experimental evaluation and budget savings was submitted and reviewed. Based on responses from DCH, Emory has assembled data on the 'early engagement' of P4HB enrollees [use of covered services within 90 days of enrollment] and in turn, differences in outcomes [pregnancy < 12, < 18 months] by categories of 'engagement.' Use of birth

control specifically within 90 days was a key category of interest. Additional analysis was completed based on the CMO in which the P4HB was initially enrolled. Together, these analyses will be used to inform DCH on the performance of CMOs in terms of engaging P4HB enrollees and in turn, achieving desired outcomes. A summary of this work will be submitted to DCH by the end of August.

- 4) As the Emory team works with DCH and CMS to implement a new evaluation design they hope to move the emphasis of the analysis to the IPC and RM women and in general, focus on maternal and infant outcomes. For example, the Emory team has proposed to use ICD-9 and ICD-10 codes to assess the receipt of glucose tolerance tests and post-partum check-ups that should include blood pressure monitoring, etc. for IPC and RM only women.
- 5) The Emory assisted DCH with its application for an extension of the P4HB Section 1115 Demonstration including estimating expected fertility rates and number of uninsured citizen women < 200% FPL eligible for the demonstration over the coming several years. Emory worked to estimate total averted births by year and averted births by LBW and VLBW on a quarterly basis. DCH developed and submitted the revised budget neutrality sheet which has been approved by CMS.

ACTION PLANS

- 1) DCH is receiving technical assistance from CMS to aid in the completion of the extension application, new budget neutrality calculations, and the public notice process during the quarter. Submission of the extension request is slated to occur as soon as

possible once the budget neutrality calculation is finalized. The current temporary extension end date is March 31, 2019.

- 2) The CMOs will continue their ongoing outreach about the P4HB program and will shift to focus their efforts on the improving utilization rates
- 3) The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
- 4) The DCH Communications Team will collaborate with the P4HB program staff to develop a new communications plan after approval of extension application.
- 5) DCH is working as a team to make corrections to the Georgia Gateway system, DCH is currently removing hundreds of non-eligible IPC/RM women who didn't have the correct verification in the system for having a VLBW baby.

EXPENDITURES

For Q2 2018 and as shown in all past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. As in prior reports, we continue to use the CMS approved capitation rates for the P4HB program in making these calculations. We continue to exclude from the total programmatic costs, the costs for the 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 under the current special terms and conditions. DCH is planning for these costs to be included and to perhaps make other changes, to the budget neutrality calculation as the renewal of the P4HB extension is discussed with CMS in the process of its approval for renewal.

Budget Neutrality

The budget neutrality calculation for Q2 2018 is provided on the following page.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2018						
		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	79,754	104,068			183,822
	IPC Enrollee Member Months	2,845	3,137			5,982
	PMPM for FP Members FP related Services	\$26.62	\$26.62	\$26.62	\$26.58	\$26.61
	PMPM for IPC Members FP related Services	\$22.69	\$22.69	\$22.69	\$22.69	\$22.69
	Total	\$ 2,187,542	\$ 2,841,388	\$ -	\$ -	\$ 5,027,130
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		\$ 2,187,542	\$ 2,841,388	\$ -	\$ -	\$ 190,986,607
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	2,845	3,137	-	-	5,982
	PMPM	\$ 117.00	\$ 117.00	\$ 117.00	\$ 115.50	\$ 116.63
	Total	\$ 332,879	\$ 367,044	\$ -	\$ -	\$ 699,923
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		\$ -	\$ -	\$ -	\$ -	\$ 699,923
DIFFERENCE						\$ 190,286,684