

Quarterly Report

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

1115 Demonstration in Georgia

Year 9

Quarter 2

April 1-June 30, 2019

Submitted to the Centers for Medicare and Medicaid Services

by:

The Georgia Department of Community Health

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OVERVIEW

This second quarter (Q2) P4HB report of 2019 provides information on enrollment of women into P4HB and summarizes trends seen in the P4HB program by the topics noted below:

- Call Volume
- Program Eligibility and CMO Enrollment
- CMO Quarterly Reports
- DCH P4HB Outreach Activities
- Evaluation Activities
- Action Plans
- Expenditures and Budget Neutrality

CALL VOLUME

There are two call systems that women can access to learn more information about P4HB. These include the Medicaid main Interactive Voice Response (IVR) Call Center and PeachCare for Kids/P4HB call line. There were a total of 671 calls made to the Medicaid main IVR call center in Q2 2019. These included 213 calls in April, 253 calls in May, and 205 calls in June. Overall, this represents an increase in calls to this line of 17.5% from Q1 2019 (571) to Q2 2019 (671). Calls are usually received from women who want more information about P4HB or from current enrollees who have questions about the program. This number is not representative of the total number of women inquiring about P4HB, however, as we also have a line for PeachCare for Kids/P4HB. Since the implementation of the Gateway system in February of 2017, we have switched telephone numbers for those interested in making contact about P4HB. Women enrolling in P4HB also have the online Gateway system option and hence, may not need to contact the P4HB call center for assistance.

PROGRAM ELIGIBILITY

Table 1 below, generated from data in the Georgia Gateway system, displays the number of women applying and deemed eligible for the P4HB program by the end of June 2019 along with the total number of women in transition during the month. The table shows additions to P4HB throughout the month, denials, and terminations.

Table 1: Program Enrollment as of June 30, 2019

PROGRAM /COA	ACTIVE BOM	CLIENT ADDITIONS				CLIENT DISPOSITIONS		
		TOTAL	APPROVE	REINSTATED		TOTAL	DENIED	TERMINATED
ARM - Resource Mother Services - Family Medicaid	829	104	95	9		269	13	256
ARM - Family Planning Services	58,868	13,479	11,866	1,613		10,872	4,823	6,049
ARM - Resource Mother Services - ABD Medicaid	6	1	1	0		2	1	1
ARM - Inter-Pregnancy Care	807	98	94	4		184	27	157
Total	60,510							

“BOM” = “beginning of the month”
“ARM” = Activity Report Month

By the end of Q2 2019, at the beginning of the month, there was a total of 60,510 women who were deemed eligible (see Table 1) across the several components of P4HB. There were 58,868 women deemed eligible for family planning only services; 807 deemed eligible for inter-pregnancy care services; and 835 women deemed eligible for resource mother (RM) only services. This shows a 5.1% increase in women eligible from Q1 2019 (57,552).

CMO QUARTERLY ENROLLMENT

The CMO contract continues to use passive enrollment for all Georgia Family (GF) health plans for new enrollees in Medicaid or PeachCare for Kids[®], including P4HB enrollees. Passive enrollment means newly eligible women will be enrolled in 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 period (90 days) to change this choice if they do not want the CMO health plan that is chosen for them. Passive enrollment will allow all GF enrollees, including P4HB enrollees, to get into a CMO faster.

As of June 1, 2019, there were 48,033 women of the 60,510 deemed eligible who were enrolled in one of the four Georgia Family CMOs and able to receive P4HB services. The main reason why a woman wouldn't automatically be placed into a CMO through passive enrollment is if there is evidence that she has other insurance or Medicare; once she is cleared of any other insurance, the system will start the passive enrollment process. If the woman is eligible but shows third-party liability (TPL) in the GAMMIS system, Gateway will not close the woman out in their system while GAMMIS does not allow her to enroll in a CMO. DCH is working on a request to fix this issue in the gateway system. The total number of women enrolled in a CMO included 46,816 FP enrollees, 528 IPC enrollees, and 689 RM enrollees. These total counts represent changes in enrollment as new women apply, are deemed eligible and in turn, are enrolled in a CMO for services. Others may be terminated or denied eligibility within each of the program's three components. When enrollments at the end of Q2 2019 were compared to enrollments at the end of Q1 2019 these patterns emerge:

- An *increase of 4.6%* in the number of women enrolled in a CMO to receive family planning only services (46,816 women at the end of Q2 2019 versus 44,766 women at the end of Q1 2019);
- A *decrease of 27.1%* in the number of women enrolled in a CMO to receive interpregnancy care (IPC) services (528 women at the end of Q2 2019 versus 724 women at the end of Q1 2019); and
- A *decrease of 22.9%* 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 2019, there were 1,217 women enrolled versus 1,578 women enrolled at the end of Q1 2019.

CMO Average Quarterly Enrollment

The data on enrollment, shown in **Figure 1**, reflects average quarterly FP only enrollment. An increase of 3.1% in average quarterly FP only enrollment occurred from Q1 2019 to Q2 2019 (44,101 to 45,470). As shown in **Figure 2**, the average quarterly enrollment in the IPC component decreased by 19.3% (from 766 in Q1 2019 to 618 in Q2 2019). Note that these data reflect *averages* for the quarter and not final enrollment numbers for the *end of the quarter*; the trends are consistent however, with the trends in final quarterly enrollment noted above.

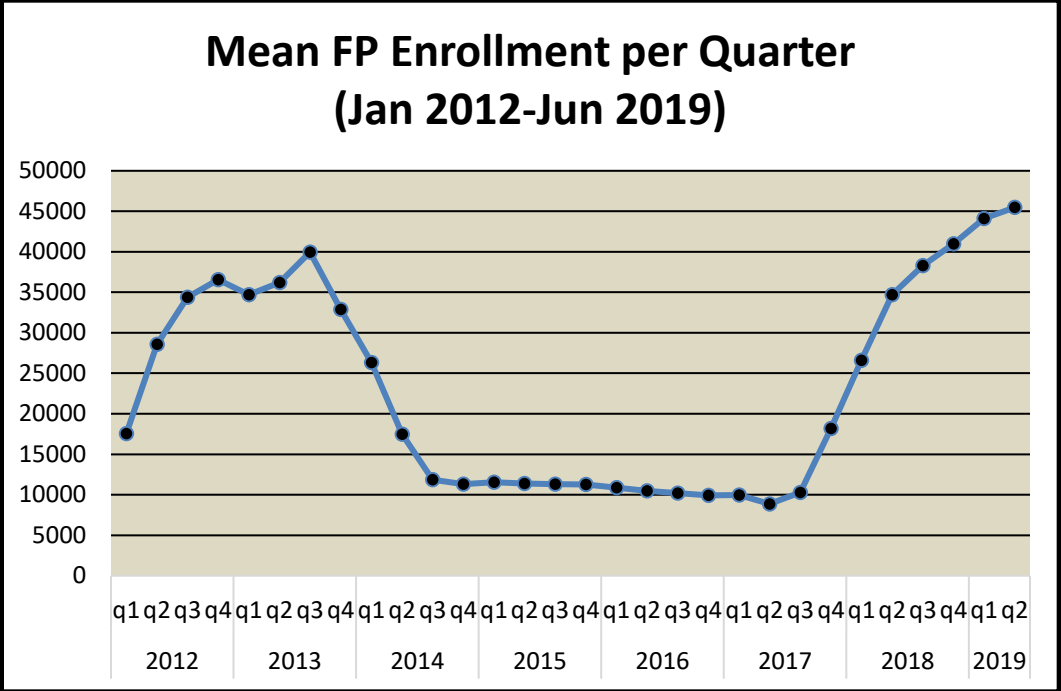


Figure 1: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Jun 2019) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

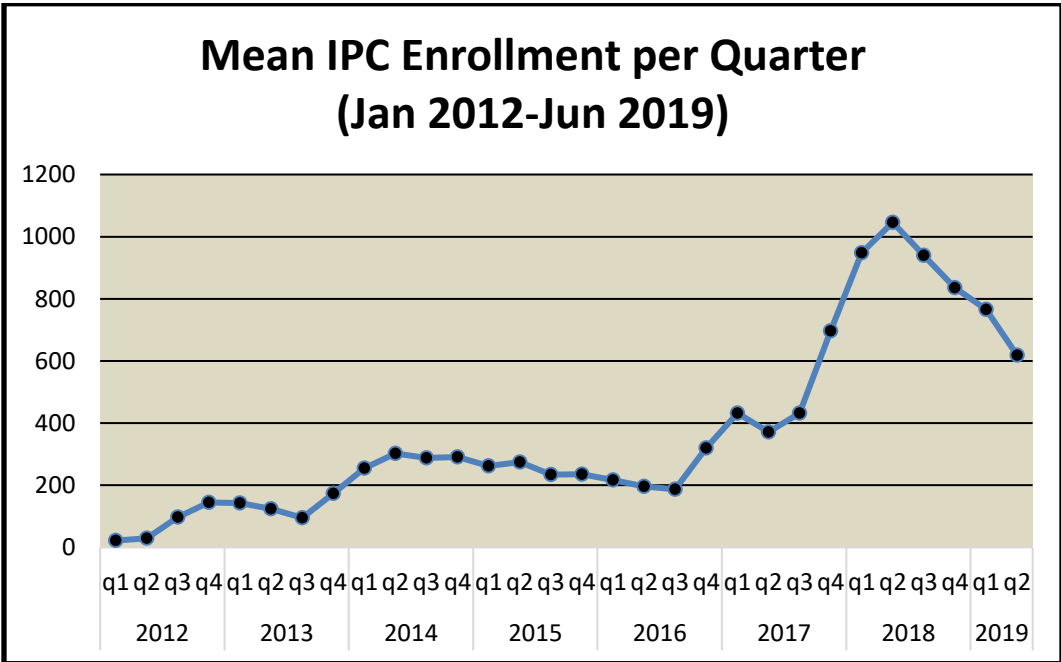


Figure 2: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Jun 2019) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

CMO QUARTERLY REPORTS

Some of the information included in the following tables was abstracted from the CMOs' Q2 2019 P4HB quarterly reports sent to DCH at the end of June 2019. 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 2019. DCH is aware of the discrepancies in the counts of P4HB women enrolled in the CMOs versus their own encounter data. One reason for these discrepancies is that 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** also provides information from each CMO regarding outreach activities to potential and new FP and IPC enrollees.

Table 2: CMO Enrollment and Utilization of Services, Q2 2019 (April-June 2019)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Amerigroup	<p><u>DCH Reported Enrollment</u> FP: 12,686 IPC: 112 RM: 117 Total Enrollment: 12,915 % of all P4HB enrollment: 26.9% % of all P4HB enrollment in previous quarter: 26.9%</p> <p><u>CMO Reported Enrollment</u> FP: 14,937 IPC: 198 RM: 161 Total Enrollment: 15,182 % of all P4HB enrollment: 27.9%</p>	<p><u>Use of Known Contraception</u> FP: 927 IPC: 13 RM: 22 Total: 962</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (51.5%); injectable (35.6%) IPC: oral contraception (38.5%); Injectable (30.8%) RM: injectable (50.0%); oral contraception (45.5%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 3,211 IPC: 62 RM: 104 Total: 3,377</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 4,138 IPC: 75 RM: 126 Total: 4,339</p> <p><u>IPC Service Utilization</u> Dental care: 17 Primary care: 89</p>
CareSource	<p><u>DCH Reported Enrollment</u> FP: 9,115 IPC: 112 RM: 145 Total Enrollment: 9,372 % of all P4HB enrollment: 19.5% % of all P4HB enrollment in previous quarter: 19.2%</p> <p><u>CMO Reported Enrollment</u> FP: 10,867 IPC: 156 RM: 218 Total Enrollment: 11,241 % of all P4HB enrollment: 20.7%</p>	<p><u>Use of Known Contraception</u> FP: 1,043 IPC: 20 RM: 3 Total: 1,066</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (65.4%); injectables (16.4%); implants (8.3%) IPC: Oral contraception (60.0%); injectables (20.0%) RM: Oral contraception (66.7%); implants (33.3%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 1,761 IPC: 46 RM: 12 Total: 1,819</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,804 IPC: 66 RM: 15 Total: 2,885</p> <p><u>IPC Service Utilization</u> Primary Care: 15 Dental: 5 Substance Abuse: 0 Resource Mother: 9</p>

Table 2: CMO Enrollment and Utilization of Services, Q22019 (April-June 2019)			
CMO	Enrollment	Contraception Utilization Among Family Planning Users	Family Planning and IPC Service Utilization
Peach State	<p><u>DCH Reported Enrollment</u> FP: 12,838 IPC: 132 RM: 146 Total Enrollment: 13,116 % of all P4HB enrollment: 27.3% % of all P4HB enrollment in previous quarter: 27.3%</p> <p><u>CMO Reported Enrollment</u> FP: 14,355 IPC: 172 RM: 281 Total Enrollment: 14,786 % of all P4HB enrollment: 27.2%</p>	<p><u>Use of Known Contraception</u> FP: 2,014 IPC: 66 RM: 50 Total: 2,130</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Injectables (39.1%); oral contraception (31.9%); implants (14.6%). IPC: Implants (24.2%) oral contraceptives (21.2%); injectables (21.2%) RM: Injectables (42.0%); oral contraception (28.0%); implants (14.0%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 288 IPC: 4 RM: 3 Total: 295</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,302 IPC: 70 RM: 53 Total: 2,425</p> <p><u>IPC Service Utilization</u> Primary Care: 24 Dental care: 8 Substance Abuse: 0 Resource Mother: 62</p>
WellCare	<p><u>DCH Reported Enrollment</u> FP: 12,177 IPC: 172 RM: 281 Total Enrollment: 12,630 % of all P4HB enrollment: 26.3% % of all P4HB enrollment in previous quarter: 27.6%</p> <p><u>CMO Reported Enrollment:</u> FP: 12,566 IPC: 170 RM: 455 Total Enrollment: 13,191 % of all P4HB enrollment: 24.2%</p>	<p><u>Use of Known Contraception</u> FP: 1,397 IPC: 18 RM: 40 Total: 1,455</p> <p><u>Most common form of contraception among users of known contraception</u> FP: Oral contraception (55.8%); injectable (31.7%); IUDs (9.4%) IPC: Oral contraception (55.6%), injectables (38.9%) RM: Oral contraception (70.0%); injectables (30.0%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 2,693 IPC: 52 RM: 5 Total: 2,750</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 4,090 IPC: 70 RM: 45 Total: 4,205</p> <p><u>IPC Service Utilization:</u> Dental: 17 Primary Care: 147</p>

The CMOs reported various changes in enrollment, contraception utilization, and family planning and IPC service utilization by P4HB enrollees from Q1 2019 to Q2 2019. Amerigroup reported an overall decrease of 0.45% from Q1 2019 to Q2 2019 (15,251 to 15,182 enrollees) with a decrease in the FP, IPC, and RM groups. CareSource reported an overall enrollment increase of 1.3% from Q1 2019 to Q1 2019 (11,096 to 11,242 enrollees) with an increase in the FP, IPC, and RM groups. Peach State reported an overall increase from Q1 2019 to Q2 2019 of 1.2% in P4HB enrollment (14,607 to 14,786 enrollees), with an increase in the FP group and a decrease in the IPC and RM groups. WellCare experienced an overall P4HB enrollment increase of 2.1% from Q1 2019 to Q2 2019 (12,916 to 13,191 enrollees). Enrollment increased for the FP group, but decreased for the IPC and RM groups.

Utilization patterns also varied across the CMOs. Compared to the CMO reports shown in our Quarter 1, 2019 report to CMS, the use of known contraception increased among enrollees for CareSource, Peach State, and WellCare enrollees only in Q2 2019. For CareSource enrollees, contraception utilization increased 9.6% (from 973 users in Q1 2019 to 1,066 users in Q2 2019). For Peach State enrollees, contraception utilization increased 11.2% (from 1,914 users in Q1 2019 to 2,130 users in Q2 2019). For WellCare enrollees, the use of known contraception increased 5.7% (1,376 users in Q1 2019 to 1,455 users in Q2 2019). For Amerigroup enrollees, contraception utilization decreased 9.4% (from 1,062 users in Q1 2019 to 962 users in Q2 2019).

Oral contraception was still the most preferred form of contraception reported for the women using a known form of contraceptive in three of the four CMOs' FP only components (51.5% for Amerigroup, 65.4% for CareSource, and 55.8% for WellCare). The preferred form of contraception for PeachState FP enrollees with a known form of contraception, however, was injectables (39.1%). The IPC enrollees in three of the four CMOs preferred oral contraception

(38.5% for Amerigroup, 60.0% for CareSource; and 55.6% for WellCare IPC enrollees).

Implants were the preferred form of contraception for Peach State IPC enrollees (24.2%).

Compared to the Q1 2019 CMO reports, the total number of P4HB women who utilized one or more covered family planning services increased in Q2 2019 for only two of the four CMOs. Utilization increased 13.9% for Peach State enrollees and 3.2% for WellCare enrollees. Utilization decreased 6.1% for Amerigroup enrollees and 1.0% for CareSource enrollees.

Service utilization among the CMOs' IPC enrollees varied. Compared to last quarter, utilization of primary care services decreased among Amerigroup enrollees (28.2%) and Peach State enrollees (65.7%). However, utilization of primary care services increased among CareSource enrollees (200%) and stayed the same for WellCare enrollees. Dental care utilization decreased among IPC enrollees of all four CMOs in Q2 2019. Dental care utilization decreased 10.5% for Amerigroup IPC enrollees, 28.6% for CareSource IPC enrollees, 71.4% for Peach State IPC enrollees, and 32.0% for WellCare IPC enrollees.

CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 34 outreach activities • 985 participants • 149 provider relations activities 	<ul style="list-style-type: none"> • 147 contacts by RM workers • 34 Community “Baby Showers” and “Diaper Days” with 985 participants • 7 face-to-face visits • 90 calls to participants
CareSource	<ul style="list-style-type: none"> • Welcome calls to all P4HB enrollees within 30 days of being eligible. • New member mailings 	<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"> • 3,458 calls made to new members • 3,458 new P4HB member packets mailed • 176 members (new and existing) received educational materials 	<ul style="list-style-type: none"> • 60 members who had a VLBW infant received telephone calls • A total of 533 mothers seen in a high-volume delivery hospitals were educated face-to-face
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 3,821 members who recently delivered. 	<ul style="list-style-type: none"> • 71 IPC members were contacted and received direct education about the program. • Resource Mothers attended 30 outreach events and educated a total of 761 potential members and community partners. • Resource Mothers conducted 98 face-to-face visits, 203 phone calls, and 55 care plans with IPC and RM enrollees.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q2 2019:

- 1) The Emory team is pulling together all multivariate and other analytic sections of prior annual reports to draft a comprehensive manuscript for potential publication. Some additional runs (propensity scoring, only RSM women sampled, differences by race/ethnicity) have been tested. The paper will be based on claims/enrollment data through 2017, include the analysis of both the family planning and RM/IPC components of the waiver. Emory team will submit the draft to DCH for review and comment.
- 2) The Emory team has been involved in discussions with DCH about the implementation of the RM component of the waiver. They have drafted a proposal to look at the receipt of RM services and the role that might play in connecting these women to social support services/social determinants of health. The proposed work would evaluate the differences in deployment of RM services across CMOs, the level of engagement of eligible women with the RM component and the association of the use of RM and health care services post-partum with maternal and infant outcomes in subsequent pregnancies.
- 3) The Emory team will work with DCH and CMS to implement a new evaluation design once the state receives approval of the waiver renewal and the STCs are sent. They have reviewed the template sent earlier by CMS. They hope to incorporate more information on the follow-up services provided to IPC and RM enrollees under P4HB including the diagnosis and management of chronic conditions among IPC and RM only women. They will focus on maternal and infant outcomes and shift the key outcome of P4HB to

increases in normal birthweight infants. Finally, they will provide more detail on how well the CMOs ‘perform’ in terms of the metrics included in their contract for the P4HB. Emory had initially followed the waiver renewal process and participated in phone calls with CMS as they occurred but have not been on the more recent set of calls.

- 4) The Emory team will continue to assist DCH with its application for an extension of the P4HB Section 1115 Demonstration as the STCs are put forth by CMS. The team stands ready to work on all aspects of the renewal application.

ACTION PLANS

- 1) DCH is working with CMS to complete the 10-year extension request. The current temporary extension end date is August 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.

EXPENDITURES

For Q2 2019 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 now 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 2019, based on the original template, is provided on the following page.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2019						
		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	132,302	136,409			268,711
	IPC Enrollee Member Months	2,299	1,853			4,152
	PMPM for FP Members FP related Services	\$26.58	\$26.58	\$26.58	\$26.57	\$26.58
	PMPM for IPC Members FP related Services	\$22.69	\$22.69	\$22.69	\$22.69	\$22.69
	Total	\$ 3,568,761	\$ 3,667,806	\$ -	\$ -	\$ 7,235,611
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		\$ 3,568,761	\$ 3,667,806	\$ -	\$ -	\$ 193,195,088
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	2,299	1,853	-	-	4,152
	PMPM	\$ 115.50	\$ 115.50	\$ 115.50	\$ 114.96	\$ 115.37
	Total	\$ 265,538	\$ 214,025	\$ -	\$ -	\$ 479,563
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		\$ -	\$ -	\$ -	\$ -	\$ 479,563
DIFFERENCE						\$ 192,715,525