

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

**Quarter 3**  
**July 1-September 30, 2014**

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

**November 26, 2014**

## OVERVIEW

This report documents programmatic activities and performance during the third quarter (Q3) of 2014 (July through September 2014). This is the fourth year of Georgia's Section 1115 Medicaid Demonstration, the Planning for Healthy Babies Program<sup>®</sup> (P4HB<sup>®</sup>). Topics covered for this Q3 2014 report include: measures of program awareness; eligibility, enrollment and disenrollment trends; utilization of services by program participants; programmatic information from the care management organizations (CMOs) pertaining to their program participants; outreach activities; and evaluation activities. We include the Q3 2014 budget neutrality worksheet and will provide a CY2012 budget neutrality worksheet in our upcoming Year 3 annual report.

Despite an overall increase in applications received in Q3 compared to Q2 2014, the P4HB program experienced a decline in enrollment primarily in the family planning (FP) component of the program during Q3 2014. At the end of Q2 2014, FP enrollment was 13,646 but by the end of Q3 2014, FP enrollment had dropped to 11,617. This represented a 14.9% decrease in FP enrollment from the end of Q2 to the end of Q3 2014, and a 71.8% decrease since the program's peak enrollment of 41,186 during July 2013. The Q3 decreased enrollment is primarily attributed to the failure of the FP participants to complete the eligibility redetermination process as documented in the Renewal Report.

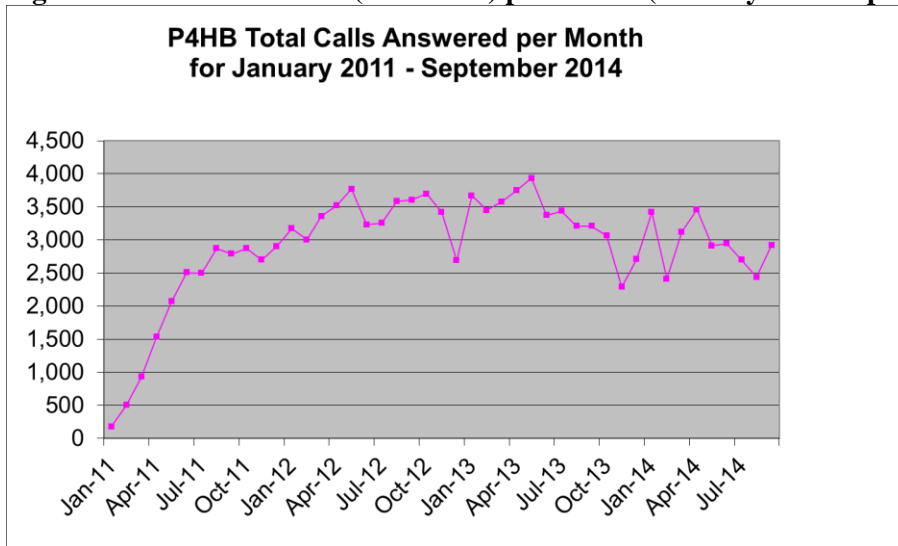
The IPC and RM components, comparatively, experienced a slight reduction in enrollment during Q3 2014. From an enrollment of 296 IPC women at the end of Q2 2014, the enrollment decreased to 290 IPC women by the end of Q3 2014. The total number of women receiving Resource Mother Services (IPC and Resource Mother Only women) decreased from 345 RM women at the end of Q2 2014 to 328 by the end of Q3 2014.

## MEASURES OF PROGRAM AWARENESS

### CALL VOLUME

PSI/MAXIMUS provided DCH with call volume data for the P4HB program and, as shown in **Figure 1** below, the answered call volume at the end of Q3 2014 (2,923 calls) was about the same as the call volume recorded at the end of Q2 2014 (2,943 calls). A sharp decrease in calls was documented in July 2014 (2,699 calls) followed by a further decline in August 2014 (2,439 calls). **Figure 1** demonstrates that interest in the program, as measured by call volume, continued to fluctuate monthly during each quarter over the past year, however, the call volume for the year averaged close to 3,000 calls per month.

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

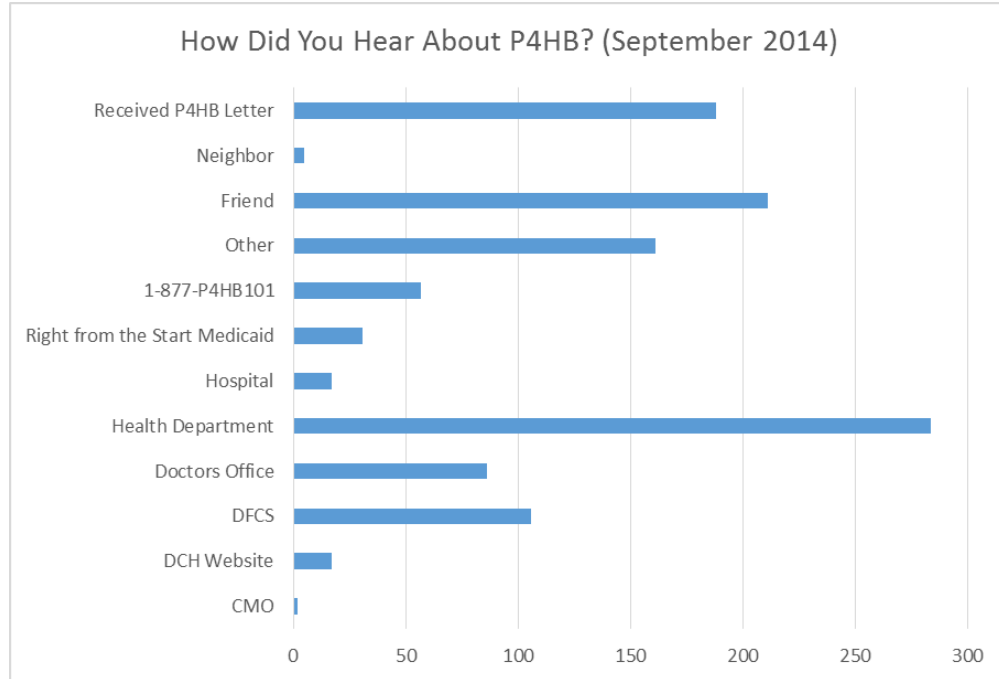


Source: PSI – Contact Center Performance Report Current YTD (January 2011–September 2014)

### HOW DID YOU HEAR REPORT

We have been tracking knowledge about the P4HB program through our application process and **Chart 1** below shows data from September 2014.

**Chart 1**



At the time women submit applications for the P4HB program, they identify the source of their knowledge about the program. The top three sources of information about the P4HB program for women completing an application for the program during the month of September 2014 were: health department staff members, friends, and the letters DCH and the CMOs sent to Medicaid eligible women during their eighth month of pregnancy. The evaluation team and DCH have been working with the local health departments to monitor interest in the P4HB program when women present for services the health departments' clinics. The majority of the local health departments no longer receive Title X family planning funding since Georgia's Title X grant was awarded to the Georgia Family Planning System (GFPS) earlier this year. GFPS does contract with some of the local health departments to deliver family planning services though. As a result of this loss of funding for many of the health departments, some of the local health departments are assisting women with the enrollment process for the P4HB program. All of the local health departments are network providers for the three CMOs through which access to P4HB services is

made available. As of this writing, DCH has also asked the P4HB enrollment broker to include the GFPS's federally qualified health centers in the list of entities through which P4HB applicants hear about the program. We will continue to track call center, P4HB program data, and the "How Did You Hear" data to gauge ongoing interest in the program.

## **ELIGIBILITY**

Program Specific Reports based on Q3 P4HB program data are discussed below.

- **Number of paper and electronic unique individual applications for the program by month.** (Source: PSI – P4HB Report 001, Run Date: 10/8/2014). As of September 2014, the number of unique paper and web applications received since program inception totaled 51,540 and the majority (59.2%) of the applications (30,531) were submitted as web-based applications. This increase equates to an overall 5.8% increase in total applications to date in Q3 2014 (51,540) compared to Q2 2014 (48,706) indicating a continued increase in interest in the program despite the declines in enrollment.

It was also noted that in September 2014, the number of paper applications increased substantially and was almost equal to the number of electronic applications – 627 paper applications and 649 electronic applications. The reason for this increase is not known but may be related to the assistance the local health departments and the GFPS providers are providing to increase the number of women enrolled in the program. DCH held an introductory meeting with the leadership of GFPS shortly after GFPS was awarded the Title X grant. The purpose of the meeting was to solicit assistance with outreach for the P4HB program. During the meeting, the GFPS' leadership expressed a desire to assist women with the application process for the P4HB program. We will continue to monitor

the application statistics and will follow up with the GFPS's leadership to determine whether the increase in paper applications is a result of their efforts.

- **Reasons for application denials.** The three leading reasons cited for denial of applications for the P4HB program in Q3 were non-response within 14 days, failure to verify income, and failure to complete the eligibility redetermination review. These denials occurred only for the FP component of P4HB. We have no explanation for why these application denial reasons continue.
- **Reasons enrollees were terminated from the P4HB program.** In Q3, the reasons enrollees were terminated from the P4HB program shifted from Q2. While “failure to complete the review” was the major reason enrollees were terminated at the beginning of the quarter, more enrollees were terminated by the end of the quarter because they had become eligible for Medicaid or other insurance. At first glance, it might appear that this reason was a result of some early impacts of the Affordable Care Act (ACA). However, DCH recognized that the average income of the P4HB participant was above the income eligibility criteria for the low income Medicaid program but was too low for the P4HB participant to qualify for premium assistance under the federally facilitated marketplace (FFM). At least one of our CMOs has expanded efforts to conduct eligibility redeterminations at locations readily accessible to members. We hope this new initiative will result in fewer women losing eligibility for Medicaid and for the P4HB program due to failure to complete the review process.
- **Average age of the women determined eligible for the P4HB program.** The average age of women deemed eligible for FP services as of the end of Q3 was 26.45 years (comparable to the 26.14 years at the end of Q2 2014). The average age by month for family planning eligible women, if charted from program inception through the end of Q3

2014, would look like a “U” shaped curve. At program initiation, the average age of women deemed eligible for family planning services was 29.18 years. By May 2012, the average age for family planning eligible women had dropped to 22.32 years and since that time, the average age has trended back up to its current level of 26.45 years. The average age for women deemed eligible for the IPC component was 24.64 years in April 2011, rose to 30.72 years in October 2011, then hovered between 28 and 29 years since that time. As of September 2014, the average age of women deemed eligible for the IPC component was 28.23 years.

One of the initial objectives of the P4HB program was to decrease late teen pregnancies by reducing the number of repeat teen births among Medicaid eligible women.

**Table 1** below provides detailed data on the age distribution of women deemed eligible in September 2014 and illustrates that the majority (89.2%) of the women deemed eligible for the FP and IPC components of the P4HB program in that month were under the age of 36. Thirty-six percent, or 4,395 women eligible for the FP and IPC components of the program, were in the youngest age group, 18-22. Only 40 of these women were eighteen years of age. As of January 2014, eligibility for Georgia’s Medicaid program was extended through age eighteen. Medicaid eligible 18 year olds receive full benefits compared with the limited benefits of the P4HB program. This is likely the reason for the low P4HB enrollment counts for 18 year olds. Despite this low enrollment for 18 year olds, the 18 – 22 year old age group comprises the largest age group of women enrolled in the P4HB program.

<b>Table 1: Individuals Deemed Eligible for Family Planning and IPC By Age September 2014</b>		
<b>Deemed Eligible</b>	<b>Family Planning</b>	<b>IPC</b>
<b>18-22</b>	<b>4,317</b>	<b>78</b>
18	39	1
19	387	16
20	1,529	12
21	1,297	25
22	1,065	24
<b>23-29</b>	<b>4,312</b>	<b>164</b>
<b>30-35</b>	<b>2,022</b>	<b>90</b>
<b>36-40</b>	<b>887</b>	<b>36</b>
<b>41-44</b>	<b>400</b>	<b>10</b>
<b>45+</b>	<b>1</b>	<b>0</b>
<b>Total</b>	<b>11,939</b>	<b>378</b>

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

- By the end of Q3, the *Average Income Report* documented an average monthly household income for women enrolled in the FP only component of P4HB was \$1,235.64, a slight increase from the Q2 2014 average monthly income of \$1231.36. For the IPC component, the average monthly income was \$1,330.79, a slight decline from the Q2 2014 average monthly income of \$1,344.31.
- *Average time from application to referral*. The number of days observed between the time of application and referral is discussed later in the Enrollment section of this report.
- *Top 5 Counties for Enrollment*: As of the end of Q3 2014 and as shown in **Table 2** below, 40.6% (4,717 of the 11,617 women deemed eligible for the FP only component of the P4HB program) resided in the metro Atlanta counties of Fulton, DeKalb, Gwinnett, Cobb and Clayton. Since program inception, these counties have had the highest numbers and proportion of women deemed eligible for the P4HB program.

**Table 2: Individuals Deemed Eligible for Family Planning only – Top 5 Counties**



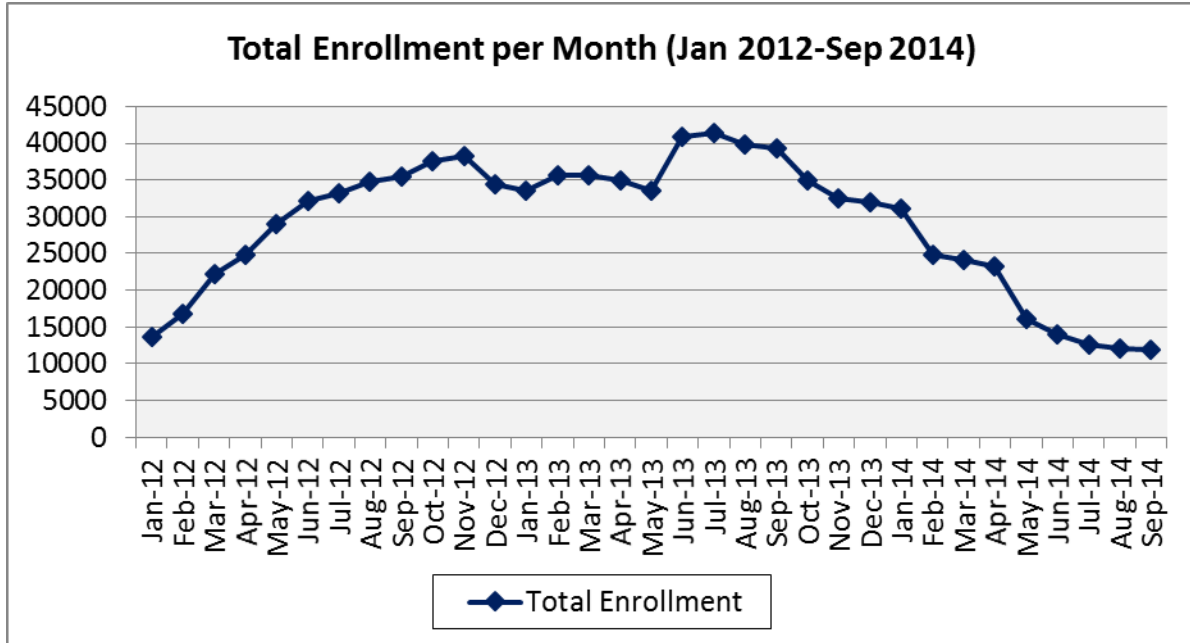
<b>County</b>	<b>Individuals Deemed Eligible</b>
<b>Fulton</b>	1,801
<b>DeKalb</b>	1,054
<b>Clayton</b>	724
<b>Gwinnett</b>	635
<b>Cobb</b>	503
<b>Total</b>	4,717

Source – PSI P4HB Report 011 for September 2014

### **ENROLLMENT**

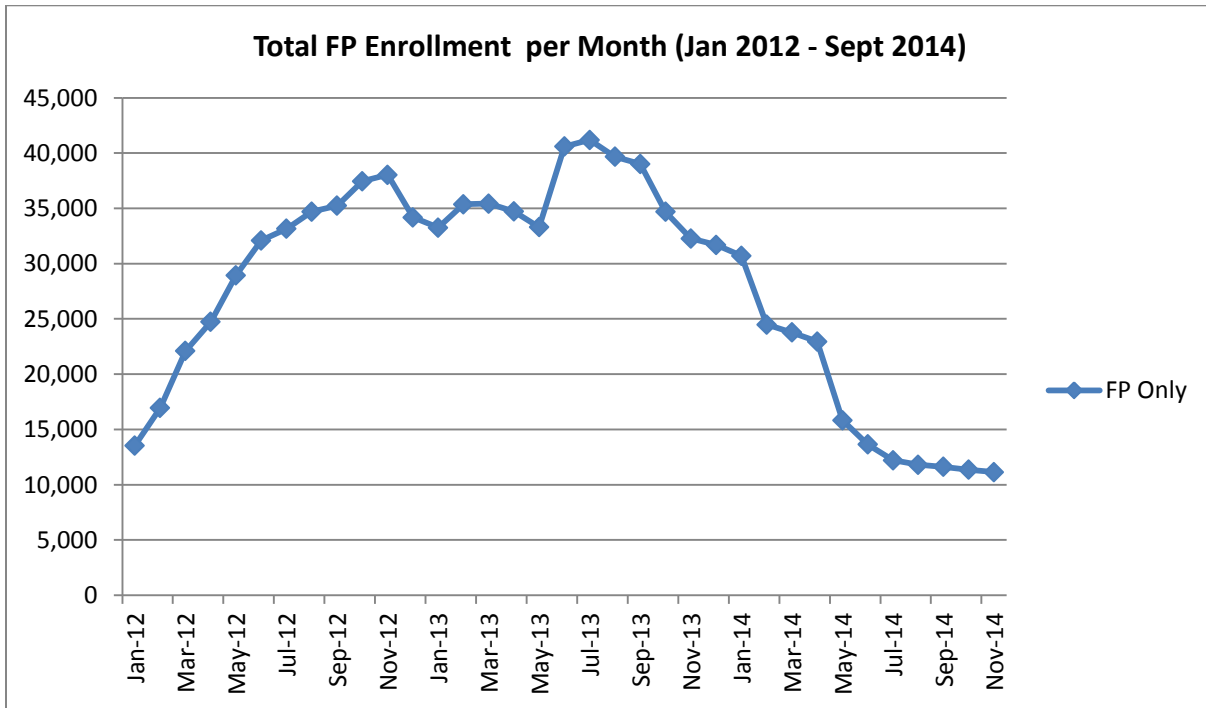
As of September 30, 2014, a total of 11,945 women were actually enrolled in one of the Georgia Families CMOs and eligible to receive P4HB services (see **Figure 2**). This number includes 11,617 women enrolled in the FP component, 290 women enrolled in the IPC component, and 38 enrolled in Resource Mother only services. Enrollment in the FP component declined 14.9% from Q2 to Q3 2014 (13, 646 to 11,617). Enrollment in the IPC component decreased only slightly during Q3 by 2.0% (from 296 to 290). At the request of CMS, we have also included – in separate charts – enrollment trends in the FP component (see **Figure 3**) and in the IPC component (see **Figure 4**) in this report. Although not included in these reports to CMS, our CMOs include the Resource Mother only participants in their total count of women receiving Resource Mother/Nurse Case management services. Since November 2013, that number has been consistently over 300 women and all are women who previously delivered a very low birth weight infant.

Figure 2



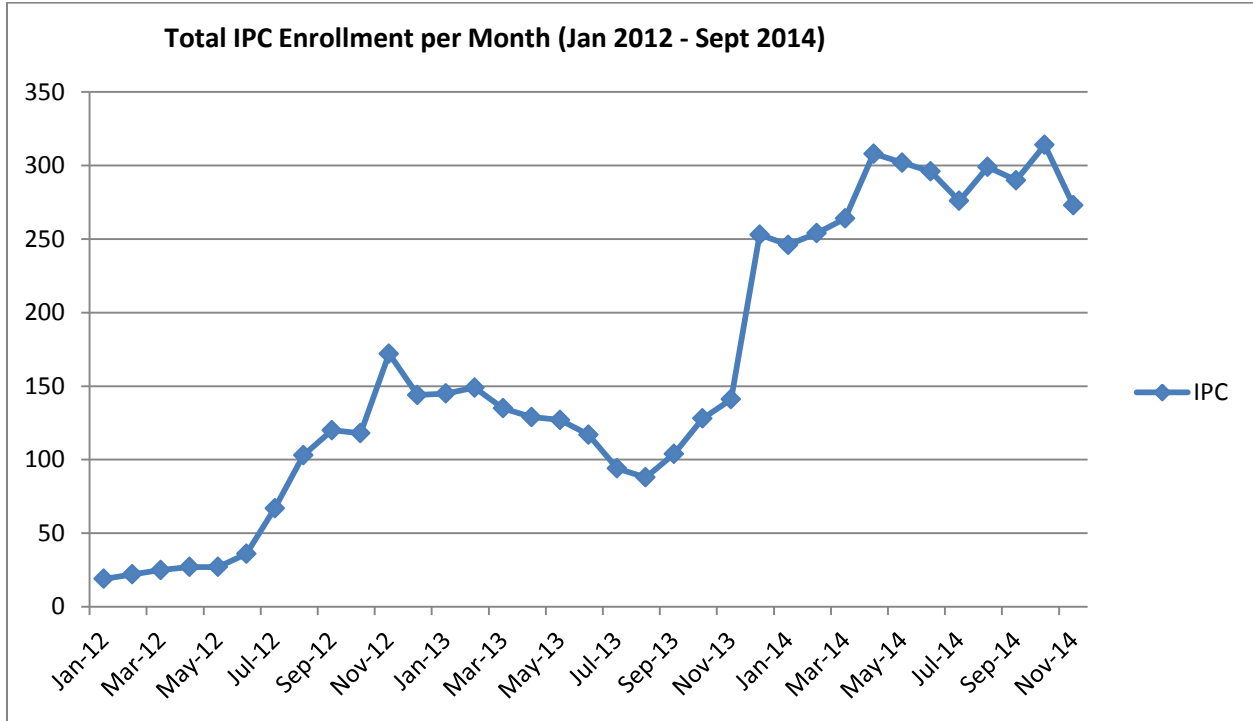
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

Figure 3



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

**Figure 4**



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

We have continued to monitor sources of the delays encountered by women interested in the P4HB program. One of the measures monitored is the time from receipt of an application to referral to an RSM worker. During Q3 2014, the time from receipt of an application for P4HB to RSM referral was the same (11.4 days) as during the second quarter of 2014 (11.4 days). The average number of days from the RSM request for more information to a PSI Maximus (the P4HB enrollment broker) response was 18.6% higher (5.1 days) than at the end of the second quarter of 2014 (4.3 days). By the end of Q3 2014, the average time from renewal to referral to the RSM worker had increased by three days, from 26 days in June 2014 to 29 days at the end of September 2014.

## **RENEWALS**

For the annual eligibility redeterminations for the P4HB program, letters are sent to enrolled participants two months prior to their renewal date. Participants must resubmit their income documentation and comply with any additional requests for information in order to remain enrolled in the P4HB program beyond their renewal date. During Q3 2014, a total of 3,152 renewal letters were sent to eligible P4HB participants (93 of whom were enrolled in the IPC component, 16 were enrolled in the LIM component and the remainder (3,043) in the FP component of the program).

Unfortunately, only 548, or 17.4%, of the 3,152 eligible P4HB eligible women completed their renewal applications (Source: P4HB<sup>®</sup> Renewal Reports RP003 for July, August and September 2014). The main reason for the failure to renew was that women did not complete their renewal application or were found to have another type of insurance, including Medicaid. Interventions by the CMOs to dissuade disenrollment from the program have not been effective on a large scale to date.

## **CMO REPORTS and UTILIZATION OF SERVICES**

The following utilization information was made available through the Q3 2014 P4HB reports submitted to DCH by the Georgia Families CMOs. Additional sources of data in this section of the report include the monthly MMIS Report MGD-3823-M, the MCHB Enrollment after EOM Processing Report, and the Family Planning/Resource Mother Quarterly CMO Reports. **Table 3** summarizes the main findings for each CMO regarding service utilization during Q3 2014.

**Table 3: Care Management Organization Utilization of Services**

CMO	Enrollment	Contraceptive Utilization	Service Delivery	Outreach Activities
<b>Amerigroup</b>	<p>DCH’s enrollment data revealed that 28.5% of all P4HB participants were enrolled with Amerigroup at the end of Q3 2014. This is a significant reduction from the 43.4% at the end of Q2 2013.</p> <p>3,333 women were enrolled in the FP component, 59 women were enrolled in the IPC component, and 14 women were receiving Resource Mother/case management only services.</p>	<p>Amerigroup reported that over the course of Q3, a total of 4,077 unique women were enrolled in the P4HB program, 3,972 of these were enrolled in the FP component, 89 in the IPC component, and 16 in the RM component of P4HB. Of these, 13% (516 women) utilized a known form of contraception with oral contraceptives being the most utilized.</p> <p>Approximately 778 P4HB women (or 19.6%) had an unknown form of contraception. During Q3 2014, 53% of the active IPC/RM participants had a known form of contraception.</p>	<p>Amerigroup reported in Q3 that 1,209 (30%) of the 4,077 participants utilized one or more covered family planning and women’s reproductive health services. The percentage of participants utilizing family planning services decreased by 21% from Q2 of 2014.</p>	<p>Amerigroup’s Q3 2014 report stated they had conducted 449 member outreach education activities throughout the state to 1,250 participants about the P4HB program. There were 24 outreach activities to expectant and new mothers, which yielded 825 attendees. There were 425 outreach activities conducted with provider offices to provide education about the program and to distribute a provider toolkit.</p> <p>Also during this time, Amerigroup held 12 “Baby Showers,” and 375 “Baby Shower” participants were provided with information about the P4HB program. Amerigroup’s Resource Mothers conducted 20 face to face visits and 75 telephone calls with IPC/RM participants during Q3 of 2014. Amerigroup also mailed out information about the P4HB program to more than the 3,000 members who had recently delivered during Q3 2014.</p>

CMO	Enrollment	Contraceptive Utilization	Service Delivery	Outreach Activities
<b>Peach State</b>	<p>DCH's enrollment data revealed that 26.7% of all P4HB participants were enrolled with Peach State Health Plan at the end of Q3 2014. This is an increase from the 17.3% enrollment percentage recorded at the end of Q2 2013.</p> <p>Of the total, 3,015 women were enrolled in the FP component, 160 women were enrolled in the IPC component, and 15 women were receiving Resource Mother/case management only services.</p>	<p>Peach State reported that throughout Q3, there were 3,874 unique women who were enrolled in the program, 1,349 or 25.8% fewer than in Q2 of 2014. Of these enrollees, 2,023 (52.2%) utilized some form of contraception with injectable and oral forms being most frequently utilized. This number reflects a decrease of 3.7% when compared with the Q2 2014 report. Peach State reported a total of 226 women eligible for IPC and RM services: 204 IPC and 22 Resource Mother services. 15 women declined the IPC and RM services because they felt they had good family support, the baby was thriving, and the member was not interested in the program. Of the total IPC/RM recipients, 94 or 41.6% of them used some form of contraception with injectable and oral contraceptives being the most frequently used methods.</p>	<p>Peach State's Q3 2014 P4HB report described that 1,619 participants had obtained one or more family planning services.</p>	<p>Peach State conducted outreach activities with participants and providers during Q3. Peach State made calls to 611 members to educate them about the P4HB program's benefits and services, and 432 (70%) were successfully completed calls. 631 new member packets were mailed during Q3 to P4HB households. Peach State increased the number of Baby Showers during Q3 to 49 (an 8.2% increase from Q2) and approximately 650 expecting and new mothers attended and received information about P4HB. 2,102 members (both new and existing members) contacted Peach State to inquire about P4HB. Of these, 194 (9.2%) were new enrollees in the program in Q3. 845 newly recruited P4HB providers in Q3 2014 received a Peach State provider toolkit that provided valuable information about P4HB. 900 provider staff attended new provider orientations.</p>

<b>CMO</b>	<b>Enrollment</b>	<b>Contraception Utilization</b>	<b>Service Delivery</b>	<b>Outreach Activities</b>
<b>WellCare</b>	DCH's enrollment data revealed that 44.8% of the total participants in the P4HB program were enrolled with WellCare at the end of Q3 2014. This is an increase from the Q2 2013 enrollment percentage of 39.3%. 5,269 women were enrolled in the Family Planning only component, 71 women were enrolled in the IPC component, and 9 women were receiving Resource Mother/case management only services.	WellCare reported that throughout Q3, there were 5,342 unique women who were enrolled in the program. A review of the contraceptive utilization revealed that of the 5,262 FP enrollees, 340 used oral contraceptives, 107 used injectables, 28 participants used an IUD. For the 80 IPC/RM enrollees, 15 used oral contraceptives, 9 used injectables, 8 used IUDs, 4 used condoms, and 6 IPC enrollees had "other" forms of contraception.	A review of Q3 2014 data revealed that 13 IPC enrollees had PCP visits, a 30% increase from the second quarter of 2014. 15 participants utilized dental services in Q3 2014, an 87.5% increase from Q2 2014.	WellCare reported that it conducted over 37 outreach activities throughout the state of Georgia to 1,993 prospective P4HB participants. 107 of its Medicaid members were educated in 11 local community education events that took place across the state and the P4HB program was one of the topics discussed during the events. 48 members who delivered VLBW infants were educated about the program and WellCare mailed educational information to 5,717 members who had recently delivered. The plan also mailed 2,466 education packets to women who were within 60 days of their estimated delivery date.

## **INTERPREGNANCY CARE**

### **Amerigroup**

During Q3, Amerigroup had 35 fewer IPC/RM members enrolled than during the previous quarter. Amerigroup continues to experience difficulty engaging potential new referrals in the IPC component of the program. These women declined participation because: they had a miscarriage or fetal demise and did not feel they needed the program; desired to have another child in the near future despite having recently delivered a very low birth weight baby; had a family and community support system in place and felt they didn't need the program; felt their need for assistance with financial and housing support was a higher priority; did not want monthly home visits; their child was healthy and did not have any medical issues; or they were unable to be reached by telephone or mail. Amerigroup's Resource Mothers will continue to

survey members about the lack of engagement or interest in receiving telephonic and home follow-up services by the RM personnel.

### **Peach State Health Plan (Peach State)**

During Q3, there were 80 face-to-face visits conducted by a Resource Mother for IPC participants, a 280% increase from Q2 which reflects the plan's increased efforts to engage the members in the program and assist them through appropriate home follow-up visits. When the Resource Mothers were successful making face-to-face contact with the participants, education on the program occurred, assessments were completed to identify barriers the women had to good health, and care plans were created. The Resource Mothers educated the participants on the importance of birth control, birth spacing and assisted the women with making appointments when needed. Women enrolled in Peach State's IPC and Resource Mother only components were included in Peach State's continued outreach and education efforts, including the enhanced strategies to encourage each participant's reporting of their contraceptive use. Also during Q3, Peach State's Resource Mothers attempted telephonic outreach with 109 participants who were identified as having a VLBW infant. Peach State also sent 3,821 letters to pregnant women in RSM Medicaid during their eighth month of pregnancy to educate them about the P4HB program.

Peach State utilized claims data to identify providers who might have more up-to-date contact information for P4HB enrollees unable to be contacted by telephone or face-to-face. Peach State also collaborated with high volume delivery hospitals and FQHCs to help educate women about the IPC program and was onsite at eight high volume delivery hospitals and two FQHCs in the central and southwest regions of the state. 1,119 mothers were seen in the high volume delivery hospitals and educated face-to-face about the P4HB program.



## **WellCare of Georgia**

WellCare reported that during Q3, Resource Mothers contacted 48 potential IPC participants and educated them about the program. They identified that 17 newly enrolled IPC participants were originally introduced to the program through the CMO's outreach to members who had a child in the NICU. WellCare also described conducting outreach to members that recently delivered a VLBW infant at birthing centers.

### **P4HB OUTREACH ACTIVITIES**

In Q3 2014, DCH continued to send eighth month letters to pregnant Medicaid members (in the RSM eligibility group) about the P4HB program. As described previously in this report, the eight month letters are the third mostly frequently cited way that applicants learn about the P4HB. The letters provided women with information regarding P4HB eligibility and enrollment as well as details about selecting a CMO. DCH continued to reinforce the requirement with the Department of Public Health that local public health departments throughout the state of Georgia must provide P4HB information to women applying for presumptive pregnant woman eligibility. These efforts made women aware of potential coverage for family planning and related services once they delivered and their Medicaid coverage ended or were found not to be pregnant.

### **EVALUATION ACTIVITIES**

Emory University, the P4HB program evaluator, reported the following evaluation activities that were underway during Q3 2014:

- 1) Emory received the files needed for the derivation of tables and analysis for the Year 3 annual report from Truven. While there were issues with the initial files sent, these have been addressed and the newer files appear to have complete data. The extraction of

complete DRG information for all claims used in the evaluation is still needed.

- 2) Updating of Title X and Medicaid family planning visit trends and patterns. These data were provided by the State's Title X staff to Emory through the second quarter of 2014. Title X data for CY2013 have been incorporated into tables and a draft paper is currently being prepared for the *Journal of Women's Health*. The evaluation team will incorporate the Medicaid administrative data into these tables and the paper as the Year 3 annual report is finished. Dr. Ann Dunlop approached the new Title X grantee to secure continued receipt of the Title X utilization data; without these data the team cannot continue to evaluate the changes in overall use of family planning and contraceptive services.
- 3) Fetal death records for 2012 were received by Emory from the Georgia Department of Public Health in early fall 2014 (when they became available through vital records) and they are being merged with the 2012 birth records along with the Medicaid claims data, enabling the research team to fully document the pregnancy and birth outcomes of Medicaid insured women with a focus on the P4HB enrollees.
- 4) The costs of the first year of life for infants born under Medicaid coverage in CY2011 were derived from the linked Medicaid claims and vital records and were used to complete the revised version of the budget neutrality worksheet as reported in the Q1 report and subsequently, revised to reflect the costs per person for the first year infant costs for LBW and VLBW infants under the 'without Demonstration' section. This same format will be used to complete the CY2012 budget neutrality worksheet as part of the upcoming Year 3 annual report.

The evaluation team continues to meet and discuss the evaluation design and to update the

analysis included in the annual reports. The team has worked with the PRAMS data for the ‘pre’ P4HB data period to derive estimates of the birth weight distribution and percentage pre term births among women uninsured pre-pregnancy and with Medicaid insurance at delivery but has recently been notified by CDC that the 2012 data are not yet available. The team will continue to monitor this issue.

### **ACTION PLANS**

1. Maintain ongoing communication with family planning and OB/GYN providers:  
Communication with family planning and OB/GYN providers to inform them about P4HB will continue throughout the life of the Demonstration.
2. Ongoing engagement of providers involved in high risk pregnancies: The CMOs continually outreach to their network providers who provide care for these high risk pregnant women.
3. As of July 2014, the Georgia Family Planning System became the new Title X grantee for Georgia, replacing the Georgia Department of Public Health (DPH). Dr. Ann Dunlop of the Emory evaluation team contacted the new grantee, with the assistance of the Office of Population Affairs (OPA), to request data sharing on a quarterly basis with the P4HB evaluation team at Emory. These data are needed to update the evaluator’s file and complete descriptive and multivariate analyses. DCH will work with the evaluation team to help secure these data so that usage of family planning and contraceptive services can continue to be monitored for the duration of the P4HB program. DPH is collaborating with DCH to encourage women to enroll in the P4HB program.
4. DCH met with the President and Chief Executive Officer of the Georgia Family Planning System, the new Title X grantee for the state of Georgia, to discuss the P4HB program. DCH also attended a statewide conference of federally qualified health centers that partner with the

Georgia Family Planning System and provided an overview presentation about the P4HB program.

### **EXPENDITURES**

As the number of women enrolled in the P4HB program fluctuated over time, the total federal and state dollars spent on all components of the P4HB program fluctuated accordingly. The total spent per member per month (capitation) payments to the Georgia Families CMOs made by DCH during Q3 2014 was \$1.7 million, down 29.2% from the total of \$2.4 million spent in the second quarter of 2014. This was largely due to the decline in enrollment seen in Q3 2014 as reported earlier. As shown in past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. 86.9% of the total Q3 2014 capitation payments were for women enrolled in the family planning only component, equal to \$1.5 million. The decrease in total payments and the percentage of total expenses parallels the significant decrease in member months observed for this group, from 52,394 in Q2 2014 to 35,620 in Q3 2014. Again, this decline is likely due to the failure of women to complete their eligibility re-determination process. As noted earlier, only 17.4% of those receiving renewal letters this quarter completed their recertification and this, along with lower numbers of new enrollees, led to significant drops in the overall enrollment and hence, member months.

A total of \$207,600 in capitation payments was made to the CMOs in Q3 2014 for the women enrolled in the IPC component of P4HB, down 4.5% from the \$217,440 paid during the second quarter of 2014. This decrease in capitation payments from Q2 2014 to Q3 2014 reflects a decrease of 2.0% in the number of IPC women enrolled in a CMO during Q3 2014 compared to Q2 2014 and in turn, a 4.5% decrease in their member months.

We continue to exclude from these totals the costs for the low-income or disabled women receiving Resource Mother/Case Management only services since their costs cannot be combined with that of the women enrolled in the IPC component of the P4HB program. The Budget Neutrality Worksheet for Q3 2014 is provided on the next page.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST 2014						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
<b>WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)</b>						
<i>FP and FP-Related Services for All P4HB Pop - 90:10 and reg</i>	FP Enrollee Member Months	78,945	52,394	35,620		166,959
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	764	906	865		2,535
	PMPM for FP Members FP related Services	\$35.99	\$35.99	\$35.99	\$36.04	\$36.00
	PMPM for IPC Members FP related Services	\$28.95	\$28.95	\$28.95	\$28.95	\$28.95
	<b>Total</b>	<b>\$ 2,863,135</b>	<b>\$ 1,911,747</b>	<b>\$ 1,306,909</b>	<b>\$ -</b>	<b>\$ 6,083,958</b>
<b>First Year Infant Costs for VLBW Babies &lt; 1,500 grams (all Medicaid paid births)</b>						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 64,872.90
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 137,335,929</b>
<b>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)</b>						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 8,429.88
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 48,623,548</b>
<b>TOTAL WITHOUT- DEMONSTRATION COSTS</b>		<b>\$ 2,863,135</b>	<b>\$ 1,911,747</b>	<b>\$ 1,306,909</b>	<b>\$ -</b>	<b>\$ 192,043,435</b>
<b>WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only</b>						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	764	906	865	-	2,535
	PMPM	\$ 137	\$ 137	\$ 137	\$ 139	\$ 137.55
	<b>Total</b>	<b>\$ 104,687</b>	<b>\$ 124,144</b>	<b>\$ 118,526</b>	<b>\$ -</b>	<b>\$ 347,357</b>
<b>First Year Infant Costs VLBW Infants &lt; 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)</b>						
	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)</b>						
	Persons	0	0	0		0
	Cost per Person					
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>First Year Infant Costs for Normal Weight &gt; 2,500 grams only for women who participated in the IPC</b>						
	Persons	0	0	0	0	0
	Cost per Person					
	<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL WITH DEMONSTRATION COSTS</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 347,357</b>
<b>DIFFERENCE</b>						<b>\$ 191,696,078</b>