

Quarterly Report
Planning for Healthy Babies Program® (P4HB®)
1115 Demonstration in Georgia
Year 5

Quarter 4
October 1-December 31, 2015

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

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OVERVIEW

This fourth quarter (Q4) 2015 Planning for Healthy Babies[®] (P4HB[®]) program report describes the activities and performance of the program during the months of October through December 2015. The focus areas for this report include:

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

As of the end of Q4 2015, there were:

- 11,133 women enrolled in a care management organization (CMO) for family planning (FP) only services compared with 11,405 women enrolled in a CMO for FP only services at the end of Q3 2015;
- 250 women enrolled in a CMO for Interpregnancy Care (IPC) services compared with 226 women enrolled in a CMO for IPC services at the end of Q3 2015; and
- 300 women enrolled in a CMO for Resource Mother (RM)/Case Management (CM) services (available to IPC and RM only P4HB enrolled women) compared with 291 women enrolled in a CMO for RM/CM services at the end of Q3 2015.

PSI/Maximus prepared the monthly eligibility reports for the P4HB program. An analysis of the Q3 and Q4 2015 family planning only (FP) reports conducted by DCH and Emory University revealed that when compared to Q3 2015, the number of women deemed eligible during Q4 2015 decreased in the counties of Fulton, Clayton, Gwinnett, Cobb, Bibb and Dougherty while the number increased in DeKalb and Chatham counties. **Table 1** below

identifies the FP eligibility differentials between Q3 and Q4 2015 for select counties.

Table 1: FP Eligibility Differences of P4HB Participants for Select Counties for Q3 and Q4 2015		
September 2015 Women	County	December 2015 Women
1533	Fulton	1468
970	DeKalb	987
657	Clayton	644
519	Gwinnett	491
574	Chatham	577
473	Cobb	439
398	Bibb	385
412	Dougherty	370

Increases in the number of women submitting applications for the P4HB program were observed in Q4 2015 in Forsyth, Lowndes, and Muscogee counties. DCH is working with the Georgia Department of Public Health’s Liaison to monitor the P4HB-related enrollment efforts being made by the local health departments and with the Georgia Family Planning System to monitor the P4HB-related enrollments efforts being made by the federally qualified health centers.

There is also a correction to the IPC member months recorded for Q3 2015 included in this report. There were actually 801 IPC enrollee member months for Q3 2015 instead of the 795 IPC member months reported. The revised Q3 IPC member month count is recorded in this Q4 report.

MEASURES OF PROGRAM AWARENESS

Call Volume

The monthly call volume data provided by PSI/Maximus documents the calls to the P4HB call center that are answered by their customer service agents. These data reflect calls from both

new callers and current P4HB enrollees calling to renew their enrollment by phone.

The call volume in October 2015 was slightly higher (2,758) than the call volume in September 2015 (2,706). It dropped to 2,558 calls in November 2015 and rose to 2,831 calls in December 2015 - a volume level slightly higher than observed at the end of Q3 2015. **Figure 1** provides the P4HB calls answered by month since program inception.

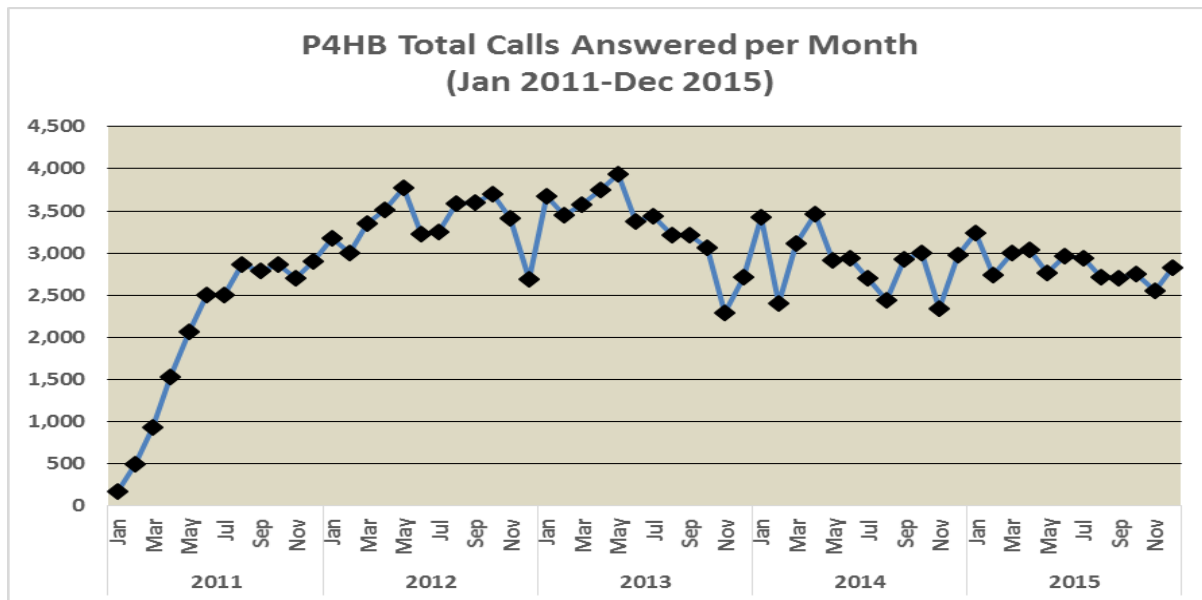


Figure 1: P4HB Total Calls (Answered) per Month (January 2011-December 2015)
Source: PSI – Contact Center Performance Report Current YTD (January 2011–December 2015)

Sources of Information

PSI/Maximus monitored, via the electronic applications and some paper applications submitted by the FQHCs, information regarding the sources through which women learned about the P4HB program. **Figure 2** reflects data obtained from these electronic and paper applications in response to the question, “How Did You Hear about the P4HB program?” The results for the Q4 2015 survey identified the top three sources of information about the P4HB program as: 1) friends; 2) health department staff members; and 3) federally qualified health centers (FQHCs) which are also known as community health centers. The number of women who learned about the P4HB

program through the FQHCs increased markedly during Q4 2015. These data suggest the importance of word-of-mouth referrals from friends to the P4HB program. In addition, as discussed below, this information reflects the ongoing efforts by both local health department and FQHC staff members across the state to educate eligible women about the program. As mentioned in previous quarterly reports, the FQHCs that partner with Georgia's Title X grantee, the Georgia Family Planning System (GFPS), educate FQHC patients about the P4HB program and assist them with their paper applications to avoid incomplete applications. The FQHCs stamp all paper P4HB applications that originate from their clients to make them recognizable by the enrollment broker, PSI/Maximus. This process allows this information to be included in the "How Did you Hear" report. We are anticipating further increases in applications submitted from women seeking assistance from the FQHCs now that DCH has confirmed and communicated to the FQHCs' Outreach Director that they are authorized verifiers of the required P4HB eligibility documentation. This verification will facilitate women's completion and submission of their P4HB applications immediately after receiving assistance from the FQHCs' staff.

The GFPS partners with over 100 FQHC sites across Georgia, and the work of the GFPS staff who assist women with their P4HB applications is supported by a grant from the United Healthcare Foundation that was awarded to the Family Health Centers of Georgia in 2015. Combining the categories of FQHC paper applications, FQHCs and Community Health Centers, there were 571 respondents who reported learning about the P4HB program through the FQHCs during Q4 2015, a 58.6% increase from Q3 2015. We appreciate GFPS' work, educating their clients about the P4HB program.

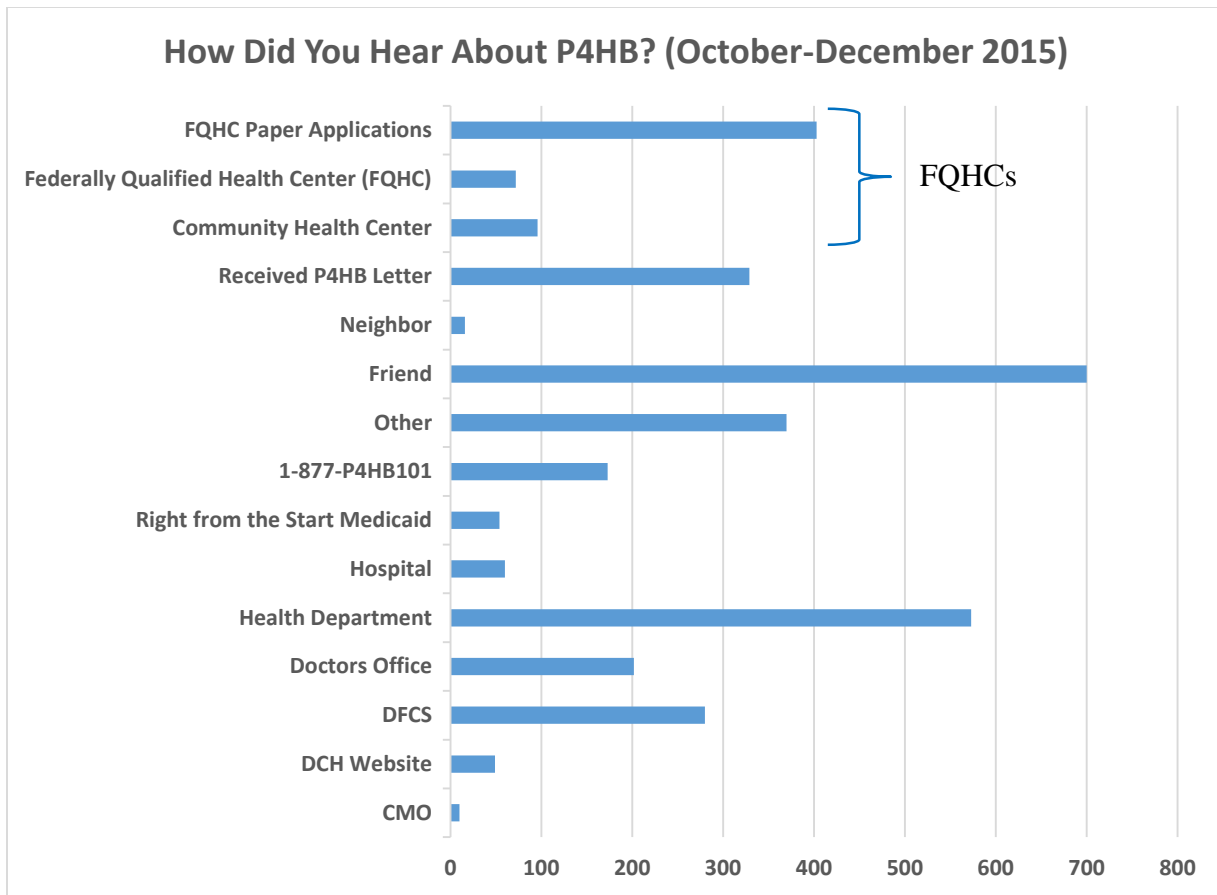


Figure 2: How Did You Hear About P4HB? (October-December 2015)

ELIGIBILITY

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

- **Paper and electronic unique individual applications for the program by month.**

(Source: PSI –P4HB Report 001, Run Date: 1/5/2016). The total number of unique paper and web applications decreased during Q4 2015 when compared with Q3 2015. One thousand and twenty-seven paper applications and 1,571 web applications were received during Q4 for a total of 2,598 applications compared with 1,116 paper applications and 1,658 web applications for a total of 2,774 applications received during Q3 2015 – a

6.3% decrease in the number of applications submitted during Q4. We noted that the percentage of web applications was similar this quarter (60.5 %) to that of Q3 2015 (59.8 %). By the end of Q4 2015, 65,881 women had submitted a web or paper application for the P4HB program since its inception in 2011.

- **Application denials.** Although thousands of women have submitted applications to enroll in the P4HB program, thousands of applicants have been denied eligibility for the program. These denials are not specific to the FP, IPC, and RM components of the program because women do not specifically apply to any one of those program components. Once they are determined eligible, they are placed in the appropriate P4HB program component based on the information contained in their application and the supplemental information submitted with their applications (for instance their physician signed statement regarding having delivered a very low birth weight baby). During Q4 2015, the two main reasons identified for application denials for the FP component of P4HB were: 1) non-response within 14 days of a request for additional information; and 2) failure to verify income.
- **Enrollee terminations from the P4HB program.** Throughout Q4 2015, the most frequently documented reason for termination from the program was failure to complete the review (monthly frequency ranged from 52% to 70%) and the second most frequent reason for termination (monthly frequency ranged from 15% - 24%) was that these women now had Medicaid as their insurance. For women being terminated from the IPC component during Q4, the monthly frequency for having Medicaid insurance coverage ranged from 11% to 38%. Our enrollment broker conducted an analysis for us to determine how many of the women whose enrollment was terminated were reinstated. For the months

of October through December 2015, 424 women were reinstated to the P4HB program with no gap in coverage and 83 women returned with a one month gap in coverage for a total of 507 women returning to the program after termination.

- **Average age of the women deemed eligible for the P4HB program.** The majority of the women deemed eligible for the FP component of the P4HB program ranged in age from 23 - 27 years. Women deemed eligible for the IPC component were slightly older at 28 - 29 years. These age ranges have remained stable for some time. **Table 2** below provides the age distribution of women deemed eligible in December 2015 and illustrates that 89.2% or 11,076 of the women deemed eligible for the FP or the IPC component of the P4HB program in that month (a total of 12,424 women) were under the age of 36. There were 5,379 women aged 23 – 29 years deemed eligible for the FP or IPC components of the program in Q4 - 43.3% of all of the women deemed eligible for the FP and IPC components of the program. Only 494 of the total number of women deemed eligible during the month of December 2015 were in their late teens (eighteen or nineteen years of age) and of these, only 51 women were 18 years of age. We expect this finding since young women who are 18 years old and meet Medicaid or CHIP program eligibility criteria are eligible for full benefits under those programs until their nineteenth birthday.

Table 2: Individuals Deemed Eligible for FP and IPC By Age – December 2015		
Deemed Eligible	Family Planning	IPC
18-22	3,253	66
18	47	4
19	432	11
20	692	9
21	1,004	23
22	1,078	19
23-29	5,230	149
30-35	2,305	73
36-40	949	35
41-44	355	7
45	2	0
Total	12,094	330

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

- Average Income:** The average monthly income among women deemed eligible for the FP only component of P4HB climbed slightly in December 2015 to \$1,274.18, compared with the September 2015 average monthly income of \$1,247.22. In January 2011, the average monthly income was \$927.75 for the few members deemed eligible for services beginning in February 2011. For the IPC component, the average monthly income was \$1,376.43 in December 2015, approximately \$78.50 higher than the September 2015 average of \$1,297.93. These monthly income levels exceed the income limits for parent/caretaker Medicaid, making these women otherwise not eligible for Medicaid coverage.
- Eligibility by Race/Ethnicity:** DCH initiated the tracking of P4HB eligibility by race and ethnicity during Q3 2015. At the end of Q4 2015, approximately 73% of P4HB eligible participants were Black, while 24% were White. Only 4% of P4HB eligible

participants were identified as Hispanic and about 95% were identified as “unspecified” ethnicity. DCH will continue to track P4HB eligibility by race/ethnicity moving forward.

ENROLLMENT

As of December 31, 2015, a total of 11,433 women were enrolled in one of the Georgia Families CMOs and able to receive P4HB services. This total included 11,133 FP enrollees, 250 IPC enrollees, and 50 RM enrollees. The overall trend in enrollment is shown in **Figure 3** which reflects monthly FP enrollment. While the trend line appears stable since October 2014, there was a slight decrease of 2.3% in the FP component from Q3 2015 to Q4 2015 (11,405 to 11,133). On the other hand, as shown in **Figure 4**, the monthly enrollment in the IPC component increased by almost 10.6 percent (from 226 in Q3 2015 to 250 in Q4 2015).

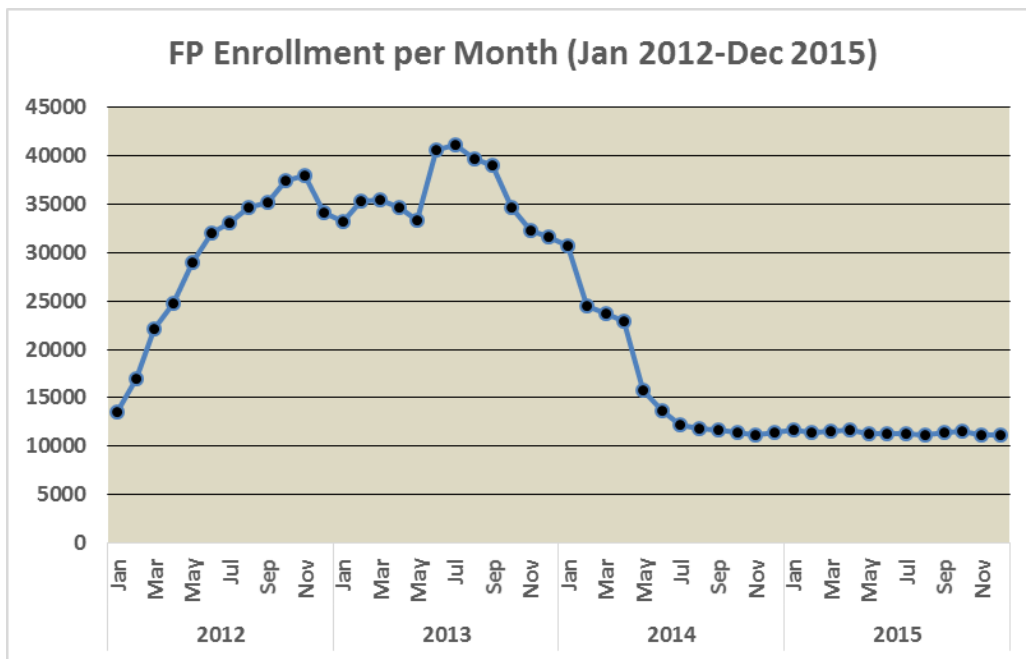


Figure 3: Enrollment per month, per FP enrollee (Jan 2012-Dec 2015) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

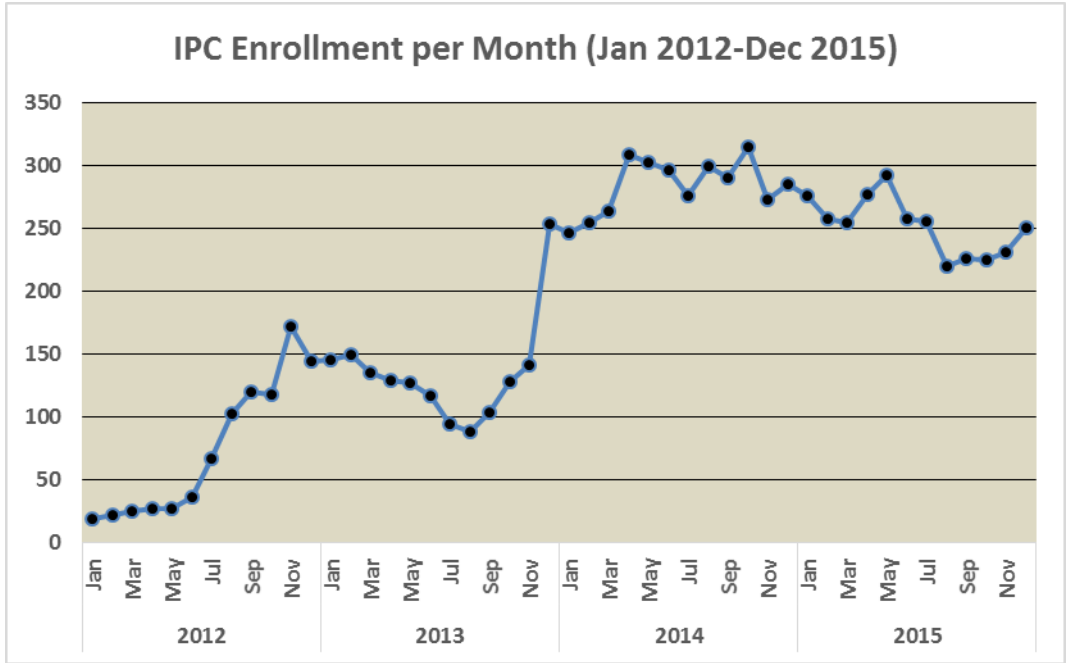


Figure 4: Enrollment per month, per IPC enrollee (Jan 2012-Sep 2015) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

Figure 5 below illustrates the percentage of FP and IPC enrollees who: 1) had evidence of a pregnancy within 90 days (3 months) of enrollment in P4HB; or 2) had a delivery within 245 days of enrollment. We use these as indicators that women came into the P4HB program while pregnant or became pregnant shortly after their eligibility was determined. These outcomes can be seen as types of ‘failures’ within the P4HB program and our goal is that these percentages will be reduced over time through our efforts aimed at shortening the time span between the eligibility determination and CMO enrollment, thus providing quicker access to P4HB services.

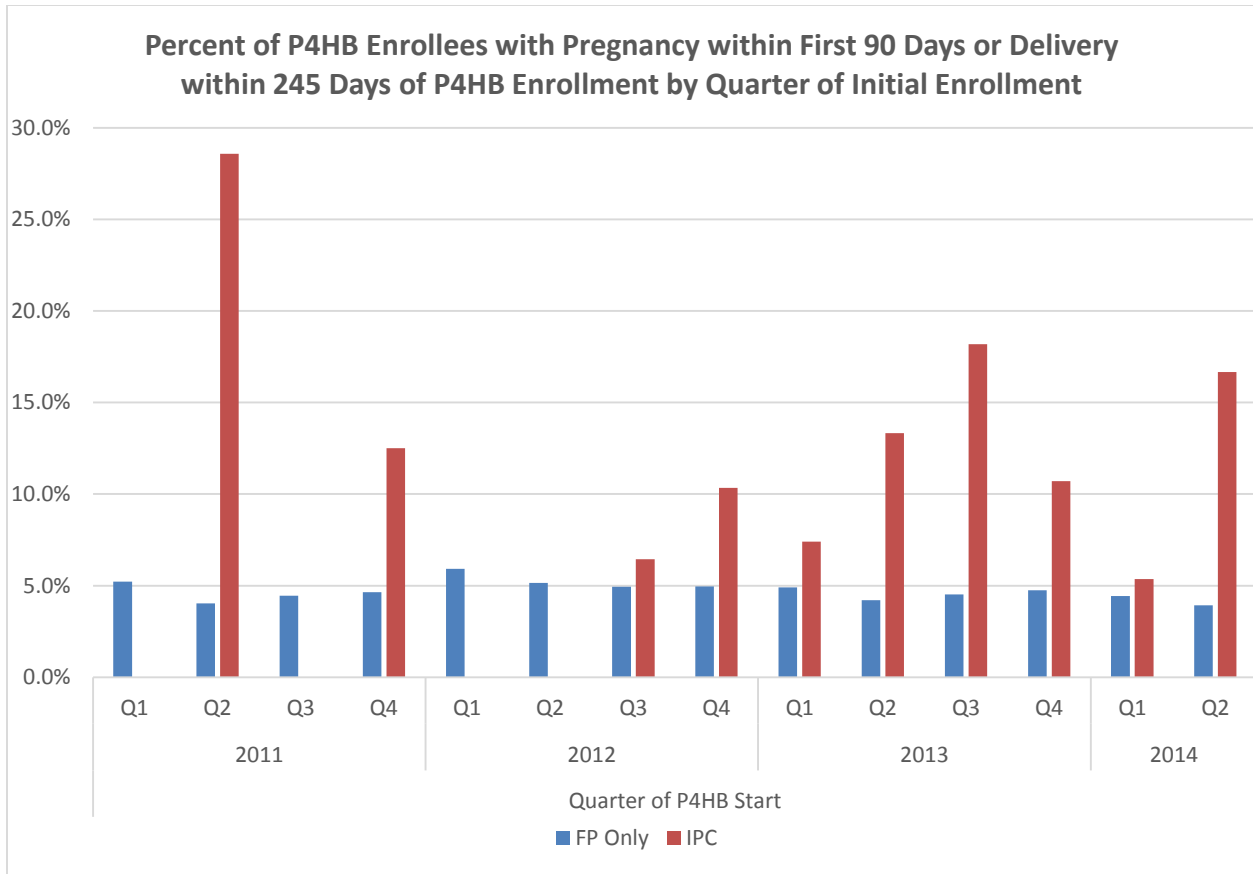


Figure 5: Percent of P4HB Enrollees with Evidence of Pregnancy within first 90 days or Delivery within 245 days of P4HB Enrollment by Quarter of Initial Enrollment. Source: Emory University

The data are presented by quarter for cohorts of enrollees who were first enrolled in Quarter 1, 2011, through Quarter 2, 2014, respectively. For those enrolling in the FP only component of P4HB [blue bars], the percentage with an indication of pregnancy upon enrollment or soon after has hovered around 5% through the period studied, although for some cohorts of enrollees, the percentage fell below this level. There is some indication of improvement in this measure as the P4HB program has matured. The highest percentage of FP enrollees with an apparent pregnancy soon after enrollment (5.9%) was in Quarter 1, 2012; whereas the percentage in the last quarter shown was only 3.9%.

For the IPC enrollees, a pregnancy within 90 days or a delivery within 245 days of enrollment reflects a short interpregnancy interval. The avoidance of a repeat pregnancy within a short period of the delivery of a very low birth weight infant is a key goal of the P4HB program. The IPC enrollees [orange bars] exhibit higher percentages of a pregnancy within 90 days of a delivery or within 245 days of enrollment than do the FP only enrollees. However, we note that with claims data, it is harder to discern whether or not the claims seen in the first three months of enrollment of IPC women is a new pregnancy or related to her recent delivery. The percentage of IPC enrollees with a new pregnancy soon after their enrollment is well above 5% for most cohorts of IPC enrollees, but there is marked fluctuation in this percentage due to the smaller numbers of IPC women enrolled each quarter. While there are some quarters for which there are no IPC enrollees with apparent pregnancies, some of the highest percentages shown in the graph for IPC enrollees occur in 2013 and 2014. The rate in the most recent quarter shown is 16.7% for IPC enrollees.

Time to P4HB Enrollment and Renewal

Tables 3 and 4 below provide information pertaining to the enrollment process for the FP and IPC components of the P4HB program including the average time from:

- receipt of an application to a referral to an RSM worker for the eligibility determination;
- the RSM request for more information to the PSI/Maximus response; and
- renewal to referral to the RSM worker for closure of the P4HB eligibility.

PSI/Maximus sends renewal letters to P4HB participants sixty days prior to the end of their twelve month eligibility period. When participants fail to respond to the renewal request within thirty days, PSI/Maximus refers those women to the RSM workers who then prepare the women's files

for closure of their eligibility spans. The renewal report, which provides information regarding the percentage of women who complete the renewal process within the specified timeframe before their program eligibility is terminated, identified that of the 919 renewals issued in September 2015, only 257 renewals were completed by December 2015. That is, 28.8 percent of the FP renewals and 10.3 percent of the IPC renewals were completed timely. A separate report provides us with details about the women who did not renew timely. For the women who lost eligibility at the end of September 2015, 172 of them re-enrolled by October 31, 2015 with no gap in coverage and 47 women re-enrolled with a one month gap in coverage. For the women who lost eligibility at the end of October 2015, 121 women re-enrolled with no gap in coverage by the end of November 2015 and for the women who lost eligibility at the end of November 2015, 131 were re-enrolled by December 31, 2015 with no gap in coverage and 36 women re-enrolled with a one month gap in coverage.

Table 3: Source of Enrollment Delays, FP Component		
Measure	Q3 2015	Q4 2015
Average Time (In Days) from Application to Referral to RSM	11.62 (July) 10.57 (August) 11.33 (September) Average: 11.17 days	10.69 (October) 10.19 (November) 9.39 (December) Average: 10.09 days
Average Time (In Days) from RSM request for more info to PSI response	3.18 (July) 3.54 (August) 3.81 (September) Average: 3.51 days	2.57 (October) 3.28 (November) 2.21 (December) Average: 2.69 days
Average Time (In Days) from Renewal to Referral to RSM	29 (July) 31 (August) 27 (September) Average: 29 days	26 (October) 25 (November) 27 (December) Average: 26 days

Source – PSI P4HB RP015 for July – December 2015

Table 4: Source of Enrollment Delays, IPC Component		
Measure	Q3 2015	Q4 2015
Average Time (In Days) from Application to Referral to RSM	NR (July) 6 (August) 10.57 (September) Average: 8.29 days	12.20 (October) 6.0 (November) 15.33 (December) Average: 11.18 days
Average Time (In Days) from RSM request for more info to PSI response	NR (July) 0 (August) 0.5 (September) Average: 0.25 days	1 (October) 0 (November) 1 (December) Average: 0.67 days
Average Time (In Days) from Renewal to Referral to RSM	NR (July) 39 (August) 22 (September) Average: 30.5 days	26 (October) 36 (November) 22 (December) Average: 28 days

Source – PSI P4HB RP015 for July – December 2015

CMO Enrollment, Service Utilization, and Outreach

The following information reflects enrollment, service utilization and CMO outreach activities as provided to DCH through the Q4 2015 P4HB reports submitted by the Georgia Families CMOs. Additional sources of data 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 5** provides information from each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q4 2015. **Table 6** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q4 2015.

Table 5: CMO Enrollment and Utilization of Services, October-December 2015

CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
<p>Amerigroup</p>	<p><u>DCH Reported Enrollment</u> FP: 3,394 IPC: 89 RM/LIM: 11 Total Enrollment: 3,494 % of all P4HB enrollment: 30.6% % of all P4HB enrollment in previous quarter: 33.2%</p> <p><u>CMO Reported Enrollment:</u> FP: 4,120 IPC: 89 RM//LIM: 22 Total Enrollment: 4,231 % of all P4HB enrollment: 32.9%</p>	<p><u>Use of Known Contraception</u> FP: 705 IPC: 10 Total: 715</p> <p><u>Most common form of contraception</u> FP: Oral contraception (49.5%); injectable (43.8%) IPC: Oral contraception (70.0%)</p> <p><u>Number of women described as with unknown form of contraception</u> FP: 731 IPC: 13 Total: 744</p>	<p><u>Number of Participant who utilized one or more covered FP services</u> FP: 1,265 IPC: 21 RM: 13 Total: 1,299</p> <p><u>IPC Service Utilization</u> Dental care: 2 Primary care: 30</p>
<p>Peach State</p>	<p><u>DCH Reported Enrollment</u> FP: 3,455 IPC: 109 RM//LIM: 17 Total Enrollment: 3,581 % of all P4HB enrollment: 31.3% % of all P4HB enrollment in previous quarter: 28.9%</p> <p><u>CMO Reported Enrollment:</u> FP: 4,016 IPC:135 RM//LIM: 27 Total Enrollment: 4,178 % of all P4HB enrollment: 32.5%</p>	<p><u>Use of Known Contraception</u> FP: 1,820 IPC: 50 RM: 13 Total: 1,883</p> <p><u>Most common form of contraception</u> FP: Oral contraception (44.4%); implants (4.7%); IUDs (4.6%); injectable (36.8%) IPC: Oral contraception (38%), injectable (24%)</p> <p><u>Number of women described as with unknown form of contraception</u> FP: 462 IPC: 11 RM: 6 Total: 479</p>	<p><u>Number of Participant who utilized one or more covered FP services</u> FP: 2,282 IPC: 61 RM: 19 Total: 2,362</p> <p><u>IPC Service Utilization:</u> Primary Care: 146 Substance Abuse: 8 Resource Mother: 27</p>

CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
WellCare	<p><u>DCH Reported Enrollment</u> FP: 4,284 IPC: 52 RM//LIM: 22 Total Enrollment: 4,358 % of all P4HB enrollment: 38.1% % of all P4HB enrollment in previous quarter: 37.9%</p> <p><u>CMO Reported Enrollment:</u> FP: 4,376 IPC: 53 RM//LIM: 16 Total Enrollment: 4,445 % of all P4HB enrollment: 34.6%</p>	<p><u>Use of Known Contraception</u> FP: 1,146 IPC: 8 Total: 1,154</p> <p><u>Most common form of contraception</u> FP: Oral contraception (63.9%); injectable (25.5%) IPC: Oral contraception (62.5%), injectable (37.5%)</p> <p><u>Number of women described as with unknown form of contraception</u> FP: 61 IPC: 0 Total: 61</p>	<p><u>Number of Participant who utilized one or more covered FP services</u> FP: 2,376 IPC/ RM: 26 Total: 2,402</p> <p><u>IPC Service Utilization:</u> Dental: 9 Primary Care: 54</p>

CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> • 34 outreach activities • 2,035 participants <p><u>Provider Relations:</u></p> <ul style="list-style-type: none"> • 102 provider relations activities • 110 provider participants 	<ul style="list-style-type: none"> • 6 face-to-face RM visits • 34 telephone contacts by RM workers • Community “Baby Showers” • “Diaper Days” • “Family Nights”
Peach State	<ul style="list-style-type: none"> • 705 calls made to new members • 744 new P4HB member packets mailed • 789 members (new and existing) received education materials • 1,178 new providers received provider toolkits about P4HB • 480 provider staff members attended new provider orientations 	<ul style="list-style-type: none"> • 90 members who had a VLBW infant received telephone calls • A total of 867 mothers seen in a high volume delivery hospital were educated face to face
WellCare	<ul style="list-style-type: none"> • P4HB mailings sent to 3,612 members who recently delivered • P4HB mailings sent to 2,339 members determined to be within 60 days of their estimated delivery date. 	<ul style="list-style-type: none"> • 58 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff. • Resource Mothers distributed 235 program applications and assisted with completing applications when needed. • Resource Mothers attended 32 outreach events and educated a total of 288 potential members and community partners.

P4HB OUTREACH ACTIVITIES

During Q4 2015, DCH collaborated with the designated staff member of the GFPS who coordinates the effort to assist women, presenting to the FQHC sites for services, with completion and submission of their applications for the P4HB program. In addition, DCH staff members determined the counties in Georgia with the highest LBW rates in preparation for targeted marketing to those counties about the P4HB program once the P4HB extension request is approved. Ongoing P4HB outreach activities include:

- The eighth month letters sent by DCH and the CMOs to pregnant Medicaid members (in the RSM eligibility group) about the P4HB program. These letters provide women with information regarding P4HB eligibility and enrollment along with details about selecting a CMO.
- Education about the P4HB program provided by the FQHCs participating in the Georgia Title X program. This report previously described the FQHCs assisting women with their P4HB applications.
- Education about the P4HB program provided by the local public health departments across the state. The P4HB program is a coverage option available to women seeking services at the local health departments who meet the eligibility requirements for the program.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q4 2015:

- 1) The evaluation team used annual data from the Office of Population Affairs' Family

Planning Annual Report (FPAR) for CY 2014 along with the data from the prior Title X grantee through the first six months of 2014 to measure changes in the utilization of Title X funded family planning services at the state level after the change in the grantee in July 2014. As noted in the Year 4 Annual Report, there were significant declines in the number of visits and use of contraceptive as well as family planning services. The evaluation team will use the FPAR data in future annual reports.

- 2) The earlier data from the State's Title X staff were used along with the Medicaid claims and enrollment data to draft a paper for the *Journal of Women's Health*. This paper is now under revision by the Evaluation team in response to the comments of the editor and other reviewers.
- 3) Emory developed and reported on outcome measures for 2009-2013 for each Medicaid birth linked to vital records on: 1) birth weight category (normal, LBW, VLBW) of an 'index' birth (first observed) in vital records; 2) birth weight category of next birth; 3) interpregnancy interval ≤ 6 months; 3) teen births; and 4) repeat teen births for women in the RSM eligibility group and a comparison group of private insured, lower education levels. This analysis was included in the Year 4 Annual Report sent to CMS in the last quarter of 2015.
- 4) Emory is in the process of tabling descriptive data on unintended pregnancy, use of birth control prior to pregnancy and after delivery using the 2009-2012 PRAMS data for Georgia and a set of comparison states. The key population being analyzed is women uninsured prior to pregnancy but with deliveries paid by Medicaid. The PRAMS data include measures of outcomes that cannot be measured with claims data (unplanned pregnancy, pre-pregnancy insurance, barriers to birth control, and the outcomes noted above). As this analysis proceeds, the Evaluation team will include findings in the quarterly

and upcoming annual reports. The analysis is using women from other PRAMS states with no major change in their Medicaid family planning coverage policies over this time period (AR, MD and OK) as a control group. The Evaluation team is in dialogue with the CDC and is anticipating receipt of 2013 PRAMS data by the summer of 2016.

- 5) The Emory evaluation team will continue to contribute to the contents of the quarterly and annual reports by incorporating more of the pre/post analysis of the data in order to test whether there have been effects of the demonstration on enrollment, retention and other outcomes of interest. The Emory team included preliminary analysis of the key outcomes in the Year 4 Annual Report and will meet with DCH to review its contents in relation to the proposed evaluation design. The PY4 report used linked Medicaid and vital records data through 2013 but we anticipate that having a longer observation period post the implementation of the P4HB program may add power to the analysis and help in drawing conclusions regarding the effects of the program on low-income women of reproductive age in Georgia.

ACTION PLANS

1. The CMOs will continue their ongoing outreach about the IPC component of the P4HB program. They will also continue discussing the P4HB program, including the IPC component, with the appropriate network providers who provide care for high risk pregnant women.
2. The CMOs will continue to educate their members and providers about the P4HB program and the services available under the program.
3. While DCH has seen improvements in some of the results of the provider and member surveys, the DCH Communications Team will collaborate with the P4HB

program staff to develop a new communications plan that will address concerns identified by the member and provider surveys. This development will occur following final approval of the extension request for the P4HB program.

4. DCH will continue to respond to requests from CMS for additional information in support of the approval of the P4HB extension request.

EXPENDITURES

Because the number of women enrolled in the FP and IPC components of the P4HB program fluctuated in Q4 of 2015, the total spending for the program also fluctuated by month since the CMOs administering the program are paid on a capitated basis. For Q4 2015 and as shown in past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. We continue to exclude from the IPC and total program costs the low-income or disabled women receiving Resource Mother/Case Management only services since their costs cannot be combined at this time with that of the women enrolled in the IPC component of the P4HB program. We are planning for these costs to be included once the P4HB extension request has been approved.

Budget Neutrality

The Q4 2015 budget neutrality calculation can be found on the following page of this report.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2015						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
<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	34,611	35,136	34,802	34,657	139,206
	IPC Enrollee Member Months	787	876	801	755	3,219
	PMPM for FP Members FP related Services	\$23.17	\$23.17	\$23.17	\$23.20	\$23.17
	PMPM for IPC Members FP related Services	\$33.64	\$33.64	\$33.64	\$33.64	\$33.64
	Total	\$ 828,242	\$ 843,398	\$ 833,138	\$ 829,371	\$ 3,334,154
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)						
	Estimated Persons					2,117
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 64,872.90
	Total	\$ -	\$ -	\$ -	\$ -	\$ 137,335,929
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ -	\$ -	\$ -	\$ -	\$ 8,429.88
	Total	\$ -	\$ -	\$ -	\$ -	\$ 48,623,548
TOTAL WITHOUT- DEMONSTRATION COSTS		\$ 828,242	\$ 843,398	\$ 833,138	\$ 829,371	\$ 189,293,631
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	787	876	801	755	3,219
	PMPM	\$ 122.89	\$ 122.89	\$ 122.89	\$ 124.01	\$ 123.17
	Total	\$ 96,713	\$ 107,650	\$ 98,434	\$ 93,626	\$ 396,423
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	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		\$ -	\$ -	\$ -	\$ -	\$ 396,423
DIFFERENCE						\$ 188,897,208