

Quarterly Report
Planning for Healthy Babies Program® (P4HB®)
1115 Demonstration in Georgia
Year 6

Quarter 1
January 1- March 31, 2016

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

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Table of Contents

OVERVIEW	3
MEASURES OF PROGRAM AWARENESS	4
Call Volume	4
Source of Information.....	5
ELIGIBILITY	7
Paper and Electronic Applications	7
Application Denials	8
P4HB Terminations	8
Age of P4HB Eligible Women	8
Average Income	9
Eligibility by Race/Ethnicity	10
ENROLLMENT	10
FP enrollment per Quarter	11
IPC enrollment per Quarter.....	11
Percent IPC and Resource Mothers with Family Planning Visit, Pregnancy within 6, 12 Months.....	12
Time to P4HB Enrollment and Renewal.....	14
Source of Enrollment Delays, FP Component.....	15
Source of Enrollment Delays, IPC Component.....	16
CMO Enrollment, Service Utilization, and Outreach	17
P4HB OUTREACH ACTIVITIES	18
EVALUATION ACTIVITIES	20
ACTION PLANS	22
EXPENDITURES	23
Budget Neutrality	23

OVERVIEW

This report describes the programmatic activities and performance of the Planning for Healthy Babies (P4HB) program during the first quarter (Q1) of 2016 (January through March 2016).

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 Q1 2016, there were:

- 10,648 women enrolled in a CMO in order to receive P4HB family planning (FP) only services compared with 11,133 women enrolled in a CMO for FP only services at the end of Q4 2015;
- 219 women enrolled in a CMO for Interpregnancy Care (IPC) services compared with 250 women enrolled in a CMO for IPC services at the end of Q4 2015; and
- 261 women enrolled in a CMO for Resource Mother (RM)/Case Management (CM) services (available to IPC and RM only P4HB enrolled women) compared with 300 women enrolled in a CMO for RM/CM services at the end of Q4 2015.

PSI/Maximus prepared the monthly eligibility reports for the P4HB program. An analysis of the Q4 2015 and Q1 2016 family planning only (FP) reports conducted by DCH and Emory University revealed that when compared to Q4 2015, the number of women deemed eligible during Q1 2016 decreased in the counties of Fulton, Clayton, Gwinnett, Chatham, and Dougherty while the number increased in Bibb, Cobb, DeKalb, Muscogee and Richmond counties. **Table 1** below identifies the counts of women deemed eligible for FP services in Q4 2015 and Q1 2016 for select

counties as well as the difference between these two quarters.

County	December 2015	March 2016	Difference (Q 2015 to Q1 2016)
Bibb	385	398	+13
Chatham	577	548	-29
Clayton	644	613	-31
Cobb	439	450	+11
DeKalb	987	988	+1
Dougherty	370	361	-9
Fulton	1468	1440	-28
Gwinnett	491	456	-35
Muscogee	349	351	+2
Richmond	356	368	+12

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. As will be discussed later in this report, the local county health departments rank second only to friends in the education of eligible women, who apply to the P4HB program, about the P4HB program. DCH also works with the Georgia Family Planning System (GFPS) and monitors the efforts being made by the federally qualified health centers’ staff to educate women about the P4HB program.

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

callers interested in learning more about the P4HB program as well as calls from current P4HB enrollees who have questions regarding the program. Although the mean total number of calls answered during each quarter had been approximately 8,500 since Q4 2013, by the end of Q4 2015, the total number of calls answered during the quarter had declined to 8,147 then rose slightly to 8,287 by the end of Q1, an increase of 1.7%. **Figure 1** provides the P4HB total calls answered per quarter since program inception.

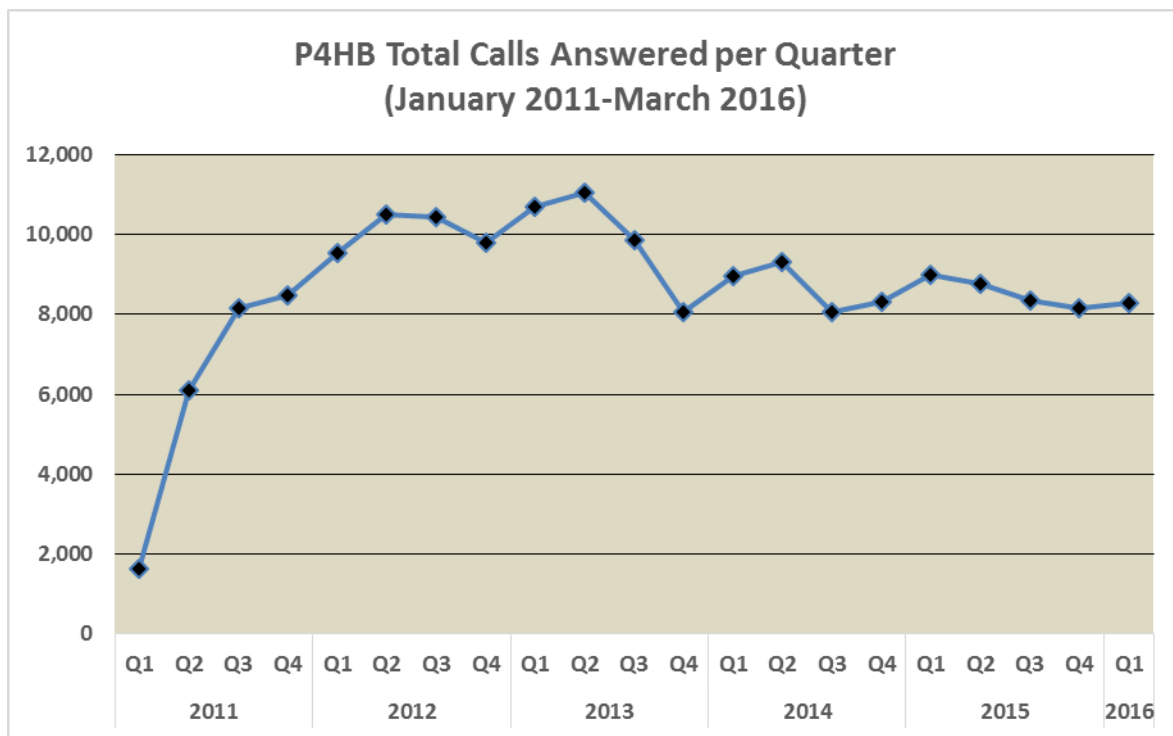


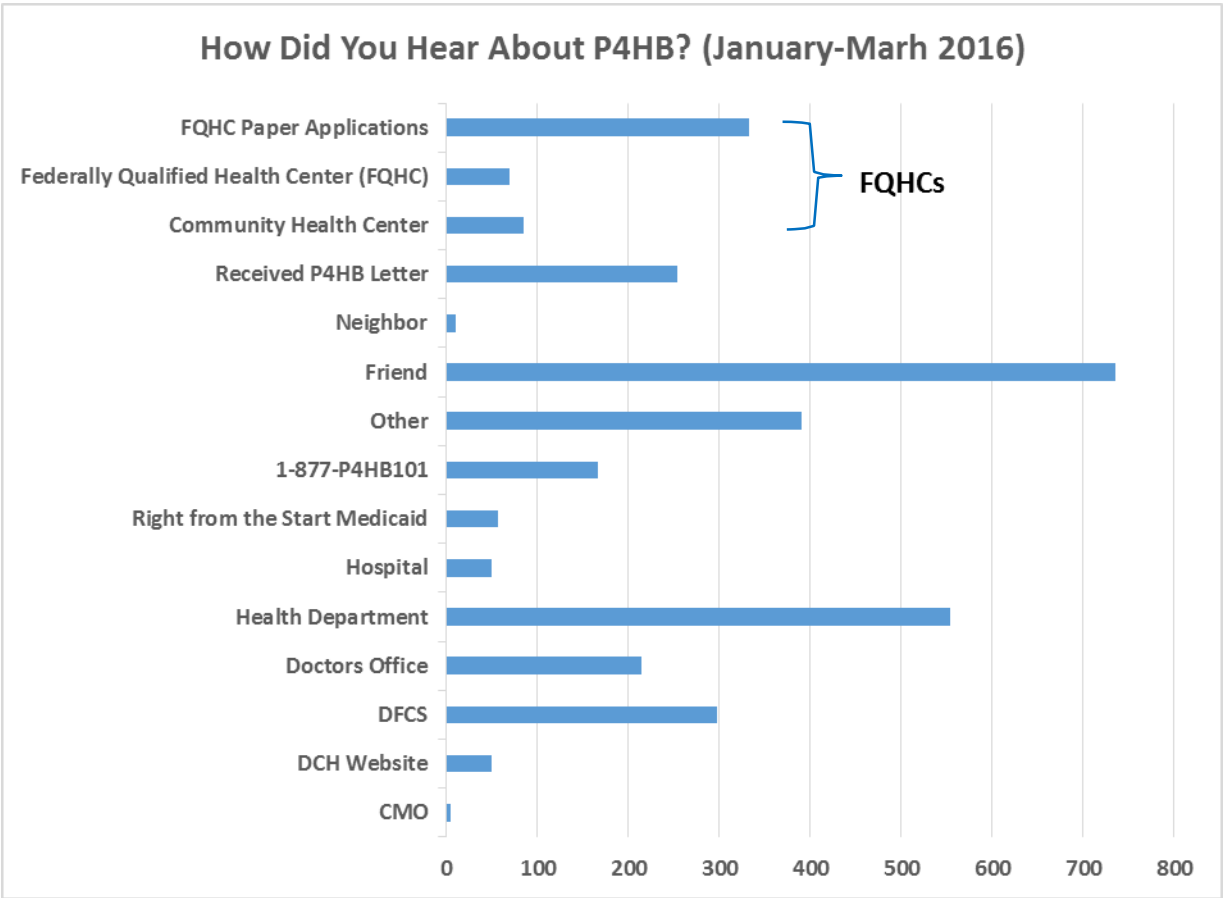
Figure 1: P4HB Total Calls (Answered) per Quarter (January 2011-March 2016)
 Source: PSI – Contact Center Performance Report Current YTD (January 2011–March 2016)

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?” For Q1 2016,

the top three sources of information about the P4HB program continued to be: 1) friends; 2) health departments, and 3) federally qualified health centers (FQHCs), which are also known as community health centers. These data suggest the importance of word-of-mouth referrals from friends to the P4HB program, and the ongoing efforts by both local health department and FQHC staff members across the state to educate eligible women about the program.

The GFPS partners with over 100 FQHC sites across Georgia. DCH combines the FQHC paper applications with the electronic applications to obtain the total impact of the work being performed by FQHC staff members to educate women about the P4HB program. Combining the categories of FQHC paper applications, FQHCs and Community Health Centers, there were 487 respondents who reported learning about the P4HB program through the FQHCs during Q1 2016, compared with 571 respondents in Q4 2015, a 14.7% decrease. DCH discussed this decline with the GFPS staff who felt that the decline in the number of discussions with women regarding the P4HB program was linked to the decline in the number of women seeking assistance at the FQHCs with their applications for ACA coverage. DCH will continue to track this data and engage with the GFPS staff to increase the number of women referred by the GFPS program to the P4HB program.



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: 4/6/2016). The total number of unique paper and web applications decreased during Q1 2016 when compared with Q4 2015. Nine hundred and ninety-nine paper applications and 1,484 web applications were received during Q1 for a total of 2,483 applications compared with 1,027 paper applications and 1,571 web applications for a total of 2,598 applications received during Q4 2015 – a 4.4% decrease in the number of applications submitted during Q1. We noted that the percentage

of web applications was similar this quarter (59.8%) to that of Q4 2015 (60.5 %). Since program inception, 68,364 women have submitted a web or paper application for the P4HB program as of March 31, 2016.

- **Application Denials.** During Q1 2016, the two main reasons identified for application denials for the FP component of P4HB remained unchanged from previous quarters. They were: 1) non-response within 14 days of a request for additional information; and 2) failure to verify income. We have discussed these denial reasons with our enrollment broker who conducts outreach to these applicants but despite their efforts, these women remain non-compliant with the application requirements. There is nothing more our enrollment broker can do in these situations.
- **Enrollee terminations from the P4HB program.** Throughout Q1 2016, the most frequently documented reason for termination from the program for FP enrollees was failure to complete the review (monthly frequency ranged from 58% to 64%) and the second most frequent reason for termination (monthly frequency ranged from 21% - 25%) was that these women now had Medicaid as their insurance. The same reasons for termination applied to IPC enrollees in Q1 2016. The IPC women's monthly frequency for failure to complete the review ranged from 29% to 56%, and for having Medicaid as their insurance coverage, the monthly frequency ranged from 16% to 39%.
- **Average age of the women deemed eligible for the P4HB program.** The majority of the women deemed eligible for the FP and IPC components of the P4HB program ranged in age from 23 - 29 years. **Table 2** below provides the age distribution of women deemed eligible in March 2016 and illustrates that 89.0% or 10,747 of the women deemed eligible for the FP or the IPC component of the P4HB program in that month (a total of 12,081

women) were under the age of 36. There were 5,286 women aged 23 – 29 years deemed eligible for the FP or IPC components of the program in Q1 - 43.8% of all of the women deemed eligible for the FP and IPC components of the program. Only 45 of the total number of women deemed eligible during the month of March 2016 were eighteen years of age. Since young women who are 18 years old may be eligible for full Medicaid or CHIP benefits under those programs until their nineteenth birthday, we anticipate low uptake of the P4HB program in this age group.

Table 2: Individuals Deemed Eligible for FP and IPC By Age – March 2016		
Deemed Eligible	Family Planning	IPC
18-22	3,028	59
18	43	2
19	439	10
20	640	13
21	843	16
22	1,063	18
23-29	5,170	116
30-35	2,307	67
36-40	953	28
41-44	347	3
45	3	0
Total	11,808	273

Source – PSI P4HB RP004 and 005 for March 2016. 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 continues to climb. In March 2016 it was \$1,290.53, compared with the December 2015 average monthly income of \$1,274.18. 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 \$1,410.79 in

March 2016, approximately \$34.36 higher than the December 2015 average of \$1,376.43. Because these monthly income levels exceed the income limits for parent/caretaker Medicaid, these women are not eligible for full Medicaid coverage.

- **Eligibility by Race/Ethnicity:** The race/ethnicity information is self-reported on the applications submitted to our vendor. At the end of Q1 2016, approximately 73% of P4HB eligible participants were Black, while 23% were White. Only 4% of P4HB eligible participants were identified as Hispanic and about 96% were identified as “unspecified” ethnicity.

ENROLLMENT

As of March 31, 2016, a total of 10,909 women were enrolled in one of the Georgia Families CMOs and able to receive P4HB services. This total included 10,648 FP enrollees, 219 IPC enrollees, and 42 RM enrollees. The overall trend in enrollment is shown in Figure 3 which reflects average quarterly FP enrollment. As evidenced by the trend line, there was a slight decrease in average enrollment of 3.5% in the FP component from Q4 2015 to Q1 2016 (11,256 to 10,863). In addition, as shown in Figure 4, the average quarterly enrollment in the IPC component decreased by almost 7.7 percent (from 235 in Q4 2015 to 217 in Q1 2016).

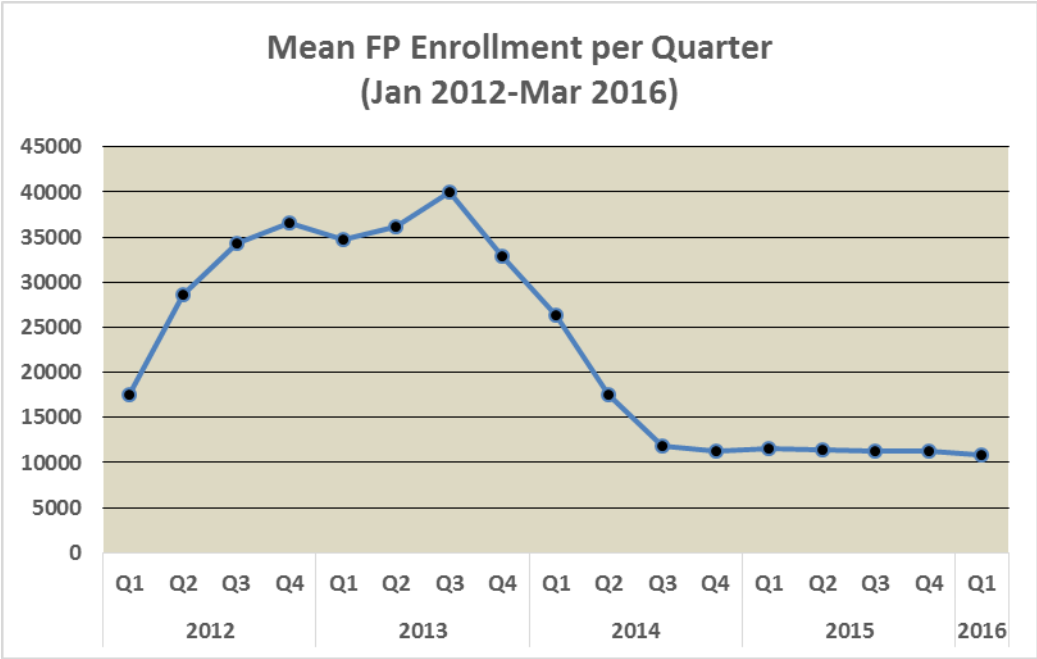


Figure 3: Mean Enrollment per Quarter, per FP enrollee (Jan 2012-Mar 2016)
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

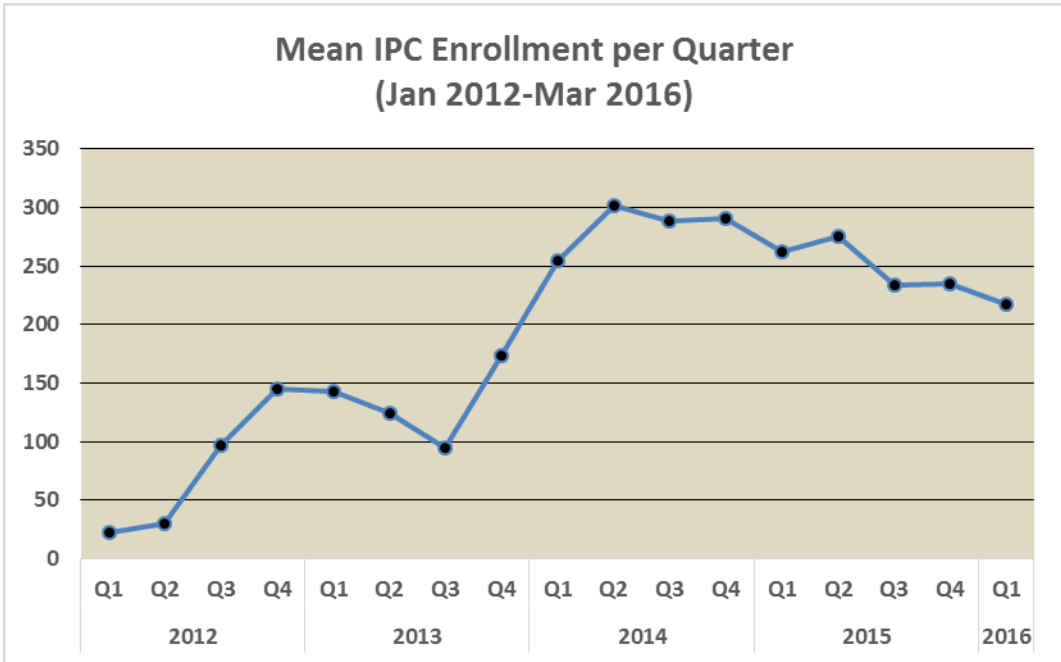


Figure 4: Mean Enrollment per Quarter, per IPC enrollee (Jan 2012-Mar 2016)
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

Figure 5 below illustrates the percentage of IPC and Resource Mother (RM) enrollees who: 1) received a family planning visit within 6 or 12 months of enrollment in P4HB; and 2) had evidence of a pregnancy within 6 or 12 months of enrollment in P4HB. For either the RM or IPC enrollees, a pregnancy within 6 months, or even 12 months, reflects a shorter interpregnancy interval than is desirable. All of the RM and IPC women came into the P4HB program due to their delivery of a very low birth weight infant and as we have noted before, 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.

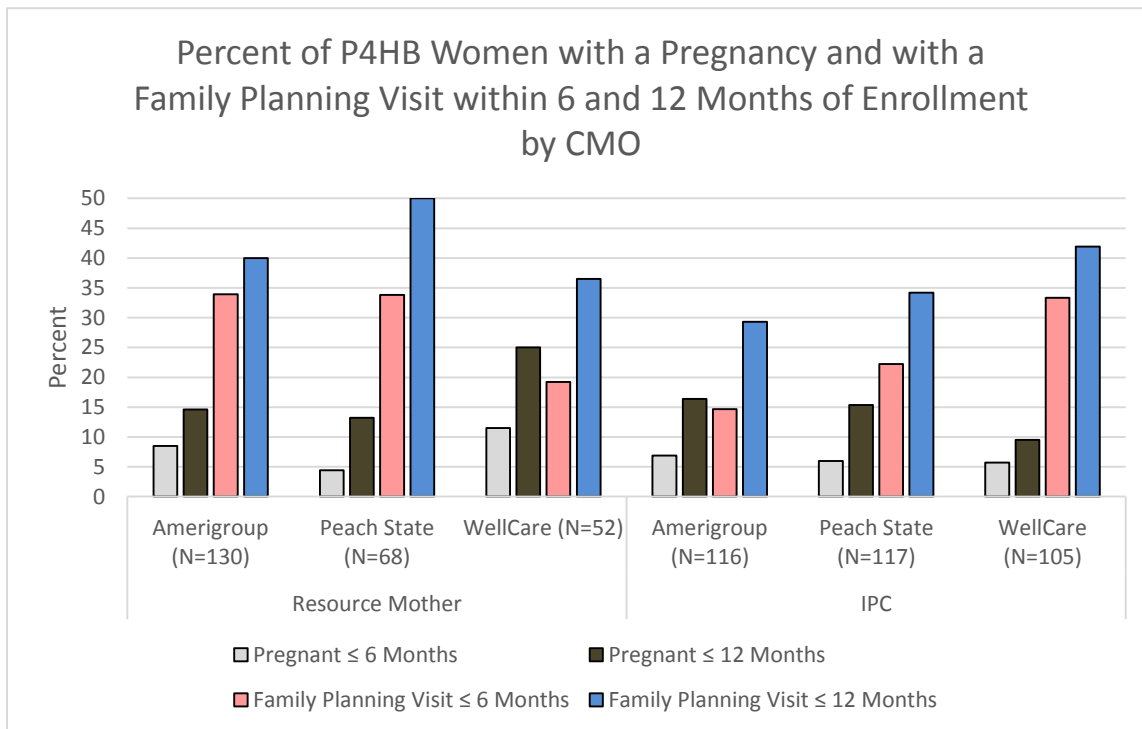


Figure 5: Percent of P4HB Women with a Pregnancy and with a FP visit within 6 and 12 Months of Enrollment by CMO, Source: Administrative Claims Data

We are therefore interested in the performance of the CMOs in terms of encouraging these to seek services such as family planning and other primary care and in turn, the success of these

efforts in increasing the time between the delivery of their very low birth weight infant and a subsequent pregnancy. Also in **Figure 5**, we display the results separately for the IPC and RM enrollee groups and the three CMOs (Amerigroup, Peach State, and WellCare) in which the women were enrolled initially. The data for the Resource Mothers are shown on the left hand side of **Figure 5**. This bar chart indicates the percentages of RM women enrolled in Amerigroup and Peach State who had a family planning visit within six months of enrollment (33.9% and 33.8% respectively - peach colored bars) while the percentage for WellCare's RM enrollees was 19.2% in this time period.

Family Planning visits for women within 12 months (blue colored bars) of their enrollment for all three CMOs did not exceed 50%. Peach State had the highest percentage (50.0%, n=68) of their RM enrollees attend a family planning visit while WellCare had the lowest percentage of their RM enrollees attend a family planning visit (36.5%, n=52). Amerigroup had the largest number of RM enrollees (130) and about 40.0% of them attended a family planning visit within 12 months of enrollment.

While these are small numbers on which to base an association, we do see the highest percentage of RM pregnant women within 6 (11.5%) (gray colored bars) or 12 (25.0%) months (black colored bars) among the WellCare enrollees who were less likely to receive a family planning visit within 6 (19.2%) to 12 (36.5%) months, compared to this type of enrollee in the other two CMOs. One-quarter of the WellCare RM enrollees were pregnant again within 12 months compared to (14.6% and 13.2%) of these enrollees in the other CMOs.

On the right hand side of **Figure 5**, we show comparable data on receipt of family planning visits and repeat pregnancies for the IPC women enrolled in the three CMOs. In general, there are lower

percentages of the IPC enrollees receiving a family planning visit within 6 or 12 months of enrollment. As opposed to the patterns seen for RM enrollees, IPC women enrolled in WellCare had the highest percentage (n=105) of family planning visits within 6 months (33.3%) and within 12 months (over 41.9%) compared to the other two CMOs. Amerigroup and Peach State had slightly higher numbers of IPC enrollees at 116 and 117 respectively, but only 29.3% and 34.2% of them had a family planning visit within 12 months of enrollment. The data in the bar chart indicate that WellCare had the highest percentage of their IPC enrollees with a family planning visit and WellCare succeeded in achieving the lowest percentage of IPC women with a repeat pregnancy within 6 months (5.7%) or 12 (9.5%) months of enrollment. In contrast, the percentage of IPC women with a repeat pregnancy within 12 months of their enrollment was 16.4% (Amerigroup) and 15.4% (Peach State).

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
- the renewal letter being sent to P4HB women about to lose their eligibility 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 these 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 762 renewals issued in January 2016, only 253 renewals were completed by March 2016. That is, 32.9 percent of the FP renewals and 66.7 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 December 2015, 131 of them re-enrolled by January 31, 2016 with no gap in coverage and zero women re-enrolled with a one month gap in coverage. For the women who lost eligibility at the end of January 2016, 110 women re-enrolled with no gap in coverage by the end of February 2016 and 36 women re-enrolled with a one month gap in coverage. For the women who lost eligibility at the end of February 2016, 147 were re-enrolled by March 31, 2016 with no gap in coverage and 49 women re-enrolled with a one month gap in coverage.

Table 3: Source of Enrollment Delays, FP Component		
Measure	Q4 2015	Q1 2016
Average Time (In Days) from Application to Referral to RSM	10.69 (October) 10.19 (November) 9.39 (December) Average: 10.09 days	10.21 (January) 11.21 (February) 14.40 (March) Average: 11.94 days
Average Time (In Days) from RSM request for more info to PSI response	2.57 (October) 3.28 (November) 2.21 (December) Average: 2.69 days	1.51 (January) 2.29 (February) 3.47 (March) Average: 2.42 days
Average Time (In Days) from Renewal to Referral to RSM	26 (October) 25 (November) 27 (December) Average: 26.00 days	30 (January) 32 (February) 24 (March) Average: 28.67 days

Source – PSI P4HB RP015 for October 2015-March 2016

Measu	Q4 2015	Q1 2016
Average Time (In Days) from Application to Referral to RSM	12.20 (October) 6.0 (November) 15.33 (December)	9.17 (January) 14.67 (February) 15.17 (March) Average: 13.00 days
Average Time (In Days) from RSM request for more info to PSI response	0 (October) 0 (November) 1 (December) Average: 0.67 days	0 (January) 0 (February) 0.67 (March) Average: 0.22 days
Average Time (In Days) from Renewal to Referral to RSM	26 (October) 36 (November) 22 (December) Average: 28.00 days	30 (January) 30 (February) 20 (March) Average: 26.67 days

Source – PSI P4HB RP015 for October 2015-March 2016

CMO Enrollment, Service Utilization, and Outreach

The following information reflects enrollment, service utilization and CMO outreach activities as provided to DCH through the Q1 2016 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 Q1 2016. **Table 6** provides information from each CMO regarding outreach activities to potential FP and IPC enrollees during Q1 2016.

Table 5: CMO Enrollment and Utilization of Services, January-March 2016 as of March 2016

CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
<p>Amerigroup</p>	<p><u>DCH Reported Enrollment</u> FP: 2,826 IPC: 64 RM/LIM: 7 Total Enrollment: 2,897 % of all P4HB enrollment: 26.6% % of all P4HB enrollment in previous quarter: 30.6%</p> <p><u>CMO Reported Enrollment:</u> FP: 3,645 IPC: 92 RM//LIM: 11 Total Enrollment: 3,748 % of all P4HB enrollment: 29.8%</p>	<p><u>Use of Known Contraception</u> FP: 601 IPC: 10 Total: 611</p> <p><u>Most common form of contraception</u> FP: Oral contraception (50.1%); injectable (45.9%) IPC: Oral contraception (80.0%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 675 IPC: 27 Total: 702</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 1,154 IPC: 35 RM: 5 Total: 1,194</p> <p><u>IPC Service Utilization</u> Dental care: 5 Primary care: 27</p>
<p>Peach State</p>	<p><u>DCH Reported Enrollment</u> FP: 3,888 IPC: 112 RM//LIM: 11 Total Enrollment: 4,011 % of all P4HB enrollment: 36.8% % of all P4HB enrollment in previous quarter: 31.3%</p> <p><u>CMO Reported Enrollment:</u> FP: 4,529 IPC: 145 RM//LIM: 17 Total Enrollment: 4,691 % of all P4HB enrollment: 37.3%</p>	<p><u>Use of Known Contraception</u> FP: 1,385 IPC: 36 RM: 8 Total: 1,429</p> <p><u>Most common form of contraception</u> FP: Oral contraception (45.9%); implants (5.1%); IUDs (3.4%); injectable (37.4%) IPC: Oral contraception (31.8%), injectable (27.3%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 621 IPC: 17 RM: 3 Total: 641</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,051 IPC: 57 RM: 12 Total: 2,120</p> <p><u>IPC Service Utilization:</u> Primary Care: 227 Substance Abuse: 10 Resource Mother: 17</p>

Table 5: CMO Enrollment and Utilization of Services, January-March 2016 as of March 2016

CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
WellCare	<p><u>DCH Reported Enrollment</u> FP: 3,934 IPC: 43 RM//LIM: 24 Total Enrollment: 4,001 % of all P4HB enrollment: 36.7% % of all P4HB enrollment in previous quarter: 38.1%</p> <p><u>CMO Reported Enrollment:</u> FP: 4,072 IPC: 44 RM//LIM: 18 Total Enrollment: 4,134 % of all P4HB enrollment: 32.9%</p>	<p><u>Use of Known Contraception</u> FP: 1,127 IPC: 4 Total: 1,131 <u>Most common form of contraception</u> FP: Oral contraception (58.4%); IUDs (23.3%); injectable (18.3%) IPC: Oral contraception (75%), injectable (25%)</p> <p><u>Number of women with unknown form of contraception</u> FP: 51 IPC: 0 Total: 51</p>	<p><u>Number of Participants who utilized one or more covered FP services</u> FP: 2,206 IPC/ RM: 22 Total: 2,228</p> <p><u>IPC Service Utilization:</u> Dental: 8 Primary Care: 37</p>

Table 6: CMO Outreach, Q4 2015 (October-December 2015)

CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	<ul style="list-style-type: none"> 34 outreach activities 1,195 participants <p><u>Provider Relations:</u></p> <ul style="list-style-type: none"> 181 provider relations activities 213 provider participants 	<ul style="list-style-type: none"> 7 face-to-face RM visits 33 telephone contacts by RM workers Community “Baby Showers” “Diaper Days” “Family Nights”
Peach State	<ul style="list-style-type: none"> 1,220 calls made to new members 1,228 new P4HB member packets mailed 876 members (new and existing) received education materials 	<ul style="list-style-type: none"> 94 members who had a VLBW infant received telephone calls A total of 828 mothers seen in a high volume delivery hospital were educated face-to-face
WellCare	<ul style="list-style-type: none"> P4HB mailings sent to 1,629 members who recently delivered P4HB mailings sent to 1,355 members determined to be within 60 days of their estimated delivery date. 	<ul style="list-style-type: none"> 41 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff. Resource Mothers attended 20 outreach events and educated a total of 158 potential members and community partners. Resource Mothers distributed applications to each potential member.

P4HB OUTREACH ACTIVITIES

During Q1 2016, the DCH P4HB program staff visited the Georgia Families enrollment broker's office to gain a better understanding about the outreach activities Maximus conducts to obtain the P4HB eligible woman's CMO selection. DCH also hosted a meeting in early April 2016 with the three CMOs, the RSM staff, the DCH managed care enrollment staff and the PSI/Maximus staff to align understanding about the P4HB program's eligibility and enrollment workflows as they currently exist and as they will exist when the new integrated eligibility system is implemented later in 2016. The P4HB staff also collaborated with the DCH Communications Team to develop a short survey for P4HB women who fail to respond to their renewal letter within thirty days of receipt. These women are referred for disenrollment following the initial 30 days of no response. The survey will assist DCH in determining the reasons why women are not renewing their eligibility in the program. In preparation for final approval of DCH's P4HB extension request, DCH staff members identified the counties in Georgia with the highest LBW rates so that targeted marketing to those counties about the P4HB program could occur once the P4HB extension request is approved.

Ongoing P4HB outreach activities include:

- The eighth month letters, sent by the CMOs and PSI/Maximus (approximately 5,000 per month are sent by PSI/Maximus) to RSM pregnant Medicaid members, provide information about the P4HB program including eligibility for the program, the enrollment process, and details about selecting a CMO.
- Education about the P4HB program provided by the FQHCs participating in the Georgia Title X program. Staff in the FQHCs also continue to assist women with their P4HB paper 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.
- Updates to the P4HB website and the P4HB fact sheets posted on the website. DCH also reviews and approves the CMOs' P4HB handbooks and other P4HB related member and provider information.
- Ongoing engagement by PSI/Maximus of women recommended by the CMOs for disenrollment from the IPC component. PSI/Maximus staff conduct telephone outreach to these women and many of them elect to remain enrolled in the P4HB program.

EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q1 2016:

- 1) The evaluation team is seeking the federal Office of Population Affairs' Family Planning Annual Report (FPAR) for CY 2015 in order to develop measures of change in family planning and other service utilization by Title X clients in 2015 compared to 2014. These data will be available in November and will be reported in the upcoming annual report.
- 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 under its *second* revision by the evaluation team in response to another round of comments from the editor and other reviewers. Their comments resulted in additional data analysis, tabling and writing by the evaluation team. These edits were

seen as ‘minor’ by the editor so the team is anticipating this will be the last round.

3) Emory has completed initial analysis of the PRAMS data on unintended pregnancy, use of birth control prior to pregnancy and after delivery, teen births, age at first birth and birthweight using 2009-2012 data on women in Georgia and 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 key population being analyzed in each state is women uninsured prior to pregnancy but with deliveries paid for by Medicaid. Using only 2012 as the ‘post’ P4HB period the evaluation team found no significant effects on unintended pregnancy, teen births, age at first birth or birthweight. There was a significant increase in the use of contraception pre-pregnancy; while the effect was also positive for the use of contraceptives postpartum, this was not statistically significant. The Emory team is working further on the specification of the models and will report more fully on the results in the next quarterly report. The team is also requesting the 2013 data from the CDC PRAMS staff. It is possible that a longer time period after the P4HB program’s implementation will show more significant findings. The team will also consider other dependent variables such as women reporting barriers to obtaining wanted birth control and the type of birth control used postpartum. The evaluation team is in dialogue with the CDC regarding changes in survey questions, survey weights and the anticipated 2013 and 2014 PRAMS data; they expect to have 2014 data by late Fall, 2016.

4) The Emory evaluation team will continue to contribute to the contents of the quarterly and annual reports sent to CMS by incorporating more of the pre/post analysis of the enrollment/claims data to test whether there have been effects of the demonstration on

enrollment, retention and other outcomes of interest. The evaluation team met with DCH to review the contents of these reports in relation to the proposed evaluation design. In this report, the Emory team included analysis of the receipt of services by IPC and RM by the CMO in which they were initially enrolled. The team has also been in contact regarding the renewal of the demonstration and in particular, any data needs that the team can meet and/or will need to meet as it is implemented.

ACTION PLANS

1. The CMOs will continue their ongoing outreach about the P4HB program, including the IPC component, and will continue to focus their efforts on 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 Q1 of 2016, the total spending for the program also fluctuated by month since the CMOs administering the program are paid on a capitated basis. For Q1 2016 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 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 Q1 2016 budget neutrality calculation can be found on the following page of this report.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2016						
		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	33,517				33,517
	IPC Enrollee Member Months	684				684
	PMPM for FP Members FP related Services	\$23.20	\$23.20	\$23.20	\$23.20	\$23.20
	PMPM for IPC Members FP related Services	\$33.64	\$33.64	\$33.64	\$33.64	\$33.64
	Total	\$ 800,537	\$ -	\$ -	\$ -	\$ 800,537
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		\$ 800,537	\$ -	\$ -	\$ -	\$ 186,760,014
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	684	-	-	-	684
	PMPM	\$ 124.01	\$ 124.01	\$ 124.01	\$ 124.01	\$ 124.01
	Total	\$ 84,822	\$ -	\$ -	\$ -	\$ 84,822
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		\$ -	\$ -	\$ -	\$ -	\$ 84,822
DIFFERENCE						\$ 186,675,192