

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

**Quarter 3**  
**July 1 through September 30,**  
**2015**

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

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## OVERVIEW

The Georgia Department of Community Health (DCH) is pleased to submit this third quarter (Q3) report reflective of the programmatic activities and performance of the Planning for Healthy Babies<sup>®</sup> (P4HB<sup>®</sup>) program during the months of July through September 2015. The topics reviewed in 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.

The P4HB program's enrollment data for Q3 of 2015 showed that by the end of the third quarter:

- 11,405 women were enrolled in a care management organization (CMO) for family planning (FP) only services compared with 11,251 women enrolled in a CMO for FP only services at the end of Q2 2015;
- 226 women were enrolled in a CMO for Interpregnancy Care (IPC) services compared with 257 women enrolled in a CMO for IPC services at the end of Q2 2015; and
- 291 women were enrolled in a CMO for Resource Mother (RM)/Case Management (CM) services (available to IPC and RM only P4HB enrolled women) compared with 308 women enrolled in a CMO for RM/CM services at the end of Q2 2015.

PSI/Maximus prepared the P4HB monthly eligibility reports for the P4HB program. An analysis of the Q2 and Q3 2015 family planning only (FP) reports conducted by DCH and Emory University revealed that when compared to Q2 2015, the number of women deemed eligible during Q3 2015 decreased in the counties of Fulton and Gwinnett, while the number increased in DeKalb, Chatham, Clayton, Cobb, and Dougherty counties. The number of eligible women did not change from Q2 to Q3 for Bibb County. **Table 1**

below identifies the FP eligibility differentials between Q2 and Q3 2015 for select counties.

<b>Table 1: FP Eligibility Differences of P4HB Participants for Select Counties for Q2 and Q3 2015</b>		
<b>June 2015</b>	<b>County</b>	<b>September 2015 Women</b>
1580	Fulton	1533
947	DeKalb	970
639	Clayton	657
571	Gwinnett	519
521	Chatham	574
446	Cobb	473
398	Bibb	398
391	Dougherty	412

The local public health staff in Chatham County have been actively educating women about the P4HB program and have assisted them with their P4HB applications. The Chatham County team also faxed women's completed applications to the P4HB enrollment broker during Q3 2015. The increase in the number of women deemed eligible in this county reflects these efforts. Dougherty County's public health staff members are also educating women about the P4HB program and assisting them with their applications for the program. Increases in the number of women submitting applications for the P4HB program were observed in Muscogee, Richmond and Lowndes counties as well. DCH is working with the Georgia Department of Public Health's Liaison to monitor these P4HB-related efforts by the local health departments.

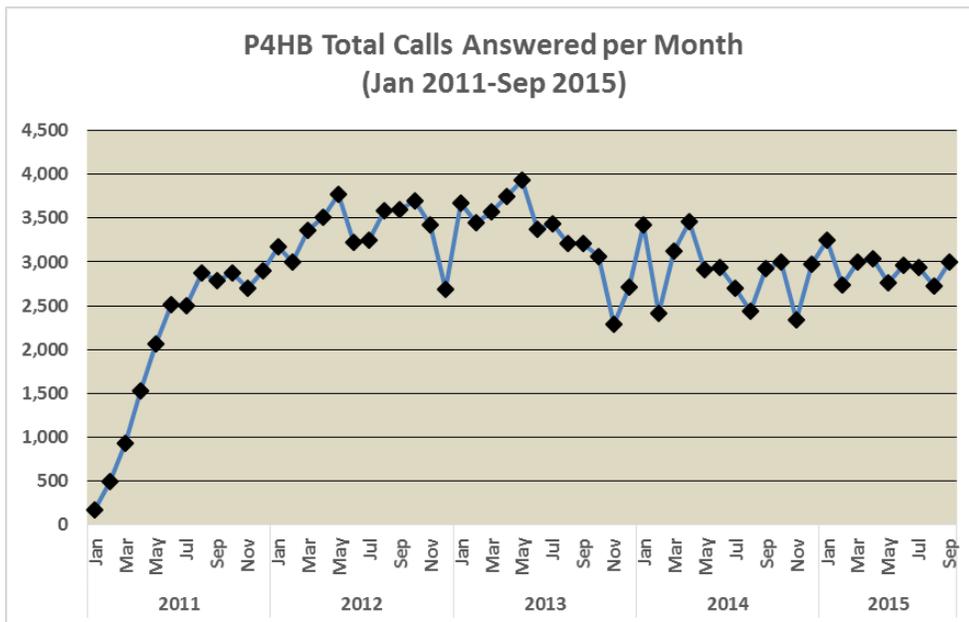
Once a woman is deemed eligible for the program, she is able to access services soon after she selects a CMO through which services are made available. Our policy to expedite CMO enrollment for P4HB eligible women was implemented in January 2015. While the required thirty day choice period for CMO selection did not change, the time span from CMO selection to CMO enrollment was substantially shortened to no more than thirty-one days. Once a woman

selects a CMO, she transitions to her selected CMO the day following her selection. By making family planning services and methods available sooner, we have furthered our goal of reducing unintended pregnancies.

## 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. The call volume in July 2015 was lower (2,939) than the call volume in June 2015 (2,963 calls). It dropped to 2,720 calls in August 2015 and rose to 3,006 calls in September 2015 - a volume level similarly observed at the end of Q1 2015. The data in **Figure 1** demonstrate that although the program’s call volume continued to fluctuate on a monthly basis during Q3 2015, the wide fluctuations have decreased and the volumes have settled between 2,700 and 3,000 calls per month.



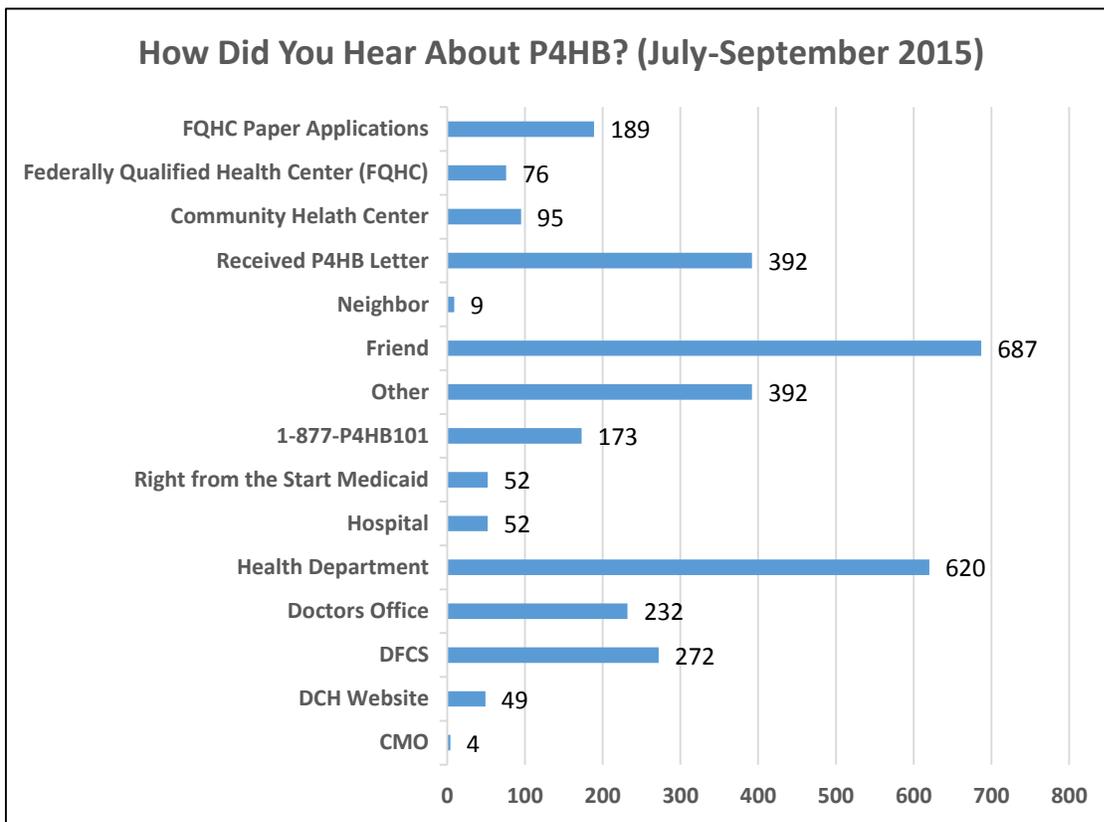
**Figure 1: P4HB Total Calls (Answered) per Month (January 2011-September 2015)**  
 Source: PSI – Contact Center Performance Report Current YTD (January 2011–September 2015)

## Sources of Information

PSI/Maximus continued to monitor, 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 Q3 2015 survey identified the top three sources of information about the P4HB program as: 1) friends; 2) health department staff members; and 3) via letters sent to Medicaid eligible women during their eighth month of pregnancy by DCH and the CMOs. These data reflect the ongoing efforts by local health department staff members (as previously described) across the state to educate eligible women about the program. During the early months of CY 2015, local health department staff were hesitant to refer women to the program because DCH had not received approval of its extension request from CMS. DCH continues to work closely with CMS to provide the necessary information to finalize the extension request. During the interim, CMS provides month-to-month extensions for the P4HB program and DCH reassures the local health departments that the program is continuing and that the Special Terms and Conditions (STCs) for the program are being prepared by CMS for the extension of the program.

The number of women who learned about the P4HB program through the federally qualified health centers (FQHCs) increased during Q3. In addition and as noted in our Q2 2015 P4HB report, the FQHCs that partner with Georgia’s Title X grantee, Georgia Family Planning System (GFPS), continued to stamp all paper P4HB applications that originate from their clients. The GFPS partners with over 100 FQHC sites across Georgia, and the staff at these sites educate FQHC patients about the P4HB program and assist them with their paper applications to avoid incomplete

applications. The work of the GFPS staff who assist women with their P4HB applications is supported by a grant from the UnitedHealthcare Foundation that was awarded to the Family Health Centers of Georgia earlier this year. Combining the categories of FQHC paper applications, FQHC and Community Health Center – the top three sources listed in **Figure 2** below – we’ve identified 360 respondents who learned about the P4HB program through the FQHCs. We appreciate GFPS’ work, educating their clients about the P4HB program.



**Figure 2:** How Did You Hear About P4HB? (July-September 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: 10/08/2015). The total number of unique

paper and web applications increased during Q3 2015 when compared with Q2 2015. Eleven hundred and sixteen paper applications and 1,658 web applications were received during Q3 for a total of 2,774 applications compared with 1,109 paper applications and 1,595 web applications for a total of 2,704 applications received during Q2 2015 – a 2.6% increase in the number of applications submitted during Q3. We noted that percentage of web applications was similar this quarter (59.8 %) to that of Q2 2015 (59.0 %). By the end of Q3 2015, 63,283 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 seeking to enroll in the P4HB program, a substantial number of the applicants have been denied eligibility for the program. These denials are not specific to the FP, IPC, and RM components of the program because in the P4HB system, 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 Q3 2015, there were two main reasons identified for application denials for the FP component of P4HB. These were non-response within 14 days of a request for additional information and failure to verify income. We continue to assume that at the time of submission of the application for the P4HB program, these women are also applying for other health insurance coverage which becomes available shortly after submission of the P4HB application. Therefore, they have no need to follow up regarding their P4HB application.

- **Enrollee terminations from the P4HB program.** The two main reasons enrollees were terminated from the P4HB program during Q3 were sharply different from the two main reasons women were denied eligibility for the program. Throughout Q3, the most frequently documented reason for termination was failure to complete the review (monthly frequency ranged from 53% to 67%) and the second most frequent reason for termination (monthly frequency ranged from 20% - 25%) was that these women now had Medicaid as their insurance - most likely the result of a new pregnancy. For women being terminated from the IPC component during Q3, the monthly frequency for having Medicaid insurance coverage ranged from 19% to 29%. Our enrollment broker also conducted an analysis for us to determine how many of the women whose enrollment was terminated were reinstated. For the months of July through September 2015, 383 women were reinstated to the P4HB program with no gap in coverage and 116 women returned with a one month gap in coverage for a total of 499 women returning to the program after termination. This Q3 count is lower than what we saw in Q2 (April through June 2015) when 347 women (there was an error in the count recorded in the Q2 report) were reinstated to the P4HB program with no gap and 128 women returned with a one month gap for a total of 575 women.
- **Average age of the women deemed eligible for the P4HB program.** The average age range for women deemed eligible for the FP component of the P4HB program was 26 - 27 years and for the IPC component, it was 28 - 29 years. These age ranges have remained stable for some time. **Table 2** below provides the age distribution of women deemed eligible in September 2015 and illustrates that 89.8% or 11,478 of the women deemed eligible for the FP and IPC components of the P4HB program in that month (12,787) were under the age of 36. There were 5,412 women aged 23 – 29 years deemed

eligible for the FP and IPC components of the program in Q3 - 42.3% of all of the women deemed eligible for the FP and IPC components of the program. Only 511 of the total number of women deemed eligible during the month of September 2015 were in their late teens (eighteen or nineteen years of age) and of these, only 47 women were 18 years of age. As explained in previous quarterly reports, this is to be expected since young women who are 18 years old and meet Medicaid eligibility criteria are eligible for full benefits until their nineteenth birthday.

<b>Table 2: Individuals Deemed Eligible for FP and IPC By Age – September 2015</b>		
<b>Deemed Eligible</b>	<b>Family Planning</b>	<b>IPC</b>
<b>18-22</b>	<b>3,537</b>	<b>65</b>
18	44	3
19	451	13
20	711	11
21	1,174	17
22	1,157	21
<b>23-29</b>	<b>5,263</b>	<b>149</b>
<b>30-35</b>	<b>2,400</b>	<b>64</b>
<b>36-40</b>	<b>902</b>	<b>35</b>
<b>41-44</b>	<b>365</b>	<b>5</b>
<b>45</b>	<b>2</b>	<b>0</b>
<b>Total</b>	<b>12,469</b>	<b>318</b>

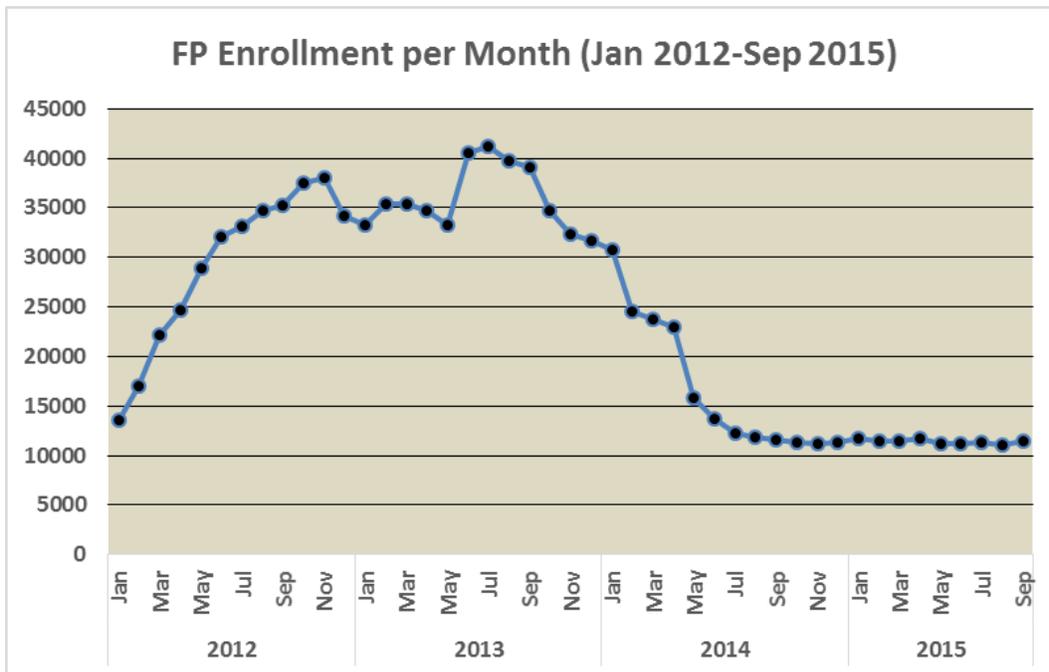
Source – PSI P4HB RP004 and 005 for September 2015. The Resource Mothers only component was not included in this table.

- **Average Income:** The average monthly income among women deemed eligible for the FP only component of P4HB has remained stable and was \$1,247.22 in September 2015, compared with the June 2015 average monthly income of \$1, 233.65. 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 \$1,297.93 in September 2015, approximately \$145.64 lower than the June 2015 average of \$1443.57. We have seen very little change in average income of late.

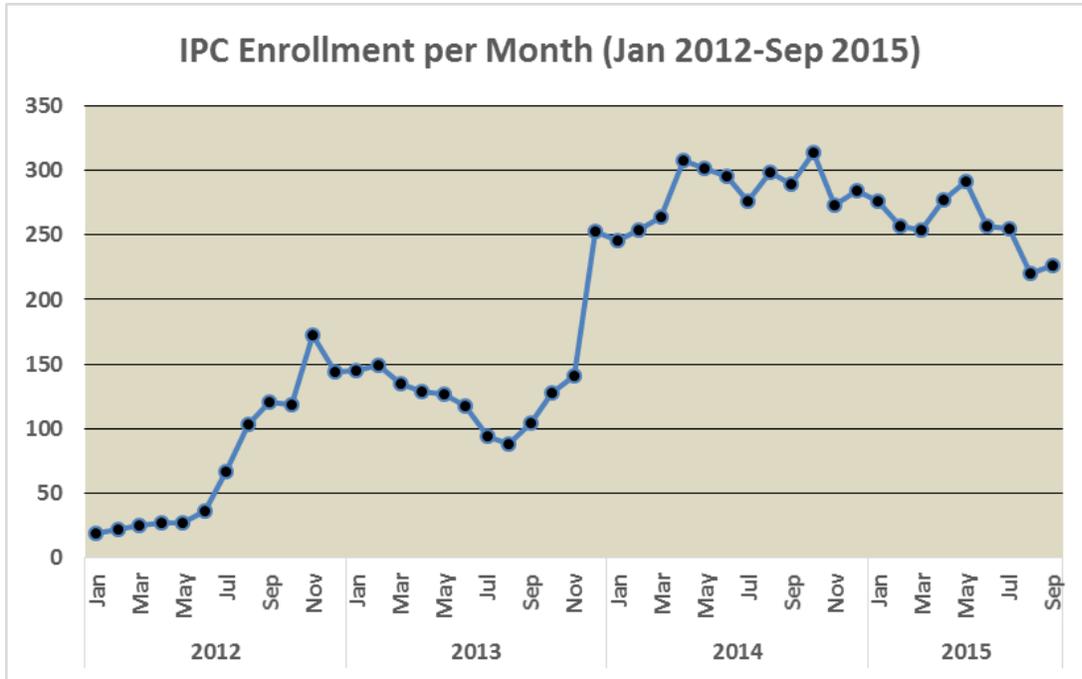
- **Eligibility by Race/Ethnicity:** DCH initiated the tracking of P4HB eligibility by race and ethnicity during Q3, 2015 and will include this data in the fourth quarter report.

## ENROLLMENT

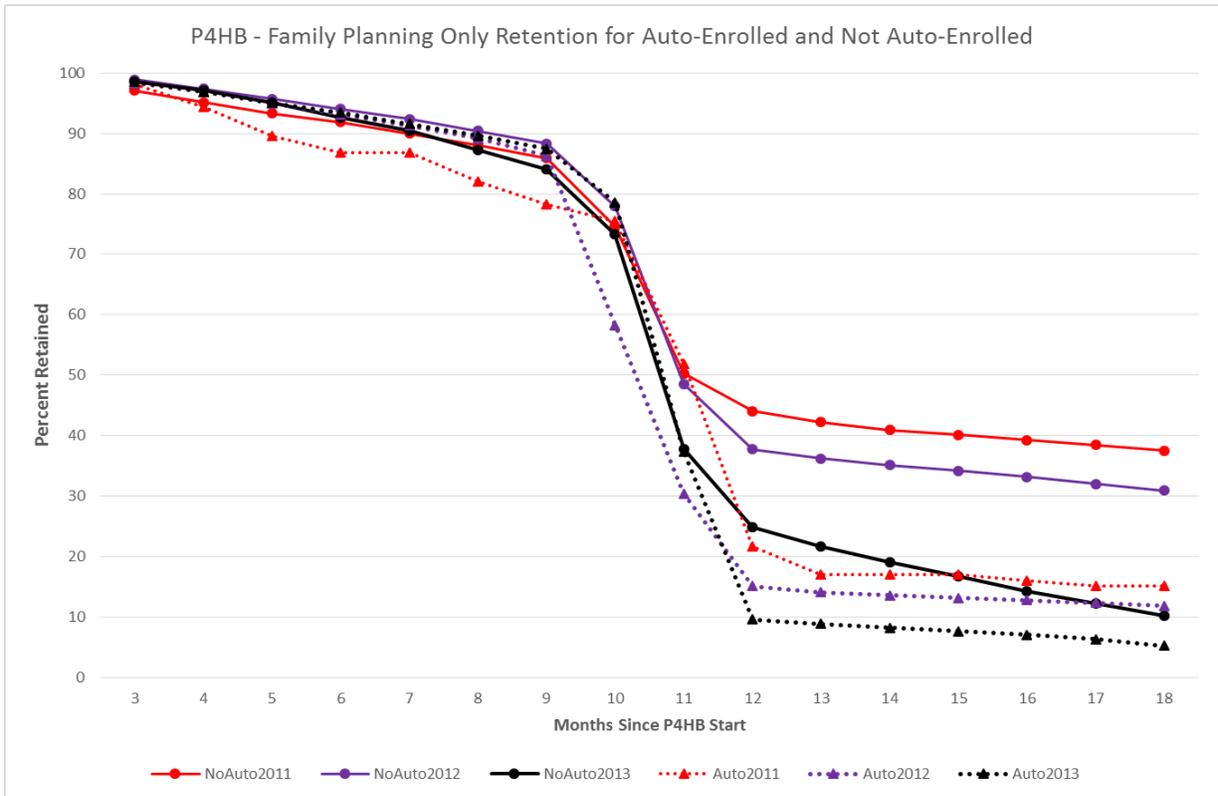
As of September 30, 2015, a total of 11,696 women were enrolled in one of the Georgia Families CMOs and able to receive P4HB services, including 11,405 FP enrollees, 226 IPC enrollees, and 65 RM enrollees. The overall trend in enrollment is shown in **Figure 3** which reflects monthly FP enrollment. While the trend line appears stable since October 2014, there was an increase of 1.4% in the FP component from Q2 2015 to Q3 2015 (11,251 to 11,405). In addition, as shown in **Figure 4**, the monthly enrollment in the IPC component decreased by almost 12.1 percent (from 257 in Q2 2015 to 226 in Q3 2015).



**Figure 3: Enrollment per month, per FP enrollee (Jan 2012-Sep 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: P4HB – FP Only Retention for Auto-Enrolled and Non-Auto-Enrolled**

The data in Figure 5 indicate the percentage of FP only participants that remained enrolled in the P4HB program from their third month of enrollment through their eighteenth month of enrollment. Enrollment data through June of 2015 was used for this analysis. The data are organized for three cohorts of enrollees, those enrolling in 2011, 2012 and 2013, and the figure shows their retention in the P4HB program separately by those who were auto-enrolled versus those who were not auto-enrolled into the program. The analysis suggests that those FP only participants who were not auto-enrolled had higher retention rates in P4HB than those who were auto-enrolled into the program regardless of the year their enrollment started. Moreover, there is a higher retention rate of FP only participants from 2011 and 2012 than from 2013 although some of this may be due to incompleteness of the eligibility data for the 2013 cohort. Updated data may show slight changes in the level of retention for this cohort. The highest level of retention through the 18<sup>th</sup> month is for the 2011 non-auto enrolled cohort at around 38 percent while the lowest level is among the auto enrolled 2013 cohort, at around 5%. Given that appropriate interpregnancy intervals are at least 18 months, keeping women in the program for this length of time is desirable.

As shown below, during Q3 2015, the average time from receipt of a P4HB application to a referral to an RSM worker for the eligibility determination was 11.17 days; 11.42 days were observed in Q2 2015. From the RSM request for more information to the PSI Maximus response, the Q3 2015 performance was 3.51 days compared with 4.18 days in Q2 2015. Regarding the renewal process, PSI/Maximus sends renewal letters to P4HB participants sixty days prior to the end of the twelve month eligibility period. If the participants fail to respond to the renewal request within thirty days, PSI/Maximus refers those women to the RSM worker for closure of their eligibility span. The statistics for Q3 compared to Q2 2015 are provided below and demonstrate that the average time from PSI/Maximus sending the renewal request letter to the P4HB member to the

PSI/Maximus referral of the member to the RSM worker for closure of the woman’s P4HB eligibility (due to non-response of the member) was 29 days in Q3 2015 compared to 26 days in Q2 2015.

<b>Table 3: Source of Enrollment Delays, FP Component</b>		
<b>Measure</b>	<b>Q2 2015</b>	<b>Q3 2015</b>
<b>Average Time (In Days) from Application to Referral to RSM</b>	11.11 (April) 11.63 (May) 11.52 (June) <b>Average: 11.42 days</b>	11.62 (July) 10.57 (August) 11.33 (September) <b>Average: 11.17 days</b>
<b>Average Time (In Days) from RSM request for more info to PSI response</b>	4.90 (April) 3.95 (May) 3.69 (June) <b>Average: 4.18 days</b>	3.18 (July) 3.54 (August) 3.81 (September) <b>Average: 3.51 days</b>
<b>Average Time (In Days) from Renewal to Referral to RSM</b>	26 (April) 24 (May) 28 (June) <b>Average: 26 days</b>	29 (July) 31 (August) 27 (September) <b>Average: 29 days</b>

Source – PSI P4HB RP015 for April – September 2015

Beginning in August 2015, DCH began to track the source of enrollment delays for the IPC component of P4HB. As shown in Table 4, the average time from receipt of a P4HB application to a referral to an RSM worker for the eligibility determination for IPC clients was 8.29 days. From the RSM request for more information to the PSI Maximus response, the Q3 2015 performance for August and September for the IPC component was .25 of a day. The average time from PSI/Maximus sending the renewal request letter to the IPC member to the PSI/Maximus referral of the member to the RSM worker for closure of the woman’s IPC eligibility (due to non-response of the member) was 30.5 days in Q3 2015.

<b>Table 4: Source of Enrollment Delays, IPC Component (August and September 2015 only)</b>	
<b>Measure</b>	<b>Q3 2015</b>
<b>Average Time (In Days) from Application to Referral to RSM</b>	6 (August) 10.57 (September) <b>Average: 8.29 days</b>
<b>Average Time (In Days) from RSM request for more info to PSI response</b>	0 (August) 0.5 (September) <b>Average: .25 day</b>
<b>Average Time (In Days) from Renewal to Referral to RSM</b>	39 (August) 22 (September) <b>Average: 30.5 days</b>

Source – PSI P4HB RP015 for April – September 2015

### **CMO Enrollment, Service Utilization, and Outreach**

The following information reflects enrollment, service utilization and CMO outreach activities as provided to DCH through the Q3 2015 P4HB reports submitted 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 5** highlights the main findings for each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q3 2015. **Table 6** highlights the main findings for each CMO regarding outreach activities to potential FP and IPC enrollees during Q3 2015.

<b>Table 5: CMO Enrollment and Utilization of Services, July-September 2015</b>			
<b>CMO</b>	<b>Enrollment</b>	<b>Contraception Utilization</b>	<b>Family Planning and IPC Service Utilization</b>
<b>Amerigroup</b>	<p><b><u>DCH Reported Enrollment</u></b>  FP: 3,780  IPC: 89  RM/LIM: 17  <b>Total Enrollment: 3,886</b>  <b>% of all P4HB enrollment: 33.2%</b>  <b>% of all P4HB enrollment in previous quarter: 33.3%</b></p> <p><b><u>CMO Reported Enrollment:</u></b>  FP: 4,320  IPC: 117  RM//LIM: 19  <b>Total Enrollment: 4,456</b>  <b>% of all P4HB enrollment: 33.7%</b></p>	<p><b><u>Use of Known Contraception</u></b>  FP: 919  IPC: 13  <b>Total: 932</b></p> <p><b><u>Most common form of contraception</u></b>  FP: Oral contraception (50%); injectable (44.2%)  IPC: Oral contraception (53.8%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>  FP: 864  IPC: 33  <b>Total: 897</b></p>	<p><b><u>Number of Participant who utilized one or more covered FP services</u></b>  FP: 1, 566  IPC: 43  RM: 17  <b>Total: 1,626</b></p> <p><b><u>IPC Service Utilization</u></b>  Dental care: 5  Primary care: 53</p>
<b>Peach State</b>	<p><b><u>DCH Reported Enrollment</u></b>  FP: 3,261  IPC: 91  RM//LIM: 29  <b>Total Enrollment: 3,381</b>  <b>% of all P4HB enrollment: 28.9%</b>  <b>% of all P4HB enrollment in previous quarter: 28.1%</b></p> <p><b><u>CMO Reported Enrollment:</u></b>  FP: 4,042  IPC:129  RM//LIM: 30  <b>Total Enrollment: 4,201</b>  <b>% of all P4HB enrollment: 31.8%</b></p>	<p><b><u>Use of Known Contraception</u></b>  FP: 1,353  IPC: 25  RM: 4  <b>Total: 1,382</b></p> <p><b><u>Most common form of contraception</u></b>  FP: Oral contraception (44.8%); implants (3.4%); IUDs (3.2%); injectable (39.8%)  IPC: Oral contraception (42.3%), injectable (19.2%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>  FP: 465  IPC: 17  RM: 3  <b>Total: 485</b></p>	<p><b><u>Number of Participant who utilized one or more covered FP services</u></b>  FP: 1,839  IPC: 43  RM: 7  <b>Total: 1,889</b></p> <p><b><u>IPC Service Utilization:</u></b>  Primary Care: 182  Substance Abuse: 5  Resource Mother: 30</p>

<b>Table 5: CMO Enrollment and Utilization of Services, July-September 2015</b>			
<b>CMO</b>	<b>Enrollment</b>	<b>Contraception Utilization</b>	<b>Family Planning and IPC Service Utilization</b>
<b>WellCare</b>	<p><b><u>DCH Reported Enrollment</u></b>            FP: 4,364            IPC: 46            RM//LIM: 19            Total Enrollment: 4,429            % of all P4HB enrollment: 37.9%            % of all P4HB enrollment in previous quarter: 38.6%</p> <p><b><u>CMO Reported Enrollment:</u></b>            FP: 4,499            IPC: 46            RM//LIM: 10            Total Enrollment: 4,555            % of all P4HB enrollment: 34.5%</p>	<p><b><u>Use of Known Contraception</u></b>            FP: 1,167            IPC: 12            Total: 1179</p> <p><b><u>Most common form of contraception</u></b>            FP: Oral contraception (65.9%); injectable (28.5%)            IPC: Oral contraception (83.3%), injectable (16.7%)</p> <p><b><u>Number of women with unknown form of contraception</u></b>            FP: 78            IPC: 0            Total: 78</p>	<p><b><u>Number of Participant who utilized one or more covered FP services</u></b>            FP: 2,425            IPC/ RM: 26            Total: 2,451</p> <p><b><u>IPC Service Utilization:</u></b>            Dental: 10            Primary Care: 61</p>

<b>Table 6: CMO Outreach, Q3 2015 (July-September 2015)</b>		
<b>CMO</b>	<b>All Outreach Activities</b>	<b>IPC Specific Outreach</b>
<b>Amerigroup</b>	<ul style="list-style-type: none"> <li>30 outreach activities</li> <li>1,065 participants</li> </ul> <p>Provider Relations:</p> <ul style="list-style-type: none"> <li>217 provider relations activities</li> <li>239 provider participants</li> </ul>	<ul style="list-style-type: none"> <li>21 face-to-face RM visits</li> <li>66 telephone contacts by RM workers</li> <li>Community “Baby Showers”</li> <li>“Diaper Days”</li> </ul>
<b>Peach State</b>	<ul style="list-style-type: none"> <li>505 calls made to new members</li> <li>505 new P4HB member packets mailed</li> <li>1,156 members (new and existing) received education materials</li> <li>12 new providers received provider toolkits about P4HB</li> <li>33 provider staff members attended new provider orientations</li> </ul>	<ul style="list-style-type: none"> <li>86 members who had a VLBW infant received telephone calls</li> <li>A total of 1,006 mothers seen in a high volume delivery hospital were educated face to face</li> </ul>

<b>Table 6: CMO Outreach, Q3 2015 (July-September 2015)</b>		
<b>CMO</b>	<b>All Outreach Activities</b>	<b>IPC Specific Outreach</b>
<b>WellCare</b>	<ul style="list-style-type: none"> <li>• P4HB mailings sent to 2,530 members who recently delivered</li> <li>• P4HB mailings sent to 1,895 members determined to be within 60 days of their estimated delivery date.</li> </ul>	<ul style="list-style-type: none"> <li>• 40 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff.</li> <li>• Resource Mothers distributed 171 program applications and assisted with completing applications when needed.</li> <li>• Resource Mothers attended 32 outreach events and educated a total of 523 potential members and community partners.</li> </ul>

## **P4HB OUTREACH ACTIVITIES**

During Q3, DCH collaborated with the designated staff member of the GFPS who has been coordinating the effort to assist women, presenting to the FQHC sites for services, with completion and submission of their applications for the P4HB program. DCH staff also communicated with staff from Valley Health Care Systems, Inc. in Columbus, Georgia and sent P4HB brochures to aid their outreach efforts. To inform the outreach efforts we are planning following approval of the P4HB extension request, DCH staff worked with our enrollment broker to generate a county specific Termination Reason report. This report will identify those counties with the largest number of women losing P4HB eligibility so that we can target them with our marketing efforts.

The following are ongoing P4HB outreach activities:

- DCH sent eighth month letters to pregnant Medicaid members (in the RSM eligibility group) about the P4HB program. These eight month letters were previously identified in this report as the third most frequently cited source for the P4HB applicants' knowledge about the program. These letters provide

women with information regarding P4HB eligibility and enrollment along with details about selecting a CMO.

- The local public health departments across the state provided P4HB information to women applying for presumptive pregnant woman eligibility. The P4HB program is a coverage option available to these women should it be determined they are not pregnant. The P4HB program is also available to women following termination of their Georgia Medicaid benefits sixty days post-delivery. In the “How Did you Hear” surveys, the local public health departments were ranked as the second most common source of information about the P4HB program by women submitting electronic applications for the program.
- As previously mentioned, the FQHCs that participate in the Georgia Title X program are educating women about the P4HB program and assisting them with the P4HB application. We continue to monitor the effectiveness of their outreach activities (through the ‘How Did You Hear’ reports) as they serve to raise women’s awareness of the family planning and related services available through the P4HB program.

## **CMO MEMBER AND PROVIDER SURVEYS**

### **Overview**

As part of the P4HB program, the CMOs, in collaboration with DCH, monitor member and provider overall knowledge and understanding of the program approximately bi-annually through an analysis of member and provider surveys. The CMOs and DCH review the results of each wave of the surveys to identify areas of poor understanding about the P4HB program. Analyses of these

surveys help the CMOs and DCH better understand and improve member and provider experiences with the P4HB program, as it is important to both the CMOs and DCH to identify any area that could negatively impact the satisfaction of members and providers who participate in the program. Any areas that do not meet the CMOs' performance goals are analyzed for barriers and opportunities for improvement. Although there are concerns with the low response rates for the surveys and the lack of information on representativeness of the respondents, these surveys provide DCH with an overall 'view' of member and provider involvement with the P4HB program and any barriers to greater awareness and involvement in the program.

### **Survey Methods**

To date, the member and provider surveys have been administered in eight waves – in December 2011, April 2012, September 2012, April 2013, September 2013, May 2014, November 2014 and July 2015. The most recent wave of the member and provider surveys, the eighth wave, was conducted in June and July 2015. Members identified by the CMOs as being enrolled in the P4HB program during the period of July 2014 to January 2015 were contacted by phone for the survey (7,907 participants). Of the 7,907 program participants contacted, 848 (10.7%) responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (1208) were sent the provider survey via the online “Survey Monkey” tool. Only 14 (1.2%) providers responded. The sections below provide a summary of the responses from the most recent two waves of the CMO member and provider surveys (waves seven and eight) and, when applicable, the recent waves were compared with responses from waves five and six.

### **CMO Member Survey Results**

A total of 8973, 9000, 7934, and 7907 members met the selection criteria for the CMO member survey for waves five through eight, respectively. The rate of participation in the CMO member

survey, across the three CMOs, was 7.7% of members for wave seven and 10.7% for wave eight. For wave eight, the member response rates were: 7.0% (210/3000) for Peach State, 11.8% (355/3000) for Amerigroup, and 14.8% (283/1907) for WellCare.

**Table 7** summarizes members' responses regarding reasons for their enrollment in P4HB, services they have used, services they had trouble accessing prior to enrollment in P4HB and the types of problems in accessing those services, as well as changes the P4HB program has made for the member. A substantial number of members reported enrolling in P4HB to receive primary care services (from a low of 48% in wave six to a high of 53.4% in wave eight), such as routine check-ups and care for illnesses in addition to birth control or family planning services. The P4HB program, however, only allows family planning related visits for women enrolled in the FP only component. Limited primary care services are covered under the IPC component of the program. Across waves five through eight of the CMO member survey, between 42% (wave five) and 53.5% (wave eight) of respondents indicated that birth control or family planning was their reason for enrolling in P4HB. There was also a small increase in the percentage of members reporting enrollment in P4HB to obtain testing for pregnancy or sexually transmitted infections from approximately 25% for both of these services in wave five to nearly 30% in wave eight. From waves five through eight of the survey, respectively, there was also a consistent increase in the percentage of survey respondents who reported using P4HB for birth control or family planning services (from 38% to 50.1%), primary care services (from 34% to 40.6%), and testing for pregnancy and sexually transmitted infections (from 19% to 26.2% for both of these).

Taken together with the large change in the percentage of responding members reporting an ability to obtain preventive care and family planning counseling through the P4HB program from wave five through wave eight of the survey (from 46% to 52%), these member survey results suggest

that these two types of services were difficult for women to access prior to their enrollment in P4HB, though the participants still experienced some barriers to accessing these services once enrolled in P4HB. However, across waves five through eight of the survey, a substantial proportion of the women (range of 29% to 33.3%) reported being able to start using a birth control method and having more choice of methods due to enrollment in P4HB (range of 35% to 38.4%).

**Table 7. Enrollment and Utilization of Services in P4HB®**

	<b>5th Wave N=960 Responses n (%)</b>	<b>6th Wave N=806 Responses n (%)</b>	<b>7th Wave N=611 Responses n (%)</b>	<b>8th Wave N=848 Responses n (%)</b>
<b>Enrollment in P4HB® to get...</b>				
Birth control or family planning services	403 (42%)	355 (44%)	267 (44%)	454 (53.5%)
Pregnancy testing	235 (24%)	211 (26%)	144 (24%)	252 (29.7%)
Testing or treatment for sexually-transmitted infections	253 (26%)	203 (25%)	148 (24%)	249 (29.4%)
Primary care (such as routine check-up, care for an illness)	479 (50%)	388 (48%)	310 (51%)	453 (53.4%)
Other	68 (7%)	51 (6%)	51 (8%)	71 (8.4%)
<b>Have used these P4HB® services...</b>				
Birth control or family planning services	362 (38%)	345 (43%)	266 (44%)	425 (50.1%)
Pregnancy testing	187 (19%)	178 (22%)	130 (21%)	222 (26.2%)
Testing or treatment for sexually-transmitted infections	179 (19%)	195 (24%)	128 (21%)	222 (26.2%)
Primary care (such as routine check-up, care for an illness)	322 (34%)	320 (40%)	239 (39%)	344 (40.6%)
Other	24 (3%)	23 (3%)	13 (2%)	30 (3.5%)
<b>Before enrolling in P4HB®, had trouble getting...</b>				
Birth control or family planning services	225 (23%)	174 (22%)	127 (21%)	239 (28.2%)
Pregnancy testing	106 (11%)	88 (11%)	55 (9%)	115 (13.6%)
Testing or treatment for sexually-transmitted infections	115 (12%)	100 (12%)	60 (10%)	127 (15.0%)
Primary care (such as routine check-up, care for an illness)	297 (31%)	220 (27%)	168 (28%)	281 (33.1%)
Other	97 (10%)	58 (7%)	62 (10%)	96 (11.3%)
<b>Changes P4HB® made for the participant...</b>				
I am going to a different doctor or nurse for family planning services or birth control	219 (23%)	145 (18%)	122 (20%)	185 (21.8%)
I am going to a different doctor or nurse for primary care	185 (19%)	109 (14%)	82 (13%)	147 (17.3%)
I have started using a birth control method	300 (31%)	242 (30%)	174 (29%)	282 (33.3%)
I have changed the birth control method I use	158 (16%)	119 (15%)	102 (17%)	140 (16.5%)
I have more choices of birth control methods	369 (38%)	284 (35%)	228 (37%)	326 (38.4%)
I do not have to use my own money for family planning services or birth control	375 (39%)	298 (37%)	218 (36%)	310 (36.6%)

I am able to get preventive care (such as Pap smears) and family planning counseling	464 (48%)	369 (46%)	292 (48%)	438 (51.7%)
With the Purple Card (IPC), I am able to get care for illnesses	14 (1%)	11 (1%)	6 (1%)	8 (0.9%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	10 (1%)	9 (1%)	5 (1%)	7 (0.8%)
Other	39 (4%)	32 (4%)	19 (3%)	29 (3.4%)

The data in **Table 8** provide information regarding the knowledge that members had about the P4HB program with respect to both eligibility criteria for the specific components of P4HB and services covered under specific components of P4HB. The percentage responding correctly to the range of eligibility criteria for the FP (“Pink Card”) component of the P4HB program has remained fairly consistent across waves five through eight of the survey, with substantial variation in correct knowledge of the specific eligibility criteria. Approximately 15-20% of respondents were aware of the criterion of not otherwise being insured for family planning services or eligible for Medicaid or PeachCare, while approximately 33-37% were aware of the criteria of being between 18-44 years of age, a US resident, and a citizen of Georgia. Knowledge and understanding of the eligibility criteria for the IPC (“Purple Card”) component of the Demonstration remained low with 3% or fewer of respondents being aware of the various criteria across waves five through eight of the survey.

Responses regarding knowledge of the services covered under the “Pink Card” of the P4HB program indicate that a range of 25% to 34% of respondents across the last four waves of the survey understood that birth control services and methods, Pap smears and pelvic examinations, and follow-up of an abnormal Pap smear are covered, with a slightly lower percentage (ranging from 20-22% across the last four survey waves) being aware of the coverage for treatment for sexually transmitted infections. However, substantially smaller percentages were aware of the coverage of other family planning and related services. For example, a range of 11-13% of respondents from the last four survey waves reported being aware of coverage for vitamins with

folic acid, only 11% of respondents were aware of coverage for certain vaccinations. There was very little understanding of the coverage afforded under the “Purple Card” across the last four waves of the survey, with 1% or fewer of respondents correctly identifying the covered services. Of importance in interpreting the member survey results concerning the “Purple Card”, the surveyed members are asked to skip the questions of the survey that are not pertinent to them and there is a ‘not applicable’ response option, such that the member survey is not asking women who are only participating in the FP only component about the IPC eligibility criteria and covered services. Considering this, it is particularly clear that additional outreach must occur so that women are not confused about the eligibility requirements and covered services for the IPC (“Purple Card”) component of the P4HB program.

**Table 8. Knowledge of Members about P4HB®**

Knowledge of...	5th Wave N=960 Responses n (%)	6th Wave N=806 Responses n (%)	7th Wave N=611 Responses n (%)	8th Wave N=848 Responses n (%)
<b>Services available through the “Pink Card” (Family Planning Component)...</b>				
Birth control services and methods	322 (34%)	213 (26%)	184 (30%)	236 (27.8%)
Pap smear and pelvic exam	343 (36%)	234 (29%)	202 (33%)	258 (30.4%)
Tubal Ligation (tubes tied)	71 (7%)	67 (8%)	37 (6%)	51 (6.0%)
Pregnancy testing	279 (29%)	213 (26%)	178 (29%)	220 (25.9%)
Screening for sexually transmitted infections	262 (27%)	201 (25%)	167 (27%)	213 (25.1%)
Follow-up of an abnormal Pap smear	258 (27%)	195 (24%)	160 (26%)	212 (25.0%)
Treatment for sexually transmitted infections	200 (21%)	158 (20%)	132 (22%)	186 (21.9%)
Treatment for major problems related to family planning services	158 (16%)	131 (16%)	103 (17%)	141 (16.6%)
Vitamins with folic acid	121 (13%)	92 (11%)	80 (13%)	103 (12.1%)
Some vaccinations	105 (11%)	89 (11%)	67 (11%)	89 (10.5%)
Non-emergency transportation	64 (7%)	57 (7%)	41 (7%)	44 (5.2%)
<b>Services available through the “Purple Card” (Interpregnancy Care Component)...</b>				
Primary care services (up to 5 visits per year)	9 (1%)	11 (1%)	5 (1%)	7 (0.8%)
Treatment for medical problems like high blood pressure and diabetes	4 (0%)	10 (1%)	3 (1%)	3 (0.4%)
Medicines for medical problems like high blood pressure and diabetes	4 (0%)	9 (1%)	3 (1%)	4 (0.5%)
Care for drug and alcohol abuse (such as rehab programs)	4 (0%)	3 (0%)	3 (1%)	3 (0.4%)
Some dental services	6 (1%)	7 (1%)	4 (1%)	5 (0.6%)
Non-emergency transportation	4 (0%)	5 (1%)	4 (1%)	4 (0.5%)
Nurse case management/Resource Mother	6 (1%)	11 (1%)	5 (1%)	5 (0.6%)

<b>Eligibility for ‘Pink Card’ (Family Planning Component)</b>				
Be between 18-44 years of age	314 (33%)	264 (33%)	204 (33%)	281 (33.1%)
Be a resident of Georgia	328 (34%)	297 (37%)	212 (35%)	295 (34.8%)
Be a U.S. Citizen	300 (31%)	299 (37%)	207 (34%)	297 (35.0%)
Have a household income that is at or below 200% of the federal poverty level	249 (26%)	230 (29%)	153 (25%)	211 (24.9%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	191 (20%)	174 (22%)	113 (19%)	165 (19.5%)
Not otherwise insurer for Family FP Services	183 (19%)	172 (21%)	108 (18%)	133 (15.7%)
Other	33 (3%)	22 (3%)	33 (5%)	32 (3.8%)
<b>Eligibility for ‘Purple Card’ (Interpregnancy Care Component)</b>				
Be between 18-44 years of age	16 (2%)	16 (2%)	11 (2%)	14 (1.7%)
Be a resident of Georgia	19 (2%)	25 (3%)	11 (2%)	13 (1.5%)
Be a U.S. Citizen	19 (2%)	24 (3%)	12 (2%)	15 (1.8%)
Have a household income that is at or below 200% of the federal poverty level	18 (2%)	12 (2%)	10 (2%)	12 (1.4%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	11 (1%)	13 (2%)	4 (1%)	10 (1.2%)
Not otherwise insured for health care services	11 (1%)	13 (2%)	4 (1%)	9 (1.1%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	5 (1%)	8 (1%)	4 (1%)	10 (1.2%)
Other	0 (0%)	1 (0%)	0 (0%)	0 (0%)

Newly added to the member survey during wave six were questions to assess covered service utilization by members (**Table 9**). Among the women surveyed who were enrolled in the FP (“Pink Card”) component, the most commonly utilized services were consistent from survey waves six through eight for the most part. The most commonly utilized services under the “Pink Card”, according to members’ responses, were: Pap smears and pelvic exams (44% to 50% across survey waves six through eight), birth control services and methods (42% to 44%), family planning visits (27% to 32%), and testing for pregnancy and sexually transmitted infections (24% to 27%). The least commonly utilized services under the “Pink Card” were non-emergency transportation (1.5% to 2.5%) and vaccinations (4.5% to 5.6%). Of note is the fact that non-emergency transportation is not a covered service under the “Pink Card”. Among the women surveyed who were enrolled in the IPC (“Purple Card”) component, there was variability in the percentage using particular services across survey waves six through eight, with more consistent responses for survey waves six and eight and lower percentages reporting service utilization for wave seven. The most

commonly utilized services for survey waves six and eight were similar to those utilized by those with the “Pink Card”, namely: birth control services and methods (approximately 28% and 26%), Pap smear and pelvic exam (27% and 26%), and testing for pregnancy (14% and 17%) and sexually transmitted infections (14% and 11%). From survey waves six through eight, there was an increase in the percentage of women surveyed who were enrolled in the IPC component who reported using family planning visits from survey waves six (16%) through eight (26%). Across survey waves six through eight, fewer than 10% of women surveyed who were enrolled in the IPC component reported utilizing primary care services (approximately 7% to 9%) and other services unique to the “Purple Card”. There was, however, a small increase in the percentage of survey respondents who reported using the following services from survey waves six to eight: treatment for medical problems (2.3% to 5.7%), and nurse case management/Resource Mother (4.7% to 8.6%).

**Table 9. Services Used by Members of P4HB®**

SERVICES USED	6th Wave N= 488** Responses n (%)		7th Wave N= 371** Responses n (%)		8th Wave N= 524** Responses n (%)	
	“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27	“Pink Card” n = 489	“Purple Card” n = 35
Component of P4HB®						
Birth control services and methods	189 (42.5%)	12 (27.9%)	151 (43.9%)	2 (7.4%)	211 (43.1%)	9 (25.7%)
Family planning visit	121 (27.2%)	7 (16.3%)	101 (29.4%)	1 (3.7%)	160 (32.7%)	9 (25.7%)
Pap smear and pelvic exam	197 (44.3%)	11 (26.6%)	172 (50%)	1 (3.7%)	223 (45.6%)	9 (25.7%)
Tubal Ligation (tubes tied)	13 (3%)	1 (2.3%)	5 (1.5%)	0 (0%)	9 (1.8%)	1 (2.9%)
Pregnancy testing	109 (24.5%)	6 (14%)	91 (26.5%)	0 (0%)	119 (24.3%)	6 (16.7%)
Screening for sexually transmitted infections	111 (24.9%)	6 (14%)	93 (27%)	0 (0%)	131 (26.8%)	5 (11.4%)
Follow-up of an abnormal Pap smear	73 (16.4%)	4 (9.3%)	60 (17.4%)	1(3.7%)	90 (18.4%)	2 (5.7%)
Treatment for sexually transmitted infections	49 (11%)	2 (4.7%)	49 (14.2%)	0 (0%)	70 (14.3%)	4 (0.5%)
Treatment for major problems related to family planning services	35 (7.9%)	2 (4.7%)	27 (7.8%)	0 (0%)	41 (8.3%)	3 (8.6%)
Vitamins with folic acid	36 (8.1%)	1 (2.3%)	24 (7%)	0 (0%)	34 (7.0%)	3 (8.6%)
Any vaccinations	25 (5.6%)	3 (7%)	17 (5%)	0 (0%)	22 (4.5%)	1 (2.9%)

Non-emergency transportation	9 (2%)	1 (2.3%)	5 (1.5%)	1 (3.7%)	12 (2.5%)	2 (5.7%)
Primary care services (up to 5 visits per year)	----	4 (9.3%)	----	2 (7.4%)	----	3 (8.6%)
Treatment for medical problems like high blood pressure and diabetes	-----	1 (2.3%)	-----	1 (3.7%)	-----	2 (5.7%)
Medicines for medical problems like high blood pressure and diabetes	-----	2 (4.7%)	-----	1 (3.7%)	-----	1 (2.9%)
Care for drug and alcohol abuse (such as rehab programs)	-----	0 (0%)	-----	1 (3.7%)	-----	0 (0.0%)
Any dental services	-----	0 (0%)	-----	1 (3.7%)	-----	1 (2.9%)
Nurse case management/Resource Mother	-----	2 (4.7%)	-----	1 (3.7%)	-----	3 (8.6%)

*\*\* Note: The sample size for this component of the survey is 488, 371 and 524 as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.*

**Table 10** summarizes the members’ responses to the problems they have encountered with the P4HB program since enrollment, with member responses for the FP (“Pink Card”) and IPC (“Purple Card”) components assessed separately in wave six through wave eight of the survey (so only those are reported here); prior to wave six, these problems were assessed for both components of P4HB combined. For survey respondents in the FP only component, a similar percentage reported the following problems, which were the most commonly reported problems, across survey waves six through eight: ‘cannot find a doctor or nurse willing to take P4HB clients’ (approximately 11% to 13%), ‘not getting the family planning services I want’ (approximately 7.6%), ‘cannot get referrals or follow-up for care I need’ (approximately 6% to 8%), and ‘having to wait too long to get services’ (approximately 6% to 11%). For women enrolled in the IPC component who were surveyed in waves six through eight, there were some small, but apparent, reductions in the percentage in the IPC component reporting specific problems from survey waves six through eight: ‘have to wait too long to get services’ declined from nearly 12% to 6%, ‘do not have transportation’ declined from 9.3% to 5.7%, ‘cannot get referrals or follow-up care’ and ‘cannot get to the doctor or nurse when they are open’ declined from 7% to 5.7%. A few problems were reported by a slightly higher percentage of respondents in the IPC component in survey wave

eight compared to wave six: ‘cannot find a doctor or nurse willing to take P4HB clients’ (from 7% in wave six to 11.4% in wave eight), ‘cannot get the family planning services I want’ (from 7% to 8.6%), ‘don’t want to leave my current doctor or nurse (from 4.7% to 5.7%).

**Table 10. Problems Encountered by Members Enrolled in P4HB®**

Problems Under P4HB®	6th Wave N= 488** Responses n (%)		7th Wave N= 371** Responses n (%)		8th Wave N= 524** Responses n (%)	
	“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27	“Pink Card” n = 489	“Purple Card” n = 35
I cannot get the family planning services I want	34 (7.6%)	3 (7.0%)	26 (7.6%)	1 (3.7%)	37 (7.6%)	3 (8.6%)
I cannot get referrals or follow-up for care I need	33 (7.4%)	3 (7.0%)	27 (7.8%)	1 (3.7%)	28 (5.7%)	2 (5.7%)
I cannot find a doctor or nurse willing to take P4HB clients	47 (10.6%)	3 (7.0%)	44 (12.8%)	2 (7.4%)	59 (12.1%)	4 (11.4%)
I don’t want to leave my current doctor or nurse	18 (4.0%)	2 (4.7%)	18 (5.2%)	0 (0%)	28 (5.7%)	2 (5.7%)
I have to wait too long to get services	28 (6.3%)	5 (11.6%)	36 (10.5%)	2 (7.4%)	38 (7.8%)	2 (5.7%)
I do not have transportation	9 (2.0%)	4 (9.3%)	17 (4.9%)	0 (0%)	27 (5.5%)	2 (5.7%)
I cannot get to the doctor or nurse when they are open	12 (2.7%)	3 (7.0%)	21 (6.1%)	1 (3.7%)	17 (3.5%)	2 (5.7%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	2 (0%)	2 (4.7%)	7 (2.0%)	0 (0%)	17 (3.5%)	1 (2.9%)
Other	17 (3.8%)	14 (32.6%)	17 (4.9%)	6 (22.2%)	21 (4.3%)	9 (25.7%)

\*\* Note: The sample size for this component of the survey is 488, 371 and 524 as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included. The results (percentages) are reported per the populations surveyed.

Data displayed in **Tables 11 and 12** concern members’ reported needs for more information or difficulties in understanding P4HB. These data reveal the following:

- There was little change in the percentage of responding members reporting a need for more information about the following across waves five through eight of the survey: where to go for services (ranging from 15% to 19%); services available with the Pink Card (18% to 24%); services available with the Purple Card (14% to 18%); and cost of services (18% to 21%) (**Table 11**).

- From survey waves six through eight, there was little change in the percentages of women enrolled in the FP only component of P4HB who reported that they found it somewhat or very hard to understand the various aspects of the P4HB program, with the highest percentages of surveyed enrollees in the FP only component reporting it somewhat or very hard to understand the following across survey waves six through eight: ‘what I can get from P4HB’ (ranging from 21% to 26%); ‘picking a provider’ (ranging from 13% to 17%); ‘picking a Care Management Organization’ (ranging from 12% to 14%); and ‘who can get P4HB’ (ranging from 10% to 13% (**Table 12**)). For women enrolled in the IPC component of P4HB, the aspects of P4HB for which the highest percentages of surveyed enrollees reported it somewhat or very hard to understand were similar to those in the FP only component across survey waves six through eight: for ‘what I can get from P4HB’ (ranging from 9% to 19%); ‘picking a provider’ (ranging from 7% to 20%); and ‘who can get P4HB’ (ranging from 7% to 11%). Notably, a relatively high proportion of respondents in the IPC component (ranging from 43% to 58%) reported “other” aspects of P4HB were somewhat or very hard to understand. Note these data are only shown for survey waves six through eight, as prior to survey wave six these responses were not broken out by P4HB component.

**Table 11. Information Needs about P4HB®**

Type of Information	5 <sup>th</sup> Wave N=960 Responses	6 <sup>th</sup> Wave N=806 Responses	7 <sup>th</sup> Wave N=611 Responses	8 <sup>th</sup> Wave N=848 Responses
	Needs More Information n (%)			
Where to go for service	181 (19%)	118 (15%)	100 (16%)	147 (17.3%)
Services available with the Pink Card	231 (24%)	141 (18%)	132 (22%)	187 (22.1%)
Services available with the Purple Card	170 (18%)	114 (14%)	95 (16%)	134 (15.8%)
Cost of services	200 (21%)	144 (18%)	115 (19%)	161 (18.9%)

**Table 12. Areas of P4HB® that Were Hard to Understand**

Area	6th Wave N=488*** Responses		7th Wave N=371*** Responses		8th Wave N=524*** Responses	
	Hard to Understand n (%)		Hard to Understand n (%)		Hard to Understand n (%)	
	“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27	“Pink Card” n = 489	“Purple Card” n = 35
Who can get P4HB	59 (13.3%)	5 (11.6%)	38 (11.0%)	2 (7.4%)	48 (9.8%)	4 (11.4%)
Whether I can get P4HB	46 (10.3%)	1 (2.3%)	38 (11.0%)	3 (11.1%)	41 (8.4%)	3 (8.6%)
Complete the paper work to sign up for P4HB	29 (6.5%)	3 (7.0%)	25 (7.3%)	2 (7.4%)	29 (5.9%)	1 (2.9%)
Complete the web form to sign up for P4HB	29 (6.5%)	2 (4.7%)	23 (6.7%)	2 (7.4%)	32 (6.5%)	2 (5.7%)
Get the required documents to sign up for P4HB	48 (10.8%)	4 (9.3%)	32 (9.3%)	1 (3.7%)	39 (8.0%)	2 (5.7%)
Pick a Care Management Organization (CMO)	53 (11.9%)	3 (7.0%)	49 (14.2%)	1 (3.7%)	63 (12.9%)	5 (14.3%)
Pick a provider	57 (12.8%)	5 (11.6%)	59 (17.2%)	2 (7.4%)	73 (14.9%)	7 (20.0%)
Understand what I can get from P4HB	98 (22.0%)	4 (9.3%)	88 (25.6%)	5 (18.5%)	101 (20.7%)	6 (17.1%)
Other	14 (3.1%)	25 (58.1%)	12 (3.5%)	12 (44.4%)	17 (3.5%)	15 (42.9%)

\*\*\* Note: While the sample sizes for this component of the survey were 488 for wave 6, 371 for wave seven and 524 for wave eight as only those members who were classified as being enrolled in either the FP only (“Pink Card”) or the IPC (“Purple Card”) components were included, the results (percentages) are reported per the populations surveyed.

During wave four of the survey, additional questions were added to the member survey to probe the following areas: whether the member was asked about key reproductive health topics during her last health care appointment and whether the member would like to be asked those questions (**Table 13**); whether the member received key reproductive health information during her last health care appointment and whether the member would like to receive such information (**Table 14**).

When examining members’ responses to waves five through eight of the survey (**Table 13**), there

is an increase in the proportion of members reporting that the provider asked them about all of the key identified reproductive health topics. The largest increase in affirmative members responses was for the provider asking them about their thoughts or plans for having or not having children in the future (from 21% to 28.4%), their sexual practices (from 21% to 30.5%), whether they use birth control to prevent or space pregnancies (from 28% to 36.3%), and whether they use male or female condoms to prevent sexually transmitted infections (from 23% to 30.5%). Smaller increases were observed for members' affirmative responses to whether a provider asked them about the other key reproductive health topics. The percentage of responding members who reported that they would like to be asked about each of the key reproductive health topics at the encounter was essentially unchanged for each of the topics across waves five through eight of the survey.

**Table 13. Provider Inquiry about Reproductive Health Topics during Encounters**

Reproductive Health Topic	5 <sup>th</sup> Wave N=960	6 <sup>th</sup> Wave N=806	7 <sup>th</sup> Wave N=611	8 <sup>th</sup> Wave N=848	5 <sup>th</sup> Wave N=960	6 <sup>th</sup> Wave N=806	7 <sup>th</sup> Wave N=611	8 <sup>th</sup> Wave N=848
	<b>During your last appointment, did a doctor or nurse ask you about...? N (%) Yes</b>				<b>As part of an appointment, would you like a doctor or nurse to ask you about...? N (%) Yes</b>			
Your thoughts or plans about having or not having	201 (21%)	158 (20%)	151 (25%)	241 (28.4%)	261 (27%)	204 (25%)	177 (29%)	239 (28.2%)
Your thoughts or plans about timing or spacing pregnancies	123 (13%)	94 (12%)	79 (13%)	151 (17.8%)	239 (25%)	180 (22%)	155 (25%)	202 (23.8%)
Your sexual practices	205 (21%)	177 (22%)	140 (23%)	259 (30.5%)	229 (24%)	174 (22%)	148 (24%)	222 (26.2%)
Whether you use birth control to prevent or space	270 (28%)	222 (28%)	178 (29%)	308 (36.3%)	291 (30%)	232 (29%)	190 (31%)	269 (31.7%)
Whether you use male or female condoms to prevent	218 (23%)	194 (24%)	159 (26%)	259 (30.5%)	268 (28%)	205 (25%)	183 (30%)	250 (29.5%)
Your life plans or goals	155 (16%)	137 (17%)	128 (21%)	184 (21.7%)	247 (26%)	190 (24%)	168 (28%)	231 (27.2%)

Of the members responding to waves five through eight of the survey (**Table 14**), there were small but consistent increases in the percentage reporting that their provider offered them counseling about their plans for having or not having children in the future (increasing from 19% to 24.3%), plans about timing or spacing pregnancies (increasing from 14% to 17.9%), their sexual practices (increasing from 17% to 21.5%), using birth control to plan or space pregnancies (increasing 22% to 25.9%), and using condoms to prevent sexually transmitted infections (increasing from 18% to 23.1%). The percentage of responding members who reported that they would like to be counseled about each of the key reproductive health topics at the encounter was essentially unchanged for each of the topics across waves five through eight of the survey.

**Table 14. Provider Counseling about Reproductive Health Topics during Encounters**

Reproductive Health Topic	5 <sup>th</sup> Wave N=960	6 <sup>th</sup> Wave N=806	7 <sup>th</sup> Wave N=611	8 <sup>th</sup> Wave N=848	5 <sup>th</sup> Wave N=960	6 <sup>th</sup> Wave N=806	7 <sup>th</sup> Wave N=611	8 <sup>th</sup> Wave N=848
	<b>During your last appointment, did a doctor or nurse give you information or advice about... n (%) Yes</b>				<b>As part of an appointment, would you like for a doctor or nurse to give you information or advice about...n (%) Yes</b>			
Plans about having or not having children in the future	182 (19%)	143 (18%)	114 (19%)	206 (24.3%)	250 (26%)	186 (23%)	156 (26%)	220 (25.9%)
Plans about timing or spacing	131 (14%)	106 (13%)	90 (15%)	152 (17.9%)	240 (25%)	172 (21%)	151 (25%)	206 (24.3%)
Your sexual practices	155 (16%)	126 (16%)	121 (20%)	182 (21.5%)	210 (22%)	148 (18%)	129 (21%)	190 (22.4%)
Whether you use birth control to prevent or space pregnancies	214 (22%)	168 (21%)	148 (24%)	220 (25.9%)	252 (26%)	187 (23%)	155 (25%)	230 (27.1%)
Whether you use male or female condoms to prevent STIs	171 (18%)	147 (18%)	130 (21%)	196 (23.1%)	230 (24%)	171 (21%)	145 (24%)	212 (25.0%)
Your life plans or goals	141 (15%)	103 (13%)	101 (17%)	143 (16.9%)	210 (22%)	152 (19%)	135 (22%)	193 (22.8%)

A new question that was asked on waves 6, 7, and 8 of the survey was whether the member was willing to recommend the P4HB program to family and friends. Of the respondents from these last 3 waves, 40%, 42% and 46.5%, respectively, responded that they would make this recommendation indicating an upward trend.

## CMO Provider Survey Results

For each of waves 5 through 8 of the CMO provider survey administration, a total of 1500, 1080, 1198, and 1208 providers met the selection criteria for the survey. Of those eligible, the participation rate decreased from a high of 3.5% in wave six of the CMO provider survey to 1.2% in wave eight. It is not clear whether this low response was a self-selection of those providers who still had questions about the P4HB program.

In the following tables (**Tables 15-17**), we report on results of the provider survey. As found for the members, providers demonstrated some lack of clarity surrounding the P4HB program. In particular, it appeared that providers did not have adequate knowledge of:

- The availability of the P4HB program; and
- Services covered under their CMO contract for P4HB.

During waves six, seven, and eight of the survey, providers were asked whether they needed more information about eligibility and covered services. The following percentages of providers per wave indicated a need for more information about: family planning, contraceptive services and methods, tubal ligation (all 26%, all 33%, (21.4%, 21.4% and 14.3% in eighth wave); pregnancy testing (18%, 24%, 14.3%); screening and treatment for sexually transmitted infections (24%, 24%, 21.4%); follow-up of abnormal Pap smear (32%, 29%, 28.6%); treatment for complications

related to family planning services (26%, 38%, 21.4%); multivitamins with folic acid (26%, 24%, 28.6%); vaccines (24%, 19%, 28.6%); primary care visits (29%, 43%, 28.6%); management and follow-up of other chronic diseases (29%, 29%, 35.7%); detoxification and outpatient rehabilitation for substance abuse (29%, 24%, 35.7%); dental services (13%, 24%, 28.6%); nurse case management and Resource Mother outreach (29%, 43%, 28.6%); and non-emergency transportation (32%, 24%, 28.6%).

The survey also asked providers what they perceived as barriers to participation in the P4HB program and their responses demonstrated their lack of understanding about the program since the program does cover the full range of family planning services and the complications related to family planning services. The key responses from providers in waves five through eight of the surveys were (**Table 15**):

- The waiver does not cover the full range of family planning services, reported by 26%, 29%, 57%, and 57%, respectively of the responding providers across survey waves five through eight;
- The waiver does not cover referrals or follow-up care, reported by 29%, 32%, 62%, and 71%, respectively, of the responding providers across survey waves five through eight;
- The waiver does not cover complications of family planning services, reported by 26%, 34%, 62%, and 64%, respectively, of the responding providers across survey waves five through eight.

**Table 15. Providers' Perception of Barriers for P4HB Participation**

Factor	5 <sup>th</sup> Wave N=34 Perceived as Barrier n (%)	6 <sup>th</sup> Wave N=38 Perceived as Barrier n (%)	7 <sup>th</sup> Wave N=21 Perceived as Barrier n (%)	8 <sup>th</sup> Wave N=14 Perceived as Barrier n (%)
Waiver does not cover the full range of family planning services	9 (26%)	11 (29%)	12 (57.1%)	8 (57.1%)
Waiver does not cover referrals or follow-up care	10 (29%)	12 (32%)	13 (61.9%)	10 (71.4%)
Waiver does not cover complications of family planning service	9 (26%)	13 (34%)	13 (61.9%)	9 (64.3%)
Your practice is full	3 (9%)	1 (3%)	3 (14.3%)	3 (21.4%)

From wave four of the survey onward, additional questions were added to the provider survey to probe whether providers assessed key reproductive health topics during health care appointments with women of reproductive age (**Table 16**) and whether they provided information or counseling about key reproductive health topics during visits for women of reproductive age (**Table 17**).

From wave five to wave eight of the provider survey, there was a consistent upward trend in the percentages of providers reporting performance of key reproductive health assessments during health care encounters with women of reproductive age: assessing clients' desires or plans to have or not have children in the future (from 21% to 35.7%), assessing clients' desires or plans for timing or spacing pregnancies (from 12% to 28.6%), assessing sexual behaviors as well as methods used for preventing or spacing pregnancies and sexually transmitted infections, assessing dual protection (from 6% to 28.6%), assessing risks for unintended pregnancy (from 18% to 21.4%), and assessing life plans or goals (from 12% to 28.6%) (**Table 16**).

**Table 16. Assessment of Reproductive Health Topics**

Reproductive Health Topic	5 <sup>th</sup> Wave N=34	6 <sup>th</sup> Wave N=38	7 <sup>th</sup> Wave N=21	8 <sup>th</sup> Wave N=14
	n (%) Yes	n (%) Yes	n (%) Yes	n (%) Yes
	<b>Do you assess the following</b>			
Desire or plans to have or not have children in the future	7 (21%)	5 (13%)	6 (29%)	5 (35.7%)
Desire or plans for timing or spacing pregnancies	4 (12%)	4 (11%)	5 (24%)	4 (28.6%)
Sexual behaviors, including risk and protective behaviors	8 (24%)	13 (34%)	7 (33%)	6 (42.9%)
Method(s) she uses for preventing or spacing pregnancies	8 (24%)	11 (29%)	7 (33%)	6 (42.9%)
Method(s) she uses for preventing STIs	8 (24%)	13 (34%)	7 (33%)	6 (42.9%)
Risks for unintended (unwanted or mistimed) pregnancy	6 (18%)	10 (26%)	4 (19%)	6 (42.9%)
Life plans or goals	3 (9%)	5 (13%)	2 (10%)	4 (28.6%)

From wave five to wave eight of the provider survey, the percentages of providers reporting performance of key reproductive health education and counseling during health care encounters with women of reproductive age also showed consistent increases across all of the area of education and counseling that were assessed: having a plan to have or not have children in the future (from 15% to 35.7%), having a plan for timing or spacing pregnancies (from 12% to 28.6%), sexual behaviors (from 18% to 42.9%), methods for preventing or spacing pregnancies (from 21% to 35.7%), methods for preventing sexually transmitted infections (from 12% to 42.9%), dual-protection (from 6% to 28.6%), risks for unintended pregnancy (from 18% to 21.4%), and life plans or goals (12% to 28.6%) (**Table 17**).

**Table 17.** Education and Counseling of Reproductive Women

Reproductive Health Topic	5 <sup>th</sup> Wave N=34 n (%) Yes	6 <sup>th</sup> Wave N=38 n (%) Yes	7 <sup>th</sup> Wave N=21 n (%) Yes	8 <sup>th</sup> Wave N=14 n (%) Yes
	<b>Do you educate or counsel about the following items as part of health care encounters with women of reproductive age?</b>			
Having a plan to have or not have children in the future	5 (15%)	4 (11%)	3 (14%)	5 (35.7%)
Having a plan for timing or spacing pregnancies	4 (12%)	4 (11%)	3 (14%)	4 (28.6%)
Sexual behaviors, including risk and protective behaviors	6 (18%)	12 (32%)	5 (24%)	6 (42.9%)
Method(s) for preventing or spacing pregnancies	7 (21%)	8 (21%)	4 (19%)	5 (35.7%)
Method(s) for preventing STIs	4 (12%)	10 (26%)	3 (14%)	6 (42.9%)
Dual-protection (using condom plus another method)	2 (6%)	4 (11%)	4 (19%)	4 (28.6%)
Risks for unintended (unwanted or mistimed) pregnancy	6 (18%)	6 (16%)	3 (14%)	3 (21.4%)
Life plans or goals	4 (12%)	2 (5%)	2 (10%)	4 (28.6%)

In the most recent wave of the survey (wave eight), providers were asked if they would recommend or refer patients to P4HB with 12 of 14 (85.7%) providers indicating that they would recommend or refer patients to P4HB. As previously stated, the survey results raise the question of whether the providers responding were primarily those with limited knowledge of the program who desired more information or even those who were more likely to practice the key reproductive health assessments, counseling and education. Collaborative effort to provide awareness and education about the program remains the goal of the outreach activities to both the member and provider communities.

## EVALUATION ACTIVITIES

The P4HB program evaluator, Emory University, reported the following evaluation activities that were underway during Q3 2015:

- 1) Emory held discussions with staff members from DCH and GFPS about the detailed family planning related data used in previous annual reports - specifically data regarding the usage of family planning services and contraceptives through Title X clinics and Medicaid providers. This detailed data had formerly been provided by the Georgia Department of Public Health. In July 2014, the Georgia Family Planning System became Georgia's new Title X grantee. Given the costs of obtaining such data now under the new Title X contract with GFPS, it is unlikely that the evaluation team will have access to these detailed data. As an alternative, the evaluation team used annual data from the Office of Population Affairs's Family Planning Annual Report (FPAR) data for CY 2014 to help 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. The evaluation team plans to use the FPAR data in future annual reports but will continue to seek the more detailed data from the new grantee.
- 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 still under review at that journal.
- 3) Emory developed 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  $\leq 6$  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 for analysis in the upcoming annual report.

- 4) Emory is in the process of analyzing the 2009-2012 PRAMS data for Georgia and a set of comparison data on outcomes that can only be measured with these data (pregnancy when not planning one, pre- pregnancy insurance, barriers to birth control, and the outcomes noted above) for use in the annual report. The analysis will use women from other PRAMS states with no major change in their Medicaid family planning coverage policies over this time period.
- 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 will include some preliminary analysis of the key outcomes in the upcoming annual report and will work closely with DCH in reviewing its interpretation. While this report will use linked Medicaid and vital records data through 2013, it is anticipated that the longer run-out of claims data, for example, to include one more year post the implementation of the P4HB program, may stabilize the results and help in drawing conclusions regarding the effects of P4HB on low-income women of reproductive age in Georgia.

## **ACTION PLANS**

1. The CMOs will continue to provide outreach to their network providers who provide care for high risk pregnant women about the IPC program and to appropriate providers about the P4HB program in general.
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. Emory will conduct a retrospective study regarding the percentage of women coming into the P4HB program already pregnant or becoming pregnant within the first three months of P4HB enrollment as of January 1, 2011 and going forward.
5. 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 Q3 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 Q3 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.

### **Budget Neutrality**

Our PY 4 Annual Report will include a budget neutrality sheet inclusive of costs for

children born during the third year of the Demonstration, using the claims for CY 2014 to give us the estimates of the first year of life costs for these infants born in CY 2013. The Q3 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
<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 FMAP rates (multivits, immunizations, admin., etc)</i>	FP Enrollee Member Months	34,611	35,136	34,802		104,549
	IPC Enrollee Member Months	787	876	795		2,458
	PMPM for FP Members FP related Services	\$23.17	\$23.17	\$23.17		\$23.17
	PMPM for IPC Members FP related Services	\$33.64	\$33.64	\$33.64		\$33.64
	<b>Total</b>	<b>\$ 828,242</b>	<b>\$ 843,398</b>	<b>\$ 832,936</b>	<b>\$ -</b>	<b>\$ 2,504,577</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>\$ 828,242</b>	<b>\$ 843,398</b>	<b>\$ 832,936</b>	<b>\$ -</b>	<b>\$ 188,464,054</b>
<b>WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only</b>						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	787	876	795	-	2,458
	PMPM	\$ 122.89	\$ 122.89	\$ 122.89		\$ 122.89
	<b>Total</b>	<b>\$ 96,713</b>	<b>\$ 107,650</b>	<b>\$ 97,696</b>	<b>\$ -</b>	<b>\$ 302,060</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>\$ 302,060</b>
<b>DIFFERENCE</b>						<b>\$ 188,161,994</b>