

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

Quarter 4
October 1 - December 31, 2014

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

February 27, 2015

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OVERVIEW

This report documents programmatic activities and performance of the Planning for Healthy Babies[®] (P4HB[®]) program during the fourth quarter (Q4) of 2014 (October-December 2014), the fourth year of the program. Details regarding measures of program awareness, P4HB eligibility determinations, enrollment, the care management organizations' (CMOs') information and outreach, and evaluation activities are included in this report. The Q4 2014 report also provides a summary of the responses from the most recent two waves of the CMO member and provider surveys conducted during 2014. When available, the survey results are compared across the most recent four waves of the surveys (waves four through seven) conducted during 2013 and 2014.

The P4HB program experienced a slight decline in enrollment primarily in the family planning only (FP) component during Q4 2014 despite an overall increase in applications received in Q4 compared to Q3 2014. At the end of Q4 2014, FP enrollment was 11,370, down from 11,617 at the end of Q3 2014, a 2.1% decrease. Failure of the FP participants to complete the eligibility redetermination process was the primary cause for this enrollment decline. Additional details regarding enrollment are contained in the Renewal Report section of this report.

The IPC and RM components also experienced a decrease in enrollment during Q4 2014. There were 290 IPC women enrolled in a CMO at the end of Q3 2014 and 285 IPC women enrolled in a CMO at the end of Q4 2014. The total number of women receiving Resource Mother Services (IPC and Resource Mother Only women combined) decreased from 328 women at the end of Q3 2014 to 317 by the end of Q4 2014.

The counties of Fulton, DeKalb, Gwinnett, Cobb and Clayton continued to be the counties with the highest numbers of women deemed eligible for the P4HB program during Q4 2014. This continued the trend established during the initial roll out of the program in 2011. All five of these counties are in metro-Atlanta, the largest metropolitan area in the state. Outside of the metro-Atlanta area, the counties with the highest numbers of women deemed eligible in Q4 2014 were:

- Bibb County (464 women) located in central Georgia and the fifth largest metropolitan area in the state;
- Chatham County (393 women) located on Georgia's Atlantic coast and the third largest metropolitan area in the state;
- Dougherty County (381 women) located in southwest Georgia and the ninth largest metropolitan area in the state; and
- Richmond County (345 women) located in east central Georgia. Richmond County is the second largest metropolitan area in the state after Atlanta.

The 159 county public health departments across the state have ramped up their efforts to inform women about the P4HB program and evidence of their efforts can be seen in the "How Did You Hear" reports which will be discussed later in this report. Additionally, groundwork was laid in Q4 2014 for a change that will improve access to services in the P4HB program. The change will be fully implemented effective January 1, 2015, and will include a reduction in the CMO assignment waiting period from a maximum of 60 days following the eligibility determination to a maximum of 31 days for women who fail to select a CMO through which their P4HB services will be delivered. Under the revised process, participants will be assigned to their selected CMO the day following their selection and if they fail to make a selection, they will be auto-assigned to the CMO with the highest quality and cost score the day following the end of their 30 day CMO

choice period. We anticipate a decline in the number of women identified as pregnant shortly after assignment to a CMO for P4HB services as an outcome of this intervention.

MEASURES OF PROGRAM AWARENESS

Call Volume

The monthly call volume data provided by PSI/Maximus documents those calls to the P4HB call center that are answered by their customer service agents. The data in **Figure 1** demonstrates that the program’s call volume fluctuated monthly during Q4 2014 just as it had each quarter during the past year. The November 2014 call volume was similar to that of August and February 2014. At no time since April 2011 has the call volume been below 2000 answered calls.

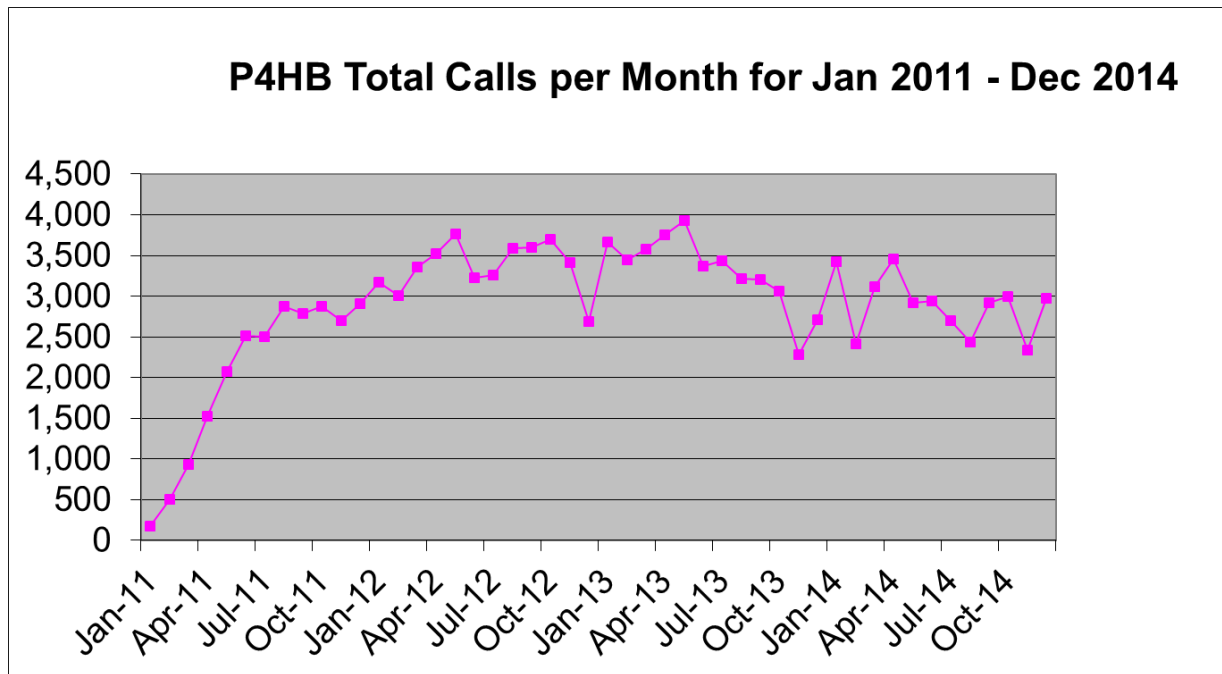


Figure 1: P4HB Total Calls (Answered) per Month (January 2011-December 2014)

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

Source of Information

To aid our understanding of how women learn about the P4HB program, applicants are asked to identify the source of their knowledge about the program on the electronic application they

complete for program participation. **Figure 2** reflects data obtained from the electronic applications for the P4HB program which ask the question: “How did you hear about the P4HB program?” The results for the Q4 2014 survey identified the top three sources of information about the P4HB program as: 1) health department staff members; 2) friends; and 3) via letters sent to them during their eighth month of pregnancy by DCH and the CMOs. While ‘other’ is actually the 3rd highest source, it is not clear what was included in that category. We anticipate that Georgia’s local health departments will continue to be a leading source of information regarding the P4HB program.

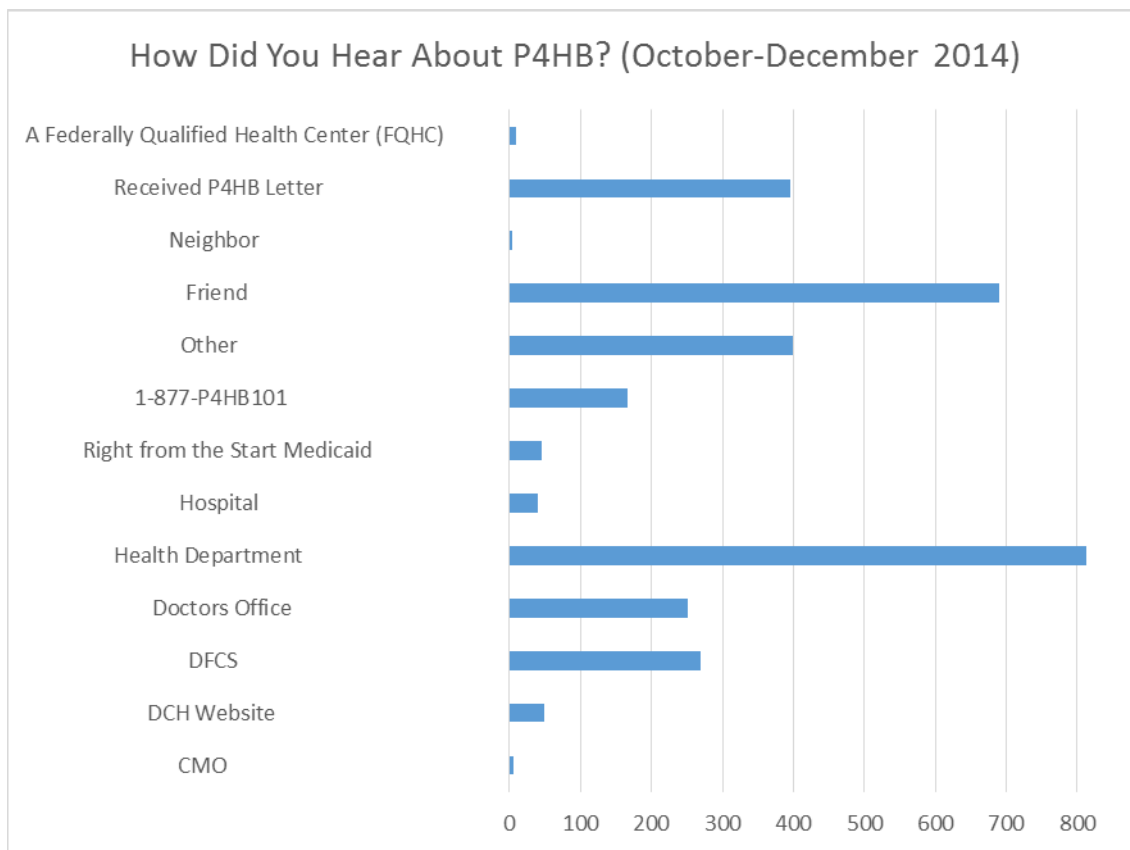


Figure 2: How Did You Hear About P4HB? (October-December 2014)

DCH staff also continued their work with the Georgia Family Planning System (GFPS), the state’s current Title X grantee, to encourage them to educate women about the P4HB program and assist eligible women seeking services at their sites to enroll in the P4HB program. Many of the

providers within the GFPS are Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) and we anticipate increased enrollment in the P4HB program over time as these providers engage women and assist them with their P4HB applications.

ELIGIBILITY

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

- **Number of paper and electronic unique individual applications for the program by month.** (Source: PSI –P4HB Report 001, Run Date: 01/05/2015). The number of unique paper and web applications received since program inception totaled 54,574 as of December 2014. This is an increase of 5.9% compared to the end of Q3 2014 (51,540). This increase in applications suggests continued interest in the program during this period. The majority of the applications, 32,307 or 54.2%, were submitted as web-based applications.

The increase in paper applications noted in the Q3 2014 report was no longer evident during Q4. As of December 2014, there had been 275 more web applications submitted than paper applications (592 electronic applications versus 317 paper applications). DCH continues to reach out to the GFPS leadership team and plans to hold a meeting during first quarter 2015 with their leadership team to discuss their efforts to assist women with the application process for the P4HB program.

- **Reasons for application denials.** A P4HB application denial is a non-eligible determination made on an applicant that is new and not currently enrolled in the program. In the P4HB system, denials are not specific to FP, IPC, or RM because members do not apply specifically to any one of those programs. Once they are determined eligible, they are placed in the appropriate P4HB program component. There were three leading reasons cited for application

denials for the FP component of the P4HB program in Q4 2014. They were: 1) non-response within 14 days; 2) failure to verify income; and 3) failure to complete the review. It was noted that the first two reasons were consistently high across all three months in Q4 and only during October 2014 was there a high number of application denials for failure to complete the review. There were no denials for the IPC component in Q4 2014.

- **Reasons enrollees were terminated from the P4HB program.** Q4 saw shifting reasons why enrollees were terminated from the P4HB program. At the beginning of Q4 2014, the most common reasons for termination were ‘Medicaid - other insurance’ and ‘other insurance’. However, by December 2014, the main reason for termination from the program was failure to complete the review. As mentioned in last quarter’s report, one of our CMOs has been coordinating eligibility redeterminations for their members at locations readily accessible to the members. We hope to discuss their data with them to determine whether this intervention was successful.
- **Average age of the women determined eligible for the P4HB program.** At the end of Q4 2014, the average age of women deemed eligible for FP services was 26.56 years (comparable to the 26.45 years at the end of Q3 2014). The average age for women deemed eligible for the IPC component was 28.07 years (compared to the 28.23 years at the end of Q3 2014). **Table 1** below provides detailed data on the age distribution of women deemed eligible in December 2014 and illustrates that 89.8% or 11,634 of the women deemed eligible for the FP and IPC components of the P4HB program (12,957) in that month were under the age of 36. There were 4,910 women aged 23 – 29 years that were deemed eligible for P4HB in Q4 - 37.9% of all of the women deemed eligible for the FP and IPC components of the program. Only 441 women of the total number of women deemed eligible during the month of December 2014 were in their late teens (eighteen or nineteen years of age) and of these, only 44 women were

18 years of age. Women who are 18 year olds and who meet eligibility criteria are now eligible for full Medicaid benefits until their 19th birthday.

Table 1: Individuals Deemed Eligible for Family Planning and IPC By Age December 2014		
Deemed Eligible	Family Planning	IPC
18-22	4,294	74
18	44	0
19	386	11
20	1,341	14
21	1,387	20
22	1,136	29
23-29	4,753	157
30-35	2,275	81
36-40	893	27
41-44	392	11
Total	12,607	350

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

- Average Income:** The average monthly income among women enrolled in the FP only component of P4HB was \$1,232.26 at the beginning of Q4 and dropped to \$1,229.95 by the end of the Q4, a slight decrease from the September 2014 average monthly income of \$1,235.64 but an increase from the \$1,206.66 average monthly income at program inception. For the IPC component, the average monthly income was \$1,316.99 at the start of Q4 then dropped to \$1,296.45 by December 2014, a slight decrease from the September 2014 average monthly income of \$1,330.79 but still higher than the \$1,256.79 average monthly income at program inception.

ENROLLMENT

There was a slight decrease in the number of P4HB eligible women enrolled in one of the Georgia Families CMOs during Q4 2014. As of December 31, 2014, a total of 11,687 women were

enrolled in one of the Georgia Families CMOs to receive P4HB services, including 11,370 FP enrollees, 285 IPC enrollees, and 32 RM enrollees. As shown in **Figure 3**, enrollment in the FP component decreased 2.1% from Q3 to Q4 2014 (11,617 to 11,370). As shown in **Figure 4**, enrollment in the IPC component decreased during Q4 by 1.7% (from 290 to 285).

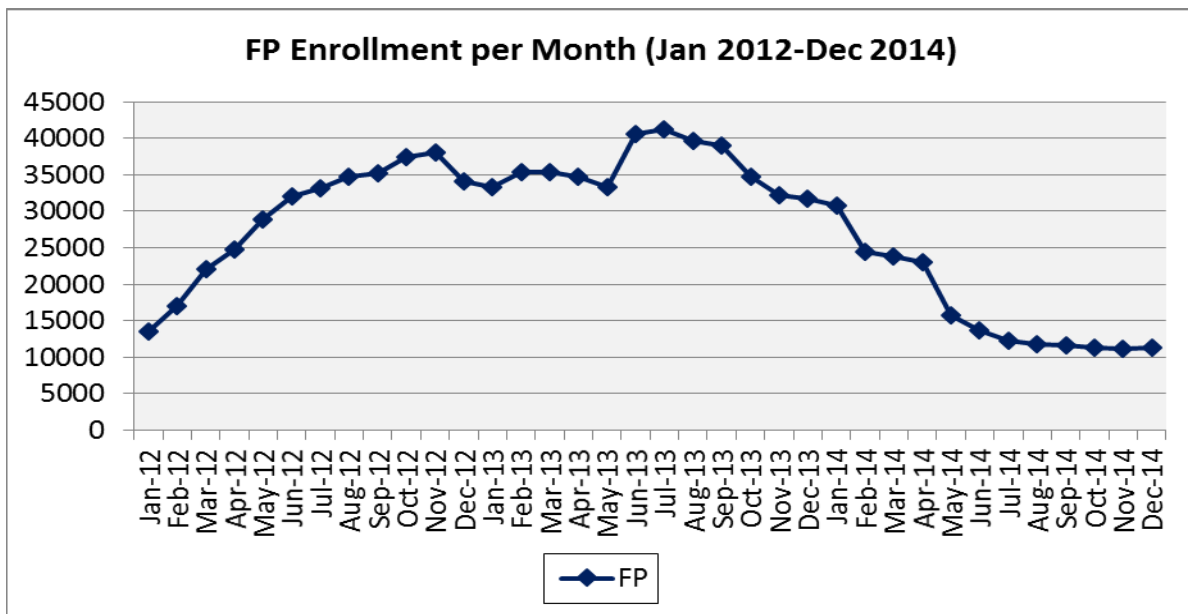


Figure 3: Enrollment per month, per FP enrollee (January 2012-December 3014)
 Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

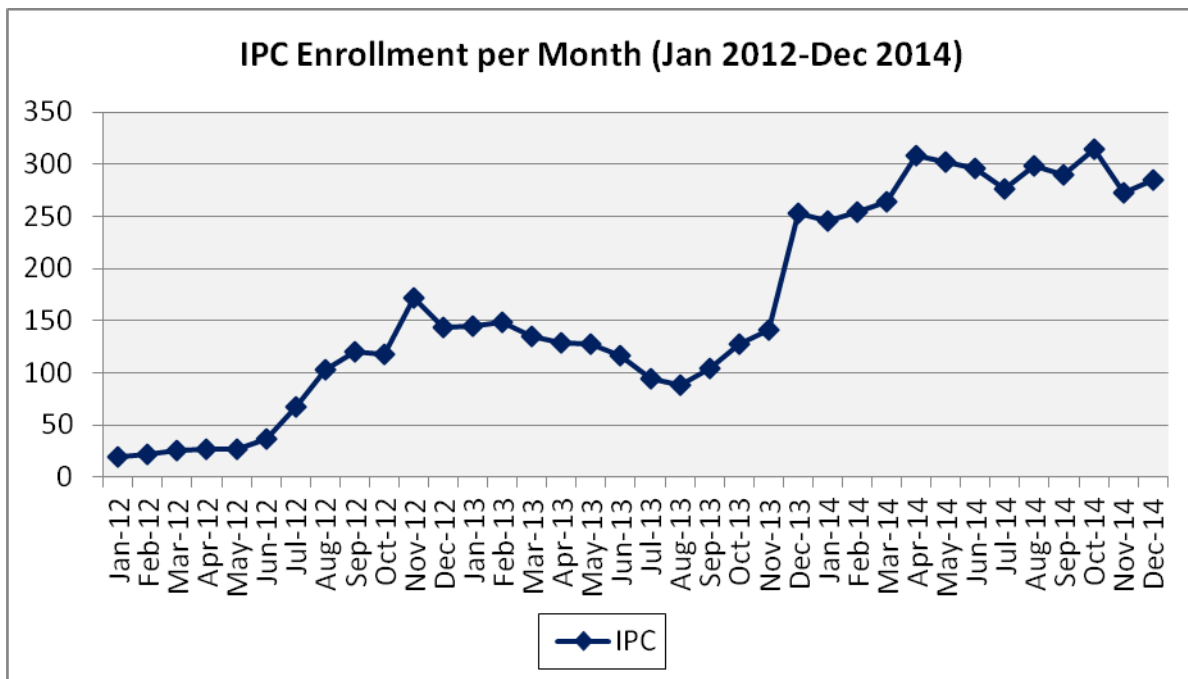


Figure 4: Enrollment per month, per IPC enrollee (January 2012-December 2014) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

In this and subsequent quarterly reports, enrollment data will be used to provide insight into the patterns of enrollment for women in the family planning only component of the demonstration as data becomes available. As shown in **Figure 5** below, for the FP enrollees who enrolled between April 2011 and December 2011 (first year enrollees), the mean months of enrollment in the program were more variable than the mean months for those enrolling later in the program. For the first year enrollees, the mean months enrolled ranged between 6.5 and 9.5 months. From January 2012 onward, the mean months eventually stabilized around 10 months. As the demonstration continues and longer periods can be observed (at this point we can only observe enrollment through December 2013), we anticipate that the mean months of enrollment will remain close to 10 months or higher.

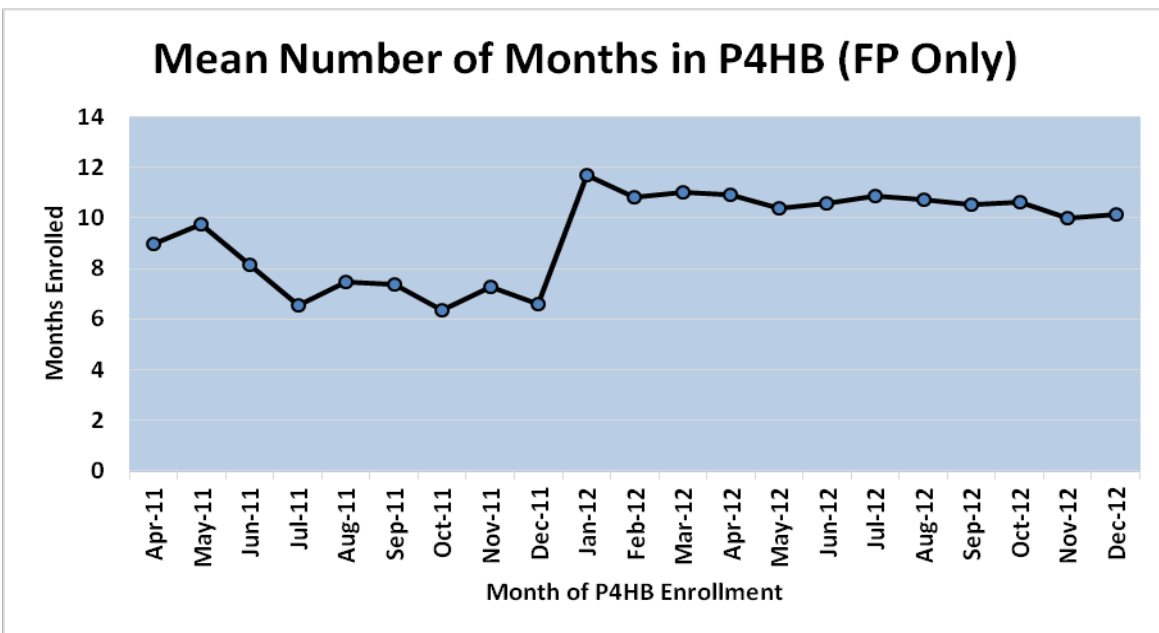


Figure 5: Mean Number of Months in P4HB for FP Enrollees (April 2011-December 2012) Source: Analysis of Enrollment Data from DCH

The enrollment data also allow us to analyze the disposition of enrollees as they leave the program. In particular, we observe the percentage of each month’s enrollment cohort that

eventually enrolls in the Medicaid RSM eligibility category, indicating they have become pregnant. As shown in **Figure 6**, the first year enrollees (these were small numbers of women) may have been confused about the program as large percentages of them transitioned to the RSM eligibility category within 6 months (data not shown). In each month from April 2011 through December 2011, this percentage exceeded 80%. The program stabilized beginning in early 2012 and the percentage eventually enrolling in RSM dropped precipitously to 16% beginning with those enrolling in January 2012. While the percentage moving from P4HB to RSM varied around this level during the second year of the P4HB program, the percentage of those enrolling in December 2012 who eventually enrolled in RSM declined to 11%. As the program matures, we hope this percentage drops further and we will monitor this as an outcome in upcoming reports.

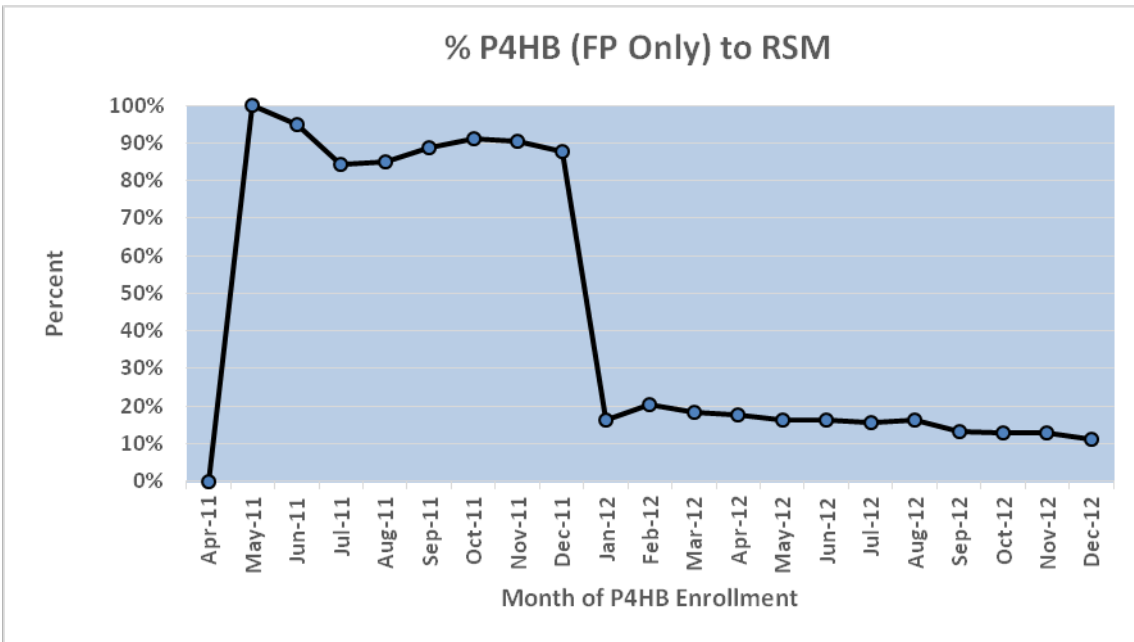


Figure 6: Percentage of FP Enrollees Transitioning to Right From the Start Medicaid (RSM) (April 2011-December 2012) Source: Analysis of Enrollment Data from DCH

As mentioned previously, DCH will be implementing a process beginning in January 2015 that will transition women deemed eligible for the program, into their selected or auto-assigned managed care plans within a shorter time frame than currently exists. DCH monitors the delays encountered by women interested in enrolling in the P4HB program. The measures used include the *average time (in days) from receipt of an application to referral to an RSM worker and the average time (in days) from an RSM request for more information to PSI's response*. During Q4 2014, the average time from receipt of a P4HB application to a referral to an RSM worker was 11.49 days; 11.34 days were observed in Q3. From the RSM request for more information to PSI Maximus, the Q4 performance was 4.63 days compared with 4.23 days in Q3.

Table 2: Source of Enrollment Delays, FP Component		
Measure	Q3 2014	Q4 2014
Average Time (In Days) from Application to Referral to RSM	11.58 (July) 11.05 (August) 11.40 (September) Average: 11.34 days	11.70 (October) 11.21 (November) 11.57 (December) Average: 11.49 days
Average Time (In Days) from RSM request for more info to PSI response	4.12 (July) 3.50 (August) 5.08 (September) Average: 4.23 days	5.86 (October) 4.23 (November) 3.79 (December) Average: 4.63 days

Source – PSI P4HB RP015 for July-December 2014

Renewals

During CY 2014, PSI/Maximus sent 23,361 women renewal notices sixty days prior to their P4HB eligibility redetermination date to prompt them to complete their eligibility redetermination before they were scheduled to lose eligibility for the program. If the women did not respond within the first thirty days following receipt of the letter, they were referred for disenrollment from the program. Of the 23,361 women sent renewal notices, 18,997 of them failed to respond (81.3%). Only 1,777 women responded before cancellation of their P4HB eligibility and 791

women who lost eligibility subsequently regained eligibility within 60 days of their termination from the program.

Specific to Q4 2014, a total of 2,745 women were sent renewal letters (56 of whom were enrolled in the IPC component, 7 were enrolled in the LIM component and the remainder (2,682) were enrolled in the FP component of the program). Only 534 women or 19.5% completed their renewal applications. The primary reason why eligibility was not renewed for these women was that they simply failed to complete the review process.

CMO Enrollment, Service Utilization, and Outreach

The following information reflects enrollment, service utilization and outreach information as provided to DCH through the Q4 2014 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 3** highlights the main findings for each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q4 2014. **Table 4** highlights the main findings for each CMO regarding outreach activities to potential FP and IPC enrollees during Q4 2014.

Table 3: CMO Enrollment and Utilization of Services, October-December 2014			
CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
Amerigroup	<u>DCH Reported Enrollment</u> FP: 2,959 IPC: 47 RM/LIM: 10 Total Enrollment: 3,016 % of all CMO enrollment: 25.8% (Q4) % of all CMO enrollment in previous quarter: 28.5%	<u>Use of Known Contraception</u> FP: 552 IPC: 7 Total: 559 (15.1%) % change from previous quarter: +2.1% <u>Most common form of</u>	<u>Number of Participant who utilized one or more covered FP services</u> FP: 1,088 IPC: 24 RM: 11 Total: 1,123 (30.8%) % change from previous quarter: +.8%

Table 3: CMO Enrollment and Utilization of Services, October-December 2014			
CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization
	(% change: -2.7%) <u>CMO Reported Enrollment:</u> FP: 3,565 IPC: 63 RM//LIM: 16 Total Enrollment: 3, 644 % change in Total Enrollment from previous quarter: 28.4% (% change: -11%)	<u>contraception</u> FP: Oral contraception; injectables IPC: Oral contraception, injectables <u>Unknown form of contraception</u> FP: 684 IPC: 18 Total: 702 (19.3%)	<u>IPC Service Utilization</u> Dental care: 4 Primary care: 24
Peach State	<u>DCH Reported Enrollment</u> FP: 3,389 IPC: 163 RM//LIM: 13 Total Enrollment: 3, 565 % of all CMO enrollment: 30.5% (Q4) % of all CMO enrollment in previous quarter: 26.7% (% change: +3.8%) <u>CMO Reported Enrollment:</u> FP: 3,856 IPC:213 RM//LIM: 23 Total Enrollment: 4092 % change in Total Enrollment from previous quarter: 31.9% (% change: +5.3%)	<u>Use of Known Contraception</u> FP: 1,801 IPC: 79 Total: 1,880 (46.3%) % change from previous quarter: -5.9% <u>Most common form of contraception</u> FP: Oral contraception; injectable IPC: Oral contraception, injectable <u>Unknown form of contraception</u> FP: 1,906 IPC: 152 Total: 2,058 (50.7%)	<u>Number of Participant who utilized one or more covered FP services</u> FP: 1,172 IPC: 600 Total: 1,772 (43.6%) % change from previous quarter: +1.8% <u>IPC Service Utilization:</u> Primary Care: 155 Substance Abuse: 3 Resource Mother: 23
WellCare	<u>DCH Reported Enrollment</u> FP: 5,022 IPC: 75 RM//LIM: 9 Total Enrollment: 5, 106 % of all CMO enrollment: 43.7% (Q4) % of all CMO enrollment in previous quarter: 44.8% (% change: +1.1%) <u>CMO Reported Enrollment:</u> FP: 5,028 IPC: 73 RM//LIM: 3 Total Enrollment: 5,104 % change in Total Enrollment from previous quarter: 39.8% (% change: -4%)	<u>Use of Known Contraception</u> FP: 1,190 IPC: 46 Total: 1,236 (24.2 %) % change from previous quarter: +14.4% <u>Most common form of contraception</u> FP: Oral contraception; injectable IPC: Oral contraception, injectable <u>Unknown form of contraception</u> FP: 98 IPC: 1 Total: 99 (2 %)	<u>Number of Participant who utilized one or more covered FP services</u> FP: 2,359 IPC: 33 Total: 2,392 % change from previous quarter: -7.1% <u>IPC Service Utilization:</u> Dental: 13 Primary Care: 23

Table 3: CMO Enrollment and Utilization of Services, October-December 2014			
CMO	Enrollment	Contraception Utilization	Family Planning and IPC Service Utilization

Table 4: CMO Outreach, Q4 2014		
CMO	All Outreach Activities	IPC Specific Outreach
Amerigroup	# of outreach activities: 276 # of participants: 1,524 Types of activities: <ul style="list-style-type: none"> • 24 marketing activities • 252 provider relations activities 	<ul style="list-style-type: none"> • 30 face-to-face RM visits • 70 telephone contacts by RM workers • Community “Baby Showers” • “Diaper Days”
Peach State	<ul style="list-style-type: none"> • 631 calls made to new members • 631 new enrollees received the enhanced P4HB postcard • 633 new P4HB member packets mailed • 1,802 members (new and existing) received education materials • 737 new providers received provider toolkits about P4HB • 1,600 provider staff members attended new provider orientations 	<ul style="list-style-type: none"> • 85 members who had a VLBW infant received telephone calls • All members who delivered a VLBW baby received face-to-face education on the IPC program • A total of 940 mothers seen in a high volume delivery hospital were educated face to face
WellCare	# of outreach activities: 41 # of participants: 965 <ul style="list-style-type: none"> • P4HB mailings sent to 4,344 members who recently delivered • P4HB mailings sent to 3,144 members determined to be within 60 days of their estimated delivery date. 	<ul style="list-style-type: none"> • 38 potential IPC received RM outreach in the NICU • 72 members educated in 30 local community education session about prenatal/postpartum care

P4HB OUTREACH ACTIVITIES

During Q4 2014, DCH staff met with representatives of the GFPS (the current state Title X grantee) to discuss P4HB eligibility and enrollment processes in order to help ease the transition from the previous to the current Title X grantee. Consequently, DCH was invited to present the

P4HB program to the state's FQHCs at their Georgia Planning Health Care (GAPHC) conference in October 2014. This conference afforded DCH the opportunity to provide detailed information about the P4HB program to providers from across the state. There was a lively question and answer session that followed the presentation.

DCH continued to send eighth month letters to pregnant Medicaid members (in the RSM eligibility group) about the P4HB program. The eighth month letters were previously identified as the third most frequently cited source for the P4HB applicants' knowledge about the program. The letters provide women with information regarding P4HB eligibility and enrollment along with details about selecting a CMO. The Department of Public Health, through the county public health departments in the state, provided P4HB information to women applying for presumptive pregnant woman eligibility. In the "How Did you Hear" surveys, the local public health departments were ranked number one as the most common source of information about the P4HB program by women submitting electronic applications for the program. We continue to monitor the effectiveness of these efforts as they serve to raise women's awareness of the potential coverage for family planning and related services once they deliver and their Medicaid coverage ends or once they are found not to be pregnant.

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 seven waves -- in December 2011, April 2012, September 2012, April 2013, September 2013, May 2014 and November 2014. The most recent wave of the member and provider surveys, the seventh wave, was conducted in November and December 2014. Members identified by the CMOs as being enrolled in the P4HB program during the period of December 2013 to June 2014 were contacted by phone for the survey (7,934 participants). Of the 7,934 participants contacted, 611 (7.7%) of them responded to the survey. All contracted providers who participated in the program during the same period with a valid e-mail address (1,198) were sent the provider survey via the online "Survey Monkey" tool. Only 21 (1.8%) providers responded. The sections below provide a summary of the responses from the most recent two waves and when applicable, the recent waves were compared across all waves conducted in 2013 and 2014 (waves four through seven).

CMO Member Survey Results

A total of 8,852, 8,973, 9,000, and 7,934 members respectively met the selection criteria for the CMO member survey for waves four through seven. Of these eligible members, there was a

declining participation rate across waves six and seven. Amerigroup had a participation rate that varied from 31% to 37% among its 300 members, while Peach State's participation rate was lower, reaching a high of 29% in the last wave among its 200 members. WellCare member counts reached a peak of over 400 when the 5th survey was conducted but declined to approximately 200 during the last survey with only 35% to 44% of these members responding.

Table 5 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, 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. Between 42% and 44% of respondents indicated that birth control or family planning was their reason for enrolling in P4HB, while 48% to 51% indicated they enrolled for the purpose of receiving primary care (such as checkups or physicals which are consistent with the initial and annual family planning physical). The percentage of survey respondents who reported using P4HB for birth control and family planning ranged from 38% to 43%, while the percentage of survey respondents who reported using P4HB for primary care services ranged from 33% to 40%.

Taken together with the large change in the percentage of responding members reporting an ability to obtain preventive and primary care through the P4HB program across waves 4 through 7 of the survey (range of 46% to 50%), 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, a substantial proportion of the women (range of 28% to 31%) reported being able to start using a birth control method and others (range of 35% to 38%) reported having more choice of methods due to enrollment in P4HB.

Table 5. Enrollment and Utilization of Services in P4HB®

	4th Wave N=908 Responses n (%)	5th Wave N=960 Responses n (%)	6th Wave N=806 Responses n (%)	7th Wave N=611 Responses n (%)
Enrollment in P4HB® to get...				
Birth control or family planning services	391 (43%)	403 (42%)	355 (44%)	267 (44%)
Pregnancy testing	215 (24%)	235 (24%)	211 (26%)	144 (24%)
Testing or treatment for sexually-transmitted infections	215 (24%)	253 (26%)	203 (25%)	148 (24%)
Primary care (such as routine check-up, care for an illness)	446 (49%)	479 (50%)	388 (48%)	310 (51%)
Other	77 (8%)	68 (7%)	51 (6%)	51 (8%)
Have used these P4HB® services...				
Birth control or family planning services	346 (38%)	362 (38%)	345 (43%)	266 (44%)
Pregnancy testing	157 (17%)	187 (19%)	178 (22%)	130 (21%)
Testing or treatment for sexually-transmitted infections	162 (18%)	179 (19%)	195 (24%)	128 (21%)
Primary care (such as routine check-up, care for an illness)	303 (33%)	322 (34%)	320 (40%)	239 (39%)
Other	37 (4%)	24 (3%)	23 (3%)	13 (2%)
Before enrolling in P4HB®, had trouble getting...				
Birth control or family planning services	187 (21%)	225 (23%)	174 (22%)	127 (21%)
Pregnancy testing	92 (10%)	106 (11%)	88 (11%)	55 (9%)
Testing or treatment for sexually-transmitted infections	99 (11%)	115 (12%)	100 (12%)	60 (10%)
Primary care (such as routine check-up, care for an illness)	225 (25%)	297 (31%)	220 (27%)	168 (28%)
Other	76 (8%)	97 (10%)	58 (7%)	62 (10%)
Changes P4HB® made for the participant...				
I am going to a different doctor or nurse for family planning services or birth control	186 (20%)	219 (23%)	145 (18%)	122 (20%)
I am going to a different doctor or nurse for primary care	146 (16%)	185 (19%)	109 (14%)	82 (13%)
I have started using a birth control method	252 (28%)	300 (31%)	242 (30%)	174 (29%)
I have changed the birth control method I use	152 (17%)	158 (16%)	119 (15%)	102 (17%)
I have more choices of birth control methods	338 (37%)	369 (38%)	284 (35%)	228 (37%)
I do not have to use my own money for family planning services or birth control	342 (38%)	375 (39%)	298 (37%)	218 (36%)
I am able to get preventive care (such as Pap smears) and family planning counseling	455 (50%)	464 (48%)	369 (46%)	292 (48%)
With the Purple Card (IPC), I am able to get care for illnesses	18 (2%)	14 (1%)	11 (1%)	6 (1%)
With the Purple Card (IPC), I am able to get medicines for illnesses when I need them	18 (2%)	10 (1%)	9 (1%)	5 (1%)
Other	30 (3%)	39 (4%)	32 (4%)	19 (3%)

The data in **Table 6** 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 decreased slightly in the seventh wave (range of correct responses was 18% to 35% for wave 7), down from the sixth wave which had the highest range of correct responses (21% to 37%). However, knowledge and understanding of the IPC (“Purple Card”) component of the Demonstration remained low where 3% or less for all items in waves 4 through 7 of the survey were a ‘yes’ response. We have confirmed that the women participating in the surveys are to skip the questions that are not pertinent to them and there is a N/A option as a response as well. It is clear that additional outreach must occur so that women are not confused about the eligibility requirements for the IPC component of the P4HB program.

Responses regarding the services covered under specific components of the P4HB program indicate that a range of 26% to 34% of respondents across the last four waves of surveys understood that birth control services and methods as well as Pap tests and pelvic exams are covered. Additionally, a range of 25% to 27% recognized that testing for sexually transmitted infections is provided under the ‘Pink Card.’ However, far 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 4 waves reported being aware of coverage for vitamins with folic acid and consistently across the last four survey waves, only 11% of respondents were aware of coverage for certain vaccinations. Also, there was very little understanding of the coverage afforded under the “Purple Card”.

Table 6. Knowledge of Members about P4HB®

Knowledge of...	4th Wave N=908 Responses n (%)	5th Wave N=960 Responses n (%)	6th Wave N=806 Responses n (%)	7th Wave N=611 Responses n (%)
Services available through the “Pink Card” (Family Planning Component)...				
Birth control services and methods	289 (32%)	322 (34%)	213 (26%)	184 (30%)
Pap smear and pelvic exam	314 (35%)	343 (36%)	234 (29%)	202 (33%)
Tubal Ligation (tubes tied)	65 (7%)	71 (7%)	67 (8%)	37 (6%)
Pregnancy testing	267 (29%)	279 (29%)	213 (26%)	178 (29%)
Screening for sexually transmitted infections	234 (26%)	262 (27%)	201 (25%)	167 (27%)
Follow-up of an abnormal Pap smear	248 (27%)	258 (27%)	195 (24%)	160 (26%)
Treatment for sexually transmitted infections	195 (21%)	200 (21%)	158 (20%)	132 (22%)
Treatment for major problems related to family planning services	155 (17%)	158 (16%)	131 (16%)	103 (17%)
Vitamins with folic acid	100 (11%)	121 (13%)	92 (11%)	80 (13%)
Some vaccinations	102 (11%)	105 (11%)	89 (11%)	67 (11%)
Non-emergency transportation	58 (6%)	64 (7%)	57 (7%)	41 (7%)
Services available through the “Purple Card” (Interpregnancy Care Component)...				
Primary care services (up to 5 visits per year)	12 (1%)	9 (1%)	11 (1%)	5 (1%)
Treatment for medical problems like high blood pressure and diabetes	8 (1%)	4 (0%)	10 (1%)	3 (1%)
Medicines for medical problems like high blood pressure and diabetes	4 (0%)	4 (0%)	9 (1%)	3 (1%)
Care for drug and alcohol abuse (such as rehab programs)	2 (0%)	4 (0%)	3 (0%)	3 (1%)
Some dental services	5 (1%)	6 (1%)	7 (1%)	4 (1%)
Non-emergency transportation	3 (0%)	4 (0%)	5 (1%)	4 (1%)
Nurse case management/Resource Mother	2 (0%)	6 (1%)	11 (1%)	5 (1%)
Eligibility for ‘Pink Card’ (Family Planning Component)				
Be between 18-44 years of age	285 (31%)	314 (33%)	264 (33%)	204 (33%)
Be a resident of Georgia	298 (33%)	328 (34%)	297 (37%)	212 (35%)
Be a U.S. Citizen	292 (32%)	300 (31%)	299 (37%)	207 (34%)
Have a household income that is at or below 200% of the federal poverty level	239 (26%)	249 (26%)	230 (29%)	153 (25%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (Peach Care)	177 (19%)	191 (20%)	174 (22%)	113 (19%)
Not otherwise insurer for Family FP Services	162 (18%)	183 (19%)	172 (21%)	108 (18%)
Other	23 (3%)	33 (3%)	22 (3%)	33 (5%)
Eligibility for ‘Purple Card’ (Interpregnancy Care Component)				
Be between 18-44 years of age	19 (2%)	16 (2%)	16 (2%)	11 (2%)
Be a resident of Georgia	21 (2%)	19 (2%)	25 (3%)	11 (2%)
Be a U.S. Citizen	19 (2%)	19 (2%)	24 (3%)	12 (2%)
Have a household income that is at or below 200% of the federal poverty level	16 (2%)	18 (2%)	12 (2%)	10 (2%)
Not be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)	9 (1%)	11 (1%)	13 (2%)	4 (1%)
Not otherwise insured for health care services	12 (1%)	11 (1%)	13 (2%)	4 (1%)
Delivered a baby weighing < 3 pounds 5 ounces since January 1, 2011	6 (1%)	5 (1%)	8 (1%)	4 (1%)
Other	0 (0%)	0 (0%)	1 (0%)	0 (0%)

Newly added to the member survey for waves 6 and 7 were questions to assess covered service utilization by members (**Table 7**). Among the women surveyed who were enrolled in the FP (“Pink Card”) component, birth control services and methods (42.5% for wave 6, 43.9% for wave

7) and Pap smear and pelvic exam (44.3%, 50%) were the most common services utilized, followed by pregnancy testing (24.5%, 26.5%) and screening for sexually transmitted infections (24.9%, 27%). Among the women surveyed who were enrolled in the IPC (“Purple Card”) component, utilization was 27.9%, 7.4% for birth control services and methods and 26.6%, 3.7% for Pap smear and pelvic exam, pregnant testing, testing for sexually transmitted infection).

Table 7. Services Used by Members of P4HB®

SERVICES USED	4th Wave N=908 Responses n (%)	5th Wave N=960 Responses n (%)	6th Wave N= 488** Responses n (%)		7th Wave N= 371** Responses n (%)	
			“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27
COMPONENT OF P4HB®						
Birth control services and methods			189 (42.5%)	12 (27.9%)	151 (43.9%)	2 (7.4%)
Family planning visit			121 (27.2%)	7 (16.3%)	101 (29.4%)	1 (3.7%)
Pap smear and pelvic exam			197 (44.3%)	11 (26.6%)	172 (50%)	1 (3.7%)
Tubal Ligation (tubes tied)			13 (3%)	1 (2.3%)	5 (1.5%)	0 (0%)
Pregnancy testing			109 (24.5%)	6 (14%)	91 (26.5%)	0 (0%)
Screening for sexually transmitted infections			111 (24.9%)	6 (14%)	93 (27%)	0 (0%)
Follow-up of an abnormal Pap smear			73 (16.4%)	4 (9.3%)	60 (17.4%)	1 (3.7%)
Treatment for sexually transmitted infections			49 (11%)	2 (4.7%)	49 (14.2%)	0 (0%)
Treatment for major problems related to family planning services			35 (7.9%)	2 (4.7%)	27 (7.8%)	0 (0%)
Vitamins with folic acid			36 (8.1%)	1 (2.3%)	24 (7%)	0 (0%)
Any vaccinations			25 (5.6%)	3 (7%)	17 (5%)	0 (0%)
Non-emergency transportation			9 (2%)	1 (2.3%)	5 (1.5%)	1 (3.7%)
Primary care services (up to 5 visits per year)			----	4 (9.3%)	----	2 (7.4%)
Treatment for medical problems like high blood pressure and diabetes			----	1 (2.3%)	----	1 (3.7%)
Medicines for medical problems like high blood pressure and diabetes			----	2 (4.7%)	----	1 (3.7%)
Care for drug and alcohol abuse (such as rehab programs)			----	0 (0%)	----	1 (3.7%)
Any dental services			-----	0 (0%)	-----	1 (3.7%)
Nurse case management/Resource Mother			-----	2 (4.7%)	-----	1 (3.7%)

** Note: The sample size for this component of the survey is 488, 371 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 8 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 the sixth and seventh waves of the survey. For survey waves 4 and 5, the three most prevalent problems experienced were not getting the family planning services that were needed (10%, 13%), not getting the referrals or follow-up care that was needed (11%, 11%), and not being able to find a doctor or nurse willing to take P4HB clients (11%, 13%) – all of which imply some level of difficulty in accessing needed services despite enrollment in P4HB. As there was not a follow-up ‘probe’ question in the survey that enabled members to describe the services that they felt were lacking, we do not have further information on this point. For survey waves 6 and 7, a smaller percentage of enrolled members reported problems under P4HB. For women enrolled in the IPC component who were surveyed in the sixth and seventh waves, 12% and 7% respectively reported having to wait too long to get services and 9% and 0% respectively reported having problems with transportation. For women enrolled in the FP component who were surveyed in the sixth and seventh wave, the most commonly reported problem (10.6%, 12.8%) was difficulty finding a doctor or nurse to take P4HB, while (7.6%, 7.6%) reported not getting the family planning services they wanted and (6.3%, 10.5%) reported having to wait too long to get services.

Table 8. Problems Encountered by Members Enrolled in P4HB®

Problems Under P4HB®	4 th Wave	5 th Wave	6 th Wave		7 th Wave	
	N=908 Responses n (%)	N=960 Responses n (%)	N= 488** Responses n (%)	N= 488** Responses n (%)	N= 371** Responses n (%)	N= 371** Responses n (%)
	Not broken down into individual programs before 6 th wave		“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27
I cannot get the family planning services I want	92 (10%)	125 (13%)	34 (7.6%)	3 (7%)	26 (7.6%)	1 (4%)
I cannot get referrals or follow-up for care I need	96 (11%)	110 (11%)	33 (7.4%)	3 (7%)	27 (7.8%)	1 (4%)
I cannot find a doctor or nurse willing to take P4HB clients	104 (11%)	129 (13%)	47 (10.6%)	3 (7%)	44 (12.8%)	2 (7%)
I don’t want to leave my current doctor or nurse	66 (7%)	79 (8%)	18 (4%)	2 (5%)	18 (5.2%)	0 (0%)
I have to wait too long to get services	79 (9%)	86 (9%)	28 (6.3%)	5 (12%)	36 (10.5%)	2 (7%)

I do not have transportation	63 (7%)	69 (7%)	9 (2%)	4 (9%)	17 (4.9%)	0 (0%)
I cannot get to the doctor or nurse when they are open	52 (6%)	52 (5%)	12 (2.7%)	3 (7%)	21 (6.1%)	1 (4%)
My P4HB doctor or nurse will not prescribe the birth control method I want to use	50 (6%)	44 (5%)	2 (0%)	2 (5%)	7 (2%)	0 (0%)
Other	382 (42%)	391 (41%)	17 (3.8%)	14 (33%)	17 (4.9%)	6 (22%)

*** Note: The sample size for this component of the survey is 488, 371 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 9 and 10** reveal the following:

- There was little change in the percentage of responding members reporting a need for more information about the following across waves 4 through 7 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 9**).
- There were slight improvements in the percentages of women who found the P4HB program to be hard to understand and little change in the percentage of responding members reporting they found it somewhat or very hard to understand ‘what I can get from P4HB®’ (**Table 10**).

Table 9. Information Needs about P4HB®

Type of Information	4 th Wave N=908 Responses	5 th Wave N=960 Responses	6 th Wave N=806 Responses	7 th Wave N=611 Responses
	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)	Needs More Information n (%)
Where to go for service	147 (16%)	181 (19%)	118 (15%)	100 (16%)
Services available with the Pink Card	217 (24%)	231 (24%)	141 (18%)	132 (22%)
Services available with the Purple Card	144 (16%)	170 (18%)	114 (14%)	95 (16%)
Cost of services	193 (21%)	200 (21%)	144 (18%)	115 (19%)

Table 10. Areas of P4HB® that Were Hard to Understand

Area	4th Wave N=908 Responses		5th Wave N=960 Responses		6th Wave N=488*** Responses		6th Wave N=371*** Responses	
	Hard to Understand n (%)		Hard to Understand n (%)		Hard to Understand n (%)		Hard to Understand n (%)	
	Not broken out by program during waves 1-5				“Pink Card” n = 445	“Purple Card” n = 43	“Pink Card” n = 344	“Purple Card” n = 27
Who can get P4HB	58 (6%)	54 (6%)	59 (13%)	5 (12%)	38 (11%)	2 (7%)		
Whether I can get P4HB	50 (6%)	55 (6%)	46 (10%)	1 (2%)	38 (11%)	3 (11%)		
Complete the paper work to sign up for P4HB	36 (4%)	42 (4%)	29 (7%)	3 (7%)	25 (7%)	2 (7%)		
Complete the web form to sign up for P4HB	25 (3%)	33 (3%)	29 (7%)	2 (5%)	23 (6%)	2 (7%)		
Get the required documents to sign up for P4HB	36 (4%)	58 (6%)	48 (11%)	4 (9%)	32 (9%)	1 (4%)		
Pick a Care Management Organization (CMO)	55 (6%)	67 (7%)	53 (12%)	3 (7%)	49 (14%)	1 (4%)		
Pick a provider	81 (9%)	88 (9%)	57 (13%)	5 (12%)	59 (17%)	2 (7%)		
Understand what I can get from P4HB	130 (14%)	114 (12%)	98 (22%)	4 (9%)	88 (26%)	5 (19%)		
Other	393 (43%)	405 (42%)	14 (2%)	25 (3%)	12 (2%)	12 (2%)		

*** Note: While the sample sizes for this component of the survey were 488 for wave 6 and 371 for wave seven 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 4 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 11**); 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 12**).

Of the members responding to waves 4 through 7 of the survey (**Table 11**), a range of 20% to 25% reported that their health care provider asked for their thoughts about having children in the future, and a range of 12% to 13% reported they were asked for their thoughts for timing or spacing pregnancies. Additionally, a range of 28% to 29% of respondents reported they were

asked if they used birth control to prevent or space pregnancies. Similarly percentages of responding members indicated that their health care provider asked them about their sexual health practices (range of 21% to 23%) and whether they used condoms to prevent sexually-transmitted infections (range of 23% to 26%).

Table 11. Provider Inquiry about Reproductive Health Topics during Encounters

Reproductive Health Topic	4 th Wave	5 th Wave	6 th Wave	7 th Wave	4 th Wave	5 th Wave	6 th Wave	7 th Wave
	N=908	N=960	N=806	N=611	N=908	N=960	N=806	N=611
	During your last appointment, did a doctor or nurse ask you about...? n (%) Yes				As part of an appointment, would you like a doctor or nurse to ask you about...? n (%) Yes			
Your thoughts or plans about having or not having children in the future	181 (20%)	201 (21%)	158 (20%)	151 (25%)	221 (24%)	261 (27%)	204 (25%)	177 (29%)
Your thoughts or plans about timing or spacing pregnancies	114 (13%)	123 (13%)	94 (12%)	79 (13%)	204 (22%)	239 (25%)	180 (22%)	155 (25%)
Your sexual practices	205 (23%)	205 (21%)	177 (22%)	140 (23%)	196 (22%)	229 (24%)	174 (22%)	148 (24%)
Whether you use birth control to prevent or space pregnancies	252 (28%)	270 (28%)	222 (28%)	178 (29%)	256 (28%)	291 (30%)	232 (29%)	190 (31%)
Whether you use male or female condoms to prevent STIs	219 (24%)	218 (23%)	194 (24%)	159 (26%)	241 (27%)	268 (28%)	205 (25%)	183 (30%)
Your life plans or goals	138 (15%)	155 (16%)	137 (17%)	128 (21%)	216 (24%)	247 (26%)	190 (24%)	168 (28%)

Of the members responding to waves 4 through 7 of the survey (**Table 12**), only 16% to 19% reported that their health care provider provided them with information or advice about having children in the future. An increase of respondents (12% to 15%) reported that they were provided information or advice about timing or spacing pregnancies, while 21% to 24% of respondents reported being provided information or advice about using birth control to prevent or space pregnancies. Similar percentages of responding members indicated that their health care provider provided them with information or advice about their sexual health practices (range of 16% to 20%) and about condoms to prevent sexually-transmitted infections (18% to 21%).

Table 12. Provider Counseling about Reproductive Health Topics during Encounters

Reproductive Health Topic	4 th Wave N=908	5 th Wave N=960	6 th Wave N=806	7 th Wave N=611	4 th Wave N=908	5 th Wave N=960	6 th Wave N=806	7 th Wave N=611
	During your last appointment, did a doctor or nurse give you information or advice about... n (%) Yes				As part of an appointment, would you like for a doctor or nurse to give you information or advice about...n (%) Yes			
Plans about having or not having children in the future	144 (16%)	182 (19%)	143 (18%)	114 (19%)	219 (24%)	250 (26%)	186 (23%)	156 (26%)
Plans about timing or spacing pregnancies	113 (12%)	131 (14%)	106 (13%)	90 (15%)	210 (23%)	240 (25%)	172 (21%)	151 (25%)
Your sexual practices	146 (16%)	155 (16%)	126 (16%)	121 (20%)	194 (21%)	210 (22%)	148 (18%)	129 (21%)
Whether you use birth control to prevent or space pregnancies	193 (21%)	214 (22%)	168 (21%)	148 (24%)	221 (24%)	252 (26%)	187 (23%)	155 (25%)
Whether you use male or female condoms to prevent STIs	164 (18%)	171 (18%)	147 (18%)	130 (21%)	212 (23%)	230 (24%)	171 (21%)	145 (24%)
Your life plans or goals	108 (12%)	141 (15%)	103 (13%)	101 (17%)	201 (22%)	210 (22%)	152 (19%)	135 (22%)

A new question that was asked on waves 6 and 7 of the survey was whether the member was willing to recommend the P4HB program to family and friends. Of these respondents from these last 2 waves, 40% to 42%, respectively, responded that they would make this recommendation.

CMO Provider Survey Results

For each of waves 4 through 7 of the CMO provider survey administration, a total of 1121, 1500, 1080, and 1198 providers met the selection criteria for the survey. Of those eligible, the participation rate decreased sequentially from a high of 4.6% in the 4th wave to a low of 1.8% in the 7th wave. 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 13-15**), we report on other key results of the provider survey. As found for the members, there is some lack of clarity surrounding the P4HB program for providers. 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 6 and 7 of the survey, providers were asked whether they needed more information about eligibility and covered services. The following percentages of providers indicated a need for more information: family planning, contraceptive services and methods, tubal ligation (all 26%, all 33%); pregnancy testing (18%, 24%); screening and treating for sexually transmitted infection (24% , 24%); follow-up of abnormal Pap smear (32%, 29%); treatment for complications related to family planning services (26%, 38%); multivitamins with folic acid (26%, 24%); vaccines (24%, 19%); primary care visits (29%, 43%); management and follow-up of other chronic diseases (29%, 29%); detoxification and outpatient rehabilitation for substance abuse (29%, 24%); dental services (13%, 24%); nurse case management and Resource Mother outreach (29%, 43%); and non-emergency transportation (32%, 24%).

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 P4HB 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 4 through 7 of the surveys were (**Table 13**):

- The waiver does not cover the full range of family planning services, reported by 40%, 26%, 29%, and 57%, respectively of the responding providers across survey waves 4 through 7;
- The waiver does not cover referrals or follow-up care, reported by 44%, 29%, 32%, and 62%, respectively of the responding providers across survey waves 4 through 7;
- The waiver does not cover complications of family planning services, reported by 42%, 26%, 34%, and 62%, respectively of the responding providers across survey waves 4 through 7.

Table 13. Providers’ Perception of Barriers for P4HB Participation

Factor	4 th Wave	5 th Wave	6 th Wave	7 th Wave
	N=52	N=34	N=38	N=21
	Perceived as Barrier n (%)	Perceived as Barrier n (%)	Perceived as Barrier n (%)	Perceived as Barrier n (%)
Waiver does not cover the full range of family planning services	21 (40%)	9 (26%)	11 (29%)	12 (57.1%)
Waiver does not cover referrals or follow-up care	23 (44%)	10 (29%)	12 (32%)	13 (61.9%)
Waiver does not cover complications of family planning service	22 (42%)	9 (26%)	13 (34%)	13 (61.9%)
Your practice is full	7 (13%)	3 (9%)	1 (3%)	3 (14.3%)

From the fourth wave of the survey onward, additional questions were added to the provider survey to probe whether they assessed key reproductive health topics during health care appointments with women of reproductive age (**Table 14**) and whether they provided information or counseling about key reproductive health topics during visits for women of reproductive age (**Table 15**).

Across the last four waves of the survey, there were some increases in the percentages of providers reporting performance of key reproductive health assessments during health care encounters with women of reproductive age: 6%, 12%, 11% and 29%, respectively, for assessing

desires or plans for timing or spacing pregnancies; 27%, 24%, 34% and 33%, respectively, for assessing sexual behaviors, including risk and protective behaviors; 27%, 24%, 34%, and 33%, respectively, for assessing methods used to prevent sexually transmitted infections; 15%, 18%, 26%, and 19%, respectively, for assessing risks for unintended pregnancy; and 4%, 9%, 13%, and 10%, respectively for assessing life plans or goals. Conversely, there was little change or a downward trend in the percentages of providers reporting performance of other reproductive health assessments during health care encounters with women of reproductive age, including assessment of desire or plans to have or not have children and assessment of methods used for preventing or spacing pregnancies (Table 14).

Table 14. Assessment of Reproductive Health Topics

Reproductive Health Topic	4 th Wave N=52	5 th Wave N=34	6 th Wave N=38	7 th Wave N=21
	n (%) Yes	n (%) Yes	n (%) Yes	n (%) Yes
Do you assess the following items as part of health care encounters with women of reproductive age?				
Desire or plans to have or not have children in the future	7 (13%)	7 (21%)	5 (13%)	6 (29%)
Desire or plans for timing or spacing pregnancies	3 (6%)	4 (12%)	4 (11%)	5 (24%)
Sexual behaviors, including risk and protective behaviors	14 (27%)	8 (24%)	13 (34%)	7 (33%)
Method(s) she uses for preventing or spacing pregnancies	17 (33%)	8 (24%)	11 (29%)	7 (33%)
Method(s) she uses for preventing STIs	14 (27%)	8 (24%)	13 (34%)	7 (33%)
Risks for unintended (unwanted or mistimed) pregnancy	8 (15%)	6 (18%)	10 (26%)	4 (19%)
Life plans or goals	2 (4%)	3 (9%)	5 (13%)	2 (10%)

Across the last four waves of the survey, the percentages of providers reporting performance of key reproductive health education and counseling during health care encounters with women of reproductive age were recorded: 6% ,15%, 11% and 14% (from survey waves 4 to 7 respectively) for counseling about having a plan to have or not have children; 6%, 12%, 11%, 14%, respectively for counseling about having a plan for timing or spacing pregnancies; 15%,

18%, 32%, and 24% respectively for counseling about sexual behaviors; 12%, 21%, 21%, and 19% respectively for counseling about methods for preventing or spacing pregnancies; 15%, 12%, 26% , and 14% respectively for methods for preventing sexually transmitted infections; 8%, 6%, 11%, and 19% respectively for dual-protection; and 8%, 18%, 16%, and 14% for counseling about risks for unintended pregnancy (**Table 15**). The percentage of providers reporting provision of education and counseling about life plans or goals was 2%, 12%, 5%, and 10%, in survey waves 4, 5, 6, and 7, respectively.

Table 15. Education and Counseling of Reproductive Women

Reproductive Health Topic	4 th Wave N=52 n (%) Yes	5 th Wave N=34 n (%) Yes	6 th Wave N=38 n (%) Yes	7 th Wave N=21 n (%) Yes
Do you educate or counsel about the following items as part of health care encounters with women of reproductive age?				
Having a plan to have or not have children in the future	3 (6%)	5 (15%)	4 (11%)	3 (14%)
Having a plan for timing or spacing pregnancies	3 (6%)	4 (12%)	4 (11%)	3 (14%)
Sexual behaviors, including risk and protective behaviors	8 (15%)	6 (18%)	12 (32%)	5 (24%)
Method(s) for preventing or spacing pregnancies	6 (12%)	7 (21%)	8 (21%)	4 (19%)
Method(s) for preventing STIs	8 (15%)	4 (12%)	10 (26%)	3 (14%)
Dual-protection (using condom plus another method)	4 (8%)	2 (6%)	4 (11%)	4 (19%)
Risks for unintended (unwanted or mistimed) pregnancy	4 (8%)	6 (18%)	6 (16%)	3 (14%)
Life plans or goals	1 (2%)	4 (12%)	2 (5%)	2 (10%)

As previously stated, the survey results raise the question of whether the providers responding were primarily those with limited knowledge of the program. 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

Emory University, the P4HB program evaluator, reported the following evaluation activities that were underway during Q4 2014:

1) Emory used data received from Truven to update all tables in the annual report, worked to complete the draft annual report, and assisted with the revisions for the final report for submission to the Centers for Medicare and Medicaid Services (CMS). The report included the required tables on all deliveries and infants as well as updated analytic tables that measured the percentage of P4HB enrollees with a new pregnancy or birth after their enrollment compared to Right from the Start Medicaid (RSM) women who could have enrolled in the demonstration but did not do so. The linkage to the 2012 vital records was not completed in time to update the budget neutrality sheet for the annual report using the birth weights from the linked records.

2) The data from the State's Title X staff were used along with the Medicaid claims and enrollment data to update tables in the annual report, and draft a report to DCH on the patterns seen. Emory will submit a paper to the *Journal of Women's Health* regarding the P4HB program after review by DCH. Emory continued to work with the new Title X grantee to ensure continued receipt of the Title X utilization data with the same amount of detail as provided by the state's previous Title X grantee.

3) Fetal death records for 2012 were received by Emory from the Georgia Department of Public Health in early fall 2014 (when they became available through vital records) and were merged with the 2012 birth records along with the Medicaid claims data. These data enabled the team to fully document the pregnancy and birth outcomes of Medicaid insured women with a focus on the P4HB enrollees.

4) The costs of the first year of life for infants born under Medicaid coverage in CY2012 were derived from the Medicaid claims and were used to complete the revised version of the budget neutrality worksheet to reflect the costs per person for the first year infant costs for LBW and VLBW infants under the 'without Demonstration' section in the Year 3 annual report.

The evaluation team will revise some of the content for the upcoming 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 the key outcomes. The team worked with the PRAMS data for the ‘pre’ P4HB data period to derive estimates of the birth weight distribution and percentage of preterm births among women uninsured pre-pregnancy and with Medicaid insurance at delivery but has recently been notified by CDC that the 2012 data will not be available until March 2015. Once these data are available the team will include PRAMS data in the annual report.

ACTION PLANS

1. DCH and the CMOs will continue to engage practitioners regarding P4HB. DCH plans to discuss performance outcomes and describe the role of the P4HB program during the Medical Care Advisory Committee meeting to be held during the first quarter of CY 2015.
2. The CMOs will continue to provide outreach to their network providers who provide care for high risk pregnant women.
3. Emory and DCH staff will work to obtain the Family Planning Annual Report (FPAR) data containing aggregate statistics on the use of Title X services at the clinics designated by the Office of Population Affairs (OPA). As noted, the Georgia Family Planning System became the new Title X grantee for Georgia, replacing the Georgia Department of Public Health (DPH) in June of 2014. Conversations with the new grantee have confirmed that only aggregate data will be available. The lack of the individual data will limit the evaluator’s ability to analyze trends over time but the evaluation team plans to combine

the data through June 2014 with the aggregated annual data to estimate changes in the provision of Title X services in the latter half of 2014.

4. DCH will meet with the President and Chief Executive Officer of the Georgia Family Planning System, the new Title X grantee for the state of Georgia, to discuss their upcoming outreach activities related to the P4HB program.

EXPENDITURES

As the number of women enrolled in the P4HB program fluctuated over time, the total federal and state dollars spent on all components of the program fluctuated accordingly. The total spent per member per month (capitation) payments to the Georgia Families CMOs made by DCH during Q4 2014 was \$1.6 million, down 5.9% from the total of \$1.7 million spent in the third quarter of 2014. This was largely due to the decline in enrollment seen in Q4 2014 as reported earlier. As shown in past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program. A full 86.3% of the total Q4 2014 capitation payments were for women enrolled in the family planning only component, equal to \$1.4 million. The decrease in total payments and the percentage of total expenses parallels the small decrease (5.0%) in member months observed for this group, from 35,620 in Q3 2014 to 33,848 in Q4 2014.

Capitation payments of \$209,280 were made to the CMOs in Q4 2014 for the women enrolled in the IPC component of P4HB, up 0.8% from the \$207,600 paid during the third quarter of 2014. This slight increase in capitation payments from Q3 2014 to Q4 2014 reflects a slight increase in IPC member months during the quarter. We continue to exclude from these totals the costs for the low-income or disabled women receiving Resource Mother/Case Management only services since

their costs cannot be combined with that of the women enrolled in the IPC component of the P4HB program.

The Budget Neutrality Worksheet for Q4 2014 is provided on page 39. We note that the number of member months reported in this Q4 2014 budget neutrality sheet match the member months reported above but the expenditures will not match those reported above since they reflect both federal *and* state spending whereas only the federal costs are reported in the budget neutrality sheet.

Budget Neutrality

In our PY 3 Annual Report we provided a budget neutrality sheet for the second year of the Demonstration, using the claims for CY 2013 to give us the estimates of the first year of life costs for infants born in CY2012. As we noted in that report, the birth weight distribution used in those calculations was based on claims data alone. We treat the vital records as the ‘gold standard’ for measuring birth weight and have updated the budget neutrality sheet using linked claims and vital records data. Based on these linked data and as shown in the data in the budget neutrality sheet on page 38, there were an estimated 1,533 (versus 1,612 using only claims data) VLBW infants and 6,527 (versus 4,672 using only claims data) LBW infants born under Medicaid coverage in CY 2012. The average federal costs for the delivery and first year of life for infants in these two categories of birth weight were \$66,053 and \$8,885 respectively. This data demonstrates that counts of LBW and VLBW births using claims data alone tends to overestimate the number of VLBW births and underestimate the LBW. The average costs per births did not change markedly for the VLBW infant category but are approximately \$2,000 lower for the LBW infant category.

When the total federal costs for the per member per month payments for the family planning only components of the Demonstration and the base year VLBW and LBW infants are totaled, the sum is approximately \$204 million. To calculate the effects of the Demonstration we subtract from this total, the costs of the IPC per member per month payments, the 2012 costs for VLBW and LBW infants and the costs of any births to IPC enrollees that are of normal birth weight; these costs total approximately \$159 million. The difference in these two sums, approximately \$44 million as shown in the bottom of the spreadsheet, constitutes the estimated savings to the federal government from the implementation of the P4HB Demonstration.

Because of the ACA rate increase implemented in 2013 and extending through 2014, some of the CMOs' family planning providers were eligible for increased reimbursement rates. DCH received approval of its CMO rate amendments for 2013 and 2014 on February 26, 2015, and will be submitting revised budget neutrality worksheets with the upcoming quarterly report for all of the quarters in 2013 and 2014.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST 2012		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</i>	FP Enrollee Member Months	52,572	86,082	103,073	109,638	351,365
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	65	91	290	434	880
	PMPM for FP Members FP related Services	\$36.00	\$36.00	\$36.00	\$35.97	\$35.99
	PMPM for IPC Members FP related Services	\$28.95	\$28.95	\$28.95	\$28.95	\$28.95
	Total	\$ 1,894,427	\$ 3,101,510	\$ 3,718,932	\$ 3,956,055	\$ 12,671,596
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)						
	Estimated Persons					2,117
	Cost per Person	\$ 59,884	\$ 61,124	\$ 68,438	\$ 74,764	\$ 66,052.50
	Total	\$ -	\$ -	\$ -	\$ -	\$ 139,833,143
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)						
	Estimated Persons					\$ 5,768
	Cost per Person	\$ 10,158	\$ 9,301	\$ 7,755	\$ 8,324	\$ 8,884.50
	Total	\$ -	\$ -	\$ -	\$ -	\$ 51,245,796
TOTAL WITHOUT- DEMONSTRATION COSTS		\$ 1,894,427	\$ 3,101,510	\$ 3,718,932	\$ 3,956,055	\$ 203,750,534
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	65	91	290	434	880
	PMPM	\$ 138	\$ 138	\$ 138	\$ 136	\$ 137.19
	Total	\$ 8,938	\$ 12,513	\$ 39,876	\$ 59,135	\$ 120,461
First Year Infant Costs VLBW Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)						
	Persons	394	363	397	379	1,533
	Cost per Person	\$ 59,884	\$ 61,124	\$ 68,438	\$ 74,764	
	Total	\$ 23,594,296	\$ 22,188,012	\$ 27,169,886	\$ 28,335,556	\$ 101,287,750
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)						
	Persons	1,576	1,602	1,630	1,719	6,527
	Cost per Person	\$ 10,158	\$ 9,301	\$ 7,755	\$ 8,324	
	Total	\$ 16,009,008	\$ 14,900,202	\$ 12,640,650	\$ 14,308,956	\$ 57,858,816
First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC						
	Persons	0	0	1	0	1
	Cost per Person			\$ 2,687		
	Total	\$ -	\$ -	\$ 2,687	\$ -	\$ 2,687
TOTAL WITH DEMONSTRATION COSTS		\$ 16,068,892	\$ 14,961,326	\$ 12,711,775	\$ 14,383,720	\$ 159,269,714
DIFFERENCE						\$ 44,480,820

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST 2014						
		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</i>	FP Enrollee Member Months	78,945	52,394	35,620	33,848	200,807
<i>FMAP rates (multivits, immunizations, admin., etc)</i>	IPC Enrollee Member Months	764	906	865	872	3,407
	PMPM for FP Members FP related Services	\$35.99	\$35.99	\$35.99	\$36.04	\$36.00
	PMPM for IPC Members FP related Services	\$28.95	\$28.95	\$28.95	\$28.95	\$28.95
	Total	\$ 2,863,135	\$ 1,911,747	\$ 1,306,909	\$ 1,245,099	\$ 7,327,739
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		\$ 2,863,135	\$ 1,911,747	\$ 1,306,909	\$ 1,245,099	\$ 193,287,216
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
<i>Interpregnancy Care Services at the FMAP rate</i>	Member Months	764	906	865	872	3,407
	PMPM	\$ 137	\$ 137	\$ 137	\$ 139	\$ 137.55
	Total	\$ 104,687	\$ 124,144	\$ 118,526	\$ 121,316	\$ 468,672
First Year Infant Costs VLBW Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)						
	Persons					-
	Cost per Person	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)						
	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	
First Year Infant Costs for Normal Weight > 2,500 grams only for women who participated in the IPC						
	Persons	0	0	0	0	0
	Cost per Person					
	Total	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL WITH DEMONSTRATION COSTS		\$ -	\$ -	\$ -	\$ -	\$ 468,672
DIFFERENCE						\$ 192,818,544