

Annual Monitoring Report

Georgia Postpartum Extension
1115 Demonstration in Georgia

Demonstration Year 1

April 16, 2021 – March 31, 2022

Submitted to the Centers for Medicare and Medicaid Services

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I. Summary and Background

Background. In 2019, the Georgia General Assembly (GGA) passed House Resolution 589 to create the House Study Committee on Maternal Mortality. This Committee, which included seven members of the House, held five public meetings to gather information from maternal health experts, health care providers, and community organizations regarding potential strategies to address the state's high rate of maternal mortality. Between the years 2012-2015, data from the Georgia Department of Public Health Maternal Mortality Review Committee (MMRC) was used to estimate that 60% of maternal deaths in Georgia were deemed preventable. Based on these and other data, the Georgia MMRC recommended the implementation of case management to promote postpartum follow-up for high-risk women with chronic health conditions and pregnancy complications, extension of health insurance coverage for one year postpartum, and promotion of pregnancy spacing through increased access to family planning and contraception services postpartum. In recognition of the need to collaborate within the state, the GGA worked with Georgia's Department of Community Health (DCH) and Georgia's Department of Public Health (DPH) to craft and advocate for the passage of H.B. 1114 (Postpartum Medicaid Extension) during the 2020 legislative session.

The second provision in H.B. 1114 authorized the extension of Medicaid coverage postpartum in Georgia through 180 days. Prior to the Georgia Medicaid Postpartum Extension waiver, the Georgia Department of Community Health (DCH) administered Georgia's Right from the Start Medicaid (RSM) for women with this income criteria throughout a woman's pregnancy and through a 60-day postpartum period. Through the Georgia Medicaid Postpartum Extension, DCH sought to extend access to quality care during the postpartum period.

Waiver Approval. On April 16, 2021, the Centers for Medicare and Medicaid Services (CMS) approved Georgia's Section 1115(a) demonstration project. Implementation of the Georgia Medicaid Postpartum Extension began statewide effective July 1, 2021 and is scheduled to continue through March 31, 2026. This waiver extends postpartum Medicaid coverage to women with incomes up to 220 percent of the Federal Poverty Level (FPL), from a previous period of 60 days to six months (180 days). Prior to the Georgia Medicaid Postpartum Extension, the Georgia Department of Community Health (DCH) administered Georgia's Right from the Start Medical

Assistance Group (RSM) for women with this income criteria throughout a woman's pregnancy and through the required 60-day postpartum period.

Demonstration Goals and Objectives. Through this Section 1115(a) waiver, DCH seeks to extend access to quality care, ensure continuity of care and care coordination during the postpartum period, with the ultimate goal of reducing rates of adverse outcomes in the postpartum period. Specifically, the demonstration goals are to:

- Reduce maternal morbidity and mortality for Medicaid members in Georgia; and
- Support the long-term fiscal sustainability of the State's Medicaid program by maintaining fiscal balance.

Georgia expects to achieve these goals by extending postpartum coverage for the following eligibility groups:

- Women enrolled in any Medicaid eligibility group who have household income up to 220% of the Federal Poverty Level (FPL) (with up to 5% income disregard) and whose 60-day postpartum period is ending; and
- Women who are within the six-month postpartum period, were not enrolled in Georgia Medicaid at delivery, have household income up to 220% FPL (with up to 5% income disregard), and who meet all other Medicaid eligibility criteria.

Beneficiaries eligible will receive full Medicaid coverage (i.e., all medically necessary covered Medicaid state plan benefits). Additionally, beneficiaries will be eligible to receive Resource Mother (RM) Outreach, a program which provides peer services in coordination with a nurse case manager to provide a range of paraprofessional and case management services to beneficiaries and their families.

Key Accomplishments:

Communication. During this first Demonstration Year (DY1) Georgia's Care Management Organizations (CMOs), staff, providers, beneficiaries, and the general public have been informed about the Georgia Medicaid Postpartum Extension. On April 21, 2021, a press release by Governor Brian P. Kemp and DCH announced the approval of Georgia's Medicaid Postpartum Extension by CMS -it reads:

*CMS Approves Georgia's Postpartum Medicaid Extension for New Mothers
APRIL 21, 2021*

Atlanta, GA - Today, Governor Brian P. Kemp and the Georgia Department of Community Health (DCH) announced the state's "Georgia Postpartum Extension" section 1115 demonstration waiver has been approved by the Centers for Medicare & Medicaid Services (CMS), extending Medicaid state plan benefits from 60 days to six months to postpartum women with incomes up to 220 percent of the federal poverty level.

"Working with members of the General Assembly during the 2020 legislative session, I was thrilled to sign into law House Bill 1114 which authorizes the extension of Medicaid coverage for six months to provide for postpartum care in our continued fight to decrease maternal mortality," said Governor Brian P. Kemp. "We recognize that maternal deaths are a serious public health concern, and the approval of the Georgia Postpartum Extension waiver underscores Georgia's commitment to continually enhance the level of care for new mothers in the Peach State."

With the approval of the waiver, which was initially submitted in December 2020, Georgia becomes just one of three states to lengthen coverage of Medicaid benefits to postpartum women. Through the continuity of this coverage, Georgia aims to advance its efforts in improving the health of mothers in Georgia, as well as reduce the rate of maternal mortality and morbidity in the state by further addressing the care for women postpartum.

"We are so pleased that the Georgia Postpartum Extension waiver extension has been approved, and we would like to thank our federal partners for their continuous engagement throughout the application process and for their expeditious approval," said DCH Commissioner Frank Berry. "I'd like to thank our Medicaid team at DCH as well for their exceptional work in advancing this important waiver. We view this as a significant steppingstone in helping to ensure that postpartum women throughout Georgia can continue receiving the best care possible."

Additionally, to announce the Medicaid Postpartum Extension, DCH released a banner message via the Georgia Medicaid Management Information System (GAMMIS), the primary web portal for Medicaid, PeachCare for Kids, and all related waiver programs administered by DCH, for Medicaid and PeachCare for Kids providers. The banner message reads:

*"Dear Medicaid and PeachCare for Kids Providers:
Effective July 1, 2021 postpartum coverage for pregnant women increased from 60 days (2 months) to 180 days (6 months) for Medicaid eligible postpartum women with incomes up to 220% of the Federal Poverty Level (FPL). The extension of postpartum coverage will apply to eligible women regardless of the Medicaid aid category they are enrolled in. This includes but is not limited to: Low Income Medicaid (104), Pregnant Women Medicaid (170), and SSI Medicaid (300s).
Eligibility for postpartum services will continue throughout the entire postpartum period, regardless of a change in income, ensuring continuity of coverage. Prior to the end of the 6-month postpartum period, a redetermination review will be conducted for each beneficiary to identify any other categories of eligibility."*

These pre-implementation activities assisted in the preparation for July 1, 2021 implementation of Georgia's Medicaid Postpartum Extension project.

Evaluation. In preparation for the evaluation required under a Section 1115(a) waiver, DCH engaged with an outside evaluator to develop a Draft Evaluation Design for CMS review. This draft was submitted to CMS on March 15, 2022. The design proposed to analyze the impact of the waiver on the following goals:

- Goal 1: Ensure that women who had a delivery retain Medicaid coverage through 180 days postpartum.
- Goal 2: Ensure that women in the postpartum extension receive appropriate primary and preventive care, family planning, behavioral health, substance use, and chronic condition management within the 180- day period.
- Goal 3: Ensure that women in the postpartum extension are contacted by their Resource Mother and receive services after accepting them.
- Goal 4: Reduce the rate of severe maternal morbidity and mortality among women enrolled in the postpartum extension.
- Goal 5: Reduce costs to the Medicaid program by reducing ER visits, hospitalizations (including those for postpartum severe maternal morbidity (SMM)) among Medicaid women in the postpartum extension.

The evaluator proposed core research questions aligned within these five goals and drafted: 1) associated research question(s), 2) hypotheses, 3) data sources, 4) brief analytic approach and 5) description of treatment and control groups where applicable.

Work with CMOs. DCH continued to work with the CMOs to alert them to the expected numbers of new enrollees who will be eligible for the additional Resource Mother (RM) services, the need for them to increase staff and continue to report on RM contacts quarterly. DCH revised and updated a template for CMO quarterly reporting that addressed some of the inconsistencies and omissions in prior reports to DCH. These updated reports were designed to improve their use in the continued evaluation reporting process.

II. Operational Updates

Unexpected Trends –COVID-19. A key element affecting the Medicaid program in Georgia and other states was the COVID-19 public health emergency (PHE) declared by Governor Kemp on March 14, 2020 and extended continuously via Executive Order through the first quarter of 2022. The PHE allows women delivering on Georgia’s Right from the Start Medicaid (RSM) to retain Medicaid coverage after their six months (180 days) coverage in the Postpartum Extension demonstration ends. While women in Georgia’s RSM with a recent delivery of a very low birth weight infant are eligible for the Interpregnancy Care (IPC) component of Georgia’s family planning waiver, Planning for Healthy Babies (P4HB), there has been little enrollment in the IPC eligibility category since RSM women retain their full Medicaid benefits under the PHE.

Legislative Update. There have been several extensions of the State of Georgia’s public health emergency (PHE), which was originally set to expire on July 1, 2021, at 12:00 AM. Governor Kemp renewed the Economic State of Emergency continuously through April 15, 2022, through various Executive Orders (January 18, 2022, February 18, 2022, and March 21, 2022).

Public Forum. On November 4, 2021, DCH released an announcement for a community forum to be conducted on December 8, 2021. According to the announcement, CMS required a Post Award Forum be held within six months of implementation, with a 30-day period for public comment prior to the forum. The forum occurred at noon on December 8, 2021 via Microsoft Teams; however, no comments relating to the Medicaid Postpartum Extension were received from the public to review and discuss.

Member Surveys Update. Member surveys have been implemented through the CMOs previously for evaluation of the Section 1115(a) Planning for Healthy Babies (P4HB) waiver demonstration. However, the response rates achieved by the CMO vendor have historically been so low that statistical analysis of the surveys was very limited. In working with the CMOs it was concluded that focus groups would be a more powerful method to obtain information on the facilitators and barriers to obtaining covered services that the women experience. DCH plans to work with the CMOs and their outside evaluator to complete focus groups instead of surveys among women enrolled in the Medicaid Postpartum Extension.

Administrative Challenges. Administrative challenges relating to disenrollment are not noted as members are retaining full Medicaid due to the PHE. In addition, data on deliveries and postpartum services are based on the submission and payment of provider claims; the numbers tend to change each time the data are pulled, thus depicting data inconsistencies. Neither service denials nor grievances were reported for the Medicaid Postpartum Extension.

III. Performance Metrics

Impact of the Demonstration. In its draft Evaluation Design, the state put forward the following objectives:

- Ensure that women who had a delivery retain Medicaid coverage through 180 days postpartum.
- Ensure that women in the postpartum extension receive appropriate primary and preventive care, family planning, behavioral health, substance use, and chronic condition management within the 180- day period.
- Ensure that women in the postpartum extension are contacted by their Resource Mother and receive services after accepting them.
- Reduce the rate of severe maternal morbidity and mortality among women enrolled in the postpartum extension.
- Reduce costs to the Medicaid program by reducing emergency room (ER) visits, hospitalizations (including those for postpartum SMM) among Medicaid women in the postpartum extension.

For the postpartum extension to have an impact on the goals outlined above, the enrollment of those eligible for the extension is the first step. We note any progress made relevant to the metrics in the sections that follow.

<p>Objective: Ensure that women who had a delivery retain Medicaid coverage through 180 days postpartum.</p>

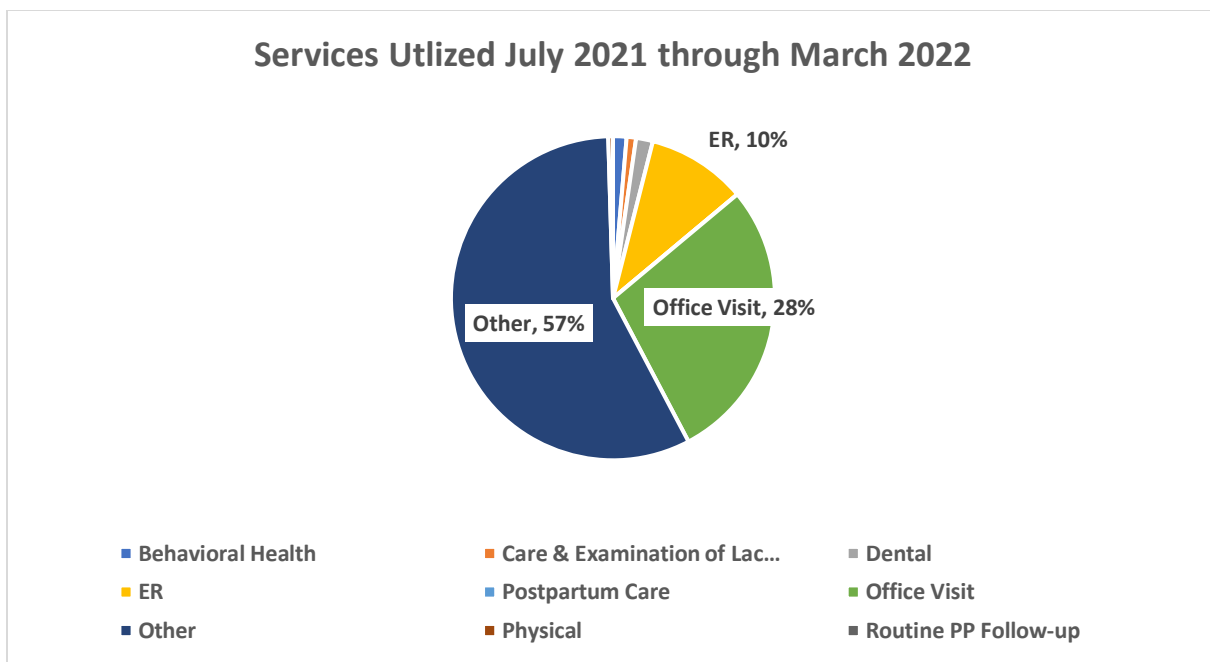
Outcome: Women who would have lost Medicaid coverage at 60 days postpartum, are participating in the Postpartum Extension demonstration and receiving full Medicaid services 61-180 days postpartum. Using internal analytic files, the state identified RSM women who delivered a baby April 2021 through January 2022 and women who received a service during their 61st-180th postpartum day window as shown below in Table 1.

Table 1 GA Medicaid (7/1/21-03/31/22)			
Deliveries for Medicaid Postpartum Extension Waiver Service			
Period	FFS	CMO	Total
Apr-21	640	3,117	3,757
May-21	620	3,112	3,732
Jun-21	619	3,327	3,946
Jul-21	632	3,534	4,166
Aug-21	641	3,466	4,107
Sep-21	630	3,503	4,133
Oct-21	571	3,347	3,918
Nov-21	567	3,083	3,650
Dec-21	606	3,378	3,984
Jan-22	560	3,333	3,893
Total	6,086	33,200	39,286
Who had a postpartum service			
Period	FFS	CMO	Total
Jul-September 2021	299	6,379	6,678
Oct-December 2021	282	6,032	6,314
Jan-March 2022	127	4,061	4,188
Total	708	16,472	17,180

The data reported are for RSM women receiving services under either the Fee-for Service (FFS) system or the CMO provider networks. The latter system of care dominates. There was a total of 39,286 RSM women eligible for the extension in DY 1 with a total of 37,893 live births over this period. The great majority of eligible RSM women were receiving services (33,200) through the CMO network and about 50% of these women (16,472/33,200) received some service postpartum over the July 1, 2021 through March 2022 time period. This rate of utilization has been similar over the earlier July-September (~56%) and October -December (~48%) reporting time periods. A small percentage (12%) of the RSM women eligible for the postpartum extension (6,086) received service in the 61st-180th day postpartum in the FFS system.

Objective: Ensure that women in the postpartum extension receive appropriate primary and preventive care, family planning, behavioral health, substance use, and chronic condition management within the 180- day period.

Outcome: The use of services postpartum through either the FFS or CMO system of care among RSM women who are participating in the postpartum extension is summarized in the chart below by major categories of service: 1) behavioral health; 2) emergency room (ER); 3) care and examination of lactating mother, 4) postpartum care, 5) physical, 6) dental, 7) office visit, 8) routine postpartum follow up and 9) other. Service use occurring over the postpartum extension period between July 1, 2021 and March 31, 2022 are reported for only those service categories that exceeded 2% of the total.



As the data show, by far, the largest category is described as ‘other’ at 57%. Among those services that are more finely categorized, the largest percentage received was an office visit at 28%. The next largest category was emergency room (ER) visit at 10% of the total. The ER service is seen as an adverse outcome as it may indicate a lack of access to needed primary or other services that would prevent the emergency. Both dental and behavioral health services constituted only 1-2% of the total and postpartum care or routine PP follow-up are too small to show in the pie chart.

It is important to note that these numbers are based on the submission of claims data and hence, the numbers will change each time data are pulled. In addition, deliveries and postpartum services data that were submitted in the previous report, included women in all Medicaid aid categories. This report includes data only for women in Right from the Start Medicaid (RSM) aid categories - the ones at risk of losing Medicaid coverage at 60 days postpartum.

Objective: Ensure that women in the postpartum extension are contacted by their Resource Mother and receive services after accepting them.

Outcome: The RM services are not included in claims but rather, in the capitated amount paid for IPC and RM only women in the P4HB waiver. Historically, CMOs have been required to report quarterly on the number of RM contacts made, acceptance by women and use of their contraception under P4HB. CMOs will continue this type of reporting until alternate plans are implemented.

Objective: Reduce the rate of severe maternal morbidity and mortality among women enrolled in the postpartum extension.

Outcome: The rate of these adverse outcomes will be measured by the outside evaluator in the process of the evaluation as outlined in the Draft Evaluation Design.

IV. Budget Neutrality and Financial Reporting

Objective: Reduce costs to the Medicaid program by reducing ER visits, hospitalizations (including those for postpartum SMM) among Medicaid women in the postpartum extension.

Outcome: The state paid a total of ~\$69 thousand for services provided to those women who utilized services 61 days postpartum in the FFS delivery system between July 1, 2021 and March 31, 2022. For the same period, the state paid a little over \$19 million for women in the RSM aid categories who utilized services beginning 61 days postpartum via the Medicaid CMO networks. A total of 17,180 members utilized services from July 1, 2021 through March 31, 2022. The number of Postpartum Extension members shown on pages 10-11 of this report, in Table 1

labeled "Deliveries for Medicaid Postpartum Extension Waiver Service," are consistent with the member months reported in the State's Budget Neutrality (BN) report. The BN which is submitted separately to CMS includes the financial details.

V. Evaluation Activities & Interim Findings

The evaluation design for Georgia's Medicaid Postpartum Extension has been submitted to CMS for review. Based on the overall goals and objectives of the postpartum extension, the design identified the following research questions.

Research Questions.

RQ1: Were postpartum extension beneficiaries retained in Medicaid for the full six-month postpartum period? How do sociodemographic, county, and economic factors affect the probability of disenrollment?

RQ2: How did beneficiaries utilize services during the six-month postpartum period?

RQ3: Are beneficiaries enrolled in the extension who are contacted by their RM more likely to receive services?

RQ4: Do severe maternal morbidity (SMM) rates improve among beneficiaries enrolled in the extension?

RQ5: Do SMM and maternal mortality rates improve among beneficiaries enrolled in the extension?

Proposed Analysis. These questions will be addressed with a combination of the administrative enrollment/claims data linked to vital records and to data from public sources such as the Area Resource File (ARF) that provides information on providers in the county, etc. The evaluator would create month to month files for the postpartum period of women with a Medicaid paid delivery who were eligible and enrolled in the waiver. Both descriptive statistics (frequencies and percentages, Chi-square tests) on the outcomes of interest as well as multivariate analyses (logistic regression) would be used where appropriate. A comparison group of Medicaid insured women with a postpartum period prior to the PHE would be used in parts of the multivariate analyses.

There are no findings to report at this time and feedback from CMS on the Draft Evaluation Design is pending.