

Quarterly Monitoring Report

Georgia Postpartum Extension
1115 Demonstration in Georgia

Quarter 2: Demonstration Year 2
(July 1, 2022 – September 30, 2022)

Submitted to the Centers for Medicare and Medicaid Services

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I. Summary and Background

On April 16, 2021, the Center for Medicare and Medicaid Services (CMS) approved Georgia's Section 1115(a) demonstration project. Implementation of the Georgia Postpartum Extension began statewide effective July 1, 2021 and will 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 one hundred and eighty (180) days, or six months. Prior to the Georgia Postpartum Extension, the Georgia Department of Community Health (DCH) administered Georgia's Right from the Start Medicaid (RSM) for women with this income criteria throughout pregnancy and through the required 60-day postpartum period.

Demonstration Goals and Objectives. Through the Georgia Postpartum Extension, DCH seeks to extend access to quality care and ensure continuity of care and care coordination during the postpartum period, with the ultimate goal of reducing rates of postpartum maternal morbidity and mortality in the State. 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.

- Georgia’s Care Management Organizations (CMOs), staff, providers, beneficiaries, and the general public were informed about the Georgia Postpartum Extension. A banner message was sent via the Georgia Medicaid Management Information System (GAMMIS), the primary web portal for Medicaid, PeachCare for Kids, and all related waiver programs.
- DCH engaged with an outside evaluator to develop a Draft Evaluation Design of the Georgia Postpartum Extension Demonstration for CMS review. This draft was submitted to CMS on March 15, 2022.
- DCH continued to work with the CMOs to alert them of 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 is finalizing a training manual for RMs to guide the CMOs as they hire and train the additional RM staff.

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. The PHE has been extended through October 13, 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 expired on July 1, 2021, at 12:00 AM. Following expiration of the PHE in July 2021, Governor Kemp declared and renewed the Economic State of Emergency continuously through April 2022 via various Executive Orders (January 18, 2022, February 18, 2022, and March 21, 2022). As noted, the PHE was extended through October 13, 2022.

Public Forum. The Annual Public Forum for the Postpartum Extension program was held on August 17, 2022 via Microsoft Teams, during the Medical Care Advisory Committee (MCAC) meeting. There were no post award public comments.

Administrative Challenges. Administrative challenges relating to disenrollment are not noted as members are retaining full Medicaid due to the PHE. In addition, since data on deliveries and postpartum services are based on the submission and payment of provider claims, the current numbers tend to be low due to the lag in claims data. Neither service denials nor grievances were reported for the Medicaid Postpartum Extension.

State Announcement. On May 2, 2022, DCH announced its intent to terminate the Postpartum Extension 1115 Demonstration Waiver and convert to State Plan Amendment (SPA) for postpartum extension services. CMS provided technical assistance with public notice requirements for DCH Board Meeting scheduled for May 5, 2022. On August 17, 2022 the state submitted the SPA to extend postpartum services to a full twelve (12) months, under the state plan, as permitted in section 9812 of the American Rescue Plan Act. As of the end of Quarter 2, DY2 DCH was awaiting approval of the SPA from CMS.

III. Performance Objectives

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 (SMM) and mortality among women enrolled in the postpartum extension.
- Reduce costs to the Medicaid program by reducing 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 objectives 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.

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

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

Table 1.

| Georgia Medicaid (07/01/22-09/30/22) | | | |
|--|------------|------------|--------------|
| Deliveries for Medicaid Postpartum Extension Waiver Service | | | |
| Period | FFS | CMO | Total |
| July 2022 | 229 | 3,194 | 3,423 |
| August 2022 | 72 | 2,233 | 2,305 |
| September 2022 | 9 | 103 | 112 |
| Total | 310 | 5,530 | 5,840 |
| Who Had a Postpartum Service | | | |
| Period | FFS | CMO | Total |
| July-September 2022 | 0 | 68 | 68 |
| Total | 0 | 68 | 68 |

There were 5,840 women in a CMO or FFS network with a delivery during the July – September 2022 reporting period. Due to the lag in submission of provider claims, the number of postpartum services for this reporting period is very low at 68.

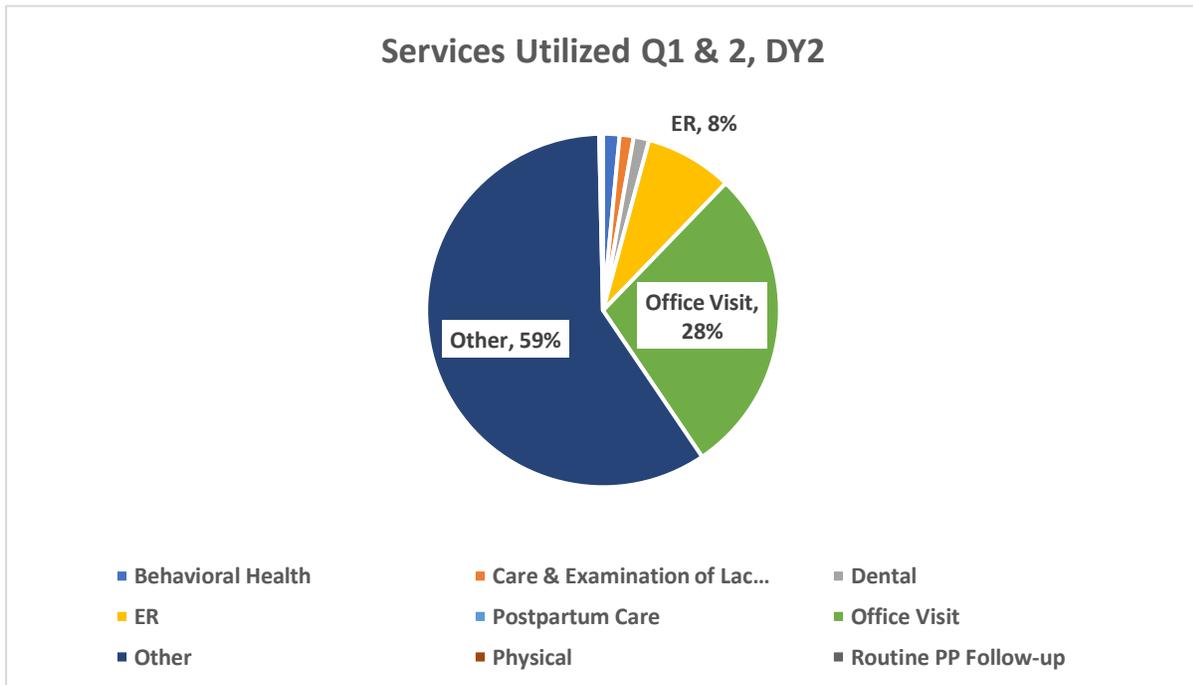
Of the 5,840 deliveries during the reporting period, there were 5,583 (96%) live births. The live birth counts are broken down by DY 2 Q2 months as shown in Table 2 below.

Table 2.

| Georgia Medicaid (07/01/22-09/30/22) | |
|--|--------------|
| Live Births for Medicaid Postpartum Extension Waiver Service | |
| Period | Count |
| July 2022 | 3,273 |
| August 2022 | 2,205 |
| September 2022 | 105 |
| Total | 5,583 |

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 have previously been summarized 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.



Due to the lag in provider claims and the very low count of services reported for PP extension participants in DY Q2 we do not summarize these data separately but rather, we show in the chart above the breakdown of services by the major categories noted. As shown in prior monitoring reports, the majority (59%) of the services fall into the unknown service category, followed by office visits (28%) and then emergency room visits (8%).

Objective: Ensure that women in the Postpartum Extension Demonstration 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. CMOs have been required to report quarterly on the RM contacts, acceptance, and use of contraception under P4HB and data are reported by the evaluator. DCH is devising alternate plans for CMOs' reporting of RM contacts.

Objective: Reduce the rate of severe maternal morbidity and mortality among women enrolled in the Postpartum Extension Demonstration.

Outcome: The rate of the adverse maternal health outcomes of severe maternal morbidity and maternal death will be measured by the outside evaluator in the process of the evaluation.

Member Survey Updates.

Due to the low response rate associated with surveys, DCH will work with the CMOs to complete focus groups instead of surveys among women enrolled in the Postpartum Extension Demonstration.

Grievances and Appeals.

No grievances nor appeals were reported by the CMOs.

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 Demonstration.

Outcome: Virtually all of the \$6.3 million per member per month (PMPM) expenditures for services provided between July 1, 2022 and September 30, 2022 were for women in the postpartum RSM aid categories who utilized services via the Medicaid CMO networks. The state paid a minimal amount, \$14 thousand, for women in the Medicaid FFS network. The number of Postpartum Extension deliveries/member months equaled 5,840 in the July through September 2022 time period but the PMPM expenditure total of \$6.3 million reflects expenses for these women as well as those with earlier deliveries who are still in their postpartum period in DY2 Q2.

V. Evaluation Activities & Interim Findings

The evaluation design for Georgia's Postpartum Extension Demonstration 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.