



Georgia Section 1115 Demonstration Waiver Application

October 8, 2020

Department of Community Health

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Section 1: Program Description

The Georgia Department of Community Health (DCH) is seeking a five-year Medicaid Section 1115 Research and Demonstration Waiver to improve postpartum maternal morbidity and mortality in the State by extending access to quality care and by ensuring continuity of care and care coordination during the postpartum period. The waiver will allow the State to extend postpartum Medicaid coverage from 60 days to one hundred and eighty (180) days or six months to decrease postpartum maternal morbidity and mortality.

Section 1.1: Background

Created in 1999 by the General Assembly, DCH is one of four primary health agencies in Georgia. It is the State's primary agency for the deployment of Medicaid services. The Department's mission is to provide Georgians with access to accessible, affordable, and high-quality healthcare.

Currently, Georgia's Right from the Start Medical Assistance Group (RSM) enables children and adults under age 19, pregnant women, low income families, and women with breast or cervical cancer to receive comprehensive health services through Medicaid and related programs. The State currently administers RSM throughout a woman's pregnancy and through a 60-day postpartum period. In 2010, the State and DCH instituted the Planning for Healthy Babies (P4HB) program to supplement coverage for women through a Section 1115 Waiver. P4HB provides no-cost services to eligible women that include Family Planning Services, Interpregnancy Care (IPC), and Resource Mother Outreach for mothers who delivered very low birth weight (VLBW) babies.

The comparatively high rate of maternal mortality continues to be a pressing challenge for the State to ameliorate. This led the Georgia General Assembly (GGA) to pass H.R. 589 during the 2019 legislative session to create the House Study Committee on Maternal Mortality. The Committee set out to identify causes and potential solutions to the State's comparatively high maternal mortality rates. The Committee subsequently developed a final report based on a review of maternal death data from 2012-2015. Their findings showed that 60% of maternal deaths within the sample period were deemed preventable.

The State recognizes that maternal deaths are a serious public health concern with considerable short- and long-term individual, family, and societal impacts. Moreover, the State recognizes that in order to ultimately decrease maternal mortality in Georgia, intra-state coordination and collaboration is critical from the beginning. Accordingly, the GGA worked in consultation with DCH and Georgia's Department of Public Health (DPH) to craft and advocate for the passage of H.B. 1114 during the 2020 legislative session. Governor Brian P. Kemp subsequently signed the bill into law. There are two primary provisions of the legislation:

- The first provision authorizes the extension of Medicaid coverage for lactation services to pregnant and lactating women and their children. This provision will be implemented through the submission of a State Plan Amendment.
- The second provision, which is the focus of this Demonstration Waiver, authorizes the extension of postpartum Medicaid coverage from a period of 60 days to one hundred and eighty (180) days or six months. Through the extended duration of benefits during the postpartum period, the goal of the legislation is to provide continuity of care that will ultimately reduce maternal morbidity and mortality.

Section 1.2: Hypotheses & Evaluation

The following table presents an overview of the goals sought by the waiver, along with their respective hypotheses and metrics to evaluate

Table 1.1: Goals, Hypotheses, and Metrics

Goal	Hypothesis	Metrics
Reduce maternal morbidity and mortality for Medicaid members in Georgia	Extending eligibility for pregnant women from 60 days to one hundred and eighty (180) days or six months postpartum will reduce maternal morbidity and mortality for Medicaid members in Georgia by providing continued Care Management Organization (CMO) care coordination and continuity in provider networks at a medically vulnerable time.	Rates of maternal morbidity and mortality year-over-year. Number of women who access services during pre (5-year baseline with postpartum at 60 days) vs post (intervention of one hundred and eighty (180) days or six months postpartum) Postpartum visit rates pre vs. post
Support the long-term fiscal sustainability of the Medicaid program in Georgia	Targeting specific populations to extend Medicaid benefits rather than expanding will support the financial sustainability of the Medicaid program.	Total cost of health services per population capita pre- and post-intervention v. the national average

Section 1.3: Impact to Medicaid and CHIP

The legislation does not affect or modify any components of the State’s current Medicaid or CHIP programs.

Section 2: Demonstration Eligibility

Section 2.1: Populations Eligible

The proposal to extend postpartum care from 60 days to one hundred and eighty (180) days or six months will only be implemented for the eligibility groups included in the following table. The eligible populations will have incomes up to, but not exceeding, 220% of FPL with up to 5% income disregard in limited circumstances.

Table 2.1: Eligible Populations

Eligibility Group Name	CFR and Social Security Act Citations
Qualified Pregnant Women and Children	42 CFR § 435.116 SSA § 1902(a)(10)(A)(i)(III) SSA § 1905(n)
Mandatory Poverty Level Pregnant Women	SSA § 1902(a)(10)(A)(i)(IV) SSA § 1902(l)(1)(A)

Optional Poverty Level Related Pregnancy – Women & Infants	SSA § 1902(a)(10)(A)(ii)(IX) SSA § 1902(I)(2)
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Section 2.2: Determination, Maintenance, and Termination

Eligibility Determination

Eligibility for the extended postpartum period is determined by the date the birth takes place. The proposal extends existing postpartum coverage from 60 days to one hundred and eighty (180) days or six months (i.e., by an additional one hundred and twenty (120) days or four months). This extension has no material impact on eligibility determinations.

Individuals on other forms of Medicaid that are not listed in the table above are not eligible for this proposed extension; they will not transition into RSM coverage, and they will maintain their current coverage.

Maintaining Eligibility

To promote the continuity of postpartum care, a participant who is deemed eligible, according to the eligibility groups listed in Table 2.1, will maintain coverage for the duration of the one hundred and eighty (180) days or six month postpartum period, regardless of what point in the postpartum period they entered the program. After the conclusion of the 6-month postpartum period, an eligibility redetermination will be made pursuant to *42 CFR 435.916(a)* as to whether an individual will maintain their status as qualified for full Medicaid benefits as part of a separate eligibility group; the transition will take place automatically.

Section 2.3: Geography and Timeframe

DCH seeks a five-year Demonstration approval period and intends to implement the Demonstration statewide effective July 1, 2021.

In the interest of equity, DCH will extend a “transition period” to mothers whose 60-day postpartum benefits prior to this Demonstration would have expired between June 1, 2021 and June 30, 2021. For example, in the case of an April 15, 2021 delivery, mothers will be permitted to seamlessly benefit from the extended postpartum coverage proffered in this Demonstration.

Section 2.4: Enrollment Transitions

Individuals will seamlessly transition into this waiver exactly as they did previously under the 60-day postpartum benefit period; the substantive change is simply an extended postpartum benefit period. All mothers covered by this proposed extension will transition after the extended one hundred and eighty (180) days or six-month postpartum benefit period to the appropriate Medicaid program, if eligible, based on their current eligibility; this transition will take place automatically.

For those over Medicaid eligibility limits, transition into other P4HB offerings is an exception and will depend upon prior enrollment; specifically, if the individual was not formerly enrolled in the P4HB program, an application will have to be completed for the transition to take place.

Section 2.5: Eligibility Policies – Retroactive Coverage

There is no change to the State’s current retroactive coverage policy. New entrants to the program will have retroactive coverage back to the beginning of the month in which their application was submitted, and a one quarter look-back period will be reviewed for eligibility.

Section 3: Demonstration Benefits and Cost Sharing Requirements

This Demonstration does not change the current Medicaid benefit package design, except for the additional Resource Mother Services that will be provided to mothers who have given birth to a VLBW baby. There is no cost-sharing, copayments, or coinsurance for any existing Medicaid benefit provided under the waiver. Current benefits will continue to be applied in accordance with the State Plan Amendment and all eligible members will continue to receive all eligible benefits in the 6-month postpartum period covered by this waiver.

Section 4: Delivery System and Payment Rates for Services

Section 4.1: Managed Care Delivery System

Consistent with the current structure of the RSM program, the State will utilize a managed care delivery system to provide services to all members eligible for this proposed extension, other than those in SSI. The State currently contracts with multiple CMOs, which were selected through a competitive procurement process. The State does not intend to amend its existing contracts with its CMOs to implement the provisions of this 1115 Demonstration waiver. The State believes the existing CMO infrastructure has adequate capacity to handle the proposed extension of the postpartum period. If capacity issues arise, the State will reassess their contracting strategy in a timely fashion.

Section 4.2: Health Plan Selection

CMO assignment/selection will follow the same process used outside this waiver. Members who do not already belong to a CMO upon entry into the program will be automatically enrolled into a CMO. Members will then have a 90-day window to switch to a different plan if they choose to before being locked into their assigned plan until their annual anniversary date the following year.

Section 4.3: Payment Rates for Service

The capitation rate-setting methodology for this Demonstration will be the same methodology used to set rates for the current Medicaid populations and will comply with all federal rate-setting requirements and guidance. Rate cell determinations will be aligned with the respective age cohort in the RSM/LIM rate cell.

Section 5: Implementation of Demonstration

The State intends to implement this waiver statewide. The State anticipates an effective date of July 1, 2021. This aligns with the start of the CMO contract year.

Section 5.1: Notification

The State will develop and deploy an appropriate communications strategy to inform not only all current RSM enrollees, but also members in the “Transition Period” cohort. Pending approval of this Demonstration, DCH intends to provide notice by April 1, 2021.

Adequate notifications will be provided for those members who are in the “Transition Period” cohort.

Communications will also target CMOs, pertinent associations, hospitals, lactation service professionals, through provider-specific messages. Additional communications to all pertinent organizations will be conducted via email.

Because members will transition seamlessly into this augmented postpartum period at the conclusion of 60-day coverage, no additional enrollments will be required.

Section 6: Demonstration Financing and Budget Neutrality

Refer to Attachment 2 for the Budget Neutrality Historical, With Waiver, and Without Waiver exhibit. As discussed further below, the State is requesting the Postpartum Care population be considered “hypothetical”; therefore, a simplified single exhibit is provided.

Overview

The Georgia Postpartum Care 1115 Waiver provides 4 months of extended postpartum coverage for individuals up to 225% of the FPL. The individuals continuing their healthcare coverage will remain enrolled in the State’s capitated managed care program. The State currently contracts with multiple statewide CMOs to support the program and its enrollees. The State is requesting the waiver start as of July 1, 2021 to align with the projected implementation date and the current managed care program rate period.

Given that this population currently has coverage for 60 days of postpartum care and that the benefits remain unchanged, the State used exiting cost and utilization data to develop the baseline per member per month amount.

For purposes of this Budget Neutrality Section and for the population anticipated to enroll, the State is requesting the expenditures under this waiver to be considered “hypothetical” per the August 22, 2018 State Medicaid Director’s Letter (SMD #18-009):

“In cases where expenditure authority is provided for coverage of populations or services that the state could have otherwise provided through its Medicaid state plan or other title XIX authority, such as a waiver under Part 1915 of the Act, CMS considers these expenditures to be “hypothetical;” that is, the expenditures would have been eligible to receive FFP elsewhere in the Medicaid program. For these hypothetical expenditures, CMS currently makes adjustments to the budget neutrality test which effectively treats these expenditures as if they were approved Medicaid state plan services.”

Enrollment

Table 6.2 summarizes enrollment estimates for the Postpartum Care population. The population figures reflected are the average assumed enrollment for each demonstration year (DY). Enrollment reflects the State’s estimates for those enrolling in CMOs.

The enrollment estimates were based on the number of monthly deliveries from State Fiscal Year (SFY) 2016 to 2020, with 2 months (approximately 60 days) following delivery month of current postpartum care coverage, and then 4 months of extended postpartum coverage.

While the Postpartum Care waiver coverage is forecasted to begin on July 1, 2021, the enrollment estimates reflect some enrollment of individuals that have lost coverage prior to July 1, 2021, should they re-enroll for coverage under the extended postpartum time period.

The enrollment ramp-up for DY01 assumes the following:

- 10% of January 2021 deliveries re-enroll July 2021
- 25% of February 2021 deliveries re-enroll July 2021
- 50% of March 2021 deliveries re-enroll July 2021
- 100% of April 2021 deliveries are extended coverage after the current 60-day coverage

Georgia DCH identified deliveries for the RSM group from July 2015 through June 2019 (SFY 2016 – 2019) and July 2019 through March 2020 (SFY 2020 year to date) with enrollment and claims paid

through June 2020. Using this RSM delivery data by month, region, and age cohort, the number of individuals that would have received the extended 4 months of postpartum care were determined. This historical enrollment estimate was determined assuming that 2 months post-delivery month (approximately 60 days) individuals would receive the current postpartum care coverage, followed by 4 months of extended postpartum coverage. Table 6.1 demonstrates how this was applied to the deliveries for each month of the historical data period. Table 6.2 summarizes the hypothetical historical enrollment with this logic applied to the data from July 2015 through March 2020.

Table 6.1: Sample Enrollment Assumption Applied to Historical Data

Delivery Month	Age Cohort	Region	Monthly Deliveries	Waiver Enrollment								
				Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Jul-18	21 – 44 Female	01- CMO Atlanta Region	838	Delivery	60 Day		Waiver Covered					
Aug-18	21 – 44 Female	01- CMO Atlanta Region	821		Delivery	60 Day		Waiver Covered				
Sep-18	21 – 44 Female	01- CMO Atlanta Region	836			Delivery	60 Day		Waiver Covered			

Table 6.2: Historical Hypothetical Enrollment based on SFY16-20 data

SFY / Month	7	8	9	10	11	12	1	2	3	4	5	6	Total MMs
2016	-	-	-	3,275	6,578	9,567	12,611	12,257	12,008	12,139	12,136	12,115	92,686
2017	11,688	11,343	11,069	11,108	11,467	12,957	14,044	15,285	16,532	16,532	16,394	15,790	164,209
2018	14,865	13,826	13,320	12,699	12,934	12,856	12,519	12,502	11,869	11,854	11,634	11,055	151,933
2019	10,109	9,185	8,619	8,528	8,991	9,091	9,825	10,517	11,244	12,329	12,459	12,597	123,494
2020	12,476	12,275	12,187	12,383	12,816	12,877	13,482	13,421	13,477	13,769	13,335	13,288	155,786
2021	9,766	6,220	3,186	-	-	-	-	-	-	-	-	-	19,172

Since deliveries in the first few months of the historical data would not be hypothetically covered under the extended postpartum period until October or later, completion and seasonality was applied to SFY 2016 hypothetical enrollment to have 5 full years of hypothetical historical enrollment (SF16-SFY20). Table 6.3 shows the completed enrollment for the historical period of SFY16-20.

Table 6.3: Completed Historical Hypothetical Enrollment for SFY16-20

SFY / Month	7	8	9	10	11	12	1	2	3	4	5	6	Total MMs
2016	11,402	10,820	10,487	10,376	10,722	11,087	12,611	12,257	12,008	12,139	12,136	12,115	138,159
2017	11,688	11,343	11,069	11,108	11,467	12,957	14,044	15,285	16,532	16,532	16,394	15,790	164,209
2018	14,865	13,826	13,320	12,699	12,934	12,856	12,519	12,502	11,869	11,854	11,634	11,055	151,933
2019	10,109	9,185	8,619	8,528	8,991	9,091	9,825	10,517	11,244	12,329	12,459	12,597	123,494
2020	12,476	12,275	12,187	12,383	12,816	12,877	13,482	13,421	13,477	13,769	13,335	13,288	155,786

Table 6.4: Historical Average Monthly Enrollment by SFY

2016	2017	2018	2019	2020
11,513	13,684	12,661	10,291	12,982
Trend	18.9%	-7.5%	-18.7%	26.1%
5-year average trend				3.0%

Table 6.5 summarizes estimated enrollment and eligible member months for each of the demonstration years applying the average enrollment trend for the hypothetical historical population of 3.0%.

Table 6.5: Estimated Enrollment by Demonstration Year

Demonstration Year (DY)	Eligible Member Months	Average Monthly Enrollment
DY1	151,555	12,630
DY2	170,231	14,186
DY3	175,338	14,612
DY4	180,598	15,050
DY5	186,016	15,501

Expenditures Per Member Per Month (PMPM)

5-Year Georgia Families historic average certified capitation rates for SFY 2016 to 2020 by rate cohort and region were provided by the State’s rate setting actuary to develop the PMPM estimates. There are 18 unique managed care rate codes varying by cohort and region that currently include pregnant women and the 60-day postpartum coverage. Individuals in the extended one hundred and twenty (12) days or four month postpartum coverage will remain in these rate cohorts during coverage.

The historical PMPM for the hypothetical population was determined using the enrollment methodology described in the prior section and applying the actuarially certified capitation rate for the related SFY to the hypothetical extended postpartum coverage period. Table 6.6 summarizes the weighted average capitation rate for the 5-year historical period using the historical enrollment estimates described in the enrollment section.

Table 6.6: Historical Average Capitation Rate by SFY

FY	Effective Date	End Date	Rate Cohort	Region	Ave. Cap Rate
2016	Jul-15	Jun- 16	All	All	322.03
2017	Jul-16	Jun- 17	All	All	319.44
2018	Jul-17	Jun- 18	All	All	319.39
2019	Jul-18	Jun- 19	All	All	332.01
2020	Jul-19	Jun- 20	All	All	337.61

This weighted average was trended forward to determine the base period PMPM for the demonstration years. Based on the recently submitted 1115 Georgia Pathways demonstration waiver which leveraged projected trends in the approved Calendar Year (CY) 2018 Georgia Families Rate Certification, experience observed in other states, and review of the President’s trend, the State is applying a 4.5% annual trend rate applied to the SFY 2020 average capitation rate to develop the projected demonstration year PMPMs. Table 6.7 shows the demonstration year PMPMs.

Table 6.7: Estimated PMPM for Waiver by Demonstration Year

DY1	DY2	DY3	DY4	DY5
\$368.68	\$385.27	\$402.61	\$420.73	\$439.66

Non-Benefit Expenses

The actuarially sound capitation rates effective during the demonstration years for the expanded Postpartum Care waiver coverage population will need to include considerations for administrative expenses, risk margin, and premium based taxes, etc. These costs have been included in the weighted average capitation rate used for the historical PMPMs and therefore included in the projected demonstration year PMPMs.

Retroactive Coverage

Given that the vast majority of individuals receiving the Postpartum Care extended coverage also delivered their baby while enrolled in Medicaid, the estimates do not include any prior quarter costs. Prior period costs are already reflected in the capitation rate development.

Premiums and copays

There are no premiums or copays for this population so there are no adjustments reflected in the PMPM.

Please see **Attachment 2** for the State’s historical and projected expenditures for the requested period of the Demonstration.

Section 7: List of Proposed Waivers and Expenditure Authorities

Section 7.1: Title XIX Waivers

Below is a list of proposed waivers necessary to implement Georgia's 1115 Demonstration:

- **Definition of Pregnant Woman: SSA § 1905(n)/42 CFR § 435.4**
 - Necessary to redefine “qualified pregnant woman or child” (SSA) and “pregnant women” (CFR) to augment the baseline postpartum period from 60 days to 6 months.
- **Extended Eligibility & Continuous Eligibility: SSA § 1902(e)(5) and (6)/42 CFR § 435.170(b) and (c)**
 - Necessary to extend both eligibility and continuous eligibility for newly defined “qualified pregnant woman or child” and “pregnant woman” from 60 days to 6 months.
- **Suspended Renewals Until End of Postpartum Period: 42 CFR § 435.916(a)**
 - Necessary to ensure continuity of coverage for newly defined “pregnant woman” until after the augmented postpartum period ends, i.e., six months plus one day post-delivery.

Section 7.2: Expenditure Authorities

Under this Demonstration, the State also requests expenditure authority for women up to 220% of the FPL (i.e., 225% with 5% disregard) for the extended 4-month postpartum period of coverage, which are not otherwise included as expenditures under § 1903 of the SSA. These expenditures shall, for the Demonstration, be regarded as matchable expenditures under the State's Medicaid Title XIX State Plan.

Section 8: Public Notice and Comment Period

Section 8.1: Public Notice

The Public Notice & Comment Period will begin on October 8, 2020 and will close on November 9, 2020, lasting 30 days.

Section 8.2: Public Hearings

The State will hold two public hearing on the dates listed below:

Public Hearing 1: Thursday, October 15, 2020 at 11:00 a.m. EST via WebEx Audio. Log in information is as follows:

Event number: 127 018 2352

Event password: Public

1. Copy the following link to a browser:
<https://dchevents.webex.com/dchevents/onstage/g.php?MTID=eb1f15c274a1077f7db5bf0f92172dcd0>
2. Click "Join Now".
3. To Join the audio conference only:
Call-in toll number (US/Canada): 1-650-479-3207 Access code: 127 018 2352

Public Hearing 2: Monday, October 19, 2020 at 10:00a.m. EST, at the following location (in-person):

Mercer School of Medicine-Savannah Campus
Hoskins Center for Biomedical Research

1250 East 66th Street, Savannah, GA 31404

Individuals attending in-person will be required to comply with the requirements of the Mercer School of Medicine pertaining to the wearing of masks and other restrictions due to COVID-19

Each of the two public hearings will follow the same format, beginning with an overview of the waiver proposal, followed by the collection of oral public comment. A court reporter will transcribe and enter into the public record all verbal comments presented during each of the public hearings. The transcripts from each of the public hearings will be available on the Department of Community Health's website, <https://medicaid.georgia.gov/>. A sign language interpreter will be available at all the hearings for the individuals present, and individuals requiring special accommodations, including auxiliary communicative aids and services during these meetings can request such accommodations in advance of the meeting.

Section 8.3: Public Comments

In addition to making public comments at the public hearings, individuals may submit written comment by email at postpartum.comments@dch.ga.gov or by mail at the following address:

Attn: Lynnette Rhodes
Georgia Department of Community Health
2 Peachtree Street, NW, 36th Floor
Atlanta, GA 30303

The State will provide a comprehensive list of the comments received during the 30-day period to CMS, as well as a summary of the State's responses that note how/if the State incorporated the feedback into their final application.

Section 8.4: Tribal Consultation

The State of Georgia does not have any Federally recognized Indian tribes within its borders and thus has not established a separate process for consultation with any tribes with respect to this Section 1115 Demonstration waiver application.

Section 9: Demonstration Administration

Name and Title: Lynnette Rhodes, Executive Director, Medical Assistance Plans, Georgia Department of Community Health

Telephone Number: 404-656-7513

Email Address: lrhodes@dch.ga.gov

Attachment 1: Evaluation Plan

Evaluation Outcome Measures	Target or Comparison Subgroups	Data Sources	Analytic Methods
Goal 1: Reduce the rate of postpartum morbidity and mortality			
<ul style="list-style-type: none"> • Morbidity and mortality in postpartum women compared to years prior controlling for population (e.g., per # births) • Number of women who access services during pre (baseline) vs post (intervention) • Postpartum visit rates 	<ul style="list-style-type: none"> • No control group – Demonstration applies to all • Data will be collected to include demographic comparisons, i.e., age, race • No inclusion or exclusion criteria except for date of birth compared to implementation date 	<ul style="list-style-type: none"> • DCH Data <ul style="list-style-type: none"> ○ Claims ○ Enrollment • DPH Data <ul style="list-style-type: none"> ○ Death records 	<ul style="list-style-type: none"> • Pre (5 year aggregate baseline) vs. post (after intervention implementation) comparison <ul style="list-style-type: none"> ○ Chi² to determine statistically significant difference pre vs. post ○ Difference-in-difference approach to assess the magnitude of lead measures ○ Track and trend HEDIS / Adult Core Set measure <i>Prenatal and Postpartum Care: Postpartum Care</i>
Goal 2: Support the long-term sustainability of the state's Medicaid program by maintaining fiscal balance			
<ul style="list-style-type: none"> • Total cost of health services per population capita compared pre and post intervention. 	<ul style="list-style-type: none"> • No control group – Demonstration applies to all • Data will be collected to include breakdown of spending categories 	<ul style="list-style-type: none"> • DCH Data <ul style="list-style-type: none"> ○ Claims ○ Enrollment 	<ul style="list-style-type: none"> • Annually compare 5-year fixed pre cost to post costs • Determine changes in utilization by spending category • Test association between additional months of coverage and acute care utilization

Attachment 2: Budget Neutrality With and Without Waiver Exhibits

RSM Historic Summary	2016	2017	2018	2019	2020	5-Years
Total Expenditures	\$ 44,491,408	\$ 52,454,916	\$ 48,525,755	\$ 41,000,950	\$ 52,595,041	\$ 239,088,069
Eligible Member Months	138,159	164,209	151,933	123,494	155,786	733,581
PMPM Cost	\$ 322.03	\$ 319.44	\$ 319.39	\$ 332.01	\$ 337.61	\$ 325.89
Trend Rates	2016	2017	2018	2019	2020	Average
Total Expenditures		17.9%	-7.5%	-15.5%	28.3%	4.3%
Eligible Member Months		18.9%	-7.5%	-18.7%	26.1%	3.0%
PMPM Cost		-0.8%	0.0%	4.0%	1.7%	1.2%

Trend	Base Year - 2020	Months of Aging	Trend	DY 01	DY 01 Ramp Up	Waiver Trend
Eligible Member Months	155,786	24	3.0%	165,273	0.917	3.0%
PMPM Cost	\$ 337.61	24	4.5%	\$ 368.68		4.5%

Extended Postpartum Without Waiver	DEMONSTRATION YEARS (DY)					TOTAL
Pop Type: Hypothetical	DY 01	DY 02	DY 03	DY 04	DY 05	WOW
Eligible Member Months	151,555	170,231	175,338	180,598	186,016	
PMPM Cost	\$ 368.68	\$ 385.27	\$ 402.61	\$ 420.73	\$ 439.66	
Total Expenditure	\$ 55,875,423	\$ 65,584,897	\$ 70,592,832	\$ 75,982,997	\$ 81,783,795	\$ 349,819,943

Extended Postpartum With Waiver	DEMONSTRATION YEARS (DY)					TOTAL
Pop Type: Hypothetical	DY 01	DY 02	DY 03	DY 04	DY 05	WW
Eligible Member Months	151,555	170,231	175,338	180,598	186,016	
PMPM Cost	\$ 368.68	\$ 385.27	\$ 402.61	\$ 420.73	\$ 439.66	
Total Expenditure	\$ 55,875,423	\$ 65,584,897	\$ 70,592,832	\$ 75,982,997	\$ 81,783,795	\$ 349,819,943

HYPOTHETICALS VARIANCE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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