

Quarterly Monitoring Report

Georgia Postpartum Extension
1115 Demonstration in Georgia

Quarter 3: Demonstration Year 1
(October 1, 2021 – December 31, 2021)

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.

II. Operational Updates

Unexpected Trends –COVID-19.

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. After their 180 days (six months) postpartum period ends, they then retain full Medicaid coverage and receive services under the Public Health Emergency (PHE). This continuation of services has paused enrollment in the Interpregnancy Care (IPC) component of Georgia’s Planning for Healthy Babies (P4HB) waiver program.

Legislative Updates. 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 March 27, 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.

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 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 are receiving full Medicaid services 61-180 days postpartum. From July 1- December 31, 2021, nearly 13,000 women received services through the Postpartum Extension Demonstration. During the 2021 Quarter 3 reporting period (October 1-December 31), a total of 6,314 women received services in the demonstration.

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: DCH is not using a new eligibility category for the Postpartum Extension Demonstration. Women in the RSM category at the time of delivery as well as those whose postpartum period would fall into the waiver period, can be considered as eligible for the waiver. Totals of RSM women with one or more services (based on Medicaid claims data) 61 or more days postpartum during the reporting period October 1, 2021 through December 31, 2021 are shown below in Table 1.

Table1.

Georgia Medicaid			
Deliveries for postpartum waiver services for 7/1/21 to 12/31/21			
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
Total			35,393
Who had a postpartum service			
Jul-21	111	2,155	2,266
Aug-21	107	2,088	2,195
Sep-21	81	2,136	2,217
Oct-21	90	2,076	2,166
Nov-21	90	1,906	1,996
Dec-21	102	2,050	2,152
Total			12,992

These data are reported for those in the Fee-for-Service (FFS) and CMO provider networks. A total of 35,393 RSM women participated in the Postpartum Extension Demonstration from April through December. There were 4,107 women in a CMO or FFS network with a delivery in August 2021 whose extended postpartum period began in October 2021. In that month 2,166 or 53% of these women, had one or more service in 61 days or longer after their delivery. In September 2021 there were an additional 4,133 deliveries to women whose postpartum extension period began in November 2021. In that month, there were 1,996 unique women (48% of eligible) with a postpartum service 61 days or longer after delivery. The number of women with a postpartum service in December 2021 was slightly higher at 2,152.

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. DCH is devising alternate plans for CMOs' reporting of RM contact.

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.

IV. Summary of Member Surveys

Outcome: 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.

V. 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: DCH will submit a Budget Neutrality (BN) Report with expenditures for member months depicted in Table 1 on page 7.

VI. Disenrollment, Service Denials, Provider Claims & Grievances

CMOs have not reported on disenrollment, service denials, provider claims and grievances at this point.

VII. 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.