

PUBLIC NOTICE

Extension of Postpartum Services 1115 Demonstration Waiver

The Georgia Department of Community Health (DCH) hereby notifies the public that it intends to submit a Section 1115 Demonstration Waiver to the Centers for Medicare & Medicaid Services (CMS) to extend the provision of postpartum services from sixty (60) days to one hundred and eighty (180) days or six months, effective for services provided on or after July 1, 2021.

Pursuant to 42 CFR 431.408, DCH will provide the public the opportunity to review and provide input on the Section 1115 Demonstration Waiver. This notice provides details about the waiver submission and serves to open the 30-day public comment period, which closes on Monday, November 9, 2020.

Waiver Description

Currently, Georgia's State Plan provides for the provision of all pregnancy-related and postpartum services for a period of sixty (60) days beginning on the last day of the woman's pregnancy. The Georgia Department of Community Health (DCH) is seeking approval of a five-year 1115 Demonstration Waiver to extend postpartum Medicaid coverage for an additional one hundred and twenty (120) days or four months; thereby extending postpartum services from sixty (60) days to one hundred and eighty (180) days or six months. The extension of postpartum services will serve to reduce the rate of postpartum maternal morbidity and mortality.

Demonstration Waiver Goals and Objectives

The goals of the Demonstration Waiver are as follows:

1. Reduce the rate of postpartum morbidity and mortality by providing continuity of care and care coordination;
2. Support the long-term sustainability of the state's Medicaid program by maintaining fiscal balance.

Proposed Eligibility Requirements

The proposal to extend postpartum care from sixty (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 the federal poverty level (FPL) with up to 5% income disregard in limited circumstances.

Table 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)

Eligibility for the extended postpartum period is determined by the date the birth takes place. The proposal extends existing postpartum coverage from sixty (60) days to one hundred and eighty (180) days (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 Right from the Start Medical Assistance (RSM) coverage, and they will maintain their current coverage.

To promote the continuity of postpartum care, a participant who is deemed eligible, according to the eligibility groups listed in Table 1, will maintain coverage for the duration of the 6-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)* to determine 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.

Proposed Healthcare Delivery System

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 Care Management Organizations (CMO), which were selected through a competitive procurement process.

Proposed Benefit Coverage

This Demonstration Waiver will 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 very low birth weight (VLBW) baby (less than 1,500 grams or 3 pounds, 5 ounces). The Resource Mother component will provide the following assistance:

- (a) Support the participant’s compliance with primary care medical appointments, including assisting with arranging non-emergency medical transportation;
- (b) Assist the mother of a VLBW baby to obtain regular preventive health visits and appropriate immunizations for her child;
- (c) Assist with the coordination of social services support; and
- (d) Assist with linking mothers to community resources to address the social determinants of health.

Current benefits will continue to be applied in accordance with the State Plan and all eligible Members will continue to receive benefits in the 6-month postpartum period covered by this waiver.

Cost-Sharing (Premiums, Co-Payments, and Deductibles)

There are no premiums, co-payments, or deductibles for this population.

Estimated Annual Enrollment and Aggregate Expenditures

The enrollment estimates noted below in Table 5 are based on the number of monthly deliveries from State Fiscal Years (SFY) 2016 through 2020, including 2 months (approximately 60 days) of postpartum care, and 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 Demonstration Year 1 (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

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 2 demonstrates how this was applied to the deliveries for each month of the historical data period. Table 3 summarizes the hypothetical historical enrollment with this logic applied to the data from July 2015 through March 2020.

Table 2: 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 3: 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

Table 4 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 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 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

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 shows the demonstration year PMPMs.

Table 6: Estimated PMPM for Waiver by Demonstration Year

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

Hypothesis and Evaluation Parameters

The key hypotheses for the Extension of Postpartum Services Demonstration are as follows:

- The Demonstration Waiver will reduce the rate of postpartum morbidity and mortality; and
- Support the long-term sustainability of the state’s Medicaid program by maintaining fiscal balance.

Waiver Authorities

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 one hundred and eighty (180) days.
- **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 one hundred and eighty (180) days.
- **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.

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.

Locations to Access Copies of Public Notice and Waiver Application

This public notice and the 1115 Demonstration Waiver application are available on the Department’s website homepage, at <https://medicaid.georgia.gov/postpartumservices>. This public notice and the 1115 Demonstration Waiver application are also available for review at

each county Division of Family and Children Services office. A comprehensive statewide list of locations of all Division and Family and Children Services offices can be found at <https://dfcs.georgia.gov/locations>.

Public Hearings and Public Input Procedure

Two opportunities for public comment will be available. The first meeting will be held on October 15, 2020 at 11:00 a.m. and will take place virtually via WebEx. Log-in information is provided below. The second meeting will be held on October 19, 2020 at 10:00 a.m. in Savannah, Georgia, and will take place in-person. DCH will accept oral comments at both meetings. The meeting information for both meetings is listed below:

- **WebEx Audio**

An opportunity for public comment will be held on Thursday, **October 15, 2020 at 11:00 a.m., via WebEx audio**. There will be **no in-person** attendance at the Department of Community Health (DCH).

Event number: 127 018 2352

Event password: Public

To join the online event:

1. Copy the following link to a browser:

<https://dchevents.webex.com/dchevents/onstage/g.php?MTID=eb1f15c274a1077f7db5bf0f92172dcd0>

2. Click "Join Now".

Join the audio conference only:

Call-in toll number (US/Canada): 1-650-479-3207 Access code: 127 018 2352

- **Savannah, Georgia**

Monday, October 19, 2020, 10:00 a.m. EST

Mercer School of Medicine-Savannah Campus

Hoskins Center for Biomedical Research

1250 East 66th Street, Savannah, GA 31404

Individuals who are disabled and need assistance to participate during the meeting should notify Matthew Krull at Matthew.Krull@dch.ga.gov or call (404) 651-5016 no later than 24 hours ahead of the scheduled public hearing to ensure any necessary accommodation can be provided.

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.

Individuals wishing to provide written comments on or before **November 9, 2020**, may submit comments at <https://medicaid.georgia.gov/postpartumservices> or to Lynnette R. Rhodes, c/o the Board of Community Health, at the following address: Post Office Box 1966, Atlanta, Georgia 30301-1966. Comments must be postmarked by **November 9, 2020** to be accepted.

Public comments from written and public testimony will be provided to the Board of Community Health prior to the **December 10, 2020** Board meeting. The Board will vote on any proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health.

NOTICE IS HEREBY GIVEN THIS 8th DAY OF OCTOBER 2020
Frank W. Berry, Commissioner