

State of Utah

Section 1115 Demonstration Amendment

Twelve-Month Extended Postpartum Coverage

Section I. Program Description and Objectives

During the 2023 General Session of the Utah State Legislature, Senate Bill 133, “Modifications to Medicaid Coverage”, was passed. This legislation requires the Utah Department of Health and Human Services (DHHS), Division of Integrated Healthcare (DIH) to seek 1115 Demonstration approval from the Centers for Medicare and Medicaid Services (CMS) to provide twelve months of extended Medicaid coverage for certain postpartum women. The state is seeking to implement twelve months of extended postpartum coverage for this group through this amendment.

Goals and Objectives

The primary objective of the Twelve-Month Extended Postpartum Coverage Amendment is to extend the postpartum coverage from 60 days to twelve months for certain women.

Twelve-Month Extended Postpartum Coverage goals:

- Promote continuity of care for the management of chronic conditions such as depression, diabetes and hypertension.
- Align pregnancy postpartum Medicaid coverage with the newborn child Medicaid coverage.
- Reduce maternal mortality. Ensure mothers have access to preventative care and time to seek care for postpartum-related health issues.
- Decrease the incidence of short interval pregnancies, a known risk factor for poor maternal and infant health outcomes.

Postpartum care encompasses a range of important health needs, including recovery from childbirth, follow up on pregnancy complications, management of chronic health conditions, access to family planning, and addressing mental health conditions. Mental health is a major concern during and after pregnancy. Over the past ten years, depression and suicidality among pregnant and postpartum people has risen. At least one in ten women experience perinatal depression. Addressing pregnancy-related deaths (typically defined as death within one year of pregnancy) is an urgent health challenge. At least one-third of maternal deaths occur in the postpartum period. Research strongly indicates that access to health care throughout a woman’s reproductive years is essential for

prevention, early detection, and treatment of some of the conditions that place women at higher risk for pregnancy-related complications, including cardiovascular disease, diabetes, and chronic hypertension.¹

Operation and Proposed Timeline

The Demonstration will operate statewide. The state intends to implement the Demonstration as soon as possible after approval. The state requests to operate the Demonstration through the end of the current approval period, which is June 30, 2027.

Demonstration Hypotheses and Evaluation

With the help of an independent evaluator, the state will develop a plan for evaluating the hypotheses indicated below. Utah will identify validated performance measures that adequately assess the impact of the Demonstration on beneficiaries. The state will submit the evaluation plan to CMS for approval.

The following hypothesis will be tested during the approval period:

Hypothesis	Anticipated Measure(s)	Data Sources	Evaluation Approach
Participants will have continuity of care for pregnancy-related conditions (hypertension, gestational diabetes, depression).	Rate of diagnosis and ongoing care, including provider visits and medication management, in comparison to an established baseline.	Claims/encounter data Enrollment data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.
Participants will have continuity of treatment of substance use treatment.	Rate of sustained engagement in a substance use treatment program comparison to an established baseline.	Claims/encounter data	Comparison and trending of measures. This will include setting a baseline (when available) and analyzing trends in measures over the length of the Demonstration.

Section II. Demonstration Eligibility

Individuals must meet the following eligibility criteria to qualify for twelve-month extended postpartum coverage:

- The woman is eligible for Medicaid during her pregnancy; and

¹ Usha Ranji, I. G., & 2020, D. (2021, March 9). *Expanding postpartum Medicaid coverage*. KFF. Retrieved March 9, 2023, from <https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/>

- The woman's pregnancy ends by way of:
 - birth
 - miscarriage
 - stillbirth; or
 - an abortion that is permitted under [Utah Code Section 76-7a-201](#).

Projected Enrollment

There is no cap on enrollment for this program. The state estimates enrollment at 11,465 individuals per year.

Demonstration Disenrollment

If a woman becomes pregnant again while enrolled in the demonstration, she will be screened for eligibility in a different Medicaid program under the State Plan. If eligible she will be removed from the demonstration and provided coverage under that program. The state will not submit claims under this demonstration for any woman who is found to be eligible under the Medicaid State Plan.

Section III. Demonstration Benefits and Cost Sharing Requirements

There are no changes to the postpartum benefits provided to eligible individuals under this amendment. Individuals will continue to receive state plan postpartum benefits. Cost sharing requirements will not differ from those provided under the state plan.

Section IV. Delivery System

Twelve-month extended postpartum coverage services under this waiver will be delivered through managed care under 1915(b) authority or by amendment to this demonstration.

Section V. Implementation and Enrollment in Demonstration

Eligible individuals will be enrolled in the Demonstration as of the implementation date of this amendment.

Section VI. Demonstration Financing and Budget Neutrality

Refer to Budget Neutrality -Attachment 1 for the state's historical and projected expenditures for the requested period of the Demonstration.

Below is the projected enrollment and expenditures for each remaining demonstration year.

	DY22 (SFY 24)	DY 23 (SFY 25)	DY 24 (SFY 26)	DY 25 (SFY 27)
Enrollment	11,667	11,545	11,415	11,233
Expenditures	\$150,103,124	\$155,227,571	\$160,385,793	\$164,917,386

Section VII. Proposed Waiver and Expenditure Authority

The state requests the following proposed waivers and expenditure authorities to operate the Demonstration.

Waiver and Expenditure Authority	Reason and Use of Waiver
Section 1902(a)(10)(B)- Amount, Duration, and Scope of Services and Comparability	To enable the state to extend certain coverage for postpartum benefits, as described in 1902(e)(16), only to individuals eligible under this demonstration.

Expenditure Authority

The state requests expenditure authority to provide twelve-month extended postpartum coverage to individuals in this Demonstration group.

Section VIII. Compliance with Public Notice and Tribal Consultation

Public Notice Process

Public notice of the state's request for this demonstration amendment, and notice of public hearing will be advertised in the newspapers of widest circulation and sent to an electronic mailing list. In addition, the abbreviated public will be posted to the state's Medicaid website at <https://medicaid.utah.gov/1115-waiver>.

Two public hearings to take public comment on this request will be held. The first public hearing will be held on April 20, 2023 from 2:00 to 4:00 pm during the Medical Care Advisory Committee (MCAC) meeting. The second public hearing will be held on May 1, 2023 from 4:00 to 5:00 pm. Both public hearings will be held via video and teleconferencing.

Public Comment

The public comment period will be held April 10, 2023 through May 10, 2023.

Tribal Consultation

In accordance with the Utah Medicaid State Plan, and section 1902(a)(73) of the Social Security Act and the DHHS Intergovernmental Policy 01.19 Formal DHHS Tribal Consultation and Urban Indian Organization Conferment Process Policy (<https://healthnet.utah.gov/download/policies/edo-admin/01.19-Formal-UDOH-Tribal-Consultation-UIO-Conf-Policy.pdf>), the state ensures that a meaningful consultation process occurs in a timely manner on program decisions or policy impacting Indian Tribes and the Urban Indian Organization (UIO) in the State of Utah. DIH notified the DHHS Tribal Health Liaison of the waiver amendment. As a result of this notification, DIH will begin to engage in the tribal consultation process by attending the Utah Indian Health Advisory Board (UIHAB) meeting on April 14, 2023 to present this demonstration amendment.

Tribal Consultation & Conferment Policy Process

In the event that a grant, project, policy, waiver renewal or amendment is requested, the Office of AI/AN Health Affairs is contacted. If the request is within the 90 days of submission, the Office's AI/AN Health Liaison will provide an opportunity for presentation to the Utah Indian Health Advisory Board (UIHAB) Tribal and UIO representatives. The Liaison will request an executive summary of the materials to be included in the distribution of the meeting agenda and materials to the UIHAB representatives and Tribal leadership. The information is disseminated to the UIHAB representatives and leadership at least 10 days prior to the meeting for review. During the UIHAB meeting, presenters will address any questions or concerns raised by the representatives. If the UIHAB representatives provide resolutions to or are in agreement with the changes, amendments they will make a motion to pass or support by a majority. If additional Consultation is required, the UIHAB will inform the presenters of that need at that time. If a Tribal or UIO representative would like to have the presentation provided to their leadership, they can also make a formal request at that time. The Office of AI/AN Health Affairs will coordinate with the presenter and the UIHAB representatives or the Tribe or UIO to schedule an additional Consultation or Conferment meeting on the issue(s) or concern(s) raised.

Section IX. Demonstration Administration

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