

Postpartum 1115 Waiver State Evaluation Plans

States have submitted 1115 waivers to the Centers for Medicare & Medicaid Services (CMS) to extend postpartum Medicaid coverage and reported measurement goals for the post-implementation period that pertain to long-term maternal health. In their applications, they have outlined plans for how they will evaluate reductions in maternal morbidity and mortality, improvements in preventive care, increased access to and continuity of care, and changes in costs of care.

The table below outlines proposed analytic methods and metrics from these postpartum 1115 waiver evaluations including Georgiaⁱ, Illinoisⁱⁱ, South Carolinaⁱⁱⁱ, and Virginia^{iv}. Many of the HEDIS® Metrics come from the [2021 Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP \(Maternity Core Set\)](#).

GOAL	DATA SOURCES	ANALYTIC METHODS	METRICS
Reduce the rate of postpartum morbidity and mortality; (one state also includes health outcomes for infants)	Medicaid claims & enrollment data Public health death records; Maternal Mortality Review Committee Data Managed Care Organization (MCO) state performance reporting	Compare morbidity ^v and mortality rates in postpartum women per # of births pre to post-policy change. Analyze service utilization pre to post-policy change.	Number of women who access services pre (baseline) vs post (intervention). HEDIS® Postpartum Care Metric: % of deliveries in which women had a postpartum visit on or between 7 & 84 days after delivery.
Increase access to behavioral health services and treatments	Medicaid claims & enrollment data Chart Review for hybrid HEDIS® measures		HEDIS® Postpartum depression screening & follow-up metric ^{vi} : % of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period & the % of deliveries in which members received follow-up care within 30 days of screening positive for depression.

<p>Reduce disparities and advance health equity</p>	<p>Medicaid claims & enrollment data</p> <p>Public health death records; Maternal Mortality Review Committee Data</p> <p>Member satisfaction surveys^{vii}</p>	<p>Compare morbidity and mortality rates in postpartum women per # of births pre to post-policy change - including demographic and geographic comparisons (age, race/ethnicity, rurality^{viii}).</p>	<p>Number of women who access services pre (baseline) vs post (intervention) - including demographic and geographic comparisons (age, race, rurality).</p> <p>HEDIS® Postpartum Care Metric: % of deliveries in which women had a postpartum visit on or between 7 & 84 days after delivery - including demographic and geographic comparisons (age, race, rurality).</p>
<p>Support the long-term sustainability of the state's Medicaid program by maintaining fiscal balance</p>	<p>Medicaid claims & enrollment data</p>	<p>Compare total cost of health services per birthing population pre and post-policy; compare changes in utilization by spending category (inpatient, emergency department, pharmacy, etc.) and test associations between additional months of coverage and acute care utilization, spacing of future pregnancies, and birth outcomes.</p>	<p>Annually compare pre (may be fixed per member per month costs in states where pregnant women are enrolled in managed care) to post intervention implementation costs; benchmark against national average.</p>
<p>Increase continuity of coverage/care; decrease churn; improve quality oversight</p> <p>(Especially in expansion states)</p>	<p>Medicaid claims & enrollment data</p> <p>MCO state performance reporting</p> <p>Member satisfaction surveys^{vii}</p>		<p># of women at certain Federal Poverty Levels (FPL) retaining coverage; reinstatements into the same health plan when pregnancy-related eligibility changes require movement between Fee for Service (FFS) and managed care plans.</p> <p># of women meeting HEDIS® 12 month continuous enrollment standard for health plan quality reporting.</p>
<p>Increase family planning and birth spacing</p>	<p>Medicaid claims & enrollment data</p>		<p>Modified HEDIS® Contraceptive Care-Postpartum among women 21 to 44 who had a live birth, the % that: 1. were provided a most effective or moderately effective FDA-approved method of contraception; 2. were provided a long-acting reversible method of contraception (LARC).</p>

<p>Increase the rate of well-child visits and appropriate immunizations</p>	<p>Medicaid claims & enrollment data</p>		<p>HEDIS® Well-Child Visits in the First 30 Months of Life (W30-CH) capture in two rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months.</p> <p>HEDIS® Childhood Immunization Status (CIS) Rate for each vaccine and nine combination rates: the % of children who had 4 DTaP; 3 IPV; 1 MMR; 3 HiB; 3 HepB, 1 VZV; 4 PCV; 1 HepA; 2 or 3 RV; and 2 flu vaccines by their second birthday.</p>
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ⁱ <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ga-postpartum-ext-pa.pdf>

ⁱⁱ <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/il/il-continuity-care-admin-simplification-pa.pdf>

ⁱⁱⁱ <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/sc/sc-community-engagement-pa.pdf>

^{iv} <https://www.dmas.virginia.gov/media/3180/long-form-public-notice-document-final-approved-2-19-21.pdf>

^v [Severe Maternal Morbidity ICD codes](#)

^{vi} <https://www.ncqa.org/hedis/measures/postpartum-depression-screening-and-follow-up/>

^{vii} Medicaid programs typically use the [CAHPS](#) to measure enrollee satisfaction with their health plan.

^{viii} [Rural Urban Continuum Codes](#) are one option to measure rurality