Improving Postpartum Care Webinar Series
Webinar 1: Continuity of Coverage in the Postpartum Period and Approach to Addressing Disparities

January 27, 2021

JudyAnn Bigby · Kristen Zycherman · Shannon Lovejoy · Jessica Stephens · Tom Curtis · Ruth Hsu
Webinar logistics

- Phone lines muted upon entry
- Chat function
- Q&A function to submit questions or comments
Welcome and Objectives
## Agenda

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Objectives

• Familiarize audience with the CMS Maternal and Infant Health Initiative

• Describe the Postpartum Care Learning Collaborative

• Review the need to improve postpartum care for Medicaid and CHIP beneficiaries and state Medicaid and CHIP program levers to improve care

• Review strategies to maintain continuity of postpartum coverage after 60 days postpartum

• Identify strategies to address disparities and achieve equity
Overview of the Maternal and Infant Health Initiative and Postpartum Care Learning Collaborative
The Centers for Medicare & Medicaid Services (CMS) launched the Maternal and Infant Health Initiative (MIHI) in July 2014.

The MIHI was built on recommendations from CMS’s Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid and Children’s Health Insurance Program (CHIP) and focused on improving the rate and quality of postpartum visits and increasing the use of effective methods of contraception.

In 2019 CMS convened a MIH expert workgroup to identify and prioritize recommendations in three areas where Medicaid and CHIP have a significant opportunity to influence change:

- Decrease the rate of cesarean births in low-risk pregnancies
- Increase the use and quality of postpartum care visits
- Increase the use and quality of well-child visits for infants 0 to 15 months
Focus Areas to Improve Maternal and Infant Health Quality

Focus Areas

- Strategies to decrease cesarean births for women with low-risk pregnancies
- Strategies to increase use and quality of postpartum care
- Strategies to increase use and quality of well-child visits

Maternal Outcomes

Primary aims: Eliminate preventable maternal mortality, SMM, and inequities

- Increased depression screening and increased breastfeeding competence
- Decreased severe maternal morbidity
- Decreased postpartum complications
- Increased access to contraceptive care, better management of chronic diseases and behavioral health issues, increased connection to ongoing care

- Improved birth spacing, early initiation of prenatal care, healthy women at start of possible subsequent pregnancy
- Lower risk for C-section delivery on possible subsequent pregnancy

- Labor and delivery
- Postpartum
- Interpregnancy
- Subsequent pregnancy

Infant Outcomes

Primary aims: Reduce infant mortality and eliminate inequities in infant mortality rates

- Fewer NICU admissions
- Increased immunizations, increased breastfeeding, fewer injury related ED visits, safer sleep practices, and increased parent knowledge on injury prevention

- Healthier women at start of possible subsequent pregnancy, early initiation of prenatal care
- Healthy possible subsequent birth

- Labor and delivery
- Infancy and early childhood

C-section = cesarean section; ED = emergency department; NICU = neonatal intensive care unit; SMM = severe maternal morbidity
Postpartum Care Learning Collaborative

- **Webinar series**
  - Webinar 1: Maintaining continuity of coverage and achieving equity
  - Webinar 2: Improving the content of care during the postpartum period and using value-based payment
  - Webinar 3: Models of women-centered care to improve postpartum care for women at high-risk for poor outcomes

- **Postpartum Care Affinity Group**
  - Action-oriented affinity group that will support state Medicaid and CHIP programs and their partners in the design and implementation of a data-driven PPC QI project in their states
  - Opportunity for states to expand their knowledge of policies, programs, and practices to improve postpartum care and advance their knowledge of and skills in quality improvement and address inequities
Why Focus on Postpartum Care?
Why Focus on Postpartum Care?

• Pregnancy-related deaths and postpartum care
• Opportunity for quality improvement in postpartum care and visit rates


### Top four causes of death for each time period

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Other non-CV medical conditions</th>
<th>Hemorrhage</th>
<th>Hemorrhage</th>
<th>Infection</th>
<th>Cardiomyopathy</th>
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<tbody>
<tr>
<td>During pregnancy</td>
<td>31.3</td>
<td>16.9</td>
<td>18.6</td>
<td>51.7</td>
<td>11.7</td>
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<td>On day of delivery</td>
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<td>1 - 6 days postpartum</td>
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<tr>
<td>7 - 42 days postpartum</td>
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<tr>
<td>43 - 365 days postpartum</td>
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</table>

Notes: CV = cardiovascular; Other CV conditions = congenital heart disease, ischemic heart disease, cardiac valvular disease, hypertensive heart disease, and congestive heart failure; Other non-CV medical conditions = endocrine, hematologic, immunologic, and renal diseases

Medicaid and CHIP Beneficiaries’ Postpartum Care Needs

• Women enrolled in Medicaid are more likely to be overweight or obese, to smoke during pregnancy, and to have chronic diseases compared to uninsured and privately insured women.

• Women who are Black or Hispanic, have lower educational attainment, more co-existing morbidities, and lower postpartum follow-up for diabetes and/or hypertension.

• Women of color and low-income women have the highest rates of postpartum depression.

• Women with public insurance have lower breastfeeding rates than women with private insurance.
Changing Concept of Postpartum Care

• Expansion of the postpartum care period beyond a single six-week postpartum check
  – All women have contact with their health care providers within the first three weeks postpartum
  – Initial visit followed by individualized ongoing care including a comprehensive postpartum visit no later than 12 weeks after birth
  – Timely follow-up care with providers for women with pregnancy complications or chronic medical conditions

• Expansion of the scope of care includes recovery from childbirth and assessment of
  – (1) physical, social, and psychological well-being; (2) infant care and feeding; (3) reproductive health; (4) sleep and fatigue; (5) chronic disease management; and (6) health maintenance

• Discrimination, systemic inequities, and social determinants of health contribute to poor postpartum outcomes for Black women and other women of color

Sources:
Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2019 (n = 39 states)

Improving Postpartum Care Driver Diagram

Primary drivers

- Equitable access, care, and service
- Continuity of coverage and access
- State options for covered services and benefits
- Managed care plan (MCP) and provider partnerships for care of postpartum women who are at high risk

Aim: States will reduce or eliminate disparities in postpartum care for Medicaid and CHIP beneficiaries so that the average PPC-AD visit rate among states improves by 10 points over 5 years.
Coverage Transitions for Pregnant and Postpartum Women: Medicaid Renewals and Redeterminations
CMCS Informational Bulletin (CIB)

DATE: December 4, 2020

FROM: Anne Marie Costello, Acting Deputy Administrator and Director
Center for Medicaid and CHIP Services (CMCS)

SUBJECT: Medicaid and Children’s Health Insurance Program (CHIP) Renewal Requirements

The purpose of this CMCS Informational Bulletin (CIB) is to remind states about current federal requirements and expectations codified in existing regulations at 42 C.F.R. §435.916 and §457.343 for completing redeterminations of eligibility for Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries. The Medicaid and CHIP fiscal year (FY) 2019 and 2020 Payment Error Rate Measurement (PERM) program improper payment rates, along with recent federal and state audits, have raised questions concerning state compliance with existing renewal requirements, including the inappropriate continued provision of eligibility for beneficiaries who have become ineligible due to a change in circumstances.1 The PERM program measures improper payments in Medicaid and CHIP and produces statistically valid improper payment estimates that represent payments that did not meet statutory, regulatory, administrative, or other legally applicable requirements.

States must comply with renewal regulations, which set forth the responsibilities of states to conduct periodic renewals of eligibility for all Medicaid and CHIP beneficiaries and to redetermine eligibility between renewals when the state receives information about a change in a beneficiary’s circumstances that may affect eligibility. These regulations are designed to ensure that states achieve high levels of program integrity and make efficient and appropriate use of federal and state dollars, by creating that only individuals who meet the Medicaid and CHIP eligibility standards remain enrolled.2 The requirements also ease administrative burden on

CMCS released the Medicaid and Children’s Health Insurance Program (CHIP) Renewal Requirements CIB on December 4, 2020

The CIB reminds states about current federal renewal requirements for Medicaid and CHIP codified at

- 42 C.F.R. §435.916
- 42 C.F.R. §457.343

The CIB includes a section on the interaction between redeterminations and eligibility periods for pregnant women enrolled in Medicaid

Medicaid Renewal Overview

- Prior to contacting the beneficiary, state agencies are required to attempt to renew Medicaid eligibility for all beneficiaries based on reliable information contained in the beneficiary’s account or other more current information available to the agency without requiring information from the beneficiary (ex parte renewal)
  - If available information is sufficient to determine continued eligibility without requiring information from the individual, agency renews eligibility on ex-parte basis

- The agency must provide beneficiaries for whom sufficient information is not available or information indicates may be ineligible with a renewal form and request information from the beneficiary

42 CFR §435.916
If a Medicaid beneficiary is no longer eligible for the category in which s/he has been enrolled, the Medicaid agency must consider whether the beneficiary may be eligible under one or more other eligibility groups covered by the state.

The Medicaid agency may not terminate coverage and benefits must continue to be furnished under Medicaid until a beneficiary is found ineligible under all groups covered by the state or until the beneficiary does not timely provide requested information that is needed to make a determination.

If a beneficiary is determined ineligible for Medicaid, the agency must determine potential eligibility for other insurance affordability programs and transfer the account appropriately.
Redeterminations Based on Changes in Circumstances

- States must have procedures in place to ensure beneficiaries make timely and accurate reports of any changes in circumstances that may impact eligibility. Beneficiaries must be able to report changes online, by phone, by mail, or in-person.

- If the agency receives information about a change during the year (from beneficiary, periodic data match or other reliable source):
  - The agency must act promptly to redetermine eligibility.
  - To conduct the redetermination, the agency must only request information related to the change (all factors of eligibility not affected by the change are presumed unchanged).

- If the agency has information about an anticipated change in circumstances that may impact eligibility, it must redetermine eligibility at the appropriate time based on such changes.
For individuals the agency determines continue to be eligible following a change in circumstances, a new 12-month renewal period may begin if the agency has enough information available to renew eligibility with respect to all eligibility criteria, or the agency may retain the beneficiary’s current eligibility period.

Pregnant women covered under Medicaid through any eligibility group remain continuously eligible for Medicaid through the end of their postpartum period, regardless of changes in income that would otherwise result in a loss of eligibility.

42 CFR §435.170, 42 CFR §435.916 (d)
Special Considerations for Pregnant Women

The steps the state must take to redetermine the women’s Medicaid eligibility following their postpartum period differs depending on whether it ends prior to or after their renewal date.

**Postpartum Period Ends Prior to Renewal Date**
- The end of the postpartum period represents a change in circumstance between regularly scheduled renewals.
- State follows same policies and procedures as any other change in circumstances to determine whether woman will remain eligible.
- The renewal date stays the same at 12 months following her initial determination.

**Postpartum Period Ends After Renewal Date**
- This typically will be the case for women who are enrolled in Medicaid when they become pregnant.
- State must conduct full renewal at the end of the postpartum period.

*Postpartum Period: last day of the month in which a 60-day period, beginning on the last day of pregnancy, ends*
Health Equity in Postpartum Care
Michigan Medicaid Managed Care:

Health Equity in Postpartum Care

Tom Curtis, Manager
Quality Improvement and Program Development
Overview

- 2.3 million people on Medicaid statewide (1.8 million are in managed care)
- 600,000 in managed care are part of Medicaid expansion
- 10 Medicaid Health Plans (MHPs)
- Region 1 has only one MHP; Region 10 has 8 MHPs
- Majority of Medicaid beneficiaries are children, parents of young children, and pregnant women
- All plans have identical contract requirements
The Vision for Medicaid Health Equity

Michigan Medicaid is a driving force to identify and reduce racial/ethnic health disparities in our state and works collaboratively with partners to identify quality improvement priorities and develop meaningful programs to address them.
Medicaid Health Equity Report

• Performance rates by race/ethnicity
• Rates stratified by MHP
• Tended over time (2012-2018)
• Two calculations:
  ✓ Pairwise comparison (White reference population)
  ✓ Index of Disparity (Each subpopulation rate compared to overall MHP rate)
• Year over year, African American subpopulations experience disproportionately lower quality of care than all other comparisons, including the White reference population

Website: https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-489167--,00.html
Medicaid Health Equity Report

**Postpartum Care**
- African American rate increased from 46% in 2012 to 54% in 2017
- White reference population fluctuated between 2012 and 2017, beginning and ending at 63%

**Chlamydia Screening**
- African American rate increased from 74% to 76%
- White reference population increased from 56% to 58%
- We view this as a reverse racial disparity
Postpartum Care Racial Disparities 2018

<table>
<thead>
<tr>
<th>Measure</th>
<th>2018 White Rate</th>
<th>2018 African American Rate</th>
<th>Rate Difference</th>
<th>2018 Hispanic Rate</th>
<th>Rate Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postpartum care</td>
<td>64.14%</td>
<td>54.06%</td>
<td>-10.08%</td>
<td>60.99%</td>
<td>-3.15%</td>
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**Figure 17. Post-Partum Care by Race/Ethnicity 2012-2018**

- White
- African American
- Hispanic
- Michigan Medicaid All Managed Care Plans
- HEDIS 50th National Medicaid Percentile

**Post Partum Care by Race/Ethnicity**

Michigan Medicaid All Managed Care Plans (HEDIS 2018)

2018 HEDIS Medicaid National 30th Percentile, 65.21%
# Using Health Equity Measures in Contract and Incentive Programs

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<tr>
<th>Vehicle</th>
<th>Method</th>
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<tr>
<td>Capitation Withhold</td>
<td>• Assigning specific measures to each health plan</td>
</tr>
<tr>
<td></td>
<td>• Postpartum care is one measure included</td>
</tr>
<tr>
<td></td>
<td>• Rewarding statistically significant reduction in racial disparities year over year</td>
</tr>
<tr>
<td></td>
<td>• Proportion of withhold dedicated to health equity increased over time, ~$10 million in FY 21</td>
</tr>
<tr>
<td>Auto Assignment Algorithm</td>
<td>• Developing regional weighted averages</td>
</tr>
<tr>
<td></td>
<td>• Rewarding achievement of benchmarks with member assignments</td>
</tr>
<tr>
<td></td>
<td>• Postpartum care not yet included</td>
</tr>
<tr>
<td>Contract Compliance</td>
<td>• Deriving HEDIS measure rates using claims and encounters</td>
</tr>
<tr>
<td></td>
<td>• Validating rates in collaboration with health plans</td>
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<td></td>
<td>• Setting “index” benchmarks in contract and holding health plans accountable</td>
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The Future of Health Equity Measures in Michigan Medicaid

- Expand use of performance rates derived using claims/encounters stratified by race/ethnicity in incentive and contract compliance programs
- Expand efforts using racial disparity measures defined regionally (rather than by health plan membership) to drive overall population health improvement, with health equity as the focal point of that improvement
- Incorporate racial disparity reduction into physical/behavioral health integration efforts
The Future of Health Equity Measures in Michigan Medicaid (continued)

- Expand use of community health workers and health plan partnership with community-based organizations to address social determinants of health
- Develop measurement around assessing and closing the loop on social determinants of health needs, recognizing the financing of social determinants is ultimately the factor determining outcomes (not the assessment/referral process itself)
- Explore use of directed payment programs to address more outcome-based measures of performance targeted at hospitals and providers, transitioning eventually to racial disparities in outcomes
Questions
Discussion and Q + A
How to Submit a Question

• Use the Q&A function to submit questions or comments
  – To submit a question or comment, click the Q&A pod and type in the text box
  – Select “All Panelists” in the “Ask” field before submitting your question or comment
  – Only the presentation team will be able to see your comments
Announcements and Next Steps
Announcements and Next Steps

• Webinar recording and slides will be posted on Medicaid.gov at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html

• Upcoming webinars
  – Improving the content of care during the postpartum period and using value-based payment: **February 17, 2021 2:30 p.m. ET**
  – Postpartum Care Affinity Group and Expression of Interest (EOI) logistics webinar: **March 1, 2021 3:00 p.m. ET**
  – Models of Women-Centered Care: **March 11, 2021 2:30 p.m. ET**

• Register for one or more webinars at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/quality-improvement/postpartum-care/index.html
Announcements and Next Steps (continued)


• Postpartum Care Affinity Group EOI forms are due March 12, 2021 8:00 p.m. ET.

Please complete the evaluation as you exit the webinar.

If you have any questions, please email: MACQualityImprovement@mathematica-mpr.com

Thank you for participating!