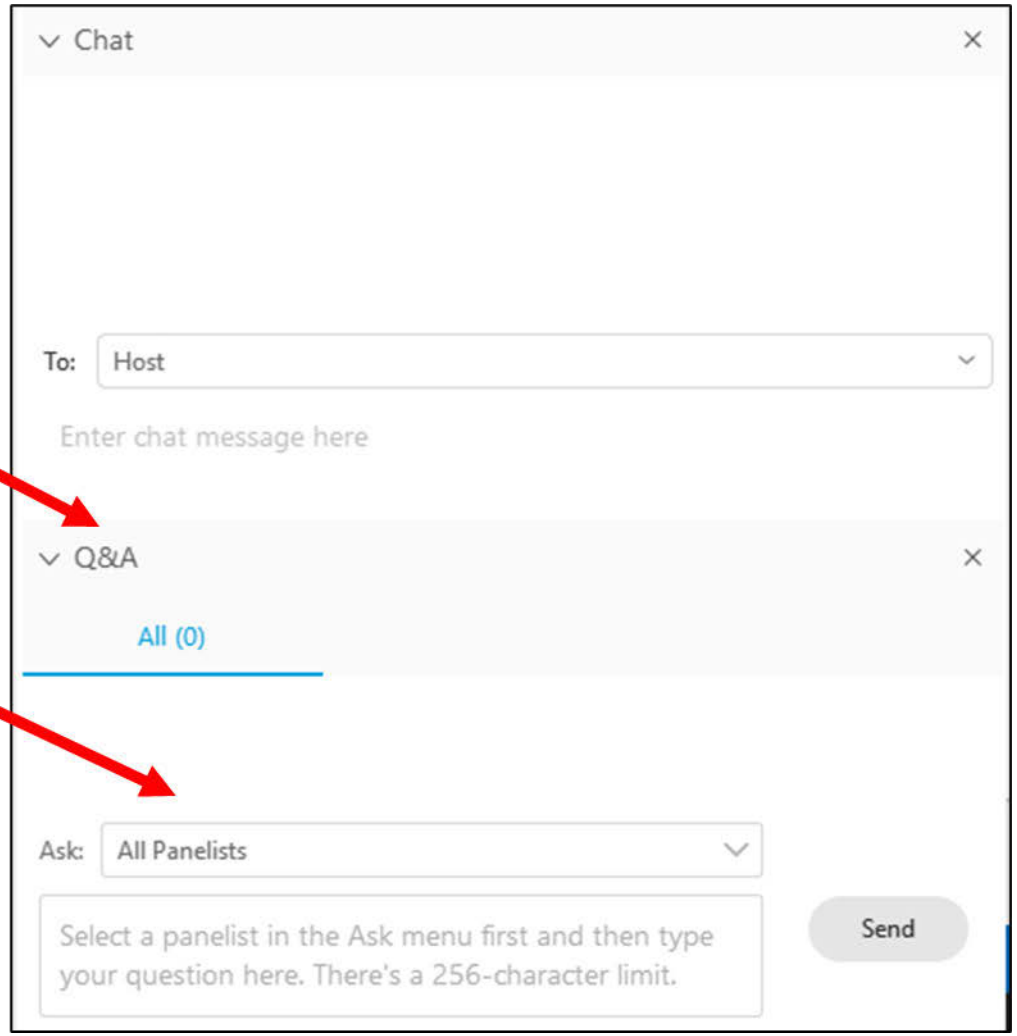
Improving Maternal Health in the Postpartum Period: Strategies, Models, and the Postpartum Coverage Extension Option

Friday, March 25, 2022, 2–3 p.m. ET

Jodi Anthony, Mathematica • Amy Lutzky, CMS • Kristen Zycherman, CMS

Webinar Logistics

- **Phone lines muted upon entry**
- **Use the Q&A function to submit questions or comments**
  - 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



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Agenda

- **Objectives**
- **Welcoming remarks**
- **The importance and role of postpartum care in maternal health**
  - Maternal mortality and morbidity in the U.S.
  - Disparities and causes
  - Evolving definition of postpartum care
- **Postpartum care quality measurement**
- **Improving equitable access to and quality of postpartum care**
  - Maternal and Infant Health Initiative
  - Optimizing postpartum care
  - Cross-cutting strategies
  - Person-centered models of care
  - Addressing specific postpartum needs
- **Overview of American Rescue Plan of 2021's (ARP's) 12-month postpartum extension option**
- **Questions and discussion**
- **Resources and activities**

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Objectives

- Share evidence on the use and quality of postpartum care and disparities in maternal health outcomes for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries
- Describe evidence-informed drivers of equitable access to and quality of postpartum care and how extending postpartum coverage can help to address maternal health disparities
- Share examples of state Medicaid and CHIP strategies to improve postpartum care use, quality, and outcomes
- Provide a brief overview and resources related to the ARP's postpartum coverage extension option

Welcoming Remarks

Amy Lutzky, CMS

The Importance and Role of Postpartum Care in Maternal Health

Kristen Zycherman, CMS

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Maternal Mortality in the U.S.

- **Among high-income countries, the U.S. has the highest rate of maternal mortality (within 42 days of the end of pregnancy)**
  - The U.S. rate of maternal mortality increased by more than 56% between 2000 and 2017, whereas the global rate declined by 38%
  - In 2020, 861 women were identified as having died of maternal causes, compared with 754 in 2019
- **Pregnancy-related deaths (within one year of the end of pregnancy):**
  - In 2017, there were 17.3 deaths per 100,00 live births
  - About 60−66% of these **pregnancy-related** deaths are preventable
- **Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health:**
  - An estimated 50,000+ birthing persons a year are affected by SMM

Sources: Bigby, Judy Ann, et al. "Recommendations for Maternal Health and Infant Health Quality Improvement in Medicaid and the Children's Health Insurance Program." December 18, 2020. Available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf. Accessed February 4, 2022.

https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm . Accessed March 1, 2022

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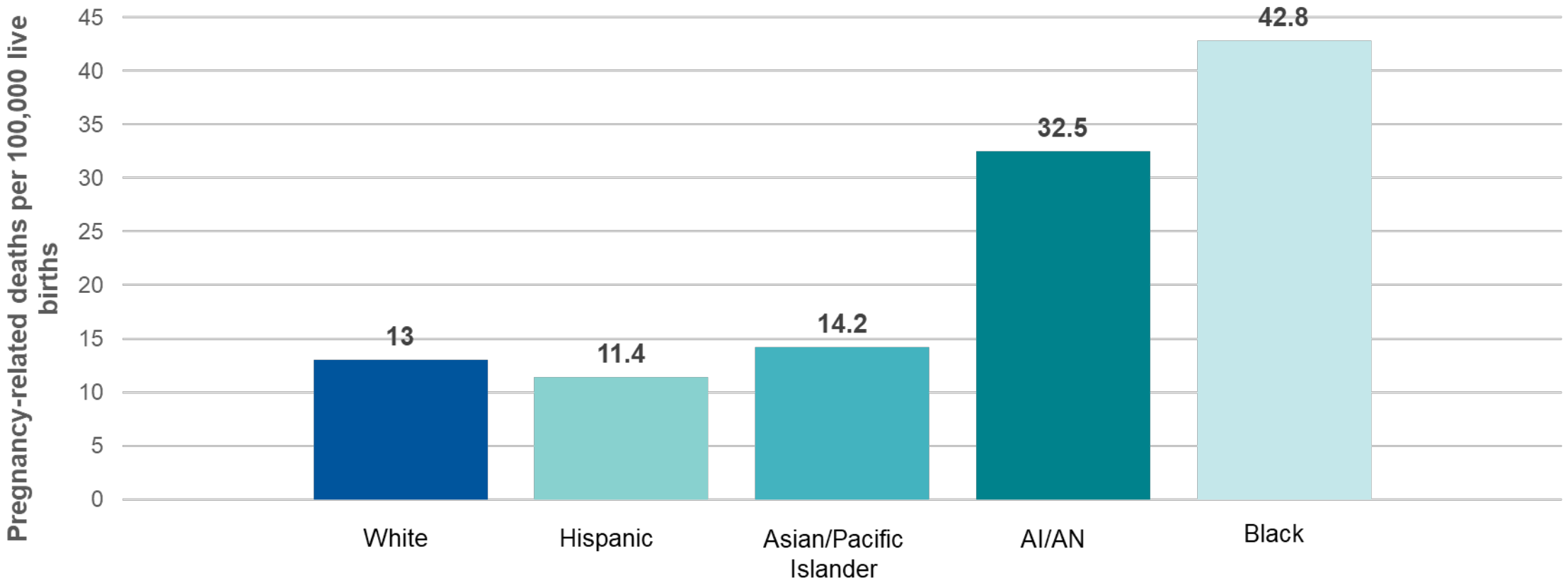
Pregnancy-Related Mortality Rates by Race/Ethnicity, U.S., 2011–2015



AI/AN = American Indian/Alaska Native.

Source: Petersen, E.E., N.L. Davis, D. Goodman, et al. "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017." *Morbidity and Mortality Weekly Report*, vol. 68, no. 18, 2019, pp. 423–429.

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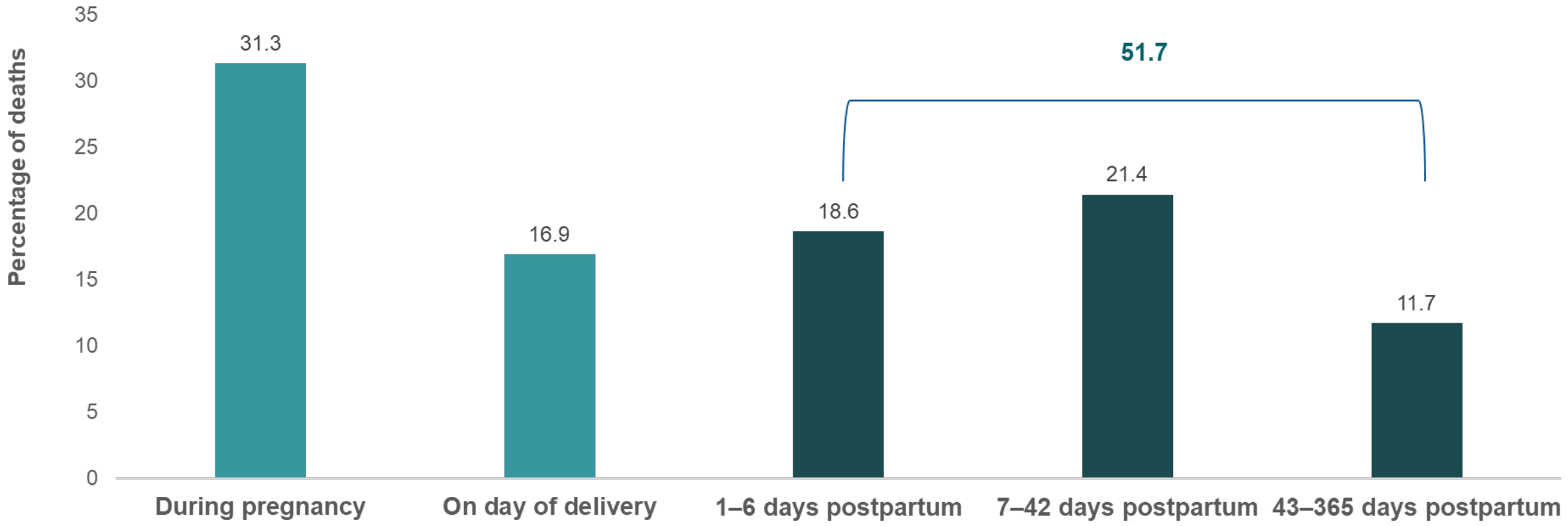
Timing and Causes of Pregnancy-Related Deaths, United States, 2011–2015



Source: Petersen, E.E., N.L. Davis, D. Goodman, et al. "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017." *Morbidity and Mortality Weekly Report*, vol. 68, no. 18, 2019, pp. 423–429.

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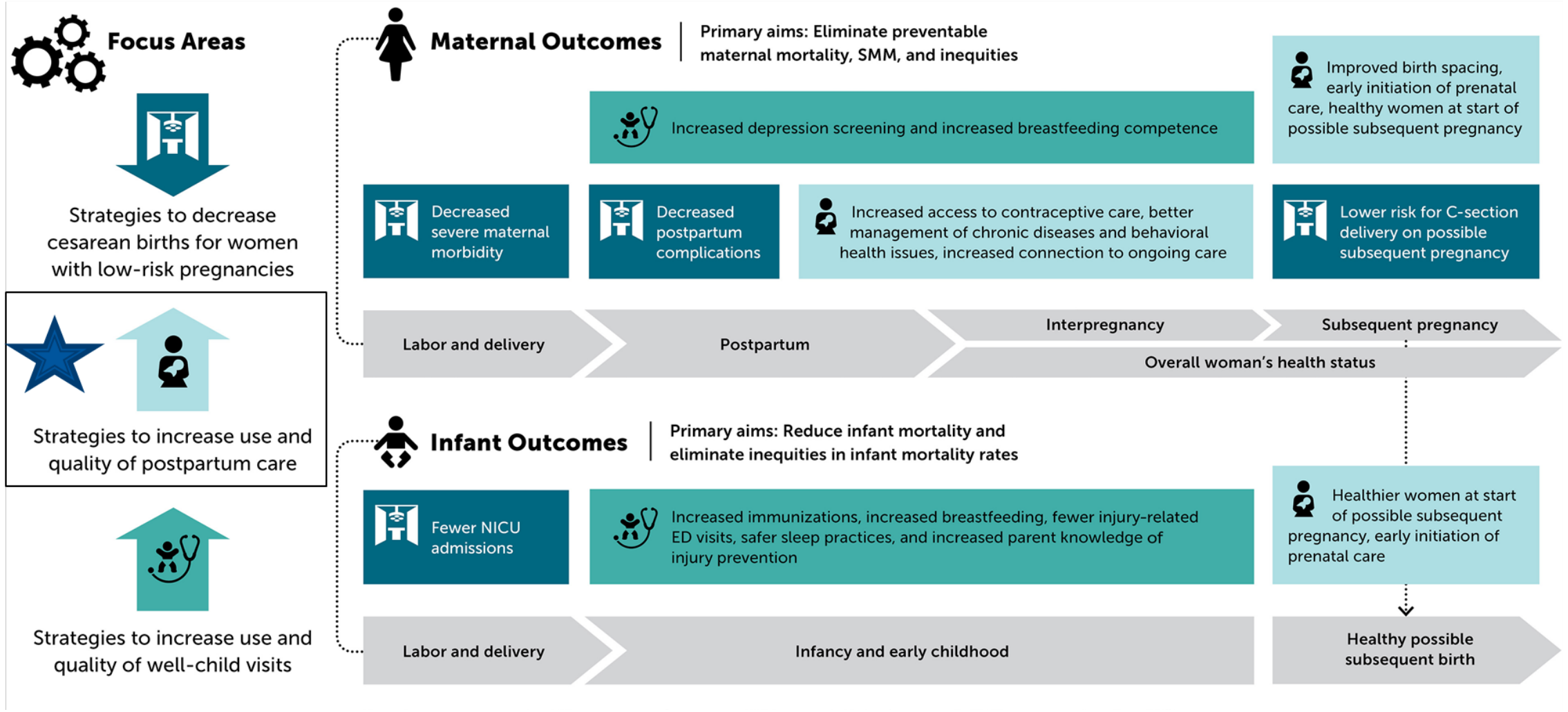
Focus Areas to Improve Maternal and Infant Health



C-section = cesarean section; ED = emergency department; NICU = neonatal intensive care unit; SMM = severe maternal morbidity.

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Postpartum Care Quality Measurement

Quality Measurement

- **The data and measurement efforts of the Centers for Medicare & Medicaid Services (CMS) help CMS and states to better understand the quality of health care received by Medicaid and CHIP beneficiaries**
- **CMS identified Core Set measures for voluntary reporting by state Medicaid and CHIP agencies to support maternal and perinatal health-focused efforts**
- **The 2022 Maternity Core Set, which consists of six measures from the Child Core Set and three measures from the Adult Core Set, is a resource for CMS and states to measure progress toward improving maternal and perinatal health in Medicaid and CHIP**
  - More information about state reporting of these maternal and perinatal measures and the 2022 Maternity Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/data-and-measurement/index.html
- **Reporting on the Child Core Set measures and Behavioral Health measures in the Adult Core Set will become mandatory in 2024**

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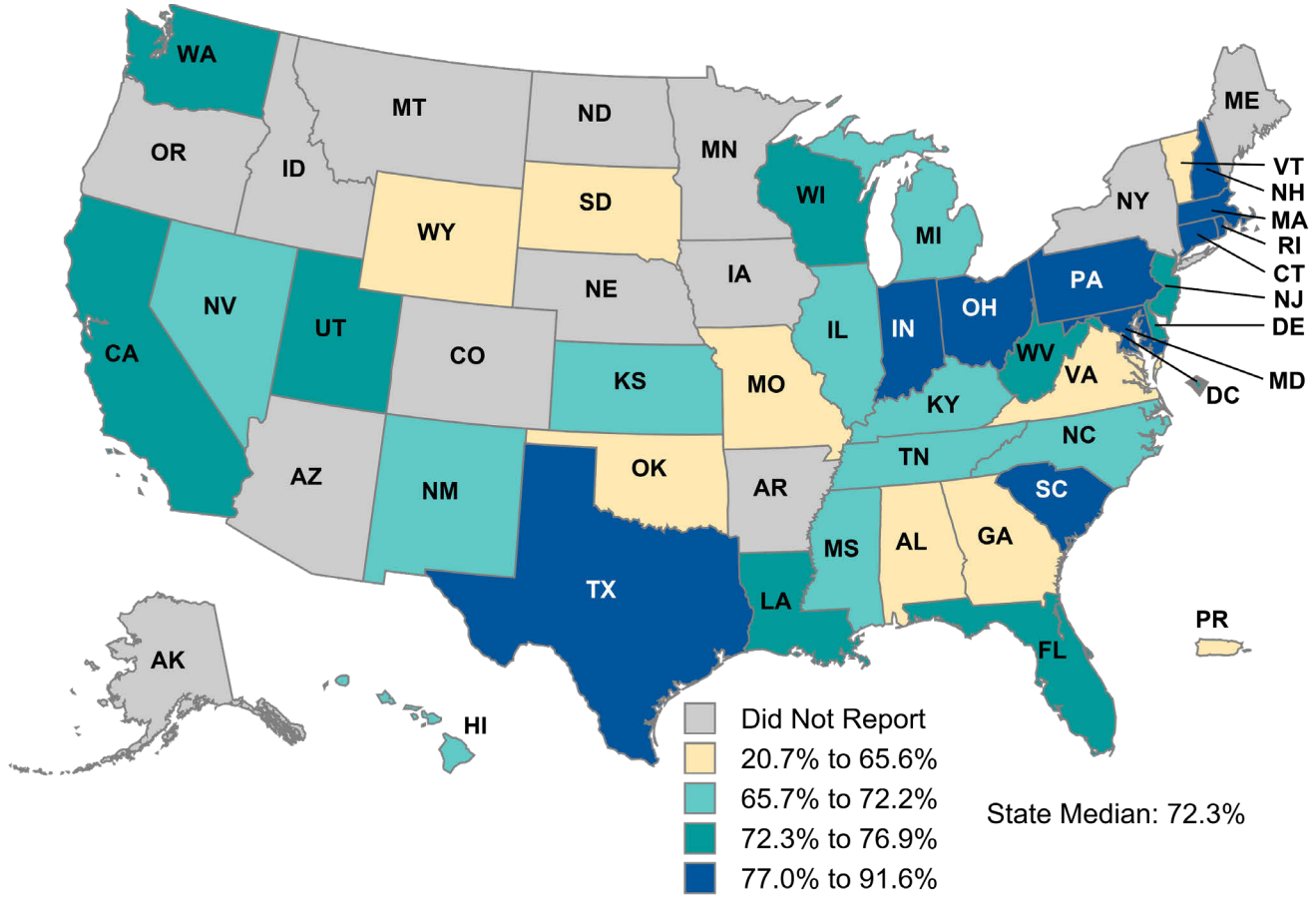
Postpartum Care Visit Rate (PPC-AD)

Geographic variation in the percentage of women delivering a live birth who had a postpartum care visit on or between 7 and 84 days after delivery (PPC-AD), FFY 2020 (n = 39 states)



Source: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-maternity-chart-pack.pdf

Note: This chart excludes Minnesota and Oregon, which reported the measure but did not use Core Set specifications.

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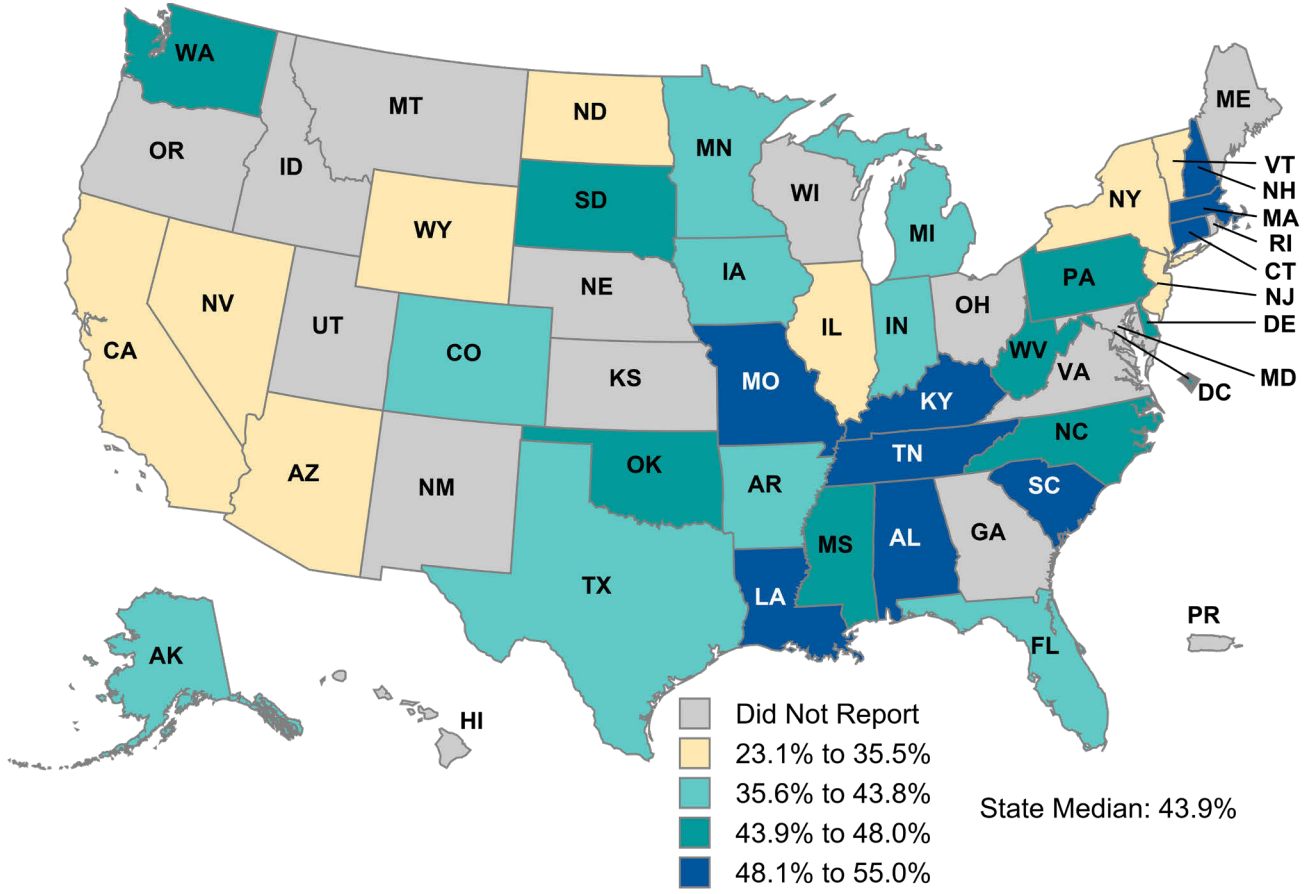
Contraceptive Care: Provision of Most or Moderately Effective Method of Contraception 60 Days Postpartum, Ages 15 to 20 (CCP-CH)

Geographic variation in the percentage of postpartum women ages 15 to 20 who had a live birth and who were provided a most effective or moderately effective method of contraception within 60 days of delivery (CCP-CH), FFY 2020 (n = 36 states)

A specific benchmark has NOT been set for the Contraceptive Care - Most & Moderately Effective Methods measure, and OPA does not expect it to reach 100%, as some individuals will make informed decisions to choose methods in the lower tier of efficacy even when offered the full range of methods. The goal of providing contraception should never be to promote any one method or class of methods over individual choices.

https://opa.hhs.gov/research-evaluation/title-x-services-research/contraceptive-care-measures



Source: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-maternity-chart-pack.pdf

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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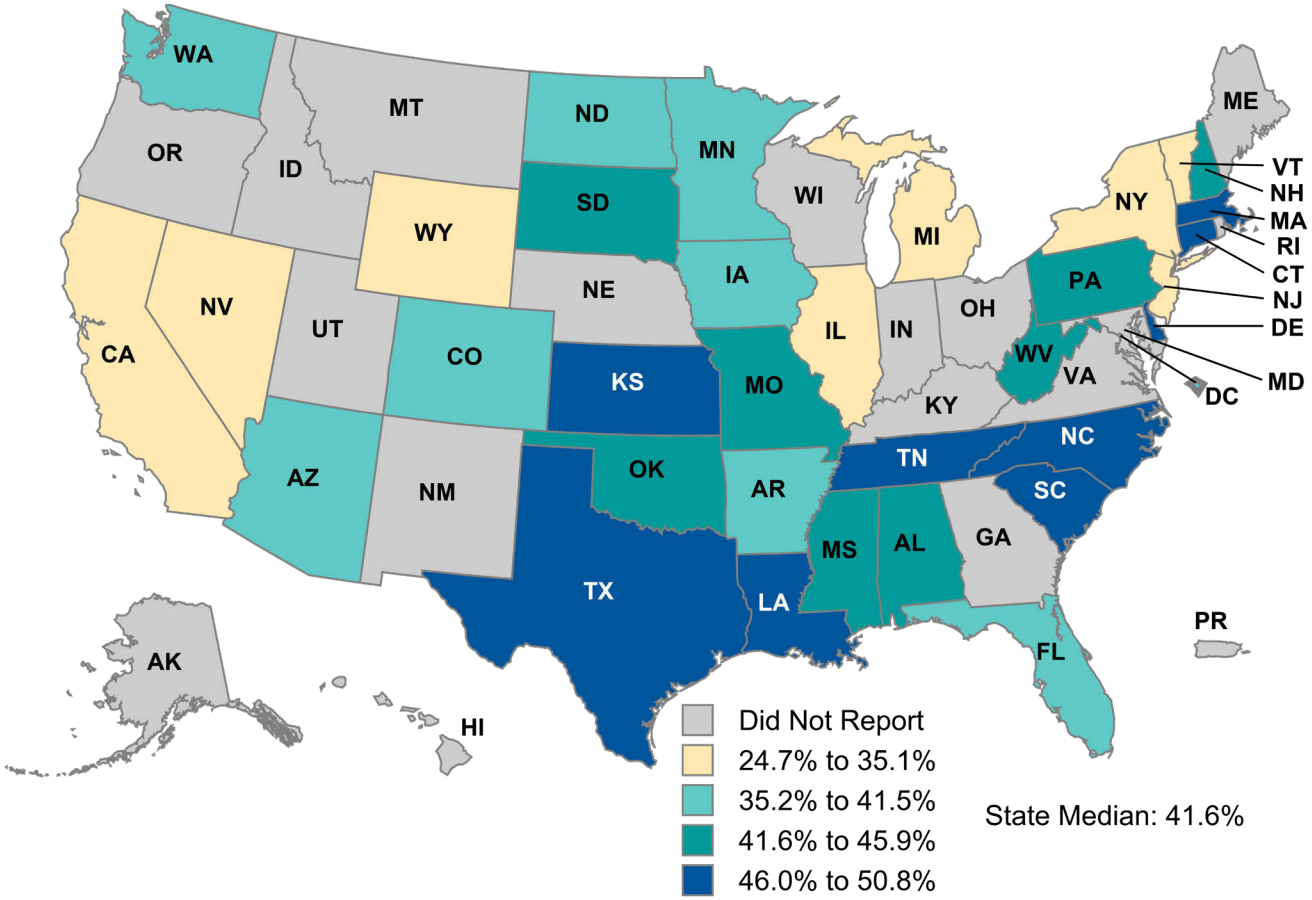
Contraceptive Care: Provision of Most or Moderately Effective Method of Contraception 60 Days Postpartum, Ages 21 to 44 (CCP-AD)

Geographic variation in the percentage of postpartum women ages 21 to 44 who had a live birth and who were provided a most effective or moderately effective method of contraception within 60 days of delivery (CCP-AD), FFY 2020 (n = 34 states)

A specific benchmark has NOT been set for the Contraceptive Care - Most & Moderately Effective Methods measure, and OPA does not expect it to reach 100%, as some individuals will make informed decisions to choose methods in the lower tier of efficacy even when offered the full range of methods. The goal of providing contraception should never be to promote any one method or class of methods over individual choices.

https://opa.hhs.gov/research-evaluation/title-x-services-research/contraceptive-care-measures



Source: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-maternity-chart-pack.pdf

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Improving Equitable Access to and Quality of Postpartum Care

Optimizing Postpartum Care

- **Quality postpartum care is more than a single postpartum check**
  - All postpartum individuals have contact with their health care provider within the first three weeks postpartum
  - Individualized ongoing care, including a comprehensive postpartum visit no later than 12 weeks after delivery
  - Timely follow-up care with providers for individuals with pregnancy complications or chronic medical conditions
- **Quality postpartum care includes attending to the full range of a person's health needs, including:**
  - Physical, social, and psychological well-being
  - Infant care and feeding
  - Reproductive health
  - Sleep and fatigue
  - Chronic disease management
  - Health maintenance
- **Quality postpartum care recognizes the impacts of discrimination, systemic inequities, and social determinants of health on postpartum outcomes for Black, American Indian/Alaska Native individuals, and other people of color**

Sources: American College of Obstetricians and Gynecologists. "ACOG Opinion Number 736. Optimizing Postpartum Care." *Obstetrics & Gynecology*, vol. 131, no. 5, 2018, pp. e140–e150; Muse, S. "Setting the Standard for Holistic Care of and for Black Women." Black Mamas Matter Alliance. Black paper, April 2018.

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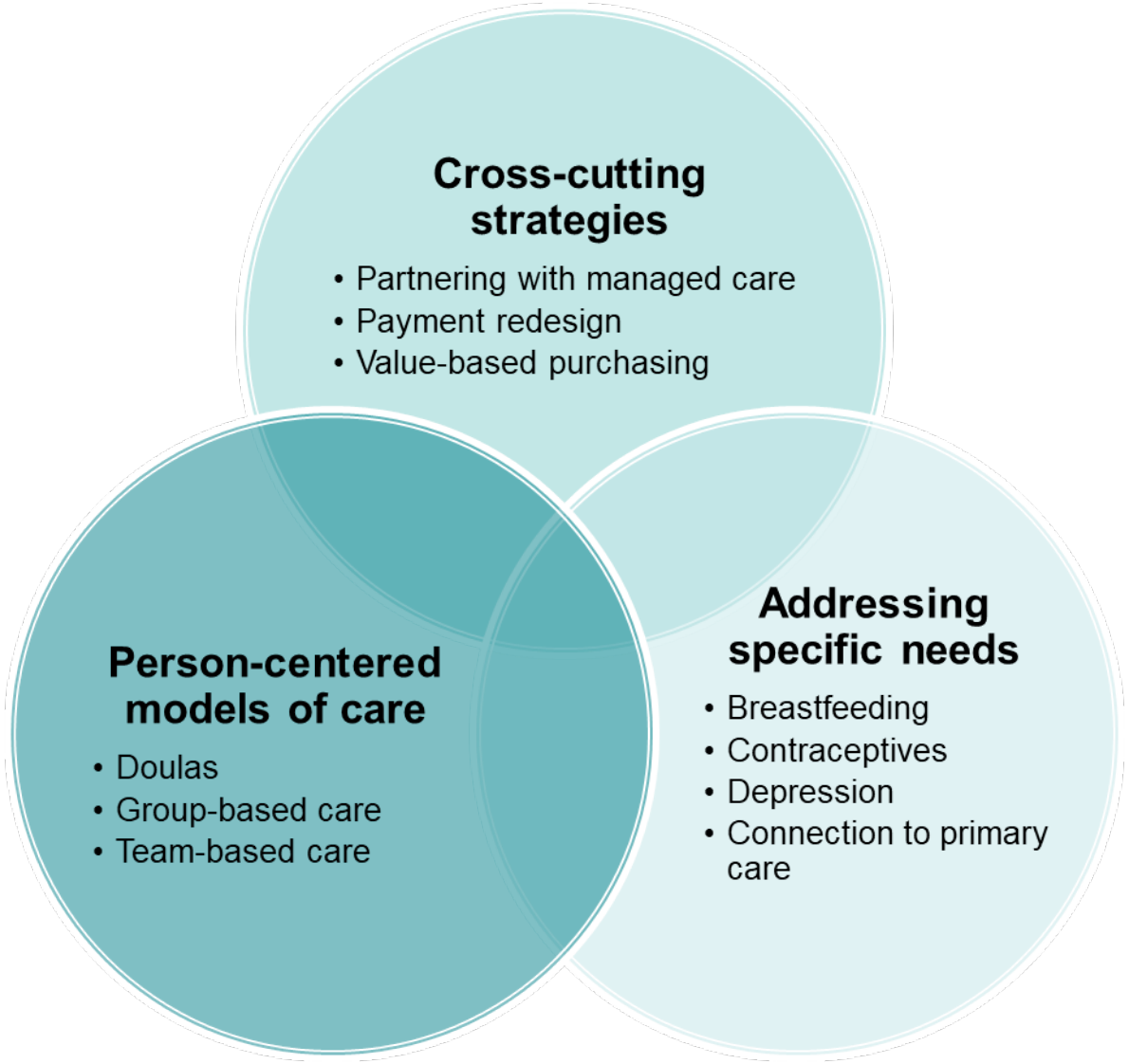
Improving Equitable Access to and Quality of Postpartum Care



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Cross-Cutting Strategies

Jodi Anthony, Mathematica

Partnering with Managed Care to Achieve Quality Goals

Examples of Medicaid strategies

- **Convene managed care plans (MCPs) to discuss issues and data related to the quality and content of postpartum care visits, identify state priorities, identify possible solutions, and offer strategies to align efforts across MCPs**
- **Include language in MCP contracts that directs plans to implement specific policies to improve attendance at postpartum care visits, with specific quality performance goals**
- **Partner with external quality review organizations to develop performance improvement projects focused on enhancing postpartum care access and quality**
- **Require stratification of postpartum care measures to help identify health disparities and inequities**

State Highlight

Louisiana uses MCP contracts to:

- Identify potential high-risk populations
- Require data reporting from multiple sources, including data on race, ethnicity, and language
- Address social determinants of health

Source: Louisiana Department of Health. "Paving the Way to a Healthier Louisiana: Advancing Medicaid Managed Care." March 1, 2018.

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Payment Redesign Strategies

Fee-for-service, linked to quality metrics

- Foundational payment for infrastructure and operations
- Pay for reporting
- Rewards and penalties for performance

Alternative payment models in a fee-for-service structure, linked to quality metrics

- Shared savings if quality and cost metrics are met
- Episode-based payments
- Primary care medical homes with shared savings and losses

Population-based payments

- Single payment for a comprehensive set of services, including patient engagement and community supports

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Payment Redesign: State Examples

State Highlight: Wyoming

- Created a new postpartum visit CPT code, discontinuing codes that bundled prenatal and postpartum visits
- Allows for reimbursement of two postpartum visits

Source: Wyoming Department of Health. "Title 25 Provider Manual." July 2021.

State Highlight: Ohio

- Designed episode-based payments for perinatal care, with incentives for receipt of postpartum visits
- Providers and payers helped develop the episode definitions
- Negative incentives for exceeding the acceptable cost threshold

Source: CMS. "Lessons Learned About Payment Strategies to Improve Postpartum Care in Medicaid and CHIP." 2019.

State Highlight: New York

- Developed the Maternity Care Value-Based Payment Arrangement with quality measures specific to postpartum complications
- Providers can realize shared savings for screening for postpartum depression and evidence-informed home visits
- The model includes an all-inclusive budget for pregnancy, delivery, early postpartum, and newborn care

Source: CMS. "Lessons Learned About Payment Strategies to Improve Postpartum Care in Medicaid and CHIP." 2019.

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Current Use and Limitations of Bundled Payments

- Many states use a bundled payment for services provided during the prenatal, labor and delivery, and postpartum periods
  - Triggered by delivery and not tied to performance (such as provision of postpartum care)
  - Creates issues for measuring and improving postpartum care access and quality because providers bill for the entire bundle rather than for component services in the bundle
- However, bundled rates may disincentivize high quality postpartum care and make it challenging for states to determine postpartum care access and quality, which requires costly medical chart review, so some states are moving towards unbundling

Person-Centered Models of Care

Person-Centered Models of Care

Black individuals turn to midwives to avoid COVID-19 and "feel cared for"

From the moment she learned she was pregnant late last year, TaNefer Camara knew she didn't want to have her baby in a hospital bed. Already a mother of three and a part-time lactation consultant at Highland Hospital in Oakland, Camara knew a bit about childbirth. She wanted to deliver at home, surrounded by her family, into the hands of an experienced female birth worker, as her female ancestors once did. And she wanted a Black midwife.

It took the COVID-19 pandemic to get her husband on board.

- **Person-centered care is holistic, focuses on individual needs, and addresses gender and racial bias in the delivery of care**
- **Person-centered models of maternity care employ medical and nonmedical personnel to support individuals, including people of color, through pregnancy, labor and delivery, and the postpartum period**

Source: Scheier, R. "Black Women Turn to Midwives to Avoid COVID and 'Feel Cared for.'" *Kaiser Health News*. September 17, 2020.

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Person-Centered Models of Care and Maternal Outcomes

Outcomes	Group-based care	Team-based care	Doula support	Midwives	Birth centers
Postpartum visits	↑	↑	↑	↑	
Breastfeeding	↑	↑	↑	↑	
Postpartum depression	↓	↓	↓	↓	
Postpartum contraception	↑	↑	↑		
Transition to primary care	↑	↑			
Social issues addressed	↑	↑	↑		
Cesarean births			↓	↓	↓

All arrows are indicative of improved outcomes

↑ Associated with increased rate

↓ Associated with decreased rate

For background information on person-centered models of care, see "Recommendations for Maternal Health and Infant Health Quality Improvement in Medicaid and the Children's Health Insurance Program" at https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf.

Group Based Care: A small cohort of pregnant patients with similar due dates participate in a structured prenatal care program facilitated by a clinician
Team Based Care: Care team members such as behavioral health providers, parent and peer mentors, and care coordinators work collaboratively and with an emphasis on cultural concordance with the population served.

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Person-Centered Models of Care: Group-Based Care

- **Has shown promise for reducing costs and improving birth outcomes**
- **Associated with enhanced health outcomes, including increasing the use of postpartum contraceptives and rates of postpartum care visits**
- **States may use a Medicaid state plan amendment or demonstration or waiver authority to redesign care systems**
  - States may design models that support care coordination within the fee-for-service system under a primary care case management program as long as they do not restrict the beneficiary's free choice of providers
  - States may also use contracts with MCPs to establish the necessary structure and requirements for integrated care models in managed care

State Highlight

- The **Montana** Promising Pregnancy Care (PPC) Program allows approved providers to be reimbursed for state-approved group pregnancy care
- Montana Medicaid pays federally qualified health centers an enhanced prospective payment system rate when a Medicaid member attends a PPC group educational service along with an obstetric visit

Source: Montana Secretary of State. "Rule 37.86.4502: Promising Pregnancy Care—General Provisions." December 9, 2017.

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Person-Centered Models of Care: Team-Based Care Using Pregnancy-Centered Medical Homes

- **Pregnancy-centered medical homes provide care coordination and perinatal, medical, and behavioral health services**
- **Among high-risk individuals, pregnancy-centered medical homes have shown promise in increasing:**
  - Standardized postpartum depression screening
  - Counseling on reproductive life planning during the postpartum period
  - Transition to ongoing primary care

State Highlight

- The **North Carolina** Pregnancy Medical Home program requires providers to complete a postpartum visit within 60 days of delivery and coordinate with a pregnancy care manager assigned to the practice
- Medical home providers receive a $150 incentive payment if the visit is completed within 60 days of delivery
- Visit requirements include screening for postpartum depression using a validated tool, reviewing the patient's reproductive life plan, and offering referrals for ongoing primary care

Source: North Carolina Medicaid, Division of Health Benefits. "Pregnancy Medical Home." n.d.

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Person-Centered Models of Care: Doula Support

- **Doula support is associated with a decreased likelihood of postpartum depression and near-universal breastfeeding among low-income individuals**
- **CMS has issued guidance to states on paying for services delivered by doulas and other nonlicensed practitioners**
- **States may pay for services delivered by nonlicensed practitioners whose qualifications states define and recognize**

State Highlight

- In 2011, the **Oregon** legislature passed House Bill 3311, which directed the Oregon Health Authority to explore options for providing or using doulas in the state Medicaid program
- Oregon used state plan authority to cover the services of traditional health care workers under the supervision of a licensed health care professional, creating the Traditional Health Worker (THW) Program to promote better health outcomes and greater health equity
- The THW Program office is responsible for certifying, training, and registering THWs, including doulas

Sources: Oregon Health Authority. "About Traditional Health Workers;" "Birth Doulas;" "Oregon Medicaid Reimbursement for Doula Services." September 12, 2018.

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Addressing Specific Postpartum Needs

Addressing Specific Postpartum Needs

- Medicaid enrollees are more likely to smoke during pregnancy and have chronic diseases compared with uninsured and privately insured individuals
- By ensuring individuals have access to the contraceptive method of their choice, and the support necessary to use their chosen method effectively, states can support not only the health of beneficiaries and their children, but also reduce the number of unintended pregnancies
- People of color and low-income individuals have the highest rates of postpartum depression
- Individuals with public insurance have lower breastfeeding rates than those with private insurance
- Oral health during and after pregnancy affects the health of both the postpartum individual and the infant

Source: Bigby, Judy Ann, et al. "Recommendations for Maternal Health and Infant Health Quality Improvement in Medicaid and the Children's Health Insurance Program." December 18, 2020. Available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf. Accessed February 4, 2022

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Smoking Cessation Services

Examples of Medicaid strategies

- **Provide comprehensive smoking cessation services for pregnant individuals without cost sharing; services include diagnostics, counseling services, therapy, and pharmacotherapy**
  - Under section 4107 of the ACA/section 1905 of the Social Security Act, this is a mandatory benefit for pregnant individuals
- **Partner with public health agencies that run tobacco quitlines with tailored protocols for postpartum individuals**
  - Quitline services can be claimed as a Medicaid administrative expense
- **Reimburse pediatric providers to screen postpartum individuals for depression, tobacco use, and other risk factors**

State Highlight

The **Illinois** Department of Healthcare and Family Services covers up to three quit attempts per calendar year, with up to four individual face-to-face counseling sessions per quit attempt

Source: Illinois Department of Health and Family Services. "Provider Notice Issued 08/26/14."

Additional Resources can be found at https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/tobacco-cessation/index.html

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Screening, Referral, and Treatment of Depression

Examples of Medicaid strategies

- **Develop workflows from obstetrical care to primary care and mental health support to ensure screening, referral, and treatment**
- **Provide guidance to pediatric providers on screening for postpartum depression during well-child visits using the child's Medicaid number under the Early and Periodic Screening, Diagnostic, and Treatment benefit**
- **Cover family therapy services that benefit both the child and parent (Guidance)**
- **Reimburse pediatricians for screening for postpartum depression during well-child visits**

State Highlight

- The **Minnesota** Medicaid program covers up to six maternal depression screenings during infant well-child checks or at other pediatric visits
- Providers must use a standardized screening instrument (Edinburgh Postnatal Depression Scale, Patient Health Questionnaire-9 Screener, or Beck Depression Inventory)
- Medicaid and an advisory work group have helped clinics develop workflow protocols to support postpartum depression screening during well-child visits and to overcome implementation challenges such as making referrals for treatment

Source: National Academy for State Health Policy. "State Medicaid Policies for Screening During Well-Child Visits." April 2021.

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Breastfeeding Support

Examples of Medicaid strategies

- **Finance breastfeeding education, individual lactation consultation (via the "other licensed practitioner" benefit), and equipment rentals**
- **Require MCPs to provide breastfeeding education by referring individuals to the Special Supplemental Nutrition Program for Women, Infants, and Children or by directly providing the service**
- **Cover lactation education and evaluation as part of a home visit**

State Highlight

- **California** Medicaid has had regulations to include breastfeeding services and supplies since 1999
- Many third-party Medicaid contractors cover breastfeeding services with International Board-Certified Lactation Consultants

Source: California Department of Health Services. "MMCD Policy Letter 98-10, Breastfeeding Promotion." December 10, 1998.

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Contraceptive Care

Examples of Medicaid strategies

- **Offer and provide a full range of family-planning services and supplies, including education and counseling, in Medicaid benefit package**
- **Provide access to contraceptives in the state plan, family-planning waiver, or family-planning state plan option without cost sharing**
- **Expand Medicaid eligibility for family planning services by adopting the optional family planning limited-benefit group**

State Highlight

- To increase access to LARC for individuals for whom such contraceptive methods are preferred, the **Washington** state Medicaid program increased provider payments for the provision of long-acting reversible contraception (LARC) and provided separate payment for immediate postpartum insertion of LARC
- After the LARC reimbursement policy changed, use of LARCs increased significantly in the postpartum period at 3 and 60 days after delivery

Source: Washington State Health Care Authority. "Improving Women's Access to Long-Acting Reversible Contraception, Role of Medicaid Reimbursement Policy Change." August 2019.

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Pregnancy and Postpartum Dental Benefits

- **Oral health matters for healthy pregnancy and healthy child development**
  - Recent studies show that maternal gum disease increases the odds of any maternal complication (such as low birth weight or pre-term birth) by 19%,[1] and Medicaid beneficiaries use dental services during pregnancy less frequently (36% vs. 60%) than do privately insured individuals[2]
  - Children of mothers with high levels of untreated tooth decay are more than three times as likely to have treated or untreated dental caries as children of mothers who have no untreated decay[3]
- **Medicaid programs have the option to cover adult dental services as a pregnancy-related benefit or regular state plan benefit**
  - States vary in the dental benefits they offer under each authority[4]
  - CMS subject matter experts are available to discuss questions about dental benefits with states

[1] Choi, S.E., et al. "Association Between Maternal Periodontal Disease and Adverse Pregnancy Outcomes: An Analysis of Claims Data." *Family Practice,* vol. 38, no. 6, 2021, pp. 718–723.
[2] Lee, H., et al. "Dental Visits During Pregnancy: Pregnancy Risk Assessment Monitoring System Analysis, 2012–2015." *JDR Clinical & Translational Research.* July 29, 2021; online ahead of print.
[3] Dye, B.A., C.M. Vargas, J.J. Lee, L. Magder, and N. Tinanoff. "Assessing the Relationship Between Children's Oral Health Status and That of Their Mothers." *Journal of the American Dental Association,* vol. 142, no. 2, 2011, pp. 173–183.
[4] See https://www.nashp.org/state-medicaid-coverage-of-dental-services-for-general-adult-and-pregnant-populations/.

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Overview of American Rescue Plan's (ARP) 12-Month Postpartum Extension Option

Kristen Zycherman, CMS

Overview of ARP's 12-Month Postpartum Extension Option

Sections 9812 and 9822 of the ARP give states a new state plan option to provide 12 months of continuous postpartum coverage in Medicaid and CHIP.

State plan authority implementation date: The option begins April 1, 2022, and is currently limited to a five-year period from that date.

12 months of postpartum coverage: People who are eligible for and enrolled in Medicaid or CHIP while pregnant (including during a period of retroactive eligibility) are eligible for extended coverage through the last day of the month in which their 12-month postpartum period ends.

Continuous eligibility: People eligible for extended postpartum coverage are entitled to continuous eligibility through the last day of the month in which their 12-month postpartum period ends.

Benefits: States must provide full benefit coverage.

Source: Sections 9812 and 9822 of the ARP Act of 2021 (Pub. L. 117-2).

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More information on ARP's 12-Month Postpartum Extension Option

- CMCS SHO#21-007, "Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP)," December 7, 2021,
  - Appendix - Frequently Asked Questions (FAQs): Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (ARP): 12 Months Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP), added December 14, 2021
  - https://www.medicaid.gov/federal-policy-guidance/downloads/sho21007.pdf

- Full Medicaid and CHIP Learning Collaborative ARP Postpartum Coverage Extension SPA Option Slide Deck
  - https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/postpartum-covg.pdf

- If you have any questions or would like technical assistance to address state-specific challenges, please contact your state lead or CHIP project officer

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Questions and Discussion

Resources and Activities

Postpartum Care Learning Collaborative

- **Webinar series**
  - Webinar 1: Maintaining Coverage and Access to Care During the Postpartum Period
  - Webinar 2: Improving the Content of Care During the Postpartum Period
  - Webinar 3: Models of Women-Centered Care
  - Webinar recordings are available at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/quality-improvement/postpartum-care/index.html
- **Postpartum Care Affinity Group**
  - Action-oriented affinity group supporting nine state Medicaid and CHIP programs and their partners in the design and implementation of data-driven quality improvement projects to enhance postpartum care
  - Nine participating states: Georgia, Kansas, Kentucky, Missouri, Montana, Oklahoma, South Carolina, Texas, and Wyoming

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Tobacco Cessation for Pregnant and Postpartum People

- In early 2022, CMS will launch new tobacco cessation technical assistance resources on Medicaid.gov, including:
  - An on-demand series of short, recorded programs featuring subject matter experts and descriptions of successful state strategies to help Medicaid and CHIP beneficiaries be smoke free during pregnancy and after delivery
  - Resources to support quality improvement around tobacco cessation, including driver diagrams, change activities, and project management tools
  - Quality improvement coaching by request

Resources

- MIHI webpage: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html
- Maternal and Infant Health Beneficiary Profile: https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-beneficiary-profile.pdf
- MIH Expert Work Group's Recommendations Report: https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf
- Maternity Core Set information: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health/data-and-measurement/index.html
- Maternity Core Set Chart Pack: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-maternity-chart-pack.pdf

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Appendix

HHS Maternal and Infant Health Activities

- **U.S. Department of Health and Human Services (HHS) Priority Goal**
  - Improve maternal health and reduce disparities nationwide and globally by ensuring the equitable provision of evidence-based, high-quality care and by addressing social determinants of health, including racism, discrimination, and other biases, across the life course
- **Maternal Health Action Plan**
  - Goals
    - Reduce the maternal mortality rate by 50% in five years
    - Reduce the low-risk cesarean delivery rate by 25% in five years
    - Achieve blood pressure control in 80% of women of reproductive age with hypertension in five years
  - Available at https://aspe.hhs.gov/topics/public-health/hhs-initiative-improve-maternal-health#maternal-health

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CMS Maternal and Infant Health Activities

- **Equity assessment**
  - CMS assessed the equity of quality of care in the postpartum period among Medicaid and CHIP postpartum individuals
- **Challenge.gov prize competition**
  - Based on the findings of the CMS assessment on equity in postpartum care, CMS partnered with the Office on Women's Health to produce the HHS Postpartum Equity in Care Challenge
  - This competition seeks to identify innovative strategies to improve postpartum care for Black and AI/AN postpartum individuals, with an emphasis on follow-up care for conditions associated with maternal morbidity and mortality in the postpartum period; entries will serve as examples of effective programs and practices for reducing disparities and improving outcomes for Black and AI/AN postpartum individuals
  - These examples will inform CMS's technical assistance to state Medicaid and CHIP agencies as they work to improve equity in postpartum care and outcomes
  - https://www.challenge.gov/?challenge=hhs-postpartum-equity-in-care-challenge

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