

Background

The Center for Medicaid and CHIP Services developed the Medicaid and CHIP postpartum care strategy checklist as part of the “[Increasing Access, Quality, and Equity in Postpartum Care in Medicaid and CHIP: A Toolkit for State Medicaid and CHIP Agencies](#)”. States can use this checklist to assess the policies and practices supported by existing federal authorities that have the potential to enhance and improve postpartum care for Medicaid and CHIP beneficiaries. States are encouraged to create a postpartum care strategy that builds on their successful policies and practices already in place, identifies gaps, and then use the toolkit to identify effective approaches that can fill the identified gaps.

Each section of the checklist is broken into key strategies that have been identified to improve postpartum care access and quality and reduce disparities. Each key strategy is broken down into smaller, more incremental change ideas to strengthen Medicaid and CHIP benefits, services, and care delivery. By considering each strategy through the lens of their own Medicaid and CHIP programs, states can identify improvement ideas specific to their needs. States can partner with community-based organizations to help understand and address local needs. In addition, states may use the checklist to develop a strategy for implementing quality measurement and improvement approaches to document their progress toward increasing access, quality, and equity in postpartum care in Medicaid and CHIP.

Strategies to Increase Access to Postpartum Care	
Promote Medicaid and CHIP coverage continuity	
<input type="checkbox"/>	Facilitate continuity of coverage for individuals following the end of their pregnancy.
<input type="checkbox"/>	Extend Medicaid and CHIP coverage beyond 60 days postpartum to 12 months.
Improve the capacity of the health care system to support postpartum beneficiary engagement with health care delivery teams	
Provide access to postpartum home visits and telehealth	
<input type="checkbox"/>	Include home visiting services for pregnant and postpartum individuals and case management services as a part of the home visit.
<input type="checkbox"/>	Identify home visiting pathway via Section 1915(b) and 1915(c) waivers or Section 1115 demonstrations.
<input type="checkbox"/>	Utilize telehealth and home monitoring services.
Increase access to transportation for postpartum care	
<input type="checkbox"/>	Provide easy access to non-emergency medical transportation for beneficiaries who need to get to and from medical visits but have no means of transportation.

Strategies to Improve the Quality of Postpartum Care

Assess payment arrangements and financial incentives

- Implement quality and cost incentive payments in the primary care case management (PCCM) plan and other payment models, seeking a state plan amendment (SPA) if necessary.
- Develop a mechanism for per member per month payments with quality incentives and requirements via a SPA or Section 1115 demonstration.
- Implement integrated care models, such as pregnancy medical homes, using PCCM plan guidance, Section 1115 demonstrations, or 1915(b) waivers.

Implement managed care contracting strategies

- Ensure contracts with managed care plans (MCPs), PCCM providers, community care networks, or accountable care organizations identify specific strategies to address state goals to improve postpartum and interpregnancy care.
- Include language in managed care contracts that directs MCPs to implement specific policies to improve timely postpartum visit rates.
- Identify incentives for Medicaid and CHIP providers and MCPs to provide high-quality, evidence-based care in the postpartum and interpregnancy periods.

Implement person-centered care models

- Support innovative models to deliver person-centered, coordinated, integrated care.

Pursue strategies to improve specific postpartum outcomes

Connect postpartum individuals to primary and continuing care

- Establish outreach and case management requirements to support transitions to primary care, other insurance coverage, state programs, community-based resources, and other specialty care as needed including assistance with appointment scheduling.

Postpartum depression screening, referral, and treatment strategies

- Allow providers to perform and bill for postpartum depression screening as part of the well-child visit under the Early and Periodic Screening, Diagnostic, and Treatment benefit.
- Educate providers on accepted screening tools for postpartum depression, Medicaid and CHIP billing codes, and referral and treatment options.
- Educate beneficiaries about postpartum depression screening and treatment options.
- Expand coverage options for screening and treatment for postpartum depression (such as through the preventive services benefit or other licensed practitioner benefit).
- Cover treatment directed at enhancing the health and well-being of the child, such as family therapy, to reduce the effects of the postpartum individual's condition on the child.

Smoking cessation coverage strategies

- Cover smoking cessation services and pharmacologic therapy for pregnant and postpartum individuals.
- Include language in managed care contracts that requires coverage of smoking cessation services and pharmacologic therapy for pregnant and postpartum individuals.
- Provide access to a state-run quitline for pregnant and postpartum individuals.

Strategies to improve lactation services

- Ensure that the benefit package for individuals who are breastfeeding addresses education, lactation support, and equipment.

<input type="checkbox"/>	Cover breastfeeding education and lactation support as separate services, in addition to offering the option to bill for the services as part of an exam.
<input type="checkbox"/>	Eliminate variation in coverage for lactation services among Medicaid and CHIP MCPs by requiring MCPs to provide breastfeeding education by referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC program) or by directly providing the education.
<input type="checkbox"/>	Cover lactation education and evaluation as part of home visits.
Contraceptive care strategies	
<input type="checkbox"/>	Produce MCP and provider bulletins with prenatal care standards that include anticipatory guidance during the prenatal period on planning for contraceptive care after delivery.
<input type="checkbox"/>	Pay for immediate long-acting reversible contraceptive (LARC) device and insertion unbundled from the global maternity care bundle.
<input type="checkbox"/>	Implement measures that facilitate immediate postpartum LARC insertion, when a person chooses this option, and increase provider awareness of postpartum LARC policies.
<input type="checkbox"/>	Discourage requirements to order LARCs before a birth to facilitate access to LARCs on the same day of delivery.
<input type="checkbox"/>	Develop arrangement with manufacturers to furnish LARCs to providers without upfront costs and instruct providers to bill for the device and insertion in anticipation of paying the manufacturer for the device.
<input type="checkbox"/>	Seek Medicaid matching funds at a 90 percent federal match rate to maintain a state inventory of LARCs for providers, restocking as necessary.
<input type="checkbox"/>	Eliminate barriers to individuals undergoing postpartum permanent contraception (tubal surgery), if desired, by ensuring informed consent is acquired at least 30 days before the expected date of delivery.
<input type="checkbox"/>	Include language in managed care contracts that reinforces the requirement to cover the full range of family planning services without cost sharing and with freedom of choice of providers.
<input type="checkbox"/>	Include language in managed care contracts requiring plan networks to include essential community providers for family planning services.
<input type="checkbox"/>	Allow 6- to 12-month prescriptions for contraception supplies.
<input type="checkbox"/>	Submit SPA or Section 1115 demonstration waiver to expand eligibility for Medicaid family planning services for postpartum individuals who are losing Medicaid.

Strategies to Address Disparities in Postpartum Care

Partner with MCPs to address disparities

- Require MCPs to report postpartum visit rates (stratified by race, ethnicity, language, disability, and geography).
- Establish performance improvement projects (PIPs) focused on addressing identified health disparities.

Provide access to culturally appropriate providers, information, and care

Involve community members to help connect individuals to postpartum care

- Review and consider expanding state plan summary of qualifications for non-licensed practitioners who, with a licensed provider's prescription, can deliver preventive telehealth services and education.
- Cover services delivered by doulas or community health workers as permitted under a SPA or Section 1115 demonstration.

Provide language and translation services

- Ensure easy access to information on maternity care in appropriate languages and accessible formats, as provision of such resources is a requirement.

<input type="checkbox"/>	Implement a mechanism to document administrative costs to claim increased federal matching funds for interpretation and translation services.
<input type="checkbox"/>	Include cost of interpretation and translation services in MCP capitation rates for medical assistance services or carve out the services and contract separately for them as an administrative activity.

Strategies to Implement Quality Measurement and Improvement Approaches	
<input type="checkbox"/>	Calculate and report state-level rates of postpartum care access and quality.
<input type="checkbox"/>	Stratify state-level rates of postpartum care by race, ethnicity, language, disability, geographic location, and other relevant characteristics.
<input type="checkbox"/>	Calculate rates of postpartum care at the plan, provider or program level to monitor performance (including stratified rates, where feasible).
<input type="checkbox"/>	Link quality measurement and quality improvement using a family of measures.
<input type="checkbox"/>	Partner with MCPs, providers, other state agencies, and other interested partners to establish collaborative learning opportunities to implement rapid-cycle tests of change to drive improvement.
<input type="checkbox"/>	Work with MCPs and External Quality Review Organizations (EQROs) to implement and validate PIPs related to postpartum care quality.

For more information and resources, scan this QR code to go to the Medicaid.gov postpartum care quality improvement technical assistance website at <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/maternal-infant-health-care-quality/postpartum-care/index.html>.

