

# **Improving Postpartum Care Webinar Series**

## **Webinar 1: Continuity of Coverage in the Postpartum Period and Approach to Addressing Disparities**

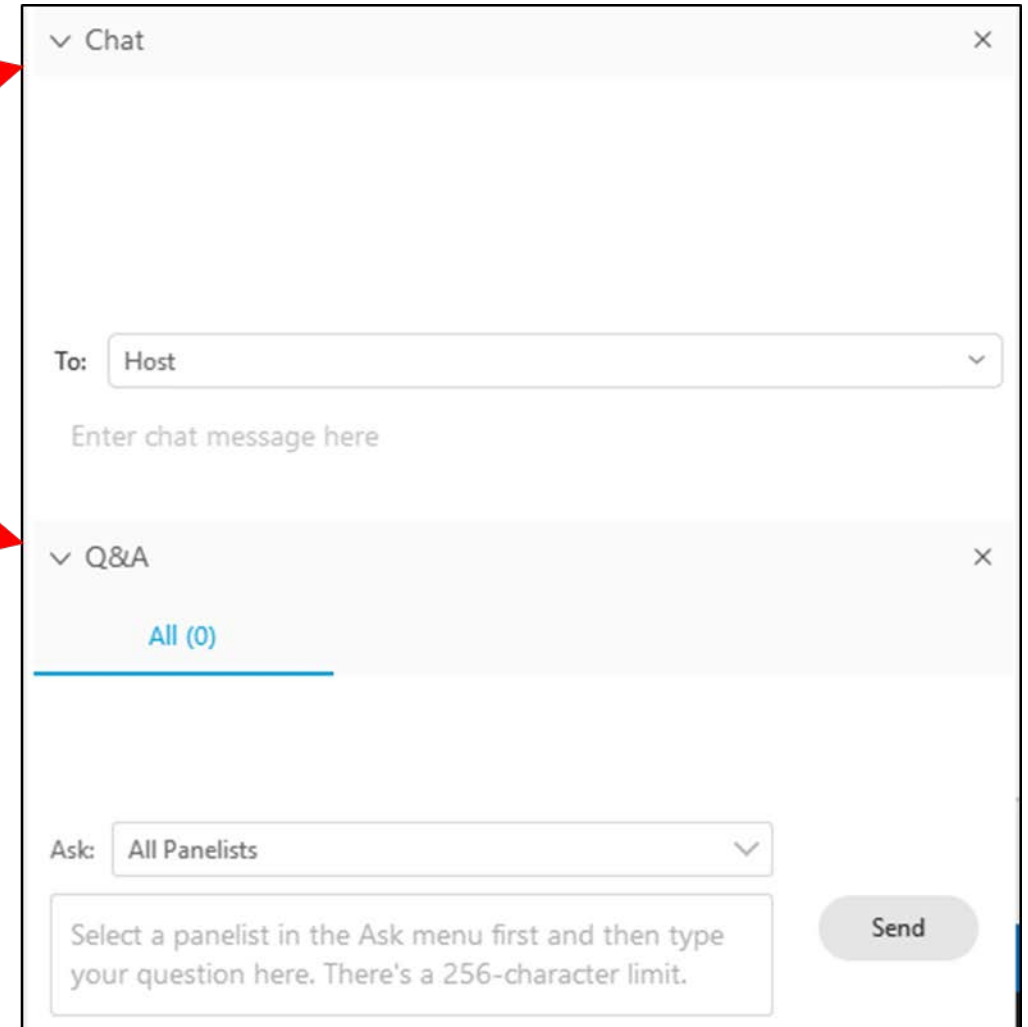
**January 27, 2021**

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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



The screenshot displays a webinar interface with two main sections: Chat and Q&A. The Chat section is at the top, featuring a dropdown menu set to 'Host' and a text input field with the placeholder 'Enter chat message here'. The Q&A section is below, showing a dropdown menu set to 'All Panelists' and a text input field with the placeholder 'Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.' A 'Send' button is located to the right of the Q&A input field. Two red arrows originate from the list on the left: one points to the Chat section and the other points to the Q&A section.

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# Welcome and Objectives

# Agenda

Topic	Speaker(s)
Agenda and objectives	Judy Bigby, Mathematica
Overview of the Maternal and Infant Health Initiative and Postpartum Care (PPC) Learning Collaborative	Kristen Zycherman, CMCS
Why focus on postpartum care?	Judy Bigby, Mathematica
Coverage transitions for pregnant and postpartum women: Medicaid renewals and redeterminations	Shannon Lovejoy, CMCS Jessica Stephens, CMCS
Health equity in postpartum care	Tom Curtis, Michigan Medicaid
Discussion and Q+A	Judy Bigby, Mathematica
Announcements and next steps	Ruth Hsu, Mathematica

# Objectives

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- **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**

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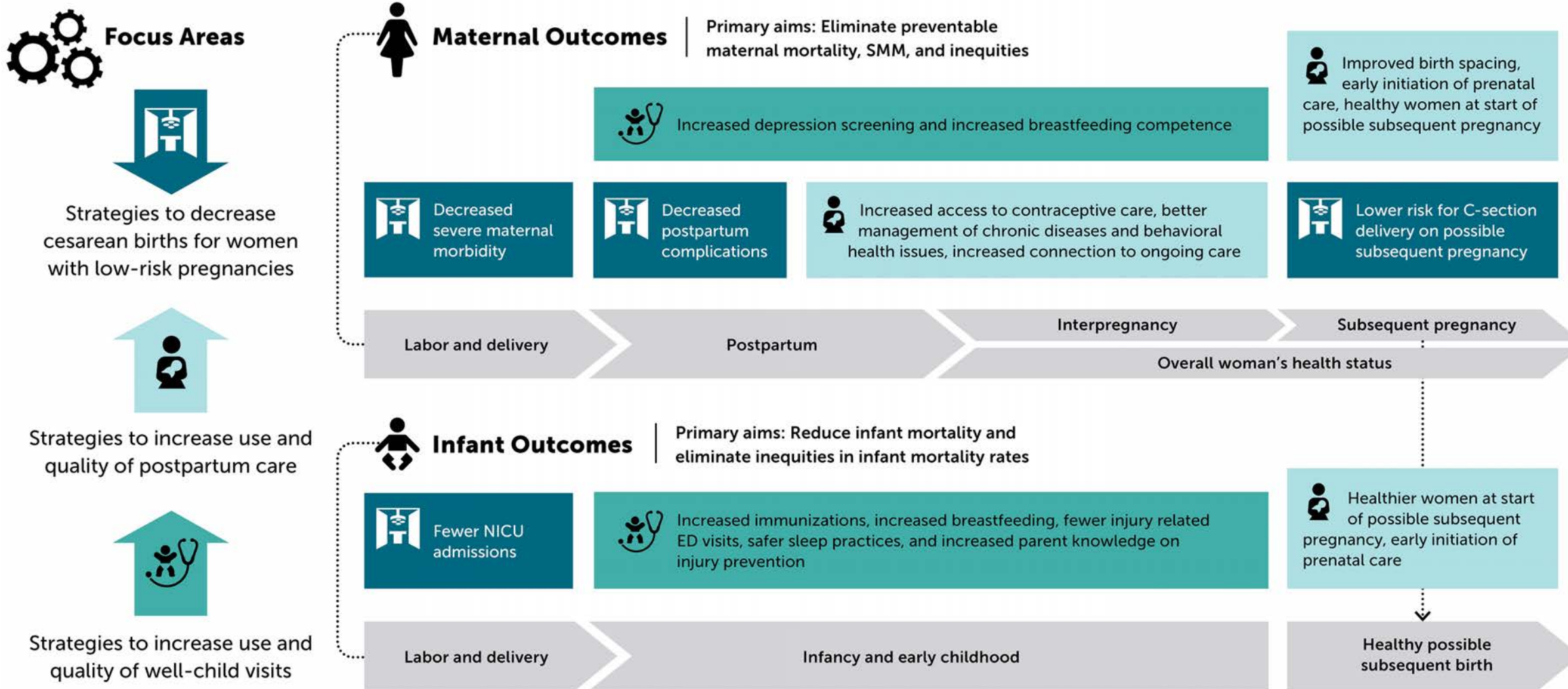
# **Overview of the Maternal and Infant Health Initiative and Postpartum Care Learning Collaborative**

# Maternal and Infant Health Initiative

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- **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



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



# Postpartum Care Learning Collaborative

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- **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
- Launch in April 2021 (more information available at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html>)

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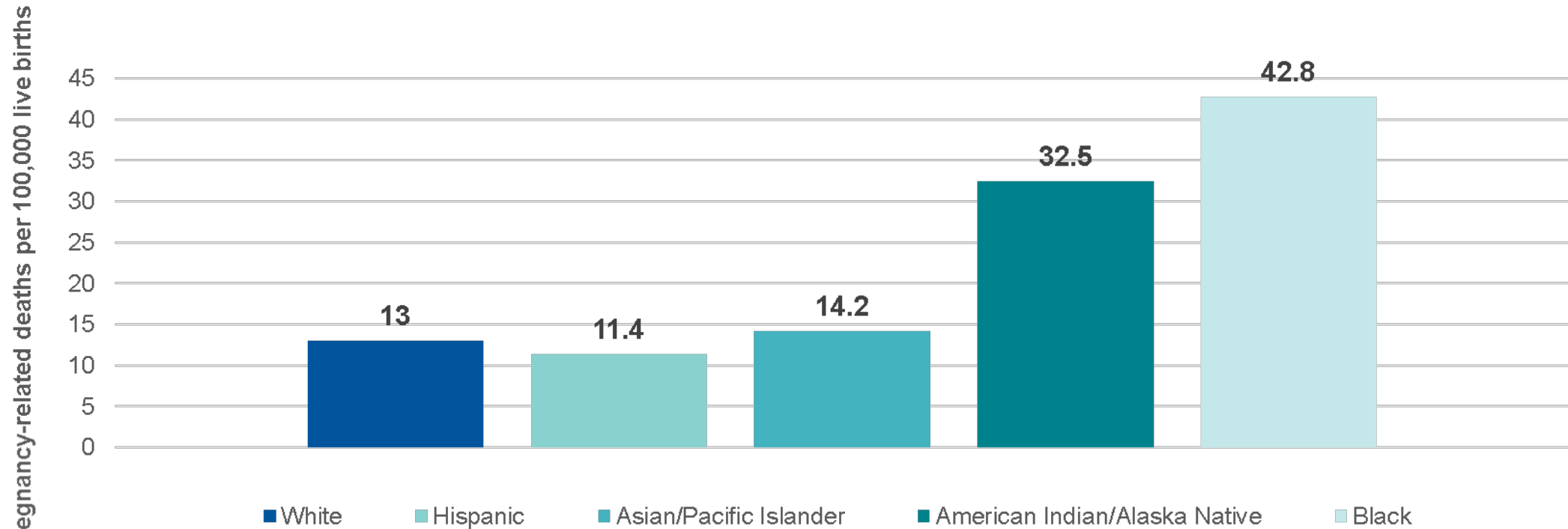
# Why Focus on Postpartum Care?

# Why Focus on Postpartum Care?

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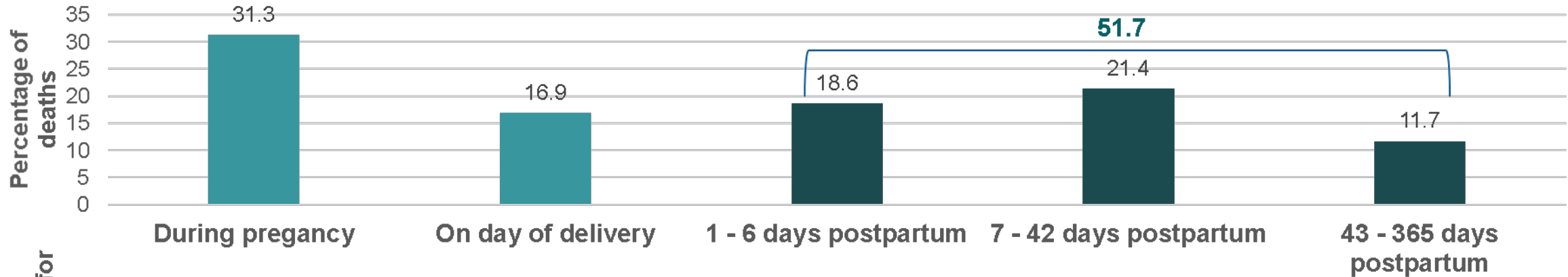
- **Pregnancy-related deaths and postpartum care**
- **Opportunity for quality improvement in postpartum care and visit rates**

# Pregnancy-Related Mortality Rates, U.S. 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.

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



Top four causes of death for each time period

Other non-CV medical conditions	Hemorrhage	Hemorrhage	Infection	Cardiomyopathy
Other CV conditions	Amniotic fluid embolus	Hypertensive disorders of pregnancy	Other CV conditions	Other non-CV medical conditions
Infection	Other CV conditions	Infection	Cerebrovascular accidents	Other CV conditions
Thrombotic emboli	Other non-CV medical conditions	Other CV conditions	Cardiomyopathy	Thrombotic emboli

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

Source: Petersen, 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.

# Medicaid and CHIP Beneficiaries' Postpartum Care Needs

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- **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**

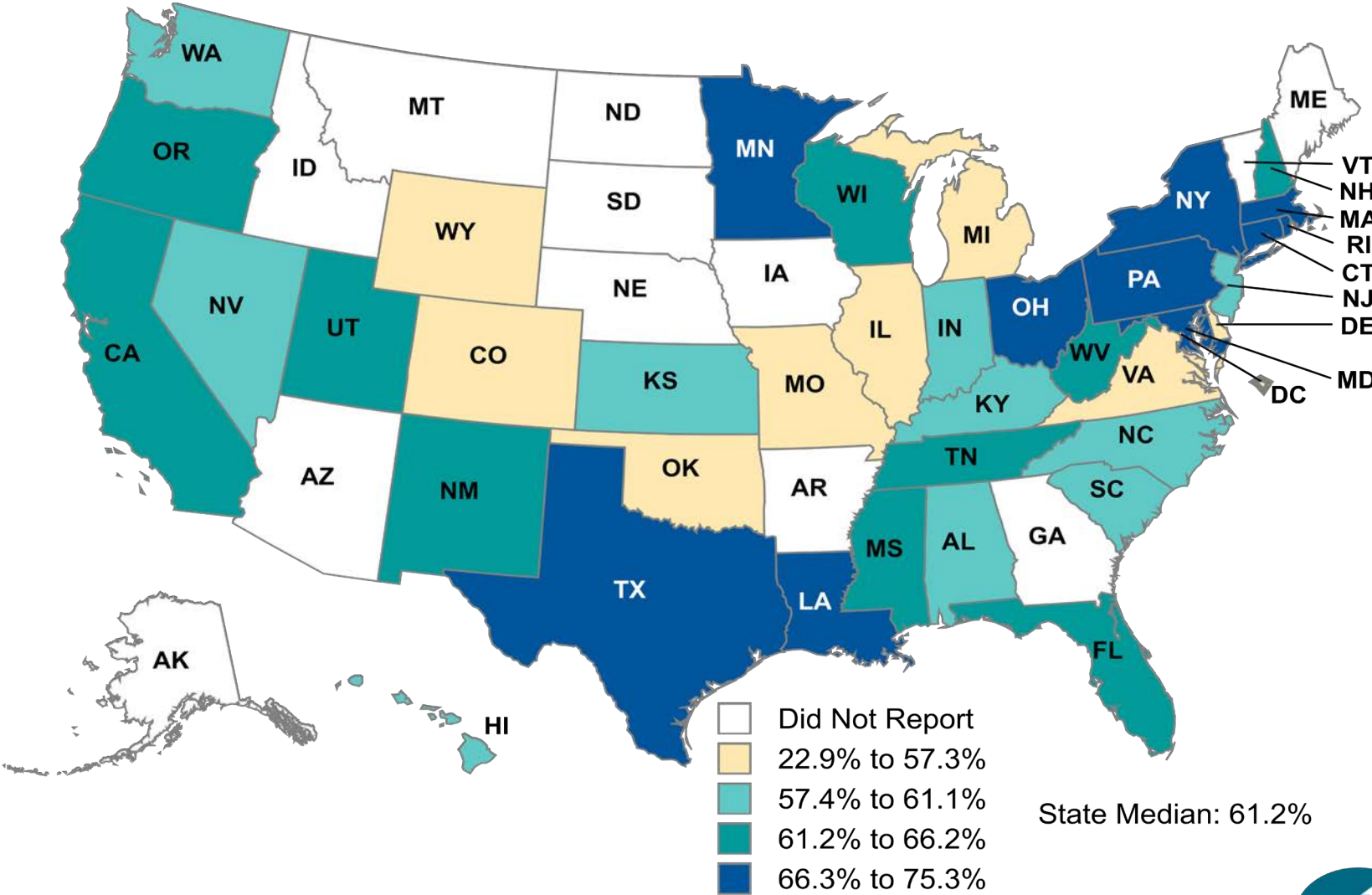
Sources:

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.



# 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)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.





# Improving Postpartum Care Driver Diagram

## Primary drivers

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.

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

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# **Coverage Transitions for Pregnant and Postpartum Women: Medicaid Renewals and Redeterminations**

# Medicaid Renewals and Redeterminations

January 27, 2021



*Slide deck content developed through the Medicaid and CHIP Coverage Learning Collaborative*

# CMCS Informational Bulletin (CIB)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



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## *CMCS Informational Bulletin*

**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.<sup>1</sup> 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 ensuring that only individuals who meet the Medicaid and CHIP eligibility standards remain enrolled.<sup>2</sup> 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 and Children's Health Insurance Program (CHIP) Renewal Requirements, December 2020, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib120420.pdf>

# 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



# Medicaid Renewal Overview (continued)

- 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

## Redeterminations Based on Changes in Circumstances (continued)

- 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



# 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: last  
day of the  
month in  
which a 60-  
day period,  
beginning on  
the last day of  
pregnancy,  
ends***

## ***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

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# Questions

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# Health Equity in Postpartum Care



# Michigan Medicaid Managed Care:

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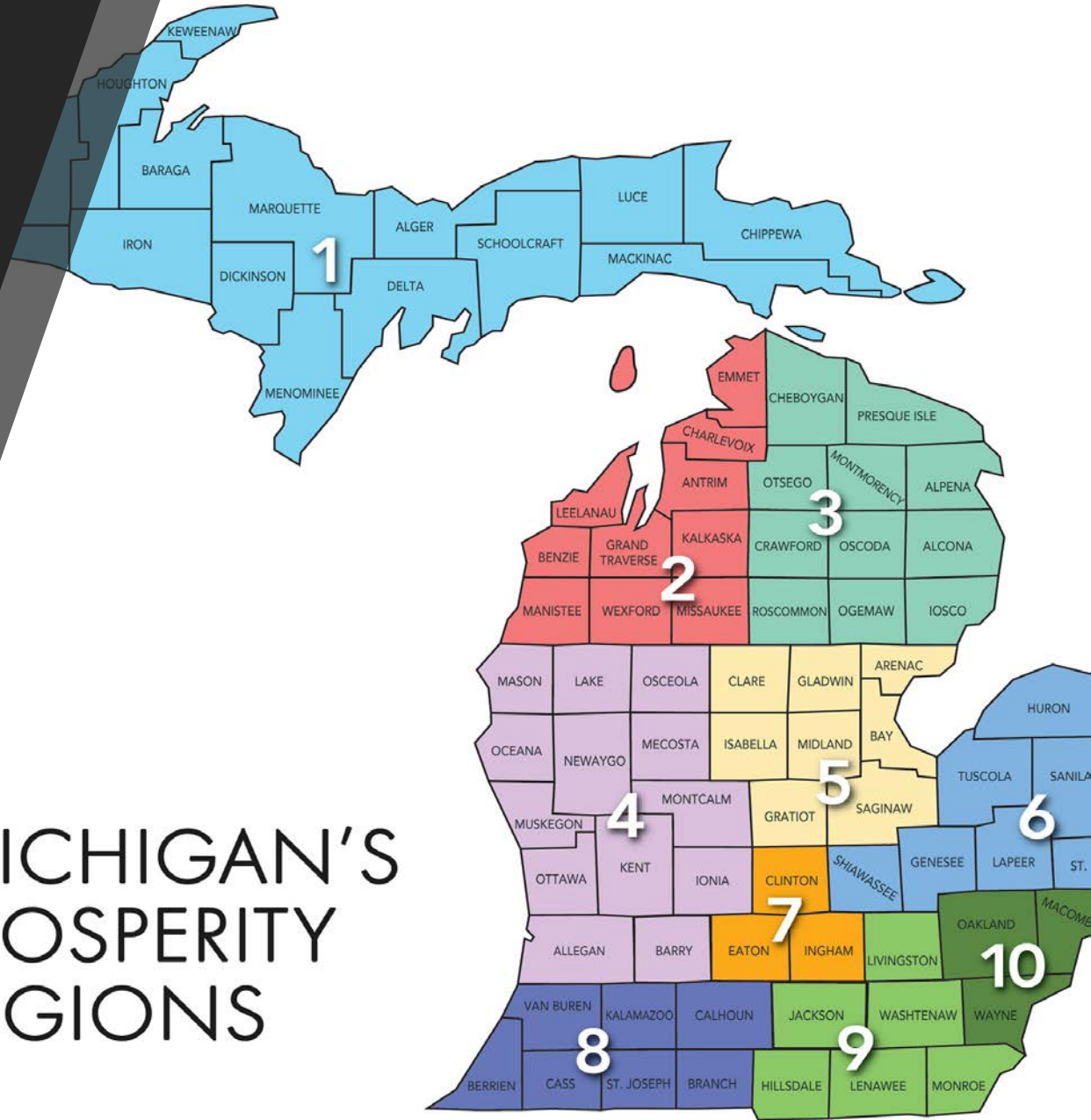
## Health Equity in Postpartum Care

**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

## MICHIGAN'S PROSPERITY REGIONS

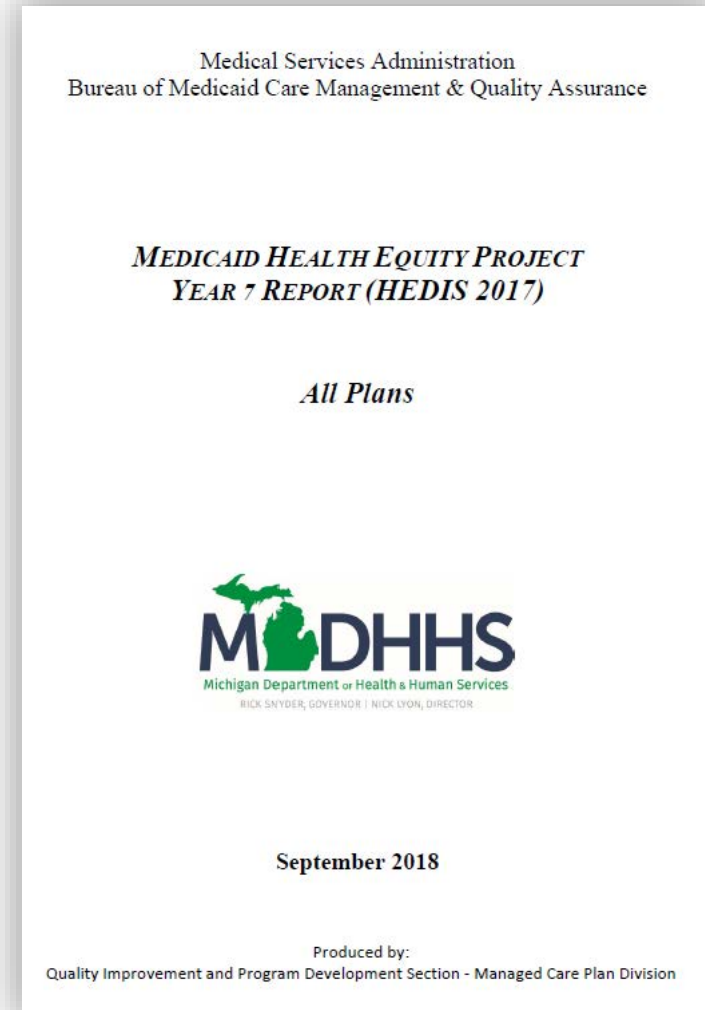


# The Vision for Medicaid Health Equity

*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.*

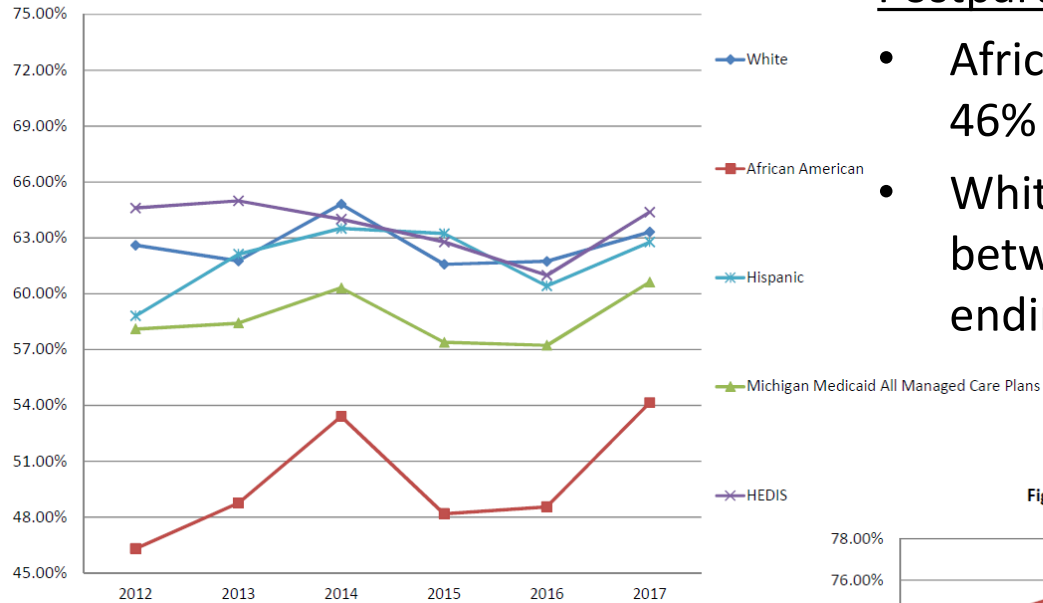
# Medicaid Health Equity Report

- Performance rates by race/ethnicity
- Rates stratified by MHP
- Trended 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



# Medicaid Health Equity Report

Figure 17. Post-Partum Care by Race/Ethnicity 2012-2017



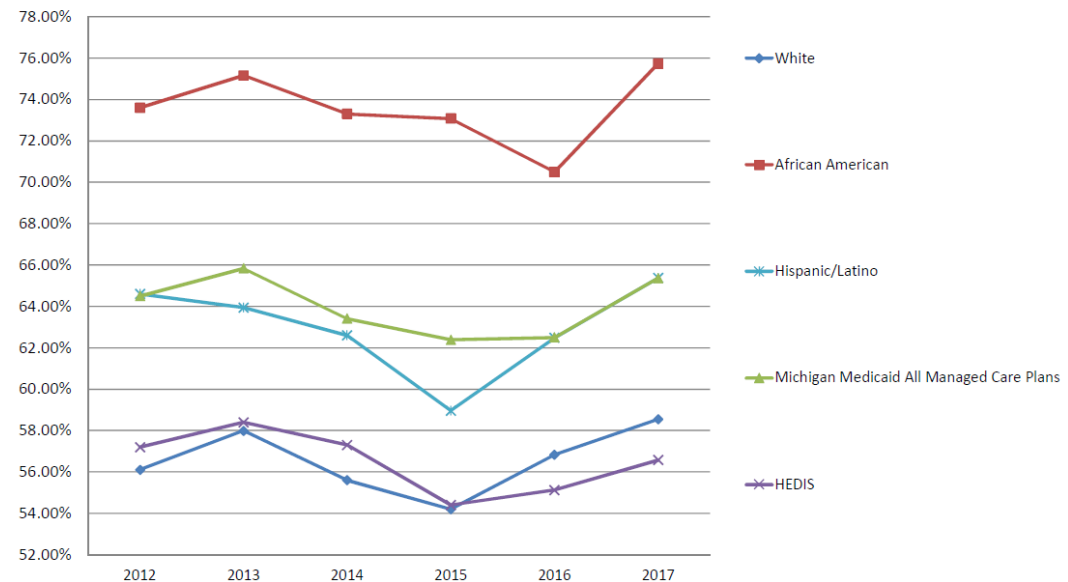
## Postpartum Care

- 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

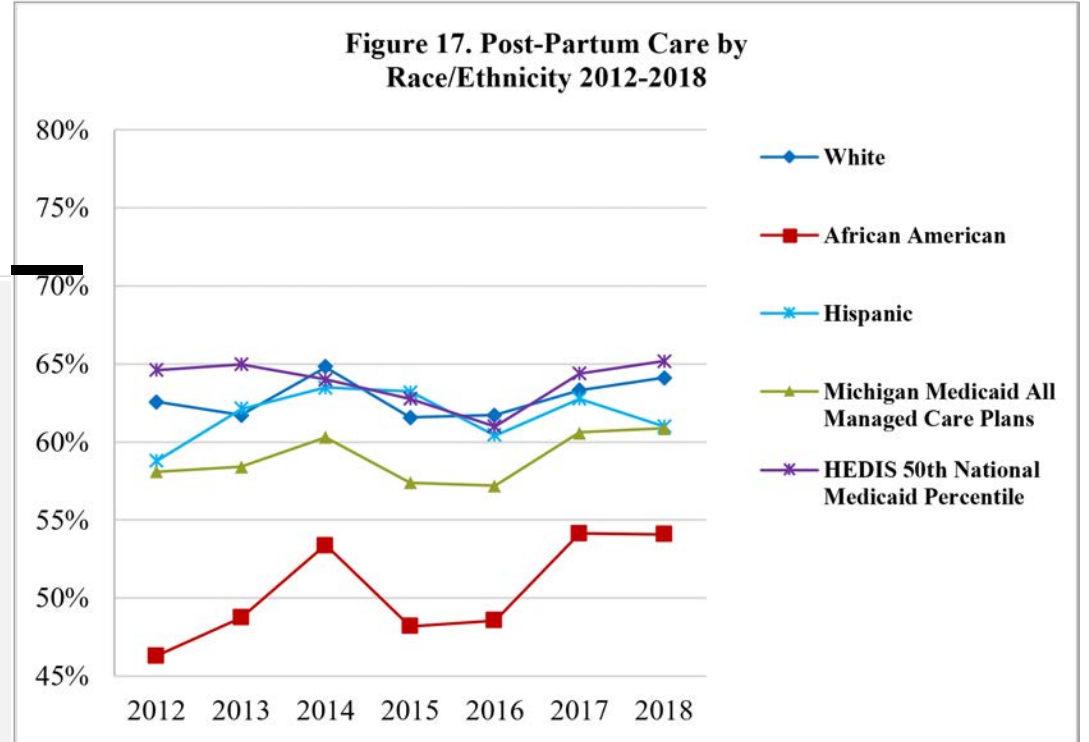
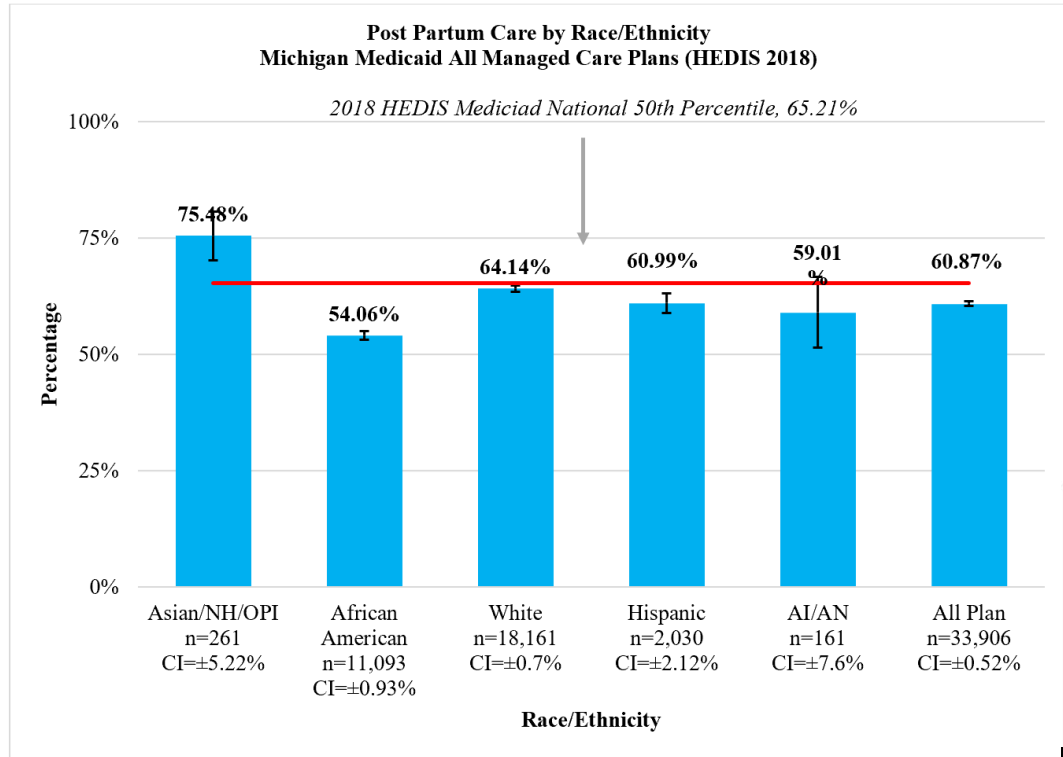
- African American rate increased from 74% to 76%
- White reference population increased from 56% to 58%
- We view this as a reverse racial disparity

Figure 16. Chlamydia Screening in Women - Total by Race/Ethnicity 2012-2017





Measure	2018 White Rate	2018 African American Rate	Rate Difference	2018 Hispanic Rate	Rate Difference
Postpartum care	64.14%	54.06%	-10.08%	60.99%	-3.15%



# Postpartum Care Racial Disparities 2018

# Using Health Equity Measures in Contract and Incentive Programs

Vehicle	Method
Capitation Withhold	<ul style="list-style-type: none"><li>• Assigning specific measures to each health plan</li><li>• Postpartum care is one measure included</li><li>• Rewarding statistically significant reduction in racial disparities year over year</li><li>• Proportion of withhold dedicated to health equity increased over time, ~\$10 million in FY 21</li></ul>
Auto Assignment Algorithm	<ul style="list-style-type: none"><li>• Developing regional weighted averages</li><li>• Rewarding achievement of benchmarks with member assignments</li><li>• Postpartum care not yet included</li></ul>
Contract Compliance	<ul style="list-style-type: none"><li>• Deriving HEDIS measure rates using claims and encounters</li><li>• Validating rates in collaboration with health plans</li><li>• Setting “index” benchmarks in contract and holding health plans accountable</li></ul>

# 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

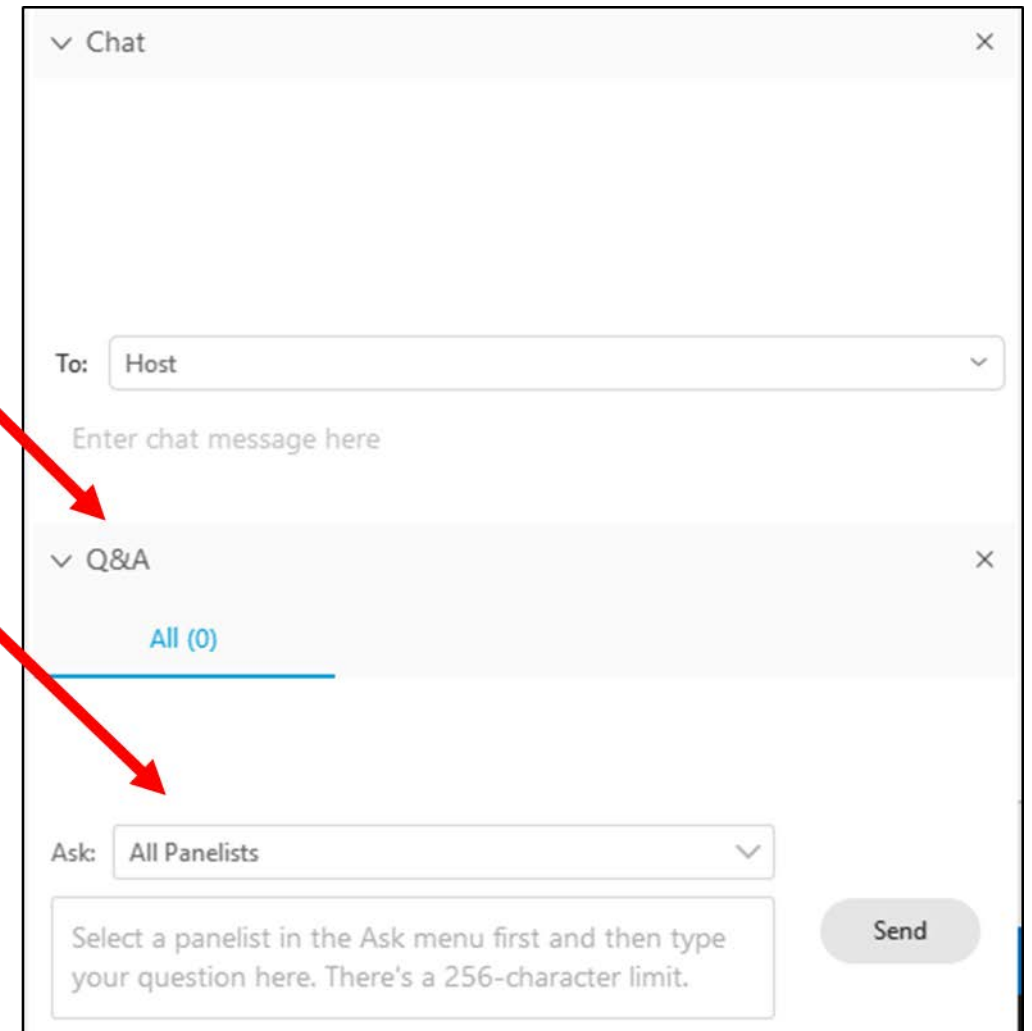
Questions

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# 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



The screenshot shows a chat window titled "Chat" with a close button (X) in the top right. Below the title bar is a "To:" dropdown menu currently set to "Host". Underneath is a text input field with the placeholder "Enter chat message here". A "Q&A" pod is visible, containing a "Q&A" title with a dropdown arrow and a close button (X), and a sub-section titled "All (0)". Below the Q&A pod is an "Ask:" dropdown menu currently set to "All Panelists". At the bottom of the chat window is a text input field with the placeholder "Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit." and a "Send" button.

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# Announcements and Next Steps



# Announcements and Next Steps

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- **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)

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- **Postpartum Care Affinity Group Fact Sheet available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ppc-affinitygroup-factsheet.pdf>**
- **Postpartum Care Affinity Group EOI forms are due March 12, 2021 8:00 p.m. ET.**
- **EOI forms are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ppc-affinitygroup-eoiform.pdf>**

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**Please complete the evaluation as you exit the  
webinar.**

**If you have any questions, please email:  
[MACQualityImprovement@mathematica-mpr.com](mailto:MACQualityImprovement@mathematica-mpr.com)**

**Thank you for participating!**