State Medicaid and CHIP Improving Postpartum Care Driver Diagram and Change Ideas

Background

A driver diagram shows the processes or systems that affect the aim of your quality improvement (QI) project and determine what you need to do or manage to improve outcomes. Use the state Medicaid and CHIP (MAC) improving postpartum care driver diagram on the next slide to plan your state postpartum care-related quality improvement project. Here are some suggestions to begin:

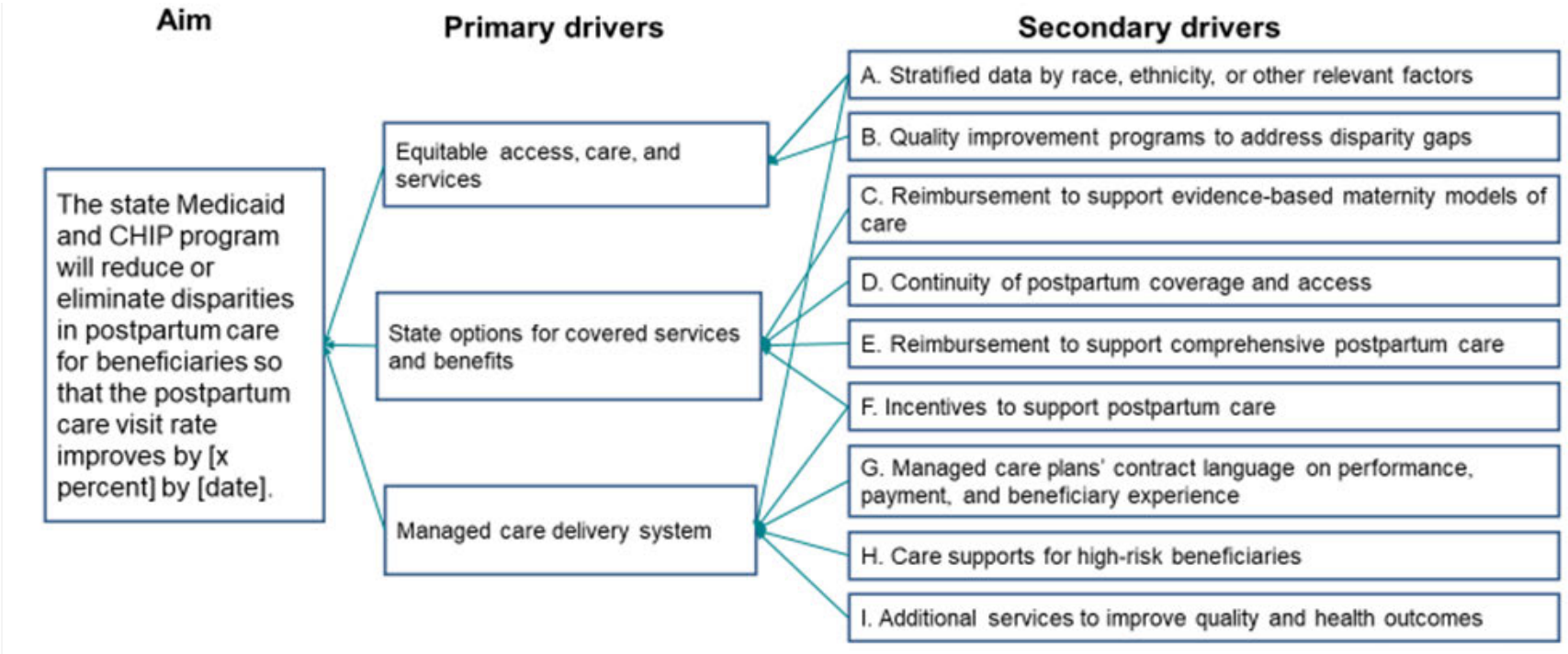
- Develop an aim statement for your state's postpartum care-related QI work. A good aim statement is specific, measurable, and answers the questions, "For whom, how much, and by when?" It should be brief, easy to understand, and should not include background or side issues. An example aim statement is given on the driver diagram.

- Add primary drivers. Primary drivers are the high-level processes, structures, or norms in the system that must change to achieve your aim. While all the primary drivers are necessary to achieve your aim, begin your QI project by just focusing on one or two primary drivers and then expand your activities over time to address the other drivers.

- Add secondary drivers. Secondary drivers expand an understanding of the primary drivers and are action oriented, addressing the places, steps in a process, time-bound moments, or norms where changes are made to bring about improvement. Secondary drivers will help lead you to testable change ideas.

- Develop change ideas tables. Change ideas describe the specific, testable actions that can be taken to impact the secondary driver, the related primary driver, and achieve your aim. Change ideas should be evidence- or experience-based. The change ideas on the following tables were gathered from research, case studies, expert opinions, and other resources. Where available, the resources have been referenced. Short descriptions accompany Medicaid program specific experiences. Where no reference has been provided, the change idea comes from subject matter experts consulted to develop this driver diagram.

Figure. State Medicaid and CHIP Program Improving Postpartum Care Driver Diagram



This driver diagram has the following relationships:

- Aim Statement: The State Medicaid and CHIP program will reduce or eliminate disparities in postpartum care for beneficiaries so that the postpartum care visit rate improves by [x percent], by [x date] within [x number of years]. The aim statement is affected by three primary drivers. Each primary driver is affected by several secondary drivers.
    - Primary Driver 1: Equitable access, care, and service. This primary driver is affected by two secondary drivers:
        - Stratified data by race, ethnicity, or other relevant factors
        - Quality improvement programs to address disparity gaps
    - Primary Driver 2: State options for covered services and benefits. This primary driver is affected by four secondary drivers:

- Reimbursement to support evidence-based maternity models of care
- Continuity of postpartum coverage and access
- Reimbursement strategies to support comprehensive postpartum care
- Incentives to promote postpartum visits

- Primary Driver 3: Managed care delivery system. This primary driver is affected by five secondary drivers:
  - Stratified data by race, ethnicity, or other relevant factors
  - Incentives to promote postpartum visits
  - Managed care plans' contract language on performance, payment, and beneficiary experience
  - Care supports for high-risk beneficiaries
  - Additional services to improve quality and health outcomes

Table: State Medicaid and CHIP Program Improving Postpartum Visits Change Ideas

Secondary Driver **A. Stratified data by race, ethnicity, or other relevant factors.** Aggregate performance measures can mask disparities. To address disparities in postpartum care, Medicaid and CHIP programs and managed care plans should stratify data (e.g., by race/ethnicity, rural/urban, and/or other relevant characteristics) to facilitate QI development and ongoing monitoring.	
Change Activity	**Evidence, Resources, & Case Studies**
A1. Require fee-for-service and managed care plans (MCPs) to report postpartum care visit rates stratified by race, ethnicity, and other characteristics as appropriate	**Michigan Medicaid** requires its Medicaid MCOs to submit an annual Medical Health Equity report that shows yearly audited rates for 13 HEDIS measures stratified by race/ethnicity. **Resources:** • Racial and Ethnic Disparities in Obstetrics and Gynecology ACOG • Quality Improvement Approach to Eliminate Disparities in Perinatal Morbidity and Mortality

Secondary Driver **B. Quality improvement to address disparity gaps.** Closing disparities gaps may require unique interventions that consider specific subpopulation determinants and beneficiary perspectives.	
Change Activity	**Evidence, Resources, & Case Studies**
B1. Develop targeted improvement plans to close disparity gaps in postpartum care visit rates	**Virginia Medicaid** was part of executive leadership engagement with a cross section of community leaders and partners to inform the Virginia Maternal Health Strategic Plan which includes a range of strategies to address social determinants of health to reduce disparities and enhance Medicaid program supports. **Resources:** • Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities
B2. Connect to wisdom and lived experience of beneficiaries who will benefit the most from closing the gap	**Minnesota Medicaid** established the Integrated Care for High-Risk Pregnancies (ICHRP) initiative to reduce disparities among pregnant African American beneficiaries. To identify barriers and solutions, Minnesota Medicaid funded a community-led advisory board that facilitated conversations with birthing people experiencing gaps in care and leveraged partnerships to mitigate barriers to care. **Resources:** • Understanding Factors Associated with Postpartum Visit Attendance and Contraception Choices: Listening to Low-Income Postpartum Women and Health Care Providers

Secondary Driver

C. Reimbursement to support evidence-based maternity models of care. Medicaid and CHIP program health care service coverage requires supportive reimbursement.

Change Activity	Evidence, Resources, & Case Studies
C1. Reimbursement strategies to support the delivery of group care visits and team-based care maternity models of care.	**Montana Medicaid** reimburses group prenatal care delivered through the Promising Pregnancy Care (PPC) program developed in partnership with public health. Services are provided by physicians or mid-level providers and classified as a preventive service. **South Carolina Medicaid** reimburses for the CenteringPregnancy model of group prenatal care. A study including SC Medicaid demonstrated program impact. **Resources**: • The Effects of CenteringPregnancy Group Prenatal Care on Postpartum Visit Attendance and Contraception Use • Group Prenatal Care Results in Medicaid Savings with Better Outcomes: A Propensity Score Analysis of CenteringPregnancy Participation in South Carolina
C2. Increase reimbursement for midwives and birthing centers	**Arizona** Medicaid reimburses licensed midwives at 90% of physician rate **Maryland** certified nurse midwives are eligible providers for value-based purchasing and are reimbursed at parity with physician rates **Resources:** • Midwifery and Birth Centers Under State Medicaid Programs: Current Limits to Beneficiary Access to a High-Value Model of Care • Comparison of Midwifery and Obstetric Care in Low-Risk Hospital Births
C3. Benefits and reimbursement for doula care during prenatal, labor and delivery, and postpartum periods	**New Jersey Medicaid** offers doula care as a maternity benefit and enrolls doulas as eligible Medicaid/NJ Family Care providers. **Resources:** • Community-Based Models to Improve Maternal Health Outcomes and Promote Health Equity • Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries
C4. Reimbursement strategies to encourage maternity care coordination	**Wisconsin Medicaid and CHIP** Obstetric Medical Home Initiative aims to improve care coordination for prenatal and postpartum beneficiaries **North Carolina Medicaid** Pregnancy Medical Home improves perinatal care and birth outcomes of beneficiaries in partnership with Community Care of North Carolina, local health departments and providers. **Resources:** • Introduction to telehealth for maternal health services | Telehealth.HHS.gov • Implementing Telehealth in Practice | ACOG

Secondary Driver

D. Continuity of postpartum coverage and access. There is evidence to show that extending postpartum coverage helps to address ongoing medical, mental health, and social needs and improves health for postpartum people.

Change Activity	Evidence, Resources, & Case Studies
D1. Extend pregnancy Medicaid coverage for 12 months after delivery	**Arizona Medicaid** extended postpartum coverage to 12 months to Medicaid-eligible pregnant individuals under the state plan option. **Illinois Medicaid** extended full Medicaid benefits from 60 days to 12 months to reduce the rate of maternal morbidity and mortality and address health disparities, particularly for black individuals during the postpartum period. **Missouri Medicaid** extended Medicaid postpartum coverage to 12 months for postpartum beneficiaries in need of services for substance use, allowing continuity of coverage to receive substance use and mental health services for one year postpartum. **Resources:** • Improving Maternal Health and Extending Postpartum Coverage in Medicaid and the Children's Health Insurance Program (CHIP) • Effects Of Medicaid Expansion On Postpartum Coverage And Outpatient Utilization • Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies
D2. Identify and streamline administrative barriers to coverage and re-enrollment	**Illinois Medicaid** addresses barriers associated with churning, postpartum coverage and presumptive eligibility through the Continuity of Care & Administrative Simplification 1115 Waiver. **Resources:** • Medicaid and Children's Health Insurance Program (CHIP) Renewal Requirements

Secondary Driver

E. Reimbursement strategies to support comprehensive postpartum care. Medicaid and CHIP programs and managed care organizations can use reimbursement strategies to improve postpartum care.

Change Activity	Evidence, Resources, & Case Studies
E1. Provide reimbursement for postpartum depression screening, including in pediatric visits	**Illinois Medicaid** provides reimbursement for depression screenings on prenatal and postpartum beneficiaries, up to one year after delivery. Screenings may be conducted during prenatal or postpartum visits, or during an infant well-child or episodic visit. Providers can bill for repeat screenings of the same member during the pregnancy or postpartum period. **Minnesota Medicaid** provides reimbursement for optional maternal depression screening during well child visits from delivery to 12 months postpartum. **Resources** • Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice • Identifying Maternal Depression in Pediatric Primary Care: Changes Over a Decade

Secondary Driver

E. Reimbursement strategies to support comprehensive postpartum care. Medicaid and CHIP programs and managed care organizations can use reimbursement strategies to improve postpartum care.

Change Activity	Evidence, Resources, & Case Studies
E2. Provide separate payment for post-delivery placement of LARCs	**Washington Medicaid** increased provider payments for the provision of LARC and added a separate payment for immediate postpartum LARC insertion in 2015. These reimbursement policy changes led to a significant increase in the use of LARC in the postpartum period between 3-60 days after delivery.

Secondary Driver

F. Incentives to promote postpartum visits. Incentives can motivate change and be used to support improvements in postpartum visit attendance.

Change Activity	Evidence, Resources, & Case Studies
F1. Implement provider payment incentives tied to increases in postpartum care visits	**North Carolina Medicaid** provides financial incentives to practices for postpartum follow-up and use of standardized screening tools in the Pregnancy Management Program. **Resources:** • Lessons Learned About Payment Strategies to Improve Postpartum Care in Medicaid and CHIP • Delivery and Payment Redesign to Reduce Disparities in High-Risk Postpartum Care
F2. Provide incentives for Managed Care Plans to improve postpartum care visits	**Wisconsin Medicaid and CHIP** Obstetric Medical Home Initiative provides care coordination and home visiting services via HMO coordination for high-risk pregnant beneficiaries, specifically those who are homeless, youth, African American, have a pre-existing chronic condition, or have a prior poor birth outcome through 2 years postpartum includes incentives for HMOs.
F3. Implement beneficiary incentives to increase postpartum care visits	**Indiana Medicaid** CareSource "Babies First" member rewards program incentivizes regular prenatal and postpartum care by providing gift cards. Each member could earn up to $350 for attending all recommended visits and services. **Wisconsin Medicaid** created an intensive outreach program for pregnant members, including educational materials, a brief telephonic health assessment, and assistance in scheduling prenatal, postpartum, or other care visits. The program distributed $25 gift cards for prenatal visits and for visits 21-56 days postpartum. Members could also enroll in $100 cash raffles for attending additional prenatal care visits and signing healthy living pledges.

Secondary Driver

G. Managed care plan contract language on performance, payment, and beneficiary experience. Medicaid and CHIP programs and managed care organizations can use contracts to improve postpartum care.

Change Activity	Evidence, Resources, & Case Studies
G1. Include language specifying performance expectations, payment, and beneficiary experience in MCP contracts.	**Louisiana Medicaid** includes requirements to address maternal morbidity and mortality in its model contract. **Utah Medicaid** contracts with MCPs Health Choice of Utah Inc, University of Utah Health Plans, and Select Health which under the Medicaid Prenatal Initiative Program requires plans to provide prenatal and postpartum comprehensive services such as care coordination, home visits, group education, nutrition counseling, psychological counseling, and transportation.
G2. Publicly report MCP performance on postpartum care quality measures.	**Maryland Medicaid** publicly reports and provides financial incentives and disincentives based on HEDIS results for key quality measures including postpartum care.

Secondary Driver

H. Care supports for high-risk postpartum beneficiaries. Care and case management identify and resolution of unique beneficiary needs, including connection to existing Medicaid and CHIP and community services**.**

Change Activity	Evidence, Resources, & Case Studies
H1. Approve definition of and process for identification of high-risk birthing people.	**Indiana Medicaid** managed care partner, CareSource, uses the PRAPARE assessment to identify members' social needs and offers case management to all pregnant and postpartum members. The CareSource Life Services program provides individualized risk assessment and coaching assistance to address health and social obstacles, including barriers to employment. Life coaches are available for postpartum beneficiaries for 24 months.
H2. Provide care management for beneficiaries at high risk in fee-for-service and managed care programs.	**Florida Medicaid** includes contract language for implementation of health risk assessments and coordination with Healthy Start programs, in addition to promoting comprehensive postpartum care.

Secondary Driver I. Additional services to improve quality and health outcomes	
Change Activity	**Evidence, Resources, & Case Studies**
I1. Incorporate additional support services such as home visitors, community health workers, and transportation	**New York Medicaid** includes specification for transportation, social needs coverage, and provision of home health services for pregnant and postpartum beneficiaries with high-risk conditions Medicaid Managed Care/ Family Health Plus/HIV Special Needs Plan/Health and Recovery Plan Model Contract.

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