



The Coverage Learning Collaborative

**Improving Maternal Health and Extending Postpartum
Coverage in Medicaid and the Children's Health
Insurance Program (CHIP)**

December 16, 2021, 3:30-5:00 pm ET

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- **Support states in understanding the eligibility, benefit requirements, and operational considerations for implementing the time-limited, new state plan option to provide 12 months of extended postpartum coverage.**
- **Serve as a supplementary resource to the CMCS Medicaid and Children's Health Insurance Program (CHIP) State Health Official (SHO) letter and frequently asked questions document.**
- **Provide tools to support state efforts to drive improvements in health outcomes and address the drivers of maternal morbidity.**



Context Setting

Opportunity to Reduce Pregnancy-Related Deaths, Improve Quality of Care and Address Health Disparities

The new extended postpartum coverage option offers states an opportunity to provide care that can reduce pregnancy-related deaths and severe maternal morbidity and improve continuity of care for chronic conditions such as diabetes, hypertension, cardiac conditions, substance use disorder, and depression.



- Medicaid is the largest single payer of births, covering **over 42%** of births nationally.¹
- **More than 50%** of pregnancy-related deaths occur during the postpartum period and **12%** occur after six weeks postpartum.²
- Black and American Indian/Alaska Native individuals are **up to 5 times more likely** than white individuals to die from pregnancy-related complications and more likely to have a preventable death.²
- Black individuals who had gestational diabetes were found to have among the **lowest postpartum diabetes screening rates** despite having the highest risk for progression to chronic diabetes.³
- Individuals who are Black or Hispanic, have a lower level of education, and those with co-existing morbidities such as mental health conditions also have **lower rates of postpartum care.**⁴

Overview of ARP 12-Month Postpartum Extension Option

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Sections 9812 and 9822 of the American Rescue Plan Act of 2021 (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 on April 1, 2022 and is currently limited to a 5-year period from that date.



12 Months of Postpartum Coverage: Individuals 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: Individuals eligible for extended postpartum coverage are entitled to continuous eligibility through the last day of the month in which the 12-month postpartum period ends.



Benefits: States must provide full benefit coverage.

Extended Postpartum Coverage Option

Background: Pre-ARP Coverage Options for Pregnant individuals Enrolled in Medicaid

Medicaid

- Many pregnant individuals qualify for Medicaid through the pregnant eligibility group under 42 CFR 435.116.
- Pregnant individuals may also qualify on another basis, such as a parent or caretaker relative, having a disability, or as medically needy.
- Pregnant Medicaid enrollees are:
 - Currently eligible through the end of the month in which the 60-day period, beginning on the last day of pregnancy, ends; and
 - Entitled to continuous eligibility, regardless of the eligibility group in which they are enrolled and changes in income.
- States have flexibility to provide individuals enrolled in the group for pregnant individuals with:
 - Full Medicaid coverage; or
 - Only pregnancy-related services to individuals enrolled in the group with income above a specified income limit.

Background: Pre-ARP Coverage Options for Pregnant Individuals Enrolled in CHIP

CHIP

- A targeted low-income child who is pregnant can receive prenatal and postpartum coverage along with other child health assistance through CHIP.
- States have the option to provide CHIP coverage to:
 - Targeted low-income pregnant individuals through the end of the 60-day postpartum period; and
 - “Unborn children” who meet other applicable eligibility criteria for coverage under the CHIP state plan, thereby providing coverage to pregnant individuals who themselves are not eligible for Medicaid or CHIP.
- States must provide a comprehensive benefit package consistent with the options outlined in Section 2103(a) of the Act for pregnant individuals enrolled in CHIP, such as secretary approved or benchmark coverage.
- For individuals receiving pregnancy-related care who may not otherwise be eligible for Medicaid or CHIP, postpartum care is limited to services covered in a bundled payment or a CHIP health services initiative (HSI) if the mother does not meet eligibility criteria consistent with section 2112(f)(2) of the Act.

New Extended Postpartum Coverage Option for Medicaid and CHIP

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In states that elect the extended postpartum coverage option, enrollees who are eligible for and enrolled in Medicaid or CHIP while pregnant are eligible for full benefit Medicaid or CHIP coverage for the remainder of their pregnancy and the duration of the extended postpartum period, including eligible pregnant and postpartum individuals enrolled on the SPA effective date.*



- If a state elects to cover extended postpartum coverage under Medicaid, it must provide extended postpartum coverage to CHIP enrolled children or pregnant individuals.
- The 12-month postpartum period:
 - **Begins** when their pregnancy ends.
 - **Ends** at the end of the month of the 12-month postpartum period.
- Postpartum coverage (including the 12-month extension) is available to individuals regardless of how the pregnancy ends.
- Under the state plan, states may not offer postpartum coverage for a period less than 12 months.

- States **must provide extended coverage to individuals who were pregnant and received Medicaid/CHIP covered services.** For Medicaid, this also applies to individuals who were pregnant and received Medicaid-covered services during a **period of retroactive eligibility.**
- States **may not provide extended coverage to individuals who were not enrolled in Medicaid or CHIP in the state during the pregnancy** under this option.

*The 12-month extended postpartum coverage option under section 2107(e)(1)(J) of the Act is only available to “targeted low-income children” who are pregnant or “targeted low-income pregnant women.” Pregnant individuals receiving CHIP services who do not meet the definition of either targeted population may not receive extended postpartum coverage under the ARP option.

Postpartum Coverage for Pregnant Individuals Enrolled in Any Eligibility Group

- Similar to the current 60-day postpartum period, the extended postpartum coverage option under the state plan is available to pregnant individuals enrolled in any categorically or medically needy eligibility group (e.g., children, parents/caretaker relatives, people with disabilities).
- States that elect the ARP state plan option must ensure they are able to provide continuous extended postpartum coverage to individuals enrolled in Medicaid and CHIP on a basis that is not related to pregnancy status but who report a pregnancy or whom the state identifies as pregnant (e.g., based on payment for prenatal care or labor and delivery).

Continuous Eligibility



Pregnant individuals who are eligible for extended postpartum coverage in Medicaid and CHIP:

- Are entitled to continuous eligibility through the last day of the month in which the 12-month postpartum period ends; and
- Remain eligible regardless of changes in circumstances that may affect eligibility such as a change in income, household composition, or categorical eligibility (e.g., reaching an age milestone).



Exceptions to continuous eligibility during postpartum coverage extension period include:

- The individual requests voluntary termination;
- The individual ceases to be a state resident;
- The agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the individual; or
- The individual dies.

During pregnancy and the extended postpartum period, individuals may not be disenrolled:

- From Medicaid or CHIP for non-payment of premiums;
- From CHIP, when the individual becomes Medicaid eligible.

States electing the extended postpartum coverage option must provide full benefits to all pregnant and postpartum individuals.

Pre-ARP State Option

- In the pregnant person eligibility group, nearly all states offer full Medicaid benefits to all enrollees, since they consider all necessary services to be pregnancy-related services.
- Some states provide only pregnancy-related services to somewhat higher-income pregnant and postpartum people enrolled in the pregnant eligibility group.

Under ARP State Option

- **Change in benefits:** States that provide only pregnancy-related services will need to provide full benefits to all pregnant enrollees and enrollees covered during the 12-month postpartum period. To make this change, states would submit a SPA to update the pregnancy group to select full benefits.
- **Adult group enrollees who become pregnant:** The Alternative Benefit Plan is considered full benefits for purposes of the 12-month postpartum option.

No Changes to Benefits Under ARP State Option

- The state must continue to provide the same scope of child health assistance and pregnancy-related assistance during the 12-month-postpartum period.
- At a minimum, states must continue to provide comprehensive benefits during the pregnancy and postpartum period consistent with the benefit coverage option elected in the CHIP state plan, such as benchmark or Secretary-approved coverage.
- States may elect to provide a more generous coverage option during the 12-month postpartum period.

Populations Eligible for Extended Postpartum Coverage on the Effective Date of SPA



- Current enrollees who are pregnant as of the effective date of the SPA or who enroll based on pregnancy or become pregnant after the SPA is effective;
- Current enrollees who were receiving Medicaid or CHIP while pregnant who are no longer pregnant when the SPA becomes effective, but who are still within a 12-month postpartum period; and,
- Individuals who apply for Medicaid after their pregnancy ends but who received Medicaid-covered services in the state while pregnant on or after the effective date of the SPA if such services were received during a period of retroactive eligibility granted under section 1902(a)(34) of the Act and 42 C.F.R. § 435.915(a).

Individuals who are in their postpartum period while enrolled on the SPA effective date will get the remainder of the 12-month postpartum period.

Scenario 1: Pregnant Individual Applies for Coverage and is Eligible under Medicaid Pregnant Eligibility Group



Maria

Maria's Profile

- Maria is 32 years old with income at 130% of the FPL.
- Maria is 3 months pregnant in May 2022 and applies for and is enrolled in the Medicaid pregnant person eligibility group.
- Maria's pregnancy ends on the last day of November 2022.
- Prior to the ARP state option, Maria's postpartum period would have ended on January 31, 2023.

ARP State Option

- State has adopted the 12-month-postpartum coverage option, effective April 2022.
- The state must provide Maria continuous, full Medicaid coverage for the remainder of her pregnancy and through end of the month in which her 12-month postpartum period ends, which is November 30, 2023.

Year:	2022										2023											
Month:	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
Current State		 Applies for and enrolls in coverage 						 Pregnancy ends 		 Postpartum period ends 												
ARP State Option		 Applies for and enrolls in coverage 						 Pregnancy ends 													 Postpartum period ends 	

Scenario 2: Individual Received Medicaid Services, Met Medicaid Eligibility Requirements While Pregnant During a Period of Retroactive Eligibility and is Eligible for 12-month Postpartum Coverage



Ava

Ava's Profile

- Ava was pregnant and her pregnancy ended on May 15, 2022.
- Ava submits a Medicaid application with an income of 130% FPL on June 15, 2022.

ARP State Option

- State has adopted the 12-month postpartum coverage option, effective April 2022.
- State determines that Ava was pregnant, received Medicaid services, and would have been eligible for Medicaid during her retroactive period had she applied.
- The state must provide Ava continuous coverage through end of the month in which her 12-month postpartum period ends, which is May 31, 2023.

Year:	2022									2023						
Month:	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	
ARP State Option	 Pregnancy ends	 Enrolls in Medicaid coverage												 12-month postpartum period ends		

Retroactive period

Scenario 3: Individual Applies for Medicaid After the Pregnancy Ends and is Not Eligible for 12-month Postpartum Coverage





Sam

Sam's Profile

- Sam's pregnancy ends on September 15, 2022.
- Sam submits a Medicaid application in January 2023, four months after the pregnancy ended.
- State does not find Sam eligible for Medicaid or CHIP under any eligibility group.

ARP State Option

- State has adopted the 12-month postpartum coverage option, effective April 2022.
- The state Medicaid agency determines that Sam is not eligible for coverage under any eligibility group and is not eligible for the 12-month postpartum coverage period because Sam was not eligible for and enrolled in Medicaid while pregnant.
- The state Medicaid agency sends Sam's eligibility information to the Federal Facilitated or State-Based Marketplace for an eligibility assessment/determination of other insurance affordability programs.

Year:	2022							2023						
Month:	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
ARP State Option				 <i>Pregnancy ends</i>				 <i>Applies for and is not eligible for coverage</i>						

Scenario 4: Individual Entitled to an Additional 12-month Postpartum Period if They Become Pregnant During Initial 12-month Postpartum Period

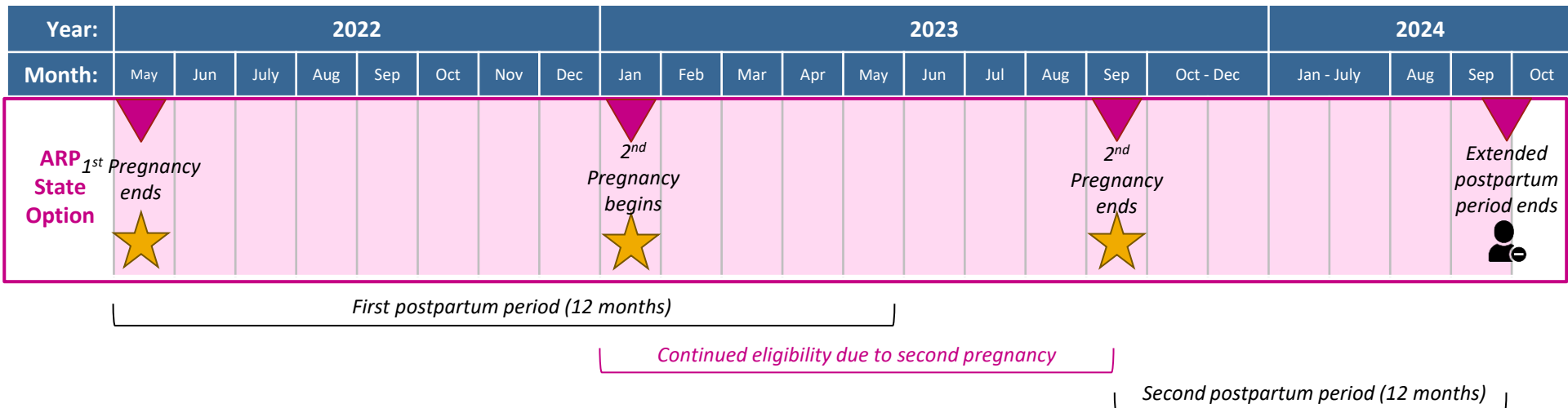


Emily's Profile

- Emily is 17 years old and enrolled in CHIP as a targeted low-income child as of April 2022.
- Emily's first pregnancy ends in May 2022, and Emily becomes pregnant again in January 2023.
- Emily's second pregnancy ends in September 2023.

ARP State option

- State has adopted the 12-month postpartum coverage option, effective April 2022.
- Because Emily is pregnant when her first 12-month postpartum period expires at the end of May 2023, the state must continue providing Emily full CHIP coverage through the end of the second pregnancy and the 12 months following, which is September 30, 2024.



Scenario 5: Pregnant Individual Enrolled in Medicaid on Effective Date of the ARP SPA is Eligible for 12-month Postpartum Extension








Julie

Julie's Profile

- Julie is a 29-year-old pregnant individual enrolled in the Medicaid pregnant person eligibility group.
- Julie's pregnancy ended on February 15, 2022. Prior to the 12-month postpartum coverage option, Julie's postpartum coverage would have ended on April 30, 2022.

ARP State Option

- State has adopted the 12-month postpartum coverage option, effective April 2022.
- The state must provide Julie continuous coverage through end of the month in which the 12-month postpartum period ends, which is February 28, 2023.

Year:	2021		2022												2023		
Month:	Nov	Dec	Jan	Feb	Mar	Apr*	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
ARP State Option				 Pregnancy ends 		 Initial postpartum period ends											 Extended postpartum period ends 

* ARP State Plan Option effective

Eligibility Requirements for Postpartum Extension for Individuals Who are Lawfully Present (Including When Subject to the 5 Year Bar)

Pregnant Individuals Covered Under the CHIPRA 214 Option

- Sections 1903(v)(4)(A) and 2107(e)(1)(O) of the Social Security Act provide states the option to provide full Medicaid and CHIP coverage to lawfully residing children and pregnant individuals, if they meet all other eligibility requirements under a state's program, commonly referred to as "CHIPRA 214."
- The extended postpartum coverage option applies to individuals who receive Medicaid or CHIP under the CHIPRA 214 option.

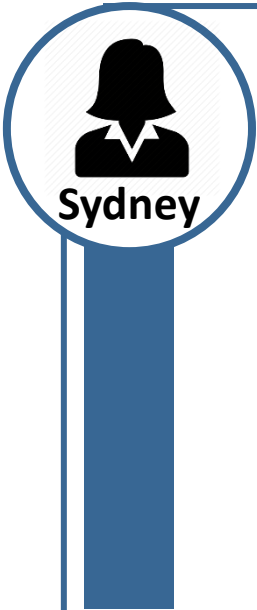
Renewal Process



For most individuals, the 12-month postpartum period will end after their regularly-scheduled renewal date.

- Because individuals receiving extended postpartum coverage are continuously eligible, Medicaid and CHIP agencies do not need to complete renewals otherwise due or redeterminations based on changes in circumstances until the end of the extended postpartum period.
- Individuals remain in the eligibility group in which they are enrolled during pregnancy through the end of the 12-month postpartum period when a renewal is completed at the end of the postpartum period.
- The agency must conduct the outstanding renewal at the end of the individual's extended 12-month postpartum period and, in Medicaid, determine eligibility on all bases prior to transitioning the individual to a group with limited coverage or determining an individual ineligible and terminating coverage.

Scenario 6: Renewal Timeline for Individuals Eligible for 12-month Postpartum Coverage






Sydney's Profile

- Sydney is a 35-year-old person who applies for and enrolls in the Medicaid eligibility group for pregnant individuals on June 1, 2022.
- Sydney's pregnancy ends on December 15, 2022.

ARP State Option

- State has adopted the 12-month postpartum coverage option, effective April 2022.
- There is no need for a regular redetermination prior to the end of Sydney's extended 12-month postpartum period.
- Because the state will conduct her renewal at the end of the postpartum period, she remains enrolled in the eligibility group in which she was enrolled during pregnancy through the end of the 12-month postpartum period, December 31, 2023.
- The agency must conduct the renewal at the end of Sydney's extended 12-month postpartum period.

Year:	2022							2023												2024	
Month:	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	
<p>ARP State Option Applies for and is enrolled in coverage</p> 							<p>Pregnancy ends</p> 						<p>12-month eligibility period would have normally ended; no renewal needed at this time</p>								<p>Continuous postpartum period ends, and state completes renewal</p> 

FMAP Claiming

FMAP for “Newly Eligible” Individuals Receiving Extended Postpartum Coverage

States can claim increased FMAP for newly eligible individuals, enrolled in the adult group, who receive 12-month postpartum coverage.

In addition, states can use a proxy methodology to claim increased FMAP for the proportion of individuals covered under extended postpartum coverage who would have been determined as newly eligible in the adult group after the 60-day period if the state did a redetermination at that time.



FMAP SPA: States that adopt the 12-month postpartum coverage option and intend to claim the increased FMAP for newly eligible individuals using a proxy methodology must submit an amendment to their FMAP SPA.



- The postpartum period proxy methodology must:**
- Identify the basis that would make an individual eligible for the adult group and considered newly eligible;
 - Provide criteria as an adjustment to the total expenditures for the individuals obtaining 12-month postpartum coverage; and
 - Be auditable and be based on statistically valid data.

CMS will provide technical assistance to states on the development of the proxy methodology, the FMAP SPA amendment process, and implementation considerations.

State Plan Amendment Submission

State Plan Amendment (SPA) Submission

States that elect to provide extended postpartum coverage must submit SPAs for CMS review to document the authority in Medicaid and CHIP. The SPA templates are currently under development and their release is forthcoming. In order to elect the option states must:



Medicaid: Submit a Medicaid SPA through MACPro to extend postpartum coverage under Medicaid. States that provide only pregnancy-related services will also need to submit a SPA to select full benefits in the pregnancy group.

CHIP: Submit a CHIP SPA in the Medicaid Model Data Lab (MMDL) to extend postpartum coverage to targeted low-income children who are pregnant and/or targeted low-income pregnant women covered in a separate CHIP (as applicable).

- States may submit SPAs with proposed effective dates no earlier than April 1, 2022.
- States are strongly encouraged to maintain their SPA through March 2027, when the current statutory authority for extended postpartum coverage expires.
- CMS will work with states to identify other options to maintain extended postpartum coverage if the statutory authority to extend coverage is not reauthorized.
- States may contact their Medicaid state lead for technical assistance to complete the Medicaid SPA and their CHIP project officer for technical assistance to complete the CHIP SPA.

Measuring and Monitoring the Improvement of Maternal Health

Extended Postpartum Coverage Option Provides Opportunity to Improve Maternal Health

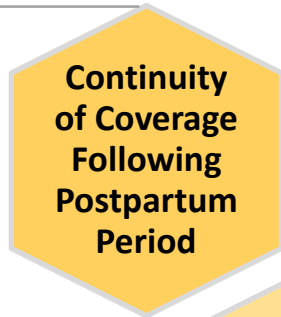


- Extended postpartum coverage has the potential to improve postpartum care and advance equity in health outcomes.
- To maximize the impact, it will be critical for states to:
 - Measure and monitor utilization and quality of care in the postpartum period; and
 - Work with health plans, providers, and other stakeholders to improve maternal health.
- Drawing on the experiences of other states, CMS has developed a number of tools and strategies that states can employ to improve maternal health.

Opportunities to Improve Maternal Care During Postpartum Period

Care during the postpartum period involves not just a single visit but a series of encounters and a range of services tailored to the needs of the enrollee.

Providers can help individuals retain coverage under Medicaid or CHIP or successfully transition to other coverage at the end of the postpartum period.



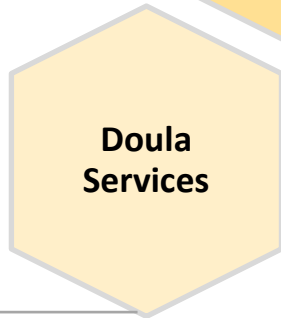
Building on person-centered models of perinatal care can support individuals in the prenatal, delivery, and postpartum periods.

Postpartum visits are time for providers to counsel individuals on nutrition, breastfeeding, tobacco cessation, and other preventive health issues.



High quality, comprehensive postpartum care can address chronic health conditions, mental health and psychological well-being, and family planning.

Doula support is associated with improved health outcomes including decreased likelihood of postpartum depression and near-universal breastfeeding among low-income individuals. ¹



The American College of Obstetricians and Gynecologists recommends that all postpartum individuals have contact with their health care providers within the first 3 weeks after delivery followed by individualized ongoing care as needed. ²

Source: 1. Bigby, JudyAnn, et al. Recommendations for Maternal Health and Infant Health Quality Improvement in Medicaid and the Children's Health Insurance Program. Centers for Medicare & Medicaid Services, December 18, 2020, available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-expert-workgroup-recommendations.pdf>; 2. American College of Obstetricians and Gynecologists. ACOG Opinion Number 736. "Optimizing Postpartum Care." *Obstetrics & Gynecology*, vol. 131, no. 5, 2018, pp. e140–e150, available at <https://pubmed.ncbi.nlm.nih.gov/29683911/>

Maternity Core Set

To support states in their maternal, perinatal, and infant health-focused quality improvement efforts, CMS identified the Maternity Core Set – a core set of 11 measures for voluntary reporting by state Medicaid and CHIP agencies.

The Maternity Core Set, which consists of seven measures from CMS’s Child Core Set and four measures from the Adult Core Set, is used by CMS to measure and evaluate progress toward improvement of maternal and infant health in Medicaid and CHIP.

Child Core Set

- Audiological Diagnosis No Later Than 3 Months of Age
- Live Births Weighing Less than 2,500 Grams
- Well-Child Visits in the First 30 Months of Life
- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Contraceptive Care—Postpartum Women Ages 15 to 20
- Contraceptive Care—All Women Ages 15 to 20
- Low-Risk Cesarean Delivery

Adult Core Set

- PC-01 Elective Delivery
- Prenatal and Postpartum Care: Postpartum Care
- Contraceptive Care—Postpartum Women Ages 21 to 44
- Contraceptive Care—All Women Ages 21 to 44

Maternal and Infant Health Initiatives

To improve access to and quality of care for pregnant and postpartum enrollees and their infants, CMS launched the Maternal and Infant Health Initiative (MIHI) in July 2014.



The MIHI is focused on driving improvement in three areas, each of which is associated with one or more Maternity Core Set measures:

1. Increase the use and quality of postpartum care visits;
2. Increase the use and quality of well-child visits; and
3. Decrease the rates of cesarean section births in low-risk pregnancies, defined as nulliparous (first-time pregnancies), term (37 or more weeks gestation), singleton (one fetus), vertex (head facing down in the birth canal) or “Nulliparous, Term, Singleton, Vertex (NTSV) births.”

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CMS also

- Designs and runs learning collaboratives, which combine webinars for all states featuring best practices and effective models of care with affinity groups that provide intensive quality improvement technical assistance to state teams committed to action in these areas. 2021 Learning Collaboratives include: [Postpartum Care](#) and [Infant Well-Child Visits](#). The Low-Risk Cesarean Delivery Learning Collaborative will be launching in early 2022.
- Publishes quality measures and other data and resource materials on [Medicaid.gov](#) for states to use in their quality improvement efforts.

For additional information please see the following resources on Medicaid.gov:

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>

Resources for Improving the Quality of Postpartum Care

[Medicaid and CHIP Beneficiary Profile: Maternal and Infant Health](#)

Overview of the demographics, health status, health outcomes, risk factors, and health care utilization among reproductive age women, women with a recent live birth, and infants covered by Medicaid and CHIP.

[Quality of Maternal and Perinatal Health Care in Medicaid and CHIP: Findings from the 2019 Maternity Core Set](#)

Information about performance on frequently-reported health care quality measures in the Maternity Core Set.

[Postpartum Care Learning Collaborative webinar recordings and slides.](#)

Series includes presentations from experts in the field and by state Medicaid and CHIP programs on strategies for states to improve the use of postpartum care, improve the continuity of coverage for postpartum women, and implement payment reform to incentivize changes in maternal health care practice.

[Issue Brief: Lessons Learned About Payment Strategies to Improve Postpartum Care in Medicaid and CHIP](#)

This issue brief summarizes some of the lessons learned by states that participated in CMS' Postpartum Care Action Learning Series.

[Issue Brief: Improving Postpartum Care: State Projects Conducted through the Postpartum Care Action Learning Series and Adult Medicaid Quality Grant Program](#)

This issue brief presents profiles of state quality improvement projects focused on improving postpartum care and includes driver diagrams summarizing system components and activities that are associated with increasing the rate and quality of postpartum care visits.

[Resources on Strategies to Improve Postpartum Care Among Medicaid and CHIP Populations](#)

This document compiles strategies that have been shown to be effective to improve the postpartum care visit rate and the content of care.

Questions



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

If you have any updates to your contact information or would like more information about the Coverage LC, please contact MACLC@mathematica-mpr.com.