

HHS-CMS-CMCS

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Coordinator: Welcome, and thank you for standing by. At this time, I'd like to inform all participants that today's call is being recorded. If you have any objections, you may disconnect at this time. All lines have been placed in a listen-only mode for the duration of today's conference. I would now like to turn the call over to Ms. Jackie Glaze. Thank you, ma'am. You may begin.

Jackie Glaze: Thank you and good afternoon and welcome, everyone, to today's all-State call-in webinar. I'll now turn to Dan Tsai, our Center Director, for opening remarks. Dan?

Dan Tsai: Thanks, Jackie. Hi, everybody. We, as usual, have had a lot of discussions with folks on unwinding topics and have some additional ones scheduled very shortly. So, we have a short scheduled program for this all-State call, and then we'll open it up for State questions on unwinding or renewal-related questions and the like.

We'll start, though, with a look at a recent toolkit that we put out, Increasing Access, Quality, and Equity in Postpartum Care in Medicaid and CHIP.

Deirdre Stockman from our Division of Quality and our Children and Adult Programs Group, will walk through the toolkit. And it really focuses on - so we've had many discussions about 12-month postpartum coverage, of which we have the preponderance of States now having adopted that State plan option.

And we continue to look forward to supporting as many States as possible in taking up that option. But in addition, we really want to make sure and have worked in partnership with folks to make sure that in addition to coverage, there's high-quality postpartum care being delivered as well, and a range of strategies that can really support that.

So, Deirdre will walk through the toolkit. And as usual, we're reminding folks that we'll be using the webinar platform to share slides today. So, if you're not logged in, you can do so now to see the slides and submit questions in the chat during the presentation. So, with that, I'm going to turn it to Deirdre to walk through the postpartum toolkit, and then we'll turn it over to a broader set of questions that folks may have. Deirdre, thanks.

Deirdre Stockman: Thanks, Dan, and hello, everyone. It is an honor and privilege to have the opportunity to present an overview of our newly released toolkit on Increasing Access, Quality, and Equity in postpartum care in Medicaid and CHIP. I am presenting today on behalf of a wonderful team here at CMCS who have collaborated across space and time, likely with some of you or others in your State, with federal partners, and a big team of contractors and experts to compile what we hope will be a valuable resource to support your States' efforts to improve postpartum care and outcomes.

I do want to specifically acknowledge Kristen Zycherman, our Quality Improvement Technical Director and the lead for the Maternal and Infant

Health Initiative, who has shepherded this work over a number of years and who is on a well-deserved vacation this week. So, I am presenting in her stead. Next slide, please.

Oh, maybe one more. So, before I get into the details of the toolkit, let me just take a few minutes to center the importance of postpartum care for all birthing people and their infants. As you know, as you may know, well over half of pregnancy-related deaths occur in the postpartum period, as shown in that pie chart on the slide.

Pregnancy-related deaths are two to four times more common among Black, American Indian, Alaska Native, and Native Hawaiian or other Pacific Islander individuals than among their White counterparts. And pregnancy-related deaths are also nearly twice as common in the most rural counties as compared with more metro counties.

Most of those deaths can be prevented with timely, appropriate, person-centered care, along with other social supports. For example, the leading causes of death in the later postpartum period, meaning after six weeks, include treatable conditions, such as mental health conditions, cardiac and coronary conditions, including cardiomyopathy, blood clots, and infections.

And while maternal deaths are still, thankfully, relatively rare, so moving in the wrong direction, a large number of individuals experience severe morbidity during the postpartum period, which can have lasting effects on those individuals and their families. So, beyond working to prevent morbidity and mortality, the postpartum period can be a time to transition to ongoing care for chronic conditions. Next slide.

Why specifically do Medicaid and CHIP programs need to think about and

focus on postpartum care? As I'm sure you're aware, nearly two out of three adult women enrolled in Medicaid are of reproductive age. And Medicaid currently finances about 41% of births nationally. You hear that statistic from us a lot.

It actually went down 1% in our most recent numbers. But the map on this slide shows the variation in the share of births covered by Medicaid by State, which is up to 60% in some States, as I know many of you are well aware. The other data points on this slide are just a selection highlighting some of the variation we see from the data about postpartum care visits and specific services like depression screening.

You can see here that the rate of postpartum care visits in Medicaid health plans is below the average rate for commercial plans. And while we know that about 13% of postpartum individuals experience depression, we see a range in the percentage who report being screened for the condition postpartum.

We also see vast variation across race and ethnic groups with respect to follow-up care for individuals diagnosed with conditions like hypertension and gestational diabetes during pregnancy, which are associated with a higher incidence of chronic disease in the postpartum period.

And in quality improvement, data like this are an indispensable tool. They're a gift and a motivator. Looking at data like this nationally or within your State, helps us to identify not only where improvement is needed, but also that improvement is possible. And the data help point us to where we can learn, places where we can learn from that are doing well.

And that's exactly what the toolkit is designed to do, to help States more quickly identify the practices, activities that are associated with higher quality

postpartum care to help you implement them in your State. Next slide, please. The toolkit was - some of you may think, sorry, postpartum care is a single 10-minute visit around six weeks postpartum, but current clinical guidelines really describe a much more robust set of services in order to fully meet the complex needs of individuals after the birth of a child.

So, this includes, as highlighted in the slides, that all individuals have contact with their healthcare providers within the first three weeks postpartum. And then that initial visit should be followed up by more individualized ongoing care, including a comprehensive postpartum visit no later than 12 weeks after delivery, where part of the goal is to make sure that that individual is connected with ongoing primary preventive and chronic disease care.

And the scope of care in the postpartum period is very broad. It's more than recovery from childbirth. It should also include assessment of the physical, social, and psychological well-being of the individual, infant care and feeding, reproductive health, sleep and fatigue, chronic disease management, and more general health maintenance. All right, next slide, please.

The toolkit was informed by several years of CMS devoting resources to supporting States to improve postpartum care, which has allowed us to collect and compile the data and resources and best practices that you find in the toolkit. As a refresher, maybe for some of you, in 2014, we launched the Maternal Infant Health Initiative with two initial areas of emphasis, improving the rate of postpartum visits, and increasing use of effective methods of contraception.

These topics were identified and recommended by an expert work group at the beginning of the Maternal Infant Health Initiative. And then five years into the MIHI, as we sometimes call it for short, we've reconvened that work group to

examine our progress and to help identify new priorities. And that work group recommended three areas of focus that we've had since 2020.

Again, increasing the use, but also the quality of postpartum care, as well as decreasing rates of caesarean births in low-risk pregnancy, and increasing the use and quality of infant and small child visits. Through our Quality Improvement Technical Assistance Program, we provide support to States and their quality improvement partners, like health plans, other State agencies, external groups, provider groups, with the data, information, and tools you need to improve care and outcomes for Medicaid and CHIP beneficiaries.

We provide that support through webinars, through ad hoc individualized technical assistance, as well as through action-oriented affinity groups to help States develop and implement quality improvement projects and scale and spread what works.

On the next slide, you'll see that we have also, as you may have experienced, integrated some technical assistance on quality of postpartum care through calls with the many States who have taken up the option to extend postpartum coverage over the last couple of years.

We didn't want to miss an opportunity to feature this map, which it may even be outdated since a couple of days ago when we put it together because it continues to evolve. It's hard to keep up with all the great activity on postpartum coverage extension that many of you have undertaken.

Our hope with the technical assistance in general and this toolkit in particular, as well as other resources that I'll briefly highlight in a minute, is that we can help States realize the full potential of the coverage extension to have an impact on the health outcomes for postpartum individuals. And in order to

achieve that impact, we must ensure access to high-quality, comprehensive care that meets individual needs during this time.

On the next slide, we have one more slide in the activities that help inform the toolkit. We want to take a moment to acknowledge the nine States that participated in the postpartum care affinity group from April of 2021 through April of this past year in 2023. These States each designed and implemented quality improvement projects aimed at increasing postpartum visit rates and quality.

And the work that the States have done was highlighted in a webinar a couple of months ago. If you missed it this summer or would like to rewatch, it can be found on the postpartum care page on [medicaid.gov](https://www.medicicaid.gov), which we'll feature in just a moment. So, on the next slide. Now that you know a little bit more about the why, why we created the toolkit, and how it was informed by years of work with States on this topic, I'll give a quick walkthrough of the toolkit itself.

I want to certainly point out that the release of the toolkit is one of CMS's commitments as part of our cross-cutting initiatives around maternity care. And that initiative supports - and our maternity care action plan, supports the broader White House initiative to improve maternal health.

The toolkit overall catalogs policy, programmatic, and payment strategies to optimize postpartum care. It outlines lots of supporting federal authorities. It's not making any new policy, but bringing everything hopefully in one place as a useful resource for you.

Describes evidence-based strategies, identifies measurement approaches, and includes a handy checklist, which I'll show a clip of in just a moment to help

your State assess gaps and opportunities. Of course, it's available online. Well, I think everyone gets the slides, and hopefully, you've seen this link come across your email a couple of times where you can find the toolkit.

On the next slide, we try to organize the toolkit so that it would be easy to jump around and find something you might be looking for in particular, but of course, you can also sit down and read through the whole thing for inspiration. Section one is a brief section on how to use the toolkit and includes a strategy checklist, which is also available as a standalone PDF on the website, if you want to pull it out and use it as a resource on its own.

Section two highlights strategies to increase access to postpartum care. Examples of those strategies include, of course, improving coverage continuity, such as through the extension option, and improving the capacity of the healthcare system to support beneficiary engagement. Section three focuses on strategies to improve the quality of postpartum care.

Examples of those strategies include assessing payment arrangements and financial incentives, implementing managed care contracting strategies, and many, many strategies around addressing specific aspects of postpartum care outcomes. And section four focuses on strategies to address disparities in postpartum care.

Examples featured there include partnering with managed care plans to address disparities, and providing access to culturally-appropriate providers' information, and care. Finally, section five pulls it together with strategies to implement quality measurement and improvement approaches around each of these areas. Next slide, please.

So, as I mentioned, the first section includes a checklist, which, again, you can

download separately. And it's a menu, sort of a menu of evidence-based and evidence-informed strategies to improve postpartum care. They're organized by the sections of the toolkit. And we envision States looking through this, likely checking off things you're already doing, and you can stop and pat yourself on the back for those.

And then use it to identify additional strategies that might help you fill in some of the gaps. And for those listening on the phone, I'll just say that there's a picture here on the slide, which is just an excerpt of the checklist, featuring strategies to improve access.

It's at the top of the list, promoting - and those strategies include a high-level strategy, such as improving the capacity of the healthcare system to support beneficiary engagement, a policy option, like providing access to postpartum home visits and telehealth, and then a number of detailed policy or change ideas that could help achieve that policy option, such as identifying a home visiting pathway through one of the various Medicaid authorities through which you can do that.

On the next slide is a screenshot of one of the main sections of the toolkit, which gives a lot more narrative. So, the checklist is sort of the one-liner version of everything. The rest of the toolkit gives a lot more explanation, including State examples. So, here we have a section identifying another high-level strategy.

And this, again - sorry, we use - is a line with the picture on the last slide. So, again, using the capacity of the healthcare system to support beneficiary engagement. It details each of those more specific policy objectives or strategies, and then goes into a lot more detail, featuring State examples with links so you can learn more about them through the footnotes, featuring call-

out boxes with federal guidance that you can click through that gives you more information about the various authorities that you can use to support that strategy.

And again, this is just a snippet. It would get very long and boring if I were to go through the whole toolkit. So, we hope this is enough of a teaser for you to go over to [Medicaid.gov](https://www.Medicaid.gov) and check out the whole thing on your own. Next slide, please.

So, I must also note this toolkit is one of now several resources, which we're starting to refer to as a toolbox, on our postpartum care page on [Medicaid.gov](https://www.Medicaid.gov). There, you will also find, and they all fit really nicely together and reinforce each other, you'll also find a driver diagram and a table of change activities, a measurement strategy resource, which gives lots of specific measures that you can use at different levels of the healthcare system to assess progress toward improving postpartum care quality and outcomes.

We include - there's a highlight document showing - sharing some of the work of the States that participated in the postpartum care affinity group. And there's even a video to help you get started with quality improvement in the space of postpartum care. And there's the link there. If you go to [Medicaid.gov](https://www.Medicaid.gov) and type in postpartum care, I hope it comes up. It even has a picture now on that page.

So, moving to the next slide, we really want to help you put these resources into action in your State. If you need support of any kind, please reach out to our TA mailbox. We would also like to hear from you about what other assistance we might offer to support your work in improving postpartum care quality and outcomes.

We'll also take suggestions on any other aspect of quality of care, but we're focused on postpartum here today. We really look forward to hearing from you. And thank you again for your time today and for all that you do to improve access to high-quality care through your programs. Thank you.

Jackie Glaze: Thank you, Deirdre. So, we're ready to take the State questions at this point. So, you may ask questions about today's presentation, or if you have other general questions that you'd like to ask. We'll begin by taking your questions through the chat function. I do see a couple of questions now. So, continue to submit your questions, and then we'll follow by taking questions over the phone line.

So, I'll start with the first question. So, it is, we are a managed care State and generally do not continue eligibility through the end of the month when an individual has been found ineligible. In terms of renewal, are we required to continue a member's eligibility through the end of their certified period if they do not return their renewal package by the due date or if they are found ineligible when their renewal package is processed? Do we have someone who can respond to that one?

Shannon Lovejoy: Hi, this is Shannon in the Children and Adult Health Programs Group. I can start off. I think, you know, part of this will depend a bit on how unwinding is progressing in the State. But, you know, certainly for individuals who the State has sent - who's, you know, attended an ex parte renewal, the individual cannot be renewed, the State sent a renewal form.

And if the individual returns the renewal form soon or early, earlier than expected, and the State determines the individual's ineligible, the State can either wait and effectuate the determination of ineligibility and the termination

with the batch at the end of the individual's eligibility period with others whose renewal was due at the same time or because if the State was able to complete the renewal process sooner, they would be able - they could terminate coverage before the end of the eligibility period, assuming that again, they've gone through the full renewal process, they're still providing the required advance notice, all of those pieces.

In terms of individuals for procedural terminations, I mean, the State would have to make sure that the - like, the date in which the last day of coverage should be - cannot just be arbitrarily moved up. The State would still need to go through the renewal process, ensure that they're providing the minimum amount of time for individuals to return the renewal form, and allow the time to run out and make sure that they're providing the required advance notice of termination.

They couldn't speed up that process. Especially if they notified the individual and told them their renewal form was due, the State would not be able to arbitrarily terminate, you know, coverage for it sooner.

Jackie Glaze: Thank you, Shannon. The next question is for you, Deidre. It says, can postpartum home visits include federal MIEs CHV -- I'm not sure what the acronym is -- funded home visiting programs such as Healthy Families or Nurse-Family Partnership?

Deirdre Stockman: Thanks, Jackie. That's a good question. There's lots of different types of home visiting. And so, I think that - and if others want to jump in here, we certainly encourage States to think about connecting different programs within their State in order to provide a robust set of services for beneficiaries.

Certainly, you can't pay for the same thing twice. So, they have to make sure

there's alignment there. But appreciate the question. And we can see if there's anything else that we can circle back to the questioner with, unless anyone else on the line has any more to add to that.

Kirsten Jensen: Sure. This is Kirsten Jensen from the Division of Benefits and Coverage, and we did issue guidance on home visiting 2016, 2017, somewhere around that range. You can find it on Medicaid.gov. And if you have particular questions about covering services in home visiting models, please go ahead and contact your State lead, and they will connect with us, and we can help provide technical assistance.

Jackie Glaze: Thank you, Kirsten, and thank you, Deirdre. I'm not seeing any additional questions through the chat, so we will transition to the phone lines. So, (Missy), if you could please provide instructions for how to register the questions, and if you could open the phone lines, please.

Coordinator: Yes, ma'am. If you would like to ask a question over the phone, please press Star followed by 1. Please make sure your phone is unmuted and record your name when prompted. If you wish to withdraw your question, you can press Star 2. Please allow a moment for questions to come in. Thank you. I'm not seeing any questions coming in yet on the phone.

Jackie Glaze: Thank you. I'm not seeing any questions either, so we'll wait another couple of minutes and see if we receive any additional questions. Okay. (Missy), are you seeing any additional questions?

Coordinator: No, ma'am, I am not.

Jackie Glaze: Okay. I'm not either. So, I think we will adjourn early today. So, in closing, I'd like to thank Deirdre Stockman for her presentation today. Looking forward,

we will provide the topics and invitations for the next call. If you do have questions that come up before that time, please feel free to reach out to us, your State leads, or bring your questions to the next call. So, we do thank you for participating, and we hope everyone has a great afternoon. Thank you.

Coordinator: That does conclude today's conference. You may disconnect at this time, and thank you for joining.

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