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***Barriers and  
Strategies to  
Promote Postpartum  
Visits: Strong Start  
Findings and State  
Activity***

National Perinatal Association December 2020



## GOALS FOR PRESENTATION

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- Medicaid coverage for postpartum care – limitations, extensions, COVID updates
- Strong Start for Mothers and Newborns Initiative
  - Models to improve outcomes and key findings
  - Postpartum visits: Barriers and Strategies
- Chat Q&A

## POSTPARTUM CARE IS CRITICALLY IMPORTANT

- Most women report at least one health issue within the year after birth
- Postpartum care is particularly essential when complications such as depression, obesity, hypertension, diabetes, and substance use disorders are present during pregnancy

*The U.S. maternal mortality rate more than doubled from 1991 to 2014, and the majority – about 3 in 5 pregnancy-related deaths – were preventable*

- Black women are 2-3x more likely to die from pregnancy-related causes than white women nationally, and racial disparities increase with maternal age
  - Black women have higher postpartum mortality
- Native American, rural, low-income women face similar disparities

## MEDICAID PLAYS A KEY ROLE IN POSTPARTUM HEALTH

- Medicaid financed 42 percent of all births nationwide in 2018
- State Medicaid programs are required to offer coverage to pregnant women with incomes up to 138% of the FPL (~\$30,000 for a family of three in 2020), and most states offer coverage above that level
- In Medicaid Expansion states, women with incomes up to 138% FPL maintain coverage, but most people above this level lose coverage 60 days postpartum
- In Non-Expansion states, people with very low incomes often **lose Medicaid coverage 60 days after giving birth**

*1.6 fewer maternal deaths per 100k women in Expansion states vs. non-Expansion states\**

\*Source: Zephyrin, Laurie, et. al. Increasing Postpartum Medicaid Coverage Could Reduce Maternal Deaths and Improve Outcomes, November

2019 <https://www.commonwealthfund.org/blog/2019/increasing-postpartum-medicaid-coverage#:~:text=And%20it%20is%20making%20a,eliminating%20disparities%20and%20improving%20outcomes>

## STATE MEDICAID ACTIVITY ON EXTENDING POSTPARTUM PERIOD: COVID-19 EMERGENCY PROVISIONS

- The Families First Coronavirus Response Act, enacted on March 18, 2020, included enhanced federal funding for state Medicaid programs.
- As a condition of receiving this funding, states are expected to comply with multiple requirements, including a requirement to provide continuous coverage.
- Importantly, the continuous coverage requirement barring states from disenrolling people from the Medicaid program applies to women enrolled in Medicaid on the basis of being pregnant.
- This means that *states are prohibited from disenrolling women at 60 days postpartum during the course of the COVID-19 national emergency.*
- Instead, women whose pregnancies are covered by Medicaid are now able to receive continuous coverage throughout the pandemic.

Source: ACOG summary and practice resources.

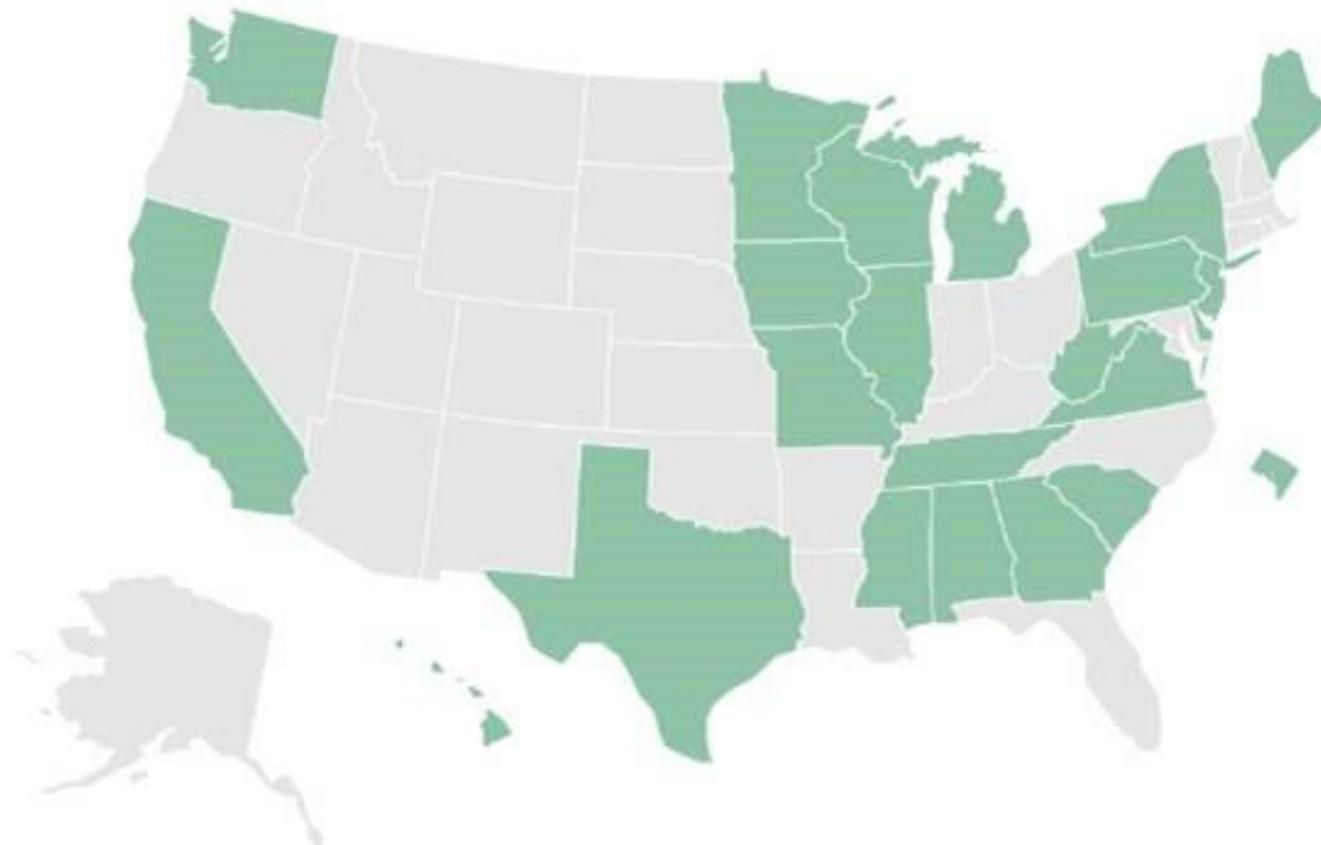
See <https://www.acog.org/practice-management/payment-resources/resources/postpartum-medicaid-coverage-extended-during-covid-19>

## STATE ACTIVITY ON EXTENDING POSTPARTUM MEDICAID POST-COVID-19

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- Many states have proposed to expand the Medicaid coverage period for postpartum care, from 60 days to one year after delivery.
- However, these expansion efforts face an uncertain future after the COVID-19 public health emergency ends because they will be contingent on state budget conditions.
- New policies enacted recently (e.g., CA) may be postponed/limited until state budget outlooks improve.

## STATES WITH ACTIVITY ON EXTENDING POSTPARTUM MEDICAID SINCE 2018



Source: View Each State's Efforts to Extend Medicaid Coverage to Postpartum Women, National Academy for State Health Policy, Updated October 27, 2020.

See <https://www.nashp.org/view-each-states-efforts-to-extend-medicaid-coverage-to-postpartum-women/> for a more detailed tracker.

## **FEDERAL ACTION ON EXTENDING POSTPARTUM MEDICAID COVERAGE**

- H.R.4996 - Helping MOMS Act of 2020 (part of the “Momnibus”) passed the House on 9/29/20. If enacted:
  - Gives states the option to cover women in pregnancy-related Medicaid and CHIP coverage for one year after delivery.
  - States can take up this option using a State Plan Amendment, instead of an 1115 waiver as is necessary now, making it much less burdensome.
  - After 60 days postpartum, states could offer their current Medicaid benefit package that all mandatory populations in the state receive or a benefit package determined by HHS to be “substantially similar.”
  - They would receive their regular FMAP for this population (originally the bill had a 5% increase but this was removed).
  - The legislation also directs MACPAC to report on state Medicaid coverage of doula services and make recommendations for increasing access to them, and GAO to examine gaps in coverage for pregnant and postpartum women in Medicaid and CHIP, as well as to study the impact of postpartum coverage extension as states adopt it.

Source: Maggie Clark, “House Passes Bill to Give States Option to Extend Postpartum Medicaid Coverage to New Moms,” Georgetown University Health Policy Institute Center for Children and Families, “Say Ahh!” Blog, October 2, 2020.

## EVEN WITH MEDICAID COVERAGE, POSTPARTUM SERVICES ARE UNDER-UTILIZED

- Compared with a 90% postpartum visit rate across all populations...
- Less than 60% of women enrolled in Medicaid or CHIP attend a scheduled postpartum medical visit, and some states have much lower rates.
- Perinatal insurance churn is common across states regardless of Medicaid expansion status: one-half of women in non-Expansion states and nearly one in three women in Expansion states experience churn in the perinatal period.

Source: Daw J.R., Kozhimannil K.B., Admon L.K. High rates of perinatal insurance churn persist after the ACA. *Health Affairs Blog*. 2019 [www.healthaffairs.org/do/10.1377/hblog20190913.387157/full/](http://www.healthaffairs.org/do/10.1377/hblog20190913.387157/full/) and Eckert E. Preserving the Momentum to Extend Postpartum Medicaid Coverage [published online ahead of print, 2020 Sep 2]. *Women's Health Issues*. 2020;S1049-3867(20)30071-2. doi:10.1016/j.whi.2020.07.006

# THE STRONG START FOR MOTHERS AND NEWBORNS INITIATIVE

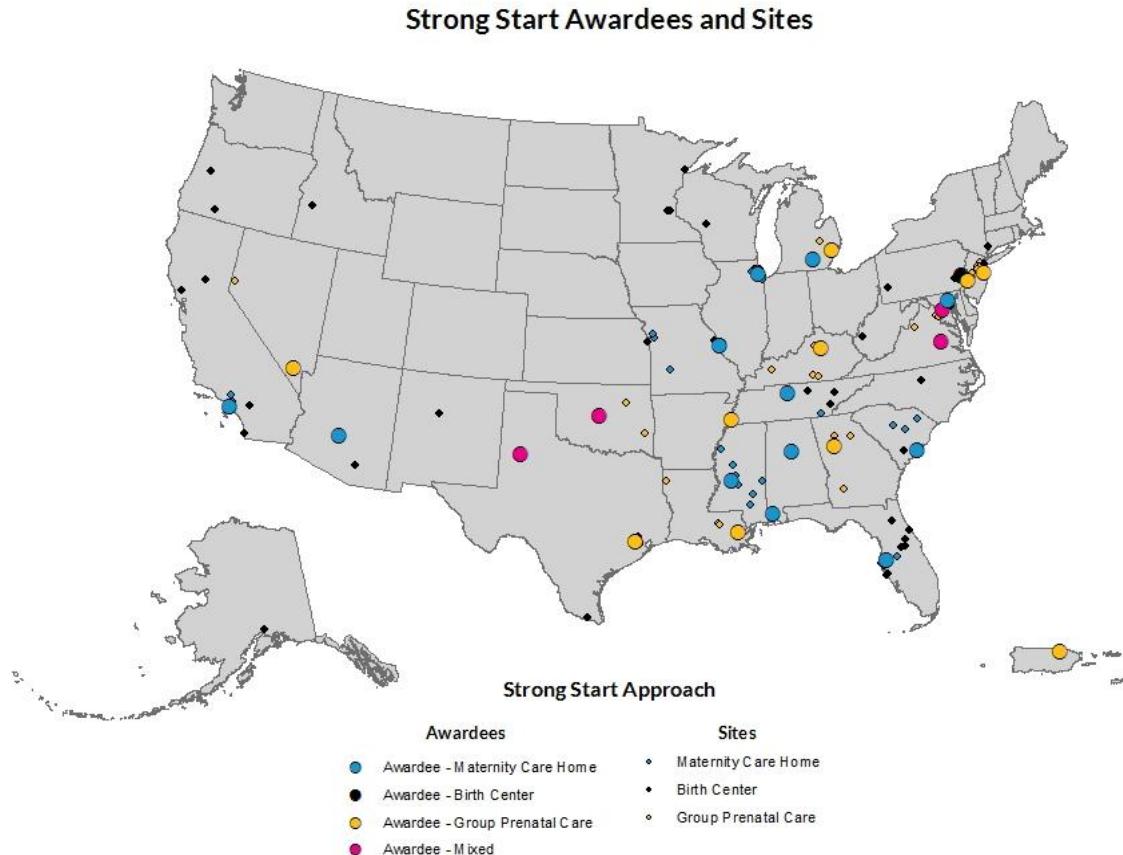
## WHAT IS STRONG START?

Enhanced prenatal care initiative to improve Medicaid/CHIP maternal and infant outcomes:

- + Preterm birth
- + Low birth weight
- + Costs

Supported enhanced care in three prenatal care approaches:

- + Birth Centers
- + Maternity Care Homes
- + Group Prenatal Care



## STRONG START MODELS

### Maternity Care Homes



Care coordination, sometimes with other enhanced services, in addition to clinical prenatal care

**26,007 enrollees**

**112 sites**

### Group Prenatal Care



Prenatal care provided in a group, enhanced with health education and facilitated discussion

**10,508 enrollees**

**60 sites**

### Birth Centers



Midwives' model of care enhanced with peer counseling for additional support and referrals

**8,806 enrollees**

**47 sites**

## OVERALL STRONG START FINDINGS

### FINDINGS RELATIVE TO SIMILAR MEDICAID BENEFICIARIES

Strong Start participants in Birth Centers and Group Prenatal Care had better outcomes at lower cost relative to other Medicaid participants with similar characteristics.

	<b>Maternity Care Homes</b> 	<b>Group Prenatal Care</b> 	<b>Birth Centers</b> 
Costs	<ul style="list-style-type: none"><li>Higher costs through delivery period and following year.</li></ul>	<ul style="list-style-type: none"><li>Costs \$427 lower per woman during 8 months before birth.</li></ul>	<ul style="list-style-type: none"><li>Costs \$2,010 lower through birth and year following for each mother-infant pair.</li></ul>
Utilization	<ul style="list-style-type: none"><li>Fewer prenatal hospitalizations</li><li>More infant emergency department visits and hospitalizations</li></ul>	<ul style="list-style-type: none"><li>Fewer emergency department visits and hospitalizations for women and infants</li></ul>	<ul style="list-style-type: none"><li>Fewer infant emergency department visits and hospitalizations</li></ul>
Quality	<ul style="list-style-type: none"><li>Higher rate of low birthweight</li><li>More weekend deliveries<sup>^</sup></li></ul>	<ul style="list-style-type: none"><li>Lower very low birthweight rate</li><li>More weekend deliveries<sup>^</sup></li><li>More VBACs<sup>+</sup></li></ul>	<ul style="list-style-type: none"><li>Lower low birthweight rate</li><li>Lower preterm birth rate</li><li>More weekend deliveries<sup>^</sup></li><li>More VBACs<sup>+</sup></li><li>Fewer C-sections</li></ul>

<sup>^</sup>weekend deliveries indicate fewer scheduled inductions and scheduled C-sections

<sup>+</sup>VBAC=vaginal birth after cesarean

## DEEP DIVE INTO POSTPARTUM DYNAMICS AND CONTENT

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- Review of qualitative data that included coded notes from 739 interviews with 1,074 key informants and 133 focus groups with 951 women; 144 case study memos reflecting 4 years of activities by each of 27 awardees and 24 Birth Center sites; and a review of interview and survey data from Medicaid officials in 20 states
- Focus on:
  - Postpartum visit attendance, content, and continuity of prenatal and postpartum care
  - Barriers to postpartum care
  - Strategies or factors that key informants perceived as increasing postpartum visit rates
  - The role of the postpartum visit in facilitating healthy pregnancy spacing
  - Efforts to link women to other state or local programs after postpartum Medicaid coverage ended

## Postpartum Visit Barriers and Strategies: #1: CARE CONTINUITY

*"It's not guaranteed that [in a typical obstetric practice] the doctor seeing you will be delivering the baby, so it could be a stranger; that's important for me."*

*"I don't want a different person touching my body every time."*

### Barriers

- Lack of provider continuity over the course of prenatal care
  - E.g., rotating residents
- Discontinuity with delivery & postpartum providers

### Strategies

- Increase provider continuity across prenatal, delivery, & postpartum visits
- Build relationships & trust, including through enhanced care models
  - E.g., Birth Centers form relationships with all midwives; GPC has facilitator continuity; MCH may assign a consistent care coordinator

## Postpartum Barriers and Strategies: INFORMATION AND LINKAGES

### Barriers

- Insufficient information for women on coverage duration & availability of postpartum services
- Inadequate referrals & enrollment assistance for post-Strong Start services
- Inadequate community-based services to meet needs
- Lack of continuous postpartum coverage in states without Medicaid expansion

### Strategies

- Address information gaps through care coordinators
- Strengthen referral relationships with community-based organizations
- Improve referral processes to identify & link women to appropriate resources & enrollment assistance
- Enhance services to meet needs (e.g., screening & treatment for depression, support groups)



## Postpartum Barriers and Strategies: PARTICIPANT LEVEL / LOGISTICAL

### Barriers

- Lack of transportation & child care
- Out-of-date contact information for patients
- Lack of effective postpartum visit scheduling practices



### Strategies

- Assist with transportation scheduling, address challenges with vendors or provide vouchers
- Offer postpartum home visits
- Welcome newborns & other children at visits or offer child care
- Address communication barriers (e.g., use texting or social media (for groups), update contact information)
- Enhance outreach (e.g., postpartum visit at birth facility, make postpartum check-in calls)

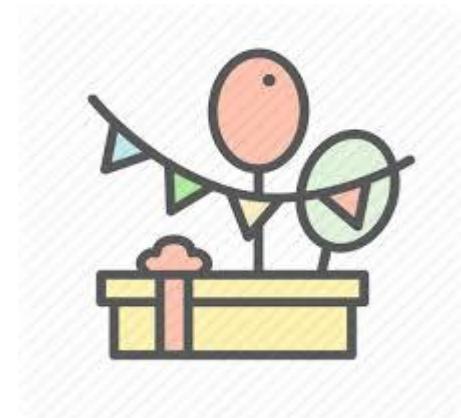
## Postpartum Barriers and Strategies: INCENTIVES

### Barriers

- Lack of incentives for payers, providers, & patients to prioritize postpartum visits

### Strategies

- Offer postpartum “baby shower,” baby gifts, or other activities that encourage women to return; address transportation/other barriers to returning for a postpartum visit
- For Medicaid & health plans: first, COVERAGE! Then use value-based payment, quality measures, or incentives tied to postpartum visit completion to encourage clinicians to prioritize



## FOR THOUGHT...

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- What are your state/organization/your own needs and priorities related to:
  - Increasing access to high-quality postpartum care?
  - Strengthening postpartum care models?
  - Promoting equity in postpartum care?
- What lessons, best practices, and challenges do you see?
- Do you see ways to apply these findings to your own work?
- What are your ideas?

## QUESTIONS? SHARE YOUR EXPERIENCE?



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Diana Rodin, Sharon Silow-Carroll, Caitlin Cross-Barnet, Brigitte Courtot and Ian Hill.  
**Strategies to promote postpartum visit attendance among Medicaid participants.**  
*Journal of Women's Health*, vol. 28 no. 9, September 2019.

Strong Start reports and findings are available at:

<https://innovation.cms.gov/initiatives/strong-start/>



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