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Opportunities to Support Maternal and Child Health Through Medicaid's New Postpartum Coverage Extension

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Introduction

The new state option to extend Medicaid and CHIP coverage for one year after the end of pregnancy is a transformational opportunity for states to support improved maternal and infant health in the year following birth. It also offers state Medicaid leaders a focused moment to use the successful implementation of the new policy to advance broader state priorities, including advancing racial justice and health equity, increasing access to mental health care, and supporting healthy child development. Medicaid finances nearly half of all births annually, covering a disproportionate share of births among Black women and American Indian/Alaska Native women—the groups at the greatest risk of maternal mortality and morbidity.[1] Yet when Medicaid coverage for pregnancy ends after just 60 days postpartum, about half of people enrolled become uninsured, cutting off their access to care at a critical time.[2] Having health insurance is necessary but not sufficient to solve the serious and ongoing maternal mortality and morbidity crisis in United States where Black women continue to experience maternal death at rates more than twice the national average.[3] It will take policy changes and investments by federal and state governments to tackle all facets of this complex challenge. The recently released, "White House Blueprint for Addressing the Maternal Health Crisis" offers an example of the scope of work needed to make the systemic changes necessary to improve maternal health outcomes.[4]

So far, more than 30 states are in various stages of implementation of 12-month postpartum coverage extension, which requires official federal approval.[5] Still more states are continuing to advance the policy in ongoing legislative sessions. This swift uptake signals broad bipartisan support for this policy change—policymakers have allocated funds to extend 12 months of postpartum coverage in 20 states led by Democratic governors and 13 states led by Republican governors.

In This Brief

If all states were to adopt the coverage extension, an estimated 720,000 additional people each year would gain access to a full year of postpartum health coverage who might have otherwise lost coverage just two months after the end of pregnancy.[6] All told, successfully implementing the option to extend 12 months of postpartum coverage could affect all of the nearly two million mother-baby pairs with Medicaid-financed births each year.[7] The postpartum extension can also serve as a launch pad for states to drive improvements in maternal health and early childhood development through health transformation initiatives. By prioritizing person-centered care and supporting the health of the relationship between mother and child, states can also make progress towards mitigating the harms of racism and implicit bias, which are linked to increased risks of babies born preterm and at low birth weight.[8] The CDC reports that experiences of racism and implicit bias may contribute to the persistently high rate of maternal mortality and morbidity among Black women and American Indian/Alaska Native women.[9]

Policy Details

In federal statute, eligibility for pregnancy-related Medicaid coverage ends 60 days after the end of pregnancy.[10] The American Rescue Plan Act, signed by President Biden in March 2021, created a new option for states to extend continuous Medicaid eligibility from 60 days to 12 months after a pregnancy ends and receive federal matching funds for the longer coverage period.[11] States electing the option must ensure the 10 additional months of postpartum coverage be available to all individuals who have a pregnancy covered by Medicaid. States that cover targeted low-income pregnant people in CHIP must also extend postpartum coverage to those individuals.[12]

Federal matching funds for states became available on April 1, 2022, with the option scheduled to sunset on May 31, 2027. A Medicaid and/or CHIP state plan amendment (SPA) is the simplest pathway for states to adopt this extended postpartum coverage period, and ensures consistency of coverage among the states that have elected the option. Prior to the effective date of the SPA option, several states had received Section 1115 Medicaid demonstration waiver approvals to offer some type of extended postpartum coverage, though not all demonstrations are as comprehensive as the ARPA option.[13] Advocates and policymakers continue to push for mandatory and permanent postpartum extension in future bills in Congress.[14]

Extended Postpartum Coverage and the COVID-19 Public Health Emergency

As a result of the Families First Coronavirus Response Act's Medicaid continuous coverage provision—which linked receipt of enhanced federal Medicaid and CHIP funding to a prohibition on involuntary disenrollment from Medicaid during the COVID-19 public health emergency—no one has been involuntarily disenrolled from Medicaid since March 18, 2020, including postpartum people whose pregnancy has ended.[15] In practice, the disenrollment freeze is functioning as a proxy for what would happen if the whole country extended postpartum Medicaid coverage to at least 12 months after the end of pregnancy. Early research shows that the continuous coverage provision led to "substantial reductions in postpartum coverage loss," when compared to pre-pandemic enrollment trends.[16] States can prioritize extending postpartum coverage ahead of the end of the public health emergency to ensure that no one will again lose coverage at just 60 days postpartum.

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Editor's note: To maintain accuracy, CCF uses the term "women" when referencing statute, regulations, research, or other data sources that use the term "women" to define or count people who are pregnant or give birth. Where possible, we use more inclusive terms in recognition that not all individuals who become pregnant and give birth identify as women.

I. FIRST STEPS: Operationalize Extended Postpartum Coverage Period

Benefits and Eligibility

States electing the SPA option must complete a straightforward CMS-provided template to amend their state Medicaid and/or CHIP plan(s). As part of the application, states must certify they are offering full benefits to pregnant and postpartum people, which includes more services than just those related to the pregnancy or potential complications.[17] If existing benefit packages do not offer full coverage, the state must submit an additional SPA to remove any coverage limitations while the extended postpartum coverage option is in effect.

States must also certify that they will provide 12 months of continuous eligibility during the extended coverage period, regardless of the eligibility group an individual was enrolled in during pregnancy.[18] This ensures that postpartum people will receive 12 months of uninterrupted coverage despite any changes in circumstances they experience during this year, such as change in household size, income, or age. The continuous eligibility requirement renders any regular renewal scheduled before the end of the 12-month postpartum period unnecessary, and protects new parents from administrative burden during a time of increased responsibility and rapid change.[19] Further, this aligns the mother's postpartum coverage period with Medicaid's "deemed newborn" coverage provision for babies, which automatically enrolls any newborn in Medicaid through their first birthday if their birth was financed by Medicaid.[20]

Financing

States seeking approval to extend postpartum coverage must allocate their state share of funding for the 10 additional months of Medicaid and CHIP coverage each year. States will receive their regular Medicaid and CHIP Federal Medical Assistance Percentage (FMAP) matching rates for the additional months of coverage.[21] For states that have expanded Medicaid coverage to all low-income adults, CMS is offering states the opportunity to use a "proxy methodology" to receive the enhanced 90 percent FMAP rate for postpartum people who would otherwise be eligible for Medicaid expansion because their income is less than 138 percent of the federal poverty limit (FPL). This ensures that states do not lose the enhanced expansion match for these postpartum people, which could otherwise create a disincentive for states to pick up the new option.

Creating this funding methodology also keeps states from requesting any new income or eligibility information during the postpartum period, which would add administrative burdens for both new parents and state agencies. In agency guidance, CMS advised states to work directly with federal agency officials to create a certified and auditable methodology.[22] States will also continue to receive the 90 percent FMAP rate for people who become pregnant while enrolled in Medicaid expansion coverage and, like anyone else enrolled in a non-pregnancy related category in Medicaid when they become pregnant, their regular renewal date will be pushed back to 12 months after the end of the pregnancy.

Outreach

Outreach to new parents and the providers who serve them is critical both to notify families of the new coverage period available, and to ensure that people experience the benefits of continuous eligibility through one year postpartum. States can use Medicaid and CHIP administrative matching funds for outreach to providers and the public to let them know about the extended coverage period and how they can use their coverage.[23]

CMS also included specific outreach to pregnant people in its latest grant opportunity for Connecting Kids to Coverage and expanded the group of potential grantees to include organizations that work with community health workers, community-based doula programs, or parent mentors.[24] Direct outreach, enrollment assistance, and renewal support for pregnant people will also help ensure that continuously eligible infants stay enrolled too. Data show that, despite the "deemed newborn" policy, more than 500,000 infants nationwide are missing from state Medicaid enrollment data and are not counted as continuously eligible during their first year of life.[25]

Medicaid Managed Care Contracts

States that use managed care organizations (MCOs) to administer pregnancy and postpartum coverage will need to update contracts with these entities to require coverage for the longer period. The vast majority of Medicaid beneficiaries were enrolled in some type of MCO plan in 2019, the most recent year for which there is published data, and the reach has only grown since.[26]

While in the short term, the MCO contract update may only extend the duration of postpartum coverage, MCO contracts are a key place for incentivizing new care models and measuring the quality of care as states look to make lasting, structural changes that improve maternal health outcomes and reduce racial disparities.

Community Engagement

The Medicaid postpartum extension option was created to help reduce racial disparities in maternal health outcomes, and community engagement is an essential element of ensuring that the policy change makes a meaningful improvement in the health and wellbeing of new mothers and infants. To effectively implement this new Medicaid postpartum option, states should make a concerted effort to engage with pregnant and postpartum people, maternal health care providers, community-based organizations and advocates to listen to their needs and concerns, and make adjustments accordingly.

Ongoing engagement gives an opportunity to adopt health system reforms to address other maternal health policy priorities important to the community, such as increasing access to doula and midwifery care in Medicaid, increasing the number of maternal mental health treatment providers and investing in workforce training to build a more racially and ethnically diverse perinatal workforce. Approaching this Medicaid policy change by listening to the needs and experiences of pregnant people and community members will help ensure the policy change moves the state closer to meeting its goals of eliminating racial disparities in maternal and infant health and preventing maternal morbidity and mortality.

State Spotlight

The **Washington, D.C.**, Department of Health Care Finance developed its Maternal Health Advisory Group in December 2021 to help advise the agency on implementing the postpartum coverage extension, adding doula care as a covered Medicaid service, and authorizing a non-emergency medical transportation benefit in its locally-funded Alliance program to help pregnant people get to prenatal care appointments.[27] With intentional representation of providers, pregnant or postpartum people enrolled in Medicaid and their advocates, doulas, and MCOs, the advisory group met several times in the months leading up to the agency's submission of the Medicaid state plan amendment to extend postpartum coverage, and will continue to engage with the department through in-person and virtual public meetings in the future on topics identified by the group as needing deeper engagement, such as developing outreach materials on postpartum health, increasing access to maternal mental health services and helping doulas enroll at Medicaid providers. The months-long process is an example of a way state Medicaid agencies can directly engage with the maternal health community in their area to create a feedback loop that will continue beyond the state's initial implementation work to identify gaps and work towards solutions.

II: MEASURING PROGRESS: Leverage Extended Postpartum Coverage Period to Improve Maternal Health

The new state option to extend Medicaid postpartum coverage represents an opportunity to bring together new parents, maternal health care providers, and community partners to build a strong continuum of care to meet the evolving needs of new parents and infants in the year after birth.

Experts recommend focusing on quality improvement in postpartum visits, incentivizing higher quality care through Medicaid managed care contracting, expanding the perinatal health care workforce, and using well child visits for infants as opportunities to connect with new parents, as important strategies to improve outcomes for both the mother and child.

Improve Quality of Postpartum Care

Tracking and analyzing data is an essential step for states seeking to improve postpartum care. In its guidance to states on implementing the extended postpartum coverage option, CMS encourages states to measure utilization and quality of care for postpartum people by reporting quality metrics in the Core Set of Maternal and Perinatal Health Measures (Maternity Core Set), and disaggregating the data in these metrics by race, ethnicity, geography, and other indicators to help identify disparities and take targeted steps to improve maternal health equity.[28]

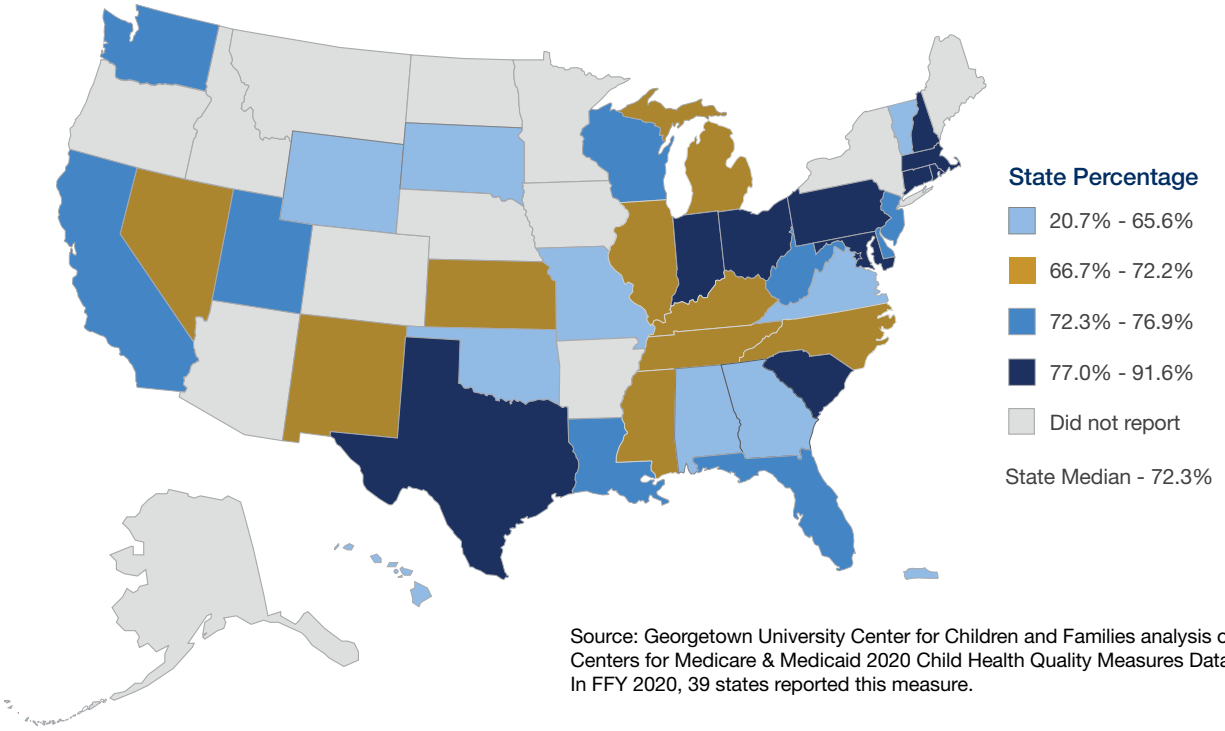
Among the indicators in the Maternity Care Core Set, increasing rates of postpartum visits could be a key priority for states implementing the postpartum option. In federal fiscal year 2020, the national median rate for women enrolled in Medicaid and CHIP who had a postpartum visit between seven and 84 days after birth was 72.3 percent, with the lowest rate at just 20.7 percent in Puerto Rico and the highest rate at 91.6 percent in South Carolina (see Figure 1).[29] In previous years, when the rate measured the percentage of people covered by Medicaid who had a postpartum visit between 21 days and 56 days after delivery, the median rate was only about 61 percent.[30]

States can learn from efforts of the CMS Maternal and Infant Health Learning Collaborative, which brought together quality implementation teams from 14 states working to increase the rate of attendance at postpartum visits and the quality of care delivered.[31] Among the successful strategies states deployed were using care coordinators and team-based care to ensure parents made it to their visits, as well as public communications campaigns and incentive payments to postpartum people and their providers for completing the visit.[32]

Figure 1. Percent of Women Enrolled in Medicaid and/or CHIP Who Had a Postpartum Visit on or Between 7 and 84 Days after Delivery, FFY 2020

Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid 2020 Child Health Quality Measures Dataset. In FFY 2020, 39 states reported this measure.

Figure 2. Geographic Variation in the Percentage of Women Delivering in Live Birth Who Had a Postpartum Care Visit on or Between 7 and 84 Days after Delivery, FFY 2020



Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid 2020 Child Health Quality Measures Dataset. In FFY 2020, 39 states reported this measure.

Increase Access to Community-Based Maternal Health Providers

Doulas, home visitors, and other peer-support providers also have a significant role to play in postpartum care. States are increasingly working to expand access to doula care in Medicaid by reimbursing doulas for non-medical support provided to Medicaid beneficiaries during the prenatal, birth and postpartum period.[33] Research shows that doula care can be particularly effective in improving birth outcomes for pregnant people of color and others at higher risk for maternal mortality and morbidity.[34] States can also leverage Medicaid to increase access to home visiting programs, which support a large share of new mothers and infants covered by Medicaid.[35]

Expanding access to peer support providers, including doula care for pregnant people in Medicaid, is also a health equity strategy, as research shows that receiving culturally-appropriate maternity services, or care which takes account of the preferences and aspirations of individuals and the cultures of their communities, is an important component of quality of care.[36]

While increasing access to doula care or home visiting will not on its own solve the maternal health crisis, expanding the types of maternity care people can access can help state Medicaid agencies re-envision how care should be provided and appropriately reimbursed. Early state experiences with implementing doula care in Medicaid show that building trust and sustained community-driven support through an inclusive and reflective process can pave the way for long-term success.[37]

Ensuring a High-Quality Postpartum Visit

The American College of Obstetrics and Gynecologists (ACOG) recommends that postpartum people have contact with their obstetric health care provider within three weeks after birth, especially for individuals who experienced pregnancy complications or chronic conditions.[38] That care should be ongoing as needed to address individual health needs. The American Academy of Family Physicians recommends that the early postpartum visits should initially focus on acute needs and risks for morbidity and mortality and then transition to specialist care for chronic conditions and primary care for health maintenance.[39] Similar care planning and referrals can be made following early postpartum visits with midwives or other birth care providers.

The first postpartum visit after birth ensures that women are quickly evaluated for their postpartum health needs and serves as a gateway to ongoing physical and mental health care for chronic conditions or other complications. In its postpartum care recommendations, which were endorsed by The Academy of Breastfeeding Medicine, the American College of Nurse-Midwives, the National Association of Nurse Practitioners in Women's Health, the Society for Academic Specialists in General Obstetrics and Gynecology, and the Society for Maternal–Fetal Medicine, ACOG recommends a full assessment of (1) physical, social, and psychological well-being; (2) infant care and feeding; (3) sexuality, contraception, and birth spacing; (4) sleep and fatigue; (5) physical recovery from birth; (6) chronic disease management; and (7) health maintenance.[40] Referrals for specialized care should be based on individualized needs identified in the postpartum visit, such as follow-ups for positive postpartum depression screenings, gestational diabetes or hypertension, and screening for substance use disorder or intimate partner violence.

Utilize Medicaid Managed Care Contracts to Improve Quality

Most pregnant and postpartum people access their care through a Medicaid MCO plan. Contracts between state Medicaid agencies and MCOs are a key leverage point for states to detail their expectations and priorities for the quality of care made available to beneficiaries. Contracts can require plans to report consistent data on the types of care that postpartum beneficiaries and their infants receive, and provide financial incentives for plans that facilitate access to high quality, research-informed care.[41]

As states amend Medicaid MCO contracts to implement the extended postpartum period, advocates can also encourage Medicaid agencies to require plans to publicly report the metrics in the Maternity Core Set and disaggregate their data by race, ethnicity, geography, language and other demographic factors. This will help state officials to gauge the receipt and quality of the postpartum care provided, and then use the data to set benchmarks for improvement.[42] MCO contracts can also incentivize MCOs to increase access to certain providers, such as doulas, midwives, home visitors, providers at birthing centers and group prenatal care facilitators, all of which were recommended by an expert panel convened by CMS to improve postpartum and infant care.[43]

State Spotlight

Michigan has used its Medicaid MCO contracts to reduce racial disparities and improve maternal and infant health outcomes. Since 2012, Michigan has required all MCO plans to report selected quality metrics by race, including postpartum care, and paid incentive rates to plans that meet disparity reduction targets. Since the start of the program, the state has narrowed the racial disparity in postpartum care visit rates by 10 percentage points.[44]

Based on the continued disparities seen in the low birth weight measure, the state launched a multi-year statewide pay for performance initiative in 2017 to promote health equity in maternity care and infant care by requiring all Medicaid MCO plans operating in the state to work together in each region to reduce the rate of babies born at low birth weight.[45]

Michigan leaders also used contract incentives to expand access to community-based providers. Medicaid MCO plans in Michigan are required to contract with at least one community health worker for every 5,000 members. In addition, the state pays a higher reimbursement rate if the community health worker is employed by a community-based organization or clinic that is located closer to families, rather than a community health worker who is employed by the health plan directly.[46]

Advocates can work with state officials and Medicaid MCO plans to identify the unique needs of postpartum people in the state, and collaborate on setting goals for improvement. The CMS expert panel also recommended that all states pay for postpartum depression screening in pediatric well child visit, which more than half the states have already implemented, and provide mental health services to mothers and babies. In addition, they recommend increasing access to a full-range of contraceptive care and methods in the postpartum and interconception period.[47]

III: LOOKING AHEAD: Use Postpartum Extension to Improve Two-Generation Health and Wellbeing

The opportunities created by the additional 10 months of postpartum coverage go beyond increasing access to care for parents alone. The new state plan option can also help spur states to consider how the extended postpartum coverage period can complement and encourage frequent infant well-child care visits that should occur throughout babies' first year to set them on the best path for healthy development.[48] Strong, nurturing parent-child relationships positively influence early brain development of young children as they learn to explore the world around them.[49] Medicaid is the nation's single largest payer of birth care and covers 1.6 million births annually, which translates to as many mother-infant pairs served by Medicaid in the year following birth.[50] CMS guidance on the new postpartum option encouraged states to view extended postpartum coverage as a launch pad to system changes and investments that seek to improve outcomes for the mother and newborn, both individually and together.[51]

Leverage Infant Well-Child Visits to Assess Parent Mental Health During First Postpartum year

Mental health is an area ripe for attention during the postpartum year. Maternal depression affects about 1 in 5 postpartum people, and about half of all low-income mothers experience symptoms of depression in the year after birth.[52] A growing body of research links maternal depression and anxiety with adverse child development and delays that can extend into adolescence, including social-emotional, cognitive, motor, and other developmental delays.[53] Left untreated, perinatal mental health conditions can harm the health of both the mother and the child. Untreated perinatal mental health conditions, encompassing pregnancy and the first five years of a child's life, carry a societal burden of $14 billion per year in the US, and this is likely an underestimate.[54]

Several medical groups recommend depression screening in the prenatal and postpartum period.[55] The U.S. Preventive Services Task Force recommends that clinicians provide or refer pregnant and postpartum persons who are at increased risk of perinatal depression to counseling interventions. Risks include including a personal or family history of depression; recent stresses like divorce or economic strain; traumatic experiences like domestic violence; or depressive symptoms that don't meet criteria for an official diagnosis.[56]

The AAP Bright Futures screening schedule recommends that pediatricians screen mothers for postpartum depression screenings during routine well-child visits in the first year of a child's life, as the mental wellbeing of the parent has a direct effect on the healthy development of the child.[57] While the screenings are covered by the child's Medicaid coverage, the newly-available extended postpartum coverage for mothers makes it more likely that parents with positive depression screens or symptoms of depression will be able to access follow-up care and treatment without exposing their family to high medical costs. States can prioritize and monitor maternal depression screenings in well-child visits by analyzing utilization data for resulting referral and follow-up patterns to identify whether and where further evaluation and treatment occurred on a timely basis.

Promote Family-Focused Pediatric Primary Care Models

Beyond screening and follow-up, states could encourage and incentivize advanced pediatric care models to serve as a care hub and resource for families with young children.[58] So-called high performing medical homes utilize team-based care to support children and their families together to address the parent-child relationship and health-related social needs. Often such practices may offer a variety of evidence-based models to more effectively engage and serve young children with their families, such as Healthy

Steps, Reach Out and Read, or DULCE.[59] Others integrate or closely link with mental health services providers to help identify and consider needed follow-up services for the parent and child, such as infant and early childhood mental health treatment.[60] Practices may employ care coordinators and parent or peer mentors alongside pediatric and mental health practitioners, in an effort to create deeper cultural concordance and community engagement to help families navigate available resources.[61] As more states seek to use community health workers to support Medicaid beneficiaries navigate and engage with the health care systems, states including Washington are seeking to dedicate community health worker funds to pediatric primary care as part of improved integration with behavioral health care.[62]

Support Research-Informed Services that Support Parent-Child Relationships

If implemented successfully, extended postpartum coverage will help identify and treat postpartum health needs, such as maternal depression, among more people than have been able to access care in the past. To the extent that positive screenings and diagnosis increase with newly-available coverage, states will need to consider increasing availability not only for needed treatment for postpartum people, but also for services designed to support the healthy development of the relationship between parent and child. Medicaid-covered services designed to comprehensively address the parent-child relationship during the postpartum year, such as services provided through home visiting or parent-child dyadic therapy, can help ensure that more families can realize the potential of strong, healthy parent-child relationships from the beginning.[63]

Link to and Align with Other Systems that Support Maternal and Infant Health

To maximize effectiveness of these changes, states can also focus on building system linkages to other family support programs, such as nutrition (namely the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)), home visiting, and early care and education or preschool to smooth the path for new parents to access the health care and social supports they need for themselves and their children.[64] Federal nutrition and early care and education programs serve a high concentration of families with young children covered by Medicaid.

Conclusion

Extending the duration of postpartum coverage is the most significant change to pregnancy-related coverage in Medicaid and CHIP in a generation. Its adoption in most states reflects a historic moment of unified action to help reverse the nation's persistently high rates of Black maternal mortality and morbidity, alongside steps to embed equity, quality improvement, and community engagement into the health care system. At the same time, the Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* overturning the constitutional protection of access to safe and legal abortions will likely increase maternal death rates and further exacerbate current racial, economic and social inequities in maternal and infant health.[65] Now is the time for states to set clear priorities and expectations for Medicaid agencies, health care providers, and Medicaid MCO plans to ensure the system is ready and responsive to the unique needs of postpartum individuals and their infants.

Because Medicaid covers a disproportionate share of births among Black, American Indian/Alaska Native, and Hispanic women, the new postpartum coverage extension offers states the opportunity to leverage Medicaid's financing role to spur sorely-needed system improvements that seek to advance health equity by more effectively serving young families of color. Advocates, care providers, community members and state agency officials can work together to use the longer coverage period as an opportunity to redefine what the postpartum year looks like for mothers and babies to create a stronger foundation for all families.

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