State of New Hampshire
Department of Health and Human Services

New Hampshire Annual Meeting

June 17, 2025

HSAG HEALTH SERVICES ADVISORY GROUP

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Acknowledgments

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Health Services Advisory Group, Inc. (HSAG) confirms that no one organizing the New Hampshire Quality Meeting activities had a conflict of interest with **AmeriHealth Caritas New Hampshire** (**ACNH**), **New Hampshire Healthy Families** (**NHHF**), or **WellSense Health Plan** (**WS**) health plans.

1. Introduction

On June 17, 2025, the New Hampshire Department of Health and Human Services (DHHS), Office of Medicaid, held the New Hampshire 2025 Roundtable Annual Meeting, Increasing Timely Postpartum Rates. Representatives from the following organizations attended the meeting: DHHS, managed care organizations (MCOs), community organizations, parent advocates, practitioners, and representatives from provider offices. Health Services Advisory Group, Inc. (HSAG), the external quality review organization for New Hampshire, assisted DHHS by organizing and coordinating the virtual meeting.

The purpose of the meeting was to discuss issues impacting timely postpartum care. A total of 52 people registered for the four-hour virtual meeting. There were 37 participants from DHHS, the three MCOs, parent advocates, practitioners, and representatives from provider offices. Twelve additional people participated as speakers, facilitators, and HSAG support personnel, for a total of 49 participants.

The main objectives of the meeting on the agenda included:

- Reach consensus on the barriers to timely postpartum care.
- Brainstorm potential DHHS, provider, and MCO resolutions to resolve barriers negatively impacting timely postpartum care rates such as, obesity, hypertension, pre- and gestational diabetes, MH disorders, and SUD.

The meeting began with a brief introduction from an HSAG staff member and the DHHS Chief Medical Officer, Dr. Jonathan Ballard. Dr. Ballard highlighted the meeting agenda and expanded on the importance of postpartum care and its impacts in New Hampshire. Dr. Ballard also noted that these roundtable events have assisted the State in improving healthcare metrics in the past. The meeting continued with a speaker with lived experience, Haley Martell, who described how she used Medicaid and other resources to help her through the perinatal period. In addition, three DHHS speakers shared information concerning the importance of timely postpartum care and presented the current postpartum care rates and other perinatal statistics for New Hampshire. Next, the keynote speaker, Dr. Julie Bosak, emphasized the importance of recognizing a full year of postpartum care, especially related to the management of chronic diseases during the perinatal period, mental health (MH) conditions including substance use disorders in new mothers, and addressing the underutilization of postpartum services. The meeting concluded with a brainstorming session regarding barriers to care and how to improve postpartum care rates. Appendix A contains the meeting agenda.

This report includes information generated during the meeting through presentations and brainstorming sessions with the attendees. The ideas should not be assumed to be *statistically* representative of the organizations attending. They can be used, however, to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further investigation.

In this report, the words *member* and *patient* are used generically to denote Medicaid beneficiaries, MCO members, patients, and clients.

Lived Experience Speaker: Haley Martell

The meeting began with Ms. Haley Martell, a former New Hampshire Medicaid member, who is certified as a doula (CD), lactation consultant (CDC), community health worker (CHW), and recovery support worker (RSW). Ms. Martell shared her personal story about her journey with substance misuse, the support she received made possible through the New Hampshire Medicaid program, and the valuable connections she made to take full advantage of the opportunities provided.

> **"…the Medicaid system… [is] investing in the community members that just need an extra hand."**
>
> *—Haley Martell*

Ms. Martell shared that her journey with substance misuse that began when she was around 17 years old. She experienced brief periods of sobriety but ultimately saw negative impacts to her relationships, dropped out of college, lost or could not hold jobs, and experienced negative impacts to her health. She noted a positive change when she became eligible for Medicaid during her pregnancy and had access to treatments and support, which otherwise seemed unattainable. As part of her recovery journey, Ms. Martell expressed that without Medicaid, she could not and would not have engaged with the following:

- Primary care
- Prenatal care
- Medication-assisted treatment (MAT)
- One-on-one counseling
- Group therapy

Ms. Martell noted that because New Hampshire Medicaid addressed her health needs, specifically for addiction recovery, she could focus on being her best as a parent, stability, the ability to obtain and hold a job, not partaking in destructive behaviors, and giving back to the community. Ms. Martell currently supports others in recovery, including teaching yoga to those who are incarcerated.

DHHS Speaker: Erin Metcalf

The first speaker from DHHS was Erin Metcalf. Ms. Metcalf holds a master's degree in public health (MPH) and is an administrator for the Medicaid Quality Program of DHHS, Office of Medicaid. Ms. Metcalf opened her presentation with polling questions for the participants and reviewed the New Hampshire Healthcare Effectiveness Data and Information Set (HEDIS®)[1] rates related to timely postpartum care.

Polling Question

Ms. Metcalf presented a request for participants to respond to a series of polling questions, assessing their current knowledge of the postpartum benefit policy and related incentive programs. The participants responded to five polling questions, and the results of the polling questions are displayed in Table 2-1 through Table 2-4. Approximately 28 participants responded to each question. Most of the nonrespondents included the speakers, facilitators, HSAG support personnel, and DHHS staff.

Question 1: The Department of Health and Human Services encourages continuous quality improvement in health outcomes through its Medicaid contract with the MCOs. The Department withholds a portion of the MCOs' payments. MCOs can earn these payments back by achieving annual performance targets for timely postpartum care rates. Based on your expertise, how will the policy impact the performance rate?

Table 2-1—Possible Responses and Results for Question 1 (n=27)

Possible Responses		Percentage of Responses
a.	The policy will increase rates	55.6 % (15)
b.	The policy will decrease rates	3.7% (1)
c.	The policy will neither increase or decrease rates	14.8% (4)
d.	I am not sure	25.9% (7)

Question 2: Were you aware of this policy?

Table 2-2—Possible Responses and Results for Question 2 (n=27)

Possible Responses		Percentage of Responses
a.	Yes	66.7% (18)
b.	No	33.3% (9)

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Question 3: MCOs offer a financial incentive program for timely postpartum care through the Healthy Baby Programs. Based on your expertise, how will this financial incentive impact timely postpartum rates?

Table 2-3—Possible Responses and Results for Question 3 (n=28)

Possible Responses		Percentage of Responses
a.	The incentive program will increase rates	85.7% (24)
b.	The incentive program will decrease rates	0.0% (0)
c.	The incentive program will neither increase nor decrease rates	10.7% (3)
d.	I am not sure	3.6% (1)

Question 4: Are you aware that in 2023, DHHS expanded Medicaid postpartum coverage from 60 days to 12 months for new mothers?

Table 2-4—Possible Responses and Results for Question 4 (n=28)

Possible Responses		Percentage of Responses
a.	Yes	82.1% (23)
b.	No	17.9% (5)

New Hampshire HEDIS Postpartum Care Rates

Ms. Metcalf continued the presentation with an overview of the New Hampshire MCO performance, trends, and comparative rates concerning the National Committee for Quality Assurance's (NCQA's) HEDIS measure, *Prenatal and Postpartum Care (PPC)—Postpartum Care.* Ms. Metcalf noted that HEDIS measures are considered the gold standard and used nationally for comparison of health plan data; however, HEDIS is but one set of potential data points, in addition to epidemiologic or public health survey data. The following information includes the description for the HEDIS *PPC—Postpartum Care* measure:

> The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.[2]

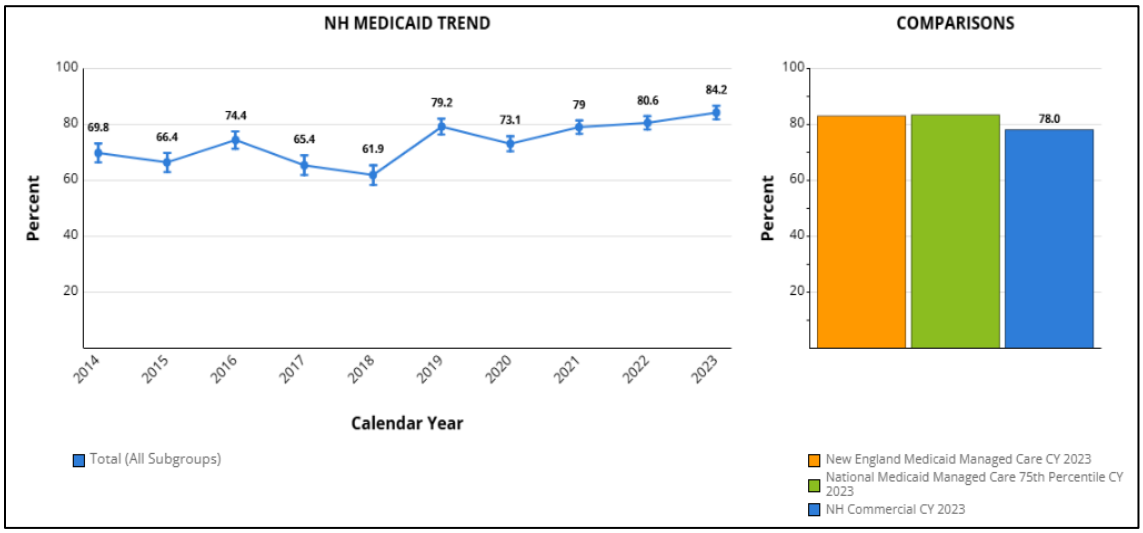
The numerator includes the percentage of deliveries that had a postpartum visit on or between seven and 84 days of delivery. The denominator includes members who had live births during the reporting period.

Figure 2-1 demonstrates the yearly percentage of postpartum visits for New Hampshire Medicaid. Ms. Metcalf noted that the *PPC—Postpartum Care* measure rate for the New Hampshire Medicaid 2023 calendar year (CY) was 84.2 percent, which is slightly above the National Medicaid Managed Care 75th percentile benchmark and greater than the New Hampshire commercial comparator. She shared

[2] National Committee for Quality Assurance. *HEDIS® Measurement Year 2023 Volume 2: Technical Specifications for Health Plans*. Washington, DC: NCQA; 2022.

appreciation on behalf of DHHS, as DHHS has highlighted and prioritized this metric for several years, and it is consistently increasing and demonstrating success.

Figure 2-1—Postpartum Care



Ms. Metcalf also presented two additional data points from the Centers for Medicare & Medicaid Services (CMS) Core Quality Measures Collaborative (CQMC). The CQMC promotes a patient-centered assessment of quality, driving improvement in high-priority areas by recommending core performance measure sets that promote alignment and harmonization of measure use and collection across payers in both public and private sectors.[3] Ms. Metcalf discussed two CQMC measure sets representing a trend for long-acting reversible contraceptive (LARC) care offered to women three days postpartum and 90 days postpartum.

Figure 2-2 and Figure 2-3 represent the percentage of women who received a LARC within three and 90 days of delivery, respectively. Ms. Metcalf noted that the numerator of women who received LARC within three days of delivery is small; however, the overall trend is increasing. In addition, the percentage of women who were offered a LARC within 90 days postpartum is higher. Overall, DHHS is following the measures and acknowledging the increasing rates.

[3] Centers for Medicare & Medicaid Services. *Core Measures*. Available at: https://www.cms.gov/ medicare/ quality/ measures/core-measures. Accessed on: July 1, 2025.

Figure 2-2—Contraceptive Care—Postpartum Women: LARC—3 Days

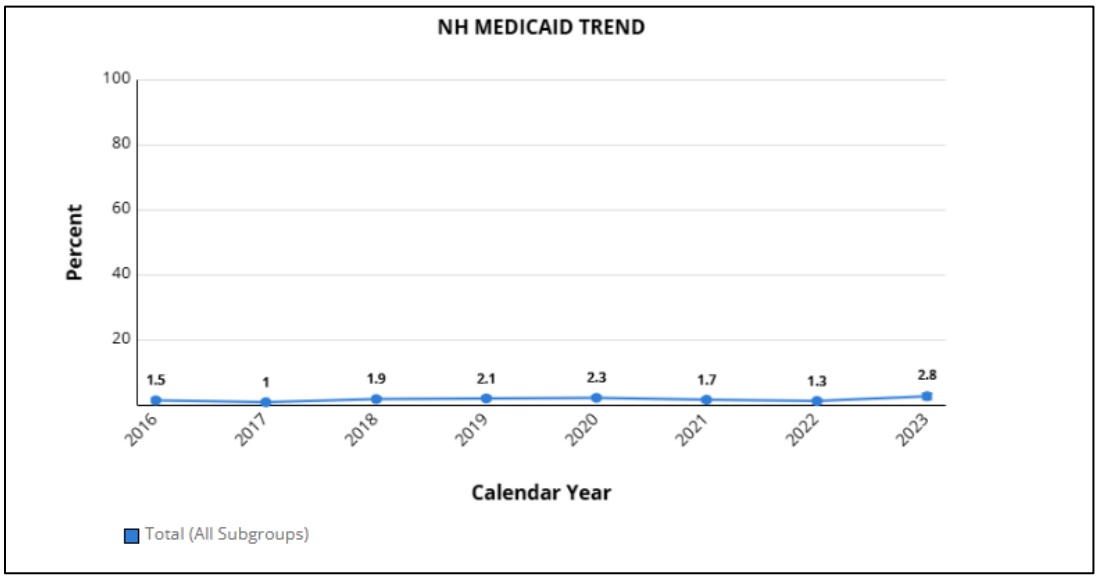
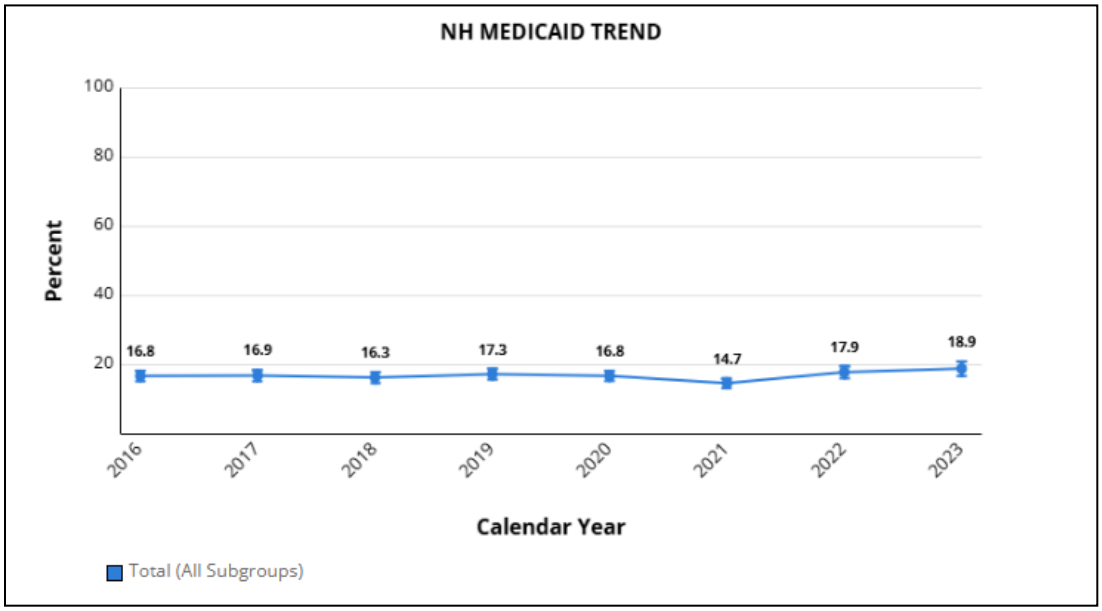


Figure 2-3—Contraceptive Care—Postpartum Women: LARC—90 days



DHHS Speakers: Carolyn Nyamasege, PhD, and Laura Suzuki, PhD, MPH, RN, CPH

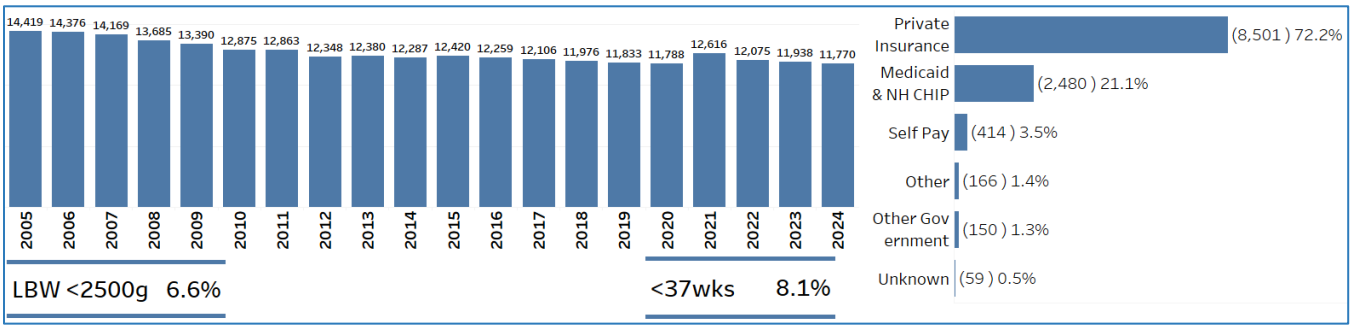
Next, DHHS staff members Carolyn Nyamasege, PhD, MPH, MS, New Hampshire Maternal and Child Health epidemiologist, and Laura Suzuki, PhD, MPH, RN, CPH, and PRAMS Director, focused on epidemiological data, community survey results, and Pregnancy Risk Assessment Monitoring System (PRAMS) survey data for the region.

Dr. Nyamasege presented first, discussing a variety of topics regarding maternal health outcomes, sharing birth certificate data from the New Hampshire Vital Records Information Network Web (NHVRINweb).[4] Ms. Nyamasege discussed:

- Population trends and birth percentages by payor, rural and non-rural areas, race, and ethnicity.
- Available birthing hospitals, by geography (rural and non-rural areas).
- Prevalence of a medical diagnosis during pregnancy (obesity, diabetes, hypertension, or substance use disorder [SUD]).
- Prenatal care within the first trimester.
- Perinatal Mental Health (PMH) care, including barriers to seeking MH services.
- Pregnancy-associated deaths.

Dr. Nyamasege pointed out that 72.2 percent of New Hampshire's births in 2024 were covered under private insurance, and 21.1 percent were covered under Medicaid, as reflected in Figure 2-4.

Figure 2-4—2024 New Hampshire Residents' Birth by Payor

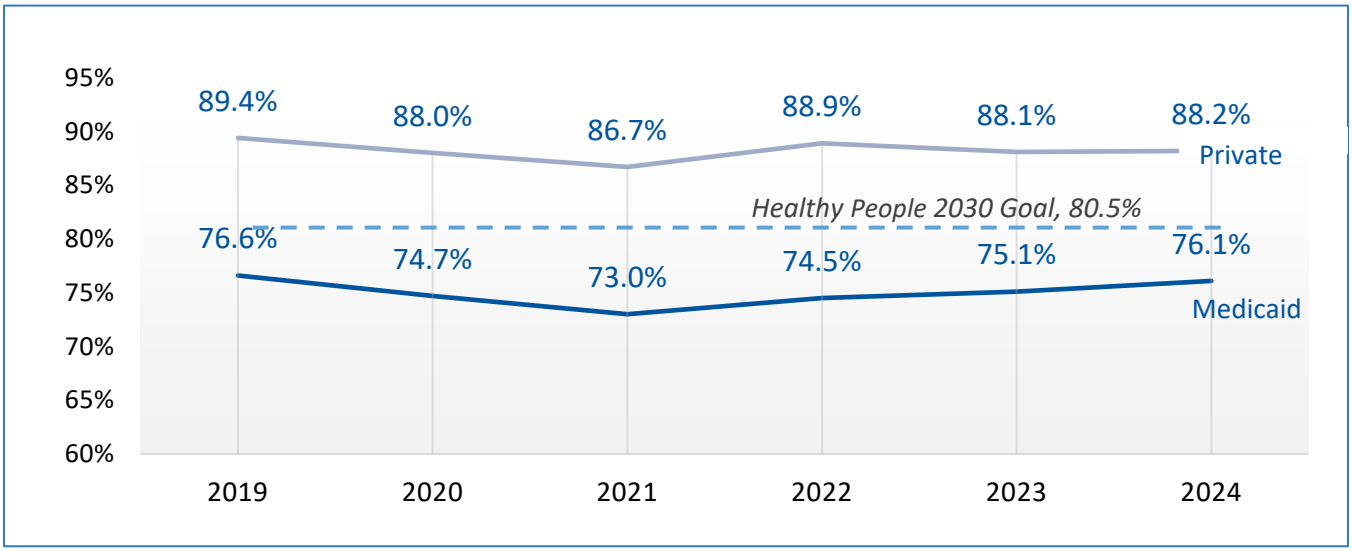


Dr. Nyamasege also discussed the trends in associated medical diagnoses during pregnancy, such as obesity, hypertension, pre- and gestational diabetes, PMH disorders, and SUD. For example, she noted that obesity during pregnancy is trending upward, demonstrating an approximate increase of 9 percentage points since 2015. In 2024, 58.2 percent of NH resident maternal pregnancies were classified

[4] New Hampshire Department of State Division of Vital Records. *NHVRIN web.* Available at: https://nhvrinweb.sos.nh.gov/Default.aspx. Accessed on: July 1, 2025.

as overweight or obese at birth compared to 49.2 percent in 2015. The proportion of residents with gestational and pre-pregnancy hypertension in 2024 was 13.0 percent, and the proportion of those with gestational diabetes was 9.8 percent. In addition, Dr. Nyamasege discussed the receipt of prenatal care in the first trimester of pregnancy. In 2024, 76.1 percent of New Hampshire Medicaid residents received timely prenatal care in comparison to 88.2 percent of privately insured individuals noted in Figure 2-5.

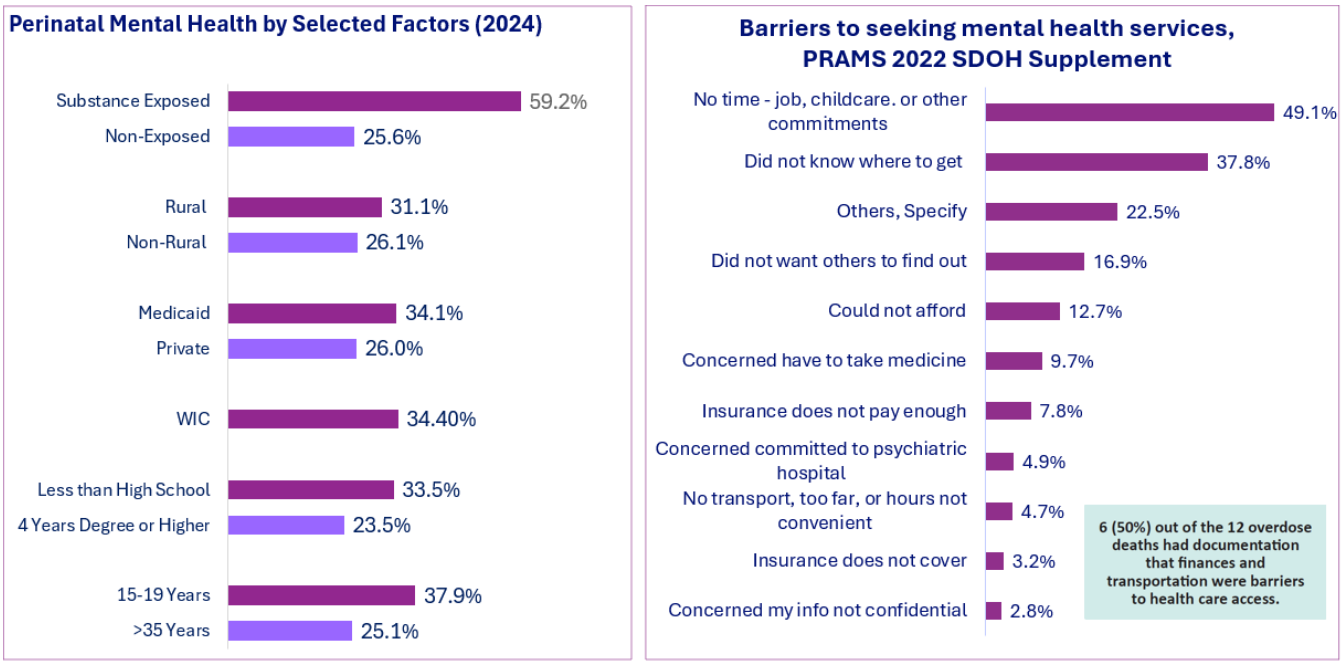
Figure 2-5—New Hampshire Residents Receiving Prenatal Care in the First Trimester



Finally, Dr. Nyamasege reviewed the trends in perinatal mental health conditions (PMHCs), including perinatal depression and SUD. In 2016, 13.2 percent of NH residents experienced a PMHC during pregnancy compared to 27.6 percent in 2024, acknowledging a greater than 13 percentage point increase. She also reviewed the factors related to PMHCs and the barriers to seeking MH services during pregnancy, as noted in Figure 2-6. PRAMS survey respondents reported a lack of time and knowledge as the top two barriers to seeking services. Additionally, six (50.0 percent) of the 12 overdose deaths occurring between 2019-2023 had documentation regarding a lack of finances and transportation, as reported in the 2024 New Hampshire Annual Report on Maternal Mortality.[5]

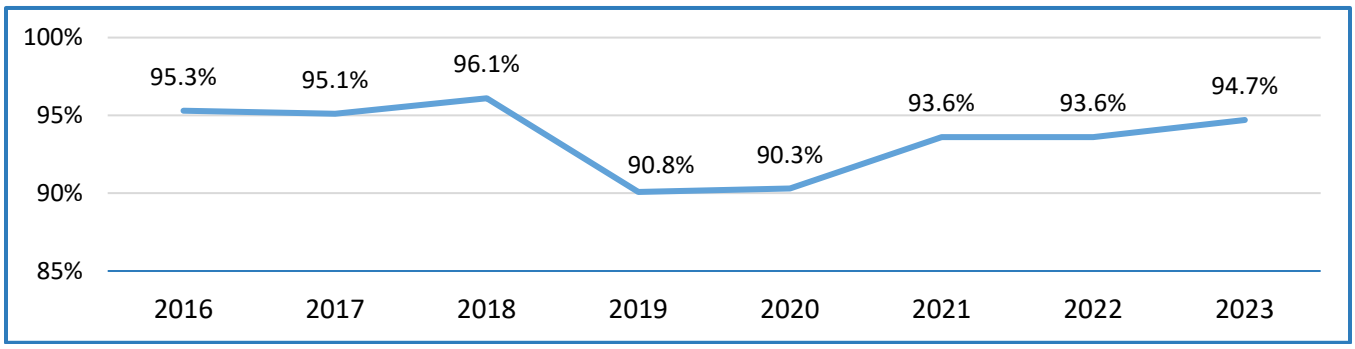
[5] Nyamasege CK, Power AM. *2024 New Hampshire Annual Report on Maternal Mortality.* New Hampshire Department of Health & Human Services. Available at: maternal-mortality-report-2024.pdf. Accessed on: July 23, 2025.

Figure 2-6—Factors Related to PMHC and Barriers to Seeking Services



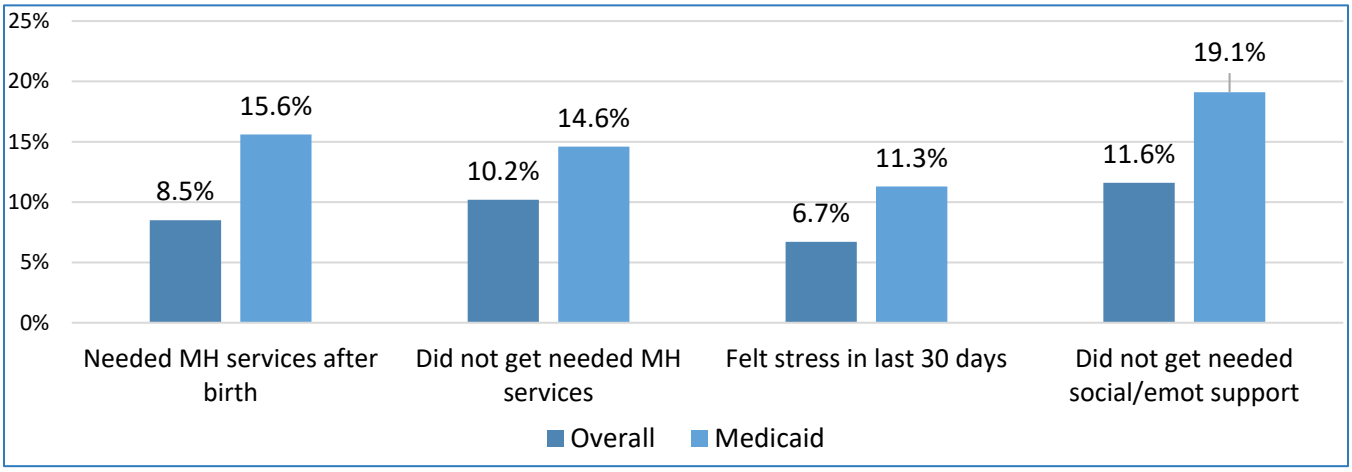
Dr. Laura Suzuki continued the presentation of data by elaborating on the data available from the PRAMS survey. PRAMS collects data from recently pregnant women via survey on important information about health and behaviors in and around pregnancy. Dr. Suzuki noted that in New Hampshire, approximately 1,200 women each year are offered the survey, with a return (completed survey) volume of 500–600 surveys per year. Dr. Suzuki began by presenting a summary of the percentage of women receiving a postpartum visit (PPV) by CY, as noted in Figure 2-7. In addition, Dr. Suzuki noted that in 2021–2022, 66.0 percent of the women lived in an urban area (34.0 percent rural), and only 22.7 percent reported Medicaid as their payor, versus 77.3 percent reporting a non-Medicaid payor. In addition, she noted that the PRAMS survey requires a response from the postpartum mother. She relayed a caution related to the data, noting women experiencing stressful challenges in the postpartum period, such as mental health or substance use issues, are the least likely to respond to the survey.

Figure 2-7—Postpartum Visit: Data From the PRAMS Survey



For the remainder of the discussion, Dr. Suzuki provided additional context and clarity regarding those women who did not receive a PPV. For example, 12.4 percent of women who reported Medicaid as their payor did not have a PPV compared to 6.4% of the overall population who did not have a PPV. In 2022, the PRAMS survey began including questions regarding community health factors. Dr. Suzuki stated that 8.5 percent of all respondents (i.e., not aggregated by payor) reported an inability to pay bills, 9.2 percent indicated their food did not last for a month, and 16.2 percent reported a lack of transportation that impacted their daily lives. Upon considering MH factors, such as services needed but not received, feeling stressed, and not receiving social/emotional support, Dr. Suzuki indicated that Medicaid recipients were less likely to get a postpartum visit as compared to the overall population, as seen in Figure 2-8.

Figure 2-8—Impact of Mental Health Factors on PPV



Finally, Dr. Suzuki reviewed the PPV components addressed by a healthcare provider, including testing for diabetes, recommending a prenatal vitamin with folic acid, encouraging healthy eating and exercise, avoiding smoking, addressing emotional and physical abuse, and asking about symptoms of depression. She indicated that of the Medicaid women who self-reported depression after pregnancy, 85.0 percent reported having a PPV compared to 91.4% of the overall population, 93.8 percent reported being asked about depression during the PPV compared to 91.4% of the overall population, and 71.4 percent requested assistance with postpartum depression compared to 74.2% of the overall population. The PRAMS survey also asked about contraception and family planning during the PPV. Dr. Suzuki reported that 86.8 percent of Medicaid women discussed birth control options with their physician after pregnancy compared to 90.5% of the overall population, 21.0 percent discussed receiving an intrauterine device (IUD) or implant compared to 20.6% of the overall population, and 29.1 percent were given or prescribed another form of contraceptive method compared to 33.2% of the overall population.

3. Keynote Speaker: Julie Bosak, DrPH, CNM, MSN

The New Hampshire Annual Meeting keynote speaker, Dr. Julie Bosak, DrPH, CNM, MSN, began by expressing gratitude for the opportunity to discuss her passion for timely postpartum care, setting the foundation for new mothers to thrive. Her objectives included:

- The magnitude of the full postpartum year.
- Healthcare continuity to prevent increased morbidity.
- Multidimensional influences on postpartum health.
- Our system challenges and opportunities.

> **"Something I spend a lot of time thinking about…is how to set the foundation for new mothers to thrive."**
>
> *-Dr. Julie Bosak*

Dr. Bosak relayed that the postpartum year is a vulnerable time for women who experience profound hormonal and physiologic changes while transitioning into the new role of parenting. The support needed for physiological, emotional, and social needs is high and even more tenuous if recovering from complications of pregnancy and/or birth. She noted that Medicaid can provide a foundational role in supporting women who feel isolated and disconnected, offering a provider who listens to their individual needs, and supporting them with any struggles to find access to services.

For context, Dr. Bosak stated that as of January 2025, 49 states and the District of Columbia have extended postpartum care to a full year.[6] She also reported that a study of 1.5 million Medicaid-covered birth visits between 61 days and 12 months postpartum revealed the following:[7]

- 76.0 percent had at least one visit.
- 28.1 percent had a visit for contraceptive management.
- 20.5 percent had a preventive/well-care visit.
- 18.3 percent received MH/behavioral health (BH) care.
- 61.7 percent had a visit for an acute or chronic illness.

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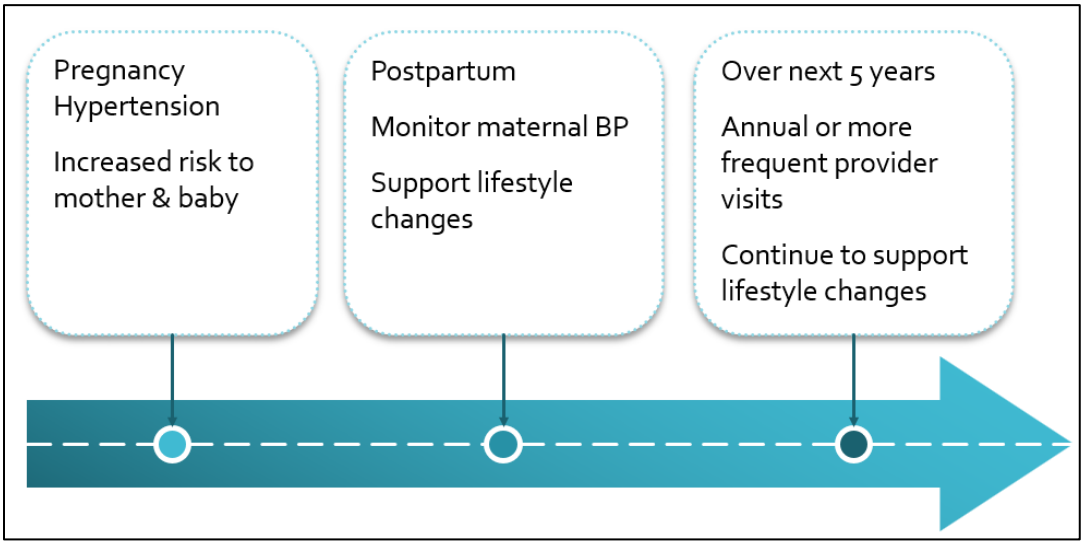
[6] Kaiser Family Foundation. *Medicaid Postpartum Coverage Extension Tracker.* Available at: https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/#:~:text=This%20page%20tracks%20recent%20state%20actions%20to%20extend,SPAs%2C%20and%20coverage%20financed%20solely%20with%20state%20funds. Accessed on: July 1, 2025.

[7] Smith LB, Claire O'Brien KW, Waidmann TA, et al. Medicaid-covered health care visits during the postpartum year: Variation by enrollee characteristics and state. *Health Affairs Scholar*, Volume 3, Issue 2, February 2025, qxaf019. Available at: https://doi.org/10.1093/haschl/qxaf019. Accessed on: July 7, 2025.

Dr. Bosak identified key components of the postpartum visit for mother and baby, such as an assessment of physical and psychological well-being (mood/emotional, infant care and feeding, sexuality, contraception and/or birth spacing, sleep and fatigue, physical recovery, and chronic disease management); a social support system; health maintenance; and connection to services such as home visits and lactation support. Dr. Bosak relayed that pregnancy is considered a natural "stress test" and while a new medical condition may resolve in the postpartum period, it should be followed in a timely manner for treatment and care. Examples of conditions may include hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, and mood disorders. Unfortunately, according to PRAMS data, in 2021, only 9.3 percent of New Hampshire postpartum women were tested for diabetes. Follow-up care for hypertension was also low at 10.4 percent.[8] In addition, nearly 28 percent of women in New Hampshire experience a PMHC. Dr. Bosak noted that without follow-up, outcomes are impacted and linked with a negative impact on breastfeeding, bonding, and maternal health outcomes.

Based on a concern for supportive care, not only during the postpartum year but even longer term, Dr. Bosak highlighted a comprehensive life course approach to health. In alignment with the American College of Obstetricians and Gynecologists (ACOG) Opinion No. 736, Dr. Bosak encouraged care to become an ongoing process (Figure 3-1) rather than a single encounter, with services and support tailored to each woman's individual needs.[9]

Figure 3-1—Lifelong Approach

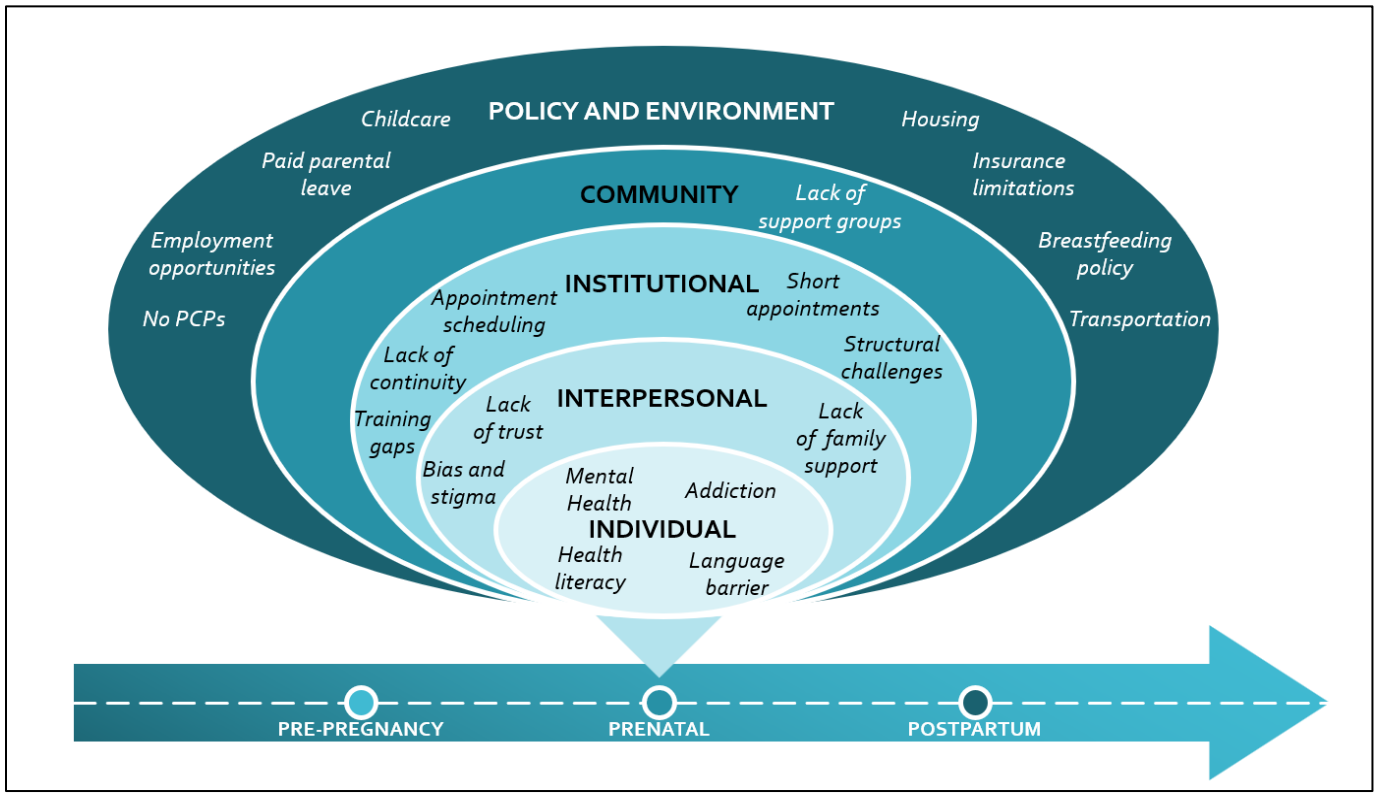


[8] U.S. Centers for Disease Control and Prevention. *Pregnancy Risk Assessment Monitoring System (PRAMS).* Available at: https://www.cdc.gov/prams/index.html. Accessed on: July 1, 2025.

[9] ACOG Committee Opinion No. 736: Optimizing Postpartum Care. *Obstet Gynecol*. 2018 May;131(5):e140-e150. doi: 10.1097/AOG.0000000000002633. PMID: 29683911. Available at: https://pubmed.ncbi.nlm.nih.gov/29683911/. Accessed on: July 7, 2025.

For a supportive model, Dr. Bosak referenced Bronfenbrenner's ecological systems theory of human development.[10] Care should reflect all aspects of an individual's needs (Figure 3-2), including an understanding of a larger framework and the systems that impact his or her development. The theory is composed of five socially organized subsystems that support and guide human development. Dr. Bosak referenced the intent and purpose of the webinar, which would look deeper into the aspects of policy and environment (macrosystems) and how they affect the year of postpartum care. As an example, and for visual demonstration, she customized topics to articulate which systems might impact her patient at the individual level (health literacy and addiction) but also the interpersonal level (lack of trust or family support), institutional level (appointment scheduling and lack of care continuity), community level (lack of support groups), and policy and environment level (housing, paid parental leave, and insurance limitations).

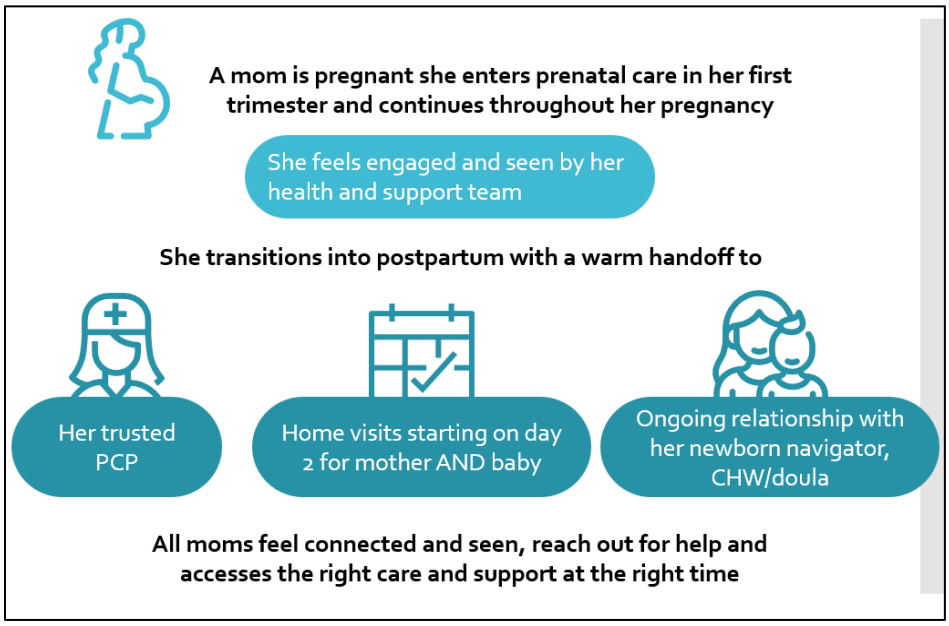
Figure 3-2—Ecological Model



[10] Bronfenbrenner U. Ecological systems theory. In: Vasta, Ross (ed.). *Annals of Child Development*: Vol. 6. London, UK: Jessica Kingsley Publishers; 1989:187–249.

She concluded her presentation by sharing appreciation for the expanded Medicaid coverage and other successes, such as transportation support, MCO case managers, and home visits. She encouraged continued efforts to incorporate CHWs, doulas, and breastfeeding experts. As Ms. Martell noted earlier, the work of these experts to meet the members where they are is invaluable. She expressed understanding that there are challenges but felt optimistic that collaboration and coordination could continue to bring success. To address the underutilization of the PPV, Dr. Bosak challenged the participants to collaborate, break down silos, center the patients' voice to understand their experiences and challenges, and co-create solutions to meet all needs. Dr. Bosak offered her vision of the ideal postpartum experience (Figure 3-3). Women who are linked and engaged in the system are the key to reducing morbidity and mortality and improving overall health for women and new mothers in New Hampshire.

Figure 3-3—Dr. Bosak's Vision



This presentation set the stage for the participants to discuss the barriers and strategies to ensuring a timely PPV.

4. Barrier Evaluation

After the presentations, a brainstorming session, led by facilitator Tanya Lord, PhD, provided a visual and real-time collaboration of ideas utilizing the Mural application. Carrie McFadden, MPH, assisted Dr. Lord in facilitating the session. Prior to the meeting, Dr. Lord and Ms. McFadden offered two training sessions for participants to learn about the Mural application on the afternoon of June 5, 2025, and the morning of June 6, 2025. A total of 23 participants attended the two Mural training sessions.

Dr. Lord utilized several methods to engage participants in an interactive, dynamic brainstorming session, including affinity clustering, voting, and developing responses to "How Might We" (HMW) statements. Through the virtual brainstorming session conducted using the Mural application, Dr. Lord encouraged participants to share their ideas concerning barriers to timely postpartum care. The Mural application allowed participants to write their ideas on virtual "sticky notes" and "post" them to a community whiteboard. In addition, the participants had the option of choosing the color of the sticky note to connect the comment to the group of stakeholders to which they belonged (i.e., community organizations, DHHS, parents, providers, MCOs, or other stakeholders).

Dr. Lord also encouraged open dialogue so participants could further elaborate on their ideas. Several participants openly shared concerns regarding the accurate collection of available data, lack of education about the PPV, misinformation or lack of healthcare trust, and perceived stigma regarding BH and SUD. Dr. Lord facilitated the dialogue as participants continued to develop barrier examples and document them by posting sticky notes using the Mural application. Overall, the activity generated 66 identified barriers, as noted in Appendix B, and the facilitators, grouped the responses into nine themes, listed below.

- Unaware of Importance and Available Resources (15 mentions)
- Transportation and Distance (11 mentions)
- Stigma Around BH and SUD (10 mentions)
- System Issues (9 mentions)
- Lack of Support (8 mentions)
- Misinformation/Lack of Trust in Healthcare (5 mentions)
- Data Collection Barrier (3 mentions)
- Cultural Differences (3 mentions)
- Income (2 mentions)

During the meeting, the facilitators discussed the barriers with the participants during an open dialogue. Dr. Lord prompted the participants to consider which category or group of barriers should be prioritized. The robust discussion included clarification and elaboration on the concerns and barriers from all perspectives of the industry. As the discussion concluded, the facilitators grouped and categorized the barriers into themes. With assistance and feedback from the participants, three main topics were highlighted and solidified.

- Lack of education around the importance of the PPV and individual patient barriers
- Misinformation/Lack of provider trust
- Stigma around BH and SUD

The next sections of the report provide additional information concerning the top three barriers.

Lack of Education Around the Importance of the Postpartum Visit and Individual Patient Barriers

Participants relayed that members may have a lack of understanding and education concerning the importance of receiving a PPV. Approximately 15 comments were generated about the topic, including transportation, appointment time availability, system navigation, and limited physician time as related barriers. Participants also highlighted notable individual member barriers to attending the PPV. Specifically, participants reported that members may be unaware of free programs which support the postpartum period. Health literacy and a lack of education might promote a sense that self-care is not as important as caring for the newborn. Some participants indicated that members might be unaware of incentive programs or case management opportunities. Finally, a woman may not feel like a PPV is necessary when she has delivered multiple children.

Misinformation/Lack of Provider Trust

Overall, participants mentioned concerns that members may experience low trust levels with their provider and the healthcare system at large. Fourteen comments were received regarding this topic. Distrust, sometimes linked to negative experiences, poor communication, or perceived bias, predominated the common themes identified. Members may have believed misinformation about the purpose and importance of postpartum care and that postpartum care was only necessary if a medical problem existed. In addition, others hesitated to engage with the healthcare system due to a lack of or unclear messaging or digital access concerns. Cultural and social barriers were also connected to a lack of trust. Participants pointed out that beliefs about maternal care or cultural mismatches could create discomfort or limit trust.

Stigma Around Behavioral Health and SUD

The third category, stigma related to BH and SUD, generated a few moments of dialogue between participants. As Dr. Lord facilitated the discussion, participants reported a complicated system, and that members may feel ashamed or are unsure where to start when needing help with SUD. Participants relayed that members may have a concern regarding custody of the newborn and fear judgment from their healthcare professionals. In addition, participants considered that members may not believe they are eligible or demonstrate lack of education regarding the resources available to them.

5. Strategies to Address Barriers

Following the identification of the top three barrier categories, the facilitators developed HMW questions to frame the challenges in a solution-oriented manner. Once again, the facilitator led the group through the activity using the Mural application. Participants used sticky notes to suggest over 60 solutions. The full list of suggestions is included in Appendix C.

The HMW questions included the following:

- HMW provide education about services based on individual patient needs?
- HMW increase trust in providers so that they become the "go to" for information around postpartum care and resources?
- HMW decrease stigma and shame around MH, SUD, and other patient needs?

The facilitator encouraged participants to list a strategy or solution on a sticky note and place it under each question. Dr. Lord also asked the participants to document their suggestions in coordination with a color, representing their association of professional interest (e.g., purple sticky note for DHHS or pink sticky note for an MCO). Participants could write a solution for their professional group or identify the team to which the strategy applied, as noted in Table 5-1. For example, a participant from DHHS could document the suggestion on a purple sticky note but apply the note under the MCO category for consideration.

Table 5-1—Brainstorming Grid for the HMW Statements

How Might We…	HMW provide education about services based on individual patient needs?	HMW increase trust in providers so that they become the "go to" for information around postpartum care and resources?	HMW decrease stigma and shame around MH, SUD, and other patient needs?
Parents			
DHHS			
MCOs			
Providers			
Other Stakeholders			

In addition, each participant was offered the chance to vote for up to three strategies that should be prioritized. The facilitator counted the votes and identified the top categories of strategies/solutions to address the barriers:

- Invest in home visiting services, doulas, and peer support.

  - Participants strongly supported this solution, with a total of 15 votes, endorsing increased access to community-based support such as home visiting programs, doulas, CHWs, and recovery coaches.

- Normalize and destigmatize postpartum care and MH.
  - Receiving six votes, solutions in this category emphasized the importance of changing how postpartum care and BH are perceived. Strategies included launching public messaging campaigns to normalize postpartum care; reducing stigma around MH and substance use; and highlighting that support is a standard part of parenthood, not a sign of weakness or failure.
- Meeting parents where they are—geographically and socially.
  - Receiving five votes, this solution category focused on building trust and increasing access by physically bringing care into the community. Ideas included connecting with parents at locations like daycares, laundromats, family resource centers, and religious or cultural gatherings.

6. Conclusions

At the conclusion of the team collaboration, Erin Metcalf offered closing remarks and thanked the presenters and participants for attending the meeting. She also reminded participants to complete the annual quality meeting evaluation that would be available to all participants at the close of the meeting.

After the meeting, 16 participants completed the annual quality meeting evaluation. Seven items required a *Strongly Agree*, *Agree*, *Disagree*, or *Strongly Disagree* response. In addition, three responses required a *Yes* or *No* response. Appendix D contains the annual quality meeting evaluation questions. Additionally, DHHS offered 3.50 nursing contact hours, and 12 nurses received the contact hours for this activity.

The number of participants attending the meeting, the number of participants who attended the Mural training sessions prior to the meeting, the diversity of organizations represented, the information presented by the speakers, the guidance provided by the facilitators, and the feedback generated during the meeting attested to the success of the virtual New Hampshire Annual Quality Meeting concerning improving timely PPVs in New Hampshire.

Appendix A. Agenda

Agenda
Tuesday, June 17, 2025

Objectives

- Objective #1—Reach consensus on the barriers to timely post-partum care.
- Objective #2—Brainstorm potential DHHS, Provider, and MCO collaborations to resolve barriers negatively impacting timely post-partum Care rates.

Time	Agenda Item	Speaker/Presenter
8:30 a.m.	Welcome and Logistics	**Sara Landes, MHA, CPHQ** *Director, State and Corporate Services*
8:35 a.m.	Introduction—Outline of the Day	**Jonathan Ballard, MD** *DHHS Chief Medical Officer*
8:40 a.m.	**The Personal Story of Post-Partum Care**	**Haley Martell, Doula, CLC, CHW, RSW** *Former NH Medicaid Member*
8:50 a.m.	Polling Questions	**Erin Metcalf, MPH** *NH Administrator, Medicaid Quality Program, DHHS Bureau of Program Quality*
9:00 a.m.	**NH HEDIS Post-Partum Care Rates and Measures**	
9:10 a.m.	**PRAMS** **Hospital Discharge Data**	**Carolyn Nyamasege, PhD** *NH Maternal and Child Health Epidemiologist* **Laura Suzuki, PhD, MPH, RN, CPH** *Project Director, NH State Systems Development*
9:30 a.m.	**Keynote Speaker** Creating the foundation for new mothers to thrive: the importance of postpartum coverage for a full year	**Julie S. Bosak, DrPH, CNM, MSN** • *Director, Northern New England Perinatal Quality Improvement Network at Dartmouth Health (DH NNEPQIN)* • *NH Perinatal Quality Collaborative (NHPQC) at DH* • *Population Health Dartmouth Hitchcock Medical Center* • *Instructor, Obstetrics and Gynecology, Geisel School of Medicine*

Time	Agenda Item	Speaker/Presenter
9:50 a.m.	**Facilitated Discussion on Brainstorming Barriers to Timely Post-Partum Care** • Working together: What can be done? How do we do it? • Potential Barriers – group voting	**Tanya Lord, PhD** *Director, Peer Support Community Partners* **Carrie McFadden** *Chief Operating Officer, Peer Support Community Partners*
10:45 a.m.	**Break**	
11:00 a.m.	**Facilitated Discussion on Brainstorming Solutions**	Tanya Lord/Carrie McFadden
11:50 a.m.	**Facilitator Discussion—Summary of Brainstorm Exercise**	Tanya Lord/Carrie McFadden
12:15 p.m.	Closing Remarks	**Erin Metcalf, MPH** *NH Administrator, Medicaid Quality Program, DHHS Bureau of Program Quality*

Appendix B. Barriers

Unaware of Importance and Available Resources
Lack of understanding as to why PPVs are so important
Unaware of free programs that can support
Help with day-to-day care/life situation
Community agencies can help support connections to supports and resources
Health literacy challenges/lack of education
Don't see the need if feeling ok and healthy
Sense that self-care is not as important as caring for kids/other obligations
Low health literacy, unaware of even being pregnant
Unaware of the MCO financial incentives
Lack of knowledge of Child Care new income eligibility
Asking for support can be a barrier (normalizing help seeking)
Unaware of MCO Case Management pregnancy opportunities
A woman who has many children may feel like they do not need to be seen
New moms need more support and encouragement to attend
Age, education, # of pregnancies
Misinformation/Lack of Trust in Healthcare
Misinformation (2)
Needing help can be seen as not being good enough parenting
Are we using the right kinds of providers? i.e., who can or should provide PP care?
Misinformation in AI

System Issues
Limited physician time to fit her in
Lack of coordination between providers and community organizations
System navigation
Access
Access to OBGYN services
Plan marketing budgets & Provider EMR systems could use additional funding to enhance patient experiences
Inadequate prenatal care
Inconvenient appointment times
Access to a health support system
Data Collection Barriers
MCO barrier: maternity bundle bill
Poor CPTII utilization
Provider hesitancy digital sharing of EMR for visit info
Income
Insufficient income
I think disconnection in part is driven by non-clinical conditions, like insufficient income
Lack of Support
Lack of support/community
Time
Fear of leaving the house with a newborn
It's hard to leave the house with a newborn! It's isolating
Not enough paid time off
Don't want to be bullied into using birth control
No flexibility in work schedule (time)
Lack of support/community
Cultural Differences
Cultural
Cultural or value to go all natural
Cultural differences between providers and patients

Transportation and Distance
Transportation (5)
Convenience—lack of transportation and sibling childcare
Long drive to doctor
Lack of transportation
Transportation distance
Transportation challenges for new moms
Lack of transportation and time
Behavioral Health and SUD Stigma
Feeling ashamed or not sure where to even start to get help for MH or SUD needs
Substance exposure and fear of DCYF and child custody
Stigma, embarrassment
Easy access to support for MH or SUD
Stigma
Shame/denial of condition
Fear of judgement
Discrimination
Substance use
Stigma related to PP depression

Appendix C. Strategies to Address Barriers

Strategies to Address: HMW provide education about services based on individual patient needs?
Strategies for DHHS
Travel/gas voucher for member to ensure access to appts
Use doulas, CHWs, recovery coaches and home visitors
Require the use of CPT II codes if bundle billing
Cross promote and understand resources across sectors, it's a shared responsibility not siloed
Invest in home visiting services, doulas, peer support
Is it possible to partner with grocery stores to encourage healthy eating while pregnant? Maybe that may trigger someone to take a test or seek care?
Strategies for Parents
Include the experience of advisors with recommendations
Strategies for MCOs
Member education in different languages/literacy levels for the patient population
Utilize social media platforms for reminders about transportation and support services for things like MH/SUD
Enhanced marketing campaigns could provide members (especially in rural areas with compromised internet access) with the benefit of hard copy marketing materials to be/stay informed
Promote core messaging to inform and educate women about the importance of timely postpartum care and available perinatal resources through Medicaid
Strategies for Providers
Review education with patients in their preferred method (visual, etc.) and check for understanding
Promote core messaging to inform and educate women about the importance of timely postpartum care and available perinatal resources through Medicaid https://www.dhhs.nh.gov/sites/g/files/ehbemt476/ files/ documents2/medicaid-baby-programs-april-2025.pdf
Cross-promote and understand resources across sectors, its a shared responsibility not siloed
Ask me what my challenges are!
Promote healthy eating and vitamin availability when of child bearing age and if sexually active
Enhancing provider EMR systems may allow input of CPT II codes and other options (which may improve data collection, accuracy of rates, timely payment of provider and member incentives, etc.)
Let members know of incentives for prenatal or postpartum care
Review education with patients in their preferred method (visual, etc.) and check for understanding

Strategies to Address: HMW provide education about services based on individual patient needs?
Promote core messaging to inform and educate women about the importance of timely postpartum care and available perinatal resources through Medicaid https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/medicaid-baby-programs-april-2025.pdf
Cross-promote and understand resources across sectors, its a shared responsibility not siloed
Ask me what my challenges are!
Promote healthy eating and vitamin availability when of child bearing age and if sexually active
Enhancing provider EMR systems may allow input of CPT II codes and other options (which may improve data collection, accuracy of rates, timely payment of provider and member incentives, etc.)
Let members know of incentives for prenatal or postpartum care
Strategies for Other Stakeholders
Statewide investment $$$ in MCH. Momnibus 2.0 and more to create a better foundational system
Increase services such as Baby Homecoming Visit (3–5 days after birth) Offer across the state, currently at Concord Hospital
Promote core messaging to inform and educate women about the importance of timely postpartum care and available perinatal resources through Medicaid https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/medicaid-baby-programs-april-2025.pdf

Strategies to Address: HMW increase trust in providers so that they become the "go to" for information around postpartum care?
Strategies for DHHS
Engage providers to advocate for comprehensive MCH/perinatal/SUD/MH funding
Providers meet moms where they are to build trust—religious settings, community events, etc.
All more various provider types to provide post-partum care
Strategies for Parents
Include the experience of advisors with recommendations
Participate in forums or groups to connect with others and discuss concerns
Strategies for MCOs
Engage providers to advocate for comprehensive MCH/perinatal/SUD/MH funding
Providers meet moms where they are to build trust—religious settings, community events, etc.
All more various provider types to provide post-partum care
Strategies for Providers
Meet people where they are physically—at daycare centers, laundromats, family resource centers
Promote culturally appropriate respectful care throughout pregnancy
Providers need to be able to provide comprehensive care without concern about insurance reimbursement
Practice active listening and create a safe space for patients to share concerns
Representative from the provider's office could be the face of the office, go into the public to meet moms, and provide a warm handoff to the providers
Listen to patients needs and wants around pregnancy & delivery. This may enhance PPV rates.
Culturally appropriate care
Other Stakeholders
Community organization leaders encourage connection back to the membership's practitioners
Patient autonomy
Increased check-ins between providers/patients to discuss concerns (including MH concerns as well)

Strategies to address: HMW decrease stigma and shame around MH, SUD, and other patient needs?
Strategies for DHHS
Data Brief to show how common MH & SUD is in pregnancy/postpartum
Peer based resources MH, SUD, Parent groups
Promote offering SUD MH services in a primary care setting
Invest in community-based supports like peer support, doulas, recovery coaches to meet moms where they're at.
Increased conversation and advocacy, use focus groups with the target population to more effectively inspire interventions
Normalize that everyone needs support in messaging and promoting programs
DCYF should educate those affected about their protocol
Strategies for Parents
Include the experience of advisors with recommendations
Easy access to community support
Strategies for MCOs
Publicize resources for pregnant/postpartum women
Member education
Strategies for Providers
Patient education
Offer connection to peer supports
Normalize uncomfortable nature of communicating and look at alternative ways to communicate
Strategies for Other Stakeholders
Referral to telehealth as alternative to in person visit
Education around social skills for patients and providers

Appendix D. Annual Quality Meeting Evaluation

Annual Quality Meeting Evaluation
Increasing Timely Postpartum Rate
Evaluation Form

Tuesday, June 17, 2025

Please check the response that most accurately describes your evaluation of the following statements.

Objectives

The following objectives were met during the meeting:	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Reach consensus on the barriers to timely post-partum care.				
2. Brainstorm potential DHHS, Provider, and Managed Care Organization (MCO) collaboration to resolve barriers negatively impacting timely post-partum care rates.				

The Personal Story of Post-Partum Care

Speaker: Haley S. Martell

The following objectives were met during the meeting:	Strongly Agree	Agree	Disagree	Strongly Disagree
The speaker was knowledgeable about the topic of the meeting, an effective speaker, and presented valuable information regarding the importance of timely post-partum care.				

NH HEDIS Post-Partum Care Rates and Measures

Speaker: Erin Metcalf, MPH
Administrator, Medicaid Quality Program
DHHS Bureau of Program Quality

The following objectives were met during the meeting:	Strongly Agree	Agree	Disagree	Strongly Disagree
The speaker was knowledgeable about the topic of the meeting, an effective speaker, and presented valuable information regarding the importance of timely post-partum care.				

PRAMS: Hospital Discharge Data

Speakers: Laura Suzuki, PhD, MPH, RN, CPH
Carolyn Nyamasege, PhD

The following objectives were met during the meeting:	Strongly Agree	Agree	Disagree	Strongly Disagree
The speakers were knowledgeable about the topic of the meeting, effective speakers, and presented valuable information regarding the importance of timely post-partum care.				

Creating the Foundation for New Mothers to Thrive: The Importance of Postpartum Coverage for a Full Year

Keynote Speaker: Julie S. Bosak, DrPH, CNM, MSN

The following objectives were met during the meeting:	Strongly Agree	Agree	Disagree	Strongly Disagree
The speaker was knowledgeable about the topic of the meeting, an effective speaker, and presented valuable information regarding the importance of timely post-partum care.				

Meeting Facilitator

Tanya Lord, PhD
Director, Peer Support Community Partners

The following objectives were met during the meeting:	Strongly Agree	Agree	Disagree	Strongly Disagree
The facilitator effectively and efficiently managed the discussions during the meeting.				

Please explain how this activity enhances your competence.

_____
_____
_____

What are you going to do differently after attending this activity/educational session?

_____
_____
_____

Please share any comments relevant to the NH Medicaid Care Management Quality Improvement Meeting.

_____
_____
_____

What recommendations do you have for next year's conference (e.g., topics, conference format, etc.)

_____
_____
_____