NH Medicaid Care Management
Medicaid Quality Program – Annual Meeting

June 17, 2025

Department of
HEALTH & HUMAN SERVICES

Division of Program Quality and Integrity

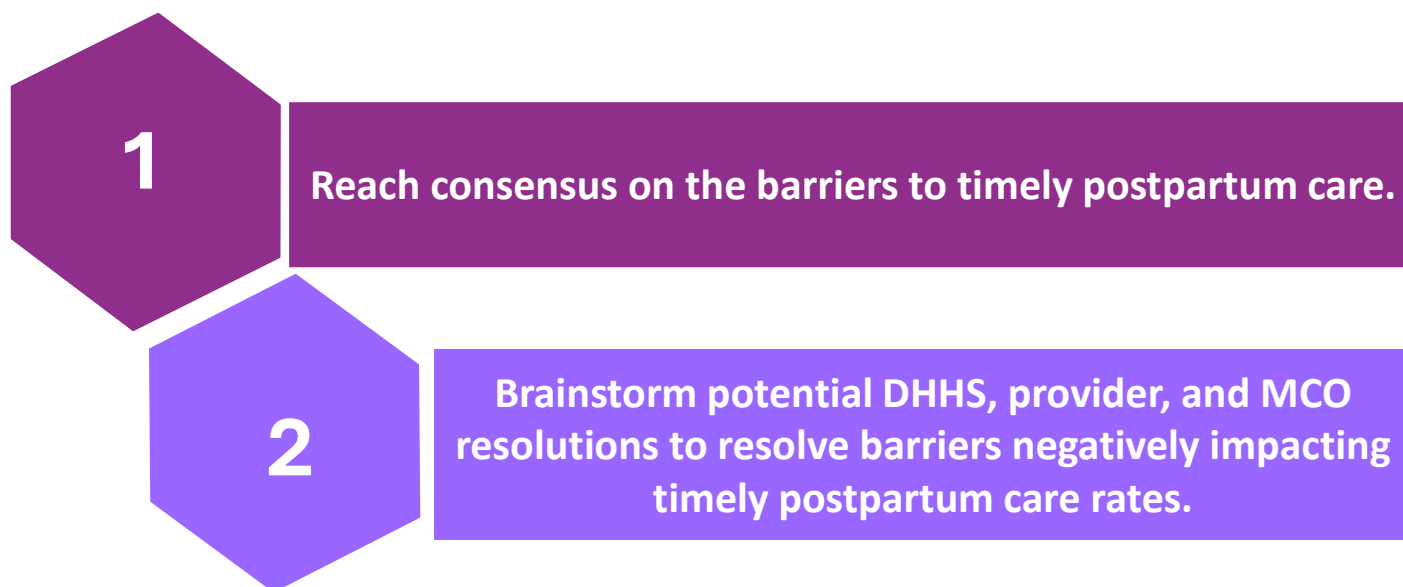# Annual Meeting Overview and Objectives:

Annual Meeting

- 4-hour virtual meeting on June 17, 2025

- 52 attendees including:
  - DHHS Staff
  - MCO Staff
  - Providers
  - Parent advocates
  - Representatives from provider offices

- DHHS Speakers

- Keynote speaker

- Facilitated brainstorming sessions with group

Meeting Objectives

1 Reach consensus on the barriers to timely postpartum care.

2 Brainstorm potential DHHS, provider, and MCO resolutions to resolve barriers negatively impacting timely postpartum care rates.

Agenda

- The Personal Story of Post-Partum Care

- Zoom Polling Questions

- New Hampshire Performance (HEDIS Post-Partum Care Rates and Measures)

- Hospital Discharge Data

- PRAMS

- Keynote Speaker

- Barrier Review

- Strategies to Address Barriers

The Personal Story of Post-Partum Care:

The Personal Story of Post-Partum Care in a former Medicaid Beneficiary

- The meeting began with a speaker with lived experience who was a former NH Medicaid beneficiary. She is a certified as a doula (CD), lactation consultant (CDC), community health worker (CHW), and recovery support worker (RSW).

- The speaker shared her personal story about her journey with substance misuse, the support she received made possible through the NH Medicaid program as well as other resources to help her through the perinatal period, and the valuable connections she made to take full advantage of the opportunities provided.

- She noted that because NH 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. The speaker currently supports others in recovery, including teaching yoga to those who are incarcerated.

Zoom Polling:

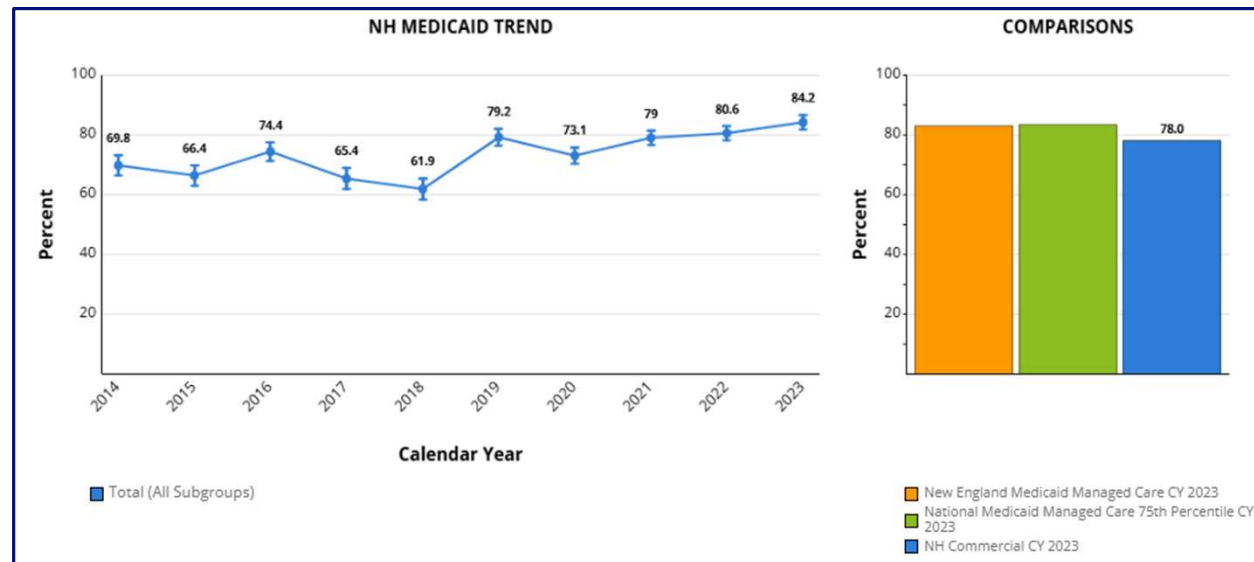## Zoom Polling used to assess current knowledge

- A total of 5 polling questions were used to assess current knowledge of the postpartum benefit policy and related incentive program.

New Hampshire performance:

NCQA's* Healthcare Effectiveness Data and Information Set (HEDIS), Postpartum Care Rates (PPC)
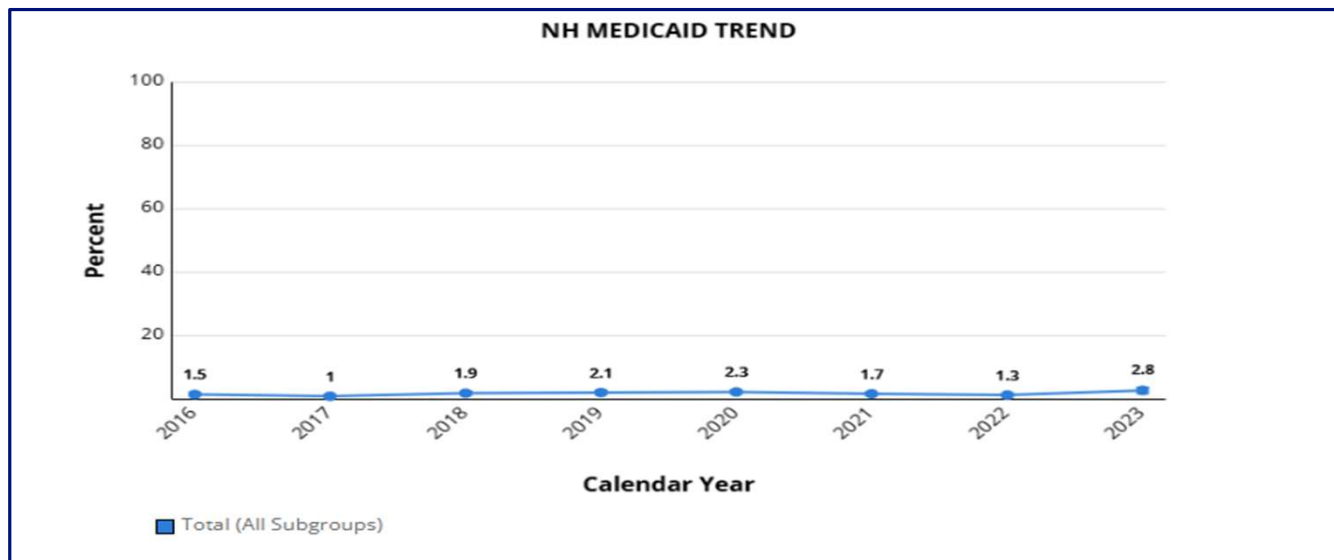

Measure Definition: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

*National Committee for Quality Assurance (NCQA)
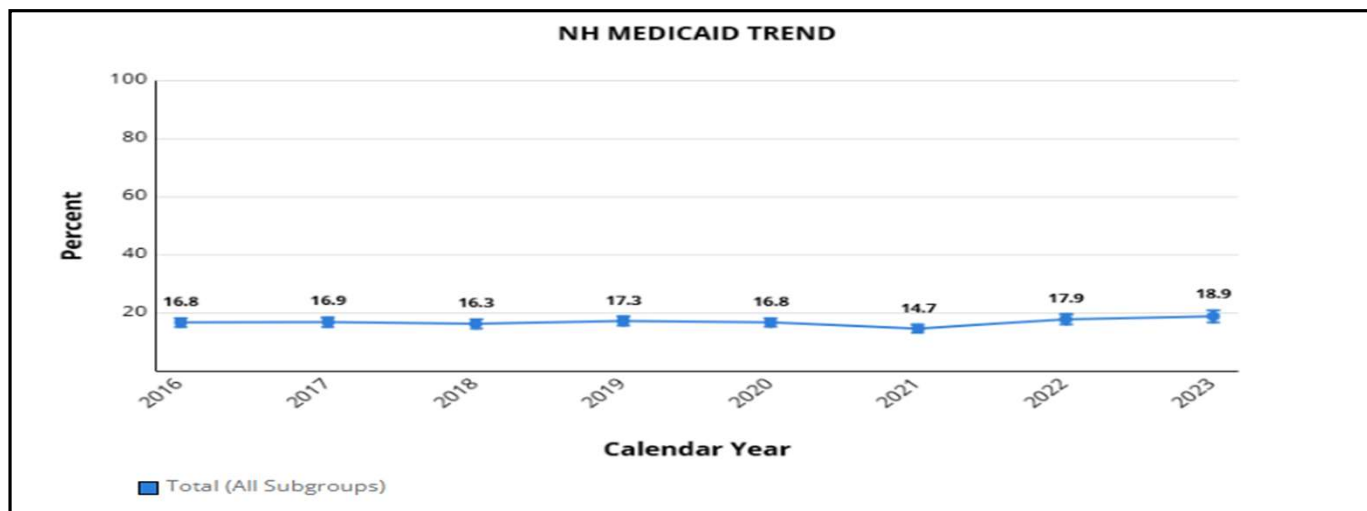
CMS* Core Quality Measures Collaborative (CQMC)- Use of long-acting reversible contraceptives (LARC) – 3 Days

*Centers for Medicare & Medicaid Services (CMS)

CMS* Core Quality Measures Collaborative (CQMC)- Use of long-acting reversible contraceptives (LARC) – 90 Days

NH MEDICAID TREND

Year	Percent
2016	16.8
2017	16.9
2018	16.3
2019	17.3
2020	16.8
2021	14.7
2022	17.9
2023	18.9

Total (All Subgroups)

*Centers for Medicare & Medicaid Services (CMS)

Key Takeaways

- In 2023, DHHS expanded Medicaid postpartum coverage from 60 days to 12 months for new mothers.

- The Postpartum Care measure rate for the NH Medicaid 2023 calendar year (CY) was 84.2%, which is slightly above the National Medicaid Managed Care 75th percentile benchmark and greater than the NH commercial comparator.

- MCOs offer a financial incentive program for timely postpartum care through the Healthy Baby Programs.

- The number of women who received LARC within three days of delivery is small; however, the overall trend is increasing.

- Quality Withhold Program- DHHS 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.
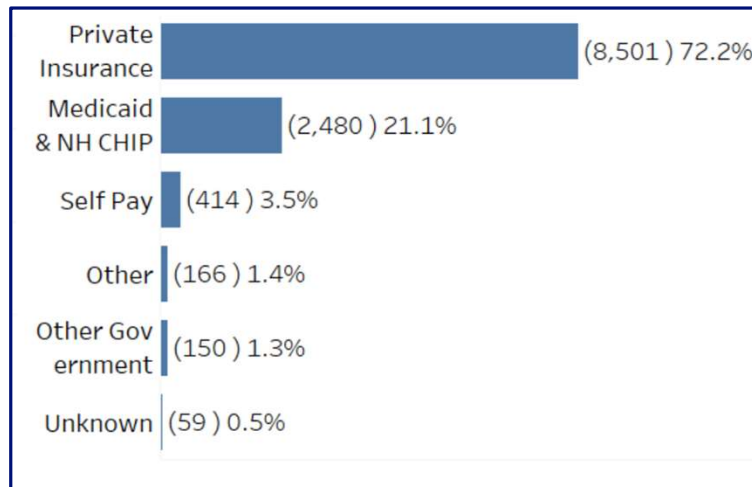
Hospital Discharge Data
Pregnancy Risk Assessment Monitoring System
(PRAMS)

NH Births by Payor Data

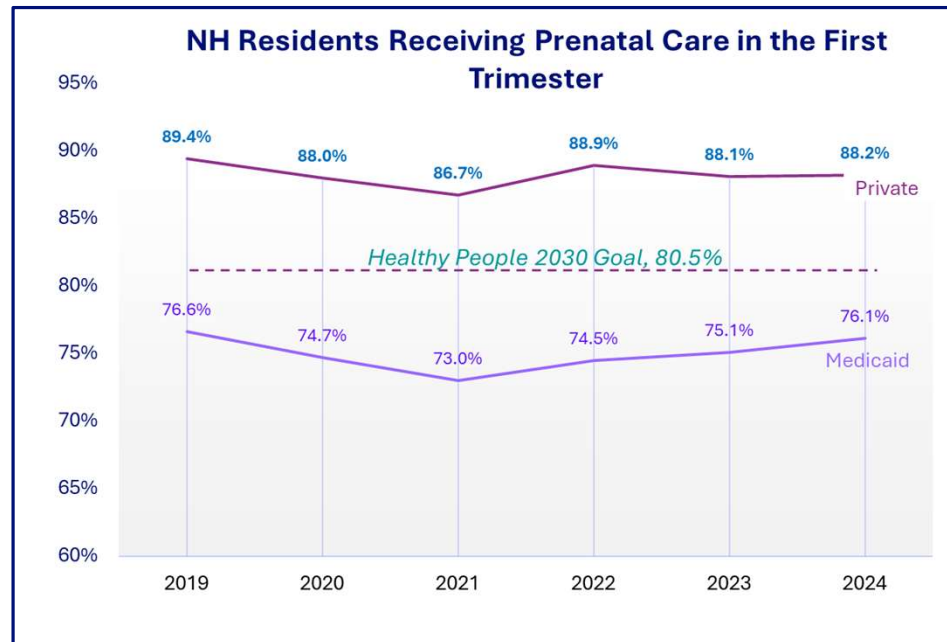2024 New Hampshire Residents' Birth by Payor

- 72.2 % of NH's births in 2024 were covered under private insurance, and 21.1% were covered under Medicaid

Data Source, NH Birth Certificate

Prenatal Care in the First Trimester

NH Residents Receiving Prenatal Care in the First Trimester

89.4% · 88.0% · 86.7% · 88.9% · 88.1% · 88.2% — Private

Healthy People 2030 Goal, 80.5%

76.6% · 74.7% · 73.0% · 74.5% · 75.1% · 76.1% — Medicaid

2019 · 2020 · 2021 · 2022 · 2023 · 2024

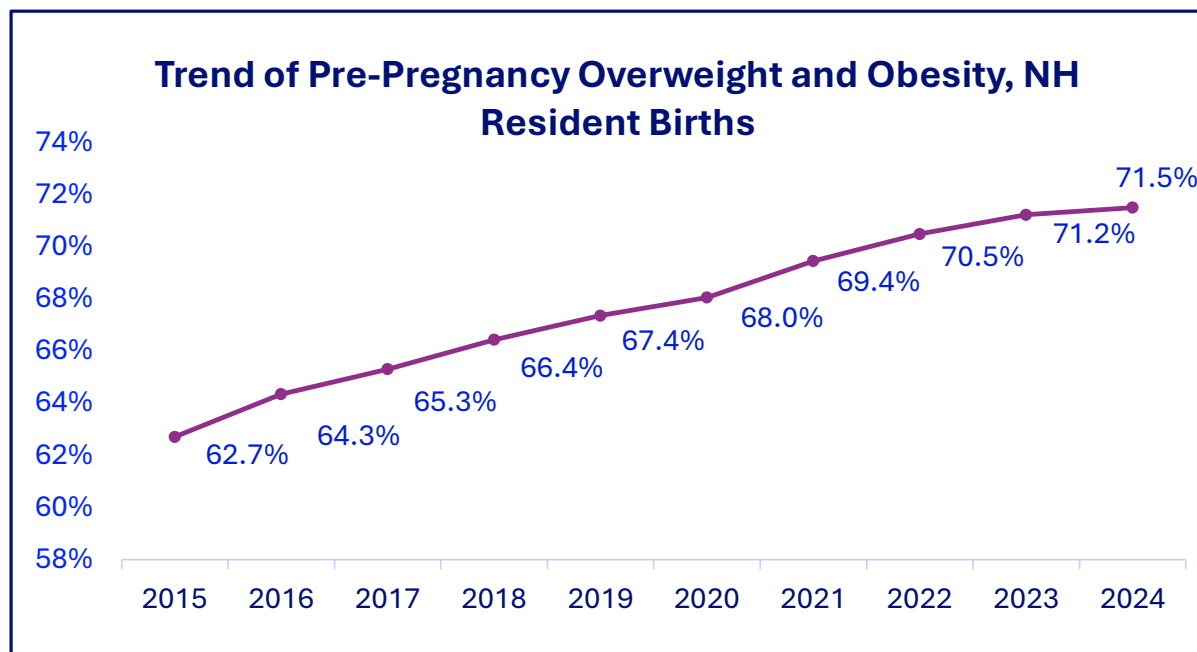- In 2024, 76.1% of NH Medicaid residents received timely prenatal care in comparison to 88.2% percent of privately insured individuals.

Data Source, NH Birth Certificate

NH Trend of Pre-Pregnancy Overweight and Obesity

Trend of Pre-Pregnancy Overweight and Obesity, NH Resident Births

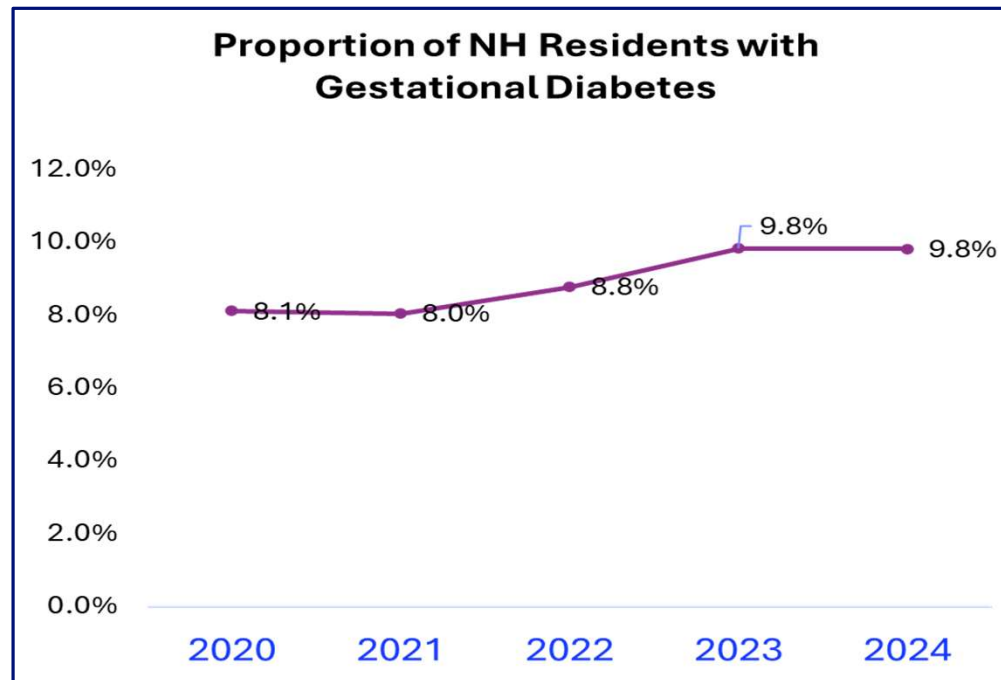- Obesity pre-pregnancy is trending upward, demonstrating an approximate increase of 9% since 2015.

Data Source, NH Birth Certificate

NH Trend of Gestational Diabetes

Proportion of NH Residents with Gestational Diabetes

- 2020: 8.1%
- 2021: 8.0%
- 2022: 8.8%
- 2023: 9.8%
- 2024: 9.8%

- The proportion of residents with gestational diabetes is trending upward since 2020.

Data Source, NH Birth Certificate

NH Trend of Perinatal Mental Health Conditions (PMHC)

Trend of Perinatal Mental Health Conditions (PMHC)

13.2% 17.5% 19.5% 20.5% 23.2% 26.2% 27.0% 25.8% 27.6%

1 in **4**

NH birthing people report a PMHC

2016   2018   2020   2022   2024*
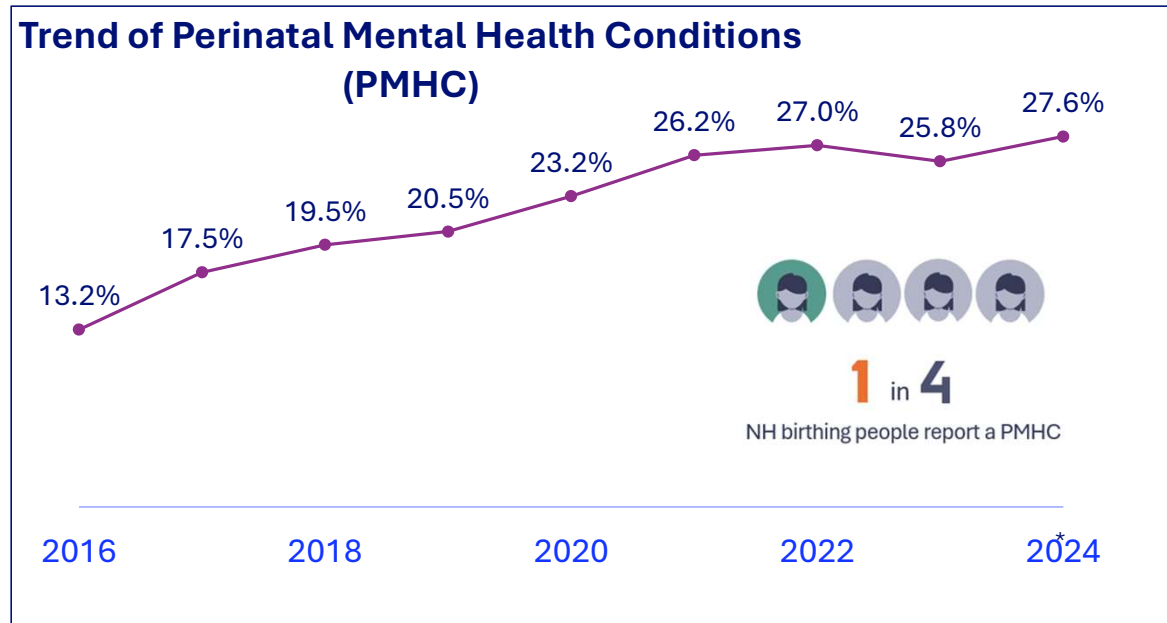
- In 2024, 27.6% of NH residents experienced a PMHC during pregnancy, an increase in over 13% since 2016.

Source: Data source: NH Delivery Hospitalization Data and *NH Vital Records Birth Certificate Data

Pregnancy Risk Assessment Monitoring Systems (PRAMS)

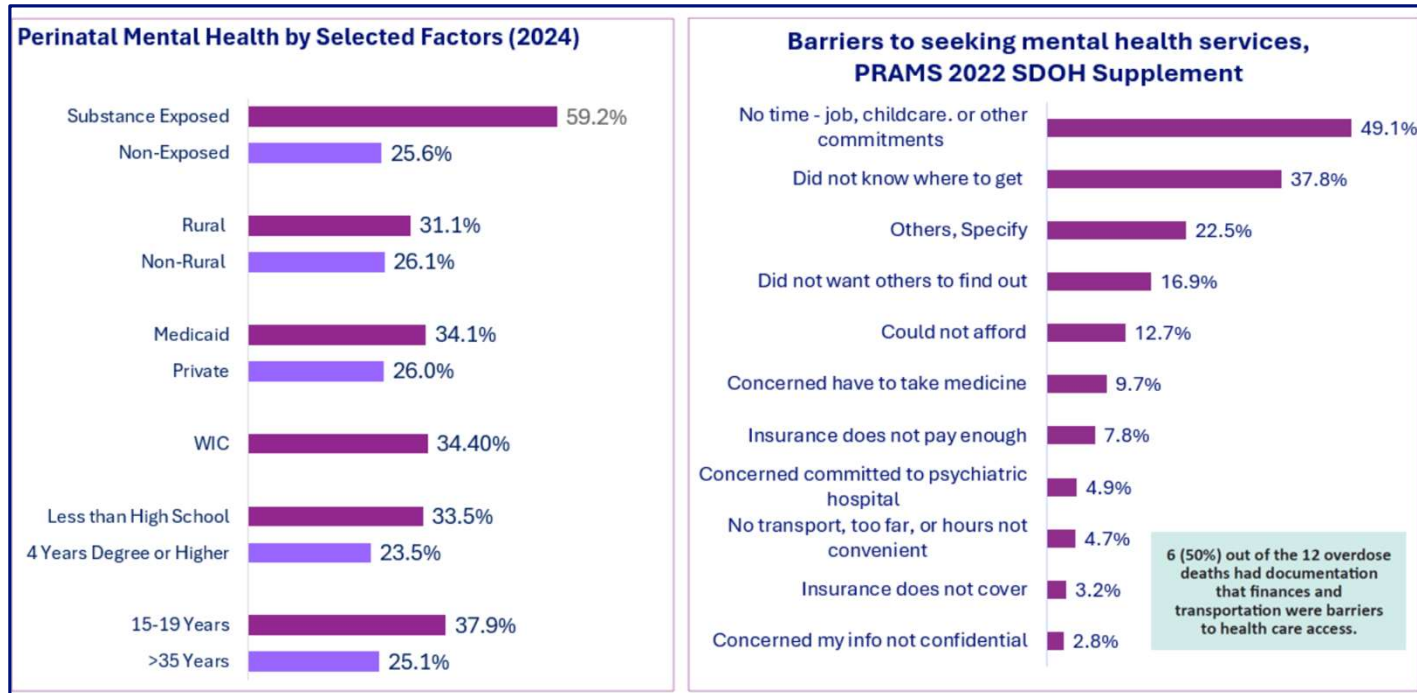- PRAMS collects data from recently pregnant women via survey on important information about health and behaviors in and around pregnancy.

- In NH, approximately 1,200 women each year are offered the survey, with a return (completed survey) volume of 500–600 surveys per year.

Factors related to PMHC and Barriers to Seeking MH Services During Pregnancy

Perinatal Mental Health by Selected Factors (2024)

- Substance Exposed: 59.2%
- Non-Exposed: 25.6%
- Rural: 31.1%
- Non-Rural: 26.1%
- Medicaid: 34.1%
- Private: 26.0%
- WIC: 34.40%
- Less than High School: 33.5%
- 4 Years Degree or Higher: 23.5%
- 15-19 Years: 37.9%
- >35 Years: 25.1%

Barriers to seeking mental health services, PRAMS 2022 SDOH Supplement

- No time - job, childcare. or other commitments: 49.1%
- Did not know where to get: 37.8%
- Others, Specify: 22.5%
- Did not want others to find out: 16.9%
- Could not afford: 12.7%
- Concerned have to take medicine: 9.7%
- Insurance does not pay enough: 7.8%
- Concerned committed to psychiatric hospital: 4.9%
- No transport, too far, or hours not convenient: 4.7%
- Insurance does not cover: 3.2%
- Concerned my info not confidential: 2.8%

6 (50%) out of the 12 overdose deaths had documentation that finances and transportation were barriers to health care access.

- PRAMS Survey respondents reported a lack of time and knowledge as the top two barriers to seeking services.

Data Source, NH Birth Certificate

Data Source: 2022 Pregnancy Risk Assessment and Monitoring System (PRAMS) Social Determinants of Health (SDOH) Supplement

Keynote speaker – Julie S. Bosak, DrPH, CNM, MSN

Creating the foundation for new mothers to thrive: the importance of postpartum coverage for a full year

The presentation included four significant topics:

1. The magnitude of the full postpartum year

2. Healthcare continuity to prevent increased morbidity

3. Multidimensional influences on postpartum health

4. Our system challenges and opportunities

Expanding Medicaid–Covered Postpartum Care

As of January 2025, 49 states and the District of Columbia have extended postpartum care to a full year. She also reported that a study of 1.5 million Medicaid-covered birth visits between 61 days and 12 months postpartum revealed the following: [1] [2]

- 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.

1. Kaiser Family Foundation. *Medicaid Postpartum Coverage Extension Tracker*. Available at: https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/ Accessed on: September 5/2025.

2. 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.
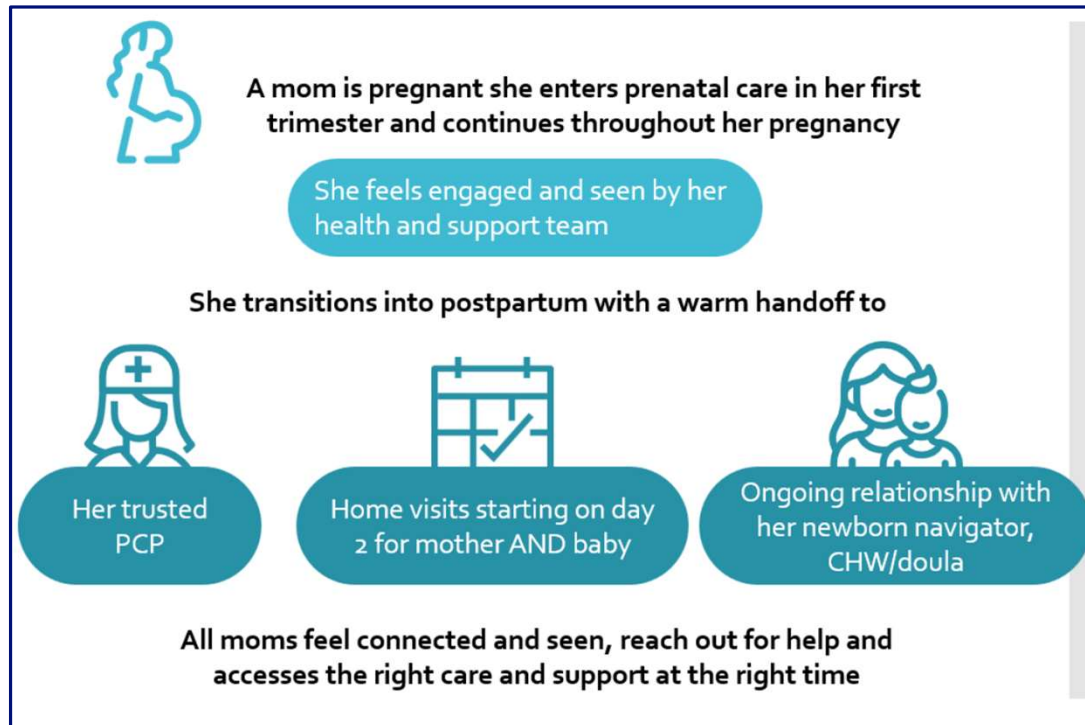
Postpartum Visit

Key components of the postpartum visit for mother and baby including:

- 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

- Connection to services such as home visits and lactation support

Dr. Bosak's vision of the ideal postpartum experience

A mom is pregnant she enters prenatal care in her first trimester and continues throughout her pregnancy

She feels engaged and seen by her health and support team

She transitions into postpartum with a warm handoff to

Her trusted PCP

Home visits starting on day 2 for mother AND baby

Ongoing relationship with her newborn navigator, CHW/doula

All moms feel connected and seen, reach out for help and accesses the right care and support at the right time

Barrier Evaluation:

Barrier Evaluation – The Process

- Facilitator Dr. Tanya Lord led brainstorming session for all participants.

- Attendees used Mural application to create virtual "sticky notes" and post them on a community white board.

- The activity generated 66 identified barriers to timely postpartum care.

- Facilitator reviewed all ideas and organized them into the five most predominated themes.
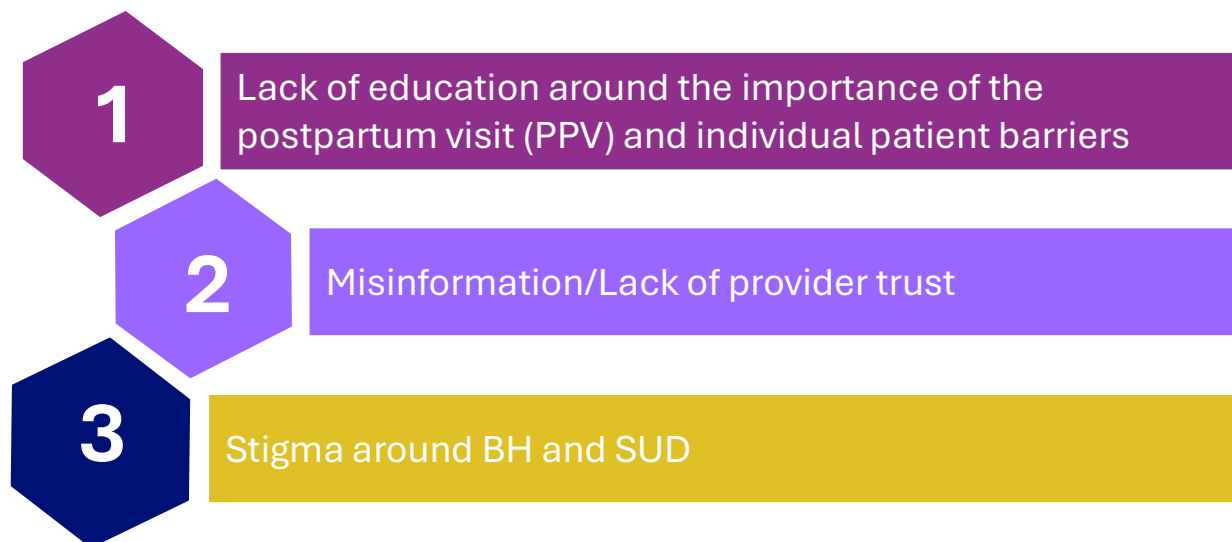
Barrier Evaluation – 66 Identified barriers, 9 Themes

Nine Themes:

- 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)

Barrier Evaluation – 3 General Categories

1 Lack of education around the importance of the postpartum visit (PPV) and individual patient barriers

2 Misinformation/Lack of provider trust

3 Stigma around BH and SUD

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

Approximately 15 comments were generated about the category "Lack of Education Around the Importance of the Postpartum Visit and Individual Patient Barriers", including the following four themes:

- Transportation

- Appointment time availability

- System navigation

- Limited physician time as related barriers

Barrier Evaluation- Misinformation/Lack of Provider Trust

Fourteen comments were received regarding the category "Misinformation/Lack of Provider Trust", including the following three themes:

- Distrust, sometimes linked to negative experiences

- Poor communication

- Perceived bias

Barrier Evaluation- Stigma around BH and SUD

This category generated a few moments of dialogue between participants.

Participants reported the following themes:

- A complicated system

- Members may feel ashamed or are unsure where to start when needing help with SUD.

- Members may have a concern regarding custody of the newborn and fear judgment from their healthcare professionals.

- Members may not believe they are eligible or demonstrate lack of education regarding the resources available to them.

Strategies to Address Barriers:

Strategies to Address Barriers Evaluation – The Process

- Facilitator Dr. Tanya Lord led brainstorming discussion for strategies to address barriers.

- Attendees used Mural application to create virtual "sticky notes" and post them on a community white board.

- Over 60 ideas were generated that focused on addressing barriers for each of the 3 predominant themes.

- The facilitator asked participants three "How May We" questions to brainstorm potential solutions to the three top barrier categories.

- Ideas were categorized as activities to be conducted by DHHS, Parents, MCOs, Providers, or Other Stakeholders.

- Multi-voting was used to identify the most supported ideas in each of the three predominant themes.

Strategies to Address Barrier Categories

Following the identification of the top three barrier categories, the facilitators developed the following three "How may we" questions to frame the challenges in a solution-oriented manner:

1. How may we provide education about services based on individual patient needs?

2. How may we increase trust in providers so that they become the "go to" for information around postpartum care and resources?

3. How may we decrease stigma and shame around MH, SUD, and other patient needs?

Top Three Strategies/Solutions to Address the Barriers

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:

1. 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.

Top Three Strategies/Solutions to Address the Barriers (cont.)

2. 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.

3. 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.