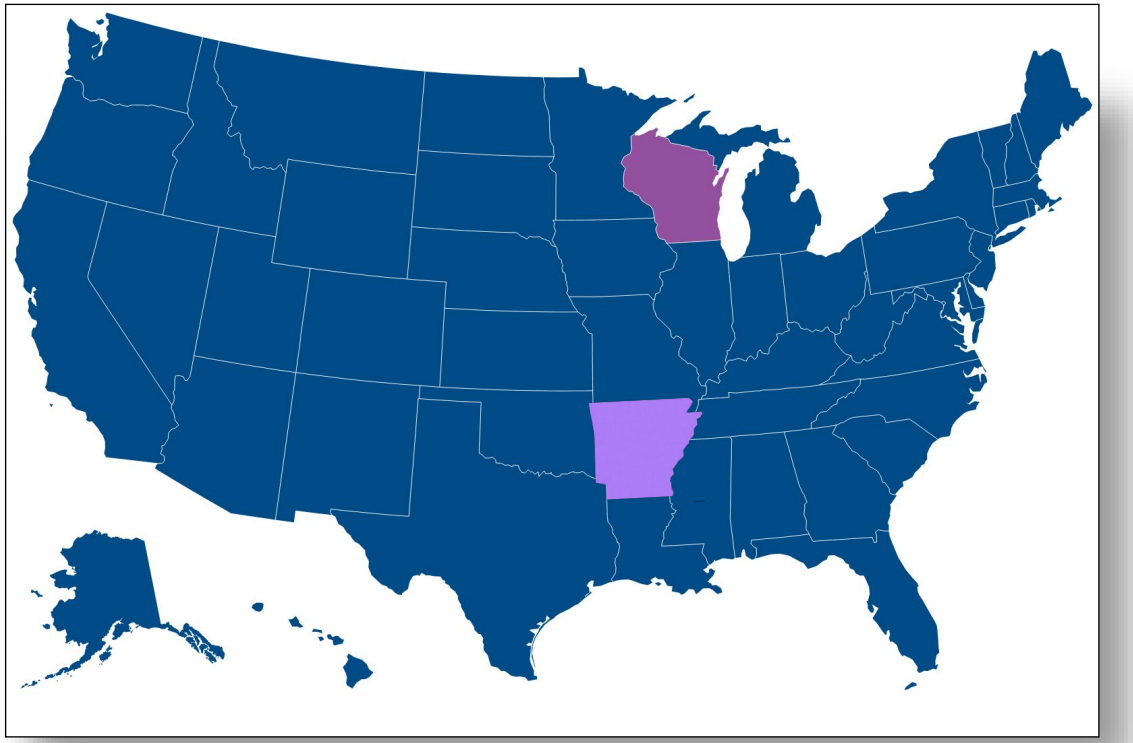
Medicaid Enhancement for Children and Pregnant Women Quarterly Report

Medicaid 12-Month Postpartum Coverage Option

NEW HAMPSHIRE DHHS

Background

- The Centers for Medicare and Medicaid Services 12-month Postpartum Continuous Coverage Option Became Available to States in 2023.
- Previously, NH provided 60 days of postpartum coverage.
- The General Court enacted legislation requiring it in HB2 of 2024-2025 Budget.
  - *The Commissioner of the Department of Health and Human Services shall submit, no later than August 15, 2023, a Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services to establish and implement 12 months of continuous coverage for the entire postpartum period.*
- New Hampshire's State Plan Amendment was approved 11/3/2023.
- 48 states have implemented a 12-month postpartum coverage.



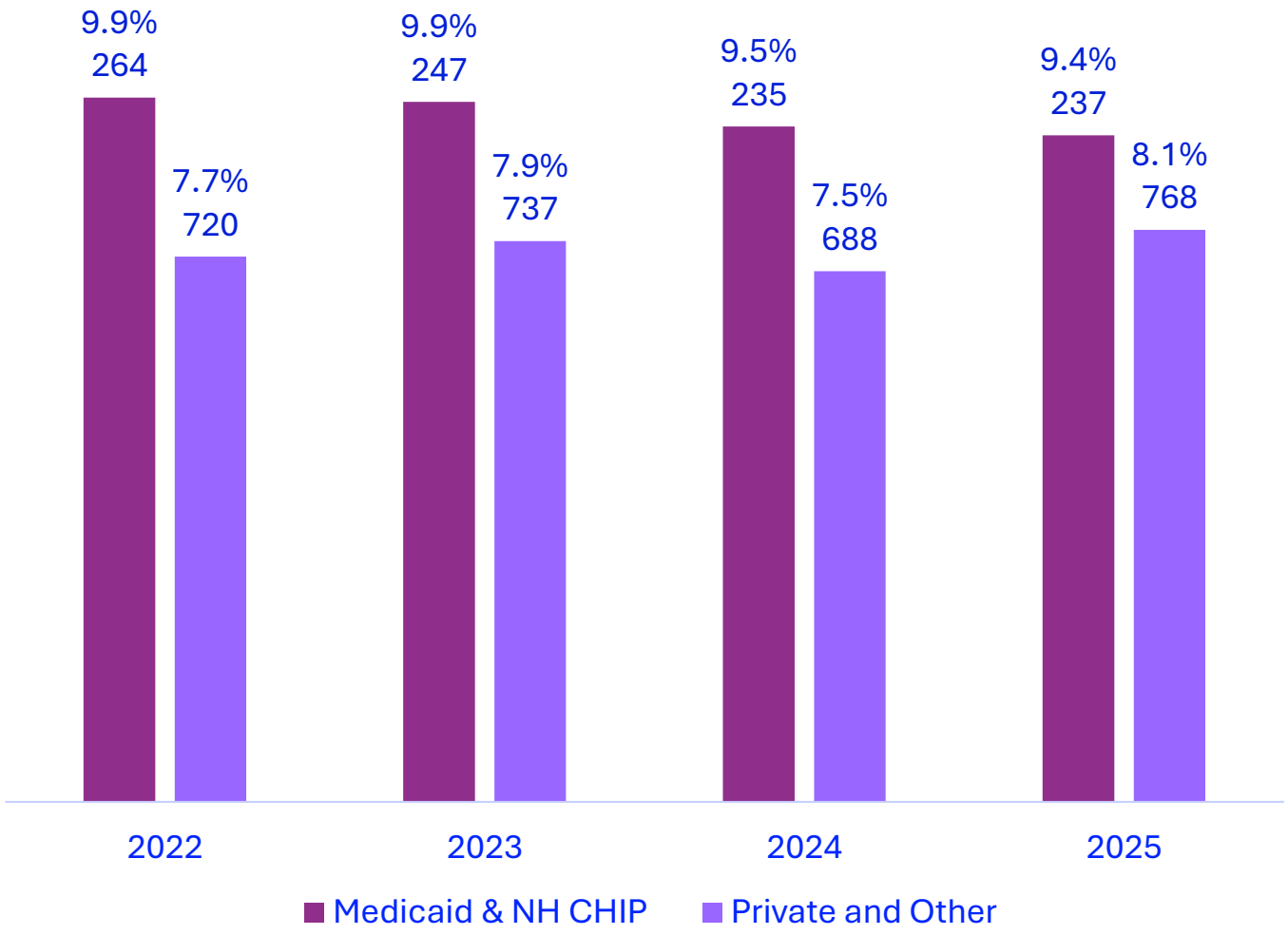
In New Hampshire, 1,594 women have received 12 months of continuous coverage

Rates of preterm births in Medicaid vs. other insured populations

Continuous postpartum coverage was implemented in October 2023.

Preterm births in Medicaid have decreased 10% since 2022 and 4% since 2023

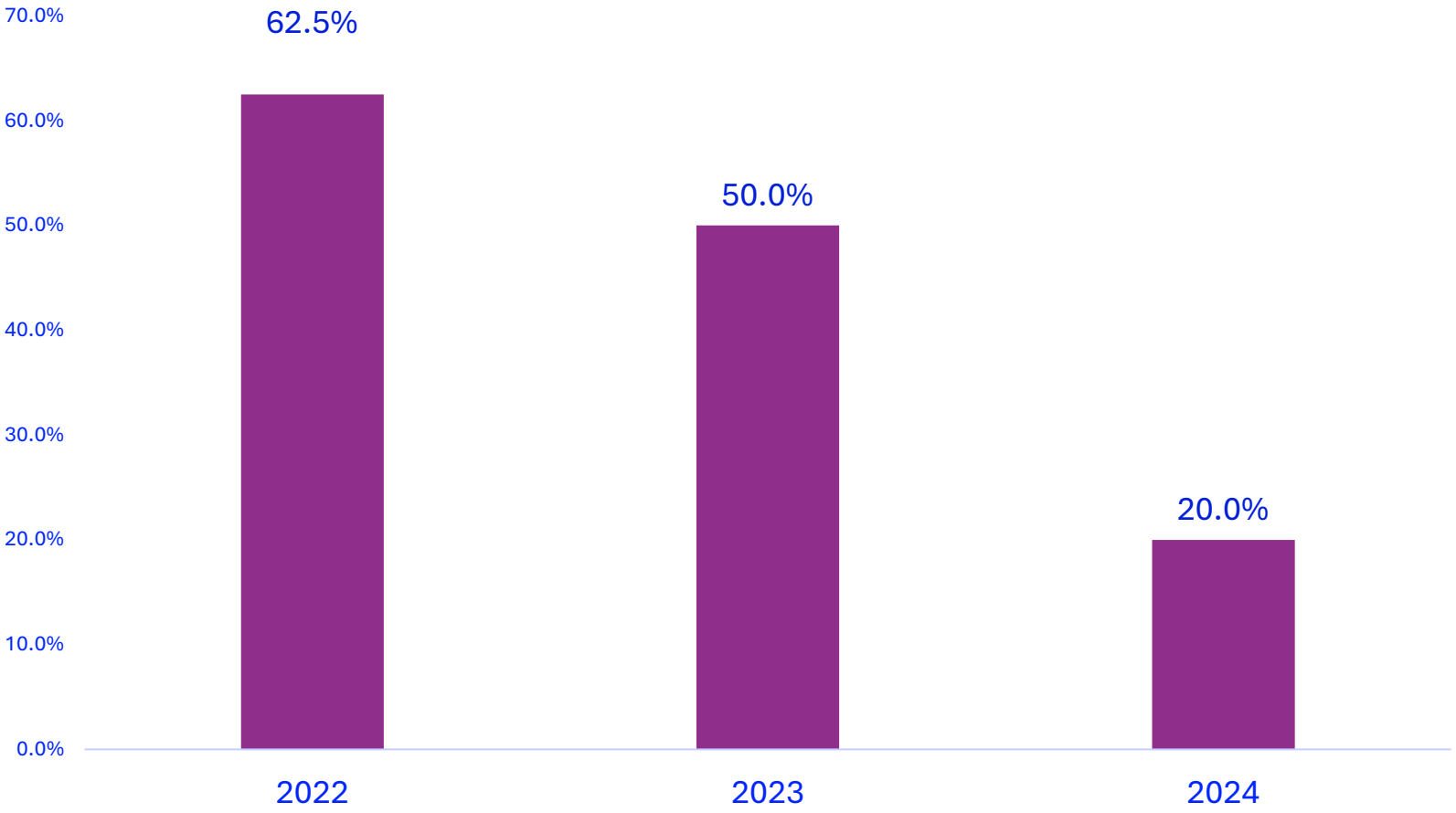
Every preterm birth avoided is a significant cost avoided.



Preterm births carry increased clinical risks

- Preterm births are defined as occurring before 37 weeks of pregnancy.
- Babies born preterm may have more health problems at birth as well as later in life compared to babies born later.
  - Higher risk of requiring neonatal intensive unit care
  - Higher risk for conditions including:
    - Asthma
    - Bronchopulmonary dysplasia: This is a lung disease that can develop in preterm babies as well as babies who have treatment with a breathing machine. BPD can cause swelling and scarring in the lungs. Babies with BPD are more likely to get lung infections like pneumonia. Over time, the lungs usually get better, but a preterm baby may have asthma-like symptoms or long-term lung damage throughout his life.
    - Cerebral palsy
    - Behavioral problems, mental health conditions, and neurological disorders

Percentage of maternal deaths attributed to overdose



- Significant decrease in maternal deaths via overdose since the implementation of continuous postpartum coverage in October 2023.
- This graph shows percentages rather than absolute numbers as they are within a suppression threshold for reporting.

Data Source: Maternal Mortality Review Application

Severe Maternal Morbidity

Severe Maternal Morbidity is a serious, potentially fatal occurrence within one year of delivery.

The number of women in Medicaid who have experienced Severe Maternal Morbidity **decreased in the last 3 reportable years** for the following conditions:

- Disseminated Intravascular Coagulation
- Eclampsia
- Sepsis
- Adult Respiratory Distress
- Shock
- Ventilation

Preventing these outcomes may also prevent costly and high-risk downstream clinical consequences such as stroke, internal bleeding, and clotting disorders.

The number of women with Severe Maternal Morbidity via these specific conditions is within the suppression threshold for reporting data at DHHS

Two of the severe maternal morbidity conditions that decreased in New Hampshire in recent years are Eclampsia and Disseminated Intravascular Coagulation. Avoiding these conditions avoids expensive health outcomes. The consequences of not treating these conditions can be fatal or have long-term consequences.

Consequences of untreated Eclampsia include:

- Preterm labor
- Blood clotting issues.
- Stroke.
- Stillbirth.
- Death.

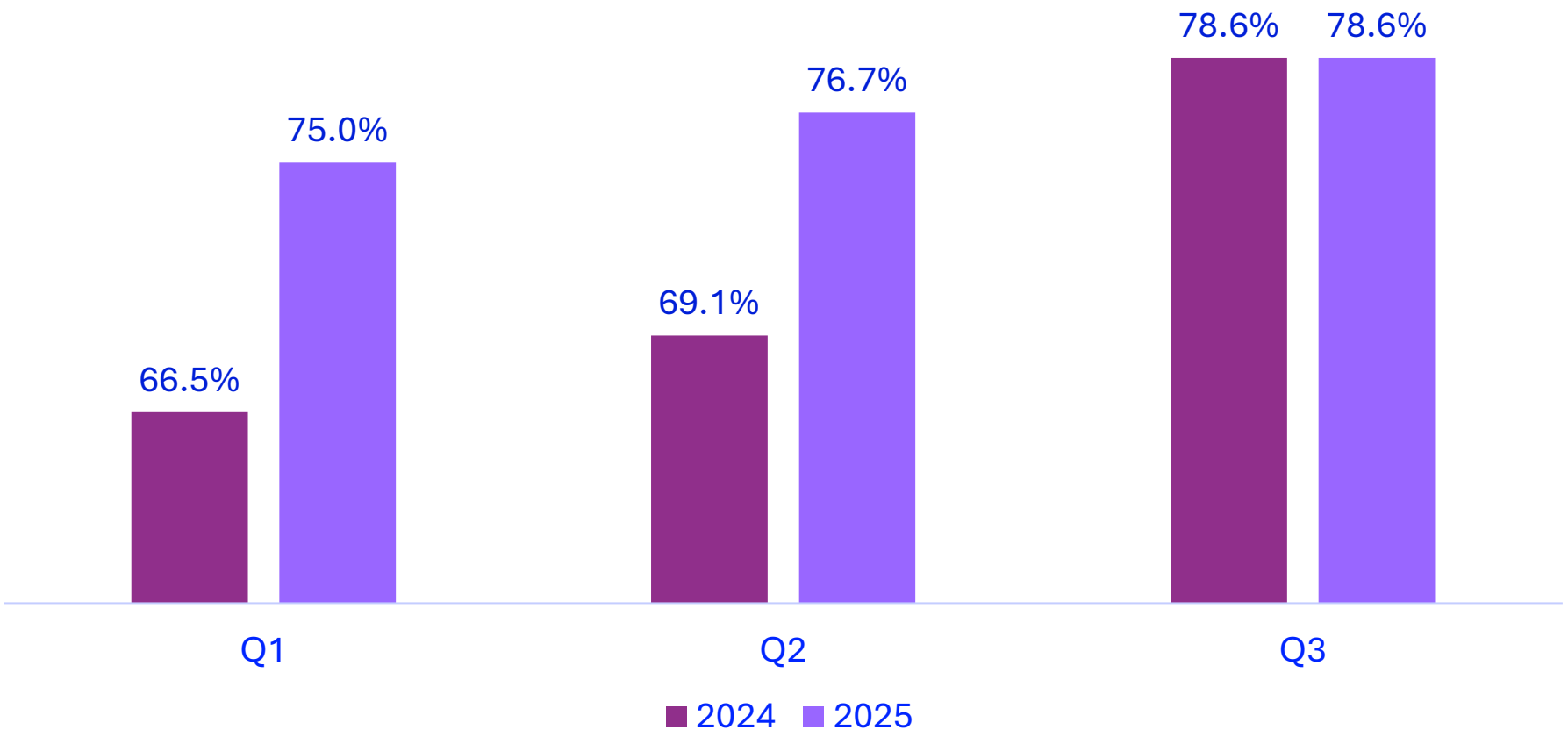
https://my.clevelandclinic.org/health/diseases/24333-eclampsia

Consequences of untreated Disseminated Intravascular Coagulation can lead to complications caused by overactive clotting or from the bleeding that follows. Acute respiratory distress syndrome (ARDS)

- Bleeding in the gastrointestinal tract
- Heart attack
- Shock
- Stroke
- Venous thromboembolism

https://www.nhlbi.nih.gov/health/disseminated-intravascular-coagulation

Percentage of Medicaid Recipients with a Perinatal Mental Health Condition who Received Treatment or Referral for Treatment



The rate of Medicaid members with Perinatal Mental Health conditions who received treatment or referral continues to improve.

Years and quarters of years represented on the chart are calendar years.
The benefit was initiated in Quarter 3 of 2023.

Data Source, NH Birth Certificate Data

Services Received by Women with Postpartum Coverage

Among the 1,594 women who at some point experienced 12-month continuous postpartum coverage protection in NH Medicaid,* the most common behavioral health service claims were:

- Mental Health Prescription (5939 unique claims)
- Mental Health Psychotherapy (4184 unique claims)
- SUD Residential and Inpatient Hospital Care (1364 unique claims)
- Opioid Treatment Program (1287 unique claims)
- Opioid Use Disorder medication assisted treatment (1242 unique claims)

*Data reflects Medicaid members who had deliveries that occurred 8/2023 through 12/2024 and also had uninterrupted coverage during the entire 12-month period following delivery. Service claims run throughout the 12- month period following those deliveries and represent claims into 2025, depending on the date of delivery. Unique claims do not necessarily represent unique members.