

CMCS Maternal and Infant Health Initiative

Improving Maternal and Infant Health Outcomes in Medicaid and CHIP

This document was prepared by the Centers for Medicare & Medicaid Services (CMS) in consultation with federal partners, state Medicaid medical directors, Medicaid providers, consumer representatives and other experts in the areas of maternal and child health, Medicaid, advocacy and research. It is intended to guide CMS efforts working with states to improve maternal and infant health outcomes in Medicaid and the Children's Health Insurance Program (CHIP). This Initiative will continue to evolve, and interested parties are encouraged to provide feedback via email to Lekisha.Daniel-Robinson@cms.hhs.gov.

Background

In comparison to other nations, the United States fares poorly on perinatal outcomes, ranking 27th globally with an infant mortality rate of 6 per 1,000 live births.¹ While infant mortality has trended downward slightly over the past few years, rates of preterm birth and low birth weight have declined more slowly and racial/ethnic disparities in perinatal health outcomes persist.² Preterm birth and low birth weight, with their associated economic and social costs, are far reaching; furthermore, their impacts can be long-lasting, particularly among the most vulnerable populations. Medicaid provides health insurance coverage for vulnerable individuals and families; compared, however, to the privately insured, the rate of births reported as preterm or low birth weight is higher in Medicaid (9.1% vs. 10.4%).³

The Center for Medicaid and CHIP Services (CMCS) is experiencing a unique time in this nation's history in which the federal and state governments, maternal and infant health advocacy groups, and provider groups are working in tandem to improve perinatal outcomes and reduce disparities. As the payers for at least half of all births in the U.S., Medicaid and the Children's Health Insurance Program (CHIP) have an important role to play.

In 2012, CMS embarked on two major activities to improve perinatal health outcomes: the Strong Start for Mothers and Newborns Initiative and an Expert Panel on Improving Maternal and Infant Health Outcomes in Medicaid and CHIP (Expert Panel). Strong Start, led by the CMS Innovation Center working in partnership with CMCS, the Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF), includes two primary strategies: (1) a public-private partnership testing ways to encourage best practices for reducing the rate of early elective deliveries (i.e., that lack medical indication) across all payors;

¹ MacDorman MF, Hoyert DL, Mathews TJ. NCHS Data Brief, No. 120. April 2013.

² Lu MC, Kotelchuck, Hogan V, Jones L, Wright K, Halfon N. Closing the Black-White Gap in Birth Outcomes: A life course approach. *Ethnicity and Disease*, Vol 20, Winter 2010.

³ Provider Resources, Inc. and Truven Health Analytics. Comparison Study of Birth Outcomes and Delivery-Related Hospital Costs— Medicaid, Commercial, and Uninsured/Self-Pay, 2009. Unpublished paper presented to the Centers for Medicare & Medicaid Services/Center for Medicaid and CHIP Services, June 2013.

and (2) a grant opportunity over four years testing three models⁴ of enhanced prenatal care for reducing preterm births among women covered by Medicaid and/or CHIP. The other major effort, an Expert Panel for Improving Maternal and Infant Health Outcomes (Expert Panel) was convened by Provider Resources, Inc. under contract with CMCS to identify specific opportunities and strategies that could be adopted in the short term to provide better care, while reducing the cost of care for mothers and infants covered by Medicaid and/or CHIP.⁵

Establishment of Maternal and Infant Health Quality Goals for Medicaid and CHIP

CMCS, leveraging existing activities, is establishing national maternal and infant health goals that promote healthier outcomes among Medicaid and CHIP enrollees. These goals, selected based on potential impact, resources and partnership opportunities, are:

- To increase by 10 percentage points the rate of postpartum visits among pregnant women in Medicaid and CHIP in at least twenty states over a 3-year period; and
- To increase by 15 percentage points use of the most and moderately effective methods of contraception in at least twenty states over a 3 year-period.

These distinct yet interrelated goals build upon the thinking of the Expert Panel, are supported by HRSA's Maternal and Child Health Bureau and CDC's Division of Reproductive Health, and provide a mechanism for CMCS to align with Healthy People 2020 objectives.

The Expert Panel encouraged CMS to implement strategies to improve the rate, measurement, and timing of postpartum visits. The postpartum visit provides the opportunity to not only assess women's physical recovery from pregnancy and childbirth, but also to address any chronic health conditions, postpartum mental health status, and family planning, including contraception and inter-conception counseling. CMCS will focus on increasing postpartum visits as a way to reduce maternal morbidity and improve the quality of maternal and infant health care.

The second goal, which is focused on increasing intended pregnancies, was another top ranked strategy of the Expert Panel. Unintended pregnancy is associated with poorer preconception health, delayed prenatal care, reduced birth spacing and increased risks of preterm birth and low birth weight. While the teen birth rate has declined in recent years, unintended pregnancies overall remain high among teens and have increased among women between the

⁴ The three models of enhanced prenatal care are centering/group care, birthing centers, and medical homes. For additional information see: <http://innovations.cms.gov/initiatives/Strong-Start/>. CMS will also evaluate HRSA's Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) as the fourth model of enhanced prenatal care.

⁵ The Expert Panel was co-chaired by Dr. Mary Applegate, Ohio's Medicaid Medical Director and Dr. James Martin, past chair of American College of Obstetricians and Gynecologists (ACOG). More information on the Expert Panel may be found at www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html.

ages of 19 and 24.⁶ To improve pregnancy planning and spacing, and prevent unintended pregnancy, CMCS will promote the use of most (i.e. long acting reversible contraceptives, LARCs) and moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective contraception. LARCs are a critical tool for reducing unintended pregnancies. The postpartum period can, in particular, be an opportune time to reduce subsequent unintended pregnancies by providing timely and convenient access to LARCs.

The CMCS maternal and infant health initiative is designed to support state, provider, and beneficiary efforts to achieve these goals. This initiative is comprised of four key components:

- 1) Collaborating with states to promote coverage of women before and after pregnancy;
- 2) Strengthening technical assistance to promote policies that enhance provider service delivery;
- 3) Expanding beneficiary engagement in their care through enhanced outreach mechanisms; and
- 4) Partnering with other federal agencies.

Initiative Overview

Working with states, stakeholders, and other federal agencies, CMCS has developed a plan to improve maternal and infant health outcomes. This initiative builds upon CMS' existing collaborations and activities, and outlines the direction of CMCS' future efforts to improve maternal and infant health care.

Currently, CMCS has activities and partnerships with the CDC, HRSA, and the Medicaid Medical Director (MMD) Maternal and Fetal Care Workgroup that may be leveraged to expand quality improvement opportunities in alignment with our goals. Several efforts are underway to improve CMCS and state data analytic capabilities, which are key to our ability to monitor and track our results. Working in conjunction with our federal and state partners, CMCS will launch the Maternal and Infant Health Initiative leveraging several existing activities (see [Crosswalk of Activities](#)). The key components of this strategy are:

- 1) Collaborate with states to promote coverage of women before and after pregnancy**
 - Provide technical assistance to states on extending eligibility and coverage of the traditional postpartum period beyond 60 days to support interconception care.
 - Encourage states to expand coverage and eligibility to include interconception care to reduce conditions and risk factors associated with poor birth outcomes (e.g. using reproductive health counseling to encourage birth spacing, identifying women with diabetes and/or hypertension beyond pregnancy).

- 2) Strengthen technical assistance on policies that enhance provider service delivery**
 - Promote use and access to the most effective contraception.

⁶ Unintended pregnancy in the United States: incidence and disparities, 2006. *Contraception*. 2011;84(5):478–485.

- Collaborate with CDC to develop measures related to contraceptive services and provide states with assistance in using them across program authorities to drive improvement.
 - Raise the profile of states that adopt payment policies which support appropriate and timely use of LARCs.
 - Provide states with information on promising practices for unbundling the global payment fee for prenatal and postpartum care.
 - Conduct education and outreach to states, providers, beneficiaries in partnership with stakeholders (federal and other partners).
- Promote timely and comprehensive postpartum care.
 - Use public reporting tools (e.g., dashboards, EQRO technical reporting) to raise the visibility of state information on receipt and content of postpartum visits (e.g., whether family planning counseling and behavioral health screening occurred).
 - Encourage states to include performance improvement projects to increase postpartum care visits in their managed care and/or EQRO contracts.
 - Support states in adopting more effective policies and strategies for lactation services during the postpartum period (e.g., coverage/rental for electric breast pumps and education).
 - Encourage states to use integrated care models to focus on care management for Medicaid covered women with prior adverse birth outcomes and chronic conditions.

3) Expand beneficiary engagement in their care through enhanced outreach mechanisms.

- Develop targeted, state-customized text messages for women regarding postpartum care and contraception information and resources, and distribute these text messages to 20% of pregnant and postpartum women covered by Medicaid in the four pilot Text4baby states (CA, OH, OK, LA)
- Disseminate lessons learned from independent evaluation of pilot project to all states.

4) Collaborate with CDC, Office of Population Affairs and HRSA to improve data, coordination with Title V maternal and infant health programs, and information dissemination.

- Partner with HRSA to strengthen CMS and state data and quality improvement capacity around maternal and infant health through HRSA's Collaborative Improvement & Innovation Network to Reduce Infant Mortality (CoIIN)⁷ and maternal health improvement initiatives.
- Use the Data Linkage Training series, launched in partnership with CDC, to develop state analytic capacity to link state Vital Records, Medicaid claims and Title V data to collect and report on relevant Medicaid quality measures.
- Utilize federal partners existing mechanisms and initiatives such as HRSA's CoIIN and CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) to foster exchange at the state level to improve maternal and infant health outcomes.

⁷ CoIIN is a partnership among HRSA, Association of State and Territorial Health Officials (ASTHO), Association of Maternal and Child Health Programs (AMCHP), CDC, CityMatCH, CMS, March of Dimes, National Governors Association (NGA), National Institutes of Health (NIH) and the States that focuses on five strategies for reducing infant mortality. For more information, visit <http://mchb.hrsa.gov/infantmortality/coiin/index.html>.

Together these goals, combined with a system-level strategy that includes engagement of states, providers, and beneficiaries, will improve access to appropriate and effective care, and improve the health of mothers and infants covered by Medicaid/CHIP.