

Medicaid and CHIP Maternal Health Webinar Series: Promoting Maternal Health Improvement and Equity Through Collaboration

May 14, 2024

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Lekisha Daniel-Robinson, Mathematica
Rishi Manchanda, HealthBegins
Sarah Krinsky, MassHealth

How to Submit a Question

- **Use the Q&A function to submit questions or comments.**
 - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
 - Type your question in the text box and click “Send”
 - Note: Only the presentation team will be able to see your questions and comments
- **For technical questions, select “Host” in the “Ask” menu**

A screenshot of a web application window titled 'Q&A'. At the top, there is a dropdown menu with 'All (0)' selected. Below this is a form with an 'Ask:' label and a dropdown menu currently showing 'All Panelists'. Underneath the dropdown is a text input field containing the instruction: 'Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.' To the right of the text box is a grey 'Send' button.A screenshot of a web application window titled 'Q & A'. At the top, there is a dropdown menu with 'All (0)' selected. Below this is a form with an 'Ask:' label and a dropdown menu currently showing 'Host'. Below the dropdown is an empty text input field.

Agenda

Topic	Speaker
Welcome and Objectives	Lekisha Daniel-Robinson, Mathematica
CMCS Welcome	Kristen Zycherman, CMCS
Maternal Health Outcomes in Medicaid and CHIP	Lekisha Daniel-Robinson, Mathematica
Applying Health Equity Strategies in Maternal Health	Rishi Manchanda, HealthBegins
State Spotlight – Massachusetts	Sarah Krinsky, MassHealth
Discussion and Next Steps	Lekisha Daniel-Robinson, Mathematica

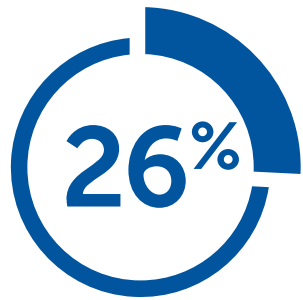
Objectives

- **Describe maternal health outcomes for individuals covered by Medicaid and CHIP**
- **Provide an overview of CMS's Maternal and Infant Health Initiative**
- **Describe opportunities to improve maternal health outcomes in Medicaid and CHIP**
- **Present a framework for applying an equity lens to improve maternal health outcomes**

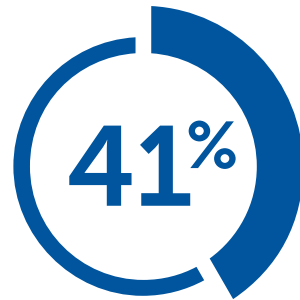
Maternal Health Outcomes among Individuals Covered by Medicaid and CHIP

Lekisha Daniel-Robinson, Mathematica

Medicaid and CHIP: A Vital Source Of Coverage for Maternal Health Care

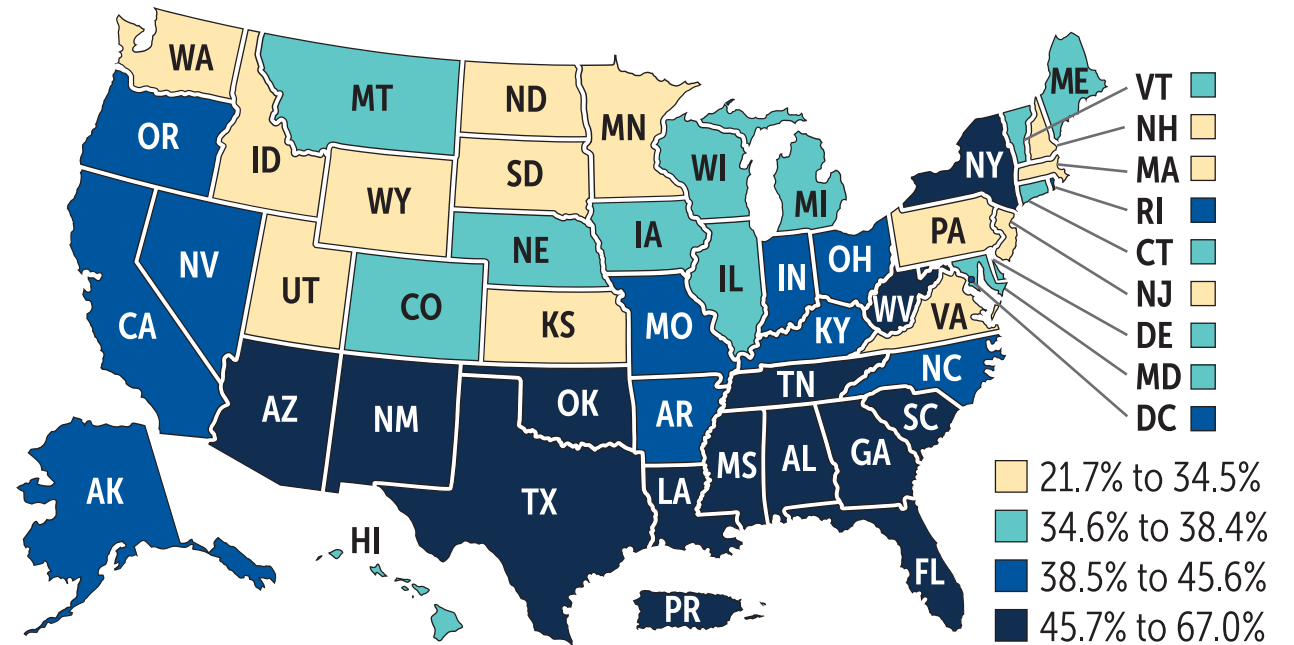


of the 92.1 million Medicaid and CHIP beneficiaries were females ages 15 to 49 in 2021.



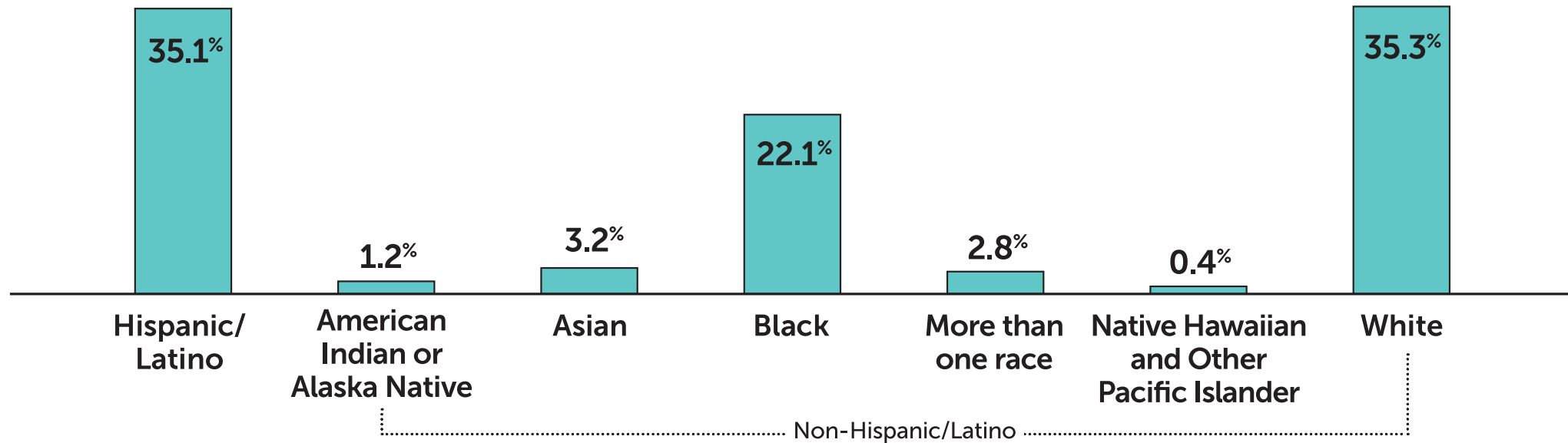
of U.S. births were paid for by Medicaid in 2021.

Percentage of Births Paid for by Medicaid, 2021



Center for Medicaid and CHIP Services. 2024 Medicaid and CHIP Beneficiaries at a Glance: Maternal Health. Centers for Medicare & Medicaid Services. Baltimore, MD. Released May 2024.

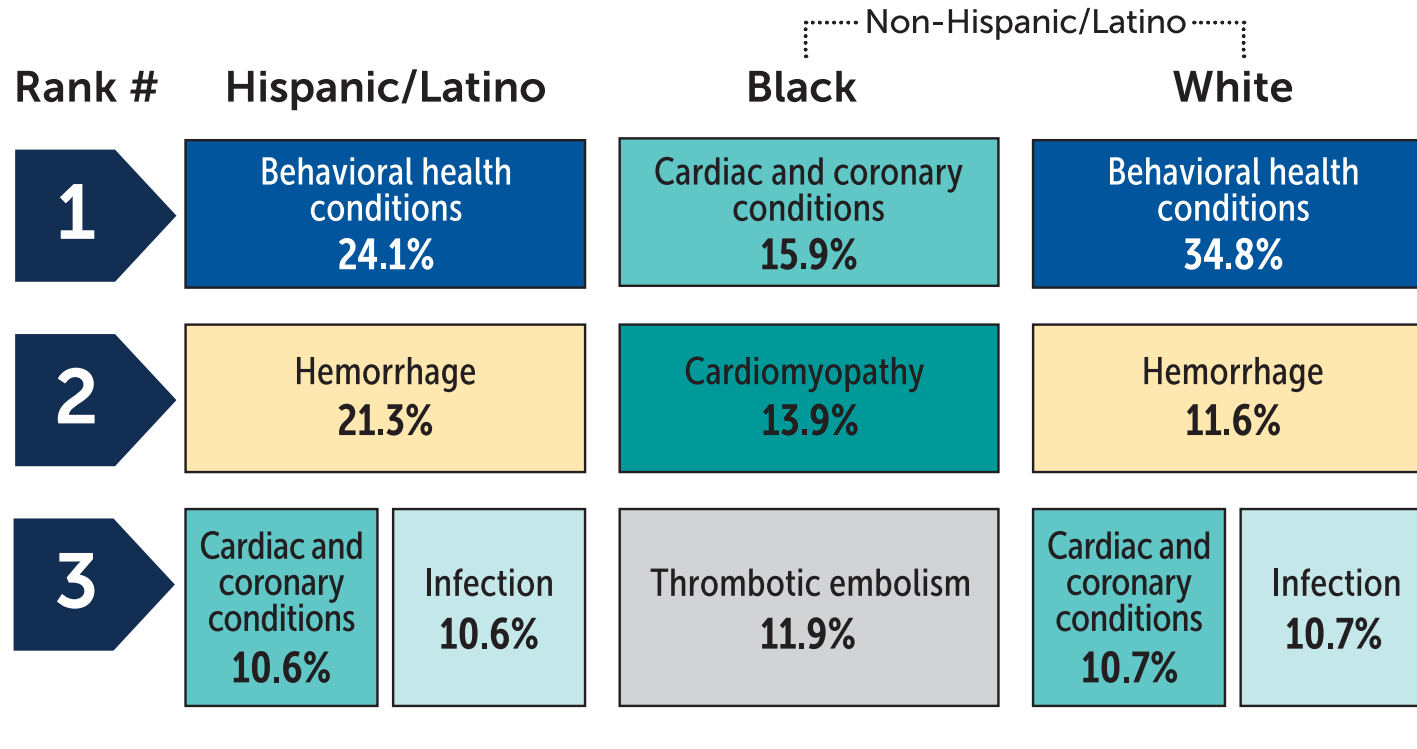
Distribution of Medicaid Births by Maternal Race and Ethnicity, 2021



Notes: Data include the 50 states, DC and Puerto Rico. The U.S. standard birth certificate uses two separate questions (one for Hispanic or Latino origin and one for race) to collect information on maternal race and ethnicity. The Hispanic/Latino category shown in the exhibit includes individuals of any race. The other categories exclude individuals who identify as Hispanic/Latino.

Variation in Causes of Pregnancy-Related Deaths by Race and Ethnicity

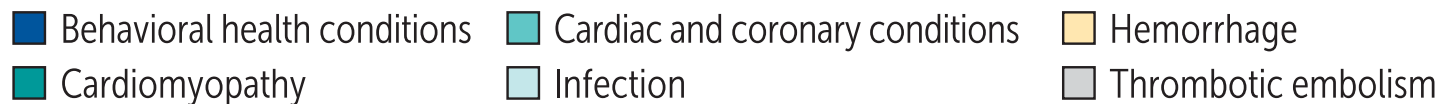
Ranking of Top Three Underlying Causes of Pregnancy-Related Deaths in 36 States, by Race and Ethnicity, 2017–2019



Notes:

Data are not limited to Medicaid and CHIP beneficiaries.

Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native non-Hispanic/Latino populations also have higher rates of pregnancy-related mortality when compared with the White non-Hispanic/Latino population. The total rates and percentages shown in these exhibits include data for Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native non-Hispanic/Latino populations, however results for these groups are not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality.



Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. CDC.



Severe Maternal Morbidity among Medicaid and CHIP Deliveries

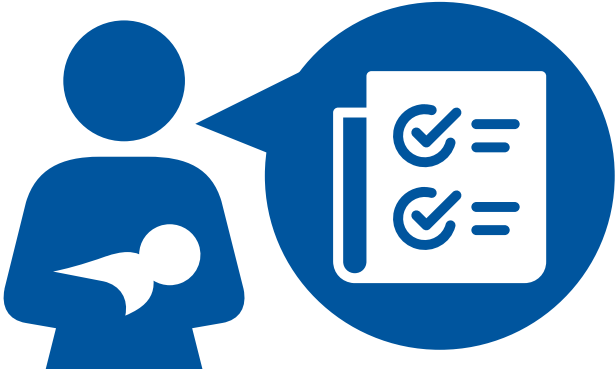


372.5

Rate of Maternal Severe Maternal Morbidity (SMM) conditions per 10,000 deliveries covered by Medicaid or CHIP in 2021

Notes: SMM includes unexpected labor and delivery outcomes with substantial maternal health consequences. The CDC defines SMM on the basis of 21 conditions (such as acute renal failure and shock) and procedures (such as blood transfusion or hysterectomy). SMM rates were calculated using T-MSIS Analytic Files (TAF) data and are based on data from 39 states and DC and exclude data from U.S. territories and the following states due to high concern or unusable data quality assessments: CT, MA, MN, MS, NJ, NY, OK, RI, TN, TX, and UT. SMM conditions were identified by a diagnosis or procedure code for one of the 21 SMM conditions within 42 days of the delivery.

Prevalence of Maternal Mental Health Conditions



Depression
25.4%

Anxiety symptoms
23%

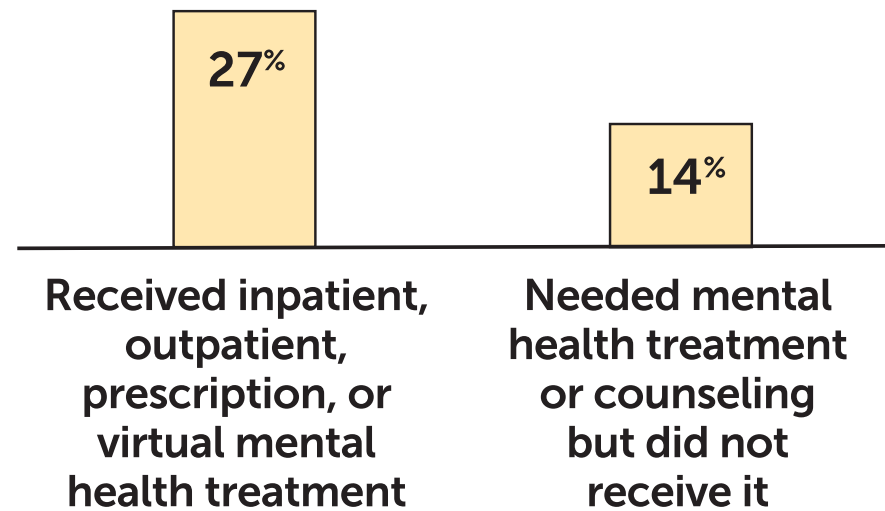
PTSD full
7.6%

PTSD partial
16.6%

Clarke DE, De Faria L, Alpert JE, The Perinatal Mental Health Advisory Panel, The Perinatal Mental Health Research Team. Perinatal Mental and Substance Use Disorder: White Paper. Washington, DC: American Psychiatric Association; 2023 [Available from: <https://www.psychiatry.org/maternal>].

Mental Health Treatment among Female Beneficiaries in Medicaid and CHIP

Percentage of Female Medicaid and CHIP Beneficiaries Ages 18–49 Who Reported Receiving Mental Health Treatment in the Past Year, 2021

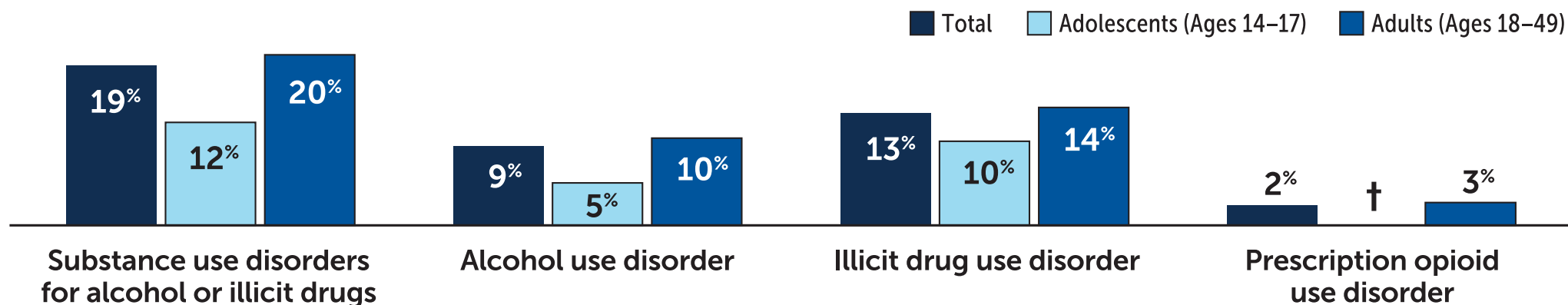


Notes: This exhibit reflects self-reported insurance coverage at the time of the survey and self-reported receipt of and perceived unmet need for health care. A specialty facility for illicit drug or alcohol use is defined as a hospital (inpatient), a rehabilitation facility (in or outpatient), or a mental health center. Data include the 50 states and DC. Based on Mathematica analysis of National Survey on Drug Use and Health data. Data include survey respondents from the 50 states and DC who reported coverage by Medicaid or CHIP at the time of the survey.

Substance Use Disorders among Female Beneficiaries in Medicaid and CHIP

Percentage of Female Medicaid and CHIP Beneficiaries Ages 13–49 with Substance Use Disorders for Alcohol or Illicit Drugs During the Past Year, Based on Self-Report, 2021

(Lower Rates are Better)



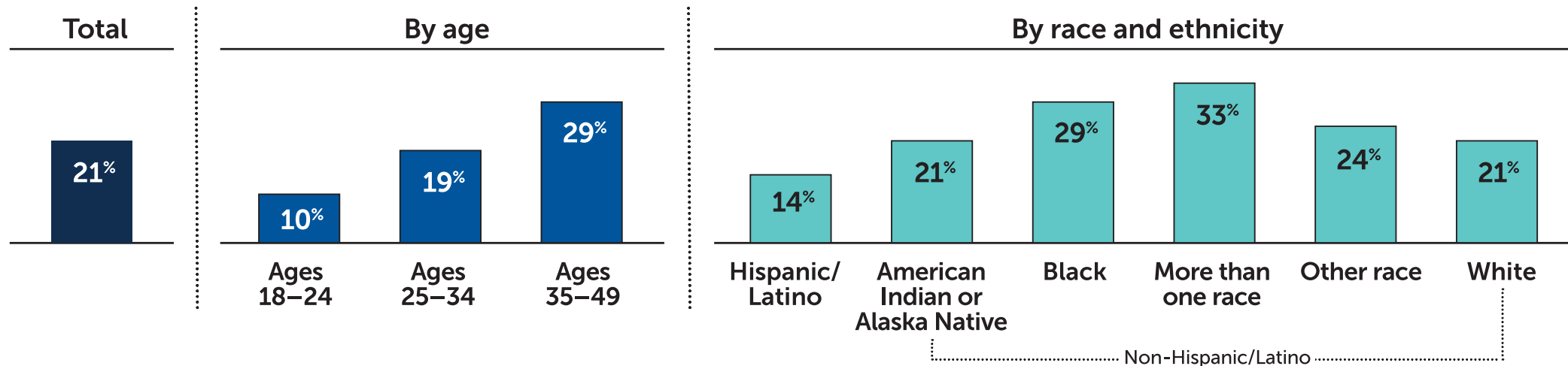
† Results for adolescents are not shown because they are unreliable due to the relative confidence interval width. Because these results are unreliable, statistical significance of difference by age group was not assessed.

Notes: Substance use disorder measures are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. These version of the SUD indicators (labeled “Illicit Drug Use Disorder”) incorporate data from respondents whose use of prescription drugs are categorized as misuse, defined in the survey as use “in any way a doctor did not direct you to use [it or them].” Other illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, and methamphetamine. Prescription opioid use disorders are a subset of illicit drug use disorders.

High Blood Pressure Prevalence among Female Beneficiaries in Medicaid and CHIP

Percentage of Female Beneficiaries Ages 18–49 Covered by Medicaid, CHIP, or Other State-Sponsored Health Plans Who Reported They Were Ever Told They Have High Blood Pressure, 2021

(Lower Rates Are Better)



Notes: Insurance coverage at the time of the survey and all other data are based on beneficiary self-report. Data on race and Hispanic/Latino origin are presented in the greatest detail possible considering the quality of the data, the amount of missing data and the number of observations. The total includes race and origin groups not shown separately because the data do not meet criteria for statistical reliability, data quality or confidentiality. Ever told they have high blood pressure includes the following responses: “yes,” “yes, but only during pregnancy,” and “told borderline high or pre-hypertensive.” Data include the 50 states, DC, Guam, Puerto Rico, and the U.S. Virgin Islands.

Maternal and Infant Health Initiative

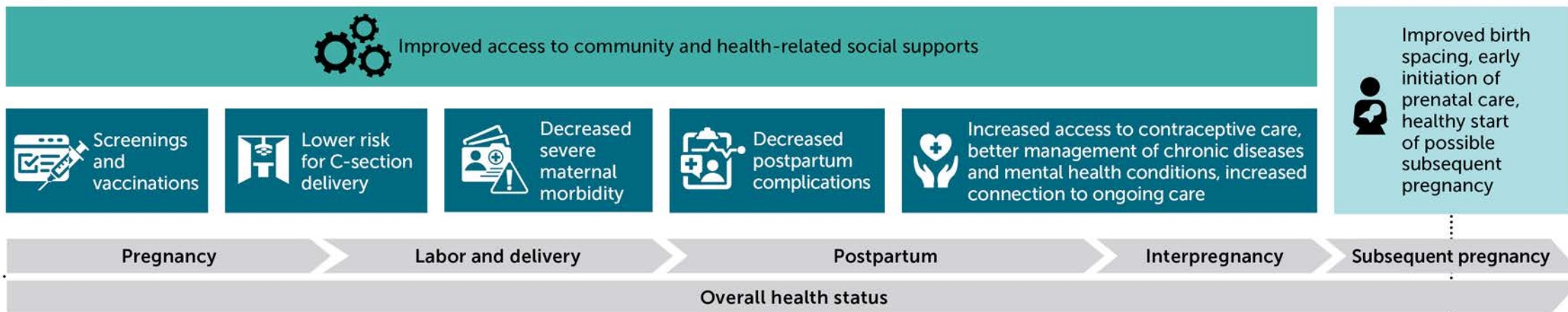
- **The Centers for Medicare & Medicaid Services (CMS) launched the Maternal and Infant Health Initiative (MIHI) in July 2014 to focus on opportunities to improve access and outcomes in Medicaid and CHIP**
 - Emphasizes the need for a comprehensive life-course approach to maternal and infant health
- **Increasing rates of maternal morbidity and mortality and unacceptable disparities led to the White House Blueprint for Addressing the Maternal Health Crisis**
- **Leading drivers of maternal morbidity and mortality in Medicaid and CHIP are associated with treatable conditions such as mental health, substance use disorders, and hypertension and cardiovascular conditions**

Improving Maternal Health and Infant Health Quality



Maternal Outcomes

Primary aims: Eliminate preventable maternal mortality, SMM, and inequities



Infant Outcomes

Primary aims: Reduce infant mortality and eliminate inequities in infant mortality rates



C-section = cesarean section; NICU = neonatal intensive care unit; SMM = severe maternal morbidity

Improving the Maternal Health Continuum



Maternal Outcomes

Primary aims: Eliminate preventable maternal mortality, SMM, and inequities



Improved access to community and health-related social supports

Screenings and vaccinations

Lower risk for C-section delivery

Decreased severe maternal morbidity

Decreased postpartum complications

Increased access to contraceptive care, better management of chronic diseases and mental health conditions, increased connection to ongoing care



Improved birth spacing, early initiation of prenatal care, healthy start of possible subsequent pregnancy

Pregnancy

Labor and delivery

Postpartum

Interpregnancy

Subsequent pregnancy

Overall health status

C-section = cesarean section; SMM = severe maternal morbidity

CMS Maternity Care Action Plan



Coverage & Access to Care

- Access to coverage for up to one year postpartum
- Transitions to coverage through the Marketplace
- Access to full range of contraception at no cost



Data

- Medicaid quality measures – Maternity Core Set
- Data-sharing among clinical providers, Community Based Organizations (CBOs), and other agencies



Quality of Care

- Birthing-Friendly Designation
- Technical assistance to support states in driving quality improvements
- Support evidence informed safety practices



Workforce

- Integrated care delivery teams
- Expand access to birthing supports
- Expansion of community-based services



Social Supports

- Screening for health-related social needs (HRSN)
- Collaboration with and connections to social support services

Federal Resources to Improve Maternal Health Outcomes



CDC

Centers for Disease Control and Prevention (CDC)

- [Respectful Care MMWR](#)
- The Hypertension in Pregnancy Change Package (HCCP)
- [Automated Research file for PRAMS](#)



SAMHSA
Substance Abuse and Mental Health
Services Administration

Substance Abuse and Mental Health Services Administration (SAMHSA) & the Office on Women's Health

- [Task Force on Maternal Mental Health](#)



NIH

National Institutes of Health (NIH)

- [Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone \(IMPROVE\) Initiative](#)
- [IMPROVE Maternal Health Centers of Excellence](#)
- [IMPROVE Connecting the Community for Maternal Health Challenge](#)
- [RADx Tech for Maternal Health Challenge](#)



HRSA
Health Resources & Services Administration

Health Resources and Services Administration (HRSA)

- [HRSA's National Maternal Mental Health Hotline](#)
- [HRSA-supported guidelines for women's preventive services](#)
- [HRSA Screening and Treatment for Maternal Mental Health and Substance Use Disorders](#)
- [Alliance for Innovation on Maternal Health \(AIM\) Patient Safety Bundles](#)



AHRQ

Agency for Healthcare Research and Quality (AHRQ)

- [Respectful Care](#)
- [Perinatal Safety Toolkit](#)

Applying an Equity Lens to Advance Health Equity- Focused Strategies to Improve Maternal Health

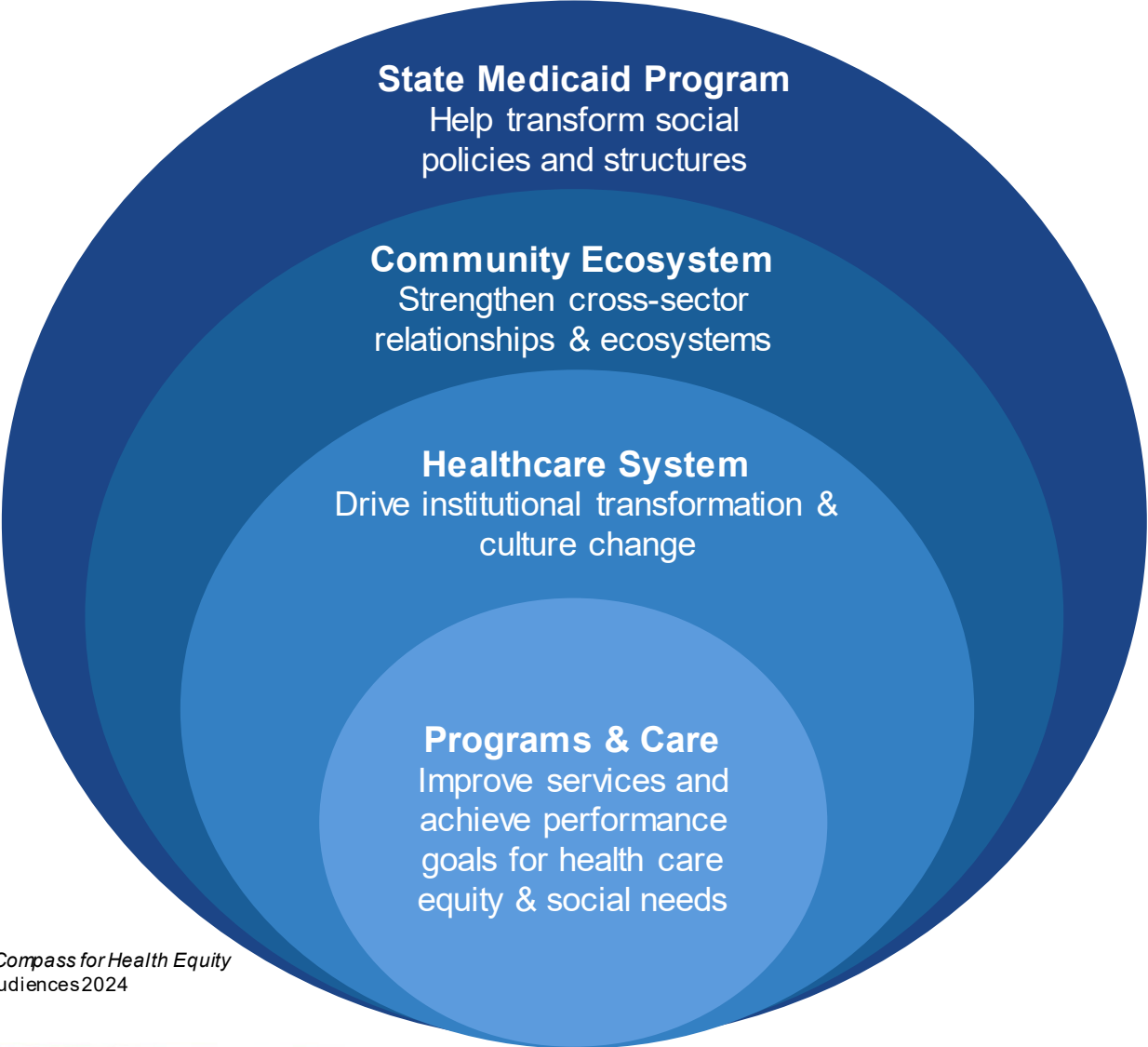
Rishi Manchanda MD, MPH, HealthBegins

Key Observations That Inform the Framework

1. Health and social inequities are **experienced as harm**.
2. **Social arrangements**, including structural racism, put some people in harm's way.
3. Equity is not just the absence of harm or unjust differences, it's the presence of systems that **promote and preserve healing, opportunity, and justice**.
4. Since structural violence and harm is segregated by location, institutional strategies to advance health and social equity must be **place-based, goal-directed, and work across levels**.
5. Courageous leaders need **support and solidarity** to implement these strategies, and to transform their institutions, relationships, and communities in the process.

Compass for Health Equity Transformation

Focus on work within and across levels of transformation to achieve health equity goals



Advance health equity & justice with multilevel strategies

Citation: Rishi Manchanda, Kathryn Jantz, Sadena Thevarajah. *Compass for Health Equity Transformation*. HealthBegins. Los Angeles, Revised for State Audiences 2024

What is Equity-focused, Upstream Quality Improvement (QI)?

Common Challenges to Embedding Equity in QI

Healthcare System

“Some staff don’t think equity is quality work because we should be focusing on all patients”

“How are we supposed to help address patients’ social needs?”

“How do we engage patients in equity-focused QI?”

Community Ecosystem

“How do we go from collecting REaL data to acting on it?”

“Are we improving social needs outcomes, or just closing the loop?”

“How do we align our equity efforts better?”

State Medicaid Program

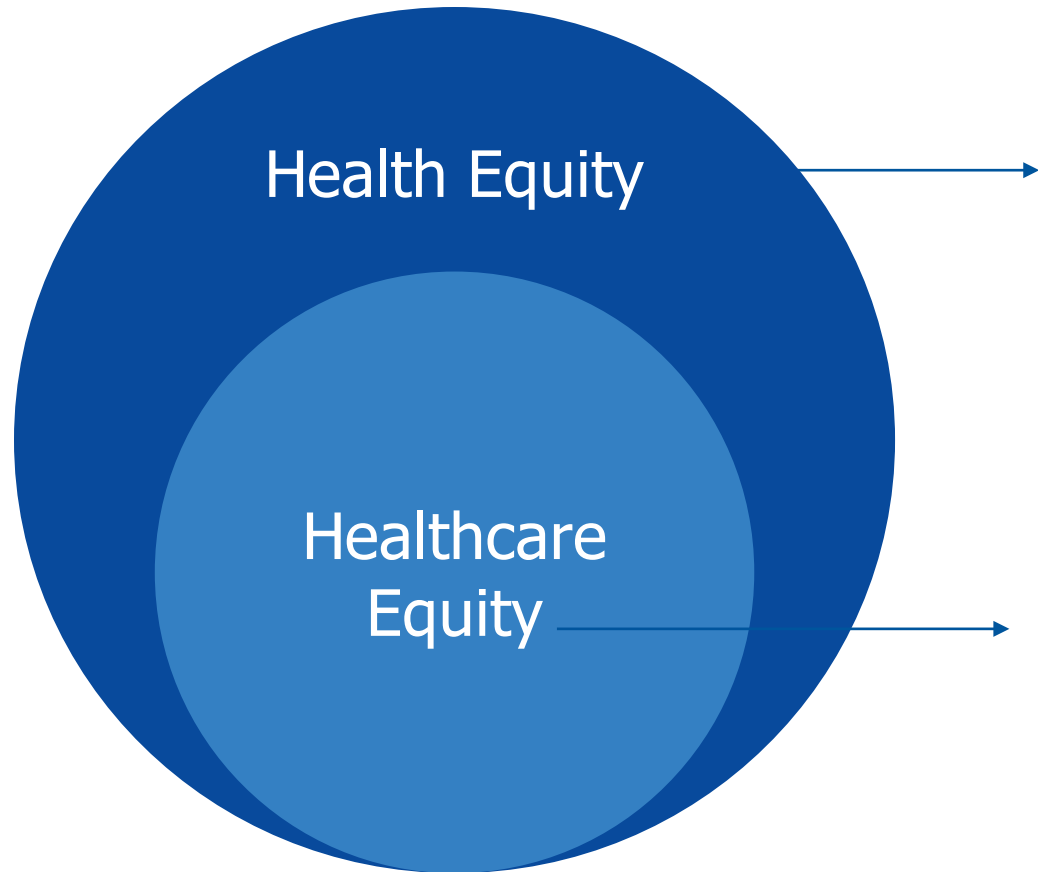
“How can we help MCOs and providers drive equity-focused QI?”

“How do we garner support for and navigate the politics of addressing inequities?”

“How do we address equity in an environment with variable access to care statewide”

When it comes to advancing equity-focused QI, what challenges are you or others experiencing?

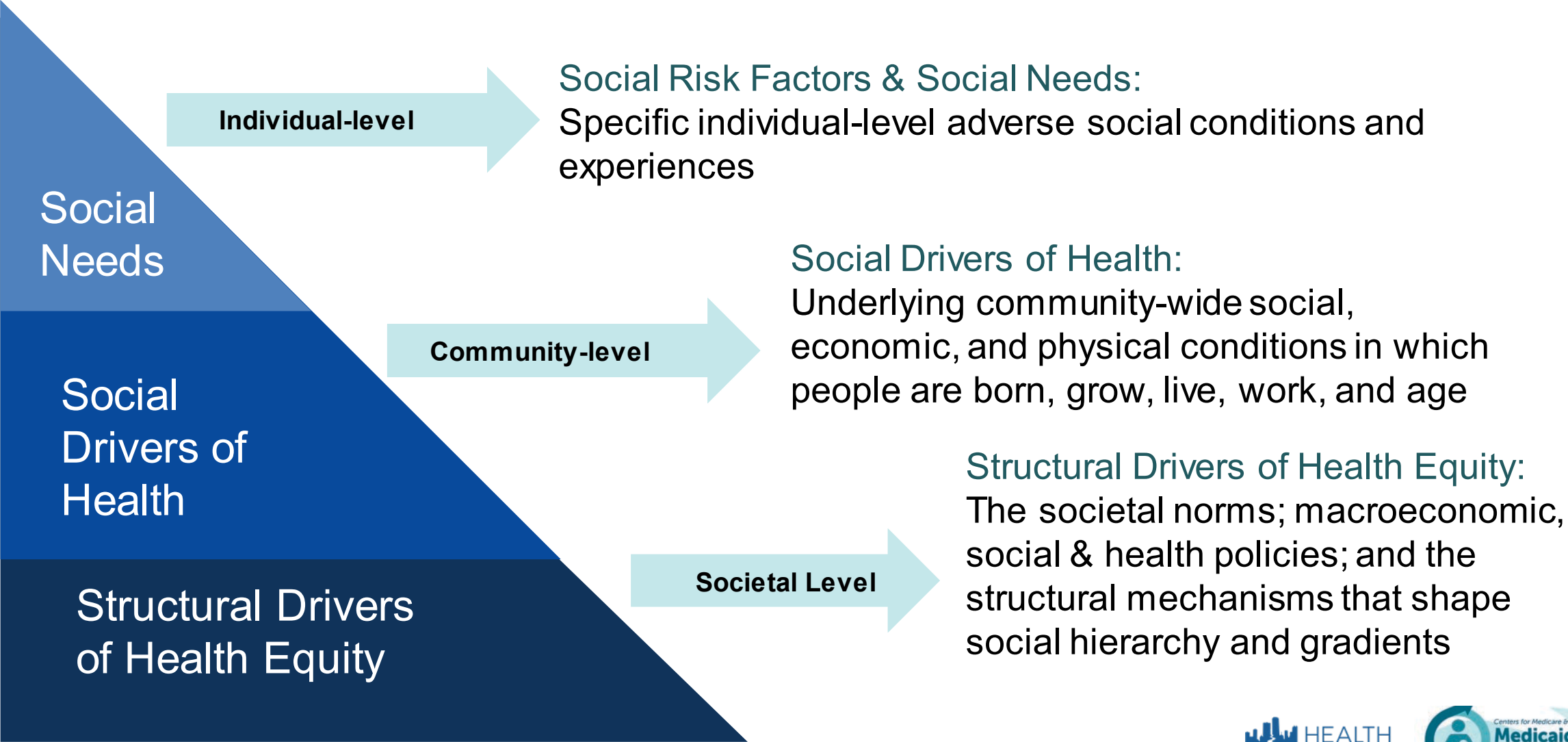
Health Equity vs. Healthcare Equity



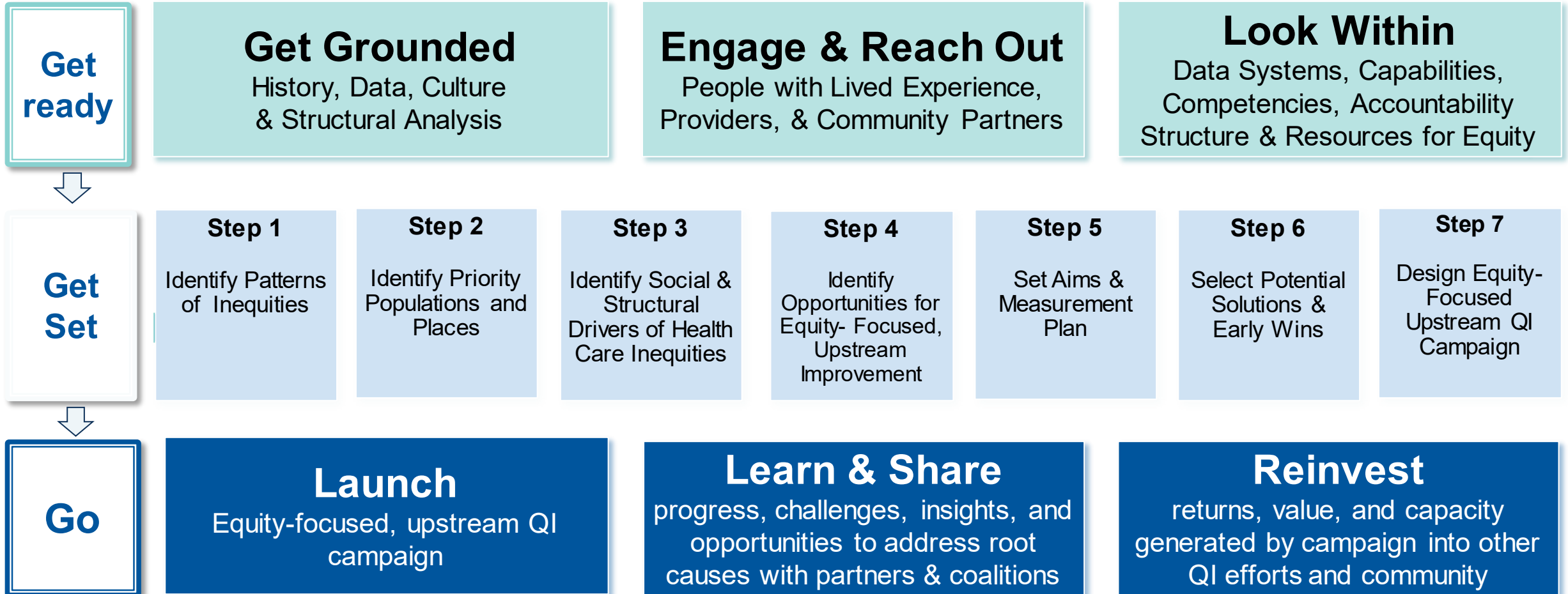
Health Equity means that everyone has the opportunities and resources they need to be as healthy as possible and that no one is disadvantaged due to social circumstances or policies.

Healthcare Equity more narrowly describes equity in the experience of accessing and interacting with the health care system and its organizations.

Health Equity Influenced by Social Drivers of Health



Equity-focused Upstream QI Approach



Equity-Focused Upstream QI Campaigns Can Work Across All Levels

Priority Population: Pregnant people disproportionately experiencing antepartum or postpartum depression
Social Driver of Health Inequity: Food Insecurity

Utilization Goal: Within 24 months, achieve a 20% increase in the rate of depression screenings in the perinatal period and reduce related racial and ethnic disparities by 50%.

Equity-focused goal: Decrease racial inequities in perinatal depression screening rates by 50%

Upstream Goal Contributing to Overall Goal: Reduce food insecurity by 10% for individuals in the perinatal period, including those who screen positive for depression

Opportunities for Medicaid and CHIP Programs to Apply and Advance an Equity Lens

Equity Opportunities Exist Across Levels of Prevention and Intervention

Questions

- **Assessment:**
 - Select a condition (like maternal mental health)
 - What level(s) of intervention and what level(s) of prevention are you enabling to either prevent or improve this condition?
- **Planning:**
 - What additional opportunities exist to lead, partner, or support equity-focused efforts to address this condition across levels of intervention or prevention?

Levels of Intervention

- Systems
 - Improve effectiveness of services
 - Build or transform institutional capabilities
- Ecosystems
- State-level

Levels of Prevention

- Health promotion
- Prevention
 - Primary prevention
 - Secondary prevention
- Treatment (aka tertiary prevention)

Upstream Strategy Compass- Maternal Mental Health

An illustrative example of a portfolio of health equity improvement opportunities that Medicaid and CHIP programs can consider.

(Upstream Strategy) Compass for Health Equity Transformation	Systems (Medicaid and CHIP Providers)	Ecosystem (Community)	State Medicaid and CHIP Program
Promotion <i>Promote healthy environments and behaviors</i>	Create value-based payment methodologies to encourage hospitals and clinics to participate in mental health quality improvement collaboratives and bundles	Create data infrastructure to identify and close SNAP and WIC enrollment gaps	Expansion of coverage to 12 months postpartum
Primary prevention <i>Prevent disease among vulnerable populations</i>	Require MCOs to implement provider bias training for healthcare professionals working in perinatal care	Increase rates of social needs screening, assessment, and successful connections to resources throughout the perinatal period through quality improvement strategies, financial incentives, and contractual requirements.	Add a doula benefit to provide perinatal support services and coordination with community-based services to improve beneficiary outcomes
Secondary prevention <i>Early detection of disease and intervention</i>	Expand behavioral health screening and referral requirements, incentives or protocols for all individuals throughout the perinatal period	Add a community health worker benefit to increase support for perinatal individuals with identified social and behavioral health needs	Increase data transparency about maternal and infant outcomes by MCO stratified by race, ethnicity, language, and geographic data
Treatment <i>Reduce the severity of disease among symptomatic patients</i>	Partner with health systems to develop inpatient settings where moms getting care for substance use disorder can stay with infants	Provide HRSN services to vulnerable perinatal populations with existing clinical conditions through In Lieu of Services or an 1115 waiver	Use managed care organization contracting mechanisms to incentivize reductions in disparities among

Adapted Upstream Strategy Compass™. Manchanda R. HealthBegins. 2014. Updated 2022

Improving Maternal Health Equity through Policy and Collaboration

Sarah Krinsky, MassHealth

Highlighted current and ongoing MassHealth maternal health policies

CURRENT

Webpage for pregnant members: mass.gov/masshealthpregnancy

Expanded coverage through 12 months postpartum inclusive of all pregnancy outcomes

Coverage of undocumented pregnant and postpartum people (at state cost)

Accountable Care Organization (ACO) enhanced care coordination and housing/nutrition supports for high-risk perinatal members

Doula services covered for pregnant, birthing, and postpartum members

ACO quality and equity incentives promote equitable prenatal and postpartum care

Hospital quality and equity incentives promote equitable obstetric and newborn care

Requirement and reimbursement for postpartum depression screenings at pediatric visits

Family planning policies with robust access to contraceptives

ONGOING

Continued member outreach efforts related to coverage and services

Expanding maternal health data collection and analysis efforts

Exploring coverage of perinatal remote blood pressure monitoring

Exploring payment parity for certified nurse midwives

Other policy areas actively exploring include:

- Review of global obstetric fee
- Home visiting
- Perinatal behavioral health
- Breastfeeding support

Questions and Discussion

Lekisha Daniel-Robinson, Mathematica

Upcoming Events and Opportunities

Lekisha Daniel-Robinson, Mathematica

Maternal Health Webinar Series

- **Maternal Mental Health Screening, Treatment, and Improvement Strategies** (June 4, 2024, 2:00 pm ET)
- **Decreasing Fragmentation in Maternal Substance Use Disorder Screening and Treatment** (June 25, 2024, 2:00 pm ET)
- **Addressing Hypertension Before, During, and After Pregnancy** (July 16, 2024, 2:00 pm ET)
- **Medicaid and CHIP Program Collaboration with Hospitals on AIM Bundles** (August 20, 2024, 2:00 pm ET)

Maternal Health Affinity Groups

- **Expression of Interest Webinar (August 6, 2024, 2:00 pm ET)**
 - Action-oriented affinity groups will support state Medicaid and CHIP programs and their partners in identifying, testing, and implementing evidence-based change ideas to address maternal health
 - Two Affinity Group Topics:
 - **Addressing Maternal Mental Health and Substance Use**
 - **Improving Maternal Hypertension Control**
 - More information will be available in early Summer 2024

Thank you for participating!

- Please **complete the evaluation** as you exit the webinar.
- If you have any **questions**, or we didn't have time to get to your question, **please email MedicaidCHIPQI@cms.hhs.gov**

