Frequently Asked Questions: Maternal and Infant Support Program

As Ohio's largest payer for births, one of the goals of the Ohio Department of Medicaid (ODM) is to reduce and eliminate racial disparities in maternal and infant outcomes and to reduce infant mortality. To that end, ODM is implementing a Maternal and Infant Support Program that will focus on providing services and strategies that are designed to advance these goals.

Why is ODM focusing on policy and reimbursement changes for moms and babies?

The Ohio Department of Medicaid is committed to improving pregnancy and birth outcomes for moms and babies. By developing a deeper understanding of the challenges facing Ohio families, and strategically addressing those concerns, the ODM Maternal and Infant Support Program (MISP) helps to advance policies and payment reforms that will improve the lives of Ohio's children and families.

How will the MISP initiatives benefit mothers enrolled in Medicaid?

The MISP was built on the foundation laid by Governor DeWine's Children's Initiative program, in tandem with the input of a wide range of stakeholders' recommended strategies to improve maternal and infant outcomes for Ohio families. Community based care for moms and babies enrolled in Ohio Medicaid will benefit from MISP's introduction of reimbursement for group pregnancy classes, lactation consulting, doula services, comprehensive maternal care, and dyad care for moms and babies with substance use disorder. Engaging in conversations directed to drive high impact community care for moms and babies is the at the heart of our MISP.

How does ODM plan to incorporate health equity principles into its MISP initiatives?

Medicaid's targeted MISP interventions are designed to significantly contribute to the reduction, and eventual elimination, of racial disparities in maternal and infant outcomes. The program builds on and responds to learnings from communities with the greatest racial disparities in infant mortality rates, as well as focus groups with African American women in the Medicaid program who identified barriers to achieving positive maternal and infant outcomes. MISP will also respond to and align with Governor DeWine's Eliminating Racial Disparities in Infant Mortality Task Force (and their forthcoming recommendations) that will create a statewide shared vision and strategy for reducing infant mortality rates and eliminating racial disparities by 2030.

What are the main components of ODM's Maternal and Infant Support Program?

The main components of ODM's Maternal and Infant Support Program are:

- PRAF/ROP Reimbursement updates
- Infant Mortality grants to OEI communities
- Group Pregnancy Education services
- Doula services

- Lactation consulting specialty
- Nurse Home Visiting Medicaid reimbursement
- Comprehensive Maternal Care (CMC) program
- Mom and Baby dyad providers and services
- 12-month post-partum Medicaid eligibility for moms with SUD

What is the timeline for MISP?

ODM intends to initiate all phases of MISP before the end of the next biennium (July 1, 2021 through June 30, 2023).

What is ODM expecting to change as a result of enacting the MISP initiatives?

The MISP initiatives link health care and delivery reform efforts to smart strategies designed to achieve health equity. Ohio is better when we embrace diversity and strive to be inclusive of all families and their individual needs. Through the MISP initiatives, ODM is actively engaged in serving all Ohio families by focusing on inclusion and building awareness of the systematic change needed to end disparities in care for mothers and children.

Why is ODM focusing on extending Medicaid eligibility for new mothers with substance use disorder?

Women with substance use disorder have great need for continued Medicaid eligibility, as it facilitates continued access to SUD treatment. Extending eligibility for new mothers with substance use disorder aligns with ODM's SUD 1115 waiver and its aims.

How can I find out more about the Infant Mortality grant funding in the Ohio Equity Institute communities?

More information about ODM's Infant Mortality grants can be found here. This website will be updated in the coming months with a new request for applications (RFA) for the next cycle of grant funding.

What is the role of managed care in regard to the MISP initiatives?

ODM's managed care plans will support MISP initiatives in the following ways:

- Continued financial and administrative support of ODM's Ohio Equity Institute grant program, providing funding for community efforts to target areas with high racial disparities in maternal and infant outcomes;
- Support providers in developing capacity to deliver new MISP services, including nurse home visiting, lactation consulting, and doula services;
- Connecting pregnant women to support services using information from the Pregnancy Risk Assessment Form and Report of Pregnancy;
- Support Comprehensive Maternal Care providers though clearly defined roles and responsibilities in the managed care provider agreement; and
- Provide continuous, actionable feedback to ODM regarding maternal and infant needs to help shape future policy changes and program efforts.

In what ways does ODM plan to encourage and support breastfeeding mothers? Will this support include changes to reimbursement for breastmilk and breast pumps?

ODM will be updating its rules, policies, and reimbursement strategies to ensure women have broad access to lactation counseling and education, associated supplies and equipment, and support and encouragement where needed to promote breastfeeding.

Why has ODM chosen to support Nurse Home Visiting and Nurse Family Partnership as an evidence-based home visiting model?

The State of Ohio is investing in several evidence-based home visiting models to support women and children. ODM has an opportunity to help more women access home visiting through the nurse home visiting model, by providing pregnant women and mothers with clinical needs expanded access to evidence-based home visiting. ODM's support of nurse home visiting complements efforts being made by Ohio Department of Health and Ohio Department of Job and Family Services to support evidence-based home visiting models.

What is the connection between care coordination and care management and the MISP initiatives?

The MISP initiatives have tie-ins to care coordination and management in the following ways:

- Comprehensive Maternal Care is built on the primary care case management model, and will take referrals from, and hand-off to, primary care practices for mothers and infants;
- The Report of Pregnancy can be filled out by community care coordinators to ensure women remain eligible for Medicaid, ensuring access to prenatal services;
- Pregnancy Risk Assessment Form data can be used by managed care plan care managers, comprehensive maternal care practices, and lead to referrals to home visiting services and WIC enrollment; and
- New reimbursement options for community-based providers, for example doulas and nurse home visitors, as well as others initiatives funded through the Ohio Equity Institute grants, help with important system navigation and connection to resources within and outside of the health system, including referrals to address health-related social needs.

Why has ODM chosen to begin reimbursing for doula services and how can doulas provide input into ODM's doula policies?

ODM has conducted focus groups, surveys, and solicited feedback from stakeholder groups that resoundingly indicates the need for women on Medicaid to be able to access doula services. ODM currently funds doula services through the Ohio Equity Institute grants in communities with high racial disparities in maternal and infant outcomes. Research has shown that doulas can have a positive impact on maternal and infant outcomes, improving the pregnancy and birth experience for mothers and reducing c-section rates and NICU stays. As with all MISP workstreams, ODM will have a robust stakeholder engagement process to inform policy decisions. Interested stakeholders will have the opportunity to provide input and feedback on ODM's doula services policies through

targeted meetings that will be publicized on the [Maternal and Infant Support webpage](#) and announced through the MISP listserv.

What is the role of community health workers and HUBs in ODM's MISP initiatives?

Medicaid managed care plans [are required](#) to provide reimbursement for [Pathways Community HUBs](#) for women in Medicaid who are pregnant and live in a community with a HUB. The current cycle of Ohio Equity Institute grants also provides funding for HUBs in several communities. ODM anticipates future grant cycles will include funding for HUBs to continue their community care coordination model, implemented through community health workers.

We also anticipate the Comprehensive Maternal Care (CMC) program will involve community health workers. CMC practices will be provided with payments to support population health activities specific to the maternity, including locating, coordinating care for, and monitoring services received by pregnant women, and connecting women to needed resources. CMC practices will be expected to improve maternal and infant outcomes for women attributed to their practices. Performance will be measured using maternity-specific quality metrics. CMC practices will be encouraged to employ community health workers and other types of community-based practitioners to complete population health activities and meet quality metric performance goals.

What happens to the information from the Report of Pregnancy and Pregnancy Risk Assessment forms?

Report of Pregnancy forms and Pregnancy Risk Assessment forms are entered into the NurtureOhio system. The information on these forms is then shared with the Medicaid Managed Care plans to ensure women are connected to providers and resources during the critical early pregnancy window. The information is also shared with the Ohio Department of Health to support WIC and evidence-based home visiting enrollment.