

Maternal Infant Support Program Update

April 27, 2021

Agenda

- Welcome and Introduction
- Maternal and Infant Support Program Overview
 - » Phased Approach
 - » Program Elements
- Next Steps

Welcome and Introduction

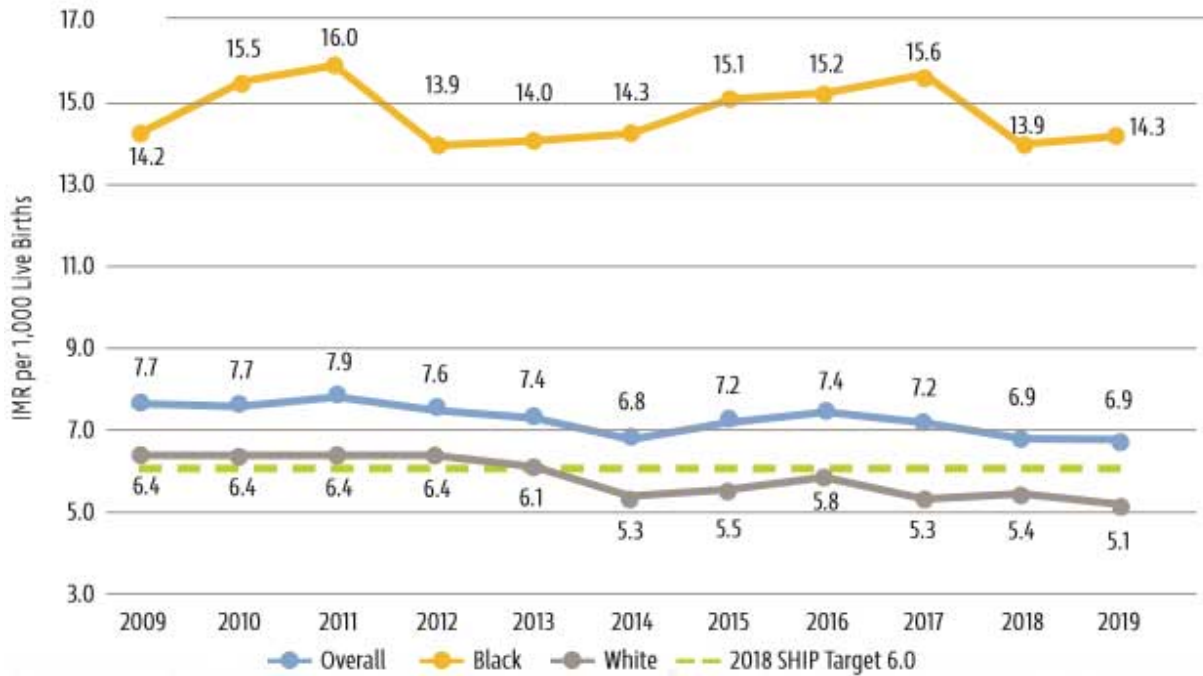
Governor's Children's Initiatives Director, Kristi Burre



Maternal and Infant Support Program Overview

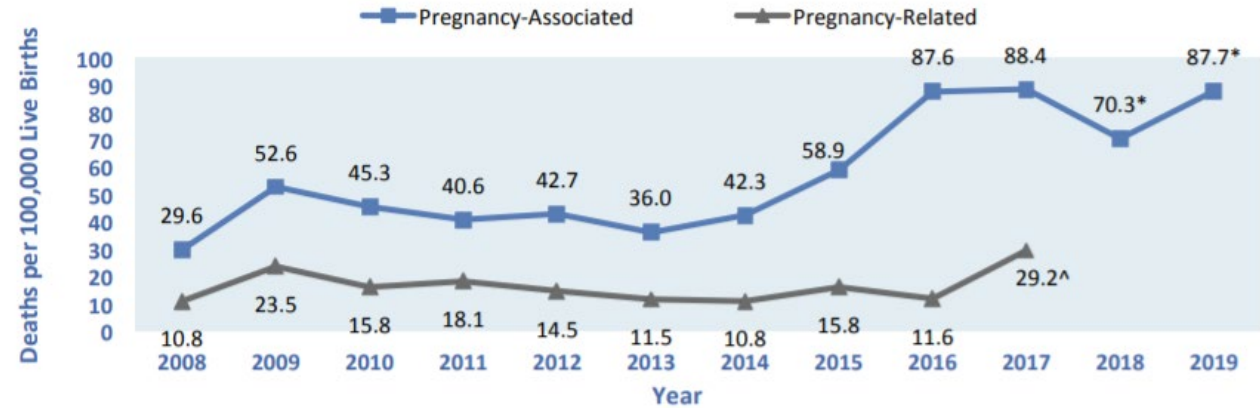
ODH Infant and Maternal Mortality Data

Infant Mortality Rate (per 1,000 live births) by Race, Ohio (2010 – 2019)



Source: Ohio Department of Health [2019 Infant Mortality Annual Report](#)

Ohio Maternal Mortality Ratios



^{*}Preliminary - source ODH Bureau of Vital Statistics.
 Data Sources: ODH Bureau of Vital Statistics and Maternal Mortality Review Information Application (MMRIA)
 Pregnancy-associated mortality ratios increased in 2015. The increase was primarily driven by an increase in unintentional overdose deaths, which doubled annually from 2014 to 2016. [^]The 2017 pregnancy-related mortality ratio (PRMR) increased compared to preceding years. Contributing to this increase was the implementation of new criteria¹ to determine the pregnancy-relatedness of unintentional overdose and suicide deaths, which focuses more on the possible aggravation of mental health conditions during pregnancy and in the postpartum year. Only a sample of 2015-2016 deaths were fully reviewed, if all 2015-2016 deaths were fully reviewed it is possible that the corresponding PRMRs for those year could be higher, however it is unlikely because the new criteria to determine pregnancy-relatedness were not implemented until 2017. ¹adapted from the Utah Department of Health Perinatal Mortality Review

Source: Ohio Department of Health [Snapshot of Ohio Pregnancy-Associated Deaths, 2008-2019](#)

Ohio Medicaid's Maternal and Infant Support Program (MISP)

MISP is Ohio Medicaid's priority work to improve infant and maternal outcomes, with a strong focus on reducing racial disparities

- Based on listening to women served by Medicaid, learnings from recent community-based work
- Partnership across state agencies to promote and align use of best practices and funding
- Creation of new reimbursement options for evidence-based and evidence-informed interventions
- Continued support for community-driven interventions in counties with the greatest racial disparities in infant outcomes

MISP will respond to and align with Governor DeWine's [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.

Key Infant Mortality Community Learnings



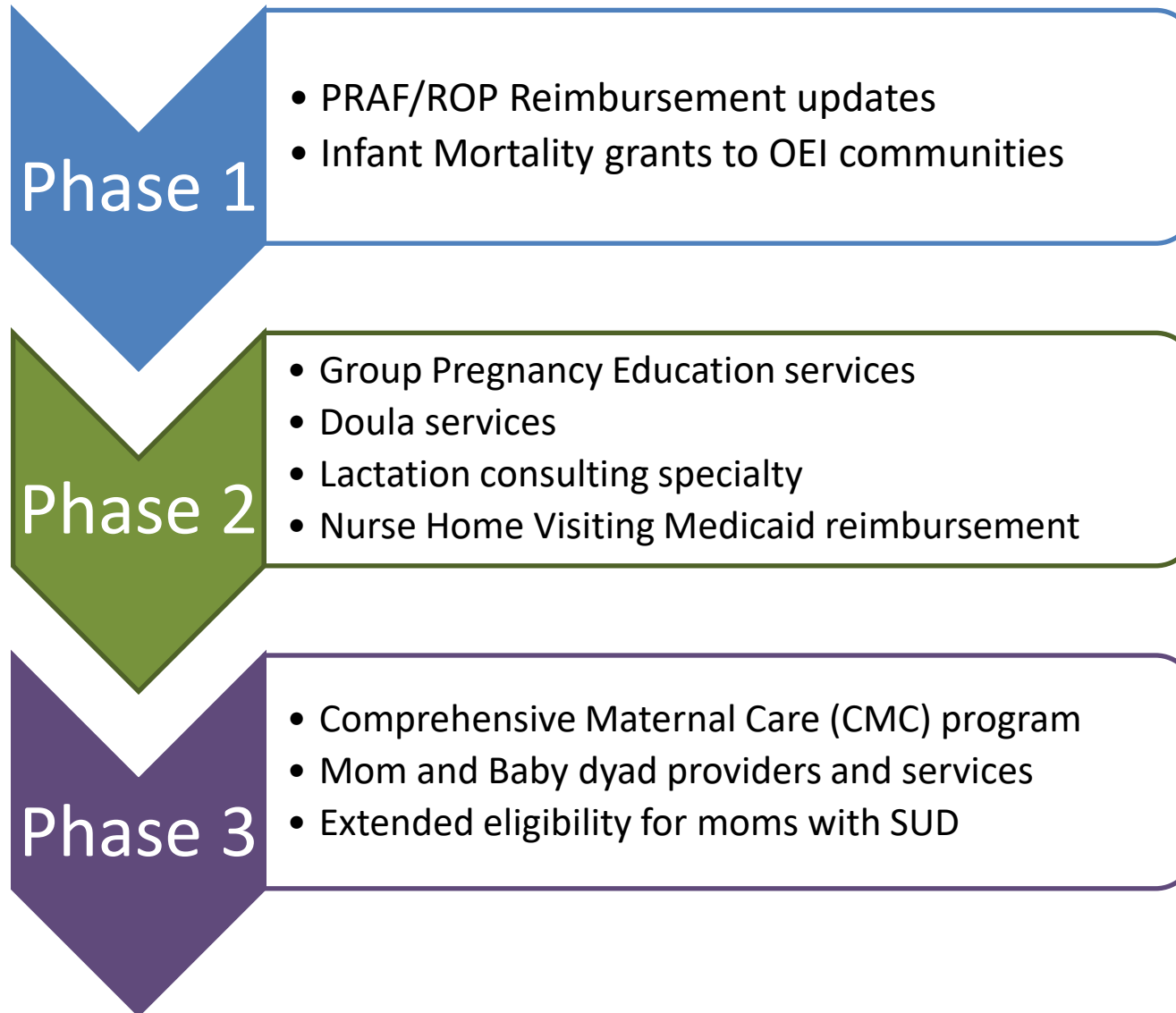
In communities with Medicaid Managed Care-funded Infant Mortality Grants, women expressed the following key barriers to improving their pregnancy and health outcomes:

- ✓ Lack of Trust of the Health Care System
- ✓ Lack of Provider Empathy
- ✓ Lack of Effective Communication from Providers
- ✓ Lack of Social Supports
- ✓ Lack of Community Resources
- ✓ Lack of Medicaid Coverage of Alternative Providers and Services

MISP, formerly Mom and Baby Bundle

- Last stakeholder meeting in January 2020 re: Mom and Baby Bundle
 - » Bundled approach was intended to improve outcomes via an alternative payment model (APM) to cover population health activities and community linkages for pregnant and postpartum women
- Based on stakeholder feedback, ODM reconfigured Mom and Baby Bundle into several separate workstreams for specific providers and services → MISP
 - » Original APM is being streamlined to focus only on population health activities conducted by OB/GYN practices
 - » Community providers and services will be covered separately

Maternal Infant Support Program (MISP) Umbrella



PRAF/ROP Reimbursement Updates

- Pregnancy Risk Assessment Form (PRAF) and Report of Pregnancy Form (ROP)
- Updates to reimbursement rates and OAC 5160-1-60 and 5160-21-04 effective 7/1/21

Why are we making changes?

1. **Maintain Medicaid eligibility**
2. Increase WIC enrollment and use
3. Make earlier connections to prenatal services, including evidence-based home visiting
4. Improve rates of progesterone administration

Pregnancy Communication Hub

Phase 1

Getting Recipients into the System

OEI Community Based Organizations

Local Health Departments

Non – OBGYN Providers (i.e. EDs, PCPs, Community Clinics, etc.)

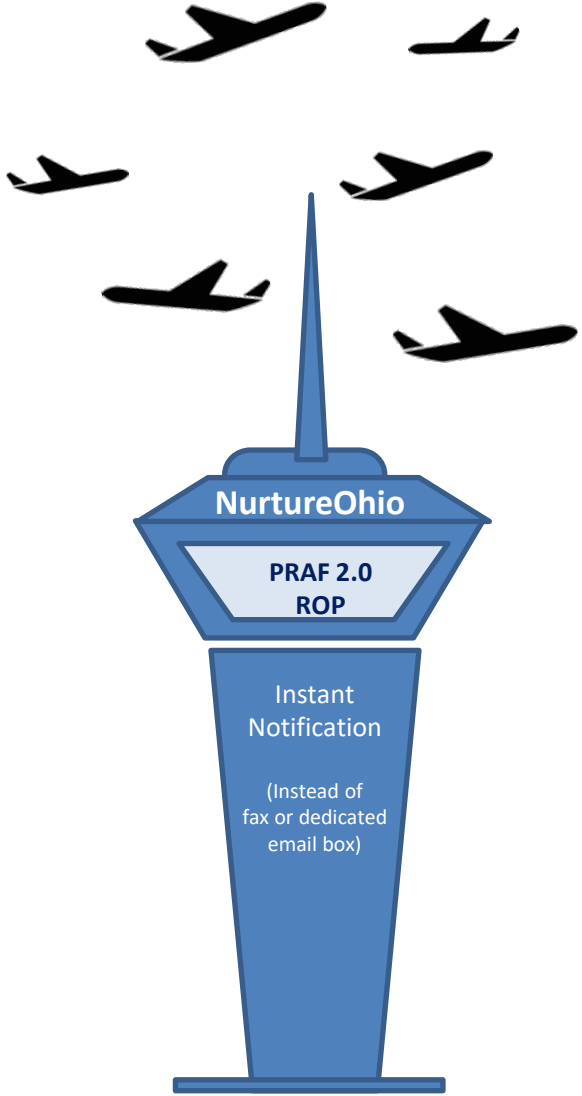
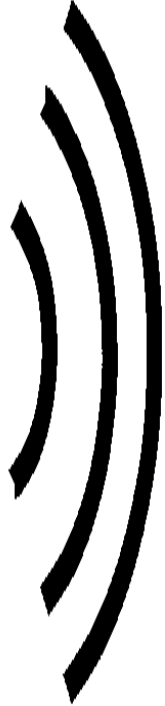
ODH Program Referrals

OB/GYNs

MCPs on behalf of OB/GYNs

Report of Positive Pregnancy (ROP)

Pregnancy Risk Assessment Form (PRAF)



Notice to OhioBenefits maintain Medicaid coverage

Notify managed care plans for linkage to services

Referral to ODH for home visiting outreach

Information to ODM for Risk Tiering & Attribution

Referral to home health for progesterone

Print Rx for progesterone

PRAF/ROP Reimbursement Updates

Policy Change:

- Updates to Medicaid reimbursement for electronic Pregnancy Risk Assessment Form (ePRAF) for OB/GYN providers
 - \$12.10 → \$90 per ePRAF completed
- New reimbursement for Report of Pregnancy (eROP) for non-OB/GYN Medicaid providers
 - \$30 per eROP completed
- Updates to take effect 7/1/21

Measuring Success:

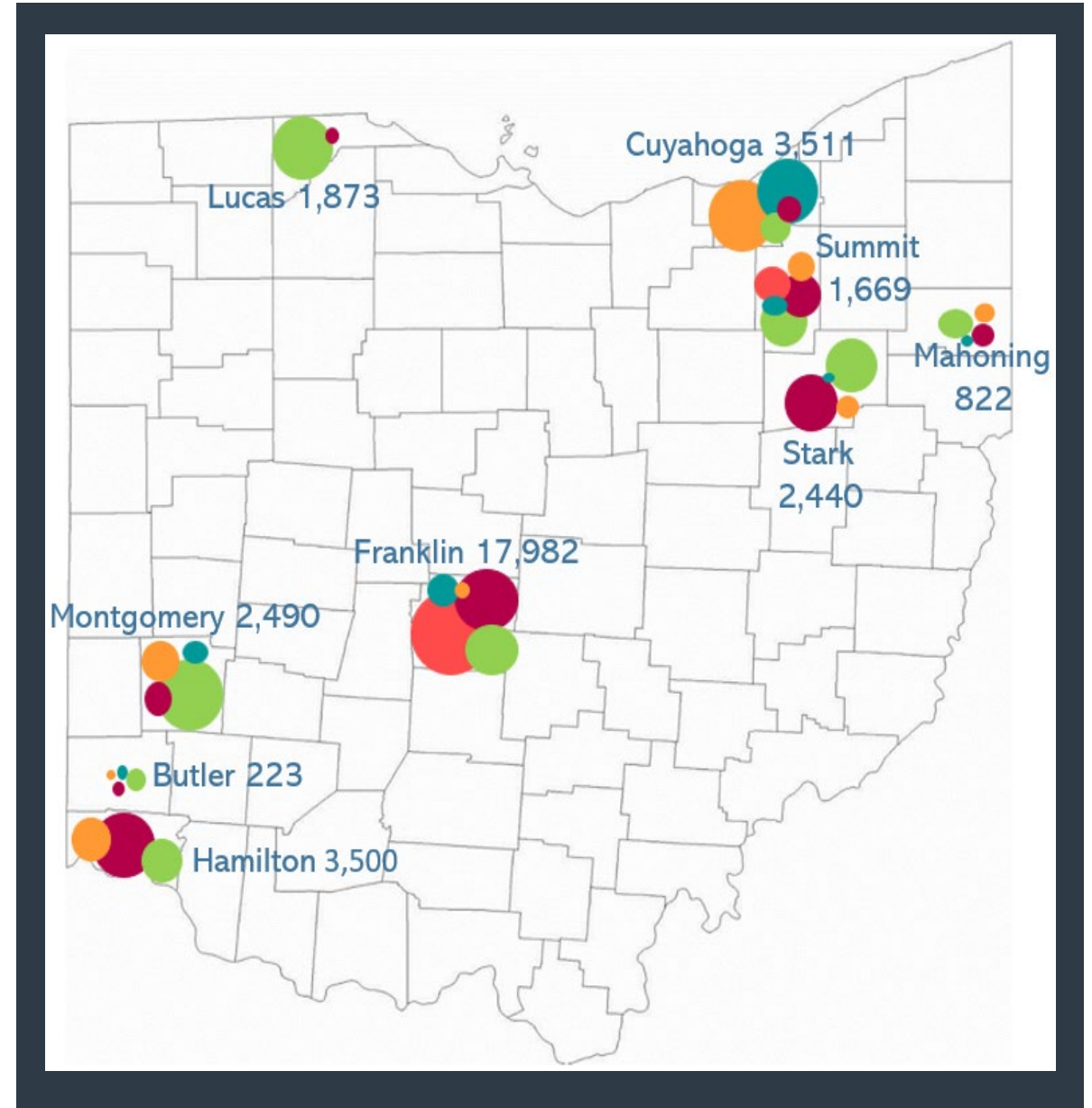
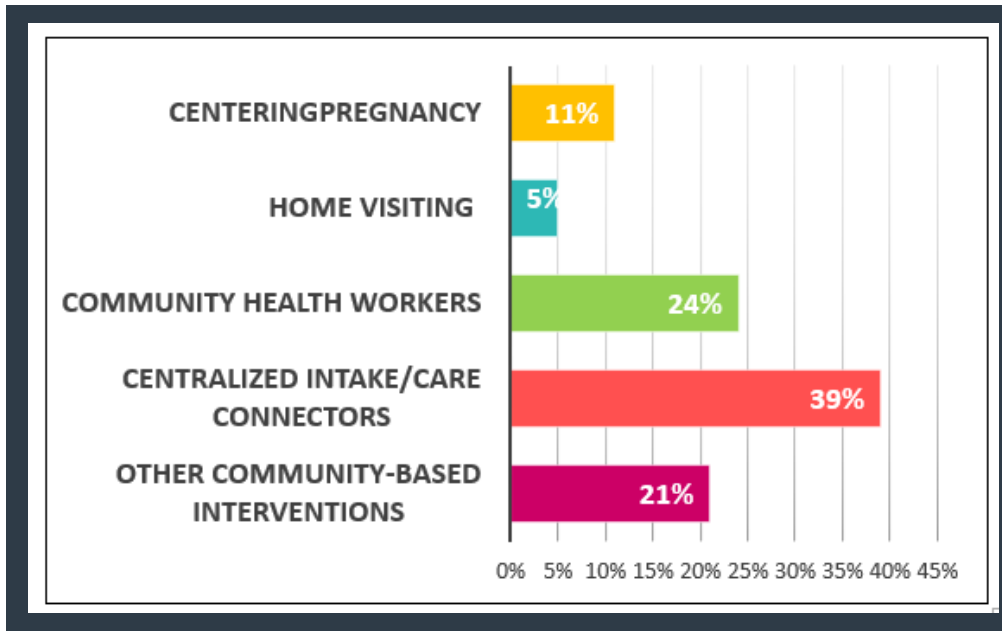
- Increase in number of providers submitting ePRAF and ROP
- Increase in total number of women with forms completed, increase in number completed electronically
- Leading to:
 - Increased continuous eligibility rates
 - Increased WIC enrollment
 - Increased connections to care (e.g. evidence based home visiting)

Infant Mortality Grants

- Ohio has a stark and significant racial disparity gap in infant mortality outcomes
 - » Infant mortality rate is 3x higher for black infants than white infants
- Current grant program from Medicaid managed care plans is used to fund **coordinated community programs** targeting racial disparities in infant outcomes in Butler, Cuyahoga, Franklin, Hamilton, Lucas, Mahoning, Montgomery, Stark, and Summit Counties
 - » Selected based on need indicated by African American infant mortality rate and other factors
- Goals:
 - » Reduce racial disparities
 - » Decrease preterm births
 - » Decrease infant mortality
 - » Improve maternal health in target communities

2020-2021 Grants

- 9 Lead Entities
- 95 Partner Agencies
- Total Proposed Women Served: 34,510
- Total Funding: \$25,866,916.63



Infant Mortality Grants for SFY22-23

- Grant funding to target racial disparities in infant outcomes will be continued
- Representatives from all eligible Ohio Equity Institute communities were informed of the new grant period, which will begin 1/1/22 and ending 12/31/23
 - » RFA release anticipated this summer
 - » Approximately \$26 M over two years across the OEI communities
 - » Lead organizations will apply on behalf of community and community partners
 - » Grants can be used to provide coordination and care to African American women
 - Community health workers (CHWs), within and outside of community HUBS
 - Home visiting
 - Group pregnancy services
 - Other innovative interventions developed and supported by the community
 - » Expect that as MISP billable services are developed, community grant funding will shift to alternative direct services for women

Group Pregnancy Education

- Peer support groups leading to longitudinal relationships
- Additional resources for new moms
- Develops provider/patient relationships that last beyond birth
- Assists with access to other resources (e.g., food pantries, tobacco cessation, WIC)
- Nutritional advice for mom, babies and family
- Includes Centering Pregnancy education

Group Pregnancy Education Policy Updates

- Feedback from stakeholders indicated need for consistent, streamlined, sustainable reimbursement structure for service
- ODM is looking to simplify coding practices and reimbursement structure
- ODM will be seeking stakeholder feedback in May regarding proposed updates:
 - » Fewer billable codes
 - » More uniform reimbursement rates
 - » Updating covered services and provider contracts

Lactation Consulting

- Assistance to expecting and new moms who want to breastfeed
- Help ensure moms and babies are able to breastfeed
- Troubleshoot problems with breastfeeding, often in pediatrician's offices, hospital settings, ob/gyn offices, outpatient services, and home visiting
- Increases breastfeeding rates and duration of breastfeeding
 - » Better outcomes for moms and babies
- Provides support to new moms to be successful in breastfeeding

Lactation Consulting Policy Updates

- ODM will be adding a provider specialty to allow IBCLC-certified Medicaid providers to be reimbursed for lactation counseling services
 - » IBCLC International Board of Lactation Consultant Examiners
- ODM will be looking for input on:
 - » Provider types that may benefit from this specialty
 - Where lactation consulting may not be in existing scope of practice (e.g., dentists, physical therapists, nurses)
 - » Other thoughts on how ODM can support lactation consulting through policy changes

Doula Services

- Using a doula during pregnancy and birth has been shown* to:
 - » Reduce disparities in birth outcomes
 - » Reduce c-section rates
 - » Improve birth experience for moms
 - » Increase breastfeeding rates
 - » Reduce total cost of care for births
- Doulas can specialize in the prenatal, labor and delivery, and postpartum settings
 - » One doula can work in all settings, or doulas can concentrate on a single setting

*<https://onlinelibrary.wiley.com/doi/full/10.1111/birt.12218>

Doulas and Doula Services

- ODM intends to add reimbursement for doula services
- Looking for stakeholder feedback on:
 - » Doula credentialing
 - » Doula providers and practice
 - » Doula subspecialties
 - » Reimbursement
 - » Statewideness and doula capacity/network

Nurse Home Visiting

- Ohio Department of Health currently funds several types of evidence-based home visiting shown to reduce health disparities and improve outcomes for babies
 - » Parents as Teachers, Healthy Families America, Nurse Family Partnership, Moms and Babies First
- Nurse Family Partnership is a national curriculum administered by nurses dedicated to helping low-income moms from pregnancy to age 2 through home visits
- ODM is looking to fund nursing services consistent with the evidence-based practice for women at risk of a poor birth outcome
- Enhancing access to nurse home visiting through ODM is an integral part of achieving the Governor's goal of tripling home visiting and is consistent with the [Recommendations of the Governor's Advisory Committee on Home Visitation](#)

Nurse Home Visiting Medicaid Reimbursement

- ODM and the managed care plans currently fund some NFP activities in a few counties through OEI infant mortality grants
- ODM will is now developing a nurse home visiting service, allowing us to reimburse Nurse Family Partnership entities with a more sustainable payment mechanism
- ODM is working closely with ODH to ensure coordination across departments for reimbursements and streamlining administrative burden for providers
- ODM and ODH will meet with existing NFP sites, as well as sites who are interested in starting an NFP program, to discuss reimbursement options
- Goals:
 - » Expand access to nurse home visiting services for women with the greatest risks
 - » Provide services consistent with evidence-based model to improve pregnancy and infant outcomes

Comprehensive Maternal Care Program

- ODM is establishing a patient-centered maternity medical home alternative payment model for OB/GYNs
 - » Similar to Comprehensive Primary Care, also based on elements from mom and baby bundle
- Enrolled practices will:
 - » Embrace culture change and transformational approach to care coordination and population health activities
 - » Receive per-member-per-month (PMPM) payments to facilitate improving care and outcomes
 - » Be offered annual quality incentive payments linked to high performance
- ODM will track and report clinically meaningful metrics to providers to assist with meeting the following goals:
 - » Getting women into quality care earlier in pregnancy
 - » Retaining women in care through the postpartum period
 - » Improving maternal and birth outcomes
 - » Ensuring communication with and transition to primary care for mom and baby

Mom and Baby Dyad Care

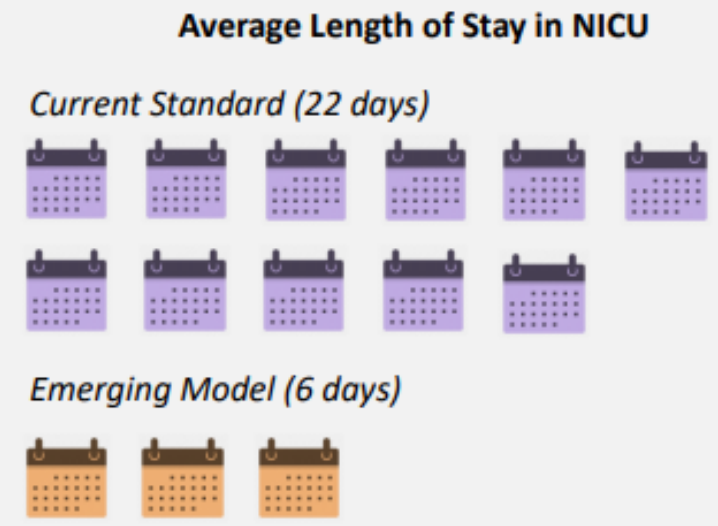
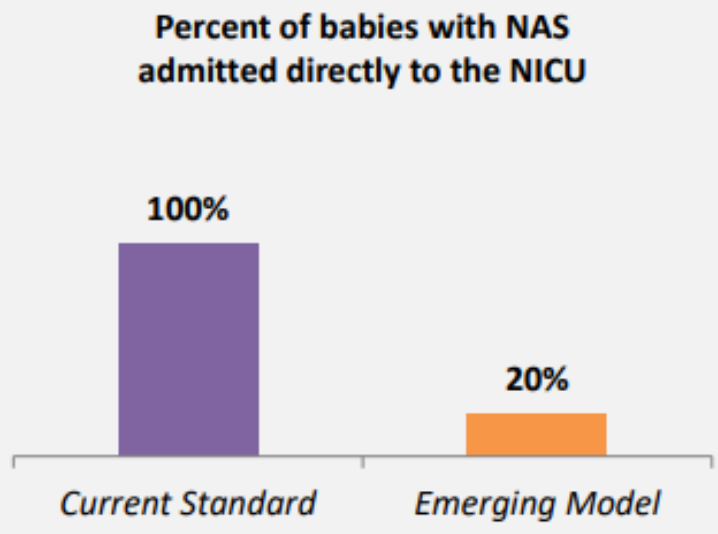
- ODM will be establishing a new model of care for moms and babies with substance use disorders and babies with neonatal abstinence syndrome (NAS)
- ODM plans to create new reimbursement options for inpatient and/or intensive outpatient co-treatment services for moms and babies, including transition planning back into community
- Goals:
 - » Since literature indicates that both moms and babies have improved outcomes when kept together postpartum*, one aim of the program is to keep moms and babies together from birth onward through any course of treatment
 - » Reduce cost of care for NICU stays for babies with NAS
 - » Ensure moms and babies are connected to providers for longer-term treatment and support

*<https://www.chcf.org/wp-content/uploads/2019/02/EmergingTreatmentOptionsNAS.pdf>

Mom and Baby Dyad Care



Outcomes from Yale New Haven Children’s Hospital’s Initiative to Improve the Quality of Care for Infants with Neonatal Abstinence Syndrome (n= 287)



Extended Eligibility for Moms with SUD

- Maintaining eligibility is critical to retaining moms with substance use disorder in care and treatment, as well as ensuring babies continue to receive all needed services
 - » Therapy, medication assisted treatment, postpartum care, immunizations, well care, care for chronic conditions, interconception care
- ODM extend eligibility period for postpartum women with SUD diagnoses to 12 months (currently 60 days) via 1115 waiver authority
 - » ODM will meet with CMS to discuss waiver amendment requirements and timeline
 - » Must demonstrate budget neutrality
 - » Eligibility will be determined in Ohio Benefits using pregnancy status and SUD diagnoses
 - » Public notice will be given through the 1115 waiver public advisory committee

Next Steps

Next Steps for MISP

- ODM will set up meetings with subgroups of stakeholders specific to each workstream
- To join the listserv for MISP notifications, please enter your name and email address in the indicated boxes at our website: <https://www.medicaid.ohio.gov/INITIATIVES/Maternal-and-Infant-Support/Mom-Baby-Bundle>
- MISP updates will be made on a rolling basis through the SFY22-23 biennium
- Questions and comments can be sent to MISP@medicaid.ohio.gov

Questions and comments are encouraged!