A Look at Evidence-Based Maternal Models of Care in Medicaid

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Workshop on Advancing Diagnostic Excellence for Maternal Health Care

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MISSION

Improve the lives of Medicaid enrollees

Develop, implement, and diffuse innovative and evidence-based models of care

Promote quality, value, and equity

Engage individuals, families, and communities

VISION

Provide independent, unbiased, nonpartisan information

Inform Medicaid policy

Improve the health of the nation

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Access, Coverage, and Outcomes

Community and Equity

Data and Quality

Sustainability

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It's not the statistics that make Medicaid real.

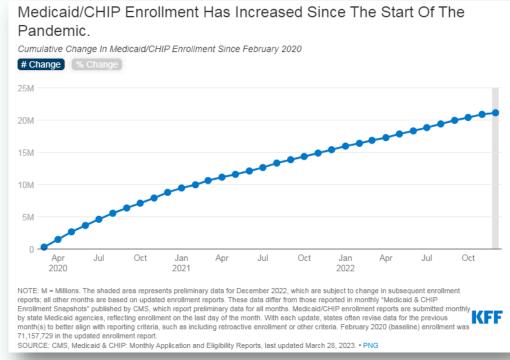It's when you l♥ve one of the numbers.

Medicaid and Maternal Health

State of Medicaid Managed Care Organizations (MCO) in 2023

- 86.7 million individuals use Medicaid for health insurance coverage, 70% of which are enrolled in managed care.[1][2]

- Total Medicaid/CHIP enrollment grew to 92.3 million, an increase of 21.2 million from enrollment in February 2020.[3]

- Flexibilities allowed by the COVID public health emergency (PHE) prompted innovative practices from Medicaid MCOs to reach members in new ways.[4]

  - 2022 Annual MCO Survey found universal usage of audio/video telehealth modalities among surveyed plans.[5]

  - 38% of surveyed plans used remote patient monitoring.[5]

- States will need to assess which policy barriers will continue to exist during the unwinding of the PHE.

Medicaid/CHIP Enrollment Has Increased Since The Start Of The Pandemic.

Cumulative Change In Medicaid/CHIP Enrollment Since February 2020

NOTE: M = Millions. The shaded area represents preliminary data for December 2022, which are subject to change in subsequent enrollment reports; all other months are based on updated enrollment reports. These data differ from those reported in monthly "Medicaid & CHIP Enrollment Snapshots" published by CMS, which report preliminary data for all months. Medicaid/CHIP enrollment reports are submitted monthly by state Medicaid agencies, reflecting enrollment on the last day of the month. With each update, states often revise data for the previous month(s) to better align with reporting criteria, such as including retroactive enrollment or other criteria. February 2020 (baseline) enrollment was 71,157,729 in the updated enrollment report.
SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated March 28, 2023. • PNG

1. Medicaid.gov. "March 2023 Medicaid & CHIP Enrollment Data Highlights." last updated April 28, 2023
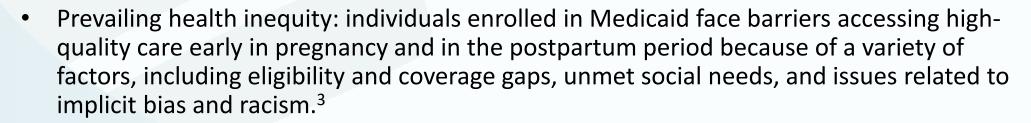2. MACPAC. "Percentage of Medicaid Enrollees in Managed Care by State and Eligibility Group." December 2022.
3. Bradley Corallo and Sophia Moreno. "Analysis of National Trends in Medicaid and CHIP Enrollment During the COVID-19 Pandemic." KFF. April 4, 2023.
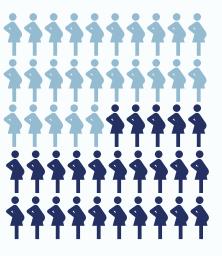4. Institute for Medicaid Innovation. "Medicaid Managed Care's Pandemic Pivot: Addressing Social Determinants of Health to Improve Health Equity." 2022
5. Institute for Medicaid Innovation. "2022 Annual Medicaid MCO Survey."

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Brief Overview of Medicaid and Maternal Health

- Nearly half of all births in the United States are covered by Medicaid, with the share in each state ranging between 20% and 71%.[1]

- Medicaid covers a greater share of births:
  - In rural areas,
  - Among individuals under the age of 19, and
  - Among BIPOC individuals.[2]

- Prevailing health inequity: individuals enrolled in Medicaid face barriers accessing high-quality care early in pregnancy and in the postpartum period because of a variety of factors, including eligibility and coverage gaps, unmet social needs, and issues related to implicit bias and racism.[3]

1. Medicaid And CHIP Payment and Access Commission, 2020; Kaiser Family Foundation, 2020
2. MACPAC. "Medicaid's Role in Financing Maternity Care." January 2020
3. Moore, et al. "Improving Maternal Health Access, Coverage, and Outcomes in Medicaid." 2020.

Impact of Poor Maternal Mental Health on First Five Years

- One in five: number of pregnant or postpartum people who have a diagnosed mood or anxiety disorder.[1]

- $14 billion: the cost of untreated perinatal mental health conditions.[2]

- Pregnant individuals with substance-use disorder are 17% less likely to be accepted for treatment appointments, which correlates with increased foster care placements.[3]

- Lack of adequate insurance coverage is a barrier to seeking mental health care.[4]

1. O'Hara MW, Wisner KL. Perinatal mental illness: definition, description, and aetiology. Best Pract Res Clin Obstet Gynaecol. 2014;28(1): 3–12.1.
2. Luca DL, Margiotta C, Staatz C, Garlow E, Christensen A, Zivin K. Financial toll of untreated perinatal mood and anxiety disorders among 2017 births in the United States. Am J Public Health. 2020;110(6): 888–96.
3. ONDCP Releases Report on Substance Use Disorder Treatment During Pregnancy. The White House. October. 21, 2022
4. Jennifer E. Moore, Monica R. McLemore, Nadia Glenn, and Kara Zivin. "Policy Opportunities To Improve Prevention, Diagnosis, And Treatment Of Perinatal Mental Health Conditions." Health Affairs. Vol. 40, No. 10. October 2021.

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Barriers to Expanding Evidence-Based Models

Doula Care[1]

- Variance in state policy creates barriers for Medicaid reimbursement of doula care

- Medicaid reimbursement that does not encapsulate the full range of services

- Most programs funded by private organization grants, with less than 5% being reimbursed directly by Medicaid

- High bureaucratic load of individual billing

Midwifery-Led Care[2]

- Low Medicaid reimbursement relative to similar clinicians

- Incident to billing versus direct billing

- Confusing and/or complicated credentialing practices

- Contracting challenges such as distance from acute care facility and transfer agreement

Perinatal Mental Health[3]

- Limits to pediatric caregivers billing Medicaid for post partum mental health services

- Public health emergency unwinding threatens some flexibilities related to mental heath telehealth reimbursement

1. Bakst, at al. "Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid." May 2020
2. Moore, et al. "Improving Maternal Health Access, Coverage, and Outcomes in Medicaid." 2020.
3. Jennifer E. Moore, Monica R. McLemore, Nadia Glenn, and Kara Zivin. "Policy Opportunities To Improve Prevention, Diagnosis, And Treatment Of Perinatal Mental Health Conditions." Health Affairs. Vol. 40, No. 10. October 2021.

Opportunities for Improvement

Approaches should center the voice of individuals with lived experience

Clinical

- Collaboration between maternity care teams and community-based workers including doulas

- Emphasis on culturally concordant, community-based care

- Targeted assistance for training of maternity community health workers and doulas

- Care team models that increase access to midwifery care

- Increase awareness of the benefits of the midwifery-led model

- Consider financially sustainable models that link the midwifery-led model to the Medicaid population

Research

- Develop the research infrastructure to continually track, monitor, and evaluate programs that employ community-based maternity support providers

- Explore ways to conduct studies that identify the return on investment for the midwifery-led model of care in Medicaid

- Explore the relationships between state variation in Medicaid policies relative to midwifery practice integration, access, and birth outcomes

- Investigate individual views of midwifery services and freestanding birth centers

Policy

- Cover varied care models

- Encourage co-location of services

- Maintain and enhance telehealth flexibilities

- Standard credentialing procedures

- Expand Medicaid coverage to 12 months postpartum

- Create maternity-led model of care commission

- Remove barriers to support equitable reimbursement of services

- Statewide requirement for direct billing

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