
CMCS Informational Bulletin

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SUBJECT: CMCS Maternal and Infant Health Initiative

This informational bulletin describes opportunities for states to collaborate with CMCS on a new national initiative to improve maternal and infant health outcomes in Medicaid and CHIP. Based on consultation with stakeholders, over the next several years, CMCS will focus improvement efforts in two areas: 1) increasing the rate and content of postpartum visits; and 2) increasing the rate of pregnancies that are intended.

Background

Recognizing the urgency presented by our nation's poor birth outcomes, 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 payer for at least half of all births in the U.S.,¹ Medicaid and CHIP have an important role to play. Adverse birth outcomes such as 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 is an important source of health insurance coverage for vulnerable individuals and families; and while considerable progress has been made in improving birth outcomes in the last decade among public and private payers, the rate of births reported as preterm or low birth weight remains higher in Medicaid than private insurance (10.4% vs. 9.1%).²

In 2012, the Department of Health and Human Services' launched *Strong Start for Mothers and Newborns*, which is funding 27 grantees over the next four years to test the effectiveness of three models of enhanced prenatal care for reducing preterm births in Medicaid and/or CHIP.³ In an effort to identify strategies that could be adopted in the short term, an Expert Panel on Improving

¹ Markus A. R., E. Andres, K.D. West, N. Garro, and C. Pellegrini. "Medicaid Covered Births, 2008 through 2010, in the Context of the Implementation of Health Reform." *Women's Health Issues*, vol. 23, no. 5, 2013, pp. e273–e280.

² Barradas D.T., et. al. "Hospital Utilization and Costs among Preterm Infants by Payer: Nationwide Inpatient Sample, 2009." Unpublished manuscript 2014.

³ The models of enhanced prenatal care are centering/group care, birthing centers, and medical homes. For additional information see [Strong Start](#). CMS will also evaluate HRSA's Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) as a fourth model of enhanced prenatal care.

Maternal and Infant Health Outcomes in Medicaid and CHIP (the Expert Panel) was convened by a CMCS contractor to explore program, policy and reimbursement opportunities that could be adopted to provide better care, improve birth outcomes and reduce the cost of care for mothers and infants (additional information about our [Expert Panel](#) is available on Medicaid.gov). This stakeholder convening served to inform opportunities for Medicaid to address birth outcomes and complemented existing Departmental investments in improving maternal and infant health.

Initiative Goals

After considering the advice of the Expert Panel and partnership opportunities, CMCS has identified two distinct yet interrelated goals for its [Maternal and Infant Health Initiative](#). The initiative leverages existing partnerships and activities 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
- Increase by 15 percentage points the use of effective methods of contraception in Medicaid and CHIP in at least twenty states over a 3-year period.

These goals consider the critical benefits that can be realized when women receive appropriate and timely postpartum care. Regular postpartum visits have positive implications for the woman's health, infant care and health, and also subsequent pregnancies. In addition, reproductive planning which includes access to contraception, either during the immediate postpartum period or during any other time in the reproductive continuum, allows for appropriate birth spacing and improved access to services that can, in turn, improve perinatal outcomes.

Action Steps

One of the key themes that emerged from the Expert Panel is that current public and private reimbursement mechanisms do not align well with achieving good perinatal outcomes. Through the Maternal and Infant Health Initiative, CMCS will provide technical assistance to support Medicaid agencies in implementing reimbursement and related policy changes to achieve these goals. CMCS will also provide technical assistance to states that seek to improve health coverage for women before and after pregnancy utilizing existing coverage options, expansion opportunities and new delivery models. Through this initiative, CMCS will promote payment, program and coverage policies that enhance provider service delivery for use of effective contraception and timely postpartum care and enhance the accessibility of these services to women.

Assessing Progress

To determine a baseline and to assess progress toward the goals, states will be invited to voluntarily report on 2 quality measures:

- 1) The measure for Postpartum Care from the Medicaid Adult Core Set; and
- 2) A developmental measure on Contraception Service Utilization.

The specifications for reporting the Postpartum Care measure are contained in the Technical Specifications and Resource Manual for the Adult Core Set.⁴ The measure assesses the rate of postpartum visits occurring on or between 21 and 56 days after delivery. The developmental Contraception Service measure⁵ is claims based and consists of two rates to assess the proportion of women who received contraceptive services in the past 12 months that adopt or continue use of:

- a) The most effective (i.e., male or female sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved methods of contraception;
- b) An FDA-approved, long-acting reversible method of contraception (i.e., implants, intrauterine devices or systems (IUD/IUS)).

To report on these measures, states will use the CARTS⁶ web-based data submission tool that is used for the Medicaid Adult Core Set measures. Baseline data for the initiative will be reportable with 2013 submissions, due by January 31, 2015. To facilitate reporting of these measures, CMCS will make available an incentive payment to states that choose to participate in this initiative. Details about the process for qualifying for the reporting incentive payment will be announced when the specifications for the Contraceptive measure are released.

Next Steps

Over the next several months, CMCS will host a series of webinars to provide more information about the Initiative and review the performance measures that will be used to track our collective progress toward improving outcomes.

CMCS welcomes the opportunity to work more closely with states in advancing improvements in perinatal outcomes. For additional information on the Maternal and Infant Health Initiative, please contact Lekisha Daniel-Robinson, Coordinator, Maternal and Infant Health Initiative at Lekisha.Daniel-Robinson@cms.hhs.gov.

We hope this information will be helpful. Thank you for your commitment to improving maternal and infant health through these critical programs.

⁴ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html>

⁵ CMCS, in collaboration with Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) will release detailed specifications and resources for the developmental contraception measure by mid fall.

⁶ Guidelines for submitting to CARTS can be found at : <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html>