

**ADULT MEDICAID QUALITY GRANTS**  
**MEASURING AND IMPROVING THE QUALITY OF CARE IN MEDICAID**

State	Summary of Maternal and Infant Health Quality Improvement Projects (QIPs)
	<b>Efforts to Reduce Early Elective Deliveries (EEDs)</b>
<b>CA</b>	California’s Department of Health Care Services (DHCS) QIP focuses on reducing EEDs (<39 weeks) and improving statewide postpartum care rates. DHCS interventions for this project include determining and disseminating the best practices for prevention of EEDs, increasing the percentage of Medi-Cal women with postpartum care, and outlining the most effective strategies for supporting California health care providers in implementing these practices. The state will perform enhanced maternal quality data collection (i.e., data linking) under this grant, which will provide baseline performance data to the Medi-Cal Program, and will support setting appropriate performance target(s) specific to certain plans, geographic areas, demographic groups, or a mix of factors. The state is expanding QI capacity through the development of a department wide QI training curriculum which will include members of other divisions whose work focuses on maternal health data and data quality.
<b>LA</b>	Louisiana has set several goals in their effort to improve maternal and infant healthcare provided at health systems with large birthing facilities across the state: to reduce EEDs; to reduce elective deliveries by Cesarean-sections that occur between 37-39 weeks of gestation without a medical indication; and to reduce length of stay in the neonatal intensive care unit . The state is also developing and piloting an Obstetrical Risk Assessment Tool that will increase care coordination between high risk patients and Bayou Health Care Coordinators. Future interventions are focused on continued collaboration with the Institute for Healthcare Improvement on the state’s EED Reduction Initiative and training and implementation of the Late Preterm Infant Toolkit.
<b>MI</b>	Michigan has targeted interventions for the reduction of EEDs with a focus on integrating with existing programs (Maternal Infant Health Program, WIC, etc.) that are joined in statewide activities for reducing EEDs. Through this grant, the state has developed and distributed educational materials informing Medicaid beneficiaries about the importance of full? term pregnancy and the potential negative impact of early delivery on infant development. Additionally, focus groups were held with Michigan Medicaid beneficiaries enrolled in managed care plan(s) to determine how beneficiaries feel about the importance of term pregnancy and the impact of requesting elective deliveries. Medicaid Health Plans and physician practices were also recruited for participation in this effort. Future grant funded interventions include, educational materials for integration into the Maternal Infant Health Program (MIHP) general educational plan of care which is disseminated to all Medicaid pregnant women in the program and education conducted with all MIHP providers delivering program interventions.

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NY	As part of this grant, New York has worked to build on its existing Perinatal Quality Collaborative (NYSPQC) Obstetrical Improvement Project. NYSPQC has the goal of increasing the documentation of education of pregnant women about the risks and benefits of early scheduled delivery for the mother and her newborn. In addition to collecting and reporting data, facilities have been engaged on the topic of reducing EEDs through in-person Learning Sessions, monthly Coaching Calls, and educational Webinars. Over the next year of this grant, a survey of current documentation practices will be used to help guide the work of the NYSPQC OB Education Project.
NH	New Hampshire is utilizing the AMQ grant to reduce the number of EEDs through interventions such as linking data sources to birth certificates, hospital discharges, and Medicaid claims. A cornerstone of this effort is reflected in the March 2014 institution of a 'hard stop' policy for state hospitals. Additionally, the state is implementing educational efforts targeting patients, hospitals and medical providers on the subject of EEDs which includes specific efforts to improve the accuracy of medical record coding.
<b>Efforts to Increase Postpartum Care</b>	
AL	As part of this grant, Alabama has focused on the importance of inter-conception care with the objective of increasing access to postpartum care and the use of inter-conception care. Alabama's Department of Public Health case managers are working with women who have experienced an adverse birth outcome with the goal of increasing the percentage of women and babies who are referred to primary care medical homes postpartum. Additionally, the state is working to increase primary care providers understanding of the Alabama CoIIN Interconception Care guidelines.
CA	As part of their reducing EEDs QIP, California is working to increase the statewide postpartum care rate by five percent. Interventions include conducting an intensive, longitudinal nine month QI training series/QI project for at least eight Department of Health Care Services employees with interactive sessions. The state is also in the process of finalizing a process for routine matching of the vital records data with the Medi-Cal data, and incorporating the matched data into the data warehouse. This will allow for more accurate assignment of delivery date, and a more accurate rate of Postpartum Care among California Medi-Cal members. The development of an effective collaboration between the office of the medical director and the office of family planning to evaluate Medi-Cal family planning services has been key in the development of this QIP.
MA	As part of this grant, Massachusetts's is focused on testing ways to improve postpartum visit rates for all MassHealth managed care plans with the goal of meeting or exceeding the Medicaid national 75th percentile on the NCQA HEDIS postpartum visit measure. This QIP includes distribution of a provider bulletin and provider survey on Improving the Management of Postpartum Visits and an 18-hour training for Community Health Workers on women's health. This training will have specific emphasis on the importance of the post-partum visit for continuation of care following delivery. Other interventions include the implementation of a mobile health messaging (Text4baby) service for pregnant women and collaboration with the capitated managed care plans to conduct post-partum visit QIPs.

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OH	As part of the grant, Ohio's QIP is focused on increasing postpartum care visit rates, and simultaneously increasing the percentage of women who receive the following during their visit: (1) Family and contraceptive planning; (2) Breast-feeding evaluation; (3) Screening for depression; and, (4) Glucose screening for gestational diabetes patients. Through collaboration with managed care plans a variety of interventions have been developed and are in the process of being implemented including: use of standardized prenatal risk assessment forms; processes for standardized education and follow-up regarding the importance of postpartum care; and improved communication standards across the continuum of care to improve postpartum care visit rates.
WV	West Virginia is utilizing grant funds to implement a QIP focused on increasing the postpartum visit rate statewide while simultaneously increasing the number of women who receive the following services during a postpartum visit: Chlamydia screening (ages 21-24) and high blood pressure checks. The state is collaborating with the West Virginia Perinatal Partnership, the state chapter of the March of Dimes, and the West Virginia Health Care Authority on this project.
<b>Effort to Increase Postpartum Depression Screenings</b>	
MN	Minnesota is using this grant to pilot the incorporation of postpartum depression screenings into well-child visits for children 0-1 years of age with the goal of improving depression screening and identification. This pilot is being implemented at 10-15 pediatric and family practice clinics across the state with a range of demographics including a mix of rural/urban and small/large clinics. Through this project the state is developing a standard clinical protocol for implementing universal maternal depression screening at appropriate intervals during well child visits.