Reducing Early Elective Deliveries in Medicaid and CHIP

Issue

Approximately 10 to 15 percent of all births in the United States are performed early without a medical reason.[1] These births have increased risk of maternal and infant complications. This issue brief describes efforts underway by CMS and state Medicaid programs to improve maternal and infant health outcomes by reducing the number of early elective deliveries that lack a medical reason.

Background

Improving the health of mothers and newborns, and reducing complications of childbirth is a high priority of the Department of Health and Human Services (HHS) and CMS. A number of medical and psychosocial factors contribute to poor birth outcomes. A wider adoption of evidence based maternity care practices could help address some of the contributing factors to these poor birth outcomes.[2] Over the last several years, organizations such as the March of Dimes, Childbirth Connections, the LeapFrog Group and the Association of Women's Health, Obstetric and Neonatal Nurses have raised concerns about babies being scheduled for birth too soon. These early births scheduled without a medical reason, also known as early elective deliveries, occur between 37 and 39 weeks of pregnancy. Elective deliveries may occur either by induction or cesarean section (C-section), and are associated with an increased risk of maternal and neonatal morbidity and longer hospital stays for both mothers and newborns, as compared to deliveries occurring between 39 and 40 completed weeks gestation.[3]

For more than thirty years, the American College of Obstetricians and Gynecologists (ACOG) has promoted a clinical guideline discouraging elective deliveries prior to 39 weeks gestation without medical or obstetrical need. ACOG advocates adoption of the Scheduled Birth Criteria, which includes proper pregnancy dating by ultrasound confirmation of gestational age at 20 weeks; scheduled birth for social or soft indications only at 39 weeks gestation or later; and adoption of a Scheduled Birth Form.[4] However, practices among physicians and hospitals continue to vary significantly.

Providers and patients may choose an early elective delivery for non-medical reasons such as convenience, relief of symptoms in the final stages of pregnancy and perceived liability concerns; however, the evidence shows this is not without increased risk of harm to either the mother or newborn. Maternal complications from elective induction include a higher rate of cesarean section (C-section) deliveries--often resulting in repeat C-sections in subsequent

---

[1] Clark SL, Miller DD, Belfort MA, Dildy GA, Frye DK, Meyers JA. Neonatal and Maternal Outcomes Associated with Elective Term Delivery. American Journal Obstet Gynecol, 156, February 2009, e1-e4.

[2] Carter M, Corry, M, Delbanco S, et al. 2020 Vision for A High-Quality, High-Value Maternity Care System. Women's Health Issues 20(2010) S7-S17.

[3] Ashton DM. 2010 Elective delivery at less than 39 weeks. Current Opinion in Obstetrics & Gynecology. 22(6):506 510.

[4] American College of Obstetricians and Gynecologists (ACOG) Committee on Practice Bulletins. ACOG Practice Bulletin. No. 107. Induction of Labor. Obstetrics & Gynecology,2009114:386-97.

pregnancies--as well as other medical complications.[5,6,7, 8] Infants born between 36 and 38 weeks gestation may weigh and appear to be the same as those born later, but are more likely to have serious lung problems and other medical conditions resulting in admissions to the neonatal intensive care unit (NICU). Long term effects in academic achievement, as measured by math and reading performance in third grade, are also evident with variations in gestational age at delivery.[9]

While deliveries occurring between 37 and 39 weeks decreased by three percent between 2006 and 2010, possibly due to recent attention on the risks of early elective deliveries, systematic efforts are needed involving all stakeholders—providers, large employers, payers and regulators, to foster widespread change in maternity care practices.[10] Since nearly 2 of 3 women enrolled in Medicaid are in their reproductive years and Medicaid currently finances about 45 percent of all births in the United States, CMS and states have an opportunity to play a major role in improving the quality of maternity care and birth outcomes, as well as better measuring how care is delivered to pregnant and post-partum women. Focusing on early elective deliveries provides an opportunity for Medicaid agencies to participate in public-private partnership efforts to reduce early elective deliveries.

CMS Efforts Underway to Reduce Early Elective Deliveries

CMS launched two initiatives in 2012 to improve perinatal health outcomes. One initiative, Strong Start for Mothers and Newborns, led by the CMS Innovation Center (CMMI) working in partnership with the Center for Medicaid and CHIP Services (CMCS), includes two primary strategies: (1) testing ways to encourage best practices for reducing the number of early elective deliveries that lack medical indication across all payer types; and (2) testing three models of enhanced prenatal care[11] for reducing preterm births among women covered by Medicaid/CHIP. The other national activity, CMCS' Expert Panel for Improving Maternal and Infant Health Outcomes[12] (the Expert Panel) is identifying specific opportunities and strategies to provide better care, while reducing the cost of care for mothers and infants covered by Medicaid/CHIP.

The Strong Start strategy for reducing early elective deliveries consists of multiple activities. A broad based multi-media and educational outreach campaign focused on providers and expectant

[5] Maslow AS and Sweeny AL. Elective Induction of Labor as a Risk Factor for Cesarean Delivery Among Low-Risk Women at Term. Obstetrics & Gynecology, 2000; 95:917–922.
[6] Clark SL, Miller DD, Belfort MA, Dildy GA, Frye DK, Meyers JA. Neonatal and Maternal Outcomes Associated with Elective Term Delivery. American Journal Obstet Gynecol, 156, February 2009, e1-e4.
[7] Belfort MA, Clark SL, Saade GR, Kleja K; Dildy GA, Van Veen, and others. Hospital Readmission After Delivery: Evidence for an Increased Incidence of Nonurogenital Infection in the Immediate Postpartum Period. Obstetrical & Gynecological Survey: May 2010, 65(5): 289-290.
[8] Engle WA, Tomashek KM, Wallman C and the Committee on Fetus and Newborn. 2007. "Late-Preterm" Infants: A Population at Risk. Pediatrics, 120(6): 1390-1401.
[9] Noble KG, Fifer WP, Rauh VA, Nomura Y, and Andrews HF. 2012. Academic Achievement Varies With Gestational Age Among Children Born at Term. Pediatrics;130:1–8.
[10] Martin JA, Hamilton BE, Ventura SJ, Osterman MJK, Wilson EC and Mathews TJ. Births: Final Data for 2010. National Vital Statistics Reports August 2012: 61(8).
[11] The three models of enhanced prenatal care are centering/group care, birthing centers, and medical homes. For additional information see: http://innovations.cms.gov/initiatives/Strong-Start/. CMS will also evaluate HRSA's Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) as the fourth model of enhanced prenatal care.
[12] The Expert Panel, co-chaired by the Ohio Medicaid Medical Director and the immediate past president of ACOG, consists of Medicaid medical directors, clinical experts, representatives of health plans, and advocacy stakeholder groups.

women will promote awareness of risks associated with early elective deliveries. CMS is also partnering with advocacy and professional organizations, including the March of Dimes and ACOG to spread the message as part of this strategy. Additionally, over 3700 hospitals are participating in Partnership for Patients, a HHS sponsored public-private effort to improve the safety, reliability and cost of hospital care, as part of Hospital Engagement Networks (HENs) to identify and spread best practices. The HENs were selected by CMS to identify solutions to adverse outcomes, develop collaborative initiatives, and provide technical assistance to individual hospitals to facilitate the adoption of evidence-based clinical practices that improve patient care and safety. Reduction in early elective deliveries is one obstetric safety area of focus within most of the HENs. Appendix A shows the HENs by state that committed to working on reducing early elective deliveries.

CMCS' Expert Panel is identifying strategies to improve care during pregnancy and delivery, as well as opportunities to improve preconception, post-partum and inter-conception care for women covered by Medicaid and CHIP. The Expert Panel is also working to align Medicaid's efforts to improve birth outcomes with existing national and regional efforts, especially efforts related to Strong Start's strategy of reducing early elective deliveries. The Panel, thus far, is also seeking to align its efforts with those of the Health Resources and Services Administration (HRSA) Collaborative Improvement & Innovation Network (COIN) to Reduce Infant Mortality, the Medicaid Medical Directors Learning Network and the National Governor's Association Learning Network on Improving Birth Outcomes.

In an effort to promote transparency, accountability and continuous improvement, CMS supports collection and reporting of quality measures. Two quality measurement activities are available to support CMS initiatives to reduce early elective deliveries. First, the initial core set of quality measures for adults in Medicaid,[13] includes the National Quality Forum endorsed measure (#0469) for Elective Deliveries Prior to 39 Completed Weeks Gestation. Voluntary reporting of this measure along with other core measures is scheduled to begin in January 2014. This information will help CMS and states evaluate progress in reducing non-medically indicated early elective deliveries among Medicaid beneficiaries. Second, a final rule including the early elective delivery measure in the Hospital Inpatient Quality Reporting (IQR) Program[14] was issued in August 2012. Beginning in 2013 hospitals can report data on this measure to the IQR that will be publicly available on the Hospital Compare website. By 2015, payment updates will be based in part on rates achieved by hospitals for the early elective delivery measure—linking quality of care with payment.

Medicaid's Pilot Experiences in Reducing Early Elective Deliveries

In 2005, in an effort to reduce the rise in preterm birth, CMS convened a group of nationally recognized experts in quality improvement, pediatrics, neonatology and obstetrics, as well as state Medicaid medical directors, to develop a project to promote the use of evidence-based clinical practices to improve newborn outcomes. The Neonatal Outcomes Improvement Project, based on ten clinical interventions, was conceived as a multi-state, public-private partnership of a broad base of stakeholders using a Quality Collaborative model for breakthrough

[13] These measures were identified as required by Section 2701 of the Affordable Care Act.
[14] Information on the Final Rule for IQR Reporting is available at: www.federalregister.gov/articles/2012/08/31/2012-19079/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the

improvement—including elements such as evidence reviews, data analysis, feedback, and peer accountability.

CMS funded several states to pilot project interventions through Medicaid Transformation Grants. Ohio and North Carolina received grants that included a focus on reducing early elective deliveries.

Key Findings from Ohio:[15]

- A partnership of 24 Ohio hospitals, Medicaid and other stakeholders, the Ohio Perinatal Quality Collaborative (OPQC) used a range of interventions to shift almost 21,000 births from 36 to 38 weeks gestation to 39 weeks gestation between September 2008 and October 2011. This shift reduced NICU admissions by 3 percent (approximately 621 admissions). Almost half of these births were to mothers enrolled in Medicaid. Savings from averted NICU admissions alone were an estimated $24.8 million for the three year period.

- The OPQC also reduced inductions at 36-38 weeks with no apparent medical indication for early delivery. Medicaid induced births at 36-38 weeks declined from a mean of 10% in 2006 to 7 percent in 2011. Similarly, privately insured induced births declined from 13 percent to 6.5 percent in 2011(see Appendix B). Compared to the baseline period, this initiative resulted in approximately $10 million in annual savings.

Key Findings from North Carolina:[16]

- The Perinatal Quality Collaborative of North Carolina (PQCNC), in partnership with 39 hospital teams accounting for two thirds of the state's deliveries, achieved a 43 percent decrease in the rate of early elective deliveries between October 2009 and June 2010, along with a decrease in NICU admissions and newborn complications.

- PQCNC also demonstrated decreases in all inductions and in repeat C-sections before 39 weeks. The interventions, patient and provider education, peer review of decisions and institution of a "hard stop" policy[17] prevented 370 non-indicated early elective deliveries and shifted a total of 769 deliveries to 39 weeks or greater gestation. By reducing elective inductions that would have resulted in a cesarean section (estimated at 20 percent) and NICU costs for the infants delivered, cost savings were estimated at $2.4 million.

Current State Practices and Options

Ohio and North Carolina achieved reductions through collaborative models, but there are other strategies that states can undertake to help reduce non-medically necessary, early elective deliveries among Medicaid beneficiaries. Research and state experiences in reducing early

[15] Applegate, M. (2012, June 14). Improving Care and Proving It. Presentation given at 2nd Annual CMS Medicaid/CHIP Quality Conference, Baltimore, MD.
[16] McCaffrey, MJ. (2012). Perinatal Quality Collaborative of North Carolina. Neonatal Outcomes Improvement Project (NOIP) Technical Report. Perinatal Quality Collaborative of North Carolina
[17] Hard stop defined as denying deliveries without formal documentation of medical necessity scheduled before 39 weeks gestation

elective deliveries indicates that reimbursement policies, prior authorization policies and educational efforts aimed at physicians and patients may result in reductions of early elective deliveries. Appendix C highlights efforts currently underway by states and Medicaid agencies. The following are strategies for Medicaid agencies to consider in efforts to reduce early elective deliveries.

Performance Monitoring and Public Reporting

- Collect and report the early elective delivery measure in the initial core set of adult quality measures[18]
- Utilize reporting of the early elective deliveries quality measures that will be a part of the Inpatient Quality Reporting Program on posted on Hospital Compare.
- Establish targets for early elective delivery reduction

Regulatory/Contracting Approaches

- Require hospitals to establish prior authorization or peer review prior to scheduling early elective deliveries
- Require monthly reporting of hospital early elective deliveries rates by gestational age
- Conduct retrospective reviews or audits

Education, Outreach, and Training

- Collaborate with the CMCS initiative to disseminate targeted, local Medicaid messages to pregnant women on early elective deliveries through Text4Baby
- Establish or become an active participant in state-wide perinatal collaboratives to implement clinical and administrative-focused interventions to reduce early elective deliveries.
- Support the dissemination of obstetric-pediatric communication tools, including chart documentation
- Identify strategies to work with the HENs in efforts to reduce obstetric harm
- Patient education and active patient engagement regarding the risks of early elective deliveries, working with organizations such as March of Dimes and Childbirth Connections

Payment/Purchasing Approaches

- Provide payment disincentives for early elective cesarean deliveries (e.g., equalize payment for low-risk vaginal and cesarean births)
- Offer financial bonus payment for hospitals that achieve a threshold reduction in early elective deliveries

[18] Initial Core Set of Quality Measures for Adults in Medicaid is available at: www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-%E2%80%93-Performance-Measurement.html

Conclusion

A number of public and private sector stakeholders are engaged in efforts to improve birth outcomes, including efforts specifically related to reducing early elective deliveries. In addition to the Medicaid specific efforts described above, other state Medicaid agencies – including AR, FL, MN, NY, TX, WA – have adopted educational and payment strategies to reduce early elective deliveries either by induction or C-section. These efforts and related resources are available to facilitate implementation of quality improvement efforts around reducing early elective deliveries and are presented in the attachment (see Appendix D).

Appendix A
Hospital Engagement Networks by State Focused on Reducing Early Elective Deliveries

	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	KY
Ascension Health		x		x			x	x		x				x	x	x		
Carolinas HealthCare System																		
Dallas-Fort Worth Hospital Council Foundation																		
Dignity				x	x													
GA Hospital Association Research and Education Foundation											x							
American Hospital Association			x	x	x	x	x			x				x	x	x	x	x
Iowa Healthcare Collaborative													x		x			
Joint Commission Resources, Inc.		x	x				x			x			x		x			
Lifepoint Hospitals, Inc.		x	x	x		x				x	x						x	x
Michigan Health & Hospital Association																		
Minnesota Hospital Association																		
New Jersey Hospital Association																		
North Carolina Hospital Association																		
National Public Health and Hospital Institute				x	x									x	x	x		
Nevada Hospital Association																		
Healthcare Association of New York State																		
Ohio Children's Hospital Solutions for Patient Safety					x	x												
Ohio Hospital Association																		
Hospital & Healthsystem Association of Pennsylvania																		
Premier	x	x		x	x	x			x	x	x	x		x	x		x	x
Texas Center for Quality & Patient Safety																		
Tennessee Hospital Association			x															
University HealthSystem Consortium (UHC)		x		x	x	x		x		x			x		x	x	x	x
VHA Inc.		x	x							x	x				x	x	x	
Washington State Hospital Association	x																	

Appendix A
Hospital Engagement Networks by State Focused on Reducing Early Elective Deliveries

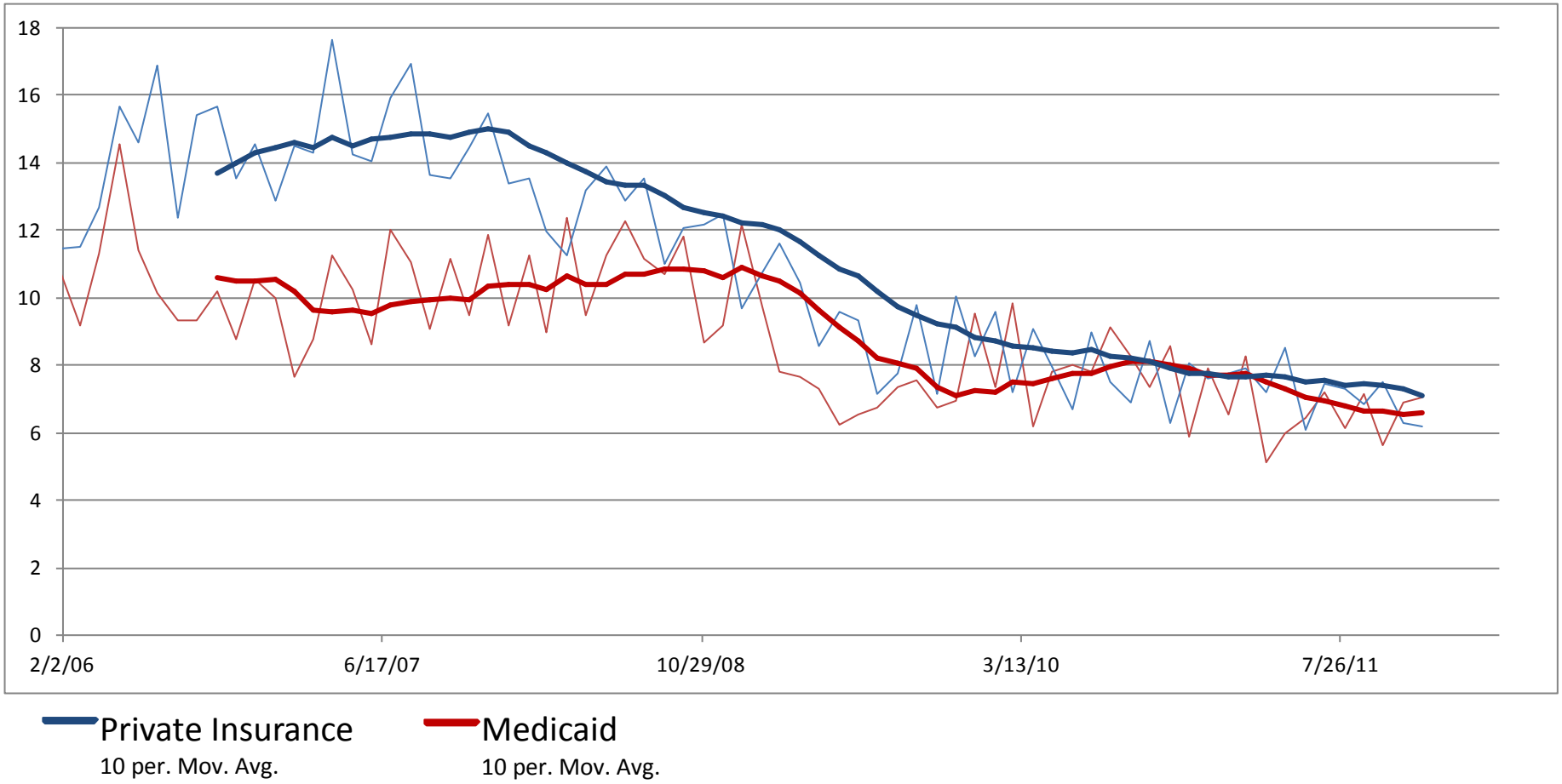
	LA	MA	MD	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY
Ascension Health			x	x		x										x
Carolinas HealthCare System									x							
Dallas-Fort Worth Hospital Council Foundation																
Dignity															x	
GA Hospital Association Research and Education Foundation																
American Hospital Association	x					x		x				x		x		
Iowa Healthcare Collaborative											x					
Joint Commission Resources, Inc.				x		x	x			x	x					
Lifepoint Hospitals, Inc.	x						x		x		x			x	x	
Michigan Health & Hospital Association				x												
Minnesota Hospital Association					x											
New Jersey Hospital Association													x			
North Carolina Hospital Association									x							
National Public Health and Hospital Institute	x					x										x
Nevada Hospital Association															x	
Healthcare Association of New York State																x
Ohio Children's Hospital Solutions for Patient Safety				x		x			x							
Ohio Hospital Association																
Hospital & Healthsystem Association of Pennsylvania																
Premier	x	x	x		x	x	x	x	x		x	x	x		x	x
Texas Center for Quality & Patient Safety																
Tennessee Hospital Association							x									
University HealthSystem Consortium (UHC)	x	x	x	x	x	x					x		x		x	x
VHA Inc.	x		x				x	x		x	x		x			
Washington State Hospital Association																

Appendix A
Hospital Engagement Networks by State Focused on Reducing Early Elective Deliveries

	OH	OK	OR	PA	PR	RI	SC	SD	TN	TX	UT	VA	WA	WI	WV	WY
Ascension Health									x	x			x	x		
Carolinas HealthCare System							x									
Dallas-Fort Worth Hospital Council Foundation										x						
Dignity																
GA Hospital Association Research and Education Foundation																
American Hospital Association		x	x		x	x		x							x	
Iowa Healthcare Collaborative																
Joint Commission Resources, Inc.	x								x	x						
Lifepoint Hospitals, Inc.									x	x	x	x			x	x
Michigan Health & Hospital Association																
Minnesota Hospital Association														x		
New Jersey Hospital Association																
North Carolina Hospital Association												x				
National Public Health and Hospital Institute	x								x	x						
Nevada Hospital Association																
Healthcare Association of New York State																
Ohio Children's Hospital Solutions for Patient Safety	x			x						x						
Ohio Hospital Association	x															
Hospital & Healthsystem Association of Pennsylvania				x												
Premier	x	x	x	x			x	x	x	x		x	x	x	x	x
Texas Center for Quality & Patient Safety										x						
Tennessee Hospital Association									x							
University HealthSystem Consortium (UHC)	x			x			x			x	x	x	x	x	x	
VHA Inc.	x	x		x						x		x			x	
Washington State Hospital Association			x										x			

Appendix B

Reducing Early Elective Deliveries in Ohio: Change Impacts the System



Applegate, J. (2012, June 14), Improving Care and Proving It. Presentation given at 2nd Annual CMS Medicaid/CHIP Quality Conference, Baltimore, MD.

Appendix C

State Medicaid and Public Health Efforts to Reduce Early Elective Deliveries

State	Medicaid Payment Strategies*	Collaborative Strategies*	Hard Stop Policies*	COIN Member**
Alabama	—	Alabama Perinatal Excellence Collaborative (APEC), a collaboration of the University of Alabama Birmingham, the University of South Alabama, Alabama Medicaid and statewide OB providers and hospitals, serves as resource for obstetric and other healthcare providers throughout the state of Alabama for assistance in improving perinatal outcomes. APEC released guidelines to assist providers and facilities in implementing systems to decrease the rate of early elective deliveries. [i]	—	X
Arkansas	Medicaid Inpatient Quality Incentive Program – incentive for meeting threshold levels on elective delivery measure.[ii]	Arkansas Health Care Payment Improvement Initiative. Partnership of Arkansas Medicaid, the Arkansas Department of Human Services, Arkansas Blue Cross and Blue Shield, and Arkansas QualChoice to transform health care in the State. Defined episodes of care for Perinatal conditions for which incentive payments are provided based on thresholds.[iii] [iv]	—	X
California	—	The California Maternal Quality Care Collaborative (CMQCC), which engages State agencies, professional groups, hospitals and health systems, associations, public programs and advocacy groups, includes a focus on elimination of non-medically indicated elective deliveries before 39 weeks through dissemination of best practices and data strategies.[v]	—	
Florida	—	Florida Perinatal Quality Collaborative (FPQC) which includes engagement of the Florida Agency for Health Care Administration (Medicaid Agency) and Florida Department of Health, identified elimination of elective deliveries before 39 weeks as one collaborative project of focus.[vi] [vii]	—	X
Georgia	—	Planned	—	X
Kentucky	—	Healthy Babies are Worth the Wait - multi-stakeholder collaborative, including the Kentucky Department of Health, to reduce preterm birth. The collaborative uses provider, patient and community outreach and engagement to reduce early elective deliveries.[viii]	—	X

Appendix C

State Medicaid and Public Health Efforts to Reduce Early Elective Deliveries

State	Medicaid Payment Strategies*	Collaborative Strategies*	Hard Stop Policies*	COIN Member**
Louisiana	Medicaid and private payer incentives to providers to reduce elective deliveries prior to 39 weeks gestation.[ix]	Louisiana Birth Outcomes Initiative, a Louisiana Department of Health and Hospitals (including Medicaid), public–private effort to improve the outcomes of Louisiana's births and reduce Medicaid costs. The effort includes statewide survey of existing policies and access to tools for reduction of early elective deliveries for the largest birthing hospitals in the state. [x]	—	
Maryland	—	Maryland Patient Safety Center Perinatal Collaborative and Perinatal Learning Network. A series of interventions and best practices are shared among hospitals and is sponsored by the Maryland Department of Health and Mental Hygiene.[xi]	—	
Michigan	—	Michigan Department of Community Health (MDCH) has signed on to the March of Dimes Campaign, Babies are Worth the Wait. The MDCH is co-branding an array of the MOD materials along with the Michigan Health and Hospital Association. MDCH is jointly covering the cost of the materials and has developed a distribution plan that will go to all OB providers, delivering hospitals, local health departments, FQHCs, and State Office of Great Start, which has a direct connection to a large number of families with young children. The State Medicaid agency is developing a policy statement requiring all delivering hospitals to have a policy addressing EEDs. A media event in mid-November released information about this effort.[xii]	Medicaid policy for birthing hospitals to institute hard stop policies (currently in public comment period)	

Identified by Centers for Medicare and Medicaid Services as of 11/20/2012

Appendix C

State Medicaid and Public Health Efforts to Reduce Early Elective Deliveries

State	Medicaid Payment Strategies*	Collaborative Strategies*	Hard Stop Policies*	COIN Member**
Minnesota	—	Minnesota Department of Human Services Perinatal Practices Advisory Group, which includes Medicaid, developed recommendations regarding early elective deliveries (EED) that became the basis of statute. The statute include having hospitals establish hard stop policies on elective induction, hospital based quality review, estimation of gestational age before 20 weeks gestation, and encouraging medical providers to educate patients on the risks of early-term inductions. [xiii] With hard stop requirements currently suspended, Medicaid is working collaboratively with the Minnesota Hospital Association to collect data on EED.	• For all births covered by Minnesota Medicaid, hospitals must have an early elective hard stop policy and quality review process in place or submit to the department indications for early induction. Requirement suspends if 90% of births are at sites with policies. Requirement currently suspended.	
Mississippi	—	Mississippi State Department of Health (MSDH) and the March of Dimes are working with the Mississippi Chapters of the American Association of Pediatrics, the American Congress of Obstetricians and Gynecologists, the Mississippi Hospital Association, the Division of Medicaid, and the University of Mississippi Medical Center to increase healthy births in Mississippi. In Mississippi, health officials are tackling pre-term birth and infant mortality by a number of targeted items, including ending elective C-section deliveries, and inductions before 39 weeks.[xiv]	—	X

Identified by Centers for Medicare and Medicaid Services as of 11/20/2012

Appendix C

State Medicaid and Public Health Efforts to Reduce Early Elective Deliveries

State	Medicaid Payment Strategies*	Collaborative Strategies*	Hard Stop Policies*	COIN Member**
New York	Medicaid will not cover Elective C-section deliveries or elective induction of labor less than 39 weeks unless a documented medical indication is present.[xv]	—	Related to payment policy	
New Mexico	Medicaid will not cover elective deliveries before 39 weeks gestation without a medical indication, denials may be subject to retrospective revisions.[xvi]	—	—	X
North Carolina	Medical Homes receive Medicaid incentive payments for meeting quality thresholds including elective delivery rates.[xvii]	The Perinatal Quality Collaborative of North Carolina (PQCNC), which includes participation of NC Division of Medical Assistance, the NC Division of Public Health and Community Care of North Carolina (CCNC), has an initiative to eliminate elective deliveries under 39 weeks' gestation without documented pulmonary maturity studies in participating hospitals. The collaborative uses patient and provider education, as well as development and implementation of hard stop policies to reduce early deliveries.[xviii] [xix]	EED Hard-Stop Protocol Pledge Taken by over 50 NC hospitals by placing a "hard stop" policy for labor and delivery.[xx]	X
Oklahoma	—	OK State Department of Health and multiple partners Every Week Counts Collaborative is a statewide effort to eliminate non-medically indicated (elective) deliveries before 39 completed weeks of pregnancy. [xxi]	—	X
Ohio	—	Ohio Perinatal Quality Collaborative (OPQC) a statewide network including Ohio Medicaid focused on improving perinatal health. The OPQC plans to expand efforts to 16 additional Ohio maternity hospitals to eliminate all scheduled early deliveries without medical necessity.[xxii]	—	

Identified by Centers for Medicare and Medicaid Services as of 11/20/2012

Appendix C

State Medicaid and Public Health Efforts to Reduce Early Elective Deliveries

State	Medicaid Payment Strategies*	Collaborative Strategies*	Hard Stop Policies*	COIN Member**
Oregon	—	—	Seventeen Oregon hospitals — including all nine birthing hospitals in the Portland area — have agreed to a "hard stop" on the elective procedures. The agreement covers about half of the deliveries in the state.[xxiii]	
South Carolina	Effective January 1, 2013, Medicaid and Blue Cross Blue Shield policies will deny payment for non-medically necessary early elective deliveries.[xxiv]	South Carolina Birth Outcomes Initiative (BOI) is an effort by the South Carolina Department of Health and Human Services (SCDHHS) and its partners to improve the health of newborns covered by Medicaid. One of the key goals is eliminating early elective deliveries.	—	X
Tennessee	Cesarean and Vaginal Delivery Reimbursement - Cesarean and vaginal deliveries reimbursed at the same rate.[xxv]	Tennessee Initiative for Perinatal Quality Care (TIPQC) uses data collection and best practices approach for reduction of elective deliveries before 39 weeks and implemented pilot project in Davidson County.[xxvi]	—	X
Texas	Medicaid will deny payment for claims non-medically necessary early elective deliveries, but allow retrospective reviews for reconsideration.[xxvii]	Healthy Texas Babies initiative was developed to help Texas communities decrease infant mortality and preterm birth, including a focus on reducing early elective deliveries, using evidence-based interventions. [xxviii]	—	X

Identified by Centers for Medicare and Medicaid Services as of 11/20/2012

Appendix C

State Medicaid and Public Health Efforts to Reduce Early Elective Deliveries

State	Medicaid Payment Strategies*	Collaborative Strategies*	Hard Stop Policies*	COIN Member**
Washington	Medicaid pays reduced rates for non-emergent C-section to that of vaginal delivery.[xxix] One percent Medicaid quality incentive for hospitals achieving a target of less than 7% for elective deliveries prior to 39 weeks.[xxx]	—	—	

* — indicates that no strategies or policies for the respective column have been identified for that State

** X indicates a State's membership in the Health Resources and Services Administration Collaborative Improvement and Innovation Network (COIN) Strategy Team for Reducing Elective Deliveries Before 39 Weeks Gestation

[i] Alabama Medicaid (2012, March 5). Guidelines for scheduled deliveries prior to 39 weeks gestation. Retrieved from: http://medicaid.alabama.gov/documents/4.0_Programs/4.4_Medical_Services/4.4.7_Maternity_Care/4.4.7.5_APEC/4.4.7.5_Guidelines_Deliveries_Prior_39_3-5-12.pdf

[ii] Arkansas Foundation for Medical Care (2013). Arkansas Medicaid Inpatient Quality Incentive Specifications Manual. Retrieved from : http://mmcs.afmc.org/HealthCareProfessionals/MedicaidQualityImprovement/InpatientQualityIncentiveIQI.aspx

[iii] State of Arkansas (2011, October 13). Episode overview: Pregnancy, Delivery, Neonatal Intensive Care. Retrieved from http://www.paymentinitiative.org/referenceMaterials/Documents/CorrectEpisodeOverview.pdf

[iv] Arkansas Medicaid Regulation (2012, June 8). Letter to Donna Davis. Retrieved from: http://www.paymentinitiative.org/referenceMaterials/Documents/Episode%20performance%20payments%20for%20Ambulatory%20URI,%20ADHD%20and%20Perinatal%20Care.pdf

[v] <39 Week Toolkit (2011, June 13). California Maternal Quality Care Collaborative. Retrieved from http://www.cmqcc.org/_39_week_toolkit.

[vi] Florida Perinatal Quality Collaborative (2011, March 1). Florida Perinatal Quality Collaborative Strategic Plan Summary, http://xa.yimg.com/kq/groups/16353593/536870332/name/Florida+Perinatal+Quality+Collaborative+Strategic+Plan.pdf

[vii] Florida Hospital Association Hospital Engagement Network (FHA HEN), Florida Perinatal Quality Collaborative (FPQC), March of Dimes Florida Chapter, University of South Florida (USF) (2012, September 24). Eliminating Early Elective Deliveries in Florida (Online RSVP form). Retrieved from https://www.signup4.net/Public/ap.aspx?EID=HENO10E

[viii] March of Dimes Healthy Babies are Worth the Wait® Preventing Preterm Births through Community-based Interventions: An Implementation Manual. Retrieved from http://www.marchofdimes.com/HBWW_manual_12-21-10.pdf

[ix] Johnson, K. (2012, August). Issue Brief: Addressing Women's Health Needs and Improving Birth Outcomes: Results from a Peer-to-Peer State Medicaid Learning Project Commonwealth Issue Brief. Retrieved from http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2012/Aug/1620_Johnson_addressing_womens_htl_needs_improving_birth_ib.pdf

[x] Romano, A. (2012, August 28). From the TMC blog: Multi-state collaborative works to improve pre- and inter-conception health. Retrieved from http://transform.childbirthconnection.org/tag/medicaid/

[xi] Improving Culture and Teamwork: Maryland Perinatal Collaborative (n. d.). National Perinatal Information Center/Quality Analytic Services (NPIC/QAS). Retrieved from http://www.marylandpatientsafety.org/html/collaboratives/perinatal/index.html

[xii] Michigan Infant Mortality Reduction Plan. Available: www.michigan.gov/documents/mdch/MichiganIMReductionPlan_UPDATED_395151_7.pdf

[xiii] Ohnsorg, T., Schiff, J. (2010 November). Reducing Elective Inductions before 39 Weeks.

[xiv] Mississippi State Department of Health. Health Department Accepts Challenge to Help Lower the State's Pre-term Birth Rate (2012, May 10). Retrieved from http://www.marchofdimes.com/mississippi/news_9128.html

[xv] Spread Sheet. Retrieved from http://www.health.ny.gov/health_care/medicaid/redesign/docs/mrt_phaseii_enacted.xls

[xvi] Collaborative Improvement & Innovation Network (COIN) to Reduce Infant Mortality, Elective Deliveries Strategy Team Call (2012, November 20).

[xvii] Collaborative Improvement & Innovation Network (COIN) to Reduce Infant Mortality, Elective Deliveries Strategy Team (2012, July 23). Summary of Responses: AL, FL, GA, KY, LA, MS, NM, NC, OK, TN, TX: Pre-call Survey for the <39 Week COIN Collaborative. Infant Mortality Collaborative Meeting, July 23-24, 2012, Arlington, VA. See: 39 Week COIN Pre-Call Survey – Summary of Responses 12 States BW.PDF

[xviii] Perinatal Quality Collaborative of North Carolina (n.d.). North Carolina: Pursuing Perinatal Perfection. Retrieved from http://www.pqcnc.org/documents/PQCNCNorthCarolinaPursuingPerinatalPerfection.pdf

[xix] Perinatal Quality Collaborative of North Carolina (2012). Early Elective Delivery Rapid Improvement Project: April 2012- October 2012. Retrieved from http://www.ncqualitycenter.org/nocva/pdf/EEDFlyer.pdf

[xx] North Carolina Center for Hospital Quality and Patient Safety (n.d.). EED Hard-Stop Protocol Pledge. Retrieved from http://www.ncqualitycenter.org/programs/eedpledge.lasso

[xxi] Alabama Department of Public Health, Video Communications and Distance Learning Division (2012, August 21). ASTHO Health Babies Initiative and Infant Mortality. Retrieved from http://www.adph.org/ALPHTN/assets/2012FIMRJarris.pdf

[xxii] Ohio's 39-Week Project: Collaborating to Deliver Quality Care & Healthy Babies (n. d.). Ohio Perinatal Quality Collaborative. Retrieved from https://opqc.net/webfm_send/277

[xxiii] Flam, L. (2011, August 15). Hospitals take 'hard stop' on early elective C-sections, inductions. Retrieved from http://www.msnbc.msn.com/id/44148964/ns/health-pregnancy/t/hospitals-take-hard-stop-early-elective-c-sections-inductions/

[xxiv] Collaborative Improvement & Innovation Network (COIN) to Reduce Infant Mortality, Elective Deliveries Strategy Team Call (2012, November 20).

[xxv] UnitedHealthCare (n. d.). Notice of TennCare Rate Reduction, United Healthcare Community Plan. Retrieved from http://www.tnaap.org/Files/News/TNBudgetReductionLetter_052711.pdf

[xxvi] Tennessee Initiative for Perinatal Quality Care (2011). TIPQC 2011 Annual Meeting Report: http://www.tipqc.org/assets/434/2011-annual-report-cover.png

[xxvii] Texas Legislation (2011, May 21). H.B. No. 1983.Retrieved from : http://www.legis.state.tx.us/tlodocs/82R/billtext/pdf/HB01983F.pdf#navpanes=0

[xxviii] Texas Department of State Health Services (2012, June 27). Healthy Texas Babies Provider Initiatives. Retrieved from http://www.dshs.state.tx.us/healthytexasbabies/initiatives.aspx

[xxix] Washington State Department of Social & Health Services. “2009 Fact Sheet: Hospital Cost Controls”. Retrieved from http://hrsa.dshs.wa.gov/news/documents/fact_009007hospitalpurchasingratescsections040809.pdf

[xxx] Washington State Hospital Association (n. d.). Reducing Elective Delivery Prior to 39 Weeks. Retrieved from http://www.wsha.org/0398.cfm

Appendix D

Resources and Initiatives for Reducing Early Elective Deliveries

Organization	Description	Website
American College of Obstetricians and Gynecologist (ACOG)	Provider resources for eliminating early elective deliveries. National campaign	http://www.acog.org/
Association of Maternal and Child Health Programs (AMCHP)	Building a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality: The AMCHP Compendium	www.amchp.org
Association of State and Territorial Health Officials (ASTHO)	Health Baby Challenge in collaboration with the Maternal and Child Health Bureau of HRSA, the Association of Maternal and Child Health Programs, the March of Dimes, the Centers for Disease Control and Prevention, and other partners to develop a national strategy to reduce infant mortality and prematurity across the United States.	http://www.astho.org/healthybabies/
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)	Don't Rush Me...Go the Full Forty" Consumer Campaign Research and resources regarding early elective deliveries	www.awhonn.org/
Collaborative Improvement & Innovation Network (COIN) to Reduce Infant Mortality	A Health Resources and Services Administration (HRSA) supported public-private partnership to reduce infant mortality and improve birth outcomes in 13 southern States. One of five broad strategies, is a reduction of early elective deliveries.	mchb.hrsa.gov/infantmortality/coin/index.html
LeapFrog	Provides information and resources about hospital safety and quality; promote full public disclosure of hospital performance information including rates of early elective deliveries	www.LeapFrogGroup.org
March of Dimes	Healthy Babies are Worth the Weight Campaign. Toolkits and resources aimed at providers and patients Pubic campaigns and funding support for Education and research	www.marchofdimes.com

Appendix D

Resources and Initiatives for Reducing Early Elective Deliveries

Organization	Description	Website
National Governor's Association	Learning Network on Improving Birth Outcomes	http://www.nga.org/cms/center/health
National Priorities Partnership	A consortium of fifty-one national, public and private stakeholder organizations chartered to provide guidance on improving the health system pursuant to the National Quality Strategy goals. The Maternity Action Team is focused on reducing early elective deliveries (and cesarean section in low-risk women).	www.qualityforum.org/Setting_Priorities/NPP/National_Priorities_Partnership.aspx