Centers for Medicare & Medicaid Services
Medicaid & CHIP
Maternal & Infant Health
Quality Improvement

Medicaid and CHIP Maternal Health Webinar Series: Decreasing Fragmentation in Maternal Substance Use Disorder Screening and Treatment

June 25, 2024

Kristen Zycherman, Center for Medicaid and CHIP Services
Lekisha Daniel-Robinson, Mathematica
Elizabeth Wahl, Indiana Family and Social Services Administration
Lisa Tuttle, Maine Department of Health and Human Services
Maggie Jansson, Maine Department of Health and Human Services

Technical Instructions

Welcome to the CMS Maternal Health Webinar Series!

- All participants are muted upon entry
- **Closed captioning** and WebEx assistance can be accessed at the lower left of the WebEx window
- There will be a **Question and Discussion session** at the end of the webinar
  - Please **submit questions using the Q&A panel at any time** throughout the presentation
- Please contact **Rick Stoddard** (host) through the Q&A panel with any **webinar platform issues**
- There will be a **survey pop-up** at the end of the webinar; please complete this survey before leaving the meeting
- A **recording of the meeting and slides** will be available after the webinar on Medicaid.gov
  - You will receive an email when these materials are posted

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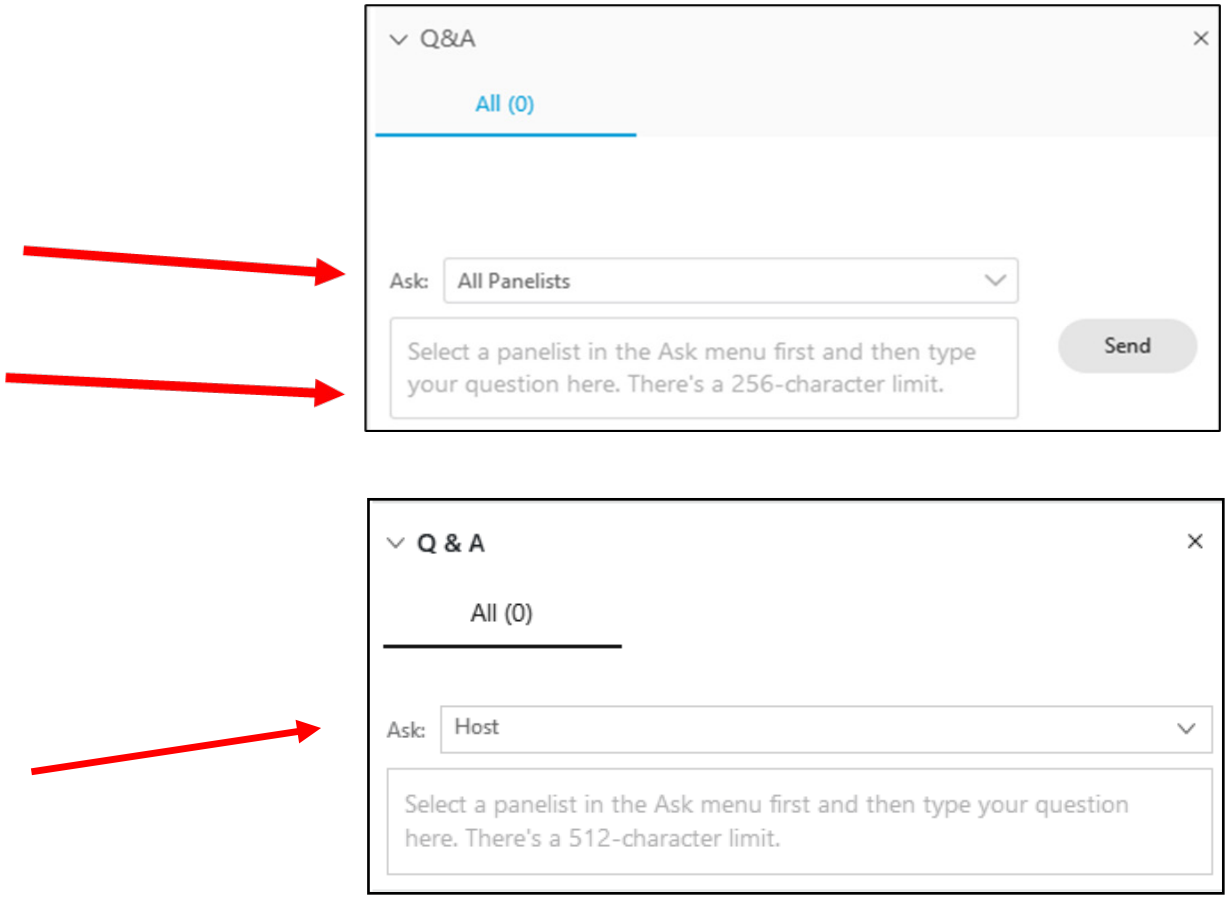
How to Submit a Question

- **Use the Q&A panel to submit questions and comments**
  - To submit a question or comment, click the Q&A panel and select "**All Panelists**" in the "Ask" menu
  - Type your question in the text box and click "Send"
    - Note: Only the presentation team will be able to see your questions and comments; your questions will be read out for all participants to hear both the question and the discussion
  - For webinar platform issues, select "**Host**" in the "Ask" menu



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Agenda

Topic	Speaker
Introduction	Lekisha Daniel-Robinson, Mathematica
CMS Welcome and Objectives	Kristen Zycherman, CMCS
Overview of Maternal Substance Use Disorder	Lekisha Daniel-Robinson, Mathematica
State Spotlight – Indiana	Elizabeth Wahl, Indiana Family and Social Services Administration
State Spotlight – Maine	Lisa Tuttle and Maggie Jansson, DHHS, Office of MaineCare Services
Questions and Discussion	Lekisha Daniel-Robinson, Mathematica

Objectives

- Provide an overview of the CMS Maternal and Infant Health Initiative and opportunities to improve maternal health outcomes in Medicaid and CHIP
- Describe maternal substance use disorder challenges for individuals covered by Medicaid and CHIP
- Learn about state strategies to address maternal substance use disorder in two state Medicaid and CHIP delivery systems

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Maternal and Infant Health Initiative

- **The Centers for Medicare & Medicaid Services (CMS) launched the Maternal and Infant Health Initiative (MIHI) in July 2014 to focus on opportunities to improve access and outcomes in Medicaid and CHIP**
  - Emphasizes the need for a comprehensive life-course approach to maternal and infant health
- **Increasing rates of maternal morbidity and mortality and unacceptable disparities led to the White House Blueprint on Addressing the Maternal Health Crisis**
- **Leading drivers of maternal morbidity and mortality in Medicaid and CHIP are associated with treatable conditions such as mental health, substance use disorders, and hypertension and cardiovascular conditions**

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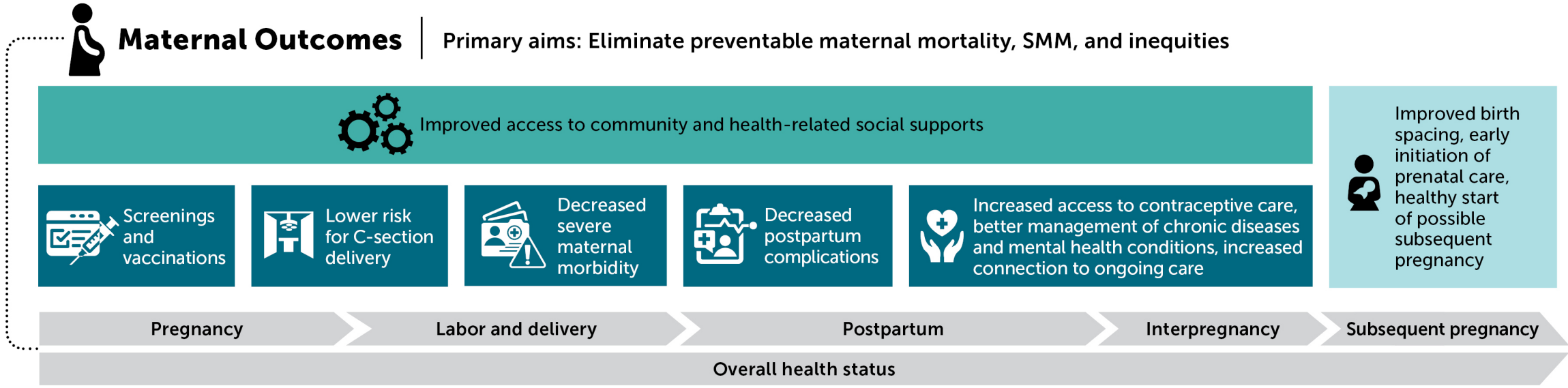
Improving the Maternal Health Continuum



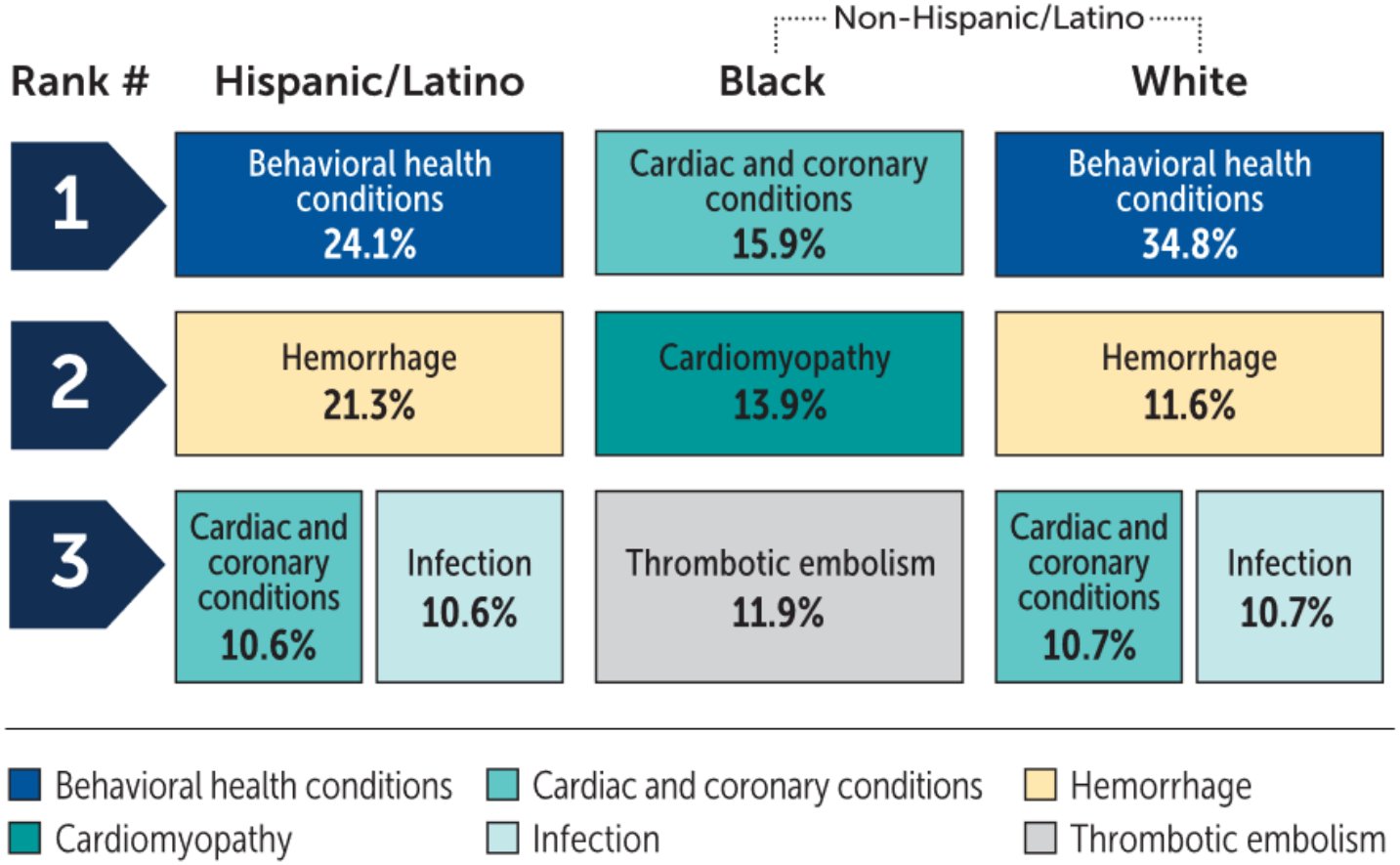
C-section = cesarean section; SMM = severe maternal morbidity.

Overview of Maternal Substance Use Disorder

Lekisha Daniel-Robinson, Mathematica

Variation in Causes of Pregnancy-Related Deaths by Race and Ethnicity

Ranking of Top Three Underlying Causes of Pregnancy-Related Deaths in 36 States, by Race and Ethnicity, 2017–2019



Notes:

Data are not limited to Medicaid and CHIP beneficiaries.

Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native non-Hispanic/Latino populations also have higher rates of pregnancy-related mortality when compared with the White non-Hispanic/Latino population. The total rates and percentages shown in these exhibits include data for Native Hawaiian or Other Pacific Islander and American Indian or Alaska Native non-Hispanic/Latino populations, however results for these groups are not shown separately because the data do not meet criteria for statistical reliability, data quality, or confidentiality.

Source: Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. CDC.

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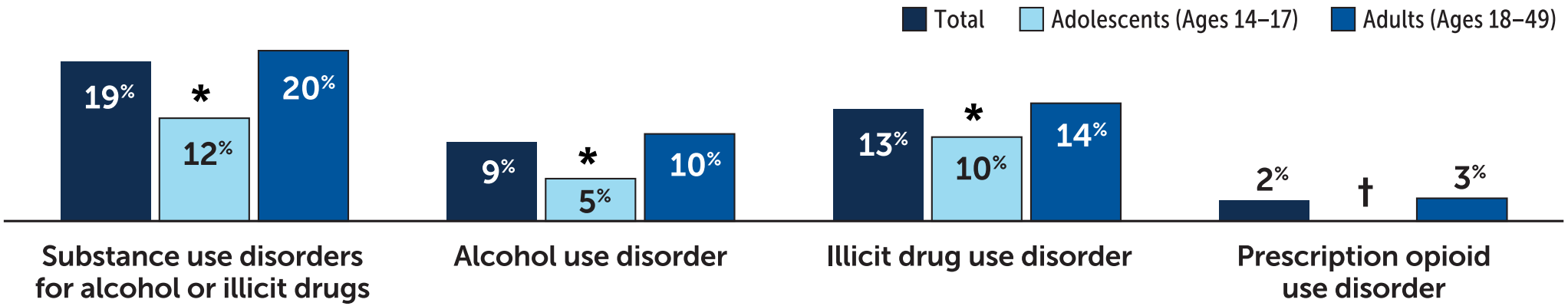
Substance Use Disorders (SUD) among Female Beneficiaries in Medicaid and CHIP

Percentage of Female Medicaid and CHIP Beneficiaries Ages 14–49 with Substance Use Disorders for Alcohol or Illicit Drugs During the Past Year, Based on Self-Report, 2021

(*lower rates are better*)



Source: Center for Medicaid and CHIP Services. 2024 Medicaid and CHP Beneficiaries at a Glance: Maternal Health. Centers for Medicare & Medicaid Services. Baltimore, MD. Released May 2024.

Notes: Substance use disorder measures are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition. This version of the SUD indicators (labeled "Illicit Drug Use Disorder") incorporate data from respondents whose use of prescription drugs are categorized as misuse, defined in the survey as use "in any way a doctor did not direct you to use [it or them]." Other illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, and methamphetamine. Prescription opioid use disorders are a subset of illicit drug use disorders.

† Results for adolescents are not shown because they are unreliable due to the relative confidence interval width. Because these results are unreliable, statistical significance of differences by age group was not assessed.

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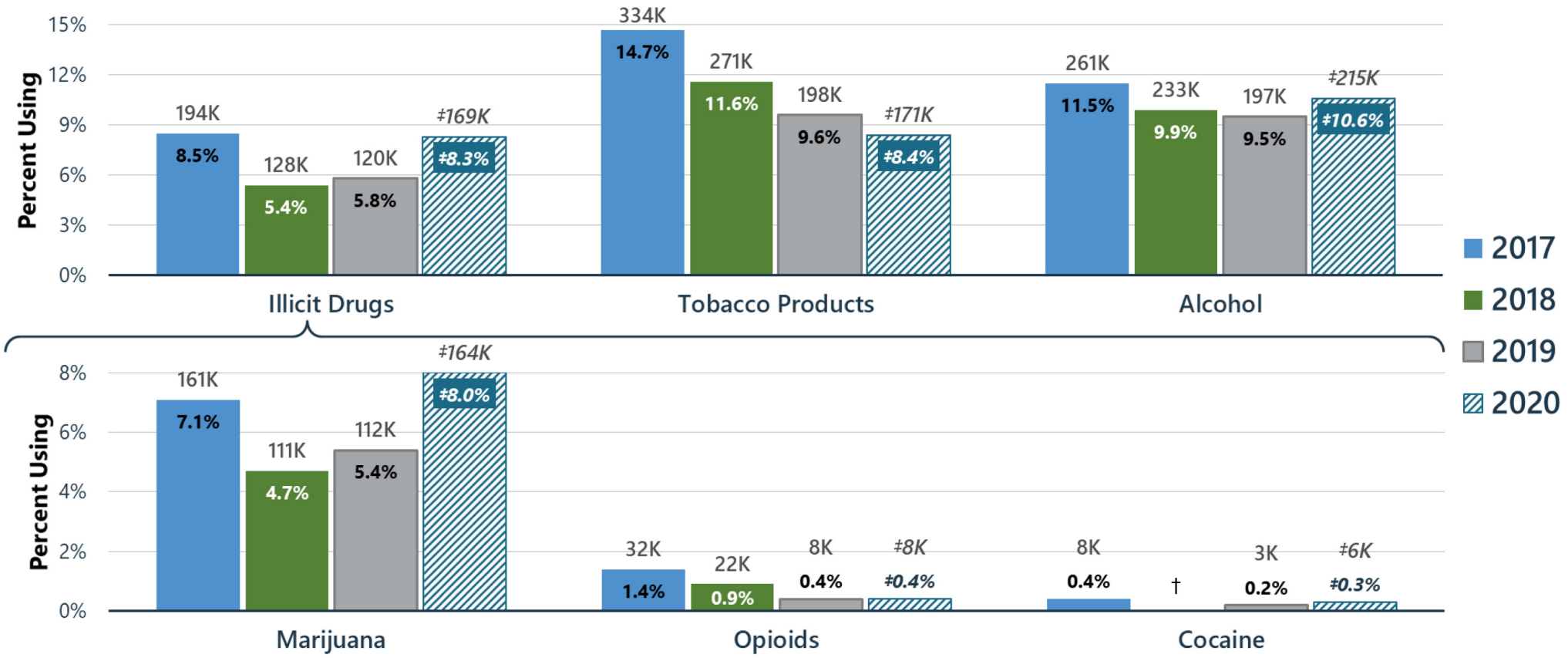
Substance Use in Past Month: Among Pregnant Women Aged 15 – 44, 2017 – 2020



Source: 2020 National Survey on Drug Use and Health (NSDUH), SAMHSA.

Note: Tobacco products are defined as cigarettes, smokeless tobacco, cigars, and pipe tobacco.

† Estimate not shown due to low precision.

* Estimates on the 2020 bars are italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed. See the *2020 National Survey on Drug Use and Health: Methodological Summary and Definitions* for details.

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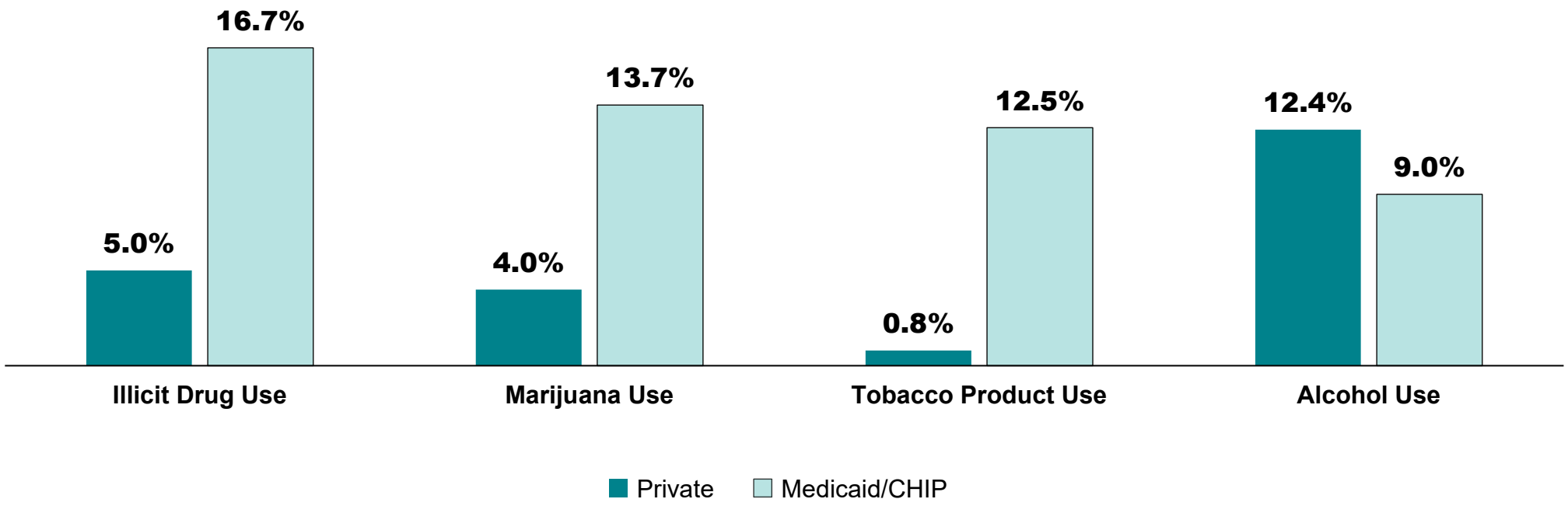
Percentage of Pregnant Women Aged 15-44 Using Substances in Past Month by Type of Coverage, 2022



Source: Center for Behavioral Health Statistics and Quality. (2023). *Results from the 2022 National Survey on Drug Use and Health: Detailed tables*. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables.

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Maternal Opioid-Related Diagnoses Rates (per 1,000 delivery hospitalizations) by Race and Ethnicity, 2017

Race/Ethnicity	Rate
White (non-Hispanic)	**12.4**
Black (non-Hispanic)	**4.2**
Hispanic	**3.0**
Asian/Pacific Islander	**1.0**
Multiple races	**5.8**

Source: Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010–2017. *JAMA.* 2021;325(2):146–155. doi:10.1001/jama.2020.24991.

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ACOG Screening Guidance

It is essential that screening be **universal**. Screening for substance use should be a part of **comprehensive** obstetric care and should be done at the **first prenatal visit** in partnership with the pregnant person.

Conduct Early University Screening

- Early universal screening, brief intervention, and referral for treatment of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes.

Use Validated Screening Tools

Routine screening should rely on validated screening tools:

- NIDA Quick Screen
- 4Ps (Parents, Partners, Past and Pregnancy)
- CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)

Source: Opioid use and opioid use disorder in pregnancy. Committee Opinion No. 711. American College of Obstetricians and Gynecologists. Obstet Gynecol 2017; 130:e81–94.

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Treatment Barriers for Pregnant People with SUD

- **Care fragmentation** across multiple systems.
- **Work force shortages** of obstetric providers generally and additional **capacity challenges** among those providers who treat pregnant and postpartum people with substance use disorders.
- **Underutilization of medication-assisted treatment** (opioid agonist pharmacotherapy), the recommended and preferred therapy option for pregnant individuals.
- **Lack of specialized and prioritized postpartum psychosocial support services** and resources.

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State Spotlight – Indiana

Elizabeth Wahl, Indiana Family and Social Services Administration

Indiana's Journey

Improving maternal health outcomes for pregnant and postpartum Medicaid beneficiaries with substance-use disorders and co-occurring mental health conditions

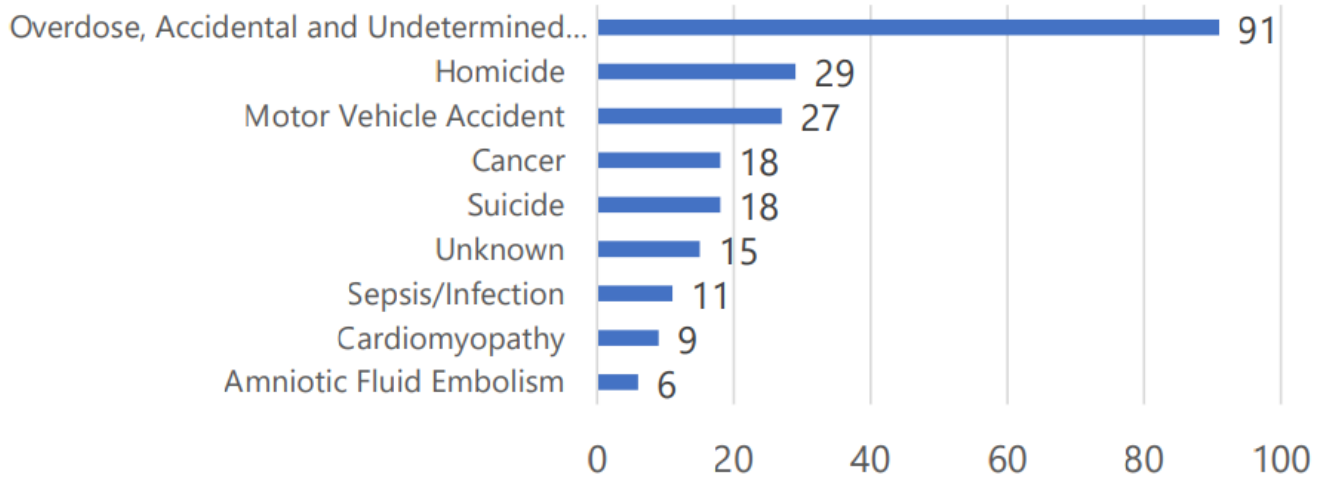
June 25, 2024

Elizabeth Wahl, FSSA Pregnancy Promise Program Manager

Indiana Maternal Mortality 2023 Annual Report

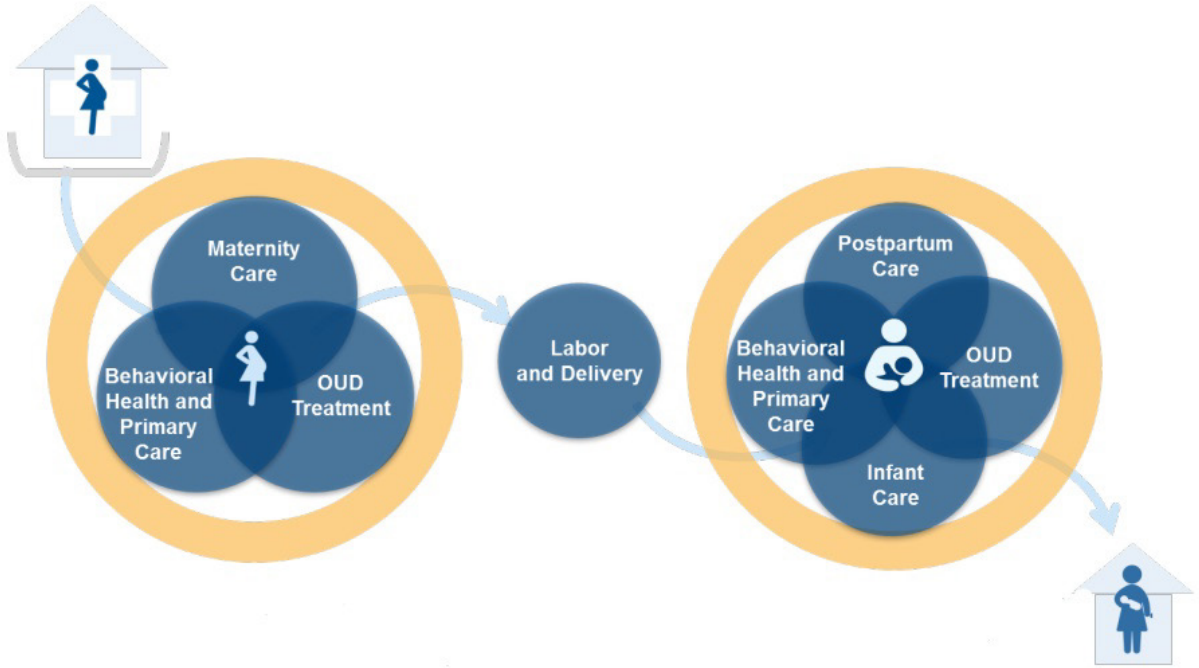
Figure 15: Overall Top Causes of Death for Pregnancy-Associated Deaths

Indiana MMRC, 2018-2021 (N=295)



https://www.in.gov/health/frp/files/MMRC-Annual-Report-2023.pdf

U.S. Centers for Medicare and Medicaid Services
Maternal Opioid Misuse (MOM) Model
Indiana Pregnancy Promise Program



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Indiana Pregnancy Promise Program

Goals:

- Ensure participants receive prenatal and postpartum care
- Access opioid/SUD treatment and recovery services needed to achieve sustained recovery
- Address other physical and mental health conditions
- Identify health-related social needs and make appropriate referrals
- Provide hope and set a strong foundation for the future

This program does not replace existing resources and services

What are the criteria?

- Pregnant or within 90 days of the end of pregnancy
- Identify as having current or previous opioid use (and other SUD)
- Be eligible for or receive Medicaid health coverage

How does it work?

Indiana has cultivated a team of highly-skilled, collaborative Pregnancy Promise Program Case Managers (RNs and LCSWs) across the Medicaid Health Plans (MCEs)

mhs

CareSource

MDwise

A McLaren Company

Anthem

What are the benefits?

- **Connection:** Highly competent case manager who offers confidential support during enrollment to be sure mothers and infants receive the care and resources they need during and after pregnancy to be healthy and well.
- **Coordination:** Case managers work with participants and their team of doctors and family support providers to coordinate care and identify community resources for families.
- **Prevention:** By connecting pregnant individuals with health care and treatment as early as possible, the program aims to reduce and prevent the negative impacts of opioid use to the parent and child.

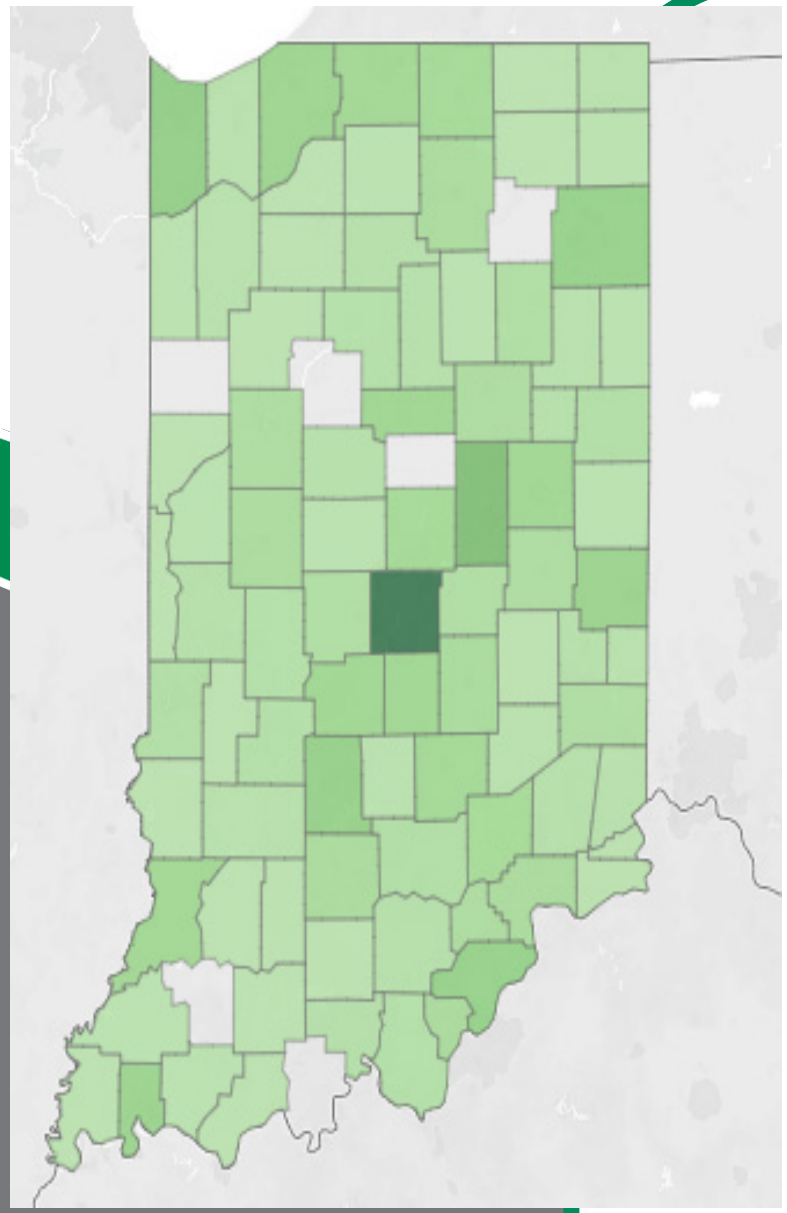
Program Experience

- Referral/Identification of pregnant member with OUD
- Outreach
- Consent
- Initial assessments and screenings
- Care plan development
- Frequent engagement during prenatal & postpartum period
- Parent education
- Periodic review, reassessment and referrals
- Care coordination through 12 months for mother/infant
- Transition/program exit

Infrastructure driving results

Statewide Steering Committee

- Enhanced Case Management Practices
- MCE Collaboration
- Statewide Outreach & State Agency Collaboration
- FSSA Website and Referral Platform
- Online Data Collection Platform
- Childcare Development Fund Policy



Current Enrollment Data

(06/01/2024)

- 882 enrollees to date, 656 infants born to date
- 87 counties with enrollment
- 275 enrolled in Year 1 (July 1, 2021 – June 30, 2022)
  - 9% identified as Black, More than 1 Race, Hispanic/Other
- 268 enrolled in Year 2 (July 1, 2022 – June 30, 2023)
  - 9% identified as Black, More than 1 Race, Hispanic/Other
- 338 enrolled in Year 3 to date (July 1, 2023)
  - 15% - 20% identify as Black, More than 1 Race, Hispanic/Other

Maternal and Infant Outcomes

- 64% of mothers are currently prescribed MOUD to treat opioid use disorder
- 92% of mothers are discharged home with infant, no out-of- home placement by Dept. of Child Services
- 68% of mothers who enrolled during pregnancy attended postpartum visit to date
- 93% of mothers have no reported relapse/return to use
- 99.8% survival rate of mothers through 12 months
  - 67% of mothers are diagnosed with depression
  - 73% of mothers are diagnosed with anxiety

Enrollee Testimony

“The Pregnancy Promise Program has been helpful for not only me but my family too. Our life is going in a new direction, and I feel that the Pregnancy Promise Program case manager I worked with listened and helped me become the best version of myself. I feel like now I understand myself better and I know who I am. Without this program, my life may have been very different. I would recommend this program to others.”

Enrollee Testimony

“Growing up, I always lived in chaos. I kept a toothbrush in my purse. People were always coming into the home, sometimes to use drugs. Now, with the help of the Pregnancy Promise Program, they helped me get housing and advocated for me. I am so happy to live in peace in my own space with my baby. I have full-time custody of him, I work and have help with childcare.”

State Spotlight – Maine

Lisa Tuttle, DHHS, Office of MaineCare Services
Maggie Jansson, DHHS, Office of MaineCare Services

MAINE MOM
HOPE · SUPPORT
RECOVERY

Office of MaineCare Services: MaineMOM Model

Integrated Care & Supports for Pregnant and Postpartum Patients and Families with Substance Use Disorders

Office of MaineCare Services

June 2024

In the United States, **2022 had the highest rate of drug overdose deaths** ever recorded**.**

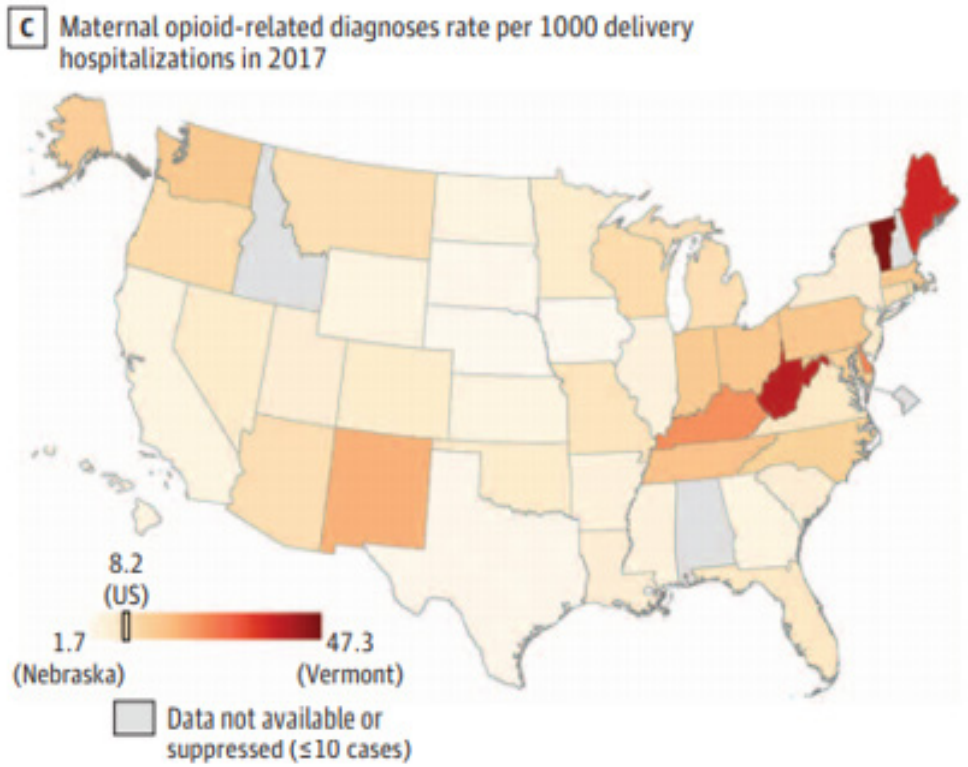
National Center for Health Statistics. (2023, May 18). Provisional Data Shows U.S. Drug Overdose Deaths Top 100,000 in 2022. August 22, 2023, https://blogs.cdc.gov/nchs/2023/05/18/7365/

"This **opioid epidemic** today is more lethal than ever due to illicit drugs like fentanyl, which is **responsible for 8 of every 10 overdose deaths** in Maine."

-Gordon Smith**,** Maine's Director of Opioid Response
(February 2022)

Why Maine Mothers?

- In 2017, Maine had the 3rd highest rate for opioid-related diagnosis for mothers delivering in the hospital, 37.8 per 1000 deliveries[1]
- 1 in 4 maternal deaths were associated with substance use in Maine between 2016 and 2020[2]
- In 2021, 6.7% of Maine's births were substance exposed[3]
- *On a positive note:* In Maine from 2016 to 2022, maternal OUD decreased 47%, while neonatal abstinence syndrome decreased 58%[4]



1. Maine Annual Drug Death Report, June 2022. https://mainedrugdata.org/wp-content/uploads/2022/08/2022-06-Drug-Death-Report-final-Aug-5.pdf
2. Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. *JAMA*. 2021;325(2):146–155.
3. Maternal Morbidity and Mortality Panel Review of Maine Vital Statistics Records
4. Dudley, J. *et al.* (2024) 'Trends in maternal opioid use disorder and neonatal abstinence syndrome in Maine, 2016–2022', *Journal of Perinatology* [Preprint]. doi:10.1038/s41372-024-01882-x.

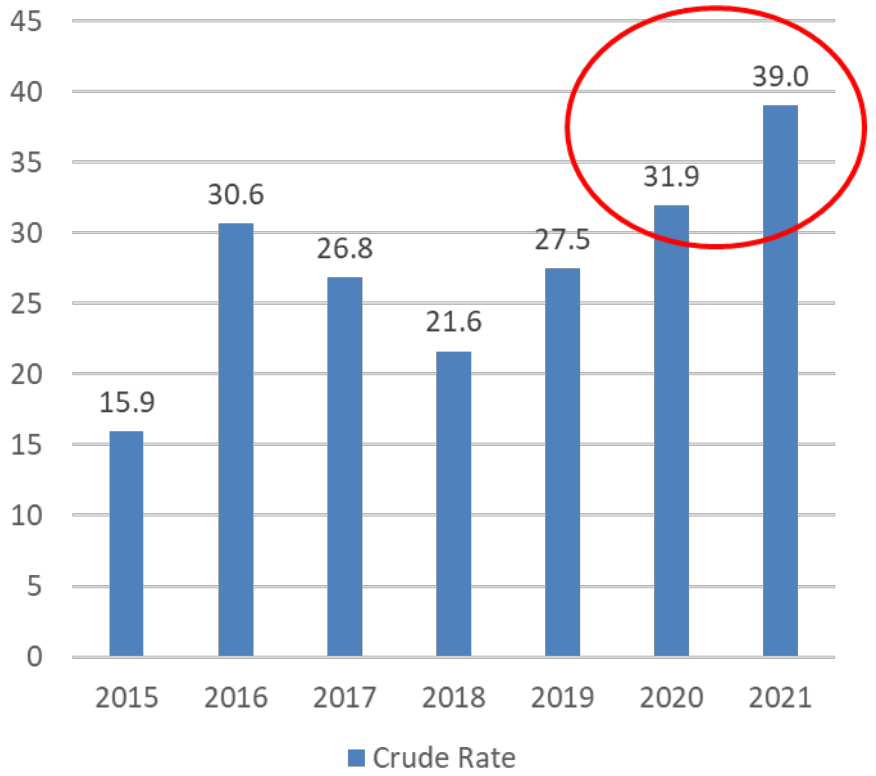
Pregnant/Postpartum & OUD = High Vulnerability

- **81% increase** in drug overdose deaths among pregnant/postpartum women in the US from 2017 to 2020[5]
- Maine experienced a **steady increase** in drug overdose deaths among *reproductive-aged women* from 2018 to 2021[6,7] (Fig. 1)

Maine-specific barriers and challenges:

- In 2016, among highest in maternal OUD and neonatal opioid withdrawal syndrome (NOWS) prevalence in US[8]
- Among highest in rurality = general lack of access to care

Figure 1. Drug overdose deaths in Maine to females who were between 15 and 44 years old, 2015-2021 (per 100,000 deaths)[2]



2. Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. *JAMA*. 2021;325(2):146–155.
5. Bruzelius, E. and Martins, S.S. (2022) 'US trends in drug overdose mortality among pregnant and postpartum persons, 2017-2020', *JAMA*, 328(21), p. 2159. doi:10.1001/jama.2022.17045.
6. Maine Data Drug Hub.
7. Data Source: CDC WISQARS (2015-2020); CDC WONDER (2021); Erika Lichter, Maine CDC
8. Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal abstinence syndrome and maternal opioid-related diagnoses in the U.S., 2010–2017. JAMA. 2021;325:146.

Pregnant women more likely to engage in detoxification, residential, or methadone treatment programs

- **Pregnancy is inflection point with experience of intense motivation for SUD treatment**[9]
- **Strong sense of responsibility and shift in intrinsic motivation to change**
- **Clinician role is critical to create safe space to disclose & seek treatment**

9. Goodman, D.J., Saunders, E.C. and Wolff, K.B. (2020a) 'In their own words: A qualitative study of factors promoting resilience and recovery among postpartum women with opioid use disorders', *BMC Pregnancy and Childbirth*, 20(1). doi:10.1186/s12884-020-02872-5.

Enrollee Testimony

"**I was an emotional mess, but like, it was the nurse!** 'Cause you know, the list of regular questions that they have to ask. And one of the questions is, "Do you use drugs?" and I started bawling. I was like, 'Yes, that's why I'm here,' and she's like, 'It's all right, it's all right, you can talk more about it when the doctor comes in.' Like, she was super nice about it as well. I had planned on telling them on my own. **But then when she asked, I was like, oh well this makes it much easier. I can just tell them the truth.** Like, that's what I'm here to do … So that I could get the help that I needed." *(Participant 10)*[9]

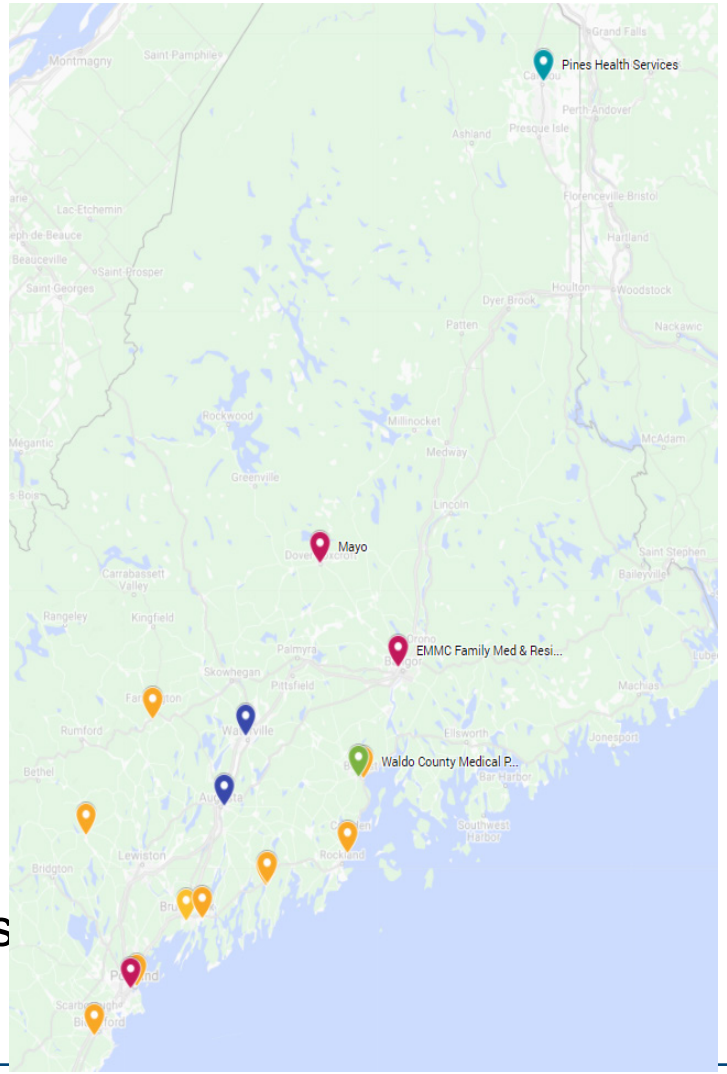
9. Goodman, D.J., Saunders, E.C. and Wolff, K.B. (2020a) 'In their own words: A qualitative study of factors promoting resilience and recovery among postpartum women with opioid use disorders', *BMC Pregnancy and Childbirth*, 20(1). doi:10.1186/s12884-020-02872-5.

MaineMOM is a MaineCare service as of December 2023 payable through claims!

MAINE MOM
HOPE · SUPPORT
RECOVERY

MaineMOM began as a 5-year cooperative agreement between the OMS and Center for Medicare and Medicaid Innovation (CMMI) with funding through 2024 to:

- Design, implement, and improve MaineCare perinatal OUD treatment services
- Educate healthcare teams on best practices caring for pregnant and postpartum populations living with OUD
- Strengthen Maine's system of care for pregnant and postpartum individuals living with OUD, through convening and awareness campaigns



MaineMOM Services

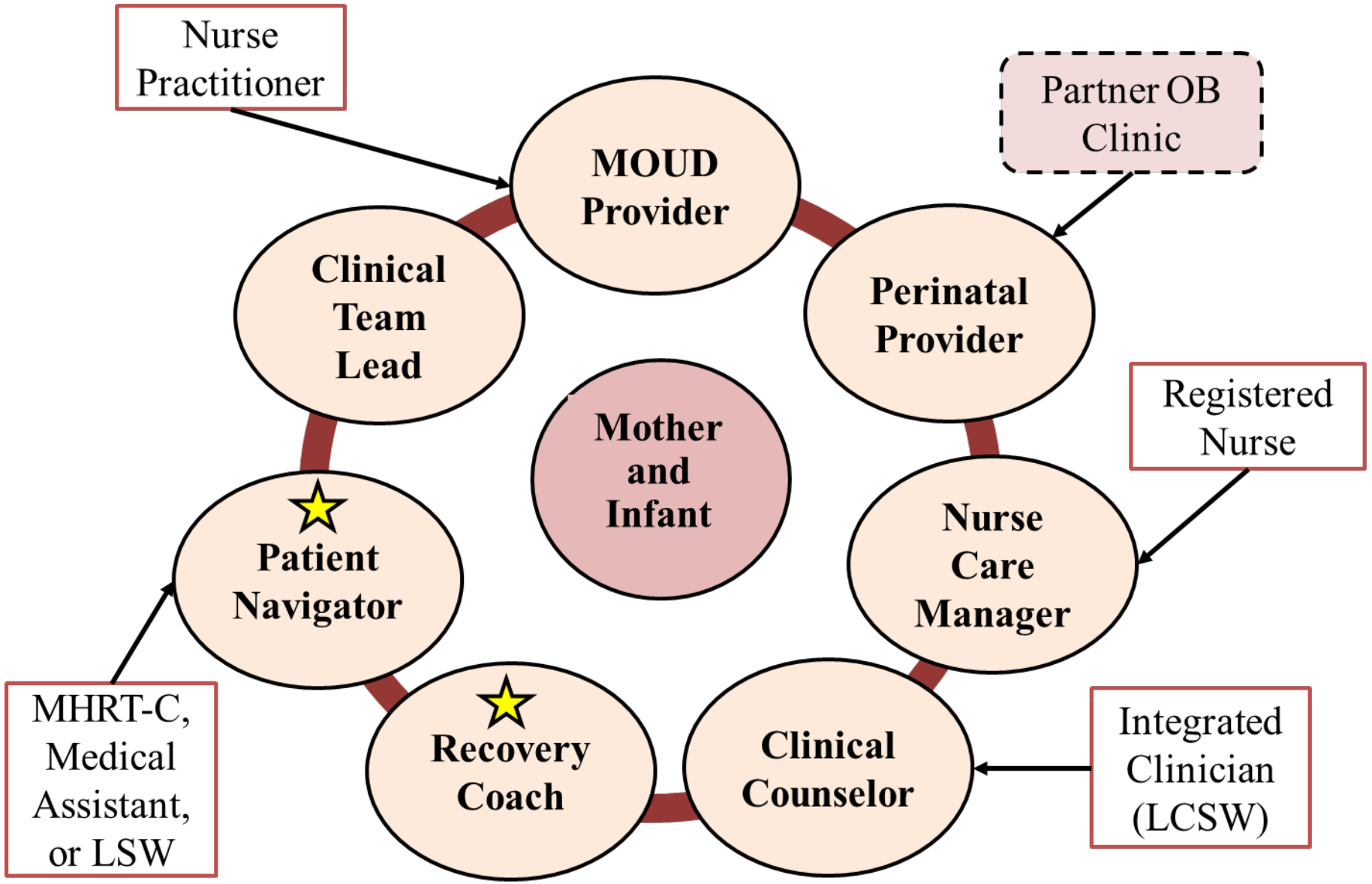
High quality health care from pregnancy to 12 months postpartum, all ages

- Group Counseling and Recovery Coaching Services
- Medication for Opioid Use Disorder (MOUD)
- Screening for health-related social needs
- Referrals & coordination with maternal and infant medical & supportive services
- Frequent communication with other care providers to inform care planning
- Supportive conversations about family planning and contraceptive care

MaineMOM providers will partner with birthing hospitals that…

- Follow **Eat, Sleep, Console** approach, focusing on nonpharmacologic care and increasing family involvement in the care of their infant
- Use **evidence-based pain management protocols** sensitive to the unique needs of pregnant and postpartum patients living with OUD

Example of a MaineMOM Team



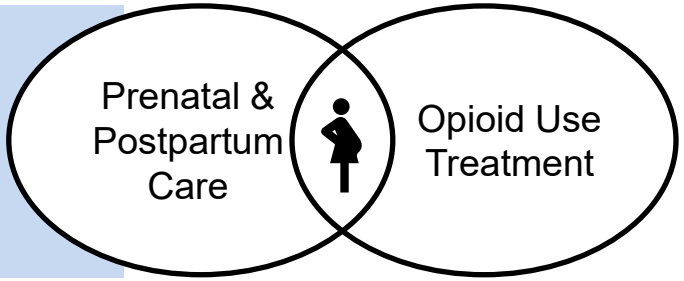
MaineMOM Service Models

Reimbursement: Bundled Per Member Per Month (PMPM) payment.

Eligibility: MaineCare members living with an Opioid Use Disorder (OUD) also eligible to receive perinatal (pregnancy/postpartum) services 12 months from the end of their pregnancy.

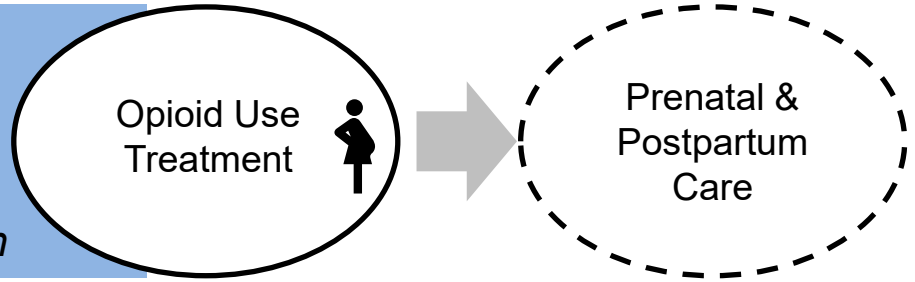
Integrated Services

Onsite OUD Treatment
Access to onsite perinatal care
Perinatal & OUD care coordination



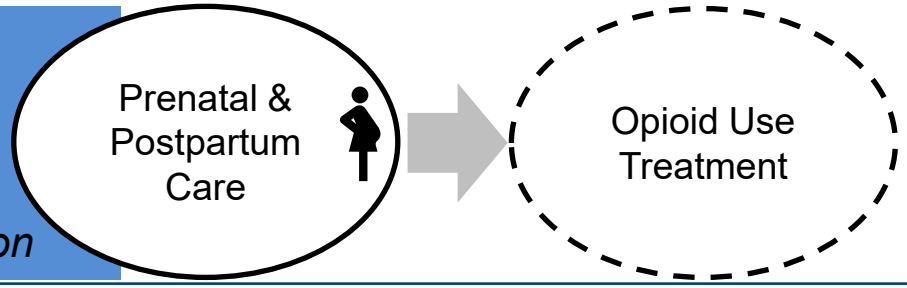
Partnership Services (MOUD Services)

Onsite OUD Treatment & care coordination
Partnership for perinatal care coordination
Perinatal care external to MaineMOM service location



Perinatal Navigation Services

Access to onsite perinatal care
Perinatal & OUD care coordination
OUD Treatment external to MaineMOM service location



MaineMOM Rates 2024

Claim for Integrated – will pay a total of $1,322.21

- Code T2022 TH, with U6 modifier pays at $677.18
- Code 99408, with U6 modifier pays at $281.40
- Code H0047, with U6 modifier pays at $363.63

Claim for Partnership – will pay a total of $1,207.61

- Code T2022 TH, with U5 modifier pays at $562.58
- Code 99408, with U5 modifier pays at $281.40
- Code H0047, with U5 modifier pays at $363.63

Claim for Care Coordination – will pay a total of $677.18

- Code T2022 TH, pays at $677.18

Enrollment Overview

CMS MaineMOM total enrollment:
206 enrollees

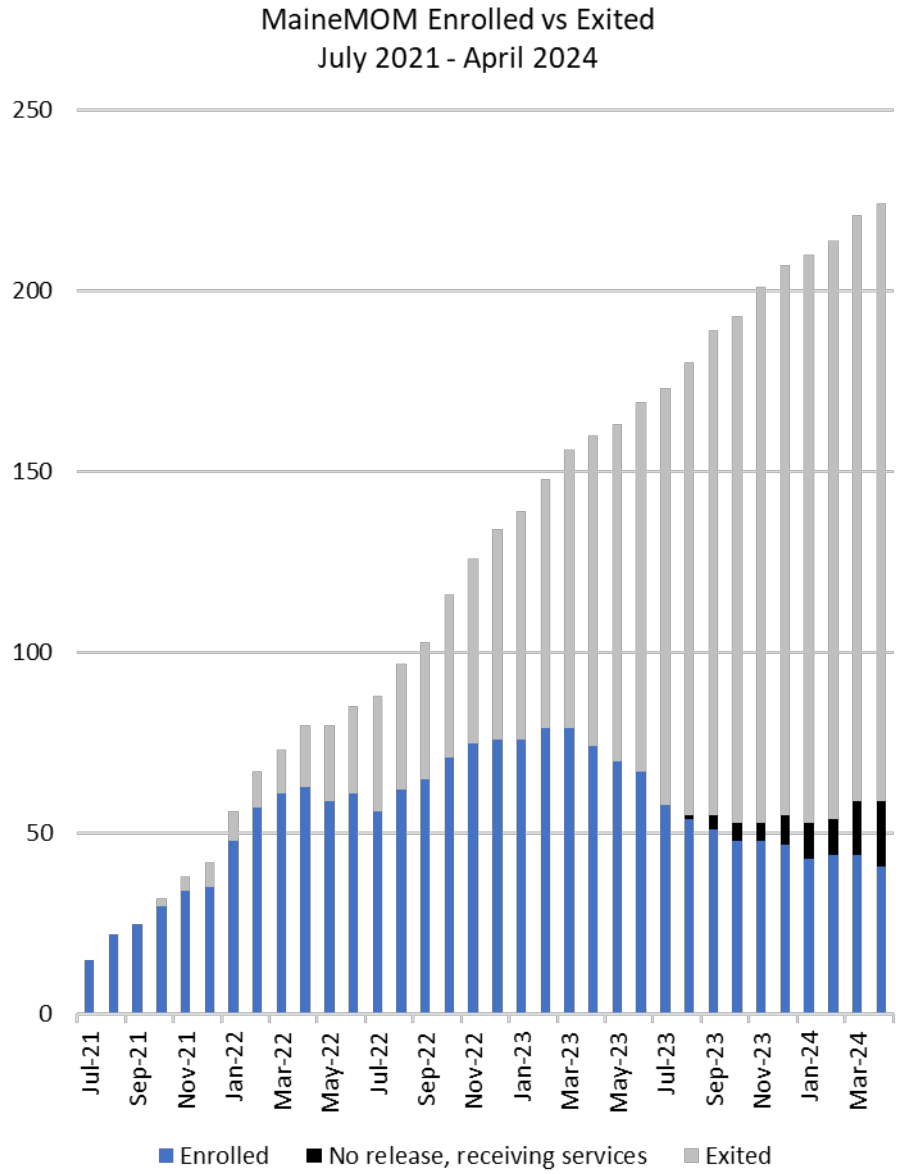
Ever Served:
224 individuals

Among individuals *currently enrolled* in the CMS model (n=41):

- 65% were actively engaged in care in April

Of those currently enrolled and who have delivered:

- 66% entered care before delivery
- Average time enrolled *before* delivery: 4.2 months
- Average time enrolled *after* delivery: 10.8 months



MaineMOM Analysis

(Preliminary Findings)

MaineMOM-enrolled during pregnancy

MaineMOM-enrolled during postpartum

Not in MaineMOM and had OUD

Analysis: Comparing women who enrolled in MaineMOM during pregnancy to women who enrolled during postpartum, and to women in Medicaid with OUD and not in MaineMOM, 2021-2023

- More women enrolled during pregnancy in MaineMOM had Medication for OUD during pregnancy compared to women with OUD not in MaineMOM (**87%** vs. **67%**)
- Women who enrolled in MaineMOM during pregnancy had higher adherence to MOUD during pregnancy compared to women not in MaineMOM but had OUD (**48%** vs **40%**) and during postpartum compared to those who enrolled postpartum (**57%** vs **45%**)
- Higher rate of NOWS among infants to mothers enrolled in MaineMOM during pregnancy compared to infants whose mothers had OUD but were not in MaineMOM (**65%** vs **50%**)
- Higher attendance rates for the 1-month well-child visits among infants whose mothers enrolled in MaineMOM during pregnancy compared to those who enrolled during postpartum (**72%** vs **61%**)

These preliminary findings suggest that the **MaineMOM care model has a positive influence on several outcomes for women and infants affected by OUD**; particularly for women who enroll in MaineMOM during pregnancy.

Referring to MaineMOM

Patients, families, and providers can:

- Visit MaineMOM.org to identify and contact a healthcare provider offering services to enroll in care
- Submit a request through CradleME.org or call 1-888-644-1130 to access a Community Liaison to help connect to local MaineMOM services

MaineMOM Contacts

Questions about MaineMOM? Email: MaineMOM@maine.gov

MaineMOM Referral Information: MaineMOM.org

Lisa Tuttle, Program Manager, Lisa.a.tuttle@maine.gov

Julia Dudley, Data & Quality Manager, Julia.dudley@maine.gov

Maggie Jansson, Maternal and Infant Health Coordinator, maggie.jansson@maine.gov

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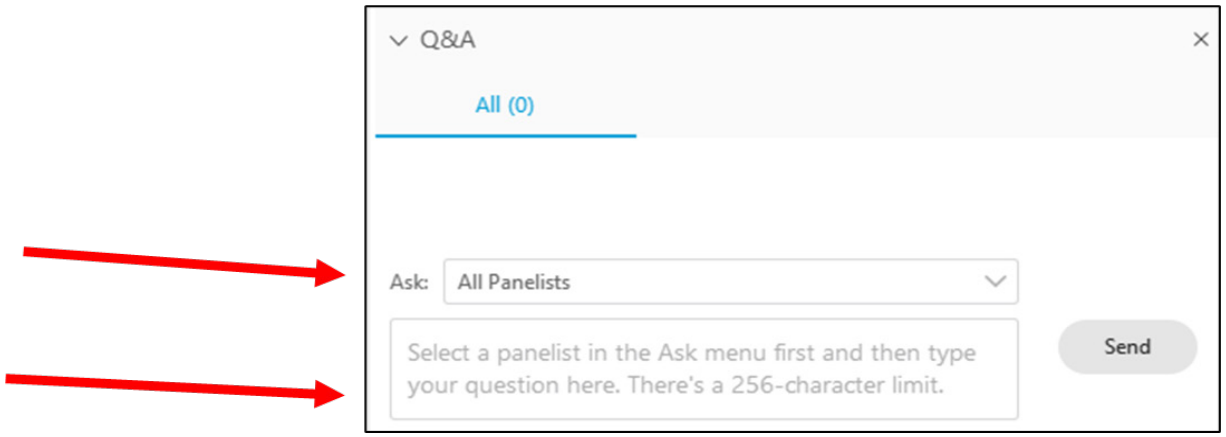
Questions and Discussion

Lekisha Daniel-Robinson, Mathematica

How to Submit a Question

- **Use the Q&A function to submit questions or comments.**
  - To submit a question or comment, click the Q&A window and select "**All Panelists**" in the "Ask" menu
  - Type your question in the text box and click "Send"
    - Note: Only the presentation team will be able to see your questions and comments; your questions will be read out for all participants to hear both the question and the discussion



Upcoming Events and Opportunities

Lekisha Daniel-Robinson, Mathematica

Maternal Health Webinar Series

- **Addressing Hypertension Before, During, and After Pregnancy**
  (July 16, 2024, 2:00 p.m. ET)
- **Medicaid and CHIP Program Collaboration with Hospitals on AIM Bundles (August 20, 2024, 2:00 p.m. ET)**

Centers for Medicare & Medicaid Services
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Maternal & Infant Health
Quality Improvement

Maternal Health Affinity Groups

- **Expression of Interest Webinar (August 6, 2024, 2:00 p.m. ET)**
  - Action-oriented affinity groups will support state Medicaid and CHIP programs and their partners in identifying, testing, and implementing evidence-based change ideas to address maternal health
  - Two affinity groups focused on:
    - **Addressing Maternal Mental Health and Substance Use**
    - **Improving Maternal Hypertension Control**
  - More information will be available soon!

Maternal Health Resources

Visit the 2024 Medicaid & CHIP Beneficiaries at a Glance: Maternal Health Infographic on Medicaid.gov for a snapshot of maternal health demographics, health outcomes, risk factors, and more

Visit the Addressing Maternal Mental Health and Substance Use Care and Outcomes landing page on Medicaid.gov for information about the upcoming webinars and affinity groups

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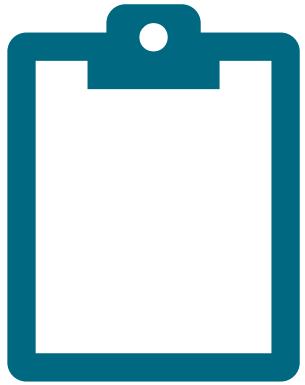
Thank you for participating!

- Please complete the survey as you exit the webinar.



- Questions? Please email MedicaidCHIPQI@cms.hhs.gov

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