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
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
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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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
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.
Improving the Maternal Health Continuum

Maternal Outcomes

Primary aims: Eliminate preventable maternal mortality, SMM, and inequities

- Improved access to community and health-related social supports
- Improved birth spacing, early initiation of prenatal care, healthy start of possible subsequent pregnancy

- Screenings and vaccinations
- Lower risk for C-section delivery
- Decreased severe maternal morbidity
- Decreased postpartum complications
- Increased access to contraceptive care, better management of chronic diseases and mental health conditions, increased connection to ongoing care

- Pregnancy
- Labor and delivery
- Postpartum
- Interpregnancy
- Subsequent pregnancy

Overall health status

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

<table>
<thead>
<tr>
<th>Rank #</th>
<th>Hispanic/Latino</th>
<th>Black</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Behavioral health conditions 24.1%</td>
<td>Cardiac and coronary conditions 15.9%</td>
<td>Behavioral health conditions 34.8%</td>
</tr>
<tr>
<td>2</td>
<td>Hemorrhage 21.3%</td>
<td>Cardiomyopathy 13.9%</td>
<td>Hemorrhage 11.6%</td>
</tr>
<tr>
<td>3</td>
<td>Cardiac and coronary conditions 10.6%</td>
<td>Infection 10.6%</td>
<td>Thrombotic embolism 11.9%</td>
</tr>
</tbody>
</table>

#### 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.

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)


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.

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

Illicit Drug Use: 16.7% (5.0% Private, 11.7% Medicaid/CHIP)
Marijuana Use: 13.7% (4.0% Private, 9.7% Medicaid/CHIP)
Tobacco Product Use: 0.8% (0.8% Private, 0.0% Medicaid/CHIP)
Alcohol Use: 12.4% (9.0% Private, 3.4% Medicaid/CHIP)

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

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>12.4</td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>4.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3.0</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>1.0</td>
</tr>
<tr>
<td>Multiple races</td>
<td>5.8</td>
</tr>
</tbody>
</table>

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.

ACOG Screening Guidance

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)

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.
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)

- Overdose, Accidental and Undetermined...: 91
- Homicide: 29
- Motor Vehicle Accident: 27
- Cancer: 18
- Suicide: 18
- Unknown: 15
- Sepsis/Infection: 11
- Cardiomyopathy: 9
- Amniotic Fluid Embolism: 6

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

This presentation is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $5,211,309 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.
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)
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

- 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
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.


“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 deliveries¹

• 1 in 4 maternal deaths were associated with substance use in Maine between 2016 and 2020²

• In 2021, 6.7% of Maine’s births were substance exposed³

• On a positive note: In Maine from 2016 to 2022, maternal OUD decreased 47%, while neonatal abstinence syndrome decreased 58%⁴

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

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7. Data Source: CDC WISQARS (2015-2020); CDC WONDER (2021); Erika Lichter, Maine CDC

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
- Strong sense of responsibility and shift in intrinsic motivation to change
- Clinician role is critical to create safe space to disclose & seek treatment

"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)\(^9\)

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

- Nurse Practitioner
- Clinical Team Lead
- MOUD Provider
- Partner OB Clinic
- Registered Nurse
- Nurse Care Manager
- MHRT-C, Medical Assistant, or LSW
- Patient Navigator
- Mother and Infant
- Recovery Coach
- Clinical Counselor
- Integrated Clinician (LCSW)
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*
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
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

CMS MaineMOM total enrollment: 206 enrollees

Ever Served: 224 individuals
MaineMOM Analysis

(Preliminary Findings)

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.
Patients, families, and providers can:

- Visit [MaineMOM.org](http://MaineMOM.org) to identify and contact a healthcare provider offering services to enroll in care

- Submit a request through [CradleME.org](http://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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  – 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)
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!
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.
Thank you for participating!

- Please complete the survey as you exit the webinar.

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