

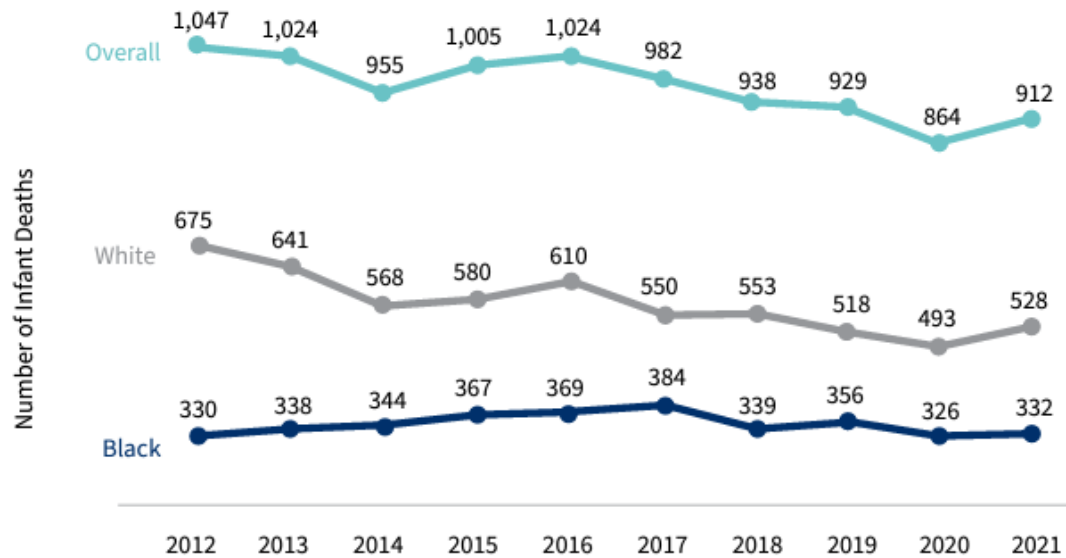
Innovation in Medicaid Payment for Quality Maternal Care in Ohio

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Director



OHIO'S INFANT AND MATERNAL MORTALITY DATA

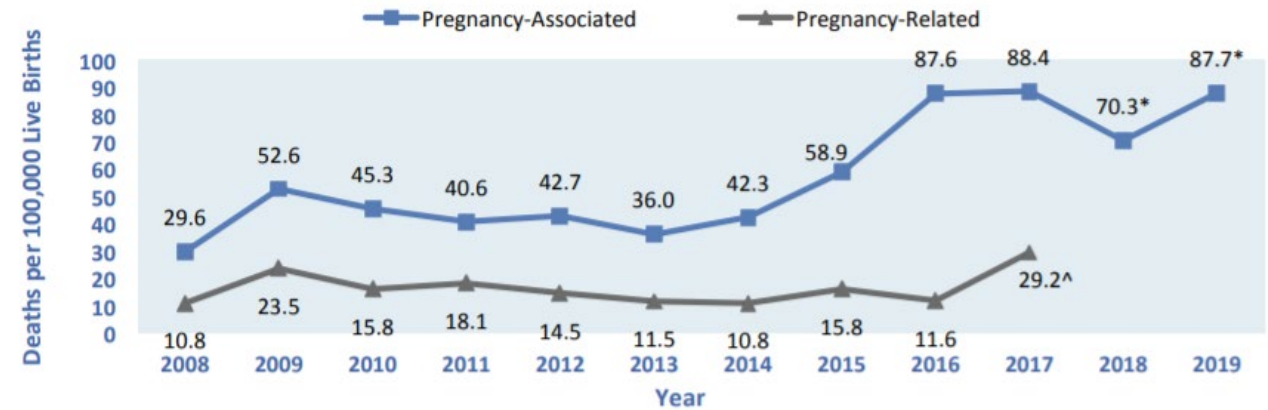
Infant Mortality Rate (per 1,000 live births) by Race, Ohio (2010 – 2021)



Data Source: Resident Birth File from the Ohio Department of Health Bureau of Vital Statistics.

Source: Ohio Department of Health [2021 Infant Mortality Annual Report](#)

Ohio Maternal Mortality Ratios



*Preliminary - source ODH Bureau of Vital Statistics.

Data Sources: ODH Bureau of Vital Statistics and Maternal Mortality Review Information Application (MMRIA)

Pregnancy-associated mortality ratios increased in 2015. The increase was primarily driven by an increase in unintentional overdose deaths, which doubled annually from 2014 to 2016. [^]The 2017 pregnancy-related mortality ratio (PRMR) increased compared to preceding years. Contributing to this increase was the implementation of new criteria¹ to determine the pregnancy-relatedness of unintentional overdose and suicide deaths, which focuses more on the possible aggravation of mental health conditions during pregnancy and in the postpartum year. Only a sample of 2015-2016 deaths were fully reviewed, if all 2015-2016 deaths were fully reviewed it is possible that the corresponding PRMRs for those year could be higher, however it is unlikely because the new criteria to determine pregnancy-relatedness were not implemented until 2017. ¹adapted from the Utah Department of Health Perinatal Mortality Review

Source: Ohio Department of Health [Snapshot of Ohio Pregnancy-Associated Deaths, 2008-2019](#)

Key Infant Mortality Community Learnings



Women with Medicaid expressed the following key barriers to improving their pregnancy and health outcomes:

- ✓ Lack of Trust of the Health Care System
- ✓ Lack of Provider Empathy
- ✓ Lack of Effective Communication from Providers
- ✓ Lack of Social Supports
- ✓ Lack of Community Resources
- ✓ Lack of Medicaid Coverage of Alternative Providers and Services

PERSPECTIVES AND EXPERIENCES SHARED BY PATIENTS WITH MEDICAID

“Just be there for me; for my health and my baby’s health. Don’t be so judgmental and make me feel like I’m not a person...”

“Just because someone doesn’t have the same type of insurance or they live in a different neighborhood than another patient...doesn’t mean that we should discount that patient or cut their needs short. We need to provide the same type of quality care for everyone.”

“...having to wait eight weeks to see a doctor, after I found out I was pregnant was really hard for me, especially after I lost a baby. I was scared that I was going to lose another one, and now they are telling me I have to wait eight more weeks to see a doctor.”

“I anticipated challenges with the physical part of pregnancy. I’d heard about the baby blues, but it didn’t occur to me to take care of my mental health”

OHIO MEDICAID'S MATERNAL AND INFANT SUPPORT PROGRAM (MISP)

MISP is Ohio Medicaid's priority work to improve infant and maternal outcomes, with a strong focus on reducing disparities

- Based on listening to women served by Medicaid, learnings from community-based work
- Partnership across state agencies to promote and align use of best practices and funding
- Data-driven population health approach to developing and measuring solutions
- Creation of new reimbursement options for evidence-based and evidence-informed interventions
- Continued support for community-driven interventions in counties with the greatest racial disparities in infant outcomes

POPULATION HEALTH APPROACH TO MATERNAL HEALTH POLICY

Integrates Medicaid administrative and claims data, vital statistics, and public datasets



MOTHERS & INFANTS

Live in Low Opportunity Index Tract: 22Q3 to 23Q2

Women with live births whose current residence places them in census tracts within the lower 40% of Opportunity Index overall

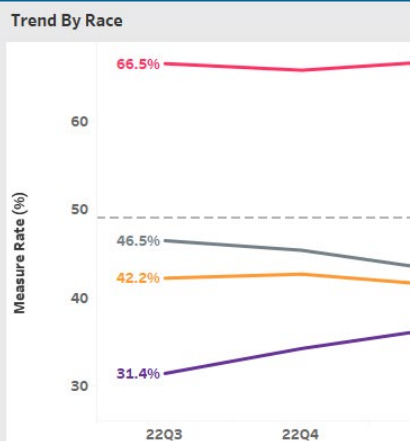
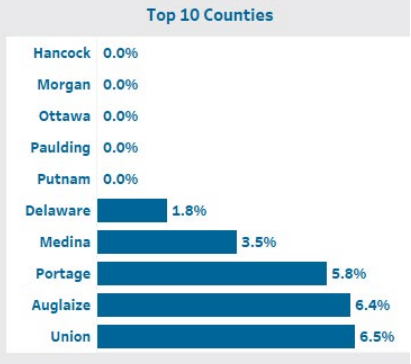
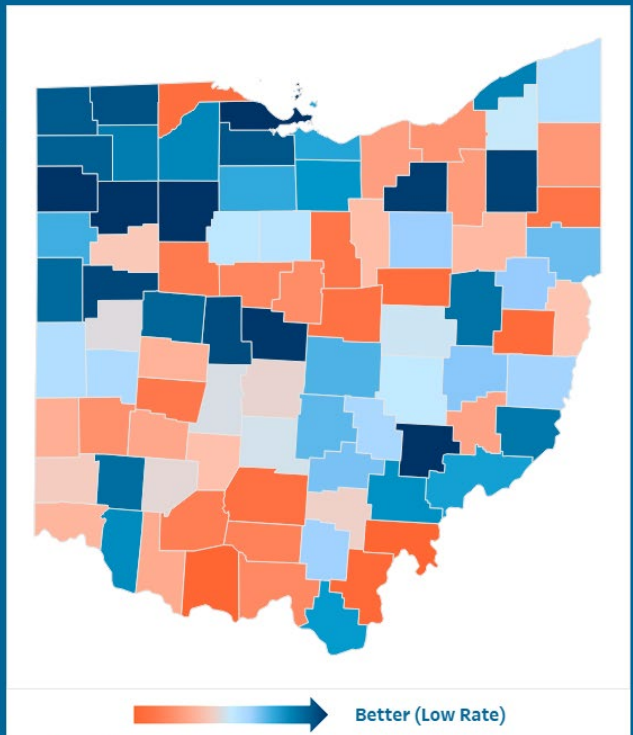
Select Options Show Summary

Measure
Live in Low Opportunity Index Tr..

Metric
Rate

Start Date 2022 Q3 **End Date** 2023 Q2

Numerator	Denominator	Average
29,905	60,957	49.1%



Filters

Age Group All

Race All

Ethnicity All

CMC Attribution All

CMC Size Quarterly Average Births All

CPC Enrollment All

CPC Size Enrollment in Delivery Quarter All

Payer / MCO All

Perinatal Region All

County Type All

Opportunity Index Quintile All

Dashboard Viewed: 7/15/2024 | Data Currently Available Through 2023 Q2

Ohio collects, aggregates, and analyzes a wealth of maternal and infant demographic and outcome data to help identify high performing areas and areas with the greatest needs

- Ex: The Ohio Opportunity Index (OOI) synthesizes over 34 variables measuring neighborhood conditions and opportunities known to be associated with health and well-being.
- For maternal and infant health, used OOI to set quality withhold targets for managed care plans' maternal health efforts to ensure we're not just doing the "easier" things first

OHIO MEDICAID'S MATERNAL AND INFANT SUPPORT PROGRAM (MISP)

Solutions Implemented To date (since 2021)

- Pregnancy Risk Assessment Forms (PRAF) and Reports of Pregnancy
- Medicaid coverage for nurse home visiting (nurse family partnership model)
- Enhanced coverage for group prenatal care and group pregnancy education
- Extended postpartum coverage to 12 months
- Enhanced coverage for lactation consulting and breastfeeding supplies
- Continued grants to community organizations in Ohio Equity Institute counties with the highest rates of infant mortality
- Implemented Comprehensive Maternal Care (CMC), a population health model to offer OB/GYN providers supports and financial incentives for meeting quality goals

What's Ahead

- Medicaid coverage for doula services
- Medicaid coverage for nurse home visiting through the Family Connects model of care
- Pediatric Recovery Centers (co-located services for moms with SUDs and babies with NAS)
- Maternal mental health services quality improvement project
- Considering housing supports, based on successful managed care pilot that reduced improved health outcomes while reducing medical expenses

PRAF AND ROP PREGNANCY COMMUNICATIONS HUB

ROP
Report of
Positive
Pregnancy

OEI Community Based Organizations

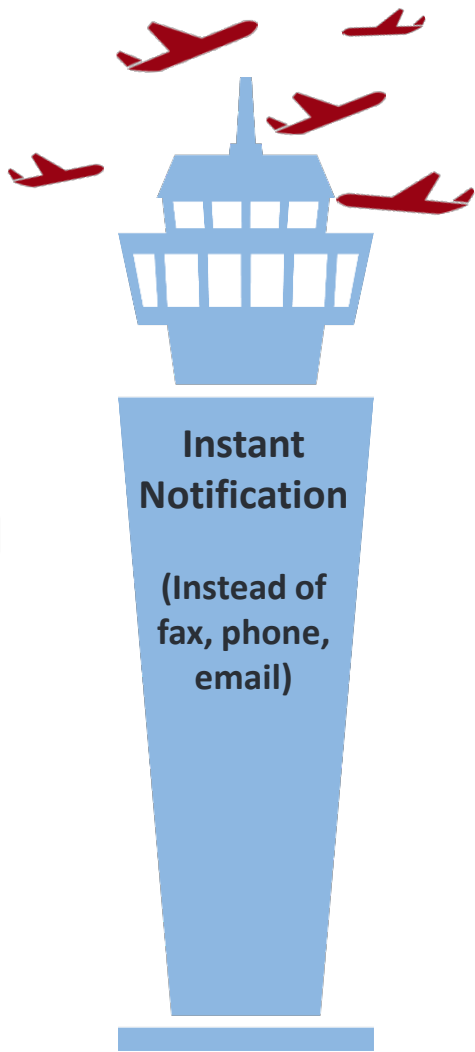
Non – OBGYN Providers (i.e. EDs,
PCPs, Community Clinics, LHDs, etc.)

ODH Program Referrals

PRAF
Pregnancy Risk
Assessment
Form

Obstetrical Providers

MCEs



OhioBenefits to ensure Medicaid coverage throughout pregnancy

- ODH referrals to:**
- Home Visiting
 - Tobacco Cessation
 - WIC

Medicaid managed care plans for care coordination, linkage to services (medical care, transportation, other supports)

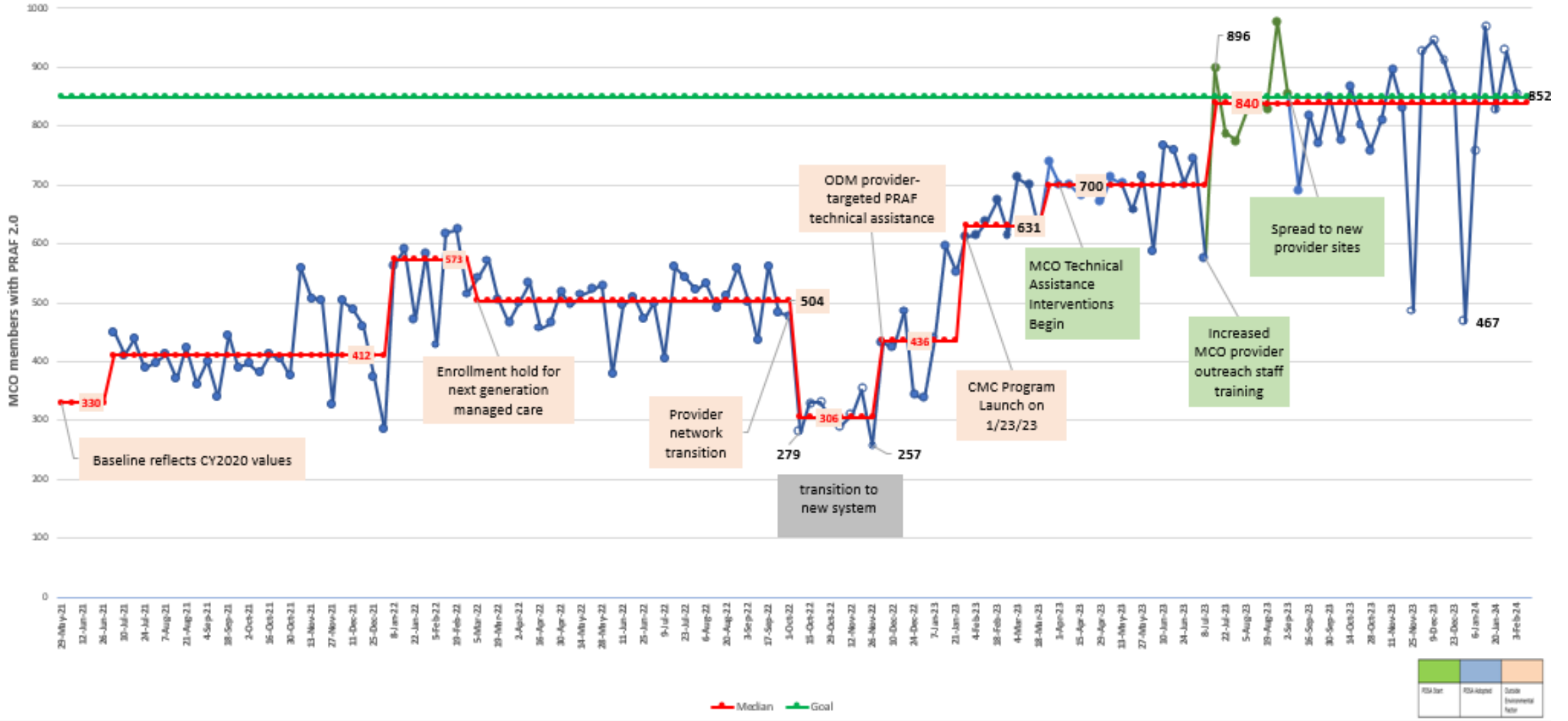
Next Generation QI Work – PRAF

Well over 80% of pregnant women now have a PRAF submitted

PRAF 2.0 SMART Aim Measure – Non duplicated women by week -- 03_04_24
 SMART Aim: Increase the weekly count of ODM members with an electronically submitted PRAF 2.0 from 330 to 850 or more by December 31, 2023

80%

33%



Q3-23	Q4-23	YTD
850	850	850

COMPREHENSIVE MATERNAL CARE

PROGRAM TO IMPROVE MATERNAL CARE AND PATIENT EXPERIENCE OF MATERNAL CARE USING POPULATION

HEALTH SUPPORTS

Optional program for Medicaid obstetrical practices. For enrolled practice, additional monthly payment supports:

- Enhanced and early access to prenatal care
- Team-based care involving community supports, addressing social drivers of health
- Connections to primary and specialty care
- Population health approaches: risk stratification, care management, focus on patient experience and engagement

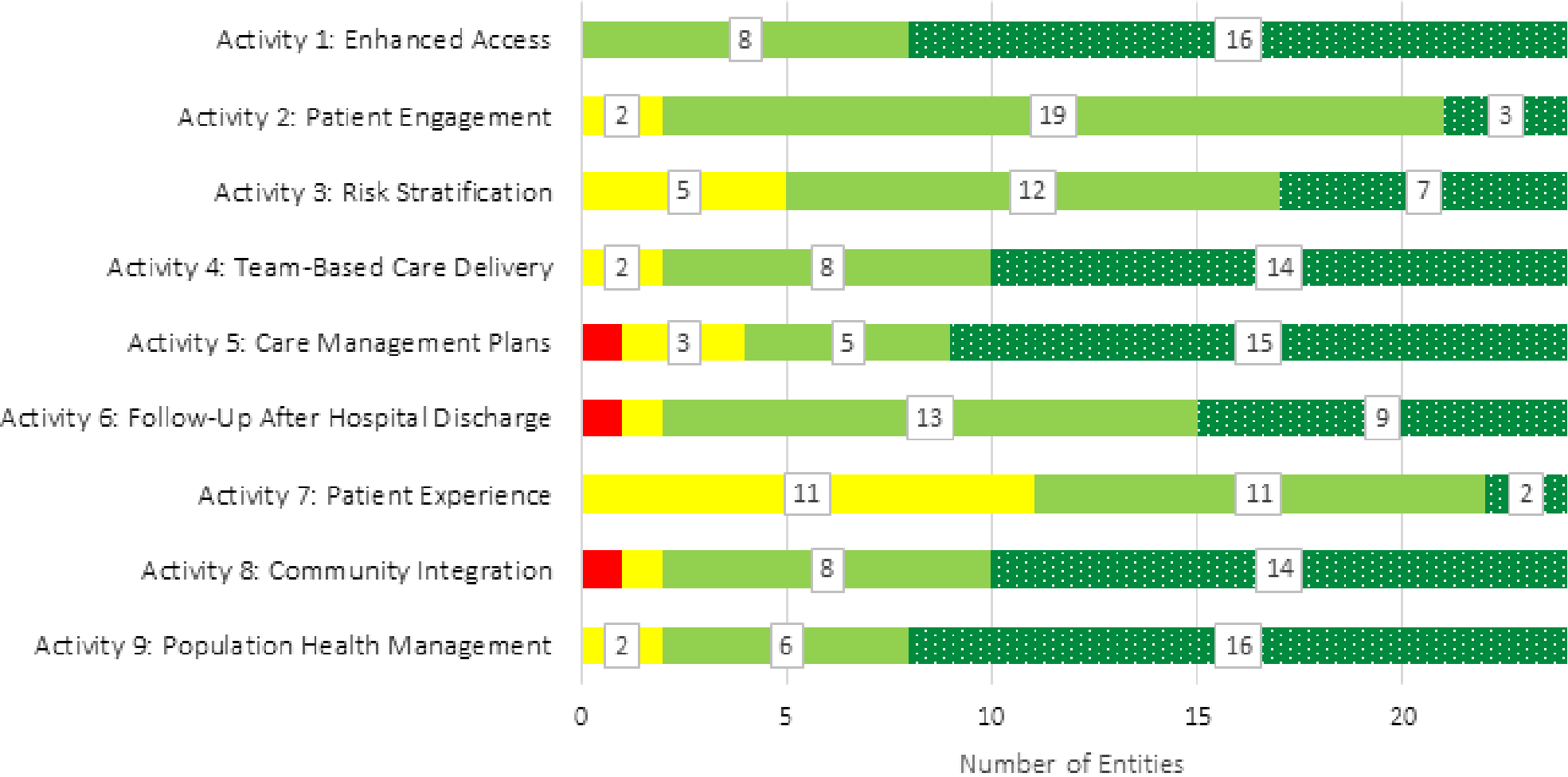
Measures linked to payment

- Postpartum care
- Preventive services – tobacco cessation, screening services
- Mom visits with primary care



Program Year 2024: 137 enrolled CMC practices covering 35,577 moms

CMC YEAR ONE ASSESSMENT RESULTS



CMC OB PRACTICE INNOVATIONS

Practice all new staff members to participate in a women's health-specific orientation that focuses on the disparities in maternal and infant health across the state and in the entity's own county

Practice runs Group Pregnancy Education as "opt-out" only, ensuring patients have the supports of the program unless they choose not to.

Practice does not have a lateness policy for appointments, which provides flexibility for patients, particularly with transportation barriers, and ensures patients are not refused access.

Practice has a fourth trimester clinic, which focuses on whole person needs after birth, such as postpartum depression and breastfeeding help, and monitors for high-risk indicators like hypertension to impact long-term or future pregnancy health risks.

Practice employs an advanced practice registered nurse in the OB office to provide primary care services to pregnant patients that do not have a primary care provider and need routine, non-pregnancy related care.

Ohio Medicaid is Preparing for Doula Coverage – Late 2024



- **Doula services have been shown to improve birth outcomes, maternal experiences, and reduce racial disparities in maternal and infant outcomes**
- **Associated with improved birth outcomes**
 - ✓ Fewer low birth weight babies
 - ✓ Fewer birth complications
 - ✓ Higher breastfeeding initiation rate
- **Result in improved maternal experiences**
 - ✓ Higher maternal engagement in care
 - ✓ Higher maternal satisfaction scores
 - ✓ Improved health equity through provision of culturally contextual and competent care
 - ✓ Medicaid focus groups involving Black women indicated a need and desire for doula service coverage
- **Shown to be cost effective for Medicaid**
 - ✓ Lower pre-term birth rates
 - ✓ Lower Cesarean section rates

TESTIMONIAL FROM GROUP PREGNANCY PROVIDER ABOUT THE IMPACT OF THE PROGRAM ON PEOPLE WITH MEDICAID COVERAGE



“We had a mom in our first group [of group pregnancy education] who had a history of preterm delivery with her last pregnancy. As you know, pre-term births are a big part of the infant mortality problem. And because of her prior history, she was at risk of having another preemie.

This mom attended all but one session, frequently kept in touch with me via phone or text if she had questions or problems, and I could contact Dr. Love in real time if I needed to, so that any potential problems were addressed in a timely manner.

Mom delivered a very healthy, full-term baby close to her due date.”

STATE MAP WITH LABELED COUNTIES, MAJOR METROS INDICATED





**Ohio Department
of Medicaid**