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Medicaid Managed Care Contracts and Maternal Health

*George Washington University Milken Institute School of Public Health
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Medicaid MCO Contracts and Maternal Health

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Today's Webinar

Our goal: Highlight findings from a study conducted by researchers at the Milken Institute School of Public Health at the George Washington University and funded by The Commonwealth Fund.

The Road to Maternal Health Runs Through Medicaid Managed Care

Sara Rosenbaum, Anne Rossier Markus, Caitlin Murphy, Rebecca Morris, Maria Casoni, and Kay Johnson. The Commonwealth Fund. May 2023.

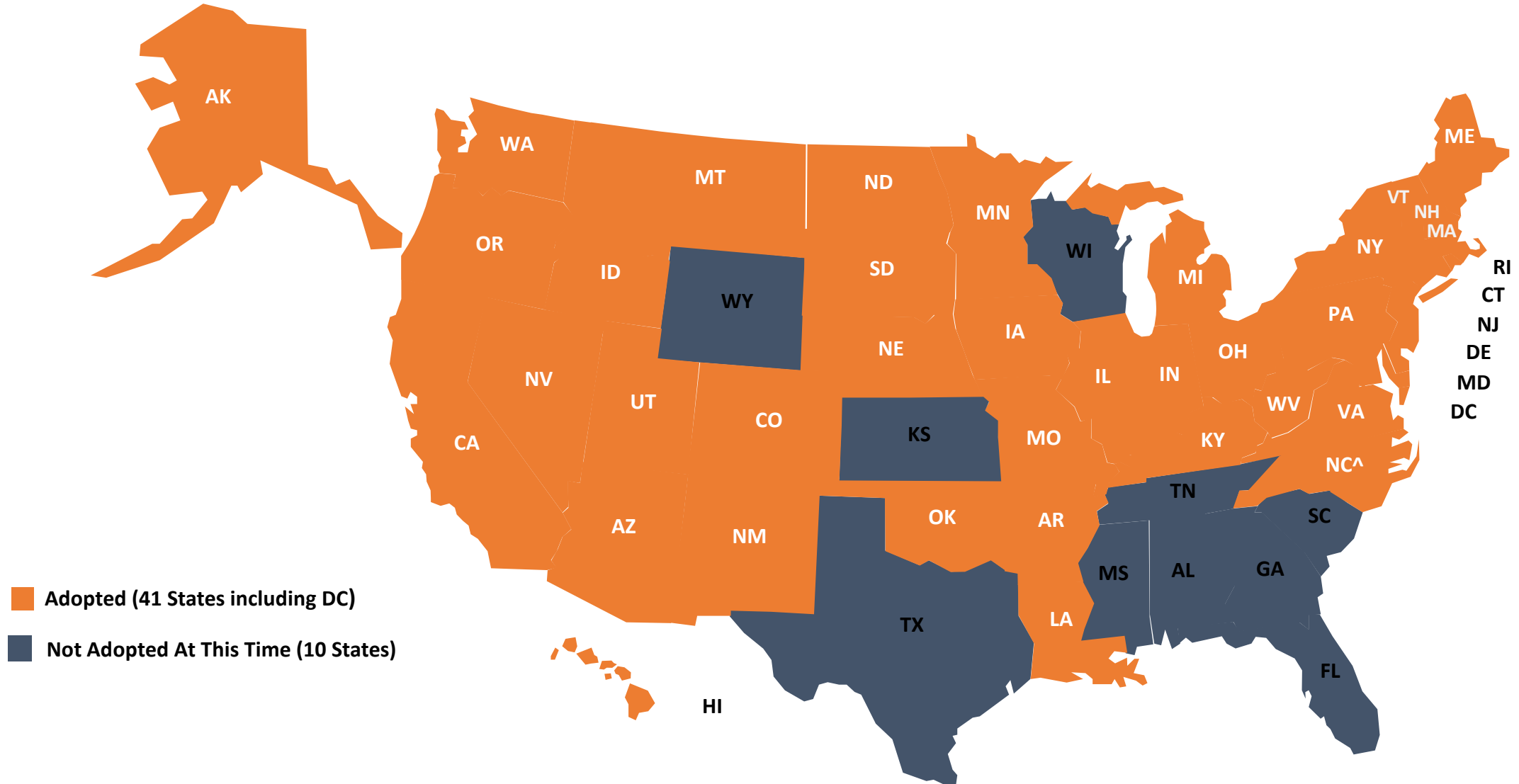
<https://www.commonwealthfund.org/blog/2023/road-maternal-health-runs-through-medicaid-managed-care>

Medicaid's role
in improving the health
of women, birthing
people, and infants



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State Medicaid ACA Expansions as of 7.3.23



NOTES: Current status for each state is based on KFF tracking and analysis of state activity.

[^] North Carolina implementation of Medicaid expansion is contingent on enactment of the SFY 2023-2024 budget. See link below for additional state-specific notes.

SOURCE: "Status of State Medicaid Expansion Decisions," <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

Medicaid and Family Planning Services



Medicaid accounts for 75% of all public funds spent on contraceptive services and supplies

Mandatory family planning benefits – one for “traditional” beneficiaries and one for ACA Medicaid expansion population

Cost sharing prohibited for family planning and pregnancy services

Any willing provider and freedom of choice of provider

Most states cover all FDA approved contraceptives, plus related testing and counseling for STI, HIV, cervical cancer

Many of states have limited “family planning only” coverage through an option (with state plan amendment – SPA) or waiver

Medicaid coverage and childbearing



Prenatal services

- Prenatal care (all)
- Case management (35)
- Smoking cessation (all)
- Prenatal vitamins & prescriptions (all)
- Group prenatal (12)
- Blood pressure (31)
- Substance use treatment



Birth services

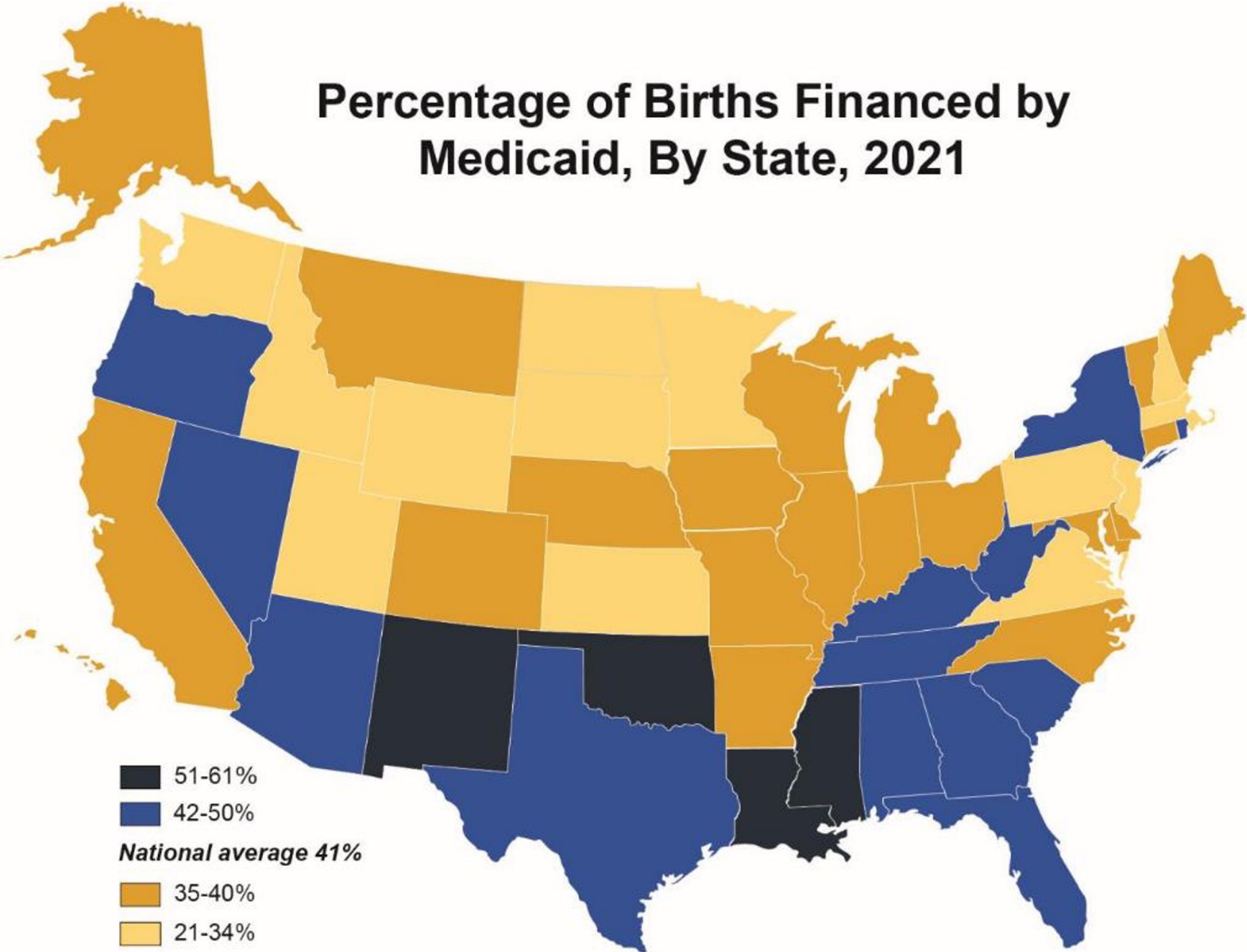
- Hospital birth / labor, delivery, & newborn (all)
- Birth center deliveries (32)
- Doula services (9)
- Childbirth & parenting education (< half)
- Care for maternal or infant complications (all)



Postpartum & interconception services

- Postpartum visits (all)
- Family planning (all)
- Breastfeeding (27)
- Maternal depression
- Clinical home visit
- Interconception care for high risk

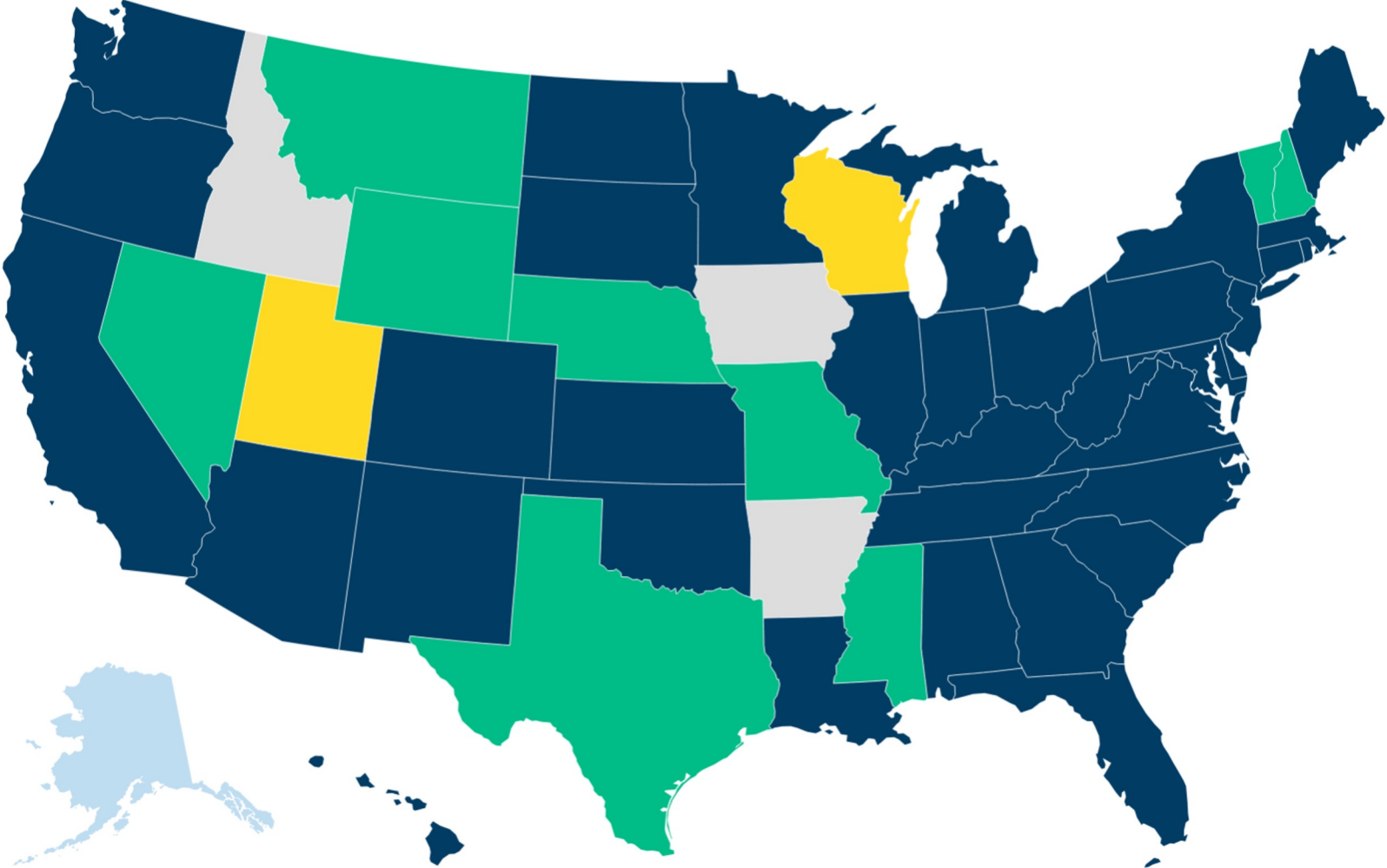
Percentage of Births Financed by Medicaid, By State, 2021



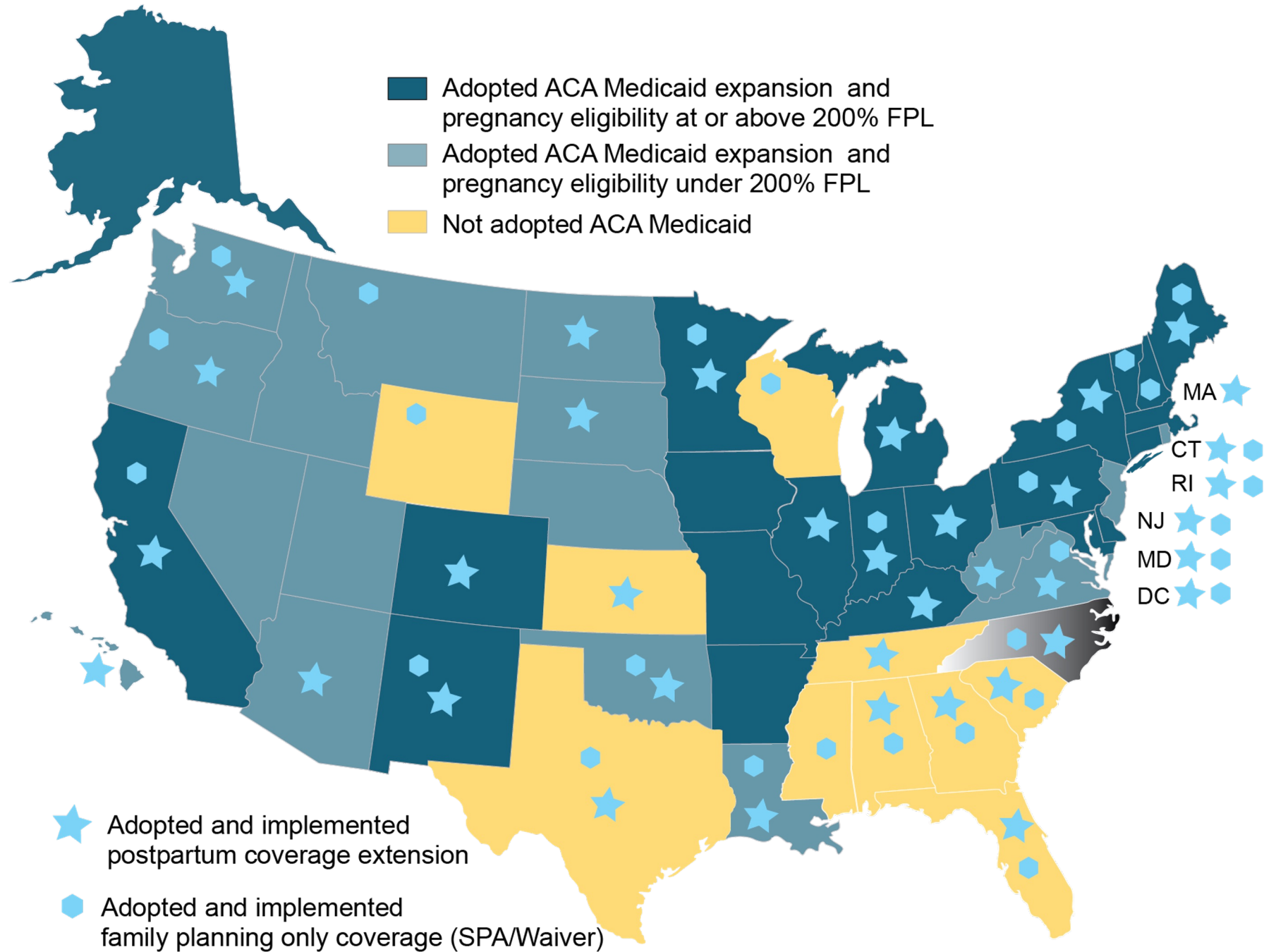
Source: Kaiser Family Foundation analysis of birth statistics from CDC Wonder

Postpartum Coverage Tracker Map

- 12-month extension implemented (36 states including DC)
- Planning to implement a 12-month extension (9 states)
- Pending legislation to seek federal approval through SPA or 1115 Waiver (1 state)
- Limited coverage extension proposed (2 states)



NOTE: CMS approved the U.S. Virgin Island's state plan amendment on 6/23/2023.
SOURCE: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of July 13, 2023.



Data source: Kaiser Family Foundation

The role of **Medicaid Managed Care**

- Improving maternal health must involve Medicaid managed care plans, **which enroll more than 70% of all beneficiaries.**
- States contract with Medicaid managed care plans to:
 - Establish provider networks
 - Manage the use of services by enrollees
 - Pay providers for furnishing covered services
 - Report on the accessibility and quality of services
 - Control state spending

Medicaid MCO contracts serve as blueprints that guide performance and health care system design.

Study Design



How was the study designed?

60 maternity care “best practices” were identified from an extensive literature review



All Medicaid managed care contracts were reviewed across 35 topics



Detailed tables created: indicating if contracts address 35 topics & the exact language used



Key findings and recommendations developed

A review of the literature: best practices in the coverage and delivery of maternal health

- Researchers identified robust evidence to support **nearly 60 maternal health “best practices”** along the full continuum of maternal health.
- The review includes:
 - Definitions of each service/approach
 - An overview of the current Medicaid coverage of each service/approach
 - Robust evidence including federal documents, professional guidelines, and other key resources

The continuum of maternal health

Before
Pregnancy

- Family planning and related services coverage
- Preconception service coverage

Pregnancy /
Birth

- Early identification of pregnancy
- Prenatal service coverage
- Birth / delivery service coverage

Postpartum

- Postpartum service coverage
- Maternal/child dyadic services coverage

Across
Perinatal

- Case management and care coordination
- Mental and behavioral health service coverage
- Nutrition service coverage
- Oral health service coverage
- Services related to social drivers

Access &
Measures

- Access and network composition
- Midwifery, doula, community health worker, and maternal fetal medicine coverage
- Quality improvement, performance measurement, and payment reform

Four tables summarize state expectations for maternity performance on 35 topics

- Table 1: The continuum of maternal health
- Table 2: Augmentations of medical care for perinatal persons
- Table 3: Services related to social drivers for perinatal persons
- Table 4: Access, networks, performance, payment, and member rights

**If a contract addressed a certain topic, this was indicated.
The full contractual language was linked in the table footnotes.**

Key Findings



Key finding #1: Contracts tend to approach the maternal health continuum in a fragmented and incomplete way.

Maternity care is a **core element** of all agreements. Yet, most contracts take a fragmented approach to maternal health.

Only **6 states' contracts** contain care expectations for the full continuum of maternal health care.

The absence of a clear reference to the full continuum of maternity care may reflect the **fragmentation of maternal health guidelines** and the absence of one authoritative, integrated description of the full scope of maternal health care.

Example of contractual reference to the **full continuum**

AZ provides an example of a contract that explicitly states the full continuum of maternity care services:

AHCCCS covers a full continuum of Maternity Care Services for all eligible, enrolled members of childbearing age. Maternity Care Services include, but are not limited to:

- 1. Medically necessary preconception counseling.*
- 2. Identification of pregnancy.*
- 3. Medically necessary education and prenatal services for the care of pregnancy.*
- 4. The treatment of pregnancy-related conditions.*
- 5. Labor and delivery services.*
- 6. Postpartum Care.*

Key finding #2: Contractual expectations for maternal mental health and SUD services are limited.

- 12 states' contracts specify **mental health and SUD screening and treatment expectations** for maternity patients
- 6 states specify these services during the **postpartum period**

Example of contractual reference to **maternal mental health screening and treatment**

VA provides an example of a contract with more detailed specifications regarding maternal mental health screening and referrals:

*The Contractor shall, through agreements with its providers, make every reasonable effort to **screen pregnant women (or refer to an appropriate practitioner to screen) for mental health concerns** in accordance with the American Congress of Obstetricians and Gynecologists (ACOG) or American Academy of Pediatrics (AAP) standards.*

*The Contractor shall have a **process to refer women who screen positive for mental health concerns to appropriate services** including, but not limited to, follow-up screening, monitoring, evaluation, and treatment.*

*All Contractor staff conducting these screens **shall be trained in the administration of such screens** and shall have the necessary training to ensure appropriate member support and treatment for identified mental health concerns...*

Key finding #3: Over half of contracts specify case management and care coordination for maternity patients.

- 24 states require maternal health **case management or care coordination**.
- 19 of these states require MCOs to assess maternity patients' **risk levels** to determine case management needs - however, **most do not require** assessments through the full continuum of care.

Some states are more detailed in requiring coordination of social benefits:

- 8 states require connections to needed **maternity-specific transport**.
- 2 states require connections to needed **housing supports**.

Key finding #4: Some contracts contain maternal health-specific access expectations.

- 12 states require MCOs to ensure that new patients receive their **first prenatal visit within 10 days of requesting a visit**. Others require visits within 14 days.
- 12 states set tighter timeframes for **pregnancies identified as high-risk**.

Key finding #5: Half of contracts require maternal health performance improvement and quality measurement.

- 19 states expressly require **maternal health performance improvement projects** as an ongoing MCO activity.
- 22 contracts require reporting on **maternity-specific measures**.

Most states: **timeliness of prenatal visit & timeliness of postpartum visit**

7 states require other measures: **prenatal/postpartum depression screening, prenatal complications, maternity dental visits**

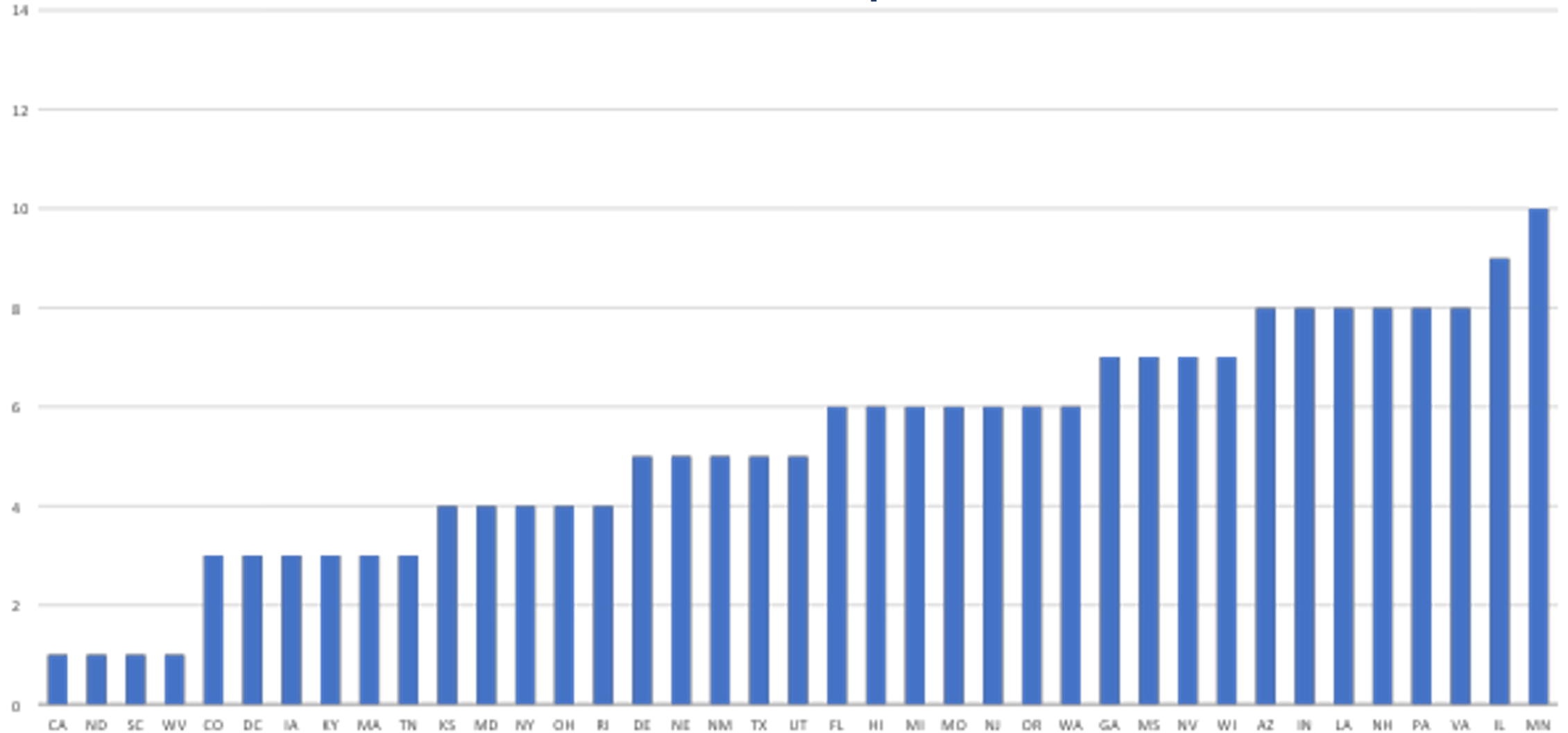
Key finding #6: Maternal-fetal medicine specialist services and doulas are not a requirement of most contracts.

- Despite this essential role in serving persons with high-risk pregnancies, few states include **maternal-fetal medicine providers** in their contracts. Only 7 states include this requirement.
- Currently, 6 states reference **doulas** in their contracts. This figure will likely increase, as states continue to approve Medicaid reimbursement of doula care.

State summary table across 13 topics

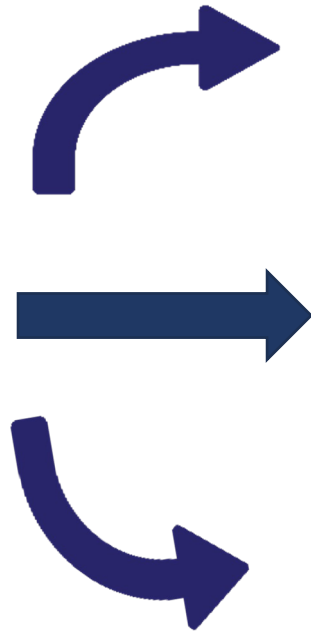
State	Early Identification of Pregnancy	Full Maternal Health Continuum of Care	Specialized Maternal-Fetal Medicine	Doula Services	Maternity-Related MH/SUD	Case Management / Care Coordination	Transport	Community Health Workers	Nutrition And Oral Health	Coordination With Social Service Agencies	Maternity - Specific Access	Maternity-Specific Performance Improvement Activities	Maternity-Specific Payment Reform	State Total
AZ	X	X			X		X			X	X	X	X	8
CA										X		X		2
CO					X					X	X			3
DC					X					X	X	X		4
DE						X		X		X	X		X	5
FL	X		X	X		X				X	X		X	6

Summary of maternal health contract provisions across 13 topics



Listening to State Medicaid Agencies

Initial conversations with state Medicaid agencies



Contractual language is grounded in state quality strategy or Governor's priorities

Contractual language develops "organically", once an approach is considered important enough to spread state-wide

Contractual language is "intentional" in becoming more prescriptive



Recommendations

Stronger contracts are needed from state Medicaid

Contracts communicate state priorities to MCOs. This can include contractual updates to reflect maternal health best practices.

- Strengthening contracts is the backbone of strengthening maternal health in managed care.
- There are **opportunities** to revise contracts annually and during RFP process.
- States indicate that they **consult and integrate provider and advocate input** during this process.

This study offers a **baseline** against which to measure an ongoing evolution in MMC maternal health contracting.
This evolution can be hastened by addressing another pressing issue...

Gaps in maternity guidelines must be addressed

- States and MCOs lack **fully integrated guidelines** reflecting all the services and approaches involved in maternal health care.
- The nation needs a set of **comprehensive maternal health care guidelines** that span the full continuum of care and guide MMC performance.

Such guidelines should address:

- **Preconception care and family planning services**
- **Comprehensive prenatal care**
- **Birth services in and out of hospitals**
- **Postpartum visits and intensive follow up as needed**
- **Care coordination and other support services**

New CMS and state initiatives needed

- **Describe** the full maternal health care continuum and assist in **translating** into performance expectations using CMS core measures and contracts.
- The Centers for Medicare and Medicaid Services (CMS) and states could work with plans, providers, consumers, and experts to develop a new initiative to **align maternal health guidelines and state contracting practices**.
 - Medicaid demonstrations could be created
 - Innovative approaches could be shared

There is precedent for this strategy. CMS did this with Medicaid 1115 substance-use disorder demonstrations, where approval is tied to state adoption of American Society of Addiction Medicine [treatment guidelines](#).

Thank you for joining us on this webinar. For more information, please contact:

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Access the study findings and literature review here:

<https://www.commonwealthfund.org/blog/2023/road-maternal-health-runs-through-medicaid-managed-care>



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Medicaid Managed Care, Maternal Mortality Review Committees, and Maternal Health: A 12-State Scan

(Forthcoming August-September 2023)

- Study question: What information is publicly available on the performance of individual MCOs on maternal health?
- To answer this question, we scanned the websites of:
 - 12 state Medicaid agencies (GA, IL, IA, KS, KY MI, MS, NV, NJ, NM, TN, and WA)
 - the 52 MCOs with which they contracted in 2022
 - the Center for Medicaid and CHIP Services ([medicaid.gov](https://www.medicicaid.gov))
- We reviewed:
 - the most recent Annual Technical Reports of the EQROs in those states
 - the most recent MMRC reports in those states
- In most of the states we reviewed there was little transparency about the performance of individual MCOs on maternal health.

For more information

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Maternal Health



**State Opportunities to Leverage
Medicaid and CHIP Coverage to
Improve Maternal Health and
Eliminate Racial Inequities**



**Black Mamas Matter Alliance
Highlights Policy Change Needed
in Honor of Black Maternal
Health Week**

Tanesha Mondestin
April 17, 2023



**State Trends to Leverage
Medicaid Extended Postpartum**