Ohio | Department of Medicaid

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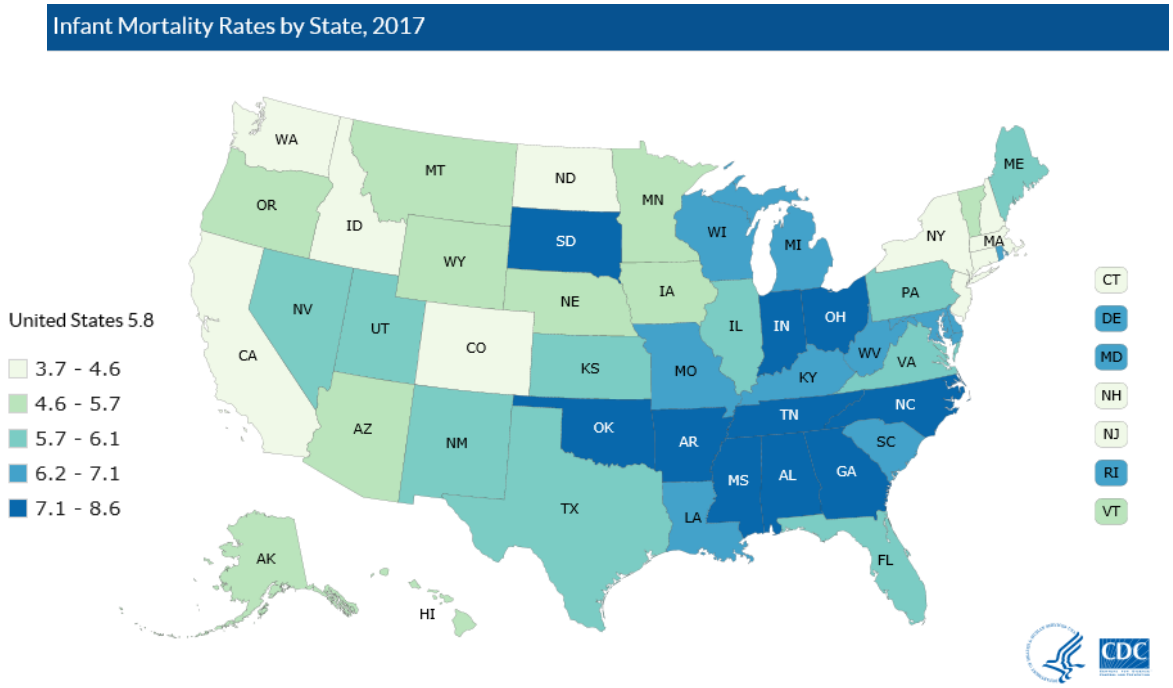
Improving Health for Moms and Babies



In 2018, Ohio ranked 41st in the nation for infant mortality,[1] and the rate of African American infant mortality in our state is nearly three times that of white babies.[2] To combat this problem, the Ohio Department of Medicaid is working to decrease pre-term births; decrease infant mortality; improve maternal health, and reduce child injuries, abuse and neglect.

Budget Impact

The Ohio Department of Medicaid proposes investments of $47.1 million ($14.1 million state GRF) in home visiting services and approximately $26 million ($8 million state GRF) for infant vitality efforts in targeted communities over the next biennium. Medicaid plans to invest $7.5 million ($1.9 million state GRF) in an 1115 substance use disorder waiver application, which will also require investments of $338 million ($50.6 million state GRF) in behavioral health care coordination and $30.6 million ($10.1 million state GRF) for continuous 12-month eligibility for postpartum women and dyad care for mothers with opioid use disorder and their infants with neonatal abstinence syndrome. The Department is also designing system enhancements to support use and transmission of an electronic Pregnancy Risk Assessment Form to facilitate continued Medicaid eligibility and referral to pregnancy-related services, including home visiting.

[1] America's Health Rankings. Infant Mortality in Ohio. 2018.
[2] Ohio Department of Health. 2017 Infant Mortality Report. December 2018.

Background

A state's infant mortality rate is widely considered to be its most important marker of health status. Although Ohio has made some progress in addressing elevated infant mortality rates, our state still ranks near the bottom of the nation in this measure: in 2017, we ranked 43rd in the country for infant mortality, and in 2018, our ranking improved to 41st in the nation.[3] Infant mortality is greatly influenced by race and geography, and closing the racial disparity gap in infant mortality remains elusive; in 2017, the black infant mortality rate was 15.6 per 1,000 live births, nearly three times the white rate of 5.3 per 1,000 births.[4] Ohio must commit resources to improving the health of pregnant and postpartum women, with a focus on reducing racial disparities and improving outcomes for moms who have substance use disorders and their infants. Systematically deploying evidence-based services, including enhanced care coordination and home visiting, can help close the disparity gap by giving pregnant women access to the services they need to deliver healthier full-term babies.

Despite current efforts, the number of pregnant women diagnosed with opioid use disorder (OUD) has been rising over the last decade, leading to more babies experiencing neonatal abstinence syndrome (NAS).[5] Today, nearly all new moms who seek intense levels of OUD treatment are forced to separate from their infants, and many infants with NAS are taken into child protective services custody. This type of forced separation interferes with the essential bonding and breastfeeding needed to maximize infant and maternal health. Compounding these challenges, Ohio's Maternal Opioid Medical Support (MOMS) demonstration project recently showed that many mothers with OUD lose eligibility within three months of delivery, which results in lack of maternal postpartum care and lack of coordinated well-child services for infants. Many pregnant women with OUD also need better behavioral health care coordination that recognizes their prenatal and addiction treatment needs.

Policy Proposal

The Ohio Department of Medicaid proposes the following targeted investments and initiatives for the coming biennium to improve maternal and infant health outcomes while reducing infant mortality disparities.

Design and Implementation of a New Home Visiting Service

The Department of Medicaid is designing a new service to support home visiting models that have been shown to decrease preterm births, decrease infant mortality, and improve maternal health. To boost the efficacy of our new home visiting service, Ohio Medicaid is leveraging expertise from the Governor's Office of Children's Initiatives, the Ohio Department of Health, and the Ohio Department of Developmental Disabilities. Interagency collaboration coupled with implementation of a new home visiting service will support Governor DeWine's goal to triple the number of eligible women and children receiving home visiting services over the coming years.

Managed Care Initiatives, Including Continued Investments in Infant Vitality Efforts

Ohio Medicaid's new home visiting initiatives will build on the Department's ongoing support of pregnancy programs through the Medicaid managed care plans' community infant vitality efforts focused on reducing the disparity of African American infant mortality. The Medicaid managed care plans will continue to invest grant

[3] See 1
[4] See 2
[5] Ohio Department of Health. 2017 NAS Hospital Discharge Data Summary Table. December 2018.

dollars totaling approximately $26 million in the nine Ohio Equity Institute (OEI) communities identified as infant mortality priority regions. Use of these grant dollars will align with Ohio Medicaid's strategies including supporting community-driven models of care and health equity efforts—specifically, group pregnancy care and community HUBs/ community health workers and navigators.

Medicaid managed care plans will also play a critical role in improving maternal and infant health by pursuing the following strategies:

» Actively promoting referral of members to community-based organizations for services that will promote better pregnancy outcomes.

» Collecting and meaningfully using race, ethnicity, language, and social determinants of health data to identify and reduce disparities in health care access, services and outcomes.

1115 Waiver for Substance Use Disorder Services

The Department of Medicaid is pursuing an 1115 demonstration waiver for substance use disorder services to ensure continued federal financial participation for individuals served in some residential treatment settings. The application will include the following components that will be critical to improving outcomes for moms with addiction and their infants.

» Behavioral Health Care Coordination: gaining approval for the 1115 SUD waiver will require significant enhancements to Medicaid's care coordination services. To meet these requirements, Ohio Medicaid and the Department of Mental Health and Addiction Services are working to design a robust behavioral health care coordination (BHCC) model targeted at individuals with the most complex and urgent substance use disorder and mental health needs, including pregnant and postpartum women who have behavioral health challenges.

» Mom & Baby Dyad Care: Mounting clinical evidence suggests that optimal care for a mother with OUD includes programs that allow for the infant to be co-located in all care settings with their mother to consistently support sobriety and the types of positive parenting experiences required for positive long-term outcomes for both. Today, care is typically provided and funded at an individual level. Ohio Medicaid will be designing a new dyad care model that includes coordinated and coupled services for women with OUD and babies with NAS.

» 12-Month Medicaid Eligibility for Postpartum Women: Ohio Medicaid will request CMS approval to allow pregnant women in the Medicaid program to have 12 months of continuous eligibility following delivery, thereby ensuring coverage and access to care for moms and their infants. Today, new mothers are only guaranteed coverage until 60 days after delivery (coverage ends on the last day of the month in which the 60th day falls.) Expanding the coverage period for new mothers grants them access to the crucial services they need to stay healthy, so they can in turn care for their infants and access well child services.

Facilitation of referrals to home visiting and continued Medicaid eligibility through an electronic Pregnancy Risk Assessment Form (PRAF)

- In conjunction with the Office of Children's Initiatives and the Department of Health, Ohio Medicaid proposes requiring all obstetricians to use and submit the electronic PRAF within 7 days of an initial prenatal care visit while requiring all health insurers and county departments of job and family services to accept the PRAF. Electronic submission of this form will facilitate timely notification of pregnancy and referrals to services, including home visiting based on clinical and social determinant-based risks. Using this seamless process, women will have access to home visiting services much earlier in their pregnancies. Many obstetricians already fill out Medicaid's electronic PRAF for these purposes.