



No Belaboring the Point:  
Advancing Equitable Perinatal Health Policy

#NASHPCONF22

**Forecast**  
**for State**   
**Health Policy**

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# NJ Medicaid and Maternal Child Health

*No Belaboring the Point:  
Advancing Equitable Perinatal Health Policy*

Presented by

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*She/Her*

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# Maternal and Infant Health Crisis in NJ

## NJ ranks 47th

Our state ranks 47th in maternal deaths according to the United Health Foundation.



## Mothers

47 women die, on average, for every 100,000 live births in NJ, compared to 20 nationally.

## Women of Color

A Black woman in New Jersey is over seven times more likely to die due to pregnancy complications than a white woman.



## Babies of Color

A Black infant is three times more likely to die in their first year of life than a white baby.

# NurtureNJ

## NURTURE NJ

NurtureNJ is committed to reducing infant and maternal mortality and morbidity and ensuring equitable maternal and infant care among women and children of all races and ethnicities.

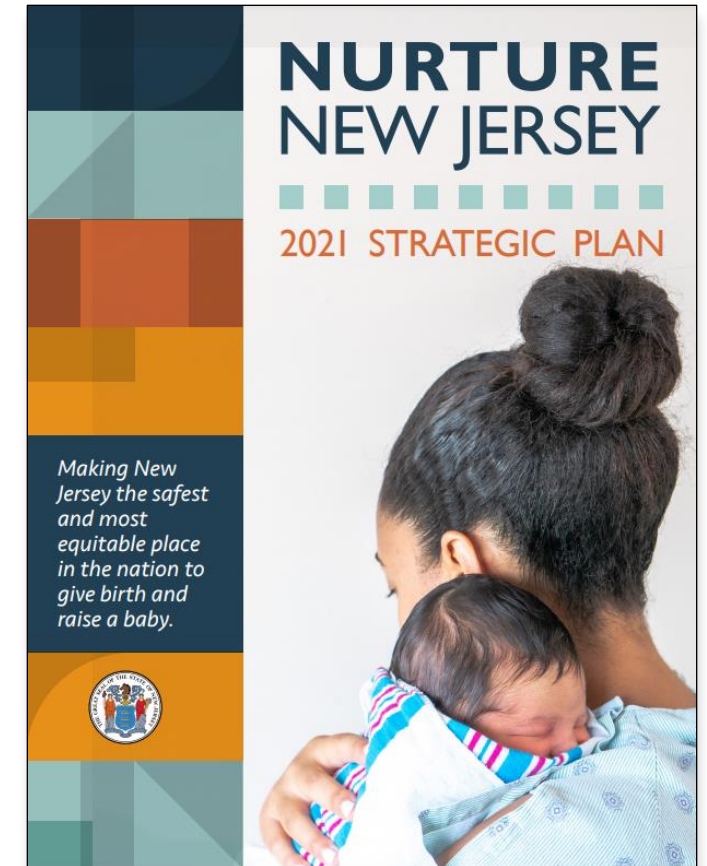


**Vision:** To become the safest and most equitable state in the nation to deliver and raise a baby



# NurtureNJ is an all-hands-on-deck approach to improve NJ's maternal and infant health outcomes

- First Lady Tammy Murphy launched Nurture New Jersey in 2019 to combat NJ's poor health outcomes in prenatal, birthing, and postpartum periods.
- NJ is committed to addressing racial and ethnic disparities in maternal and infant health outcomes.
- NJ has the fourth highest maternal mortality rate out of 50 states and Black women in New Jersey experience seven times the rate of death from pregnancy-associated causes compared to their white counterparts (*NurtureNJ 2021 Strategic Plan*)



# Action Areas



**Build racial equity infrastructure and capacity.**

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**Support community infrastructure for power-building and consistent engagement in decision-making.**

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**Engage multiple sectors to achieve collective impact on health.**

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**Shift ideology and mindsets to increase support for transformative action.**

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**Strengthen and expand public policy to support conditions for health in New Jersey.**



**Generate and more widely disseminate data and information for improved decision-making.**

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**Change institutional structures to accommodate innovation and transformative action.**

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**Address social determinants of health.**

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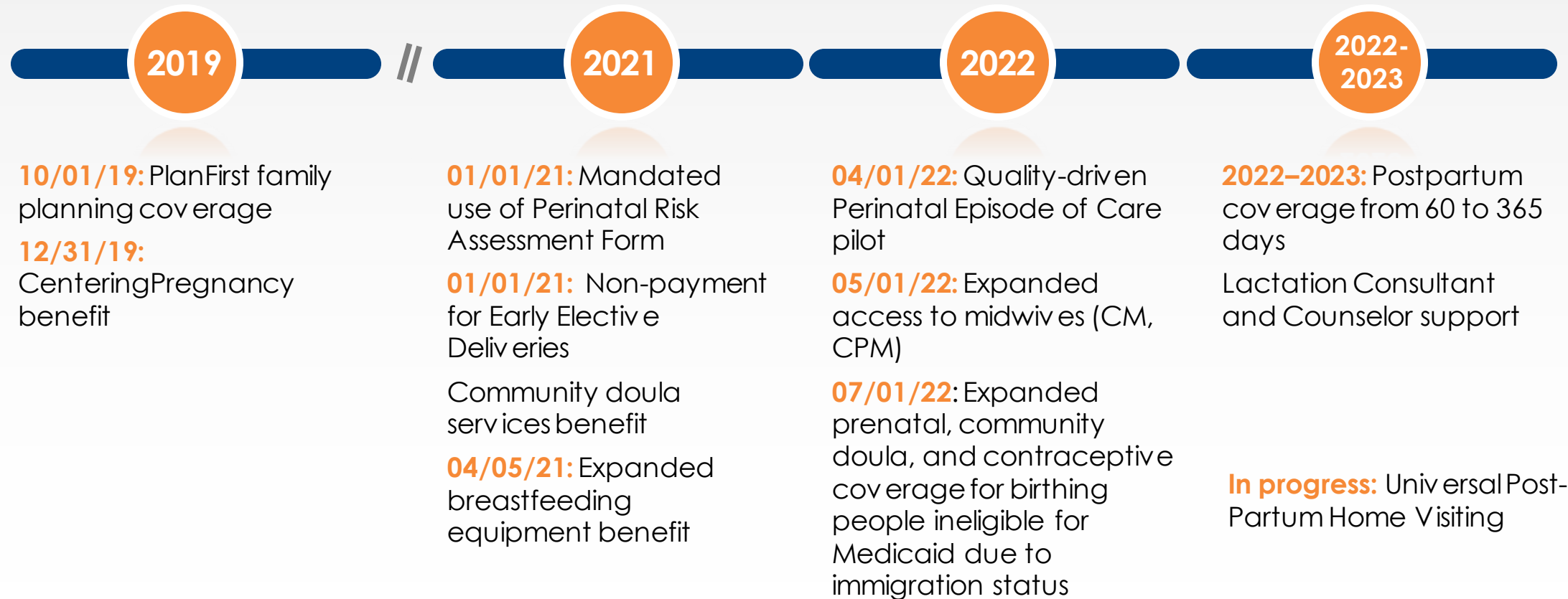
**Improve the quality of care and service delivery to individuals.**

# NurtureNJ and NJ Medicaid

- NJ has around 100,000 births annually.
- NJ Medicaid covers around 30,000 births annually.
  - NJ is an Medicaid expansion state, and recently expanded pregnancy-related coverage from 60 days to 365 days postpartum.

# NurtureNJ and NJ Medicaid (continued)

## NurtureNJ-aligned Initiatives in NJ Medicaid





# Expanding the perinatal workforce

# Spotlight: Community doula services

- Legislation was passed in 2019 to allow doulas to become Medicaid providers and receive reimbursement for their services.
- **Doulas** are non-clinical professionals who provide physical, emotional, and informational support before, during, and after birth.
  - NJ decided to focus on **community doulas**, who are equipped to meet particular needs of Medicaid populations and under-served communities.
- Culturally-competent care: BIPOC workforce, culturally and linguistically competent
- Community-based care: Trauma-informed, aware of the local social services available in NJ

# March of Dimes Position Statement

- March of Dimes supports increased access to doula care as one tool to help improve birth outcomes and reduce the higher rates of maternal morbidity and mortality among women of color in the United States.
- March of Dimes advocates for all payers to provide coverage for doula services.
- March of Dimes recognizes the importance of increased training, support and capacity development for doulas, including doulas from racially, ethnically, socioeconomically and culturally diverse communities

## March of Dimes July 2018 Position Statement

*Studies suggest that increased access to doula care, especially in under-resourced communities, can improve a range of health outcomes for mothers and babies, lower healthcare costs, reduce C-sections (cesarean sections), decrease maternal anxiety and depression, and help improve communication between low-income, racially/ethnically diverse pregnant women and their health care providers.*

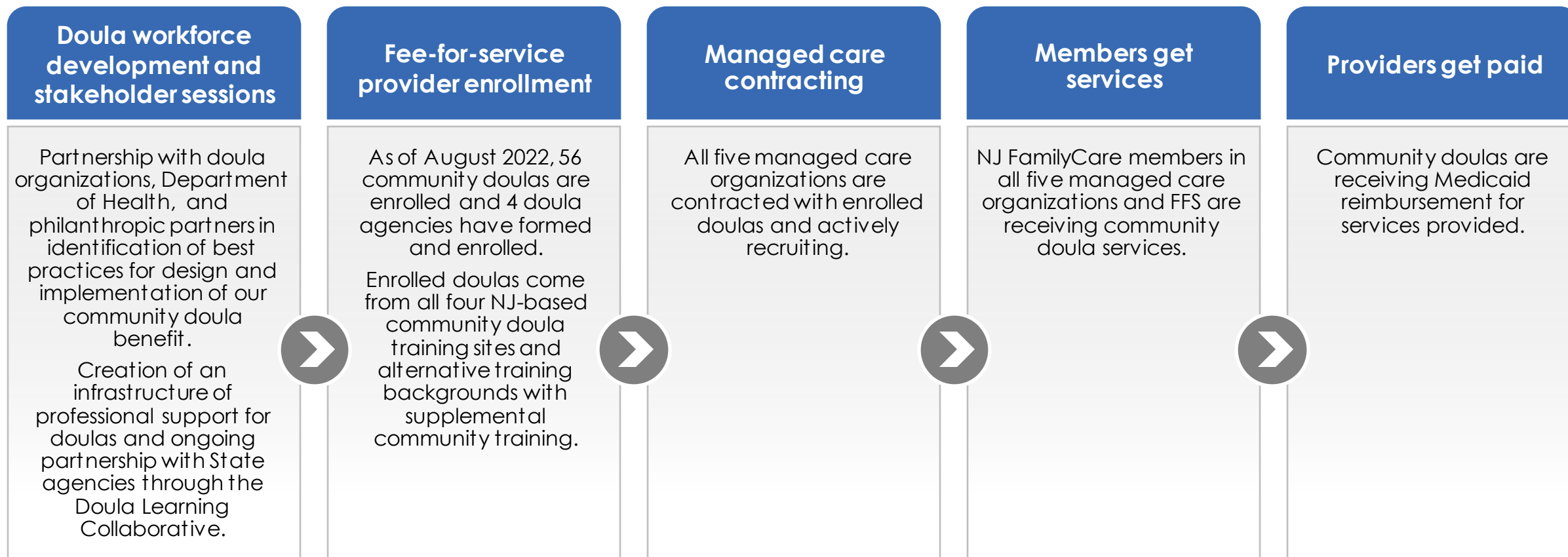
[www.marchofdimes.org](http://www.marchofdimes.org)

# Spotlight: Community doula benefit

## Key details of New Jersey's program design

- Doula services must be provided by a community doula trained in culturally competent, community-based care.
- Our benefit goes beyond labor support: Support is available throughout pregnancy, labor, and six months postpartum.
- In addition to labor and delivery, up to eight visits can be in the home, in the community, and/or involve going with their client to a clinical visit.
  - Additional visits are available for clients 19 years or younger.
- A value-based incentive payment is available to the community doula if their client has a timely postpartum visit with her obstetric provider.

# Community doula benefit milestones so far



**i** **As of August 2022:** 57 NJ FamilyCare members have received community doula services through Medicaid and 41 NJ FamilyCare babies have been born with support from a community doula.

# Spotlight: Midwifery services

## ? What

Midwives provide care around a pregnancy and may also provide contraceptive and well-woman care throughout the lifespan

## ? Why

Midwifery-led model of care can improve maternal health outcomes, including lower C-section rates and preterm births and increased breastfeeding (Source: Institute for Medicaid Innovation 2020 Report “Improving Maternal Health Access”).

- All state Medicaid programs cover midwifery care delivered by certified nurse midwives.
- In NJ, all licensed midwives (including certified midwives and certified professional midwives) can provide midwifery care within NJ Medicaid.

**Extended coverage, additional supports and quality improvement**



# Spotlight: 365 days of postpartum coverage

## ? What

Pregnancy-related Medicaid coverage continues for 365 days postpartum

## ? Why

The postpartum period is an important time for maternal and infant health.

- 60.6% of pregnancy-related deaths occur the in postpartum period (Source: CDC)
- Uninterrupted access to postpartum coverage may improve care for birth-related complications and chronic health issues, screening and treatment for postpartum depression, breastfeeding duration, and interconception care.
- All state Medicaid programs have pregnancy-related coverage through at least 60 days postpartum due to federal law, but some states can choose to extend that coverage.
- Under our 1115 Waiver, NJ has extended its Medicaid postpartum coverage from 60 to 365 days.
- NJ was the second state in the nation to extend Medicaid postpartum coverage to a full year.



# Spotlight: Home Visiting

## ? What

NJ Medicaid is in the process of covering home visiting services, including a universal home visiting service.

## ? Why

Evidence-based home visiting programs can promote improved prenatal care and critical support, especially in the immediate postpartum period.

- Under our 1115 Waiver, NJ is piloting coverage of perinatal home visiting through the following programs: Nurse Family Partnerships, Health Families America, and Parents as Teachers
- Legislation was passed in 2021 to cover a statewide, voluntary program for home nurse visitation within 2 weeks after the birth event (for birthing individuals, adoptive parents, and after stillbirths).
- NJ is the second state in the nation to cover universal postpartum home visiting under Medicaid.

# Spotlight: NJ Supplemental Prenatal and Contraceptive program

## ? What

NJ Supplemental Prenatal and Contraceptive program is a solely state funded program for women who are otherwise eligible except that they do not meet a qualified immigration status.

## ? Why

More equitable access to maternity-related services can improve maternal and infant health outcomes for these families.

- NJ has expanded funding for, and services covered by NJSPCP.
  - Since 2002, NJSPCP has provided limited prenatal coverage. It now also covers family planning benefits and community doula services.

# Spotlight: Perinatal Episode of Care

## ? What

NJ Medicaid is running a voluntary pilot to test a new value-based payment model.

## ? Why

The pilot's goals are to:

- Improve the quality of perinatal care, while building a financially sustainable model,
- Reduce racial disparities,
- Expand continuum of care, and
- Promote comprehensive care coordination

- The pilot launched in April with 16 NJ FamilyCare practices that provide obstetrical care for over 10,000 births annually participating in the first performance period.
- Participating providers will:
  - Receive Individualized Reports on the quality and outcome of care for their patients—including health disparities and comparison to peers
  - Be required to create a Health Equity Action Plan and conduct a C-section Review

# FY2023 Investments in Maternal and Infant Health

- \$17.4 million to continue supporting the development of the universal newborn home visitation program;
- \$15 million to raise Medicaid rates for maternity care providers;
- \$1 million to provide grants to facilities to increase opportunities for midwifery education and training;
- \$500,000 for a Nurture NJ public awareness campaign.



# Resources

- For more information on Nurture NJ, visit <https://nurturenj.nj.gov/>
- For more information on our community doula benefit, visit <https://www.nj.gov/humanservices/dmahs/info/doula.html>
- For more information on the perinatal episode pilot, visit <https://www.state.nj.us/humanservices/dmahs/info/perinatalepisode.html>

**Thank you**

New Jersey Department of Human Services



# Wisconsin Medicaid Managed Care Birth Improvement Initiatives

Makalah Wagner  
September 2022

# Wisconsin Medicaid Context

- Wisconsin's Department of Health Services has oversight of the Medicaid managed care program.
- 1.1 million members in the HMO program.
- 14 HMOs serve the BadgerCare Plus and Medicaid SSI members.



# Wisconsin Medicaid Context

- Wisconsin Medicaid does not have:
  - ◆ Affordable Care Act eligibility expansion
  - ◆ Post-partum eligibility expansion (90 days requested)
  - ◆ Coverage for doulas or community health workers
- Wisconsin does have:
  - ◆ Racial and ethnic disparities in birth outcomes, infant mortality, and maternal health.

# A Need for Creativity

Wisconsin Medicaid piloted initiatives to address birth disparities leveraging our HMO program.

- Traditional HEDIS<sup>®</sup> prenatal and postpartum care measurement, including as Pay for Performance
- Obstetric Medical Home model for high-risk members
- Post-partum Health Disparities Reduction Performance Improvement Projects

# Obstetric Medical Home Model

- Developed a medical home model within the HMO framework to provide enhanced care coordination for high-risk pregnant women.
- Medicaid worked closely with Public Health and clinical champions to identify:
  - ◆ Geographic areas with highest disparities and births (eight counties total)
  - ◆ Highest risk population to target
  - ◆ Model design elements

# OBMH Key Elements

- Medicaid shares high-risk member data with HMOs.
- HMOs have network of participating clinics to enroll pregnant women within 16 weeks of pregnancy.
- Member receives at least 10 prenatal visits, is offered a home visit, has care plan, and attends postpartum visit with transition to ongoing care.
- HMOs and clinics use shared data registry, maintained by Medicaid's External Quality Review Organization, who also completes chart reviews.
- \$1,000 payment for eligible births, with bonus of additional \$1,000 for good outcomes.

# OBMH Program Data

- Number of participants has gradually increased, averaging 607 per year.
- For OBMH participants: average 90% healthy birth outcomes and 10% poor birth outcomes each year.
- Between 2011 and 2020, WI has paid out over \$10.4 million in incentives.
- Preliminary feedback showed increased provider/care team satisfaction and HMO-provider collaboration.

# HMO Performance Improvement Projects (PIPs)

- BadgerCare Plus HMOs are required to address disparities in Post-Partum Care HEDIS® via HMO PIPs to receive withhold.
- Leveraging PIPs to drive quality improvement partnerships to address racial/ethnic disparities and social determinants.

# HMO Postpartum PIPs

	2020	2021	2022
Aim	Baseline Year to identify disparities	Initial year with targets to reduce disparities	Continued targeted improvement
P4P withhold	1.0%	1.5%	1.5%
Partnerships for interventions	One clinic	One clinic	<ul style="list-style-type: none"><li>• Two clinics</li><li>• Community based organization</li></ul>

# PIP Interventions at HMO & Clinic

- Cultural competence organizational self-assessment → disparities reduction plan
- Non-traditional culturally-competent providers
- Provider trainings on culturally and linguistically appropriate care
- Organizational self-assessment on social determinants efforts → improvement plan
- Data analysis of social determinant needs
- Partnership with a community-based organization to launch intervention on social determinant need



# PIP Considerations

- Launched January 2020, just prior to COVID
- Balancing flexibility and innovation vs. alignment across 14 health plans and participating providers
- Provider and CBO participation during pandemic
- Challenging to evaluate each component with limitations of data collection in design
- HEDIS<sup>®</sup> results: telehealth access, performance declines, and widening disparities for some in COVID

# Wisconsin: What's Next?

- Continuing Pay-for-Performance model for Prenatal and Postpartum Care (PPC) HEDIS<sup>®</sup> metric.
- 2023 as transition year for PIPs to move to more sustainable approach for disparities and social determinants efforts.
- Longer range: Evaluate OB Medical Home model and PIP successes for statewide adoption of best practices and targeted interventions.

# Questions?

- [WI Medicaid OBMH website](#)
- [WI Medicaid Quality website](#)
- [Email: DHSOBMH@dhs.wisconsin.gov](mailto:DHSOBMH@dhs.wisconsin.gov)

# Facilitation of the Doula Advisory Workgroup for the California Department of Health Care Services

Presenter: Deitre Epps

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Results Achieved through Community Engagement

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## CARRYING A GREAT WEIGHT

From 2017-2019, the pregnancy-related mortality ratio per 100,00 live births:

- White: 11.1
- Hispanic: 12.6
- Asian/Pacific Islander: 15.1
- Black: 47.3\*

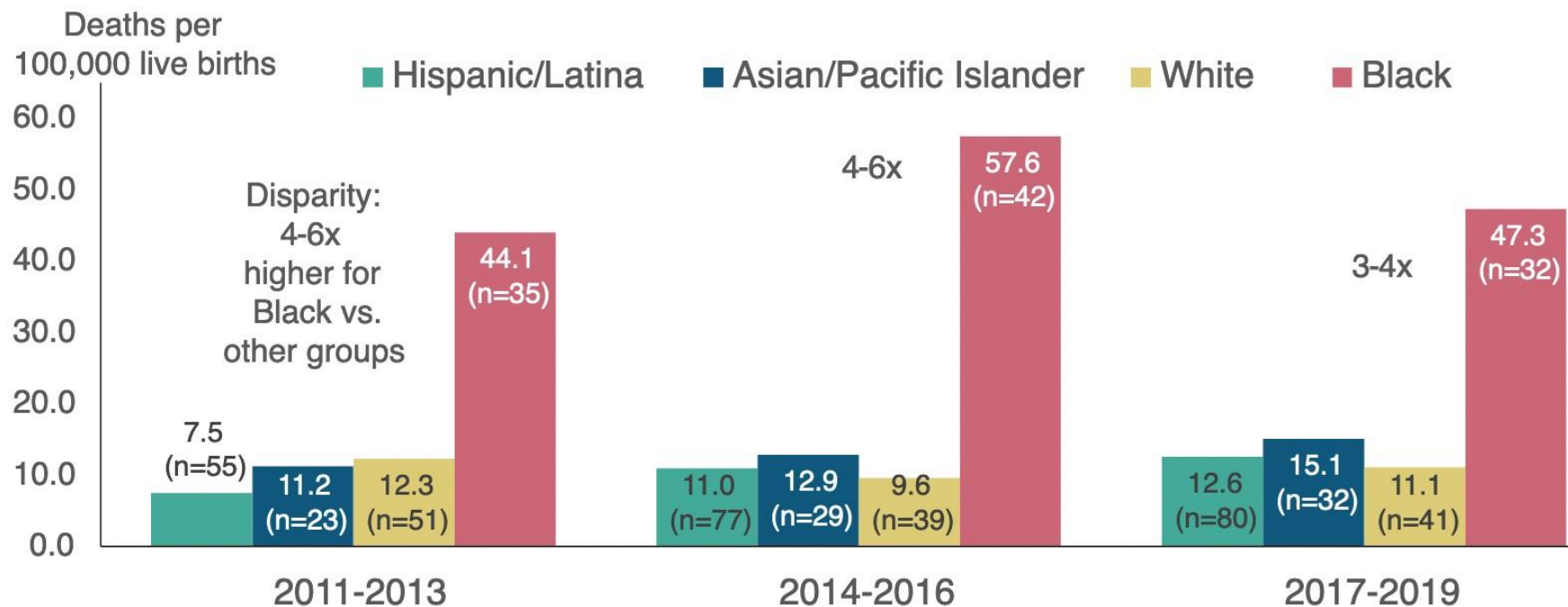
\*Three to four times greater than the mortality ratios for women of other racial/ethnic groups

Source: [The California Pregnancy Mortality Surveillance System](#)



## CARRYING A GREAT WEIGHT

### Pregnancy-Related Mortality Ratio by Race/Ethnicity in California, 2011-2019



Source: [The California Pregnancy Mortality Surveillance System](#)



# Medi-Cal Doula Services

**The California Department of Health Care Services (DHCS) is adding doula services to the list of preventive services covered under the Medi-Cal program.**

**Doula services include personal support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience. This includes emotional and physical support, provided during pregnancy, labor, birth, and the postpartum period.**

# Evidence based practice to advance equity

## Why should Medicaid reimburse for doulas?

“One of the most effective tools to improve labor and delivery outcomes is the continuous presence of support personnel, such as a doula.”

**Source: The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM)**



# Doula Stakeholder Workgroup

Results Achieved through Community Engagement

**R.A.C.E. for Equity**

## **CULTURALLY RESPONSIVE APPROACH**

- Guiding and Facilitating conversations between the California Department of Healthcare Services & the Doula Advisory Workgroup
- Facilitating cross-cultural conversations
- Results Based Facilitation and Meeting Design
- Knowledge management



# Key Takeaways

"Equity is a process that takes time  
that we often want to hurry up"

- Deitre Epps

- **Engage the (doula) community from the beginning**
- **Include time and activities to build trust and mutual understanding**
- **Allocate the time necessary to do the work well, with payment for workers with lived experience**
- **Engage a neutral facilitator with experience in cross-cultural conversations**
- **Ensure that your communication includes the development of a common language**

# References

1. [The California Pregnancy Mortality Surveillance System. \(n.d.\). Retrieved September 1, 2022, from https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx](https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx)
2. Strauss, N., Sakala, C., & Corry, M. P. (2016). Overdue: Medicaid and Private Insurance Coverage of Doula Care to Strengthen Maternal and Infant Health. *The Journal of perinatal education*, 25(3), 145–149. <https://doi.org/10.1891/1058-1243.25.3.145>