Improving Ohio’s Birth Outcomes: Medicaid Efforts

Mary S. Applegate, MD, FAAP
Medical Director
Ohio Department of Medicaid
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Maternity Care: A Medicaid Priority

• The “Hot Spot:”

• Neonates that require NICU care represent 0.2% of the Medicaid population, but consume 15% of the spend.

• Prematurity is the most common cause

• Medicare has not set a standard for this population as there are 50+ different Medicaid programs across the country
1. Presumptive Eligibility

- The testing of this process has gone well.
- By January 2014, we are expecting that hospitals and FQHC’s across the state will be able to render pregnant women presumptively eligible and have services be covered that day.

- Note: PE = FFS Medicaid x 60 days until full application submitted
2. Continued Family Planning SPA

- Growing enrollment in part due to Benefit Banks
  - men & women
- Many misunderstandings: limited benefit package

- States that have PE + FP “waiver” or SPA have improved Infant Mortality Rates
- OH is late to the game, but now playing
3. Medicaid Expansion

This one time opportunity allows approximately 270,000 women to have access to care, creating opportunity to get chronic health conditions under control before and after pregnancy

• Pre- and Inter- Conception care (PCC/ICC)
• Includes Mental Health & Substance use services
• Recent CDC grant awarded to OH seeks to measure the impact of Medicaid expansion on birth outcomes
• Allows for greater impact of the COIIN in conjunction with ODH & OCPIM
4. Managed Care Plan Efforts:
More timely identification of high risk mothers to provide enhanced services

- Pre-term birth, prior poor birth outcomes & medically complex risk buckets
- Allows for Pre- and Inter-conception care (PCC/ICC)
- Utilizing Vital Stats supports
- Enhanced services may include special Care Management, possible centering/group care, tobacco cessation, progesterone without barriers, support for breastfeeding including high quality pumps as indicated, attention to reproductive health
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5. Managed Care Plan efforts: Health Equity

- MCP contracts call for the collection and meaningful use of disparities information
- In conjunction with ODH & the Office of Minority Affairs
- Complements Ohio Equity Institute Efforts
- Capacity & implementation will be tested as part of a strategy to improve the frequency & content of PPV
- (Post Partum Visits)
  - Planned for the Cincinnati region
  - Evaluation and lessons learned to be elucidated before statewide spread
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6. Managed Care Plan efforts: NICU discharge coordination teams

• Coordination from in– to out- patient settings
• Shared responsibility tools
• Goals:
  – to eliminate any delays in discharge from earliest possible time ready to when can actually leave hospital setting
  – To reduce preventable post-NICU ED visits and hospitalizations
  – Transparency in transportation policies & coverage/county
  – Transparency & consistency in access to home nursing care, waiver programs & foster placement processes
7. Managed Care Plan efforts: High Risk Care Management Program

- All infants with NICU stays of 7 or more days within the first 28 days of life will be enrolled in high risk care management
8. Managed Care Plan Efforts: HUB Model

- Social factors including housing, transportation & access to care can impact pregnancy outcomes for high risk women.

- Participation in Community pathways or “the Hub” model of finding high risk women & connecting them to care, with payment for completion of each pathway or outcome > 2500 gm has led to developing a sustainable contracting & relationship-based continuity for better birth outcomes (still in progress).
9. MEDTAPP/Medicaid funding support:

- QI efforts/BEACON/OPQC
- HUB evaluations
- Progesterone, standardized ultrasonography, taking to scale
- Neonatal Abstinence Syndrome
- Some evaluation of Maternal Opiates project
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10. CHIPRA/other funding support:

- NW hub development of mobile device applications for care coordinators to enhance information collecting & communication among social and health service providers
- Maternal Opiate Medical Support (MOMs)
  - Establish promising best obstetrical practice for opiate-using maternity patients in the context of integrated physical and mental care
  - Includes residential and other non-Medicaid services
  - Intends to make the business case for self-sustainability in conjunction with MCPs related to shortened LOS in NICU
For now
Questions?

Mary.Applegate@Medicaid.Ohio.gov