General Housekeeping

Please note the following:

All participants will be muted on entry.

To speak to the group, remember to unmute yourself:

1. If you are connected through the computer audio, click the mic in the lower left hand corner of your screen to unmute and mute.
2. If you are connected through the phone press *6 to unmute and mute.

Be sure to mute yourself when you are not speaking.

Please do not place call on hold.

Use the chat box, if you would like a moderator to call on you or share your comments with the group.
Agenda for today’s meeting

1. Welcome – Andrea Kane/Cindy Pellegrini

2. Election/Federal update – Cindy Pellegrini

3. Full Collaborative Meeting Recap – Nikki Garro

4. Policy Issue Presentation: Payment for Group Prenatal Care, Emily Jones, Director, Advocacy and Government Affairs, March of Dimes

5. Discussion – Policy Workgroup

6. Next Steps
   • Action Items
   • Upcoming meetings
ANNOUNCEMENTS

- March of Dimes welcomes Dr. Rahul Gupta, Senior Vice President and Chief Medical and Health Officer

- Rahul Gupta, MD, MPH, MBA, FACP, joins March of Dimes from West Virginia where he served as the Commissioner and State Health Officer since 2015.

Before I give a brief update about what’s going on in Congress, I’d like to let you know that March of Dimes has welcomed a new Senior Vice President and Chief Medical and Health Officer, Dr. Rahul Gupta.

Rahul Gupta, MD, MPH, MBA, FACP, joins March of Dimes from West Virginia where he served as the Commissioner and State Health Officer since 2015.
We last met the day before the election and now we know what we’re working with now that most of the election results are finalized.

Four more states deep in Trump country — Idaho, Utah, Nebraska and Montana — had Medicaid expansion ballot initiatives.
- Idaho, Utah and Nebraska had ballots initiatives to expand Medicaid which all passed
- Montana had a ballot initiative to eliminate the sunset on Medicaid expansion (due to sunset on 6/30/2019). This did not pass likely due to heavy opposition from the Tobacco industry as it would funded through a tobacco tax

Many red state governor races have implications for Medicaid expansion
- 2 States (WI and KS) flipped which may impact the status of those holdout states that have so far refused Obamacare’s Medicaid expansion — though Republican legislatures are not likely to make it easy.
- Maine voters elected Democrat, Janet Mills who says she will immediately move expansion forward (previously Governor LePage (R))
was stalling the process.)

PREEMIE
As many of you know, PREEMIE was passed in Senate in late summer. There is a possibility that the House might take up the Senate-passed PREEMIE Reauthorization Act
Many of you on the call have been working tirelessly to ensure PREEMIE is passed this year.

Maternal Mortality
In addition, we continue to be hopeful that Congress will take up maternal mortality legislation (HR 1318/S 1112) before adjourning.
Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KFF tracking and analysis of state activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 expansion waivers. On June 25, 2010, the DC federal district court invalidated the Kentucky HEALTH expansion waiver approval and sent it back to HHS to reconsider the waiver program. FUT passed a law directing the state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match 55/45 and 11/100 increase. On November 14th, the state of New Mexico filed suit to challenge the approval. KFExpansion is adopted but not yet implemented in VA and ME. (See the link below for more detailed state-specific notes.)

FULL COLLABORATIVE RECAP
The full collaborative met last week. 11/29.

During the call we received an overview of preterm birth report cards (which we did on our last policy workgroup call) but a reminder that they are available for the entire country as well as by state.

Lastly we heard updates from the workgroups.

I will provide a very broad overview of what happened since many of you already receive updates of the preterm birth report cards on the last call.

Also, as a reminder, we will have a joint work group call at the end of January where we will have more detailed updates.
# 2018/2019 CPHP Work Plan

## Clinical Public Health Practice Workgroup Work Plan 2018/2019

- Advocate for equity and/or preterm birth prevention best clinical practices to be quality measures
- Develop a preterm birth prevention bundle

## Joint Health Equity, Policy, and Clinical & Public Health Practice Work Plan 2018/2019

- Identification or creation of a universal screening tool to identify social risk factors that may influence birth outcomes
- Toolkit or resource guide related to Group Prenatal Care—including integration of doulas and CHW’s
2018/2019 WORK PLAN

HEALTH EQUITY WORKGROUP WORK PLAN

1. Develop, publish and secure sign-on support for a consensus statement recognizing the many sciences contributing to equity and birth outcomes. The statement will address the valuable contribution that can be made by different forms of inquiry (biomedical sciences, social sciences, community-based participatory research, etc.).

In partnership with the Clinical Public Health Practice Workgroup, we will focus on:

2. Identification or creation of a universal screening tool to identify social risk factors that may influence birth outcomes.

In partnership with the Clinical Public Health Practice and Policy workgroups, we will focus on:

3. Creation of a toolkit or resource guide on group prenatal care integrated with doulas and community health workers.
CONSENSUS STATEMENT

GOAL: Share the value and contributions of the social sciences to understanding and potential solving the problem of birth inequities.

Subgroup of Health Equity Workgroup convened to discuss structure, content and format of consensus statement.

Small writing team assembled to develop content based on initial outline.

Document includes:
1. Core values
2. Call to Action

Consensus statement (to be distributed on website); include sign-on
Change narrative: group level flaws as cause for disparities
CALL TO ACTION: TRANSLATING CORE VALUES INTO ACTION STEPS

1. Collective will and resources are needed to achieve birth equity

2. Must end racism and discrimination to address needs of women and children

3. Advance equity-informed approaches to research and evaluation

4. Actively participate in social change to eliminate policies that are harmful to moms and babies and promote those that can address the social determinants of health

Call to Action: recommendations that can be used to achieve improvements in research, practice and policy related to preterm birth and maternal health outcomes using principles of equity.
The overarching purpose of the document is to develop a glossary of terms and concepts that all Collaborative participants and workgroups can reference, and to develop a set of guiding principles that will assist all workgroups in ensuring that equity is at the forefront of our thinking as we engage in our work.
HEALTHY MOMS. STRONG BABIES.

Group Prenatal Care in Georgia
ENHANCED REIMBURSEMENT FOR GROUP PRENATAL CARE

- Group prenatal care is a low cost intervention for the prevention of preterm birth, low birth weight, maternal mortality, and infant mortality. It has also been shown to lead to higher rates of patient and provider satisfaction, and greater rates of breastfeeding initiation.

- Currently, Georgia ranks in the bottom five in the nation for many of these indicators.

- Group prenatal care brings 8-12 women of the same gestational age into a group care setting. The 2 hour visit includes a prenatal visit with a healthcare provider, conversation and social time, and education on a common topic related to pregnancy.

- Enhanced reimbursement has been identified as a way to increase the adoption of group prenatal care practices. In addition to the cost savings associated with reduced rates of preterm birth and fewer days in the NICU, the enhanced reimbursement brings in more money for providers.
ADVOCACY FOR REIMBURSEMENT

- In summer of 2017, Danielle and I discussed how many group prenatal care programs struggle to stay open after the grant funding runs out
  - High turnover rates, lack of reimbursement, other funding issues
- Decided to prioritize reimbursement for the 2018 legislative session
- Sat down with lobbyist, community partners and came up with a plan
  - Cultivate legislative champions
  - Approach Department of Community Health
  - Reach out to other March of Dimes staff who had experience with this
  - Capitalize on the good will of the legislators
  - Loop in Department of Public Health
  - Coordinate strategy
TIMELINE

Summer 2017 – Identify problem
Fall 2017 –
• Identify partners
• Define strategy
• Meeting with DCH
• Prepare for Legislative Session
Spring 2018 – Legislative Session
• Meetings, meetings, meetings
• Senate and house budget, public hearings, legislators, legislative champions!
• Senate budget contained $500,000 for the implementation of reimbursement for group prenatal care
• Celebrate!
### TIMELINE

Still not over...

Summer 2018 –
- Initial meetings with DCH to discuss the policy
- The reimbursement amounts
- The requirements for data
- Etc.

And now...

<table>
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<tr>
<th>STATE</th>
<th>HEALTH PLAN</th>
<th>CLAIM CODES</th>
<th>REIMBURSEMENT RATE</th>
<th>DATE IMPLEMENTED</th>
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<td>South Carolina</td>
<td>Medicaid</td>
<td>[Applicable codes: 99022, 99023, 99078] used as an identifier with modifier II</td>
<td>$30/client for up to 5 visits for a max of $150 to the provider plus $50 to the MUH</td>
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<td>South Carolina</td>
<td>Blue Cross Blue Shield</td>
<td>[Applicable codes: 99022, 99023, 99078] used as an identifier with modifier II</td>
<td>$40/client for up to 10 visits plus $10/retention fee if client achieves at least 5 sessions</td>
<td>January 2011</td>
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<td>Texas</td>
<td>Medicaid</td>
<td>Procedure code 99078 with modifier II and one of the following diagnosis codes: V720, V721, V722, V723, V724, V725, V726, V727, V728, V729, V730, V732, V733, V734, V735, V736, V737, V738, V739</td>
<td>Procedure code 99078 is reimbursed at a rate of $30</td>
<td>April 2011</td>
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<td>Louisiana</td>
<td>Amerigroup HMO</td>
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<td>$50/client/visit</td>
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<tr>
<td>Indiana</td>
<td>Blue Cross Blue Shield HMO</td>
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RECOMMENDATIONS

March of Dimes recommended the following policies for reimbursement of group prenatal care services:

- Group size consists of four or more women
- Providers may bill $30/each visit under code 99078
- Enhanced payment for:
  - Women who attend five or more sessions; and
  - Submission of data to DCH/DPH
  - $175/patient
- Each group session consist of clinical visit and educational module
QUESTIONS?
Emily Jones
ejones@marchofdimes.org
To kick off the discussion, Gina Legaz is going to share her experience in working to secure support for Group Prenatal Care in Montana.

Then we will open up the discussion further.
Next steps

- Post materials/resources
- Identify strategy
- Geographic Focus
- Collective Work (roles)

What are our action items heading into 2019?
A reminder that we your resource which include all the following types of materials.
Our next meeting is January 15th, and then we will have a joint workgroup meeting on January 30th.

Our February meeting will be on February 12th, and the next Full Collaborative meeting is February 13th.
In the chat box, you will see a link to a brief post-meeting survey that will take you less than 5 minutes to complete. Your feedback is very important to us, so thank you in advance.

The link for the survey is: \textcolor{blue}{http://marchofdimes.org/workgroup}

Click on the Chat icon in your toolbox to access the survey link.

Please do not forget to fill out the evaluation form below.