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 – Cindy Pellegrini, SVP of Public Policy and Government Affairs

2. Updates and Announcements
   • Policy Initiatives Resource Guide

3. Policy Priority #1: Group Prenatal Care Presentation from March of Dimes Staff
   • Group Prenatal Care Review:
     ▪ Nicole Wong, Director, Supportive Pregnancy Care
   • Enhanced Reimbursement for Group Prenatal Care
     ▪ Frankie Robertson, Regional Director of Government Affairs and Advocacy (LA)
     ▪ Britta Cedergren, Director, Maternal Child Health and Government Affairs (AL)
     ▪ Tamara Currin, Director, Maternal Child Health and Government Affairs (TN)

4. Discussion and Call to Action

5. Closing Business
   • Birth Equity Consensus Statement Sign-on
   • Upcoming meetings

6. Adjourn
ANNOUNCEMENTS AND UPDATES
POLICY WORKGROUP

The Policy workgroup is one of the six Prematurity Collaborative workgroups guided by the Collaborative strategic map.

This workgroup works to achieve demonstrated improvements in health equity and preterm birth by developing and implementing messaging, policy and practice strategies.

Workgroup focus

The Policy Workgroup co-chairs are:

- Andre Kane, MPA
  Vice President Policy & Strategic Partnerships
  Power to Decide
- Cindy Pellegrini
  Senior Vice President Public Policy & Government Affairs
  March of Dimes

The workgroup focus is guided by strategic map priorities to:

- Tell the right story to each audience in a compelling way
- Coalesce partners to support common messaging
- Integrate messaging with other campaigns/efforts
- Engage partners to advocate policies supporting preterm birth goals
- Establish a federal home for preterm birth efforts

Check out our NEW resource guide on the Policy Work Group page at:

marchofdimes.org/collaborative

2019 POLICY WORK GROUP INITIATIVES

CONTACT AND RESOURCES

EXTENDING MEDICAID POSTPARTUM COVERAGE TO 12 MONTHS

- Contact for Texas: Mimi Kopple, March of Dimes, m.kopple@marchofdimes.org

Additional Resources for Medicaid Postpartum Coverage:

- Healthy Texas Women:
  https://texashealthprofiles.texas.gov/healthprofiles/healthywomen/healthy-texas-women
- Medicaid Benefits for Low Income Pregnant Women in Texas:
  https://texashealthprofiles.texas.gov/healthprofiles/healthywomen/coverage
- Missouri Family Health Council Fact Sheet:
- Missourian Coverage (including cost of bill):
- New Mexico Law Takes Important Step Towards Healthy Women and Babies, Medicaid's Future Will Determine Success:
- Optimizing Postpartum Care (MOGG Committee Opinion 2018):
  https://www.acog.org/Clinical-Guidelines-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Postpartum-Care/PostpartumCare2018.pdf
- Postpartum Care:
  Medicaid.gov:
- Postpartum Depression Screening Now Covered by Texas Medicaid:
  https://www.texas.gov/texashumanhealthauthority/medicaidcoverage/postpartumm筛
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1257479/
- Postpartum Medicaid Coverage Extension Policy Workgroup Presentation:
HEALTHY MOMS. STRONG BABIES.

Group Prenatal Care and Enhanced Reimbursement
WHAT IS GROUP PRENATAL CARE?

• Medical care + prenatal education, childbirth preparation, and postpartum care education…in a GROUP!

• Group size: 8-12 women

• About ten 90-120 minute sessions during a typical pregnancy, monthly or bimonthly

• Two facilitators
  1. Physician, midwife, or nurse practitioner
  2. Other health care professional
Group Prenatal Care

- Supportive Pregnancy Care
- Pregnancy & Parenting Partners (P3)
- Centering Pregnancy
- Expect with Me
- Other Models
GROUP PRENATAL CARE...

- Reduces premature birth
  - 41% reduction among Black women
  - 33% reduction among participants of all races/ethnicities
- Improves psychological outcomes like readiness for labor and delivery
- Empowers women and increases their satisfaction with their health care
- Increases breastfeeding
- Reduces health care costs by avoiding NICU admissions
- Improves health care provider satisfaction
CONCEPTUAL FRAMEWORK

Fosters
By addressing
And is an approach that is

HEALTH LITERACY and HEALTH EQUITY

- Social determinants of health
- Cultural relevance
- Medical factors
- Flexible
- Can be customized
# Logistical Framework of a Session

<table>
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<tr>
<th>Time</th>
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<td>Session start and icebreaker</td>
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ENHANCED REIMBURSEMENT

- Reimbursement refers to the payments that hospitals and physicians receive in return for services rendered.

- The reimbursement rates for these services are set, and are typically less than the amount billed or the amount that a private insurance company would pay.

- States where implementation has been widely successful, the state Medicaid agency and the Medicaid managed care organization (MCO) worked together to ensure the existence of an enhanced reimbursement program in the state regardless of the payer, which contributed to stability among the providers who signed on for GPC.
ENHANCED REIMBURSEMENT

• An enhanced reimbursement model will encourage clinicians to adopt GPC with the reassurance that their upfront implementation costs will be recouped

• Appeals to both providers and payers

• Goal = encourage and incentivize / financial reward for outcomes

• McDermott Consulting group
  • “Adopt an alternative payment model in the form of an enhanced reimbursement model as a standalone, or with an outcomes-based incentive program, in order to spread and sustain GPC as model for prenatal care.”

• Straightforward enhanced model vs. outcomes based
# PAYMENT MODELS

## Standard Enhanced Reimbursement
Certified GPC providers are reimbursed an additional $X per GPC visit (up to 10 visits) per patient.

Certified GPC providers are reimbursed an additional $X for 10 completed visits and delivery per patient.

The State Medicaid Agency (or commercial payer) would accept reporting/billing on a per visit basis, rather than global prenatal care, with or without delivery in order to adopt this model; this is important for the purposes of program integrity, to fully account for visits clearly marked as GPC, and to ensure that the payments are for the value GPC adds to standard prenatal care.

## Outcomes-Based Enhanced Reimbursement
An enhanced rate for certified GPC visits of $X per visit (up to 10 visits) per patient would apply.

Outcomes-based incentive payments for achieving desired primary outcomes: Additional $X in incentive payments for achieving any of the primary neonatal outcomes measures for women in GPC (i.e., avoiding low birthweight and preterm births) will be reimbursed to the practice up to $XX annually for the two measures).

Additional incentive payments for achieving desired secondary outcomes: This entails additional practice-level incentive payments of up to $X for meaningful achievements in secondary outcomes, such as successful smoking cessation, successful breastfeeding for an appropriately determined period, and any other measures deemed appropriate for the locale.
**Key Informant Interviews: Case Study**

**Group Prenatal Care in South Carolina**

**Outcomes from Pilot Study**
- Low birthweight rates: ↓ 44%
- NICU days: ↓ 28%
- Pre-term birth (PTB) rates: ↓ 36%
- Cost savings per baby associated with PTB: $23,000
- ROI on Medicaid women in pilot study: $2.3 Million

**Overview of Pilot Study**
- Growth from two sites to 24 operating sites across the states in three years
- Coordination between the SC Medicaid agency, the commercial Medicaid payer (Blue Choice) and CHI
- Billing for every prenatal visit up to delivery using the standard CPT® codes with a modifier to identify delivery of GPC service
- Reimbursement approach:
  - State: $30 additional payment per visit up to $150 during the course of prenatal care
  - Blue Choice: Additional $30 per visit per patient up to $300 with additional $175 bonus for each patient attending five or more GPC visits
- Significant investment of time and resources in expansion of GPC (including resources from March of Dimes)
THANK YOU!

For more information, please contact:

Nicole Wong
nwong@marchofdimes.org
303-305-1222
ENHANCED REIMBURSEMENT FOR GROUP PRENATAL CARE

• Frankie Robertson, Regional Director of Government Affairs and Advocacy (LA)
• Britta Cedergren, Director, Maternal Child Health and Government Affairs (AL)
• Tamara Currin, Director, Maternal Child Health and Government Affairs (TN)
DISCUSSION
NEXT STEPS

- Post materials/resources
- Identify strategy
- Geographic Focus
- Collective Work (roles)
REMINDER: WE NEED RESOURCES

- Fact sheets/issue briefs
- Testimony/talking points
- Sample legislation
- Peer-reviewed literature and other research/studies
- Other
ORGANIZATIONAL ENDORSEMENTS

- American Public Health Association (APHA)
- Palmetto Healthy Start
- CityMatCH
- Commonwealth Care Alliance
- Georgia Obstetrical and Gynecological Society
- Black Women for Wellness
- Trust for America's Health
- National WIC Association
- Birthing Project USA
- UNC Center for Maternal and Infant Health
- Ancient Song Doula Services
- Zeta Phi Beta Sorority, Incorporated
- North Carolina Perinatal Association
- Black Women’s Health Imperative
- National Institute for Children's Health Quality (NICHQ)
- Birth Matters
- Nzuri Malkia Birth Collective
- Medicines360
- March of Dimes
- Georgia OB Gyn Society
- 100 Million Healthier Lives
- Power to Decide
- Society for Maternal Fetal Medicine (SMFM)
- Center for Disease Control and Prevention (CDC)
- Northeast Florida Healthy Start Coalition
- Michigan Public Health Institute
- Health Care Without Walls
- Health Leads
- Council on Alcohol & Drug Abuse-CB
- Buffalo Prenatal Perinatal Network

INDIVIDUAL ENDORSEMENTS

- Kay Johnson, Johnson Group Consulting, Inc. Past chair US HHS Secretary Advisory Committee on Infant Mortality (SACIM)
- DeWayne Pursley, MD, MPH; Department of Neonatology, Beth Israel Deaconess Medical Center
- Dr. Steven G. Gabbe, The Ohio State University Wexner Medical Center
- Linda Nelson, University of Minnesota DNP student Public Health Nursing
- Dr. Patricia T. Gabbe, MD, MPH Founder Moms2B, Clinical Professor of Pediatrics, Obstetrics and Gynecology; The Ohio State University College of Medicine and Nationwide Children's Hospital
- Dr. Allison Bryant, MD, MPH, Massachusetts General Hospital
- Shareece Davis-Nelson
- Robbie Caldwell
- Dr. Ndidi Amutah, Tufts University
- Dr. Arden Handler, University of Illinois School of Public Health
- Rebecca Smith
- Gloria DeLoach
- Shantay Davies-Balch
- Marilyn Noll

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If you are interested in attending the full Collaborative or specific workgroup meetings please email us at collaborate@marchofdimes.edu to receive the registration link and specific meeting information. This calendar is subject to change.
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. Thank you for participating!

The link for the survey is: http://marchofdimes.org/workgroup

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