



Medicaid's Role in Maternal Health and Substance Use Disorder and Maternal and Infant Health

Review of June Chapters

Medicaid and CHIP Payment and Access Commission

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Chapter 5: Medicaid's Role in Maternal Health

Overview

- Maternal and infant health outcomes
- Medicaid's role in maternity care
- State efforts to improve outcomes
- Federal initiatives
- Next steps

Maternal and Infant Health Outcomes

- Approximately 700 women die annually from pregnancy or related complications
- At least 50,000 women experience potentially life threatening complications
- Rates of preterm and low birthweight infants have risen

Sources: CDC 2020; Creanga et al. 2014; Kozhimannil et al. 2019; Martin et al. 2019; Petersen et al. 2019

Medicaid Eligibility and Benefits

- All states must provide Medicaid coverage for pregnant women with incomes at or below 133 percent of the federal poverty level (FPL)
- Under statute, coverage extends 60 days postpartum
- Pregnant women are typically entitled to the full Medicaid benefit package

Medicaid's Role in Maternity Care

- Medicaid paid for 43 percent of births in 2018
 - ranged from 25 percent in North Dakota to 63 percent in Louisiana and Mississippi
- Medicaid paid for a greater share of births among women:
 - living in rural areas
 - age 19 or younger
 - of Hispanic, African American, and American Indian or Alaska Native descent

Source: MACPAC 2020

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Inventory of State Medicaid Efforts

- MACPAC contracted with Mathematica to identify Medicaid initiatives to improve maternal health in states and territories
- Cataloged almost 400 efforts in a number of areas across Medicaid programs
- Published on MACPAC's website:
<https://www.macpac.gov/publication/inventory-of-state-level-medicaid-policies-programs-and-initiatives-to-improve-maternity-care-and-outcomes/>

Examples of State Initiatives

Category of initiative	Number of states
Eligibility and enrollment	43
Beneficiary or provider education and outreach	44
Covered benefits	47
Models of care delivery	18
Payment models or policies	41
Managed care contracting strategies	40
Performance measurement and performance improvement projects	32
Other	34

Source: Mathematica 2020

Federal Initiatives

- Center for Medicare and Medicaid Innovation
 - Strong Start for Mothers and Newborns
 - Maternal Opioid Misuse (MOM) model
- Technical assistance
 - Maternal and Infant Health Initiative (MIHI)
 - Innovation Accelerator Program (IAP)
- Rural health and broader agency initiative

Areas for Future Work

- Value-based purchasing
- Access to maternity providers
- Family planning
- Postpartum care and continuity of coverage

Chapter 6: Substance Use Disorder and Maternal and Infant Health

Overview

- Substance use disorder (SUD) among pregnant women
- Medicaid coverage of SUD treatment services
- Availability of SUD treatment for pregnant women
- Neonatal abstinence syndrome (NAS)
- Medicaid authorities for SUD services and treatment of NAS

Overview, continued

- Role of the criminal justice system and child welfare agencies
- Systems fragmentation
- New models of care

SUD Among Pregnant Women

- Pregnant women with Medicaid more likely to report substance use, misuse or dependence, but also more likely to receive SUD treatment than women with other forms of coverage
- Only 19.9 percent of pregnant Medicaid beneficiaries with an SUD received treatment in a health care setting in the previous year
- Barriers to treatment include stigma, fear of punitive repercussions, and limited access to providers

Source: SHADAC 2020

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Medicaid Coverage of SUD Treatment Services

- Access to services along a continuum is important for effective treatment and recovery
- Generally, states do not have a separate SUD benefit for pregnant women
- In 2018, most states had gaps in SUD coverage, covering on average six of the nine levels of care described by the American Society of Addiction Medicine

Sources: MACPAC 2018a

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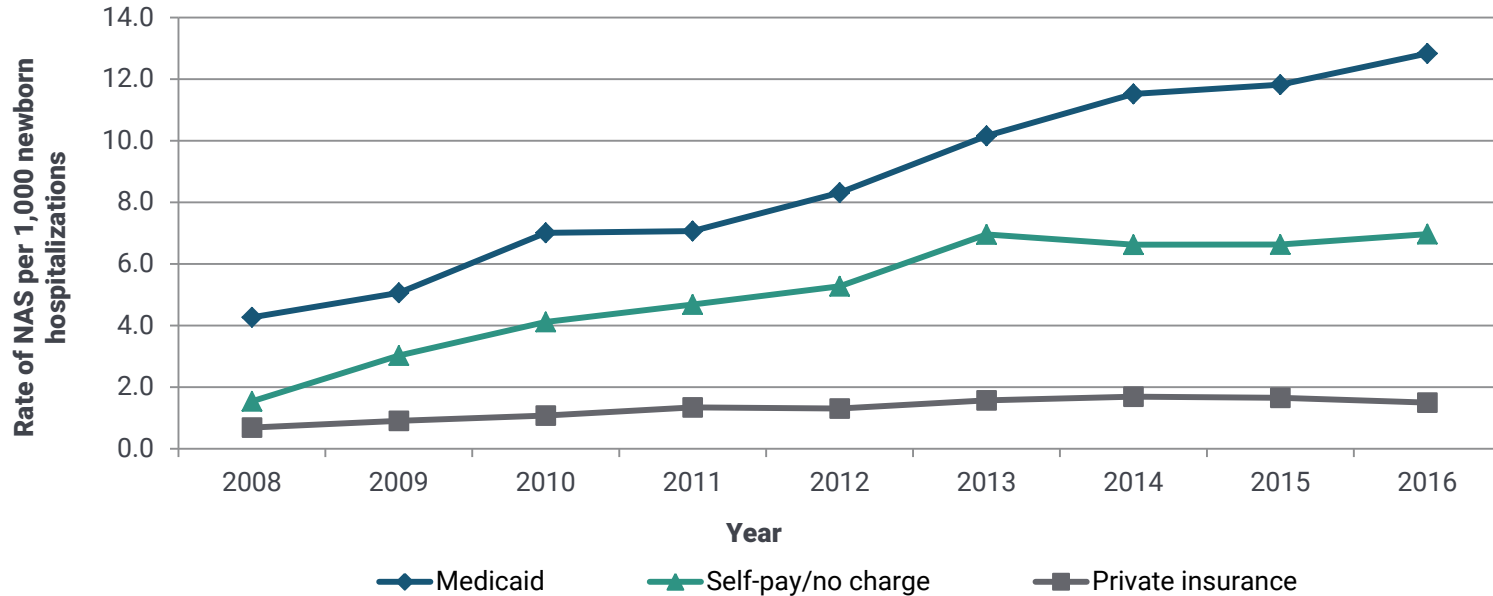
Availability of SUD Treatment for Pregnant Women

- Less than 25 percent of specialty SUD treatment programs offer specialized programming for pregnant or postpartum women
- Only 8 percent of specialty SUD treatment programs offer medications to treat opioid use disorder (OUD) and treatment for pregnant or postpartum women
- Approximately 6 percent of active prescribers have waivers to prescribe buprenorphine

Sources: KFF 2020, SAMHSA 2019a

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Rate of NAS per 1,000 Newborn Hospitalizations by Expected Payer, 2008–2016



Notes: NAS is neonatal abstinence syndrome.

Source: AHRQ 2019

Medicaid Authorities

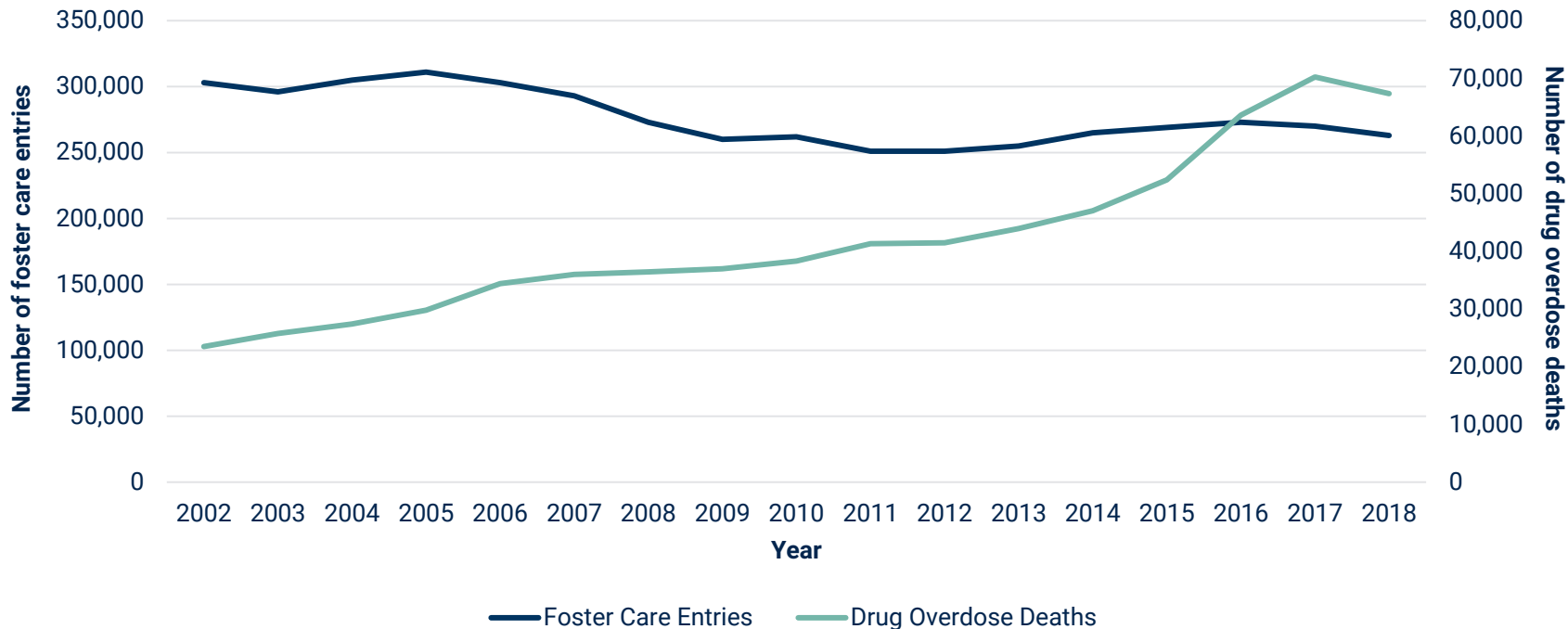
- Authorities include:
 - State plan (e.g., state plan rehabilitative services option, health home state plan option, Section 1915(i), residential pediatric recovery centers option)
 - Waivers (e.g., Section 1115 demonstration waivers, Section 1915(c) waivers, Section 1915(b) waivers)
 - Early and periodic screening, diagnostic and treatment services (EPSDT)
 - Other authorities (e.g., IMD-related authorities, behavioral health coverage under CHIP)
- Relatively few states use all available authorities to further tailor benefits for pregnant women with SUD and infants with NAS

Role of Criminal Justice System and Child Welfare Agencies

- These systems often involved when pregnant and postpartum women with an SUD seek treatment; however limited collaboration between these systems and SUD treatment providers
- Three-quarters of incarcerated women are of childbearing age. Many are eligible for Medicaid upon release
- Low-income children currently or formerly served by the child welfare system are generally eligible for Medicaid

Source: Kozhimannil and Shlafer 2014

Number of Foster Care Entries and Drug Overdose Deaths in the United States, 2002–2018



Sources: CDC 2020, ACF 2019

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Systems Fragmentation

- Various programs support pregnant and postpartum women with an SUD and their infants, including:
 - State behavioral health authority;
 - Early intervention services (e.g., Part C of the Individuals with Disabilities Education Act, the Maternal, Infant, and Early Childhood Home Visiting Program);
 - Food assistance (e.g., Special Supplemental Nutrition Program for Women, Infants, and Children, and the Supplemental Nutrition Assistance Program); and
 - Housing and transportation assistance

New Models of Care

- Maternal Opioid Misuse model
 - Targets pregnant and postpartum women with an OUD and their infants, with goals of improving access to services, coordination of care, and addressing provider shortages for this population
- Integrated Care for Kids model
 - Targets all Medicaid and CHIP beneficiaries from birth to age 21, with goals of improving child health, reducing inpatient stays, and coordination of care, and creating alternative payment models



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