

## 2011 Maternal and Child Health Update: The Beginnings of the Affordable Care Act (ACA) Implementation—Moving Towards Improving Health Outcomes

The *2011 Maternal and Child Health Update* presents 2011 data gathered by the National Governor's Association Center for Best Practices (NGA Center) through a survey of states. This year's survey coincides with the ongoing implementation of the federal Affordable Care Act enacted in March 2010 and the development of state initiatives to improve outcomes through various reforms of the delivery and payment of health care services, including maternal and child health (MCH) services.

Medicaid and the Children's Health Insurance Program (CHIP) are major sources of insurance coverage for millions of low-income children and pregnant women. The Affordable Care Act authorizes new approaches to providing health care services through these programs. This includes the promotion of health homes for pregnant women and children. Coordinating plans and activities among state Medicaid and MCH programs, as well as among other organizations concerned about improving the cost and quality of MCH services, will be essential. Reducing the high incidence of premature birth among the Medicaid population, for example, will require states to place greater emphasis on improving birth outcomes, including the adoption of policies on early labor and prenatal care. This is very important given that nearly one half of births nationwide are covered by Medicaid.

The survey instrument for the 2011 MCH update was developed by the NGA Center and designed to include data points on emerging issues relevant to pregnant women and children. Some questions in the 2010 sur-

vey were altered or dropped in 2011. One key difference was that in 2011, a question regarding Medicaid/CHIP expansion was further explicated: "Do you have plans to expand your Medicaid/CHIP medical home program (e.g. by including new geographic areas, new populations, new payers)?" The home visitation sections of the 2010 and 2011 surveys are similar. In 2010, however, there were more questions about stakeholders and implementation; and in 2011, there were more questions about program monitoring, the adoption of evidence-based activities in the visitation programs and evaluation. Responses to the 2011 survey were received from 33 states.

Key findings of the 2011 survey include the following:

- **Medical homes increasingly used by states to coordinate care for Medicaid and CHIP enrollees.** Approximately half (17) of the 33 states that responded to the survey have a medical (health) home program (including primary care management services or enhanced care coordination programs) for Medicaid and CHIP enrollees (Figure 1). Many states' medical home program pilots were statewide initiatives (15 of 33). There was a slight increase in the number of states developing a medical home model compared to 2010, and many states plan to expand their medical home programs to include new populations.
- **Many states are planning new payment and delivery models for delivering services.** The great majority (23) of the 33 states respond-

ing to the survey intend to develop new payment and care delivery models, incorporating accountable care organizations or multi-payer payment models.

- **States use diverse payment models for medical home services.** The payment models for medical home services (e.g., fee-for-service, fee-for-service with a bonus payment for case management, capitation) appear to be evenly distributed among the 18 states that responded to the survey question “How do you pay for these services?” (Figure 2).
- **Several states already have a policy in place requiring that Medicaid and CHIP claims data be shared and analyzed in coordination with other payers (multi-payer data systems).** In addition, more than half of the responding states indicated that enrollment of Medicaid and CHIP enrollees in managed care is mandatory, especially for children.
- **A majority of the states are confident in their provider capacity to handle new programs implemented under the Affordable Care Act.** The Affordable Care Act authorized funding for the expansion of home visitation programs, for example, and the Health Resources and Services Administration recently

funded a home visiting program. Nearly all (30) of the 33 states responding to the survey have incorporated the program with other services for families and young children (e.g., early intervention, Head Start/Early Start, child care or other maternal/child health services). The majority of these earlier intervention services began prenatally and end at 5 or 6 years of age.

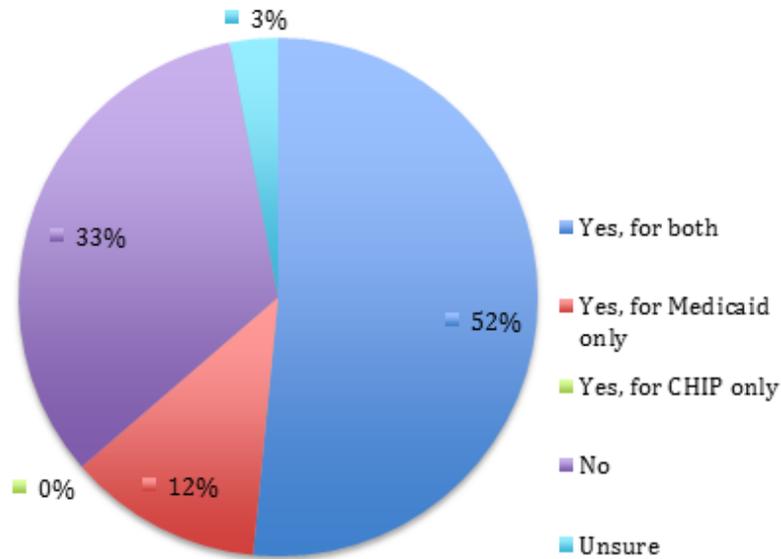
- **Many states have begun providing new benefits: breastfeeding support, extra supports and waivers for developmentally disabled and autistic children.** Some services were altered such as a school-based offering of audiology, psychology/counseling services, changes in annual dental and vision coverage offerings, plus the alignment of hospice and curative care services for individuals under 20 who have been diagnosed with a terminal condition.

The results of the 2011 survey suggest that a strong focus of the work being done by the Health Resources and Services Administration and NGA should be placed on improving MCH outcomes through the use of medical homes for children and increased efforts in prenatal care, including preventative services, education, and home visits.

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## Figure 1. Medical Home Program for Medicaid and/or CHIP Enrollees, 2011

Do you have a medical home program (including primary care case management services and enhanced care coordination programs) for Medicaid and/or CHIP enrollees?



## Figure 2. Method of Payment for Medical Home Services, 2011

How do you pay for these (medical home) services?

