NATIONAL GOVERNORS ASSOCIATION

ISSUE BRIEF

2014 Maternal and Child Health Update: States Are Using Medicaid and CHIP to Improve Health Outcomes for Mothers and Children

The 2014 Maternal and Child Health Update (MCH Update) presents data gathered by the National Governors Association Center for Best Practices (NGA Center) through a survey of states and territories (collectively referred to as states).[1] Previous MCH Updates have focused on topics ranging from Medicaid and Children's Health Insurance Program (CHIP) eligibility to state action related to the Affordable Care Act (ACA). The 2014 survey, however, focused on state efforts to improve the quality of care and reduce costs of providing services to maternal and child health (MCH) populations. State activities to improve birth outcomes remained a priority for governors and a focus of the MCH Update for 2014.

Medicaid and CHIP remain important sources of insurance coverage for many Americans, and for pregnant women and children in particular. One of every three children in the United States receives health care through Medicaid or CHIP coverage, and according to this year's data, 45 percent of births are covered through those programs.[2] That figure remained constant from 2012 to 2013, the two years for which data were reported, and is consistent with other data sources.[3] Medicaid and CHIP cover more than 50 percent of children in families below the federal poverty level and are especially important in helping them access health care. The ACA has expanded coverage options for pregnant women and children with lower incomes, though challenges relating to continuity of care remain. For example, an individual's eligibility for coverage through the health insurance exchanges, Medicaid and CHIP can fluctuate.

States also have worked to improve health care outcomes for pregnant women and children and to lower the cost of care by implementing new payment models. States' incorporation of those models into their Medicaid and CHIP coverage can have an especially large effect for maternal and child health populations because of the large percentage of births across the nation covered through those program. The 2014 MCH survey focused on quality improvement initiatives for mothers, infants, and children, especially as part of Medicaid and CHIP coverage. Some questions about previous years' initiatives were dropped; other questions were added regarding the prevalence of elective deliveries and tobacco use among MCH populations. Forty-two states provided information on at least some of the questions, although not all states responded to every question. For each finding, the number of states responding is noted.

Key findings of the 2014 survey include:

- Most states that responded to the survey had implemented at least one payment reform mechanism for their Medicaid and CHIP

[1] Data for this survey were collected fall of 2014. States were instructed to use the most current data available with the exception of specific metrics (such as infant mortality) in which they were asked to use data from a specific calendar year to allow for uniformity in responses between states. When possible, we have specified the year associated with reported data. Please contact the NGA Center if you would like more information about the specific data sources provided by states for individual questions.
[2] This year's MCH Update survey asked about the percentage of births covered by Medicaid or CHIP in 2012 and 2013. Thirty-five states provided data for 2012 and 30 states provided data for 2013; the figures reported are the average percent of covered births across all reporting states.
[3] Robin Rudowitz, Samantha Artiga, and Rachel Arguello, "Children's Health Coverage: Medicaid, CHIP and the ACA," Kaiser Family Foundation, March 26, 2014, http://kff.org/health-reform/issue-brief/childrens-health-coverage-medicaid-chip-and-the-aca/ (accessed March 30, 2015).

enrollees. Thirty-one states (out of 35 that responded) had implemented some form of payment reform for deliveries covered by Medicaid or CHIP, with pay-for-performance mechanisms implemented in 21 states (the most common mechanism reported in the survey). Twelve states use accountable care organizations (ACOs); 13 use capitation, including risk-adjusted capitation; 14 use kick payments, a separate lump sum for providers for each delivery; 8 use bundled payment for clinical episodes; 2 use social impact bonds or performance partnerships; and 11 states use or are considering a different payment reform (see Figure 1 on page 4). Similar numbers of states also have implemented such initiatives for coverage of children.

- Most states (31 of the 37 states that responded) used managed care organizations (MCOs) as part of their Medicaid or CHIP programs. Twelve of those states used managed care for all their enrollees. The remaining 19 states enroll various populations in managed care, but do not use managed care for all populations (see Figure 2 on page 4).

- Out of the 31 states that use managed care for Medicaid or CHIP, 10 of those require enrollment in an MCO for all Medicaid and CHIP populations. Pregnant women were the most likely population to be required to enroll in managed care (26 states). Managed care also is required for children and youth with special health care needs in 22 of 30 states, indicating that MCOs could potentially serve as a key point of care coordination for those children.

- Every state that responded to the 2014 survey is engaged in at least one initiative to improve birth outcomes. All 42 states are engaged in the Health Resources and Services Administration's (HRSA) Collaborative Improvement & Innovation Network to Reduce Infant Mortality. Thirty-nine states have home visiting initiatives, 25 participate in HRSA's Healthy Start Initiative, 13 participate in the Centers for Medicare and Medicaid Services' Strong Start for Mothers and Newborns, and 17 states are engaged in some other initiative to improve birth outcomes (see Figure 3 on page 5).

- States continued to take a range of actions to address infant mortality and improve birth outcomes. Out of 40 states, 17 undertook executive, legislative, or regulatory actions to improve birth outcomes.

- For the first time, the MCH Update survey asked states about rates of tobacco use among pregnant women and for the receipt of tobacco cessation treatment by pregnant women. Eighteen of 32 responding states were able to provide information about the percentage of pregnant women covered by Medicaid or CHIP who used tobacco in 2013. In the 18 states that responded, the average percentage of Medicaid- or CHIP-covered pregnant women who used tobacco was 18.3 percent, compared with 15.3 percent of all women nationwide (regardless of coverage or pregnancy status) who reported using tobacco in 2013.[4] Most states were not able to report what percentage of pregnant women covered by Medicaid or CHIP who used tobacco actually received evidence-based cessation therapy through their Medicaid or CHIP coverage. In the eight states that responded, on average, only 15 percent of pregnant women using tobacco received evidence-based cessation therapies, including counseling. Although the sample

[4] CDC Office on Smoking and Health, "Fact Sheet: Smoking and Tobacco Use- Adult Cigarette Smoking in the United States," Centers for Disease Control and Prevention, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/ (accessed April 28, 2015).

size for responses to this question is small, the results may indicate that states could improve both the tracking of referrals and the use of cessation therapies by pregnant women with Medicaid or CHIP coverage, thereby improving birth outcomes.

- States gave priority to mental health for pregnant women in 2013. A majority—25 of 34 states—covered behavioral risk screening or treatment for pregnant women under Medicaid, either through managed care or fee-for-service, or both.

- States also took steps to address early elective deliveries (inductions before 39 weeks without a medical indication), which are linked to poor birth outcomes.[5] Of 38 states responding, 8 have mechanisms in place to identify such deliveries and deny reimbursement under Medicaid and CHIP to providers for such deliveries. Fourteen states have developed an identification method but still reimburse providers for those deliveries.

- In addition to quality improvement efforts for perinatal care, states also focused on improving care for children. Thirty-three of 41 states took action to implement Bright Futures guidelines for preventive care for children. Thirty-five states provided information about medical home implementation for children. A total of 22 states have taken steps to provide medical homes for children, with 16 of those making them available for children enrolled in either Medicaid or CHIP; the remaining 6 provide them for Medicaid-enrolled children only.

Overall, the 2014 survey results show that states are committed to improving birth outcomes and ensuring high-quality care for mothers and children. Because Medicaid and CHIP coverage provides access to care for a large share of that population, those programs have been states' main means for implementing care coordination and quality improvement initiatives and have the potential to improve health outcomes and lower costs moving forward.

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[5] Lindsay S. Womack et al., "Maternal and Hospital Characteristics of Non-Medically Indicated Deliveries Prior to 39 Weeks," *Maternal and Child Health Journal* 18, no. 8 (January 24, 2014): 1893–1904, doi:10.1007/s10995-014-1433-z.

Figure 1. State Payment Reform Initiatives for Medicaid or CHIP-covered Deliveries

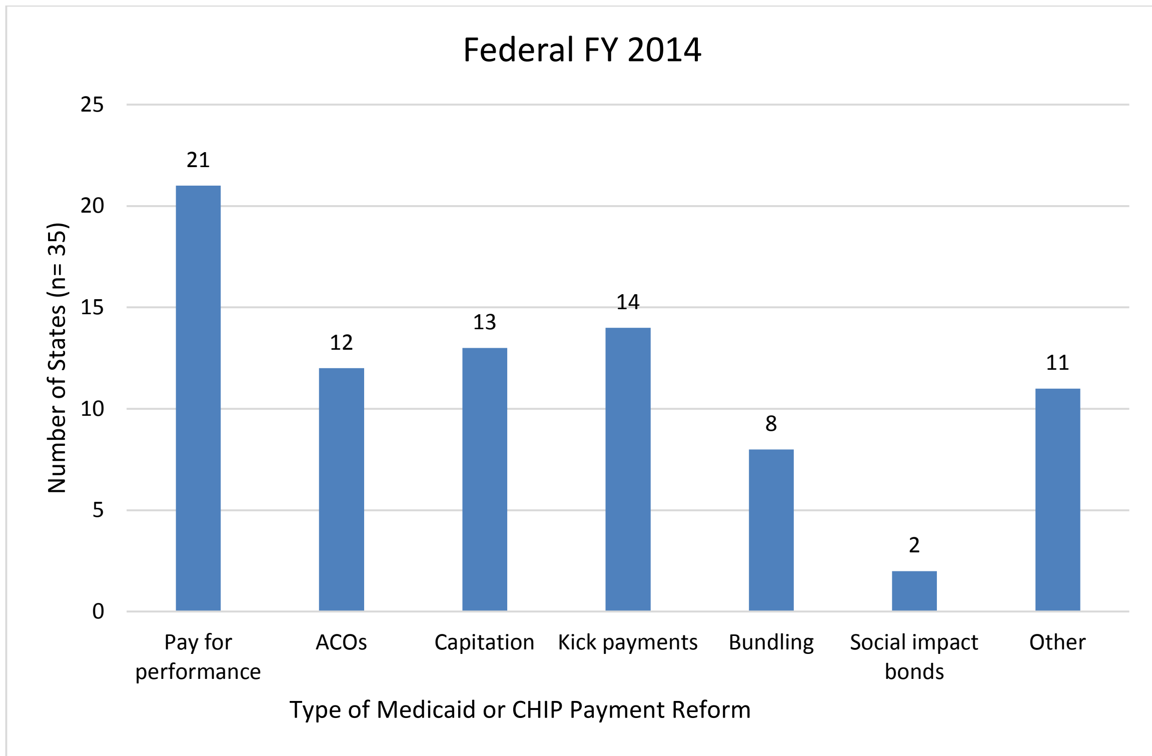

Figure 2. State Populations Included in Medicaid or CHIP Managed Care

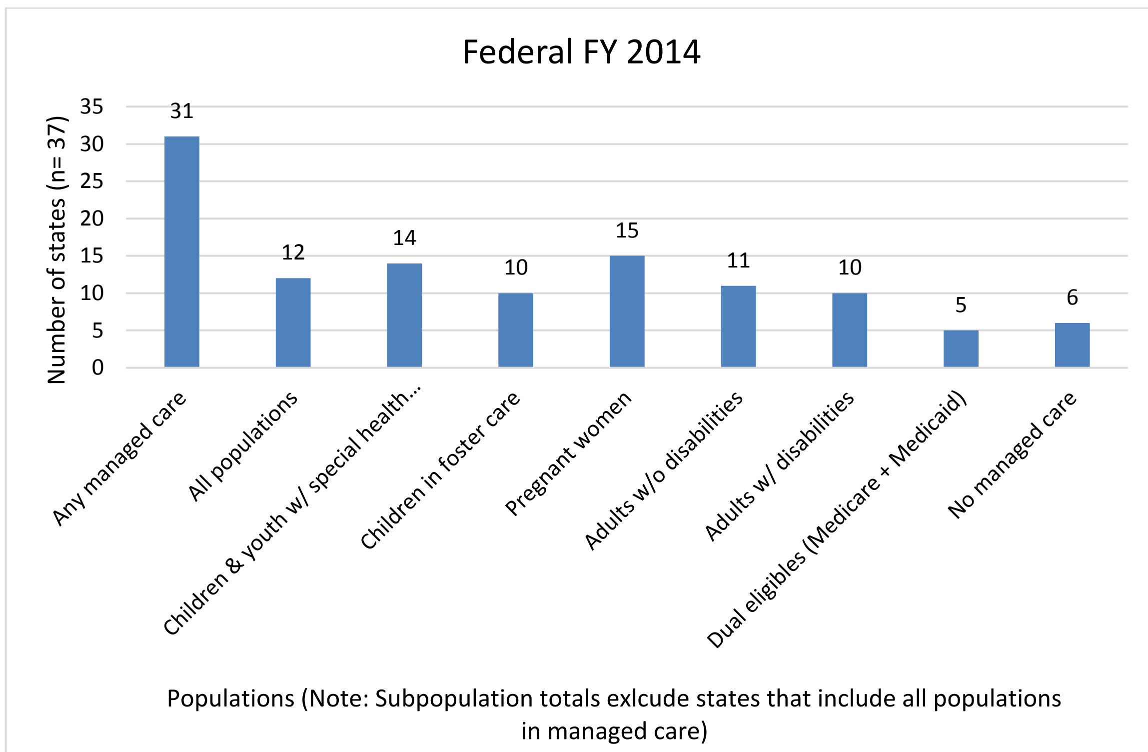

Figure 3. State Participation in MCH Improvement Initiatives