



AWHONN
PROMOTING THE HEALTH OF
WOMEN AND NEWBORNS

October 15, 2012

Lu Zawistowich, Sc.D.
Executive Director
Medicaid and CHIP Payment and Access Commission
1800 M Street, NW
Suite 350N
Washington, DC 20036

Dear Dr. Zawistowich:

We write to encourage the Medicaid and CHIP Payment and Access Commission (MACPAC) to focus a portion of its next report to Congress on maternity care. We believe now is the time for MACPAC to present its findings to Congress and make recommendations for needed improvements to the Medicaid program.

On November 17, 2011, MACPAC staff presented Commissioners with some of their findings on the status of maternity care under Medicaid. They found that as of 2009: 1) Medicaid funds 44 percent of all births in the U.S., 2) 31.6 percent of these births were done via costly and sometimes unnecessary cesarean surgery, and 3) 32.4 percent of Medicaid newborns were either premature and/or had complications. Based upon this information it should be clear to Commissioners that improvements can be made to maternity care under Medicaid that can reduce expenditures and improve outcomes for women and their newborns.

We urge the MACPAC to make recommendations for improvements in maternity care delivery that address the quality, access, and reliability of maternity care for women and their newborns while lowering the cost of care. Pursuing these objectives at the same time allows health care organizations to identify and fix problems such as poor coordination of care and overuse of medical services. It also helps them focus attention on and redirect resources to activities that have the greatest impact on the health of mothers and newborns.

In the U.S. much of the escalating health care costs are due to overuse and misuse of medical interventions and have contributed to the worsening maternal and neonatal outcomes. As the Medicaid program moves to expand in 2014 and beyond, we have an opportunity to do better for mothers and newborns. To that end we recommend the following to improve quality, access and reliability of maternity care while lowering its cost:

- **Require Public Reporting of NQF Endorsed Perinatal Measures:** The Secretary should establish a maternal health quality measurement initiative, the purpose of

which would be to develop and implement quality measures for maternity care, design a continuous and uniform public reporting system, recommend core measures of program performance for Medicaid, and monitor and report on the quality of care of pregnant women enrolled in Medicaid. The Secretary should incentivize states to collect and report on maternity quality care measures endorsed by the National Quality Forum (NQF).

On April 2, 2012, the NQF Board of Directors announced it had approved for endorsement 14 quality measures on perinatal care. The measures address a wide range of care concerns, including childbirth, pregnancy and postpartum care, and newborn care. For this project, NQF endorsed measures related to elective delivery, episiotomy, and caesarean section rates, as well as prophylactic antibiotic rates for women undergoing cesarean sections. NQF also endorsed measures dealing with hepatitis B vaccination rates for newborns, neonatal bloodstream infection rates, and exclusive breastfeeding rates during hospitalization. For more information on NQF quality measures for perinatal care go to <http://www.qualityforum.org/Home.aspx>.

- **Establish a Process for Determining Maternity Care Professional Shortages:** The Secretary should establish a maternity care shortage area (MCSA) designation to be tracked annually by the Health Resources and Services Administration of the U.S. Department of Health and Human Services to identify areas of critical shortage of certified nurse-midwives, certified midwives, obstetricians, and family physicians.

We know that serious shortages of maternity care providers exist today. We also know that the population served by Medicaid and private health plans will increase dramatically in just a few short years. Currently the U.S. tracks the shortages of primary care providers, mental health and dental care providers. Knowing exactly where maternity care shortages exist will allow the U.S. to target its resources to address these critical shortage areas and improve access and birth outcomes for women and their newborns.

- **Incentivize States to Remove Perverse Incentives for Unnecessary Services:** The Secretary should incentivize states to reduce overuse of elective cesarean surgery and other procedures. Rewarding states with annual Federal Medical Assistance Percentage (FMAP) increases for measurable reductions in elective cesarean deliveries and other unnecessary procedures would be beneficial for women and the Medicaid program. Reducing the use of non-medically indicated inductions of labor, and increasing access to trial of labor for the purpose of vaginal birth after cesarean (VBAC) should also be incentivized. This could be achieved in the same way states are now being incentivized to provide adult preventive health services under Medicaid.
- **Incentivize States to Provide Equitable Reimbursement for Maternity Care Providers:** The Secretary should incentivize all states to establish equitable Medicaid reimbursement rates for certified nurse-midwives (CNMs) and certified midwives (CMs), in line with comparable services provided by physicians. Equitable reimbursement will make it possible for greater numbers of midwifery clinics to provide women's services and reduce the overall cost of care.

MACPAC Commissioners have commented that it can be difficult to get physicians to participate in the Medicaid program but that historically most CNMs/CMs participate in the program and provide valuable access to services for women. Congress has increased reimbursement levels recently to attract more physicians to participate in Medicaid while only half of all Medicaid plans reimburse CNMs/CMs at the same rate as physicians. Nurse-midwifery services are mandatory services available under Medicaid yet only half of all Medicaid plans reimburse CNMs/CMs at an equitable level in comparison to physician counterparts. Rewarding high quality care provided with less intervention and thus lower costs will help reduce overall maternity costs under Medicaid.

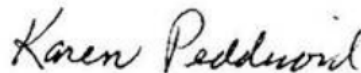
The Affordable Care Act remedied this inequity within Medicare, increasing reimbursement for CNM services up from 65% of the fee schedule to 100%. States should be incentivized to follow suit. This will promote growth in the number of CNMs/CMs to meet the maternity care needs of women in Medicaid.

We seek an opportunity to meet with you and your staff to discuss these recommendations prior to the next meeting of the MACPAC Commissioners. Please feel free to contact Patrick Cooney at 202-347-0034 or via email at Patrick@federalgrp.com to schedule an appropriate time and location to meet. Thank you for your attention to the needs of women and their newborns under the Medicaid program. We look forward to working with you to improve outcomes for women and newborns enrolled in Medicaid and to reduce maternity care costs.

Sincerely,



Lorrie Kline Kaplan
Executive Director
American College of Nurse-Midwives



Karen Peddicord, PhD, RN
Chief Executive Officer
Association of Women's Health, Obstetric and
Neonatal Nurses