



May 29, 2020

VIA ELECTRONIC MAIL

Dr. Nina Brown-Ashford
Acting Director
Office of Minority Health
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Request for Information Regarding Maternal and Infant Health Care in Rural Communities

Dear Acting Director Brown-Ashford:

The Health Care Transformation Task Force (HCTTF or Task Force) thanks the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and the CMS Office of Minority Health (OMH) for seeking information from health care stakeholders on opportunities to improve health care access, quality, and outcomes for women and infants in rural communities before, during, and after pregnancy. The Task Force is a consortium of private sector stakeholders – including providers, health plans, employers, and consumers – that support accelerating the pace of transforming the delivery system away from fee-for-service (FFS) into one that pays for value, increases the quality of care, and produces improved health outcomes.

The Task Force is committed to accelerating the dissemination of effective value-based payment strategies and delivery models for maternity care that improve maternal health outcomes, reduce health disparities, and advance health equity. Last year, the Task Force issued a report: *Expanding Access to Outcomes-Driven Maternity Care through Value Based Payment*, which describes value-based payment strategies for maternity care and evidence of their effectiveness to reduce costs and improve quality, as well as the barriers to more widespread adoption.¹ We also shared recommendations with the Center for

¹ <https://hcttf.org/outcomes-driven-maternity-care-vbp/>

Medicare and Medicaid Innovation for implementing an alternative payment model for maternity care.²

The Task Force recently endorsed the Black Maternal Health Momnibus Act of 2020 (H.R. 6142/S. 3424), and specifically the IMPACT to Save Moms Act (H.R. 6137). Introduced by the members of the Black Maternal Health Caucus in the House of Representatives and Senate, this comprehensive legislation addresses the United States' urgent maternal health crisis and provides evidence-based strategies and policies to improve outcomes for women, particularly Black women and high-risk populations (e.g., Native Americans, women veterans, and incarcerated women). This legislation includes policy proposals that will also help address disparate maternal and infant outcomes in rural communities.

Below, the Task Force responds to the Department's request for input on high-priority strategies for coverage and standards of care to improve rural maternal and infant health with recommended payment reform and perinatal workforce strengthening strategies.

I. Payment reform to improve maternal health

The Task Force members strongly believe that the current FFS reimbursement structures do not facilitate the most effective delivery of evidence-based maternity care. The maternal mortality and morbidity crisis is a strong indication that our current system is not working. An analysis of maternal care in the United States reveals significant underuse of evidence-based care, overuse of unneeded care, and unwarranted practice variation. Implementing a value-based paradigm to maternity care is one critical lever to positively impact maternal health outcomes by reducing variations in care delivery.

CMS can serve an important role by helping states transform how maternal health care is delivered. We believe CMS should test a multi-payer maternity care model in order to advance industry understanding and adoption of the most effective models for maternity care payment. The Medicaid program provides the greatest opportunity to test and encourage adoption of alternatives to fee-for-service for maternity payment, which pays for about half of all births in the country, and we believe a partnership with commercial payers will amplify the model's impact. CMS leadership in developing a framework would undoubtedly increase the likelihood of uptake by State Medicaid programs.

CMS should also expedite the approval process for Medicaid state plan amendments and waivers to implement maternity care APMs that hold states and providers accountable for improved outcomes and provide guidance about how to do so through State Medicaid Director letters. A maternal health APM should ensure clinical

² <https://hcttf.org/cms-maternity-care-apm-recommendation/>

delivery that is aligned with evidence-based best practices. Key clinical objectives of the APM could include increased prenatal care utilization, reduction of the rate of unnecessary Cesarean section deliveries, and improvement in rate of babies born at a healthy birth weight.

Another critical element the APM should address is improving screening and treatment for perinatal mood and anxiety disorders (PMADS). According to a 2019 Mathematica study, one in seven women are affected by PMADS, including prenatal and postpartum anxiety and depression, and the total estimated cost of untreated PMADS is \$32,000 per each mother-child pair.³ There is growing bipartisan support for a year of postpartum coverage given the long tail of adverse maternal health outcomes; CDC data indicates that one in three pregnancy-related deaths occur one week to one year after delivery.⁴ Therefore, participating state Medicaid programs should be encouraged to extend postpartum coverage for women up to a year.

Finally, it is essential that a maternity care APM includes eliminating racial disparities in morbidity and mortality as an explicit objective. Ensuring that the model evaluation stratifies outcomes by race, ethnicity, and socioeconomic indicators, as specified in the IMPACT to Save Moms Act, will be essential to measuring progress on this goal.

II. Strengthening the Perinatal Workforce

In order to improve maternal and infant health in rural communities, it is critical to address access and the perinatal workforce shortage in rural areas. The Task Force supports strategies to address this shortage outlined in the Perinatal Workforce Act, most notably the provision of HHS funding to establish and scale programs that will diversify and grow the perinatal workforce. This includes training and reimbursement for perinatal services provided by nurses, physician assistants, midwives, doulas, and community health workers, and recruitment and development of racially and ethnically diverse health care professionals.

The COVID-19 pandemic has demonstrated the value of telehealth as an essential modality to provide access to prenatal and postpartum care services as well as perinatal support services like peer support groups and doulas. CMS could provide clear guidance to State Medicaid Directors on reimbursement for maternity services delivered via telehealth to ensure this modality is supported during this public health emergency and beyond.

³ <https://www.mathematica.org/news/new-study-uncovers-the-heavy-financial-toll-of-untreated-maternal-mental-health-conditions>

⁴ <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>

The Task Force believes that multi-sector action is needed to make meaningful improvements in maternal and infant health. To that end, HCTTF will launch a public learning community in the summer of 2020 open to all health care stakeholders including payers, providers, policymakers, researchers, patients, community-based organizations, and others to share best practices and develop common action plans to move towards a more equitable system of maternal health care. The learning community will be a part of the Maternal Health Hub, a website dedicated to both convening regular forum meetings and sharing and collecting resources and tools to advance high-value maternity care. We welcome and encourage CMS to engage with this Forum both as a participant and to present on learning community meetings about CMS actions and initiatives to address maternal health. We will be in touch with the agency with more information as we get closer to our launch date. In the meantime, should you have any questions please reach out to HCTTF Senior Director Clare Pierce-Wrobel (clare.wrobel@hcttf.org or 202.774.1565).

The Task Force appreciates the opportunity to respond to the Department's questions regarding strategies to improve maternal health. We thank you for your leadership, and for your consideration of our comments.

Respectfully,

The Health Care Transformation Task Force