Maternal Health Advisory Group

July 15th, 2025

June Maternal Health Advisory Group Meeting Recap

<u>June MHAG Meeting Recap</u>: *Data infrastructure, digital health, & TMaH*

- Introduced the TMaH Provider Incentive Program
  - We have been meeting with eligible providers throughout the past month to share more information about the program.

- Discussed digital health tools within the DC HIE and opportunities to help improve maternal care delivery
  - Our Digital Health Team has been working with CRISP DC to address the challenges/barriers to using these tools that were discussed during breakouts.

<u>Today's Meeting</u>: *Managed care and maternal health*

- Building off last month's meeting, today we will discuss the current role of managed care in maternal health, opportunities, and the role of TMaH

Today's Agenda

Welcome – 5 min

Managed Care and Maternal Health Engagement – 10 minutes

AmeriHealth & Mamatoto Village Presentation – 20 minutes

Breakout Rooms – 30 minutes

Discussion and Next Steps – 10 minutes

TMaH Award Required Notice

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Managed Care and Maternal Health

(10 minutes)

Managed Care 101

What is Managed Care?

Medicaid managed care is a payment model by which Medicaid health benefits and additional services are delivered through contract arrangements with eligible managed care organizations.

MCPs aim to control cost and ensure quality by:	***Examples***
Work with specialty providers	• Enroll doulas
Prioritize preventative care over high-cost intervention	• Coordinate prenatal visits and primary care • Ensure screenings such as high-risk pregnancy screening • Vaccination
Comprehensive case management	• Individualized case management for pregnant enrollees • Care manager nurse for high-risk enrollees

Medicaid Managed Care in DC

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Wellpoint

85% of DC Medicaid enrollees receive coverage through a Managed Care Plan (MCP)

MedStar Family Choice
DISTRICT OF COLUMBIA

THE HSC HEALTH CARE SYSTEM
Health Services for Children with Special Needs, Inc.

The Role of Managed Care in the TMaH Model

Managed Care Plans:

- Participate: Are required to participate in the TMaH Model.
- Engage/Screen: Will serve as key players in early engagement in care and screening for pregnant enrollees.
- Standardize Quality: Will work with DHCF to standardize perinatal value-based payment (VBP) arrangements and quality measures.

Sample of Anticipated TMaH Perinatal Care Quality Measures	
Quality Measures Tied to Payment	**Quality Measures Tied to Monitoring**
Timeliness of Prenatal and Postpartum Care*	Low Birthweight
Depression Screening & Follow Up (Prenatal & Postpartum)*	Contraceptive Care*
Severe Obstetric Complications	Blood Pressure Control
Low-Risk Cesarean Delivery	Pre-Term Birth
	NICU Rate
	Emergency Department Utilization (Postpartum)
	Patient Experience Survey
	Tobacco, Substance Use, Social Needs* Screening

** Measures that MCPs currently report*

Top Priorities as Identified by the Managed Care Plans

Early Participation in Prenatal Care

- Increasing participation in high-risk pregnancy screening and case management
- Improving appointment availability and access

Improve Birth Outcomes

- Reduce c-section rate
- Reduce rate of pre-term births

Increased Community, Provider, and Enrollee Engagement

- Support patient health literacy

Preconception Health, Prevention of Sexually Transmitted Infections, Access to Long-acting Reversible Contraception

Current MCP Initiatives

Early Participation in Prenatal Care

- Care management with maternal care team, including primary care, doula and midwife services, HRSN resources
- Care coordination continued through postpartum period
- "No wrong door policy" to specialty programming

Improve Birth Outcomes

- Bright Start Program (AmeriHealth)
- We Care Momma & Me (MedStar)
- Maternity Mondays (Medstar)
- Taking Care of Baby and Me (Wellpoint)
- Concierge Care (Wellpoint)
- FindHelp (Wellpoint)
- Baby and Me Program (HSCSN)
- Male Caregivers Advocacy Support Group (HSCSN)

Increased Community, Provider, and Enrollee Engagement

- DC Perinatal Quality Collaborative, OCME Maternal Mortality Review Committee, DC Medicaid Ombudsman's Subcommittees, Maternal Health Advisory Group
- Network Adequacy and Access Standards, Enrolling Doulas and Midwives

AmeriHealth Presentation

(5 minutes)

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Maternal Health Advisory Group

AmeriHealth DC and Mamatoto Village: A Collaborative Approach

July 15, 2025

Rosalyn Carr Stephens, AmeriHealth Caritas DC
Dr. Aza Nedhari, Mamatoto Village

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Overview

AmeriHealth Caritas DC's Bright Start Maternal Care Management Program is designed to improve the care of vulnerable populations, enhance our Enrollee's care experience, reduce disparities, and improve our birthing and infant Enrollee's health outcomes. Our dedicated team of Care Managers and Care Connectors address the needs of our diverse population by providing holistic care through a racial, ethnic and cultural lens across the maternal child continuum of care.

Mamatoto Village is uniquely positioned to provide in-person engagement services that engage pregnant women into care earlier and minimizing costly birth outcomes. The **Comprehensive Maternity Support Program** provides expectant and new mothers with expansive ancillary and wraparound services during the perinatal period. Working with a care team, program participants receive perinatal health education, support with social service needs, care coordination, advocacy, and parenting support during their pregnancy and throughout the infant's first three months of life.

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How Does the Partnership Work?

Mamatoto Village and AmeriHealth DC entered into partnership in June 2015 to address key maternal healthcare disparities evident at that time for District of Columbia residents. The unique model extended care coordination of AmeriHealth DC's Bright Start Maternity Care Management program. Enrollees may self-refer to the *Mothers Rising Program* for:

- Supportive presence during prenatal and postpartum medical visits
- Doula care and labor support
- Home visits for lactation support, respite care, encourage mother-infant bonding
- Wellness coaching
- Workforce development which supports return to work after delivery
- Connection to community resources for mother and/or baby

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How Does the Partnership Work?

Monthly Collaborative Forums

- Mamatoto Village Intake staff meet with AmeriHealth leaders to discuss pending referrals, determine priorities, align contact information
- Mamatoto Village staff and AmeriHealth DC's Care Managers and Care Connectors review enrollees with active engagement in MV's Mother's Rising program. Both teams provide updates, report successes, address concerns, and identify potential barriers or challenges that may be impacting care.
- Urgent matters are escalated to Bright Start leadership for resolution
- Outcome of collaborative discussions are documented in AmeriHealth DC's care management platform

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How Does the Partnership Work?

Data Exchange

New enrollee information and status of engaged enrollee data is exchanged on a monthly basis, including:

- Bright Start care plan short- and long-term goals
- Mothers Rising interventions
- Medicaid benefit information
- Eligibility/recertification dates

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Wins

- Intake with Mamatoto Village may provide a source for early identification of enrollees beginning a pregnancy journey; even before prenatal health services begin.
- Mamatoto Village supports well known and accepted by maternal health providers.
- Mamatoto Village developed rigorous training curriculum for community health workers grounded in perinatal justice; cohorts include former participants.
- High number of self-referrals of pregnant persons previously services by Mamatoto Village during the first trimester of pregnancy.
- Pivoted to in-person visits outside of the home environment during the Covid-19 pandemic for continued support.
- Enrollees engaged with Mamatoto Village maintain a higher rate of continued contact with AmeriHealth DC's Bright Start team.

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Challenges

- Capacity limitations - When the census of pregnant persons increases, a waiting list for engagement with Mamatoto Village may occur.
- Duplication of coordination efforts may occur when attempting to meet urgent needs.

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Making the Difference for and Enrollee

28-year-old enrollee diagnosed with metastatic breast cancer during early pregnancy. At the time of the birth of her infant girl, she had minimal social support (neighbor). She lived in a home environment with infestation and was facing eviction. The medical plan was palliative radiation after hospital discharge.

The infant had a brief NICU stay due to prematurity and low birth weight. Engagement with ACDC's Care Manager supported coordination of medical care for the enrollee and her infant, perinatal behavioral health intake with Community of Hope, access to SNAP benefits, infant's enrollment in Medicaid, re-connection to the rapid rehousing program and home delivered meals (while awaiting SNAP benefits).

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Making the Difference for An Enrollee

Mamatoto Village stepped in to provide a perinatal community health worker to accompany the enrollee to her outpatient radiation treatment and other appointments to help provide care to the baby. Mamatoto Village also provided reinforcement of balancing enrollee's self-care with care of her infant. The CHW and CM adjusted their interventions based upon the enrollees expressed need for support, increasing or minimizing contact as desired.

At this time, the enrollee continues palliative outpatient treatment with community support to meet her housing needs. Her infant is enrolled with AmeriHealth DC effective 07.01.25. The infant was not enrolled at birth due to presumptive SSI eligibility.

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Questions?

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Breakout Discussions

(30 minutes)

Breakout Group Discussion

Group #1: Operations and Partnerships with Managed Care

- What barriers have you encountered operationalizing your partnerships with MCPs (e.g., enrollment and credentialing process)?
- What are some opportunities to improve these partnerships?

Group #2: Reimbursement from Managed Care

- What are the current challenges providers face engaging with managed care contracts and payments?
- What changes would you like to see in payment and reimbursement to improve sustainability and maternal health outcomes?

Group #3: Opportunities for Innovation in Managed Care

- What innovative approaches to care and payment have you seen succeed in DC? In other markets?
- How can we improve transparency and communication between the District, MCPs, and providers?

Next Steps

Upcoming Opportunities:

- *Count the Kicks* Program Webinar on July 17th at 11AM
  - Registration Link
- DC Health key informant interviews for the District Maternal Health Strategic Plan
  - If you are interested in participating, please contact Tiffany Gray, tiffany.gray3@dc.gov

Next Meeting

- The August Maternal Health Advisory Group meeting is **cancelled.**
- The Maternal Health Advisory Group will convene virtually September 16th, 11am-12:15pm
  - September Focus: Patient Safety
- Subsequent Meetings: Every 3rd Tuesday from 11am-12:15pm (monthly)

Stay in Touch

- Send questions or requests to dhcf.maternalhealth@dc.gov
- Meeting materials at https://dhcf.dc.gov/page/transforming-maternal-health

Background Info

The District Must Meet Milestones for 10 Key Care Elements by End of Year 3

Pillar 1 Access, Infrastructure & Workforce	Pillar 2 Quality Improvement & Safety	Pillar 3 Whole Person Care Delivery
• Increase access to the midwifery workforce • Increase access to birth centers • Cover doula services • Improve data infrastructure • Develop payment model	• Support implementation of AIM patient safety bundles • Support "Birthing-Friendly" hospital designation	• Increase risk assessments, screenings, referrals, and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and health-related social needs (HRSN) • Increase home monitoring of diabetes and hypertension • Develop health promotion and disease prevention plan

The District Can Elect Up To 8 Optional Care Elements; Milestones TBD

Pillar 1 Access, Infrastructure & Workforce	Pillar 2 Quality Improvement & Safety	Pillar 3 Whole Person Care Delivery
• Cover certified midwives (CMs) and certified professional midwives (CPMs) • Cover perinatal community health workers (CHWs) • Create regional partnerships in rural areas • Extend Medicaid eligibility to 12 months postpartum	• Promote shared decision-making	• Expand group perinatal care • Increase use of home visits, mobile clinics, and telehealth • Expand oral health care