



North Carolina Obstetrical and Gynecological Society

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North Carolina Obstetrical and Gynecological Society Medicaid Reform Priorities for the

Summary

- The North Carolina Ob/Gyn Society (NCOGS) and North Carolina's Ob/Gyn physicians ask the Department, federal Medicaid officials and North Carolina policymakers to proceed on Medicaid reform with the greatest of care.
- Medicaid now covers more than half of all the pregnancies in North Carolina.
- Fourteen percent of the pregnancies are provided in academic medical centers; 20 percent in community health centers and rest – approximately two-thirds – are provided by private sector physicians.
- The number of Medicaid-eligible women of childbearing age in North Carolina is growing quickly and the system of care for these women is already very fragile.
- To succeed, Medicaid reform must make it easier for these women to receive care - and for physicians to provide it.
- If reform does not meet these goals, patient care will not improve and physicians will not be able to overcome the difficulties they already face in serving the state's Medicaid eligible women.
- North Carolina can help ensure reform's success by preserving and strengthening the Pregnancy Medical Home program, which is already improving quality and reducing costs.
- NC DHHS should also incorporate social supports in the reform plan to help physicians and other clinicians keep their patients healthy.
- North Carolina's Medicaid reform efforts should also include expansion of Medicaid eligibility for the estimated 500,000 North Carolinians who would receive care under an expanded system.
- Many of these uninsured are women of childbearing age who become Medicaid eligible only after they are pregnant.
- NC should expand Medicaid eligibility under the Affordable Care Act to get these women in care before they are pregnant – and improve health outcomes for NC newborns and their mothers.

Background Information

- Access to care for Medicaid-eligible women of childbearing age can be a challenge, particularly in our urban areas and especially in Wake and Mecklenburg counties.
- There are a number of reasons for this challenge:
 - The number of Medicaid-eligible women of childbearing age in North Carolina has surged in recent years, to close to 370,000 women

- Many of these women do not become Medicaid-eligible until they become pregnant, often delaying their entry into the health care system until they are months along in their pregnancies
 - Recent administrative headaches with the state's Medicaid payment system – along with reimbursement rates that are roughly half of those of private insurance – have made it financially difficult for many doctors to accept Medicaid patients.
- Given the fragility of this system, North Carolina's Medicaid reform effort – which will require physicians to navigate multiple Medicaid provider systems in even a single region – offers both a risk and a reward to our health care system.
- The potential reward is higher quality care and more efficient use of our healthcare dollar, as we align the Medicaid system to reward good care and quality outcomes.
- North Carolina's Ob/Gyn's support efforts to reward good care and efficient use of the state's tax dollars.
- The risk is that the reform effort will fall back on old strategies such as cutting compensation or using prior authorization and other roadblocks to prevent doctors from providing the best care.
- If that occurs, the results could be disastrous: Physicians will be unable to take Medicaid patients, access to care will drop, costs will spike and, most importantly, some of the most vulnerable women and children in our state will not get the care they need.

Pregnancy Medical Home

- Pregnancy Medical Home is a multi-stakeholder effort to improve birth outcomes in the Medicaid population through coordinated, evidence-based maternity care management for women at risk for poor birth outcomes, with a focus on quality improvement.
- Almost 400 prenatal care practices, representing more than 1,700 providers, including nearly all of North Carolina's Ob/Gyn's, participate in the Pregnancy Medical Home program. Pregnancy Medical Homes represent more than 90% of the prenatal care provided to pregnant Medicaid patients.
- Under this program, 70 percent of all Medicaid pregnancies receive a risk screening and more than 50 percent of all Medicaid pregnancies receive pregnancy care management, based on being at elevated risk of preterm birth.
- Since Pregnancy Medical Home began, the rate of primary cesarean delivery (women having their first C-section) has steadily decreased, which also helps to reduce the rate of future cesarean deliveries. This represents a substantial cost savings in hospital costs for delivery.
- To ensure this continued success, NC DHHS should more clearly define its plans to transition the Pregnancy Medical Home program under Medicaid reform, including using a common set of measures among health plans to achieve similar program goals. The Innovations Center should be tasked with creating a common set of Pregnancy Medical Home 2.0 measures and provide consistent data and feedback with practices throughout the state to achieve this goal. Incorporating Pregnancy Medical Home more clearly in the state's waiver proposal would enhance the viability of the 1115 waiver application. This should be done in consultation with practicing Ob/Gyn physicians to provide sufficient input on how this could best be scaled.
- A standardized statewide risk screening process and community-based care management model should be maintained to avoid fragmentation of care and ensure ongoing provider compliance with this model.
- Finally, the statewide clinical leadership structure, made up of local physician leaders with central support at the state level, established to support quality of care and improved outcomes should be carried forward.

Other NCOGS Priorities for Medicaid reform

The NCOGS also shares the North Carolina Medical Society's concerns and priorities concerning Medicaid reform. The NCOGS urges NC DHHS to:

- Use the regulatory process to define which Chapter 58 insurance protections will be made available under the reformed Medicaid program.
- Require a 100 percent of Medicare rate floor for both primary care and specialists to encourage broad participation by providers and ensure adequate access for patients.
- Expressly prohibit any effort to force doctors into a Medicaid network as a condition of participating in a separate commercial network to ensure fair business practices take place in the new Medicaid system.
- Establish a measure development process allowing for stakeholders and the public feedback.
- Retain physicians as a majority of the governing board of Provider Led Entities (PLEs) to ensure a focus on patient outcomes and quality in the move to value-driven arrangements for Medicaid.
- Prohibit use of data blocking and ensure fair participation rates for the new Health Information Exchange (HIE).
- Ensure that all practices and physicians can access the HIE data at a minimal cost.
- Clarify that there is an error on page 59 of the draft waiver, which states that the DHHS plan will "restrict patient choice" as this conflicts with what is proposed throughout the rest of the waiver document.
- Provide patients with a choice in their health plan, focused around the primary care provider relationship with help of a navigator.
- Establish an out-of-network structure that encourages providers to contract with Pre-paid Health Plans (PHPs) while maintaining fairness for providers.
- Encourage plans, both PLEs and CPs, to financially incentivize providers for meeting certain agreed upon performance measures.
- Use the Innovations Center and the Delivery System Reform Incentive Payment (DSRIP) program to create for flexibility in the state's approach to incentivizing high quality, low cost health care.