United Methodist HealthMinistryFund

July 27, 2023

Sarah Fertig
State Medicaid Director
Division of Health Care Finance
Kansas Department of Health and Environment (KDHE)
900 SW Jackson St., 9th Floor
Topeka, KS 66612

Dear Director Fertig:

As the state of Kansas begins the competitive reprocurement process for the state's Medicaid managed care program, KanCare, I am writing to share ideas to stimulate program innovations and improvements. The reprocurement process offers an opportunity to review current priorities and practices and take steps to improve the health and experience of nearly 500,000 KanCare enrollees throughout the state.

The United Methodist Health Ministry Fund's mission is to improve the health of all Kansans. Our three areas of focus are: Access to Care, Thriving Children, and Engaged Congregations and Communities. During the past several years, we have appreciated opportunities to partner with the Kanas Department of Health and Environment (KDHE) to help ensure our state's Medicaid program is meeting the needs of its enrollees.

As part of our work together, we have emphasized the issues related to the social and emotional health of very young children, birth to age 5 years, a consequential period of development during which the physical, mental, and behavioral health of the young child is intertwined with that of the child's mother. Now, as one of 35 states and D.C. to adopt the new federal option to extend Medicaid coverage from 60 days to a full 12 months postpartum, Kansas is positioned to take vital steps towards advancing health equity and improving the health of mothers and their infants.

Moreover, the implementation of the Medicaid-financed postpartum coverage extension comes at a critical point in time, coinciding with the development of the KanCare 3.0 contract. The Health Fund greatly appreciates the opportunity to offer comments on how KDHE can make the most of this moment by identifying its maternity care priorities and elevating them in the Medicaid managed care KanCare 3.0 contracting process.

The Health Fund's previous set of comments focused on the role Medicaid can play in improving maternal and child health. Now, we will turn to ways KDHE can leverage KanCare 3.0 contracting strategies to enhance Medicaid services throughout the continuum of maternity care, specifically.

Our final set of comments will emphasize two areas of prime importance: (1) Medicaid's family planning benefit, and (2) the central role that preconception care plays in shoring up the health status of people of childbearing age.

It is well-established that the preconception health of people of childbearing age has an impact on their overall health, and should they become pregnant, the health of their infants and young children, as well. States that have expanded Medicaid under the Affordable Care Act (ACA) provide a robust package of health care services to eligible adults so that chronic illnesses such as diabetes, heart disease, obesity, and other conditions including mental and behavioral health conditions, can be flagged and addressed.

While the Medicaid postpartum extension is a step in the right direction, it cannot provide women the full advantages of the ACA Medicaid expansion, not available to Kansans at this time.

Therefore, the Health Fund urges KDHE to leverage the additional time and benefits now available to mothers and their infants under the Medicaid postpartum extension by giving the maternity care section of the KanCare 3.0 contract its full attention and by ensuring that the state's priorities for this population are strong, clear, and specific. Prospective contractors should be challenged to demonstrate in their proposals how they will meet these priorities to benefit the mothers and young children they wish to serve.

Medicaid Managed Care Contracts and the Maternal Health Continuum of Care

Leading Medicaid experts at the George Washington University (GWU) Milken Institute of Public Health conducted an extensive review of maternal health best practices from pre-pregnancy to postpartum, as well as an analysis of Medicaid Managed Care contract provisions in effect in 39 states (including Kansas) and D.C. in 2021.

Their MCO contract review encompasses 14 areas of Maternal Health, as well as details of each state's contract provisions that apply to these areas. The 14 areas include: Early identification of pregnancy; full maternal health continuum of care; specialized maternal-fetal medicine; doula services; **maternity-related MH/SUD services**; transportation; community health workers; oral health; lactation supports; **maternity-specific access; maternity-specific performance improvement activities; maternity specific payment reform**; and maternity specific performance measures. The contract analysis found that the 2021 KanCare contract includes provisions in the four areas in **bold**, but not in the other areas reviewed.

Using this resource, we were able to pinpoint elements of the KanCare 3.0 contract that could be improved to advance the health of new mothers and their infants, as well as to promote health equity. The findings lead the Health Fund to offer several recommendations to help ensure that the extended period of postpartum coverage is leveraged to best advantage.

The Health Fund strongly urges KDHE to strengthen the KanCare 3.0 RFP by clarifying its priorities and the obligations it will expect contractors to meet. We urge KDHE to:

- **Prioritize the full range of maternity care benefits covered under Medicaid, including the Medicaid family planning benefit.** According to the GWU analysis, while the KanCare contract does include language featuring the state's Medicaid Family Planning benefit, it currently does not provide specific language related to preconception and inter-conception care, nor does it contain a detailed description of birth and delivery services or postpartum care services contractors must provide.

  The contract could be improved by including specific language related to the use of preconception risk screening, pre-pregnancy visits and counseling, support services for planning pregnancy or fertility assistance. Improved language also could include provisions related to rapid pregnancy testing and notification, obligation to rapidly schedule an appointment to begin prenatal care, or nondirective pregnancy option counseling for confirmed pregnancy. In addition, specific language around birth and delivery could include provisions related to hospital births, home births, birth centers, cesarean births, early elective deliveries, or LARC coverage immediately postpartum.

- **Prioritize comprehensive postpartum visits** that meet recommendations set forth by the American College of Obstetricians (ACOG) to ensure that KanCare enrollees have access to care as soon as possible to maximize the value of the extended period of Medicaid coverage.

  ACOG recommends that all postpartum persons have contact with their provider within the first 3 weeks postpartum. This initial assessment should be followed up with ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks following birth. A comprehensive postpartum visit includes: assessment of physical, social, and psychological well-being including but not limited to: contraception, and birth spacing; infant care and feeding; sleep and fatigue; physical recovery from birth; chronic disease management; and health maintenance. Quality measures relevant to the postpartum visit (in addition to timeliness) include: breastfeeding education, postpartum depression screening, glucose screening for people with gestational diabetes, and discussion of family planning options.

- **Prioritize comprehensive risk screening and the delivery of care coordination services** for all postpartum individuals, not only those determined to be at high risk. KDHE should include in the RFP a broad definition of "care coordination" and the types of providers able to provide such services. The RFP should be explicit about the importance of working with trusted providers able to link KanCare enrollees to needed services quickly and effectively, given that many will have only a compressed timeframe during which they can retain Medicaid eligibility.

  KDHE should emphasize that contractors will be required to describe how they will forge partnerships with Title X providers and community-based organizations that deploy community health workers, peer navigators and others that have built credibility and trust in the communities they serve.

- **Prioritize delivery of "-well-woman" preventive care services during the Medicaid-covered postpartum period.**

  Elements of "well-woman" preventive care visits include specific maternity-related screenings, referrals and appropriate treatment associated with physical, mental, behavioral, and oral health of importance during the postpartum period. Maternity-specific provisions to address health-related social needs (the "social drivers") such as housing support services, transportation services, or other support services also should be included. KDHE should clarify specific policies or procedures for certain very high-risk or historically underserved populations. As noted earlier, KDHE should give high priority and be explicit about its expectations that a full range of screenings and referrals that result in connections to needed services. In addition, care coordination will be available broadly, not only for individuals determined to be at high risk based on accepted screenings.

- **Prioritize performance improvement activities to address: equitable access to "moderately or most effective" contraceptive methods, and/or**

- **the timeliness of postpartum care and the delivery of all elements of postpartum and well-woman preventive care visits.**

While the KanCare contract currently requires MCOs to conduct maternity-specific performance improvement activities, the state does not direct MCOs to address particular health care quality measures that are part of the Maternity Core Set, including measures related to contraceptive care for postpartum individuals.

KDHE should require bidders to describe how they will design and leverage Performance Improvement Projects (PIPs) to improve enrollee access to "moderately or most effective" methods of contraception. This will demand a data-informed approach in which the successful contractors (and KDHE) track, report and are transparent regarding data on specific quality measures, ensuring the data is stratified by race/ethnicity/preferred language/geography -- all key to advancing equity and monitoring progress on the incidence of maternal morbidity and mortality, particularly among Black and Native American women.

- **Require at least two Performance Improvement Projects (PIPS) to address the specific needs of KanCare members enrolled as part of the postpartum extension.**

  KDHE should be explicit about its expectations for quality improvement activities focused on the needs of postpartum individuals and their infants. The KanCare 3.0 contract should require contractors to participate in two PIPs: One PIP will be related to a topic of its own choosing, and the other will be an All-Plan PIP that addresses a measure shown to be lagging among all contractors and therefore requires extra attention throughout the state.

  The Health Fund highly recommends that KDHE offer incentives for preventive care services that result in performance improvements on measures included in the Maternity Core Set. For example, incentive payments and/or preference in autoenrollment algorithms, etc. could be rewards for:

  - PIPs that improve access to moderately or most effective contraceptive methods, and, as a result, are shown to achieve recommended birth-spacing,
  - PIPs that address maternal tobacco use and effective smoking cessation methods – and result in a reduced incidence of low-birth-weight births, or
  - PIPs that are designed to help both mother and infant using a family-focused, "two-generation" approach to care to reduce chronic conditions in mother and child, such as asthma, the effects of lead exposure, or depression.

The Health Fund strongly suggests that KDHE consider assisting MCOs by allowing a portion of the costs associated with effective and innovative methods of producing improved health outcomes to be included in the numerator of the Medical Loss Ratio equation.

These could be targeted to efforts such as the use of:

- strategies found to lessen barriers to the access of specific moderately effective or effective contraceptive methods, including:
  - allowing enrollees to access approved contraceptives without prior authorization,
  - permit billing on same day,
  - implement a policy change facilitating Medicaid reimbursement for LARCs placed immediately postpartum, or

- easing problems with inadequate storage capacity that make it difficult for providers to maintain supplies, such as the costs associated with engaging in partnerships with pharmacies to store LARC devices for providers;
- strategies to engage in partnerships Title X (family planning) providers; and/or
- strategies to build two-generation behavioral health strategies into primary care visits.

As you know, unintended pregnancies are a major public health risk. The Kansas Pregnancy Risk Assessment Monitoring System (PRAMS) survey released in 2023 by KDHE estimates that more than 1 in 4 mothers who had a live birth in 2020 (27.%) reported that their pregnancies were unintended. Increasing access to Family Planning services such as the use of LARCs through strong Medicaid contracting policies, as outlined, is an important part of the solution to reduce unintended pregnancies and improve maternal health.

Thank you for the opportunity to share our thoughts as part of the reprocurement process. Together, we can work to improve access to family planning services that can improve health. Should you have any questions, please let me know.

Sincerely,

David Jordan
President and CEO