

2019 Legislative Session Key Outcomes

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Outline



Legislation for DSHS

- Maternal Mortality & Morbidity
- Newborn Screening

Legislation for HHSC

Medicaid



- Implement initiative to improve maternal care for women with opioid use disorder
- Pilot to be completed by March 1, 2020.



Maternal Mortality & Morbidity

- Directs Maternal Mortality and Morbidity Review Committee to collaborate and consult with HHSC on maternal and women's health
- Launch pilot for women at high-risk for complications during and after pregnancy
- Directs DSHS to apply for CDC grant

Newborn Screening

- Requires fees to cover costs for newborn screening
- Creates special Preservation Account
- Requires testing for congenital syphilis at time of delivery



- Directs DSHS to review implementation of rules for neonatal and maternal levels of care
- Delays Medicaid requirement for maternal levels of care from 2020 to 2021
- Establishes a waiver and revised appeals process



- Directs DSHS to rename Task Force to Maternal Mortality and Morbidity Review Committee
- Requires hospitals and other providers to submit deceased patient records to DSHS within 30 days of request
- Allows DSHS to release information to CDC to meet ERASE MM grant requirements

DSHS | Exceptional Item/ House Bill 1



Maternal Mortality & Morbidity

- Sustain and implement additional maternal safety bundles
- Launch high-risk maternal care coordination pilot
- Design and implement public awareness campaign

Newborn Screening

Received start-up and path to sustained funding for additional screens

HHSC | Medicaid for Pregnant Women



Benefits

- Comprehensive prenatal care, including office visits, labs, and ultrasounds
- Fetal surveillance
- Labor and delivery care
- Postpartum care, including depression screening

Service Management

- For high-risk pregnant women
- Includes
 developing a
 person-centered
 service plan and
 package of care
 to meet
 primary, acute,
 and specialty
 service needs

Care Continuity

- May continue care with current provider, even if out-of-network:
- For up to 90
 days until
 transfer to in network provider
- Through
 postpartum
 check-up if past
 the 24th week of
 pregnancy



Requires HHSC to implement two pilot programs: Pregnancy Medical Home and Maternal Teleservices

Each pilot must be implemented in:

- Two counties with populations > 2 million
- One county with a population of >100,000 and <500,000
- One rural county with high rates of maternal mortality and morbidity

HHSC | Pregnancy Medical Home



- Surveying providers and health plans to inform pilot requirements. All newly awarded STAR health plans will have the opportunity to participate.
- Expanding previous pilot with Texas Children's Health Plan and the Center for Children and Women.

Findings Associated with The Center		
Prenatal Care Outcomes	More time in prenatal careLower emergency department utilization	
Birth Outcomes	Lower rate of C-section deliveriesLower rate of NICU admissions	
Postpartum Care Outcomes	 More likely to attend postpartum visit Lower rate of postpartum anemia More likely to receive long-acting reversible contraception (LARC) More likely to receive a breast pump 	

Source: Pregnancy Medical Home Pilot Program Final Evaluation Report, September 2017

HHSC | Maternal Teleservices



Requirement

- Develop a pilot program to deliver maternal care via telehealth and telemedicine
- Evaluate the use of telemedicine services for women during pregnancy and the postpartum period
- Conduct a study on the costs and benefits of providing reimbursement for maternity care through telehealth and telemedicine

Implementation Status

- Conducting research and analysis
- Engaged external quality review organization for costbenefit analysis
- Evaluating utilization of teleservices among pregnant women
- Will present research to the Maternal Mortality and Morbidity Review Committee (MMMRC) in March



- Federally Funded Model of Care for Opioid Use
- Enhanced Medicaid Prenatal/Postpartum Care Services
- Continuity of Care for Women's Health Services
- Assess Healthy Texas Women (HTW) in Managed Care
- Statewide Quality Initiatives for Maternal Care
- Postpartum Depression Treatment Network

HHSC | Opioid Use Model of Care



Requirement

Apply for federal funding • to implement a model of care for certain women with opioid use disorder and their children •

Implementation Status

- Texas among 10 states awarded funding to implement the Maternal Opioid Misuse (MOM) Model
- Partnered with Harris Health System's Ben Taub Hospital and Santa Maria Hostel to implement the model of care in the Houston area in January 2020
- In 2021 a multidisciplinary clinic will be established



Requirement

- Enhance prenatal care services in Medicaid
- Ensure continuity of care for women who transition from Medicaid to Healthy Texas Women (HTW)

Implementation Status

- Conducting research to determine options by Spring 2020
 - Surveying health plans on current efforts
 - Reviewing research on care coordination in the third trimester
 - Evaluating impact of Medicaid reimbursement for pregnancy risk assessment



Requirement	Implementation Status
Assess providing HTW services through managed care	Conducting analysis by Spring 2020, including input from stakeholders
Implement postpartum depression treatment network	 Including this requirement in the Postpartum Depression Strategic Plan scheduled for publication in September 2020 Engaging health plans and HTW providers



Requirement	Implementation Status
Develop statewide initiatives to improve the quality of maternal care services and outcomes	 Evaluating pregnancy-associated outcome measures for MCOs for severe maternal morbidity Engaging workgroup to identify meaningful quality measures and potential alternative payment models for MCOs Identifying and sharing best-practices from health plans to improve timeliness of prenatal and postpartum care and to reduce health disparities Participating in learning collaborative regarding MCO Social Determinants of Health



Thank you