



Council on Medical Assistance Program Oversight *Women's Health Committee*

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All women are healthy and have the opportunity to achieve a productive life, which may include pregnancy and parenting. The Subcommittee will focus on strategies, which include but are not limited to evidence-based interventions before, during and after pregnancy. Additionally, the Subcommittee will address established woman and child health indicators and associated outcome measures in consideration of woman's health across the life span.

Chair: Amy Gagliardi
Monday March 11, 2013 at 10:00 AM in Lob Room 1A
Attendance

Amy Gagliardi, Beth Cheney APRN, Mary Alice Lee CT Voices, Erin E Jones March of Dimes, Mariette McCourt, Renee Coleman-Mitchell DPH, Abha Bernard Women's Health CT, Robert Zavoski DSS, Margie Hudson DPH, Annie Jacob DSS, Bernadette D'Almeida CHNCT, Nadine Fraser CHA

There were introductions of Committee members.

1) CT Voices Presentation on Medicaid Birth Data 2010

Mary Alice Lee gave a presentation on Medicaid Birth Data for 2010.



Adobe Acrobat
Document

Notes on Presentation

- There was a background on DPH and Husky.
- Coverage for Pregnant Women Husky A, B, and Medicaid Fee for Service.
- To describe 2010 births to mothers with Husky Program and Medicaid Coverage.
- To compare maternal health and birth outcomes for mothers with Husky and Medicaid Coverage to pregnancy and birth outcomes for other CT Mothers.
- To describe 2000-2010 trends in maternal health and birth outcomes for mothers with Husky Program and Medicaid Coverage.

- Methods were described on Slide.
- 2010 describe across payer type. 2010 Birth Data Match.
- Data taken from CT Voices for Children.

KEY FINDINGS

- **Number of births and trends:** In 2010, there were 37,711 births to Connecticut residents, including 36,784 (97.5%) that occurred in-state. There were 12,221 births to mothers enrolled in HUSKY A (12,213 births) and HUSKY B (8 births), and 2,256 births (6.1% of in-state births) to mothers whose births were covered by fee-for-service Medicaid (FFS). The proportion of births covered by the HUSKY Program and FFS Medicaid continues to increase, from 28.4 percent in 2003 to 38.4 percent of all births to Connecticut residents in 2010. The counts and rates in this report are based on a linkage of in-state birth data and HUSKY Program/Medicaid FFS enrollment data.
- **Teen births:** Overall, the number of births to Connecticut teens 19 and under (2,286 births in 2010) has declined over 20 percent in the past five years. Typically, more than eight of every ten births to teens are covered in the HUSKY Program and FFS Medicaid (1,919 births in 2010). **Prenatal care:** Mothers who had HUSKY Program or Medicaid coverage were not as likely as other mothers without publicly funded care to have had early prenatal care (prenatal care that began in the first trimester of pregnancy) (82.4% and 69.6% respectively, compared with 92.0% of other mothers). Since 2006, the early prenatal care rates for mothers with HUSKY Program or FFS Medicaid coverage have generally increased, but have never reached the rates for other mothers.
- **Smoking in pregnancy:** Since monitoring by coverage type began, the smoking rate among mothers with HUSKY Program coverage has declined steadily. The smoking rate in 2010 (9.9%) is far less than the rate reported in 2000 (19.0 %) when monitoring began; however, the rates continue to be far higher than that reported for other mothers (1.5% in 2010). Compared with babies born to mothers with HUSKY Program coverage who did not smoke, babies born to smokers were more likely to be born preterm (11.7% v. 8.8%) or low birthweight (11.5% v. 6.5%). Treatment of tobacco dependence was not covered in Connecticut's HUSKY Program or FFS Medicaid until October 2010 when coverage in Medicaid was mandated by the federal Affordable Care Act.
- **Birth outcomes:** *The rates for **preterm birth** (less than 37 weeks gestation) for babies born to mothers with HUSKY Program (10.7%) or FFS Medicaid coverage (13.1%) were higher than the rate for births to other mothers (9.8%) in 2010. The **low birthweight** (less than 2500 grams) rates were higher for babies born to mothers with HUSKY Program (8.4%) and FFS Medicaid coverage (9.8%) than the rate for births to other mothers (7.5%). In addition, the very low birthweight (less than 1,500 grams) rates were much higher for babies born to mothers with FFS Medicaid (2.2%) than the rates for babies born to those with HUSKY Program coverage (1.7%) or other mothers (1.3%). Overall, the low birthweight rate for babies born to mothers with HUSKY Program coverage has generally declined since monitoring began.*
- Births by towns are outlined in the Report.
- Mothers are healthy before pregnancy and timed properly will have healthier babies.
- Family Planning Coverage discussed.

- Smoking rates and trends discussed. Second hand smoke impacts discussed. Quit line went into effect 4-5 years ago. Smoking is on the decline.
- CT has done to improve maternal health and birth outcomes
 - Improved coverage options
 - Improved benefits- Connecticut Dental Health Partnership, CHN Screening, Depression and Referral
 - Improved quality of care-Pay for Performance, DPH Learning Network, Health Start Hartford, DPH CDC initiative
- Recommendations
 - Promote Optimal Maternal Health- good community outreach, Family planning,
 - Ensure Availability of Data- continuity data matching, DSS/DPH linked data set. WIC/ Husky Program, Food Supplemental, Continue to get data.
- Question: What would happen if they didn't have data availability? DSS and DPH would have to do the data linkage. Mary Alice- Can get data on Birth Certificate with both data sets. Valuable research.
- Yale Independent Health Start 200 Research

2) **Pay for Performance Update**

Comments and Discussion

- DSS gave an update on the Pay for Performance. Currently, the governor support the program as it stands. Once the budget is looking good to pass. Implementation tentatively in July 2013. It's in the state's interest to do this.
- Abha asked if the advisory group will meet again. DSS responded with they will reconvene when the budget is closer to being passed.
- Discussion about Points distribution.
- Spontaneous births and Full term medical delivery is still on the pay for performance
- The draft measures are available for distribution.
- Is this retroactive? The money would be the in the budget.
- Will FQHC be able to participate? Believe so yes.

- Can it be Track whether it would be in the budget? Budget was lumped together-
- 2014 State Fiscal Budget.
- Are we going to present in front of the council meeting. If Fridays meeting is rescheduled. Once the budget is passed. The provider community is aware of the program.
- Question about The Enrollment Form- Put forth an effort to know how important the new form is.
- Healthy Start and Program Cut Question.
- Budget has cut is 67%. It is being rolled into a new cabinet level position.
- Yale did a study of health start and its outcomes. Referenced the cost savings.
- Husky Info Line is cut in the budget.
- Services for supporting families for getting information back from families of what is and isn't working.
- Comments about there are a large deficit in the budget.

Coverage of Breast Pumps- Provider Bulletin- breast pumps are covered for Medicaid mother but covered under the Medicaid recipient.

- Medicaid can only provide a service to a Medicaid covered individual. Breast pumps can be provided for infants. Breast pumps are only to be provided for Medicaid covered women.
- DPH State WIC Program- Manual and electronic breast pumps for undocumented women for unexpended federal money. There's going to be sequester is going to be 7% cut across the board. 60-80 pumps in a year. DPH can do it at a state-level and have to meet the criteria and may change. Have done it. USDA to purchase the pumps and it is for undocumented women. DPH is waiting to hear about the impact of the sequester. Make an assessment in the eligibility claim. Requirements include if mother has been 15-20hrs not with a week with the infant. They can go to their local WIC agency and responsible for going up the change.
- Breast milk is considered prescriptive for baby.

- Federal rules- federally reimbursed service under the person who is receiving the service.
- Hospital rules- If the mothers not under Medicaid then they do not get breast pumps.
- Claims- How many breast pumps we have provided.
- Providing some of these women with breast milk has a benefit.
- Discussion about the Impact on the Sequester Update.
- Potential plan for DPH: Post-partum women. A Wait list to the program. DPH Potential plan if the sequester hits the breast pumps.

Next meeting date: April 08, 2013 at 10:00 AM in LOB Room 1A.

Agenda for April 8, 2013 at 10:00 AM in LOB Room 1A.

1. Pay for performance
2. Healthy Start Budget Cut
3. Undocumented women to access breast pumps. Current Guidelines Breast Pump Update