



# Improving Maternal Health Outcomes: Navigating CMS Guidance for Better Care

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# TODAY'S EXPERTS



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# AGENDA

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Introduction and Current Landscape

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CMS Guidance and Updates

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Addressing Disparities

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Best Practices

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Opportunities and Challenges

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Q&A and Closing



# WHY MATERNAL HEALTH MATTERS

- The U.S. continues to have the **highest maternal mortality rate** compared to other high-income countries despite the slight decrease in 2022.
- In 2022, the maternal mortality rate in the U.S. was **22.3 deaths per 100,000 live births**.
- In 2021, the maternal mortality rate in the U.S. was **32.9 deaths per 100,000 live births**.
- The rate for Black women in 2022 was **2.6 times higher** than the rate for White women. (49.5 vs. 19.0 per 100,000 live births, respectively)
- **Two-thirds** of U.S. pregnancy-related deaths occur during the postpartum period.

# OVERVIEW OF SYSTEMIC CHALLENGES, INCLUDING DISPARITIES IN OUTCOMES BY RACE, ETHNICITY, AND GEOGRAPHY

## Racial Disparities

- Black women are less likely to have access to treatment and receive good-quality care.
- In 2020, American Indian or Alaska Native (AIAN) and Black women are more than 3 times as likely as White women to experience a pregnancy-related death. (63.4 and 55.9 vs. 18.1 per 100,000 live births)

## Age

- The maternal mortality rate increases with age and persists across education and income levels.

## Postpartum Period

- Nearly two of three maternal deaths in the U.S. occur during the postpartum period
- High income Black women have the same risk of dying in the postpartum period as the poorest White women.

# OVERVIEW OF SYSTEMIC CHALLENGES, INCLUDING DISPARITIES IN OUTCOMES BY RACE, ETHNICITY, AND GEOGRAPHY (CONT.)

## Lack of support

- U.S. women are less likely to have supports such as home visits and guaranteed paid leave.
- AIAN, Black, NHPI, Asian, and Hispanic women have higher rates of admission to the intensive care unit during delivery compared to White women, a marker for severe maternal morbidity.

## Geography

- Women living in rural areas, the South, and the Midwest have high concentrations of counties where pregnant women and mothers are vulnerable to harmful neighborhood conditions, which is an indicator for increased risk of adverse birth outcomes.
- In the Midwest, American Indian reservations make up a cluster of high vulnerability counties in North and South Dakota.

# MATERNAL HEALTH DESERTS & THEIR IMPACT



The March of Dimes (MOD) defines maternity care desert as a county that lacks maternity care resources – no hospitals or birth centers offering obstetric care and no obstetric providers.

- The MOD 2024 Nowhere to Go: Maternity Care Deserts in the US report revealed that over 35% of counties are maternity care deserts which means that over 1,100 counties lack maternity care resources.
- 2.3 million women of reproductive age live in maternity deserts.
- Living in a maternity care desert is associated with a 13% increased risk of preterm birth.
- In 2020-2022, an excess of 10,000 preterm births among those living in maternity care deserts and limited access counties.
- In 2021-2022, approximately 1 in 25 obstetric units closed nationwide.



# MATERNAL HEALTH POSTPARTUM COVERAGE & INITIATIVES

48 states and DC have implemented 12-month postpartum coverage extensions, and one state (WI) has proposed a limited coverage extension period to 90 days.

Arkansas has not indicated its intention to expand postpartum coverage.

- In March 2024, Governor Sanders signed an Executive Order (EO) to Support Moms, Protect Babies, and Improve Maternal Health.
- The EO established the Arkansas Strategic Committee for Maternal Health.
- Arkansas Committee Report outlined several recommendations including policies and programs to improve maternal health outcomes.

On January 6, 2025, CMS announced that 15 states were selected to participate in the Transforming Maternal Health (TMaH) Model.

- TMaH will support state Medicaid agencies in developing a whole-person approach to pregnancy, childbirth, and postpartum care through policies, workforce development, and infrastructure to transform the maternal health care experience and outcomes.



# **CMS GUIDANCE AND REGULATORY UPDATES**



## CMS ISSUES NEW HOSPITAL MATERNAL HEALTH, SAFETY STANDARDS

In response to the maternal health crisis in the U.S., CMS issued new conditions of participations standards for hospitals that offer obstetrical services as part of its 2025 Hospital Outpatient Prospective Payment System rule.

These new policies aim to reduce maternal mortality, increase access to care, and advance health parity.

# CMS GUIDANCE AND REGULATORY UPDATES

The new Conditions of Participation (CoPs) for hospitals and Critical Access Hospitals (CAHs) aim to improve maternal health outcomes by promoting accountability, parity, and quality care.

These requirements are grouped into six major sections and ensure hospitals are better equipped to handle obstetric emergencies, address systemic disparities, and improve transparency through enhanced data reporting.



## Organization and Staffing

- OB services align with national best practices for maternal & infant care. (incl. mental health)
- OB units supervised by qualified professionals. (RN, midwife, NP, PA, MD/DO)



## Delivery of Services

- Availability of essential OB equipment. (e.g., call system, cardiac monitor, fetal monitor)
- Adequate resources and protocols for OB emergencies, complications, and post-delivery care based on national guidelines.



## Staff Training

- Training for all relevant staff on scope-of-service specific topics, evidence-based practices, and protocols for improved maternal care.
- Use of Quality Assessment and Performance Improvement (QAPI) data to inform and continuously update staff training needs.

# CMS GUIDANCE AND REGULATORY UPDATES

By requiring all Medicare-funded providers and facilities to meet the new maternal health care standards, CMS ensures preparedness for unexpected complications, even in settings primarily focused on low-risk pregnancies.

These standards ensure that all facilities, regardless of their typical patient population, are adequately equipped to handle unexpected complications.

This proactive approach minimizes the risk of preventable adverse maternal outcomes and promotes equitable access to high-quality care within the Medicare system.



## Quality Assessment and Performance Improvement (QAPI Program)

- Ongoing use of QAPI to assess and improve OB health outcomes and address disparities.
- Leadership engagement in OB QAPI activities.
- Incorporation of publicly available data from the Maternal Mortality Review Committee (MMRC) into the facility's QAPI program.



## Emergency Services' Readiness

- Availability of essential OB equipment. (e.g., call system, cardiac monitor, fetal monitor)
- Adequate resources and protocols for OB emergencies, complications, and post-delivery care based on national guidelines.



## Transfer Protocols

- Training for all relevant staff on scope-of-service specific topics, evidence-based practices, and protocols for improved maternal care.
- Use of Quality Assessment and Performance Improvement (QAPI) data to inform and continuously update staff training needs.

# TIMELINE FOR REQUIREMENTS IMPLEMENTATION



Set of Requirements	Effective Date
Emergency service readiness	July 1, 2025
Transfer protocols	July 1, 2025
Organization, staffing, and delivery of services	January 1, 2026
Training for obstetrical staff in hospitals and CAHs	January 1, 2027
Quality assessment and performance improvement program	January 1, 2027

# BEST PRACTICES FOR IMPLEMENTING CMS GUIDELINES

## **Conduct a comprehensive gap analysis**

- Compare current OB services, policies, and practices with the updated CMS CoPs.
- Identify areas requiring immediate attention, such as staffing, care protocols, or compliance with new documentation requirements.

## **Establish a Multidisciplinary Implementation Team**

- Form a team that includes obstetricians, maternal-fetal medicine specialists, midwives, nurses, administrators, and quality improvement experts.
- Assign roles and responsibilities for meeting compliance goals.

## **Revise Policies and Procedures**

- Update policies to align with CMS requirements, including protocols for managing emergencies such as hemorrhage, hypertensive disorders, and sepsis.
- Ensure the revisions are reviewed and approved by leadership and communicated effectively to staff.

## **Enhance Staff Education and Training**

- Provide mandatory, role-specific training on the new CoPs for all OB staff, including nurses, physicians, and ancillary personnel.
- Include simulation-based training on managing obstetric emergencies and drills to reinforce knowledge and preparedness.

## **Implement Standardized Clinical Pathways**

- Develop and adopt evidence-based clinical protocols for conditions such as preeclampsia, postpartum hemorrhage, and maternal sepsis.
- Utilize standardized order sets and checklists to ensure consistency and compliance across providers.

# **ADDRESSING DISPARITIES IN MATERNAL HEALTH**

# STRATEGIES FOR REDUCING DISPARITIES

## Leveraging Community Partnerships

### Collaborative Solutions

Partner with community-based organizations (CBOs), Federally Qualified Health Centers (FQHCs), and maternal health advocates to design tailored interventions.

### Building Trust

Engage communities to understand their needs and build systems that reflect their lived experiences.

## Addressing Social Determinants of Health (SDOH)

### Integration

Embed SDOH screening in maternal care settings for housing, transportation, and food insecurity.

### Cross Sector Coordination

Build referral systems linking healthcare providers with social services.

## Implementing CMS Guidance for Equitable Care

### Policy Driven Change

Utilize CMS policies such as Medicaid postpartum coverage extensions to ensure care continuity.

### Value-Based Models

Encourage adoption of payment systems like bundled payments that incentivize quality and equity in care delivery.



# STRATEGIES FOR REDUCING DISPARITIES



# ADVANCING MATERNAL HEALTH: STRATEGIC GROWTH AND OPPORTUNITIES

## HMA Service Opportunities

### CoP Compliance Support:

- Provide readiness assessments.
- Develop evidence-based protocols.

### Data Analytics and Reporting for QI:

- Create dashboards to monitor SMM and maternal mortality.

### Staff Training in Health Equity and SMM Reduction:

- Facilitate workshops on emergency response, care coordination, and SMM management.

### Care Coordination Models and Cross-Sector Partnerships:

- Design frameworks to improve care integration between hospitals, FQHCs, and CBOs.

## Engagement Examples

- Partnering with CAHs, FQHCs, CBOs, and other entities to expand the delivery of health care services.
- Partnering with hospitals to achieve "Birthing-Friendly" designations.
- Collaborating with Medicaid MCOs to enhance postpartum care and expand doula services.
- Supporting public health agencies in developing regional maternal health improvement strategies.
- Working with CBOs to address SDOH challenges through community-led maternal health programs.

# MATERNAL HEALTH IN THE NEWS

The **Maternal Health Task Force** strives to create a strong, well-informed and collaborative community of individuals focused on ending preventable maternal mortality and morbidity worldwide

## March of Dimes 2024 Maternity Care Deserts Report Reveals Millions of Families Unable to Access Maternity Care

September 10, 2024

### CMS announces states to participate in maternal health model

Jan 06, 2025 - 02:39 PM



### State lawmakers look for solutions to Georgia's maternal mortality crisis

In Georgia, 692 infants died in 2022, 116 more than the year before.



### 2024 Maternal Mental Health State Report Cards Released

The U.S. improved from a D to D+, as state grades inched up

## America is trying to fix its maternal mortality crisis with federal, state and local programs

### Report: Maternal care access worsening nationwide due to hospital closures, decreases in obstetric services

Sep 13, 2024 - 02:25 PM



### POSTPARTUM DEPRESSION

## Preventive Mental Health Care for Postpartum Depression

Preventive therapy reduces the likelihood of postpartum depression and anxiety.

in PAYERS



## Exclusive: Medicaid insurers can do more to improve maternal health access, HHS report says



**WHAT DO WE  
WANT THE  
HEADLINES  
TO BE IN FIVE  
YEARS?**



# WHAT CAN WE DO FOR YOU?

Our depth and breadth of experience has helped an incredibly diverse range of healthcare industry leaders.

## Questions?



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# CLOSING REMARKS

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