

# **Methodology - State levers to improve maternal health for mothers on Medicaid**

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1. **Levers**
2. Methodology

# Levers overview



## State levers for improving Medicaid maternal health

### Coverage



- 1 Duration of post-partum coverage
- 2 % FPL eligibility (Pregnancy coverage)
- 3 Immigrant 5-year residency waiver

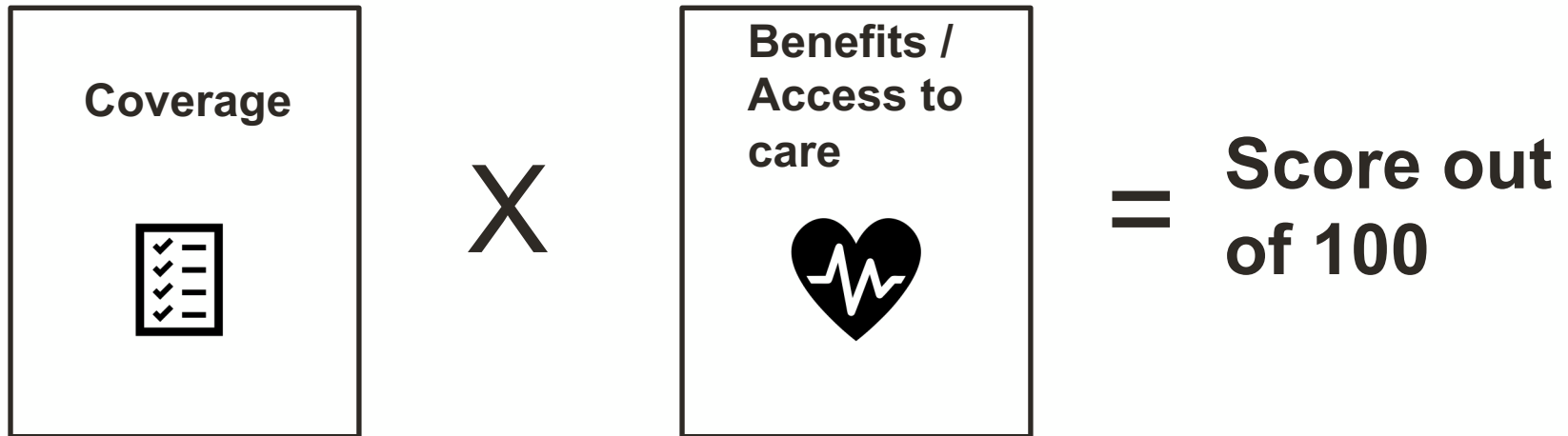
### Benefits / Access to care



- 1 Doula support
- 2 Focus on high-risk subpopulations
- 3 Home visiting
- 4 Lactation consults
- 5 Mental health screenings

## Grading states on levers

*Note: Full scoring methodology (incl. weighting) and definitions can be found on the following pages*



## Grading steps:

1. Each lever (e.g., doula support) and category of levers (e.g., "Coverage") is weighted according to impact/importance
2. Score out of 100 is calculated
3. States are ranked and organized into tiers

1. Levers
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# Methodology: definitions

	Policy	Why it matters / data detail
Coverage	<b>Duration post-partum</b>	Has the state extended postpartum coverage beyond mandated 60 days?
	<b>% FPL eligibility</b>	What % of FPL determines pregnancy eligibility?
	<b>Immigrant waivers</b>	Is the state waiving the requirement for pregnant immigrants to have lawfully resided for five years before gaining Medicaid eligibility?
Access to care / benefits	<b>Doula supports</b>	Does the state allow doulas to get reimbursed for services?
	<b>Focus on high-risk subpopulations</b>	Does the state provide additional services / require providers take special care to address needs of mothers with additional risks (e.g., SUD)
	<b>Home visiting</b>	Does the state reimburse home visits from providers during prenatal / postpartum care, and in what settings?
	<b>Lactation consult</b>	Does the state allow for reimbursement of lactation consults in hospitals, clinics and/or home visits?
	<b>Mental health screenings</b>	Does the state allow, recommend, and/or require postpartum mental health screenings

# Methodology: weightings

	Weights	Grading detail	Reasoning
<b>Coverage</b>	<b>60%</b>		<b>Coverage is a precursor to any services being provided</b>
Duration post-partum	50%	<ul style="list-style-type: none"> <li>• Full: 1 year</li> <li>• Half: any extension</li> <li>• None: no extension</li> </ul>	Feasibility and scale of impact on extension much higher than others (no services without coverage)
% FPL eligibility	30%	<ul style="list-style-type: none"> <li>• Full: Above 250% FPL</li> <li>• Half: Above 216% FPL</li> <li>• None: No increase</li> </ul>	Bridges coverage gap for some additional low-income mothers
Immigrant waivers	20%	<ul style="list-style-type: none"> <li>• Binary</li> </ul>	Bridging coverage gap for those with access issues
<b>Access to care / benefits</b>	<b>40%</b>		<b>Services require coverage in order to drive better outcomes</b>
Doula supports	30%	<ul style="list-style-type: none"> <li>• Binary (points incl. states currently implementing)</li> </ul>	Research-backed and direct, holistic impact (e.g., deaths, overall satisfaction, etc.)
Focus on high-risk subpopulations	30%	<ul style="list-style-type: none"> <li>• Binary</li> </ul>	Holistic revision to care delivery across many barriers and for critical populations, but slightly smaller scale
Home visiting	30%	<ul style="list-style-type: none"> <li>• Binary</li> </ul>	Enables household health while also removing access barriers
Lactation consult	5%	<ul style="list-style-type: none"> <li>• Full: In any settings</li> <li>• Half: In hospital or only some settings</li> <li>• None: Not covered</li> </ul>	Smaller scale and smaller direct impact by itself—still targets clinical gap
Mental health screenings	5%	<ul style="list-style-type: none"> <li>• Full: Require</li> <li>• Half: Recommend</li> <li>• Quarter: Allow</li> <li>• None: Do not cover</li> </ul>	Crucial for addressing mental health needs, but only part of the puzzle (e.g., treatment)