



December 21, 2023

North Carolina Department of Medicaid  
Jay Ludlam, Deputy Secretary, North Carolina Medicaid  
2501 Mail Service Center  
Raleigh, NC 27699-2501  
Via email to [Medicaid.public.comment@dhhs.nc.gov](mailto:Medicaid.public.comment@dhhs.nc.gov)

Re: Public Comments for Medicaid 1E-5, Obstetrical Services

Dear Deputy Secretary Ludlam,

On behalf of the Centering Healthcare Institute (CHI), thank you for the opportunity to submit feedback on the North Carolina Department of Medicaid proposed 1E-5, Obstetrical Services policies. We must acknowledge the crossroads we are faced with in regard to protecting pregnant individuals and addressing the racial disparities that persist across maternal health measures. Together, we have the power to increase equity and access for everybody, while also preventing poor maternal health outcomes. CHI commends your current efforts in improving family planning and maternal health with your Be Smart Family Planning Program, early intervention services, Baby Love Program, Pregnancy Medical Home, Medicaid expansion, and extended coverage for postpartum care.

CHI is a non-profit organization that works closely with health care providers from all sectors to change healthcare, especially regarding improving outcomes related to mothers, babies, and families. CHI started when our founder, a certified nurse midwife, Sharon Rising, wanted to provide more effective prenatal care by bringing birthing people together for their visits. With over two decades of experience as the go-to resource for group care, we have developed and sustained the Centering model in nearly 500 practice sites and in some of the largest health systems in the world. In North Carolina, our programs operate in 29 locations across the state that include the state's largest health system, academic medical centers, Mountain Area Health Education Center (MAHEC), Army and Navy medical facilities, independent OB/GYN physician practices, local health departments, and community health centers. CHI provides a mature framework, tools, and support to help caregivers provide better maternal health at a lower cost, which benefits providers and payers and aligns with the goals of the Maternal Infant Support Program (MISP).

[CenteringPregnancy® \(CP\)](#) is an evidence-based, patient-centered model following nationally recognized guidelines that leads to better care, better health outcomes, and lower cost. CP health outcomes are aligned with the MISP efforts to improve maternal and infant outcomes and lead to greater engagement, learning and self-confidence, and higher satisfaction with the prenatal care among patients. CP decreases the rate of preterm and low weight babies, increases breastfeeding rates, leads to better pregnancy spacing, and has been shown to nearly eliminate racial disparities in preterm birth by creating an environment where social and economic factors that impact health are identified and addressed.

CP involves a significant shift in the model and schedule of prenatal care because it replaces traditional individual appointments, rather than being overlaid on them like care management visits or some other prenatal care enhancements, thereby presenting opportunities for alignment with alternative payment models. For example, the [North Carolina Child Fatality Task Force 2023 report](#) includes analysis describing the high rates of infant mortality in the state and the various levers that can be used to help reduce infant mortality, including improving access and use of CP and similar programs.

**We are calling on you to take action by urging utilization of the CenteringPregnancy® model policy recommendation mentioned below when crafting enhanced payment for CenteringPregnancy® and group prenatal care policies.**

CHI recommends the group prenatal care policy to be **at least \$45 enhanced payment for each of the 10 prenatal visits per patient per session**. CHI also recommends a one-time \$250 provider retention payment after the completion of five prenatal visits per patient per session resulting in a \$700 enhanced maternity bundle for CenteringPregnancy® per patient, per pregnancy. Additionally, providers at Community Health Centers and Federal Qualified Health Centers (FQHCs) are reimbursed at this rate as well, similar to what Ohio is doing. CHI stands ready to continue our collaboration with the North Carolina DHHS and DHB as they develop guidance and implement incentive strategies for group prenatal care.

**While all providers are reimbursed for the patient encounter that occurs as part of a CenteringPregnancy® session, not all are reimbursed for the related costs and time associated with providing group prenatal care. This is why CHI recommends a per-patient, per-session payment structure as an incentive.** We urge the North Carolina Department of Public Health and Human Services, Department of Health Benefits, and the Centers for Medicare and Medicaid Services (CMS) to approve development of an additional reimbursement for group prenatal care sessions along with determining the level of patient population required for a provider to receive these payments.

We are excited to welcome North Carolina to the growing number of state leaders and Medicaid programs that recognize participating in alternative payment strategies. By incorporating the recommended incentives for CenteringPregnancy®, we witness both healthier pregnancies and improved birth outcomes. Additionally, this leads to the reduction of disparity gaps and a better overall experience for birthing people and healthcare providers. Here at CHI, we are ready to assist you in developing an incentive for group prenatal care to improve maternal and infant outcomes.

Sincerely,

*Mahak Kalra*

Mahak Kalra, MPH  
National Director of Policy