



June 25, 2021

Ohio Department of Medicaid
Maureen Corcoran, Director
50 West Town Street, Suite 400
Columbus, OH 43215
Via email to MISPA@medicaid.ohio.gov

Re: **Group Pregnancy Education Coding Updates**, Ohio Department of Medicaid, May 26, 2021

Dear Ms. Corcoran,

Thank you for the opportunity to submit feedback on the Ohio Department of Medicaid's (ODM) Group Pregnancy Education Coding Updates proposed for an effective date of January 1, 2022, as presented by ODM on May 26, 2021. The presentation shared by ODM provides valuable insight into ODM's efforts to create a "consistent, streamlined, sustainable reimbursement structure" for group pregnancy education, including ODM's desire to receive comments on fewer billable codes, more uniform reimbursement rates, updating covered services and provider contracts, and defining evidence-based and evidence-informed services. On behalf of the Centering Healthcare Institute (CHI), I applaud the Governor and ODM on these efforts in support of group prenatal care. I offer our thoughts on the billable codes, considerations for FQHCs/RHCs, and defining evidence-based and evidence-informed services.

About CHI

Centering started in the 1990s as one healthcare provider's idea to provide more effective prenatal care to her patients. Instead of repeating the same information over and over to women one at a time, our founder, Sharon Rising, brought pregnant women together for their prenatal visits. Colleagues who learned about her groups started doing it too, and through word of mouth the demand grew for Centering facilitation trainings across the country.

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. With over two decades of experience as the go-to resource for group care, we've developed and sustained the Centering model in nearly 600 practice sites and in some of the largest health systems in the world. In Ohio, our programs operate in 45 locations across the state that include University Hospitals, Cleveland Clinic, Summa Health System, WinMed Health

Services, Nationwide Children's Hospital, many community health centers and sites representing virtually all other settings where prenatal care is delivered.

CHI works with payers and providers to support transformation through:

- Implementation support for system change
- Training and certification in group facilitation and group care
- Site accreditation for model fidelity and quality assurance
- Practice management and support tools including CenteringCounts™ data collection and reporting
- Curriculum materials and supplies that support providers and patients

CHI provides a mature framework 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).

About CenteringPregnancy

CenteringPregnancy (CP) is an evidence-based model following nationally-recognized guidelines that leads to better care, better health outcomes, and lower cost. CP is an effective patient-centered model and leads to greater engagement, learning and self-confidence, and higher satisfaction with the prenatal care among patients. CP health outcomes are aligned with the Maternal Infant Support Program's (MISP) efforts to improve maternal and infant outcomes—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.

In CP, facilitators lead a cohort of eight to ten women of similar gestational age through a curriculum of ten 90- to 120-minute interactive group discussion sessions that cover medical and non-medical aspects of pregnancy, including nutrition, common discomforts, stress management, labor and delivery, breastfeeding, and infant care.

CP is a model of mutual support that creates an environment where social and economic factors that affect health can be identified and addressed, with the potential to improve outcomes and women's satisfaction with their maternity care. It 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. CP visits are reimbursable healthcare visits, using a 9921X code, yet traditional FFS payment models do not typically reward the added value that CP can achieve. A number of other states have adopted the 99078 code, used in conjunction with the 9921X code, to reimburse for CP.

FEEDBACK FOR ODM

CHI appreciates the opportunity to provide feedback to ODM related to three key aspects of the coding changes.

Code Pairings. From discussions with ODM, we understand that ODM is still considering whether to pair the 99078 group education code with the 9921X Evaluation and Management code for group prenatal care. In our two decades of experience as the go-to resource for group prenatal care, we have seen several other states Medicaid agencies institute an enhanced reimbursement using the 99078 code—notably, South Carolina, Texas, Georgia, New Jersey and Montana. In these states, the 99078 code must be paired with an 9921X code (with a TH modifier for prenatal care). This pairing ensures that all of the services received under an individual prenatal care visit would be provided and properly paid under the 9921X code, with the 99078 code providing the *enhancement* for the additional group education provided by the group prenatal care visit. This combination of codes ensures that group prenatal care is recognized as an equitable method of provision of standard prenatal care visits, *with* additional components provided in a group setting. As such, we strongly recommend ODM require that the 99078 code is paired with a 9921X-TH code for reimbursement. The \$45 reimbursement for the 99078 code proposed by ODM, as an add-on to the regular payment for the 9921X-TH payment, is a reasonable reimbursement that accounts for the additional resources expended by CP providers in the provision of group prenatal care.

Considerations for FQHCs/RHCs. Differences in payment mechanisms for FQHCs/RHCs can impact the effective “enhancement” of a new reimbursable code. We urge ODM to ensure that FQHCs/RHCs can bill the 99078 rate *in addition to* their PPS rate, and to further ensure that the enhanced reimbursement received under the 99078 code does not impact their wrap payment. Further, ODM should consider any possible implications of 99078 code under potential future capitated alternative payment methodologies for FQHCs that the State may consider.

Evidence-based Model. As detailed above, the CP Model is an evidence-based model of group prenatal care with demonstrated efficacy in numerous published studies. Following a nationally recognized curriculum and guidelines, CP practices are able to ensure a validated high-quality approach to prenatal care delivery. CHI offers annual certification to prenatal care providers that facilitate CP, acknowledging their expertise and ensuring that CP is provided with model fidelity. To ensure the same or analogous standard of group prenatal care is provided to pregnant individuals insured by Ohio Medicaid, we strongly recommend that ODM require an evidence-based or evidence-informed approach to group prenatal care is required for enhanced reimbursement under the 99078 code.

CHI applauds the ODM’s efforts to create a consistent, streamlined, sustainable reimbursement structure for group pregnancy education and appreciate the opportunity to provide this feedback. Ohio’s position as a leader among states in maternal child health is well-demonstrated by these coding changes.

Sincerely,

A handwritten signature in black ink that reads "A. Truesdale". The signature is written in a cursive, flowing style.

Angie Truesdale
Chief Executive Officer,
Centering Healthcare Institute