

TEXAS HOSPITALS FOCUS ON

Maternal and Newborn Health



Promoting the health of mothers and babies is a priority for everyone who works in health care. A healthy baby has a better chance of growing into a healthy child and a healthy and productive adult. Texas hospitals have a privileged and cherished role in this work.

Beginning in 2018, nearly all Texas hospitals that offer labor and delivery services voluntarily participate in **TexasAIM**, a national program focused solely on reducing maternal mortality and morbidity. There is no financial incentive for hospitals to participate. The **92 percent participation rate** reflects Texas hospitals' deep commitment to partnering with physicians, policymakers and advocates to make Texas the healthiest state in the country for moms and babies.



Yet, in the state with **the largest number of residents without health insurance**, access to comprehensive pre-natal and post-natal care for all Texas moms and babies is a challenge—reducing the likelihood of a healthy mom and baby.

At the same time, **poor individual health behaviors**, such as smoking, and environmental factors, such as air pollution, contribute to poor maternal health outcomes.



Another complicating factor is the fragility of the state’s rural hospitals. While **19 rural hospitals have closed since 2013**, more have reduced their services, most commonly labor and delivery, leaving rural women with **no access** to routine obstetrics care or to labor and delivery services close to home.

Today, just **66** of the state’s more than **160 rural hospitals** provide labor and delivery services.



Over the last decade, public health advocates, including Texas hospitals, have worked with lawmakers and state health agencies to identify needed public policies to improve the health of Texas moms and babies. Progress is being made, although more work needs to be done, particularly to **improve access to comprehensive, affordable health insurance**.

To that end, in the last legislative session, **Texas hospitals supported House Bill 2466** that qualifies mothers of children whose births are covered by CHIP or Medicaid for mental health screenings and referrals when the mothers take their infants in for a check-up.



This session, Texas hospitals support legislation to **extend Medicaid eligibility post-partum from the current 60 days to 12 months** to ensure new moms receive necessary follow-up health services and appropriate family planning.



Below is a brief history of some of the most significant maternal health-related policy requirements for Texas hospitals.

2011

Medicaid reimbursement is eliminated for Texas hospitals providing elective (not medically necessary) deliveries prior to 39 weeks gestation **(HB 1983, 82nd Legislature)**.

The Texas Health and Human Services Commission is required to create and appoint a council to study and make recommendations governing operating standards and Medicaid reimbursement for neonatal intensive care units **(HB 2636, 82nd Legislature)**.

2013

THHSC and the Texas Department of State Health Services are required to establish criteria and assign levels of care for neonatal and maternal care for hospitals and to divide the state into neonatal and maternal care regions **(HB 15, 83rd Legislature)**.

THHSC and TDSHS are required to establish a Perinatal Advisory Council to advise the agencies on implementing levels of neonatal and maternal care. Its responsibilities include developing and making recommendations related to designation criteria, minimum requirements, the assignment process and improving maternal and neonatal outcomes.

2016

Texas hospitals are required to have a NICU designation of Level I, II, III or IV from TDSHS by Oct. 1, 2018 to receive Medicaid payment for neonatal services provided. **(HB 3433, 84th Legislature)**. Designated neonatal facilities also must have a data-driven quality assessment and performance improvement program.

As of Nov. 1, 2018

- ▶ **20** Texas hospitals received **Level 4** designations.
- ▶ **55** Texas hospitals received **Level 3** designations. Five facilities requested Level 4 designations but received Level 3.
- ▶ **76** Texas hospitals received **Level 2** designations. 36 facilities requested Level 3 designations but received Level 2.
- ▶ **82** Texas hospitals received **Level 1** designations.



Medicaid's Role in Women's Health

*Texas Medicaid covers pregnant women with incomes up to **203 percent** of the federal poverty level (annual income of **\$24,644**) through pregnancy and up to **60 days** post-partum.*

*Through its **Healthy Women** program, Texas Medicaid covers family planning services for eligible women wanting to achieve, postpone or prevent pregnancy.*

*Women between the ages of **18 and 44** with incomes up to **200 percent** of the federal poverty level (annual income of **\$24,288**) may qualify.*



TIMELINE CONTINUED →



TexasAIM

A collaboration of the Texas Hospital Association, TDSHS and Texas hospitals, TexasAIM is engaging **207 Texas hospitals, 92 percent** of those offering labor and delivery services in the state, to improve maternal health.

Through TexasAIM, Texas hospitals are implementing evidence-based care guidelines to improve maternal care and reduce preventable mortality and morbidity. THA is supporting hospitals in implementing these guidelines and measuring progress towards the goal of eliminating maternal mortality and morbidity.

TexasAIM focuses on:

- ▶ Reducing obstetric hemorrhage
- ▶ Improving obstetric care for women with opioid use disorder
- ▶ Reducing severe hypertension in pregnancy

2018

Texas hospitals are required to have a maternal designation of Level I, II, III or IV by Sept. 1, 2020 to receive Medicaid payment for maternal services provided. Designated maternal facilities also must have a data-driven quality assessment and performance improvement program.

2019

Texas hospitals are required to report births and deaths via a new electronic reporting system, Texas Electronic Vital Events Registrar, known as TxEVER. State agencies reported that errors associated with death certificate coding in the prior system incorrectly inflated Texas' maternal mortality rate.

FUTURE

The Texas Value-Based Payment and Quality Improvement Advisory Committee Recommendations to the 86th Legislature

included a recommendation for THHSC to work with stakeholders on Medicaid value-based payment approaches to improve maternal and newborn care by:

1. *Developing a maternity/newborn episode-of-care payment bundle (and/or other maternity/newborn VBP approaches). These approaches should reduce barriers to accessing long acting reversible contraceptives (LARCs) to help lower rates of maternal mortality and morbidity and improve neonatal health.*
2. *Studying the cost effectiveness and feasibility of a Medicaid waiver proposal to extend postpartum care beyond the current 60 days within a value-based model to improve maternal and newborn outcomes including by reducing maternal mortality during the interconception period.*

