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Department of Health Care Policy & Financing

1570 Grant Street
Denver, CO 80203

# Maternal Opioid Misuse (MOM) Model

## Overview

The Center for Medicare and Medicaid Innovation's (Innovation Center) Maternal Opioid Misuse (MOM) Model is the next step in the Centers for Medicare & Medicaid Services' (CMS) multi-pronged strategy to combat the nation's opioid crisis. The Model aims to address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM Model has the potential to improve quality of care and reduce costs for mothers and infants.

## **Why** develop a Model for pregnant and postpartum women with OUD?

1. Substance use-related morbidity, mortality, and healthcare utilization have skyrocketed among pregnant and postpartum women.
2. OUD in pregnancy increases the risk of poor maternal and neonatal outcomes, including neonatal abstinence syndrome (NAS).
3. A lack of access to treatment and coordination of care for pregnant and postpartum women with OUD worsens health outcomes and costs.

The surge in substance use-related illness and death in recent years particularly affects pregnant women. In fact, substance use is now a contributing factor of maternal death.[12] Pregnant and postpartum women who misuse substances are at high risk for poor maternal outcomes, including preterm labor and complications related to delivery; problems frequently exacerbated by malnourishment, interpersonal violence, and other health-related social needs[3]. Infants exposed to opioids before birth also face negative outcomes, with a higher risk of being born preterm, having a low birth weight, and experiencing the effects of NAS.[4] In addition, Medicaid pays the largest portion of hospital charges for maternal substance use, as well as a majority of the $1.5 billion annual cost of NAS.[5] Despite the significant and costly burden of maternal opioid misuse, numerous barriers impede the delivery of well-coordinated, high-quality care to pregnant and postpartum women with OUD, including:

- **Lack of access to comprehensive services during pregnancy and the postpartum period,** even though state Medicaid programs may be able to provide the necessary coverage through state plan amendments or waivers.
- **Fragmented systems of care,** which miss a critical opportunity to effectively treat women with OUD at a time when they may be especially engaged with the healthcare system.
- **Shortage of maternity care and substance use treatment providers** for pregnant and postpartum women with OUD covered by Medicaid, especially in rural areas, where the opioid crisis is magnified.

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## **What** are the Model's goals?

The MOM Model awarded funding to 10 states to support state Medicaid agencies, front-line providers, and healthcare systems, as they address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with OUD. The primary goals of the Model are to:

- **Improve quality of care and reduce expenditures** for pregnant and postpartum women with OUD as well as their infants.
- **Increase access to treatment, service-delivery capacity, and infrastructure** based on state-specific needs.
- **Create sustainable coverage and payment strategies** that support ongoing coordination and integration of care.

## **How** will the Model achieve these goals?

- **Foster coordinated and integrated care delivery:** Support the delivery of coordinated and integrated physical health care, behavioral health care, and critical wrap-around services.
- **Utilize Innovation Center authorities and state flexibility:** Leverage the use of existing Medicaid flexibility to pay for sustainable care for the Model population.
- **Strengthen capacity and infrastructure:** Invest in institutional and organizational capacity to address key challenges in the provision of coordinated and integrated care.

## **Who** will participate in the Model?

The Innovation Center awarded cooperative agreement funding to the following 10 states: Colorado, Indiana, Louisiana, Maine, Maryland, Missouri, New Hampshire, Tennessee, Texas, and West Virginia.

The state Medicaid agencies will implement the Model with one of more "care-delivery partners" in their communities. Care-delivery partners vary by state, but include hospital systems, Medicaid managed care plans (MCPs), and other entities.

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**State Medicaid agencies** will develop and implement coverage and payment strategies; work with the Center for Medicaid and CHIP Services (CMCS) to implement necessary authorities, including state plan amendments and/or program waivers; ensure provision of usable claims and encounter data to operate and evaluate the Model; and, coordinate with care-delivery partners to support information-sharing.

**Care-delivery partners** will provide services to Model beneficiaries, either directly or through clinical partners. Primary responsibilities will include: establishing relationships with clinical partners; building capacity at the service-delivery level to support care-delivery transformation; and, implementing a coordinated and integrated care-delivery approach. The care-delivery partner(s) may be a health system or a payer, such as a Medicaid managed care plan (MCP).

## **Whom** will the Model serve?

The MOM Model will serve pregnant Medicaid and Children's Health Insurance Program (CHIP) beneficiaries with OUD who have elected to participate, during the prenatal, peripartum (i.e., surrounding labor and delivery), and postpartum periods.

## **What** services are included in the Model?

The MOM Model requires that pregnant and postpartum women with OUD receive a comprehensive set of services delivered in a coordinated and integrated approach. The necessary physical and behavioral health care (e.g., maternity care, medication-assisted treatment, mental health screening and treatment, etc.) will be provided by a team of healthcare professionals (e.g. maternity care and behavioral health providers) with different specialties as part of a single delivery Model. To remove barriers that would prevent a pregnant woman with OUD from receiving treatment, the care-delivery partner(s) will also create and strengthen linkages to other necessary support services. This approach ensures that beneficiaries will receive a consistent set of services in all Model areas, while allowing awardees flexibility to adapt the Model to their specific context.

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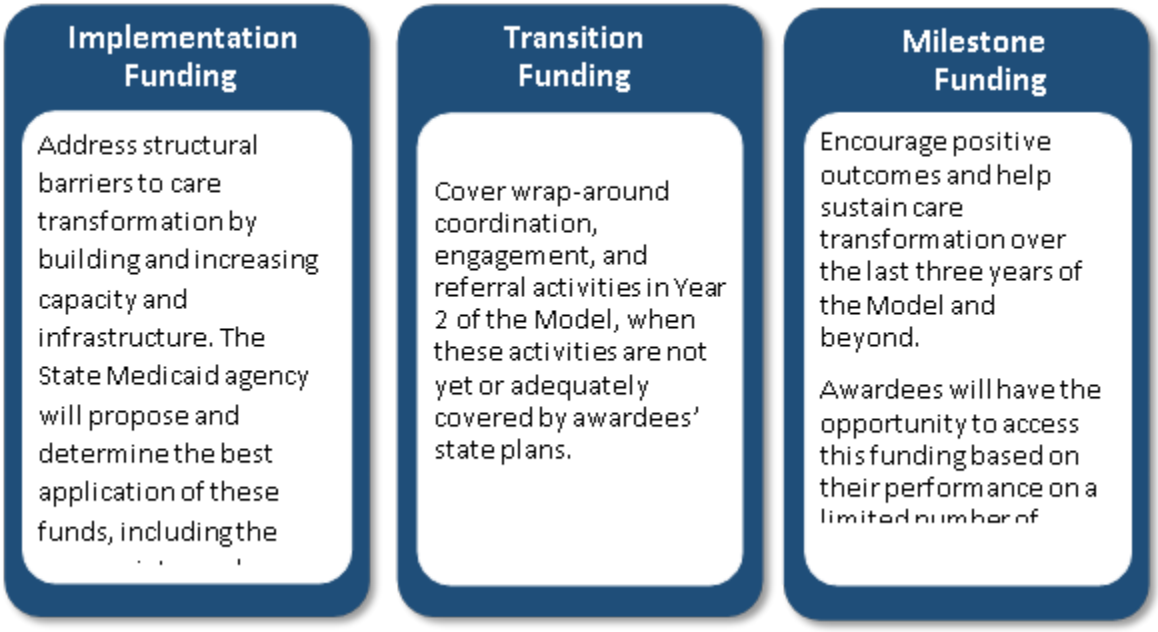
The Model will also require awardees to coordinate care, engage beneficiaries, and provide referrals for necessary services to meet the Model population's comprehensive needs. States will have the flexibility to define a specific set of services that satisfy the following five components:

1. Comprehensive care management;
2. Care coordination;
3. Health promotion;
4. Individual and family support; and,
5. Referral to community and social services.

MOM Model funding may not be used to supplant or duplicate Medicaid-funded services. Coordinated services billed as usual to Medicaid will include, for example: well-woman care, OUD treatment, prenatal and postpartum care, labor and delivery, and infant care (including neonatal intensive care unit stays).

## **What** types of funding will be provided to support the Model goals?



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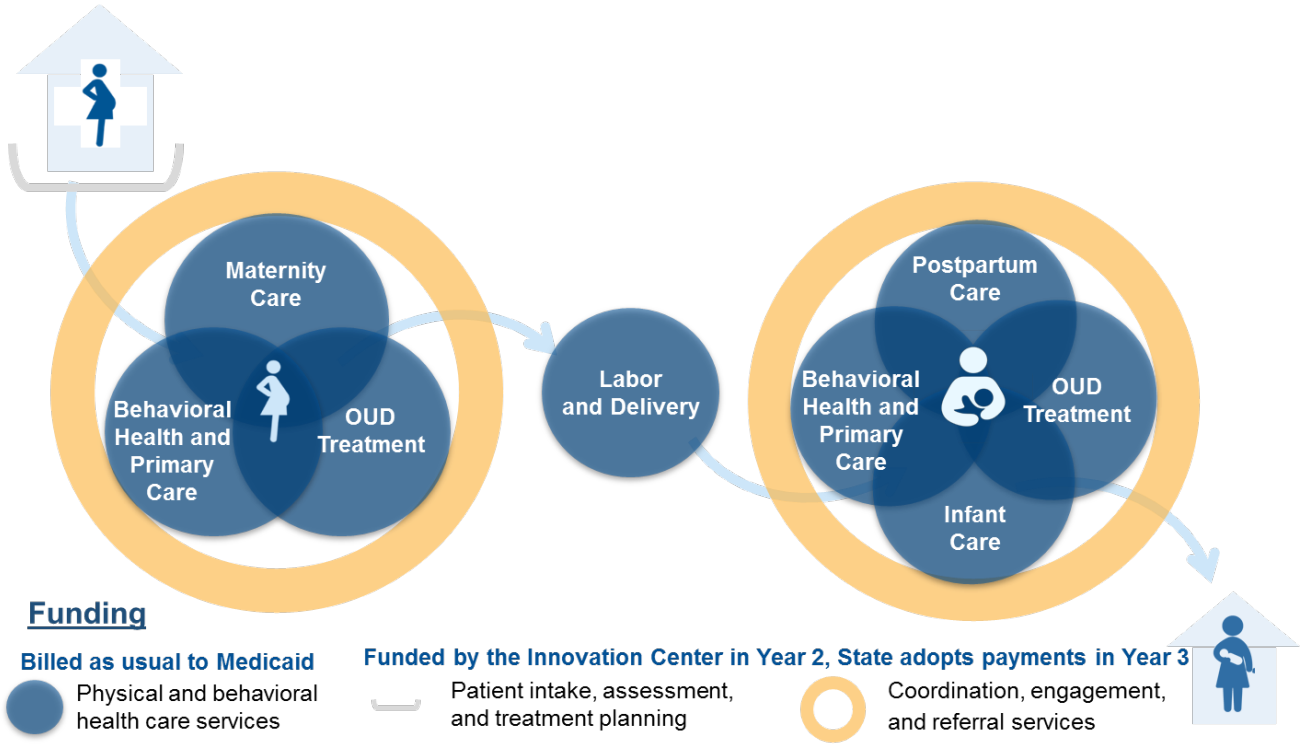
To foster coordinated and integrated care for the Model population, the Innovation Center will support awardees with the following three types of funding:

The figure below provides an overview of the MOM Model care-delivery structure and funding sources.




## **What** is the Model timeline?

The MOM Model has a five-year performance period which begins January 1, 2020 to December 31, 2024. The implementation funding, transition funding, and opportunity for milestone funding will be provided in three distinct Model periods: Pre-Implementation (Year 1), Transition (Year 2), and Full Implementation (Years 3-5).

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Care delivery will begin in Year 2 of the Model, the Transition Period. During this year, funding for care-delivery services that are not otherwise covered by Medicaid will be provided by Innovation Center funds. By Year 3, the start of the Full Implementation Period, states must implement their coverage and payment strategies. This overall structure seeks to balance rapid Model initiation and state flexibility, while minimizing administrative burden. In particular, the MOM Model design supports each awardee's ability to quickly begin delivering coordinated and integrated care to pregnant and postpartum women with OUD during the Transition Period, while supporting states in developing a long-term coverage and payment strategy that aligns with their state Medicaid program.

## **How** will funding be awarded?

MOM Model funding was awarded via cooperative agreements. A total of $51 million will be available to the 10 state awardees over the course of the five-year Model. The amount per awardee varies based on the scope of the awardee's need and implementation plan.

The Notice of Funding Opportunity (NOFO) explains program requirements and awardee eligibility criteria.

## Resources and Support

**Email:** MOMModel@cms.hhs.gov

**Visit:** https://innovation.cms.gov/initiatives/maternal-opioid-misuse-Model/

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