KanCare 3.0 RFP Recommendations

Maternal and Child Health

Services:

1. Recognize and reimburse credentialed members of the health care team such as community health workers, home visitors, doulas, and lactation consultants (CMS Issue Brief) to improve access to culturally competent, quality, community-based care.

    a. Coverage of doula services to include community-based doulas.
    b. Coverage of lactation counseling by certified consultants and educational programs during pregnancy and continue after the birth of a child. Current coverage of lactation support is insufficient to support the 90% of Kansas families who choose to breastfeed. MCOs should be required to support breastfeeding in the outpatient setting, beyond the in-patient maternity care in the hospital. While doctors and nurses have great potential to support breastfeeding families, they do not have time or specialized knowledge to provide clinical lactation support. Lactation consultants are needed to provide skilled clinical lactation care.
    c. CMS encourages States to go beyond the requirement of solely coordinating and referring enrollees to WIC and include lactation services as separately reimbursed pregnancy-related services. Because primary care interventions to promote and support breastfeeding received a grade of B from the USPSTF, coverage of lactation services without cost-sharing is eligible for a 1 percentage point increase in federal medical assistance percentage (FMAP) per Section 4106 of the Affordable Care Act.
2. MCOs should be able to demonstrate having the following key evidence-based strategies:
    a. Written policies and protocols that identify breastfeeding and human milk as the normative standards for infant feeding and nutrition;
    b. Plan for the use of qualified breastfeeding support and lactation care to offer comprehensive breastfeeding services (chart of lactation support providers) such as contracted medical provider employs or contracts with IBCLCs to assist with complex breastfeeding issues and/or Contracted medical provider employs or contracts with individuals trained in providing basic breastfeeding support;
    c. Place for utilizing existing breastfeeding and lactation care providers in the community, and providing lactation training for current MCO employees;
    d. Ensuring access to breastfeeding support and lactation care is available during pregnancy, at birth and during the postpartum period, including encouraging all birth facilities to seek the Baby-Friendly designation, and providing access to breast pumps and breastfeeding aids.
3. Provide postpartum care that follows the American College of Obstetricians and Gynecologists (ACOG) recommendations that all postpartum individuals have contact with their health care providers within the first three weeks after delivery followed by individualized ongoing care as needed. This will require coverage of additional postpartum visits and with providers currently not covered by KanCare contracts.

4. Cover team-based primary care, high-performing medical homes, and comprehensive home visiting as strategies to support "two-generation" care.
5. Increase breast pump reimbursement rates for DME's to increase accessibility. For example, due to the current low reimbursement rate for a covered breast pump (E0603), only one DME in Topeka has them in stock. This lack of access leaves KanCare beneficiaries waiting critical days for a breast pump to be shipped. More DME's would stock breast pumps if they received a higher reimbursement rate.

Equity:

1. MCOs should be required to conduct a health equity assessment and submit a Health Equity Plan that includes how they will support the development of a diverse maternal and child health workforce (lactation support providers, doulas, community health workers, home visitors, etc.).
2. From CMS guidance for postpartum coverage extension - "CMS strongly encourages *states to stratify these quality measures and other metrics of interest to states by race, ethnicity, geography, language and other indicators in order to identify disparities in access to care and health outcomes and to develop targeted initiatives to improve maternal health equity*."
3. From the Governor's Commission on Racial Equity and Justice 2021 Report - "*collect and report child core set measures de-segregated by race/ethnicity and service location for children ages 0-3 [...] to track progress in the state's effort to address disparities*."
4. Require clinical training for healthcare providers on health equity and implicit bias as a requirement for credentialing by MCOs.

Outreach:

1. Provide outreach to beneficiaries and providers about the extension of postpartum coverage to 12 months.
2. MCOs should be required to increase postpartum care visits (PPC) through use of incentives, technology (text reminders, etc.) and home visits.
3. Incentivize optimal hospital maternity care practices through increased global payments to hospitals who have achieved the Baby-Friendly Hospital designation.
4. MCOs should be required to integrate training and information about infant feeding during emergencies into their emergency plan development, aligned with the American Academy of Pediatrics Infant Feeding in Disasters and Emergencies.
5. Language in the 2018 KanCare 2.0 RFP requires contractors to coordinate with WIC, local health departments and other Title V programs in Section 5.1.5 (Cooperation with Other Agencies, Page 17). These references should be maintained in the next RFP for MCO contract language.

Prepared by:

Brenda Bandy, Co-Executive Director, Kansas Breastfeeding Coalition
bbandy@ksbreastfeeding.org