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May 7, 2020

Department of Health and Human Services
Centers for Medicare and Medicaid Services
Office of Minority Health

Submitted Electronically via ruralmaternalrfi@cms.hhs.gov

RE: Request for Information Regarding Maternal and Infant Health Care in Rural Communities

To Whom It May Concern:

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased to offer comments in response to the CMS Maternal and Infant Health Care in Rural Communities Request for Information. Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, in the RFI (not technical comments regarding specific sections of the proposed RFI). Many factors challenge the delivery of rural maternal and infant health care services. The Panel offers the following comments related to obstetric services payment and maternal health coverage as two factors challenging the delivery of maternal and infant health care services in rural communities. These comments supplement those of our colleagues at the Rural Health Research Center at the University of Minnesota, led by Dr. Katy B. Kozhimannil, whose work presents a broader picture of maternal and infant health and health care in rural communities.

Cost Reporting as a Barrier in Rural Communities

The Panel identifies two approaches to navigate payment issues: not carving out the costs of the OB unit from the Medicare cost report and examining Medicaid coverage policy post-partum. Since very few Medicare recipients receive maternal and infant health care services, the costs associated with obstetric units and nurseries are often disallowed on the Medicare Cost Report. The cost carve-out results in reduced Medicare cost-based reimbursement. This is problematic for Critical Access Hospitals because Medicaid (a significant maternal and infant care payer) payment often does not adequately cover fixed facility, equipment, and other costs. The Panel recommends CMS support an essential point of access to OB services in CAHs through fixed cost-sharing of these services.

Maternal Health Insurance Coverage

In addition to the changes in the Medicare cost report, CMS should evaluate maternal health coverage under the Medicaid program. The current Medicaid coverage floor continues until six weeks postpartum despite known risks and complications occurring up to a year after delivery. CDC research indicates that 11.7 percent of pregnancy-related deaths occur between 42-365 days postpartum.[1] The

[1] Petersen EE, Davis NL, Goodman D, et al. Vital signs: pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 states, 2013-2017. *Morbidity and Mortality Weekly Report*. May 10, 2019. Retrieved from https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6818e1-H.pdf.

CDC further found that nearly 60 percent of pregnancy-related deaths were preventable.[2] The uninsured status of mothers after six weeks of Medicaid coverage expires is a contributing factor to maternal mortality. The Panel recognizes that some states have used their discretionary authority to expand coverage beyond the six-week floor, a state-by-state approach leaves gaps in coverage and outcomes. The Panel recommends CMS explore ways to expand the Medicaid maternal health coverage floor to 12 months postpartum.

The Panel underscores that our comments related to cost report carve-outs and maternal health coverage are just two of myriad factors challenging rural maternal and infant care. The Panel appreciates the opportunity to comment on this RFI.

Sincerely,

The Rural Policy Research Institute Health Panel

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Jennifer P. Lundblad, PhD, MBA
Clinton MacKinney, MD, MS
Timothy D. McBride, PhD

[2] Ibid.