

January 30, 2015

Mari Cantwell
Chief Deputy Director of Health Care Programs
Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814

Medicaid Section 1115 Waiver Comments

Dear Ms. Cantwell:

On behalf of the March of Dimes California Chapter, I am writing to share our comments regarding California's Medicaid Section 1115 waiver. Our organization is a leader on maternity care quality improvement programs and has partnered with the State of California on numerous efforts. We are encouraged to see in the waiver renewal process that the state has identified the goals of improving patient care, improving health outcomes and improving the overall total cost of care.

During the Friday, January 23, 2015 meeting of the MCO/Provider Incentives Expert Stakeholder Workgroup, straw proposal #8 related to maternity care was considered. While it is encouraging to see the Department of Health Care Services recognize the importance of reducing maternity care costs, we do have some specific concerns related to the maternity care proposal and the identification of state legislation to require prior authorization for early elective deliveries.

March of Dimes has demonstrated that non-medically indicated early term deliveries can be prevented through our leadership of a five-state hospital-based quality improvement collaborative. This collaborative included six California hospitals and resulted in an 83 percent decline in elective early term deliveries over a one-year period. In addition, along with California Maternal Quality Care Collaborative (CMQCC) and the California Department of Public Health, Maternal and Child Health Division, we have created a toolkit called "Elimination of Non-medically Indicated (Elective) Deliveries before 39 Weeks Gestational Age" to support medical staff with driving change in scheduled delivery practices. Currently, the March of Dimes and multiple statewide stakeholders are tracking the progress of California birthing hospitals in reducing non-medically indicated deliveries before 39 weeks. To date, 87% of hospitals have a policy in place to eliminate non-medically indicated elective deliveries before 39 weeks.

The success California has achieved to reduce non-medically indicated early term deliveries demonstrates that state legislation may not be needed. It is possible to reduce early elective deliveries in hospitals around the state by working collaboratively with the key partner organizations. Specifically, we would caution against state legislation that includes a non-payment policy or a policy that ties prior authorization to reimbursement for that delivery.

As you consider whether to move forward on inclusion of maternity care proposals in the Medicaid Section 1115 waiver, please consider the March of Dimes, CMQCC and the American Congress of Obstetricians and Gynecologists as resources. We can be a valuable contributor on this issue.

Thank you for your consideration.

Sincerely,

Justin Garrett
State Director of Advocacy & Government Affairs
March of Dimes

Cc: Jennifer Kent, Director, Department of Health Care Services
Toby Douglas, Director, Department of Health Care Services
Diana Dooley, Secretary, Health and Human Services Agency
Donna Campbell, Deputy Secretary, Health and Human Services Agency
Senator Ed Hernandez, Chair, Senate Health Committee
Assembly Member Rob Bonta, Chair, Assembly Health Committee