



October 4, 2024

Arizona Health Care Cost Containment System
Rachael Salley, MPH, Maternal Child Health/EPSTD Manager
801 E Jefferson Street
Phoenix, AZ 85034

Re: Public Comments for AMPM Policy 410- Maternity Care Services

Dear Rachael Salley,

On behalf of the Centering Healthcare Institute (CHI), thank you for the opportunity to submit feedback on the Public Comments for AMPM Policy 410- Maternity Care Services policy. It is essential to recognize the urgent challenges we face in safeguarding birthing individuals and tackling ongoing racial disparities in maternal health. By working together, we can improve equity and access for everyone and help prevent adverse maternal health outcomes. CHI commends your state's current initiatives in improving maternal health and applaud the proposed group prenatal care policy at \$45 enhanced payments for up to 10 prenatal visits per patient per session.

CHI is a non-profit organization that works closely with health care providers from all sectors to transform healthcare delivery, especially regarding improving outcomes related to mothers, babies, and families. CHI started when our founder, a certified nurse midwife, Sharon Rising, wanted to provide more effective prenatal care by bringing birthing individuals together for their visits. With over two decades of experience as the go-to resource for group care, we have developed and sustained the Centering model in nearly 400 practice sites and in some of the largest health systems in the world. In Arizona, our programs operate in three locations across the state that include community health centers. CHI provides a mature framework, tools, and support to help caregivers provide better maternal health at a lower cost, which benefits providers and payers and follows ACOG/ACNM practice guidelines.

[CenteringPregnancy® \(CP\)](#) is an evidence-based, patient-centered model following nationally recognized guidelines that leads to better care, better health outcomes, and lower cost. CP health outcomes prove to improve maternal and infant outcomes and lead to greater engagement, learning, self-confidence, and higher satisfaction with the prenatal care among patients. CP decreases the rate of preterm and low weight babies, increases breastfeeding rates, leads to better pregnancy spacing, and has been shown to nearly eliminate racial disparities in preterm birth by creating an environment where social and economic factors that impact health are identified and addressed.

We are calling on you to take action by utilizing the CenteringPregnancy® model policy recommendations mentioned below when finalizing enhanced payment for CenteringPregnancy® and group prenatal care policies.

As stated, we applaud the \$45 per patient per visit enhanced reimbursement using procedure code 99078 with the -TH modifier. CHI recommends that the group prenatal care policy includes that providers at Community Health Centers and Federally Qualified Health Centers (FQHCs) are reimbursed at this rate as well as they service underserved populations, reduce barriers to care, improve birth outcomes, reduce health disparities, and support financial sustainability.

CHI also recommends a one-time \$250 provider retention payment after the completion of five prenatal visits per patient per session resulting in a \$700 enhanced maternity bundle for CenteringPregnancy® per patient, per pregnancy.

We are excited to welcome Arizona to the growing number of state leaders and Medicaid programs that recognize participation in alternative payment strategies.

By incorporating the recommended incentives for CP, we witness both healthier pregnancies and improved birth outcomes. Additionally, this leads to the reduction of disparity gaps and a better overall experience for birthing individuals and healthcare providers. Here at CHI, we are ready to guide you in enhancing group prenatal care to improve maternal and infant outcomes.

Sincerely,

Disha Patel

Disha Patel, MPH

Senior Policy Analyst