



August 14, 2024

Michigan Department of Medicaid  
Kimberly Lorick, Policy Specialist- Maternal and Infant Health  
Michigan Department of Health and Human Services  
333 South Grand Ave  
P.O. Box 30195  
Lansing, Michigan 48909  
Via email to [Lorickk1@michigan.gov](mailto:Lorickk1@michigan.gov)

Re: Public Comments for Project 2410- Maternal, Medicaid Coverage for Group Prenatal Care Services

Dear Kimberly Lorick,

On behalf of the Centering Healthcare Institute (CHI), thank you for the opportunity to submit feedback on the Michigan Project 2410- Maternal, Medicaid Coverage for Group Prenatal Care Services policy. We must acknowledge the crossroads we are faced with in regard to protecting birthing individuals and addressing the racial disparities that persist across maternal health measures. Together, we have the power to increase equity and access for everybody, while also preventing poor maternal health outcomes. CHI commends your current efforts in improving maternal health through your *Healthy Moms, Health Babies* initiative. We applaud the proposed group prenatal care policy at \$45 enhanced payments for up to 12 prenatal visits per patient per session and the inclusion of federally qualified health centers (FQHCs).

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 500 practice sites and in some of the largest health systems in the world. In Michigan, our programs operate in 20 locations across the state that include the state's largest health system, academic medical centers, independent OB/GYN physician practices, local health departments, and 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.**

CP is designed to be inclusive to benefit all patient types, not just low-risk pregnancies. Our CP clinical practices have had success with having groups of patients that are all low risk, mixed risk (low and high) and all high risk. Our model is designed to be adapted based on patient needs and if needed, the group visit can be supplemented with an individual visit to further address needs. **CHI recommends removing the term “low-risk pregnancies” to be inclusive of all patient types.**

Furthermore, CHI recommends that sites obtain accreditation, which is the quality assurance and sustainability component of Centering implementation. This is an opportunity to assess Centering practices and explore how Centering group care impacts staff, provider, and patient satisfaction. Accreditation also measures model fidelity, refines facilitation skills, sets practices up for long term sustainability and demonstrates how Centering is impacting population health. **CHI recommends that sites obtain accreditation, not individual providers.**

In addition to these recommendations, **CHI’s standard structure is that all sessions are between 90 to 120 minutes.** Each session should start with a health assessment allowing the patient to be involved in their own care and will move into a group circle up which includes facilitated, interactive discussions, and ends with a closing with goal setting or a mindful moment. Project 2410- Maternal states that each session should be a minimum of 60 minutes which does not follow our model guidelines to give patients the comprehensive care experience they need. CP involves a significant shift in the model and schedule of prenatal care because it replaces traditional individual appointments, rather than being overlaid on them like care management visits or other prenatal care enhancements. **CHI recommends adding this clarifying language under “Reimbursement Considerations and Billing Guideline.”**

As stated, we applaud the \$45 per patient per visit enhanced reimbursement using procedure code 99078 with the -TH modifier. **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 Michigan 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