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Indiana Pregnancy Promise Program

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Objectives

- Describe the Indiana Pregnancy Promise Program
- Share Eligibility Criteria & Referral Process
- Discuss Current Data Processes
- Offer Lessons Learned
- Describe Upcoming Improvements



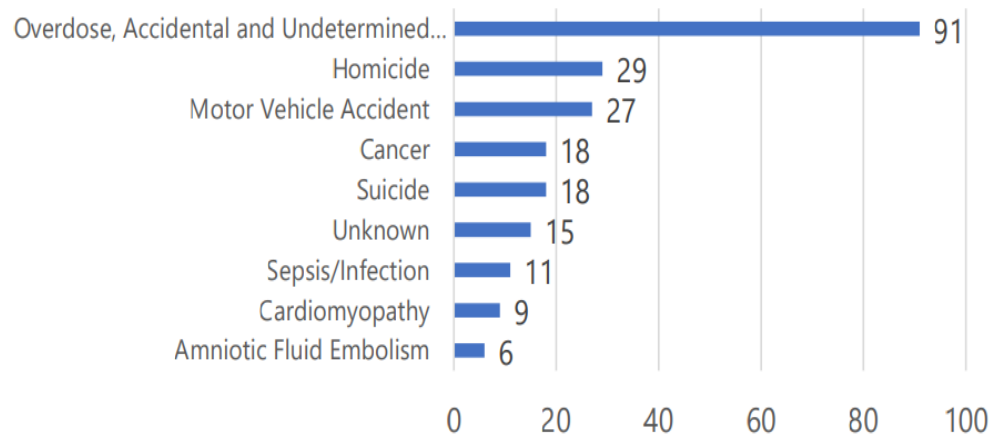
Program Background

- **Substance use disorder (SUD)** is one of the top contributing factors to maternal mortality in Indiana, 2018-2021

IDOH 2023 MMRC Report Findings

Figure 15: Overall Top Causes of Death for Pregnancy-Associated Deaths

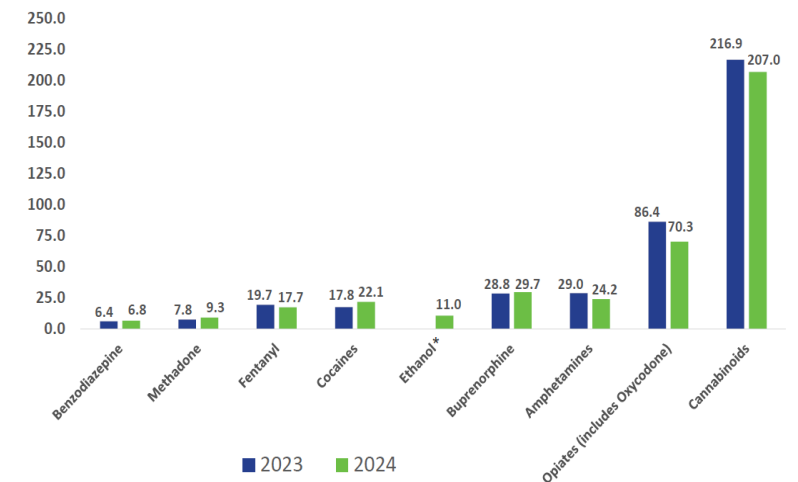
Indiana MMRC, 2018-2021 (N=295)



Distribution of substances from testing, IDOH

Positive Cord Tests in Participating Indiana Hospitals Utilizing USDTL, 2024

Of the cords tested, this shows the rate of positivity for each specific substance.



*Ethanol data unavailable for 2023.

Rates are per 1,000 cords tested.
Ethanol was not used in yearly comparison with only Q4 data available.

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What is the IPPP?

- Free, voluntary statewide program
- **Eligible Population:** Pregnant and postpartum Medicaid members who have current or past opioid use
- **Enrollees Receive:**
 - Enhanced case management and care coordination services from a Pregnancy Promise case manager through their Medicaid Health Plan



****This program does not replace existing resources and services****



Pregnancy Promise Program Care Delivery Partners Managed Care Health Plans



IPPP Program Benefits

Connection

- Participants in the Pregnancy Promise Program will be matched with a case manager.
- Case managers will offer **confidential support** during enrollment to be sure parents and infants receive the care and resources they need during and after pregnancy to be healthy and well.

Coordination

- Pregnancy Promise Program case managers will work with participants and their team of doctors and providers to **coordinate care** and **identify community resources** for families.

Prevention

- By connecting pregnant individuals with health care and treatment as early as possible, the Pregnancy Promise Program aims to **reduce and prevent the negative impacts** of opioid use to the parent and child.



IPPP Funding Sources

Centers for Medicare & Medicaid Services (CMS) Maternal Opioid Misuse (MOM) Model,
Funding January 1, 2020 - December 31, 2025

- Enrollment July 1, 2021 - June 30, 2025
- Final data collection due October 30, 2025

Substance Abuse and Mental Health Services Administration (SAMSHA),
September 30, 2024 - September 29, 2027

- State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PLT-PPW)
- **Partnerships:** Centerstone, Community Mental Health Center and VOA Fresh Start Recovery Programs

Additional State Funds, July 1, 2025 - June 30, 2027

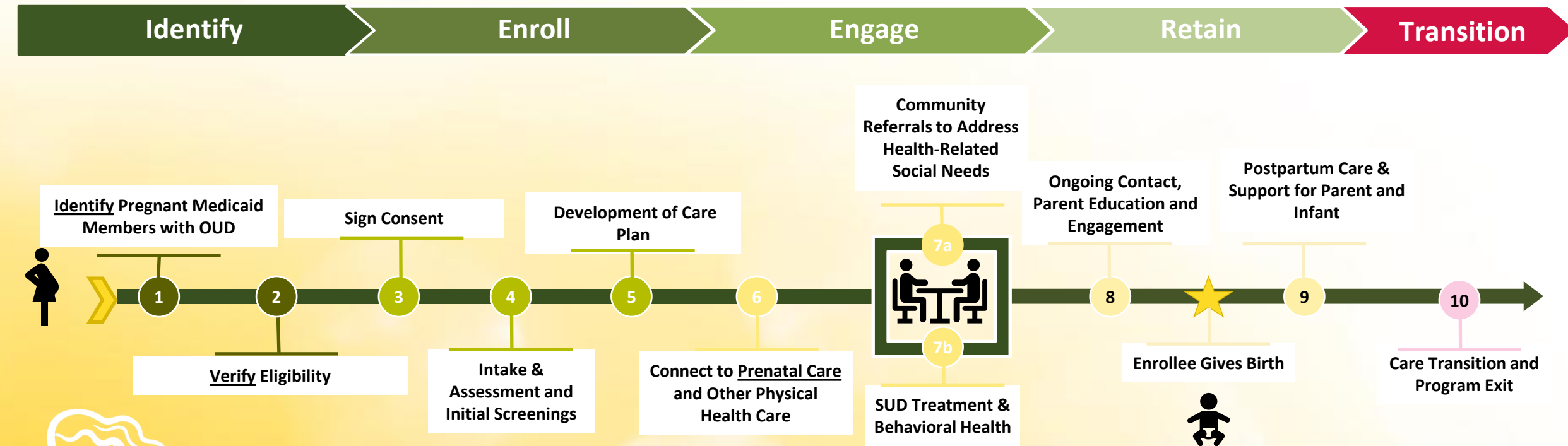
Goals of the IPPP under the CMS MOM Model

- Ensure participants receive **prenatal** and **postpartum** care
- Access opioid treatment needed to achieve **sustained recovery**
- Address other physical and mental health conditions
- Identify **health-related social needs** and make appropriate referrals
- Provide hope and set a strong foundation for the future



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Programmatic Steps



IPPP Referral Process

- 1) Through **the IPPP website**, anyone can make a confidential referral
 - Loaded the **IPPP Referral App** to ensure eligibility
 - IPPP Program Specialist assists with Medicaid enrollment, if needed
- 2) Our MCE partners also perform data mining on Medicaid claims data



Pregnancy Promise Program Enrollment Form

✓ Introduction
Enrollment
Review

Submit Enrollment Form
Delete

I am submitting this form for *

-- Select an option --

Individual Being Referred's Contact Information

First Name *
Last Name *

Date of Birth *
MM-DD-YYYY

Primary Phone Number *
(999) 999-9999

Secondary Phone Number
(999) 999-9999

Email (if known)
email@example.com

Address *

Address Line 1
Address Line 2
City
-- State --
Zip

Estimated Due Date *
MM-DD-YYYY

Primary Language *
-- Select an option --

Interpreter Services
-- Select an option --

I have Medicaid Coverage or the Healthy Indiana Plan
☐ Yes
☐ No

Managed Care Health Plan (if known)
☐ Anthem
☐ CareSource
☐ Managed Health Services
☐ MDWise

Last Four Digits of Social Security Number (if known)

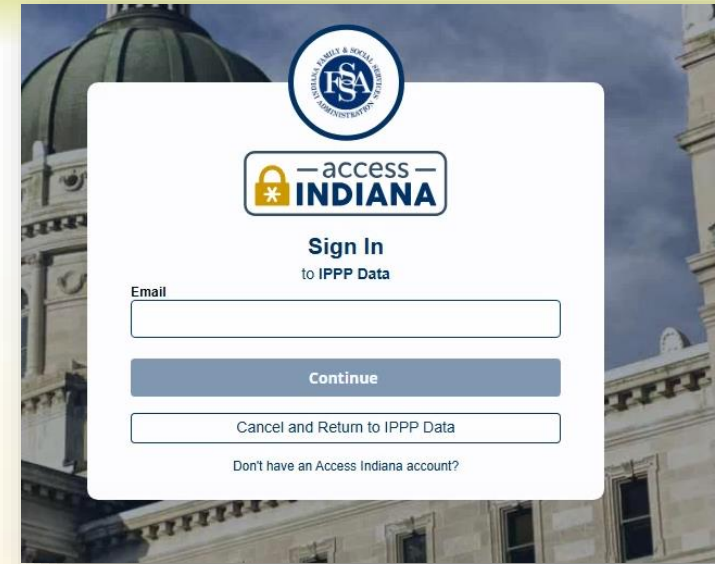
OG/GYN provider or primary care physician contact: (Name, Address, Phone)

How did you hear about the Indiana Pregnancy Promise Program? *

-- Select an option --

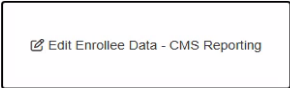
IPPP Data App

- **Used by IPPP Case Managers to collect participant-level information**
 - Developed by FSSA Data & Analytics
 - Secured through Access Indiana and MCE-specific passwords
- **Data Collected Includes:**
 - Demographics
 - Outreach Dates
 - Screening Dates/Results (Depression, Tobacco, Anxiety, Alcohol, HRSNs)
 - Treatment methods (OUD, Contraception)
 - All prenatal, postpartum, OUD, and hospital encounters
 - Various health metrics for both mothers and infant



Indiana Pregnancy Promise Program
Data Submission Template

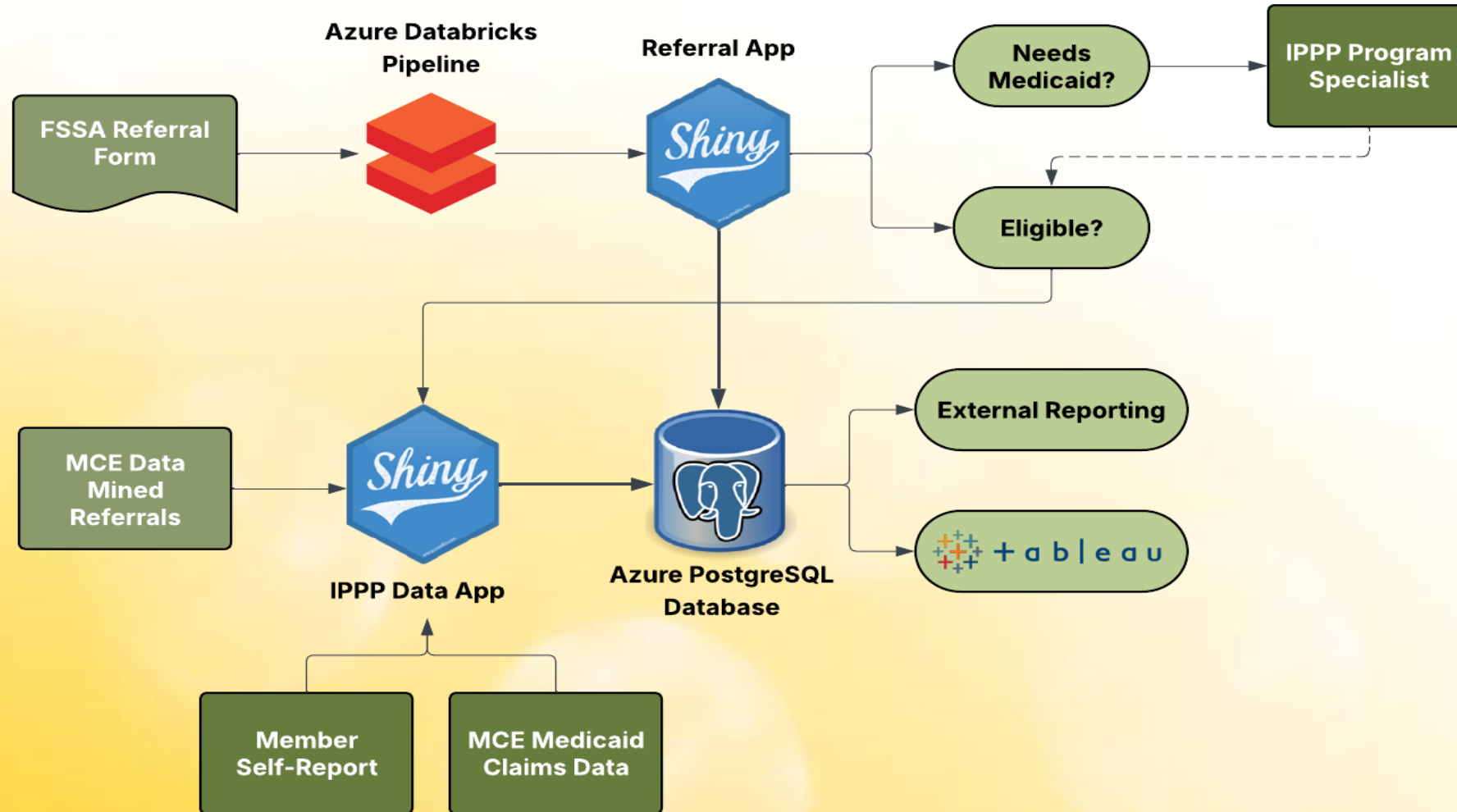
  

State Awardee Model ID: MOM-IN
Care Delivery Partner ID:
Care Delivery Partner Password:

FAQ

- Referral Side
 - Model ID gets generated when Care Plan Date field is populated
 - On population of Care Plan Completion flag and date, record will move to CMS side

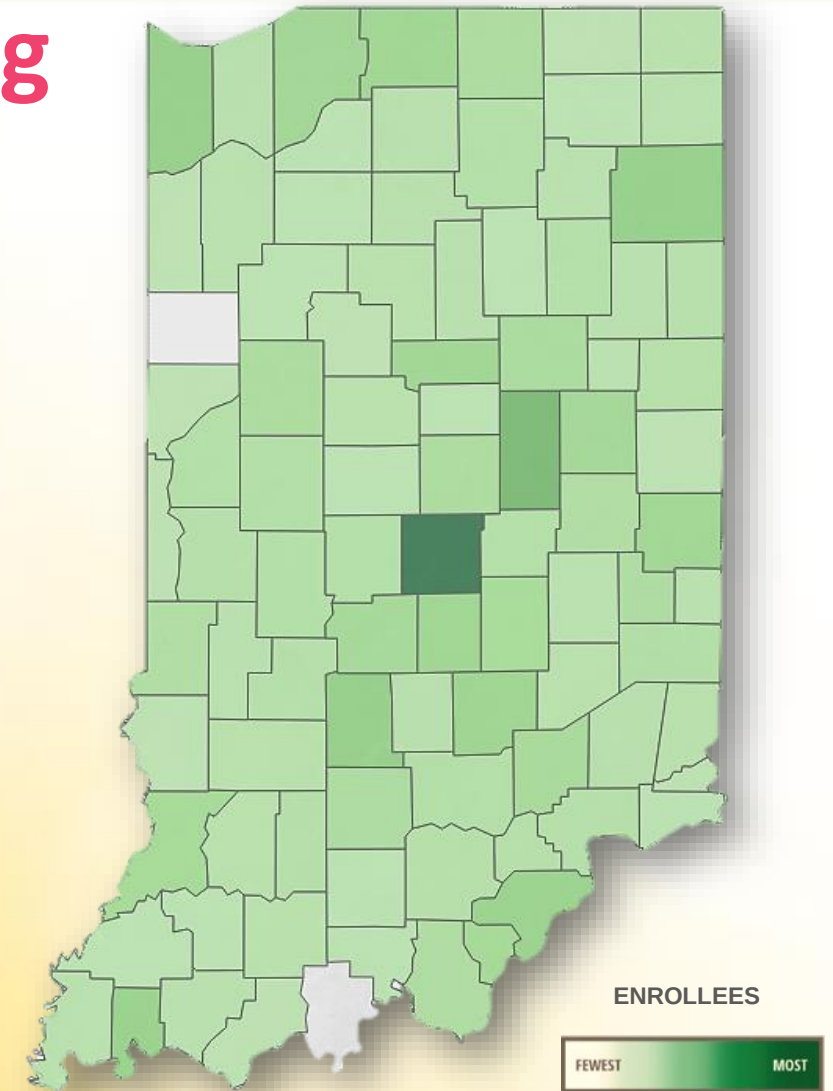
Data Process



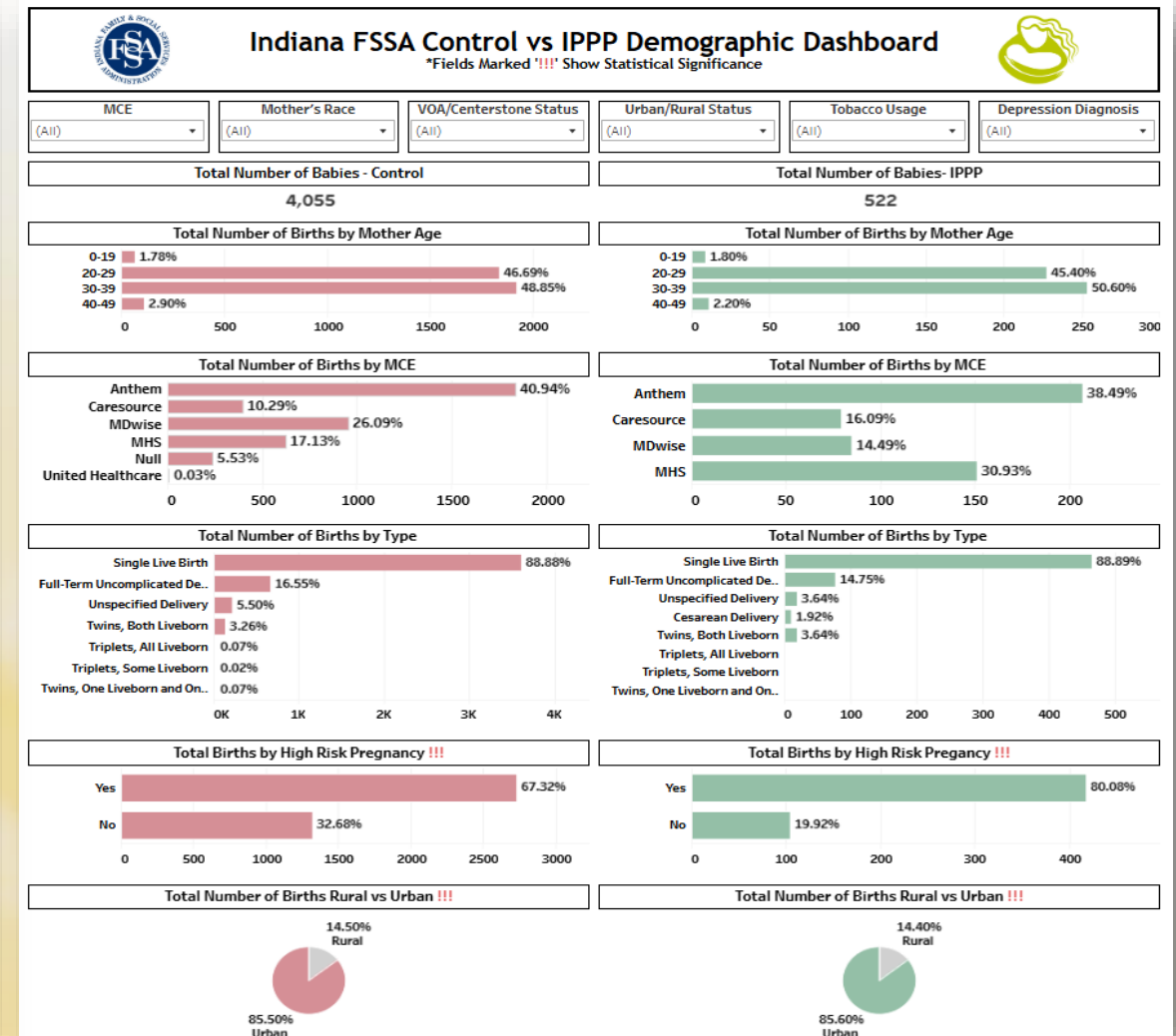
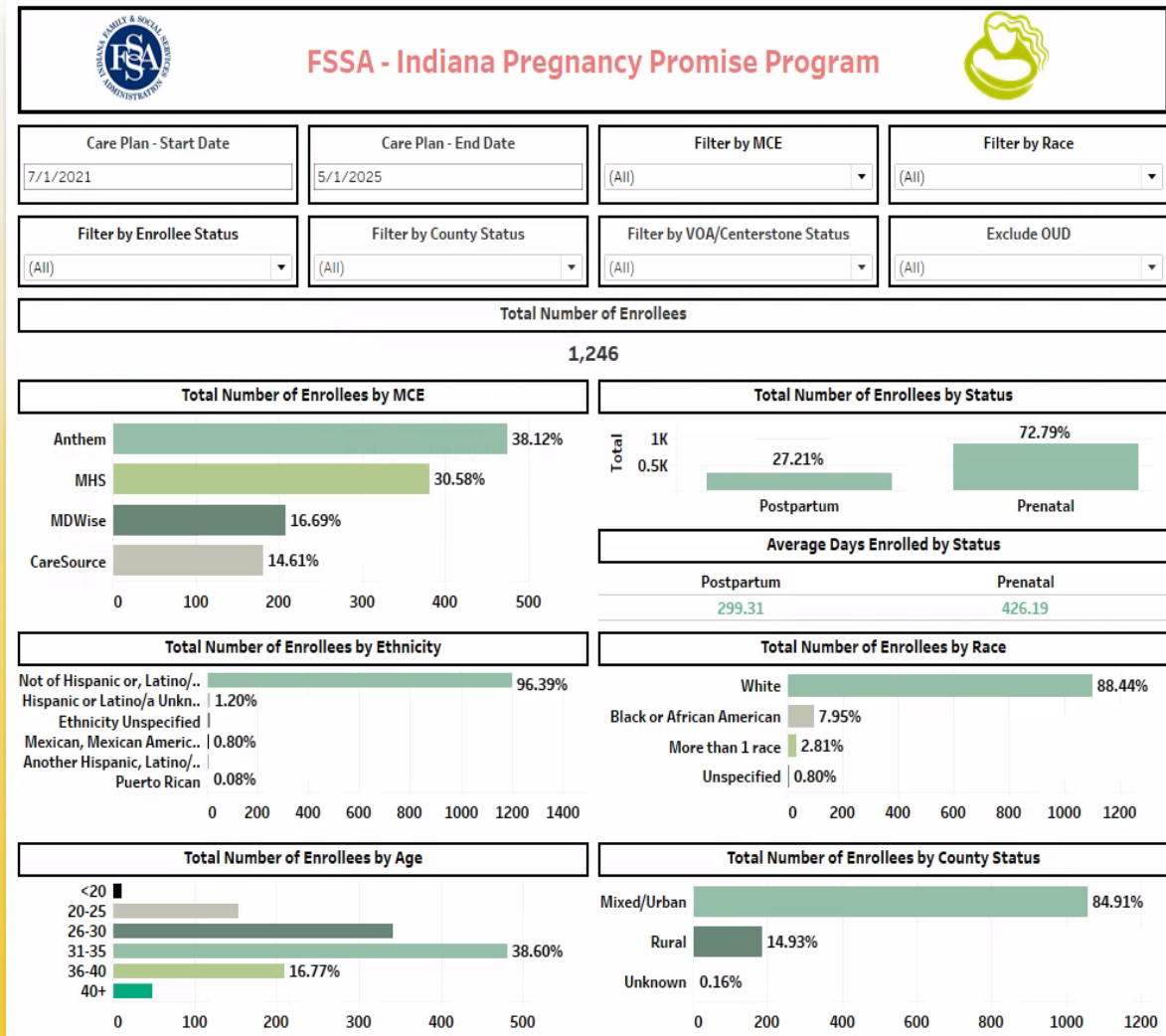
Dashboards – Enrollment Tracking

As of 05/01/2025:

- **7,300** individuals referred statewide
 - **59.24%** Referrals Reached
 - **17.06%** Enrolled
- **1,246** individuals enrolled statewide
 - **Year 1 – 275**
 - **Year 2 – 268**
 - **Year 3 – 359**
 - **Year 4 – 344***
- **963** infants born to date, with many still pregnant
- **90** counties with enrollment



Dashboards – Outcome Metrics

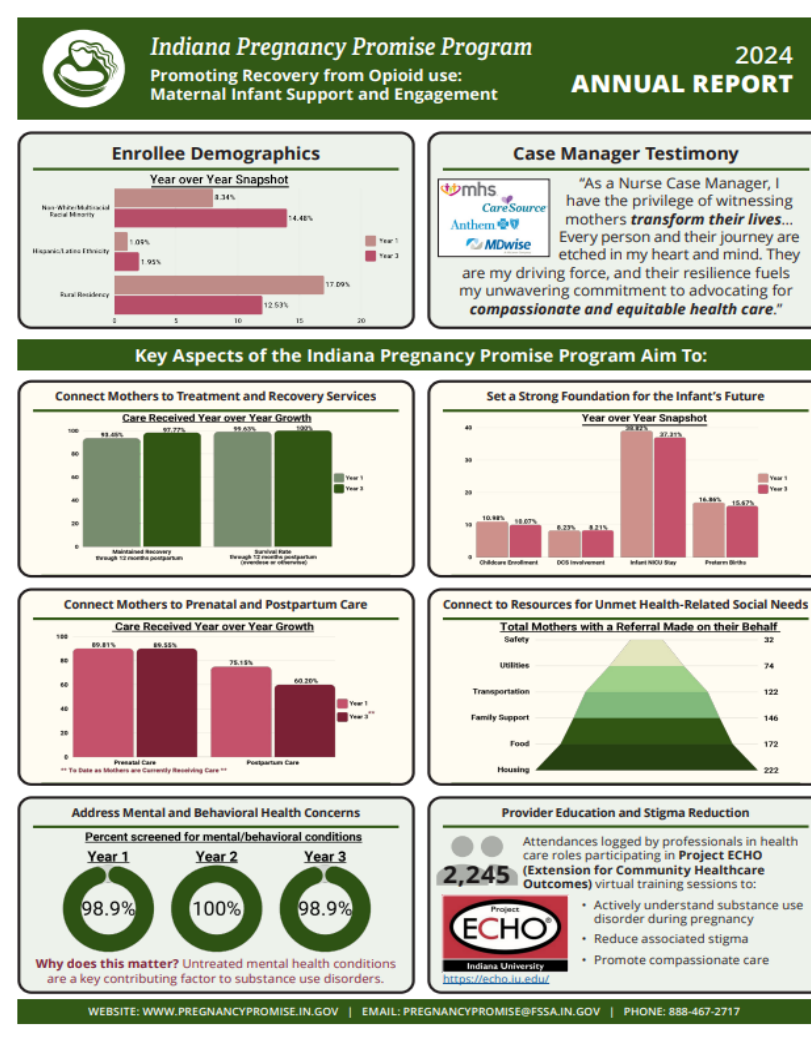
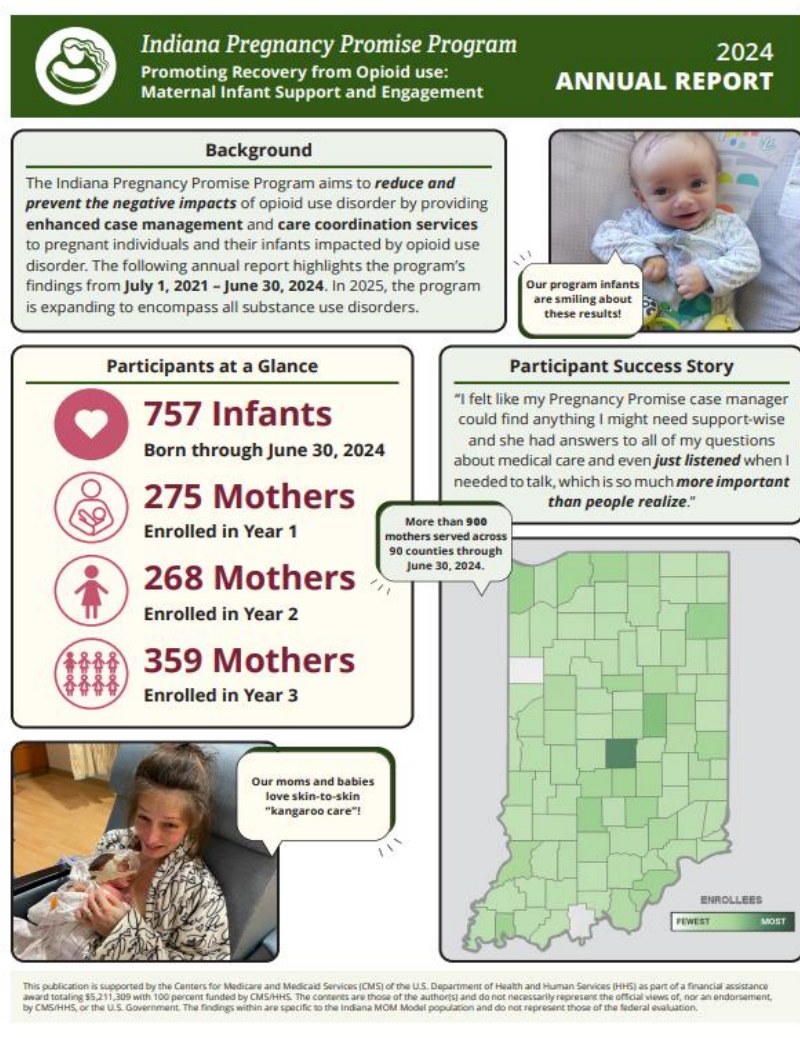


Data Sharing Processes

- **Federal Reporting:**
 - Quarterly CMS Submissions
 - Bi-Annual IDOH Vital Statistics data to CMS
- **Program Reporting**
 - Monthly MCE Missing Data Report
 - IPPP Annual Report (2022-2024) on FSSA Website
- **Inter-Divisional Reporting**
 - Office of Early Childhood & Out-of-School Learning (OECOSL)
 - Child Care and Development Fund (CCDF) Application Submissions
 - Office of Medicaid Policy and Planning (OMPP)
 - Division of Family Resources (DFR) to prevent IPPP members from losing Medicaid coverage



Indiana Pregnancy Promise Program 2024 Annual Report



Data Sharing Collaboration: Well-Being Informed by Science and Evidence (WISE) in Indiana

Primary Objectives:

1. Construct a matched comparison cohort of Medicaid-enrolled women with an OUD who did not participate in the program
2. Assess the health outcomes and costs associated with IPPP participation

Data Source:

- Medicaid claims and IPPP enrollment data

Methodology:

- Identified matched pairs (N= 647) of IPPP participants with a corresponding beneficiary in a non-participant cohort using a 1:1 propensity score match
 - Matched using demographic, socioeconomic, clinical, and pregnancy-related variables



Data Sharing Collaboration: WISE Indiana Findings

Improved Continuity
of Medicaid
Enrollment

Increased Frequency
of Postpartum Care **

Increased
Wraparound Support

Higher Mental Health
and SUD Outpatient
Utilization **

Increased Diabetes
Screening **

Higher Rates of OUD
Treatment **

Improved Child
Vaccination Schedule
Adherence **

Increased Outpatient
Utilization for
Children

Medicaid Cost
Neutrality

**** Statistical Significance
($p < 0.05$)**



Sustainability and Program Expansion

On **July 1, 2025**, the IPPP will expand its eligibility criteria to broadly encompass substances use disorders beyond opioid use.



CMS MOM Model Data Collection Challenges

- IPPP CMs must extensively document every prenatal, postpartum, OUD treatment, and hospital encounter
 - **Including:** Provider Type, Care Coordination Activities, Family Planning Activities, Model Engagement Services
- CMs must complete an IPPP-specific care plan and CMS standardized screenings
- Unmet need referrals are entered within a **documented encounter** or at time of a **routine screening**



Data Collection Improvements

- **Better Document How Referred Individuals Discovered IPPP**
- **Remove Separate Care Plan Process**
 - Qualitative documentation of goals, priorities, and safety planning needs
 - E.g., Employment Assistance, Infant Childcare, Mental/Behavioral Healthcare
- **Improve Referral Tracking of Health-related Social Needs**
 - Document date need was identified, referral made, and when resource was acquired
- **Reduce Encounter Manual Entry**
 - Monthly tracking of engagement in mental/behavioral healthcare and SUD treatment
- **Reduce CM Manual Entry: Medicaid Claims Automation**
- **Downloadable Member Summary Report**
- **In-App Data Quality Checking**



Data Collection Changes

IPPP Case Manager Input	Medicaid Claim Automation
• Enrollment Demographics • Case Manager Contacts • Unmet Needs Referrals • Infant Outcomes (<i>i.e., Births, Weights, NICU, medication administration, NICU stays</i>) • Prenatal Care Visits • Postpartum 6-week visit • Out-of-home placement for infants • Parents return to use/relapse information • Incarceration information	• Mental Health Diagnoses/Treatment • Chronic/Prenatal Diagnoses • SUD Treatment Services • Other healthcare encounters • Infant Well-Child Visits • Infant Vaccination Schedule Adherence

Upcoming Improvement Plan

Develop an improved data schema in PostgreSQL

Map historical data from CMS MOM Model into the developed schema

Automate data extraction of member-level information from Medicaid claims data

Develop an IPPP data collection application using Azure App Services and Python Streamlit

User Testing (Internal & MCEs)

Launch developed application mid-October following the final CMS data submission

Iterative feedback from MCEs

Questions - Thank You!



Visit www.PregnancyPromise.in.gov

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