

### Model Overview

The Maternal Opioid Misuse (MOM) Model is a patient-centered service delivery model that aims to improve the quality of care for pregnant and postpartum Medicaid patients with opioid use disorder (OUD) and their infants. The Center for Medicare & Medicaid Innovation awarded eight states (Colorado, Indiana, Maine, Maryland, New Hampshire, Tennessee, Texas, and West Virginia) to launch the MOM Model with care delivery partners during the first year of implementation.

### Participants

#### Indiana

**Service area:** Statewide  
**Type of care delivery partner:** MCO  
**Year 1 enrollment:** 273  
**Intervention focus:** Case management

#### Maine

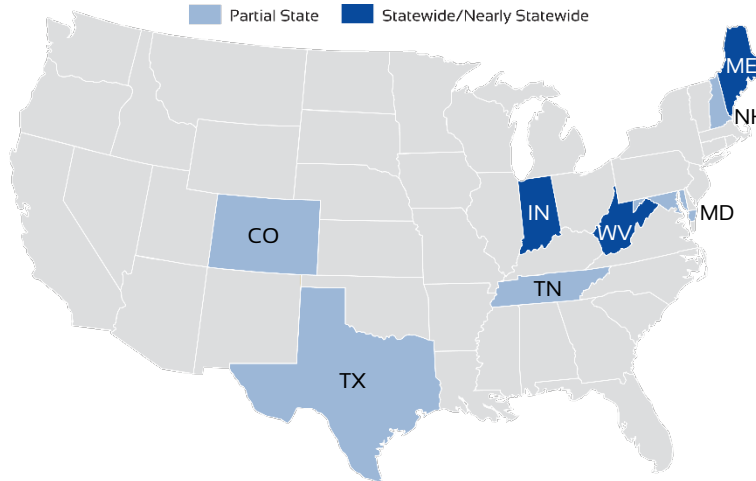
**Service area:** Nearly statewide  
**Type of care delivery partner:** Health systems/hospitals  
**Year 1 enrollment:** 80  
**Intervention focus:** Care integration

#### Maryland

**Coverage:** Partial State<sup>1</sup>  
**Type of care delivery partner:** MCO  
**Year 1 enrollment:** 3  
**Intervention focus:** Case management

#### Colorado

**Service area:** Partial State  
**Type of care delivery partner:** Health systems/community-based organizations  
**Year 1 enrollment:** 0  
**Intervention focus:** Care integration



#### New Hampshire

**Service area:** Partial State  
**Type of care delivery partner:** Health systems/hospitals  
**Year 1 enrollment:** 24  
**Intervention focus:** Care integration

#### West Virginia

**Service area:** Nearly statewide  
**Type of care delivery partner:** Hospital  
**Year 1 enrollment:** 38  
**Intervention focus:** Care integration

#### Texas

**Service area:** Partial State  
**Type of care delivery partner:** Health system/hospital  
**Year 1 enrollment:** 26  
**Intervention focus:** Care integration

#### Tennessee

**Service area:** Partial State  
**Type of care delivery partner:** Health system/hospital  
**Year 1 enrollment:** 149  
**Intervention focus:** Care integration

MCO = managed care organization

<sup>1</sup> Maryland withdrew from the Model as of December 31, 2022, reportedly because of insurmountable data reporting challenges.

### MOM Model Patient Characteristics

#### Key patient demographics

**86%** cisgender, White, non-Hispanic women

**80%** between 25 and 34 years old

**70%** enrolled in Medicaid prior to pregnancy



#### Key maternal health risk factors

**86%** reported mental health or behavioral health diagnosis

**83%** reported substance use before age 18

**58%** reported at least one health-related social need

## Implementation Year 1 Evaluation Design

**7**

awardees received virtual site visits

**103**

key informant interviews

**10**

Data collection activities with patients

**12**

months of patient-level data examined

## Implementation Year 1 Findings



### Model enrollment was significantly lower than anticipated

- Only one awardee enrolled at least 50% of implementation Year 1 enrollment goal.
- Many MOM-eligible patients are difficult to engage because of frequent comorbid behavioral health conditions and barriers to care.
- Stigma was a major barrier to MOM Model enrollment.
- All awardees offered training and education to promote equitable care practices and reduce stigma.

*“With my second daughter, I had the best labor and delivery experience... whereas...with my first daughter ... they just—they weren't as caring with me.”*

—MOM Model patient



### The MOM Model was successfully launched, with some challenges

- The MOM Models did not fundamentally alter Medicaid benefits but did add a variety of new support services.
- Most MOM Models include peer recovery services, frequently referred to as **“the most important piece of the MOM Model.”**
- The MOM Models experienced various implementation challenges, including staff retention difficulties, barriers to integrating care provision and data across partners, and implementing Medicaid billing in existing systems.



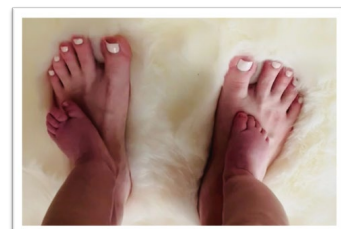
### Most patients reported positive experiences in the MOM Model

- Enhanced access to medication for OUD helped patients avoid recurrence of opioid use.
- Patients experienced more positive labor and postpartum care compared with pre-MOM Model pregnancies (see MOM Model patient quote).

## Key Takeaways

- The MOM Model has reportedly helped patients avoid recurrence of opioid use (see Photovoice entry).
- Awardees and their partners are leveraging formal trainings and informal education to reduce stigma in care provision.
- Program variation and low enrollment limit drawing cross-model conclusions.
- Awardees continue to encounter challenges across all areas of implementation, including enrollment, partnerships, and sustaining MOM Model services.

### Photovoice Entry



*“Stepping up: These are my feet with my daughter on my feet. If I wasn't sober, I would not be a good role model for her to follow in my footsteps.”*