

# Aligning Medicaid Payment with Cardio-Obstetric Outcomes to Reduce Maternal Mortality

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**Bottom Line Up Front:** Cardiovascular disease is a leading driver of maternal mortality in the United States, with over 80% of deaths preventable and more than 55% occurring in the postpartum period. Current Medicaid payment models do not incentivize early risk identification, coordinated care, or equitable outcomes<sup>1</sup>. Aligning reimbursement with cardio-obstetric quality and equity metrics is a critical policy lever to improve outcomes and reduce disparities.

## The Core Problem

Maternal mortality remains a major public health crisis, disproportionately impacting Black women. Cardiovascular conditions are among the leading causes of death, particularly in the postpartum period when care continuity declines sharply.

These outcomes reflect **system design failures** rather than gaps in clinical knowledge. The data make clear that this is an accountability and incentive problem as much as a clinical one.



## Evidence at a Glance

### → Preventable Deaths

Most maternal deaths are preventable yet the system continues to fall short on early risk identification and coordinated response.

### → Postpartum Gap

Over half of maternal deaths occur postpartum, precisely where care follow-up and continuity are most fragmented.

### → Racial Disparities

Black women experience poorer communication, implicit bias, and fragmented care at disproportionate rates, driving unequal outcomes.

### → System Failures

Gaps in access, coordination, and accountability not clinical knowledge alone are the primary drivers of disparity.

**80%+**

**Preventable**

of maternal deaths in the U.S. are considered preventable with appropriate intervention

**55%+**

**Postpartum**

of maternal deaths occur in the postpartum period, where care continuity is weakest

**#1**

**Leading Cause**

Cardiovascular disease is the leading driver of maternal mortality in the United States

**3x**

**Disparity Rate**

Black women die from pregnancy-related causes at roughly three times the rate of white women

## The Policy Gap

Despite meaningful investments through the Black Maternal Health Mornibus Act, current Medicaid payment systems remain misaligned with the outcomes that matter most<sup>2</sup>. Significant gaps persist across four critical dimensions: there are no consistent incentives for early cardiovascular risk screening, no real accountability for postpartum follow-up or continuity of care, no standardized measurement of equitable outcomes, and no structural alignment between payment and quality performance. We've made progress on investment but we haven't fully aligned incentives with outcomes. The system responds to what it pays for, and right now, it is not consistently paying for the outcomes we need.

### No Early Screening Incentive

Reimbursement does not reward cardiovascular risk stratification before a crisis occurs.

### No Postpartum Accountability

Systems face no consequence for failing to maintain follow-up after delivery.

### No Equity Measurement

Outcomes are rarely stratified by race or ethnicity, masking persistent disparities.

### No Pay-for-Quality Alignment

Payment and quality performance operate in parallel, not in reinforcing tandem.

## The Policy Solution

State Medicaid programs should implement value-based maternity payment models that fundamentally realign financial incentives with the outcomes communities need. These models must tie reimbursement directly to cardio-obstetric quality metrics including hypertension management, postpartum follow-up rates, and maternal morbidity outcomes. They must require reporting of outcomes stratified by race and ethnicity to ensure disparities are measured and addressed. They must incentivize coordinated, team-based cardio-obstetric care, and they must actively support continuous postpartum engagement beyond the current 6-week window. Payment reform is not simply an administrative lever it is a structural mechanism for driving equity and saving lives.



### Cardio-Obstetric Quality Metrics

Tie reimbursement to hypertension management, postpartum follow-up rates, and maternal outcomes to drive measurable clinical improvement.



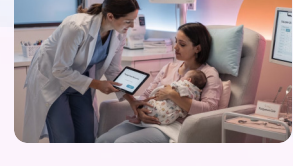
### Equity-Stratified Reporting

Require race and ethnicity stratification of all maternal outcomes data so disparities are visible, tracked, and addressed through policy.



### Coordinated Team-Based Care

Incentivize integrated cardio-obstetric care teams that coordinate across disciplines to manage high-risk pregnancies from screening through postpartum.

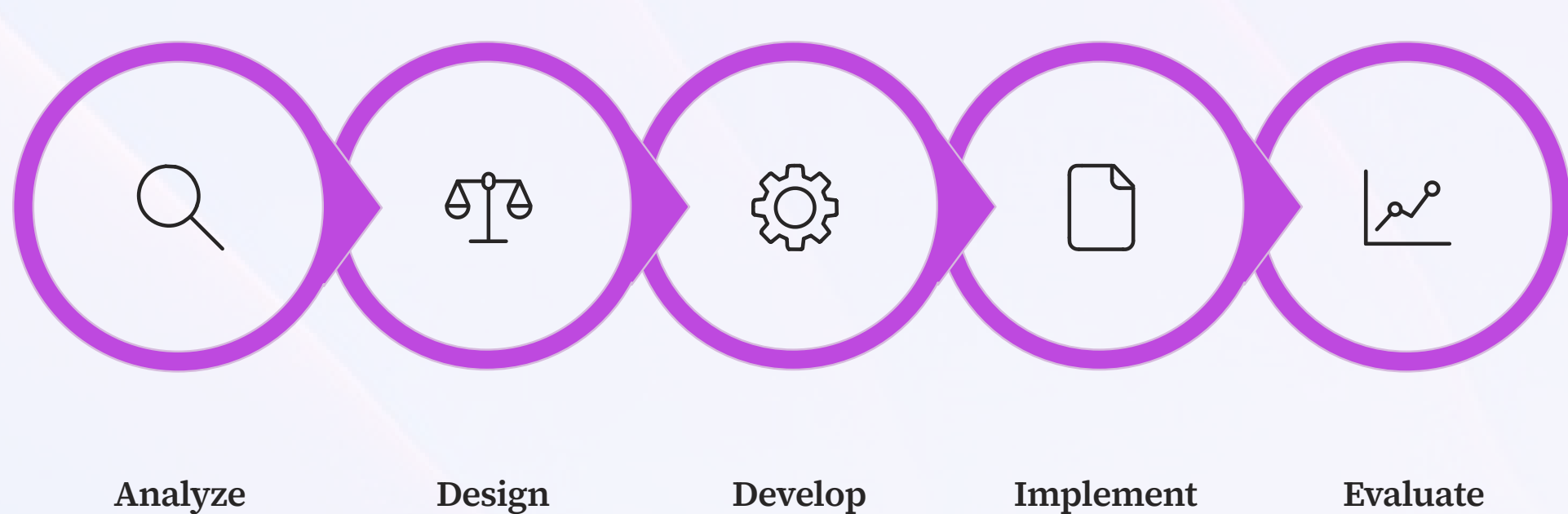


### Continuous Postpartum Support

Support and fund extended postpartum follow-up well beyond the traditional 6-week visit to address the period when mortality risk is highest.

## Implementation Framework: ADDIE-Aligned Approach

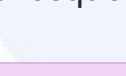
This policy solution is grounded in an evidence-based implementation framework ensuring movement from knowledge to action to measurable system change. Each phase builds systematically on the last, transforming a policy proposal into operational reality across Medicaid programs and provider systems. This structured approach ensures that payment reform is not merely adopted on paper but embedded into workflows, contracts, and accountability structures that endure beyond any single administration or funding cycle.



The ADDIE framework ensures that each implementation step is intentional, measurable, and connected to the next driving systemic change rather than isolated programmatic pilots. Evaluation results feed back into the analysis phase, creating a continuous improvement cycle aligned with Medicaid accountability structures.

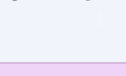
## Expected Impact

Implementing value-based maternity payment models aligned with cardio-obstetric quality and equity metrics is projected to deliver meaningful, measurable impact across multiple dimensions. Early identification and management of cardiovascular risk will improve as payment incentives draw provider attention to screening before emergencies occur. Postpartum care engagement will increase as financial accountability extends beyond delivery. Most critically, these structural changes are expected to reduce preventable maternal mortality, reduce racial disparities in maternal outcomes, and generate more efficient healthcare spending through upstream prevention rather than downstream crisis response. These are not aspirational projections they are the direct and predictable consequences of aligning what the system pays for with what communities need.



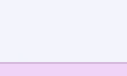
### Early Cardiovascular Risk ID

Improved identification and management of cardiovascular risk before life-threatening complications arise.



### Postpartum Continuity

Increased postpartum care engagement and continuity, particularly in the critical 6–12 week window.



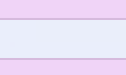
### Reduced Maternal Mortality

Measurable reduction in preventable maternal deaths through systemic incentive realignment.



### Decreased Racial Disparities

Targeted reduction in racial disparities through equity-stratified accountability built into payment contracts.



### Efficient Healthcare Spending

More efficient Medicaid spending by investing in prevention rather than managing avoidable crises.

## Evaluation Measures

Success will be defined by concrete, trackable outcomes across clinical, equity, and policy dimensions. The evaluation framework prioritizes measures that directly reflect the goals of cardio-obstetric payment reform and are feasible within existing Medicaid data infrastructure. Tracking these measures over time will enable policymakers, health system leaders, and advocates to assess whether payment reform is translating into the improved outcomes it was designed to produce and to adjust course where implementation gaps emerge.

Evaluation Measure	Target Outcome
Postpartum follow-up rates (6–12 weeks)	Significant increase in timely postpartum visits across all racial/ethnic groups
Severe maternal morbidity — cardiovascular causes	Measurable reduction in CV-related severe maternal morbidity events
Hypertension management outcomes	Improved blood pressure control rates among pregnant and postpartum patients
Racial disparities in maternal outcomes	Narrowing of documented gaps between Black and white maternal outcomes
Medicaid VBP model adoption	Increased state adoption of value-based payment tied to quality and equity metrics

"We know the system responds to what it pays for and right now, it's not consistently paying for the outcomes we want."

**Call to Action:** Policymakers must advance Medicaid payment reform that aligns reimbursement with cardio-obstetric quality, equity, and outcome accountability. The evidence is clear. The framework exists. What is needed now is the political will to make the system pay for what it claims to value the lives of mothers.

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