

2021 Prenatal-to-3 State Policy Roadmap

GROUP PRENATAL CARE

How can states effectively implement group prenatal care?

State	Implementation
Alabama	In Alabama, 1.4% of the state's pregnant people participated in group prenatal care across five CenteringPregnancy sites in 2019. This participation rate puts Alabama in the bottom half of all states in which the evidence-based model is available. Alabama has a state billing model that reimburses health providers through an alternative payment model (APM). The APM supports enhanced maternity care as a part of Alabama's Coordinated Health Network model (a state program that aims to coordinate care through one system), but it does not explicitly mention group prenatal care.
Alaska	In Alaska, 6.6% of the state's pregnant people participated in group prenatal care across four CenteringPregnancy sites in 2019. This participation rate puts Alaska in the top half of all states in which the evidence-based model is available. In the last year, Alaska did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Arizona	In Arizona, 0.8% of the state's pregnant people participated in group prenatal care across four CenteringPregnancy sites in 2019. This participation rate puts Arizona in the bottom half of all states in which the evidence-based model is available. In the last year, Arizona did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Arkansas	In Arkansas, 0.4% of the state's pregnant people participated in group prenatal care in a single CenteringPregnancy site in 2019. This participation rate puts Arkansas in the bottom half of all states in which the evidence-based model is available. Arkansas Medicaid and the Arkansas Health Care Payment Improvement Initiative (APII) use an alternative payment model (APM) to reimburse for enhanced maternity care, but APII does not explicitly mention group prenatal care within its plan.
California	In California, 2.4% of the state's pregnant people participated in group prenatal care across 66 CenteringPregnancy sites in 2019. This participation rate puts California in the top half of all states in which the evidence-based model is available. California has a state billing model that reimburses providers for group prenatal care at a higher rate than traditional individual prenatal care. California's Comprehensive Perinatal Service Program (a Medi-Cal program) reimburses providers for individual care at a rate of \$33.64 per hour for traditional services and group services at a rate of \$11.24 per hour, per patient. The CenteringPregnancy model typically groups 8 to 10 patients, but the reimbursement rate for providers is enhanced when more than 3 patients participate in the group prenatal care model.
Colorado	In Colorado, 2.3% of the state's pregnant people participated in group prenatal care across nine CenteringPregnancy sites in 2019. This participation rate puts Colorado in the top half of all states in which the evidence-based model is available. Colorado has a state billing model that reimburses health providers through an alternative payment model that supports enhanced maternity care, but does not explicitly mention group prenatal care. The state is currently piloting a two-year (November 1, 2020, to October 30,

State	Implementation
	<p>2022) Maternity Bundled Payment Program, which will use a bundled payment model to cover maternity care episodes, but the payment model does not explicitly mention group prenatal care. Colorado also has an Accountable Care Coordination Model that bills for prenatal care using a bundled payment model, but excludes payments for Federally Qualified Health Centers or Rural Health Centers, which may leave vulnerable groups without access to needed services.</p>
Connecticut	<p>Connecticut did not serve any pregnant people through the CenteringPregnancy group prenatal care model in 2019, and we are unaware of the number of pregnant people that any other group prenatal care model may serve. In the last year, Connecticut did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.</p>
Delaware	<p>Delaware did not serve any pregnant people through the CenteringPregnancy group prenatal care model in 2019, and we are unaware of the number of pregnant people that any other group prenatal care model may serve. In June 2020, the state transitioned its Medicaid model to an accountable care organization (ACO) that offers reimbursement for enhanced prenatal care using a value-based payment model, but does not explicitly mention group prenatal care.</p>
District of Columbia	<p>In the District of Columbia, 14.2% of the state’s pregnant people participated in group prenatal care across eight CenteringPregnancy sites in 2019. This participation rate is the highest amongst all states in which the evidence-based model is available. The District of Columbia recognizes group prenatal care as an effective strategy to improve maternal and child health outcomes, but the state does not have a billing model through Medicaid that provides an enhanced reimbursement for group prenatal care services.</p>
Florida	<p>In Florida, 0.9% of the state’s pregnant people participated in group prenatal care across 12 CenteringPregnancy sites in 2019. This participation rate puts Florida in the bottom half of all states in which the evidence-based model is available. In the last year, Florida did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.</p>
Georgia	<p>In Georgia, 1.4% of the state’s pregnant people participated in group prenatal care across 11 CenteringPregnancy sites in 2019. This participation rate puts Georgia in the bottom half of all states in which the evidence-based model is available. CareSource, one of the four Medicaid managed care plans in the state, offers CenteringPregnancy as a benefit. Georgia’s FY 2019 budget included \$500,000 in the state Medicaid budget for reimbursement for group prenatal care, but the state has not included funding for group prenatal care since then.</p>
Hawaii	<p>In Hawaii, 8.6% of the state’s pregnant people participated in group prenatal care across nine CenteringPregnancy sites in 2019. This participation rate is one of the highest amongst all states in which the evidence-based model is available. Hawaii recognizes group prenatal care as an effective strategy to improve maternal and child health outcomes. Hawaii Health Matters, a partnership between the Hawaii Health Data Warehouse and the Hawaii Department of Health, provides state-level data about quality of life and health promoting programs, and notes that CenteringPregnancy is a promising practice. In the last year, state lawmakers proposed one bill, H.B. 698, which would have convened a maternal disparity and health equity task force and directed the task force to evaluate the existing standards of care for maternal and prenatal health, including new payment and service delivery models. The bill did not progress past introduction this legislative session.</p>

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Idaho	Although no CenteringPregnancy sites currently exist in Idaho, in 2019, 0.7% of Idaho's pregnant people participated in group prenatal care at one CenteringPregnancy site in the state. This participation rate put Idaho in the bottom half of all states in which the evidence-based model was available. In July 2020, Idaho implemented a state billing model under Healthy Connections, the state's Medicaid program, that developed an episode of care payment model (an alternative payment model) for maternity care, but the alternative payment model does not explicitly mention group prenatal care.
Illinois	In Illinois, 2.3% of the state's pregnant people participated in group prenatal care across 20 CenteringPregnancy sites in 2019. This participation rate put Illinois in the bottom half of all states in which the evidence-based model was available, and the state hopes to expand services with the new grants. On March 1, 2021, BlueCross BlueShield of Illinois (a managed care organization in the state) announced that it partnered with the Centering Healthcare Institute to implement the CenteringPregnancy model in Federally Qualified Health Center (FQHCs) through a \$350,000, three-year grant that will primarily serve at-risk and underserved populations. The Perinatal Advisory Committee of Illinois has also recommended that the state Medicaid program adopt enhanced reimbursement policies for group prenatal care as a strategy to reduce premature births, but in the last year the state took no legislative or regulatory action to create an enhanced reimbursement for group prenatal care services.
Indiana	In Indiana, 3.2% of the state's pregnant people participated in group prenatal care across 16 CenteringPregnancy sites in 2019. This participation rate puts Indiana in the top half of all states in which the evidence-based model is available. Indiana recognizes group prenatal care as an effective strategy to improve maternal and child health outcomes. The Indiana Department of Health has mentioned that the state should pursue enhanced reimbursement for group prenatal care services and provides resources and materials related to the model, but the state does not have a billing model through Medicaid that provides an enhanced reimbursement for group prenatal care services.
Iowa	In Iowa, 2.6% of the state's pregnant people participated in group prenatal care across six CenteringPregnancy sites in 2019. This participation rate puts Iowa in the top half of all states in which the evidence-based model is available. In the last year, Iowa took no explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Kansas	In Kansas, 0.9% of the state's pregnant people participated in group prenatal care across two CenteringPregnancy sites in 2019. This participation rate puts Kansas in the bottom half of all states in which the evidence-based model is available. In the last year, Kansas did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Kentucky	In Kentucky, 0.9% of the state's pregnant people participated in group prenatal care across three CenteringPregnancy sites in 2019. This participation rate puts Kentucky in the bottom half of all states in which the evidence-based model is available. Kentucky received grant funding from the Center for Medicare & Medicaid Innovation to pilot group prenatal care programs in the state from 2013 to 2017. In the last year, the state did not take any additional steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Louisiana	In Louisiana, 1.1% of the state's pregnant people participated in group prenatal care across four CenteringPregnancy sites in 2019. This participation rate puts Louisiana in the bottom half of all states in which the evidence-based model is available. In 2015, Louisiana's Medicaid program approved one managed care organization, Amerigroup (now known as Healthy Blue LA), to reimburse providers for group

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	prenatal care at a substantially higher rate than traditional individual prenatal care; an additional \$50 per patient, per visit. However, according to an assessment of the state's program by the Centering Healthcare Institute, many providers may not use the enhanced reimbursement billing code because they are unaware that the code exists.
Maine	In Maine, 9.6% of the state's pregnant people participated in group prenatal care across seven CenteringPregnancy sites in 2019. This participation rate is one of the highest amongst all states in which the evidence-based model is available. In the last year, Maine did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Maryland	Maryland is a state leader in group prenatal care based on the state's recent investment in the evidence-based strategy. This year, Governor Larry Hogan announced the launch of a \$72 million maternal and child health initiative in partnership with the Maryland Department of Health (MDH). As part of the initiative, Maryland Medicaid is partnering with CenteringPregnancy to implement the group prenatal care model in the state. Funding lasts for four years beginning on July 1, 2021, and Maryland's Health Services Cost Review Commission, MDH's Public Health Services, and Maryland Medicaid share the funds. Approximately 2.1% of the state's pregnant people participated in group prenatal care across nine CenteringPregnancy sites in 2019. This participation rate put Maryland in the bottom half of all states in which the evidence-based model was available, but the new state investment should increase the percentage of pregnant people with access to group prenatal care services.
Massachusetts	In Massachusetts, 3.3% of the state's pregnant people participated in group prenatal care across 14 CenteringPregnancy sites in 2019. This participation rate puts Massachusetts in the top half of all states in which the evidence-based model is available. Massachusetts has a state billing model that reimburses health providers through an alternative payment model that supports enhanced maternity care, but it does not explicitly mention group prenatal care. The state and Partners HealthCare Choice (an accountable care organization) used federal Medicaid Delivery System Reform Incentive Program (DSRIP) funds to expand the initial group prenatal care pilot program. DSRIP projects are a part of Section 1115 waiver programs and aim to support value-based patient outcomes and reduce health care costs. As of 2019, the state was considering an enhanced reimbursement, but the state has not acted to implement one in the last two years.
Michigan	In Michigan, 2.4% of the state's pregnant people participated in group prenatal care across 16 CenteringPregnancy sites in 2019. This participation rate puts Michigan in the top half of all states in which the evidence-based model is available. Michigan has one managed care organization (MCO), Priority Health, that reimburses providers for group prenatal care at a higher rate than traditional individual prenatal care. In February 2020, Priority Health announced that it began piloting incentives for providers who adopt an evidence-based group prenatal care model. Additionally, the state's Maternal Infant Health and Equity Improvement Plan for 2020-2023 suggests that the state government shall "explore incentivizing the implementation of alternate prenatal and pediatric care models."
Minnesota	In Minnesota, 1.2% of the state's pregnant people participated in group prenatal care across five CenteringPregnancy sites in 2019. This participation rate puts Minnesota in the bottom half of all states in which the evidence-based model is available. In 2018, legislators enacted a state statute (256B.79), which requires that the commissioner allocate grant funds to organizations "to support interdisciplinary, integrated perinatal care." In January 2019, the Minnesota Department of Human Services then awarded grant funds to organizations seeking to improve maternal health with a variety of services, including to organizations who sought to implement group prenatal care. Grantees report every two years with

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	recommendations on how to continue or sustain the program. In the last year, the state did not take any additional steps to support group prenatal care.
Mississippi	In Mississippi, 1.8% of the state's pregnant people participated in group prenatal care across four CenteringPregnancy sites in 2019. This participation rate puts Mississippi in the bottom half of all states in which the evidence-based model is available. Mississippi recognizes group prenatal care in its 2018 Infant Mortality Report as an effective strategy to reduce preterm births and preterm related mortality, but the state does not have a billing model through Medicaid that provides an enhanced reimbursement for group prenatal care services.
Missouri	In Missouri, 4.2% of the state's pregnant people participated in group prenatal care across 19 CenteringPregnancy sites in 2019. This participation rate puts Missouri in the top half of all states in which the evidence-based model is available. In the last year, Missouri did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Montana	Montana is a state leader in group prenatal care, based on the state's relatively large percentage of pregnant people served by the evidence-based strategy, and the state's initiative to provide an enhanced reimbursement through Medicaid for group prenatal care. In Montana, 4.4% of the state's pregnant people participated in group prenatal care across three CenteringPregnancy sites in 2019. This participation rate puts Montana in the top half of all states in which the evidence-based model is available. Montana has a state billing model that reimburses providers for group prenatal care at a higher rate than traditional individual prenatal care (an additional \$30 per patient, per visit). As part of the 2015 HELP Act that expanded income eligibility for health insurance in the state, Montana's Medicaid Department and the Family and Community Health Bureau created the Promising Pregnancy Care initiative, which sought to improve health outcomes for pregnant people and lower Medicaid costs. The initiative approved reimbursement for group prenatal care at an enhanced rate.
Nebraska	In Nebraska, 3.3% of the state's pregnant people participated in group prenatal care across five CenteringPregnancy sites in 2019. This participation rate puts Nebraska in the top half of all states in which the evidence-based model is available. In a 2015 Maternal and Child Health/Infants Needs Assessment, the Nebraska Department of Health and Human Services recognized group prenatal care as an effective strategy to improve maternal and child health outcomes by "creating mechanisms for patient peer support and behavior change programs," but the state does not have a billing model through Medicaid that provides an enhanced reimbursement for group prenatal care services.
Nevada	In Nevada, 1.4% of the state's pregnant people participated in group prenatal care across three CenteringPregnancy sites in 2019. This participation rate puts Nevada in the bottom half of all states in which the evidence-based model is available. In the last year, Nevada did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
New Hampshire	In New Hampshire, 5.4% of the state's pregnant people participated in group prenatal care across four CenteringPregnancy sites in 2019. This participation rate puts New Hampshire in the top half of all states in which the evidence-based model is available. New Hampshire recognizes group prenatal care as an effective strategy to improve maternal and child health outcomes by including the practice in its State Health Improvement Plan, but the state does not have a billing model through Medicaid that provides an enhanced reimbursement for group prenatal care services.

State	Implementation
New Jersey	<p>New Jersey is a leader in group prenatal care based on its use of legislative authority to create an enhanced reimbursement for group prenatal care services and the state's direct investment in the effective strategy. In 2019, legislators passed companion bills, A.5021/S.3405, which expanded the state's Medicaid program to cover group prenatal care services at an enhanced rate of an additional \$7 per patient, per visit. As part of Nurture New Jersey's 2021 Strategic Plan, the state recommended that the Department of Human Services work with state officials to increase the reimbursement rate for CenteringPregnancy services to incentivize more providers to take up the model. Additionally, the New Jersey Department of Health (NJDOH) launched its "Healthy Persons, Healthy Families" initiative in 2019 and partnered with the Centering Healthcare Institute and three philanthropic organizations to implement the CenteringPregnancy model in community health centers in the state. NJDOH selected six grantee organizations to implement innovative maternal and child health programs, and three of the grantees explicitly chose to implement group prenatal care. NJDOH invested directly in grant activities along with philanthropic funding, which began in April 2019 and ended in March 2021. In 2019, 3.1% of the state's pregnant people participated in group prenatal care across 19 CenteringPregnancy sites. This participation rate put New Jersey in the top half of all states in which the evidence-based model was available, and more recent efforts in the state seek to increase the percentage served.</p>
New Mexico	<p>In New Mexico, 2.1% of the state's pregnant people participated in group prenatal care across three CenteringPregnancy sites in 2019. This participation rate puts New Mexico in the bottom half of all states in which the evidence-based model is available. In the last year, New Mexico did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.</p>
New York	<p>In New York, 3.6% of the state's pregnant people participated in group prenatal care across 49 CenteringPregnancy sites in 2019. This participation rate puts New York in the top half of all states in which the evidence-based model is available. CenteringPregnancy is one of the 10 high-priority action items of the New York State Department of Health's First 1,000 Days on Medicaid Initiative, which aims to improve the health and welfare of children in the first three years of life. In June 2019, New York launched a pilot program with grant funding from the Centering Healthcare Institute to reimburse providers for group prenatal care at a higher rate than traditional prenatal care (an additional \$30 per patient, per visit). The initiative paused in 2020 due to COVID-19 and will resume in 2021, but as of August 1, 2021, the state had not provided a revised timeline.</p>
North Carolina	<p>In North Carolina, 5.0% of the state's pregnant people participated in group prenatal care across 37 CenteringPregnancy sites in 2019. This participation rate puts North Carolina in the top half of all states in which the evidence-based model is available. North Carolina uses both financial and non-financial supports to encourage the use of group prenatal care services in the state. On January 8, 2020, the state announced a plan to move from a fee-for-service delivery system to Medicaid Managed Care. The plan aims to include value-based payment (VBP) components in all provider contracts within the next five years, and will provide reimbursement for enhanced maternity care. VBPs incentivize providers to offer services that have an evidence base of improving health outcomes, such as group prenatal care. In a report released in April 2020, the North Carolina Institute of Medicine, in partnership with the Division of Public Health and the North Carolina Department of Health and Human Services, recommended that private insurers and prepaid health plans in the state also develop policies, such as value-based payments and enhanced reimbursements, to encourage the use of group prenatal care. Furthermore, North Carolina has provided grant funding for group prenatal care. After delays in implementation due to COVID-19, North Carolina is relaunching a state-funded expansion initiative with support from Health Resources and Services Administration.</p>

State	Implementation
North Dakota	In North Dakota, 1.5% of the state's pregnant people participated in group prenatal care across a single CenteringPregnancy site in 2019. This participation rate puts North Dakota in the bottom half of all states in which the evidence-based model is available. In the last year, North Dakota did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Ohio	Ohio is a state leader in supporting group prenatal care based on its legislative initiative to support the provision of the model, its state investment in services, and its efforts to create a significantly enhanced reimbursement rate for group prenatal care services. In September 2020, legislators passed H.B. 11, which required the Ohio Department of Health (ODH) to create a grant program to support the use of group prenatal care in the state. Later that month, as mandated by the legislation, the ODH Bureau of Maternal, Child, and Family Health announced that \$500,000 in grant funding was available for medical practices in the state to create an implementation plan for group prenatal care models. Grant funding lasted from November 1, 2020 to June 30, 2021. The department also reported that it provided \$4.4 million to CenteringPregnancy sites as part of the Ohio Equity Institute Infant Mortality Prevention Grants program during FY20-21. In May 2021, ODH announced that it is adjusting and creating billing codes to provide enhanced reimbursements of \$45 per patient, per visit for group prenatal care services, expected to go into effect on January 1, 2022. In 2019, 5.5% of the state's pregnant people participated in group prenatal care across 46 CenteringPregnancy sites. This participation rate put Ohio in the top half of all states in which the evidence-based model was available, and the state's more recent efforts will likely expand this percentage served.
Oklahoma	In Oklahoma, 0.7% of the state's pregnant people participated in group prenatal care across two CenteringPregnancy sites in 2019. This participation rate puts Oklahoma in the bottom half of all states in which the evidence-based model is available. In the last year, Oklahoma did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Oregon	In Oregon, 5% of the state's pregnant people participated in group prenatal care across 13 CenteringPregnancy sites in 2019. This participation rate puts Oregon in the top half of all states in which the evidence-based model is available. Oregon has multiple coordinated care organizations (CCOs) that reimburse health providers through an alternative payment model that supports enhanced maternity care, but does not explicitly mention group prenatal care. Additionally, the Oregon Health Authority recommends the CenteringPregnancy enhanced maternity care model for improving care delivery and access to postpartum care, but it does not provide an enhanced payment to providers that offer the model.
Pennsylvania	In Pennsylvania, 3.5% of the state's pregnant people participated in group prenatal care across 29 CenteringPregnancy sites in 2019. This participation rate puts Pennsylvania in the top half of all states in which the evidence-based model is available. The Pennsylvania Department of Health, Division of Child and Adult Health Services recommends CenteringPregnancy as a program to improve birth outcomes, but the state does not have a billing model through Medicaid that provides an enhanced reimbursement for group prenatal care services.
Rhode Island	Rhode Island did not serve any pregnant people through the CenteringPregnancy group prenatal care model in 2019, and we are unaware of the number of pregnant people that any other group prenatal care model may serve. Rhode Island has a state billing model that reimburses health providers through an alternative payment model that supports enhanced maternity care. In 2015, the Centers for Medicare and Medicaid Services partnered with Rhode Island and launched the State Innovation Model (SIM), which

State	Implementation
	helped the state shift towards a value-based payment model for services that includes maternity care, but does not explicitly mention group prenatal care.
South Carolina	South Carolina is a leader in leveraging Medicaid as a mechanism to encourage the scale up of group prenatal care services in the state. The state has a billing model that reimburses providers for group prenatal care at a higher rate than traditional individual prenatal care (an additional \$30 per patient, per visit). In 2012, The South Carolina Perinatal Quality Collaborative (the Birth Outcomes Initiative) supported an expansion of CenteringPregnancy group prenatal care services and in 2013 the state was the site of a study analyzing cost savings to Medicaid through the use of the CenteringPregnancy model. In July 2017, the South Carolina Department of Health and Human Services began to cover CenteringPregnancy services and created a billing code for group prenatal care services. South Carolina requires that providers use the CenteringPregnancy model to receive reimbursement. In 2019, 7.6% of the state's pregnant people participated in group prenatal care across 26 CenteringPregnancy sites. This participation rate was one of the highest amongst all states in which the evidence-based model was available.
South Dakota	Although no Centering Pregnancy sites currently exist in South Dakota, in 2019, 4.2% of the state's pregnant people participated in group prenatal care across three CenteringPregnancy sites in the state. This participation rate put South Dakota in the top half of all states in which the evidence-based model was available. South Dakota does not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings in the last year.
Tennessee	In Tennessee, 0.4% of the state's pregnant people participated in group prenatal care across two CenteringPregnancy sites in 2019. This participation rate puts Tennessee in the bottom half of all states in which the evidence-based model is available. Tennessee has a state billing model that reimburses health providers through an alternative payment model that supports enhanced maternity care, but does not explicitly mention group prenatal care. Additionally, TennCare (Tennessee's Medicaid program) has implemented an episodes of care payment model that covers perinatal care, but does not explicitly mention group prenatal care. Furthermore, Tennessee's State Department of Health is a part of the March of Dime's Council on Financing Group Prenatal Care, which is a council of obstetricians, newborn and obstetric nurses, midwives, health plans, and public health experts that examine and review financing options for group prenatal care.
Texas	In Texas, 1.9% of the state's pregnant people participated in group prenatal care across 44 CenteringPregnancy sites in 2019. This participation rate puts Texas in the bottom half of all states in which the evidence-based model is available. Texas has a state billing model within Medicaid that reimburses providers for group prenatal care at a higher rate than traditional individual prenatal care (\$42.78 for group visits, up to 10 visits, versus a rate between \$31.62 and \$34.63 for individual visits, dependent on the age of the patient). In 2018, legislators enacted S.B. 750, which directed the Health and Human Services Commission and managed care organizations in Texas to develop and implement "cost-effective, evidence-based and enhanced prenatal services for high-risk pregnant people."
Utah	Utah did not serve any pregnant people through the CenteringPregnancy group prenatal care model in 2019, and we are unaware of the number of pregnant people that any other group prenatal care model may serve. Utah has a state billing model within Medicaid that reimburses providers for group prenatal care at a higher rate than traditional individual prenatal care (\$9.92 per patient, per visit for group prenatal care versus \$52.19 per patient for traditional care). The group prenatal care model typically groups 8 to 10 patients per visit, but the reimbursement rate for providers is enhanced when more than 5 patients participate in the visit.

State	Implementation
Vermont	In Vermont, 9% of the state's pregnant people participated in group prenatal care across three CenteringPregnancy sites in 2019. This participation rate is one of the highest amongst all states in which the evidence-based model is available. In the last year, Vermont did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Virginia	In Virginia, 2.6% of the state's pregnant people participated in group prenatal care across 16 CenteringPregnancy sites in 2019. This participation rate puts Virginia in the bottom half of all states in which the evidence-based model is available. In the last year, Virginia did not take any explicit steps to support group prenatal care, and the state did not take any legislative or regulatory action to enhance its group prenatal care offerings.
Washington	In Washington, 4.9% of the state's pregnant people participated in group prenatal care across 26 CenteringPregnancy sites in 2019. This participation rate puts Washington in the top half of all states in which the evidence-based model is available. Washington has a state billing model that reimburses health providers through an alternative payment model (APM) that supports enhanced maternity care, but does not explicitly mention group prenatal care. In January 2017, Washington and Centers for Medicaid Services launched a five-year Medicaid Transformation project to invest in Medicaid delivery and payment reform through a Delivery System Reform Incentive Payment (DSRIP) program. DSRIP projects are a part of Section 1115 waiver programs and aim to support value-based patient outcomes and reduce health care costs. Washington highlights maternity care as one of its priority areas, but does not explicitly mention group prenatal care reimbursement.
West Virginia	In West Virginia, 1.8% of the state's pregnant people participated in group prenatal care across two CenteringPregnancy sites in 2019. This participation rate puts West Virginia in the bottom half of all states in which the evidence-based model is available. West Virginia recognizes group prenatal care as an effective strategy to improve maternal and child health outcomes. The West Virginia Perinatal Partnership lists the strategy as a recommended practice, but the state does not have a billing model through Medicaid that provides an enhanced reimbursement for group prenatal care services.
Wisconsin	In Wisconsin, 2% of the state's pregnant people participated in group prenatal care across eight CenteringPregnancy sites in 2019. This participation rate puts Wisconsin in the bottom half of all states in which the evidence-based model is available. Wisconsin recognizes group prenatal care as an effective strategy to improve maternal and child health outcomes. The Wisconsin Department of Health Services promotes the CenteringPregnancy model in the state's Healthy Births initiative, but the state does not have a billing model through Medicaid that provides an enhanced reimbursement for group prenatal care services.
Wyoming	Wyoming did not serve any pregnant people through the CenteringPregnancy group prenatal care model in 2019, and we are unaware of the number of pregnant people that any other group prenatal care model may serve. Wyoming recognizes group prenatal care as an effective strategy to improve maternal and child health outcomes. Wyoming Health Matters (a Wyoming Department of Health funded project) lists the model as a "Promising Practice" to "support the systematic adoption, implementation, and evaluation of successful programs, practices, and policy changes," but the state does not provide an enhanced payment for the model.

Find additional information on the [methods and sources](#) used throughout the Roadmap and for each state.