AMCHP created this crosswalk to help state Title V programs develop strategies to address their state-selected National Performance Measures (NPMs). Since the passage of the Patient Protection and the Affordable Care Act (ACA) in 2010, a groundswell of policy changes has been taking place, followed by funding opportunities and concerted efforts at the state and federal level to improve how our health care system serves Americans. Title V programs have myriad ways to ensure that MCH populations benefit from national health reform initiatives. This crosswalk illustrates how individual ACA provisions relate to specific NPMs, and identifies potential opportunities for state Title V programs to incorporate federal-level reforms into their NPM planning.

|------------------------------------------|-----|------------------------------------|-----------------------|--------------------------|
| 1                                        | Percent of women with a past year preventive visit | Well-woman visit | Women/maternal health | • Coverage of all preventive services with an A or B rating from the U.S. Preventive Services Task Force (USPSTF), without cost-sharing  
• Expansion of Medicaid for adults earning up to 138 percent of the Federal Poverty Level (FPL) |
| 2                                        | Percent of cesarean deliveries among low-risk first births | Low-risk cesarean delivery | Women/maternal health | • ‘Elective delivery’ included in Medicaid adult core set of quality measures  
• Center for Medicare and Medicaid Innovation (CMMI) Strong Start for Mothers and Newborns Initiative |
| 3                                        | Percent of very low birth weight (VLBW) infants born in a hospital with a Level III Neonatal Intensive Care Unit (NICU) | Perinatal regionalization | Perinatal/infant health | • Coverage of maternity care as an essential health benefit (EHB) in Health Insurance Marketplace (Marketplace) plans and most individual and small group plans outside the Marketplace  
• CMMI Strong Start for Mothers and Newborns Initiative |
| 4                                        | A) Percent of infants who are ever breastfed; and B) Percent of infants breastfed exclusively through 6 months | Breastfeeding | Perinatal/infant health | • Coverage of breastfeeding support/counseling and equipment as a preventive service, without cost-sharing  
• Workplace accommodations, including break-time requirement for nursing mothers (private place to pump, reasonable time to pump)  
• Breastfeeding support in Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) encounters  
• Coverage of Bright Futures guidelines, which includes breastfeeding education  
• Prevention and Public Health Fund grants |
| 5 | Percent of infants placed to sleep on their backs | Safe sleep | Perinatal/infant health | • Coverage of *Bright Futures* guidelines, which includes safe sleep counseling  
• Safe sleep counseling in MIECHV encounters |
| 6 | Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool | Developmental screening | Child health | • Coverage of all *Bright Futures* preventive services without cost-sharing, including developmental screening up to age three and surveillance throughout childhood |
| 7 | Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19 | Injury | Child health and/or adolescent health | • Coverage of *Bright Futures* guidelines, which includes violence and injury prevention counseling, depression screening, and alcohol and drug assessment beginning at age 11  
• Injury prevention counseling in MIECHV encounters.  
• Medicaid Health Homes |
| 8 | Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day | Physical activity | Child health and/or adolescent health | • Coverage of *Bright Futures* guidelines, which includes promotion of healthy weight  
• Coverage of body mass index (BMI) screening as a preventive health service, without cost-sharing  
• Prevention and Public Health Fund grants |
| 9 | Percent of adolescents, ages 12 through 17, who are bullied or who bully others | Bullying | Adolescent health | • Coverage of *Bright Futures* guidelines, which includes violence and bullying prevention counseling  
• Depression screening for adolescents covered as a preventive health service without cost-sharing |
| 10 | Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year | Adolescent well-visit | Adolescent health | • Coverage of all preventive services with an A or B rating from the USPSTF and *Bright Futures* recommended preventive services without cost-sharing  
• Funding for community-based health teams to support primary care practices/medical homes |
| 11 | Percent of children with and without special health care needs having a medical home | Medical home | Children with special health care needs | • Community-Based Collaborative Care Network program  
• Funding for Community-Based Health Teams to support primary care practices/medical homes  
• Medicaid Health Homes  
• CMMI funding for systems and payment reform initiatives |
| 12 | Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care | Transition | Children with special health care needs | - Coverage for young adults on parental plans until age 26  
- Medicaid coverage for former foster care youth until age 26  
- Expansion of Medicaid for adults earning up to 138 percent FPL  
- Medicaid Health Homes |
| 13 | A) Percent of women who had a dental visit during pregnancy; and B) Percent of children ages 1 through 17, who had a preventive dental visit in the past year | Oral health | Cross-cutting/ life course | - Coverage of dental care for children as an essential health benefit (EHB) in Marketplace plans and most individual and small group plans outside the Marketplace  
- Adult dental coverage included in certain Marketplace plans or as a stand-alone dental plan |
| 14 | A) Percent of women who smoke during pregnancy; and B) Percent of children who live in households where someone smokes | Smoking | Cross-cutting/ life course | - Coverage of tobacco use screening and intervention as a preventive service without cost-sharing  
- Medicaid coverage of smoking cessation counseling and treatment for pregnant women without cost-sharing  
- "Medical Assistance with Smoking and Tobacco Use Cessation" included in Medicaid adult core set of quality measures  
- Coverage of Bright Futures guidelines, which includes smoking cessation counseling for parents/guardians  
- Prevention and Public Health Fund grants  
- CMMI Strong Start for Mothers and Newborns Initiative |
| 15 | Percent of children ages 0 through age 17 who are adequately insured | Adequate insurance coverage | Cross-cutting/ life course | - Medicaid eligibility for children age 0 through 18 raised to a minimum of 138 percent of the FPL  
- Maintenance of pre-ACA Children’s Health Insurance Program (CHIP) eligibility levels for children over the income level for Medicaid; in some states up to 400 percent FPL  
- Advanced premium tax credits for purchase of Marketplace plans for families with incomes of 100 percent to 400 percent FPL  
- Cost-sharing subsidies for families with household income < 250 percent FPL who purchase silver level Marketplace plans  
- Expansion of the hospital’s role in determining presumptive eligibility |
AMCHP Resources on the MCH Population Domains

The Affordable Care Act: A Working Guide for MCH Professionals

Forging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality: Policy and Program Options for State Planning

Health for Every Mother — A Maternal Health Resource and Planning Guide for States

Health Reform & Adolescent Health

Health Reform & Children and Youth with Special Health Care Needs

Health Reform & the Medical Home Model

Health Reform & Women’s Health

Standards for Systems of Care for Children and Youth with Special Health Care Needs

State Opportunities and Strategies for Breastfeeding Promotion through the Affordable Care Act

Who Will Be Covered for What in 2015 and Beyond?

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This fact sheet is part of a series of AMCHP tools, documents and resources on implementation of the ACA and its impact on maternal and child health populations. For more information, please visit the National Center for Health Reform Implementation website. All AMCHP staff can be reached via phone at (202) 775-0436.