

More Than a Visit: Paying What CenteringPregnancy Is *Worth*

The Opportunity: Align Payment with Value

CenteringPregnancy is an innovative, evidence-based group prenatal care model that combines health assessment, education, and peer learning and support. It replaces traditional one-to-one visits with 10 sessions for 8-12 expectant mothers with similar due dates. Each session includes the individual health assessments one would expect at a prenatal visit plus a facilitated group discussion with providers on such topics as stress management, signs of labor, newborn care, and breastfeeding. The model addresses medical, behavioral, and health-related social needs, like access to healthy food, in a culturally responsive environment that cultivates trust, increases patient engagement, and improves health literacy.

Centering group sessions--each lasting 90 to 120 minutes--are billable health care visits that follow nationally recognized clinical guidelines. At the same time, they foster peer support and community building, and lead to better health and well-being for patients.

Benefits extend beyond clinical impact. Centering not only improves maternal and infant health, but also boosts provider satisfaction and strengthens patient trust and engagement with their care team.



The Problem: Persistent Disparities and Under-investment in New Jersey

Despite increased attention and investment in maternal health equity, New Jersey continues to face high rates of preterm birth, low birthweight, and racial disparities in perinatal outcomes.¹ Traditional one-on-one prenatal care models often fall short in meeting the complex medical and social needs of pregnant patients. Too often, health care appointments are rushed, questions go unanswered, and meaningful connection between patient and provider is missed.²

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At the same time, Medicaid and commercial insurance reimbursement rates fail to reflect the true cost—or the full value—of delivering comprehensive models like CenteringPregnancy®. New Jersey's Medicaid program, NJ FamilyCare, reimburses at an enhanced rate of just **\$7 a visit for a patient attending a group visit**, making it difficult for providers to sustain this high-impact group prenatal care model.

In New Jersey, CenteringPregnancy has been implemented and expanded through pilots funded with NJ Department of Health grants and private philanthropy support into a statewide network of 24 sites.³ Today, the model is implemented across federally qualified community health centers, and health systems including St. Joseph's Health, Virtua Health, University Hospital, and multiple RWJBarnabas Health locations.



“Centering is not less care—it’s prenatal plus. It’s everything you get in regular prenatal care, and then more: peer support, more time with your provider, education, community resources, & trust.”

— **Dr. Damali Campbell-Oparaji**, Chief of Obstetrics, Gynecology, and Reproductive Health, University Hospital in Newark; Associate Professor, Rutgers New Jersey Medical School

Health Impact and Return on Investment:

CenteringPregnancy delivers measurable Medicaid savings through reductions in adverse outcomes:⁴

Centering Pregnancy significantly impacts maternal and infant health outcomes while delivering measurable Medicaid savings. Participation leads to a 36% reduction in the risk of preterm birth, saving \$22,667 in the first year for each preterm birth avoided. It results in a 28% reduction in NICU stays, with first-year savings of \$27,250 per NICU stay, and a 44% reduction in low birth weight babies, saving \$29,627 in the first year for each case prevented.

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New Jersey Lags Behind

Although New Jersey expanded Medicaid coverage for CenteringPregnancy in 2019 with an enhanced rate of \$7 per patient per visit, that amount falls short of the \$30-50 per visit offered by several peer states (see table).⁵ With New Jersey's rate covering less than 20% of the benchmark, it hinders provider recruitment and program sustainability--widening the gap between cost and value.

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State	Rate for Visit	FCHC Eligible for Payment
Arizona	\$45	
Maryland	\$50	
Michigan	\$45	Yes
Missouri	\$40	Yes ⁴
New Jersey	\$7	
North Carolina	\$250 on, or after 5 th Session	Yes
Ohio	\$45	Yes ^{7, 8}
South Carolina	#30	
Texas	\$42.47	

Most states reimburse CenteringPregnancy sessions at 4 to 6 times the \$7 rate of New Jersey's Medicaid program.

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Policy Recommendations: Build Sustainable Financing

To fully realize the value of CenteringPregnancy for NJ FamilyCare members and those with commercial insurance—and to ensure the sustainability of sites across the state—New Jersey should:

- **Increase reimbursement:** Adopt the recommendation from Centering Healthcare Institute—the national nonprofit dedicated to advancing Centering health care models—of \$45 per session + \$250 provider retention bonus after a patient attends five visits, totaling \$700 per pregnancy.
- **Allow FQHCs to receive enhanced payment:** Permit enhanced reimbursement, above the state's wraparound rate (PPS rate) for Centering services at Federally Qualified Health Centers, as is the case in Ohio, Michigan, Missouri, and North Carolina.
- **Engage commercial insurers:** Encourage them to reimburse CenteringPregnancy as a prenatal care approach that promotes equity and reduces risk pregnancy and newborn complications.

Conclusion

CenteringPregnancy is a cost-effective strategy to reduce preterm birth, NICU stays, and low birthweight, while advancing health equity and improving satisfaction for both patients and providers. Aligning reimbursement with the model's proven value will ensure that more New Jersey families benefit from better outcomes and more patient-centered care.



References

¹ March of Dimes. 2024 March of Dimes Report Card for New Jersey. March of Dimes. <https://www.marchofdimes.org/peristats/reports/new-jersey/report-card>.

² *Why Centering?* Centering Healthcare Institute. (n.d.). <https://centeringhealthcare.org/why-centering>

³ Philanthropic support for CenteringPregnancy include the Burke Foundation, the Henry and Marilyn Taub Foundation, and The Nicholson Foundation.

⁴ Gareau, Sarah, et al. "Group prenatal care results in Medicaid savings with better outcomes: a propensity score analysis of CenteringPregnancy® participation in South Carolina." *Maternal and child health journal* 20.7 (2016): 1384-1393.

⁵ New Jersey Department of Human Services, Division of Medical Assistance & Health Services. (2020, June). Medicaid Newsletter (Vol. 30, No. 15): Billing for CenteringPregnancy services. July 9, 2025. <https://www.njmmis.com/downloadDocuments/30-15.pdf>

⁶ Michigan Medicaid Policy Bulletin. (2024, September 27). <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2023-Bulletins/Final-Bulletin-MMP-24-45-Maternal.pdf?rev=311b4d2a31274b24805ff00309c81a85&hash=CC447113688D0B147B40A402C6B39AC1>

⁷ Medicaid Transmittal letter no. 3336-21-14. Ohio Department of Medicaid. (2021, December). <https://www.centeringhealthcare.org/uploads/files/Medicaid-Transmittal-Letter.pdf>

⁸ Rule 5160-21-04: Reproductive Health Services: Pregnancy-Related Services. Ohio Laws and Administrative Rules. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-21-04>