OBSTETRIC MEDICAL HOMES FOR
HIGH RISK MEDICAID MEMBERS
DIVISION OF HEALTH CARE ACCESS AND ACCOUNTABILITY

Project Name: Obstetric Medical Home

Section: Division of Health Care Access and Accountability, Managed Care Section

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Reviewed By (Date): The DHS OB Medical Home Project Team (01/23/15)

HMO OB Medical Home Liaisons (01/30/15)

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Effective Date: 02/01/2015

Supersedes Previous Document Dated:

Project Charter Version Control

Version	Date	Author	Change Description
	1/15/2015	Tara Gessler	Document created
1.0	02/01/2015	Tara Gessler	Version 1.0 approved

Purpose

The purpose of this document is to highlight the prospective payment and payment reconciliation process for the OB Medical Home Initiative. As defined in Article III, Section R of the 2014 – 2015 BadgerCare Plus and Medicaid SSI HMO Contract, the Department of Health Services (Department) will pay a bonus payment to HMOs for pass-through to OB Medical Home Clinics.

The prospective payments will be made from the Department to the HMOs semi-annually. The following assumptions are agreed upon by the Department and the HMOs participating in the OB Medical Home initiative:
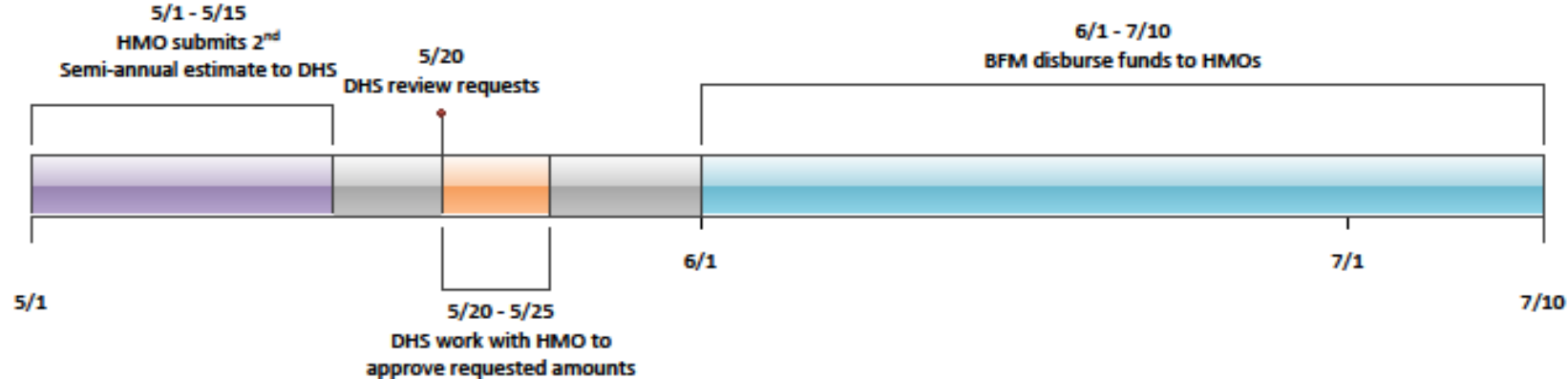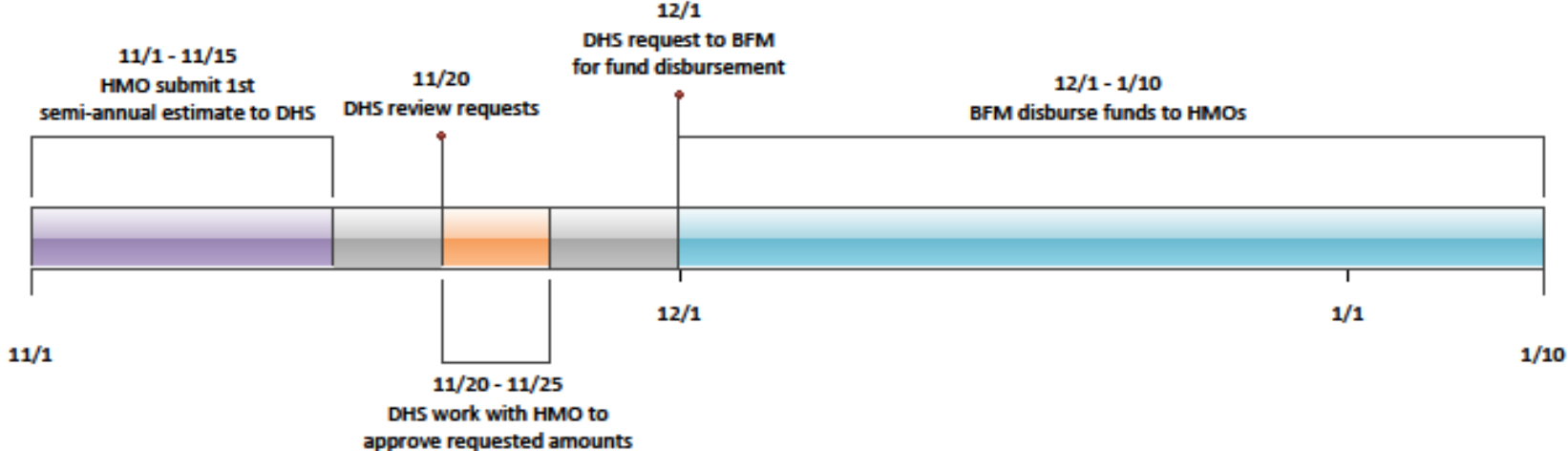
➤ All clinics must enter enrolled women into the registry within 30 days of enrollment into the OB Medical Home Initiative.

➤ Clinics that fail to enter women into the registry within the timeframes noted above will not receive the OB Medical Home initiative bonus payments ($1,000 or $2,000) for those women not entered.
  o The HMOs are responsible for informing clinics of this requirement.
  o The HMO will ensure that all clinics are well informed of the requirements and initiative criteria to ensure HMOs are invoicing only for those women who complete all program requirements.
  o The Department will include this new requirement in the Quarter 2 – 2015 OB Medical Home Guide.

➤ The Department, in collaboration with the HMOs, will work to ensure that the registry data fields are updated, as needed. This includes adding a timestamp of when an entry was created to allow HMOs to ensure clinics are entering women into the registry within the timeframe required.

➤ HMOs will use data entered into the registry, in combination with other data sources, to estimate the number of OB Medical Home participants for prospective payment requests.

➤ HMOs will submit the first semi-annual payment request no later than November 15th of each year for January – June of the following CY to DHSOBMH@wisconsin.gov.

➤ HMOs will submit the second semi-annual payment request no later than May 15th of each year for July – December of the current year to DHSOBMH@wisconsin.gov.
  o Requests should include the estimated number of women who will complete the program, through the 60 day post-partum visit within the semi-annual period and assume a good birth outcome.
  o Requests should include a brief explanation of the estimate, i.e., how the estimate was calculated.

➤ Prospective payments will be reviewed and approved by the Department no later than 10 business days upon receipt of the request.

➤ Upon approval, prospective payments will be issued within 45 days.

➤ Payment reconciliation will be completed annually using data obtained from chart reviews completed by the external quality review organization (EQRO).

➤ Prospective payment funds should be used to pay for services rendered in the calendar year for which they are requested.

➤ The Department will not complete payment reconciliation for a prior year before March of the subsequent year to allow clinics time to invoice for women who completed the program in December.

➤ The attached timeline, titled OBMH Payment Process Timeline (2015 and beyond) highlights the timelines for prospective payment requests. The attached calendar is effective beginning May 1, 2015.

NOTE: For the first prospective payment for CY 2015, HMOs should submit their request to DHSOBMH@wisconsin.gov no later than January 30, 2015.

**Prospective Payment Process
OB Medical Home
Semi-Annual Timeline**

11/1 - 11/15
HMO submit 1st
semi-annual estimate to DHS

11/20
DHS review requests

12/1
DHS request to BFM
for fund disbursement

12/1 - 1/10
BFM disburse funds to HMOs

11/1

12/1

1/1

1/10

11/20 - 11/25
DHS work with HMO to
approve requested amounts

5/1 - 5/15
HMO submits 2nd
Semi-annual estimate to DHS

5/20
DHS review requests

6/1 - 7/10
BFM disburse funds to HMOs

5/1

6/1

7/1

7/10

5/20 - 5/25
DHS work with HMO to
approve requested amounts

12/19/2014