OB Medical Home Initiative

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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HMO OB Medical Home Liaisons (01/30/15)
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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.
  - The HMOs are responsible for informing clinics of this requirement.
  - 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.
  - 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.
  - 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.
  - 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 [DHSOBMHWisconsin.gov](mailto:DHSOBMHWisconsin.gov) no later than January 30, 2015.