

Obstetrics Medical Home: DMS Updates

October 19, 2021



Agenda

- Address questions submitted by providers and HMO –
Makalah Wagner, Quality & Special Initiatives Section Manager

OBMH Model Outcomes

Q: What are the outcomes overall for the OBMH model?

- A: DHS has not done a formal program evaluation since 2014, during the early days of the OBMH implementation.
- On an annual basis, DHS collects information from participating HMOs and OBMH clinics to look at clinic's and HMO's perspectives on service delivery, and any best practices or barriers.
- Additionally, MetaStar, the Department's contracted External Quality Review Organization (EQRO), does a medical record review and develops an annual report of review findings. These annual reports are published on ForwardHealth [here](#). 2020's report will be added soon.

Annual Reports from Clinics & HMOs

Q: Could DHS provide a summary of the OBMH Annual Reports that are typically due in June?

- A: Earlier in October, we received final responses from HMOs and OBMH clinics with their annual reports for 2020.
- DHS is still doing an analysis of any trends, themes, and data from these reports.
- As DHS completes this review, we will share a summary out with the HMO Collaborative for review and distribution.

Annual Report: Medical Record Reviews

Q: Will member race and ethnicity be added to the annual report from the medical record reviews?

- A: Race, ethnicity, and language (REL) are not currently captured in medical record reviews.
- MetaStar could capture REL and age, to the extent it's included in any documentation submitted for review.
- Collection of these additional fields could start with Quarter 2 births (record reviews starting in October 2021).
- Additionally, we will consider looking at the registry data to better understand volume and demographics of members that do not complete OBMH participation, as well as the rationale for closing those cases.

Medical Record Reviews

Q: Could we find out the results from the medical record review sooner so we can address issues? HMOs typically receive a preliminary report for other MetaStar reviews.

- A: Record reviews are done by quarter of birth, so MetaStar could offer a quarterly review findings summary memo. This would be a tool for HMOs to do quality assurance that OBMH policies and procedures are being followed by participating clinics.
- The summary memo would be aggregate results at the HMO level, but would not include member-level detail and no details tied to recoupments or incentives.
- We would envision this not as an added appeal or dispute step, but as a more real-time tool for HMOs to share feedback with a clinic if issues are spotted in terms of record submission, record completeness, or any other gaps.

Outcomes Data

Q: Can OBMH providers get their outcomes? Can local health departments get data for providers in their jurisdictions?

A: Individual providers, or interested health department stakeholders, can review the Annual Report (online [link](#)) to find clinic level results.

DHS & MetaStar do not currently have data by county or region.

Best Practices

Q: What are the best practices based on how providers are conducting OBMH services?

A: DHS and MetaStar has not published a list of best practices. An important part of the design of the OBMH HMO contract requirements were ongoing best practices seminars, as a forum for HMOs and providers to share best practices and address any barriers. We encourage providers to share information and suggest agenda items for future best practice forums.

Collaboration

Q: What is the local health department's role in the OBMH if the health care systems are to be the one implementing these services?

- A: The BadgerCare Plus & Medicaid SSI HMO contract requires HMOs to have a health education and disease prevention program that includes information and promotion of prevention services, such as those offered by local health departments.
- DHS encourages collaboration with local health departments and community health and social organizations to improve services in priority areas, including screenings, immunizations, family planning services, WIC, and health education.

Oversight of OBMH

Q: Who evaluates or checks in with the OBMH providers to assure they are conducting this model of services with fidelity?

- A: HMOs have oversight as they subcontract or have working relationships in place with OBMH providers.
- DHS & MetaStar's review of provider documentation, such as medical records, is to determine compliance with the OBMH incentive reimbursement requirements.

Sustainability

Q: What is the long term sustainability of these funds and the program?

- A: DHS is continuing the OBMH model and current incentives through CY 2022 as part of the BadgerCare Plus and Medicaid SSI HMO program requirements.
- If there's any proposed changes to the model in later years or future HMO contracts, DHS would discuss with impacted HMOs and OBMH providers.
- DHS is committed to addressing the high rates of poor birth outcomes and disparities in maternal and infant health.

Resources

Q: Is there a guide book on the standards of practice for providers implementing OBMH?

A: There are several resources:

- BadgerCare Plus & Medicaid SSI HMO contract ([link](#)).
- ForwardHealth Managed Care Medical home page ([link](#)).
- Early design of the OBMH model considered clinical and care management recommendations from the American College of Obstetrics & Gynecology ([link](#)) and US Preventive Services Task Force ([link](#)).
- DHS' Division of Public Health has general information on maternal and child health ([link](#)).