

**OB Medical Home  
HMO Sponsored Best Practices Seminar  
DHS Updates**



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Wisconsin Department of Health Services

# Agenda

- ❑ OB Medical Home (OBMH) Program Overview
- ❑ Program Participation
- ❑ 2016-2017 HMO Contract Changes
- ❑ OB Medical Home Registry Updates
- ❑ Key 2016 DHS Activities



# OBMH Program Overview

- ❑ DHS developed a medical home model within the HMO framework to provide enhanced care coordination for high-risk pregnant women.
- ❑ Goal: Improve birth outcomes and reduce birth disparities among BadgerCare Plus and Medicaid SSI high-risk pregnant women.
- ❑ Established in 2011 for Southeast BadgerCare Plus HMOs & expanded to Dane and Rock County HMOs in July 2014.
- ❑ The Department contract requirements are with the HMOs. The HMOs deliver the program by recruiting and contracting with OBMH clinic sites to provide enhanced care coordination and use an electronic data registry.



# OBMH Program Overview

- Bonus payment to participating clinics up to \$2,000.
  - Clinics receive \$1,000 for each eligible high-risk pregnant woman enrolled that meets all criteria and an additional \$1,000 if birth outcome is good, as defined by the Department.
  
- Target population – BC+ and SSI pregnant members at high-risk for a poor birth outcome.
  - Preterm birth: gestational age less than 37 weeks
  - Low birth weight: birth weight less than 2,500 grams (5.5 pounds)
  - Neonatal death: death of a live-born infant within the first 28 days of life
  - Stillbirth: fetal demise after 20 weeks gestation
  
- Target members include those who are homeless, teens, African-American, or have a comorbid condition.



# Participation

- As of March 2016, there are 28 clinics participating in the eight-county initiative.
- Since program implementation in March 2011, 5,989 women have been enrolled in the OBMH initiative at some point during pregnancy, though not all completed the program through 60 days postpartum.



# Participating HMOs and Areas Served

HMO	Southeast WI	Dane County	Rock County
Anthem	Yes	No	Yes
CCHP	Yes	No	No
Dean	No	Yes	Yes
GHC SCW	No	Yes	No
iCare	Yes	No	No
MHS/NHP	Yes	No	Yes
Mercy	No	No	Yes
Molina	Yes	No	No
Physicians Plus	No	Yes	No
Trilogy	Yes	No	No
UHC	Yes	No	Yes
Unity	No	Yes	Yes



# Major Changes in 2016-2017 HMO Contract

- ❑ Mandated use of the OBMH Registry by clinics/HMOs to record/track member information.
  
- ❑ HMO semi-annual reports due first business Monday of February and August. These reports include information regarding:
  - Participating clinics and primary site contact information,
  - Description of how medical home satisfies OBMH requirements,
  - Specific examples of processes and outcomes that demonstrate patient-centered care,
  - Status report on patient access standards, and
  - Any corrective action plans (if applicable).



# Major Changes in 2016-2017 HMO Contract

- ❑ Members can be enrolled in the OB Medical Home up to the 20<sup>th</sup> week of pregnancy, if a pregnancy related appointment occurred within the first 16 weeks of her pregnancy. The OBMH clinic is responsible for obtaining all medical records for documentation.
- ❑ Changed home visit requirement to “offer home visit throughout pregnancy” – clinics can still get payment even if the member chooses not to partake in home visiting. The offer attempts and any refusals must be documented in the medical record.
- ❑ More specific language regarding the payment structure to clarify needed documentation to be eligible for the bonus payment.





# Registry Updates

- Feedback from clinics
  - Make registry entry less burdensome.
  - Only collect needed data points.
  
- In March 2015, the Department began work with MetaStar to update the OBMH registry.
  - Department hosted a training via webinar June 10, 2015.
  - Updates went live June 15, 2015.
  - Training is posted on registry home page for viewing.



# Registry Updates, continued

## □ Changes

- Removed data points not related to components of initiative.
- Only collecting data related to enrollment, member information, birth and attestations regarding key components.
- Added ability to close out a record prior to completing program requirements including a reason (i.e. woman dis-enrolled by choice, stopped attending appointments, unable to contact, etc.).
- Automatically generate timestamp for when record was created.
- Added validation function so clinics have an extra “check” to ensure all needed information has been entered.



# Registry Updates, continued

- Definitions of key functions in the OBMH registry:
  - “Closed” – Allows for a record to be closed prior to completing program requirements.
    - Once a record has been saved, a new panel with “Close Record” appears in the patient record.
    - This area allows clinics/HMOs to note women who are terminated from OBMH enrollment for various reasons:
      - Patient moved out of service area
      - Patient disenrolled from BadgerCare Plus or Medicaid SSI
      - Patient switched HMOs/Provider
      - Patient chose to no longer participate
      - Lost contact with patient
      - Pregnancy loss
- A written user guide for the OBMH registry will be developed and posted on the OBMH registry webpage once complete.



# Registry Policy

- ❑ Women enrolled in the OB Medical Home initiative must be entered in to the registry within 30 days of enrollment in to the program.
  - Women not entered in to the registry within this timeframe will be denied payment.
- ❑ Must include date of originally scheduled postpartum visit, use check box if visit did not occur.
- ❑ Registry data are used for selecting records for chart reviews.
- ❑ Chart review findings are used for payment reconciliation.



# Prospective Payment and Reconciliation Process

- ❑ Process to allow HMOs to pass through payments to clinics prior to completion of MetaStar chart reviews.
- ❑ HMOs request prospective payments semi-annually. HMOs have individual agreements with clinics regarding pass through of the bonus payments.
- ❑ Necessitates a payment reconciliation process.
- ❑ Payment Reconciliation Timeline
  - April/May 2016: CY2012 and CY2013 payment reconciliation complete.
  - July 2016: CY2014 payment reconciliations complete.
  - Fall 2016: CY2015 payment reconciliations complete.



# Collaborative Improvement & Innovation Network (COIIN)

## Postpartum Visit Messaging Pilot

- Promote the importance of the postpartum visit to all pregnant women in Wisconsin.
- DPH, in conjunction with Dodge County Health Department, is developing messaging that providers, other health departments and HMOs can use for their pregnant population.
- DPH will develop methodology to evaluate the effectiveness of the pilot with the participating providers/clinics.
- More information will be shared with HMOs in the next few weeks.



# Key 2016 DHS Activities

- ❑ Post documentation on the OB MH webpage which includes the following:
  - Second iteration of the OB MH Guide
  - 2016-2017 HMO Contract Language
  
- ❑ Complete CY2012-2015 Payment Reconciliations.
  
- ❑ Support DPH in pilot project to increase postpartum visits for all pregnant women in Wisconsin.
  
- ❑ Release findings from UW Population Health Evaluation.



# Stay Informed

- Visit the OB Medical Home page on ForwardHealth
  - <https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/OBMH/OBMHome.htm.spage>
  
- MetaStar – new staff:
  - Sarah Orth, [sorth@metastar.com](mailto:sorth@metastar.com)





# Stay Informed, continued

- Contact your HMO representative(s) with questions.

HMO	Name	Email
Anthem	Teresa Ortiz	<a href="mailto:Teresa.ortiz@wellpoint.com">Teresa.ortiz@wellpoint.com</a>
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