Obstetrics Medical Home: DHS Updates

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Agenda

- Obstetric medical home (OBMH) policy reminders
- OBMH data
- Maternal and child health (MCH) policy updates and reminders
- Questions and answers

OBMH Policy Reminders

- Enhanced payment clarifications for \$1,000 or \$2,000. For clinics to receive the initial \$1,000 the pregnant woman must:
 - ♦ Meet defined eligibility criteria, and
 - ◆ Meet the criteria for the delivery of services.

OBMH Policy Reminders

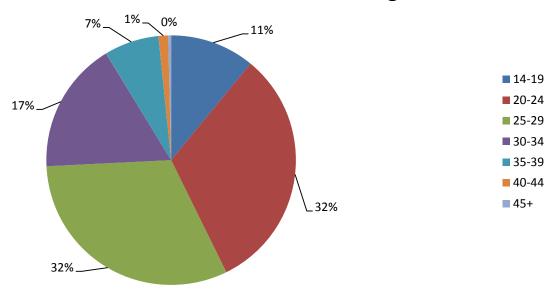
- MetaStar chart review reminders:
 - ◆ MetaStar will review only those records specified on the OBMH record request list (remote and paper)
 - ◆ No chart review means no payment to the clinic.

OBMH Fiscal and Outcome Data

Calendar Year	Healthy Birth Outcome	Poor Birth Outcome	Total Dollar Spend
2012	527	57	\$1,111,000
2013	527	48	\$1,102,000
2014	451	41	\$943,000
2015	756	78	\$1,590,000
Total	2261	224	\$4,746,000

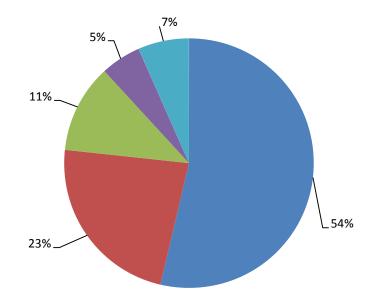
2015 OBMH Demographic Data

Age Distribution



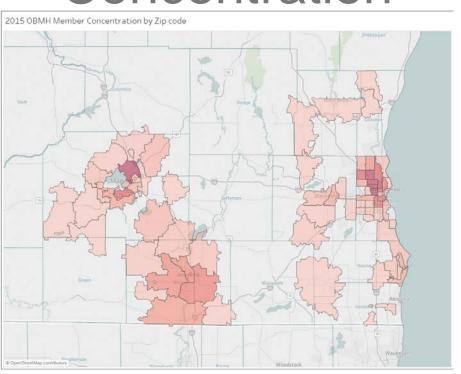
2015 OBMH Demographic Data

Race Distribution





2015 OBMH Geographic Concentration





2015 Neonatal Intensive Care Unit (NICU) Data

Population	NICU Births	Total Births	NICU Rate
Statewide (OBMH births excluded)	1,246	28,939	4.31%
OBMH Counties (OBMH births excluded)	812	14,155	5.74%
ОВМН	22	778	2.83%

- Progesterone supplementation
- Long-acting reversible contraceptives
- Mental health and substance abuse screening for pregnant women
- Licensed midwives

- Progesterone supplementation
 - ◆ Covered to reduce the risk of spontaneous preterm birth
 - No prior authorization required
 - ◆ Reimbursed on a fee-for-service (FFS) basis for all members (HMO enrolled and FFS enrolled)

- Alpha-hydroxyprogesterone caproate injections (17-P)
 - ◆ Both compound injection and Makena injection are covered.
 - ◆ Injections are covered only when administered by a medical professional; members cannot self-administer the shots.
 - ♦ Covered with provider attestation that the member meets the clinical criteria.

- Vaginal progesterone gel (Crinone 8% gel)
 - ◆ Covered for women with a current singleton pregnancy and either short cervical length or a history of preterm labor.
 - Prior authorization is not required in these situations but the obstetric care providers will need to include diagnosis on the prescription (the pharmacy cannot accept this information from the member).

- Immediate postpartum long-acting reversible contraceptives (LARCs)
 - ◆ LARC methods include intrauterine devices or systems and contraceptive implants
 - No prior authorization required

- Mental health and substance abuse screening for pregnant women
 - ♦ Includes screening for substance use, depression and trauma.
 - ◆ Requires no particular screening tool but tool must be evidence-based (e.g., AUDIT or PHQ-9).
 - A wide range of providers are allowed.

- One screening is allowed per pregnancy.
- ◆ Brief, preventive mental health counseling and substance abuse intervention are limited to four hours per pregnancy and are billed with procedure code H0004 with modifier HE or HF.

- Licensed midwives
 - ♦ Covered since January 1, 2017
 - ♦ 46 midwives enrolled as of June 4, 2018
 - ◆ In CY2017:
 - 31 midwives reimbursed on behalf of 267 FFS members
 - 5 midwives reimbursed on behalf of 17 HMO members

Questions and Answers

Questions?