MetaStar

External Quality Review

Fiscal Year 2024 – 2025

Prepared for

Wisconsin Department of Health Services

Division of Medicaid Services

Obstetric Medical Home

Record Review

Calendar Year 2024 Births

Final Report: October 31, 2025

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Executive Summary

This report summarizes the results of the evaluation of medical records for all pregnant women enrolled in the Wisconsin Department of Health Services (DHS) Obstetric Medical Home (OBMH) through a participating managed care organization (MCO). MetaStar, Inc. conducted the review during fiscal year 2024-2025 for births occurring during calendar year 2024 (CY 2024). This is an optional external quality review activity requested and directed by DHS.

Key findings from the review discussed in this report are summarized below. Additionally, detailed information can be found in the body of the report.

Conclusions

This section is intended to report on OBMH strengths and recommendations for improvement.

Strengths

Strengths from the quality compliance review are defined as areas of practice that scored at or above 90 percent and are identified below.

- Medical records were submitted by the clinic for review.
- Mothers were consistently enrolled in the program within the first 16 weeks of pregnancy
- Clinics were consistently conducting depression screens
- Family planning and newborn care education were provided by the clinics
- Care planning was consistently completed
- Care planning included self-care and self-management of the mother
- Clinics ensured follow up for chronic conditions which could impact the pregnancy

Progress

This section assesses progress related to OBMH.

- Clinics improved with medical record submission which allowed for review.
- Education for family planning and newborn care was improved from the prior year.

Recommendations

The following are recommendations for improvement related to OBMH.

- Improve breast feeding education for mothers.
- Include required members of the team in the development of care plan to assure collaboration.
- Develop mechanisms to regularly communicate between obstetric and primary care providers.
- Identify methods to improve the consistency of prenatal appointments.

- Implement methods to offer home visits to pregnant mothers.
- Improve documentation of immunizations in the medical record including influenza and tetanus, diphtheria, pertussis (Tdap) vaccinations.
- Ensure postpartum communication with primary care providers.
- Develop tactics to increase postpartum visits.

Introduction

External Quality Review

MetaStar, Inc. is the External Quality Review Organization contracted and authorized by the Wisconsin Department of Health Services (DHS), to provide independent evaluation of managed care organization (MCO) compliance with federal Medicaid managed care regulations and the DHS contract with MCOs. MetaStar conducts external quality review (EQR) for all MCOs operating Family Care (FC), Family Care Partnership (FCP), Program of All-inclusive Care for the Elderly (PACE), BadgerCare Plus (BC+), and Supplemental Security Income (SSI) or SSI-related Medicaid programs in the State of Wisconsin. An additional MCO also provides comprehensive and coordinated health services for children and youth enrolled in the PIHP for the foster care medical home benefit.

MetaStar also provides independent evaluations for several other non-managed care programs. These optional record reviews are Children with Medical Complexities (CMC), Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Health Home, and The Obstetrics Medical Home (OBMH).

See the Appendix for information about the EQR team.

Review Methodology and Scope of External Review Activities

MetaStar reviewed 633 enrollee records for this initiative. The purpose of the review was to:

- Assess the MCO's and clinics' levels of compliance with requirements contained in the MCO's contract with DHS;
- Collect data that supports potential future program refinements; and
- Collect data that supports program evaluation.

MetaStar's review is conducted using criteria and reviewer guidelines agreed upon with DHS and based on the CY 2024 policies from the *Contract for BadgerCare Plus and/or Medicaid SSI HMO Services*, January 1, 2024-December 31, 2025. DHS made policy changes between CY 2024 and CY 2025 within this two-year HMO contract, and the EQR reviewed compliance with the CY 2024 policies for this cycle. Results from the review are documented in DHS' ForwardHealth system.

Program Information

The Medical Home model is part of DHS' Healthy Birth Outcomes (HBO) initiative, focused on eliminating racial and ethnic disparities in birth outcomes and infant mortality for pregnant

women eligible for BC+ or SSI Medicaid. Information about the initiative can be found on these DHS websites:

https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Managed_Care_Medical_Homes/Home.htm.spage

Contracts

During the time period associated with prenatal care for members who delivered infants in CY 2024, 11 MCOs contracted with clinics and established memoranda of agreements to implement the OBMH in Dane, Rock, Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties. Not all MCOs established agreements with all clinics in their networks that provide prenatal care to its members.

The MCOs respective service areas and total number of records reviewed are documented in Table 1 below.

Table 1: MCOs and Service Areas

MCO	Total Records	Service Area		
		Dane County	Rock County	Southeastern WI
Anthem Blue Cross and Blue Shield	81			X
Chorus Community Health Plan (CCHP)	129			X
Dean Health Plan (DHP)	48	X	X	
Group Health Cooperative of South Central Wisconsin (GHC-SCW)	32	X		
Independent Care Health Plan (iCare)	6			X
MercyCare Health Plan (MCHP)	25		X	
MHS Health Wisconsin (MHS)	47			X
Molina Healthcare of Wisconsin (MHWI)*	45			X
Network Health Plan (NHP)	19			
Quartz	100	X		
United Health Care (UHC)	101		X	X
	Total 633 Records			

*My Choice Wisconsin merged with Molina Healthcare of Wisconsin. Beginning with the calendar year 2024 births, MCW did not operate as a separate MCO for the OBMH program.

The following table identifies each OBMH clinic, its MCO affiliations, and the number of records reviewed.

Table 2: OBMH Clinics and MCO Affiliation

Medical Home Clinic and Service Area	MCO	Total Records
Access Community Health Centers (Access) Dane County	DHP GHC-SCW Quartz	41
All Saints and All Saints Family Care Center (All Saints) SE WI	Anthem CCHP MHS MHWI NHP UHC	18
Aurora Midwifery & Wellness Center (Aurora) SE WI	Anthem CCHP MHWI	4
Beloit Clinic Rock County	UHC	83
Columbia St. Mary's Family Health Center (Columbia St. Mary's) SE WI	Anthem CCHP iCare MHS MHWI NHP	25
Dean Clinics (Dean) Dane and Rock Counties	DHP	36
Froedtert East OB/GYN Residency Clinic (Froedtert) SE WI	Anthem CCHP UHC	134
F&MCW CP OB/GYN (F&MCW) SE WI	Anthem CCHP NHP UHC	34
GHC-SCW Clinics (GHC-SCW) Dane County	GHC-SCW	26

Medical Home Clinic and Service Area	MCO	Total Records
Lisbon Avenue Health Center (Lisbon) SE WI	Anthem CCHP iCare MHS MHWI UHC	91
Mercy Health Systems Clinics (Mercy) Rock County	MCHP	25
Sixteenth Street Community Health Center (Sixteenth St.) SE WI	Anthem CCHP MHWI NHP UHC	7
St. Joseph's Hospital Women's Health Center (St. Joseph's) SE WI	Anthem CCHP MHS MHWI NHP UHC	28
UW Health Arboretum Clinic (UW Health) Dane County	Quartz	81
Wheaton Franciscan Glendale Family Care Center* (Wheaton Franciscan) SE WI	Anthem CCHP MHWI NHP	0
Total Records		**633**

*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

The most recent MCO enrollment data available at the time of the review and ongoing is posted to the following DHS website:

https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Enrollment_Information/Reports.htm.spage

Program Requirements

The OBMH program is for high-risk pregnant women using a care delivery model that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality.

In order to qualify for the program, members must meet one or more of the following criteria to be eligible for the program:

- Younger than 18 years of age
- African American.
- Homeless
- Have a chronic medical or behavioral health condition which will negatively impact the pregnancy.
- Had a prior poor birth outcome, defined as one or more of the following:
    - Baby born at a low birth weight (less than 2,500 grams or 5.5 pounds).
    - Baby born preterm (gestational age less than 37 weeks).
    - Neonatal/early neonatal death (baby died within the first 28 days).
    - Stillbirth (fetal demise after 20 weeks gestation).

The obstetrics (OB) provider serves as the team leader and works in partnership with patients, other care providers, clinic staff, and a care coordinator. The care team is responsible for meeting the patient's physical health, behavioral health, and psychosocial needs.
The four core principles of the program include:

- Having a designated OB care provider who serves as the team leader and a point of entry for new problems;
- Ongoing care throughout the prenatal and postpartum periods;
- Comprehensive care that meets the member's health and psychosocial needs; and
- Coordinated care provision across the member's conditions, providers, and settings.

The specific contractual requirements for each element are outlined in the following section.

Review Findings

The review evaluated the following requirements of the program:

- Complete Record Submission
- Enrollment Requirements
- Screening and Education
- Care Coordination
- Birth Outcome
- Postpartum Care Coordination

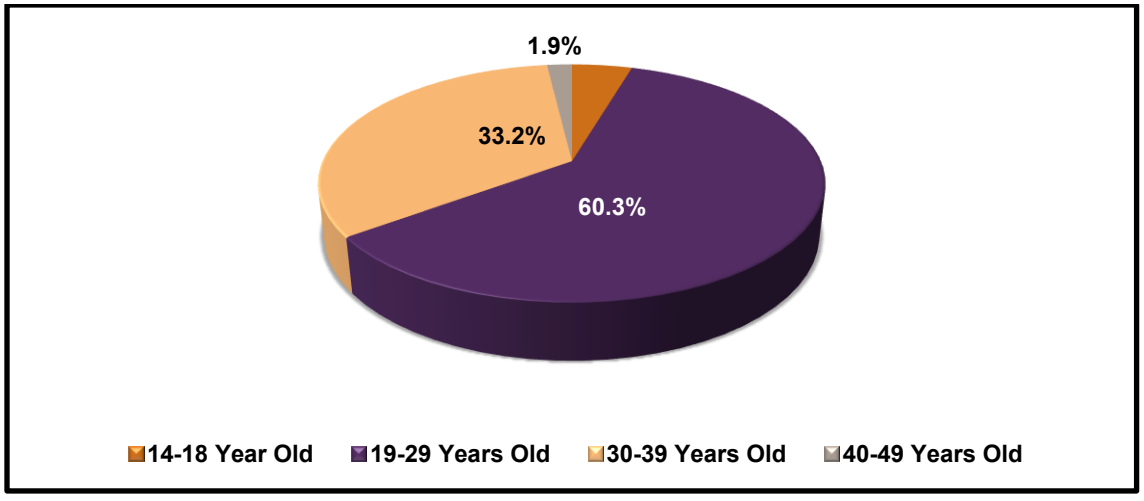
Each section below describes the dataset for this report, the requirements verified, and the results of key review elements included for data abstraction. Results are reported by MCO and clinic. When reviewing and comparing results, the reader should consider the number of records reviewed may vary year-to-year with some MCOs and/or clinics having a small number of mothers participating in the program.

Member Demographics

The pie charts below identify characteristics as documented in the medical record for the 633 mothers who participated in the OBMH and delivered in CY2024.

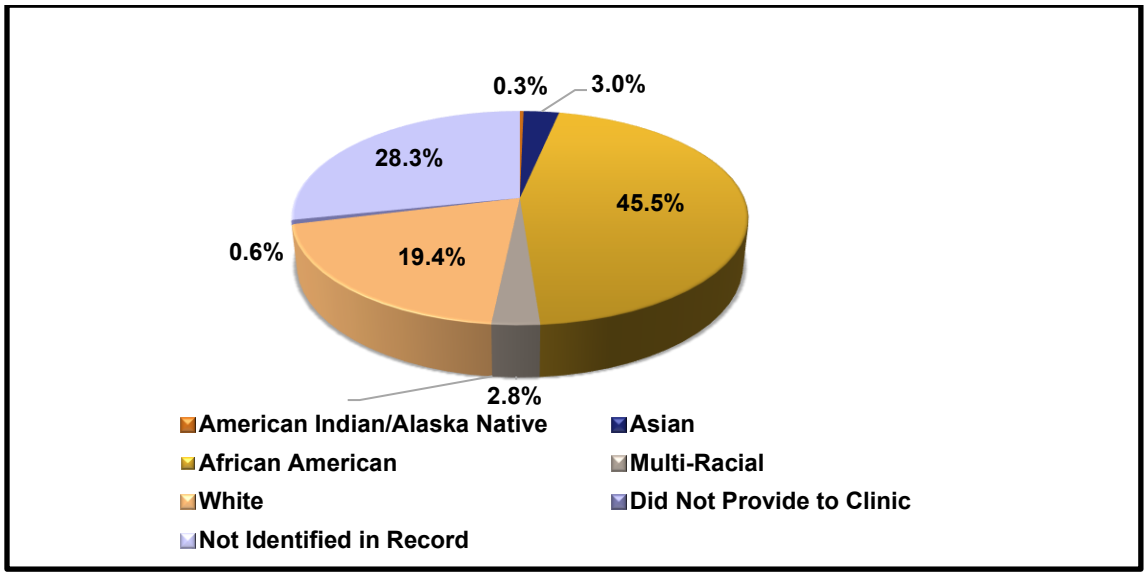
The pie chart on the following page identifies the age distribution for all mothers who participated in the OBMH program and delivered in CY2024.

Pie Chart 1: Age Distribution



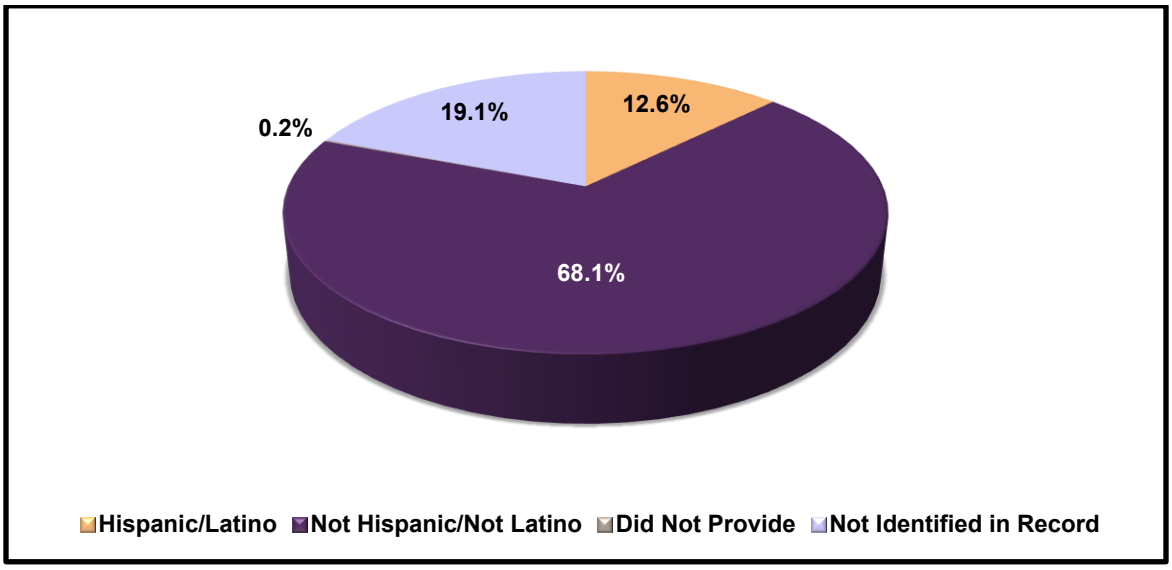
The pie chart below identifies the racial distribution for all mothers who participated in the OBMH program and delivered in CY2024.

Pie Chart 2: Racial Distribution of Mothers



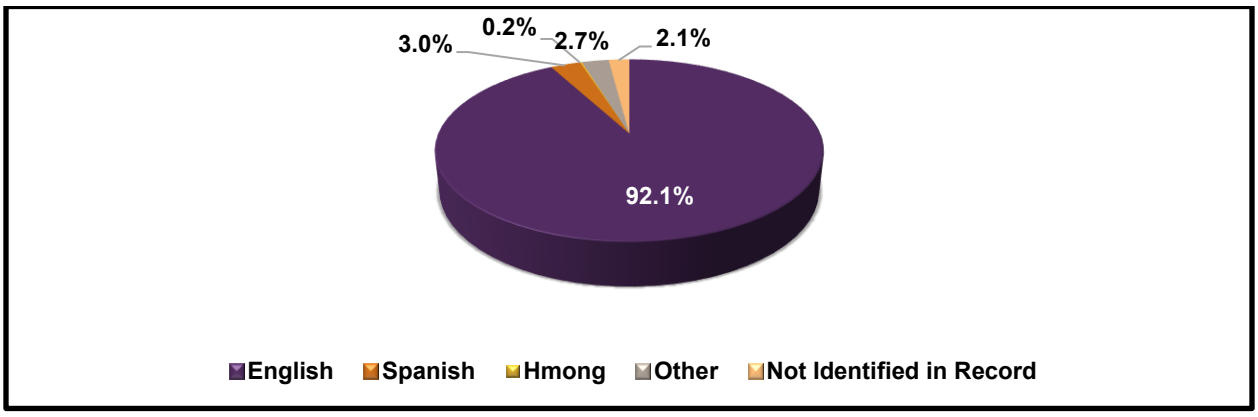
The pie chart on the following page identifies the ethnicity for all mothers who participated in the OBMH program and delivered in CY2024.

Pie Chart 3: Ethnicity



The pie chart below identifies the preferred language for all mothers who participated in the OBMH program and delivered in CY2024.

Pie Chart 4: Preferred Language

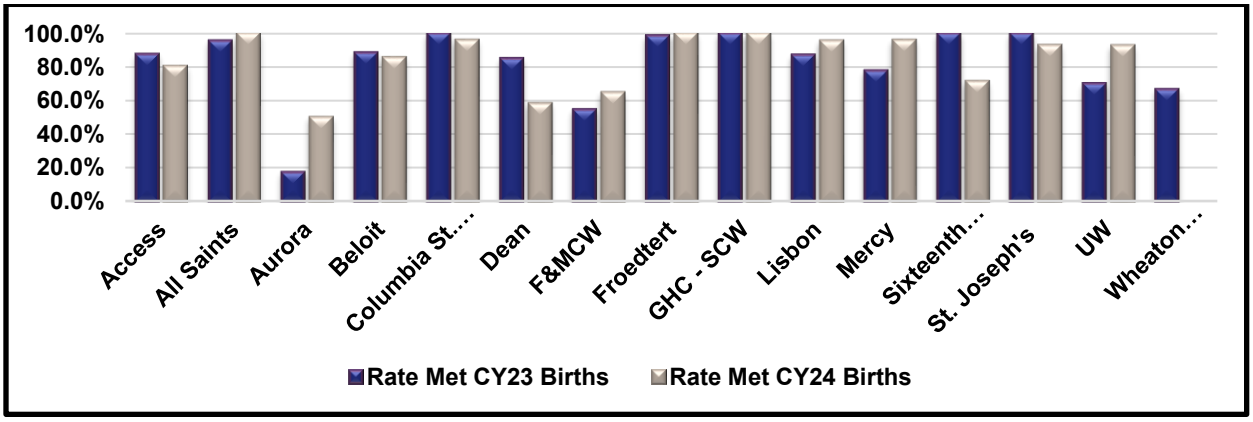


Record Submission

The clinic record is submitted to MetaStar for review. The record is considered complete when the clinic records, prenatal care coordinator notes, and delivery/birth outcome are submitted or available for review.

The graph on the following page documents the percentage of complete medical record submissions by clinic compared to the prior year's results. The graph displays the statewide rate of compliance with record submission.

Graph 1: Record Submission by Clinic



*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

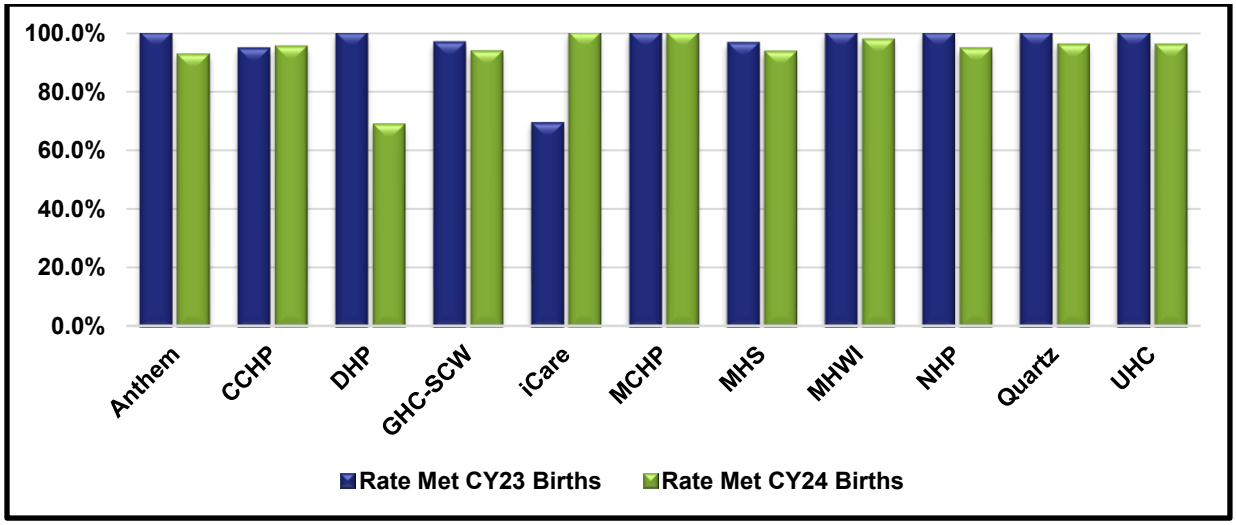
Program Enrollment Requirements

The OBMH requires that mothers enroll in the program within the first 16 weeks of pregnancy.

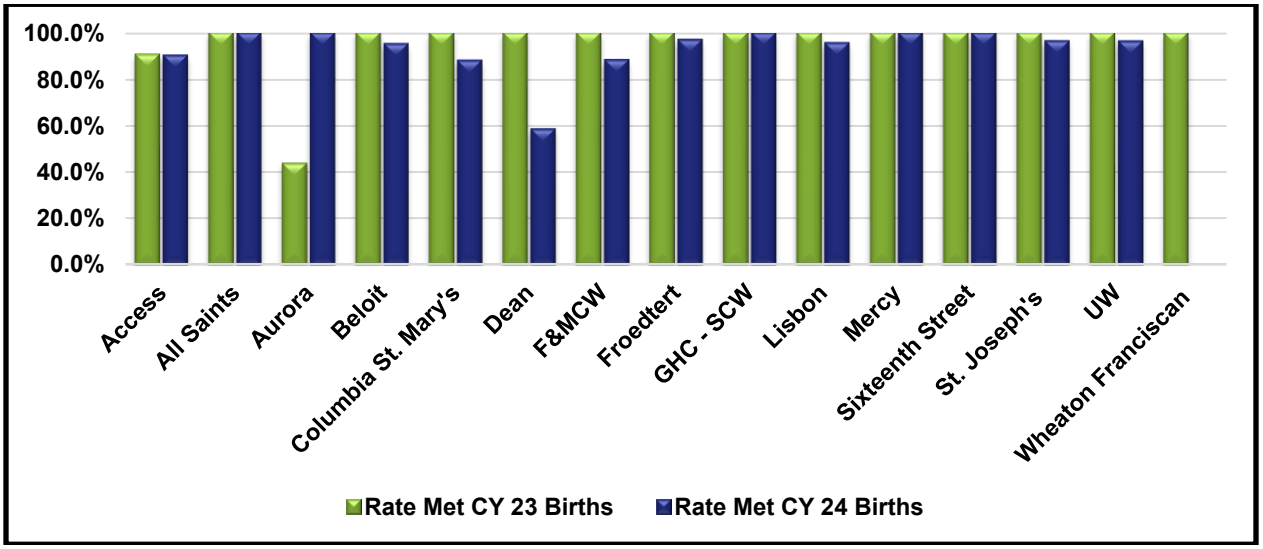
The graphs below report at both the MCO and Clinic levels the rate of compliance with the program enrollment requirements.

The following graphs provide results by MCO and clinic respectively.

Graph 2: Enrollment-First 16 Weeks by MCO



Graph 3: Enrollment-First 16 Weeks by Clinic

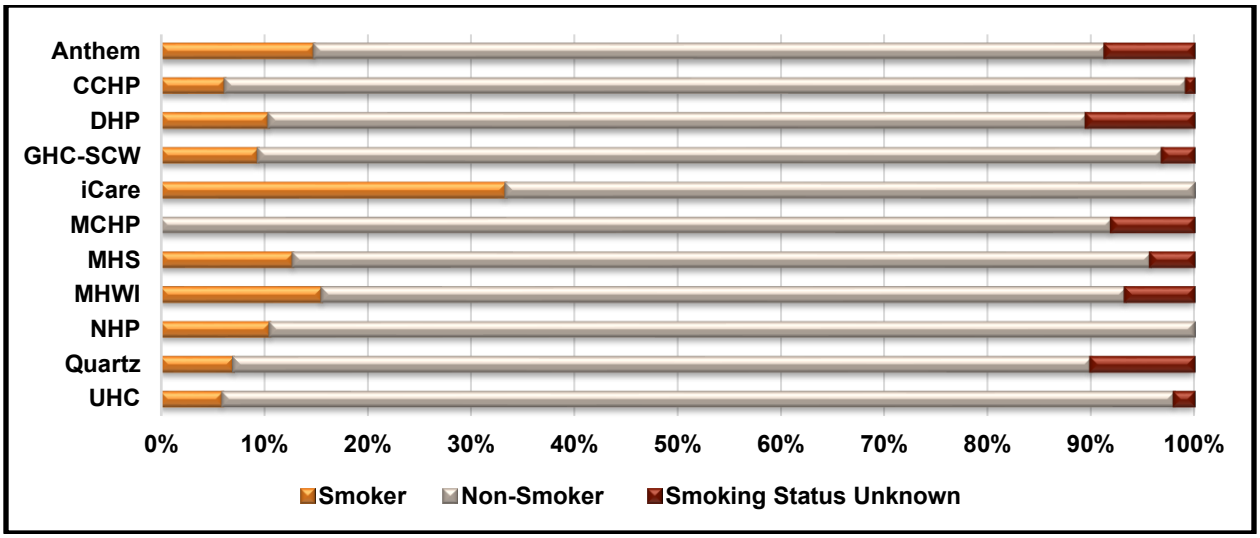


*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

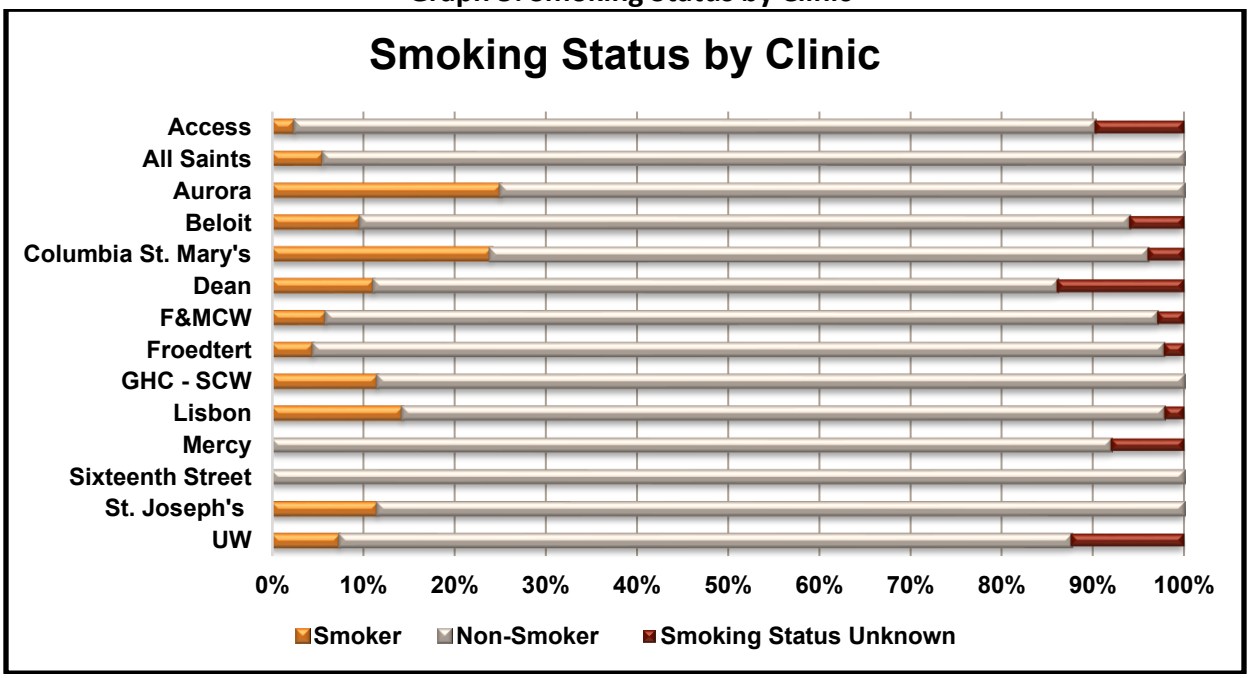
Screening and Education

Programs requirements identify screening and education that must be completed for mothers enrolled in the program. All mothers should be screened for smoking, alcohol and other drug use, and depression. Based on the outcomes of the screening, actions should be taken to educate mothers on the risks and provide interventions.

Graph 4: Smoking Status by MCO

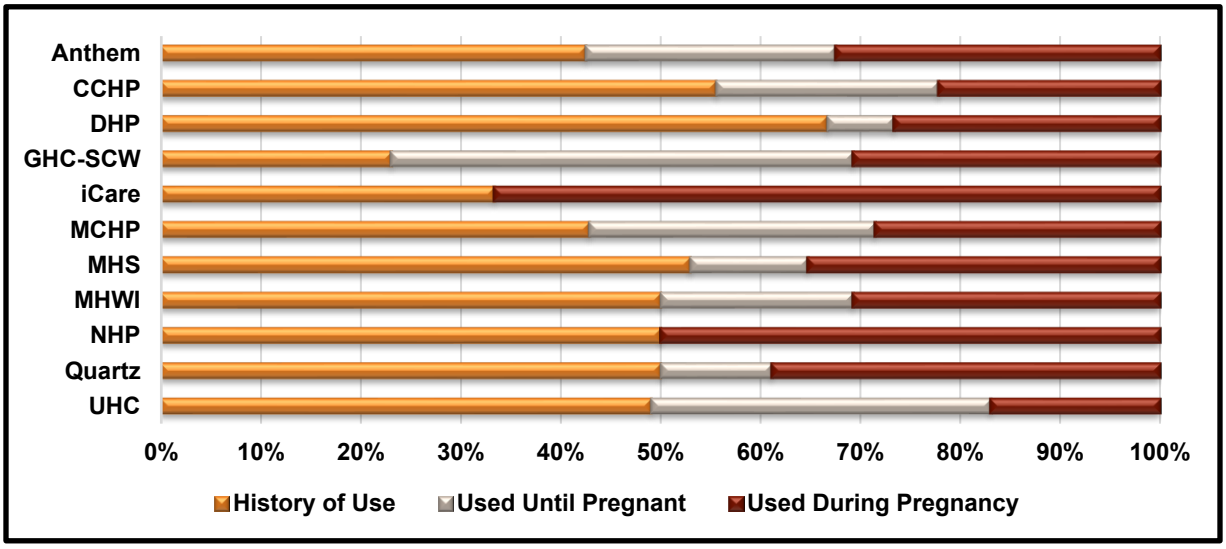


Graph 5: Smoking Status by Clinic

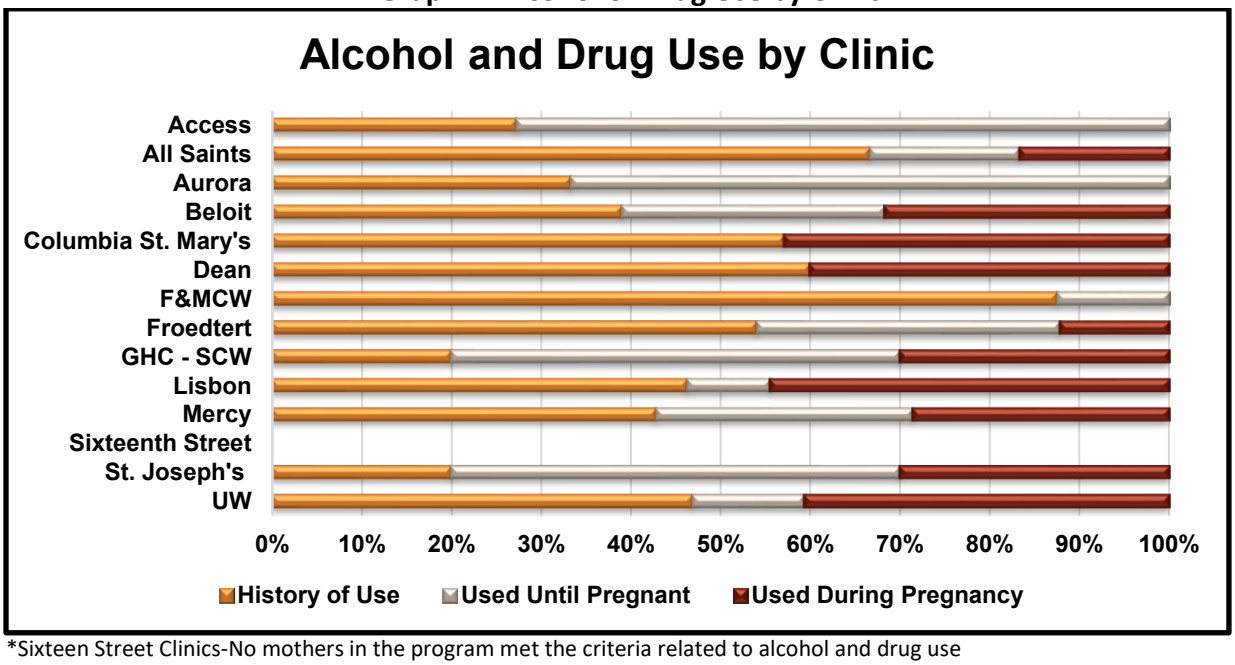


The graph below identifies mothers who had a history of alcohol or drug use but were not using them at the time of learning of pregnancy. Mothers who used until pregnant, stopped using when learning of pregnancy.

Graph 6: Alcohol or Drug Use by MCO



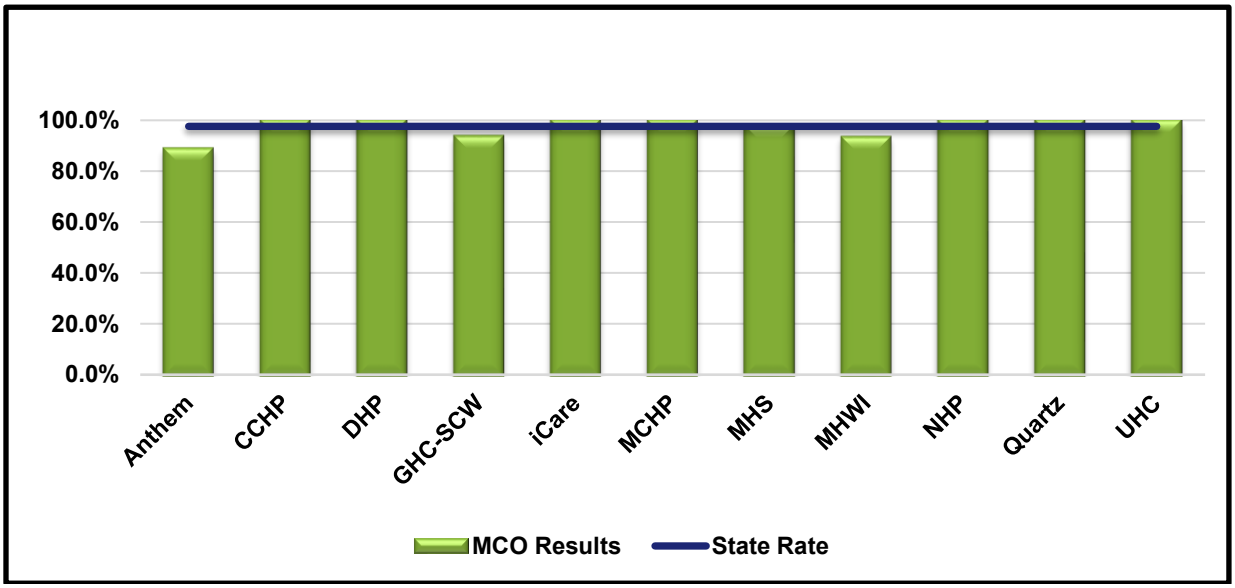
Graph 7: Alcohol or Drug Use by Clinic



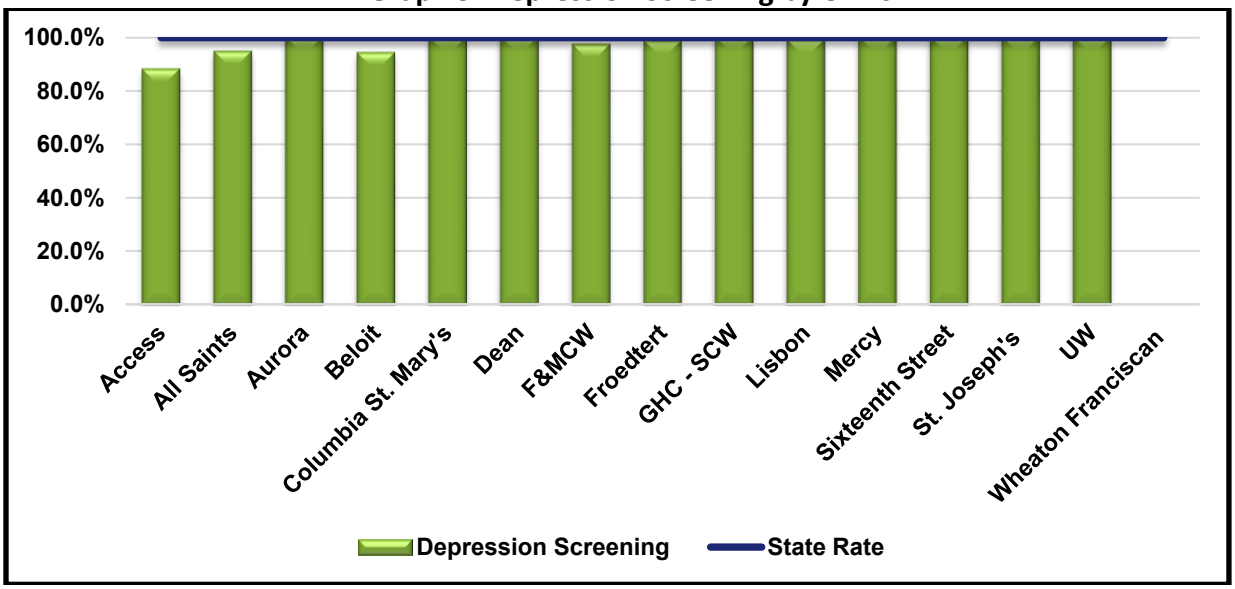
*Sixteen Street Clinics-No mothers in the program met the criteria related to alcohol and drug use
Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

Records which contain evidence of depression screening at least once during the review period. The graphs below identify the rates of compliance by both MCOs and clinics.

Graph 8: Depression Screening by MCO



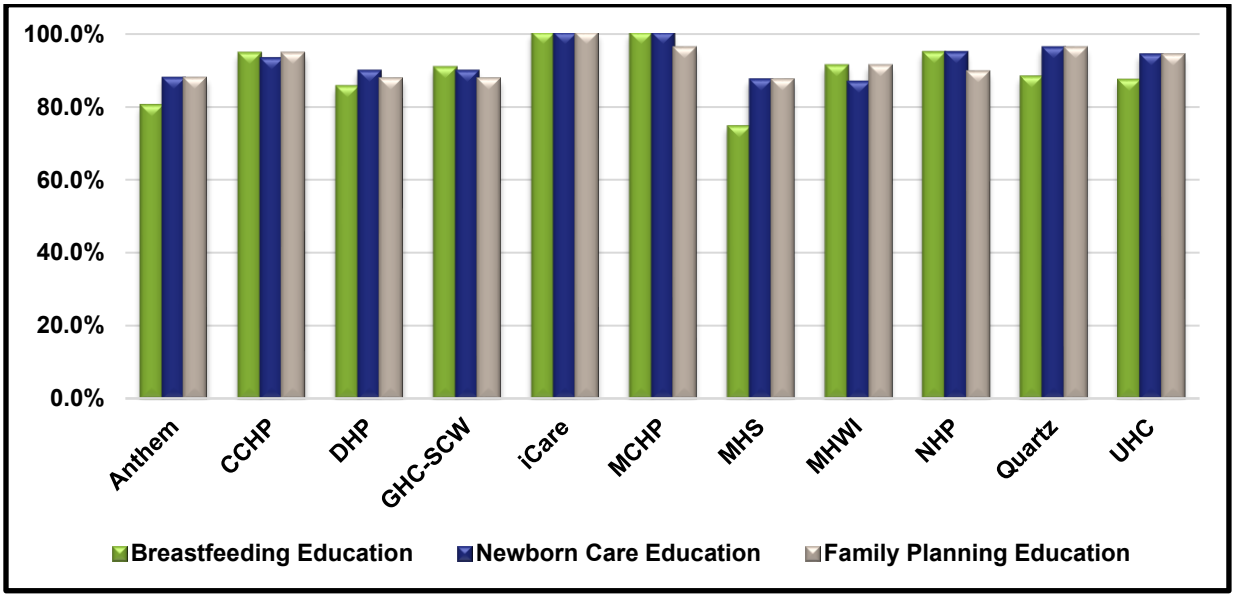
Graph 9: Depression Screening by Clinic



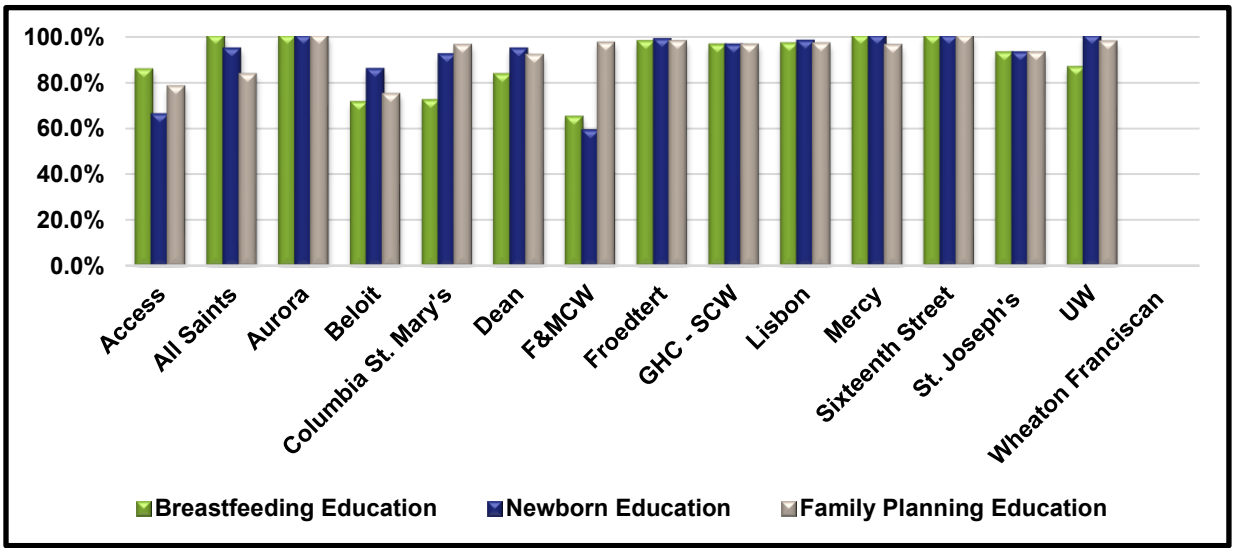
*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

All mothers enrolled in the program should receive education about family planning, breastfeeding and newborn care. The rates of compliance are in the graphs below.

Graph 10: Education by MCO



Graph 11: Education by Clinic



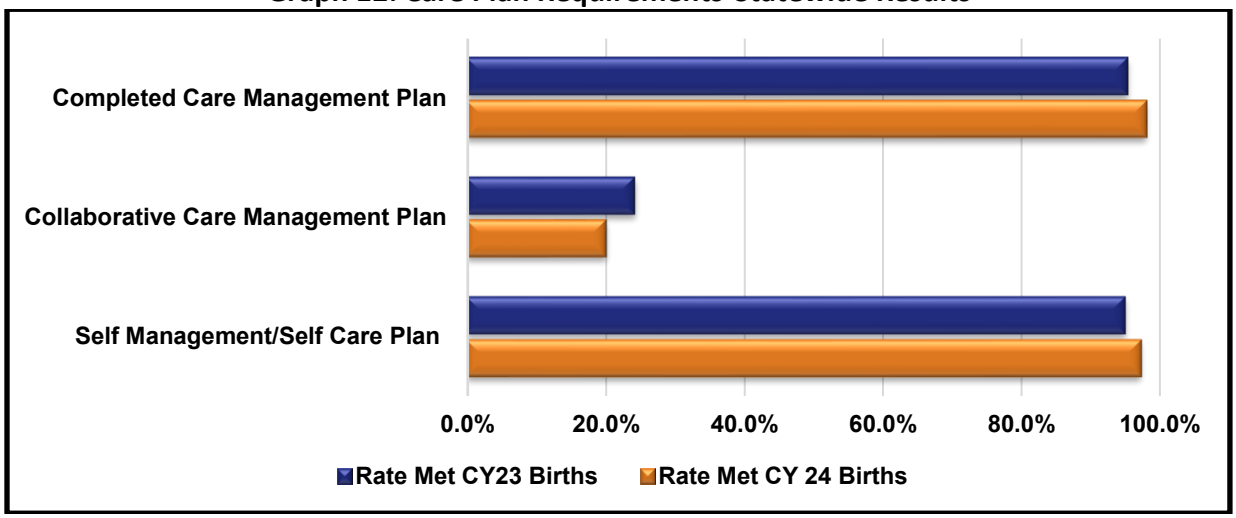
*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

Care Coordination

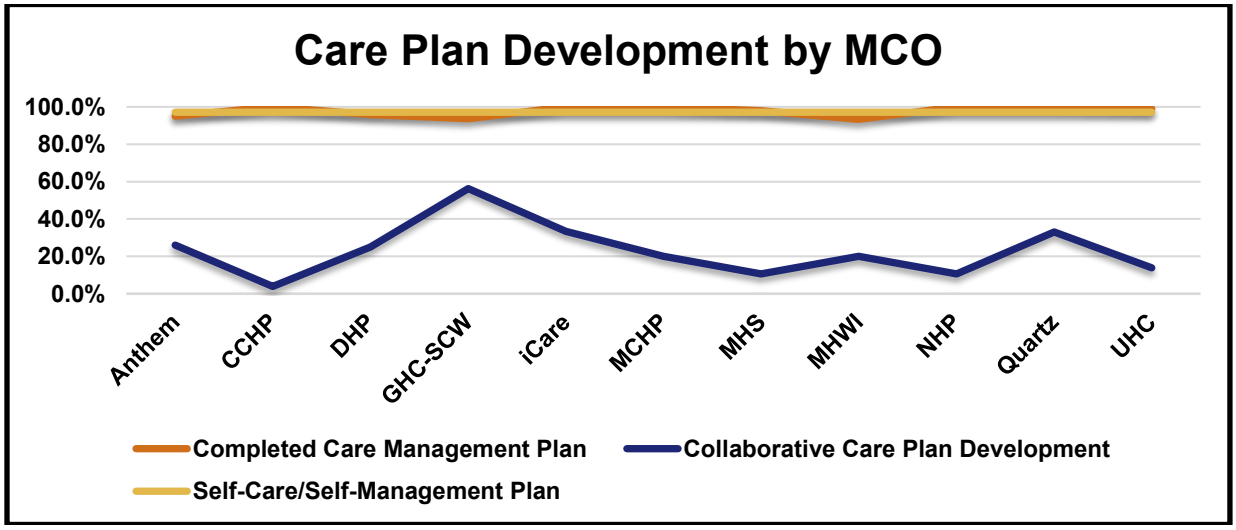
The OBMH has several requirements related to care coordination. All members must have a care management plan developed which should include all needs identified during the initial intake visit. The care management plan must be created in collaboration with the OB provider, primary care physician (PCP), and member. All care plans must include a self-care or self-management component.

Below are the results of the requirements listed above at the statewide level as well as MCO and clinic level.

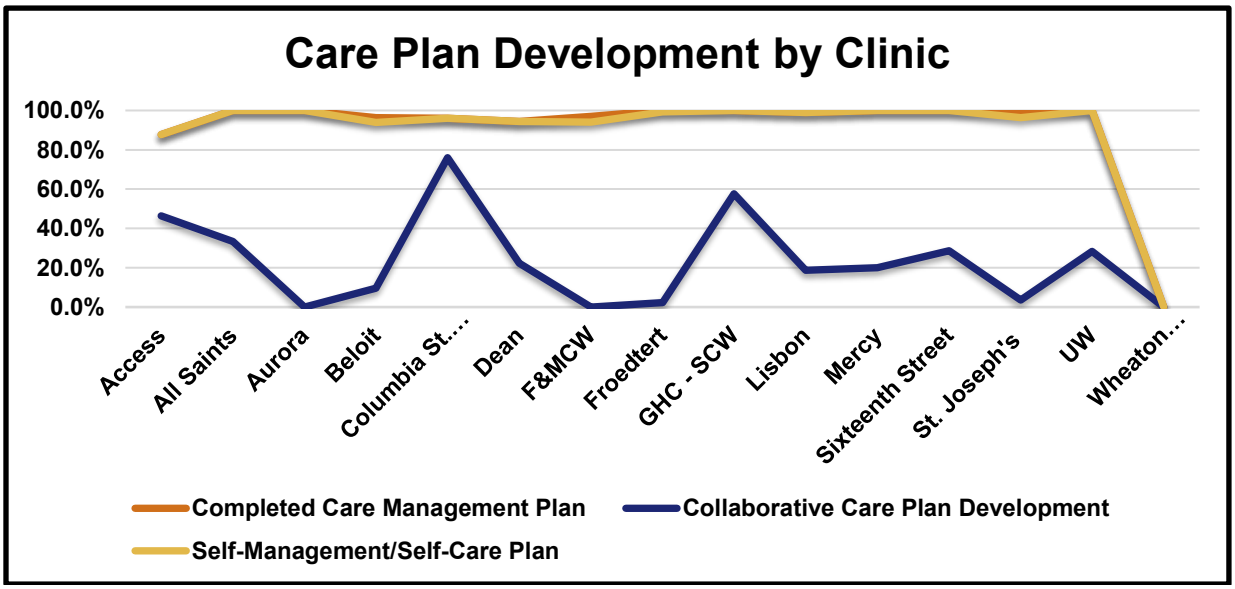
Graph 12: Care Plan Requirements-Statewide Results



Graph 13: Care Plan Development by MCO



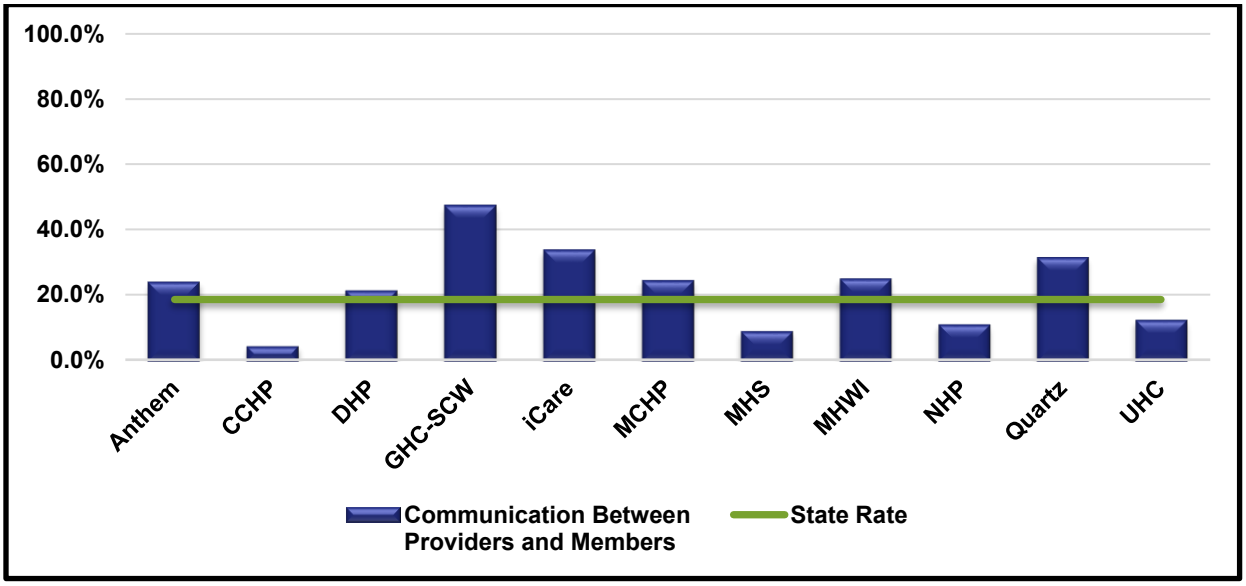
Graph 14: Care Plan Development by Clinic



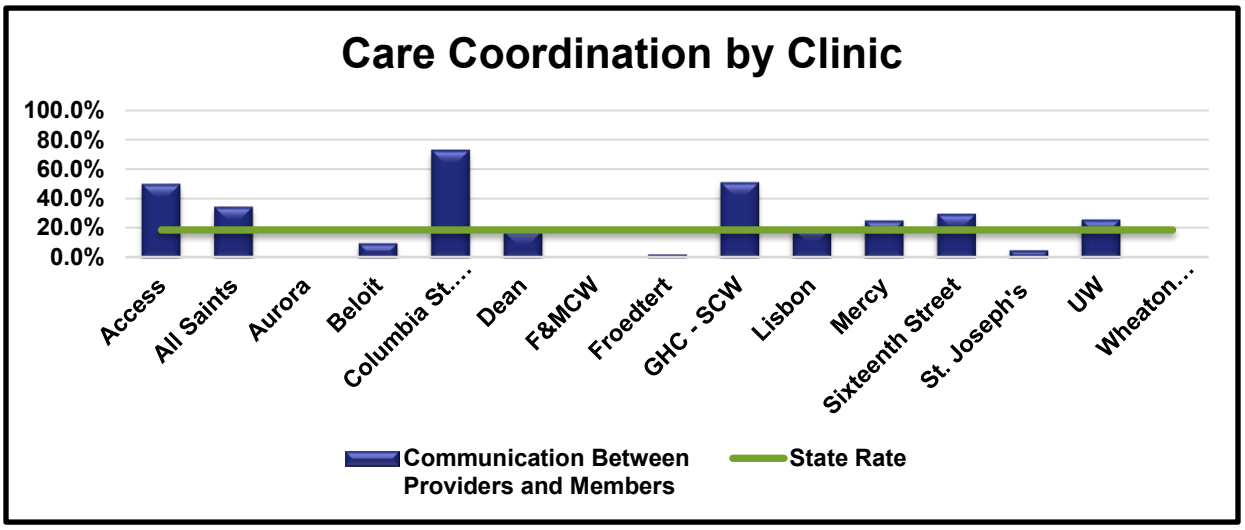
*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

In order to assure coordination of care the OBMH requires regulation communication between the OB provider, care coordinator, and PCP. Findings related to coordination are displayed in the graphs below by MCO and clinic.

Graph 15: Collaboration Between Member and Providers by MCO



Graph 16: Collaboration Between Member and Providers by Clinic

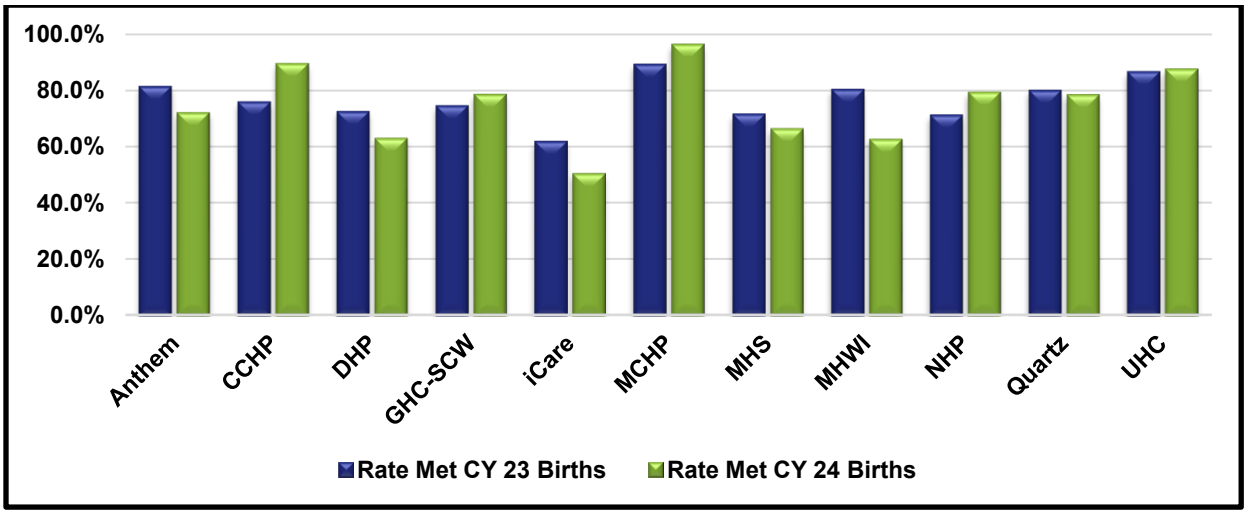


*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

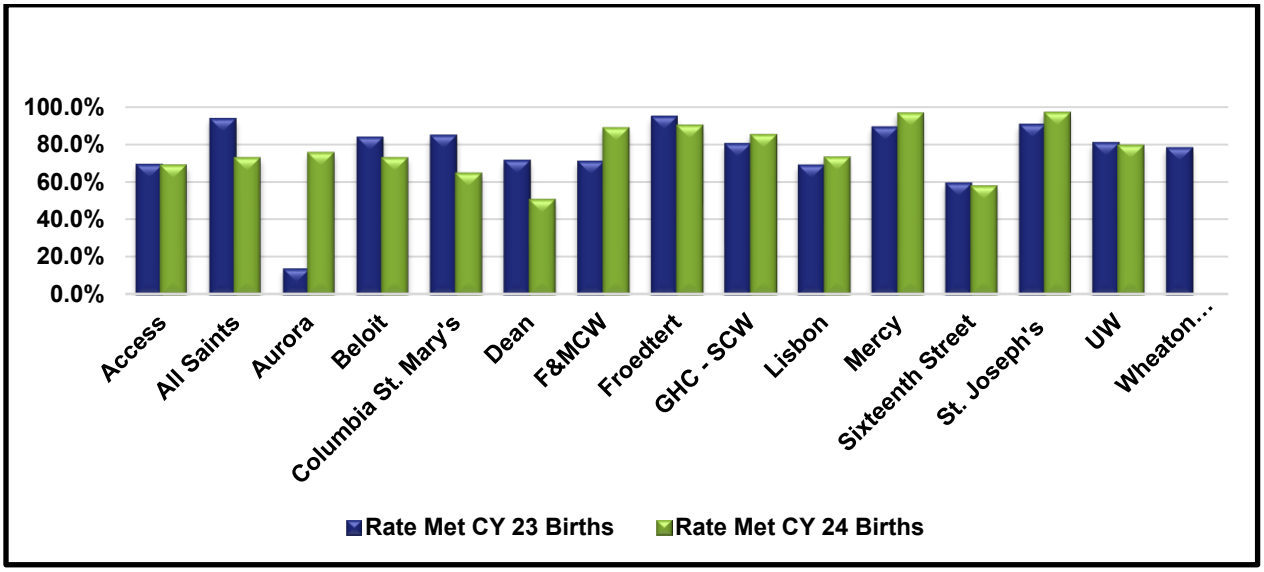
Members within the OBMH should have at least 10 prenatal appointments. The following contacts meet this requirement:

- OB provider
- PNCC on the same day as OB appointment
- Urgent care or emergency department visit-related to OB concern
- Hospitalization related to OB concern
- Perinatologist performs an ultrasound and conducts an evaluation/assessment

Graph 17: Ten or More Prenatal Visits by MCO



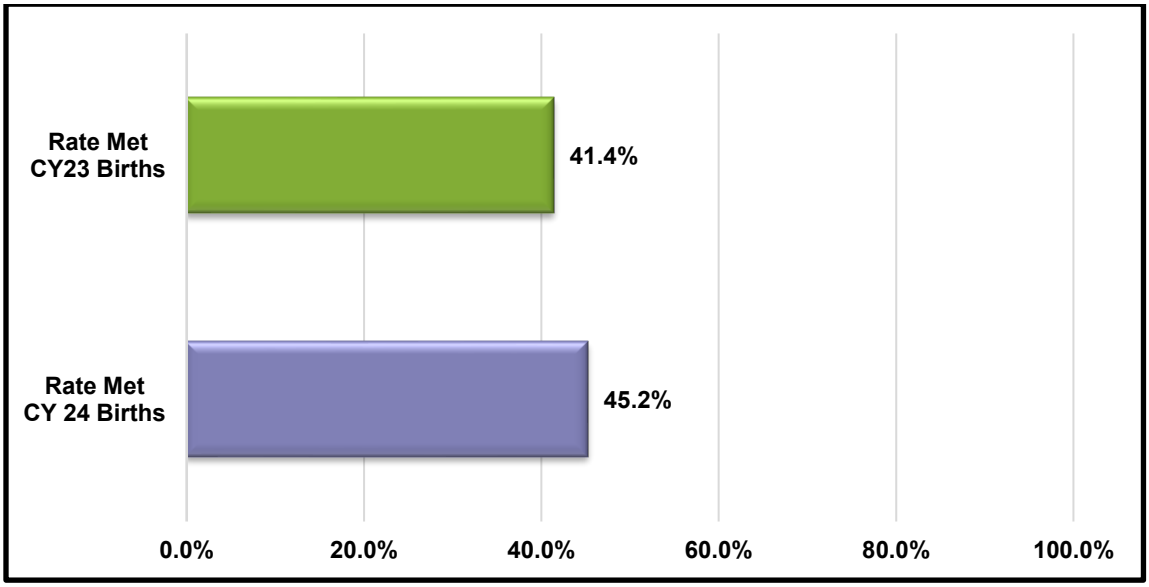
Graph 18: Ten or More Prenatal Visits by MCO



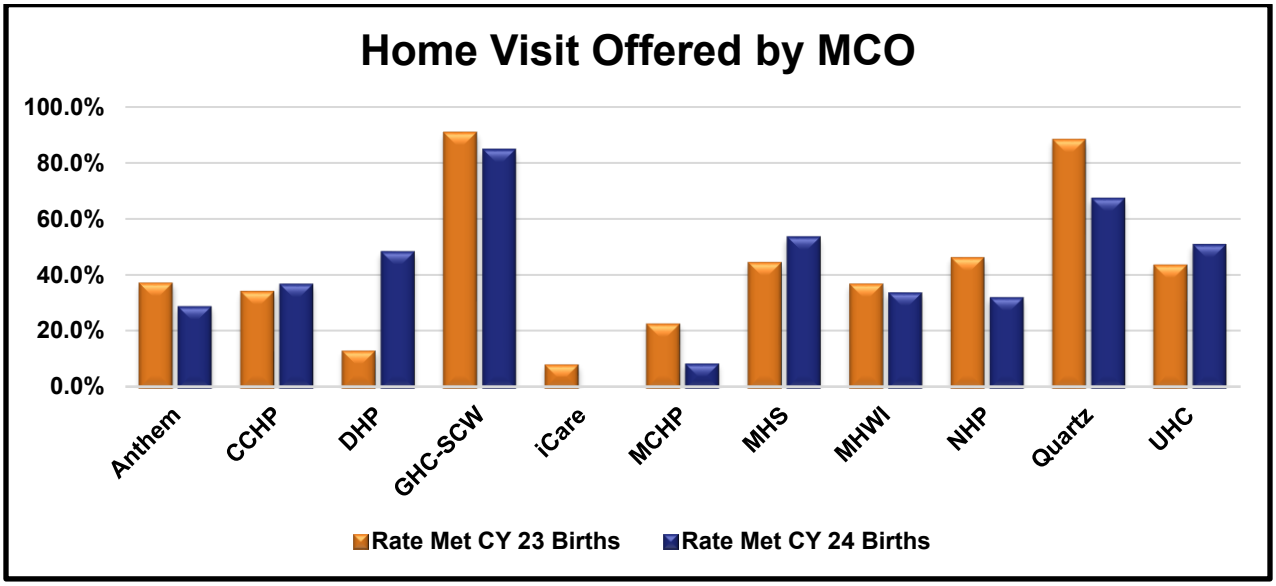
Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

All mothers should be offered a home visit during the prenatal period. The review identifies all records which contain evidence that a home visit was offered.

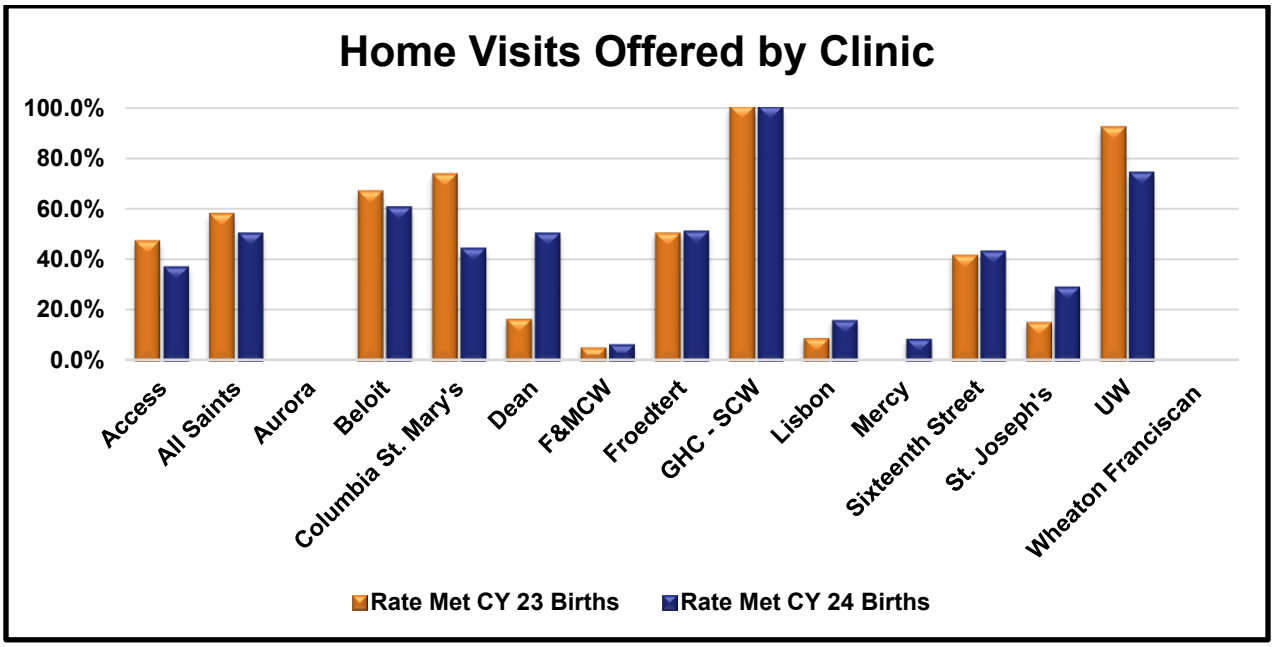
Graph 19: Home Visit Offered-Aggregate



Graph 20: Home Visit Offered by MCO



Graph 21: Home Visit Offered by Clinic



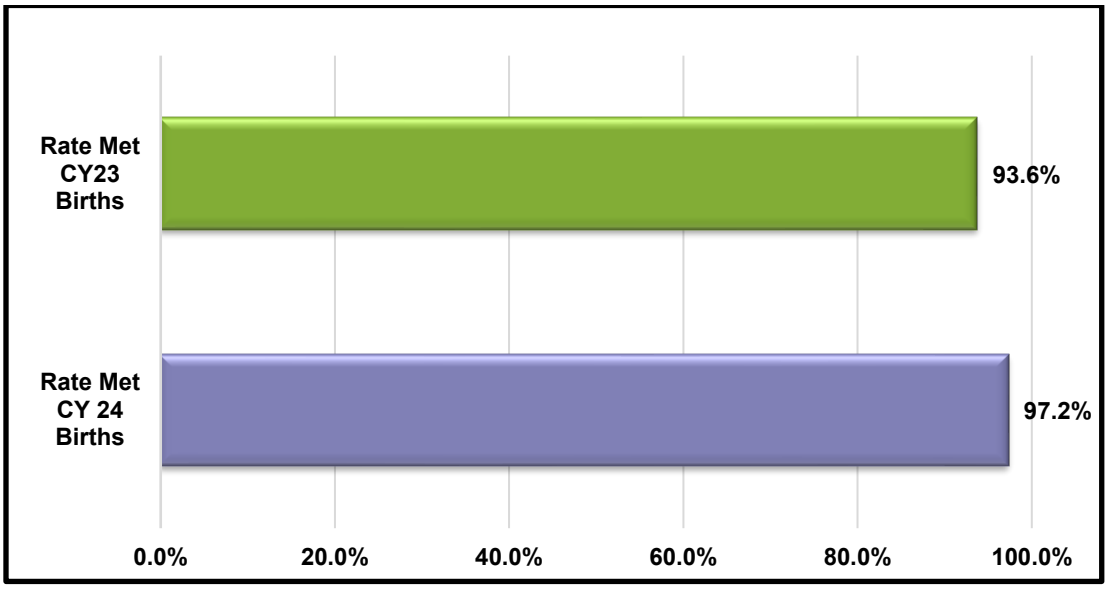
*Records indicated that Wheaton Franciscan did not offer home visits in 2023. The clinic did not have mothers enrolled in the OBMH resulting in 2024 births.

During review, verification of follow up for identified chronic conditions that pose a risk to the mother's pregnancy are monitored. The following list is the primary conditions which have been identified as a focus:

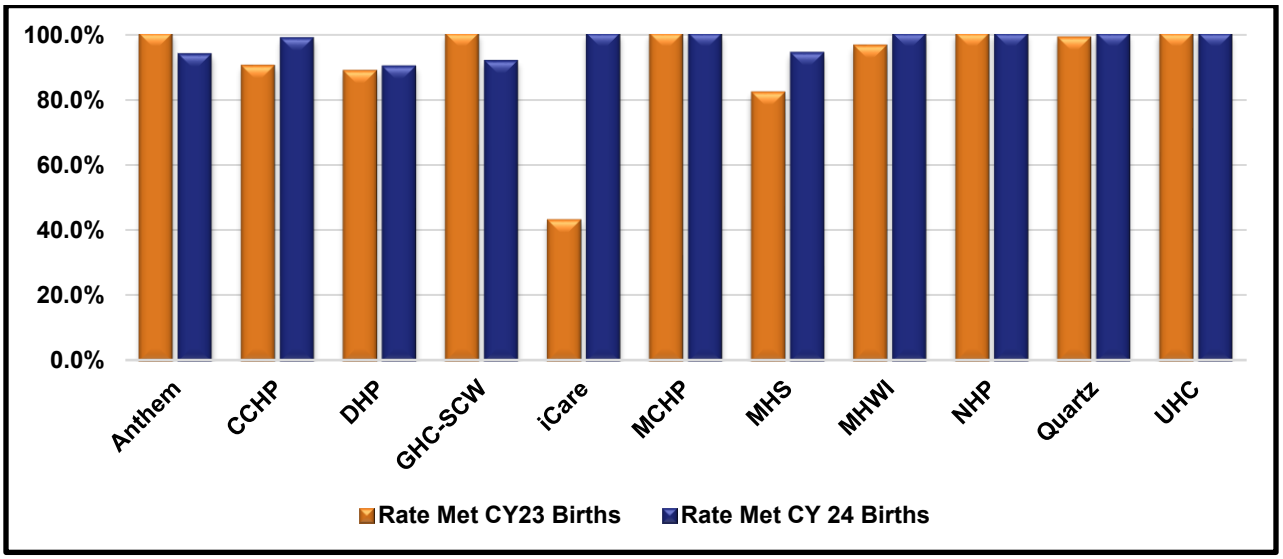
- Asthma
- Cardiac disease
- Diabetes mellitus
- HIV/AIDS
- Hypertension
- Pulmonary Disease
- Behavioral Health
- Morbid Obesity

The graphs below identify the rate of follow up at the state, MCO, and clinic level.

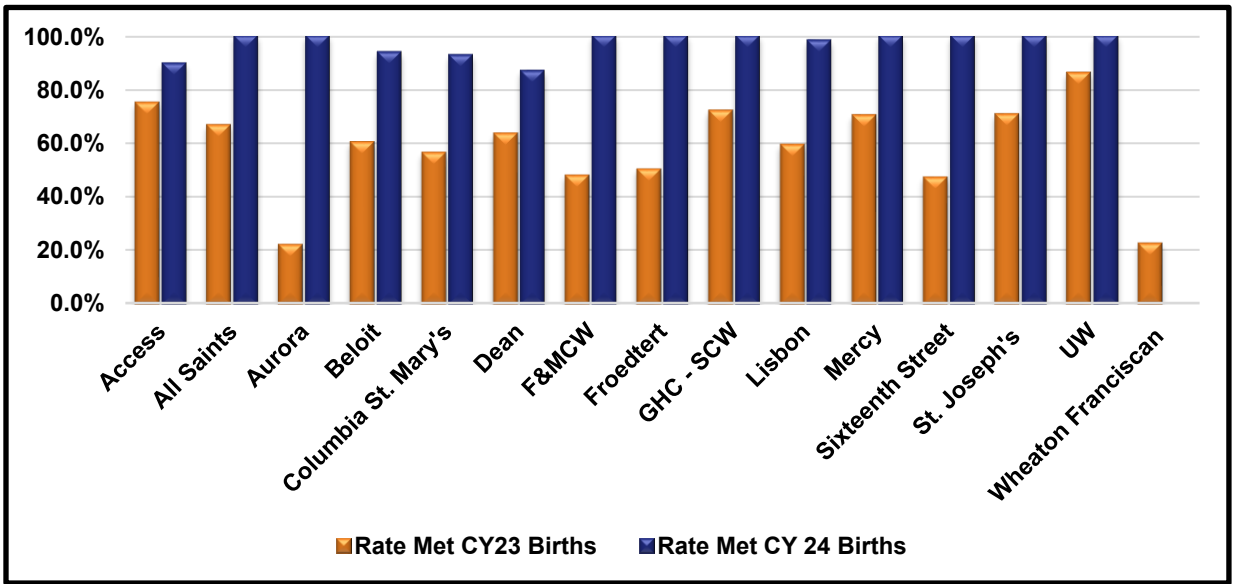
Graph 22: Chronic Condition Follow Up-Aggregate



Graph 23: Chronic Condition Follow Up by MCO



Graph 24: Chronic Condition Follow Up by Clinic

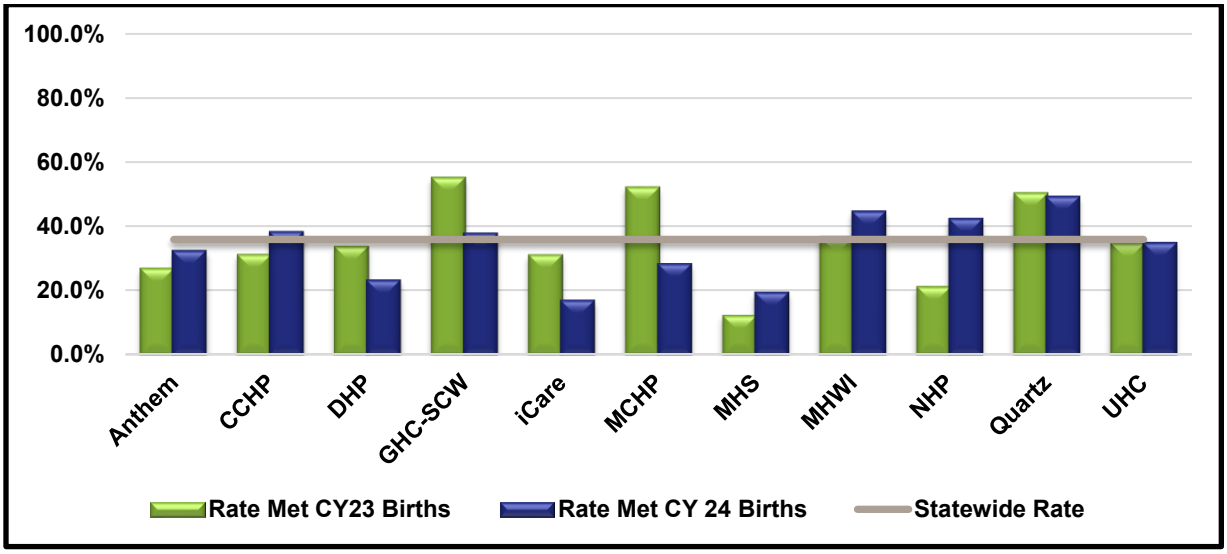


*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

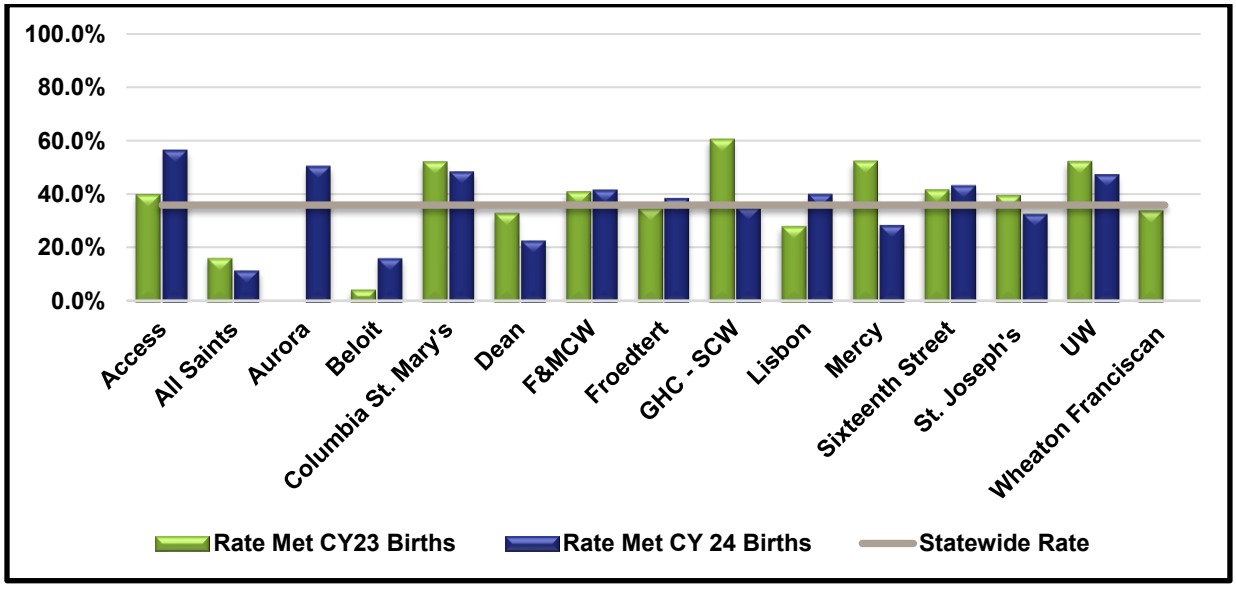
Immunizations

The American Collet of Obstetricians and Gynecologists (ACOG) recommend an annual influenza vaccine. ACOG also recommends a Tetanus, Diphtheria, Pertussis (Tdap) given during the third trimmest of pregnancy. Evidence of vaccinations were captured during reviews and are reported below at the MCO and clinic level.

Graph 25: Influenza Vaccinations by MCO

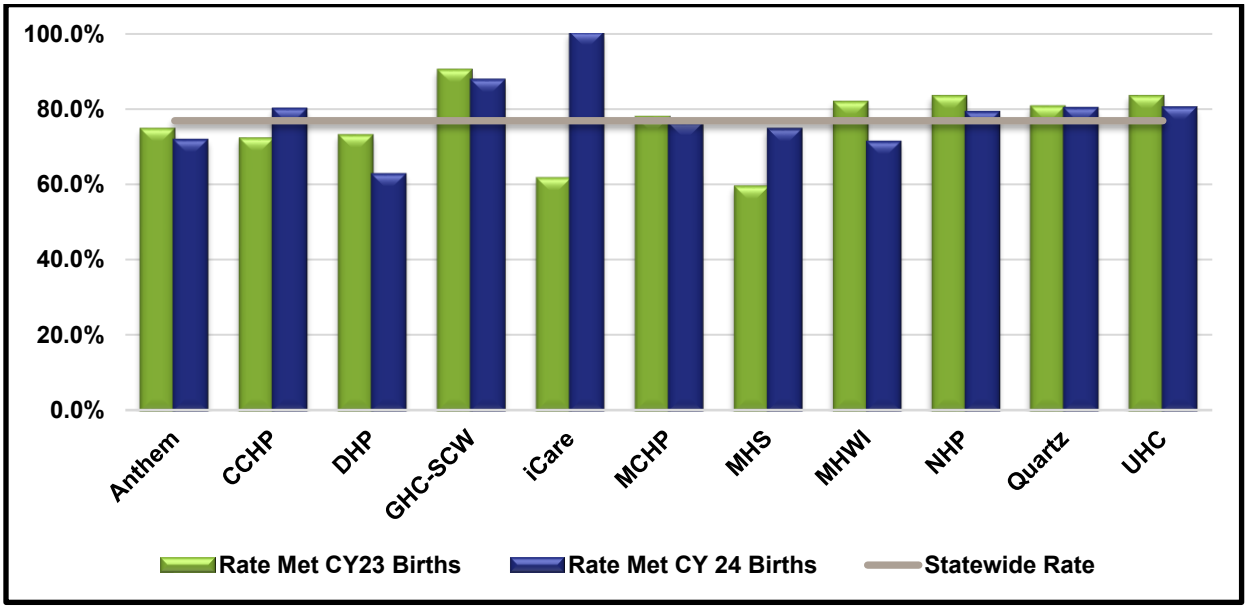


Graph 26: Influenza Vaccinations by Clinic

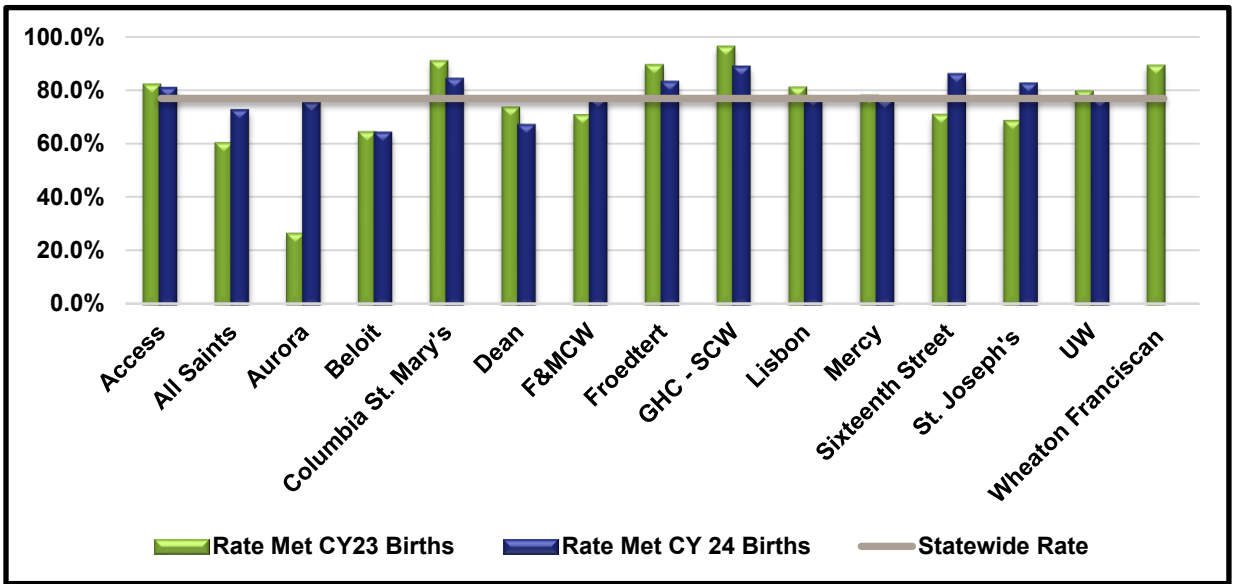


*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

Graph 27: Tdap Vaccinations by MCO



Graph 28: Tdap Vaccinations by Clinic



*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

Birth Outcome

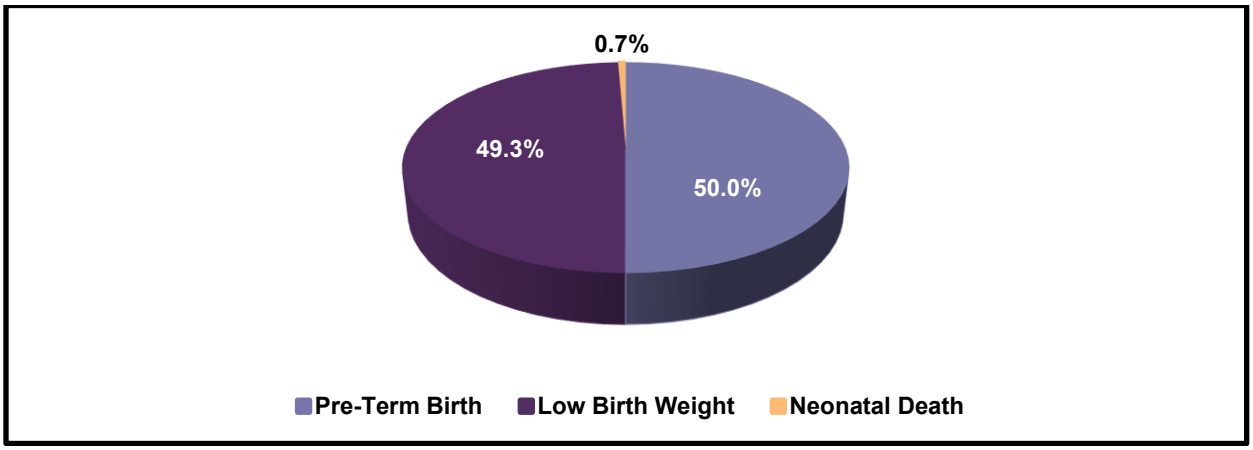
DHS has identified one or more of the following as criteria to be defined as a poor birth outcome:

- Baby born at a low birth weight (less than 2,500 grams or 5.5 pounds).
- Baby born preterm (gestational age less than 37 weeks).
- Neonatal/early neonatal death (baby died within the first 28 days).
- Stillbirth (fetal demise after 20 weeks gestation).

In CY 2024 there were 98 of 633 babies born who meet the definition of a poor birth outcome. 78.0% percent of births were healthy. Results were similar to the prior review.

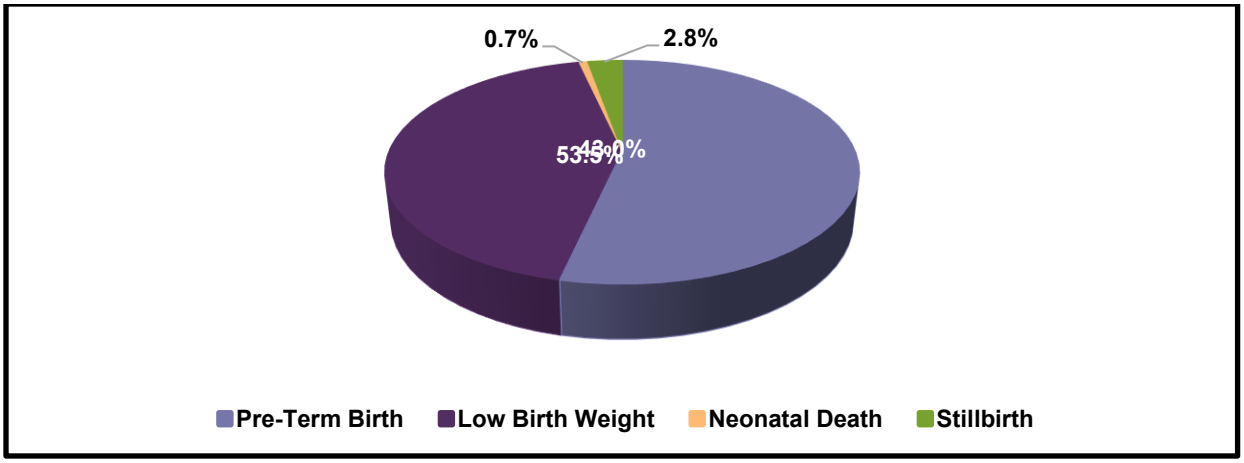
Analysis indicated that the year-to-year difference in the rates is unlikely to be the result of normal variation or chance.

Pie Chart 5: 2023 Births



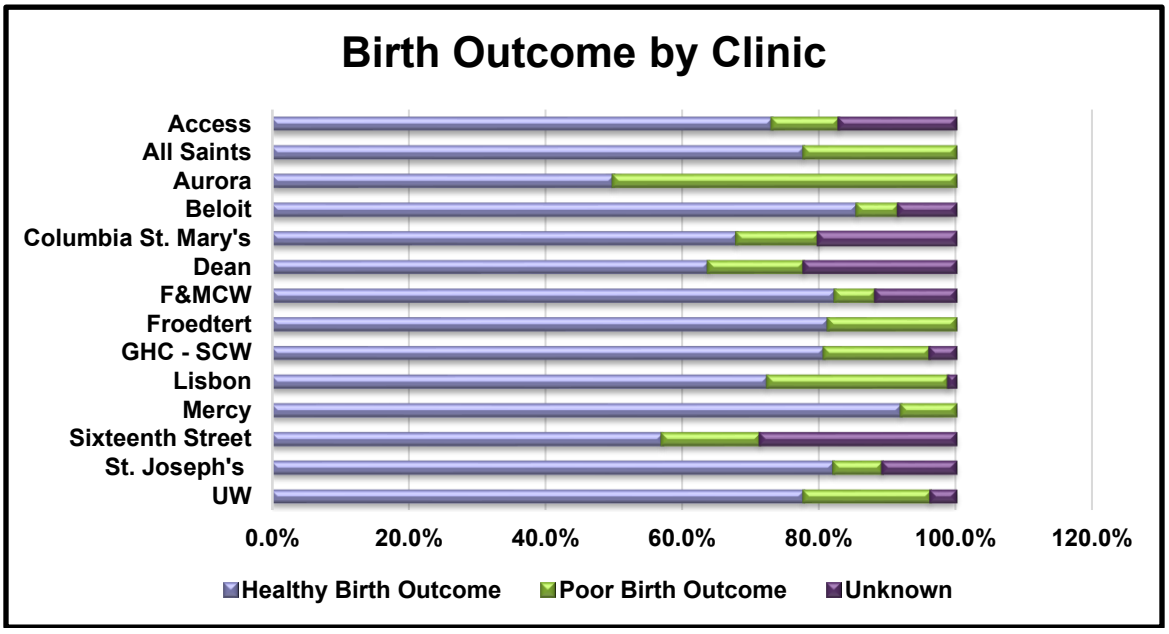
*There were no stillbirths in 2023.

Pie Chart 6: 2024 Births



The graph below identifies the rates of poor birth outcomes by clinic

Graph 29: Poor Birth Outcomes by Clinic

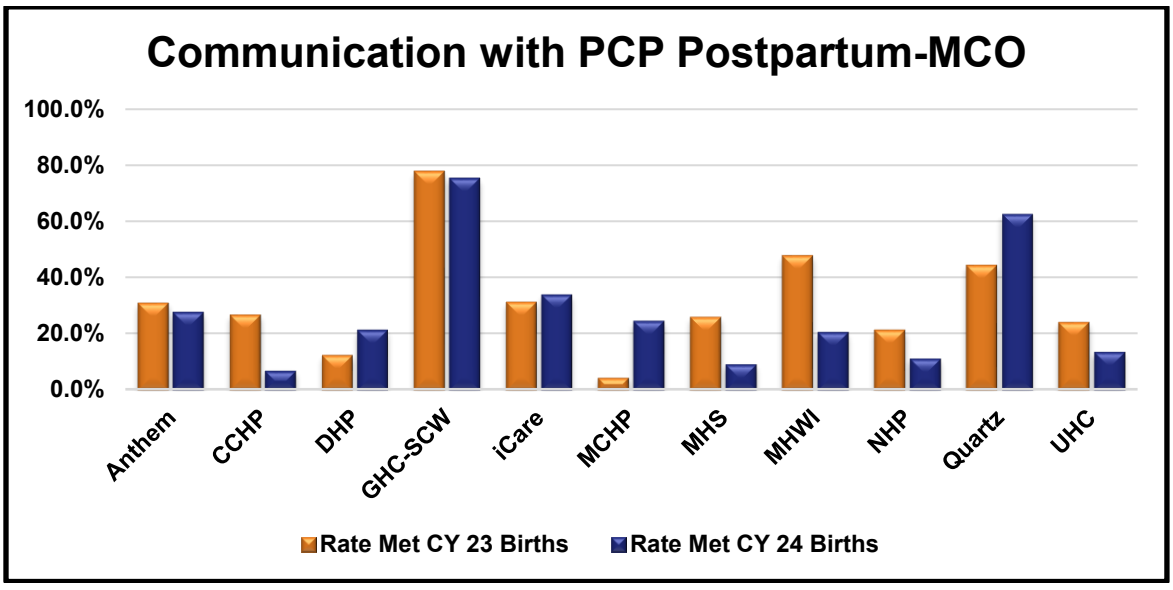


*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

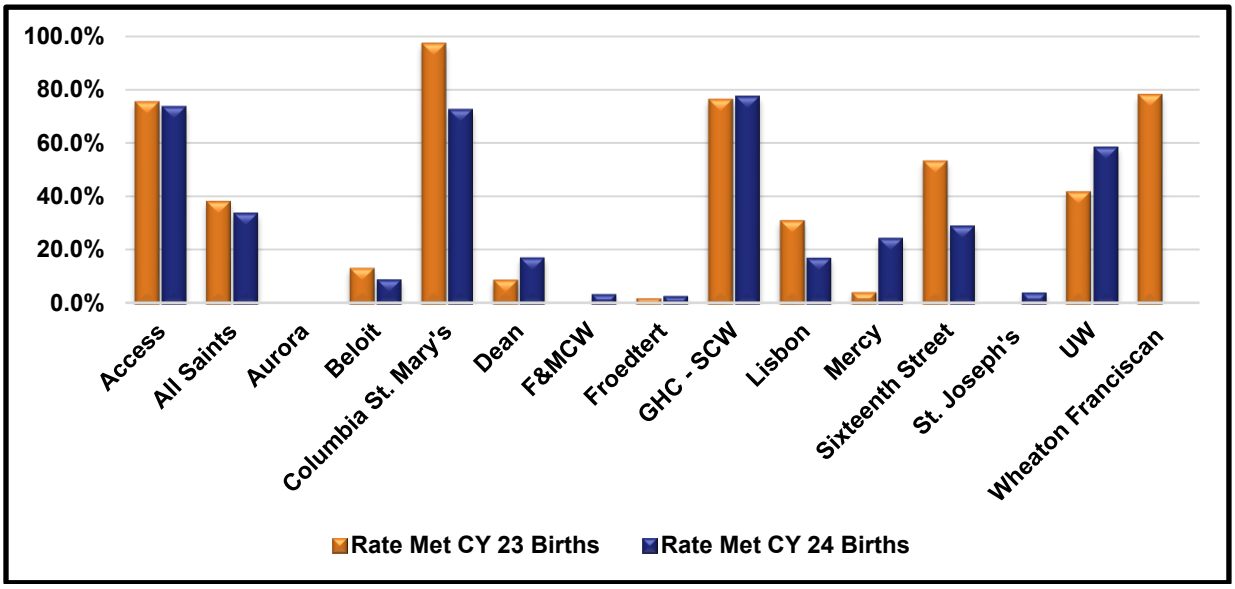
Postpartum Requirements

The OBMH requires contact between the OB provider and PCP following delivery. The graphs below identify the rate of compliance at the statewide, MCO and clinic levels.

Graph 30: Postpartum Communication with PCP-MCO



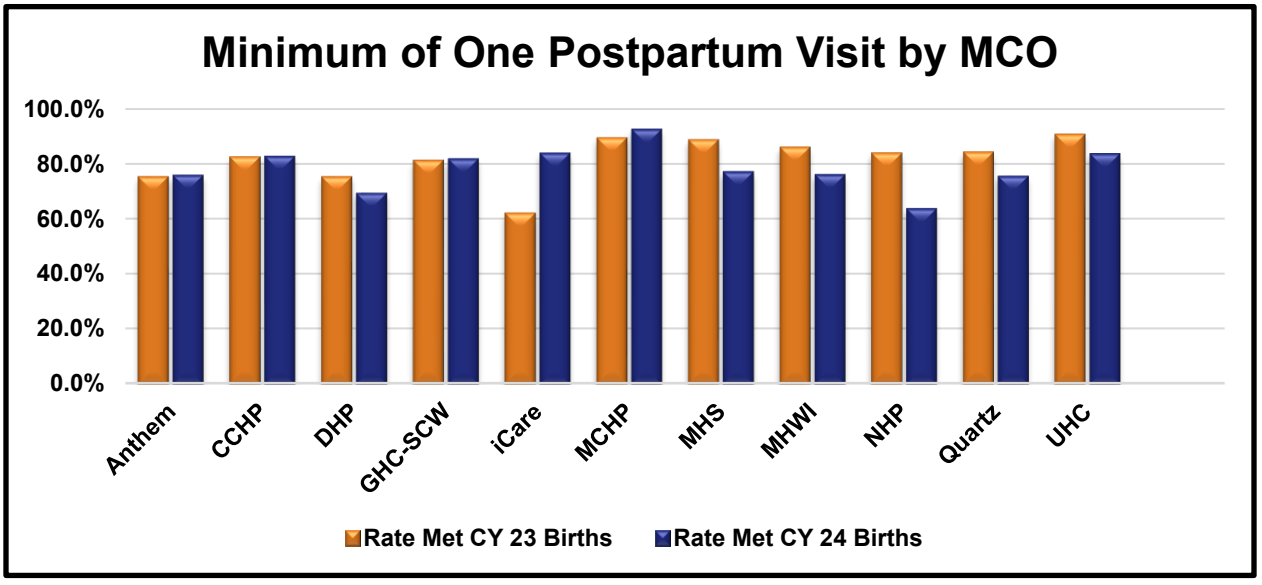
Graph 31: Postpartum Communication with PCP-Clinic



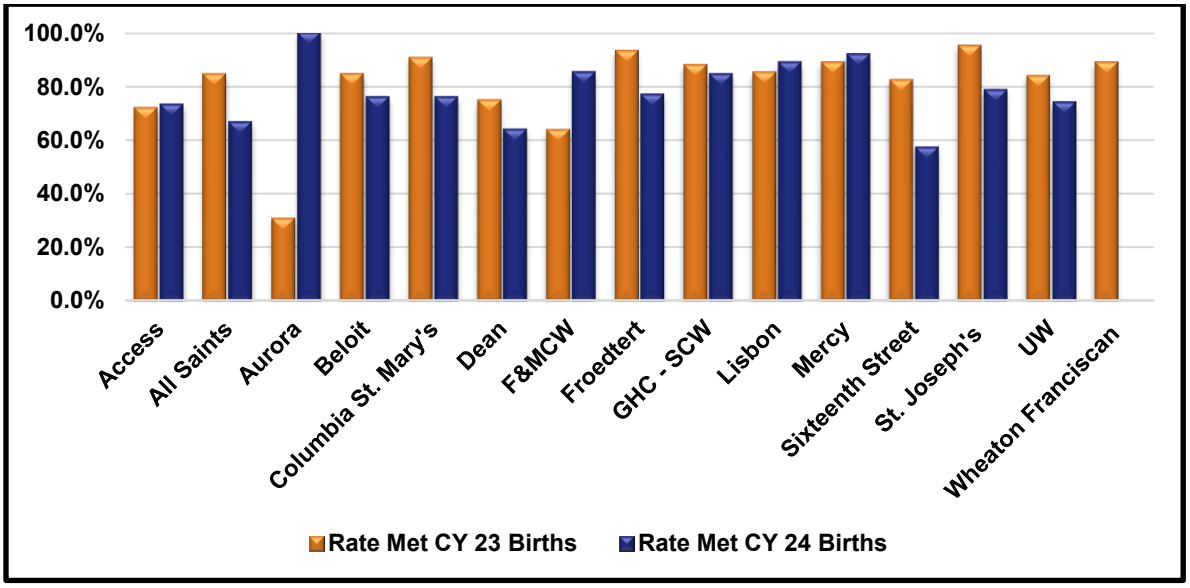
*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

Mothers are required to have a postpartum visit no more than 84 days following delivery. The graphs below identify the rate of compliance at the MCO and clinic levels.

Graph 32: Postpartum Visit by MCO



Graph 33: Postpartum Visit by Clinic



*Wheaton Franciscan did not have mothers enrolled in the OBMH resulting in 2024 births.

Appendix – External Quality Review Team and Review Methodology

Requirement for External Quality Review

The Code of Federal Regulations (CFR) at 42 CFR 438 requires states that operate pre-paid inpatient health plans (PIHPs) and managed care organizations (MCOs) to provide for external quality reviews (EQRs). To meet these obligations, states contract with a qualified external quality review organization (EQRO).

MetaStar - Wisconsin's External Quality Review Organization

The State of Wisconsin contracts with MetaStar, Inc. to conduct EQR activities and produce reports of the results. Based in Madison, Wisconsin, MetaStar has been a leader in health care quality improvement, independent quality review services, and medical information management for more than 50 years, and represents Wisconsin in the Superior Health Quality Alliance, under the Centers for Medicare & Medicaid Services (CMS) Quality Improvement Organization Program.

MetaStar conducts EQR of MCOs operating Medicaid managed long-term programs, including Family Care, Family Care Partnership, and Program of All-Inclusive Care for the Elderly. In addition, the company conducts EQR of MCOs serving BadgerCare Plus, Supplemental Security Income, Pre-paid Inpatient Health Plans, Foster Care Medical Home Medicaid recipients, HIV/AIDS Health Home members, and the Children with Medical Complexity (CMC) program in the State of Wisconsin. MetaStar also conducts EQR of Home and Community-based Medicaid Waiver programs that provide long-term support services for children with disabilities. MetaStar provides other services for the state as well as for private clients. For more information about MetaStar, visit its website at www.metastar.com.

MetaStar Review Team

The MetaStar EQR team is comprised of registered nurses, a physical therapist, counselors, licensed and/or certified social workers, and other degreed professionals with extensive education and experience working with the target groups served by the MCOs. The EQR team is supported by other members of MetaStar's External Quality Review Department as well as staff in other departments, including a data analyst with an advanced degree, a licensed Healthcare Effectiveness Data and Information Set (HEDIS®)[1] auditor, and information technologies staff. MetaStar also contracts with a coding company with certified and/or credentialed coders.

[1] "HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)."

Review team experience includes professional practice and/or administrative experience in managed health and long-term care programs as well as in other settings, including community programs, schools, home health agencies, community-based residential settings, and the Wisconsin Department of Health Services (DHS). Some reviewers have worked in skilled nursing and acute care facilities and/or primary care settings. The EQR team also includes reviewers with quality assurance/quality improvement education and specialized training in evaluating performance improvement projects.

Reviewers are required to maintain licensure, if applicable, and participate in additional relevant training throughout the year. All reviewers are trained annually to use current EQR protocols, review tools, guidelines, databases, and other resources.

Review Methodologies

Contracted clinic enter data for all mothers in the OBMH Registry. MetaStar identifies all mothers eligible for record reviews on a quarterly basis. One hundred percent of mothers enrolled in the program are included in the review. Exceptions eliminating records from review include the following:

- The clinic lost contact during the pregnancy;
- The member was not seen at a contracted clinic;
- The member moved out of the service area;
- The member was not interested in participating in the OBMH program;
- Pregnancy loss prior to 20 weeks; and
- The member transferred to a clinic not participating in the OMBH program.

Reviews are conducted based on the program requirements identified in the DHS-HMO Contract. The review assesses the level of compliance with program requirements identifying strengths and weaknesses.

MetaStar reviewers used the following guidelines to abstract data from the medical record(s) submitted by the clinics and/or the MCOs. MetaStar evaluates the following areas of practice:

- Enrollment
- Screening and Education
- Care Coordination
- Immunizations
- Birth Outcome
- Postpartum Requirements