

OBMH FAQs

Question	Response
Incentive Validation and Record Review Process	
Can a member who was not enrolled in the OBMH Registry by the clinic and the HMO did not add them to Metastar's list during the validation process be reviewed retroactively in a different selection group?	<p>The member information must be entered into the OBMH registry within 30 days of enrollment in the OBMH. Timely entry into the registry is needed for HMOs to track enrollment and for the EQRO (MetaStar) to complete the chart review. If that administrative step is missed, HMOs are provided an additional opportunity to review the list of members up for review and add any missing members at that time so MetaStar can request medical records.</p> <p>DHS and MetaStar will not accept late additions to the selection list for review after the results for that selection have been finalized.</p>
Postpartum Visits (PPV)	
A member is not attending her postpartum visits at the OB Medical Home and instead is seeing her primary care provider (PCP). Can the PCP visit be counted for her PPV and if so, do we need to make sure we have the PCP note in the medical records review?	If the visit with the PCP meets the ACOG guidelines, which reviewers follow for postpartum visits with the OB provider, it would meet the postpartum visit requirement. Based on ACOG guidelines, a PPV should "assess women's physical, social and psychological well-being." Reviewers are determining the occurrence of a PPV, not the quality of the visit. Appointments that cover overall physical health and include post-pregnancy discussions would count. MetaStar would need the evidence of the visit note from the PCP included in the medical records submitted.
Can telehealth visits count toward the postpartum visit requirement?	<p>From "Follow-up Q and A's from 2023 OBMH Best Practice Seminar-Final":</p> <p><i>"Best practice is to have a physical examination as part of the postpartum visit. However, a postpartum visit conducted via telehealth, documented in the medical records, will be counted toward incentive eligibility criteria for a postpartum visit."</i></p>
Payment Eligibility Criteria	
What are the new enhanced payment eligibility criteria in the 2025 BadgerCare Plus/SSI contract?	<p>DHS will issue payment to HMOs, and the HMO subsequently issues the enhanced payment to the OBMH provider of \$2,000 per eligible, enrolled member who meets all the following criteria:</p> <ol style="list-style-type: none"> 1. Enrolled in the first 28 weeks of the pregnancy and remained continuously enrolled throughout the pregnancy; and 2. Care plan developed by OBMH Care Coordinator, including completion of mental health, substance use disorder, and social determinants of health (SDoH) screening and referrals; and 3. Healthy birth outcome, defined as:

	<ul style="list-style-type: none"> • equal to or more than 5.5 pounds (2500 grams) • at least 37 weeks gestational age, and • no neonatal death within 28 days post-delivery or stillbirth after 20 weeks. <p>4. No maternal mortality, defined as:</p> <ul style="list-style-type: none"> • Death of a pregnant member from any cause related to or aggravated by the pregnancy or its management. This definition does not include deaths from accidental or incidental causes. • Time frame will be within 60 days of termination of pregnancy. <p>Incentive payment is per member, not per child delivered.</p>
For deliveries starting 1/1/2025, the payment criteria states there must be a “Care plan developed by OBMH Care Coordinator, including completion of mental health, substance use disorder, and social determinants of health (SDoH) screening and referrals.” Does the Care Coordinator have to work for the OBMH Clinic, or can they work for the HMO? Also, does it have to be just one person?	<p>Care Coordination for the OBMH initiative can be done by either the HMO or the OBMH Clinic.</p> <p>DHS does not require one person to be identified as the “OBMH Care Coordinator” and responsible for the care plan; rather, it can be a collaborative effort among the member’s providers.</p> <p>In addition, the “Care Plan” may be one single written document, often using a template, or the plan can be documented throughout the medical record, including results from screeners, with evidence that the provider(s) are managing the member’s care.</p>
Why did DHS remove the 10 prenatal visits from the payment eligibility?	With the 2025 contracts, members are now eligible to be enrolled in the OBMH up to their 28 th week of gestation. Given the shortened window of time for receiving care prior to delivery, it would not be possible to expect a minimum of 10 prenatal visits for a member who was enrolled close to 28 weeks gestation, for example, before their delivery.
Updates to the OBMH Registry	
How are transitions handled when a member switches OBMH providers during the pregnancy?	<p>If a member switches clinics during the pregnancy after enrollment in OBMH, the previous clinic should close out the member in the Registry as clinics do not have the option of re-assigning the member to another clinic. The new clinic, if the member transfers to another OBMH clinic, will need to re-enroll the member.</p> <p>When MetaStar runs the report listing all deliveries in the selection, they will include both clinics listed on the spreadsheet to alert the HMO of the transfer since MetaStar will need records from both clinics. The member will not have two separate rows in the spreadsheet; rather, both clinics will be listed under the “Clinic”</p>

	column, and MetaStar will note specifically which clinic the member was receiving care from at the time of delivery so HMOs know which clinic should receive payment.
What should we do if the clinic name on the results validation report does not match the clinic name currently being used or as listed in the MOU?	<p>When a clinic enrolls a member in the OBMH Registry, they need to select a “Medical Home Clinic Site” from a drop-down list. If there has been a change to the clinic name, they need to notify MetaStar to have the OBMH Registry updated as this is the information that is carried through to the validation report.</p> <p>In June 2025, HMOs provided MetaStar with a list of Medical Home Clinic Sites that were incorrect, and the OBMH Registry has been updated. Additional revisions can be made at any time as needed.</p>