WISCONSIN DEPARTMENT of HEALTH SERVICES

2023 OBMH Annual Reports

Obstetrics Medical Home Best Practice Seminar

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HMO and Clinic Report Summaries

Agenda: 2023 OBMH Model Annual Survey

- OBMH Model Annual Survey Background
- Annual Survey Outline
- Survey Report Key Takeaways
- 2023 OBMH Annual Survey Summary Results
  - Successes and Barriers with High-Risk Groups
  - Post COVID-19 PHE Telehealth for Care Management
  - PHE Unwinding: OBMH Program Concerns
  - PHE Unwinding: Anticipated OBMH Programmatic Supports
- OBMH Initiative Recommendations
- Next Steps

Background: OBMH Model Annual Survey

- ***Source*** - The Obstetrics Medical Home (OBMH) Model Annual Survey is a survey designed by the DMS' Bureau of Programs and Policy Quality and Special Initiatives Section.
- ***Purpose -*** OBMH Model Annual Survey is constructed to monitor and evaluate the past year's registry and systems information, care structure and processes, challenges, and successes across HMOs and clinics.
- ***Goal -*** The survey is used to promote programmatic improvements for pregnant women in the OBMH program.
- The OBMH Model Annual Survey report was not collected in 2022. In the 2023 survey report, DHS had more tailored questions on the impact of the public health emergency (PHE) unwinding on the OBMH program at both the clinic and HMO levels.

Outline: 2023 OBMH Model Annual Survey

- Survey typically completed annually by BC+ and SSI HMOs and their participating partner clinics in the OBMH.

- Online survey was administered from June 1st to July 3rd, 2023.
  - One survey completed per HMO; 46 maximum questions per HMO survey
  - Each participating OBMH partner clinic expected to fill out only one survey; 44 maximum questions per clinic survey
  - Mix of yes/no, open-ended, and closed-ended questions

- Data of this report is self-reported by HMOs and their partner clinic and is reflective of April 2022 - March 2023 activities.

Key Takeaways: OBMH Model Annual Survey

- Normal / Pre-COVID-19 OBMH outreach, recruitment and retention methods for clinics and HMOs resumed
  - Telehealth routinely offered to some OBMH HMOs and clinics while used as a last resort for others
  - Routine screening for and addressing members drivers of health (DoH) help with enrollment and retention in OBMH program
- Communication still a barrier
  - Waitlists; especially for non-English speaking patients for PNCC services; lack of interpreters
  - Improved communication and coordination between HMOs, PNCC agencies, DHS, and clinics desired
  - Offering various ways for members to connect (i.e., in-person, phone visits, telehealth, text message communication) improves communication and engagement
- COVID-19 lingering effects
  - Staffing turnover
  - Nursing shortages
  - Lack of trust between members and providers a barrier

Key Takeaways: OBMH Model Annual Survey (cont.)

- A refresher or orientation course to OBMH, resources and expectations is wanted to reduce confusion about the initiative
- Enhanced EHRs for texting and messaging multiple providers improves communication and care coordination across teams
- Promoting OB services through PNCC printed and distributed flyers, website, Facebook, and social media announcements are beneficial advertisement and recruitment practices
- Improved information and data sharing between clinics, HMO, and DHS needed for better monitoring of program and outcomes
- Working with IMPACT Connect and Unite Us are helpful resources for connecting members with resources and tracking community-based resource referrals

OBMH Enrollment Data Summary

- 17 OBMH Partner Clinics
  - 54.8% response rate
- 12 OBMH HMOs
  - 100% response rate

↑ Denotes an increase from 2021 survey report.

↓ Denotes a decrease from 2021 survey report.

Totals	# Women Screened	# Women Eligible	# Women Enrolled	% Women Enrolled	% Assessed: Stress	% Assessed: Mental Health	% Received COVID-19 Vaccine
Clinic Totals	5,063 ↑	1,959	1,114 ↓	56.8% ↑	93.4% ↑	99.4% ↑	35.8% ↑
HMO Totals	4,542 ↑	978	553 ↑	56.5% ↑	N/A	N/A	N/A

Clinics: Successes and Barriers with High-Risk Groups

High Risk Group	Barriers	Success
Patients with Substance Use Disorder (SUD)	- Difficult to maintain enrollment and communication - Inconsistent participation and prenatal care	- Getting prenatal care - Initiating and/or staying on Medication Assisted Treatment (MAT) - Being treated as a worthwhile human being - Staying off opioids - Having continuity for different care needs
Pregnant women <18 or ≥38 years old	- Transportation with teen moms	- Offering of virtual or phone visits
Homeless Patients	- Not making or attending appointments	
Patients with History of Mental Health Illness	- Unreliable forms of communication - Transportation	

HMOs: High-risk Groups Successes and Barriers

High Risk Group	Barriers	Successes
Any OBMH Patient	- Staff turnover - Nursing shortages	- More likely to attend postpartum visit, more involved with decision-making with providers and nurse - Connecting them with BC+ Coordinator/OBMH Liaison - Relationship builders at clinics
Patients experiencing Substance Use Disorder (SUD)	- Seek care late or not at all - Difficult to engage - Limited resources - Members not knowledgeable about their own health conditions - Falling out of care and unable to contact	- Ongoing care coordination w/OB providers and their teams - Remote patient monitoring - Completing online assessments - Submission of Notice of Pregnancy (NOP) forms by providers to identify high risk members - Building trust w/care coordinators - Referral to substance use counselor or comprehensive service program offers members assistance with housing, cell phones and food insecurity
Members with a History of Mental Health Illness	- Members not knowledgeable about their own health conditions - Refused to seek further medical care	- Building trust w/care coordinators
African American Members	- Seek care late in pregnancy - Enrollment deadline passed	- Connecting with doulas
Members Facing SDoH	- Housing - Transportation	- Housing navigator - Using non-emergency medical transportation companies to set up transportation so that member attends their appointments

Clinics: PHE Unwinding - Telehealth for Care Management

Post COVID-19 PHE Plans to Leverage Telehealth in Care Management	# of Clinics
Will offer on a limited basis as long as it is approved/covered	1
Shared decision-making	1
Continue offering in-person/in home/telehealth/phone visits based on members preferences and needs; meeting patients where they are	2
Some phone calls will continue but appointments with the medical provider done in person; Continue three weeks postpartum phone calls	3
Telehealth used only as a last resort for OBMH patients; offered only when in-person visits cannot be accomplished	4
No plans for continued use	2
N/A	5

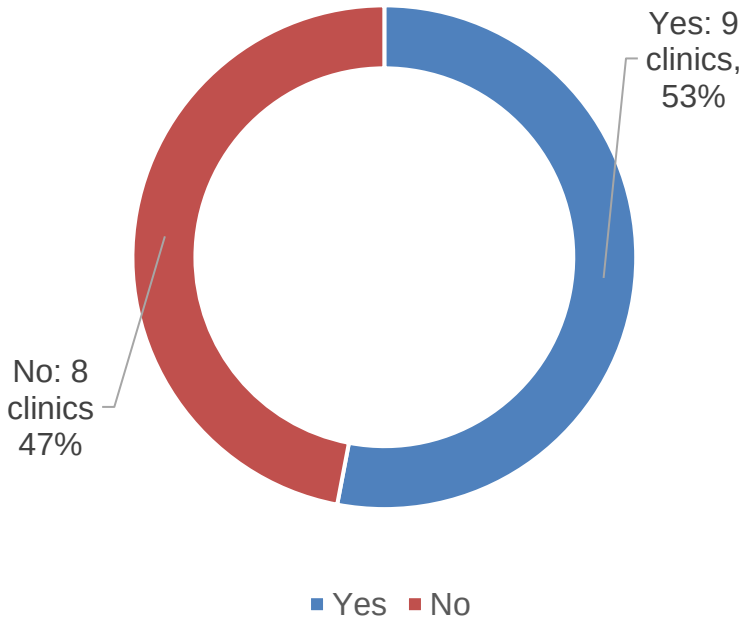
HMOs: PHE Unwinding: Telehealth for Care Management

Post COVID-19 PHE Plans to Leverage Telehealth in Care Management	# of HMOs
Care management to continue using both telephonic and in-person options depending on member's needs or if they could benefit from arrangement; offer onsite at HMO or member provider office	5
Telephonic workflow only	1
Use in rural areas, or circumstances where a member prefers virtual visits or unwilling to accommodate a home visit	1
No plans for continued use	1
N/A	4

PHE Unwinding - OBMH Programmatic Concerns

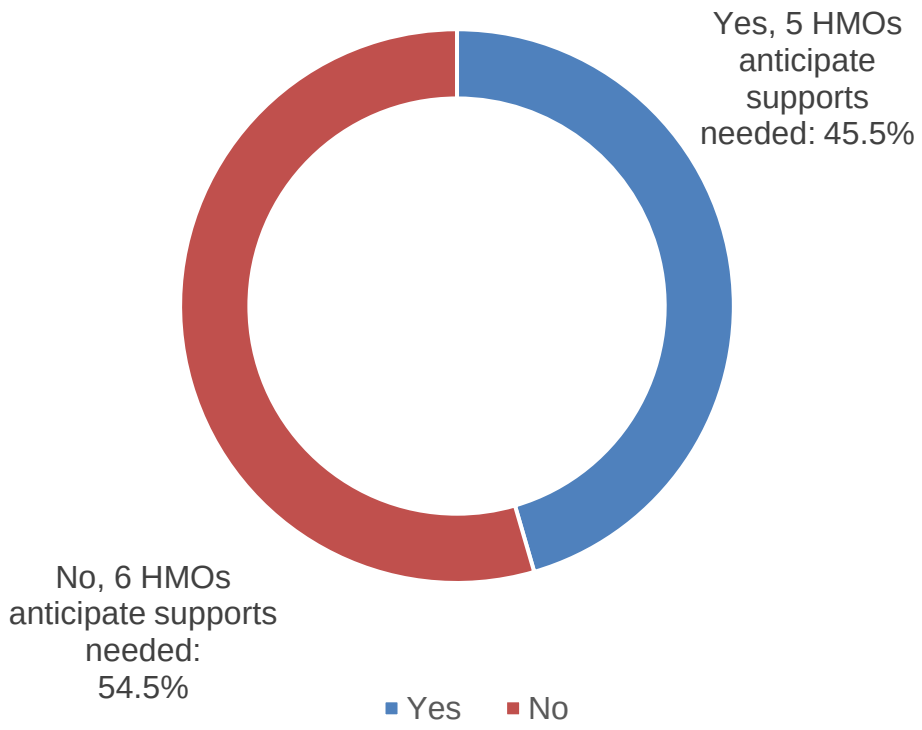
Shared HMO and Clinics PHE Unwinding Programmatic Concerns
Coverage issues; loss of Medicaid eligibility; members who have a primary insurance over their BC+ insurer who will fall off BC+ mid pregnancy if their incomes are higher than allowable amount
Impact of decrease in or loss of Food Share / SNAP benefits on members
Telehealth or phone calls being discontinued
Communication/Member engagement with difficult to reach patients may not receive mail in time
Increases in DoH needs (i.e., housing, finances, food, etc.) worsening as funding for several programs related to DoH supports being cut

Clinics: PHE Unwinding - Anticipated OBMH Programmatic Supports



Anticipated Post-COVID-19 PHE OBMH Programmatic Supports
Helping clinics educate the patient population on the importance of COVID-19 vaccinations post-pandemic
HMOs to continue supporting telehealth/phone visits for OBMH patients
Ability to have some financial assistance to help patients (i.e., gift cards, some funding, baby supplies, support groups)
Communicating member enrollment needs
Community resources for food, childcare, housing and employment/job skills training
Quality PNCCs and PNCC programs are needed
More trainings on nutrition and breastfeeding

HMOs: PHE Unwinding - Anticipated OBMH Programmatic Supports



Anticipated Post-COVID-19 PHE OBMH Programmatic Supports
Better collaboration between clinics and HMO
Encouraging timely access to prenatal and postpartum care and building connections with community resources such as WIC
Support for both re-enrollment and SDOH needs
Continued access to MetaStar point of contact to help answer questions and eliminate barriers

Recommendations to Strengthen OBMH Initiative

- Policy Requirements
  - Flexibility in lowering the number of prenatal visits required for members who deliver at 37 weeks or slightly earlier
  - Tie pass-through payment to OB Medical Homes to meet all HEDIS measures
  - Revise the OBMH program requirements for eligibility to be less restrictive (i.e., drop the requirements that a member has to be enrolled by a certain week of pregnancy, in the registry by a certain week, etc.)
- Operations and Logistics
  - Coordinate quarterly meetings with care teams from the clinics, HMOs, and DHS to discuss initiative, outcomes, and create process improvement plans before annual report is due
  - Make all NOP forms the same for all HMOs – digital NOPs
  - Have invoices reviewed BEFORE payment to avoid need for additional reconciliation
- Expansion
  - Expand who can be involved as the OBMH care team to include doulas or doula groups
  - Offer the program to more counties
- Education and Collaboration
  - A refresher/orientation to OBMH and HMO resources and expectations; quarterly or twice a year sessions
  - Strengthen collaboration between HMOs, clinics, and DHS

But Wait, There's More!

- Full slide deck includes additional information excluded from today's presentation, including:
  - Outreach Methods - Barriers and Successes
  - Care Management - Barriers and Successes
  - PNCC Agencies
  - Home Visitation
  - Telehealth
  - Monitoring and Evaluation - Barriers and Best Practices
  - OBMH Program Barriers / Issues and Solutions
  - Addressing Non-Medical/Social Determinant Factors
  - PHE Unwinding Concerns and Anticipated Programmatic Supports
  - OBMH Initiative Recommendations

Resources

- Obstetric Medical Home Initiative resources for HMOs and providers, including background information and past OBMH annual reports and presentations: https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Managed_Care_Medical_Homes/Home.htm.spage

- OBMH registry log-in, user and administrator guides, and help desk from the External Quality Review Organization (EQRO) website: https://apps.metastar.com/apps40/commercial/OBMH/OBMH/Login.aspx

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OBMH Administrative Updates

Obstetrics Medical Home Best Practice Seminar

Makalah Wagner

Incentive Payment Process

- Prospective payments were made from the Department to the HMOs semi-annually (through calendar year 2021).
- Quarterly MetaStar identifies members enrolled in OBMH with a delivery date occurring 3-6 months prior to the review
- HMOs and Clinics provide MetaStar with the members' medical records
- MetaStar uses a review tool and guidelines to evaluate compliance with OBMH requirements.

Incentive Payment Process (cont.)

- MetaStar submits to DHS annually a list of all members enrolled in OBMH with a delivery and if the following eligibility criteria were met.
  1. Had a pregnancy-related appointment with a health care provider within the first 16 weeks of pregnancy.
  2. Enrolled in OBMH within 20 weeks of pregnancy (entered into the OBMH Registry)
  3. Attended a minimum of 10 medical prenatal care appointments with the OB care provider
  4. Has continued enrollment through 60 days postpartum, including the date of the scheduled 60-day medical postpartum visit, and any documentation of no shows or appointment refusals.
     - Starting in 2020, HEDIS extended timeline for PPV to 84 days, which DMS accepts as meeting eligibility)

Incentive Payment Process (cont.)

- Clinics are eligible for $1000 incentive for member that meets all 4 above criteria.
- Clinics are eligible for an additional $1000 if all 4 above criteria are met, and member had a healthy birth outcome.
- Poor Birth Outcome as defined by DHS:
  - A birth that took place prior to 37 weeks gestation, or “pre-term birth”
  - A baby that weighed less than 2500 grams at the time of birth or low birth weight
  - A stillborn baby delivered after 20 weeks
  - An infant death within 28 days of birth, or neonatal death

Incentive Payment Process (cont.)

- DHS provides the list of members and incentive eligibility results to HMOs to validate. HMOs are able to provide a rebuttal and evidence that the criteria was met.
- After the rebuttal process, DHS then makes an additional payment to HMOs or recoupment based on prospective payments made.
- DHS does not structure how the HMO works with their OBMH clinics to distribute payments. This process is determined by the HMO.

Incentive Validations

- HMOs received prospective payments for 2018-2021, and the reconciliation process began in June 2023. HMOs provided information regarding rebuttals to incentive eligibility findings. HMOs were provided final results on 10/13/2023.
- Due to the pandemic, considerations were made for postpartum visits not met during the reconciliation process.
  - Providers that make good faith efforts to support a member in attending a postpartum visit need to include details of that effort in the medical records.
  - Requirements in contract are what HMOs and clinics should follow regarding eligibility criteria.

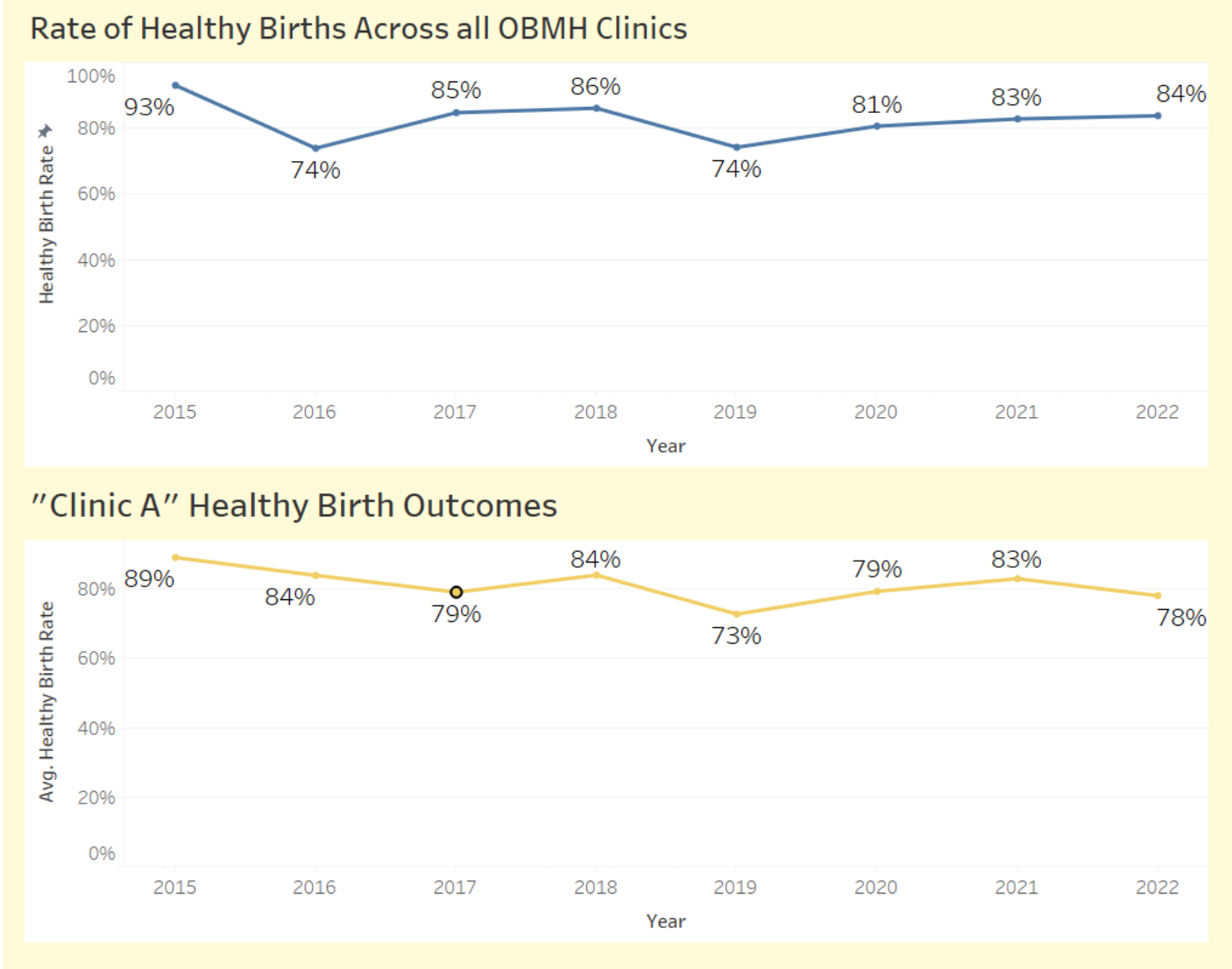
Incentive Validations (cont.)

- 2022 results were finalized by MetaStar in Sept 2023 and the goal is to have the reconciliation process completed by end of 2023.
- The prospective payment process was discontinued starting in 2022 to simplify the administrative work involved.
  - The validation process will look similar with HMOs being provided incentive eligibly results and an opportunity to provide rebuttal information.
  - DMS will make payments to HMOs for incentives earned after the rebuttal process.

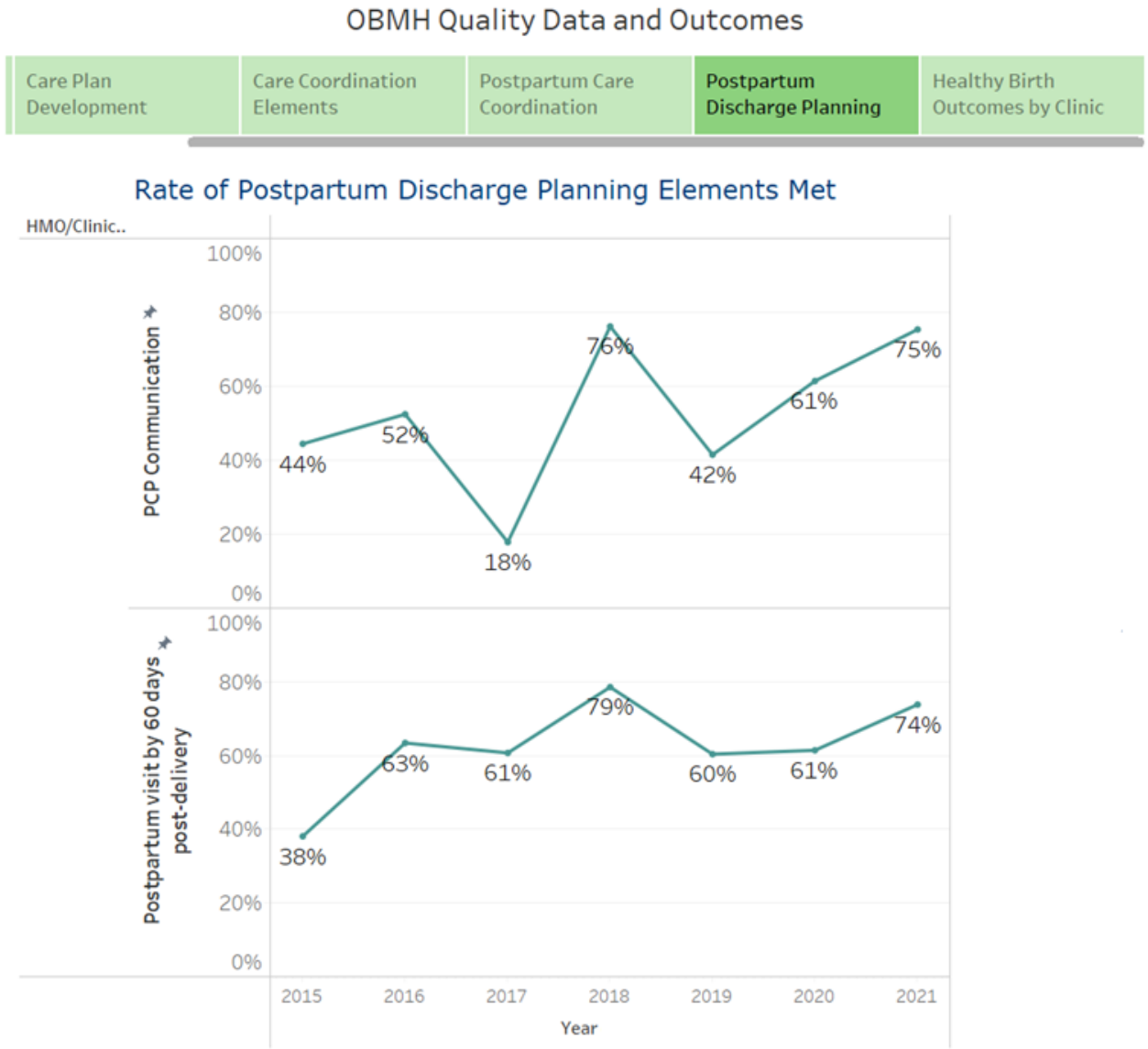
Next Steps: What DHS is Working on Now and Near Future

- Process survey summary recommendations
- Internal DHS meetings
  - Use results to identify policy recommendations and other opportunities to enhance OBMH initiative
- 2022 incentive eligibility review
- Publication of 2024 Quality Guide.
  - Contract change will be made to address the frequency the HMO and Clinic survey is completed from “annually” to “upon request”
- Program evaluation
- Longitudinal data report by clinic

Example of Clinic Report



Example of Clinic Report (cont.)



Questions