

OBMH Administrative Updates

Makalah Wagner, Athena Luxem
Bureau of Programs & Policy
10/2/2024



Agenda

1. Initiative Evaluation and Proposed 2025 HMO Contract Changes
2. Managed Care Quality Strategy
3. Preview Potential CMS Opportunities

OBMH Initiative Evaluation

- DHS has been working on evaluation of the OBMH program.
 - Longitudinal data (2015-2022) provided to Clinics and HMOs (March 2024).
 - Feedback solicited from HMOs and Clinics.
 - HMOs and clinics have provided feedback in annual surveys (last completed Aug 2023, results presented in October 2023 Best Practice Seminar).
 - HMOs have met with DHS's Medical Director for listening sessions (May 2024).
- Process improvements made to medical record review and payment reconciliation process, increased frequency to quarterly instead of yearly (started in 2024).
- BadgerCare Plus/SSI HMO contract changes recommended for 2025. We are evaluating feedback from HMOs before we finalize 2025 changes.

2025 Proposed Contract Changes

To address barriers and increase enrollment, eligibility for enrollment will be extended from 16 weeks gestation to 28 weeks gestation (through 2nd trimester).

- 10 prenatal visits will no longer be required to earn incentive.
- Enrollment in OBMH Registry is still required, but there is no longer a data entry deadline requirement from DHS for incentive eligibility.
 - Best practice is to have enrollment and data entered into the Registry as soon as possible to help HMOs with enrollment tracking and MetaStar with record reviews.
 - HMOs may still require clinics to notify them of enrollment by a specified deadline.
- The revised enrollment requirements will be applied to deliveries that occur on/after January 1, 2025.

2025 Proposed Contract Changes (cont.)

Additional Care Coordination requirements for screening and referrals are being added to strengthen the care model.

- Care plan developed by OBMH Care Coordinator must including completion of screening and referrals for:
 1. Mental health,
 2. Substance use disorder, and
 3. Social determinants of health (SDoH).
- Medical Record must include documentation indicating which screenings were completed and any subsequent referrals, even if completed by an external provider (E.g., a prenatal care coordination agency).

2025 Proposed Contract Changes (cont.)

- DHS is not specifying assessment tools to be used by HMOs or Clinics; however, we recommend HMOs and clinics consult with NCQA HEDIS specifications for the following measures for tools that overlap with HEDIS reporting on maternal mental health and social determinants of health:
 - Prenatal Depression Screening and Follow-Up (PND-E).
 - Postpartum Depression Screening and Follow-Up (PDS-E).
 - Social Need Screening and Intervention (SNS-E).
- [ForwardHealth Covered and Noncovered Services Topic #4442](#) *Mental Health and Substance Abuse Screening for Pregnant Women* also includes a list of mental health and substance abuse screening tools available to providers.

2025 Proposed Contract Changes (cont.)

- Payment structure will change to focus more on outcomes, including maternal health, and reduce administrative burden during the medical record review process.
- Clinics will earn \$2000 for a healthy birth outcome and absence of maternal mortality within 60 days of delivery.
 - Discontinuing partial \$1000 incentive payment for model compliance with poor birth outcome.
 - Participation in 10 prenatal visits and postpartum visit will be discontinued as incentive criteria.
 - Administrative requirement of entry into OBMH Registry by specified date will be discontinued as well.

Healthy Birth Outcome

- No changes to definition of healthy birth outcome.
 - 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.
- HMOs will need to provide verification of absence of maternal mortality within 60 days of delivery, defined as:
 - 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.
 - Verification process will be included in the record selection process with MetaStar, if member still enrolled with HMO after 60 days postpartum.

Supporting Documentation & Timelines

- Payment for incentives will continue on the quarterly cycle started in 2024.
- DHS will be working with MetaStar to develop new review guidelines
- OBMH User Guide, ForwardHealth website, and OBMH Registry will be updated to reflect changes.
 - Draft revisions of OBMH User Guide anticipated to go to HMOs for review and feedback in November.

Questions



Managed Care Quality Strategy

- The 2025-2027 draft Medicaid Managed Care Quality Strategy has been posted for public comment.
- Public comment is open until October 25th.
- Review the draft and submit comments via the website:
[Medicaid: Managed Care Quality Strategy | Wisconsin Department of Health Services](#)

Potential CMS Opportunities

- DHS has applied for the [Transforming Maternal Health \(TMaH\) Model](#) Notice of Funding Opportunity.
 - 10-year service delivery and payment model designed to improve maternal health care outcomes for Medicaid members.
 - Consists of two distinct phases: 3-year planning period & 7-year implementation Period
 - CMS award notices planned for January 2025
- DHS is also applying to participate in a CMS Affinity Group focused on addressing maternal mental health and substance abuse
 - Training, technical assistance, and collaborating with other states working on similar projects.