Division of Medical Assistance

Pregnancy Medical Home Initiative
Social Services Institute
October 27, 2010
Did You Know...

- In 2009, there were 126,785 births in NC
- 71,067 Medicaid deliveries
- *Overall infant mortality rate: 7.9 per 1000 live births for 2009*
  - Decrease of 3.7% from previous year
  - Minority infant mortality rate rose by 4.4%
- Cesarean section rate: 28.1%

*Source:*
http://www.schs.state.nc.us/SCHS/deaths/ims/2009
New Initiative

Community Care of NC (CCNC), Division of Public Health (DPH) and Division of Medical Assistance (DMA) have embarked on a new initiative to address some of these issues.

Create a program that provides pregnant recipients with a pregnancy medical home (PMH) and case management services to those identified as high risk.
Working Together

Division of Medical Assistance (DMA)
- Administer and oversee PMH Initiative
- Funding
- Policies

CCNC
- Recruit physicians
  - Develop marketing and outreach materials
- Enroll physicians in local CCNC networks
  - Each network will have an OB coordinator (nurse) and OB clinical champion (physician)
Working Together

CCNC cont;d

- Provide support to local CCNC networks
- High risk case management
  - Work in collaboration with the health dept to create a high risk case management program
- Monitor and audit PMHs
- Implement quality improvement initiatives

Department of Social Services (DSS)
- Vital component in promoting PMHs
Working Together

DSS cont'd
- Provide current listing of PMHs to recipients
- Discuss the program with pregnant recipients
  - Explain the benefits of PMHs

Local Health Departments (LHD)
- Provide care (population) management and case management services to the pregnant woman population
- Partner with PMHs
Who Can Be a PMH?

Any provider that bills global, package or individual pregnancy procedures is eligible to participate

- OB/GYN practices
- Local health departments
- Family medicine
- Nurse practitioners
- Certified nurse midwives
- Federally qualified health centers
PMH Requirements to Participate

Ensure no elective deliveries are performed before 39 weeks gestation by agreement with all providers in the practice

Engage fully in the 17P project

(17-hydroxyprogesterone caproate)

weekly intramuscular injection used to prevent preterm labor
PMH Requirements to Participate

- Decrease cesarean section rate
- Complete a high-risk screening on each pregnant Medicaid recipient in program and integrate plan of care with local care/case management
- Agree to open chart audits
- Affiliate member of CCNC
PMH Incentives

$200 per Medicaid delivery
$50 for completing high risk screening tool at initial visit
$150 paid after billing post partum visit

Exemption from prior approval on ultrasounds
Ultrasounds must be registered with MedSolutions
Increased rate for Vaginal Deliveries

- Global rate for vaginal delivery will increase from $1368.59 to $1549.75 (same rate as cesarean delivery); increase of 13.2%

- Package and individual rates will increase by 13.2% also (applies to facility and non facility rates)

Cesarean delivery rates will remain the same
Additional PMH Services

Pregnancy Medical Home

- Provide continuity of care to all pregnant Medicaid recipients
- Communicate with High Risk Case Manager assigned to the practice
- Provide 24/7 phone support
- Provide educational materials on healthy pregnancy
- Assure that there are adequate capacity and services at the PMH
Case Management Today

Maternal Care Coordination Program at LHD serves 28,690 number of Medicaid pregnant women

Some of the services provided
- Collaborate with other providers to make sure plan of care is followed
- Refer clients to other services i.e.; WIC
- Provide client/prenatal education

FFS
How is Case Management Changing?

- Focus on high risk
- More intensive services to fewer pregnant women
- Services based on level of need
  - Risk stratification will be used to determine the services needed.
- PMPM
High Risk Case Management

High Risk Screening

- Physician, nurse, nurse midwife or nurse practitioner completes screening at initial visit
- Identify high risk pregnant women
- Refer any pregnant Medicaid recipients who meet at least one high risk criteria, according to the screening tool, for case management services
- Referrals for case management services can be done at the provider’s discretion
High Risk Case Management

Case Managers

- Determine the level of need
- Assigned to a PMH practice and become an integral part of the care the PMH provides
- Complete a detailed assessment of the recipient
- Work in partnership with PMH to ensure proper care of recipients
- Provide services to recipients as long as need exist during pregnancy
High Risk Case Management

Case Managers cont’d

- Refer recipients to Family Planning Services after delivery
  - Covers annual and periodic office visits, lab procedures, screening for HIV, STIs, treatment for STIs and FDA approved and Medicaid covered birth control methods
- Capture high risk information to be used to develop other quality initiatives or changes to current model to promote healthy pregnancy outcomes
Case Management Outcomes

- 100% of all high risk screenings will be captured
- Assessments will be completed on at least 80% of all pregnant women referred as high risk
- 80% of all PMH women who delivered, will attend their postpartum visit

* Outcomes are not finalized. They are still being negotiated.
Case Management Outcomes

- 100% of women eligible to receive 17P will receive information regarding the program and receive high risk case management.

- 80% of women started on 17P will receive 100% of the shots that they are eligible to receive.
  - Beginning at 16 weeks gestation through 36 weeks and 6 days.
Overall Global Outcomes

- Reduce NICU admission rate from 28.3 to 25.3%
- Reduce Cesarean sections rate from 28.1 to 25.1%
Additional Outcomes

- Reduce number of NICU days
- Increase birth weight
- Decrease number of premature births
- Decrease the infant mortality rate
- Decrease the number of pregnancy related emergency room visits/triage
Current Expenditures

Nursery
- Cases: 53,996
- Hospital – Baby: $29,827,554
- Physician: 5,027,408
- Total: $34,854,962

NICU
- Cases: 21,326
- Hospital – Baby: $132,860,796
- Physician: 90,830,694
- Total: $223,691,490
Projected Expenditures
(after implementation)

**Nursery**
- Cases: 56,256
- Hospital – Baby: $31,075,797
- Physician: 5,237,798
- **Total**: $36,313,595

**NICU**
- Cases: 19,066
- Hospital – Baby: $118,783,134
- Physician: 81,206,457
- **Total**: $199,989,591
Work in Progress

- Contract Agreements and Amendments
  - DMA/CCNC/DPH/ORH
- Case Management Process
- Systems Changes
  - EIS, MMIS, HP
- Begin recruiting providers 1/1/2011
- Target effective date 3/1/2011
Questions