Pregnancy Health Home Provider Requirements

Provider Qualifications
Providers must meet the following qualifications to be eligible to participate in the pregnancy medical home model:

- The provider must be a licensed physician, physician assistant, certified nurse practitioner, certified nurse midwife working in a private clinic, rural health clinic, federally qualified health care center, tribal provider with a contract under public law 93-638, or an Indian Health Service clinic.
- Maintain credentials with a birthing hospital if provider intends to perform the birth or maintain a relationship and communication with another provider or facility who can perform the birth including a process for timely transition of care.
- The provider must be enrolled in South Dakota Medicaid have a signed agreement to participate as a pregnancy health home.

Standards of Care Conditions of Participation
As a condition of participating in the program the provider agrees to provide care in accordance with ACOG Guidelines. Participation in this program does not obligate providers to provide services that are not covered or not authorized by Medicaid. The initial visit should be scheduled prior to 12 weeks gestation or within 2 weeks of the patient contacting the maternity health home if the patient has passed the 12 weeks gestation. The timing of visits may fluctuate based on what works best for the provider and their patient.

- <u>Routine Prenatal Care Requirements/Recommendations</u>
    - Initial Visit – Comprehensive history and physical exam
        - Behavioral Health and SUD screening
        - Update immunizations as appropriate
        - Initial labs to include Syphilis and STI testing, and Hep C should be offered
        - Early ultrasound for dates at provider discretion
        - The provider must complete a risk assessment at the initial visit. Refer pregnant women to applicable medical and social services and supports identified in the risk assessment(s). The referrals must include, but are not limited to the following conditions:
            - High risk medical conditions;
            - Mental Health;
            - Substance abuse;
            - Oral health; and
            - Social determinants of health
        - The provider agrees to report the initial visit using CPT code 0500F within 15 days of the initial prenatal visit. This code is separately reimbursed on a fee-for-service basis.
    - 12 to 24 weeks - Visits every 4-6 weeks
        - Fetal anatomy scan and cervical length by ultrasound, between 18-23 weeks per provider discretion
        - For patients who screen as high-risk for gestational diabetes, consider early testing
        - Quad screening should be offered
    - 24 to 28 weeks
        - Glucose screening with either the 1 or 2 step screen
        - CBC

        - Syphilis and HIV
        - Rh titer and Rhogam if indicated
    - 28 to 36 weeks -Visits every 2-3 weeks
        - Behavioral Health Screening and SUD Screening
    - 36 to 40 plus weeks – Visits every 1-2 weeks
        - Group B Strep testing (36-38 weeks)
    - Pregnancy education should occur across all visits.

As a condition participation the provider agrees to no elective deliveries before 39 weeks of gestation.

Care Coordination Conditions of Participation

- Provider must have the staffing to provide adequate care coordination services for the providers caseload. Staffing must be available to provide an average of 20 minutes of care coordination services per caseload member per month not including time spent on delivering services that are reimbursed on a fee-for-service basis by Medicaid. Care coordination staffing may be at the health system or clinic level but must be available to assist women served by individual participating providers.
- Care coordination staff may include RNs, LPNs, SWs, CHWs, or other staff qualified and trained to deliver a specific care coordination service.
- Care coordination services that must be available include:
    - Person-Centered Care Plan: Develop a person-centered care plan for participating recipients that coordinate and integrates all their clinical and non-clinical health care-related needs and services. For individuals with an identified substance use disorder the care plan must include a plan to address the substance use disorder and monitoring of progress. The initial development of the care plan is reimbursed on a fee-for-service basis.
    - Health Education and Promotion: Provide education that encourages and supports health ideas and concepts to motivate recipients to adopt healthy behaviors and enable recipients to self-manage their health. All active participants must be provided education regarding the importance of prenatal care, postpartum care, safe sleep practices for infants, and the importance of well-child visits.
    - Health System and Resource Navigation: Includes outreach and encouragement of utilization of prenatal and postpartum care, helping schedule appointments, arranging transportation to a medical appointment, coordinating access to supports including referral to community resources, social determinant of health supports, and behavioral health services. All participants added to a provider's caseload must be outreached within 4-weeks of being added to a caseload if an appointment has not been made by the patient. All active participants must be provided assistance with selecting a pediatrician prior to delivery including assistance with PCP selection if necessary.
    - Transitional Care Coordination: Includes appropriate referral and follow-up following transfer to another care provider including maternal fetal medicine specialists or a birthing hospital. A transition plan at the end of the postpartum period is required for all active participants. The provider will assist with the selection of the recipient's PCP. The transition plan is reimbursed on a fee-for-service basis.

Department of Health Collaboration Conditions of Participation

- The provider agrees to promote the South Dakota Department of Health (DOH) programs supporting pregnant women to active participants on their caseload. The Department of Health will provide participating providers with promotional materials regarding these programs to facilitate this requirement.

Access to Care Conditions of Participation

- Provide extended hours to include evening, weekend hours, and an on-call provider 24 hours a day.
- Use of the South Dakota Health Information Exchange (HIE) is required if the provider is able to connect to the HIE. The HIE will demonstrate interoperability with other healthcare systems to improve care coordination using an established connection with the South Dakota Health Information Exchange (HIE). This connection must include the following HL7 2.X interfaces: Admission, Discharge, Transfer (ADT), Continuity of Care Document (CCD), Laboratory (General lab, blood bank, microbiology, virology, pathology, newborn screening, etc.), Transcription (Notes), Radiology, and Pathology (copy of contract or documentation from EMR vendor they cannot produce one or more of the required interfaces).
- Provide as needed services via audio-only or telemedicine if appropriate.

Pregnancy Health Home Tribal Consultation Meeting

October 24, 2023

South Dakota Department of Social Services

Challenges and Opportunities

- What are the current barriers to improving health outcomes for pregnant women?
- What are your suggestions to address those barriers?
- What should be included in the program to help address these challenges and improve they quality of care and health outcomes?

Successes

- What is going well in this space within tribes or tribal healthcare providers in this space that we can look to build upon?
- What programs do tribes or tribal healthcare providers currently have in place to assist pregnant women?

Proposed Program Elements

Overview

Pregnancy Program

Based on initial stakeholder feedback the preliminary focus of the program is on trying to improve health outcomes through the following:

- Enhanced care coordination;
- Providers agreeing to provide services in accordance with standards of care;
- Clinics and health system initiatives to address barriers to care;
- Enhanced reimbursement for care coordination, prenatal, and postpartum care; and
- Publication of program and provider outcomes data.

Proposed Conditions of Participation

Care Coordination Conditions of Participation

The provider must have the staffing to provide sufficient care coordination services for the provider's caseload. The intent is to define a sufficient staffing standard. Care coordination staffing may be at the health system or clinic level but must be available to assist women served by individual participating providers.

- Care coordination staff may include RNs, LPNs, CHWs, or other staff qualified and trained to deliver a specific care coordination service.
- Care coordination services that must be available include:
  - Person-Centered Care Plan
  - Health Education and Promotion
  - Health System and Resource Navigation
  - Transitional Care Coordination

Proposed Conditions of Participation

Access to Care Conditions of Participation

- Provide extended hours to include evening, and weekend hours, and an on-call provider 24 hours a day.

- Use of the South Dakota Health Information Exchange (HIE) is required if the provider is able to connect to the HIE. The HIE will demonstrate interoperability with other healthcare systems to improve care coordination using an established connection with the South Dakota Health Information Exchange (HIE). This connection must include the following HL7 2.X interfaces: Admission, Discharge, Transfer (ADT), Continuity of Care Document (CCD), Laboratory (General lab, blood bank, microbiology, virology, pathology, newborn screening, etc.), Transcription (Notes), Radiology, and Pathology (copy of contract or documentation from EMR vendor they cannot produce one or more of the required interfaces).

- Provide as needed services via audio-only or telemedicine if appropriate.

Proposed Conditions of Participation Questions

- What is the capacity for IHS/Tribal 638 and Urban Indian Health to be able to meet the proposed Care Coordination Conditions of Participation?

- Realizing IHS/Tribal 638 and UIH are not participating in the HIE, can all other Access to Care Conditions of Participation be met?

Proposed Barriers to Care Initiatives

Barriers to Care Initiatives

Provider agrees to implement and support at least one initiative to reduce barriers to care impacting the Medicaid population served under this program. Initiatives may be developed at the health system level or clinic level but must be available to assist women served by individual participating providers. Initiatives must either be new or an expansion of an existing initiative and must not duplicate activities that are required care coordination activities.

Proposed Barriers to Care Initiatives

Barriers to Care Initiatives

Providers would select and implement one of the following initiatives as a condition of participation in the program:

- Initiatives to improve initiation and attendance at prenatal and postpartum visits such as incentive or rewards programs or other robust efforts to increase initiation of care and appointment attendance.
- Initiatives to reduce transportation barriers that prevent women from receiving prenatal and postpartum care.
- Initiatives to address social determinants of health that impact the woman's and unborn child's health or impact their ability to utilize prenatal or postpartum care.
- Initiatives to facilitate childcare during appointments and deliveries or to facilitate the provision of services with children present at the clinic or facility.
- Other initiatives to address barriers of care as determined by the provider. Other initiatives must be approved by South Dakota Medicaid.

Barriers to Care Questions

- Do you see any issue with your facilities' ability to implement a barriers to care program?

Proposed Payment Methodology

Per Member Per Month Reimbursement

- Pregnancy program providers will be paid a PMPM of $39.80
- This represents an increase from the current PCP PMPM of $3.00 and is the Tier 2 reimbursement under the current health home program.
- The reimbursement is intended to provide a baseline for care coordination and barrier to care initiatives.

Care Coordination Add-on Payments

In addition to the PMPM, providers will be reimbursed directly for the following items:

- Development of a Person-Centered Care Plan - $100
- Transition plan at discharge - $50

Prenatal and Postpartum Care

We also anticipate enhanced payments for prenatal and postpartum care.

Proposed Payment Methodology Questions

- Do you have any feedback or concerns regarding the proposed payment methodology?
- Are there other individuals in your organization we should review the payment methodology with?

Next Steps

- The next Stakeholder meetings:
  - November 14, 2023
  - December 12, 2023

- During the November Stakeholder meeting the group will consider:
  - Approval of the Proposed Application and Addendum
  - Approval of the Payment Methodology
  - How to best recruit providers to enroll in the program

- Feedback
  - Feel free to submit feedback or questions to the Pregnancy Program Manager, Valerie Kelly – valerie.Kelly@state.sd.us

Thank you

Valerie Kelly

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South Dakota Department of Social Services