

Ohio Medicaid Managed Care Plans

Addressing Infant Mortality

Managed Care Provider Agreement Requirements:

- *Prenatal care:* MCPs are required to implement mechanisms to improve the timely identification of women with high risk pregnancies. These include pregnancy risk assessments, physician referrals, and data from the Ohio Department of Health's vital statistics system.
- *Inter-conception care:* MCPs are required to implement mechanisms to improve the identification of women of childbearing age who are at risk of a poor pregnancy or poor birth outcome due to a prior preterm birth or a poor birth outcome. The MCP must implement inter-conception care strategies (e.g., tobacco cessation, nutrition counseling, family planning counseling) that are in effect between the end of one pregnancy and the beginning of the next pregnancy, and are aimed at improving the outcomes of the woman's next pregnancy.

- *Enhanced Maternal Care Program:* MCPs are required to have an enhanced maternal care program, which must include receipt of EPSDT services and maternal and postpartum care; promotion of family planning services and preventative health strategies; and interfacing with community partners.
- *Quality Measures:* MCPs are measured on their quality initiatives and interventions, several of which focus on healthy mothers and babies:
 - Timeliness of Prenatal Care – Measures the percent of pregnant members who had a prenatal visit within their first trimester or within 42 days of enrollment.
 - Frequency of Prenatal Care – Measures the percent of pregnant members who had their expected prenatal visits.
 - Timeliness of Postpartum Care – Measures the percent of members who had a postpartum visit between 21 and 56 days after delivery.
 - Well-Child Care – Measures well-child visits in the first 15 months of life.

Collaboration with the Ohio Department of Medicaid

- *Enhanced Maternal Care Services*: MCPs monthly receive information from Vital Statistics regarding mothers and infants with delineation of risk levels based on poor outcomes. MCPs use this information for early identification of mothers who need expedited outreach and more intensive services.
- *Postpartum Care Quality Improvement Project*: The Postpartum Care (PPC) Quality Improvement Project (QIP) was designed to improve the rate of postpartum care visits among newly delivered consumers and to improve the completion of appropriate content at the postpartum care visit, including the following components:
 - Depression screening
 - Breastfeeding evaluation
 - Glucose testing for gestational diabetes, as appropriate
 - Family contraceptive planning

The five MCPs worked with ODM and U of C for the first two years and are now moving the project into new practices, with a focus on early and comprehensive post-partum care.

- *NICU Discharge Collaborative*: The five MCP's are working with ODM and the Ohio Children's Hospital Association to standardize the discharge planning process for neonatal intensive-care unit (NICU) infants between NICU nurses and care managers at Nationwide Children's Hospital and the MCP's NICU care managers. These entities are also developing measures to track the NICU collaborative efforts between MCP's and the children's hospitals.
- *Progesterone Therapy (17-P)*: The use of 17 hydroxy progesterone can significantly decrease the rate of premature birth in women who have had a previous preterm infant. The MCPs have worked together with ODM to increase immediate and timely delivery of 17P and remove barriers such as prior authorizations. We are also working with the Ohio Perinatal Quality Collaborative to increase initial and ongoing use of 17P for women in areas with the highest infant mortality rates. 17 P injections must be initiated between 16 and 26 weeks and given weekly in order to decrease the risk of preterm birth.
- *Community Pathway Hubs*: Each of the MCPs have developed their own relationship with the Community Health Worker hubs in Toledo, Cincinnati, Athens and Mansfield who reach into the community to identify and engage pregnant women.

- *Text4baby*: Text4baby is a joint effort between the MCPs, ODM, and CMS. The MCPs and ODM developed a set of standard text messages that all pregnant women in the state of Ohio will receive once they sign up on their phones. Each of the MCPs added messages of their own as well as links to their specific prenatal programs. The MCPs have promoted this program in their required member materials and through additional promotional mailings, telephone calls, and promoting enrollment opportunities thru their care management program at community events.
- *Maternal Opiate Medical Support Project (MOMS)*: The goal of MOMS is to improve health outcomes and reduce costs associated with extended hospital stays by neutralizing the impact of Neonatal Abstinence Syndrome (NAS) for opiate addicted pregnant women. The MCPs work with the MOMS program sites for care coordination efforts and to make sure that the programs are aware of and using the supplemental benefits that the plans provide, including transportation, pharmacy benefits, expanded obstetrical care, and the plan specific incentive programs.



- Buckeye's **Start Smart for Your Baby®** program is our award winning maternity and newborn management program. It is a data driven, outcomes based program that aims to lower risks of premature birth, low-weight birth, neonatal admission, and infant mortality.
 - Robust, high-touch care management for members with the most social, behavioral, and medical challenges.
 - Members can earn up to \$325 in rewards for attending pre-natal, post-partum, and well-baby visits for the first 15 months of life.
 - Assistance with transportation, cell phone needs, and community services that assist with food, cribs, housing, and clothing.
 - Educational materials (books for pregnant members, new mothers, teens, and fathers) written specifically for our members, available through traditional print in multiple languages as well as newer social media outlets.
- Start Smart's **Addiction in Pregnancy Program** identifies pregnant members challenged by addiction and offers integrated case management through our OB care managers and our behavioral health care managers.
- Buckeye's unique partnership with **Community Hubs** across the state uses community health workers from the neighborhoods where our highest risk members live to connect them to social services and healthcare they could not otherwise access.



Babies First:

CareSource pregnant moms and babies can receive a **My CareSource Rewards** card earning up to \$150 to spend at a variety of stores by:

- visiting their OB/GYN regularly while they are pregnant
- attending their postpartum visit; and
- taking their child to at least 7 Healthchek exams during their first 18 months of life.

This program seeks to reward, educate and encourage healthy behavior during and after pregnancy.

***Covered ~ 30,000 Ohio births in 2014**

- **The Eliza Program** provides support for newly pregnant members in locating an obstetrician and pediatrician for baby, identification and referral for care management, scheduling appointments, and member education regarding prenatal care, postpartum care and well baby visits.
- CareSource partners with **Alere** in the provision of postpartum home nursing visits and newborn visits throughout Ohio, as well as education throughout pregnancy for both mom and baby.
- CareSource has implemented a **smart phone** pilot program in one of the identified infant mortality hot spot regions to ensure that all high risk moms have reliable and uninterrupted access to phone and text services. Plans to expand this program across the state are underway



- **Motherhood Matters®** provides women education and services to optimize their health and improve the health of their children. The program supports the individual's needs throughout the female health continuum beginning with preconception. Services continue with higher levels of engagement during pregnancy through their post partum and infant care needs. Women are assessed routinely and are provided behavioral health services in the privacy and comfort of their home. Molina also connects pregnant women with smoking cessation advisors to develop plan to stop smoking. Nurse practitioners are also available to provide in-home post-partum visits for moms who are experiencing barriers to accessing traditional office visits.
- To increase prenatal and postpartum care, Molina Healthcare offers a **Pregnancy Rewards Program** to encourage members who are pregnant to complete prenatal and postpartum exams to keep them and their new babies healthy. This program awards points for each completed service rendered that are then redeemed for gifts.
- Molina's **First Trimester Matters** events engage women in high risk communities to link them to early and timely prenatal care. Items to promote health and wellness for the family are provided at these events.
- Molina host events to engage stakeholders, church leaders, and caregivers to ensure we have more healthy moms and moms-to-be, healthy babies, and healthy communities.

- **Postpartum Depression Program**, Paramount routinely screens for postpartum depression among all women members known to have delivered a healthy infant using Edinburgh Postnatal Depression Screening form. Paramount's quality improvement department monitors the returned screenings and forwards those scoring ≥ 11 to behavioral health case management for review and intervention. Home health agencies statewide are supplied with the form (and the source for alternate language versions) to assist Medicaid members in filling out the tool during postpartum home visits. Untreated postpartum depression can last for months or years and interfere with a mother's ability to adequately care for herself and her baby. Paramount continues to educate our members and our providers on the importance of postpartum depression screening by providing information to members, obstetricians and midwives statewide about our Postpartum Depression program.
- **"Prenatal to Cradle"**, Paramount *Advantage's* incentive program, awards members with up to \$125 in Wal-Mart gift card(s) for receiving early and regular prenatal and postpartum care. There is significant incentive placed on the postpartum visit for the member through the "Prenatal to Cradle" program as the postpartum visit is vitally important to identifying women at risk and improving subsequent pregnancy outcomes. January 1, 2015 the post-partum gift card amount was increased from \$25 to \$50. In 2014, 1,775 members participated in the program receiving \$100,625 in awards. Women identified for this incentive program are provided information regarding the Text4Baby program and assisted with that enrollment if they are agreeable.
- In the Lucas county area, the ProMedica Health System, working with the Northwest Ohio Hospital Council/Pathways HUB has developed a screening tool that is currently being used in several ProMedica Obstetric offices with plans to soon include all ProMedica Obstetric offices. The intent of this screening tool is early identification of women at risk for poor pregnancy outcomes and appropriate intervention. This screening tool includes an array of questions covering current and past medical history, social determinants (such as access to food and housing, drug/alcohol/tobacco use, history of abuse), readiness for baby and plans for contraception. These questions will be asked at the pregnant woman's first visit, at her 28 week gestation visit and again post-delivery. The questionnaire was created to provide the user with specific responses depending on the woman's answer to the question. Some answers may prompt the user to provide the woman with educational information, or a more significant need/response, such as lack of food or housing, would prompt the user to create a referral to the Pathways HUB. The woman would then be contacted for further assessment and intervention would then be provided. This referral could result in enrollment in the HUB's pregnancy program with linkage to a Case Manager at Paramount or other participating Medicaid Managed Care Plan. All pregnant members are screened regardless of payer source. The next steps for this initiative will be to introduce the questionnaire to all ProMedica Emergency Departments, to have them complete the assessment on women who are seen and have a positive pregnancy test, with the intent for early identification of high risk women. ProMedica pediatricians will then be trained to use the tool also. ProMedica intends to work with other Lucas county, non ProMedica providers, to implement this assessment tool and potential referral process for all pregnant women.



- With ***Healthy First Steps***, UnitedHealthcare's care management program for pregnant women, we don't wait till our members notify us that they are pregnant. We identify pregnant and potentially pregnant women using claims data, physician referrals, and local community health workers. Once we identify a pregnant member, we quickly link her to programs and services that will help her achieve the delivery of a healthy infant. In 2014, UHC members had almost 6,000 deliveries with good results. Our prematurity rate was 10%, compared to statewide rate of 12.1%.
- Our members can get extra help with our incentive programs— **\$50 Post Partum reward program, Baby Blocks and Community Rewards**. Members who complete their Post Partum visit earn a \$50 gift card. With **Baby Blocks** they can earn up to \$100 in rewards for going to their prenatal visits and regular well-child check-ups. The **Community Rewards** program is a simple way our members earn thousands of points for important events like doctor visits, and for completing every day activities like eating healthy, brushing your teeth, and reading member newsletters and materials. The more members do, the more points they'll earn. Members can redeem up to \$160 in earned points to shop in a catalog with over 17,000 merchandise rewards. Finally, we also know that our members may need extra help, so our **My Advocate™** program helps members enroll in over 7,500 money-saving programs like free mobile phones, food assistance, housing, utility discounts, and in their community.