Benefits of OB Participation

- A $52.50 incentive for completing a standardized Pregnancy Risk Screening at the initial OB visit
  - Link for current Pregnancy Risk Screening in both languages
  - Send the risk screening to the appropriate county health department
  - Bill the S0280 code
- A $157.50 incentive for performing the postpartum office visit:
  - Postpartum visit: perform depression screening using a validated instrument (i.e. Edinburgh, PHQ-9, etc.); address the patient’s reproductive life plan; address referral for ongoing care once postpartum period ends
  - Postpartum visit must be completed between 14-60 days after delivery
  - Refer to the PMH provider incentives document
  - Bill the S0281 code with a package code for reimbursement
- Exemption from prior approval for OB ultrasounds
- An enhanced rate for vaginal deliveries equal to the cesarean section rate
- A Care Management of High-Risk Pregnancies (CMHRP) Care Manager assigned to your practice to help you meet the needs of patients identified as being at-risk for poor birth outcomes
- CMHRP services provided based on the patient’s level of need to facilitate access to resources
- The CMHRP Care Manager will have regular contact with the patient and prenatal care provider to improve coordination of care
- Access to practice-specific process and outcome data
- Reimbursement for Tobacco Cessation Counseling at current Medicaid rate

Requirements for Becoming a PMH Provider

Practices join by signing a practice participation agreement and completing a practice enrollment form.

Responsibilities of the PMH Provider/Practice

- Complete a standardized Pregnancy Risk Screening on each pregnant Medicaid recipient in the practice during the first prenatal visit. Remember that some privately insured patients may be applying for Medicaid as secondary.
- Coordinate the plan of care with the CMHRP Care Manager
- Participate in medical records review related to quality improvement efforts
- Eliminate elective deliveries performed before 39 weeks of gestation
- Offer and provide 17P to eligible patients (weekly injections to prevent preterm birth)
  - In Oct 2019, a Food and Drug Administration advisory committee recommended that approval be withdrawn for Makena – 17-α-hydroxyprogesterone caproate or “17P.” This is not the final FDA ruling; rather, the FDA will take this under advisement and provide a final ruling on the matter in the next several months.
- Achieve and maintain a primary cesarean section rate at or below 20 percent
Will the PMH Program Continue?

The Pregnancy Medical Home (PMH) will sunset at Medicaid Managed Care Go-Live. Medicaid will continue a similar program titled Pregnancy Management Program (PMP). The Pregnancy Management Program will continue providing comprehensive, coordinated services to pregnant women.

What is the role of the CMHRP Care Manager?

CMHRP Care Managers are registered nurses or social workers employed by the local health department who will work with patients and the prenatal care provider to ensure patients receive the best possible care while pregnant and after delivery.

CMHRP Can Help Patients by:

- Reviewing the prenatal care provider’s plan for a healthy pregnancy
- Coordinating patient care across all providers
- Helping patients get the services they need, such as medical care, transportation, food, or stable housing
- Referring patients to other programs, such as childbirth or breastfeeding education classes, family planning, and the Women, Infants and Children (WIC) nutrition program
- Promoting a healthy lifestyle during pregnancy
- Meeting with the patient after they have been in the hospital or the emergency room
- Assisting with follow-up appointments
- Answering patient questions

Attachments:

- Risk Screening Form: Best Practices
- Pregnancy Medical Home 1-pager: Improving maternal and infant outcomes in the Medicaid population
- Request for assistance with billing
- MIIS Key Points for PMH Providers
- Understanding Presumptive Eligibility

Electronic Copies of:

- Participation Agreement, Practice Enrollment Form, and instructions for completing these documents
- Change form
- UNC-17P notification/recommendation

PMP Clinical Policy

NC Division of Medical Assistance Medicaid and Health Choice Pregnancy Medical Home Clinical Coverage Policy No.: 1E-6 Amended Date: December 31, 2019. [https://files.nc.gov/ncdma/documents/files/1E-6_0.pdf](https://files.nc.gov/ncdma/documents/files/1E-6_0.pdf)
Additional Talking Points

- Office space (embedded care manager)
- Other care managers may be involved
- OB u/s performance
- Who does practice ownership/billing?
- Meet and greet with supervisor and care manager to discuss processes
- Communication and practice visit frequency