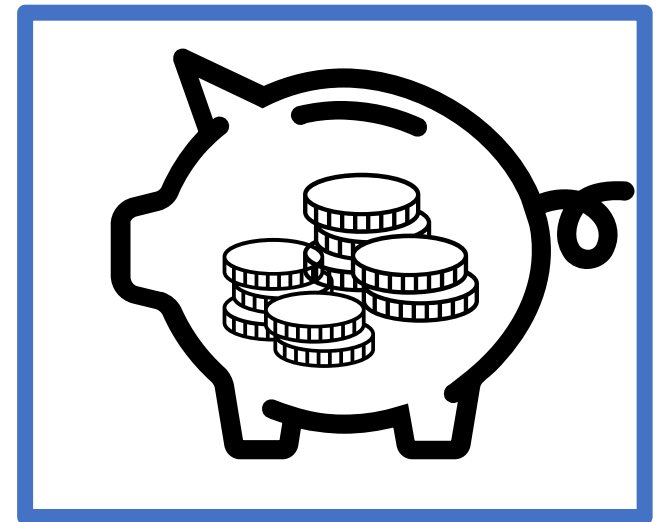




**Majority OB Medicaid “MOM” Workgroup
3/11/2021**

MOM Workgroup Covered Topics

- PMH incentives
- Smoking Cessation
- Depression Screening
- Sterilizations
- Ultrasound denials



<https://www.communitycarenc.org/what-we-do/clinical-programs/pregnancy-medical-home>

Future MOM workgroup topics

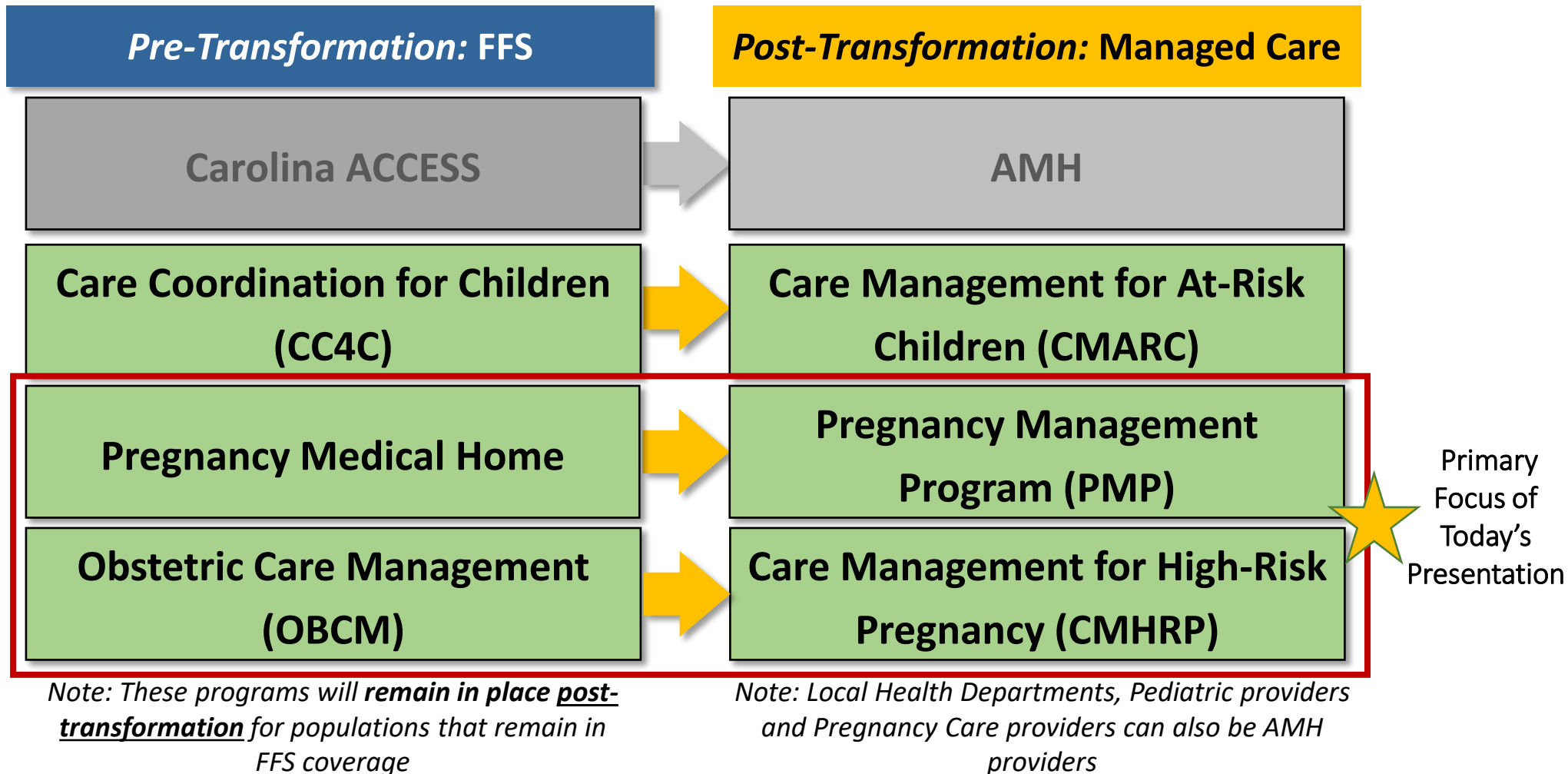


Please continue to tell us your most common denial reason and topics or concerns you would like covered in the future.

Evolution of Existing Programs Under Managed Care

★ North Carolina Medicaid will transition to Managed Care July 1st, 2021

The State will build on existing care management infrastructure under managed care



Prepaid Health Plan Role in Pregnancy Care

- AmeriHealth Caritas
- Blue Cross and Blue
- UnitedHealthcare Inc.
- WellCare of North Carolina, Inc.

- Carolina Complete Health, Inc
 - . Regions 4, 5 & 6

Prepaid Health Plan (PHP) Role

PHPs will have overall accountability and risk for program outcomes. **PHP responsibilities include:**

- Develop and execute contracts w/ providers;
- Reimburse providers (including incentive payments);
- Permit direct referral to LHDs for CM without prior authorization;
- Identify and refer high-risk pregnant women/at-risk children for care management;
- Administer quality and process measure program;
- Conduct contract oversight and issue corrective action plans for underperformance; and,
- Ensure non-duplication of services

Overview: Pregnancy Management Program (PMP)

PMP will continue its commitment to clinical excellence through the provision of comprehensive, coordinated pregnancy care services to pregnant women enrolled in the state's managed care program.

Participation & Standard Contracting Terms

- **Participation Requirements:** There will no longer be a process to opt into the program
 - All providers that bill global, packaged or individual pregnancy services will contract with PHPs under standard contracting terms
- **Contracting Terms:** Remain the same and include, for example*:
 - Required use of current clinical care pathways for pregnancy care (for example, induction of labor in nulliparous women);
 - Completion of the standardized risk-screening tool at each initial visit;
 - Deploying efforts to decrease primary cesarean delivery rate;
 - Ensuring comprehensive post-partum visits within 56** days of delivery

Providers of pregnancy care must contract with each PHP to receive payment for services

Practice Support

**Change from 60 days to align with quality measurement

- Different from today, Network OB Nurse Coordinator and OB champions will no longer be available exactly like they are today.
- Different from today, Pregnancy Management Program (PMP) providers should direct questions related to Medicaid policies and payment, or clinical questions, to each PHP with which they contract.



COVID-19 RESPONSE - Resources, information and assistance from across state government. [Visit the Information Hub](#)



[NC DHB](#) » [NC Provider Directory – Medicaid and NC Health Choice Provider and Health Plan Look Up Tool Now Available](#)

NC Provider Directory – Medicaid and NC Health Choice Provider and Health Plan Look Up Tool Now Available

Monday, January 25, 2021

The public version of the Medicaid and NC Health Choice Provider and Health Plan Lookup Tool is now available at: <https://ncmedicaidplans.gov/> . Providers are encouraged to use this tool to confirm the availability and accuracy of information contained in their NCTracks provider enrollment record.

The provider directory contains all active Medicaid and NC Health Choice providers, including primary care providers, specialists, hospitals and organizations. The authenticated portal will be available to beneficiaries beginning March 1, 2021.

Pregnancy Management Program Payments and Incentives

Providers will continue receive payment at levels consistent with today's payment model

Payments and Incentives to Providers


- Pregnancy Management Program providers will **receive regular fee schedule payments** in addition to incentive payments
 - Providers will receive, at a minimum, the same rate for vaginal deliveries as they do for caesarian sections
- Provider **incentive payment structure will remain at the same** levels during the transition period
 - \$50 for the completion of the standardized risk screening tool at each initial visit;
 - \$150 for completion of postpartum visit held within 56* days of delivery
- **PHPs may offer both additional contracting terms and provide additional incentive payments** to PMPs; participation in any additional programs is optional for the provider
- **No prior authorization** needed for ultrasounds

In Managed Care, PHPs will pay providers. Providers must contract with PHPs to receive both payment for services and incentive payments.


*Change from 60 days to align with quality measurement.

PHP to Provider Reports on the Quality of Programs for Pregnant Women

PHPs will provide quality reporting to all providers in Managed Care, including those serving pregnant women.




PHPs will provide quality measure reports to practices under managed care. The frequency and method at which the PHPs provide practices with data may vary between plans.



PHPs will provide regular reports to PMP practices on at least the following measures:

- Prenatal and Postpartum Care: NQF 1517
- Live Births Weighing Less than 2,500 g: NQF 1382



Providers may receive other measure reports from PHPs beyond the two NQF measures listed above.

Appendix A: PMP Standard Contracting Requirements

PHPs shall incorporate the following requirements into their contracts with all providers of perinatal care, including the following requirements for providers of the Pregnancy Management Program:

1. Complete the standardized risk-screening tool at each initial visit.
2. Allow PHP or PHP's designated vendor access to medical records for auditing purposes to measure performance on specific quality indicators;
3. Maintain or lower the rate of elective deliveries prior to 39 weeks gestation;
4. Decrease the cesarean section rate among nulliparous women;
5. Offer and provide 17 alpha-hydroxyprogesterone caproate (17p) for the prevention of preterm birth to women with a history of spontaneous preterm birth who are currently pregnant with a singleton gestation. Complete a high-risk screening on each pregnant Medicaid beneficiary in the program and integrating the plan of care with local pregnancy care management;
6. Decrease the primary cesarean delivery rate if the rate is over the Department's designated cesarean rate; (Note: the Department will set the rate annually, which will be at or below 20%); and
7. Ensure comprehensive post-partum visits occur within 56 days of delivery.



COVID-19 RESPONSE · Resources, information and assistance from across state government. [Visit the Information Hub](#)



[NC DHB](#) » NC Medicaid Help Center Now Available: A Convenient Way for Providers to Find Information

NC Medicaid Help Center Now Available: A Convenient Way for Providers to Find Information

Monday, March 1, 2021

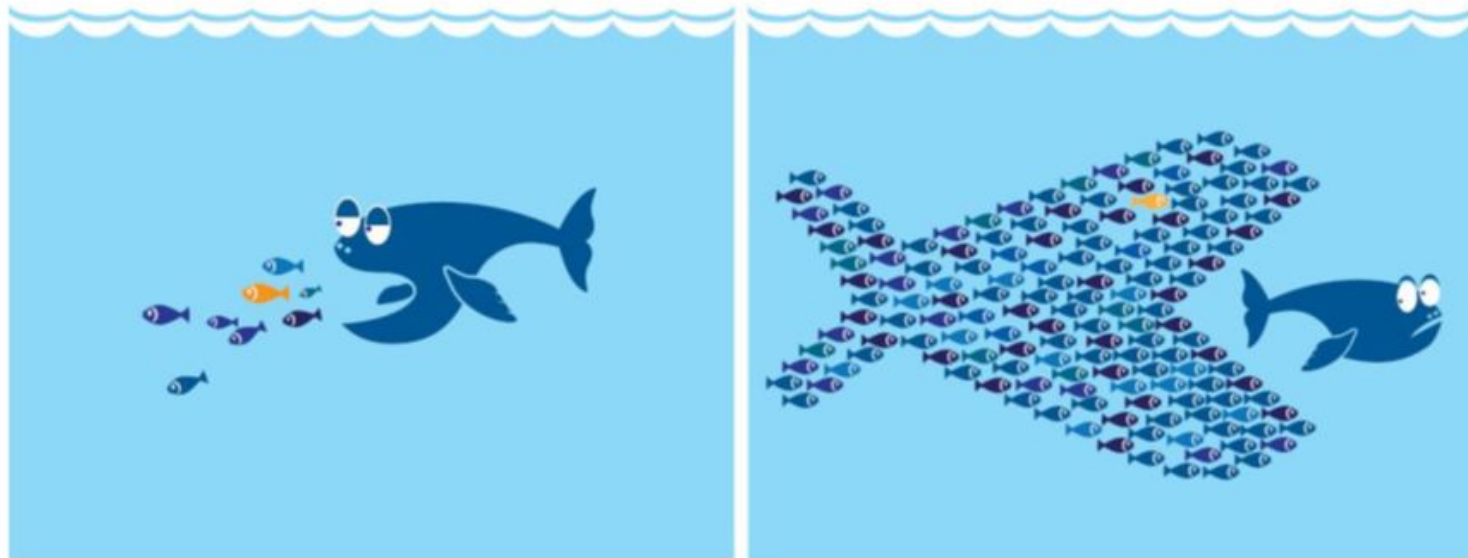
In addition to the [NC Medicaid Provider webpage](#), Medicaid and NC Health Choice providers now have a supplemental resource to research their questions and submit inquiries. The [NC Medicaid Help Center](#) is an online source of information about Managed Care, COVID-19 and Medicaid and behavioral health services, and is also used to view answers to questions from the NC Medicaid Help Center mailbox, webinars and other sources. Formerly referenced as the “SWAT Command Center,” the NC Medicaid Help Center also includes resource documents such as standard and COVID-19 Medicaid Bulletins. To use this new tool:

Join a Clinically Aligned Network (CIN)



COMMUNITY CARE
PHYSICIAN NETWORK

— BRINGING VALUE HOME —



It's Time to Think Big

<https://www.communitycarephysiciannetwork.com/resources>

CCPNSupport@communitycarenc.org



Thank you!

If you have any MOM workgroup topic suggestions, please send them to kdeberry@communitycarenc.org



**Next MOM Workgroup meeting:
Thursday April 8th 9:00-9:30**



Community Care
OF NORTH CAROLINA