



# Back To Basics Maternity Care

Part 1



# Prenatal and Postpartum Participation

10/10/18



# AMPM 410

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- Contractor Requirements: AMPM 410 III A 1-20
- Provider Requirements: III C 1-3
- AMPM 400 - 3

# ACC Contract Provider Requirements

- **Maternity Services.** The Contractor shall provide pregnancy identification, prenatal care, treatment of pregnancy related conditions, labor and delivery services, and postpartum care for members. Services may be provided by physicians, physician assistants, nurse practitioners, certified nurse midwives, or licensed midwives. Members may select or be assigned to a PCP specializing in obstetrics while they are pregnant. Members anticipated to have a low-risk delivery, may elect to receive labor and delivery services in their home from their maternity provider, if this setting is included in the allowable settings for the Contractor, and the Contractor has providers in its network that offer home labor and delivery services. Members receiving maternity services from a certified nurse midwife or a licensed midwife must also be assigned to a PCP for other health care and medical services. A certified nurse midwife may provide those primary care services that they are willing to provide and that the member elects to receive from the certified nurse midwife. Members receiving care from a certified nurse midwife may also elect to receive some or all her primary care from the assigned PCP. Licensed midwives may not provide any additional medical services as primary care is not within their scope of practice. Members who transition to a new Contractor or become enrolled during their third trimester must be allowed to complete maternity care with their current AHCCCS registered provider, regardless of contractual status, to ensure continuity of care. **See AMPM Policy 410.**

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# ACC Contract

## • **30. MATERNITY CARE PROVIDER REQUIREMENTS**

- The Contractor shall ensure that a maternity care provider is designated for each pregnant member for the duration of her pregnancy and postpartum care and that those maternity services are provided in accordance with the AMPM. The Contractor may include in its provider network the following maternity care providers:
  - 1. Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers who provide maternity care services,
  - 2. Physician Assistants,
  - 3. Nurse Practitioners,
  - 4. Certified Nurse Midwives, and
  - 5. Licensed Midwives.

# ACC Contract

- Pregnant members may choose, or be assigned, a PCP who provides obstetrical care. Such assignment shall be consistent with the freedom of choice requirements for selecting health care professionals while ensuring that the continuity of care is not compromised. Members receiving maternity services from a certified nurse midwife or a licensed midwife must also be assigned to a PCP for other health care and medical services. A certified nurse midwife may provide primary care services that he or she is willing to provide and that the member elects to receive from the certified nurse midwife. Members receiving care from a certified nurse midwife may elect to receive some or all primary care from the assigned PCP. Licensed midwives may not provide any additional medical services as primary care is not within their scope of practice.

# ACC Contract

- All physicians and certified nurse midwives who perform deliveries shall have hospital privileges for obstetrical services. Practitioners performing deliveries in alternate settings shall have a documented hospital coverage agreement. Licensed midwives perform deliveries only in the member's home. Labor and delivery services may be provided in the member's home by physicians, nurse practitioners, and certified nurse midwives who include such services within their practice.

# AMPM Exhibit 400-3

MATERNITY CARE			
TOPICS	FREQUENCY OF OUTREACH DISSEMINATION	WHEN TO INITIATE OUTREACH	MECHANISM FOR MEMBER DISSEMINATION
<b>EDUCATIONAL OUTREACH</b>			
<ul style="list-style-type: none"> <li>• <b>HIV Testing</b> – Information encouraging pregnant women to be tested providing instructions on where testing is available and the availability of counseling, if testing is positive, and the benefits of treatment for both mother and child.</li> </ul>	Annually	New Member Enrollment Identification of Member Pregnancies ( <i>Initial and Subsequent</i> )	<ul style="list-style-type: none"> <li>• New Member Welcome Packet<sup>1</sup></li> <li>• Member Newsletter</li> <li>• Maternity Packets</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Opportunity to Change Contractors</b> – Information to newly assigned pregnant members, and those currently under the care of a non-network provider, regarding the opportunity to change Contractors to ensure continuity of prenatal care.</li> </ul>	Once	New Pregnant Member Enrollment Identification of Member Pregnancies ( <i>Initial and Subsequent</i> )	<ul style="list-style-type: none"> <li>• New Member Welcome Packet<sup>1</sup></li> <li>• Member Newsletter</li> <li>• Maternity Packets</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Low/Very Low Birth Weight</b> – Information to new pregnant members of interventions to decrease the incidence of infants born with low/very low birth weight.</li> </ul>	Once	New Pregnant Member Enrollment Identification of Member Pregnancies ( <i>Initial and Subsequent</i> )	<ul style="list-style-type: none"> <li>• New Member Welcome Packet<sup>1</sup></li> <li>• Member Newsletter</li> <li>• Maternity Packets</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Postpartum Services</b> – Information related to postpartum services available to members including:               <ul style="list-style-type: none"> <li>○ A visit within 60 days after delivery;</li> <li>○ Signs and symptoms to address maternal morbidity and mortality; with appropriate support services (i.e., Ob/Gyn; 911).</li> </ul> </li> </ul>	Once	New Pregnant Member Enrollment Identification of Member Pregnancies ( <i>Initial and Subsequent</i> )	<ul style="list-style-type: none"> <li>• New Member Welcome Packet<sup>1</sup></li> <li>• Maternity Packets</li> </ul>



# AMPM Exhibit 400-3

<ul style="list-style-type: none"> <li>• <b>Available Support Services</b> - Information to members of available support services to the special supplemental nutrition program for Women, Infants and Children (WIC), as well as other community-based resources including home visiting programs, in order to support healthy pregnancy outcomes.</li> </ul>	Once	New Pregnant Member Enrollment Identification of Member Pregnancies ( <i>Initial and Subsequent</i> )	<ul style="list-style-type: none"> <li>• New Member Welcome Packet<sup>1</sup></li> <li>• Maternity Packets</li> <li>• Member Newsletter</li> </ul>
<b>MATERNITY CARE</b>			
<b>TOPICS</b>	<b>FREQUENCY OF OUTREACH DISSEMINATION</b>	<b>WHEN TO INITIATE OUTREACH</b>	<b>MECHANISM FOR MEMBER DISSEMINATION</b>
<b>EDUCATIONAL OUTREACH</b>			
<ul style="list-style-type: none"> <li>• <b>Risks Associated with Elective Inductions and Cesarean Sections Prior to 39 Weeks Gestation</b></li> <li>• <b>Healthy Pregnancy Measures</b> (Addressing Nutrition, Sexually Transmitted Infections, Alcohol, Opioid and Substance Use (including information regarding fetal alcohol spectrum disorders, tobacco, and Neonatal Abstinence Syndrome (NAS)) and other risky behaviors).</li> <li>• <b>Dangers of Lead Exposure to Mother and Baby During Pregnancy</b></li> <li>• <b>Importance of Timely Prenatal and Postpartum Care</b></li> <li>• <b>Postpartum Depression</b></li> <li>• <b>Perinatal Screening and Counseling</b></li> <li>• <b>Safe Sleep</b></li> <li>• <b>Breastfeeding</b> – Importance for both mom and child (including immune support), when and where to get help,</li> </ul>	Contractors must conduct written member educational outreach at a <b>minimum of once every 12 months</b> . These topics may be addressed separately or combined into one written outreach material; however, each topic must be covered during the twelve month period.	12 months after date of last outreach.	<ul style="list-style-type: none"> <li>• New Member Welcome Packet<sup>1</sup></li> <li>• Maternity Packets</li> <li>• Member Newsletter</li> </ul>

# AMPM Exhibit 400-3

getting started basics, infant feeding cues, how to know baby is getting enough, returning to work/school, and additional resources for help and learning more, including questions about medications and breastfeeding.			
<b>REQUIRED MEMBER NOTIFICATIONS</b>			
Notification to Members Identifying Postpartum Services Available to the Member advising of the importance for scheduling a postpartum visit, transportation assistance and the availability of assistance in scheduling, if needed.	Once	Delivery Date	• Member Mailing*

# ACOM 417 – Appointment Standards

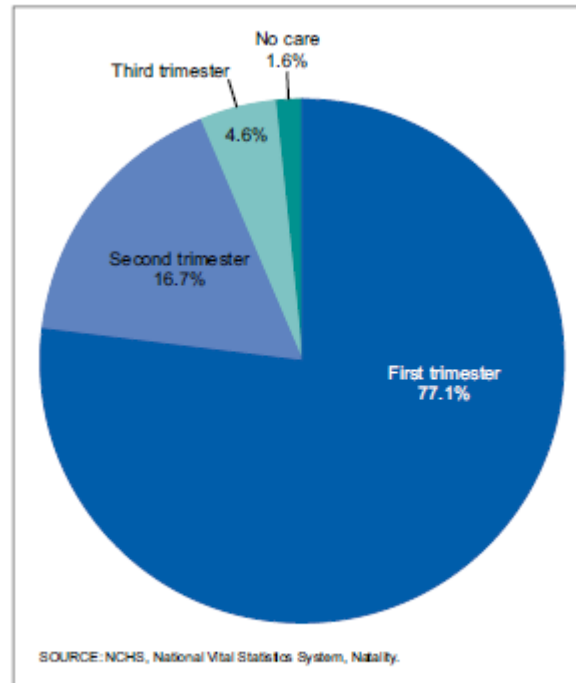
- For ***Maternity Care Provider Appointments***,
- Initial prenatal care appointments for enrolled pregnant members shall be provided as follows:
  - a. First trimester - within 14 calendar days of request,
  - b. Second trimester within seven calendar days of request,
  - c. Third trimester within three days business of request, and
  - d. High risk pregnancies as expeditiously as the member's health condition requires and no later than three business days of identification of high risk by the Contractor or maternity care provider, or immediately if an emergency exists.

# National Data 2016

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- [https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\\_03.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf)

# 2016 National Data



**Figure 1. Trimester prenatal care began: United States, 2016**

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# 2016 National Data

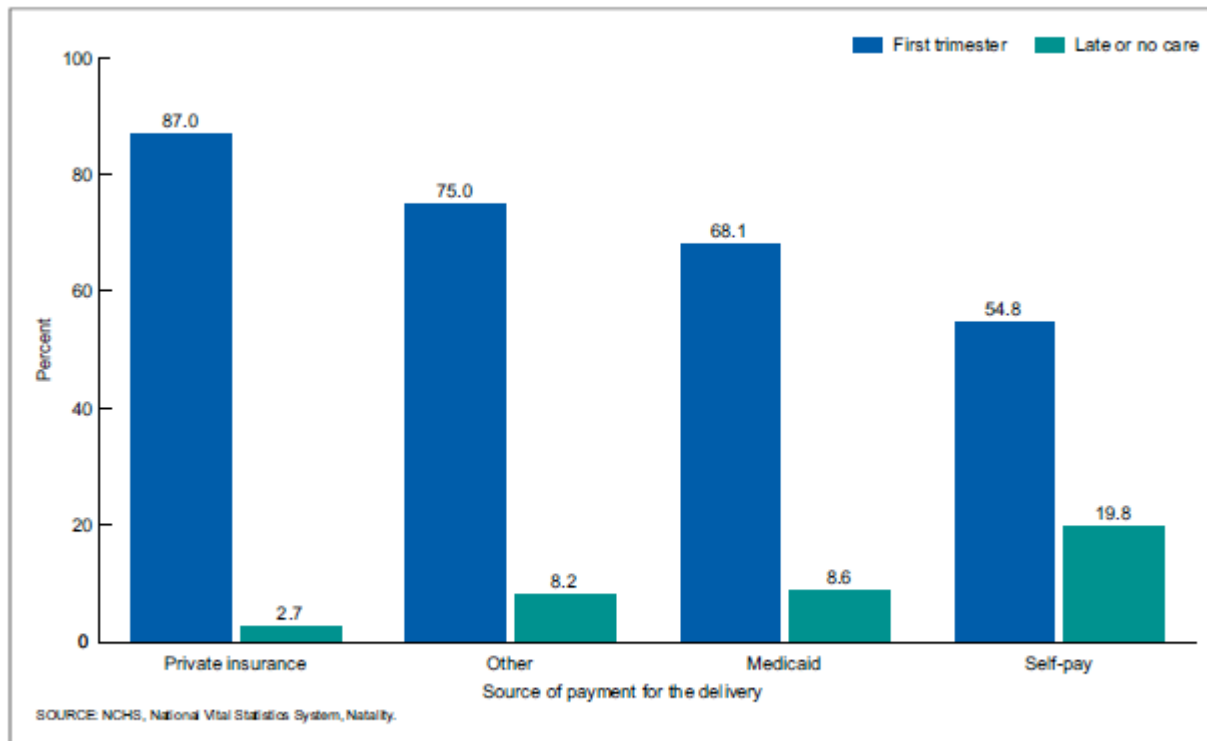


Figure 2. Trimester prenatal care began, by source of payment for the delivery: United States, 2016

# 2016 National Data

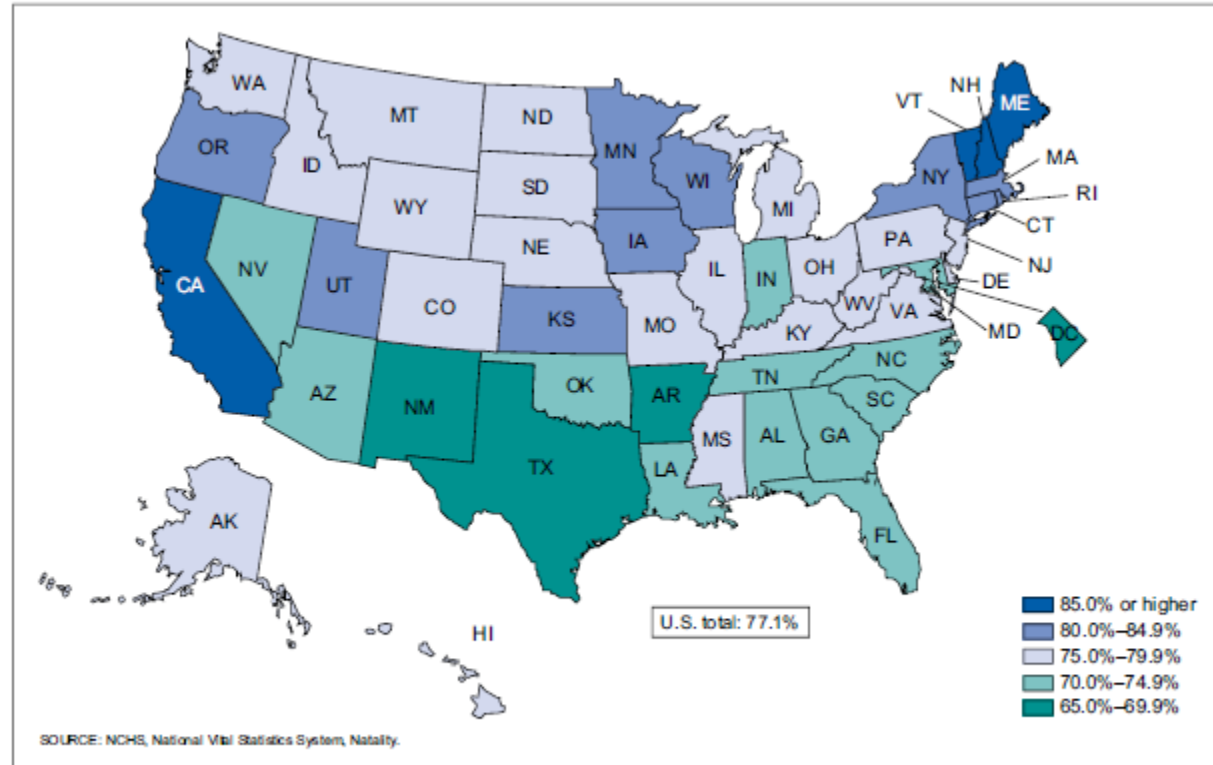


Figure 3. Prenatal care beginning in the first trimester, by state of residence: United States, 2016

# 2016 National Data

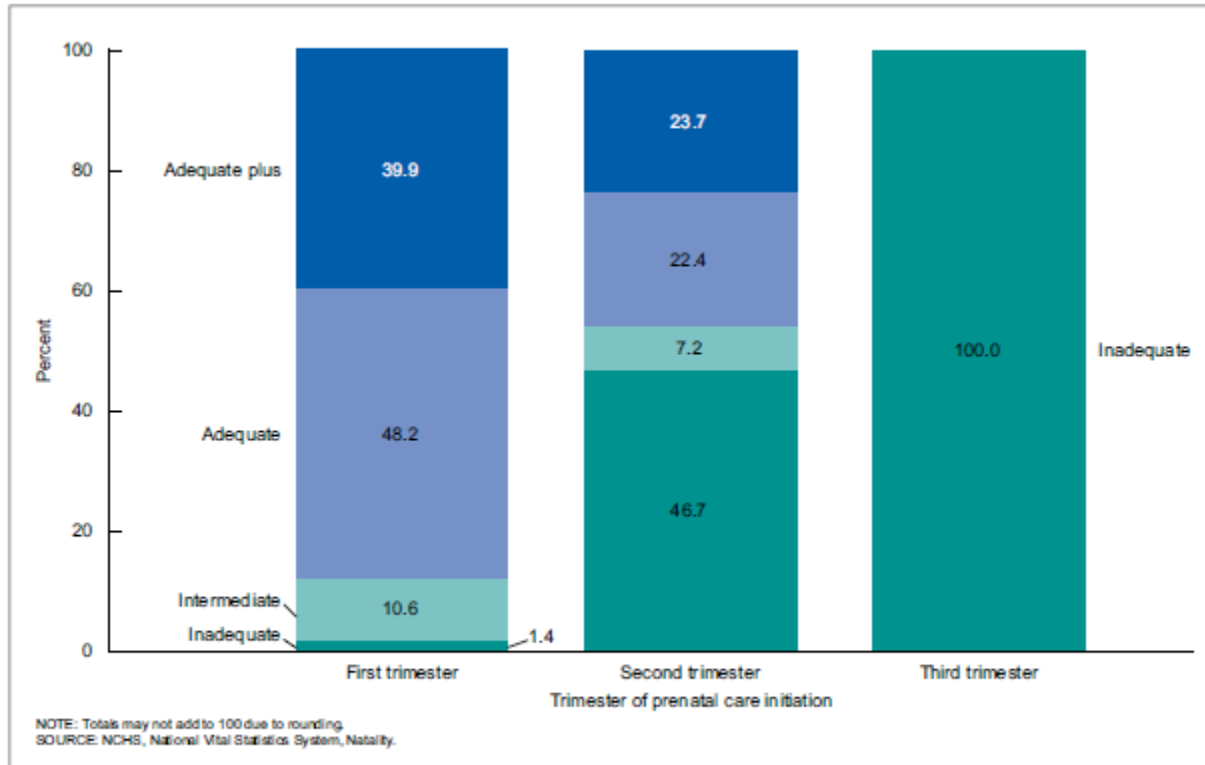


Figure 4. Trimester prenatal care began and Adequacy of Prenatal Care Utilization Index: United States, 2016



# March of Dimes

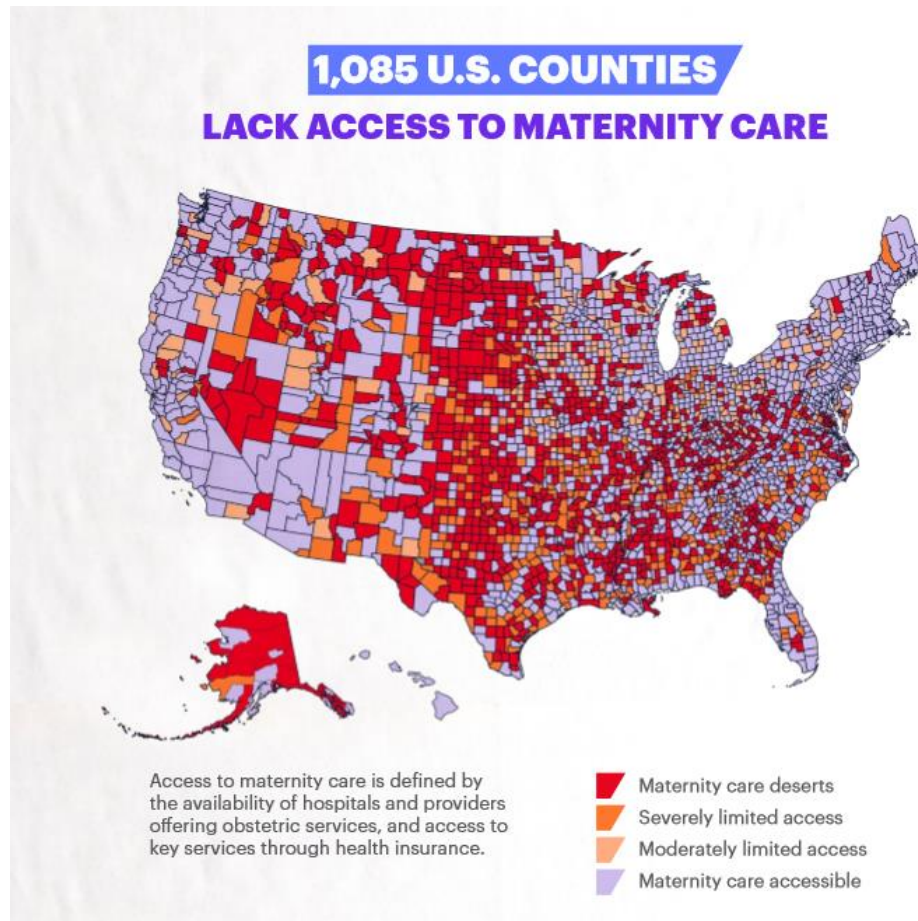
- <https://www.marchofdimes.org/Peristats/ViewTopic.aspx?reg=04&top=5&lev=0&slev=4>

## Quick Facts: Prenatal Care

Prenatal care refers to pregnancy-related care. Prenatal care services typically include screening and treatment for medical conditions, and identification and interventions for behavioral risk factors associated with poor birth outcomes (e.g. smoking, poor nutrition). Assessment of the appropriateness of prenatal care obtained during pregnancy can be measured in different ways. PeriStats provides data on the timing of the first prenatal care visit; that is, when prenatal care is first initiated during the pregnancy. It also provides data on the adequacy of prenatal care, which assesses both the timing of the first prenatal care visit, and the frequency of visits throughout the entire pregnancy adjusted for the infant's gestational age.

- In Arizona in 2015, 73.8% of live births were to women receiving early prenatal care, 18.2% were to women beginning care in the second trimester, and 8.1% were to women receiving late or no prenatal care.
- In 2015, about 1 in 12 infants (8.1% of live births) was born to a woman receiving late or no prenatal care in Arizona.
- In Arizona, 72.0% of live births were to women receiving adequate/adequate plus prenatal care, 9.9% were to women receiving intermediate care, and 18.1% were to women receiving inadequate care.
- In 2015, about 1 in 6 infants (18.1% of live births) was born to a woman receiving inadequate prenatal care in Arizona.

# MoD



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# MoD

**MORE THAN 5,300,000 WOMEN**

**LIVE IN A MATERNITY CARE DESERT**

**53% OF U.S. COUNTIES**

**DO NOT HAVE A HOSPITAL OFFERING OBSTETRIC SERVICES**

**1.1 MILLION WOMEN**

**LIVE IN A MATERNITY CARE DESERT IN A LARGE METROPOLITAN AREA**

**179 RURAL COUNTIES**

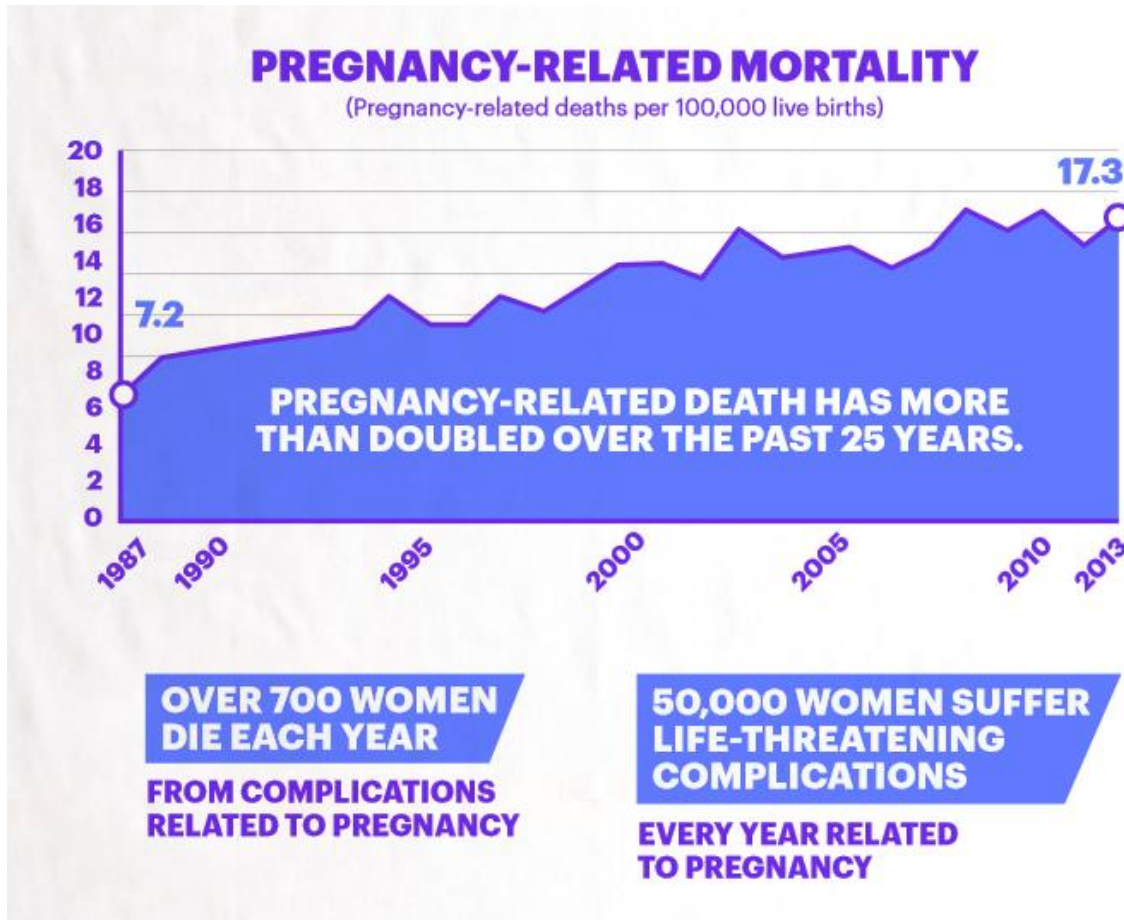
**LOST HOSPITAL BASED OBSTETRIC SERVICES BETWEEN 2004 AND 2014**

**48% OF U.S. COUNTIES**

**LACK A SINGLE OB-GYN**

**IN 2015 ALMOST 1 IN 5 WOMEN DID NOT HAVE ANY HEALTH INSURANCE COVERAGE IN THE MONTH PRIOR TO PREGNANCY**

# MoD



# CMS Core Measure Ongoing Prenatal and Postpartum Care

- **Description**

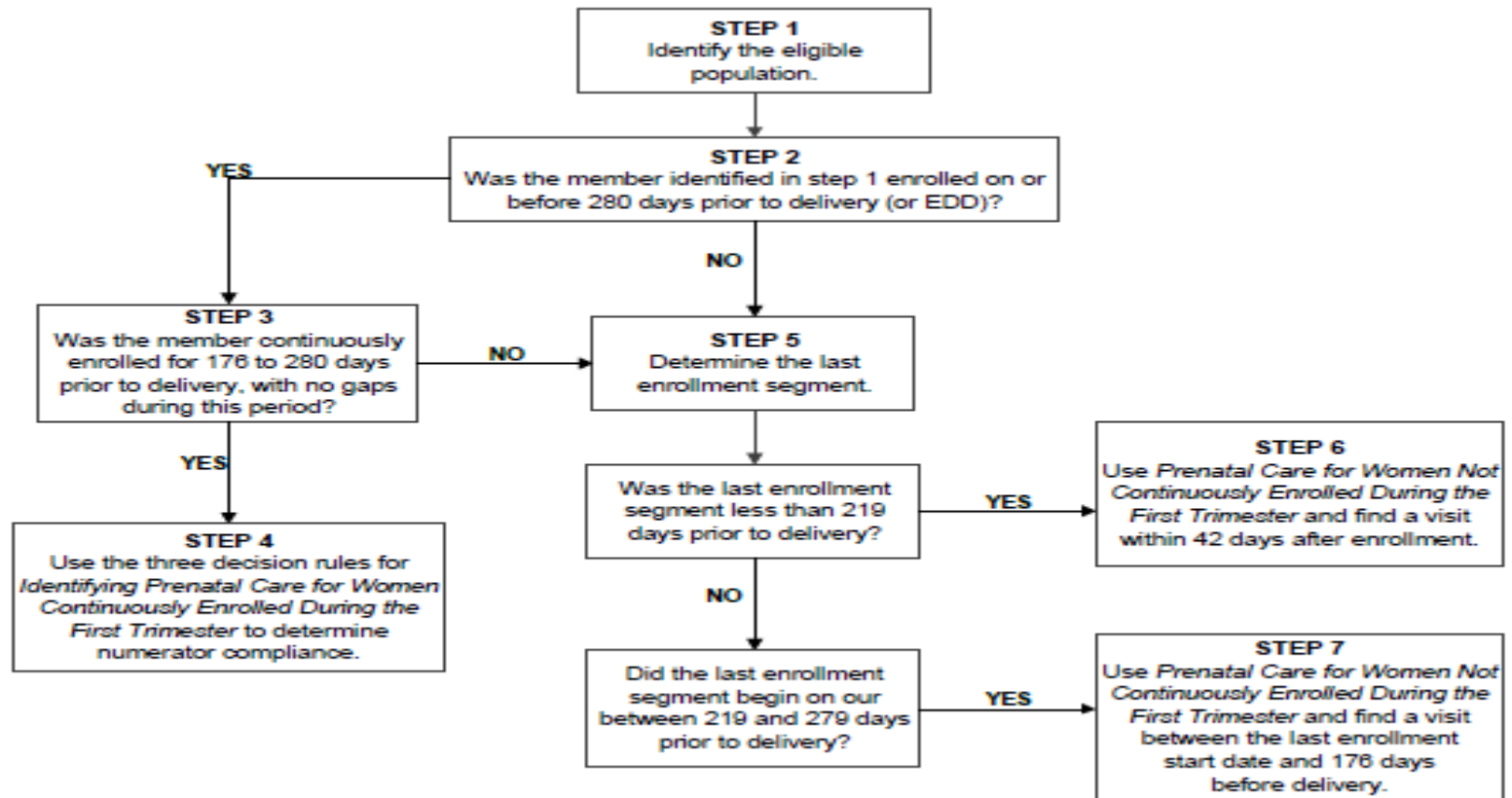
- The percentage of deliveries of live births between November of the year prior to the measurement year and November of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.
  - *Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.
  - *Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf>



# CMS Ongoing Prenatal Care Core Measure

- **Eligible Population Product lines** Commercial, Medicaid, Marketplace (report each product line separately).
- **Ages** None specified.
- **Continuous enrollment** 43 days prior to delivery through 56 days after delivery.
- **Allowable gap** No allowable gap during the continuous enrollment period.
- **Anchor date** Date of delivery.
- **Benefit** Medical.
- **Event/ diagnosis** Delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. Include women who delivered in any setting.
- *Multiple births.* Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year count twice. Women who had multiple live births during one pregnancy count once.
- Follow the steps below to identify the eligible population, which is the denominator for both rates.
- **Step 1** Identify deliveries. Identify all women with a delivery (Deliveries Value Set) between November 6 of the year prior to the measurement year and November 5 of the measurement year.
- **Step 2** Exclude non-live births (Non-live Births Value Set).
- **Step 3** Identify continuous enrollment. Determine if enrollment was continuous between 43 days prior to delivery and 56 days after delivery, with no gaps.

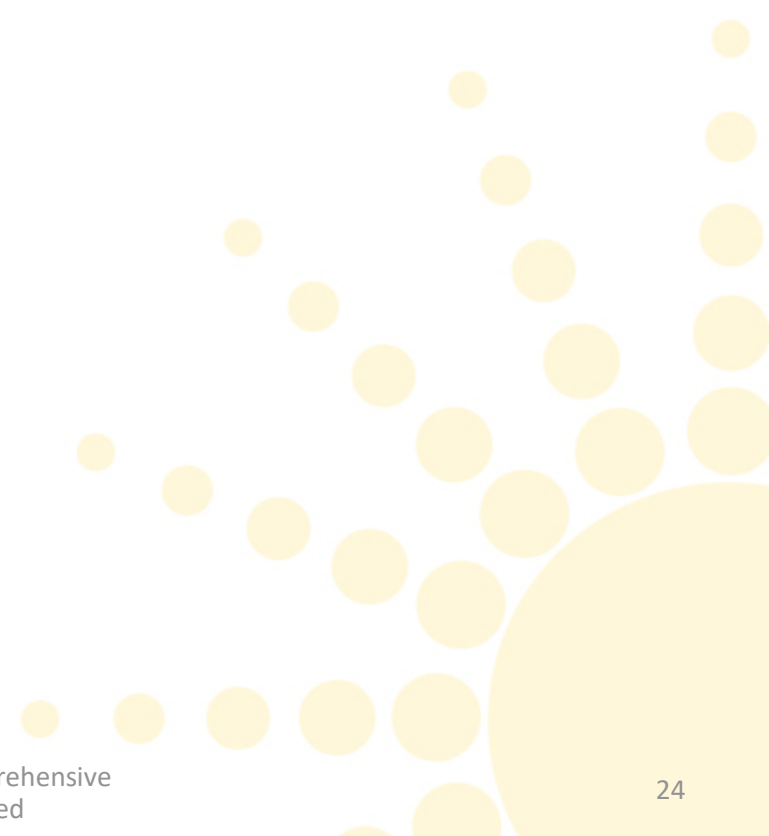
# CMS Core Measure



# Arizona Specific Data

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- APT Presentation





# 2015 Hybrid Audit Prenatal Visit

- 46.1%

MEASURE	AHCCCS MPS	AUDIT	HIGH/LOW
Timeliness of Prenatal Care: Prenatal Care Visit in the First Trimester or Within 42 Days of Enrollment (PPC)	80%	46.1%	MER (60+ %) UHC (60+ %)  HNA (15 %)
Timeliness of Prenatal Care: Postpartum Care Rate (PPC)	64%	32%	MER (50 +%)  UFC/HNA (5%)

# 2015 Hybrid Audit Postpartum Visit

- 32%

MEASURE	AHCCCS MPS	AUDIT	HIGH/LOW
Timeliness of Prenatal Care: Prenatal Care Visit in the First Trimester or Within 42 Days of Enrollment (PPC)	80%	46.1%	MER (60+ %) UHC (60+ %)  HNA (15 %)
Timeliness of Prenatal Care: Postpartum Care Rate (PPC)	64%	32%	MER (50 +%)  UFC/HNA (5%)

# Quarterly Performance Measures

## Page 10

Item 11	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)	CMS 2017 Children's Core
	Percentage of deliveries of live births between 56 days prior to the measurement period and 56 days prior to the end of the measurement period that had a prenatal care visit in the first trimester or within 42 days of enrollment	
	<b>Data Collection</b>	Administrative for reporting purposes (Hybrid reviews conducted per AHCCCS direction)
	<b>Time Frame</b>	Analysis based on 12-month rolling period, ending with the last day of the previous quarter
	<b>Member Ages</b>	None specified
	<b>Anchor Date</b>	Date of delivery
	<b>Variants</b>	Time Frame
	<b># Numerator</b>	A prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of enrollment during the pregnancy
	<b># Denominator</b>	The eligible population
	<b>%</b>	Number of prenatal visits in the first trimester or within 42 days of enrollment divided by the eligible population

# Quarterly Performance Measures

## Page 10

Item 12	Prenatal and Postpartum Care: Timeliness of Postpartum Care (PPC-AD)	CMS 2017 Adult Core
	Percentage of deliveries of live births between 56 days prior to the measurement period and 56 days prior to the end of the measurement period that had a postpartum visit on or between 21 and 56 days after delivery	
	<b>Data Collection</b>	Administrative for reporting purposes (Hybrid reviews conducted per AHCCCS direction)
	<b>Time Frame</b>	Analysis based on 12-month rolling period, ending with the last day of the previous quarter
	<b>Member Ages</b>	None specified
	<b>Anchor Date</b>	Date of delivery
	<b>Variants</b>	Timeframe
	<b># Numerator</b>	A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery
	<b># Denominator</b>	The eligible population
	%	Number of postpartum visits for a pelvic exam or postpartum care on or between 21 and 56 days after delivery divided by the eligible population
<b>Analysis</b>	Evaluate the effectiveness of monitoring. Include coordination of care, follow-up and other interventions made as a result of performance. If there are significant changes in any area, address possible causes and planned interventions to improve compliance.	

# Global OB Bundle

- The total obstetric care package includes the provision of antepartum care, delivery services and postpartum care. When the same group physician and/or other health care professional provides all components of the OB package, report the Global OB package code.
- Global Delivery for a normal delivery CPT 59400 includes the following:
- AHCCCS Policy- The AHCCCS global obstetrical (OB) package includes all OB visits prior to the delivery, the delivery, postpartum visits, and all services associated with admission to and discharge from a hospital for delivery. (99201-99205, 99211-99215, 99241-99245, 99281-99285, 99384-99386, 99394-99396) Includes all antepartum, and postpartum services.

# Global OB Bundle

- The CPT for Global OB codes are,
- 59400 – Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care
- 59510 – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care
- 59610 – Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery
- 59618 – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery

# Global OB Bundle

- **Services Included In Global Obstetrical Package,**
- •Routine prenatal visits until delivery, after the first three antepartum visits
- •Recording of weight, blood pressures and fetal heart tones
- •Admission to the hospital including history and physical
- •Inpatient Evaluation and Management (E/M) service provided within 24 hours of delivery
- •Management of uncomplicated labor
- •Vaginal or cesarean section delivery
- •Delivery of placenta (CPT code 59414)
- •Administration/induction of intravenous oxytocin (CPT code 96365-96367)
- •Insertion of cervical dilator on same date as delivery (CPT code 59200)
- •Repair of first or second degree lacerations
- •Simple removal of cerclage (not under anesthesia)
- •Uncomplicated inpatient visits following delivery
- •Routine outpatient E/M services provided within 42 days following delivery
- •Postpartum care after vaginal or cesarean section delivery (CPT code 59430)
- The above mentioned services are not separately reimbursed when reported separately from the global OB code.

# Exclusions from the Global OB Bundle

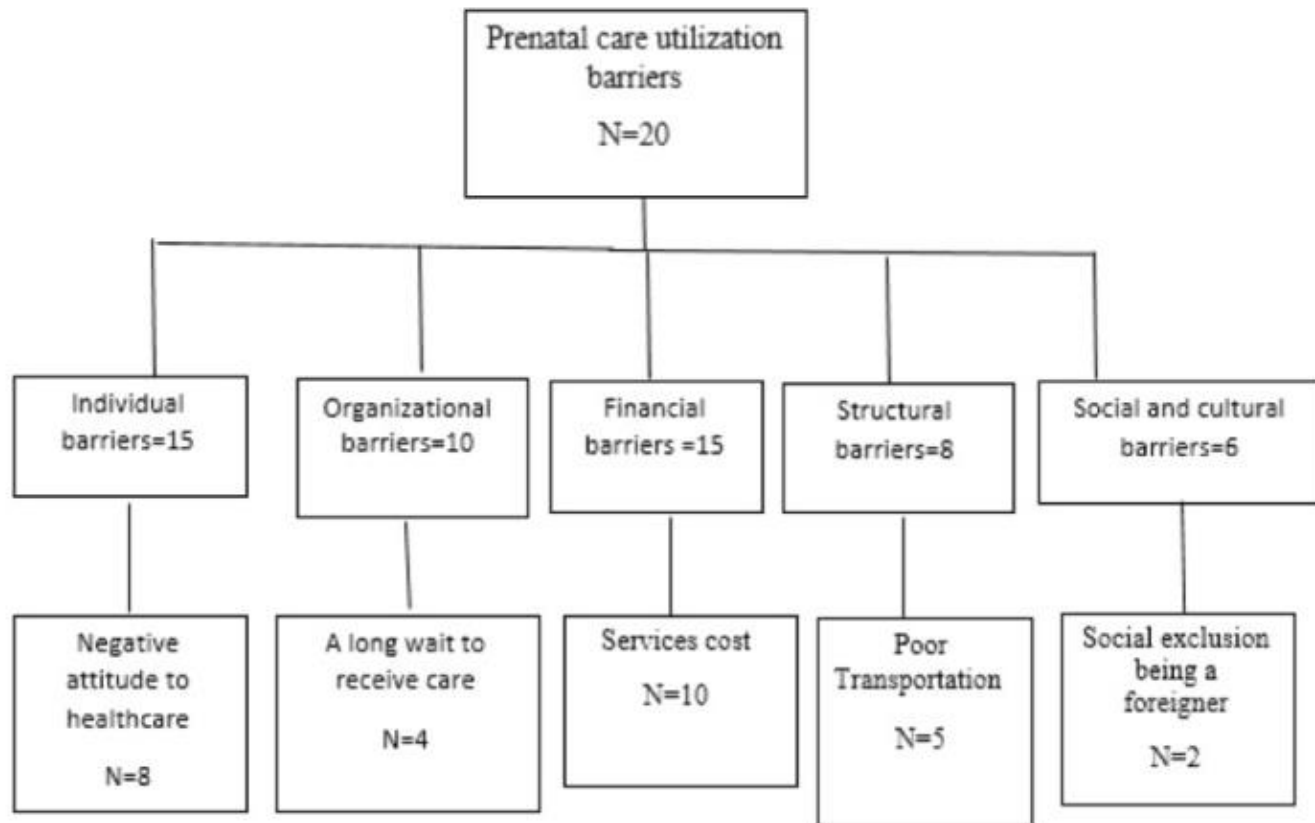
- The following services are excluded from the global OB package (CPT codes 59400, 59510, 59610, 59618) and may be reported separately.
- •First three antepartum E&M visits
- •Laboratory tests
- •Maternal or fetal echography procedures (CPT codes 76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, 76820, 76821, 76825, 76826, 76827 and 76828)
- •Amniocentesis, any method (CPT codes 59000 or 59001)
- •Amniofusion (CPT code 59070)
- •Chorionic villus sampling (CPT code 59015)
- •Fetal contraction stress test (CPT code 59020)
- •Fetal non-stress test (CPT code 59025)



# Exclusions form the Global OB Bundle

- External cephalic version (CPT code 59412)
- Insertion of cervical dilator (CPT code 59200) more than 24 hr before delivery
- E&M services which is unrelated to the pregnancy (e.g. UTI, Asthma) during antepartum or postpartum care.
- Additional E/M visits for complications or high risk monitoring resulting in greater than the typical 13 antepartum visits. However these E/M services should not be reported until after the patient delivers. Append modifier 25 to identify these visits as separately identifiable from routine antepartum visits.
- Inpatient E/M services provided more than 24 hrs before delivery
- Management of surgical problems arising during pregnancy (e.g. Cholecystectomy, appendicitis, ruptured uterus)
- Non-global OB care, or partial services

# Barriers to Prenatal Care



# Questions?



# Thank You.

