

Pregnant women survey, FFS & MCO, 08/06/07

- I am looking to find out whether Nevada enrolls all pregnant women in managed care? (I believe I saw a reference to this effect in the Nevada State Plan.) If so, is managed care mandatory for all pregnant women? Even for 3rd trimester pregnant women?

Only pregnant women who reside in urban Clark County (Las Vegas) and urban Washoe County (Reno) are mandatory managed care enrollees. If a pregnant woman in either of these areas becomes eligible for Medicaid in the 3rd trimester they are automatically fee-for-service for the first 30 days and then enrolled in a managed care the second month.

The managed care organization will be responsible for recipients as soon as they are enrolled and the MCO is aware of the enrollee in treatment. The MCO must have policies and procedures for transitioning recipients currently receiving services in the FFS program into the MCO's plan. The MCO must have policies and procedures including, without limitation, the following to ensure a recipient's smooth transition from FFS to the MCO. Recipients with medical conditions such as: Pregnancy (especially if high risk).

- If Nevada enrolls pregnant women in managed care, is it an HMO, PCCM, or other model?) And if not, how is the pregnant woman provided care in Medicaid? (Fee-for-service or some other fee arrangement?)

If Nevada enrolls pregnant women in managed care it is an HMO. If a pregnant woman is not enrolled in a managed care she is provided care through fee-for-service.

- Also, is there any special benefits provided to pregnant women in Medicaid - such as case management services or exemption from co-pays?

No, if she is fee-for-service.

Yes, if the pregnant woman is enrolled in an MCO.

The MCO will make a good faith effort to screen Title XIX and Title XXI pregnant women enrolled in a MCO for maternal high risk factors, pursuant to MSM Chapter 600. The Maternity Risk Screening Program helps identify and meet the need for medical and non-medical services. These services are defined as preventive and/or curative services and may include, but are not limited to, patient education, nutritional services, personal care services or home health care, substance abuse services, and care coordination services, in addition to maternity care. Any identification of high-risk factors on the Maternity Risk Screen Form, pursuant to Medicaid Services Manual (MSM) Chapter 600, will require the PCP, OB provider, case manager or other health care professional to refer the woman who is determined to be at risk for preterm birth or poor pregnancy outcome to the Vendor. As appropriate, the MCO shall refer the member to the DHCFP DO for care coordination of non-covered/carved-out plan services or community health information. The MCO will begin medical case management services for those risk factors identified on the maternity Risk

Screen. MSM Chapter 600 and the Maternity Risk Screen form can be found on the DHCFP website <http://dhcftp.state.nv.us>.

Below is a case management process the health plans typically adhere to.

The Maternal Birth-Data Reports and copies of the Social Needs Referral and Maternal Risk Screen forms are included in the Forms and Reporting Guide.

DHCFP and/or the EQRO will conduct on-site reviews as needed to validate coordination and assess medical management of prenatal care and high-risk pregnancies."

The Health plans provide Specialty Care Management Services: It is a interdisciplinary team approach. Requires high level of clinical expertise to manage the integration of multiple services for High-Risk OB. Care Coordination team members may include: The recipient with compromised health and his/her significant others and caregivers, A Primary Care Physician that maintains continuing overall accountability for diagnosis, treatment, and health care interventions to efficiently achieve defined health outcome goals for the recipient, the current provider of record (OBGYN), directing the patient's care, efficiently achieving optimal health outcomes, a care manager who maintains continuing responsibility for arranging the appropriate spectrum of health support services to achieve the medical, psychological, functional, and social outcome goals in multiple settings. If appropriate other services may include:

Social Worker: Evaluates and recommends community and care coordination social services with the goal of improving social functioning.

Specialty Care Manager: Maintains continuing responsibility for arranging the appropriate spectrum of health support services to achieve the medical, psychological, functional and social outcome goals in multiple settings.

Psychiatric Social Worker: In collaboration with other mental health providers, evaluates and recommends mental health services and interventions with the goal of improved mental health outcomes.

Clinical Pharmacist: Evaluates and recommends pharmacy services and interventions with the goal of resolving and/or preventing drug-related problems.

Consultants: Temporarily or periodically evaluates and recommends services and interventions in the scope of a professional discipline that might assist in achieving the defined outcome goals.

Administrative Support Staff: Services offered by the administrative arm of the companies.

Other Resources Include:

1. Claims Department
2. Concurrent Review Services
3. Health Educators
4. Home Health Services
5. Hospice Services
6. Information Management Systems
7. Member Services
8. Phone Advice Nurses
9. Prior Authorization Services

10. Provider Services Department
11. Service Representatives

There are no co-payments for any Medicaid recipients including pregnant women.

- And lastly, does Nevada pay providers a supplemental payment for maternity or newborn services (such as for deliveries?) I seem to recall reading that the state Medicaid program pays providers a global fee for 7 or more prenatal visits.

If a pregnant woman is enrolled in a managed care at the time of the birth, a Global Payment will be paid to the delivering obstetrician, regardless of network affiliation, when the enrollee has been seen seven (7) or more times. If the obstetrician has seen the enrollee less than seven (7) times, the obstetrician will be paid according to the Medicaid FFS visit-by-visit schedule.

Maternity Kick Payment (aka SOBRA)

When a recipient gives birth to a live infant of any gestational age, the HMO will receive the full Maternity Kick payment. In order for the Vendor to qualify for a Maternity Kick payment for either a miscarriage or stillbirth, the recipient must be in the third trimester of pregnancy, which commences with the twenty-seventh (27th) week of gestation, when the miscarriage or stillbirth occurs. Maternity Kick claim adjudication will be initiated upon electronic receipt of birth information via the Provider Supplied Data File. The Provider Supplied Data File will specifically include: Provider Number, Record Type, Record Creation Date, Recipient Billing ID Number, Recipient Name, Recipient SSN, Delivery Date, Birth Indicator, Gender, Birth Provider Number, Birth Location, and Gestational Weeks Pregnant. Additional birth information may be requested to complete SOBRA financial reporting.

The Maternity Kick Payment is intended to reimburse the health plans for costs associated specifically with covered delivery and postpartum care. Antepartum care is included in the capitation rate paid for the mother. Costs of care for the newborn are included in the newborn capitation rate.