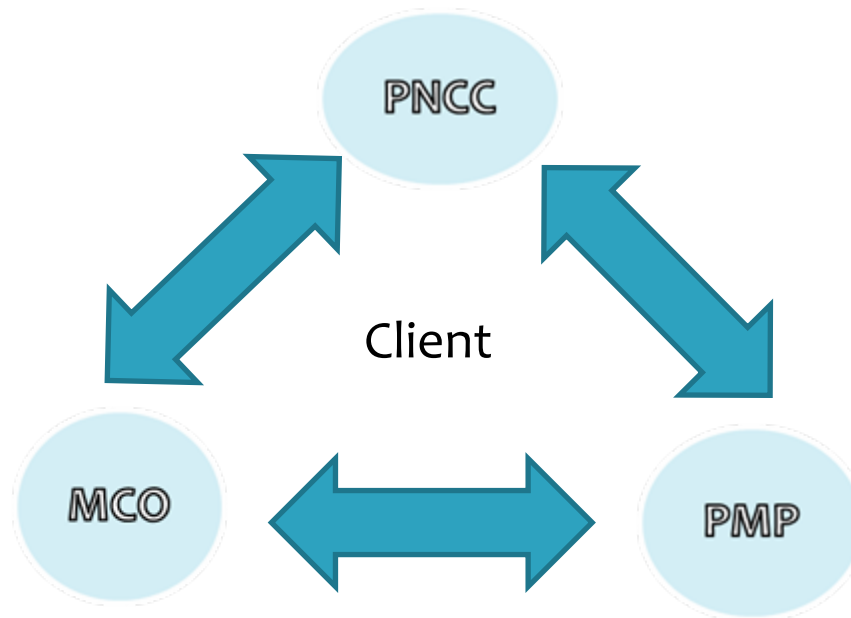


Prenatal Care Coordination

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March, 2010

Prenatal Care Coordination

Communication Is Key



Strive to close the gaps in the circle of information

Reporting

▶ Improving Birth Outcomes

- OMPP continues to implement initiatives to make change
- July 1, 2009
 - Presumptive Eligibility for Pregnant Women (PE)
 - Notification of Pregnancy (NOP)
- March, 2010
 - Prenatal Care Coordination - Outcomes Report Form

Presumptive Eligibility for Pregnant Women

- ▶ 6,961 women ever enrolled in PE since July 1, 2009
 - ▶ Once enrolled in PE, women become enrolled with an MCO
 - ▶ Average of 200 women per week enroll in PE
 - ▶ 80% of PE women are approved for Medicaid

- ▶ PE begins on the date of web-based approval and closes when one of the following conditions are met:
 - If a pending application is on file, PE closes the day following receipt of the Medicaid determination at HP
 - If no pending application is on file by the last day of the month following PE approval, HP will close the PE segment
 - Example: PE approval on August 15th requires that a pending application be on file by September 30th or PE will be closed.

- ▶ Women are required to submit a Hoosier Healthwise Medicaid application at the time they enroll in PE

Notification of Pregnancy (NOP)

July 1, 2009- February 27, 2010

Total NOPs submitted: 6,492

▶ Number of Weeks Pregnant

- 1 to 12 weeks 2,831 (44%)
- 13 to 27 weeks 3,187 (49%)
- 28+ weeks 474 (7%)

▶ Delivery System

- Anthem 2,024 (31%)
- MDwise 2,534 (39%)
- MHS 1,815 (28%)

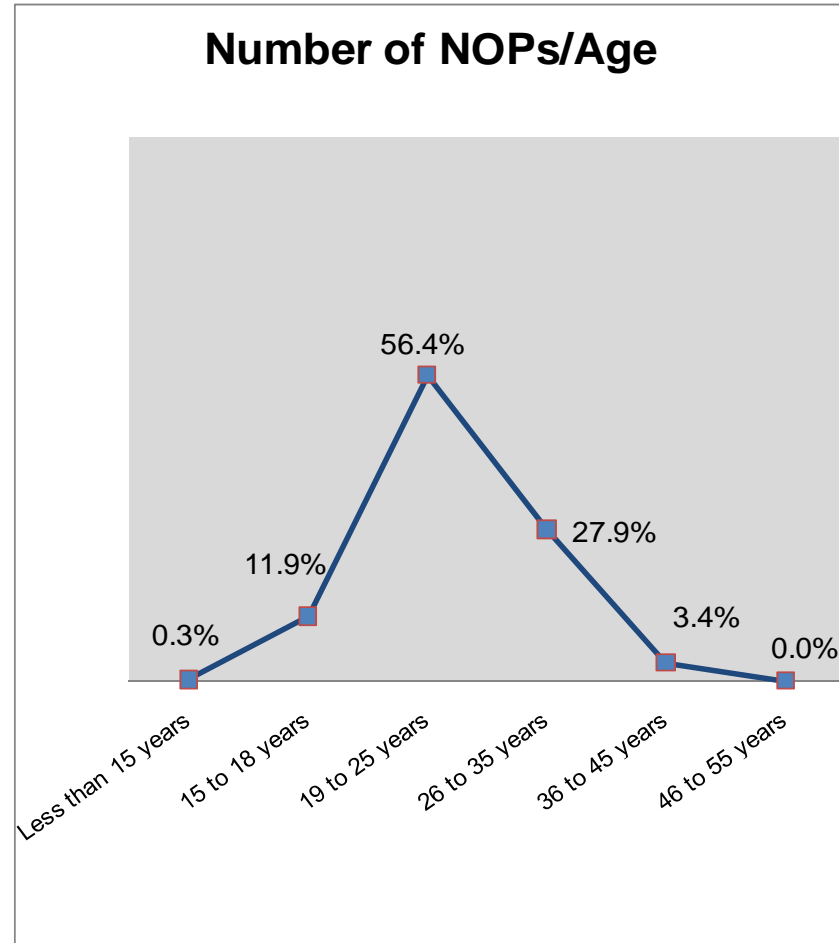
NOP Data

July 1, 2009- February 28, 2010

Diagnosis of Pregnancy Risk

Normal Pregnancy
n = 4,524 (70%)

High Risk Pregnancy
n = 1,968 (30%)



Outcomes Report

- ▶ Outcomes Report developed in collaboration with ISDH, OMPP, MCOs, and Prenatal Care Coordinators
- ▶ Outcomes Report intended to collect information that reflects support services provided to women during the prenatal period
- ▶ Like the NOP - Outcomes Report is a standardized form for **all pregnant women on Medicaid**
- ▶ Outcomes Report faxed to client's MCO
 - Only fax reports to client enrolled with an Medicaid MCO
 - Outcomes Report form must be maintained by PNCC for all clients

Billing and Reimbursement

- ▶ Prenatal Care Coordination claims must be filed on a CMS 1500 form or 837P transaction
 - H1000 = Prenatal At Risk Assessment \$90.00
 - H1004 = Prenatal Enhanced Service \$50.00
 - One unit per trimester, following the trimester of initial assessment
 - 99501 = Home Visit, Postnatal \$50.00
 - One unit per child, per pregnancy

What do you do...

- ▶ When you connect with a client and find that she has no insurance...
 - Support Services – get her into Prenatal Care
 - Refer to Qualified Provider for PE or to Enrollment Center
 - See notes about retro coverage on next slide

- ▶ When you provide care coordination services for a client enrolled with a MCO...
 - Make contact with MCO within 7 days
 - Maintain communication with all parties

What do you do...

- ▶ When you coordinate care for a woman on fee-for-service
 - Submit claims to HP
 - Complete and maintain a copy of the Outcomes Report
 - Maintain documentation for all billed claims

- ▶ A note on retro eligibility:
 - Pregnant women can be granted up to 3 months of retro coverage.
 - Retro coverage will always be fee-for-service
 - Fee-for-service claims for prenatal care coordination should be sent to HP

Don't forget...

- ▶ Check eligibility every time you render a service
 - Web interChange, Automated Voice Response, Omni
- ▶ Enroll with all Managed Care Organizations that serve clients in your area
- ▶ Maintain documentation for all billed claims
- ▶ Complete Outcomes Report for all prenatal clients
 - Keep and submit Outcomes Report to client's MCO
 - Keep copy of Outcomes Report for all FFS clients
- ▶ **Strive to close the gaps in the circle of information**

Collaborating Partners

- ▶ OMPP
- ▶ ISDH
- ▶ MCO
- ▶ Indiana Perinatal Network
- ▶ Hewlett-Packard (formerly EDS)