Arizona Complete Health

Provider Engagement Maternal Child Health Guide

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Maternal Child Health Talking Points

Better Member Outcomes!

Did you know that well visits for maternal health members are based on risk assessments determined by each prenatal visit and are continued through postpartum visits up to 60 days after delivery? Risk assessments follow the standards of the American Congress of Obstetricians and Gynecologists (ACOG).

REMEMBER!

Having a high HEDIS Measure score means better member outcomes and better member outcomes is the reason why we are all working to transform the health of our communities, one person at a time.

Easy Ways to Increase Performance Measures!

- **Submit claim/encounter data for each and every service rendered**
- Chart documentation must reflect services billed
- **Claim/encounter data is the most clean and efficient way to report HEDIS**
- If services are not billed or not billed accurately they are not included in the calculation
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculations

Health Spark!

Health Spark is a great reference for all performance measures. There is background information on what each performance measure is, why it is used, how the measures are calculated and what you need to do to meet your minimum performance standard (MPS). Health Spark is also available in PDF. Please contact azchqualitymanagement@azcompletehealth.com for your copy!

My Health Pays

My Health Pays is a member incentive program to encourage members to obtain needed wellness visits & screenings. This is a great way to encourage members to close gaps in care. You can access more information by visiting Arizona Complete Health-Complete Care Plan website: https://www.azcompletehealth.com/members/medicaid/benefits-services/healthy-rewards-program.

CAHPS Survey

The CAHPS survey is a member questionnaire conducted every spring and used to compile HEDIS scores. CAHPS asks members about their access to care and how well their healthcare providers coordinate their care.

Provider Portal

Arizona Complete Health-Complete Care Plan offers many convenient and secure tools to assist providers. If you are a contracted provider, you can register to access the portal. Within the portal you can verify member eligibility; check and submit claims; submit and confirm authorizations; view detailed patient lists. The Provider Portal link can be accessed through AzCH-CCP website: https://www.azcompletehealth.com/login.html

Maternal Health Visits are all Inclusive

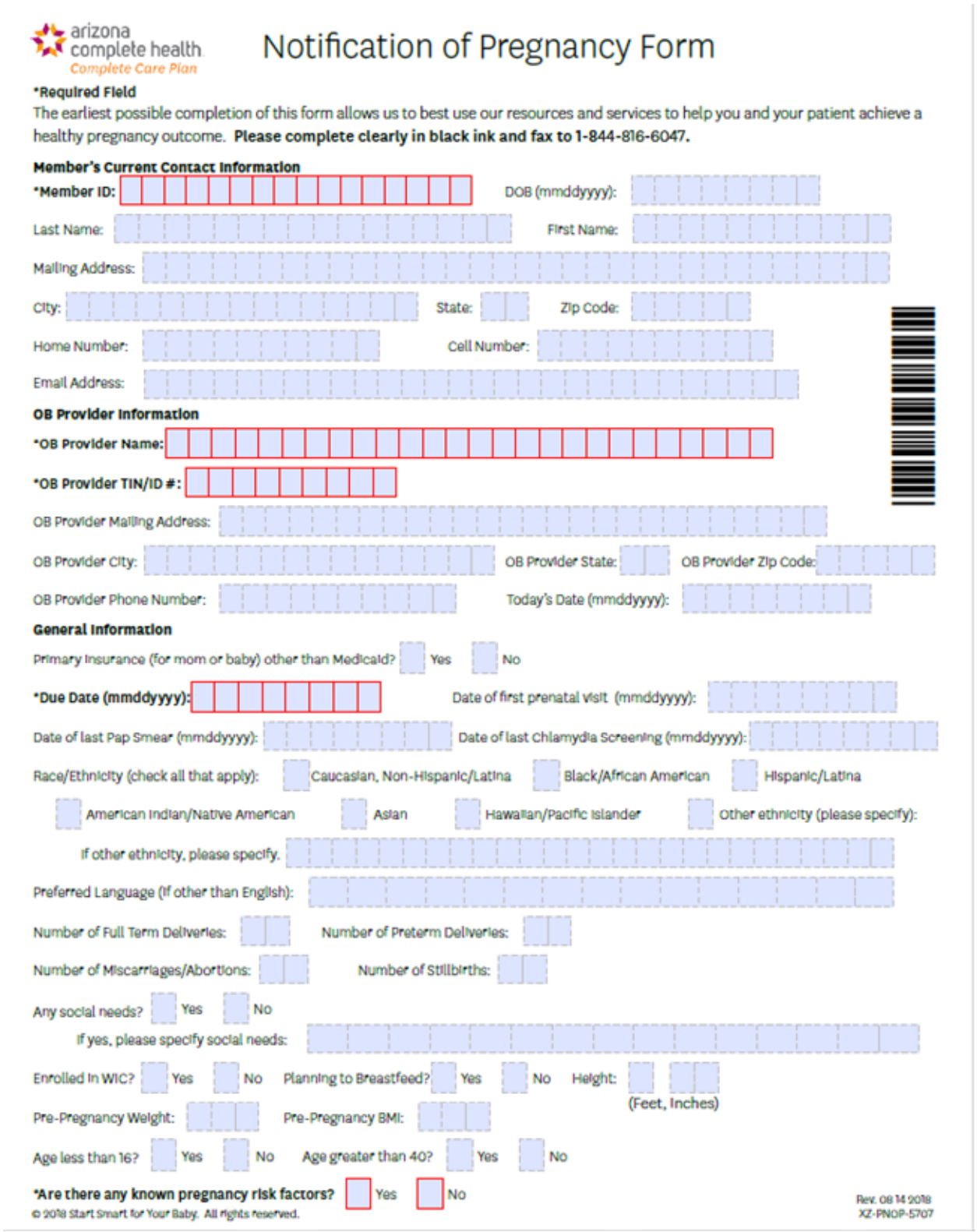
- Ensured continuity of prenatal care with choice of qualified provider
- Education on risks associated with inductions and Cesarean sections before 39 weeks
- Available HIV testing and counseling if positive
- Early and continuous risk assessment – information on interventions to decrease incidence of low birth weight infants
- Education on physiology of pregnancy, labor and delivery, breastfeeding, infant care and postpartum care
- Perinatal and postpartum depression screenings with appropriate referrals for continued care
- Postpartum care up to 60 days post-delivery
- Medically necessary transportation
- Healthy Pregnancy Measures:
    - Addressing nutrition
    - Sexually transmitted infections
    - Substance abuse and other risky behaviors
- Education topics:
    - Dangers of lead exposure to mother and baby during pregnancy
    - Importance of timely prenatal and postpartum care
    - Postpartum depression
    - Safe sleep
- Support services:
    - WIC-Special Supplemental Nutrition program
    - Start Smart for Baby program
    - Other community based resources to support healthy pregnancy outcomes

Notification of Pregnancy (NOP)

- **Providers are required to complete/submit an NOP in its entirety upon identifying and completing a prenatal visit with an Arizona Complete Health-Complete Care Plan (AzCH-CCP) member who is pregnant. The NOP can be found on the Arizona Complete Health's website, in the Provider Manual Forms section: https://www.azcompletehealth.com/providers/resources/forms-resources.html**

- The NOP assists AzCH-CCP Maternal Child Health Team to identify pregnant members who require additional assistance due to having a high risk pregnancy
- Receipt of NOP enables AzCH-CCP Maternal Child Health Team to begin coordination of care during member's pregnancy

- **NOP's should:**
  - **Be completed thoroughly and accurately including information regarding current pregnancy**
  - **Be submitted via fax or provider portal upon identification of members pregnancy without any other documents attached**
  - **Any additional documentation/medical records needs to be submitted separate from the NOP**



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Complete Care Plan

Notification of Pregnancy Form

***Required Field**

The earliest possible completion of this form allows us to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome. **Please complete clearly in black ink and fax to 1-844-816-6047.**

Member's Current Contact Information

***Member ID:** DOB (mmddyyyy):

Last Name: First Name:

Mailing Address:

City: State: Zip Code:

Home Number: Cell Number:

Email Address:

OB Provider Information

***OB Provider Name:**

***OB Provider TIN/ID #:**

OB Provider Mailing Address:

OB Provider City: OB Provider State: OB Provider Zip Code:

OB Provider Phone Number: Today's Date (mmddyyyy):

General Information

Primary Insurance (for mom or baby) other than Medicaid? Yes No

***Due Date (mmddyyyy):** Date of first prenatal visit (mmddyyyy):

Date of last Pap Smear (mmddyyyy): Date of last Chlamydia Screening (mmddyyyy):

Race/Ethnicity (check all that apply): Caucasian, Non-Hispanic/Latina Black/African American Hispanic/Latina

American Indian/Native American Asian Hawaiian/Pacific Islander Other ethnicity (please specify):

If other ethnicity, please specify.

Preferred Language (if other than English):

Number of Full Term Deliveries: Number of Preterm Deliveries:

Number of Miscarriages/Abortions: Number of Stillbirths:

Any social needs? Yes No

If yes, please specify social needs:

Enrolled in WIC? Yes No Planning to Breastfeed? Yes No Height: (Feet, Inches)

Pre-Pregnancy Weight: Pre-Pregnancy BMI:

Age less than 16? Yes No Age greater than 40? Yes No

***Are there any known pregnancy risk factors?** Yes No

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*Member ID: DOB (mmddyyyy):

Last Name: First Name:

History

Previous Preterm delivery (<37 weeks)? Yes No If yes, was the delivery spontaneous? Yes No

Currently on 17P? Yes No

Recent delivery (within past 12 months)? Yes No Recent delivery (within past 6 months)? Yes No

Previous C-Section? Yes No Previous severe preeclampsia? Yes No

Diabetes (prior to pregnancy)? Yes No Sickle Cell? Yes No

Asthma? Yes No If yes, are asthma symptoms worse during pregnancy? Yes No

High Blood Pressure (prior to pregnancy)? Yes No If yes, is high blood pressure well controlled? Yes No

Previous neonatal death or stillborn? Yes No

If yes, was neonatal death associated with an underlying maternal health condition? Yes No

HIV Positive? Yes No HIV Negative? Yes No HIV Test Refused? Yes No AIDS? Yes No

Seizure disorder? Yes No If yes, has there been a seizure within the last 6 months? Yes No

Current Pregnancy

Preterm labor this pregnancy? Yes No Current placenta previa? Yes No

Vaginal bleeding after 14 weeks? Yes No

Shortened Cervix <23 weeks this pregnancy? Yes No If yes, Length ___ cm.

Current gestational diabetes? Yes No Current preeclampsia? Yes No Current oligohydramnios? Yes No

Current Twins? Yes No Current Triplets? Yes No Discordant growth? Yes No

Current fetal growth restriction? Yes No Current congenital anomalies? Yes No

BMI < 20 or poor weight gain during this pregnancy? Yes No UTI/Pyelo Bacteriuria this pregnancy? Yes No

Current severe hyperemesis? Yes No

Current mental health concerns? Yes No

If yes, please specify mental health concerns.

Current STD? Yes No If yes, please list STD's.

Current tobacco use? Yes No If yes, please specify amount used.

Current alcohol use? Yes No If yes, please specify amount used.

Current street drug use? Yes No If yes, please specify amount used.

Are there any other significant risk factors? Yes No

If yes, Please list other risk factors:

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Timeliness of Prenatal Care

Visits with an OB provider are required to occur in the 1st trimester of pregnancy or, within 42 days of member enrollment with the health plan. Provider submission of a claim for a prenatal visit is required.

As reported by Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, "Mothers who do not receive prenatal care are three times more likely to give birth to a low-weight baby, and their baby is five times more likely to die." Also, "..25 percent of births to females under age 15, and 10 percent of births to teens ages 15 to 19, were to those receiving late or no prenatal care."

Documentation of a prenatal care visit in the 1st trimester must include one of the following: a basic OB/GYN exam; or evidence that a prenatal care procedure was performed or documentation of LMP or EDD with a prenatal risk assessment.

Maternity care appointments are conducted within ACOG standards. Please submit a claim for each and every visit including "zero dollar" claims for bundled services such as prenatal visits.

COMMON CODES USED FOR TIMELINESS OF PRENATAL
59400,959425, 59426, 59610, 59618

Timeliness of Postpartum Care

Postpartum visit with OB Provider is required within 21-57 days of member's delivery. Provider submission of a claim for a postpartum visit is required. The visit provides an opportunity for Providers to assess for postpartum depression and discuss family planning.

Maternity care appointments are conducted within ACOG standards. Please submit a claim for each and every visit including "zero dollar" claims for bundled services such as prenatal visits.

COMMON CODES USED TO IDENTIFY PPC	
	Postpartum 57170, 58300, 59430, 99501

COMMON CODES USED TO IDENTIFY DELIVERY
59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Perinatal Mood Disorders

Low-income women are at a higher risk than the general population for depression and anxiety during and after pregnancy. The Seriously Mentally Ill (SMI) population is at even a higher risk due to their history of mental illness and recurrence and exacerbation may be severe. Maternal mood disorders can be detrimental for the short and long-term emotional and developmental health of these women and their children.

Mental health disorders can effect woman not only postpartum but perinatal women as well. This can include eating disorders, substance abuse, OCD, anxiety, panic, mania, depression and psychosis. Identified risk factors include a history of or chronic mental health illness. Postpartum depression is only a part of this broader concern.

Many medications prescribed to SMI women before pregnancy are stopped or decreased due to the potential teratogenicity, however discontinuing and/or decreasing these medications come with risks as well. No universal recommendations can be made, and the decision ultimately must rest with the woman, her family and her provider.

As providers and healthcare professionals there are some things that can be done to increase a healthier outcome.

- ***Regularly screen for depression and other mood disorders.***
  The *AHCCCS Tool Kit for the Management of Adult Postpartum Depression* includes the Edinburgh Depression Screen Tool and a process. The Edinburgh Depression Screen is not guaranteed and does not always capture anxiety, OCD and mania. Women may not answer truthfully because of the fear of her child being removed or other stigma. Please use your professional judgement when screening for mental health.

- ***Postpartum depression does not cover the range of mood disorders women can experience during pregnancy and postpartum.***
  Providers must talk to women, not only about depression signs and symptoms but her possible feelings of anxiety, OCD and attachment disorders. If there are any concerns or identified risk factors, please provide the proper resources and encourage she receive the proper help.

- ***With the correct combination of treatment, women do get better.***
  Some women may feel there is no option other than “just getting through it”. Women need to be comfortable with talking about how their feeling without fear or judgment. Please keep this in mind when discussing their feelings as they may not always be honest.

- ***Wrap pregnant and postpartum woman in extra supports such as:***
  - Increase contact with her mental health team
  - Give community resources for support groups
  - Increase family involvement
  - Make a plan for any crisis and give the NurseWise 24^{o} crisis line 866-495-6735
  - Ask about food, shelter, transportation and communication needs

Pregnant Women with Substance Use Disorders

What You Need to Know

Current data in Arizona illustrates a growing problem with substance exposed newborns. Of particular concern is opioid use during pregnancy causing neonatal abstinence syndrome (NAS). Health plans have developed interventions to improve health outcomes for pregnant women and their infants.

Because many people do not view prescription medications as a "substance", it is important to engage in a face-to-face discussion about all types of substance use with a pregnant women and with all women of reproductive age even when the woman does not report or denies use. Substance use disorders can affect women of all socioeconomic status.

Refer all pregnant Health Plan members with substance use concerns to the plans High Risk Care Management program, which will assist with coordination of care, facilitation or collaboration between the primary care provider and other providers, and provision of education support and resources to the member.

Sexually Transmitted Infections

Sexually Transmitted Infections (STI's)

- Arizona is currently in a syphilis outbreak impacting women and babies. Arizona now has the 4th highest rate of syphilis in the country. Based on recommendations from Arizona Dept of Health Services (ADHS) and Center for Disease Control (CDC), AHCCCS is covering three syphilis screenings during pregnancy statewide effective immediately.
- AHCCCS will cover all of the augmented screening recommendation statewide:
    - All pregnant women at first prenatal visit, early in the third trimester, and at delivery, regardless of risk
    - Opt-out screening in both men and women who use drugs
    - Sexually active men who have sex with men: testing annually and every
        - 3-6 months if at increased risk
    - Sexually active persons with HIV: testing at least annually and every 3-6 months if at increased risk
    - For additional resources on syphilis prevention, screening and treatment, please refer to https://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/congenital-syphilis/index.php


SYPHILIS TESTING IS ESSENTIAL
FOR ALL PREGNANT WOMEN
ONE TEST
MAY NOT BE ENOUGH
START TESTING EARLY
AND
AGAIN IF NEEDED
80%
The chance of a mother passing syphilis onto her unborn baby if left untested or untreated.
Source: U.S. Centers for Disease Control and Prevention


SYPHILIS IN NEWBORNS IS ON THE RISE IN U.S.
Congenital syphilis is a tragic disease that can cause miscarriages, premature births, stillbirths, or even death of newborn babies.
In the past 4 years, cases of congenital syphilis have
MORE THAN DOUBLED
362
2013
462
2014
492
2015
639
2016
918
2017
80%
The chance of a mother passing syphilis onto her unborn baby if left untested or untreated.
Source: U.S. Centers for Disease Control and Prevention

Family Planning

Arizona Complete Health-Complete Care Plan members may obtain family planning services and supplies from any qualified family planning provider. These services are covered for members who voluntarily choose to delay or prevent pregnancy. These services include medical, surgical, pharmacological, laboratory services, and contraceptive counseling, as well as contraceptive devices (including Long-Acting Reversible Contraception (LARC) like Intrauterine Devices (IUDs) and subdermal implantable contraceptives).

Please refer to your contract or Arizona Complete Health-Complete Care Plan website https://www.azcompletehealth.com for additional information regarding authorization requirements and reimbursement for services provided.

Elective Inductions Prior to 39 Weeks

For almost 3 decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to ELECTIVE delivery, either vaginal or operative (ACOG, 1996).

A survey conducted in 2007 of almost 20,000 births in HCA hospitals throughout the U.S. carried out in conjunction with the March of Dimes at the request of ACOG revealed that almost 1/3 of all babies delivered in the United States are electively delivered with 5% of all deliveries in the U.S. delivered in a manner violating ACOG/AAP guidelines. **Most of these are for convenience, and result in significant short-term neonatal morbidity (neonatal intensive care unit admission rates of 13-21%)** (Clark, etc. al., 2009).

According to Glantz (2005), compared to spontaneous labor, elective inductions result in more cesarean births and longer maternal length of stay.

The American Academy of Family Physicians (2000) also notes that elective induction doubles the cesarean delivery rate.

Repeat elective cesarean births before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns (Tita et al., 2009).

Why elective inductions prior to 39 weeks are not a good thing to do?

- Medical research shows that babies born earlier than 39 weeks (one week before the due date) are at a much higher risk of having problems
- These problems might be: breathing problems, trouble feeding, yellow jaundice, trouble staying warm and more days in the special care nursery
- A baby's brain at 35 weeks weighs a little over half of what it would weigh at the due date
- The liver, lungs, eyes and ears continue to grow up to 40 weeks
- Babies born before 39 weeks have been shown to have lower math and reading scores in first grade
- They are more likely to have behavioral problems
- Staying pregnant until at least 39 weeks will give the baby a better chance of having a healthy life

We are here to help, for questions please reach out:

Contacts for Our Maternal Child Health Team

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