

Provider Manual

Section 16.0

Obstetrical

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16.0 Obstetrical

16.1 Overview

Passport Health Plan provides and coordinates a number of perinatal care services for pregnant members. The Plan's Mommy & Me Program works with obstetrical practitioners, local health departments, home health agencies, and other community agencies to identify and help meet the psychosocial, nutritional, and educational needs of pregnant members.

The Mommy & Me Program works with high-risk members and their OB practitioners to develop interdisciplinary care management plans to address each member's needs. Plans may include counseling, home care, health education, and referrals to additional support services or community resources. The Mommy & Me Program assists practitioners by supporting pregnant members with keeping their OB appointments and following practitioners' treatment plan. See Section 12.2.6, "Mommy & Me Program."

16.2 Member Access to Prenatal Care

A Passport Health Plan member who thinks she is pregnant may self-refer or be advised by her primary care provider to see a participating obstetrical practitioner. Following the initial evaluation, an obstetrical practitioner must obtain authorization for the management of each member's pregnancy from Passport Health Plan's Mommy & Me Program.

16.2.1 Global Authorization Request Form

The Global Authorization Request Form is used to authorize perinatal services and payment for these services. The form should be completed and sent to the Mommy & Me Program as soon as possible after a pregnant member's first visit to ensure timely payment of claims. For instructions on how to submit a completed Global Authorization Request Form, see Section 16.4. See Section 19 for a sample of the form.

Once an authorization number is provided, please include it on all claims for the member.

The Global Authorization Request Form is also used to identify pregnant members and associated risk factors for the Mommy & Me Program. The more risk factors identified the more contact and assistance the program provides the member.

16.3 Obstetrical Practitioner's Role

Passport Health Plan's obstetrical care practitioners play a critical role in the success of the perinatal program. Passport Health Plan staff and contracted representatives from local health departments and home health agencies will work with the obstetrical practitioners to help members get appropriate care during their pregnancies. Obstetrical practitioners are requested to:

1. Follow Passport Health Plan's Perinatal Care Guidelines, which have been adopted from the American College of Obstetricians and Gynecologists (ACOG) (see Section 15, "Clinical Practice Guidelines").
2. Complete the Global Authorization Request Form (see Section 19, "Forms and Documents") and mail it, fax it, or submit it online to Passport Health Plan's Mommy & Me Program within two business days of a member's initial prenatal visit.
3. Contact the Mommy & Me Program if the member's risk level changes to moderate or high-risk.
4. Direct members to their PCPs for evaluation and treatment of conditions unrelated to pregnancy.
5. Notify Passport Health Plan's Mommy & Me representative of members who do not keep OB appointments via no-show follow-up protocol as defined in Section 16.11.

16.4 General Procedure for Prior Authorization of Obstetrical Care and Delivery

After the initial obstetrical visit, the practitioner may obtain an authorization by submitting a completed Global Authorization Request Form via one of the following methods:

1. iEXCHANGE (see Section 6.4.1 for additional details),
2. Fax to (502) 585-7970,
3. Log into the Provider Center of www.passporthealthplan.com.

The practitioner will be given an authorization number within two business days by Mommy & Me staff for the member's prenatal care and delivery including all postpartum services. The Mommy & Me Program hours of operation are Monday through Friday, 8:00 a.m. to 4:30 p.m. EST (except for business-approved holidays).

Members may self-refer to any Passport Health Plan contracted obstetrical practitioner to obtain prenatal care and delivery services; therefore, a referral from the primary care provider is not required.

Completing the Global Authorization Request Form assists Passport Health Plan in accurately determining a member's risk factors. Upon receipt of the completed Global Authorization Request Form, Passport Health Plan will enroll the member in the Mommy & Me Program. All pregnant members identified will receive educational mailings and when appropriate be assigned to a care manager. Participation in the Mommy & Me Program is voluntary, and the member has the right to decline any or all parts of the program.

16.5 Perinatal Labs

All obstetrical practitioners are encouraged to use the perinatal clinical guidelines when ordering lab tests. A practitioner's office may perform any medically-necessary lab tests for which it has appropriate CLIA certification (see Section 15.3, "Perinatal Care").

Obstetrical practitioner offices do not need to call for an authorization when sending members for laboratory tests; however, they must utilize participating laboratory providers. An updated list of

participating laboratory providers is available on the Plan's web site, www.passporthealthplan.com/providercenter.

16.6 Change of Obstetrical Practitioners

A member is encouraged to remain with one participating obstetrical practitioner throughout her pregnancy. If a member changes from one participating obstetrical practitioner to another, the new obstetrical practitioner's office must obtain authorization from Passport Health Plan's Mommy & Me Program. For instructions on how to submit a completed Global Authorization Request Form, see Section 16.4.

16.7 Evaluation and/or Treatment by Perinatologists, Geneticists or Endocrinologists

High-risk medical conditions may warrant evaluation and/or treatment by perinatologists, geneticists, or endocrinologists. A referral from the member's PCP, or prior authorization is not required for these services during pregnancy.

16.8 Maternity Observation Stay

A maternity observation stay is defined as a hospital stay of 23 hours or less for the observation of members with medical conditions related to pregnancy.

No authorization is required for a maternity observation stay. Passport Health Plan will reimburse the facility for one 23-hour maternity observation stay per member within a 23-hour time frame. A member who calls with emergency medical complaints should be directed to a participating hospital for evaluation. A pregnant member who calls with nonemergent medical symptoms unrelated to the pregnancy should be referred to her PCP.

16.9 Prenatal Appointment Scheduling Standards

For maternity care, the obstetrical practitioner must provide prenatal care appointments for pregnant members as follows:

- 1st trimester – within 14 business days of request.
- 2nd trimester – within seven business days of request.
- 3rd trimester – within three business days of request.
- High-risk pregnancies – within one business day of identification of high-risk condition or immediately if an emergency exists.

16.10 Subsequent Perinatal Care & Delivery

The frequency of return visits and the extent of each physical exam should be determined by evaluating the member's individual needs and risk factors as recommended by American College of Obstetrics and Gynecology (ACOG) (see Section 15.3, "Perinatal Care").

In addition to providing services and ordering laboratory tests as recommended by ACOG, the obstetrical practitioner should discuss pediatric care and encourage the member to select a PCP for her newborn before delivery. The member should be directed to Passport Health Plan's Member Services at (800) 578-0603 for assistance in selecting a primary care provider for her newborn.

16.11 No-Show-Visit Protocol (Prenatal and Postpartum Appointments)

If a member with a global authorization on file misses a perinatal appointment, the obstetrical practitioner should fax the No-Show Visit Form to the Mommy & Me Program at (502) 585-7970. All No-Show Visit Forms must be received by Passport Health Plan within two business days of the missed appointment. If the obstetrical practitioner complies with this standard, Passport Health Plan will reimburse the practitioner as outlined in the fee schedule. No-Show Visit Forms will be provided to OB practitioners and are not to be invoiced on the same date of service as a perinatal care visit. See Section 19, "Forms and Documents" for a sample No-Show Visit Form.

Mommy & Me representatives contact members with missed appointments to encourage regular perinatal care. Contacts include reminder postcards, no show letters, and telephonic outreach. During telephonic contact, Mommy & Me representatives assess the reason(s) why the member did not keep the OB appointment, offer assistance in removing barriers to care, reinforce the importance of seeing the OB practitioner, and encourage the member to contact the OB practitioner's office to reschedule the appointment.

16.11.1 Passport Health Plan's Mommy & Me Program

Passport Health Plan has designated staff members available to assist obstetrical practitioners with questions. Please feel free to contact the Mommy & Me Program at (800) 578-0636 and follow the prompts or via fax at (502) 585-7970.

16.11.2 Perinatal Care Management Services

The perinatal care management services offered through the Mommy & Me Program include but are not limited to:

- A psychosocial/nutritional assessment and prenatal education.
- Referrals to HANDS (Health Access Nurturing Developing Services), Healthy Start, Women, Infants, and Children (WIC), 1-800-QUITNOW, and the Smiling Stork Dental programs.
- Referrals for support services that include advocacy services, prenatal education classes, interpreter/sign service, and maternal/infant resources.

- Assistance with arranging transportation with the Department for Medicaid Services (DMS) vendor for perinatal care is provided on a case-by-case basis.
- Coordination with mental health/substance abuse providers for any member requiring intensive counseling or substance abuse counseling.
- Referrals to appropriate social service agencies.
- A postpartum home visit and/or telephone call to teach infant care, to stress the importance of pediatric appointments/immunizations, and to encourage members to make postpartum checkups.
- Coordination of care with involved health care providers.

16.11.3 Prenatal Education Classes

Passport Health Plan provides coverage for basic prenatal education classes conducted by certified prenatal educators. No referral is required. Mommy & Me representatives educate members regarding the availability of and transportation to these classes. Mommy & Me representatives provide the authorization number on file to facilities that provide prenatal education classes for the purpose of reimbursement. For information regarding prenatal classes, please contact the Mommy & Me Program at (800) 578-0636.

16.12 Claims Submission

Please refer to Section 18 for information on claims submission.

16.13 Presumptive Eligibility

Presumptive Eligibility (PE) was implemented on November 1, 2001 by the Kentucky Department for Medicaid Services (DMS). To be eligible a woman must not be a current Medicaid recipient or have a Medicaid application pending, nor can she have been granted PE status during her current pregnancy. A woman must go to a certified PE provider (health department, designated OB offices, and many of the Plan's PCP offices) for a pregnancy test. If the test is positive and her family income meets the eligibility guidelines, she should qualify for coverage. No other supporting documentation or proof is required.

While she is in the certified practitioner's office, the woman will be given a letter containing her eligibility information. PE coverage is good for up to 90 days. Once determined eligible for PE, the woman should go to the nearest Department for Community Based Services (DCBS) office as soon as possible to apply for full Medicaid. If approved for full Medicaid, the woman is then enrolled as a Passport Health Plan member with full benefits effective retrospectively to the first of the month in which she applied for regular Medicaid.

16.13.1 Presumptive Eligibility Benefit Package

PE enables qualified pregnant women to receive prenatal care (for up to 90 days) while their eligibility for full Medicaid benefits is determined.

To Qualify for PE a Woman Must:

- Go to a PHP certified provider for a pregnancy test;
- Qualify for financial assistance;
- Be a Kentucky resident;
- Have a monthly household income of less than 185% of poverty level; and,
- Not have a pending Medicaid application.

The Certified PE Provider:

- Supplies the applicant with a Patient Information Form and assists her in calculating her income to determine eligibility;
- Contacts the PE Help Desk Specialist at (866) 818-0073 to secure a PE Confirmation Number;
- Accesses www.kymmis.com to complete the online patient form and to print the paper PE card; and,
- Completes the Passport Health Plan Global Authorization Request Form (see Section 19 for a sample of the form). The form must be returned to the Plan by:
 - Faxing to (502) 585-7970, or
 - Downloading online at www.passporthealthplan.com.
- Encourages the PE recipient to visit the local Department for Community Based Services (DCBS) to apply for full Medicaid benefits.

If you are a participating PHP Primary Care, OB/GYN, or Health Department provider and you would like to become certified as a PE provider, please call the Plan's Provider Relations department at (502) 585-7943 to schedule training and receive a PE Manual.

The following benefits are available to presumptive eligibility recipients:

- Office visits for primary care services provided by the primary care physician, OB/GYN, ARNP, midwife, PA, rural health clinic, or federally qualified health center.
- Prescription drugs (including prenatal vitamins).
- Laboratory services.
- Diagnostic radiology services (including ultrasounds).
- Dental services (excluding orthodontia).
- Emergency room services.
- Transportation (both emergency and non-emergency).
- Select ambulatory prenatal services from approved health care providers.

Services **NOT** covered under PE include:

- Office visits or other procedures performed by a specialist, even if it is determined medically necessary.
- Inpatient hospital services, including labor, delivery, and newborn nursery services.
- Mental health/substance abuse services.
- Any other service not specifically listed as being covered under PE.
- Any service by a non-participating provider.
- Services provided by Urgent Care Centers.

- Family planning.

These services may be covered if the member is eligible for full benefits.

16.13.2 Presumptive Eligibility Claims Submission

Please refer to Section 18 for information on claims submission.