

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201029 AUGUST 17, 2010

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## Standardized Prenatal Care Coordination Assessment Forms and Outcome Report

New standardized forms, along with the operational guidelines for completing the forms, are being introduced for Prenatal Care Coordination:

- [The Prenatal Care Coordination Initial Assessment](#)
- [The Letter of Findings \(Initial Assessment results\)](#)
- [The Prenatal Care Coordination Reassessment](#)
- [The Prenatal Care Coordination Assessment Update Letter \(Reassessment results\)](#)
- [The Prenatal Care Coordination Narrative Notes Form](#)
- [The Prenatal Care Coordination Outcome Report](#)
- [Operational Guidelines for Initial Assessment](#)
- [Operational Guidelines for Reassessment](#)
- [Operational Guidelines for Outcome Report](#)

Use of these NEW forms is required by October 1, 2010.

Prenatal care coordinators (PNCCs) are responsible for oversight and completion of all the corresponding documentation for each Medicaid-eligible recipient. A prenatal care coordinator must maintain written documentation of all services pro-

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vided. The written documentation shall be subject to postpayment review and audit.

### **Prenatal care coordination: statewide impact**

Case Management Services for Pregnant Women are defined by *Indiana Administrative Code (405 IAC 5-11)*:

“Case Management Services for Pregnant Women” means an active, ongoing process of assisting the individual to identify, access, and utilize community resources and coordinating services to meet individual needs. The term includes:

- (1) Locating service sources;
- (2) Making appointments for service;
- (3) Arranging transportation to services; and
- (4) Following up to verify appointments or reschedule appointments (*405 IAC 5-11*)

Prenatal care coordination services are available to pregnant women who are at risk for low birth weight or poor pregnancy outcomes. Prenatal care coordinators often determine the need for prenatal care coordination services before the woman enters into formal prenatal care. Medicaid reimburses for prenatal care coordination services.

About 50 percent of the births in Indiana occur to women covered by Medicaid. Roughly 30 percent of Medicaid-enrolled pregnant women are diagnosed as high risk.

Prenatal care coordination can assist women with getting the help they need to have healthy babies. These NEW prenatal care coordination forms will help the State track outcomes. Collection of the outcomes data is vital for the Office of Medicaid Policy and Planning (OMPP) and Indiana State Department of Health (ISDH) to identify associated risk factors, demonstrate the impact of prenatal care coordination on outcomes, and develop effective strategies to mitigate identified risks.

### **Statewide mandatory risk-based managed care and prenatal care coordination**

To continue to receive reimbursement for services, PNCCs must enroll with Medicaid and all Hoosier Healthwise managed care organizations (MCOs) in the counties where PNCCs provide services. The MCO maintains responsibility for the delivery of and payment for prenatal care coordination services provided to members enrolled with the MCO. The prenatal care coordination program is being standardized to facilitate communication, contracting, and care coordination services with the three MCOs. The three state MCOs are:





- Anthem
- Managed Health Services (MHS)
- MDwise

Ongoing communication and collaboration between the member's MCO and the PNCC must occur at the initial stages of care coordination and throughout the pregnancy. To assure that this occurs:

- PNCCs must notify the MCO that prenatal care coordination services are being provided within seven days upon discovery that a participant is enrolled with that MCO.
- A Letter of Findings describing assessment results related to the current pregnancy must be submitted to each participant's healthcare provider and MCO within 14 calendar days from the date of service or within three business days of discovering her known eligibility with an MCO.
- A Prenatal Care Coordination Assessment Update letter describing reassessment results related to the current pregnancy must also be submitted to each participant's healthcare provider and MCO within 14 calendar days from the date of service or within three business days of discovering her known eligibility with an MCO.
- The Prenatal Care Coordination Outcome Report must be submitted to each member's MCO at the same time as the claim for the last visit.

### **Standardized care coordination assessment forms and corresponding operational guidelines**

Access all forms on the [Forms page](#) of the IHCP Web site.

#### *The Prenatal Care Coordination Initial Assessment form and Operational Guidelines for Initial Assessment*

- The Prenatal Care Coordination Initial Assessment form collects data from the initial home visit and at least one follow-up encounter.
- The Prenatal Care Coordination Initial Assessment is used to determine women whose pregnancies are at risk for low birth weight or poor pregnancy outcomes.
- The Prenatal Care Coordination Initial Assessment form must be kept in the participant's record.
- The Operational Guidelines for Initial Assessment provides field definitions for completion of the Prenatal Care Coordination Initial Assessment form.

#### *The Prenatal Care Coordination Reassessment form and Operational Guidelines for Reassessment*

- The Prenatal Care Coordination Reassessment form is used to track progress in the trimesters following the initial assessment.

- A reassessment consisting of two encounters is completed each trimester, following the trimester when the initial assessment was completed.
- Each Prenatal Care Coordination Reassessment form must be kept in the participant's record.
- The Operational Guidelines for Reassessment provides field definitions for completion of the Prenatal Care Coordination Reassessment form.

Some information received during the Prenatal Care Coordination Initial Assessment can be transferred to the Prenatal Care Coordination Reassessment form as a tool for guidance in the follow-up process. This form has a section for Encounter Notes, and additional Prenatal Care Coordination Narrative Notes pages can be used to document case-specific details.

*The Prenatal Care Coordination Outcome Report and Operational Guidelines for the Outcome Report*

- The Outcome Report is to be completed at the postpartum visit, which occurs up to 60 days postpartum.
- A newborn assessment is documented on the Operational Guidelines for the Outcome Report for each infant born of the pregnancy following an initial assessment.
- The Outcome Report form incorporates information gathered at the initial and all reassessment visits.
- An Outcome Report must be faxed to the participant's MCO and the ISDH even if a postpartum visit is not completed.



- Failure to complete all fields that apply to individual participants may result in denial of the claim.

- The Operational Guidelines for Outcome Report provides field definitions for the completion of the Prenatal Care Coordination Outcome Report.

HP does not receive any additional documentation. PNCCs must fax the Prenatal Care Coordination Outcome Report for all participants to the ISDH at (317) 233-1300, attn: Beth Johnson, and to each participant's MCO.

*The Letter of Findings and the Prenatal Care Coordination Assessment Update letter*

The Letter of Findings and the Prenatal Care Coordination Assessment Update letter are templates to use as follow-up communications tools. PNCCs will describe assessment results related to the current pregnancy and submitted to each client's healthcare provider and to her MCO within 14 calendar days from the date of service for both the initial



assessment visit and the reassessment visits; or within three business days of discovering a client's known eligibility with an MCO. The template should be printed on your agency letterhead.

*The Prenatal Care Coordination Narrative Notes form*

The Prenatal Care Coordination Narrative Notes form is a formatted notes page that can be included in the participant's file for additional record-keeping, as PNCCs chart the progress of each pregnancy. Notes should include dates and details relative to client interaction and communications among the client's prenatal care providers.

### Reimbursement

PNCCs must enroll with Medicaid and contract with Hoosier Healthwise MCOs to receive reimbursement for services. The MCO maintains responsibility for the delivery and payment of PNCC services for women enrolled with an MCO. PNCCs must maintain all documentation in the participant's record for postpayment auditing purposes. Prenatal care coordination claims for women not enrolled with an MCO should be submitted to HP Enterprise Services (formerly EDS).

### H1000 – Initial Assessment

This service must occur during the prenatal period.

- The billing limit for this code is one unit per pregnancy and documentation must include the following:
  - Completed Prenatal Care Coordination Initial Assessment form as assessment to determine high-risk pregnancy conditions; form indicates bold/shaded areas MAY indicate high-risk factors
  - Development of a plan of care coordination
    - Includes problems, goals, and plan
  - Referral and linkage to appropriate support services
  - Continued follow-up and monitoring
  - Record of at least two encounters, one of which must be a visit in the participant's home performed by the PNCC
  - Completion of a Letter of Findings, which has been submitted to the member's prenatal care provider and the member's MCO



### H1004 – Reassessment

- PNCCs may submit a claim for a reassessment each trimester following the initial contact, and reassessments are limited to one claim per trimester. To be reimbursed, PNCCs must include documentation which demonstrates:
  - Medicaid-enrolled women at risk for low birth weight or poor pregnancy outcomes
  - Completion of at least two encounters, one of which must occur in either the participant's home or the PNCC's office

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- A review and update of the plan of care
- Referrals and linkage to appropriate support services
- Continued follow-up and monitoring, and a copy of a Prenatal Care Coordination Assessment Update letter, which has been submitted to the member's prenatal care provider and the member's MCO

#### **99501 – Home visit for postnatal assessment and follow-up care**

- Must follow an initial assessment and is reimbursable only for a pregnancy determined to be at-risk. To be reimbursed, PNCCs must include documentation which demonstrates:
  - Completion of visit within 60 days postpartum, preferably within two weeks
  - Completion of a postpartum and a newborn assessment
  - Referral and linkage to appropriate support services
  - Completion and submission of the Prenatal Care Coordination Outcome Report to the MCO and the ISDH.

#### **Reimbursement rate for prenatal care coordinator services**

- H1000 = \$90/at least two encounters
- H1004 = \$50/limited to one claim per trimester following the trimester of initial assessment; at least two encounters
- 99501 = \$50/one encounter and completion of the Prenatal Care Coordination Outcome Report

#### **QUESTIONS?**

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area or toll-free at 1-800-577-1278.

