PROVIDER *news*

INDIANA HEALTH COVERAGE PROGRAMS NL201006 JUNE 2010

Mock-up of the new provider Web site home page

TOP STORIES

- OMPP initiatives improve birth outcomes
- Healthy Babies prenatal care coordination and Medicaid: Making a difference
- Dental/home health/hospice provider workshop

Redesigned Web site premieres July 1

The Indiana Health Coverage Programs (IHCP) is revamping its provider Web site to make the site more contemporary and user-friendly. The redesigned site (see mock-up above) will include information for providers about:

- How Medicaid benefits Indiana and the programs that are offered
- Becoming a Medicaid provider or updating your provider profile
- Doing business with Medicaid, including billing, eligibility verification, prior authorization, educational programs, and information for specific provider types
- And much more

You can expect to see the revised site up and running by July 1, 2010. The new provider site will look very similar to the IHCP member site (http://member.indianamedicaid.com/) that debuted in April. If you haven't already, please check out the member site – it is a valuable source of information for the members you serve.

OMPP initiatives improve birth outcomes

The Office of Medicaid Policy and Planning (OMPP) is focused on improving birth outcomes for Medicaid-eligible women. Approximately 50 percent of the births in Indiana are financed by Medicaid, making successful birth outcomes even more important to all Hoosiers.

- Low-income women are at higher risk for poor birth outcomes.
- Adequacy of prenatal care is inconsistent among women enrolled in Medicaid.
- In 2007-08, as many as 50 percent of women who delivered under a Medicaid health plan were not enrolled in a health plan until the third trimester of their pregnancies.

To address these concerns, the OMPP began two new programs in July 2009 – Presumptive Eligibility for Pregnant Women (PE) (see *BT200910* and *BT200920* for more information) and Notification of Pregnancy (NOP) (see *BT200914* and *BT200921*).

The NOP is a tool to capture risk factors for pregnant woman. If risks are identified and indicated early in pregnancy, there is an opportunity to improve poor birth outcomes.

Since July 1, 2009, more than 7,000 NOPs have been submitted. NOP data shows that women are entering care earlier in pregnancy, with 44 percent of women with an NOP entering care in the first trimester. Other revealing data from the NOP is highlighted below:

Approximately 50 percent of the births in Indiana are financed by Medicaid, making successful birth outcomes even more important to all Hoosiers.

- Thirty-two percent of women with an NOP currently use tobacco; 69 percent of those women are ready to quit with help.
- Thirty percent of NOP pregnancies are diagnosed as high risk by the provider completing the NOP.
- Twelve percent of NOP pregnancies occur in women younger than 19 years old.
- Thirty percent of women with an NOP have a body mass index (BMI) greater than 30.
- Fourteen percent of women with an NOP have a history of clinical depression, and 5 percent are currently diagnosed as depressed.

The OMPP, in partnership with Hoosier Healthwise Managed Care Organizations (MCOs), reviews data trends and recommends program changes. Provider participation with NOP has been a success in the first nine months of implementation, with more than 185 providers submitting NOPs since July 1, 2009. A payment of $60 is made to providers for timely and complete submission of NOPs on Web interChange.

NOP data – areas for intervention

The OMPP reviews a variety of data generated through the collection of NOP responses:

Continue

Birth outcomes

✓ Age

NOPs reveal that 12 percent of NOPs are for women under the age of 19. Age is a considerable contributor to higher risk, simply because these young women often lack the education and resources to focus on the importance of prenatal care.

✓ Tobacco use in pregnancy

With more than 30 percent of pregnant women using tobacco and many of those women interested in quitting, medical providers can be an important resource for assistance. Additionally, the Hoosier Healthwise MCOs offer tobacco cessation programs to their members.

The OMPP promotes the use of the Indiana Tobacco Quitline. If a patient is ready to quit, you can help by filling out the Fax Referral Form. The Fax Referral Form process is easy:

- Complete your provider information (including name and fax number).
- Have the patient complete her information and sign the form.
- Fax the form to 1-800-483-3114.

NOPs reveal that 12 percent of NOPs are for women under the age of 19.

The Indiana Tobacco Quitline reports back to your office to tell you whether the patient was reached by the Quitline team, enrolled in services, and planned to quit. The Indiana Quitline uses highly trained quit coaches to help tobacco users break their addictions. For women who are pregnant, extensive services are offered, and calls continue through postpartum.

The Fax Referral Form can be found online at http://www.in.gov/quitline/. Providers can also contact the Quitline at 1-800-QUIT-NOW for assistance integrating tobacco cessation into their clinical practices.

✓ Social risk factors

Prenatal care coordination is another support system offered by Hoosier Healthwise.

Providers can refer women to pregnancy care coordination services to prevent poor pregnancy outcomes. Prenatal care coordination is a collaborative relationship among providers to assist pregnant women in getting medical and social services throughout pregnancy.

Prenatal care coordinators perform assessments, case management, care planning, coordination of prenatal care services, education, and referral. Prenatal care coordinators visit pregnant women at home or in a clinic. More information about prenatal care coordination can be found in *Chapter 8*, pages 8-165, of the *IHCP Provider Manual.*

The NOP captures the following risk factors, which can lead to complications during pregnancy:

- Homelessness
- Learning disability
- Lives alone
- No family support
- Unemployed
- Unstable home
- Food insecurities
- Domestic violence

Continue

Birth outcomes

- No telephone
- Transportation problems
- Rape (history/current)

✓ *Body mass index*

Body mass index (BMI) is another indicator for compromised birth outcomes.

Thirty percent of all NOPs submitted indicated BMIs greater than 30.

For women with a high body mass index (BMI > 30) before or during pregnancy, there is a greater risk for maternal complications during pregnancy, such as:

- Gestational diabetes
- Pre-eclampsia – a type of high blood pressure that occurs during pregnancy
- Increased risk of stillbirth
- Problems having epidural and other anesthesia
- Increased risk of forming abnormal blood clots
- Delivery by emergency cesarean section
- Bladder and kidney infections
- Wound infection
- Heavy bleeding after delivery
- Difficulty seeing all the baby's organs and estimating the baby's weight with ultrasound
- Difficulty monitoring the baby's heart rate tracing with the fetal heart monitor

Women with a history of clinical depression make up 14 percent of the NOPs reported to the OMPP. Depression, especially if it isn't treated, carries serious risks for the pregnant woman and her baby.

The level of these risks increases as the mother's BMI increases. Babies born to overweight and obese mothers may face their own challenges. These newborns are at increased risk of:

- Premature birth
- Birth defects
- Neonatal intensive care unit (NICU) admission
- Obesity in childhood

Encouraging women with BMIs greater than 30 to incorporate a healthy diet and to follow an exercise program, and to aim for a weight gain of no more than 15 pounds, can lead to healthier birth outcomes.

✓ *Mental health*

Women with a history of clinical depression make up 14 percent of the NOPs reported to the OMPP. Depression, especially if it isn't treated, carries serious risks for the pregnant woman and her baby. These risks include:

- Poor prenatal care
- Pre-eclampsia – a type of high blood pressure that occurs during pregnancy

Continue

Birth outcomes

- Poor weight gain
- Unhealthy eating habits
- Use of drugs or alcohol to self-medicate
- Suicide

Mothers with depression are often less able to care for themselves or their children, or to bond with their children. Also, babies born to women with depression may be more irritable, less active, and less attentive than other babies. They may also be born prematurely or have low birth weight.

Educating women during pregnancy about mental health concerns has important implications for pregnancy outcomes. At the very least, the notification of mental health risks in women identified on the NOP can assist the MCOs and prenatal care coordinators in beginning to monitor anxiety and depression in pregnant women. Observation and treatment can be built into the care planning to promote successful outcomes for both mother and baby following pregnancy.

Healthy Babies prenatal care coordination: Making a difference

Julie Hochstetler, BSW, LSW, is devoted to her prenatal clients in the Healthy Babies Program in Elkhart County. She has been a prenatal care coordinator for 14 years and loves it – including the challenges that never seem to stop coming her way.

Julie works collaboratively as a prenatal care coordinator with several medical offices that serve Medicaid-eligible pregnant women. Often, she is the first stop in the prenatal journey for these women. Julie assesses their psychosocial needs and puts them in touch with community physicians for obstetric care.

In her 14 years with Healthy Babies, Julie has experienced much change, but nothing quite like the implementation of Notification of Pregnancy (NOP). As NOP changes took effect, it was evident that communication between care coordinators and physicians would be key. While all providers are pressed for time, trying to serve as many patients as possible, the comprehensive nature of the NOP requires additional time to address all the indicators for potential risk factors during pregnancy. That's where Julie's work is so important.

Healthy Babies has always inquired about the psychosocial issues in the lives of its clients. The prenatal care coordinators at the Healthy Babies Program have always viewed relationships within the medical community as useful in providing supportive services to women during their pregnancies.

"In some cases, the NOP is an eye-opener for medical personnel, as it brings to light some of the unfortunate events that occur in their patients' lives," says Julie. "These events may have an impact on patients' ability to access or comply with medical care."

Prenatal care coordinators at Elkhart County's Healthy Babies Program know from experience that successful community collaboration enhances the significance of the NOP within the Medicaid population.

Workshop for dental, home health, and hospice providers

Provider Relations has scheduled a provider workshop in July for home health, hospice, and dental providers. The morning session focuses on home health and hospice education, and the afternoon session presents information for the dental provider community.

Date: July 12

Location: St. Joseph Regional Medical Center
4215 Holy Cross Parkway
Mishawaka

Providers can enroll in the workshop online at www.indianamedicaid.com under **Provider Services** > **Education Opportunities** > **Workshop Registration**. If you have questions, please call Provider Relations at (317) 488-5072.

Home health/hospice providers

Home Health: 9 – 10 a.m.; Hospice: 10:10 – 11:30 a.m. This is an excellent opportunity to become more familiar with Medicaid home health and hospice policies, procedures, and billing tools and methodology. The agenda includes the following:

- Benefit coverage
- Prior authorization requirements
- Billing procedures
- Eligibility requirements
- Reimbursement methodology
- Hospice process
- Common denials

This workshop is an excellent opportunity to become more familiar with Medicaid home health, hospice, and dental policies, procedures, and billing tools and methodology.

Dental providers

1:00 – 3:30 p.m. This is an excellent opportunity to become more familiar with Medicaid dental policies, procedures, and billing tools and methodology. The agenda includes a live demonstration and a discussion of Web interChange, including:

- Spend-down
- Managed care
- Third-party liability and qualified Medicare beneficiary eligibility
- Dental cap
- Benefit limitations

NEWS FROM RECENT BANNER PAGES

- HP to Mass Adjust Dental Claims
- Pharmacy Claims Billed and Paid for H1N1 Vaccine To Be Mass Adjusted
- Correction of Coverage Criteria for 17P Injections
- Pharmacy Edit Does Not Include Compound Claims
- Schedule Change for Second-Quarter Workshop

PROVIDER WORKSHOPS

Second-quarter provider workshops

The IHCP is again offering quarterly provider workshops free of charge. For more information, go to http://www.indianamedicaid.com. Click on **Provider Services**, then **Education Opportunities**. To register, click here.

FOR MORE INFORMATION

- Your Provider Relations Field Consultant
- General provider concerns
- IHCP Provider Quick Reference – a complete list of addresses, telephone numbers, and fax numbers for the IHCP and IHCP vendors

RECENTLY PUBLISHED TO THE IHCP WEB SITE

BULLETINS

- *BT201014* – Autoclosure Process for Inpatient Crossover Claims
- *BT201015* – Revised – Medicaid Rehabilitation Option Program Has New Benefit Structure
- *BT201016* – Changes to the Preferred Drug List

IHCP PROVIDER MANUAL

The following chapters of the *IHCP Provider Manual* have been updated:

- *Chapter 2 – Member Eligibility and Benefit Coverage*, version 10.1
- *Chapter 4 – Provider Enrollment, Eligibility, and Responsibilities*, version 10.0

590 PROGAM PROVIDER MANUAL, version 5.0

LOOKING FOR MORE INFORMATION ABOUT PROVIDER MANUAL UPDATES?

- Subscribe to IHCP E-mail Notifications at http://www.indianamedicaid.com/ihcp/mailing_list/default.asp.
- Check the Revision History at the front of each section of the *IHCP Provider Manual*. The Revision History provides more detailed information about what each revision includes.