Maternal Health

Narrative Report 2023

MCO	Amerigroup Washington
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Purpose:

MCOs must annually report to the legislature on their work to improve maternal health for enrollees, including postpartum services offered, percentage of enrollees utilizing the services offered, outreach activities to engage in available postpartum services, and efforts to collect eligibility information to ensure the enrollee is in the most appropriate program for the state to receive the maximum federal match.

Section I: Overview & Postpartum Services

Amerigroup WA supports improving maternal health for enrollees through several established programs and activities. The health plan employs a team of dedicated physical health OB case managers that are responsible for administering the telephonic case management and care coordination for this subset of our membership. All pregnant members are eligible based on their identified needs. Services are individualized and based on the needs of the member though a process of ongoing assessment.

We offer all services that are included in the states after-pregnancy coverage (APC), that provides comprehensive Medicaid Apple Health coverage for individuals to access health care services any time in the 12 months postpartum regardless of changes in income.

Additionally, Amerigroup partners with a variety of programs to advance our maternal health strategy and target demographic populations that traditionally have poor maternal health outcomes.

Since the start of 2023 to present, we have managed 128 maternity cases through our Case Management programs.

Taking Care of Baby and Me®

Taking *Care of Baby and Me®* is a program aimed to support pregnant members during the prenatal and postpartum period. This includes newborn members and those who are hospitalized and discharged from neonatal intensive care units (NICU). The support period extends up to 180 days after discharge. Participants are supported and encouraged to follow best practice guidelines for well child checks through the first year of life. The goal is to assure that pregnant members and their babies have access to appropriate medical and behavioral health care services.

The maternity program engages members in care management as advocates for their own health care and assists members with the essential elements of personal responsibility and healthcare that lead to a healthy pregnancy and newborn. The program strives to identify pregnant members as early as possible. Each identified member is screened using a validated predictive model risk-screening tool. For those with advanced risk, a thorough clinical and psychosocial assessment is conducted, and an individualized care management plan is developed.

Value Added Benefits

Our healthplan offers several value added benefits for pregnant individuals including:

- Taking Care of Baby and Me® rewards program
    - $20 for completing a prenatal visit in the first trimester or within 42 days
    - $5 per visit for completing up to six prenatal visits (for a total of $30)
    - $25 for completing a postpartum visit 7–84 days after delivery
    - Free Electric breast pump
- Baby essentials bundle — members can select up to 2 options from a customized catalog filled with essential baby items
- Free 2 weeks of home-delivered meals for members on bed rest or postpartum members recently discharged

- Free 10 weeks of home-delivered meals for pregnant members with diabetes

Open Arms

Amerigroup has partnered with Open Arms, a community-based organization that provides comprehensive support during pregnancy, birth, and early parenting. Our partnership has two objectives. The first being to target women of color to reduce maternal mortality rates by providing alternate care options. The second being decreasing preterm birth rates. Our Open Arms pilot launched in 2022 with Amerigroup sponsoring 25 slots for members in Pierce, King, Kitsap and Snohomish counties. Amerigroup is currently working to expand the program to 50 counties. Currently, the program has engaged 24 members with the highest percentage being in King County. 79% of members currently participating in the program identify as an ethnicity other than White. Out of those members who have given birth 92% gave birth to babies weighing over 5lb 8oz. . Open Arms offers a range of services that aim to nurture strong foundations for birthing families. These services include:

- Doula Support: providing highly qualified, culturally matched doulas who offer support in nine different languages.
- Prenatal Support and Home Visits: Member's receive 3 prenatal support and home visits
- Emotional and Physical Support: doulas provide 24/7 support throughout labor and delivery.
- Postpartum Support and Home Visits: Enrollees receive 3 postpartum supports through home visits, assisting with the transition to parenthood.
- Lactation Support: offers lactation counseling and "lactation lounges" which are drop in spaces throughout the community where parenting people can receive care from trained Lactation Support Peer Counselors and Consultants to promote successful breastfeeding.
- Childbirth and Parenting Education: access to comprehensive education on childbirth and parenting. The Child Birth Education classes are community matched for the BIPOC communities.

Sydney Maternity Community

We have launched the Sydney Maternity Community App, which provides personalized health education to members. The app offers educational articles and videos on various pregnancy-related topics, including trimester-specific information, labor and delivery, postpartum care, and pregnancy loss support. The app also sends push notifications with timely and relevant information based on the stage of pregnancy, allowing app enrollees to make informed decisions. It also facilitates connection and sharing experiences with other members.

Count the Kicks

In 2023, our health plan has partnered with Count the Kicks, an organization dedicated to preventing preventable stillbirths and ensuring healthy birth outcomes. Count the Kicks offers a simple and reliable method for healthcare providers and expectant parents to monitor the well-being of their developing baby.

Our partnership includes providing professionals with access to educational videos, guides, and resources to educate expectant parents around count the kicks as well as connecting expectant parents to the Count the Kicks app to record their baby's movements, notice changes and seek early intervention when changes are identified.

Section II: Outreach

Once pregnant members are identified, they receive a call to complete the OB Screener which screen's for the member's need for OB Case Management (CM)/Care Coordination (CC) services. In addition to those members identified by the screener, claims-based predictive models are used to identify members with high obstetric risk who did not complete the OB Screener or those who experienced a change in their acuity after completion of the original screener. Members are ranked according to acuity and auto cases are created for those with the highest risk. Upon receipt of an OB Case Management case, the assigned OB Case Manager verifies current eligibility and conducts outreach within five business days if a routine case and within one business day if urgent needs are present. OB case managers make a minimum of three (3) outreach attempts within fourteen (14) calendar days of identification/referral. These outreach attempts include two (2) telephone attempts which must be made on separate days and if unable to reach the member includes an Unable to Contact mailing. During the initial outreach, benefits and eligibility will be explained and consent is obtained. If outreach is successful, members are assisted with information regarding their Amerigroup benefits for pregnancy, WIC assistance on an as needed basis, Breast Pump DME assistance and any other additional resources they need during the pregnancy and into the post partum period of care. Members are additionally informed of available resources such as doula support, Sydney and My Advocate apps as well as Count the Kicks programs.

Section III: Eligibility Information

To ensure the broadest range of identification, several avenues are used to identify members for OB Case Management and related programs. These include identification through state enrollment files, claims data, medical management data, and manual referral. Most pregnant members are identified through state enrollment data and claims data.

State Enrollment Data –When pregnancy data is available in the enrollment data transmitted Amerigroup, these members will be flagged and referred for risk screening and OB Case Management and/or Care Coordination.

Claims Data – Nightly claims queries occur searching pregnancy related codes.

Continuous Case Finding – On a daily basis, the entire Medicaid member population is evaluated and candidates for OB management are identified through targeted ICD-10 and CPT4 codes and received authorization data.

Predictive Modeling – On a monthly basis, Chronic Illness Intensity Index (CI3), uses member demographic and claims data (e.g., diagnoses, hospitalizations, emergency room encounters,

expenditures) to develop individualized risk profiles. The risk profile includes a wealth of information to direct and support case management efforts. Members who are identified through the CI3 process that enter case management are referred to the OB Case Management program when identified as pregnant.

Medical Management Data – On a daily basis, medical management information is reviewed to identify members for OB Case Management. These include:

- Pre-certification and authorization requests
- Discharge planning
- Hospital census

Manual Referrals – Members may be referred directly to the OB Case Management Program. These include, but are not limited to, the following: Members, Families, caregivers, Providers, Community-based organizations, State and local governmental agencies, Nurse Help Line medical claims review, member services etc.