

Statewide Medicaid Managed Care Program

Healthy Behaviors Program Description

Part I. Program Overview

Plan Name	Preferred Medical Plan, Inc. (PMP)
Program Name	Pre-Natal/Preferred Kids Safety & Postpartum
Brief Description of Program	<p>Prenatal care is recommended for all pregnant women because of its potential to improve the health of mothers and infants. Inadequate use of prenatal care has been associated with increased risk for low infant birth weight, premature births, neonatal mortality, infant mortality, and maternal mortality. It has been shown in multiple studies that early prenatal care helps to identify high risk pregnancies and allows interventions at an early stage thus decreasing the rates of complication and prematurity. A significant portion of the Medicaid population is composed of women in the childbearing ages. The goal of this program is to incentivize women in the childbearing ages to increase the percentage of timeliness of prenatal care within the first trimester or within 42 days of enrollment and after delivery to improve the postpartum visits (postpartum care within six (6) weeks after delivery, as documented through either administrative data or medical record review.</p> <p>To promote child safety from day one, Preferred Medical Plan will provide infant car seats to all mothers who meet all or substantially all of the prenatal screening periodicity recommendations and/or participate in our high-risk pregnancy or other prenatal programs. Our case coordination department will track women who meet the standards and participate in programs and ship a new infant car seat to the member’s designated residence 30 days before their expected delivery due date. Preferred Medical Plan believes this program will promote prenatal screening compliance and ensure that more babies travel home in a car seat and safely thereafter.</p> <p>The program will be made available to all eligible members and will be added to member materials including member handbooks. Members retain the right to select PCPs and will have access to any applicable network providers for any healthy behavioral program.</p>
Description of Enrollee Identification Method	Initial Welcome Call, Health Risk Assessment Screening Tool, Medical Record Review, Medical Claims Data, Laboratory Data, Pharmacy Reports, HEDIS Metrics, Global Obstetric (OB) notification form, Presumptive eligibility, Physicians/practitioners, Ancillary providers, Self-referrals, Trigger reports, Case coordination triage report
Description of Written Agreement/Program Enrollment Process (if	PMP informs enrollees at time of enrollment in the welcome letter and call about PMP Healthy Behavior Programs, including incentives and rewards and members will be encouraged to participate in the program.

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applicable)	<p>Once the member agrees to participate on the Healthy Behavior program :</p> <ul style="list-style-type: none"> ○ A notification letter will be mailed to confirm member engagement ○ Case Coordinator will conduct a follow up call to: <ul style="list-style-type: none"> ▪ Outline the program specifications and to develop an individualized care plan if needed. ▪ Provide support and education regarding individualized goals for optimum health and wellness.
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Part II. Interventions and Incentives

Intervention	Incentive Type*	Incentive Value *	Incentive Criteria	Limitations
Pre-Natal/Preferred Kids Safety	Car Seat	\$55.00	Prenatal: Incentive paid when the member sees the doctor within 42 days of enrollment or in the first trimester (first 12 weeks of pregnancy); AND makes 80% of their scheduled prenatal visits.	<ul style="list-style-type: none"> • • Member doesn't complete the program. • Moves out of service area or disenrolled. • Must meet HEDIS specifications (percentage of timeliness of prenatal care within the first trimester or within 42 days of enrollment).
Postpartum	Grocery gift card, a For Your Entertainment (FYE) music gift card, an iTunes gift card or two AMC movie tickets.	\$10.00	Post-Partum: Incentive paid after completing the postpartum visit (within six (6) weeks after delivery).	<ul style="list-style-type: none"> • Member doesn't complete the program. • Move out of service area or disenrolled. • Must meet HEDIS specifications (postpartum care on or between within six (6) weeks after delivery).

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Part III. Milestones, Goals and Rewards

Milestone/Goal	Reward Type*	Reward Value*	Reward Criteria	Limitations
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Prenatal: Incentive paid when the member sees the doctor within 42 days of enrollment or in the first trimester (first 12 weeks of pregnancy); AND makes 80% of their scheduled prenatal visits.	Car Seat	\$55.00	Prenatal: Incentive paid when the member sees the doctor within 42 days of enrollment or in the first trimester (first 12 weeks of pregnancy); AND makes 80% of their scheduled prenatal visits.	<ul style="list-style-type: none"> Member doesn't complete the program. Moves out of service area or disenrolled. Must meet HEDIS specifications (percentage of timeliness of prenatal care within the first trimester or within 42 days of enrollment).
Post-Partum: Incentive paid after completing the postpartum visit (within six (6) weeks after delivery).	Grocery gift card, a For Your Entertainment (FYE) music gift card, an iTunes gift card or two AMC movie tickets.	\$10.00	After completing the postpartum visit (within six (6) weeks after delivery).	<ul style="list-style-type: none"> Member doesn't complete the program. Move out of service area or disenrolled. Must meet HEDIS specifications (postpartum care within six (6) weeks after delivery).

Part IV. Evidence Base

Detailed Description of Research to Support Effectiveness	<p><u>Prenatal/Postpartum Care</u></p> <p>Prenatal care is recommended all pregnant women because of its potential to improve the health of mothers and infants. Inadequate use of prenatal care has been associated with increased risk for low infant birth weight,</p>
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premature births, neonatal mortality, infant mortality, and maternal mortality. It has been shown in multiple studies that early prenatal care helps to identify high risk pregnancies and allows interventions at an early stage thus decreasing the rates of complication and prematurity. A significant portion of the Medicaid population is composed of women in the childbearing ages. The goal is to increase the percentage of timeliness of prenatal care within the first trimester or within 42 days of enrollment that will influence health outcomes in a positive manner.

The State Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics reports that: In 2004, 9.1% of live births in the state received inadequate or no prenatal care.

Pregnancy is one of the primary occurrences leading to Medicaid eligibility, while deliveries account for 50% of inpatient admissions for Medicaid adult members. The National Committee for Quality Assurance (NCQA) State of Quality Health Care Quality Report for 2005 (SOHC) states:

- Every dollar of prenatal care results in expected savings of \$3.33 for postnatal care and \$4.63 in long-term morbidity costs.
- Hospitalizations for pregnancy complications cost over \$1 billion annually and account for more than 2 million hospital days of care.
- A normal birth weight hospital charge averages about \$5,800. A low weight infant birth may cost up to \$205,000.

Prenatal care consists of much more than just monitoring the mother's diet and weight. Keep in mind that during pregnancy it is not just the health of the pregnant woman that must be watched, but also the health of the unborn baby. Maternal difficulties such as diabetes (which can develop as a result of being pregnant even if diabetes was not present before), insufficient weight gain, and high blood pressure, if gone untreated, can be harmful to the fetus. A doctor can also monitor the baby's well-being directly by listening to the fetal heartbeat, checking the size and positioning of the uterus and fetus, and testing for various abnormalities. Some conditions, if detected prenatally, can be treated in-utero (i.e., before the baby is born). In other instances, early detection can allow the proper medical facilities to be present at the time of birth to allow the baby full access to the help it needs. It is very important to receive proper prenatal care in order to ensure the health of both the member and the baby. Monitoring and improving Prenatal care visits is an important determinant of quality health care outcomes for women giving birth, will improve the quality of life of both the mother and newborn.

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Child Safety

In 2012, more than 1,100 children ages 14 years and younger died in motor vehicle crashes, and more than 176,000 were injured. But parents and caregivers can make a lifesaving difference.

Whenever you're on the road, make sure your child passengers are buckled in age- and size-appropriate car seats, booster seats, or seat belts. The safest place for children of any age to ride is properly restrained in the back seat. Data show that:

Know the stages:

- **Birth up to age 2** – Rear-facing car seat. For the best possible protection, infants and children should be buckled in a rear-facing car seat, in the back seat, until age 2 or when they reach the upper weight or height limits of their particular seat. Check the seat's owner's manual and/or labels on the seat for weight and height limits.
- **Age 2 up to at least age 5** – Forward-facing car seat. When children outgrow their rear-facing seats they should be buckled in a forward-facing car seat, in the back seat, until at least age 5 or when they reach the upper weight or height limit of their particular seat. Check the seat's owner's manual and/or labels on the seat for weight and height limits.
- **Age 5 up until seat belts fit properly** – Booster seat. Once children outgrow their forward-facing seat (by reaching the upper height or weight limit of their seat), they should be buckled in a belt positioning booster seat until seat belts fit properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck). Remember to keep children properly buckled in the back seat for the best possible protection.
- **Once seat belts fit properly without a booster seat** – Children no longer need to use a booster seat once seat belts fit them properly. Seat belts fit properly when the lap belt lays across the upper thighs (not the stomach) and the shoulder belt lays across the chest (not the neck). The recommended height for proper seat belt fit is 57 inches tall. For the best possible protection keep children properly buckled in the back seat.
- Install and use car seats and booster seats according to the seat's owner's manual or get help installing them from a certified Child Passenger Safety Technician.

References

- American Academy of Pediatrics; PEDIATRICS Vol. 105 No. 3 March 2000, pp. 645-646; Recommendations for Preventive Pediatric Health Care

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	<ul style="list-style-type: none"> • Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at www.Brightfutures.org • Reference: CDC.GOV • Brown B, Weitzman M. Early child development in social context: a chartbook. New York (NY): Commonwealth Fund; 2004 Sep. 115 p. • Child Trends Data Bank. Well-child visits. [internet]. Danvers (MA): Child Trends; 2010 [accessed 2011 Jun 01]. • Hakim RB, Ronsaville DS. Effect of Compliance With Health Supervision Guidelines Among US Infants on Emergency Department Visits. Arch Pediatr Adolesc Med. 2002 Oct;156(10):1015-20. • http://www.estronaut.com/a/pre_natal_care.htm • http://www.dhcs.ca.gov/dataandstats/Pages/Prena.aspx http://www.cdc.gov/features/passengersafety/ • CDC Vital Signs: Child Passenger Safety: Buckle up every age, every trip • Child Passenger Safety: Information and Resources • Protect the Ones You Love from Road Traffic Injuries • Task Force on Community Preventive Services and the Community Guide: Motor Vehicle Occupant Safety • CDC National Action Plan for Child Injury Prevention • CDC Childhood Injury Report • National Highway Traffic Safety Administration: Child Safety

Part V. Definitions

Intervention	Any measure or action that is intended to improve/restore health or alter the course of disease (e.g. – counseling sessions, educational classes, etc.)
Incentive	Something offered to the enrollee that encourages or motivates him/her to take action (i.e. intervention)
Reward	Something offered to the enrollee after successful completion of a milestone or attainment of a goal
Milestone/Goal	Meaningful step toward meet a goal or actual goal to be attained.

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Type	The nature of the incentive/reward
Value	The monetary value of the incentive/reward
Criteria	Condition(s) that must be met for the enrollee to receive the incentive/reward
Limitation(s)	Any restriction(s) that result in an enrollee not qualifying to receive the incentive/reward

***IMPORTANT NOTE:** Please attach additional documentation to support Type and Value on the following page(s)



SMMC APPROVED

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*Spanish and other language versions of approved materials are deemed approved provided they are exact translations.