



## Aetna Medicaid Administrators LLC Policy

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| Policy Name: | Prenatal Services   | Page            | 1 of 17    |
| Department:  | Medical Management  | Policy Number:  | 7000.42    |
| Subsection:  |   | Effective Date: | 04/01/2013 |
| Applies to:  | ■ Medicaid Health Plans      ■ Medicare – Medicaid Health Plans |                 |            |

### ***PURPOSE:***

The purpose of this policy is to define Aetna Better Health's Medical Management program requirements that are specific to the prenatal population.

### ***STATEMENT OF OBJECTIVE:***

The objectives of the Medical Management programs for pregnant members are to:

- Promote and improve the health of pregnant women and their newborns
- Make reasonable efforts to identify all pregnant members enrolled in Aetna Better Health to assist with their assignment to a maternity care practitioner
- Provide education to pregnant members based on their self-reported Social Determinants of Health (SDoH) that may include physical, behavioral health, and psychosocial issues which can create additional risks. SDoH may also include culturally aligned practices and supports that act as protective factors during pregnancy to improve health outcomes.
- Reduce avoidable pregnancy complications and preterm delivery
  - Reduce Neonatal Intensive Care Unit (NICU) admissions and/or lengths of stay
  - Reduce the number of newborns with low and very low birth weight
  - Reduce the incidence and/or severity of neonatal abstinence syndrome (NAS)
- Identify pregnant members and enroll them in Aetna Better Health's integrated care management program as early as possible, with intensity of interventions based on risk level
- Unless members are enrolled in the Long Term Services and Supports (LTSS) program, administer a health-risk questionnaire to identify high-risk pregnant members who would benefit from integrated care management and determine and coordinate appropriate interventions and services (e.g., to address impactable issues such as previous preterm delivery, tobacco and/or substance use disorders). All LTSS members receive a comprehensive assessments.
- Promote periodic screenings throughout the member's pregnancy to identify development of risks
- Increase members' adherence to treatment recommendations and attendance at prenatal visits
- Improve and encourage access to routine preventive health care, chronic disease care, and all necessary medical, mental health, substance use disorder, dental and social services for pregnant members



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- Educate about and increase access to contraception/family planning, particularly for adolescents

### **DEFINITIONS:**

|                                    |   |
|------------------------------------|---|
| Care Plan                          | <p>A written description in the care management record of member-specific health care goals to be achieved and the amount, duration, and scope of the covered services to be provided to a member in order to achieve such goals. The individual care plan is based on assessment and/or reassessment of the member's health care needs, SDoH, and cultural background and is developed in consultation with the member and his/her informal supports. The care plan includes defined short and long-term risk-prioritized goals and interventions (actions) that address the member and/or caregiver needs based on the member's strengths, barriers to care, and preferences.</p> <p>Member information that facilitates communication, collaborates and continuity of care across settings when members experience transitions<sup>1</sup></p> |
| Case Management Associate          | Staff members who assist members/caregivers in accessing prescribed and/or needed services in order to meet the defined needs of the member/caregiver. These care coordination activities are typically non-clinical in nature.   |
| Case Management Coordinators (CMC) | Staff members who are experienced in health and/or social services but are not licensed clinicians. They coordinate designated components of health care, such as appropriate referral to consultants, specialists, hospitals, ancillary providers and services.  |
| Case Manager                       | Leads the collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes. Case managers provide education on the impacts of conditions and psychosocial variables as well as how to use available services effectively. Case managers must work within the scope of practice and  |

<sup>1</sup> 2023 HP NCQA Appendix 4 Glossary



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|                                  | <p>follow contractual requirements regarding the tasks they perform (e.g., requirement that a registered nurse conduct specific assessments).</p> <p>The term used in Aetna Medicaid when a statement or task may apply to either a clinical case manager (CCM) or a case management coordinator (CMC).</p> <p><u>NOTE:</u> Case management associates (CMA) and community health workers (CHWs) have distinct roles and are not considered to be case managers.</p>   |
| Community Health Worker (CHW)    | <p>A frontline public health worker who is a trusted member of, and/or has an unusually close understanding of, the community served. This trusting relationship enables the worker to serve as a liaison / link / intermediary between health / social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, social support and advocacy.<sup>2</sup></p> |
| Health Equity                    | <p>Everyone has a fair and just opportunity to be as healthy as possible. This principle of health equity motivates us to:</p> <ul style="list-style-type: none"><li>• Eliminate disparities<sup>3</sup> in health and in the key determinants of health among discriminated, excluded, or marginalized groups</li><li>• Improve access to the SDoH for those who have been discriminated, excluded, or marginalized and have worse health.</li></ul>  |
| Integrated Care Management (ICM) | <p>The Aetna Medicaid model of Care Management - A collaborative process of biopsychosocial assessment, planning, facilitation, care coordination, evaluation, and advocacy for service and support options to meet a member's and/or family's/ representative's comprehensive care needs to promote quality cost-effective outcomes. Care management includes assistance to members with the management of chronic</p>  |

<sup>2</sup> American Public Health Association: Community Health Workers (2016). [www.apha.org/apha-communities/member-sections/community-health-workers](http://www.apha.org/apha-communities/member-sections/community-health-workers)

<sup>3</sup> Robert Wood Johnson Foundation (2017): "What Is Health Equity?"



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|                                 | conditions, providing education and encouragement to learn self-management skills and coordinating access to the appropriate services and supports.  |
| Outcomes <sup>4</sup>           | Changes in patient health, functional status, satisfaction or goal achievement that result from health care or supportive services   |
| Outreach                        | Proactive communication with members for the purpose of enrolling them in the ICM program by informing them of and encouraging them to participate in available services, recommended care, and community resources. Methods used to outreach members include mail, telephone, email and face-to-face contact.   |
| Practitioner <sup>5</sup>       | A licensed or certified professional who provides medical or behavioral healthcare services.   |
| Primary Care Practitioner (PCP) | An individual, such as a physician or other qualified practitioner, who provides primary care services and manages routine health care needs.  |
| Provider                        | <p>An institution or organization that provides services, such as a hospital, residential treatment center, home health agency or rehabilitation facility.<sup>6</sup></p> <p><i>Provider</i> means any individual or <a href="#">entity</a> that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the <a href="#">State</a> in which it delivers the services. For Long Term Services and Supports (LTSS) programs, this may include but is not limited to, personal care agencies, home delivered meal providers, and personal emergency response systems.<sup>7</sup></p> <p>Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State<sup>8</sup></p> |

<sup>4</sup> 42 CFR §438.320

<sup>5</sup> NCQA HP 2022 Appendix 5 Glossary, NCQA HP 2023 Appendix 4 Glossary

<sup>6</sup> 2023 HP NCQA Appendix 4 Glossary

<sup>7</sup> 2022 HP NCQA Appendix 5 Glossary

<sup>8</sup> 42 CFR §438.2



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| Social Determinants of Health (SDoH) | The conditions, in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. <sup>9</sup> Economic and social conditions that affect a wide range of health, functioning, and quality-of-life outcomes and risks that may affect a member's ability to meet case management goals. <sup>10</sup> |
| Substance Use Disorder (SUD)         | Substance-related addictive disorder, as defined in the DSM-5 with the exception of tobacco-related disorders and non-substance-related disorders, marked by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use, is seeking treatment for the use of, or is in active recovery from the use of alcohol or other drugs despite significant related problems   |

### **LEGAL/CONTRACT REFERENCE:**

- Applicable accreditation agency requirements
- American Congress of Obstetrics and Gynecology (ACOG) guidelines and standards
- National Committee for Quality Assurance (NCQA) Standards and Guidelines for the Accreditation of Health Plans

### **FOCUS/DISPOSITION:**

Prenatal operations are carried out under the direction of the Aetna Better Health chief medical officer. The director of Medical Management is responsible for overseeing the core operations and activities and monitoring productivity. This oversight includes confirming the incorporation of clinical practice guidelines into the medical management practices and program.

Aetna Better Health's prenatal health care responsibilities include:

- Maintaining adequate staff with appropriate knowledge of prenatal clinical practice guidelines and experience in prenatal care services, including:
  - Medical directors knowledgeable about maternity care (either Aetna Better Health staff, corporate medical directors, or contracted practitioners)

<sup>9</sup> World Health Organization: Social determinants of health (2016). [www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

<sup>10</sup> [NCQA HP 2022/2023 PHM5 C5 explanation](#)



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- Care Management manager with appropriate care management experience
- Case managers (licensed nurses and social workers or non-licensed CMC with knowledge of maternity care)
- Community Health Workers as available
- Prior Authorization staff
- Concurrent review clinical staff
- Care management associates
- Outreach staff
- Support staff
- Maintaining a network of practitioners and providers qualified to deliver services during pregnancy and postpartum, including:
  - Participating obstetricians
  - Primary care practitioners qualified to provide obstetrical care (including family physicians, physician assistants under the supervision of a qualified physician, and nurse practitioners)
  - Perinatologists
  - Neonatologists
  - Certified nurse midwives
- Providing members with culturally aligned educational materials and information to enhance the educational materials provided by the member's maternity care practitioner, and, where available, nurse line information on complications, nutrition, physiology, and other aspects of pregnancy
- Educating practitioners and ancillary providers about the Aetna Better Health Care Management Program and how to refer pregnant members to the program

### **Network**

Aetna Better Health's network includes practitioners and providers to support both the complex needs of high-risk pregnant members and the routine needs of a normal pregnancy, delivery, and postpartum care. In addition to maternity care practitioners (i.e., obstetricians, certified nurse midwives, and family physicians or general practitioners), the network includes perinatologists, neonatologists, pediatricians, hospitals equipped to care for pregnant women, providers of home health, nutrition education, postpartum family planning, and other ancillary providers who provide maternity services.



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### *Member Access*

Aetna Better Health encourages pregnant members to promptly select a maternity care practitioner. This may be one (1) of the following practitioners, subject to Aetna Better Health policies and procedures:

- A participating maternity care provider who handles only the member's maternity care while the member's primary care practitioner retains responsibility for the member's general health care
- A family physician or certified family nurse practitioner who may provide both maternity and general health care

The member may choose to see a maternity care practitioner recommended by her primary care practitioner or a network practitioner of her own choosing. Members enrolling in Aetna Better Health during the third trimester who are already under the care of an out of network practitioner qualified in obstetrics may continue with that practitioner. If the practitioner is not contracted with Aetna Better Health, a case manager and/or Member Services representative will coordinate the authorization necessary for the practitioner to continue the member's care until postpartum care is completed.<sup>11</sup>

Aetna Better Health's pregnant members in their second or third trimester under the care of a participating practitioner whose contract is terminated will continue with that practitioner through the postpartum period or until successfully transitioned to an active participating practitioner.<sup>12</sup>

The Aetna Better Health network includes perinatologists to provide care and monitoring for members with high-risk conditions. A member's maternity care practitioner may refer her to a perinatologist for consultation and evaluation at any point during pregnancy.

### ***Practitioner and Provider Education***

Aetna Better Health provides training to participating practitioners/providers and their staff regarding prenatal services. Educational activities and interventions may include any of the following:

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<sup>11</sup> NCQA HP 2022/2023 NET4 B1 Explanation

<sup>12</sup> NCQA HP 2022/2023 NET4 B2



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- Distribution of materials (e.g., mass mailing and posting information regarding clinical practice guidelines or the Provider Manuals)
- Site visits
- Website information
- Sponsoring or encouraging participation in group education
- Newsletter articles addressing or updating an identified topic
- Physician forums

### ***Practitioners' Responsibilities***

The Aetna Better Health Provider Manual and website include information about the prenatal care management services, how practitioners may refer members to receive these services, and current maternity care standards.

Practitioners who provide maternity care are responsible for:

- Educating the member through discussion and materials about the physical changes to be expected during pregnancy, the process of labor and delivery, breastfeeding and other infant care information, as well as the importance of following the recommended care plan and nutritional recommendations, and maintaining healthy behaviors
- Complying with the standards of care recommended by the ACOG including screening for substance use disorder and domestic violence and making appropriate referrals
- Coordinating the member's maternity care needs throughout the pregnancy and providing postpartum care between twenty-one (21) and fifty-six (56) days after delivery
- Referring members as necessary for medical specialty services, such as perinatology, or to the Aetna Better Health Care Management department for coordination of other services
- Complying with the time standards required by Aetna Better Health for first-time appointments and ACOG-recommended standards for return appointments (see the tables below)

### First Prenatal Appointment Time Standards

| <b>Pregnancy Status</b> | <b>First Appointment Time</b>                    |
|-------------------------|--|
| First trimester         | As soon as possible after identification         |
| Second trimester        | Within seven (7) calendar days of identification |





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|---------------------|--|
| Third trimester     | Within three (3) calendar days of identification |
| High-risk condition | Within three (3) calendar days of identification |
| Emergency condition | Immediately upon identification                  |

### Prenatal Return Visit Time Standards\*<sup>13</sup>

| Pregnancy Status                                   | Return Visit Frequency         |
|--|--------------------------------|
| Through twenty-eight (28) weeks                    | Every four (4) weeks           |
| Between twenty-nine (29) and thirty-six (36) weeks | Every two (2) weeks            |
| After week thirty-six (36)                         | Once a week                    |
| High-risk condition                                | According to the member's need |

\*Recommended by the ACOG for women with uncomplicated pregnancies

### **Member Education**

Aetna Better Health's ICM program is available to enrolled members who meet criteria for care management or who are required by state mandate to receive care management services. Pregnant members are stratified to the appropriate care management service level based on their prenatal risk factors as well as other physical and behavioral health risk factors. Members always have the right to decline or elect to discontinue care management services.

Key components of ICM for pregnant women include, but are not limited to:

- Screening of individual members SDoH for early detection of risk/protective factors and health problems including screening and referral for tobacco use and substance use disorders to ensure Health Care Equity (HCE)
- Identifying the root cause(s) of a member's healthcare issues to focus care management efforts on reducing or eliminating those medical or SDoH variables that exacerbate the member's issues/conditions
- Documenting SDoH in the electronic health record (see Social Determinants of Health for Health Care Equity in CM Desktop)

<sup>13</sup> <https://www.acog.org/clinical-information>



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- Identifying and implementing effective interventions to either eliminate or minimize the impacts of the root causes which exacerbate the member's prenatal risks or conditions
- Developing an individualized care plan, in collaboration with the member, which includes member-driven care management goals and interventions designed to address the root causes of the member's issues and mitigate prenatal risks
- Promoting and coordinating a collaborative team approach to care provision across various disciplines within and outside the health plan to address SDoH identified in the assessment process
- Coordinating continuity of care through the course of the pregnancy and postpartum period
- Coordinating support and education for the member, the member's family or caregivers, and others involved in the member's care in order to improve and sustain self-management behaviors and the health of the baby

Education of pregnant members on healthy practices may include the following information, presented by case managers, the members' practitioners, through group classes, text messages or in mailed materials:

- Recommended and covered screening tests during pregnancy, including testing for human immunodeficiency virus (HIV) and other sexually transmitted diseases and availability of counseling if HIV test results are positive
- Education about preterm labor, avoidable risks, and treatments available to prevent preterm delivery
- Special education for complex care (e.g., diabetes)
- Course of pregnancy (prenatal, fetal development, labor and delivery), including education on the importance of avoiding elective delivery before thirty-nine (39) weeks gestation
- Prenatal/childbirth classes
- Text4Baby where available.
- Postpartum self-care, including postpartum depression, family planning, and infant care
- Education about and support for breastfeeding
- Availability of enhanced services such as referrals for social service or health education and referrals for:
  - Special supplemental nutrition Women, Infants, & Children (WIC) program
  - Dental care



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- Child health services (for other children)
- Family planning
- Behavioral health or other resources to assist the member with other needs, such as housing and transportation, if applicable

Other education activities include:

- Offering access to services to address individual risks, such as smoking cessation classes, substance use treatment, services to address spousal or partner abuse and emotional or mental health concerns
- Conducting outreach contacts, such as telephone reminders of appointments and education on gaps in care/SDoH identified for a specific member
- Coordinating with programs in the community that support the members' needs/SDoH identified through the assessment process (e.g., high schools for teen mothers, hospital- or church-sponsored programs)

### ***Member Reward Program***

To encourage attendance with routine prenatal care appointments, Aetna Better Health offers incentives to pregnant women. Eligibility for incentives is determined by the health plan.

During the initial outreach call, eligible members are informed of Aetna Better Health's reward program and that it is designed to encourage follow up with all prenatal appointments in order to promote the birth of a healthy baby. These incentives are administered and distributed to members based on the requirements and/or limitations of state Medicaid regulators.

### ***OPERATING PROTOCOL:***

#### ***Systems***

- The medical management business application systems use evidence-based clinical guidelines or algorithms to guide care management staff through assessment and ongoing management of members

#### ***Measurements***

Aetna Better Health may measure performance and outcomes of pregnant members as they are reflected in the following:



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- Healthcare Effectiveness Data and Information Set (HEDIS®) indicators
- Low birth weight rate (percentage of babies weighing between fifteen hundred [1500] and twenty-five hundred [2500] grams)
- Very low birth weight rate (percentage of babies weighing under fifteen hundred [1500] grams)
- Cesarean section rate (percentage of births delivered by cesarean section)
- Babies born before thirty-seven (37) weeks' gestation
- Elective deliveries prior to thirty-nine (39) weeks' gestation
- NICU admission rate
- NICU length of stay
- Additional indicators required by Aetna Better Health or state
- Applicable measures required by federal or state regulators

### ***Reporting***

Reports provided to the chief executive officer/executive director and chief medical officer may include:

- Monthly and quarterly reports related to care management indicators:
  - Outreach and Enrollment Rates
  - Initial engagement rates and trends
  - Care Management Clinical Outcomes, Tenure, and Progression of Care
  - Care Management discharge rates
  - Maternity Care Dashboard
- HEDIS reports
- Monthly and/or quarterly reports provided to the Quality Management/Utilization Management (QM/UM) Committee describing the:
  - Number and types of care management cases opened by line of business
  - Total number of discharges from care management and reasons for discharge with number of goals met or not met

Other Reports available to Aetna Better Health's executive and clinical leadership:

- Staff productivity and quality of work factors, such as caseloads, audit tools, and reports to monitor compliance with specific activities (e.g., open cases without active care plans, cases that have not been reviewed on a timely basis)



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### ***INTER-/INTRA-DEPENDENCIES:***

#### ***Internal***

- Claims
- Finance
- Grievance and Appeals
- Healthcare Analytics
- Informatics
- Information Technology
- Medical Management
- Member Services
- National Medicaid Health Care Equity/Personalized Health Team
- Network Services
- Pharmacy Benefits Manager (PBM)
- Quality Management

#### ***External***

- Community resources such as health departments, behavioral health programs, school programs, educational/parenting classes, and other support services
- External social workers or case managers, waiver programs
- Members, the member's family, or caregiver
- Nurse line service
- Practitioners and providers
- Regulators
- State health departments
- Vendors



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### **PURPOSE:**

**Aetna Better Health has adopted Prenatal Services AMA 7000.42. There are requirements for Aetna Better Health that deviate from those detailed in the Prenatal Services AMA 7000.42 Policy. Additional requirements are outlined below.**

**This amendment will be used in conjunction with the 7000.42 corporate policy to comply with the Aetna Better Health Medicaid regulatory and legislative requirements.**

### **DEFINITIONS:**

|   |   |
|---|---|
| <b><u>Aetna Medicaid Administrators LLC (AMA)</u></b> | <b><u>A subsidiary of CVS Health Corporation, AMA is the company's national Medicaid subsidiary that provides plan management and other administrative services for the Medicaid programs nationally.</u></b> |
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### **LEGAL/CONTRACT REFERENCE:**

- **2023 LOUISIANA MEDICAID MANAGED CARE ORGANIZATION STATEMENT OF WORK**



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### ***FOCUS/ DISPOSITION:***

**Aetna Better Health shall develop an outreach program to encourage women to seek prenatal services during the first trimester of pregnancy. This outreach program may utilize community and religious organizations and other community groups to develop outreach programs or referral networks, as well as include issuance of brochures and/or periodic articles emphasizing the importance of such care to all Enrollees.<sup>14</sup>**

**Aetna Better Health shall ensure access to appropriate service settings for Enrollees needing medically high-risk perinatal care, including both prenatal and neonatal care.<sup>15</sup>**

**Aetna Better Health shall assist all pregnant Enrollees in choosing a pediatrician, or other appropriate PCP, for the care of their newborn babies before the beginning of the last trimester of gestation. The Contractor shall report to LDH on a quarterly basis the number and percentage of newborns for which a PCP has been selected prior to birth. In the event that the pregnant Enrollee does not select a pediatrician, or other appropriate PCP, Aetna Better Health shall provide the Enrollee with a minimum of fourteen (14) Calendar Days after birth to select a PCP prior to assigning one.**

**Aetna Better Health shall ensure that Enrollees who are pregnant begin receiving care within the first trimester or within seven (7) Calendar Days after enrolling with Aetna Better Health. Aetna Better Health shall provide available, accessible, and adequate numbers of prenatal care providers to provide prenatal services, including SBHS that are incidental to a pregnancy (in accordance with 42 C.F.R. Part 440 Subpart B) to all Enrollees<sup>16</sup>.**

**In the event a new Enrollee is in the first trimester of pregnancy and is actively receiving medically necessary covered prenatal care services at the time of Enrollment, Aetna Better Health shall be responsible for the costs of continuation of such medically necessary**

<sup>14</sup> 2023 LOUISIANA MEDICAID MANAGED CARE ORGANIZATION STATEMENT OF WORK Section 2.7.13

<sup>15</sup> 2023 LOUISIANA MEDICAID MANAGED CARE ORGANIZATION STATEMENT OF WORK Section 2.9.12.3

<sup>16</sup> 2023 LOUISIANA MEDICAID MANAGED CARE ORGANIZATION STATEMENT OF WORK Sections 2.9.18.1- 2.9.18.3, 2.3.12.4.1



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| Applies to:  | ■ Medicaid Health Plans      ■ Medicare – Medicaid Health Plans |                 |            |

**prenatal care services, including prenatal care, delivery, and post-natal, without any form of authorization needed and without regard to whether such services are being provided by a network or non-Network Provider until such time as Aetna Better Health can reasonably transfer the Enrollee to a Network Provider without impeding service delivery that might be harmful to the Enrollee's health.**

**In the event a new Enrollee is in her second or third trimester of pregnancy and is actively receiving medically necessary covered prenatal care services at the time of Enrollment, Aetna Better Health shall be responsible for providing continued access to the prenatal care provider (whether network or non-Network Provider) for sixty (60) Calendar Days postpartum, provided the Enrollee remains covered through Aetna Better Health, or referral to a safety net provider if the Enrollee's eligibility terminates before the end of the postpartum period.**

**In the event a new Enrollee is actively receiving medically necessary MCO Covered Services other than prenatal services at the time of Enrollment, Aetna Better Health shall be responsible for the costs of continuation of such medically necessary services, without any form of authorization needed and without regard to whether such services are being provided by network or non-Network Providers. Aetna Better Health shall provide continuation of such services up to ninety (90) Calendar Days or until the Enrollee may be reasonably transferred to an in-Network Provider without disruption, whichever is less. Aetna Better Health may require Prior Authorization for continuation of the services beyond thirty (30) Calendar Days; however, Aetna Better Health is prohibited from denying authorization solely on the basis that the provider is a non-contract provider.**

**Aetna Better Health shall ensure that the Enrollee is held harmless by the provider for the costs of the above medically necessary MCO Covered Services.<sup>17</sup>**

This amendment will remain in effect until Aetna Better Health notifies Aetna Medicaid Policy

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<sup>17</sup> 2023 LOUISIANA MEDICAID MANAGED CARE ORGANIZATION STATEMENT OF WORK Sections 2.12.7.2.1- 2.12.7.2.4





## Aetna Medicaid Administrators LLC Policy

|              |   |                 |            |
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| Policy Name: | Prenatal Services   | Page            | 17 of 17   |
| Department:  | Medical Management  | Policy Number:  | 7000.42    |
| Subsection:  |   | Effective Date: | 04/01/2013 |
| Applies to:  | ■ Medicaid Health Plans      ■ Medicare – Medicaid Health Plans |                 |            |

Committee that it has been retired.

Aetna Better Health

A handwritten signature in dark ink, appearing to read "Richard C. Born", written over a horizontal line.

Richard C. Born  
Chief Executive Officer

A handwritten signature in dark ink, appearing to read "Madelyn M. Meyn, MD", written over a horizontal line.

Madelyn Meyn, MD  
Interim Chief Medical Officer