



<u>Department: Market</u>		<u>Policy and Procedure No: LA.MAR.017</u>	
<u>Policy and Procedure Title: LA.MAR.017 – Hospital based Care Coordination of Pregnant</u>			
<u>Process Cycle: Annually/Ad-hoc</u>		<u>Responsible Departments: Market</u>	
<u>Approved By: Mike Gomila, Rocky Thompson</u>		<u>Issue Date:</u> <u>1/1/2023</u>	<u>Revised:</u> <u>4/19/2023</u>

CONTRACT REFERENCE:

Medicaid Managed Care Humana Contract
Attachment C: In Lieu of Services

The Contractor may, at its option, cover the approved services or settings for Enrollees in lieu of Medicaid State Plan services as provided in this Attachment. Requirements and policies for the
In Lieu of Service- “Hospital-based care coordination for pregnant and postpartum individuals with substance use disorder and their newborns” are provided in the Contract and MCO Manual.

ACRONYMS & DEFINITIONS:

LDH: Louisiana Department of Health

PURPOSE:

This policy and procedure describe the hospital-based care coordination of pregnant and postpartum individuals with substance use disorder and their newborns in lieu of service.

POLICY AND PROCEDURE:

Policy:

1. Overview

The purpose of this “in lieu of” benefit is to provide coverage of a comprehensive pregnancy medical home model of care to enrollees with substance use disorder who are 18 years of age and older and pregnant or up to 12 months postpartum. The model includes care coordination, health promotion, individual and family support, and linkages to community/support services, behavioral, and physical health services. The model does



not include coverage of physical and behavioral health services otherwise covered under the Louisiana Medicaid State Plan (e.g., outpatient OB care, SUD treatment services). In addition, this “in lieu of” service is not duplicative of managed care organization case management services. Coverage of this “in lieu of” benefit is at the option of Humana, in accordance with 42 CFR § 438.3(e)(2)(iii).

2. Provider Qualifications

Eligible and qualified providers are hospitals that are enrolled in Medicaid and provide outpatient services with the following staffing specifications:

- At least one licensed mental health professional (LMHP), such as an LCSW or LPC with a current, valid, and unrestricted Louisiana license.
- Additional staff may include LMHPs, registered nurses, or advanced practice registered nurses with a current, valid, and unrestricted Louisiana license; and
- A staffing ratio of at least one LMHP or nurse for every 40 enrollees must be maintained.

Nothing herein shall be construed to require Humana to execute an agreement with any qualified and willing provider. Humana reserves the right to execute agreements with qualified providers only as needed to successfully provide services if Humana elects to offer this “in lieu of” benefit.

3. Covered Services

Services covered under the model are divided into three categories:

- Intake, assessment, and care plan development
- Care coordination
- Outreach for disengaged enrollees

<u>Description</u>	<u>Services Provided</u>
<u>Intake, Assessment, Care Plan Development</u> <u>Time requirement: 2.5 hours total time (face-to-face and non-face-to-face time)</u>	<u>Intake:</u> <ul style="list-style-type: none">• <u>Pregnancy confirmation: referral to OB if needed</u>• <u>Explanation of services</u>• <u>Obtaining informed consent for treatment</u>• <u>Obtaining detailed medical and social history</u>• <u>Create a mapping tool of contacts</u> <u>Needs assessment through screenings:</u> <ul style="list-style-type: none">• <u>Initiate assessment of unmet care needs for physical (medical and nutritional), behavioral and psychosocial needs. At a minimum, these assessments are completed:</u><ul style="list-style-type: none">○ <u>5 P's Screening tool</u>○ <u>DSM-5 Opioid Use Disorder Screening</u>○ <u>NIDA Substance Use Screen</u>○ <u>PHQ9 Depression Screening</u>○ <u>GAD-7 Generalized Anxiety Disorder Screening</u>○ <u>SDOH Health Leads Screening</u>



Description	Services Provided
	<p><u>Additional screenings may be added, to include:</u></p> <ul style="list-style-type: none"> ○ <u>Columbia Suicide Severity Rating Scale</u> ○ <u>Perinatal Posttraumatic Stress Disorder Questionnaire</u> ○ <u>PCL-C PTSD Checklist – Civilian version</u> ○ <u>ACE Adverse Childhood Experience Questionnaire</u> ○ <u>MDQ Mood Disorder Questionnaire</u> ○ <u>HITS Intimate Partner Violence Screening</u> <p><u>Plan of care development:</u></p> <ul style="list-style-type: none"> • <u>Review assessments to identify care needs and discussing results with patient</u> • <u>Develop treatment plan of patient-centered goals, including referral to MAT or SUD treatment</u> • <u>Assessing urgency of identified goals, prioritizing referrals based on needs, including housing referrals</u> • <u>Obtain plan of care developed by MCO case management, if applicable, for incorporation</u> • <u>Assessing Care Plan understanding through teach back to uncover any misunderstanding of the plan, the medical condition, and objections. Adjusting plan and referrals as needed.</u> • <u>Providing warm handoff to referral sources.</u> • <u>Notification to MCO case managers of enrollment</u> <p><u>All activities shall be documented fully.</u></p>
<p><u>Care Coordination</u></p> <p><u>Time requirement:</u> <u>10 hours per month of total time (face-to-face and non-face-to-face time).</u> <u>Non-face-to-face time can include, but is not limited to:</u></p> <ul style="list-style-type: none"> • <u>Warm handoffs to other providers and community services</u> • <u>Contacting and communicating with physical and behavioral health providers</u> • <u>Following up on outcomes of</u> 	<p><u>PRENATAL</u></p> <p><u>General Activities</u></p> <ul style="list-style-type: none"> • <u>Confirmation of consent</u> • <u>Confirm and update birth plans</u> • <u>Confirm and update contact information</u> • <u>Assisting with benefit reinstatement, if indicated</u> <p><u>Care Coordination</u></p> <ul style="list-style-type: none"> • <u>Coordination of referrals identified from treatment plan, incorporating collaboration with Humana’s as needed to improve effectiveness and prevent duplication</u> • <u>Review and revision of care plan, as needed</u> • <u>Visit preparation, navigation, and follow up for key OB services</u> • <u>Coordination with MCO Case Manager to enhance care and prevent duplication</u> • <u>Multidisciplinary long-term postpartum follow-up includes referrals for medical, developmental, and social support for mother and infant</u> <p><u>Risk Assessment</u></p> <ul style="list-style-type: none"> • <u>Reviewing patient history from referral source (if applicable) and medical charts</u> • <u>Reassess physical, mental, and social needs, identifying gaps</u> • <u>Providing assistance to close gaps for physical, mental and social needs</u> • <u>Review risks identified during assessment and addressing those risks</u>

Description	Services Provided
<p><u>referrals or visits</u></p> <ul style="list-style-type: none"> • <u>Updating the enrollee's care plan</u> 	<ul style="list-style-type: none"> • <u>Assisting with development of peer support</u> <p><u>Alcohol/Substance Use Disorder Treatment</u></p> <ul style="list-style-type: none"> • <u>Interdisciplinary case conference with hospital care team during pregnancy, delivery, and postpartum periods, including patient care plan.</u> • <u>Participation at SUD Treatment Case Conference, if indicated</u> • <u>Providing referral and/or education for Naloxone</u> <p><u>Health Education and Promotion</u></p> <ul style="list-style-type: none"> • <u>Orientation to labor and delivery process, including pain management plan and discussion of post-partum family planning, education on the importance of post-partum care</u> • <u>Provide individualized education on pregnancy, childbirth, parenting, physical well-being, lactation support and information on Neonatal Abstinence Support and related topics</u> <p><u>DELIVERY CARE</u></p> <ul style="list-style-type: none"> • <u>In-hospital, rooming in and assessment of NOWS, if required staffing and space are available</u> • <u>Lactation support and follow up education</u> • <u>Assessing baby safety needs</u> • <u>Navigating and educating mother for potential NICU admission, as needed</u> • <u>Assessment of care transition to home</u> <p><u>POSTPARTUM CARE</u></p> <p><u>Care Coordination</u></p> <ul style="list-style-type: none"> • <u>Identifying/connecting patient with peer support</u> • <u>Provide referrals for medical, developmental and social support, (WIC, Healthy Start, Early Steps)</u> • <u>Follow meconium drug screening and report to DCFS, if appropriate</u> • <u>Visit preparation and follow up for pediatric visits</u> • <u>Assist with/make referral to pediatrician</u> • <u>Identifying NOWS and NAS support by care partners</u> <p><u>Health Education and Promotion</u></p> <ul style="list-style-type: none"> • <u>Discussion of postpartum needs, including importance of postpartum care, red flag warnings for postpartum hygiene, signs, and symptoms of illness for mother, sleep, and nutritional needs.</u> • <u>Discussion of red flag warnings for signs and symptoms of newborn illness, feeding and lactation support, care of baby's skin, mouth, umbilical cord, and circumcision</u> <p><u>Risk Assessment</u></p> <ul style="list-style-type: none"> • <u>Reassessment for depression and anxiety screening with on-site treatment or referral as indicated</u> • <u>Provide education and advocacy for DCFS reporting and the justice system</u> • <u>Documentation of activities and progress across all categories of care coordination activities</u>



Description	Services Provided
<p><u>Outreach for Disengaged Enrollees</u></p> <p><u>Time requirement: 8 hours per month total time (face-to-face and non-face-to-face time).</u></p>	<ul style="list-style-type: none"> • <u>Maintaining and reviewing call log for potential disengagement</u> • <u>Medical record review for missed physician or diagnostic appointments</u> • <u>Checking with SUD treatment providers for missed appointments</u> • <u>Contact attempts by preferred contact method at least three times on different days and different times of day</u> • <u>Escalating contact tracking to friends, family, employer, judicial, social services, etc., from contact mapping</u> • <u>Documentation of efforts made for outreach attempts</u>

4. Rationale for Coverage as an “In Lieu Of” Benefit

As required by 42 CFR § 438.3(e)(2)(i), Louisiana Medicaid has determined that this service is a medically appropriate and cost-effective substitute for services covered under the State Plan.

Services Covered Under the State Plan

Currently, several services are covered under the Louisiana Medicaid State Plan to care for pregnant and postpartum individuals with substance use disorder. These include:

- Professional services (e.g., evaluation and management services, office-based MAT/MOUD)
- Outpatient hospital services (e.g., emergency department visits)
- Specialized behavioral health services (e.g., SUD treatment services)
- Inpatient hospital services (e.g., admissions for pregnancy complications or medical emergencies)
- Outpatient prescribed drugs (e.g., MAT/MOUD)

Medically Appropriate Substitute

The “in lieu of” benefit described herein is a medically appropriate substitute for acute care utilization (e.g., emergency department visits and inpatient hospitalizations) due to inadequately treated SUD during the pregnancy and postpartum period. The benefit will not serve as a substitute for medically necessary physical and behavioral health services such as obstetrical care or SUD care. Rather, the “in lieu of” benefit will help to ensure that enrollees receive comprehensive physical and behavioral health care services that meet their needs, while avoiding preventable use of acute care.

Pregnant women with active substance use face numerous barriers to care, including limited access to treatment, stigma, fear of legal consequences, and a fragmented care delivery system. (1) One model of care that can address these barriers, called a pregnancy medical home model, incorporates care coordination, health promotion, and individual and family support, in addition to linkages to community/support services and physical and behavioral health services. This model provides wrap around care to support the pregnant mother through linkages to substance abuse treatment, medical and behavioral medicine



and with community supports that significantly increases the likelihood of the birthing person maintaining her recovery.

Previous evidence has shown that patients engaged in a pregnancy medical home model have significantly lower rates year over year for placental abruption, preterm labor, and stillbirth as well as lowered rates for assisted ventilation, low birth weight, and preterm delivery. (2)

In summary, the benefit described herein is a medically appropriate substitute for acute care services covered under the State Plan.

Cost Effective Substitute

There is evidence that the “in lieu of” benefit described herein is a cost-effective substitute for State Plan services. In recent evidence brief, costs for newborn stays related to substance use averaged \$19,684, compared with \$4,500 for other newborns. (3)

Several state programs cited in that brief have demonstrated either cost savings or reductions in clinical outcomes that are costly:

- In its initial program year, the NICU lengths of stay in the Ohio MOMS program decreased 17.4% for mothers on MAT as compared to all program participants.
- Kaiser Permanente’s Early Steps Program in Northern California (KPNC) reported a cost savings of \$1,504 per infant of SUD Mothers in 2000. KPNC projected a simple return on investment of 30% for region-wide implementation.
- North Carolina’s Pregnancy Medical Home reported a 6.7% decrease in Low Birth Rates between 2011 – 2014, prior to the addition of the Substance Abuse Clinical Pathway in 2015;
- The Wisconsin OBHM Program has a strong partnership with MCOs with a focus on reducing birth disparities, especially low birth weight, preterm birth, or neonatal death. OBMH’s focus was to increase prenatal and post-partum visits. Initial data shows improvement in the rate of postpartum care visits between 61.4 percent in 2013 and 85.5 percent in 2015.

Procedure:

5. Prior Authorization and Referral

Services under this “in lieu of” are covered without the requirement of prior authorization or referral. Humana may make referrals to providers of this service at its discretion.

6. Reimbursement

Reimbursement for these services is only available to qualifying providers, as determined by Humana. Providers are advised to contact Humana for specific additional guidance prior to rendering services.



Non-Compliance, Recoupment, and Sanctions

Use of all procedure codes must be in accordance with this terms and conditions described in this document. Failure to maintain adequate medical documentation to substantiate services rendered or non-compliance with any of the provisions described in this document may result in recoupment and/or other sanctions as determined by Humana.

Procedure Codes

The below table represents the procedure codes covered under this “in lieu of” benefit. The fees listed are estimated by Medicaid’s actuarial consultant based on a time study; however, Humana has the discretion to execute agreements with provider for a different rate, when mutually agreeable.

<u>Service</u>	<u>Service Code</u>	<u>Maximum Units per Pregnancy and Postpartum Period</u>	<u>Estimated Fee</u>
<u>Intake, Assessment, Care Plan Development</u>	<u>H0002</u>	<u>1</u>	<u>\$77.60/unit</u>
<u>Care Coordination</u>	<u>H0006</u>	<u>20</u>	<u>\$221.06/unit</u> <u>(1 unit = 1 month)</u>
<u>Outreach for Disengaged Enrollees</u>	<u>H0023</u>	<u>4</u>	<u>\$133.63/unit</u> <u>(1 unit = 1 month)</u>

The primary diagnosis code on the claim should reflect the primary substance use disorder experienced by the enrollee.

ADDITIONAL RESOURCES:

Louisiana Managed Care Organization (MCO) Manual

Louisiana Department of Health (LDH) Medicaid Managed Care Organization Contract: Attachment C: In Lieu of Services



Hospital Participation Agreement between Humana Health Benefit Plan of Louisiana and Woman's Hospital (GRACE Program)

VERSION CONTROL:

Version Review. Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:
Market	Updates	Mike Gomilla	4/14/2023	
RC		Jeff Schilling	4/19/2023	

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures, or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

NON-COMPLIANCE:

Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may act in accordance with applicable laws, rules, and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).