Prenatal and Postpartum Care

Division of Health Benefits and Division of Public Health

May 26, 2022

Presenters

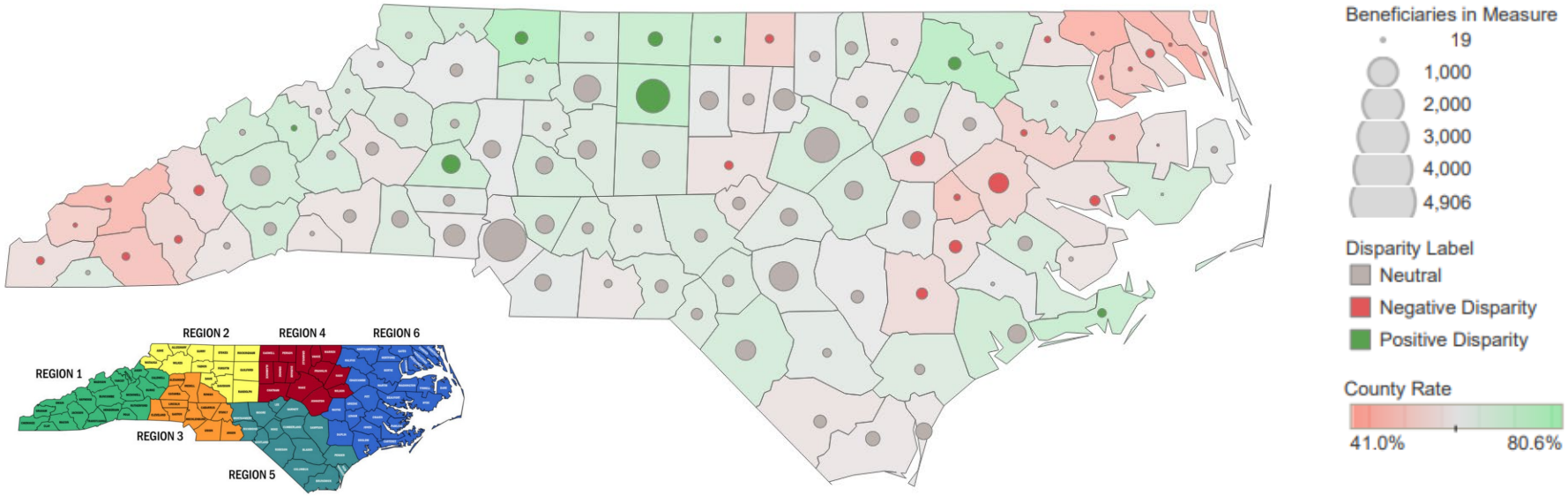
- Beth McDermott ICP, Associate Director, Quality Management, Division of Health Benefits
- Dr. Velma Taormina MD, MSE, FACOG
- Sandy Danner, Operational Support Team Program Representative, Division of Health Benefits
- Elizabeth Draper RN, Family Planning Nurse Consultant, Reproductive Health Branch-Women, Infant, and Community Wellness Section, Division of Public Health

Agenda

- Introductions/Overview
- Access to Care
- Medicaid Enrollment/Presumptive Eligibility
- 12-month Post-Partum Extension
- Reproductive Life Planning
- Q&A

Postpartum Care by County | 2020

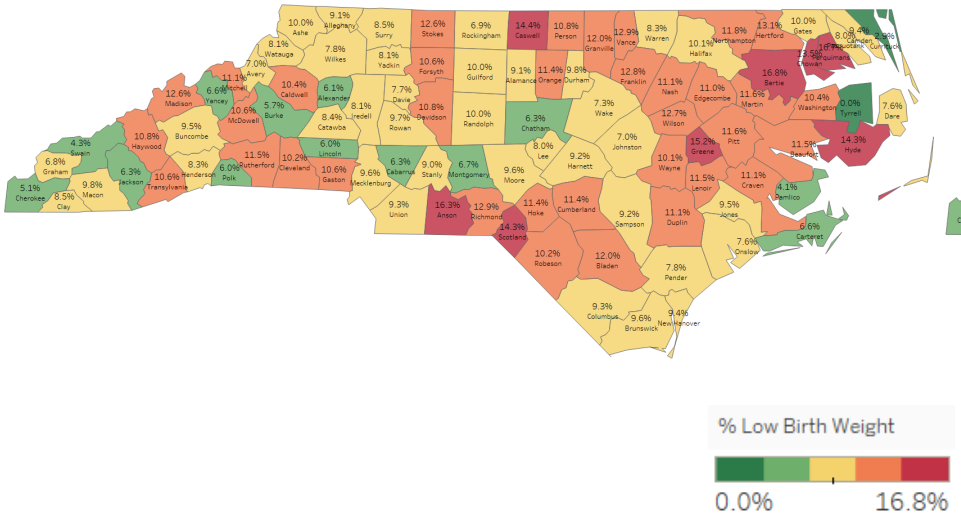
- Geographic differences in receipt of timely postpartum care can be explained by regional differences
  - Region 2 has the highest average (**71%**) while region 6 has the lowest (**61%**)
- **Red** shades indicate rates below the state average and **green** shades indicate rates higher



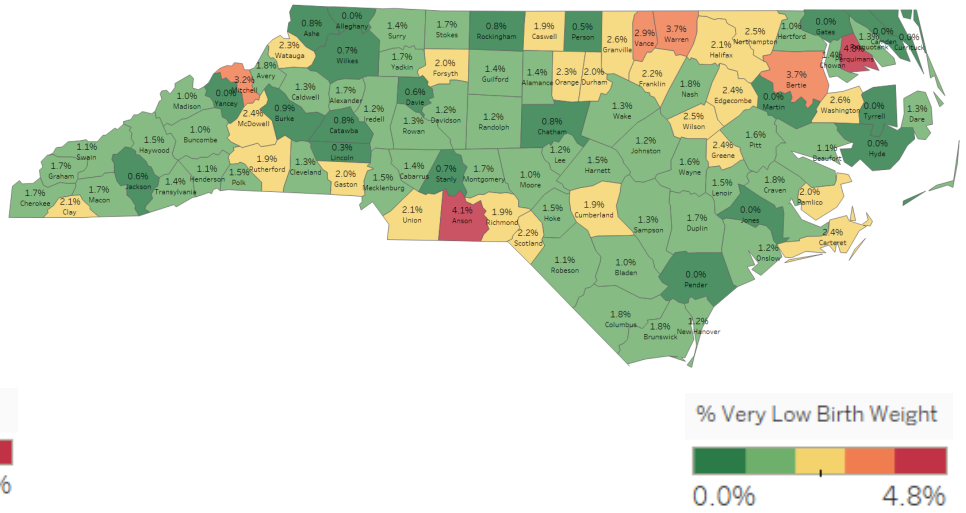
Low and Very Low Birth weight by County | 2020

- **Green** shades indicate low % of low or very low birth weight and **red** shades indicate high %
- 2020 State Average (low birth weight): **9.6%**
- 2020 State Average (very low birth weight): **1.5%**

% Low Birth Weight



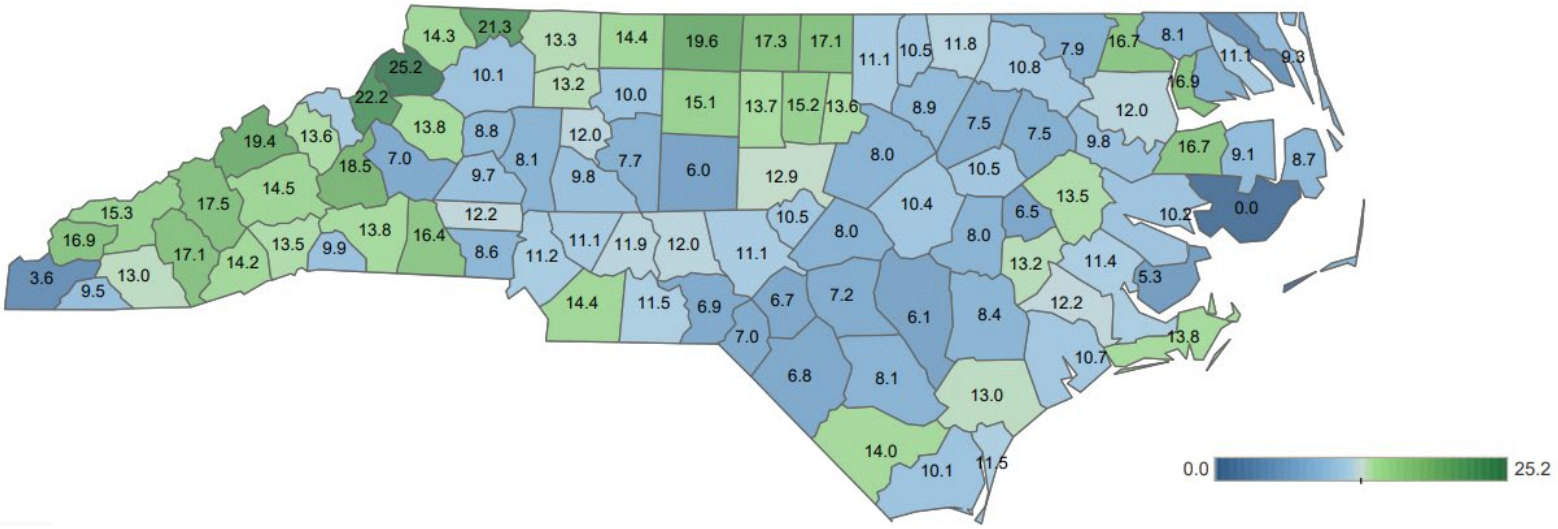
% Very Low Birth Weight



Source: Internal DHB Tableau Dashboard

Long-Acting Reversible Contraceptive (LARC) Care | 2021

- Percentage of mothers who received Long-Acting Reversible Contraceptives (LARCs) within 60 days of delivery
- 2021 State average: **10.9%**
- **Blue** shades indicate rates lower than the state average and **green** shades indicate higher rates.



Source: Internal DHB Tableau Dashboard

Access to Care

Access To Care—Provider Considerations

- Universal Welcome
  - Does your practice setting provide a welcoming atmosphere to all pregnant people through telephone and in-person interactions?
- Preconceptual/inter conceptual clinical protocols
  - Does your practice discuss reproductive life planning and pregnancy intendedness?
  - Does your practice stress the importance of early prenatal care?
  - Does your practice review interpregnancy spacing recommendations with postpartum patients?
- Payer mix
  - Does your practice accept all payers?
  - Does your practice set limits on how many patients from each payer you will accept?
  - Does your practice accept patients who have Medicaid as a secondary payer?
- Financial policies
  - Does your practice offer payment plans?

Access To Care—Provider Considerations Continued

- Scheduling process
  - Does your front office staff have a written process on policies/procedures/workflows in place around patients coming in uninsured or with Medicaid?
  - Does your office staff know about Presumptive Eligibility and the Medicaid application process? Does your office still require a ‘card in hand’?
  - Does your office staff know how to schedule NEMT (Non-Emergent Medical Transportation)?
  - Pediatricians and family medicine practices — if mom brings child(ren) in for a primary care visit and self-identifies as pregnant, do you have established workflows to enable them to initiate Medicaid eligibility determination with DSS and to help them schedule a prenatal care visit? What about teenagers?
- Schedule templates
  - Does your practice accommodate all new OB patients in a timely fashion?
  - Does your office staff know about Presumptive Eligibility and the Medicaid application process? Does your office still require a "card in hand"?
  - Does your practice offer telehealth, weekend or evening appointments?

Medicaid Enrollment/Presumptive Eligibility

Presumptive Eligibility

- Pregnant woman only
- Reduce infant mortality and provide good prenatal care
- Determined mostly by Health Departments and Rural Health Centers
- Covers only ambulatory prenatal care (includes prescriptions)
- *More details can be found in clinical policy for N.C. Medicaid Obstetrics located on the NCDHHS website: https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/obstetrics-and-gynecology-clinical-coverage-policies*

Provider Requirement

Presumptive Eligibility provider cannot delegate/contract presumptive eligibility determination:

- Must be the health department/rural health center that determines eligibility
- No contractors
- Federal regulation §42 CFR 435.1102 and 1110

Provider Requirement

- The Presumptive Eligibility provider cannot be an ***authorized rep for an individual*** and ***determine presumptive eligibility at the same time.***
  - Mandated by Center for Medicare and Medicaid Services (CMS)
  - Cannot delegate the authorized rep to a contractor

Applicant Eligibility Requirements

Applicant must:

- Attest to pregnancy
- Attest to North Carolina residency.
- Not be an inmate of a public institution
- Not be receiving Medicaid in another aid program category, county, or state
- Have gross income equal to or less than 196% of the federal poverty level

Coverage

- Presumptive MPW is limited to ambulatory prenatal care

- Presumptive Eligibility is not the same coverage as regular MPW

SOURCE:

Coverage

Eligibility Period:

- Begins on the day the individual is determined presumptively eligible by the qualified provider (*NOT just on the date the application is signed*).
- Ends on one of the following dates, depending on whether a regular Medicaid application is made:
  - If no: then coverage ends on last day of the month following the month presumptive eligibility was determined.
  - If yes: then coverage ends on the day the DSS makes an eligibility determination on the regular Medicaid application.

Coverage Process

- Health Department/Rural Health Clinic determines Presumptive Eligibility
- Submits DMA-5032, Presumptive Eligibility Determination, to DSS
- DSS authorizes eligibility Presumptive Eligibility eligibility <u>one month at a time retroactively</u>

Coverage Process

- Medicaid policy requires that the DSS enter the *Presumptive Eligibility retroactively* which means you will not see any Presumptive Eligibility in NC Tracks until the month after the month the application is signed.

- After the 5th workday of the month, check NC Tracks for the eligibility before submitting your claim.

Coverage Process

- We *strongly encourage* Presumptive Eligibility providers to assist the pregnant woman in completing a Medicaid application or encourage the pregnant woman to make a Medicaid application themselves.

How to Make a Medicaid Application

- Mail-in application – DMA-5200
- https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/forms/dma-5200-ia-application-for-health-coverage-help-paying-costs/@@display-file/form_file/dma-5200-ia.pdf
- ePASS
  - https://epass.nc.gov/CitizenPortal/application.doIn person at local county DSS
- In person at the local county DSS
- By phone with the local county DSS
- By fax

Provider Summary

Requirements for Presumptive Eligibility providers

- Cannot contract out Presumptive Eligibility determination
- Cannot be authorized rep

Presumptive Eligibility Summary

- Eligibility determined by provider based on determining household of individual and income.
- Forward the completed DMA-5032, DMA-5034 and DMA 5033 to DSS in county of residence within 5 days of determination of Presumptive eligibility.
- DSS enters eligibility into the system.

12-month Post-Partum Extension

Background

- The American Rescue Plan Act of 2021 (ARPA) offered states the option to extend post-partum coverage to 12 months
- The NC General Assembly approved this option in Session Law 2021-180 (SB 105)
- What is the change?
  - MPW – is now a full Medicaid program during pregnancy and postpartum.
  - Pregnant Women receive 12-month postpartum, regardless of full Medicaid program which covers pregnancy/birth.

Pregnancy and Post-Partum

Prior to 4/1/2021	Effective 4/1/2022
• **MPW** - covered services related to pregnancy, post partum or conditions her doctor believed would complicate the pregnancy	• **MPW** - full Medicaid benefits
• **60-day postpartum** – coverage limited to complications of pregnancy or family planning services.	• **12-month postpartum** - full Medicaid coverage
• **MAFN Pregnant Women** – full Medicaid for pregnant women below categorically needy limit	• **MAFN Pregnant Women** - is no longer needed. This group will transition to MPW

12-month Postpartum Period

- Applies to pregnant women receiving Medicaid in any full Medicaid program that covers pregnancy & birth of the baby.
  - Includes medically needy
  - MIC, MPW, MAF-C/N/M/W, MAD, MAA, MFC, HSF, IAS
- Postpartum period begins the day the pregnancy ends for any reason.
- Goes through the last day of the 12th month.

Pregnant Medicaid Beneficiary

- Pregnancy should be reported for all beneficiary's receiving Medicaid.
- If Beneficiary is pregnant receiving in a Medicaid program that covers pregnancy and the birth of the baby and loses current Medicaid coverage at change or recertification, she will be transferred to MPW for the remainder of pregnancy and/or 12-month postpartum.
- MPW continues without regard to changes in income, household or other changes.

Changes in Circumstance during Pregnancy and Postpartum

- Do not react to changes in circumstance during pregnancy.
- Do not react to changes in circumstance during the 12-month postpartum period.
- Includes changes in income, household composition, or other change.

Exceptions to the postpartum eligibility

- The individual requests voluntary termination.
- The individual moves out of state.
- The local agency finds that eligibility was determined incorrectly at application or during the current recertification of eligibility due to agency error, fraud, abuse, or false information reported by the beneficiary.
- The individual is eligible for labor and delivery only.
- The individual dies.

Reproductive Life Planning

Reproductive Life Plan

A Reproductive Life Plan (RLP) is a set of personal goals that individuals develop regarding having (or not having) children. A reproductive life plan takes into account the who, what, when, where, why and "if" of family planning. Everyone should have a reproductive life plan…regardless of whether or not they want to have children.

Source: http://www.everywomannc.com/your-health/reproductive-life-planning/

The Expected Benefits of Reproductive Life Planning

- Increased preconception planning
- Improved reproductive health
- Improved birth outcomes
- Improved health-related knowledge
- Increased healthy behaviors

Source: What Works for Health. Reproductive Life Plans http://whatworksforhealth.wisc.edu/program.php?t1=22&t2=16&t3=133&id=567

Definition: Unintended Pregnancy

An unintended pregnancy is a pregnancy not desired now or in the next two years.

– American College of Obstetricians and Gynecologists(ACOG)

Source: American College of Obstetricians and Gynecologists. Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy. Committee Opinion 642. December 2009. Reaffirmed 2018. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Increasing-Access-to-Contraceptive-Implants-and-Intrauterine-Devices-to-Reduce-Unintended-Pregnancy

Unintended Pregnancies Can Increase the Risk of

- Infant morbidity and mortality including preterm birth, low birth weight, and birth defects
- Abortion rates
- Child abuse and neglect
- Physical abuse for mothers
- Poorer health status for women
- Higher Medicaid costs

Source: Every Woman North Carolina 2017 http://www.everywomannc.com/health-care-providers/reproductive-life-planning/

Key points of a Reproductive Life Plan

- A Reproductive Life Plan outlines personal goals about having children.
- Everyone should have a reproductive life plan, whether or not they want to have children.
- Reproductive Life Plans may help decrease unintended pregnancies and may improve birth outcomes.
- Plans don’t have to be set in stone. Life is unpredictable, so a plan made today can be updated as the individual’s personal goals about having or not having children evolve.

How to Start the Conversation

At the beginning and throughout the conversation:

- Warmly greet the patient
- Introduce yourself
- Maintain a personable, friendly manner
- Explain that the conversation is confidential
- Discuss the reason for the conversation about Family Planning: Deciding If or When To Have Children
- Explain a reproductive life plan can help people better plan whether or not to have children, and the number, spacing, and timing of children within the context of other life goals

https://wicws.dph.ncdhhs.gov/provpart/training.htm , under Training, click Family Planning Non-Required Trainings, click Reproductive Life Planning: Deciding If or When…Webinar

MY PLAN

Today's Date: ____________________

Do you already have a child or children? ☐ Yes ☐ No

If yes, did you/partner give birth in the last year? ☐ Yes ☐ No

Do you want a child in the next year?

- ☐ **Yes.** Talk to your healthcare provider about preparing for a healthy pregnancy.
- ☐ **No.** Talk about Family Planning options.
- ☐ **I don't know.** Talk about Family Planning options and preparing for a healthy pregnancy.

Method: ______________________________

What I Like About It	What I'd Like to Know
a. Effectiveness	a. Effectiveness
b. Few potential side effects	b. Potential side effects
c. Cost	c. Cost
d. Other__________	d. Other__________

Method: ______________________________

What I Like About It	What I'd Like to Know
a. Effectiveness	a. Effectiveness
b. Few potential side effects	b. Potential side effects
c. Cost	c. Cost
d. Other__________	d. Other__________

Method: ______________________________

What I Like About It	What I'd Like to Know
a. Effectiveness	a. Effectiveness
b. Few potential side effects	b. Potential side effects
c. Cost	c. Cost
d. Other__________	d. Other__________

WOULD YOU LIKE TO BECOME PREGNANT IN THE NEXT YEAR?

	FAMILY PLANNING METHOD	HOW LONG IT LASTS	I WOULD NEED TO DO THE FOLLOWING	I WOULD NEED TO THINK ABOUT	RISK OF PREGNANCY
NEVER	**Sterilization** (female or male)	Permanent	• See my provider	• If I want to get pregnant in the future, this is not a good method	Less than 1 in 100
NOT IN THE NEXT YEAR	**Abstinence*** (female and male)		• Not have sex right now	• Having a lot of self-control in order not to become pregnant	0 in 100
	IUD (hormonal or hormone-free) • Placed into uterus • Can be taken out anytime (female)	3-10 years	• See my provider	• Hormonal: Sometimes causes irregular bleeding or no bleeding • Hormone-free: Sometimes makes periods heavier and increases cramping	Less than 1 in 100
	Implant • Placed into arm • Can be taken out anytime (female)	1-3 years	• See my provider • Do nothing until removed or replaced	• Sometimes causes irregular bleeding or no bleeding	Less than 1 in 100
	The Shot (female)	3 months	• See my provider every 3 months	• Sometimes causes changes in bleeding and/or increases feeling hungry	6 in 100
	Ring (female)	1 month	• Insert a ring into my vagina every month	• Sometimes causes headaches, breast tenderness, nausea, or increase risk of blood clots • Must keep ring in a cool environment	9 in 100
	Patch (female)	1 week	• Place a patch on my skin every week	• Sometimes causes headaches, breast tenderness, nausea, or increase risk of blood clots	9 in 100
	Pill (female)	1 day	• Take a pill every day at the same time	• Sometimes causes headaches, breast tenderness, nausea, or increase risk of blood clots. • Not a good method if you are 35 or older and use tobacco products	9 in 100
	Diaphragm (female)		• Use with spermicide EVERY time I have sex	• Must be used correctly EVERY time you have sex to be effective	12 in 100
	Condom* (male or female)	1 time	• Use EVERY time I have sex	• Must be used correctly EVERY time you have sex to be effective	18 in 100
	Pulling out* (male)		• Male withdraws before ejaculation	• Female partners have no control over pulling out	22 in 100
	Rhythm method/ Fertility awareness* (female)		• Track my fertile days each month	• May be difficult to determine the fertile time of the month	24 in 100
YES	Talk to your healthcare provider about preconception health and how to have a healthy pregnancy.				

*How will I talk with my partner(s) about this method?

Condom & abstinence are the only methods that protect against STDs.

MY NEXT STEPS

Provider appointment (if applicable):

Date: _____ Time: _____

Provider: _____

Place: _____

Phone #: _____

How will I get there? (circle)

a) Drive myself

b) Have a friend or family member drive me

c) Public transportation

d) Other: _____

What support might I need to get to my appointment? (circle)

a) Transportation

b) Childcare

c) Work

d) Other: _____

What if I can't make my appointment?

_____

_____

_____

_____

_____

_____

RESOURCES

- Find a local health provider in your area: https://opa-fpclinicdb.hhs.gov/
- Find a health center: www.ncchca.org/
- NC Free Clinics: http://ncafcc.org/
- For more information about birth control methods (including emergency contraception) and other sexual health topics, visit: www.bedsider.org or https://rhntc.org/
- For more information about Preconception Health visit: www.ncpreconceptionhealth.org/ or call 1-888-663-4637
- Department of Health and Human Services Customer Service Center can assist in finding programs and people to help you. Call 1-800-662-7030

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

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05/2022

The creation of this material was supported, in part, by Title X funding. Supported by the NC Division of MH/DD/SAS through funding from SAMHSA State Targeted Response to the Opioid Crisis grant funds.

Adapted from D. Rinehart et al., NIDA R34DA039381 Developing and testing the feasibility, accessibility and initial efficacy of a brief peer led intervention to improve reproductive health among women in opioid medication-assisted treatment-"SHINE" study.

Family Planning:

Deciding If or When To Have Children

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

https://wicws.dph.ncdhhs.gov/provpart/docs/RLP-LocalPrint.pdf (English) & https://wicws.dph.ncdhhs.gov/provpart/docs/RLP-SpanishLocalPrint.pdf (Spanish)

If Your Patient Answers, "Yes"

- **You can talk to the patient about preparing for a healthy pregnancy**
  - Review their medical history
  - Review birth spacing recommendations and previous pregnancy health
  - Develop a plan for a healthy pregnancy
  - Prescribe folic acid

If Your Patient Answers, "Yes"

- Describe positive effects healthy behavior can have on health outcomes:
  - It can improve the chances of getting pregnant, having a healthy pregnancy, and a healthy baby
  - Reduce maternal and infant mortality
  - Prevent stillbirths, preterm births, and low birth weight babies
  - Prevent congenital disabilities
  - Prevent mother to child transmission of HIV/Sexually Transmitted Infections(STIs)

Source: Office on Women's Health. Preconception health. 2018 www.womenshealth.gov/pregnancy/you-get-pregnant/preconception-health

Healthy Relationships

Discuss how a shared-decision making approach with a partner about preparing for pregnancy can be supportive and encouraging:

- You can make the decision about pregnancy together.
- Screening for STDs for partners can help make sure infections are not passed to you.
- Partners can avoid alcohol, stop smoking or misusing substances to support you in being healthy.
- If your partner continues to smoke, ask them not to smoke around you to avoid the harmful effects of secondhand smoke.
- Partner can support you in making healthy food choices and reducing stress.

If Your Patient Answers, "No"

- Affirm patient's response.
- Ask open-ended questions, actively listen, and continue to affirm patient's responses.
- Examples of questions:
  - How important is it to you to prevent pregnancy?
  - What do you know about birth control?
  - What is important to you in a birth control method?
- Respectfully explore factors that may influence method preference.
  - Past experiences
  - Beliefs
  - Cultural and religious considerations
  - Feelings about the methods

Source: https://rhntc.org/sites/default/files/resources/rhntc_path_clnt_cntrd_cnslng_2021-03.pdf

Discussing Birth Control Methods

- Show the patient the contraceptive methods chart on the inside of the brochure.
- Actively engage the patient in a conversation about birth control methods.
- Provide balanced, unbiased information.
- Address misinformation in a respectful and affirming way.
- Include information about STD/HIV protection and that condoms and abstinence are the only methods that protect against STDs.
- Ask the patient to circle 1-3 methods that interests them.
- Ask the patient to show and tell what they understand about each method they circled and provide additional information as needed.

WOULD YOU LIKE TO BECOME PREGNANT IN THE NEXT YEAR?

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NEVER	**Sterilization** (female or male) 	Permanent	• See my provider	• If I want to get pregnant in the future, this is not a good method	Less than 1 in 100
NOT IN THE NEXT YEAR	**Abstinence*** (female and male) 		• Not have sex right now	• Having a lot of self-control in order not to become pregnant	0 in 100
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YES	Talk to your healthcare provider about preconception health and how to have a healthy pregnancy.				

*How will I talk with my partner(s) about this method?

Condom & abstinence are the only methods that protect against STDs.

Source: https://rhntc.org/sites/default/files/resources/rhntc_contraceptive_counceling_ed_checklist_4-21-2022.pdf

Healthy Relationships

- Discuss how a shared-decision making approach with a partner about contraceptive choices can be more effective than making a decision alone.
- Tell patients that bringing a partner to a doctor's visit may be helpful because
  - You can choose a method together
  - You can choose a method that both of you are happy with, which will make you more likely to use it
  - Both of you can be responsible for family planning
  - Partners can help remind you how to use your method correctly
- If a male partner is not supportive of contraception, discuss what options the patient might have

Identifying Birth Control Method(s)

- The patient can write down the 1-3 methods they circled in the table next to the contraceptive methods chart.
- Encourage the patient to circle what they like about each method and what they would like to know more about.

Method: ______________________	
What I Like About It	**What I'd Like to Know**
a. Effectiveness b. Few potential side effects c. Cost d. Other__________	a. Effectiveness b. Potential side effects c. Cost d. Other__________

Method: ______________________	
What I Like About It	**What I'd Like to Know**
a. Effectiveness b. Few potential side effects c. Cost d. Other__________	a. Effectiveness b. Potential side effects c. Cost d. Other__________

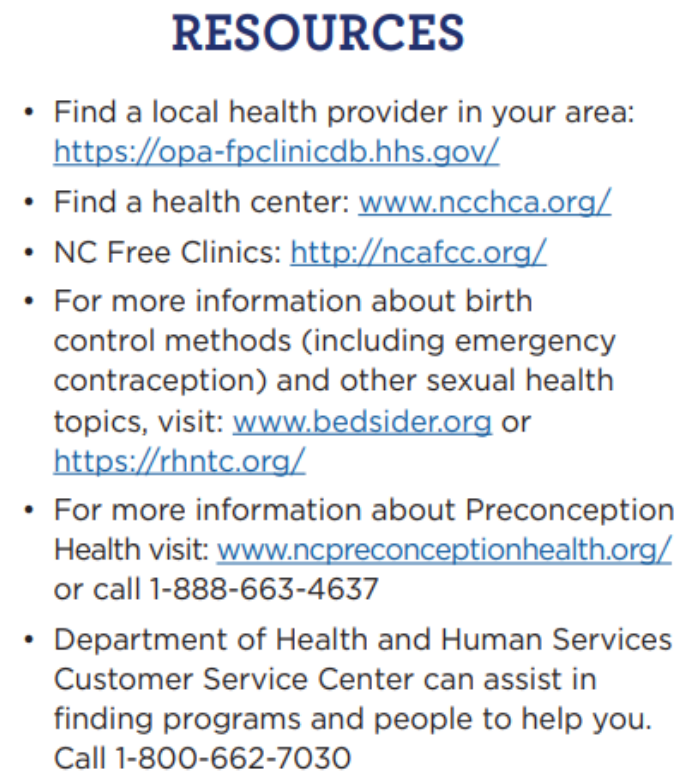
Method: ______________________	
What I Like About It	**What I'd Like to Know**
a. Effectiveness b. Few potential side effects c. Cost d. Other__________	a. Effectiveness b. Potential side effects c. Cost d. Other__________

If Your Patient Answers, “I don’t know”

- Affirm patient’s response
- Talk about family planning options and preparing for a healthy pregnancy

Resources

- Point out the information on the back of the Family Planning: Deciding If Or When to Have Children brochure.
- Summarize the key points of the patient's reproductive life action plan.
- End with a friendly close.



RESOURCES

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- NC Free Clinics: http://ncafcc.org/
- For more information about birth control methods (including emergency contraception) and other sexual health topics, visit: www.bedsider.org or https://rhntc.org/
- For more information about Preconception Health visit: www.ncpreconceptionhealth.org/ or call 1-888-663-4637
- Department of Health and Human Services Customer Service Center can assist in finding programs and people to help you. Call 1-800-662-7030


HAVE
any
Questions?