Maternity Initiatives

Note: Content is subject to change and is not a guarantee of payment.
• **Birth Outcomes Initiative (BOI)**
• Screening, Brief Intervention and Referral to Treatment (SBIRT)
• Centering Pregnancy
• BlueCross BlueShield of South Carolina and BlueChoice HealthPlan Maternity Management Program
• Behavioral Health and Maternity
• Helpful Resources
Background

In July 2011, the South Carolina Department of Health and Human Services (SCDHHS) began partnering with these organizations to improve the health of newborns in South Carolina:

- The South Carolina Hospital Association (SCHA)
- The March of Dimes
- State agencies
- Public and private providers
- Payers, consumers and advocacy groups
Goals

BOI is focused on achieving five key goals:

1. Ending elective inductions for non-medically indicated deliveries prior to 39 weeks.
2. Reducing the average length of stay in neonatal intensive care units (NICUs) and pediatric intensive care units (PICUs).
4. Making 17P, a compound that helps prevent pre-term births, available to all at-risk pregnant women with no “hassle factor.”
5. Implementing a universal screening and referral tool for physicians.
Adverse Outcomes

The risk of adverse outcomes is greater for neonates delivered prior to 39 weeks. Some morbidities associated with early-term deliveries include:

- Respiratory distress syndrome
- Transient tachypnea of the newborn
- Ventilator use
- Pneumonia
- Respiratory failure

- NICU admission
- Hypoglycemia
- Five-minute Apgar score of less than 7
- Neonatal mortality
How to Comply

You should append modifiers when scheduling an induction or planned cesarean section for deliveries less than 39 weeks gestation. This requirement applies to all BlueCross and BlueChoice® plans.

Deliveries less than 39 weeks gestation should meet the American Congress of Obstetricians and Gynecologists (ACOG - formerly the American College of Obstetricians and Gynecologists) or approved BOI guidelines.
How to Comply

We will deny charges as not medically necessary if professional claims for the delivery do not include the appropriate modifier. This will reflect as provider liability for participating providers and member liability for non-participating providers.

We will review hospital claims retrospectively to determine that you filed the appropriate modifier. If you do not file the modifier for the delivery as outlined, we will recover all monies previously paid. We will deny claims as not medically necessary.
Exceptions

We generally accept many conditions as exceptions for delivery prior to 39 weeks. Delivery prior to 39 weeks for these conditions can represent a benefit for the mother, the fetus or both. This list is not exclusive. Each category may require a separate guideline to outline evidence-based practices about timing or delivery.

- Cholestasis of pregnancy
- Chorioamnionitis
- Fetal gastroschisis
- Fetal isoimmunization
- Herpes gestationis
- HIV
- Impetigo herpetiformis
- Intra-uterine growth restriction (IUGR)
- Maternal death (peri-mortem delivery)
- Maternal malignancy
- Multiple gestation
• Neonatal alloimmune thrombocytopenia (NAIT)
• Non-reassuring fetal status
• Oligohydramnios
• Other congenital anomalies requiring early delivery (i.e., Vein of Galen malformation)
• Placenta previa/accreta/percreta
• Placental abruption
• Poorly controlled diabetes mellitus
• Pre-eclampsia, mild or severe
• Preterm premature rupture of the membranes (PPROM)

• Prior classical cesarean section delivery (prior incisions into the muscular uterus)
• Prior myomectomy, uterine rupture or significant scarring
• Severe maternal hemorrhage
• Uncontrollable chronic hypertension or gestational hypertension
• Vasa previa
• Worsening maternal medical condition (renal failure, respiratory distress syndrome, acidosis, etc.)
Modifiers must be present when filing these CPT codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>59400</td>
<td>Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care</td>
</tr>
<tr>
<td>59409</td>
<td>Vaginal delivery only (with or without episiotomy and/or forceps)</td>
</tr>
<tr>
<td>59410</td>
<td>Vaginal delivery only (with or without episiotomy and/or forceps) and postpartum care</td>
</tr>
<tr>
<td>59510</td>
<td>Classic cesarean section, low cervical cesarean section</td>
</tr>
<tr>
<td>59515</td>
<td>Cesarean section, including postpartum care</td>
</tr>
<tr>
<td>59610</td>
<td>Routine obstetric care, including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery</td>
</tr>
<tr>
<td>59612</td>
<td>Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps)</td>
</tr>
<tr>
<td>59618</td>
<td>Routine obstetric care, including antepartum care, cesarean delivery and postpartum care, following attempted vaginal delivery after previous cesarean delivery</td>
</tr>
<tr>
<td>59620</td>
<td>Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery</td>
</tr>
<tr>
<td>59622</td>
<td>Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery, including postpartum care</td>
</tr>
<tr>
<td>59514</td>
<td>Cesarean delivery only</td>
</tr>
</tbody>
</table>
If you do not file the appropriate modifier with the CPT, we will deny services.

**GB – 39 weeks gestation or more**

- For all deliveries at 39 weeks gestation or more regardless of method (induction, cesarean section or spontaneous labor).

**CG – Less than 39 weeks gestation**

- For deliveries resulting from members presenting in labor, or at risk of labor, and subsequently delivering before 39 weeks.
- For inductions or cesarean sections that meet the ACOG or approved BOI medically necessary guidelines, please complete the appropriate ACOG Patient Safety Checklist. Keep the documents in the member’s file.
- For inductions or cesarean sections that do not meet the ACOG or approved BOI guidelines, please complete the appropriate ACOG Patient Safety Checklist. Also, you must get approval from the regional perinatal center’s maternal fetal medicine physician. Then, keep these documents in the patient’s file.
If you do not file the appropriate modifier with the CPT, we will deny services.

**UA – Prolonged labor**
- When a vaginal delivery fails to progress and converts to a cesarean section

- Bill using the UA modifier as a secondary modifier following the guidelines for submitting either a GB, CG or No Modifier, as outlined.
- Document in the patient record the time of admission to the hospital and the start time of the cesarean section.
- Prolonged labor is defined as at least six hours of documented labor.

**No Modifier – Elective**
- Elective non-medically necessary deliveries less than 39 weeks gestation

- For deliveries less than 39 weeks gestation that do not meet ACOG or approved BOI guidelines, or are not approved by the designated regional perinatal center’s maternal fetal medicine physician.
Patient Safety Checklist

In addition to filing the designated modifiers, we may require the completed ACOG Patient Safety Checklist when you schedule an induction of labor or a planned cesarean section for deliveries less than 39 weeks gestation. Please complete this form and keep on file for all deliveries less than 39 weeks gestation.

You can use a comparable patient safety justification form in place of the ACOG Patient Safety Checklist.

You can use a comparable patient safety justification form in place of the ACOG Patient Safety Checklist.
• Birth Outcomes Initiative (BOI)
• **Screening, Brief Intervention and Referral to Treatment (SBIRT)**
• Centering Pregnancy
• BlueCross BlueShield of South Carolina and BlueChoice HealthPlan Maternity Management Program
• Behavioral Health and Maternity
• Helpful Resources
Overview

SBIRT is an evidenced-based, integrated and comprehensive approach to the identification, intervention and treatment of substance (drug and alcohol) usage, domestic violence, depression and tobacco usage.

The SBIRT program in South Carolina is specific to pregnant women, to include 12 months postpartum.
Background

SCDHHS has partnered with plans throughout the state to improve birth outcomes and the overall health of mothers and babies. The SBIRT is a program developed in conjunction with BOI to accomplish this goal.

Using the SBIRT Integrated Screening Tool (the SBIRT referral), providers can identify at-risk patients, intervene and refer them to treatment for tobacco use, substance and alcohol abuse, depression and domestic violence.

Effective July 1, 2014, BlueCross and BlueChoice began accepting the SBIRT form for South Carolina members.
SBIRT Partnerships

Screening, Brief Intervention and Referral to Treatment

- BlueCross
- SCDMH
- SCDHEC
- SCDAODAS
- BlueChoice
- SCDHHS
- Absolute Total Care
- Palmetto Physician Connections
- SC Solutions
- Carolina Medical Homes
- First Choice by Select Health
- BlueChoice HealthPlan Medicaid

Palmetto Provider University
Supporting Evidence

Evidence indicates that screening and intervention can:

- Stem progression to independence
- Improve medical conditions
- Prevent medical conditions related to substance use, abuse and dependence
- Decrease substance abuse-related mortality

Alcohol alone is a factor in up to 70 percent of homicides, 40 – 50 percent of fatal motor vehicle accidents, 60 percent of fatal burns and 40 percent of fatal falls.
Screening
Brief process of identifying substance use, behavioral health issues, domestic violence and tobacco use.

Brief Intervention
Five- to 10-minute session to raise awareness of risks and increase motivation to engage support in choices that support health.

Treatment
Cognitive behavioral work for the member to acknowledge risks and change behavior.

Referral
When you identify a risk and the member needs treatment.
Why is SBIRT important for physicians?

- By intervening early, SBIRT saves lives and money, and is consistent with overall support for member wellness.
- Late-stage intervention and substance abuse treatment is expensive, and the member often develops comorbid health conditions.
- Primary care is one of the most convenient points of contact for substance issues. Many members are more likely to discuss this with their physicians than family members, peers, partners or rehabilitation specialists.
Screening

Once the health plan, primary care physician or OB/GYN identifies a pregnant member, the provider completes the SBIRT referral. Clinicians, not administrative staff, should administer the screening. This includes:

- Physicians
- Physician Assistants
- Nurses
- Social Workers
- Behavioral Therapists
- Nurse Practitioners
- Medical Assistants

Early identification and intervention lead to better outcomes. The clinician is often the first point of contact (90 percent of substance use disorders go untreated).
Screening Tool

The SBIRT referral has eight simple yes or no questions addressing:

1. Parents
2. Peers
3. Partners
4. Violence
5. Emotional Health
6. Past
7. Present
8. Smoking

Our fax number is 803-870-9884.
Brief Intervention

The result of a screen allows the provider to determine if a brief intervention or referral to treatment is a necessary next step for the member. Based on findings of a screening, the clinician has valid, member self-reported information that we use in the brief intervention.

The brief intervention should last between five to 10 minutes:

- Give feedback and educate the member about the screening results and associated risks to the baby.
- Listen to the member and get her own internal motivation for change.
- Provide guidance, support and options to her that include a referral for treatment.
Brief Intervention

Greatest success has been achieved by using the motivational interviewing (MI) approach. This approach:

• Addresses concerns with members and is focused on the spirit of collaboration, autonomy, respect and compassion.
• Is a patient-centered, evidence-based method for enhancing the member’s own motivation to change behavior. It helps resolve the member’s ambivalence about making behavior changes.
• Assumes a supportive relationship a member has with a provider can influence health changes.
**Brief Intervention Example Using MI**

<table>
<thead>
<tr>
<th>Step</th>
<th>Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask Permission (Engage)</strong></td>
<td>“I appreciate you answering the screening tool questions. Could we take a minute to discuss your results?”</td>
</tr>
<tr>
<td><strong>Provide Feedback (Focus)</strong></td>
<td>“Great. Thanks. The reason I want to talk more about your drinking is because it can affect your baby. Is it all right if we talk a little more about that?” (Provide information on effects of alcohol on baby.)</td>
</tr>
<tr>
<td><strong>Enhance Motivation &amp; Elicit Change Talk (Evoke)</strong></td>
<td>“Have you ever considered cutting back or quitting?” If so, “Why?” If not, “What would need to happen for you to consider cutting back/ quitting?”</td>
</tr>
<tr>
<td><strong>Provide Advice</strong></td>
<td>“As your health care provider, it is recommended that you quit drinking during pregnancy.”</td>
</tr>
<tr>
<td><strong>Discuss Next Steps (Plan)</strong></td>
<td>“If you were to make a change, what would be your first step? Is it all right if I share with you some options that others have found to be helpful in their efforts to quit drinking?” [Attempt to make referral to Department of Alcohol and Other Drug Abuse services (DAODAS) site.]</td>
</tr>
<tr>
<td><strong>Close on Good Terms</strong></td>
<td>Summarize, emphasize member’s strengths, highlight change talk and decisions made and arrange for follow-up as appropriate.</td>
</tr>
</tbody>
</table>

Adapted from Southeastern Consortium for Substance Abuse Training (SECSAT) brief intervention card

For more information about MI, please visit the motivational interviewing website at www.motivationalinterviewing.org.
Referral to Treatment

A strong referral to treatment is key.

When your member is ready, you should:

- Make a plan with the member
- Actively participate in the referral process
- Provide a warm referral handoff
- Decide how you will interact/communicate with the treatment provider
- Confirm your follow up plan with the member
- Decide on the ongoing follow-up support strategies you will use
- Know your referral resources in your community

Evidence indicates that approximately 5 percent of members screened will require a referral to treatment.
Referral to Treatment

Most members with substance-related injuries or problems may not be motivated to seek formal treatment.

- Fill out the SBIRT referral form.
- Fill out all other required referral resource documents.
  - Send completed forms to the referral resource and health plan, and keep a copy in the member’s record.
- Assist the member in making the referral appointment before she leaves the office. Give a list of referral resources to the member.
  - If the member declines referral or refuses treatment, give her a list of referral resources and contacts.
- Fill out all forms completely before sending to the referral resource and health plan.
Blue Cross Blue Shield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

Screening, Brief Intervention and Referral to Treatment

SBIRT SCREENING TOOL

Positive Screen

Tobacco Quitline
1. Complete referral form
2. Fax to QUITLINE

Domestic Violence
1. Refer member to call 803-256-5900
2. Assist member with set up

DAODAS
1. Complete referral form
2. Complete consent form
3. Fax to DAODAS
4. Assist with appointment set up

Department of Mental Health (DMH)
1. Complete Patient Health Questionnaire (PHQ-9)
2. Complete consent form
3. Fax to DMH
4. Assist with appointment set up

Other Network Participating Provider
1. Complete referral form
2. Complete consent form
3. Fax to DAODAS
4. Assist with appointment set up
Referral Resources

Quitline — Tobacco cessation
• Complete and fax the referral form.

Domestic Violence
• Call the Domestic Violence Hotline (800-799-SAFE).
• Provide assistance in contacting a local domestic violence center.

DAODAS
• Complete and fax the referral form.
• Complete the consent form, found at www.scdhhs.gov.
• Refer to the local DAODAS county agency listing (www.scdhhs.gov) and secure an appointment before the member leaves the office.
DMH

- Complete and fax a referral form.
- Complete the Patient Health Questionnaire (PHQ-9), found at [www.scdhhs.gov](http://www.scdhhs.gov).
- Complete the Authorization to Disclose form.
- Refer to the local DMH county agency listing ([www.scdhhs.gov](http://www.scdhhs.gov)) and secure an appointment before the member.

Other Participating Network Provider

- Set up an appointment with another participating network provider for treatment before the member leaves the office.
Billable Services:

**What to Bill**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health screening</td>
<td>H0002</td>
</tr>
<tr>
<td>Behavioral health intervention</td>
<td>H0004</td>
</tr>
</tbody>
</table>

**When to Bill**

- Upon completion of the SBIRT referral for the screening
- Intervention and referral to treatment documented within the SBIRT referral

**Frequency**

- You can bill screening **once** per 12-month period
- You can bill brief intervention **twice** per 12-month period

**Other Details**

- Append the HD modifier for positive screenings only
- Defined as a brief intervention or session in which you make a referral or attempted

**Amount**

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health screening</td>
<td>H0002</td>
<td>$24.00</td>
</tr>
<tr>
<td>Behavioral health intervention</td>
<td>H0004</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
Diagnoses

When billing for the screening (H0002) or the intervention (H0004), use these diagnoses.

**During Pregnancy**
- The **primary** diagnosis should be **pregnancy-related**.
- The **secondary** diagnosis must be **Z13.9**.

**During the Postpartum Visit**
- Use the appropriate postpartum diagnosis for the primary field. **Do not** use a pregnancy-related diagnosis.
- The **secondary** diagnosis must be **Z13.9**.
SBIRT Summary

1. Screen pregnant or 12-month post-partum members using the approved referral tool.
   - Use MI techniques for greatest success with referrals to treatment.
   - Positive screens result in a brief intervention.

2. Refer to treatment
   - Smoking — DHEC’s QuitLine.
   - Emotional Health — Refer to DM.
   - Alcohol/Substance Abuse — Refer to DAODAS.
   - Domestic Violence — DV Hotline.
   - Refer to private provider if applicable.
   - Seek assistance from plan for referrals if needed.

3. Keep ALL completed screening tool sheets in member’s records.

4. When making a referral, send completed tool sheet to member’s health plan and referral site.
Participating Plans

The SBIRT program applies to BlueCross and BlueChoice plans except:

- Federal Employees Program (FEP)
- South Carolina Health Insurance Pool (SCHIP)
- Plans that do not have maternity benefits
- Out-of-state members (BlueCard®)
- Dependent members who don’t have maternity coverage

You should not bill these members if you have provided SBIRT services.
Receipt of the Referral

Once we receive the claim and SBIRT referral, we will assign the referral to a maternity case manager.

- Review the referral
- Counsel the member if needed
  - If the member was referred for treatment, verify the member started treatment
  - If the member has not started treatment, provide resources to the member and encourage her to seek treatment
- If the referral indicates the member was referred for mental health or substance abuse treatment, the member will be connected with a Companion Benefits Alternatives (CBA) case manager. CBA is a separate company that administers mental health and substance abuse benefits of BlueCross and BlueChoice.
• Birth Outcomes Initiative (BOI)
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Overview

A model of group care developed by the Centering Healthcare Institute. The Centering Healthcare Institute is a separate company that provides wellness education on behalf of BlueCross and BlueChoice.

The program integrates the three major components of care into a unified program:

1. Health assessment
2. Education
3. Support in a group setting
On June 1, 2014, BlueCross and BlueChoice adopted the Centering Pregnancy program.

With their providers, women learn care skills, participate in facilitated discussions and develop a support network.

Women (in a group of 8 – 12) with similar due dates meet for 10 sessions throughout pregnancy and early postpartum.

- Check in and assessments with the provider (30 – 40 minutes)
- Formal “circle-up” for facilitated discussion time
- Informal time for socializing
- Closing and follow-up as needed (60 – 75 minutes)
Benefits of Centering Pregnancy

• Self-care skills
• Increased time with provider
• Increased member knowledge and satisfaction
• Better outcomes
  o Increased breastfeeding and birth weight
  o Decreased preterm labor and NICU admission rates
Centering Pregnancy Application Form

Program participation is available to obstetricians/gynecologists and midwifery practices who are under contract with the Centering Healthcare Institute.

Use the Centering Pregnancy Application Form to apply for participation. Providers must have Centering Healthcare Institute membership and also be in the process of achieving Site Approval status.

This form must be completed and submitted to us prior to rendering services to members.
Participating Plans

The Centering program applies to BlueCross and BlueChoice plans *except*:  

- FEP  
- SCHIP  
- Plans that do not have maternity benefits  
- Out-of-state members (BlueCard)  
- Dependent members who do not have maternity coverage

You should not bill these members if you have provided Centering services.
Billing

We will reimburse Centering services for pregnant members or members during the postpartum period. Eligible members will have no cost share for these services, when charges are billed appropriately.

<table>
<thead>
<tr>
<th>What to Bill</th>
<th>When to Bill</th>
<th>Frequency</th>
<th>Other Details</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>99078: Physician education services rendered to patients in a group setting</td>
<td>Each Centering visit</td>
<td>Up to <strong>10</strong> visits per benefit period</td>
<td>Include the TH modifier; pays <em>separately</em> from global maternity care</td>
<td>$30.00</td>
</tr>
<tr>
<td>0502F: Subsequent prenatal care visit</td>
<td>File on or after the <em>fifth</em> visit</td>
<td><strong>Once</strong> per member</td>
<td>The is the retention incentive which indicates continued participation</td>
<td>$175.00</td>
</tr>
</tbody>
</table>
Diagnoses

When billing for Centering visits (99078 TH) or the retention incentive (0502F), use the diagnoses:

- **During Pregnancy**
  - The primary diagnosis should be pregnancy-related.

- **During the Postpartum Visit**
  - Use the appropriate postpartum diagnosis for the primary field. **Do not** use a pregnancy-related diagnosis.
If you would like more information about Centering Pregnancy and other Centering programs, please visit the Centering Healthcare Institute website at www.centeringhealthcare.org.
• Birth Outcomes Initiative (BOI)
• Screening, Brief Intervention and Referral to Treatment (SBIRT)
• Centering Pregnancy
• **BlueCross BlueShield of South Carolina and BlueChoice HealthPlan Maternity Management Program**
• Behavioral Health and Maternity
• Helpful Resources
Expectant mothers are eligible to participate in our maternity management program.

Members are encouraged to enroll once we receive an authorization request for maternity care or notification of pregnancy.

Members complete a risk assessment questionnaire to become an active participant.

Members can opt out.

Complete the Pregnancy/Maternity Notification Form found on our websites, www.SouthCarolinaBlues.com and www.BlueChoiceSC.com. This allows us to reach out to members and enroll them in the program. You can also submit the notification electronically using the Medical Forms Resource Center at www.formsresource.center.
Maternity Program Goals

Educate our members about the management of pregnancy and pregnancy-related conditions.

Empower our members with tools, resources and information. Provide one convenient, single source of information and authorizations for members and physicians.

Enrich our members’ quality of life to improve pregnancy outcomes.

Excel in quality to promote the reduction of premature births.

Maternity Management Program
Personal, tailored feedback to expectant mothers. We base feedback on responses to a confidential health assessment survey completed at enrollment and during the second trimester.

Risk leveling throughout the pregnancy and focused case management outreach on members most at risk.

Education on the warning signs and prevention of complications during pregnancy.

Support and encouragement for each expectant mother enrolled in our program.

Access to a nurse 24 hours a day, seven days a week.

Maternity-specific smoking cessation components.
NICU Case Management Program

- NICU Case Management is a program to help manage our smallest members at risk for complications and long-term and recurrent hospitalizations.
- Offers support and guidance, through telephonic outreach and coaching with families, that covers general prematurity and complicated newborn risk information.
- Referrals to community support and financial resources for families.
- Referrals to medical case management for babies transitioning from NICU management to ongoing complex medical needs.
• Birth Outcomes Initiative (BOI)
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• Helpful Resources
Behavioral Health Coaching and Wellness Programs

CBA administers behavioral health.

The coaching and wellness programs provide members the information and support needed to live well with one of more of these chronic conditions:

- Depression
- Substance Use Disorders — Recovery Support Program
- Bipolar Disorder
- Moms Support Program
Program Goals

- Triage members into the appropriate level of care, ranging from monitoring services and early interventions to specialty care.
- Provide a clinical assessment to assist in treatment planning.
- Provide ongoing interaction and integration between medical providers and behavioral health.
- Provide monitoring of symptoms and follow-up assessments.
- Provide case management services for appropriate members.

Behavioral Health and Maternity
Identification and Enrollment

We identify members through:

• Primary care and specialist visits
• Physicians and members themselves
• Personal health assessments (PHAs)
• Medical and pharmacy claims
• Internal case and disease management programs
• Employee Assistance Program (EAP) referrals
We identify members on a weekly basis and automatically enroll them. Members can opt out at any time.

Core Assessment

- Structured telephone interview
  - Takes 15 minutes to complete on average
- Disease managers (LMSWs or RNs) conduct the interview using MI techniques
- Lab report of the interview’s outcome mailed to physician with the member’s consent
- Educational materials about specific reported symptoms are mailed to members
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<table>
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<tbody>
<tr>
<td>Healthier Moms and Babies</td>
<td>Our maternity health magazine gives information about our maternity managed care programs, informs you of helpful tools to engage your patients and provides you with resources to integrate your patient care with our services. There are articles about the Birth Outcomes Initiative, using the Screening, Brief Intervention and Referral to Treatment (SBIRT) process in your practice, benefits of Centering Pregnancy and more.</td>
</tr>
<tr>
<td>Centering Pregnancy Application Form</td>
<td>Providers can use this form to apply for participation in the Centering Pregnancy Program. Providers must have Centering Healthcare Institute membership and also be in the process of achieving Site Approval status.</td>
</tr>
<tr>
<td>Maternity Screening Referral Tool (SBIRT)</td>
<td>Use this universal tool to identify pregnant women who need help with behavioral and problematic issues and refer them to treatment.</td>
</tr>
<tr>
<td>Maternity Initiatives Presentation</td>
<td>We adopted these programs and efforts in order to reduce health disparities among newborns and improve the overall health of mothers and babies. Learn the benefits of these programs and how to receive additional reimbursement.</td>
</tr>
<tr>
<td>Maternity Initiatives Frequently Asked Questions (FAQs)</td>
<td>Questions we’ve received from the provider community about maternity initiatives.</td>
</tr>
</tbody>
</table>

Resources are available at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) and [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com).