Agenda

- Birth Outcomes Initiative (BOI)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Centering Pregnancy
- BlueCross BlueShield of South Carolina and BlueChoice® HealthPlan Maternity Management Programs
- Behavioral Health
- Quality Reporting
In July 2011, the South Carolina Department of Health and Human Services (SCDHHS) began partnering with 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
This effort is known as the BOI. BOI is focused on achieving five key goals:

1. End 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.
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 less than 7
- Neonatal mortality
You should append modifiers when an induction or a planned cesarean section for deliveries less than 39 weeks gestation is scheduled. This requirement applies to all BlueCross and BlueChoice® plans.

Many conditions are generally accepted as exceptions for delivery prior to 39 weeks. An early delivery for these conditions may benefit the mother, the fetus or both. The list of accepted conditions is not meant to be exclusive. Each category may require a separate guideline to outline evidence-based practices regarding timing or delivery.

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.
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 patient liability for non-participating providers.

We will review hospital claims retrospectively to determine that you have filed the appropriate modifier. If you do not file the modifier for the delivery as outlined, we will recoup all monies previously paid. We will deny claims as not medically necessary.
Medical Indications for Late-Preterm or Early-Term Deliveries

- Cholestasis of pregnancy
- Chorioamnionitis
- Fetal gastroschisis
- Fetal isoimmunization
- Herpes gestationis
- HIV
- Impetigo herpetiformis
- Intra-uterine growth restriction (IUGR)
- Maternal death (peri-mortem delivery)
- 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
- Maternal malignancy
- Multiple gestation
Medical Indications for Late-Preterm or Early-Term Deliveries

- 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>
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<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>
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<tr>
<td>59510</td>
<td>Classic cesarean section, low cervical cesarean section</td>
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<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>
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<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>
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<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>
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If you do not file the appropriate modifier with the CPT, we will deny services.

<table>
<thead>
<tr>
<th>GB - 39 weeks gestation or more</th>
<th>• For all deliveries at 39 weeks gestation or more regardless of method (induction, cesarean section or spontaneous labor).</th>
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</table>
| CG - Less than 39 weeks gestation | • For deliveries resulting from patients 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 patient’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. |
<table>
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<th><strong>Modifiers</strong></th>
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<tr>
<td><strong>UA - Prolonged labor when a vaginal delivery fails to progress and converts to a cesarean section</strong></td>
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<tr>
<td>- Bill using the UA modifier as a secondary modifier following the guidelines for submitting either a GB, CG or No Modifier as outlined.</td>
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<tr>
<td>- Document in the patient record the time of admission to the hospital and the start time of the cesarean section.</td>
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<tr>
<td>- Prolonged labor is defined as at least six hours of documented labor.</td>
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<tr>
<td><strong>No Modifier - Elective non-medically necessary deliveries less than 39 weeks gestation</strong></td>
</tr>
<tr>
<td>- Elective non-medically necessary deliveries less than 39 weeks gestation.</td>
</tr>
<tr>
<td>- 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.</td>
</tr>
</tbody>
</table>
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.
SBI RT
SCDHHS has partnered with plans throughout the state to improve birth outcomes and the overall health of mothers and babies. SBIRT is an evidence-based, integrated and comprehensive 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 members.
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 MVAs, 60 percent fatal burns and 40 percent of fatal falls
SBIRT consists of four components:

1. **Screening** – very brief process of identifying substance use, behavioral health issues, domestic violence and tobacco use

2. **Brief Intervention** – 5-10 minute session to raise awareness of risks and motivate the patient toward acknowledging there is a problem

3. **Referral** – when a risk is identified, referred for more intensive treatment

4. **Treatment** – cognitive behavioral work for member to acknowledge risks
The SBIRT referral consists of eight simple Yes/No questions addressing:

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

The fax number for BlueCross and BlueChoice is 803-870-9884.
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:

- Physicians
- Physicians Assistants
- Nurses
- Social Workers
- Behavioral Therapists
- Nurse Practitioners
- Medical Assistants
If the result of the screening is positive, the intervention follows.

The brief intervention should last between 5 and 10 minutes:

- Give feedback and educate the patient regarding the screening results and associated risks to the baby.

- Listen to the patient, eliciting her own internal motivation for change.

- Provide guidance, support and options to the patient that include a referral for treatment.
Greatest success has been achieved by using the Motivational Interviewing (MI) approach.

- MI is a way of addressing concerns with patients that is focused on the spirit of collaboration, autonomy, respect and compassion.
- MI is a patient-centered, evidence-based method for enhancing the members’ own motivation to change behavior and aiding in resolving the patient’s ambivalence about making behavior changes.
- MI assumes that motivation can be influenced in the context of a supportive relationship with the provider with the goal of influencing change in the direction of health.
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<th>Step</th>
<th>Example</th>
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<tr>
<td>Ask Permission (Engage)</td>
<td>“I appreciate you answering the screening tool questions. Could we take a minute to discuss your results?”</td>
</tr>
<tr>
<td>Provide Feedback (Focus)</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>Enhance Motivation &amp; Elicit Change Talk (Evoke)</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 or quitting?”</td>
</tr>
<tr>
<td>Provide Advice</td>
<td>“As your health care provider, it is recommended that you quit drinking during pregnancy.”</td>
</tr>
<tr>
<td>Discuss Next Steps (Plan)</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 DAODAS site.)</td>
</tr>
<tr>
<td>Close on Good Terms</td>
<td>Summarize, emphasize patient’s strengths, highlight change talk and decisions made and arrange for follow-up as appropriate.</td>
</tr>
</tbody>
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Adapted from Southeastern Consortium for Substance Abuse Training (SECSAT) brief intervention card
Most patients 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 patient’s record.
- Assist the patient in making the referral appointment prior to her leaving the office and provide a list of referral resources to the patient.
  - If the patient declines referral or refuses treatment, provide her with a list of referral resources and contacts.
- Fill out all forms completely before sending to the referral resource and health plan.
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 patient leaves the office.
DMH

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

Other Network Participating Provider

- Set up an appointment with another network participating provider for treatment before the patient leaves the office.
BlueCross and BlueChoice will reimburse SBIRT services for pregnant patients or patients during the 12-month postpartum period:

**H0002: Behavioral health screening**
- Completion of the SBIRT referral for the screening
- Screening, can be billed once per 12-month period
- Append the **HD** modifier for positive screenings **only**
- Reimbursement is $24.00

**H0004: Behavioral health intervention**
- Intervention and referral to treatment, documented within the SBIRT referral
- Brief intervention, can be billed twice per 12-month period
- Defined as a brief intervention or session in which a referral is made or attempted
- Reimbursement is $48.00
Screening and/or intervention during pregnancy

• The primary diagnosis should be pregnancy related.

Screening and/or intervention performed during postpartum visit

• Use the appropriate postpartum diagnosis for the primary field. **Do not** use a pregnancy diagnosis.

Include the secondary diagnosis code V82.9 on all claims for SBIRT-related services.
The program applies to fully insured and administrative services only BlueCross and BlueChoice plans with the exception of the plan prefixes:

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

These members are excluded from coverage in this program at this time and should not be billed if services are provided.
The State Health Plan has now partnered with this effort, effective October 1, 2014.

These members are excluded from coverage in this program for dates prior to October 1, 2014 and should not be billed if services are provided.
Once we receive the claim and SBIRT referral:

• Claims will process according to the members’ benefits
• 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 patient has begun treatment
    ➢ If the patient has not, provide resources to the member and encourage the member 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.
Centering Pregnancy
The Centering Pregnancy program is 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.

- Health assessment
- Education
- Support in a group setting
Centering Pregnancy Overview

Women with similar gestational ages meet together with their provider, learn care skills, participate in facilitated discussions and develop a support network with each other.

June 1, 2014, BlueCross and BlueChoice adopted the Centering Pregnancy program.
As part of the Centering Pregnancy program, 8-12 women with similar due dates meet as a group for a total of 10 sessions throughout pregnancy and early postpartum.

Sessions include:

• 30-40 minutes
  – Check in and assessments with the provider

• 60-75 minutes
  – Formal “circle-up” for facilitated discussion time
  – Informal time for socializing
  – Closing and follow-up as needed
Promotes:

- Self-care skills
- Increased time with provider
- Increased patient knowledge and satisfaction
- Better outcomes
  - Increased breastfeeding and birth weight
  - Decreased preterm labor and NICU admission rates
The pilot begins with practices approved or under contract with the Centering Healthcare Institute:

- GHS OB/GYN Center
- Mountain View OB/GYN – Easley
- University Specialty Clinic, USC – Columbia
- MUSC Department of OB/GYN – Charleston
- Sumter OB/GYN
- Anmed Anderson OB/GYN
- Carolina OB/GYN – Georgetown and Murrells Inlet
- Montgomery Center for Family Medicine – Greenwood
- Carolina Women’s Center – Clinton
The program applies to fully insured and administrative services only BlueCross and BlueChoice plans with the exception of the plan prefixes:

- FEP
- SCHIP
- Plans that do not have maternity benefits
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Billing and Payment

99078 – Physician education services rendered to patients in a group setting
  • Include TH modifier
  • File with specific pregnancy-related diagnosis code
  • Pays separately from global maternity
  • Reimbursement is $30.00 per member, per session

0502F – Subsequent prenatal care visit
  • Retention incentive, indicates continued participation
  • File with the specific pregnancy diagnosis code
  • Payable once on or after the fifth visit
  • Reimbursement is $175.00 once per member
Members have a 10-visit maximum per benefit period. If you would like more information about Centering Pregnancy and other Centering programs, please visit the Centering Healthcare Institute website, www.centeringhealthcare.org.
Maternity Management Programs
Expectant mothers are eligible to participate in our maternity management programs.

- All pregnant members are automatically enrolled when 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.
BlueChoice: Great Expectations® Maternity

Great Expectations 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
Great Expectations® Before Baby is a program to help members of childbearing age be prepared for pregnancy:

- Offers support and guidance, through telephonic counseling sessions, that cover general preconception information and information about a member's specific conditions.

- Referrals to other Great Expectations programs that can help with health issues, such as asthma, diabetes or quitting smoking.
BlueCross: Maternity Care

BlueCross Maternity Care is a unique maternity management program designed to help pregnant members understand the changes of pregnancy and to prepare for parenthood.

Program Includes:

- **Personal, tailored feedback** to expectant mothers. Feedback is based 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 patients most at risk**.
- **Education** on the warning signs and prevention of complications during pregnancy.
BlueCross: Maternity Care

BlueCross Maternity Care is a unique maternity management program designed to help pregnant members understand the changes of pregnancy and to prepare for parenthood.

Program Includes:

- **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**.
Behavioral Health
Behavioral Health Coaching and Wellness Programs

Behavioral health is administered by CBA.

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

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

- Triage patients 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 patients
Identification and Enrollment

• Members identified 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
Behavioral Health Coaching and Wellness Programs

- Timely identification on a weekly basis
- All members identified are enrolled
- Member may opt-out at any time

Core Assessment

- Structured telephonic interview
  - 15 minutes to complete, on average
- Disease managers (LMSWs or RNs) conduct the interview using motivational interviewing 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
Quality Reporting
You will begin receiving a monthly report card that will include rates in various categories:

- Birth Outcomes Initiative
- SBIRT
- Cesarean Section
- Preterm Delivery
- NICU Admissions
- Postpartum Care

Obstetrician and Gynecologist Report Card
Thank you for participating today! If you would like us to share this information with others in your organization, please see your Provider Education Advocate to schedule an appointment.

Also visit our websites:
www.SouthCarolinaBlues.com
www.BlueChoiceSC.com

If you have questions or want more information contact our area:
provider.education@bcbssc.com or 803-264-4730.