

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: Chapter 1140-90-01, 01-90-06, 09-90-01, 10-90-02, 11-90-04, 23-90-05, 26-90-02, 30-90-02, 31-90-01	ISSUE DATE: June 12, 1990	EFFECTIVE DATE: April 1, 1990
SUBJECT: Provider Participation Requirements for Healthy Beginnings Plus		BY:  Eileen M. Schoen Deputy Secretary for Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to announce provider participation requirements for the Healthy Beginnings Plus (HBP) Program.

SCOPE:

This bulletin applies to physicians, hospital outpatient clinics, independent medical clinics, rural health clinics, birthing centers, midwives, home health agencies, and family planning clinics enrolled in the Medical Assistance Program.

BACKGROUND/DISCUSSION:

The Department of Public Welfare is pleased to announce that effective April 1, 1990, providers may apply to participate in a new program designed to reduce the Commonwealth's infant mortality and morbidity rates.

This program is titled Healthy Beginnings Plus. While Healthy Beginnings expanded income eligibility requirements for Medicaid, for pregnant women and children, Healthy Beginnings Plus takes that one step further by providing low-income pregnant women with a full array of medical and non-medical services. The comprehensive package of services for pregnant women consists of:

1. basic services provided to all clients enrolled in Healthy Beginnings Plus and includes care coordination, medical/obstetrical, nutritional, psychosocial, and health promotion;
2. high risk maternity services provided to individual clients in response to an identified medical/obstetrical risk requiring services be provided with greater frequency and of longer duration; and
3. special services provided to individual clients on an as-needed basis, generally in response to an identified medical/obstetrical, nutritional or psychosocial risk.

PROCEDURE:

To participate in this program and receive medical assistance payment for these services, an eligible provider must formally enroll in the Healthy Beginnings Plus Program and meet all of the following requirements established by the Department of Public Welfare:

1. The Qualified Provider, whether licensed as a hospital obstetrical clinic, community health center, migrant health center, rural health center, birthing center, family planning clinic, home health agency, or private obstetrical or family practice, must, even if providing other types of medical care, have a concentration of specialization in prenatal services.
2. The Qualified Provider must provide a smoke free environment in all areas on-site where clients receive HBP services.
3. The Qualified Provider must employ one or more Care Coordinators who: (a) have had clinical experience in maternity care, (b) can determine nutrition risks of applicants for the Pennsylvania WIC program, (c) are on-site during the client's prenatal care visits to perform initial and periodic risk assessments and timely health promotion and (d) are available at the clinic to coordinate all aspects of the client's care including reinforcement of postpartum health promotion that was initiated post delivery in hospital, i.e., postpartum physical and psychological changes, lactation,

parent-infant care, and interim family planning method information.

A Care Coordinator must be assigned to each client and will serve ongoing as the client's primary contact and facilitator of multidisciplinary communication. In most situations, a registered nurse with clinical maternity care experience would be the most appropriate person to be care coordinator. Although a social worker could skillfully perform many of the care coordinator functions, ordinarily this professional would be less apt in performing the important health education tasks and unable to perform WIC nutrition risk determination.

If any of the care coordinator functions are to be delegated to others, the Care Coordinator is to retain overall responsibility for these functions. Names and Titles of individuals to whom some care coordinator functions will be delegated, and the specific functions they will be delegated, are to be identified.

4. No absolute ratio of clients to care coordinator is prescribed; the ratio will depend on the mix of clients requiring basic versus high-risk and special services and coordination of these services. For this reason, some care coordinators may be able to serve as many as 75 clients, others far fewer.
5. The Qualified Provider must be prepared to provide services for a client within 14 days of the client's request for an appointment.
6. The Qualified Provider must render obstetrical services by a duly authorized obstetrician, nurse midwife, family practice physician, ob-gyn nurse practitioner, physician assistant or ob-gyn clinical nurse specialist and under appropriate supervision where indicated. These basic services include:
 - a. Routine Antepartum care
 - b. Intrapartum care, including vaginal and cesarean deliveries, and post-delivery care.
 - c. Ambulatory postpartum examination (four-to-eight week visits that include family planning services appropriate to clients' needs).

These services may be provided by the Qualified Provider's own staff or through a subcontract. Obstetrical care must be organized in such a manner as to assure continuity. If hospital inpatient obstetrical care is not provided by the same HBP outpatient obstetrical care professionals, explicit contract terms must be executed to ensure continuity of care for the client.

Contract terms between the HBP provider and the HBP hospital inpatient obstetrical care professional are to include the following:

- Identification of the responsible obstetrical care practitioner in charge, overall, of HBP obstetrical care as well as the individual obstetrical care providers and assurance of the qualifications of each to perform the inpatient hospital services they are being contracted to perform.
 - Arrangements for HBP client visits to the inpatient hospital obstetrical suite where delivery is expected.
 - Arrangements for timely transmission of copies of the clients' prenatal records to the expected hospital of delivery.
 - Language regarding the content of client discharge summaries; and time frame within which they will be sent to the outpatient provider.
 - Language regarding communication to be conducted between inpatient hospital staff and outpatient care coordinator about status of the HBP clients.
 - Procedures for scheduling the four-to-eight week postpartum obstetrical visit with the outpatient provider following hospital discharge.
7. The Qualified Provider must arrange basic in-hospital infant care services and outpatient infant care (first visit) provided or directly supervised by a pediatrician, a family practice physician or provided by a pediatric nurse practitioner, within her/his legal authority. These services may be provided by the Qualified Provider's own staff or through a subcontract. The Qualified Providers are to explain the benefits of the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program to the Healthy Beginnings Plus mother and when the mother is interested in the program make arrangements for enrollment of her infant in EPSDT. It is encouraged that the Qualified Provider be affiliated with an EPSDT Program when possible.
 8. The Qualified Provider must provide or be prepared to provide the following services at the same time as and in close physical proximity to the obstetrical services:
 - a. Nutrition counseling by a nutritionist or a registered dietician (see the HBP Maternity Services Manual for provider qualifications) to clients with obstetrical high-risk conditions.
 - b. Genetic risk, information and referral by the obstetrical services provider as described in the HBP Maternity Services Manual.

- c. Outpatient and inpatient obstetrical services to clients with medical/obstetrical high-risk conditions.
- d. Psychosocial counseling services by a social worker for clients with psychosocial high-risk conditions including substance abuse assessment and referral as described in the HBP Maternity Services Manual.
- e. Smoking (tobacco) cessation counseling by the obstetrical provider or care coordinator.

These services may be provided by the Qualified Provider's own staff or through a subcontract. These services are all described in detail in the HBP Maternity Services Manual.

- 9. For each non-English-speaking and hearing-impaired person requesting entrance into the HBP Program, the Qualified Provider must be prepared to provide interpreter or sign language services.
- 10. The Qualified Provider must be able to describe provisions that have been made to support play activities for children accompanying clients on prenatal/support service visits.
- 11. The Qualified Provider must be prepared to identify problems in the area of transportation for each client enrolled and describe plans to resolve these problems. This should include a designation and availability of transportation services within the geographic area of the population they serve. In developing solutions to these problems, providers should consult their county office responsible for administering the Medical Assistance Transportation Program. A listing of these offices can be found in the HBP Maternity Services Manual.
- 12. The Qualified Provider must be able to offer the following services either on-site or in the local community:
 - a. Prepared Childbirth classes
 - b. Parenting Education program

These services may be provided by the Qualified Provider's own staff or through a subcontract with a provider of such programs as described in the HBP Maternity Services Manual.

- 13. The Qualified Provider must be able to offer the following community/home-based services and support services:
 - a. Outreach services for enrollment of eligible women, including case finding/recruitment from other agencies, and follow-up for missed appointments, home assessment and patient education.
 - b. Home health services by nurses and home health aides for pregnant women and newborn infants.
 - c. Homemaker services

These services may be provided by the Qualified Provider's own staff or through a subcontract.

- 14. The Qualified Provider must provide or be prepared to provide WIC services at the same time as maternity services and obtain a letter from the local WIC Program which states concurrence with the applicant's proposed strategy for providing WIC services. The WIC services must be located on-site for in close proximity to the obstetrical services. The Qualified Provider may itself be a WIC provider or may offer WIC services through a formal arrangement with the local WIC contractor.
- 15. If the Qualified Provider is not a provider of any of the following, the provider must be prepared to provide the client with alternative referral sources for each of the following, preferably in geographic proximity to the Qualified Provider:
 - a. Laboratory services
 - b. X-ray service
 - c. Ongoing family planning services
- 16. If the Qualified Provider is not a provider of any of the following, the Qualified Provider is to have a formal coordination system in place, preferably in geographic proximity to the Qualified Provider for non-obstetrical services in support of high-risk obstetrical care, e.g., cardiac, hematology, diabetes, renal, specialized clinical genetics services, psychiatric.
- 17. Because there will be clients who need Drug and Alcohol treatment services, Qualified Providers must develop a formal agreement between the local Single County Authority (SCA) and/or licensed providers in the provider's service area responsible for drug and alcohol services including drug and alcohol detoxification, drug and alcohol outpatient counseling and, where services exist, for drug and alcohol residential rehabilitation and drug and alcohol partial hospitalization services.
- 18. The Qualified Provider must be prepared to utilize a medical/obstetrical record format acceptable to the Office of

Medical Assistance for all healthy Beginnings Plus clients.

19. The Qualified Provider must agree to incorporate the Healthy Beginnings Plus Care Coordination Record and its supporting documents into its medical-obstetrical record, and must assure that the medical-obstetrical record with the Care Coordination Record is accessible, on a timely basis, to all providers involved in the client's care.
20. The Qualified Provider and all of their subcontractors must agree to send designated staff working in the Healthy Beginnings Plus Program to attend Healthy Beginnings Plus orientation and other training sessions, as deemed necessary by the Department of Public Welfare.
21. The Qualified Provider must agree to make statistical data available to the Department as required for evaluation purposes.

All claims submitted for payment are subject to utilization review procedures. Providers who bill for services inconsistent with Department regulations, or who violate the standards set forth in the provider agreement, are subject to the sanctions described in Chapter 1101, General Provisions.

The Qualified Provider or one of their subcontractors is encouraged to become a Medical Assistance Presumptive Eligibility Provider. This is a very important requirement for improvement of access to care. Qualified Providers should satisfy all Healthy Beginnings Plus requirements and once enrolled as a HBP Qualified Provider, are then encouraged to apply to become a Presumptive Eligibility Provider.

POLICY:

The staff of the Office of Medical Assistance Programs, Bureau of Hospital and Outpatient Programs, in consultation with the staff of the Department of Health, Bureau of Maternal and Child Preventive Health Programs, will be available to answer questions and offer guidance to Qualified Providers on how they can meet the above requirements. Providers who have questions about the requirements may call 717-782-6181 or write to:

Division of Outpatient Operations
Client Services Section
P.O. Box 8044
Harrisburg, Pennsylvania 17105

Providers interested in obtaining an application to participate in the Healthy Beginnings Plus Program should write to:

Department of Public Welfare
Support Services Section
P.O. Box 8045
Harrisburg, Pennsylvania 17105

The above provider participation requirements will be included in 55 PA Code Chapter 1140, Healthy Beginnings Plus.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Division of Outpatient Operations, Client Services Section
P.O. Box 8044
Harrisburg, PA 17105
(717) 782-6181

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.