COMPASSIONATE CARE *for Women*

CareSource's Maternal Programs
and Prenatal/Postpartum Guidelines

CareSource®

ABOUT CARESOURCE

CareSource is a nonprofit health plan nationally recognized for leading the managed care industry in providing member-centric health care coverage. Founded in 1989, CareSource is one of the nation's largest Medicaid managed care plans. Today, CareSource offers a lifetime of health care coverage to more than 1.8 million members across five states, including offerings on the Health Insurance Marketplace and Medicare Advantage plans, in addition to Medicaid managed care plans.

With a workforce of 3,100 employees located across the nation, CareSource is living its mission to make a lasting difference in its members' lives by improving their health and well-being. We understand the challenges consumers face navigating the health system, and we work to put health care in reach for those we serve.

Compassionate Care for Women and Children

For nearly 30 years, CareSource has been dedicated to the health and well-being of mothers through a continuum of services focused on prenatal and postpartum care.

As part of our Care4U model of care, we take a population-based approach to achieve the best possible health outcomes. We work to remove barriers to deliver positive clinical outcomes through self-care resources, mobile engagement solutions, incentive programs and relationship-driven support.

PROGRAM OBJECTIVES

- Improve pregnancy planning/spacing and prevent unintended pregnancy
- Reduce the risk of maternal and infant mortality and pregnancy-related complications

POPULATIONS SERVED

- Pregnant women up to a year following delivery
- Women of childbearing age (14 to 45 years)

MEMBER-FACING PROGRAMS

From the very beginning, CareSource has been an innovative force in the landscape of health care. We provide programs and resources that maximize the quality of life and health outcomes of mothers, infants, children and their families.

Prenatal Case Management

We offer a collaborative set of interventions and activities that address the health care and preventive service needs of pregnant and postpartum women through communication and available resources.

BABY BASICS

A month-by-month, comprehensive pregnancy guide that promotes self-care for a healthy pregnancy.

BABIES FIRST

A financial incentive program that rewards pregnant and new mothers for health habits such as attending prenatal, postpartum and well-baby checkups.

FREE PREGNANCY TESTS

Free pregnancy tests that help women engage in healthier behaviors and prenatal care sooner.

Innovative Strategies

OTHER RESOURCES AND BENEFITS

- Non-emergency transportation to medical visits, and Centering® classes
- Prenatal, childbirth and parenting education
- No prior authorizations for progesterone therapy to prevent preterm labor

Quality Results

Quality is at the heart of our work. We measure our success through the outcomes that are achieved and the improvement in our members' health and well-being.

In our Ohio market, CareSource has participated in a quality performance improvement project (PIP) in Ohio. We worked with health partners to improve progesterone initiation before 24 weeks to help prevent preterm births. Prior to the PIP, only 52 percent of eligible progesterone candidates initiated progesterone before 24 weeks. Within 18 months, progesterone initiation improved to 73 percent.

Prenatal and Postpartum Guidelines

Agency for Healthcare Research and Quality

Prenatal Care
CLINICAL HIGHLIGHTS

- Identify patients with greater potential for high-risk pregnancy and provide appropriate preconception counseling.
- Provide a comprehensive risk assessment and appropriate risk-related interventions.
- Ensure each pregnant patient receives visit-specific screening tests, education, immunizations and chemoprophylaxis.
- Provide counseling regarding the limitations and benefits of each aneuploidy test and offer screening and diagnostic tests.
- Provide education for patients with previous Cesarean section of risks and benefits associated with vaginal birth after Cesarean (VBAC).
- Encourage delivery after 39 weeks, unless medically indicated.

INTERVENTION AND PRACTICE

Immunization and Chemoprophylaxis

- Vaccinations: varicella, rubella (measles/mumps/rubella [MMR]), hepatitis B, tetanus-diphtheria (Td) booster (or Tdap) and influenza
- RhoGAM – D immunoglobulin
- Hepatitis B immunoglobulin
- Progesterone for women at high-risk for preterm delivery (CareSource **does not require** preauthorization)
- Treatment of human immunodeficiency virus (HIV)
- Intrapartum antibiotic prophylaxis for group B strep (GBS) culture
- Folic acid and other nutritional supplements, if indicated

Screening Maneuvers

- Risk profiles, including preconception risk assessment, preterm labor risks, workplace/lifestyle hazards assessment, infectious disease risks, genetic risk and risks associated with VBAC
- Height, weight, blood pressure, history and physical
- Screening for rubella/rubeola and varicella status
- Screening for depression and domestic violence
- Cervix assessment
- Laboratory studies
  - Cervical cancer screening
  - Blood system (ABO)/Rh/antibodies
  - Syphilis
  - Urine culture
  - Complete blood count (CBC)
  - Fetal aneuploidy screening
  - Viral hepatitis
  - HIV
  - Lead screening
  - Gonorrhea/chlamydia
  - GBS screening
  - Gestational diabetes
- Fetal heart tones, fetal position, fundal height and optional obstetric ultrasound

Counseling, Education and Intervention

- Preterm labor education and prevention
- Complete inventory of medications
- Accurate recording of menstrual dates
- Counseling on risks and benefits of VBAC
- Prenatal and lifestyle education
- Smoking cessation program assessment prior to enrollment, utilizing the “5 A’s”:
  1. **Ask:** ask every patient if they smoke or use tobacco.
  2. **Advise:** give clear advice about quitting.
  3. **Assess:** assess patients willingness to quit in next 30 days.
  4. **Assist:** help patient develop a quit plan or refer to tobacco cessation program.
  5. **Arrange:** provider follow-up at future visits.

Postpartum Care

- As many as 40 percent of women do not attend a postpartum visit.
- CareSource recommends that all women be offered long-activing reversible contraceptives (LARC) prior to leaving the hospital.
- To optimize postpartum care, anticipatory guidance should begin during pregnancy.
- Early postpartum follow-up is recommended for women with hypertensive disorders of pregnancy.
- Women should undergo a comprehensive postpartum visit within the first six weeks after birth.
- Screen for signs and symptoms or risk factors for postpartum depression.
- Encourage discussion of reproductive life planning and promote effective contraceptive management.

METRIC INFORMATION

Our patient demographic includes pregnant women.

To be considered compliant with guidelines, a pregnant women must receive the following care:

- Prenatal care beginning within the first 13 weeks of pregnancy
- Ongoing prenatal visits for duration of pregnancy
- Postpartum visit between three weeks and two months after birth

Preventive medicine is fundamental to prenatal care. It is important to identify maternal risk factors and promote healthy behaviors early in a pregnancy in order to have optimal outcomes.

Source documents for this information are available by visiting:

PRENATAL INFORMATION

Agency for Healthcare Research and Quality's Routine Prenatal Care Guideline:

https://www.guideline.gov/summaries/summary/38256?search=prenatal%20care

POSTPARTUM INFORMATION

The American College of Obstetricians and Gynecologists' Committee Opinion: Optimizing Postpartum Care:

http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care

USE OF PROGESTERONE

CareSource supports the current recommendations set forth by the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal and Fetal Medicine (SMFM) regarding the use of progesterone for the prevention of preterm birth.

All women with a prior spontaneous preterm birth (PTB) of a singleton pregnancy should be offered 17-alpha hydroxyprogesterone caproate (17OHP-C) therapy in a subsequent pregnancy with a singleton gestation. Women with a singleton gestation and a history of prior spontaneous PTB between 20 and 36 6/7 weeks of gestation should receive 17OHP-C at 250 mg intramuscularly weekly, starting at 16-20 weeks of gestation until 36 weeks of gestation or delivery. Vaginal progesterone should not be considered a substitute for 17OHP-C in these patients.

CareSource demonstrates our commitment to healthy babies by removing prior authorization requirements on progesterone for most members.

Population Management Just Got Easier

Our online Provider Portal allows you to easily and securely access critical information 24/7. CareSource offers its health partners a comprehensive suite of informational online tools that can help increase efficiency and improve patient outcomes. Some of these tools include:

CLINICAL PRACTICE REGISTRY — This tool is for primary care providers (PCPs) and helps place emphasis on preventive care by reminding health partners when a patient needs a screening or test. The primary benefit of the Registry is population management. Health partners can quickly sort their CareSource membership into actionable groupings.

MEMBER PROFILE — With its comprehensive view of patient medical and pharmacy data, the Member Profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.

PROVIDER PORTAL ACCESS

https://providerportal.caresource.com/

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