South Carolina Birth Outcomes Initiative (BOI)

SCBOI Core Objectives

South Carolina Birth Outcomes Initiative (BOI) is an effort by the South Carolina Department of Health and Human Services (SCDHHS), South Carolina Hospital Association, March of Dimes, Blue Cross Blue Shield of South Carolina and over 100 stakeholders to improve the health outcomes for newborns not only in the Medicaid program but throughout the state's population. Launched in July 2011, SCBOI has these core objectives:

- Elimination of elective inductions for non-medically indicated deliveries prior to 39 weeks gestation
- Reducing the number of admissions and the average length of stay in neonatal intensive care units Reducing health disparities
- Making 17P, a compound that helps prevent pre-term births, available to all at-risk pregnant women with no "hassle factor"
- Implementing a universal screening and referral tool (SBIRT) in the physician's office to screen pregnant women and 12 months post-delivery for tobacco use, substance abuse, alcohol, depression and domestic violence
- Promoting Baby Friendly Certified Hospitals and Breast Feeding

SC BOI has added objectives since its inception to include:

- Promote healthier moms and babies by supporting the Centering Pregnancy Model
- Assist Medicaid beneficiaries with unwanted pregnancy by allowing inpatient insertion of Long Acting Reversible Contraceptive (LARCs)

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South Carolina Birth Outcomes Initiative (BOI)

39 weeks

A. Objective/Goal

In September of 2011, through the Birth Outcomes Initiative (BOI) and South Carolina Hospital Association (SCHA), all 43 birthing hospitals in South Carolina signed a pledge to stop early elective deliveries. In July of this year, physicians were notified that as of August 1, 2012, all claims submitted for deliveries and inductions had to contain a specific modifier (GB or CG)

Effective January 1, 2013, the South Carolina Department of Health and Human Services (SCDHHS) stopped reimbursement for elective inductions or non–medically indicated deliveries prior to 39 weeks to hospitals and to physicians. This change is a result of an extensive effort and partnership by SCDHHS, South Carolina Hospital Association, and South Carolina Chapter of the American Congress of Obstetricians & Gynecologists, Maternal Fetal Medicine physicians, BlueCross BlueShield of SC, and March of Dimes.

B. Background

- Through SCBOI, SCDHHS has documented a 50 % reduction in non-medically necessary deliveries prior to 39 weeks from second quarter 2011 to second quarter 2012

- January 2013, South Carolina was the first state in the nation for public (Medicaid) and private (BCBS) entities to implement the same non-payment policy for early deliveries

- For the first quarter of FY 2013, SCDHHS's actuary, Milliman, has estimated that the 39 week initiative has saved the state and the federal government a total of $6 million dollars in large part due to the decreased admissions and Average Length of Stay (ALOS) to the NICU of premature babies born to Medicaid mothers

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Screening Brief Intervention and Referral to Treatment (SBIRT)

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 South Carolina program is specific to pregnant women to include 12 months post-partum, and provides a much needed universal approach to prevention, early identification and interventions necessary to address the far reaching problem and subsequent consequences of substance abuse. Effective treatment not only cuts healthcare costs but more importantly allows patients to resume their productive lives and give birth to a healthier baby population in South Carolina.

SBIRT is performed in a clinical setting by a trained clinician. The patient is asked 8 yes or no behavioral health questions and the responses are documented on the SBIRT specific screening tool sheet. If a patient is identified to have a behavioral health problem, the clinician then begins a brief intervention. The brief intervention is done using motivational interviewing to educate the patient on their specific behavioral health problems with the ultimate goal of making a referral to one of the treatment resources.

The South Carolina Department of Health and Human Services (SCDHHS) is the sponsoring agency for the SBIRT initiative and has created the following codes to reimburse provider offices for their time spent on SBIRT:

- **H0002 U1** – Billed for completion of Screening and reimburses at the rate of $24.00 once per fiscal year
- **H0004 U1** – Billed for completion of a Brief Intervention and reimburses at the rate of $48.00 twice per fiscal year

A. Goal

The goal is to have 100% participation from all OB/GYN Medicaid enrolled provider offices

B. Background

- SCDHHS has partnered with the South Carolina department of Alcohol and other Drug Abuse Services, the South Carolina Department of Health and Environmental Control, the South Carolina Department of Mental Health and the seven South Carolina Medicaid health plans

- Thus far SCDHHS has reached out and offered customized training to every OB/GYN office in the State. Currently we have 379 Medicaid enrolled OB/GYN providers actively billing SBIRT

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Baby Friendly Hospitals-Race to the Date

Race to the Date is a South Carolina Department of Health and Human Services (SCDHHS) program through our Birth Outcomes Initiative to incentivize hospitals to become "Baby-Friendly" by promoting breast milk as the standard for infant feeding.

A. Goal

To increase the number of Baby-Friendly hospitals in South Carolina. All infants in the facility should be considered to be breastfeeding infants unless, after giving birth and being offered help to breastfeed, the mother has specifically stated that she has no plans to breastfeed.

B. Background

- SCDHHS has created an incentive pool of $1,000,000 with a maximum payout of $200,000 to individual hospitals that submit a letter of intent to SCDHHS and achieve a Baby-Friendly Hospital designation through Baby-Friendly USA by September 30, 2013

- Incentive payments will be available to qualified hospitals with the opportunity for incremental increases up to $200,000 depending upon the number of hospitals that achieve the Baby-Friendly Hospital designation by September 30, 2013

- As of June 1, 2013 one hospital has received official Baby Friendly Designation

South Carolina Birth Outcomes Initiative (BOI)

LARCs available in the hospital setting

On March 1, 2012 SCDHHS, through recommendations from BOI, changed their policy to allow LARCs to be reimbursed outside of the Diagnosis Related Group (DRG) when inserted inpatient post-delivery. Prior to this action, most hospitals weren't willing to stock LARCs due to the cost. Physician providers had to rely on the patient scheduling an outpatient clinic/office visit after discharge for the contraceptive. This proved to be challenging since Medicaid beneficiaries very often missed their post-partum appointment which resulted in unplanned pregnancies. The new policy has been praised by the OBGYN community as a continuing commitment by SCDHHS.

A. Goal

To remove barriers to treatment and to help reduce the number of unwanted pregnancies.

B. Background

- Codes associated with the new LARC policy as stated in the Medicaid Bulletin:

HCPCS:

- J7300 Intrauterine copper contraceptive (Paragard®)
- J7302 Levonorgestrel – release IU contraceptive 52 mg (Mirena®)
- J7307 Etonogestrel (contraceptive) implant system, including implant and supplies. (Implanon®/Nexplanon®)
- *A4264 Permanent implantable contraceptive intra-tubal occlusion device(s) and delivery system. (Essure®). This requires a sterilization request form to be signed thirty days prior to the procedure.

ICD-9 Surgical Code:

- 69.7 Insertion of IUD
- 66.29 Other bilateral endoscopic destruction or occlusion of fallopian tubes (Essure®).

ICD-9 Diagnosis Code:

- V25.02 Initiate Contraceptive NEC
- V25.1 Insertion of IUD
- V25.2 Sterilization (Essure® only).

- Through SCBOI, SCDHHS has documented a 50 % reduction in non-medically necessary deliveries prior to 39 weeks from second quarter 2011 to second quarter 2012

- In January 2013, South Carolina was the first state in the nation for public (Medicaid) and private (BCBS) entities to implement the same non-payment policy for early deliveries.

- In addition to changing LARC policy, DHHS also updated its reimbursement rates to provide further incentive to utilize this method of birth control.

Revised Reimbursement Rate for LARCs:	
Code	Revised Reimbursement Rate
A4264	$1674.00
J7300	$588.43
J7307	$712.17
J7302	$759.29

More information can be found in the South Carolina Medicaid Bulletin, “Long Acting Birth Control Device Provided in a Hospital Setting.” https://www.scdhhs.gov/press-release/long-acting-birth-control-device-provided-hospital-setting

CenteringPregnancy

Centering Pregnancy is a multifaceted model of group care that integrates the three major components of care: health assessment, education, and support, into a unified program within a group setting. Eight to twelve women with similar gestational ages meet together, learning care skills, participating in a facilitated discussion, and developing a support network with other group members. Each Pregnancy group meets for a total of 10 sessions throughout pregnancy and early postpartum. The practitioner, within the group space, completes standard physical health assessments.

A. Goal

Through this unique model of care, women are empowered to choose health-promoting behaviors. Health outcomes for pregnancies, specifically increased birth weight and gestational age of mothers that deliver preterm, and the satisfaction expressed by both the women and their providers, support the effectiveness of this model for the delivery of care.

B. Background

- In 2013, incentive payments will be available for selected providers offering CenteringPregnancy, a group model of prenatal care shown to decrease rates of preterm birth by 40 percent

- The recipients include: AnMed Health Family Medicine Residency Program, Anderson, SC; Carolina OBGYN, Georgetown, SC; Sumter OBGYN, Sumter, SC; USC OBGYN, Columbia, SC; and MUSC Women's Health, Charleston, SC

- Recipients were selected by a five-member panel committee that evaluated each practice's readiness score from the Centering Healthcare Institute (CHI) and the number of Medicaid patients they serve, among other criteria in accordance with those established by CHI

Neonatal Abstinence Syndrome

A model of care providing palliative methadone therapy to Level I newborns at highest risk for NAS has been pioneered at Greenville Memorial Hospital for approximately 8 years. This combined inpatient/outpatient treatment model is anticipated to be proven safe, lower cost, and more family-centered than the traditional model of prolonged NICU care. Robust retrospective analysis of patient outcomes data (approximately 350 patients) will be used to define the safety profile and potential cost savings of this treatment model.

A. Goal

The aim of is model program is to provide multidisciplinary and coordinated care to families with newborns at risk for or diagnosed with neonatal abstinence syndrome, in order to achieve a cost-effective, family-centered experience with best potential outcomes for mothers with narcotic dependence and their exposed and/or treated infants. Support from SC DHHS will allow development of program training and education materials, formal program evaluation and improvement so that it may ultimately be replicated for pilots in other regional and state nurseries.

This project has the potential to provide both powerful retrospective evidence and an innovative care model for replication for SC. The cost savings to SC Medicaid will be substantial if a subset of otherwise healthy newborns that have traditionally been managed by intensive care nurseries can instead be managed safely in lower-acuity settings.