

INSTRUCTIONS FOR PREGNANCY PROGRAM ADDENDUM TO THE SD MEDICAID PROVIDER AGREEMENT

Participation in the SD Medicaid Pregnancy Program is optional but strongly encouraged for those provider types and servicing locations that meet the eligibility criteria.

Eligibility

1. Provider must have a servicing location within South Dakota, within 50 miles of South Dakota, or in Bismarck, North Dakota.
2. Provider must be a licensed physician, physician assistant, certified nurse practitioner, certified nurse midwife working in a private clinic, rural health clinic, federally qualified health care center, a tribal provider with a contract under public law 93-638, or an Indian Health Service clinic.

Submitting Documentation

The completed Pregnancy Program Addendum should be included with all related documentation for an NPI and sent to dss.medicaid@state.sd.us with the subject of "Pregnancy Program Application and Addendum(s) for NPI [insert 10-digit NPI]". Documents can be in Word or PDF, but not JPEG. Contact Valerie Kelly at Valerie.Kelly@state.sd.us or call (605) 773-3495 for assistance with enrollment questions or Pregnancy Program questions.

PREGNANCY PROGRAM ADDENDUM TO THE SD MEDICAID PROVIDER AGREEMENT

General Care Requirements

1. Provider agrees to provide care in accordance with ACOG Guidelines. Participation in this program does not obligate providers to provide services that are not covered or not authorized by Medicaid.
2. Provider agrees to maintain credentials with a birthing hospital if the provider intends to perform the birth or maintain a relationship and communication with another provider or facility who can perform the birth including a process for timely transition of care.
3. Provider agrees to have an initial visit with caseload members before 12 weeks gestation if feasible. If the recipient is past 12 weeks gestation, the provider agrees to schedule within two weeks of the date the recipient contacts the provider.
4. Provider agrees to attempt to contact all recipients on their caseload within four weeks of being added to the caseload if a recipient has not scheduled and attended an appointment. If the recipient does not initiate care after the initial contact attempt, the provider agrees to contact the recipient three additional times via two different communication methods.
5. Provider agrees to no elective deliveries before 39 weeks of gestation.

Routine Prenatal Care Requirements

1. Provider Agrees to provide routine prenatal care in accordance with the following guidelines:
 - a. Initial Visit: Comprehensive history and physical exam.
 - i. Provider agrees to provide immunizations as appropriate and document refusals of any recommended immunizations.
 - ii. Provider agrees to perform initial labs including Syphilis testing, sexually transmitted disease testing, and Hepatitis C testing.
 - iii. Provider agrees to complete the following assessments and refer pregnant women to applicable medical and social services and supports identified in the risk assessment(s). The screenings and referrals must include, but are not limited to the following conditions:
 1. Mental health;
 2. Substance use;
 3. Oral health; and
 4. Social determinants of health.
 - iv. Provider agrees to report the initial visit using CPT code 0500F within 15 days of the initial prenatal visit.
 - b. 12 to 24 weeks: Visits every 4-6 weeks.
 - i. Provider agrees to offer appropriate first trimester screenings.
 - c. 24 to 28 weeks.
 - i. Provider agrees to perform glucose screening with either a 1 or 2 step screen.

- ii. Provider agrees to perform a complete blood count test.
- iii. Provider agrees to perform Syphilis and human immunodeficiency virus tests.
- iv. Provider agrees to perform Rh antibody titer and Rhogam if indicated.
- d. 28 to 36 weeks: Visits every 2-4 weeks, may vary depending upon recipient's needs
 - i. Provider agrees to perform a mental health screening and substance use disorder screening.
 - ii. Provider agrees to perform one Group B Strep testing between 36-38 weeks.
- e. 36 to 40 plus weeks: Visits every 1-2 weeks, may vary depending upon recipient's needs
 - i. Provider agrees to perform a mental health screening and substance use disorder screening.

Care Coordination Requirements

1. Provider agrees to have sufficient care coordination staffing for the provider's caseload. Care coordination staffing may be at the health system or clinic level but must be available to assist women served by the provider. Care coordination staff may include registered nurses, licensed practical nurses, community health workers, or other staff qualified and trained to deliver a specific care coordination service.
2. Provider agrees that the following care coordination services will be available and offered to recipients on the provider's caseload:
 - a. Person-Centered Care Plan:
 - i. Provider agrees to develop a person-centered care plan for active participants that coordinates and integrates all their clinical and non-clinical healthcare-related needs and services.
 - ii. Provider agrees that the care plan for individuals with an identified substance use disorder will include a plan to address the substance use disorder and that the provider will monitor the progress of that plan.
 - b. Health Education and Promotion:
 - i. Provider agrees to provide education that encourages and supports healthy ideas and concepts to motivate recipients to adopt healthy behaviors and enable recipients to self-manage their health.
 - ii. Provider agrees that all active participants will be provided education regarding the importance of prenatal care, postpartum care, safe sleep practices for infants, and the importance of well-child visits.
 - c. Health System and Resource Navigation:
 - i. Provider agrees to conduct outreach and encourage recipients on their caseload to utilize prenatal and postpartum care.
 - ii. Provider agrees to assist recipients on their caseload with scheduling medical appointments.

- iii. Provider agrees to help arrange transportation to medical appointments.
 - iv. Provider agrees to coordinate access to supports including referral to community resources and social determinants of health supports.
 - v. Provider agrees to coordinate access to mental health and substance use disorder services.
- d. Transitional Care Coordination:
- i. Provider agrees to make appropriate referrals and follow-up as appropriate following transfer to another care provider including maternal-fetal medicine specialists or a birthing hospital.
 - ii. Provider agrees to complete a transition plan at the end of the postpartum period for active participants.
 - iii. Provider agrees to assist active participants on their caseload with the selection of the recipient's Primary Care Provider.
 - iv. Provider agrees to assist active participants with selecting a pediatrician prior to delivery.
 - v. Provider agrees to assist active participants with scheduling an initial well-child visit.

Department of Health Collaboration Requirements

1. The provider agrees to promote and refer active participants on their caseload to the South Dakota Department of Health (DOH) Bright Start, Pregnancy Care, and Women, and Infants, Children (WIC) programs.
2. The provider agrees to share relevant health and social determinants of health information with the DOH.

Access to Care Requirements

1. Provider agrees to provide for reasonable and adequate hours of operation and make available 24-hour, 7 days per week access by telephone for information, referral, and treatment needs during non-office hours.
2. Provider agrees to provide services via audio-only or telemedicine modalities if appropriate.
3. Provider agrees to utilize the South Dakota Health Information Exchange (HIE) if the provider can connect to the HIE. The HIE will demonstrate interoperability with other healthcare systems to improve care coordination using an established connection with the South Dakota Health Information Exchange (HIE). This connection must include the following HL7 2.X interfaces: Admission, Discharge, Transfer (ADT), Continuity of Care Document (CCD), Laboratory (General lab, blood bank, microbiology, virology, pathology, newborn screening, etc.), Transcription (Notes), Radiology, and Pathology.

Barriers to Care Initiative Requirements

1. Provider agrees to implement and support at least one initiative to reduce barriers to care impacting the Medicaid population served under the Pregnancy Program within 6 months of receiving their first caseload.

2. Provider agrees to develop metrics to measure and track the progress of the initiative.
3. Provider agrees to share data and information regarding the initiatives with DSS upon request.

General Pregnancy Program Provider Requirements

1. Provider has and will maintain an active Drug Enforcement Agency (DEA) number to prescribe controlled substances and will capture this information on the electronic enrollment record.
2. Provider agrees to submit a request to change the provider to an enrolled Pregnancy Program perinatologist when a recipient has a complex pregnancy and can no longer receive the majority of the care from the provider.
3. Provider agrees not to refuse an assignment or disenroll a recipient or otherwise discriminate against a recipient solely based on age, race, color, sex, national origin, physical or mental disability, religion, marital or economic status, service utilization, or health status or need for services, except when a recipient's illness or condition is better treated by another provider type.
4. Provider agrees to comply with any applicable Federal and State laws that pertain to the recipient's rights and ensure that its staff and affiliated providers take those rights into account when furnishing services to recipients. Recipient rights include: To be treated with respect and with due consideration for his or her dignity and privacy; to receive information on available treatment options and alternatives presented in a manner appropriate to the recipient's condition and ability to understand; to participate in decisions regarding his or her health care, including the right to refuse treatment; to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation; to receive a copy of his or her medical records, and to request that they be amended or corrected; and be free to exercise his or her rights without adverse consequences.
5. Provider agrees to notify the recipient and Medical Services in a direct and timely manner of the desire to remove the recipient from the caseload because the recipient/provider relationship is not mutually acceptable. Reasons must be considered "good cause" explained in writing, non-discriminatory, generally applied to the provider's entire patient base, and approved by Medical Services.
6. Provider agrees not to conduct direct or indirect marketing activities specifically intended to influence recipients to enroll with the provider or disenroll from another provider.
7. Provider agrees to accept the established Pregnancy Program fees for recipients under their caseload.
8. Provider agrees to be disenrolled as a Pregnancy Provider for failure to comply with Pregnancy Program requirements.

Definitions

1. "Active Participants," Medicaid recipients assigned to a provider's caseload who are actively engaged in treatment with the provider.

2. "Caseload," Medicaid recipients attributed to a provider by the Medicaid agency.

Medical Services agrees to the following:

1. Provide a current list of recipients assigned to the Provider.
2. Reimburse the Provider a monthly per member per month fee for each enrolled and eligible recipient on the Provider's caseload.
3. Reimburse the Provider additional fees for covered services that they qualify for and bill for.
4. Maintain program guidance in an online provider manual and post notice of changes to the provider manual.

TO BE COMPLETED BY PROVIDER

I declare and affirm under the penalties of perjury that this Agreement has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I further declare and affirm under the penalties of perjury that any claim to be submitted pursuant to this Agreement will be examined by me, and to the best of my knowledge and belief, will be in all things true and correct.

Provider Name

Name: _____
(Printed Legal Name of Individual Provider for Individual Enrollment)

Signature: _____ Date: _____
(Must be Individual Provider)

Servicing NPI: _____

Information for Pregnancy Program List

Address: _____

Provider Credentials: _____

Phone Number: _____

Clinic Contact Person: _____

Billing NPI(s): _____