April 10, 2015

To: Don Ross & Rhonda Busek

Fr: Morgan Cowling, Executive Director

Re: Maternity Case Management changes Delay Request

CLHO is requesting a delay in implementing the end of Fee-For-Service (FFS) payments for managed care clients receiving Maternity Case Management (MCM) in order to align with the integration of Targeted Case Management (TCM). This memo will outline the impact to clients and the impact to local health department programs. CLHO’s request is that the decision to end FFS for MCM services should occur at the same time as the integration of TCM services.

Concerns regarding the end of FFS prior to integration include:

1. Communities have not been given the opportunity to discuss the resources required to continue case management services for high-risk women in the absence of funding for a local MCM program.
2. In some communities where access to care is a barrier, the local health department is the only provider of home visiting services.
3. The trusted continuum of care provided by the local health department for high-risk women will be disrupted.

*Impact to clients receiving MCM:*

Local health departments (LHD) throughout Oregon have been working diligently to prepare for the integration of TCM. The local health departments are relying on contract discussions with Coordinated Care Organization to consider including MCM services in funding agreements. This approach would provide a spectrum of Nurse home visiting case management services to families from pregnancy through early childhood, which is not otherwise available for these families, particularly in rural settings. Delaying the termination of FFS funding to coordinate with TCM integration would prevent placing high risk pregnant women throughout Oregon at greater risk of poor obstetric outcomes.

Current Oregon Administrative Rules require the local health department to notify the Obstetrician when a client is receiving MCM case management services. This collaboration and coordination of care prevents duplication of services even if there is another case management program available.

*Impact to Local Health Departments:*

Local health departments have been working with the local CCOs on TCM integration and have been discussing a payment mechanism for MCM as well. The relationship between MCM and the current TCM home visiting programs is a natural progression. High-risk pregnant women are referred to the local health department by medical providers, WIC, DHS, and other sources. Many local health departments provide MCM prenatally and then transition the newborn into a TCM program and follow them through early childhood.

The lack of funding to provide MCM services while local health departments are still working to integrate TCM, poses several immediate and potentially overwhelming problems:

1. MCM billable services help pay the Nurse who is also the home visitor for the other TCM programs, thereby compromising the ability to retain staff through the transition.
2. The potential for new TCM clients resulting from MCM deliveries will be reduced while waiting for the CCO contract to be signed, thereby reducing revenue.
3. Progress will be halted with this program disruption at a time when the CCO and LHD partnership is collaborating to improve access to services that prevent poor health outcomes among high-risk populations.

The July 1, 2015 timeline for MCM billing modifications was initially suggested to align with the integration of TCM. The benefits for aligning the timelines remain. While local health departments understand that MCM is an optional service for CCO contracting, the local health departments did not request this delay in the TCM timeline. The gap between the end of MCM Fee for Service and TCM integration decreases the local health department’s ability to provide needed case management services to high-risk perinatal women in the community. The direct result of this interruption in service, to rural communities in particular, increases the risk of poor perinatal outcomes.

ORS 414.153 (3) says the State shall “encourage and approve agreements between CCOs and public funded providers for authorization of and payment for services in the following categories: (a) Maternity Case Management…”

In closing, continuing to align the MCM timeline with TCM is consistent with ORS 414.154(3).