Partnership HealthPlan Perinatal Services Program

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Dr. Colleen Townsend

Perinatal Services

- Comprehensive Perinatal Services Program (CPSP)
  - Program History
    - California Department of Public Health program certified and overseen by county HHS / MCAH programs
    - Medi-Cal/ managed care plans reimbursed certified providers for services
    - Includes: prenatal medical care, care coordination/health education psychosocial services, nutrition services

2024 Transition

- CDPH continues to certify programs
- County HHS programs no longer offer support, oversight
- Health plans provide oversight and reimbursement for perinatal services

Program Components

- Perinatal services that improve outcomes
  - Access to and coordination of care between medical care and non-medical perinatal services provided during and after pregnancy
    - Nutrition
    - Psychosocial services
    - Health education and case management

- Benefits included perinatal services
  - Services from first trimester and up to one year after delivery
- Perinatal services coverage extended to 365 days post partum
  - Units of service in each of the three domains (Z6208, Z6308 and Z6414), using specific “Z codes” based on type of service

Program Structure

- Requires a Clinical Director
  - MD/DO (OB/GYN, Family Med, Pediatrics), CNM/LM, FNP/Pac
- Programs with Intensive diabetes care such as Sweet Success require MD/DO with experience in diabetes care for pregnant individuals

Program Structure

- Partnership HealthPlan Perinatal Services (PHPS) mirrors CPSP services, and:
  - PHPS does **NOT** require CDPH certification of a site (though encouraged)
  - PHPS **DOES** require an application with Partnership that identifies providers and services in the program
  - PHPS **allows** services at all sites within a parent organization (without separate applications)
  - PHPS **allows** an increased volume of services within each domain of non-medical sites
  - PHPS allows flexibility that may increase access for Nutrition and Lactation services

Structure of Partnership Health Perinatal Services

- Prenatal medical provider refers all pregnant individuals for perinatal services.
- All referred individuals undergo initial assessment, and an individualized care plan is developed
- Individualized care plan addresses the identified needs for care in obstetrics, health education, nutrition and behavioral health
- All participants offered assessments each trimester and post partum with documentation of the needed follow up services

Structure of Partnership Health Perinatal Services

- Care coordination for clinical care, referrals and other services is offered
- Individuals are referred to Partnership's Growing Together and Healthy Kids programs
- Individuals with high-risk conditions are referred to Partnership Care Coordination
- As indicated, individuals and families are referred to Enhanced Care Management/Community Supports programs during or after pregnancy

Prenatal Medical Care

- Clinical Care Providers
  - MD/DO (OB, family medicine), certified nurse midwife, licensed midwife, nurse practitioner, physician assistant – certified
  - Adherence to ACOG guidelines, health and safety, screening guidelines is required
- Practice Type or Setting
  - FQHC, RHCs, Tribal health centers, private/ hospital-based practices, alternative birth center, midwifery practices

Prenatal Medical Care

- Key Metrics
  - Prenatal Care in first trimester, 2 post partum visits, vaccines in pregnancy
  - Depression/Anxiety screening prenatal and post partum
- Visit Types
  - Telehealth visits may take place when a physical exam is not needed
    - At least one of two standard Post partum visits must be in person
  - Group visits in a “Centering Pregnancy” model may be billed when 1:1 when individual consultations take place

Clinical Services Codes and Allowances

Code	Service	Frequency / Allowance
Z1032 or 99205 (same)	Initial Prenatal Visit	1 per pregnancy (6 months) Goal is by 14 weeks GA
Z1034 or office visits (less)	Other prenatal visit	13 in 9 months
Z1038 or 59430 (Latter Higher rate $236 vs $162)	Post partum visit	2 per 6 months Goal is 2 by 84 days

Case Management and Health Education

- Health Education
  - Using standardized protocols and supervision by clinical staff
  - Providers
    - Comprehensive perinatal health worker / perinatal case manager, RN, LVN
      - Training minimum: 18 years of age, is a high school graduate or equivalent, and at least one year of full-time paid practical experience in providing perinatal care
  - Educational Topics:
    - Nutrition, behavioral, self / pregnancy care, lactation, prenatal care

Case Management and Health Education

- Case Management
  - Understanding Partnership benefits and connecting members to services: including doulas,
  - Referral to community-based services, WIC etc
  - Care coordination when referrals are made
- Visit Types
  - Individual or group
  - In person or telehealth – Initial visit for orientation and assessment recommended to be in person

Federally Qualified Health Centers must consult with their finance/billing staff to clarify billing criteria for group visits

Comprehensive Health Education Codes and Allowances

Code	Services	Frequency / Allowance
Z6500	Initial Comprehensive Assessment up to 90 minutes	1 per pregnancy
Z6400	Client orientation, each 15 minutes	16 in 9 months
Z6402	Initial health education assessment and development of care plan, initial 30 minutes (Must be billed before antenatal follow-ups Z6402-12)	1 per pregnancy (9 months)
Z6404	Initial Assessment, each addl 15 minutes	6 per pregnancy (9 months)
Z6406	Follow up antenatal psychosocial assessment/treatment/intervention, individual, per 15 minutes	72 in 9 months
Z6408	Follow up psychosocial assessment/treatment/intervention, group, per 15 minutes	16 in 9 months
Z6410	Perinatal education, individual each 15 minutes	Max 16 units/pregnancy (6 months)
Z6412	Perinatal education group per patient, each 15 minutes (may be antepartum or post partum)	Max 16 units/day, max 72 units per pregnancy
Z6414	Post partum health education assessment/treatment/intervention, individual, per 15 minutes	32 in 12 months

Perinatal Services: Nutrition

- Nutrition Education
  - Providers
    - CPHW/perinatal case managers, RNs, LVNs using standardized protocols
    - Nutritionists or nutrition coaches also can provide these services
- Medical Nutrition Therapy
  - Providers: Registered dieticians, CDEs
  - Scope of practice dictates services provided
  - Can be independent or integrated with a perinatal services program

Perinatal Services: Nutrition

- Sweet success of Intensive DM care in pregnancy
  - CDE with RN/RD and physician supervision
  - Can be integrated or referred out
- Visit Types
  - Individual or Group
  - In person or telehealth

Federally Qualified Health Centers must consult with their finance/billing staff to clarify billing criteria for group visits

Nutrition Services Codes and Allowances

Code	Service	Frequency/ Allowance
Z6200	Initial nutritional assessment and development of care plan, initial 30 minutes (Must be billed before antenatal follow-ups Z6202-6)	1 per pregnancy (9 months)
Z6202	Initial Assessment, each addl 15 minutes	12 in 9 months
Z6204	Follow up antenatal nutritional assessment/treatment/intervention, individual, per 15 minutes	72 in 9 months
Z6206	Follow up nutritional assessment/treatment/intervention, group, per 15 minutes (may be antenatal or post partum)	12 in 9 months
Z6208	Post partum assessment/treatment/intervention, individual, per 15 minutes	16 in 6 months
S0197	Prenatal Vitamins, 30 day supply	10 per pregnancy (9 months)

Perinatal Services: Psychosocial /Behavioral Health

- Health Education
  - Perinatal Case Manager / CPHW
  - Standardized screens for ACEs, Depression, Anxiety and SUD
  - Provide education and refer for treatment
- Behavioral Health Providers
  - LCSW/MFT/MSW/PsyD/SUD counselor
- Type of Vits
  - Individual or Group
  - In Person or Telehealth

Federally Qualified Health Centers must consult with their finance/billing staff to clarify billing criteria for group visits

Psycho-Social / Behavioral Health Services Codes and Allowances

Code	Service	Frequency/Allowance
Z6300	Initial psychosocial assessment and development of care plan, initial 30 minutes (Must be billed before antenatal follow-ups Z6302-6)	1 per pregnancy (9 months)
Z6302	Initial Assessment, each addl 15 minutes	12 in 9 months
Z6304	Follow up antenatal psychosocial assessment/treatment/intervention, individual, per 15 minutes	72 in 9 months
Z6306	Follow up psychosocial assessment/treatment/intervention, group, per 15 minutes (may be antenatal or post partum)	32 in 9 months
Z6308	Post partum psychosocial assessment/treatment/intervention, individual, per 15 minutes	32 in 12 months

Partnership Perinatal Services Programs

- Focuses on quality and access to ensure all pregnant Partnership members can optimize their care and outcomes for pregnancy
- Aligns health plans oversight of clinical prenatal care with the perinatal services programs
- Expands the volume of services in each domain and timeframe to receive the services to 12 months post partum
- Increases access through flexibility offered to provider organizations, and eligible providers (lactation education/counselling and nutrition)
- Streamlines evaluation and eligibility of practices/ programs to provide services

Optimizing Perinatal Care in Our Communities

- Perinatal services programs: complete and submit Partnership HealthPlan Perinatal Services Program application
  - Partnership will send the application to current programs and other programs or eligible providers who request
  - Partnership will review and integrate the information to update credentialing files and ensure claims reimbursement
  - **Due December 31, 2024**
- All prenatal and primary care practices: Collaborate with local perinatal services programs and refer all pregnant Partnership members to local programs
- Local county perinatal / home visiting programs: Collaborate with perinatal services programs and develop cross communication to support bidirectional referrals

Optimizing Perinatal Care in Our Communities

- Community-based organizations: Serving pregnant or young families develop and reinforce relationships and referral process for perinatal services programs
- Continue or implement county or regional perinatal collaboratives to support strong relationship between programs and services to address maternal and infant needs

References and Resources

- Guidelines for Perinatal Care – 8th Edition by the American College Obstetricians & Gynecologists (ACOG) and the American Academy of Pediatrics (AAP), September 2017
- California Department of Public Health CPSP Program https://www.cdph.ca.gov/Programs/CFH/DMCAH/CPSP/Pages/default.aspx
- American Diabetes Association. Management of Diabetes in Pregnancy: Standards of Care in Diabetes – 2024 . (January 2024)