



Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin 12-21 May 11, 2012

Issue: OB Admit/Birth Notification

In legacy Medicaid neither the request for precert nor the notification for admission of OB patients for delivery is required. The birth notification policies for the five Bayou Health Plans are as follows:

Amerigroup

- **All** inpatient admissions require notification including admission for normal vaginal and c-section deliveries. **No pre-certification** is required for normal vaginal and c-section deliveries.
- **Within 24 hours of the birth of a newborn** - Clinical Birth Information **is required** to be submitted to the health plan by the hospital. The clinical **information required** is the newborn's weight, gestational age at birth, Apgar scores, disposition at birth.
- Amerigroup **will authorize up to 48 hours** for a normal vaginal deliveries and 96 hours for normal c-section deliveries. The hospital **is required** to notify Amerigroup of the discharge date of the mother.
- **For deliveries where the inpatient confinement exceeds 48 hours for vaginal and 96 hours for c-section deliveries, the hospital is required to provide notification and clinical updates directly to the local health plan.**
- Amerigroup requires **no pre-authorization for obstetric care**. **Notification** to our National Customer Care team at 1-800-454-3730 **for the first prenatal visit is required**.
- They can use their standard reporting form specific t their hospital, as long as the following information is included:
 - Gestational Age
 - Weight (in grams)
 - Name of baby
 - Type of Delivery
 - C-Section Reason
 - Liveborn?
 - Date of birth
 - Gender
 - Apgar Score
 - NICU Stay
 - Newborn Subscriber ID

Community Health Solutions:

CHS does not require administrative notification of obstetric admission related to a newborn delivery – it is optional.

- In accordance with the federal guidelines of the Newborn Protection Act, maternity coverage will be paid for forty-eight (48) hours after a vaginal delivery and ninety-six (96) hours after a caesarean section following childbirth. If the mother and newborn are discharged within these timeframes (forty-eight hours (48) hours after vaginal birth and ninety-six (96) after caesarean section), CHS-LA does not require hospitals to obtain an authorization for medical necessity or obtain an administrative notification reference number from CHS-LA's Utilization Management Department.
 - Some hospitals prefer to obtain reference numbers for obstetrical admissions for their medical records. For these requests, CHS-LA has an obstetrical administrative notification process which is optional. The hospital may provide CHS-LA an administrative notification via phone or fax. CHS-LA will provide hospital staff a reference number.
- **If the mother and/or newborn remain past 48 hours for a vaginal delivery and 96 hours for a caesarean section delivery, the hospital is required to notify CHS-LA to request authorization of the Medicaid member. The request for medical necessity may be for the newborn, mother, or both.**
- Please note that Bayou Health requires that all mother and newborn claims be submitted separately.

LaCare

LaCare requires notification for all deliveries. Providers should notify LaCare's Utilization Management Department of all deliveries. Providers may call delivery information to 888.913.0350 or fax information to 866.397.4522.

LaCare does not require clinical review for authorization of inpatient stays for delivery. The following lengths of stay are automatically authorized:

- Maternal labor prior to delivery-2 inpatient days
- Standard vaginal deliveries-2 inpatient days
- Cesarean section deliveries-4 inpatient days

* While clinical information is not required for normal deliveries, LaCare does request general patient demographics for the purposes of entering an authorization.

Clinical review and authorization is required for mothers and/or babies who are not discharged in the allotted two- or four-day timeframes according to their delivery type.Louisiana Healthcare Connections

Louisiana Healthcare Connections requires notification of delivery within 48 hours of birth. It is preferred that the providers use the Delivery Notification Form, located on our website under Provider Resources.

(<http://www.louisianahealthconnect.com/files/2011/09/LADelivery-Notification-Form.pdf>). They can also use their standard reporting form specific to their hospital, as long as the following information is included (all of this information is included on our Delivery Notification Form):

- Type of Delivery
- C-Section Reason
- Induction Required (Yes or No)
- Gestational Age
- Estimated Date of Conception
- Weight
- Apgar Scores
- Sex
- Disposition
- Demographic Information

We follow the Federal Guidelines for authorizations related to deliveries: Not less than 48 hours for mother and child for a vaginal delivery, and not less than 96 hours for mother and child for a cesarean section delivery.

United Health Care:

United Healthcare's (UHC) Health First Steps program is led by a clinical team of OB/GYNs and Neonatologists. These experienced physicians review inpatient utilization information to promote quality services and to be proactive in the discharge planning process.

- A dedicated case manager nurse follows all antepartum admissions.
- UHC's National Administrative Support Unit (NASU) supports Healthy First Steps (HFS) administratively once a baby is born.
- During the inpatient notification process, NASU collects birth stats/maternity outcomes data and enters it into UHC's clinical platform system. The critical delivery outcome information required for utilization management monitoring and quality programs are as follows:
 - Admit Date
 - Delivery Date
 - Type of Delivery
 - Gender
 - Weight
 - Apgar Scores
 - Gestational Age
 - Baby Name (if possible)

*Without these outcome elements, UHC will call/fax providers to obtain the information. UHC does have a standardized notification form available to facilities for use that is attached at the end of this bulletin.

If all of the above elements are included in the initial notification that is submitted to the Prior Authorization/Intake department, the UHC staff will not reach out to the delivering facilities. UHC's staff will fax the notification form requesting any missing elements or contact the case manager for the missing information.

- UHC utilizes an Authorization Log (attached at the end of this bulletin) to communicate the inpatient authorization number and days approved.
- NASU **approves all normal/routine** deliveries and closes out the case in UHC's clinical system. The Federal Directive mandates require approval of 2 days for a normal/routine vaginal delivery and 4 days for a normal/routine c-section delivery. Well babies are covered under the mom's hospitalization authorization.
- *NASU contacts facilities to confirm discharge dates.*
- *Antepartum Inpatient Case Manager contact information:*
- *Lynette Wilks, Fax: 877-236-6280 Phone: 877-647-4859 x63846*
- *NASU Contact Information:*
- *Beverly Dutkiewicz, NASU Administrative Coordinator, Beverly.dutkiewicz@uhc.com; Phone: 412/501-0823 Fax: 866-915-0313*
- *Chevi Olbes, NASU Administrative Coordinator, chevi_olbes@uhc.com; Phone: 615/228-4085, Fax: 866-220-4823*
- *Meghann LaVigne, NASU Supervisor, meghann_lavigne@uhc.com; Phone: 615-256-9551*
- *Karen Ward, Operations Manager, Karen_M_Ward@uhc.com; Phone: 423/587-6129*
- *Janet Smith, Associate Director of Specialty Programs; janet_smith1@uhc.com*

UHC Notification of Delivery/Birth Outcomes

Fax to: ###

Date: _____

Request From: _____ Facility: _____

Phone #: _____ Fax #: _____

MOTHER'S INFORMATION:

Name: _____ DOB: _____

ID #: _____ Admit Date: _____ Gravida/Para: _____

Mode of delivery: NVD C-section Discharge Date: _____

Attending OB: _____

COB: (policy # and holder) _____ EDD: _____

INFANT INFORMATION:

Name: _____ DOB: _____

Admission Date: _____ D/C Date: _____ Gender: M F

Apgar: _____ Birth weight: _____

Gestational age: _____ Bed Type: NICU Well Baby

Diagnosis: _____

Attending Pediatrician: _____

Remarks: _____

FOR INTERNAL USE ONLY:

ID NUMBER ISSUED: _____ **REF #** _____