





Promise Health Plan

Policy Title: Well Mother and Baby Program: Post-Partum		POLICY #: 10.2.34	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 1/03	Effective Date 11/22	Revision Date 12/18, 10/22
Department Head: Sr. Director, UM 			Date of Approval: 10/22
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date of Committee Review: 10/22

PURPOSE

To provide a process for Blue Shield of California Promise (Blue Shield Promise) Health Plan's Utilization Management department and to fully comply with the requirements of state and federal law concerning minimum hospital length of stay following vaginal and cesarean delivery, when complications are not present, and the conditions under which a member may participate in an early discharge program.

DEFINITIONS

48 Hour Stay: Following the vaginal delivery of an infant, mothers and newborns shall remain in the hospital for a minimum of 48 hours unless the Attending Physician, in consultation with the mother, determine that the mother and newborn can be discharged earlier. The physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge, if medically necessary. If the physician determines that medical complications are present and require continued hospitalization, length of stay may be extended.

96 Hour Stay: Following the cesarean section delivery of an infant, mother and newborns shall remain in the hospital for a minimum of 96 hours unless the Attending Physician, in consult with the mother, determines that the mother and newborn can be discharged earlier. The physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge if-medically necessary. If the physician determines that medical complications are present and require continued hospitalization, length of stay may be extended.

Follow-Up Discharge Visit: Mothers and newborns discharged from the hospital before 48/96 hours shall be given a follow-up visit within 48 hours of their discharge. The mother and physician shall determine if this visit occurs at home, the Plan's medical group facility or physician's office on the basis of certain factors that shall include, but not be limited to, the transportation needs of the family and environmental and social risks. The visit shall include, at a minimum, parent education, assistance, and training in breast and/or bottle feeding, and performance of any necessary maternal or newborn physical assessments.

Written Notice: This notice complies with state law and outlines the member's maternity benefits regarding hospital length of stay and early discharge. All prenatal patients shall be given, by the physician providing such care, the written notice prepared by the Plan: "Facts for Prenatal Patients about Mother-Newborn Hospital Stays". This notice shall be given to all prenatal patients during such care but not later than the 30th week of pregnancy. Such notice shall be given in both English and Spanish if necessary.

POLICY

Blue Shield Promise will cover and ensure the provision of all Medically Necessary services for Members who are pregnant and postpartum. Blue Shield Promise will utilize the most current standards or guidelines of American College of Obstetricians and Gynecologists (ACOG) and Comprehensive Perinatal Services Program (CPSP) to ensure Members receive quality perinatal and postpartum services.

PROCEDURE

1. Blue Shield Promise will ensure that pregnant Members referred to medically appropriate Specialists, including, as appropriate, perinatologists, Freestanding Birthing Centers, Certified Nurse Midwives, Licensed Midwives, and ensure access to genetic screening with appropriate referrals.
2. Provision of Written Notice Regarding Hospital Length of Stay and Early Discharge
 - a. It is the responsibility of each physician providing prenatal care to distribute the "Facts for Prenatal Patients About "Mother Newborn Stays" notice to each pregnant patient. The patient shall receive the notice no later than the 30th week of pregnancy.
 - b. The Mother-Newborn notice consists of a two-part form. The physician will review and discuss maternity benefits listed on the

form with the patient. Both the patient and physician will sign the form in the space provided to acknowledge receipt. The top copy of the two-part notice is given to the patient. The second copy is retained in the patient's medical record.

NOTE: If patient presents to the hospital and has not received a copy of the notice, arrangements to obtain and distribute such notice will be made in collaboration with the Hospital Utilization Management Department and the Health Plan Individual Physicians Association (IPA)'s Utilization Management Department.

3. Minimum Length of Stay Requirements

a. Time Criteria:

- i. Normal Vaginal Delivery: Following the vaginal delivery of an infant, mothers and newborns shall remain in the hospital for a minimum of 48 hours unless the attending physician in consultation with the mother determine that mother and newborn can be discharged earlier. If discharged before the 48 hours after delivery, the physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge; If the physician determines that medical complications are present, hospitalization may be continued.
- ii. Normal Cesarean Section Delivery: Following the cesarean section delivery of an infant, mothers and newborns shall remain in the hospital for a minimum of 96 hours the attending physician in consultation with the mother determine that the mother and newborn can be discharged earlier. If discharged before the 96 hours after delivery, the physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge if the physician determines that medical complications are present, hospitalization may be continued.

4. No Preauthorization Requirement

- a. Prior authorization from the Plan is not required in order for the mother and newborn to remain in the hospital for the minimum length of stay.
- b. The attending provider shall notify the Plan's Utilization Management department of the patient's admission, for the purpose of maintaining continuity of care and Plan assignment of a hospital liaison nurse.

5. Early Discharge

- a. The patient may be discharged earlier when both the attending physician in consultation with the mother determine that the mother and newborn can be discharged earlier. The physician may prescribe a follow-up visit for the mother and newborn within 48 hours of discharge.
- b. The treating physician must disclose to the mother the availability of the post-discharge visit, including an in-home visit, physician office visit or Plan facility visit. The physician must document the discussion with the mother in the medical record.
- c. The treating physician, in consultation with the mother, shall determine whether the post-discharge visit shall occur at home, the Plan's medical group facility or physician's office after assessment of certain factors, i.e., transportation needs, environmental and social risks. The attending provider will document the discussion with the mother in the medical record, as well as the criteria used to determine early discharge.
- d. The attending physician may order the follow-up visit after consultation with the mother. The physician must document his/her consultation with the mother and may prescribe a follow-up visit for both the mother and newborn within 48 hours of their discharge. The Plan's Hospital Liaison Nurse Discharge coordinates activities between the hospital discharge planning department and the Plan's or IPA utilization management staff.
- e. Blue Shield Promise's Hospital Liaison Nurse will contact the patient to arrange the follow-up visit at the patient's home, medical group facility or physician's office prescribed by the treating physician. The visit will be performed by a licensed health care provider with scope of practice that includes postpartum care and newborn care.
- f. Blue Shield Promise will ensure that pregnant and postpartum Members are referred to Doulas as required under W&I Code section 14132.24.
- g. Doula services are a preventive benefit for Medi-Cal beneficiaries, and services include but are not limited to personal support to pregnant individuals and families throughout pregnancy, labor, and the postpartum period.
- h. Blue Shield Promise will also ensure that appropriate hospitals are available within the Network to provide necessary high-risk pregnancy services.

- i. If the visit is performed in the patient’s home, the following shall be included in the visit and the results given to the physician the same day the visit is performed.
 - j. If the visit is performed in the physician’s office or medical group facility, the criteria listed in Table II shall be included in the visit and documented in the medical record of both the mother and the newborn.
6. Facts for Prenatal Patients about Mother-Newborn Hospital Stays
- a. All IPA network and contracting network providers must provide this form to their patients. The patient and provider must sign the form. A copy shall be kept in the medical record and a copy given to the patient no later than the 30th week of pregnancy.

REFERENCES

- Health and Safety Code 1367.62;
- APL 98-001 Newborn's and Mothers' Health Protection Act of 1997
- P&P 10.2.35 Well Mother and Baby Assessment Home Health

• Revisions History		
Revision Type	Revision Reason	Date Approved/Published
Annual Review	Updated Regulatory Requirements DHCS, DMHC	