

REPORT FROM THE OUT OF HOSPITAL BIRTH PRIOR AUTHORIZATION REVIEW WORKGROUP

September 2018

Introduction

The Oregon Health Authority convened a workgroup to provide input to the agency's Prior Authorization (PA) process for Out of Hospital Births (OOHB) with the goal of improving the efficiency and experience of the PA process, ensuring access to care and optimizing member safety. The group held three public meetings between June and August. Summarized below are the challenges the group identified in the PA process, accompanied by a set of recommendations. While the Oregon Health Authority convened and provided staff support to the workgroup, the statements in this report do not represent the opinion or recommendations of the agency.

Workgroup participants expressed concern about a number of issues related to the PA process including barriers to accessing care; a process that feels biased and disrespectful; and not being paid for services that have been delivered. There is significant frustration with the PA process and a sense of urgency that the problems they have identified be addressed as soon as possible. There is a significant lack of trust in the process which the group hopes can be restored.

The Workgroup wants to call attention to the fact that there's been a drop in the number of Prior Authorization requests since 2015. In 2015, there were 584 PA requests for OOHBs (after withdrawals); in 2016, there were 189 and in 2017 there were 149. The group believes that the decline is due to the challenges presented by the PA process.

During Workgroup meetings, participants raised concerns regarding barriers to care created by OHA's "28-week rule", whereby requests for PA for a woman on or after 28 weeks of gestation are not considered, as defined in Oregon Administrative Rule. While Workgroup members understand that OHA rules are outside the scope of their work, they wanted to convey their concern with this particular rule nonetheless.

Challenges and recommendations

The challenges and recommendations identified by the workgroup fall broadly into four categories:

- Payment, including timing and reimbursement;
- Efficiency and timeliness of review and resolution, including provider time and effort demands;
- Quality of the review process and provider experience of the PA process;
- Clarity and transparency of the review process and changes to the PA process.

PAYMENT

CHALLENGES

Members of the Workgroup identified a variety of challenges pertaining to payment for out of hospital birth services, including both the timing of reimbursement, and overall reimbursement, for services. One

challenge that the Workgroup identified is that payment is tied to the OOHB PA process, forcing providers to deliver care without payment while the PA process is underway. In addition, when a woman has an indication for a higher level of care, there is a lack of payment to OOHB providers for the care they delivered prior to risk factors developing. While they may be paid a limited amount for labor management prior to transfer, it often is insufficient. There also is a lack of payment for postpartum care after a transfer occurs. Finally, the Workgroup identified additional payment issues including lack of reimbursement for medical supplies and their administration (i.e., intravenous fluids, iron injections, antibiotics and vitamin K injections), newborn care items (i.e., newborn screens) and newborn visits.

RECOMMENDATIONS

- Payment should begin at the start of prenatal care (not the date of PA approval), and should cover at least three visits regardless of PA determination;
- There should be clear and consistent reimbursement for:
 - Newborn care beyond initial exam;
 - Newborn screening supplies;
 - IV fluids;
 - Iron injections;
 - Vitamin K;
 - Antibiotics for Group B Strep
- If transfer of care occurs during the prenatal, intrapartum or postpartum periods due to indications for a higher level of care, there should be an appropriate level of reimbursement for the OOHB provider reflecting the number of hours of care provided.
 - For example, if a woman must transfer care to another provider during labor, the OOHB provider should be reimbursed for labor management based on the hours of care provided.

EFFICIENCY AND TIMELINESS OF REVIEW AND RESOLUTION

CHALLENGES

Workgroup members identified a variety of challenges pertaining to the efficiency and timeliness of PA review and resolution, including provider time and effort demands. Workgroup members identified that the PA process requires too much time, energy and paperwork and that the time for PA determination is too long. Members shared their perspective that documentation requirements are excessive and overly detailed and the process for submitting documents is unclear and onerous. In addition, there are requests for repeated submissions of documents during the course of a pregnancy.

The Workgroup identified that there are unnecessary consultations required for minor issues, such as for elevated BMI when there are no other risk factors or findings, as well as unexpected consultation for factors not represented in the Health Evidence Review Commission's OOHB Coverage Guidance. Finally, Medicaid eligibility determination was noted to cause delays in the PA process and patient care at times (i.e., "women can be dis-enrolled from OHP for unclear reasons").

RECOMMENDATIONS

- The OOHB PA process should be simplified:
 - Only one submission of documentation should be required as part of the PA request;
 - The PA process should only be tied to the HERC guidelines and OHA rule to eliminate extra and duplicative requests;

- OOHB providers themselves should be responsible to follow the HERC guidelines, rather than OHA getting involved in risk assessment;
- There should be a timeline for providers to hear back from OHA regarding the PA determination;
- When there is a disenrollment error during the PA process, there should be an exception to allow the PA process to continue.
- The workgroup recommends further research into the process for Medicaid coverage of OOHB in the State of Washington, which may offer an example of a more streamlined approach that could be used in Oregon i.e., one that does not require prior authorization.

QUALITY OF PA PROCESS AND PROVIDER EXPERIENCE

CHALLENGES

Workgroup members identified a number of challenges related to the quality of the PA process and overall provider experience. Workgroup members shared that PA reviewers lack experience and understanding of OOHBs. They also believe the process is disrespectful, hostile and untrusting, as well as subjective and value-laden with an anti-midwife/anti-OOHB bias. The process is functioning as care under supervision, feels like a culture of interrogation, and treats all OOHB providers as if they are a “bad apple”. The requests for birth records are unnecessary and the rationale for doing so is unclear. The workgroup believes that OOHB providers are subject to more requirements and scrutiny than other types of providers.

RECOMMENDATIONS

- The PA process should be objective, fair, simple and transparent;
- OHA should stop requesting labor and birth records;
- If a process similar to Washington’s is not adopted, requests for additional documentation or consultation outside of HERC guidelines and OHA rule should be made in consultation with or informed by someone with relevant OOHB experience;
- OHA should not request documentation of Neonatal Resuscitation Program certification as part of the PA process.

CLARITY/TRANSPARENCY OF REVIEW PROCESS AND CHANGES TO THE PA PROCESS

CHALLENGES

Workgroup members identified additional challenges pertaining to clarity and transparency of the review process and changes to the PA process. The PA process and criteria are not articulated in simple language and are not easily accessed or understood by the public. There is a lack of criteria for reviewing birth records, and PA determination letters are unclear and hard to understand. There are periodic changes to the PA process with no justification and no stakeholder involvement; changes to the process appear random, and there is a lack of communication about the changes. Additionally, there is a lack of publicly available information regarding the OHP benefit and coverage of OOHBs. It is difficult for pregnant women to learn about OOHB options and the PA process. Pregnant women and midwives have no way of knowing if a person will be covered.

RECOMMENDATIONS

- There should be transparent, easily accessible and easy to understand information regarding the PA process for OOHB;
- Criteria should be transparent, fair and easily understandable;
- PA determination letters should be simple and understandable;
- The OHP benefit pertaining to OOHB and the associated PA process should be publicly available, such as through a website and/or brochure;
- Public input should be solicited when changes are made to the PA process, and notices about any changes should be shared;
- When there are significant policy or process changes, they should be clearly and effectively communicated to OOHB providers;
- OHA should convene OOHB providers in six months from the time of this report, plus annually thereafter, to discuss the PA process.

Workgroup Members

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Next Steps

The Oregon Health Authority (OHA) sincerely appreciates the time commitment that workgroup members and public participants contributed to this process. OHA deeply values transparency, member choice, and respectful treatment of everyone we work with. OHA is committed to considering and responding to each of the recommendations here within.