# 410 MATERNITY CARE SERVICES

REVISION DATE: XX/XX/XXXX, 10/25/2023, 6/8/2022
REVIEW DATE: 1/19/2023
EFFECTIVE DATE: August 5, 2021
REFERENCES: A.A.C. R9-16-111 through 113, A.R.S. § 14-5101; AMPM 400:410; AMPM Attachment 410-B, C, D, and E; AMPM Exhibit 400-2A; Exhibit F3, Contractor Chart of Deliverables

## PURPOSE

This policy establishes the Administrative Services Subcontractors (AdSS) requirements for providing Maternity Care Services to Division of Developmental Disabilities (Division) Members.

## DEFINITIONS

1. "Certified Nurse Midwife"or "CNM" means an individual certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum,gynecological, and newborn care, within a health

care system that provides for medical consultation, collaborative management, or referral.

2. "Controlled Substances Prescription Monitoring Program" or "CSPMP" means an electronic central repository of all prescriptions dispensed for Controlled Substances Schedules II, III, IV and V in Arizona, which grants access to prescribing clinicians and pharmacists who are mandated to review controlled substances as specified in A.R.S.§ 36-2606. prior to ordering or dispensing medications to individuals.

3. "Early and Periodic Screening, Diagnostic, and Treatment or "EPSDT" means a comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS Members under the age of 21. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT

screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

4. "Free Standing Birthing Centers" means out-of-hospital, outpatient obstetrical facilities, licensed by the Arizona Department of Health Services (ADHS) and certified by the Commission for the Accreditation of Free Standing Birthing Centers. These facilities are staffed by registered nurses and Maternity Care Providers to assist with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.

~~2.~~5. "High-Risk Pregnancy" means a pregnancy in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of the American College of

Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

6. "Licensed Midwife" or "LM" means an individual licensed by the ~~Arizona Department of Health Services (~~ADHS~~)~~ to provide Maternity Care pursuant to A.R.S. Title 36, Chapter 6, Article 7 and A.A.C. Title 9, Chapter 16. This provider type does not include Certified Nurse Midwives licensed by the Board of Nursing as a nurse ~~p~~Practitioner in midwifery or physician assistants licensed by the Arizona Medical Board.
7. "Maternity Care" means identification of pregnancy, ~~p~~Prenatal ~~c~~Care, labor and delivery services, and postpartum care.
8. "Maternity Care Coordination" means the following Maternity Care related activities:
   a. Determining the member's medical or social needs through a risk assessment evaluation;
   b. Developing a plan of care designed to address those needs;

c. Coordinating referrals of the ~~m~~Member to appropriate service Providers and community resources;

d. Monitoring referrals to ensure the services are received; and

e. Revising the plan of care, as appropriate.

9. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

10. ~~"Perinatal Services" means medical services for the treatment and management of obstetrical patients and neonates as specified in A.A.C. R9-10-201.~~

11. "Postpartum" means the period beginning on the last day of pregnancy and extends through the end of the month in which the 60-day period follows the end of pregnancy. For individuals determined eligible for 12-months ~~p~~Postpartum coverage, ~~p~~Postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 12-month period following termination of pregnancy ends. For individuals determined eligible for 60-days ~~p~~Postpartum

coverage, ~~p~~Postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Quality measures used in Maternity Care quality improvement may utilize different criteria for the ~~p~~Postpartum period.

12. "Postpartum Care" means care provided during the period beginning the last day of pregnancy and extends through the end of the month in which the 60-day period follows the end of pregnancy.
13. "Practitioner" means certified nurse practitioners in midwifery, physician assistants, and other nurse practitioners.
14. "Preconception Counseling" means the provision of assistance and guidance aimed at identifying or reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence

behaviors that can affect a fetus prior to conception. The purpose of ~~p~~Preconception ~~c~~Counseling is to ensure that a woman is healthy prior to pregnancy. Preconception ~~c~~Counseling is considered included in the well-woman preventive care visit and does not include genetic testing.

15. "Prenatal Care" means the health care provided during pregnancy and is composed of three major components:
    a. Early and continuous risk assessment;
    b. Health education and promotion, including written Member educational outreach materials; and
    c. Medical monitoring, intervention, and follow-up.

16. "Prior Authorization" or "PA" means approval from a health plan that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

~~16.~~17. "Providers" means a person, institution, or group engaged in the delivery of services, or ordering and referring for those services, who has an agreement with AHCCCS to provide services to AHCCCS Members.~~any individual or entity that is engaged in the delivery of services, or ordering or referring for~~

~~those services, and is legally authorized to do so by the State in which it delivers the services, as specified in 42 CFR 457.10 and 42 CFR 438.2.~~

~~17.~~18. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a member or an applicant for whom no guardian has been appointed.

~~18.~~19. "Second Level Review" means a review performed by a Division Medical Director who has the appropriate clinical expertise in managing a Member's condition or disease. Second Level Review is used to screen for medical necessity and compare the findings to clinical data in the Member's medical record to ensure Division Members are receiving medically appropriate and high quality care.

20. "Substance Use Disorder" or "SUD" means a range of conditions that vary in severity over time, from problematic, short-term use/abuse of substances to severe and chronic disorders

requiring long-term and sustained treatment and recovery management.

~~19.~~21. "Work Plan" means a document that identifies goals and methodology for improvement utilizing the Plan-Do-Study-Act (PDSA) method, and monitoring efforts related to the program requirements.

## POLICY

### A. GENERAL REQUIREMENTS

1. The AdSS shall cover Maternity Care Services for all eligible, enrolled ALTCS Members of childbearing age. Maternity Care services include:
   a. Medically necessary ~~p~~Preconception ~~c~~Counseling;
   b. Identification of pregnancy;
   c. Medically necessary education and written Member educational outreach materials;
   d. Treatment of pregnancy-related conditions;
   e. Prenatal services for the care of pregnancy;
   f. Labor and delivery services;

g. Postpartum ~~c~~Care;

h. Outreach;

i. Family Planning Services and Supplies; and

j. Related services.

2. The AdSS shall ensure all Maternity Care Services to be delivered by qualified ~~p~~Providers and in compliance with the most current ~~ACOG~~ standards for obstetrical and gynecological services.

3. The AdSS shall allow LM's to provide Prenatal Care, labor, delivery, and Postpartum Care services within their scope of practice, while adhering to AHCCCS risk-status consultation and referral requirements.

4. The AdSS shall ensure all cesarean sections include medical documentation surrounding medical necessity.

a. The AdSS shall ensure all inductions and cesarean sections done prior to 39 weeks shall follow the ACOG guidelines.

b. The AdSS shall ensure any inductions performed prior to 39 weeks or cesareans sections performed at any time that

are found not to be medically necessary are not eligible for payment.

5. The AdSS shall cover related services such as outreach and Family Planning Services and Supplies, whenever appropriate, based on the Member's current eligibility and enrollment as specified in AMPM 420.

**B. AdSS REQUIREMENTS FOR PROVIDING MATERNITY CARE SERVICES**

1. The AdSS shall establish and operate a Maternity Care program with program goals directed at achieving optimal birth outcomes. The following are the minimum requirements of the Maternity Care program:
   a. Sufficient numbers of qualified local personnel to meet the requirements of the Maternity Care program for eligible enrolled Members and achieve contractual compliance;
   b. Provision of written Member educational outreach utilizing mechanisms for Member dissemination to meet the following requirements as specified in AMPM Exhibit 400-3:

i. Risks associated with elective inductions and cesarean sections prior to 39 weeks gestation;

ii. Healthy pregnancy measures addressing at a minimum:

a) Nutrition;

b) Sexually transmitted infections;

c) HIV testing;

d) Alcohol, opioids, and substance use and other risky behaviors;

e) Measures to reduce risks for low or very low infant birth weight; and

f) Recognizing active labor.

iii. Dangers of lead exposure to birthing mother and baby during pregnancy and how to prevent exposure;

iv. ~~Postpartum depression~~Perinatal mood and anxiety disorders;

v. ~~Postpartum services available and t~~The importance of timely prenatal and ~~p~~Postpartum ~~c~~Care, including Postpartum services that are available;

vi. Provision of information regarding the opportunity to change health plans to ensure continuity of ~~p~~Prenatal ~~c~~Care to newly assigned pregnant Members ~~women~~ and those currently under the care of an out-of-network provider;

vii. Pregnancy and ~~P~~Postpartum warning signs that require contacting a provider;

viii. Maternity Care practices that are supportive of breastfeeding, and breastfeeding information;

ix. Safe sleep and ways to reduce Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Infant Death (SUID) risk;

x. Interconception spacing recommendations and family planning options, including Immediate Postpartum

Long-Acting Reversible Contraceptives (IPLARC) as specified in AMPM Policy 420;

xi. Ways to minimize interventions during labor and birth as recommended by ACOG;

xii. Support resources and programs such as:

a) ~~Arizona~~ Supplemental Nutrition Program for Women, Infants, and Children (WIC),

b) Strong Families AZ home visitation programs,

c) ADHS ~~Arizona Department of Health Services~~ breastfeeding hotline,

d) Early Head Start or Head Start, ~~and~~

e) Vaccines for Children (VFC) program, and

~~e)~~f) Birth to Five Helpline.

xiii. Information on how to obtain pregnancy related services and assistance with scheduling appointments;

xiv. A statement that there is no copayment or other charge for pregnancy-related services as specified in ACOM Policy 431;

xv. A statement that assistance with medically necessary transportation is available to obtain pregnancy related services as specified in AMPM Policy 310-BB; and

xvi. Other AdSS selected topics.

c. Implementation of written protocols to inform pregnant Members ~~women~~ and Maternity Care Providers of voluntary prenatal HIV or AIDS testing, and the availability of medical counseling and treatment, as well as the benefits of treatment, if the test is positive.

i. The AdSS shall include information to encourage pregnant Members~~women~~ to be tested and provide instructions on where testing is available as specified in AMPM Exhibit 400-3.

ii. The AdSS shall report the number of pregnant Members~~women~~ who are HIV or AIDS positive, as specified in contract, see AMPM 410 Attachment A.

d. Conducting outreach and educational activities to identify currently enrolled Members who are pregnant and enter them into ~~p~~Prenatal ~~c~~Care as soon as possible.

i. The AdSS shall ensure programs include protocols for service ~~p~~Providers to notify the AdSS promptly when Members have tested positive for pregnancy.

ii. The AdSS shall notify the Division at maternalandchildhealth@azdes.gov and dddcctreferral@azdes.gov when Members have tested positive for pregnancy.

iii. The AdSS shall have an ongoing process to monitor and evaluate the effectiveness of outreach activities for all pregnant Members ~~women~~. If activities prove to be ineffective, the AdSS shall implement different activities.

e. Participation in community and quality initiatives, efforts to reduce maternal mortality and morbidity and address health disparities in maternal and infant health within the communities served by the AdSS.

f. Designation of a Maternity Care provider for each Member who is pregnant for the duration of their~~her~~ pregnancy and ~~p~~Postpartum ~~c~~Care.

i. The AdSS shall allow for freedom of choice, while not compromising the continuity of care.

ii. The AdSS shall allow Members who transition to a different AdSS or become newly enrolled with an AdSS during their third trimester shall be allowed to complete Maternity Care with their current AHCCCS registered provider, regardless of contractual status, to ensure continuity of care.

g. Written new Member assessment procedures for the provider that include identifying risk factors through the use of a comprehensive assessment tool from ACOG

covering psychosocial, nutritional, medical and educational factors.

h. Mandatory Maternity Care ~~c~~Coordination services for all pregnant Members ~~women~~ to include:

i. Identified barriers with navigating the health care system, evident by missed visits,

ii. Difficulties with transportation, or

iii. Other perceived barriers.

i. Demonstration of an established process for assuring:

i. Network Physicians, Practitioners, and LMs adhere to the highest standards of care, including the use of a standardized medical risk assessment tool for initial and ongoing risk assessments, and appropriate consults or referrals for increased-risk or high-risk pregnancies using ACOG criteria,

ii. Maternity Care Providers educate Members about healthy behaviors during the perinatal period, including:

a) The importance of proper nutrition;

b) Dangers of lead exposure to people who are pregnant and their developing babies ~~birthing mother and child~~;

c) Tobacco cessation;

d) Avoidance of alcohol and other harmful substances, including illegal drugs;

e) Prescription opioid use;

f) Screening for sexually transmitted infections;

g) The physiology of pregnancy;

h) The process of labor and delivery;

i) Breast-feeding;

j) Other infant care information;

k) Interconception health and spacing;

l) Family planning services and supplies, including IPLARC;

l)m) Warning signs of complications of pregnancy and Postpartum, including when to contact the Provider;

m)n) Postpartum follow-up; and

n)o) Other education as needed for optimal outcomes.

iii. Members are referred for the following support services:

a) Special Supplemental Nutrition Program for WIC,

b) Home visitation programs for pregnant individuals women and their children, and

c) Other community-based resources to support healthy pregnancy outcomes.

iv. Maternity Care Providers maintain a complete medical record, documenting all aspects of mMaternity cCare;

iv.v. Maternity care Providers are aware of and encouraged to use the Arizona Perinatal Psychiatry Access Line (A-PAL) when questions surrounding mental health or substance use treatment, including medication management, arise; and

v.vi. Pregnant Memberswomen have been referred to and are receiving appropriate care from a qualified physician.; and

vi.vii. Postpartum services are provided to Members within the time frame that aligns with performance measures as specified in AMPM 970.

j. Mandatory provision of initial pPrenatal cCare appointments within the established timeframes and as specified in ACOM Policy 417. The established timeframes are as follows:

i. First trimester - within 14 calendar days of a request for an appointment,

ii. Second trimester - within seven calendar days of a request for an appointment,

iii. Third trimester - within three business days of a request for an appointment, or

iv. High risk pregnancies as expeditiously as the Member's health condition requires and no later than three business days of identification of high risk by the AdSS, Division or Maternity Care provider or immediately, if an emergency exists.

k. Verification of pregnancy ~~Members who are pregnant~~, to ensure that the above timeframes are met, and to effectively monitor that Members are seen in accordance with those timeframes.

l. Monitoring and evaluation of infants born with low or very low birth weight, and implementation of interventions to decrease the incidence of infants born with low or very low birth weight.

m. Monitoring and evaluation of cesarean section and elective induction rates prior to 39 weeks gestation, and implementation of interventions to decrease occurrence, including addressing variations in provider cesarean section rates for first-time pregnancies ~~pregnant women~~ with a term, singleton baby in a vertex or head down position.

n. Monitoring and evaluation of maternal mortality and implementation of interventions to decrease the occurrence of pregnancy-related mortality and health disparities in both the prenatal and ~~p~~Postpartum period.

o. Monitoring and evaluation to ensure that Maternity Care practices that support breastfeeding success are being utilized per ACOG and American Academy of Pediatrics (AAP) guidance to include provision of breast pumps and accessories.

p. Identification of perinatal mood and anxiety disorders during and after pregnancy for referral of Members to the appropriate health care providers.~~postpartum depression~~

i. The AdSS shall ~~with the~~ required ~~d~~ use of any norm-criterion referenced validated screening tool to assist the provider in assessing the prenatal and ~~p~~Postpartum needs of Members~~women~~ regarding depression or other mood and anxiety disorders and decisions regarding health care services provided by the Maternity Care provider or subsequent referral for behavioral health services, if clinically indicated.

~~p.~~q. Process for monitoring provider compliance for perinatal or ~~p~~Postpartum depression and anxiety screenings conducted at least once during the pregnancy and then repeated at the ~~p~~Postpartum visit, with appropriate counseling and referrals made, if a positive screening is obtained.

q.r. Return visits scheduled in accordance with ACOG standards. A process shall be in place to monitor these appointments and ensure timeliness.

r.s. Inclusion of the first and last prenatal care dates of service and the number of obstetrical visits that the Member had with the provider on claim forms to AHCCCS regardless of the payment methodology.

s.t. Continued payment of obstetrical claims upon receipt of claim after delivery and shall not postpone payment to include the Postpartum visit. The AdSS shall require a separate zero-dollar claim for the pPostpartum visit.

t.u. Timely provision of medically necessary transportation services, as described in Division Medical Policy 310-BB.

u.v. Monitoring and evaluation of Postpartum activities and implementation of interventions to improve the utilization rate where needs are identified.

w. Participation in reviews of the Maternity Care Services program conducted by the Division as requested, including provider visits and audits.

x. Process to address the following SUD treatment, referral, and follow-up specific to maternity Members, per ACOG guidelines:

i. CSPMP,

ii. Neonatal Abstinence Syndrome (NAS), and

iii. Medications for Opioid Use Disorder (MOUD).

~~v.~~y. Reimburse provider claims for Global Obstetrical (OB) codes if billed in accordance with the requirements outlined in the AHCCCS Fee-for-Service Provider Billing Manual.

## C. MATERNITY CARE PROVIDER REQUIREMENTS

1. The AdSS shall ensure Providers adhere to the following Maternity Care requirements:

a. Maternity Care Providers shall follow the ACOG standards of care, including the use of a standardized medical risk assessment tool and ongoing health risk assessment.

b. LMs, if included in the AdSS provider network, adhere to the requirements contained within AHCCCS policy, procedures, and contracts.

2. The AdSS shall require all Maternity Care Providers ensure:

a. Division Members have been referred to a qualified ~~p~~Provider and are receiving appropriate care;

b. All pregnant Members ~~women~~ are screened through the ~~Controlled Substances Prescription Monitoring Program~~ ~~(~~CSPMP~~)~~ once per ~~a~~ trimester. For those Members receiving opioids, appropriate intervention and counseling shall be provided, including referral of Members for behavioral health services, as indicated for Substance Use Disorder (SUD) assessment and treatment;

c. All pregnant Members ~~women~~ are screened for Sexually Transmitted Infections (STI), including syphilis during:

i. First prenatal visit,

ii. Third trimester, and

iii. Time of delivery.

d. Members are educated about healthy behaviors during pregnancy, including:

i. The importance of proper nutrition;

ii. Dangers of lead exposure to people who are pregnant and their developing babies ~~birthing mother and child~~;

iii. Tobacco cessation;

iv. Avoidance of alcohol and other harmful substances, including illegal drugs;

v. Prescription opioid use;

vi. Screening for sexually transmitted infections;

vii. The physiology of pregnancy;

viii. The process of labor and delivery;

ix. Breastfeeding;

x. Other infant care information;

xi. Interconception health and spacing;

xii. Family Planning Services and Supplies, including IPLARC;

~~xii.~~xiii. Warning signs of complications of pregnancy and Postpartum including when to contact the Provider;

~~xiii.~~xiv. Postpartum follow-up; and

~~xiv.~~xv. Other education as needed for optimal outcomes.

e. All pregnant Members~~women~~ receive a brief verbal screening and intervention for substance use utilizing an evidence-based screening tool and an appropriate referral shall be made as needed.

f. Providers utilize evidence based practices per ACOG and the AAP to increase the initiation and duration of breastfeeding including:~~.~~

i. Provider recommendation for breastfeeding,

ii. Placement of the infant in skin-to-skin contact,

iii. Early initiation of breastfeeding,

iv. No food or drink other than breastmilk, unless medically necessary, and

~~i.~~v. Rooming in.

g. Perinatal and Postpartum depression and anxiety screenings are conducted at least once during the pregnancy and then repeated at the ~~p~~Postpartum visit with appropriate counseling and referrals made if a positive screening is obtained.

i. Postpartum depression and anxiety screening is not a separately reimbursable service as it is considered part of the global service.

ii. Providers shall refer to any norm-referenced validated screening tool to assist the provider in assessing the ~~p~~Postpartum needs of the birthing mother regarding depression and decisions regarding health care services provided by the PCP or subsequent referral to the AdSS for behavioral health services, if clinically indicated.

h. Member medical records are appropriately maintained and document all aspects of the Maternity Care provided.

i. Members are referred to the following for support services to support healthy pregnancy and infant outcomes:
   a. Special Supplemental Nutrition Program for WIC,
   b. Strong Families AZ home visiting programs,
   c. ADHS ~~Arizona Department of Health Services~~ breastfeeding hotline,
   d. Birth to Five Helpline, and
   e. Other community-based resources.

j. Members are notified that, in the event they lose eligibility for services, they may contact the ~~Arizona Department of Health Services (~~ADHS~~)~~ Hotline for referrals to low-cost or no-cost services.

k. The first and last ~~p~~Prenatal ~~c~~Care dates of service, as well as the number of obstetrical visits that the Member had with the provider, are recorded on all claim forms submitted to the AdSS regardless of the primary payer or payment methodology used, and

l. Postpartum services as clinically indicated are provided to Members within the ~~p~~Postpartum period according to ACOG guidelines and adhere to current AHCCCS minimum performance measures as specified in Contract.

3. The AdSS shall ensure Maternity Care Providers utilize a separate zero-dollar claim for the ~~p~~Postpartum visit.

## D. PREGNANCY TERMINATION

1. The AdSS shall cover pregnancy termination if one of the following criteria is present:

a. The pregnant Member~~woman~~ suffers from the following, which places the Member in danger of death unless the pregnancy is terminated, as certified by a physician:

i. A physical disorder;

ii. Physical injury; or

iii. Physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself.

b. The pregnancy is a result of incest;

c. The pregnancy is a result of rape; or

d. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant Member~~woman~~ by:

i. Creating a serious physical or behavioral health problem for the pregnant Member~~woman~~;

ii. Seriously impairing a bodily function of the pregnant Member~~woman~~;

iii. Causing dysfunction of a bodily organ or part of the pregnant Member~~woman~~;

iv. Exacerbating a health problem of the pregnant Member~~woman~~; or

v. Preventing the pregnant Member~~woman~~ from obtaining treatment for a health problem.

2. The AdSS shall ensure the following requirements regarding ~~Prior Authorization (~~PA~~)~~ are met except in cases of medical emergencies:

   a. The Provider obtains a PA~~prior authorization~~ for all covered pregnancy terminations from the AdSS Medical Director;

   b. The attending physician submits a request for review of the pregnancy termination qualifying diagnosis and condition to the AdSS Medical Director or designee for enrolled pregnant Member ~~women~~ with clinical information that supports the medical necessity or other criteria met for the procedure;

   c. The AdSS Medical Director reviews the PA~~prior authorization~~ request, as specified in AMPM 410 Attachments C and D, and expeditiously authorize the procedure, if the documentation meets the criteria for justification of pregnancy termination; and

   d. The attending physician submits all documentation of medical necessity to the AdSS, within two working days of

the date on which the pregnancy termination procedure was performed, in cases of medical emergencies.

3. The AdSS shall ensure that any decision to deny a service authorization request or to authorize a service amount is made by a Healthcare Professional who has appropriate clinical expertise in treating the Member's condition or disease.
4. The AdSS shall submit authorizations requests for the following services to the Division for Second Level Review prior to issuing a decision:
   a. Hysterectomy;
   b. Sterilization; or
   c. Termination of pregnancy.
5. The AdSS shall submit the requests to the Division in a timely manner to allow the Division, at minimum, seven business days, for review and response for standard service authorization requests, and two business days for expedited service authorization requests.

6. The AdSs shall ensure expedited requests are clearly labeled as expedited.
7. The AdSS may request a peer-to-peer review with the Division Medical Director if there is a disagreement regarding a service authorization.
8. The AdSS shall ensure:
    a. A written consent obtained by the provider and filed in the Member's medical record for a pregnancy termination;
    b. If the pregnant Member ~~woman~~ is younger than 18 years of age, or is 18 years of age or older and considered an incapacitated adult as specified in A.R.S. § 14-5101, a dated signature of the ~~r~~Responsible ~~p~~Person indicating approval of the pregnancy termination procedure is required;
    c. When the pregnancy is the result of rape or incest, documentation that the incident was reported to the proper authorities, including the name of the agency to

which it was reported, the report number if available, and the date the report was filed.

d. The documentation requirement above in subsection (c) is waived if the treating physician certifies that, in their ~~his or her~~ professional opinion, the Member was unable, for physical or psychological reasons, to comply with the requirement;

e. Providers follow Food and Drug Administration (FDA) medication guidance for the use of medications to end a pregnancy, current standards of care per ACOG shall be utilized when the duration of pregnancy is unknown or if ectopic pregnancy is suspected;

f. Pregnancy termination by surgery or standard of care is recommended in cases when medications are used and fail to induce termination of the pregnancy.

g. When medications are administered to induce termination of the pregnancy, the following documentation is also required:

i. Name of medication(s) used,

ii. Duration of pregnancy in days,

iii. The date medication was given,

iv. The date any additional medications were given, and

v. Documentation that pregnancy termination occurred.

8. The AdSS shall submit the following reporting requirements to AHCCCS and the Division:

   a. AHCCCS Certificate of Necessity for Pregnancy Termination and AHCCCS Verification of Diagnosis by AdSS for Pregnancy Termination Requests AMPM 410 Attachments C and D as specified in Contract,

   b. Pregnancy Termination Report and the required documentation as listed in AMPM 410 Attachment E, as specified in Contract.

9. The AdSS shall ensure procedures are developed to identify and monitor all claims and encounters with a primary diagnosis of pregnancy termination.

## E. REQUIREMENTS FOR THE MATERNITY AND FAMILY PLANNING SERVICES ANNUAL PLAN

1. Each AdSS shall have a written Maternity and Family Planning Services Annual Plan that includes the following requirements:
    a. Addresses minimum AdSS requirements, as well as the objectives of the AdSS' program that are focused on achieving Division and AHCCCS requirements;
    b. Incorporates monitoring and evaluation activities as specified in AMPM Exhibit 400-2A Maternity and Family Planning Services Annual Plan Checklist;
    c. The Maternity and Family Planning Services Annual Plan shall be submitted to the Division Health Care Services Unit through the Division Compliance Unit;
    d. The Maternity and Family Planning Services Annual Plan shall contain, at a minimum, the following:
        i. Maternity and Family Planning Services Care Plan which provides a written, narrative description of all planned activities to address the AdSS minimum

requirements for Maternity Care and Family Planning Services and Supplies, including participation in community and quality initiatives within the communities served by the AdSS.

a) The narrative description shall also include AdSS activities to identify Member needs, coordination of care, and follow-up activities to ensure appropriate and medically necessary treatment is received in a timely manner.

ii. Maternity and Family Planning Services Work Plan Evaluation which provides an evaluation and assessment of the previous year's Work Plan to determine the effectiveness of strategies and interventions used toward meeting stated objectives.

iii. Maternity and Family Planning Services Work Plan that includes specific measurable objectives.

a) These objectives shall be based on Division and AHCCCS established minimum performance standards.

b) In cases where Division and AHCCCS minimum performance standards have been met, other generally accepted benchmarks that continue the AdSS improvement efforts shall be used including:

1) National Committee on Quality Assurance (NCQA),

2) CMS Core Measures, and

3) Healthy People 2030 standards.

c) The AdSS may also develop additional specific measurable goals and objectives aimed at enhancing the Maternity Program when Division and AHCCCS Minimum Performance Standards have been met.

d) Strategies and specific measurable interventions specific to Division Members to accomplish objectives including:
   1) Member outreach,
   2) Provider education, and
   3) Provider compliance with mandatory components of the Maternity and Family Planning Services program.

e) Targeted implementation and completion dates of Work Plan activities.

f) Assigned local staff position(s) responsible and accountable for meeting each established goal and objective specific to the Division Members.

g) Identification and implementation of new interventions and continuation of or modification to existing interventions specific to Division Members, based on analysis of the previous year's Work Plan evaluation.

h) Relevant policies and procedures, referenced in the Maternity and Family Planning Services Annual Plan, submitted as separate attachments.

## F. ADDITIONAL RELATED SERVICES

1. The AdSS shall cover circumcision for males as follows:
   a. Circumcision for males, only when it is determined to be medically necessary, under the ~~Early and Periodic Screening, Diagnostic, and Treatment (~~EPSDT~~)~~ program;
   b. Routine circumcision for newborn males is not a covered service; and
   c. The procedure requires ~~Prior Authorization (~~PA~~)~~ if required by the newborn's Health Plan.
2. The AdSS shall cover home uterine monitoring technology when determined to be medically necessary as follows:.
   a. Covered for ~~m~~Members with premature labor contractions before 35 weeks gestation, as an alternative to hospitalization.

b. If the ~~m~~Member has one or more of the following conditions, home uterine monitoring may be considered for:

i. Multiple gestation, particularly triplets or quadruplets;

ii. Previous obstetrical history of one or more births before 35 weeks gestation;

iii. For a pregnant Member~~woman~~ ready to be discharged home after hospitalization for premature labor before 35 weeks gestation with a documented change in the cervix, controlled by tocolysis.

c. These guidelines refer to home uterine activity monitoring technology and do not refer to daily provider contact by telephone or home visit.

3. The AdSS shall cover labor and delivery services provided in Free Standing Birthing Centers.

a. For ~~m~~Members who meet medical criteria specified in this policy when labor and delivery services are provided by Maternity Care Providers.

b. Only ~~m~~Members for whom an uncomplicated prenatal course and a low-risk labor and delivery can be anticipated may be scheduled to deliver at a Free Standing Birthing Center.

c. Risk status shall be determined by the attending physician or ~~Certified Nurse Midwife (~~CNM~~)~~, using the standardized ACOG assessment tools for high-risk pregnancies. In any area of the risk assessment where standards conflict, the most stringent standard will apply.

d. The age of the ~~m~~Member is considered in the risk status evaluation as Members younger than 18 years of age are generally considered high risk.

e. Refer to A.A.C. R9-16-111 through 113 for a more detailed explanation of what are not considered low-risk deliveries,

nor appropriate for planned home-births or births in Free Standing Birthing Centers.

4. The AdSS shall cover labor and delivery services provided in a home setting by the Member's maternity provider.

   a. For ~~m~~Members who meet medical criteria, AHCCCS covers labor and delivery services provided in the home by:

      i. Maternity provider physicians,

      ii. CNMs, or

      iii. LMs.

   b. Only AHCCCS ~~m~~Members for whom an uncomplicated prenatal course and a low-risk labor and delivery can be anticipated may be scheduled to deliver in the Member's home.

   c. Risk status ~~shall~~ is initially ~~be~~ determined at the time of the first visit, and each trimester thereafter, by the Member's Maternity Care provider, using the current standardized ACOG assessment criteria and protocols for High-Risk Pregnancies.

d. A risk assessment ~~shall be~~ conducted when a new presenting complication or concern arises to ensure appropriate care and referral to a qualified provider, if necessary.

e. Physicians and CNMs who render home labor and delivery services ~~shall~~ have admitting privileges at an acute care hospital in close proximity to the site where the services are provided in the event of complications during labor and delivery.

f. ~~For each anticipated home labor and delivery,~~ LMs who render home labor and delivery services ~~shall~~ have an established plan of action, including the name and address of an AHCCCS-registered physician and an acute care hospital in close proximity to the planned location of labor and delivery for referral, in the event that complications should arise. ~~methods of obtaining services at an acute care hospital in close proximity to the site where services are provided.~~

g. Plan of action submitted to the AdSS Medical Director or designee for Members enrolled with an AdSS.

~~g.~~h. Referral information to an AHCCCS registered physician who can be contacted immediately, in the event that management of complications is necessary, shall be included in the plan of action.

~~h.~~i. Upon delivery of the newborn, the physician, CNM or LM is responsible for conducting the following newborn examination procedures, including:

i. A mandatory Bloodspot Newborn Screening Panel

ii. Referral of the infant to an appropriate health care provider for a mandatory hearing screening,

iii. A second mandatory Bloodspot Newborn Screening Panel, and

iv. Second newborn hearing screening.

j. The Maternity Care provider notifies~~y~~ the ~~birthing mother's~~ Member's AdSS no later than 24 hours ~~three days~~ after the birth in order to enroll the newborn with AHCCCS.

5. The AdSS shall cover LM ~~licensed midwife~~ services by LMs for Members, if LMs are included in the AdSS' provider network.
   a. ~~The AdSS shall ensure~~ Members who choose to receive maternity services from this provider type shall meet eligibility and medical criteria specified in this policy.
   b. ~~The AdSS shall ensure r~~Risk status is initially ~~be~~ determined at the time of the first visit, and each trimester, thereafter, using the current standardized assessment criteria and protocols for high-risk pregnancies from ACOG.
   c. ~~The AdSS shall ensure a~~An ACOG risk assessment is conducted when a new presenting complication or concern arises to ensure proper care and referral to a qualified provider, if necessary.
   d. ~~The AdSS shall ensure~~ Before providing midwife services, documentation certifying the risk status of the Member's pregnancy is submitted to the AdSS.~~, before providing midwife services.~~

e. ~~The AdSS shall ensure a~~ A consent form signed and dated by the Member shall be submitted, indicating that the Member has been informed and understands the scope of services that shall be provided by the LM, including the risks to a home delivery.

f. ~~The AdSS shall ensure~~ Members are immediately referred within the provider network of the Member's AdSS for Maternity Care Services who:

i. Are initially determined to have a ~~h~~High-~~r~~Risk ~~p~~Pregnancy, or

ii. Members whose physical condition changes to high-risk during the course of pregnancy.

g. ~~The AdSS shall ensure~~ Labor and delivery services provided by a LM are not provided in a hospital.

i. LMs ~~shall~~ have a plan of action, including the name and address of an AHCCCS registered physician and an acute care hospital in close proximity to the

planned location of labor and delivery for referral, in the event that complications should arise.

ii. This plan of action is~~shall be~~ submitted to the AdSS Medical Director or designee.

6. ~~The AdSS shall ensure the LM notifies the Member's AdSS of the birth no later than 24 hours after the one day from the date of birth, in order to enroll the newborn with AHCCCS.~~

Signature of Chief Medical Officer: