410 MATERNITY CARE SERVICES

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PURPOSE

This policy establishes requirements for the Division of Developmental Disabilities (Division) regarding Maternity Care Services.

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 Members~~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.

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25 2. "Controlled Substances Prescription Monitoring Program" or
26 "CSPMP" means an electronic central repository of all
27 prescriptions dispensed for Controlled Substances Schedules II,
28 III, IV and V in Arizona, which grants access to prescribing
29 clinicians and pharmacists who are mandated to review
30 controlled substances as specified in A.R.S.§ 36-2606. prior to
31 ordering or dispensing medications to individuals.
32 3. "Early and Periodic Screening, Diagnostic, and Treatment" or
33 "EPSDT" means a comprehensive child health program of
34 prevention, treatment, correction, and improvement of physical
35 and behavioral health conditions for AHCCCS Members under the
36 age of 21. EPSDT services include screening services, vision
37 services, dental services, hearing services and all other medically
38 necessary mandatory and optional services listed in Federal Law
39 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical
40 and mental illnesses and conditions identified in an EPSDT
41 screening whether or not the services are covered under the
42 AHCCCS State Plan. Limitations and exclusions, other than the

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requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

~~2.~~4. "Free Standing Birthing Centers" means an out-of-hospital, outpatient obstetric facility, 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 to assist with labor and delivery services. They are equipped to manage uncomplicated, low-risk labor and delivery. These facilities are affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.

~~3.~~5. "High-Risk Pregnancy" means a pregnancy in which the birthing 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.

~~4.~~6. "Licensed Midwife" or "LM" means an individual licensed by ~~the Arizona Department of Health Services (~~ADHS~~)~~ to provide

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62 Maternity Care pursuant to A.R.S. Title 36, Chapter 6, Article 7
63 and A.A.C. Title 9, Chapter 16 This provider type does not
64 include Certified Nurse Midwives licensed by the Board of
65 Nursing as a nurse Practitioner in midwifery or physician
66 assistants licensed by the Arizona Medical Board.

67 5.7. "Maternity Care" means identification of pregnancy, Prenatal
68 Care, labor or delivery services, and Postpartum Care.

69 6.8. "Maternity Care Coordination" means the following Maternity
70 Care related activities:

71 a. Determining the mMember's medical or social needs
72 through a risk assessment evaluation;
73 b. Developing a plan of care designed to address those
74 needs;
75 c. Coordinating referrals of the mMember to appropriate
76 service pProviders and community resources;
77 d. Monitoring referrals to ensure the services are received;
78 and
79 e. Revising the plan of care, as appropriate.

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

10. "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 Postpartum period.

11. "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.

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12. "Practitioner" means certified nurse Practitioners in midwifery, physician assistants, and other nurse Practitioners.
13. "Preconception Counseling" means the provision of assistance and guidance aimed at identifying/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 Preconception 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.
14. "Prenatal Care" means 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 ~~m~~Member educational outreach materials, and

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118 c. Medical monitoring, intervention, and follow-up.

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

122 15.16. "Providers" means a person, institution, or group engaged
123 in the delivery of services, or ordering and referring to those
124 services, who has an agreement with AHCCCS to provide
125 services to AHCCCS Members. means any individual or entity
126 that is engaged in the delivery of services, or ordering or
127 referring for those services, and is legally authorized to do so by
128 the State in which it delivers the services, as specified in 42 CFR
129 457.10 and 42 CFR 438.2.

130 16.17. "Responsible Person" means the parent or guardian of a
131 minor with a developmental disability, the guardian of an adult
132 with a developmental disability or an adult with a developmental
133 disability who is a mMember or an applicant for whom no
134 guardian has been appointed.

135 18. "Second Level Review" means a review performed by a Division
136 of Developmental Disabilities (Division) Medical Director who has

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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.

~~17.~~19. "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.

POLICY

A. GENERAL REQUIREMENTS

1. The Division shall ensure the following Maternity Care Services are covered for all eligible, enrolled Arizona Long Term Care System (ALTCS) ~~m~~Members of childbearing age:
   a. Medically necessary Preconception Counseling;
   b. Identification of pregnancy;

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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 Care;

h. Outreach;

i. Family Planning Services and Supplies; and

j. Related services.

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

3. The Division 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 Division shall require all cesarean sections include medical documentation of medical necessity.

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

b. The Division shall require any inductions performed prior to 39 weeks or cesarean sections performed at any time that are found not to be medically necessary are not eligible for payment.

c. The Division shall require related services such as outreach and Family Planning Services and Supplies are covered, when appropriate, based on the ~~m~~Member’s current eligibility and enrollment as specified in AMPM 420.

B. REQUIREMENTS FOR PROVIDING MATERNITY CARE SERVICES

1. The Division shall have a written Maternity and Family Planning Services Annual Plan as specified in AMPM 410 that addresses:

a. Minimum requirements;

b. Objectives that are focused on achieving Division and AHCCCS requirements; and

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192 c. Monitoring and evaluation activities for these minimum
193 requirements as specified in AMPM Exhibit 400-2A and
194 AMPM 410.
195 2. The Division shall require the AdSS to establish and operate a
196 Maternity Care ~~p~~Program with program goals directed at
197 achieving optimal birth outcomes.
198 3. The Division shall coordinate care for THP Members to ensure the
199 same requirements are met.
200 4. The Division shall require the following minimum requirements of
201 the Maternity Care ~~p~~Program are met:
202 a. Sufficient numbers of qualified local personnel to meet the
203 requirements of the Maternity Care ~~p~~Program for eligible
204 enrolled Members and achieve contractual compliance;
205 b. Provision of written Member educational outreach utilizing
206 mechanisms for Member dissemination to meet the
207 following requirements as specified in AMPM Exhibit 400-3:
208 i. Risks associated with elective inductions and
209 cesarean sections prior to 39 weeks gestation;

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210 ii. Healthy pregnancy measures addressing at a
211 minimum:
212 a) Nutrition;
213 b) Sexually transmitted infections;
214 c) HIV testing;
215 d) Alcohol, opioids, and substance use and other
216 risky behaviors;
217 e) Measures to reduce risks for low or very low
218 infant birth weight; and
219 f) Recognizing active labor.
220 iii. Dangers of lead exposure to birthing mother and
221 baby during pregnancy and how to prevent
222 exposure;
223 iv. ~~Postpartum depression~~Perinatal mood and anxiety
224 disorders;
225 v. ~~Postpartum services available and t~~The importance
226 of timely prenatal and Postpartum Care, including
227 Postpartum services that are available;

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228 vi. Provision of information regarding the opportunity to
229 change health plans to ensure continuity of Prenatal
230 Care to newly assigned pregnant Memberswomen
231 and those currently under the care of an out-of-
232 network Provider;
233 vii. Pregnancy and Postpartum warning signs that
234 require contacting a Provider;
235 viii. Maternity Care practices that are supportive of
236 breastfeeding, and breastfeeding information;
237 ix. Safe sleep and ways to reduce Sudden Infant Death
238 Syndrome (SIDS) or Sudden Unexpected Infant
239 Death (SUID) risk;
240 x. Interconception spacing recommendations and family
241 planning options, including Immediate Postpartum
242 Long-Acting Reversible Contraceptives (IPLARC) as
243 specified in AMPM Policy 420;
244 xi. Ways to minimize interventions during labor and
245 birth as recommended by ACOG;
246 xii. Support resources and programs such as:

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247 a) Arizona Supplemental Nutrition Program for
248 Women, Infants, and Children (WIC),
249 b) Strong Families AZ home visitation programs,
250 c) ADHSArizona Department of Health Services
251 breastfeeding hotline,
252 d) Early Head Start or Head Start, and
253 e) Vaccines for Children (VFC) program, and
254 e)f) Birth to Five Helpline.
255 xiii. Information on how to obtain pregnancy related
256 services and assistance with scheduling
257 appointments;
258 xiv. A statement that there is no copayment or other
259 charge for pregnancy-related services as specified in
260 ACOM Policy 431;
261 xv. A statement that assistance with medically necessary
262 transportation is available to obtain pregnancy
263 related services as specified in AMPM Policy 310-BB;
264 and
265 xvi. Other selected topics.

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266 c. Implementation of written protocols to inform pregnant
267 Memberswomen and Maternity Care pProviders of
268 voluntary prenatal HIV or AIDS testing, and the availability
269 of medical counseling and treatment, as well as the
270 benefits of treatment, if the test is positive.

271 i. The Division shall require the AdSS to include
272 information to encourage pregnant Memberswomen
273 to be tested and provide instructions on where
274 testing is available as specified in AMPM Exhibit 400-
275 3.

276 ii. The Division shall require the AdSS to report the
277 number of pregnant Memberswomen who are HIV or
278 AIDS positive, as specified in Contract, and AMPM
279 410 Attachment A.

280 d. Conducting outreach and educational activities to identify
281 currently enrolled Members who are pregnant and enter
282 them into Prenatal Care as soon as possible.

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283 i. The Division shall require programs include protocols
284 for service Providers to notify the AdSS promptly
285 when Members have tested positive for pregnancy.
286 ii. The Division shall require the AdSS to notify the
287 Division at maternalandchildhealth@azdes.gov and
288 dddcctreferral@azdes.gov when Members have
289 tested positive for pregnancy.
290 iii. The Division shall require the AdSS to have an
291 ongoing process to monitor and evaluate the
292 effectiveness of outreach activities for all pregnant
293 Memberswomen and implement different activities if
294 activities prove to be ineffective.
295 e. Participation in community and quality initiatives, including
296 but not limited to, efforts to reduce maternal mortality and
297 morbidity and address health disparities in maternal and
298 infant health within the communities served in Arizona. by
299 the AdSS.

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300 f. Designation of a Maternity Care Provider for each Member
301 who is pregnant for the duration of theirher pregnancy and
302 Postpartum Care.
303 i. The Division shall require the AdSS to allow for
304 freedom of choice, while not compromising the
305 continuity of care.
306 ii. The Division shall require the AdSS to allow Members
307 who transition to a different AdSS or become newly
308 enrolled with an AdSS during their third trimester to
309 complete Maternity Care with their current AHCCCS
310 registered Provider, regardless of contractual status,
311 to ensure continuity of care.
312 g. Written new Member assessment procedures for the
313 provider that include identifying risk factors through the
314 use of a comprehensive assessment tool from ACOG
315 covering psychosocial, nutritional, medical and educational
316 factors.
317 h. Mandatory Maternity Care Coordination services for all
318 pregnant Memberswomen to include:

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319 i. Identified barriers with navigating the health care
320 system, evident by missed visits,
321 ii. Difficulties with transportation, or
322 iii. Other perceived barriers.
323 i. Demonstration of an established process for assuring:
324 i. Network Physicians, Practitioners, and LMs adhere to
325 the highest standards of care, including the use of a
326 standardized medical risk assessment tool for initial
327 and ongoing risk assessments, and appropriate
328 consults or referrals for increased-risk or high-risk
329 pregnancies using ACOG criteria;
330 ii. Maternity Care Providers educate Members about
331 healthy behaviors during the perinatal period,
332 including:
333 a) The importance of proper nutrition;
334 b) Dangers of lead exposure to people who are
335 pregnant and their developing babies ~~birthing~~
336 ~~mother and child~~;
337 c) Tobacco cessation;

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338 d) Avoidance of alcohol and other harmful
339 substances, including illegal drugs;
340 e) Prescription opioid use;
341 f) Screening for sexually transmitted infections;
342 g) The physiology of pregnancy;
343 h) The process of labor and delivery;
344 i) Breast-feeding;
345 j) Other infant care information;
346 k) Interconception health and spacing;
347 l) Family planning services and supplies,
348 including IPLARC;
349 m) Warning signs of complications of pregnancy
350 and Postpartum, including when to contact the
351 Provider;
352 ~~m)~~n) Postpartum follow-up; and
353 ~~n)~~o) Other education as needed for optimal
354 outcomes.
355 iii. Members are referred for the following support
356 services to:

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357 a) Special Supplemental Nutrition Program for
358 WIC,
359 b) Home visitation programs for pregnant
360 individualswomen and their children, and
361 c) Other community-based resources to support
362 healthy pregnancy outcomes.
363 iv. Maternity cCare pProviders maintain a complete
364 medical record, documenting all aspects of Maternity
365 Care;
366 v. Maternity Care Providers are aware of and
367 encouraged to use the Arizona Perinatal Psychiatry
368 Access Line (A-PAL) when questions surrounding
369 mental health or substance use treatment, including
370 medication management, arise; and
371 v.vi. Pregnant Memberswomen have been referred to and
372 are receiving appropriate care from a qualified
373 physician.; and

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374 ~~vi.~~vii. ~~Postpartum services are provided to Members within~~
375 ~~the time frame that aligns with performance~~
376 ~~measures as specified in AMPM 970.~~
377 j. Mandatory provision of initial Prenatal Care appointments
378 within the following established timeframes and as
379 specified in ACOM Policy 417:
380 i. First trimester - within 14 calendar days of a request
381 for an appointment;
382 ii. Second trimester - within seven calendar days of a
383 request for an appointment;
384 iii. Third trimester - within three business days of a
385 request for an appointment; or
386 iv. High risk pregnancies as expeditiously as the
387 Member's health condition requires and no later than
388 three business days of identification of high risk by
389 the AdSS, Division or Maternity Care Provider or
390 immediately, if an emergency exists.
391 k. Verification of pregnancy ~~Members who are pregnant~~, to
392 ensure that the above timeframes are met, and to

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393 effectively monitor Members are seen in accordance with
394 those timeframes.
395 l. Monitoring and evaluation of infants born with low or very
396 low birth weight, and implementation of interventions to
397 decrease the incidence of infants born with low or very low
398 birth weight.
399 m. Monitoring and evaluation of cesarean section and elective
400 induction rates prior to 39 weeks gestation, and
401 implementation of interventions to decrease occurrence,
402 including addressing variations in provider cesarean
403 section rates for first-time pregnancies ~~pregnant women~~
404 with a term, singleton baby in a vertex or head down
405 position.
406 n. Monitoring and evaluation of maternal mortality and
407 implementation of interventions to decrease the
408 occurrence of pregnancy-related mortality and health
409 disparities in both the prenatal and Postpartum period.
410 o. Monitoring and evaluation to ensure that Maternity Care
411 practices that support breastfeeding success are being

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412 utilized per ACOG and American Academy of Pediatrics
413 (AAP) guidance to include provision of breast pumps and
414 accessories.
415 p. Identification of perinatal mood and anxiety disorders
416 during and after pregnancy Postpartum depression with
417 the required use of any norm-criterion referenced
418 validated screening tool to assist the Provider in assessing
419 the prenatal and PPostpartum needs of Memberswomen
420 regarding depression or other mood and anxiety disorders
421 and decisions regarding health care services provided by
422 the Maternity Care Provider or subsequent referral for
423 behavioral health services if clinically indicated.
424 q. Process for monitoring Provider compliance for perinatal
425 and Postpartum depression and anxiety screenings
426 conducted at least once during the pregnancy and then
427 repeated at the Postpartum visit, with appropriate
428 counseling and referrals made, if a positive screening is
429 obtained.

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430 r. Return visits scheduled in accordance with ACOG
431 standards. A process shall be in place to monitor these
432 appointments and ensure timeliness.
433 s. Inclusion of the first and last Prenatal Care dates of service
434 and the number of obstetrical visits that the Member had
435 with the Provider on claim forms to AHCCCS regardless of
436 the payment methodology.
437 t. Continued payment of obstetrical claims upon receipt of
438 claim after delivery and shall not postpone payment to
439 include the Postpartum visit. The AdSS shall require a
440 separate zero-dollar claim for the Postpartum visit.
441 u. Timely provision of medically necessary transportation
442 services, as described in Division Medical Policy 310-BB.
443 v. Monitoring and evaluation of Postpartum activities and
444 implementation of interventions to improve the utilization
445 rate where needs are identified.
446 w. Participation in reviews of the Maternity Care Services
447 program conducted by the Division as requested, including
448 Provider visits and audits.

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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).

~~w.~~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 Division shall require Providers adhere to the following Maternity Care requirements:

a. Maternity Care Providers 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 Division and AHCCCS policy, procedures, and contracts.

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2. The Division shall monitor the AdSS to ensure that all Maternity Care Providers adhere to the following:
   a. Division Members have been referred to a qualified 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 and 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, for those Members receiving opioids;
   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 the following healthy behaviors during pregnancy:
      i. The importance of proper nutrition;

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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;

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.

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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
   v. Rooming in.

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

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524 i. Postpartum depression and anxiety screening is not
525 a separately reimbursable service as it is considered
526 part of the global service.
527 ii. Providers shall refer to any norm-referenced
528 validated screening tool to assist the Provider in
529 assessing the Postpartum needs of birthing mother
530 regarding depression and decisions regarding health
531 care services provided by the PCP or subsequent
532 referral to a behavioral health Provider, if clinically
533 indicated.
534 h. Member medical records are appropriately maintained and
535 document all aspects of the Maternity Care provided.
536 i. Members are referred to the following for support services
537 to support healthy pregnancy and infant outcomes:
538 i. Special Supplemental Nutrition Program for Women,
539 Infants and Children (WIC),
540 ii. Strong Families Az home visiting programs,
541 iii. Arizona Department of Health Services breastfeeding
542 hotline,

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543 iv. Birth to Five Helpline, and

544 v. Other community-based resources.

545 j. Members are notified where they may obtain low-cost or
546 no-cost maternity services, in the event they lose AHCCCS
547 eligibility.

548 k. The first and last Prenatal Care dates of service and the
549 number of obstetrical visits that the Member had with the
550 Provider are submitted on all claim forms, regardless of
551 the payment methodology used.

552 l. Postpartum services as clinically indicated are provided to
553 Members within the Postpartum period according to ACOG
554 guidelines and adhere to current AHCCCS minimum
555 performance measures.

556 1. The Division shall require Maternity Care Providers utilize a
557 separate zero-dollar claim for the Postpartum visit.

558 **D. PREGNANCY TERMINATION**

559 1. The Division shall cover pregnancy termination, if one of the
560 following criteria is present:

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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~~;

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579 ii. Seriously impairing a bodily function of the pregnant
580 Memberwoman;
581 iii. Causing dysfunction of a bodily organ or part of the
582 pregnant Memberwoman;
583 iv. Exacerbating a health problem of the pregnant
584 Memberwoman; or
585 v. Preventing the pregnant Memberwoman from
586 obtaining treatment for a health problem.
587 2. The Division shall require the following to be met regarding Prior
588 Authorization (PA) except in cases of medical emergencies:
589 a. The Provider obtains a PAprior authorization for all covered
590 pregnancy terminations;
591 b. The attending physician submits a request for review of
592 the pregnancy termination qualifying diagnosis and
593 condition for enrolled pregnant Memberswomen with
594 clinical information that supports the medical necessity or
595 other criteria met for the procedure;
596 c. The Division reviews the PAprior authorization request, as
597 specified in AMPM 410 Attachments C and D, and

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598 expeditiously authorize the procedure, if the
599 documentation meets the criteria for justification of
600 pregnancy termination;
601 d. The attending physician submits all documentation of
602 medical necessity within two working days of the date on
603 which the pregnancy termination procedure was
604 performed, in cases of medical emergencies.
605 3. The Division shall require that any decision to deny or authorize
606 a service is made by a Healthcare Professional who has
607 appropriate clinical expertise in treating the Member's condition
608 or disease.
609 4. The Division shall require authorization requests for the following
610 services are submitted to the Division, by the AdSS or directly
611 from the Provider for a THP Member, for Second Level Review
612 prior to issuing a decision:
613 a. Hysterectomy;
614 b. Sterilization; or
615 c. Termination of pregnancy.

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616 5. The Division shall review and respond to standard service
617 authorization requests within seven business days and two
618 business days for expedited service authorization requests.
619 6. The Division shall require expedited requests be clearly labeled
620 as expedited.
621 7. The Division shall allow the AdSS Medical Director to request a
622 peer-to-peer review with the Division Medical Director if there is
623 a disagreement regarding a service authorization.
624 8. The Division may request a peer-to-peer directly with the
625 Provider at the Division's discretion for THP Members.
626 9. The Division shall require:
627 a. A written consent obtained by the Provider and file in the
628 Member's medical record for a pregnancy termination;
629 b. If the pregnant Memberwoman is younger than 18 years of
630 age, or is 18 years of age or older and considered an
631 incapacitated adult as specified in A.R.S. § 14-5101, a
632 dated signature from the Responsible Person indicating
633 approval of the pregnancy termination procedure is
634 required;

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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;

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653 g. When medications are administered to induce termination
654 of the pregnancy, the following documentation is also
655 required:
656 i. Name of medications used,
657 ii. Duration of pregnancy in days,
658 iii. The date medication was given,
659 iv. The date any additional medications were given
660 unless a complete abortion was already confirmed,
661 and
662 v. Documentation that pregnancy termination occurred.
663 8. The Division shall require the following reporting requirements
664 are submitted to AHCCCS and the Division:
665 a. AHCCCS Certificate of Necessity for Pregnancy Termination
666 and AHCCCS Verification of Diagnosis by AdSS for
667 Pregnancy Termination Requests, AMPM 410 Attachments
668 C and D, as specified in Contract; and
669 b. Pregnancy Termination Report and the required
670 documentation as listed in AMPM 410 Attachment E, as
671 specified in Contract.

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9. The Division shall require the AdSS to develop procedures to identify and monitor all claims and encounters with a primary diagnosis of pregnancy termination.

E. ADDITIONAL RELATED SERVICES

1. The Division 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 Division shall require home uterine monitoring technology is covered when determined to be medically necessary as follows:
   a. Covered for Members with premature labor contractions before 35 weeks gestation, as an alternative to hospitalization.
   b. If the Member has one or more of the following conditions, home uterine monitoring may be considered for:

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691 i. Multiple gestation, particularly triplets or
692 quadruplets;
693 ii. Previous obstetrical history of one or more births
694 before 35 weeks gestation;
695 iii. For a pregnant Member~~woman~~ ready to be
696 discharged home after hospitalization for premature
697 labor before 35 weeks gestation with a documented
698 change in the cervix, controlled by tocolysis.
699 c. These guidelines refer to home uterine activity monitoring
700 technology and do not refer to daily Provider contact by
701 telephone or home visit.
702 3. The Division shall require labor and delivery services provided in
703 Free Standing Birthing Centers are covered.
704 a. For Members who meet medical criteria specified in this
705 policy when labor and delivery services are provided by
706 Maternity Care Providers.
707 b. Only Members for whom an uncomplicated prenatal course
708 and a low-risk labor and delivery can be anticipated may
709 be scheduled to deliver at a Free Standing Birthing Center.

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710 c. Risk status shall be determined by the attending physician
711 or ~~Certified Nurse Midwife (~~CNM~~)~~, using the standardized
712 ACOG assessment tools for high-risk pregnancies. In any
713 area of the risk assessment where standards conflict, the
714 most stringent standard will apply.
715 d. The age of the Member shall also be a consideration in the
716 risk status evaluation as Members younger than
717 18 years of age are generally considered high risk.
718 e. Refer to A.A.C. R9-16-111 through 113 for a more detailed
719 explanation of what are not considered low-risk deliveries,
720 nor appropriate for planned home-births or births in Free
721 Standing Birthing Centers.
722 4. The Division shall require labor and delivery services in a home
723 setting provided by the Member's maternity Provider are
724 covered.
725 a. For Members who meet medical criteria, AHCCCS covers
726 labor and delivery services provided in the home by:
727 i. Member's maternity Provider physicians,
728 ii. CNMs, or

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729 iii. LMs.

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

734 c. Risk status is initially determined at the time of the first
735 visit, and each trimester thereafter, by the Member's
736 Maternity Care Provider, using the current standardized
737 ACOG assessment criteria and protocols for High-Risk
738 Pregnancies.

739 d. A risk assessment conducted when a new presenting
740 complication or concern arises to ensure appropriate care
741 and referral to a qualified Provider, if necessary.

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

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747 f. LMs who render home labor and delivery services have an
748 established plan of action, including the name and address
749 of an AHCCCS-registered physician and an acute care
750 hospital in close proximity to the planned location of labor
751 and delivery for referral, in the event that complications
752 should arise.methods of obtaining services at an acute
753 care hospital in close proximity to the site where services
754 are provided for each anticipated home labor and delivery.
755 g. Plan of action submitted to the AHCCCS Chief Medical
756 Officer or designee for Tribal Health ProgramFFS Members,
757 or the contractor Medical Director or designee for Members
758 enrolled with an AHCCCS contractor.
759 g.h. Referral information to an AHCCCS registered physician
760 who can be contacted immediately, in the event that
761 management of complications is necessary, are included in
762 the plan of action.
763 i. Upon delivery of the newborn, the LM is responsible for
764 conducting newborn examination procedures, including:
765 i. A mandatory Bloodspot Newborn Screening Panel,

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766 ii. A referral of the infant to an appropriate health care
767 Provider for a mandatory hearing screening,
768 iii. A second mandatory Bloodspot Newborn Screening
769 Panel, and
770 iv. A second newborn hearing screening.
771 j. The Maternity Care Provider notifies the Member's birthing
772 mother's AdSS or the AHCCCS Newborn Reporting Line of
773 the birth for infants born to THP Members. Notification is
774 given no later than 24 hoursthree days after the birth in
775 order to enroll the newborn with AHCCCS.
776 h.k. The Maternity Care Provider refers the infant or Member to
777 an appropriate health care provider for follow-up of any
778 assessed problematic conditions.
779 5. The Division shall require LMlicensed midwife services are
780 provided by LMs for Members, if LMs are included in the AdSS'
781 Provider network or AHCCCS registered Providers who accept
782 THP.

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783 a. Members who choose to receive maternity services from
784 this Provider type meet eligibility and medical criteria
785 specified in this policy.
786 b. Risk status is initially determined at the time of the first
787 visit, and each trimester, thereafter, using the current
788 standardized assessment criteria and protocols for high-
789 risk pregnancies from ACOG.
790 c. An ACOG risk assessment is conducted when a new
791 presenting complication or concern arises to ensure proper
792 care and referral to a qualified Provider, if necessary.
793 d. Before providing midwife services, documentation
794 certifying the risk status of the Member's pregnancy is
795 submitted to the AdSS or to Division of Fee-For-Service
796 Management (DFSM) for THP Members.
797 e. A consent form signed and dated by the Member is
798 submitted, indicating that the Member has been informed
799 and understands the scope of services that will be provided
800 by the LM, including the risks to a home delivery.

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801 f. Members are immediately referred to an AHCCCS
802 registered physician for THP or within the Provider network
803 of the Member's AdSS for Maternity Care Services who:
804 i. Are initially determined to have a High-Risk
805 Pregnancy, or
806 ii. Members whose physical condition changes to high-
807 risk during the course of pregnancy.
808 g. Labor and delivery services provided by a LM cannot be
809 provided in a hospital.
810 i. LMs ~~shall~~ have a plan of action, including the name
811 and address of an AHCCCS registered physician and
812 an acute care hospital in close proximity to the
813 planned location of labor and delivery for referral, in
814 the event that complications should arise.
815 ii. This plan of action is submitted to the DFSM Medical
816 Director or designee for THP Members, or to the
817 AdSS Medical Director or designee for Members
818 enrolled with an AdSS.

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819 h. Upon delivery of the newborn, the LM is responsible for
820 conducting newborn examination procedures, including:
821 i. A mandatory Bloodspot Newborn Screening Panel,
822 ii. A referral of the infant to an appropriate health care
823 Provider for a mandatory hearing screening,
824 iii. A second mandatory Bloodspot Newborn Screening
825 Panel, and
826 iv. h. A second newborn hearing screening.
827 i. The LM shall notify the Member's birthing mother's AdSS
828 or the AHCCCS Newborn Reporting Line for infants born to
829 THP Members, of the birth no later than 24 hoursone day
830 after thefrom the date of birth, in order to enroll the
831 newborn with AHCCCS.

832 **D. AdSS OVERSIGHT AND MONITORING**

833 1. The Division shall meet with the AdSS at least quarterly to
834 provide ongoing evaluation including data analysis and
835 recommendations to refine processes, identify successful
836 interventions and care pathways to optimize results.

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837 2. The Division shall perform an Operational Review of the AdSS on
838 an annual basis that includes a review of compliance.
839
840 Signature of Chief Medical Officer: ______________________
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