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**POLICY: 202, Maternity Services**

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**1. PURPOSE:**

- a. To establish the responsibilities for providing, coordinating, and monitoring the Maternity Care services provided by the RBHA and its contracted providers.
- b. The RBHA and its contracted providers are responsible for coordinating the Maternal and Child Health Maternity Services Program for enrolled eligible members. Maternal and Child Health Maternity services are available to members of childbearing age enrolled in the RBHA. ADHS/DBHS will monitor, track, and trend the RBHA contractor's performance in providing quality maternity care and family planning services for the RBHA members by reviewing monthly and quarterly reports as well as, the annual Administrative Review.

**2. TERMS:**

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>.  
The following terms are referenced in this section:

Certified Nurse Midwife (CNM)  
High-risk pregnancy  
Licensed Midwife  
Maternity care  
Maternity care coordination  
Practitioner  
Postpartum care  
Preconception counseling services  
Prenatal care

**3. PROCEDURES:**

- a. Maternity care services must be delivered by qualified physicians and non-physician practitioners, and must be provided in compliance with the most current American College of Obstetricians and Gynecologists (ACOG) standards for obstetrical and gynecological services. If licensed midwives are included in the Contractor's provider network, licensed midwife services may be provided only to members for whom an uncomplicated prenatal course and a low-risk labor and delivery can be anticipated. Prenatal care, labor/delivery, and postpartum care services may be provided by licensed midwives within their scope of practice, while adhering to the Maternity Care Risk Screening Guidelines in BQ&I Specifications Manual. Cesarean section deliveries must be medically necessary, as well as inductions and cesarean section deliveries prior to 39 weeks must be medically necessary (see ACOG guidelines).
- b. While the member receives her health and maternity care services from providers contracted with the Integrated RBHA, her newborn child will not. It is important that the RBHA inform the mother that she must choose a separate health care plan for her child in order to ensure continued care and coordination of services.

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- c. The RBHA and its contracted providers must establish and operate a maternity care program with program goals directed at achieving optimal birth outcomes. The minimum requirements of the Maternity Care Program as specified in the [AHCCCS Medical Policy Manual, Chapter 400](#) are:
- i. Employ sufficient numbers of appropriately qualified local personnel in order to meet the requirements of the maternity care program for eligible enrolled members and achieve performance measures compliance.
  - ii. Conduct written member educational outreach related to risks associated with elective inductions and cesarean sections prior to 39 weeks gestation, healthy pregnancy measures (addressing nutrition, sexually transmitted infections, substance abuse and other risky behaviors), dangers of lead exposure to mother and baby during pregnancy, postpartum depression, importance of timely prenatal and postpartum care, and other health plan selected topics at a minimum of once every 12 months. These topics may be addressed separately or combined into one written outreach material. Each topic must be covered during the twelve month period; requirements may be met through the use of multiples different venues.
  - iii. Outreach and education activities to identify currently enrolled pregnant members, and enter them into prenatal care within the first trimester or within 42 days of enrollment with the RBHA. The program must include protocols for service providers to notify the RBHA promptly when members have tested positive for pregnancy. In addition, the RBHA must have an ongoing process to monitor and evaluate the effectiveness of outreach activities for all pregnant members. If activities prove to be ineffective, the RBHA must implement different activities.
  - iv. Participate in community and quality initiatives within the communities served by the RBHA and its contracted providers.  
Have written protocols to inform pregnant women and maternity care providers of voluntary prenatal HIV testing and the availability of counseling. Protocols must include the following:
    - (1) Each Contractor must include information to encourage pregnant women to be tested and provide instructions on where testing is available at least annually in the member newsletter, new member welcome packet, maternity packet, provider instructions, and the member handbook.
    - (2) Semiannually, each Contractor must report to ADHS/DBHS the number of pregnant women who have been identified as HIV positive. The ADHS/DBHS Semiannual Report of Number of Pregnant Women Who Are HIV Positive is due no later than 30 days after the end of the second and fourth quarters of the federal fiscal year (contract year). The semiannual report instructions and report template is located in the [ADHS/DBHS Bureau of Quality and Integration \(BQ&I\) Specifications Manual, Section D Maternal and Child Health](#).
- d. Designation of a maternity care provider for each enrolled pregnant woman for the duration of her pregnancy and postpartum care that allows freedom of choice, while not

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compromising the continuity of care. Members who transition to a new provider or become enrolled during their third trimester will be allowed to complete maternity care with their current AHCCCS registered provider, regardless of contractual status, to ensure continuity of care.

- e. Provision of information, regarding the opportunity to change providers to ensure continuity of prenatal care, to newly-assigned pregnant members and those currently under the care of a non-network provider.
- f. Written new member assessment procedures for the provider that include identifying risk factors through the use of a comprehensive assessment tool covering psychosocial, nutritional, medical and educational factors (for recommended tools see the American College of Obstetricians and Gynecologists (ACOG) or the Mutual Insurance Company of Arizona (MICA).
- g. Mandatory availability of maternity care coordination services for enrolled pregnant women, who are determined to be medically, socially or psychologically at-risk/high-risk by the maternity care provider or the RBHA; this includes identified difficulties with navigating the health care system, evident by missed visits, transportation difficulties, or other perceived barriers.
- h. Demonstration of an established process for assuring:
  - i. Network physicians, practitioners, and licensed midwives 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/referrals for increased-risk or high-risk pregnancies using ACOG or MICA criteria;
  - ii. Maternity care providers educate members about healthy behaviors during pregnancy, including the importance of proper nutrition; dangers of lead exposure to mother and child; tobacco cessation; avoidance of alcohol and other harmful substances, including illegal drugs; screening for sexually transmitted diseases; use of prescription drugs including psychotropic medications; the physiology of pregnancy; the process of labor and delivery; breast-feeding; other infant care information; and postpartum follow-up;
  - iii. Members are referred for support services to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), as well as other community-based resources to support healthy pregnancy outcomes In the event where a member loses eligibility, the member must be notified where they may obtain low-cost or no-cost maternity services;
  - iv. Maternity care providers maintain a complete medical record, documenting all aspects of maternity care;
  - v. High-risk pregnant members have been referred to and are receiving appropriate care from a qualified physician, and;
  - vi. Postpartum services are provided to members within 60 days of delivery;

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- vii. Provision of mandatory initial prenatal care appointments within the established timeframes. The initial prenatal visit should be within the first trimester or within 42 days of health plan enrollment. The established timeframes are as follows:
- viii. First trimester -- within 14 days of a request for an appointment;
  - (1) Second trimester -- within 7 days of a request for an appointment;
  - (2) Third trimester -- within 3 days of a request for an appointment; or
  - (3) High-risk pregnancy care must be initiated within three days of identification to the member's RBHA or maternity care provider, or immediately, if an emergency exists.
- ix. There is mandatory primary verification of pregnant members, to ensure that the above mentioned timeframes are met and to effectively monitor that members are seen in accordance with those timeframes;
- x. Infants born with low/very low birth weight are monitored and evaluated and interventions are implemented to decrease the incidence of infants born with low/very low birth weight;
- xi. Cesarean section and elective induction rates prior to 39 weeks gestation are monitored and evaluated, as well as implementing interventions to decrease occurrence;
- xii. The identification of postpartum depression and referral of members to the appropriate health care or behavioral health providers.
- xiii. Mandatory provision of return visits in accordance with ACOG standards. A process, with primary verification, must be in place to monitor these appointments and ensure timeliness. The RBHA health plan is required to report all prenatal and postpartum visits on claim forms regardless of the payment methodology.
- xiv. Timely provision of medically necessary transportation services for Maternity care including prenatal and postpartum care visits.
- xv. Postpartum activities are monitored and evaluated, and interventions to improve the utilization rate implemented, where needs are identified.
- xvi. Development and implementation of activities to reduce no-show appointment rates for prenatal and postpartum visits.
- xvii. Targeted outreach to those members who did not show for prenatal and postpartum appointments.
- xviii. Participation of the RBHA and its contracted providers, in reviews of the maternity care services program conducted by AHCCCS and AHDS/DBHS as requested, including provider visits and audits.
- i. Additional Covered Related Services  
ADHS/DBHS covers related services with special policy and procedural guidelines and Contractor providers include, but are not limited to:
  - i. Home uterine monitoring technology
  - ii. Labor and delivery services provided in freestanding birthing centers
  - iii. Labor and delivery services provided in a home setting
  - iv. Licensed Midwife services
  - v. Supplemental stillbirth payment

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- j. Home Uterine Monitoring Technology
  - i. ADHS/DBHS covers medically necessary home uterine monitoring technology for members with premature labor contractions before 35 weeks gestation, as an alternative to hospitalization.
  - ii. If the member has one or more of the following conditions, home uterine monitoring may be considered:
    - (1) Multiple gestation, particularly triplets or quadruplets
    - (2) Previous obstetrical history of one or more births prior to 35 weeks gestation, or
    - (3) Hospitalization for premature labor prior to 35 weeks gestation with a documented change in cervix, controlled by tocolysis and ready to be discharged or bed rest at home.
  - iii. These guidelines refer to home uterine activity monitoring technology and do not refer to daily provider contact by telephone or home visit.
  
- k. Labor and Delivery Services Provided in Freestanding Birthing Centers
  - i. For members who meet medical criteria specified in this policy, ADHS/DBHS covers freestanding birthing centers when labor and delivery services are provided by licensed physicians or certified nurse practitioners in midwifery (a.k.a. certified nurse midwives).
  - ii. Freestanding birthing centers are defined as out-of-hospital, outpatient obstetrical facilities, licensed by the Arizona Department of Health Services and certified by the Commission for the Accreditation of Free Standing Birth Centers. These facilities are staffed by registered nurses to provide assistance with labor and delivery services. They are equipped to manage uncomplicated, low-risk labor and delivery. These facilities must be affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.
  - iii. Amount, Duration and Scope
    - (1) Labor and delivery services rendered through freestanding birthing centers must be provided by a physician, (i.e., the member's primary care provider or an obstetrician with hospital admitting privileges) or by a registered nurse who is accredited/certified by the American College of Nurse Midwives and has hospital admitting privileges for labor and delivery services.
    - (2) Only pregnant integrated RBHA 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. Risk status must be determined by the attending physician or certified nurse midwife using the standardized assessment tools for high-risk pregnancies (American College of Obstetricians and Gynecologists, Mutual Insurance Company of Arizona, or National Association of Childbearing Centers). In any area of the risk assessment where standards conflict, the most stringent will apply. The age of the member must also be a consideration in the risk status evaluation; members younger than 18 years of age are generally considered high risk.

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- iv. Refer to the ADHS/DBHS Maternity Care Risk Screening Guidelines (refer to BQ&I Specifications Manual-Section D.) for more detailed explanation of what ADHS/DBHS does not consider as low-risk deliveries, nor appropriate for planned home-births or births in freestanding birthing centers.
- I. Labor and Delivery Services Provided in the Home Setting
  - i. For members who meet medical criteria specified in this policy, ADHS/DBHS covers labor and delivery services provided in the home by licensed physicians, practitioners (physician assistants or certified nurse practitioners in midwifery), and licensed midwives.
  - ii. Amount, Duration and Scope
    - (1) Only integrated RBHA 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. Refer to the ADHS/DBHS Maternity Care Risk Screening Guidelines (refer to BQ&I Specifications Manual-Section D.) for more detailed explanation of what ADHS/DBHS does not consider as low-risk deliveries, nor appropriate for planned home-births or births in freestanding birthing centers.
    - (2) Risk status must initially be determined at the time of the first visit, and each trimester thereafter, by the member's attending physician, practitioner or licensed midwife, using the current standardized assessment criteria and protocols for high-risk pregnancies from the American College of Obstetrics and Gynecology or Mutual Insurance Company of Arizona.
    - (3) A risk assessment must be conducted when a new presenting complication or concern arises to ensure appropriate care and referral to a qualified provider, if necessary.
    - (4) Physicians and practitioners who render home labor and delivery services must 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/or delivery.
    - (5) For each anticipated home labor and delivery, licensed midwives who render home labor and delivery services must have an established plan of action, including methods of obtaining services at an acute care hospital in close proximity to the site where services are provided. In addition, referral information to an integrated RBHA registered physician who can be contacted immediately, in the event that management of complications is necessary, must be included in the plan.
    - (6) Upon delivery of the newborn, the physician, practitioner, or licensed midwife is responsible for conducting newborn examination procedures, including a mandatory Bloodspot Newborn Screening Panel and referral of the infant to an appropriate health care provider for a mandatory hearing screening, as well as a second mandatory Bloodspot Newborn Screening Panel and second newborn hearing screening (if infant refers on first testing). Refer the infant and/or member to an appropriate health care provider for follow-up care of any assessed problematic conditions (Refer

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BQ&I Specifications Manual-Section D. DBHS Maternity Care Risk Screening Guidelines).

- (7) In addition, the physician, practitioner, or licensed midwife must notify the mother's integrated RBHA Contractor or the AHCCCS Newborn Reporting Line of the birth. Notification may also be made using the AHCCCS web site reporting form. Notification must be given no later than three days after the birth in order to enroll the newborn with AHCCCS.

m. Licensed Midwife Services

- i. ADHS/DBHS covers maternity care and coordination provided by licensed midwives for integrated RBHA enrolled members, if licensed midwives are included in the integrated RBHA's Contractor's provider network. In addition, members who choose to receive maternity services from this provider type must meet eligibility and medical criteria specified in this policy.
- ii. Amount Duration and Scope
  - (1) Licensed midwife services may be provided only to members for whom an uncomplicated prenatal course and a low-risk labor and delivery can be anticipated. The age of the member must be included as a consideration in the risk status evaluation. Refer to the ADHS/DBHS Maternity Care Risk Screening Guidelines (refer to BQ&I Specifications Manual-Section D.) for more detailed explanation of what ADHS/DBHS does not consider as low-risk deliveries, nor appropriate for planned home-births or births in freestanding birthing centers.
  - (2) Risk status must 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 the American College of Obstetrics and Gynecology or Mutual Insurance Company of Arizona.
  - (3) A risk assessment from the American College of Obstetrics and Gynecology or Mutual Insurance Company of Arizona must be conducted when a new presenting complication or concern arises to ensure proper care and referral to a qualified physician if necessary.
  - (4) Before providing licensed midwife services, documentation certifying the risk status of the member's pregnancy must be submitted to the member's integrated RBHA Contractor Prior Authorization (PA) Unit. In addition, a consent form signed and dated by the member must be submitted, indicating that the member has been informed and understands the scope of services that will be provided by the licensed midwife. Members initially determined to have a high-risk pregnancy, or members whose physical condition changes to high-risk during the course of pregnancy, must immediately be referred to an ADHS/DBHS registered physician within the provider network of the member's Contractor for maternity care services.
  - (5) Labor and delivery services provided by a licensed midwife cannot be provided in a hospital or other licensed health care institution. Licensed midwives must have a plan of action; including the name and address of an integrated RBHA registered physician and an acute care hospital in close

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proximity to the planned location of labor and delivery for referral, in the event that complications should arise. This plan of action must be submitted to the integrated RBHA's Contractor Medical Director or designee.

- (6) Upon delivery of the newborn, the licensed midwife is responsible for conducting newborn examination procedures, including a mandatory Bloodspot Newborn Screening Panel and referral of the infant to an appropriate health care provider for a mandatory hearing screening, as well as a second mandatory Bloodspot Newborn Screening Panel and a second newborn hearing screening (if infant refers on first testing). Refer the infant and/or member to an appropriate health care provider for follow-up care of any assessed problematic conditions ((Refer to BQ&I Specifications Manual-Section D. DBHS Maternity Care Risk Screening Guidelines).
- (7) In addition, the licensed midwife must notify the mother's Contractor or the AHCCCS Newborn Reporting Line of the birth no later than three days after the birth, in order to enroll the newborn with AHCCCS.

n. Supplemental Stillbirth Payment

A supplemental payment package is not included in the ADHS/DBHS Integrated RBHA contract.

**4. REFERENCES:**

[42 C.F.R. § 441.306](#)

[Social Security Act, Title V, Maternal and Child Health Services Block Grant, Parts 1 and 4](#)

[A.R.S. § 36, Chapter 6, Article 5](#)

[A.C.C. R9-22-204](#)

[AHCCCS Acute Care Contract, Section D](#)

[AHCCCS Contractor Operations Manual \(ACOM\)](#)

[AHCCCS AMPM Chapter 400, Medical Policy for Maternal and Child Health](#)

[AHCCCS Acute Care Contract, Section D](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

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5. APPROVED BY:

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