Perinatal High Risk Management/Infant Services System

Boot Camp:

Establishing a Viable Program at Your CHC

Presenter: Sondra Henry, RN, BSN
What is PHRM/ISS?
What is the main goal of the PHRM/ISS Program?
Who can Participate as a provider of PHRM/ISS Case Management Services?
Who is eligible to participate in the PHRM/ISS Program?
What is the role of the PHRM/ISS Enrollee?
Perinatal High Risk Management/Infant Services System

Who is eligible to participate in the PHRM/ISS Program?
Medicaid beneficiaries are eligible to participate in this program when a physician, nurse practitioner or certified nurse midwife identifies one or more positive risk factors on the PHRM/ISS Perinatal Screening Form. This is a voluntary program. It is not mandatory for a beneficiary to participate in this program.

What is the role of the PHRM/ISS enrolled?
- Participate in the planning for their medical care.
- Get prenatal care and WIC as soon as possible.
- Keep all appointments with their doctor and the Case Management Team.
- Keep the team informed of actual or potential problems during pregnancy.
- Make sure the team knows how to reach you.
- Ask questions.

For more information about the PHRM/ISS Program, contact:
The Division of Medicaid, MCH Bureau
239 N. Lamar Street, Suite 801
Jackson, MS 39201-1399
CALL: (601) 359-6150 or toll-free 1-800-421-2408

REVISED 06/28/03

What is PHRM/ISS?
The Perinatal High Risk Management/Infant Services System (PHRM/ISS) is a multidisciplinary case management program. It is established to help improve access to health care and to provide enhanced services to certain Medicaid-eligible pregnant/postpartum women and infants. The enhanced services for this target population include case management, psychosocial and nutritional counseling/ assessments, home visits and health education.

What is the main goal of the PHRM/ISS Program?
The main goal is to help reduce the infant mortality rate to no more than seven deaths per 1000 live births and to help reduce the low birth weight rate to no more than five percent of all births.
The very low birth weight rate should be reduced to one percent of all births.

Who can participate as a provider of PHRM/ISS Case Management Services?
Any physician or clinic licensed to practice in the state of Mississippi or other approved practitioner enrolled in the MS Medicaid program may provide PHRM/ISS services. The participating providers must employ or have access to an interdisciplinary team which consists of a MS licensed Physician, Nurse Practitioner, Physician Assistant, Certified Nurse-Midwife or Registered Nurse, licensed Social Worker AND licensed Nutritionist/Dietitian.
“General” Geraldine “Gerri” Bethley
Program Review Nurse
Office of the Governor, Division of Medicaid
Telephone 601-359-9600
Physician/Providers or Clinics licensed to practice in the state of MISSISSIPPI

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For more information about PHRM/ISS program, contact:
The Division of Medicaid, MCH Bureau
www.msdh.ms.gov
Interdisciplinary Team Approach

Strategic Planning Session with the “General”
Risk Factors Must be Identified for High Risk Pregnancy

Risk Factors are identified by MD, PA, NP, CNM

Must use New ICD-10 codes on new forms

<table>
<thead>
<tr>
<th>Maternity Risk Screening Form</th>
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<tbody>
<tr>
<td>Name: ______________________</td>
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<tr>
<td>DOB: ______________________</td>
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<tr>
<td>Marital Status: ____________</td>
</tr>
<tr>
<td>Social Security No.: _______</td>
</tr>
<tr>
<td>Address: __________________</td>
</tr>
<tr>
<td>Telephone Number: _________</td>
</tr>
</tbody>
</table>
| Education: High School, ___________
  College, ___________
  University, ___________ |
| STD History: ________________ |
| Risk Factors: ________________ |
| Other Medical Conditions: __________ |

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<thead>
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New Form

Old Form
## Risk Factors Affecting Current and Past Pregnancies

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description of Code</th>
<th>ICD-10 Code</th>
<th>Description of Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>640</td>
<td>Threatened abortion</td>
<td>E20.0</td>
<td>Threatened abortion unspecified as episode of care</td>
</tr>
<tr>
<td>277.7</td>
<td>Morbid obesity</td>
<td>O99.210</td>
<td>Obesity complicating pregnancy</td>
</tr>
<tr>
<td>623.89</td>
<td>Premature labor</td>
<td>O09.891</td>
<td>First trimester</td>
</tr>
<tr>
<td>634.9</td>
<td>Miscarriage</td>
<td>O03.9</td>
<td>Complete or unsuspecting spontaneous abortion without complications</td>
</tr>
<tr>
<td>654.2</td>
<td>C-section</td>
<td>O94.21</td>
<td>Previous c-section delivery unspecified as episode of care/ not applicable</td>
</tr>
<tr>
<td>649.01</td>
<td>Smoker</td>
<td>O99.331</td>
<td>Smoking/tobacco complications during pregnancy-first trimester</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O99.332</td>
<td>2nd Trimester</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O99.333</td>
<td>3rd Trimester</td>
</tr>
<tr>
<td>304.3</td>
<td>Cannabis dependence unspecified abuse</td>
<td>F12.20</td>
<td>Cannabis dependence unspecified abuse</td>
</tr>
<tr>
<td>278.01</td>
<td>Morbid obesity</td>
<td>E66.01</td>
<td>Morbid (severe) obesity due to excess calories</td>
</tr>
<tr>
<td>193.22</td>
<td>Underweight</td>
<td>R63.6</td>
<td>Underweight</td>
</tr>
</tbody>
</table>
FYI

For help converting ICD 9 codes to ICD 10 codes this is a good app for your phones, “just saying”.
Risk factors identified

Initial Enrollment 7-10 days after Risk Screen

Plan of care 4-6 weeks of risk screen

All Assessments must be completed within 4-6 weeks after initial enrollment

Health Education

Patient Tracking

Referrals as needed

Home visits

Case Conferences

Monthly reports due by 5th of each month

Postpartum visit by RN 2 weeks post delivery

Case Closures with positive or negative outcomes

Billing

Initial enrolment

Monthly case Management

Billable Services
I found a pregnant women, on Medicaid with Risk Factors suitable for PHRMISS. What do I do now “General”? 

Enrollment interview: provide the individual with a description of the PHRMISS program, discuss the requirements for participation in the program and the responsibilities of the participants as well as the case manager in the program.

Documentation is important in the PHRMISS Program: attempts to enroll client, Medicaid eligibility, identified risk factors and clients and or parents level on understanding must be documented.

Initial Enrollment, Must get the appropriate consents signed, letter of agreement, assessment specific each discipline, health education
UDS PRENATAL FORM

Patient Name: ____________________________________________

Perinatal Number: ___________ Patient Account#: ___________

Age: ___________ LMP Date: ___________

Date Patient First Seen in Clinic for Prenatal Care: ___________

Pregnancy Test Type: ___________ Pregnancy Test Date: ___________

Estimated Gestation Age Start Care (Weeks): ___________

Expected Due Date: ___________

What Trimester did patient start at Family Health Center?

 o 1st
 o 2nd
 o 3rd

HIV Status? Positive or Negative

Note: Only answer if patient had care at another facility

Has Patient had Prior Care at another Facility? YES or NO

 o Where? ___________
 o Date? ___________

Revised 05/08/2012
It is important to make appropriate Referrals. WIC is important!
Nursing is one of the multidisciplinary team members. The Nurse may be the Coordinator of the PHRM/ISS program at some clinics and the Social Worker may be at another.

The Nursing Assessment must be completed within 4-6 weeks of the initial enrollment. Documentation of the health assessment is very important and ongoing assessment during each clinic visit is key to catching problems before they develop in our high risk maternity and newborn population. Patient tracking/follow up is paramount with individuals that do not keep scheduled appointment and phone contact changes often.
We did it “General”, we enrolled our first High Risk Mom.
Now the Work Begins.
We have our team in place, we have been introduced to the paperwork and given the time line.
Thanks again!!