

PROVIDER BULLETIN

Provider information



October 14, 2013

New collaborative process for PMAP/MinnesotaCare birth notification

Pregnancy outcomes, including low infant birth weight, have been an area of focus within the health care industry. According to the Minnesota Department of Health (MDH), the rate of infant low birth weight in Minnesota for women on Medicaid (7.9%) is higher than for women who are not on Medicaid (6%). Low birth weight rates in Minnesota have been increasing, accounting for 5.1% of all births in 1990 to 6.6% of all births in 2009.

In 2012, legislation was passed requiring the Minnesota Department of Human Services (DHS), health plans, public health and other stakeholders to collaborate to reduce the incidence of low birth weight births in the state's Medicaid population. As a result of this legislation, health plans, DHS, the Minnesota Council of Health Plans (MCHP), and the Minnesota Hospital Association (MHA), worked together to strengthen and standardize the birth notification process for hospitals and birthing centers. Going forward, all health plans will use the existing birth notification process developed by UCare for births covered by Prepaid Medical Assistance Program (PMAP) and MinnesotaCare. Hospitals have been notifying UCare with this form for more than eight years.

In a recent MHA survey, it was found that hospitals are currently notifying health plans after a birth, for payment purposes. Building on your hospital's current birth notification process, it is now recommended to use the birth notification form (electronic or hard copy) at a minimum for PMAP and MinnesotaCare patients. This form is required *only* for PMAP and MinnesotaCare births for Blue Cross and Blue Shield of Minnesota (Blue Cross), HealthPartners and Medica.

This form may be used immediately for Blue Cross and Blue Shield of Minnesota PMAP/MinnesotaCare births, however utilization and implementation of the form is required beginning January 1, 2014.

Please disseminate this communication to the appropriate person in your hospital. MHA's survey found that it is typically medical records, health information, utilization management, or admissions staff. Please note:

- The Birth Notification Form can be found on the Blue Cross website at providers.bluecrossmn.com, select Forms & publications then forms: clinical operations.
- The form should be faxed to the mother's health plan; or the information, including birth weight, may be included in your electronic birth notification submission.
- The form (or electronic notification) needs to be sent to the health plan within 24 to 48 hours of the birth.
- If you have questions, please contact Blue Cross provider services at **651-662-5200** or **1-800-262-0820**.

Once notified of the birth, health plans will collaborate with local public health and other community resources to offer the birth mother support and services that engage her in inter-conception health care to prevent potential future poor birth outcomes. Research has shown that this type of intervention can impact the overall health of the mother and positively impact future pregnancy outcomes.

If your department is not responsible for completing the birth notification form, we ask that you send this bulletin to the department that completes the form. Thank you for your assistance.

Distribution: All participating providers impacted by the information in this Bulletin
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