

Women/Maternal Health – Objective 1.1 Well-Woman Visits

Contact: Lauren Alexander, Lauren.Alexander@ks.gov

REPORT – October 2021 through September 2022

Well-Woman Visit Integration Toolkits: This toolkit supplement was developed by the Kansas Department of Health and Environment (KDHE) for communities to utilize as a guide to expand access and care for women across the lifespan through the well-woman visit. It is important to acknowledge that a single provider alone cannot address all medical and social care needs of individuals, yet a substantial percentage of women consider their OB/GYN to be their primary care provider. Through the utilization of toolkits, providers can find evidence-based best practices, resources, and guides to maximizing preconception visits. This is a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies.

Integration Toolkits Website Redesign: Title V Consultants intended to work with KDHE Communications staff to redesign and expand the content and format of the [MCH Integration Toolkits](#) website to make resources more accessible to partners. The project goal was to add search options by domain and topic, as well as type of resource (e.g., toolkit, awareness materials, trainings, etc.). This project was to occur as a “phase 2” of the overall KDHE website redesign work. When the redesigned KDHE website launched in January 2022, a significant number of resources included on the old site were lost or moved to different pages. Opposed to forging ahead with phase 2, Consultants shifted to identifying lost pages, resources, information, etc., while ensuring information was correctly labeled and included in the right section of the website. Efforts then transitioned to updating all materials to include the new URLs, as all URLs changed when the new site launched. Consultants continued development work on new MCH Toolkits but have not yet initiated the toolkit webpage redesign project.

Medicaid Policy Improvements: Significant progress has been made in improvements to Kansas Medicaid, KanCare, and maternal and child health policies. Information on the improvements can be found below.

KanCare Postpartum Medicaid Extension: In collaboration between Title V and Kansas Medicaid, an impact paper was drafted in support of a KanCare Postpartum Medicaid Extension policy, expanding coverage from 60-days to 12-months post-delivery. The recommendation was included in the Governor’s SFY2023 budget.

Simultaneously, there was a 2021 Special Legislative Committee on Kansas Mental Health Modernization and Reform convening, which included representation from Title V and Kansas Medicaid, to address systemic mental health and substance use concerns. A KanCare Postpartum Medicaid Extension recommendation was put forth outlining the prevalence of maternal mental health conditions, adverse impacts of perinatal mood and anxiety disorders on positive child development, and barriers to accessing treatment for maternal mental health concerns. While the Special Committee supported the recommendation, they believed the optimal approach for impact was through a Medicaid Postpartum Care Extension policy change, which fell under the purview of the Bob Bethell Joint Committee on Home and Community Based Services and KanCare (Kansas Medicaid) Oversight.

Within the same timeframe, Kansas’ Perinatal Psychiatric Access Program, Kansas Connecting Communities (KCC), a HRSA-funded Maternal Depression and Related Behavioral Disorders (MDRBD) program, presented

a program and maternal mental health overview to the Bob Bethell Joint Committee. Following the December 13-14, 2021 two-day Bob Bethell Joint Committee meeting, the Committee issued a recommendation to expand postpartum coverage to 12-months for new mothers enrolled in KanCare. Without objection, the recommendation was approved.

The recommendations and Governor’s budget were approved by the 2022 Kansas Legislature and Senate Bill 267 was signed into law May 2022, extending the state’s Medicaid postpartum care coverage from 60-days to 12-months post-delivery. The Medicaid State Plan Amendment was approved and was retroactively applied with a coverage effective date of April 1, 2022. Title V and Kansas Medicaid continue working together to assure the expansion coverage includes all crucial care and services during the 12-months postpartum timeframe.

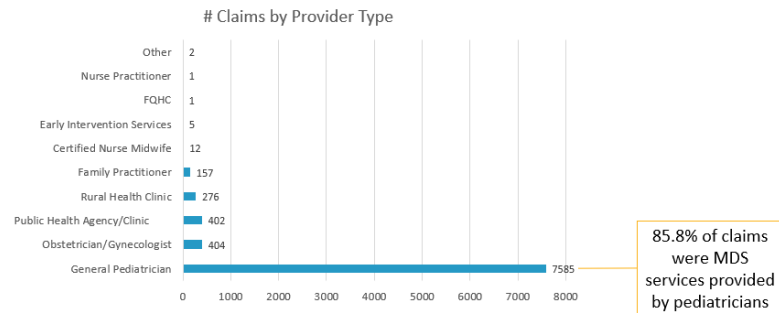
Maternal Depression Screening: The KanCare Maternal Depression Screening (MDS) policy became effective January 1, 2021 to reimburse for up to three screenings during the prenatal period under the mother’s Medicaid ID and for up to five screenings during the 12-months postpartum period under the child’s Medicaid ID. The policy was updated thereafter allowing reimbursement to occur when non-licensed professionals, like home visitors and community health workers, administer screenings under the supervision of a licensed professional. With the KanCare Postpartum Medicaid Extension, the MDS policy was reviewed, and the limitations on number of screenings was lifted effective July 2022. Title V updated the [MDS Medicaid Billing and Policy Guidance](#), as well as the [MDS Medicaid Billing and Policy Guidance for Part C Programs](#), as part of the [Perinatal Mental Health Toolkit](#). The guides are intended for healthcare providers treating perinatal women and for pediatric providers who administer MDS during the postpartum period. It outlines allowable screening tools, approved provider types, approved places of service, the procedure codes, and documentation requirements for MDS service reimbursement, as well as training opportunities and case consultation support available to providers through the KCC program.

Through the KCC program, several handouts were created to promote and increase awareness on the importance of universal screening practices, the KanCare MDS policy, and availability of psychiatric case consultations made available through the program’s toll-free provider consultation line.

Maternal Depression Screening Billing Quality Improvement: In partnership with KDHE Division of Health Care Finance (Kansas Medicaid), Title V completed an analysis of MDS claims submitted in the first year of the policy change. In summary, 8,845 claims were submitted by 64 providers/clinics and were associated with 4,399 Kansas Medicaid beneficiaries ID, indicating that perinatal individuals were screened twice on average in 2021. Further, the 8,845 claims were submitted by 64 providers/clinics, and about 86% of claims were MDS services were provided by pediatricians.

2021 MDS Claims Overview

- 8,845 claims were submitted by 64 providers/clinics
 - 8.6% (n=764) of claims coded 96160
 - 91.4% (n=8,081) of claims coded 96161



An analysis of approved and denied claims by procedure code (96160 and 96161) revealed that 25.5% of claims coded as 96161 (caregiver assessment billed under the Child’s Medicaid ID) were denied. A review of approved and denied claims was also analyzed based the Managed Care Organization (MCO) payor.

Plan Name	# of Claims	# of Denied Claims	% of Claims Denied
AETNA BETTER HEALTH OF KANSAS	2,452	248	10.1%
SUNFLOWER HEALTH PLAN	3,400	272	8.0%
UNITEDHEALTHCARE COMMUNITY PLAN - KANSAS	2,980	1,215	40.8%
TOTAL	8,832	1,735	19.6%

Based on finding, the Behavioral Health Consultant notified UnitedHealth Care of Kansas (UHC) than an aggregated summary of MDS utilization revealed that over 40% of UHC’s claims were denied in 2021. This was significant as only 8-10% of the other MCO’s claims were denied. Further, the summary indicated that 42.9% of claims submitted to UHC coded as 96161 were denied. UHC completed an internal review of the denied claims and found two opportunities for quality improvement: 1) there was a configuration error in how their system was built resulting in 15 claims being incorrectly denied; these claims were corrected and reprocessed; and, 2) one provider continually used the wrong modifier when submitting their claims resulting in 580 claims being denied; UHC reached out to this provider, shared the MDS Billing and Coding Guidance, and offered education on how to correctly code MDS. UHC suggested the provider resubmit the claims for payment processing. UHC continues to promote the guidance document across their provider network. The Behavioral Health Consultant will continue partnering with Kansas Medicaid to complete an annual analysis of MDS claims and identify additional quality improvement opportunities.

Behavioral Health Integration: Identifying needs is a critical first step to connecting individuals and families with appropriate services. Universal screening is the optimal approach to identifying individuals who are experiencing, or at risk of experiencing, a behavioral health condition. In support of best practice recommendations, Title V strives to assure women are screened for anxiety, depression, and substance use annually, as part of the comprehensive well-woman visit.

Effective July 2022, Title V added three evidence-based behavioral health pre-screening questions into the DAISEY KDHE Program Visit Form ensuring that all individuals served by Kansas MCH ATL programs are screened for anxiety, depression and substance use. The Visit Form is completed at every ATL program (e.g., Title V, Pregnancy Maintenance Initiative, Teen Pregnancy Targeted Case Management, Title X) service visit.

Title V updated the [Behavioral Health Screening Guidance for Kansas MCH Programs](#) to reflect the changes as a resource for ATL providers.

The Guidance includes an overview of the DAISEY form changes, outlining suggested protocols for positive responses to the pre-screening questions. All protocols include a recommendation to administer a full screen that is validated for the population group and health risk topic. For example, a woman responds to the Generalized Anxiety Disorder - 2 (GAD-2) prescreening questions as part of her well-woman visit. Following the protocol, the provider would administer the GAD-7 to help determine if further support, intervention, or treatment might be needed. Several behavioral health full screening tools were integrated into DAISEY in July 2021. As part of this integration, a Plan of Action form is populated in DAISEY for moderate or high-risk screening results. This form allows for local MCH staff to document that a brief intervention was conducted, the type of brief intervention provided, indicate referral(s) made, and summarize any emergency or support services initiated for a client experiencing a crisis.

The Guidance also includes a 1-page overview of each of the screening tools available in DAISEY, scripts for introducing the tool to a client, tips for administering the screening, details on scoring the screen, information on determining risk-level and appropriate interventions. With the 2022 updates, the Guidance resource was expanded to include universal screening framework, behavioral health screening workflow, virtual screening considerations, and crisis information. The Behavioral Health Consultant also provides technical assistance to ATL programs to help improve internal program workflows and referral processes, as needed.

Local MCH Agencies:

- Barton County Health Department recorded 155 instances of one-on-one client education on the importance of well woman visits. They provided education in conjunction with exit counseling for postpartum WIC clients and during MCH home visits. Clients were referred internally to the Family Planning Program and provided a list of providers in the community that provide well woman exams. Well-woman education was provided to attendees of the Women's Expo during an outreach event.
 - Community Health Center of Southeast Kansas (CHC-SEK) increased the percent of women in their clinics with a well woman exam completed in the past year. In 2020, 77% of eligible MCH clients had a well woman exam. In 2022, it increased to 81%. Their staff worked closely with all MCOs to utilize the incentive programs to maximize services available to the target population. MCH case managers incorporated completion of a well woman exam in each participant's individual goals, assisted in scheduling the appointments and provided transportation services when needed. County health departments and private practitioners referred their clients to CHC-SEK for well woman services.
 - Johnson County Department of Health and Environment used incentives and their established model of care to encourage prenatal patients to return for their postpartum visit. These visits resulted in 63 postpartum well woman exams through MCH and 290 well woman exams through the Title X clinic for those who were eligible.
 - Kearny County Hospital recorded 63 well woman visits and 100 instances of well woman education for the reporting period. They saw the number of visits increase as the spread of COVID-19 decreased in the community. During this time, their Women's Health APRN retired but the other providers were able to take on the well woman visits until a new provider was hired.
 - Riley County Health Department educated 100% of clients on the importance of having an annual well visit. 95% of those clients reported having a well woman visit in the last 12 months. All well woman referrals made to the physician/OBGYN were sent via fax. All MCH staff referred women to their primary care physician/OBGYN or internally to Title X Family Planning for birth control. Challenges for Riley County included serving a diverse, transient population from Fort Riley and Kansas State University, and MCH clients choosing natural family planning over more reliable birth control options.
 - Saline County Health Department updated their Newborn and Maternal Assessment Form to include specific assessment/documentation regarding well women examinations. Mothers who received a MCH home visit were assessed regarding their compliance with a well woman exam within the 12 months prior to the MCH visit. Depending upon if mother indicated yes or no, an additional
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assessment was provided to include the last date of the well woman exam and if mom experienced any barriers to scheduling/attending the exam. There were 112 mothers assessed during the reporting period for their well woman exam compliance.

PLAN – October 2023 through September 2024

Well-Woman Visit Integration Toolkits: The KDHE Well-Woman Visit Integration Toolkits for [Providers](#) and [Communities](#) will continue to be developed and evolve to meet the needs of women and communities. Yearly reviews and updates to materials will be guided by MCH data on maternal morbidity and mortality as well as by feedback from community partners. One such update will be emphasizing training and resources for local programs to provide client centered reproductive goals and counseling. The toolkit will provide support to position sustainable practices at the local level around education on the importance for regular preventative comprehensive care, emphasizing client-centered care, warm handoffs and referral follow-up.

Well-Woman Promotional Efforts: MCH-led promotional efforts around awareness months and weeks (e.g., National Women’s Health Week, Minority Health Month, Black Maternal Health Week) will incorporate messaging related to the importance of the well-woman visit. [Promotional materials and social media kits](#) developed will be shared with all Title V and Title X partners as well as other key partners such as the Kansas Maternal and Child Health and Bureau of Family Health Family Advisory Councils. The Woman/Maternal Health Consultant will work to create training opportunities that align with awareness months. In addition, due to the KS extension on postpartum Medicaid, the Women/Maternal Health Consultant will be working to develop public-facing and provider-focused materials on services that can, and should, be utilized in the 12-month postpartum period. These materials will be shared with MCH, Title X and home visiting providers as well as professional networks such as the Kansas Chapter of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

Universal Screening Practices: Screening tools are a core component of our well-woman education and training for MCH providers. Providing support to MCH programs for screening implementation and resource and referrals for mental health and substance use disorders will remain a priority. MCH guidance directs local programs to the Kansas specific Perinatal Psychiatric Access line, where any provider seeing Kansas residents will have access to a resource and referral specialist, Perinatal psychiatric specialist, and training/TA for universal screening practices. More information about the Universal Screening Practices can be found in the Cross-Cutting narratives.

The January 2023 Becoming a Mom (BaM) Risk Report enhancement requests included pulling positive response options to any of the pre-screen questions into the BaM Risk Report, identifying for staff any “positive” screen or “at risk” participant, warranting one-on-one follow-up outside the group setting to provide support, brief intervention, and referral to treatment (SBIRT). Overview of the developed workflow guide was provided during the November 2022 in-person training event, where feedback was gathered and integrated. The Screening Workflow Desk Guide has since been updated and TA will be provided again once the report updates become available and data is obtained and reviewed from at least a 6-month period.

Medicaid Policy Improvements: Effective April 1, 2023, continuous coverage Medicaid will end, with an estimated 115,000 individuals losing coverage. However, Kansas was successful in extending the Medicaid postpartum coverage period from 60-days to 12-months post-delivery. This supports access to behavioral health treatment and other preventive care, thus improving health outcomes for both the mother and child. Title V continues to partner with Medicaid on communication and messaging about the expansion, as well as informing opportunities to also expand covered services for women during this timeframe. The Woman/Maternal Health Consultant will develop various iterations of a guide, entitled Mommy Milestones, to serve as a living document complete with best practices for achieving optimal health outcomes. Other

versions will include trauma informed, compassionate language for special populations experiencing a non-traditional postpartum period.

Local MCH Agencies:

- CareArc, a federally qualified health center in Emporia, KS, will increase the percent of woman clients with a wellness visit in the last year from 20%-25%. They will provide education to their staff about the importance of an annual wellness visit and discuss progress toward their goal during monthly meetings.
 - Delivering Change will assess each Woman/Maternal client for a medical home and well visit in the last 12 months. They will provide education to women on the importance of having a well visit annually. In SFY22 97% of MCH clients reported having a well visit in the last 12 months. The target for SFY24 will be 98%. In SFY22 56% of MCH clients received education on the importance of a well woman visit. The target for SFY24 is 65%. Delivering change will maintain their partnership with Konza Prairie Community Health Center to provide bi-directional referral between Konza's Family Planning Program and Delivering Change's MCH Program.
 - Pawnee County Health Department will increase the percentage of women receiving education on well woman visits from 5% to 50%. All staff will be trained on the importance of providing well woman education to all MCH clients and how to document that education was provided in DAISEY.
 - Riley County Health Department will have postpartum home visiting clients complete the Reproductive Life Plan and provide education about birth control, inter-conception and preconception health. They will increase the percentage of MCH clients with a well visit in the last year from 95%-96%.
 - Southeast Kansas Multi-County Health Department which serves four counties will begin having their home visitors educate all prenatal and postpartum clients on the importance of annual well woman visits. Currently, only 11 percent of their clients have well woman education documented in DAISEY and their target will be to have 100% of clients receiving well woman education.
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