

Quantum Health Clinical Programs

High-Risk Maternity
and NICU Management

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Clinical expertise covering every unique need

**Clinicians in each Pod
to help navigate:**

- Case Management
- Chronic Condition Management
- Utilization Management

**Specialty services
to help navigate:**

- Oncology
- Transplant
- Pharmacy
- High-risk maternity
- Behavioral health



Clinicians and Specialty Services supported by our Chief Medical Officer and Medical Directors

High Risk Maternity Program

Custom Care for High-Risk Pregnancies

- Members can complete a maternity assessment with a Care Coordinator or on the Quantum Health Early Steps Maternity link on the mobile app.
- High-risk members
 - Supported by the High-Risk Personal Care Guide Nurse in the POD
 - Identified through the Early Steps Maternity Link, provider or member call, through claims or by referrals by the Care Coordinators.
 - Part of our core offerings
- High-Risk Maternity Nurse supports family with an infant in NICU

High Risk Maternity Program

Extra Care for Expectant Members

- Care Coordination, Benefit Review and Explanation
- Depression Screening
- Physical Assessment and Medication Reconciliation
- Understand benefits for genetic testing, breast pump, lactation counseling, short and long-term disability, FMLA
- Post Discharge Care Coordination

High Risk Maternity Program

PCGs Outreach Monthly During Each Trimester

- First Trimester Focus
 - Review the maternity assessment
 - Ensure a future OB admission authorization is on file
 - Identify any symptoms the member may be experiencing and ensure the member knows when to call their provider
 - Address nuchal translucency test, fetal ultrasounds, blood tests (beta hcg, pregnancy-associated plasma protein, alpha fetal protein)
 - Address any co-morbidities the member may have
 - Discuss/provide education related to sleeping/stress/nutrition/exercise

High Risk Maternity Program

PCGs Outreach Monthly During Each Trimester

- Second Trimester Focus
 - Evaluate risk level
 - Review blood pressure readings
 - Discuss triple or quad blood tests (identifies risk of developing complications)
 - Educate on amniocentesis for neural tube defects
 - Ultrasound for anatomic scan
 - Glucose tolerance test
 - Begin discussing plans for newborn feedings
 - Review with member INN pediatrician providers

High Risk Maternity Program

HRP PCGs Outreach Monthly During Each Trimester

- Third Trimester Focus
 - Evaluate risk level
 - Review blood pressure readings
 - Address additional ultrasounds
 - Hepatitis and Group B Strep testing
 - Tdap Vaccine around 30 weeks
 - Discuss the birth plan
 - Discuss plans for post-discharge care
 - Ensure an INN pediatrician has been identified

High Risk Maternity Program

Risk Assessment

- Cancer
- Diabetes
- Epilepsy
- High Blood Pressure
- Kidney Disease
- Multiple Gestations
- Complications with a previous pregnancy
- Alcohol, illegal drugs, smoking
- Genetic conditions for infant
- Infection (HIV, Hepatitis C, CMV, Rubella, Syphilis, etc)
- Age below 17 or above 35

High Risk Maternity Program

Common High-Risk Diagnoses

- Gestational Diabetes
- Preeclampsia
- HELLP Syndrome (hemolysis elevated liver enzymes and low platelets)
- Placenta Previa
- Placenta Abruptio
- Preterm Labor – prior to 37 weeks

High Risk Maternity Program

Post-Discharge Care Coordination Outreach

- Addressing barriers such as affording medications, food availability, safe housing and relationships, and access to care.
- Educating on post-partum health and the member's treatment plan.
- Assessing the member's physical health and risk for post-partum depression utilizing the PHQ-2 depression screening.
- Assessing the baby's health - sleeping patterns, diapers, feeding method & the frequency/amount.
- Discussing the infant's first appointment with the pediatrician, and any discharge instructions.
- Educating on how to add the baby to the health plan.
- Scheduling follow-up calls as appropriate based on the member's specific needs.

High Risk/NICU Maternity Program

Utilization Management

- Preauthorization for maternity stays is required in order to evaluate members for our High-Risk Maternity Program, however no medical review is required.
- Utilization Review clinicians will perform concurrent review for maternity stays that go beyond the 48-96 hour rule, or for pre-delivery stays due to complications.
- Utilization Review clinicians will evaluate the infant's stay in the NICU ensuring it meets medical necessity.
- They will begin discharge planning from the day of admission, with attention to special DME needs and post-NICU surgeries or procedures.
- Each case will be evaluated for additional opportunities by our Medical Director (specialty in neonatology) every 30, 60, 90 days and so on.



THANK YOU