

The Ohio Department of Medicaid's Enhanced Maternal and Reproductive Care File Specifications

Purpose/Intent:

ODM and its Managed Care Plans (MCPs) are focused on improving birth outcomes, reducing infant mortality, and optimizing health outcomes for women and their infants. Early identification of women with a history of poor birth outcomes, allows MCPs to more timely connect women to needed services and supports and is one way of reducing the probability of future poor outcomes. To aid in this process, ODM has partnered with ODH to provide MCPs with an Enhanced Maternal Care File (EMCF) that links vital statistics birth certificate data to historical Medicaid claims data.

The purpose of the EMCF is to identify women of reproductive age (WRA) who are at high risk of poor birth outcomes and would benefit from enhanced maternal care services (EMCS) as outlined in ODM's Enhanced Maternal Care Guidelines available at <http://medicaid.ohio.gov/Portals/0/Providers/Enhanced-Maternal-Care-Guidelines-MCPs-2016-06.pdf>.

The Enhanced Maternal Care File (EMCF) is an excel file created by ODM Analytics Staff and placed in a MCP secure file transfer (SFTP) pick up folder on the last Wednesday of each month. The EMCF is the result of a probabilistic matching process that links ODH Vital Statistics (VS) birth files and historical ODM claims data received between calendar year (CY) 2006 and CY2016. This data is matched to the MCP membership files so that each MCP receives information showing who among its current membership has experienced a previous poor birth outcome, placing them at high risk for future poor birth outcomes. Files are updated on a monthly basis to reflect current enrollment and the most up to date birth certificate to Medicaid linkages. Women only appear once in the file, even if they had multiple pregnancies/births. A woman could have multiple risk indicators which may pertain to the same pregnancy/birth or several pregnancies/births.

The primary goal in using the EMCF, is to identify high-risk women (pregnant and non-pregnant) and link them to the services and supports needed to prevent future poor outcomes. MCPs should use the EMCF in conjunction with other information sources to **timely** identify high risk women in need of EMCS. The file is not an exhaustive list of all women who are high risk. It is very important to use all of the data sources available to you.

Examples of information available to use in conjunction with the EMCF:

- Emergency Department Data
- Care Management System data
- Provider claims
- Pharmacy claims (e.g. Prenatal Care Vitamins)
- Clinical Judgment
- Social Determinants Data
- Chronic Conditions Data
- Zip Code information
- Behavioral Health data
- Membership lists and files that contain demographic data
- Pregnancy Risk Assessment Form (AKA PRAF, "Skinny Form", or "10207 Form", or "PRAF2.0" electronic)

ECMF Location

“MCP SFTP Pickup Folder”

ECMF Naming Convention

“MCP#RiskFileMMYY.csv” (e.g. 315RiskFile0414.csv)

Data Fields

Medicaid Recipient ID - Character, length 12

Risk Indicator - Character, length 5

Risk Indicators

Each letter represents a risk indicator:

- **High Risk (H)**
- **Medium Risk (M)**
- **Chronic Condition (C)**
- **Still Birth (S)**
- **Prior Poor Outcome (P)**

- 1) High Risk (H) - According to Vital Statistics data, women who delivered live infants who either: 1) had a birth weight less than or equal to 1500 grams; and/or 2) were 32 weeks or less in gestational age.
- 2) Medium Risk (M) - According to Vital Statistics data, women who either: 1) delivered live infants who had a birth weight between to 1500 and 2500 grams; and/or 2) delivered live infants who were between 32 and 37 weeks in gestational age.
- 3) Chronic Condition (C) - According to Vital Statistics data, women who had a self-reported chronic condition of pre-pregnancy diabetes, gestational diabetes, hypertension pre-pregnancy, gestational hypertension, hypertension eclampsia.
- 4) Still Birth (S) - According to Medicaid claims data, women who have had a stillbirth.
- 5) Prior Poor Outcome (P) - According to Vital Statistics data, women who have delivered live infants and have self-reported a pregnancy that resulted in a prior poor outcome.

Please note:

There may be one or more risk indicators listed for any woman identified on the file. The length of the Risk Indicator field allows for up five risks to be included for any one recipient ID. Please see the examples below.

Examples

Recipient ID	Risk Indicator	Explanation
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123456987125	HMC	a woman with "HMC" as an indicator who delivered a live infant who either: 1) had a birth weight less than or equal to 1500 grams and/or 2) was 32 weeks or less in gestational age, and either: 1) delivered live infants who had a birth weight between to 1500 and 2500 grams and/or 2) delivered live infants who were between 32 and 37 weeks in gestational age and had self-reported a chronic condition of pre-pregnancy diabetes, gestational diabetes, hypertension pre-pregnancy, gestational hypertension, hypertension eclampsia;
147852369852	CP	a recipient with "CP" as an indicator would be a women who has self-reported both a prior poor birth outcome and a chronic condition during at least one of her pregnancies that resulted in a live birth
258745693215	HSP	a recipient with "HSP" as an indicator would be a women who had at least one live birth that 1) had a birth weight less than or equal to 1500 grams and/or 2) was 32 weeks or less in gestational age; at least one stillbirth according to Medicaid claims; and had self-reported that she had a pregnancy that resulted in a prior poor outcome;