

1. What does your plan do, outside of coverage of medical services, to keep women of reproductive age healthy?

As a MyCare Ohio plan, Aetna has few pregnant members. In addition to coverage of medical services, we address women of a reproductive age through projects under that population stream. In addition, care managers administer a prenatal/trimester screening assessment for pregnant women.

2. What data does your plan use to identify women with a previous preterm birth?

We use data from our population streams to identify pregnant and post-partum women. We can search claims data for pre-term births, if the member was with the health plan at the time of the pre-term birth, and we can also identify through claims data for women prescribed progesterone.

3. How does your plan go about tracking women at risk of preterm birth between pregnancies? Does your plan work with other MCPs in this endeavor?

Currently, the MMP health plan does not specifically track women at risk of preterm birth between pregnancies or work with other MCPs in this endeavor because the population is very small in a MyCare plan. We track the members in the population streams.

4. What assistance is provided to women at risk for preterm birth with CPC and OBGYN assignment before they are pregnant?

Care management can help find specialty doctors and services.

5. Are members at risk for preterm birth enrolled any additional programming prior to becoming pregnant?

No; however, the MMP administers a pregnancy assessment to pregnant members and is evaluating whether to assess more specifically for indicators of preterm birth. Pregnant members are stratified as intensive in our care management program. Care managers can trigger Aetna-wide pregnancy related care management resources.

6. What types of social and emotional support are provided by your plan to high risk women of reproductive age between pregnancies?

As a MMP, we do not have dedicated programming for high risk women of reproductive age between pregnancies other than is stated above.

7. Is unlimited transportation offered to pregnant women? No. How do pregnant women and providers find out about transportation options?

Pregnant women and providers are educated on transportation benefits in the same manner as other members, such as through the member marketing materials and care management.

8. How does the MCP communicate with the practice to learn about the patients' needs?

Through care management, which includes communicating the member's care plan to primary care providers and working with the member and providers on meeting care goals and needs.

9. How does the MCP communicate with the practice/provider about the services the MCP has provided for the patient?

See response to question 7 above

10. Do the MCP staff have barriers with communicating with practice/providers?

Not specific to pregnant members

11. Do MCP staff have suggestions how to address barriers of communicating with Practices/providers?

Not specific to pregnant members.

12. What is the MCP doing with the PRAF 2.0 file? What other information (internal and external) is MCP connecting it to? How frequently?

Aetna is not using the PRAF 2.0 file.

13. Who is the main MCP contact for practices needing assistance getting progesterone?

Aetna Better Health of Ohio' utilization management department.

14. Who is the main contact for patients needing assistance getting progesterone?

The member's provider and care manager.

15. Are there any types (injection/suppository/creams) or modes of progesterone delivery (in home, auto-injector, in office) that require prior authorization?

Yes. Injectable hydroxyprogesterone and vaginal hydroxyprogesterone require a prior authorization.

16. How does your plan track turn-around time between identification of progesterone need and receipt of progesterone? What is the average turnaround time?

We track PA turnaround times and treat these requests as urgent. We do not track the member's or provider's effectuation of a PA. Care managers work with members to assure they receive authorized services.

17. What barriers have MCPs identified for delays in receipt of progesterone?

None known.

18. How are progesterone candidates that are less than 16 weeks gestational age (early birds) identified?

By the provider or through a prenatal/trimester screening assessment by the care manager if the care manager is aware of the pregnancy.

19. What are some of the issues that your plan is encountering with getting progesterone to your members?

None known. We have had 2 members since 1/1/2018 receiving injectable hydroxyprogesterone and vaginal hydroxyprogesterone through pharmacy authorizations.

20. Who is on the MCP's progesterone team? What are their roles? Do you have someone from IT/Data? Someone from Pharmacy?

Because our membership demographic is MMP, Aetna Better Health of Ohio MMP does require a separate progesterone team at the plan level to serve its limited members with this need. The health plan has local and national Aetna resources, including dedicated Clinical, Pharmacy and Reporting teams, to support the MMP plan and its members, as well as teams working on population streams initiatives.

21. What is your MCP doing to make it easier for women to get progesterone?

Buy and bill from a provider does not require a prior authorization.

22. What is your plan doing to make it easier for women to accept progesterone/agree to progesterone?

Every member has a Care Manager who works with member to help meet the member's needs.

MCP Data

1. What number and percentage of your members are at risk for a preterm birth?

Aetna's data is that we have 6 members who are intensive risk and qualify for our pregnant and post partum population stream based on claims.

2. What number and percentage of your members at risk for a preterm birth are attributed to a CPC?

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3. What number and percentage of members with a previous preterm birth are receiving progesterone each month over the last year? What number and percentage are receiving progesterone via HH? What number and percentage are receiving progesterone in a clinical setting? Gina will pull information on this for tomorrow am

2 members receive Injectable hydroxyprogesterone and vaginal hydroxyprogesterone.

MCP Progesterone Messaging

1. Does MCP have member facing progesterone messaging? If so, please attach PDF version of progesterone messaging materials and provide the hyperlink.

No