Children's Physicians Medical Group

Rady Children's Health Network

# Provider Link

To: OB/GYN Providers

From: Children's Physicians Medical Group, Inc. (CPMG)

Date: April 30th, 2019

Re: **Comprehensive Perinatal Services Program (CPSP) services for Medi-Cal Managed Care Members**

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It is the policy of CPMG to assist in providing information and /or assist in providing guidelines to providers for the coordination of care to members in need of CPSP services.

Please review the attached policy and *CPSP Participation Consent/Declination Form* for CPMG Managed Care Medi-Cal members. Should a CPMG Managed Care Medi-Cal member require perinatal services, please ask the member to sign the form either consenting to, or declining CPSP services. Please fax a copy of the form to CPMG at 858-309-7977 and keep a copy for your patient record. If CPSP services are requested and you are not a CPSP provider, a CPMG case manager will facilitate a referral to an appropriate CPSP provider.

Should you have any questions regarding this notification, please contact CPMG Provider Relations at providerrelations@rchsd.org or phone (858) 634-4951.

Visit us on our website: www.CPMGsandiego.com

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| **POLICIES & PROCEDURES**<br>**[ ] GENERAL**<br>**[ ] HIPAA**<br>**[ ] QUALITY IMPROVEMENT**<br>**[ X ] UTILIZATION MANAGEMENT** | CURRENT EFFECTIVE DATE<br><br>10/01/2000 | REVISED/ REVIWED DATE<br>03/20/2002<br>05/21/2003<br>06/16/2004<br>08/17/2005<br>01/18/2006<br>03/21/2007<br>03/19/2008<br>03/18/2009<br>03/17/2010<br>04/20/2011<br>04/18/2012<br>04/22/2013<br>02/19/2014<br>09/16/2015<br>09/21/2016<br>01/17/2018<br>01/16/2019 | POLICY #:<br>MCAL<br>C2.0/UM<br><br>APPROVED BY:<br>**CPMG QOC**<br>**CPMG Board** |
| | TITLE:<br><br>**Comprehensive Perinatal Services Program (CPSP)** | | |
| | PERFORMED BY: | | |

**PRODUCT APPLICATION:**

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| ☒ **CHILDREN'S PHYSICIANS MEDICAL GROUP** | ☒ **Molina Medi-Cal** |
| ☒ **Rady Children's Health Network** | ☒ **CHG** |

**POLICY**: It is the policy of Children's Physicians Medical Group (CPMG) / Rady Children's Health Network (RCHN) to assist in providing information and /or assist in providing guidelines to providers for the coordination of care to members in need of Comprehensive Perinatal Services Program ("CPSP") services for Medi-Cal Managed Care members.

**PURPOSE**:

To improve pregnancy outcomes. The Comprehensive Perinatal Services Program is described in Title 22, California Code of Regulation. The multidisciplinary approach to delivering perinatal care in the CPSP framework is based on the recognition that providing these services from conception through 60 days following delivery contributes significantly to improved pregnancy outcomes.

**PROCEDURE**:

1. The delegating entity's provider network will include Board Certified OB/GYN

physicians that are Department of Health Services (DHS)-certified CPSP providers. These participating providers will be identified as such in provider rosters.

2. Providers will be directed to the Health Plan contact and/or Public Health Coordinator to obtain copies of mandatory DHS approved CPSP tools, documentation forms or questions regarding CPSP policies and procedures if needed.

3. Provider Relations and Quality Improvement departments will work together to train all providers on CPSP services. Components of the orientation will include, but is not limited to, information such as:

    a. All provider offices will be expected to offer all Medi-Cal members CPSP services.

    b. CPSP services include: initial assessment with evaluation of risk factors, enhanced nutrition, health education and psychosocial assessments and services, referrals as needed, individualized care plan, interventions and case coordination from conception to 60 days postpartum.

    c. Sub-Specialty rosters will have CPSP certified providers identified.

4. When Utilization Management (UM) receives a request for CPSP services, the case manager will facilitate a referral to an appropriate CPSP provider, if needed.

    a. Members will undergo risk assessment and interventions consistent with CPSP requirements minimally based on the American College of Obstetricians and Gynecologists (ACOG).

5. Providers will be educated and/or communicated to, regarding any new or updated information that the Health Plans provide re: CPSP services and/or new CPSP certified providers in the network.

6. Provider offices will be expected to have the CPSP Participation Consent/Declination Form completed by all CPMG/RCHN Medi-Cal pregnant women.

    a. Once completed the form needs to be faxed to CPMG/RCHN at 858-309-7977.

    b. Retain the original in the member's file.

7. Provider office will need to inform the member that CPMG/RCHN will be contacting them to help refer them to a CPSP provider near them.

8. CPMG/RCHN will maintain a log of all members referred for OB Care (example below):

    a. OB clinic will send a copy of the completed CPSP Participation Consent/Declination Form to CPMG/RCHN.
    b. CPMG/RCHN will enter the date the CPSP Participation Consent/Declination Form was received and indicate if patient consented or declined to participate
    c. CPMG/RCHN will enter date CPSP form was forwarded to CPSP worker for those patients who consented to participate in the program.

9. CPMG/RCHN will run a report each month looking for members who have been diagnosed with any code indicating pregnancy. If CPMG/RCHN has not received the CPSP form, our staff will reach out to the members to provider to verify the services were offered.
    a. If the member has not been offered CPSP services we will request that be done at the next office visit
        i. If the member refuses, the office needs to let CPMG/RCHN know
        ii. If the member accepts, we will help the provider find a physician who is a CPSP provider for our member
        iii. If the member is unsure or the CPMG/RCHN staff feels the family could benefit from Case Management (CM), they will make a referral to our CM department

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***COMPREHENSIVE PERINATAL SERVICES PROGRAM***
***CPSP Participation Consent/Declination Form***

The Comprehensive Perinatal Services Program (CPSP) offers enhanced perinatal care to Medi-Cal eligible women. The law requires that all Medi-Cal eligible pregnant women be offered CPSP services.

Children's Physicians Medical Group and Rady Children's Health Network believe that your participation in this program can help you take better care of yourself and your baby. We encourage you to take advantage of the services provided through this program.

Based on your need the following services are available:

- Training on good eating habits for you and your baby.
- Training to help you maintain your health and the health of your baby.
- To help with life issues: Housing, Social Work Services, Safety
- Smoke cessation education

Based on the needs identified, appropriate referrals and interventions can be made to address them.

Please sign below and check whether you want to take part in the program or not. When you request to participate, you will be expected to attend all the sessions (4 regular sessions- Initial Assessment, 2nd and 3rd trimester reassessment and post-partum). In addition to the 4 regular sessions, you may need to be referred for health education, social worker, behavioral health, and/or dietician.

If you choose not to participate at this time, but change your mind at any time during your pregnancy, please let us know.

Yes, I want to participate. _____ No, I do not want to participate. _____

| _____ | _____ | _____ |
|---|---|---|
| Date | Patient's Signature | OB Provider Signature or Stamp |

**Patient Name:**_____ **Insurance/#:**_____

**PHONE NUMBER:** _____ **DOB:** _____ **LMP:** _____ **EDC:** _____

***Provider: please fax a copy of this document to CPMG Attn: Quality Improvement Department, fax #: 858-309-7977. File a copy in the patient's medical record in your office for audit purposes.**

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# COMPREHENSIVE PERINATAL SERVICES PROGRAM

| Member ID/Health Plan | Member Name | PCP | Date CPSP was offered? | Consent/Decline | Referred |
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