

Pregnancy Care Management



An Introduction and
Overview

Target Population & Eligibility

- Medicaid-eligible pregnant women who:
 - Meet priority risk criteria identified through a standardized Pregnancy Risk Screening by a Pregnancy Medical Home (PMH) provider
 - Are referred for Pregnancy Care Management (PCM) by a PMH provider or non-PMH provider
 - Are identified through Community Care of North Carolina (CCNC) reports of claims data

Priority Risk Criteria

- History of preterm birth
- History of low birth weight
- Multiple gestation
- Fetal complications
- Chronic conditions which may complicate pregnancy (Diabetes, Hypertension, HIV, SLE, Sickle cell, Asthma, Seizure disorder, Renal disease, Substance abuse diagnosis, Mental illness)
- Unsafe living environment (Homelessness, Inadequate housing, Violence or abuse)
- Substance use
- Tobacco use
- Missing two or more prenatal appointments without rescheduling
- Inappropriate hospital utilization

Tentative Transition Plan for Current MCC Clients

- February – MCCs to notify existing MCC clients of upcoming program changes
- March – Facilitate completion of Pregnancy Risk Screening or OB Provider referral for pregnancy care management
- Complete Pregnancy Assessment in CCNC Case Management Information System (CMIS) for MCC clients meeting risk criteria or referral requirements

Partnership with PMHs

- Specific Pregnancy Care Managers linked to Specific PMHs
- Goal – Stable and consistent PMH-PCM relationship
- Open two-way communication between PMH and PCM

PCM and LHD Maternal Health

- Two separate components:
 - A LHD with Maternal Health services can become a Pregnancy Medical Home
 - All LHDs can be providers of Pregnancy Care Management

PCM Services

- Entry of completed Risk Screening forms into CMIS
- Completion of Pregnancy Assessments
- Ongoing interventions, contacts, and status based on client need and PCM risk stratification and clinical protocols, in order to effectively meet desired outcomes
- Contacts may occur in multiple settings including the health care provider office, community, or patient's home, as well as by phone

PCM Documentation

- All documentation for Pregnancy Care Management services will be completed online in the CCNC Case Management Information System (CMIS)
- Access and training through local CCNC networks, in partnership with DPH
- Anticipate “test” site will be available before full implementation
- RSWCs to assist with planning for needed CMIS configuration by agency/county
- Possibility of short-term hard copy documentation

Staffing Qualifications

- Pregnancy Care Managers must:
 - Meet care management competencies
 - Have one of the following educational qualifications:
 - Registered Nurses with an associate, bachelor, or master degree in nursing from an accredited nursing degree program
 - Social Workers with a bachelor or master degree from an accredited social work degree program
 - Others with a bachelor or master degree in a human services field from an accredited college or university program
- It is expected that Care Management teams will be composed of members possessing an appropriate mix of skills needed to work effectively with a pregnancy population at high risk for poor birth outcome.

Transition for current MCCs

- Current MCCs meeting staffing qualifications will become PCMs
- Discussion continues regarding current MCCs who do not meet care management competencies and/or educational requirements, with grandfathering being considered, followed by additional training

Monitoring & Oversight

- Various contractual processes will govern and define monitoring and oversight for PCM services
- DPH Women's Health Branch Regional Social Work Consultants are expected to conduct direct PCM monitoring, with CCNC collaboration regarding outcome measurement and reporting

CCNC Network Relationship

- Each Pregnancy Care Management agency will work in conjunction with their local CCNC network
- Each network will have an Obstetrical Coordinator (RN) and Obstetrical Champion (MD) on staff dedicated to the PMH Project
- Tentative plan for quarterly network meetings for PCMs
- The network will use reports based on data from CMIS, Medicaid claims, vital records and other administrative sources for quality improvement purposes and to identify the extent to which the program is achieving its goals.

Support & Consultation

- DPH Women's Health Branch consultant team will provide consultation, training, monitoring and support for Pregnancy Care Management services:
 - Baby Love Program Manager/Supervisor
 - Clinical Social Work Consultant
 - Four Regional Social Work Consultants

Proposed Transition Trainings –

Tentative Pending Approval


9:00 a.m. – 4:00 p.m.


- February 1 – Fayetteville, Snyder Memorial Baptist Church
- February 3 – Asheville, First Baptist Church
- February 8 – Greensboro, Clarion Hotel
- February 10 – Raleigh, Wake Commons
- February 16 – Charlotte, Friendship Missionary Baptist Church
- February 22 – Greenville, City Bistro and Hotel


RSWC Reconfiguration

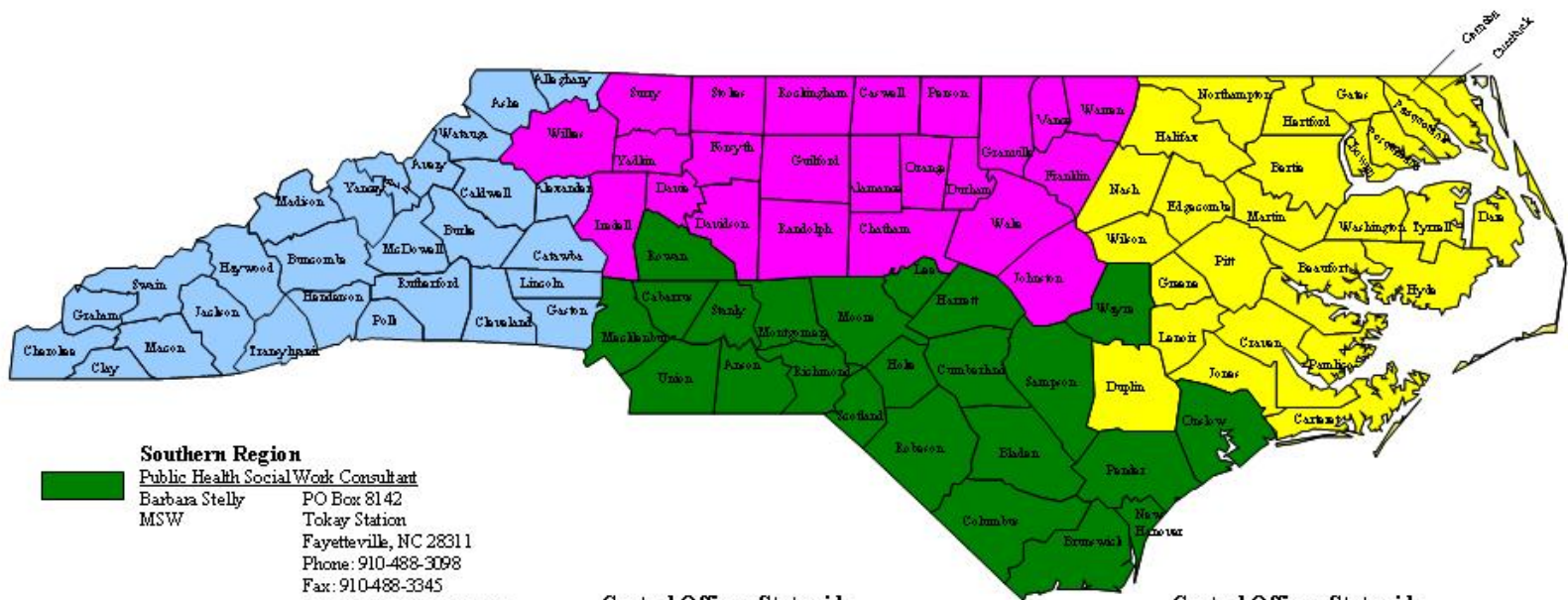
- Each local CCNC network is covered by one RSWC, except Access Care
 - County Coverage Changes:
 - Wilkes & Johnston – Tracy Hamilton
 - Lincoln & Gaston – Kelly Spangler
 - Rowan, Lee, Wayne & Onslow – Barbara Stelly
 - Lenoir & Duplin – Tonya Dennis
 - RSWCs will continue with regular WH monitoring responsibilities in their previously assigned counties until PMH implementation


NC Department of Health and Human Services - Division of Public Health - Women's and Children's Health Section
Women's Health Branch
Regional & Central Office Consultants – Pregnancy Care Management

Western Region
Public Health Social Work Consultant
 Kelly Spangler PO Box 671
 MPA, LCSW Horseshoe, NC 28742
 Phone: 828-890-1147
 Fax: 828-890-1825
 kelly.spangler@dhhs.nc.gov

Northern Region
Public Health Social Work Consultant
 Tracy Hamilton PO Box 235
 MSW Garner, NC 27529
 Phone: 919-773-2801
 Fax: 919-773-2802
 Tracy.Hamilton@dhhs.nc.gov

Eastern Region
Public Health Social Work Consultant
 Tonya Dennis 404 St. Andrews St.
 MSW, LCSW Greenville, NC 27834
 Phone: 252-355-1025 x20
 Fax: 252-355-1981
 tonya.dennis@dhhs.nc.gov



Southern Region
Public Health Social Work Consultant
 Barbara Stelly PO Box 8142
 MSW Tokay Station
 Fayetteville, NC 28311
 Phone: 910-488-3098
 Fax: 910-488-3345
 barbara.stelly@dhhs.nc.gov

Central Office - Statewide
Clinical Social Work Consultant
 Sarah Maddox 1929 Mail Service Center
 MSW, LCSW Raleigh, NC 27699-1929
 Phone: 919-707-5709
 Fax: 919-870-4827
 sarah.maddox@dhhs.nc.gov

Central Office - Statewide
Public Health Program Supervisor
 S. Vienna Barger 1929 Mail Service Center
 MSW, MSPH, CPH Raleigh, NC 27699-1929
 Phone: 919-707-5710
 Fax: 919-870-4827
 vienna.barger@dhhs.nc.gov

Proposed Implementation 3-1-2011

PCM Outcome Measures

- Percent of risk screenings entered into CMIS.
- Rate of comprehensive assessments completed for patients identified as having a priority risk factor.
- Rate of postpartum visits completed between 21-56 days following delivery among patients who received pregnancy case management services or whose infant was admitted to the NICU.
- Percent of women started on 17P who receive all of the injections they are eligible to receive.
- Percent of PMH patients who received pregnancy case management services referred for ongoing Medicaid eligibility determination.