



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: June 26, 2012

MMCD POLICY LETTER 12-003
SUPERSEDES POLICY LETTER 12-001 AND 96-01

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: OBSTETRICAL CARE-PERINATAL SERVICES

PURPOSE

This Policy Letter (PL) supersedes the Medi-Cal Managed Care Division's (MMCD) PLs 12-001 and 96-01. This revised PL corrects recent errors in PL 12-001 that were not consistent with the Medi-Cal managed care health plan provider credentialing process.

In order to assure optimum perinatal care and pregnancy outcomes for Medi-Cal managed care enrollees (Members), Medi-Cal managed care plans (Plans) must meet the provisions set forth in this PL.

POLICY

All Plans must ensure initiation of prenatal care as soon as possible and must not require prior authorization for basic prenatal care or preventive services. Plans must inform Members of childbearing age of the availability of comprehensive perinatal services and how to access such services as soon as pregnancy is determined.

- Plans are required to cover and ensure the provision of all medically necessary services for pregnant women. Plans must ensure that the most current standards or guidelines of the American College of Obstetricians and Gynecologists (ACOG) are utilized as the minimum measure of quality for perinatal services.
- Plans are also required to implement a comprehensive risk assessment tool for all pregnant Members that is comparable to ACOG and the Comprehensive Perinatal Services Program (CPSP) standards (California Code of Regulations, Title 22, Section 51348). Individualized care plans must be developed to include obstetrical, nutrition, psychosocial, and health education interventions when indicated by identified risk factors.

- Plans are required to apply their provider credentialing standards to all prenatal care providers. The Plan's prenatal care or obstetrical providers and non-physician medical practitioners, as defined in plan contracts, are exempt from the requirement of certification as Medi-Cal CPSP providers (Title 22, Section 51249 and 51179.7).
- Plans must ensure that pregnant women at high-risk of poor pregnancy outcomes are referred to appropriate specialists, including perinatologists, and that they have access to genetic screening with appropriate referrals. The Plans must also ensure that appropriate hospitals are available within the provider network to provide necessary high-risk pregnancy services.
- Plans are required by contract to execute a subcontract or Memorandum of Understanding (MOU) with local health departments in the area of Maternal and Child Health (MCH).

Additional Resource: Comprehensive Perinatal Services Program

CPSP integrates nutrition, psychosocial, and health education services with basic obstetrical services. This multidisciplinary approach to the delivery of prenatal care is based on the recognition that providing these services from conception through 60-days after the month following delivery contributes significantly to improved pregnancy outcomes.

The California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Program oversees CPSP and the statewide system of perinatal care. Plans can contact their local health agency MCAH director or their perinatal services coordinator for further information and resources. Information about CPSP and provider training courses is available at:

<http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx>.

Please contact your MMCD contract manager for questions about this PL.

Sincerely,

ORIGINAL SIGNED BY MARGARET TATAR

Margaret Tatar, Chief
Medi-Cal Managed Care Division