

Coordination between CCNC and Pregnancy Care Management

Background:

The pregnant Medicaid population is composed of approximately one-third patients who are Medicaid-eligible, outside of pregnancy, and two-thirds patients who are in the Medicaid for Pregnant Women (MPW) category. Existing Medicaid patients may be linked to a CCNC practice and care manager before becoming pregnant. Some MPW patients get linked to a primary care medical home but are unlikely to have an existing relationship with a CCNC care manager. ***For those pregnant Medicaid patients who are linked to CCNC primary care practices and care managers, AND who qualify for pregnancy care management, it is important that services are coordinated and organized to best meet the needs of the patient.***

Message for Pregnancy Care Managers (OBCMs):

- When receiving a new referral, first check CMIS (look at primary case status and task list) to see if she is being actively care-managed by a primary care manager (PCM).
- If YES - contact the PCM by phone and/or CMIS messaging prior to initiating services in order to coordinate care.
- Review the comprehensive health assessment (CHA) in CMIS. Use the CHA, and the PCM as information sources for conducting the patient's pregnancy assessment.
- Also review the patient's care plan to see current and previous conditions, as well as active and deferred goals.

If a pregnant patient is admitted to the hospital for any reason other than delivery, a CCNC care manager (CCNC CM) may become involved in the case based on the patient's needs and risk for readmission. All pregnant patients with antepartum hospital utilization are priority patients for pregnancy care management and should be referred to an OBCM. If the CCNC CM determines the patient would benefit from Transitional Care, this should be coordinated with the OBCM in order to avoid duplication of services and to ensure all of the patient's needs are being met.

Message for CCNC Care Managers (CCNC CMs):

In terms of CCNC care management, the addition of OB Care Management does not change the current status of any existing network initiatives. Patients who are already in CCNC "buckets" (such as a patient with diabetes) will not leave those buckets just because they are pregnant, but they may now also be in the Pregnancy Care Management "bucket" (presence of a chronic disease that may complicate pregnancy qualifies the patient as "priority" for Pregnancy Care Management). Pregnancy Care Managers end their relationship with the patient at the end of the postpartum period (roughly 60 days after delivery). For patients who will remain on Medicaid, the Pregnancy Care Manager may refer the patient to her assigned Primary Care Manager for ongoing follow-up.

CCNC and Pregnancy Care Managers need to coordinate their services when working with these patients. Some patients will need to be followed by both care managers during the pregnancy; good coordination will ensure that patient needs are met and services are not duplicated.

Pregnant patients who meet Transitional Care (TC) criteria:

- Require the same follow-up as all other CCNC TC patients (hospital visit, home visit, med rec, physician appt. soon after discharge, self-management notebook, education, etc.)
- Follow-up should be done in close coordination with the OBCM to avoid duplication of services and ensure the patient's needs are being met.
- OBCMs are not currently trained to perform medication reconciliation. However, they can assist with compiling the Med List and addressing other patient needs.
- Hospital admission during the antepartum period is a “priority” risk factor for pregnancy care management. This patient should be referred to an OBCM for pregnancy assessment and follow-up of identified needs.
- Among a subset of pregnant patients with hospital admissions, both CCNC and pregnancy care managers will be trying to accomplish required follow-up and need to coordinate their efforts. This should be beneficial to both care managers, who can serve as resources for each other. CCNC care managers are not expected to serve pregnant Medicaid patients who do not meet CCNC criteria.