1. Search for Member/Add Temporary Member  
   a. For existing member, update address and phone number if different from existing information  
2. Create an OB Episode and OB Referral  
   a. Select “Currently Pregnant” for Referral Subtype as well as any other subtypes that apply  
3. Add the Provider ✔️ AND assign Care Team Members (OBCM, Primary CM, Provider)  
4. Document the members due date  
   a. Medical History tab > Clinical tab  
   b. Search for an existing pregnancy  
      i. Close if it pertains to a previous pregnancy if the outcome date is known. Update the due date for a previously entered current pregnancy.  
   c. Select Pregnancy as Condition  
      i. Check the “Currently Pregnant” box  
      ii. Enter the members DUE DATE  
5. Enter the Pregnancy Risk Screening  
   a. Do not duplicate the pregnancy risk screening forms  
6. Review risk screen and any additional information; determine eligibility, document the case review in a case note.  
   a. If eligibility for services is unknown, then set a pending task within 48 hours to review the MIIS. Proceed with step 7 below as applicable.  
   b. If member is not eligible for services:  
      i. If no contact was made with member, write a case note documenting why member was not eligible for services.  
      ii. If contact was made with member, document in Interaction Tracker why member is ineligible for services.  
      iii. Update Episode status to Ineligible and add closure date  
      iv. Ensure Engagement Level is N/A (DO NOT change Engagement Level to N/A if there is another open Episode)  
      v. Remove self from the Care Team  
      vi. Update Episode status to Ineligible and add closure date  
   c. If member is eligible for services, attempt to engage with member  
      i. If member declines services, select “no” on “Consent to enroll in OB program” in the interaction tracker, document in Interaction Tracker “notes” member decline. See step 13 C, D and E below.  
      ii. If you are unable to reach the member (after attempting to reach the member 3-5 different ways on 3 different days), select “UTR” in member profile. All attempts should be documented in the interaction tracker. Next see step 13 C, D and E below.  
7. Document the member’s acceptance of care management services along with interactions done with or on behalf of the member using the Interaction Tracker  
8. Document assessment findings in the CNA-OB  
9. Develop Care Plan  
   a. Work Care Plan left to right  
   b. Save and Sign care plan each time you update  
10. Set/update the members Engagement Level  
11. Review member’s existing tasks and add any additional tasks that may be needed; re-assign the auto-generated tasks from the OB queue to OBCM.  
12. Document Pregnancy Outcome and end date in Medical History tab when pregnancy ends.  
13. Case Closure:  
   a. Finalize Care Plan  
   b. Episode status will close automatically with care plan finalization  
   c. Update Engagement Level to N/A (DO NOT change Engagement Level to N/A if there is another open Episode)  
   d. Remove self from Care Team  
   e. Remove member from your panel

<table>
<thead>
<tr>
<th>Engagement Level</th>
<th>Frequency of Contact with Member/Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Daily to Weekly (&gt;4x/month)</td>
</tr>
<tr>
<td>Medium</td>
<td>Weekly to bi-weekly (3-4x/month)</td>
</tr>
<tr>
<td>Low</td>
<td>Bi-Weekly to monthly (1-2x/month)</td>
</tr>
<tr>
<td>Intermittent</td>
<td>Monthly to Quarterly (&lt;3x/90 days)</td>
</tr>
</tbody>
</table>
For subsequent member follow-up, complete the following steps in order for data analytics & VH system automation:

1. Update the CNA-OB with most recent information
2. Update member’s Care Plan with most recent interventions and dates
3. Document all interactions with or on behalf of the member in the Interaction Tracker
4. Review the member’s existing tasks and set future tasks (as applicable)

**Reminders and Tips**

- The initial MIIS and any MIIS changes over the course of the pregnancy should be documented in “case notes.”
- Temporary record is not the source of truth for MIIS or claims data; it is important to check the permanent chart and/or CI for that information.
- MIIS updates should be reflected in the permanent VH record and CI within 48 hours of information being entered into VH.
- There should always be at least one Need with a Managed Problem Status.
- There should always be at least one Goal for each managed Need.
- There should be at least one Target Date in the Care Plan that aligns with the member’s Engagement level; the target date will trigger an autogenerated task for the Primary CM.
- Letters to member should be selected from one of the standardized letters located in VH.
- For referrals received during the postpartum period, use “Other” as the Referral Subtype and type “Postpartum” for the referral subtype.
- If there is an existing Primary Care Manager, **STOP** and communicate with this person to determine who will serve as the Primary Care Manager during the pregnancy.
- If the due date has not yet been established, either estimate the due date based on the best information you have available or leave the space blank. Set a task to follow up and update the correct due date as the information becomes available.
- During the pregnancy, *Edit* the existing EDC as needed but **do not** “add” a new due date for the same pregnancy.
- If member’s OB Episode is CLOSED and there is a change requiring services during the same pregnancy, then **OPEN** a NEW EPISODE.
- All follow up Risk Screening Forms received for the same pregnancy should be entered in VH.
- Consistent, sustained engagement throughout the pregnancy and postpartum period is a programmatic expectation. This expectation is reflective of face-to-face contact at a *minimum* of every 30 days.

**References**

*CMHRP Step by Step Documentation Guide
*CMHRP Standardized Plan
CMHRP CM Workflow
MIIS Cheat Sheet for Care Managers

*[Located in Knowledge Base*