CHANGE NOTICE FOR MANUAL NO. 03-11, PREGNANCY MEDICAL HOME

DATE: FEBRUARY 21, 2011

Manual: **Family and Children's Medicaid**

Change No: **03-11**

To: **County Directors of Social Services**

Effective: **March 1, 2011**

I.   BACKGROUND

DMA in partnership with Community Care of North Carolina (CCNC) and other community stakeholders has created a program that provides pregnant Medicaid recipients with a pregnancy medical home (PMH). The goal is to improve the quality of perinatal care (the period immediately before and after birth) given to Medicaid recipients thereby ensuring healthy pregnancies and improving birth outcomes. This will be done by modeling the PMH after the enhanced primary care case management (PCCM) program developed by CCNC.

All pregnant Medicaid recipients receive care management (population management). Care/population management provides education on self management to improve on perinatal care and healthy birth outcomes. High-risk pregnant women in a PMH receive additional care management services. The level of service provided is based on the individual's identified needs. Care managers closely monitor the pregnancy through regular contact with the physician and patient to promote a healthy birth outcome.

In addition, as of March 1, 2011, the Maternity Care Coordination Program will change to a new service called Pregnancy Care Management (PCM). The current Maternity Care Coordination Program will end as of February 28, 2011. The Pregnancy Care Management Program (PCM), just like the Maternity Care Coordination Program is designed to ensure healthy pregnancies and healthy babies. PCM services will be provided by Pregnancy Care Managers working at local health departments or other provider agencies just as they are now.

II.   CONTENT OF CHANGE

The Pregnancy Medical Home (PMH) Program is not a mandatory program. However, county caseworkers must explain the program, provide a list of participating doctors, assist and encourage a pregnant Medicaid recipient to participate in the PMH program.

Medicaid recipients participating in the PMH program are not linked to the PMH providers that they choose as with CCNC/CA participants. However, PMH participants may also have a CCNC/CA provider.

(II)

The following manual sections have been changed to include references and basic eligibility information for the Pregnancy Medical Home (PMH) Program and other information.

A. MA-3110, Definitions, is revised to;

Include the definitions of Pregnancy Medical Home (PMH), Perinatal, and Medical Home.

B. MA-3205, Conducting A Face To Face Interview, is revised to;

1. Include the Pregnancy Medical Home (PMH) Program.

2. Remove MA-3205, Figure 5, Explanation of The Effect of Transfer of Asset (s) On Medical Assistance Eligibility, and change any reference to link to the form, DMA-5057, Explanation of The Effect of Transfer of Asset (s) On Medical Assistance Eligibility.

3. Include the DMA-5057/DMA-5057S, Explanation of The Effect of Transfer of Asset (s) On Medical Assistance Eligibility, (formerly MA-3205 figure 5).

4. Revise Life Line/Link Up procedures to include the Self Certification information and procedures.

5. Remove MA-3205, Figure 6, Address List for Local Exchange Telephone Companies Participating in the Lifeline/Link-Up Programs, and change any reference to link to the form, DMA-5058, Participating Telephone Service Providers.

6. Include the DMA-5058, Participating Telephone Service Providers (formerly MA-3205 figure 6).

7. Remove instructions for giving the applicant a copy of the DMA-5021, EPSDT and Health Check Fact Sheet. EPSDT and Health Check information is included in the handbook.

C. MA-3240, Pregnant Woman Coverage is revised to;

Include the Pregnancy Medical Home (PMH) Program.

D. MA-3245, Presumptive Eligibility For Pregnant Women is revised to;

Include the Pregnancy Medical Home (PMH) Program.

E. MA-3420, Re-Enrollment, is revised to;

1.   Include the Pregnancy Medical Home (PMH) Program.

2.   Revise Life Line/Link Up procedures to include the Self Certification information and procedures.

3.   Remove MA-3420, Figure 12a, CCNC/CA: The Benefits of Being a Member-NCHC and change any reference to link to the form, DMA-9017, CCNC/CA: The Benefits of Being a Member-NCHC.

4.   Remove MA-3420, Figure 1, Carolina ACCESS Enrollment Form for Recipients of Medicaid and Health Choice and change any reference to link to the form, DMA-9006, Carolina ACCESS Enrollment Form for Recipients of Medicaid and Health Choice.

III.   EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective 03/01/11. Apply this change to applications taken and redeterminations started on or after 03/01/11, as well as to those presently in process.

NOTE: The PMH handout mentioned in the policy is being finalized and will be posted on the DMA Forms website when completed. A terminal message will be sent when the handout is available on line.

IV.   MAINTENANCE OF MANUAL

A. Remove: MA-3110, Definitions, pages, 5-6 and pages, 9-33.

Insert: MA-3110, Definitions, pages, 5-6 and pages, 9-33 dated 03/01/11.

B. Remove: MA-3205, Conducting a Face-To-Face Intake Interview, pages, 5-6, 13-20 and Figures 1, 2, 2A, 3, 4, 5, and 6.

Insert: MA-3205, Conducting a Face-To-Face Intake Interview, pages, 5-6, and pages, 13-20 dated 03/01/11.

C. Remove: MA-3240, Pregnant Woman Coverage, pages 1-2.

Insert: MA-3240, Pregnant Woman Coverage, pages 1-2 dated 03/01/11.

D. Remove: MA-3245, Presumptive Eligibility For Pregnant Women, pages 3-5.

Insert: MA-3245, Presumptive Eligibility For Pregnant Women, pages 3-5 dated 03/01/11.

(IV)

E. Remove: MA-3420, Re-Enrollment, pages 7-8, 15-18, 23-26, and Figures 1 and 12a.

Insert: <u>MA-3420</u>, Re-Enrollment, pages 7-8, 15-18, and 23-26 dated 03/01/11.

If you have any questions regarding this information, please contact your Medicaid Program Representative.

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Director

(This material was researched and written by Sandi Morrow, Medicaid Program Consultant, Medicaid Eligibility Unit)