

Early Identification of Pregnant Members for Transitional Care Services Implementation Approaches

An important component of the TCS Policy for pregnant and postpartum members is identification of pregnant members by the managed care plan (MCP) in the prenatal period to ensure initiation of TCS by the beginning of the third trimester. While some MCPs may be accomplishing this successfully, others report common issues like delays in claims data making early identification difficult. During the CMQCC Learning Collaborative, multiple different approaches to improving early identification were identified.

Possible Implementation Approaches:

- **Community Involvement & Outreach**
 - Community events and partnerships, such as community baby showers
 - Community and public health-based partnerships
 - School-based outreach
 - Connection building to MCAH
 - Communication channels with doulas
 - Member self-referral
 - Incentivization of members to notify MCP of pregnancy
 - Member completed pregnancy confirmation form via MCP portal
 - Sometimes members calling for pregnancy related services and can be identified- breast pumps, doulas
 - Other types of community outreach:
 - Claim code-triggered outreach letters
 - Ask about possibility of pregnancy for any type of MCP outreach
- **Data & Claims-Based Identification**
 - Comprehensive claims analysis, ADT data
 - 20-week Ultrasound results
 - Emergency Department visit claims
 - Results on lab results: in house vs Quest/LabCorp
 - Other options: UPTs, NIPT/genetic testing
 - At-risk Adult Health prenatal vitamin claims
 - High-risk identification triggers social support
 - Review last year's member data to assess needs and opportunities
 - 834 member eligibility file includes due dates
- **Provider & System Integration**
 - Maternal care providers informing system of pregnancies
 - Provider incentives for reporting new pregnant members/patients (Pay for Performance - P4P model)
 - Provider completed pregnancy confirmation form via MCP portal

- WIC (Women, Infants, and Children) program coordination
- Planned Parenthood and clinic partnerships for initial testing
- Data exchange with providers via HIE/EHR data
- Inpatient hospital admissions trigger linkage to services including ED visits
- Future possibility through Medi-Cal Connect, utilizing RSST

Challenges identified:

Challenge	Possible Solutions and Considerations
Information fragmentation, not one “perfect” data source	Utilization of multiple data sources and integration via data dashboard or integrated report
Low provider engagement	Provider Incentives Improved communication Alignment of identification to other parts of the TCS policy
Inaccuracy of data	Utilization of multiple data sources- “two sources of truth” Consideration of type of inaccuracy: missed opportunity vs over-identification

Additional Implementation Considerations:

- Consider what is low effort but high impact? What can improve member identification in the short term?
- What other types of data sources are available to the MCP that may not currently be utilized by the TCS department?
- Where can approaches to early identification be leveraged to address other policy elements?
 Examples may include:
 - Provider communication for early identification and provider contracting for moderate-intensity services
 - Connection building for early identification (WIC, doula, CDPH) and Whole Person requirements in the Birthing Supports Checklist