

**ATTACHMENT D: PREGNANCY MANAGEMENT PROGRAM POLICY
FOR MEDICAID AND NC HEALTH CHOICE MEMBERS**

1. BACKGROUND.

- A. The Pregnancy Management Program is a set of mandatory standards and clinical initiatives aimed at improving the quality of pregnancy care, improving maternal and infant outcomes, and reducing healthcare costs among participating providers.

2. SCOPE.

- A. The scope of this Policy covers the requirements that must be in Contracts between the BH I/DD Tailored Plan and providers who offer prenatal, perinatal and postpartum services and thus are part of the Pregnancy Management Program outlined below.

3. PREGNANCY MANAGEMENT PROGRAM REQUIREMENTS.

- A. The BH I/DD Tailored Plan shall incorporate the following requirements for providers of the Pregnancy Management Program into their contracts with all providers of prenatal, perinatal and postpartum care:
- i. Complete the standardized risk-screening tool at each initial visit.
 - ii. Allow the BH I/DD Tailored Plan or the BH I/DD Tailored Plan's designated vendor access to medical records for auditing purposes to measure performance on specific quality indicators.
 - iii. Commit to maintaining or lowering the rate of elective deliveries prior to thirty-nine (39) weeks' gestation.
 - iv. Commit to decreasing the cesarean section rate among nulliparous women.
 - v. Offer and provide 17 alpha-hydroxyprogesterone caproate (17p) for the prevention of preterm birth to women with a history of spontaneous preterm birth who are currently pregnant with a singleton gestation.
 - vi. Complete a high-risk screening on each pregnant BH I/DD Tailored Plan member in the program and integrate the plan of care with Tailored Care Management and/or Care Management for High-Risk Pregnancy.
 - vii. Decrease the primary cesarean delivery rate if the rate is over the Department's designated cesarean rate (Note: The Department will set the rate annually, which will be at or below twenty (20) percent).
 - viii. Ensure comprehensive postpartum visits occur within fifty-six (56) days of delivery.
- B. Require that BH I/DD Tailored Plan network providers send, within one (1) Business Day of the provider completing the screening, all screening information and applicable medical record information for members in care management for high-risk pregnancies to the applicable BH I/DD Tailored Plans, AMH+ practices or CMAs (as applicable), and the LHDs that are contracted for the provision of providing care management services for high-risk pregnancy.

Contractor: Legally Authorized Representative