| **MATERNITY AND FAMILY PLANNING SERVICES AND SUPPLIES**  **PLAN CHECKLIST** | **PLAN**  **PAGE #** | **YES** | **NO** | **EXPLANATION OF “NO” ANSWER** |
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| **MATERNITY AND FAMILY PLANNING SERVICES AND SUPPLIES**  **NARRATIVE PLAN** |  |  |  |  |
| 1. A written description of all planned activities to address the Contractor’s minimum requirements, as specified in the Contractor Requirements for Providing Maternity Care, Family Planning Services and Supplies, and Well Women’s Preventive Care including participation in community and/or quality initiatives within the communities served by the Contractor. The narrative description shall also include Contractor activities to identify member needs, coordination of care, and follow-up activities to ensure appropriate and medically necessary treatment is received in a timely and culturally competent manner. |  |  |  |  |
| 1. Description of activities that ensure prenatal care, labor/delivery, and postpartum care services provided by midwives, both Licensed Midwives (LM) and Certified Nurse Midwives (CNM), are in adherence to the requirements contained within AHCCCS policy, procedures, and contracts. |  |  |  |  |
| 1. Description of activities, which ensure that all maternity care services are delivered by qualified physicians and non-physician practitioners, according to and in compliance with the most current American College of Obstetrics and Gynecology (ACOG) Standards for Obstetric and Gynecologic (OB/GYN) Services. |  |  |  |  |
| 1. Appropriately qualified personnel, in sufficient numbers to carry out the components of the maternity care program for eligible enrolled members and achieve contractual compliance. |  |  |  |  |
| 1. Process to conduct outreach activities to identify currently enrolled pregnant women and enter them into prenatal care as soon as possible. |  |  |  |  |
| 1. Process by which service providers notify the Contractor of case finding activities and members who have tested positive for pregnancy. |  |  |  |  |
| 1. Description of activities to inform all enrolled AHCCCS pregnant women and maternity care providers of voluntary prenatal Human Immunodeficiency Virus (HIV) testing, and of the availability of counseling, and the benefits of treatment for both mother and infant, if the test is positive. |  |  |  |  |
| 1. Process to ensure designation of a maternity care provider for each enrolled pregnant woman for the duration of the pregnancy and postpartum care. |  |  |  |  |
| 1. Process to provide information, regarding the opportunity to change the Contractor to ensure continuity of prenatal care, to newly-assigned pregnant members and those currently under the care of a non-network provider. |  |  |  |  |
| 1. Process to ensure mandatory availability of maternity care coordination services are available and management of enrolled pregnant women who are determined to be medically/socially at-risk by the maternity care provider or Contractor. |  |  |  |  |
| 1. Description of activities to assure network providers adhere to AHCCCS requirements as specified in AMPM Policy 410. (Including prenatal care, return visits, and postpartum visits). |  |  |  |  |
| 1. Process to document written intake procedures for the provider, which includes identifying risk factors through the use of a comprehensive tool that covers psychosocial, nutritional, medical, and educational factors (e.g., ACOG) |  |  |  |  |
| 1. Process for referral of members to support services such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and process for notifying members that in the event they lose eligibility, they may contact the Arizona Department of Health Services (ADHS) Hotline for a referral to a low or no-cost service/agency. |  |  |  |  |
| 1. Process that ensures all providers maintain complete medical records documenting all aspects of maternity care. |  |  |  |  |
| 1. Description of activities to ensure mandatory provision of initial prenatal care appointments within established timeframes. |  |  |  |  |
| 1. A process to monitor and evaluate cesarean section and elective induction rates prior to 39 weeks gestation, as per ACOG recommendations, and implement interventions to decrease the incidence of occurrence. |  |  |  |  |
| 1. Process to monitor and evaluate Low Birth Weight and Very Low Birth Weight (LBW/VLBW) and implement interventions to decrease LBW/VLBW. |  |  |  |  |
| 1. Process to ensure that all enrolled pregnant women receive transportation services as needed and as described in AMPM Policy 310-BB. |  |  |  |  |
| 1. Process to address substance use disorder treatment, referral and follow-up specific to maternity members, per ACOG guidelines including but not limited to Controlled Substances Prescription Monitoring Program (CSPMP), review every trimester Neonatal Abstinence Syndrome (NAS) and Medications for Opioid Use Disorder (MOUD) . |  |  |  |  |
| 1. Process to implement an outreach program to notify members of reproductive age of the specific covered family planning services and supplies available to them, including Long-Acting Reversible Contraception (LARC), Immediate Postpartum Long-Acting Reversible Contraceptives (IPLARC), Sexually Transmitted Infections (STI), Interconception Health and how to request these services (AMPM Exhibit 400-3 and AMPM Policy 420). |  |  |  |  |
| 1. Monitoring and evaluation of maternal mortality and implementation of interventions to decrease the occurrence of pregnancy-related mortality and health disparities in both the prenatal and postpartum period. |  |  |  |  |
| 1. Process to monitor and evaluate postpartum activities and interventions to increase postpartum visit utilization per National Committee for Quality Assurance (NCQA) measures. |  |  |  |  |
| 1. Process to identify Perinatal Mood and Anxiety Disorders (PMAD) and refer members to the appropriate health care providers throughout pregnancy and the postpartum period. |  |  |  |  |
| 1. Process to inform Primary Care Provider (PCP) and OB/GYN providers of the availability of women’s preventive care services detailing all the covered services in AMPM Policy 411 and monitor provider compliance of delivering women’s preventive care servcies. |  |  |  |  |
| 1. Process to implement an outreach program to notify members of specific covered women’s preventive care services available to them per AMPM Policy 411 and implement interventions to improve women’s participation in preventive services. |  |  |  |  |
| 1. Process to monitor and evaluate maternity care practices that support Breastfeeding recommendations and education per ACOG and American Academy of Pediatrics (AAP), including referrals to ADHS 24/7 Breastfeeding Hotline and WIC. |  |  |  |  |

| **MATERNITY/FAMILY PLANNING SERVICES AND SUPPLIES**  **ANNUAL PLAN CHECKLIST** | **PLAN**  **PAGE #** | **YES** | **NO** | **EXPLANATION OF “NO” ANSWER** | |
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| **MATERNITY/FAMILY PLANNING SERVICES AND SUPPLIES**  **WORK PLAN EVALUATION** |  |  |  |  |
| 1. An evaluation and assessment that documents the effectiveness of maternity/family planning services and supplies program strategies, interventions, and activities directed at achieving healthy outcomes (report on the last year). The evaluation should include, but not be limited to, raw data, including small numbers, (percentages and numerator/denominator for each Line of Business (LOB)), results for each quarter, and a summary of the year-end outcome, including whether or not goals and objectives were met, as well as challenges/barriers to meeting goals. |  |  |  |  |
| **MATERNITY/FAMILY PLANNING SERVICES WORK PLAN** |  |  |  |  |
| 1. A work plan that formally documents the Maternity and Family Planning program objectives, strategies and activities and demonstrates how these activities will improve the quality of services, the continuum of care, and health care outcomes directed at achieving optimal birth outcomes, as based on the Contractor requirements outlined in the Maternity and Family Planning Services and Supplies and Women's Preventive care sections of AMPM Chapter 400. The work plan shall be limited to three but no more than five, goals which may or may not include select performance measures from Contract. If submitting a combined work plan, goals must be identified for each line of business. |  |  |  |  |
| 1. Specific measurable objectives. Objectives must include written descriptors and eligibility criteria as stated in the methodology of the measure being utilized These objectives shall be based on AHCCCS established minimum performance standards. |  |  |  |  |
| 1. In cases where AHCCCS minimum performance standards have been met, other generally accepted benchmarks that continue the Contractor’s improvement efforts will be used(e.g. National Committee on Quality Assurance, current Healthy People standards). The Contractor may also develop their own specific measurable goals and objectives aimed at enhancing the Maternity and Family Planning Services and Supplies Programs.   Objectives shall be clearly numbered or lettered for ease of identification and review. In these cases, specific methodology shall be included in the Maternity and Family Planning Services and Supplies Plan. |  |  |  |  |
| 1. The Contractor will, for each goal, describe unique interventions, strategies and activities used for specific populations/LOB and /or Geographical Service Area (GSA) and evaluate quarterly the effectiveness of monitoring including coordination of care efforts, follow-up activities, and other interventions made as a result of performance. If the goal was not met or improvement was not noted, include the identified barriers, and identified opportunities for improvement. |  |  |  |  |
| 1. Targeted implementation and completion dates of work plan activities broken out by quarter. |  |  |  |  |
| e. A listing of local staff positions responsible and accountable for meeting established goals and objectives for Maternity and Family Planning Services and Supplies activities. |  |  |  |  |

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| **RELEVANT POLICIES AND PROCEDURES** | **PLAN**  **PAGE #** | **YES** | **NO** | **EXPLANATION OF “NO” ANSWER** |
| 1. The Contractor shall attach all relevant policies and procedures addressed in the Maternity and Family Planning Services and Supplies Plan (e.g., medically necessary pregnancy termination, , family planning services and supplies, maternity care and Women’s Preventive Care). Policies shall be properly branded indicating applicability to LOB, include a signature page, and, if currently being revised, a track edited version shall be submitted. |  |  |  |  |