| **Maternity and Family Planning Services and Supplies Narrative** | **Found on page:** | **Yes** | **No** | **Explanation of “No” answer/Reviewer comments** |
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| 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. For services that are subcontracted, describe Contractor oversight.
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| * 1. Description of activities that ensure prenatal care, labor/delivery, and postpartum care services provided by Licensed Midwives (LM)and Certified Nurse Midwives (CNM) are in adherence to the requirements contained within AHCCCS policy, procedures, and contracts.
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| * 1. Description of activities that ensure 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.
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| * 1. Demonstration that the Contractor employs appropriately qualified personnel, in sufficient numbers to carry out the components of the maternity care program for eligible enrolled members and achieve contractual compliance.
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| * 1. Process to conduct outreach activities to identify currently enrolled pregnant members and enter them into prenatal care as soon as possible.
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| * 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 members 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 the pregnant member and infant, if the test is positive.
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| * 1. Process to ensure designation of a maternity care provider for each enrolled pregnant member for the duration of the pregnancy and postpartum care.
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| * 1. Process to provide information regarding the opportunity to change health plans 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 3members who are determined to be medically/socially at-risk by the maternity care provider or Contractor
 |  |  |  |  |
| * 1. Description of activities to ensure network providers adhere to AHCCCS requirements as specified in AMPM Policy 410. Including but not limited to:
		1. Prenatal care,
		2. Return visits, and
		3. Postpartum visits
 |  |  |  |  |
| * 1. Documented process for informing providers of maternity care requirements including but not limited to:
		1. Updating providers when there are changes to AHCCCS and Contractor policies and requirements,
		2. Utilization of Arizona Perinatal Psychiatry Access Line (A-PAL) resources when applicable, and
		3. Implementing the ACOG standards of care, including the use of a standardized medical risk assessment tool and ongoing risk assessment.
 |  |  |  |  |
| * 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 the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the 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.
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| * 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.
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| * 1. Process to monitor and evaluate Low Birth Weight and Very Low Birth Weight (LBW/VLBW) infants and implement interventions to decrease LBW/VLBW.
 |  |  |  |  |
| * 1. Process to ensure that all enrolled pregnant members 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 review of Controlled Substances Prescription Monitoring Program (CSPMP) 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).
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| * 1. Monitoring and evaluation of maternal mortality and morbidity and implementation of interventions to decrease the occurrence of pregnancy-related mortality and morbidity and health disparities in both the prenatal and postpartum period.
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| * 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, referring to a Perinatal Mental Health Certified (PMH-C) behavioral health provider when possible.
 |  |  |  |  |
| * 1. Process to inform Primary Care Provider (PCP), OB/GYN providers and family planning providers of the availability of women’s preventive care and family planning services and supplies detailing all the covered services in AMPM Policy 411 and AMPM Policy 420. Monitor provider compliance of delivering women’s preventive care and family planning services and supplies.
 |  |  |  |  |
| * 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 implement an outreach program to notify members of covered maternity care services and educational topics as specified in AMPM Exhibit 400-3 and AMPM Policy 410.
 |  |  |  |  |
| * 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, and informing members how they can receive a breast pump from the Contractor.
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| **Maternity and Family Planning Services and Supplies Work Plan Evaluation** | **Found on page:** | **Yes** | **No** | **Explanation of “No” answer/Reviewer comments** |
| --- | --- | --- | --- | --- |
| 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 previous calendar year). The evaluation shall include, but not be limited to:
	1. Raw data, including small numbers, (percentages and numerator/denominator for each Line of Business (LOB),
	2. Results for each quarter of the effectiveness of monitoring including coordination of care efforts, follow-up activities, and other interventions made as a result of performance,
	3. A summary of the year-end outcome, including whether or not goals and objectives were met, identified challenges/barriers to meeting goals, and identified opportunities for improvement.
 |  |  |  |  |

| **Maternity and Family Planning Services and Supplies Work Plan** | **Found on page:** | **Yes** | **No** | **Explanation of “No” answer/Reviewer comments** |
| --- | --- | --- | --- | --- |
| 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 at least three but not more than five distinct, numbered goals which may or may not include select performance measures from Contract. Objectives shall be clearly numbered or lettered for ease of identification and review. If submitting a combined work plan, goals must be identified for each line of business.
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| * 1. Objectives shall include written descriptors and eligibility criteria as stated in the methodology of the measure being utilized. These objectives shall be based on minimum performance standards as specified in Contract.
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| * 1. In cases where minimum performance standards have been met, other generally accepted benchmarks that continue the Contractor’s improvement efforts may 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. 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 planned for specific populations/LOB and /or Geographic Service Area (GSA) including coordination of care efforts, follow-up activities, outreach, etc.
 |  |  |  |  |
| * 1. Targeted implementation and completion dates of work plan activities separated by quarter
 |  |  |  |  |
| * 1. 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 Maternity and Family Planning Services and Supplies Policies and Procedures** | **Found on page:** | **Yes** | **No** | **Explanation of “No” answer/Reviewer comments** |
| --- | --- | --- | --- | --- |
| 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, in alignment with Contract requirements, and, if currently being revised, a track edited version shall be submitted.
 |  |  |  |  |