

## Supporting High Performance in Early Entry into Prenatal Care: *Spotlight on California's Comprehensive Perinatal Services Program*

by Sarah Kinsler

Ensuring women receive prenatal care during their first trimester is important to supporting healthy mothers, children, and families.<sup>1</sup> State agencies are increasingly focused on improving rates of early entry into prenatal care, as well as improving other measures of maternal and child health quality and access. Early entry into prenatal care is a priority for providers, states, and the federal government. It is a Healthcare Effectiveness Data and Information Set (HEDIS)<sup>2</sup> measure used by many state Medicaid agencies, and one of 14 Uniform Data System (UDS) measures federally qualified health centers (FQHCs) are required to report to the Health Resources and Services Administration (HRSA). [Healthy People 2020](#) aims for 77.9 percent of women to enter prenatal care in the first trimester by 2020.<sup>3</sup>

This is the third in a series of fact sheets that showcases state policies and programs aimed at improving early entry into prenatal care and how safety net provider sites, particularly FQHCs, are leveraging these policies to promote early entry into prenatal care. This fact sheet highlights California's Comprehensive Perinatal Services Program and describes how one FQHC, Northeast Valley Health Corporation, is utilizing this program to support early entry into prenatal care using the patient-centered medical home (PCMH) as a conceptual framework. The Agency for Healthcare Research and Quality defines the PCMH as a model of primary care that is comprehensive, patient-centered, coordinated, accessible, and committed to quality and patient safety, supported by three foundations: health information technology, workforce, and aligned payment.<sup>4</sup>

### About California's Comprehensive Perinatal Services Program

The Comprehensive Perinatal Services Program (CPSP) is a California Medicaid benefit for eligible women with four goals:

- Decrease low birth weight;
- Improve pregnancy outcomes;
- Improve newborn and infant health; and
- Reduce health care costs.<sup>5, 6</sup>

California's CPSP benefit wraps around the state's Medicaid benefit for obstetric services. CPSP includes a variety of medical and support services for eligible women who choose to participate:

- **Obstetric Services** – including prenatal, intrapartum (delivery), and postpartum care;
- **Enhanced Services** – including client orientation; health education, nutrition, and psychosocial assessments, interventions, and reassessments; and care coordination and planning;
- **Prenatal Vitamin and Mineral Supplements;** and
- **Required Referrals to Services and State and Local Programs** – these must include dental care, genetic screening, family planning, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and well-child care.<sup>7</sup>

The California State Legislature created CPSP in 1984. CPSP builds on the success of the OB Access Project, a comprehensive perinatal services demonstration project for low-income women run by the Department of Health Services from 1979 to 1982. Using a model of routine obstetric care plus health education, psychosocial and nutrition services, the OB Access Project demonstrated a reduction in the incidence of low birth weight and decreased health care costs for pregnant women and infants.<sup>8</sup>

CPSP became a Medicaid (Medi-Cal) benefit in 1987, and is funded and administered jointly through Medicaid, part of California's Department of Health Services, and the federal Title V Maternal and Child Health Block Grant program, part of California's Department of Public Health.

### California Medicaid (Medi-Cal) Profile

**Total Medicaid Enrollment (FY 2010):** 11.43 million

- 63 percent of enrollees are women
- Medicaid serves 31 percent of total population

#### Eligibility

- **Income Eligibility Limits for Pregnant Women (April 2014):** 213 percent of the federal poverty level (FPL)
- **Presumptive Eligibility for Pregnant Women:** Yes

**Percent of Births Financed by Medicaid (2010):** 47.6 percent

#### Payment Mechanism to FQHCs:

- California FQHCs are paid under the prospective payment system (PPS).
- PPS rates include medical services as well as most CPSP services, including health education and case coordination. FQHCs participating as CPSP providers are eligible for CPSP-specific enhanced rates for some services.

Source: Kaiser Family Foundation State Health Facts. (<http://kff.org/state-category/medicaid-chip/>)

**Comprehensive Perinatal Services Program (CPSP) provides eligible women with a broad range of pregnancy and postpartum support services.** Per state regulation, CPSP providers are required to ensure participating women receive a defined set of perinatal services, outlined in the CPSP Provider Handbook.<sup>9</sup> Program participants receive a comprehensive initial assessment to identify health issues that could impact pregnancy outcomes and receive an individualized care plan based on assessment results. Participating providers deliver appropriate care and interventions, as well as reassessments to determine progress and identify additional risk factors that may indicate a need for referral to services such as smoking cessation, domestic violence, or substance use. The CPSP model of care facilitates case coordination for efficient care delivery and optimal outcomes, in part by improving communication between providers and patients, and among the CPSP provider team. This team can include physicians, mid-level providers (nurse practitioners, physician's assistants, or certified nurse midwives), nurses, social workers and psychologists, dietitians and nutritionists, health educators, and others.<sup>10</sup>

All Medi-Cal enrollees who are pregnant or up to 60 days postpartum are eligible to participate in this voluntary program. Currently, California estimates that approximately half of Medi-Cal-eligible pregnant women are receiving services through CPSP. Interested medical providers apply to participate in CPSP and are approved by the Department of Public Health. California's Title V program funds perinatal services coordinators at local health departments to support providers in becoming approved to participate in CPSP and adhering to program guidelines and requirements.<sup>11</sup>

**Implementation at the FQHC-Level: Northeast Valley Health Corporation and CPSP support early entry into prenatal care by providing comprehensive care and care coordination services.** In 2013, 88.4 percent of prenatal patients at Northeast Valley Health Corporation entered prenatal care during the first trimester. The health center identifies CPSP as one of the keys to its success in attaining and maintaining high rates of early entry into prenatal care. The health center staffs a dedicated CPSP case manager at each of its sites who meets with women immediately after positive pregnancy tests. The case manager initiates prenatal care, providing CPSP-developed patient education materials, arranging for standing prenatal lab tests, and linking patients with a prenatal care provider for their first visit. CPSP's mandatory assessment protocols support Northeast Valley Health Corporation in creating comprehensive, personalized care plans for each prenatal patient. The program has also encouraged the health center to establish internal and external referral networks for dental care, nutrition services, behavioral health care, and social services.<sup>12</sup>

## Northeast Valley Health Corporation Profile

Northeast Valley Health Corporation  
San Fernando, California



**Location:** San Fernando and Santa Clarita Valleys, California

**Size:** 14 health care sites served more than 83,000 patients in 2013

**Insurance Status:**

- 50.2 percent Medicaid
- 46.8 percent Uninsured
- 1.7 percent Medicare
- 1.3 percent Private Insurance
- 85.7 percent of Northeast Valley's patients come from households with incomes at or below 100 percent of the federal poverty level (FPL); 98.4 percent come from households with incomes at or below 200 percent FPL
- 72.6 percent of patients identify as Hispanic; 24.1 percent are best served in a language other than English
- Accredited by The Joint Commission; Joint Commission PCMH Certification expected in 2014

Sources: HRSA Bureau of Primary Health Care 2013 Health Center Profile; Personal communication with Ellen Silver, July 30, 2014.

1 Health Resources and Services Administration, "Prenatal-First Trimester Care Access," <http://www.hrsa.gov/quality/toolbox/measure/prenatalfirsttrimester/part6.html>.

2 NCQA, "HEDIS & Performance Measurement," <http://www.ncqa.org/HEDISQualityMeasurement.aspx>.

3 Healthy People 2020, "2020 Topics & Objectives: Maternal, Infant, and Child Health," <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=26#376462>.

4 Agency for Healthcare Research and Quality, "Defining the PCMH," <http://pcmh.ahrq.gov/page/defining-pcmh>.

5 California Department of Public Health. "Comprehensive Perinatal Services Program." <http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx>.

6 California Department of Public Health. "Comprehensive Perinatal Services Program (CPSP) Fact Sheet." <http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/Pages/CPSP.aspx>.

7 California Department of Public Health, Comprehensive Perinatal Services Program Provider Handbook. Available at: [http://www.cce.csus.edu/portal/admin/handouts/CPSP\\_ProviderHandbook\\_2014May15.pdf](http://www.cce.csus.edu/portal/admin/handouts/CPSP_ProviderHandbook_2014May15.pdf)

8 California Department of Public Health, Comprehensive Perinatal Services Program Provider Handbook.

9 Title 22 of the California Code of Regulations: Medical Assistance Program. Available at: <http://www.cdph.ca.gov/programs/CPSP/Documents/MO-CPSP-Title22MedicalAssistanceProgram.pdf>.

10 California Department of Public Health, Comprehensive Perinatal Services Program Provider Handbook.

11 California Department of Public Health, Comprehensive Perinatal Services Program Provider Handbook.

12 Interview with Ellen Silver, Margaret Natarajan, and Theresa Nitescu, Northeast Valley Health Corporation, October 23, 2013.

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