

**Completing the revised
Pregnancy Outcome Summary
form and new
MCCP Intake Screening form**

**Videoconference for
Clinic Nurses, Maternity Care
Coordinators and Data Entry Staff**

May 3 or May 7, 2007



Objectives



1. Describe the purpose of the revised Pregnancy Outcome Summary (POS) and the new MCCP Intake Screening (MCCP-IS) forms.
2. Describe the current Maternal Health Agreement Addenda and Division of Medical Assistance Policy requirements for POS form completion.

Objectives (cont.)



3. Describe how to effectively interview service recipients to capture the required information for accurate form completion.
4. Describe the process for proper completion of both forms to meet documentation requirements.
5. Describe the timeline for implementation of the new forms, including data collection and data entry for all existing MCCP clients.

Five Monkeys Story



*That's the way
it's always
been done
around here.*

Change



*How wonderful it is that nobody
need wait a single minute
before starting to improve the
world.*

-Anne Frank

Purpose of POS



- *To collect data on pregnancy outcomes for Maternal Health patients and/or Maternity Care Coordination Program clients. All Maternal Health patients and Maternity Care Coordination Program clients must have the POS completed within 30 days of discontinuation of services and submitted through the Health Services Information System (HSIS).*

Purpose of MCCC-IS



- To collect data on Maternity Care Coordination Program client status at the initial MCCC contact.
- Provides initial data collection source that provides foundational information for the future completion of the Pregnancy Outcome Summary.

Policy Requirement

Maternal Health Agreement Addenda



- All Maternal Health patients, including MCC clients, will have the Pregnancy Outcome Summary completed within 30 days of discontinuation of services and submitted through the Health Services Information System (HSIS).

Current Policy Requirement

Maternity Care Coordination Program



5.10 Evaluation and Reporting

- In order to collect data necessary for measuring the effectiveness of maternity care coordination services, maternity care coordinators are responsible for completing a Pregnancy Outcome Summary/Report for each client upon the completion of care coordination services. The Pregnancy Outcome Summary/Report must be submitted within 30 days of discontinuation of services.
- Local health departments must complete the Pregnancy Outcome Summary (DEHNR 3080). This data must be submitted through the Health Services Information System (HSIS).

Current Policy Requirement

Maternity Care Coordination Program (5.10 cont.)



- All other Maternity Care Coordination provider agencies (i.e., Federally Qualified Health Centers, Rural Health Clinics, physicians) must complete the Pregnancy Outcome Report (DMA-3002 Rev. 9/99). This report is submitted to:
Baby Love Program
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
- DMA M CCP Policy
<http://www.dhhs.state.nc.us/dma/babylovechild/1m8.pdf>

New Policy Requirement

Maternity Care Coordination Program



Article Published in May 2007

General Medicaid Bulletin

<http://www.dhhs.state.nc.us/dma/bulletin.htm>

- Effective May 15, 2007 Maternity Care Coordination providers must complete the Maternity Care Coordination Intake Screening, DHHS T1513, and the Pregnancy Outcome Summary, DHHS T1514, for each new participant who enters the program.

New Policy Requirement

Maternity Care Coordination Program (cont.)



- The Intake Screening is a newly developed form; the Pregnancy Outcome Summary is a revised version of the Pregnancy Outcome Report, DMA-3002, which was last revised in September 1999. Starting May 15, 2007, providers will be required to complete the Pregnancy Outcome Summary, DHHS T1514, instead of the DMA-3002. All Maternity Care Coordination providers must complete both forms.

New Policy Requirement

Maternity Care Coordination Program (cont.)



- Providers with access to the Health Services Information System (HSIS) must input the information collected on the forms into HSIS. Both forms will be available through HSIS on May 15th. Training materials and handouts on using the new forms are available at <http://www2.sph.unc.edu/hipaa/updates.htm>. Non-health department providers, who do not utilize HSIS, can access the forms on the Web at <http://wch.dhhs.state.nc.us/whs.htm> and must submit them to the Baby Love Program, Division of Public Health, Women's Health Branch, 1929 Mail Service Center, Raleigh, NC 27699-1929. Additionally, providers will receive copies of the forms by mail.



Maternity Care Coordination Program Intake Screening Form

MCCP-IS



- Demographic Info
 - Name
 - Patient Number
 - Date of Birth
 - Race (Can select more than one)
 - Ethnicity (Required in addition to Race)
 - County of Residence (County number)
 - Medicaid Number (Data entry can be held until this number is received, if client is Medicaid eligible.)
 - Medicaid Type (at time of Intake Screening)

MCCP Intake Screening Form



- Will be completed at initial contact for new clients beginning May 15th.
- Will be completed and entered into HSIS between May 15th and July 1st, 2007, for all clients who are currently enrolled as of the May 15th implementation date.
- For existing clients, "Date of Intake Screening" will be the same date as the Initial Assessment and MCC will use the client status at the time of the Initial Assessment.
- For existing clients, full completion may require additional interviewing at May or June monthly contacts.

MCCP-IS



- Date of Intake Screening
 - Use date of initial assessment
- Verification of Pregnancy
 - Include copy in MCC record OR
 - Document seeing the verification OR
 - Check "None available"
- Include Date of LMP, Due Date, and Weeks Gestation at Screening

MCCP-IS



- Pregnancy Intendedness
 - Ask client to choose the answer that best fits her situation (1-5) OR
 - Check 6 if she does not want to answer OR
 - Check the item that best fits her situation based on the MCC's knowledge of the client

MCCP-IS



➤ Family Planning

- Ask the client if she was using any birth control method when she became pregnant. (This would include any measures that the client was taking, regardless of rates of effectiveness, to try to prevent a pregnancy.)

MCCP-IS



➤ Pregnancy History

- Total number of pregnancies client has had including the current pregnancy, regardless of the pregnancy outcome.

➤ Date the last pregnancy ended

- Again, regardless of pregnancy outcome.
- This date will allow us to measure interconceptional interval.
- Use N/A if no other pregnancies.

MCCP-IS



➤ Prenatal Care

- Receiving prenatal care
- Not yet in prenatal care
- Declined answering

- If client is receiving prenatal care, complete "Number of weeks gestation when prenatal care began".

MCCP-IS



- WIC Status
- Maternal Intake Data
 - Pre-pregnancy weight – Can be client-report or from documentation in record.
 - Height without shoes – Can be client-report or from documentation in record.
 - Pre-pregnancy Body Mass Index
 - Use formula to calculate (will need calculator) OR
 - Use BMI wheel

MCCP-IS



- Psychosocial Risks/Needs Identified at Screening
 - Check the box for any risk/need that is identified at the initial contact.
 - Complete in conjunction with Initial Needs Assessment interview.
 - A risk/need is not required to enroll in MCCP services.

MCCP-IS



- Medical Risks Identified at Screening
 - Review each medical risk 1-19 with the client and determine if she meets that criteria.
 - Complete medical risks 20-26 based on the information collected on the front of the MCCP-IS.

MCCP-IS



➤ MCCP Information

- Note if client is enrolled in MCCP.
- If client declined services at the initial contact and did not enroll, check "Declined".
- The "Not eligible" category will only be used for clients who do not meet the current eligibility criteria of being pregnant or in the postpartum period (from end of pregnancy through last day of month where 60th day occurs).

MCCP-IS



➤ Name and signature of MCC

- MCC that completes the form needs to:
 - Print name
 - Sign according to their agency signature policy
 - Date with date of form completion

MCCP-IS



➤ Participant Information

- For new clients enrolling from May 15th forward, client needs to sign on the appropriate line in the Participant Information section.
- For clients who are currently enrolled as of May 15th, this section can be left blank. These forms should all have a "Date of Intake Screening" that is prior to May 15th.

MCCP-IS



- Completion
 - Can be completed hard copy OR
 - Can be completed electronically, printed, and signed.
- Data entry
 - Data from completed form must be entered into HSIS within 30 days of the closure date.
- Filing
 - Completed hard copy MCCP-IS must be stored in the MCCP record.

Questions



Please write down all of your questions on your evaluation form.

Pregnancy Outcome Summary Form



POS Completion Required for



- Recipient of ONLY Maternal Health clinical prenatal care
 - Complete and submit within 30 days of end of MH services.
- Recipient of ONLY Maternity Care Coordination services
 - Complete and submit within 30 days of MCCP closure.
- Recipient of both MH & MCCP services
 - Complete and submit within 30 days of MCCP closure.
 - If MCCP services close prior to end of MH services (e.g. client no longer wants/needs MCC contacts), additional MH data will need to be entered as an "edit" to the completed POS screen.



POS



- Demographic Info
 - Name
 - Patient Number
 - Date of Birth
 - Race (Can select more than one)
 - Ethnicity (Required in addition to Race)
 - County of Residence (County number)
 - Medicaid Number
 - Medicaid Type (at time of closure)

POS



- Date of Form Completion
- Date Pregnancy Ended
 - Enter N/A if closure is not due to the pregnancy ending (MH closure reasons 2-7 and/or MCC closure reasons 2-9)
- Date of MCCP Closure
 - Enter N/A if no MCCP services received

POS



- Reason for Maternal Health Closure
(Use only for women not enrolled in MCCP at closure.)
 - Select appropriate option.
- OR
- Leave blank if MCCP recipient at closure.
- Reason for MCCP Closure
 - Select appropriate option.
- OR
- Leave blank if not MCCP recipient.

POS



- Multiple births or outcomes
 - Check “Yes” if there was a multiple gestation, regardless of the pregnancy outcomes.
 - Check “No” if single gestation pregnancy.
- Prenatal Care Provider
 - Check all prenatal care providers who provided care during this pregnancy.

POS



- Maternal Data
 - Enter maternal data for all pregnancy outcomes.
 - If MCCP-IS has been completed and entered, some data will have been collected previously and can be transferred from that form.
 - Number of weeks gestation when prenatal care began
 - Pre-pregnancy weight
 - Height without shoes
 - Pre-pregnancy BMI

POS-Maternal Data



- Number of weeks gestation when prenatal care began (enter 99 if no prenatal care)
- Total number of prenatal visits regardless of medical provider (client report or from medical record)
- Pre-pregnancy weight
- Height without shoes
- Pre-pregnancy BMI
- Weight at last prenatal visit prior to delivery (client report or from medical record) – Leave blank if Reason for Closure is not “Pregnancy Ended”.
- Total prenatal weight gain (client report or from medical record) – Leave blank if Reason for Closure is not “Pregnancy Ended”.

POS



- Referred for WIC prenatally
- Received WIC prenatally
- Received WIC postpartum
- Received postpartum/family planning exam
- Received method of family planning

POS



- Maternity Care Coordination Information
 - Answer first question for all patients/clients “Client received Maternity Care Coordination program (MCCP) services?”
 - If answer is “Yes”, complete remainder of page.
 - If answer not “Yes”, proceed to page 3.

POS-MCC Information



- MCC Staffing Qualification
 - Check applicable box
- Client received Maternal Outreach Worker (MOW) services
- Weeks gestation when MCCP service began (should be same as “Weeks gestation at screening” on MCCP-IS form)
- Number of months client received MCCP services
- Number of total units of MCCP services client received

POS



- Medical Risks Identified Since Screening
 - Check all additional medical risks that have been identified since the MCCP-IS form was completed.

POS



- Psychosocial Risks/Needs Outcomes
 - For all risks/needs that were indicated on the MCCP-IS at the initial contact, indicate the outcome at closure using codes 1-4.
AND
 - For all risks/needs that were identified since the MCCP-IS form was completed, indicate the outcome at closure using codes 1-4.

POS



➤ Infant Data

- Complete "Pregnancy Outcome" if "Pregnancy Ended" was the Reason for Closure.
 - Select the appropriate Pregnancy Outcome 1-4.
- If pregnancy outcome was a live birth (#1), complete the other seven items
- If multiple gestation pregnancy, also complete section for Baby B (twins) and Baby C (triplets), as appropriate.

POS



- Gestational Age at Pregnancy Outcome
- Weight of baby
- Sex of baby
- Mother breastfeeding (exclusively, at closure)
- Baby receiving WIC
- Baby receiving well child care
- Baby referred to CSC

POS



- MCC and/or clinic nurse that completes the form needs to:
 - Print name
 - Sign according to their agency signature policy
 - Date with date of form completion

POS



- Completion
 - Can be completed hard copy OR
 - Can be completed electronically, printed, and signed.
- Data entry
 - Data from completed form must be entered into HSIS within 30 days of the closure date.
- Filing
 - Completed hard copy POS M CCP-IS must be stored in the Maternal Health and/or M CCP record, depending on services received.

Questions



Please write down all of your questions on your evaluation form.

Contact Information



- Baby Love Program Manager, DPH
 - Vienna Barger, 919-707-5710, vienna.barger@ncmail.net
- Baby Love Program Manager, DMA
 - Tysha David, 919-855-4328, tysha.david@ncmail.net
- Regional Social Work Consultants
 - West – Kelly Spangler, 828-890-1147, kelly.spangler@ncmail.net
 - South – Barbara Stelly, 910-488-3098, barbara.stelly@ncmail.net
 - East – Karen Carraway, 252-355-1025, karen.carraway@ncmail.net



*Thank you for your dedication
to North Carolina's mothers,
babies and families!*
