

HIGH-INTENSITY PREGNANCY AND POSTPARTUM TRANSITIONAL CARE SERVICES (TCS) MEMBER JOURNEY: BENITA






*Benita, a pregnant Medi-Cal member, is receiving high-intensity pregnancy and postpartum TCS through her Managed Care Plan (MCP), which is coordinating with her obstetrician (OB) practice. The practice is in the MCP's provider network but is not contracted for high-intensity pregnancy and postpartum TCS. A care manager at the MCP is assigned to serve as Benita's TCS care manager. The OB practice has integrated several (but not all) elements of the TCS Birthing Supports Checklist into its routine practice. The label **[Checklist]** is used throughout this document to identify items that are part of the TCS Birthing Supports Checklist.*

Benita's Initial Interaction with Perinatal Provider to Trigger TCS

Benita is pregnant with her second pregnancy. During her first pregnancy, she had gestational diabetes, and she has not seen a medical provider since her delivery over one year ago. During her initial OB visit, Benita is screened for **[Checklist]** depression, anxiety, intimate partner violence (IPV), substance use, food insecurity, transportation needs, and housing needs. Given her history of gestational diabetes, Benita also receives a glucose test, which shows uncontrolled diabetes. The OB discusses with Benita the need for admission to the hospital for glucose control, and they agree to a hospital admission in two days.

Prior to Benita leaving the office, a Medical Assistant (MA) calls the MCP TCS call line to refer Benita for high-intensity pregnancy and postpartum TCS (given the planned admission), and refers her for **[Checklist]** Medically Tailored Meals due to her diabetes. The MA informs Benita that a care manager from her MCP will be reaching out to ensure she receives everything she needs. Later that day, Benita receives a text from Gary at her MCP, informing her that he will serve as her assigned single point of contact (TCS Care Manager) to support her during and after her pregnancy.

MCP Initiates TCS Support:

-  Receives call on MCP TCS call line from OB office for Benita. Identify that Benita must receive high-intensity pregnancy and postpartum TCS based on referral and planned admission.
-  Receives referral from OB office and authorize Benita for Medically Tailored Meals.
-  Assigns a single point of contact TCS care manager (Gary) who is responsible for coordinating all aspects of Benita's TCS.
-  Sends text to Benita with Gary's name and contact information.
-  Sends secure email to OB office with Gary's name and contact information; confirm that Benita is enrolled in the plan-based high-intensity pregnancy and postpartum TCS; and request initial visit records.

Benita's Pregnancy Continues (including planned admission for glucose control)





Benita stays in the hospital for three days during her planned admission. She is seen by the endocrine team, started on insulin, and receives a nutrition consult and diabetes education. Once she is stabilized, she is ready to go home. Her discharge instructions include recommendations to follow up with her OB within seven days of discharge and her endocrine team within two weeks and to call if she has any low glucose levels.

Three days later, Gary calls Benita to see how she is doing and go over the discharge instructions. Gary reviews the written instructions about high and low glucose levels with Benita. He also verifies when Benita has her OB and **[Checklist]** endocrinology appointments and lets Benita know that a community-based organization (CBO) that provides Medically Tailored Meals will be reaching out later that day.

At her next OB visit, Benita discusses **[Checklist]** birth control options after pregnancy with her OB. Benita wishes to return to taking oral contraceptives. Later that week following the OB appointment, Gary texts to set up a phone call with Benita. Gary tells Benita that he has received her screening results from her OB and asks if she is already enrolled in **[Checklist]** WIC and CalFresh (she is) and whether she wants to be connected to **[Checklist]** doula services, paid family leave (PFL), and lactation support. Benita is grateful to hear about the PFL and doula services. She does not want the lactation support now as she feels comfortable from breastfeeding her first baby, but

Gary orders a breast pump in case of future needs. Gary helps Benita connect with a local doula. Later in pregnancy, once she finishes her last day of work before her delivery, Gary assists Benita in completing the PFL application.

TCS Care Manager Activities as Pregnancy Continues:





-  Coordinates with the hospital from admission through discharge; receives the discharge summary and instructions from the hospital.
-  Follows up with Benita within 7 days of discharge to review discharge instructions and ensure Benita attends recommended follow-up visits.
-  Exchanges information (telephonically, via secure electronic transfer) and coordinates with OB office to confirm what aspects of the Birthing Supports Checklist have been completed and what is outstanding.
-  Provides warm handoff with CBO for Medically Tailored Meals.

Benita's Delivery

Benita goes into labor at full term, and her doula supports her through the birth. Benita's sugars are closely monitored, and her insulin is adjusted. She and her daughter are discharged after three days. A discharge manager at the hospital helps schedule Benita's first postpartum visit at the OB office in two weeks and her daughter's initial pediatrician visit two days after discharge. Benita is discharged with instructions including the scheduled appointments and the additional recommendation to **[Checklist]** follow up with the endocrinologist within three weeks for checking and adjusting her insulin.

Benita talks with Gary five days after discharge. Based on the discharge instructions, Gary asks Benita about **[Checklist]** her daughter's well-child visit; if she has scheduled her endocrine appointment; is able to attend her OB visit in a week; and about her blood glucose levels. Benita says that she has had some low levels. Based on the discharge instructions to contact the endocrinologist with high or low levels, Gary helps Benita connect with the endocrinologist who adjusts her insulin.

TCS Care Manager Activities during and immediately after Benita's Delivery:





-  MCP receives Admission, Discharge, Transfer (ADT) feeds and determines when Benita is admitted for delivery.
-  Coordinates with the hospital to receive discharge instructions and discharge summary, and ensures that the OB and endocrine offices have access to the discharge summary.
-  Reviews discharge instructions and summary with Benita and checks in about her follow-up appointments, including postpartum, endocrine, and pediatric visits.
-  Ensures Benita receives the Birthing Supports Checklist services for which she is eligible.

Benita's First Two Months Postpartum

Benita attends her two-week postpartum OB visit, her three-week postpartum endocrine visit, and all of the scheduled pediatric visits for her daughter. Gary texts Benita to ensure she can attend the appointments and asks if she needs any transportation assistance. At Benita's six-week postpartum OB follow-up appointment, she **[Checklist]** screens negative for postpartum depression and is also prescribed the oral contraceptive she elected. Her glucose levels are now under control, and her daughter is growing well. Gary schedules one last call with Benita. He validates that Benita's daughter has her two-month well-child checkup scheduled and helps Benita schedule an appointment with a **[Checklist]** primary care provider at a Federally Qualified Health Center (FQHC).

Gary texts Benita to ensure they were able to attend the two-month well-child visit. If Benita experiences additional admissions or transitions before she is 12 months postpartum, Gary will be reassigned to her, ensuring continuity of care and re-completion of the Birthing Supports Checklist as needed.

TCS Care Manager Responsibilities during Benita's First Two Months Postpartum:

-  Continues to deliver high-intensity TCS for at least 60 days postpartum.
-  Coordinates with OB office to ensure all needs are met and services are not duplicated (i.e., call or receive practice notes from the OB office and confirm completion of postpartum depression screening and reproductive life planning services at postpartum visit).
-  Coordinates and ensures primary care and endocrine visits are scheduled per discharge instructions.
-  Ensures completion of the postpartum visit with a medical provider and the two-month well-child visit for her daughter prior to completing TCS.