






MODERATE-INTENSITY PREGNANCY AND POSTPARTUM TRANSITIONAL CARE SERVICES (TCS) MEMBER JOURNEY: ALEX

*Alex, a pregnant Medi-Cal member, is receiving moderate-intensity pregnancy and postpartum TCS through her Certified Nurse Midwife (CNM) practice, which is contracted with her Managed Care Plan (MCP) to serve as a TCS care coordination entity. The Birthing Supports Checklist is fully integrated into the CNM practice's routine care. The label **[Checklist]** is used throughout this document to identify items that are part of the TCS Birthing Supports Checklist.*

Alex's Initial Interaction with her Perinatal Provider to Trigger TCS

Alex schedules an appointment with her CNM practice upon learning she is pregnant. At the initial visit, she receives lab work, a physical exam, and an ultrasound. Alex is **[Checklist]** screened for depression, anxiety, intimate partner violence (IPV), substance use, food insecurity, transportation needs, and housing needs. Alex has a history of anxiety and becoming a first-time parent is worsening her symptoms. The CNM refers Alex to a Licensed Clinical Social Worker (LCSW) for **[Checklist]** counseling services. Although Alex is **[Checklist]** enrolled in CalFresh, she struggles to afford healthy foods. Office staff help Alex **[Checklist]** apply for WIC, call the MCP to assist scheduling with an in-network LCSW, and refer her to a local home visiting program (HVP) to support her transition to motherhood.

MCP Initiates TCS Support:

-  Confirms Alex's pregnancy based on the CNM practice's call and their timely claim submission.
-  Coordinates and ensures Alex receives counseling through non-specialty mental health services.
-  Analyzes Alex's historical claims and RSST tier¹ to identify she meets criteria for moderate-intensity TCS (there are no history of claims that meet high-intensity criteria; mild anxiety does not qualify as high-intensity) and calculate Obstetric Comorbidity Index (OCI) score of less than 6 using claims.²
-  Confirms that the CNM practice is a Care Coordination entity contracted to deliver moderate-intensity TCS services using the National Provider Identifier (NPI) from claims.
-  Sends notification to CNM practice via secure email confirming that the MCP expects the CNM practice to deliver moderate-intensity TCS with a reply option if the practice has identified that Alex meets criteria for high-intensity TCS. Sends a text message to Alex confirming the information for the TCS Call Line and noting that it is available to support her as needed.

Alex's Pregnancy Continues




Alex continues prenatal care with the CNM practice and receives ongoing support from the LCSW. When she misses an appointment, the CNM practice office staff reach out. Alex explains that her car broke down. The office staff inform Alex that she is eligible for nonmedical transportation (NMT) through her MCP and **[Checklist]** arrange transportation services for her remaining prenatal appointments.

¹ MCPs may use their own risk stratification or the PHM Service RSST prior to its use being required. However, once the PHM Service RSST use is required, MCPs must use the PHM Service's risk tiers.

² Per the Population Health Management (PHM) [Policy Guide](#), any Medi-Cal member who has an OCI score greater than 6 meets criteria for high-intensity pregnancy and postpartum TCS.

At her next appointment, Alex and the CNM make plans for Alex to deliver at a hospital close to her home. The CNM **[Checklist]** orders an electric breast pump from Alex's MCP and highlights the availability of a lactation consultant in the hospital and if needed, post-discharge. They also **[Checklist]** discuss Alex's plans for postpartum birth control (an IUD), and the office staff help Alex apply for paid family leave (PFL).

MCP Activities in Alex's Continued Pregnancy Care:




-  Reevaluates whether Alex meets criteria for high- vs moderate-intensity TCS; maintains moderate-intensity support as appropriate.
-  Arranges NMT for remaining appointments when the CNM practice contacts the MCP's TCS call line.
-  Processes and authorizes Alex's breast pump upon receiving the request.

Alex's Delivery

Alex delivers a healthy baby boy and **[Checklist]** receives lactation support in the hospital and a referral for outpatient lactation support upon discharge. As planned, she receives an IUD, and before discharge, the CNM **[Checklist]** reviews the discharge instructions with Alex. The CNM recommends a follow-up appointment for Alex in six weeks and a pediatrician appointment for her son in two days. The CNM reviews what to expect and concerning symptoms to look out for. The CNM also notes that the hospital **[Checklist]** enrolled her son in Medicaid through Newborn Gateway.

A Registered Nurse (RN) from the CNM practice checks in with Alex three weeks post-delivery via a phone call, validating that Alex and her son are doing well and that Alex received lactation support at her son's pediatrician office, during his appointments.



MCP Activities During and After Alex's Delivery:

-  Receives Admission, Discharge, Transfer (ADT) feeds and determines when Alex is admitted for delivery.
-  Reassesses that Alex meets criteria for moderate-intensity TCS by reevaluating OCI score using claims data, instructs the hospital utilization management team to ask during daily rounds whether Alex requires referral for high-intensity TCS, and reviews RSST risk tier to confirm Alex is not high-risk in RSST.
-  Sends notification to CNM practice via secure email verifying that Alex still meets moderate-intensity TCS criteria and that the CNM practice is responsible for continuing care coordination through at least two months postpartum.

Alex's First Two Months Postpartum

At Alex's six-week postpartum appointment, the CNM asks Alex about her physical health and anxiety and ensures Alex is receiving ongoing support from the LCSW and **[Checklist]** confirms Alex has a primary care provider. A few weeks later, the CNM office staff **[Checklist]** confirm that Alex brought her son to his two-month well baby visit – he is still doing well. They transition her care to her primary care provider.

MCP Responsibilities During Alex's First Two Months Postpartum:

-  Continues to provide NMT and ensures that Alex has transportation to and from appointments for services covered by Medi-Cal, including postpartum visits.
-  Conducts routine evaluation and monitoring. If Alex's case is identified for a random audit, reviews records and confirms that the CNM practice completed the TCS Birthing Supports Checklist, connected Alex to needed services and supports, and provided support through two-months postpartum – fulfilling TCS requirements.