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| **Commonwealth of Virginia**  **Department of Medical Assistance Services**  **Managed Care Maternity Care Program**  **(Name of MCO)** | | | | |
| Do you have a written policy and procedure that describes each of thelisted components? For each:   * If the answer is “Yes”, please provide it as an attachment. * If the answer is “No”, please provide a brief description of how your Plan meets this responsibility. * If an attached document addresses more than one component, please indicate the appropriate page(s) that cover each component. | | | | |
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| **PRENATAL CARE** | | | | |
| **Program Component & Contract Reference** | **Yes** | **No** | **List and Attach Document(s) or Provide a Brief Description** | **DMAS Response** |
| How you assure network adequacy for the spectrum of services provided to pregnant women. **Section** **8.7.A** |  |  |  |  |
| Description of the information you send to pregnant women to inform them of your prenatal programs and to assist with needed prenatal services. **Section** **8.7.A** |  |  |  |  |
| Activities implemented to promote, and incent, healthy pregnancies. **Section** **8.7.A** |  |  |  |  |
| How you assist with and monitor timely prenatal care visits. **Section 8.7.A** |  |  |  |  |
| How you assure an appropriate referral system for identified prenatal depression, substance abuse, or other complicating conditions. **Section 8.7.A** |  |  |  |  |
| How you provide for referrals of potentially eligible women, infants, and children to the WIC program, and the provision of medical information by providers to the WIC program. **Section** **8.7.A and 4.12.B.II** |  |  |  |  |

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| **HIGH RISK PRENATAL SERVICES** | | | | |
| **Program Component & Contract Reference** | **Yes** | **No** | **List and Attach Document(s) or Provide a Brief Description** | **DMAS Response** |
| How you differentiate pregnant women according to risk status, including the minimum considerations as set forth in section. **Section** **8.7.C.I**. |  |  |  |  |
| How you provide described case management services, to women with identified high risk pregnancies. **Section** **8.7.C.II and C.III** |  |  |  |  |
| A summary of the services provided/offered to high risk pregnant women. **Section** **8.7.C.III** |  |  |  |  |
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| **POSTPARTUM CARE** | | | | |
| **Program Component & Contract Reference** | **Yes** | **No** | **List and Attach Document(s) or Provide a Brief Description** | **DMAS Response** |
| How you promote and incent timely and adequate postpartum services as noted in **Section 8.7.D.I.** |  |  |  |  |
| How you assure an appropriate referral system for identified postpartum depression, substance abuse, or other complicating conditions. **Section 8.7.D.II** |  |  |  |  |
| Description of the information you provide to postpartum women to inform them of their options for receiving continuing health care services. **Section 8.7.D.VI** |  |  |  |  |