

DEPARTMENT OF HEALTH SERVICES

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CPSP PROGRAM LETTER 99-01

TO: Perinatal Services Coordinators

SUBJECT: DUAL PROVIDER MODEL IN COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)

The purpose of this letter is to clarify the Department of Health Services (DHS) policy on dual provider models in the Comprehensive Perinatal Services Program (CPSP) for Medi-Cal fee-for-service providers.

This policy was originally stated in a letter to CPSP coordinators and providers dated September 22, 1992. The policy states that when a documented obstetrical (OB) access problem exists for pregnant women on Medi-Cal, dual provider models may be authorized by the Department of Health Services, Maternal and Child Health Branch (MCH) when there are no other acceptable alternatives to resolve the access issues. Further, the policy required a written agreement between the CPSP providers that is approved by the local perinatal services coordinator and the MCH Branch.

Recently the MCH Branch has received requests for approval of dual provider models that are not based on improved access for Medi-Cal beneficiaries. These requests for approval were denied. Therefore, in order to further clarify which providers may be eligible to apply for this model, the following will clarify DHS program policy for dual CPSP provider status.

All requests for approval of a dual provider model received by the MCH Branch must meet these conditions (refer to September 22, 1992 letter):

The dual provider model request includes a written statement from the CPSP providers addressed to the MCH Branch which details the OB access problem and how the dual provider model will ameliorate the problem for Medi-Cal beneficiaries.

The request includes a written Dual Provider Agreement between the CPSP providers, signed by all providers involved and the local perinatal services coordinator using the enclosed "CPSP Provider - Dual Provider Agreement" form.



- 3 Each CPSP provider participating in the Dual Provider Agreement offers the full range of services to their OB patients, even though they specifically provide only a portion of CPSP services to patients who are jointly seen through the Dual Provider Agreement.

For purposes of this policy, OB access problems are defined as:

- Access to the full range of CPSP services (e.g., OB and/or support services); and/or.
2. Problems of access to specialized services for the high-risk pregnancy, such as the California Diabetes and Pregnancy Program (CDAPP), Sweet Success affiliates.

One example of a dual provider model meeting the criterion would be where a CPSP certified hospital outpatient clinic is collaborating with CPSP certified private physicians to create greater access to support services than the Medi-Cal OB patients would otherwise have available to them. The private physicians, located in their own private offices, would provide client orientation, initial assessments, and interventions. But the hospital outpatient clinic would provide the CDAPP high-risk interventions by master's-prepared social workers or registered dietitians, as well as classes in childbirth preparation.

An example of a collaboration between two providers that does not meet this criterion is where CPSP provider "A", such as a hospital outpatient department, is collaborating with CPSP provider "B", such as a private physician group to provide prenatal care at the hospital site. In this circumstance, there is neither an OB nor CPSP access issue. This arrangement is not acceptable under the Dual Provider Model policy.

As stated in the September 22, 1992, "Revised Medi-Cal Policy/Dual Service Provision by CPSP Providers" policy letter, written dual provider agreements must address the following: informing the patient which provider is the case coordinator; how medical records will be shared and billing coordinated; service limits specified in regulations will not be exceeded; if more than one provider provides OB services, both must bill on a fee-for-service basis (e.g., neither party in a dual billing agreement, which can include dual provision of OB services, can bill globally); each patient will be provided written instructions telling her how and where to obtain emergency services; and, care will be provided under one individualized care plan.

Dual provider agreements are subject to review by the MCH Branch using the above as guidance for defining OB access problems, and the existing requirements of the Dual Provider Agreements, which include local perinatal services coordinator recommendation for approval. Dual provider models may not commence until a Notice of Approval, with an effective date of operation, is received by each of the dual CPSP providers.

