



# Comprehensive Perinatal Services Program (CPSP)

## Program Description

- Required Medi-Cal Benefit for Pregnant Women
- Provider must be CPSP certified
- If provider is not certified, must refer patient out to a certified CPSP provider
- To become certified visit <http://www.cdph.ca.gov>
  - Programs
  - Maternal Child & Adolescent Health
  - Maternal & Infant Health Programs
  - Comprehensive Perinatal Services Program (CPSP)
  - Enroll as a CPSP provider



# Comprehensive Perinatal Services Program (CPSP)

## **Provider Process**

*We are required by the health plans to monitor our providers and track all CPSP eligible members under their care.*

- Upon first OB visit, perform an initial prenatal exam
- Upon first OB visit, have member sign Prospect Medical Consent/Declination form
- Add member to provided CPSP log
- Fax all 3 of these documents to us at (909) 931-5077 as one member package

**\*\*This process works most efficiently when this is done on a daily basis\*\***



# Comprehensive Perinatal Services Program (CPSP)

## Sample Documents

**Prospect Medical**  
 600 City Parkway West Ste 800  
 Orange, CA 92868  
 909.932.1045 • 800.281.8886

**COMPREHENSIVE PERINATAL SERVICES PROGRAM**  
*CPSP Participation Consent/Declination Form*

The Comprehensive Perinatal Services Program (CPSP) offers enhanced perinatal care to Medi-Cal eligible women. The law requires that all Medi-Cal eligible pregnant women be offered CPSP services.

LA Care, it's Plan Partners, and Health Net believe that your participation in this program can help you take better care of yourself and your baby. We encourage you to take advantage of the services provided through this program.

Based on your need the following services are available:

- Training on good eating habits for you and your baby.
- Training to help you maintain your health and the health of your baby.
- To help with life issues: Housing, Social Work Services, Safety
- Smoke cessation education

Based on the needs identified, appropriate referrals and interventions can be made to address them.

Please sign below and check whether you want to take part in the program or not. When you request to participate, you will be expected to attend all the sessions (4 regular sessions- Initial Assessment, 2<sup>nd</sup> and 3<sup>rd</sup> trimester reassessment and post partum). In addition to the 4 regular sessions, you may need to be referred for health education, social worker, behavioral health, and/or dietitian.

If you choose not to participate at this time, but change your mind at any time during your pregnancy, please let us know.

Yes, I want to participate. \_\_\_\_\_ No, I do not want to participate. \_\_\_\_\_

\_\_\_\_\_  
Date                      Patient's Signature                      OB Provider Signature or Stamp

Patient Name: \_\_\_\_\_ Insurance#: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_ LMP: \_\_\_\_\_ EDC: \_\_\_\_\_

\*Provider, please send a copy of this document to Mikelle Kamm, Attn. Auth Dept. (909) 931-5077. File a copy in the patient's medical record in your office for audit purpose.  
 CPSP Consent-Declination, rev. 9/2015

**The Comprehensive Perinatal Services Program**

Provider: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_ Attn: \_\_\_\_\_ Due Date: \_\_\_\_\_ January 2018

**Prospect Medical Group**  
 Contact: Mikelle Kamm  
 Direct Line: 909-291-4402  
 FAX to: 909-931-5077  
 Email: mikelle.kamm@prospectmedical.com

	1st Req Date:	
	2nd Req Date:	

Please forward all copies of Pregnancy Notification Reports (PNR) and Initial Prenatal Assessment forms

Referral# (IF ANY)	Name	Member ID	DOB	EDC/LPM	OB APPT DATE	CPSP Services Offered (Y/N)		Accepted/Declined		OFFERED IN OFFICE? (Y/N)	If not in office where or who was patient referred to? If you are not the members OB Dr please enter name of the OB Dr.
						Date Offered	Accepted/Declined	Accepted/Declined	Accepted/Declined		

Provider CPSP education is available on our Provider Portal  
<http://prospectmedicalgroup.com/>

Go to: → Providers  
 → Provider Training  
 Link: → View Training

Physician Training Module: → Comprehensive Perinatal/Perinatal Support Services Programs  
 Program Training Material: • Comprehensive Perinatal Services Program (CPSP) Provider Handbook May 15, 2014  
 • Prospect's Comprehensive Perinatal Services Program (CPSP) & Perinatal Support  
 • Comprehensive Perinatal Services Program (CPSP) Provider Bulletin & Provider List

*If your office does not provide CPSP services at this time please direct your patients to providers offering CPSP Services:*  
 A list is provided in the Provider Bulletin & Provider List on our Provider Portal.  
 See: • Comprehensive Perinatal Services Program (CPSP) Provider Bulletin & Provider List

October 31, 2019

Bulletin 10.7, All Providers, CPSP Process Overview

## Comprehensive Perinatal Services Program (CPSP) for Medi-Cal Eligible Member

The Comprehensive Perinatal Services Program (CPSP) offers enhanced perinatal care to Medi-Cal eligible members. The law requires that all pregnant Medi-Cal eligible members be offered CPSP services. Information is available on our website [www.prospectmedical.com](http://www.prospectmedical.com) under the For Providers section and Training Modules link.

1. CPSP must be offered to all Medi-Cal eligible members from the below list of health plans on their 1<sup>st</sup> OB visit, even if provider does not offer CPSP:
  - Care 1<sup>st</sup> Medi-Cal
  - Care 1<sup>st</sup> Cal MediConnect
  - Health Net Medi-Cal
  - Health Net Cal MediConnect
  - Inland Empire Health Plan
  - LA Care Medi-Cal
  - LA Care Cal Mediconnect
  - One Care Connect
  - Cal Optima Medi-Cal
2. Signed consent forms (attached sample) need be faxed to us on the day the member signs. We must have a signed consent form on file for all pregnant Medi-Cal members belonging to the listed health plans. See below for instructions on Cal Optima.
  - **Please fax to (909) 931-5077 ATTN: CPSP Coordinator**
3. If the member accepts and the OB is not CPSP certified, it must be documented on the consent form where they were referred to for CPSP program information.
4. Being referred out for the program is for informational purposes only. The member remains under the referring OB's care throughout their pregnancy.
5. All CPSP billing questions must be directed to the Health Plan. Prospect does not handle CPSP payment to providers. We are only responsible for making sure that our members are being offered the program.

### Cal Optima Medi-Cal Process

A risk assessment profile (Pregnancy Notification Report – PNR) must be performed on all pregnant women in ANY Cal Optima health Network at the initiation of pregnancy-related services and must be submitted to Cal Optima within 7 days of the first prenatal visit. See attached PNR and PNR Provider Guide. After submission to Cal Optima, fax a copy to Prospect Auth Department ATTN: CPSP Coordinator at 909-931-5077.



600 City Parkway West Ste 800  
Orange, CA 92868  
909.932.1045 800.281.8886



9302 Pittsburgh Ave Suite 220  
Rancho Cucamonga, CA 91730  
909.932.1045 800.281.8886

**COMPREHENSIVE PERINATAL SERVICES PROGRAM**  
**REQUIRED PARTICIPATION CONSENT/DECLINATION FORM**

The Comprehensive Perinatal Services Program (CPSP) offers enhanced perinatal care to Medi-Cal eligible members. The law requires that all Medi-Cal eligible pregnant members be offered CPSP services.

Our Health Plans and all their affiliated partners believe that your participation in this program can help you take better care of yourself and your baby. We encourage you to take advantage of the services provided through this program.

Based on your need, the following services are available:

- Training on good eating habits for you and your baby.
- Training to help you maintain your health and the health of your baby.
- Help with life issues: Housing, Social Work Services, Safety
- Smoke cessation education

Based on the needs identified, appropriate referrals and interventions can be made to address them.

Please sign below and check whether you want to take part in the program or not. When you request to participate, you will be expected to attend all the sessions (4 regular sessions- Initial Assessment, 2<sup>nd</sup> and 3<sup>rd</sup> trimester reassessment, and postpartum session). In addition to the 4 regular sessions, you may need to be referred for health education, a social worker, behavioral health, and/or a dietician.

If you choose not to participate at this time but change your mind at any time during your pregnancy, please let us know.

Yes, I want to participate. \_\_\_\_\_

No, I do not want to participate. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
OB Provider Signature or Stamp

<b>Patient Name:</b> _____	<b>Insurance/#:</b> _____
<b>PHONE NUMBER:</b> _____	<b>DOB:</b> _____ <b>LMP:</b> _____ <b>EDC:</b> _____

**\*REQUIRED: Provider must send a copy of this document to Prospect/ProMed ATTN: CPSP Coordinator to (909) 931-5077. File a copy in the patient's medical record in your office for audit purpose.**