



## Florida Managed Medical Assistance Program Pregnancy Outcomes/Healthy Start Services Medical Record Documentation Review Elements

Humana Healthy Horizons® in Florida conducts annual medical record documentation reviews to monitor compliance guidance stipulated by the Agency for Health Care Administration pursuant to s. 409.975(4)(b), F.S., and the Centers for Medicare & Medicaid Services (CMS).

This document lists the elements reviewed for randomly selected medical records.\*

### Obstetrician records are reviewed using the following standards:

#### Florida's Healthy Start prenatal risk screening

Healthcare providers must offer Florida's Healthy Start prenatal risk screening to each pregnant member as part of her first prenatal visit, as required by Chapters 383.14; 381.004, F.S.; and 64C-7.009, F.A.C.

Screening documentation should include:

- Use of the Department of Health-approved Healthy Start (prenatal) risk screening instrument
- A copy of the provider's completed screening instrument in the member's medical record
  - The member also should receive a copy.
- A copy of the provider's completed preterm delivery risk assessments in the member's medical record by week 28

#### Additional healthcare provider requirements

Under specific circumstances, pregnant members who do not score high enough to qualify for Healthy Start case management can still be eligible for services referral. If the referral is made at the same time the Healthy Start risk screening is administered, the provider can indicate on the risk screening form if the member is invited to participate based on factors other than score.

If a determination is made after the risk screening, the provider can refer the member directly to the Healthy Start care coordinator based on actual or potential factors associated with high risk, such as:

- Human immunodeficiency virus (HIV)
- Hepatitis B
- Substance abuse
- Domestic violence

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The provider also can refer a patient by submitting the Healthy Start (prenatal) risk screening instrument to the county health department in which the prenatal screening was completed within 10 business days of screening completion. Provider referrals of all pregnant, breast-feeding and postpartum women to the local Women, Infants and Children (WIC) office includes:

- A completed Florida WIC program medical referral form with the current height or length and weight of the infant (taken within 60 days of the WIC appointment)
- Hemoglobin or hematocrit test results
- All identified medical/nutritional problems

The provider should coordinate with WIC for future certifications and provide the previously referenced referral data from the member's most recent child health checkup. Each time the provider completes a WIC referral form, the member should receive a copy, and another copy should be kept in the member's medical record.

Providers also should obtain a signed objection when a pregnant woman declines an HIV test (see Chapter 384.31, F.S. and 640-3.019, F.A.C.).

Providers should counsel all pregnant members infected with HIV about the latest antiretroviral regimen recommended by the U.S. Department of Health and Human Services, as recommended in the Public Health Service Task Force report, titled "Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States."

Providers should screen all pregnant members receiving prenatal care for the hepatitis B surface antigen (HBsAg) during the first prenatal visit. A second HBsAg test should be performed between 28 and 32 weeks of pregnancy for all members who tested negative at the first prenatal visit and are considered high-risk for hepatitis B infection. This test should be ordered along with other routine prenatal screenings.

All HBsAg-positive women are reported to the local CHD and Healthy Start, regardless of their Healthy Start screening score. Please remember:

- Providers maintain all documentation of Healthy Start screenings, assessments, findings and referrals in members' medical records.
- Providers also screen all pregnant members for tobacco use and make available smoking-cessation counseling and appropriate treatment as needed.
- Providers also screen all pregnant members for substance use disorder (SUD) and make appropriate referrals to behavioral health and SUD treatment providers.

Providers should also offer nutritional assessment and counseling to all pregnant members that includes:

- Promoting breast-feeding and breast milk substitutes as safe and adequate nutrition for infants
- Offering a mid-level nutrition assessment
- Creating an individualized diet and nutrition care plan with input from a public health nutritionist, a nurse or physician following a nutrition assessment
- Documenting the nutrition care plan in the medical record by the person providing counseling

## **Obstetrical delivery**

Providers must document preterm delivery risk assessments in the member's medical record by week 28. If the provider determines the member's pregnancy is high risk, the provider should complete a Notification of Pregnancy form and submit to Humana Healthy Horizons. In addition, providers should ensure that obstetrical care during labor and delivery includes preparation by all attendants for symptomatic evaluation as the member progresses through the final stages of labor and immediate postpartum care.

## **Postpartum care**

Providers must perform a postpartum examination for the member within six weeks after delivery. Providers also should offer voluntary family planning information, including a discussion of all methods of contraception, as appropriate.

\* Other areas of Humana might request and review medical records for specific operational and compliance needs. Depending on their purpose, such reviews might examine additional or different medical record elements and use different review criteria than those described here.