Florida Managed Medical Assistance (MMA) Program
Pregnancy Outcomes/Healthy Start Services
Medical record documentation review elements

Humana conducts annual medical record documentation reviews (MRDRs). The reviews monitor compliance with guidelines stipulated by the Agency for Health Care Administration (AHCA) 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 will be reviewed for:

Florida’s Healthy Start Prenatal Risk Screening

The physician or other healthcare provider offers Florida’s Healthy Start prenatal risk screening to each pregnant enrollee as part of her first prenatal visit, as required by Chapters 383.14 and 381.004, F.S.; and 64C-7.009, F.A.C.

- Provider uses the Department of Health-approved Healthy Start (Prenatal) Risk Screening Instrument.

- Provider keeps a copy of the completed screening instrument in the enrollee’s medical record and provides a copy to the enrollee.

- Provider documents preterm delivery risk assessments in the enrollee’s medical record by Week 28.

Additional healthcare provider requirements:

Pregnant enrollees who do not score high enough to be eligible for Healthy Start case management can be referred for services, regardless of their score on the Healthy Start risk screen, in the following ways:

- If the referral is to be made at the same time the Healthy Start risk screen is administered, the provider can indicate on the risk screening form that the enrollee is invited to participate based on factors other than score; or

- If determination is made subsequent to risk screening, the provider can refer the enrollee directly to the Healthy Start care coordinator based on assessment of actual or potential factors associated with high risk, such as human immunodeficiency virus (HIV), hepatitis B, substance abuse or domestic violence.
• Provider submits the Healthy Start (Prenatal) Risk Screening Instrument to the county health department (CHD) in the county where the prenatal screen was completed within 10 business days of completion of the screening.

• Provider refers all pregnant, breast-feeding and postpartum women to the local Women, Infants and Children (WIC) office and provides:
  • 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; and
  • Any identified medical/nutritional problems.
  • For subsequent WIC certifications, the provider coordinates with the local WIC office to provide the above referral data from the most recent Child Health Check-Up (CHCUP).
  • Each time the provider completes a WIC referral form, the provider gives a copy of the form to the enrollee and keeps a copy in the enrollee’s medical record.

**Provider gives all women of childbearing age HIV counseling and offers them HIV testing. See Chapter 381, F.S.**

• Provider offers all pregnant women counseling and HIV testing at the initial prenatal care visit and again at 28 and 32 weeks.

• Provider attempts to obtain a signed objection if a pregnant woman declines an HIV test. See Chapter 384.31, F.S., and 640-3.019, F.A.C.

• Provider ensures all pregnant women infected with HIV are counseled about and offered the latest antiretroviral regimen recommended by the U.S. Department of Health & 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.”

**Provider screens all pregnant enrollees receiving prenatal care for the hepatitis B surface antigen (HBsAg) during the first prenatal visit.**

• Provider performs a second HBsAg test between 28 and 32 weeks of pregnancy for all pregnant enrollees who tested negative at the first prenatal visit and are considered high-risk for hepatitis B infection. This test will be performed at the same time other routine prenatal screening is ordered.
• All HBsAg-positive women will be reported to the local CHD and to Healthy Start, regardless of their Healthy Start screening score.

Provider maintains all documentation of Healthy Start screenings, assessments, findings and referrals in enrollees’ medical records.

Provider screens all pregnant enrollees for tobacco use and makes available smoking-cessation counseling and appropriate treatment as needed.

Provider gives nutritional assessment and counseling to all pregnant enrollees.

• Provider ensures the provision of safe and adequate nutrition for infants by promoting breast-feeding and breast milk substitutes;

• Provider offers a mid-level nutrition assessment;

• Provider facilitates individualized diet counseling and a nutrition care plan by a public health nutritionist, a nurse or physician following the nutrition assessment; and

• Provider ensures documentation of the nutrition care plan is in the medical record by the person providing counseling.

Obstetrical delivery

• Provider documents preterm delivery risk assessments in the enrollee’s medical record by Week 28.

• If the provider determines the enrollee’s pregnancy is high risk, the provider will ensure obstetrical care during labor and delivery includes preparation by all attendants for symptomatic evaluation as the enrollee progresses through the final stages of labor and immediate postpartum care.

Postpartum care

• Provider gives a postpartum examination for the enrollee within six weeks after delivery.

• Provider gives voluntary family planning, including a discussion of all methods of contraception, as appropriate.

*Other areas of Humana also 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.