

Maternal Health signifycommunity™ Bundles – Effective November 2021

Bundle	Included Activities and prepopulated fields	Common Fields
First Visit	<p>Obtain Documentation Type of document: Maternal Health Consent; Maternal Health Release</p> <p>Complete Survey Topics: Complete the Pregnancy Intake Survey Complete the All Visits Survey Complete the Oral Health Survey</p> <p>Presumptive Eligibility</p> <p>Health Services Topic: Medicaid Prenatal Risk Assessment (Initial Screen)</p> <p>Health Services Topic: Health Education</p> <p>Health Services Topic: Psycho/Social</p> <p>Health Services Topic: Abuse Assessment Screening</p> <p>Health Services Topic: SBIRT</p> <p>Dental Referral</p> <p>Follow-Up Appointment</p>	<ul style="list-style-type: none"> • Primary Diagnosis • ICD-10 • Interaction Type • County of Service • Location • Place of Service • Primary Payor • Primary Payor No. • Secondary Payor • Secondary Payor No. • Service Provider • Documentation Source
Subsequent Visit	<p>Health Services Topic: Medicaid Prenatal Risk Assessment (Rescreen)</p> <p>Health Services Topic: Health Education</p> <p>Health Services Topic: Psycho/Social</p> <p>Health Services Topic: Abuse Assessment Screening</p> <p>Health Services Topic: SBIRT</p> <p>Complete Survey Topic: Complete All Visit Survey</p> <p>Dental Referral</p> <p>Follow-Up Appointment</p>	<ul style="list-style-type: none"> • Primary Diagnosis • ICD-10 • Interaction Type • County of Service • Location • Place of Service • Primary Payor • Primary Payor No. • Secondary Payor • Secondary Payor No. • Service Provider • Documentation Source
Postpartum Visit	<p>Health Services Topic: Health Education</p> <p>Health Services Topic: Psychosocial</p> <p>Health Services Topic: blank</p>	<ul style="list-style-type: none"> • Primary Diagnosis • ICD-10 • Interaction Type • County of Service • Location • Place of Service

	Dental Referral Follow-Up Appointment Complete Survey Topics: Complete the All Visits Survey Complete the Discharge Survey Complete the Oral Health Survey	<ul style="list-style-type: none"> • Primary Payor • Primary Payor No. • Secondary Payor • Secondary Payor No. • Service Provider • Documentation Source
Postpartum Only	Obtain Documentation Type of document: Maternal Health Consent; Maternal Health Release Complete Survey Topics: Complete the Intake Survey Complete the All Visits Survey Complete the Discharge Survey Complete the Oral Health Survey Health Services Topic: Health Education Health Services Topic: Psychosocial Health Services Topic: blank Dental Referral Follow-Up Appointment	<ul style="list-style-type: none"> • Primary Diagnosis • ICD-10 • Interaction Type • County of Service • Location • Place of Service • Primary Payor • Primary Payor No. • Secondary Payor • Secondary Payor No. • Service Provider • Documentation Source
Initial Home Visit	Obtain Documentation Type of document: Maternal Health Consent; Maternal Health Release Complete Survey Topics: Complete the Intake Survey Complete the All Visits Survey Complete the Oral Health Survey Presumptive Eligibility Health Services Topic: Home Visit Dental Referral Follow-Up Appointment Health Services	<ul style="list-style-type: none"> • Primary Diagnosis • ICD-10 • Interaction Type • County of Service • Location • Place of Service • Primary Payor • Primary Payor No. • Secondary Payor • Secondary Payor No. • Service Provider • Documentation Source
Subsequent Home Visit	Complete Survey Topics: Complete the All Visits Survey Health Services Topic: Home Visit Dental Referral Follow-Up Appointment Health Services	<ul style="list-style-type: none"> • Primary Diagnosis • ICD-10 • Interaction Type • County of Service • Location • Place of Service • Primary Payor • Primary Payor No. • Secondary Payor • Secondary Payor No. • Service Provider

		<ul style="list-style-type: none"> Documentation Source
Final Home Visit	<p>Complete Survey Topics: Complete the All Visits Survey Complete the Discharge Survey Complete the Oral Health Survey</p> <p>Health Services Topic: Home Visit</p> <p>Dental Referral</p> <p>Health Services</p>	<ul style="list-style-type: none"> Primary Diagnosis ICD-10 Interaction Type County of Service Location Place of Service Primary Payor Primary Payor No. Secondary Payor Secondary Payor No. Service Provider Documentation Source
Listening Visit (in the home or in clinic)	<p>Complete Survey Topic: Complete All Visit Survey Complete the Discharge Survey Complete the Oral Health Survey</p> <p>Health Services Topic: Listening Visit</p> <p>Dental Referral</p> <p>Follow-Up Appointment</p>	<ul style="list-style-type: none"> Primary Diagnosis ICD-10 Interaction Type County of Service Location Place of Service Primary Payor Primary Payor No. Secondary Payor Secondary Payor No. Service Provider Documentation Source
Lactation Class Only	<p>Obtain Documentation Type of document: Maternal Health Consent; Maternal Health Release</p> <p>Complete Survey Topics: Complete the Intake Survey Complete the Discharge Survey Complete the Oral Health Survey</p> <p>Health Services Topic: Lactation Class</p> <p>Dental Referral</p> <p>Follow-Up Appointment</p>	<ul style="list-style-type: none"> Primary Diagnosis ICD-10 Interaction Type County of Service Location Place of Service Primary Payor Primary Payor No. Secondary Payor Secondary Payor No. Service Provider Documentation Source
PE Only	<p>Presumptive Eligibility</p> <p>Care Coordination</p> <p>Follow-Up Appointment</p> <p>Complete Survey Topic: Complete the Oral Health Survey</p>	<ul style="list-style-type: none"> County of Service
Oral Health Only	<p>Obtain Documentation</p>	<ul style="list-style-type: none"> Primary Diagnosis ICD-10

	<p>Type of document: Maternal Health Consent; Maternal Health Release</p> <p>Dental Referral</p> <p>Dental Topic: Dental Screening</p> <p>Dental Topic: Risk Assessment</p> <p>Dental Topic: Fluoride Varnish</p> <p>Dental Topic: Oral Hygiene Instruction</p> <p>Dental Topic: Dental Nutrition Counseling</p> <p>Care Coordination Primary Payer: Other</p> <p>Complete Survey Topic: Complete the Oral Health Survey</p>	<ul style="list-style-type: none"> • Interaction Type • County of Service • Location • Place of Service • Primary Payor • Primary Payor No. • Secondary Payor • Secondary Payor No. • Service Provider • Prior Auth No. • Documentation Source
Dental Screening	<p>Dental Referral</p> <p>Dental Topic: Dental Screening</p> <p>Dental Topic: Risk Assessment</p> <p>Dental Topic: Fluoride Varnish</p> <p>Dental Topic: Oral Hygiene Instruction</p> <p>Dental Topic: Dental Nutrition Counseling</p> <p>Dental Topic: Tobacco Counseling</p> <p>Follow-Up Call</p> <p>Complete Survey Topic: Complete the Oral Health Survey</p>	<ul style="list-style-type: none"> • Primary Diagnosis • ICD-10 • Interaction Type • County of Service • Location • Place of Service • Primary Payor • Primary Payor No. • Secondary Payor • Secondary Payor No. • Service Provider • Prior Auth No. • Documentation Source
Dental High Risk	<p>Send/Give Educational Materials</p> <p>Care Coordination</p> <p>Follow-Up Call</p>	<ul style="list-style-type: none"> • County of Service
Dental Moderate Risk	<p>Send/Give Educational Materials</p> <p>Care Coordination</p> <p>Follow-Up Call</p>	County of Service