

**New Maternal Health signifycommunity™ Bundles – Effective 7/1/21**

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

	<p><b>Program Discharge Date</b>  Topics: Complete the All Visits Survey  Complete the Discharge Survey  Complete the Oral Health Survey</p>	<ul style="list-style-type: none"> <li>• Secondary Payor</li> <li>• Secondary Payor No.</li> <li>• Service Provider</li> <li>• Prior Auth No.</li> </ul> <p>Documentation Source</p>
Postpartum Only	<p><b>Obtain Documentation</b>  Type of document: Maternal Health Consent;  Maternal Health Release</p> <p><b>Program Admission Date</b>  Topics: Complete the Intake Survey  Complete the All Visits Survey  Complete the Oral Health Survey</p> <p><b>Health Services</b>  Topic: Postpartum Nursing Assessment</p> <p><b>Health Services</b>  Topic: Abuse Assessment Screening</p> <p><b>Health Services</b>  Topic: SBIRT</p> <p><b>Dental Referral</b></p> <p><b>Follow-Up Appointment</b></p> <p><b>Program Discharge Date</b>  Topics: Complete the All Visits Survey  Complete the Discharge Survey  Complete the Oral Health Survey</p>	<ul style="list-style-type: none"> <li>• Primary Diagnosis</li> <li>• ICD-10</li> <li>• Interaction Type</li> <li>• County of Service</li> <li>• Location</li> <li>• Place of Service</li> <li>• Primary Payor</li> <li>• Primary Payor No.</li> <li>• Secondary Payor</li> <li>• Secondary Payor No.</li> <li>• Service Provider</li> <li>• Prior Auth No.</li> <li>• Documentation Source</li> </ul>
Home Visit	<p><b>Obtain Documentation</b>  Type of document: Maternal Health Consent;  Maternal Health Release</p> <p><b>Program Admission Date</b>  Topics: Complete the Intake Survey  Complete the All Visits Survey  Complete the Oral Health Survey</p> <p><b>Presumptive Eligibility Complete Survey</b>  Topic: Complete All Visit Survey</p> <p><b>Program Discharge Date</b>  Topics: Complete the All Visits Survey  Complete the Discharge Survey  Complete the Oral Health Survey</p> <p><b>Health Services</b>  Topic: Home Visit</p> <p><b>Dental Referral</b></p> <p><b>Follow-Up Appointment</b></p>	<ul style="list-style-type: none"> <li>• Primary Diagnosis</li> <li>• ICD-10</li> <li>• Interaction Type</li> <li>• County of Service</li> <li>• Location</li> <li>• Place of Service</li> <li>• Primary Payor</li> <li>• Primary Payor No.</li> <li>• Secondary Payor</li> <li>• Secondary Payor No.</li> <li>• Service Provider</li> <li>• Prior Auth No.</li> <li>• Documentation Source</li> </ul>
Listening Visit (in the home or in clinic)	<p><b>Complete Survey</b>  Topic: Complete All Visit Survey</p> <p><b>Program Discharge Date</b>  Topics: Complete the All Visits Survey  Complete the Discharge Survey</p>	<ul style="list-style-type: none"> <li>• Primary Diagnosis</li> <li>• ICD-10</li> <li>• Interaction Type</li> <li>• County of Service</li> <li>• Location</li> </ul>

	<p>Complete the Oral Health Survey</p> <p><b>Health Services</b> Topic: Listening Visit</p> <p><b>Dental Referral</b></p> <p><b>Follow-Up Appointment</b></p>	<ul style="list-style-type: none"> <li>• Place of Service</li> <li>• Primary Payor</li> <li>• Primary Payor No.</li> <li>• Secondary Payor</li> <li>• Secondary Payor No.</li> <li>• Service Provider</li> <li>• Prior Auth No.</li> <li>• Documentation Source</li> </ul>
Lactation Class Only	<p><b>Obtain Documentation</b> Type of document: Maternal Health Consent; Maternal Health Release</p> <p><b>Program Admission Date</b> Topics: Complete the Intake Survey Complete the All Visits Survey</p> <p><b>Complete Survey</b> Topic: Complete All Visit Survey</p> <p><b>Program Discharge Date</b> Topics: Complete the All Visits Survey Complete the Discharge Survey</p> <p><b>Health Services</b> Topic: Lactation Class</p> <p><b>Dental Referral</b></p> <p><b>Follow-Up Appointment</b></p>	<ul style="list-style-type: none"> <li>• Primary Diagnosis</li> <li>• ICD-10</li> <li>• Interaction Type</li> <li>• County of Service</li> <li>• Location</li> <li>• Place of Service</li> <li>• Primary Payor</li> <li>• Primary Payor No.</li> <li>• Secondary Payor</li> <li>• Secondary Payor No.</li> <li>• Service Provider</li> <li>• Prior Auth No.</li> <li>• Documentation Source</li> </ul>
PE Only	<b>No Change</b>	
Oral Health Only	<b>No change; “Current Pregnancy Survey” will be removed from topics in program admission date</b>	
Dental Screening	<b>No change</b>	
Dental High Risk	<b>No change</b>	
Dental Moderate Risk	<b>No change</b>	