

Provider Manual

Section 13.0

Obstetrical and Family Planning

Table of Contents

- 13.1 Obstetrical Services
- 13.2 Family Planning Services
- 13.3 Hysterectomies, Sterilizations, and Termination of Pregnancies

13.0 Obstetrical and Family Planning

13.1 Obstetrical Services

13.1.1 Pregnancy Notification

The provider must complete the Pregnancy Notification Form for any enrollee that is identified as pregnant within five (5) business days of the initial prenatal visit (or determination of Lighthouse enrollee eligibility, whichever is later) and submit it to the Maternity Care Program via fax at 888-518-5333 or via secure email at MaternityCareProgram@lighthousehealthplan.com. This form serves as Lighthouse's initial notification of an enrollee's pregnancy. Prompt submission from the provider allows us to enroll our enrollees in the Maternity Care Program as early as possible. It is the responsibility of the provider to confirm receipt of the Pregnancy Notification Form by the Maternity Care Program if the provider assumes care of the enrollee from another provider. The Pregnancy Notification Form must be submitted within five (5) business days of initial evaluation (or determination of Lighthouse enrollee eligibility, whichever is later).

13.1.2 Healthy Start Provider Requirements

1. Florida's Healthy Start Prenatal Risk Screening

Lighthouse providers are required to offer Florida's Healthy Start Prenatal Risk Screening to each pregnant enrollee as part of her first prenatal care visit. When completing the risk screening, providers must:

- Use the Department of Health-approved Healthy Start (Prenatal) Risk Screening Instrument;
- Keep a copy of the completed screening instrument in the enrollee's medical record and provide a copy to the enrollee; and
- Submit the Healthy Start (Prenatal) Risk Screening Instrument to the CHD in the county where the prenatal screen was completed within ten (10) business days of completion of the screening.

2. Florida's Healthy Start Infant (Postnatal) Risk Screening Instrument

Florida hospitals electronically file the Healthy Start (Postnatal) Risk Screening Instrument Certificate of Live Birth with the CHD in the county where the infant was born within five (5) business days of the birth.

For contracted birthing facilities not participating in the Department of Health's electronic birth registration system, the provider must:

- File required birth information with the CHD within five (5) business days of the birth;
- Keep a copy of the completed Healthy Start (Postnatal) Risk Screening Instrument in the enrollee's medical record; and
- Mail a copy to the enrollee.

13.1.3 Ineligible Enrollees

Pregnant enrollees or infants who do not score high enough to be eligible for Healthy Start case management may 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 may indicate on the risk screening form that the enrollee or infant is invited to participate based on factors other than score; or
- If the determination is made following the risk screening, the provider may refer the enrollee or infant 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.

13.1.4 Florida's WIC Program (The Special Supplemental Nutrition Program for Women, Infants and Children)

All infants and children under the age of five (5), and pregnant, breast-feeding, and postpartum women will be referred to the local WIC office. Lighthouse providers must submit:

- A completed Florida WIC program medical referral form with the current height or length and weight (taken within sixty (60) days of the WIC appointment);
- Hemoglobin or hematocrit testing results; and
- Any identified medical or nutritional problems.

For subsequent WIC certifications, providers must coordinate with the local WIC office to provide the above referral data from the most recent CHCUP.

For every WIC referral form completed, the provider must provide a copy of the form to the enrollee and keep a copy in the enrollee's medical record.

13.1.5 HIV Testing and Counseling

Lighthouse providers must offer all pregnant women counseling and HIV testing at the initial prenatal care visit and again at the twenty-eight (28) week and at the thirty-two (32) week visits.

If an enrollee declines an HIV test, providers must attempt to obtain a signed objection.

Providers must counsel about and offer the latest antiretroviral regimen recommended by the U.S. Department of Health & Human Services (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) to all pregnant enrollees who are infected with HIV.

13.1.6 Hepatitis B Testing and Management

All pregnant enrollees receiving prenatal care must be screened for the Hepatitis B surface antigen (HBsAg) during the first prenatal care visit.

Providers must perform a second HBsAg test between twenty-eight (28) and thirty-two (32) weeks of pregnancy for all enrollees who tested negative at the first prenatal visit and are considered high-risk for Hepatitis B infection. The provider shall perform this test at the same time that other routine prenatal screening is ordered.

All HBsAg-positive women shall be reported to the local CHD and to Healthy Start, regardless of their Healthy Start screening score.

Infants born to HBsAg-positive enrollees shall receive Hepatitis B Immune Globulin (HBIG) and the Hepatitis B vaccine once they are physiologically stable, preferably within twelve (12) hours of birth, and shall complete the Hepatitis B vaccine series according to the vaccine schedule established by the Recommended Childhood Immunization Schedule for the United States.

Providers must test infants born to HBsAg-positive enrollees for HBsAg and Hepatitis B surface antibodies (anti-HBs) six (6) months after the completion of the vaccine series to monitor the success or failure of the therapy.

Any child age twenty-four (24) months or less who tests positive for HBsAg must be reported to the local CHD within twenty-four (24) hours of receipt of the positive test results.

Infants born to enrollees who are HBsAg-positive shall be referred to Healthy Start regardless of their Healthy Start screening score.

Providers must report all prenatal or postpartum enrollees who test HBsAg-positive to the Perinatal Hepatitis B Prevention Coordinator at the local CHD, utilizing the Provider Disease Report Form (DH Form 2136). The enrollee's infant and contacts must also be reported to the Perinatal Hepatitis B Prevention Coordinator. The report must include the following information:

- Name;
- Date of birth;

- Race and ethnicity;
- Address;
- Infant(s);
- Contacts;
- Laboratory test(s) performed and date the sample was collected;
- Estimated Due Date and/or Date of Delivery;
- Whether the enrollee received prenatal care; and
- Immunization dates for infants and contacts.

13.1.7 Prenatal Care

Lighthouse providers must provide the following prenatal care:

- A pregnancy test and nursing assessment with referrals to a physician, physician assistant, or ARNP for comprehensive evaluation;
- Referral to care coordination/case management according to the needs of the enrollee;
- Any necessary referrals and follow-up;
- Schedule return prenatal visits at least every four (4) weeks until week thirty-two (32), every two (2) weeks until week thirty-six (36), and every week thereafter until delivery, unless the enrollee's condition requires more frequent visits;
- Contact those enrollees who fail to keep their prenatal appointments as soon as possible, and arrange for their continued prenatal care;
- Assist enrollees in making delivery arrangements, if necessary;
- Refer pregnant enrollees to appropriate maternity and family services, including notifying medical service payers of enrollee status for further eligibility determination for the enrollee and unborn infant; and
- Screening all pregnant enrollees for tobacco use with appropriate follow-up, including enrolling enrollees in smoking cessation counseling and providing treatment as needed.

13.1.8 Nutrition Assessment and Counseling

Lighthouse providers must provide nutritional assessment and counseling to all pregnant enrollees by ensuring the following:

- The provision of safe and adequate nutrition for infants by promoting breastfeeding and the use of breast milk substitutes;
- Offering enrollees mid-level nutrition assessment;
- Providing individualized diet counseling and a nutrition care plan by a public health nutritionist, a nurse, or a physician following the nutrition assessment; and
- Documentation of the nutrition care plan in the medical record by the person providing counseling.

13.1.9 Obstetrical Delivery

Lighthouse uses generally accepted and approved protocols for both low-risk and high-risk deliveries, including Healthy Start and prenatal screening.

Preterm delivery risk assessments must be documented in the enrollee's medical record by week twenty-eight (28).

For high-risk pregnancies, the provider's obstetrical care during labor and delivery must include preparation by all attendants for symptomatic evaluation and enrollee progression through the final stages of labor and postpartum care.

13.1.10 Newborn Care

Lighthouse providers must provide the highest level of care for newborns beginning immediately after birth. Such level of care shall include, but not be limited to:

- Instilling of prophylactic eye medications into each eye of the newborn;
- When the mother is Rh negative, securing a cord blood sample for type Rh determination and direct Coombs test;
- Weighing and measuring of the newborn;
- Inspecting the newborn for abnormalities and/or complications;
- Administering one half (0.5) milligram of vitamin K;
- APGAR scoring;
- Any other necessary and immediate need for referral in consultation from a specialty physician, such as the Healthy Start (postnatal) infant screen; and
- Newborn screening to test for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, in accordance with s. 383.14, F.S.;
- These required laboratory tests must be processed through the State Public Health Laboratory and will be reimbursed at the established Medicaid rate.

13.1.11 Postpartum Care

Providers must provide the following postpartum care:

- Postpartum examination of the enrollee within six (6) weeks after delivery;
- Supply voluntary family planning, including a discussion of all appropriate methods of contraception, as appropriate; and
- Ensure that continuing care of the newborn is provided through the CHCUP program component and documented in the child's medical record.

13.1.12 Lighthouse Responsibilities

Screen all enrollees known to be pregnant or who advise Lighthouse that they may be pregnant.

Refer enrollees who are, or may be, pregnant to a provider to obtain appropriate care. Lighthouse shall allow pregnant enrollees to choose obstetricians as their PCPs to the extent that the obstetrician is willing to participate as a PCP.

If an enrollee has not selected a provider for a newborn, Lighthouse shall assign a pediatrician or other appropriate PCP to all pregnant enrollees for the care of their newborns no later than the beginning of the last trimester of gestation.

Lighthouse shall use the enrollee's health risk assessment and/or released medical/case records to identify enrollees who have not received CHCUP screenings in accordance with the Agency-approved periodicity schedule.

Lighthouse shall be responsible for newborns of pregnant enrollees from the date of their birth and shall comply with all requirements and procedures set forth by the Agency or its agent related to unborn activation and newborn enrollment.

Provide care coordination/case management through the postpartum period of the enrollee according to her needs. This care is provided through the Maternity Care Program.

Collaborate with the Healthy Start Coalition in the region to provide risk-appropriate care coordination/case management for pregnant women and infants.

13.2 Family Planning Services

Lighthouse shall provide family planning services to help enrollees make comprehensive and informed decisions about family size or length of time between births. The Health Plan shall provide the following services: planning and referral; education and counseling; initial examination; diagnostic procedures and routine laboratory studies; contraceptive drugs and supplies; and follow-up care in accordance with the Medicaid Physicians Services Coverage and Limitations Handbook. Policy requirements include the following:

- Services will be provided on a voluntary and confidential basis;
- Enrollees are allowed the freedom to choose family planning methods that are covered under the Medicaid program, including Medicaid-covered implants, where there are no medical contraindications;
- Services shall be rendered to enrollees under the age of eighteen (18), provided the enrollee is married, a parent, pregnant, has written consent by a parent or a legal guardian, or, in the opinion of a physician, the enrollee may suffer health hazards if the services are not provided;

- No authorization is required, and enrollees may obtain family planning services from any participating Medicaid provider;
- All pregnant women and mothers with infants may receive postpartum visits for the purpose of voluntary family planning, including discussing all appropriate methods of contraception, counseling and services for family planning to all women and their partners; and
- Providers must maintain documentation in the enrollee's medical records to reflect that family planning services were provided.

The above policy provisions shall not be interpreted so as to prevent a health care provider or other person from refusing to furnish any contraceptive or family planning services, supplies, or information for medical or religious reasons. A health care provider or other person shall not be held liable for such refusal.

13.3 Hysterectomies, Sterilizations, and Termination of Pregnancies

Providers must maintain a log of all hysterectomy, sterilization, and abortion procedures performed for enrollees. The log shall include, at a minimum, the enrollee's name and identifying information, date of procedure, and type of procedure.

Providers shall provide therapeutic abortions only in the following circumstances:

- The pregnancy is a result of an act of rape or incest; or
- A physician certifies that a woman is in danger of death unless the pregnancy is terminated.