

# Provider Information Quick Reference Guide

Required by AHCA for All Pregnant Members

## PRENATAL SCREENING

- **Complete FORM DH 3134\***

- **Offer** Florida's Healthy Start prenatal risk screening to each of your pregnant patients as part of their first prenatal visit
- If your patient does not want to participate, have them complete the patient information section only and sign and date the form
- **Keep** a copy of your patient's medical record, **AND**
- **Give** a copy to your patient
- **Submit** the completed form to the county health department in the county where the prenatal screen was completed within 10 business days of completion of the screening

## HEPATITIS B SCREENING

- **If positive, complete FORM DH 2136\***

- **First** screening during their first prenatal visit, **AND**
- **Second** screening **between** 28 and 32 weeks of pregnancy for all pregnant patients who tested negative at their first prenatal visit, **AND** are considered high risk for Hepatitis B infection

**POSITIVE** Hepatitis B Patients – Complete Form DH 2136 (Florida DOH, Practitioner Disease Report Form) with the patient's information:

- Name
- Address
- Date of Birth
- Infants
- Race and Ethnicity
- Contacts
- Laboratory tests performed and date the sample was collected
- Due date or estimated date of confinement
- Whether the patient received prenatal care, **AND**
- Immunization dates for infants and contacts

**Fax** the completed **FORM DH 2136** to:

1. WellCare at 813-283-9383
2. Your local County Health Department **AND**
3. Healthy Start (regardless of their Healthy Start screening score)

## NUTRITIONAL ASSESSMENT AND COUNSELING

- **PROVIDE TO PATIENT**

- **Promote** breast-feeding and the use of breast milk substitutes
- **Document** that a **mid-level** nutrition assessment was offered
- **Counsel** for an individualized diet
- **Create** a nutritional care plan by a public health nutritionist, nurse, or physician following the nutrition assessment, **AND**
- **Document** the nutritional care plan in the medical record by the person providing counseling

## WOMEN, INFANTS, AND CHILDREN (WIC) ASSESSMENT

- **Complete FORM DH 3075\***

- **Measure** height or length and weight (taken within 60 calendar days of the WIC appointments)
- **Report** hemoglobin or hematocrit, **AND**
- **Document** any identified medical and/or nutritional problems

- **Each** time that you complete a WIC form you must:
- **Keep** a copy in your patient's medical record, **AND**
- **Give** a copy to your patient

## POSTNATAL RISK SCREENING

- **Complete FORM DH 3135\***

- **Include** the Certificate of Live Birth, **AND**
- **Transmit** both documents to the county health department in the county where the infant was born within 10 business days of the birth
- **Keep** a copy in your patient's medical record, **AND**
- **Give** a copy to your patient

\*All forms are available on the provider website at: <http://www.wellcare.com/provider/Resources>