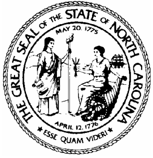
MCCP/POS Data Entry

From Source Document to Screen

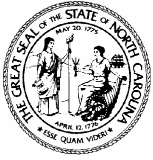


HSIS Main Menu

HSA005A NORTH CAROLINA HEALTH SERVICES INFORMATION SYSTEM NC19 09201
04/12/07 APPLICATION SELECTION MENU

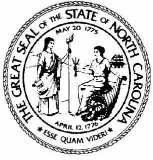
NEXT RECORD: COUNTY: 092 SCREEN: ID: DATE: ACTION:
MESSAGE: 103 PF8 TO BROWSE FORWARD, PF7 TO BROWSE BACKWARD

00. ALPHA NAME SEARCH	24. WIC SUMMARY PAGE PRINT
01. PATIENT MASTER	25. WIC HISTORY
02. PATIENT FINANCIAL	26. WIC SPECIAL SITE MENU
03. PATIENT INSURANCE	27. WIC STATE OFFICE MENU
04. PATIENT ADDRESSES	28. FORMS ALIGNMENT
07. CHILD SERVICE COORDINATION	29. DATAUNIT MENU
08. MCCP INTAKE/SCREENING	30. BREAST CANCER FOLLOW-UP
09. PREGNANCY OUTCOME	31. CERVICAL CANCER FOLLOW-UP
12. PAYMENTS/ADJUSTMENTS	32. DEC CLIENT HISTORY OF SERVICES
13. DEC SUPPLEMENTAL	50. WIC SHIPPING MENU
14. INSURANCE/CONTRACTS	51. WIC STATISTICAL REPORTS
16. INFANT TODDLER	52. FARMERS MARKET ISSUANCE
18. APPOINTMENT FUNCTIONS	53. WIC STATE FUNDED ISSUANCE
19. REPORTS PROCESSING	54. BLOOD LEAD LEVEL INQUIRY
20. WIC CERTIFICATION	55. VENDOR VOUCHER REPLACEMENT
21. WIC ISSUANCE/NUTRI. EDU.	60. SETUP USER ACCESS
22. WIC MESSAGES AND COMMENTS	61. SETUP STAFF PROVIDER
23. WIC NOTICE HISTORY	63. SETUP SERVICE GROUP



Maternity Care Coordination Program (MCCP)

- Initiated by an intake screening, occurring when client enters MCCP
- Source document for the screening is a two-page hardcopy
- Source is converted from hardcopy to electronic form by entry into Option 08 from the HSIS main menu
- This MCCP option consists of three data entry screens, with an additional MCCP history screen displaying dates of previous MCCP-coordinated pregnancies



MCCP Source Document

Enter on Screen #1 =>

1. Last name | First name | MI

N.C. Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section

MATERNITY CARE COORDINATION PROGRAM INTAKE SCREENING

(See Instructions)

2. Patient Number ☐☐☐☐☐☐☐☐☐ -- H

3. Date of Birth MM DD YY

4. Race (Check all that apply.) ☐ 1=White ☐ 2=Black ☐ 3=Am. Indian/Alaskan Native ☐ 4=Asian/Pacific Islander ☐ 5=Native Hawaiian/Other Pacific Islander ☐ 6=Unknown

Ethnicity: Hispanic or Latino Origin? ☐ 1=Yes ☐ 2=No ☐ 3=Unknown

5. Sex ☒ 2=Female

6. County of Residence

Medicaid Number

Medicaid Type ☐ 1=Blue ☐ 2=Pink (MPW) ☐ 3=PE only ☐ 4=None

Date of Intake Screening MM DD YY

Verification of Pregnancy ☐ 1=Copy of positive pregnancy test ☐ 2=Copy of current month MPW card ☐ 3=Child's birth/death certificate ☐ 4=Provider verification of pregnancy loss ☐ 5=None available

/ / Date of Last Menstrual Period
MM/DD/YY

/ / Due Date or N/A if postpartum ☐
MM/DD/YY

_ _ Weeks gestation at screening or N/A if postpartum ☐

Pregnancy Intendedness (Check one.) ☐ 1=Wanted to be pregnant sooner ☐ 2=Wanted to be pregnant later ☐ 3=Wants to be pregnant now ☐ 4=Did not want to be pregnant now or at any time in the future ☐ 5=Doesn't know ☐ 6=Declined answering

Family Planning - Using any birth control method when became pregnant. (Check one.) ☐ 1=Yes ☐ 2=No ☐ 3=Doesn't know ☐ 4=Declined answering

Pregnancy History

Number of pregnancies, including this one _ _

Date last pregnancy ended / / or N/A ☐
MM/DD/YY

Prenatal Care

_ _ Number of weeks gestation when prenatal care began

☐ Not yet in prenatal care ☐ Declined answering

WIC Status ☐ 1=Referred, but not yet receiving ☐ 2=Receiving ☐ 3=Declined ☐ 4=Ineligible

Maternal Intake Data

_ _ _ lbs. Pre-pregnancy weight

_ feet ___ inches Height without shoes

_ _._ Pre-pregnancy Body Mass Index (BMI)

BMI = $\frac{\text{Weight in Pounds}}{\text{(Height in inches) x (Height in inches)}}$ x 703

Instructions for the Maternity Care Coordination Program Intake Screening (MCCP-IS)

Purpose: To collect data on Maternity Care Coordination client status at the initial MCCP contact.

Preparation: 1. Complete form, entering all required data. 2. Submit data into HSIS. 3. File original form in client's medical record.

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Additional forms may be ordered using the Requisition for Maternal Health Materials form (DHHS 3980), available at http://wch.dhhs.state.nc.us/whs.htm.

DHHS T1513 (Revised 4/07)
Women's Health (Review 4/08)

Page 1 of 2

Last name | First name | MI | Date of Birth / / MM/DD/YY

Enter on Screen #2 =>

Psychosocial Risks/Needs Identified at Screening (Check all that apply.)

- ☐ Medicaid Participation
- ☐ Adequate Prenatal Care
- ☐ Medical Home for Self or Family
- ☐ Family Planning
- ☐ Interpreter Services
- ☐ Support System
- ☐ Transportation
- ☐ Employment
- ☐ School Enrollment or GED
- ☐ Child Care
- ☐ Financial Resources
- ☐ Nutritional Counseling
- ☐ Food Assistance
- ☐ Breastfeeding/Infant Feeding
- ☐ Parenting Information
- ☐ Adequate or Safe Housing
- ☐ Smoking Cessation
- ☐ Substance Use
- ☐ Mental Health or Behavioral Health
- ☐ Domestic Violence
- ☐ Sexual Abuse
- ☐ ____________ *Local Use/Demonstration*

Enter on Screen #3 =>

Medical Risks Identified at Screening (Check all that apply.)

- ☐ Previous premature/preterm delivery (<37 weeks)
- ☐ Previous low birthweight baby (5.5 lbs or less)
- ☐ Previous abortion(s) or miscarriage(s)
- ☐ Previous stillbirth
- ☐ Ectopic or molar pregnancy (current or previous)
- ☐ Pregnancy with congenital anomaly (current or previous)
- ☐ Obstetrical problems (current or previous)
- ☐ Multiple pregnancy (current)
- ☐ History of infertility
- ☐ Uterine or cervical abnormalities
- ☐ Vaginal bleeding
- ☐ Recurring UTIs/STIs/Vaginal infections
- ☐ High blood pressure/hypertension
- ☐ Diabetes
- ☐ Gestational diabetes
- ☐ Anemia or sickle cell disease
- ☐ Asthma
- ☐ Heart, kidney, or lung problems
- ☐ Prescription medication

For items below, transfer results from Page 1

- ☐ Currently age 35 or older
- ☐ Currently age 17 or younger
- ☐ Short interconceptional interval (<6 months)
- ☐ Late entry to prenatal care (after 1st trimester)
- ☐ Pre-pregnant BMI below 19.8 (underweight)
- ☐ Pre-pregnant BMI 26.1-29.0 (overweight)
- ☐ Pre-pregnant BMI above 29.0 (obese)

Enter on Screen #1 =>

Maternity Care Coordination Program Information

Enrolled in MCCP? ☐ 1=Yes ☐ 2=Declined ☐ 3=Not Eligible

Name and signature of Maternity Care Coordinator completing form:

Print name: ______________________

Signature: ______________________ Date: ___/___/___

Participant Information:

I understand that *I am eligible* to receive Maternity Care Coordination services, and *I wish to participate in the program.*

Print name: ______________________

Signature: ______________________ Date: ____/____/____

I understand that *I am eligible* to receive Maternity Care Coordination services, but *I do not want* these services.

Print name: ______________________

Signature: ______________________ Date: ____/____/____

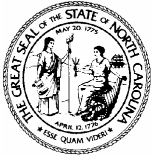
I understand that *I am not eligible* to receive Maternity Care Coordination services, and my appeal rights have been explained.

Print name: ______________________

Signature: ______________________ Date: ____/____/____

DHHS T1513 (Revised 4/07)
Women's Health (Review 4/08)

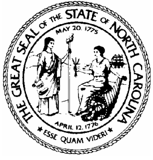
Page 2 of 2



MCCP – Screen #1

HSA080A NC HSIS – MATERNITY CARE COORDINATION PROGRAM ADDED:
INTAKE SCREENING CHANGED:

NEXT RECORD: COUNTY 099 SCREEN 08 ID DATE ACTION A
MESSAGE:
NAME: MEDICAID ID: _____________
RACE: ________ HISP/LATINO: __
MEDICAID TYPE: __
DATE OF INTAKE SCREENING: __________
VERIFICATION OF PREGNANCY: ______
DATE OF LAST MENSTRUAL PERIOD: __________
DELIVERY DUE DATE: __________
WEEKS GESTATION AT SCREENING: ____
PREGNANCY INTENDEDNESS: ___
FAMILY PLANNING: __
NUMBER PREGNANCIES INCLUDING THIS ONE: ___
DATE LAST PREGNANCY ENDED: __________
PRENATAL CARE INDICATOR: ___
NUMBER OF WEEKS GESTATION AT 1ST PRENATAL VISIT: ___
WIC STATUS: ___
PRE-PREGNANCY WEIGHT: ____
HEIGHT WITHOUT SHOES: FT: ___ IN: ___
PRE-PREGNANCY BODY MASS INDEX (BMI): ___._
ENROLLED IN MCCP: ___



MCCP – Screen #1 Notes

- If 'Verification of Pregnancy' = 1 (copy of pregnancy test), then the following fields will require entry:

  (i) Delivery Due Date, (ii) Weeks Gestation at Screening, (iii) Prenatal Care Indicator
- If 'Number of Pregnancies Including This One' has a value greater than 01, then the field 'Date Last Pregnancy Ended' becomes a required entry.
- If 'Prenatal Care Indicator' = 1 (in prenatal care), then the field 'Number of Weeks Gestation at 1st Prenatal Visit' becomes a required entry.

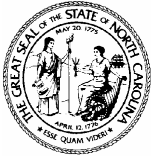
MCCP – Screen #2

HSA080B NC HSIS – MATERNITY CARE COORDINATION PROGRAM ADDED:
INTAKE SCREENING CHANGED:

NEXT RECORD: COUNTY 099 SCREEN 08 ID DATE ACTION A
MESSAGE:
NAME:

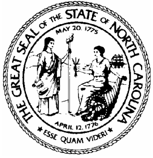
PSYCHOSOCIAL RISKS/NEEDS IDENTIFIED DURING INTAKE SCREENING
(ENTER 'Y' TO THE LEFT OF ALL THAT APPLY):

__ MEDICAID PARTICIPATION
__ ADEQUATE PRENATAL CARE
__ MEDICAL HOME FOR SELF OR FAMILY
__ FAMILY PLANNING
__ INTERPRETER SERVICES
__ SUPPORT SYSTEM
__ TRANSPORTATION
__ EMPLOYMENT
__ SCHOOL ENROLLMENT OR GED
__ CHILD CARE
__ FINANCIAL RESOURCES
__ NUTRITIONAL COUNSELING
__ FOOD ASSISTANCE
__ BREASTFEEDING/INFANT F'DING
__ PARENTING INFORMATION
__ ADEQUATE OR SAFE HOUSING
__ SMOKING CESSATION
__ SUBSTANCE ABUSE
__ MENTAL/ BEHAVIORAL HEALTH
__ DOMESTIC VIOLENCE
__ SEXUAL ABUSE
__ (local use/demonstration)



MCCP – Screen #2 Notes

- **On the Psychosocial Risks/Needs screen, MCCP data entry may indicate one need, multiple needs, or no needs at all.**
- **This screen's data will populate the corresponding POS screen for verification and/or modification as needed.**
- **For each identified need/risk enter 'Y'; else leave the field blank.**



MCCP – Screen #3

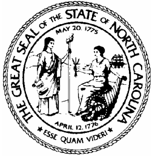
HSA080C NC HSIS – MATERNITY CARE COORDINATION PROGRAM ADDED:
INTAKE SCREENING CHANGED:

NEXT RECORD: COUNTY 099 SCREEN 08 ID DATE ACTION A
MESSAGE:
NAME:

MEDICAL RISKS IDENTIFIED DURING INTAKE SCREENING
(ENTER 'Y' TO THE LEFT OF ALL THAT APPLY):

__ PREV PREM/PRET DELIVERY (<37 WK)
__ PREV BIRTH WEIGHT BABY 5.5 LB/LESS
__ PREV ABORTION(S) OR MISCARRIAGE(S)
__ PREV STILLBIRTH
__ ECTOPIC/MOLAR PREGNANCY (CURR)
__ CONGENITAL ANOMALY (CURR PREG)
__ OBSTETRICAL PROBLEMS (CURR PREG)
__ MULTIPLE PREGNANCY (CURR PREG)
__ HISTORY OF INFERTILITY
__ UTERINE OR CERVICAL ABNORM.
__ VAGINAL BLEEDING (CURR PREG)
__ RECURRING UTIS/STIS/VAGINAL INFEC
__ HIGH BLOOD PRESSURE/HYPERTENSION

__ DIABETES
__ GESTATIONAL DIABETES
__ ANEMIA OR SICKLE CELL DISEASE
__ ASTHMA
__ HEART, KIDNEY, OR LUNG PROBS
__ PRESCRIPTION MEDICATION
__ CURRENTLY AGE 35 OR OLDER
__ CURRENTLY AGE 17 OR YOUNGER
__ INTERCONCEPT. INTERVAL. < 6 MOS
__ ENTERED PRENAT.CARE > 1ST TRIM.
__ PRE-PREGNANT BMI BELOW 19.8
__ PRE-PREGNANT BMI 26.1-29.0
__ PRE-PREGNANT BMI 29.0 & ABOVE



MCCP – Screen #3 Notes

- On the Medical Risks screen, MCCP data entry may indicate one, multiple, or no risks at all.
- This screen's data will populate the corresponding POS screen for verification and/or modification as needed.
- As with the Psychosocial Risks/Needs screen, enter 'Y' if identified medical risk; else leave the field blank.

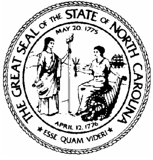
MCCP – Screen #4

HSA080D NC HSIS – MATERNITY CARE COORDINATION PROGRAM ADDED:
INTAKE SCREENING HISTORY CHANGED:

NEXT RECORD: COUNTY 099 SCREEN 08 ID DATE ACTION I
MESSAGE:
NAME:

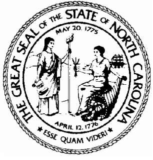
PREVIOUS INTAKE SCREENINGS:

DATE	DATE	DATE
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY



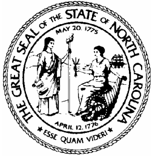
MCCP – Screen #4 Notes

- **The Intake Screening History screen is presented if the user is in Inquiry mode (Action = 'I') and no date is entered on the 'Next Record' line.**
- **This screen will display all previous intake screening dates, one for each prior pregnancy captured under MCCP.**
- **The user may select one of the displayed dates to pull up the entire screening for that pregnancy; selection is made by entering the date, in MMDDYY format, on the 'Next Record' line.**



Pregnancy Outcome Summary Program (POS)

- Used to collect outcome data for Maternal Health patients and MCCP clients
- Source document for the screening is a four-page hardcopy
- Source is converted from hardcopy to electronic form by entry into Option 09 from the HSIS main menu
- This option consists of five data entry screens, with an additional POS history screen displaying dates of previous POS pregnancies
- The MCCP screens, if previously filled in for this pregnancy, will become closed to further update once the POS input is initiated.



POS Source Document

Enter on Screen #1 =>

1. Last name First name MI

N.C. Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section

PREGNANCY OUTCOME SUMMARY

(See Instructions)

2. Patient Number -- H

3. Date of Birth Month Day Year

4. Race (Check all that apply.) ☐ 1=White ☐ 2=Black ☐ 3=American Indian/Alaskan Native ☐ 4=Asian/Pacific Islander ☐ 5=Native Hawaiian/Other Pacific Islander ☐ 6=Unknown

Ethnicity: Hispanic or Latino Origin? ☐ 1=Yes ☐ 2=No ☐ 3=Unknown

5. Sex ☒ 2=Female

6. County of Residence

Medicaid Number

Medicaid Type ☐ 1=Blue ☐ 2=Pink (MPW) ☐ 3=PE only ☐ 4=None

Date of Form Completion

Date Pregnancy Ended or N/A ☐

Date of MCCP Closure or N/A ☐

Month Day Year

Reason for Maternal Health Closure (Check one.)
☐ 1=Pregnancy Ended ☐ 2=Lost to Follow-Up ☐ 3=Moved ☐ 4=Maternal Death ☐ 5=Declined Prenatal Care
☐ 6=Not Pregnant ☐ 7=Transferred to Other Provider

Reason for Maternity Care Coordination Program (MCCP) Closure (Check one.)
☐ 1=Pregnancy Ended ☐ 2=Lost to Follow-Up ☐ 3=Moved ☐ 4=Maternal Death ☐ 5=Declined MCC Services
☐ 6=Services No Longer Needed ☐ 7=Transferred to Other Provider ☐ 8=Incarcerated ☐ 9=No Longer Medicaid-Eligible

Multiple births or outcomes ☐ 1=Yes ☐ 2=No

Prenatal Care Provider (Check all that apply.) ☐ 1=Health Department ☐ 2=Private Provider ☐ 3=Rural/Community Health Center ☐ 4=Tertiary High Risk Center ☐ 5=None

Maternal Data *Enter maternal data for all pregnancy outcomes.*

_ _ Number of weeks gestation when prenatal care began *(Enter 99 if no prenatal care received.)*

_ _ Total number of prenatal visits regardless of medical provider

_ _ _ lbs. Pre-pregnancy weight

_ feet ___ inches Height without shoes

_ _ . _ Pre-pregnancy Body Mass Index (BMI)

_ _ _ lbs. Weight at last prenatal visit prior to delivery

_ _ Total prenatal weight gain

BMI = Weight in Pounds / (Height in inches) x (Height in inches) x 703

Referred for WIC prenatally? ☐ 1=Yes ☐ 2=No
Received WIC prenatally? ☐ 1=Yes ☐ 4=Declined ☐ 5=Ineligible
Received WIC postpartum? ☐ 1=Yes ☐ 4=Declined ☐ 5=Ineligible
Received postpartum exam/family planning exam? ☐ 1=Yes ☐ 2=No ☐ 6=Lost to Follow-up
Received method of family planning? ☐ 1=Yes ☐ 2=No ☐ 3=Unknown

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Last name First name MI

Date of Birth / / Month/Day/Year

Enter on Screen #1 =>

Maternity Care Coordination Information

Client received Maternity Care Coordination Program (MCCP) services? *(If answer is No, Declined, Not Eligible, or Not Available, proceed to Infant Data.)*
☐ 1=Yes ☐ 2=No ☐ 3=Declined ☐ 4=Not Eligible ☐ 5=Not Available

Maternity Care Coordinator Staffing Qualification
☐ 1=Registered Nurse ☐ 2=Social Worker with social work degree ☐ 3=Social Worker with other degree

Client received Maternal Care Worker (MCW) services?
☐ 1=Yes ☐ 2=No ☐ 3=Declined ☐ 4=Not Eligible ☐ 5=Not Available

_ _ Weeks gestation when MCCP services began. *(Enter 99 if MCC services began postpartum.)*

_ _ Number of months client received MCCP services.

_ _ _ Number of total units of MCCP services client received.

Enter on Screen #2 =>

Medical Risks Identified Since Screening (for Maternity Care Coordination Program recipients only)
Mark the appropriate code to indicate medical risk factors identified since MCCP intake screening.

☐ Ectopic or molar pregnancy (current pregnancy)
☐ Pregnancy with congenital anomaly (current pregnancy)
☐ Obstetrical problems (current pregnancy)
☐ Multiple pregnancy (current pregnancy)
☐ Uterine or cervical abnormalities
☐ Vaginal bleeding (current pregnancy)
☐ Recurring UTIs/STIs/Vaginal infections
☐ High blood pressure/hypertension
☐ Diabetes
☐ Gestational diabetes
☐ Anemia or sickle cell disease
☐ Asthma
☐ Heart, kidney, or lung problems
☐ Prescription medication
☐ Late entry to prenatal care (after 1st trimester)

Enter on Screen #3 =>

Psychosocial Risks/Needs Outcomes (for Maternity Care Coordination Program recipients only)
Mark the appropriate code to indicate the outcome of the needs identified during MCCP services.

Codes:
① = Need addressed and resolved
② = Need addressed and ongoing
③ = Need not met, insufficient resources
④ = Need not met, client declined services

①②③④
☐☐☐☐ Medicaid Participation
☐☐☐☐ Adequate Prenatal Care
☐☐☐☐ Medical Home for Self or Family
☐☐☐☐ Family Planning
☐☐☐☐ Interpreter Services
☐☐☐☐ Support System
☐☐☐☐ Transportation
☐☐☐☐ Employment
☐☐☐☐ School Enrollment or GED
☐☐☐☐ Child Care
☐☐☐☐ Financial Resources

①②③④
☐☐☐☐ Nutritional Counseling
☐☐☐☐ Food Assistance
☐☐☐☐ Breastfeeding/Infant Feeding
☐☐☐☐ Parenting Information
☐☐☐☐ Adequate or Safe Housing
☐☐☐☐ Smoking Cessation
☐☐☐☐ Substance Use
☐☐☐☐ Mental Health or Behavioral Health
☐☐☐☐ Domestic Violence
☐☐☐☐ Sexual Abuse
☐☐☐☐ ________ Local Use/Demonstration

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Women's Health (Review 4/08)

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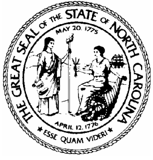

POS Source Document (cont.)

Enter on Screen #4 => (Baby A)

Enter on Screen #5 => (Baby B and Baby C)

Last name First name MI	Date of Birth / / Month/Day/Year
Infant Data	
Baby A	
Pregnancy Outcome	☐ 1=Live Birth ☐ 2=Spontaneous Abortion
If live birth, complete additional fields.	☐ 3=Therapeutic Abortion ☐ 4=Fetal Death, >20 wks.
Gestational Age at Pregnancy Outcome	. weeks
Weight	lbs oz *or* g
Sex	☐ 1=Male ☐ 2=Female
Mother Breastfeeding?	☐ 1=Yes ☐ 2=No
Baby receiving WIC?	☐ 1=Yes ☐ 2=No
Health Check Exam or Well Child Care?	☐ 1=Yes ☐ 2=No
Referred to CSC?	☐ 1=Yes ☐ 2=No
Baby B	
Pregnancy Outcome	☐ 1=Live Birth ☐ 2=Spontaneous Abortion
If live birth, complete additional fields.	☐ 3=Therapeutic Abortion ☐ 4=Fetal Death, >20 wks.
Gestational Age at Pregnancy Outcome	. weeks
Weight	lbs oz *or* g
Sex	☐ 1= Male ☐ 2= Female
Mother Breastfeeding?	☐ 1=Yes ☐ 2=No
Baby receiving WIC?	☐ 1=Yes ☐ 2=No
Health Check Exam or Well Child Care?	☐ 1=Yes ☐ 2=No
Referred to CSC?	☐ 1=Yes ☐ 2=No
Baby C	
Pregnancy Outcome	☐ 1=Live Birth ☐ 2=Spontaneous Abortion
If live birth, complete additional fields.	☐ 3=Therapeutic Abortion ☐ 4=Fetal Death, >20 wks.
Gestational Age at Pregnancy Outcome	. weeks
Weight	lbs oz *or* g
Sex	☐ 1= Male ☐ 2= Female
Mother Breastfeeding?	☐ 1=Yes ☐ 2=No
Baby receiving WIC?	☐ 1=Yes ☐ 2=No
Health Check Exam or Well Child Care?	☐ 1=Yes ☐ 2=No
Referred to CSC?	☐ 1=Yes ☐ 2=No

Name(s) and signature(s) of person(s) completing form:

Print name: ____________________

Signature: ____________________ Date: ____/____/____

Print name: ____________________

Signature: ____________________ Date: ____/____/____

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Women's Health (Review 4/08)

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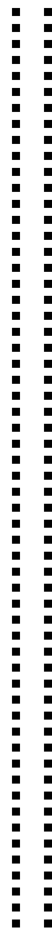
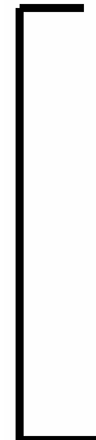


Instruc-tions =>



Instructions for the Pregnancy Outcome Summary (POS)

Purpose:

To collect data on pregnancy outcomes for Maternal Health patients and/or Maternity Care Coordination Program clients. All Maternal Health patients and Maternity Care Coordination Program clients must have the POS completed within 30 days of discontinuation of services and submitted through the Health Services Information System (HSIS), (Division of Medical Assistance Clinical Coverage Policy No.: 1M-8, HSIS User's Manual).

Preparation:

1. *Complete form, entering all required data.*
2. *Submit data into HSIS.*
3. *File original form in client's medical record.*

Disposition:

This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Additional forms may be ordered using the Requisition for Maternal Health Materials form (DHHS 3980), available at http://wch.dhhs.state.nc.us/whs.htm.

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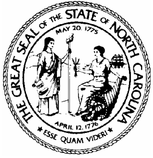
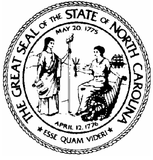


POS – Screen #1

HSA090A NC HSIS – PREGNANCY OUTCOME SUMMARY ADDED:
CHANGED:

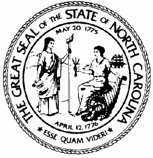
NEXT RECORD: COUNTY 099 SCREEN 09 ID DATE ACTION A
MESSAGE:
NAME: MEDICAID ID: _____________
RACE: ________ HISP/LATINO: __ MCCP INTAKE SCREENING SITE # ____
DATE OF MCCP INTAKE SCREENING: ____ MEDICAID TYPE: __
DATE OF FORM COMPLETION: ________ DATE PREGNANCY ENDED: ________
DATE OF MCCP CLOSURE: ________ REASON FOR MAT HLTH CLOSURE: __
REASON FOR MCCP CLOSURE: __ MULTIPLE BIRTHS: __
PRENAT CARE PROVS: __ WKS GEST WHEN PRENAT BEGAN: ___
TOT PRENAT VISITS REGARDLESS PRV: __ PRE-PREG WT: ____
HGT W/O SHOES: FT: ___ IN: ___ PRE-PREG BMI: ____
WGT LAST PRENAT VISIT PRE DELIV: ___ TOTAL PRENATAL WGT GAIN: ____
REFERRED FOR WIC PRENATALLY: ___ RECEIVED WIC PRENATALLY: ___
RECEIVED WIC POSTPARTUM: ___ RECEIVED POSTPRTM X/FAM PLN X: __
RECEIVED METHOD OF FAM PLAN: ___ CLIENT RECEIVED MCCP SERVICES: __
MCC STAFFING QUALIFICATION: ___ CLIENT RECEIVED MCW SERVICES: ___

WKS GEST WHEN MCCP SERVICES BEGAN: ___
NUM MTHS CLIENT RECEIVED MCCP SERVICES: ____
TOT UNITS OF MCCP SERVICES RECEIVED: ___



POS – Screen #1 Notes

- **'Date Pregnancy Ended' becomes a required field if either 'Reason for Maternal Health Closure' or 'Reason for MCCP Closure' is coded 1 (Pregnancy ended).**
- **'Multiple Births or Outcomes' must be coded 2 (No) if either 'Reason for Maternal Health Closure' or 'Reason for MCCP Closure' is coded anything other than 1.**
- **If a current MCCP record is on file, then the following POS fields will be pre-populated from that record: (a) MCCP Intake Screening Site Num, (b) Date of MCCP Intake Screening, (c) Weeks Gestation When Prenatal Care Began, (d) Pre-Pregnancy Weight, (e) Height without Shoes, and (f) Pre-Pregnancy BMI.**
- **All the fields that appear below 'Client Received MCCP Services' are subordinate to it; entry for them will be required only if this controlling field is coded 1 (Yes).**



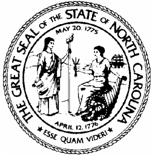
POS – Screen #2

HSA090B NC HSIS – PREGNANCY OUTCOME SUMMARY ADDED:
CHANGED:

NEXT RECORD: COUNTY 099 SCREEN 09 ID DATE ACTION A
MESSAGE:
NAME:

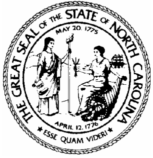
MEDICAL RISKS IDENTIFIED SINCE SCREENING - SELECT ALL THAT APPLY:
(FIELDS ALREADY MARKED "Y" ARE CARRIED FROM THE MCCP INTAKE SCREENING)

__ ECTOPIC OR MOLAR PREGNANCY (CURR PREGNANCY)
__ PREGNANCY WITH CONGENITAL ANOMALY (CURR PREGNANCY)
__ OBSTETRICAL PROBLEMS (CURR PREGNANCY)
__ MULTIPLE PREGNANCY (CURR PREGNANCY)
__ UTERINE OR CERVICAL ABNORMALITIES
__ VAGINAL BLEEDING (CURR PREGNANCY)
__ RECURRING UTIS/STIS/VAGINAL INFECTIONS
__ DIABETES
__ GESTATIONAL DIABETES
__ ANEMIA OR SICKLE CELL DISEASE
__ ASTHMA
__ HEART, KIDNEY, OR LUNG PROBLEMS
__ PRESCRIPTION MEDICATION
__ LATE ENTRY TO PRENATAL CARE (AFTER 1ST TRIMESTER)



POS – Screen #2 Notes

- On the Medical Risks screen, POS data entry may indicate one risk, multiple risks, or no risks at all.
- Corresponding risk fields that were previously identified on the MCCP screen will be carried over as 'Y's to this POS screen; these pre-populated POS risks cannot be changed.
- For each field not pre-populated, enter 'X' if it is a newly identified risk; else leave the field blank.



POS – Screen #3

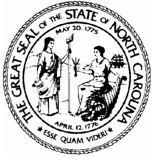
HSA090C NC HSIS – PREGNANCY OUTCOME SUMMARY ADDED:
CHANGED:

NEXT RECORD: COUNTY 099 SCREEN 09 ID DATE ACTION A
MESSAGE:
NAME:

PSYCHOSOCIAL RISKS/NEEDS OUTCOMES (INDICATE ALL THAT APPLY):
(FIELDS ALREADY MARKED "Y" ARE CARRIED FROM THE MCCP INTAKE SCREENING)

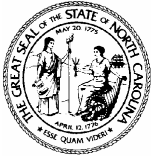
__ MEDICAID PARTICIPATION
__ ADEQUATE PRENATAL CARE
__ MEDICAL HOME FOR SELF OR FAMILY
__ FAMILY PLANNING
__ INTERPRETER SERVICES
__ SUPPORT SYSTEM
__ TRANSPORTATION
__ EMPLOYMENT
__ SCHOOL ENROLLMENT OR GED
__ CHILD CARE
__ FINANCIAL RESOURCES

__ NUTRITIONAL COUNSELING
__ FOOD ASSISTANCE
__ BREASTFEEDING/INFANT FEEDING
__ PARENTING INFORMATION
__ ADEQUATE OR SAFE HOUSING
__ SMOKING CESSATION
__ SUBSTANCE ABUSE
__ MENTAL OR BEHAVIORAL HEALTH
__ DOMESTIC VIOLENCE
__ SEXUAL ABUSE
__ (local use/demonstration)



POS – Screen #3 Notes

- **On the Psychosocial Risks/Needs screen, POS data entry may indicate one, multiple, or no needs at all.**
- **A corresponding psychosocial risk/need field that was previously identified on the MCCP screen will be carried over as 'Y' to this POS screen; however, in contrast to the previous medical-risks screen, data entry must change this 'Y' to one of the valid numeric codes, 1-4, to indicate the extent to which the need has been resolved.**
- **For a POS psychosocial risk/need field that was not previously identified on the MCCP screen, indicate that it has been newly identified by coding one of the four numeric codes.**



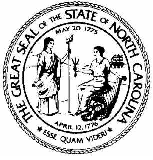
POS – Screen #4

HSA090D NC HSIS – PREGNANCY OUTCOME SUMMARY ADDED:
CHANGED:

NEXT RECORD: COUNTY 099 SCREEN 09 ID DATE ACTION A
MESSAGE:
NAME:

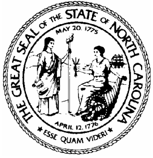
*** INFANT DATA

PREGNANCY OUTCOME: ___
GESTATIONAL AGE AT PREGNANCY OUTCOME: ___ WEEKS
WEIGHT: ___ LBS, ___ OZ OR ____ GRAMS
SEX: __
MOTHER BREASTFEEDING: ___
BABY RECEIVING WIC: ___
HEALTH CHECK EXAM OR WELL CHILD CARE: ___
REFERRED TO CSC: ___



POS – Screen #4 Notes

- The Infant Data screen records live birth data.
- It is presented only if the POS data enterer has previously indicated that the pregnancy ended (‘Reason for Maternal Health Closure’ or ‘Reason for MCCP Closure’ coded as 1).
- All other fields on this screen are subordinate to the ‘Pregnancy Outcome’ indicator; if that field is coded 1(live birth), then entry for the other fields will be required.
- Baby’s weight, if entered, should be in either ounces/pounds or grams, but not both.



POS – Screen #5

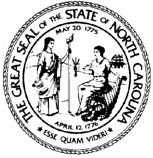
```
HSA090E            NC  HSIS – PREGNANCY OUTCOME SUMMARY              ADDED:
                                                                     CHANGED:

NEXT RECORD:  COUNTY 099    SCREEN 09    ID      DATE           ACTION A
MESSAGE:
NAME:

ENTER  2ND AND 3RD INFANT DATA AS APPLICABLE:

                                 2ND INFANT DATA
PREGNANCY OUTCOME:  ___
GESTATIONAL AGE AT PREGNANCY OUTCOME:  ___  WEEKS
WEIGHT:  ___ LBS,  ___ OZ   OR ____ GRAMS                    SEX: ___
MOTHER BREASTFEEDING: ___                  BABY RECEIVING WIC: ___
HEALTH CHECK EXAM OR WELL CHILD CARE:  ___
REFERRED TO CSC: ___

                                 3RD INFANT DATA
PREGNANCY OUTCOME:  ___
GESTATIONAL AGE AT PREGNANCY OUTCOME:  ___  WEEKS
WEIGHT:  ___ LBS,  ___ OZ   OR ____ GRAMS               SEX: ___
MOTHER BREASTFEEDING: ___                  BABY RECEIVING WIC: ___
HEALTH CHECK EXAM OR WELL CHILD CARE:  ___
REFERRED TO CSC: ___
```



POS – Screen #5 Notes

- **This secondary Infant Data screen will be presented only if 'Multiple Births or Outcomes' = 1 (Yes) has been previously coded; in this case, entry for baby number two will be required, while baby three data is always optional.**
- **The specifications for data entry for the first infant (previous screen) apply equally to babies two and three.**
- **HSIS is not designed to accommodate POS data for extra infants beyond triplets.**

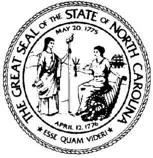
POS – Screen #6

HSA090F NC HSIS – PREGNANCY OUTCOME SUMMARY ADDED:
POS HISTORY
CHANGED:

NEXT RECORD: COUNTY 099 SCREEN 09 ID DATE ACTION I
MESSAGE:
NAME:

PREVIOUS PREGNANCY OUTCOME SUMMARIES:

DATE	DATE	DATE
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY



POS – Screen #6 Notes

- The POS History screen is presented if the user is in Inquiry mode (Action = 'I') and no date is entered on the 'Next Record' line.
- This screen will display all previous summary dates, one for each prior pregnancy captured under POS.
- The user may select one of the displayed dates to pull up the entire summary for that pregnancy; selection is made by entering the date, in MMDDYY format, on the 'Next Record' line.