

Section: Division of Nursing  
Approval: \_\_\_\_\_  
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**PROCEDURE**  
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HACKETTSTOWN COMMUNITY HOSPITAL

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Revised by: N. DelPlato, RN

**HEALTHSTART**  
(Scope)

**TITLE: AMERICHoice UTILIZATION MANAGEMENT FORM COMPLETION**

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**PURPOSE:** To provide Americhoice with mother and baby delivery information thereby facilitating reimbursement to the hospital.

**CONTENT:**

**PROCEDURE:**

1. Obtain the following information from EBC and complete form as follows:
  - a. **Mother's Information** – to include her name, Americhoice ID number, Date of Birth, date of hospital admission, date of discharge, date of initial prenatal appointment and the total number of prenatal visits.
  - b. **Birth Information** – to include date and time of birth, birthweight in grams, gestational age, gender and type of birth.
  - c. **Newborn's Information** – to include name as given on birth certificate, live birth/still birth, APGAR scores, nursery infant admitted to and date of discharge.
2. Indicate on the form if the infant has been transferred to another facility or remains hospitalized.
3. Indicate on fax cover letter that the client was offered a nursing home visit and whether she accepted or declined.
4. Fax completed form to Americhoice at 973-565-5117.
5. Form to be faxed to Americhoice no later than the Friday following the client's birth.