Users Manual

New Jersey
Perinatal Risk Assessment Form

Improving birth outcomes through early identification of risk and appropriate referral

All users must be registered prior to completing forms.

Revised March 5, 2014

What is Family Health Initiatives?

Family Health Initiatives (FHI) is a private, nonprofit subsidiary of the Southern New Jersey Perinatal Cooperative (SNJPC) contracted by the Department of Health (DOH) under agreement with the Division of Medical Assistance and Health Services (DMAHS) to process and warehouse the Perinatal Risk Assessment (PRA) data. FHI works in collaboration with DOH and DMAHS, Medicaid Managed Care Organizations (MMCOs), and New Jersey prenatal providers to oversee completion and analysis of the PRA data.

Communicating with FHI

Training and technical assistance are available during business hours:

E-MAIL **PRA@snjpc.org**

PHONE **856-665-6000**

BUSINESS HOURS **9AM–5PM MONDAY-FRIDAY**

To download a copy of this manual visit
https://www.praspect.org

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Perinatal Risk Assessment

VALUE OF EARLY ASSESSMENT

Risk assessment is conducted during pregnancy to identify women at risk for fetal or infant death or infant morbidity. The goal of risk assessment is to prevent or treat conditions associated with poor pregnancy outcome, and to assure linkage to appropriate services and resources through referral. Early identification and intervention are keys to prevention; therefore risk assessment is conducted at the first prenatal visit and updated throughout the course of the pregnancy.

VALUE OF THE PRA

The PRA Form is intended to promote early and accurate identification of prenatal risk factors, and to reduce administrative burden on busy obstetric practices. In addition, the use of the common risk assessment tool allows MMCOs and health officials to gather information and learn more about Medicaid-eligible pregnant women in New Jersey. The PRA Form is also used as a mechanism to refer eligible families to evidence-based home visiting programs, as well as access to prenatal care initiative projects focused on improving access to prenatal care and other related services. In addition, the form serves as an authorization for payment to providers from MMCOs.

PRA Form content includes all of the demographic, medical, and psychosocial factors considered in the risk management of pregnant women. Precise completion of this form should expedite MMCO follow-up with providers about patient conditions and treatment.

The New Jersey PRA Form offers a unique opportunity to improve upon prenatal services provided to Medicaid beneficiaries. The use of this uniform tool by MMCOs is expected to:

- Reduce work redundancy and errors
- Increase referrals to specialty services
- Improve timely entry into prenatal care services
- Improve upon the quality of services provided
- Promote collaboration between the prenatal provider, MMCO, DOH and DMAHS, and other state and community agencies that serve pregnant women

Participants' **Roles and Responsibilities**

Prenatal Provider

Registers practice and all PRA users with FHI

- Assigns a site coordinator to communicate with FHI
- Assures all PRA users receive training and understand PRA User's Manual
- Completes a PRA Form on every prenatal patient at first visit
- Enters PRA Form online or faxes to FHI within 24 hours of visit
- Enters updated Follow-up Form online or faxes to FHI as new risk factors are identified, new referrals are made, or MMCO assignment or changes are made
- Reviews site-specific summary PRA data
- Participates in PRA data review process with project partners

Family Health Initiatives

Develops and updates PRA Form and training materials with input from state agencies, MMCOs, and prenatal providers

- Provides training materials to all PRA users
- Assures secure storage and transmission of PRA data
- HIPAA compliant server security methods
- Encrypted data transmission
- Daily data backup to secure off-site facility
- Analyzes PRA data and submits reports to providers, MMCOs, state agencies, and other project partners

Collaborates with prenatal providers to transmit PRA data:

- Receives completed forms
- Validates PRA data for quality and accuracy
- HIPAA compliant and encrypted PRA|SPECT web portal for return of updated patient information, MMCO status, and feedback regarding quality of data

Collaborates with MMCOs to access PRA data:

- Verifies and ensures accessibility of PRA data to MMCOs

Medicaid Managed Care Organization

Authorizes payment for services and assigns a risk level based on the screening criteria

- Assigns a staff coordinator to communicate with FHI regarding form access
- Accesses forms on assigned patients from FHI on HIPAA compliant and encrypted PRA|SPECT web portal
- Reviews summary PRA data on enrolled prenatal patients
- Participates in PRA data review process with project partners
- Authorizes payment to prenatal providers

User Information

PRA|SPECT

Perinatal Risk Assessment Single Point Entry Client Tracking (PRA|SPECT) is a HIPAA compliant and encrypted web portal https://www.praspect.org/ designed to integrate the uses of prenatal providers, MMCOs, and partner organizations to provide excellent care to pregnant women in New Jersey.

Users will need Adobe Reader http://get.adobe.com/reader/ installed to use PRA|SPECT. For optimal results, use the latest version of Internet Explorer http://windows.microsoft.com/en-us/internet-explorer/downloads/ie or Firefox http://www.mozilla.org/en-US/firefox/new/

REGISTRATION

A practice site must register online or call 856-665-6000 to access PRA|SPECT.

To complete online registration:

https://www.praspect.org > Click Registration > Enter practice information > Click Continue > Enter Physician Information > Click Continue > Enter User information (a primary contact is required, see pg 7) > Click Continue > Review and Submit > Click Submit Registration

TRAINING

Upon registration, FHI will contact the site to schedule PRA training. All users must attend training and understand the PRA User's Manual prior to completing forms.

To print the PRA User's Manual:

https://www.praspect.org > Click Documents > Click Prenatal Care Providers > Click User's Manual – Prenatal Care Providers > Print

USERNAME AND PASSWORD

All users must be registered with FHI prior to accessing PRA|SPECT**,** and must have access to an email address to receive FHI correspondence. For security, each user must have his/her own username and password. Do not share account information.

The primary contact (see pg 7) for the practice site is able to add new users and remove user access.

FORGOT PASSWORD

If forgotten, a user may request an email containing his/her password.

To request email with password:

https://www.praspect.org > Click Forgot your password > Enter email address (must be registered email address) > Click Submit

User Information

ACCOUNT UPDATE OPTIONS

Allows user to access and update his/her PRA|SPECT account information (password, email address, name, title, phone number) after adding a security question/answer. Note: Users registered with multiple practice sites must contact FHI at PRA@snjpc.org or 856-665-6000 to update account information.

To add security question:

https://www.praspect.org > Login > Click User Administration > Click Account Update Options > Click Add Security question/answer > Enter temporary password, security question, and security question answer > Click Update Account

To update account information:

https://www.praspect.org > Login > Click User Administration > Click Account Update Options > Click Change password, Change email address, Change security question/answer, or Change name, title, phone number > Enter information > Click Update Account

PRIMARY CONTACT

The primary contact assigned to the site is able to add new users, remove user access, and update practice and physician information. A primary contact is required. To change the primary contact for the practice site, contact FHI at PRA@snjpc.org or 856-665-6000.

To add a user (primary contact only):

https://www.praspect.org > Login > Click User Administration > Click Practice Update Options > Click User Information > Click add new > Enter user information > Click Save Changes
Note: New user must contact FHI at 856-665-6000 to receive username/password for login.

To remove user access (primary contact only):

https://www.praspect.org > Login > Click User Administration > Click Practice Update Options > Click User Information > Click last name of user to be deactivated > Select No, Remove Access from the Access dropdown menu > Click Save Changes

To update practice information (primary contact only):

https://www.praspect.org > Login > Click User Administration > Click Practice Update Options > Click Practice Information > Click Edit Practice Information > Enter information > Click Save Changes

To add a new physician (primary contact only):

https://www.praspect.org > Login > Click User Administration > Click Practice Update Options > Click Physician Information > Click Add New > Enter information > Click Save Changes

To update physician information (primary contact only):

https://www.praspect.org > Login > Click User Administration > Click Practice Update Options > Click Physician Information > Click last name of physician > Enter information > Click Save Changes

PRA Submission

ONLINE OR FAX

Users may enter forms online, fax forms to FHI for processing, or do a combination of both. However, the method of submission for a patient's PRA Form determines the method of submission for all Follow-up Form(s) submitted for the pregnancy (Online Submission: Follow-up Form Instructions pg 24 and Fax Submission: Follow-up Form Instructions pg 25)

Online Submission	Fax Submission
•User enters PRA Forms on PRA|SPECT •User enters updates and changes on Follow-up Forms on PRA|SPECT •User accesses forms and documents on PRA|SPECT	•User faxes PRA Forms to FHI for processing (forms are available on PRA|SPECT within 24 hrs) •User makes updates and changes Follow-up Forms (printed from PRA|SPECT) and faxes to FHI for processing •User accesses forms and documents on PRA|SPECT •User prints additional blank PRA Forms from PRA|SPECT

PRINT PRA FORMS

Each PRA Form (2 pages) contains a unique identification number that can only be used once. Duplicates are <u>not</u> allowed in the PRA|SPECT system. **Do <u>not</u> reuse, copy, or print multiple copies of the same forms**.

To print PRA Forms:
https://www.praspect.org > Login > Click Print PRA Forms > Select number of forms to print > Make sure printer has sufficient paper [number of forms x2] > Click Generate Forms > PRA Forms will display at the bottom of the page for printing > Move cursor over PRA window > Right-click mouse > Select Print

To print 50 forms:
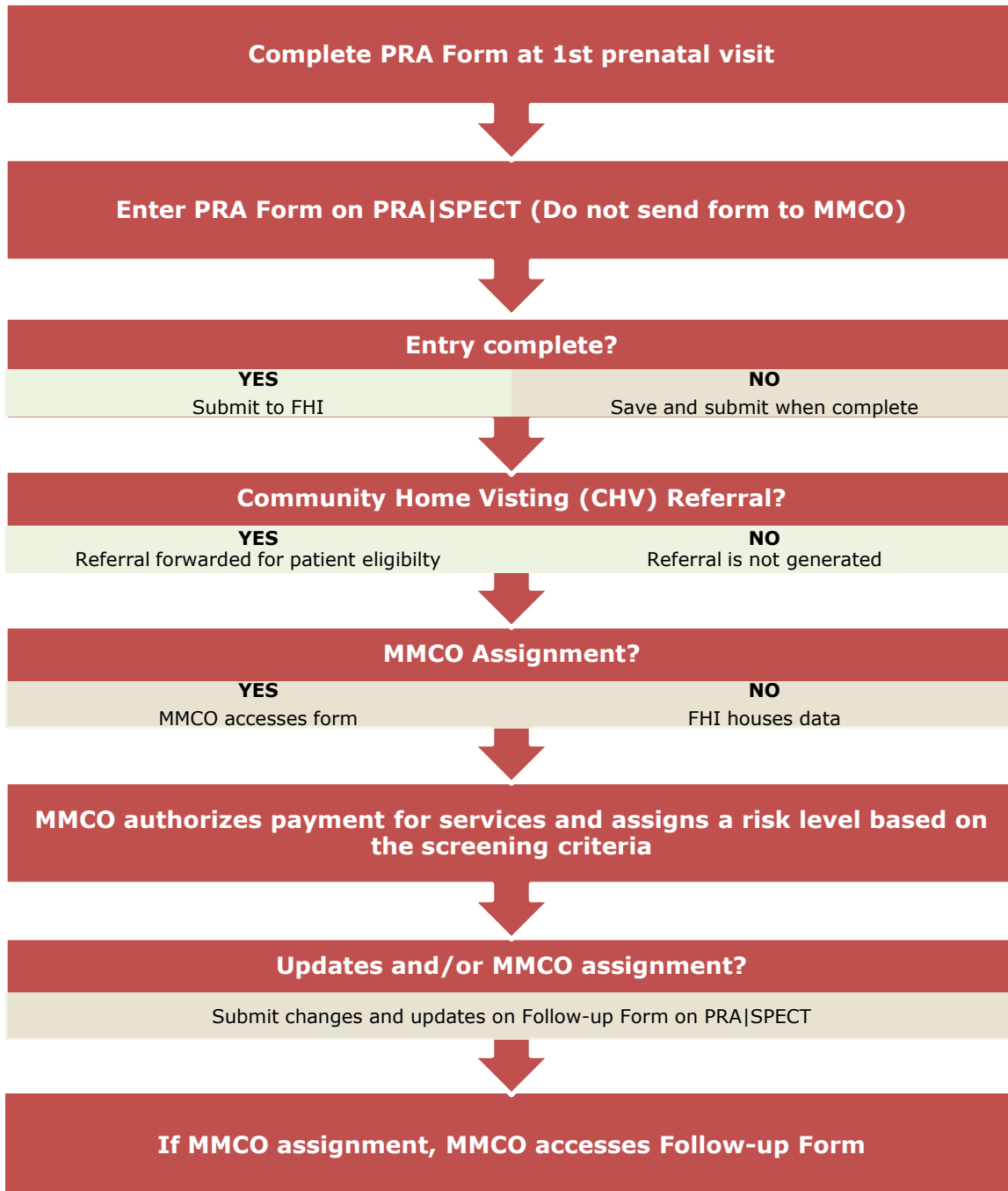Select 50 from Number of Forms dropdown menu > click Generate Forms > Print

To print 100 forms:
Select 50 from Number of Forms dropdown menu > click Generate Forms > Print > scroll to top of page and reselect 50 from Number of Forms dropdown menu > click Generate Forms > Print
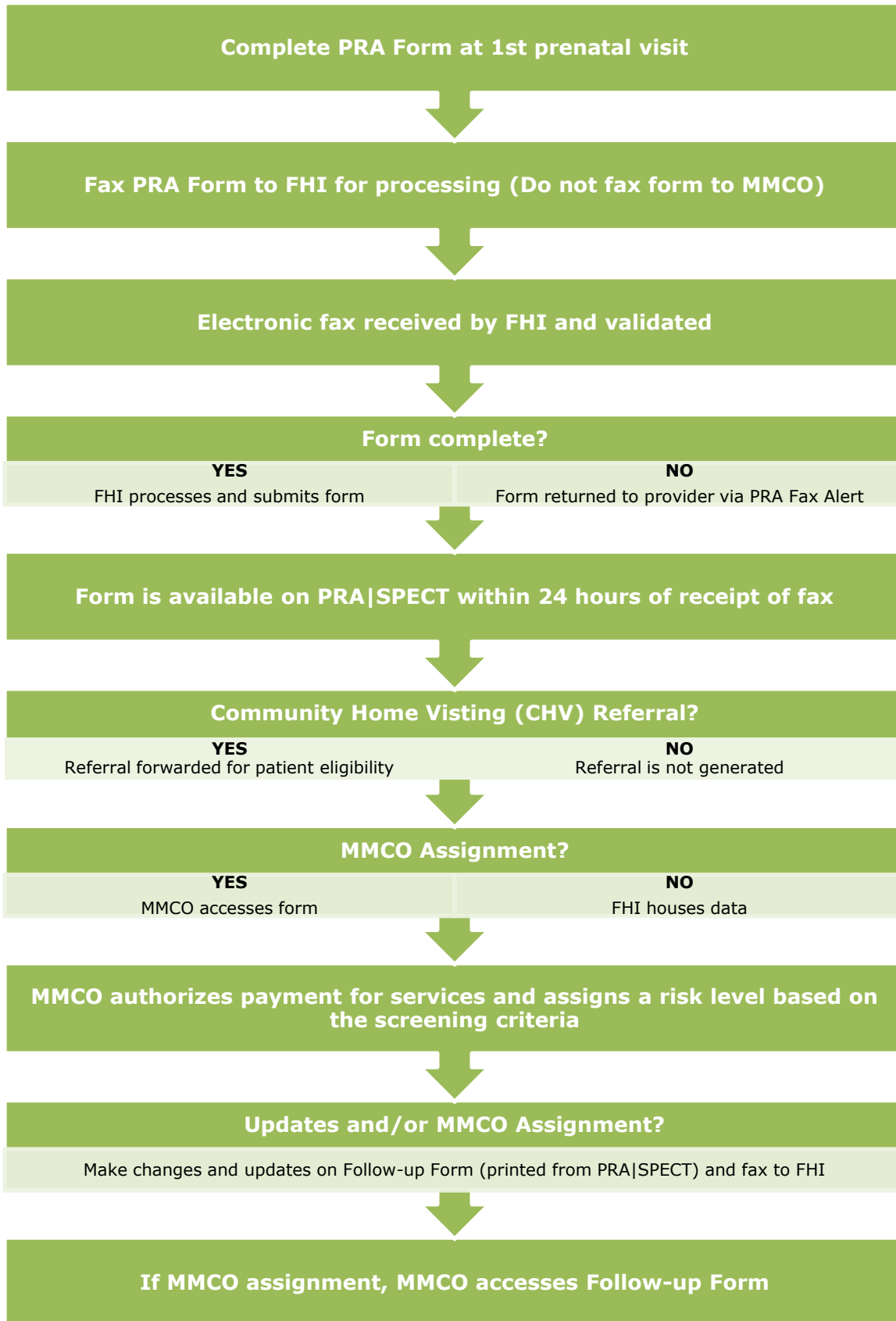
Note: Print options may vary between operating systems, browsers, and browser versions. For printing assistance, contact FHI at PRA@snjpc.org or 856-665-6000.

Online Submission Process

Complete PRA Form at 1st prenatal visit

Enter PRA Form on PRA|SPECT (Do not send form to MMCO)

Entry complete?	
YES Submit to FHI	**NO** Save and submit when complete

Community Home Visting (CHV) Referral?	
YES Referral forwarded for patient eligibilty	**NO** Referral is not generated

MMCO Assignment?	
YES MMCO accesses form	**NO** FHI houses data

MMCO authorizes payment for services and assigns a risk level based on the screening criteria

Updates and/or MMCO assignment?
Submit changes and updates on Follow-up Form on PRA|SPECT

If MMCO assignment, MMCO accesses Follow-up Form

Fax Submission Process

Complete PRA Form at 1st prenatal visit

⬇

Fax PRA Form to FHI for processing (Do not fax form to MMCO)

⬇

Electronic fax received by FHI and validated

⬇

Form complete?

YES	NO
FHI processes and submits form	Form returned to provider via PRA Fax Alert

⬇

Form is available on PRA|SPECT within 24 hours of receipt of fax

⬇

Community Home Visting (CHV) Referral?

YES	NO
Referral forwarded for patient eligibility	Referral is not generated

⬇

MMCO Assignment?

YES	NO
MMCO accesses form	FHI houses data

⬇

MMCO authorizes payment for services and assigns a risk level based on the screening criteria

⬇

Updates and/or MMCO Assignment?

Make changes and updates on Follow-up Form (printed from PRA|SPECT) and fax to FHI

⬇

If MMCO assignment, MMCO accesses Follow-up Form

PRA Form Instructions

The PRA Form must be completed by the treating prenatal care provider. **Patients should <u>not</u> fill out forms.** Accurate completion will expedite continuity of treatment and care for mother and baby.

ALL FIELDS SHOULD BE COMPLETED

The following sections **<u>must</u>** be completed in order for the PRA Form to be submitted online or processed by FHI. These fields are asterisked (*) on the PRA Form (see pgs 12-13). However, **all fields should be completed**, and are essential to the treatment and care for mother and baby.

- Patient Name, Date of Birth, and Address
- At least one current phone number for patient
- Provider Information
- Health Insurance and MMCO
- Date of first visit
- LMP and EDC
- Gravida and Para
- 4Ps Plus

COMMON RULES

- If information is inapplicable, leave blank. 'Yes' or 'No' questions must have a selection.
- Do <u>not</u> use any symbol or letter to indicate information is inapplicable.
- Provide a complete date. If day is unknown – enter 15 as day.
- If month is unknown, provide a reasonable estimate.
- **Partial dates are unacceptable. Estimates are permitted.**
- When asked to select 'Yes' or 'No', choose only ONE option. 'Yes' or 'No' questions must have a selection.
- If all selections are negative in Pregnancy Risk Factors, Current Medical Conditions or Psychosocial Risk Factors, select 'All Risk Factors Negative'
- Do <u>not</u> use alphabetic characters in delivery site code (see pg 28)
- SSN must always be filled in. Use codes below for special circumstances:
    - Undocumented or non-citizen - 000-00-0000
    - Refusal to provide a SSN, but has one - 999-99-9999

GROUP NPI # AND PHYSICIAN NPI

The NPI (National Provider Identifier) is the 10-digit identification number issued by the Centers for Medicare and Medicaid Services (CMS).

If applicable, both the **Group NPI #** and the **Physician NPI #** should be included. For online submission, enter the Physician NPI # in the Additional Information field in the Medical Information section. For fax submission, write the Group NPI # in the NPI #/Provider # field and write the Physician NPI # in the Additional Critical Information section on PRA Form page 2 (see pg 13).

PRA Form

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
PERINATAL RISK ASSESSMENT

13264

PLEASE PRINT CLEARLY   *REQUIRED FOR FORM PROCESSING*

Date Form Completed   SSN   Insurance ID/Medicaid #   Insurance Effective Date

Patient Information

Last Name*   First Name*   Date of Birth*

Street Address*   City*

Zip Code*   County   Home / Cell Phone*   Work Phone

Emergency Contact Name*   Emergency Contact Phone*

Name of Father of the Baby

Father of Baby Involved . . . . ○ Yes ○ No
Married . . . . ○ Yes ○ No

Forms printed from PRA|SPECT will contain provider name, address, fax, phone, zip code

Provider Information*
Provider FAX #   Provider Phone #   Provider Zip Code   Planned Delivery Site Code

Provider Chart #   NPI # / Provider #   Screener: First Initial and Last Name

Race/Ethnicity
(choose one)
○ African American   ○ Multi-Racial
○ Caucasian   ○ Hispanic
○ Asian   ○ Other
○ Native American

Primary Language
(choose one)
○ English
○ Spanish
○ Other (specify)

Health Insurance*
(Select all that apply)   ○ Medicare
○ Medicaid Fee   ○ Family Care
○ Medicaid FFS   ○ Commercial
○ Medicaid MC   ○ Uninsured/Self Pay

MCO*
(choose one for Medicaid Eligibles)
○ None   ○ Horizon NJ Health
○ AmeriGroup   ○ UnitedHealthcare Com.
○ Health First

Entry Into Prenatal Care
Date of first visit
Date of 1st visit under MCO
LMP*
EDC*

Physical Assessment
Blood Pressure
Pre Pregnancy Weight (lbs)
Current Weight (lbs)
Height (Ft-Inches)

Perinatal History
Gravida*   Para*
Date of most recent live birth
Weeks Gestation of Preterm loss(es): select any that apply ○ <21 wks ○ 21-34 wks ○ >34 wks
Specify # of Weeks Gestation of most advanced loss

Oral Health and Referral   Yes No
Sensitive/Bleeding Gums   ○   ○
Dental Referral Given   ○   ○
Patient Education Given   ○   ○
Visit within the last year   ○   ○

Pregnancy Risk Factors   ○ All Risk Factors Negative

	Current Preg Y N	Prior Preg Y N	Family History Y N		Current Preg Y N	Prior Preg Y N	Family History Y N		Current Preg Y N	Prior Preg Y N	Family History Y N
Previous Cesarean Section	na na	○ ○	na na	Multiple Gestation	○ ○	○ ○	○ ○	Fetal Genetic/Structural abnormalities	○ ○	○ ○	○ ○
Low Birth Weight (<2500gm)	na na	○ ○	na na	Fetal Reduction	○ ○	○ ○	na na	Rh Negative	○ ○	○ ○	na na
History of PROM	na na	○ ○	na na	Macrosomia	○ ○	○ ○	na na	Hepatitis B	○ ○	○ ○	na na
Hyperemesis	○ ○	○ ○	na na	IUGR	○ ○	○ ○	na na	Group B Strep	○ ○	○ ○	na na
Obesity	○ ○	○ ○	na na	Oligo/Polyhydramnios	○ ○	○ ○	na na	Opioid Replacement Treatment	○ ○	○ ○	na na
Gestational Diabetes	○ ○	○ ○	na na	Abnormal Amniocentesis	○ ○	○ ○	na na	Pyelonephritis	○ ○	○ ○	na na
PIH/Preeclampsia	○ ○	○ ○	na na	Abnormal AFP	○ ○	○ ○	na na	Urinary Tract Infection	○ ○	na na	na na
Placenta Previa	○ ○	○ ○	na na	Maternal Fetal Infection	○ ○	○ ○	na na	Assisted Reproductive Technology	○ ○	na na	na na
Cervical Incompetence	○ ○	○ ○	na na	Abdominal Surgery	○ ○	○ ○	na na	Bleeding during current pregnancy	○ 1st ○ 2nd ○ 3rd ○ No		
Ectopic Pregnancy	○ ○	○ ○	na na								

DO NOT PHOTOCOPY BLANK FORMS

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Print ID # must match Page 2

Version-2: TF11931 BC/APS-20081020   ● 0409

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PRA Form (page 2)

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Provider Chart #

Current Medical Conditions   ○ *All Risk Factors Negative*

	Yes	No	On Meds	Patient History	Family History		Yes	No	On Meds	Patient History	Family History		Yes	No	On Meds	Patient History	Family History
Neurological Condition	○	○	○	○	na	Phlebitis/DVT	○	○	○	○	na	Renal Disease	○	○	○	○	na
Seizures	○	○	○	○	○	Anemia	○	○	○	○	na	Lupus	○	○	○	○	na
Depression/Mental Illness⌘	○	○	○	○	○	Blood Dyscrasia	○	○	○	○	na	Cancer	○	○	○	○	○
Asthma	○	○	○	○	na	Diabetes	○	○	○	na	○	Uterine Abnormalities	○	○	○	○	na
Tuberculosis	○	○	○	○	na	Thyroid Disease	○	○	○	○	○	Abnormal Pap Smear	○	○	○	○	na
Cystic Fibrosis	○	○	○	○	○	Sickle Cell Trait	○	○	○	○	○	STD	○	○	○	na	na
Heart Condition	○	○	○	○	○	Sickle Cell Disease	○	○	○	○	na	AIDS	○	○	○	na	na
Chronic Hypertension	○	○	○	○	na	Liver Disease	○	○	○	○	na	Allergies⌘	○	○	○	○	na

HIV

	Y	N	On Meds
HIV Positive	○	○	○

Date HIV Test Given ☐☐ MM − ☐☐ DD − ☐☐ YY   Refused ○

Psychosocial Risk Factors   ○ *All Risk Factors Negative*

	Yes	No		Yes	No
Disabled⌘	○	○	Transportation	○	○
Unemployed/Inadequate Income	○	○	Inadequate Social Support	○	○
Husband/Partner is Unemployed	○	○	Unplanned Pregnancy	○	○
Homeless	○	○	Nutritional Concerns	○	○
Unstable Housing	○	○	Perinatal Depression	○	○
Education <12 years	○	○	Eating disorder	○	○
Currently in Foster Care	○	○	Domestic Violence	○	○

Reason for Late Entry into Prenatal Care (*2nd or 3rd trim*)

	Yes
Insurance Enrollment Delay	○
Unaware of importance of PNC	○
Financial	○
Child Care Issues	○
Couldn't find a health provider	○
Access to pregnancy testing	○
Abortion desired/unsuccessful	○
Transportation	○

Environmental Exposures

	Yes	No
Lead:		
Home built before 1978	○	○
Viral:		
Cats or Birds in Home	○	○
Tobacco:		
2nd or 3rd Hand Smoke	○	○

*4Ps Plus

	Yes	No		Yes	No
Did either of your parents have a problem with drugs or alcohol	○	○	Have you ever drunk beer/wine/liquor	○	○
Does your partner have any problem with drugs or alcohol	○	○			
Have you ever felt manipulated by your partner	○	○	In the month before you knew you were pregnant		
Have you ever felt out of control or helpless	○	○	how many cigarettes did you smoke	○	○
Over the past 2 weeks			how much beer/wine/liquor did you drink	○	○
have you felt down, depressed or hopeless	○	○	how much marijuana did you use	○	○
have you felt little interest or pleasure in doing things	○	○			

*If any *Any is checked, continue with the 4Ps Follow-Up Questions.

4 Ps Plus Follow-up Questions (if an *Any above was checked)

In the month before you knew you were pregnant :	Refer for Assessment Every Day	3-6 Days/wk	Prevention Education 1-2 days/wk	<1 day/wk	No Referral Needed (did not drink/use drugs)
About how many days a week *did you* usually drink beer / wine / liquor	○	○	○	○	○
use any drug such as marijuana, cocaine or heroin	○	○	○	○	○
And now, about how many days a week *do you* usually drink beer / wine / liquor	○	○	○	○	○
use any drug such as marijuana, cocaine or heroin	○	○	○	○	○

Plan of Care

	Completed/Enrolled	Referred	Refused		Completed/Enrolled	Referred	Refused
Tobacco Cessation	○	○	○	SSI	○	○	○
Substance Abuse Prevention Ed	○	○	○	DYFS	○	○	○
Substance Abuse Assessment	○	○	○	Community Home Visiting	○	○	○
Mental Health Assessment	○	○	○	Preterm Labor Prevention	○	○	○
Domestic Violence Assessment	○	○	○	Diabetes Care Program	○	○	○
TANF/GA	○	○	○	Nutritional Consult	○	○	○
Emergency Assistance	○	○	○	Breast Feeding Consult	○	○	○
Food Stamps	○	○	○	Maternal Fetal Medicine Consult	○	○	○
WIC	○	○	○	Childbirth Education	○	○	○

✚ **Current Medications**   PLEASE PRINT CLEARLY

_____

_____

⌘**Additional Critical Information**

_____

_____

13264

DO NOT PHOTOCOPY BLANK FORMS   PLEASE COMPLETE AND FAX TO:

Print ID # must match Page 1

Section Notes – PRA Form

PATIENT INFORMATION

- Date Form Completed

    Provide full date; include the month, day, and year.

- SSN (Social Security Number)

    If the patient is undocumented or a noncitizen, write zero (0) in all blocks.
    Undocumented – 000-00-0000
    If the patient is a citizen and refuses to give a SSN, enter nine (9) in all blocks.
    Refusal – 999-99-999

- Insurance ID/Medicaid # (If none, leave blank)

- Insurance Effective Date

    Date the patient's insurance became effective; found on the patient's insurance card.

- Last Name, First Name

    Do not use an alias or nickname.

- Address

    Use current address where the patient resides.

- Home/Cell Phone

    Enter current home or cell phone number where the patient can be reached.

- Work Phone

    Enter current work phone number.

- Emergency Contact Name

    Provide name of person to contact in an emergency OR if patient has no working phone.

- Emergency Contact Phone

    Provide current phone number of the emergency contact person.

- Name of the Father of the Baby

    Provide first and last name of the father of the baby. If unknown, leave blank.

- Race/Ethnicity

    Choose only ONE option.

- Primary Language

    Language most frequently spoken by the patient. Choose only ONE option.

- Health Insurance

    Select every type of insurance in which the patient is currently enrolled.
    <u>Medicaid</u>
    PE – Presumptively eligible
    FFS – Fee for service
    MC – Managed Care

- MMCO

    Select 'None' for PE, FFS, Commercial or Uninsured. Select MMCO for Medicaid MC and NJ
    FamilyCare patients. **This field is used to sort and transmit forms to MMCOs.**

Section Notes – PRA Form

PROVIDER INFORMATION

- Planned Delivery Site Code

    The numeric code of the hospital where the patient plans to deliver (Delivery Site Codes pg 28)

- Provider Chart #

    Enter the patient chart number assigned by the prenatal provider. If the provider does not use chart numbers – leave this section blank.

- NPI #

    10-digit identification # issued by Centers for Medicare and Medicaid Services (CMS) (Group NPI # and Physician NPI # pg 11)

- Screener

    First initial and last name of staff member completing form.

ENTRY INTO PRENATAL CARE

- Date of First Visit

    Enter the date of the patient's initial medical examination during this pregnancy.

- Date of First Visit Under MMCO

    Enter the date of the patient's first prenatal appointment completed after she was assigned to a MMCO.

- Last Menstrual Period (LMP)

    Enter the date of the first day of the patient's last menstrual period.

- Estimated Date of Confinement (EDC)

    Enter the estimated date of delivery. If unknown, best guess is accepted, and may be updated on the patient's Follow-up Form (see pg 23).

PHYSICAL ASSESSMENT

- Height and Current Weight

    Information collected in these fields is used to determine the patient's BMI.

PERINATAL HISTORY

- Gravida

    Enter the number of pregnancies; include current pregnancy in this number.

- Para

    Total number of times a woman has given birth regardless of outcome:

T	Number of term deliveries (>37 weeks)
P	Number of preterm deliveries (20-37 weeks)
SAB	Number of pregnancies spontaneously ended (<20 weeks)
EAB	Number of elective terminations (<20 weeks)
L	Number of living children

    Example: A woman who is pregnant for the 3rd time who had one ectopic pregnancy and one term live birth and the child is still living: Gravida 3 Para T 1 P 0 SAB 1 EAB 0 L 1

Section Notes – PRA Form

PERINATAL HISTORY (CONT)
- Date of most recent live birth
    Provide a complete date. If date is unknown – enter 15 as day.
- Weeks Gestation of Preterm Loss(es)
    If patient has experienced preterm loss(es), select weeks gestation at time of loss.
- Weeks Gestation of Most Advanced Loss
    If patient has had one or more losses, fill in number of weeks gestation at the time of the most advanced pregnancy loss.

ORAL HEALTH AND REFERRAL
'Yes' indicates patient report of sensitive or bleeding gums. If 'Yes', note whether referral to a dentist or patient education was provided and/or whether the patient visited a dentist within the last year.

PREGNANCY RISK FACTORS
- Risk Factors
    Select 'Yes' or 'No' to indicate the presence of risk factors in the patient's current or prior pregnancy(ies) and/or whether there is a family history (Glossary pgs 29-34).
- Bleeding During Current Pregnancy
    If 'Yes' select the trimester(s) that bleeding occurred. Select 'No' if bleeding did not occur.

CURRENT MEDICAL CONDITIONS
Select 'Yes' or 'No' to indicate whether the patient currently:
- has the listed medical factors,
- is taking medications,
- has a history of the condition or
- has a family history for selected risk factors.

HIV
Select 'Yes' if the patient is HIV Positive and 'On Meds' if the patient is taking medications.
If patient is HIV negative, select 'No' and provide date HIV test was given.
Select 'Refused' only when patient has refused to be tested for HIV.

The Follow-up Form (see pg 23) should be used to report results when HIV test results are obtained after the initial visit or late in pregnancy.

PSYCHOSOCIAL RISK FACTORS
Select 'Yes' or 'No' for each risk factor listed. Transportation selection 'Yes' indicates the patient does not have transportation.

REASON FOR LATE ENTRY INTO PRENATAL CARE
Complete this section only when a patient enters prenatal care in the 2nd or 3rd trimester.
Select 'Yes' for all reasons that apply.

Section Notes – PRA Form

ENVIRONMENTAL EXPOSURES

Indicate whether the patient has been exposed to listed items in her environments (home, work, etc). A patient who lives in a house built before 1978 is at risk for exposure to lead paint.

4Ps PLUS

This is a required section. Each question must be answered for processing. The evidence-based screen for substance use and referral is designed to be administered as written by prenatal staff.

4Ps PLUS FOLLOW-UP QUESTIONS

Complete this section if 'Any' 4Ps Plus questions are selected. Identify whether a referral for assessment and/or prevention education was initiated.

Contact the Maternal and Child Health Consortium (MCHC) (see pg 28) in your region for specific training on 4Ps Plus screening questions, and for information about substance abuse treatment options.

PLAN OF CARE

- 'Completed/Enrolled' indicates the patient is already enrolled or receiving services.
- 'Referred' indicates a referral was given to the patient.
- 'Refused' indicates the patient refused referral to services.

The PRA Form serves as referral paperwork for Community Home Visiting (CHV) services. Upon submission, PRA Forms with 'Referred' selected for CHV will automatically screen patient eligibility (based upon information including, but not limited to residential county and zip code, Gravida/Para, and EDC) and triage referral to partner home visiting agency. CHV services and availability vary by county and eligibility criteria. For more information contact FHI at PRA@snjpc.org or 856-665-6000.

Note: Currently CHV is the only Plan of Care referral that is automatically generated. Aggregate data from Plan of Care Referrals provided by your site is used to assess needs and determine funding initiates to benefit your prenatal patients.

CURRENT MEDICATIONS

List medications the patient is currently taking if 'On Meds' is selected in the Current Medical Conditions section. It is not necessary to list the condition or the dosage/frequency of medications.

ADDITIONAL CRITICAL INFORMATION

Print the specific type of allergy, disability and/or mental health conditions that are critical to prenatal case management.

Online Submission: PRA Form Instructions

NEW PATIENT RECORD

Allows user to enter a new PRA Form.

To enter a PRA Form:

https://www.praspect.org > Login > Click Patient Records > Click New Patient >

- Patient Information

  Click Save to proceed to next section. Once Patient Information is complete, the user may access subsequent sections in any order by clicking the section title in the navigation bar (see image below). Click Review | Submit | Exit at any point to check data entered in each section under Form Completion Summary (see image below). Click Save in each section: Medical Information, Pregnancy Risk Factors, Current Medical Conditions, Psychosocial Risk Factors, 4Ps Plus, and Plan of Care.

- Review | Submit | Exit

  Select Submit > Click Enter Selection (other options include Save and Remove)

PRA Form Review | Submit | Exit Page

Click navigation bar to access sections in any order

INCOMPLETE PRA FORMS

Saved PRA Forms (forms not yet submitted) will appear as incomplete entries, and may be completed and submitted at a later time. All users registered at the site may access incomplete entries.

To access an incomplete PRA Form:

https://www.praspect.org > Login > Click Patient Records > Click Incomplete PRA Forms > Click Access Form

To sort incomplete records by alphabetical or numercial order:

https://www.praspect.org > Login > Click Patient Records > Click Incomplete PRA Forms > Click blue column header

Fax Submission: PRA Form Instructions

GENERAL INSTRUCTIONS

- Print legibly and inside the boxes. Information written outside of the designated areas will <u>not</u> be transmitted.
- Do <u>not</u> use a stamp to complete any section of the form.
- If a mistake is made before the form is faxed, use white-out to cover mistake or clearly overwrite correction.

FORMS MUST BE FAXED

Fax to FHI at **856-662-4321**. Users should only fax PRA Forms to FHI. Do <u>not</u> use the fax number to correspond with FHI staff.

ALL SUBMISSIONS TO FHI

Do <u>not</u> fax PRA Forms to MMCOs. PRA Forms can only be processed by FHI.

NO COVER SHEET

Do <u>not</u> include cover sheets. All forms are received by a data server that cannot process cover sheets. Cover sheets create delays in data processing.

NO PARTIAL FORMS

Fax the entire 2-page PRA Form when it is complete. Transmit both page 1 and page 2 of the PRA Form at the same time. The electronic processing system will only support a complete patient record.

FORM IDENTIFICATION

Be sure page 1 and page 2 of the PRA contain the same FHI ID number (located in the bottom right corner of form- see pgs 12-13).

NO DUPLICATES

The system will only accept one original form per provider site per patient per pregnancy. A patient's follow-up form should be completed as new risk factors are identified and/or plan of care referrals are made. An unlimited number of follow-up forms may be submitted.
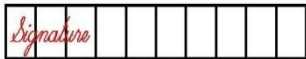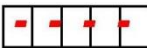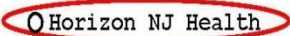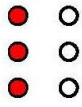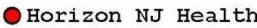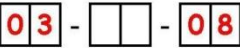
INCOMPLETE FORMS

Do <u>not</u> fax forms missing required fields. Incomplete forms will be returned to the provider via fax (PRA Fax Alert) sent back to provider site indicating that a form has been received by FHI, but is unable to be processed due to the indicated reason. The PRA screener will then need to complete the missing information, and refax both pages of the PRA Form to FHI.

CORRECTIONS

If you discover errors on a PRA Form after it has been faxed to FHI, do <u>not</u> make corrections on the PRA Form and refax. To make corrections, print the patient's Follow-up Form (see pg 25) from PRA|SPECT, make corrections on the printed form, and fax it to FHI.

Fax Submission: Common Errors

Error	Examples		Common Rule
	wrong	**CORRECT**	
Writing outside the boxes	*Signature*	**S i g n a t u r e**	Neatness counts. Print legibly and within the set parameters.
Missing Information	N/A - - - Yes ⊘ NA ○ ○ ⊘ Horizon NJ Health (circled)	(blank boxes) Yes ○ ○ ○ Yes ● ● ● No ○ ○ ○ ● Horizon NJ Health	If information is inapplicable, leave the field blank. Do not use any symbol or letter to indicate information is inapplicable. Do not circle selection. Fill in circles completely.
Incomplete Date Fields	03 - 00 - 08 03 - ⬜ - 08 00 - 00 - 00	03 - 15 - 08	Provide a complete date. If day is unknown – enter 15 as day. If month is unknown, provide a reasonable estimate. Partial dates are unacceptable. Estimates are permitted.
Blank Social Security Number	⬜⬜⬜ - ⬜⬜ - ⬜⬜⬜⬜	000 - 00 - 0000 999 - 99 - 9999	SSN must always be filled in. Use codes below for special circumstances. Undocumented or non-citizen: 000-00-0000 Refusal to provide a SSN, but has one: 999-99-9999
Answers **both** Yes and No to same questions	Yes No ● ●	Yes No ● ○	When asked to select 'Yes' or 'No', choose only ONE option.
Alphabetic characters in Delivery Site Code	A B C	1 2 3	Delivery Site Codes (pg 28)

Form Retrieval Instructions

PATIENT SEARCH

Allows user to view a patient's record. For optimal results, limit search to one or two fields. Incomplete entries will not appear in Patient Search until submitted.

To search for a patient record:

https://www.praspect.org > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click ⬍ to left of patient name

Patient Record (unexpanded)

Patient Record (expanded)

Note: Fax submission records will display **Download Blank Follow-up Form**

Form Retrieval Instructions

FORM WINDOW NAVIGATION

Clicking PRA or Follow-up (under Form in PRA History on the patient's record) opens the form window. If the form window does not open or opens blank contact FHI at @snjpc.org or 856-665-6000. The form window and navigation options may vary between operating systems, browsers, and browser versions. While the scroll bar(s) may be used, the **Marquee Zoom tool** 🔍 provides optimal viewing and navigation in the form window.

To access the Marquee Zoom tool:
Right-click in the form window > Select Marquee Zoom

The Marquee Zoom tool works in different ways.

- Drag a rectangle around a portion of page to fill viewing area
- Click to increase magnification, Ctrl-click to decrease magnification.
- Hold Shift to temporarily switch to the Dynamic Zoom tool 🔍 (drag up on page to zoom in and drag down on page to zoom out)
- Hold Space bar to temporarily switch to Hand tool 🖐 (scroll around form)

Form Window

Print

The toolbar may also be used for navigation

Follow-up Form

Perinatal Risk Assessment
Follow-up Form

Chart#:
Processed Date:
Screener:

Date of 1st visit under MCO: [M M] - [D D] - [Y Y]

Health Insurance:
O Medicaid PE   O NJ Family Care
O Medicaid MC   O Commercial
O Medicaid FFS O Medicare   O Uninsured/Self Pay

MCO:
O None   O Horizon NJ Health
O AmeriGroup   O UnitedHealthcare Com
O Health First

Insurance ID/Medicaid #: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Insurance Effective Date: [M M] - [D D] - [Y Y]

Pregnancy Risk Factors

O No Changes   O All Risk Factors Negative

	Current Y N		Current Y N		Current Y N		Current Y N
Hyperemesis	O O	Ectopic pregnancy	O O	Abnormal AFP	O O	Opioid Rplcmnt Trtmnt	O O
Obesity	O O	Fetal reduction	O O	Maternal fetal infection	O O	Pyelonephritis	O O
Gestational Diabetes	O O	Macrosomia	O O	Abdominal surgery	O O	Urinary Tract Infection	O O
PIH/Preeclampsia	O O	IUGR	O O	Rh Negative	O O	Asissted Repro. Tech.	O O
Placenta Previa	O O	Oligo/Polyhydramnios	O O	Hepatitis B	O O	Fetal genetic/struct abnrml	O O
Cervical Incompetence	O O	Abnormal amniocentesis	O O	Group B Strep	O O	Multiple Gestation	O O

Bleeding during current pregnancy   O 1st O 2nd O 3rd O No

4 Ps Plus

	Yes No
Did either of your parents have a problem w/drugs or alcohol:	O O
Does your partner have any problem with drugs or alcohol:	O O
Have you ever felt manipulated by your partner:	O O
Have you ever felt out of control or helpless:	O O

Over the last 2 weeks
have you felt down, depressed, or hopeless: O O
have you felt little interest or pleasure in doing things: O O

	Yes No
Have you ever drunk beer/wine/liquor:	O O

*Any None

In month before you knew you were pregnant
how many cigarettes did you smoke
how much beer/wine/liquor did you drink   O O
how much marijuana did you use   O O

*If an *Any is checked, continue with the 4Ps Follow-Up Questions.

*4 Ps Plus Follow-up Questions (when Any above was checked)

	Never for Assessment Every Day	3-days/wk	Prevention Education 1-days/wk	<ay/wk	Referral Needed (did not drink/use drugs)
About how many days a week did you usually drink beer/wine/liquor	O	O	O	O	O
use any drug such as marijuana, cocaine or herion	O	O	O	O	O
And now, about how many days a week do you usually drink beer / wine / liquor	O	O	O	O	O
use any drug such as marijuana, cocaine or herion	O	O	O	O	O

Plan of Care

O No Changes

	Completed/Enrolled	Referred	Refused		Completed/Enrolled	Referred	Refused
Tobacco Cessation	O	O	O	SSI	O	O	O
Substance Abuse Prevention Ed	O	O	O	DYFS	O	O	O
Substance Abuse Assessment	O	O	O	Community Home Visiting	O	O	O
Mental Health Assessment	O	O	O	Preterm Labor Prevention	O	O	O
Domestic Violence Assessment	O	O	O	Maternal Fetal Medical Consult	O	O	O
TANF/GA	O	O	O	Diabetes Care Program	O	O	O
Emergency Assistance	O	O	O	Nutritional Consult	O	O	O
Food Stamps	O	O	O	Breast Feeding Consult	O	O	O
WIC	O	O	O	Childbirth Education	O	O	O

HIV Test Given?   Test given date: _____   Results: [ ][ ][ ][ ][ ][ ][ ]

Notes _____
_____
_____
_____

Online Submission: Follow-up Form Instructions

FOLLOW-UP FORM

The Follow-up Form is used to communicate:

- Updates about the patient's risk factors, medical conditions, and plan of care referrals
- MMCO enrollments and changes
- Corrections to the original PRA

The Follow-up Form should be completed as many times as necessary to keep the patient's record current. All completed Follow-up Forms are viewable on the patient's record under PRA History.

To complete a Follow-up Form:

https://www.praspect.org > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click ⬍ to left of patient name > Click Complete New Follow-up Form

- Follow-up Patient Information
  Click Save to proceed to next section. The user may access subsequent sections in any order by clicking the section title in the navigation bar (see image below). Click Save in each section: Follow-up Pregnancy Risk Factors, Follow-up 4Ps Plus, and Follow-up Plan of Care.
- Review | Submit | Exit
  Select Submit > Click Enter Selection (other option is Remove)

Follow-up Form Review | Submit | Exit Page

To print a patient's completed Follow-up Form(s):

https://www.praspect.org > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click ⬍ to left of patient name > Follow-up Forms are listed in PRA History under Form > Click Follow-up under Form > Print

Online Data Entry: Patient Record PRA History
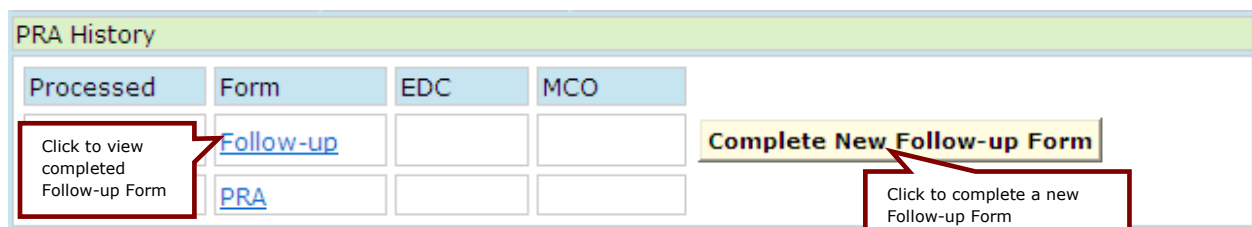
Fax Submission: Follow-up Form Instructions

FOLLOW-UP FORM

The Follow-up Form is used to communicate:

- Updates about the patient's risk factors, medical conditions, and plan of care referrals
- MMCO enrollments and changes
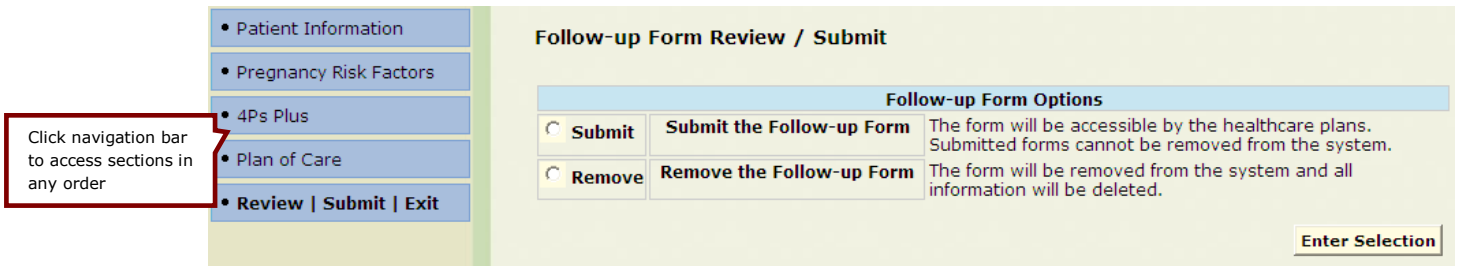- Corrections to the original PRA

The Follow-up Form should be completed as many times as necessary to keep the patient's record current. All completed Follow-ups Forms are viewable on the patient's record under PRA History.
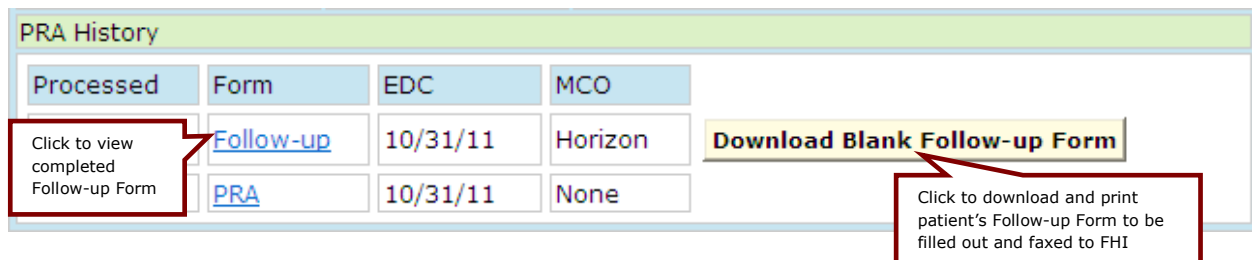
To print a patient's blank Follow-up Form:

https://www.praspect.org > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click ⬍ to left of patient name > Click Download Blank Follow-up > Click Open > Print

To print a patient's completed Follow-up Form:

https://www.praspect.org > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click ⬍ to left of patient name > Click Follow-up under Form > Print

Fax Data Entry: Patient Record PRA History

PRA History				
Processed	Form	EDC	MCO	
Click to view completed Follow-up Form	Follow-up	10/31/11	Horizon	**Download Blank Follow-up Form**
	PRA	10/31/11	None	*Click to download and print patient's Follow-up Form to be filled out and faxed to FHI*

PRA|SPECT Features

HOME
Displays important PRA|SPECT messages, as well as monthly PRA Stats (number of PRA Forms, Follow-up Forms, and online submission Incomplete PRA Forms). Users affiliated with multiple practice sites will see Stats for each location.

UPDATE PATIENT INFORMATION
Allows user to update the following fields: First Name, Last Name, Address, Phone Numbers, Emergency Contact and Phone, SSN, DOB, Race, and Primary Language.

To update patient information:
https://www.praspect.org > Login > Click Patient Records > Click Patient Search > Enter information in search field(s) > Click Search Patients > Click ⬍ to left of patient name > Click [Update] in Patient Information > Enter information > Click Save (updates will not reflect until the screen is refreshed)

To refresh screen:
PC: Right click screen > Select Refresh OR Press F5 key, Mac: Hold Command key and press R key

PATIENT GROUP PRINT
Allows user to print all forms processed in a specified date range.

To print forms by process date(s):
https://www.praspect.org > Login > Click Patient Records > Click Patient Group Print > Enter dates > Click Search Patients > Click Select All to select/deselect all checkboxes (Click individual checkboxes to select/deselect forms) > Click Retrieve Forms > Click Open > Click PDF file > Click Open > Print

Note: Fax data entry users have the option to print a Follow-up Form along with the PRA Form. Follow-up Forms will only print for PRA Forms that were faxed to FHI for processing.

PATIENT LIST BY ENTRY
Provides a list of patients by the date of entry into prenatal care.

To print a list of patients by entry:
https://www.praspect.org > Login > Click Patient Records > Click Patient List by Entry > Enter dates > Click Get List > Print

PATIENT LIST BY ALPHA
Provides an alphabetical list of patients by last name.

To print a list of patients by alpha:
https://www.praspect.org > Login > Click Patient Records > Click Patient List by Alpha > Click letter to view patient list > Print

Frequently Asked Questions (FAQ)

Should I complete a PRA Form if the patient is not eligible for MMCO or has Commercial insurance?
YES. All prenatal patients must have a PRA Form completed regardless of their insurance status.

Do I need to complete a new PRA on a transfer patient that already had a risk assessment completed at her previous prenatal provider?
YES. A new PRA must be completed at the first visit at each site where the patient receives prenatal care. The system will only accept one original form per provider site per patient per pregnancy. A patient's follow-up form should be completed as new risk factors are identified and/or plan of care referrals are made. An unlimited number of follow-up forms may be submitted.

How do I get more PRA Forms?
See Print PRA Forms pg 8.

I do not have all of the required information; can I still enter or fax a PRA Form?

   Online Data Entry: YES. You may save and submit when complete. See New Patient Record and Incomplete PRA Forms pg 18.

   Fax Data Entry: NO. Forms without the required information cannot be processed.

I've made a mistake on the PRA Form I submitted online or faxed. How do I correct it?

   Online Data Entry: To correct First Name, Last Name, Address, Phone numbers, Emergency Contact and Phone, SSN, DOB, Race, or Primary Language, see Update Patient Information pg 26. To correct Insurance information, Pregnancy Risk Factors, 4Ps Plus, or Plan of Care, see Follow-up Form pg 24. All other corrections, contact FHI at PRA@snjpc.org or 856-665-6000.

   Fax Data Entry: See Follow-up Form pg 25.

I am unable to find a patient's record. What should I do?
Search by a different field. For optimal results, limit search to one or two fields. If the patient's record still does not appear contact FHI at PRA@snjpc.org or 856-665-6000.

I forgot my password. How can I access my account?
See Forgot Password pg 6.

My colleague is asking for my username and password? Should I share this information?
NO. All PRA users must be registered with FHI prior to accessing PRA|SPECT, and have their own username and password. See Username and Password pg 6.

I would like to print all the PRA Forms completed during a month. How do I do this?
See Patient Group Print pg 26.

MCHC Contacts & Delivery Site Codes

Contact the <u>Regional Maternal and Child Health Consortia</u> and the <u>NJ Prevention Network</u> for behavioral health referral assistance:

Partnership for Maternal and Child Health of Northern New Jersey:
- Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union, and Warren counties: (973) 942-3630

Central Jersey Family Health Consortium:
- Hunterdon, Middlesex, Mercer, Somerset, and Union (Plainfield portion) counties: (732) 937-5437
- Monmouth and Ocean counties: (732) 363-5400

Southern New Jersey Perinatal Cooperative:
- Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem counties (856) 665-6000

Delivery Site Codes (*By County*):

Atlantic County
395 - AtlantiCare Regional Medical Center
700 - Shore Memorial Hospital

Bergen County
180 - Englewood Hospital and Medical Center
270 - Hackensack University Medical Center
530 - Hackensack UMC - Pascack Valley
290 - Holy Name Hospital/Medical Center
830 - The Valley Hospital

Burlington County
080 - Virtua Memorial

Camden County
508 - Our Lady of Lourdes Medical Center
115 - The Cooper Health System
897 - Virtua Voorhees

Cape May County
077 - Cape Regional Medical Center

Cumberland County
485 - Inspira - Vineland

Essex County
385 - Clara Maass Medical Center
055 - Newark Beth Israel Medical Center
640 - Saint Barnabas Medical Center
470 - The Mountainside Hospital
480 - UMDNJ - University Hospital

Gloucester County
800 - Inspira - Woodbury
887 - Kennedy University Hospital - Washington Township

Hudson County
100 - Christ Hospital
670 - Hoboken University Medical Center
433 - Liberty HealthCare System, Inc. - Jersey City Medical Center
609 - Meadowlands Hospital Medical Center
502 - Palisades Medical Center

Hunterdon County
305 - Hunterdon Medical Center

Mercer County
440 - Capital Health Hopewell
415 - Capital Health Regional Medical Center
770 - RWJ University Hospital at Hamilton
570 - University Medical Center at Princeton

Middlesex County
333 - JFK Medical Center
555 - Raritan Bay Medical Center
445 - Robert Wood Johnson University Hospital
685 - Saint Peter's University Hospital

Monmouth County
215 - CentraState Healthcare System
220 - Meridian Hospitals Corporation - Jersey Shore Medical Center
610 - Meridian Hospitals Corporation – Riverview
455 - Monmouth Medical Center

Morris County
097 - Chilton Memorial Hospital
465 - Morristown Memorial Hospital
643 - Saint Clare's Hospital/Denville

Ocean County
122 - Community Medical Center
550 - Kimball Medical Center
070 - Meridian Hospitals Corporation - Medical Center of Ocean County
626 - Southern Ocean County Hospital

Passaic County
660 - St. Joseph's Regional Medical Center
675 - St. Mary's Hospital Passaic

Salem County
177 - Inspira - Elmer
695 - The Memorial Hospital of Salem County

Somerset County
705 - Somerset Medical Center

Sussex County
490 - Newton Memorial Hospital

Union County
510 - Overlook Hospital
645 - Trinitas Regional Medical Center

Warren County
275 - Hackettstown Community Hospital

Glossary

Abdominal Surgery	Surgical procedure involving maternal abdominal organs.
Abnormal AFP	Abnormal result of test for maternal serum Alpha-Feto protein; used to identify structural nervous system malformations in the fetus.
Abnormal Amniocentesis	Fetal chromosomal abnormality detected by analysis of amniotic fluid removed from amniotic sac.
Abnormal Pap Smear	Premalignant (before cancer) or malignant (cancer) changes detected in a sample of cells taken from a woman's cervix.
Access to pregnancy testing	Ability to determine where and how to get a pregnancy test.
AIDS	Acquired immunodeficiency syndrome. A disease of the immune system caused by the HIV virus.
Allergies	An exaggerated immune response to substances in the environment.
Anemia	Decreased ability of the blood to carry oxygen because of a reduction in the number and quality of red blood cells.
Assisted Reproductive Technology	Range of techniques for manipulating oocytes and sperm to overcome infertility; encompasses drug treatments, surgical methods, in vitro and in vivo fertilization, ex utero and in utero fetal surgery, and various laboratory regimes.
Asthma	Chronic lung disorder characterized by shortness of breath, wheezing, coughing, and tightness of the chest.
Bleeding during Current Pregnancy	Episodes of vaginal bleeding during current pregnancy.
Blood Dyscrasia	Abnormality in the cellular components of the blood or bone marrow.
Breast Feeding Consult	Consultation with an International Board Certified Lactation Consultant (IBCLC).
Cancer	Abnormal cells with uncontrolled cell growth.
Cervical Incompetence	Cervix that dilates painlessly, without contractions.
Childcare Issues	Difficulty with locating or enrolling in childcare.
Childbirth Education	Course designed for expectant parents that reviews what to expect during pregnancy, labor, and delivery.

Chronic Hypertension   High blood pressure; transitory or sustained elevation of systematic arterial blood pressure to a level likely to induce cardiovascular damage or other adverse consequences. Hypertension has been arbitrarily defined as a systolic blood pressure above 140 mmHg or a diastolic blood pressure above 90 mmHg.

Community Home Visiting   Home visiting services designed to promote healthy pregnancy, birth outcome, positive parenting, and self-sufficiency. The PRA serves as paperwork for CHV referral.

Could not find a health provider   Difficulty with locating or enrolling in primary healthcare services, including prenatal care.

Current Medications   Medications taken regularly by patient at this time.

Currently in Foster Care   Living in the home of a foster parent who is supervised by DYFS.

Cystic Fibrosis   Also known as CF, mucoviscidosis, or mucoviscidosis; a hereditary disease affecting the exocrine (mucus) glands of the lungs, liver pancreas, and intestines, causing progressive disability due to multisystem failure.

Depression/Mental Illness   Clinical symptoms of depression or mental illness requiring medication or treatment.

Diabetes   Disorder of carbohydrate metabolism resulting from insulin deficiency. Characterized by high blood sugar levels that result in weakness, frequent urination, and increased thirst and hunger.

Diabetes Care Program   Disease management program specific to diabetes.

Disabled   Lack of ability relative to a personal or group standard or norm. May involve physical impairment such as sensory, cognitive or intellectual impairment, mental disorder, or chronic medical disease.

Domestic Violence   Also known as domestic abuse, spousal abuse, or intimate partner violence; occurs when a family member, partner or ex-partner attempts to physically or psychologically dominate another.

Domestic Violence Assessment Use of a standardized questionnaire or tool to help assess safety, risk, strengths and needs of an individual or family, and to assist in decision making.

DYFS   Division of Youth and Family Services: child welfare services unit in New Jersey.

Eating Disorder   Present when a person experiences severe disturbances in eating behavior, such as extreme reduction of food intake, extreme overeating, or feelings of extreme distress or concern about body weight or shape.

Ectopic Pregnancy	Fertilized egg implanted outside the uterus.
Education <12 yrs	Education level is less than a high school graduate.
Emergency Assistance	Essential food, clothing, shelter and household furnishings, temporary rental assistance or back rent or mortgage payments, utility payments, and moving expenses for those who are homeless or at immediate risk of becoming homeless. Administered by the New Jersey Division of Family Development.
Fetal/Genetic/Structural Abnormalities	Abnormalities in the fetus (heart, kidneys, lungs, etc) determined by ultrasound or chromosomal analysis.
Fetal Reduction	Selective termination of one or more fetuses in a multi-fetal pregnancy.
Financial	Difficulty with personal finances.
Food Stamps	Program offered by the Food and Nutrition Services, which provides benefits to low-income people that can be used to buy food to improve their diets.
Gravida	Total number of pregnancies (including current pregnancy) regardless of outcome.
Gestational Diabetes	Occurrence or worsening of diabetes during pregnancy.
Group B Strep	Streptococcal infection occurring in the mother's vagina and throat.
Heart Condition	Diagnosed heart problem requiring medications or limitations of physical activity.
Hep B	Hepatitis B; infectious disease that affects the liver.
History of Mental Health Treatment	Has received mental health counseling with or without prescription of medications.
History of PROM	History of premature rupture of the membranes (amniotic sac).
HIV Positive	Serologic presence of human immunodeficiency virus (HIV).
HIV Test Given	HIV test was administered (NJ State law mandates all pregnant women to be tested for HIV. If refused, newborn is tested.)
Homeless	Current lack of permanent housing.
Hyperemesis	(Hyperemesis gravidarum): Severe nausea, dehydration, and vomiting during pregnancy. Occurs most frequently during the first trimester.
Inadequate Social Support	Lacking family or other supportive relationships.

Insurance Enrollment Delay	Delay in enrollment with a MMCO after deemed presumptively eligible for Medicaid services.
IUGR	Intrauterine growth retardation: small fetus usually associated with diminished placental function, poor nutrition, genetic disorders, or infection.
Lead: Home built before 1978	Lives in a home that is potentially painted with lead-based paint.
Liver Disease	Diseases and disorders that cause the liver to function improperly or cease functioning.
Low Birth Weight (<2500gm)	Birth weight less than 5.5 pounds (<2500 grams).
Lupus	Chronic inflammatory disease that causes abnormalities of blood vessels and connective tissue in various parts of the body.
Macrosomia	Fetus or infant weighing more than 9 pounds (>4500 grams).
Maternal Fetal Infection	Infection of the mother and/or infant during pregnancy.
Maternal Fetal Medicine Consult	Consultation with a board-certified Perinatologist regarding perinatal risk factors.
Mental Health Assessment	Interview conducted by a certified mental health provider to evaluate the need for mental health treatment and the type of treatment necessary.
Methadone Use	Daily intake of Methadone, a synthetic opioid.
Multiple Gestation	More than one fetus.
Neurological Condition	Disorder of the nervous system.
Nutritional Concerns	Diet-related risk factors.
Nutritional Consult	Consultation with a nutritionist (New Jersey does not require a license for nutritionists.)
Obesity	Having too much body fat; weight more than 20% above the normal range.
Oligo/Polyhydramnios	Lack or deficiency (oligo) or greater than normal amount (poly) of amniotic fluid. Usually associated with congenital anomalies.
Para	Number of times a woman has given birth regardless of outcome:

T   # of term deliveries (>37 weeks)
P   # of preterm deliveries (20-37 weeks)
SAB   # of pregnancies spontaneously ended (<20 weeks)
EAB   # of elective terminations (<20 weeks)
L   # of living children

Perinatal Depression	Depression associated with pregnancy and/or childbirth.
Phlebitis/DVT	Inflammation of a vein; deep vein thrombosis.
PIH/Preeclampsia	Pregnancy Induced Hypertension (PIH)/Preeclampsia: Hypertensive states of pregnancy that have not been preceded by chronic hypertension Classification: 1) without proteinuria 2) with proteinuria (preeclampsia) 3) eclampsia.
Placenta Previa	Low attachment of the placenta, covering or very close to the cervix.
Preterm Labor Prevention	Education regarding signs and symptoms of preterm labor.
Previous Cesarean Section	Previous delivery of a fetus or infant through an abdominal incision.
Pyelonephritis	Serious kidney infection.
Renal Disease	Progressive loss of renal function over months and years.
Rh Negative	Absence of rhesus antibody in blood.
Seizures	Acute episode of epilepsy.
Sickle Cell Disease	A genetic condition characterized by abnormal red blood cells containing a defective form of hemoglobin. Occurs in people who inherit the gene from both parents.
Sickle Cell Trait	Inheritance of one or more of the genes of sickle cell disease without recurrent symptoms of the disease.
SSI	Supplemental Security Income (SSI) program; pays benefits to disabled adults and children who have limited income and resources.
STD	Sexually transmitted disease.
Substance Abuse Assessment	Interview conducted by a certified substance abuse counselor to evaluate the need for substance abuse treatment and the type of treatment necessary.
Substance Abuse Prevention Education	Program that provides education about the negative effects of substance use.
TANF/GA	Temporary Assistance to Needy Families or General Assistance: a welfare program for pregnant women and families with children.
Thyroid Disease	Occurs when the thyroid gland does not supply the proper amount of hormones needed by the body to regulate growth and metabolism.
Tobacco Cessation	Program that supports smokers who choose to quit smoking.
Tobacco: 2nd or 3rd hand smoke	Patient has been exposed to tobacco smoke in their environment or to residue from tobacco smoke on objects/in their environment.

Transportation   Ability to travel by personal or public vehicle.

Tuberculosis   Infectious disease caused by bacteria and characterized by the
                                        formation of tubercles in tissues of the body, especially the lungs.

Unaware of Importance of PNC   Pregnant woman is not aware of the importance of or need for
                                        medical intervention during pregnancy (PNC = prenatal care).

Unplanned Pregnancy   Mistimed pregnancy due to failure or lack of pregnancy prevention
                                        method.

Unstable Housing   Frequent changes in residence causing stress or current threat
                                        of/loss of housing.

Urinary Tract Infection   Infection of the kidneys or bladder.

Uterine Abnormalities   Abnormal uterine structure that could affect placental function
                                        including bicornuate uterus, uterine myoma, or uterine fibroids.

Viral: Cats or birds in home   Exposure to a virus carried by cats (toxoplasmosis) or bacterium
                                        infected birds (psittacosis).

WIC   Special Supplemental Nutrition Program for Women, Infants, and
                                        Children. Provides nutritious foods, information on healthy eating,
                                        and referrals to healthcare to low-income women, infants, and
                                        children up to age 5 who are at nutritional risk.

Notes

PRA MMCO Contacts

AMERIGROUP   800-454-3730

HEALTHFIRST NJ   866-467-7178

HORIZON NJ HEALTH   800-682-9094

UNITEDHEALTHCARE COM   888-362-3368

For further assistance please contact FHI
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