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.

Manual provided courtesy of Family Health Initiatives
Manual produced with support from New Jersey Department of Human Services,
Department of Health under agreement with Division of Medical Assistance and Health Services

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
## Table of Contents

- PRA Overview 4
- Roles and Responsibilities 5
- User Information 6-7
- PRA Submission 8
- Online Submission Process 9
- Fax Submission Process 10
- PRA Form Instructions 11
- PRA Form 12-13
- Section Notes – PRA Form 14-17
- Online Submission: PRA Form Instructions 18
- Fax Submission: PRA Form Instructions 19
- Fax Submission: Common Errors 20
- Form Retrieval Instructions 21-22
- Follow-up Form 23
- Online Submission: Follow-up Form Instructions 24
- Fax Submission: Follow-up Form Instructions 25
- PRA|SPECT Features 26
- Frequently Asked Questions (FAQ) 27
- MCHC Contacts & Delivery Site Codes 28
- Glossary 29-34
- Notes 35
- PRA MMCO Contacts 35
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.


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)

PRINT PRA FORMS
Each PRA Form (2 pages) contains a unique identification number that can only be used once. Duplicates are not allowed in the PRA|SPECT system. Do not 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

1. Complete PRA Form at 1st prenatal visit
2. Enter PRA Form on PRA|SPECT (Do not send form to MMCO)
3. Entry complete?
   - YES: Submit to FHI
   - NO: Save and submit when complete
4. Community Home Visiting (CHV) Referral?
   - YES: Referral forwarded for patient eligibility
   - NO: Referral is not generated
5. MMCO Assignment?
   - YES: MMCO accesses form
   - NO: FHI houses data
6. MMCO authorizes payment for services and assigns a risk level based on the screening criteria
7. Updates and/or MMCO assignment?
   - Submit changes and updates on Follow-up Form on PRA|SPECT
8. If MMCO assignment, MMCO accesses Follow-up Form
Fax Submission Process

1. Complete PRA Form at 1st prenatal visit

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

3. Electronic fax received by FHI and validated

4. Form complete?
   - YES: FHI processes and submits form
   - NO: Form returned to provider via PRA Fax Alert

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

6. Community Home Visiting (CHV) Referral?
   - YES: Referral forwarded for patient eligibility
   - NO: Referral is not generated

7. MMCO Assignment?
   - YES: MMCO accesses form
   - NO: FHI houses data

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

9. Updates and/or MMCO Assignment?
   - Make changes and updates on Follow-up Form (printed from PRA|SPECT) and fax to FHI

10. 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 not fill out forms.** Accurate completion will expedite continuity of treatment and care for mother and baby.

**ALL FIELDS SHOULD BE COMPLETED**
The following sections **must** 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 not 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 not 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).
Forms printed from PRA|SPECT will contain provider name, address, fax, phone, zip code.
PRA Form (page 2)

<table>
<thead>
<tr>
<th>Current Medical Conditions</th>
<th>All Risk Factors Negative</th>
<th>Reason for Late Entry into Prenatal Care (2nd or 3rd Trimester)</th>
<th>Environmental Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Condition</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Mental Condition</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Seizure</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Depression/Mental Illness</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Asthma</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Chronic Hypertension</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV Status</th>
<th>Y</th>
<th>N</th>
<th>N</th>
<th>AIDS</th>
<th>STD</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Positive</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>AIDS</td>
<td>STD</td>
<td>Refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychosocial Risk Factors</th>
<th>All Risk Factors Negative</th>
<th>Reason for Late Entry into Prenatal Care (2nd or 3rd Trimester)</th>
<th>Environmental Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disseminated</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Unemployed/Inadequate</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Husband/Partner is Unemployed</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Homelessness</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Unstable Housing</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Education &lt;12 years</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
<tr>
<td>Currently in Foster Care</td>
<td>Yes No</td>
<td>% on Meds</td>
<td>Patient</td>
</tr>
</tbody>
</table>

| Did either of your parents have a problem with drugs or alcohol? | Yes No |
| Did you ever drink beer or wine? | Yes No |
| Did you ever use tobacco? | Yes No |
| Did you ever use marijuana or cocaine? | Yes No |
| Did you ever use any drug such as marijuana, cocaine or heroin? | Yes No |
| Did you ever use any drug such as marijuana, cocaine or heroin? | Yes No |

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

- In the month before you were pregnant:
  - About how many days a week did you usually drink beer/wine/liquor?
  - Use any drug such as marijuana, cocaine or heroin?
  - Use any drug such as marijuana, cocaine or heroin?

Plan of Care

<table>
<thead>
<tr>
<th>Tobacco Cessation</th>
<th>Substance Abuse Prevention Ed</th>
<th>Substance Abuse Assessment</th>
<th>Mental Health Assessment</th>
<th>Domestic Violence Assessment</th>
<th>TANF/GA</th>
<th>Emergency Assistance</th>
<th>Food Stamps</th>
<th>WIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>Controlled</td>
<td>Completed</td>
<td>Controlled</td>
<td>Completed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible</td>
<td>Referred</td>
<td>Referred</td>
<td>Referred</td>
<td>Referred</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Medications

<table>
<thead>
<tr>
<th>Please Print Clearly</th>
</tr>
</thead>
</table>

Additional Critical Information

<table>
<thead>
<tr>
<th>Print ID # must match Page 1</th>
</tr>
</thead>
</table>
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.
  - Medicaid
  - 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 PREGNATAL 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 initiatives 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)

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 numerical 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 not be transmitted.
- Do not 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 not use the fax number to correspond with FHI staff.

ALL SUBMISSIONS TO FHI
Do not fax PRA Forms to MMCOs. PRA Forms can only be processed by FHI.

NO COVER SHEET
Do not 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 not 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 not 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

<table>
<thead>
<tr>
<th>Error</th>
<th>Examples</th>
<th>Common Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing outside the boxes</td>
<td><img src="image" alt="Signature" /></td>
<td>Neatness counts. Print legibly and within the set parameters. Adamantly, print legibly and in compliance with the applicable parameters.</td>
</tr>
<tr>
<td>Missing Information</td>
<td><img src="image" alt="N/A" /></td>
<td>If information is inapplicable, leave the field blank. In the absence of relevant data, do not use any symbol or letter to indicate inapplicability. Do not circle selection. Fill in circles completely.</td>
</tr>
<tr>
<td>Incomplete Date Fields</td>
<td><img src="image" alt="03-00-08" /></td>
<td>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.</td>
</tr>
<tr>
<td>Blank Social Security Number</td>
<td><img src="image" alt="00-00-00" /></td>
<td>SSN must always be filled in. Use codes below for special circumstances. If an individual is undocumented or non-citizen, use the code 000-00-0000. For individuals who refuse to provide a SSN but have one, use the code 999-99-9999.</td>
</tr>
<tr>
<td>Answers <em>both</em> Yes and No to same questions</td>
<td><img src="image" alt="Yes No" /></td>
<td>When asked to select ‘Yes’ or ‘No’, choose only ONE option. Correctly, select ‘Yes’ or ‘No’ as appropriate.</td>
</tr>
<tr>
<td>Alphabetic characters in Delivery Site Code</td>
<td><img src="image" alt="ABC" /></td>
<td>Delivery Site Codes (pg 28)</td>
</tr>
</tbody>
</table>
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)

The toolbar may also be used for navigation.
# Follow-up Form

## Perinatal Risk Assessment

### Follow-up Form

<table>
<thead>
<tr>
<th>chart:</th>
<th>processed data:</th>
<th>screen:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of 1st visit under MOD</th>
<th>Health Insurance</th>
<th>Pregnancy Risk Factors</th>
<th>All Risk Factors Negative</th>
<th>Bleeding during current pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>D</td>
<td>Y</td>
<td>Medicaid PE</td>
<td>Medicaid FFS</td>
</tr>
<tr>
<td>M</td>
<td>D</td>
<td>Y</td>
<td>Medicaid FFS</td>
<td>Medicaid MC</td>
</tr>
<tr>
<td>M</td>
<td>D</td>
<td>Y</td>
<td>Insurance Effective Date</td>
<td>M</td>
</tr>
</tbody>
</table>

### Pregnancy Risk Factors

- Current Y/N

<table>
<thead>
<tr>
<th>Hyperemesis</th>
<th>Ectopic pregnancy</th>
<th>Abnormal AFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>Fetal reduction</td>
<td>Maternal fetal infection</td>
</tr>
<tr>
<td>Gestational Diabetes</td>
<td>Macrosomia</td>
<td>Abdominal surgery</td>
</tr>
<tr>
<td>PPH/Preeclampsia</td>
<td>IUGR</td>
<td>Rh Negative</td>
</tr>
<tr>
<td>Placenta Previa</td>
<td>Oligo/Polyhydramnios</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>Cerical Incompetence</td>
<td>Abnormal amniocentesis</td>
<td>Group B Strep</td>
</tr>
</tbody>
</table>

### 4 Ps Plus

1. Did either of your parents have a problem with drugs or alcohol?
2. Does your partner have any problem with drugs or alcohol?
3. Have you ever felt manipulated by your partner?
4. Have you ever felt out of control or helpless?
5. Over the last 2 weeks have you felt down, depressed, or hopeless?
6. Have you ever felt the interest in doing things?

### 4 Ps Plus Follow-up Questions

- In the month before you knew you were pregnant.
- How many cigarettes did you smoke?
- How much beer/wine/liquor did you drink?
- How much marijuana did you use?
- Use any drug such as marijuana, cocaine or heroin
- Use any drug such as marijuana, cocaine or heroin

### Plan of Care

<table>
<thead>
<tr>
<th>Tobacco Cessation</th>
<th>SSI</th>
<th>DYSF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Prevention Ed</td>
<td>Community Home Visiting</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Assessment</td>
<td>Protein Labor Prevention</td>
<td></td>
</tr>
<tr>
<td>Mental Health Assessment</td>
<td>Maternal Fetal Medical Consult</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence Assessment</td>
<td>Diabetes Care Program</td>
<td></td>
</tr>
<tr>
<td>TANF/ GA</td>
<td>Nutrition Consult</td>
<td></td>
</tr>
<tr>
<td>Emergency Assistance</td>
<td>Breast Feeding Consult</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td>Childbirth Education</td>
<td></td>
</tr>
</tbody>
</table>

### 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
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

<table>
<thead>
<tr>
<th>PRA History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Processed</td>
</tr>
<tr>
<td>Follow-up</td>
</tr>
<tr>
<td>PRA</td>
</tr>
</tbody>
</table>

Click to view completed Follow-up Form
Download Blank Follow-up Form
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 Regional Maternal and Child Health Consortia and the NJ Prevention Network 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 - Passaic 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 - St. 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

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Surgery</td>
<td>Surgical procedure involving maternal abdominal organs.</td>
</tr>
<tr>
<td>Abnormal AFP</td>
<td>Abnormal result of test for maternal serum Alpha-Feto protein; used to identify structural nervous system malformations in the fetus.</td>
</tr>
<tr>
<td>Abnormal Amniocentesis</td>
<td>Fetal chromosomal abnormality detected by analysis of amniotic fluid removed from amniotic sac.</td>
</tr>
<tr>
<td>Abnormal Pap Smear</td>
<td>Premalignant (before cancer) or malignant (cancer) changes detected in a sample of cells taken from a woman’s cervix.</td>
</tr>
<tr>
<td>Access to pregnancy testing</td>
<td>Ability to determine where and how to get a pregnancy test.</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome. A disease of the immune system caused by the HIV virus.</td>
</tr>
<tr>
<td>Allergies</td>
<td>An exaggerated immune response to substances in the environment.</td>
</tr>
<tr>
<td>Anemia</td>
<td>Decreased ability of the blood to carry oxygen because of a reduction in the number and quality of red blood cells.</td>
</tr>
<tr>
<td>Assisted Reproductive Technology</td>
<td>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.</td>
</tr>
<tr>
<td>Asthma</td>
<td>Chronic lung disorder characterized by shortness of breath, wheezing, coughing, and tightness of the chest.</td>
</tr>
<tr>
<td>Bleeding during Current Pregnancy</td>
<td>Episodes of vaginal bleeding during current pregnancy.</td>
</tr>
<tr>
<td>Blood Dyscrasia</td>
<td>Abnormality in the cellular components of the blood or bone marrow.</td>
</tr>
<tr>
<td>Breast Feeding Consult</td>
<td>Consultation with an International Board Certified Lactation Consultant (IBCLC).</td>
</tr>
<tr>
<td>Cancer</td>
<td>Abnormal cells with uncontrolled cell growth.</td>
</tr>
<tr>
<td>Cervical Incompetence</td>
<td>Cervix that dilates painlessly, without contractions.</td>
</tr>
<tr>
<td>Childcare Issues</td>
<td>Difficulty with locating or enrolling in childcare.</td>
</tr>
<tr>
<td>Childbirth Education</td>
<td>Course designed for expectant parents that reviews what to expect during pregnancy, labor, and delivery.</td>
</tr>
</tbody>
</table>
Chronic Hypertension
High blood pressure; transitory or sustained elevation of systemic 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.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ectopic Pregnancy</td>
<td>Fertilized egg implanted outside the uterus.</td>
</tr>
<tr>
<td>Education &lt;12 yrs</td>
<td>Education level is less than a high school graduate.</td>
</tr>
<tr>
<td>Emergency Assistance</td>
<td>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.</td>
</tr>
<tr>
<td>Fetal/Genetic/Structural Abnormalities</td>
<td>Abnormalities in the fetus (heart, kidneys, lungs, etc) determined by ultrasound or chromosomal analysis.</td>
</tr>
<tr>
<td>Fetal Reduction</td>
<td>Selective termination of one or more fetuses in a multi-fetal pregnancy.</td>
</tr>
<tr>
<td>Financial</td>
<td>Difficulty with personal finances.</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>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.</td>
</tr>
<tr>
<td>Gravida</td>
<td>Total number of pregnancies (including current pregnancy) regardless of outcome.</td>
</tr>
<tr>
<td>Gestational Diabetes</td>
<td>Occurrence or worsening of diabetes during pregnancy.</td>
</tr>
<tr>
<td>Group B Strep</td>
<td>Streptococcal infection occurring in the mother’s vagina and throat.</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>Diagnosed heart problem requiring medications or limitations of physical activity.</td>
</tr>
<tr>
<td>Hep B</td>
<td>Hepatitis B; infectious disease that affects the liver.</td>
</tr>
<tr>
<td>History of Mental Health Treatment</td>
<td>Has received mental health counseling with or without prescription of medications.</td>
</tr>
<tr>
<td>History of PROM</td>
<td>History of premature rupture of the membranes (amniotic sac).</td>
</tr>
<tr>
<td>HIV Positive</td>
<td>Serologic presence of human immunodeficiency virus (HIV).</td>
</tr>
<tr>
<td>HIV Test Given</td>
<td>HIV test was administered (NJ State law mandates all pregnant women to be tested for HIV. If refused, newborn is tested.)</td>
</tr>
<tr>
<td>Homeless</td>
<td>Current lack of permanent housing.</td>
</tr>
<tr>
<td>Hyperemesis</td>
<td>(Hyperemesis gravidarum): Severe nausea, dehydration, and vomiting during pregnancy. Occurs most frequently during the first trimester.</td>
</tr>
<tr>
<td>Inadequate Social Support</td>
<td>Lacking family or other supportive relationships.</td>
</tr>
</tbody>
</table>
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:
<p>| T | # of term deliveries (&gt;37 weeks) |
| P | # of preterm deliveries (20-37 weeks) |
| SAB | # of pregnancies spontaneously ended (&lt;20 weeks) |
| EAB | # of elective terminations (&lt;20 weeks) |
| L | # of living children |</p>
<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal Depression</td>
<td>Depression associated with pregnancy and/or childbirth.</td>
</tr>
<tr>
<td>Phlebitis/DVT</td>
<td>Inflammation of a vein; deep vein thrombosis.</td>
</tr>
<tr>
<td>PIH/Preeclampsia</td>
<td>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.</td>
</tr>
<tr>
<td>Placenta Previa</td>
<td>Low attachment of the placenta, covering or very close to the cervix.</td>
</tr>
<tr>
<td>Preterm Labor Prevention</td>
<td>Education regarding signs and symptoms of preterm labor.</td>
</tr>
<tr>
<td>Previous Cesarean Section</td>
<td>Previous delivery of a fetus or infant through an abdominal incision.</td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td>Serious kidney infection.</td>
</tr>
<tr>
<td>Renal Disease</td>
<td>Progressive loss of renal function over months and years.</td>
</tr>
<tr>
<td>Rh Negative</td>
<td>Absence of rhesus antibody in blood.</td>
</tr>
<tr>
<td>Seizures</td>
<td>Acute episode of epilepsy.</td>
</tr>
<tr>
<td>Sickle Cell Disease</td>
<td>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.</td>
</tr>
<tr>
<td>Sickle Cell Trait</td>
<td>Inheritance of one or more of the genes of sickle cell disease without recurrent symptoms of the disease.</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income (SSI) program; pays benefits to disabled adults and children who have limited income and resources.</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually transmitted disease.</td>
</tr>
<tr>
<td>Substance Abuse Assessment</td>
<td>Interview conducted by a certified substance abuse counselor to evaluate the need for substance abuse treatment and the type of treatment necessary.</td>
</tr>
<tr>
<td>Substance Abuse Prevention Education</td>
<td>Program that provides education about the negative effects of substance use.</td>
</tr>
<tr>
<td>TANF/GA</td>
<td>Temporary Assistance to Needy Families or General Assistance: a welfare program for pregnant women and families with children.</td>
</tr>
<tr>
<td>Thyroid Disease</td>
<td>Occurs when the thyroid gland does not supply the proper amount of hormones needed by the body to regulate growth and metabolism.</td>
</tr>
<tr>
<td>Tobacco Cessation</td>
<td>Program that supports smokers who choose to quit smoking.</td>
</tr>
<tr>
<td>Tobacco: 2nd or 3rd hand smoke</td>
<td>Patient has been exposed to tobacco smoke in their environment or to residue from tobacco smoke on objects/in their environment.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Transportation</td>
<td>Ability to travel by personal or public vehicle.</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Infectious disease caused by bacteria and characterized by the formation of tubercles in tissues of the body, especially the lungs.</td>
</tr>
<tr>
<td>Unaware of Importance of PNC</td>
<td>Pregnant woman is not aware of the importance of or need for medical intervention during pregnancy (PNC = prenatal care).</td>
</tr>
<tr>
<td>Unplanned Pregnancy</td>
<td>Mistimed pregnancy due to failure or lack of pregnancy prevention method.</td>
</tr>
<tr>
<td>Unstable Housing</td>
<td>Frequent changes in residence causing stress or current threat of/loss of housing.</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>Infection of the kidneys or bladder.</td>
</tr>
<tr>
<td>Uterine Abnormalities</td>
<td>Abnormal uterine structure that could affect placental function including bicornuate uterus, uterine myoma, or uterine fibroids.</td>
</tr>
<tr>
<td>Viral: Cats or birds in home</td>
<td>Exposure to a virus carried by cats (toxoplasmosis) or bacterium infected birds (psittacosis).</td>
</tr>
<tr>
<td>WIC</td>
<td>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.</td>
</tr>
</tbody>
</table>
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
856-665-6000 or pra@snjpc.org
Family Health Initiatives
c/o Southern New Jersey Perinatal Cooperative
2500 McClellan Avenue
Suite 250
Pennsauken, NJ 08109-4613

Phone: 856-665-6000
Fax: 856-662-4321
Email: PRA@snjpc.org