Training Manual

New Jersey
Perinatal Risk Assessment Form

A comprehensive guide to the completion and submission of the New Jersey PRA Form.

Please review before completing and submitting forms.

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

Revised January 26, 2012
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 and Senior Services (DHSS) 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 DHSS and DMAHS, Medicaid Managed Care Organizations (MCOs), and prenatal providers using the form to oversee completion and analysis of the PRA data.

Communicating with FHI

FHI staff are available during business hours to answer questions and address problems:

E-MAIL  PRA@snjpc.org
PHONE  856-665-6000  
Do not use the PRA fax number to communicate with FHI staff.
BUSINESS HOURS  9AM–5PM MONDAY-FRIDAY

To download a copy of this manual visit
www.praspect.org
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Perinatal Risk Assessment

VALUE OF EARLY ASSESSMENT
Risk assessment is conducted during pregnancy to identify women who are at high 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 FORM
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 MCOs and New Jersey 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 MCOs.

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 MCO 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 MCOs 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, MCO, DHSS and DMAHS, and other state and community agencies that serve pregnant women
Participants’ **Roles and Responsibilities**

**Prenatal Provider**
- Registers practice site and all PRA users with FHI
  - Assigns a site coordinator to communicate with FHI regarding PRA process
  - Assures that all PRA users review and understand training materials
  - Completes a PRA Form on every prenatal patient at first prenatal visit
  - Enters PRA Form online or faxes to FHI within 24 hours of completion (and/or when EDC is confirmed)
  - Enters updated Follow-up Form online or faxes to FHI within 24 hours of notification by patient of her assignment to an MCO
  - Reviews site-specific summary PRA data
  - Participates in PRA data review process with project partners

**Develops and updates PRA Form and training materials with input from state agencies, MCOs, 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 offsite facility
- Analyzes PRA data and submits reports to providers, MCOs, state agencies, and other project partners

**Collaborates with prenatal providers to transmit PRA data:**
- Receives completed forms
- Validates PRA data for quality and accuracy
- PRA data accessible on secure website for return of updated patient information, MCO status, and feedback regarding quality of PRA data

**Collaborates with MCOs to access PRA data:**
- Verifies and ensures accessibility of PRA data to MCO members

**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 secure PRA|SPECT website
  - 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
The Perinatal Risk Assessment Single Point of Entry and Client Tracking System (PRA|SPECT) secure website http://www.praspect.org/ is designed to integrate the uses of prenatal providers, MCOs, and community organizations that rely on the PRA Form data to provide excellent care to pregnant women in New Jersey.


REGISTRATION
A practice site must complete registration to access PRA|SPECT.

To complete registration:
www.praspect.org → Click Registration → Enter practice information → Click Continue (required fields must be complete in order to proceed to the next section) → Enter physician Information → Click Continue → Enter user information (a primary contact is required, see Primary Contact pg 7) → Click Continue → Review and Submit → Click Submit Registration

USERNAME AND PASSWORD
Once a practice site is registered with FHI, each assigned staff member is given a username and password to access PRA|SPECT. All users must be registered with FHI prior to accessing PRA|SPECT, and must provide/have access to an email address to receive FHI correspondence. For security, each user should have his/her own username and password. Do not share passwords.

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

FORGOT PASSWORD
If forgotten, the user may request an email containing his/her password.

To request email with password:
www.praspect.org → ClickForgot your password → Enter email address (must be registered email address) → Click Submit

TRAINING
Users must review and understand the PRA Form Training Manual prior to completing PRA Forms. For additional training or to receive a printed manual contact FHI at PRA@snjpc.org or 856-665-6000.

To print PRA Form Training Manual:
www.praspect.org → Click Documents → Click PRA Form Training Manual → Print
User Information (cont)

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 (first car, first pet's name, birth city).
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:
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:
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 for the practice site is able to add new users, remove user access, and update the practice site 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):
www.praspect.org → Login → Click User Administration → Click Practice Update Options → Click User Information → Click add new → Enter user information → Click Save Changes

To remove user access (primary contact only):
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):
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):
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):
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 Form Data Entry

**ONLINE OR FAX**
Users may enter PRA Form data online, fax the PRA Form to FHI for data entry, or do a combination of both. However, the method of data entry for the patient’s PRA Form determines the method of data entry for all Follow-up Form(s) submitted for the pregnancy (see Online Data Entry: Follow-up Form Instructions pg 24 and Fax Data Entry: Follow-up Form Instructions pg 25)

**Online Data Entry**
- User enters PRA Forms on PRA|SPECT
- User enters updates and changes on the Follow-up Form on PRA|SPECT
- User accesses forms and documents on PRA|SPECT
- User prints additional blank PRA Forms from PRA|SPECT

**Fax Data Entry**
- User faxes PRA Forms to FHI for processing (forms are available on PRA|SPECT within 24 hrs)
- User makes updates and changes on the Follow-up Form (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 not allowed in the PRA|SPECT system. Do not reuse, copy, or print multiple copies of the same forms.

To print PRA Forms:
www.praspect.org → Login → Click Print PRA Forms
- Select number of forms to print
- Make sure printer has sufficient paper [number of forms x 2]
- Click Generate Forms
- PRA Forms will display at the bottom of the page for printing
- Move cursor over PRA Form window
- Right-click mouse and select Print

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

To print more than 50 forms:
Reselect 50 from Number of Forms dropdown menu → Click Generate Forms → Print

Print options vary between operating systems, browsers, and browser versions. For printing assistance, contact FHI at PRA@snjpc.org or 856-665-6000.
Online Data Entry Process

1. Complete PRA Form at 1st prenatal visit
2. Enter PRA Form on PRA|SPECT (Do not send form to MCO)
3. Entry complete?
   - **YES**: Submit to FHI
   - **NO**: Save and submit when complete
4. MCO Assignment?
   - **YES**: MCO accesses form
   - **NO**: FHI houses data until MCO assigned
5. MCO authorizes payment for services and assigns a risk level based on the screening criteria
6. Provider updates patient information by reviewing PRA Form
7. Updates and/or MCO Assignment?
   - Submit changes and updates on Follow-up Form on PRA|SPECT. **Do not send Follow-up Form to MCO.** MCO receives updated information within 24 hours.
8. If MCO assignment, MCO accesses Follow-up Form
Fax Data Entry Process

Complete PRA Form at 1st prenatal visit

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

Electronic fax received by FHI and validated

Form complete?

YES
- FHI processes and submits form

NO
- Form returned to provider via PRA Fax Alert

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

MCO Assignment?

YES
- MCO accesses form

NO
- Data housed at FHI until MCO assigned

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

Provider updates patient information by reviewing PRA Form

Updates and/or MCO Assignment?

Make changes and updates on printed Follow-up Form (printed from PRA|SPECT) and fax to FHI. Do not fax Follow-up Form to MCO. MCO receives updated information within 24 hours.

If MCO assignment, MCO accesses Follow-up Form
PRA Form Instructions

The PRA Form must be completed by the treating obstetric service 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 found on pgs 12-13. However, **all fields should be completed** (unless instructed to leave blank), and are essential to the treatment and care for mother and baby.

- Patient name, Address, and Date of Birth
- At least one current phone number for patient
- Health Insurance and MCO (required for authorization from MCO)
  - If no health insurance or unknown, select ‘Uninsured’
  - If no MCO or unknown, select ‘None’
- Provider Information
- Date of first visit (date of initial prenatal medical examination)
- LMP (last menstrual period) and EDC (date of expected delivery)
- Gravida and Para
- 4Ps Plus

**COMMON RULES**

- If information is not available or does not apply, leave blank.
- Do not use any symbol or letter to indicate information is not available or does not apply.
- 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.
- 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 (Delivery Site Codes 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 data entry, enter the Physician NPI # in the **Additional Information** field in the **Medical Information** section. For fax data entry, 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 PRA Form pg 13).
PRA Form

The PRA Form is completed on every patient at the first prenatal visit.

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

Print ID # must match Page 2.
# PRA Form (page 2)

## Current Medical Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>na</th>
<th>Patient History</th>
<th>Family History</th>
<th>na</th>
<th>Patient History</th>
<th>Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Condition</td>
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<td>Seizures</td>
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<td>Depression/Mental Illness</td>
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<td>Asthma</td>
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<td>Tuberculosis</td>
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<td>Cystic Fibrosis</td>
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<td>Heart Condition</td>
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<tr>
<td>Chronic Hypertension</td>
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</tbody>
</table>

## Psychosocial Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Yes</th>
<th>No</th>
<th>na</th>
<th>Patient History</th>
<th>Family History</th>
<th>na</th>
<th>Patient History</th>
<th>Family History</th>
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<tbody>
<tr>
<td>Diabetes</td>
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<td>Unemployed/Inadequate Income</td>
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<td>Unrepresented</td>
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<td>Homeless</td>
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<td>Unstable Housing</td>
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<tr>
<td>Education &lt;12 years</td>
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<tr>
<td>Current in Foster Care</td>
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</tbody>
</table>

## Reason for Late Entry into Prenatal Care

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
<th>na</th>
<th>Patient History</th>
<th>Family History</th>
<th>na</th>
<th>Patient History</th>
<th>Family History</th>
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</thead>
<tbody>
<tr>
<td>Late:</td>
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<tr>
<td>In the month before you were pregnant</td>
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<td>Over the past 2 weeks</td>
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</tbody>
</table>

## 4 Ps Plus Follow-up Questions (if an “Any above was checked”)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>na</th>
<th>Patient History</th>
<th>Family History</th>
<th>na</th>
<th>Patient History</th>
<th>Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the month before you were pregnant:</td>
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<tr>
<td>About how many days a week did you usually drink beer / wine / liquor</td>
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<tr>
<td>And now about how many days a week do you usually drink beer / wine / liquor</td>
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</tbody>
</table>

## Plan of Care

<table>
<thead>
<tr>
<th>Service</th>
<th>Completed</th>
<th>Completed</th>
<th>Recommended</th>
<th>Referred</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Cessation</td>
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<tr>
<td>Substance Abuse Prevention Ed</td>
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<tr>
<td>Substance Abuse Assessment</td>
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<tr>
<td>Mental Health Assessment</td>
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<tr>
<td>Domestic Violence Assessment</td>
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<tr>
<td>TAN/FGA</td>
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<tr>
<td>Emergency Assistance</td>
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<tr>
<td>Food Stamps</td>
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<tr>
<td>WIC</td>
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</tbody>
</table>

## Additional Critical Information

If applicable, include Physician NPI # in Additional Critical Information

<table>
<thead>
<tr>
<th>Print ID # must match Page 1</th>
<th>13264</th>
</tr>
</thead>
</table>

**Example**

| Provider Chart # |  |  |
|------------------|  |  |

**Note:** DO NOT PHOTOCOPY BLANK FORMS. PLEASE COMPLETE AND FAX TO
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.

PROVIDER INFORMATION
- Planned Delivery Site Code
  The numeric code of the hospital where the patient plans to deliver (Deliver 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 the Centers for Medicare and Medicaid Services (CMS) (see Group NPI # and Physician NPI # pg 11)
- Screener
  First initial and last name of obstetric service provider completing form.
Section Notes – PRA Form

PATIENT INFORMATION (CONT)

- 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. If Medicaid MC or NJ FamilyCare is selected, an MCO must be selected in the next field.
  Medicaid
  PE – Presumptively eligible
  FFS – Fee for service
  MC – Medicaid Managed Care
- MCO
  Must be completed for all Medicaid MC and NJ FamilyCare patients. Select ‘None’ only for FFS patients and those ineligible for Medicaid. This field is used to sort and transmit forms to MCOs.

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 Plan
  Enter the date of the patient’s first prenatal appointment completed after she was assigned to an MCO.

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
  This is the number of:
  T  Term Deliveries
  P  Preterm Deliveries
  SAB  Spontaneous Abortions
  EAB  Elective Terminations
  L  Live Births
Section Notes – PRA Form

ENTRY INTO PRENATAL CARE (CONT)
- Date of most recent live birth
  Provide a complete date. If date is unknown – enter 15 as day.
- Weeks Gestation at Preterm Loss(es)
  If patient has experienced preterm loss(es), select the weeks gestation at time of loss.
- Weeks Gestation at 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 for selected risk factors (see Glossary pgs 29-33 for definition of medical terms).
- 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.

PSYCHOSOCIAL RISK FACTORS
Select ‘Yes’ or ‘No’ for each risk factor listed.

REASONS 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.

4Ps PLUS FOLLOW-UP QUESTIONS
Complete this section only if one or more 4Ps Plus questions has a ‘Yes’ or ‘Any’ answer. Identify whether a referral for assessment and/or prevention education was initiated.

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

PLAN OF CARE
‘Completed/Enrolled’ indicates the patient is already enrolled or receiving services.
‘Referred’ indicates a referral was given to the patient. The PRA Form serves as the referral form for Community Home Visits.
‘Refused’ indicates the patient refused referral to services.

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 Data Entry: PRA Form Instructions

NEW PATIENT RECORD
Allows user to enter a new PRA Form.

To enter a PRA Form:
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

INCOMPLETE ENTRIES
Saved PRA Forms (forms not yet submitted) will appear as incomplete entries, and may be completed and submitted at a later time. Other users from the practice may access incomplete entries.

To access an incomplete entry:
www.praspect.org → Login → Click Patient Records → Click Incomplete PRA Forms → Click Access Form
Fax Data Entry: 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 MCOs. PRA Forms can only be processed by FHI.

NO COVER SHEET
Do not include coversheets. All program forms are received by a data server that cannot process coversheets. Coversheets 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.

SEND CORRECT SIDE
Be sure the correct side of the PRA Form is transmitted.

NO DUPLICATES
The system will only accept only ONE PRA Form for each patient. Do not refax a patient’s PRA Form. Duplicate faxes create problems with processing.

PRA FAX ALERT
Indicates that a form has been received by FHI, but is unable to be processed due to the indicated reason.

INCOMPLETE FORMS
Do not fax forms missing required fields. Incomplete forms will be returned to the provider via a PRA Fax Alert indicating the reason for return. The PRA screener will then need to complete the missing information, and refax both pages of the PRA Form to FHI.
# Fax Data Entry: Common Errors

<table>
<thead>
<tr>
<th>Error</th>
<th>Examples</th>
<th>Common Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Writing outside the boxes</strong></td>
<td>![Wrong example]</td>
<td>Neatness counts. Print legibly and within the set parameters.</td>
</tr>
<tr>
<td><strong>Missing Information</strong></td>
<td>![Examples]</td>
<td>If information is not available or does not apply, leave the field blank. Do not use any symbol or letter to indicate information is not available or does not apply. Do not circle selection. Fill in circles completely.</td>
</tr>
<tr>
<td><strong>Incomplete Date Fields</strong></td>
<td>![Examples]</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><strong>Blank Social Security Number</strong></td>
<td>![Examples]</td>
<td>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</td>
</tr>
<tr>
<td><strong>Answers both Yes and No to same questions</strong></td>
<td>![Examples]</td>
<td>When asked to select ‘Yes’ or ‘No’, choose only ONE option.</td>
</tr>
<tr>
<td><strong>Alphabetic characters in Delivery Site Code</strong></td>
<td>![Examples]</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:
www.praspect.org → Login → Click Patient Records → Click Patient Search → Enter search information → Click Search Patients → Click ☑ to left of patient name

Note: User will see Download Blank Follow-up Form if the patient’s PRA Form was faxed to FHI for processing.
Form Retrieval Instructions (cont)

FORM WINDOW NAVIGATION
Clicking PRA or Follow-up (under Form in PRA History on the patient’s record) opens the PRA Form window. If the PRA Form window does not open or opens blank contact FHI at @snjpc.org or 856-665-6000. The PRA 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 PRA 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)
Follow-up Form

The Follow-up Form is used to communicate insurance changes, corrections, and updates about the patient’s record.

If applicable, include Physician NPI # in Notes
Online Data Entry: Follow-up Form Instructions

FOLLOW-UP FORM
The Follow-up Form is used to communicate insurance changes, corrections, and updates about the patient’s record, and should be completed and faxed as many times as necessary to keep the information current. Follow-up Forms are available on PRA|SPECT for 12 months from the date of submission of the PRA Form.

To complete a Follow-up Form:
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)

To print a patient’s completed Follow-up Form(s):
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 Data Entry: Follow-up Form Instructions

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 Follow-up Form below) from PRA|SPECT, make corrections on the printed form, and fax it to FHI.

FOLLOW-UP FORM
The Follow-up Form is used to communicate insurance changes, corrections, and updates about the patient’s record, and should be completed and faxed as many times as necessary to keep the information current. Follow-up Forms are available on PRA|SPECT for 12 months from the date of submission of the PRA Form.

To print a patient’s blank Follow-up Form:
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:
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
PRA|SPECT Features

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

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

To print forms by process date(s):
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 blank 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:
www.praspect.org → Login → Click Patient Records → Click Patient List by Entry → Enter date range → 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:
www.praspect.org → Login → Click Patient Records → Click Patient List by Alpha → Click letter to view patient list → Print

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:
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
Frequently Asked Questions

Should I complete a PRA Form if the patient will never have an MCO or Private Insurance?
YES. All prenatal patients must have a PRA Form completed regardless of their insurance status.

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 Entries pg 18.

**Fax Data Entry:** NO. Forms without the required information cannot be processed. Please hold the form until all the required information is complete.

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 Corrections and 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.

How do I change my password, security question, or user information?
See Account Update Options pg 7.

My colleague is asking for my PRA|SPECT username and password? Should I share this information?
NO. All PRA Form users must be registered with FHI prior to accessing PRA|SPECT. 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.

I would like additional PRA training. What should I do?
Contact FHI at PRA@snjpc.org or 856-665-6000.
# Delivery Site Codes

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

- Northern New Jersey MCH Consortium: (201) 843-7400
- Hudson Perinatal Consortium: (201) 876-8900
- Gateway/Northwest MCH Consortium: (973) 268-2280
- 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: (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
- 290 - Holy Name Hospital/Medical Center
- 095 - The Childbirth 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 - South Jersey Regional Medical Center - 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
- 887 - Kennedy University Hospital - Washington Township
- 800 - Underwood Memorial Hospital

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

#### Hunterdon County
- 609 - Meadowlands Hospital Medical Center
- 502 - Palisades Medical Center

#### Mercer County
- 440 - Capital Health System - Mercer Campus
- 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 - South Jersey Regional Medical Center - 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 IBCLC Lactation Consultant.</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>
<tr>
<td>Chronic Hypertension</td>
<td>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.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Community Home Visiting</strong></td>
<td>Home visiting services designed to promote healthy pregnancy, birth outcome, positive parenting, and self-sufficiency.</td>
</tr>
<tr>
<td><strong>Could not find a health provider</strong></td>
<td>Difficulty with locating or enrolling in primary healthcare services, including prenatal care.</td>
</tr>
<tr>
<td><strong>Current Medications</strong></td>
<td>Medications taken regularly by patient at this time.</td>
</tr>
<tr>
<td><strong>Currently in Foster Care</strong></td>
<td>Living in the home of a foster parent who is supervised by DYFS.</td>
</tr>
<tr>
<td><strong>Cystic Fibrosis</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Depression/Mental Illness</strong></td>
<td>Clinical symptoms of depression or mental illness requiring medication or treatment.</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Diabetes Care Program</strong></td>
<td>Disease management program specific to diabetes.</td>
</tr>
<tr>
<td><strong>Disabled</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Domestic Violence</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Domestic Violence Assessment</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>DYFS</strong></td>
<td>Division of Youth and Family Services: child welfare services unit in New Jersey.</td>
</tr>
<tr>
<td><strong>Eating Disorder</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Ectopic Pregnancy</strong></td>
<td>Fertilized egg implanted outside the uterus.</td>
</tr>
<tr>
<td><strong>Education &lt;12 yrs</strong></td>
<td>Education level is less than a high school graduate.</td>
</tr>
<tr>
<td><strong>Emergency Assistance</strong></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 NJ Division of Family Development.</td>
</tr>
<tr>
<td>Condition</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</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>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>
<tr>
<td>Insurance Enrollment Delay</td>
<td>Delay in enrollment with an MCO after deemed presumptively eligible for Medicaid services.</td>
</tr>
<tr>
<td>IUGR</td>
<td>Intrauterine growth retardation: small fetus usually associated with diminished placental function, poor nutrition, genetic disorders, or infection.</td>
</tr>
<tr>
<td>Lead: Home built before 1978</td>
<td>Lives in a home that is potentially painted with lead-based paint.</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>Diseases and disorders that cause the liver to function improperly or cease functioning.</td>
</tr>
<tr>
<td>Low Birth Weight (&lt;2500gm)</td>
<td>Birth weight less than 5.5 pounds (&lt;2500 grams).</td>
</tr>
<tr>
<td>Lupus</td>
<td>Chronic inflammatory disease that causes abnormalities of blood vessels and connective tissue in various parts of the body.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Macrosomia</td>
<td>Fetus or infant weighing more than 9 pounds (&gt;4500 grams).</td>
</tr>
<tr>
<td>Maternal Fetal Infection</td>
<td>Infection of the mother and/or infant during pregnancy.</td>
</tr>
<tr>
<td>Maternal Fetal Medicine Consult</td>
<td>Consultation with a board-certified Perinatologist regarding perinatal risk factors.</td>
</tr>
<tr>
<td>Mental Health Assessment</td>
<td>Interview conducted by a certified mental health provider to evaluate the need for mental health treatment and the type of treatment necessary.</td>
</tr>
<tr>
<td>Methadone Use</td>
<td>Daily intake of Methadone, a synthetic opioid.</td>
</tr>
<tr>
<td>Multiple Gestation</td>
<td>More than one fetus.</td>
</tr>
<tr>
<td>Neurological Condition</td>
<td>Disorder of the nervous system.</td>
</tr>
<tr>
<td>Nutritional Concerns</td>
<td>Diet-related risk factors.</td>
</tr>
<tr>
<td>Nutritional Consult</td>
<td>Consultation with a nutritionist (NJ does not require a license for nutritionists.)</td>
</tr>
<tr>
<td>Obesity</td>
<td>Having too much body fat; weight more than 20% above the normal range.</td>
</tr>
<tr>
<td>Oligo/Polyhydramnios</td>
<td>Lack or deficiency (oligo) or greater than normal amount (poly) of amniotic fluid. Usually associated with congenital anomalies.</td>
</tr>
<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>Term</td>
<td>Definition</td>
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<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------</td>
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<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: 2(^{nd}) or 3(^{rd}) 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>
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<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
### Notes

<table>
<thead>
<tr>
<th>MCO Member Services Contact Information</th>
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<tbody>
<tr>
<td><strong>Amerigroup</strong></td>
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<tr>
<td><strong>Healthfirst NJ</strong></td>
</tr>
<tr>
<td><strong>Horizon NJ Health</strong></td>
</tr>
<tr>
<td><strong>UnitedHealthcare Community</strong></td>
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</tbody>
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