## 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 New Jersey MCH Consortium: (732) 937-5437 Regional Perinatal Consortium of 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 - Mainland

700 - Shore Memorial Hospital

#### **Bergen County**

180 - Englewood Hospital and Medical Center

270 - Hackensack University Medical Center

290 - Holy Name Hospital

095 - The Childbirth Center

830 - The Valley Hospital

#### **Burlington County**

602 - Lourdes Medical Center of Burlington County

080 - Virtua Memorial Hospital of Burlington County

#### **Camden County**

115 - Cooper University Hospital

508 - Our Lady of Lourdes Medical Center

897 - Virtua West Jersey Hospital - Voorhees

#### Cape May County

077 - Cape Regional Medical Center

#### **Cumberland County**

485 - South Jersey Regional Medical Center

#### **Essex County**

385 - Clara Mass Medical Center

055 - Newark Beth Israel Medical Center

640 - St. Barnabas Medical Center

470 - The Mountainside Hospital

480 - UMDNJ - University Hospital

#### **Gloucester County**

800 - Underwood Memorial Hospital

887 - Kennedy Memorial Hospitals UMC - Washington Twp

#### **Hudson County**

050 - Bayonne Medical Center

100 - Christ Hospital

670 - Hoboken University Medical Center

433 - Jersey City Medical Center - Wilzig Hospital

609 - Meadowlands Hospital Medical Center

502 - Palisades Med Ctr - NY Presbyterian Healthcare System

#### **Hunterdon County**

305 - Hunterdon 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 - RWJ University Hospital

685 - St. Peter's University Hospital

#### **Monmouth County**

215 - Central State Healthcare System

220 - Jersey Shore University Medical Center

610 - Riverview Medical Center

455 - Monmouth Medical Center

#### **Morris County**

097 - Chilton Memorial Hospital

465 - Morristown Memorial Hospital

643 - St. Clare's Hospital/Denville

#### **Ocean County**

122 - Community Medical Center

550 - Kimball Medical Center

070 - Ocean Medical Center

626 - Southern Ocean County Hospital

#### **Passaic County**

660 - St. Joseph's Regional Medical Center

249 - St. Joseph's Wayne Hospital

675 - St. Mary's Hospital

#### **Salem County**

177 - South Jersey Hospital – Elmer

695 - The Memorial Hospital of Salem County

#### **Somerset County**

705 - Somerset Medical Center

#### **Sussex County**

490 - Newton Memorial Hospital

#### Union County

475 - Muhlenberg Regional Medical Center

510 - Overlook Hospital

645 - Trinitas Hospital

#### **Warren County**

275 - Hackettstown Regional Medical Center

885 - Warren Hospital







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**History** 

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O O O na na Abdominal Surgery

Multiple Gestation

Fetal Reduction

Abnormal AFP

# STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES



#### PERINATAL RISK ASSESSMENT PLEASE PRINT CLEARLY \*REQUIRED FOR FORM PROCESSING\* Insurance ID/Medicaid # Insurance Effective Date First Name Last Name **Patient** Information Street Address City\* County Work Phone Zip Code Emergency Contact Name Emergency Contact Phone Name of Father of the Baby O Yes O No Father of Baby Involved . . . . O Yes O No Provider Information Provider FAX # Provider Phone # Provider Zip Code Planned Delivery Site Code NPI # / Provider # Provider Chart # Screener: First Initial and Last Name Race/Ethnicity **Primary Language** MCO\* Health Insurance O Medicare (choose one for Medicaid Eligibles) (Select all that apply) Multi-Racial African American O English O Medicaid PE O NJ Family Care ○ None O Health Net Caucasian Hispanic O Spanish O Medicaid FFS O Commercial AmeriChoice O Horizon NJ Health O Asian O Other Other(specify) Medicaid MC O Uninsured/Self-Pay ○ AmeriGroup O University Health Plans Native American **Physical Assessment Entry Into Prenatal Care Perinatal History Oral Health and Referral** Blood Pressure Yes No Date of first visit Sensitive/Bleeding Gums 0.0Date of 1s Date of most recent live birth Pre Pregnancy Current visit under Dental Referral Given 00 Weight (lbs) Weight (lbs) MCO $\circ$ Patient Education Given Weeks Gestation of Preterm Height (Ft-Inches) loss(es): select any that apply Visit within the last year 00 Specify # of Weeks Gestation of most advanced loss: Pregnancy Risk Factors ○ All Risk Factors Negative Family Current Prior Family Current Prior Family Prior Current

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Oligo/Polyhydramnios O O O na na

Abnormal Amniocentesis O O O na na

Maternal Fetal Infection O O o na na

History

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FHI PRA 0409

Previous Cesarean Section

Low Birth Weight (<2500gm)

History of PROM

**Gestational Diabetes** 

Cervical Incompetence

PIH/Preeclampsia

Placenta Previa

Ectopic Pregnancy

Hyperemesis

Obesity

FHI ID

Urinary Tract Infection

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Fetal Genetic/Structural abnormalities O O O

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

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<u>History</u>

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PLEASE COMPLETE AND FAX TO: 856-662-4321

Rh Negative

Hepatitis B

Group B Strep

Pvelonephritis

Opioid Replacement Treatment

Assisted Reproductive Technology



Page 1 of 2

# The Perinatal Risk Assessment (PRA) form serves as the authorization form for:

- AmeriChoice
- AmeriGroup
- Health Net
- Horizon NJ Health and
- University Health Plans

The PRA form must be completed by the treating obstetric service provider. Accurate completion will expedite continuity of treatment and care for mother and baby. Detailed information about the PRA form and process, including a list of Definitions and Descriptions are included in the Perinatal Risk Assessment Form Training Manual.

#### **General Instructions**

- Fill in circles completely
- Print clearly and inside the box
- Information written outside of designated areas will not be transmitted
- If information is not applicable, <u>leave space blank</u>
- Do not use a stamp to complete any section of the form
- Do not photocopy blank PRA forms

# **Specific Instructions**

# Fields required for submission to FHI:

- Patient name and address
- Date of birth
- At least one phone number
- Provider Fax and phone number
- Date of first visit (date of initial prenatal medical examination)
- EDC (Date of Expected Delivery)
- LMP (Last Menstrual Period)
- If Gravida >2, must complete Para

# Additional fields required for submission to insurer:

- Health Insurance
- MCO

# The only fields that can be left blank:

- Insurance Effective Date: if not enrolled in a MCO when the form is completed
- Name of Father of the Baby if unknown

# At least one phone contact number is required

# SSN

Not a US citizen: enter **0** (zero) in every block

If a US citizen refuses to give SSN: enter **9** (nine) in every block

#### **Provider Information**

<u>Planned Delivery Site Code:</u> Listed by county at the end of Instructions

<u>Provider Fax number</u>: used to identify prenatal provider site for authorization

### **Health Insurance**

# Medicaid

PE - Presumptively Eligible

FFS - Fee For Service

MC - Medicaid Managed Care

# **Perinatal History**:

<u>Gravida</u>: number of pregnancies

Para: number of

(T) - term deliveries

(P) - preterm deliveries

(SAB) - spontaneous abortions

(EAB) - elective terminations

(L) - live births

# ♣ Current Medications:

List current medications indicated in the Medical Conditions Section. Dosage not required

# **≇Additional Critical Information:**

<u>Must specify:</u> allergies, disabilities and mental health conditions that are critical to prenatal case management.

#### Plan of Care

<u>Completed/Enrolled</u>: Has been assessed or is currently receiving service

Referred - referral made, accepted by patient Refused - referral given, patient refused

# **HMO Members Services Contact Information:**

AmeriChoice: 1 800-905-4315 AMERIGROUP: 1 800-600-4441 Health Net: 1 203-225-3988

Horizon NJ Health: 1 800-682-9094 University Health Plans Inc: 1 800-780-2438



Provider Chart #													

<b>Current Medical Cond</b>	ıs	All Risk Factors Negative																		
<u> </u>	Yes		⊕On Meds	Patient	Family			Vaa	No	<b>⊕</b> On	Patient	Family			Vaa	No	⊕On Meds	Patient	Family History	
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Depression/Mental Illness <sup>#</sup>				0	0	Blood Dys Diabetes	scrasia	0		0		na	Cancer Uterine Abr	ormalitia	0			0	0	
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,				Sickle Cel		0	0	0	0	0	STD		0	0	0	na	na			
Heart Condition O O				0	Sickle Cel		-	0	0	0	na	AIDS		0	0	0	na	na		
Chronic Hypertension			0	na	Liver Dise	ase	0	0	0	0	na	Allergies **		0	0		0	na		
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PLEASE COMPLETE AND FAX TO: 856-662-4321



WHEN FORM IS COMPLETED, FAX DAILY TO: 856-662-4321