

Completing the CCNC Pregnancy Medical Home Risk Screening Form: Guidance for PMH Providers

The Pregnancy Medical Home (PMH) Risk Screening Form identifies pregnant patients and their relevant medical and psychosocial risk factors. Risk screening data are also a key source of epidemiologic data for this population. These data allow for the calculation of the Maternal-Infant Impactability Score (MIIS), which prioritizes patients for pregnancy care management services.

- Complete the PMH Risk Screening Form **at the first prenatal visit**, when OB history and other initial visit information is obtained.
- Submit a copy of the form to the pregnancy care manager for all patients with **NC Medicaid, including presumptive eligibility, or who are Medicaid eligible**, as quickly as possible, **no later than 7 calendar days** after completion. Do not submit forms for patients with commercial insurance.
- The patient should complete the **“patient side”** of the form **before seeing the clinician**.
- The clinician should **review the patient’s responses during the initial visit** and address any issues of immediate concern (e.g., domestic violence, tobacco/substance use, homelessness).
 - A **direct referral** can be made to the Pregnancy Care Manager during the visit. Work with your care manager(s) to determine the best way to make urgent referrals.
- A **RN/LPN, NP, CNM, PA or MD** should complete or review the **“provider side”** of the Risk Screening Form, sign and date the form and indicate his/her credentials.
- Identify all risk factors that are present. To ensure proper identification of women who can benefit from care management, the information on the form must be as complete as possible.
 - Current Pregnancy - provide information about all conditions present during this pregnancy that may increase the risk of poor birth outcome.
 - Depression screening – screen all patients for depression at entry to prenatal care using a validated screening tool.
 - Chronic Condition – only check if chronic condition is **currently** present.
 - Obstetric History – provide information about past pregnancy complications that may increase the patient’s risk of poor birth outcome in this pregnancy.
 - History of preterm birth is one of the best predictors of future preterm birth; **be sure to identify patients with a history of spontaneous preterm birth or PROM**.
- **Provider request** – check this box to directly refer a patient for care management assistance. Indicate why a request is being made for pregnancy care management. Be mindful of limited care management resources.
 - PMH providers can refer a Medicaid-eligible patient to the pregnancy care manager at any time during the pregnancy, without having to complete another form. Work directly with the care manager to determine the best method for making a direct referral.
- **Provider comments/notes** – Use this section to share pertinent information with the Pregnancy Care Manager in order to assist with coordination of care.
- **Include the EDC**. If unsure, provide a preliminary EDC and note that this is unconfirmed.
- **Sign and date** the form and include the title of the person completing the form.
- Give Medicaid patients a **Pregnancy Care Management brochure**. Explain that a Pregnancy Care Manager may reach out and that the patient can request care management assistance at any time.