PREGNANCY RISK SCREENING (PRS) FORM: BEST PRACTICE GUIDANCE

The **Pregnancy Risk Screening (PRS) Form** is a statewide, standardized screening tool which is utilized to identify pregnant patients and their relevant medical and psychosocial risk factors in North Carolina. Additionally, data from the PRS form is utilized for the calculation of the Maternal Infant Impactability Score (MIIS), which is an internal tool that Local Health Departments (LHD) utilize to assist in prioritizing outreach and activities for Care Management for High-Risk Pregnancies (CMHRP) care management services. **The goal of this document is to provide an overview and detailed guidance for all entities utilizing the PRS form, as well as to demonstrate how entities partner to screen, refer and identify patients for specialized, intensive care management services.**

Providers:

- Per Medicaid Clinical Policy 1E-6, providers shall complete the Pregnancy Risk Screening (PRS) form at the beneficiary's initial prenatal visit when OB history and other initial visit information is obtained. A follow-up PRS form should be completed any time there is a maternal or fetal change in biopsychosocial circumstances necessitating a new risk assessment.
    - All providers eligible to bill NC Medicaid (Medicaid) for obstetric services (global, package or individual pregnancy procedures) are considered participating "Pregnancy Management Program (**PMP**)" providers by NC Medicaid and must follow the PMP program requirements outlined in Attachment C of Medicaid Clinical Policy 1E-6.
    - It is recommended that the Pregnancy Risk Screening Form also be completed at the visits closest to 28 weeks gestation and 36 weeks gestation.
    - Providers may bill NC Medicaid for completion/submission of the PRS form up to three times per pregnancy.
        - PMP providers shall bill for the prenatal risk screening incentives when the screen is performed at the initial prenatal visit, and at the visits closest to 28 weeks gestation and 36 weeks gestation.
            - The PMP provider can only bill HCPCS codes S0280 a maximum of three times per pregnancy, and S0281 one time during the gestational period even if there are multiple births.
            - Providers shall send each completed PRS form completed on Medicaid beneficiaries to the Health Department of the patient's residential county.
            - Once billed, no other provider can bill these codes in the same gestational period.
- The patient should complete the "patient side" of the form ***before*** seeing the clinician.
- The clinician (see below) should review the patient's responses during the initial prenatal visit and address any issues of immediate concern (e.g., domestic violence, tobacco/substance use, homelessness).
    - A MD, NP, CNM, PA or RN should complete the "provider side" of the Risk Screening Form.
- To ensure proper identification of pregnant and postpartum individuals who can benefit most from care management, the information on the form must be as complete as possible.
    - Identify all risk factors that are present.
    - Current Pregnancy: Provide information about all conditions present during this pregnancy that may increase the risk of poor birth outcome.
    - Include the EDC: If unsure, provide a preliminary EDC and note that this is unconfirmed.
    - 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 Prelabor Rupture of Membranes (PROM)
    - Provider Comments/Notes: Use this section to share pertinent information with the CMHRP CM to assist with coordination of care.
- Provider Request: The provider should check this box if they deem this patient in need of CMHRP services; be mindful of limited care management resources. Checking this box ensures the patient receives outreach from the care manager (CM) who will attempt to engage the patient with CMHRP services.
    - The provider should indicate why the request is being made for CMHRP services (homelessness, interpersonal violence, multiple comorbidities, etc.).
- PMP providers can refer a Medicaid-eligible patient to the CMHRP program at any time during the pregnancy, as needs arise. Work with your care manager(s) to determine the best way to make urgent referrals (secure email, phone call, etc.).
- Sign and date the form *and* include the title of the person completing the form.

- Providers shall submit a copy of the PRS form to the LHD for all patients with NC Medicaid. This includes those with presumptive eligibility and those who are Medicaid eligible/interested in applying for Medicaid coverage, as quickly as possible, but *no later than* 7 calendar days after completion.
    - ONLY submit PRS forms for patients that are covered by Medicaid (or interested in applying for Medicaid)
    - Do NOT submit forms for patients with commercial/private insurance.
    - PRS forms must be sent directly to the LHD (many CMHRP staff pick PRS forms up from the OB provider offices, but some offices prefer to fax them to the LHDs; either is appropriate when it is done in a timely and efficient manner.
    - Access the CMHRP referral contact lists to determine where to send PRS forms in your area:
        - The Primary and Secondary CMHRP Referral contact lists are updated monthly and can be found by clicking here
            - Under the manual section, click on the Care Management for High-Risk Pregnancies (CMHRP) Manual. Next scroll to Section 10. Contacts. Then click on the "CMHRP Primary Referral Directory")
    - *A key feature of the PMP is the continued use of the standardized screening form (PRS) to identify and refer pregnant and postpartum individuals at risk for an adverse birth outcome to the CMHRP program, a specialized and intensive care management service that is coordinated and provided by Local Health Departments (LHDs). Together, these two programs work to improve the overall maternal and infant health across North Carolina. All PMP providers shall be required to ensure appropriate coordination with LHD care managers for the sub-set of their practice population who receive CMHRP services.*
- Providers should explain that a CMHRP CM may reach out to them to discuss services, and that the patient can also request CMHRP care management assistance at any time.

Local Health Department CMHRP:

- CMHRP supervisors and care managers are responsible for communicating the program's purpose and services to the public, building trust, and engaging with stakeholders. This role involves explaining the benefits of CMHRP services for individuals at highest risk for adverse birth outcomes; this is important proactively and ongoing as issues or concerns arise:
    - Proactively, CMHRP CMs should request to be in the rotation of orientation when new providers, residents, or interns are onboarded for each practice. This ensures that all those in the OB office/PMP are aware of the CMHRP program as well as the importance of and how to best utilize the PRS form. Moreover, this assists with rapport building and provides a contact person for CMHRP.
        - Embedding in the PMP office by CMHRP CMs promotes working relationships with the providers and office staff to ensure all staff are aware of the program as a resource and the importance of the PRS form for referrals and an ongoing communication tool throughout pregnancy.
    - If issues or concerns arise regarding member services (PRS form completion, timeliness, submission, direct member services, etc.), supervisors and care managers are at the forefront of addressing them. This might involve handling inquiries, elevating concerns, and/or collaborating with other stakeholders to find solutions.
        - As issues arise, the CM assigned to that practice should attempt to understand the disconnect and educate the PMP staff by providing clarity and supporting information to rectify the issue.
            - CMHRP staff should reference the applicable clinical coverage policy to ensure they are utilizing appropriate terminology and guidance. Referencing the Program Guide for Care Management of High-Risk Pregnancies (Program Guide) is helpful, however, practices are familiar with the Medicaid Clinical Coverage Policies which are aligned with their contract with Medicaid for service delivery and reimbursement.
- All the PRS forms should be submitted to the LHDs; this submission varies across each PMP. CMHRP programs shall communicate with PMPs to determine the PMP's preferred method of PRS exchange.
    - Many CMHRP programs retrieve PRS forms from the PMP offices in person, but some PMP offices prefer to fax the PRS forms to the LHDs.
- Upon receipt of the PRS forms, the LHD CMHRP programs are responsible for entering them into VirtualHealth (documentation platform) per CMHRP program guidelines.
    - Member information from the PRS forms is included in the CMHRP Member Report which all Plans receive via an automated data exchange.

Health Plans (Plans):

- When issues arise with a PMP, the assigned CMHRP CM and/or their supervisor will exhaust their resources to resolve the issue. However, if the issue remains, it is recommended that LHDs notify the Plans and request assistance from each Plan's staff.
    - LHDs should convey to each Plan when concerns arise (i.e. pattern of incomplete PRS forms, PRS forms not submitted in a timely manner, lack of/decrease in PRS forms from PMP, etc.). Concerns should be communicated with the Plans because the Plans incorporate PMP requirements into their contracts. Thus, Plans have the ability to intervene when contract deliverables are not met.
        - PMPs are expected to complete and submit the PRS forms and receive reimbursement for completing up to three PRS forms for one pregnancy (Appendix A of Program Guide gives details).
            - Plans have the opportunity to intervene when the forms PMPs are expected to complete and submit (and are reimbursed for) are not accurate, timely, or being shared with the LHDs per Medicaid policy, Plan contracts, etc. The plans have provider support teams/staff designated to coach and support provider offices in these areas.
                - Plans may emphasize purpose and value of the PRS form:
                    - a tool to assist in conversation between the OB provider and the member,
                    - a screening form for CMHRP,
                    - a CMHRP referral form when they check "Provider Requests CM", etc.
                    - an opportunity to receive reimbursement when completing this form up to 3 times during pregnancy
                        - Providing estimates for a PMP of yearly income generated by billing (S0280) for the PRS forms is a significant incentive
            - Pages 6-7 of the Program Guide provides additional details: https://medicaid.ncdhhs.gov/program-guide-care-management-high-risk-pregnancies-and-risk-children-managed-care/download?attachment
- The PRS form, the Medicaid Clinical Policies, and the Program Guides (that outline the Pregnancy Management Program's responsibility for PRS form completion and submission) can be found at the link below: https://medicaid.ncdhhs.gov/care-management/care-management-high-risk-pregnancies-cmhrp
- The **CMHRP Member Report** is a report that the data vendor (CCNC) sends to all Plans (Daily for Standard Plans and Weekly for Tailored Plans).
    - The report includes information for all members that have a Pregnancy Risk Screening (PRS) entered in the care management documentation platform (VirtualHealth)
    - In order for the data vendor to know which Plan to attribute the member's information to, the Plan must:
        - include the member on the Plan's outbound LHD BA file
        - include the member's current and future coverage dates
    - To review the PRS information for each member, the Plan's data team should be looking for a file with a naming convention similar to what is listed below:
      NCMT_CareQualityManagement_CMHRPDailyMemberReport_LHD_Abbreviated NAME of the STANDARD PLAN_**20250905-065552.txt**

      NCMT_LHD_CMHRPMemberReport_CCNC_ Abbreviated NAME of the TAILORED PLAN _**20250902-081544.txt**

NC Medicaid Clinical Coverage Policies are vital tools for Plans and providers, helping to determine whether a particular medical service, treatment or procedure meets the required criteria for reimbursement or coverage. These policies outline specific guidelines and medical necessity standards based on current clinical evidence, guidelines from professional organizations, and sometimes even legal or regulatory requirements. NC Medicaid Clinical Coverage Policies can be found by visiting: https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies

- The above site houses all NC Medicaid Clinical Coverage Policies.
- Scroll to the "Policies" section for clinical coverage policies pertinent to Care Management for High-Risk Pregnancies (CMHRP).
    - Policies of interest for CMHRP include:
        - Obstetrics & Gynecology:
            - 1 E-5 Obstetrics
            - 1 E-6 Pregnancy Management Program