

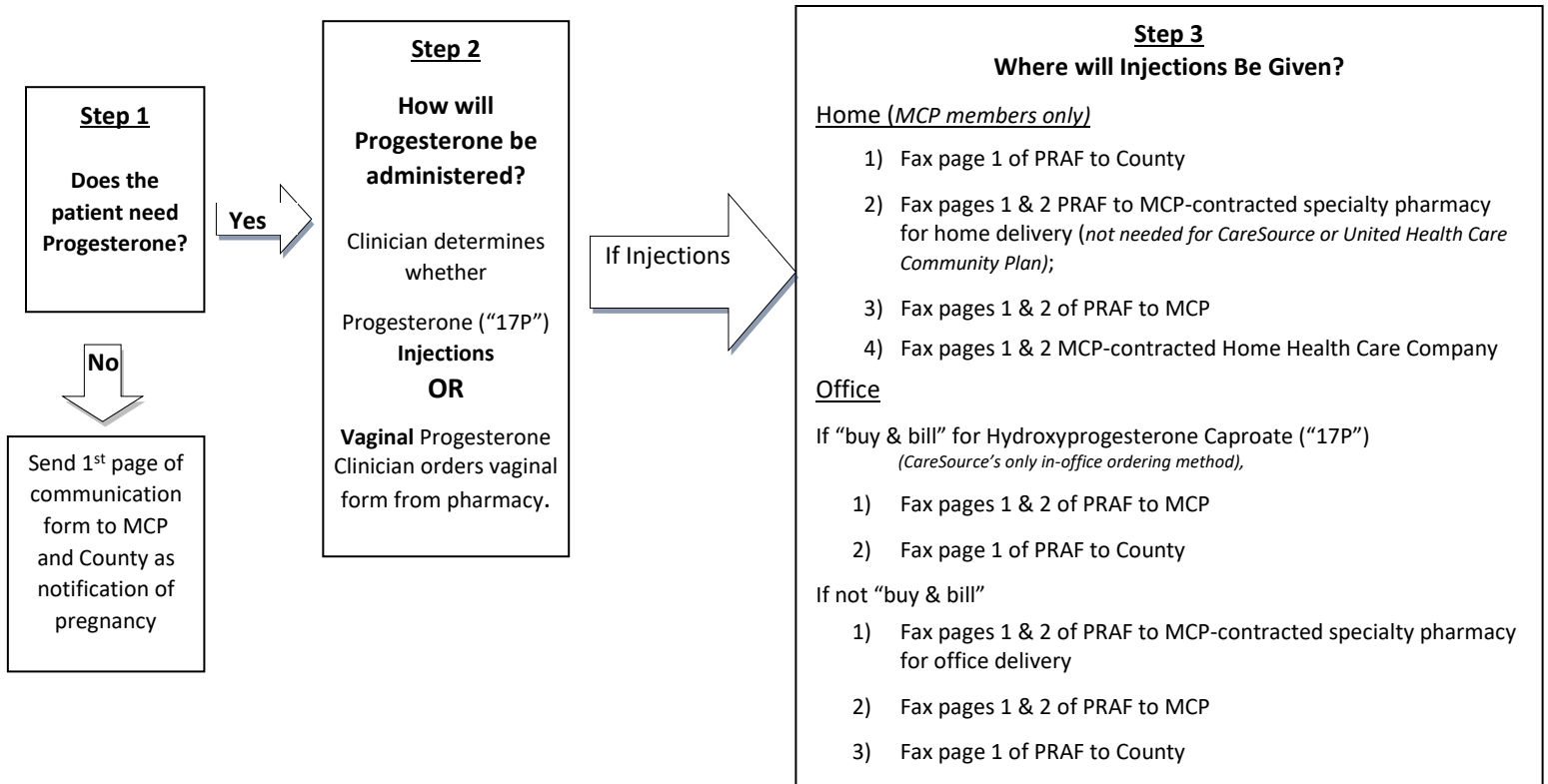
Ohio Department of Medicaid  
**Instructions for Completing the ODM 10207  
Pregnancy Risk Assessment Communication (PRAF)**

**DO NOT FAX THESE INSTRUCTIONS**

**PLEASE NOTE:** *DO NOT USE the Makena Care Connection Form for Ohio Medicaid-covered patients.*

**Three (3) Simple Steps to:**

- 1) **Notify the Managed Care Plan (MCP) and County Department of Job and Family Services (CDJFS) about the individual’s pregnancy so she does not lose Medicaid coverage.**  
*(Please note either the Medicaid ID (not Managed Care ID) or the full nine (9) digit Social Security Number, along with pregnancy information, is required for maintaining Medicaid coverage during pregnancy.)*
- 2) **Address identified needs** (smoking cessation, alcohol abuse, transportation, behavioral health, gestational diabetes)
- 3) **Expedite progesterone receipt** [Progesterone injection “17P” or vaginal progesterone]



**Please Contact the MCP if you need further assistance**

Medicaid MCP	Maternal Patient Coordinator	Phone	Email
<b>Buckeye</b>	Timicia Swallen	(513) 469-4532	tswallen@centene.com
<b>CareSource</b>	Sheri Clendenen	(937) 531-2512	Sheri.Clendenen@caresource.com
<b>Molina</b>	Marcia Skelly	(614) 212-2570	Marcia.Skelly@MolinaHealthCare.Com
	Markeia Garnier	(614) 212-2433	Markeia.Ganier@MolinaHealthCare.Com
<b>Paramount</b>	Madonna (Michele) Klein	(419) 887-2573	Madonna.klein@promedica.org
<b>UnitedHealthCare Community Plan</b>	Kim Hiltz	(614) 410-7936	Kimberly.Hiltz@UHC.com
	Kathy Hobson	(614) 356-2961	Kathryn.hobson@uhc.com

For all Ohio **Medicaid** patients seen in your clinic, please completely fill out this form and fax to the appropriate entity based on your patient's current insurance status and site of care.

- To notify MCP of pregnancy to connect with care management and maintain Medicaid coverage, fax page 1 to patient's MCP and county of residence.
- To notify of Progesterone Candidacy, fax pages 1 and 2 to the patient's MCP, MCP-contracted Home Health Agency and Specialty Pharmacy based on the information below.

*When changes/updates to information are submitted using this form throughout pregnancy, please note that the form is an UPDATE to a previous form and include patient identifiers.*

Managed Care Plan	Buckeye Health Plan	CareSource	Molina Healthcare	Paramount Advantage	United Healthcare Community Plan	Fee for Service (Traditional Medicaid)
Managed Care Plan Notification of Needs	(866) 353-8315	(937) 487-1157	(866) 504-7256	(866) 214-2024	(855) 853-3678	Contact the PRS Coordinator and Readiness Manager (back-up) identified in the link below.
County Notification of Pregnancy	Send Page 1 to County Pregnancy Related Services (PRS) Coordinator <a href="http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf">http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/countycoordinators.pdf</a> for the patient's county of residence so that the pregnancy can be noted within the Eligibility System.					
Home Health Referral	Optum F: (800) 867-2872	Optum F: (800) 867-2872	Optum F: (800) 867-2872	Optum F: (800) 867-2872	Optum F: (800) 867-2872	Not a FFS Medicaid service
	Option Care F: (877) 865-9133 P: (888) 304-1800 call or fax for BOTH pharmacy & home health	Option Care F: (877) 865-9133 P: (888) 304-1800 call or fax for BOTH pharmacy & home health	Option Care F: (877) 865-9133 P: (888) 304-1800 call or fax for BOTH pharmacy & home health		Option Care (877)827-8203 P: (888) 304-1800 call or fax for BOTH pharmacy & home health	Not a FFS Medicaid service
Specialty Pharmacy Rx *Specialty for office Administration only	Acaria F: (855) 217-0926 P: (855) 535-1815	Only have to call/fax Home Health Care Company Or CVS Caremark (800) 323-2445	CVS CareMark F: (800) 323-2445 P: (800) 237-2767	CVS CareMark F: (800) 323-2445 P: (800) 237-2767	Briova Rx F: (800) 707-8217 P: (800) 707-8194	Any Pharmacy contracted with Medicaid

Provider may send separate Rx by preferred route if he or she desires or injectable is not preferred.

**Note:** 17-Hydroxyprogesterone Caproate is indicated for pregnant women 16w, 0d-36w, 6d; discontinue therapy if patient is no longer pregnant. Please call patient or prescriber to confirm prior to shipping each month's supply.

**Filling out this form COMPLETELY helps prevent loss of coverage and aids provision of assistance.**

**Each field on this form has an important purpose outlined below.**

**Practice Name:** The MCP needs to know this to expedite requests.

**Practice Name and Contact Information:** The MCP will be following up on all identified requests for help with Progesterone and with Care Management needs. If you would prefer not to fill this out every time, please provide OPQC and your MCP contact with your site's preferred contact and phone number or other contact method.

**Date of Service:** The MCPs are trying to reduce the amount of time it takes to get progesterone to your patient. Including the date of service helps them know whether they are meeting this goal.

**Patient Medicaid ID:** *Essential* for the county notification of pregnancy and maintenance of eligibility during pregnancy and for tracking pregnancy outcomes. (1) Allows County to update eligibility information (maintain patient coverage during pregnancy); (3) Allows MCP to connect to other pertinent information in the Care Management & Claims systems; and (4) Allows tracking of patient needs, birth outcomes and inter-pregnancy interval for continuous improvement.

**Patient Address & Phone Number:** Helps the MCP, home health agency, and pharmacy ensure that they have the most recent contact information so that they can get in touch with the patient to provide her with the services she needs.

**Estimated Due Date:** Essential for communicating pregnancy to county to make sure she does not lose coverage.

**Current Gestational Age:** Alerts the MCP, home health agency, pharmacy, and the CDJFS of the urgency of service provision and continuation of coverage. Essential to assure patient starts therapy within the recommended therapy start window.

**Patient is a candidate for Progesterone Therapy:** Essential for letting ODM and the MCP know that Progesterone is needed and that the patient should receive Enhanced Maternal Care Services.

**Due to Spontaneous Birth or Short Cervix:** Needed for prevalence tracking.

**Date 1<sup>st</sup> Received, Form, Route, and Location:** Helps Medicaid determine whether there are patterns with regard to problems getting progesterone to women in a timely manner so that effective, strategic solutions can be identified.

**Date of Next Dose, Form, Route, and Location:** Helps MCP and Home Health Agency plan ahead with regard to next visit (provision of transportation, CM attending visit with patient, etc.).

**Patient would benefit from Managed Care assistance with:** Tells the MCP and ODM about the patient's needs so that the MCP can follow up with you and ODM can follow-up with the MCP and/or you to make sure the needs were met.

**Prescription information:** Provides needed information to the Home Health Provider and Pharmacy.

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**To be reimbursed by MCP for completing this form** *(if not paid at FQHC bundled rate)*

Bill for the completion of this form on the CMS 1500 (837P). Reimbursement amounts vary by MCP-provider contract.

- If you completed the form for a CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, and Medicaid Fee-for-Service members, use HCPCS code H1000 when billing.
- If you completed the form for a Buckeye Health Plan member, use CPT code 59899 with U1 (form completed during first trimester), U2 (form completed during the second trimester), or U3 (form completed during the third trimester) when billing.