



Maternal/Postpartum Risk Screening Form

This screening form is used to identify pregnant or postpartum women who are at high risk for adverse outcomes.

Patient Name: _____ DOB: ____/____/____

Address: _____ Phone: ____/____/____

Social Security Number: ____-____-____ Medicaid Number: ____-____-____

Education: Highest Grade Level Completed 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13+ ☐

First Prenatal Visit with any Provider: ____/____/____ EDC: ____/____/____

Negative Risk Screen Date: ____/____/____ Positive Risk Screen Date: ____/____/____

Reason for Declining Care Management (if applicable): _____

Name of OB/GYN or PCP: _____

OB/GYN or PCP Address: _____

OB/GYN or PCP Phone Number: ____/____/____ Next OB/GYN or PCP Appt. Date: ____/____/____

Provider Completing the Form:

Signature _____ Date: ____/____/____

(Must be a Physician, Physician Assistant, Nurse Practitioner, or Nurse Midwife)

Risk Factors Affecting Pregnancy or Postpartum Period:

ICD-10 Diagnosis Code

ICD-10 Description

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Instructions on reverse side

Pregnant/Postpartum Risk Screening Form Instructions

Demographic information

- Enter the name, date of birth, address, phone number, social security number, and Medicaid number.
- Check the highest grade completed at the time of delivery. For any education completed beyond high school, check "13+".
- Enter the date of the first prenatal visit with any provider occurred or enter 00/00/00 if there has been no prenatal care at the time of the risk screen.
- Enter the estimated date of confinement.
- Enter name, address, and phone number of OB/GYN or PCP.
- Enter next OB/GYN or PCP appointment date.

Screening Outcome

- Enter the positive or negative screen date.
- Enter the reason(s) for declining of Case Management services (if applicable).
- The provider (physician, physician assistant, nurse practitioner, or nurse midwife) performing the risk screening must sign and date the form using his/her professional title.
- List the significant risk factor ICD-10 diagnosis code(s) and the description(s).

Negative Risk Screening

- Keep the form in the medical record.
- Complete and process the form if risk factors develop later.

Positive Risk Screening

- File the original form as a permanent part of the medical record.
- Make a referral for Case Management services.

Referral Contact Information

Fee For Service Members

Telligen Phone:

- Fax: 1-800-520-6564
- Email: mscaremanagement@telligen.com

MississippiCAN Members

Magnolia Health

- Phone: 1-866-912-6285 (Select the Care Management option)
- Email: MHPPMaternalHealth@centene.com

TrueCare

- Phone: 1-844-542-2610 Mom and Baby Beginnings (MBB) Program
- Provider Portal: Navigate to the Care Management Referral section

Molina Healthcare

- Phone: 1-844-826-4333
- Fax: 1-844-303-5188