

RightCare Pregnancy Notification Form Instructions for Completion

The information on this form is used to assist RightCare Case Managers in the identification of high risk members and to report pregnant members as required by HHSC.

When the form is completed, please fax to the RightCare Medical Management Department at 512-383-8703. Alternatively, the form may also be completed by calling the RightCare Case Management Department at 1-855-691-7947, Option 2 and providing the necessary information over the phone.

Referring Provider Information

Field	Description
Name	Enter the name of the physician who will be primarily responsible for the member's care
Contact name	Enter the name of person within the physician's office that the case manager can call for any question's regarding the member's case
Phone number	Enter the number that the RightCare Case Manager can call to reach the contact person entered above
Fax number	Enter the fax number for the physician's office
NPI	Enter the performing provider's National Provider Identifier
TPI	Enter the performing provider's Texas Provider Identifier

Member Information

Field	Description
Name	Enter the pregnant member's name
Medicaid Number	Enter the pregnant member's Medicaid number
Date of Birth	Enter the pregnant member's date of birth
Phone Number	Enter the best number for the Case Manager to reach the member
Member Current Address	Enter the most recent address for the member

Risk Factors

Please check any risk factors that have been identified for the member. Use the 'Other' field to list any additional information or risk factors that are not otherwise listed.

History

Field	Description
Date of first office visit with this Dr	Enter the date of the member's first prenatal visit with this provider.
Weeks Gestation at 1 st Visit:	Enter the number of weeks gestation for the member's pregnancy at this visit
Date of 1 st prenatal visit	Enter the date of the member's first prenatal visit for this pregnancy, whether with this provider or with another
BMI	Enter the member's body mass index as calculated at the current visit
Previous prenatal care?	Has the member received prenatal care for this pregnancy from another provider?
Where?	Enter the previous provider(s) name and location

If member is under 18 years of age has she authorized release of information to her parents? Yes No

If the member is 18 years of age or older, this question may be left unanswered. If the member is under 18 years of age please indicate whether she has agreed to discussion of her case with the head of household.

Is Social Worker participation requested by either member or provider? (Please provide additional information)

Please list any social factors that have been noted that may interfere with appropriate care or treatment during this pregnancy (transportation issues, education needs, homelessness, etc).