



***Please print or type. Form must be filled out completely. If the selection does not apply, please respond N/A.***

## Patient is Candidate for Progesterone

☐ Patient is aware of the benefits of Care Management by managed care plan (MCP)

Comments:



# Molina Healthcare Prenatal Risk Assessment Form

## Instructions (Do Not Fax This Page)

*For all Molina Healthcare patients seen in your facilities, please completely fill out this form and fax to Molina Healthcare.*

### Reimbursement Instructions

1. Bill for the completion of this form on the CMS 1500 (837P).
2. Use HCPCS code H1000.
3. Submit within the first trimester or within 42 days of new enrollment to receive a \$50 quality incentive.

### The information on this form will be used to:

- Notify the County Department of Job and Family Services (CDJFS) of those at risk of losing coverage.
- Reduce the time it takes to get progesterone to your patient.
- Prioritize patient needs for Care Management activities.
- Ensure that Molina Healthcare has the most up-to-date contact information to provide your patient with the services she needs.

If you have questions, please contact Provider Services at (855) 322-4079. A representative will be available to assist you from 8 a.m. to 5 p.m Monday through Friday.