



Network Notification

Notice Date: 3/14/2019
To: Kentucky Medicaid Health Partners
From: Humana – CareSource®
Subject: Pregnancy Risk Assessment Form

Please help your pregnant patients' access resources they need by completing a pregnancy risk assessment form.

Healthcare providers can fill out the [Pregnancy Risk Assessment Form \(PRAF\)](#) for their patients. You can fax the completed form to **1-937-396-3318** or fill out the assessment on the provider portal at **CareSource.com**.

After a completed PRAF is submitted, our prenatal nurses assist the patient with resources and case managers (specific prenatal and post-partum nurses) assist with finding housing, day care, utilities assistance, food and more.

If you have questions, please call Provider Services at **1-855-852-7005** or visit **CareSource.com**.