



Notification of Pregnancy Form – Low Birth Weight Initiative

The Michigan Department of Health and Human Services-Medical Services Administration (MDHHS-MSA) implemented an initiative for Medicaid health plans to specifically address Michigan's 10.4% low birth weight rate. This project is a multi-year, statewide initiative to align MDHHS efforts to promote health equity in maternity care and infant care.

We are working with Molina Healthcare and McLaren Health Plan to implement member and provider interventions to reduce the low birth weight rate of 13.5% in Genesee County. This county is the focus of the project because 70% of the collective births of the three health plans occur here.

Resources

We have several maternity resources for providers on our website. We are adding the attached *Notice of Pregnancy Form*. Providers can complete this form and submit it to the appropriate health plan. Using this form helps identify members early on in pregnancy.

For resources and helpful information about the low birth weight initiative, visit hap.org\empoweredproviders.

NOTIFICATION OF PREGNANCY

MIHP _____

OB

PCP

Date of Referral: _____

Medicaid ID#: _____ Health Plan: _____

Patient Name: _____ Patient DOB: _____

Patient Address: _____

Patient City: _____ Patient County: _____

Patient Zip Code: _____ Patient Phone Number: #1 (____) _____

Patient Phone Number: #2 (____) _____

EDD: _____ or LMP: _____ G: _____ P: _____

RISK FACTORS:

Current/Hx Preterm Labor

PIH

HIV/AIDS

Prev Preterm Delivery

Pre-eclampsia

Maternal Age (<16, >35)

Hx Miscarriages

Sickle Cell Disease

Late Prenatal Care

HTN

Cardiac Hx

Domestic Violence

DM/Gestational DM

Asthma

Hyperemesis

Incompetent Cervix

Cerclage

Current/Hx Substance Abuse

Other: _____

Hx Low Birth Weight Delivery Baby DOB: _____ wt.: _____

For Medicaid Members:

Was a MIHP discussed? Yes No

If yes, is the patient receiving MIHP service? Yes No

OB Provider: _____

PCP/Medical Provider: _____

Address: _____ Ste.: _____

City, State, Zip: _____

Phone Number: _____ Fax Number: _____



Mail or Fax to:

HAP Empowered
2850 W. Grand Blvd.
Detroit, MI 48202

ATTN: Care Management

Fax Number: **(313) 664-5400**

Secure Email: caremanagement@hap.org

Mail or Fax to:

McLaren Health Plan
G-3245 Beecher Rd.
Flint, MI 48532

ATTN: Medical Management

Fax Number: **(810) 600-7967**

Mail or Fax to:

Molina Healthcare of Michigan
880 West Long Lake Rd, Ste. 600
Troy, MI 48098

ATTN: Quality Management

Fax Number: **(844) 861-1932**

Notification of pregnancy does not guarantee payment. Please contact the health plan to verify member eligibility and benefits.