

Notification of Pregnancy Form
Fax completed form to (select one):

[] Anthem 855-325-5453
[] Chorus Community Health Plans 414-939-8052
[] GHC of South Central Wisconsin 608-662-4907
[] iCare 414-231-1090 Attn: Bao Xiong

[] MHS Health WI 866-671-3668
[] MercyCare 608-752-3751
[] Molina 414-214-2481
[] UnitedHealthcare Community Plan 877-353-6913

Member Information

Last Name: _____ First Name: _____ DOB: _____ ID#: _____

Address: _____ City: _____ Zip: _____ Phone #: _____

Date of Initial Prenatal Visit: _____ Completion date of Pregnancy Form: _____

Current Pregnancy

In PNCC _____

Gravida _____ Para _____ LMP _____ EDC _____ Blood Type _____

Multiple Gestation this pregnancy **Maternal age \leq 16 years** Maternal age \geq 35 years of age

Previous Pregnancies (Check all that apply)

Hx of Placenta Pre _____ Multiple Gestations previous pregnancy _____
 Hx of Post Partum Depression _____ **Preterm Labor/Delivery** _____ **Hx of SAB/TAB/Fetal Demise** _____
 Previous C-Section _____ Week of delivery _____ Week of demise _____

Medical History (Check all that apply)

Cardiac Disease _____ Clotting Disorders _____ Hypertension or PIH (Current/Past) _____
 Respiratory Conditions _____ **Behavioral Health Concerns** _____ Incompetent cervix (Current/Past) _____
 HIV Status _____ STD (Current/Past) _____ Neurologic Disorders (Current/Past) _____
 Sickle Cell Anemia _____ **Diabetes/Gestational Diabetes (Current/Past)** _____

Psycho/Social Issues (check all that apply)

Drug Abuse(Current/Past) _____ Alcohol Abuse (Current/Past) _____ Smoker (Current/Past) _____
 Domestic Abuse (Current/Past) _____ Housing Issues _____ Lack of Support System _____

Prenatal Care and Nutrition (Check all that apply)

Missed several medical appointments _____ Currently Enrolled in WIC _____

Description of above or other unlisted conditions: _____

List of Medications: _____

Provider Information

Provider Signature _____

Provider Printed Name _____

Provider Address _____

Provider Phone # _____

Delivery Hospital _____

Provider Fax # _____

MEMORANDUM

TO: OB Medical Home Initiative Clinic Partners

FROM: The HMO Collaborative (Anthem, Chorus Community Health Plans, GHC of South Central Wisconsin, iCare, MHS Health WI, MercyCare, Molina, and UnitedHealthcare Community Plan)

DATE: April 24, 2025

SUBJECT: Notification of Pregnancy Form

The criteria for enrollment in the High Risk OB Medical Home Initiative is as follows must be met for enrollment based on the OBMH User Guide 12/2024 :

- The member must be enrolled in the OBMH within the first 28 weeks of pregnancy. This includes members who enroll in an OBMH after receiving care through another HMO or participating clinic.
- Members who are pregnant and not currently enrolled in BC+ or SSI at the time of the initial prenatal visit may enroll in the OBMH if they meet the below criteria and are subsequently determined eligible for BC+ or SSI HMO enrollment. All services provided prior to enrollment in a participating HMO must be documented in the member's medical record. Clinic staff may assist the member in accessing and enrolling in Wisconsin Medicaid.
- The member must also meet one or more of the following criteria:
 - Be less than 18 years of age,
 - Be African American, American Indian or Alaskan Native, Hispanic, Asian or Pacific Islander, and/or Laotian or Hmong
 - Be homeless,
 - Have a chronic medical or behavioral health condition which will negatively impact the pregnancy
 - Had a prior poor birth outcome, defined as one or more of the following:
 - Baby born at low birth weight (less than 2,500 grams or 5.5 pounds),
 - Baby born preterm (gestational age less than 37 weeks),
 - Neonatal/early neonatal death (baby died within the first 28 days), or
 - Stillbirth (fetus died after 20 weeks gestation).
- Meet the criteria for inclusion in the DHS Birth Outcome Registry Network (BORN) Report.

Be sure to enter OB Medical Home patient information into the MetaStar Registry within 30 days of enrollment into the OB Medical Home Initiative at your clinic. Also, the reason(s) for the member's medical home eligibility must be documented in the medical record.

In addition, for patients not enrolled in the OB Medical Home Initiative, providers may be eligible for incentive payment or other reimbursement once the Notification of Pregnancy is received by the HMO.