

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 ≤ 16 years☐ Maternal age ≥ 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:
 - o Be less than 18 years of age,
 - o Be African American, American Indian or Alaskan Native, Hispanic, Asian or Pacific Islander, and/or Laotian or Hmong
 - o Be homeless,
 - o Have a chronic medical or behavioral health condition which will negatively impact the pregnancy
 - o 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.