



Just the Fax

A fax bulletin from Molina Healthcare of Michigan (MHM) • May 18, 2022

ATTENTION: Genesee County OBs, PCPs and MIHPs

Molina Healthcare Project Non-Medical Transportation Provided – Genesee County Only

Molina Healthcare will be allowing members who are pregnant and living in Genesee County to receive three FREE non-medical round trip rides per month to community resources such as food banks, grocery stores, farmer's markets, baby item depots, or clothing closets. *Two of the three round trips must be to a grocery store, farmer's market, or food pantry.

Assistance with locating applicable community resources in Genesee County is found by calling **211** or visiting www.FindHelp.org

Molina members can call the Molina Member Contact Center at (888) 898-7969, Monday - Friday, 8 a.m. – 5 p.m. to schedule the ride. The call to the Contact Center should be placed at least 3 business days prior to the trip date.

Notification of Pregnancy Forms

Please use the **Notification of Pregnancy Form** that is attached to this notice and can also be found on our website at <https://www.molinahealthcare.com/-/media/Files/Notification-of-Pregnancy-Form.pdf> to assist Molina with early identification of your pregnant patients. This ensures that they will receive educational materials and enrollment in the enhanced Medicaid benefit which provides **dental coverage during pregnancy through 12 months after they deliver**. This form can also be used to identify pregnant women who can benefit from a **referral to a local Maternal Infant Health Program (MIHP)**.

Fax forms to: (844) 861-1932
ATTN: Quality Management

If you have additional questions please contact your Provider Service Representative directly or you can contact the Provider Services Department by phone at 947-622-1230 or 947-218-0897, by email at MHMProviderServicesMailbox@MolinaHealthcare.com or by fax 800-594-7404.

Intake documents for visits performed by an RN must be co-signed by the attending physician overseeing the patient's care.

Thank you for serving Molina Members!

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.