

**ATTENTION:** Genesee County OBs, PCPs and MIHPs

**Molina Healthcare Project**  
**Non-Medical Transportation Provided – Genesee County Only**  
**\*\*Updated to Remove Time limit for this Service\*\***

Molina Healthcare will be allowing members who are pregnant and living in Genesee County to receive two FREE non-medical round trip rides per month to community resources such as food banks, baby item depots, or clothing closets.

Assistance with locating applicable community resources in Genesee County is found by calling **211** or visiting [www.FindHelp.org](http://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 that can also be found on our website** 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 90 days 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 at 248.729.0905 or email [MHMProviderServicesMailbox@MolinaHealthcare.com](mailto:MHMProviderServicesMailbox@MolinaHealthcare.com)

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 (Maternal Infant Health Program-home visiting program) discussed?  Yes  No

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

Click this link for MIHP information <https://www.michigan.gov/mihp/>

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](mailto: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.

## 2021 – Target Measure Monthly Topics

January	February	March
AAP – Adults’ Access to Care W30 – Well child visits, (0-15 months Summary Report)  *(Cervical Health Awareness Month)	AAP – Adults’ Access to Care CBP* – Controlling High Blood Pressure SPC – Statin Therapy for Patients with CVD CIS/LSC – Childhood Immunizations, Lead Screenings *(American Heart Month)	COL* – Colorectal Cancer Screening WCV/WCC* – Well Care Visits /Weight Assessment and Counseling (3-21 years) * (Colorectal Cancer Awareness Month) * (National Nutrition Month)
April	May	June
CDC – Comprehensive Diabetes Care SPD – Statin Therapy for Persons with Diabetes PPC – Post Partum Care (FQHCs only) IMA* – Adolescent Immunizations CHL* – Chlamydia Screening * (STD Awareness Month)	CBP* – Controlling High Blood Pressure COL – Colorectal Cancer Screening W30 – Well Child Visits CIS/LSC – Childhood Immunizations, Lead Screenings * (National High Blood Pressure Education Month)	CCS – Cervical Cancer Screening BCS – Breast Cancer Screening COL – Colorectal Cancer Screening AAP* – Adults’ Access to Care WCV/WCC – Well Care Visits /Weight Assessment and Counseling (3-21 years) *(Men’s Health Month -Barriers to Men’s care)
July	August	September
COA – Care for Older Adults CDC – Comprehensive Diabetes Care WCV/WCC – Well Care Visits /Weight Assessment and Counseling (3-21 years)	CBP – Controlling High Blood Pressure SPC – Statin Therapy for Patients with CVD CDC – Comprehensive Diabetes Care W30 – Well Child Visits CIS/LSC* – Childhood Immunizations, Lead Screenings * (Immunization Awareness Month -Barriers to care)	CCS* – Cervical Cancer Screening CHL – Chlamydia Screening AAP* – Adult’s Access to Care WCV/WCC – Well Care Visits /Weight Assessment and Counseling (3-21 years) * (Prostate Health Month) * (Ovarian Cancer Awareness Month)
October	November	December
BCS* – Breast Cancer Screening COA* – Care for Older Adults IMA – Adolescent Immunizations * (National Breast Cancer Awareness) * (Talk About your Medicines Month)	CDC* – Comprehensive Diabetes Care SPD – Statin Therapy for Persons with Diabetes Smoking Cessation (CAHPS/LBW) <b>Year-end wrap up and Supplemental Data Push</b> * (American Diabetes Month)	Influenza Vaccine and Flu prevention* – CDC tips and Molina Coverage Smoking Cessation – New Year’s Resolution (CAHPS/LBW) <b>Year-end wrap up and Supplemental Data Push</b> * (National Influenza Vaccination Week)