Healthy Blue

MO HealthNet Managed Care (Medicaid)

Maternity Notification Form

Once you have completed this form, please fax to **800-964-3627**.

Member information			
Member name:		Member DOB:	
Race:		Marital status:	
Medicaid/CHIP #:		Member ID:	
Home phone:		Cell phone:	

Provider information					
Provider name:				Phone:	
Address:					
City:		State:		ZIP code:	
Fax:					
NPI:		TIN:			
Name of office/clinic:					

General medical:

☐ No significant medical history	☐ Hypertension	☐ Diabetes
☐ Clotting disorder	☐ Sickle cell anemia	☐ Seizure disorder
☐ Kidney disease	☐ Hepatitis	☐ HIV/AIDS
☐ Sexually transmitted infection	☐ Asthma	☐ Thyroid disease or disorder
☐ Depression or anxiety	☐ Other behavioral health disorder:	

Current pregnancy

EDC:	Gravida:	Para:	Term:	Preterm:	AB:

Pre-pregnancy BMI:	Current BMI:	First prenatal visit date:	Diagnosis code(s):

☐ No pregnancy risk factors	☐ Hypertensive disorder of pregnancy	☐ Current PTL
☐ Multiple gestation; # of fetuses ____	☐ Severe hyperemesis	☐ Suspected or known fetal anomaly or chromosomal abnormality
☐ Perinatal mood disorder	☐ Short pregnancy interval (deliveries will be less than two years apart)	☐ Diabetes
☐ Late to care (first visit after first trimester)		☐ Pregnancy related ER visit or hospital admission

☐ Other _____

Pregnancy history:

☐ No prior pregnancy	☐ Spontaneous preterm delivery (< 37 weeks)	☐ Low birth weight infant
☐ Hypertensive disorder of pregnancy	☐ Diabetes	☐ C-section delivery
☐ Stillborn delivery	☐ Perinatal mood disorder	☐ Date of last delivery: _____

https://provider.healthybluemo.com

MOHB-CD-026573-23-CPN25929 August 2023

Social drivers of health (SDOH):		
☐ Homeless or unstable housing	☐ English is not the primary language	☐ Food insecurity
☐ Receives WIC/SNAP	☐ Unemployed or unstable income	☐ Intimate partner violence
☐ Inadequate social support	☐ Currently in foster care	☐ Education level < 12th grade
☐ Disabled	☐ Inadequate transportation	☐ Impaired communication/ comprehension
Substance use:*		
☐ No substance use or risk	☐ Tobacco	☐ Alcohol
☐ Marijuana or cannabinoids	☐ Opioids	☐ Other drug use
☐ Opioid treatment program or prescribed MAT medications	☐ Prescribed medications that could result in NAS/NOWS	☐ History of risky drug use or behavior

*** For recipient of substance use disorder information:**
This information has been disclosed to you from records protected by *Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2).* The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by *42 CFR Part* 2. A general authorization for the release of medical or other information is **not** sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any patient with a diagnosis of substance use disorder.

Disclaimer: This is not an authorization for hospital admission. Healthy Blue will only process complete referrals for our members. Notification does not guarantee paid benefits. Payment of claims is subject to eligibility, contractual limitations, provisions, and exclusions.