

Harmony Health Plan of Illinois, Inc

Hugs (866)776-9876 OB Authorization Line 1-800-351-8777 ext 4038

For Global OB and Hugs Referral, Fax to (866)480-0857

OB Notification**Risk Assessment****Prenatal Enrollment Form**Please indicate whether you are a PCP OB Midwife Nurse Practitioner

Referring Person _____ Tax ID _____ Vendor group/ ID _____

Address _____ Phone _____

Will you be continuing care for the member? yes no If no, please provide

Name of provider _____ Phone number _____

Office name and address _____

Member Name _____ Member Address _____

Member Phone # _____ Apt or Unit _____

Member I.D. # _____ City, State _____

Member DOB _____ Zip Code _____

EDC _____ LMP _____ GRAVIDA _____ PARA FULLTERM _____ PRETERM _____ AB/MC _____ Living _____

Initial Prenatal Visit Date _____ Primary Language Spoken English Spanish Polish Arabic Other _____**Current Pregnancy Risks***(please check if "yes")* Preterm Labor 20-25 wks Psychiatric/emotional disorder Specify _____ Incompetent Cervix Domestic Violence Twins Triplet Intrauterine Growth Retardation (IUGR) Placenta previa or vaginal bleeding Other Social Challenges Specify _____ Preeclampsia or Pregnancy Induced Hypertension (PIH) Substance Abuse Specify _____ Under age 14 Tobacco Use Specify _____ Over age 35 Alcohol Use Specify _____ Fetal anomaly Nutritional Deficit Specify _____ Hyperemesis Gestational Diabetes Edinburgh Depression Screening? Yes No Type I Diabetes Type II DiabetesPositive screen? Yes NoReferred? Yes No To who? _____ Other/Notes: _____**Previous Pregnancies***(please check if "yes")* Preterm Labor # Wks _____ Low Birth Weight Weight _____ Preterm Delivery # Wks _____ Congenital Anomaly Specify _____ Prom Or Pprom # Wks _____ Placenta Previa Abruptio Incompetent Cervix Preeclampsia/ Eclampsia P.I.H. Spont. Ab Or Fetal Demise # Wks _____ Gestational Diabetes Previous C-Section Reason _____ Other _____**Current Medical Conditions***(please check if "yes")* H.I.V. or A.I.D.S. Diabetes Cardiac Condition Asthma IDDM NIDDM Substance abuse/ Rehab STD _____ Neurological condition Other _____ Mental/Emotional Illness Chronic hypertension**Health Screenings**HIV Tested? Yes No Test declined? Yes No Domestic Violence screening? Yes NoW.I.C. Referral given? Yes No Other _____

May 1, 2007

RE: OB Notification Incentive

ATTN: Primary Care Physicians, OB Providers, Midwives and Nurse Practitioners

If you are a participating Harmony network health care professional who services women of child bearing age, you may be eligible to receive a \$25.00 incentive.

In order to receive the \$25.00 incentive you must:

- Be a network provider
- See a pregnant Harmony member in her first trimester or within 45 days of a member's enrollment into Harmony Health Plan (If member is in her 2nd or 3rd trimester when she enrolled into the plan)
- Complete an OB notification form in its entirety
- Fax the form to us at 1-866-480-0857 within 7 days of seeing the member for the first time with a copy of either a claim or an encounter for the visit. Harmony will pay one \$25.00 incentive per member.

On a quarterly basis, once we receive the OB notification form and have verified the above, we will issue you a check for every member seen.

If you will not be continuing the care for this member, be sure to include appropriate healthcare provider information on the OB notification form.

This OB notification will be used to contact pregnant Harmony members and enroll them into the Harmony Hugs program. The Harmony Hugs program is designed to support and educate pregnant members regarding their perinatal care.

Based on your submission of the OB notification form, we are able to identify pregnant members early in their pregnancy and provide outreach to them. To find out more about the Harmony Hugs program, please contact Sheila Yousuf (COOK) or Teresa Soria (SIL), the Harmony Hugs Program Coordinators at 1-866-776-9876 or 312/630-2025.