Florida Medicaid Pregnancy Notification Form

Today's Date

Patient Information

First Name | Last Name | Date of Birth (MM/DD/YYYY)

Medicaid ID | Medicaid Health Plan

Home Phone Number | Cell Phone Number | Email Address

Street Address | City, State | ZIP Code

Emergency Contact Name | Emergency Contact Relationship | Emergency Contact Phone Number

Date of Last Menstrual Period (LMP) | Estimated Due Date | Is this the person's first pregnancy? ☐Yes ☐No

Physician/Provider Information

OB Physician/Provider Name | OB Phone Number | Physician/Provider NPI

Pertinent Health History

How many times has the person been pregnant, including this pregnancy? ☐1 ☐2 ☐3 ☐4 ☐5 ☐More than 5

Has the person given birth in the last 12 months? ☐Yes ☐No Given birth in the last 6 months? ☐Yes ☐No

Number of Full-Term Deliveries (> 37 weeks) _____Number of Preterm Deliveries (< 37 weeks) _____

Number of Miscarriages/Abortions _____Number of Stillbirths _____

Has the person had a previous C-section ☐Yes ☐No If 'Yes,' how many? _____

Please select all applicable high-risk factors for this patient:

☐ Cervical Insufficiencies (*i.e.*, incompetent cervix)	☐ Diabetes	☐ Hypertension	☐ HIV / AIDS
☐ Any current mental health or addiction diagnosis	☐ Pre-eclampsia	☐ Premature Rupture of Membranes (PROM)	☐ Sickle Cell Disease or Trait

Does the person smoke or vape? ☐Yes ☐No Second-hand smoke exposure? ☐Yes ☐No

Does the person use illicit drugs? ☐Yes ☐No Is the patient on a prescribed opioid? ☐Yes ☐No

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After completing Page 1, please check the box by the person's health plan and send this form to the health plan using the plan's stated contact information.

**Note: If you are submitting the form via email, please encrypt the email prior to submission due to inclusion of Protected Health Information (PHI).*

Health Plan	Fax	Email	Website/ Physician Portal
☐ Aetna Better Health	860-607-8726	N/A	https://www.aetnabetterhealth.com/florida/login https://apps.availity.com/availity/web/public.elegant.login
☐ AmeriHealth	855-358-5852	ACFLMaternity@amerihealthcaritasfl.com	https://identity.navinet.net/
☐ Community Care Plan	954-417-7155	ccp.pregnancy.notification@ccpcares.org	Community Care Plan - Provider Operations (ccpcares.org)
☐ Humana Healthy Horizons	833-890-2308	FL_MMA_OB_Referrals@humana.com	https://www.availity.com/humana
☐ Molina Healthcare (MMA & SMI)	866-440-9791	MFLBABY@MolinaHealthcare.com	https://www.molinahealthcare.com/providers/fl/medicaid/forms/fuf.aspx https://www.availity.com/molinahealthcare/
☐ Simply Healthcare ☐ Clear Health Alliance (HIV/AIDS)	877-577-0117	dl-shp-cm_dm_referrals@simplyhealthcareplans.com	https://provider.simplyhealthcareplans.com/florida-provider/forms https://provider.clearhealthalliance.com/florida-provider/forms
☐ Sunshine Health Plan (CW, MMA & SMI) ☐ Children's Medical Services Health Plan	866-689-1056	SSHP_MM_CM_OB_Inbox@CENTENE.COM	https://www.sunshinehealth.com/providers.html
☐ UnitedHealthcare Community Plan	877-353-6913	hfsescalation@optum.com	https://www.uhcprovider.com/en/health-plans-by-state/florida-health-plans/fl-comm-plan-home/fl-cp-forms-refs.html