



Pregnancy Rewards Provider Toolkit

Ohio



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Pregnancy Rewards

Program Overview

Overview

Pregnancy rewards encompasses member outreach, incentives, and member and provider awareness. Molina Healthcare employees work to identify, and implement appropriate assistance and intervention(s) for participating members. The main focus of the pregnancy rewards is to identify pregnant women to help motivate them to complete necessary preventive exams and screenings for improved health outcomes for themselves and their new baby.

Pregnancy rewards does not replace or interfere with the member's physician assessment and care nor does it deviate from the Motherhood Matters[®] program.

Program Components

1. Outreach to Members

- A. Pregnancy Notification/Identification – Molina Healthcare identifies members who are pregnant through a variety of resources.
- B. Telephone outreach – Members are contacted via telephone by specially trained Molina staff using a standardized script and asked questions designed to identify if the member is pregnant and if she needs assistance.
- C. Members who have a confirmed pregnancy will be mailed information about how to participate in pregnancy rewards. Members are eligible for incentives if they complete timely prenatal and postpartum appointments.
- D. Additional resources – Information on health management-related programs that the member can 'opt-in'.
- E. All members will receive assistance with scheduling provider appointments and overcoming barriers to access (e.g., transportation, language).
- F. The outreach may also incorporate home health visits to help members who struggle to complete their appointments for various reasons. Home health visits will be used to assist members with their prenatal and postpartum care.
- G. A postpartum packet will be mailed to members after delivery. The packet will include:
 - a. Incentives for new mom – The incentives will encourage new mothers to complete a postpartum care visit within 21-56 days after delivery and to take their new baby to all their well child appointments and complete the necessary immunizations timely.
 - b. Incentives for new baby – The incentives will encourage new mothers to get their new baby established with a pediatrician to complete all necessary well child check-up and immunizations.
 - c. Program evaluation – A survey is distributed to all pregnant members once they receive their postpartum packet. We value our members' feedback and want to ensure that the information and incentives is helping our members.

Pregnancy Rewards

Program Overview

- H. All members will receive a postpartum telephonic outreach to educate and assist with scheduling a postpartum visit, newborn follow-up visit and answer any questions.
- I. The maternity team is available to assist members with follow up questions related to all materials distributed and refer accordingly.
- J. All members will receive annual reminders for flu vaccination.

2. Incentives

Reward	What you have to do
Expecting Mom/New Mom Rewards	
300 Points (\$30 gift value)	If you are already with Molina Healthcare when you become pregnant you must go to your 1 st prenatal visit within the first trimester. For newly enrolled members you must go to your visit within 42 days of joining Molina Healthcare.
200 Points (\$20 gift value)	Complete 3 prenatal visits during your 2 nd trimester (13-24 weeks pregnant).
200 Points (\$20 gift value)	Complete 3 prenatal visits during 3 rd trimester (25-40 weeks pregnant).
300 Points (\$30 gift value)	Go to your postpartum visit within 21-56 days after you deliver (does not include visit to remove staples from a C-section).
New Baby Rewards	
1050 Points (\$105 gift value)	Have your new baby complete all of his or her well child visits before he or she turns 18 months old.

3. PURL System (Online Reward System)

Upon meeting the recommended service within the designated timeframe, the member will receive notification indicating the amount that she has earned for having completed that particular service. Each incentive may be redeemed at that time, or may be accumulated, to combine with future earned incentives, enabling the member to choose a larger, more expensive item at a later date. The member will make her selections via a Molina HealthCare website, where she may choose the desired item(s) from a pre-selected list. If the selected item(s) is not available at the time of “purchase,” an item of equal value and similarity will be provided. All items will be shipped directly to the member’s home. Should a member not have access to a computer, a catalog will be mailed to her home.

4. Eligible Molina Members

ONLY Medicaid Molina members are eligible to participate in Pregnancy Rewards.

General HEDIS® Tips to Improve Scores

- **Work with Molina Healthcare** – we are your partners in care and would like to assist you in improving your HEDIS® scores.
- **Use HEDIS® specific billing codes when appropriate.** This will help reduce the number of medical records we are required to review in your office. We have tip reference guides on what codes are needed for HEDIS®.
- **Use HEDIS® Needed Services Lists** that Molina Healthcare provides to identify patients who have gaps in care. If a patient calls for a sick visit, see if there are other needed services (e.g., well care visits, preventive care services). Keep the needed services list by the receptionist's phone so the appropriate amount of time can be scheduled for all needed services when patients call for a sick visit.
- **Avoid missed opportunities.** Many patients may not return to the office for preventive care so make every visit count. Schedule follow-up visits before patients leave.
- **Improve office management processes and flow.** Review and evaluate appointment hours, access, and scheduling processes, billing and office/patient flow. We can help to streamline processes.
 - Review the next day's schedule at the end of each day.
 - Ensure the appropriate test equipment or specific employees are available for patient screenings or procedures.
 - Call patients 48 hours before their appointments to remind them about their appointment and anything they will need to bring. Ask them to make a commitment that they will be there. This will reduce no-show rates.
 - Train staff to manage routine questions from patients and to educate patients regarding tests and screenings that are due.
 - Use non-physicians for items that can be delegated. Also have them prepare the room for items needed.
 - Consider using an agenda setting tool to elicit patient's key concerns by asking them to prioritize their goals and questions. Molina Healthcare has a sample tool that you can use.
 - Provide an after visit summary to ensure patients understand what they need to do. This improves the patient's perception that there is good communication with their provider.
- **Take advantage of your EMR.** If you have an EMR, try to build care gap "alerts" within the system.

HEDIS® Tips:

Prenatal Care – Timeliness

MEASURE DESCRIPTION

Prenatal care visit in the first trimester or within 42 days of enrollment.

Prenatal care visit, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP, with one of these:*

- Obstetric panel
- Ultrasound of pregnant uterus
- Pregnancy-related diagnosis code (For visits to a PCP, a diagnosis of pregnancy must be present)
- TORCH antibody panel (Toxoplasma, Rubella, Cytomegalovirus, and Herpes simplex testing)
- Rubella and ABO, Rubella and Rh, or Rubella and ABO/Rh testing
- Documented LMP or EDD with either a completed obstetric history or risk assessment and counseling/education (for when the practitioner is a PCP)

* For visits to a PCP, a diagnosis of pregnancy must be present along with any of the above.

USING CORRECT BILLING CODES

Please note that global billing or bundling codes do not provide specific date information to count towards this measure.

Codes to Identify Prenatal Care Visits Description	Codes
Prenatal Care Visits	<p>CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828, 80055, 86644, 86694, 86695, 86696, 86762, 86777, 86900, 86901, 99201-99205, 99211-99215, 99241-99245, 99500</p> <p>CPT II: 0500F, 0501F, 0502F</p> <p>HCPCS: H1000-H1004</p> <p>ICD-9 Diagnosis: 640.x3, 641.x3, 642.x3, 643.x3, 644.x3, 645.x3, 646.x3, 647.x3, 648.x3, 649.x3, 651.x3, 652.x3, 653.x3, 654.x3, 655.x3, 656.x3, 657.x3, 658.x3, 659.x3, 678.x3, 679.x3, V22-V23, V28</p> <p>ICD-9 Procedure: 88.78</p> <p>*ICD-10 Procedure: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ</p>

*ICD-10 codes to be used after 10/1/15

HOW TO IMPROVE HEDIS® SCORES

- ☐ Schedule prenatal care visits starting in the first trimester or within 42 days of enrollment.
- ☐ Ask front office staff to prioritize new pregnant patients and ensure prompt appointments for any patient calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment.
- ☐ Have a direct referral process to OB/GYN in place.
- ☐ Complete and fax Pregnancy Notification form.

HEDIS[®] Tips:

Postpartum Care

MEASURE DESCRIPTION

Postpartum visit for a pelvic exam or postpartum care with an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. A Pap test within 21-56 days after delivery also counts.

Documentation in the medical record must include a note with the date when the postpartum visit occurred and one of the following:

- Pelvic exam, or
- Evaluation of weight, BP, breast and abdomen, or
- Notation of PP check, PP care, six-week check notation, or pre-printed "Postpartum Care" form in which information was documented during the visit

USING CORRECT BILLING CODES

Please note that global billing or bundling codes do not provide specific date information to count towards this measure.

Codes to Identify Postpartum Visits

Description	Codes
Postpartum Visit	CPT: 57170, 58300, 59430, 99501 CPT II: 0503F HCPCS: G0101 ICD-9-CM Diagnosis: V24.1, V24.2, V25.1, V72.3, V76.2 ICD-9-CM Procedure: 89.26 *ICD-10-CM Diagnosis: Z01.411, Z01.419, Z30.430, Z39.1, Z39.2

*ICD-10 codes to be used after 10/1/15

Codes to Identify Cervical Cytology

Description	Codes
Cervical Cytology	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 UB Rev: 0923

HOW TO IMPROVE HEDIS[®] SCORES

- ☐ Schedule your patient for a postpartum visit within 21 to 56 days from delivery (please note that staple removal following a cesarean section does not count as a postpartum visit for HEDIS[®]).
- ☐ Use the postpartum calendar tool from Molina to ensure the visit is within the correct time frames.

Importance of Pregnancy Notification

We need your HELP! You and your team are usually the first to know when a Member becomes pregnant!

Why is notifying Molina that a member is pregnant so important?

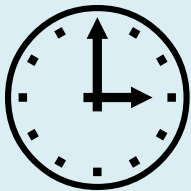
Providers are usually the first to know when a member/patient is pregnant. By notifying the health plan, it allows for additional resources to help co-manage the member's care so she can receive the best care possible during her pregnancy. This information is also very important because it allows the member to be enrolled in a special program during her pregnancy so she can earn rewards. Regular checkups during her pregnancy will increase her chances of having a healthy baby.

By completing the [Prenatal Risk Assessment \(PRA\) Form](#) you can help the member/patient in many ways! We greatly appreciate your help!

Not only can you help the member/your patient, *you can also earn an incentive for completing the Prenatal Risk Assessment (PRA) form*. Be sure to submit the Insurance Claim Form along with the H-1000 code. This will ensure the PRA was completed. Complete the form as early as possible in your patient's pregnancy and then fax the completed form to Molina Healthcare, fax number **(866) 504-7256**.

Very Important!

When a member becomes pregnant please assist her with the following:

①	Pregnancy Rewards	Refer her into the pregnancy program at Molina Healthcare
②		<p>Refer her for her first prenatal visit with an OB/GYN - ASAP. Schedule the appointment for her.</p> <ul style="list-style-type: none">Existing Members – Must complete visit in first trimester (90 days)Newly Enrolled Members – Must complete visit within 42 days of enrolling with Molina Healthcare.

Molina Healthcare Prenatal Risk Assessment Form

The earliest possible completion of this form allows the Managed Care Plans to use their resources to help you and your patient achieve a healthy pregnancy outcome.

(Please print or type)

Patient/Member Name:		Provider Name:	Expected Date of Delivery (EDD): (mo/day/yr) _____ # of fetuses _____
Member ID #:	Patient DOB:	Provider Telephone: Provider Fax Number:	Date of First Prenatal Visit: Gravida : Para:
Patient Address:		Provider Billing Number:	Has a social service or community outreach referral (such as WIC) been made by your office?
Email Address:		NPI (National Provider Identifier):	
Patient Telephone: Cell Phone:		Date: _____ Agency: _____	
Other Insurance:		Please complete and fax to Molina Healthcare @ 1 866 504 7256	

Factors I (One or more place patient at risk):

History of: <input type="checkbox"/> Cerclage placement/cervical insufficiency <input type="checkbox"/> Cone biopsy, LEEP or laser (follow to 24 wks) <input type="checkbox"/> Elevated BP \leq 32 wks gestation <input type="checkbox"/> Insulin dependent gestational diabetes <input type="checkbox"/> Low birth weight infant (< 2500 gms) <input type="checkbox"/> Placental abruption	<input type="checkbox"/> Preterm delivery <input type="checkbox"/> Preterm labor (contractions with cervical change) <input type="checkbox"/> Preterm premature rupture of membranes (PPROM) <input type="checkbox"/> Second or third trimester loss <input type="checkbox"/> Two or more spontaneous or elective first trimester losses <input type="checkbox"/> Uterine surgery/Prior C-Sec
Current pregnancy: <input type="checkbox"/> Abdominal surgery after 18 wks (follow for six wks after surgery) <input type="checkbox"/> Abnormal first or second trimester screen <input type="checkbox"/> Abnormal karyotype (Trisomy 13, 18, 21, etc.) <input type="checkbox"/> Age extreme (under 16 years or over 40 years) <input type="checkbox"/> Asthma, on daily medication <input type="checkbox"/> Autoimmune disorders (e.g., APS, ITP, SLE) <input type="checkbox"/> Bleeding after 20 wks gestation <input type="checkbox"/> Cardiac disease or condition <input type="checkbox"/> Cerclage placement/cervical incompetence <input type="checkbox"/> Diabetes: IDDM or GDM on oral med or insulin <input type="checkbox"/> Domestic violence <input type="checkbox"/> Drug or alcohol use during pregnancy <input type="checkbox"/> Eating disorder (anorexia, bulimia or other) <input type="checkbox"/> Fetal anomaly <input type="checkbox"/> Fetal growth restriction (FGR or IUGR) <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hyperemesis with hospitalization or homecare services <input type="checkbox"/> Hypertension, chronic <input type="checkbox"/> Hypertension, gestational <input type="checkbox"/> Hypo/hyperthyroid (unstable lab values)	<input type="checkbox"/> Isoimmunization (Rh, ABO or other incompatibility) <input type="checkbox"/> Morbid obesity (pre-pregnancy BMI 40 or above) <input type="checkbox"/> Multiple gestation - include number of fetuses _____ <input type="checkbox"/> Oligohydramnios/Polyhydramnios <input type="checkbox"/> Placental abruption <input type="checkbox"/> Placenta previa <input type="checkbox"/> Pre-eclampsia (High BP with proteinuria, edema or both) <input type="checkbox"/> Preterm labor (contractions with cervical change) or positive fetal fibronectin <input type="checkbox"/> PPROM with anticipated discharge to home <input type="checkbox"/> Psychological disorder (on meds or in therapy) <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Recurrent UTIs, two or more since pregnancy began <input type="checkbox"/> Seizure disorder (on medication) <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Thrombophilia (inherited or acquired) <input type="checkbox"/> Tobacco use during pregnancy <input type="checkbox"/> Trauma threatening pregnancy <input type="checkbox"/> Underweight (pre-preg BMI less than 20 or pre-preg weight 100lbs or less) <input type="checkbox"/> Uterine anomaly <input type="checkbox"/> Venous thromboembolism (VTE) (deep vein thrombosis/pulmonary embolism)

Factors II (Two or more place patient at risk):

<input type="checkbox"/> Age extreme (<18 years or >35 years) <input type="checkbox"/> Anemia (hgb < 10, hct < 30) <input type="checkbox"/> Asthma, not using daily medication <input type="checkbox"/> Bacterial vaginosis / GBS < 34 wks gestation <input type="checkbox"/> Grand multipara (\geq 5 pregnancies of \geq 20 wks) <input type="checkbox"/> History of substance abuse <input type="checkbox"/> Hypo / hyperthyroid (stable lab values)	<input type="checkbox"/> Late prenatal care (after 20 wks gestation) <input type="checkbox"/> Obesity (pre-pregnancy BMI \geq 30 and <40) <input type="checkbox"/> Psychological disorder (not on meds or in therapy) <input type="checkbox"/> Recent delivery (less than one year between delivery and conception of Next pregnancy) <input type="checkbox"/> Weight loss (continuing after 14 wks gestation)
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At Risk of Poor Pregnancy Outcome

Obstetrical History: <input type="checkbox"/> Congenital anomaly, major	<input type="checkbox"/> Infant death- stillborn, neonatal, post-neonatal
Current Pregnancy	
<input type="checkbox"/> Anesthesia-related allergies <input type="checkbox"/> Epilepsy or on anticonvulsant <input type="checkbox"/> Familial genetic disorder, confirmed <input type="checkbox"/> Group B Streptococcal disease <input type="checkbox"/> Height, less than five feet <input type="checkbox"/> Hepatitis or chronic liver disease	<input type="checkbox"/> HIV/ARC/AIDS <input type="checkbox"/> Illiteracy - Health Illiteracy <input type="checkbox"/> Language barrier <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Sexually transmitted disease <input type="checkbox"/> Other (please specify) _____
Form Completed By: _____	Date: _____
Physician's Signature: _____	Date: _____

OB/GYN Providers

List of OB/GYN Providers to refer Molina Healthcare patients to.

Provider Name/Medical Group	Address	Phone Number/ Fax Number
		Phone #: Fax #:
		Phone #: Fax #:
		Phone #: Fax #:
		Phone #: Fax #:
		Phone #: Fax #:
		Phone #: Fax #:
		Phone #: Fax #:

Prenatal Visits: All pregnant females should receive timely prenatal visits in the first trimester and throughout pregnancy.

The recommended schedule of visits is:

- **First visit - Call your provider to schedule your first prenatal visit as soon as you find out you are pregnant.**
- **6 to 28 weeks - Monthly**
- **28 to 36 weeks - Every two weeks**
- **36 to 40 weeks - Every week**
- **Over 40 weeks - At least weekly**

Postpartum Visits: Within 21 to 56 days (3 to 8 weeks) after delivery

Immunizations/ Vaccines	Guidelines* (Not a Guarantee of Benefit Coverage)
Td/Tdap (Tetanus, diphtheria, pertussis)	In pregnancy, when indicated, give Td in late 2nd or 3rd Trimester (after 20 weeks' gestation). If not administered during pregnancy, give Tdap in immediate postpartum period.
HepB (Hepatitis B)	All pregnant females should be tested for HBsAg during first trimester. Pregnant women who are identified as being at risk for infection during pregnancy (e.g., having more than one sex partner during the previous 6 months, been evaluated or treated for an STD, recent or current injection drug use, or having had an HBsAg-positive sex partner) should be vaccinated.
Influenza (Flu)	Annually during flu season Inactivated influenza vaccine (TIV) is recommended for pregnant women. For additional influenza vaccination information, visit CDC website: http://www.cdc.gov/vaccines/vpd-vac/flu/default.htm .

Screenings & Testing	Guidelines (Not a Guarantee of Benefit Coverage)
HIV Testing	For all pregnant women during first prenatal visit
Chlamydia, Gonorrhea, Syphilis Screenings	For all pregnant women during first prenatal visit
Diabetes Screening	For pregnant women during 24 and 28 weeks of pregnancy
Bacteriuria, Asymptomatic	Screen for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks of gestation or at the first prenatal visit.
Iron Deficiency Anemia	Routine screening for iron deficiency anemia in asymptomatic pregnant women
Rh (D) Incompatibility	Rh(D) blood typing and antibody testing for all pregnant women during their first prenatal visit. Repeated Rh(D) antibody testing for all unsensitized Rh(D)-negative women at 24 to 28 weeks of gestation.
Screening, Education and Counseling	Alcohol misuse and tobacco use screening and counseling during prenatal visits. Breastfeeding education during prenatal and postpartum visits.

* <http://www.cdc.gov/vaccines/pubs/preg-guide.htm#hepb>

Molina Healthcare's Preventive Health Guidelines are adopted from the Centers for Disease Control, Department of Health and Human Services, National Center for Immunization and Respiratory Disease, the American Academy of Pediatrics, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists and the 2012 HEDIS® Guidelines.

Molina Healthcare recommends that clinical judgments be applied and that the treatments provided to members deviate from the guidelines when individual patient considerations and specific clinical situations dictate. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication; however they should be used with the clear understanding that continued research may result in new knowledge and recommendations. We recommend that the medical records contain appropriate documentation for clinical decisions. This Preventive Health Guideline is also available on the Molina Healthcare website at: www.molinahealthcare.com.

1-800-642-4168
TTY/Ohio Relay 1-800-750-0750 or 711
www.MolinaHealthcare.com

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- ☐ Yes, all the time
- ☒ Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- ☐ No, not very often Please complete the other questions in the same way.
- ☐ No, not at all

In the past 7 days:

- | | |
|--|--|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"><input type="checkbox"/> As much as I always could<input type="checkbox"/> Not quite so much now<input type="checkbox"/> Definitely not so much now<input type="checkbox"/> Not at all <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"><input type="checkbox"/> As much as I ever did<input type="checkbox"/> Rather less than I used to<input type="checkbox"/> Definitely less than I used to<input type="checkbox"/> Hardly at all <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, some of the time<input type="checkbox"/> Not very often<input type="checkbox"/> No, never <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"><input type="checkbox"/> No, not at all<input type="checkbox"/> Hardly ever<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> Yes, very often <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, quite a lot<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> No, not much<input type="checkbox"/> No, not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all<input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<input type="checkbox"/> No, most of the time I have coped quite well<input type="checkbox"/> No, I have been coping as well as ever <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, sometimes<input type="checkbox"/> Not very often<input type="checkbox"/> No, not at all <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, quite often<input type="checkbox"/> Not very often<input type="checkbox"/> No, not at all <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, most of the time<input type="checkbox"/> Yes, quite often<input type="checkbox"/> Only occasionally<input type="checkbox"/> No, never <p>*10. The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, quite often<input type="checkbox"/> Sometimes<input type="checkbox"/> Hardly ever<input type="checkbox"/> Never |
|--|--|

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

Users may reproduce the scale without further permission, providing they respect copyright by quoting the names of the authors, the title, and the source of the paper in all reproduced copies.

Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199



1st Prenatal Visit Timeframe - Existing Members

Existing Members - Must Complete Visit in 90 Days of Becoming Pregnant

Please use this calendar as a guide to assist EXISTING Pregnant Members with scheduling a prenatal visit.
At least 1 visit MUST be completed during this time frame. Visits completed prior to this time frame do not count.

Step 1 - Date Member Became Pregnant

Step 2 - Schedule prenatal visit during correct time frame

Step 3 - Instruct member to attend visit as scheduled

January	Schedule Visit between these dates:		February	Schedule Visit between these dates:		March	Schedule Visit between these dates:		April	Schedule Visit between these dates:		May	Schedule Visit between these dates:		June	Schedule Visit between these dates:	
Date Member became Pregnant	From	To	Date Member became Pregnant	From	To	Date Member became Pregnant	From	To	Date Member became Pregnant	From	To	Date Member became Pregnant	From	To	Date Member became Pregnant	From	To
Jan 1	Jan 1	Apr 1	Feb 1	Feb 1	May 2	Mar 1	Mar 1	May 30	Apr 1	Apr 1	Jun 30	May 1	May 1	Jul 30	Jun 1	Jun 1	Aug 30
Jan 2	Jan 2	Apr 2	Feb 2	Feb 2	May 3	Mar 2	Mar 2	May 31	Apr 2	Apr 2	Jul 1	May 2	May 2	Jul 31	Jun 2	Jun 2	Aug 31
Jan 3	Jan 3	Apr 3	Feb 3	Feb 3	May 4	Mar 3	Mar 3	Jun 1	Apr 3	Apr 3	Jul 2	May 3	May 3	Aug 1	Jun 3	Jun 3	Sep 1
Jan 4	Jan 4	Apr 4	Feb 4	Feb 4	May 5	Mar 4	Mar 4	Jun 2	Apr 4	Apr 4	Jul 3	May 4	May 4	Aug 2	Jun 4	Jun 4	Sep 2
Jan 5	Jan 5	Apr 5	Feb 5	Feb 5	May 6	Mar 5	Mar 5	Jun 3	Apr 5	Apr 5	Jul 4	May 5	May 5	Aug 3	Jun 5	Jun 5	Sep 3
Jan 6	Jan 6	Apr 6	Feb 6	Feb 6	May 7	Mar 6	Mar 6	Jun 4	Apr 6	Apr 6	Jul 5	May 6	May 6	Aug 4	Jun 6	Jun 6	Sep 4
Jan 7	Jan 7	Apr 7	Feb 7	Feb 7	May 8	Mar 7	Mar 7	Jun 5	Apr 7	Apr 7	Jul 6	May 7	May 7	Aug 5	Jun 7	Jun 7	Sep 5
Jan 8	Jan 8	Apr 8	Feb 8	Feb 8	May 9	Mar 8	Mar 8	Jun 6	Apr 8	Apr 8	Jul 7	May 8	May 8	Aug 6	Jun 8	Jun 8	Sep 6
Jan 9	Jan 9	Apr 9	Feb 9	Feb 9	May 10	Mar 9	Mar 9	Jun 7	Apr 9	Apr 9	Jul 8	May 9	May 9	Aug 7	Jun 9	Jun 9	Sep 7
Jan 10	Jan 10	Apr 10	Feb 10	Feb 10	May 11	Mar 10	Mar 10	Jun 8	Apr 10	Apr 10	Jul 9	May 10	May 10	Aug 8	Jun 10	Jun 10	Sep 8
Jan 11	Jan 11	Apr 11	Feb 11	Feb 11	May 12	Mar 11	Mar 11	Jun 9	Apr 11	Apr 11	Jul 10	May 11	May 11	Aug 9	Jun 11	Jun 11	Sep 9
Jan 12	Jan 12	Apr 12	Feb 12	Feb 12	May 13	Mar 12	Mar 12	Jun 10	Apr 12	Apr 12	Jul 11	May 12	May 12	Aug 10	Jun 12	Jun 12	Sep 10
Jan 13	Jan 13	Apr 13	Feb 13	Feb 13	May 14	Mar 13	Mar 13	Jun 11	Apr 13	Apr 13	Jul 12	May 13	May 13	Aug 11	Jun 13	Jun 13	Sep 11
Jan 14	Jan 14	Apr 14	Feb 14	Feb 14	May 15	Mar 14	Mar 14	Jun 12	Apr 14	Apr 14	Jul 13	May 14	May 14	Aug 12	Jun 14	Jun 14	Sep 12
Jan 15	Jan 15	Apr 15	Feb 15	Feb 15	May 16	Mar 15	Mar 15	Jun 13	Apr 15	Apr 15	Jul 14	May 15	May 15	Aug 13	Jun 15	Jun 15	Sep 13
Jan 16	Jan 16	Apr 16	Feb 16	Feb 16	May 17	Mar 16	Mar 16	Jun 14	Apr 16	Apr 16	Jul 15	May 16	May 16	Aug 14	Jun 16	Jun 16	Sep 14
Jan 17	Jan 17	Apr 17	Feb 17	Feb 17	May 18	Mar 17	Mar 17	Jun 15	Apr 17	Apr 17	Jul 16	May 17	May 17	Aug 15	Jun 17	Jun 17	Sep 15
Jan 18	Jan 18	Apr 18	Feb 18	Feb 18	May 19	Mar 18	Mar 18	Jun 16	Apr 18	Apr 18	Jul 17	May 18	May 18	Aug 16	Jun 18	Jun 18	Sep 16
Jan 19	Jan 19	Apr 19	Feb 19	Feb 19	May 20	Mar 19	Mar 19	Jun 17	Apr 19	Apr 19	Jul 18	May 19	May 19	Aug 17	Jun 19	Jun 19	Sep 17
Jan 20	Jan 20	Apr 20	Feb 20	Feb 20	May 21	Mar 20	Mar 20	Jun 18	Apr 20	Apr 20	Jul 19	May 20	May 20	Aug 18	Jun 20	Jun 20	Sep 18
Jan 21	Jan 21	Apr 21	Feb 21	Feb 21	May 22	Mar 21	Mar 21	Jun 19	Apr 21	Apr 21	Jul 20	May 21	May 21	Aug 19	Jun 21	Jun 21	Sep 19
Jan 22	Jan 22	Apr 22	Feb 22	Feb 22	May 23	Mar 22	Mar 22	Jun 20	Apr 22	Apr 22	Jul 21	May 22	May 22	Aug 20	Jun 22	Jun 22	Sep 20
Jan 23	Jan 23	Apr 23	Feb 23	Feb 23	May 24	Mar 23	Mar 23	Jun 21	Apr 23	Apr 23	Jul 22	May 23	May 23	Aug 21	Jun 23	Jun 23	Sep 21
Jan 24	Jan 24	Apr 24	Feb 24	Feb 24	May 25	Mar 24	Mar 24	Jun 22	Apr 24	Apr 24	Jul 23	May 24	May 24	Aug 22	Jun 24	Jun 24	Sep 22
Jan 25	Jan 25	Apr 25	Feb 25	Feb 25	May 26	Mar 25	Mar 25	Jun 23	Apr 25	Apr 25	Jul 24	May 25	May 25	Aug 23	Jun 25	Jun 25	Sep 23
Jan 26	Jan 26	Apr 26	Feb 26	Feb 26	May 27	Mar 26	Mar 26	Jun 24	Apr 26	Apr 26	Jul 25	May 26	May 26	Aug 24	Jun 26	Jun 26	Sep 24
Jan 27	Jan 27	Apr 27	Feb 27	Feb 27	May 28	Mar 27	Mar 27	Jun 25	Apr 27	Apr 27	Jul 26	May 27	May 27	Aug 25	Jun 27	Jun 27	Sep 25
Jan 28	Jan 28	Apr 28	Feb 28	Feb 28	May 29	Mar 28	Mar 28	Jun 26	Apr 28	Apr 28	Jul 27	May 28	May 28	Aug 26	Jun 28	Jun 28	Sep 26
Jan 29	Jan 29	Apr 29				Mar 29	Mar 29	Jun 27	Apr 29	Apr 29	Jul 28	May 29	May 29	Aug 27	Jun 29	Jun 29	Sep 27
Jan 30	Jan 30	Apr 30				Mar 30	Mar 30	Jun 28	Apr 30	Apr 30	Jul 29	May 30	May 30	Aug 28	Jun 30	Jun 30	Sep 28
Jan 31	Jan 31	May 1				Mar 31	Mar 31	Jun 29				May 31	May 31	Aug 29			

1st Prenatal Visit Timeframe - Existing Members



1st Prenatal Visit Timeframe - Existing Members

Existing Members - Must Complete Visit in 90 Days of Becoming Pregnant

Please use this calendar as a guide to assist EXISTING Pregnant Members with scheduling a prenatal visit.

At least 1 visit MUST be completed during this time frame. Visits completed prior to this time frame do not count.

Step 1 - Date Member Became Pregnant

Step 2 - Schedule prenatal visit during correct time frame

Step 3 - Instruct member to attend visit as scheduled

July	Schedule Visit between these dates:		August	Schedule Visit between these dates:		September	Schedule Visit between these dates:		October	Schedule Visit between these dates:		November	Schedule Visit between these dates:		December	Schedule Visit between these dates:	
	From	To		From	To		From	To		From	To		From	To		From	To
Date Member became Pregnant			Date Member became Pregnant			Date Member became Pregnant			Date Member became Pregnant			Date Member became Pregnant			Date Member became Pregnant		
Jul 1	Jul 1	Sep 29	Aug 1	Aug 1	Oct 30	Sep 1	Sep 1	Nov 30	Oct 1	Oct 1	Dec 30	Nov 1	Nov 1	Jan 30	Dec 1	Dec 1	Mar 1
Jul 2	Jul 2	Sep 30	Aug 2	Aug 2	Oct 31	Sep 2	Sep 2	Dec 1	Oct 2	Oct 2	Dec 31	Nov 2	Nov 2	Jan 31	Dec 2	Dec 2	Mar 2
Jul 3	Jul 3	Oct 1	Aug 3	Aug 3	Nov 1	Sep 3	Sep 3	Dec 2	Oct 3	Oct 3	Jan 1	Nov 3	Nov 3	Feb 1	Dec 3	Dec 3	Mar 3
Jul 4	Jul 4	Oct 2	Aug 4	Aug 4	Nov 2	Sep 4	Sep 4	Dec 3	Oct 4	Oct 4	Jan 2	Nov 4	Nov 4	Feb 2	Dec 4	Dec 4	Mar 4
Jul 5	Jul 5	Oct 3	Aug 5	Aug 5	Nov 3	Sep 5	Sep 5	Dec 4	Oct 5	Oct 5	Jan 3	Nov 5	Nov 5	Feb 3	Dec 5	Dec 5	Mar 5
Jul 6	Jul 6	Oct 4	Aug 6	Aug 6	Nov 4	Sep 6	Sep 6	Dec 5	Oct 6	Oct 6	Jan 4	Nov 6	Nov 6	Feb 4	Dec 6	Dec 6	Mar 6
Jul 7	Jul 7	Oct 5	Aug 7	Aug 7	Nov 5	Sep 7	Sep 7	Dec 6	Oct 7	Oct 7	Jan 5	Nov 7	Nov 7	Feb 5	Dec 7	Dec 7	Mar 7
Jul 8	Jul 8	Oct 6	Aug 8	Aug 8	Nov 6	Sep 8	Sep 8	Dec 7	Oct 8	Oct 8	Jan 6	Nov 8	Nov 8	Feb 6	Dec 8	Dec 8	Mar 8
Jul 9	Jul 9	Oct 7	Aug 9	Aug 9	Nov 7	Sep 9	Sep 9	Dec 8	Oct 9	Oct 9	Jan 7	Nov 9	Nov 9	Feb 7	Dec 9	Dec 9	Mar 9
Jul 10	Jul 10	Oct 8	Aug 10	Aug 10	Nov 8	Sep 10	Sep 10	Dec 9	Oct 10	Oct 10	Jan 8	Nov 10	Nov 10	Feb 8	Dec 10	Dec 10	Mar 10
Jul 11	Jul 11	Oct 9	Aug 11	Aug 11	Nov 9	Sep 11	Sep 11	Dec 10	Oct 11	Oct 11	Jan 9	Nov 11	Nov 11	Feb 9	Dec 11	Dec 11	Mar 11
Jul 12	Jul 12	Oct 10	Aug 12	Aug 12	Nov 10	Sep 12	Sep 12	Dec 11	Oct 12	Oct 12	Jan 10	Nov 12	Nov 12	Feb 10	Dec 12	Dec 12	Mar 12
Jul 13	Jul 13	Oct 11	Aug 13	Aug 13	Nov 11	Sep 13	Sep 13	Dec 12	Oct 13	Oct 13	Jan 11	Nov 13	Nov 13	Feb 11	Dec 13	Dec 13	Mar 13
Jul 14	Jul 14	Oct 12	Aug 14	Aug 14	Nov 12	Sep 14	Sep 14	Dec 13	Oct 14	Oct 14	Jan 12	Nov 14	Nov 14	Feb 12	Dec 14	Dec 14	Mar 14
Jul 15	Jul 15	Oct 13	Aug 15	Aug 15	Nov 13	Sep 15	Sep 15	Dec 14	Oct 15	Oct 15	Jan 13	Nov 15	Nov 15	Feb 13	Dec 15	Dec 15	Mar 15
Jul 16	Jul 16	Oct 14	Aug 16	Aug 16	Nov 14	Sep 16	Sep 16	Dec 15	Oct 16	Oct 16	Jan 14	Nov 16	Nov 16	Feb 14	Dec 16	Dec 16	Mar 16
Jul 17	Jul 17	Oct 15	Aug 17	Aug 17	Nov 15	Sep 17	Sep 17	Dec 16	Oct 17	Oct 17	Jan 15	Nov 17	Nov 17	Feb 15	Dec 17	Dec 17	Mar 17
Jul 18	Jul 18	Oct 16	Aug 18	Aug 18	Nov 16	Sep 18	Sep 18	Dec 17	Oct 18	Oct 18	Jan 16	Nov 18	Nov 18	Feb 16	Dec 18	Dec 18	Mar 18
Jul 19	Jul 19	Oct 17	Aug 19	Aug 19	Nov 17	Sep 19	Sep 19	Dec 18	Oct 19	Oct 19	Jan 17	Nov 19	Nov 19	Feb 17	Dec 19	Dec 19	Mar 19
Jul 20	Jul 20	Oct 18	Aug 20	Aug 20	Nov 18	Sep 20	Sep 20	Dec 19	Oct 20	Oct 20	Jan 18	Nov 20	Nov 20	Feb 18	Dec 20	Dec 20	Mar 20
Jul 21	Jul 21	Oct 19	Aug 21	Aug 21	Nov 19	Sep 21	Sep 21	Dec 20	Oct 21	Oct 21	Jan 19	Nov 21	Nov 21	Feb 19	Dec 21	Dec 21	Mar 21
Jul 22	Jul 22	Oct 20	Aug 22	Aug 22	Nov 20	Sep 22	Sep 22	Dec 21	Oct 22	Oct 22	Jan 20	Nov 22	Nov 22	Feb 20	Dec 22	Dec 22	Mar 22
Jul 23	Jul 23	Oct 21	Aug 23	Aug 23	Nov 21	Sep 23	Sep 23	Dec 22	Oct 23	Oct 23	Jan 21	Nov 23	Nov 23	Feb 21	Dec 23	Dec 23	Mar 23
Jul 24	Jul 24	Oct 22	Aug 24	Aug 24	Nov 22	Sep 24	Sep 24	Dec 23	Oct 24	Oct 24	Jan 22	Nov 24	Nov 24	Feb 22	Dec 24	Dec 24	Mar 24
Jul 25	Jul 25	Oct 23	Aug 25	Aug 25	Nov 23	Sep 25	Sep 25	Dec 24	Oct 25	Oct 25	Jan 23	Nov 25	Nov 25	Feb 23	Dec 25	Dec 25	Mar 25
Jul 26	Jul 26	Oct 24	Aug 26	Aug 26	Nov 24	Sep 26	Sep 26	Dec 25	Oct 26	Oct 26	Jan 24	Nov 26	Nov 26	Feb 24	Dec 26	Dec 26	Mar 26
Jul 27	Jul 27	Oct 25	Aug 27	Aug 27	Nov 25	Sep 27	Sep 27	Dec 26	Oct 27	Oct 27	Jan 25	Nov 27	Nov 27	Feb 25	Dec 27	Dec 27	Mar 27
Jul 28	Jul 28	Oct 26	Aug 28	Aug 28	Nov 26	Sep 28	Sep 28	Dec 27	Oct 28	Oct 28	Jan 26	Nov 28	Nov 28	Feb 26	Dec 28	Dec 28	Mar 28
Jul 29	Jul 29	Oct 27	Aug 29	Aug 29	Nov 27	Sep 29	Sep 29	Dec 28	Oct 29	Oct 29	Jan 27	Nov 29	Nov 29	Feb 27	Dec 29	Dec 29	Mar 29
Jul 30	Jul 30	Oct 28	Aug 30	Aug 30	Nov 28	Sep 30	Sep 30	Dec 29	Oct 30	Oct 30	Jan 28	Nov 30	Nov 30	Feb 28	Dec 30	Dec 30	Mar 30
Jul 31	Jul 31	Oct 29	Aug 31	Aug 31	Nov 29				Oct 31	Oct 31	Jan 29				Dec 31	Dec 31	Mar 31

1st Prenatal Visit Timeframe - Existing Members



1st Prenatal Visit Timeframe - Newly Enrolled Members

Newly Enrolled Members - Must Complete Visit in 42 Days

Please use this calendar as a guide to assist NEWLY Enrolled Pregnant Members with scheduling a prenatal visit.

At least 1 visit MUST be completed during this time frame. Visits completed prior to this time frame do not count.

Step 1 - Date of Enrollment

Step 2 - Schedule prenatal visit during correct time frame

Step 3 - Instruct member to attend visit as scheduled

January	Schedule Visit between these dates:		February	Schedule Visit between these dates:		March	Schedule Visit between these dates:		April	Schedule Visit between these dates:		May	Schedule Visit between these dates:		June	Schedule Visit between these dates:	
Date of Enrollment	From	To	Date of Enrollment	From	To	Date of Enrollment	From	To	Date of Enrollment	From	To	Date of Enrollment	From	To	Date of Enrollment	From	To
Jan 1	Jan 1	Feb 12	Feb 1	Feb 1	Mar 15	Mar 1	Mar 1	Apr 12	Apr 1	Apr 1	May 13	May 1	May 1	Jun 12	Jun 1	Jun 1	Jul 13
Jan 2	Jan 2	Feb 13	Feb 2	Feb 2	Mar 16	Mar 2	Mar 2	Apr 13	Apr 2	Apr 2	May 14	May 2	May 2	Jun 13	Jun 2	Jun 2	Jul 14
Jan 3	Jan 3	Feb 14	Feb 3	Feb 3	Mar 17	Mar 3	Mar 3	Apr 14	Apr 3	Apr 3	May 15	May 3	May 3	Jun 14	Jun 3	Jun 3	Jul 15
Jan 4	Jan 4	Feb 15	Feb 4	Feb 4	Mar 18	Mar 4	Mar 4	Apr 15	Apr 4	Apr 4	May 16	May 4	May 4	Jun 15	Jun 4	Jun 4	Jul 16
Jan 5	Jan 5	Feb 16	Feb 5	Feb 5	Mar 19	Mar 5	Mar 5	Apr 16	Apr 5	Apr 5	May 17	May 5	May 5	Jun 16	Jun 5	Jun 5	Jul 17
Jan 6	Jan 6	Feb 17	Feb 6	Feb 6	Mar 20	Mar 6	Mar 6	Apr 17	Apr 6	Apr 6	May 18	May 6	May 6	Jun 17	Jun 6	Jun 6	Jul 18
Jan 7	Jan 7	Feb 18	Feb 7	Feb 7	Mar 21	Mar 7	Mar 7	Apr 18	Apr 7	Apr 7	May 19	May 7	May 7	Jun 18	Jun 7	Jun 7	Jul 19
Jan 8	Jan 8	Feb 19	Feb 8	Feb 8	Mar 22	Mar 8	Mar 8	Apr 19	Apr 8	Apr 8	May 20	May 8	May 8	Jun 19	Jun 8	Jun 8	Jul 20
Jan 9	Jan 9	Feb 20	Feb 9	Feb 9	Mar 23	Mar 9	Mar 9	Apr 20	Apr 9	Apr 9	May 21	May 9	May 9	Jun 20	Jun 9	Jun 9	Jul 21
Jan 10	Jan 10	Feb 21	Feb 10	Feb 10	Mar 24	Mar 10	Mar 10	Apr 21	Apr 10	Apr 10	May 22	May 10	May 10	Jun 21	Jun 10	Jun 10	Jul 22
Jan 11	Jan 11	Feb 22	Feb 11	Feb 11	Mar 25	Mar 11	Mar 11	Apr 22	Apr 11	Apr 11	May 23	May 11	May 11	Jun 22	Jun 11	Jun 11	Jul 23
Jan 12	Jan 12	Feb 23	Feb 12	Feb 12	Mar 26	Mar 12	Mar 12	Apr 23	Apr 12	Apr 12	May 24	May 12	May 12	Jun 23	Jun 12	Jun 12	Jul 24
Jan 13	Jan 13	Feb 24	Feb 13	Feb 13	Mar 27	Mar 13	Mar 13	Apr 24	Apr 13	Apr 13	May 25	May 13	May 13	Jun 24	Jun 13	Jun 13	Jul 25
Jan 14	Jan 14	Feb 25	Feb 14	Feb 14	Mar 28	Mar 14	Mar 14	Apr 25	Apr 14	Apr 14	May 26	May 14	May 14	Jun 25	Jun 14	Jun 14	Jul 26
Jan 15	Jan 15	Feb 26	Feb 15	Feb 15	Mar 29	Mar 15	Mar 15	Apr 26	Apr 15	Apr 15	May 27	May 15	May 15	Jun 26	Jun 15	Jun 15	Jul 27
Jan 16	Jan 16	Feb 27	Feb 16	Feb 16	Mar 30	Mar 16	Mar 16	Apr 27	Apr 16	Apr 16	May 28	May 16	May 16	Jun 27	Jun 16	Jun 16	Jul 28
Jan 17	Jan 17	Feb 28	Feb 17	Feb 17	Mar 31	Mar 17	Mar 17	Apr 28	Apr 17	Apr 17	May 29	May 17	May 17	Jun 28	Jun 17	Jun 17	Jul 29
Jan 18	Jan 18	Mar 1	Feb 18	Feb 18	Apr 1	Mar 18	Mar 18	Apr 29	Apr 18	Apr 18	May 30	May 18	May 18	Jun 29	Jun 18	Jun 18	Jul 30
Jan 19	Jan 19	Mar 2	Feb 19	Feb 19	Apr 2	Mar 19	Mar 19	Apr 30	Apr 19	Apr 19	May 31	May 19	May 19	Jun 30	Jun 19	Jun 19	Jul 31
Jan 20	Jan 20	Mar 3	Feb 20	Feb 20	Apr 3	Mar 20	Mar 20	May 1	Apr 20	Apr 20	Jun 1	May 20	May 20	Jul 1	Jun 20	Jun 20	Aug 1
Jan 21	Jan 21	Mar 4	Feb 21	Feb 21	Apr 4	Mar 21	Mar 21	May 2	Apr 21	Apr 21	Jun 2	May 21	May 21	Jul 2	Jun 21	Jun 21	Aug 2
Jan 22	Jan 22	Mar 5	Feb 22	Feb 22	Apr 5	Mar 22	Mar 22	May 3	Apr 22	Apr 22	Jun 3	May 22	May 22	Jul 3	Jun 22	Jun 22	Aug 3
Jan 23	Jan 23	Mar 6	Feb 23	Feb 23	Apr 6	Mar 23	Mar 23	May 4	Apr 23	Apr 23	Jun 4	May 23	May 23	Jul 4	Jun 23	Jun 23	Aug 4
Jan 24	Jan 24	Mar 7	Feb 24	Feb 24	Apr 7	Mar 24	Mar 24	May 5	Apr 24	Apr 24	Jun 5	May 24	May 24	Jul 5	Jun 24	Jun 24	Aug 5
Jan 25	Jan 25	Mar 8	Feb 25	Feb 25	Apr 8	Mar 25	Mar 25	May 6	Apr 25	Apr 25	Jun 6	May 25	May 25	Jul 6	Jun 25	Jun 25	Aug 6
Jan 26	Jan 26	Mar 9	Feb 26	Feb 26	Apr 9	Mar 26	Mar 26	May 7	Apr 26	Apr 26	Jun 7	May 26	May 26	Jul 7	Jun 26	Jun 26	Aug 7
Jan 27	Jan 27	Mar 10	Feb 27	Feb 27	Apr 10	Mar 27	Mar 27	May 8	Apr 27	Apr 27	Jun 8	May 27	May 27	Jul 8	Jun 27	Jun 27	Aug 8
Jan 28	Jan 28	Mar 11	Feb 28	Feb 28	Apr 11	Mar 28	Mar 28	May 9	Apr 28	Apr 28	Jun 9	May 28	May 28	Jul 9	Jun 28	Jun 28	Aug 9
Jan 29	Jan 29	Mar 12				Mar 29	Mar 29	May 10	Apr 29	Apr 29	Jun 10	May 29	May 29	Jul 10	Jun 29	Jun 29	Aug 10
Jan 30	Jan 30	Mar 13				Mar 30	Mar 30	May 11	Apr 30	Apr 30	Jun 11	May 30	May 30	Jul 11	Jun 30	Jun 30	Aug 11
Jan 31	Jan 31	Mar 14				Mar 31	Mar 31	May 12				May 31	May 31	Jul 12			

1st Prenatal Visit Timeframe - Newly Enrolled Members



1st Prenatal Visit Timeframe - Newly Enrolled Members

Newly Enrolled Members - Must Complete Visit in 42 Days

Please use this calendar as a guide to assist NEWLY Enrolled Pregnant Members with scheduling a prenatal visit.

At least 1 visit MUST be completed during this time frame. Visits completed prior to this time frame do not count.

Step 1 - Date of Enrollment

Step 2 - Schedule prenatal visit during correct time frame

Step 3 - Instruct member to attend visit as scheduled

July			August			September			October			November			December		
Schedule Visit between these dates:			Schedule Visit between these dates:			Schedule Visit between these dates:			Schedule Visit between these dates:			Schedule Visit between these dates:			Schedule Visit between these dates:		
Date of Enrollment	From	To	Date of Enrollment	From	To	Date of Enrollment	From	To	Date of Enrollment	From	To	Date of Enrollment	From	To	Date of Enrollment	From	To
Jul 1	Jul 1	Aug 12	Aug 1	Aug 1	Sep 12	Sep 1	Sep 1	Oct 13	Oct 1	Oct 1	Nov 12	Nov 1	Nov 1	Dec 13	Dec 1	Dec 1	Jan 12
Jul 2	Jul 2	Aug 13	Aug 2	Aug 2	Sep 13	Sep 2	Sep 2	Oct 14	Oct 2	Oct 2	Nov 13	Nov 2	Nov 2	Dec 14	Dec 2	Dec 2	Jan 13
Jul 3	Jul 3	Aug 14	Aug 3	Aug 3	Sep 14	Sep 3	Sep 3	Oct 15	Oct 3	Oct 3	Nov 14	Nov 3	Nov 3	Dec 15	Dec 3	Dec 3	Jan 14
Jul 4	Jul 4	Aug 15	Aug 4	Aug 4	Sep 15	Sep 4	Sep 4	Oct 16	Oct 4	Oct 4	Nov 15	Nov 4	Nov 4	Dec 16	Dec 4	Dec 4	Jan 15
Jul 5	Jul 5	Aug 16	Aug 5	Aug 5	Sep 16	Sep 5	Sep 5	Oct 17	Oct 5	Oct 5	Nov 16	Nov 5	Nov 5	Dec 17	Dec 5	Dec 5	Jan 16
Jul 6	Jul 6	Aug 17	Aug 6	Aug 6	Sep 17	Sep 6	Sep 6	Oct 18	Oct 6	Oct 6	Nov 17	Nov 6	Nov 6	Dec 18	Dec 6	Dec 6	Jan 17
Jul 7	Jul 7	Aug 18	Aug 7	Aug 7	Sep 18	Sep 7	Sep 7	Oct 19	Oct 7	Oct 7	Nov 18	Nov 7	Nov 7	Dec 19	Dec 7	Dec 7	Jan 18
Jul 8	Jul 8	Aug 19	Aug 8	Aug 8	Sep 19	Sep 8	Sep 8	Oct 20	Oct 8	Oct 8	Nov 19	Nov 8	Nov 8	Dec 20	Dec 8	Dec 8	Jan 19
Jul 9	Jul 9	Aug 20	Aug 9	Aug 9	Sep 20	Sep 9	Sep 9	Oct 21	Oct 9	Oct 9	Nov 20	Nov 9	Nov 9	Dec 21	Dec 9	Dec 9	Jan 20
Jul 10	Jul 10	Aug 21	Aug 10	Aug 10	Sep 21	Sep 10	Sep 10	Oct 22	Oct 10	Oct 10	Nov 21	Nov 10	Nov 10	Dec 22	Dec 10	Dec 10	Jan 21
Jul 11	Jul 11	Aug 22	Aug 11	Aug 11	Sep 22	Sep 11	Sep 11	Oct 23	Oct 11	Oct 11	Nov 22	Nov 11	Nov 11	Dec 23	Dec 11	Dec 11	Jan 22
Jul 12	Jul 12	Aug 23	Aug 12	Aug 12	Sep 23	Sep 12	Sep 12	Oct 24	Oct 12	Oct 12	Nov 23	Nov 12	Nov 12	Dec 24	Dec 12	Dec 12	Jan 23
Jul 13	Jul 13	Aug 24	Aug 13	Aug 13	Sep 24	Sep 13	Sep 13	Oct 25	Oct 13	Oct 13	Nov 24	Nov 13	Nov 13	Dec 25	Dec 13	Dec 13	Jan 24
Jul 14	Jul 14	Aug 25	Aug 14	Aug 14	Sep 25	Sep 14	Sep 14	Oct 26	Oct 14	Oct 14	Nov 25	Nov 14	Nov 14	Dec 26	Dec 14	Dec 14	Jan 25
Jul 15	Jul 15	Aug 26	Aug 15	Aug 15	Sep 26	Sep 15	Sep 15	Oct 27	Oct 15	Oct 15	Nov 26	Nov 15	Nov 15	Dec 27	Dec 15	Dec 15	Jan 26
Jul 16	Jul 16	Aug 27	Aug 16	Aug 16	Sep 27	Sep 16	Sep 16	Oct 28	Oct 16	Oct 16	Nov 27	Nov 16	Nov 16	Dec 28	Dec 16	Dec 16	Jan 27
Jul 17	Jul 17	Aug 28	Aug 17	Aug 17	Sep 28	Sep 17	Sep 17	Oct 29	Oct 17	Oct 17	Nov 28	Nov 17	Nov 17	Dec 29	Dec 17	Dec 17	Jan 28
Jul 18	Jul 18	Aug 29	Aug 18	Aug 18	Sep 29	Sep 18	Sep 18	Oct 30	Oct 18	Oct 18	Nov 29	Nov 18	Nov 18	Dec 30	Dec 18	Dec 18	Jan 29
Jul 19	Jul 19	Aug 30	Aug 19	Aug 19	Sep 30	Sep 19	Sep 19	Oct 31	Oct 19	Oct 19	Nov 30	Nov 19	Nov 19	Dec 31	Dec 19	Dec 19	Jan 30
Jul 20	Jul 20	Aug 31	Aug 20	Aug 20	Oct 1	Sep 20	Sep 20	Nov 1	Oct 20	Oct 20	Dec 1	Nov 20	Nov 20	Jan 1	Dec 20	Dec 20	Jan 31
Jul 21	Jul 21	Sep 1	Aug 21	Aug 21	Oct 2	Sep 21	Sep 21	Nov 2	Oct 21	Oct 21	Dec 2	Nov 21	Nov 21	Jan 2	Dec 21	Dec 21	Feb 1
Jul 22	Jul 22	Sep 2	Aug 22	Aug 22	Oct 3	Sep 22	Sep 22	Nov 3	Oct 22	Oct 22	Dec 3	Nov 22	Nov 22	Jan 3	Dec 22	Dec 22	Feb 2
Jul 23	Jul 23	Sep 3	Aug 23	Aug 23	Oct 4	Sep 23	Sep 23	Nov 4	Oct 23	Oct 23	Dec 4	Nov 23	Nov 23	Jan 4	Dec 23	Dec 23	Feb 3
Jul 24	Jul 24	Sep 4	Aug 24	Aug 24	Oct 5	Sep 24	Sep 24	Nov 5	Oct 24	Oct 24	Dec 5	Nov 24	Nov 24	Jan 5	Dec 24	Dec 24	Feb 4
Jul 25	Jul 25	Sep 5	Aug 25	Aug 25	Oct 6	Sep 25	Sep 25	Nov 6	Oct 25	Oct 25	Dec 6	Nov 25	Nov 25	Jan 6	Dec 25	Dec 25	Feb 5
Jul 26	Jul 26	Sep 6	Aug 26	Aug 26	Oct 7	Sep 26	Sep 26	Nov 7	Oct 26	Oct 26	Dec 7	Nov 26	Nov 26	Jan 7	Dec 26	Dec 26	Feb 6
Jul 27	Jul 27	Sep 7	Aug 27	Aug 27	Oct 8	Sep 27	Sep 27	Nov 8	Oct 27	Oct 27	Dec 8	Nov 27	Nov 27	Jan 8	Dec 27	Dec 27	Feb 7
Jul 28	Jul 28	Sep 8	Aug 28	Aug 28	Oct 9	Sep 28	Sep 28	Nov 9	Oct 28	Oct 28	Dec 9	Nov 28	Nov 28	Jan 9	Dec 28	Dec 28	Feb 8
Jul 29	Jul 29	Sep 9	Aug 29	Aug 29	Oct 10	Sep 29	Sep 29	Nov 10	Oct 29	Oct 29	Dec 10	Nov 29	Nov 29	Jan 10	Dec 29	Dec 29	Feb 9
Jul 30	Jul 30	Sep 10	Aug 30	Aug 30	Oct 11	Sep 30	Sep 30	Nov 11	Oct 30	Oct 30	Dec 11	Nov 30	Nov 30	Jan 11	Dec 30	Dec 30	Feb 10
Jul 31	Jul 31	Sep 11	Aug 31	Aug 31	Oct 12				Oct 31	Oct 31	Dec 12				Dec 31	Dec 31	Feb 11

1st Prenatal Visit Timeframe - Newly Enrolled Members



Postpartum Visit Timeframe

All Members - Must Complete Postpartum exam 21-56 days after delivering their baby. No exceptions.

Please use this calendar as a guide to assist Members with scheduling a postpartum visit.

The visit **MUST** be completed during this time frame.

Step 1 - Date Member Delivered

Step 2 - Schedule postpartum visit during correct time frame

Step 3 - Instruct member to attend visit as scheduled

January	Schedule Visit between these dates:		February	Schedule Visit between these dates:		March	Schedule Visit between these dates:		April	Schedule Visit between these dates:		May	Schedule Visit between these dates:		June	Schedule Visit between these dates:	
Date of Delivery	From	To	Date of Delivery	From	To	Date of Delivery	From	To	Date of Delivery	From	To	Date of Delivery	From	To	Date of Delivery	From	To
Jan 1	Jan 22	Feb 26	Feb 1	Feb 22	Mar 29	Mar 1	Mar 22	Apr 26	Apr 1	Apr 22	May 27	May 1	May 22	Jun 26	Jun 1	Jun 22	Jul 27
Jan 2	Jan 23	Feb 27	Feb 2	Feb 23	Mar 30	Mar 2	Mar 23	Apr 27	Apr 2	Apr 23	May 28	May 2	May 23	Jun 27	Jun 2	Jun 23	Jul 28
Jan 3	Jan 24	Feb 28	Feb 3	Feb 24	Mar 31	Mar 3	Mar 24	Apr 28	Apr 3	Apr 24	May 29	May 3	May 24	Jun 28	Jun 3	Jun 24	Jul 29
Jan 4	Jan 25	Mar 1	Feb 4	Feb 25	Apr 1	Mar 4	Mar 25	Apr 29	Apr 4	Apr 25	May 30	May 4	May 25	Jun 29	Jun 4	Jun 25	Jul 30
Jan 5	Jan 26	Mar 2	Feb 5	Feb 26	Apr 2	Mar 5	Mar 26	Apr 30	Apr 5	Apr 26	May 31	May 5	May 26	Jun 30	Jun 5	Jun 26	Jul 31
Jan 6	Jan 27	Mar 3	Feb 6	Feb 27	Apr 3	Mar 6	Mar 27	May 1	Apr 6	Apr 27	Jun 1	May 6	May 27	Jul 1	Jun 6	Jun 27	Aug 1
Jan 7	Jan 28	Mar 4	Feb 7	Feb 28	Apr 4	Mar 7	Mar 28	May 2	Apr 7	Apr 28	Jun 2	May 7	May 28	Jul 2	Jun 7	Jun 28	Aug 2
Jan 8	Jan 29	Mar 5	Feb 8	Mar 1	Apr 5	Mar 8	Mar 29	May 3	Apr 8	Apr 29	Jun 3	May 8	May 29	Jul 3	Jun 8	Jun 29	Aug 3
Jan 9	Jan 30	Mar 6	Feb 9	Mar 2	Apr 6	Mar 9	Mar 30	May 4	Apr 9	Apr 30	Jun 4	May 9	May 30	Jul 4	Jun 9	Jun 30	Aug 4
Jan 10	Jan 31	Mar 7	Feb 10	Mar 3	Apr 7	Mar 10	Mar 31	May 5	Apr 10	May 1	Jun 5	May 10	May 31	Jul 5	Jun 10	Jul 1	Aug 5
Jan 11	Feb 1	Mar 8	Feb 11	Mar 4	Apr 8	Mar 11	Apr 1	May 6	Apr 11	May 2	Jun 6	May 11	Jun 1	Jul 6	Jun 11	Jul 2	Aug 6
Jan 12	Feb 2	Mar 9	Feb 12	Mar 5	Apr 9	Mar 12	Apr 2	May 7	Apr 12	May 3	Jun 7	May 12	Jun 2	Jul 7	Jun 12	Jul 3	Aug 7
Jan 13	Feb 3	Mar 10	Feb 13	Mar 6	Apr 10	Mar 13	Apr 3	May 8	Apr 13	May 4	Jun 8	May 13	Jun 3	Jul 8	Jun 13	Jul 4	Aug 8
Jan 14	Feb 4	Mar 11	Feb 14	Mar 7	Apr 11	Mar 14	Apr 4	May 9	Apr 14	May 5	Jun 9	May 14	Jun 4	Jul 9	Jun 14	Jul 5	Aug 9
Jan 15	Feb 5	Mar 12	Feb 15	Mar 8	Apr 12	Mar 15	Apr 5	May 10	Apr 15	May 6	Jun 10	May 15	Jun 5	Jul 10	Jun 15	Jul 6	Aug 10
Jan 16	Feb 6	Mar 13	Feb 16	Mar 9	Apr 13	Mar 16	Apr 6	May 11	Apr 16	May 7	Jun 11	May 16	Jun 6	Jul 11	Jun 16	Jul 7	Aug 11
Jan 17	Feb 7	Mar 14	Feb 17	Mar 10	Apr 14	Mar 17	Apr 7	May 12	Apr 17	May 8	Jun 12	May 17	Jun 7	Jul 12	Jun 17	Jul 8	Aug 12
Jan 18	Feb 8	Mar 15	Feb 18	Mar 11	Apr 15	Mar 18	Apr 8	May 13	Apr 18	May 9	Jun 13	May 18	Jun 8	Jul 13	Jun 18	Jul 9	Aug 13
Jan 19	Feb 9	Mar 16	Feb 19	Mar 12	Apr 16	Mar 19	Apr 9	May 14	Apr 19	May 10	Jun 14	May 19	Jun 9	Jul 14	Jun 19	Jul 10	Aug 14
Jan 20	Feb 10	Mar 17	Feb 20	Mar 13	Apr 17	Mar 20	Apr 10	May 15	Apr 20	May 11	Jun 15	May 20	Jun 10	Jul 15	Jun 20	Jul 11	Aug 15
Jan 21	Feb 11	Mar 18	Feb 21	Mar 14	Apr 18	Mar 21	Apr 11	May 16	Apr 21	May 12	Jun 16	May 21	Jun 11	Jul 16	Jun 21	Jul 12	Aug 16
Jan 22	Feb 12	Mar 19	Feb 22	Mar 15	Apr 19	Mar 22	Apr 12	May 17	Apr 22	May 13	Jun 17	May 22	Jun 12	Jul 17	Jun 22	Jul 13	Aug 17
Jan 23	Feb 13	Mar 20	Feb 23	Mar 16	Apr 20	Mar 23	Apr 13	May 18	Apr 23	May 14	Jun 18	May 23	Jun 13	Jul 18	Jun 23	Jul 14	Aug 18
Jan 24	Feb 14	Mar 21	Feb 24	Mar 17	Apr 21	Mar 24	Apr 14	May 19	Apr 24	May 15	Jun 19	May 24	Jun 14	Jul 19	Jun 24	Jul 15	Aug 19
Jan 25	Feb 15	Mar 22	Feb 25	Mar 18	Apr 22	Mar 25	Apr 15	May 20	Apr 25	May 16	Jun 20	May 25	Jun 15	Jul 20	Jun 25	Jul 16	Aug 20
Jan 26	Feb 16	Mar 23	Feb 26	Mar 19	Apr 23	Mar 26	Apr 16	May 21	Apr 26	May 17	Jun 21	May 26	Jun 16	Jul 21	Jun 26	Jul 17	Aug 21
Jan 27	Feb 17	Mar 24	Feb 27	Mar 20	Apr 24	Mar 27	Apr 17	May 22	Apr 27	May 18	Jun 22	May 27	Jun 17	Jul 22	Jun 27	Jul 18	Aug 22
Jan 28	Feb 18	Mar 25	Feb 28	Mar 21	Apr 25	Mar 28	Apr 18	May 23	Apr 28	May 19	Jun 23	May 28	Jun 18	Jul 23	Jun 28	Jul 19	Aug 23
Jan 29	Feb 19	Mar 26				Mar 29	Apr 19	May 24	Apr 29	May 20	Jun 24	May 29	Jun 19	Jul 24	Jun 29	Jul 20	Aug 24
Jan 30	Feb 20	Mar 27				Mar 30	Apr 20	May 25	Apr 30	May 21	Jun 25	May 30	Jun 20	Jul 25	Jun 30	Jul 21	Aug 25
Jan 31	Feb 21	Mar 28				Mar 31	Apr 21	May 26				May 31	Jun 21	Jul 26			

Postpartum Visit Timeframe



Postpartum Visit Timeframe

All Members - Must Complete Postpartum exam 21-56 days after delivering their baby. No exceptions.

Please use this calendar as a guide to assist Members with scheduling a postpartum visit.

The visit **MUST** be completed during this time frame.

Step 1 - Date Member Delivered

Step 2 - Schedule postpartum visit during correct time frame

Step 3 - Instruct member to attend visit as scheduled

July			August			September			October			November			December		
Schedule Visit between these dates:			Schedule Visit between these dates:			Schedule Visit between these dates:			Schedule Visit between these dates:			Schedule Visit between these dates:			Schedule Visit between these dates:		
Date of Delivery	From	To	Date of Delivery	From	To	Date of Delivery	From	To	Date of Delivery	From	To	Date of Delivery	From	To	Date of Delivery	From	To
Jul 1	Jul 22	Aug 26	Aug 1	Aug 22	Sep 26	Sep 1	Sep 22	Oct 27	Oct 1	Oct 22	Nov 26	Nov 1	Nov 22	Dec 27	Dec 1	Dec 22	Jan 26
Jul 2	Jul 23	Aug 27	Aug 2	Aug 23	Sep 27	Sep 2	Sep 23	Oct 28	Oct 2	Oct 23	Nov 27	Nov 2	Nov 23	Dec 28	Dec 2	Dec 23	Jan 27
Jul 3	Jul 24	Aug 28	Aug 3	Aug 24	Sep 28	Sep 3	Sep 24	Oct 29	Oct 3	Oct 24	Nov 28	Nov 3	Nov 24	Dec 29	Dec 3	Dec 24	Jan 28
Jul 4	Jul 25	Aug 29	Aug 4	Aug 25	Sep 29	Sep 4	Sep 25	Oct 30	Oct 4	Oct 25	Nov 29	Nov 4	Nov 25	Dec 30	Dec 4	Dec 25	Jan 29
Jul 5	Jul 26	Aug 30	Aug 5	Aug 26	Sep 30	Sep 5	Sep 26	Oct 31	Oct 5	Oct 26	Nov 30	Nov 5	Nov 26	Dec 31	Dec 5	Dec 26	Jan 30
Jul 6	Jul 27	Aug 31	Aug 6	Aug 27	Oct 1	Sep 6	Sep 27	Nov 1	Oct 6	Oct 27	Dec 1	Nov 6	Nov 27	Jan 1	Dec 6	Dec 27	Jan 31
Jul 7	Jul 28	Sep 1	Aug 7	Aug 28	Oct 2	Sep 7	Sep 28	Nov 2	Oct 7	Oct 28	Dec 2	Nov 7	Nov 28	Jan 2	Dec 7	Dec 28	Feb 1
Jul 8	Jul 29	Sep 2	Aug 8	Aug 29	Oct 3	Sep 8	Sep 29	Nov 3	Oct 8	Oct 29	Dec 3	Nov 8	Nov 29	Jan 3	Dec 8	Dec 29	Feb 2
Jul 9	Jul 30	Sep 3	Aug 9	Aug 30	Oct 4	Sep 9	Sep 30	Nov 4	Oct 9	Oct 30	Dec 4	Nov 9	Nov 30	Jan 4	Dec 9	Dec 30	Feb 3
Jul 10	Jul 31	Sep 4	Aug 10	Aug 31	Oct 5	Sep 10	Oct 1	Nov 5	Oct 10	Oct 31	Dec 5	Nov 10	Dec 1	Jan 5	Dec 10	Dec 31	Feb 4
Jul 11	Aug 1	Sep 5	Aug 11	Sep 1	Oct 6	Sep 11	Oct 2	Nov 6	Oct 11	Nov 1	Dec 6	Nov 11	Dec 2	Jan 6	Dec 11	Jan 1	Feb 5
Jul 12	Aug 2	Sep 6	Aug 12	Sep 2	Oct 7	Sep 12	Oct 3	Nov 7	Oct 12	Nov 2	Dec 7	Nov 12	Dec 3	Jan 7	Dec 12	Jan 2	Feb 6
Jul 13	Aug 3	Sep 7	Aug 13	Sep 3	Oct 8	Sep 13	Oct 4	Nov 8	Oct 13	Nov 3	Dec 8	Nov 13	Dec 4	Jan 8	Dec 13	Jan 3	Feb 7
Jul 14	Aug 4	Sep 8	Aug 14	Sep 4	Oct 9	Sep 14	Oct 5	Nov 9	Oct 14	Nov 4	Dec 9	Nov 14	Dec 5	Jan 9	Dec 14	Jan 4	Feb 8
Jul 15	Aug 5	Sep 9	Aug 15	Sep 5	Oct 10	Sep 15	Oct 6	Nov 10	Oct 15	Nov 5	Dec 10	Nov 15	Dec 6	Jan 10	Dec 15	Jan 5	Feb 9
Jul 16	Aug 6	Sep 10	Aug 16	Sep 6	Oct 11	Sep 16	Oct 7	Nov 11	Oct 16	Nov 6	Dec 11	Nov 16	Dec 7	Jan 11	Dec 16	Jan 6	Feb 10
Jul 17	Aug 7	Sep 11	Aug 17	Sep 7	Oct 12	Sep 17	Oct 8	Nov 12	Oct 17	Nov 7	Dec 12	Nov 17	Dec 8	Jan 12	Dec 17	Jan 7	Feb 11
Jul 18	Aug 8	Sep 12	Aug 18	Sep 8	Oct 13	Sep 18	Oct 9	Nov 13	Oct 18	Nov 8	Dec 13	Nov 18	Dec 9	Jan 13	Dec 18	Jan 8	Feb 12
Jul 19	Aug 9	Sep 13	Aug 19	Sep 9	Oct 14	Sep 19	Oct 10	Nov 14	Oct 19	Nov 9	Dec 14	Nov 19	Dec 10	Jan 14	Dec 19	Jan 9	Feb 13
Jul 20	Aug 10	Sep 14	Aug 20	Sep 10	Oct 15	Sep 20	Oct 11	Nov 15	Oct 20	Nov 10	Dec 15	Nov 20	Dec 11	Jan 15	Dec 20	Jan 10	Feb 14
Jul 21	Aug 11	Sep 15	Aug 21	Sep 11	Oct 16	Sep 21	Oct 12	Nov 16	Oct 21	Nov 11	Dec 16	Nov 21	Dec 12	Jan 16	Dec 21	Jan 11	Feb 15
Jul 22	Aug 12	Sep 16	Aug 22	Sep 12	Oct 17	Sep 22	Oct 13	Nov 17	Oct 22	Nov 12	Dec 17	Nov 22	Dec 13	Jan 17	Dec 22	Jan 12	Feb 16
Jul 23	Aug 13	Sep 17	Aug 23	Sep 13	Oct 18	Sep 23	Oct 14	Nov 18	Oct 23	Nov 13	Dec 18	Nov 23	Dec 14	Jan 18	Dec 23	Jan 13	Feb 17
Jul 24	Aug 14	Sep 18	Aug 24	Sep 14	Oct 19	Sep 24	Oct 15	Nov 19	Oct 24	Nov 14	Dec 19	Nov 24	Dec 15	Jan 19	Dec 24	Jan 14	Feb 18
Jul 25	Aug 15	Sep 19	Aug 25	Sep 15	Oct 20	Sep 25	Oct 16	Nov 20	Oct 25	Nov 15	Dec 20	Nov 25	Dec 16	Jan 20	Dec 25	Jan 15	Feb 19
Jul 26	Aug 16	Sep 20	Aug 26	Sep 16	Oct 21	Sep 26	Oct 17	Nov 21	Oct 26	Nov 16	Dec 21	Nov 26	Dec 17	Jan 21	Dec 26	Jan 16	Feb 20
Jul 27	Aug 17	Sep 21	Aug 27	Sep 17	Oct 22	Sep 27	Oct 18	Nov 22	Oct 27	Nov 17	Dec 22	Nov 27	Dec 18	Jan 22	Dec 27	Jan 17	Feb 21
Jul 28	Aug 18	Sep 22	Aug 28	Sep 18	Oct 23	Sep 28	Oct 19	Nov 23	Oct 28	Nov 18	Dec 23	Nov 28	Dec 19	Jan 23	Dec 28	Jan 18	Feb 22
Jul 29	Aug 19	Sep 23	Aug 29	Sep 19	Oct 24	Sep 29	Oct 20	Nov 24	Oct 29	Nov 19	Dec 24	Nov 29	Dec 20	Jan 24	Dec 29	Jan 19	Feb 23
Jul 30	Aug 20	Sep 24	Aug 30	Sep 20	Oct 25	Sep 30	Oct 21	Nov 25	Oct 30	Nov 20	Dec 25	Nov 30	Dec 21	Jan 25	Dec 30	Jan 20	Feb 24
Jul 31	Aug 21	Sep 25	Aug 31	Sep 21	Oct 26				Oct 31	Nov 21	Dec 26				Dec 31	Jan 21	Feb 25

Postpartum Visit Timeframe

Summary of Incentives

Rewards Molina Members Can Earn

Rewards for New Mom	What member has to do
300 Points (\$30 gift value)	Existing Molina Members must complete their 1 st prenatal visit within their first trimester. Newly enrolled Molina Members must complete their 1 st prenatal visit within 42 days of joining Molina Healthcare.
200 Points (\$20 gift value)	Molina Member completes 3 prenatal visits during her 2 nd trimester (13-24 weeks pregnant).
200 Points (\$20 gift value)	Molina Member completes 3 prenatal visits during her 3 rd trimester (25 – 40 weeks pregnant).
300 Points (\$30 gift value)	Molina Member must complete postpartum exam within 21-56 days after they deliver their baby (does not include visit to remove staples from a C-Section).

Rewards for New Baby	What member has to do
1050 Points (\$105 gift value)	Have your new baby complete all of his or her well child visits before he or she turns 18 months old.

Examples of Member Materials

Member Introduction Packet

Welcome Letter

Additional Services

1st Prenatal Visit Reward

2nd Trimester Visits Reward

3rd Trimester Visits Reward

Postpartum Visit Reward

Member Postpartum Packet

Congratulations Letter

Postpartum Visit Reward

Well Child Check Reward

Immunization Schedule

Pregnancy Rewards Survey

Dear Molina Member,

Congrats!

Finding out that you are pregnant is special. Molina Healthcare is here to help you take care of you and your baby. You want to see your provider often. They can make sure that you and your baby are healthy. Plus, you can earn rewards for going to your provider visits.

Gifts and Rewards Just for You

Reward	What you have to do
\$30 gift value	If you were already with Molina Healthcare when you became pregnant you must go to your 1 st prenatal visit within the first trimester. For newly enrolled members, you must go to your visit within 42 days of joining Molina Healthcare.
\$20 gift value	Complete 3 prenatal visits during your 2nd trimester (13-24 weeks pregnant).
\$20 gift value	Complete 3 prenatal visits during 3rd trimester (25-40 weeks pregnant).
\$30 gift value	Go to your postpartum visit within 21-56 days after you deliver (does not include visit to remove staples from a C-section).

Total value in gifts - \$100.

If you have any questions about this program, call (800) 642 4168 TTY/Ohio Relay (800) 750-0750 or 711. They will be able to help you.

This is a happy time for you and your family and Molina Healthcare is here to help.

Sincerely,
Molina Healthcare
Your Extended Family

How do I earn rewards?

To earn rewards is easy. All you need to do is go to your provider visits.

Fill out and send in the forms. Molina will send you your rewards. See forms for more details.



Estimada miembro de Molina:

¡Felicidades!

Es muy especial enterarse que está embarazada. Molina Healthcare está aquí para ayudarle a cuidar su salud y la de su bebé. Debe consultar con su proveedor a menudo. Su proveedor puede asegurar que usted y su bebé se mantengan saludable. Además, usted puede obtener recompensas cuando consulta con su proveedor.

Regalos y recompensas especialmente para usted

Recompensa	Lo que tiene que hacer
Regalo de \$30 en valor	Si usted ya era miembro de Molina Healthcare cuando se embarazó, debe asistir a su 1. ^a visita prenatal durante su primer trimestre. Las miembros recién inscritas, deben asistir a su consulta dentro de 42 días de haberse unido a Molina Healthcare.
Regalo de \$20 en valor	Complete 3 visitas prenatales durante su 2. ^o trimestre (13 a 24 semanas de embarazo).
Regalo de \$20 en valor	Complete 3 visitas prenatales durante su 3. ^{er} trimestre (25 a 40 semanas de embarazo)..
Regalo de \$30 en valor	Asista a su consulta de posparto dentro de 21 a 56 días después del parto (no incluye la consulta para remover las grapas quirúrgicas de una cesárea).

Regalos con un valor total de \$ 100.

Si usted tiene cualquier pregunta acerca de este programa, llame al (800) 642-4168, TTY / Servicio de retransmisión de Ohio al (800) 750-0750 o 711. Le ofrecerán ayuda.

Este es un tiempo feliz para usted y su familia. Molina Healthcare está aquí para ayudarle.

Atentamente,
Molina Healthcare
Estás en familia.

¿Cómo obtengo recompensas?

Es fácil obtener recompensas. Solamente tiene que asistir a sus citas con su proveedor.

Llene y envíe los formularios. Molina le enviará sus recompensas. Consulte los formularios para más información.



More Services and Support

Molina Healthcare is here to help you. We are here every step of the way for you during your pregnancy. **We offer programs to help you make healthy choices** during and after your pregnancy.

Find out more about:



Smoking Cessation Program. Contact Molina Healthcare. A team member will help you with the resources you need to quit smoking.



24-Hour Toll Free Nurse Advice Line. The Molina Healthcare Nurse Advice Line is staffed around the clock. You can call seven days a week to talk to a nurse. We have nurses who speak many languages.
English (888) 275-8750 TTY/866-735-2929
Spanish (866) 648-3537 TTY/866-833-4703



text4baby. As a member of Molina, you will be able to sign up for free text messages on prenatal care, baby health, raising your child and more. You can sign up by texting "BABY" to 511411 or go to text4baby.org.

Molina also offers health education programs to help you live a healthy life, during your pregnancy and beyond. These programs include:

- **Motherhood Matters[®]** Program that helps pregnant women get the education and services they need for a healthy pregnancy.
- **Healthy Living with Diabetes[®]** for members with diabetes.
- **Breathe with Ease[®]** for members with asthma.
- **Heart Healthy LivingSM** for members with high blood pressure, heart failure or heart disease.
- **And much more...**

**To learn more about these and other programs through Molina, call (800) 642-4168
TTY/Ohio Relay (800) 750-0750 or 711.**

Más servicios y apoyo

Molina Healthcare está aquí para ayudarle. Estamos aquí a cada paso durante su embarazo. **Ofrecemos programas para ayudarle a tomar decisiones saludables** durante y después de su embarazo.

Obtenga más información acerca de:



Programa para dejar de fumar. Comuníquese con Molina Healthcare. Un miembro de nuestro equipo le ayudará a obtener los recursos que usted necesita para ayudarle a dejar de fumar.



Línea de Consejos de Enfermeras las 24 horas. La Línea de Consejos de Enfermeras de Molina Healthcare está atendida las 24 horas al día. Puede llamar los siete días de la semana para hablar con una enfermera. Tenemos enfermeras que hablan muchos idiomas.

Inglés (888) 275-8750 TTY: (866) 735-2929

Español: (866) 648-3537 TTY: (866) 833-4703



text4baby. Como miembro de Molina, usted podrá inscribirse gratuitamente para recibir mensajes educativos en textos acerca de la atención prenatal, la salud de bebés, consejos para la crianza y más. Puede inscribirse enviando un mensaje de texto con la palabra "BEBE" al 511411 o visitando text4baby.org.

Molina también ofrece programas de educación para la salud para ayudarle a vivir una vida saludable durante su embarazo y en el futuro. Los programas incluyen:

- **Motherhood Matters[®]** es un programa que le ayuda a las mujeres embarazadas obtener la educación y los servicios que necesitan para un embarazo saludable.
- **Healthy Living with Diabetes[®]** es para miembros que padecen de diabetes.
- **Breathe with Ease[®]** es para miembros que padecen de asma.
- **Heart Healthy LivingSM** es para miembros con tensión arterial alta, insuficiencia cardíaca o enfermedades del corazón.
- **y mucho más...**

Para obtener más información sobre este u otros programas de Molina, llame al (800) 642-4168, TTY / Servicio de retransmisión de Ohio al (800) 750-0750 o 711.



1st Prenatal Visit – Earn \$30 in Gift Rewards

See Your Provider EARLY! Earn \$30 in Gift Rewards

If you are pregnant, see your provider right away. Early prenatal care will help keep you and your baby healthy. Even if you feel fine, you still need to be seen often.

Molina Healthcare can help. Call us today if you need help finding a provider. We can also help you make your appointment. Please call (800) 642-4168 TTY/Ohio Relay (800) 750-0750 or 711.

**Complete your 1st prenatal visit within the first trimester
or within 42 days of joining Molina Healthcare.**

TO RECEIVE YOUR REWARD:

- Please **COMPLETE ENTIRE FORM**
- **Have your Provider fax to Molina Healthcare**
(Include **COPY OF MEDICAL RECORDS**)

Member Name: _____ DOB: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

- You must be a Molina Healthcare of Ohio member at the time service was given.
- You must complete the service for this current pregnancy. Services done prior will not be accepted.
- If you are already enrolled with Molina Healthcare of Ohio when you become pregnant, you must complete a prenatal visit within the first trimester to receive your reward. If you are a newly enrolled member, you must complete a prenatal visit within 42 days of joining Molina Healthcare of Ohio to receive your reward.
- All services are confirmed through claims data or medical records. Please allow 2-4 weeks after services have been confirmed to receive your rewards notice.

Tell us about your first prenatal visit

First Exam Date: _____ Still Pregnant: ☐ YES ☐ NO

Due Date: _____

Weeks Pregnant: _____

Provider Name: _____

Provider Phone: _____

How do you get to your provider visits?

- ☐ Bus or taxi
☐ Own car
☐ Molina transportation
☐ Ride from friend
☐ Other _____

Provider Use Only

Please fax completed form and **copy of medical records** related to this exam to (855) 849-1096. Thank you.



1.^{ra} visita prenatal – Reciba un regalo de recompensa de \$ 30

¡Consulte con su proveedor TEMPRANO! Reciba un regalo de recompensa de \$ 30.

Si usted está embarazada, consulte con su proveedor inmediatamente. El cuidado prenatal en la etapa temprana del embarazo le ayudará a mantener a usted y a su bebé saludables. Aunque usted se sienta bien, necesita recibir atención a menudo.

Molina Healthcare le puede ayudar. Llámenos hoy mismo si necesita ayuda para encontrar un proveedor. Le podemos ayudar a hacer una cita. Por favor comuníquese al (800) 642-4168 TTY / Servicio de retransmisión de Ohio al (800) 750-0750 o 711.

Complete la 1^a visita prenatal durante el primer trimestre o dentro de 42 días de haberse unido a Molina Healthcare.

PARA RECIBIR SU RECOMPENSA:

- Por favor, **LLENE TODO EL FORMULARIO COMPLETAMENTE.**
- **Pida que su proveedor lo envíe por fax a Molina Healthcare**
(Incluya una **COPIA DE LA HISTORIA CLÍNICA.**)

Nombre del miembro: _____ Fec.ha de nacimiento: _____

Dirección postal: _____ Apt.: _____

Ciudad: _____ Estado: _____ Código postal: _____

Tel. de hogar: _____ Tel. celular: _____

- Debe ser un miembro de Molina Healthcare of Ohio cuando reciba el servicio.
- Debe completar el servicio durante este embarazo actual. Los servicios realizados anteriormente no se aceptarán.
- Si usted ya estaba inscrita con Molina Healthcare of Ohio cuando se embarazó, debe completar una visita prenatal durante su primer trimestre para recibir su recompensa. Si usted es un miembro recién inscrito, debe completar una consulta prenatal dentro de 42 días de haberse inscrito como miembro de Molina Healthcare of Ohio para recibir su recompensa.
- Todos los servicios serán confirmados a través de los datos de facturación o historia clínica. Por favor, permita 2 a 4 semanas después de confirmar los servicios para recibir su notificación de la recompensa.

Proporcione información acerca de su primera visita prenatal

Fecha del primer examen: _____ Aún está embarazada: ☐ SÍ ☐ NO

Fecha de parto: _____

Semanas de embarazo: _____

Nombre del proveedor: _____

N.º de tel. del proveedor: _____

¿Qué tipo de transporte utiliza para ir a sus consultas?

- ☐ Autobús o taxi
- ☐ Carro personal
- ☐ Transporte de Molina
- ☐ Transporte con amigos
- ☐ Otro _____

Provider Use Only (Sólo para el uso del proveedor)

Please fax completed form and **copy of medical records** related to this exam to (855) 849-1096. Thank you.

2nd Trimester Visits – Earn \$20 in Gift Rewards

Complete 3 prenatal visits during your 2nd trimester and earn \$20 in Gift Rewards

Regular prenatal care will help keep you and your baby healthy. Even if you feel fine, you still need to be seen often.

Molina Healthcare can help. Call us today if you need help finding a provider. We can also help you make your appointment. Please call (800) 642-4168 TTY/Ohio Relay (800) 750-0750 or 711.

Complete 3 prenatal visits during your 2nd trimester (13-24 weeks pregnant).

TO RECEIVE YOUR REWARD:

- Please **COMPLETE ENTIRE FORM**
- **Have your Provider fax to Molina Healthcare**
(Include **COPY OF MEDICAL RECORDS**)

Member Name: _____ DOB: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

- You must be a Molina Healthcare of Ohio member at the time service was given.
- You must complete the services for this current pregnancy. Services done prior will not be accepted.
- All services are confirmed through claims data or medical records. Please allow 2-4 weeks after services have been confirmed to receive your rewards notice.

Tell us about your 2nd trimester prenatal visits

Date of 2nd Trimester Exams: 1) _____ 2) _____ 3) _____

Still Pregnant: ☐ YES ☐ NO

Due Date: _____

3 prenatal exams completed between 13-24 weeks pregnant: ☐ YES ☐ NO

Provider Name: _____

Provider Phone: _____

How do you get to your provider visits?

- ☐ Bus or taxi
- ☐ Own car
- ☐ Molina transportation
- ☐ Ride from friend
- ☐ Other _____

Provider Use Only

Please fax completed form and **copy of medical records** related to this exam to (855) 849-1096. Thank you.



Visitas del 2.º trimestre – Reciba un regalo de recompensa de \$ 20

Complete 3 vistas prenatales durante su 2.º trimestre y reciba un regalo de recompensa de \$ 20.

El cuidado prenatal periódico le ayudará a mantener a usted y a su bebé saludables. Aunque usted se sienta bien, necesita recibir atención a menudo.

Molina Healthcare le puede ayudar. Llámenos hoy mismo si necesita ayuda para encontrar un proveedor. Le podemos ayudar a hacer una cita. Por favor comuníquese al (800) 642-4168 TTY / Servicio de retransmisión de Ohio al (800) 750-0750 o 711.

Complete 3 visitas prenatales durante su 2.º trimestre (13 a 24 semanas de embarazo).

PARA RECIBIR SU RECOMPENSA:

- Por favor, **LLENE TODO EL FORMULARIO COMPLETAMENTE.**
- **Pida que su proveedor lo envíe por fax a Molina Healthcare**
(Incluya una **COPIA DE LA HISTORIA CLÍNICA.**)

Nombre del miembro: _____ Fecha de nacimiento: _____

Dirección postal: _____ Apt.: _____

Ciudad: _____ Estado: _____ Código postal: _____

Tel. del hogar: _____ Tel. de celular: _____

- Debe ser un miembro de Molina Healthcare of Ohio cuando reciba el servicio.
- Debe completar el servicio durante este embarazo actual. Los servicios realizados anteriormente no se aceptarán.
- Todos los servicios serán confirmados a través de los datos de facturación o historia clínica. Por favor, permita 2 a 4 semanas después de confirmar los servicios para recibir su notificación de la recompensa.

Proporcione información acerca de sus visitas prenatales durante el 2.º trimestre

Fecha de los exámenes del 2.º trimestre: 1) _____ 2) _____ 3) _____

Aún está embarazada: ☐ SÍ ☐ NO

Fecha de parto: _____

3 exámenes prenatales completados entre las 13 a 24 semanas de embarazo: ☐ SÍ ☐ NO

Nombre del proveedor: _____

N.º de tel. del proveedor: _____

¿Qué tipo de transporte utiliza para ir a sus consultas?

- ☐ Autobús o taxi
- ☐ Carro personal
- ☐ Transporte de Molina
- ☐ Transporte con amigos
- ☐ Otro _____

Provider Use Only (Sólo para el uso del proveedor)

Please fax completed form and **copy of medical records** related to this exam to (855) 849-1096. Thank you.



3rd Trimester Visits – Earn \$20 in Gift Rewards

Complete 3 prenatal visits during your 3rd trimester and earn \$20 in Gift Rewards

Regular prenatal care will help keep you and your baby healthy. Even if you feel fine, you still need to be seen often.

Molina Healthcare can help. Call us today if you need help finding a provider. We can also help you make your appointment. Please call (800) 642-4168 TTY/Ohio Relay (800) 750-0750 or 711.

Complete 3 prenatal visits during your 3rd trimester (25-40 weeks pregnant).

TO RECEIVE YOUR REWARD:

- Please **COMPLETE ENTIRE FORM**
- **Have your Provider fax to Molina Healthcare**
(Include **COPY OF MEDICAL RECORDS**)

Member Name: _____ DOB: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

- You must be a Molina Healthcare of Ohio member at the time service was given.
- You must complete the services for this current pregnancy. Services done prior will not be accepted.
- All services are confirmed through claims data or medical records. Please allow 2-4 weeks after services have been confirmed to receive your rewards notice.

Tell us about your 3rd trimester prenatal visits

Date of 3rd Trimester Exams: 1) _____ 2) _____ 3) _____

Still Pregnant: ☐ YES ☐ NO

Due Date: _____

3 prenatal exams completed between 25-40 weeks pregnant: ☐ YES ☐ NO

Provider Name: _____

Provider Phone: _____

How do you get to your provider visits?

- ☐ Bus or taxi
- ☐ Own car
- ☐ Molina transportation
- ☐ Ride from friend
- ☐ Other _____

Provider Use Only

Please fax completed form and **copy of medical records** related to this exam to (855) 849-1096. Thank you.



Visitas del 3.^{er} trimestre – Reciba un regalo de recompensa de \$ 20

Complete 3 vistas prenatales durante su 3.^{er} trimestre y reciba un regalo de recompensa de \$ 20.

El cuidado prenatal periódico le ayudará a mantener a usted y a su bebé saludables. Aunque usted se sienta bien, necesita recibir atención a menudo.

Molina Healthcare le puede ayudar. Llámenos hoy mismo si necesita ayuda para encontrar un proveedor. Le podemos ayudar a hacer una cita. Por favor comuníquese al (800) 642-4168 TTY / Servicio de retransmisión de Ohio al (800) 750-0750 o 711.

Complete 3 visitas prenatales durante su 3.^{er} trimestre (25 a 40 semanas de embarazo).

PARA RECIBIR SU RECOMPENSA:

- Por favor, **LLENE TODO EL FORMULARIO COMPLETAMENTE.**
- **Pida que su proveedor lo envíe por fax a Molina Healthcare (Incluya una COPIA DE LA HISTORIA CLÍNICA.)**

Nombre del miembro: _____ Fecha de nacimiento: _____

Dirección postal: _____ Apt.: _____

Ciudad: _____ Estado: _____ Código postal: _____

Tel. del hogar: _____ Tel. de celular: _____

- Debe ser un miembro de Molina Healthcare of Ohio cuando reciba el servicio.
- Debe completar el servicio durante este embarazo actual. Los servicios realizados anteriormente no se aceptarán.
- Todos los servicios serán confirmados a través de los datos de facturación o historia clínica. Por favor, permita 2 a 4 semanas después de confirmar los servicios para recibir su notificación de la recompensa.

Proporcione información acerca de sus visitas prenatales durante el 3.^{er} trimestre

Fecha de los exámenes del 3.^{er} trimestre: 1) _____ 2) _____ 3) _____

Aún está embarazada: ☐ SÍ ☐ NO

Fecha de parto: _____

3 exámenes prenatales completados entre las 25 a 40 semanas de embarazo: ☐ SÍ ☐ NO

Nombre del proveedor: _____

N.º de tel. del proveedor: _____

¿Qué tipo de transporte utiliza para ir a sus consultas?

- ☐ Autobús o taxi
- ☐ Carro personal
- ☐ Transporte de Molina
- ☐ Transporte con amigos
- ☐ Otro _____

Provider Use Only (Sólo para el uso del proveedor)

Please fax completed form and **copy of medical records** related to this exam to (855) 849-1096. Thank you.



Postpartum Visit – Earn \$30 in Gift Rewards

Complete your postpartum checkup and earn \$30 in Gift Rewards.

After you have your baby, you still need to be seen by your provider. Even if you feel fine, you still need to be seen.

Molina Healthcare can help. Call us today if you need help making your appointment. Please call (800) 642-4168 TTY/Ohio Relay (800) 750-0750 or 711.

Complete your postpartum checkup 21-56 days after you deliver your baby.

TO RECEIVE YOUR REWARD:

- Please **COMPLETE ENTIRE FORM**
- **Have your Provider fax to Molina Healthcare**
(Include **COPY OF MEDICAL RECORDS**)

New Mom's Name: _____ DOB: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

- You must be a Molina Healthcare of Ohio member at the time service was given.
- You must complete the service for this current pregnancy. Services done prior will not be accepted.
- All services are confirmed through claims data or medical records. Please allow 2-4 weeks after services have been confirmed to receive your rewards notice.

Tell us about your postpartum visit

Date of Delivery: _____

Date of Postpartum Check Up: _____

☐ Visit was within 21-56 days after delivery.

Provider Name: _____

Provider Phone: _____

Provider Use Only

Please fax completed form and **copy of medical records** related to this exam to (855) 849-1096. Thank you.



Visita de posparto – Reciba un regalo de recompensa de \$ 30

Complete su chequeo de posparto y reciba un regalo de recompensa de \$ 30.

Después de dar a luz, aún necesita consultar con su proveedor. Aunque usted se sienta bien, necesita recibir atención.

Molina Healthcare le puede ayudar. Llámenos hoy mismo si necesita ayuda para hacer una cita. Por favor comuníquese al (800) 642-4168 TTY / Servicio de retransmisión de Ohio al (800) 750-0750 o 711.

Complete su chequeo de posparto **21 a 56** días después del parto.

PARA RECIBIR SU RECOMPENSA:

- Por favor, **LLENE TODO EL FORMULARIO COMPLETAMENTE.**
- **Pida que su proveedor lo envíe por fax a Molina Healthcare**
(Incluya una **COPIA DE LA HISTORIA CLÍNICA.**)

Nombre de la mamá novata: _____ Fecha de nacimiento: _____

Dirección postal: _____ Apt.: _____

Ciudad: _____ Estado: _____ Código postal: _____

Tel. del hogar: _____ Tel. de celular: _____

- Debe ser un miembro de Molina Healthcare of Ohio cuando reciba el servicio.
- Debe completar el servicio durante este embarazo actual. Los servicios realizados anteriormente no se aceptarán.
- Todos los servicios serán confirmados a través de los datos de facturación o historia clínica. Por favor, permita 2 a 4 semanas después de confirmar los servicios para recibir su notificación de la recompensa.

Proporcione información acerca de su visita posparto

Fecha del parto: _____

Fecha del chequeo posparto: _____

☐ La visita se realizó 21 a 56 días después del parto.

Nombre del proveedor: _____

N.º de tel. del proveedor: _____

Provider Use Only (Sólo para el uso del proveedor)

Please fax completed form and **copy of medical records** related to this exam to (855) 849-1096. Thank you.

Dear Molina Member,

Congrats!



Having a new baby is special. It has been our pleasure to serve you during your pregnancy.

We want you to work with your baby's provider to keep your baby up-to-date with well child exams and shots. Taking your baby to his or her check-ups is key to helping him or her stay healthy.

Remember to make an appointment for your postpartum exam. In order to take care of your baby, you also need to take care of yourself. Get plenty of rest and sleep.

Gifts and Rewards for You and Your New Baby

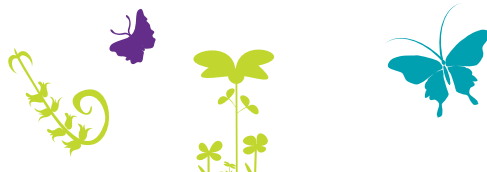
Reward	What you have to do
\$30 gift value	Complete your postpartum exam 21-56 days after you deliver your baby (does not include visit to remove staples from a C-section).
\$105 gift value	Have your new baby complete all of his or her 7 well child visits before he or she turns 18 months old.

Total value in gifts - \$135.

If you have questions about this program, call (800) 642-4168 TTY/Ohio Relay (800) 750-0750 or 711. We will be able to help you.

This is a happy time for you and your family. Molina Healthcare is here to help.

Sincerely,
Molina Healthcare
Your Extended Family



How do I earn rewards?

To earn rewards is easy. All you need to do is complete visits for you and your baby. Fill out and send in the forms. Molina will send you your rewards. See forms for more details.



Estimada miembro de Molina:

¡Felicidades!



Tener un recién nacido es muy especial. Ha sido un placer atenderla durante su embarazo.

Queremos que colabore con el proveedor de su bebé para mantener a su bebé al día con los exámenes de bienestar y las vacunas. Es importante llevar a su bebé a sus chequeos para ayudar a mantenerla saludable.

No se olvide de hacer una cita para su examen de posparto. Para cuidar a su bebé, usted también necesita cuidar su propia salud. Descanse bastante y duerma lo suficiente.

Regalos y recompensas para usted y su recién nacido

Recompensa	Lo que tiene que hacer
Regalo de \$ 30 en valor	Complete su examen de posparto dentro de 21 a 56 días después del parto (no incluye la consulta para remover las grapas quirúrgicas de una cesárea).

Regalo de \$ 105 en valor

Asegúrese que su recién nacido reciba todas las 7 consultas de bienestar infantil antes de cumplir 18 meses de edad.

Regalos con un valor total de \$ 135.

Si usted tiene cualquier pregunta acerca de este programa, llame al (800) 642-4168, TTY / Servicio de retransmisión de Ohio al (800) 750-0750 o 711. Nosotros le podemos ayudar.

Este es un tiempo feliz para usted y su familia. Molina Healthcare está aquí para ayudarle.

Atentamente,
Molina Healthcare
Estás en familia.



¿Cómo obtengo recompensas?

Es fácil obtener recompensas. Solamente tiene que completar sus consultas y las de su bebé. Llene y envíe los formularios. Molina le enviará sus recompensas. Consulte los formularios para más información.





Well Child Check-Ups - Earn \$105 in Gift Rewards

Complete ALL well child check-ups and earn \$105 in Gift Rewards

Well child check-ups help keep your child healthy. A well child check-up is a physical exam. A blood lead test at age one (1) is also done. Your child will also get immunized (shots). You can talk with your child's provider about any concerns you may have.

All seven (7) visits must be completed BEFORE your child is 18 months old to get one (1) \$105 gift reward.

Molina Healthcare can help. Call us today if you need help finding a provider for your child. We can also help you make your child's appointment. **Please call (800) 642-4168 TTY/Ohio Relay (800) 750-0750 or 711.**

Complete all well child checks BEFORE your child is 18 months old.

Complete ALL Well Child Check-Ups			
COMPLETE ALL	Exams Needed	When to Complete Exam	Date Completed
	1st Visit	Newborn-1 month old	
	2nd Visit	2-3 months old	
	3rd Visit	4-5 months old	
	4th Visit	6-8 months old	
	5th Visit	9-11 months old	
	6th Visit	12-14 months old	
	7th Visit	15-17 months old	

TO RECEIVE YOUR CHILD'S REWARD:

- Please **COMPLETE ENTIRE FORM**
- **Have your Child's Provider fax to Molina Healthcare (Include COPY OF MEDICAL RECORDS)**

Child's Name: _____ Child's DOB: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

- Your child must be a Molina Healthcare of Ohio member.
- At least 7 well child check-ups need to be completed before your child is 18 months old.
- All services are confirmed through claims data or medical records. Please allow 2-4 weeks after services have been confirmed to receive your rewards notice.

Provider Use Only

Please fax completed form and **copy of medical records** related to these exams to (855) 849-1096. Thank you.



Exámenes de bienestar infantil - reciba \$ 105 en recompensas

Complete TODOS los exámenes de bienestar infantil y reciba \$ 105 en regalos de recompensa.

Los exámenes de bienestar infantil le ayudan a mantener a su niño saludable. Un examen de bienestar infantil es un examen físico. También se realiza un examen de plomo en la sangre cuando su niño cumple un (1) año de edad. Su niño también será inmunizado (vacunas). Puede hablar con el proveedor de su niño acerca de cualquier preocupación que tenga. **Para recibir un (1) regalo de recompensa de \$ 105 debe completar las siete (7) citas ANTES de que su niño cumpla 18 meses de edad.**

Molina Healthcare le puede ayudar. Llámenos hoy mismo si necesita ayuda para encontrar un proveedor para su niño. También le podemos ayudar a programar una cita para su niño. **Por favor comuníquese al (800) 642-4168 TTY / Servicio de retransmisión de Ohio al (800) 750-0750 o 711.**

Complete todos los exámenes de bienestar infantil ANTES de que su niño cumpla 18 meses de edad.

Complete TODOS los exámenes de bienestar infantil			
	Exámenes necesarios	Cuándo obtener el examen	Fecha que se realizó
CUMPLA CON TODO	1. ^a consulta	Recién nacido - 1 mes de edad	
	2. ^a consulta	2 a 3 meses de edad	
	3. ^a consulta	4 a 5 meses de edad	
	4. ^a consulta	6 a 8 meses de edad	
	5. ^a consulta	9 a 11 meses de edad	
	6. ^a consulta	12 a 14 meses de edad	
	7. ^a consulta	15 a 17 meses de edad	

PARA RECIBIR LA RECOMPENSA DE SU NIÑO:

- Por favor, **LLENE ESTE FORMULARIO COMPLETAMENTE.**
- **Pida que el proveedor de su niño lo envíe por fax a Molina Healthcare (incluya una COPIA DE LA HISTORIA CLÍNICA.)**

Nombre del niño: _____ Fecha de nacimiento del niño: _____

Dirección postal: _____ Apt.: _____

Ciudad: _____ Estado: _____ Código postal: _____









Tel. del hogar: _____ Tel. celular: _____

- Su niño debe ser miembro de Molina Healthcare of Ohio.
- Debe completar por lo menos 7 exámenes de bienestar infantil antes de que su niño cumpla 18 meses de edad.
- Todos los servicios serán confirmados a través de los datos de facturación o historia clínica. Por favor, permita 2 a 4 semanas después de confirmar los servicios para recibir su notificación de la recompensa.

Provider Use Only (Sólo para el uso del proveedor)

Please fax completed form and **copy of medical records** related to these exams to (855) 849-1096. Thank you.

Recommended Shots for Children from Birth through 18 Months Old

								
	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months
HepB	✓	✓			✓			
RV			✓	✓	✓			
DTaP			✓	✓	✓		✓	
Hib			✓	✓	✓	✓		
PCV			✓	✓	✓	✓		
IPV			✓	✓	✓	✓		
Influenza (Yearly)					✓	✓		
MMR						✓		
Varicella						✓		
HepA						✓		








 Shaded boxes show the shot can be given during shown age range

NOTE: If your child misses a shot, you don't need to start over. Just go back to your child's provider for the next shot. Talk with your child's provider if you have questions about shots.

Always talk to your child's provider about additional shots that they may need.



Las vacunas recomendadas para niños, desde nacimiento y hasta los 18 meses de edad

								
	Recién nacido	1 mes	2 meses	4 meses	6 meses	12 meses	15 meses	18 meses
HepB	✓	✓			✓	✓		
RV			✓	✓	✓			
DTaP			✓	✓	✓		✓	
Hib			✓	✓	✓	✓		
PCV			✓	✓	✓	✓		
IPV			✓	✓	✓	✓		
Gripe (cada año)					✓	✓		
MMR						✓		
Varicela						✓		
HepA							✓	

 Los cuadros sombreados muestran que la vacuna se puede administrar durante las edades indicadas.

AVISO: si su niño no recibe una vacuna, no es necesario comenzar de nuevo. Sólo tiene que regresar a consultar con el proveedor de su niño para recibir las siguientes vacunas. Hable con el proveedor de su niño si tiene preguntas acerca de las vacunas.

Siempre hable con su proveedor acerca de las vacunas adicionales que podrían ser necesarias.





Pregnancy Rewards Survey

Thank you for taking the time to see your provider during your pregnancy and earning pregnancy rewards. You can help us make pregnancy rewards better. Please take a few minutes to fill out this survey.

You do not need to give us your name. Answer each question by checking your answer. We also welcome any extra comments. Please send it back in the enclosed envelope. Thank you for your time!

1. What is your age? <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-34 <input type="checkbox"/> 35 and Over	6. How helpful were the pregnancy rewards materials in educating you about why and when you should see your provider during your pregnancy? <input type="checkbox"/> Not at all helpful <input type="checkbox"/> Not very helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful
2. What county and state do you live in? <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> County State </div>	7. How much did the pregnancy rewards motivate you to complete your provider visits on time? <input type="checkbox"/> Not at all helpful <input type="checkbox"/> Not very helpful <input type="checkbox"/> Somewhat helpful <input type="checkbox"/> Very helpful
3. Was your pregnancy high risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Did you like the choices of gifts? <input type="checkbox"/> Yes <input type="checkbox"/> No Other gift ideas you would like to see _____
4. How did you hear about the pregnancy rewards? <input type="checkbox"/> From my provider <input type="checkbox"/> Molina called me <input type="checkbox"/> From a friend <input type="checkbox"/> Enrolled in program before <input type="checkbox"/> Other _____	9. Overall, how satisfied were you with the pregnancy rewards? <input type="checkbox"/> Very dissatisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Very Satisfied
5. When did you begin earning pregnancy rewards? <input type="checkbox"/> 1st trimester <input type="checkbox"/> 2nd trimester <input type="checkbox"/> 3rd trimester <input type="checkbox"/> After I gave birth	10. How likely would you tell a friend about Molina's pregnancy rewards? <input type="checkbox"/> Not very likely <input type="checkbox"/> Not likely <input type="checkbox"/> Likely <input type="checkbox"/> Very likely

Other comments:



Encuesta de recompensas del embarazo

Muchas gracias por tomar el tiempo para consultar con su proveedor durante su embarazo y obtener las recompensas del embarazo. Usted nos puede ayudar a mejorar las recompensas del embarazo. Por favor tome unos cuantos minutos para llenar esta encuesta.

No es necesario darnos su nombre. Conteste cada pregunta marcando su respuesta. También le agradecemos sus comentarios adicionales. Regrésela usando el sobre adjunto. ¡Gracias por su atención!

1. ¿Cuántos años tiene? <input type="checkbox"/> menos de 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-34 <input type="checkbox"/> mayor de 35	6. ¿Fueron útiles los materiales de recompensas del embarazo para informarle la razón y cuándo debería de consultar con su proveedor durante su embarazo? <input type="checkbox"/> No útiles en absoluto <input type="checkbox"/> No muy útiles <input type="checkbox"/> Un poco útil <input type="checkbox"/> Muy útil
2. ¿En qué condado y estado vive? <div style="display: flex; justify-content: space-around;"> _____ Condado _____ Estado </div>	7. ¿Cuánto la motivó las recompensas del embarazo para completar a tiempo sus consultas con el proveedor? <input type="checkbox"/> No útil en absoluto <input type="checkbox"/> No muy útil <input type="checkbox"/> Un poco útil <input type="checkbox"/> Muy útil
3. ¿Su embarazo fue de alto riesgo? <input type="checkbox"/> Sí <input type="checkbox"/> No	8. ¿Le gustó la selección de regalos? <input type="checkbox"/> Sí <input type="checkbox"/> No Comparta sus ideas para otros regalos que le gustarían _____
4. ¿Cómo se enteró del programa de recompensas del embarazo? <input type="checkbox"/> Mi proveedor <input type="checkbox"/> Molina me llamó <input type="checkbox"/> Una amistad <input type="checkbox"/> Estuve inscrita en el programa antes <input type="checkbox"/> Otro _____	9. ¿En general, como califica su satisfacción con las recompensas del embarazo? <input type="checkbox"/> Muy satisfecha <input type="checkbox"/> Insatisfecha <input type="checkbox"/> Satisfecha <input type="checkbox"/> Muy satisfecha
5. ¿Cuándo comenzó a recibir las recompensas del embarazo? <input type="checkbox"/> 1. ^{er} trimestre <input type="checkbox"/> 2. ^o trimestre <input type="checkbox"/> 3. ^{er} trimestre <input type="checkbox"/> Después del parto	10. ¿Cuál es la probabilidad que usted recomendará el programa de recompensas del embarazo de Molina a una amiga? <input type="checkbox"/> No muy probable <input type="checkbox"/> No probable <input type="checkbox"/> Probable <input type="checkbox"/> Muy probable

Otros comentarios:

OB/GYN Appointment Reminder Card

When: _____

(Day of the week and date)

Time ____:____ am/pm

OB/GYN: _____

(Provider Name)

Street Address: _____ Suite _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

If you need to reschedule please call your OB/GYN as soon as possible.

OB/GYN Appointment Reminder Card

When: _____

(Day of the week and date)

Time ____:____ am/pm

OB/GYN: _____

(Provider Name)

Street Address: _____ Suite _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

If you need to reschedule please call your OB/GYN as soon as possible.