

**\*\*\*Reminder\*\*\*****Early Pregnancy Notification Incentive Program**

We need your help! Early identification of pregnancy is key in engaging members for appropriate prenatal care, healthy birth outcomes, and to mitigate the risk of pregnancy complications. Molina Healthcare of Florida (Molina) currently identifies pregnant members using the Provider Panel Roster and through Pregnancy Notification Forms.

**DID YOU KNOW??**

Molina Healthcare's **Pregnancy Notification Form Incentive Program** provides a **\$50.00 Bonus** for every form received.

The criteria for participation in this program is as follows:

Eligible Providers - PCP's and OBGYN's

- Submit the form within **five (5) days** of member's first office visit.
- Complete the form with the member's current contact information.
- The member's expected baby due date must be clearly stated on the form.
- Use the most current Pregnancy Notification Form:

Molina Healthcare's Pregnancy Notification Form is located at:

<https://www.molinahealthcare.com/providers/fl/medicaid/forms/fuf.aspx>

Please complete and return the form to Molina Healthcare at:

Fax - 1-239-236-8409

Email - [MFLBaby@MolinaHealthcare.com](mailto:MFLBaby@MolinaHealthcare.com)

If you have questions, please contact Molina Healthcare at 855-322-4076

Thank you for your continued care to our members!

Molina Healthcare of Florida