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# IMPORTANT!

## Updated Pregnancy Notification Form

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### Early Pregnancy Notification Incentive Program

We need your help! Molina Healthcare of Florida (Molina), in partnership with the Agency for Healthcare Administration (Agency), has implemented a new Florida Medicaid Pregnancy Notification Form.

By implementing this universal form, Molina and the Agency hope to increase pregnancy notification rates within the first trimester, improve the rate of prenatal care visits in the first trimester, and improve birth outcomes for members by providing access to high quality health care early in pregnancy.

#### **DID YOU KNOW??**

Molina Healthcare's **Pregnancy Notification Form Incentive Program** provides a **\$25.00 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:

The Pregnancy Notification Form is located in the provider section of the Molina website at [www.molinahealthcare.com](http://www.molinahealthcare.com) under the Forms tab.

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