



September 12, 2017

Dear Physicians and Office Managers,

MedStar Family Choice worked with the District of Columbia Perinatal QI Collaborative last year to develop a program designed to improve birth outcomes. This multi-year initiative brought together Medical Professionals, District Representatives, Non-Profit Organizations, and each of the Medicaid Managed Care Organizations together with the goal of providing the children born to mothers covered by the DC Medicaid Program with the healthiest possible start to life.

The cornerstone of the Collaborative's Program is a new Obstetrical Authorization and Initial Assessment Form that was introduced in the 4th Quarter of 2016. All providers that perform any prenatal or OB related services are required to complete and submit the new form to MedStar Family Choice within 72 hours of the mother's initial visit.

If you are currently using these forms we want to thank you for helping us with this great initiative. If you haven't been using this form, please ensure that you complete one for each patient and that it is sent to us within the required 72 hours of the mother's initial visit. In the event that you have completed forms from January 2017 to the present and have not submitted them to the MedStar Family Choice you can scan them in and email them to the address below or mail them to MedStar Family Choice, 901 D Street SW, Suite 1050 Washington, DC 20024, attention: George Campbell.

For more information please contact George Campbell in Provider Relations directly. George's number is: (202)-448-6784. You may also contact the Provider Relations Team at MFC-ProviderRelations2@MedStar.net or 1-855-210-6203, option 5.

Best regards,

Patricia Reid
Manager, Provider Relations Department

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH PERINATAL PROGRAMS

Program Name	Description	Eligibility ¹	Contact
<p>Healthy Start</p> <p>DOH Contact: JoAnn Smith 202-478-5822 Joann.smith@DC.gov</p>	<p>Healthy Start provides case management, care coordination and health education services for perinatal women, fathers and infants up to two years of age. Healthy Start focuses on women at high risk for poor perinatal outcomes.</p> <p>Healthy Start aims to improve perinatal and infant health outcomes through: improving women's health, before, during and after pregnancy; promoting quality services; strengthening family resilience; achieving collective impact; and increasing accountability through quality improvement performance monitoring, and evaluation.</p>	<ul style="list-style-type: none"> Any woman of reproductive age (reproductive health case management services) Prenatal women (and their male partners) Postpartum women Mothers and fathers with children up to 2 years of age 	<p>Community of Hope: Marsha Greaves, Project Director 202-407-7747 Ext. 181 mgreaves@cohdc.org</p> <p>Mary's Center: Veronica Hernandez, Family Support Worker 202-774-7636 vhernandez@maryscenter.org</p> <p>Children's National Medical Center Generations Program: Yooni Choi, Administrative Assistant 202- 476-3316 ychoi@childrensnational.org</p>
<p>Healthy Families America (HFA)</p> <p>DOH Contact: Vinetta Freeman 202-442-9354 Vinetta.freeman3@dc.gov</p>	<p>HFA is designed to help families manage life's challenges by building on their strengths, rather than focusing on correcting weaknesses. It is the primary home visiting model best equipped to work with families who may have histories of trauma, intimate partner violence, and mental health and/or substance abuse issues. The program model offers weekly home visits, beginning prenatally or within the first three months after a child's birth and continuing through the first three to five years of life.</p>	<ul style="list-style-type: none"> Prenatal women Women with infant up to 3 months of age Participants must score at-risk on the HFA screening tool Visit Frequency: Weekly visits² until the child enters kindergarten 	<p>Mary's Center: Mia Morrison, MPH, Program Manager 202-302-6669 mmorrison@maryscenter.org</p>
<p>Parents as Teachers (PAT)</p>	<p>PAT is designed to enhance child development and school achievement through parent</p>	<ul style="list-style-type: none"> Prenatal women Women with 	<p>Mary's Center: Erika McGee, M.A. Manager 202-420-7044</p>

¹ All program participants must be residents of the District of Columbia.

² The HFA model visit schedule is determined by the family's risk level score. All families start with weekly visits, and every six months the family's risk level is reassessed.

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH PERINATAL PROGRAMS

<p>DOH Contact: Vinetta Freeman 202-442-9354 Vinetta.freeman3@dc.gov</p>	<p>education accessible to all families. The program’s mission is to provide information, support and the encouragement parents need to help their children develop optimally during the crucial early years of life</p>	<p>children up to 2 years of age</p> <ul style="list-style-type: none"> • Visit Frequency: Monthly visits until the child enters kindergarten years of age. 	<p>erikamcgee@maryscenter.org</p>
<p>General Inquiries</p>	<p>The MOM-BABY line serves as a central information and communication center for the dissemination of services for pregnant women, infants, and families of the District. The call line facilitates linkages to medical, emergency, crisis intervention, social support services, and referrals for pregnancy and parenting resources, including safe sleep classes and diaper banks.</p>	<ul style="list-style-type: none"> • All District Residents 	<p>Department of Health, Perinatal and Infant Health Division 1-800-MOM-BABY</p>

Obstetrical Authorization & Initial Assessment

AmeriHealth Phone: 877-759-6883		MedStar Phone: 855-210-6203 Fax: 202-243-5496
HSCSN Phone: 866-937-4549 Fax: 202-721-7193		Trusted Phone: 202-821-1096 Fax: 202-821-1098

Submission Date:

Health Plan:

Member Information

First Name MI Last Name

Provider Name:

NPI or Provider Number:

Phone Number: Fax Number:

Member ID or MA Recipient No. Date of Birth (MM/DD/YYYY) Age Home Phone Alternate Phone 1st Prenatal Visit (MM/DD/YYYY)

Primary Language **NOT** English Language Spoken (if not English) EDC (MM/DD/YYYY) BMI Gestational Age (weeks) Gravida Para TAB Live Births

Hospital/Birthing Center for Delivery

HUH Providence UMC WHC GWUH Other: Specify:

Past OB Complications/Current Risk Factors

HIV screening date (MM/DD/YYYY): Not Applicable - HIV+

Check all that apply (P=Past Pregnancy C=Current Pregnancy)

P	C		P	C	
		17 - P Administration			Incompetent cervix
		Abnormal Placenta			Infant or Child death
		Anemia Hb <10			Late/missed prenatal care
		Asthma			Multiple gestation
		Autoimmune Disease			Oral Problems:
		Bleeding: 1st 2nd 3rd			Preeclampsia/Eclampsia
		Cardiac:			Pregnancy induced hypertension
		Cervical cerclage			Premature ROM
		Chronic hypertension, pregestational			Preterm delivery
		Clotting disorder:			Preterm labor: <32W 32-36W
		Dental visit >6 mos?			Previous C-Section
		Depression/Mental Health			Previous delivery within 1 year
		Diabetes, pregestational			Previous LBW (<2,500 gms)
		Disability:			Renal disease
		Eating disorder:			Seizure disorder:
		Ectopic pregnancy			Sickle cell: Trait Disease
		Elective Delivery <39 weeks			STI:
		Fetal loss: 1st 2nd 3rd			Substance Use (alcohol, tobacco, drugs)
		Gestational diabetes			Thyroid disease
		Hepatitis:			Weight gain or loss challenges

Medications:

Late Entry Into Prenatal Care

(First prenatal visit after 1st trimester)

Check all that apply:

- Lack of health insurance
- Unaware of the importance of prenatal care
- Childcare issues
- Unable to find a health provider
- Unsure of keeping pregnancy to term
- Financial problems
- Unable to get an appointment in the first trimester
- Other (specify):

OTHER HEALTH AND SOCIAL NEEDS (please answer all questions below)

You, Your Family and Partner

Do you have children in your home or under your care? How many?
 Is your partner involved with your pregnancy?
 Is your husband or partner employed?
 Are you employed?
 Do you feel that you have enough help from your family or friends to care for your new baby?
 If you could change the timing of this baby would you want to?
 Did you consider adoption or abortion at any point during this pregnancy?

Are you currently in foster care?
 Has CFSA been involved with any of your children?
 Are you currently working with a case manager, therapist, or counselor?
 Have you seen a probation officer in the last 12 months?
 Do you worry about getting food when you need it or getting good quality food?
 Do you currently receive WIC benefits?
 Do you currently receive food stamps/EBT?

Transportation, Housing and Environmental Exposures

Have you moved in the last 3 months? How often?
 Are you homeless or worry that you could become homeless soon?
 Have any of your children had a positive blood test for lead?
 Do you have pets? What Kind? Cat Bird
 Other:
 Do you have cockroaches and rodents in your home?
 Does anyone in your household smoke?
 Are there any leaks or mold in your home?
 Do you have any problems getting to doctor visits or appointments?

Domestic Violence (ACOG 3-Question Screen)

Within the past year, or since you have been pregnant, have you be hit, slapped, kicked, or otherwise physically hurt by someone?
 Are you in a relationship with someone who threatens or physically hurts you?
 Has anyone forced you to have sexual activities that made you feel uncomfortable?

4 Ps Plus®

Did either of your parents have a problem with drugs or alcohol?
 Does your partner have any problem with drugs or alcohol?
 Have you ever felt manipulated by your partner?
 Have you ever felt out of control or helpless?
 Over the past 2 weeks:
 Have you felt down, depressed, or hopeless?
 Have you felt little interest or pleasure in doing things?

In the **month before** you knew you were pregnant:

About how many cigarettes did you smoke per week?
 None Less than ½ pack About 1 pack More than 1 pack
 How many days per week did you drink beer/wine/liquor?
 None Less than 1 1-2 3-6 Everyday
 How many days per week did you use marijuana, cocaine or heroin?
 None Less than 1 1-2 3-6 Everyday

And **now**:

About how many cigarettes do you smoke per week?
 None Less than ½ pack About 1 pack More than 1 pack
 How many days per week do you drink beer/wine/liquor?
 None Less than 1 1-2 3-6 Everyday
 How many days per week do you use marijuana, cocaine or heroin?
 None Less than 1 1-2 3-6 Everyday

Referrals: Referral completed (C) - check left box; Referral Needed (N) - check right box)

C N

APRA/Substance Abuse Program
 Domestic Violence Services
 High Risk OB/Maternal Fetal Medicine
 Home Environment Assessment
 Home Visiting Agency
 Genetics
 MCO Care Coordination/Case Management:
 Reason:
 Mental Health:
 Reason:

C N

Non-Obstetric Specialty Medical Care
 Nutritional Counseling/Nutritionist
 Oral Health/Dental Services
 Out of Plan Services Provider:
 Smoking Cessation Hotline/Services
 Social Work
 Support and Education Group:
 Teen Pregnancy Services
 WIC
 Other (specify):