Anthem Medicaid

Anthem Blue Cross and Blue Shield Medicaid

Provider Bulletin
February 2023

Maternity notification form

Once you have completed this form, please fax to: **800-964-3627**

Member information:			
Member name:		Member DOB:	
Race:		Marital status:	
Medicaid/CHIP #:			
Home phone:		Cell phone:	
Provider information:			
Provider name:		Phone #:	
Fax #:			
NPI #:		TIN #:	
Name of office/clinic:			

General medical:

☐ No significant medical history
☐ Clotting disorder
☐ Kidney disease
☐ Sexually transmitted infection
☐ Depression/anxiety
☐ Hypertension
☐ Sickle cell anemia
☐ Hepatitis
☐ Asthma
☐ Other BH disorder:
☐ Diabetes
☐ Seizure disorder
☐ HIV/AIDS
☐ Thyroid disease/disorder

Current pregnancy:

EDC:	Gravida:	Para:	Term:	Preterm:	AB:
Pre-pregnancy BMI:	Current BMI:				

☐ No pregnancy risk factors
☐ Multiple gestation; # of fetuses ________________________
☐ Perinatal mood disorder
☐ Late to care (first visit after 1st trimester)
☐ Other: __________________
☐ Hypertensive disorder of pregnancy
☐ 17P or other progesterone treatment
☐ Severe hyperemesis
☐ Short pregnancy interval (deliveries will be less than 2 years apart)
☐ Current PTL
☐ Suspected or known fetal anomaly or chromosomal abnormality
☐ Diabetes
☐ Pregnancy related ER visit or hospital admission

Pregnancy history:

☐ No prior pregnancy
☐ Hypertensive disorder of pregnancy
☐ Stillborn delivery
☐ Spontaneous preterm delivery (<37 weeks)
☐ Diabetes
☐ Perinatal mood disorder
☐ Low birth weight infant
☐ C-section delivery
☐ Date of last delivery: _______

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Social Determinants of Health (SDOH):		
☐ Homeless or unstable housing	☐ English is not the primary language	☐ Food insecurity
☐ Receives WIC/SNAP	☐ Unemployed or unstable income	☐ Intimate partner violence
☐ Inadequate social support	☐ Currently in foster care	☐ Education level <12th grade
☐ Disabled	☐ Inadequate transportation	☐ Impaired communication/comprehension
Substance use*:		
☐ No substance use/risk	☐ Tobacco	☐ Alcohol
☐ Marijuana/Cannabinoids	☐ Opioids	☐ Other drug use
☐ Opioid treatment program or Prescribed MAT medications	☐ Prescribed medications that could result in NAS/NOWS	☐ History of risky drug use/behavior

*** For recipient of substance use disorder information:**
This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any patient with a diagnosis of substance use disorder.

Disclaimer: This is not an authorization for hospital admission. Anthem Blue Cross and Blue Shield Medicaid will only process completed referrals for our members. Certification does not guarantee paid benefits. Payment of claims is subject to eligibility, contractual limitations, provisions, and exclusions.