



Upper Peninsula Health Plan Notification of Pregnant Member Form

Please complete all sections and fax within **5 business days** of positive pregnancy test. Thank you for your commitment for providing care to UPHP members!

Step 1: Provider Information

Provider office completing form:

Date of positive pregnancy test at office:

Step 2: Member Information

Member Name:

DOB:

Medicaid ID:

Phone:

Address:

EDC: 1st prenatal appointment, if known:

Yes	No	Member's Risk Factors	Yes	No	Member's History
		High Risk Pregnancy			Preterm Labor
		Tobacco Use			Multiple Gestation
		Substance Abuse			Miscarriage
		Alcohol Abuse			Still birth
		Diabetes/Gestational Diabetes			Infant death
		Other:			

Yes No Member Related Questions

If tobacco user, does member want a tobacco Quit Kit/Incentive?

If maternal age <18, may we contact member's parents?

Refer member to UPHP Case Management?

Step 3: Fax Form to UPHP Nurse Coordinator

Fax to Nurse Paula at **1-906-225-8773** within 5 business days of positive pregnancy test

UPHP offers services for

- Pregnancy Coordination/Care Management
- Referral to MIHP
- Transportation
- Connection to community resources

Contact **Paula at 1-906-225-7927** with any questions.

In accordance with a contractual agreement with the Michigan Department of Community Health, the Upper Peninsula Health Plan (UPHP), Marquette, Michigan, has the obligation to review medical records related to the administration of the Michigan Medicaid Program for UPHP enrollees. The confidentiality of this medical information will be maintained by the Upper Peninsula Health Plan in accordance with the Michigan Medical Services Administration Provider Manual requirements and federal and state regulations.