



Attention Physician Specialists: Your Patients Could Benefit from a Free Maternity Care Management Program

Eligible HAP Fully Insured Commercial, HAP Empowered Medicaid, and Henry Ford Health employees are benefitting from the ProgenyHealth® Maternity Care Management program delivered by HAP, **especially members with pre-existing conditions that affect pregnancy risk.**

ProgenyHealth is a nationally recognized care management expert. They conduct health risk assessments; develop care plans; and offer education, support, and referrals to additional services. They also keep you apprised of any concerns that may arise with your patient.

Enrollment Options

Whether tracking their pregnancy in the included Ovia Health™ app or speaking with one of ProgenyHealth's Nurse Case Managers, the program provides robust support. It is voluntary, enrollment is easy, and **there is no cost to you or your patients.**

- Members can:
 - Call ProgenyHealth at **(855) 231-4730**
8:30 a.m. to 5 p.m., Monday – Friday EST
 - Download and enroll through the Ovia Health™ enterprise mobile app via [GooglePlay](#) or [App Store](#).
- Providers can:
 - Make a referral by calling ProgenyHealth at **(855) 231-4730**
8:30 a.m. to 5 p.m., Monday – Friday EST
 - Submit a referral via secure fax using the attached form

Resources

Here are helpful resources for providers and members:

HAP fully insured commercial members and Henry Ford Health employees	https://www.hap.org/health-programs/maternity
HAP Empowered Medicaid members	https://www.hap.org/pregnancy
Providers	<ul style="list-style-type: none">• Log in at hap.org; select <i>Resources; Caring for Your Patients; Maternity Care Management & Medically Complex Newborn programs</i>• Visit: https://info.progenyhealth.com/provider

Thank you for your ongoing partnership. We look forward to supporting you and your patients through this impactful program.

ProgenyHealth Maternity Services Patient Referral Form

For HAP Empowered Medicaid, HAP Fully Insured Commercial,
and Henry Ford Health Employees

Referral Date: ___/___/_____

MEMBER INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ___/___/_____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____ Mobile Number: (_____) _____

Last Menstrual Period (LMP): ___/___/_____ Estimated Date of Delivery: ___/___/_____

Gravida _____ Para _____

Insurance information

Health Plan: _____ Subscriber ID: _____

PROVIDER INFORMATION

Name: _____ Practice Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ ZIP: _____

Main Number: (_____) _____ Fax Number: (_____) _____

Provider Specialty:

- OB/GYN Maternal-fetal Specialist Midwife/Doula
 Family Practitioner Internal Medicine Other: _____

Reason for referral to ProgenyHealth Maternity Services:

- High-Risk Diagnosis – Specify: _____
 Maternal Mental Health Concerns – Specify: _____
SDoH concerns: Financial Strain Housing Concerns Transportation Barriers
 Domestic Violence Other: _____

SECURE FAX TO:
866.469.4868

PROGENYHEALTH
450 Plymouth Road, Suite 200 • Plymouth Meeting, PA 19462
Toll-free: 1-855-231-4730 • 8:30AM – 5:00PM Monday – Friday

