



## Important Information for OB/GYNs: Maternity Care Management Program Update

As you may know, we partnered with ProgenyHealth® to launch a Maternity Care Management Program on November 1, 2021. Eligible HAP Fully Insured Commercial, HAP Empowered Medicaid, and ASO Henry Ford Health System members who are looking to start a family or are already pregnant can benefit from this program. **There is no cost to you or your patients.**

We have members from all three plans participating in the program today. **Early feedback from physicians and their patients has been very positive!** ProgenyHealth conducts health risk assessments, develops care plans, offers referrals to additional support services, and keeps you apprised of any concerns that may arise.

### Enrollment Options

The program is voluntary, and enrollment is easy.

- Members can:
  - Call ProgenyHealth at **(855) 231-4730**
  - 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 ASO Henry Ford members	<a href="https://www.hap.org/health-programs/maternity">https://www.hap.org/health-programs/maternity</a>
HAP Empowered Medicaid members	<a href="https://www.hap.org/pregnancy">https://www.hap.org/pregnancy</a>
Providers	<ul style="list-style-type: none"><li>• Log in at <b>hap.org</b>; select <i>Resources; Caring for Your Patients; Maternity Care Management &amp; Medically Complex Newborn programs</i></li><li>• Visit: <a href="https://info.progenyhealth.com/provider">https://info.progenyhealth.com/provider</a></li></ul>

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

# ProgenyHealth Maternity Services Patient Referral Form

For HAP Empowered Medicaid, HAP Fully Insured Commercial,  
and ASO Henry Ford Health Plan Members

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

