



**AmeriHealth Caritas**<sup>™</sup>  
District of Columbia

**To:** AmeriHealth Caritas DC Obstetrics and Gynecology Providers  
**Date:** December 23, 2016  
**Subject:** **Updates to the Obstetrical Authorization & Initial Assessment form effective 1/1/17**

**Summary:** The Obstetrical Authorization & Initial Assessment form has been updated and a new electronic submission process will go into effect on January 1, 2017.

**Background:**

The Obstetrical Authorization & Initial Assessment form serves as notification of a pregnancy by the provider to the health plan. The information on the form will also assist your office and AmeriHealth Caritas DC and its Bright Start<sup>®</sup> team in identifying medical risks, psychosocial risks, and interventions as early as possible.

**Impact:**

The Obstetrical Authorization & Initial Assessment form has been updated by the District, and will be available to providers on 1/1/17.

In an effort to streamline the submission process of this form, the form must be submitted through the JIVA system via NaviNet. Upon submission of the online form, you will receive an authorization number for your obstetrics visits for your patient.

In addition, providers will receive a \$75 incentive payment for each form that is submitted within seven calendar days of the member's initial obstetrics visit. Darin Hutchins, your OB/GYN provider account executive, will contact you to schedule training regarding this new initiative.

**Action Needed:**

Effective 1/1/2017, all OB/GYN providers must complete the updated Obstetrical Authorization & Initial Assessment form using AmeriHealth Caritas DC's new electronic submission process. The updated form will be available on our website at: [www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com) > **Providers > Forms.**

**Questions:**

If you have any questions about this communication, please contact Darin Hutchins at 202-326-8921 or Provider Services at 1-888-656-2382 or 202-408-2237.

# 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

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

Provider Name:  
NPI or Provider Number:  
Phone Number: Fax Number:

Medications:

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**Late Entry Into Prenatal Care**

(First prenatal visit after 1<sup>st</sup> 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 1/2 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 1/2 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):

**Thank you for improving OB care and coordination of services!**