

**PRENATAL COMMUNICATION
NOTIFICATION OF MIHP ENROLLMENT COVER LETTER
FORM A**

INSTRUCTIONS

Date: *write date here*

Dear *(write name of pregnant woman's medical care provider here):*

Re: *(write name of pregnant woman/MIHP maternal beneficiary here)*

Your prenatal patient is enrolled in the Maternal Infant Health Program (MIHP). This program is intended to promote healthy pregnancies, positive birth outcomes, and healthy infant development.

The goals of MIHP are to address social and psychological issues, provide health education and to assist the beneficiary's Medicaid Health Plan with transportation needs, if appropriate. MIHP works to provide a pregnant woman with information and referral to assist with the goal of having a positive birth outcome. MIHP services are provided by a Registered Nurse and a Licensed Social Worker. Additional services may be provided by a Registered Dietitian and Infant Mental Health Specialist.

On the reverse side of this letter you will find the risks identified on the MIHP Maternal Risk Identifier that was completed with your patient. We will be providing needed services to our shared Medicaid beneficiary over the next several months to address the identified areas. Please review and if appropriate, add recommended follow up in the ***Follow Up Requested by Medical Provider*** section to the right of each risk and fax back to our agency at the number below.

Our agency has informed the beneficiary of her privacy and security protections under the Health Insurance Portability and Accountability Act (HIPAA). We have a signed release of information on file that allows our MIHP to communicate with you as her health care provider. We will fax a copy of the release upon request.

Sincerely,

Sign your name here

MIHP staff ***print your name here***
Agency ***print your agency name here***
Telephone ***print your telephone number here***
Fax ***print your fax number here***