

MIHP MATERNAL FORMS CHECKLIST

Beneficiary: _____ Care Coordinator: _____

Date Referral to MIHP Received: _____ Referral Source: _____

Date: _____ Maternal Risk Identifier
MSA-1200 (06/08)

Date: _____ Authorization and Consent to Release Protected Health Information
DCH-1190 (06-08)

Date: _____ Maternal Plan of Care, Part 1, Maternal Packet
MIHP M002 – 3.10

Date: _____ Maternal Plan of Care, Part 2, Interventions By Risk Level
MIHP M003 – 3.10 thru MIHP M018 – 3.10

Date: _____ Maternal Plan of Care, Part 3, Signature Page for Interventions By Risk Level
MIHP M019 – 3.10

Date: _____ Prenatal Communication/Notification of MIHP Enrollment Cover Letter Form A
MIHP M022 – 3.10 MIHP M020 – 3.10

Professional Visit Progress Note(s)
MIHP M021 – 3.10

Date: _____ Date: _____ Date: _____

Date: _____ Date: _____ Date: _____

Date: _____ Date: _____ Date: _____

Date: _____ Prenatal Communication/Notification of Change in Risk Factors Cover Letter Form B
MIHP M022 – 3.10 MIHP M023 – 3.10

Date: _____ Maternal Summary for Medical Care Provider/Cover Letter Form C
MIHP M026 – 3.10 MIHP M025 – 3.10